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A COMPARATIVE CLINICAL STUDY ON PARISHEKA SWEDA WITH VISHAGARBHA TAILA AND TILA TAILA IN KATIGRAHA

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ABSTRACT

Swedana Karma is one among the *Shadupakrama* (Six treatment modalities), indicated in the management of various diseases caused by *Vata. Parisheka Sweda* is a type of *Drava Sweda which* can be applied as *Ekanga* (over a body part) or *Sarvanga* (whole body). *Katigraha* (low back pain with stiffness) is a condition which is characterized by *Shoola* (pain) and *Stabdhata* (stiffness) in *Kati Pradesha* (lumbo - sacral region) due to vitiated *Vata. Swedana* helps to relieve the pain and stiffness. *Parisheka Sweda* acts over whole *Kati Pradesha* (lumbo - sacral region), hence it will be more beneficial in this condition. *Vishagarbha Taila* contains *Tikshna* and *Ushna Guna* drugs and is specially indicated in *Katigraha* (low back pain with stiffness). *Tila Taila* is best among *Vatahara Dravyas*. Hence this study was undertaken to compare the efficacy of *Parisheka Sweda* with *Vishagarbha Taila* and *Tila Taila* in the management of *Katigraha* (low back pain with stiffness) to ascertain the better modality. Total 40 patients were randomly selected and divided in two equal groups. Group VT patients were given *Vishagarbha Taila Parisheka Sweda* and group TT patients were given *Tila Taila Parisheka Sweda* for half an hour once a day for 1 week over *Kati Pradesha* (lumbo - sacral region). Statistical analysis showed that both groups showed good improvement in various parameters of *Katigraha* (low back pain with stiffness). When comparison was done between the groups, it revealed that there was no statistically significant difference between the groups except in stiffness ($p<0.001$) and left lateral flexion ($p<0.05$). Hence it can be concluded that both *Vishagarbha Taila Parisheka Sweda*

and *Tila Taila Parisheka Sweda* may be accepted in treating patients with *Katigraha* (low back pain with stiffness) to reduce both signs and symptoms successfully.

Keywords: *Parisheka Sweda, Katigraha,* Low back pain with stiffness, *Vishagarbha Taila, Tila Taila*

INTRODUCTION

Panchakarma is a unique approach of Ayurveda which deals with purification and detoxification of the body. In *Panchakarma, Snehana* and *Swedana* are the two treatment modalities, used as *Poorva Karma* (Preoperative procedure) as well as *Pradhana Karma* (Main procedure) for treating different diseases. There are different types of *Swedana Karma* explained in *Ayurvedic* classics; *Parisheka Sweda*[1] is one among them. Induction of *Swedana* by unique procedure of pouring warm medicated liquids on body is known as *Parisheka Sweda* (either *Ekanga* – over a body part or *Sarvanga* – whole body). The *Parisheka Sweda* is said beneficial in various diseases with using of different liquid medications such as *Taila* (oil)*, Kashaya* (decoctions)*, Jala* (water)*, Dhanyamla* (liquid obtained after fermenting cereals)*,* etc.

Katigraha (low back pain with stiffness) is the condition in which patients have complaints of *Katishoola* with *Katigraha*[2] (catching type of low back pain). It is one among the eighty *Nanatmaja Vata Vyadhi.*[3] As per *Ayurvedic* classics, In *Katigraha* the *Shoola* and restricted movement are present in whole of *Kati Pradesha*, i.e. in between *Uraha* and *Nitamba* [4] (lumbo sacral region). As pain in *Katigraha* is referred to the low back region it can be correlated to Low back pain (Lumbago) in contemporary science. Low back pain (Lumbago) is usually defined as pain, muscle tension, or stiffness localized below the costal margin and above the inferior gluteal folds, with or without leg pain (sciatica)[5]. It is a condition with 60-80% of the world's population experiencing pain at some time in their lives. Among this, mechanical pain accounts for more than 90% of the back pain episodes[6]. Due to the critic nature of low back pain, people become disabling in the routine activities and ultimately it affects the quality of life. Hence, symptomatic relief is of prime importance so as to make the person fit for routine challenges in life. In general line of treatment of *Vata Vyadhi, Sukhoshna Parisheka* is indicated. *Parisheka Sweda* with *Sukhoshna Taila* helps to relieve from pain and stiffness. Thus, *Parisheka Sweda* plays a vital role in managing *Katigraha*[7]. *Vishagarbha Taila* contains *Tikshna* and *Ushna Guna* drugs and is specially indicated in *Katigraha*[8]. *Tila Taila* is best among *Vatahara Dravyas*. It is having *Snighdha* and *Ushna Guna*[9]. Also, previous study shows that *Tila Taila Parisheka* is effective in reducing signs and symptoms of *Katigraha*[10]. Hence this study was undertaken to compare the efficacy of *Parisheka Sweda* with *Vishagarbha Taila* and *Tila Taila* in the management of *Katigraha* (low back pain with stiffness) to ascertain the better modality.

Aim and Objectives

1. To evaluate the efficacy of *Parisheka Sweda* with *Vishagarbha Taila* and *Tila Taila* in *Katigraha* (low back pain with stiffness).
2. To compare the efficacy of *Parisheka Sweda* with *Vishagarbha Taila* and *Tila Taila* in the management of *Katigraha* (low back pain with stiffness).

Material and Methods

Source of Data: Patients suffering from *Katigraha* (low back pain with stiffness) were randomly selected from the *Panchakarma* OPD and IPD of Alva's Ayurveda Medical College and Hospital, Moodbidri.

Drug source -

- Raw drugs were properly identified and selected from the local market.
- *Vishagarbhaa Taila* was prepared in Alva's pharmacy, Mijar and *Tila Taila* was procured from the local market.

Method of Collection of Data

Study design – Randomised comparative clinical study

Sample size – 40 patients fulfilling the diagnostic and inclusion criteria of *Katigraha* (low back pain with stiffness) of either sex were selected for the study and

randomly assigned into 2 equal groups, group VT (*Vishagarbha Taila* group*)* & group TT (*Tila Taila* group) for the study through lottery method.

Diagnostic Criteria- *Katishoola, Katigraha,* Tenderness in Lumbar region*,* Restricted movements of Lumbosacral spine -Forward bending*,* Backward bending and Lateral flexion and Rotation

Inclusion Criteria - Patients with symptoms of *Katigraha* between age group 20-70 years of either sex., Patients who are fit for *Swedana Karma.*

Exclusion Criteria –

- Patients who are having low backache due to any infection, congenital deformities of spine, viscerogenic.
- Patients with the history of trauma (*Abhighata Janya Katigraha*).
- Post-surgical backache.
- Sciatica.
- Contraindicated for *Swedana*.

Procedure: The whole procedure of *Parisheka Sweda* is divided into 3 steps, *Purva, Pradhana,* and *Paschat Karma*. Patients were educated about the whole course of treatment. Patient is made to lie in prone position exposing the *Kati Pradesha* (lumbo – sacral region) after evacuation of natural urges**.** 2 liters of *Taila* (as per the group) was made warm by using a water bath. Local *Abyanga* was done on *Kati Pradesha* (lumbo – sacral region) with respective *Taila* for 5 minutes. After *Abyanga*, *Kati Pradesha* was covered with a cotton cloth piece. In *Pradhana Karma* the *Sukhoshna Taila* (temperature - 42^{o}c to 45^{o}c approximately) was filled in a *Galanthika* (pitcher). *Taila* was poured from a height of 12 *Angula* (9 inches approximately) from the body part. It should be poured in a continuous manner without interruption. *Taila* was reused by reheating and the procedure was carried out for 30 minutes. In *Paschat Karma* the covered cloth was removed, and the area was gently massaged. The area was cleaned with a piece of cotton. Patient was asked to take rest for 15 minutes and later advised for a warm water bath. Patients were advised to take *Laghu* (light)*, Ushna* (hot) and *Anabhishyandi Ahara* (food which does not causes obstruction to the channels after digestion), during the course of treatment and asked to follow the regimens (avoid speaking loudly, excessive travelling, excessive walking, excessive sitting, indigestion, consumption of food prior to digestion of previous meals, day sleep, and sexual intercourse) which are explained during *Snehana* and *Swedana* procedure[11].

Assessment Criteria

Subjective Parameters

- Pain in *Kati Pradesha*.
- Stiffness in *Kati Pradesha.*

Objective Parameters

- Tenderness
- Restricted Movement of hip – Forward bending (Schober's test), Backward bending, Lateral flexion, Rotation
- Functional assessment - Walking time

Assessment of the condition were done on a detailed case proforma adopting standard scoring methods of subjective and objective parameters.

Observation Period

- Initially on the first day before treatment.
- On the 7th day after treatment.

Follow up – In both groups follow up was done on 14th Day, and 28th day after completion of treatment protocol.

Statistical Method: Average was found using mean and standard deviation. Pre-test and post-test data were compared using paired 't' test. Comparison of two groups was done using unpaired 't' test.

Observations and Results: In this study maximum number of incidence (65%) was in the age group 21-40 years and in male (65%). Majority of the patients had *Vatakapha Prakruti* (47.5%) and most of the patients were from middle socio-economic status (80%). Maximum patients had *Madhyama Vyayama Shakthi* (72.5%). Majority of the patients had chronicity of 1-4 months (32.5%) followed by chronicity of 1-2 years (20%).

Results

Table 1: Statistical analysis of Pain

Group	Mean Score				%	S.D(±)	S.E(±)	t value	p value
	BT			BT – AT					
VT	1.850	AT	0.900	0.950	51.35%	0.605	0.135	7.025	p<0.001
		AF1	0.650	1.200	64.86%	0.616	0.138	8.718	p<0.001
		AF2	0.800	1.050	56.76%	0.686	0.153	6.842	P<0.001
TT	1.750	AT	0.900	0.850	48.57%	0.587	0.131	6.474	p<0.001
		AF1	0.500	1.250	71.43%	0.550	0.123	10.162	p<0.001
		AF2	0.800	0.950	54.23%	0.686	0.153	6.190	P<0.001

The above data shows that the effect of treatment on pain was statistically highly significant (p<0.001) after treatment and after two follow up in both the groups.

Table 2: Statistical analysis of Stiffness

Group	Mean Score				%	S.D(±)	S.E(±)	t value	p value
	BT			BT – AT					
VT	1.500	AT	0.350	1.150	76.67%	0.587	0.131	8.759	p<0.001
		AF1	0.200	1.300	86.67%	0.657	0.147	8.850	p<0.001
		AF2	0.300	1.200	80%	0.834	0.186	6.439	P<0.001
TT	1.350	AT	0.850	0.500	37.04%	0.513	0.115	4.359	p<0.001
		AF1	0.500	0.850	62.96%	0.366	0.0819	10.376	p<0.001
		AF2	0.550	0.800	59.26%	0.523	0.117	6.839	P<0.001

The above table denotes that the effect of treatment on stiffness were statistically highly significant (p<0.001) after treatment and after following up in both the groups.

Table 3: Statistical analysis of Tenderness

Group	Mean Score				%	S.D(±)	S.E(±)	t value	p value
	BT			BT – AT					
VT	1.050	AT	0.250	0.800	76.19%	0.523	0.117	6.839	p<0.001
		AF1	0.050	1.000	95.24%	0.649	0.145	6.892	p<0.001
		AF2	0.100	0.950	90.45%	0.686	0.153	6.190	P<0.001
TT	0.900	AT	0.250	0.650	72.22%	0.587	0.131	4.951	p<0.001
		AF1	0.500	0.850	94.44%	0.587	0.131	6.474	p<0.001
		AF2	0.100	0.800	88.89%	0.616	0.138	5.812	P<0.001

The above table denotes that the effect of treatments on tenderness were statistically highly significant (p<0.001) after treatment and after following up in both the groups

Table 4: Statistical analysis of Forward bending

Group	Mean Score				%	S.D(±)	S.E(±)	t value	p value
	BT			BT – AT					
VT	18.655	AT	19.68	1.025	5.49%	0.577	0.129	7.950	p<0.001
		AF1	20.10	1.445	7.75%	0.695	0.155	9.302	p<0.001
		AF2	19.86	1.210	6.49%	0.686	0.153	7.890	P<0.001
TT	18.595	AT	19.50	0.910	4.89%	0.839	0.188	4.850	p<0.001
		AF1	19.83	1.240	6.67%	0.826	0.185	6.712	p<0.001
		AF2	19.75	1.160	6.24%	0.865	0.193	5.999	p<0.001

The above data denotes that the effect of treatment on forward bending was statistically highly significant (P < 0.001) after treatment and after following up in both the groups

Table 5: Statistical Analysis of Backward bending

Group	Mean Score				%	S.D(±)	S.E(±)	t value	p value
	BT			BT – AT					
VT	13.32	AT	12.625	0.695	5.22%	0.439	0.0983	7.073	p<0.001
		AF1	12.550	0.770	5.78%	0.454	0.102	7.579	p<0.001
		AF2	12.625	0.695	5.22%	0.451	0.101	6.887	P<0.001
TT	13.32	AT	12.690	0.630	4.73%	0.469	0.105	6.005	p<0.001
		AF1	12.665	0.665	4.99%	0.397	0.0887	7.385	p<0.001
		AF2	12.750	0.570	4.28%	0.416	0.0929	6.133	P<0.001

The above table denotes that the effect of treatment on backward bending was highly significant (P < 0.001) after treatment and after follow up in both the groups.

Table 6: Statistical Analysis of Right Lateral Flexion

Group		Mean Score				%	S.D(±)	S.E(±)	t value	p value
		BT			BT – AT					
VT		0.800	AT	0.150	0.650	81.25%	0.587	0.131	4.951	p<0.001
			AF1	0.050	0.750	93.75%	0.716	0.160	4.682	p<0.001
			AF2	0.100	0.700	87.50%	0.733	0.164	4.273	p<0.001
TT		0.650	AT	0.300	0.350	53.85%	0.489	0.109	3.199	p<0.05
			AF1	0.100	0.550	84.62%	0.605	0.135	4.067	p<0.001
			AF2	0.150	0.500	76.92%	0.607	0.136	3.684	p<0.05

The above table denotes that Group VT showed statistically high significance (p<0.001) after treatment and after following up in right lateral flexion. Group TT showed statistically significant effect (p<0.05) after treatment and after following up.

Table 7: Statistical Analysis of Left Lateral Flexion

Group	Mean Score				%	S.D(±)	S.E(±)	t value	p value
	BT			BT – AT					
VT	0.800	AT	0.100	0.700	87.50%	0.571	0.128	5.480	p<0.001
		AF1	0.050	0.750	93.75%	0.639	0.143	5.252	p<0.001
		AF2	0.050	0.750	93.75%	0.639	0.143	5.252	P<0.001
TT	0.600	AT	0.300	0.300	50.00%	0.470	0.105	2.854	P<0.001
		AF1	0.050	0.550	83.33%	0.639	0.143	5.252	p<0.001
		AF2	0.150	0.450	75.00%	0.510	0.114	3.943	P<0.001

The above table denotes that the effect of treatment on left lateral flexion was statistically highly significant (p<0.001) after treatment and after following up in both the groups.

Table 8: Statistical Analysis of Rotation

Group	Mean Score				%	S.D(±)	S.E(±)	t value	p value
	BT			BT – AT					
VT	0.700	AT	0.150	0.550	78.57%	0.510	0.114	4.819	p<0.001
		AF1	0.000	0.700	100%	0.571	0.128	5.480	p<0.001
		AF2	0.000	0.700	100%	0.571	0.128	5.480	P<0.001
TT	0.600	AT	0.100	0.500	83.33%	0.513	0.115	4.359	p<0.001
		AF1	0.050	0.550	91.67%	0.510	0.114	4.819	p<0.001
		AF2	0.000	0.600	100%	0.598	0.134	4.485	P<0.001

The above table denotes that the effect of treatment on rotation was statistically highly significant (P < 0.001) after treatment and after following up in both the groups.

Table 9: Statistical Analysis of Walking Time

Group	Mean Score				%	S.D(±)	S.E(±)	t value	p value
	BT			BT – AT					
VT	0.450	AT	0.100	0.350	77.78%	0.489	0.109	3.199	P<0.05
		AF1	0.100	0.350	77.78%	0.489	0.109	3.199	P<0.05
		AF2	0.100	0.350	77.78%	0.489	0.109	3.199	P<0.05
TT	0.550	AT	0.100	0.450	81.82%	0.510	0.114	3.943	P<0.001
		AF1	0.500	0.500	90.91%	0.513	0.115	4.359	P<0.001
		AF2	0.500	0.500	90.91%	0.513	0.115	4.359	P<0.001

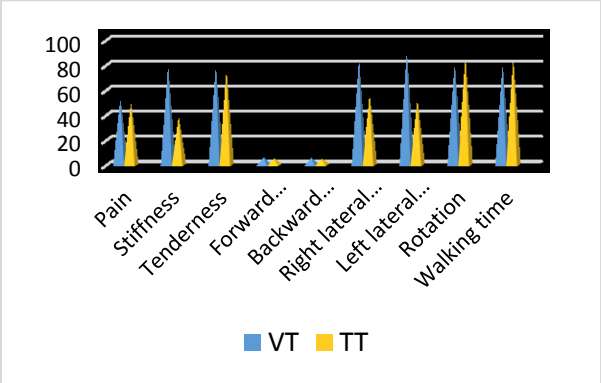
The above table denotes that Group VT showed statistically significance (p<0.05) after treatment and after following up in Walking Time. Group TT showed statistically highly significant effect (p<0.001) after treatment and after following up in Walking Time.

Table 10: Comparative Effect of Group VT And Group TT

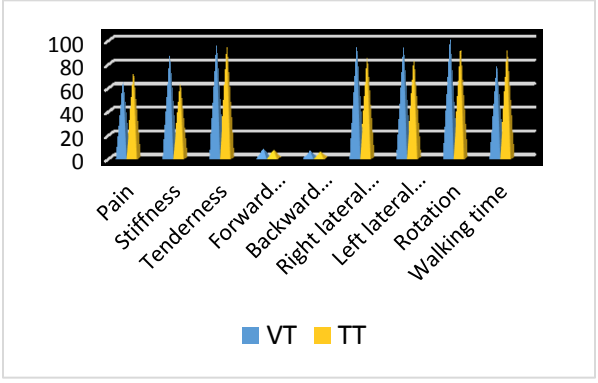
Feature	MEAN		MD	t value	p value
	GROUP VT	GROUP TT			
Pain	0.950	0.850	0.100	0.531	p>0.05
Stiffness	1.150	0.500	0.650	3.728	P<0.001
Tenderness	0.800	0.650	0.150	0.853	p>0.05
Forward Bending	1.025	0.910	0.115	0.505	p>0.05
Backward Bending	0.695	0.630	0.115	0.452	p>0.05
Right Flexion	0.650	0.350	0.300	1.755	p>0.05
Left Flexion	0.700	0.300	0.400	2.418	P<0.05
Rotation	0.550	0.500	0.050	0.309	p>0.05
Walking Time	0.350	0.450	0.100	0.632	p>0.05

The above table shows that the comparative difference in effect of treatment is statistically insignificant (p>0.05) between Group VT and Group TT in all the parameters except for stiffness (p<0.001) and left lateral flexion (p<0.05).

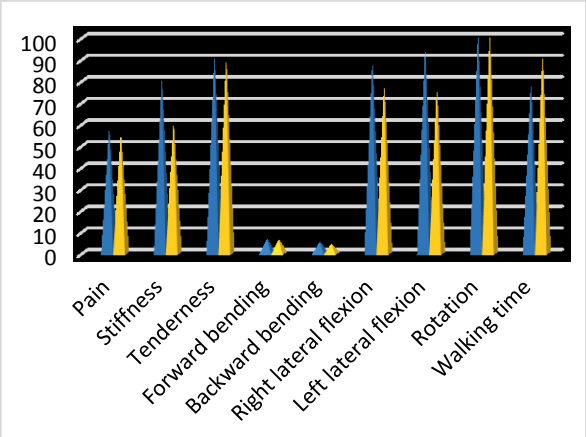
Comparative Results of Both Groups After Treatment



Comparative Results of Both Groups After 1st Follow Up



Comparative Results of Both Groups After 2nd Follow Up



DISCUSSION

Katigraha is a condition which is characterized by pain and stiffness in the *Kati Pradesha* (lumbo - sacral region) due to vitiated *Vata*. It is not explained as a separate disease entity in *Brihatrayi* but in *Gadanigraha* it is mentioned as a separate disease while explaining the *Vata Vyadhis*[12]. Patients of *Katigraha* may complain of radiating, catching or squeezing type of pain. The proper history taking is very important for the diagnosis of *Katigraha*. From simple improper daily activities to malignancy, there may be many causative factors for the manifestation of *Katigraha.* The symptoms of *Katigraha* can't be correlated exactly with any disease of modern medicine, but for understanding in contemporary science it may be considered as low back pain. In *Parisheka Sweda* with *Taila, Sneha Dravya* is used as media. Its dual action of *Snehana-Swedana* helps in alleviating *Vata Dosha* effectively. The *Vata Dosha* which is the key factor of causation of *Katigraha* has almost opposite qualities to *Sneha*. Thus, *Parisheka Sweda* normalizes the vitiated *Vata* and helps in *Samprapti Vighatana* of *Katigraha.* In this study maximum number of incidence (65%) was in the age group 21-40 years. This may be due to the reason that most of the patients were youngsters and middle-aged belonging to the working class. Male patients were more (65%). May be due to demographic facts. As male are doing hard and stressful jobs comparatively to female. Majority of the patients had *Vatakapha Prakruti* (47.5%), which shows that *Vata Kapha Prakruti* people are more prone to *Vata* dominant diseases. Most of the patients were from middle socio-economic status (80%). This may be due to strenuous and long working hours of middle-class people. Maximum patients had *Madhyama Vyayama Shakthi* (72.5%). Majority of the patients had chronicity of 1-4 months (32.5%) followed by chronicity of 1-2 years (20%). May be due to subject's exertion, sometimes stretching or tearing of the muscle or tendon can lead to backache. Statistically significant difference was found in pain and tenderness in both the groups. However, on comparison the difference between the groups was statistically insignificant ($p > 0.05$) Pain, and tenderness are the cardinal symptoms of *Vata dosha* involvement. *Swedana* is the ultimate choice as it holds good for *Vata Vyadhi* treatment. Most of the ingredients of *Vishagarbha Taila* due to *Teekshna Guna, Ushna Virya* and *Katu Vipaka* shows action of *Vedanasthapaka* and *Swedajanana*. *Tila Taila* is having *Snigda, Ushna Guna* and *Ushna Veerya* and is best *Vatahara.* This proves that *Parisheka Sweda* with either *Vishagarbha Taila* or *Tila Taila* has equal effect in reducing the pain, and tenderness observed in *Katigraha*. Statistically significant difference was found in stiffness in both the groups. On comparison the difference between the groups was statistically significant ($p<0.001$). Increased blood supply due to the rise in temperature induces muscle relaxation and increases efficiency of muscle, thereby ensuring the optimum conditions for muscle contraction. Antispasmodic activity – The chemical constituent in *Dhathura* leaf

extract, Scopalamine has antispasmodic effect[13]. May be this help to reduce the muscular stiffness. There was statistically significant improvement in lumbar movements. However, on comparison difference between the groups was statistically insignificant ($p>0.05$) except in left lateral flexion ($p<0.05$). *Swedana* leads to increased blood supply due to the rise in temperature, which in turn induces muscle relaxation and increases efficiency of muscle. This ensures the optimum conditions for muscle contraction and relieves muscle spasms, thereby contributing to easing the lumbar movements. Heat during *Swedana* therapy increases extensibility of collagen fibers – collagen fibers becomes soft by the application of heat which is followed by a passive and active stretching which helps in increase in range of movement of low back**.** *Chala Guna* is the natural quality of *Vata*. In cases of *Katigraha*, it presents in *Ksheena Avastha*, due to which patients feels difficulty in walking. This study shows that *Parisheka Sweda* helps to improve the walking capacity of patients in *Katigraha*. When it comes to the mode of action, S*nigdha* and *Ushna* property of *Swedakarma* tackles the *Rooksha* and *Sheetha Guna* of *Vata*, which helps in relieving stiffness. *Swedana Dravyas* having *Laghu Guna* acts against *Guru Guna* and causes the expulsion of *Apya Tatwa* from the body that is *Guru* in nature. *Swedana Dravyas* by *Ushna* and *Tikshna Gunas* are capable of penetrating the *Srotas* where they activate the sweat glands to produce more sweat. Moreover, *Laghu* and *Sara Guna* of these drugs enable them to act on the *Dosha* in the channels and excrete them through micropores of the skin in the form of sweat, hence resulting in *Srotoshodhana*. Drugs in *Vishagarbha Taila* is having dominance of *Katu* and *Tiktha Rasa, Ushna Veerya* and *Katu Vipaka*. *Tila Taila* is having *Guru, Ushna, Tikshna, Vyavayi Guna, Madura Rasa* and *Ushna Veerya*. All these properties of two *Tailas* helps in controlling the *Vata Dosha* involved thereby reducing the signs and symptoms of *Katigraha.* During the study, it was noted that *Lakshana* like *Sheetoparama*, *Mardavata* and *Swedapradurbhava* were seen generally after administration of *Parisheka Swedana*, but *Shooloparama, Stambhanigraha, Gauravnigraha* and *Rogopshamana* like symptoms were observed in few days only in the course of *Parisheka Sweda*.

Mode of action of *Parisheka Sweda*

Katigraha is characterised by pain and stiffness in lumbo-sacral region. The heat applied through *Parisheka Sweda* helps in contesting these symptoms. Degeneration is also one among the causes for *Katigraha*, where *Vata Dosha* present in *Prakupita Avastha* and there is *Kshaya* of *Snehabhava* in that area. With this consideration *Snigdha Sweda* would be an ideal line of management, which *Parisheka Sweda* delivers effectively. As *Parisheka Sweda* with *Taila* avails the effect of both *Snehana* and *Swedana*, *Snehana* corrects the *Shushkata* of the *Dhatu* (which is the root cause for *Vata* vitiation), imparts strength and provides platform for performing *Swedana*. *Swedana* relieves *Ruk, Stambha Shotha, Toda,* etc. symptoms of *Vata* and soften the body parts. *Stambha* or stiffness is the resultant of excess of *Sheeta Guna* of *Vata*. Being a *Snigdha Sweda*, *Parisheka Sweda* relieves the *Stambha* and *Ruk* of the *Katipradesha*, thus helps to treat the condition like *Katigraha*.

CONCLUSION

From the above study it can be concluded that there is significant effect of both *Vishagarbha Taila Parisheka Sweda* and *Tila Taila Parisheka Sweda* in *Katigraha*. That is to say both the treatments may be accepted in treating patients with *Katigraha* to reduce both signs and symptoms successfully.

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