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CLINICAL STUDY OF KATIBASTI WITH NARAYAN TAILA MAHAT IN THE MANAGEMENT OF RUK IN VATAJA GRIDHRASI W.S.R. TO SCIATICA

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ABSTRACT

Gridhrasi is one among the 80 Nanatmaja Vata-vyadhi Gridhrasi is of two types: Vataja and Vata-kaphaja, here the study is regarding Vataja-gridhrasi. Katibasti procedure was used with Narayana Taila Mahat¹ on the patients of Vataja-gridhrasi having Pratyatma Lakshana of Vataja-gridhrasi (i.e. Ruk, Stambha, Spandana and Toda). The effect of treatment was seen on Ruk in Vataja gridhrasi. The trial was done on 15 patients from the OPD of Shree J.G.C.S.H. Ayurvedic and Medical Hospital. All the selected patients were assessed for Ruk before treatment, on First follow-up and on Second follow-up, and significant results were seen.

Keywords: Katibasti, Narayan Taila Mahat, Vataja-gridhrasi

INTRODUCTION

Sciatica is a syndrome characterized by pain radiating from back into the buttock and lower extremities². Irritation of the 4th and 5th Lumber and 1st sacral roots, which form the sciatic nerve causes pain that extends mainly down the postero and antero lateral aspect of the leg and into the foot is termed as Sciatica³, which can be due to lumbo-sacral disc herniation or prolapse.

Risk factor includes male gender, age 30 to 70 years, heavy lifting or twisting, stressful occupation and cigarette smoking⁴.

Sciatica can be equated with *Gridhrasi* in *Ayurveda*. *Gridhrasi* is one among *Vataja Nanatmaja Vyadhi*⁵.

When the ligament of the heel and toes are affected with *Vata*, they obstruct the movement of leg, this is called *Gridhrasi*⁶. The patient gait resembles that of vulture *Gridhrasi* is of two types, *Vataj* and *Vata-Kaphaj*. *Vata* either alone or associated with *Kapha* produces *Gridhrasi* characterized by stiffness and severe pain starting in lumbar region moving downwards, through thigh, knee, calf and foot. Rigidity and throbbing are also experienced intermittently if due to only *Vata* and if due to association with *Kapha* heaviness and anorexia are experienced.

It is most agonizing disorders characterized by its distinct feature of severe pain starting from gluteal region and radiating towards ankle joint and foot⁹. *Basti* is the *Shresta Chikitsa* in *Vatavyadhi*¹⁰. Retention of medicine in any region is called as *Basti*. In classics for *Shirogata-Rogas* having *Vatadosha Murdhni Taila Shirobasti* is indicated. Unlike "*Shirobasti*", "*Vranabasti*", "*Vranabasti*", *Katibasti* is not mentioned in *Brahatrayis* But it is one of the successful therapeutic procedure used among the *Ayurvedic* physicians. The retention of oil in low back region is termed as *Katibasti*. Hence in today's practice like *Janu*, *Griva*, *Katibasti* are derived for the *Sthanika Chikitsa*. Several studies have been done for *Gridhrasi Chikitsa* with *Katibasti*^{11,12,13,14}.

Katibasti may be considered as Swedana, because during this procedure the oil used will produce perspiration. This procedure helps to reduce Stambha and Gaurava. In this procedure there will be increase in the generation of heat in the surface of the body other than the adjacent area. This denotes Sheetagna quality. All these qualities are pertaining to Swedanakarma. "Stambha Gaurava Sheetagnam Swedanam Sweda Karakam" is fulfilled. Hence we may say that the procedure Katibasti coming under the category of Swedana. Katibasti by using Taila is considered Snehayukta Sweda or Snigdha Sweda and Katibasti by using Kashaya can be considered as Drava Sweda.

The treatment modalities prescribed in the modern medicine in the cases of sciatica are not satisfactory. Many times invasive modalities of treatment will cause permanent disabilities of lumbo-sacral spine. In *Ayurveda Katibasti* which is very safe will do the *Sthanik Snehana & Swedana* simultaneously and relive the symptoms of *Gridhrasi* by virtue of the medicated oils used in the treatment, hence this clinical study is done.

SAMPRAPATI OF GRIDHRASI IN GENERAL:-

The provoked *Vata* [in the *Pakwasaya* which is the site of *Apana Vata*] by the factors (*Vata Prakopaka Ahara Vihara*) or its *Nidana* settles in *Kati Pradesha*

and *Pristavamsha* when further precipitated by stress, etc conditions, it involves *Kandaras* of *Pada*, causing *Stabdata* (stiffness), *Ruk* (pain), *Toda*, immobility, *Spandana* in *Sphik*, *Kati*, *Prista*, *Uru*, *Janu*, *Jangha*, *Pada* and its toes. The disease is caused due to *Kevala Vata* and/or its association with *Kapha* results in inability of functions of *Vyana Vata*. Usually, impairing one leg or may affect both legs. This is the basic *Sampraapti* of *Gridhrasi*.

AIM

Aim is to evaluate the efficacy of *Katibasti* with *Narayana Taila Mahat* in *Vataj- gridhrasi*.

MATERIAL AND METHODS

1. SOURCE OF THE DATA:

Sample Source:

 The patients from IPD/OPD of Sri J.G.C.H.S. Ayurvedic Medical College Hospital, Ghatprabha, Distt.-Belgaum.

Drug Source:

Narayana Taila (Mahat) was taken from GMP certified Ayurvedic Pharmacy.

2. METHOD OF COLLECTION OF DATA: STUDY DESIGN:

- Kati basti of 15 patients with Narayantaila Mahat for 7 days in morning time for 45 minutes was done.
- 2 Follow up were taken first on 8th day and second on 15th day of starting the treatment.

SAMPLE SIZE:

• 15 patients of *Vataja-gridhrasi* were taken irrespective of sex and socio-economic status

3. INCLUSION CRITERIA

- Both male and female patients between the ages of 20-65yrs.
- Patients with *Pratyatma Lakshanas* of *Vataja-gridhrasi*.
- SLR test positive, 40 -70 degrees.
- Flip test positive.

4. EXCLUSION CRITERIA

Patient with neoplastic condition of spine.

- Trauma of lumbar vertebra.
- Infection of spine like T.B. of spine and Pot's spine.
- Pregnant women.
- Any other systemic disorder which will interfere the treatment.
- Patient with skin disorder.
- Patient with the involvement of urinary bladder and rectum diseases.

5. INTERVENTION:

• The patients were treated with *Narayan Taila Mahat Katibasti* for the duration of 7 days.

6. ASSESMENT CRITERIA:

Ruk (Pain):

- No Pain 0
- Painful in some postures 1

- Painful, walk without limping 2
- Painful, walks with limping but without support
 3
- Painful, can walk only with support 4
- Painful, unable to walk 5

OBSERVATION AND RESULTS

15 patients with the diagnosis of *Vataja-gridhrasi*/Sciatica were selected for the study irrespective of their socio-economic status, gander etc. These patients were treated with *Narayana Taila Mahat Katibasti*. The detailed description of sample of 15 patients is given in the following 2 headings.

A. DEMOGRAPHIC DATA: The results were tabulated first and then mean was calculated, and converted into the percentage.

1. Distribution of patients according to Age

Age Group (in years)	No. of Patients	% of Patients
20-35	6	40
36-50	4	26.67
51-65	5	33.33

2. Distribution of patients according to Gender

Gender	No. of Patients	% of Patients		
Male	5	33.33		
Female	10	66.67		

3. Distribution of patients according to Marital Status

Marital Status	No. of Patients	% of Patients
Married	14	93.33
Un-married	1	6.67

4. Distribution of patients according to Religion

Religion	No. of Patients	% of Patients
Hindu	15	100
Muslim	0	0
Other	0	0

5. Distribution of patients according to Habitat

Habitat	No. of Patients	% of Patients		
Urban	1	6.67		
Rural	14	93.33		

6. Distribution of patients according to Socio-economic Status

Socio-economic Status	No. of Patients	% of Patients
Poor	6	40
Lower Middle	6	40
Middle	3	20
Upper Middle	0	0
Rich	0	0

7. Distribution of patients according to Occupation

Occupation	No. of Patients	% of Patients
Labourer	5	33.33
Office	1	6.67
House Wife	5	33.33
Farmer	1	6.67
Other	3	20

8. Distribution of patients according to Addiction

Addiction	No. of Patients	% of Patients
Smoking	2	13.33
Tobacco	5	33.33
Alcohol	3	20
None	5	33.33

B. RESULTS: In this *Ruk* BT (Before Treatment), FU1 and FU2 of all the patients were analysed individually, and tabulated.

1. Effect of treatment on *Ruk* in FU1 (1st follow-up)

Parameter	Mean		Reduction in	1	Reduction %	SD		SD SEM		SD SEM		T value	P value
	BT	FU1	mean			BT	FU1	BT	FU1				
Ruk	2.33	1.47	0.86		36.90	1.11	0.92	0.29	0.24	4.02	0.0013		

2. Effect of treatment on *Ruk* in FU2 (2st follow-up)

Parameter	Mean		Reduction in	Reduction %	SD	SD		SD S		SD SEM		T value	P value
	BT	FU2	mean		BT	FU2	BT	FU2					
Ruk	2.33	1.53	0.80	34.33	1.11	0.99	0.29	0.26	4.00	0.0013			

DISCUSSION

15 patients were treated with *Narayana Taila (Mahat) Katibasti*, following results were seen:

1. AGE:

Among the 15 patients included in this study, maximum number of patients belonged to 20-35 years of age group which shows increased prevalence of the disease in 20-35 years of age group.

2. GENDER:

Among the 15 patients included in this study maximum patients were female, which shows more prevalence of the disease in female. As the patients were not from a specific area and the sample size is too small, it is not true to said that the more prevalence of the disease in female.

3. MARITAL STATUS:

Among the 15 patients included in this study maximum numbers of patients were married which shows

increased prevalence of the disease in married patients.

4. RELIGION:

Among the 15 patients included in this study all patients were Hindu. This study shows increased prevalence of the disease in Hindu religion. As the patients were not from a specific area and the sample size is too small, it is not true to said that the occurrence of disease according to religion.

5. HABITAT:

Among the 15 patients included in this study maximum number of patients was from Rural area which shows increased prevalence of the disease in Rural area than in Urban.

6. SOCIO-ECONOMIC STATUS:

Among the 15 patients included in this study maximum number of were from lower middle class family and poor family (equal in both groups). This study shows maximum number of patients suffering from Gridhrasi comes from poor family and lower middle class family. No patients are from upper middle class family and rich family.

7. OCCUPATION:

Among the 15 patients included in the study maximum patients were labourer and house wife, which show increased prevalence of the disease in labourer and house wife.

8. ADDICTION:

Among the 15 patients included in this study 66.67% of patients had addictions and 33.33% had no-addiction. This study shows increased prevalence of the disease in patients with addiction.

9. RESULT:

The result shows 36.90% relief in *Ruk* in FU1 and 34.33% relief in *Ruk* in FU2, which indicates 2.57% increase in *Ruk* on FU2 (minute increase in pain or minute decrease in relief). The study had shown statistically significant results in both follow-up i.e. FU1 and FU2.

10. PROBABLE MODE ACTION OF:

• DRUG:

To relieve the *Ruk* from the affected parts of the body, the external measures in the form of *Snehana*

and *Swedana* are said to be effective. *Katibasti* is procedure, though which is not named in our classics, has been practiced by eminent scholars since many years for a wide range of pathology which comes under *Vata Vyadhi*. *Gridhrasi* is one among this.

According to Bhaishajya Ratnavali Narayan Taila (Mahat) is indicated in all Vatajvyadhi and provides Brimhana Karma. Sneha Dravyas are having Drava, Sara, Snigdha, Pichhila, and Guru etc. Guna. Most of these Guna control Vata Dosha. The Snigdha Guna of Taila helped to relive the Vata Prakopa at the site of pathology.

• Katibasti:

Katibasti is a traditional ayurvedic treatment used in disease of the Kati region (i.e. lumbosacral region). Katibasti is a kind of Snigdha Swedana, where hot medicated oil is placed on the Kati region with the help of Katibasti Yantra, the oil should be placed for the 30-45 minutes and the temperature of the oil should be maintained in between 40-42°C. Here warm oil was used in the procedure, which pacify Prakupit Vata Dosha by its Ushana and Snigdha Guna, so it reduces pain in the Vataja-gridhrasi and it also lubricates the region and relaxes the surrounding muscles. The base of all oils used in Katibasti is Tila Taila which also has Vata Doshahara properties.

CONCLUSION

Narayana Taila (Mahat) Katibasti was highly effective in the management of Gridhrasi. It can be concluded that Narayana Taila (Mahat) Katibasti can be a better option in the management of Gridhrasi because the results are statistically significant.

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