

Role of Ashwagandha Taila Matrabasti in the Management of Katigraha

Research Article

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Abstract

Background: *Katigraha* (lumbago) is the condition which is characterised by Stiffness and Pain. Due to Vitiating of *Vata* in the *Katipradesh*. About 80% of the industrial population and 60% of the general population experience low back pain at some point of their life time due to wrong postural habits and psychological factors. *Basti chikitsa* is mainly useful in disorders related to *Vata Doshas*. *Matrabasti* is a type of *Sneha Basti* which can be given in all seasons without any strict regimen of Diet. It has *Brumhana* and *Vatashamaka* in nature. And *Madhur Dravya* (*Ashwagandha Taila*) is one such combination to pacify the *Vata* in *Katigraha*. **Objectives:** To evaluate the efficacy of *Madhur Dravya* (*Ashwagandha Taila*) *Matrabasti* in *Katigraha* for relieving Pain and Stiffness. **Settings and design:** This was an open-labelled single arm interventional clinical study. **Methods:** Fifteen diagnosed case of *katigraha* were registered from the outpatient and inpatient department of Panchakarma and *Madhur Dravya* (*Ashwagandha Taila*) *Matrabasti* administered for 9 days. **Statistical Analysis-** The data were statistically analysed by using paired *t* test. **Results:** Highly significant ($P < 0.0001$) result was found in all the assessment parameter like Pain, Stiffness Schober's Test and functional rating Index quaternary. **Conclusion:** *Madhur Dravya* (*Ashwagandha Taila*) *Matrabasti* is one of the best to relieve Pain and Stiffness in *Katigraha*.

Key Words: *Katigraha*, *Madhur Dravya* (*Ashwagandha Taila*), *Matrabasti*.

Introduction

Katigraha is the commonest encountered disease. *Katigraha* is one of the *Vatavyadhi* which is the problem of lumbar region. Even though this disease is not life threatening but it hampers the daily activity. It is described as a separate disease in the classical text *Gadanigraha* and *Acharya Sharangdhar* considered it as a *nanatmaja Vatavyadhi*. *Acharya Shodhayla* described that it is a condition characterized by pain and restricted movement of *Kati*. *Kati* itself is one of the seats of *vatadosha* and the root cause of disease is aggravated by *Vata* (1).

About 60-80 % of world population experience low back pain at some time in their lives. The highest prevalence is among people aged 35- 60 years (2).

Low back pain is a clinical condition in which lot of conditions can be interpreted ranging from spondylolysis, space occupying lesions, tuberculosis of spine, inter vertebral disc prolapse, etc. low back pain is not a onetime phenomenon; rather it is characterized by the commonest presenting symptom is low back pain with or without the pain radiating down the back of the leg (*sciatica*) (3).

In the *chikitsa sutra* of *Vatavyadhi* many *Acharyas* advised *Basti* and *Acharya Charaka* has

mentioned *Matrabasti* as a *brumhana sneha* (4) hence in present Study *Matrabasti* is selected. *Shad skanda* is mentioned by *Acharya Charak* in *Viman sthan* for *bastikarma*. *Ashwagandha* is in the *Madhur Skanda* (5). Which exert *Vatahara* and *brumhana* action. The main treatment principle to pacify *vata* is used of *Vatahara* drugs added with *Snigdha Dravya* (*Tila Taila*) having *Madhur Vipak* (6). The *Ashwagandha Taila* is such combination to pacify *Vata* in *Katigraha*.

Thus in the present comparative study is designed to evaluate the effect of *Madhur Dravya* (*Ashwagandha Taila*) *Matrabasti* with the hypothesis that these *basti* may prove beneficial in managing the disease pathogenesis by *Brumhana* and *Vatahara* property (7).

Aim and Objectives

To evaluate the efficacy of *Madhur Dravya* (*Ashwagandha Taila*) *Matrabasti* in *Katigraha* for relieving Pain and Stiffness.

Material and Methods

A total of 15 patients were registered for the study from the outpatient and inpatient department of Panchakarma mahatma Gandhi Ayurved College Hospital and Research Centre Salod (H), Wardha. Who were diagnosed with *Katigraha*. Informed consent was obtained from the patients before starting the intervention.

Inclusion Criteria

A diagnosed case of *Katigraha* age between 25 to 65 years, irrespective of their sex, economic status,

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religion, and occupation and Clinical symptoms from 6 months to 1 year.

Exclusion Criteria

- Patients having neurological deficit.
- Lumbar and other intervertebral disc disorders with myelopathy, other disc degeneration and radiculopathy (M51.0 of ICD-10).
- Pregnant women, Traumatic patients.
- Associated with simple and compound fractures.
- *Matrabasti* Ayogya- Patients suffering from piles, debility, anaemia.

Diagnostic Criteria

- Clinical Examination- *Shoola* and *Sthambana* in *katipradesha*
- Low back pain range of motion flexion by schober’s test.
- Negative SLRT
- Radiological Examination like X-ray of lumbar spine.

Investigation for screening:

RBS were carried out before treatment to exclude diabetic patients because *Ashwagandha* is one of the *Madhur Skanda Dravya*.

Table no.1: Treatment Plan

Procedure	Drug	Dose	Duration
Deepan and Pachan (Appetizers and carminatives)	Trikatu Churna	5 gm	TID before food with warm water for the first 3 days
Matra Basti	Madhur Dravya (Ashwagan dha Taila)	60 ml	After food anal route for 9 days.

Study Duration

The study lasted 9 days followed by 9 day follow-up period.

Method of Administration

Purva karma (Pre- Procedural preparation)

- The patient was instructed to come with the taking light diet.
- After that patient subjected to local *Abhyanga* and *Mrudu Swedan* over abdomen, thighs, and lumbar region.

Pradhan karma (Procedural preparation)

- After the *Purva Karma* Patient was advice to lie down on left lateral position on *Basti* table with left leg straight and right leg flex.
- Taila applied over the anus in small quantity.
- 60 ml of *Koshna Taila* (Luke worm oil) taken in syringe and rubber catheter smeared with oil after that catheter was administered into the anus up to the 4cm.
- After that patient asked to take deep breath.

Pashyat karma (Post-procedural preparation)

- After administration of Basti lie on supine position.
- After 10-15 minutes patient was advice to get up from the table and take rest on bed.
- *Basti Pratyagamana Kala* (Retention Time of enema) noticed (8).

Table no. 2- Assessment Criteria

Sr.no	Assessment parameters	Observation	Grade
a. Subjective criteria			
1	Lumbar pain (by using VAS Scale chart)	No pain	Grade 1
		Minor pain	Grade 2
		Moderate pain	Grade 3
		Severe pain	Grade 4
2	Lumbar Stiffness	Normal movement	Grade 0
		0 to 25% Restricted	Grade 1
		25% to 50% Restricted	Grade 2
		50% to 75% Restricted	Grade 3
		75% to 100% Restricted	Grade 4

Objective Criteria

Schober’s Test

Schober’s Test is a physical examination used in physical medicine and rehabilitation and rheumatology to measure the ability of the patient to flex lower back. While patient is in standing position the examiner make a mark at the level of fifth lumbar vertebra (L5) Two point are marked 5 cm below and 10 cm above of this point (total of 15 cm distance.) then the patient is asked to touch his/her toes while keeping the knees straight. If the distance of the two points does not increase by at least 5 cm, then this is a sign of restriction in the lumbar flexion (9).

Functional Rating Index

FRI instrument contains 10 items that measures both pain and function of the spinal musculoskeletal system. Of their 10 items 8 refers to activity of daily living that might be adversely affected by a spinal condition and 2 refer to different attributes of pain (10).

Observation

The Maximum number of patients was females (60%) having chronicity between 6 months to 1 year, Hindu (80%), as per occupation (40%) services, (33.3%) labour work and (20%) Household works, Married (86.7%), socio economic status poor class and middle class (33.3%), mixed diet (60%), *Mandagni*, *Vishamgni* and *Tikshnagni* (26.7%), *Krura koshta* (73.3), *Sama Mala* (73.3).

The maximum patients was *Vatapittaj Prakruti* (46.7%), as per age wise distribution age between 55-64 years patients was more in number (53.3%), maximum Standing and sitting were position during work (33.30%), mode of injury of fall (40%) [Table 3].

The mean value of Schober's test before treatment were 16.60±1.24 which were significantly increases to 18.46±1.18 after intervention and after follow up period, it again increases to 20.13±1.35. The mean

value of FRI questionnaire before treatment was 27.93±5.49 which were significantly reduces to 7.93±2.25 after intervention. [Table 4]

Table 3- Assessment of effect on therapy on Subjective parameters.

Sr. No	Assessment parameters	Grade	Before treatment	After treatment	Follow up	χ ² -value (After F.U)	P value
1	Lumbar pain	Grade 1	0(0%)	5(33.3%)	7(46.7%)	26.57	0.0001,S
		Grade 2	0(0%)	8(53.3%)	7(46.7%)		
		Grade 3	6(40%)	2(13.3%)	1(6.7%)		
		Grade 4	9(60%)	0(0%)	0(0%)		
2	Stiffness in lumbar region	Grade 0	0(0%)	4(26.7%)	8(53.3%)	21.56	0.0002,S
		Grade 1	0(0%)	6(40%)	4(26.7%)		
		Grade 2	3(20%)	4(26.7%)	2(13.3%)		
		Grade 3	10(66.7%)	1(6.7%)	1(6.7%)		
		Grade 4	2(13.3%)	0(0%)	0(0%)		

Table 4- Assessment of effect on therapy on Objective parameters.

Sr. No	Assessment parameters	Before treatment	After treatment	Follow up	t value (After F.U)	P value
1	Schober's test	16.60±1.24	18.46±1.18	20.13±1.35	11.52	<0.0001 S
2	FRI questionnaire	27.93±5.49	7.93±2.25	-	15.15,	<0.0001 S

Result

The result obtained were highly significant (p<0.0001) which shows that *Madhur Dravya (Ashwagandha Taila) Matrabasti* was statistically effective in reducing the intensity of symptoms of *Katigraha*. The result obtained were highly significant (p<0.0001) in objective Parameters which shows that *Madhur Dravya (Ashwagandha Taila) Matrabasti* was statistically effective in Increase Range of motion and Daily activities of the subject. With percentage relief obtained was 40% marked improvement, 46.67% moderate improvement and 13.33% mild improvement. [Table 5]

Percentage are calculated from number of patient and the percentage of relief

Table no. 5- Assessment of total effect of therapy on the basis of percentage of relief in subjective parameter.

Total effect of therapy	Range	% of relief
Complete Remission	100% relief in sign and symptoms and waling without Any pain were considers complete remission	0(0%)
Marked Improvement	75-99% relief in sign and symptoms	6(40%)
Moderate Improvement	50-74% relief in sign and symptoms	7(46.67%)
Mild Improvement	25-49% relief in sign and symptoms	2(13.33%)
Unchanged	<25% No change in sign and symptoms	0(0%)

Discussion

Discussion on disease

In *Ayurvedic* classics we find *Vata Sthana Kati* and *Vatavyadhi* which refers to the *Vyadhis* caused by the vitiation of *Vata Dosha*. *Katigraha* is not mentioned as a separate disease in *Bruhatrayee* directly. "*Katigraha* is the condition in which vitiated *Vata Dosha* gets situated in the *Katipradesh* and producing *Shoola* (Pain) and *Stambha* (Stiffness). In *Katigraha*, there will be Stiffness throughout the lower back region, pain and restricted movement. As *Acharya Sushruta* says that without vitiation of *Vata*, *Shoola* cannot be produce (11). And *Gada Nigraha* clearly states that *Shoola* is produced due to *Stambha* which is produced by *Nirama and Sama Vayu* Movement into *Kati* (Lumbar region).

Discussion on Drug

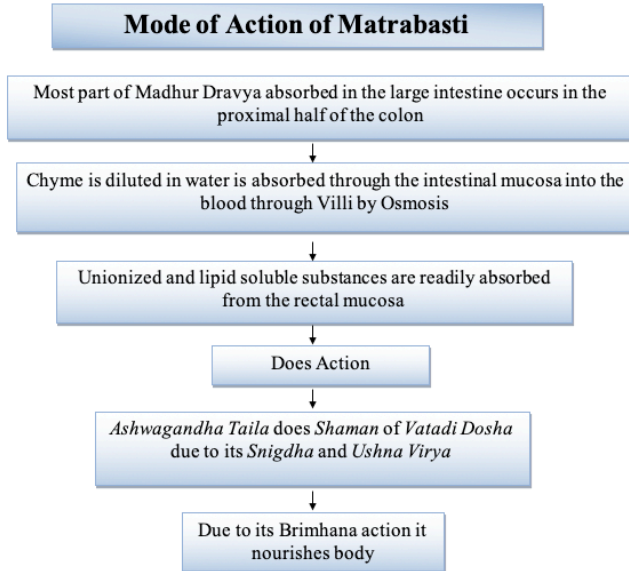
Ashwagandha is one of the *Madhura skanda dravya*. And in *Bhaishajya Ratnavali* also mentioned *Ashwagandha taila* in *Vatavyadhi Adhyaya*. *Ashwagandha taila* is a single herbal combination which contains *Ashwagandha*. Base of potent oil is *Tila taila* which is *Ushna Tiksha Madhur Rasa, Madhur Vipaka, Brumhana, Vikasi, Twak prasadhak* (12).

It nourishes and strengthens all the dhatus due to its snigdha, guru guna and ushna virya. It decreases rukshata of *Vata Dosha*, due to its vikasi guna it reduces spasm and joint pain (13). *Ashwagandha* is having katu and tikta rasa whereas katu rasa is mentioned as vatakapha shamak and tikta rasa is mentioned as pittakapha shamak *Ashwagandha* being *Vataghna* by its

Ushna Virya. It is *Shothahara* and *Vednasthapan* too. *Ashwagandha Sidha Taila* mentioned for *Abhyanga* and *Matrabsati* in *Vatavyadhi* and General Debility (14).

Discussion on procedure

Figure 1: Showing the mode of action of matrabsati



Conclusion

Katigraha is a common disorder of present era it is *Vatapradhan Tridoshaja Vyadhi* in *Ayurveda* based on the similarities in *etiological factors, clinical features*. Statistically significant reduction in clinical symptoms of *Katigraha* and significant improvement was found in objective criteria. From the outcomes, we can conclude that *Matrabsati* with *Madhur Dravya (Ashwagandha taila)* effective in reducing symptoms of *Katigraha*.

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