

Clinical Study of the role of Abhyanga, Katitarpana and Basti in the Management of Katigatavata with special reference to Low Back Pain

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Abstract: Background: *Katigatavata* can be correlated with the acute low back pain which is the fifth most common reason for all physician visits. Over a lifetime 80% of people have lower back pain. Ayurveda is a life science not merely to cure the diseases but primarily prevent the diseases. This is the mother science of all the health sciences present till date. **Aim:** 1. To study the patients of *Katigatavata* (*katishula*) Specially in particular of low back pain. 2. To study the efficacy of *abhyanga* and *katitarpana* and *Basti* in the management of *Katigatavata*. **Methodology:** 50 patients of either sex, age-35 to 70 yrs having low back pain were selected. *Abhyanga*, *Katitarpana* and *Basti* all three therapies were administered to the patients for 3 months. Assessment was done before and after the trial. **Results-** In this study significant symptomatic relief at the end of therapy is observed and an overall improvement in the quality of life was evident. There was no significant alteration in hematological and

biochemical parameters at the end of therapy. **Conclusion** -This study indicates that the role of *abhyanga*, *katitarpana* and *Basti* therapy is very essential and important to reduce pain and stiffness in low back pain. Very encouraging results occurred at the end of study.

Keywords: *low back pain, Katigatavata, Abhyanga, Basti*

Introduction:

Katigatavata includes the conditions where the pathological process mainly resides at *trikprushta sandhi*, main concern here is the *katishula* (back pain) and *katistabha* (back stiffness) with associated symptoms. We can correlate *Katigatavata* with low back pain. Acute low back pain is the fifth most common reason for all physician visits. Musculoskeletal and neurological diseases are one of the major causes of disability around the world and have

been a significant reason for the development of the Bone and Joint Decade. Rheumatoid arthritis, osteoarthritis and back pain are important causes of disability-adjusted-life years in both the developed and developing world. Over a lifetime 80% of people have lower back pain.

In the United States, estimates of the costs of low back pain range between \$38 and \$50 billion a year and there are 300,000 operations annually. Along with neck operations, back operations are the 3rd most common form of surgery in the United States. Low back pain is a common disorder. Nearly everyone is affected by it at some time. Once low back pain has been present for more than a year few people with long-term pain and disability return to normal activities. It is this group who account for the majority of the health and social costs associated with low back pain. Back pain is the second leading cause of time loss at work in the world (second only to the common cold).

Aims and objectives

1. To study the patients of *Katigatavat (katishula)* Specially in particular of low back pain.
2. To study the efficacy of *abhyanga* and *katitarpana* and *Basti* in the management of *Katigatavata*

Conceptual Contrive:

Disease review:

In ayurvedic classics there is no direct reference regarding *katigatvata* disease, but in various *vata* disorders *katishula* and *katigraha* symptom is mentioned so we go through

various disorders which are specially related to pathology resides in lumbosacral region causes low back pain and difficult movements. Ayurveda is a life science not merely to cure the diseases but primarily prevent the diseases. This is the mother science of all the health sciences present till date. Ayurveda follows the approach of holistic treatments and helps you discover a happy and enjoyable life free of ailments. Ayurveda stated that the body is mainly functioned by three *bioenergies*, called *vata dosha*, *pitta dosha* and *kapha dosha* as we all know that universe is evolved and carried on by three processes that is movement, conversion or transformation and end product.

- *Vata*-bioenergy is meant for all movements at micro and macro channel level, all circulation, conduction, initiation, stimulation and activation is a function of *vata*.
- *Pitta*-bioenergy is meant for all conversions, transformations and energy production processes inside the body at every level.
- *Kapha*-bioenergy is meant for strength, product, stability, continuity and balance.

The treatment of Ayurveda is based on the belief that all diseases in the human body arise due to imbalance in the *Tridoshas-vata*, *Pitta* and *Kapha*. *Ayurvedic* therapies are administered on patients to bring the right equilibrium in *tridoshas*.

Ayurvedic therapies offer cure relaxation and rejuvenation to create a balance between mind, body and soul. Some of the popular and effective Ayurveda treatments recommended to the patients include- Curative therapy(*shamana*), *Panchakarma* therapy (*Shodhana*), Rejuvenation therapy (*Rasayana*), Behavioral therapy (*Acharya rasayana*).

Katigatavata -vatavyadhi:

The group of diseases caused by vitiated *vata* dosha are *vata* vyadhis which are 80 in numbers. Complex nature so most of them are incurable.^[1] The etiopathogenesis, classification and management have been mentioned in all *ayurveda* classics in detail. The term *Katigatavata* denotes the vitiation of *vata* at the *kati pradesh* which includes sacral, lumbar and waist region. In *ayurveda* a separate disease entity is not mentioned by the name of *Katigatavata*. But it denotes characteristic pain and restriction of the movements and difficult movement at above said region. The main emphasis in this presentation is to deal with such conditions-- includes *gudasthita vata*, *pakwashaya gatavata* *gridhrast*, *amavata* and *trick sandhigatavata*. So to understand the *Katigatavata* we need to understand the vitiation of *vata* dosha, causes, etiopathogenesis and at last its management. Causative factors for vitiation of *vata* according to the pathogenesis.^[2]

In *ayurveda* classics two types of *vata* vyadhi are described-

1. *Upastabhitavata* vyadhi (vitiation of *vata* due to obstruction by other two dosha vitiations)- metabolic and inflammatory musculoskeletal and neurological disorders.
2. *Nirupastabhitavata* vyadhi (vitiation of *vata* due to *dhatu kshaya*) -degenerative conditions.

Both the types have different etiology and the treatment plan:

- *Aharatmaka*- improper diet, excessive intake of dry cold and light quality food, inadequate food intake and fasting.
- *Viharatmaka*- less sleep, excessive intercourse, excessive swimming, walking, exercise and abnormal movements, abnormal bed day time sleep, traveling suppression of natural urges,
- *Ahhighataj-marmaghata-trauma* accidental injuries fast driving, intermittent fall down to *Mansika*- excessive fear anxiety and anger
- *Vikaraj*- weakness and degeneration due to disease abnormal treatment plan, excessive purification. All above causes mainly for *vata* disorders but the concern here is the *Katigatavata* and various etiological factors mentioned above are related to it and in the present article we are going to emphasize that.^[3]

Modern aspect: Low back pain is a clinical condition where patients have pain, stiffness and difficult movement.

Common causes for LBP:

- **Lumbar strain- acute or chronic-** (Stretchy injuries to ligaments, tendons. And muscles-results in microscopic tears. This occurs because of overuse, improper use and trauma, mostly above forty people.
- **Nerve irritation-** mechanical irritation (impingement) by bone or by other tissues or by disease from roots of spinal cord to their skin surface.
- **Lumbar disc disease-lumbar radiculopathy-** Nerve irritation due to damage to the disc between two vertebrae. This occurs due to degeneration (wear and tear), traumatic injury or by both causes herniation of disc and sciatica.
- **Bony encroachments-** Movement or growth of vertebrae of the lumbar spine can limit the space (encroachment) for the adjacent spinal cord and nerve causes foraminal narrowing. a-Arthritis, b-Spondylolisthesis (slipping of one vertebrae to one another), c-Spinal stenosis (compression nerve root or spinal cord in general, This leads to spinal nerve compression).
- **Bone and Joint conditions**
 - Congenital bone conditions- Scoliosis and *spina bifida*
 - Degenerative bone and joint conditions- spondylosis and

degenerative arthritis due to age)

- Injury to the bones and joint- osteoporosis (fractures)
- Arthritis-specific causes- *spondyloarthropathies* include reactive arthritis (Reiter's disease), ankylosing spondylitis, psoriatic arthritis, and the arthritis of inflammatory bowel disease. Soft tissue rheumatology

RISK FACTORS:

- Postural deformities and leg length, in general, don't seem to predispose to lower back pain. Studies of static work postures indicate an increased risk of lower back muscle pain sitting with a bent over working posture seems to carry significant risk, for example sitting in a car for more than half a work day can lead to three times the risk of disc herniation.
- Physically heavy, static work postures Frequent bending and twisting, lifting and forceful movements
- Repetitive work and vibrations
- Tallness leads to increased risk
- Sciatica is more frequent in obese people
- Weak trunk muscles and decreased endurance
- Coughing-leading to decreased blood supply to essential areas
- Social factors i.e. alcoholism, history of divorce, level of education, history of depression

Drugs review:

1. ABHYANGA AND SWEDANA
- *Dhanwanter taila and*

kottamchukkadi thailam used for *swedana* *dashamula bharad* and *balamula bharad* has been used.

2. KATITARPAN-*prasarini taila* along with *sahachara taila* is used
3. BASTI- classical *Panchatikta ksheera Basti* given (300ML)

Clinical contrive:

Material and Methods: 50 patients having *katishula* with varied pathology are included in this study from the dept of *panchakarma* at *manjara ayurved* medical college and hospital, according to the eligibility criteria. *Abhyanga*, *katitarpan* and *Basti* were administered over them for 3 months.

Duration of the treatment: *Abhyanga* and *swedana* 30 days with *katitarpana* 30 days with *karma Basti*, all three therapies two times in three month duration with one month gap in between.

Study design: The study was an open clinical trial conducted in the department of *pancha- karma* at *manjara ayurved* medical college and hospital over a period of 3 months total 50 patients were selected for the trial with consent, out of which 42 have completed the study. Classical therapies given as per mentioned in classics during this period patient advised not to take any medication orally or injections.

Study population: 42 patients of either sex in the age between 35 to 70 years with the prime symptom low back pain with stiffness and difficult walking attended the *panchakarma opd* at *manjara ayurved* medical college.

Inclusion criteria: Low back pain and stiffness with lumbosacral degenerative

and spondylitis pathology have been selected all the patients have complaint of low back pain more than 6 month prior to the study

Exclusion criteria: Patients with hypertension, renal/hepatic/cardiac failure Long term steroid treatment uncontrolled diabetes, cancer and *potts* related low back pain, genetic or autoimmune disorders were excluded from the study.

Methodology: Patients underwent complete physical examination before trial. All the signs and symptoms in regard to the severity and duration were recorded. Systemic back and spine examination were recorded. Biochemical evaluation CBC with ESR serum calcium phosphorus, albumin, blood urea, creatinine, sugar, RA test with LFT KFT had been done.

- Total patients-50,
- Treatment completed -42,
- Average age 47-10,
- Male female-60:40

Efficacy was assessed by clinical score at the end of 3 months Score based on the intensity of pain, duration of pain, low back tenderness, and paraspinal stiffness and spasm, etc.

- intensity of backache: mild-1, moderate-2, sever-3
- severity of pain on: more than routine work-0, routine work-1, less than routine work- 2, at rest-3
- *paraspinal* tenderness: absent-0, present-1
- *paraspinal* stiffness and spasm: mild-1, moderate-2, sever-3
- Maximum pre therapy score-10

Results:

Following clinical parameters were tackled during the study.

A-Pain sensitivity

| INTENSITY | BT | 1 MONTH | 3 MONTH |
|-----------|------|---------|---------|
| MEAN - BT | 2.37 | 2.37 | 2.37 |
| AT | | 1.63 | 0.60 |
| %IMP | | 31.22 | 74.68 |
| t | | 8.27 | 19.39 |

B-PAIN DURATION

| PAIN | BT | 1 MONTH | 3 MONTH |
|---------|-----|---------|---------|
| MEAN-BT | 2.5 | 2.5 | 2.5 |
| AT | | 2.00 | 1.03 |
| %IMP | | 20 | 58.80 |
| t | | — | 44.73 |

C-PARASPINAL STIFFNESS

| PARASPINAL STIFFNESS | BT | 1 MONTH | 3 MONTH |
|----------------------|------|---------|---------|
| MEAN BT | 2.47 | 2.47 | 2.47 |
| AT | | 1.97 | 1.03 |
| % IMP | | 20.14 | 59.30 |
| t | | 15.22 | 43.82 |

D-TENDERNESS

| TENDERNESS | BT | 1 MONTH | 3 MONTH |
|------------|------|---------|---------|
| MEAN BT | 1.00 | 1.00 | 1.00 |
| AT | | 0.98 | 0.03 |
| % IMP | | 3 | 97 |
| t | | 0.91 | 29.52 |

E-AVERAGE SCORE

| | BT | 3 MONTH |
|-----------|------|---------|
| MEAN - BT | 8.27 | 8.27 |
| AT | | 2.70 |
| % IMP | | 67.74a |
| t | | 47.78 |

DISCUSSION:

Low back pain is the most common cause nowadays which affects daily routine of the society due to sedentary lifestyle, lack of exercise or over exercise or faulty exercise and early *spondylotic* changes. Low back pain not only affects the older and middle age group but a lot of young patients visiting the hospitals for the same in this study. We tried to find out the effect of ayurveda therapies. In this study significant symptomatic relief at the end of therapy is observed and an overall improvement in the quality of life was evident. There was no significant alteration in hematological and biochemical parameters at the end of therapy or study, there was no radiological deterioration at the end of study, there was no evidence of any adverse effect reported during the entire duration of the clinical trial.

Conclusion: Low back pain is the most common skeletal disorder second

most to this in the world. Therapies show significant reduction in pain and stiffness. Mobility and working capacity of patients improved at the end of study. This study indicates that the role of *abhyanga*, *katitarpana* and *Basti* therapy is very essential and important to reduce pain and stiffness in low back pain. Very encouraging results occurred at the end of study.

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