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Efficacy of *Dwitiya Baladi Basti* and *Shaman Chikitsa* as an Analgesic in the Management of *Katigraha* (Low Back Pain).

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ABSTRACT:

Background: Back Pain is the remarkably common disability around the world. Despite its frequency, backache is not a dramatic disease that arouses scientific curiosity and interest to the practitioners. Here an attempt has been made to evaluate the analgesic effect of *Basti Chikitsa* (Ayurvedic Enema therapy) in the patients with *Katigraha* (Chronic low back pain)

Aim: We aimed to evaluate the *Rujahara* (Analgesic) Effect of *Dwitiya Baladi Yapana Basti* in Comparison to Ayurvedic Medication (*Tryodashanga Gugglu* and *Rasnadi Kwath*) in the Management of *Katigraha* (Low Back Pain).

Materials and Methods: This study was conducted on 60 clinically diagnosed cases of *Katigraha* (Low Back Pain) from OPD of Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi in a period of 12 months after taking institutional ethical clearance. Parameters to evaluate the analgesic effect were Oswestry's disability index (ODI) as subjective parameter and Visual Analogue scale, Kemp's test as objective parameters. Participants were divided into two groups: Group A – *Dwitiya Baladi Yapana Basti* was given and in Group B- *Tryodashanga Gugglu* and *Rasnadi Kwath* were given.

Results: A significant difference was found between two groups in objective parameters. In Group A there was a relief of 29.8% in ODI Scale, VAS Scale-33.1% and Kemp's test -65.2 % whereas in Group B there was a relief of 33.1% ODI scale, VAS Scale-22.4% and Kemp's test- 36.8%.

Conclusion: Both the group showed mild to moderate relief in the management of *Katigraha*. Both the group are equally effective in reducing the *Ruja* (pain) in *Katigraha* but *Basti Karma* showed more relief in objective parameters. No major adverse or side effect were encountered during the course of study.

Keywords: *Dwitiya Baladi Yapana Basti*, *Katigraha*, Low Back Pain, *Tryodashanga Gugglu*, *Rasnadi Kwath*

INTRODUCTION

Low back pain is a universal human experience which is experienced by almost every individual at some point of

lifetime. The prevalence of chronic low back pain is 4.2% in individuals aged between 24 and 39 years and 19.6% in



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those aged between 20 and 59.¹ It is a major cause of disability worldwide having a significant impact on both occupational as well as household performance makes an individual to seek physician's advice. In Ayurveda, chronic low back pain can be compared parallel with *Katigraha* and it is described as an independent disease by *Gadanigraha*² and is characterized by *Shoola* and restricted movements of *Kati* (low back) caused by *Shuddha* or *Sama Vayu*. As opined by Acharya Sushruta, pain can never present without the involvement of *Vata Dosha*. This deranged *Vata Dosha* along with further aggravated and make up the *Dhatukshyajanya* and *Margavrodhajanya samprapti*. Contemporary system of medicine comes with a variety of options like NSAIDs, analgesics, surgical intervention; which are still not implementing as the golden standard approach possibly due to much side effects and temporary relief. This perseverance of pain and stiffness creates an opportunity to find a safer and economical treatment modality. For the present work, *Dwitiya Baladi Yapana Basti* was opted due to its *Balya*, *Rasayana*, *Vatakapha Shamak* effects which is referred by Acharya Charak to be given in *Katigraha*; and compared with *Tryodashanga Gugglu* and *Rasnadi Kwath*, with the following Aim and Objectives as.

AIM

To evaluate the *Rujahara* (Analgesic) Effect of *Dwitiya Baladi Yapana Basti* in management of *Katigraha* (Low Back Pain).

Objectives

- To evaluate the effect of *Dwitiya Baladi Yapana Basti* in the management of *Katigraha*.
- To evaluate the effect of *Tryodashanga Gugglu* with *Rasnadi kwath* in management *Katigraha*.
- To compare the effect of *Dwitiya Baladi Yapana Basti* and *Tryodashanga Gugglu* with *Rasnadi Kwath*.
- To observe and report complications & side effects of *Dwitiya Baladi Yapana Basti* and *Tryodashanga Gugglu* with *Rasnadi Kwath*, if any.

MATERIAL AND METHOD

Plan of Study: An open label single centre Randomised clinical trial was conducted, where the patients were divided into two groups; one intervention group and one comparator group, and given treatment with specific duration with two week follow up Patients were given specific guidance on food and lifestyle changes. Prior to the initiation of the trial, the Institutional Ethics Committee

(IEC) approved it followed by registration on CTRI and the written consent was signed from the patients.

CTRI No. - CTRI/2018/12/016714

IEC Code- 2017/PK-04/MD/10

Selection of patient: 60 clinically diagnosed cases of *Katigraha* (Low Back Pain) from OPD of Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi were selected on the basis of diagnostic and inclusion criteria.

Criteria of diagnosis: The main criteria of diagnosis of patients were based on the cardinal associated sign and symptoms of disease based on the Ayurvedic and modern texts.

Inclusion criteria:

1. Patients of either gender between 21 to 40 years of age.
2. Patients diagnosed as a case of *Katigraha* (Low Back Pain) according to the clinical features as described in *Gada Nigraha* were selected irrespective of gender, occupation and socio-economic status.

Exclusion criteria:

1. Patients reporting with spinal tumour, malignant diseases of the pelvis, tuberculosis of vertebral bodies, Ankylosing Spondylitis, Rheumatoid Arthritis, Psoriatic Arthritis, Gouty Arthritis.
2. Recent lumbar surgery or implanted instrumentation or prostheses.
3. Pregnant women and lactating mother.

Withdrawal criteria:

1. Patients willing to quit in between will be allowed to quit and will be replaced.
2. If patient develops any acute illness during the trial which may hamper the study.

Grouping and Selection of the medications

Patients were randomly divided by lottery method and studied under two Groups viz. Group A and Group B irrespective of religion, gender, occupation, caste etc.

GROUP A: *Dwitiya Baladi Yapana Basti* was given.

GROUP B: *Tryodashanga Gugglu* with *Rasnadi Kwath* was given.

Treatment Schedule: Table No. 1: Showing treatment schedule

Methodology

1. Drug, dosage and duration: Treatment schedule is mentioned in Table 1.

2. Method of application of *Dwitiya Baladi Yapana Basti*

A. *Purva Karma:* Patient was given local massage with sesame oil and fomentation with plain steam after observing for symptoms of well digested previous meal.

B. Pradhana Karma: After clearing natural urges and post light breakfast, patients were instructed to lie on left lateral position and after per rectal examination, luke warm Basti material was administered with plastic enema pot. The patients were asked to lie down in supine position gradually and buttocks were tapped slowly and gently 3-4 times. Patients were instructed to evacuate the material when urge arises. The patients were assessed for uneventful condition(s). *Samyak Lakshana* were assessed and observed daily.

C. Pashchat Karma: Evacuation time of *Basti* material and untoward effects (if any) were observed and noted. One *Muhurta* (48 min) was the maximum period of time in which the evacuation of *Basti* respectively should occur. The patients were explained and instructed to adhere to *Pariharya Vishaya* (code of conduct) specifically indicated for *Yapana Basti*.

3. Criteria of Assessment: The patients were examined thrice during the trial; before initiation of treatment, on 8th day and followed up on 15th day, for which subjective and objective parameters were adopted as follows. **Table No. 2: Showing Parameters of assessment**

Subjective Parameters: Oswestry’s Disability index³

Table No. 3: Showing Oswestry’s Disability index

Interpretation: Table No. 4: Showing Interpretations of ODI Score

Objective Parameter

VAS: The visual analogue scale (VAS) is a 10-cm line, oriented vertically or horizontally, with one end representing “no pain” and the other end representing “pain as bad as it can be.” The patient is asked to mark a place on the line corresponding to the current pain intensity



Interpretation⁴ Table No. 5: Showing Interpretation of VAS Score

The Lumbar Quadrant or Kemp’s test is a test to assess the lumbar spine facet joints. It is a provocative test to detect pain, which can be local, referred or radicular.⁵

- 0- negative
- 1- positive

Schedule Of Study: Table No. 6 – Showing Schedule of study

RESULTS:

Graph 1 shows results Table No. 7 – Showing Percentage Relief in both the groups in Assessment Parameters

OBSERVATIONS

Demographic Data: Maximum 60% of patients were from the age group of 31-40 years, 55% were male, 73.3% were from urban habitat, 38.3% patients were housewives, 96.7% were from middle class, 58.5% patients were vegetarian, 93.3% patients were literate, 83.3% patients were married, 70% belonged to *Vata-Pitta Prakrati*, 98.3% belonged to *Rajas Prakrati*.

Data Related to Disease: 78.3% of patients were having gradual onset, 36.45% of patients had duration for less than a year while 35% had the duration for more than two years.

Data Related to Basti Karma: Among the *Lakshana* of *Basti Karma*, 30 patients experienced *Prasrut Vinmutra* (appropriate expulsion of excreta), 30 patients experienced *Aashyalaghuta* (lightness in the body), 24 patients experienced *Rogopshanti* (relief in the symptoms), 15 patients experienced *Ruchi Anubhava* (improvement in the taste), 10 patients experienced *Agni Vriddhi* (kindled digestive fire) and only single patient experienced *Prakrati Bala* (recouped body strength).

DISCUSSION

Panchakarma procedures are not only limited to just *Shodhan*, but do have multifaceted actions as *Langhana*, *Brihana*, *Lekhana*, and *Shaman*. *Basti* therapy is considered as *Ardhachikitsa* among all therapeutic measures and some physician accept it as complete treatment because *Basti* has a vast field of action. It not only cures *Vatik* disorders but it also helpful in *Kaphaj* and *Pittaj* disease. In *Ayurveda*, chronic low back pain can be compared parallel with *Katigraha* in which, *Vata dosha* alone or in combination with the *Kapha dosha*, by virtue of *Dhatukshyajanya* and *Margavrodhajanya Samprapti* induces *Katigraha* and accounts for the clinical manifestation of the same to occur. *Dwitiya Baladi Yapana Basti* has got *rasayana* and *balya* properties, able to counter the *Dhatukshyajanya* and *Margavrodhajanya samprapti* as well. This *Basti* improved the menifestations of *Katigraha* by virtue of the analgesic and anti-inflammatory contents present in it like *sahachara*, *bala*, *ghrita*, milk, etc. It simultaneously performs two actions; provide nourishment to the spine and associated muscles as well as pacifies the aggravated vata, hence chosen for the

present work.

Tryodashanga Gugglu and *Rasnadi Kwath* are multidrug formulations corrects the samprapti of *Katigraha* on account of their *Shothahara*, *Dhatwagnideepana* and *Vatanulomana* effect. They eliminates the *Srotorodha* present at *Katipradesha* thus increases circulation which finally results in the reduction in *Shoola* and *Graha* at the *Katipradesh*.

CONCLUSION

“*Katigraha*” indicate a diseased condition of the back associated with pain and stiff in movements. This disease runs a chronic course and leads to multiple complications that are responsible for hampering the degree of activity of daily life (ADL) in the patient and making them bed ridden. Both the group showed mild to moderate relief in the management of *Katigraha*. Both the group were equally effective in reducing the *Ruja* (pain) in *Katigraha* but *Basti Karma* showed more relief in objective parameters. Hence, it has been concluded that *Basti Chikitsa* is a better treatment modality than *Shaman Chikitsa* being a non-invasive intervention, in reducing *Ruja* (Pain) in *Katigraha*. Therefore, *Basti Karma* can be done at regular intervals to get an analgesic effect for Low Back Pain patients rather than giving NSAIDS which has lots of side effects. No major adverse or side effect were encountered during the course of study.

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REFERENCES

1. Meucci RD, Fassa AG, Faria NMX. Prevalence of chronic low back pain: systematic review. *Revista de Saúde Pública*. 2015; 49.
2. Tripathi I. *Vatavyadhiadhyaya* 19/160, In: *Gadanigrah* by Sodhala .Vol.2.First edition Varanasi, Chokhmaba Sanskrit Sansthan. 2011 P.508.
3. Fairbank JCT & Pynsent, PB (2000) the Oswestry Disability Index. *Spine*, 25(22):2940-2953. Davidson M & Keating J (2001) A comparison of five low back disability questionnaires: reliability and responsiveness. *Physical Therapy* 2002; 82:8-24.
4. Jensen MP, Chen C, Brugger AM. Interpretation of visual analog scale ratings and change scores: a reanalysis of two clinical trials of postoperative pain. [Internet]. *The journal of pain: official journal of the American Pain Society*. U.S. National Library of Medicine; 2003 [cited 2018Apr19]. Available: <https://www.ncbi.nlm.nih.gov/pubmed/14622683>.
5. KEMP test [Internet]. *Physiopedia*. [Cited 2018 Apr 14]. Available https://www.physio-pedia.com/KEMP_test.

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Table No. 1: Showing treatment schedule

Groups	Group A	Group B	
Drug	<i>Dwitiya Baladi Yapana Basti</i>	<i>Tryodashanga Gugglu</i>	<i>Rasnadi Kwath</i>
Duration of administration	8 days	8 days	8 days
Time of administration	After taking some meal in morning	After meals	Before meals
Route of administration	Rectal	Oral	Oral
Frequency of administration	Once	Twice	Twice
Dose	450 ml	1gm	40ml
Anupana	-	<i>Ushna Jala</i>	<i>Ushna Jala</i>

Table No. 2: Showing Parameters of assessment

S. No.	Type of parameter	Parameter
1.	Subjective parameter	Oswestry’s Disability index
2.	Objective parameters	visual analogue scale
3.		Lumbar Quadrant or Kemp’s test

Table No. 3: Showing Oswestry’s Disability index

S.NO.	QUESTIONNAIRE	SCORE
SECTION I PAIN INTENSITY		
1.	I have no pain at the moment	0
2.	The pain is very mild at the moment	1
3.	The pain is moderate at the moment	2
4.	The pain is fairly severe at the moment	3
5.	The pain is severe at the moment	4
6.	The pain is worst imaginable at the moment	5
SECTION-II PERSONAL CARE		
1.	I can look after myself normally without causing extra pain	0
2.	I can look after myself normally but cause extra pain	1
3.	It is painful to look after myself and I am slow and careful	2
4.	I need some help but manage most of my personal care	3
5.	I need help every day in most aspects of self-care	4
6.	I do not get dressed, I wash with difficulty and stay in bed	5
SECTION-III LIFTING		
1.	I can lift heavy weights without extra pain	0
2.	I can lift heavy weights but it gives extra pain	1
3.	Pain prevents me from lifting heavy objects but I can manage if they are conveniently placed e.g. on a table	2
4.	Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned	3
5.	I can lift very light weights	4
6.	I cannot lift or carry anything at all	5

SECTION -IV WALKING		
1.	Pain does not prevent me walking any distance	0
2.	Pain prevents me from walking more than 1 mile(1.6km)	1
3.	Pain prevents me from walking more than 1/2mile	2
4.	Pain prevents me from walking more than ¼ mile	3
5.	I can only walk using a stick or crutches	4
6.	I am in bed most of time	5
SECTION-V SITTING		
1.	I can sit in any chair as long as I like	0
2.	I can only sit in my favorite chair as long as I like	1
3.	Pain prevents me sitting more than one hour	2
4.	Pain prevents me from sitting more than 30 minutes	3
5.	Pain prevents me from sitting more than 10 minutes	4
6.	Pain prevents me from sitting at all	5
SECTION VI STANDING		
1.	I can stand as long as I want without extra pain	0
2.	I can stand as long as I want but it gives me extra pain	1
3.	Pain prevents me from standing for more than 1hour	2
4.	Pain prevents me from standing for more than 30 min.	3
5.	Pain prevents me from standing for more than 10 min	4
6.	Pain prevents me from standing at all	5
SECTION -VII SLEEPING		
1.	My sleep never disturbed by pain	0
2.	My sleep occasionally disturbed by pain	1
3.	Because of pain my sleep is less than 6 hours	2
4.	Because of pain my sleep is less than 4hours	3
5.	Because of pain my sleep is less than 2 hours	4
6.	Pain prevents me sleeping at all	5
SECTION VIII SEX LIFE (if applicable)		
1.	My sex life is normal and causes no extra pain	0
2.	My sex life is normal but cause some extra pain	1
3.	My sex life cause some extra pain	2
4.	My sex life is severely restricted by pain	3
5.	My sex life is nearly absent because of pain	4
6.	Pain prevents in any sex life at all	5
SECTION IX SOCIAL LIFE		
1.	My social life is normal and gives me no extra pain	0
2.	My social life is normal but increases the degree of pain	1
3.	Pain has no significant effect on my social life apart from limiting my more energetics interests e.g; Sports	2
4.	Pain has restricted my social life and I do not go out as often	3
5.	Pain has restricted my social life to my home	4
6.	I have no social life because of pain	5

SECTION X TRAVELLING		
1.	I can travel without pain	0
2.	I can travel anywhere but it gives me extra pain	1
3.	Pain is bad but I manage journeys over two hours	2
4.	Pain restricts me to journeys of less than one hour	3
5.	Pain restricts me to short journeys of under 30 min.	4
6.	Pain prevents me from travelling except to receive treatment	5

Table No. 4: Showing Interpretations of ODI Score

ODI Score	Percentage	Degree Of Disability
0-4	(0-8%)	No Disability,
5-14	(10 – 28%)	Mild Disability,
15-24	(30-48%)	Moderate Disability,
25-34	(50- 64%)	Severe Disability,
35-50	(70-100%)	Complete Disability

Table No. 5: Showing Interpretation of VAS Score

Distance on the scale (in mm)	Severity of pain
0 To 4	No Pain
5 To 44	Mild Pain
45 To 74	Moderate Pain

Table No. 6 – Showing Schedule of study

	Day 0	Day 8	Day 15
Screening	✓		
Assessment	✓	✓	✓
Follow-up			✓
Observations	✓	✓	✓

Table No. 7 – Showing Percentage Relief in both the groups in Assessment Parameters

Sr. No.	Parameters	Group A	Group B
1.	VAS score	33.1	22.4
2.	ODI scale	25.3	29.8
3.	Kemp’s test	65.2	36.8

Graph-1- Showing effect of therapy.

