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COMPARATIVE CLINICAL EVALUATION OF KATI VASTI AND MATRA VASTI WITH SAHACHARA TAILA IN GRDHRASI VATA

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ABSTRACT

Among all the neurological disorders sciatica *(Gṛdhrasi*) is one of the severe debilitating syndromes. The cardinal signs and symptoms of *Gṛdhrasi* (Sciatica) are *Ruk* (Pain), *Toda* (Pricking sensation), *Stambha* (Stiffness) and *Muhuṛ spandana* (Twitching) in the *Sphik, kaṭi, prsta, uru, janu, jangha* and *pāda* in order (Ca.Ci28:56). *sakthnah kṣe pam nigrhniyat* i.e restricted lifting of the leg (su.ni.1:74). In *kaphānubandha* type - *Taṅ dṛa, gaurava, Arochaka* are present. The above characteristics can be equated with the condition sciatica syndrome in modern parlance. The signs and symptoms found in *Gṛdhrasi* are similar to the condition 'Sciatica syndrome' mentioned in modern contemporary medicine. Sciatica is a term used to explain a set of symptoms including pain, numbness, tingling and weakness starting from the low back and or buttocks and radiating towards the foot through the back of the thigh, knee joint and leg when one or more of the 5 nerve roots forming the sciatic nerve, itself is either compressed or irritated. **Methods:** In the present study 40 patients of *Gṛdhrasi* were selected and placed randomly in 2 groups. A and B with 20 patients in each group. Group A was treated *Kaṭi Vasti* with sahachara tailam for 14 days Group B was treated with *Mātrā Vasti* with sahachara tailam for 14 days. **Results:** Group B shows stastically significant than Group A. **Conclusion:** The results conclude that *Mātrā Vasti* with sahachara tailam (GroupB) shows significant.

KEYWORDS: *Gṛdhrasi, Kaṭi Vasti, Mātrā Vasti,* Sahachara tailam.

INTRODUCTION

Sciatica is a term used to explain a set of symptoms including pain, numbness, tingling and weakness starting from the low back and or buttocks and radiating towards the foot through the back of the thigh, knee joint and leg when one or more of the 5 nerve roots forming the sciatic nerve or the sciatic nerve itself is either compressed or irritated. Sciatica prevalence from different studies ranged from 1.2% to 43%.[1] The lifetime incidence of sciatica varies from 14-40% while the annual incidence of an episode of sciatica can between 1% to 5%.[2] Depending on how it is defined, 2% to 40% of people have sciatica at some point in life time.[3] It is most common during peoples 40s and 50s and men are more frequently affected than women.[4] Low back pain has been cited as fifth most common cause for hospitalization[3] and the third most frequent reason for a surgical procedure.[3] In this way, this disease is now becoming a significant threat to the working population. The name itself indicates the way of gate shown by the patients due to extreme pain just like a *Gṛdhra* (Vulture), it is clear that this disease not only inflicts pain but also causes difficulty in walking, which is very much frustrating and embracing to the patient. The cardinal signs and symptoms of *Gṛdhrasi* (Sciatica) are *Ruk* (Pain), *Toda* (Pricking sensation), *Stambha* (Stiffness) and *Muhuṛ spandana* (Twitching) in the *Sphik, kaṭi, prsta, uru, janu, jangha* and *pāda* in order(Ca.Ci28:56).[7] *sakthnah kṣe pam nigrhniyat* i.e restricted lifting of the leg (su.ni.1:74).[8] In *kaphānubandha* type - *Taṅ dṛa, gaurava, Arochaka* are present. The signs and symptoms found in *Gṛdhrasi* are similar to the condition 'Sciatica syndrome' mentioned in modern contemporary medicine. Among the *Pañcakarmas*, *Vasti Karma* is such a *Cikitsā* that is applicable in all the *Vātavyadhis*. According to *Susruta,* it can also be used in *Kaphaja* and *Pittaja* disorders by using different ingredients. The disease *Gṛdhrasi* as being a *Vātavyadhi* and *Vāta* is also controller and regulator of other two *Doṣa, Dhātu* and *Mala* and also all the body activities. Therefore, once *vāta* is controlled by *vasti*, all these factors are automatically regulated and total body equilibrium is achieved. Hence, *vasti* is called as "*Sarvarthakari*" and it seems to be the radical treatment of this disease also.(ca.si.1:27).[9] *Vasti* can be of many types on the basis of ingredients and needs. The simplest type of *vasti – Mātrāvasti* is selected for the present study, which can easily be administered in all the patients with irrespective of age, sex, time etc. and is harmless. As the local *Samprapti*, *Sthānasamsraya* is having quiet major importance in *Gṛdhrasi* local simultaneous *Sneha, Sveda* procedures called *Kaṭivasti* has been selected for the present study. For purpose of *Mātrāvasti* and *Kaṭivasti, sahachara taila* was selected as it has been recommended in *vātavyadhi Rogadhikara* of *Bhelasamhitha.*[10]

AIMS AND OBJECTIVES

The present study entitled "Comparative clinical evaluation of *kaṭi vasti* and *MātrāVasti* with *sahachara Taila* in *Gṛdhrasī vāta*" is aimed to fulfill the following criteria.

1. To evaluate the efficacy of *Kaṭi Vasti* in the management of *Gṛdhrasī vāta*.
2. To evaluate the efficacy of *Mātrā Vasti* in the management of *Gṛdhrasī vāta*.
3. To compare the efficacy of Kaṭi Vasti and *Mātrā Vasti* in the management of *Gṛdhrasī vāta*.

MATERIALS AND METHODS

Total 40 patients were selected from OPD and IPD of S.V. Ayurvedic hospital, Tirupati, Andhra Pradesh.

Criteria for selection of patients

Inclusion criteria

1. Age group of 20- 60 yrs.
2. Signs and symptoms of Gṛdhrasī vāta
3. Patients eligible for kaṭi vasti.
4. Patients eligible for Mātrā vasti.
5. Patients with the symptoms of Sciatic neuralgia.

Exclusion criteria

1. Patients with age below 20 years and above 60 years
2. Patients with Uncontrolled DM&HTN
3. Patients with pott's spine.
4. Patients with Malignancy of spine.
5. Patients underwent spinal surgeries.
6. Patients associated with severe systemic illness.
7. Patients who are using medications for Psychiatric disorders.
8. Space occupying lesions of the spinal cord.
9. Those who don't fit in to inclusion criteria.

Interventions

Group A: Consists of 20 patients performed Kaṭi Vasti with Sahachara tailam for 14 days.

Kaṭi vasti

1. Sahachara tailam : 300ml
2. Maśa piśti (Black gram flour)-250 gms/day
3. Indirect heating device
4. Towel

Group B: Consists of 20 patients who received Mātrā Vasti with Sahachara tailam for 14 days.

Mātrā vasti

1. Sahachara tailam -60ML - (Bhela.sam.chi.24/32-33)
2. Śatapushpa -3gms
3. Saindavam -3gms.
4. Mortar and pestle & Disposable gloves

Criteria for assessment

Assessment was done three times i. e initially, before undergoing medical intervention, immediately after the completion of treatment.

Subjective parameters

i. Classical āyurvedic evaluation criteria specially developed for gṛdhrasī

This evaluation criteria is developed by grading the classical symptoms of Gṛdhrasī based on their severity. Symptoms Score ranges from 0 to 4.

- Stambha (Stiffness)
- Ruk (Pain)
- Toda (Pricking sensation)
- Spandana (Twitching)
- Gaurava (Heaviness)
- Aruchi (Anorexia)
- Tandrā (Drowsiness)

ii. Objective parameters

a) Aberdeen lowback pain disability scale
b) Roland morris disability questionnaire
c) Straight leg raising test (SLRT)

d) walking time

OBSERVATIONS AND RESULTS

Distribution of the patients according to age

Among the 40 patients included in the study 13 patients (32%) belong to the age group of 51 - 60 years, 13 patients (32%) belong to the age group of 41-50 years and 11 patients (28 %) belong to 31- 40 age group. A minimum of 3 patients (8%) represent the age group 20-30 years.

Distribution of patients according to gender

In the present study 19 (47.5%) patients are males and 21 (52.5%) patients are females. The following table shows the details.

Distribution of patients according to socio-economic status

Among 40 patients 16 (40%) patients are poor, 15 (37.5%) patients belong to lower middle class, 6(15%) patients belong to upper middle class, and 3 rich patientsare registered in the study.

Distribution of patients according to occupation

Maximum patients registered in the study are House wives 18(45%), and Desk work (8%) Patients belong to field work 8%, patient belongs to physical labour 6 (15%)

Distribution of patients according to nature of work

Among 40 patients, 18 (45%) patients are doing regular strenuous work, 15(37.5%) patients are doing work with moderate strain. Only 7 (17.5%) patients are involved in sedentary work.

Distribution of patients according to deha prakṛti

In the present study patients are predominantly of *Dvandaja prakṛti. Vāta- kapha prakṛti* are 14(35%), *Vāta-pittaja* are 12 (30%) and *Pitta-kapha* are 2 (5%). *Vāta prakṛti* are 6 (15%) and *Pitta prakṛti* are 3 (7.5%) and *Kapha prakṛti* patients are3 (7.5%) in number.

Distribution of patients according to the number of affected lower limbs

In majority of the patients i.e, in 25 (62.5%) both the lower limbs are affected by the pain. In the remaining 15 (37.5%) patients single lower limb is affected by the radiating pain.

Distribution of patients according to gait

Among 40 patients, 35 (87.5%) patients have normal gait, 5 (12.5%) have abnormal gait.

Distribution of patients according to H/o trauma

Among 40 patients in the study, 7 (17.5%) patients have some H/o trauma involving low back followed by development of symptoms. In 33 (82.5%) patients, symptoms were developed without H/o trauma.

Distribution of patients according to BMI State

Maximum patients i.e, 37 (92.5%) are normal weight, underweight are (5%), Over weight are 1(2.5%), and obese nil in number.

Distribution of patients based on etiology taken in present study

In the present study maximum number of patients i.e, 34 (85%) developed Sciatica due to Disc herniation, Degenerative disc disease & Spondylolisthesis found to be cause in 3(7.5%), 3 (7.5%) patients. In 34 (85%) patients of Disc herniation category.

RESULTS

Subjective and Objective Parameters Before Treatment and After Treatment.

Parameter	Groups	Mean ± S.D		S.E	M.D	t Value	P Value	% of Relief
		0^{th} Day	immediately After Treatment					
Slrt	Group A	39.00 ± 8.52	55.50 ± 5.10	1.313	16.50	12.5677	<0.0001	42.30%
	Group B	41.00 ± 8.52	62.50 ± 9.10	1.094	21.50	19.6483	<0.0001	52%
Aberdeen Low back pain Scale score:	Group A	37.30 ± 3.63	22.70 ± 3.39	0.499	14.60	29.2308	<0.0001	39.14%
	Group B	38.90 ± 6.35	20.70 ± 3.93	1.135	18.20	16.0406	<0.0001	46.78%
Roland Morris Disability Questionnaire	Group A	17.30 ± 1.84	10.60 ± 0.82	0.363	6.70	18.4338	<0.0001	38.72%
	Group B	18.80 ± 1.54	10.50 ± 1.50	0.325	8.30	25.5186	<0.0001	44.15%
Walking time	Group A	18.35 ± 6.34	12.25 ± 3.64	0.699	6.10	8.7237	<0.0001	33.24%
	Group B	21.20 ± 8.73	13.65 ± 4.60	1.139	7.55	6.6288	<0.0001	35.61%
Ruk	Group A	3.10 ± 0.79	2.10 ± 0.72	0.103	1.00	9.7468	<0.0001	32.25%
	Group B	3.30 ± 0.66	2.25 ± 0.72	0.050	1.05	21.0000	<0.0001	31.81%
Stambha	Group A	3.35 ± 0.67	1.90 ±0.64	0.135	1.45	10.7218	<0.0001	43.28%

	Group B	3.30 ±0.66	1.35 ±0.59	0.050	1.95	39.0000	<0.0001	59.09%
Toda	Group A	3.15 ± 0.75	2.50 ± 0.61	0.109	0.65	5.9402	<0.0001	20.6%
	Group B	3.35 ± 0.59	2.40 ± 0.50	0.050	0.95	19.0000	<0.0001	28.35%
Gaurava	Group A	3.05 ± 0.69	2.45 ± 0.60	0.112	0.60	5.3385	<0.0001	19.67%
	Group B	3.40 ± 0.60	2.50 ± 0.51	0.069	0.90	13.0767	<0.0001	26.47%

DISCUSSION

- **Effect on straight leg raising test (Slrt)**

Both the Groups have significant improvement on SLRT, but when compared to Group A, Group B is having more significant improvement on SLRT immediately after treatment and on follow up after 45th day of completion of treatment because the Mean difference of *SLRT* in Group-B patients is more when compared to Group-A.

- **Effect on aberdeen low back pain scale score**

Both the Groups have significant improvement on Aberdeen Low back pain Scale score, but when compared to Group A, Group B is having more significant improvement on Aberdeen Low back pain Scale score immediately after treatment and on follow up after 45th day of completion of treatment because the Mean difference of Aberdeen Low back pain Scale score in Group- B patients is more when compared to Group-A.

- **Effect on roland morris disability questionnaire**

Both the Groups have significant improvement on Roland Morris Disability Questionnaire, but when compared to Group A, Group B is having more significant improvement on Roland Morris Disability Questionnaire immediately after treatment and on follow up after 1 month of completion of treatment because the Mean difference of Roland Morris Disability Questionnaire in Group-B patients is more when compared to Group-A.

- **Effect on *ruk***

Both the Groups have significant improvement on *Ruk*, but when compared to Group A, Group B is having moresignificant improvement on *Ruk* immediately after treatment and on follow up after 45th day of completion of treatment because the Mean difference of *Ruk* in Group B patients is more when compared to Group-A.

- **Effect on *stambha***

Both the Groups have significant improvement on *Stambha*, but when compared to Group A, Group B is having more significant improvement on *Stambha* immediately after treatment and on follow up 45th day of completion of treatment because the Mean difference of *Stambha* in Group-B patients is more when compared to Group-A.

- **Effect on *toda***

Both the Groups have significant improvement on *Toda*, but when compared to Group A, Group B is having more significant improvement on *Toda* immediately after treatment and on follow up after 45th day of completion of treatment because Mean difference of *Toda* in Group-B patients is more when compared to Group-A.

CONCLUSION

The clinical study was conducted in 40 patients. They were randomly allocated into two groups, each group with 20 patients named Group-A (Subjected to administer *Kaṭi vasti* with sahachara taila), Group-B (Subjected to administer *Mātrā vasti* with *sahachara taila*), for 14 days. The efficacy of treatment was assessed by Objective Parameters (Standard methods of international scoring) and by adopting scoring methods for the Subjective Parameters. Assessment was done initially before the medical intervention, immediately after the completion of treatment and on 45th day follow up after completion of treatment. The observations and results were analyzed statistically. Both the two Groups have significant improvement immediately after treatment, when compared to Group A (*Kaṭi vasti*), Group B (*Mātrā vasti*) having more significant on follow up after completion of treatment.

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