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EFFECT OF SHAMPAKADI KALA BASTI BY *BASTI PUTAKA* AND ENEMA POT ALONG WITH VISHWADI KWATHA IN KATISHOOLA (LUMBAR SPONDYLOSIS)

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ABSTRACT

Panchakarma holds a unique place in *Ayurvedic* treatment portfolio due to this multi effect approach presented by each therapy. *Basti* holds prominent place as it is the best treatment for *Vata Dosha*. *Niruha Basti* which is selected for present study which has properties to diminish the diseases due to the action of deranged *Vata* like *Prishtha-shoola* (Backache), *Trika-Shoola* (Sacral pain) and provide sustaining effects to body. **Aim:** To assess the impact of *Basti karma* by *Basti putaka* and Enema pot method on insertion time, retention time and evacuation of *Basti* material. **Materials & Methods:** *Basti putaka* method (Group A) and Enema pot method (Group B) were comprised with 30 patients each were selected. **Observations:** *Katishoola*, *Katisthambha* and *Katisuptata* were observed as cardinal symptoms. VAS scale, Aberdeen back pain scale were assessed. **Result:** In *Katishoola*, 66.94% and 61.11% relief was found in Group A and B. In *Katistambha* 63.99 and 57.76% relief was found in Group A and B respectively. **Conclusion:** *Basti putaka* method provided better percentage relief in *Katishoola*, *Katisthambha*, VAS, Aberdeen back pain scale than Enema pot method.

KEYWORDS: *Basti Putaka*, Enema Pot, *Panchakarma*

INTRODUCTION:

'*Ayurveda*', the natural healing system of medicine harms upon both curative and preventive aspects of health.

Musculoskeletal Disorders are one of the major causes of morbidity, have a substantial influence on health and quality of life and impose an enormous burden of cost on the healthcare system. Majority of us have experienced one or more episodes of back pain in our lives and many of us live with chronic symptoms. Incidences of low back pain affects 60-85% in adults and Lumbar Spondylosis is responsible for about 10% of all back pain. So this disease has a significant impact upon working population. This disease not only inflicts pain but causes difficulty in walking, daily routine activities and cut off the happy life of the patient. In present scenario, some Ayurvedic physicians prefer to use enema pot method for the administration of Basti while some use *Basti Putaka*. So this study has been taken to evaluate the impact of *Basti* with respect to its absorption by these two methods i.e. *Basti Putaka* and Enema pot.

MATERIALS AND METHOD:

60 patients were divided randomly in 2 groups i.e. Group A and Group B. The study was open labelled randomized comparative clinical trial. The patients were selected by computerized simple random sampling method.

Procedure, Drug, Dose & Duration

Group A: *Shampakadi kala basti*¹ⁱ administered by *Basti Putaka* followed by *Vishwadi kwatha*²ⁱⁱ (Orally)

GROUP B: *Shampakadi kala basti* administered by Enema pot followed by *Vishwadi kwatha* (Orally)

Purvakarma:

- **Local Abhyanga with Bala Oil-** Back, thighs, Abdominal region before *Basti*
- **Local Nadi swedana**

Pradhanakarma

Shampakadi kala basti

- ***Niruha Basti:***

Madhu: 120 ml

Saindhava: 10 gm

Sneha: Erand Taila- 160 ml

Kalka: 30 gm

Kashaya: 400 ml (Total Amount: 720 ml)

- ***Anuvasana Basti:***

Erandataila: 180 ml

Schedule (*Kala Basti*): *Basti* will be administered as per the concept of Charaka for *kala basti*.

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
basti	A	A	N	A	N	A	N	A	N	A	N	A	N	A	A	A

A- *Anuvasana Basti*, N- *Niruha Basti*

Administration of Basti:

Time: at morning

Method of preparation of Basti: *Basti* will be prepared with help of *Khalvayantra*; honey and *saindhava* will be added first and be triturated well then *erandtaila*, *kalka* and *kwatha* will be added and be triturated well with the help of pestle and homogenous mixture will be done. Lukewarm *Basti* will be given.

Materials required (Group A): *Bastinetra*, *Bastiputaka* (plastic polythene bag of 1200 ml capacity) and string to tie *basti putaka* with *Bastinetra*, rubber catheter, glycerin syringe.

Materials (Group B): Enema pot (capacity 1200 ml)

Mode of Administration: By *Basti putak* for *Niruha basti* and Glycerin syringe and rubber catheter for *Anuvasana basti*

Administration of meals: *Niruha basti* will be administered to patients with empty stomach and *Anuvasana basti* will be administered after the patient has taken food.

Route of Administration: Rectal route

Paschata karma: After evacuation of *basti* patients may take warm water bath and rest.

Shamana Drugs: *Vishwadi Kwatha* (40 ml) twice per Day.

Dose: 40 ml

Method of Preparation: For each dose, 5 gm *shunthi*, 5 gm *Erandmoola* and 3 gm. *sauvarchala* will be taken and 80 ml water will be added into it and will be boiled up till 40 ml remains. Lukewarm *kwatha* will be served.

Time of Administration: Morning and Evening

Mode of Administration: Before meal

Anupana: Warm water

Duration: 4 weeks

OBSERVATIONS AND RESULTS:

This study showed maximum number of the patients i.e. 58.59% had chief complaint between 1 to 6 years. All patients had chief complaint of *Katishoola*, 94.95% patients had *Katistambha*, 71.72% patients had *Katisuptata* and 48.48% patients had Akunchana Prasarana Akshamata chief complaint. Maximum 89.90% patients had gradual onset of disease and 84.85% patients were having chronic illness of the disease. 38.38%

patients had deep ache and 86.87% patients had history of improper posture as precipitating factor.

Katishoola was present as a cardinal symptom in all the patients of both groups. Highly significant results were obtained in Katishoola i.e. $p < 0.001$ in both groups. It was relieved by 63.99% in group A, and 57.76% in group B. On comparing between both groups maximum results were found in group A followed by group B the difference was statistically insignificant i.e. > 0.05 . Katistambha significant results were obtained i.e. $p = 0.001$ in group A while highly significant results were obtained in Group B i.e. $p < 0.001$. It was relieved by 66.94% in group A, and 66.11% in group B. On comparing between groups maximum results were found in group A followed by group B and the difference was statistically insignificant i.e. > 0.05 . In Katisuptata, highly significant results were obtained i.e. $p < 0.001$ in Group A and Group B i.e. $p < 0.001$. It was relieved by 68.59% in group A and 61.11% in group B On comparing between groups maximum results were found in group A followed by group B and the difference was statistically highly significant i.e. < 0.001 . In VAS³ⁱⁱⁱ, highly significant results were obtained i.e. $p < 0.001$ in both groups i.e. $p < 0.001$. It was relieved by 61.67% in group A, and 53.33% in group B. On comparing between groups maximum results were found in group A followed by group B and the difference was statistically non-significant i.e. $p = 0.064$. In Aberdeen back pain scale^{4iv}, significant results were obtained in group A i.e. $p = 0.001$ while highly significant results were obtained in group B. It was relieved by 74.72% in group A and 70.79% in group B. On comparing between groups maximum results were found in group A followed by group B and the difference was statistically non-significant i.e. $p = 0.119$.

DISCUSSION:

According to Ayurveda, basic humor responsible for causation of *Shoola* in *Vata* and pain is cardinal symptoms in most of *Vatavyadhis*. In *Katishoola Vegvidharana*, *Dhatukshaya*, *Vishmasana* and bad posture habits are main causative factors which leads to body reaction to it. There are changes in bodily humours at biochemical levels that may lead to inflammatory fluids to collect near the site of lesion or all over the body that manifest as symptoms like pain, expulsion of such humours outside body can give relief in pain. Eranda Taila is an Irritant laxative it has Immuno-modulator, Anti-Inflammatory, Antiarthritic, Antibacterial, Antifungal, Antiviral, and Analgesic action.^{5v} Back stiffness is caused by *Vata and Kapha Dosa*. Due to *Ruksha* and *Khara Guna* of *Vata* produce dryness and decrease the sliminess or *Snigdhatata* or *Shalakshanata (Shleshaka Kapha)* in *Mansa Dhatu* (muscle Tissue) that is essential for proper contraction and relaxation of back muscles. According to modern science Tingling sensation /Numbness is found most commonly due to involvement of peripheral nervous system (PNS= Sacral plexus) i.e. Sciatic nerve. Probably it can be due to relaxation of the surrounding muscles and ligaments and might be due to release of pressure on Sciatic nerve. Most of the drugs of *Shampakadi Basti* content *Ushna Virya Katu Rasa* and *Vata-Kapha shamaka* properties. Due to such potent quality these drugs able to remove the obstruction in *Srotomarga* of *Vata-vaha Nadi* and increase the *Rasa Rakta sambahana* to the *Kati Sandhi*.

CONCLUSION:

Shampakadi kala basti by *Basti putaka* followed by *Vishwadi kwatha* (Group A) showed better results in reducing symptoms of Katishoola (Lumbar spondylosis). On comparison of both the groups, statistical difference was found on most of the signs and symptoms. There was no statistical difference in VAS and Aberdeen back pain scale. The better result found in Group A *Shampakadi kala basti* administered by *basti putaka* method combined with *Vishwadi kwatha* may be due to proper bioavailability.

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