

STANDARDIZATION OF *SHATYADI TAIL* WITH ITS CLINICAL ASSESSMENT IN *VATJANIT SHOOLA* WITH SPECIAL REFERENCE TO *KATISHOOLA* PATIENTS

Dr. Shadab Saadat*¹, Dr. Munish Kumar² and Vd. Pramod Kulkarni³

¹Assistant Professor, Department of Panchkarma, Bharat Ayurveda Medical College & Research Centre Muzaffarnagar (UP).

²Assistant Professor, Department of Agadtantra & Vidhi Vaidyak, Bharat Ayurveda Medical College & Research Centre Muzaffarnagar (UP).

³Professor, Department of Panchkarma, Tilak Ayurveda Mahavidhalya, Pune.

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***Corresponding Author**

Dr. Shadab Saadat

Assistant Professor,
Department of Panchkarma,
Bharat Ayurveda Medical
College & Research Centre
Muzaffarnagar (UP).

ABSTRACT

Objective of the study was to standardize the manufacturing of *Shatyadi tail* and to assess the efficacy of *Anuvasana basti* in the patients suffering from *Katishoola*. Study was carried out at S.T.R.H., Pune. 30 patients attending the O.P.D. and I.P.D. were screened suffering from *Katishoola* irrespective of their sex, religion, education, occupation, economical status etc. The diagnosis was done on the basis of careful history taking and clinical examination. 120 ml of *Shatyadi tail* was administered per rectum to the patients suffering from *Katishool*. This *Anuvasana basti* was given in the morning, once a day for the duration of 7 days. Patients were followed up and re-examined on 7th, 14th days and final assessment was done on 21st day. There was

a highly significant result with reduction in *Katishoola* on 14th days ($p < .0001$), reduction of 'walking time' for 10 meters on 7th day, 14th day 21st day ($p < 0.0001$) and relief in pain according to 'coin test' as maximum number of patients could pick up the coin easily without any pain on 21th day ($p < 0.00001$).

KEYWORDS: *Ayurveda, Shatyadi tail, Anuvasana basti, Katishool*

INTRODUCTION

Today life is a race in which each person tries to compete with the other in terms of wealth, status, success, reputation, etc through fair and unfair mean. In modern and over busy

lifestyle of human being he is well arrested with late night working, use of air conditioners, lack of exercise, foolish way of physical activities and mental stress. Along with these improper sitting and working posture in offices and factories, jerking movements during traveling and sports there is the development of undue pressure to the spinal cord which is responsible in producing low backache (*Katishool*). *Ayurvedic* classics have given due importance and attention to *Vata* in the management of diseases, as having the prime regulator of various activities of body and active factor in causing disease.^[1]

On a critical analysis of etiological factors of *Vata vyadhi* described by scholars one can see that all the factors of *Vata dosha* are propagated by *dhatuksaya* or *margavarodha*. The dietary habits and physical and mental activities have important role in the development and maintenance of *dhatu* while the activities which are against the regimen may lead to faulty metabolism in the body and as a result of *dhatuksaya* and over production of *mala bhava* occurs. The waste materials formed will accumulate in the *srotas* and it result *srotodusthi* of various ways thus the non production of *dhatu* and *srotodusthi* facilitate for the *Vata* provocation.

All these above *hetus* vitiate homeostasis of the three *doshas* in the body. *Vata dosha* being the predominant *dosha*) in the body gets primarily vitiated.^[2] This vitiated *Vata* affect the movement of back particularly in most productive period of life is low back pain (*Katishoola*). Other *dosha* *Pitta* and *Kapha* totally depend on *Vata*. Vitiated *Vata* move these *doshas* anywhere in the body. *Vata* is considered as a chief factor for physiological maintenance of the health.

Although word *Katishoola* is not used as an individual disease in *Ayurvedic* texts but different words are used as synonyms of *Katishoola* in *Vataj nanatmaj vayadhi* such as *Katigraha*, *Trikagraha*, *Shronibheda* etc. Imbalance of *dosha* and its accumulation in the lower part of body as *Kati* is said to be the basic pathology of disease. *Panchkarma* plays a vital role in *Ayurvedic* therapeutic, accumulated *dosha* expelled out from body by *panchkarma* methods. It has an edge over any other medicinal management that pacifies the pathological accumulation of *dosha*.

Out of the five basic tools of *Panchkarma*, *Basti chikitsa* is the prime treatment modality of *Ayurveda* because it not only does the purification but also helpful for curative as well as preventive purpose. *Acharya Charaka* has described it as the half treatment of all.^[3]

It is incomparable elimination therapy than the others because it expels the vitiated *doshas* rapidly as well as it nourishes the body.¹ It can be easily performed in all the age group persons; where other *Shodhana* procedure ² cannot be performed. *Basti karma* is the best choice of treatment for *Vata dosha* and *Vata* associated with *Kapha* and *Pitta*.^[4]

MATERIALS AND METHODS

Objectives

- To standardize the of ingredients of *Shatyadi tail* and to assess the effect of *Shatyadi tail Anuvasana basti* in patients suffering from of *Katishool*.

Source of Data

- Total 30 patients attending the O.P.D. and I.P.D. at S.T.R.H., Pune were screened suffering from *Katishoola* irrespective of their sex, religion, education, occupation, economical status etc. The diagnosis was done on the basis of careful history taking and clinical examination.

Methods of Work

- Proposed study was totally based on clinical observations and narration of the patients suffering from *Katishoola*.

Inclusion Criteria

- Patient suffering from *Katishoola*.
- Age – 20 to 70 years.
- Patient ready to give written consent.

Exclusion Criteria

- Patients of *Katishoola*, having any structural deformities and who need surgical care.
- Patients having major illness for a longer period and systemic pathogenesis eg. Cardiac disorders like CAD, Post MI, post CABG cases and chronic renal failure.
- Uncontrolled Hypertensive patients with systolic BP>170 and diastolic BP>110.
- Patients not willing for clinical trial.

Withdrawal Criteria

- Patients were not willing to continue the trial or to follow the assessment schedule.
- Patients absent for one or two consecutive days.

Shatyadi tail Nirman

Shatyadi taila was prepared as per described in *Sushruta Samhita*) an authoritative text of *Ayurveda*.^[5] *Acharya Sharangdhar* has described that a *Sneha (tail or ghrít)* is prepared by using one part of *kalka dravya* (paste form of the raw drugs), four parts of oil/*ghee (tila tail/ goghrita)* and sixteen parts of *drava dravya* (liquid media such *jala, swarasa, kwath, kanji, mansa rasa, gomutra* etc).^[6]

Table 1: Showing content of *Shatyadi tail*.

Name	Latin Name	Family	Synonyms	Parts Used	Pharmacodynamics of thePlants
<i>Shati</i>	<i>Hedychium spicatum</i>	Zingiberaceae	Padmapatraka, Utpala, Vriksharuha, Paushkara	Root	Rasa- Katu, Tikta, Kasaya Guna- Laghu, Teekshna Veerya- Ushna Vipaka- Katu
<i>Pippli</i>	<i>Piper longum</i>	Piperaceae	Vaidehi, Kana, Ushna, Upakulya, Tikshnatandoola	Fruit	Rasa : Katu, Madhura Guna : Laghu, Teekshna, Snigdha Veerya : Anushnasheeta Vipaka : Madhura
<i>Madana</i>	<i>Randia dumatorum</i>	Rubiaceae	Chardana, Rathaka, Pinditaka, Vishpushpaka	Fruits	Rasa : Kashaya, Madhura, Tikta, Katu Guna : Laghu, Rooksha Veerya : Ushna Vipaka : Katu
<i>Deodara</i>	<i>Cedrus deodara</i>	Pinaceae	Bhadradaru, Suradaru, Bhutahari, Indravriksha	Heart Wood	Rasa : Tikta Guna : Laghu, Snigdha Veerya : Ushna Vipaka : Katu
<i>Shatavha</i>	<i>Anethum sowa</i>	Umbellifereae	Chhatra, Ahichhatra, Karavi, Shipha	Fruit	Rasa : Katu, Tikta Guna : Laghu, Rookshna, Teekshna Veerya : Ushna Vipaka : Katu
<i>Yasthimadhu</i>	<i>Glycyrrhiza gllabara</i>	Leguminoseae	Madhuvalli, Madhusrava, Madhuka, Yashtika	Root	Rasa : Madhura Guna : Guru, Snigdha Veerya : Sheeta Vipaka : Madhura
<i>Vacha</i>	<i>Acorus calamus</i>	Araceae	Uragandha, Shatgrantha, Golomee, Shataparvika,	Dried Rhizome	Rasa : Katu, Tikta Guna : Laghu, Teekshna Veerya : Ushna Vipaka : Katu
<i>Bilva</i>	<i>Aegle marmelous</i>	Rutaceae	Shandilya, Shailusha, Shreephala, Gandhaphala	Root	Rasa : Kasaya, Tikta Guna : Laghu, Rooksha Veerya : Ushna Vipaka : Katu
<i>Chitraka</i>	<i>Plumbago zeylanica</i>	Plumbaginaceae	Agni, Anala, Hutashana,	Root	Rasa : Katu Guna : Laghu, Rooksha, Teekshna Veerya : Ushna

			Shatha		Vipaka : Katu
<i>Pushkar</i>	<i>Inula racemosa</i>	Compositae	Kashmira, Kushthabheda, Haimavati, Sugandhika	Root	Rasa : Tikta, Katu Guna : Laghu, Teekshna Veerya : Ushna Vipaka : Katu
<i>Kustha</i>	<i>Saussurea leppa</i>	Compositae	Utpala, Padmapatraka, Paushkara, Vriksharuha	Root	Rasa : Tikta, Katu, Madhura Guna : Laghu, Rooksha, Teekshna Veerya : Ushna Vipaka : Katu
<i>Tila taila</i>	<i>Sesamum indicum</i>	Pedaliaceae		Oil	Rasa : Madhura , anurasa- kashaya Guna: Ushna, Virya-Ushna
<i>Godugdha</i>	Cow milk	-	Ksheera, Paya, Stanya, Baljeevana	Milk	Rasa : Madhura Guna : Snigdha, Sheeta Virya : Sheeta Vipaka : Madhura

Drugs such as *Shati*, *Pushkar*, *Krishna*, *Madana*, *Devadaru*, *Shatawha*, *Kushtha*, *Yastimadhu*, *Vacha*, *Bilva* and *Chitraka* were pounded together and made into paste form and duly cooked with four parts of sesame oil and sixteen parts of water. *Shatyadi tail* was prepared in three days (eight per day) by heating on mild fire till the appearance of *Sneha sidhhi lakshan*.

Dose and Duration

Basti was administered once a day for seven days. In *Ayurveda* the span of seven days for a procedure like *basti* was felt quite enough for relieving the condition like *Katishoola*. *Anuvasan basti* of 120 ml of *Shatyadi tail* was administered to the patients just after breakfast in the morning.

Criteria to Assess the Effect of Trial Drug

After the 0th day's initial assessment, patients were followed up and re-examined on 7th, 14th days and final assessment was done on 21st day. No internal medicine was given during *basti* therapy.

Pain Assessment Scales

- Oxford Pain Chart
- Visual Analog Scales (VAS)
- Walking Time
- Coin Test
- SLR Test

Method of administration of *Shatyadi tail Anuvasan basti****Purva Karma of basti***

Patient was asked to pass his natural urges before *basti pranidhana* and not to laugh, sneeze or cough while administering *basti*. The Patient was oiled with *Sesame oil*. Oil was applied on *Kati, Sphick, and Udara*. This was *Sthanik Abhyanga* (local body massage). Then *Swedana* was carried on the same region by *Nadisweda*. Patient was asked to lie down in left lateral position i.e. left leg was kept straight and right leg flexed (knee and hip). This position is very important, as *Grahani, Pakvashaya, Guda* are positioned on left side in a same plane.

Pradhana Karma

Lukewarm (*Koshna*) *Shatyadi tail* was loaded in Glycerin syringe and this was tied with rubber catheter. The column of catheter was filled with oil and thus the absence of air was confirmed. *Shatyadi tail* was applied to anal opening and catheter tip. The patient was asked to take deep inspiration as this helps to relax the anal opening and facilitates the entry of catheter. At the same time rubber catheter was introduced per rectum. Then the syringe was pressed by piston and was held straight so that oil can enter the *Pakvashaya* with equal balanced force. Little amount of mixture was left in catheter, to avoid the air entry into *Pakvashya*. Then catheter was removed slowly and carefully.

Pashchat Karma

The *Tadana karma* at *Pristha, Sphika, Nitamba* was done. The patient was kept comfortably in the lower abdominal position (Prone Position) for 2 to 5 minutes.

RESULTS

The study was carried out on 30 patients registered in our institute from O.P.D section and I.P.D section. All patients were administered *basti* for a period of 7 days and the result was noted. Follow-up was taken on 7th, 14th, 21st day from the day of administration of *basti*. Following observations were found regarding different aspects of study.

Statistical analysis

Anuvasana basti was administered for a period of 7 days. Day to day examination of patient was done and observations regarding *basti dharana kala, basti dravya pratyagama, udar parikshana* and side effects (if any) were noted. According to the criteria of assessment follow up was taken on 7th, 14th, 21st day of administration of *basti*.

Following statistical observations are drawn from the data collected

- 1) According to VAS SCORE, there is a highly significant reduction in *katishoola* on first 14 days i.e. $p < 0.0001$ and after 14-21 days not so significant. (p value one tail - 0.080394104)
- 2) There is a highly significant reduction of WALKING TIME for 10 meters on 7th day, 14th day 21st day i.e. $p < 0.0001$
- 3) According to OXFORD PAIN CHART, there is a highly significant reduction in *katishoola* on first 14 days i.e. $p < 0.0001$ and after 14-21 days not so significant. (p value one tail- 0.0281227487)
- 4) According to OXFORD RELIEF CHART, there is a highly significant relief in *katishoola* on 7th day, 14th day, 21st day i.e. $p < 0.0001$
- 5) There is a highly significant relief in pain according to COIN TEST as maximum number of patients could pick up the coin easily without any pain on 21st day $p < 0.00001$
- 6) According to SLR test of left leg, there is a significant reduction of pain on 7th day and after 7 day not so significant i.e.(p value one tail-0.001158114 and 0.331180887 respectively)
- 7) According to SLR test of right leg, there is significant reduction of pain on 7th day and after 7 day not so significant i.e.(p value one tail-0.000907728 and 0.051649851 respectively)

In maximum number of patients no recurrence of pain was noted during follow up of 14th day and 21st day. This is because the selected treatment works not only at symptom level but also at *samprapti* level and minimizes the chances of recurrence. The satisfactory result persisted during the period of follow-up.

DISCUSSION

Ingredients of *Shatyasdi taila* have *ushna virya* which are found to decrease vitiated *Vata dosha* and helps prevention of further disorder.

The objective of the dissertation was “To assess the efficacy of Shatyadi taila anuvasan basti in the management of vatjanit shoola w.s.r to *katishoola*.” In this clinical study 30 patients were registered, clinical trials were carried out methodically and proper record of the observations were maintained. All the observations were observed thoroughly. The data is discussed as follow.

The use of this medicated oil as a *basti* measure proves curative in pacifying the incarcerated *Vayu* and in case of hemorrhoids, lenteric diarrhea (*Grahani*), tympanitis with retention of stool and urine, *vishamjwara* and the affections of *vayu* in the waist, the thighs, the back and the abdomen.

The method used to evaluate the efficacy of *Shatyadi taila anuvasana basti* in *vatjanit shoola* w.s.r. to *Katishoola* comprises clinical study. Clinical trials were conducted on thirty patients of *Katishoola* who fulfilled criteria for inclusion in this study. Patients under trial were in a single group. It was because the aim of this study was to assess the efficacy of *Shatyadi taila*.

CONCLUSION

At the end of the study, following conclusions are drawn on the basis of observation made, Results achieved and through discussion, in the present context and can be summarized as follows.

- ✓ Present study show that *Katishoola* is more common in age group 41-50 years.
- ✓ Prevalence of *Katishoola* is more common in female patients than male patients.
- ✓ All class people were affected by *Katishoola*.
- ✓ People having *vatapradhan prakruti* were more prone to *Katishoola*.
- ✓ *Shatyadi taila anuvasana basti* in *Katishoola* was found statistically highly significant.
- ✓ No any adverse effects were found during or after treatment

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