

# ROLE OF ABHADI GUGGUL AND KATI BASTI (PRASARNI TAILA) IN CASES OF TRIKSHOOLA : A CLINICAL STUDY

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## INTRODUCTION

Ayurveda is science of life. A practical approach and scientific research in this field provide us ground to reach the truth. In recent years there are various groups of diseases that involve musculoskeletal structures and are subjects of intense study. Trikshoola is one of the musculo skeletal disorder which is very common in our day-to-day practice.

First of all Acharya Bhav Prakash has described 'TRIKSHOOLA' as a separate disease entry alongwith its treatment.

स्फिग्स्थनो पुष्ठवंशास्थनोर्यः सन्धिस्तत् त्रिकमतम्  
तत्र वातेन या पीडा त्रिकशूलं तदुच्यते।।

(भा.प्र.म.ख. वातव्याधि 9-99५)

It is defined as severe pain arising from pathology of Trikshandhi i.e. Sacroliac joint, Lumbosacral joint and sacrococcygeal joint. In modern era due to fast moving life low back pain arises due to continuous wear and tear of sacroiliac joint in most effected because it supports approximately whole weight of upper body. Moreover less use of Hard Bed and spinal anaesthesia for different surgical procedures are important factor for increasing incidence of the disease. As far as, for management there is lack of safe and effective medicines pain killers are the only way of treatment but long term use of these medicines cause different side effects. keeping these factors in mind, we planned to test efficacy of Abhadi Guggul and Kati Basti for management of Trikshoola that can be effective and safe remedy.

## AIM AND OBJECTIVE

- 1) To evaluate efficacy of Ayurvedic drug (Abhadi guggul) and Kati Basti in management of Trikshoola.
- 2) To evaluate incidence of Trikshoola in general population.

## MATERIAL AND METHOD

It includes following points:

- 1) Selection of patients from OPD and IPD of State Ayurvedic College and Hospital, Lucknow.
- 2) Registration of patients on selected criteria. Patients having 50% or more of following sign and symptoms were selected for clinical trial.

**Inclusion Criteria:****A) Clinical Features:**

- 1) Pain in lumbosacral region involving either U/L or BL sacroiliac or Lumbo sacral joints.
- 2) Pain in lumbosacral region & Swelling in Lumbosacral region.
- 3) Pain & Stiffness in Lumbosacral region.
- 4) Pain in lumbosacral region & Restricted movement of U/L or B/L sacroiliac or Lumbo sacral joint.

**Exclusion Criteria :**

PIVD, Tumors, Referred pain of any systemic disease.

**B) Laboratory investigations:**

**Routine Test :** CBC, Urine, Stool.

**Specific investigations:** X-ray, L.S. spine, AP & Lateral, HLA B27, S. Uric Acid, RA Factor MRI & CT, LS Spine, if possible.

**Group of patients:**

23 patients were registered for clinical trial and randomly divided in 2 groups.

**Group 'A':** Total 11 patients were registered in this group and were treated with Abhadi Guggul : 2 Tabs TDS (each 500mg)

**Group 'B':** Alongwith above treatment patients were given Kati Basti with prasarini Tail for 7 days then gap for one week upto 3 months.

**Procedure of Kati Basti:**

Patients of group 'B' were given Kati Basti. Lie down patients in prone position on the table, expose lumbosacral area and rounded boundary was made with black gram (Urad flour) paste lukewarm Prasarini Tail was poured in dose of 100ml for 10 minutes then remove it from syringe and massage gently for 5 minutes.



**Observations :**

Demographic and clinical observations were as follows:

- 1) 65% patients were found in age group 31-50 years, male-female ration was 1:3 and incidence was more common in Hindus (91.3%).
- 2) Disease was more common in housewives 56.5% and service mass (21.7%).
- 3) 65.2% patients were of vata Kaphaj patients.

**Clinical Assessment:**

After completion of trial following clinical assessments were found:

| SYMPTOMS  | B.T. | A.T.          |               | B.T. | A.T.          |               |
|---|------|---------------|---------------|------|---------------|---------------|
|   |      | Relieved      | Improved      |      | Relieved      | Improved      |
| त्रिकसंधिशूल<br>(Pain Intensity)  | 11   | 7<br>(63.37%) | 4<br>(36.37%) | 12   | 8<br>(66.66%) | 4<br>(33.34%) |
| त्रिकसंधिशोथ<br>(Swelling of Joints)  | 3    | 2<br>(66.66%) | 1<br>(33.34%) | 0    | 0             | 0             |
| त्रिकग्रह<br>(Stiffness in lumbosacroal )   | 11   | 8<br>(72.72%) | 3<br>(27.28%) | 12   | 9<br>(75%)    | 3<br>(25%)    |
| त्रिकसन्धि में प्रसारण आकुंचन अप्रवृत्ति<br>(Restricted movement of Sacroiliac joint) | 11   | 7<br>(63.63%) | 3<br>(27.27%) | 12   | 8<br>(66.66%) | 4<br>(33.34%) |

**RADIOLOGICAL ASSESSMENT**

| S.N. | X-ray findings                    | Group A  |          | Group B  |          |
|------|-----------------------------------|----------|----------|----------|----------|
|      |                                   | Relieved | Improved | Relieved | Improved |
| 1.   | Sacroilitis                       | 3        | 0        | -        | -        |
| 2.   | Osteophytes                       | 0        | 0        | 0        | 0        |
| 3.   | Sacralization of lumbar vertebrae | -        | -        | 0        | 0        |
| 4.   | Lumbar spondylosis                | -        | -        | 0        | 0        |

**PATHOLOGICAL ASSESSMENT**

| S.N. | Symptoms                  | Group A               |                       | Group B               |                       |
|------|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|      |                           | B.T.<br>Mean $\pm$ SD | A.T.<br>Mean $\pm$ SD | B.T.<br>Mean $\pm$ SD | A.T.<br>Mean $\pm$ SD |
| 1.   | Hb gm%                    | 11.57 $\pm$ 1.41      | 12.27 $\pm$ 1.20      | 11.9 $\pm$ 1.67       | 12.5 $\pm$ 1.24       |
| 2.   | ESR                       | 18.18 $\pm$ 5.60      | 15.0 $\pm$ 5.80       | 22.5 $\pm$ 11.16      | 16.27 $\pm$ 5.02      |
| 3.   | S. Uric Acid              | 4.70 $\pm$ 0.69       | 4.40 $\pm$ .83        | 5.40 $\pm$ 1.33       | 5.40 $\pm$ 1.67       |
| 4.   | Fasting blood sugar       | 88.0 $\pm$ 15.0       | 81.0 $\pm$ 6.30       | 85.36 $\pm$ 9.80      | 84.9 $\pm$ 10.7       |
| 5.   | Post Prandial Blood Sugar | 124.2 $\pm$ 26.38     | 127 $\pm$ 10.46       | 129.25 $\pm$ 30.5     | 124.3 $\pm$ 12.09     |

**STATISTICAL ASSESSMENT**

| S.No. | Symptoms                                   | Statistical Value after treatment |       |             |       |
|-------|--|-----------------------------------|-------|-------------|-------|
|       |  | Group 'A'                         |       | Group 'B'   |       |
|       |  | $\lambda^2$                       | P     | $\lambda^2$ | P     |
| 01.   | Pain Intensity (spontaneous)               | 10.3                              | >0.01 | 13.48       | <0.01 |
| 02.   | Pain intensity (On pressure)               | 6.05                              | <1.10 | 11.4        | <0.01 |
| 03.   | Pain on movements of joints                | 12.46                             | <0.01 | 13.32       | <0.01 |
| 04.   | Stiffness of Joints                        | 14.8                              | <0.01 | 14.84       | <0.01 |
| 05.   | Swelling of Joints                         | 1.22                              | >0.5  | -           | -     |
| 06.   | Painful and restricted movements of joints | 10.8                              | >0.01 | 13.32       | <0.01 |

$p < 0.001$  - Highly Significant  
 $p < 0.01$  - Significant  
 $p > 0.05$  - Not Significant

**RESULT****CONCLUSIVE ASSESSMENT**

| S.No. | Status    | Group 'A'       |        | Group 'B'       |      |
|-------|-----------|-----------------|--------|-----------------|------|
|       |           | No. of Patients | %age   | No. of Patients | %age |
| 01.   | Total     | 11              | 100    | 12              | 100  |
| 02.   | Relieved  | 07              | 63.64  | 09              | 75   |
| 03.   | Improved  | 04              | 36.3.6 | 03              | 25   |
| 04.   | Unchanged | 00              | 00     | 00              | 00   |

After complete of trial 7 patients (63.64%) in group A and 9 patients (75%) were relieved in group B, and 4 patients (36.36%) in group A, 3 patients (25%) in Group B were relieved.

## CONCLUSION

1. Trikshoola in disease of Trikpradesh first described by Acharya Bhav Mishra.
2. Most common clinical feature found in disease are Trikasandhishoola, Triksandhi Shotha, Trikgraha and Prasaran Akanchan Aprivriti on Triksandi.
3. Trial Drugs were more effective to reduce spontaneous pain, pain or pressure pain on movement and stiffness in joint.
4. Response of treatment in group 'B' is more than group 'A' but the groupwise comparative effect of trial drug is statistically not significant.
5. Both drugs were well tolerated and well accepted with good positive response.

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