

**EFFECT OF TRAYODASHANG GUGGULU WITH SHEPHALIKA KWATH AS  
ANUPANA IN KATISHOOLA: A CASE STUDY**<sup>1</sup>\*Dr. Dilip Kumar Upadhyay and <sup>2</sup>Dr. K. K. Dwivedi<sup>1</sup>PG Scholar, Department of Panchakarma, Govt. P.G. Ayurveda College and Hospital, Varanasi.<sup>2</sup>Reader and Head, Department of Kayachikitsa and Panchakarma, Govt. P.G. Ayurveda College and Hospital, Varanasi.**\*Corresponding Author: Dr. Dilip Kumar Upadhyay**

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**ABSTRACT**

Lowback pain (*Katishoola*) is the most prevalent clinical manifestation of spinal pathology in musculoskeletal disorders. The biological system in developing countries has been disrupted by changes in lifestyle. Improper sitting postures, abrupt movements in travel, athletic activities, and poor sleeping positions, among other things, are all key factors in the development of spinal diseases. The spine, particularly the lumbar spine, is the most fragile musculoskeletal structure, bearing the entire body weight of an individual, which is why this illness is most usually observed in the lumbar vertebrae region. *Kati pradesha* (lumber region) is described as an important seat of *Vata dosha*. In *Katishoola*, *Vata* gets vitiated in its *swasthana*. Although the ancient *Acharyas* did not identify a specific sickness as *Katishoola*, the disease's symptoms can be found in various disorders such as *Katishoola*, *Trikshoola*, *Prishtashoola* and *Vatika shoola*. All *Acharyas* mention *Katishoola* under *Vatavyadhi*. A 37 years old female patient presented with Lowback pain which was radiating to left leg with tingling sensation in left foot, treated with Trayodashanga guggulu with Shephalika Kwath as Anupana for 15 days. After completion of the treatment there was marked improvement in pain along with improvement in tingling sensation.

**KEYWORDS:** *Katishoola*, *Trayodashang Guggulu*, *Shephalika Kwath*, Lowback pain.**INTRODUCTION**

*Ayurveda* says that when the vitiated *Vata* becomes localised in *Kati Pradesha*, *Katishoola* develops as a clinical ailment. During pathogenesis, *Kaphavrita Vyana Vayu* obstructs the circulation of *Rasa*, *Rakta Dhatu*, preventing the creation of subsequent *Dhatus* such as *Mamsa*, *Meda*, *Asthi* and so on, resulting in slow structural alterations in *Kati Pradesha*.<sup>[1]</sup> Later on, symptoms such as *Shoola*, *Shopha* and *Stambha* emerge. *Shodhan chikitsa* and *Shaman chikitsa* are the two main therapy modalities used in *Ayurveda*. *Snehana*, *Upanaha*, *Agni karma*, *Raktamokshana* and other *Shodhan chikitsa* tools are explained. *Kwath*, *Vati*, *Guggulu*, *Taila*, *Ghrita*, and other *Shaman chikitsa* formulas are discussed. *Katishoola* (Low back pain) is now a fast-growing shrub of anguish. Analgesics, anti-inflammatory medications, steroid injections, and physiotherapy are common conservative treatments for lumbar spondylosis patients looking to enhance their quality of life. Surgical therapy such as spinal fusion and spinal decompression are the sole options for advanced lumbar spondylosis. However, because to their high cost and therapeutic restrictions, these procedures do not meet the needs of patients. In many circumstances, patients are required to take

analgesics for a longer period of time after surgery. Pharmacological and result-oriented remedies, such as *Trayodashang guggulu* and *shephalika kwath* are advised in *Ayurveda* for similar disease circumstances.<sup>[2]</sup>

**CASE REPORT**

A 37 years aged female patient visited OPD of Kaya chikitsa, Government Ayurveda College and Hospital, Varanasi with complaints of pain which is radiating to left leg and tingling sensation in left foot since 10 days. The severity of pain initially was very dull, but gradually increased and it hampered the daily routine activities of the individual. Pain was aggravating with working and relieved by intake of analgesics.

Detailed history of the patient was taken. Patient had regular bowel habit. Appetite was good, micturition was normal, sleep was normal. Patient was not a known case of diabetes, hypertension or hypothyroidism. Patient was taking NSAID (Aceclo para- od) for pain relief.

The detailed examination of Ashtavidha and Dashavidha pareeksha was done. Blood pressure (110/78 mmHg), pulse (75/min) and respiratory rate (18/min) were

recorded and within physiological limits. Respiratory system was examined having normal airways and bilateral no added sounds. Cardiovascular system was examined having audible normal S1 and S2. Abdomen was soft, no tenderness having no organomegaly found. Locomotor system was examined having normal in both motor and sensory system. Muscle power was normal. The Lumbo-sacral region was examined, there was no deformity, swelling, or tenderness present.

### Investigations

Routine investigations like CBC, Urine (Routine & Microscopic), Serum uric acid and Random blood sugar were carried out to exclude other pathology which were within normal limits. X Ray of Lumbo-sacral spine AP and Lateral was carried out and no abnormality detected.

### Treatment Protocol

Patients was given 5 gm Trayodashang Guggulu in 2 divided dosage with 50 ml shephalika kwath as anupana for 15 days and Follow up after 15 days was recorded.

**Table 1: Ingredients of Trayodashang Guggulu.**

Drug name	Scientific Name	Quantity Used
1.Abha (Babbula)	Acacia Arabica	1PART
2.Ashwagandha	Withania somnifera	1PART
3.Hapusha	Juniperus communis	1PART
4.Guduchi	Tinospora cordifolia	1PART
5.Shatavari	Asparagus racemosus	1PART
6.Gokshur	Tribulus terrestris	1PART
7.Vridhdharu	Ipomoea petaloidea	1PART
8.Rasna	Pluchea lanceolata	1PART
9.shathwa	Anethum sowa	1PART
10.Shati	Hedychium spicatum	1PART
11.Yavani	Trachyspermum ammi	1PART
12.Shunthi	Zingiber officinale	1PART
13.Shuddha guggulu	Commiphora wightii	12PART
14.Ghrit	Clarified butter from Cow's milk	6PART

### Shephalika (Parijat)

#### Vernacular Names

English: Night jasmine, coral jasmine,  
Hindi: *Parja, Har, Siharu, Harsingar.*

**Botanical name:** *Nyctanthes arbor-tristis*

**A<sup>[4]</sup> - Rasa:** *Tikta* **Guna:** *Laghu, Ruksha*

**Virya:** *Ushna* **Vipaka:** *Katu*

**B<sup>[5]</sup> - Rasa:** *Katu, Tikta* **Guna:** *Ruksha* **Virya:** *Ushna*

**Therapeutic use:** *Jwaraghna<sup>[6]</sup>, Yakrut-pliha vridhhi, Krimi, Gridhrasi<sup>[7]</sup>, Vataghna.<sup>[8]</sup>*

### ASSESSMENT CRITERIA

The subjective and objective parametric readings are recorded on the first day and last day of the treatment.

**Table 2.**

GRADE	0	1	2	3
<i>Katishoola</i>	No pain	Mild pain which occurs occasionally (once or twice a day)	Moderate pain occurs more frequently (more than twice a day)	Severe continuous pain
Katigrah	No stiffness or stiffness occurs rarely	Stiffness occurs occasionally (once or twice a day) and lasts for <1 hr	Stiffness occurs frequently (more than twice daily) and lasts for >1hr	Stiffness occurs regularly and lasts for >2hr
General Functional Ability (GFA)	Can perform all routine works	Slight difficulty is performing routine works	More difficulty frequently in performing routine works	Not able to perform routine works
WALKING TIME	Can walk up to or more than 200 steps without pain.	Can walk minimum 150 steps up to 199 steps due to mild pain	Can walk minimum 60 steps up to 149 steps due to moderate pain.	Can walk only up to 59 steps or less steps due to severe pain.
SLR	Negative (70 to 90degree)	Positive (45to 69 degree)	Positive (30 to 44degree)	Positive (< 30 degree)

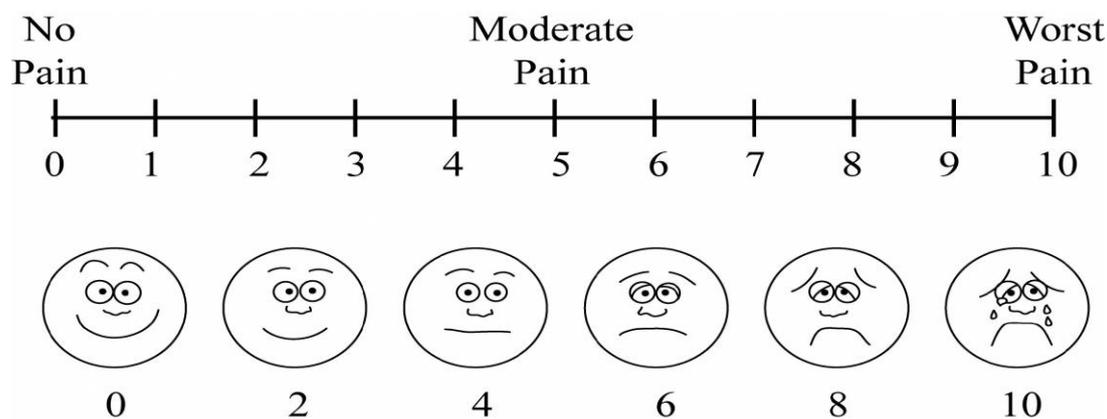


Figure 1.

### OBSERVATIONS AND RESULTS

Encouraging improvement was observed in patient's condition after 15 days of treatment. Patient got relief from the pain and tingling and having occasional mild

tingling in left foot. No any analgesic needed during the course of the treatment and follow up. There also no aggravation of pain during follow up period of the study.

**Table 3: Effect of the therapy.**

Complaints	Before treatment	After treatment (15 <sup>th</sup> day)	Follow up (30 <sup>th</sup> day)
Katishoola	3	0	0
Katigraha	0	0	0
GFA (General functional ability)	2	1	1
Walking time	2	0	0
SLR	0	0	0
VAS for pain	7	1	1

### DISCUSSION

Katishoola is a joint ailment that affects a large number of people. In this disorder, Vata Dosha provocation has a significant impact on Sandhi. Sleshmadhara Kala, which secretes Sleshaka Kapha to lubricate and reduce friction during Sandhi movements, borders the Sandhi (joint). The stability of the joints, as well as their activities, are aided by a variety of Snayu and Peshi. Marmas are vital locations in the Sandhis, and keeping them safe from harm is crucial to the Sandhis' routine operations. The Vyana Vayu is a crucial functional unit in maintaining a Sandhi's range of motion. The annulus fibrosus and nucleus pulposus, which act as a cushion and aid in good spinal joint function, play a role in Shleshaka Kapha and Sleshmadhara Kala's functions.

Because 71.42 percent of drug constituents of Trayodashang Guggulu have Tikta rasa and 57.14 percent of drugs have Katu rasa, 57.14 percent of drugs have Laghu guna, and 42.85 percent of drugs have Ruksha guna, the majority of the contents of Trayodashanga Guggulu are Ushna and Vata-Kapha Doshahara in nature. Ushna Virya is present in 71.42 percent of the medications, and Vata-Kapha hara is present in 57.14 percent of the drugs. As previously stated, Katishoola is a condition caused by Vata and Kapha dosha vitiation, and the Vata-Kapha hara components of Trayodashang Guggulu aid in the relief of

Katishoola. According to *Shashtra*, Guggulu is a Vata-medo hara, and when combined with Ghrita, it is more effective in pacifying Vata and easing Katishoola.

Many locations in *Shashtra* refer to Shephalika kwath as Shoolahara and Vata shamana. *Chakradatta Gridhrasi chikitsa* mentions it specifically. As an Anupana to Trayodashang Guggulu, it compliments and enhances the drug's effect. Thus, in combination with Shephalika Kwath Trayodashang guggulu is found to be more effective in pacifying katishoola.

### CONCLUSION

Trayodashang Guggulu is already a famous drug for Vata Vyadhis specialty for Katishoola but with Shephalika kwath as Anupana its potential increases because of additional shoolhara properties of Shephalika kwath. Trayodashang guggulu and Shephalika kwath both are indicated mainly for Gridhrasi where Prasaransheela katishoola occurs thus in this case where patient was suffering from radiating pain got good relief with the applicaton of this drug combination.

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