



## UPASHAYATMAKA EFFECT OF MURCHITA TILA TAILA ABHYANGA IN KATISHULA

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### ABSTRACT

Katishula (Low back ache) is one of the 'vataja nanatmaja vikara'. Katishula is considered both as a symptom as well as a disease by various Acharyas and scattered references are available in Ayurveda literature. Diagnosis is achieved by application of roga pareeksha and rogi pareeksha. To arrive at a diagnosis of any disease specific symptoms are very essential. But when such symptoms are not marked or the symptoms appear in the feeble strength or do not appear at all - method of trial and error intervention becomes helpful to arrive at correct diagnosis. This is achieved through Upashayatmaka adhyayana. Hence present study was undertaken to explore the role of murchitha tila taila abhyanga as Upashaya of Katishula against gunas of vata. Vata is attributed with gunas like ruksha, laghu, sheetha, khara, sukshma and chala. Murchitha tila taila possesses snigdha and ushna guna. 30 patients of Katishula underwent intervention with murchitha tila taila abhyanga in and around katipradesha twice daily in empty stomach in the morning and evening for 3 days and were observed for relief in Katishula after this intervention. Relief in Katishula was observed and when results were subjected to Statistical analysis by applying Wilcoxon signed rank test and paired t test, statistically highly significant. Thus it can be inferred that murchitha tila taila possessing snigdhosha guna has upashayatmaka effect on Katishula resulted due to rukha and sheeta guna of vata.

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### INTRODUCTION

Katishula (Low back pain) is a very common health problem worldwide and a major cause of disability affecting performance at work and general well-being. Katishula affects people of all ages, from children to the elderly, and is a very frequent reason for medical consultations. Katishula or Low back pain is one of the 'vataja nanatmaja vikara'.<sup>1</sup> Diagnosis is achieved by application of roga pareeksha and rogi pareeksha. Katishula is considered both as a symptom as well as a disease by various Acharyas and scattered references are available in Ayurveda literature. To arrive at a diagnosis of any disease specific symptoms are very essential. But when such symptoms are not marked or the symptoms appear in the feeble strength or do not appear at all - method of trial and error intervention becomes helpful to arrive at correct diagnosis. This can be achieved through Upashayatmaka adhyayana.<sup>2</sup> Hence present study was undertaken to explore

the role of murchitha tila taila abhyanga as Upashaya in Katishula against gunas of vata. Vata is attributed with gunas like ruksha, laghu, sheetha, khara, sukshma and chala.<sup>3</sup> Murchitha tila taila possesses snigdha and ushna guna.<sup>4</sup> By assessing and diagnosing the guna of vata dosha involved in pathogenesis of Katishula, exact line of management and line of treatment can be decided paving way for accurate drug selection. Thereby achieve success in treatment.

#### Aims And Objectives Of The Study

To assess Upashayatmaka effect of Murchitha tila taila abhyanga in Katishula (Low back pain).

### MATERIALS AND METHODS

#### Source of Data

30 Patients were included from OPD and IPD of SDM College of Ayurveda and Hospital, Hassan.

#### Diagnostic Criteria

Shula in the Kati pradesha, with or without radiation and restriction of movements in lower limbs.

**Inclusion Criteria:** Patients of either gender of age group between 16-70 years fulfilling diagnostic criteria.

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### Exclusion Criteria

Congenital abnormalities like spina bifida, mechanical derangements like spondylolisthesis, spinal canal stenosis. Tumours in relation to spinal column, cord or nerve roots and other malignant tumours of the trunk. Infectious conditions like Tuberculosis of spine. Extra-spinal causes of low back pain caused due to systemic disorders like renal calculi, gynaecological disorders, pelvic disorders. Pregnant woman and trauma.

### Study Design

This is an observational clinical study.

### Intervention

Included Katishula patients were subjected to following procedure *Murchita tila taila abhyanga* using 20ml, in *Kati pradesha* for 20 minutes in morning empty stomach between 9.00 am - 10.00 am. The same procedure was repeated in the same patient for 2<sup>nd</sup> time on the same day between 3.00 pm - 4.00 pm. This sequence was continued for 3 consecutive days. Various assessment parameters to assess *upashayatmaka* effect was assessed before intervention and at the end of 3<sup>rd</sup> day and result is furnished as below.

## OBSERVATION AND RESULTS

A specially designed Case proforma was used for assessing the aggravation and alleviation of shula in the patient before and after *Murchita tila taila abhyanga* to assess *upashayatmaka* effect. Among 30 patients who fulfilled the criteria, 18 (60%) were male patients and 12 (40%) were female patients; 15 patients (50%) belong to the age group between 51-70 yrs; 26 patients (86.7%) were married. Out of 30 patients, 12 (40%) male patients belonged to occupation agriculture and 11(36.7%) female patients were home makers.

**Table 1:** Following tests Straight leg raising test, Bragard's test, Difficulty to get up from squatting position, Difficulty to sit in squatting position, Range of movements were performed in Katishula patients included for the study. In the present study, Wilcoxon signed rank test was applied to find statistical significance. where "n" denotes number of patients, MR denotes Mean Ratio, SR denotes Standard Ratio, Z is value of Wilcoxon signed rank test, Negative ranks indicate patients relieved of pain, Positive ranks indicate pain aggravated, Ties indicate no difference in pain before and after the study, p value < 0.01 denote highly significant, if p>0.05 indicate non significant and if p value ranges between <0.05-0.01 is significant.

Table 2: Visual analogue scale (VAS) was used to grade Katishula in patients before and after intervention to assess *Upashayatmaka* effect. VAS-has various gradations ranging from 0-10, which indicates intensity of pain in succeeding order. In the present study, paired t- test was applied to find statistical significance. where "n" denotes number of patients, VAS-BI denotes Visual Analogue Score before intervention, VAS-AF denotes Visual Analogue Score after intervention, MD denotes mean difference, SD denotes standard deviation, SEM denotes standard error mean, t denotes paired t-test value, if p value >0.05 then non significant, if p value ranges between 0.05-0.01 is significant and p value < 0.01 denote highly significant.

## DISCUSSION

Katishula is a *Rujapradhana Vataja Nanatmaja Vyadhi*, intervening with the functional ability of low back and sometimes involves lower limbs. *Katishula* is a disorder dominated by pain affecting the *kati pradesha*. It is caused by *Vata Dosha*. The *Prakupita Dosha* afflicts the *Kandara, Snayu, Asthi* and *Mamsa* involving the related *Srotas*. Disease being one among eighty types of *Nanatmaja Vata vyadhi*, has no specific *Nidana* and *Samprapti* mentioned separately. *Katishula* is characterised by *shula* in *katipradesha*.

30 Patients fulfilling diagnostic and inclusion criteria were included in present study. They were subjected to *murchita tila taila abhyanga*. Various above presented parameters (Table 1 and 2) were taken to assess *upashayatmaka* effect which was subjected to statistical analysis.

Assessment of straight leg raising test (SLR) in 30 patients showed, 11 patients (36.7%) had SLR positive between 31-45 degrees before intervention followed by 9 patients (30%) had SLR positive between 46-60 degrees, 5 patients (16.7%) had positive SLR test between 16-30 degrees respectively and 10 patients (33.3%) had SLR positive between 46-60 degrees after intervention followed by 7 patients (23.3%) had SLR positive between 31-45 degrees, 6 patients (20%) had SLR positive between 61-75 degrees and 3 patients (10%) showed SLR positive between 76-90 degrees respectively. On statistical analysis by Wilcoxon signed rank test, showed reduction in *vedana* in 16 patients and no change in 14 patients which is statistically highly significant (Z=0.000, p=0.000). Hence *murchita tila taila* has a definite role in relieving *Katishula* bestowing *upashayatmaka* effect. *Upashaya* in *katishula* is brought about by *snigdoshna guna* of *murchita tila taila*, which is contrary to *ruksha* and *sheeta guna* of *vata* responsible for *Katishula*.

Assessment of bregard's test showed positive finding in 29 patients (96.7%) before intervention and showed no change after intervention. Wilcoxon signed rank test showed no change in Bragard's test in all 30 patients before and after intervention with Z=5.444 and p=1.000 which is statistically non significant. Hence it may be inferred that *upashaya* by *murchita tila taila abhyanga* requires more days of intervention to show a definite change in bregard's test.

Assessment of difficulty to get up from squatting position due to *katishula* was assessed based on subjective feeling as well as by calculating time duration taken to achieve erect standing position from squatting position. If patient takes less time duration to get up from squatting then it infers less difficulty and similarly if takes more time to stand up then infers more difficulty. It showed that 24 patients (80%) had difficulty to get up from squatting position before intervention and after intervention patients with difficulty to get up from squatting position reduced to 12 patients (40%). Statistical analysis by Wilcoxon signed rank test showed Z=3.464 and p=0.001 which is statistically highly significant. Hence *murchita tila taila* has a definite role in relieving *Katishula* and thereby aiding patients to get up easily from squatting position.

Tests	NR (n)	PR (n)	Ties (n)	Total (n)	MR	SR	Z value	P value	Significance
SLR	16	0	14	30	8.50	136.00	3.819	0.000	HS
Bregards	0	0	30	30	0.00	0.00	0.000	1.000	NS
Difficulty to get up from squatting position	12	0	18	30	6.50	78.00	3.464	0.001	HS
Difficulty to sit in squatting position	12	0	18	30	6.50	78.00	3.464	0.001	HS
Range of movements	19	0	11	30	10.0	190.00	4.185	0.000	HS

  

N	VAS-BI	VAS-AI	MD	SD	SEM	t-value	p-value	Significance
30	8.13	1.76	6.37	0.728	0.133	4.264	0.000	HS

Therefore *snigdoshna guna* of *murchita tila taila* is beneficial against *ruksha sheeta guna* of *vata* in bestowing upashaya in *Katishula*. Assessment of difficulty to sit in (attain) squatting position due to *katishula* was assessed based on subjective feeling as well as time duration taken by patient to adopt complete squatting position from standing position. If patient takes less time duration, then it infers less difficulty and similarly if takes more time, then infers more difficulty. Present study showed that 27 patients (90%) had difficulty to adopt squatting position from standing position before intervention. This difficulty reduced after intervention as this was seen only in 15 patients (50%). On application of Wilcoxon signed rank test showed  $Z=3.464$ ,  $p=0.001$ , which is statistically highly significant. Hence *murchita tila taila* has a definite role in relieving *Katishula* and thereby improvement is observed in relieving difficulty to attain squatting position. This upashaya is due to *snigdoshna guna* of *murchita tila taila* used for *abhyanga* against *ruksha sheeta guna* of *vata* responsible for causing *Katishula*.

Range of movements (ROM) was assessed using Goniometer. Range of movement was restricted in all 30 patients (100%) before intervention. After intervention 17 patients (56.7%) ROM slightly improved, followed by 11 patients (36.7%) has restricted ROM and 2 patients (6.7%) showed marked improvement in ROM respectively. Wilcoxon signed rank test showed improvement in different Range of movements from before to after intervention, which was seen in 19 patients and no change in 11 patients which is highly significant ( $Z=4.185$ ,  $P=0.000$ ). Hence *murchita tila taila* has a definite role in relieving *Katishula* symptoms and thereby increasing the range of movements in the patients due to its *snigdoshna guna* against *ruksha* and *sheeta guna* of *vata* responsible for *Katishula*.

Low back pain was assessed using Visual analogue scale (VAS). Mean score obtained in 30 patients before intervention with *murchita tila taila abhyanga* was 8.13, which reduced to 1.76 after intervention. The mean difference is 6.37. Further on application of paired student t test p value was  $<0.001$ , which is statistically highly significant. Hence it is evident that *murchita tila taila* has a definite role in relieving *Katishula* symptoms specifically pain by its *snigdoshna guna* against *ruksha* and *sheetha guna* of *vata* responsible for manifestation of *Katishula*. *Katishula* is one among *vataja natatmaja vyadhi*.<sup>5</sup> *Vata* is known for its attributes like *ruksha*, *laghu*, *sheeta*, *khara*, *sukshma gunas*.<sup>6</sup> When *Katishula* is caused due to *ruksha* and *sheetha guna* of *vata*, on applying *murchita tila taila* in and around *katipradesha* it relieves pain in patients due to its *snigdoshna* property.<sup>7</sup> *Tila taila* is ascribed with functions like

*maarutaghna*, *balavardhaka* and *sthirakara*.<sup>8</sup> From the above findings it is clear that *Murchita tila taila abhyanga* acts as *upashaya* in *Katishula* caused due to *ruksha* and *sheeta guna* of *vata* as *murchita tila taila* possesses *snigdha* and *ushna guna*.

## CONCLUSION

*Upashaya bestows sukhbandha*.<sup>9</sup> Hence this concept has been imbibed in this study to assess the involvement of *vata guna* (*Ruksha* and *sheeta*) in causation of *Katishula* against *abhyanga* with *upashayatmaka dravya murchita tila taila* possessing *guru*, *snigdha* properties. Such studies would aid in specific minute diagnosis at the level of *gunas* of *dosha* involved in *samprapthi* of a disease thereby be beneficial to adopt specific line of treatment. *Katishula* relieved by *Murchita tila taila abhyanga* is due to its *snigdoshna* property against *ruksha* and *sheeta guna* of *vata* involved in its pathology. Hence, based on the above results we can conclude that *Murchita tila taila* has a definite role in relieving *Katishula* symptoms including reduction in pain by its *snigdoshna guna* against *ruksha* and *sheetha guna* of *vata* in *Katishula*.

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