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Research Article

EFFECT OF *DIVYANGANADI TAILA* (A SRI LANKAN TRADITIONAL OIL) *KATI VASTI* WITH *DASAMOOLA NADI SWEDA* IN THE MANAGEMENT OF *TRIKASHOOLA* W.S.R. TO LUMBAR SPONDYLOSIS

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ABSTRACT

Trikashoola, commonly referred to as lower back pain, is classified under *Nanathmaja Vata Vyadhi* in authentic Ayurveda texts. The prevalence of lower back pain has surged due to the sedentary lifestyles and unhealthy work habits in modern society. Clinically, *Trikashoola* shares similarities with lumbar spondylosis. "*Thaila Pancha Shathakaya,"* a traditional Sri Lankan text, mentions the formulation of "*Divyanganadi Taila*," which is indicated for *Trikashoola*. The study was conducted at the out-patient department and inward of Provincial Ayurveda Hospital, Pallekale, Sri Lanka. The study involved 30 patients aged between 40-65 years, of either sex diagnosed as *Trikashoola,* presented with *Shoola* (pain), *Trikagraha* (stiffness) and *Sparsha Asakyata* (tenderness) with radiographical evidence in lumbo sacral region. Registered patients underwent *Kati Vasti* with *Divyanganadi Taila* and *Dasamoola Nadi Sweda* over 14 consecutive days with 14 days follow up period. Clinical parameters, including subjective measures pain, tenderness, stiffness and on objective outcome. Physical Impairment Scale (PIS) score were computed by grading and the data was statistically analyzed by using non-parametric Wilcoxon sign rank test. The study revealed highly significant result in managing cardinal symptoms of *Trikashoola*, with pain, stiffness, tenderness, and PIS scoring ($P<0.001$). The combination of this schedule can be a better option for effective management of *Trikashoola,* because the results are statistically significant. Further studies with larger sample sizes are recommended to generalize these findings.

INTRODUCTION

Trikashoola (lower back pain) is a disease that has been considered one among eighty *Nanatmaja Vata vyadhi* in Ayurveda medicine [1,2] manifest in *Trika Predesha* (sacral joint), leading to *Shoola* (pain), *Sparsha Asakyata* (tenderness) and *Trikagraha* (Stiffness). The pathogenesis of the disease could be multi factorial process due to the vitiation of *Vata Dosha.*

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Though the *Trikashoola* has not been mentioned as separate disease in *Brihatrayee; Bhavamishra* affirmed it as an invariable symptom of *Amavata.*

Clinical features of *Trikashoola* resemble Lumbar Spondylosis which describes anatomical changes to the vertebral bodies and intervertebral disk spaces that may be associated with clinical pain syndromes [3]. lower back pain (LBP) is a sign of Lumbar spondylosis which is highly prevalent musculoskeletal disorder that contributes to the greatest degree of disability worldwide. It has been estimated approximately 60%-80% elderly population being responsible for the substantial impact on quality of life and incurring a major economic burden in compensation costs and lost wages. According to the Global Burden of Disease Index 2017[4] study age, sex, and region-specific analysis were conducted to

estimate the global prevalence and Years lived with disability (YLD) of LBP with the uncertainty intervals.

Analgesic, anti-inflammatory, steroids, muscle relaxants, Ca and Vitamin D supplements are the most commonly used medication in palliative care while lumbar support, traction and physiotherapy are the paramedical intervention in the management of this disease.

Divyanganadi Taila is a Sri Lankan traditional oil that has been used by native practitioners in Sri Lanka for *Trikashoola.* Furthermore, it is mentioned in Sri Lankan Ayurveda Pharmacopeia[5] as well as *Taila Pancha Shtakaya*[6] and *Sneha Shatakaya*[7] both classical texts comprised of a collection of herbal remedies in the management of *Thrikashoola*.

In this study, *Snehana* (oleation) and *Swedana* (fomentation) therapies are planned as external treatment regimen in the management of *Thrika Shoola* based on the Ayurveda fundamentals. [8] As form of *Kati Vasti*[9,10] (procedure where specified medicated oil is retained for a stipulated period in the lumbar sacral region) along with *Nadi Sweda*[11] a type of sudation to restore the normal function of *Vata Dosha* by disrupting the cascade of the disease progression**.**

AIM AND OBJECTIVE

Evaluate the efficacy of *Divyanganadi Taila Kati Vasti* on *Thrika Shoola* w.s.r to lumbar spondylosis as external treatment regimen to bring this hidden traditional knowledge into the wide practice.

MATERIALS AND METHODS

Study Design

This study was designed as a single group randomized clinical study that involved 30 patients, aged between 40-65 years, who sought Ayurvedic treatment for *Trikashoola* (lumbar spondylosis) at the OPD and IPD of Provincial Ayurveda Hospital Pallekale, Kandy, Central Province, Sri Lanka. Participants were selected randomly, regardless of sex, ethnicity or socioeconomic status. Patients presenting with moderate to severe symptoms and signs of *Trikashoola* were selected for this study. Written informed consent was obtained from all the participants.

Inclusion criteria

1. Patients age between 40 – 65 years irrespective of sex, ethnicity or socioeconomic status.
2. Patients having presenting with classical signs and symptoms of *Thrika Shoola* such as *Thrika Shoola* (pain), *Thrika Graha* (stiffness) and *Sparsha Asakyata* (tenderness) with less than duration of one week.
3. Patients who provided written informed consent to participate in the study, through to its completion and attend 14 days of treatment and attend a 14-day follow-up period.

Exclusion criteria

1. Age below 40 years or above 65 years.
2. History of recent Lumbar or spinal surgery or presence of implanted instrumentation or any prior surgery for Lumbar spondylitis.
3. Pregnant or lactating women.
4. Women within two years post - partum
5. Presence of vertebral fractures, metastatic disease of the spine, history of HIV infection or spinal tuberculosis.

Diagnostic Criteria

Diagnosis was done based on the following clinical presentation and radiographical findings:

1. Clinical Features: *Trikashoola* (pain), *Trikagraha* (stiffness), *Sparsha Asakyata* (tenderness)
2. Radiographical evidence: Demonstrated joint space narrowing and osteophytosis in lumbar sacral region on anteroposterior (AP) and lateral view of the X Ray.

Laboratory Investigations

The following investigations were conducted only prior to the treatment.

1. RBS-. Random Blood sugar level
2. Hb- Hemoglobin percentage
3. ESR- Erythrocyte Sedimentation Rate. (Westergren method) X Ray-Lumbar Sacral spine AP/Lateral views

Preparation of Medicine

Divyanganadi Taila and *Dasamoola* powder was prepared at the pharmacy of Provincial Ayurveda Hospital, Pallekale, Kandy. Central Province, Sri Lanka.

Table 1: Ingredients of *Divyanganadi* oil

Botanical Name	Family	Sanskrit Name	Local Name	Part Used	Proportion
Zinamomum zelanicum	Lauraceae	*Thvak*	*Kurudu*	Bark Roots Seeds	180 g 180 g 180 g
Ricinus communis	Euphorbiaceae	*Erandha*	*Erandu*	Root	180 g
Pongamia pinnata	Fabaceae	*Karanja*	*Karanda*	Root	180 g
Odina wodier	Anacardiaceae	*Pikhagni*	*Hik*	Root	180 g
Piper nigram	Piperaceae	*Maricha*	*Gammiris*	Root Seeds	180 g 45 g
Momordica charantia	Cucurbitaceae	*Karawella*	*Karavila*	Root	180 g

Toddalea aculeata	Rutaceae	*Dahana*	*Kudmirissa*	Root	180 g
Piper betle	Piperaceae	*Thambula*	*Bulath*	Leaf stem	180 g
Terminalia chebula	Combretaceae	*Abaya*	*Aralu*	Fruit	180 g
Terminalia belerica	Combretaceae	*Vibeetaka*	*Bulu*	Fruit	180 g
Embilica officinalis	Euphorbiaceae	*Amalakie*	*Nelli*	Fruit	180 g
Cedrus deodara	Pinaceae	*Devadaru*	*Devadara*	Hard wood	45 g
Trachyspermm ammi	Apiaceae	*Ajamoda*	*Asamoda*	Seeds	45 g
Carum carvi	Apiaceae		*Devuduru*	Seeds	45 g
Foeniculum valgare	Apiaceae	*Shatapushpa*	*Shatakuppa*	Seeds	45 g
Zingiber officinale	Zingiberaceae	*Shunti*	*Inguru*	Rhizome	45 g
Scindapsus Officinalis	Araceae	*Gajapippali*	*Gajatippali*	Fruit	45 g
Piper longum	Piperaceae	*Pippali*	*Tippali*	Fruit	45 g
Oldenlendia corymbose	Rubiaceae	*Parpata*	*Pathpadagam*	Whole plant	45 g
Kaempferia galanga	Zingiberaceae	*Shati*	*Inguru piyali*	Rhizome	45 g
Saussurea lappa	Asteraceae	*Kusta*	*Suvada Kottam*	Root	45 g
Cocos nucifera	Arecaeae	*Narikela*	*Pol*	Fruit oil	2.88L
Maduka indica	Sapotaceae	*Madhuka*	*Mee*	Seed oil	2.88L
Ricinus communis	Euphorbiaceae	*Erandha*	*Erandu*	Seed oil	2.88 L
Water		*Jalam*	*Jalaya, Vatura*		46.08 L

Preparation of *Divyanganadi* Oil

Selected crude drugs were weighed according to the ratios mentioned in Sri Lanka Ayurveda Pharmacopeia and washed[5]. Amounts were taken as three *Palam* (180g) of *Thvak (Zinnamomum zelanicum) Eranda Mula (Ricinus communis) Karanja (Pongamia pinnata), Pikagni (Adina woodier), Maricha (Piper nigram), Karawella (Momodica charantia), Dahana (Toddalea aculeata), Thambula (Piper betle (*L*)) Abhaya (Terminalia chebula), Amla Embilica officinalis) Vibhitaka (Terminalia balerica)* were added to three *Drona* (46.08L) of water and then boiled till one fourth of it is reduced. It is well filtered and mixed with each 2.88L of *Madhuka Taila (Madhuca indica), Eranda Taila (R. commiunis)* and *Narikhela Taila* (*Cocous nucifera)* and a paste having each 45gm of *Devadaru (Cedrus deodara), Ajamoda (Trachyspermum Ammi (*Linn*)), Devaduru (Carum carvi (*Linn*.) Maricha Beeja (P. nigram), Satapushpa (Foeniculum valgare), Shunti (Zingiber officinale), Gaja pippali (Scindapsus Officinalis), Pippali (Piper longum), Parpata (Oldenlendia corymbose* Linn*)* and *Shatie* (*Kaempferia galangal)* are finely pasted and added to the mixture.

Then the formulation was then boiled according to *Taila Paribhasha*[6] over a mild flame until the moisture was completely removed, and subsequently filtered into a vessel placed in a water bath. Finally, 45 g of *Kusta* (*Saussurea lappa*) was fried in a pan, finely powdered, and incorporated into the filtered oil as a *Sugandha Dravya*.

Table 2: Ingredients of *Dasamoola Nadi Sweda*

Botanical Name	Family	Sanskrit Name	Local name	Part Used	Proportion
Aegle marmelos	Rutaceae	*Bilva*	Beli	Root	1 part
Premna integrifolia	Verbenaceae	*Agnimanta*	Heen Midi	Root	1 part
Oroxylum indicum	Bignoniaceae	*Shyonaka*	Totila	Root	1 part
Stereospermum suaveolens	Bignoniaceae	*Patala*	Palol	Root	1 part
Gmelina arborea	Verbenaceae	*Kasmaree*	Athdemata	Root	1 part
Alyssicarpus vaginalis	Leguminosae	*Shaliparni*	Aswenna	Whole Plant	1 part
Aerua lanata	Amaranthaceae	*Prasnaparni*	Polpala	Whole Plant	1 part
Solanum melongena	Solanaceae	*Bruhati*	Elabatu	Whole Plant	1 part
Solanum santhocarpum	Solanaceae	*Kantakare*	Katuvalbatu	Whole Plant	1 part
Tribulus terrestris	Zygophyllaceae	*Gokshura*	Heen Nerenchi	Whole Plant	1 part

Preparation of *Dasamoola Nadi Sweda*

Crude powder of *Dasamoola* weighing 500g was wrapped in a piece of cloth and placed inside the pressure cooker. Five liters of water was added and the container was heated until the medicated steam began to emanate through the tube attached to the lid.

Table 3: Therapeutic Intervention

Medicine	Dose	Procedure	Time	Route	Duration
Divyanganadi Taila	120 ml	*Kati Vasti*	Morning	External	30 minutes for consecutive 14 days
Dashamoola Kashaya	1 L	*Nadi Sweda*	Morning	External	10 minutes for consecutive 14 days

Method of Administration of *Kati Vasti* and *Nadi Sweda*

Dough was prepared by mixing 250g of black gram flour with sufficient water, and a circular frame measuring approximately 45–60cm in circumference, 3cm in thickness, and 5cm in height was constructed. The patient was placed in the prone position on the treatment table, and *Divyanganadi Taila* was warmed to body temperature in a hot water bath. The oil was then gently poured into the dough frame fixed over the lumbosacral region. Its temperature was maintained by reheating and replenishing small quantities as necessary. Each session lasted 30 minutes and was administered daily for 14 consecutive days.

Upon completion, the oil and dough were removed, and the area was massaged with circular and linear strokes. Thereafter, fomentation with *Daśamūla Nadi Sweda* was administered for 10 minutes daily over the same treatment period.

Follow up period

Internal and external medicines were strictly prohibited during the 14 days of follow up period.

Assessment criteria

Table 4: Grading of Subjective parameters

Symptoms	Parameters	Gradation
Shoola (Pain)	No pain	0
	Mild pain	1
	Moderate pain	2
	Severe pain	3
Sparsha Asakyata (Tenderness)	No tenderness	0
	Mild tenderness (without any sudden response on pressure)	1
	Moderate tenderness (wincing of face on pressure due to tenderness)	2
	Severe tenderness (wincing of face on withdrawal of affected part of pressure	3
	Resists touch due to tenderness	4
Thrikagraha (Stiffness)	No stiffness (forward bending up to toes)	0
	Mild stiffness (forward bending up to mid leg)	1
	Moderate stiffness (forward bending up to knee)	2
	Severe stiffness (forward bending up to mid-thigh)	3

Table 5: Objective Parameter- Movement of lumbar spine: According to Physical Impairment scale (PIS)

Physical Test	Scores	
	0	1
Total Flexion	$>87^0$	$<87^0$
Total Extension	$>18^0$	$<18^0$
Average Lateral Flexion	$>24^0$	$<24^0$
Average SLR - Female - Male	$>71^0$ $>66^0$	$<71^0$ $<66^0$
Spinal Tenderness	Negative	Positive
Bilateral active SLR	>5 s	<5 s
Sit-up	>5 s	<5 s

The physical impairment scale (PIS) was used to assess the physical impairment in patients with LBP[12].

Data Collection

Data was collected before treatment, on 7th, 14th, 21st and 28th days of treatment and effect of the treatment was assessed on both subjective and objective parameters like pain, stiffness, tenderness and PIS scoring as objective parameter.

Analysis of Data

A total of 30 patients were initially enrolled in the study. However, 3 patients discontinued the treatment protocol, leaving 27 patients who completed the study. Effect of the treatment was statistically analyzed by using non-parametric Wilcoxon signed rank test to compare the treatment before, after and after follow up with in the group. The obtained results were interpreted as, Insignificant P>0.05, significant P<0.01, highly Significant P<0.001.

RESULTS AND DISCUSSION

RESULTS

Table 6: Effect of *Kativasti* on 7th day of Treatment (N=27)

Cardinal Symptom	Mean Score		Mean Difference	% Relief	SD±	SE±	t	P Value
	BT	AT 7 Days						
Shoola (Pain)	2.3333	1.6847	0.6486	27.79%	0.145	0.058	4.47	0.002
Trikagraha (Stiffness)	1.4074	1.2174	0.19	13.5%	0.120	0.048	3.23	0.007
Sparsha Asahyata (Tenderness)	1.5185	1.1846	0.3339	21.98%	0.110	0.045	3.35	0.006
PIS	6	5.0081	1	16.7%	0.210	0.084	5.47	0.000

The mean score of *Shoola* decreased from 2.3333 to 1.6847, reflecting a 27.79% improvement (P < 0.002). *Trikagraha* score decreased from 1.4074 to 1.2174, showing a 13.5% improvement (P < 0.007). *Sparsha Asahyata* score reduced from 1.5185 to 1.1846, indicating a 21.98% improvement (P < 0.006). The Physical Impairment Scale (PIS) score decreased from 6 to 1, showing a 16.7% improvement (P < 0.001). All changes were statistically highly significant.

Table 7: Effect of *Kativasti* on 14th Day of Treatment (N=27)

Cardinal Symptom	Mean Score		Mean Difference	% Relief	S.D±	S.E±	t	P Value
	BT	AT 14 Days						
Shoola (Pain)	2.3333	0.8518	1.4815	63.49%	0.150	0.060	7.14	0.000
Trikagraha (Stiffness)	1.4074	0.7777	0.6297	44.74%	0.130	0.052	5.03	0.001
Sparsha Asahyata (Tenderness)	1.5185	0.5185	1	65.85%	0.115	0.046	5.18	0.001
PIS	6	3.2592	2.7408	45.67%	0.220	0.088	7.18	0.000

The mean score of *Shoola* decreased from 2.3333 to 0.8518 (63.49% improvement, P < 0.000). *Trikagraha* reduced from 1.4074 to 0.7777 (44.74% improvement, P < 0.001), and *Sparsha Asahyata* from 1.5185 to 0.5185 (65.85% improvement, P < 0.001). The Physical Impairment Scale (PIS) score decreased from 6 to 3.2592, showing 45.67% improvement (P < 0.000). All changes were statistically highly significant.

Table 8: Effect of *Kativasti* on Follow up period of Treatment (N=27)

Cardinal Symptoms	Mean Score			Mean Diff.		% Relief		S.D±		SE±		T Value		P Value	
	BT	Day 21	Day 28	Day 21	Day 28	Day 21	Day 28	Day 21	Day 28	Day 21	Day 28	Day 21	Day 28	Day 28	Day 28
Shoola	2.33	0.63	0.51	1.69	1.81	72.66	77	0.14	0.12	0.05	0.05	9.18	8.92	0.000	0.000
Trikagraha	1.40	0.67	0.55	0.73	0.85	51.93	60	0.12	0.11	0.05	0.04	5.97	7.54	0.001	0.001
Sparsha Asahyata	1.51	0.44	0.33	1.07	0.78	70	70	0.11	0.11	0.11	0.04	6.06	7.44	0.001	0.001
PIS Scoring	6	2.91	2.44	3.08	3.55	51	59	0.21	0.22	0.21	0.22	8.52	10.0	0.000	0.001

Statistical analysis showed that the mean score of *Shoola* decreased from 2.33 to 0.63 and 0.51 on the 21st and 28th days, representing 72.6% and 77% improvement (P<0.000). *Trikagraha* decreased from 1.40 to 0.67 and 0.55, showing 51.9% and 60% improvement (P<0.001). *Sparsha Asahyata* reduced from 1.51 to 0.44 and 0.33, reflecting approximately 70% improvement (P<0.000). The Physical Impairment Scale (PIS) score decreased from 6 to 2.91 and 2.44, showing 51% and 59% improvement (P<0.000). All changes were statistically highly significant.

DISCUSSION

In this study, the majority of patients were aged 56–60 years, male, Buddhist, married, graduates, from rural areas, and belonged to lower-income groups. Most patients (45%) were engaged in physically demanding occupations, with 51.7% working primarily in standing positions and 46.7% working 6–8 hours daily.

All patients presented with the symptom of *Shoola, Trikagraha* and *Sparsha Asahyata* described as main symptoms of *Trikashoola*. 27 patients of *Trikashoola* (lumbar spondylosis) were treated with *Kati Vasti* and *Nadi Sweda,* showed highly significant relief in *Shoola* (lower backpain), *Trikagraha* (stiffness) and *Sparsha Asahyata* (tenderness).

Highly significant result was found in objective parameter of PIS score. In this study *Kati Vasti* was used for *Sthanika Snehana* followed by *Mrudu Swedana* of *Dasamoola Kwata*. As *Snehana* and *Swedana* pacify vitiated *Vatadosha*, which is the main pathological factor in the development of *Trikashula.* A total of randomly selected 30 patients were initially enrolled in the study, but 3 patients discontinued the treatment. No adverse drug reaction were found in any patients during the treatment procedure. Majority of properties of *Divyanganadi Taila* and *Dasamoola Nadi Sweda* having *Katu, Tikta, Kashaya* and *Madhura rasa*. As *Gunas, Lagu, Ruksha Teekshna* and *Snigda* presented. *Ushna* and *Sheeta Veerya* properties presented in 82.6% and 17.4% respectively. When we consider about *Vipaka*, 63.6% with *Katu* and 36.4% presented as *Madhura Vipaka*. In *Dosha* pacification process, 62.5% had *Vata-Kapha shyamaka*, 16.7% had *Tridosha shyamaka* and 12.5 % had *Vata-Pitta shyamaka* properties. So, this oil can be used to pacify *Shoola* and *Shota* in *Vata Kapha* prominent diseases.

These findings suggest that *Divyanganadi Taila* and *Daśamūla Nadi Sweda* are effective in alleviating pain and inflammation in *Vata-Kapha* predominant conditions and support their use in managing *Shoola* and *Shotha* associated with lumbar spondylosis.

CONCLUSION

This study evaluated the management of patients of *Trikashoola* with external treatment protocol of *Kativasti* and *Nadisweda*. Result shows that *Divyanganadi Taila kativasti* is highly effective in managing *Trikashoola* with no reported adverse effects, demonstrating its safety for both outpatient and inpatient clinical use. It can be concluded that combination of *Divyanganadi Taila kativasti* and *Dasamoola Nadi Sweda* can therefore be considered a safe and effective alternative therapeutic approach in the management of *Trikashoola* with outcomes showing statistically highly significant improvement.

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