



Comparitive Clinical Study of Kati Basti and Infrared Light Therapy in Katigraha W.S.R.T Low Backache

Vishwanath Gachchinamath¹, Jairaj P Basarigidat²

¹Associate professor, Department of Panchakarma, Dr N A Magadum Ayurvedic Medical college, hospital & PG research centre, Ankali, Belagavi.

²Professor and Head, Department of Panchakarma, Shri DGM Ayurvedic Medical college, Hospital & PG Research Centre, Gadag.

Corresponding Author: Vishwanath Gachchinamath

ABSTRACT: In the avant-garde era of busy professional & social life, improper sitting postures in offices & factories, continuous & over exertion, jerky movements during travelling & sports – all these hustles create undue pressure on the spine & hence results in most common disorder in most productive period of life i.e. Lumbar disc disease. About 40% to 80% of general population in life time in India suffer from Low Back Pain due to several stressful factors seen in their professional or social life and also due to wrong postural habits Modern medicine has the source of treatment such as analgesics, sedatives, physiotherapy and lastly surgery.

Kati graha is not mentioned as a separate disease entity in Ayurveda. But the description of this may be traced in some other disorders like Katigraha, Pristagraha which is included under Vata Vyadhi³

KEYWORDS: Kati Basti, Infrared Light Therapy, Katigraha, Low Back Pain, Vata Vyadhi, Lumbar Disc Disease

INTRODUCTION

In the present scientific era, people are fed up with the side effects and after effects of the most effective and fast acting modern drugs, which are lowering the human immunity at the same time when they are suppressing disease. The use of naturally available substances to relieve the ailment by men as well as animals is as old as beginning of life.

Vata, one among the tripod of human living being is said to be superior most in all aspects; for every action or movement, strongest in its ability to produce diseases and worst mortality. Diseases related to Vata are innumerable and presentation of it is in the whole body. Even though a large number of symptoms suggest the abnormality of Vata the cardinal symptom of vitiation of this Dosha is pain which is known as Shula in Sanskrit. This pain is universally understood as a marker of the disease and it is the most common symptom that makes a person to seek the physician's advice. Kati shoola is one such condition caused by vitiated vayu characterized by pain in the katipradesha. Even though it is not mentioned as a separate disease in bruhatrayees ample references are found in other texts like GadaNigraha by Acharya shodhala and Sharangadhara Samhita. Sharangadhara has included it under the vatajananatmaja vyadhis marking its importance.

Katigraha is a Vataja nanatmaja vyadhi described by Sharangadhara¹. None of the Bruhatraies have explained the Katigraha as a separate disease have considered it as a symptom in various diseases such as Arshas, Ashmari, Bhagandara etc. We find brief description of Kati Graha as a disease with its etiological factors, symptoms, and treatment in Bhavaprakasha AmaVatadhikara² and Gadanigraha Vatavyadhiadhikara³. Here it is explained as a condition characterized by Shula and restricted movements of Kati caused by Shuddha or Sama vayu.

In a normal daily life, living without ambulation is almost impossible for any human being, from the time immemorial to ultramodern life. The quote 'A man is as strong as his back' clearly indicates the importance of back and of course it is the most neglected part in the body. The most common disorder, which affects the movement of leg particularly in most productive period of life, is low back pain. The low back, or lumbar area, serves a number of important functions for the human body. These functions include structural support, movement, and protection of certain body tissues, When we stand, the lower back is functioning to support the weight of the upper body. When we bend, extend, or rotate at the waist, the lower back is involved in the movement. Therefore, injury to the structures important for weight bearing, such as the bony spine, muscles, tendons, and ligaments, often can be detected when the body is standing erect or used in various movements. Protecting the soft tissues of the nervous system and spinal cord as well as nearby organs of the pelvis and abdomen is a critical function the lumbar spine and its adjacent muscles.

As the medical science recognized the severity, a medicament that relieves the pain, improves the functional ability, restore from functional disability and controls the condition with cost effectiveness is the need of the century.

Lacunae in current knowledge

Different types of backache⁴ are the common ailments of human body, which if not given its due share of attention and concern can create disorder in the most intense manner to the body. The back that keeps the body steady and helps mobility can cause immense difficulty in continuing with routine tasks if not taken care of. Back pain, discomfort and inability to carry routine tasks are common hindrances brought about by a backache.

INCIDENCE AND PREVALENCE

The word 'prevalence' of Back pain⁵ usually means the estimated population of people who are managing Back pain at any given time (i.e. people with Back pain). The term 'incidence' of Back pain means the annual diagnosis rate, or the number of new cases of Back pain diagnosed each year (i.e. getting back pain).

- 6 million cases annually (unreliable estimate)
- approx 1 in 45 or 2.21% or 6 million people in USA
- 1,993,000 women self-reported having back pain or disc disorders in Australia 2001

Need for study:

In the avant-garde era of busy professional & social life, improper sitting postures in offices & factories, continuous & over exertion, jerky movements during travelling & sports – all these hustles create undue pressure on the spine & hence results in most common disorder in most productive period of life i.e. Lumbar disc disease. Disc lesion creates little threat to life but it interferes greatly with normal living. ⁸Pain in the lower back restricts the activity, reduces work capacity, quantity of enjoyment of everyday living and turns daily life into a misery. About 40% to 80% of general population in life time in India suffer from Low Back Pain due to several stressful factors seen in their professional or social life and also due to wrong postural habits⁶.

Modern medicine has the source of treatment such as analgesics, sedatives, physiotherapy and lastly surgery.

Kati graha is not mentioned as a separate disease entity in Ayurveda. But the description of this may be traced in some other disorders like Katigraha, Pristagraha which is included under Vata Vyadhi⁷. Katigraha, ananatmajavatavyadhi considered by acharya Sharangadhara, is one among them. Acharya Shodala says it as a condition characterized by pain and restricted movements of the Kati⁸. The reference about the disease is also available in Bhavaprakasha Amavatadhikara⁹.

Snehana and Swedana are considered as a general line of treatment for Vata Vyadhi can be taken as a line of treatment for Kati graha also. Kati Basti is one such treatment modality comes under Snehana and Swedana and is known for its instant efficacy in relieving the symptom¹⁰. Mahanarayanataila due to its Vatakaphahara and Shoolahara action has been taken for the study.

The infrared heat effect can reduce the excitability of nerve endings, improve blood circulation, diminish oedema, relieve the chemical and mechanical stimulation on nerve endings; the heat function of infrared can enhance pain valve. All these reasons above can play a role in relief¹¹.

So in this study an effort is made to compare the efficacy of Kati Basti with mahanarayanataila and Infrared Light Therapy in Kati graha.

OBJECTIVES

AIMS AND OBJECTIVE OF THE STUDY

- To evaluate the effect of Kati Basti with mahanarayana Taila on Kati graha.
- To evaluate the effect of Infrared Light Therapy on Kati graha.
- To compare the efficacy of Kati Basti and Infrared Light Therapy on kati graham.

Snehana and Swedana are considered as a general line of treatment for Vata Vyadhi can be taken as a line of treatment for Kati graha also. Kati Basti is one such treatment modality comes under Snehana and Swedana and is known for its instant efficacy in relieving the symptom.

METHODOLOGY

Research Approach:

In Present study the main Objective is to know the “COMPARITIVE STUDY OF KATI BASTI AND INFRARED LIGHT THERAPY ON KATI GRAHA w.s.r.t. LOW BACK”.

In both these groups which group is effective in katigraha in known by comparing between both the groups.

STUDY DESIGN:

In the present study the study design applied is Simple comparative prospective clinical trail and sampling technique is purposive or deliberate. The study design was done in two groups. The treatment intervention used in this clinical study is group A is given katibasti with mahanarayana taila followed by sthanika abhyanga and swedana and group B is given infrared light therapy.

Source of Data:

Patients suffering from Katigraha will be selected from OPD and IPD of DGMAMCRH, Gadag after fulfilling the inclusion and exclusion criteria.

Sample size:

A minimum of 40 patients divided into two groups of 20 each.

Group A: Katibasti with mahanarayana taila.

Group B: Infrared light therapy.

Selection criteria:

The cases were selected as per the mentioned inclusion and exclusion criteria.

Inclusion criteria:

- Kati shoola (Low back pain) lasting at least for 3 month.
- Patients with mechanical strain of musculoskeletal origin.
- Patients aged between 16 to 60 years.
- Pain limited to back does not radiate beyond the knee.
- Patient fit for Kati Basti and Infrared Light Therapy.
- No numbness or tingling in the lower extremities.
- Must be able to get down to and up from the floor by themselves.

Exclusion criteria:

- Patient below 16 and above 60 years of age
- Non-mechanical causes of back pain (e.g., sciatica, systemic/visceral disease, pregnancy, spondylolisthesis, spinal stenosis, cancer, recent vertebral fracture).
- Traumatic and congenital deformities condition of the spine.
- Degenerative changes of Vertebrae.
- Any surgical condition.
- Patient contra indicated for Kati Basti and Infrared Light Therapy.
- Skin diseases.

Study duration:

Treatment-Katibasti for 7days(Group A)
Infrared light therapy(Group B)
Follow up- 14 days
Total- 21 days.

Diagnostic criteria:

The signs and symptoms of Katigraha mentioned in Ayurveda are main criteria for diagnosis. Diagnosis will be done by clinical examination of signs and symptoms of katigraha as follows.

Subjective Parameters:

- Kati shoola(Pain)
- Kati graham-Restricted movements of Hip – Forward bending
Backward bending
Lateral Flexion-Right and left
Rotation

Objective parameters:

- Tenderness
- Restricted Movement of Hip –Forward bending
Backward bending
Lateral Flexion-Right and left
Rotation

Functional assessment- Walking time
Climbing time

- The Low-Back Outcome Scale of Greenough and Fraser ¹²Assessment of the condition will be done on a detailed proforma adopting standard scoring methods of subjective and objective parameters and will be statistically analysed Signification by using ANOVA and suitable tests.

Investigations:

For Diagnostic purpose:

- Hb%
- TC
- DC
- ESR
- X-ray of Lumbo sacral spine AP and Lateral View(for exclusion and diagnostic purpose only)

For Diagnostic and assessment purpose:

- Hb%
- TC
- DC
- ESR

Data Collection:

Patients were thoroughly examined as per the subjective and objective parameters. Detailed history pertaining to the mode of onset, previous ailment, previous treatment history, family history, habits, ashtavidhapareeksha. Routine investigations and Radiological features are also investigated to exclude other pathologies.

Kati shoola(Pain):

The pain is assessed by the Greenough and fraser scale¹ which includes

Parameters:

- (1) current pain from a 10 cm (or 100 mm) visual analogue scale (VAS)
- (2) employment
- (3) domestic chores or "odd jobs"
- (4) sport or active social activities (like dancing)
- (5) resting
- (6) treatment or consultation with health care provider
- (7) analgesia
- (8) sex life
- (9) sleeping
- (10) walking
- (11) sitting
- (12) traveling
- (13) dressing

Parameter	Finding	Points
current pain	7 to 10 cm VAS	0
	5 to 6 cm VAS	3
	3 to 4 cm VAS	6
	0 to 2	9
employment	unemployed because of back pain	0
	part time	3
	full time lighter	6
	full time original	9
domestic	chores or odd jobs none	0
	a few but not many	3

	most or all but more slowly	6
	normally	9
sport or active social activities	none	0
	some but much less than before	3
	back to previous level	9
resting	resting more than half the day	0
	little rest needed occasional	4
	no need to rest	6
treatment or consultation	more than once per month	0
	about once per month	2
	rarely	4
	never	6
analgesia	several times each day	0
	almost every day	2
	occasionally	4
	never	6
sex life	severely affected impossible	0
	moderately affected difficult	2
	mildly affected	4
	unaffected	6
sleeping	severely affected impossible	0
	moderately affected difficult	1
	mildly affected	2
	unaffected	3
walking	severely affected impossible	0
	moderately affected difficult	1
	mildly affected	2
	unaffected	3
Sitting	severely affected impossible	0
	moderately affected difficult	1
	mildly affected	2
	unaffected	3
Travelling	severely affected impossible	0
	moderately affected difficult	1
	mildly affected	2
	unaffected	3
Dressing	severely affected impossible	0
	moderately affected difficult	1
	mildly affected	2
	unaffected	3

Kati graham-Restricted movements of Hip –
Assesment Parameters With Grading:

Kati Shoola(Pain)

Grade 0 - No pain.

Grade 1 - Trivial pain.

Grade 2 - Mild pain.

Grade 3 - Moderate pain.

Grade 4 - Severe pain.

Tenderness:

Grade 0 - No tenderness

Grade 1 - Pain on touch

Grade 2 - Pain on touch and winces

Grade 3 - Withdraws the part

Grade 4 - Not allow to touch the part

Lumbar flexion:

Grade 0 - Able to touch the ground

Grade 1 - able to go up to ankle

Grade 2 - able to go just below knee

Grade 3 - Not up to knee

Lumbar extension:

Grade 0 - Able to do without difficulty

Grade 1 - Able to do with pain

Grade 2 - Cannot able to do

Right lateral movement:

Grade 0 - Able to go below knee without difficulty

Grade 1 - Able to go below knee with pain

Grade 2 - Cannot go below knee

Grade 3 - No movement

Left lateral movement:

Grade 0 - Able to go below knee without difficulty

Grade 1 - Able to go below knee with pain

Grade 2 - Cannot go below knee

Grade 3 - No movement

Rotation:

Grade 0 - Can rotate easily

Grade 1 - Rotation with difficulty

Grade 2 - Cannot rotate.

Walking time to cover 21 meters of distance:

Grade 0 - up to 20sec.

Grade 1 - 21-30 sec.

Grade 2 - 31-40 sec.

Grade 3 - 41-50 sec.

Grade 4 - 51-60 sec.

Erythrocyte Sedimentation Rate(E.S.R.) :

Grade0- 0 to 10 mm/1st hour

Grade1- 11-15 mm/1st hour

Grade2- 16-20 mm/1st hour

Grade3- 21-25 mm/1st hour

Grade4- more than 25 mm/1st hour.

Greenough and Fraser scale Grading:

Score Status	>= 65 excellent –Grade 0
	50 – 64 good –Grade 1
	30 – 49 fair –Grade 2
	0 – 29 poor- Grade 3

ASSESSMENT OF TOTAL EFFECT OF THERAPY

Complete remission-	100% relief in signs and symptoms and walking without any pain were considered as complete remission
Marked improvement-	75-99% relief in signs and symptoms
Moderate improvement-	50-74% relief in signs and symptoms
Mild Improvement -	25 – 49% relief in signs and symptoms
Unchanged -	No change in signs and symptoms

Materials used for the study:

- Mahanarayana Taila-400ml
- Black gram flour -500gm

Mahanarayana Taila is brought from market from SDM pharmacy Udupi.

Katibasti procedure

Poorva Karma:

Mahanarayana Taila was made into lukewarm indirectly by placing it in a vessel containing water. The black gram flour is well mixed with sufficient quantity of water into a thick paste. It is then made into flat slab like structure having length about 45 - 60 cm, thickness of 3 cm and height of 5 cm.

Pradhana Karma:

The procedure was explained in brief to the patient. The patient was made to lie prone on the table and Kati Pradesha is exposed. The dough was made into a shape of circular ring corresponding to the area of tenderness in the lumbo-sacral region. The inner and outer walls of the circular ring were properly sealed over the skin so as to prevent the leakage of the taila from the circular ring. Then the heated taila was poured in little amount to check the tolerance of heat by the patient. According to the tolerance of the lukewarm oil, it is slowly poured inside the circular ring with a help of cotton piece dipped in oil and thumb. Constant temperature of the oil was maintained inside the circular ring by rotating the oil with a finger. Once the temperature of the oil is decreased, it was replaced with lukewarm oil again. The procedure was continued up to 45 minutes.

Paschat Karma:

After the procedure, oil was completely removed out from the circular ring with the help of a cotton or spoon. The dough ring was also removed from the back. Mild massage over the area was done. Then the patient was advised to take lukewarm water bath after 15 to 20 minutes.

Infrared light therapy procedure:

Instrument required:-The Infrared light instrument

Technique of the treatment

Before application the lamp must be switched and checked to ensure that it is working correctly, non-luminous generators must be switched on an adequate time before application.

Preparation of patient:-

The Kati region or low back region is exposed and the skin is checked for its sensation against heat and cold .It is unwise to give treatment if the skin sensation is found defective. The patient should be comfortable and fully supported so that he does not move unduly during treatment. The patient is warned that he should experience comfortable warmth and he report immediately if the heating become excessive as undue heat may cause burn. He should be instructed not to touch the apparatus and nor to move nearer to the apparatus.

Arrangement of the lamp and patient :-

The lamp is positioned so that it is opposite to the center of the area to be treated and the rays strike the skin at 90° thus ensuring maximum absorption.The distance of the lamp from the patient should be measured. Optimum distance is around 50-75cm depending upon the output of the generator.

Application of the Infra-red treatment:

At the start of the treatment exposure, the intensity of the radiation should be low,but after 5-10 minutes when Vaso-dialation has taken place and the increased blood flow has become established,the strength of the radiation may be increased.This can be achived by moving the lamp closer to the patient or by adjusting the variable resistance.

Duration of the treatment: The treatment is given for about 15-20 minutes.

OBSERVATION AND RESULTS

Statistical Calculations:

Group A subjective parameter:

Table No. Showing Statistical Calculation of subjective parameters of Group A:

Sl.No	Parameters	Mean AT	Mean BT	Mean Difference	% of Improvement	S.D	S.E.M	t	P	Remarks
1	Forward bending	2.65	0.75	1.9	71.69	0.64	0.14	13.26	0.0001	Highly significant
2	Backward bending	1.55	0.50	1.05	67.64	0.51	0.11	9.20	0.0001	
3	Rt lat flexion	1.95	0.60	1.35	69.23	0.48	0.10	12.33	0.0001	
4	Lt lat flexion	1.90	0.55	1.35	71.05	0.48	0.10	12.33	0.0001	
5	Rotaion	1.15	0.20	0.95	82.60	0.39	0.08	10.78	0.0001	
6	Kati Shoola	3.4	1.10	2.30	67.64	0.57	0.12	18.006	0.0001	

Group B subjective parameter:

Table No. Showing Statistical Calculation of subjective parameters of Group B:

Sl.No	Parameters	Mean AT	Mean BT	Mean Difference	% of Improvement	S.D	S.E.M	t	P	Rmarks
1	Forward bending	2.25	0.85	1.40	62.22	0.59	0.13	10.46	0.0001	Highly significant
2	Backward bending	1.45	0.45	1.00	68.96	0.56	0.12	7.958	0.0001	
3	Rt lat flexion	1.50	0.30	1.20	80	0.41	0.091	13.077	0.0001	

4	Lt lat flexion	1.45	0.30	1.15	79.31	0.36	0.081	14.038	0.0001	
5	Rotaion	1.00	0.30	0.70	70	0.47	0.105	6.658	0.0001	
6	Kati Shoola	2.95	1.35	1.60	54.23	0.59	0.13	11.961	0.0001	

Table.No Showing Statistical analysis between Group A and Group B

Parameters	Group A		Group B		SD	T	Df	P	Remarks
	N	MD +- SD	N	MD+- SD					
Forward Bending	20	1.9+-0.64	20	1.40+-0.59	0.616	2.569	38	0.0143	S
Backward Bending	20	1.05+-0.51	20	1.0+-0.56	0.536	0.295	38	0.769	NS
Rt Lat Flexion	20	1.35+-0.48	20	1.2+-0.41	0.446	1.063	38	0.294	NS
Lt Lat Flexion	20	1.35+-0.48	20	1.15+-0.36	0.424	1.491	38	0.144	NS
Rotation	20	0.95+-0.39	20	0.70+-0.47	0.432	1.831	38	0.075	NS
Kati Shoola	20	2.30+-0.57	20	1.6+-0.59	0.58	3.816	38	0.001	HS
Forward Bending	20	1.9+-0.64	20	1.40+-0.59	0.616	2.569	38	0.0143	S
Backward Bending	20	1.05+-0.51	20	1.0+-0.56	0.536	0.295	38	0.769	NS
Rt Lat Flexion	20	1.35+-0.48	20	1.2+-0.41	0.446	1.063	38	0.294	NS
Lt Lat Flexion	20	1.35+-0.48	20	1.15+-0.36	0.424	1.491	38	0.144	NS
Rotation	20	0.95+-0.39	20	0.70+-0.47	0.432	1.831	38	0.075	NS
Tenderness	20	1.9+-0.55	20	1.65+-0.58	0.565	1.399	38	0.17	NS
GAF	20	2.0+-0.45	20	1.45+-0.6	0.53	3.28	38	0.0022	NS
Walking time	20	2.25+-0.55	20	1.85+-0.48	0.516	2.45	38	0.019	S
Climbing time	20	1.65+-0.48	20	2.05+-0.61	0.549	-2.305	38	0.026	NS
Hb%	20	0.35+-0.35	20	0.35+-0.37	0.36	0.0	38	1.0	NS

TC	20	432.5+ - 329.38	20	405.0+ -270.4	301.33	0.289	38	0.774	NS
DC-P	20	5.85+- 5.94	20	8.35+- 4.29	5.181	-1.526	38	0.135	NS
DC-L	20	7.85+- 3.73	20	8.1+- 3.38	3.559	-0.222	38	0.825	NS
DC-M	20	1.6+- 1.56	20	1.95+- 1.31	1.44	-0.768	38	0.447	NS
ESR	20	12.95+ -7.49	20	10.2+- 3.73	5.917	1.47	38	0.149	NS

Overall Assessment of the Therapy in Both the Groups:

GROUP A:

Complete Remission- 0

Marked improvement- 0

Moderate improvement- 13 i.e. 65%

Mild improvement- 7 i.e. 35%

GROUP B:

Complete Remission- 0

Marked improvement- 0

Moderate improvement- 13 i.e 65%

Mild improvement- 7 i.e. 35%

DISCUSSION

KATI BASTI: Probable mode of action

The Adhishtana of disease Kati Graha is Kati Pradesh which is the predominant site of Vata Dosha, so Dosha Pratyanka Chikitsa is likely to be effective. Taila itself being the principal pacifier of Vata Dosha when processed with such dravyas having pharmacotherapeutic properties opposite to the qualities of Vata Dosha become more potent vitiated Vata dosha pacifier, so by neutralizing the vitiated Vata dosha it alleviates pain. Majority of the drugs of Mahanarayana taila are Ushnaveerya, VataKaphahara, using it in Katibasti it reduces sthamba, Ruk and Toda due to effect of its Gunas.

According to the concepts of modern medical science there are some therapeutic effects of local application of heat. Therapeutic effects are achieved when a tissue temperature of 41-45⁰C is reached when tissue temperature is more than 45⁰C tissue damage can occurs. Therapeutic effects of heat are due to increased blood flow, increased metabolic activity, stimulation of neural receptors in the skin or tissues and effect of heating on nerves.

Increased blood flow leads to better delivery of nutrients, efficient removal of the waste products and hence hastening the natural repairing process(healing). This relieves the muscle spasm and results in alleviation of pain.

The pathways for transmission of thermal signals are almost parallel, but terminate at same area. So out of these two i.e. thermal and pain only the stronger one can only be felt. So on therapeutic application of heat, relief of pain can be explained by complete exclusion of pain impulses by heat impulses, due to occupying of final common pathway.

Kati Basti is a procedure in which both the properties of snehana & swedana are incorporated . The reason behind selection of Kati Basti is that it comes under direct contact with painful region .In this disease, Samprapti is at Kati-region and is mostly associated with structural changes of lumbar vertebral column. Therefore, local Snehana and Swedana is very effective and gives quick results because they act at the site of Samprapti. As Vata Dosha is Sheeta, Ruksha in nature and Sweda being Ushna and with prior Snehana, Snigdha in nature, alleviates Vata, Swedana increases sweat and brings out Maladravyas along with sweat. Thus it decreases kleda in the body resulting in the reduction of Gaurava (Heaviness) and Stambha (Stiffness) which are common symptoms of Vatavyadhies. After Swedana Romancha(Sizzling Sensation), Toda(Pricking Pain), Vedana (Pain), Shotha (Oedema), Angagraha(Stiffness in organs), Ayam(Feeling of expansion) vanishes and the organs become soft and elastic (Ch.chi.28/80). Acharya Charak has pointed that when even dry wood can be made to become soft and flexible with Snehana and Swedana then why not the living organs? (Ch.chi.28/79 Ch.su.14/5)

Infrared therapy:

Probable Mode of action:-

- Infrared treatment produces heating effect in the superficial epidermis, thus resulting in Vasodilatation which increases blood circulation in that area.
- This will lead to more oxygen supply and nutrient supply in that area leading to draining of waste products resulting in the relief pain.
- The sedative effects on nerve endings lead to reduction in muscle spasm. When heating is mild, the relief of pain is probably due to the sedative effect on the superficial sensory nerve endings.
- Stronger heating stimulates the superficial nerve endings.
- It has been suggested that pain may be due to the accumulation of waste products of metabolism in the tissues, and an increased flow of blood through removes these substances and so relieves the pain and help in relieving stiffness.

CONCLUSION

At the end of the study, following conclusions can be drawn on the basis of Observations made, results achieved and thorough discussions in the present context.

- ✓ Pain is a subjective, solitary experience. It is difficult to compare either qualitatively or quantitatively from person to person. Pain depends on physical insult and one's psychological state, culture, and environment. .
- ✓ Charaka has defined health and Disease State is as pleasure and pain respectively. In the formation of disease Vata is a specific Dosha have its impact over the manifestation of pathogeneses as it is having nature of pervasion all over the body.
- ✓ Katigraha occurs due to intake of Vata karaka Ahara and Vihara Provoked Vata fills the Rikta Srotas in Kati Bhaga and Produces Shoola.
- ✓ Katigraha is disorder of Vata having an intimate relationship with Kapha especially sleshmaka Kapha that is seated in sandhi.
- ✓ Katigraha is disorder appearing at Kati pradesha (may include trikam) in this structural and also functional deformities are noted chiefly if appears as a pressure symptom of collapsed or structurally deformed vertebral discs diminishing of the intravertebral discs space certainly leads to Trika shoola.
- ✓ Awareness of regulatory in postures and dietetic habits can prevent the Katigraha.
- ✓ Restoration of Vata by pacifying can bring back to the normal stage of pathological state in Katigraha.

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