



Katigraha (Lumbar Spondylosis) Managed by Katibasti Churna Pinda Sweda, and Tikta Ksheer Basti: A Case Report

Vibha Chauhan¹, Dr. Arvind Gupta², Dr. Mohita Bohra³

¹P.G Scholar Panchakarma Department Himalayiya Ayurvedic PG Medical college and Hospital Dehradun.

²H.O.D and Professor of Panchakarma Department, Himalayiya Ayurvedic PG Medical college and Hospital Dehradun.

³Associate Professor of Panchakarma Department, Himalayiya Ayurvedic PG Medical college and Hospital Dehradun.

ABSTRACT: *Katigraha* (lumbar Spondylosis) is an important clinical ,social, economic and public health problem affecting the population worldwide. Lumbar Spondylosis is more prevalent among the middle –aged and elderly, which affects both the genders equally. Lower back pain is estimated at 60% to 70% in industrialized countries. Ayurveda has mentioned *Panchakarma* therapies for the treatment of *Katigraha*. Hence, an effort has been made to evaluate the efficacy of *Katibasti,Churna Pinda Sweda and Tikta ksheer Basti procedure along with Shamana Chikitsa* in the management of the *Katigraha*. This is a single case study of 60years old female patient who came to OPD of *Panchakarma* Department ,Himalayiya Ayurvedic PG Medical College and Hospital Dehradun with complaints of pain in low back region radiating to a left lower limb, stiffness in the hip region,restricted movement of lower limbs and difficulty in walking for past 7years. *Katibasti with Dhanwantra oil and Mahanarayana oil, Churna Pind Sweda ,Tiktaksheer Basti along with Shamana* therapy was administered. The therapy provided marked relief in pain and stiffness was improved. Based on this study ,it can be concluded that *Katibasti ,Churna Pinda Sweda and Tiktaksheer Basti along with Shamana* therapy is effective in the management of *Katigraha* (Lumbar Spondylosis).

KEYWORDS: *Basti ;Katibasti;Katigraha;Lumbar Spondylosis*

INTRODUCTION

Lumbar Spondylosis is common with aging and is considered to be associated with low back pain and disability, low back pain secondary to degenerative disease.¹ It is an important clinical, social, and public health problem affecting the worldwide population. Low back pain is estimated at 60% to 70% in industrialized countries².Spondylosis is the degenerative disease of the vertebral column from any cause. In some cases the degenerative changes on the lower back due to lumbar spondylosis can lead to compression of the spinal nerve resulting in low back pain which radiates to the lower limb. Disc disease mainly occurs at the level of L4-L5 and L5-S1, But upper lumbar vertebrae are involved occasionally.³*Acharya Charaka* has described eighty types of *Vatavyadhi* known as *Nanatmajavatavyadhi* with etiopathogenesis and management.⁴ It is managed conservatively by the administration of analgesic,muscle relaxants including tricyclic antidepressants. A convincing treatment approach is available in Ayurveda for this disease.Ayurveda advocates *Panchakarma therapies like Katibasti ,Churna Pinda Sweda,and Tiktaksheer Basti* procedure along with *Shamana* therapy in the management of *Katigraha*.

CASE REPORT

This is a single case study of a 60 years old female patient who came to OPD of *Panchakarma* Department, Himalayiya Ayurvedic PG Medical College and Hospital Dehradun with complaints of pain in the lower back region, restricted movement of both lower limbs and difficulty in walking for the past seven years. Her condition gradually worsened and she started feeling difficulty in walking without support. She has taken an allopathic analgesics for pain relief. After some time, the patient again complained of pain in the lumbar region radiating to both hips, back of the thigh and legs with severe intensity. The pain was pricking in nature and aggravated by walking and relieved on rest. There was no significant past history of diabetes or hypertension.

INVESTIGATION

MRI (dated-20/6/2022) of the lumbar spine revealed diffuse disc bulge with right paracentral disc protrusion at L1-2,L2-3,L3-4,L4-5 level indenting anterior thecal sac and causing mild spinal canal stenosis with bilateral significant lateral recess stenosis and significant right neural foraminal narrowing with compression over bilateral traversing and L4 exiting nerve root .There is straightening of normal lumbar lordotic curvature. Hematological investigation were within normal limits.

On local examination Straight Leg Raising (SLR) was found below 30⁰ in both legs with restricted hip joint movement.

The case was diagnosed as *Katigraha* (Lumbar Spondylosis) on the basis of symptoms and by the MRI of the lumbosacral spine. The patient was admitted at the female IPD Of *Panchakarma*, Himalayiya Ayurvedic PG medical college and hospital.

INTERVENTIONS

Katibasti ,*Churna Pinda Sweda* and *Tiktaksheer Basti* prepared with *Dravya* (~ingredients) (Table1) along with *Shamana Chikitsa* (Table 2) were given. Two *Anuvasana six Niruha Basti* were given to the patient.

Katibasti is a form of local *Parisheka* (~pouring of warm liquid or oil) which is given in specific body parts. The patient was asked to lie down comfortably in a prone position with well –*exposed Kati-Pradesh,over Droni*. *Sthanik Abhyanga* was done over the lumbar region for 10 minutes. After a local message ,pouring of warm oil over the lumber region of the patient was done by dipping a piece of clean cloth in the warm oil and squeezed the cloth over that area with the hand .The warm oil was poured from the height of 12 Angula for 30-45 minutes. After the procedure, the whole oil was wiped out than *Churna Pinda Sweda* was done in lumbar region to lower limb for 30 minutes.

Table 1.Ingredients of Tiktaksheer Basti

DRAVYA	QUANTITY
Madhu (honey)	60ml
Saindhav Lavana	6gm
Prasarni oil	120ml
Kalka (shatpushpa,giloy,ashwagandha churna)	10gm
Milk	200ml
Kwatha(Neem,Giloy,Vasa)	600ml

ASSESSMENT CRITERIA AND OUTCOMES:

A criteria of assessment was based on the signs and symptoms of *Katigraha* as per Ayurveda text,SLR (Straight Leg Raising) test for range of movement at hip and ODI (Oswestry disability index) scale (Table 3),which were assessed before treatment ,after treatment and follow up (Table 4)

Table 2. Clinical Intervention of the Patient

Date – 25/6/2022

PROCEDURE	DRUG & DOSE	TIME
Katibasti	Dhanwantra & Mahanarayana oil	Morning time for 14 days
Churna Pinda Sweda	Potli swedana	Morning time for 14 days
Tiktaksheer Basti	600ml Niruha Basti and 60 ml Anuvasan Basti	For 8 days

Shamana chikitsa (date- 3/7/2022)

DRUG	DOSE	TIME
Trayodashang gugglu	250mg B.D	Morning and evening for 1 month
Rasrajeshwar rasa	125mg B.D	Morning and evening for 1 month
Rasnaerandadi Kshaya & Gandharvhasadi Kshaya	15ml+15ml mix with half cup of luke warm water	Morning and evening for 1 month

RESULTS

After completion of treatment there was marked relief in pain and stiffness of the joints. (Table 4) The patient felt ease on long standing, walking and during her daily activities.

Table 3. Gradation of Symptoms for Assessment Symptoms

RUKA (Pain)

CRITERIA	GRADING
No pain while walking	0
Mild pain while walking	1
Moderate pain while walking	2
Severe pain while walking	3

STAMBHA (Stiffness)

CRITERIA	GRADING
No stiffness	0
Stiffness for 10-30 min	1
Stiffness for 30-60 min	2
Stiffness for more than 1hr	3

MOVEMENTS OF JOINTS (both hip joints)

CRITERIA	GRADING
Normal	0
Mildly restricted	1
Moderately restricted	2
Severely restricted	3

GAIT

CRITERIA	GRADING
Unchanged	0
Occasionally changed	1
Walk with support	2
Unable to walk	3

SLEEP

CRITERIA	GRADING
Normal	0
Occasionally disturb	1
Frequently disturbed	2
Unable to sleep due to pain	3

SLR TEST

No pain at 90 ⁰	0
Pain >71 up to 90 ⁰	1
Pain >51 up to 70 ⁰	2
Pain >31 up to 50 ⁰	3
Pain below 30 ⁰	4

ODI SCALE*

Minimal disability (0%-20%)	0
Moderate disability (21%-40%)	1
Severe disability (41%-60%)	2
Crippled (61%-80%)	3
Bedbound (81%-100%)	4

*ODI scale is composed of 10 sections (questions) Each question is rated on 6 points (0-5) scale measuring activities like personal care ,sleep,social life etc.

Table 4.Assessment Before, After Treatment and Follow Up.

Days-Symptoms	1 st	18 th	30 th	60 th
Ruka (pain)	3	2	1	1
Stambha(stiffness)	3	1	0	1
Movements of joints	2	1	1	1
Gait	2	1	1	1
Sleep	3	1	0	0
SLR	4	2	2	1
ODI	2	1	1	1

DISCUSSION

According to commentator *Arundattta*, the substance having *Snigdha* and *Shoshana* properties and produces *Kharatwa* (roughness) increases *Asthi*(*Asthivardhan*),as *Asthi* is also *khara* by nature .But no substance is available that has both *Snigdha* and *Shoshana* properties. So *Ksheer* and *ghrut* which are *Snigdha* in nature are advised to be used with the substances which are *Tikta* (Bitter) and possess *Shoshana* (drying) property.It was advised that *Ksheer* ,*Ghrut* and *Tikta dravyas* should be used together in the form of *Ksheer Basti*⁵. *Tikta ksheer Basti* has ability to repair degeneration of bones and cartilage. So *Ksheer* ,*Ghrut* and *Tikta dravyas* will act on the site of lesion in *Asthimajjagata vata* i.e.joints and will be in a position to breakdown chain of reactions occurring in the form of *Samprapti* at one hand and arrest the progress of the diseases on the other hand in addition to producing subjective improvement in patient⁶.

Sneha Dravya (oil) is used in *Katibasti* . It has dual action of *Sneha*, *Swedana* which assists in alleviating *Vata* effectively.In *Katigraha* , *Vata Dosha* is mainly involved . *Sneha* has almost opposite qualities from the *Vata Dosha* . Thus *Katidhara* with *Dhanwantra* and *Mahanarayana* oil normalizes the vitiated *Vata Dosha* and helps in *Samprapti Vighatana* of *Katigraha*⁷.The heat applied through *Katibasti* over the affected region helps in contesting these symptoms. Degeneration is also one among the causes for *Katigraha* where *Vata Dosha* is present and there is *Kshaya* (depletion) of *Snehabhava*. Thermal therapy increases the circulation and local metabolic process with the relaxation of muscles and tendons of the low back, improves the blood supply, venous drainage,lymph supply, and activates the local metabolic processes which are responsible for the relief of pain, tenderness, swelling and stiffness.Trans dermal absorption depends upon the lipid solubility of the drug. Drugs in oils and other lipid –soluble carriers can penetrate the epidermis as it is a lipid barrier.Through the layers of cell membranes in the stratum corneum, the movement is slow.But once the drug reaches the underlying tissue, it will be absorbed into the circulation.

Choorna Pinda Sweda comes under *Ushma Sweda*. This procedure is to be carried out with the mixture of various *Choorna* combinations like *Methika* , *Sarshapa* ,*Shatapushpa* , *Jatamansi* ,*Atasi*(flax seed)⁸. *Swedana* is one of the important treatment modality which is useful in the treatment of disease in the form of *Poorvakarma*, *Pradhana Karma* as well as *Paschat Karma*. Conservative treatment also given to the patient for better relief. *Rasarajeshwar Rasa* has antioxidant and anti –inflammatory properties that protect the body against free radicals and oxidative damage.It helps reduce the pain ,swelling,stiffness and inflammation in the joints and muscles.⁹

CONCLUSIONS

On the basis of this case study,it can be concluded that *Katibasti* with *Dhanvantra* oil ,*Choorna Pinda Sweda* and *Tikta Ksheer Basti* along with *Shamana* therapy is effective in the management of *Katigraha*.

REFERENCES

1. Jandrić S, Antić B. [Low back pain and degenerative disc disease]. Med Pregl. 2006 Sep-Oct;59(9-10):456-61. Serbian. [Pubmed | Full Text | DOI]
2. S Taimela et. al. The prevalence of low back pain among children and adolescents: A Nationwide, cohort-based questionnaire survey in Finland. Spine. 1997;22:1132-1136.[Pubmed| Full Text | DOI]
3. Dennis L Kasper et.al. Harrison's Principles of Internal Medicine. 14thed. New York: McGraw hill Medical Publication Division; 2006.p.76.
4. Shastri K, editor. Charaka Samhita of Agnivesha. Varanasi: Chaukhambha Bharati Academy, 2013. Sutrasthana, Chapter 20, Verse 11. p. 400.

5. Agnivesha, Charak Samhita- part-1 Sutrasthana, Adhyaya 28, 4th edition 1994, edited with Vidyotini Hindi commentary by Pt. Kashinath Shastri, published by Chaukhamba Sanskrit Pratishthana, Varansi, Page no.-432.
6. Vd. Paresh R. Deshmukh, Vd. K. V. Fadnavis. Associate professor, Kayachikitsa department, Clinical trial of Tikta Ksheer Basti in the management of Lumbar Spondylosis., SVERDCT's Swami Vivekanand Ayurved Medical College, Pargaon, Shrigonda, Ahmednagar, Maharashtra.
7. Jindal Dilbag et. al. A Clinical Study To Assess The Efficacy of Parishekasveda in the Management of Katigraha. Journal of Biological & Scientific Opinion. 2013;1(2):84-87.[Full Text]
8. Keraleeya Chikitsakrama (Malayalam) chapter Trivandrum Vasudevavalasam Publications. 1982; 6:2.
9. Keraleeya Chikitsakrama (Malayalam) chapter Trivandrum Vasudevavalasam Publications, 1982; 6:2.