



AN AYURVEDIC APPROACH IN THE MANAGEMENT OF KATISHOOLA: A CASE STUDY

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ABSTRACT

Background: Lower back pain can have causes other than underlying disorders, and this pain is the type that typically starts in the lower back and spreads to the buttocks and sacroiliac joints. People with chronic pain frequently struggle to balance work, family, and social obligations, which is a major contributor to disability around the world. This symptom affects 80% of people at some point in their lives. Alternative, efficient, non-invasive therapy modalities have received a lot of interest as a result of the rising prevalence of low back pain and the transient and decreased success rates of current invasive treatment methods. The primary symptom of *Kati shoola*, a *Vata vyadhi*, is Pain in *Kati Pradesha*. **Methods:** An *Abhyanga*, *Swedana*, and *Kati Pichu* treatment regimen was used to treat a 60-year-old Female patient with Low back ache. The patient received treatment for twenty-seven days. The response to treatment was noted, and symptom relief served as a measure of the therapeutic impact. **Results & Conclusion:** Clinically, the severity of the cardinal symptoms was greatly reduced, and the overall score on the Oswestry low back pain disability scale and Roland-Morris low back pain and disability scale had shown significant improvement.

Keywords: *Abhyanga*, *Kati shoola*, *Kati Pichu*, *Swedana*, *Upanaha*

INTRODUCTION

One of the most prevalent locomotor system disorders that interfere with a person's ability to work is low back discomfort. It is a condition that is primarily characterised by pain and significantly lowers human activity in terms of personal, social, and professional life. The spine and lower section of the pelvis are under the most strain from sedentary lifestyles, stress, poor posture, persistent jerky movements, extensive travel, etc. Unspecific low back pain has grown to be a significant global public health issue. 11–12% of the population is said to be hindered by low back pain, with the lifetime prevalence of low back pain estimated to be as high as 84% and the prevalence of chronic low back pain at around 23%¹. Trauma to the lumbosacral spine, postural issues, overloading, abruptly unbalanced movements, ongoing jerky movements, sedentary lifestyle, as well as psychological factors (Chinta, Shoka, etc.) are all thought to contribute to the disease². Most frequently, absences from work due to illness are caused by low back discomfort. The most typical sign of impairment in people between the ages of 30 and 70 is back pain. More than 90% of low back pain episodes have a mechanical cause, and the majority go away on their own in 1-2 weeks³. 30% of patients have episodes that last longer than a month. The largest unfused vertebrae in the spine, found in the lumbar region, allow the spine to carry the weight of the complete torso. L4-L5 and L5-S1, the lowest two spinal segments of the lumbar spine, take the most load and are thus most vulnerable to injury and degeneration. Pain may result from these modifications that limit the spine's range of motion and interfere with the nerves that emerge from its base. It is similar to Kati Shoola, which is referenced in Ayurveda. Ayurveda describes Kati Shoola as a condition characterised by lumbar discomfort.

Patient Information: A Case Study

A 60-year-old female complains of severe pain in the low back region for the past 15 days. The patient was registered in OPD and IPD under the Department of Panchakarma of Sri Jayendra Saraswathi Ayurveda College and Hospital, Nazarathpet, Chennai.

Clinical Findings / Presenting Complaints:

The patient had severe low back pain for the past 15 days, and the pain was gradual in onset, with intermittent radiation of pain from the hip region to the ankle of the left leg. A shooting nature was also reported. She complains that the pain aggravates during walking, and at night, she is unable to walk or bear weight on her left lower limb. She also had stiffness, which continued for 20 minutes after awakening in the morning. The patient had mild leaning during walking after prolonged sitting for more than 15 minutes. History of trauma was not reported. She had a history of taking allopathic treatment from several private hospitals. From there, she got some temporary relief for a few days. For the last week, her symptoms got worse, and she visited the OPD of the Department of Panchakarma, Sri Jayendra Saraswathi Ayurveda College and Hospital, Nazarathpet, Chennai, for better treatment of her condition.

History of Family and Past Illness:

The patient had been a known case of diabetes mellitus and hypertension for the past 10 years and was on irregular medications. Her mother is known to have hypertension. As such, no history of any surgical intervention in the past was reported.

Personal history:

She had been consuming nonveg food items with an irregular food habit; she had a poor appetite, disturbed sleep, and a constipated, irregular bowel, which needed medications.

Clinical Examinations:

She was thoroughly examined locally as well as systematically. On general examination, her *prakruti* was *vatapittaja*, her *agnibala* was *agnibala*, and her *shareera bala* was *avara*. The patient was stable, fully conscious, and well-oriented. On examination of vitals, pulse rate was 94/min, regular; blood pressure was 130/90 mm of Hg level (right arm sitting); respiratory rate was recorded as 16/min; body temperature was 36.6 C; her body height was five feet and 3 inches; and her body weight was 74 kg. On systemic examination, cardiopulmonary status was found to be

normal, chest expansion was normal, and gastrointestinal status was reported as soft, nontender abdomen.

Findings of *Ashtavidha pareeksha* were:

Nadi: Vata pradhana

Shabda: spashta, prakruta

Mutra: samyak pravrutti

Sparsha: Anushnaseeta

Mala: vibandha

Drik: prakruti

Jihwa: Nirlipta

Akruti: Madhyama

Local examination of the spine revealed straightening of the lumbar curvature, no bony tenderness, and the absence of scars and swelling. There was no evidence of paraspinal spasm. The local temperature was found to be normal. The patient had pain during flexion, extension, lateral flexion, and rotation of the spine. The straight leg raising test was found positive in the left leg (35 degrees). The femoral stretch was found to be negative bilaterally. Faber's test was found to be positive. A bilateral motor power test was done for the extensor hallucis longus and was reported to be normal. Sensations on all dermatomes were found to be normal and equal bilaterally.

Investigation findings:

On laboratory investigations, all the routine blood parameters, including erythrocyte sedimentation rate (ESR), were carried out and found to be within normal limits. Routine and microscopic urine analyses showed absence of pus cells, albumin. On Radiological MRI Lumbar spine: There was Sacralization of lumbar vertebra and diffuse disc bulge at the level of L4-L5 which causing significant spinal canal and bilateral neural foraminal narrowing and postero central disc protrusion. L5-S1 Mild central canal stenosis with bilateral facet joints arthropathy was reported.

Diagnosis and Assessment:

The presence of discomfort, numbness, aching, and burning sensations, restricted motion in the lumbar area and lower limbs, and the results of an MRI of the lumbar spine all contributed to the diagnosis of *Kati Shoola*. Based on the results of the Roland-Morris and Oswestry low back pain and disability questionnaires, an evaluation criterion was developed. The Oswestry impairment Index, commonly known as the Oswestry Low Back Pain Disability Questionnaire, is regarded as the "gold standard" of low back functional outcome measures and is a crucial tool for assessing patients' functional impairment. There are ten parts (Questions) in all. Each question is graded on a six-point (0-5) scale that takes into account activities like self-care, rest, and social life; the patient should mark the words on the Roland-Morris low back pain and disability questionnaire that best characterise him on the day of the assessment. The questionnaire has 24 statements⁴. On both of these measures, two evaluations were completed in total: one before therapy and one upon discharge. The condition was identified as *Kati soola* from an Ayurvedic perspective.

Ayurvedic Management:

In this case study the treatment was mainly focused to relieve the pain and stiffness for the patient which includes *bahya snehana* (*sarvanga abhyanga*) and *patra pinda swedana*, *upanaha swedana* and *kati Pichu* along with internal medications were given.

Abhyanga: *Sarvanga abhyanga* were done with *Dhanwantaram tailam*, *Murivenna*, bestilin linement.

Kati Pichu: Retaining *taila* in Low back area for a specific period of time with *Dhanwantaram tailam*, *Murivenna*, bestilin linement.

Upanaha swedana were done with *Rasnadi churnam*, *Kottamchukkadi churnam*, *Udwartana churnam* along with *Murivenna taila*.

Table1: Treatment Schedule

| Days | Treatment |
|--|--|
| 1 to 5 days | <i>Abhyanga</i> followed by <i>Nirgundi patra pinda swedana</i> + <i>Kati pichu</i> |
| 6 th day to 16 th day (11 days) | <i>Abhyanga</i> followed by <i>Nirgundi Patra pinda swedana</i> + <i>kati pichu</i> + <i>Nadi swedana</i> |
| 17 th day to 27 th day (11 days) | <i>Abhyanga</i> followed by <i>Nirgundi Patra pinda swedana</i> + <i>Upanaha swedana</i> + <i>Nadi swedana</i> |

Internal medications:

Table 2: Internal medications and its dosage, durations.

| Medicines | Dosage | Duration |
|------------------------------|------------------------------------|--|
| <i>Rasnasaptaka kashayam</i> | 15 ml with 60 ml of lukewarm water | 4 times a day before food on empty stomach |
| Lumbatone capsule | 1 capsule with lukewarm water | Morning and night After food |
| Myostal tablet | 2 tablets | Afternoon and night After food |
| <i>Maha yogaraja guggulu</i> | 1 tablet | Along with <i>kashayam</i> |

Observations:

Table 3: Showing the Assessment of VAS Score

| Score Range | Before Treatment | After treatment | After Follow up |
|-------------|------------------|-----------------|-----------------|
| 0 To 10 | 8 | 3 | 1 |

Table 4: Showing Assessment of Straight Leg raising test.

| Before treatment | | After treatment | |
|------------------|------------|-----------------|------------|
| Right leg | Left leg | Right leg | Left leg |
| 65 degrees | 35 degrees | 65 degrees | 55 degrees |

Table 5: Showing the assessment of the The Roland-Morris Disability Questionnaire (RMDQ)

| Score | Before treatment | After Treatment |
|---------|------------------|-----------------|
| 0 to 24 | 17 | 04 |

Table 6: Showing the assessment of the The Oswestry Low Back Pain Disability

| Score | Before treatment | After treatment |
|---------|------------------|-----------------|
| 0 to 50 | 32 | 10 |

Follow up Advice.

The patient was instructed to regularly exercise her back. She was given instructions on how to work with good spinal alignment, how to avoid forward bending and weightlifting, and how to avoid standing and sitting for extended periods of time. Her occupation required extended periods of standing, so she was recommended to sit and take a break every hour. She was encouraged to drink plenty of water and eat a diet high in fiber in order to maintain a regular bowel emptiness. After fifteen days, there was no sign of any symptoms returning. All of her prescriptions were stopped, and she was given instructions regarding her diet and posture as well as back exercises.

DISCUSSION

Male and female populations are more likely to experience *Kati shoola*, with women over the age of 40 being particularly susceptible to the ailment. These days, we see this *Kati shoola* issue also affects the younger population. When a person with *Kati shoola* is recognized and treated early on, he or she will eventually be able to retire from the disease before it progresses further. One of the *Vataja Nanatmaja Vyadhi* is *Kati shoola*. It is a *Paratantra Vyadhi* because *Kati shoola* is a symptom that most diseases utilize to explain their presence. But as time went on, it was known as *Swatantra Vyadhi* due to its *Nidana*, *Lakshana*, and many types of treatments. According to *Ayurveda*, *Katishoola* is mostly caused by *Vata Prokopa* and is regarded as a *Vataja* illness. According to *Acharya Sushruta*, the main pathogenic causes for aggravating *Vata Dosha* are *Dhathu Kshaya* (depletion/malnutrition) and *Sroto Avaroda*. In this instance, *dhatukshaya* in general and *asthi kshaya* in

particular among *vata* types were the primary causes of the *vata prakopa*. *Kati Shoola* is where *Apana Vata* is primarily involved. Therefore, the goal of the therapy is to reduce the vitiated *Vata Dosha*, especially *Apana Vata*. In order to calm the *vata dosha* and control its movement, *Snehana*, *Swedana*, and *kati pichu* were implemented. *Abhyanga* was performed in order to lessen the stiffness and pain. Depending on the ingredients utilized, *swedana* mostly relieves *vata dosha*. In the *Bhavaprakasha*, the herb *chinch*a (Tamarindus indicus L.) is referred to as *Vatahara*, which may be the reason for easing aches, pains, and stiffness. The muscles, tendons, and ligaments that surround the vertebrae are strengthened and relaxed by *abhyanga*. Relaxing the surrounding muscles relieves pressure on the nerves, which lessens symptoms like stiffness brought on by the prolapsed disc's depression of the nerve root. The patient feels less pain when their muscles are released from their spasm.

Rasnasaptakam kwatha is mentioned in *Dhatugata vata* and has the qualities of *Vata Shamaka* (calm the vitiated *Vata Dosha*), *Vedanasthapana* (sedative), *Shoola Prashamana* (analgesic), *Tarpana* (enhance nutrition), *Balya* (promote strength), *Rasayana* (rejuvenation), and *Sroto Shodana* (purifying channels). The medications employed in this study are helpful for disorders caused by vitiation of *Vata Dosha* since they contain the aforementioned qualities. These medications also improve *Asthi Dhatu* (bone) qualities and aid in the reconstruction of wasting tissues. They also have the attributes of *Tarpana* (increasing nutrition), *Balya* (boosting strength), and *Rasayana*. These medications' anti-inflammatory and analgesic effects are supported by science. Because of its chondroprotective effects, Myostaal Forte has demonstrated antiarthritic effects. Before treatment, the total score on Oswestry low back pain disability questionnaire was 32 and at the time of discharge, the score was 10. Before treatment, the Roland-Morris low back pain and disability questionnaire score was 17, and it was only 4 at the time of discharge. That means the patient showed an improvement of 79 % on Ro-

land-Morris low back pain and disability questionnaire.

The care of vitiated *vata* comprises a number of methods, such as oral Ayurvedic medications, *Snehana*, which includes *Abhyanga* and *Swedana*. As a result, *Acharya Charaka* recommended patients with *Vata Roga* (diseases brought on by vitiated *Vata*) to utilize *Snehana* and *Swedana* repeatedly. *Kati pichu*, which is a type of *Bahya snehana* and *swedana* procedure. *Snehana* and *swedana* primarily combat the *vata gunas ruksha* and *sheeta*. *Sushruta* explains that each of the four *tiryak dhamanis* divides into thousands. These *dhamani* cover the entire body in a network. The *Roma Koopa* is where they have their entrances. Through these apertures, the *dravya* that has been given to the skin is absorbed, and with the aid of the *pachaka pitta* that is present in the skin, it goes through *pachana*. The primary component of *Kati shoola* is the *vata dosa*. *Vata's* characteristics, such as *snigdha*, *guru*, and *usna*, are the antithesis of *Dhanwantaram tailam*, *Murivenna Taila's* characteristics.

Drug absorption:

The stratum corneum is the main location for exogenous material absorption through the skin. The rate of absorption is inversely related to the drug concentration in the vehicle, the stratum corneum thickness, the partition coefficient, and the diffusion coefficient. Hydration, occlusion, age, intact versus disturbed skin, temperature, and anatomical site are among the physiological parameters that influence per-cutaneous absorption. Since the epidermis functions as a lipid barrier, absorption is dependent on the drug's solubility in lipids. But several solutes can freely pass through the dermis. The skin's ability to absorb the medicine can be improved by suspending it in an oily liquid. As opposed to dry skin, which is more permeable.

The many forms of *swedana* that involve applying heat encourage local circulation and metabolic activity, open the skin's pores to allow the delivery of nutrients and medications to troublesome areas, and eliminate vitiated *dosa* and *mala* through perspiration and skin. Heat applied to the skin stimulates nerve

endings in the skin and surrounding tissues as well as metabolic activity and circulation. In the area that receives higher heat, the metabolic activity rises. A higher need for oxygen and nutrients results from this enhanced metabolism. The heat that is delivered directly affects the blood arteries, causing them to widen and improve blood flow. The warmth is also stimulating to the arterioles are enlarged as a result of nerve terminals that produce reflux. All of these factors lead to an increase in blood circulation and the delivery of the drug's active components to the intended target cells.

CONCLUSION

With *panchakarma therapy*, the patient experienced better pain, stiffness, and Oswestry Disability Index (ODI) change relief. Thus, it can be argued that the *Ayurvedic* technique is superior to the modern approach in treating painful spinal disorders since it is safer and more successful. An ailment with a *Vata* predominance is low back pain, or *kati shoola*. Low back pain is very frequent, especially in the elderly, and is now becoming common in the adult population as well. This is owing to the high frequency of the condition and the high incidence of impairment it causes due to diseases. Oral drugs and Panchakarma treatments with analgesic, anti-inflammatory, and rejuvenating (as well as an immunomodulator) *Vedanasthapana*, *Shothahara*, and *Rasayana* qualities

are used in its *Ayurvedic* care. By reducing the disease's symptoms and enhancing the patient's quality of life, ayurveda can aid in the management of low back pain. The choice of patients and the accessibility of *Ayurvedic* medical facilities are important considerations, though. Additionally helpful to the patient are concurrent suggestions regarding rest, posture, physical therapy (back exercises), food, and lifestyle changes. These advises should never be ignored.

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