

A CASE STUDY OF LUMBAR CANAL STENOSIS W.S.R. TO KATIGATA VATA**Bhalchim Yogita Ganpat¹, Chawre Sushil Vilas², Bhivgade H.S³, Kabra P.R⁴**^{1,2,3,4} P.G.Department of Kaychikitsa Government Ayurved College and Hospital Nagpur,
Maharashtra, India**ABSTRACT**

Lumbar canal stenosis is abnormal narrowing of spinal canal at lumbar region causes restriction to the spinal canal resulting in a neurological deficit produces symptom like pain, numbness, parasthesia, and loss of motor function. The description about *Katigata Vata* is not available as a separate disease entity in any *Ayurvedic* text. It is mentioned as one of the *Vatavyadhi* in *Charak Samhita*. Eighty *Nanatmaja Vatavyadhi* has been mentioned in *Charak samhita*. *Charak* has stated the treatment of *Asthipradoshaja Vyadhi* with the help of *Kshir Basti* processed with *Tikta Dravya* and containing *Grhita*. In the modern medicine, the disease is managed by NSAIDs, analgesic drugs, physiotherapy and corticosteroids etc, but these drugs have lots of side effects.

Keywords: *Katigata Vata-Asthi Pradoshaj Vyadhi, Tikta Rasatmak Kshir Basti.*

INTRODUCTION

Lumbar canal stenosis is abnormal narrowing of spinal canal at lumbar region causes restriction to the spinal canal resulting in a neurological deficit produces symptom like pain, numbness, parasthesia, and loss of motor function¹. In spinal stenosis the spinal canal is narrowed at the vertebral canal which is a foramen between the vertebrae where the spinal cord or nerve root passes through. The prevalence of symptomatic lumbar canal stenosis was 9.3 % overall, 10.1% in men and 8.9% in women². There was a difference in prevalence with increasing age wise gender. Acquired lumbar canal stenosis occurs due to the degenerative joint disease related with vertebra and spinal cord. Therefore causes of lumbar canal stenosis are occupational over use of joint, metabolic diseases

(hyperparathyroidism, hemocromatosis, ochronosis) or neurological disorder (taps dorsalis etc.). Obesity is a major risk factor.³

The description about *Katigata Vata* is not available as a separate disease entity in any *Ayurvedic* text. It is mentioned as one of the *Vatavyadhi* in *Charak Samhita*.⁴ Eighty *Nanatmaja Vatavyadhi* has been mentioned in *Charak. Ayurveda* provide horizon for such patient with its miraculous treatment of *Panchakarma, Shamana, Rasayana, Agnikarma* etc. *Basti* stands the main management of *Vayu*⁵. Also *Charak* has stated the treatment of *Asthipradoshaja Vyadhi* with the help of *Kshir Basti* processed with *Tikta Dravya* and containing *Grhita*. In the management of '*Asthi Pradoshaj Vyadhi*' *Charak* stated '*Kshir Basti*' and '*Sneha Basti*'.⁶ *Tikta Rasa* has basically *Ruksha, Parusha, Vishada, Laghu*

Gunas. It also has properties of *Dipana, Pachana, Stanya-Shodhana, Lekhana, Kleda-Meda-Vasa, Upashoshanam*.⁷ By all these properties *Tikta Rasa* Processed with milk can be used in '*Asthipradoshaj Vyadhi*' like *Katigata vata*. In modern medicine the disease is managed by non steroidal anti inflammatory drugs, analgesic drugs; physiotherapy and corticosteroids but these drug have so many side-effects.⁸

AIMS AND OBJECTIVE

- 1) To study the lumbar canal stenosis w.s.r. *Katigata Vata* in detail.
- 2) To assess the effect of '*Ashwagandhadhi Kshir Basti*' in the patients of lumbar canal stenosis w.s.r. *Katigata Vata*.

PLAN OF WORK

The clinical study of this research work will be conducted in the I.P.D. of Government Ayurveda Hospital.

1. Patient was suffering from the lumbar canal stenosis with reference to *Katigata Vata* admitted in I.P.D. of Government Ayurveda Hospital.
2. *Tikta Dravya (Ashwagandha, Guduchi and Shatawari) Siddha Kshira* was prepared in the form of Basti by taking reference of *Sharangdhar Samhita*.⁹ Where 80 gram above *Tikta Dravya* were taken with 320 ml milk and mixed with 1200 ml water. This mixture was boiled till 320ml mixture was remaining.
3. 40 ml honey with 10 gm Saindhava were mixed properly then added 60 ml Panchatikta grhita and 10 gm Shatapushpa powder again mix it then *Tikta Dravya Siddha* milk added and stirred properly.

4. An Oswestry low back pain disability questioners to assess the patients in details.

CASE REPORT:

A 55 year middle age female patient was brought by relative to Government Ayurved College & Hospital, presenting with complaint of *Katishoola* (pain in lumbar region), *Kati to Vama Prapada shoola* (radiating pain from lumbar region to left lower limb), tingling sensation in both lower limb, *Sakashta Chankramana* (unable to walk) and *Sakashta Utkatasana* (unable to seat). Patient was suffering from same complaint since one year. But from 15 days patient increase the severity of symptoms.

On examination:

1) General condition of patient was moderate and a febrile.

2) PULSE: 80/min

3) Blood pressure: 130/70 mm of hg

4) Pallor: present

5) Systemic examination:

CVS: S1 S2 Normal

CNS: Well oriented, conscious.

RS: AE=BE, clear.

P/A: Soft, non tender; Liver, Kidney, Spleen-not palpable.

Ashta Vidha Parikshan:

1) *Nadi- Pitta Vata*

2) *Mala-Malavshambha* (occasionally)

3) *Mutra – Samyak Pravrutti*

4) *Jivha-Sama*

5) *Shabd-Spashta*.

6) *Sparsha- Anushna Sheet*.

7) *Druk-Panduta*

8) *Akriti- Madhyam*.

Vikrut Strotas Parikshan:

Rasavaha Strotas: Ubhaya Pindiko Dveshtan (cramps in both legs), *Panduta* (pallor)

Asthivaha Strotas: Katishool (pain in lumbar region), Kati to Vama Pada Shool (radiating pain from lumbar region to left legs)

Majjavaha Strotas: Tingling and numbness in both upper and lower limb, difficulty in walking.

Present Illness

Patient was having above complaints from one year. For the said complaint she attended private hospital for treatment and didn't get relief. So that patient came to the Govt. Ayurved Hospital for further treatment.

Past history: No H/O-DM/HTN/IHD/PTB/BA/Jaundice/Typhoid or any other major medical illness.

No H/O-Any major surgical illness.

No H/O- Accident

H/O- Fall from 9 feet height approximately.

NO H/O- DM /HTN /PTB/BA/IHD /Jaundice /Typhoid OR any other major medical illness

Clinical examination of spine

Inspection : No scoliosis, no lordosis, no kyphosis were found in the patient.

No any other major abnormality was seen in spinal examination of patient.

No any swelling and surgical marks were seen in spinal examination of patient.

Gait: waddling gait.

Palpation and other clinical examinations

Table No1

No	Before treatment		After treatment	
1)	Straight leg raise test		Straight leg raise test	
	Right	Left	Right	Left
	90 *	30*	90*	90*

Table No2

No	Before treatment		After treatment	
2)	Pump Handle Test		Pump handle Test	
	Right	Left	Right	Left
	Negative	Positive	Negative	Negative
No	Sciatica Nerve Depression Test			
3)	Before treatment		After treatment	
	Right	Left	Right	Left
	Positive	Positive	Positive	Positive

OWESTRY LOW BACK PAIN NDEX:

Table No3

No	Before treatment	After treatment
1	The pain is worst imaginable at the movement	No pain at the movement
2	Patient do not get dressed, wash with difficulty and stay in bed	Patient can look after herself normally without causing extra pain
3	Cannot lift or carry anything at all	Patient can lift weight without causing extra pain.
4	In bed most of the time	Pain does not prevent to patient walking any

		distance
5	Pain prevent when sitting at all	Patient can seat in any chair as long as like
6	Pain prevent when standing at all	Patient can stand as long as without extra pain
7	Pain prevent from sleeping at all	Patient sleep is never disturbed
8	Patient have no social life because of pain	Normal social life
9	Pain prevents when travelling at all.	Can travel anywhere without pain

Table No4

No	Before treatment	After treatment
1)	Forward bending-Painful	Forward bending-Painless
2)	Backward bending-Painful	Backward bending-Painless

INVESTIGATION

Hb %- 9.9gm %

TLC- 7200 cu/mm

DLC - P-52%, L-44%, E+M-4%

Urine examination

Albumin-NIL

Sugar-NIL

Microscopic examination-NAD

RBS (random blood sugar) - 106 mg/dl.

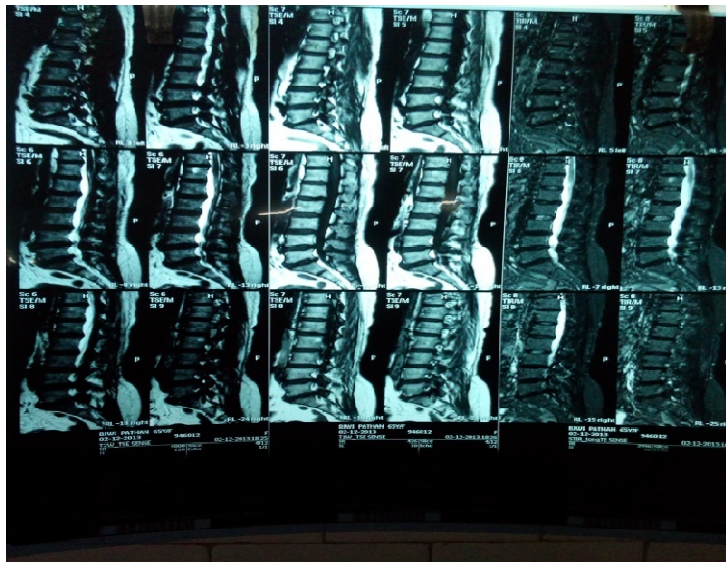
MRI OF LUMBAR SPINE:

MRI on dated 2/12/2013 reported that

circumferential disc bulge from L3-L4 to L5-S1 intervertebral disc level with ventral thecal sac indentation and significant spinal canal compromise at all level. Bilateral neural foramina compromise with impingement of exciting nerve roots most severe at L4-L5 and L5-S1 level and moderate at L3-L4 level. This report is same as above which was done after treatment.

TREATMENT:

Sthanik Snehan (local oiling) by *Mahanarayan tail* for 15 days. *Swedan* (*nadi swed* by *Dhashamul Kwatha*) (hot fomentation) for 15 days. *Kwatha* of *Triphala, Vidanga, Musta, Rasna, and Eranda* 20 ml twice in a day before meal for 7 days. *Kati basti* by *Tila Taila* for 15 days *Kaishor guguul* 500 mg BD for 15 days *Parijatak vati* 250 mg for 15 days *Asthiposhak vati* 500 mg for 15 days *Yogbasti* : In total eight *basti* were given in eight days. First two days *Anuvasana basti* 100ml by *Sahachar Taila* was given after that *Niruha Basti* of *Dashmool Kwatha* 700 ml given in alternate days followed by



Anuvasana basti. The *Anuvasana basti* was administered after meal and *Niruha Basti* was administered empty stomach. *Tikta Kshir Basti Ashwaganda, Shatawari, Guduchi Siddha Kshir 300 ml* was administered after meal for 15 days.

Total therapy duration was 45 days.

RESULT:

The patient is symptomatically improved. The subjective parameters show improvement in the clinical symptoms. Although in MRI there were no changes in after treatment and before treatment. But positive thing is that there is no deterioration in compression in lumbar vertebra and degree of canal stenosis. So we can say that, this treatment is helpful in the lumbar canal stenosis to prevent the further more complication in lumbar canal stenosis. And study will be done on the large population.

DISCUSSION:

The skeleton supports the body and some bones protect internal organs from mechanical injury. So that when vertebrae are not maintain the normal functions, the disease like lumbar canal stenosis will be occur. In this condition, nutrition of the affected part is hampered, at that time main goal is to be achieved the nutrition of that part. In the *Katigata vata* there were involvement of *Vata, Asthi* and *Sandhi Dushti* were take place. Hence this disease was considered as *Madhyam Marga Roga*. In such type of diseases absorption oral medicine was improved by *Dipana* and *Pachana* medicine. So that, for this purpose the *Kwath* of *Trifala, Vidanga, Musta, Rasna, and Eranda* was used in first seven days and stop after *nirama lakshana* were appear. The *Kati Basti* was used for the *Shamana* of *Vata* situated in lumbar region. The *Kaishor guguul* and *Parijatak vati* were

used for pain management in the patient. In the *Asthipradoshaj Vyadhi Basti* and *Tikta Kshir Basti* was stated. In *Ayurveda Tikta Rasa* is having *Khar Guna* which is effective in the *Medopachana*. So that *Uttar Dhatu* (next *Dhatu* production) *Poshana* (nutrition) are take place. This phenomenon of *Tikta Rasa* is beneficial for the nutrition of *Asthi Dhatu*, which is beneficial in *Asthipradoshaj Vikara*.

CONCLUSION: In above discussion and result we can say that this therapy is effective in lumbar canal stenosis and it will be done in large population.

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