



A CASE STUDY ON MANAGEMENT OF KATIGRAHA WITH MATRA BASTI AND BANDANA

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ABSTRACT

Katigraha is a condition classified under Vataja nanatmaja vyadhi, primarily characterised by varying degrees of pain in the lower back region, ranging from mild to severe. Low back pain can stem from various acute or chronic conditions that significantly impact an individual's daily activities. This case study discusses a female patient who presented with acute pain in the lumbosacral area. Her pain was evaluated using the Visual Analog Scale (VAS) and the Oswestry Low Back Pain Disability Scale. The patient underwent treatment involving bandaging with Murivenna, Matravasti with Dhanwantara Tailam, and was administered Shamanaoushadhi's such as Rasnasaptaka kwatha, Trayodashanga guggulu, and Shallaki 400 tablets for ten days. The patient's pain, disability, and tenderness were assessed every second day. By the tenth day, she reported improved flexibility and comfort while lying supine. The patient experienced significant relief from pain and stiffness and enhanced walking abil-

ity.

Keywords: Katigraha, Murivenna, Matra basti, Bandana

INTRODUCTION

The term "Katigraha" is derived from the Sanskrit words "Kati" and "Graha." "Kati" refers to a specific part of the body, as defined in "Amara Kosha" as "Katau Vastra Varanau," meaning the body part covered with clothes. "Graha" means holding or supporting, from the root "Graha Upadane." Thus, "Katigraha" signifies a diseased back condition characterised by pain and stiffness.

In classical Ayurvedic texts, Katigraha is known as Trika Shula, Trika Graha, Prishthagraha, and Shroni Bheda. It is a Vataja disorder with Kaphanubandha, manifesting as pain and stiffness in the lower back¹. The prevalence of this condition has increased due to lifestyle factors such as lack of exercise, poor posture, sedentary habits, and unhealthy diets.

Scattered references in the Samhitas identify the lower back (Kati) as a site of Vata. Disturbance in Vata in this region leads to symptoms of Katigraha. In older people, it is often linked to undernourishment. Katigraha is classified as a distinct disease in Gada Nigraha under Vata Rogadhikara, with symptoms including restricted movement (chestanasha), pain (Vedana), and stiffness (stambha)². This stiffness hinders the movement of Vayu, causing impaired function (kha vaigunya) and resulting in pain and stiffness.

Low back pain (LBP) is a symptom rather than a specific disease and can arise from various underlying conditions. Often, the cause is unclear but generally involves non-serious muscle or skeletal issues, such as sprains or strains. Physical causes can include osteoarthritis, disc degeneration, herniated discs, fractures, or, less commonly, spinal infections or tumours.³

CASE REPORT: -

A 67-year-old female patient visited the OPD of Alva's Niraamaya Multi Speciality AYUSH Hospital, Moodbidri, on 04/04/2024 with the following history:

-

Chief complaints: -

Sudden lower back pain and was unable to do her regular household work for three months

Acute pain along with stiffness in the lower back

Unable to lie down and sit for a prolonged time.

Personal history: -

Occupation: - Home maker

Bowel: - Normal

Appetite: -Normal

Sleep: - Disturbed

Micturition: - Normal

Built: - Normosthenic

Exercise: - No exercise

Diet: - Mixed

Patients had no h/o any habits

H/o Presenting Illness: -

She experienced a sudden onset of lower back pain and was unable to perform her regular household tasks for three months. She underwent diagnostic tests, including X-rays and an MRI scan (covering the whole spine and lumbosacral region). Both tests revealed degenerative changes, and the MRI indicated a loss of vertebral height in L2 and L5. Initially, she was advised to use a lumbar belt and rest. Still, as she continued her regular activities, the pain worsened, leading to a recommendation for a dorso lumbar spinal brace. However, the pain intensified with the use of the brace, so she discontinued it. She presented to our hospital with acute pain and stiffness, unable to lie down in bed, and unable to sit or stand for more than a few minutes. She had been experiencing low-grade lower back pain during household activities for one year, for which she rested and took pain medication as needed.

Past medical history/Past surgical history: -

The patient had no history of similar complaints in the past, no comorbidities and no past surgical history.

On examination: -

BP: - 140/80mmhg, PR: - 92bpm, R/R: - 22/min,
Spo2: - 96%, GRBS: - 106mg/dL Weight: -56kgs,
Height: -165cm

General physical Examination: - Normal findings

Systemic examination: -

Conscious oriented, S1 and S2 were heard, no murmurs, NBVS was heard, and P/A was soft, non-tender, and distension was seen.

Musculoskeletal/Locomotor system: -

Inspection: - Slight lordosis

Palpation: - Tenderness present in right of Lumbosacral region L2- L5 – tenderness present

ROM:- Could not elicit due to pain

Oswestry score4 :- 88.8% [40/45] [Score interpretation: -

The patient experiences more pain and difficulty with sitting, lifting and standing. Personal care and sleeping are grossly affected, and the patients can usually be managed conservatively.]

Visual Analog Scale: - 9

Tenderness grading: - +3/4 T

Rogi Pareeksha: -

Dosha:- Predominantly Vata, mild Pittanubandha

Dhatu:- Asthi

Upadhatu :- Snayu, Sandhi

Desha :- Kati pradesha

Bala :- Avara

Kala :- Nava Rog Avastha

Prakruti:- Vata Pitta

Vaya :- Vriddha

Satva :- Avara

Satmya:- Madhyama

Ahara:- Jarana shakti: Madhyama, Abhyavara
shakti : Madhyama

Vyayama :- Avara

Sara :- Avara Samprapti: -

Nidana :- Abhishyandi (dadhi sevana daily night),
Ati Sharma(excessive household activities, Chinta,
dukha, bhaya (anxious about pain and afraid of procedure),
Kshudha vega and Mutra vega Dharana

Dosha :- Vata + Pittanubandha

Dusya :- Ashti

Kha vaigunya: -Kati pradesha

Srotas :- Asthivaha

Srotodushti :- Sanga

Rogamarga :- Madhyama roga marga

Roga :- Katigraha

Investigations: -

Blood investigations – nothing significant

X-ray LS spine - degenerative changes noted in the lumbar region

MRI scan impression - Degenerative changes in cervical and lumbar discs. Decreased vertebral height of L2 and L5 with intervertebral disc herniation.

Treatment: -

Bandana with Murivenna5

Matra basti with Panchatiktaka Gritham8

Shamana chikitsa with Rasna saptaka kwatha6, Trayodashanga guggulu7, Shallaki 400 tablet

On the 1st day of treatment, local pichu with Murivenna5 was done, followed by Bandana. Bandana and Matra Basti continued for seven days, along with Shamanaoushadhi's. (Table 1)

Table 1: Shamanoushadis- their dosage and time of administration

Sl.no.	Medicine	Dose	Time of administration	Days
1.	<i>Trayodashanga guggulu</i>	1-1-1	After food	7 days
2.	<i>Rasna saptaka kwatha</i>	2tsp -0-2tsp With water	Before food	Seven days
3.	<i>Shallaki 400 tablet</i>	1-1-1	After food	Seven days

DISCUSSION

The results of the treatment are as follows: -

Table 2a: Oswestry score assessment before and after treatment

Oswestry parameter	4/4/2024	10/4/2024	15/4/2024	Follow up 30/4/2024
Pain	6	4	3	2
Personal care	6	5	4	1
Lifting	6	5	5	5
Walking	5	4	3	1
Sitting	6	4	3	1
Standing	6	4	3	1
Sleeping	4	3	2	1
Social	4	4	4	1
Travel	5	5	3	1

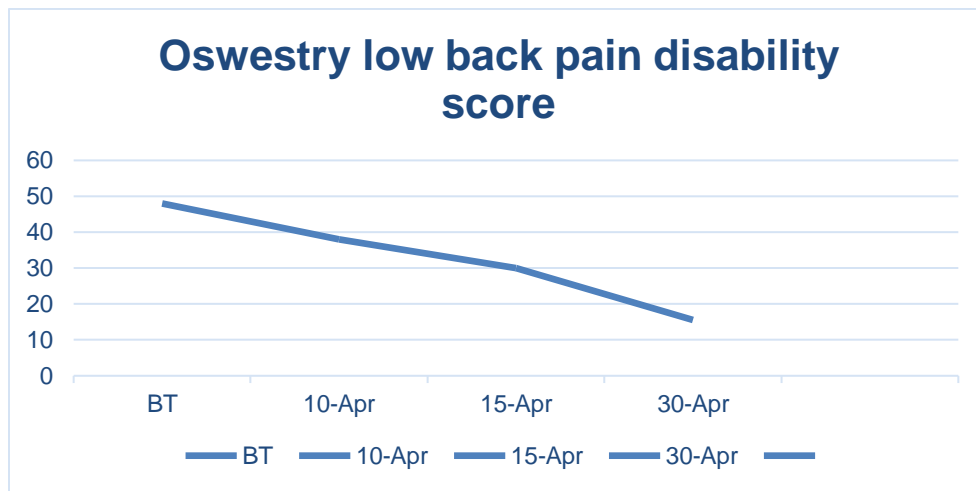
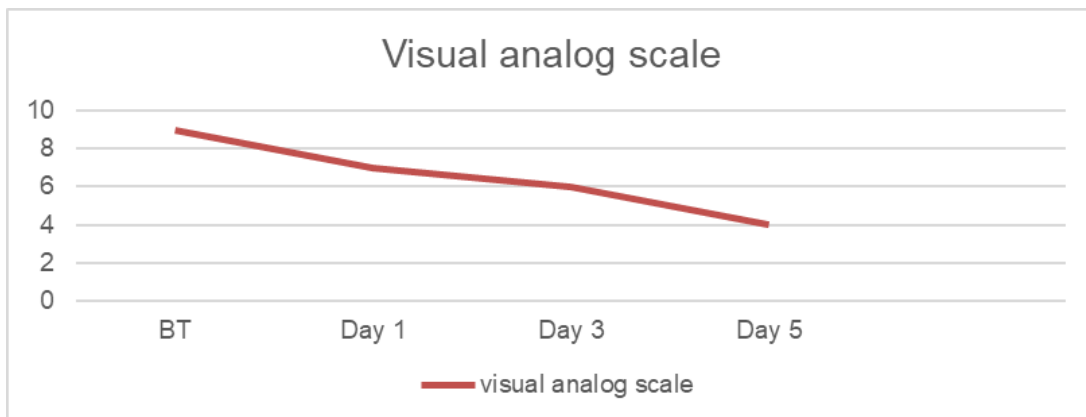


Table 2b: Visual analogue scale score before treatment and after treatment

Visual Analog Scale Results			
BT	AT – 1 st day	AT- 3 rd day	AT – 7 th day
9	7	6	4



After the treatment, the patient's pain, tenderness, and disability were significantly reduced. The patient was further advised to continue Shamanaoushadhi's—Gandha taila, Shoolari vati, and Panchatiktaka Gritha—which was given internally for 15 more days with a reduced dose.

The patient found significant relief and could lie comfortably and sit for extended periods without pain. *Matra basti, bandana, and Shamanaoushadhi's were adopted as treatments. Rasna saptaka and Trayodashanga guggulu*, due to their vatahara and kaphahara properties, aid in fast relief from pain.

CONCLUSION

The case study on the management of Katigraha (low back pain) with Matra Basti and Bandana demonstrates the effectiveness of Ayurvedic treatments in alleviating chronic musculoskeletal conditions. The patient experienced substantial relief from pain and stiffness in the lower back. Pain reduction was evident through subjective reports from the patient and objective assessments. There was a notable improvement in the patient's range of motion and overall mobility. Activities of daily living, which the condition had hindered, were performed with more significant ease post-treatment.

The combined approach of Matra Basti and Bandana enhanced the patient's quality of life overall. This treatment addressed the physical symptoms and contributed to mental well-being.

The case highlights the potential benefits of integrating traditional Ayurvedic treatments with conventional medical practices for managing chronic conditions like Katigraha. The therapy's success underscores the importance of personalised treatment plans that consider the individual's specific symptoms and overall health condition.

In conclusion, managing Katigraha with Matra Basti and Bandana shows promise as an effective treatment along with the internal Samana Oushadi. This case study supports the integration of Ayurveda into mainstream healthcare, potentially offering patients a viable alternative or complementary option for managing chronic low back pain.

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