



## AN AYURVEDIC APPROACH TO A CASE OF KATIGRAHA W.S.R LUMBAR SPONDYLOSIS

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## ABSTRACT

**Lumbar spondylosis** is defined as a degenerative condition affecting the disc, vertebral bodies, and associated joints of the lumbar spine. Lumbar spondylosis is present in 27 – 37 % of the asymptomatic population. Low back pain is estimated at 60% to 70% in industrialized countries (one-year prevalence 15% to 45%, adult incidence 5% per year)<sup>1</sup>. In this condition, the spine is compromised by the narrowing of the space between the vertebrae. Degeneration of the disc that affects the lumbar spine can cause low back pain (referred to as lumbago) or irritation of a spinal nerve to cause pain radiating down the leg. It can be compared with the disease **Katigraha** as mentioned in Ayurveda. It is a condition in which Katipradesha (low back) is affected by symptoms of shoala and stabdhata (stiffness). The present article deals with a case diagnosed with sacralization of L5 vertebrae, and right paracentral disc herniation at L4-L5. This is a single case study of 40 years old female patient with complaints of low backache radiating to the bilateral lower limb with tingling, numbness, and difficulty in standing and walking. Ayurvedic diagnosis of Katigraha was made and ubhaya pada **patrapindasweda** and kala **basti** schedules were planned along with the administration of **shaman drug**.

**Keywords:** Lumbar spondylosis, katigraha, patrapindasweda, basti, shaman drug.

## INTRODUCTION

Lumbar spondylosis (Spondylosis deformans) chiefly affects the vertebral bodies, the neural foramina, and the facet joints (facet syndrome). If severe, it may cause pressure on the spinal cord or nerve roots with subsequent sensory or motor disturbances, such as pain, paresthesia, imbalance, and muscle weakness. It occurs as a result of new bone formation in areas where the annular ligament is stressed.<sup>[2]</sup> Spondylosis is a common term used to describe this degenerative condition of the lumbar spine. Lifting heavy loads, poor posture habits, weight gain, old age, trauma, improper work habits, smoking, and drug abuse, osteoporosis is the main causative factor for disc pathologies. Patients often complain of spinal stiffness, paraspinal muscle spasm, radiating pain to the extremities, and difficulties in the activities of daily living such as sitting, walking, picking up things, and so on. In chronic cases, back pain is often associated with neurological symptoms like altered sensation and weakness in the muscle innervated by the compressed nerve roots. Lumbar spondylosis cases between 70 to 90 percent of individuals will experience back pain at some point in their lives. In Ayurveda classics, low back pain-Katigraha is explained in a broad aspect under Vatavyadhi & based on symptoms it may be correlated to Dhatu Gatatwa. Acharya Sushruta describes that, when vitiated VataDoshha invades the Asthi Dhatu symptoms like Asthishosha, AsthiPrabheda & AsthiShoola are produced. He also describes that, when vitiated VataDoshha invades the Sandhi, it leads to Hanthi of Sandhi (Restriction of joint movements) & Shopha (Muscle Spasm)<sup>[3]</sup> Therefore, VatavyadhiSamanyachikitsa i.e., Abhyanga (Snehana), Swedana, Basti, etc mentioned in ayurveda classics, was selected for the present case. So, this case report is planned to evaluate the collective effect of samanyachikitsa indicated for VataVyadhi to treat Katigraha.

## CASE REPORT

### Introductory history-

Date of admission – 26/10/2022,

IPD Admission no.- 20222531

Age/sex- 40Y / female

Marital status - Married.

**Chief complain** – low backache and bilateral lower limb pain. Pain is severe in the right lower limb with tingling sensations, difficulty in standing, and unable to walk for 6 days.

**Associated complain** – headache, abdominal discomfort, gaseous bloating, constipation,

**Past history** – hypertension since 1 month,

**Treatment history**- allopathic remedies,

### History of present illness:

Patient falls from stairs 6 yrs. ago since then, she started complaining of low backache and right lower limb pain. For 2 months pain in the lower back is severe which is radiating to the bilateral lower limb (rt>lt) with tingling sensations, numbness, and heaviness in right lower limb for a 1 week.

### Physical examination:

Pulse –74 bpm,

P/A – mild fullness,

B.P- 130/90 mmhg,

CVS- S1 S2 present,

Temp-Afebrile,

CNS- well conscious,

RR-20/min

### Local examination:

SLR – was found positive 20° in the bilateral lower limb.

Lassigue sign – positive bilateral lower limb

Femoral stretch test– positive in the right lower limb

Bowstring sign – present right lower limb

### Investigations:

MRI LS Spine – Sacralization of L5 vertebrae with right paracentral disc herniation at L4 L5 Level.

Table no.1

### Gradation of symptoms for assessment

Symptoms	Criteria	Grading
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Ruja (pain)	No pain	0
	Mild pain on walking	1
	Moderate pain on walking	2
	Severe pain on walking	3
Stambha(~stiffness)	No stiffness	0
	Stiffness for 10 – 30 mins	1
	Stiffness for 30- 60 mins	2
	Stiffness for > 1 hr	3
Movement of joints(both hip joints)	Normal	0
	Mildly restricted	1
	Moderately restricted	2
	Severely restricted	3
Gait	Unchanged	0
	Occasionally changed	1
	Walk with support	2
	Unable to walk	3
Sleep	Normal	0
	Occasionally disturbed	1
	Frequently disturbed	2
	Unable to sleep due to pain	3
SLR	No pain at 90 <sup>0</sup>	0
	Pain >71 <sup>0</sup> upto 90 <sup>0</sup>	1
	Pain > 51 <sup>0</sup> upto 70 <sup>0</sup>	2
	Pain > 31 <sup>0</sup> upto 50 <sup>0</sup>	3
	Pain below 30 <sup>0</sup>	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<sup>(4)</sup>

### **Treatment plan**

1. Deepan chikitsa with lasunadi vati for the first 3 days.
2. Then shodhan was done with kala basti for the next 16 days along with katibasti and Ubhay pada patrap-  
indaswedan and shaman medicine.

Table no.2. Panchkarma procedures are administered to the patient.

S.no.	Procedure	Drug and dose	Duration
1.	Katibasti	Mahanarayan tail	16 days
2.	Ubhay pada patrap- indaswedan	Mahanarayan tail	16 days
3.	Kala basti plan Anuvasanbasti Niruhabasti	Sahcharadi tail-100 ml Dashmooladikwath - 400 ml	16 days

Table no.3.Internal medicine given to the patient

	Medicine	Dose	Frequency	Duration
1.	Tab Vrihat Vatachintamani Ras	125 mg	Twice daily	16 days
2.	Tab Trayodashanga Guggulu	250 mg	Twice daily	16 days
3.	Tab Punarnavadi Guggulu	250 mg	Twice daily	16 days

Table no.4. Assessment before and after treatment and follow-up.

Days	1 <sup>st</sup>	16 <sup>th</sup>	30 <sup>th</sup>
→			
↓			
Symptoms			
Ruka(pain)	3	2	0
Stambha (stiffness)	3	1	1
Movement of joints	2	1	0
Gait	0	0	0
Sleep	3	1	0
SLR	4	2	1
ODI	2	1	1

## DISCUSSION

The improvement in the symptoms of Katigraha can be attributed to two major factors i.e reduction of pain in the spine that may be the analgesic and anti-inflammatory effect of drugs. Pain is an inherent quality of vata, most of the drugs were vata-kaphashamaka having hot potency and oleation property there by pacifying aggravated vata.

*Basti* is the recommended treatment for *Vata dosha*. *Basti* has systemic action as the active principles of *Basti* preparation are absorbed through *Pakwashaya* and spread to various channels of the body. It reaches the site of lesion and induces systemic effects and relieves or arrests the disease from fur-

ther progression. *Erandamuladi yapanabasti* is deepana, lekhana, balya(strength promoting), rasayana & vata-kaphashamaka effects. *Eranda* which is the main content of *erandamuladiniruhabasti* possesses anti-inflammatory, antioxidant, analgesic, and bone regeneration properties<sup>(5)</sup>

*Katibasti* is a form of *Snehayuktasweda*, Saagni, Ekanga, snigdha, and *Samshamaniya Bahiparimarjanachikitsa*. Application of *Katibasti* was carried out to provide good nourishment and strengthen the affected part due to extrusion and to alleviate *Vatalakshana*. In this case, there is sacralization and lubrication function of *Shleshakapha* is affected, which results in compression and irritation. It is the combination of snehana and swedana both work together in

synchronously to relieve stambha, gaurava, and seeta, as well as to lessen the severity of pain.

*Nirgundipatrapindasweda* has vatashamaka, rasayana, analgesic, and anti-inflammatory action which is helpful in painful conditions caused mainly by vata dosha, stiffness associated with bone, joint or musculoskeletal pains usually in degenerative diseases.

*Brihatvatachintamani rasa* is having the properties of medhya, rasayana, lekhana, balya, Ojovardhaka&yogavahi which have a targeted effect on the management of vataroga. The formulation also helps in protein scavenging, is anti-inflammatory, and arrests neurodegenerative activity with the added benefit of crossing the blood-brain barrier.

*Trayodashangaguggulu* – the contents of Trayodashangaguggulu are mainly guru, snigdha, madhur rasa, madhurvipaka and ushnaveeryatmaka .They act as vatanulomaka, Vatashamak and Vedanasthapaka, balya which is very essential in geriatric-prone diseases like vatavyadhi.

**Results:** After completion of treatment there was marked relief in pain, stiffness, numbness, and tingling sensation in the lower back and bilateral lower limb. The patient felt at ease with long-standing, walking, and her daily activities.

## CONCLUSION

Lumbar spondylosis stands amongst the most widely recognized reasons that individuals go to the specialist and is the main source of the inability to work. According to Ayurveda, *Vata* is the main *Dosha* involved in the causation of lumbar spondylosis.

Treatment modalities like katibasti, Nirgundipatrapindaswedan, and Erandamuladiniruhabasti along with shaman therapy are found to be effective in the management of Katigraha. Overall, the collective effects of samanyachikitsa of vatavyadhi showed highly effective results in this present case. The patient had a better effect in relieving pain, and stiffness and Oswestry Disability Index(ODI) change with pan-chakarma and shaman chikitsa.

## REFERENCES

1. Lumbar spondylosis [cited 2022 May 29]. Available from: [https://www.physiopeedia.com/Lumbar\\_Spondylosis](https://www.physiopeedia.com/Lumbar_Spondylosis).
2. S T aimel aet.al. The prevalence of lowback pain among children and adolescents: A Nation wide, cohort-based questionnaire survey in Finland. *Spine*. 1997;22:1132-1136.
3. Srikantha Murthy, Sushrut Samhita, Vol 1 Chaukhambha Orientalia, Varanasi 2010, pg 464-465
4. Fairbank JC, Pynsent PB. The Oswestry Disability Index. *Spine* 2000 Nov 15; 25(22):2940-52; discussion 52.
5. Bhatted Santoshkumaret.al. Management of Spondylosis induced Sciatica through Panchakarma w.s.r. to Vata Kaphaja Gridhrasi-A Case Study. *Journal of Ayurveda and Integrated Medical Sciences*. 2019 Sep;4:366.

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