

## KATISHOOL: A CASE REPORT

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## ABSTRACT

**Introduction**-Lower back ache is a lifestyle disorder which affects the majority of the population. Disc bulge is one of the most common causes of lower back ache. According to Ayurveda it can be compared with *Katishoola* where pain is located in *Kati Pradesh* or lumbo sacral region of spine. It is a disease which affect physical, social as well as mental health of an individual. **Main clinical findings**- Present case reports a 25-year female with lower back ache, radiating to both legs along with stiffness. **Diagnosis**- This condition in Ayurveda was diagnosed as *Katishool*. **Intervention**- The sequence was *Kaal Basti* and *Kati Basti* followed by *Swedan* along with use of oral drugs. **Outcome**- The patient had drastic symptomatic relief in the cardinal symptoms of *Katishool*. There was marked improvement in intensity of pain and the range of motion. Although complete cure is not achieved. **Conclusion**- This article is an attempt to understand the effect of *Panchkarma* procedure *Basti* along with *Saman Yoga* treatment in *Katishool*.

**Key words:** *Katishoola, Kaalbasti, Katibasti, Shaman yoga*

## INTRODUCTION

Lower back pain is a common condition that affects majority of population worldwide. According to Ayurveda it can be corelated with *Katishool* where

pain is localised in *Kati-pradesh*. It can be caused by a variety of factors, including poor posture, overuse, injury or arthritis. The pain can range from mild dis-

comfort to severe pain that affects daily routine activities of an individual. Various Treatment modalities are available to cure *Katishoola*.

*Basti*<sup>1</sup> is a Ayurvedic therapy used to treat lower back pain. It can be given internally in the form of *Karma*, *Kaal* and *Yoga Basti* as well as externally in the form of *Katibasti*. *Basti* is an Ayurvedic therapy that involves the administration of herbal decoctions and oils into the rectum to alleviate lower back pain. It is believed to balance the *Vata dosha*, which is associated with lower back pain. *Basti* is believed to help in reducing inflammation, improving circulation, and strengthening the muscles of the lower back, thus providing relief in painful conditions. *Katibasti* is an Ayurvedic therapy that involves retaining warm medicated oil in a small circular wall (made of dough) on the affected part to relieve pain. The therapy aims to provide deep tissue penetration and nourishment to the lower back muscles and nerves thus improving circulation and reducing inflammation and pain.

**History of Chief complaints-** A 25year old female patient (Registration no- 3149/21714), resident of

Roorkee, visited *Panchkarma* OPD of Gurukul Campus UAU with chief complaints of Lower back pain radiating to bilateral lower legs associated with stiffness throughout the day, difficulty in prolonged sitting, standing and climbing upstairs for 5 months.

**History of Present illness-** According to patient, she was asymptomatic 5 months back. From the last 5 months, patient complains of back pain radiating to bilateral lower legs and stiffness. She also complains of pain which gets aggravates on prolong sitting, standing for long duration, climbing upstairs, and bending forward. Patient took treatment from several hospitals but did not get any significant relief. So, she came to *Panchkarma* OPD of Gurukul Campus UAU Haridwar for her further treatment.

**History of Past illness-** There were no complaints of any acute and chronic illness. There was no history of Blood sugar, Hypertension, Asthma, Tuberculosis, Jaundice.

No history of any surgical intervention.

**Family History-** Nothing relevant.

### **General Examination-**

Table No 1

|  |  |
|--|--|
| BP   | 110/80 mmHg  |
| P/R  | 78/min   |
| Temp   | 97.2°F   |
| Weight   | 58 kg  |
| Height   | 5 feet 2 inch  |
| Straight Leg Raise (SLR)   | Right Leg- 30<br>Left Leg- 45 (Right leg > Left leg) |
| Faber's Test   | Right Leg positive                                   |
| Range of motion was restricted during forward bending, flexion, and extension. |  |

Table No 2 **Investigations-**

|   |                              |
|---|------------------------------|
| Hb%   | 12.2 gm%                     |
| TLC   | 11.80 × 1000/cumm            |
| Polymorphs- 73%<br>Lymphocytes-20%<br>Eosinophils-01%<br>Monocytes- 06%<br>Basophils- 00%<br>RBC- 4.20 million/cumm |                              |
| ESR   | 70 mm at 1 <sup>st</sup> hr. |
| Fasting Glucose   | 79 mg/dl                     |
| KFT   |                              |

|   |  |
|---|--|
| Urea- 21 mg/dl<br>Creatine- 0.71 mg/dl<br>Uric Acid- 6.1 mg/dl<br>Serum Sodium- 138 mEq/L<br>CRP (Quantitative)- 14.1mg/L |  |
| MRI LS Spine and hip joint screening  | Mild diffuse disc bulge at L4-L5 level without any significant neural compression<br>Normal hip screening. |

**Ashtavidha Pariksha<sup>2</sup>-**

**Nadi-** Vata kaphaj, **Jihva-** Sama, **Mala-** Vibadha, **Mutra-** Samyak pravriti, **Shabdha-** spastha/ prakrita, **Sparsha-** Anushna sheet, **Drik-** Prakrit, **Akrati-** Madhyam

**Dashvidha Pariksha<sup>3</sup>-**

**Prakrati-** Kapha-Pitta, **Vikriti-** Vataj, **Sara-** Madhyam, **Samhanana-** Madhyam, **Pramana-** Madhyam, **Satmya-** Sarva rasa, **Satva-** Madhyam, **Ahara sakti-** Vishmagni, **Vyama sakti-** Heena, **Vaya-** Madhyamvastha

**INTERVENTION:**

The Following oral medicines were administrated for 15 days.

- *Tab. Trayodasang Gugglu<sup>5</sup>* (2 Tab TDS) and *Tab. Brihatvat Chintamani Ras* (1Tab TDS) thrice a day with water (after Meal).

- *Maharasnadi Kwath* (40ml BD) twice a day is given before meal.
- *Haritaki Churna* 5gm at night after meal.

Along with oral medication *Panchkarma* treatment *Katibasti* with *Mahanarayan Taila* and *Kaal Basti* with *Dhanvantar Taila* (120 ml) *Anuvasana Basti* and *Niruha Basti* (300 ml) with *Dashmooladi Basti<sup>4</sup>*.

**Kati Basti:** The procedure was done with *Mahanarayan Taila* for 30 minutes for duration of 15 days.

**Basti Karma-  
Niruha Basti**

The composition of the medicine administrated in the form of *Basti* contains *Kwath* (herbal decoction), *Sneha* (Medicated oil), *Madhu* (Honey), *Saindhava Lavana* (rock salt) and *Kalka* (Herbal powder). *Dashmooladi Niruha basti* was given in *Kala Basti* schedule (16 days) with the following contents.

Table No 3

|   |                                  |
|---|----------------------------------|
| 1 | <i>Madhu</i> - 80 gm             |
| 2 | <i>Saindhav Lavana</i> – 10 gm   |
| 3 | <i>Dhanvantar Taila</i> - 100 ml |
| 4 | <i>Putiyavani Kalka</i> - 30gm   |
| 5 | <i>Dashmoola Kwath</i> - 200ml   |

The contents of *Kwath* are *Bilva*, *Agnimantha*, *Kashmari*, *Shyonaka*, *Patala*, *Sarivan*, *Kantakari*, *Shalapani*, *Prishniparni* and *Gokshur*

**Anuvasan Basti**

Administration of medicated oil or another *Sneha Dravya* through the rectal route in prescribe dose is called as *Anuvasana Basti*. In this case study *Dhan-*

*vantar Oil* (120ml) was used for *Anuvasana Basti* after meal.

**OBSERVATION-**

**Subjective criteria-** Pain, Paraesthesia, Stiffness, posture

**Objective Criteria-** Walking time, Walking distance, SLR, MRI Findings

**Table -4 (Before treatment)**

| Subjective criteria | Gradation                           | Objective Criteria      | Gradation   |
|---------------------|-------------------------------------|-------------------------|---|
| <b>Pain</b>         | 3                                   | <b>Walking time</b>     | Took 7-8 minutes to walk 100 steps  |
| <b>Stiffness</b>    | 3                                   | <b>Walking distance</b> | Severe pain after walking 200 meters  |
| <b>Paresthesia</b>  | 2                                   | <b>SLR</b>              | Right Leg- 30<br>Left Leg- 45   |
| <b>Posture</b>      | Feels difficult in changing posture | <b>MRI Findings</b>     | Mild diffuse disc bulge at L4-L5 level without any significant neural compression<br>Normal hip screening |

**Table -5 (After treatment)**

| Subjective criteria | Gradation                                | Objective Criteria      | Gradation                          |
|---------------------|--|-------------------------|------------------------------------|
| <b>Pain</b>         | 1  | <b>Walking time</b>     | Took 4-5 minutes to walk 100 steps |
| <b>Stiffness</b>    | 1  | <b>Walking distance</b> | Mild pain after walking 200 meters |
| <b>Paresthesia</b>  | 0  | <b>SLR</b>              | Right Leg- 45<br>Left Leg- 60      |
| <b>Posture</b>      | Marked relief during changing in posture |                         |                                    |

**Table-6 (Grading score)**

| Score | Interpretation     |
|-------|--------------------|
| 3     | No change          |
| 2     | Mild remission     |
| 1     | Moderate remission |
| 0     | Complete remission |

## DISCUSSION

Acharya Sushruta has mentioned Vata is mainly responsible for all types of Shoola. Katishoola is a Vataj Vikara and is due to vitiated Vata Dosha in body. Two main causes of Vata Prakopa are Dhatu Kshaya and Margaavarodha. In the present case the main cause of Katishoola is aggravated Vata Dosha (mainly Apana Vata) due to Shrotomarga Avarodha. So, for the treatment of vitiated Vata Dosha, Vata Shamana procedures along with Vata Shamana Dravya are taken as the treatment protocol.

### Panchakarma procedures-

- Kati basti-** It is an external modified type of Basti in which medicated lukewarm oil is poured in the pain affected area, where Snehana and Swedana both therapy is taken together. So, by its local action it relieves pain by increasing the affected blood circulation. The Mahanarayana oil has Vatanashaka properties, it is bucked with excellent anti-inflammatory properties.
- Kala basti-** Basti is very important part of Panchakarma procedures. Acharya Charak has

mentioned it as *Ardhachikitsa*, and is the best treatment used for *Vatika* disorders. *Kala Basti* (6*Niruha*+ 12*Anuvashana*) is indicated in disorders of patients having *Madhyam Bala* and *Madhyam Dosha*.

### Shamana yoga-

- Tab. Tryodasanga Gugglu-** It contains drugs like *Gokshura* (help to ease pain), *Ashwagandha* (support homeostasis and properly maintain body activities during stress and weakness), *Giloy* (relieves pain and helps in digestion and absorption of nutrients), *Gugglu* (help to reduce pain and swelling and to get rid of flatulence along with bloating) etc is bestowed with Anti-inflammatory, Anti arthritic, Analgesic, Antioxidant and muscle relaxant properties.
- Tab. Brihatvat chintamani ras-** It contains *Swarna Bhasma*, *Rajata Bhasma*, *Abhraka Bhasma*, *Loha Bhasma*, *Pravala Bhasma*, *Mukta Bhasma*, etc. as it is a herbomineral compound having lots of benefits. It is a *Vatashamak* drug having *Rasayna* and *Balya* properties which gives strength to affected part also.

3. **Maharasnadi Kwath-** This polyherbal formulation of approximately 26 dugs having *Rasna*, *Devdaru*, *Sati*, *Vacha* etc is a *Vaat Shamak* drug and helps in reduction of pain and reduction of swelling.

## CONCLUSION

On the basis of this clinical study, it can be interpreted that *Katishool* can be successfully managed with Ayurvedic intervention. *Samshaman Aushadhis* and *Panchkarma* procedures like *Kati basti*, *Dashmooladi Niruha Basti* has been effective in the management of *Katishoola*. It can prove to be fruitful for further research in *Katishool* management with *Ayurvedic* intervention.

## REFERENCES

1. Charak Samhita, Siddhi Sthana, Kalpana Siddhi adhyaya, 1/38-40, Available from: <https://niimh.nic.in/ebooks/ecaraka/> (Accessed on 25 March 2023)
2. Yogratnakar, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, page 4
3. Charak Samhita, Viman Sthana, Roga Bhishagjitiyam, 8/94, Available from: <https://niimh.nic.in/ebooks/ecaraka/> (Accessed on 25 March 2023)
4. Charak Samhita, Siddhi Sthana, Bastisutriyam Siddhi, 3/35, Available from: <https://niimh.nic.in/ebooks/ecaraka/> (Accessed on 25 March 2023)
5. Shastri Ambikadutta, Bhaisajyaratnavali, vatavyadhi adhikar 98-101, Chaukhambha Sanskrit Sansthan, Varanasi 2004 98-101

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