

Management of Katishool by Shaman aushadhi along with Panchkarma therapy

A case study

Case Report

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Abstract

Spondylosis refers to degenerative changes in the spine such as bone spurs and degenerative changes in intervertebral disc. Lumbar spondylosis mainly affects on lower spine. In this condition spine is compromised by a narrowing of the space between the vertebrae. In a classic case of lumbar spondylosis, the space between discs in the lumbar spine becomes narrowed. Because of this the patient develops numbness, tingling and pain which seem to radiate out from the area. These symptoms are the results of pressure on the nerves as they exit the spinal cord. It has been estimated that about 80% of world population develop lumbar spondylosis after the age of 40 years. In *Ayurveda*, It can compare with a disease *Katishool*, characterized by *Kati pradeshevedana*, *Kati shunyata*, *kriya hani*, *Hasta-pada suptata*. In this article we are focusing in the management of Lumbar spondylosis (*Katishool*) through *Ayurveda*. A 46 year old male patient reported to the outdoor department of Sharir Kriya NIA, Jaipur, with the complains of *Kati pradeshevedana* (Pain in Lumbar region), *Kati shunyata* (Numbness), *Dourbalyata* (Weakness), *Shramahani* (Lethargy) for last 6 month and other associate complaints were Hypertension, debility, lethargy, excessive sleep, burning micturation for four month. The patient was diagnosed as Lumbar spondylosis. A combination of *Yogaraj Guggulu* (2 Tab), *Punarnavadi Guggulu* (2 Tab) twice a day, along with *Dashmoolkwath* (40 ml), Capsule *Sandhika* (1 tab), *Grokart Ds* (2 Tab), *Chropexae* (1 Tab) twice a day with water after meal for one months. Patient is treated with some *panchkarma* procedure like *katibasti* and *karma basti*. After one month of treatment a significant response was found.

Keywords: Lumbar spondylosis, Katishool, Shaman Aushadhis, Shansodhan Aushadhis.

Introduction

Spondylosis generally initiates from the inter-vertebral disc. At this level progressive biochemical and structural changes take place leading to a modification in the physical properties of elasticity and mechanical resistance. Disc lesions cause pathological changes in the vertebral bodies, where osteophytes appear (1). Lumbar Spondylosis is asymptomatic disease but in MRI L.S. Spine study, there is significant in bulge of L3 & L4-5 discs mild ligamentum flavum thickening and early facet arthropathy (2).

Approximately 28% of patients had spinal disorders; although low back pain is a common condition that affects as many as 80-90% of people during their life time. It is more common between 30 to 50 years of age (3).

According to *Ayurveda* it can be co-related

to the disease *katishool* which manifests in the form of *Kati pradeshevedana*, *Kati shunyata*, *kriya hani*, *Hasta-padasuptata* (4).

The *Ayurvedic* therapies for spondylosis may not completely reverse the degenerative changes, the *Vatahara*, *Shothnashak* and *Vednahar* medicines and massage oil helps to reduce pain. The excessive use of oils helps in the pacification of *Vata*, it tones, strengthens the muscle supporting spinal joint (5).

Aims and Objectives

To estimate the efficacy of *Ayurveda* therapies in management of *Katishool* W.S.R. Lumbar-spondylosis.

Materials and Methods

Types of Study- Single observational case without any control group.

Study center- National Institute of *Ayurveda* Hospital, Jaipur (Rajasthan)

Case Report

A Hindu, married 46 year old male patient visited (May 10, 2017) the outdoor department of

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Sharir Kriya of NIA, Jaipur with OPD no 11110052017 for the chief complains of Pain in legs, Difficulty in sitting and standing, *Dourbalyata, Shramahani*, Numbness of legs for last 6 months, and other associated complains were *Mutra-daah* (Burning micturation), *Uchcharaktach-ap* (High blood pressure), *atinidra*(excessive sleep) for last 4 month.

Personal history revealed that the patient take mixed (Veg/Non-Veg) type of diet and used to take extra oily and fatty diet, with irregular habit of intake. Amount of urine is 5-6 times/day with burning micturation.

Past history

There is no any significant past history.

Family history

There is no any significant family history.

The General examination of the patients showed swelling and pain in legs and vitals being pulse rate 80/min, respiratory rate of 20/min, blood pressure of 140/80 mm of Hg and body weight is 80kg. S.L.R.(Straight Leg Raising)test positive in right leg with 45 degree and tremors in neck region. In hematology examination E.S.R. is 37 mm/hr. In urine examination ph is 5.5 epithelial cells 5-6, W.B.C. is 4-5 and calcium oxalate also present. The impression of M.R.I. on April 29, 2017 implies broad based postero-central / right paracentral disc herniation / extrusion (5 mm caudal migration) with annular fissuring at L 4-L5 level impinging of thecal sac and causing moderate narrowing of bilateral lateral spinal recess and abutting bilateral traversing nerve roots (R>L). Moderate – severe central canal stenosis. Bilateral facet joint arthropathy. Based on clinical presentation, Patient was diagnosed as a case of *katishool*.

Symptoms

Pain and stiffness in back region, radiating pain, and numbness & tingling sensation in lower limb difficulty in walking and sitting and changing the posture since 6 months.

General Examination -

- *Prakriti- Vata kapha*
- *Vaya- Madhyam*
- *Bala – Madhyam*
- *Agni – Madhyam*
- *Koshtha- Madhyam*
- Gait- slow (With support)

The Following oral medicines were administrated for 2 month.

- A combination of *Yograj guggulu* (2 tab), *Punarnavadi gugglu* (2 tab) are administrated

with *Dashmool kwath* (40-40 ml) twice a day before Meal.

- Cap.Sandhika (1-1 tab) and tab.Grocart DS(2-2 tab) twice a day with water are administrated after Meal.
- *Triphala Churna* (5g) is administrated orally at night with Luke warm water.

Along with oral medication *Panchkarma* treatment *katibasti* with *Mahavishgarbh* tail and *Brihat Saindhvadi*tail and *karma basti* with *Kshirbala tail* (50 ml) *anuvāsana basti* and *Niruha basti* (300 ml) with *Erandamoolaadi yapana basti*.

Kati basti (6)

The procedure of applying heat to the sacral or lumber region by retaining warm medicated oil with in a specially formed frame on this area is known as *kati basti*. It is indicated in painful condition of lower back region. The procedure was done with *Maha vishgarbha taila* and *brihat saindhvadi taila* for 30 minutes for duration of 15 -15 days two seating twice a day.

Basti Karma-

Niruha basti (7)

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).

Erandmooladi Niruh basti was given in *kala basti* schedule (16 days) with the following contents.

- *Madhu*- 60 gm
- *Saindhav lavana* – 5 gm
- *Goghrit* – 50 ml
- *Shatpushpa kalka* – 30 gm
- *Erand mooladi kwath* – 200 ml

The contents of *kwath* are *Erandmoola*, *palasha*, *Laghupanchmoola*, *Rasna*, *Ashwagandha*, *Atibala*, *Guduchi*, *Punarnava*, *Aragvadha*, *Devdaru*, *madanphala*.

Anuvāsana basti (8)

Administration of Medicated oil or other *sneha dravya* through the rectal route in prescribe dose is called as *Anuvāsana basti*. In this case study *Kshirbala taila* was used for *Anuvāsana basti*.

Observation

- Subjective criteria- Pain, Paresthesia, Stiffness, posture
- Objective Criteria- Walking time, Walking distance, SLR, MRI Findings

Table-1 (Before treatment)

Subjective criteria	Gradation	Objective Criteria	Gradation
Pain	3	Walking time	Took around 5 -7 minutes to walk 100 steps
Paresthesia	3 (Serious problem)	Walking distance	Severe pain after walking 100 meters
Stiffness	3 (A great deal)	SLR	Positive in right leg with 45 degree
Posture	Difficulty in changing the posture	MRI findings	Postero-central / right paracentral disc herniation/extrusion (5mm caudal migration) with annular fissuring at L 4-L5 level impinging of thecal sac

Table 3: Pattern of grading

Score	Interpretation
3	No change
2	Mild Improved
1	Moderate/markedly improved
0	Complete improved

Discussion

Acharya Charaka describes each and every pain is just because of aggravated or vitiated *Vata dosha*. To treat this condition *Vatashaman dravya* and procedures are choice of treatment protocol to treat vitiated *Vata dosha*. Here in this case *shaman* drugs as well as some *Panchkarma* procedures are also used to treat the disease (9).

1) Shamana yoga

Mainly *Amapachaka*, *sothahara*, *brimhaniya* and *vatahara* drugs are choice of drug to treat the *katishoola*. It might have helped to overcome degeneration of disc and *vata prakopa*.

2) Kati basti

It is a combination of *snehana* and *swedana* procedure which help to subside the aggravated *Vata dosha*. *Maha vishgarbha taila* and *brihat saindhvadi taila* have *vata-kapha shamak* properties and by nature *snehana dravyas* help to overcome the accumulation of *vata* at the site of lumbar region and may nourish the underlying tissue.

3) Basti

As per *acharya charak* – ‘*Bastivataharanam*’ it means *basti* is best treatment for *vata dosha* (10). Further *Erandmooladi yapan basti* was specially selected for their indication in the treatment of *Jangha*, *uru*, *pada*, *prushtha*, *shoola*. Combination of drugs in *Erandmooladi basti*, it works on *avaranjanya vata dosha* and induced free movement of *vata dosha* which may be reason for reduction in pain, numbness and improvement of *gati*. *Basti* and *tikta rasa* predominance drugs should be given in *Ashthipradoshaj vicar* (11).

Go-ghrita and *ksheer bala taila* used as a *sneha* in *basti* is specifically mentioned as *rasayan* which helps to corrects the degenerative changes that took place at the level of lumbar disc by its *snigdha guna*, *balya* and *brimhaniya* action (12).

Conclusion

On the basis of this single case study it can

Results –

Table - 2 (After treatment)

Subjective criteria	Gradation	Objective Criteria	Gradation
Pain	1	Walking time	Took three minute to walk 100 steps
Paresthesia	1 (minor problem)	Walking distance	Walk without pain about 500 m
Stiffness	1	SLR	Negative
Posture	Markedly improved	MRI findings	No significant changes

be concluded that *Samshaman aushadhis* and *Panchkarma* procedures like *Kati basti*, *Erandmooladi nirha basti* had been effective in the management of *katishoola* (Lumber spondolysis).

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Conflict of Interest

There are no conflicts of interest.

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