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Ayurvedic Management of *Katishool* w.s.r. in Lumbar Spondylosis - A Case Report

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ABSTRACT

Spondylosis is broad term meaning degeneration of the spinal column from any cause. The degenerative process in osteoarthritis chiefly affects the vertebral bodies, the neural foramina and facet joints. Although Lumbar spondylosis itself is asymptomatic, in MRI L.S. Spine, there is significant in concentric bulge of L3 & L4-5 discs mild ligamentum flavum thickening and early facetarthopathy. In *Ayurveda*, It can compare with a disease *kati shool*, characterized by *Kati pradeshe vedana, kriya sannirodha, sharama hani, Gamane-ashakti*. A 35 year old male patient reported to the outdoor department of Panchakarma, NIA, Jaipur, with the complains of *Kati pradeshe shool, Gamane-ashakti, Shramahani, Kriya sannirodha* for last 6 years and other associate complaints were debility, lethargy, lack of sleep for one month. The patient was diagnosed as Lumbar spondylosis. A combination of *Haritaki Churna* (3g), *Bilwa Churna* (3g), three times in a day. Along with *Dashamool Kwath* (20 ml), four times in a day, along with *YograjGugglu* (2 tab) three times a day after taking dinner *Erandsneha* (20ml) with luke warm water was administrated for one month. In *Panchkarma* Procedure, *patra panda sweda* along with *Kala basti (Erandmooladi niruh basti and Anuvasan basti with Dashmool tail)* for 16 days. After one month of treatment a significant response was found.

KEYWORDS

Lumbar spondylosis, Katishool, Shaman Aushadhi, Shamsodhan aushadhi



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INTRODUCTION

Spondylosis is broad term meaning degeneration of the spinal column from any cause¹. In the more narrow sense it refers to spinal osteoarthritis, the age-related wear and tear of the spinal column which is the most common cause of spondylosis. The degerative process in osteoarthritis chiefly affects the vertebral bodies, the neural foramina and facet joints². Although Lumbar spondylosis itself is asymptomatic, in MRI L.S. Spine, there is significant in concentric bulge of L3 & L4-5 discs mild ligamentum flavum thickening and early facetar arthropathy³.

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 age⁴.

In *Ayurveda*, it can be compared with a disease *kati shool*, characterized by *Kati pradeshevedana*, *kriyasannirodha*, *sharamahani*, *Gamane-ashakti*⁵.

In recent day general line of treatment in lumber spondolysis includes administration of anti inflammatory analgesics, surgical correction and physiotherapy each of them have their own limitations⁶. On the other side *Ayurveda* try to correct of basic pathology in the disease with the help of

Panchakarma therapy like external application of snehana and swedana in the form of patrapanda swedana and internal administration like basti to correct the vitiated vatadosha and to nourish the Asthi dhatu⁷.

CASE REPORT

A male patient aged 43 years presented with the complaint of pain and stiffness in back region, radiating towards both lower limb, Parasthesia in both lower limb, difficulty in walking and sitting while changing a side on a bed, since last 6 years. Before 6 years he was quiet well but gradually patient started suffering from the above symptoms. Patient took allopathic treatment like Analgesics, Anti inflammatory etc. and got temporary relief but currently again he is suffering from same complains.

Personal history revealed that the patient was vegetarian and used to take extra oily and fatty diet, with regular habit of intake of homemade food, excessive sleep, frequency of micturation 7-8 times/day and patient had no addiction . The patient had constipation and urge of defecation in 1 time/ 2day.

Past history – There is no any significant past history.

Family history – There is no any significant family history.



The general examination of the patient showed vitals; pulse rate 78/min, respiratory rate of 20/min, blood pressure of 120/70 mm of Hg and body weight is 80kg. Per abdominal examination showed fullness of abdomen and tenderness in right hypochondriac region, epigastric and umbilical region.

The impression of MRI L S Spine on April 1, 2015 implies concentric bulge of L3-4 & L4-5 discs, mild ligamentum flavum thickening and early facet arthropathy mildly compressed the cal sac and bilateral neural foramina. Based on clinical presentation, patient was diagnosed as a case of Lumber spondylolysis.

OBSERVATION

Subjective criteria- Pain, parasthesia, Stiffness, posture

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

Symptoms (Table 1)-

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 year.

- Gait- slow
- Prakriti- Vatakapha
- Vaya- Madhyam

- Bala – Madhyam
- Agni – Madhyam
- Koshtha- Madhyam

Table 1 Assessment of signs and symptoms (Before treatment)

Subjective criteria	Gradation	Objective Criteria	Gradation
Pain	+++	Walking time	Took around five minute to walk 100 steps
Parasthesia	4 (Serious Problem)	Walking distance	Severe pain after walking 100 mts
Stiffness	5 (A great deal)	SLR	Rt- 30 degree Lt – 60 degree
Posture	Difficulty in changing the posture	MRI findings	Disc protrusion L3-4-5

Treatment Given-

1) PatraPinda Swedana⁸- In this procedure heat was applied on affected area and by it inducing perspiration by using specific herbal leaves is known as PatraPindaSwedana. It is very effective in *vata* involvement clinical condition.

The procedure was done with leaves of *Nirgundi* and *Erand* along with *Ajmoda* 50 gm, *Rasona* 10-15 gm and lemon and *Dashmoola taila* for 30 minutes and total duration of time was 15 days.

2) Basti Karma-

*Niruha basti⁹ – The composition of the medicine administrated in the form of Basti contains Kwath (herbal decoction), Sneha



(Medicated oil), Madhu (Honey), saindhavaLavana (rock salt) and Kalka (Herbal powder).

ErandmuladiNiruh basti¹⁰ was given in kalabasti schedule (16 days) with the following contents.

- Madhu- 60 gm
- Saindhavlavana – 5 gm
- Goghrit – 100 ml
- Shatpushpakalka – 30 gm
- Erandmulaadikwath – 240 ml

The contents of Kwath are *erandmula*, *Palasha*, *Laghupanchmoola*, *Rasna*, *Ashwagandha*, *Atibala*, *Guduchi*, *Punarnava*, *Aragvadha*, *Devdaru*, *madanphala*.

**Anuvasan basti*¹¹- Administration of Medicated oil or other *snehadravya* through the rectal route in prescribe dose is called as *Anuvasanabasti*. In this case study *Dashmoolataila* was used for *Anuvasanabasti*.

3) *ShamanaAushadhi*-

YogarajGuggulu – 2 tab (500 mg) three time a day along with *Dashmoolakwath* (20 ml) two times a day.

Ashwagandhachurna (3 gm), *Ajmodadichurna* (2 gm) and *Chopchinichurna* (1 gm) three times a day. *HaritakiChurna* (3g) and *BilwaChurna* (3g) three times in a day.

After taking dinner *Erandsneha* (20ml) with luke warm water was administrated.

The results observed after the 1 month of the treatment –

RESULTS

Table 2 Assessment of signs and symptoms (After treatment)

Subjective criteria	Gradation	Objective Criteria	Gradation
Pain	2 cm	Walking time	Took three minutes to walk 100 steps
Parasthesia	2 (Minor problem)	Walking distance	Walk without pain about 200 mts
Stiffness	3 (Mild amount)	SLR	Rt -60 degree Lt – 80 degree
Posture	Markedly improved	MRI findings	No significant change

DISCUSSION

Acharyacharaka described that each and every pain is just because of aggravated or vitiated *vatadosha*¹². For this condition *vatashaman dravya* and procedures were choice of treatment protocol for vitiated *Vata dosha*. Here in this case *shaman* drugs as well as some *panchakarma* procedures are also used to treat the disease.

1) *Shamanayoga* –

Mainly *Amapachaka*, *sothahara*, *brihianiya* and *vataharadrugs* are choice of drug to treat the *katishula*. It might be help in recovery from the degeneration of disc and *vataprakopa*.

2) *Patrapandaswedan* –



This is a kind of *Snigdhasweda* which was done over the back and in the limbs helps to regulate the movement of *Vata* and soon the irritated nerve resulting in relief in complains of pain, numbness, tingling sensation etc.

3) Basti –

As per *Acharya charak* – ‘*Bastivataharanam*’ it means *basti* is best treatment for *vatadosha*¹³. Further *Erandmooladiniruhbasti* was specially selected for their indication in the treatment of *Jangha, uru, pada, prushtha, shoola*. Combination of drugs which were used in *basti*, worked on Kapha-Vata dosha and induced the free movements of aggravated Vata dosha which might be reason for reduction in pain, numbness and helped in re-nourish the underline tissue¹⁴ (Table 2).

CONCLUSION

On the basis of this single case study it can be concluded that *panchakarma* procedures like *patrapindaswedan* and *basti* (*Erandmooladiniruhbasti* and *Anuvasanbasti* with *Dashmool tail*) had been effective in the management of the Lumber spondolysis.



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