CASE STUDY

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 facet arthropathy. In Ayurveda, It can compare with a disease kati shool, characterized by Kati pradeshe vedana, kriya sanmirdha, 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 sannirdhafor 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 swedanalong with Kala basti (Erandmooldi niruh basti and Anuvasan basti with Dashmool tail) for 16 days. After one month of treatment a significant response was found.

KEYWORDS
Lumbar spondylosis, Katisool, Shaman Aushadhi, Shamsodhan aushadhi
INTRODUCTION
Spondylosis is broad term meaning degeneration of the spinal column from any cause\(^1\). 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 degenerative process in osteoarthritis chiefly affects the vertebral bodies, the neural foramina and facet joints\(^2\). 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 facet arthropathy\(^3\).

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\(^4\).

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 limitations\(^6\). 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 dhatu\(^7\).

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 allopatic 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 falvum thickening and early facetal arthropathy mildly compressed the cal sac and bilateral neural foramina. Based on clinical presentation, patient was diagnosed as a case of Lumber spondolysis.

**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)

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

**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 vatadosha 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 Dashmool 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), sindhavaLavana (rock salt) and Kalka (Herbal powder).

ErandsmuladiNiruh basti\textsuperscript{10} 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, Aragvdha, Devdaru, madanphala.

\*Anuvasan basti\textsuperscript{11}- Administration of Medicated oil or other snehadrvya 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 Dashmooolakwath (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>
<thead>
<tr>
<th>Subjective criteria</th>
<th>Gradation</th>
<th>Objective criteria</th>
<th>Gradation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>2 cm</td>
<td>Walking time</td>
<td>Took three minutes to walk 100 steps</td>
</tr>
<tr>
<td>Parasthesia</td>
<td>2 (Minor problem)</td>
<td>Walking distance</td>
<td>Walk without pain about 200 mts</td>
</tr>
<tr>
<td>Stiffness</td>
<td>3 (Mild amount)</td>
<td>SLR</td>
<td>Rt -60 degree Lt – 80 degree</td>
</tr>
<tr>
<td>Posture</td>
<td>Markedly improved</td>
<td>MRI findings</td>
<td>No significant change</td>
</tr>
</tbody>
</table>

**DISCUSSION**

Acharyacharaka described that each and every pain is just because of aggravated or vitiated vatadosha\textsuperscript{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 vataprapoka.

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*\(^\text{13}\). 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 tissue\(^\text{14}\) (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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