

## NATIONAL JOURNAL OF RESEARCH IN AYURVED SCIENCE

### To evaluate the effect on *Katighraha* by *Shodhana* & *Shaman Chikitsa* – A Single Case Study.

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#### Abstract:

*Katighraha* is the commonest encountered disease. It is the condition which is characterized by stiffness, pain and impaired functioning of Lumbar spine region due to vitiation of *Vata* in *Katipradesha*. This condition is not life threatening but it hampers the daily activity. *Kati* itself is one of the seats of *Vata Dosha* and the root cause of disease is aggravated by *VataDosha*. According to Ayurveda, it involves the *Dushti* of *AsthivahaSrotas*. Wrong posture is one of the main cause low back pain. A 50 year male patient presenting with *Katishoola*, *Katighraha*, *Pristashoola*, difficulty in walking reported in our institute. In Ayurveda, wide range of treatment have been mentioned which is effective in such manifestation. This case was treated with *AnuvasanaBasti*, *Katibasti* along with *Shaman Aushadhi*. From this study it can be concluded that *Katighraha* can be successfully treated with Ayurvedic treatment.

**Keywords:** *Katighraha*, *Katibasti*, Treatment, Back pain.

#### Introduction:

The word '*Katighraham*' originated from the union of two words '*Kati*' and '*Graham*'. '*Kati*' is derived from the root "*Kat in*"

meaning *SareeraAvayavaVishesham*. In "*Amara Kosha*" the word meaning of "*Kati*" is "*KatauVastraVaranau*", the part of the body which is covered with clothes. "*Graha*" means holding. It is originated from *Dhatu* "*GrahaUpadane*" - one which gives support. Thus "*Katighraha*" indicate a diseased condition of the back associated with pain and with stiff movements. In our classics it is mentioned under various terms like *Katighraha*, *Trika Shula*, *Trika Graham*, *Prishthagraha* and *Shronibheda*. "*Trika*" means "*TrayanamSandhayah*," union of three parts or union of three *Avayava* in any part of human body. As per this the shoulder and neck regions can be considered as "*Trikam*". In *AstangaHridaya* "*PakvashayagataVatha*" *Lakshanas* are explained in which the word "*Trika*" is mentioned. It shows that, *Trika*, *Prishthta* and *Kati* are three different parts of the body. In *NanatmajaVyadhisKatighraha*, *Prista Graham* and *Shronibheda* are mentioned as separate diseases, depending on the region where pain is felt. *Katighraha* is one of the *Vatavyadhi* which is the problem of lumbar region. Even though this disease is not life threatening but it hampers the daily activity. It is described as a separate disease in the classical text *Gadanigrha* and *Acharya Sharangdhar* considered it as a *NanatmajaVatavyadhi*<sup>1</sup>. *Kati* itself is one of

the seats of *Vatadosha* and the root cause of disease is aggravated by *Vata*<sup>2</sup>. Aging is well known risk factor of *Katigraha* as degenerative changes in the spine and disc are one of the major causes of *Katigraha*. Bertolotti's Syndrome (BS) is an important cause of low back pain in young patient<sup>3</sup>. BS is characterized anomalous enlargement of the transverse processes of the most caudal lumbar vertebra, which may articulate or fuse with sacrum or ilium and cause isolated fuse L4-5 disc diseases. Treatment for Bertolotti's syndrome in conservative science includes steroid injection or radiofrequency sensory ablation. Bertolotti Syndrome can correlate with the disease *Katigraha* mentioned in *Ayurvedic Samhita*. In *Katigraha*, pain and stiffness is found to be present at *Katipradesh*, therefore *SthanikSnehana* and *Swedana* are very effective and provide quick result. *BahyaSnehana* and *Swedana* help in reducing the pain, stiffness of the lumbar spine and increased the blood circulation. *Basti* is said to be best treatment for all *Vatik* disorders. It is highly acclaimed by *AacharyaCharak* and described as *Ardhachikitsa*<sup>4</sup>. Hence an effort is made to evaluate the effect of *Yoga Basti* along with *Katibasti* in the management of *Katigraha*.

### Case Report:

A 50 year old male patient working as a shopkeeper came to our hospital with complaints of *Katishoola* (lower back pain), *Katigraha* (stiffness), *Pristashoola*, difficulty walking, and indigestion for the last 15 days. Pain was aggravated in the supine position but subsided in the sitting position. The patient also noticed a change in his gait. Progressively, his problems aggravated. So she approached *Ayurvedic* treatment.

Medical History - His history of past illnesses revealed that he had a history of hypertension since 5 years ago.

Family History - There is no relevant history of illness among family members.

*Ashtavidha Pariksha* - *Nadi* – 78/min, *Mala* – *Samyaka*, *Mutra* – *Samyaka*, *Jivha* – *Alpa saam*, *Shabda* – *Spashta*, *Sparsha* – *Samshitoshna*, *Drika* – *Prakruta*, *Akruti* – *Madhyama*

*Samprapti Ghatak*:

*Dosha* - *Vata* and *Kapha*, *Dushya-Asthi*, *Srotasa* - *Asthivaha*, *MamsavahaSrotasa*, *Srotodushti* – *Sanga*, *Rogamarga*– *Madhyama*, *Adhistan* – *Katipradesh*, *Udhabhavasthan* – *Pakwashaya*, *Vyakitasthan* - *Kati*, *Sphik*

- Investigation: X-ray LS spine – X ray shows sacralisation of L5 Vertebra
- Fig No 1 – Before treatment
- Fig No 2 – After treatment

### Assessment Criteria:

Criteria of Assessment was based on the SLR (Straight Leg Raising) test for range of movement at hip joint, VAS score, GALS locomotor SCREEN etc. which were assessed before treatment, after treatment.

- **Table No 1** - Assessment before and after treatment
- **Table No 2** - Examination of joints
- **Table No 3** - The GALS LOCOMOTOR SCREEN

Intervention:

- **Table No 4** - Internal Medications
- **Table No 5** - *Panchkarma* Procedure

### Result:

We found that there was a marked improvement after the treatment. Due to *Erandamooladi niruha basti*, *Dashmoola Tail Matrabasti* and *Mahanarayana Tail Kati Basti prayoga* it was noticed that there was

marked improvement in painful and restricted movements of hip (VAS Scale). There was change in Gait also.

### Discussion:

In Ayurveda classics, most of the joint pain related conditions have been explained under the heading of *Vatavyadhi*. *Katigraha* is not mentioned as a separate disease in *Bruhatrayees* specifically. “*Katigraha*” is the condition in which vitiated *VataDosha* gets situated in the *Katipradesha* and producing *Shoola* (Pain) and *Stambha* (Stiffness). In *Katigraha*, there will be Stiffness throughout the lower back region, pain and restricted movement. As *Acharya Sushruta* says that without vitiation of *Vata*, *Shoola* cannot be arising<sup>5</sup>. And *Gadani* clearly states that *Shoola* take place due to *Stambha* which arises by *Vayu* movement into *Kati*. In this case *Katibasti* with *Mahanarayan Tail* was given as it is *SarvangaSnehana* (external oleation) and *Swedana* (sudation) procedure which mainly acts against the *RukshaGuna* (dryness) and *SheetaGuna* (coldness) respectively of *Vata*<sup>6</sup>. Vitiated *Vata* is corrected in its root place i.e., *Guda* & *Pakwashaya* by *Basti*. Medicine likes *Guduchi*, *Rasna*, *Dashmool* which possess *Tikta Rasa*, *Shophahara*, *Vedanahara* properties have been selected as *Kalka Dravya*. Besides this *Guduchi* and *Yastimadhu* have *Rasayana* properties. *Eranda* decoction used for *Niruhabasti* has *vedanasthapana* (analgesic properties), *shothahar* (anti-inflammatory) and nociceptive action.

*Dashmool Tail* is well known for reducing pain and stiffness. So *Anuvasanbasti* with *Dashmool Tail* is very useful in this type of case. Besides this *Shamana* treatment is also necessary to break down *Samprapti*. For this purpose patient was given *Shamana* drugs available in the hospital. *Pachakvati* has *DipanPachan* property.

*DashmoolaGhanavati* is effective in reducing pain and it is *Tridhosha Shamaka*. Cap *Lumbogest* contains are *Erantail*, *Nirgundi*, *Devdaru*, *Sahachara*, etc. so it gives analgesic, skeleton muscle relaxant action. Thus combination of *Basti*, *Kati Basti* along with *Shamana* provided good result in pain and other symptoms. However, There is no major changes seen in X ray (BT and AT), but symptomatically markedly improvement was observed in pain and other symptoms. Patient is still on *Shamanachikitsa* and follows up every fifteen days.

### Conclusion:

In this study we have got good results of *Panchakarma* and *AyurvedicShamanaChikitsa*. This case highlights role of Ayurveda in conservative management of Bertolotti Syndrome. It can be concluded that BS can be successfully conserved by using Ayurveda treatment. It is an attempt to provide relief in symptoms of disease, safe and effective treatment to the patient.

Conflict of interest – None

Funding - Nil

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**Table No 1-** Assessment before and after treatment

| Parameters | Before treatment | After treatment |
|------------|------------------|-----------------|
| SLR Test   |                  |                 |
| Left leg   | 40°              | Negative        |
| Right leg  | 50°              | Negative        |
| VAS Score  | 7                | 4               |

**Table No 2 -** Examination of joints

| INSPECTION                                 | BT                | AT                |
|--------------------------------------------|-------------------|-------------------|
| 1. Joints Affected                         | Lumbosacral Joint | Lumbosacral Joint |
| 2. Position of the joint & fixed deformity | NAD               | NAD               |
| 3. Swelling                                | NO                | NO                |
| 4. Signs of inflammation Over the joints   | NO                | NO                |
| 5. Muscular wasting above the joint        | NAD               | NAD               |
| PALPATION                                  |                   |                   |
| 1. Local Temperature                       | Normal            | Normal            |

|                                             |     |                        |
|---------------------------------------------|-----|------------------------|
| 2. Tenderness                               | ++  | No tenderness          |
| 3. Swelling Fluctuant / Non – Fluctuants    | NAD | NAD                    |
| 4. Bony Components & its relation to joints | NAD | NAD                    |
| Movements                                   |     |                        |
| Active & Passive                            |     |                        |
| 1. Pain on Movement                         | ++  | No pain                |
| 2. Restriction of Movements                 | ++  | No restricted movement |
| 3. Excessive mobility                       | NAD | NAD                    |
| 4. Protective muscular spasms               | ++  | No muscle spasm        |

**Table No 3 - The GALS LOCOMOTOR SCREEN**

|                              |          |         |
|------------------------------|----------|---------|
| Date-                        | BT       | AT      |
| GAIT                         | Antalgic | Normal  |
| LEGS                         |          |         |
| Hip Flexion                  | Pain ++  | Normal  |
| Hip Extension                | Pain ++  | Normal  |
| Hip Abduction                | Pain +   | Normal  |
| Hip Adduction                | Pain ++  | Normal  |
| Internal & External Rotation | Pain ++  | Normal  |
| SPINE                        |          |         |
| Flexion ( Forward Bending)   | Pain ++  | No Pain |
| Extension                    | Pain +   | No Pain |
| Lat. Bending                 | Pain +   | No Pain |

Intervention:

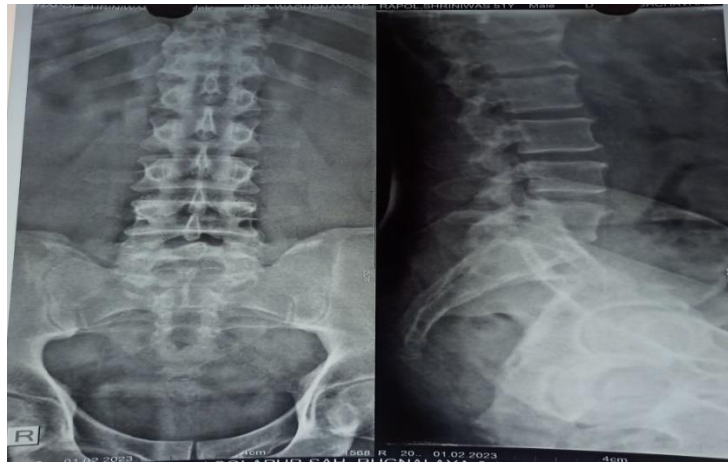
**Table No 4 - Internal Medications**

| Drug                      | Dose      | Anupana    | Aushadhisevan kala                 | Duration |
|---------------------------|-----------|------------|------------------------------------|----------|
| <i>Pachakvati</i>         | 500 mg BD | warm water | <i>Pashchatbhakta</i> (After meal) | 8 days   |
| <i>DashmoolaGhanavati</i> | 500 mg BD | warm water | <i>Pashchatbhakta</i> (After meal) | 10 days  |
| Cap Lumbogest             | 500 mg BD | warm water | <i>Pashchatbhakta</i> (After meal) | 10 days  |

**Table No 5 - Panchkarma Procedure:**

| Procedure                                      | Drug used                                              | Dose                  | Duration |
|------------------------------------------------|--------------------------------------------------------|-----------------------|----------|
| <i>Katibasti</i>                               | <i>Mahanarayan Tail</i>                                | -                     | 8 days   |
| <i>SarvangaSnehana</i> f/b<br><i>PetiSweda</i> | <i>Mahanarayan Tail</i>                                | -                     | 8 days   |
| <i>AnuvasanBasti</i>                           | <i>Daashmoola Tail</i>                                 | 60 ml                 | 6 days   |
| <i>NiruhaBasti</i>                             | <i>ErandamoolaKwatha</i>                               | 100 ml                | 4 days   |
|                                                | <i>Madhu</i>                                           | 60 ml                 |          |
|                                                | <i>SaindhavLavan</i>                                   | 10 gm                 |          |
|                                                | <i>Dashmoola, Yastimadhu,</i><br><i>Rasna, Guduchi</i> | 10 gm (Each<br>2.5mg) |          |
|                                                | <i>PanchtikakaGugguluGhrita</i><br><i>as Sneha</i>     | 80 ml                 |          |

**Fig No 1 – X ray LS spine (Before Treatment)**



**Fig No 2 – X ray LS spine (After Treatment)**





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Patient's Name: [REDACTED] DATE: 01/02/2023  
X-RAY NO: 26  
IPD/OPD: OPD

**X-RAY LUMBO-SACRAL SPINE (AP / LAT)**

Sacralization of L5 vertebra noted.

Pedicals, laminae, spinous and transverse processes appear normal.

No spondylosis or listhesis seen.

No abnormal paravertebral soft tissue shadows seen.

No soft tissue calcification seen.

**IMPRESSION:**  
**NO SIGNIFICANT ABNORMALITY SEEN.**

ADVICE: clinical correlation.

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RADIOLOGIST

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Patient's Name: [REDACTED] Age/Sex: 50 YRS.  
Ref. by: Dr. Tarapure Date: 20/02/2023

**X-Ray of Spine L.S. Spine**

- Bone Density: Normal
- Spinal curvature: lost
- Vertebral bodies: Minimal Osteophytes (+)
- Posterior elements: Normal
- Intervertebral disc spaces: Normal
- Spinal canal: Normal
- Para spinal Soft tissue: Normal
- Lytic/Sclerotic focal lesion: Nil
- Other impression: Minimal changes of lumbar spondylosis. Rest WNL

Advice: Clinical correlation.

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