



Ayurvedic Management Of Katigraha w.s.r. Lumbar Spondylolisthesis : A Case Study

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Abstract - Spondylolisthesis is described as a translation of a vertebra with respect to the vertebra below without any modification or notable lesion to the pars interarticularis. Lumbar spondylolisthesis can be considered as various conditions like Kati shoola, Kati Graha, Trika Graha, Prushta Graha, Trika Shoola, Prushta Shoola, Grudrasi in Ayurveda. Up to 18% of adult patients undergoing MRI of the lumbar spine, Grade I spondylolisthesis accounts for 75% of all cases. Regarding the treatment of Katigraha, Ayurveda mentions Panchakarma procedures. The effectiveness of the Kati basti and Basti procedures, as well as Shamana Chikitsa, in managing the Katigraha has therefore been evaluated. This is a single case study of a 35-year-old man who visited the OPD of the Panchakarma Department, Dr Sarvepalli Radhakrishnan Rajasthan Ayurveda University, Jodhpur complaining of Pain and stiffness in lumbosacral region, having trouble while walking for longer duration and suffering from hyperacidity. Shamana therapy was used along with kati basti with Murivena Taila, Mahanarayan taila, Mahavishgarbh Taila and Erandmuladi Niruha Basti and Dhanvantaram Taila Matra basti in Kala basti manner. Pain and stiffness were significantly reduced by the therapy. According to the case study, Katigraha (Lumbar Spondylolisthesis) can be effectively managed with the use of Shamana treatment, and Erandmuladi Niruha Basti.

Keywords - Basti, Katigraha; Kati basti; Lumbar spondylolisthesis; Shaman drug.

1. INTRODUCTION

The words "Kati" and "Graham" were combined to form the word "Katigraham." The word "Kati" in "Amara Kosha" refers to the body part covered in clothing, or "Katau Vastra Varanau". "Graha" refers to holding. Katigraha is regarded as one of the eighty Vatananatmaja Vikaras by Acharya Charaka.^[1]

Spondylolysis refers to a defect of the vertebral body occurring at the pars interarticularis.^[2] Typically, this defect results from trauma or chronic repetitive loading and hyperextension. If this instability leads to translation or slippage of the vertebral body, this is spondylolisthesis.^[3] Current estimates for prevalence are 6 to 7% for isthmic spondylolisthesis by the age of 18 years, and up to 18% of adult patients undergoing MRI of the lumbar spine, Grade I spondylolisthesis accounts for 75% of all cases. Spondylolisthesis most commonly occurs at the L5-S1 level with an anterior translation of the L5 vertebral body on the S1 vertebral body. The L4-5 level is the second most common location for spondylolisthesis.^[4]

Spondylolisthesis is defined as a slippage of one vertebral body with respect to the adjacent vertebral body without any noticeable alteration or lesion to the pars interarticularis. Excessive joint play and buckling of the posterior annular fibres of the intervertebral disc (IVD) are caused by abnormal weight distribution, coupled with soft tissue laxity and instability over an extended period of time. This comprises one or more structural shifts in

the spine's position, such as rotation or translation away from a spine's natural alignment in any of the three anatomical planes, accompanied by pain or impaired neurologic function.^[5]

In Ayurveda classics, kati pradesh is described as an important seat of vata dosha. In katigraha, vata gets vitiated in its swasthan. The pain is produced in the joints of sphik, asthi by vitiated vata. According to Gadanigraha when vata is affected by ama and gets located in kati Pradesh, it exhibits the symptoms of katigraha.

Bahya Snehana and Swedana aid in improving blood circulation and relieving pain and stiffness in the lumbar spine. The greatest treatment for all Vatik illnesses is reportedly basti. Acharya Charak praises it highly and refers to it as Ardhachikitsa. As a result, an effort is made to assess how Erandmuladi Niruha Basti and Matra Basti with Dhanvantaram Tail in Kala basti Manner and Katibasti with Murivenna Tail, Mahanarayana Tail, Mahavishgarbha Tail affect the management of Katigraha along with Shaman therapy.

2. CASE REPORT-

2.1. Introductory history

Date of admission – 25/07/2023

OPD/ IPD Admission no.- 1693/44056

Age/sex- 35Y / male

2.2. **Marital status** - Married.

2.3. **Chief complain** –

Lower Back pain - since 5 months.

Pain and stiffness in both lower limb- 4 months.

2.4. **Associated complain** – Hyperacidity, headache, generalised malaise.

2.5. **Past history** – No history of Hypertension, Diabetes mellitus, Thyroid.

2.6. **Treatment history**- allopathic remedies,

2.7 **History of present illness** : A patient was well before 1 year. While playing Cricket he had back injury due to which he sometimes feel pain and stiffness in lower back and in both legs for this patient had earlier taken allopathic medicine but got no relief in symptoms which gradually aggravated from last 5 months.

2.8. **Physical examination:**

Pulse –74 bpm, B.P. - 130/90 mm of hg, Temp. - Afebrile, CNS - well conscious, CVS - S1 S2 present, RR- 20/min

2.9. **Local examination:** SLR – Pain at 70° in the bilateral lower limb.

2.10. **Investigation-** MRI (dated - 10/07/2023) of the lumbar spine revealed –

- Subtle posterolisthesis of L4 over L5 & L5 over S1 vertebra noted.
- There is partial straightening of lumbar spine noted.
- Degenerative water loss with posterior disc bulge of of L4- L5 & L5- S1 disc level.

Hematological investigations were within normal limits.

The case was diagnosed as Katigraha (Lumbar Spondylolisthesis) on the basis of symptoms and by the MRI of the lumbosacral spine. The patient was admitted at the male IPD of Panchakarma Department, Dr Sarvepalli Radhakrishnan Rajasthan Ayurveda University, Jodhpur.

2.11. Assessment criteria -

table 1: gradation of symptom for assessment

Symptoms	Criteria	Grading	Symptoms	Criteria	Grading
Ruka(Pain)	No pain while walking	0	Gait	Unchanged	0
	Mild pain while walking	1		Occasionally changed	1
	Moderate pain while walking	2		Walk with support	2
	Severe pain while walking	3		Unable to walk	3
Stambh (stiffness)	No stiffness	0	Sleep	Normal	0
	Stiffness for 10-30 min	1		Occasionally disturbed	1
	Stiffness for 30 – 60 min	2		Frequently disturbed	2
	Stiffness for more than 1 hr	3		Unable to sleep due to pain	3
Movement of joints (both hip joints)	Normal	0	SLR Test	No pain at 90 ⁰	0
	Mildly restricted	1		Pain> 71 up to 90 ⁰	1
	Moderately restricted	2		Pain> 51 up to 70 ⁰	2
	Severely restricted	3		Pain> 31 up to 50 ⁰	3
ODI Scale	Minimal disability (0%-20%)	0		Pain below 30 ⁰	4
	Moderate disability (21%-40%)	1			
	Severe disability (41%-60%)	2			
	Crippled (61%-80%)	3			
	Bedbound (81%-100%)	4			

3. MANAGEMENT - Kati Basti with Murivenna Taila, Mahanarayan taila, Mahavishgarbh Taila and Erandmuladi Niruha Basti and Matra Basti with Dhanvantarm Taila in Kala basti manner along with Shamana Chikitsa were given.

table 2: intervention

Duration	Medicine	Dose	Frequency
25-07-2023 to 07-08-2023	1. Pittashekhar ras	2- 2 tab.	Twice a day
	2. Trayodashang Guggulu	2-2 tab.	Twice a day
	3. Maharasnadi kwath	30 ml	Twice a day
	4. Agnitundi vati	1-1 tab	Twice a day
	5. Chandraprabha vati	2-2 tab	Twice a day
	6. Ashwagandharishta	20 ml -20 ml with equal water.	Twice a day
Panchkarma intervention			
25-07-2023 to 07-08-2023 (Kala Basti)	1.	Kati basti with Murivenna Tail, Mahanarayan Tail, Mahavishgarbh Tail	
	2.	Erandmuladi Niruha Basti a. Saindhava lavana(Rock salt) - 6 g b. Madhu (Honey) - 80 ml c. Tila taila - 100 ml d. Satapushpa kalka - 15 gm e. Eranda mula kwatha - 450 ml f. Gomutra arka - 50 ml	
	3.	Matra Basti with Dhanvantarm Tail 60 ml	

4. RESULT-

table 3: results

S.N.	Symptoms	Before treatment	After treatment
1.	Ruka (Pain)	2	1
2.	Stambh	1	0
3.	Movement of joint (both hip joints)	2	1
4.	Gait	0	0
5.	Sleep	1	0
6.	SLR Test	2	1
7.	ODI Scale	2	1

ODI Scale summary calculated by Orthotoolkit (Refer Annexure 1 & 2). Before treatment, total score on Oswestry low back pain disability questionnaire was 24 (48%) and at the time of discharge, the score was 11 (22%).

5. DISCUSSION-

“Katigraha is the condition in which vitiated Vata Dosha gets situated in the Katipradesh and producing Shoola (Pain) and Stambha (Stiffness). According to Acharya Sushruta, Shoola cannot arise if Vata is not vitiated. Additionally, Gada Nigraha makes it abundantly plain that Shoola occurs as a result of Stambha, which is brought on by Nirama and Sama Vayu movement into Kati (the lumbar area).^[6]

5.1. Mode of action of Kati Basti -

Kati basti was prescribed because it is an external local oleation (Bahya Sthanik Snehana) and sudation (Swedana). Thus locally at Kati pradesh it causes Doshvilayan, Kledan due to taila application and Srotovishodhana, Swedpravartan due to its warm temperature.^[7] According to Samhita Murivenna tail is Vatashamak means it relief pain and gives muscle strength, stiffness, tenderness. The overall effect of Murivenna is tridoshashamana. Murivenna also shows healing properties. In murivenna the medium used is coconut oil, which is having sheeta veerya suddenly reduces inflammation. Mahanarayan taila will also reduce joint inflammation. It is indicted in all types of vata vyadhi (Related to nerves, bones, muscles and joints).^[8,9]

5.2. Mode of action of Internal Basti-

Internal Basti corrects vitiated vata at its source, which is Guda & Pakwashaya. Erandmuladi Niruha Basti is Deepana (~appetizer) and Lekhana (~Scraping) in nature which helps in pacifying Kapha and reduces symptoms like heaviness and stiffness. Eranda (Ricinus communis Linn.) which is the main content of Erandmuladi Niruha Basti possess anti-inflammatory, anti-oxidant, analgesic and bone regeneration properties.^[10] As patient was given Matra Basti of Dhanvantara Taila which is going to act as a Vatakaphahara, helping in Vatanulomana. It is said to be Sarvavatvikarhara and Bruhana in action.^[11]

5.3. Mode of action of Shaman Chikitsa-

Maha rasnadi kwath and trayodashanga guggulu were prescribed to pacify vata dosha and are anti-inflammatory and analgesics.^[12] Pittashekha Rasa was advised to compensate the associated symptoms of Hyperacidity.^[13] All contents of Agnitundi vati are Deepan, Pachan, Vata shamak and shulaghna in properties due to its Ushna veerya it normalize the function of Apana and Vyana vayu.^[14] Chandraprabha Vati is Rasayana, Balya, Tridosha Shamaka properties and also acts as catalyst.^[15]

6. CONCLUSION-

Lumbar spondylosis stands amongst the most widely recognized reasons that individuals go to the specialist and is the main source of the inability to work. According to Ayurveda, Vata is the main Dosha involved in the causation of lumbar spondylosis.

Treatment modalities like katibasti and Erandamūlādi niruha basti along with shaman therapy are found to be effective in the management of Katigraha. Overall, the collective effects of samanyachikitsa of vatavyadhi showed highly effective results in this present case. The patient had a better effect in relieving pain, and stiffness and Oswestry Disability Index (ODI) change with panchakarma and shaman chikitsa.

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Annexure 1 : (Before treatment)

Oswestry Disability Index Score Summary

Patient ID: Praveen Beniwal

Date Completed: 7/25/2023

Section 1: Pain Intensity The pain is fairly severe at the moment	(3 points)
Section 2: Personal Care (Washing, Dressing, etc.) I can look after myself normally but it causes extra pain	(1 points)
Section 3: Lifting I can lift very light weights	(4 points)
Section 4: Walking Pain prevents me from walking more than 1/2 mile	(2 points)
Section 5: Sitting Pain prevents me from sitting more than 30 minutes	(3 points)
Section 6: Standing Pain prevents me from standing for more than 30 minutes	(3 points)
Section 7: Sleeping My sleep is occasionally disturbed by pain	(1 points)
Section 8: Sex life (if applicable) My sex life is normal but causes some extra pain	(1 points)
Section 9: Social life Pain has restricted my social life and I do not go out as often	(3 points)
Section 10: Travelling Pain restricts me to journeys of less than one hour	(3 points)

Pertinent Negative

Pertinent Positive

Pertinent Positive

Oswestry Disability Index Score:
24 points or 48 percent.

Graphical Oswestry Disability Index Score



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Annexure 2 : (After treatment)



Oswestry Disability Index Score Summary

Patient ID: Praveen Beniwal

Date Completed: 9/8/2023

Section 1: Pain Intensity (1 points)
The pain is very mild at the moment

Section 2: Personal Care (Washing, Dressing, etc.) (0 points)
I can look after myself normally without causing extra pain

Section 3: Lifting (3 points)
Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned

Section 4: Walking (1 points)
Pain prevents me from walking more than 1 mile

Section 5: Sitting (2 points)
Pain prevents me from sitting more than one hour

Section 6: Standing (1 points)
I can stand as long as I want but it gives me extra pain

Section 7: Sleeping (0 points)
My sleep is never disturbed by pain

Section 8: Sex life (if applicable) (0 points)
My sex life is normal and causes no extra pain

Section 9: Social life (2 points)
Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport

Section 10: Travelling (1 points)
I can travel anywhere but it gives me extra pain

Pertinent Negative

Pertinent Positive

Pertinent Positive

Oswestry Disability Index Score:

11 points or 22 percent.

Graphical Oswestry Disability Index Score

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