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MANAGEMENT OF *KATIGRAHA*- A CASE STUDY

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Abstract:

Katigraha is the commonest 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*. It can be correlated with Lumbar spondylosis due to similarity of clinical features. Even though 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 *vata*. According to *Ayurveda*, it involves the *Dushti* of *asthivaha srothus*. About 60% to 80% of the population in India suffer from this condition. A 20-year-old female patient came to KAMCH OPD with the following complaints, Low back ache radiating to both lower limbs, right leg > left leg, Stiffness in both lower limbs, Flatulence, Difficulty in prolonged sitting. She was treated with *samana chikitsa* of *vata vyadhi* i.e. *Abhyanga*, *Swedana*, *Basti* and *Kati Basti* treatment. Patient was treated for a period of 8 days. The response to the treatment was recorded and therapeutic effect was evaluated through symptomatic relief. Clinically, cardinal symptoms were significantly reduced and degree of anterior flexion increased from 40 degree to 90 degree.

Keywords: *Katigraha*, Lumbar spondylosis, *Vatavyadhi*

Introduction

The term *Katigraha* is constituted of two words '*kati*' and '*graha*'. The word '*kati*' is derived from the *dhatu* '*kat +in*' and it is considered as a '*shariraavayavavishesha*', a bodily part where the dress is tightened¹. According to *Amarakosha Shroniphalaka* are called as *Kati*². *Vaidyaka Shabda Sindhu* also considers *Shroni* as *Kati*³. According to *Monier Williams* - *Kati* is the hollow space above the hip or the loins⁴. The term '*graha*' is derived from the *dhatu* *Adant-Churam-Atmam-Saka-Set*'. The term is explained as '*Graha Grahanam*', by *Durgadas*, which means to collect or catch⁵. "*Graha*" means holding. It is originated from *dhatu* "*Graha Upadane*" one which gives support. Thus "*Katigraha*" is a condition of the lower back region which is associated with pain and with stiff movements. Thus "*Katigraha*" indicate a diseased condition of the back associated with pain and with stiff movements. In our classics it is mentioned under various terms like *Katigraha*, *Trika Shula*, *Trika Graham*, *Prishthagraha* and *Shronibheda*. "*Trika*" means "*Trayanam Sandhayah*," 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 *Astanga Hridaya* "*Pakvashayagata Vatha*" *Lakshanas* are explained in which the word "*Trika*" is mentioned. It shows that, *Trika*, *Prishta* and *Kati* are three different parts of the body. In '*Nanatmaja Vyadhis*' *Katigraha*, *Prista Graham* and *Sronibheda* are mentioned as separate diseases, depending on the region where pain is felt 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 *Gadanigraha* and *Acharya Sharangdhara* considered it as a *Nanatmaja Vatavyadhi*. *Kati* itself is one of the seats of *Vatadosha* and the root cause of disease is aggravated by *Vata*. *Katigraha* is common with aging and is considered to be associated with the low back pain and disability. It is an important clinical, social and public health problem affecting the world wide population. Aging is well known risk factor of *Katigraha* as degenerative changes in the spine and disc are one of the major causes of *Katigraha*. In this disease pain and stiffness is found to be present at *Katipradesha*, therefore *Sthanik Snehana* and *Swedana* are very effective and provide quick result. *Bahya Snehana* and *Swedana* helps in reducing the pain, stiffness of the lumbar spine and increased the blood circulation. *Basti* is said to be best treatment for all *Vatika* disorders. It is highly acclaimed by *Acharya Charaka* and described as *Ardhachikitsa*.

Case study

Main complaints with duration:

A 20-year-old female patient came to KAMCH OPD with the following complaints

- Low back ache radiating to both lower limbs, right leg > left leg
- Stiffness in both lower limbs
- Flatulence
- Difficulty in prolonged sitting

Associated complaints: No any associated complaints

History of presenting complaint:

Patient was apparently normal before one month gradually he developed above symptoms due to sedentary life style and for better management he came to KAMCH

History of past illness: No relevant Past history

Treatment history: Nothing Significant

Clinical findings:

Table-1-Personal history

Appetite	Not normal
Sleep	Disturbed
Diet	Mixed
Bowel	Regular
Micturition	5/D,2/N
Habit	Smoking

Table-2-General Examination

Blood pressure	130/90mmhg
Respiratory rate	18/min
Pulse rate	78/min
Tongue	Mild Coated
Temperature	Afebrile

Table-3-Ashtastana pareeksha

<i>Nadi</i>	<i>Pitta pradhana vatanubandhi</i>
<i>Mutra</i>	<i>Samyak Mutrapravartana</i>
<i>Mala</i>	<i>Apakva, Asamyaka, Baddha kosktha (occasional).</i>
<i>Jihwa</i>	<i>Sama(coated), Aruchi, Mukhapaka (occasional).</i>
<i>Shabda</i>	<i>Prakrita</i>
<i>Sparsha</i>	<i>Anushnasheeta</i>
<i>Drik</i>	<i>Prakruta</i>
<i>Akriti</i>	<i>Madhyama</i>

Table-4 -SYSTEMIC EXAMINATION

Lumbar spine examination

Inspection	Shape-normal Abdominal masses-Absent Movement of Abdominal wall -Normal
Palpation	Tenderness-Absent Abdominal mass-Absent
Percussion	Tympanic sound is heard
Auscultation	Normal peristaltic bowel sound

EXAMINATION FINDINGS

SLR TEST – Negative(B/L)

Pumb handle test - painful(B/L)

Flip test – Positive (Rt)

Fabers test – positive (Rt)

FNST – positive (Rt)



ASSESSMENT CRITERIA ¹⁰

Lumbar spondylosis was diagnosed on the basis of following parameters. Also, these parameters were assessed before and after the treatment.

- 1) Pain at low back (*Katishoola*)- was assessed by grading of pain by using Visual Analog Scale (VAS).
- 2) Stiffness at low back (*Katigraha*)- was assessed by grading of Range of Motion (ROM) by using the Oswestry Disability Index (ODI)

Table 1: Assessment and grading of pain

Pain	Scale	Grade
No pain	0-1	0
Mild, Annoying pain	2-3	1
Nagging, Uncomfortable, Troublesome pain	4	2
Distressing, Miserable pain	5	3
Intense, Dreadful, Horrible	6-9	4

Table 2: Assessment and grading of stiffness

Stiffness (ROM)	Grade
No Stiffness	0
With up to 25% impairment in ROM of joint and patient can perform daily work without any difficulty	1
With up to 25%-50% impairment in ROM of joint and patient can perform daily work with mild or moderate difficulty	2
With up to 50%-75% impairment in ROM of joint and patient can perform daily work with moderate or severe difficulty	3
With more than 75% impairment in ROM of joint and patient totally unable to perform daily routine work	4

Investigation:

X-ray of Lumbosacral Spine (AP/ LAT Views) was assessed during and after treatment. X-ray of Lumbosacral Spine (12/02/2023) revealed lumbar spondylosis. Muscle spasm with loss of lumbar lordosis seen. Also, minimally reduced L5-S1 Disc space seen. Tiny antero-lateral osteophytes at L4-L5 Vertebral levels- degenerative changes were noted.

Clinical examination:

Difficulty in Straight Leg Rising (SLR) i.e., anterior flexion was assessed before and after treatment. At the time of admission, clinical examination revealed tenderness in the lumbar region. The SLR test was positive 40 degrees at left and 45 degrees at right.

Intervention:

Procedure	Drugs	Duration
<i>Deepana pachana</i>	<i>Chitrakadi vati</i>	For 3 days
<i>Stanika abhyanga</i>	<i>Mahanarayana Taila</i>	30 min, for 8 days
<i>Stanika sweda</i>	<i>Ashwaganda kashaya</i>	For 8 days
<i>Matra basthi</i>	<i>Ksheerabala taila</i>	At 12:30 pm for 6days out of total 8 days of Treatment
<i>Niruha basti</i>	<i>Panchatikta kashaya</i>	Empty stomach ,Before stomach-7:30 am
<i>Katibasti</i>	<i>Murivenna</i>	20 min, for 8 days

Matra basti and *Niruha basti* were administered as follows.

Day	1	2	3	4	5	6	7	8
<i>Basti</i>	M	M	M	M	N	M	N	M

M: *Matrabasti*; N: *Niruha Basti*

Out of 8 days of treatment- total 6 *Matra basti* and 2 *Niruha basti* were administered

Results:

Parameter	Observation	
	B.T	A.T
VAS Score(Pain)	5	1
ROM Grade(Stiffness)	3	1
ODI	25	7
SLR	RT-45 Degree LT- 40 Degree B/L- 40 Degree	RT-90 Degree LT- 80 Degree B/L- 80 Degree

BT-Before treatment; AT-After treatment; ODI-Oswestry Disability index

Discussion:

Vata and *Kapha* are the factors involved in *Katigraha* pathology. Due to *Nidana*, there is a vitiation of *Vata*. Its vitiation can be divided as *Dhatukshayajanya* and *Malavarodhajanya*. There is *Sthanasamsraya* of *Vata* to the *Katipradesha*. Due to *Rukshata* of *vayu*, *Sleshaka kapha* in the *Sandhi* decreases leading to loss of *Sthiratva* in *Sandhi*.

In Ayurvedic classics we find *Vata Sthana (Kati)* and *Vatavyadhi* which refers to the *Vyadhis* caused by the vitiation of *Vata Dosha*. *Katigraha* is not mentioned as a separate disease in *Bruhatrayee* specifically. “*Katigraha* is the condition in which vitiated *Vata Dosha* 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 arise.⁶ And *Gada Nigraha* clearly states that *Shoola* take place due to *Stambha* which arises by *Nirama* and *Sama Vayu* Movement into *Kati* (Lumbar region). *Katibasti* was given as it is *Bahya Sthanik Snehana* (external local oleation) and *Swedana* (sudation) procedure which mainly acts against the *Ruksha Guna* (dryness) and *Sheeta Guna* (coldness) respectively of *Vata*.⁷ Vitiated *Vata* is corrected in its root place i.e., *Guda & Pakwashaya* by *Matra Basti*.

Conclusion:

According to Ayurveda principles patient of any disease treated with their *Dosha*, *Dhatu*, *Mala Avastha* and *Ashtavidha Pariksha* definitely leads to *Upashaya*. In this case study, above mentioned *panchakarma chikitsa* are proven to be beneficial in reducing the signs and symptoms of *Katigraha*. However, further work should be done on large samples to draw the final conclusion

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