**ABSTRACT**

*Katisool* is the condition, which affects male and female equally. Approximately 60-85% of adults suffers due their bad habits in lifestyle. 10% of this is because of lumber spondylosis which is correlated with *Katisool* in Ayurveda. It is the degenerative condition which affects the discs, vertebral bodies or associated joints of lumber spine. As Kati is the most probable area affected in this disease, *Katibasti* was the procedure selected and 10 patients were treated for a period of 8 days. *Sahacharaditail* was the drug taken for the trial, as it is *Vatashamak* and the *vyadhiadhisthan* is *Vatasthan*\(^1\). Highly significant results and improvement in cardinal symptoms of *Katisool* was observed. It also seems improvement in range of movements and pain intensity. This procedure also proved good clinical improvement in pacifying pure *Vataja* or *Vvatakaphaja* type of *Katisool*.

**Keywords:** *Katisool*, *Sahacharaditail*, *Katibasti*, Lumber spondylosis

**INTRODUCTION**

Panchakarma procedures give remarkable results in many *Vatavyadhis*. *Katisool* is the condition very commonly found in routine practice. It can be correlated with lumber spondylosis due to similarity of clinical manifestation and pathogenesis.

In *Vatasyaupakrama* *Snehan*, *Swedana* is advised procedure of choice.\(^2\) So in the present study *Katibasti* was the procedure selected as *Snehan* & *Swedan* both is simultaneously done in this procedure. This procedure is not directly mentioned in classical Ayurvedic text. But by using above basic principles it is developed now a days. Due to its significant results, the procedure becomes more popular. So an attempt was done to standardize the procedure.

*Sahacharaditail* was selected for present study. As most of contents of this drug is...
Ushnavirya, Katurasatmak. So Sahacharaditail Katibasti proves as Kapha and Vatashamak. So it showed remarkable results in assessment criteria i.e. Katishool, Katistambh, Katigraha.

MATERIALS & METHODS:
Materials:
Sahacharaditail 3,4 is the trial drug and prepared as per classical texts. Materials used for the Katibasti procedure are-

- Sahacharadi taila-250ml
- Black gram flour-200gm
- Water-Q.s
- Water-bath
- Cotton swab etc.

Methods:
The patients having classical signs and symptoms of Lumber Spondylosis (Katishool, Katigraha, Katistambh) were selected and given vidhipurvak Katibasti with Sahacharaditail
Sample size: 10.
SOP of Katibasti Procedure5 :-

PRADHANKARMA:-
- Position of patient – Comfortably given prone position
- Time- In the morning between 8am to 10am.
- Duration- 8 days/30 min per day
- Procedure-By giving comfortable prone position, Sahacharaditaila is poured in the ring prepared with dough of black gram flour for a prescribe duration, Measurement of ring of Katibasti- its height approximately 1.5 inches.
- Temperature of Taila - 45-50 degree centigrade

Formation of Katibasti | Katibasti with Tail | Complete procedure of Katibasti

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(Note- To keep the tail warm inside the ring, replace the tail from the ring with warm tail. The temperature of the tail should remain constant throughout the procedure of Katibasti.)

PASHATKARMA:-
✓ Removable of ring.
✓ Sponging of the affected area.
✓ Rest in comfortable supine position for 30 min.
✓ Follow up- Before treatment 0th day, After treatment on 15th day

Inclusion Criteria:
a. Patients having textual symptoms of Lumbar Spondylosis [Kati Shoola].
b. Age: 30 to 45Years.
c. Patient who will give written consent.
d. Gender: Male & Female

Exclusion Criteria:
a. Patients having Congenital Structural Deformities.
b. Fracture of Lumbar spine, and needs surgical care will be excluded.
c. Patients with other joints deformities or diseases which are not related to Lumbar spondylosis [Kati-shoola].
d. Lumbar spondylosis [Kati-shoola] associated with known cases of Cardiac disease, Pulmonary TB, Pregnancy, Paralysis, HIV, Neurological disorder etc.
e. Patient having major illness.

Assessment Criteria:
Subjective Criteria
✓ Katishool
✓ Katigraha
✓ Katistambh

Objective Criteria - Coin test

OBSERVATIONS –
Table1: Distribution of patients according to Age
Between age group 51-60 yrs, 80% patients were suffering from Lumber spondylosis.

Table2: Distribution of Patients according to Sex
Females are found more i.e.80% suffering from Lumber spondylosis.
Patients of mix diet are found more in Lumber spondylosis.

Patients of Vatakapha and Vatapitta are found more suffering from Lumber spondylosis.

### Table 3: Distribution of Patients according to Diet

<table>
<thead>
<tr>
<th>Diet</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veg</td>
<td>20%</td>
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<tr>
<td>Mix</td>
<td>80%</td>
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</tbody>
</table>

### Table 4: Distribution of according to Prakruti

<table>
<thead>
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<th>Prakruti</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>VP</td>
<td>10%</td>
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<tr>
<td>VK</td>
<td>20%</td>
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<td>PV</td>
<td>30%</td>
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<td>PK</td>
<td>40%</td>
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<tr>
<td>KV</td>
<td>50%</td>
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<tr>
<td>KP</td>
<td>60%</td>
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</tbody>
</table>

### Table 5: Distribution of Patients according to Occupation

- Housewives are found more suffering from Lumber spondylosis.

### Criteria of Assessment:
Statistical results in cardinal symptoms of Lumber Spondylosis

For criteria we used paired t test. It is based upon subjective parameters assessed by severity of symptoms and signs presented before and after treatment.

Parameters of Upashaya:
- **a. Excellent Result** – Uttam Upashaya above 75%
- **b. Moderate Result** – Madhyam Upashaya between 35% - 75%
- **c. Mild Result** – Hin Upashaya below 35%

### Results:
Data Related to Subjective & Objective Parameters.

<table>
<thead>
<tr>
<th>Sr.no</th>
<th>Katisheel</th>
<th>Katigraha</th>
<th>Katistambha</th>
<th>Coin test</th>
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IAMJ: JULY, 2017
TOTAL ASSESSMENT: -
After the treatment of Katibasti in Katishool, it is statistically analysed that it was very significant and particularly in mild and moderate cases. So above relieved form of analysis standard Deviation is 0.966 and standard error is 0.306 and the observed t value is 27.45 times the standard error. Therefore Result of Katishool in Katibasti is highly significant. Katishool was relieved by Uttamupshaya, while Katigraha was relieved by Madhyamupshaya, Katistambha was relieved by Madhyamupshaya in Katibasti procedure.

DISCUSSION
Content of Sahacharaditaila4 may be subdivided into two categories Ushnavirya & Shitvirya.
The Ushnvirya drugs are Sahachar, Dashmula, Kust, Agar, Shilaras, Tagar, Raktkarvir. They are Tikt-Katu-Kashaya rasatmak, all drugs are Vatakphashamak. Another group is Shitvirya drugs. Shitvirya drugs are Shatavari, Ushir, Brahmi, Priyangu all are Katu-Madur rasatmak, Vatapittashamak. When administered by Katibasti, it acts as a Snehan and Swedan. Thus locally at Kati pradesh it causes Doshvilayan, Kledan due to taila application7 and Srotovishodhana, Swedpravartan due to its warm temperature8. It causes Snehan, Vishyandan, Mardav, Kledan and Relieves Stiffness, Heaviness, Coldness.

Gives results to decrease cardinal symptoms of Lumber Spondylosis which are Katishool, Katigraha, Katistambha.
In Katishool (Lumbar spondylosis) the main vitiated dosh is ‘Vata’, also according to Vataprakopa treatment of choice is Katibasti. Drug given in present study for Katibasti is Sahacharaditail.

CONCLUSIONS
According to Ayurveda Shool (Pain) occurs due to vitiation of Vatadosha. Vatadosha is vitiated by Strotas avrodhata (Obstruction of channel) & Dhatukshaya (depletion of tissues). In Katishoola Apanvata is mainly involved so the aim of treatment is to pacify vitiated Vatadosha especially Apanvata. Response to the treatment was recorded & therapeutic effect was evaluated by symptomatic relief of patients, it was observed that the patients clinical symptoms were reduced gradually during the treatment period, although this symptoms were reduced completely or partially at the end of treatment. This medicine utilized in treating patients who are suffering from Katishool to reduce both sings & symptoms successfully & with greater effectiveness i.e. Uttam-Upshaya. Sahacharaditail Katibasti shows remarkable relief in symptoms of Katibasti in Katishool w.s.r to Lumber spondylosis.
REFERENCES


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Conflict Of Interest: None Declared