A CASE STUDY TO EVALUATE THE EFFICACY OF VAJIGANDHADI BASTI FOLLOWED BY PANCHATIKTA KSHEER SARPI BASTI IN THE MANAGEMENT OF KATIGATVATA WITH SPECIAL REFERENCE TO LUMBAR SPONDYLOSIS

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ABSTRACT

Katigatavata is disease with pain in lumbar region. Lumbar spondylosis, anterior displacement of vertebrae or vertebral column in relation to vertebrae below is one of the common causes. The advancement of busy professional and social life, improper sitting posture in office, continuous and over exertion, jerking movement during travelling and sports etc factors create undue pressure on the spinal cord and play an important role in producing Katigatvata. In this way this disease is now becoming a significant threat to the working population. According to Ayurveda, it is mentioned as one of the eighty Nanatmaj Vatavyadhi in Charak Samhita.(¹) Basti is considered as an Ardhachikitsa (half line of treatment) in Ayurvedic treatment and Basti Chikitsa is mainly useful in disorders related to Vata Dosha.(²) Current case study was carried out at R. A. Podar Ayurvedic College. A 34 yr male patient with history of lumbar spondylosis was treated. The response to the treatment was recorded and therapeutic effect were evaluated through symptomatic relief. Clinical symptoms were significantly reduced, and degree of anterior flexion increased from 40⁰ to 90⁰. However, MRI indicated that the patient was still suffering from mild facetal arthropathy and ligamentum flavum hypertrophy is seen with disc bulge.

Keywords: Katigatvata, Vajigandhadi Basti, Panchatikta ksheer Sarpi Basti, Lumbar spondylosis.

INTRODUCTION

Lumbar spondylosis is degenerative change in the Vertebral Column Lumbar disc which is almost universal in the elderly. It occurs most often in the lumbar spine. Sometimes pain in the low back, thigh and / or leg which radiates into the buttocks, muscle spasms, leg pain or weakness and irregular gait can be seen. This condition can be correlated with Katigatvata. In modern medicine, the disease is managed by NSAIDS, Analgesic drugs, corticosteroids & physiotherapy etc. but these drugs have lots of side effects. More than 90% of episodes of low back pain are of mechanical origin and most resolve spontaneously within 1-2 weeks. In about 30% patient’s episode can last if a month but chronic low back pain of more than 3% of all cases. Mechanical low back pain is particularly associated with occupations that involve heavy lifting, bending or
twisting such as manual labouring or nursing, but people whose job involve awkward static posture or prolonged driving are also at increased risk.

Episodes of occupationally related low back pain are twice as common in adults over the age of 40 years. Disc degeneration is age related and starts in 3rd decade. Reduction in the molecular size of the proteoglycans of the nucleus pulposus is associated with loss of viscoelastic properties. Increased load bearing by the annulus is followed by focal damage and disc herniation in some cases simultaneously the development of osteoarthritic changes in the spinal apophyseal joints leads to increases in stress and disc damage with cleft formation and osteophytes formation around the vertebral margins. (3)

Ayurveda refer this condition as Katigatvata. Katigatvata is a disease which is mainly caused by vitiation of Vata dosha, Asthi and Mamsha Dhatu kshaya. Some ancient text also described Katigatvata as symptom of some disorder such as Katigraha (stiffness in lumbar region), Trikagramha (stiffness in sacral region), Prushtagraha (stiffness in back region), Trikshool (sacroiliac pain), Prushtashool (back pain). (4,5)

Basti karma is one among the best treatment for Vata disorders. Chakrapani on commenting explains that when we nourish the root whole plant will be nourished. In this regard the process of degeneration can be successfully treated by Basti. Therefore, it was selected for the present case. So, this case report is planned to evaluate the effect of Vajigandhadi Basti followed by Panchatikta Ksheer Sarpi Basti in the management of Katigatvata w.s.r. to lumbar spondylosis.

**Aim:** To evaluate the effect of Vajigandhadi Basti Followed by Panchatikta ksheer Sarpi Basti in Katigatvata w.s.r. to lumbar spondylosis.

**Case Report:** Name of Patient- XYZ; Age- 34 yr./Male; Occupation- Tailor; Reg. OPD No. - 14555; Reg. IPD No. – 3296; DOA - 25/10/2019; DOD - 21/11/2019

**Brief History of Case:** A 34-year-old male patient complaining of Katishool (lower back pain), Katitrik sandhigrahaha (stiffness in lumbosacral region), Chakramana Kashtata (pain during walking), Ubhay Padashool (pain in bilateral legs), Ubhay Pad

Chimachimayana (tingling sensation in bilateral legs) for 4 year. He took allopathic treatment for past 4 year but didn’t get any relief. When he was taking medicine that time, he felt relief but after stopped medicine his pain again increased more than before. Doctor advise him for surgery.

So, for further management he came to Panchakarma OPD No. 15 of R. A. Podar Hospital Worli, Mumbai.

**Diagnosis and Assessment.**

Lumbar spondylosis was diagnosed and assessed as follows.

1. Low back pain (Katishool) - VAS method was used to assess the pain.
2. Tingling sensation in both legs - Assessed by asking present or absent. (Ubhay Pad Chimchimayan)
3. Stiffness of lumbosacral joint (Katitrik sandhigrahaha) was assessed by measuring forward bending angle.
4. Difficulty in Straight Leg Rising (Sakashtha Pa-dothonkriya) – has been assessed by SLR test.

Disc desiccation, posterior annular fissure, diffuse posterior bulge with broad based posteroentral protrusion of L5- S1 disc, indenting the thecal sac, encroaching bilateral neural foramina & abutting left traversing nerve root. Mild facetal arthropathy and ligamental flavum hypertrophy is seen at this level.

**Observation**

Gaait- slow and patient has pain after walking.

Prakriti - Vatakaphaj.

Vaya - Tarun

Bala - Madhyam

Agni - Vishamagni

Koshta - Madhyam koshta

**Hetu**

Aahar - Akalaj bhojan, Kwachit paryusheet annasevan, Mansahar, Pav-Butter, Chaha-Bread, Ati katu rasatmak aahar sevan.

Vihar - Long-time sitting work (tailor work), AC work, Occasionally heavy weightlifting.

Dosha - Vatakaphaj

Dushya - Asthi, Majja, Mansa.

Strotodushti - Asthivaha, Majjavaha

Adhishan - Katitrik sandhi

Udbhavasthan - Pakvashaya.
Treatment Given: Vajigandhadi Basti as Kal basti for 16 days.; Panchatikta ksheera sarpi Basti given for 7 days. (after Kal basti); Ingredients of the Vajigandhadi Basti as Niruha. 

For Anuvasana

Table 1: Basti Schedule One course of Kala Basti Administered as per the schedule that is

<table>
<thead>
<tr>
<th>Day</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basti</td>
<td>A</td>
<td>N</td>
<td>A</td>
<td>N</td>
<td>A</td>
<td>N</td>
<td>A</td>
<td>N</td>
<td>A</td>
<td>N</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

A – Anuvasan  N – Niruha

Table 2: Properties of Dravya

<table>
<thead>
<tr>
<th>Dravya</th>
<th>Rasa</th>
<th>Virya</th>
<th>Vipaka</th>
<th>Guna</th>
<th>Doshaghnata</th>
<th>Sthanic Karma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Erand Mool</td>
<td>Madhura (Katu Kashaya Anurasa)</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Snighdha Tiksha Sukshma</td>
<td>Vataghna Kaphaghna</td>
<td>Vedanasthapana Shothahara</td>
</tr>
<tr>
<td>2) Ashwagandha</td>
<td>Madhura Kashaya Tikta</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Laghu Snigdha</td>
<td>Vatahar Kaphahar</td>
<td>Balya Rasayana Shukrala</td>
</tr>
<tr>
<td>3) Bala</td>
<td>Madhura</td>
<td>Shita</td>
<td>Madhura</td>
<td>Guru, Snigdha</td>
<td>Tridosahar</td>
<td>Blya, Grahi, Vrishya</td>
</tr>
<tr>
<td>4) Bilva</td>
<td>Kashaya Tikta</td>
<td>Ushna</td>
<td>Katu</td>
<td>Laghu Ruksha</td>
<td>Vathar Kaphahar</td>
<td>Grahi, Balya Pachana</td>
</tr>
<tr>
<td>5) Gambhari</td>
<td>Madhura Tikta Kashaya</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Laghu Ruksha</td>
<td>Kaphahar Vatahar</td>
<td>Shothahar</td>
</tr>
<tr>
<td>6) Agnimanta</td>
<td>Tikta Kashaya Katu Madhur</td>
<td>Ushna</td>
<td>Katu</td>
<td>Laghu Ruksha</td>
<td>Tridosahar</td>
<td>Shothahar</td>
</tr>
<tr>
<td>7) Patala</td>
<td>Tikta Kashaya</td>
<td>Anushna</td>
<td>Katu</td>
<td>Laghu Ruksha</td>
<td>Tridosahar</td>
<td>Dipana Grahi</td>
</tr>
<tr>
<td>8) Shyonak</td>
<td>Tikta Kashaya</td>
<td>Shita</td>
<td>Katu</td>
<td>Guru Snigdha</td>
<td>Tridosahar</td>
<td>-</td>
</tr>
<tr>
<td>9) Shaliparni</td>
<td>Madhur Tikta</td>
<td>Ushna</td>
<td>Madhur</td>
<td>Laghu Snigdha</td>
<td>Tridosahar</td>
<td>-</td>
</tr>
<tr>
<td>10) Prushna- parni</td>
<td>Madhur Tikta</td>
<td>Ushna</td>
<td>Madhur</td>
<td>Laghu Snigdha</td>
<td>Tridosahar</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 3: Observation

<table>
<thead>
<tr>
<th>Observation</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking distance</td>
<td>Patient had severe pain after walking 100 mts.</td>
<td>Patient could easily walk without pain about 300 mts.</td>
</tr>
<tr>
<td>Walking time</td>
<td>Patient took around 6 minutes to walk 100 steps.</td>
<td>Patient took around 3 minutes to walk 100 steps.</td>
</tr>
<tr>
<td>SLRT</td>
<td>Lt – 40°, Lt – 45°, B/L – 40°</td>
<td>Lt – 90°, Lt – 90°, B/L – 90°</td>
</tr>
</tbody>
</table>

MRI of Lumbo Sacral spine (Before treatment 21/11/18)
- Lumbarisation of S1 vertebra.
- Loss of lumbar lordosis.
- Mild diffuse posterior bulge of L3-L4 disc, indenting the thecal sac without underlying neural foraminal narrowing or nerve root compression. Mild facetal arthropathy and ligamental flavum hypertrophy is seen at this level.
- Diffuse posterior bulge of L4-L5 disc, indenting the thecal sac without underlying neural foraminal narrowing or nerve root compression. Mild facetal arthropathy and ligamental flavum hypertrophy is seen at this level.

MRI Lumbo Sacral Spine (After treatment 30-11-19)
- Transitional vertebra is seen and labelled as L5 vertebra.
- L4-L5 disc reveal diffuse posterior bulge with small posterocentral protrusion indenting budding nerve roots. Mild facetal arthropathy is seen at this level.

DISCUSSION
Katigatvata is such a disease having its origin in Pakwashaya (Large intestine) and seat in Kati, Sphika.

Result: The results observed after the treatment were: Improvement was seen in sign and symptoms of the patient. Relief was (near about 70%) found in Low back pain. Chakraman kashtata, Ubbay pad chimchimayana. Stiffness of lumbosacral joint (Katitrik sandhigraha) has gone. Gait has improved.
nature are advice to be used together in the form of Ksheera Basti. This combination has ability to reduce Kharatwa. Hence it can be said that Tikta Ksheer Sarpi Basti has ability to repair degeneration of bones and cartilage.

Drug delivered at the upper part of the rectum is absorbed from the upper rectal mucosa and is carried by the Superior mesenteric vein into the portal circulation, and the drug absorbed from the lower part of the rectum enters directly into systemic circulation via middle and inferior haemorrhoid veins and hence the drug is available in the circulation for immediate action.

CONCLUSION

In the case study we got good results of Basti karma. The treatment given for Katigatvata was Kal Basti (Niruha- Vajigandhadi Basti & Anuvasana- Erand taila + Til taila) followed by Panchatikta Ksheer Sarpi Basti. Which helped in Vatadosha shaman, relief in symptoms of disease and an attempt to provide safe and effective treatment to the patient. Kal Basti schedule result in complete relief and provide excellent improvement in clinical sign and symptoms of Katigatvata. It also provided comparatively better relief in SLR test, walking distance and walking time. But this study needs further evaluation on large number of patients to conclude this treatment.

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