

## MANAGEMENT OF LUMBAR SPONDYLOLISTHESIS THROUGH KATI VASTI – A CASE REPORT

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## ABSTRACT

Spondylolisthesis is the displacement of one spinal vertebra compared to another. While some medical dictionaries define spondylolisthesis specifically as the forward or anterior displacement of a vertebra over the vertebra inferior to it (or the sacrum). Lumbar spondylolisthesis can be considered as various conditions like *Kati shola*, *Kati Graha*, *Trika Graha*, *Prushta Graha*, *Trika Shoola*, *Prushta Shoola*, *Grudrasi* in Ayurveda. The present article deals with the case of a 54-year female patient diagnosed with lumbar spondylolisthesis of L4 over L5 and got surgery 3 years back. There was still pain and discomfort post-surgery. The Ayurvedic diagnosis of *Kati soola* was made. Management included *Abhyanga*, *Nadi sweda* and *Kati vasti*. The patient was treated for 15 days. The response to the treatment was recorded and therapeutic effect was evaluated through symptomatic relief.

**Keywords:** Lumbar, Spondylolisthesis, Kati Shola, Low back pain, Kati Vasti

## INTRODUCTION

Nowadays lumber pain is a very common problem. Low back pain is estimated at 60% to 70% in industrialized countries (one-year prevalence 15% to 45%, adult incidence 5% per year). Low back pain affects

approximately 60-85% of adults during some point in their lives and LS is responsible for about 10% of all the back pain conditions. Spondylolisthesis is the displacement of one spinal vertebra compared to another.

While some medical dictionaries define spondylolisthesis specifically as the forward or anterior displacement of a vertebra over the vertebra inferior to it (or the sacrum)<sup>[1]</sup>. The most common level for degenerative anterolisthesis is L4-L5.<sup>[2][3]</sup> Females are 5 times more likely to suffer from anterolisthesis than males.<sup>[4]</sup> Ayurveda advocates *Panchakarma* therapies like *Katidhara* and *Basti* procedure along with *Shamana* therapy in the management of *Katigraha*.

### CASE REPORT

This is a single case study of a 54-year-old female patient (housewife), who came to OPD of *Panchakarma* Department, Shubhdeep Ayurved Medical College, Indore, M.P. with complaints of pain in the lower back region radiating to the left lower limb, stiffness in the hip and lower back region, restricted movement of both lower limbs and difficulty in walking for the past ten years (not continuous). Her condition gradually got worsened and she started feeling difficulty walking without support. She has gone through surgery on the spine 3 years back. Even after that, the patient again complained about the pain in the lumbar region radiating to both hips and legs. There was no significant history of diabetes or hypertension. The pain was pricking in nature. The patient was unable to set on the floor, aggravated by walking and relieved on rest. At the time of examination, the patient was able to walk without support. Palpation revealed swelling and tenderness in the lumbar region. The range of movements was restricted around the hip (flexion, extension, lateral bending, rotation, etc). A straight leg raising test was not performed due to pain. Lumbar lordosis was also visible during an examination.

### Diagnosis and Assessment

The diagnosis was confirmed as Lumbar spondylolisthesis by the presence of pain, numbness, aching and burning sensation, restricted movements at lumbar region, lower limbs and by MRI lumbar to spine scan findings. On local examination Straight Leg Raising (SLR) was found below 30° in both legs with restricted hip joint movement. The case was diagnosed as *Katigraha* (Lumbar Spondylolisthesis) based on symptoms and by the MRI of the lumbosacral spine. The patient was admitted at the male IPD of

*Panchakarma* Department, Shubhdeep Ayurved Medical College, Indore, M.P.

**Management-** The patient was given *kati vasti* with a complete care plan of *Purva*, *Pradhan* and *Pashchat karma*.

### *Purva Karma*

- Patients were advised to clear their bowel and urine properly.
- Black gram powder was mixed with the required quantity of water and prepared semisolid form to make boundary
- *Abhyanga-sewdana* of back and full legs for 15 mins
- Warmed up the *Mahanarayana Tail*.

### *Pradhana Karma*

Patients were advised to lie down on a simple table in a prone position with comfort and asked to expose the lumbosacral area properly. After that, a circular boundary was prepared with help of a paste of black gram powder over the lumbosacral area with two inches in height and four inches in diameter. The inner side of the prepared boundary was properly sealed to avoid leaking of oil. Thereafter the prepared boundary was filled with lukewarm *Mahanarayan Tail* and was kept for 30 minutes. During the procedure, it was ensured that the temperature of the oil was maintained by changing the warm oil. This procedure was carried out once daily for 15 days.

### *Pashchat Karma*

- The oil was removed with help of a cotton swab.
- The boundary was detached from the body and that area was cleaned with a gauze piece.
- *Abhyanga-sewdana* of back and full legs for 15 mins was given again.

### Assessment Criteria and Outcomes:

A criterion of assessment was based on the signs and symptoms of *Katigraha* as per Ayurveda text, SLR (Straight Leg Raising) test for a range of movement at the hip joint) and ODI (Oswestry disability index) scale (Table 3), which were assessed before treatment, after treatment and after following up (Table 1.)

1. Pain at low back (Katishoola)- was assessed by grading of pain by using Visual Analog Scale

(VAS). 0|\_\_| 09

**Table 1:** Assessment and grading of pain

PAIN (VAS)	Scale	Grade
No Pain	0 to 1	0
Mild, annoying pain	2 to 3	1
Nagging, Uncomfortable, troublesome pain	4	2
Distressing, miserable pain	5	3
Intense, Dreadful, Horrible	6 to 9	4

On the day of admission, the patient was in distressing, miserable pain with a VAS score of 5.

- 1) Stiffness at low back (Katigraha)- was assessed by grading of Range of Motion (ROM) by using the Oswestry Disability Index (ODI)

**Table 2:** Assessment and grading of stiffness

Stiffness (ROM)	Grade
No stiffness	0
With up to 25% impairment in ROM of joint 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 unable to perform daily routine work	4

## RESULTS

Results of the treatment were observed based on following parameters as follows:

**Table 3:** Results of the treatment

Parameter	Observation		Improvement %
	BT	AT	
VAS Score (PAIN)	5	1	80%
ROM Grade (STIFFNESS)	3	1	66%
ODI	25 Points	6 Points	76%
SLR	RT-30 Degree LT- 30 Degree B/L- 20 Degree	RT-80 Degree LT- 80 Degree B/L- 70 Degree	
X-ray	Lumbar lordosis seen	Loss of lumbar lordosis seen;	

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



## DISCUSSION

Spondylolisthesis is the displacement of one spinal vertebra compared to another. The present article deals with a case of diagnosed lumbar spondylolisthesis of L4 over L5 who got the surgery done 3 years back. It can be considered as conditions of *Kati Graha* according to *Ayurveda*. Management included *vatahara* procedures described in *Ayurveda* like *Abhyanga*, *Kativasti*. It is a very simple and effective procedure to cure pain in the low back, especially due to Spondylolisthesis. *Kati vasti* is a localized treatment therapy can be considered as one type *Snehana Upakarma*. As per Ayurvedic view, *Taila* is having the property of *Vata Kapha samaka*. In the context of *Vata Vyadhi Chikitsa*, *taila* is mentioned for the management of *Vataja* disorders. In *Kativasti*, the warm *Mahanarayana Taila* was kept locally at lumbar part of the body by using '*Masha Pisti*' (prepared semisolid form of Masha). It is a procedure that helps to decrease low backache, alleviates numbness due to nerve compression and strengthens back muscles which maintain normal curvature of the spine the bone tissues. *Abhyanga* in lower limbs was for reducing the numbness and aching sensation in lower limbs. The present case report substantiates the effectiveness of

classical Ayurvedic Management in spondylolisthesis.

## CONCLUSION

Patient of low back pain (*Katigraha*) diagnosed as Lumbar Spondylolisthesis was treated with *Panchkarma Chikitsa* including *Abhyanga*, *Swedan*, *Kativasti*. Overall, collective effects of these procedures showed highly effective results in this present case. Patient had better effect in relieving pain, stiffness and Oswestry Disability Index (ODI) changed with *Panchkarma* therapy. Thus, it can be concluded that *Ayurvedic* approach is better, safe and effective treatment as compared with contemporary approach in treating painful spinal conditions.

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