

Clinical efficacy of Katibasti and yog basti In the management of Katigraha (lumbar spondylosis)

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Abstract:

Katigraha is degenerative condition in which affecting vertebral bodies, and vertebral discs and its associates with lumbar spine. We can correlate *katishoola* with lumbar spondylosis , Low back pain affects approximately 60.85% of adults during some point of their life and 10% of this is because of Lumbar *Spondylosis* (LS). In current study, the assessment of kati basti and *yog basti* in the management of *Kati Graha* with special reference to Lumbar spondylasis has been attempted on a patient female patient has age of 50yrs. having signs and symptoms of L.S. were selected and were administered *katibasti* and *yogbasti* for a period of 8 days. Highly significant results were observed and improvement in cardinal symptoms of *Kati Graha* was observed. It also provided highly significant results in improving range of movements and pain intensity this procedure appears to provide good clinical improvement in pacifying pure *Vataja Kati Graha*.

Introduction

In *Gad nigraha* separate introduction of the *katigraha* disease motioned and today we can correlate with lumbar *spondylasis*, as rationally lower back pain ranks as number one cause of disability in individuals under age of 45 yrs. L.S. commonly responsible for 10% of all back pain conditions,¹

KatiGraha is *Shosha* (degeneration),

Stambha (stiffness), and *Shula* (pain) predominant *Vyadhi* (disease). As correctly said by *Sushruta Acharya* without vitiation of *Vata*,

If we think about the *samprapti* (pathology) of *katigraha*, *Gada Nigraha* clearly states that pain is produced due to stiffness which is produced by *Sama* (with *Ama*) or *Nirama* (without *Ama*) *Vayu* movement into *Kati* (lumbar region) hence this suggests of presence of *Dhatu Kshayatmaka* (degenerative) and *Marga Avarodhaka* (obstructive) form.

This existence of constant pain urges one to find a remedy. But, there is no current concrete treatment approach to the diverse range of patient presentations of *Kati Graha* (LS) despite substantial research efforts to identify conservative and more invasive methods of managing symptoms and slowing progressive degeneration.²

Katibasti (contains *sahachar taila*) , *yogbasti* (medicated enema containing *dashmula kwath* for niruh, and *saindhavadi til tail* for anuvasan etc.) which was selected for present study is a mild type of *Niruha* that has *Balya* (strength promoting), *Rasayana* and *Vata Kapha Shamaka* effects. *Kati basti* added as adjuvant for *santarpan* properties for degenerated back bones.

Keeping in mind the high prevalence, rate of disability in productive span of life, intensity of symptoms of disease, lack of current effective treatment and considering classical reference of efficacy of *kati basti* and *yog basti* in *Kati Graha*, a open label, trial was conducted to assess the efficacy of *kati basti* and *yog basti* in the management of *Kati Graha* with special reference to LS.

History of illness

The female patient aged 45 years , she was quite well before 1 year, since then, she was been suffering from *Katishool, chankraman kashtata, prushtashul, amlodgar and daurbalya* ,

Past history of the patient

General Examination

Patient had no any previous medical or surgical illness and also there is no any family history that complaint ever about the disease

On general examination the heart rate was 78/min and blood pressure is 130/80 mmHg and whereas the body temperature is 98⁰ F at systemic examination and there is no any abnormality observed during systemic examination and there is no any abnormality was observed during GIT and respiratory , cardiovascular and related to nervous system , and the *prakruti* of the patient was diagnosed *vatapittaj* , there were no any complains regards to mal *mutra* and *jivha* , and *druka* of the patient is *shwetabh* (pallor).

DIFFERENTIAL DIAGNOSIS

The diagnosis was confirmed on the basis of *lakshanas* (symptoms) and physical examination of the patient

Investigations

Routine *haematological*, bio-chemical and urine investigations were recorded.

Digital X-ray, AP and lateral view of the lumbar spine were taken.

MRI OF SPINE REVEALS

- ❖ Degenerative changes in lumbar spine
- ❖ Diffuse bulge of L4/5 disc is noted with *ligamentum flavum* hypertrophy and *facet arthropathy* causing spinal and *naural canal stenosis* with compression over bilateral transversing and exiting nerve roots.
- ❖ Screening of *cervico-dorsal* spine reveals degeneration spine reveals degenerative changes in cervical spine in the form of diffuse disc bulge at C5/6 level indenting the cal sac .

ELECTROMYOGRAPHY

- ❖ The EMG and thr nerve conduction study of right lower limb shows mild to moderate L5 *radioculopathy*

STUDY DESIGN

According to symptoms and the treatment was carried out daily *katibasti* with *sahachar taila* and initially one cycles of *yogabasti* and followed by oral medication there is time taken 15 days of the patient and other medications are stopped , during *ayurvedic* management is started , the subjective assessment was done under the basis of scoring pattern during specific period, after treatment in *patyanupathya* she was advised to tale easily digestible foods, *protienous* diet,

green leafy vegetables, fruits, *mansa acchadit asthi* (muscles covering with bone), eggs , *kukkut*, low fat diet, avoid fried and heavy foods and *vataj ahar* and *vihara*. Like walking and general physical activity,

Table no. 1

Medication and procedure

Medications	Dose	Time	Duration
<i>Katibasti</i>	100 ml.	After snehan svedan	8 days
<i>Mahayograj guggul</i>	500mg BD	After meal	15 days
<i>yogbasti</i>	Anuvasan 660ml.	After break fast	5 days
	Niruha 100ml.	Empty stomach	3 days

1. *Snehan(til taila) swedan (tandulodak bashpa swedan)* at *purvakarma* for 8 days
2. *Katibasti with sahachar taila* for 8 days
3. Oral medication of *Mahayograj guggul* 500mg BiD for 15 days
4. *Yogbasti* of for *niruh dashmul kwatha* and for *anuvasan til taila*

Table no. 2

SUBJECTIVE ASSESMENT CRITERIA

Kellgren – Lawrence grading scale:

Grades	Observations
0	No any narrowing of joint space or any other deformity
1	Dough full narrowing of joint space and possible <i>osteophytic lipping</i>
2	Definite <i>osteophytes</i> , definite narrowing of joint space
3	Moderate multiple <i>osteophytes</i> , definite narrowing of joints space, some sclerosis and possible deformity of bone contour
4	Large <i>osteophytes</i> marked narrowing of joint space severe sclerosis and definite deformity of bone contour

RESULT:

Effect on Roga Bala Kati graha (back stiffness), *Kati Shula* (back pain), *Sparsha Asahyata* (tenderness), *Gridrasivat* Pida (sciatic pain), Straight Leg Raise (SLR) test, *Pada Harsha* (tingling sensation in feet), *Pada Gaurava* (heaviness in feet), *Mamsa Bala Kshaya* (decreased muscle strength), *Gamane basti* and *yog basti* provided statistically highly significant effect on improving *Kati Graha (Kashtata)* (difficulty in movements). Insignificant relief was found in producing relief in symptoms of *Pada Supti* (numbness in feet), *Pada Daha* (burning sensation in feet) and *Mamsa Kshaya* (muscle wasting) The frequency of pain killers was reduced to statistically significant

Effect on objective criteria

In *Basti* group, though the values were statistically insignificant on radiographs of a patient disc size improvement was noted thereby reducing the mild *spondylotic* changes to minimal *spondylotic* changes which was confirmed by the radiologist. Improvement in the pain related symptoms were statistically highly significant

Overall effect of the therapy

In present study, patients achieved marked improvement.

Conclusion:

In the management of *Kati Graha w. s. r.* to L.S. *katibasti* and *yog basti* yields better Thus it can be clearly seen that *katibasti* and *yog basti* holds promising hope as non-invasive intervention results in pacifying pure *Vataja* or type of *Kati Graha*.

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