

## ROLE OF PANCHKARMA THERAPY IN THE MANAGEMENT OF KATISHOOL W.S.R TO LUMBER SPONDYLOSIS – A CASE REPORT

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### ABSTRACT

In recent era busy professional and communal life, Improper sitting posture of offices, factories, unremitting and physical exertion, jerking activities during travelling and sports all these factors create too much pressure to the vertebral column and play a vital role in producing low backache. The disease katishool correlated with lumber spondylosis has become a huge problem. Lumber spondylosis is a common age related degenerative condition in the region of lumber spine with gradual formation of bony over growth(osteophytes). No satisfactory management is available in modern medicine. Only conservative treatment is available in modern medicine. This article is about the clinical study of patient of katishool register from the IPD PG department of panchakarma DSRRAU college and hospital jodhpur.

The present study aimed at finding effective management of katishool. The panchakarma procedures selected for management of katishool were abhyanga, kativasti, patra pinda swedan, kaalabasti, pizichil. In this study patient got significant improvement and no complication were found during and after the clinical study.

**KEYWORDS:** Lumber spondylosis, Osteophytes, katishool, abhyanga, kativasti, patra pinda swedan, kala basti, pizichil.

## INTRODUCTION

Lumbar spondylosis is a progressive and irreversible degenerative disorder of the lumbar vertebrae, where there will be stiffening and fixation of spine. Low back ache is a common problem and the highest prevalence is seen in patients aged 45-65 years. Approximately 60–85% of adults suffer from low back ache during some point in their lives. Among musculoskeletal disorders in India, the prevalent morbidity of lumbar spondylosis is 4.16%.

Usual location of Lumbar spondylosis is the last vertebra of the lumbar spine (L5) and the first vertebra of the sacral spine (S1). The lumbar region is mostly affected because this region is most exposed to mechanical stress due to the loading of the spinal segments while standing and during spinal motion.

When a patient suffers from lumbar spondylosis, osteophytes can be formed. These are bony overgrowths that occur due to the stripping of the periosteal from the vertebral body. The formation of these osteophytes can cause neural foraminal stenosis, which will produce pain. The patient can also experience joint stiffness, which will limit the motion.

lumbar spondylosis, the space between discs in the lumbar spine becomes narrowed. As a result, the patient develops numbness, tingling, and pain which seem to radiate out from the area. These symptoms are the result of pressure on the nerves as they exit the spinal cord. If the spondylosis is allowed to progress, it can lead to a narrowing of the spinal canal, resulting in impingement of the spinal cord, which can cause poor bladder control, unsteady gait, and other severe neurological problems.

In ayurveda there is no exact clinical entity mentioned in classics as katishool, but it can be considered under the vata vyadhi as asthigata vata because pathogenesis of katishool is asthi pradoshaj in the lumber region due to vitiation of vata line of treatment of vata vyadhi are abhyanga, swedana, basti, etc. So these line of management was adopted for katishool. According to ayurveda basti with substance like milk, ghee, and tikata rasa dravya is best suitable for the asthi pradoshja vikar. Modern medicines are having just symptomatic and conservative relief. As a holistic medicine system, ayurved is having satisfactory and cost effective remedies. So through ayurved we may find a safe, cost effective and successful therapy for lumber spondylosis.

**CASE REPORT****Present complaints**

A 55 years old male patient comes for consultation in panchakarma OPD of DSRRAU hospital jodhpur, he was admitted & examined in the IPD of instituted. Pain & stiffness, in lower back since 4 years. Pain was radiating towards the both lower limb & numbness since 2years. Pain in the both legs specially at knee joint, she had no H/o Trauma and his symptoms had increased gradually. Pain of both legs increase during 10 mint of walking, restricted movements of both legs.

**Past history**

- N/H/O DM/HTN/PTB/Jaundice or any other major medical illness.
- N/H/O Trauma / fall / Accident.
- No relevant hereditary, congenital and surgical illness were found.

**Personal history**

Appetite – **normal** Sleep – **normal** Bowel – **normal** Bladder – **normal**

**Addiction**- no any addiction of tobacco, opium, alcohol, etc.

***Astvidha pariksha***

- ⊙ *NADI* - vata -pitaj (74/MIN)
- ⊙ *JIHVA* - Aipta
- ⊙ *MALA* - niram (1 time /day)
- ⊙ *MUTRA* – pale yellow
- ⊙ *SHABDA* – prakrta
- ⊙ *SPARSHA*- samshitoshana
- ⊙ *DRIK* - samanya
- ⊙ *AKRTI* - Madhyama

**GENENRAL EXAMINATION**

**B.P**-120/80 mmhg

**PR**-74/min

**R.R**-20/ min

**Built** – normal

**Weight**- 75 kg

**Pallor** – +1

**Skin** – wrinkles

**Icterus**-absent

**Cyanosis** –Absent

**Nails** – pinkish

**Clubbing** - absent

**Joints****lower back** – painful flexion**knee joint** - painful during walking **Musculoskeletal system examination finding – SLR****Test** – Rt leg 50°

Lt leg 65°

**Lumber flexion test**- flexion 30 cm from floor painful (normal flexion -7 cm from floor).**Lumber extension**- slight painful.**Lumber Rt lateral rotation** – slight painful **Lumber Lt lateral rotation**- slight painful**Femoral nerve stretch test**- positive.**Slump test**

positive (Performing the Test: Patient is seated upright with hands held together behind his/her back. The examiner instructs to the patient to flex his/her spine (slump), followed by neck flexion. The examiner then places his/her hand on top of head and has the patient perform knee extension, and dorsiflexion of foot. Finally, the patient is told to return the neck to neutral. The test is considered positive if symptoms are increased in the slumped position and decreased as the patient moves out of neck flexion.

**Schober's test** – Slight positive.**Patrick's test**- Negative.**Criteria for assessment of pain - VAS Score** (visual analogue scale)

<b>pain</b>	<b>grade</b>
No pain	0
Mild	1-2
Moderate	3-4
severe	5-6
Very severe	7-8
Worst possible	9-10

**TREATMENT**

- 1.Kati basti with mahanarayana tail for 7days
- 2.Sarvanga abhyanga with mahanarayan tail for 7 days.
- 3.Patra pind swedana with mahanarayan tail +mahamash tail for 7 days.
- 4.Yoga basti –  
Niruha basti- dashmool kwath+rasnasaptak kwath

Anuvasana basti- dashmool tail+ksheerbala tail.

5. Panchtikata ksheerbasti- for 16 days.

Madhu	50gm
Sandhava	10 gm
Yamka(50+50gm)	Ashvaganda tail+mahatikta ghruta 30ml + 50ml
Kalka(satpushpa)	20gm
Kwath darvya (Nimba+ patola+ kantakari +guduchi+vasa)	400-500ml

6. Pizichil- Mahanarayana tail (300ml)+mahamash tail (200ml)+ Tila tail(1500ml) for 7 days.

Pathya aahar- dhudh+daliya, ghruta etc. vataghnaaahar.

Apathya aahar- curd, spicy food, legums(chana, pea).

## RESULT OBSERVED

On examination

Symptoms	Before t/t vas score	After t/t vas score
Pain in lower back	7 – 8(very severe)	1 -2(mild pain)
Pain in Rt knee joint	7-8(very severe)	1-2 (mild pain)
Pain in Lt knee joint	5 - 6 (severe)	1-2 (mild pain)
SLRT	Rt leg- 50° Lt leg- 65°	Rt leg-80° Lt leg - 90°
Femoral nerve stretch test	Positive	Negative
Slump test	positive	Mild positive
Lumber flexion test	Positive (30 cm from floor)	Mild positive (10cm from floor)
Lumber Rt lateral rotation	Slight painful	Normal
Lumber Lt lateral rotation	Slight painful	Normal
Schober's test	Moderate 2-4cm	More then 4 cm

## Improvement in symptoms by panchakarma procedure

Procedure	Relief in symptoms	Duration
Kativasti	Mild relief in low backache	7th days
Abhyanga	Mild relief in low backache and some relief in radiating pain to lower limb	14 <sup>th</sup> day
Patrapinda swedan	Moderate relief in low backache And knee joint pain	21th day
Yoga basti	Pain less forward banding with above symptoms	29 <sup>th</sup> day
Panchtikat ksheer in kalabasti karma	SLR test Rt leg 80° Lt leg 90° With moderate relief in above symptoms	45 <sup>th</sup> day

## DISCUSSION

According to ayurveda shoola (pain) occurs due to vitiation of vata dosha. Vata dosha is vitiated by srotas awarodha (Obstruction of channels) & Dhatu kshay (depletion of tissue / malnutrition). Samanya chikitsa of vatvyadhi is abhyang, swedan, basti. In kati shoola apan vata is mainly involved so the aim of the treatment is to pacify vitiated vata dosha specially apan vayu.

Snehan and Swedan acts as vata shamak, increases blood circulation and relieves pain by local action. The mode of action of abhyanga can also be understood by the properties of snehan i.e. snigdha and guru acts as vatahara, snehana, balya, pustikara, Mardhu guna reduces the stiffness due to kathinya guna. sukshma guna help the drug to reach upto minute channel. After abhyanga patra pinda sweda was applied to the affected part of body, which was Sandhichestakara, Srotosuddhikara, Agnideepaka, and Kapha-vatanirodhana, it decreased the stambha. it released pain, relaxed the muscle, activated the local metabolic process, increased local blood flow, and thus increased the absorption of Sneha through the skin. patra pinda sweda is highly effective both in musculoskeletal and neuromuscular diseases. The drugs used for making pottali having snigdha guna and vatahara property.

katibasti acts locally at lumbar region by both actions local oiling and fomentation. It relieves pain. Basti is very much effective treatment for vatavyadhi. In vagbhata sutra sthan context said about basti no one treatment is useful for pacify vata dosh so that basti is called ardhachikitsa for pacify vatadosh. 'Pizhichil' literally means squeezing. Here, warm oil medicated oil is squeezed over the patient's body from a piece of cloth that is periodically dipped in a vessel containing the oil. Pizhichil is recommended for diseases caused by a vitiation of the vata humour and other degenerative diseases that effect the muscles. 'Pizhichil' is relaxing soothing and rejuvenating treatment with medicated warm oil It acts on root of vatadosha and gives promising results in relieving pain and functional disability.

## CONCLUSION

It is concluded that this treatment regimen completely or partially relieve the symptoms in kati shoola (lumbar spondylosis). These medicines can be utilized in treating patients who are suffering from kati shoola to reduced both signs & symptoms successfully & with greater effectiveness. It is proposed that the therapy may be accepted as a treatment method of katishoola (lumbar spondylosis) so we can give symptomatic relief, reduction in pain and improvement in quality of life to the patient of low back pain by ayurveda.

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