



“A Critical Study Of Katigatvata W.S.R. To Lumbar Spondylolisthesis/ Spondylosis/ Disc Prolapse”- Review Article.^{1, 2, 3, 4, 5}

*** Dr. Rupa Kanwar Shehawat¹, Dr. Janmejy Shakya², Dr. Santosh Tale³,
Dr. Reema Patidar⁴, Dr. Anoop Sharma⁵.

¹M.D. (Panchakarma) Scholar, Dept. of Kaya Chikitsa, Pt. Dr. Shivshakti Lal Sharma Ayurveda College, Ratlam, M.P.

² Asst. Professor, Dept. of Panchakarma, Pt. Dr. Shivshakti Lal Sharma Ayurveda College, Ratlam, M.P.

³ Professor & H.O.D., Dept. of Panchakarma, Pt. Dr. Shivshakti Lal Sharma Ayurveda College, Ratlam, M.P.

⁴ Asst. Professor, Dept. of Panchakarma, Pt. Dr. Shivshakti Lal Sharma Ayurveda College, Ratlam, M.P.

⁵ Asst. Professor, Dept. of Shalya Tantra, Pt. Dr. Shivshakti Lal Sharma Ayurveda College, Ratlam, M.P.

1. ABSTRACT

In a patient with lumbar spondylosis (*katigat vata*) common symptoms are generally lower backache, radiating pain to the leg, difficulty in sitting and walking. According to *Ayurveda*, *Kati Shoola* is a disease with pain in lumbar region. Low back pain (LBP) affects approximately 60–85% of adults during some point in their lives. Lumbar spondylolisthesis/ spondylosis/ disc prolapse, anterior displacement of a vertebra or the vertebral column in relation to the vertebrae below, is one of the common causes. Lumbar canal stenosis is abnormal narrowing of spinal canal at lumbar region restriction to the spinal canal resulting in a neurological deficit produces symptom like numbness, parasthesia, pain and loss of motor function. *Vatavyadhi* in *Charak Samhita*, the treatment with *Vat shaman chikitsa* in *Ayurveda* and as modern managed by non-steroidal anti-inflammatory drugs, analgesic drugs, corticosteroids, physiotherapy etc, but these drugs gives temporary effects and have lots of side effects afterwards. *Kati pradeshevedana* (Pain in Lumber region), *Kati shunyata* (Numbness), *Shramahani* (Lethargy) are frequent symptoms mentioned in the text.

Keywords: *Katigata Vata*, *Katishoola*, Lumbar stenosis/ spondylosis, .

2. INTRODUCTION

Katigatvata is mentioned as a *Vatavyadhi* among eighty *Nanatamja Vatavyadhi* described in *Charak Samhita* (Charak Chi.28 Chapter), which is closely resembles with intervertebral disc prolapse (IVDP) in modern science.

In *Ayurveda*, intervertebral disc prolapse can be correlated with *Katigatavata* as its symptoms, e.g. radiating pain form Low back, thighs, legs to the buttocks; muscle spasm, weakness, tight hamstring muscles, and irregular gait occurred as a result of degenerative changes in vertebral bodies and associated joints of the lumbar spine also. The *Katigatavata* is described as one of the Eighty *Nanatmaja Vatavyadhi* elaborated by *Acharya Charak*. Some symptoms also mimic the two clinical entities, i.e., *Katigraha* & *Gridhrasi*, mentioned in some ancient texts. According to ancient *Acharyas*, *Kaigata Vata* can be very well managed by *Panchakarma*, especially *Basti*.

- *Katibasti* (Charak Siddhi Sthan)
- *Matra Basti* (Charak Siddhi)

Lumbar Spondylolisthesis/ spondylosis/ disc prolapse is a degenerative disorder of vertebral column, and describes the anterior displacement of a vertebra or the vertebral column in relation to the vertebrae below. It occurs most often in the lumbar spine and produces symptoms such as Low back pain, Painful Lumbar movement, Stiffness in lumbar region, Tingling numbness and weakness in Lower limb. This condition can be correlated with *Katigat Vata*.

Need of Study:

Inter Vertebral Disc Prolapse/ Low back pain is one of the recurrent problems now a day. According to WHO, 60% patients affecting with this whose quality of life and lifestyle worsening.

The prevalence of low back pain during school age approaches that seen in adults, increases from childhood to adolescence and in geriatric patients.

3. DISCUSSION

Disease Review:-

Ayurveda is the traditional, ancient Indian system of health science,, *Ayurveda* literally means, “Life Knowledge”. It is not just a health care system, but a complete approach to healthy living. *Panchakarma* is the unique branch of *Ayurveda*, which deals with the purification and Detoxification of the body.

Mostly everyone is living a stressful life. Due to change in lifestyle it has created several interruptions in living systems. The aggravating factors, such as over exertion, sedentary occupation, jerky movement during travelling and lifting creates mental stress, which leads to low backache

1. Low back pain is one of the recurrent problems now a day. According to WHO, 60% of related factor to the quality of life and individual health are correlated to lifestyle.
2. About 60-80% population experience lumber pain. The highest prevalence is among people aged 35-60 years .
3. The prevalence of low back pain during school age approaches that seen in adults, increases from childhood to adolescence, and peaks between ages 35 and 60 years.
4. *Katigatvat* the commonest disease. It is one of the *Nanatmaja Vatavyadhi* which is the problem of lumbar region. Even though this kind of disease is not life threatening but it makes a huge impact on daily activity of people facing such disease. *Bruhatrayi* has considered *katigatvat* a symptom in various diseases such as *Atisaar*, *Arshas*, *Ashmari*, *Bhagandara* etc. *Archarya Shodhayla and Acharya Sharangdhar* considered *katigatvat* a separate disease as *Nanatmaja Vatavyadhi* (*Charak Chikitsa* 28)
5. *Acharya Shodhayla* described that it is a condition characterized by pain and restricted movement of *Kati*. *Kati* itself is one of the seats of *Vata dosha* and the root cause of disease is aggravated by *Vata*. *Katigat vata Sthambha Shula*, and *Shosha* Predominant *Vyadhi*. As correctly said by *Acharya Sushruta* without vitiation of *Vata*, *Shula* cannot be produced. *Gada Nigraha* clearly states that the pain arises due to Stiffness.^[1]

Disc prolapsed is the condition occurs when the gel like fluid in the spinal disc pushes through a crack in the tougher exterior casing. Some herniated disc causes no symptoms. When the displaced disc tissue press against nearby muscles, ligaments and nerves it may cause pain, weakness, numbness and unexplained muscle aching which may worsen without treatment and develop quickly.

Spondylosis is the osteoarthritic/ degenerative changes of the spine are termed. Spondylosis more simply put it is arthritis; which if occurs in the facet joints, it is called as facet syndrome.

Spondylolisthesis is a spinal disorder in which one bone (vertebra) slip forward onto the bone below it. If vertebra slips further, it may cause compression or irritation of the nerves and cause severe back pain or nerve crowding that produces leg pain or numbness^[2].

Ayurvedic Therapeutic Approach

Basti Introduction

- *Basti* is derived from the fact that the *Basti Yantra* or the apparatus used for introducing the medicated materials is made up of *Basti* or animal urinary bladders. Thus, as also described by *Sushruta* and others all those drugs or medicaments which are introduced through the rectum with the help of *Basti* are designated as *Basti*.^[3]

Anuvasana Basti :

- In *Anuvasana Basti* only *Sneha* is used. According to quantity of oil given, this type is subdivided as follows :
- *Sneha Basti* : 1/4th to the quantity of *Niruha* i.e. 6 Pala.
- *Anuvasana Basti* : 1/2 to the quantity of *Sneha Basti* i.e. 3 Pala.
- *Matra Basti* : 1/2 to the quantity of *Anuvasana Basti* i.e. 1 1/2 Pala.

Mode of action of basti

- *Veerya* of *basti oushada* reaches all over the body through the *srotas* in the same way as the water poured at the root of the plant reaches up to leaves.
- Even though *basti dravyas* comes out very quickly with *mala*, their *veerya* acts all over the body by the action of *panchavata*, just as sun draws moisture from the earth. ||cha.si.7||
- *Veerya* of *basti* reaches *Apana vayu* and nourishes it then acts on *samana vayu*. After nourishing *samana vayu*, it nourishes *vyana vayu*, thereafter acting on *udana vayu* and *prana vayu* and nourishes them.^[4]
- When all *panchavata* gets nourishment it promotes the health. The *veerya basti* acts on *pitta kapha* to bring to normalcy. The *veerya* of *basti* is carried to *tiryak pradesha* by *vyana vayu*, to *adha pradesha* by *apana vayu*, and to *urdwa pradesha* by *prana vayu*. (A.s.5/68)
- It is explained that *basti* should administered to the patient lying on the left lateral side as the *grahani* and *guda* are situated on the left side of the body, *vali* of the *guda* get weakened.
- *Basti dravya* reach up to *grahani*, the stimulation of *jatharagni* present in *grahani* happens. *Sneha dravya* by its *sukshma guna* enters into *sukshma srotas* reaches *grahani*. Here it acts on *samaana vata* which lies near the seat of the *jatharagni*, thus ignites it^[5].

METHODOLOGY

Literary Materials:

Most of the work should be of literary type collection, interpretation and exploration of related material from different sources along with critical analysis will be done to find out a newer view which is most suitable to explain the old concept in contemporary light. The work should be carried out in the department of *Ayurveda panchakarma* with collection and analysis of subject matter from *Bruhatrayi* and *Laghutrayi* and modern literature and contemporary texts including the journals and websites about the disease drug and procedure will be reviewed –

1. *Brihatrayi* –
 - I. *Charaka Samhita*, commented by
 - a. *Chakrapani Datt*
 - b. *Yogendranath Sen*
 - c. *Gangadhar Roy*
 - II. *Sushrut Samhita*, commented by
 - a. *Dalhana*
 - III. *Astang Hridayam*, commented by
 - a. *Arundutta*
 - b. *Hemadri*
2. *Laghutrayi* –
 - I. *Madhavnidana*
 - II. *Sharangdhara Samhita*
 - III. *Bhava Prakash*

Plan of study:

1. Conceptual Study should be based on-
 - a) Life style
 - b) *Tridoshaj*
 - c) *Raktvahstrotus*
 - b) *Sthanic Dose*
 - e) *Nidana*
 - f) Disease Review - Review related with *Katigat Vata/ Slip disc, IVDP* mentioned in *Ayurvedic* and modern text.

3. Literary Observation and discussion should be done as per the methodology mentioned. All classical, modern literature and contemporary texts including the journals and websites about the disease drug and procedure will be reviewed and documented for the study. The patient will be diagnosed with the help of various subjective and objective parameters as per *Ayurvedic* as well as modern science.

Inclusion Criteria:

1. Patients of *Katigatvat* age between 25 to 65 years, irrespective of their sex, religion, occupation and economic status.
2. A diagnosed case of *Katigatvat* with the clinical symptoms from 6months to 1year without any neurological deficit.
3. Patient who will give written consent.
4. Sex : Male/Female
5. Willing and able to participate in the study for 4 weeks.

Exclusion Criteria:

1. Patients having neurological deficit.
2. Lumbar and other vertebral disc disorder with myelopathy, other disc degeneration radiculopathy (M51.0+ of ICD-10).
3. Pregnant women, Traumatic Patients.
4. Associated with simple and compound fracture.
5. *Matravasti Ayoga*
6. Patients suffering from Piles, general debility e.g. anaemia.
7. Cancer Patient
8. Diabetes Patient.
9. Blood Pressure Patient

Diagnostic/Investigation Criteria:

1. Hematological examination Hb%, TC, ESR.
2. X ray for diagnosis – Lumbo-sacral spine AP & Lateral view.
3. Urine- sugar, albumin and microscopic examination.
4. MRI of spine.(if necessary)
5. Other investigation if necessary.

The patients who will be satisfied the consideration rules will be oppressed for routine Hematological and Biochemical assessment and will exhorted Antero-Posterior and Lateral view X-ray of Lumbar Spine. Before initiation patients will be assessed for both Subjective and Objective parameters.

Criteria of Assessment-**A. Subjective Parameter (Sign & Symptoms)-**

1. Pain radiating from back to thigh, knee & calf
2. Stiffness radiating from back to thigh, knee & calf.
3. Restricted movements of back.

B. Objective Parameter-

1. Straight leg Raising Test.
2. Schobert's Test.
3. Modified Oswestry Low Back Pain Disability Questionnaire.

Procedure Planned/ Method of Assessment and Data Collection-

A. Prior to selection (Screening)-

1. Informed Consent
2. Eligibility Evaluation
3. Laboratory Investigation

B. During Selection (Baseline)-

1. Patient general information with history.
2. Assessment of Ayurvedic Parameter
3. Straight leg Raising Test.
4. Schober's Test.

C. During Treatment 7,14,21 day-

1. Assessment of Drug compliance
2. Assessment of Clinical Parameter

The Katigata Vata/ IVDP/ Slip Disc patients should be assessed with the help of Straight Leg Raising Test, Schober test and Modified Oswestry Low Back Pain Disability Questionnaire along with other clinical parameter e.g. grading of Pain, Numbness, Stiffness, Sitting & standing capability, Tenderness [6].

Straight leg Raising Test.

35° – 75° sciatic roots tense over the inter-vertebral disc during this range. Rate of deformation diminishes as the angle increases. Tension applied to the sciatic roots at this angle 0 - 35° stack in sciatic barbarization taken up during this range.

Schober's Test.

The Schober test detects reduced flexion. With the patient standing, mark the skin overlying the fifth lumbar spinous process (usually at the level of the posterior superior iliac spine or the dimple of Venue) and also 10 cm above. On forward flexion, this should increase to > 15cm.

4. CONCLUSION

The Ayurvedic treatment would be effective and complication free. A very few study available with treatment of *Katigata Vata* in the light of modern science in today's scenario. Overall as conclusion with this study we should collect and explore the information regarding *Katigata Vata w.s.r. to spondylolisthesis/ spondylosis/ disc prolapsed (IVDP)* from various sources especially from *Bruhatrayi – Laghutrayi* and modern text. The efforts should be made to understand the concept study of *Katigata Vata* in both diagnostics and therapeutics along with its clinical interrelation to explain the similarities and differences.

5. REFERENCES

1. Tripathi Brahmanand, Charaka Samhita, Brahmanand Tripathi, siddhi sthana 1/38-40, 1st ed reprint, Chaukamba Sanskrit samsthan, 2005, 25, 1169-1170.
2. Maheshwari J. Essential Orthopaedics, chapter 31, 3rd revised reprint, Mehhta Publishers A-16 (east) Naraina-11New Delhi-110028, 2010, 228-229.
3. Nirmal Saxena. Vangasena Samhita of vangasena, vatavyadhi adhyaya shloka, 1sted, chaukhambha Sanskrit series office, Varanasi. 2004; 1(451):613-614
4. Shah rasavaiden Nagindas chaganlal, Bharat bhaishjya ratnakar panchmo bhag Tailaprakaranam 7430, 2nd edition reprint, B. Jain Publisher Pvt. Ltd. New Delhi,2005, 69.
5. Vaidya Bapalal G. Nighantu Adarsa Uttaradha. Chapter -504 & 505,1sted Reprint, Chaukambha Bharti academy Varanasi. 2009; 2:567-576.

6. Nisargandha MA, Parwe SD, Wankhede SG, Deshpande VK. Comparison of nerve conduction Studies on affected and non-affected side in the patients Of sciatica. Int j basic appl physiol. 2020; 9(1):1.

