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Case Study On Ayurvedic Interventions For Lumbar Spondylosis: Focusing On Katigraha

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ABSTRACT:

Katigraha, correlating with Lumbar Spondylosis in *Ayurveda*, is a significant clinical, social, economic, and public health issue worldwide. Lumbar Spondylosis, prevalent among middle-aged and elderly populations, affects both genders equally[1] . Lower back pain is prevalent in 60% to 70% of individuals in industrialized countries[2] . In *Ayurveda*, the treatment of *Katigraha* focuses on the principle of creating *Anuloman* (proper movement) in the *Pakwashaya* (colon), with special importance given to *Apana Vata Anuloman Chikitsa*[3] .This case study involves a 45-year-old female patient who presented with low back pain radiating to the left lower limb, stiffness in the hip region, restricted movement of lower limbs, and difficulty walking for the past two years. The patient was administered *Trayodashang Guggul*, *Rasnasapthakam Kwath*, and *Basti Panchakarma Chikitsa*[4], which provided marked relief in pain and stiffness. The management of *Katigraha* with these Ayurvedic interventions was effective. While both *Katigraha* and Lumbar Spondylosis involve lower back pain and stiffness, their underlying causes, pathophysiology, and treatment approaches differ significantly. *Katigraha* is viewed through the lens of *Dosha* imbalances in *Ayurveda*, focusing on holistic and natural therapies, whereas Lumbar Spondylosis is treated as a degenerative disease in modern medicine, often requiring pharmacological and surgical interventions. Both approaches emphasize lifestyle modifications and physical therapies for effective management and relief. This is a single case study of a 45-year-old female patient who presented to the OPD of *Kayachikitsa* Department in Bhagawan Mahaveer Jain Ayurvedic Medical College, Hospital Ayurveda with complaints of pain in the low back region radiating to the left lower limb, stiffness in the hip region, restricted movement of lower limbs, and difficulty in walking for the past two years (not continuous). The patient was administered *Trayodashang guggul, Rasnasapthakam Kwath*, and *Basti Panchakarma Chikitsa*. The treatment provided marked relief in pain, and stiffness. Based on this case study, it can be concluded that the management of *Katigraha* with *Trayodashang guggul*, *Rasnasapthakam Kwath* along with *Panchakarma – Basti Chikitsa* was effective.

KEYWORDS:

Katigraha, Lumbar Spondylosis, *Trayodashang guggul*, *Rasnasapthakam Kwath*, *Panchakarma, Basti chikitsa*.

INTRODUCTION:

In *Ayurveda*, lumbar spondylosis correlates with *Katigraha*, categorized under *Vatananatmaja Vikara*[5] The traditional approach to managing *Katigraha* involves a combinati on of *Ayurvedic* medication and therapies aimed at alleviating pain and improving mobility. This treatment addresses the root cause of the condition by balancing the *Vata Dosha* and strengthening the affected area. *Ayurvedic* medicines, including analgesics and muscle relaxants, are prescribed to manage symptoms and promote healing. *Pachakarma* therapy, which

focuses on pacifying aggravated *Doshas* through dietary and lifestyle modifications, is also an integral part of the treatment regimen. By integrating these traditional *Ayurvedic* approaches with modern medical interventions, individuals suffering from lumbar spondylosis can potentially experience relief from pain and disability, improving their quality of life.

CASE REPORT:

This is a case study of a 45-year-old female patient who presented to the Outpatient Department (OPD) of the *Kayachikitsa* Department in Bhagawan mahaveer Jain ayurvedic medical College, hospital Ayurveda with complaints of pain in the lower back region radiating to the left lower limb, stiffness in the hip region, restricted movement of both lower limbs, and difficulty in walking for the past two years (not continuous). Her condition gradually worsened, and she started experiencing difficulty walking without support. She had taken allopathic analgesics for pain relief. After some time, the patient complained again of pain in the lumbar region radiating to both hips, back of the thighs, and legs with severe intensity. The pain was pricking in nature and aggravated by walking, but relieved on rest. There was no significant past history of diabetes or hypertension.

INVESTIGATION:

The MRI of the lumbar spine revealed a diffuse disc bulge with right paracentral disc protrusion at the levels of L1-2, L2-3, L3-4, and L4-5, indenting the anterior thecal sac and causing mild spinal canal stenosis. Additionally, there was bilateral significant lateral recess stenosis and significant right neural foraminal narrowing, leading to compression over bilateral traversing and right L4 exiting nerve root. This resulted in a reduction of the spinal canal's anterior-posterior diameter to 10 mm. Furthermore, there was straightening of the normal lumbar lordotic curvature. Hematological investigations yielded results within normal limits. On local examination, Straight Leg Raising (SLR) was found to be below 30 degrees in both legs, with restricted hip joint movement. Based on the symptoms and MRI findings of the lumbosacral spine, the case was diagnosed as *Katigraha* (Lumbar Spondylosis). The patient was subsequently admitted to the female In-Patient Department (IPD) of the *Kayachikitsa* Department for further management.

INTERVENTIONS:

Treatment given:

The patient was administered with *Ayurvedic* classical medicines mentioned in Table 1 for 2 month .

Table 1

Index	Medicine	Dose
1.	*Trayodashang Guggul*	500gm before Lunch And Dinner with warm water.
2.	*Rasnasapthakam Kwath*	10 ML before Lunch And Dinner with warm water.

Erandmuladi Niruha Basti prepared with Dravya (ingredients) (Table 2) along with *Shamana Chikitsa* (Table 1) were given. Ten *Anuvasana* and six *Niruha Basti*[6] were given as per the *Kala Basti*[7] schedule (Table 2).

Table no. 2

Index	*Basti*	Ingredients	Quantity
1.	*Anuvasan*	*Sahacharadi Tail + Erand Tail*	40+20 ML
2.	*Niruha*	*Erandmuladi Niruha Basti*	720 ML
3.	*Anuvasan*	*Sahacharadi Tail*	60 ML
4.	*Niruha*	*Erandmuladi Niruha Basti*	720 ML
5.	*Anuvasan*	*Sahacharadi Tail*	60 ML
6.	*Niruha*	*Erandmuladi Niruha Basti*	720 ML
7.	*Anuvasan*	*Sahacharadi Tail*	60 ML
8.	*Niruha*	*Erandmuladi Niruha Basti*	720 ML
9.	*Anuvasan*	*Sahacharadi Tail*	60 ML
10.	*Niruha*	*Erandmuladi Niruha Basti*	720 ML
11.	*Anuvasan*	*Sahacharadi Tail*	60 ML

12.	*Niruha*	*Erandmuladi Niruha Basti*	720 ML
13.	*Anuvasan*	*Sahacharadi Tail*	60 ML
14.	*Anuvasan*	*Sahacharadi Tail*	60 ML
15.	*Anuvasan*	*Sahacharadi Tail*	60 ML

Table 3: Ingredients of *Erandmuladi Niruha Basti (Ch.si.3)*

Index		*Dravya*	Quantity
A.	*Kwath Dravya*	*Bharad Dravay*	150 Gm
		Erandmool	24.9gm
		Palashtvak	24.9gm
		Laghupanchmool	41.5 Gm
		Rasna	8.3 Gm
		Ashwagandha	8.3 Gm
		Bala	8.3gm
		Guduchi	8.3gm
		Punarnava	8.3gm
		Argvadh	8.3gm
		Devdaru	8.3gm
		Madanphal	2
B.	*Kalka Dravya*	*Shatpushpa*	2.08gm
		Hapusha	2.08gm
		Priyangu	2.08gm
		Pippali	2.08gm
		Yashti	2.08gm
		Bala	2.08gm
		Rasanjan	2.08gm
		Indrayava	2.08gm
		Musta	2.08gm
C.		*Madhu*	90 Gm
D.		*Saindhav*	7.5gm
E.		*Til Tail*	180gm
F.		*Gomutra*	75gm

Assessment Criteria and Outcomes:

A criteria of assessment was based on the signs and symptoms of *Katigraha* as per *Ayurveda* text, SLR (Straight Leg Raising) test for range of movement at hip joint) and ODI (Oswestry disability index) scale (Table 4), which were assessed before treatment, after treatmentand after follow up (Table 5.)

Table 4. Day wise clinical intervention of the patient.

Day	Procedure and drugs	Dose	Time
Day1 to Day 15	*Basti Chikitsa* (Given In *Kala Basti* Format) 1.*Erandamuladi Niruha Basti* 2.*Sahacharadi Anuvasan Basti*	 720ml. 60 ml	 Empty stomach After taking meal
Shaman Chikitsa			
For 2 month	*Trayodashang Guggulu*	500mg	before lunch and dinner With warm water.
	Rasna Saptak Kwatha	10gm	before lunch and dinner With warm water.

Results

The patient felt ease on long-standing, walking, and during her daily activities after completion of treatment, with marked relief in pain and stiffness of the joints.

Table 5. Gradation of symptoms for assessment.

Symptoms	Criteria	Grading
Ruka(~pain)	No pain while walking Mild pain while walking Moderate pain while walking Severe pain while walking	0 1 2 3
Stambha (~stiffness)	No stiffness Stiffness for 10-30 min Stiffness for 30 – 60 min Stiffness for more than 1 hr	0 1 2 3
Movement Of joints (both hip joints)	Normal Mildly restricted Moderately restricted Severely restricted	0 1 2 3
Gait	Unchanged Occasionally changed Walk with support Unable to walk	0 1 2 3
Sleep	Normal Occasionally disturbed Frequently disturbed Unable to sleep due to pain	0 1 2 3
SLR Test	No pain at 90^0 Pain> 71 up to 90^0 Pain> 51 up to 70^0 Pain> 31 up to 50^0 Pain below 30^0	0 1 2 3 4
ODI Scale*	Minimal disability (0%-20%) Moderate disability (21%-40%) Severe disability (41%-60%) Crippled (61%-80%) Bedbound (81%-100%)	0 1 2 3 4
*ODI Scale is composed of 10 sections (Questions). Each question is rated on 6 points (0-5) scale measuring activities like personal care, sleep, social life, etc.		

Table 6. Assessment before, after treatment and follow up.

Days → Symptoms↓	1st	18th	30th	60th
Ruka (~pain)	3	2	1	1
Stambha(~stiffness)	3	1	0	1
Movement of joints	2	1	1	1
Gait	2	1	1	1
Sleep	3	1	0	0
SLR	4	2	2	1
ODI	2	1	1	1

DISCUSSION :

Mode of Action of *Erand Mooladi Basti*, *Trayodashang Guggul*, and *Rasnasaptak Kwath* in Samprapti *Vighatana* of *Katigraha* (Lumbar Spondylosis)

1. Erand Mooladi Basti[8]:

Erandmuladi Niruha Basti, followed by Sahacharadi Taila [9] Anuvasana Basti, is a potent *Ayurvedic* treatment for *Vata Dosha*, as recommended by *Acharya Charaka*. *Basti* (enema therapy) has a systemic action, with the *Virya (*active principles) of the *Basti* preparation being absorbed through the *Pakwashaya* (intestines) and spreading throughout various channels of the body. This method targets the lesion site, inducing systemic effects and relieving the disease. By removing *Kapha Avarana* (obstruction) over *Vata* and acting on *Vata Dosha*, *Basti* addresses the primary site of *Vata Dosha*, relieving constipation, edema, inflammation, and necrosis through its *Srotoshodhana* (channel-cleansing) and *Vata-Kaphahara* (*Vata* and *Kapha* balancing) properties. The herbal ingredients in *Erandmuladi Niruha Basti*, such as *Erandmula, Guduchi,* and *Punarnava*, contribute to its efficacy. *Erandmula* is Tridoshahara, balancing all three doshas. Guduchi has pain-relieving (Vedanasthapana) and Vata-balancing (Vataghna) properties, along with *Snigdha* (unctuous) and *Ushna* (hot) qualities that stimulate *Dhatvagni* (tissue metabolism) and provide nutrition through its *Madhura vipaka*. *Punarnava*, with its *Kapha-Vataghna* (*Kapha* and *Vata* balancing), *Ushna virya* (hot potency), *Shothahara* (anti-inflammatory), and *Rasayana* (rejuvenative) properties, enhances the formulation's effectiveness. The Anuvasana Basti with Sahacharadi Taila further supports this treatment by absorbing and spreading throughout the body, reaching subtle channels and providing *Vata-shamana* (Vata calming), *Srotoshodhana* (channel cleansing), and *Shothahara* (anti-inflammatory) effects. This comprehensive treatment approach offers significant therapeutic benefits, including analgesic effects, inflammation reduction, and enhanced tissue nutrition, making it an excellent therapy for managing degenerative conditions such as lumbar spondylosis. By addressing the root cause and offering systemic relief, *Erandmuladi Niruha Basti*, followed by *Sahacharadi Taila Anuvasana Basti*, provides a holistic solution for pain, inflammation, and tissue degeneration associated with such disorders.

2. *Trayodashang Guggul*[10]:

Trayodashang Guggul contains a blend of 13 potent herbs, including *Guggulu* and *Ashwagandha* , that target *Vata dosha*. It possesses *Guru* (heavy) and *Snigdha* (unctuous) qualities that lubricate the joints and promote stability. The formulation helps reduce inflammation, enhances joint mobility, and supports tissue repair, effectively managing symptoms of lumbar spondylosis and directly participating in the disruption of the pathogenesis (*Samprapti Vighatana*) associated with the condition.

3. *Rasnasaptak Kwath*[11]:

Rasnasaptak Kwath is a combination of seven herbs known for their *Tikta* (bitter) and *Usna* (hot) properties, making it effective against *Katigraha*. Its ingredients, such as *Guduchi* and *Punarnava*, exhibit strong anti-inflammatory effects, helping reduce swelling and pain. The *kwath* balances *Vata* and *Kapha*, detoxifies the body, and nourishes affected tissues, promoting overall musculoskeletal health and facilitating recovery from spondylosis.

Role of *Shodhana* and *Shamana* in Relieving Pain in *Katigraha*

Shodhana (Purification):

[12]*Shodhana* refers to detoxification methods that cleanse the body of excess *Doshas* and *Ama* (toxins). By using treatments like *Basti,* it helps eliminate vitiated *Doshas*, particularly *Vata* and *Kapha*, from the lower body, reducing inflammation and pain associated with lumbar spondylosis. This purification process enhances the efficacy of subsequent treatments by creating a balanced internal environment.

Shamana (Palliative):

Shamana therapies are aimed at alleviating symptoms and providing comfort. Formulations like *Trayodashang Guggul* and *Rasnasaptak Kwath* work by pacifying the aggravated *Doshas*, reducing pain, and improving joint flexibility. These formulations offer symptomatic relief while supporting the body's healing processes.

In managing *Katigraha,* these *Ayurvedic* treatments synergistically facilitate *Samprapti Vighatana* through *Shodhana* (detoxification) and *Shamana* (symptom relief), addressing both the root causes and symptoms of lumbar spondylosis effectively.

CONCLUSIONS:

This article demonstrates the effectiveness of *Ayurvedic* management for lumbar spondylosis, correlating it with *Katigraha*. A case study of a 45-year-old female patient shows positive outcomes from *Ayurvedic* interventions, particularly with *Trayodashang Guggul*, *Rasnasaptak Kwath*, and *Basti Chikitsa.* The findings emphasize the importance of personalized *Ayurvedic* treatment in addressing musculoskeletal disorders, targeting root causes, and providing holistic care, ultimately improving the quality of life for individuals with these conditions.

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