

A CASE STUDY TO EVALUATE THE EFFICACY OF VAJIGANDHADI BASTI FOLLOWED BY PANCHATIKTA KSHEER SARPI BASTI IN THE MANAGEMENT OF KATIGATVATA WITH SPECIAL REFERENCE TO LUMBAR SPONDYLOSIS

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ABSTRACT

Katigatavata is disease with pain in lumbar region. Lumbar spondylosis, anterior displacement of vertebrae or vertebral column in relation to vertebrae below is one of the common causes. The advancement of busy professional and social life, improper sitting posture in office, continuous and over exertion, jerking movement during travelling and sports etc factors create undue pressure on the spinal cord and play an important role in producing *Katigatavata*. In this way this disease is now becoming a significant threat to the working population. According to Ayurveda, it is mentioned as one of the eighty *Nanatmaj Vatavyadhi* in *Charak Samhita*.⁽¹⁾ Basti is considered as an *Ardhachikitsa* (half line of treatment) in Ayurvedic treatment and Basti *Chikitsa* is mainly useful in disorders related to *Vata Dosh*.⁽²⁾ Current case study was carried out at R. A. Podar Ayurvedic College. A 34 yr male patient with history of lumbar spondylosis was treated. The response to the treatment was recorded and therapeutic effect were evaluated through symptomatic relief. Clinical symptoms were significantly reduced, and degree of anterior flexion increased from 40⁰ to 90⁰. However, MRI indicated that the patient was still suffering from mild facetar arthropathy and ligamentum flavum hypertrophy is seen with disc bulge.

Keywords: *Katigatavata*, *Vajigandhadi Basti*, *Panchatikta ksheer Sarpi Basti*, Lumbar spondylosis.

INTRODUCTION

Lumbar spondylosis is degenerative change in the Vertebral Column Lumbar disc which is almost universal in the elderly. It occurs most often in the lumbar spine. Sometimes pain in the low back, thigh and / or leg which radiates into the buttocks, muscle spasms, leg pain or weakness and irregular gait can be seen. This condition can be correlated with *Katigatavata*. In modern medicine, the disease is managed by NSAIDS.

Analgesic drugs, corticosteroids & physiotherapy etc. but these drugs have lots of side effects. More than 90% of episodes of low back pain are of mechanical origin and most resolve spontaneously within 1-2 weeks. In about 30% patient's episode can last if a month but chronic low back pain of more than 3% of all cases. Mechanical low back pain is particularly associated with occupations that involve heavy lifting, bending or

twisting such as manual labouring or nursing, but people whose job involve awkward static posture or prolonged driving are also at increased risk.

Episodes of occupationally related low back pain are twice as common in adults over the age of 40 years. Disc degeneration is age related and starts in 3rd decade. Reduction in the molecular size of the proteoglycans of the nucleus pulposus is associated with loss of viscoelastic properties. Increased load bearing by the annulus is followed by focal damage and disc herniation in some cases simultaneously the development of osteoarthritic changes in the spinal apophyseal joints leads to increases in stress and disc damage with cleft formation and osteophytes formation around the vertebral margins.⁽³⁾

Ayurveda refer this condition as *Katigatvata*. *Katigatvata* is a disease which is mainly caused by vitiation of *Vata dosha*, *Asthi* and *Mamsa Dhatu kshaya*. Some ancient text also described *Katigatvata* as symptom of some disorder such as *Katigraha* (stiffness in lumbar region), *Trikagraha* (stiffness in sacral region), *Prushtagraha* (stiffness in back region), *Trikshool* (sacroiliac pain), *Prushtashool* (back pain).^(4,5)

Basti karma is one among the best treatment for *Vata* disorders. Chakrapani on commenting explains that when we nourish the root whole plant will be nourished. In this regard the process of degeneration can be successfully treated by *Basti*. Therefore, it was selected for the present case. So, this case report is planned to evaluate the effect of *Vajigandhadi Basti* followed by *Panchatikta Ksheer Sarpi Basti* in the management of *Katigatavata* w.s.r. to Lumbar spondylosis.

Aim: To evaluate the effect of *Vajigandhadi Basti* Followed by *Panchatikta ksheer Sarpi Basti* in *Katigatavata* w.s.r. to lumbar spondylosis.

Case Report: Name of Patient- XYZ; Age- 34 yr./Male; Occupation- Tailor; Reg. OPD No. - 14535; Reg. IPD No. - 3296; DOA - 25/10/2019; DOD - 21/11/2019

Brief History of Case: A 34-year-old male patient complaining of *Katishool* (lower back pain), *Katitrik sandhigraha* (stiffness in lumbosacral region), *Chakramana Kashtata* (pain during walking), *Ubhay Padashool* (pain in bilateral legs), *Ubhay Pad*

Chimachimayana (tingling sensation in bilateral legs) for 4 year. He took allopathic treatment for past 4 year but didn't get any relief. When he was taking medicine that time, he felt relief but after stopped medicine his pain again increased more than before. Doctor advise him for surgery.

So, for further management he came to Panchakarma OPD No. 15 of R. A. Podar Hospital Worli, Mumbai.

Diagnosis and Assessment.

Lumbar spondylosis was diagnosed and assessed as follows.

1. Low back pain (*Katishool*) - VAS method was used to assess the pain.
2. Tingling sensation in both legs - Assessed by asking present or absent. (*Ubhay Pad Chimchimayan*)
3. Stiffness of lumbosacral joint (*Katitrik sandhigraha*) was assessed by measuring forward bending angle.
4. Difficulty in Straight Leg Rising (*Sakashta Padothankriya*) – has been assessed by SLR test.

Disc desiccation, posterior annular fissure, diffuse posterior bulge with broad based posterocentral protrusion of L5- S1 disc, indenting the thecal sac, encroaching bilateral neural foramina & abutting left traversing nerve root. Mild facetar arthropathy and ligamentum flavum hypertrophy is seen at this level.

Observation

Gait- slow and patient has pain after walking.

Prakriti - *Vatakaphaj*.

Vaya - *Tarun*

Bala - *Madhyam*

Agni - *Vishamagni*

Koshta - *Madhyam koshta*

Hetu

Aahar - *Akalaj bhojan, Kwachit paryusheet annasevan, Mansahar, Pav-Butter, Chaha-Bread, Ati katu rasatmak aahar sevan.*

Vihar - Long-time sitting work (tailor work), AC work, Occasionally heavy weightlifting.

Dosha - *Vatakaphaj*

Dushya - *Asthi, Majja, Mansa.*

Strotodushhti - *Asthivaha, Majjavaha*

Adhistan - *Katitrik sandhi*

Udbhavasthan - *Pakvashaya.*

Treatment Given: Vajigandhadi Basti as Kal basti for 16 days.; Panchatikta ksheera sarpi Basti given for 7 days. (after Kal basti); Ingredients of the Vajigandhadi Basti as Niruha. (6)

Erand mool; Dashmoola; Ashwagandha; Bala; Bilva For Niruha

The preparation of Niruha Basti was done in the usual manner of Niruha Basti. Til taila 80 ml and Madhu 30 ml add together and mixed well then add Saindhava 5 gm to it and mixed well. Lastly decoction 550 ml was added to it. The mixture is then filtered through sieve.

Time- 7.30 am

Duration- Empty stomach at morning.

For Anuvasana

Tila taila- 60 ml and Erand taila- 40 ml

Total matra- 100 ml

Time- 12.30 pm

Duration- After food

Panchatikta Ksheer Sarpi Basti (7)

100 ml Decoction of Panchatikta Dravyas was made.; 100 ml of Godugdha was added and the siddha Ksheer was prepared.; Preparation of basti: Siddhaksheer 100 ml + Panchatikta ghrta 20 ml.

Total 120 ml of Panchatikta Ksheer Sarpi Basti was given for 7 days.

Basti was administered & Basti Pratyahara Kala was noted.

Table 1: Basti Schedule One course of Kala Basti Administrated as per the schedule that is

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Basti	A	N	A	N	A	N	A	N	A	N	A	N	A	A	A	A

A – Anuvasan N – Niruha

Table 2: Properties of Dravya

Dravya	Rasa	Virya	Vipaka	Guna	Doshaghata	Sthanik Karma
1) Erand Mool (8)	Madhura (Katu Kashaya Anurasa)	Ushna	Madhura	Snigdha Tik- shna Sukshma	Vataghna Kaphaghna	Vedanasthapan Shothahara
2) Ashwagandha (9)	Madhur Kashaya Tikta	Ushna	Madhura	Laghu Snigdha	Vatahar Kaphahar	Balya Rasayana Shukrala
3) Bala (10)	Madhura	Shita	Madhura	Guru, Snigdha	Tridosahar	Blya, Grahi, Vrishya
4) Bilva (11)	Kashaya Tikta	Ushna	Katu	Laghu Ruksha	Vathar Kaphahar	Grahi, Balya Pachana
5) Gambhari (12)	Madhura Tikta Kashaya	Ushna	Madhur	Laghu Ruksha	Kaphahar Vatahar	Shothahar
6) Agnimantha (13)	Tikta Kashaya Katu Madhur	Ushna	Katu	Laghu Ruksha	Tridosahar	Shothahar
7) Patala (14)	Tikta Kashaya	Anushna	Katu	Laghu Ruksha	Tridosahar	Dipana Grahi
8) Shyonak (15)	Tikta Kashaya	Shita	Katu	Guru Snigdha	Tridosahar	-
9) Shaliparni (16)	Madhur Tikta	Ushna	Madhur	Laghu Snigdha	Tridosahar	-
10) Prushna- parni (17)	Madhur Tikta	Ushna	Madhur	Laghu Snigdha	Tridosahar	-

11) Gokshura ⁽¹⁸⁾	Madhur	Shita	Madhur	Guru Snigdha	Vatahar	Balya, Vatahar Bastishodhan
12) Brihati ⁽¹⁹⁾	Tikta Katu	Ushna	Katu	Laghu Ruksha Tikshna	Kaphahar Vatahar	Grahi, Pachan Hridya Malanashana
13) Kantakari ⁽²⁰⁾	Katu Tikta	Ushna	Katu	Laghu Ruksha	Vatahar Kaphahar	Dipana Pachana

Result: The results observed after the treatment were: Improvement was seen in sign and symptoms of the patient. Relief was (near about 70%) found in Low

back pain, *Chakraman kashtata*, *Ubhay pad chimchamayana*. Stiffness of lumbosacral joint (*Katitrik sandhigraha*) has gone. Gait has improved.

Table 3: Observation

Observation	Before Treatment	After Treatment
Walking distance	Patient had severe pain after walking 100 mts.	Patient could easily walk without pain about 300 mts.
Walking time	Patient took around 6 minutes to walk 100 steps.	Patient took around 3 minutes to walk 100 steps.
SLRT	Rt – 40° Lt – 45° B/L – 40°	Rt – 90° Lt – 90° B/L – 90°

MRI of Lumbo Sacral spine (Before treatment 21/11/18)

- Lumbarisation of S1 vertebra.
- Loss of lumbar lordosis.
- Mild diffuse posterior bulge of L3- L4 disc, indenting the thecal sac without underlying neural foraminal narrowing or nerve root compression. Mild facetar arthropathy and ligamental flavum hypertrophy is seen at this level.
- Diffuse posterior bulge of L4-5 disc, indenting the thecal sac without underlying neural foraminal narrowing or nerve root compression. Mild facetar arthropathy and ligamental flavum hypertrophy is seen at this level.

MRI Lumbo Sacral Spine (After treatment 30-11-19)

- Transitional vertebra is seen and labelled as L5 vertebra.
- L4-L5 disc reveal diffuse posterior bulge with small posterocentral protrusion indenting budding nerve roots. Mild facetar arthropathy is seen at this level.

DISCUSSION

Katigatvata is such a disease having its origin in *Pakwashaya* (Large intestine) and seat in *Kati*, *Sphika*

i.e. Lumbar spine. *Vajigandhadi* mentioned by *Yogratnakara* will be used for the Basti karma as *Niruha* which contain *Erandamool*, *Dashmool*, *Aswagandha*, *Bala*, *Bilva*.⁽⁶⁾ *Ashwagandha* has property of *Rasayana* (Rejuvenative), *Vedanasthapana* (Pain relieving action), *Balya* (strengthening) and *Vatakaphaghna*. *Bala* act as a *Balya* and *Vrushya* (aphrodisiac), *Dashmoola* act as *shothahara* (anti-inflammatory), *Tridosahara* (to pacify all three doshas) and *Vedanasthapana*. *Erandamool* possesses *Ushna*, *guru*, *Sara*, *Teekshna*, *sukshma*, *picchila* and *visra guna*. It is having *Katu*, *Kashaya*, *Madhura* and *Tikta rasa* and *Madhura vipaka*. The action of *Erand moola* is *Strotovishodhana* (clearing all channels), *Lekhana*, *Deepana*, *balya* and *Rasayana*. It has *Vatashleshmahara* effect and effective in condition like *Jangha*, *Kati*, *Anaha* and *Vibandha*. Thus, it effective in the management of *Katigatvata*.

Aacharya Charaka has said that in the diseases related to *Asthi*, we should give *Basti* using *Tikta Rasatmaka Aushadhi Dravya* along with *Ghrut* and *Ksheer*. The substance having *Snigdha* and *Shoshana* (drying) properties and produces *Kharatwa* (roughness) increases *Asthi*, as *Asthi* is also *Khara* by nature. But no substance is available that has both *Snigdha* and *Shoshana* properties. So *Ksheer* and *Ghrut* which are *Snigdha* in

nature are advice to be used together in the form of *Ksheera Basti*. This combination has ability to reduce *Kharatwa*. Hence it can be said that *Tikta Ksheer Sarpi Basti* has ability to repair degeneration of bones and cartilage.

Drug delivered at the upper part of the rectum is absorbed from the upper rectal mucosa and is carried by the Superior mesenteric vein into the portal circulation, and the drug absorbed from the lower part of the rectum enters directly into systemic circulation via middle and inferior haemorrhoid veins and hence the drug is available in the circulation for immediate action.

CONCLUSION

In the case study we got good results of *Basti karma*. The treatment given for *Katigatvata* was *Kal Basti (Niruha- Vajigandhadi Basti & Anuvasana- Erand taila + Til taila)* followed by *Panchatikta Ksheer Sarpi Basti*. Which helped in *Vatadosha shaman*, relief in symptoms of disease and an attempt to provide safe and effective treatment to the patient. *Kal Basti* schedule result in complete relief and provide excellent improvement in clinical sign and symptoms of *Katigatvata*. It also provided comparatively better relief in SLR test, walking distance and walking time. But this study needs further evaluation on large number of patients to conclude this treatment.

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