



ROLE OF KATI BASTI IN KATISHOOLA W.S.R TO LUMBAR SPONDYLOLISTHESIS- A CASE REPORT

Chitta Ranjan Das¹, Prajna Paramita², Ashutosh Chaturvedi³

¹ H.O.D & Principal, ² P.G. Scholar, ³ Assistant Professor

Department of PG studies in Panchakarma, Sri Jayendra Saraswathi Ayurveda College & Hospital,
Dept. of Ayurveda, Sri Chandrasekharendra Saraswathi Viswa Mahavidyalaya University, Enathur, Kanchipuram
-631561, Tamil Nadu.

Corresponding Author: dr.pparamita@gmail.com

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ABSTRACT

Katishoola is commonly known to be a symptom as well as a disease by itself where there is a pain in the lumbar region or low back pain. It can be correlated to lumbar spondylolisthesis. *Katishoola* is not life-threatening but affects a major portion of society. Low back pain is a clinical, social, economic, and public health problem affecting the population indiscriminately¹. It is an agony where the symptoms can vary from mild to severe resulting in a decrease in life quality. The allopathic system of medicine usually manages with analgesics, NSAIDs, and steroids which are not effective and create serious adverse effects in the long run². To avoid such conditions, ayurvedic treatment has proven to be effective. The panchakarma procedures like abhyanga, *nadisweda*, *pichu*, *Katibasti*, and *Yogavasti* used to manage *Katishoola* has significant improvement with no complications. **Methods:** A case of *Katishoola* was treated with *Katibasti* for 15 days along with a combination of *Yogavasti* with *Dashamoola* and *Erandamoola* along with other panchakarma procedures as well as internal ayurvedic drugs. **Results and conclusion:** The patient's symptoms reduced gradually. Thus, comprehensive panchakarma management, being practiced by Ayurvedic practitioners very often, is time tested and that does not involve any risk, is again proved to be effective in the management of *Katishoola*.

Keywords: *Katishoola, Kati Basti, lumbar spondylolisthesis*

INTRODUCTION

Kati refers to 'low back' (hip) and *shoola* refers to 'pain'. *Katishoola* or low back pain is the most common health complaint seen in all age groups. Sometimes, it is associated with several other diseases as well, such as anemia, hemorrhoids, urinary calculi, uterine disorders, constipation, etc., In Ayurveda, *Katishoola* can be correlated with *Katigraha*, *Rak-tastambhak*, *trikagraha*, and *prushtashoola*^{3,4,5}.

Lumbar spondylolisthesis is the anterior displacement of a vertebra or the vertebral column in relation to the vertebra below⁶. Back pain, numbness in the lower extremities, or sensory loss can be caused by nerve root compression as a result of the slippage. Spondylolisthesis is not dangerous or life-threatening. It's a quality-of-life decision that has to be taken by the patient. There are multiple treatment options available and they tend to be successful. Pain is confined to the lower part of the spine (back bone) especially the lumbar region or lumbo-sacral area (rarely the Sacroiliac region also). Often, radiating pain may be complained by the patients toward lower limbs. Movements of lumbo- the sacral region like flexion and rotation are hampered either partially or completely. Common symptoms include muscle pain, shooting or stabbing pain, pain that radiates to the leg, and inability to stand up straight.

The term "spondylolisthesis" is formed from 2 Greek words – "spondylo" which means vertebra and "olisthesis" which means to slide on an incline. Spondylolisthesis is defined as the anterior or posterior migration or slips, of one vertebra in relation to the next caudal vertebra. It mostly occurs in the lumbar spine and is considered to have two main etiologies, spondylotic and degenerative. Degenerative spondylolisthesis (which occurs due to aging and wear and tear on the spine) is more common after age 50 and more

common in women than men. When back pain occurs in teens, isthmic spondylolisthesis (usually caused by spondylolysis) is one of the most common causes⁷.

Current estimates for prevalence are 6 to 7% for isthmic spondylolisthesis by the age of 18 years and up to 18% of adult patients undergoing an MRI of the lumbar spine. More than 10 million cases per year have been reported in India. The male: female ratio of lumbar spondylolisthesis prevalence is 1:1.3 in elderly⁸

PATIENT INFORMATION

A 42-year-old woman with complaints of pain in the left leg in the past 1 year, pain in the low back region for 3 months, and unable to sit and walk after sometimes was registered in the OPD followed by IPD in our Hospital in January 2021.

PERSONAL HISTORY

The patient had a sleep disorder. Her appetite, sleep, bowels, and micturition was completely normal.

On examination, all her vitals were noted to be normal.

CLINICAL INVESTIGATIONS

Inspection: No lordosis, no kyphosis was found in the patient.

The impression of the MRI report suggested disc desiccation and bulge at L4-L5 level, bilateral L5 spondylosis, and disc protrusion at L5-S1 with spinal canal stenosis.

DIAGNOSIS AND ASSESSMENT

The chief complaints of the patient like severe low back pain referred to *Katishoola* due to *Vata* as *Kati* is the site of *Vata* as mentioned by *Sushruta*. While assessing the degree of pain, with a score of 4/10 and muscle power of 4/5.

TREATMENT SCHEDULE:

Table 1: Treatment schedule for the treatment of Katishoola

S.No.	PROCEDURE	MEDICINE	DURATION
01.	ABHYANGA	MURIVENNA & DHANWANTARA TAILA	14 Days
02.	NADI SWEDA	NIRGUNDI, BALA, ERANDA ASHWAGANDHA, BADARA,	14 Days
03.	PICHU	DHANWANTARA TAILA + MURIVENNA + PYROFLEX LINEMENT	07 Days
04.	KATI BASTI	DHANWANTARA TAILA & MURIVENNA	14 Days
05.	MATRA BASTI	DHANWANTARA MEZHUPAKAM (60 ml)	05 Days
06.	KASHAYA BASTI	DASHAMoola ERANDA	03 Days

INTERNAL MEDICATION

During the entire course of treatment, the below medications were prescribed –

Table 2: Internal medications for the management of Katishoola

S. No.	MEDICINE	DOSE	DOSAGE
01.	RASNASAPATA KASHAYA	15ml	Twice a day, on empty stomach with Lukewarm water
02.	CAP. LUMBATONE	01 cap.	Twice a day, before food with Lukewarm water
03.	TAB. MYOSTAL	02 tab.	Twice a day, after the food

DISCUSSION

Katishoola, a typical *vataja vyadhi*⁹ was treated with *vatahara chikitsa*. *Shoola* occurs due to vitiated *vata* dosha. *Vata* dosha is vitiated by *srotas awarodata* (obstructions of channels) and *dhatu kshaya* (depletion of tissues/malnutrition). In *Katishoola* *apana vata* is mainly involved. So, the aim of the treatment is to pacify vitiated *vata dosa* and *kati sthanagata vata*.

Utility of Treatment:

1. For the external use of the patient first *abhyanga* was given to increase the muscle tone, lubrication of the hip joint, increase blood circulation, and prepare the patient for the next treatment. The oils used, i.e., *dhanwantara taila* and *murivenna* are used for pain and neuromuscular conditions.
2. Secondly, *nadi sweda* was given to subside the *vata* for it being *usna* in *guna* to counter the *sita guna* of *vata* as mentioned in our Texts. *Nadi sweda* has also the properties of opening the pores and helping reduce inflammation and pain. The management principle of vitiated *vata* includes several management tools like *snehana* including *abhyanga* (unction by

massage) and *swedana* (sudation). As such, *snehana* and *swedana* have been advised to be used repeatedly in patients suffering from *vata roga* Acharya Charaka¹⁰

3. This is followed by *kati pichu*. Here, again *dhanwantara taila* and *murivenna* were used which has proven their efficacy for a very long time. *Kati pichu* was used in order to increase the *usnata* of the specific area with the *vatahara* drugs. It's a palliative measure recommended for the remediation of cranial nerve disorder caused by *vata* imbalances. It evolved from *shiro pichu* and is a kind of *bahya snehana* and *swedana* procedure. *Snehana* and *swedana* mainly act against the *ruksha* and *shita guna* of *vata*. Sushruta explains that out of four *triyak dhamani*, each *dhamani* divides into a hundred and thousand times and becomes innumerable. These *dhamani* form a network and spread all over the body. They have their openings in the *lomakoopa*. The *dravya* applied over the skin is absorbed through these openings and undergoes *pachana* with the help of *pachaka pitta* which is situated in the skin. The *vata dosa* is the key factor in the causation of *Katishoola*. The properties of *dhanwantara taila* and *murivenna* such as *snigdha*, *guru*, and *usna* are opposite to the properties of *vata*

resulting in relief from pain and muscle spasms, and stiffness.

4. Then *katibasti* was given with the same oils used for *kati pichu*. There is no description available of *kati basti* in ayurvedic literature. It evolved from *Keraliya Panchakarma*. Now, when the warm *vatahara taila* is poured into the *katibasti*, it immediately affects the pain induced by *vata* showing good results in a very short period of time. The herbal oils used helped to enrich the blood and maintain strong muscle tissue and lubricate the joint. Then, to release the vitiated *vata* from the body we used Basti (Enema), as *basti* is the best treatment for *vata samana* as prescribed in our Samhitas. It is regarded as half of all treatments (*Ardha Chikitsa*) as it corrects the vitiated *vata dosha*. The combination of *dashamoola* and *eranda* is specially indicated in conditions like pain in low back, thigh, and feet as well as for correction of vitiated *vata dosha*. *Erandmooladi niruha basti* acts mostly on *vyan*, *apana*, *samana vayu*, *pachaka pitta*, *kledaka*, *bodhaka*, and *shleshaka kapha*¹¹.

*Dhanwantara tailam*¹² constitutes 47 drugs mainly *dashamoola*, *triphala*, *aswagandha*, *vacha*, *bala*, *satawari*, *aswagandha*, *yastimadhu*, etc. which provides a sense of relief in pain, numbness, and swelling. It provides strength to the muscles and joints.

Murivenna oil is made up of 10 drugs like coconut oil, *karanja*, *tambula*, *tuka*, *tambula*, *kumari*, *shigru*, *paribhadra*, *palandu*, *kanjika* and *satavari* based on Kerala Ayurvedic Medicine. In this herbal oil, the herbs are *infused* in the medium of coconut oil along with herb water decoction. Thus, this oil contains oil-soluble and water-soluble phytoactive principles of medicinal herbs.

Along with these panchakarma therapies internal medications were also used.

Rasna is beneficial for reducing inflammation and joint pain due to its anti-inflammatory and analgesic properties. *Rasnasaptaka kasaya* is *tikta* in *rasa*, *ushna* in *virya* and has *katu vipaka* which is effective in *ama-pachana*. As such, helped in reducing *ama*. *Cap. Lumbatone* nourishes the disc and prevents degeneration as well as helps repair nerve damage. *Tab. Myostaal* is a combination of *shallaki*, *guggulu*, *ash-*

vagandha, and *haridra* which are amongst the best combinations advocated for joint disorders. This line of treatment helped in reducing the chief complaints of the patient.

CONCLUSION

Low back pain (*Katishoola*) is a *vata*-predominant disease. Low back pain is having a high prevalence, especially in the elderly and a high rate of disability due to the diseases makes it a leading problem in the elderly now-a-days it is becoming common in the adult group also¹³

With the above treatment, it is concluded that this treatment regimen completely or partially relieves *Katishoola*, *katibasti* having the major role among all helped and proved beneficial to reduce both signs and symptoms successfully and with greater effectiveness. The treatment helped the patient to lead a quality life for the past 1.6 years. Now the patient is completely fine with no symptoms of *Katishoola*.

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