

# WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.453

Volume 13, Issue 11, 1577-1592.

Case Study

ISSN 2277-7105

# AYURVEDIC MANAGEMENT OF KATIGRAH (DEGENERATIVE LUMBAR ANTEROLISTHESIS) – A CASE REPORT

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Article Received on 16 April 2024,

Revised on 06 May 2024, Accepted on 26 May 2024

DOI: 10.20959/wjpr202411-32676



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#### **ABSTRACT**

Introduction - Degenerative anterolisthesis is described as a anterior translation of a vertebra with respect to the vertebra below without any modification or notable lesion to the pars - interarticularis. In this back pain is typically worse with activities such as bending and lifting, and often eases when lying down. This condition occurs as a consequence of the general aging process in which the bones, joints, and ligaments in the spine become weak and less able to hold the spinal column in alignment. In Ayurveda, it can be compared with gridhrasi and katigrah clinically and can be effectively managed on the treatment principles of gridhrasi and katigrah. Methodology - This present article deals with a case of diagnosed grade 1 Degenerative anterolisthesis of L4 over L5 and lumbar canal stenosis and was advised for surgery. The Ayurvedic diagnosis of Gridhrasi was made.

Management included panchkaram procedures like Kati Basti, basti and Agni Karma. **Results -** The effectiveness of Ayurvedic management was assessed by Roland Morris's low back pain and disability questionnaire scale, Oswestry Low back disability index, straight leg raise test (SLRT) and visual analog scale. The patient was relieved of symptoms and the general conditions also improved. **Conclusion-** The present case substantiates the effectiveness of classical Ayurvedic treatment in Grade - 1 degenerative anterolisthesis and lumbar canal stenosis.

#### 1. INTRODUCTION

Backpain is a very common malady next to headache. It is the most common symptom of disability in patients between 30 and 70 years of age. LS is responsible for about 10% of all the backpain conditions'. The occurrence of low back pain in India is also alarming with nearly 60% of the people in India have suffered from low back pain at some time during their lifespan.

Spondylolysis refers to a defect of the vertebral body occurring at the pars interarticularis.<sup>[1]</sup> Typically, this defect results from trauma or chronic repetitive loading and hyperextension. If this instability leads to translation or slippage of the vertebral body, this is spondylolisthesis. 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 MRI of the lumbar spine, Grade I spondylolisthesis accounts for 75% of all cases. Spondylolisthesis most commonly occurs at the L5-S1 level with an anterior translation of the L5 vertebral body on the S1 vertebral body. The L4-5 level is the second most common location for spondylolisthesis.<sup>[3]</sup>

Spondylolisthesis is defined as a slippage of one vertebral body with respect to the adjacent ertebral body without any noticeable alteration or lesion to the pars interarticularis. Excessive joint play and buckling of the posterior annular fibres of the intervertebral disc (IVD) are caused by abnormal weight distribution, coupled with soft tissue laxity and instability over an extended period of time. This comprises one or more structural shifts in the spine's position, such as rotation or translation away from a spine's natural alignment in any of the three anatomical planes, accompanied by pain or impaired neurologic function.<sup>[4]</sup>

Surgical procedures like spinal decompression, nerve root decompression and spinal fusion are mostly providing short term outcomes, yielding conflicting results and questionable patient benefit in treatment. Most patients with back pain will not benefit from surgery.<sup>[5]</sup>

One previous study correlated LS with 'Kati grah'. [6] 'Kati graha' explained as a separate disease in Ayurvedic classical text "Gada nigraha'. It can be correlated with LS because of similarity in clinical manifestation and pathogenesis of both conditions. [7]

In Ayurveda classics, kati pradesh is described as an important seat of vata dosha. In katigraha, vata gets vitiated in its swasthan. The pain is produced in the joints of sphik, asthi

by vitiated vata. According to Gadanigraha when vata is affected by ama and gets located in kati Pradesh, it exhibits the symptoms of katigraha.

Bahya Snehana and Swedana aid in improving blood circulation and relieving pain and stiffness in the lumbar spine. The greatest treatment for all Vatik illnesses is reportedly basti. Aacharya Charak praises it highly and refers to it as Ardhachikitsa. As a result, an effort is made to assess how panchtiktksheersarpi basti and aswgandha sidddh tail matra basti (alternatively) and kati basti with til tail and agni karam at kati pradeshi affect the management of Katigraha.

#### 2. CASE REPORT

#### 2.1 Introductive history

Date of admission - 20/03/2024

OPD/IPD Admission no. - 22631/2168

Age/Sex - 72/Male

#### **2.2 Marital status** – Married.

#### 2.3 Chief complaints

- 1) Backache radiating to both legs (More severe in left leg) with stiffness.
- 2) Difficulty sitting and walking (Resting pain also)

#### 2.4 Associated complaints

Generalised Malaise.

#### 2.5 Past history

- ~ Known case of hypertension since one month (On hypertensive medications)
- ~ History of Road traffic accident before 3-4 months (Blunt trauma at back)
- ~ History of fissure before 3 year
- ~ History of chickengunia before 6 yr
- ~ History of covid 19 in 2020
- ~ Surgical history of inguinal hernioplasty before 5 year
- ~ Surgical history of CABG before 3 year (On anticoagulant medications)

#### **2.6 Family history - Not any**

#### **2.7 Treatment history -** Allopathic remedies

#### 2.8 History of present illness

The patient was healthy before 6 months. He gradually developed pain in the low back region associated with stiffness. The pain was initially mild but was progressed to severe throbbing nature along with time. Due to the pain, his day to day life activities were disturbed for which he consulted various allopathic doctor and took continuous medications. There was temporary relief in his pain. Later, he noticed that the pain in low back was radiating to his both legs, more severely in left leg associated with stiffness. The pain was aggravated by bending down, walking, prolonged standing and even at rest also. The pain was radiating and of throbbing in nature. There was no effect of heat/cold weather in association with pain. He was advised for surgery. With the above complaints, the patient visited our hospital and admitted in kayachikitsha department of hospital for further evaluation and management.

#### 2.9 Physical examination

BP - 130/80mmhg

Pulse - 76/min

RS - chest bilaterally symmetrical and clear

CVS - S1 S2 heard normal

CNS - conscious and oriented

#### 2.10 Local examination

SLRT - pain at 70 degree in bilateral lower limbs.

#### 2.11 Investigations

#### Mri lumbo sacral spine with whole spine screnning

- ~ Grade I degenerative anterolisthesis of L4 over L5 is observed Normal lordosis seen
- ~ Mild disc bulge is noted at L3-4 level indenting thecal sac and abutting nerve roots. Mild canal and foraminal narrowing seen aggravated by peridiscal osteophytes, ligamentum Flavum and Facetal hypertrophy
- ~ Moderate to Severe canal and foraminal stenosis noted at L4-5 level due to diffuse disc bulge with posterior broad moderate protrusion of disc along with facetal and ligamentum flavum hypertrophy. Compression on intrathecal and exiting nerve roots seen.

~ Diffuse bulge of L5-S1 disc and bilateral posterolateral mild protrusions of disc compressing intrathecal and exiting nerve roots. Mild to Moderate canal stenosis and foraminal narrowing noted aggravated by ligamentum flavum and facetal hypertrophy.

#### Ashtavidha (Ashtasthana) pareeksha

- 1. Nadi (Pulse): Vaat kaphaj
- 2. Mootram (Urine): Samyak Pravrutti (Regular)
- 3. Malam (stool) Samyak
- 4. Jiwha (Tongue): Upalepa (Coated)
- 5. Shabda (Voice): Vyakta (Clear)
- 6. Sparsha (Touch): Sadharan (Regular)
- 7. Drik (Eyes): Sadharan (Normal)
- 8. Akriti (Built): Madhyama (Moderate)

#### Dashvidha pareeksha

- 1) Prakruti (Constitution): vaat pittaj
- 2) vikrati (Morbidities): Dosha Vatapradhana tridoshi
- 3) satwa (Psychic condition): Madhy
- 4) Sara (Excellence of tissue elements): Madhyam
- 5) Samhanana (Compactness of organs): Madhyama
- 6) Pramana (Measurements of organs): Madhyama
- 7) Satmya (Homologation): Sarva rasa
- 8) Ahara Shakti (Power of intake and digestion of food): Madhyama
- 9) Vyayama Shakti (Power of performing exercise): Madhyama
- 10) Vaya (Age): 72 yrs

#### Samprapti ghatak

- a) Dosha Vata pradhan kaphaj
- b) Dushya Ras, asthi majja
- c) Strotas rasvah, Asthivah, Majjavah strotas
- d) Udbhav sthana Kati
- e) Sanchara sthan kati, Ubhay paad
- f) Vyakt sthan Kati, ubhay paad
- g) Desh Sadharan
- h) Bala Madhyam

#### i) Prakriti - Vaatpittaj

#### Nidana panchaka

Nidan - Raatri jagran, over thinking, Stress, Aati katu amal ras sewan, Masaledar bhojan, Virrudh aahar

Purvroopa - Stiffness in both legs (Occasionally)

Roopa - Backache radiating to both legs with stiffness, Difficulty walking and sitting (Resting pain)

Upashaya - Alpa

Samprapti - Hetu sewan

¥

Vaatkaph dosh prakop

¥

Agnimandya (Aamutpaati)

ŧ

Rasvah, asthivah, maamjjavah strotdusti

ŧ

Strotavrodh (Dosha gati avrodh)

1

Kati te ubhay paad shul with grah, difficulty walking and sitting

¥

Katigrah

#### 2.12 Assessment criteria

#### 1) Slrt test

	0	3rd	5th	7th
	Rt - 70'	Rt - 80'	Rt - 85'	Rt - 85'
SLRT	(Mild painful)	(Mild painful)	Lt - 85'	Lt - 85'
	Lt - 70'( Painful)	Lt - 80'(Painful)	(Mild painful)	(Mild painful)
	Rtve	Rtve	Rtve	Rtve
SNDT			Lt - Mild	Lt - mild
	Lt - painful	- painful Lt - mild painful		painful
	Rtve	Dt vo	Rtve	Rtve
PHT		Rtve	Lt - mild	Lt - mild
	Lt - painful Lt - mild painful		painful	painful
Laggiqua	Rtve	Rtve	Rtve	Rtve
Lassique			Lt -mild	Lt - mild
lest	test Lt - painful Lt - mild painful		painful	painful

#### 2.13 The roland - Morris disability questionnaire

- 1) I stay at home most of the time because of my back.
- 2) I change position frequently to try and get my back comfortable.
- 3) I walk more slowly than usual because of my back.
- 4) Because of my back I am not doing any of the jobs that I usually do around the house.
- 5) Because of my back, I use a handrail to get upstairs.
- 6) Because of my back, I lie down to rest more often.
- 7) Because of my back, I have to hold on to something to get out of an easy chair.
- 8) Because of my back, I try to get other people to do things for me.
- 9) I get dressed more slowly than usual because of my back.
- 10) I only stand for short periods of time because of my back.
- 11) Because of my back, I try not to bend or kneel down.
- 12) I find it difficult to get out of a chair because of my back.
- 13) My back is painful almost all the time.
- 14) I find it difficult to turn over in bed because of my back.
- 15) My appetite is not very good because of my back pain.
- 16) I have trouble putting on my socks (or stockings) because of the pain in my back.
- 17) I only walk short distances because of my back.
- 18) I sleep less well because of my back.
- 19) Because of my back pain, I get dressed with help from someone else.
- 20) I sit down for most of the day because of my back.
- 21) I avoid heavy jobs around the house because of my back.
- 22) Because of my back pain, I am more irritable and bad tempered with people than usual.
- 23) Because of my back, I go upstairs more slowly than usual.
- 24) I stay in bed most of the time because of my back.

Score	On admission	On discharge	Percentile improvement
24	18	8	55.55%

#### 1. Range of Motion by using the oswestry disability index (ODI)

Range of motion	Grade	On admission	On discharge
No stiffness	0		
With upto 25% impairment in range of	1		
motion of joint and patient can perform	1		

daily work without any difficulty			
With upto 25 - 50% impairment in range of motion of joint and patient can perform daily work with mild or moderate difficulty	2		2
With upto 50-75% impairment in range of motion of joint and patient can perform daily work with moderate or severe difficulty	3	3	
With more than 75% impairment in range of motion of joint and patient totally unable to perform daily routine work	4		

#### 2. Visual analog scale

Pain (VAS)	Score	Grading	On admission	On discharge
No pain	0-1	0		
Mild, Annoying pain	2-3	1		
Nagging, Uncomfortable, troublesome pain	4	2		4
Distressing, miserable pain	5	3		
Intense, Dreadful, Horrible pain	6-9	4	6	

#### 3. Management

Kati basti with til tail and panchtiktksheersarpi basti and matra basti with aswgandha sidh tail was given alternatively .Agni karam at kati pradesh was done on 0,3rd, 5th and 7th day.

#### **Panchkaram intervention**

- 1) Sthanik snehan with mixture of narayan tail, mahamash tail, vishgarbh tail and gandhpura tail.
- 2) Sthanik nadiswedan with dashmool kwath.
- 3) Katibasti with til tal.
- 4) Basti karam -

Panchtiktksheersarpi basti

(Guduchi, Nimb, Vasa, Patol, Kiratikt)

(130 ml kawath + 20 ml goghrit)

Anuvasan basti with aswgandha siddh tail (80ml)

#### Agnikaram

Agnikaram was done on 0, 3rd, 5th and 7th day of treatment

#### 4. RESULTS

	Before treatment	After treatment
SLRT test	70' bilateral	85 ' (bilateral with mild pain)
The Roland Morris	10	0
Disability Questionnaire	18	0
Range of motion by using	2	2
oswestry disability index	3	2
Visual analog scale	6	4

#### 5. DISCUSSION

Kati grah is condition in which vitated vata dosh gets situated in the kati pradesh and producing shool (Pain) and stambh (Stiffness). According to acharya sushrut, shool can't arise if vata is not vitated. Additionally gadh nigrah makes it abundantly plain that shool occurs as a result of stambha, which is brought on by nirama and sama vayu movement in kati (The lumbar area).<sup>[7]</sup>

#### 5.1 Mode of action of kati basti

Kati basti was prescribed because it is an external local oleation (Bahya Sthanik Snehana) and sudation (Swedan). Thus locally at Kati pradesh it causes Doshvilayan, Kledan due to taila application and Srotovishodhana, Swedpravartan due to its warm temperature. [8] Til tail eaisly absorbed and eaisly penetrate deep in body. Neuronal stimulation can be caused by penetrated medications. Til oil is helpful in Chinna, Bhinna, Chyuta, Utpishta, Mathita, Kshata, Pichchita Bhagna or it is indicated to heal all kind of fractures and traumas. It is Madhura in Rasa and Kashaya Tikta Anurasa, Ushna Veerya, Hima Sparsha so, opposite Guna are present which helps it to maintain the Doshik equilibrium in the body. The Til Taila applied over the skin is absorbed through the micro Srotas or channels situated in the Lomakoopa, and undergo Pachana with the help of Bhrajaka Pitta, which is situated in the skin. Warm Til oil used in Kati Basti, pacifies Vata and reduces pain and stiffness. It increases the circulation in the region, as the oil gets deeply absorbed into the skin (moreover it is Rakta Pitta Krita) so nourishes and strengthens the muscles and nerves. It relaxes the surrounding muscles, relieves pain, soreness, tension, restore flexibility and does Prana Pratisthapana at one of the primary sites of Vata (kati).

# 5.2 Mode of action of snehan with mixture of narayan tail, mahamash tail, vishgarbh tail and gandhpura tail

The effect of Abhyanga can assume in two way i.e. physical manipulations and the effect of the drug in the medicated oil. Physical manipulation in the form of massage increases the circulation of blood and plasma, it can stimulate and strengthen the lymphatic system and remove internal waste products. Muscles and deep connective tissues get relaxation. The strokes used in Abhyanga viz. kneading and friction also have effects like -

- Increase in flow of circulation local to the area treated
- Reduction of tone in muscles, which are in a state of excess tension
- Stretching of tight fascia and restoration of mobility of soft tissues
- Relief in pain is obtained by releasing acute or chronic tension in muscles and by affecting pressure and touch nerve endings
- Where there is chronic edema, the fibrin within the fluid can be stretched, so facilitating drainage of the fluid in to lymph vessel.

Narayana Taila contains total 33 ingredients and all the ingredients are herbal. In which most of the ingredients possess Tikta, Madhura, Katu & Kashaya Rasa. Most of the ingredient having Laghu, Ruksha, Guru Tik shna Guna, followed by maximum Ushna virya, and Katu viapaka. Most of the ingredient shows V-K Shamaka & Tridosha Shamakata property. It is a unique Taila Kalpana that having wide range of treatment of diseases and extensively indicated in Vata Pradhana Vyadhi.

Mahamash taila one of the effective oil widely used for many neurological condition. Masha is the main ingredient of this oil. It is used for both external and internal administration. Other ingredients are Dashmooladravya and many Kalka ingredients. As base Tilataila was used. Masha is said to be "Param Vatahara" (Ch. Su.27/24) due to Madhura rasa, Guru Snigdhaguna, Ushna Viryaand Madhura Vipaka all are Vata pacifying properties. Masha also indicated in nervous disability, paralysis and weakness of memory. Dashmoola indicated in Vatavyadhi due to its Vatahara properties. Chhagamamsa is sarvarogaprashamanam (Alleviates all diseases) and promotes vidya (Wisdom), swarya (Good voice), bala (Strength) of vayas (Age), buddhi (Intellect), indriyas (Senses) respectively (Ch.Su.314), Tilataila with Snigdha, Guru properties pacifies Ruksha, Khara properties of Vata and due to its Sukshma, Vyavayi, Vikasi, Visada and Sara properties increases permeability of cell membrane, Godugdha having Madhur Rasa. Guru Snigdhagunaand Madhur Vipaka. Due to these properties it pacifies Vata dosha. Maximum kalka ingredients are posses Vata-kaphahar properties.

Vishgarbh Taila itself being the principal pacifier of Vata dosha when processed with such dravyas having pharmacotherapeutic properties opposite to the qualities of Vata dosha becomes more potent vitiated Vata Dosha pacifier, so by neutralising the vitiated Vata dosha it alleviates pain. Majority of the drugs of Laghu Vishagabha Taila are Ushnaveerya and Vatashamaka. So the net effect of the combination is especially Vatashamaka. The herbs used in this Taila have deep penetrating properties right in to the dermal layers, soothing the nerves and cells beneath the skin, resulting in relief of pain.

Gandhputa oil consist of gandhpura patara, or the wintergreen plant, is the source of this aromatic oil. Its distinctive fragrance and therapeutic properties have been harnessed in Ayurveda for centuries. This Oil is known for its natural analgesic properties. The oil facilitates improved blood circulation to the affected joints, promoting healing and reducing stiffness.

#### 5.3 Mode of action of swedan

Svedana by acts by its qualities like Ushna, Tikshna etc. It increases the metabolic rate in the body. Ushna Guna of Sveda dilates the capillaries thus it increases circulation. Increased circulation enhances the elimination of waste products and more absorption of Sneha or drugs through the skin. Also it stimulates muscles and nerves, which promotes its renovation. Heat administration by Svedama may produce hypno-analgesic effect by diverted stimuli.

#### 5.4 Mode of action of agni karam

The precise mechanism of Agnikarma is not known.the probable action can be explained througj

- ~ Theory of pro inflammation
- ~ Theory of thermodynamics
- ~ Gate control theory

#### Theory of pro inflammation

Induction of an acute inflammation will gather a greater number of lymphocytes, neutrophils, histamines and prostaglandins to the site and resolves the chronic inflammation present at the site.

#### Theory of thermodynamics

When thermal energy is transferred from an object to a tissue, the tissue's internal energy increases and heat energy is sent to the cells. To disperse this concentrated rise in body temperature, the body's thermostatic centre is quickly triggered. Vasodilation consequently

takes place, increases blood flow. There by the inflammatory mediators removed from the site.

#### Gate control theory

According to this, a non-painful stimulus can block the transmission of a noxious stimulus or painful input which prevent transmission of pain traveling to brain. That means stimulation of non-noxious stimuli is able to suppress the pain. Here by the application of heat, pain got suppressed. Heat may also activate the analgesia system of spinal cord. The analgesia system can block pain signals at the initial entry point to the spinal cord. In fact, it can block many local cord reflexes that result from pain signals.

#### Possible scientific explanations

## 1. Gate control therapy<sup>[9]</sup>

Pain sensations are transferred by two types of fibers. "A" fibres (Stimulated by heat, cold and touch) and "C" fibers (Stimulated by pain). Here the gate mechanism is blocked by stimuli from A fiber, so the pain will not be felt.

### 2. Increased metabolism<sup>[10]</sup>

This is in accordance with Van't Hoff's statement that any chemical change capable of being accelerated by heat is accelerated by a rise in temperature.

Consequently heating of tissues accelerates the chemical changes, i.e. metabolism. The increase in metabolism is greatest in the region where most heat is produced, which is in the superficial tissues. As a result of the increased metabolism there is an increased demand for oxygen and foodstuffs, and an increased output of waste products including metabolites.

# 3. Effect of heating on nerves<sup>[11]</sup>

Heat appears to produce definite sedative effects. Pain receptors of skin and motor end plate stimulated at 45°C. Pathway for pain and thermal signals run parallel and ends into same area but only stronger one can felt.

Therefore complete exclusion of pain impulse by heat occurs.

#### 4. Effect on cardiovascular system

As a result of the increased metabolism, the output of waste products from the cells is increased. These include metabolites, which act on the walls of the capillaries and arterioles causing dilatation of these vessels. In addition, the heat has a direct effect on the blood

vessels, causing vasodilatation, particularly in the superficial tissues where the heating is greatest. Stimulation of superficial nerve endings can also cause a reflex dilatation of the arterioles. As a result o† the vasodilatation there is an increased flow of blood through the area, so that the necessary oxygen and nutritive materials are supplied and waste products are removed. The superficial vasodilatation causes erythema of the skin which, unlike that produced by ultraviolet irradiation, appears as soon as the part becomes warm and begins to fade soon after the exposure of heat ceases.

#### 5. Fall in blood pressure

If there is generalized vasodilatation the peripheral resistance is reduced, and this causes a fall in blood pressure. Heat reduces the viscosity of the blood, and this also tends to reduce the blood pressure.

#### 6. Effect on muscular system

Rise in temperature induces muscle relaxation and increases the efficiency of muscle action, as the increased blood supply ensures the optimum conditions for muscle contraction.

#### 7. Effect on sweat glands

There is reflex stimulation of the sweat glands in the area exposed to the heat, resulting from the effect of the heat on the sensory nerve endings. As the heated blood circulates throughout the body it affects the centres concerned with regulation of temperature, and there is increased activity of the sweat glands throughout the body. When generalized sweating occurs there is increased elimination of waste products.

#### 8. Effect on temperature

As blood passes through the tissues in which the rise of temperature has occurred, it becomes heated and carries the neat to other parts of the body, so that if heating is extensive and prolonged a general rise in body temperature occurs. The vasomotor centre is affected, also the heat regulating centre in the hypothalamus, and a generalized dilatation of the superficial blood vessels results.

#### As per ayurveda

**Effect on dosha -** Agni karam is vata kaph shamak. Guna of agni is ushan, tikshan, suksham, aashukari and these guna are opposite to that of vaat and kaph. It removes strotavarodh and increase flow of ras and rakt to affected side.

**Effect on dhatu -** Therapeutic heat transferred by agni karam increases dhatu agni, so metabolism at dhatu level increases which help to reduce aama.

#### The effect of agni karam is in two ways

- ~ rog unmulan
- ~ shoolaghan

Ushan, tikshan, suksham, ashukari gun of agni pacifies vata and reduces kaph which ultimately leads to vedana shaman. Agni karam removes strotavrodh and aavaran at corresponding site there by increases ras rakt sawahan at affected part. Because of laghu, suksham, tikshan guna of agni, it penetrates deeper in dhatu (Sukshamstrotgami), as a result dhatuagni increases, so metabolism of dhatu become proper and digest aama dosh from affected site and promotes proper nutrition from purav dhatu.

#### 5.5. Mode of action of basti

#### Panchtiktksheersarpi basti

Guduchi, vasa, nimb, patol, kiratikt was used as the main content of panchtiktksheersarpi Basti. Tikta Dravya Siddha Ksheera and Ghrita Basti are specially advised in Asthi Vikara by Acharya Charaka. Ingredients of this basti are dominant of Tikta Rasa and Ushna Virya. Tikta Rasa increases the Dhatvagni (metabolic stage). As Dhatvagni increase, nutrition of all the Dhatus will be increased. As a result, Asthi Dhatu and Majja Dhatu may get stable, and Asthi Dhatu and Majja Dhatu Kshaya will be decreased.

Hence, degeneration in the Asthi Dhatu may not occur rapidly. It can be inferred, it slows down the degeneration processes. Panchatikta dravya are predominant of Prithvi, Akasha, and Vayu Mahabhuta, which helps in the preservation of the normal health of Asthi Dhatu. Ghrita is Vata-pittashamaka, Balya, Agnivardhaka, Madhura, Saumya, Sheeta Virya, Shula, Jwarahara, Vrishya, and Vayasthapaka also. Thus, it pacifies Vata, improves the general condition of the body, and acts as a rejuvenator of the body. Ghrita also contains Vitamin D, which plays an important role to utilize calcium and phosphorous in blood and bone building.

Ksheera possesses Snigdha, Brimhana, Balya, and Sandhaneeya property and hence used for Dhatuposhana purpose. The milk constitutes high-quality proteins; in addition, the Whey proteins have been demonstrated to increase the bone strength in experimental animals. The

lactose that enters the colon favors calcium and possibly phosphorus absorption and strengthens the nervous system.

It is clear that there is the involvement of Asthi - Majia Vaha Srotas in Katishoola. Ksheera Basti is described as the main line of treatment in Asthi gata Vikaras by Acharya Charaka. The Basti, which has Ksheera or milk as the main ingredient is known as Ksheera Basti. Ksheera is the ingredient which can be used in the Basti preparation as per the condition and Doshik involvement. As per the quantity of this Basti and use of Ksheera as a main ingredient, Ksheera Basti serves dual function.

#### Matra basti with ashawgandha siddh tail

In the chikitsa sutra of Vatavyadhi many Acharyas advised Basti and Acharya Charaka has mentioned Matrabasti as a brumhana sneha.) hence in present Study Matrabasti is selected. Shad skanda is mentioned by Acharya Charak in Viman sthan for bastikarma. Ashwagandha is in the Madhur Skanda which exert Vatahara and brumhana action. The main treatment principle to pacify vata is used of Vatahara drugs added with Snigdha Dravya (Tila Taila) having Madhur Vipak). The Ashwagandha Taila is such combination to pacify Vata in Katigraha.

#### 6. CONCLUSION

Degenerative spondylisthesis stands amongst the most widely recognized reasons that individuals go to the specialist and is the main source of the inability to work. According to Ayurveda vata is the main Dosha involved in the causation of katigrah. Treatment modalities like katibasti and Basti karam along with Agni karam therapy are found to be effecty in the management o Katigraha. Overall, the collective effects showed effective results in this present case. The patient had a better effect in relieving pain, and stiftness and his assessment criteria scales show improvement.

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