

**MANAGEMENT OF KATISHOOLA USING RASOUSHADHIS (SUARNAYUKTA) WITH SPECIAL REFERENCE TO LUMBAR SPONDYLOSIS- A SINGLE CASE STUDY**Dr. Malavi Shayan<sup>1\*</sup> and Dr. Praveen Kumar H.<sup>2</sup><sup>1</sup>Chief Ayurvedic Physician- Inchara Ayur Kuteera, Konankunte, Bengaluru, Karnataka, India.<sup>2</sup>Ayurveda Speciality Consultant - Inchara Ayur Kuteera, Konankunte, Bengaluru, Karnataka, India.**\*Corresponding Author: Dr. Malavi Shayan**

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**ABSTRACT**

Low back pain affects majority of the adults at some point in their lifespan, which drastically affects the daily routine of individuals. The present article deals with a case diagnosed of Lumbar Spondylosis, with the Ayurvedic diagnosis of “*Katishoola* associated with *Katigraha*” was made and *Rasoushadhis* followed by *sthanika abhyanga* & *swedana*. The assessments done were systemic examination, physical examination, X-ray, objective criteria & subjective criteria included with Oswestry low back pain disability grading. The patient showed 90% improvement after treatment & usage of *Rasoushadhis* provided us quick relief from the major symptom of the disease – pain. Overall usage of *Rasoushadhis* gives us hope as a non-invasive intervention in the management of Lumbar Spondylosis.

**KEYWORDS:** *Rasoushadhis, Katishoola, Low-back pain, Lumbar Spondylosis, Inchara Ayur Kuteera.***INTRODUCTION**

Back pain is one of the common causes for patients to seek immediate medical care. It is the most common reason for delay in work and delay in our daily routine because body function becomes impaired, activities of daily living are changed to accommodate back pain and quality of life suffers. It affects almost every aspect of life like sleeping, bending, turning sideways and lifting any object from a low level becomes difficult.

In this article, a single case study of Low Back Pain has been addressed, how to diagnose, examine and treat Low Back Pain through Ayurvedic Modalities using internal medicines (*Rasoushadhis*) and external therapies. For this, a detailed, careful history and examination of the patient was done as reported below.

**MATERIALS AND METHODS**

Type of Study- Single case study.

Place of Study – Inchara Ayur Kuteera, Laxman Complex, Opposite to Soudahamini Kalyana Mantapa, Konanakunte, Bengaluru, Karnataka, India – 560062.

**CASE REPORT**

- A Hindu married 56-year-old female patient visited on 12.04.2023 to OPD of Inchara Ayur Kuteera with the chief complaint of severe pain in the lower back region which was of sudden origin with mild stiffness, pain and restricted movements noted.

- No significant history and all routine blood investigations when sent appeared within normal limits.
- X-ray imaging (lower back) showed mildly reduced disc spaces at L<sub>1</sub>-L<sub>2</sub>; L<sub>2</sub>-L<sub>3</sub> and L<sub>3</sub>-L<sub>4</sub> levels and suggestive Lumbar Spondylosis.

**Past History:** There is no significant history.**Family History:** there is no significant family history.**General Examination**

- Blood Pressure – 130/90mm Hg
- Pulse -74/min
- Height -160cm
- Weight – 68kg
- Bowel Habits – 1-2times /day – clear
- Exercise – Nil
- Day Sleeping – Nil
- Food – Vegetarian (home cooked only)
- Water intake -3-4litres/day
- Occupation – Head Madam of Government Primary School
- Travel – 100km/day daily in local bus
- Junk food – 1-2times in a month

**Systemic Examination** – Normal.**Physical Examination –Spine Back Examination**

The physical examination was best done with the patient in standing, sitting, supine and then prone position to

avoid frequent repositioning of the patient.

PHYSICAL EXAMINATION – Table No.1		
Inspection	Standing Position	Patient's posture was observed and spinal asymmetries were ruled out like Scoliosis, thoracic Kyphosis and Lumbar Hyper-lordosis.
Range of Motion Testing	Standing Position	The active range of motion of the Lumbar Spine was also assessed in common directions like flexion, rotation and extension. The one leg standing extension test to assess the pain was positive (as soon as the patient stood on one leg while extending the spine).
Forward Bending Test	Standing Position	Patient was asked to bend down to touch the ground with fingers straight as much as possible until pain noticed. The distance between tips of fingers & ground was measured at this stage, it was 30cm (at which pain noticed before treatment) using a measuring tape.
Straight Leg Raise Test	Supine Position	The straight leg raise test puts traction and compression forces on the lumbar nerve roots and SLR test was found to be positive at 45° before treatment
Palpation	Prone position	Careful palpation was done at each level of spine and sacro-iliac joints for tenderness. Tenderness was present at L <sub>1</sub> -L <sub>2</sub> ; L <sub>2</sub> -L <sub>3</sub> and L <sub>3</sub> -L <sub>4</sub> levels before treatment.
Other Examinations	At Lower extremities	Motor strength, reflexes and dermatomal sensation was found to be normal.

**X-Ray Imaging-** Includes anterior-posterior view and lateral view- the reports are attached.

**MRI-** was excluded as it is a method of choice when symptoms are not responding to conservative treatment.

#### SUBJECTIVE CRITERIA which was assessed.

##### 1. *Katishoola* (Pain) Visual Analogue Scale – Table 2.

Visual Analogue Scale	Grade	Severity Index
0-1	0	No pain
2-4	1	Mild pain
5-7	2	Moderate pain
8-10	3	Severe pain

##### 2. *Katistambha* (Stiffness) – Table 3.

Absent	0
Mild	2
Moderate	4
Severe	6

##### 3. Functional Disability – (Modified Oswestry Low Back Pain Disability Grading) – Table 4.

Score 0	Pain free activity
Score 1	Can perform independently with pain
Score 2	Can perform with minimal assistance
Score 3	Can perform with maximum assistance
Score 4	Unable to perform

#### OBJECTIVE CRITERIA which were assessed.

**1. Straight Leg Raising Test** – Patient was made to lie down in a supine position and was asked to raise one leg. During this leg raise period, the patient's face was carefully observed to assess the leg raise degree.

Table 5.

Above 60°	Grade 0
45-60°	Grade 1
30-45°	Grade 2
0-30°	Grade 3

**2. Walking time** – The walking time of the patient for a distance of 10 meters was recorded.

**3. Forward bending test** – distance from fingertips to the ground in centimetres was measured using a tape by asking the patient to bend forward such that he attempts touching the ground.

#### Precautions Advised

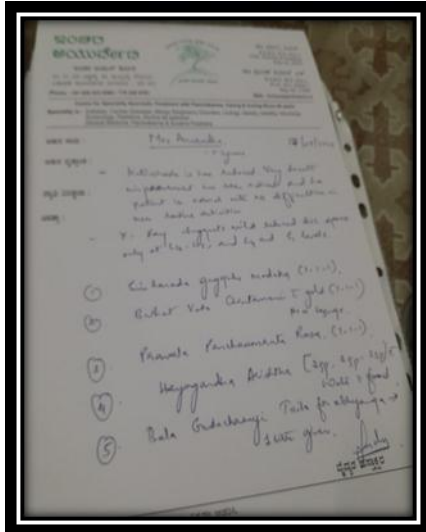
- To avoid salty, spicy, deep fried, junk and all bakery foods to be stopped.
- To wear the lumbosacral belt during travel.
- Temporary rest is advised to avoid daily travel to the workplace for 10 days.

#### TREATMENT

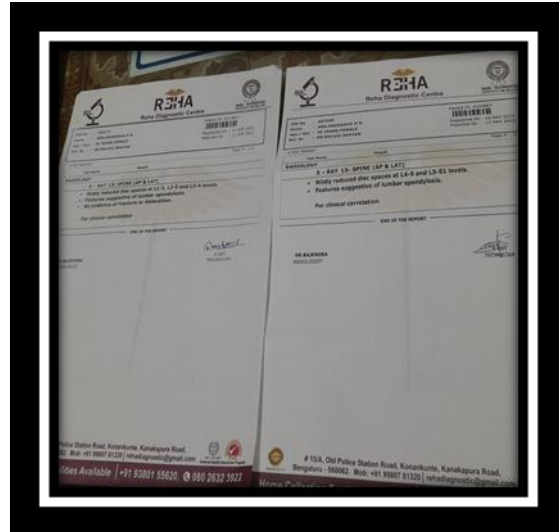
##### Internal

1. *Bruhat Vata Chintamani (Suvarna yukta)* (1-1-1)
2. *Simhanada Guggulu Modaka* (1-1-1)
3. *Pravala Panchaamruta Rasa* (1-1-1)

Medicines 1&2 were powdered given bhavana with *ardraka swarasa* every time added with water & consumed by the patient for 15 days.



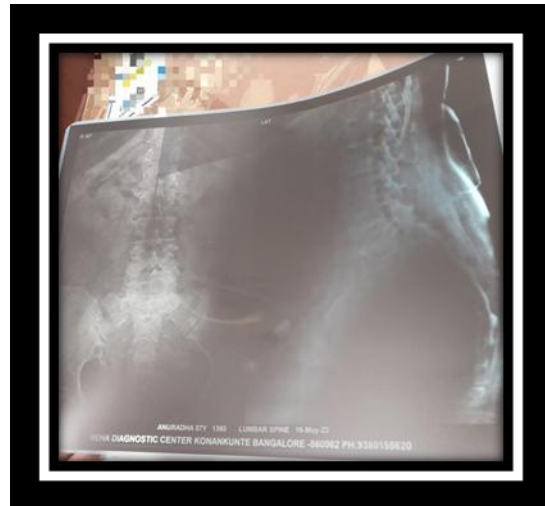
Pic. 1



Pic. 2



Pic 3



Pic. 4

## DISCUSSION

Lumbar Spondylosis is another word for osteoarthritis of spine<sup>[1]</sup>, a condition that usually occurs as an aging process and is the normal wear and tear of the bones leading to degenerative changes in the spine at highest and lowest sections, associated with symptoms like pain/stiffness/both. Sometimes pain may be observed extending down to knee and also changes in X-ray may be observed.

In this case also, X-ray imaging (lower back) showed mildly reduced disc spaces at L<sub>1</sub>-L<sub>2</sub>; L<sub>2</sub>-L<sub>3</sub> and L<sub>3</sub>-L<sub>4</sub> levels and suggestive Lumbar Spondylosis.

In Ayurvedic classics, the description of *Katigata Vata* / *Katishoola* / *Katigraha* is not explained in detail in any

## External

1. *Sthanika abhyanga* with *Aswagandha Bala Laksha Taila*.
2. Followed by *swedana* with *Kola Kulatthaadi Choorna* – 15 days.

of the classical texts. While enumerating *Nanatmaja Vyadhi*<sup>[2]</sup>, *Acharya Caraka* has enlisted *Prushtagata Vata Roga* also. *Acharya Caraka* mentions *Katishoola*<sup>[3]</sup> as a symptom under many other disease categories also. *Katigraha*, is explained as a separate disease in *Rasagrantha – Gada Nigraha*. Hence, all the terminologies namely – *Katigata Vata*, *Katishoola*, *Katigraha* can be co-related to Lumbar Spondylosis, because of its similarity in clinical symptoms and disease prognosis.

Lumbar Spondylosis cases are common in Ayurvedic clinical practice. But this case was challenging because of its acute origin. In any acute origin cases, patient expectation has to be matched to give relief from unbearable pain and then the disease has to be tackled.

Such as acute condition of Lumbar Spondylosis was managed very successfully using *Rasoushadhi – Brihat Vata Chintamani*. Hence its ingredients and mode of action is highlighted in this study.

#### **Brihat Vata Chintamani Ingredients & Mode of Action<sup>[4]</sup>**

Swarna Bhasma	1 Tola
Rajata Bhasma	2 Tola
Abhraka Bhasma	2 Tola
Mukta Bhasma /Pishti	3 Tola
Pravala Bhasma / Pishti	3 Tola
Loha Bhasma	5 Tola
Rasasindoora	7 Tola
Anupana & Matra	Madhu – 1 ratti

In Ayurveda, it is most highly recommended *Rasoushadhi* because of its wide action and it is beneficial for all the *vata rogas*.

It acts as *vata-pittanashaka & vata-kaphanashaka* also.

It is useful in *anidrata, mastishka jnanavahini naadi dosha utpanna vyadhi* (hysteria), *aakshepaka, hrudroga, pakshaghata, dhanurvata, apatanaka, dandaapatana, sannipatajwara, kathina vatavyadhi*.

In any type of *vataroga*, if the patient becomes very weak with any symptoms like *naadi ksheenata, hasta paada kampa, Shareera shaitya, pralapa, moha, manda gati* (difficulty in walking due pain), *manda swara* (difficulty in speaking) – here *Brihat Vata Chintamani* is considered as a *Maha-oushadhi* and acts as *uttama kaya kalpa*.

In this case also patient came with acute pain in the lumbosacral region, stiffness and restricted movements. On examination even tenderness was observed and present at L<sub>1</sub>-L<sub>2</sub>; L<sub>2</sub>-L<sub>3</sub> and L<sub>3</sub>-L<sub>4</sub>. SLR was positive at 45°. Immediately after examination, in the first visit patient was prescribed the above-mentioned medications. The patient reported after two days, saying the severity of pain was reduced. After 15 days all the examinations were repeated and in the forward bending test pain was noticed at 10cm distance from the ground. SLR test was positive at 10°. This indicated that the disease intensity was reduced from severe to mild. After one month of continuous treatment, patient was 90% normal. The present case report substantiates that the classical Ayurvedic diagnosis of “*Katishoola* associated with *Katigraha*” can be alleviated with *Rasoushadhis*. Also, the specialty treatment administration method adopted here was, all the *oushadhi dravyas* were given *bhavana* with *ardraka swarasa* every time during administration. Further randomized controlled trials with large samples are required to substantiate the present study.

#### **CONCLUSION**

Ayurvedic diagnosis of “*Katishoola* with *Katigraha*” can be probably co-related to degenerative conditions of

spine like Lumbar Spondylosis. In Ayurveda, there is no common treatment for Lumbar Spondylosis, as it differs based on *Roga & Rogi pariksha* criteria. Here, one clinical case review using *Rasoushadhis* has been successfully interpreted & substantiated as per the clinical review protocol.

#### **BIBLIOGRAPHY**

1. Dr.SariahKhormae: [https://www.hss.edu/conditions\\_spondylosis-overview.asp](https://www.hss.edu/conditions_spondylosis-overview.asp)
2. Carakacharya, Caraka Samhita; edited by Shashirekha HK, Chaukhamba Surbharati Prakashan; Varanasi: Edition, 2023; Chap20-11/pg 327.
3. Carakacharya, Caraka Samhita; edited by Shashirekha HK, Chaukhamba Surbharati Prakashan; Varanasi: Edition, 2023; Chap28-56/pg 581.
4. Sri Baidyanath, Ayurveda Saara Sangraha; Ayurveda Bhavan Limited; Kolkata: Edition 2015; Rasa Rasayana Prakarana, Pg 403.
5. Dr.Kshama Gupta, Dr. Prasad Mamidi; [https://www.researchgate.net/publication/270274331\\_AYURVEDIC\\_MANAGEMENT\\_OF\\_LUMBAR\\_SPONDYLOSIS\\_WITH\\_SPONDYLOLISTHESIS\\_A\\_CASE\\_REPORT](https://www.researchgate.net/publication/270274331_AYURVEDIC_MANAGEMENT_OF_LUMBAR_SPONDYLOSIS_WITH_SPONDYLOLISTHESIS_A_CASE_REPORT).