



## CASE REPORT

## Abhighataja Katigraha: A Case Study

<sup>1</sup>Anup Jain, <sup>2</sup>Divya Gupta, <sup>3</sup>Arun Gupta, <sup>4</sup>Vishakha Wetal

### ABSTRACT

**Rationale:** Back pain is one of the common painful conditions experienced by people of all age groups. The commonest site of pain in the back is the lower lumbar region, which is expressed as lumbago in medical terminology. The region is subjected to injury more frequently because this region possesses greater freedom of movement. The lumbosacral region is, therefore, subjected to mechanical strain, which is common after the 3rd or 4th decade of life. Surgical treatment in modern medicine may not guarantee previous level of activity. Ayurveda can provide a suitable treatment through appropriate panchkarma modalities useful in such disorders.

**Background:** A female patient of 17 years, student by profession, came to the Panchkarma outpatient department (OPD). The patient was suffering from low back pain (LBP) with history of fall in bathroom 8 months ago. The patient complained of low backache radiating to bilateral lower limb associated with numbness, pain in L5-S1 area.

**Intervention and outcome:** After appropriate analysis based on ayurvedic parameters, the patient was treated with *patra pinda pottali sweda* and *kati basti* with *ksheera bala* oil along with oral medication and *Marma chikitsa*. Before treatment her Oswestry's disability scoring was 34 and after treatment her score decreased to 6. Thus, the treatment module shows significant relief in the symptoms by 76.47%.

**Keywords:** Katigraha, Kativasti, Marma chikitsa, Patra pinda sweda.

**How to cite this article:** Jain A, Gupta D, Gupta A, Wetal V. *Abhighataja Katigraha: A Case Study*. J Res Ayurvedic Sci 2018;2(1):50-54.

**Source of support:** Nil

**Conflict of interest:** None

### INTRODUCTION

Low back pain is a common disorder involving the muscles, nerves, and bones of the back.<sup>1</sup> Pain can vary from a dull constant ache to a sudden sharp feeling.<sup>2</sup> Low back pain may be classified by duration as acute (pain lasting <6 weeks), subchronic (6–12 weeks), or chronic (>12 weeks).<sup>3</sup> These conditions may be further classified

by the underlying cause as mechanical, nonmechanical, or referred pain.

### Causes of LBP

Low back pain is not a specific disease but rather a complaint that may be caused by a large number of underlying problems of varying levels of seriousness.<sup>3</sup> Majority of LBP does not have a clear cause,<sup>4,5</sup> but it is believed to be the result of nonserious muscle or skeletal issues, such as sprains or strains. Obesity, smoking, weight gain during pregnancy, stress, poor physical condition, poor posture, and poor sleeping position may also contribute to LBP. A full list of possible causes includes many less common conditions. Physical causes may include osteoarthritis, degeneration of the disks between the vertebrae or a spinal disk herniation, broken vertebra (e) (such as from osteoporosis), or, rarely, an infection or tumor of the spine.

Women may have acute LBP from medical conditions affecting the female reproductive system, including endometriosis, ovarian cysts, ovarian cancer, or uterine fibroids. Nearly half of all pregnant women report pain in the lower back or sacral area during pregnancy, due to changes in their posture and center of gravity causing muscle and ligament strain.

Low back pain can be broadly classified into four main categories:

- **Musculoskeletal:** Mechanical (including muscle strain, muscle spasm, or osteoarthritis); herniated nucleus pulposus, herniated disk; spinal stenosis; or compression fracture.
- **Inflammatory:** Human leukocyte antigen-B27-associated arthritis including ankylosing spondylitis, reactive arthritis, psoriatic arthritis, and inflammatory bowel disease.
- **Malignancy:** Bone metastasis from lung, breast, prostate, thyroid, among others.
- **Infectious:** Osteomyelitis; abscess.

In Ayurveda classics, *kati pradesha* is described as an important seat of *vata dosha*.<sup>6</sup> 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 pradesha*, it exhibits the symptoms of *katigraha*.<sup>7</sup> The treatment advised for such conditions include *Snehana*, *Swedana*, and *Basti*.<sup>8</sup> The choice of treatment made in this case is *patra pinda sweda*, which is a *snigdha ruksha* kind of *sweda* and for *basti*. We took an alternative therapy by selecting *kati basti*,

<sup>1</sup>Assistant Professor, <sup>2</sup>Postgraduate Scholar, <sup>3</sup>Professor  
<sup>4</sup>Associate Professor

<sup>1-4</sup>Department of Panchkarma, Chaudhary Brahm Prakash Ayurved Charak Sansthan, New Delhi, India

**Corresponding Author:** Anup Jain, Assistant Professor Department of Panchkarma, Chaudhary Brahm Prakash Ayurved Charak Sansthan, New Delhi, India, Phone: +911165152030 e-mail: Dr.anupjain@gmail.com

which is a snigdha-sweda, and by etymology is similar to basti, meaning to reside or to cover a specific part.

## CASE REPORT

A 17-year-old female patient visited the OPD of Chaudhary Brahm Prakash Ayurved Charak Sansthan (CBPACS) on 22/12/17 with the following complaints:

Patient name: XYZ  
OPD/IPD No.: 13XX12/3XX7  
Age/Sex: 17 years/F  
Bed No.: 208  
Date of admission: 22/12/2017  
Date of discharge: 30/12/2017  
Address: Najafgarh, New Delhi 110073, India

## Chief Complaints

- Low back ache radiating to both lower limbs, right leg > left leg
- Stiffness in both lower limbs
- Flatulence
- Difficulty in prolonged sitting

## Personal History

- Occupation: Student
- Bowel: Occasional constipation
- Sleep: Disturbed due to pain
- Appetite: Normal
- Built: Medium

## H/O Present Illness

According to the patient, she was asymptomatic about 8 months ago when she had an accidental fall in the wash-room. She developed pain in low back, which radiated to both lower limbs. Pain in right leg > left leg and associated with stiffness in both lower limbs and difficulty in prolonged sitting. Pain also got aggravated upon prolonged standing and changing posture. She also complained of flatulence. When there was no relief in symptoms after taking allopathic medication, she came to the OPD of CBPACS seeking ayurvedic treatment.

## O/E Clinical Findings

Vitals: Blood pressure 120/80, P/R 82 bpm, R/R 17/min.

### Locomotor

Gait: Antalgic gait; Femoral stretch test: Positive, Lasègue's sign: Positive, Straight leg raise test: Negative.

## INVESTIGATIONS

Computed tomography scan of lower segment spine (19/5/17): Normal lumbosacral spine.

## Magnetic Resonance Imaging Dated 26/6/17

- Mild straightening of lumbar spine curvature seen
- Posterior disk bulge causing mild bilateral foraminal nerve root compression at L4-L5 level
- Posterior disk bulge causing mild bilateral foraminal nerve root compression at L5-S1 (R>L) level

## Ayurveda Examination

- Dashvidha Parikshsha
- Prakriti-Vata Pradhan kaphaj
- Vikriti-vataj
- Sara-Rakta, meda
- Samhanan-Madhayam
- Pramana-Madhayam
- Satmaya-Madhayam
- Satva-Madhayam
- Ahara shakti-Madhayam
- Vyayam shakati-alpa
- Vaya-Madhayam

## Ayurvedic Diagnosis

The trauma due to fall resulted in vitiation of vata and kha vaigunya at kati pradesh. Also, there was Agnimandya already present causing formation of ama. This vitiated vata got affected by ama already present and took sthana sanshaya in kati pradesh causing katigraha.

Date of admission: 22/12/17; total 8 days therapy was performed as below:

### Panchkarma Chikitsa

- Patra pind potali sweda (Panch Guna oil)
- Kati vasti (Ksheer Bala oil)

### Oral Medication

- Tryodashang gugullu: 2 tab twice a day
- Dashmool kwath: 40 mL twice a day
- Sanshamani vati: 2 tab twice a day
- Ajmodadi churna: 3 gm + kaparadika bhasma— 250 mg twice a day

### Marma Chikitsa

In this therapy following marma were stimulated:

- Kshipra
- Indrabasti
- Talahridya
- Gulpha

In order to provide relief to the patient from pain and other symptoms, she was prohibited from taking diet half an hour before and after the therapy (Table 1).<sup>9</sup>

**Table 1:** Oswestry's disability index

Questionnaire	Score
<b>Section I: pain intensity</b>	
I have no pain at the moment	0
The pain is very mild at the moment	1
The pain is moderate at the moment	2
The pain is fairly severe at the moment	3
The pain is severe at the moment	4
The pain is worst imaginable at the moment	5
<b>Section II: personal care</b>	
I can look after myself normally without causing extra pain	0
I can look after myself normally but causes extra pain	1
It is painful to look after myself and I am slow and careful	2
I need some help but manage most of my personal care	3
I need help every day in most aspects of self-care	4
I do not get dressed, I wash with difficulty and stay in bed	5
<b>Section III: lifting</b>	
I can lift heavy weights without extra pain	0
I can lift heavy weights but it gives extra pain	1
Pain prevents me from lifting heavy objects, but I can manage if they are conveniently placed, e.g., on a table	2
Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned	3
I can lift very light weights	4
I cannot lift or carry anything at all	5
<b>Section IV: walking</b>	
Pain does not prevent me walking any distance	0
Pain prevents me from walking more than 1 mile (1.6 km)	1
Pain prevents me from walking more than ½ mile	2
Pain prevents me from walking more than ¼ mile	3
I can only walk using a stick or crutches	4
I am in bed most of the time	5
<b>Section V: sitting</b>	
I can sit in any chair as long as I like	0
I can only sit in my favorite chair as long as I like	1
Pain prevents me sitting more than 1 hour	2
Pain prevents me from sitting more than 30 minutes	3
Pain prevents me from sitting more than 10 minutes	4
Pain prevents me from sitting at all	5
<b>Section VI: standing</b>	
I can stand as long as I want without extra pain	0
I can stand as long as I want but it gives me extra pain	1
Pain prevents me from standing for more than 1 hour	2
Pain prevents me from standing for more than 30 minutes	3
Pain prevents me from standing for more than 10 minutes	4
Pain prevents me from standing at all	5
<b>Section VII: sleeping</b>	
My sleep never disturbed by pain	0
My sleep occasionally disturbed by pain	1
Because of pain my sleep is <6 hours	2
Because of pain my sleep is <4 hours	3
Because of pain my sleep is <2 hours	4
Pain prevents me sleeping at all	5

Questionnaire	Score
<b>Section VIII: sex life (if applicable)</b>	
My sex life is normal and causes no extra pain	0
My sex life is normal but causes some extra pain	1
My sex life is nearly normal but is very painful	2
My sex life is severely restricted by pain	3
My sex life is nearly absent because of pain	4
Pain prevents in any sex life at all	5
<b>Section IX: social life</b>	
My social life is normal and gives me no extra pain	0
My social life is normal but increases the degree of pain	1
Pain has no significant effect on my social life apart from limiting my more energetics interests, e.g., sports	2
Pain has restricted my social life and I do not go out as often	3
Pain has restricted my social life to my home	4
I have no social life because of pain	5
<b>Section X: traveling</b>	
I can travel without pain	0
I can travel anywhere but it gives me extra pain	1
Pain is bad but I manage journeys over 2 hours	2
Pain restricts me to journeys of <1 hour	3
Pain restricts me to short journeys of under 30 minutes	4
Pain prevents me from traveling except to receive treatment	5

## RESULTS AND DISCUSSION

Out of panchkarma therapies performed on the patient, patra pind sweda is snigdha ruksha kind of sweda and causes pachana of ama associated with the vata, while at the same time pacifying the vata dosha and also imparting snigdhatva to increase the strength of the tissues.<sup>10</sup> Kati vasti (oil pooling over back region) too helps in achieving vata shaman and imparts relief in pain and stiffness. These procedures helped in increasing metabolic activities, blood flow, and stimulating neural receptors in the skin and local tissue, which in turn helped in reducing the symptoms. Both of these therapies are a form of snehana and swedana and also help in achieving the basic dissolution of samprapti by ama pachana, vata anulomana, and balya properties.

In oral medication, *Dashmool kwath* is indicated in chronic disease like arthritis, which helps to boost our immune system and prevents headache and fatigue.<sup>11</sup> *Ajmodadi churna* is used as it is indicated for Pachana and shula shaman in joint diseases, such as rheumatoid arthritis and osteoarthritis.<sup>12</sup> *Tryodashang guggulu* is a guggulu-based herbal drug that provides strength to nerves, bones joints, muscle, and ligaments.<sup>13</sup> *Sanshamani vati* has mild antipyretic and antiinflammatory action; it is also *Aam Pachak* and is a pacifier of all doshas and optimizes metabolism (Table 2).<sup>14</sup>

Table 2: Results

Signs and symptoms	Score		Result in %
	Before treatment	After treatment	
Pain intensity	5	1	80
Personal care	5	3	60
Lifting	4	0	100
Walking	5	0	100
Sitting	2	2	100
Standing	5	0	100
Sleeping	3	0	100
Sex life	–	–	–
Social life	4	0	100
Traveling	1	0	80
Total	34	6	76.47

## CONCLUSION

*Katigraha* is considered as one of the *Vata Nanatmaj* vikara, but according to the symptoms it can be classified under *Vata* and *vata-kapha* varieties. Although *Katigraha* is not described elaborately in Ayurveda texts, in present era, due to mechanical lifestyle, the prevalence of its main symptom in low back is very high. It is a very common condition next to the cold. As classics have described that it may be caused both by *sama* or *nirama* vata, therefore, its presentation may be changed accordingly. In the present study, we see significant and promising results of about 76.47% relief achieved in patients in a very short span of time (8 days). It is essential to conduct large-scale studies for better inference of results.

## REFERENCES

1. Low Back Pain Fact Sheet [Internet]. National Institute of Neurological Disorders and Stroke. U.S. Department of Health and Human Services; [cited 2018 Feb 10]. Available from: <https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Low-Back-Pain-Fact-Sheet>.
2. Manusov EG. Evaluation and diagnosis of low back pain. *Prim Care* 2012 Sep;39(3):471-479.
3. Atlas SJ, Nardin RA. Evaluation and treatment of low back pain: An evidence-based approach to clinical care. *Muscle Nerve* 2003 Mar;27(3):265-284.
4. Cassaza BA. Diagnosis and treatment of acute low back pain. *Am Fam Phys* 2012 Feb;85(4):343-350.
5. Armbruster M, Messa M, Ferguson SM, Camilli PD, Ryan TA. Dynamins phosphorylation controls optimization of endocytosis for brief action potential bursts. *Elife* 2013 Jul;2:e00845.
6. Shastri Satya Narayan. *Charak Samhita, Sutrasthan*. Chapter 20. Shlok 8. Vol. 1. Varanasi: Chaukhambha Publication; 2013. p. 396.
7. Tripathi Indra Dev. *Kaychikitsa khanda*. Chapter 19: Vatavyadhi. Shlok 67. Satna: Choukhamba Sanskrit Bharti; 2011. p. 488.
8. Sastri Satya Narayan. *Charak Samhita, Sutrasthan*. Chapter 20. Shlok 13. Vol. 1. Varanasi: Choukhamba Sanskrit Bharti; 2013. pp. 401-402.
9. Fairbank JC, Pynsent PB. The Oswestry Disability Index. *Spine* 2000 Nov 15; 25(22):2940-52; discussion 52.
10. Sastri Satya Narayan. *Charak Samhita, Sutrasthan*. Chapter 14. Shlok 41. Vol. 1. Varanasi: Choukhamba Sanskrit Bharti; 2013. p. 290.
11. Sharngadhara. *Sharngadhara samhita madhyam khand*. Chapter 2. Shlok 28-31. Vol. 1. Varanasi: Chaukhambha Surbharti Publication; 2013. p. 93. Dipika Hindi Commentary by DR. Brahmanand Tripathi.
12. Sharngadhara. *Sharngadhara samhita madhyam khand*. Chapter 6. Shlok 53. 2013th ed. Vol. 1. Varanasi: Chaukhambha Surbharti Publication; 2013. p. 121. Dipika Hindi commentary by DR. Brahmanand Tripathi.
13. Sen Govind Das. Chapter 26: Vatavyadhi chikitsa. Shlok 98-101. Vol. 1. Varanasi: Chaukhambha Surbharti Publication; 2007. p. 526. Siddhiprada Hindi commentary by Siddhi Nandan Mishra.
14. Yadavji Trikamji. *Siddha yoga sangraha, jwaradhikara*. Vol. 1. Allahabad: Baidyanath Ayurved Bhawan Ltd.; 2013. p. 4.

## हिन्दी सारांश

### अभिघातज कटिग्रह – एक केस रिपोर्ट

<sup>1</sup>अनूप जैन, <sup>2</sup>दिव्या गुप्ता, <sup>3</sup>अरुण गुप्ता, <sup>4</sup>विशाखा वेताल

**तर्कसंगति:** कटिशूल सभी आयु वर्ग के द्वारा अनुभव की जाने वाली सामान्य दर्दनीय अवस्था है। सामान्य रूप से चिकित्सीय शब्दावली में इसे कटिवात कहा जाता है। यह क्षेत्र गतिशीलता का अधिक स्वातंत्र्य रखने के कारण प्रायः आघात के लिये अधिक उन्मुख होता है। कटि एवं त्रिक प्रदेश उस यांत्रिक दबाव के लिये अधिक सुभेद्य है जो जीवन के तीसरे व चौथे दशक में सामान्य है। वर्तमान चिकित्सा प्रणाली में शल्य चिकित्सा कराने के पश्चात् शरीर की पूर्ववत क्रिया पूर्णतः प्राप्त नहीं हो पाती, इस तरह के रोगों में आयुर्वेद शास्त्र में पंचकर्म चिकित्सा पद्धति उपचार में महत्वपूर्ण भूमिका रखती है।

**भूमिका:** एक 17 वर्षीय युवती पंचकर्म के बहिरंग विभाग में कटिशूल की समस्या के साथ उपस्थित हुई, जो बाथरूम में फीसलकर आघात लगने की वजह से शुरू हुआ। रोगी की प्रमुख वेदना स्तब्धताए कमर के नीचले भाग में दर्द जो दोनों पैरों में भी जाता है ज्यादा समय तक बैठने पर पैरों के दर्द का बढ़ना मुख्य रूप से थी।

**चिकित्सा एवं परिणाम:** आयुर्वेद पद्धति से रोगी की परीक्षा करके रोगी को पंचकर्म चिकित्सा (कटिवस्ति व पत्र पिंड पोटली स्वेद), मर्म चिकित्सा और शमन औषध दिया गया। चिकित्सा पूर्व Oswestry's Disability Index scoring 34 थी, चिकित्सा के पश्चात् Score घटकर 6 रह गया। रोगी को लक्षणों में 76.47% लाभ प्राप्त हुआ।

**मुख्य शब्द:** कटिग्रह, कटिवस्ति, पत्र पिंड पोटली स्वेद, मर्म चिकित्सा।

