Abhighataja Katigraha: A Case Study

1Anup Jain, 2Divya Gupta, 3Arun Gupta, 4Vishakha 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 pind sweda.


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.1 Pain can vary from a dull constant ache to a sudden sharp feeling.2 Low back pain may be classified by duration as acute (pain lasting <6 weeks), subchronic (6–12 weeks), or chronic (>12 weeks).3 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.3 Majority of LBP does not have a clear cause,4,5 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.6 In katigraha, vata gets vitiated in its swasthan. The pain is produced in the joints of spikh, 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.7 The treatment advised for such conditions include Snehana, Swedana, and Basti.8 The choice of treatment made in this case is patra pind sweda, which is a snigdha ruksha kind of sweda and for basti. We took an alternative therapy by selecting kati basti,
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 Sansathan (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: Najafgarah, 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 washroom. 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 Parikshsa
• 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 sanshraya 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 basti (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).9
Table 1: Oswestry’s disability index

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

**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 snigdhata to increase the strength of the tissues. 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. Ajmodadi churna is used as it is indicated for Pachana and shula shaman in joint diseases, such as rheumatoid arthritis and osteoarthritis. Tryodashang guggulu is a guggulu-based herbal drug that provides strength to nerves, bones joints, muscle, and ligaments. 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).
CONCLUSION

Katigraha is considered as one of the Vata Nanaatmaj 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


Table 2: Results

<table>
<thead>
<tr>
<th>Letters and symptoms</th>
<th>Score</th>
<th>Before treatment</th>
<th>After treatment</th>
<th>Result in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain intensity</td>
<td>5</td>
<td>1</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Personal care</td>
<td>5</td>
<td>3</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Lifting</td>
<td>4</td>
<td>0</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td>5</td>
<td>0</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Sitting</td>
<td>2</td>
<td>2</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Standing</td>
<td>5</td>
<td>0</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Sleeping</td>
<td>3</td>
<td>0</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Sex life</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Social life</td>
<td>4</td>
<td>0</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Traveling</td>
<td>1</td>
<td>0</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>6</td>
<td>76.47</td>
<td></td>
</tr>
</tbody>
</table>
हिन्दी सारांश
अभिनवत जागरूक - एक केस रिपोर्ट
'अनूप जैन, 'दिब्या गुप्ता, 'अरण गुप्ता, 'विशाखा वेदाल

संक्षेपण: कार्यक्रम रूपी आयुष वर्ग के द्वारा अनुभूत की जाने वाली समस्या दर्दनीय अवस्था है। समस्या रूप से विकिरणीय शाखाओं में इसके कारण कहा जाता है। यह क्षेत्र गतिशीलता का अभिक्रिया यथार्थ रहने के कारण प्रयास - आयुष के लिए अधिक उन्नत होता है। कार्यक्रम प्रदेश उस वापसी दायक के लिए अधिक सुविधा है जो जीवन के तीसरे व चौथे दशक में सामान्य है। वर्तमान विकिरणा प्रणाली में शाय विकिरणा करने के पर्यावरण परिस्थित की पूर्ववर्ती क्रिया पूर्ण: प्रआय पर नहीं हो पाती, इस तरह के रूप में आयुषबाद शास्त्र में पंक्तियां विकिरणा पद्धति उपचार में महत्वपूर्ण भूमिका रखती है।

भूमिका: एक 17 वर्षीय युवती पंक्ति के विचार के बिंदु से कार्यक्रम की समस्या के साथ उपस्थित हुई, जो बाध्य हुई थी फौरानों का आयात लगने की जगह से शुरू हुआ। रोगी की विनिक वेतना साधनाएं कल के नीचे नाम में दर्द जो दोनों पैरों में भी जाता है व्याया समय तक बेंच पर पैरों के दर्द का झागना मुख्य रूप से थी।

विकिरणा एंड परिणाम: आयुषबाद पद्धति से रोगी की परीक्षा करके रोगी को पंक्ति विकिरणा (कार्यक्रम एवं निव निपटनी संबंध), मर्म विकिरणा और रणनीतिक दीए गए। विकिरणा पूर्व Oswestry’s Disability Index scoring 34 थी, विकिरणा के पर्यावरण Score पूरी 6 रह गया। रोगी का लक्षण में 76.47% लाभ प्राप्त हुआ।

मुख्य शब्द: कार्यक्रम, कार्यशील, पत्र निव प्राप्ती संबंध, मर्म विकिरणा।