



**AYURVEDIC MANAGEMENT OF LUMBAR CANAL STENOSIS W.S.R. KATIGATA
VATA: A CASE STUDY**

Dr. Sachin Tike^{1*}, Dr. Salve Nilesh² and Dr. Prashant Baghel³

¹Assistant Professor, Panchakarma Dept. GAC Osmanabad.

²PG Scholar, Agadtantra Dept. GAC Osmanabad.

³PG Scholar, Sharir Kriya Dept. GAC Osmanabad.

***Corresponding Author: Dr. Sachin Tike**

Assistant Professor, Panchakarma Dept. GAC Osmanabad.

Article Received on 26/10/2017

Article Revised on 17/11/2017

Article Accepted on 07/12/2017

ABSTRACT

Lumbar stenosis is a condition in which the spinal nerve gets compressed due to narrowing of spinal canal, due to compression of spinal nerve numbness of bilateral lower extremities occurs. Along with it restricted and painful movement occurs. The patient faces difficulties in normal day to day work. According to Ayurveda it is closely related with *Kati ashrit vata*. Due to extreme vitiation of *Vata* in *kati* region, restriction in movement occurs. While treating such cases, the vitiated *Vata* should be corrected. Modern sciences recommend such patients primarily NSAID's, physiotherapy and tractions. In later stages surgery is been advised. Spinal surgeries are not cost effective and there complications are much more severe than their effectiveness. While in Ayurveda such cases treated as *panchakarma* is advised. And by systemic *Vata shanti* the disease got treated without any surgical interventions. This case study is all about the treatment of *katigata vata* given to a lumbar stenosis patient and its positive relief.

KEYWORDS: Lumbar stenosis *katigata vata* and *vaat shamak aushadhi* positive relief.

INTRODUCTION

A 60 years old male patient who was suffering from lumbar stenosis, having complaints such as numbness in lower extremities, paresthesia, prickling pain in legs, unable to walk, slipping of chappal from foot since 2-3 months. After consulting to physician he got diagnosed with lumbar stenosis. He was advised to have surgery. He was under treatment for 1 month. The allopathic medications which were used i.e. NSAID's, antacids, neurotonics. But there was no any significant relief from treatment. Therefore patient came to government Ayurvedic college osmanabad in panchakarma department. According to *Ayurvedic samprapti* (pathogenesis) it was diagnosed as *kati ashrit vata*^[1] and treatment of *katigata vata* has been started. Medications such as *rasarajeshwara rasa*, *maharasnadi kwatha*, *rasnasaptaka kwatha* were used. Along with medications, Panchkarma's such as *snehana*, *swedana*, *basti*, *raktamokshana* has been advised for 20 days in hospital, along with the lumbar tractions and some exercises advised. Within a week patient got little relief from symptoms. And by the end of IPD treatment patient got able to walk on his feet easily, he can hold the chappal in his feet after the treatment. Some symptoms such as numbness were still there. Patient was asked to have follow ups on regular basis in OPD timings. With regular follow ups and medications for 3 months patients

got its routine life back with no restricted movement or so, and he no longer needs any surgical corrections now.

1.1 AIMS – Ayurvedic management of lumbar canal stenosis w.s.r. to *katigata vata*; a case study.

1.2 OBJECTIVES

1. To observe the symptoms of lumbar stenosis in patient.
2. To prepare an Ayurvedic line of treatment according to *samprapti* of disease.
3. To analyze results.

1.3 Methodology

To fulfill the aims and objectives of the study this work has been carried out in the following phase wise manner.

- 1) Conceptual study.
- 2) Case study.
- 3) Discussion.
- 4) Conclusion and summary.

1.0 Conceptual study

Lumbar stenosis^[2]: lumbar stenosis is a condition in which the spinal canal narrows and compresses the spinal cord and spinal nerves at the level of lumbar vertebrae. The most common cause is spinal degeneration due to aging. The causes can be vary from

spinal disc herniation, osteoporosis, tumor, trauma or congenital. Sign and symptoms are low back pain, abnormal sensations, and numbness in extremities, buttocks, loss of bladder and bowel control. Symptoms most commonly bilateral and symmetrical but they may be unilateral. Leg pain is usually more troubling than back pain. Typically worsen with standing or walking and improve with sitting.

2.0 CASE STUDY

Patient was having complaints of numbness in lower legs, paresthesia in right lower leg, prickling pain in both lower legs, unable to walk, chappal slip from right foot etc. On examination patient was having bilateral L5 hyperesthesia, weak ankle flexion.

MRI shows changes like right paracentral disc extrusion at L4-L5 level with mild inferior migration of the protruded disc causing right L5 traversing nerve root. There was central disc protrusion at L2-L3 level causing bilateral L3 traversing nerve root compression. Moderate changes of lumbar spondylosis.

Patient was on medication like tablet Efen cz, tablet deflin^[6], tablet timencee p, etc.

But there was no improvement in any symptoms during these medications.

So an effort is made for ayurvedic interventions such as *rasarajeshvar rasa*, *sheev gutika*, *rasna saptak kwatha*, *trayodashang guggulu*, *maharasnadi kwatha*, etc.

There was systemic relief in symptoms when the patient was treated. And also MRI shows significant changes. Patient was at relief after the ayurvedic interventions.

2.1 Previous complaints of patient -

Numbness in both lower legs,
Paresthesia in right lower leg,
Prickling pain in both lower leg,
Unable to walk,
chappal slip from right foot.

2.2 Previous findings

MRI screening reports- reports shows right paracentral disc extrusion at L4-L5 level with mild inferior migration of the protruded disc causing right L5 traversing nerve root compression. Central disc protrusion at L2-L3 level causing bilateral L3 traversing nerve root compression. Moderate changes of lumbar spondylosis.

2.3 Previous medication of patient

Sr. no	Drug	Chemical composition	Medical uses
1	Tablet timenac p	Aceclofenac 100 mg, paracetamol 500 mg	Pain relieving effect
2	Tablet recool d	Rebepazole 20 mg domperidone 10 mg	Antacids
3	Tablet neurokind	Methylcobalamin	Neuropathic pain

Patient was on treatment with above medication for 1 month. But there was no relief in symptoms.

Then patient was shifted to ayurvedic interventions with same line of treatment that of allopathic medication.

3.0 Ayurvedic treatment includes

3.1 Aushadhi chikitsa.

Sr. No.	Drug	Composition	Medical use
1	<i>Maharasnadi kwatha</i>	<i>Rasna, dhanvayasa, bala, erandmoola, devadaru, shati, vacha, vasa, nagra, pathya, chavya, musta, punarnava, guduchi, vridhhadaru, shatpushpa, gokshura, ashvagandha, prativisha, kritmala, shatavari, Krishna, sahachara, kantakari, dhanyaka, brihati</i>	<i>Sharangdhara samhita madhyam khanda 2/89-95</i> Rheumatism, painful joints, arthralgia, sciatica, frozen sholder, gout
2	<i>Shiv gutika</i>	<i>Shilajatu, triphala kashaya, dashmoola kashaya, guduchi kwath, patol-bala kashaya, yashtimadhu, cow milk, jeevaniya gana dravya, etc.</i>	<i>Ashtang hrudaya uttatantra 49/293</i> Gout, arthritis, epilepsy
3	<i>Rasa rajeshvar rasa</i>	<i>Rasa sindoor, abhrak bhasma, suvarna bhasma, moti pishti, loha bhasma, rajat bhasma, vang bhasma, praval bhasma, laung, jayfala, javitri, ksheerkakoli, ghrutkumari,</i>	<i>Bhai, ra, 26/205-208</i> <i>Vaatvyadhi chikitsa</i>
4	<i>Rasna saptak kwatha</i>	<i>Rasna, amruta, devdaaru, aragvadha, trikantaka, eranda, punarnava</i>	<i>Chakradatta aamvata</i>
5	<i>Trayodashanga guggulu</i>	<i>Ashvagandha, hapusha, shatavari, guduchi, gokshur, vridhhadaru, rasna, shatahva, shati, nagara, guggulu, ghee</i>	<i>Bhai. Ra. 89-92 vaat roga adhikar</i>

3.2 Panchakarma chikitsa^[3]

Sr. no.	Panchakarma	Dravya used	Medical uses
1.	<i>Snehan swedan- kati pradeshi</i>	<i>Til tail, dashmool kwatha</i>	<i>Vaat vyadhi</i>
2.	<i>Kati basti</i>	<i>Kotamchukadi tail, dhanvantar tail</i>	<i>Katigata vaata</i>
3.	<i>Basti – yoga basti</i> <i>Basti – majja basti</i>	<i>Anuvasan basti- kotamchukadi tail (30ml)+ dhanvantar tail (30ml)</i> <i>Niruha basti- erandmooladi kwatha (400ml)+ errand tail (30ml)+ madhu (20ml) + saindhav (10gm)</i> <i>For 4 days</i>	<i>Vaat vyadhi</i> <i>Vaat vyadhi.</i>
4.	<i>Raktamokshana – jalauka</i> <i>Raktamokshana- suchivedhana</i>	<i>2 settings, back of thigh and near ankle joint</i> <i>5 settings, blood letting from lower extremities</i>	<i>Shool prashamana</i> <i>Shool prashamana</i>
5.	<i>Agnikarma</i>	<i>2 settings, back of the thigh and near ankle joint</i>	<i>Vaat shaman</i>

3.3: Other procedures.

Sr. no.	Procedures	Duration	Medical uses
1.	Local application of <i>Vishagarbha taila</i> on lower extremities	20 days	<i>Vaat vyadhi, shool prashamana</i>
2.	Lumbar Traction Of 15 kg	Everyday for 10 minutes for 20 days	To reduce the spinal nerve compression
3.	<i>Patta bandhan</i>	For 6 days	To reduce lumbar stenosis
4.	<i>Vyayam – Kapalbhati</i> Bending from west Round movement of legs from west	Everyday	Strengthening muscles and nerves

Follow up and out come

During the treatment of 20 days the patient got relief from the symptoms. And overall relief from symptoms occurred.

Domain	Before Treatment	After Treatment
EHL	Grade- 0	Grade-5
EDL	Grade- 0	Grade-5
DTR(Ankle & Knee jerk)	Diminished	Normal
Sensation both lower limb	Numbness	Normal

EHL- Extensor hallucis longus^[4]

EDL- Extensor digitorum longus^[5]

DTR- Deep tendon reflex^[6]

Sensation of lower limbs^[7]

DISCUSSION

Lumbar stenosis is major health risks. But it is important to note that in ayurvedic prospective it is *vata roga*, While treating such patient one should have line of treatment that of *katigata vata* with treatment of associated symptoms. Ayurvedic interventions relieve the symptoms as well as do *samprampti bhang*. Therefore MRI changes get reverted. It is a notable thing that after ayurvedic interventions, the patient got its

symptoms relieved. Slipping of chappal, numbness in bilateral lower legs, inability to walk these symptoms got relieved.

CONCLUSION

From above case study we can confirm say that it is very important to have an ayurvedic vichar in *vata vikara*. *Vata dushti* in lumbar stenosis is the prime thought which should be considered while treating *katigata vata* patients. *Samprapti* of such *roga* should be understood. And proper ayurvedic interventions for *samprapti bhang* should be administered. If such *ayurvedic vichar* along with proper *panchakarma* applied, the *samprapti* can be

reverted back. And patient can have significant relief from symptoms.

REFERENCES

1. Acharya Vidhyadhar Shukla & Prof. Ravidatta Tripathi. Charak Samhita, Vol. 2, Delhi; Chaukhamba Sanskrit Pratishthan, 2013; (Chikitsasthana 28/56): 698.
2. Davidson's principles and practice of medicine, edited by Nicholas A. Boon, Nicki R. Colledge, Brian R. Walker, John A. A. Hunter, Elsevier Ltd., 20th edition, 2006; 1242.
3. Acharya Vidhyadhar Shukla & Prof. Ravidatta Tripathi. Charak Samhita, Vol. 2, Delhi; Chaukhamba Sanskrit Pratishthan, 2013; (Chikitsasthana 28/98): 705.
4. http://www.physio-pedia.com/Extensor_Hallucis_Longus cited on 13-11-2017.
5. <http://ahn.mnsu.edu/athletictraining/spata/footanklemodule/manualmuscle.html> cited on 13-11-2017.
6. <http://www.neuroexam.com/neuroexam/content31.html> cited on 13-12-2017.
7. <http://patient.info/in/doctor/neurological-examination-of-the-lower-limbs> cited on 13-11-2017.