



# International Journal of Research in Academic World



Received: 21/May/2023

IJRAW: 2023; 2(6):155-157

Accepted: 17/June/2023

## Effect of Panchatikta Sheer Basti, Katibasti with Panchatikta Ghrita Guggul in Katigraha W.S.R Lumbar Disc Degeneration-A Case Study

\*<sup>1</sup>Dr. Sonika Solanki and <sup>2</sup>Dr. Kamini Soni

\*<sup>1</sup>PG Scholar, Department of Panchakarma Pandit Khushilal Sharma Government Ayurvedic College and Hospital Bhopal, Madhya Pradesh, India.

<sup>2</sup>MD and HOD Department of Panchakarma Pandit Khushilal Sharma Government Ayurvedic College and Hospital Bhopal, Madhya Pradesh, India.

### Abstract

Katigraha (low back pain) is described as the most common joint disorders. In the present era, lower back ache is most common problem of all age groups. It can be compared with the disease katigraha as mentioned in ayurveda. vata and kapha are the two main factors involved in the pathogenesis of katigraha. It is a condition in which katipradesh is affected by symptoms of shool (pain) and stambh (stiffness). It is a disorder with many causes, taking place in many groups of the people.

In modern lifestyle due to long sitting hours, unhealthy diet, lack of exercise and stress are the main cause of lower back pain. In ayurveda samanyavata vyadhi nidana for katigraha are intake of dry, cold, deficient and light food, excessive sex and sleeplessness, improper treatments, by excessive fasting, swimming, walking falling from height etc. Due to all this condition vata is aggravated and leads to varies generalized or localized disorders.

In modern medicine, various treatment option such as steroids injection, radicular infiltration, and surgical methods available but they have their own limitations in ayurveda basti with a substance such as milk, ghee, and tikta dravya is best suitable for the asthi pradoshaja vikara. Hence panchatikta ksheera basti along with kati basti with kottamchukadi tailam and shaman drug panchatikta ghrita guggulu.

**Keywords:** Katigraha, asthi pradoshaja vikara, Panchatikta ksheer basti

### Introduction

The term katigraha is constituted of two words kati and graha. the word kati is derived from the dhatu "kat + in" and it is considered as a sharira avayava vishesha, a bodily part where the dress is tightened <sup>[1]</sup>. According to Amarkosha shroniphalaka are called as a kati <sup>[2]</sup>. the term graha is explained as "Graho grahanam" by durgadas, means to collect or catch. It is originated from dhatu 'Graha Upadane'-one which gives support thus katigraha is condition of the lower back region which is associated with pain and with stiff movement.

Katigraha as a separate disease has been described in the classical text gada nigraha. katigraha is shosh (degeneration), stambha (stiffness), and shool (pain) predominant vyadhi. As correctly said by Acharya sushuruta without vitiation of vata, shula cannot be produced. gada nigraha clearly state that pain is produced due to stiffness which is produced by sama or nirama vayu movement in kati (lumbar region) hence this suggests of presence of dhatu kshayatmaka (obstructive) type of samprapti (pathology).

### Aims and Objective

- To evaluate efficacy of Panchatikta Sheer basti with kati basti in the management of katigraha.
- To evaluate efficacy of sansaman chikitsa followed by Panchatikta Sheer basti and kati basti in the management of katigraha.

### Material and Methods

- Selection and Source of Patient:** For this study, patient was registered from OPD of panchkarma department and admitted in general IPD ward of panditkhushilal sharma Auto. Govt. Ayurveda College and institute Bhopal.
- Plan of Study:** The drug required for Panchatikta Sheer basti were procured and prepared in prakalpa of panchkarma theatre in pandit khushilal sharma auto. Govt. ayurveda college and institute Bhopal mp.
- Duration of Study

### Case Study

A 46 years old female patient came in govt. ayurvedic hospital Bhopal (OPD no. 20230006993 and IPD no-2023103). With chief complain of pain in lower back region

radiating to bilateral lower limb, stiffness in the hip region, restricted movement of lower limbs with tenderness and difficulty in walking for past 1 years.

### Personal History

No history of any major illness such as hypertension, diabetes, tuberculosis hyperthyroidism, liver disease etc. no history of any type of past history.

### General Physical Examination

No pallor, icterus, oedema, clubbing were present.

- Temperature-37
- Pulse-74/min.
- Respiratory rate-18/min
- Blood pressure-130/80 mmhg
- Weight-60kg
- Height-5ft

### Systemic Examination

- GIT-NAD
- Respiratory-NAD
- Cardio vascular-NAD

### Diagnostic Criteria

- Symptoms
- Sign-SLR
- LS spine MRI to assess the degenerative changes in the lumbar disc.

### Criteria for Assessment

#### Pain

**Table 1:** Table shows the pain

1.	No pain
2	Mild pain
3	Moderate pain
4	Sever pain

#### Stiffness

**Table 2:** Table shows the Stiffness

0	No stiffness or stiffness for lasting 5 min.
1	5 min. to one hour
2	One hour to two hours
3	Two hours to four hours
4	More than for hours

#### SLR

**Table 3:** Table shows the SLR

0	More than 90
1	71-90
2	51-70
3	31-50
4	Up to 30

**Investigation:** MRI REPORT OF LUMBOSACRAL SPINE (DATE-22/11/2022)

### Impression

At L5-S1 level disc desiccation with reduced intervertebral disc space is seen with symmetrical diffuse posterior disc bulge causing narrowing of bilateral neural foramina with impingement over bilateral exiting nerve roots at this level. Bilateral facet joint arthrosis is noted. Mild fatty infiltration of the paraspinal muscles noted.

At L4-L5 levels disc desiccation with reduced intervertebral disc space and symmetrical diffuse posterior disc bulge is seen causing indentation over left traversing nerve root and narrowing of bilateral neural foramina with impingement over bilateral exiting nerve roots at this level. Bilateral facet joint arthrosis noted.

At L3-L4 level disc desiccation with reduced intervertebral disc space and diffuse asymmetrical posterior disc bulge is seen causing indentation over anterior subarachnoid space with narrowing of bilateral neural foramina with likely abutment of bilateral exiting nerve roots. mild bilateral facet joint effusion noted at this level.

### Treatment Plan

**Table 3:** Table shows the Treatment plan

S. No.	Procedure	Dose	Duration
1	Panchatikta ksheer basti	450ml	16 days
2	Katibasti with kottam chhukadi oil	As required	16 days
3	Panchatikta ghrita guggulu	2BD	1 month

### Method

#### Panchatikta Ksheer Basti

#### Content

- Panchatikta dravya-nimb, patol, guduchi, vasa, kantakari.
- Madhu (honey)
- Sendhava lavan
- Panchatikta ghrita
- Milk
- Other requirement-Syringe, Catheter, Gloves

**Preparation:** First, madhu was taken, in which saindhawa lavan, was added and triturated thoroughly with the help of a wooden churner, then warm Panchatikta ghrita was added slowly. once the ghee was mixed, proportionately kalka made of shatpushpa churna (along with warm water) was added, and mixture was again triturated thoroughly. in next step, plain ksheer was made lukewarm and added. all the ingredients were thoroughly mixed and a colloidal solution was prepared.

**Preparation of Patient:** The patient were advised to be in empty stomach, after confirming the digestion of previous taken food.

**Poorva Karma:** Sarvang abhyanga with murchhit tila tail and swedan.

**Pradhan Karma:** The patient were asked to lie on the table in Vama Parshwa (left lateral position with right leg flexed). After lubricating the anal ridge and tip of rubber catheter was inserted into the anal canal, and lukewarm basti dravya was administered slowly with the help of enema can enema can was held high to prevent any obstruction. Catheter was removed with little Basti dravya remaining in the rubber tube of enema can. Extreme care was taken to avoid basti vyapada.

**Paschat Karma:** The patient were asked to lie in the supine position and to defecate on developing urge. After evacuation of basti, they were advised to take hot water bath and light meal.

**Table 4:** Table shows the Basti chart

S.N	Pnchtiktksheer basti matra	Pratyagaman kala	Agman kala	Retention	Complication
1	450 ml	11:00am	11:20am	20min	No
2	450 ml	11:15am	11:30am	15min	No
3	450 ml	10:45am	11:10min	25min	No
4	450ml	10:40am	11:00am	20min	No
5	450ml	10:20am	10:40am	20min	No
6	450ml	11:05am	11: 30am	25min	No
7	450ml	11:35am	12: 00pm	25min	No
8	450ml	11:35am	12:00pm	25min	No
9	450ml	11:05am	11:30pm	25min	No
10	450ml	10:45am	11:10pm	25min	No
11	450ml	10:20am	11:00am	40min	No
12	450ml	10:25am	11:00am	35min	No
13	450ml	11:10am	11:35am	25min	No
14	450ml	10:20am	11:00am	40min	No
15	450ml	10:30am	11:00am	30min	No
16	450	11:10am	11:45am	35min	No

**Katibasti**

**Poorva Karma:** The patient was advised to pass natural urges of urine stool if present. The patient was also advised to remove the clothes and expose the kati area and lie down in a prone position. It was done early in the morning or with the conveyance of the patient.

**Pradhan Karma:** The prepared dough was fixed on the lumbosacral area in a circular shape, taking care to prevent any leakage of oil. Kottamchukkadi oil was heated passively. Required quantity of oil was taken in a small bowl. Oil was poured into the compartment. its uniform temperature was maintained throughout the process by replacing warm oil. The oil was kept for 30 min. than oil was removed by dipping cotton and squeezing in a container or with the help of a spoon.

**Paschat Karma:** Dough was removed afterward, and the area was wiped off. The patient was given light oil massage over lumbar region for 5 min. thereafter, the patient was advised to take a rest for 10-15 min. in a comfortable position. the patient was advised to take light diet and drink lukewarm water after the procedure

**Panchtitka Ghrita Guggul** <sup>[3]</sup>

1. Nimba
2. Guduchi
3. Vasa
4. Patol
5. nidigdhika
6. Ghrita
7. Guggul

**Result**

Significant improvement was noticed among all the assesement parameters such as pain, stiffness using Panchatikta sheer basti, followed by katibasti with kottamchukkadi oil and oral medication Panchatikta ghrita guggul.

**Table 5:** Table shows the Result

S.no	Symptoms	AT	BT	Relief
1	Pain	2	4	75%
2	stiffness	1	4	75%
3	SLR	1	3	-

**Discussion**

**Panchatikta Ksheer basti:** Panchatikta ksheer basti ksheer basti is described as the main line of treatment in asthi gata vikara by acharya charak <sup>[4]</sup>. the basti, which has ksheer or milk as the main ingredient is known as ksheer basti. ksheer basti relies the margavrodha and produces bhrihana effect.

**Panchatikta Ghrita Guggul:** The ingredients of Panchatikta ghrita guggul have tikta rasa, ushana virya and Madhura and katu vipaka. It may be increase dhatavagni and poshan of all dhatus, especially Asthi and majja dhatu which controls asthi majja kshay (the degenerative changes). Tikta rasa is predominat in akash and vayu mahabhuta which helps in preservation of normal health of asthi dhatu tikta rasa has got deepan and pachan effect that might have helped to improve general health.

**Kati Basti:** Katibasti is combination of snehana and svedan, which is the first line of treatment for vata dosha. It overcomes the accumulation of vata at the site of the pathology and nourishes the underlying tissues through the medicated oil used. Kottamchukkadi oil is an ayurvedic oil used in the treatment of vata disorders. It helps to relief pain stiffness and inflammation.

**Conclusion**

Significant improvement was noticed among all the assessment parameters such as pain, stiffness etc. Panchatikta Sheerbasti followed by katibasti with kottamchukkadi oil and oral administration of panchatikta ghrita guggul.

**References**

1. Raja Radhakantadeva, Shabdakalpadruma 2nd Part; Edited by Shivarada Prasad Vasuna and Srihari Charana Vasuna; Naga publishers; Delhi; Reprint; 1987, 926.
2. Amaramishra, Amarakosha with Ramashrami commentary of Bhanuji Dikshitha; Edited by Pandit Haragovinda Shastri; Chaukhambha Sanskrit Sansthana; Varanasi; Reprint; 2006, 294.
3. Raja Radhakantadeva, Shabdakalpadruma 2nd Part; Edited by Shivaradaprasadvasuna and Srihari Charana Vasuna; Naga publishers; Delhi; Reprint; 1987, 926.
4. Amaramishra, Amarakosha with Ramashrami commentary of Bhanuji Dikshitha; Edited by Pandit Haragovinda Shastri; Chaukhambha Sanskrit Sansthana; Varanasi; Reprint, 2006, 294.
5. Raja Radhakantadeva, Shabdakalpadruma 2nd Part; Edited by Shivaradaprasadvasuna and Srihari Charana Vasuna; Naga publishers; Delhi; Reprint, 1987, 926.
6. Amaramishra, Amarakosha with Ramashrami commentary of Bhanuji Dikshitha; Edited by Pandit Haragovinda Shastri; Chaukhambha Sanskrit Sansthana; Varanasi; Reprint; 2006, 294.
7. Ambikadatta shastri, bhaishjyarnavali kushthrogadhikar 54/233-236, page no 994 published by choukhambha Sanskrit sansthana, 18<sup>th</sup>Ed. 2005.
8. Charak Samhita edited by Acharya Vidhyadhar Shukla and prof. Ravidatt Tripadi, chaukhamba, Sanskrit prakashan, Delhi, chap. Viman stahan, 1(5), 547.