



## A Clinical Study on Katigarah W.S.R. Lower Back Pain

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### ABSTRACT

One of the *Vatavyadhis* is *Katigarah* (low back pain). 80% of the population will have this prevalent musculoskeletal condition at some point in their lives. Sedentary lifestyles, a lack of exercise, driving while bent over, bad standing and sitting postures, obesity, etc. are some of the typical reasons. Analgesics, NSAIDs, and steroids are used in the allopathic medical system even though they are ineffective and have harmful side effects. To prevent this situation, we would like to combine *Katibasti* with *murivennam tail*, *vata keshari tail*, *ashwagandha tail* for 10 days and some oral medication.

**KEYWORDS** – *Katigarah*, *Vatavyadhi*, *katibasti*, Ayurveda

### INTRODUCTION

In orthopaedic OPDs, low backache cases, excluding accidental cases, have been seen to be rising daily. It is a highly frequent cause for hospital OPD visits. Workers who do heavy work report back pain more frequently than individuals who do light work. The most frequently impacted age range is between 30 and 40 years<sup>i</sup>. The term "*katishoola*" refers to low back ache. In Ayurveda, the names *Kati*, *Trika*, *Shroni*, and *Pristha* are used interchangeably and have a broader definition that includes the area where the lumbar, sacral, and sacro-iliac joints meet the hip bones on each side. Pain in any of these locations is referred to as *Katishoola*<sup>ii</sup>. The vitiated *Vata* either localises in *Katipradesha* alone or in conjunction with *Kapha* or causes discomfort and stiffness in *Kati Pradesha*. The names of this syndrome are *Katigraha* or *Katishoola*. According to the description, *Vata* aggravates in *Pakvashaya* as a result of engaging in improper eating activities, localises in *Katipradesha*, and manifests as discomfort and stiffness. It is stated that *Pakvashaya*, *Kati*, and *Sakthi* are the three principal *Vata* seats. Any one of these locations where *Vata* is vitiated exhibits the signs and symptoms of vitiation in the other locations, leading to *Katishoola*<sup>iii</sup>. Many medications are used to treat low back pain, including anti-inflammatory, steroid, and analgesic ones. Such medications raise the chance of GIT issues, which can range from stomach pain to the development of ulcers. Surgical procedures can also raise the risk of complications include infection, spinal fluid leaking, nerve injury, and paralysis<sup>iv</sup>.

### CASE REPORT

A 33-year-old female patient suffering with low backache and calf muscles pain in the last 1 year and stiffness also present. She is unable to do daily activity and her job also disturbed due to this, so she came to us for treatment at Rajkiya ayurved chikitsalya motichohatta, Udaipur an affiliated hospital of Madan Mohan Malviya Govt. Ayurved college Udaipur.

MRI findings are Diffuse disc bulging with left para central cranially facing disc protrusion at L5-S1 level causing spinal canal / left lateral recess stenosis with compression over thecal sac & left sided traversing nerve roots, mild bi-foraminal narrowing with impingement on bilateral exiting nerve roots.

Mild posterior disc bulging is seen at L4-L5 disc level causing indentation over ventral aspect of thecal sac, mild bi-foraminal narrowing with impingement on bilateral exiting nerve roots.

### MATERIAL AND METHODS

#### Patient's personal history

Name - XYZ

Age – 33 years

Sex – female

Occupation – IT Department

Socio economic status – middle class

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## CHIEF COMPLAINTS

Back pain from 2 year

Stiffness in back present

Pain during walking and daily routines work

Calf muscles pain

### Family history

No family history present.

### History of present illness

The patient was suffering with low backache and calf muscles pain in the past 1 year and stiffness also present. She is unable to do daily activity and her job also disturbed due to this, so she came to us for treatment.

### Habitual history

History of overeating curd, rice, fermented milk and milk maid products and sweet dishes, sleep in daytime, and long standing.

### Examination

TPR BP – normal

P/A – soft / non tender

Liver / spleen – not palpable

No tenderness

### Ashtvidh pariksha

<i>Nadi</i>	Normal in rate and rhythm
<i>Mutra</i>	Pale yellow, <i>Mutra Gandhi</i>
<i>Mala</i>	<i>Niram</i>
<i>Jihvya</i>	Uncoated
<i>Shabd</i>	Normal
<i>Sparsh</i>	<i>Ruksh</i>
<i>Drik</i>	Normal
<i>Aakriti</i>	<i>Sam</i>

### Investigation

RA factor – Negative

CRP – Negative

ESR – 20 mm/hour

CBC – Normal limits

VIT. B12 – Normal

MRI –

MRI findings are Diffuse disc bulging with left para central cranially facing disc protrusion at L5-S1 level causing spinal canal / left lateral recess stenosis with compression over thecal sac & left sided traversing nerve roots, mild bi-foraminal narrowing with impingement on bilateral exiting nerve roots.

Mild posterior disc bulging is seen at L4-L5 disc level causing indentation over ventral aspect of thecal sac, mild bi-foraminal narrowing with impingement on bilateral exiting nerve roots.

**Treatment history**

Treatment for low backache taking up since last 1 year in modern medicine.

**Treatment and results**

Patient came to us on 11-1-2023 for treatment and we have prescribed below medicines.

- 1. Arthocare yog 3gm BID.
- 2. Shotha har kwath 5 gm  
+ BID  
Dashmool kwath 5 gm
- 3. Tab. Paraplex 1 tab. BID
- 4. Tab. Cytoline 1 tab. BID

All above for 10 days.

After 10 days same medicine prescribed along with *Katibasti* with *vatakeshari* tail, *ashwagandha* tail and *sahacharadi* tail and *matrabasti* with *hingutriguna* tail for 10 days.

After 10 days patient relief in pain and stiffness and changes in MRI was reported.

**After treatment MRI findings –**

Mild asymmetric disc bulging with disc desiccation and left para central annular fissure is seen at L5-S1 level causing indentation over anterior thecal sac & bi-foraminal narrowing with impingement on bilateral exiting nerve roots (L>R).

As compared to previous study dated 10/11/2022, resolution in size, extension, protrusion of disc bulging and mass effect at L5-S1 level.

**RESULT**

Before Treatment	After Treatment
 <p><b>Before Treatment</b></p> <p>Reg.No: 11118888 Date: 10-11-2022</p> <p><b>IMPRESSION:-</b>The MR findings are: Diffuse disc bulging with left para central cranially facing disc protrusion at L5-S1 level causing spinal canal / left lateral recess stenosis with compression over thecal sac &amp; left sided traversing nerve roots, mild bi-foraminal narrowing with impingement on bilateral exiting nerve roots. Mild posterior disc bulging is seen at L4-L5 disc level causing indentation over ventral aspect of thecal sac, mild bi-foraminal narrowing with impingement on bilateral exiting nerve roots.</p> <p>DR. ASHWANI KHANDEKAR MS RADIOLOGIST</p>	 <p><b>After Treatment</b></p> <p>Reg.No: 11118888 Date: 03-02-2023</p> <p><b>1.5T MRI OF LUMBAR SPINE:</b> 1.5T MR imaging of the lumbosacral spine was performed and high resolution T1- and T2-weighted axial sections obtained in the sagittal and axial planes using a 3-phase-body surface coil with high strength gradient.</p> <p>Mild asymmetric disc bulging with disc desiccation and left para central annular fissure is seen at L5-S1 level causing indentation over anterior thecal sac &amp; bi-foraminal narrowing with impingement on bilateral exiting nerve roots (L&gt;R). Rest of the vertebral bodies are normal in size, shape, alignment and signal intensity. No fracture, avulsion, spondylosis or collapse is seen. Rest of the intervertebral discs appear normal in signal intensity and height. No definite degenerative changes or disc herniation is seen. The rest of bony central lumbar canal is adequate in diameter. The lower end of spinal cord and conus medullaris are normal. AP spinal canal measures 21.3 mm at L1-L2, 20.8 mm at L2-L3, 20.0 mm at L3-L4, 19.2 mm at L4-L5 and 19.3 mm at L5-S1. Rest of the Ligamentum flavum and facet joints do not reveal any abnormality. MR Myelography reveal no obvious extradural compression or abutment nerve root out off. No intracanal mass or prepontocerebellar collection is seen.</p> <p><b>IMPRESSION:-</b>The MR findings are: Mild asymmetric disc bulging with disc desiccation and left para central annular fissure is seen at L5-S1 level causing indentation over anterior thecal sac &amp; bi-foraminal narrowing with impingement on bilateral exiting nerve roots (L&gt;R). As compared to previous study dated 10/11/2022, resolution in size, extension, protrusion of disc bulging and mass effect at L5-S1 level.</p> <p>DR. ASHWANI KHANDEKAR MS RADIOLOGIST DR. ASHWANI KHANDEKAR MS RADIOLOGIST</p>

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## Conclusion

After observation and clinical assessment for 30 days with internal medicine, *Kati Basti*, *matrabasti* and *Pathya Palan* patient get relief about 70% - 80% and patient is able to do her daily routine work.

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<sup>i</sup> [www.acatoday.org](http://www.acatoday.org).

<sup>ii</sup> [www.uptodate.com/patients](http://www.uptodate.com/patients).

<sup>iii</sup> Gadanigraha By Shri. Indrdev Tripathi, Part II Kayachikitsa Khanda, 19/160, Pg No. 508, Pp-871.

<sup>iv</sup> [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)