

ABHIGHATAJA KATIGRAHA - A CASE STUDY

¹Roshni.K.P

¹HOD- Dept of Kriyasharir,Sri Jayendra Saraswathi Ayurveda College ,Chennai.

ABSTRACT :

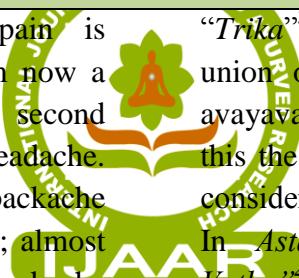
Katigraha is the most common type of problem the present world is facing. The commonest site of pain in the back is the lower lumbar region, which is expressed as Lumbago in medical terminology. The region is subjected to injury more frequently because this region possesses the greatest freedom of movement. The lumbo sacral region is therefore subjected to mechanical strain, which is common after the 3 rd and 4 th decade of life.

Surgical treatment which is advised in modern medicine may not guarantee previous level of activity. Ayurveda has given a great contribution in the management of such disorders. This case study is based on efficacy of Ayurvedic treatment for *Katigraha*. A male patient of 45 years was a Mechanic by profession brought to the *Kayachikitsa* OPD .The patient was suffering from low back pain followed by an accident six months before. The patient presented with back pain in L4 –L5 area while walking, climbing steps, sitting and lifting weight. The study adds the efficacy of Ayurvedic treatment modalities like *Kativasti* & *Yogavasti*.

Key words: *Katigraham, Prishtagraha, Kativasti*

INTRODUCTION: Low back pain is becoming a major health problem now a days. Low back ache is the second commonest complaint next to headache. Every human being experiences backache at some point of time in their life; almost half of the working adults have backache every year. The word ‘*Katigraham*¹’ is originated from the union of two words ‘*Kati*’ and ‘*Graham*’. ‘*Kati*’ is derived from the root “*Kat* in “meaning sareera avayava vishesham. In “*Amara Kosha*” the word meaning of “*Kati*²” is “*Katau Vastravaranaau*”, the part of the body which is covered with clothes. “*Graha*” means holding. It is originated from dhatu “*Graha Upadane*” –one which gives support.

Hence “*Katigraha*” indicate a diseased condition of the back associated with pain and with stiff movements. In our classics *Katigraha* is mentioned under various terms like *katigraha, trika shula, trika graham, pristagraha* and *sronibheda*.



“*Trika*³” means “*Trayanam Sandhayah*”, union of three parts or union of three avayava in any part of human body. As per this the shoulder and neck regions can be considered as “*Trika*”

In *Astanga Hridaya* “*Pakvashayagata Vatha*⁴” laksanas are explained in which the word “*trika*” is mentioned. *Trika, prista* and *kati* are three different parts of the body.

In “*Nanatmaja vyadhis*” *Katigraha; prista graham* and *sronibheda* are mentioned as separate diseases, depending on the region where pain is felt.

Pristagraha: *Pristavamsha* denotes vertebral column. *Bhavaprakasa* explain ‘*trika shoola*’ as the pain produced in the ‘*sphik asthi*’ and *prista vamshasthi* (Lumbosacral joint and vertebral column) *Pristagraha* can be taken as limitation of pelvic girdle movements. If we correlate these structures to the modern anatomical descriptions the structure “*trikam*” can be correlated to the sacrum. In *Astanga*

sangraha while explaining 'nanatmaja vatha vyadhi', diseases are explained in the order of *pada*, *gulpha*, *jangaha*, *janu*, *uru*, *sphik*, *trika*, *pristha*, *parshwa*, respectively on ascending order

Katigraha as a Disease: The pain produced in the joints of sphik asthi and prista vamshasthi by vitiated vayu. According to "Gadanigraha"⁵ when *vayu* affected by *Ama* gets located in *Kati pradesha* exhibit the symptom of *katigraha*

Katigraha as a Symptom: In *charaka samhita* *Trika shula*⁶ is mentioned under the context of "Apatarpana janyavyadhi" *Trika shula* is mentioned in the explanation of "Guda gata vatha" In "Gridhrasi" *Katisula* exhibits as a *lakshna*.

*Samprapti*⁸ (Pathogenesis)



Spondylolisthesis⁹: The word spondylolisthesis is derived from the Greek words spondylo, meaning spine, and listhesis, meaning to slip or slide. It is a descriptive term referring to slippage (usually forward) of a vertebra and the spine above it relative to the vertebra below it. It leads to a deformity of the spine as well as a narrowing of the spinal canal (central spinal stenosis) or compression of the exiting nerve roots (foraminal stenosis).

In *Gridhrasi*, pain starts from hip and gradually comes down to foot involving the parts all along, and is associated with stiffness, piercing type of pain. As *kapha* is *anubandha dosha* *guruthva* and *arochaka* are seen as associated symptoms

Katigraha-Vata predominant disease: *Kati pradehsa* is described as an important seat of *vatha dosha*. In *katigraha*, *vatha* gets vitiated in its *swasthana*. In *katigraha* "Vasthi", the *agrya chikitsa* of *vatha*⁷ gives considerable relief. From the above observations, it can be assumed that 'Katigraha' and "Trika shula", are two separate conditions as per theoretical description, but practically both are inseparable from one another.

PATHOPHYSIOLOGY: Spondylolisthesis occurs when there are bilateral defects in the vertebral pars intrarticularis which permit the vertebral body to slip anteriorly. Usually occurs at level (L5,S1) Spondylolysis is the most common cause for spondylolisthesis. It's a unilateral or bilateral defect in the vertebral pars intrarticularis resulting from stress fracture.

Types according to Aetiology¹⁰:

Type I: Congenital spondylolisthesis Characterized by presence of dysplastic sacral facet joints allowing forward

translation of one vertebra relative to another

Type II: Isthmic spondylolisthesis Caused by the development of a stress fracture of the pars interarticularis

Type III: Degenerative spondylolisthesis it is commonly caused by intersegmental instability produced by facet arthropathy

Type IV: Traumatic spondylolisthesis Caused by fracture or dislocation of the lumbar spine.

Type V: Pathologic spondylolisthesis Caused by malignancy, infection, or other types of abnormal bone

Type VI : Postsurgical

Symptoms¹¹:

1- Unlikely cause back pain in adults (especially after age 40 y) with no history of symptoms before age 30 years

2-Low back pain is the most common symptom and it is often exacerbated by motion, the patient may report relief of pain with extended periods of rest.

3- It is associated with numbness and tingling in the legs (L5 or S1 distribution) and leg pain

4- Tenderness to deep palpation of the spinous process above the slip (typically L4) & causes radicular pain due to palpation. Muscle tightness (Tight hamstrings muscle) that is associated with all grades of spondylolisthesis occurs at a rate of 80%.

It commonly results in an abnormal gait and inability of the patient to flex the hip with the knees extended.Para spinal muscle spasm and tenderness are usually present.

Limited forward flexion of the trunk is common with reduced straight-leg raising,which may cause pain Postural deformity and a transverse abdominal crease are seen as a result of the pelvis being thrust forward.

Case Study:

Place of study- Sri Jayendra Saraswathi Ayurveda College & Hospital, Chennai

Case Number: 4903/15

Patient Initials: VV

Initial Date of Patient Consult/Treatment: March 31, 2015

Patient Age: 45 Years Gender: Male

Occupation: Mechanic

A male patient of 45 years was a Mechanic by profession brought to the Kayachikitsa OPD of Sri Jayendra Saraswathi Ayurveda College & Hospital, Chennai. The patient was suffering from low back pain followed by an accident six months before

Chief Complaints: The patient presented with back pain in L4 –L5 area.

Pain increases while walking, climbing steps, sitting and lifting weight.

Associated symptoms- Patient complained about occasional constipation coupled with less appetite.

Pain was decreased after taking rest for a while

Onset of Pain started followed by an accident 6 months back.

Personal history:

Occupation:Mechanic by Profession.

Bowel: Occasional constipation

Appetite:Poor

Sleep:Disturbed due to pain

Addiction: Chronic smoker -1 packet per day,Chewing tobacco occasionally.

Previous History:

No relevant previous history

Family History:

No relevant family history

Physical Examination findings:

Oswestry Low back pain Scale reading before treatment

1. Pain Intensity -The pain comes and goes and is severe

2. Personal Care (Washing, Dressing, etc..)- Because of the pain unable to do some washing and dressing without help.
3. Can only lift very light weight at most
4. Walking- Cannot walk more than 1/4 KM without increasing pain.
5. Sitting- Pain prevents from sitting more than 1 hour.
6. Standing-Cannot Stand for longer than ½ hour
7. Sleep-Night sleep disturbed due to pain
8. Social life-Reduced social life due to pain.

Investigations:

MRI report suggested anterior displacement of L5 vertebra; hence the case can be diagnosed as Spondylolisthesis in L4-L5 area.

1-Phalen-Dickson sign: With increasing slippage, the sacrum becomes relatively more vertical, impairing hip extension and compelling the patient to walk with a knee-flexed, hip-flexed gait. This sign was positive in this patient.

2-One-legged hyperextension test (stork test): A positive one-legged hyperextension test while standing on one leg and bending backward, pain is experienced in the ipsilateral back.

3-Straight leg raise (SLR) test. +ve

4- Femoral stretch test +ve

5-Difficult tip toe walking and heel walking

DIAGNOSIS: From the above clinical findings, Investigations and physical examinations, the case was diagnosed as *Katigraha*.

Treatment principle:

The case of Spondylolisthesis can be correlated as *Katigraha* according to Ayurveda. *Katigraha* is a *Vata* predominant disease. For *Vata* vitiation *Snehanam, Swedhanam, Vasti* can be

administered. Here *Apanavata* vitiation is more as the area effected is *Kati* (Lower back). Hence *Vasti* in the form of *Yogavasti* was given.

OPD treatment done:

Prescribed internal medicines for 1 week and patient was advised to get admitted for *Sodhana* procedures after 1 week.

Internal medicines prescribed:

1. *Dhanwantharam kashayam* – 15 ml *kashayam* mixed with 45 ml warm water at 6 AM along with *Dhanwantharam(101avarthi)*- 10 drops (BD)

2. *Sahacharadi kashayam* in the same manner at 6 PM along with *Yogarajaguggulu*- 1 tablet(BD)

The above medicines were prescribed for 3 months during the hospital stay and after discharge also.

Sahacharadi kashayam is indicated in *Apanavayu* vitiated conditions.

Dhanwantharam kashayam with *Dhanwantharam101 avarthi* is also the best *Vatasamana* and *Brimhana* medicine.

Guggulu preparations like *Yogarajaguggulu* can be prescribed for *Adhakaya vata* vitiated disorders.

IPD Treatment done: Started with *Abhyangam* with *Dhanwantharam* & *Sahacharadi thailam* followed by *Pathrapatalasveda* & *Kashayadara* with *Dasamoola kashayam*.

Matravasti with *Dhanvatharam mezhpakam* (60 ml after food) was performed in between for regular Bowel movement.

Katipichu with *Dhanwantharam* & *Sahacharadi thailam* was performed for 7 days followed by *Kativasti* with same *thailam* also for 7 days, which helped in relieving the pain considerably. Finally *Yogavasti* which included 5 days of *Snehanasti* with *Dhanwanthram*

Mezhupakam (90 ml) and 3 days of *Kashayavasti* (For *kashayavasti*, *kashayam* was prepared with *Balamoola* & *Erandamoola*)

After 15 days of treatment, patient got good relief from Back pain which is confirmed by the pain scale reading given below. *Abyangam* with *Dhanwantharam* & *Sahacharadi thailam* is the *Snehana* procedure adapted here. *Swedanakriya* was done in the form of *Patrapodala sweda* and *Kashayadara* which are types of *Pindasweda* and *Parishekasweda* respectively. *Katipichu* and *Kativasti* are also *Swedana* procedures. As the case is of *Apanavayuvaigunya*, *vasti* in the form of *Yogavasti* was administered which helped in relieving the pain considerably.

RESULT:

Oswestry Low back pain Scale reading after treatment

1. Pain Intensity -The pain comes and goes and is very mild
2. Personal Care (Washing, Dressing, etc..)- Can able to do some washing and dressing without help.
3. Lifting weight-Can lift weight if conveniently positioned.
4. Walking- Can walk more than 1 KM without increasing pain.
5. Sitting- Can sit for a longer time.
6. Standing- Can stand, have some pain which does not increase.
7. Sleep-No pain in bed
8. Social life-Normal social life- No pain

Pain Scale reading:

Pre Test reading -> 36/50 on date of admission 31-03-2015

Post-test reading-> 9/50 on date of discharge 12-04-2015

Criteria assessed in the Patient:

Physical Examination findings after treatment

1-Phalen-Dickson sign: This sign was negative in this patient.

2-One-legged hyperextension test (stork test): This sign was negative in this patient

3-Straight leg raise (SLR) test. Negative

4- Femoral stretch test -Negative

5-Difficulty decreased for tip toe walking and heel walking

DISCUSSION:

Sahacharadi kashayam is indicated in *Apanavayu* vitiated conditions. *Dhanwantharam kashayam* is also the best *Vatasamana* and *Brimhana* medicine.

Different *Swedana* procedures carried out in IPD like *Patrapotalasweda* and *Kativasti* also helped in reducing the pain. These procedures helped in increasing metabolic activities, increasing blood flow and stimulating neural receptors in the skin or tissues which in turn helped in reducing the pain.

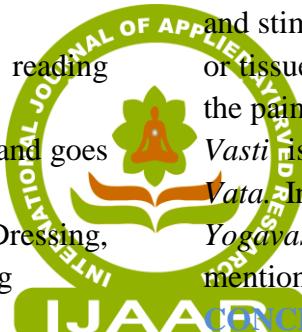
Vasti is the *Agrya chikitsa* for *Vitiated Vata*. In this case *Vasti* in the method of *Yogavasti* is administered as it is specially mentioned for *Katigraha*.

CONCLUSION:

Katigraha is considering as *Vata Nanatmaja Vikara*, but as per the symptoms it can be grouped under *Vataj* and *Vatakaphaja*. Although *Katigraha* is not described elaborately in Ayurveda texts, but in present era, due to mechanical lifestyle the prevalence of its main symptom, low back is very high. It is very the common condition next to the cold. As classics told that it may be caused both by *Sama* or *NiramaVata*, therefore its presentation may be changed accordingly.

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Corresponding Author:

Dr.Roshni.K.P.MD(Ayu),HOD-Dept.of Kriyasharir, Sri Jayendra Saraswathi Ayurveda College ,Chennai.

Email: roshnibalesh@yahoo.co.in

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Declared

