

Case Study

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



A CASE STUDY ON THE ROLE OF TIKTA KSHEERA BASTI IN THE MANAGEMENT OF KATIGATA VATA WITH SPECIAL REFERENCE TO LUMBAR SPONDYLOSIS

Kalpana Gaikwad 1*, Ramesh Sonwane 2, Neralkar UK 3

¹ PG Scholar, Department of Panchakarma, CSMSS Ayurved Mahavidyalaya, Kanchawadi, Aurangabad, Maharashtra, India

² Associate Professor, Department of Panchakarma, CSMSS Ayurved Mahavidyalaya, Kanchawadi, Aurangabad, Maharashtra, India

³ HOD, Department of Panchakarma, CSMSS Ayurved Mahavidyalaya, Kanchawadi, Aurangabad, Maharashtra, India

Received on: 31/07/23 Accepted on: 14/09/23

*Corresponding author

E-mail: kalpana.gaikwad72@gmail.com

DOI: 10.7897/2277-4343.1405155

ABSTRACT

Katigata Vata or Lumbar spondylosis produces low back pain radiating towards the gluteal region of the leg and further towards the great toe. Symptoms include pain, stiffness, tingling numbness, difficulty walking, etc. No unique entity can be connected to Lumbar Spondylosis in Ayurveda. Under Vataja Nanatmaka vikara, it is classified as Katigraha (Stiffness in the lower back). Hereby presenting a case of 62 years old male who visited our institute with the presenting complaints of Katishool (low back ache), Sakashta Chankraman (Difficulty walking), Pain radiating towards the back, and an MRI Lumbar Spine which reported Osteoporosis at the Posterocentral disc protrusion at L2-L3, L4-L5 with L3 and L5 nerve root compression. He decided to undergo Ayurvedic panchakarma therapy along with Shaman Aushadhi. The treatment schedule of 21 days was planned to include therapy of Panchtikta Ksheera Basti along with shaman Aushadhi. Tikta Ksheera Basti tried to reduce the signs and symptoms of patients with Lumbar spondylosis after taking all these aspects into account. The following aspects of low back pain, tingling in the lower back and lower limbs, stiffness in the lower back and lower limbs, joint movements in the lower back and lower limbs, and the Straight Leg Rising Test (SLRT) were evaluated. Before and after administering Basti Karma, the data were gathered. The signs and symptoms of Lumbar Spondylosis were dramatically reduced throughout this 21-day basti, which showed significant efficacy.

Keywords: Tikta ksheer basti, Panchakarma, Katigata Vata, Lumbar Spondylosis.

INTRODUCTION

Ayurveda is a traditional branch of life science. Its goal is not just to prevent diseases; it has also consistently been shown to be successful in treating a variety of illnesses. Due to rising stress levels and sedentary lifestyles, different diseases are becoming more prevalent in the modern era. One of them is lumbar spondylosis. Several risk factors are connected to Lumbar Spondylosis, including aging, obesity, occupational causes such as prolonged sitting or standing, bad posture, poor sleeping postures, lack of exercise, and excessive vehicle use.¹

The term "lumbar spondylosis" refers to osteoarthritic changes and degenerative disc degeneration in the lumbar spine.² In this condition, the space between the vertebrae narrows, compressing the spine and creating a range of issues, such as sciatica-like lower back pain, numbness and tingling in both lower limbs and rigidity of the lumbar vertebrae.³

In terms of treating Lumbar Spondylosis, current medicine only offers symptomatic treatments such as NSAIDs, steroids, and physical therapy. The first two of them have a reputation for seriously damaging the kidneys and liver. Surgery is sometimes recommended for serious illnesses, although this does not always result in a full recovery and may even result in a number of problems.⁴

No distinct clinical entity mimics Lumbar spondylosis, according to the Ayurvedic Samhitas. Nevertheless, Acharya Charaka cites Katigraha, which is another name for stambha (lower back spasticity), in Vataj Nanatmaja vikara. As a disease that affects the bones, lumbar spondylosis can also be referred to as Asthyashrita vyadhi. As indicated by Acharya Charaka, the Vata dosha is thought to be the primary cause of symptoms like lower back discomfort, tingling, stiffness, etc.⁵

Lumbar spondylosis can be viewed as an overall case of vitiated Vata dosha affecting the lumbar (Kati) portion of the bones. The most effective remedy for Vata Vikara is basti. ⁶Acharya Charaka remarked that Tikta Ksheera Basti is very helpful for Asthyashrit vyadhis. ⁷

With all of these considerations in mind, it was hypothesized that Tikta Ksheera Basti might be successful in treating Lumbar Spondylosis symptoms such as lower back pain, tingling in the lower limbs, spasticity, etc. In order to control lumbar spondylosis, the current study, titled "Case study of Tikta Ksheera Basti," was conducted.

Case Report

Putting forth a case in this way of 62 years old male who visited CSMSS Ayurved hospital, Aurangabad with the presenting complaints of Katishoola (low back ache), Sakashta Chankraman (Difficulty walking), Pain radiating towards his back, numbness in the joints.

After consulting an orthopaedic surgeon, MRI Lumbar Spine was done which reported spondylitis changes with disc degeneration.

Posterocentral disc protrusion at L2-L3, L4-L5 with L3 and L5 nerve root compression. A general and clinical examination of the patient was done.

The case was examined thoroughly and with the patient's written consent, he decided to undergo Ayurvedic panchakarma therapy along with Shaman Aushadhi for a period of 21 Days.

Assessment Criteria

Subjective Criteria: Classical symptoms of Katigata Vata (Lumbar Spondylosis)

Objective criteria: SLRT (Straight Leg Raising Test)

Plan of Work: The treatment schedule of 21 days was planned then therapy sessions of Panchtikta Ksheera Basti regularly for 21 days. No specific dietary regimen was advised during the whole treatment procedure.

Panch Tikta Ksheera Basti Ingredients

- a. Panch tikta Kalka each 5 gm
 Bhunimba (Andrographis paniculata),
 Neem (Azadirachta indica)
 Rasna- (Pluchea lanceolata)
 Saptaparni (Alstonia scholaris)
 Patol (Trichosanthes dioica)
- b. Tila Taila 100 ml
- c. Godugdha 200 ml
- d. Jala 480 ml

Method of Preparation of Tikta Ksheera Basti: 480 ml of water were obtained and put in a steel container. Water was added to the Yavakuta choorna (coarse powder) of all the tikta dravyas. Milk was added to that mixture, and the entire mixture was kept on the gas to boil. The gas was switched off when all of the mixture's water had evaporated. The temperature was maintained to reach the lukewarm range. The Patient was then given Basti Drava via basti yantra. Every day, a fresh Tikta Ksheera paka was produced for the patient. ⁸

Tikta Ksheera Basti was administered using the following method: patients were asked to eat lunch before Basti karma. The patients were required to adhere to the Basti Karma protocol^{9,10}.

A. Basti Poorva Karma (Preparatory Measures for Bati Karma): A patient underwent sarvanga abhyanga (oil massage) with Mahanarayan taila for 10 to 20 minutes, followed by Peti Swedana (fomentation) with Dashamoola kwatha for 15 minutes.

B. Basti Pradhana Karma (Main Procedure - Basti daana-Administration of Basti): The patients were instructed to sleep with their left leg straight and their right leg bent and held close to their abdomen. The Sterilised Rubber Catheter No. 10 and enema pot, which are modified versions of Bastinetra, were used to administer the Basti. First, warm Tikta Ksheera Basti Drava is put into the enema pot. The enema pot's access portion was attached to the rubber catheter. When inserting the catheter into the anointed anal entrance, Mahanarayana taila was used as lubricant. Further placement of the catheter parallel to the spinal canal was made in the anal canal. The patient was then given the Basti gently. The catheter was removed from the patient's anal orifice when the enema pot had been completely emptied, and the patient was instructed to unwind in a supine position for five minutes. C. Pashchata Karma (Postoperative procedure) - In case of any possible Basti drava (liquid) leakage, the patient's anal orifice was pressed with cotton gauze. Only when the patients felt a natural urge to eject their bowels where they instructed to do so.

Treatment Protocol

- 1. Sarvanga Snehana (Abhyanga): Mahanarayan Taila
- 2. Sarvanga Swedana: Peti Sweda
- 3. Basti: Tikta Ksheera Basti daily (21 days)

Subjective Assessment

Table 1: Katishool (Low Back Ache)

No pain	Grade 1
Mild discomforting pain	Grade 2
Distressing pain	Grade 3
Horrible pain	Grade 4

Table 2: Sparshasahatva (Tenderness)

No Tenderness	Grade 1
Mild Tenderness	Grade 2
Wincing of face on pressure	Grade 3
Wincing of face and withdrawal of affected part on	Grade 4
the pressure	

Table 3: Daurbalya (General Debility)

No pain	Grade 1
Mild discomforting pain	Grade 2
Distressing pain	Grade 3
Horrible pain	Grade 4

Table 4

Parameters	Before therapy	After Therapy
	(Day 0)	(Day 21)
Katishoola	Grade 4	Grade 1
Sparshasahatva	Grade 4	Grade 2
Daurbalya	Grade 3	Grade 1
Sakastha chakraman	++++	+
SLRT	45 Degree	80 Degree

OBSERVATION AND DISCUSSION

Probable mode of Action of Tikta Ksheera Basti: Because the Apanadi Vata spread the Virya of Basti dravya throughout the body due to its anupravana bhava, it has a systemic impact. According to Charaka and Hemadri, basti is effective in treating kshina dhatus and bhagna (fractures) of the Asthi and Sandhi. This virya of the basti dravya extracts the morbid doshas from all areas of the body. Half of the entire treatment, or the "Ardha chikitsa," is what is referred to as "basti," whereas the "Sampurna chikitsa," or complete treatment, is what other people refer to.

Basti: Tikta Ksheera Basti is given to expel these doshas from the body and to nourish the Kshina Asthi dhatu. The Basti contains Ksheera, taila, and tikta dravya as its main ingredients. Tiktarasatmaka dravyas include Musta, Kantakari, and Guduchi. The proper absorption of Basti was aided by Musta's deepana pachana guna, which is a combination of rasayana, balya, and tridoshahara. Shoola is relieved by Kantakari who has Vatahara. As a result, it is evident that Lumbar Spondylosis, a specific Asthyashrit Vata vikara prevalent in Kati (Lumbar region), was significantly treated by Tiktarasa dravya siddha Ksheera Basti. Analysing the Panchabhoutik com positions of madhura, tikta, and katu rasa reveals that they are, respectively, Prithvi and Jala, Vayu and Akasha, and Agni and Vayu. As a result, Basti Dravya's Panchabhoutiktwa nourishes the Asthi because its overall makeup is identical to that of the Asthi dhatu. Additionally, cow's milk is the world's richest natural supply of calcium. Together with vitamin D, the proportion of calcium and phosphorus in cow's milk is optimum for their effective absorption and assimilation and, as a result, for bone growth.

CONCLUSION

Tikta Ksheera Basti including Snehana and Swedana is significantly effective in reducing the degenerative changes occurring at the lumbar area reducing symptoms, especially Katishoola, Daurbalya, and Sparshaasahatwa. Asthi kshaya and vata dosha can be treated in a number of circumstances by using Tikta Ksheera Basti treatment. The study's future focus will be on randomized controlled trials.

"Low back pain" is a frequent condition caused by lumbar spondylosis. Better outcomes, including a notable decrease in signs and symptoms, are shown with Tikta Ksheera Basti together with preoperative and postoperative procedures. No patient experienced any negative effects from the therapy. Future attempts at producing Ksheerapaka with tikta dravyas are possible. Patients with Lumbar Spondylosis may benefit from this therapy because it is comparatively affordable.

REFERENCES

- Middleton K, Fish DE. Lumbar spondylosis: clinical presentation and treatment approaches. Curr Rev Musculoskelet Med. 2009 Jun;2(2):94-104. DOI: 10.1007/s12178-009-9051-x. Epub 2009 Mar 25. PMID: 19468872; PMCID: PMC2697338.
- Davidson's Principals and Practice of Medicine, 23rd edition, 2018, Edited by Stuart H.Ralston, Ian D. Penman, Mark WJ Strachall, Richard P. Hobson, Published by Elsevier Publication, P 1135.
- Aspi F Golwalla and Sharukh A Golwalla, Golwalla's Medicine for Students, 25th edition, 2017, Edited by Milind Y Nadkar, Published by JAYPEE The Health Science Publisher, New Delhi, P 593.
- Kalichman L, Hunter DJ. Diagnosis and conservative management of degenerative lumbar spondylolisthesis. Eur

- Spine J. 2008 Mar;17(3):327-335. DOI: 10.1007/s00586-007-0543-3. Epub 2007 Nov 17. PMID: 18026865; PMCID: PMC2270383
- Agnivesha, Charaka Samhita- Part 1, Sootrasthana, Adhyaya 20, 4th edition, 1994, Edited with Vidyotini Hindi commentary by Pt. Kashinath Shastri, Published by Chaukhamba Sanskrit Pratishthana, Varanasi, P 271.
- Agnivesha, Charaka Samhita- Part 2, Siddhisthana, Adhyaya 1, 4th edition, 1994, Edited with Vidyotini Hindi commentary by Pt. Kashinath Shastri, Published by Chaukhamba Sanskrit Pratishthana, Varanasi, P 886.
- Agnivesha, Charaka Samhita- Part 1, Sootrasthana, Adhyaya 28, 4th edition, 1994, Edited with Vidyotini Hindi commentary by Pt. Kashinath Shastri, Published by Chaukhamba Sanskrit Pratishthana, Varanasi, P 432.
- Sharangdhara, Sharangdhara Samhita, Madhyamakhanda, Adhyaya 2, 4th edition, 1994, Edited with Krishna Hindi Commentary by Acharya Shree Radhakrishna Parashar, Published by Baidyanath Ayurved Bhavan, Nagpur, P 224.
- Agnivesha, Charaka Samhita- Part 2, Siddhisthana, Adhyaya 3, 4th edition, 1994, Edited with Vidyotini Hindi commentary by Pt. Kashinath Shastri, Published by Chaukhamba Sanskrit Pratishthana, Varanasi, P 909 - 911.
- Dr. Ramesh Sonwane, Panchakarma Vigyan, 1st Edition, Published by Saraswati Prakashan, Aurangabad, 2015, Chapter 6th, P 271.

Cite this article as:

Kalpana Gaikwad, Ramesh Sonwane and Neralkar UK. A case study on the role of Tikta Ksheera Basti in the management of Katigata vata with special reference to Lumbar Spondylosis. Int. J. Res. Ayurveda Pharm. 2023;14(5):108-110

DOI: http://dx.doi.org/10.7897/2277-4343.1405155

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.