

Case Report

ISSN: 2454-5023 J. Ayu. Herb. Med. 2022; 8(3): 156-159 Received: 16-06-2022 Accepted: 19-08-2022 © 2022, All rights reserved www.ayurvedjournal.com DOI: 10.31254/jahm.2022.8302

The Management of Katishoola (vertebral Compression fracture) through Panchakarma- A case study

Poonam Verma¹, Latika¹, Santoshkumar Bhatted²

¹ PhD Scholar, Department of Panchakarma, All India Institute of Ayurveda, Sarita vihar, New Delhi, India
² Associate Professor, Department of Panchakarma, All India Institute of Ayurveda, Sarita Vihar, New Delhi, India

ABSTRACT

Background: In present era low backache (Katishoola) is a common complain among the patients visiting hospital for treatment. There are various causes for low backache like compression fracture, inter vertebral disc prolapse [IVDP], Lumbar spondylosis, tuberculosis of spine etc. About 39% of the population present complaints of low back pain at some point in their lives, Incidence is more in females aged between 40 and 80 years. vertebral compression fracture (VCF) are one of the cause of severe low backache. VCF is a common fracture of the spine. The symptoms of VCF are back pain, numbness, tingling, and weakness and intensity of pain increase while standing or walking. It can be correlated with Katishoola in Ayurveda. In contemporary science there is no treatment except some invasive procedure like vertebroplasty. Here in this case pain in lower backache associated with tingling sensation managed with Ayurveda Panchakarma treatment like Matra Basti, Katibasti, Pinda Swedana. The collected data shows that Panchakarma therapy along with oral medicine gave encouraging effect in low backache. Material and method: In this study the patient with complaint of pain in lower back, tingling sensation, unable to stand for long duration approached to the OPD of Panchakarma, AIIA hospital. He was managed with Panchakarma therapies along with oral medicines. Effect of treatment was assessed before and after the treatment on presenting complaints. Result and observation: Significant improvement was noticed after the treatment. Pain was reduced significantly. There was reduction in VAS scale, SLR. Marked improvement was noticed in Score of Oswestry low back pain index, Low back outcome score (LBOS). Discussion: In this case study we are focusing in the management of low backache due to wedge compression fracture through Ayurveda oral medicine along with Panchakarma to further deterioration of the condition of the patient.

Keywords: Vertebral Compression Fracture, Low Backache, Katishoola, Panchakrama, Matrabasti, Patrapinda Swedana.

INTRODUCTION

Ageing is ongoing process along with degeneration in body. But today's altered life style is bringing the process of degeneration too early and resulting in development of degenerative diseases, most common being arthritis, spondylosis, PID, low back pain etc. *Katishoola* (Low back pain) is classified into specific and non-specific types. In 90% cases no identified cause are known, and 10% remaining cases are identified such as fracture, infection, cancer etc. Vertebral compression fracture (VCF), is a common fracture of the spine. The body of vertebra suffered a crush or wedging injury. The commonest risk factor for compression fractures is Osteoporosis. If spinal cord or nerves are involved then bowel/bladder dysfunction along with numbness, tingling sensation and weakness in the limbs occur .patient with VCF have 5 times more risk of second VCF ^[1]. Acharya Charaka has described 80 types of *Vatavyadhi* known as *Nanatmajavatavyadhi, kati shoola* is one among them. It characterized by *Kati pradeshevedana* (pain in lower back region), *Kati shunyata* (numbness in lower back), *Hasta-pada suptata* (numbness in legs). With Ayurvedic approach to cure *katishoola* by Panchakarma like *Matrabasti, katibasti* and *patra pinda swedana* and oral medicine gave promising results without any side effect.

MATERIALS AND METHODS

Type of study- The present study is a case report on the prospective study of *Ayurveda* treatment in the management of patient diagnosed with low backache due to VCF.

Source of Data- A patient referred to the Department of *Panchakarma*, AIIA, Sarita Vihar, New Delhi 110076.

*Corresponding author: Dr. Poonam Verma PhD Scholar, Department of

Panchakarma, All India Institute of Ayurveda, Sarita vihar, New Delhi-110076, India Email: dr.poonamverma235@gmail.com

CASE REPORT

A 56-year old male patient, UHID 377446, presented with pain in lower back localized to the region of the lumbar spine due to which he was unable to stand for longer duration of time since last 1 month. he was also complaining of tingling sensation in back radiating to bilateral lower limbs. After taking the detailed history. Patient explained that the pain occurred while he was lifting the heavy weight and it get worst day by day so he went for medical treatment in allopathic hospital. Where MRI revealed chronic centra wedge compression fracture at L1 and mild canal stenosis. He took some conservative treatment for the same but does not get significant relief in pain.

He rated his pain as 8/10 on the Visual Analogue Scale (VAS) where 0 is "no pain" and 10 is the "worst pain that he had ever experienced." The pain was described as sharp and stabbing, Radiating and it was exacerbated by direct pressure over the painful area and any movements of the lower axial spine. He denied any difficulty with bowel and bladder function. Past medical history revealed that he had been diagnosed with "mild" osteoporosis two years prior. Systems examination and family health history was unremarkable. He had no addiction and previous history of any back injury. He was having trouble in getting a sleep due to lower back pain.

Investigations

MRI (10/05/19)

- Chronic central wedge compression fracture (10-20% reduction in height), L1 caved in superior end plate, mild canal stenosis.
- L5-S1 Mild central canal stenosis with bilateral facets joint anthropathy.
- Broad based postero central disc protrusion with posterior annular tear at L4-5 causing indentation upon the thecal sac mild to moderate narrowing of B/L Neural foramina. Moderate central can stenosis.

Personal history

Vegetarian with Irregular bowel, disturbed sleep (due to pain), no addiction of alcohol and smoking.

Assessment Criteria: Range of movement SLR was measured by Goniometer. Visual Analogue Scale (VAS) is used for pain; Improvement was assessed by Low back outcome score (LBOS) and Oswestry disability index.

Table 1: Dashavidha Pariksha

Sl. no.	Factor	Observation
1.	Prakriti	Vatakaphaja
2.	Vikriti	PravaraTridoshaja
3.	Saara	Twaka
4.	Samhanana	Madhyama
5.	Satmya	Madhyama
6.	Satva	Madhyama
7.	Aahar shakti	Madhayama

8.	Vayama shakti	Avara
9.	Vaya	Pravara
10.	Bala	Madhayama
11.	Prakriti	Vatakaphaja

Table 2: Following Ora	I medications were given
------------------------	--------------------------

Sl. no.	Drug	Dose	Anupana
1.	Dashmoola Kwatha ^[2] .	40 ml, twice a day before food	Luke warm water
2.	Lakshadi Guggulu ^[3] .	500 mg thrice a day, after food	Luke warm water
3.	Gandha taila ^[4] .	10 drops twice a day, after food	Luke warm Milk
4.	Ashwagandha choorna ^[5] . + Guduchi choorna ^[6] .	2 gm each twice a day, after food	Luke warm water
5.	Eranda Taila ^[7] .	10 ml bed time	Luke warm water

Table 3: Panchakarma procedures with quantity and duration

Sl. no.	Procedure	Drug used	Quantity	Days
1.	Choorna Pinda	Kolkulathadi Choorna	Q.S	14 days
	Swedana	^[8] . Dhanwantaram		For 30
		taila ^[9] .		minutes
2.	Matra Basti	Sahacharadi taila ^[10] .	60 ml	14 days
3.	Kati Basti	Dhanwantaram taila	Q.S	14 days
		Murivenna taila		For 30
		(lukewarm oil)		minutes

Table 4: Pain was assessed by VAS score

Sl. no.	Score	Before treatment	After treatment
1.	0 to 10	8	2

 Table 5: straight leg raising test

Before treatment		After tr	eatment
Right leg	Left leg	Right leg	Left leg
45 degree	35degree	55 degree	42 degree

Table 6: Oswestry low back pain index

SI.	Score	Before treatment	After treatment
no.			
1.	0-20% minimal	55%	24%
	disability	(severe disability)	(moderate disability)
	21-40% moderate		
	disability		
	41-60% severe		
	disability		
	61-80% crippled		
	disability		
	81-100%		

Table 7: Low back outcome score (LBOS)

Sl. no.	Score	Before	After
		treatment	treatment
1.	≥ 65 Scoring (Excellent status)	27	45

50 - 64 Scoring (Good status)	(Poor status)	(Fair status)
30 - 49 Scoring (Fair status)		
0 - 29 Scoring (Poor status)		

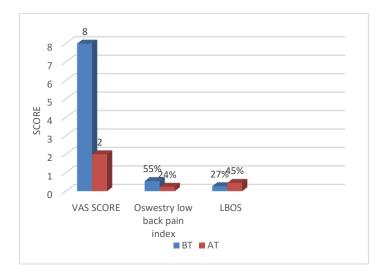


Figure 1: Overall improvement after treatment

DISCUSSION

In Ayurveda Katishool is considered as a Vataja disorder and mainly caused due to Vata Prokopa. In present case study, the patient presented with a vertebral fracture causing severe lowback pain with numbness. Acharya Sushruta has mentioned that pain occurs due to vitiation Vata Dosha's. Dhathu Kshaya (depletion / malnutrition) and Srotas Avarodh (channel obstructions) main pathological cause for aggravation Vata Dosha.

In this case the *vata prakopa* was mainly due to *dhatukshaya* in general and *asthi* kshaya in particular among *vata types Apana Vata* is mainly involve in Kati Shoola. The purpose of the therapy, therefore, is to pacify vitiated *Vata Dosha*, particularly Apana Vata. so *Snehana*, *Swedana* and *Basti Karma* were adopted to pacify vata dosha and regulate its movement.

Shamana Chikitsa

Dashmoola kwatha - Dashmoola is a well - known ayurvedic medicine having *Tridosha shamak*. Due to its *Ushna guna* it pacifes the vitiated *Vata Dosha* which is the main culprit for the disease. Dashmoola kwatha had anti-inflammatory, analgesic properties.

Lakshadi guggulu - it contains *Asthishrinkhala, Ashwagandha, Guggulu*. In animal studies *Asthishrinkhala* nutralized the antianabolic effect of cortisone in healing of fracture. Here yield anabolic oxo steroid which accelerate healing of fracture *Guggulu* which is *Vedana shamaka and* mainly indicated in bhagna.

Ashwagandha - Due to its *Snigdha Guna, Ushna Virya*, is *Vatakaphashamak, Balya* (strength promoting), *Rasayan and Vedanashamak* properties. Withaferien act as a tonic and tissue vitalizer. It decreasing pain and swelling (inflammation), also prevent the effects of aging.

Giloya choorna - Ras Tikta, Katu, Kashaya, Guru Snigdha Guna, Virya Ushna. Snigdha and Ushna Guna which pacifies the Tridosh Shamak,

Rasayana (improves immunity due to its immuno-modulatory effects). Mild Antipyretic, analgesic (*Vedana Sthapak*), antioxidant properties. Because of its antioxidant property it inhibiting the inflammatory mediators and cytokines.

Gandha taila - It contain krishna tila yashti, Bala, Rasna, Padmakadi Gana, Eladi Gana Analgesic Anti-inflammatory actions and provides stability to the bones. Bones are an important location of Vata and aggravation of Vata causes bone disorder like osteoporosis. It mainly indicated for Bhagna, Vata Vyadhi.

Eranda taila – Kashaya (Astringent), *Madhura* (Sweet), *Katu* (Pungent), *Ushna Virya* (hot in potency) pacifies the *Vata* and *Kapha*. It act as *Vatanulomaka* and, *Mridu Virechaka*.

Panchakarma therapies

snigdha coorna pinda swedana - SCPS with kolakulathadi choorna was done. The main ingredient of kolkulathadi choorna is Kola, Kulatha, Surdaru, Rasna Kustha, Vacha etc maximam drugs katu Rass, laghu ruksha ushna virya. It does Doshavilayana and Srotoshodhana which helps in relieving Margavarana of Vata. It will reach to Sukshma Srotas and thus help in pacifying Vata Dosha.

Matra Basti - Matra Basti a type Sneha by virtue of its Ushna Guna. Vikalpa of Anuvasana basti. It reaches up-to Pakwashaya which is the main site of Vata dosha. Matra basti promotes strength, and given in all season without any stricted diet regimen. It promote easy elimination of Mala and Mutra. According to Acharya Charaka Matra Basti performs the function of Brimhana and overcomes dhatukshaya and reduces Vata Prakopa. Sahacharadi taila is selected for Basti karma. most of the drug are Katu Rasa and Ushna Virya which pacify the Vata and Kapha, and reduce the pain and swelling.

Kati Basti - Kati Basti is a modified form of Snehana (oleation), swedana (sudation) therapy done together . By its local action it increases blood circulation and relieves pain. which has nutritive and stabilizing effect. The main Content of Dhanwantaram Taila is balamoola, dashmoola, ksheera which have Vata Shamak, Balya, Brumahana Properties. In murivenna main ingredient is Karanja patra (Pongamia pinnata), Sigru (Moringa oleifera), Kanya (Aloe vera). Moringa leaf extract possess osteo-protective activity, anti-inflammatory property and reduced pain and swelling.

CONCLUSION

In Katishoola (Low backache) there is vitiation of vata that result in pain (*shoola*). Here ayurvedic treatment principle of treating vata like *Snehana Swedana Basti and Mridu Shodhana* are mainly applicable along with oral vata pacifying drug. Hence, in the present case, having a severe backache due to VCF is being treated with *Matra basti* with *Sahacharadi Taila, Kati Basti* with *Dhanwantara Taila* and *Murivenna* and *Snigdha Choorna Pinda Swedana* with *Kolkulathadi Choorna* and *Dhanwantar taila* along with oral medicine like *Dashmoola Kwatha, Ashwagandha, Gandha Taila, Lakshadi Guggul* provided significant relief in pain and range of movement which measured by VAS scale, Oswestry low- back pain index, SLR test, also improved the quality of life. thus the present case study provides a ray of hope and a lead to carry further research with larger sample size of patients suffering with a low back pain due to VCF.

Conflict of Interest

None declared.

Financial support

None declared.

REFERENCE

- 1. McCARTHY JA, Davis A. Diagnosis and management of vertebral compression fractures. American family physician. 2016;94(1):44-50.
- Parekar RR, Bolegave SS, Marathe PA, Rege NN. Experimental evaluation of analgesic, anti-inflammatory and anti-platelet potential of Dashamoola. J Ayurveda Integr Med. 2015;6(1):11-18.
- Dutta C. Chakradutta-Vaidya Prabha Hindi commentary with explanation, commentator. Dr. Indradeva Tripathi, editor.Bhagna chikitsa prakaran, Chapter. 49,verse 14-15. Varanasi: Choukhambha Sanskrit Sansthana. 2018;pp.276.
- Kaviraj Dr. Ambikadatta shastri, commentator, Sushruta, Sushruta Samhita, chikitsasthana; Bhagna chikitsa, chapter 3 verse 66, Chaukhamba Surbharati Prakashan, Varanasi. 2014;pp.32.
- Dr. Bulusu Sitaram commentator, Bhavaprakasha of Bhavamishra, Vol-1, Guduchyadi Varga, (3) verse 90-91, Chaukhamba Orientalia Varanasi, Reprint. 2018;PP.535.
- Dr. Bulusu Sitaram commentator, Bhavaprakasha of Bhavamishra, Vol-1, Guduchyadi Varga, (3), verse 1-5, Chaukhamba Orientalia Varanasi, Reprint. 2018;pp.351.
- Dr. S D Kamat, commentator, Bhavaprakasha of Bhavamishra, Vol-2, Taila Varga, (19) verse 22-25, Chaukhamba Orientalia Varanasi, Reprint. 2018;pp1078.
- Agnivesha: Charaka Samhita, elaborated by Charaka & Dridhabala with the Ayurvedadipika Commentary by Chakrapanidatta, edited by Vaidya Yadavaji Trikamji Acharya, vol-1, sutrasasthana, aaragwadhiyadhyaya, Chapter 3 Verse 18, Varanasi: Chaukhamba Surbharati Prakashan; page62.
- 9. Dr. K Niteshwar, Dr R Vidyanath, English Translator. Taila prakaran: Chapter 3 .In : Sahasrayogam .Varanasi, Chowkhamba Sanskrit Series, 4th Edition. 2014;pp.109.
- Dr. K Niteshwar, Dr R Vidyanath, English Translator. Taila prakaran: Chapter 3. In : Sahasrayogam. Varanasi, Chowkhamba Sanskrit Series, 4th Edition. 2014;pp.131.

HOW TO CITE THIS ARTICLE

Verma P, Latika, Bhatted S. The Management of Katishoola (vertebral Compression fracture) through Panchakarma- A case study. J Ayu Herb Med 2022;8(3):156-159. DOI: 10.31254/jahm.2022.8302

Creative Commons (CC) License-

This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY 4.0) license. This license permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. (http://creativecommons.org/licenses/by/4.0/).