



AYURVEDIC MANAGEMENT OF LUMBAR CANAL STENOSIS - A CASE STUDY

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ABSTRACT

According to Ayurveda lumbar canal stenosis is correlated with *Katigata Vata*. In this disease the symptoms like pain, tingling sensation, numbness, stiffness of spine are mainly due to predominance of vitiated *Vata Dosha*. Treatment in Ayurveda for lumbar canal stenosis is to bring the vitiated *Vata Dosha* back to the normal state. The general treatment for *Katigata Vata* is *Vata Shamana*. Ayurvedic *Panchakarma* therapy along with *Shamana* that is internal medicine are effective for treatment of lumbar canal stenosis; which can be correlated to the *Katagata Vata*.

KEYWORDS: *Katigata Vata, Vata Dosha, Panchakarma, Shamana.*

INTRODUCTION

Lumbar canal stenosis occurs due to the wear and tear of the bones. The lower spine is composed of disc like structures that are cushioned by soft gel like section between them; for flexibility and absorb the load of stress applied to vertebrae. If this type of damage were to occur, it may lead to disc prolapse, disc herniation, or a slipped disc it is a common feature of lumbar canal stenosis. According to Ayurveda lumbar canal stenosis is correlated with *Katigata Vata*.^[1] In this disease the symptoms like pain, tingling sensation, numbness, stiffness of spine are mainly due to predominance of vitiated *Vata Dosha*. Treatment in Ayurveda for lumbar canal stenosis is to bring the vitiated *Vata Dosha* back to the normal state.

CASE REPORT

A male patient of age 25 years from Osmanabad visited OPD of *Panchakarma* department Ayurvedic hospital Osmanabad.

Chief Complaints

1. Severe low backache radiating to left side since last 10 months.
2. Tingling Sensation at left leg since 10 months.
3. Lateral bending and Limping especially on right side while walking since 5 months.
4. Stiffness in lower back since 8 months.
5. Inability to sit in erect posture for long duration since 8 months.

History of present illness: Patient was asymptomatic 1 year ago. Gradually he developed pain in his lower back region radiating to left leg, with tingling sensation. There was also stiffness in lower back and thighs with increasing difficulty in walking and leads to limping. History of weight lifting 98Kg 4 years back and advised surgery but he did not want to operate. He took allopathic treatment for 6 months but he did not get any relief with increasing severity so he came to Ayurvedic hospital.

Past History: History of weight lifting 98Kg 4 years back, No history of HTN and DM.

Family History: No significant.

Treatment History: Patient has a history of Allopathic medicines but has no relief.

Personal History

General condition – Poor

Appetite – Decreased

Diet – Both Veg and Non Veg

Urine – Normal frequency and amount

Bowel – Normal amount

Thirst – Normal

Sleep – Disturbed due to severe pain

On Examination

P – 80/ min

BP - 120/80 mm of Hg

Pallor – Mild

Tongue – Coated

Icterus – Not present.

Lymph nodes – Not enlarged.

Cyanosis – Not present.

Edema - Not present.

JVP – Not raised.

Height – 5' 9"

Weight – 89 Kg

Clinical findings

Table No. 1.

	Right leg	Left leg
SLRT	60 ⁰	30 ⁰
PHT	Negative	Negative
SIST	Negative	Negative
Gilles STT	Negative	Negative
FNST	Negative	Negative
Reflex (Knee joint)	Present	Present

Local examination: Mild stiffness, No swelling and any injury.

Diagnostic Assessment: MRI – Changes of lumbar spondylosis with muscle spasm. Diffuse disc bulge with poster central disc herniation at L5- S1 level, compressing thecal sac and bilateral traversing S1 nerve roots with facet arthropathy causing lumbar central stenosis.

Assessment Criteria

Table No. 2 Criteria of assessment for lower back pain.

Sr. No.	Symptoms	Parameters	Gradation
1.	Pricking pain	Absent	0
		Mild	2
		Moderate	4
		Severe	6
2.	Stiffness	Absent	0
		Mild	2
		Moderate	4
		Severe	6
3.	SLR Scoring	0	54
		10	48
		20	44
		30	36

		40	30
		50	24
		60	13
		70	12
		80	6
		90	0
4.	Posture	No complaints	0
		Patient walks without difficulty	1
		Difficulty from getting up from squatting	2
		Difficulty in climbing upstairs	3
		Limping gait	4

Table No. 3 Observation according to criteria of assessment before treatment.

Sr. No.	Symptoms	Gradation
1.	Pricking pain	4
2.	Stiffness	2
3.	SLR Scoring	
	Right leg	13
	Left leg	36
4.	Posture	4

Table No. 4 Therapeutic Intervention.

Shodhana	Shamana
1. Snehana at kati, ubhaya paad with til tail. 2. Swedana at kati, ubhaya paad with Naadi sweda. 3. Katibasti with kottamchukadi tail. 4. Yog basti kram Anuvasan with Dhanavantar tail 30 ml + kottamchukradi tail 30 ml. Niruha with Sidhda kwatha 450ml (Dashamul Bharad 20 gm + Erandamula Bharad 20 gm + Madanphal churna 10 gm) add honey 30ml + Saidhav lawana 2.5gm + Dhanawantar tail 30ml = Total 500ml 5. Three majjabasti vyatasat one niruha basti for 30 days. 6. Jalaukavacharana (leech therapy) three settings after seven days.	1. Trayodashanga gugula 500mg 1BD 2. Rasarajeshwar Rasa 1BD 3. Shivagutika 1BD 4. Cap. Lumbaton 1BD 5. Punarnavasav kwatha 20ml BD 6. Varunadi kwatha 20ml BD 7. Rasnasaptak kwatha 20ml BD 8. Chitrak churna 5gm + Sahachar tail 20ml Panartha OD 9. Lasunshirapaka 50ml OD

Table No. 5. Observation According to criteria assessment.

Sr. No.	Symptoms	Before treatment	After treatment	Follow up	Percentage of result
1.	Pricking pain	4	2	0	100 %
2.	Stiffness	2	2	0	100 %
3.	SLR scoring Right leg	13	12	12	80 %
	Left leg	36	12	12	80 %
4.	Posture	4	1	1	90 %

Follow up – Patient was followed for the period of two months after the medicine.

RESULTS

The above mentioned percentage improvement, the other features like disturbance in sleep, anorexia, decreased appetite etc. are also improved. There is no any adverse effects of the given Ayurvedic treatment found in our patient.

DISCUSSION

The general treatment for *Katigata Vata* is *Vata Shamana*.^[2] *Kati* is the region where *Vata Dosha* is situated but in *Katigata-Vata*, *Vata Dosha* is obstructed by *Kapha Dosha*, therefore *Vatashamana* and *Kapha Shodhana* and *Lekhana* is needed. First of all, *Snehana* with *til* oil at lumbar region and both legs to remove stiffness. *Ruksha Nadi swedana* at lumbar region and both legs was done for digestion of *Ama Dosha* (Undigested toxic waste due to improve digestion). *Snehana* (external local oil) and *swedana* (sudation) procedure which mainly acts against the *ruksha guna* (Dryness) and *sheeta guna* (frigidness) respectively of *Vata Dosha*. *Charakacharya* said that *Basti* means therapeutic enema is useful in *kshina Dhatu* (depleted tissue) especially *asthi* (bones) and *sandhi* (joints).

Basti is described as the best line of treatment to cure the imbalances of the *Vata Dosha*.^[3] Simultaneously it is also true that this procedure is equally effective in rectifying the abnormal accumulation of the pitta as well as *kapha Dosha*.^[4] As the *vata Dosha* has predominant role in the pathogenesis of any disease; and this *vata Dosha* alone is capable of mobilizing pathological accumulation of the *Dosha* from the periphery into the *Koshta*, where from it is eliminated from the body.

In *Kati basti* (neighborhood oil padding), *kottamchukadi tail* is used for this procedure. *Snehana* by its *snigdha* (smoothness), *guru* (heaviness) counteracts *vata dosha* and due to *ushna guna* it counteracts *kapha dosha* also.

The medicine used in *shamana chikitsa* (oral medicine) like *Trayodashanga gugula*,^[6] *Rasarajeshwar Rasa*,^[7] *Shivagutika*^[8] etc. is potent *vata dhosha shamana* (normalize excess *vata*), *Balya* (strength promoting activities), *Rasayana* (rejuvenating), *Tarpaka* (providing nuriton).

CONCLUSION

The result shows that the Ayurvedic *Panchakarma* therapy along with *Shamana* that is internal medicine are effective for treatment of lumbar canal stenosis; which can be correlated to the *Katagata Vata*.

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