



Case Study

**EFFECT OF KATIBASTI, KSHEERA BASTI & VATAGAJANKUSHA RASA IN GRIDHRASI VIS A VIS LUMBAR SPONDYLOSIS - A CASE SERIES**

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**ABSTRACT**

The symptomatology of *Gridhrasi* given in Ayurvedic classics are pain in chronological order starting from *Sphikpurva, Kati, Prushta, Uru, Janu, Jangha*, upto *Pada, Sakthna kshepo nighruniyat*. The clinical features of lumbar spondylosis can be correlated with *Gridhrasi* and condition can be treated on the lines of *Gridhrasi* and *Vatavyadhi*.

**Objectives:** To evaluate the efficacy of *Katibasti, Ksheerabasti* and *Vatagajankusha rasa* as *Shamanoushadhi* in the management of *Gridhrasi vis a vis* lumbar spondylosis.

**Result:** The therapies *Katibasti, Ksheerabasti* and *Vatagajankusha rasa* along with the suitable *Anupana* as *Shamanoushadhi* chosen for the treatment showed very good results in terms of reducing acute pain as well as radiculopathy.

**Conclusion:** As the long term or extensive use of NSAID's, Cox-inhibitors like etoricoxib, muscle relaxants, intervertebral steroid injections and even surgery in the management of lumbar spondylosis will induce serious adverse effect on body, safe and effective therapies like *Katibasti, Ksheerabasti* and *Vatagajankusha rasa* along with the suitable *Anupana* as *Shamanoushadhi* were selected for treatment. These therapies have not caused any adverse events and improved the condition by arresting the pathogenesis at their respective particular stages. It was observed that the above mentioned Ayurvedic therapies were found to be safe and effective in *Gridhrasi vis a vis* Lumbar spondylosis.

**INTRODUCTION**

The lumbar region is the work house of our spine and it bears most of the body weight and support the entire body. Hence the vertebrae of this region are stronger and heavier compared to other regions of spine and also more prone for pain and discomfort. It is a prevalent condition in about 7%-9% of worldwide population.

Lumbar spondylosis (Spondylosis deformans) chiefly affects the vertebral bodies, the neural foramina and the facet joints (facet syndrome). If severe, it may cause pressure on the spinal cord or nerve roots with subsequent sensory or motor disturbances, such as pain, paresthesia, imbalance,

and muscle weakness in the limbs. It occurs as a result of new bone formation in areas where annular ligament is stressed<sup>[1]</sup>. Many of the people experience Low back pain at certain point of time in their lifetime and is a major cause of disability. Low back pain affects population of all ages and it is the fifth most common reason for physician visits. Low back pain occurrence is increasing day by day due to sedentary lifestyle and professions. Low back pain usually originates from the nerves, muscles, bones, joints and other structures in the spine. It is the pain localized to lumbar spine or pain radiating from lumbar spine to lower limbs.

Lifting heavy loads, poor posture habits, weight gain, old age, repetitive movements trauma, unaccustomed lifting of weight, improper work culture and work habits, smoking and drug abuse, osteoporosis are the main causative factor for disc pathologies. Disc desiccation refers to the dehydration of intervertebral discs. Intervertebral discs are full of fluid, which keeps them both flexible and sturdy. As age advances, the discs begin to dehydrate or slowly lose their fluid. The disc's fluid is replaced by fibro

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cartilage, the tough, fibrous tissue that makes up the outer portion of the disc. It occurs in many stages like degeneration, protrusion, extrusion, herniation, desiccation followed by stenosis. In *Gridhrasi* all these signs and symptoms are identified.

*Gridhrasi* is of 2 types, *Vataja* and *Vata kaphaja*, even though *Vata* is a major causative factor in this condition. In some cases other *Doshanubanda* is seen along with it. Due to excessive walking, excessive exercising, riding vehicle fast on uneven roads causes *Vata prakopa*. *Khavaigunya* is produced in lower part of body, *Vata* takes *Sthana samshraya* at that place causing *Gridhrasi*. Symptoms of *Gridhrasi* usually starts with *Sphik, Kati* then gradually radiate to posterior aspect *Uru, Janu, Janga, Pada*<sup>[2]</sup>. In current study, *Vata dosha* is the main *Nidana* and *Pitta* is associated with *Vata*. According to Charaka in any *Abhigata*<sup>[3]</sup>, *Vata* and *Rakta* are the two factors that get involved in the disease pathology hence the condition *Pittanubandi vataja gridhrasi*. *Vata dosha* is the main cause for the manifestation of *Gridhrasi* and *Pakwashaya* is the seat of *Vata*. As main action of *Basti* is seen in *Pakwashaya* so it is considered best for *Vatahara* <sup>(4)</sup> hence *Ksheerabasti* possessing *Vatapittahara* action and *Bruhmana* action was selected in treatment protocol along with *Katibasti* followed by *Shamanoushadhi*.

In the present study, subjects were administered with *Katibasti, Ksheerabasti* for 8 days and *Vatagajankusha rasa*<sup>[5]</sup> for 15 days.

#### AIMS AND OBJECTIVES

To evaluate the efficacy of *Katibasti, Ksheerabasti* and *Vatagajankusha rasa* as *Shamanoushadhi* in the management of *Gridhrasi vis~a~vis Lumbar spondylosis*.

#### MATERIALS AND METHODS

Total 4 subjects irrespective of sex, caste, religion and socioeconomic status who were diagnosed as *Gridhrasi vis~a~vis Lumbar spondylosis* were selected from outpatient department and inpatient department of Government Ayurveda medical college, Mysuru, Karnataka.

An informed consent from each patient was obtained before starting the course of treatment.

#### Diagnostic Criteria

**Subjective Parameter-** *Pratyatma lakshana* of *Gridhrasi*

**Objective Parameter-** Visual analog scale

SLR test

Bragard test

Bowstring test

Femoral nerve stretch test

Pump handle test

Pelvic compression test

Radiological evidences such as magnetic resonance imaging of lumbar spine (if available) to assess the degenerative changes in the lumbar disc

#### Inclusion Criteria

- Age group 25–70 years of either gender
- Clinical presentation of *Gridhrasi*
- Chronicity of lumbar spondylosis < 5years

#### Exclusion Criteria

- Tuberculosis & tumours of spine and hip
- Rheumatoid arthritis and gout
- Pregnancy and lactation mothers
- Other systemic disorders that interfere the *Panchakarma* procedure.

#### Treatment

1. *Katibasti* with both *Mahanarayana taila* + *Ksheerabala taila* followed by *Sthanika abhyanga* with *Mahanarayana taila* + *Ksheerabala taila* and *Nadi sweda* to *kati pradesha* and both lower limbs

2. *Niruhabasti* – *Ksheera basti*

*Makshika* - 30ml

*Saindhava*- 3gm

*Sneha*- *Ksheerabala taila* (60ml)

*Kalka*- *Shatapushpa choorna* (5gm)

*Ksheerapaka* – *Yastimadhu* (5gm) + *Guduchi* (5gm) +

*Ashwagandha* (5gm) + *Vidanga* (3gm) *ksheerapaka*- 300ml

3. *Anuvasana basti* with *Ksheerabala taila* (60ml). {*Anuvasana basti* was given on first day & last day of *Yoga Basti* course}

4. *Shamanoushadhi*

- Tab. *Vatagajankusha rasa* 2 TID with *Manjishta qwatha* (30ml/dose) and *Pippali churna prakshepa* for 15 days.

#### OBSERVATION AND RESULTS

##### Observations

Complete treatment was administered to 4 patients in total.

Maximum numbers of patients were in the age group of 26-45 years. Majority of the patients were males. Most of the patients were from middle class and having low back pain along with radiating pain to unilateral lower limb

**RESULTS****Table 1: Showing Clinical Signs and Symptoms Improvement in 4 Patients of *Gridhrasi* before Treatment**

Parameters	Subject 1	Subject 2	Subject 3	Subject 4
Pain (VAS Scale)	7	8	7	6
SLR	Lt.+ve at 35 Rt.+ve at 90	Lt.+ve at 40 Rt.+ve at 90	Lt.+ve at 90 Rt.+ve at 45	Lt.+ve at 35 Rt.+ve at 90
Bragards	+ve	+ve	+ve	+ve
Femoral nerve stretch	+ve	-ve	-ve	-ve
Coin test	+ve	+ve	+ve	+ve
Pump handle test	+ve	+ve	+ve	+ve
Pelvic compression test	-ve	-ve	-ve	-ve

**Table 2: Showing Clinical Signs and Symptoms Improvement in 4 Patients of *Gridhrasi* after Treatment**

Parameters	Subject 1	Subject 2	Subject 3	Subject 4
Pain (VAS Scale)	3	5	4	3
SLR	Lt.+ve at 75 Rt.+ve at 90	Lt.+ve at 80 Rt.+ve at 90	Lt.+ve at 90 Rt.+ve at 80	Lt.+ve at 85 Rt.+ve at 90
Bragards	-ve	-ve	-ve	-ve
Femoral nerve stretch	-ve	-ve	-ve	-ve
Coin test	-ve	-ve	-ve	-ve
Pump handle test	-ve	-ve	-ve	-ve
Pelvic compression test	-ve	-ve	-ve	-ve

**DISCUSSION**

In 4 cases studied, subjects presented with *Shoola, Toda, Suptata, Saktikshepa Nigrahana, Pittanubandi vataja gridhrasi lakshanas* are seen along with *Abhigata* as the main causative factor. As *Acharya Charaka* mentioned in the context of *Jwara*, in any *Abhigata*, *Vata* and *Rakta* are the main culprits in the pathogenesis. As *Rakta* is in *Ashrayaashrayee Bhava* with *Pitta dosha*. *Ksheera* acts on *Vata, Pitta, Rakta* dosha, and simultaneously provides nourishing action. So the line of treatment selected was *Katibasti* and *Ksheerabasti*.

Application of *Katibasti* was carried out to provide good nourishment and strengthen the affected part due to extrusion and to alleviate *Vata lakshana*. In this case, there is degeneration of intervertebral disc and lubrication function of *Shleshak kapha* is affected, which result in compression and irritation. *Katibasti* with *Mahanarayan Taila* and *Ksheerabala taila* is a combination used here having properties of both *Snehana* and *Swedana*. It also helps to lubricate local musculature as well as tissue of nearby affected region and also increases local blood flow that help to drain out the inflamed exudates.

*Ksheera* is having properties of *Brumhana, Vrushya, Balya, Jeevaniya, Shramahara, Sandhana* and it is having good effect on *Vata, Pitta, Rakta dosha*. *Basti* is the recommended treatment for *Vata dosha* as per

*Maharshi Charaka. Basti* has systemic action as the active principles of *Basti* preparation are absorbed through *Pakwashaya* and spread to various channels of the body. It reaches at the site of lesion and induces systemic effects and relieves or arrests the disease from further progression. *Basti* helps to remove *Avarana* of *Rakta* and *Pitta* over *Vata* due to extrusion as well as it acts on *Pakwashaya*, which is the main site of *Vata dosha*. It helps to relieve edema, inflammation, necrosis due to its *Srotoshodhana* effect by *Vatapitta hara* properties of *Basti* drugs.

*Ksheerabala Taila* is prepared from *Go-Ksheera* (cow milk), *Bala (Sida cordifolia)* and *Tila Taila* (sesame oil). Cow's milk contains all the elements necessary for the growth and nutrition of bones, nerves, muscles and other tissues of the human body. *Bala* is a highly valuable drug in and has been largely used in neurological as well as heart diseases and reported to possess analgesic and anti-inflammatory activity. *Tila Taila* nourishes and strengthens all *Dhatu*, checks *Dhatukshaya* and thus alleviates *Vata*. *Ksheerabala Taila* is said to pacify all the eighty *Vataja Nanatamja Vikaras*.

*Mahanarayana taila* is one of the *Sneha Kalpana* prepared from *Bruhmaneeya dravyas* like *Brihati, Ashwagandha, Chandana, Ela, Ashtavarga dravyas, Shatavari* etc having *Vatapitta hara* property

in total. It improves strength of the muscles, bones and joints. It has soothing effect and reduces joint inflammation.

*Guduchi* have properties like *Rasayana*, *Agnideepana*, *Balya*, *Tridosha shamaka*, *Vataraktanashaka*, etc. Other studies shown the dried stem of *Guduchi* produced significant anti-inflammatory effect in both acute and subacute models of inflammation. It was found to be more effective than acetylsalicylic acid in acute inflammation, although in subacute inflammation. It showed an osteoprotective effect. It also exhibited strong free radical-scavenging properties against reactive oxygen and nitrogen species..

*Yashti* is *Vatapittahara*, *Balakrita*, *Varnakrita*, *Vrana-Shothahara*, etc. Glycyrrhetic acid has proved to have anti-inflammatory effect similar to glucocorticoid and mineralocorticoids. *Glycyrrhiza glabra* root has antioxidant effects.

*Ashwagandha* is *Vatakaphahara*, *Shothahara*, *Balya*, *Rasayana*, etc. It is found effective in the treatment of osteoarthritis, inflammation, stroke. Its naturally occurring steroidal content is much higher than that of hydrocortisone, a commonly- prescribed anti-inflammatory. It produced anti-inflammatory responses comparable to that of hydrocortisone sodium succinate.

*Vidanga* is *Vatakaphahara*, *Rooksha*, *Vahnika*, *Shoolaghna*, *Adhmanaghna*, etc. Embelin is a centrally acting non-narcotic analgesic. Embelin has a notable anxiolytic effect. Both *Embelia ribes* ethanolic extract and embelin showed considerable wound healing efficacy.

*Vatagajankusha rasa* contains both mineral compounds like *Makshika*, *Haratala*, *Kajjali*, *Loha* and herbal drugs like *Vatsanabha*, *Trikatu* etc. It is mentioned in the *Phalashruti* that it cures *Gridhrasi* within 7 days if used along with *Manjishta Qwatha* and *Pippali churna prakshepa*. Since the drugs used in this formulation possess *Ushna*, *Teekshna*, *Vyavayi*, *Vikasi gunas*. Hence it acts very quickly and is a potent analgesic.

## CONCLUSION

Lumbar spondylosis stands amongst the most widely recognized reasons that individuals go to the specialist and is the main source of inability to work. According to Ayurveda this condition is correlated to *Gridhrasi*. *Vata* is the main *Dosha* involved in Causation of lumbar spondylosis. Treatment modalities or the drugs processing *Vatahara* property and *Gridhrasi* treatment are helpful in treating this condition, which includes *Snehana*, *Swedana*, *Katibasti*, *Mrudhu Virechana* and *Basti*. Here *Katibasti*, *Ksheerabasti* along with *Shamanoushadhi* were selected for the treatment. Combined therapy helps to remove accumulated *Doshas* from the entire body, nourishment to the affected spine, Alleviating pain symptoms thus helps in alleviating disease pathology. To prevent recurrence, lifestyle modification such as proper sitting, standing and sleeping postures which reduces burden over spine, reduction of weight and cessation of tobacco use and low back strengthening exercise and *Yogasana* can be advised. So a total combined therapy was found effective in relieving symptoms in all 4 patients. So this can be brought into practice.

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