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Evaluation of the effect of *Marma Chikitsa* in the Pain Management of *Katigraha* (Lumbar Spondylosis) - A Single Case Study

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ABSTRACT

Lumbar Spondylosis (LS) is defined as degenerative condition affecting the discs, vertebral bodies and associated joints of the Lumbar spine. Low back pain affects approximately 60 - 85% of adults and LS is responsible for about 10% of all the back pain conditions.^[1] In Lumbar Spondylosis patient often complaint of back pain that increases with movement, is associated with stiffness, and is better with inactivity. A 39 years aged female patient residing at Bhopal, India came to Pt. Khushilal Sharma Ayurvedic Hospital and Institute, Bhopal with the complaint of lower back ache i.e. pain and stiffness in Lumbar region and restricted movement of Lumbar spine for 6 months. In this case study effect of *Marma Chikitsa* in pain management of Lumbar spondylosis is evaluated. This case study shows that pain in Lumbar spondylosis may be successfully managed by *Marma Chikitsa*.

Key words: Lumbar spondylosis, Katigraha, Marma Chikitsa, Vital Points, Lumbar Pain, Back Ache, Orthopaedics

INTRODUCTION

Ayurveda is one of the oldest extant health system in the world. Among the hidden sciences of India, *Marma* science is the most important. *Marma Sthana* is the juncture of *Mansa*, *Sira*, *Asthi* & *Sandhi*. *Marma* has described in all three great treatise i.e., *Charak Samhita*, *Sushrut Samhita*, and *Ashtanga Hridaya*. *Marma* represents the sciences & specific vital points in the body (*Marmas*), that are the seats of life (*Prana*) here, *Prana* is nothing but the source of *Urja* (energy).^[2]

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Spondylosis is very commonly found health problem among both rural and urban population. Spondylosis or Osteoarthritic spine disease, typically occurs in later life and primarily involves the Cervical and Lumbosacral spine. In Lumbar Spondylosis patients of Lumbar Spondylosis Often complaint of back pain that increases with movement, is associated with stiffness, and is better with inactivity.

Spondylosis is a form of lower back pain and is an important clinical, social, economic and public health problem affecting world wide population. Lower back pain affect all age groups and is very frequent reason for medical consultation. There is no exact clinical entity mentioned in classics like Lumbar Spondylosis but it can be correlated with *Katigraha*, a disorder of *Vata*. *Vata Dosha* or *Sama Vata Dosha* (*Vata Dosha* associated with *Aama* [the toxins released due to altered digestion and metabolism] when afflicts *Kati Pradesha* (low back) and produce the symptoms such as pain with stiffness, then the condition is known as *Katigraha*.^[3] *Katigraha* has been described as a separate disease by *Gadanigraha*. It has been

categorized under *Vataj Nanatmaja Vyadhi* in *Charaka Samhita* as *Prishtagraha*. *Katigraha* is *Shosha*, *Stambha* and *Shula* predominant *Vyadhi*. As correctly said by *Acharya Sushruta* without vitiation of *Vata*, *Shula* (pain) cannot be produced. *Gadanigraha* clearly states that pain is produced due to stiffness produced by *Saama* or *Niraama Vayu* movement in to *Kati* hence this suggests of presence of *Dhatu Kshayatmaka* & *Marga Avarodhaka* type of *Samprapti*. *Katigraha* denotes a group of symptoms characterized by the restriction of movement of *Kati* (Lumbar) region, which are completely correlated with that of Lumbar Spondylosis.

CASE REPORT

A 39 years aged female patient residing at Bhopal (MP), India came to Pt. Khushilal Sharma Ayurvedic Hospital and Institute, Bhopal (MP), India with the complaint of lower back ache i.e., pain and stiffness in Lumbar region and restricted movement of Lumbar spine for last 8 months. The nature of the pain is increases with movements and decreases with rest or in supine position. During this period patient took analgesics and anti-inflammatory medicine for pain management but didn't get relief. She is advised for surgery (spinal fusion) but she doesn't want to proceed with surgical intervention. To avoid surgical intervention and for pain relief she opted *Ayurvedic* treatment.

History of Past Illness

No history of hypertension, diabetes mellitus or any other serious illness.

Surgical history: NAD

Personal history

Patient was non smoker, non alcoholic and not having allergy to any drug or food item. No family member had similar problem.

- Bowel - Constipated
- Appetite - Normal
- Micturation - Normal
- Sleep - Disturbed due to pain.

Clinical findings

At the time of examination, patient was found anxious and came by wheel chair. Palpation revealed tenderness at Lumbar region and Muscle spasms were noted at back of thighs during movements of the hips. Range of movements was restricted (flexion, extension, lateral bending, rotation etc.) at hip and both of the Knee joints. General health of the patient was good her pulse was 76/min, BP was 130/90 mm of Hg, and the patient was afebrile. There was no tingling, numbness or weakness of muscles in lower extremities. There was no significant finding on lab investigation.

Diagnosis and Assessment

Lumbar spondylosis was diagnosed by the presence of pain, stiffness, restricted movements at Lumbar region and by CT scan findings like, disc degeneration in between L5 - S1, spondylolisthesis of L5 over S1 and osteophytes formation at lumbar spine. A criterion of assessment was based on both subjective and objective criteria scoring of Oswestry low back pain disability questionnaire and VAS (visual analogue scale). The Oswestry low back pain disability questionnaire also known as 'the Oswestry Disability Index' is an extremely important tool to measure patient's functional disability and it is considered as the 'gold standard' of low back functional outcome tools. This is composed of 10 sections (Questions). Each question is rated on 6 point (0-5) scale measuring activities like, personal care, sleep, social life etc.^[4] The visual analogue scale (VAS) consist of a straight line with the end points defining extreme limits such as - no pain at all and pain as bad as it could be. Patient was asked to mark his pain level on the line between the two end points.

Treatment

The treatment involved administration of *Marma Chikitsa*. The details of administration are as follows.

Marma Chikitsa

Following *Marmas* are taken for evaluation of *Marma Chikitsa* in pain management of *Katigraha* - i.e., *Bruhati*

Marma, Parshvasandhi Marma, Katiktaran Marma, Kukundar Marma.^[5]

Table 1: Marma points stimulated in Katigraha

SN	Name of the Marma	Stimulation time	Sittings of Marma chikitsa	Total time period
1.	Bruhathi Marma	0.8sec	Two times a day	30 days
2.	Parshvasandhi Marma	0.8sec	Two times a day	30 days
3.	Katiktaran Marma	0.8sec	Two times a day	30 days
4.	Kukundar Marma	0.8sec	Two times a day	30 days

A steady and moderate pressure will be applied slowly and gently. Pressure will be increased gradually depending upon patient strength. During the therapy, therapist was supposed to continuously watch the facial expression of the patients.

Shoola (Pain)

Parameters	Grade
No pain	0
Mild pain but no difficulty in walking	1
Moderate pain and slight difficulty in walking	2
Severe pain with severe difficulty in walking	3

Graha (Stiffness)

Parameters	Grade
No stiffness	0
Some time for 5-10 minutes	1
Daily for 10-30 minutes	2
Daily for 30-60 minutes/more than 1hrs	3

Suptata (Numbness)

Parameters	Grade
No numbness	0
Occasionally once in a day for 5-10 minutes	1
Daily once in a day for 10-30 minutes	2
Daily for more than 30-60 minutes	3

Tingling

Parameters	Grade
No tingling	0
Occasionally once in a day for 5-10 minutes	1
Daily once in a day for 10-30 minutes	2
Daily for more than 30-60 minutes	3

OBSERVATIONS

Parameter	Before Treatment	After treatment
Back pain	2	0
Back stiffness	1	0
Numbness	2	1
Tingling sensation	2	0

DISCUSSION

Spondylosis, also known as spinal osteoarthritis, can affect millions of people globally, leading to chronic pain, stiffness, and reduced mobility. This can have a significant impact on our quality of life. According to *Ayurveda*, the main etiological factor for *Katigraha* is vitiated *Vata*. *Marma* is related to the *Prana* which associated with *Vata Dosha* therefore *Marma* mainly deals with *Vata Dosha* and *Marma Chikitsa* can be especially useful in treating the *Vata* disorders. *Marma Sthana* may be regarded as special *Pranic* switches in the body, which when properly stimulated, can lead to the proper flow of *Prana* in different body parts, resulting in the desired therapeutic benefits. *Prana* can be guided to clear obstructions, enhance energy flow,

access latent energy stores, and establish links with the higher forces of nature and life by manipulating *Marmas*.^[6] Out of the five forms of *Vata Dosha*, *Vyana Vayu*, that is associated with the skin, as well as the movement and circulation of the *Prana*, can be most closely linked to the *Marmas*. Thus, stimulation of the *Marmas* can balance the *Vyana Vayu* and *Vata Dosha*, resulting in the corresponding healing effect in diseases like *Katigraha*.^[7] *Marma* therapy not only helps in *Vata Vyadhi* but also helps to clear the channels and improve circulation of body. Lumbar Spondylosis can be treated with nonsteroidal anti-inflammatory drugs or pain relievers, heat or ice applications, and physical therapy. Usually, surgery is considered a last resort for severe cases that do not responds to other treatment options. Use of such treatment doesn't necessarily show effective results and also have adverse effects. Instant pain relief is the motive of *Marma Chikitsa*, and it is done by relaxing the back muscles, releasing the spasm^[8] which ultimately help in decreasing pain of Lumbar Spondylosis.

CONCLUSION

The case report shows significant improvement. Stimulation of *Marma* can produce analgesia by secreting a number of prostaglandin inhibitors, endorphins, interferon and other opioid like substances which are hundreds of times more potent than opium.^[9] So, if *Marma Chikitsa* practiced well, can be used as an alternative, nonmedical and non-invasive therapy for pain management of Lumbar spondylosis, and thereby avoiding the side effects of analgesics and surgery.

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