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## RESEARCH ARTICLE

### CASE REPORT: SPINAL INJURY MANAGED WITH KATI BASTI, MATRA BASTI AND ABHYANGA

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#### ABSTRACT

This case report describes the management of a lumbar spine injury using Kati Basti, Matra Basti and Abhyanga. Spinal injuries often lead to low back pain, radiculopathy, and varying degrees of motor or sensory loss in the lower limbs. Ayurvedic therapies, especially Basti and Abhyanga, are commonly used for conditions driven by aggravated Vata. A 32-year-old male presented with acute lumbar pain radiating to both lower limbs after trauma. He had reduced motor strength, sensory deficits, and difficulty walking. The initial assessment included VAS for pain, neurological examination, the straight leg raising test, and the Oswestry Disability Index. MRI of the lumbar spine showed L4–L5 posterolateral disc herniation with L5 vertebral compression fracture and canal compromise. Treatment included daily Abhyanga to the lumbar region and lower limbs for 25 to 30 minutes, followed by mild Nadi Svedana. Kati Basti and Matra Basti was given according to the classical method, using Mahanarayan oil. Over 14 days, the patient received two sessions of Kati Basti morning and evening and Matra Basti after food in the morning, with regular monitoring of neurological status and vital signs. The patient reported steady improvement in symptoms. Pain decreased (VAS 8 to 2), muscle strength improved (right knee extension from MRC grade II to IV), and functional capacity increased (ODI from 70% to 20%). No adverse events were observed. A one-month follow-up showed that the improvements were maintained. This case suggests the potential benefit of combining Kati Basti and Matra Basti with Abhyanga in selected spinal injury cases and highlights the need for controlled studies.

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## INTRODUCTION

Low back pain is extremely common today, largely due to shifts in lifestyle and work patterns. Many individuals develop pain that radiates down the leg along with reduced spinal mobility. Lumbar spinal stenosis, a narrowing of the spinal canal in the lower back, often results from progressive degenerative changes. This narrowing can compress the spinal cord or nerve roots, producing features of myelopathy or radiculopathy. Typical symptoms include pain, numbness, tingling and varying degrees of motor impairment. These problems limit daily activities and affect overall quality of life. Studies estimate that 60 to 80 percent of people experience low back pain at some point. Risk factors include male gender, increasing age, excess weight, frequent lifting or twisting, high-demand occupations, smoking and psychological stress. Spinal stenosis may develop from several underlying spinal disorders, such as disc herniation, degenerative changes, infections, tumors, fractures, injuries, spondylolisthesis, ligament thickening and metabolic conditions like osteoporosis. Disc involvement is most common at the L4–L5 and L5–S1 levels. Spinal injuries and degenerative lumbar disorders remain major contributors to chronic pain and disability. Conventional care includes physiotherapy, medication, epidural injections and surgery. Ayurveda offers external therapies such as Abhyanga, Basti and Svedana, as well as internal administration of Matra Basti with medicines aimed at balancing aggravated Vata and

supporting neuromuscular recovery. Basti is regarded as a key therapy for Vata-related conditions and is widely used in neurological and musculoskeletal disorders. Basti, with medicated oils, is described as having nourishing and strengthening effects. This case report follows CARE guidelines and presents the clinical features, therapeutic approach and outcomes observed.

#### Case Presentation

##### Patient information

- **Age / sex:** 32-year-old male
- **Occupation:** Manual labourer
- **Presenting complaint:** Severe low back pain radiating to the both lower limbs for last 6 months. Complaints of numbness and weakness leading to difficulty in walking and climbing stairs.
- **Relevant history:** Fall from height 6 months ago. No significant comorbidities. No prior spine surgery.

##### Clinical findings

- **General:** Vital signs stable. Gait: spastic.
- **Local:** Tenderness over the lumbar paraspinal area, decreased lumbar range of motion.

- **Neurological:** Motor power (MRC grading) - hip flexion: 2/5, knee extension: 3/5, ankle dorsiflexion: 3/5. Sensory deficit in dermatomes. Deep tendon reflexes: reduced. Straight leg raise test: positive at 50° on right side.

### Diagnostic assessment

- **Imaging:** MRI lumbosacral spine, L4–L5 posterolateral disc herniation with L5 vertebral compression fracture with canal compromise.
- **Baseline scores:** VAS pain score: 8/10. Oswestry Disability Index (ODI): 70%.
- **Laboratory tests:** Routine bloods within normal limits.

### Therapeutic Intervention

All procedures were performed after informed consent and explanation of Ayurvedic rationale and expected outcomes. Treatment goals were pain relief, reduction of nerve root irritation, restoration of neuromuscular strength, and functional recovery.

### Protocol overview

- **Duration:** 14 days
- **Abhyanga:** Daily full Abhyanga focusing on lumbar region and lower limbs, using Mahanarayan Taila at room temperature, 25–30 minutes session followed by local Svedana (steam fomentation) for 8–10 minutes.
- **Kati Basti:**
- **Timing:** Administered twice daily, **morning and evening sessions.**
- **Formulation Used: Mahanarayan Taila**
- **Volume & Technique:** For Kati Basti, use approximately **150 mL of lukewarm to comfortably hot oil (40–42°C).**
- Maintain the temperature throughout the procedure by replacing cooled oil with freshly warmed oil.
- The basti is retained over the lumbosacral region for **20–25 minutes per session.**
- **Matra Basti:** Luke warm Mahanarayan Taila 60–75 ml daily for 14 days after food.
- **Adjuncts:** Internal Ayurvedic formulations; Tablet Ekangveer Rasa 125 mg BD, Tablet Pancharut Loha Guggulu 2 BD, Rasnasaptak Kwath 20 ml BD with luke warm water, oral Vata-pacifying rasayanas and physiotherapy exercises (gentle mobilization and muscle strengthening) were provided as supportive care. Analgesics/NSAIDs were avoided / minimized to observe effects of the intervention.

### Monitoring and safety

Vitals observed before and after each session. Any adverse reactions (Redness, Itching, severe discomfort, allergic signs) were documented and none occurred.

## RESULTS

### Clinical course and outcomes

- **Pain:** VAS decreased from baseline 8/10 to 3/10 at end of treatment and 2/10 at 1-month follow-up.
- **Motor function:** Notable improvement in muscle power e.g., ankle dorsiflexion improved from MRC grade II → IV; knee extension III → IV.
- **Functional status:** ODI improved from 70% (baseline) to 20% (post-treatment), with the patient resuming activities such as walking unaided and climbing stairs with less discomfort.
- **Neurological signs:** Sensory deficits partially resolved; straight leg raise became negative / improved by X degrees.

### Timeline

Day	Intervention	Key clinical change
0 (Baseline)	Initial assessment, MRI, VAS 8, ODI 70%	Severe pain, motor deficit
1–7	Daily Abhyanga + Kati Basti sessions + Matra Basti	Early pain reduction, tenderness reduction, slight motor improvement
8–14	Continued Abhyanga + Kati Basti sessions + Matra Basti	Further improvement in VAS and muscle strength
30 (Follow-up)	Assessment	Maintenance/improvement of gains

**Adverse events:** No major adverse events. Mild transient back stiffness after some Basti sessions resolved spontaneously.

## DISCUSSION

This case demonstrates potential benefits of combined Abhyanga, Kati Basti and Matra Basti in a patient with lumbar spinal pathology and associated neurological deficits. Proposed mechanisms include:

- **Neuro-modulation and anti-inflammatory effects:** Local oil massage and medicated Basti may reduce local muscle spasm, improve microcirculation, and modulate inflammatory mediators around nerve roots.
- **Vata pacification and nourishment:** Classical Ayurvedic rationale attributes improvement to pacification of aggravated Vata and nourishment (Brimhana) provided by Taila.
- **Neuromuscular rehabilitation synergy:** External therapies combined with physiotherapy likely promote remyelination, muscle reconditioning, and functional recovery.

Limitations of this single case include lack of control/comparator, potential placebo effects, and concurrent supportive therapies which may confound the effect size attributable to Basti/Abhyanga alone. Objective neurophysiological testing (e.g., EMG/NCS) before and after treatment would strengthen future reports.

**Comparison with existing literature:** While classical and contemporary Ayurvedic texts and small clinical series report benefits of Basti in Vata-related neuromuscular disorders, high-quality randomized controlled trials are limited. This case adds detailed procedural documentation and quantified outcomes to that body of evidence.

## CONCLUSION

An integrated Ayurvedic regimen featuring Kati Basti, Matra Basti and Abhyanga was associated with meaningful clinical improvement in pain, neurological function, and disability in this patient with lumbar spine injury. The intervention was well tolerated. These results justify further systematic study in larger cohorts and controlled trials with objective neurophysiological outcomes.

**Informed consent:** Written informed consent was obtained from the patient for publication of this case report and accompanying images.

### Author contributions

- **Clinician/Principal author:** Case management, literature review, manuscript drafting.
- **Co-authors:** Procedural assistance, data collection, critical revision.

**Conflicts of interest:** The authors declare no conflicts of interest.

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