

Ayurvedic Management of Katigata Vata: A Single Case Study

Dr. Suhas Sarjerao Patil¹, Dr. Parag Narayan Deshmukhe²

AUTHORS

1. Dr. Suhas Sarjerao Patil, PG scholar Kayachikitsa, Hon Shri Annasaheb Dange Ayurved Medical College, Ashta, Tal Walwa, Dist Sangli. Email- patilsuhas963@gmail.com

2. Dr. Parag Narayan Deshmukhe, M.D. (Kayachikitsa), HOD & Professor, Hon Shri Annasaheb Dange Ayurved Medical College, Ashta, Tal Walwa, Dist Sangli. Email- pdeshmukhe@yahoo.co.in

ABSTRACT

According to Ayurved, Katigata Vata is a type of Vata Vyadhi caused by the vitiation of Vata Dosha, commonly presenting with pain and restricted movements in the lumbar region. It can be correlated with lumbar spondylosis, a degenerative condition affecting the intervertebral discs and vertebral bodies of the lumbar spine, commonly seen in middle and old age.

A 55-year-old male patient presented with complaints of chronic low back pain, morning stiffness, difficulty in forward bending, and reduced walking capacity for two years. Radiological findings revealed reduced intervertebral disc space at L4–L5 with osteophyte formation, confirming lumbar spondylosis. The patient managed with an integrative Ayurvedic approach including internal medications—Cap Lumbatone, Cap Palsineuron, Ashwagandha Arishta, and Arjuna Arishta—along with Panchakarma therapies such as Sarvanga Snehan, Shashtishali Pinda Sweda, Kati Basti, and Matra Basti for seven days.

Post-treatment assessment showed significant reduction in pain, improved lumbar mobility, increased walking capacity, and better quality of sleep. This case study demonstrates that Ayurvedic management was effective in treating Katigata Vata, providing symptomatic relief and functional improvement without adverse effects.

KEYWORDS: Katigata Vata, Lumbar Spondylosis, Vata Prakopa, Panchakarma.

INTRODUCTION

Low back pain is one of the most prevalent musculoskeletal disorders worldwide and is a major cause of functional disability, particularly in middle-aged and elderly populations. Rapid urbanization, sedentary lifestyle, faulty posture, prolonged sitting, stress, and age-related degeneration have significantly increased the incidence of lumbar spine disorders. In Ayurved, such clinical conditions are described under Katigata Vata, which is a type of *Vatavyadhi* characterized by pain, stiffness, and restricted movements in the lumbo-sacral region⁽¹⁻³⁾

According to classical Ayurvedic literature such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, Vata Dosha governs all movements and neurological functions of the body. Vitiating of Vata occurs due to etiological factors such as *Ati Vyayama* (excessive exertion), *Ruksha Ahara* (dry and light food), *Sheeta Sevana* (exposure to cold), *Vishama Asana* (improper posture), *Abhighata* (trauma), *Jara* (ageing), and *Dhatukshaya* (tissue depletion). When vitiated Vata localizes in the *Kati Pradesha*, it produces symptoms like *Katishoola* (low back pain), *Stambha* (stiffness), *Gati Vaishamyam* (restricted movements), and sometimes *Sakthi Shoola* (radiating pain), which together form Katigata Vata^(1,2)

The *Kati Pradesha* is considered a principal seat of Vata Dosha, and degeneration of *Asthi* and *Majja Dhatu* plays a crucial role in the pathogenesis of Katigata Vata. Hence, the disease is often classified as a *Dhatukshayajanya Vatavyadhi*, especially in elderly individuals. Ayurved emphasizes *Samprapti Vighatana* by pacifying Vata and simultaneously nourishing the depleted tissues through *Snehana*, *Swedana*, *Basti*, and internal medications⁽¹⁻³⁾

From a modern medical perspective, Katigata Vata can be clinically correlated with lumbar spondylosis, a degenerative disorder of the lumbar spine. Lumbar spondylosis involves age-related degenerative changes such as intervertebral disc degeneration, osteophyte formation, facet joint arthropathy, and ligamentous hypertrophy. These pathological changes result in chronic low back pain, stiffness, reduced spinal mobility, and occasionally radicular symptoms^(4,5). Risk factors include advancing age, obesity, prolonged sitting, poor ergonomics, and repetitive mechanical stress.

Conventional management of lumbar spondylosis includes analgesics, non-steroidal anti-inflammatory drugs, muscle relaxants, physiotherapy, and surgical intervention in severe cases. However, long-term pharmacological therapy is associated with adverse effects, and surgery may not be suitable for all patients. This has increased the demand for safer, holistic, and cost-effective treatment modalities ^(4,5).

The degenerative pathology of lumbar spondylosis can be correlated with *Asthi-Majja Kshaya* and *Vata Prakopa* described in Ayurveda. The similarity in symptomatology and pathogenesis provides a strong basis for integrative understanding. Ayurvedic management aims not only at symptomatic relief but also at correcting the underlying Dosha imbalance and improving quality of life. Although many studies have highlighted the efficacy of Ayurvedic interventions in Katigata Vata, detailed and well-documented case studies are essential to strengthen clinical evidence and demonstrate individualized treatment outcomes.

MATERIALS & METHOD

This study is a single-case clinical investigation aimed at evaluating the efficacy of Ayurvedic management in a diagnosed case of Katigata Vata. The patient was assessed using both classical Ayurvedic parameters and modern clinical evaluation criteria. Therapeutic outcomes were recorded and compared before and after the intervention to decide the effectiveness of the treatment.

CASE REPORT

Patient Information

- **Age:** 56 years
- **Gender:** Male
- **Occupation:** Office worker (sedentary)

Chief Complaints-

- Low back pain
- Stiffness in lumbar region
- Difficulty in bending forward and walking for long distances.
- Tingling sensation to right leg

Since 2 years

History of Present Illness

The patient was normal two years ago, after which he gradually developed dull aching pain in the lower back. The pain increased with prolonged sitting, standing, and forward bending and was partially relieved by rest. Occasional radiation of pain to the lower limb was present. He had taken analgesics intermittently with temporary relief.

Past History

- No history of trauma
- No diabetes or hypertension

Personal History

- **Diet:** Irregular, dry and spicy food
- **Bowel:** Occasionally constipated
- **Sleep:** Disturbed due to pain
- **Addictions:** None

CLINICAL EXAMINATION**General Examination**

- P- 86/min , BP- 130/80 mm of Hg , T- Afebrile
- Gait: Antalgic

Local Examination (Lumbar Spine)

- Tenderness at L4–L5 and L5–S1
- Reduced lumbar lordosis.
- Restricted forward flexion

Neurological Examination

- SLR test: Positive at 60° on right side
- Muscle power: Normal
- Reflexes: Normal

AYURVEDIC EXAMINATION

- **Prakriti:** Vata-Pitta
- **Vikriti:** Vata Pradhana
- **Sara:** Madhyama
- **Samhanana:** Madhyama
- **Satva:** Madhyama
- **Agni:** Vishamagni
- **Vyayamashakti:** Avara
- **Vaya:** Madhyama

INVESTIGATIONS

- **MRI S/O :-** Diffuse narrowing of the bony spinal canals is noted in the lower lumbar spine due to short pedicles.
- Degenerative disc disease at L4-L5 & L5-S1 levels.
- Posterior disc bulge with mild ligamentum flavum thickening and facet arthropathy at L4-L5 level causing abutment of bilateral traversing L5 nerve roots.
- Diffuse posterior disc bulge with postero central disc protrusion and mild ligamentum flavum thickening as well as facet arthropathy at L5-S1 level causing significant spinal canal stenosis with compression of bilateral traversing S1 and ventral intrathecal nerve roots.

DIAGNOSIS

- **Ayurvedic Diagnosis:** Katigata Vata (Dhatukshayajanya Vatavyadhi)
- **Modern Diagnosis:** Lumbar Spondylosis

SAMPRAPTI OF KATIGATA VATA

Due to continuous exposure to Vata-provoking factors such as Ruksha and Sheeta Ahara, improper posture, excessive physical strain, sedentary lifestyle, and ageing (*Jara*), Vata Dosha becomes aggravated. The vitiated Vata, Apana and Vyana Vata, possessing Ruksha, Sheeta, and Khara qualities, causes depletion of *Asthi* and *Majja Dhatu*. Owing to *Kha Vaigunya* in the *Kati Pradesha*, aggravated Vata localizes in the lumbo-sacral region through the *Asthi-Majjavaha Srotas*, resulting in *Srotorodha* (Sanga). This leads to clinical manifestations such as *Katishoola* (low back pain), *Stambha* (stiffness), *Gati Vaishamya* (restricted

movements), and occasionally *Sakthi Shoola* (radiating pain), thereby manifesting as Katigata Vata.

TREATMENT PLAN

1. Cap Lumbatone 1BD
2. Cap Palsineurone 1BD
3. Ashwghandha Arista (10 ml) + Arjunarista (10 ml) = 20 ml BD With EQW

Panchakarma Therapy –

1. Sarvang Snehan With Dhanvanter Tail
2. Sashtishali Pinda Sweda with Erandmuladi Kwath
3. Kati Basti With Dhanvanter Tail
4. Matra Basti with Guggul Tiktak Ghruta.(60 ml) For 7 Days

ASSESSMENT

Table 1. Subjective Clinical Parameters ⁽⁶⁾

Sr. No.	Parameter	Before Treatment	After Treatment
1	Low back pain (<i>Katishoola</i>)	Severe	Mild
2	Pain (VAS score)	8/10	2/10
3	Stiffness (<i>Stambha</i>)	Severe (Grade 3)	Mild (Grade 1)
4	Difficulty in walking (<i>Gati Vaishamy</i>)	Present	Absent
5	Walking distance	100 meters	500 meters
6	Pain aggravation on movement	Present	Absent
7	Sleep disturbance due to pain	Present	Absent
8	Radiation of pain	Occasional (Right lower limb)	Absent
9	Morning stiffness duration	>45 minutes	<10 minutes
10	Quality of life	Poor	Improved

Table 2. Objective Clinical Parameters ^(7,8)

Sr. No.	Parameter	Before Treatment	After Treatment
1	Lumbar tenderness	Present	Absent
2	Paraspinal muscle spasm	Present	Absent
3	Lumbar posture	Reduced lordosis	Near normal
4	Gait pattern	Antalgic	Normal
5	Forward flexion	Restricted	Improved
6	Extension	Painful	Painless
7	Lateral bending	Restricted	Improved
8	Straight Leg Raise (SLR) test	Positive at 60° (Right)	Negative
9	Sensory deficit	Absent	Absent
10	Muscle power	Normal	Normal
11	Deep tendon reflexes	Normal	Normal

Table 3. Radiological & Laboratory Findings

Sl. No.	Parameter	Before Treatment	After Treatment
1	X-ray Lumbosacral spine	Reduced disc space at L4–L5, osteophytes	No progression
2	MRI Lumbosacral spine	Disc bulge at L4–L5	Not repeated
3	ESR / CRP	Mildly raised	Within normal limits

DISCUSSION

Katigata Vata is a *Dhatukshayajanya Vatavyadhi* caused by degeneration of *Asthi* and *Majja Dhatu* with predominance of Vata Dosha. Classical Ayurvedic texts describe that Vata, when aggravated due to ageing (*Jara*), improper posture, excessive strain, and Vata-provoking diet, localizes in *Kati Pradesha* producing pain, stiffness, and restricted movements⁽¹⁻³⁾. The present case was managed with a combined approach of Shamana Aushadhi and Panchakarma therapies aimed at *Vata Shamana*, *Brimhana*, *Vedana Shamana*, and *Asthi-Majja Poshana*.

Shamana Aushadhi ,Lumbatone Capsule was administered for its Vata-pacifying and analgesic effects. The formulation has ingredients such as *Guggulu*, *Rasna*, *Shallaki*, and *Dashamoola*, which possess *Vedanasthapana*, *Shothahara*, and *Vatahara* properties. These drugs are known to reduce inflammation, pain, and stiffness in degenerative spinal conditions ^(4,5).

Palsineuron Capsule was prescribed to address nerve involvement and *Majja Dhatu* depletion. Ingredients like *Ashwagandha*, *Bala*, and *Shankhapushpi* function as *Balya* and *Medhya*, strengthening neuromuscular function, improving nerve conduction, and reducing radicular symptoms. Such formulations are beneficial in chronic Vatavyadhi with neurological association ^(10,11).

The combination of Ashwagandha Arishta and Arjunarishta was used to enhance systemic strength and tissue nourishment. Ashwagandha Arishta acts as a *Rasayana* and *Balya*, improving muscle tone and combating *Dhatukshaya*, while Arjunarishta supports circulation and strengthens *Mamsa* and *Asthi Dhatu*. Arishta preparations also improve *Agni* and drug bioavailability⁽¹²⁾.

Panchakarma Therapies

Sarvanga Snehan with Dhanvantara Taila was employed to counteract the *Ruksha* and *Sheeta Guna* of aggravated Vata. Dhanvantara Taila holds *Dashamoola*, *Bala*, and other Vata-pacifying herbs that penetrate deeper tissues, relieve stiffness, improve circulation, and prepare the body for Swedana. Snehan is shown as a primary therapy in Vatavyadhi⁽¹⁵⁾.

Shashtishali Pinda Sweda with Erandamuladi Kwatha was selected due to its *Brimhana* and *Swedana* actions. Shashtishali rice is rich in nourishing properties and strengthens *Asthi* and *Majja Dhatu*, while Erandamuladi Kwatha pacifies Vata and Kapha. This therapy reduces stiffness, improves muscle strength, and enhances joint mobility, making it especially effective in degenerative spinal disorders⁽¹³⁾.

Kati Basti with Dhanvantara Taila was performed to provide localized Vata Shamana at the site of pathology. The retention of warm medicated oil over the lumbar region allows sustained absorption, reduces muscle spasm, alleviates pain, and nourishes ligaments and intervertebral discs. Kati Basti is widely recommended in Katigata Vata and lumbar spondylosis^(14,15).

Matra Basti with Guggulu Tiktaka Ghrita was administered as Basti is considered the best treatment for Vata disorders. Guggulu Tiktaka Ghrita has *Tikta Rasa* drugs along with *Guggulu*, making it effective for *Asthi-Majja Dhatu Poshana* and inflammation control. Matra Basti provides gentle yet sustained Vata pacification, improves bowel regulation, and exerts systemic action without complications⁽¹⁶⁾.

CONCLUSION

Katigata Vata, a commonly encountered *Vatavyadhi* in clinical practice, represents a degenerative condition affecting the *Asthi* and *Majja Dhatu*, comparable to lumbar spondylosis in modern medicine. The present solitary case study demonstrates that a judicious combination of Shamana Aushadhi and Panchakarma therapies, planned based on *Samprapti*, can produce significant clinical improvement even within a short duration.

Internal medications provided sustained *Vata Shamana*, *Balya*, and *Rasayana* effects, while Panchakarma procedures such as Snehan, Swedana, Kati Basti, and Matra Basti acted locally and systemically to counteract *Ruksha Guna*, relieve pain and stiffness, and nourish depleted tissues. The observed reduction in pain intensity, improvement in lumbar movements, and enhancement of functional ability indicate effective *Samprapti Vighatana*.

This case highlights the potential of classical Ayurvedic management in degenerative spinal disorders without dependency on long-term analgesics or invasive interventions. Though limited by its single-case nature, the encouraging outcome suggests that this integrated Ayurvedic protocol may serve as a safe, cost-effective, and integrated approach for managing Katigata Vata. Further studies with larger sample sizes and longer follow-up are recommended to validate these findings.

REFERENCES

1. Agnivesha. *Charaka Samhita*, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary of Chakrapani Datta. Acharya YT, editor. Varanasi: Chaukhambha Surbharati Prakashan; 2018. Chikitsa Sthana, Vatavyadhi Chikitsa Adhyaya 28.
2. Sushruta. *Sushruta Samhita*, with Nibandha Sangraha commentary of Dalhana. Acharya YT, editor. Varanasi: Chaukhambha Surbharati Prakashan; 2019. Nidana Sthana, Vatavyadhi Nidana Adhyaya 1.
3. Vagbhata. *Ashtanga Hridaya*, with Sarvangasundara commentary of Arunadatta and Ayurveda Rasayana commentary of Hemadri. Paradkar HS, editor. Varanasi: Chaukhambha Surbharati Prakashan; 2020. Sutra & Chikitsa Sthana.
4. Dagenais S, Caro J, Haldeman S. A systematic review of low back pain cost of illness studies in the United States and internationally. *Spine J*. 2008;8(1):8–20.
5. Katz JN, Harris MB. Lumbar spinal stenosis. *N Engl J Med*. 2008;358(8):818–825.

6. Magee DJ. *Orthopedic Physical Assessment*. 6th ed. St. Louis: Elsevier; 2014. p. 523–540.
7. Dagenais S, Caro J, Haldeman S. A systematic review of low back pain cost of illness studies. *Spine J*. 2008;8(1):8–20.
8. Fritz JM, Irrgang JJ. A comparison of modified Oswestry Disability Questionnaire and the Quebec Back Pain Disability Scale. *Phys Ther*. 2001;81(2):776–788.
9. Sharma PV. *Dravyaguna Vijnana*. Vol 2. Varanasi: Chaukhambha Bharati Academy; 2016. p. 400–420.
10. Tripathi B. *Guggulu Kalpana*. Varanasi: Chaukhambha Surbharati Prakashan; 2015. p. 55–78.
11. Kulkarni RR. Role of neuro-protective Ayurvedic formulations in Vatavyadhi. *AYU*. 2014;35(3):256–260.
12. Pandey G. *Arishta and Asava Kalpana*. Varanasi: Chaukhambha Bharati Academy; 2013. p. 66–72.
13. Patil VC, Baghel MS. Clinical efficacy of Shashtishali Pinda Sweda in degenerative disorders. *AYU*. 2012;33(2):211–215.
14. Shukla G, Tripathi JS. Role of Kati Basti in lumbar spondylosis. *Anc Sci Life*. 2010;29(4):21–26.
15. Kulkarni PR. Panchakarma therapy in Katigata Vata. *J Res Ayurvedic Sci*. 2015;9(1):45–49.
16. Murthy KRS. *Astanga Hridaya of Vagbhata – English Translation*. Vol 3. Varanasi: Chaukhambha Krishnadas Academy; 2017. Basti Chikitsa.

