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AN AYURVEDIC MANAGEMENT OF 'KATIGAT VATA' W.S.R. TO LUMBAR SPONDYLOLISTHESIS – A SINGLE CASE STUDY

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ABSTRACT

Alteration in lifestyle are a typical cause of lumbar discomfort. The particular clinical signs of lumbar radiculopathy include excruciating back pain that radiates to the lower limbs and tingling numbness in the lower limbs. In Ayurveda, lumbar radiculopathy has been addressed under the general topic of Vatavyadhi. The signs and symptoms of Katigata Vata include lumbar pain, tingling numbness in the lower limb, pain in the back spreading towards the lower limb, and trouble walking, or sakashtachakramana. The article presents a case study of lumbar radiculopathy that was cured with Shodhana Chikitsa, an Ayurvedic therapy that eliminates the body's morbid Doshas. Vata is the primary cause of all Vatavyadhi, and the most effective Shodhana therapy for Vatavyadhi is basti, which helps to treat illnesses from their very foundation. This case study features a 52-year-old male who exhibits lumbar radiculopathy symptoms (Katishula). This article presents the rational results of the patient's treatment with Basti Chikitsa (purification), which included Katibasti (local basti) and Panchatikta Ksheer Basti (medicated milk enema), followed by Shamana Chikitsa (pacification) and Physiotherapy.

Keywords: Katigat Vata, Vatavyadhi, Panchatikta Ghrita Guggulu, Radiculopathy, Spondylolisthesis, Katibasti

INTRODUCTION:

There is no mention of Katigat Vata as a distinct illness in any Ayurvedic literature. In the Charak Samhita (Eighty Nanatmaja Vatavyadhi), it is stated as one of the Vatavyadhi [1]. Spondylolisthesis refers to the anterior displacement of a vertebra or the vertebral column in reference to the vertebrae below. The lumbar spine is the most common site for it to occur, and symptoms include tight hamstring muscles, leg pain or weakness, muscle spasms, and low back, thigh, and/or leg pain that spreads into the buttocks [2]. This medical condition can be connected with Katigat Vata. A few similar illnesses, including Kati Graha, Trika Graha, Prushta Graha, Kati Vayu, Trika Shoola, Prushta Shoola, Vataja Shoola, Trika Vedana, and Grudrasi, are also mentioned in several ancient literature [3, 4]. Lumbar radiculopathy is one of the most prevalent diagnoses that orthopaedicians evaluate these days. Pain in the lower back resulting from irritation or compression of nerve roots is referred to as radiculopathy. Herniation of the lumbar disc, degeneration of the spinal vertebrae, and constriction of the foramen from which the spinal canal's nerves emerge are possible causes. The primary injury in lumbar radiculopathy is compression of the nerve roots at the L1–S4 level. The compression can result in low back pain that spreads into the lower extremities additional symptoms

are tingling, numbness, paraesthesia, and weakening of both limbs. It affects both males and females, with a prevalence of about 3–5% of the population [5]. The main risk factor is age since it develops as a result of the spinal column's degenerative process. Men are usually impacted in their 40s, while women are affected in their 50s and 60s, while symptoms usually start in midlife [6]. Radiculopathy can occur in any area of the spine, but it is most frequent in the lower back (lumbar-sacral radiculopathy) and in the neck (cervical radiculopathy). Thoracic radiculopathy, which affects the middle part of the spine, is less frequently observed [7]. Treatment options vary depending on the cause of the symptoms and their intensity. The initial line of treatment is usually thought to be conservative management of symptoms. The following treatments are used to treat lumbosacral radiculopathy: NSAIDs, calcium and vitamin D supplements, muscle relaxants, acupuncture, chiropractic manipulation, lumbar belts, physiotherapy, and traction. Furthermore, injectable therapy—such as facet, transforaminal, or epidural steroid injections—may be required if the illness worsens. Surgical intervention, such as a laminectomy, disc excision, or hemi-facetomy, is frequently the following step [8]. In ancient literature, this ailment is associated with Katigata Vata. Additionally

mention similar disorders as Gridrasi, Trika Graha, Prushta Graha, Trika Vedana, and Katigraha. In Ayurvedic texts [9, 10], Katigata Vata is not listed as a distinct illness entity; instead, it is addressed in the Charak Samhita among the 80 forms of Vyadhi. These days, it is the most prevalent illness brought on by bad eating and sitting habits, which mostly vitiate the Vata Dosha [11].

Case Report: A 52 -years old male patient came to OPD of Panchkarma Department of Parul Ayurveda Hospital with the following complaints:

- Chief Complaints: Katishoola (lumbar pain), Vama Kati to Pada Teevrashul (pain in back radiating towards left lower limb), Sakashta chakramana (difficulty in walking), Vama Pada Chimchimayana (tingling numbness in left lower limb)
- History of Present illness: Patient was asymptomatic before 3 years then he experience above mentioned symptoms for which he visited to many hospitals and was advised intra spinal injection of corticosteroids after receiving it, he got relief for the period of 1 year and then he again developed all the symptoms with increased severity and intensity. Hence patient came to Parul Ayurved Hospital for

Ayurvedic line of management. History: No H/O Diabetes Mellitus, Hypertension, & other diseases. Family History: Not Significant

Personal History: Appetite- Normal, Addiction- No, Bowel Habit- Normal 1 time/day, Urine: Usual 4-5 times/day, 1 time/night, Sleep- Disturbed due to severe backache, Diet- Pure Vegetarian diet, Occupation- Tailor

Investigations: CBC- Hb-12.8gm/dl, WBC- 4900/cumm, Platelet- 2.15lac/cumm Urine routine & microscopic- NAD BSL (R)- 139mg/dl Calcium-9.7 Vitamin B12-167.0 pg/ml

Radiological investigation: X-ray Lumbo-Sacral Spine AP and Lateral 2/3/17 – Scoliotic deformity of lumbo – sacral spine. MRI Lumbo-Sacral Spine with Whole Spine 24/3/17-L4-5- disc shows diffuse disc bulge, more towards left (asymmetric disc bulge), causing compression over thecal sac compressing both traversing L5 nerve roots (left □ right) and contributing to lateral recess and neural foramina narrowing on both sides. Facet joint arthropathy is noted. Degenerative changes of lumbar spine. X-ray Lumbo-Sacral Spine AP and Lateral 15/6/21- Osteoporosis, change of lumbar spondylosis

Assessment Criteria before Treatment

Symptoms	Before treatment
Katishula (lumbar pain)	+++
Vama Kati to Pad Teevrashul (pain in back radiating towards left lower limb)	++
Sakshachakramana (difficulty in walking)	+++
Vama Pad Chimchimayana (tingling numbness in left lower limb)	++

(Gradation: Severe Pain (Affecting daily routine) +++, Moderate Pain (Persistent pain but not affecting daily routine) ++, Mild Pain (Pain felt only at time of movement) +, NO Pain – (No pain))

Assessment criteria before treatment:

Test	RIGHT LEG	LEFT LEG
SLRT	70 degree	20 degree
LASSIGUE SIGN	Negative	Positive
RSLRT	Negative	Positive
SNDT	Negative	Positive
ROTATION	Negative	Positive
Muscle Power Grade	Right Extremities – 5/5	Left Extremities- 5/5

(SLRT:- Straight leg rising test, RSLRT: Reverse straight leg rising test, SNDT: Sciatic nerve deep tenderness test)

PHYSICAL EXAMINATION- Blood pressure - 140/80mmHg., Pulse rate – 92/min., Respiratory rate – 20/min. Temperature – 98.60 F, Oedema – No, Pallor – No, Icterus – No, Clubbing – No, Systemic Examination – NAD, P/A - Soft & Non tender, Gait – Unable to walk

Diagnosis: Based on Katishula (lumbar pain), Vama Kati to Pad Teevrashul (back pain radiating towards left lower limb), Vama Pad Chimchimayana (tingling numbness in left lower limb), Sakshachakramana (difficulty in walking), SLRT Test, RSLRT Test, and SNDT Test,

AYURVEDIC MANAGEMENT –**SHODHANA CHIKITSA**

Sr.No.	Panchkarma therapy	Duration
1	Sarvanga Abhyanga with Dashamula Taila followed by Nadi sweda with Dashmula Kashaya	15 days
2	Panchtikta Ksheerabasti (Medicated enema)	10 days
3	Kati basti with Ksheerbala Taila	15 days

the disease was diagnosed as Lumbar radiculopathy (Katigata Vata).

Samprapti Ghatak (Etiopathogenesis) [12]

Dosha -Vata Pradhan Tridosha

Dushya- Rasa, Rakta, Mamsa, Asthi, Majja, Sira, Kandara, Snayu

Strotas - Rasavaha, Raktavaha, Mamsavaha, Medovha, Asthivaha, Majjavaha

Srotodushti -Sanga, Vimargaman

Adhithan - Prustha, Kati, Sphik

Udhbhavasthana – Pakwashaya

Vyakta Sthana - Sphik, Kati, Prushta, Uru, Janu, Jangha Pada

SHAMANA CHIKITSA

Medicine	Frequency	Duration
<i>Panchtikta Ghrita guggulu</i>	2 BD after food	5 days
<i>Maha Vatavidhvamsa rasa</i>	1 BD after food	5 days
<i>Dashamula kwath</i>	25 ml before food	15 days
<i>Mahanarayan taila (Local application)</i>	-	-

OBSERVATION & RESULT

The Results observed after the treatment: By the end of 15th day moderate relief was seen in Katishula (lumbar pain), Vama Kati to Pad Teevrashul (pain in back radiating

towards left lower limb), Vama Pad Chimchimayana (tingling numbness in left lower limb) Sakshtachakramana (difficulty in walk)

Symptoms**Assessment Criteria After Treatment**

Symptoms	Before treatment	After treatment
Katishula (lumbar pain)	+++	+
Vama Kati to Pad Teevrashul (pain in back radiating towards left lower limb)	++	-
Sakshtachakramana (difficulty in walking)	+++	-
Vama Pad Chimchimayana (tingling numbness in left lower limb)	++	-

Assessment Criteria Before and After Treatment

Test	Before treatment		After treatment	
	RIGHT LEG	LEFT LEG	RIGHT LEG	LEFT LEG
SLRT	70 degree	20 degree	70 degree	70 degree
LASSIGUE SIGN	Negative	Positive	Negative	Negative
RSLRT	Negative	Positive	Negative	Negative
SNDT	Negative	Positive	Negative	Positive
ROTATION	Negative	Positive	Negative	Negative
Muscle Power Grade	Right Extremities – 5/5	Left Extimities- 5/5	Right Extremities – 5/5	Left Extimities- 5/5

DISCUSSION

The treatment approaches used in this study are physiotherapy, shadhana (purification), and shamana (pacification). Following the completion of Sarwanga Swedan, which liquefies the doshas and transports them from Shakhas to Koshta, Sarvang Snehana with Dashamula Taila was utilised for Vatashamana. Additionally, Srotorodha (obstruction in the strotas) is removed. Together with Dashmula Taila, Kati Basti

helps to strengthen the local muscles, eliminate Dosha imbalance, and improve blood flow to the affected area. Panchatikta Ksheera Basti may enhance gait, ease pain and discomfort, and nourish the bones. Physiotherapy aids in the mobilisation and strengthening of the lower back, pelvic, abdomen, buttocks, and thigh muscles.

Mode of action of Oral medications:

- Panchatikta Ghrita Guggulu contains Tikta Rasa drugs having Vataghna and

- Rasayana (Dhatuwardhan) properties. It destroys Srotorodha by breaking down and metabolising abnormal Kapha Kleda (Pachan & Parinaman), which in turn promotes the circulation of Vata Dosha through bodily channels. Vataghna, Asthiposhak, Yogavahi, Rasayana, Shoolaghna, and Shothaghna are among the attributes of Guggulu. Yogavahi characteristic of Guggulu boosts potency of another medication. In addition, Goghrita is the greatest Sneha Dravya, Vatapittashamak, Sookshma Srotogami, Yogavahi, and Rasayana. For lumbar radiculopathy, Panchatikta Ghrita Guggulu is the ideal Vataghana, Shoolaghna, and Rasayana combo [13].
- ii. Mahavat Vidhwansan Rasa helps strengthen joints and bones. It works wonders as an analgesic and anti-inflammatory drug.
 - iii. Dashmoola Kwatha: The constituents of Dashmool (Dashamula) act as an analgesic, anti-inflammatory, and anti-rheumatic agent while also mitigating Vata Aggravation. In addition, it promotes strength to the body and improves functions of organs placed in Vata areas. It relaxes and tones muscles. Dashmool mostly alleviates the aggravation of Vata Dosha. Additionally, it affects the organs in Vata regions, which include the kidneys, bones, ears, lower limbs, bladder, pelvis, and pelvic colon. Thus, it strengthens bones, enhances hearing, lessens constipation, enhances intestinal health, increases urine flow, eliminates toxins from the kidneys, and lessens pain in the lower limbs (thighs, legs, and feet).
- Mode of action of Panchakarma therapy:**
- i. Snehan -Dashamula Taila used for Bahya Snehana has Vata shamaka properties, nourish the superficial and deep muscles and make the joint stable, increase muscle strength, relieves pain [14].
 - ii. Swedana-Swedana is a traditional herbal steam therapy in Ayurveda. Swedana is the process of inducing sweat with the help of steam generated from medicated herbal decoctions. Hot fomentation at the local site of pain with Dashamula decoction does downward movement of Vata, reduces stiffness and heaviness from the body [15], reduce numbness, stiffness, rigidity, improve mobility.
 - iii. Basti - Basti circulates all over the body and treat the root cause as the plant is watered at the roots provides nourishment to whole plant. According to Charaka, Basti is told as Ardha Chikitsa i.e half treatment for the management of Vata predominant disease. Basti have been categorised into various types according to ingredients, action & number of Basti. Panchatikta

Ksheer Basti was selected as per the condition of disease and condition of the patient. In Panchatikta Ksheer Basti we are using Ghrita and Ksheera which are good Vatashamaka and Asthi Poshak. Panchatikta i.e Nimba, Amruta, Patol, kantakari and Vasa [16]. they are Tikta Rasa having properties of Vataghna and Rasayana. It strengthens Jatatharangi as well as Dhatwangni i.e metabolic fire. It digests and metabolizes abnormal Kapha Kleda (Pachana and Parinaman), thus destroying Srotorodha, ultimately leading to promotion of movement of Vata Dosha in body channels [17].

- iv. Kati Basti- Application of Kati Basti with Dashamula Taila is an excellent Vatashamak, having anti-inflammatory properties, helpful to lubricate muscle and tissue, help in arresting degenerative process. It increases local blood flow that help to drain out the inflamed exudates [18].
- v. Mahanarayan Taila is a musculoskeletal and neurological system tonic. As per Ayurveda, it soothes VATA and lessens all its symptoms. When consumed internally, it strengthens the bones, muscles, and joints and has a strong anti-inflammatory effect.

CONCLUSION

Katigata Vata is a Vatavyadhi with predominance of Vata Dosha with the symptoms of difficulties in walking, tingling

numbness which in turn hinders quality of life. Analgesics, anti-inflammatory drugs, and steroids are only used in allopathic medicine to relieve symptoms. Long-term use of certain medications can have negative effects. In contrast, the combination of Ayurvedic medicines, Panchakarma, and Physiotherapy has very positive effects on lumbar radiculopathy. We have given particular attention to how Panchatikta Ksheera Basti and Kati Basti function in this situation. All medications' therapeutic pharmacological actions are based on the Samprapti Vighatana Chikitsa Siddhanta, which breaks down etiopathogenesis as a treatment premise. This one case study demonstrates the effectiveness of Ayurvedic treatment for lumbar radiculopathy, and it was recommended that no surgery be done until date as well as no recurrence in symptoms.

REFERENCES

- [1] Hasielt C, Chilvers ER, Boon NA, College NR, Hunter JA, editors Davidson's Principles and Practice of Medicine. Edinburgh, London: Churchill Livingstone; 2002. p. 325–30.
- [2] Murthy KR, editor, Susruta Samhita, Nidanasthana, Vata Vyadhi Nidana 1/20. Varanasi, India: Chaukhambha Orientalia; 2000. p. 102–10.
- [3] Murthy KR, editor. Madhava Nidana, Vatavyadhi Nidana 22/14, 57. Varanasi,

- India: Chaukhambha Orientalia; 1986. p. 65–90.
- [4] Trirney M, Mcphee S, Papadkis M., Current Medical Diagnosis And Treatment, 43 Edition; Mc Grill Hill: 2004. p.779-791.
- [5] Tarulli AW, Raynor EM. Lumbosacral radiculopathy. *Neurol Clin.* 2007 May; 25(2):387-405. doi: 10.1016/j.ncl.2007.01.008. PMID: 17445735.
- [6] Berry JA, Elia C, Saini HS, Miulli DE. A Review of Lumbar Radiculopathy, Diagnosis, Treatment. 2019;11(10):e5934. Published 2019 Oct 17. doi:10.7759/cureus.5934.
- [7] Iversen T, Solberg TK, Romner B, Wilsgaard T, Nygaard Ø, Brox JI, Ingebrigtsen T. [Accuracy of physical examination for chronic lumbar radiculopathy](#). *BMC musculoskeletal disorders.* 2013 Dec 1; 14 (1):206.
- [8] Ukhalkar VP, Effect of Mashadi Tailam Anuvasan basti in management of Kati vata with special reference to Lumbar spondylosis, *Int. j.Res. Ayurveda Pharm.*2013, 4(3): 410-413.
- [9] Murthy KR, editor.Madhava Nidana, Vatavyadhi Nidana 22/14, 57.Varanasi, India: Chaukhambha Orientalia; 1986. p. 65–90.
- [10] Trirney M, Mcphee S, Papadkis M., Current Medical Diagnosis And Treatment, 43 Edition; Mc Grill Hill: 2004. p. 779-791.
- [11] Hasiatt C, Chilvers ER, Boon NA, College NR, Hunter JA, editors Davidson's Principles and Practice of Medicine. Edinburgh, London: Churchill Livingstone; 2002. p. 325–30.
- [12] Soni AK, Narine A, Mangal G. Management of gridhrasi (sciatica) using panchakarma therapies - a review. *Int J Health Sci Res.* 2021; 11(1): 252-256.
- [13] Dwivedi Amarprakash, Pathrikar Anaya. Management of ‘Katigat Vata’ w.s.r. to Lumbar Spondylolisthesis. *AYUSHDHARA*, ISSN: 2393-9583 (P)/ 2393-9591 (O) July -August2017: Vol 4: Issue 4 2017;p1224-1229.
- [14] Minal Shashikumar ET. al.Ayurveda Management of Katigat Vata w.s.r. Lumbar Canal Stenosis : A Case Report | *International Journal of Ayurveda* | Nov. 2020 | Vol. 05| Issue 11|01-07.
- [15] Vd. Harishchandra Singh Kushavaha. Charaka Samhita of Acharya Charaka Vol 1. 2nd edition, Varanasi; Chaukhambha Orientalia; 2012. 211p.
- [16] Kasinathsastri Gorkhkanartha Chaturvedi (editor), Vidyotinihindi commentary of Charakasamhita, sutrasthana, chapter 28, verse no. 27, 2009 edition, Choukambhabharati p.573.

- [17] Kunte, A.M, Navre, Paradakar H. S. (Eds.). (2012). *Ashtanga Hridaya*. Varanasi. Chaukhambha Sanskrit Sansthan, pp.188.
- [18] Avneesh Kumar Dwivedi & Ajay Kumar Sharma: Clinical Evaluation Of The Efficacy Of A Herbal Preparation And Kati Basti In The Management Of Gridhrasi Roga W.S.R. To Sciatica, *International Ayurvedic medical journal*, 1, January – 2015; 3.