



Case Study

AYURVEDIC MANAGEMENT OF KATIGATAVATA

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ABSTRACT

Katigata Vata is a prevalent condition, particularly in individuals in their middle age. At present age, speed and competition have increased stress and strain resulting in an increase in the prevalence of lifestyle related health problems. *Katigata Vata* is classified as one of the *Vatavyadhi* (disorders caused by vitiated *Vata Dosha*). Although the disease is not explicitly named in the Samhitas, its symptoms closely resemble those described in the textual references from *Chikitsa Sthana* of Charaka Samhita. *Acharya* state that, *Basti*, *Katibasti* and *Matrabasti* when combined with *Shamana Chikitsa* (palliative management), can effectively control *Katigata Vata*. **Aim & Objective:** To evaluate the efficacy of *Shamana Chikitsa* such as *Dipana*, *Pachana*, *Vatanulomaka*, *Vatashamaka* and *Sthanika Chikitsa* such as *Katibasti* and cupping therapy along with *Pathyaahara* in the management of *Katigata Vata*. **Materials and Methods:** A 45 years female approached to the OPD of Department of Basic Principles, ITRA, Jamnagar with the complaints of *Katishula* (low back pain), *Katigraha* (stiffness in lumbar region), *Ubhaya Pindikodweshtana*, *Asana Uttishthe Kashtata* (difficulty in standing up), *Chankramanottaa Shulavridhhi* (pain while walking) since last 3 months. The diagnosis was made based on symptoms and investigations. The treatment plan included *Shamana Chikitsa* (palliative management), *Sthanika Chikitsa* (local therapy) along with lifestyle modifications for 3 months. **Result & Discussion:** After three months of treatment, marked improvement was noted in the symptoms as well as significant improvement was found in VAS score. **Conclusion:** *Shamana Chikitsa* along with *Sthanika Chikitsa* is effective in the management of *Katigata Vata*.

INTRODUCTION

Katigata Vata has emerged as one of the most prominent health issues in recent days. Bad sitting postures, jerking movements during travelling, lack of exercise, bad dietary habits (junk food), age, all these factors play an important role in causing structural deformities in the vertebral column. *Katigata Vata* is one of the *Vatavyadhi*. Nowadays humans are suffering from many lifestyles related disorders due to the adaptation of modern lifestyle. *Katigata Vata* is one of them. It is not only a clinical but also a social, economic and public health problem affecting the general

population indiscriminately. It is not a life-threatening condition, but it causes great discomfort and restriction in social and other activities. *Katigata Vata* is one such condition caused by vitiated *Vata* characterised by pain in the *Katipradesha*. Even though it is not mentioned as a separate disease in *Brihatrayi* references are found in other texts. *Acharya Sharangdhara* has included it under *Vataja Nanatmaja Vyadhis*, marking its importance. In Ayurveda, *Katigata Vata*, or low back pain is considered as *Vatika* disorder and mainly caused by vitiated *Vata*, which is due to *Vata Prakopaka Ahara* and *Vihara*.^[1]

MATERIALS AND METHODS

Patient Information

A 45-year-old female patient approached the OPD of the Department of Basic Principles with the chief complaints of *Katishula* (low back pain), *Katigraha* (stiffness in the low back region), *Asana Uttishthe Kashtata* (difficulty in standing up), and

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Chankramnottaa Shulavridhi (pain while walking) for the last 3 months. This patient took multiple allopathic treatments, got temporary relief, but didn't get satisfactory results. The patient consulted the Ayurveda hospital for management. After a thorough examination, hospital admission was suggested. She was admitted to the In-Patient Department (IPD) of ITRA Hospital on April 12, 2024.

Past history: No significant past history found.

Family history: No significant family history found.

Personal History

The patient was a 45-year-old vegetarian female and homemaker. Her appetite was average, with *Madhyama Jarana Shakti* and *Madhyama Koshta*. She consumed tea twice a day, practiced yoga, and reported *Diwaswapna* sometimes (1 hour/day). Her water intake was 2–3lt/day. *Mala Pravritti* was once daily, while *Mutra Pravritti* was 4–5 times/day. Her temperament was anxious, and she had no addiction. She was married. Menstrual history revealed menopause 1 year ago, and the obstetric history was G₄P₂A₂L₂D₀

Clinical Findings

Table 1: General Examination

Weight: 52.7 kg	Height: 159 cm
BMI: 20.9 kg/m ²	Respiratory Rate: 20 times/min
Blood Pressure: 110/60 mm of Hg	Pulse Rate: 81/min (with normal rhythm and volume)
Temperature: 98.2°F	

Table 2: Ashtavidha Pariksha (eight-fold examination)

<i>Nadi</i> : 81/min	<i>Mala</i> : 1 time/day
<i>Mutra</i> : 7-8 times/day	<i>Jivha</i> : Niraam
<i>Shabda</i> : Prakrita	<i>Sparsha</i> : Prakrita
<i>Drik</i> : Prakrita	<i>Akruti</i> : Madhyama

Table 3: Dashavidha Pariksha (ten-fold examination)

<i>Prakriti</i> : Vata Pitta	<i>Vikriti</i> : Vata Pradhana Tridoshaja
<i>Sara</i> : Madhyama	<i>Samhanana</i> : Madhyama
<i>Pramana</i> : Madhyama	<i>Satmya</i> : Madhyama (<i>Tikta</i> , <i>Katu</i>)
<i>Sattva</i> : Madhyama	<i>Ahara shakti</i> : Madhyama
<i>Vyayamashakti</i> : Avara	<i>Vaya</i> : Madhyama

Objective Criteria for assessment of Katishula and Katistambha

WHO Katishula Gradation^[2]

No backache	0
Occasionally	1
Relieves by medicine	2
Depended on painkiller	3

Katishula (pain) - Visual Analogue Scale^[3]

VAS	Severity Index
0-1	No pain
2-4	Mild pain
5-7	Moderate pain
7-10	Severe pain

Katistambha (stiffness)

Absent	0
Mild	2
Moderate	4
Severe	6

Investigations: No history of DM/HTN found.

HB: 12.1 gms%	Neutrophils: 43.5%	P.C.V: 34.5%
Total RBC: 4.10	Lymphocytes: 43.8%	M.C.V: 81.1fl
Total WBC: 4540	Eosinophils: 5.7%	M.C.H: 29.5 pg
Platelet Count: 181000/cu.mm	Monocytes: 6.6%	M.C.H.C: 35.1%
	Basophils: 0.4%	R.D.W: 12.1%

Timeline

A detailed timeline of clinical events is provided in table 4.

Therapeutic Intervention**Internal Administration (*Shamana Chikitsa*)**

Patient was administered to *Rasnasaptaka Kwatha* and *Erandmoola Kwatha Yavakuta* 10gm each, *Simhnaad Guggulu* 500mg and *Panchsakara Churna* 4gm with lukewarm water.

Sthanika Chikitsa

Patient was administered to cupping therapy with modified *Shringa Yantra* for 3 days, *Sthanika Snehana* with *Kottamchukkadi Taila*, *Sthanika Nadisweda* with *Dashamool Kwatha* followed by *Katibasti* with *Kottamchukkadi Taila* and *Murivenna Taila* for 7 days.

Table 4: Timeline of clinical events and interventions

Jan, 2024	Onset of low back pain.
April 12, 2024	Patient admitted to Ayurveda hospital. Before treatment, assessment was done by VAS score and SLR test.
April 12 to April 14	Cupping with modified <i>Shringa Yantra</i> .
April 12 to April 17, 2024	<i>Katibasti</i> with <i>Kottamchukkadi Taila</i> and <i>Murivenna Taila</i> .
April 17, 2024	Reassessment of VAS score and SLR test was done. Oral medications were prescribed [Table 5]. Patient was discharged from the IPD.
April 18, 2024	After 7 days of <i>Katibasti</i> , <i>Sthanika Abhyanga</i> and <i>Swedana</i> was advised for one month.
May 18, 2024	Follow-up after one month was done. Oral medications were continued.
July 10, 2024	Follow-up after three months was done.

Table 5: Oral Medications

Medicine	Dose, Frequency and <i>Anupana</i>
<i>Simhanada Guggulu</i>	500mg twice a day after food with lukewarm water.
<i>Rasnasaptaka Kwatha</i>	10gm, two times a day before food with 60ml lukewarm water.
<i>Erandmoola Kwatha</i>	10gm, two times a day before food with 60ml lukewarm water.
<i>Panchsakara Churna</i>	4gm with lukewarm water.

Table 6: List of Pathyapathya

Symptoms	Parameter	Observations			Improvement %
		BT	AT	Follow up	
<i>Katishula</i>	VAS Score (pain)	7	4	1	85%
<i>Katistambha</i>	ROM Grade (stiffness)	3	1	1	66%
	SLR	RT- 45° LT- 50° B/L- 40°	RT- 65° LT- 80° B/L- 80°	RT- 90° LT- 90° B/L- 90°	

Follow-Up and Outcome

A follow-up was done after three months of being discharged and significant improvement in the clinical findings as well as marked reduction was noted in the assessment scales. There was a reduction in VAS score from 7 to 1. (Table 7)

RESULTS

Results of the treatment were observed on the basis of following parameters as follows.

Table 7: Patient found significant relief in symptoms after the treatment

Symptoms	Parameter	Observations			Improvement %
		BT	AT	Follow up	
<i>Katishula</i>	VAS Score (pain)	7	4	1	85%
<i>Katistambha</i>	ROM Grade (stiffness)	3	1	1	66%
	SLR	RT- 45° LT- 50° B/L- 40°	RT- 65° LT- 80° B/L- 80°	RT- 90° LT- 90° B/L- 90°	

Table 7 shows that the patient found significant relief in symptoms after the treatment. Lower back pain was reduced by 85% (from VAS Score 7 to 1); stiffness was reduced by 66% (from ROM Grade 3 to 1) with upto 25% impairment in ROM of joint and patient can perform daily work without any difficulty. Angle of SLR test in both legs was increased to 90 degrees from 40 degrees.

DISCUSSION

Rasnasaptaka Kwatha contains *Rasna* (*Pluchea lanceolata*), *Amruta* (*Tinospora cordifolia*), *Aragvadha* (*Cassia fistula*), *Devdaru* (*Cedrus deodara*), *Trikantaka* (*Tribulus terrestris*), *Ernada* (*Ricinus communis* Linn.), *Punarnava* (*Boerhavia diffusa*), and *Shunthi* (*Zingiber officinale* Roxb.). This is a well-known classical formulation described as one of the best for *Vata* disorders. It acts as *Shulaghna* (analgesic), *Vatakapha Shamaka*, an immunomodulator and an anti-inflammatory.

Erandamoola Kwatha is a polyherbal formulation widely used with multi fold benefits like *Agni Deepana* (improving digestive fire), *Amapachaka* (digestion of undigested material) *Sroto Shodhana* (cleansing of micro channels). Drugs used in this formulation possess the properties like *Ushna Veerya* (hot in potency), *Laghu* (lightness), *Ruksha* (dryness) and does *Dipana* (digestive) and *Lekhana Karma* (scraping effect). It is indicated in pain in *Janga* (knee),

Uru (leg region), *Pada* (foot) and *Prusta* (low back region) and in *Kapha-Avrutta* (obstructed channels) conditions.

Simhanada Guggulu is *Kaphavatahara*, *Pittavardhaka*, *Agnideepaka* and *Amapachaka*. *Mala Baddhata* (constipation) is caused mainly by *Vata Dushti* and is classified as *Vata Pradhana* and *Vatakapha Pradhana*. *Panchasakara Churna* has pacifying action on both the *Doshas*.

Abhyanga is a type of *Bahya Snehana*. *Acharya Dalhana* explains that the drugs and oil used in *Abhyanga* get absorbed by the skin, reaching a particular *Dhatu* when applied for sufficient time. Hence, it is clear that drugs used in the *Abhyanga* get absorbed by the skin. It prevents and corrects disorders caused by the affliction of *Vata*. *Naadi Sweda* is a *Sagni* type of *Sweda*. *Acharya Chakrapani* has stated that *Stambha* also means obstruction or block. Therefore, *Swedana* not only relieves stiffness but also clears blockage of *Strotas*. *Snigdha Sweda* pacifies *Vata Dosh* and relieves stiffness.

Katibasti was the procedure selected as local therapy as *Kati* is the most probable region afflicted by this condition. *Katibasti* is a *Snigdha* and *Sagni* type of *Swedana* by which its local effect helps in relieving *Stambha* and *Shaitya* and helps in decreasing the intensity of pain and stiffness. It may help in the immediate relief of symptoms causing an analgesic

effect. *Katibasti* is a type of *Swedana*, so it induces hyperthermia, which improves local blood, lymphatic circulation and thereby improving local tissue metabolism.^[7] It reduces inflammation by modifying secretions of various inflammatory mediators, relaxes local musculature by the physical effect of heat, increases the rate of transdermal drug delivery and thereby reduces pain.^[8]

CONCLUSION

Patient of *Katigata Vata* was treated with *Samanya Chikitsa* of *Vatavyadhi* including *Sarvanga Abhyanga*, *Naadi Sweda*, *Katibasti* and cupping therapy. Overall, collective effects of *Samanya Chikitsa* of *Vatavyadhi* showed highly effective results in this present case. Patient had better effect in relieving pain, stiffness changes with local therapy. Thus, it can be concluded that Ayurvedic approach is better, safe and effective treatment as compared with contemporary approach in treating painful spinal conditions. This study needs further evaluation on large numbers of patients.

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