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Ayurveda

AYURVEDIC APPROACH IN THE MANAGEMENT OF KATIGATA VATA (LUMBAR SPONDYLOSIS): A CASE REPORT

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ABSTRACT Lumbar spondylosis is a prevalent degenerative disc disease. Recent epidemiological data indicates an increasing incidence among middle-aged populations, primarily attributed to sedentary lifestyles and improper daily routines. Chronic lumbar spondylosis, defined by symptoms persisting beyond three months, affects an estimated 15% to 45% of individuals globally. In Ayurveda, lumbar spondylosis correlates closely with *KatigatVata* due to identical pathogenic pathways and clinical presentations. *KatigatVata* is characterized by the degeneration of *Asthidhatu* (bone tissue), an increase in the *Rooksha Guna* (dry quality) of *Vata Dosha*, and the *Avarana* (occlusion) or *Shoshana* (desiccation) of *Shleshmaka Kapha* (synovial fluid), leading to progressive structural deterioration.**Objective-**To evaluate the therapeutic efficacy of a comprehensive Ayurvedic treatment regimen in the management of *KatigatVata* (lumbar spondylosis).**Materials and Methods-**A 65-year-old male patient presented with a four-year history of chronic lower back pain radiating down both lower limbs, accompanied by numbness. Based on classical clinical symptoms, he was diagnosed with *KatigatVata*. A combined treatment protocol comprising *Shaman Chikitsa* (oral palliative therapy) and *Sthanik Chikitsa* (localized external therapies)—specifically *Abhyanga*, *Kati Basti*, and *Sarvang Patrapinda Swedana*—was implemented.**Results-**The patient reported significant symptomatic relief, including a marked reduction in pain and stiffness, improved spinal mobility, and the restoration of comfortable independent walking. The overall objective and subjective parameter scores improved by 63.64%.**Conclusion**-*Shaman Chikitsa* supplemented with localized interventions such as *Kati Basti* and *Sarvang Patrapinda Swedana* is highly effective in managing *KatigatVata* (lumbar spondylosis). This integrative protocol offers a viable, safe alternative conservative therapy for degenerative spinal disorders.

KEYWORDS : Lumbar Spondylosis, Katigraha, Ayurveda, Basti, Conservative Management.

INTRODUCTION

Lumbar spondylosis is a progressive, degenerative disc disease affecting the lumbar spine. Recent clinical studies indicate that the incidence of degenerative disc changes is rising sharply among the middle-aged population. Modern lifestyle changes, structural stress, and faulty daily regimens are identified as the primary drivers of these early degenerative changes. Chronic lumbar spondylosis, characterized by symptoms persisting beyond three months, impacts approximately 15% to 45% of the general population.

Low back pain remains one of the most common clinical presentations of musculoskeletal disorders, affecting roughly 60.85% of adults at some stage in their lives[1]. Among these cases, approximately 10% are directly attributed to lumbar spondylosis, a degenerative condition that alters the intervertebral discs, vertebral bodies, and associated facet joints of the lumbar spine[2]. It is frequently characterized by localized back pain radiating to one or both lower limbs, severely limiting the patient's capacity to perform routine daily activities.

While aging is the primary non-modifiable risk factor for lumbar spondylosis, this condition is increasingly diagnosed in younger demographics due to sedentary habits and poor dietary patterns. The point prevalence of lumbar spondylosis is estimated between 17% and 30%, with a one-month prevalence of 19% to 43%, a lifetime prevalence of 60% to 80%, and an annual incidence rate of approximately 5%. The persistent, debilitating pain associated with this condition compels patients to seek long-term medical interventions.

In contemporary medicine, the conventional management of lumbar spondylosis is generally restricted to conservative pharmacological therapies (analgesics, anticonvulsants, corticosteroids, and muscle relaxants) or surgical intervention. While pharmacological agents provide temporary symptomatic relief, their prolonged use is associated with severe adverse side effects, including gastrointestinal, renal, and systemic complications. Consequently, there is an urgent need to explore safe, sustainable alternative therapeutic frameworks[3]. Ayurveda provides a comprehensive, holistic framework for understanding, preventing, and managing lumbar spondylosis. Its therapeutic approach prioritizes addressing the root cause of the pathology to restore systemic equilibrium. In classical Ayurvedic texts, lumbar spondylosis is correlated with *KatigatVata* (or *Katigraha*), as their clinical presentations and underlying pathogenesis align closely.

The manifestation of *KatigatVata* involves:

- *Shoshana* (degeneration/desiccation) of *Asthidhatu* (bone tissue).
- *Dushana* (vitiation) of *Vata Dosha* and an increase in its *Rooksha Guna* (dry attribute).
- *Avarana* (occlusion) or *Shoshana* of *Shleshmaka Kapha* by the aggravated *Vata*.

Ayurvedic interventions—incorporating targeted herbal formulations, *Panchakarma* procedures, and bio-purificatory modifications—aim to provide sustained, long-term relief and prevent disease recurrence. However, rigorous clinical documentation and scientific validation are required to effectively integrate these traditional practices into mainstream healthcare.

MATERIALS AND METHODS

This study comprises a clinical review and evaluation of a single case report focusing on the management of lumbar spondylosis through Ayurvedic interventions. The treatment protocol was formulated based on a comprehensive analysis of classical literature from the *Brihatrayi*, *Laghutrayi*, *Gadanighraha*, *Yogaratnakara*, and *Bhavaprakasha*.

TREATMENT PLAN

The therapeutic regimen was divided into localized external applications (*Sthanik Chikitsa*) and oral internal medications (*Shamanoushadha*):

Localized Applications (*Sthanik Chikitsa*)

- **Abhyanga:** Performed using *Mahanarayana Taila* to mitigate localized *Vata*.
- **Swedana:** Applied via *Patrapinda Swedana* (herbal poultice fermentation) to relieve muscle spasms and stiffness.
- **Kati Basti:** Administered using warm *Sahachar Taila* retained over the lumbosacral region for 30 minutes to nourish the deep spinal structures.

Oral Medications (*Shamanoushadha*)

- **Rasnadi Guggulu:** 2 tablets, twice daily (BD) with lukewarm water.

- **Maha Rasnadi Kwath:** 20 ml, twice daily (BD) before meals.
- **Compound Powder Formulation:** Administered as a single dose twice daily containing:
- *Ashwagandha Churna* (3g)
- *Maha Vatavidhwanshaka Rasa* (125mg)
- *Ekangveer Rasa* (125mg)
- **Agnitundi Vati:** 2 tablets, twice daily (BD).

ASSESSMENT CRITERIA

The patient's progress was evaluated systematically before treatment (BT) and after treatment (AT) using standardized subjective and objective parameters[4].

1. Subjective Parameters (Grading of Vataja Symptoms)
- Ruka (Pain):
- Toda (Pricking Sensation):
- Stambha (Stiffness):
- Spandana (Twitching):

2. Objective Parameters
- Reflex Testing: Deep tendon reflexes (Knee Jerk and Ankle Jerk)
- Straight Leg Raising (SLR) Test: Measured in degrees to determine nerve root flexibility.
- Lasegue Test: Evaluated as either Positive or Negative to check for active nerve root compression.

Assessment Criteria

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Evaluation After Treatment

Subjective Parameters

Variable	Before Treatment	After Treatment
Ruka	3	1
Toda	2	1
Stambha	3	1
Spandana	3	1

Objective Parameters

Reflex	BT	AT
Knee Jerk	+	++
Ankle Jerk	+	++
Straight Leg Raising Test	40°	70°
Lasegue Test	Positive	Positive

RESULTS AND DISCUSSION

Lumbar spondylosis involves progressive degenerative transformations within the intervertebral discs, vertebral bodies, and surrounding facet joints, ultimately leading to the narrowing of the intervertebral disc spaces. This structural compression amplifies mechanical stress on adjacent nerve pathways, inducing lower back pain, stiffness, and structural discomfort that characteristically worsens with movement and improves with rest.

In Ayurveda, this pathology corresponds to *Katigraha* or *KatigatVata*, classified as a *Vataja Nanatmaja Vatavyadhi*. According to Acharya Charaka, continuous exposure to provocative etiological factors (*Nidana Sevana*) primary vitiates *Vata Dosha*. This aggravated *Vata* accumulates within the depleted microchannels (*Rikta Srotas*) of the lumbosacral region, initializing localized pathology.

The lumbar region (*Katipradesha*) is anatomically rich in joints (*Sandhi*), ligaments (*Snaayu*), and muscles (*Peshi*), which maintain spinal integrity and joint stability. When *Vata* is pathologically elevated, its intrinsic *Ruksha* (dry) and *Khara* (rough) qualities deplete the essential fluid components of neighboring tissues (*Rasa* and *Rakta*), including the protective, lubricating *Shleshaka Kapha*. This fluid depletion triggers joint instability, localized stiffness (*Stabdhata*), and severe pain (*Katishoola*). Furthermore, the formation and accumulation of metabolic toxins (*Ama*) obstructs the microchannels, exacerbating the severity of the stiffness.

The pathology further infiltrates the *Asthi Dhatu* (bone tissue) when the vitiated *Vata* lodges within the *Asthivaha Srotas* (osseous channels), leading to bone degeneration (*Asthishosha*), joint pain (*Sandhishula*), and impaired mobility (*Hanti Sandhi*). Classical authorities like Acharya Sushruta and Gadanigrahakara emphasize that correcting the vitiated *Vata* and restoring the depleted *Shleshaka Kapha* are fundamental to arresting this disease mechanism[5][6][7][8].

To counteract *Katigraha*, the foundational treatment tenets of *Vatavyadhi* were systematically deployed. This framework incorporates a combination of *Vata Shamaka Ahara* (dietary pacification), *Snehana* (internal and external oleation), *Swedana* (fomentation), *Mrudu Samshodhana* (mild bio-cleansing), and localized *Basti* (medicated enemas). These interventions work synergistically to pacify the hyperactive *Vata*, revitalize tissue nutrition, and alleviate neuromuscular pain[9].

Mechanism of Action of Interventions

The efficacy of the treatment protocol can be attributed to the pharmacodynamic properties of the individual components:

- ***Rasnadi Guggulu & Maharasnadi Kwatha*:** Formulated with potent anti-inflammatory herbs including *Rasna*, *Giloy*, *Devdaru*, *Erand*, and *Shunthi*. These formulations possess deep carminative, anti-inflammatory, and anti-arthritic actions that reduce nerve root inflammation and relieve mechanical joint pain[10][11].

- ***Ashwagandha*:** Acts as a renowned regenerative tonic (*Rasayana*). It provides neuroprotective, anti-stress, and adaptogenic support, which accelerates musculoskeletal tissue repair and strengthens the supportive spinal structures[12].

- ***Vatavidhvansaka Rasa & Ekangveer Rasa*:** Mineral-herbal formulations that contain processed bio-minerals (*Bhasmas*). These act as powerful neuro-muscular stimulants that regulate *Vata*, improve nerve conduction, and relieve radiating numbness[13][15].

- ***Agnitundi Vati*:** This formulation enhances digestive and metabolic functions (*Agni*) at both systemic and cellular levels. By optimizing digestion, it eliminates metabolic toxins (*Ama*) and treats spinal conditions secondary to channel obstruction[16].

- ***Mahanarayana Taila & Sahachar Taila*:** Applied externally via *Abhyanga* and *Kati Basti*. *Kati Basti* acts as a combined *Snehana-Swedana* procedure. Keeping warm, medicated oil localized on the lumbar area under sustained heat dramatically enhances transdermal drug absorption. This thermal effect improves microcirculation, sedates hyperactive nociceptors, and relieves localized pain (*Shoola*) and stiffness (*Stambhata*)[17].

CONCLUSION

This study illustrates that Ayurveda provides a structured, highly effective non-invasive methodology for managing degenerative lumbar spondylosis. Formulations like *Rasna Guggulu* and *Maharasnadi Kwatha* provide reliable anti-inflammatory and analgesic benefits without gastrointestinal toxicity. *Rasayana* herbs like *Ashwagandha* stimulate cellular regeneration to strengthen musculoskeletal structures, while *Vatavidhvansaka Rasa* and *Agnitundi Vati* correct localized metabolic errors and pacify *Vata Dosha*.

When integrated with targeted external therapies like *Kati Basti*, these interventions successfully address both the symptomatic manifestations and root causes of *KatigatVata*. This case report confirms that Ayurvedic management is an effective conservative therapy that substantially enhances the functional mobility and quality of life for patients suffering from chronic spinal degeneration.

Ethical Consent

Written informed consent was obtained from the patient for publication of this case report.

Conflict of Interest

The authors declare no conflict of interest.

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Nil.

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