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“ROLE OF AYURVEDIC CHIKITSA IN THE MANAGEMENT OF KATIGRAHA (LUMBAR SPONDYLOSIS): A CASE REPORT”

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ABSTRACT:

Katigraha is a Vata-predominant disorder described in Ayurveda and is characterized by pain, stiffness, and restricted movements in the lumbar region. Its clinical manifestations closely resemble Lumbar Spondylosis, a degenerative condition involving the lumbar vertebrae and intervertebral discs that commonly affects the elderly population. Chronic low back pain associated with Lumbar Spondylosis significantly impairs physical functioning and quality of life. Ayurveda advocates both Shamana (pacifying) and Shodhana (purificatory) therapies for the management of Vata Vyadhi. The present case report describes a 66-year-old female patient diagnosed with Lumbar Spondylosis associated with hypertension who presented with persistent low back pain, difficulty in walking, lumbar stiffness, disturbed sleep, and restricted forward bending for six months. The patient underwent one month of Ayurvedic treatment comprising oral medications, local therapies, Matra Basti, and Kati Basti. Significant clinical improvement was observed after treatment, including reduction in pain and stiffness and improvement in mobility and sleep quality. This case suggests that Ayurvedic management may offer substantial symptomatic relief and functional improvement in patients suffering from Katigraha (Lumbar Spondylosis).

KEY WORDS:- Katigraha, Lumbar Spondylosis, Low Back Pain, Vata Vyadhi, Kati Basti, Matra Basti.

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INTRODUCTION

Low back pain is one of the most common musculoskeletal complaints encountered in clinical practice and represents a major cause of disability worldwide. Lumbar Spondylosis is characterized by degenerative changes involving the lumbar vertebrae, intervertebral discs, and associated structures, resulting in pain, stiffness, and restricted movements.

In Ayurveda, disorders affecting the lumbar region are described under Vata.

Vyadhi. Katigraha is characterized by pain and stiffness localized to the Kati Pradesh (lumbar region) resulting from aggravated Vata Dosha. Vata vitiation, either independently or in association with Kapha Dosha, produces functional impairment and restricted mobility. Degenerative changes associated with ageing further contribute to Asthi Dhatu Kshaya, thereby predisposing individuals to chronic pain syndromes.

The clinical features of Lumbar Spondylosis exhibit close resemblance to Katigraha. Ayurvedic treatment focuses on pacifying aggravated Vata Dosha, nourishing affected tissues, and restoring normal functional activity. The present case report evaluates the clinical efficacy of Ayurvedic management in a patient diagnosed with Lumbar Spondylosis.

CASE REPORT

A 66-year-old female patient presented with the following complaints for six months:

- Low back pain (Katishoola)
- Difficulty in walking (Sakashtha Chankramana)
- Stiffness in the lumbar region (Katistambha)
- Difficulty in forward bending
- Disturbed sleep (Anidra)

History of Present Illness

The patient was apparently healthy six months before presentation. She sustained an accidental fall at home following which she developed persistent low back pain. Initially, she received conventional treatment including analgesics and steroids that provided temporary symptomatic relief. Subsequently, she developed gastrointestinal discomfort in the form of indigestion and abdominal bloating. Her symptoms recurred following discontinuation of medication and progressively affected her daily activities, prompting her to seek Ayurvedic treatment.

Past History

- Known case of Hypertension for one and a half years.

No history of Diabetes Mellitus, Tuberculosis, thyroid disorders, or any major systemic illness.

CLINICAL EXAMINATION

Parameters	Findings
Nadi	78/min
Mala	Samyak
Mutra	Samyak
Jivha	Alpa Sama
Shabda	Prakruta
Sparsa	Samashitoshna
Prakriti	Vata-Kaphaja
Nidra	Disturbed

Blood Pressure

140/90 mmHg

Temperature

Afebrile

INVESTIGATIONS

- Routine hematological investigations were within normal limits.
- X-ray of the lumbar spine revealed degenerative changes involving the T12-L1 vertebral level.
- HLA-B27 test was negative
- SAMPRAPTI GHATAKA
 - **Dosha:** Vata (Apana and Vyana Vata predominance), Kapha Kshaya.
 - **Dushya:** Rasa and Asthi.
 - **Upadhatu:** Kandara and Snayu. • **Udbhava Sthana:** Pakwashaya.
 - **Vyakta Sthana:** Katipradesha.
 - **Srotas:** Rasavaha and Asthivaha.
 - **Srotodushti:** Sanga.
 - **Roga Marga:** Madhyama Roga Marga.

TREATMENT PLAN**Shamana Chikitsa**

Medicine	Dose	Frequency
Punarnava Guggulu	500 mg	Twice daily
Pravala Panchamruta	250 mg	Twice daily
Vat Vidhwansa Rasa	250 mg	Twice daily
Dashamoola, Rasna, Punarnava and		
Ashwagandha Churna	1 gm each	Twice daily
Swadishta Virechana Churna	3 gm	Once daily
Dashamoola Kwatha	30 ml	Twice daily
Tab. Amlokind-AT	Once daily	For Hypertension
Satvik Oil and Rhumark Oil	Local application	Daily

All medicines were administered with lukewarm water unless otherwise indicated.

Shodhana Chikitsa

- Sthanika Snehana and Swedana for six days.
- Matra Basti with Sahacharadi Taila for six days.
- Kati Basti with Sahacharadi Taila and Saindhavadi Taila for six days.

ASSESSMENT CRITERIA

Symptoms	Before Treatment	After Treatment
Low Back Pain	Grade 4	Grade 1
Difficulty in Walking	Grade 3	Grade 0
Lumbar Stiffness	Grade 4	Grade 2
Difficulty in Forward Bending	Grade 4	Grade 2
Insomnia	Grade 3	Grade 0

Grading Scale

- Grade 0 – No symptoms
- Grade 1 – Mild or occasional symptoms
- Grade 2 – Moderate or intermittent symptoms
- Grade 3 – Frequent symptoms
- Grade 4 – Severe or continuous symptoms

RESULTS

Marked clinical improvement was observed following one month of Ayurvedic treatment with reduction in pain and stiffness and improvement in gait, lumbar flexibility and sleep quality.

DISCUSSION

Katigraha is predominantly a Vata-pradhana disorder involving pain and stiffness of the lumbar region. Degenerative changes associated with ageing result in Asthi Dhatu Kshaya and contribute to functional impairment. Therefore, management should address both Vata Dosha aggravation and nourishment of affected tissues.

Sthanika Snehana and Swedana aid in relieving stiffness and improving local circulation.

Kati Basti facilitates prolonged retention of medicated oil over the affected region, thereby providing nourishing and analgesic effects. Matra Basti is regarded as one of the most effective therapies for Vata disorders because of its ability to restore Doshic equilibrium and support tissue rejuvenation.

Punarnava Guggulu possesses anti-inflammatory properties beneficial in musculoskeletal disorders. Dashamoola and Rasna contribute to pain relief and reduction of inflammation, whereas Ashwagandha exhibits Balya and Rasayana properties. Pravala Panchamruta provides mineral supplementation that may support degenerative changes involving Asthi Dhatu. The synergistic action of Shodhana and Shamana therapies appears to have contributed substantially to the favourable clinical outcome observed in this case.

PROBABLE MODE OF ACTION

The therapeutic interventions employed primarily act through Vata Shamana and Dhatu Poshana. Local therapies alleviate pain and stiffness, while internal medications assist in improving musculoskeletal metabolism and tissue nourishment. Basti therapy promotes regulation of Vata Dosha and facilitates restoration of normal function. Together, these

interventions improve mobility, reduce symptom severity, and enhance the patient's quality of life.

CONCLUSION

The present case report demonstrates that Ayurvedic management may provide meaningful clinical benefits in patients suffering from Katigraha (Lumbar Spondylosis). The combination of Shamana and Shodhana therapies resulted in appreciable improvement in pain, stiffness, sleep disturbances, and functional limitations. Ayurvedic interventions may therefore serve as an effective conservative treatment modality in the management of Lumbar Spondylosis. Further clinical studies involving larger sample sizes are warranted to validate these findings scientifically.

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