WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 22, 518-530. Research Article ISSN 2277–7105

DECODING *KATIGRAHA* – A CONCEPTUAL EXPLORATION OF LOW BACK PAIN THROUGH THE AYURVEDIC LENS

Dr. Chaitra R.[1*], Dr. Waheeda Banu[2]

[1]P. G. Scholar, Department of Kayachikitsa, Karnataka Ayurveda Medical College (KAMC), Mangaluru, Karnataka, India.

[2]Professor and Head, Department of Kayachikitsa, Karnataka Ayurveda Medical College (KAMC), Mangaluru, Karnataka, India.

Article Received on 15 Oct. 2026,
Article Revised on 03 Nov. 2026,
Article Published on 16 Nov. 2026

https://doi.org/10.5281/zenodo.24277609

***Corresponding Author**

Dr. Chaitra R.

P. G. Scholar, Department of Kayachikitsa, Karnataka Ayurveda Medical College (KAMC), Mangaluru, Karnataka, India.

How to cite this Article: Dr. Chaitra R.[1]*, Dr. Waheeda Banu[2]. (2026). Decoding Katigraha - A Conceptual Exploration of Low Back Pain Through the Ayurvedic Lens. World Journal of Pharmaceutical Research, 15(22), 518–530.
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ABSTRACT

Background: Pain and stiffness of the low back are among the commonest complaints in Ayurvedic clinical practice. Classical texts describe this condition as *Katigraha*, in which vitiated *Vata* seizes the *Kati Pradesha* and produces *Shoola* and *Stambha*. The *Brihattrayi* refer to it as an accompanying symptom, whereas *Gadanigraha* describes it as an independent disease and *Sharangadhara* lists it among the eighty *Nanatmaja Vata Vyadhi*. **Aim:** To study *Katigraha* as described in the classics and to compare it with the present-day understanding of low back pain. **Materials and methods:** The *Brihattrayi* and *Laghuttrayi*, along with *Gadanigraha*, *Chakradatta* and *Bhavaprakasha*, were reviewed with their commentaries. Modern textbooks and published research articles were reviewed to understand low back pain. **Results:** *Katigraha* presents in two forms. In *Sama Katigraha*, *Ama* or *Kapha* obstructs the path of *Vata* (*Margavarodha*), producing heaviness, morning stiffness and *Agnimandya*; it resembles acute mechanical low back pain and is treated first with *Langhana*, *Ruksha Sweda* and *Ama Pachana*. In *Nirama Katigraha*, *Dhatukshaya* allows *Kevala Vata* to settle in a weakened *Kati*, producing dry, pricking pain and stiffness; it resembles degenerative low back pain and is treated with *Snehana*, *Swedana* and *Basti*. **Conclusion:** Identifying the *Sama* or *Nirama* state is the first step in treatment. General *Vata*

Vyadhi Chikitsa, with *Nidana Parivarjana*, *Shodhana*, *Shamana* and *Pathya*, provides a rational approach to *Katigraha*.

KEYWORDS: *Katigraha*, Low back pain, *Vata Vyadhi*, *Sama Vata*, *Nirama Vata*, *Basti.*

INTRODUCTION

In Ayurveda, *Vata* is held to be the very support of life. Acting through *Prana*, *Udana*, *Samana*, *Vyana* and *Apana*, it sets every movement in motion, keeps the mind steady and keeps the senses alert. Once disturbed, the same *Vata* drains strength and can even shorten life.[1] *Katigraha* is one such disturbance, and it is encountered almost daily in clinical practice. Difficulty in bending or turning, with pain that worsens on sitting, travel or exposure to cold, is the usual presentation.

Kati refers to the lumbar region and *Graha* to seizing or holding, so *Katigraha* describes a back that is gripped by pain and held stiff.[2] Charaka does not give it a chapter of its own, though *Prishthagraha* and *Trikagraha* are listed among the eighty *Vataja Nanatmaja Vyadhi*.[3] It is *Gadanigraha* that first speaks of it as a separate illness, explaining it as *Shuddha* or *Sama Vayu* lodging in the *Kati* and causing pain and rigidity.[4] *Sharangadhara* later names *Katigraha* as one among the eighty *Vata* disorders.[5]

On the modern side, low back pain causes more years lived with disability worldwide than any other condition. Roughly 619 million people had it in 2020, and the figure may climb close to 843 million by 2050.[6] The situation in India is worse than the global average: about 45–50% of adults are affected each year, especially women and manual labourers.[7] Between half and four-fifths of people suffer at least one attack in their lives,[8] and desk jobs, poor posture, rough two-wheeler rides, excess weight and ageing all add to the burden.

A proper understanding of *Katigraha* on Ayurvedic principles allows the physician to address the root of the problem rather than offering only symptomatic treatment.

AIMS AND OBJECTIVES

1. To gather the classical references to *Katigraha* and allied conditions.
2. To study its *Nidana*, *Samprapti*, *Lakshana* and *Chikitsa*.
3. To review low back pain in the light of modern medicine.

MATERIALS AND METHODS

Study design

This is a conceptual literary review. No human or animal participants were involved.

Sources of data

Ayurvedic sources: References to *Katigraha* were collected from the principal Ayurvedic texts, namely the *Brihattrayi* (*Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*) and the *Laghuttrayi*, and from *Gadanigraha*, *Chakradatta* and *Bhavaprakasha*, along with their available commentaries.

Modern sources: Information on low back pain was taken from standard textbooks of medicine and clinical examination and from published research articles.

Method of review

The collected material was compiled under the headings of *Nidana*, *Samprapti*, *Rupa* and *Chikitsa*, analysed, and compared with the modern understanding of low back pain. The findings are presented in tables and a schematic diagram.

RESULTS AND DISCUSSION

Historical review

Lumbar pain and stiffness are mentioned at several places in the classics, mostly as a symptom of some other illness. Table 1 brings these scattered references together.

Table 1: References to *Katigraha* in Classical Texts.

Text	Reference	Context
Charaka Samhita	Su. 20/11[3]	*Prishthagraha* and *Trikagraha* among *Vataja Nanatmaja Vyadhi*
Sushruta Samhita	Ni. 9/21[9]	*Katigraha* in *Vankshana Shotha* and *Vrikka Vidradhi*
Sushruta Samhita	Ni. 2/10[10]	*Kati Shoola* in *Vataja Arsha*
Sushruta Samhita	Ni. 1/24[11]	*Trika Vedana* in *Pakvashayagata Vata*
Ashtanga Hridaya	Ni. 2/12[12]	Lumbar pain as a feature of *Vataja Jwara*
Ashtanga Hridaya	Su. 12/48[13]	Diseases of the *Madhyama Roga Marga*
Ashtanga Hridaya	Ni. 16/6[14]	*Kati Toda* and *Bheda* as *Purvarupa* of *Vatarakta*
Gadanigraha	Vatavyadhi 19/160–164[4]	Independent disease; *Trayodashanga Guggulu*
Sharangadhara	Pr. Kh. 7/105[5]	Named among eighty *Vata* disorders

Samhita		
Bhavaprakasha	Amavata Adhikara 26/53[15]	Described along with *Amavata*

Kati Sharira

Anatomically, the *Kati* sits between the *Prishtha* above and the *Nitamba* below, which broadly corresponds to the lumbosacral region. Charaka includes it among the chief seats of *Vata*:

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Because the *Kati* is one of its own seats, *Vata* is readily aggravated here, and the nearby *Pakvashaya* is where *Vata* originates. *Asthi* and *Vata* share an *Ashraya-Ashrayi* bond, so whenever *Asthi Dhatu* wastes, *Vata* rises in the same place. Sushruta also places the *Katikataruna*, *Kukundara* and *Nitamba Marma* here.[17]

Nidana

The classics do not list causes specific to *Katigraha*; the usual factors that aggravate *Vata* hold good:

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Most of these causes are easy to recognise in today's lifestyle, as shown in Table 2.

Table 2: *Nidana* of *Katigraha* and Present-Day Equivalents.

Type	***Nidana***	**Present-day form**
Aharaja	*Ruksha*, *Sheeta*, *Alpa*, *Laghu Anna*; *Abhojana*	Skipped meals, cold and dry fast food, crash dieting
Viharaja	*Ati Vyayama*, *Ati Adhva*, *Ativicheshtita*	Heavy lifting, strenuous gym work, sudden twisting
Viharaja	*Duhkha Shayya* and *Asana*	Prolonged sitting, poor ergonomics, sagging mattress
Viharaja	*Shighra Yana*, *Prajagara*, *Vega Dharana*	Long two-wheeler rides, night shifts, suppressed urges

Manasika	*Chinta, Shoka, Krodha, Bhaya*	Work stress, anxiety, depression
Agantuja	*Abhighata, Marmaghata*	Falls, sports injuries, accidents
Others	*Dhatukshaya, Ama,* ageing	Degeneration, obesity, indigestion

Samprapti

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Aggravated *Vata* finds the empty channels of the body and fills them, giving rise to disease either throughout the body or in a single part. *Katigraha* belongs to the second, *Ekanga,* group. Taking *Gadanigraha*'s mention of *Shuddha* and *Sama Vayu* as the starting point, the disease can be seen to follow two paths (Fig. 1).

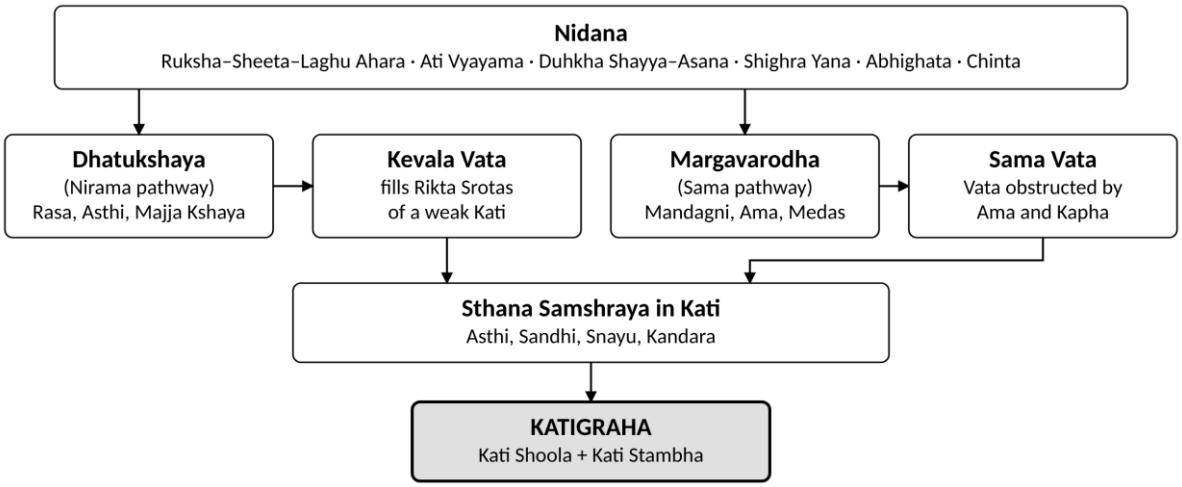


Fig. 1: *Samprapti* of *Katigraha.*

Along the ***Dhatukshaya* path**, dry and light diet, overwork and advancing age wear down *Rasa, Asthi* and *Majja,* which aggravates *Vata*; the aggravated *Vata* takes *Ashraya* in the *Kati,* causing a pricking type of pain.

Along the ***Margavarodha* path**, poor digestion gives rise to *Ama,* which hinders the free movement of *Vata* in the *Kati*. *Vata* becomes aggravated because of this blockage, leading to heaviness and morning stiffness that worsen in cold weather.

Table 3: *Samprapti Ghataka* of *Katigraha.*

Component	**In *Katigraha***
Dosha	*Vata Pradhana* (*Vyana* and *Apana Vata*); *Kapha* as *Anubandha* in *Sama* type
Dushya	*Rasa, Mamsa, Asthi, Majja*; *Snayu, Kandara, Sandhi*
Agni	*Jatharagni Mandya*; *Asthi* and *Majja Dhatvagni Mandya*

Ama	*Sama* or *Nirama*
Srotas	*Asthivaha* (*Mula*: *Medas*, *Jaghana*) and *Majjavaha* (*Mula*: *Asthi*, *Sandhi*)[19]
Srotodushti	*Sanga*
Udbhava Sthana	*Pakvashaya*
Sanchara Sthana	*Rasayani*
Adhishthana / Vyakta Sthana	*Kati Pradesha*
Roga Marga	*Madhyama* (*Asthi-Sandhi*, *Snayu*)[20]
Vyadhi Svabhava	*Ashukari* (acute) or *Chirakari* (chronic)

These components follow the general *Samprapti* of *Vata Vyadhi*. Since *Jaghana*, the lumbo-pelvic region, is a *Mula* of *Asthivaha Srotas*, depletion of *Asthi* manifests readily in the *Kati Pradesha*.[19]

Purvarupa* and *Rupa

Vata Vyadhi usually give no clear warning signs, their *Purvarupa* being *Avyakta*. A dull ache after exertion that eases with rest may, however, be noticed early. *Kati Shoola* and *Kati Stambha* are the two cardinal complaints. The pain may be pricking (*Toda*), splitting (*Bheda*) or a steady ache, and the stiffness restricts bending in every direction. Long standing, sitting or travel aggravates it, and the spinal muscles are often tender. Pain may spread to the buttock and thigh, but pain running below the knee down the back of the leg points to *Gridhrasi* instead.

From a practical standpoint, telling the *Sama* type from the *Nirama* type matters more than anything else, since each calls for a different line of treatment (Table 4).

Table 4: *Sama* and *Nirama Katigraha.*

Feature	***Sama***	***Nirama***
Pain and stiffness	Heaviness, morning stiffness; worse in cold, cloudy weather	Dry, pricking pain; worse on exertion and in the evening
General signs	*Aruchi*, *Agnimandya*, *Gaurava*, coated tongue	*Rukshata*, *Krishata*, joint crepitus
Relieved by	*Ruksha Sweda*, *Langhana*	*Snehana*, *Snigdha Sweda*, *Basti*
Modern parallel	Acute mechanical or inflammatory low back pain	Degenerative low back pain, spondylosis

The condition is relieved by warmth, rest, unctuous food and massage, and aggravated by cold, fasting, exertion and long sitting, which in itself points to *Vata*. Left untreated, *Vata* goes deeper into *Majja* and *Snayu*, and *Gridhrasi* or *Khanja* may develop. Recent cases in individuals with good strength respond readily, while chronic, recurring or *Avarana* cases are harder to cure.

The condition has to be differentiated from *Gridhrasi* (pain shooting down the leg, positive straight leg raising test), *Amavata* (many joints, swelling and fever), *Vatarakta* (beginning in the small joints), *Asthi-Majjagata Vata* (deep bone pain with wasting) and pain referred from *Vrikka Vidradhi* or *Vataja Arsha*.

Low back pain: modern review

In modern terms, low back pain (LBP) refers to discomfort, tightness or stiffness in the region between the lower ribs and the buttock creases, which may or may not spread to the legs.[21] It describes a complaint, not a disease. In close to ninety per cent of cases no definite structural lesion is found, and the pain is called non-specific or mechanical.[22] Depending on how long it has lasted, it is termed acute (below 6 weeks), subacute (6 to 12 weeks) or chronic (beyond 12 weeks).

The two lowest lumbar discs, L4–L5 and L5–S1, bear the heaviest load and are the first to wear out. Pain can come from the disc, the facet joints, the ligaments, the back muscles or the sacroiliac joints. Specific causes include disc prolapse, canal stenosis, spondylolisthesis, spondylitis, tuberculosis and osteoporotic collapse. Heavy manual work, long sitting, overweight, smoking, faulty posture and mental stress all raise the risk.[8]

Frequent bending, lifting and twisting cause tiny tears in muscle, ligament and disc, and the chemicals released make nerve endings more sensitive to pain. With age the disc dries and loses height, loading the facet joints. The muscles tighten to guard the spine, a cycle of pain, spasm and more pain begins, and in long-standing cases the nervous system itself starts to amplify the pain.

On examination, the pain is worse on bending and sitting, the back is stiff in the morning, movements are restricted, the normal lumbar curve is flattened and the paraspinal muscles are tender. Assessment covers lumbar flexion, extension and side bending, the modified Schober's test, straight leg raising (SLR) and a check of the L4, L5 and S1 nerve roots.[23] The Visual Analogue Scale (VAS) grades pain and the Oswestry Disability Index (ODI) grades disability.[21] X-ray shows degenerative change; magnetic resonance imaging (MRI) is kept for red flags such as night pain, fever, weight loss, past cancer or bladder and bowel involvement.

Correlation of *Katigraha* with low back pain

On the whole, *Katigraha* matches non-specific mechanical low back pain without neurological deficit (Table 5). Back pain spreading below the knee with signs of nerve-root irritation is better considered under *Gridhrasi*.

Table 5: *Katigraha* and Low Back Pain.

Aspect	***Katigraha***	**Low back pain**
Site	*Kati, Trika, Prishtha*	Lumbar and lumbosacral region
Cardinal features	*Shoola, Stambha*	Pain, stiffness, reduced movement
Causes	*Duhkha Asana, Ati Vyayama, Shighra Yana*	Poor posture, lifting, long travel
Degenerative route	*Dhatukshaya, Vardhakya*	Disc degeneration, spondylosis
Obstructive route	*Sama Vata, Kapha-Ama Avarana*	Inflammation, spasm, obesity
Structures	*Asthi, Sandhi, Snayu, Kandara*	Vertebrae, discs, facets, ligaments, muscles
Relieving factors	*Ushna, Snigdha, Sweda*	Heat, rest, massage
Complication	*Gridhrasi, Khanja*	Sciatica, chronic disability

Chikitsa

The management of *Katigraha* rests on the general principles laid down for *Vata Vyadhi*:

[illegible] [24]

Unobstructed *Vata* is thus treated with *Sneha* from the outset. When *Ama* or *Kapha* is present, it is first cleared by *Langhana*, *Deepana-Pachana* and *Ruksha Sweda*, and only then are *Snehana* and *Basti* started.

***Bahya Chikitsa*.** Local *Abhyanga* followed by *Swedana* forms the basis of external treatment, and the type of *Sweda* is selected according to the stage of the disease (Table 6). In *Kati Basti*, warm medicated oil is retained over the painful area for a fixed time. A randomised trial in *Katigraha* has also reported clear benefit from *Upanaha Sweda*.[25]

Table 6: *Bahya Chikitsa* in *Katigraha*.

Procedure	**Indication**	**Common medicines**
Abhyanga	*Nirama* type; *Shoola, Stambha*	*Mahanarayana, Sahacharadi, Dhanvantara Taila*
Valuka / Churna Pinda Sweda	*Sama* type with *Kapha*	Heated sand, *Kolakulathadi Churna*
Patra Pinda Sweda	*Vata-Kapha* states	Leaves of *Eranda, Arka, Shigru*
Shashtika Shali Pinda	*Dhatukshaya*, chronic	*Shashtika Shali* with

Sweda	cases	*Balamoola Kashaya* and milk
Kati Basti	Localised pain and stiffness	*Sahacharadi*, *Mahanarayana Taila*
Upanaha	Localised *Shoola*, *Stambha*	*Kolakulathadi*, *Saindhavadi Upanaha*
Agnikarma	Stubborn localised pain	*Panchadhatu Shalaka*

Shodhana. *Basti* is the foremost treatment for *Vata* (*"Bastir vata haranam"*)[26] and acts directly on the *Pakvashaya*, close to the *Kati*. *Erandamuladi* or *Dashamula Niruha* (*Vaitarana Basti* in the *Sama* state) is alternated with *Anuvasana* or *Matra Basti* of *Sahacharadi* or *Ksheerabala Taila*. *Mridu Virechana* with *Eranda Taila* gives *Vatanulomana*.

Shamana. In the *Sama* stage, *Deepana-Pachana* drugs such as *Shunthi* and *Vaishvanara Churna* are given first. Thereafter *Dashamula Kwatha*, *Maharasnadi Kwatha*, *Sahacharadi Kashaya* and *Guggulu* preparations such as *Yogaraja Guggulu* and *Trayodashanga Guggulu*, which *Gadanigraha* indicates for *Katigraha*,[4] are used. In the *Dhatukshaya* type, *Ksheerabala Taila*, *Ashwagandha* and *Lakshadi Guggulu* act as *Rasayana* for *Asthi* and *Majja*.

Pathya-Apathya

Pathya and *Apathya* follow those described for *Vata Vyadhi* in the classics (Table 7).[27]

Table 7: *Pathya* and *Apathya* in *Katigraha* (*Vata Vyadhi*).

Category	***Pathya***	***Apathya***
Dhanya	*Godhuma*, *Raktashali*, *Shashtika Shali*, *Masha*, *Kulattha*	*Chanaka*, *Kalaya*, *Kodrava*, *Shyamaka*, *Rajamasha*, *Nishpava*
Shaka and *Phala*	*Patola*, *Shigru*, *Lasuna*, *Dadima*, *Draksha*	*Shushka Shaka*, cold and dry vegetables
Others	*Ghrita*, *Tila Taila*, *Mamsarasa*, *Ksheera*, *Ushna Jala*	*Ruksha*, *Sheeta*, *Laghu* and stale food; heavy *Abhishyandi* food in *Sama* stage
Vihara	*Abhyanga*, *Swedana*, *Mardana*, *Basti*, warm bath, firm bed	*Ratri Jagarana*, *Vega Dharana*, *Ati Vyayama*, *Ati Adhva*, *Ati Vyavaya*, *Chinta*, cold wind

After the acute stage, *Bhujangasana*, *Shalabhasana*, *Makarasana* and *Setu Bandhasana* help prevent recurrence.

DISCUSSION

Katigraha was initially described as a symptom in the *Brihattrayi* and was later explained as an independent disease in *Gadanigraha* and *Sharangadhara Samhita*. Similarly, in modern medicine, low back pain is often considered a symptom rather than a specific disease, as its exact structural cause cannot be identified in many cases. The *Kati* region is particularly prone to pain because it is an important site of *Vata*, contains *Asthi Dhatu*, which is considered the seat of *Vata*, and is closely associated with the *Pakvashaya*, the main site of *Vata*. In addition, the lower back bears considerable stress during daily activities such as bending, lifting and prolonged sitting.

The classification of *Vata* into *Shuddha Vata* and *Sama Vata* in *Gadanigraha* helps in understanding the need for different treatment approaches. Low back pain associated with age-related degeneration may be related to *Dhatukshaya* and may benefit from nourishing therapies such as *Snehana, Snigdha Sweda*, *Matra Basti* and *Rasayana*. On the other hand, acute pain accompanied by muscle spasm, heaviness and reduced digestive capacity may indicate *Sama Vata*. In such cases, *Langhana*, *Ruksha Sweda* and *Ama Pachana* may be considered before starting *Snehana*. This highlights the importance of identifying the underlying condition before selecting the treatment, as the same approach may not be suitable for every patient.

The main symptoms of *Katigraha*, namely *Shoola* (pain) and *Stambha* (stiffness), can be compared with the pain and restricted movement associated with muscle spasm in modern medicine. Ayurvedic procedures such as *Snehana* and *Swedana* aim to reduce stiffness, improve local circulation and relieve discomfort. *Basti* is considered important in managing *Vata* disorders because of its association with the *Pakvashaya* and its role in regulating *Apana Vata*. These procedures may be combined with *Shamana* medicines possessing *Vatahara, Shoolahara* and *Shothahara* properties. *Rasayana* drugs are also considered beneficial for supporting *Asthi* and *Majja Dhatu*.

Several factors associated with low back pain in modern life can be related to the *Nidana* described in Ayurveda. Prolonged sitting may be compared with *Duhkha Asana* and travelling on rough roads with *Shighra Yana*. Similarly, mental stress may be associated with *Chinta*. Therefore, avoiding these causative factors through *Nidana Parivarjana* and following appropriate dietary and lifestyle practices (*Pathya*) are essential parts of management. The effectiveness of treatment can be assessed using modern tools such as the

VAS for pain, the ODI for functional disability and the modified Schober's test for lumbar spinal mobility. These tools help provide an objective assessment of the outcomes of Ayurvedic interventions.[25]

CONCLUSION

Katigraha is a *Vataja Nanatmaja Vyadhi* of the *Madhyama Roga Marga*, involving *Asthi*, *Majja*, *Snayu* and *Sandhi*, with *Shoola* and *Stambha* of the *Kati* as its cardinal features. It closely resembles non-specific mechanical low back pain. Its two pathways, *Dhatukshaya* and *Margavarodha*, explain the degenerative and acute forms of the condition, and assessment of the *Sama* or *Nirama* state decides the treatment principle. *Nidana Parivarjana*, *Bahya Chikitsa*, *Basti*, suitable *Shamana* drugs, *Rasayana* and *Pathya* together form a safe and holistic approach to low back pain.

ACKNOWLEDGEMENTS

The first author expresses sincere gratitude to Dr. Waheeda Banu, Professor and Head, Department of Kayachikitsa, for her valuable guidance and encouragement, and to the Principal, Karnataka Ayurveda Medical College, Mangaluru, for providing the necessary facilities and support for this work.

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