

## MANAGEMENT OF KATIGATA VATA W.S.R TO DEGENERATIVE LUMBAR SPONDYLOSIS - A CASE STUDY

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### ABSTRACT

Degenerative spondylosis is a disorder that causes the slip of the one vertebral body over the one below due to degenerative changes in the spine. Produces symptoms such as low back pain, painful lumbar movement, stiffness in lumbar region. Tingling numbness & weakness in the lower limb. This condition can be co-related to *katigata vata*. It included in *Nanatmaja vyadhi*. This case study explores the ayurvedic management and outcome in 72-year male patient with low back pain, stiffness, loss of strength in B/L Lower limb. **Method:** Assessment parameter includes symptoms grading scores of ranges of movement, posture, stiffness and functional scores such as the Oswestry disability questionnaire. Management include *vatahara & brumhana* measures such as *kati basti*, *sarvanga abhyanga*, *patra pinda sweda*, *matra basti*, *nasya* along with some disease palliative medications for 1 month a break in between. **Result & Conclusion:** the patient showed

improvement in subjective symptoms. The case substantiates the effectiveness of classical ayurvedic treatment in degenerative lumbar spondylolisthesis.

**KEYWORDS:** Spondylolisthesis, *Katigata vata*, *Kati graha*.

## INTRUDUCTION

The description about the *katigata vata* is not available as a separate disease entity in any ayurvedic text. It is mentioned as one of the *vatavyadhi in charaka Samhita* (Eighty *nanatmaja vyadhi*).<sup>[1]</sup>

Spondylolisthesis is derived from Latin term meaning slipped vertebral body (Spinal body), spondylo means vertebrae & listhesis means slippage. spondylolisthesis is a condition characterized by slipping of the vertebral body, pedicle & superior articular facet anteriorly leaving behind the posterior elements. Degenerative spondylolisthesis is more common in people over age 50, and far more common in individuals older than 65 It is also more common in females than males by a 3:1 margin.<sup>[2]</sup> A degenerative spondylolisthesis typically occurs at one of two levels of the lumbar spine: L4-L5 of the lower spine (most common location) and L3L4 level.<sup>[3]</sup> the condition may be asymptomatic or may cause low back pain & hamstring muscle tightness. Degenerative lumbar spondylolisthesis can be consider as various condition like *kati shoola*, *kati graha*, *trik graha*, *trik shoola prusta*, *gridhrasi* in *Ayurved*.<sup>[4]</sup> *Vataja* disorder are found in elderly age group. Various aetiological factors eg. *Abhighata* (Trauma), *Dhatukshaya* (Degeneration), *Dukhashayya* (Faulty posture), old age, etc. are documented in Ayurvedic texts.<sup>[5]</sup>

## CASE REPORT

### Chief complaints

C/O pain in low back region, stiffness & reduced strength in B/L lower limb unable to do daily activity since 4 months.

### associated complaints

Pain in nape of the neck

### History of present illness

A male patient 72 year known case of Diabetes since 30 years presented himself at the government ayurveda hospital Bangalore. A male patient apparently normal 1 year back gradual onset of the pain in low back associated with stiffness. The pain was initially mild but was progressed to severe along with the time. Due to the pain his day-by-day activities are disturbed for that consulted the nearby hospital pain reduced but stiffness persistent. Later after 3 months developed pain in the nape of the neck associated with the restricted range of movements of right upper limb. Loss of strength in the B/L lower limb. Found difficulty in

daily activities for all these complaints, the patient visited outdoor of hospital and admitted to indoor department of hospital for further evaluation and management.

**History of past illness**

Not a known case of hypertension/ Asthma

Known case of Diabetes under treatment

**Family history**

Nothing significant

**Treatment history**

Tab metformin +glimepiride 1 0 1

Steroids and analgesics SOS

**Personal history**

Appetite – irregular

Sleep disturbed

Micturition – 6-7 /3-4 D/N

Bowel – constipation / irregular once in 2 days

**General examination**

Built -lean

Nourishment- poor

Temperature – afebrile

Blood pressure – 130/ 80 mm hg

Pulse rate – 82 bpm, regular

Respiratory rate – 20 cycle / min

Pallor – Absent

Icterus – Absent

Clubbing – Absent

Cyanosis- Absent

Lymphadenopathy – Absent

Edema- Present

**Dashavidha pareeksha**

Prakriti- Vata- Pitta

Vikriti – Vata

Sara – Avara

Samhana – Avara

Pramana – Avara

Satva – Avara

Satmya – Madhyama

Vaya – Vridha

Ahara Shakti – Avara

Vyayama Shakti – Avara

### **Systemic Examination (Musculoskeletal examination)**

**Gait** -Unable to Stand Himself Need Support

### **Inspection**

Normal curvature notice (exaggerated lumbar curvature), no lumps/ mass noticed.

**Palpation;** tenderness at L4 L5 (doorbell sign), tenderness of paraspinal muscle noticed.

### **Range of movements**

Cervical – possible extension and flexion

Thoracic – stiffness+ lateral bending not possible

Lumbosacral – stiffness +, restricted range of movement

Straight leg raising – patient unable to lift the leg loss of strength

Passive = negative

Bregards – Negative

Bowstring – Negative

Heel walking -unable to do loss of the strength

**Probable diagnosis;** *katigatavata, kati graha.*

### **Heamatological investigation**

ESR (Erythrocyte sedimentation rate) – 19 mm/hr

HB (Haemoglobin)- 11gm%

RFT – Normal

LFT – Normal

FBS -97 mg/dl

PPBS – 170 mg /dl

**Diagnosis;** degenerative lumbar spondylolisthesis (Grade -1)

### Diagnosis and Assessment

The diagnosis was confirmed as Lumbar spondylolisthesis by the presence of pain, numbness, aching and burning sensation, restricted movements at lumbar region, lower limbs. A criterion of assessment was based on the scoring of the Oswestry low back pain disability questionnaire and Roland-Morris low back pain and disability questionnaire. The Oswestry low back pain disability questionnaire<sup>[6]</sup> also known as 'the Oswestry Disability Index' is an extremely important tool to measure a patient's functional disability and it is considered as the 'gold standard of low back functional outcome tools. This is composed of 10 sections (Questions). Each question is rated on 6 points (0-5) scale measuring activities like, personal care, sleep, social life, etc. The pain VAS is a unidimensional measure of pain intensity, used to record patients pain progression, or compare pain severity between patients with similar conditions.<sup>[7]</sup>

### Treatment plan

**Table 1: Treatment plan for the case of degenerative lumbar spondylolisthesis.**

Medicine	Dose	Frequency
Ekangaveerarasa	1 Tablet after food	Thrice daily
Haritaki churna	1 Tsp after food	Only at bed time with hot water
Rasna erandadi kwatha churna	15 ml before food	Twice daily

**Table 2: Procedures administered in the patient.**

Procedure	Duration
Kati basti with Ashwagandha taila	10 days
Sarvanga Abhyanga followed by Patra pinda sweda	7 days
Matra basti with Ashwagandha taila	11days

### Outcome measures

Functional outcomes evaluated using standardized assessment tools such as Oswestry disability index, visual analog scale (VAS) for the pain, and patient - reported quality of life measurement.

### RESULT

The patient showed significant improvement in symptoms. The ODI score improved from 44 to 28 VAS scale for the pain decreased from 7 to 3 indicating 40% and 60% respectively.

Table 3: Result.

Parameter	BT	AT
Oswestry disability index (ODI)	70%	40%
Visual analogue score (VAS) for the pain	6	3
Pain	Moderate	mild
Stiffness	Severe	mild
ROM	Restricted	Improved

## DISCUSSION

The 72 year male patient diagnosed with the lumbar spondylolisthesis. The male patient was agriculture labourer with a history of working in uneven surfaces and lifting heavy weight, exhibiting feature of *vata prakruthi*. his condition resulted from prolong low back strain and aggravated *vata dosha* due to factors like *ruksha*, *laghu*, *katu tikta Kashaya rasa pradhana ahara sevana ativyayama, ratrijagarana*. Due these factors aggravated *vata* wherever the *khavaigunyata* present their get the lodgement. *Dosha dushya sammurchana* will occur affecting the low back and associated structure. Degenerative Spondylolisthesis, typically age related, involve facet joint and disc degeneration leading to the instability and forward displacement of the vertebra.

Management focused on the *vata*- pacifying treatment including *Sarvanga Abyanga, Patra Pinda Sweda, Katibasti, Matra Basti*.

### Therapy modalities employed

#### *Sarvanga abhyanga with ksheera bala taila*

*Ksheera bala taila* is *Madhura rasa, Madhura vipaka*, it mitigates the *vata dhatunamprabalam* (Strength to the tissue) is good for the sense organ & *shadindriya prasada* (pleasing to the mind). *Snigdha, guru guna* decreases the *rukshata* of the *vata*. *Ksheera bala taila* during *Abhyanga* get absorbed by the vein. Root of the hair follicle, and arteries nourishes the body thus provide the strength. Massage promotes the acceleration of muscle and venous blood flow, and reduced muscle stiffness.<sup>[8]</sup> The local vasodilation trigger by the histamine, bradykinin, NO. Massage stimulates the skin receptors and subcutaneous tissues; this stimulus is transmitted from the afferent fibres of the PNS to the spinal cord to the central and ANS. Some of these effects stimulate vagal activity, resulting in a feeling of sedation and in a reduction of the heart rate that may reduce the anxiety, depression and pain. Increasing relaxation substances such as endorphins and promoting the liberation of neuroendocrine substances.

***Kati basti***

*Katibasti* is a form of *snehayukta sweda*, *sagni*, *ekanga*, *snigdha*, *madyama*, *drawa* and *samshamaniya bahirparimarjina chikitsa*. It is the combination of *snehana* and *swedana* both work together in synchronous and help to relieve *stambha*, *gaurava* and *sheeta* as well as the lesser the severity of the pain. It relieve the *sthanikavata* and provides *brumhana* qualities in the *kati* area. A longer *kati basti* (Approximately 50- 55 minutes) result in more hot fermentation and acetyl chloride release resulted into the *vatashamna* from *kati sthana*.

***Matra basti***

According to acharya charaka basti vataharam. Vata dosha main location is pakwashaya. The basti drug travel to pakwashaya basti gain the control over the vata through out the body as it posses *vatashamana* & *rasayana* qualities. We can see the best result in vata vyadhi. According modern medical knowledge the rectum rich in blood and lymph supply & drug can cross the rectal mucosa as a result it entering the entire body. Basti may have effect on the neurological system, gastrointestinal receptors, bacterial flora, it may increase local enzyme & neurotransmitter secretion.

***Patra pinda sweda***

*Patra pinda sweda* is type of *Sankara sweda*. It is used to relieve pain, swelling, inflammation and stiffness associated with bone, joint and musculoskeletal pain.<sup>[9]</sup> by promoting the release of toxins, reducing the inflammation, and strengthening the joints, muscle, and nerve (by reducing the compression of the nerve root) in the affected area, the *vedanasthapana*, *vatashamaka* (Analgesic), *shothahara*(Anti-inflammatory), and *dhatuposhaka* properties (Strengthening and Nutritive therapy) of *patra pinda swedana* can help improve muscle tone and tissue function and may alleviate the symptoms.

**DISCUSSION ON DRUG**

*Ashwagandha* is one of the *Madhura skanda Dravya* and in *Bhaishajya Ratnavali* also mentioned *Ashwagandha taila* in *vatavyadhi adhyaya*. *Ashwagandha taila* is a single herbal combination which contains *Aswagandha*. Base potent oil is *Tila Taila* which is *Ushna Tikshna*, *Madhura*, *Rasa Madhura Vipaka*, *Brumhana*, *Vikasi*, *Twak Prasadhak*.<sup>[10]</sup> It nourishes strengthens all the dhatus due to its *snigdha guru guna* and *ushna virya*. It decreases the *rukshata* of the *vata dosha*, due to its *vikasi guna* it reduces spasm and joint pain.<sup>[11]</sup> *Ashwagandha* being *vataghna* by its *ushna virya*. It is *shothahara* and *vednasthapan*

too. *Ashwagandha siddha taila* mentioned for *Abhyanga* and *Matra Basti* in *vatavyadhi* and general Debility.

## CONCLUSION

A primary cause of morbidity that renders a person unable of doing daily activity due to *katigata vata*(spondylolisthesis). This case study demonstrated the management of the of *katigata vata* by *panchakarma* and *shamana chikitsa*. There have been considerable changes in the patient's quality of life according to the assessing criteria. As of right now, the patient is doing well with his regular routines. *Matra Basti*, *Kati Basti*, *Sarvanga Abhyanga With Madura Dravya (Ashwagandha Taila)* effective in the reducing the symptoms of the *katigata vata*.

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