

AN APPRAISAL OF *KATIGRAHA* (LUMBAR SPONDYLOSIS) AND ITS MANAGEMENT-REVIEW ARTICLE

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ABSTRACT

Low back pain is one of the most prevalent musculoskeletal conditions worldwide and commonly presents as a symptom of a wide spectrum of spinal disorders. Among these, lumbar spondylosis represents a particularly frequent and clinically significant entity, contributing substantially to pain, functional limitation, and reduced quality of life. In Ayurveda, a similar condition is described as *Katigraha*, a *Vata*-dominant disorder manifested by pain and rigidity in the lumbar region. The present review aims to analyse and correlate the Ayurvedic concept of *Katigraha* with the modern clinical understanding of lumbar spondylosis through a detailed review of textual and contemporary literature. Classical Ayurvedic texts, including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Bhavaprakasha, and Gadanigraha, describe *Katigraha* as a disorder arising from aggravated *Vata*, often associated

with lifestyle and dietary factors. Modern research attributes lumbar spondylosis to degenerative processes in the intervertebral structures and mechanical stress on the lumbar spine. This review highlights that the understanding of *Katigraha* in the context of lumbar spondylosis provides an integrative framework for diagnosis and management. A combined clinical perspective offers potential for effective, holistic management of chronic low back

conditions and enhances the scope for evidence-based integrative research in musculoskeletal disorders.

KEYWORDS: *Ayurveda, Katigraha, Low back pain, Lumbar spondylosis, Review article.*

INTRODUCTION

Low back pain has become a major public health issue, especially among workers who require prolonged sitting and sustained cognitive load. This evolving occupational environment has been associated with a progressive increase in the incidence of low back pain, with clinical features ranging from transient stiffness and mild discomfort to marked functional limitation. Degenerative spinal pathologies, particularly lumbar spondylosis, substantially contribute to this burden by predisposing to chronic, recurrent low back pain.^[1] Lumbar spondylosis affects an estimated 6–10% of the general population globally. It is a frequent age-related degenerative change, with radiographic features reported in 27–37% of asymptomatic adults and in over 80% of individuals above 40 years. Prolonged sitting, low physical activity, intervertebral disc degeneration, and advancing age are key contributing factors. Chronic low back pain related to lumbar spondylosis is further linked to reduced work productivity, impaired quality of life, and psychological comorbidities, including anxiety and depression, highlighting its complex biopsychosocial profile.^[2]

In Ayurvedic literature, low back pain with stiffness is described under the entity *Katigraha*. According to Gada Nigraha, *Katigraha* occurs when *Vata* localizes in the lumbar region and produces *Ruja* (low back pain), *Graha* (lumbar stiffness and restricted movements), *Pangu* (difficulty in walking/functional disability), and *Sakthi-dvayashrita* (involvement of both lower limbs), which closely resemble the clinical features of lumbar spondylosis. The term is derived from *Kati*, denoting the anatomical area of the lower back, and *Graha*, implying stiffness or constriction. Classical texts recognize *Katigraha* as a predominantly *Vataja* disorder associated with *Kapha* involvement, resulting in pain and rigidity. The *Kati* region is identified as a principal seat of *Vata*, and aggravation of *Vata* localized in the *Pakwashaya*(~colon) is considered a key factor in the pathogenesis of *Katigraha*.^[3] This review establishes the conceptual correlation between lumbar spondylosis and *Katigraha*, integrating modern clinical perspectives with classical Ayurvedic pathophysiology and treatments.

AIMS AND OBJECTIVES

To critically review the available Ayurvedic literature on *Katigraha*, its treatment principles, and analyse its equivalence with Lumbar spondylosis.

METHODOLOGY

A comprehensive literature review was conducted to collate information on *Katigraha* (low back pain and stiffness) from classical Ayurvedic texts, modern clinical studies, and peer-reviewed journals. Electronic database including PubMed, DHARA portal, AYUSH research portal, Google scholar, were systematically searched using specific keywords such as “*Katigraha*”, “low back pain”, and “lumbar spondylosis.”

DISCUSSION

Aetio-pathogenesis

Katigraha is recognized in Ayurvedic literature as a predominantly *Vataja* disorder, with classical Acharyas unanimously attributing its pathogenesis to *Vāta prakopa*. Dietary, lifestyle, psychological, and systemic factors that aggravate *Vāta* lead to the manifestation of pain and stiffness in the *Kati Pradesh*. The etiological factors responsible for *Vāta* aggravation are presented in the table below.^[4]

रूक्षशीताल्पलघ्वन्नव्यवायातिप्रजागरैः ।विषमादुपचाराच्च दोषासृक्श्रवणादति ॥ १५ ॥

लङ्घनप्लवनाध्वव्यायामविचेष्टितैः ।धातुसंक्षयाच्चिन्ताशोकरोगातिकर्षणात् ॥ १६ ॥

दुःखशय्यासनात् क्रोधाद्दिवास्वप्नाद्भ्रयादपि ।वेगसन्धारणादामादभिघातादभोजनात् ॥ १७ ॥

मर्मघाताद्गजष्टोष्ट्रशीघ्रयानपतनादपि ।रिक्तस्रोतःसु भूयस्त्वं प्रकुपितोऽनिलः ॥ १८ ॥

(सन्दर्भः चरकसंहिता, चिकित्सास्थानम्, अध्यायः २८ (वातव्याधिचिकित्सितम्), श्लोकाः १५-१८

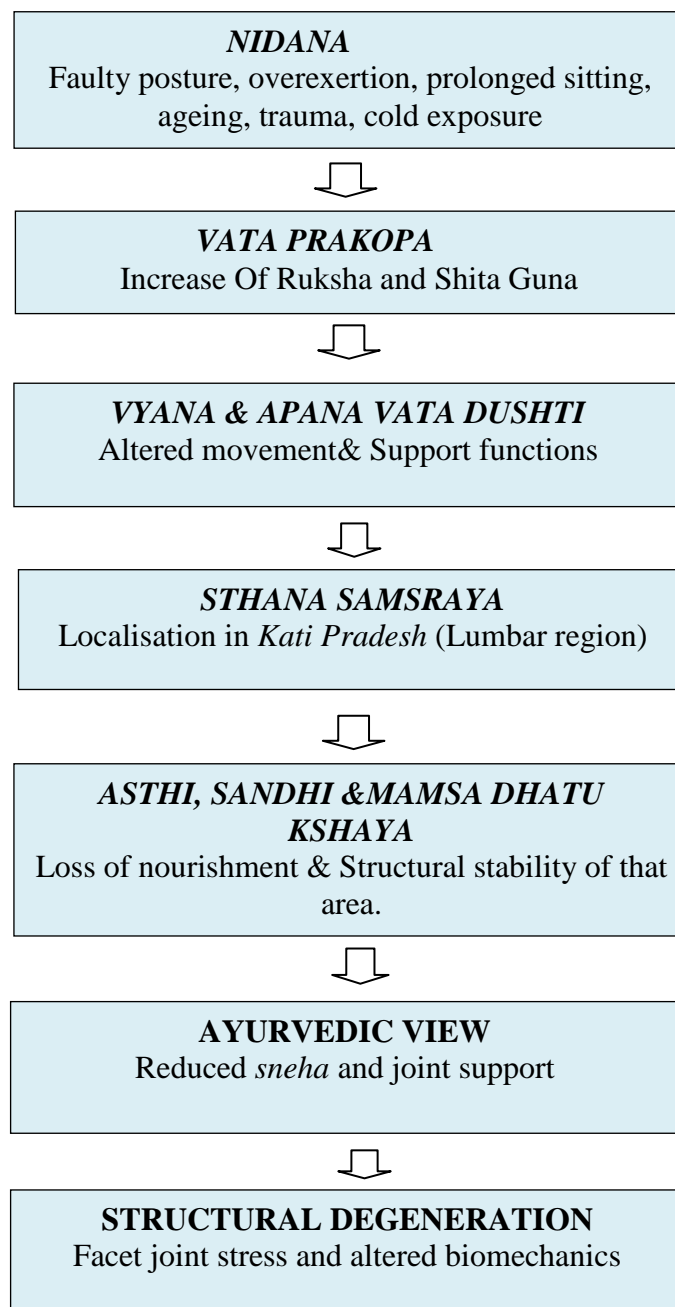
Table 1: Categorization of Causative Factors Leading to Vata Aggravation.

Category	Nidāna (Etiological Factors)
<i>Aharaja Nidana</i> (Dietary factors)	<i>Ruksa, Sita, Alpa, Laghu ahara, Kashaya rasa pradhana ahara, Katu rasa pradhana ahara, Mudga, Masura, Nispava, Harenu, Kalaya.</i>
<i>Viharaja Nidāna</i> (Lifestyle factors)	<i>Ati-vyayama, Ratri-jagarana, Ati-vyavaya, Langhana, Vega-dharana, Visama upacara, Seeghra yana, Duhkhasayya, Srama</i>
<i>Manasika Nidana</i> (Psychological factors)	<i>Chinta, Soka, Bhaya, Krodha</i>
<i>Anyā Nidana</i> (Other factors)	<i>Rogatikarsana, Dhatu-kshaya, Ama, Ati-rakta-srava</i>

Lumbar spondylosis is primarily attributed to degenerative and mechanical factors, including repetitive spinal loading, intervertebral disc degeneration, facet joint dysfunction, etc. Less commonly, systemic and infectious conditions such as vertebral osteomyelitis, spinal tuberculosis, as well as neoplastic lesions and spinal trauma, may contribute to or mimic spondylotic changes. Additional contributors include overuse, excessive physical activity, and chronic pain syndromes, which can exacerbate degeneration. Identification of the underlying etiological factors is essential for accurate diagnosis and effective management.^[5]

Pathogenesis

Pathophysiology of *Katigraha* (correlation with lumbar spondylosis).



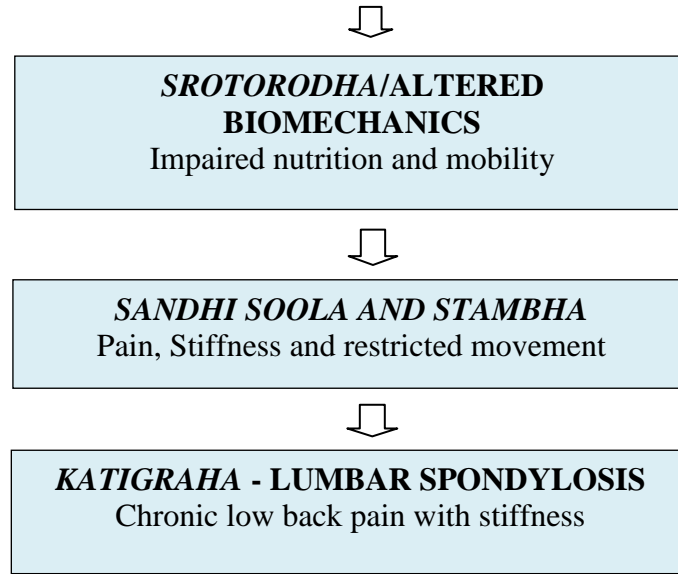


Fig. 1: The figure illustrates the sequential involvement of aggravated vata dosha, dhatu kshaya and structural degeneration of lumbar spine, correlating ayurvedic concepts with modern degenerative changes.^[6]

Lakshana

Table 2: Description of Lakshanas of Katigraha and related conditions according to classical Ayurvedic texts.^[7,8,9,10,11,12,13]

Acharya / Text	Terminology Used	Described Lakshanas (Clinical features)	Conceptual Interpretation
Charaka Samhita	<i>Trika Graha, Prishtha Graha</i>	Pain (<i>Shoola</i>), stiffness (<i>Graha</i>) in the lower back and posterior trunk	<i>Vataja Nanatmaja Vyadhi</i> involving the lumbosacral region
Sushruta Samhita	No direct reference		
Ashtanga Hridaya (Vagbhata)	<i>Katigraha, Trika Graha, Prishtha Graha</i>	Pain, stiffness, and restricted movements due to <i>Vridha Vata</i>	Functional disturbance of <i>Vata (Vridha Vata Karma)</i>
Ashtanga Samgraha	<i>Trika Graha</i>	Pain and stiffness in the lumbosacral region	Included under <i>Vataja Nanatmaja Vyadhi</i>
Bhavaprakasha	<i>Trikashoola</i>	Localized pain at sacral joint, restricted movement <i>स्फिगस्थनोः पृष्ठ वंशा अस्थानोयः संधिस्तत्रिकं मतम् । तत्र वातेन वा पीडा त्रिकशूलं तदुच्यते। [११५/३०]</i>	Classical <i>Vata</i> disorder affecting the <i>Trika</i> region
Vaidya Chintamani	<i>Kativata</i>	Severe localized pain, stiffness, impaired movement; associated neuro-mental features <i>कटीभंगविकारी च महाशुली च रोषणः ।</i>	Complex <i>Vata</i> vitiation involving the lumbar spine and nervous system

		अपस्मारी च दुर्भाषी कटीवातगतातु रा। [१२१/२३]	
Gadanigraha	<i>Katigraha</i>	Severe pain, stiffness, restricted or impaired movement, bilateral involvement वायु कटयाश्रीता: शुद्ध सामो वा जनयेत् रुजम कटिग्रह स विन्जेय पंगु: सक्थि द्वयाश्रीता [१९/६०]	Obstruction and localization of <i>Vata</i> in <i>Kati Pradesh</i>
Sarangadhara Samhita	<i>Katigraha</i>	Pain and stiffness in <i>Kati Pradesh</i> mentioned as “ <i>Katistambha Vedanavisesha</i> ”	Discussed in the context of <i>Vata Vyadhi</i>

Lumbar spondylosis, a degenerative lumbar spine disorder, features osteophytes, disc space narrowing, and facet joint deterioration visible on imaging, leading to neural compression. Clinically, it manifests as insidious low back pain and stiffness worsened by activity, with a 'catching' sensation on standing from sitting that eases after brief walking. Patients often report sciatica with radiating leg pain, paraesthesia, and numbness in L4-S1 dermatomes, progressing to muscle weakness and gait issues.^[14]

Diagnosis

Diagnosis of *Katigraha* (lumbar spondylosis) integrates Ayurvedic lakshanas with modern clinical and radiological evaluations. *Vata*-dominant features like *Katishoola* (localized lumbar pain), *stambha* (stiffness), and chesta-hani (restricted movements) guide preliminary assessment alongside reduced lumbar range of motion and paraspinal tenderness with spasms on palpation. Imaging confirms degeneration: X-ray reveals disc space narrowing and osteophytes, while MRI demonstrates disc disruption and facet arthropathy.^[15]

Management of *Katigraha*[Lumbar spondylosis]

Although *Katigraha* is not described as a distinct disease in the Brihatrayi, it is commonly considered a type of *Vatavyadhi*, characterized by pain (*Shula*) and stiffness (*Stambha*) in the lower back. According to Ayurvedic principles, *Vatavyadhi* is treated through three main approaches: *Nidana Parivarjana* (avoiding causative factors), *Shamana* (pacifying therapy), and *Shodhana* (purification therapy). These treatments help manage the two main causes of *Vatavyadhi*, namely *Dhatu kshaya* (tissue degeneration) and *Margavarodha* (obstruction of the body's channels).^[16,17,18,19]

Nidana Parivarjana (Avoidance of Causative Factors)

Nidana Parivarjana forms the primary step in the management of *Katigraha* by preventing further aggravation of *Vata dosha*. Patients are advised to avoid excessive physical exertion, prolonged sitting or standing, faulty posture, and exposure to cold or damp environments. Dietary measures include the avoidance of dry, cold, and incompatible foods. Adoption of proper posture, ergonomic practices, and moderate physical activity helps in reducing recurrence and slowing disease progression.

Shaman Chikitsa (Palliative Management)

Saman Chikitsa aims at alleviating pain, stiffness, and functional limitation in *Katigraha*. *Abhyanga* with medicated oils such as Mahanarayana Taila^[20] or Dhanwantaram^[21] Taila helps in pacifying aggravated *Vata* and improving circulation. *Swedana* therapy relieves muscular rigidity and enhances mobility. Oral formulations like *Rasnasaptaka Kwatha*,^[22] *Trayodasanga Guggulu*,^[23] and *Dashamoola Kwatha* provide analgesic and anti-inflammatory effects. *Pathya Ahara*, consisting of warm, unctuous, and easily digestible foods, supports sustained *Vata* balance.

Shodhana Chikitsa (Detoxification Therapy)

Shodhana Chikitsa is indicated in chronic or severe cases of *Katigraha* to eliminate aggravated doshas. *Virechana* aids systemic detoxification. *Basti* therapy, including *Anuvasana* and *Niruha Basti*, is considered the most effective intervention for *Vata* disorders affecting the lumbar region. *Nasya* therapy with medicated oils supports the regulation of *Vata* along the spinal axis. These procedures should be individualized based on the patient's constitution and disease severity.

All therapies should be individualized based on patient constitution, disease severity, and comorbidities.

Management of lumbar spondylosis prioritizes non-invasive approaches initially, with structured exercise regimens, resistance training, and flexibility work serving as foundational interventions to alleviate pain and enhance daily function. Adjunctive physical modalities, such as transcutaneous electrical nerve stimulation and spinal manipulation, offer transient symptom relief, though evidence for sustained outcomes remains inconsistent; lumbar supports and traction show limited superiority over minimal care. Pharmacologic strategies typically begin with nonsteroidal anti-inflammatory agents to

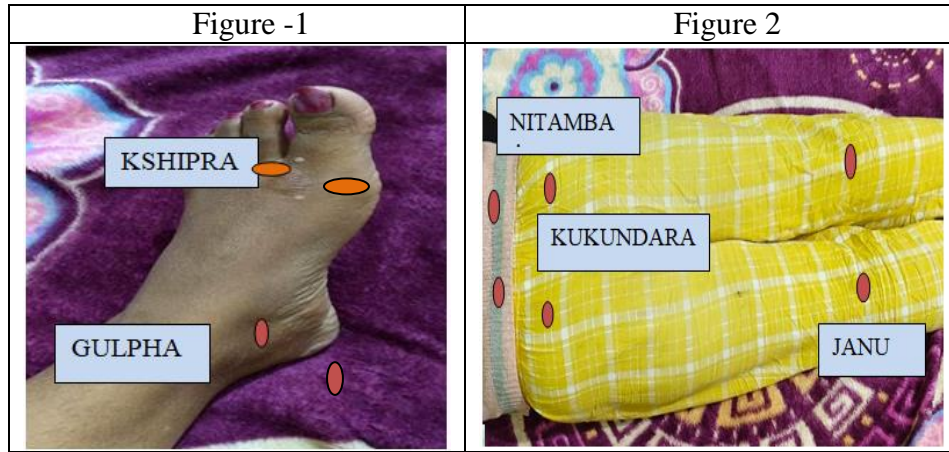
curb inflammation alongside analgesics, progressing to muscle relaxants or cautious opioid use for refractory cases, while interventional procedures like fluoroscopy-guided epidural or facet joint steroid injections provide targeted short-term respite in select radicular presentations. Surgical decompression or fusion represents a terminal resort for individuals exhibiting progressive instability or neurologic compromise unresponsive to exhaustive conservative measures.^[24]

YOGIC PRACTICES

Yogic practices, particularly targeted asanas, provide effective non-surgical relief for lumbar spondylosis by strengthening spinal muscles, enhancing flexibility, improving circulation, and reducing stress on vertebrae, benefits surpassing many conventional approaches for this degenerative condition. Key poses include *Ekpada Shalabhasana* (bolstering core and lower back), *Marjaryasana* (boosting disc flexibility and lumbar blood flow), *Ekpada Pawanmuktasana* (promoting joint mobility and awareness), *Bhujangasana and Dhanurasana* (extending the spine while toning erector spinae and quadratus lumborum), *Matsyasana* (stretching trapezius and latissimus dorsi), *Makarasana* (easing sedentary strain), and *Ushtrasana* (inducing reflex-based relaxation and synovial fluid secretion).^[25]

MARMA THERAPY

In *Katigraha*, the Ayurvedic equivalent of lumbar spondylosis marked by *Vata*-dominant gripping pain and stiffness in the lumbosacral region, marma points serve as critical neurovascular junctions that regulate *prana*, alleviate neuromuscular spasm, and restore *doshic* harmony. Stimulation of five key Marmas, *Kukkundara*, *Nitamba*, *Janu*, *Gulpha*, and *Kshipra* through targeted massage yields significant analgesia and functional improvement by enhancing local circulation and muscle relaxation.^[26]



[figure 1-2]; Anatomical locations of the selected marma

AGNIKARMA

Agnikarma, a para surgical Ayurvedic procedure for *Katigraha* (lumbar spondylosis), involves controlled thermal cauterization using *Panchadhatu Shalaka* on 15-20 tender points (0.5-1 cm apart) in the *Kati Pradesh*, identified by palpation or radiographic osteophytes, until *Samyak Dagdh Lakshanas* appear, followed by Aloe Vera pulp and *Haridra Churna* application over 3-4 sittings at 7-15 days intervals. Clinical trials demonstrate highly significant relief ($P < 0.001$) in *Kati Shoola* (66-86%), *Stambha* (60-71%), *Suptata* (58-78%), painful movements (55-62%), VAS (44-73%), ODI (71%), Straight leg raising (SLR), and Schober's test, outperforming *Raktamokshana* in pain/numbness relief through *Ushna Agni's* *Vata*-pacifying action, *Dhatvagni* stimulation, *Srotas* clearance, *Ama* metabolism, osteophyte weakening, and sustained analgesia without recurrence or adverse effects.^[27]

SIRAVYADHA

Although direct references to *Siravyadha* for *Katigraha* remain absent in classical texts, its established application in *Gridhrasi*, a condition sharing primary symptoms like radiating low back pain and stiffness, supports its therapeutic rationale for *Katigraha* as a *Vataja* disorder. In Ayurveda, *Siravyadha* (therapeutic venesection) serves as an effective para-surgical intervention for *Gridhrasi*, akin to sciatica, by alleviating *Rakta-Avruta Vata* symptoms such as pain, stiffness, and heaviness. Sushruta Samhita mentioned *Siravyadha* in *Gridhrasi*, targeting sites such as 4 *Angulas* above or below *Janu Sandhi* between *Kandara* and *Gulpha*, with success marked by lightness and reduced discomfort.

“गृध्रस्यां अन्तरकण्ठर गुल्फसन्धेः उपरि चतुरङ्गुलात् सिरां व्यधेत्”^[28]

CUPPING THERAPY

Cupping therapy relieves back pain by creating suction that boosts local blood flow, loosens rigid muscles and fascia, and clears inflammatory buildup from tissues, easing stiffness and promoting natural healing. This mechanical lift breaks pain-spasm cycles, desensitizes nerve endings, and enhances tissue pliability, yielding rapid reductions in chronic low back pain intensity. Analogous to Ayurveda's *Siravyadha* for *Rakta-Avruta Vata* in *Gridhrasi*, it offers a non-invasive option for *Katigraha*-like symptoms without classical precedent.^[29]

CONCLUSION

Lumbar spondylosis is a degenerative disorder of the lumbar spine characterized by low back pain, stiffness, and restricted movements. These clinical features show close resemblance with *Katigraha* described in Ayurveda, which is mainly caused by vitiation of *Vata Dosha* affecting the *Kati Pradesh*. The comparative review of *nidana*, symptomatology, and pathophysiology indicates a significant correlation between both conditions.

Modern management primarily focuses on symptomatic relief, whereas Ayurveda emphasises a holistic approach aimed at correcting the underlying doshic imbalance through therapies such as *Snehana*, *Swedana*, *Sodhana*, *Samana*, Marma therapy, and *Siravyadha*. These treatment modalities help in reducing pain and stiffness and improving functional mobility. Therefore, Ayurvedic principles and therapies may provide an effective and promising approach in the management of lumbar spondylosis and improving the patient's quality of life.

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