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A CASE REPORT ON MANAGEMENT OF ACUTE LOWER BACK PAIN (KATIGAT VATA)

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ABSTRACT

Background: Lower back pain (LBP) is a very common symptom occurs at any age. Prevalence rate of LBP in India, annually 48% (95%CI-40-56%) and life time 66% (95%CI-56-75%). Management of this depends upon the condition either acute or chronic & the cause. On basis of this the orthopedic consultant advised the line of management whether is it an emergency or it can be managed on conservative treatment. **Objective:** The aim of this case report to assess the effect of *Ayurvedic* regimen in herbomineral formulation of tablets and decoction along with *Panchakarma* therapy in the management of Lower back pain (*Katigata Vata*). **Material & Methods:** A 38 years old female patient was recruited from OPD of Dr.D.Y.Patil College of Ayurved & Hospital Research Centre, Pimpri, Pune-18, with complaining of pain at lumbar region, *(Katishoola)*, radiating pain from lumbar region to left lower limb (*Kati* to *Vama Prapadashola*) tingling sensation in both lower limb (*Padaharsha)*, gait disturbances (*Sakashta Chankramana)* and unable to seat (*Sakashta Utkatasan)*. Patient was suffering from these complaints since one year**.** Ayurvedic herbo mineral preparation in the form of tablets and decoction along with *Panchakarma* therapy was suggested for 15 days. Follow up were taken on 7th, 15^{th,} day and results were assessed. **Results:** Ayurvedic herbo

mineral preparation in the form of tablets and decoction along with *Panchakarma* therapy showed significant reductions in all complaints or subjective parameters of patient. Quality of life was also improved due to decrease in lower back pain and increased in confidence level in social life. **Conclusion:** Suggested Ayurvedic intervention was highly effective in the management of Lower back pain (*Katigat Vata*).

3. KEYWORDS: Low back pain, *Katigat Vata*, herbominaral preparation, *Panchakarma* therapy, Case Report.

4. INTRODUCTION

Low back pain (LBP) due to lumbar pathology is very common now days. Commonly age criteria is more than 60 yrs.[1] But now days it is observed that it occurs in the decade of thirty also due to various causative factors like mechanical injuries, trauma, neurological deficit, metabolic, functional disability, degeneration, vitamins deficiency etc.[2] In Ayurvedic literature, The description about LBP was not available separately. It is mentioned under the heading of *Vatavyadhi.* In *Charak Samhita,* eighty *Nanatmaja Vatavyadhi*[3] were mentioned and *Katigata vata* is one of them. Also, in the management part Charak *suggest Ayurveda* horizon for such miraculous treatment for such kind of patient with pacifying treatment (*Shamana*) for vitiated elements (*Dosha*), body detoxification (*Panchakarma*), Rejuvenation treatment *(Rasayana*) etc. Aim of *Ayurveda* is to increase immunity and restore equilibrium of vitiated elements (*Tridoshsamyata).*[4]

In modern medicine the disease is managed by non-steroidal anti-inflammatory drugs, analgesic drugs; physiotherapy and corticosteroids. These drugs have so many systemic side effects.[5] So considering all these factors *Ayurvedic* approach is natural way to cure low back pain without any side effects can give promising results.

5. Patient Information

A 38 yrs old female patient came to OPD of Dr.D.Y.Patil College of Ayurved & Hospital, Pimpri. Pune-18 with chief complaints of pain in lumbar region, radiating pain from lumbar region to left lower limb, tingling sensation in both lower limbs, unable to walk and difficulty in gait since from three months. H/O fall from two wheeler one and half year back. There was no significant H/O any major illness in past like Diabetes Mellitus, Hypertension, Asthma. There was no significant H/O of any major surgery recently. Her Gynecological history was within normal limit. Initially she was consulted with orthopedic surgeon and given

conservative treatment for the same. She felt much better after taking treatment but again recurrent episodes of symptoms started after initial course of the treatment. Orthopedic surgeon suggested her go for MRI Lumbo-sacral joint with whole spine screening and continued with same treatment. But from last one week the severity of symptoms were increased. But she did not get relief from the pain at lower spine and finally she consulted with me in OPD of *Ayurved* College for further management.

5.1 On Examination- [Table No 1]

General condition	Averagely build and nourished
Pulse rate	82/min,regular in rate,rthym,force
Blood Pressure	130/80 mm of Hg on right side of upper extremity.
Temperature	98.5^0F
Pallor	Mild pallor
Cyanosis	No
Clubbing	No
Icterus	No
Edema	No
JVP	No
Body Weight	60kg,
Height	159cm.
Systemic Examination	
Respiratory System	B/L air entry within normal
Cardiovascular System	S1 and S2 normal, No murmurs
GIT	Soft, non-tender; Liver, Kidney, Spleen-not palpable
Nervous System	Conscious, Oriented, Obeys verbal commands

5.2 Eight folded examination (*Ashtavidhpariksha*) by Ayurveda view-[Table-2]

Pulse *(Nadi)*	*Vat pradhan kaphanubandhi*
Stool *(Mala)*	*Regular bowel habbit, occasionly constipated*
Urine*(Mutra)*	*Regular bladder*
Tongue*(Jivha)*	*White coated (Ishat sama)*
Voice *(Shabda)*	*Clear (Spashta)*
Touch *(Sparsh)*	*Regular body temperature (Ushana)*
Eyes *(Druk)*	*Pallor mild (Panduta)*
Physical Constitute *(Akriti)*	*Moderate built (Madhyam)*
Body Channels Vitiation*(.Sroto dushti)-* ***Asthivaha Strotas***	Pain in lumbar region, radiating pain from lumbar region to left legs
2.Majja vaha Strotas	Tingling and numbness in both upper and lower limb, difficulty in walking.

5.3 Clinical examination of spinal cord-

Table-3.

Inspection	No Lordosis, no Kyphosis, mild Scoliosis No spinal deformity was seen. No local swelling No surgical marks
Palpation	Tenderness at L1-S4 spine Local temperature- raised
Gait	Waddling gait.
Motor System	Power- Both side-5/5 Reflexes- B/L Lower Limbs- WNL Planter-both Downward
Sensory System	Pain-+++
Test-	
SLR	Positive Lt LL at 35^0
Lassigues Sign	Positive
Coin test	Positive
Compression test	Positive
Vas scale	7-8

5.4 Diagnostic Investigations- {Table-4]

Hb%	10.8 gm%,
TLC	8600 cu/mm DLC –P – 50, L – 45, E – 02, M – 06,
Urine examination	Normal
Sr.Calcium	7.6
Blood Sugar Level -R	90 mg/dl
MRI of lumbosacral joint spine with whole spine screening	Scoliosis of lumbar spine with convexity towards on right side. Grade II anterior listhesis of L5 over S1 vertebral body with bilateral spondylolysis at L5-S1 level. Anterior listhesis with left foraminal disc protrusion and facial hypertrophy changes at L5-S1 level, causing significant left neural foraminal stenosis with compression of left existing L4 nerve root. Diffuse disc bulge at L4-L5 level as described above.

6. Therapeutic Intervention- Considering all findings with clinical examination and on the basis of history taking following treatment plan was suggested for patient internal medication and *Panchakarma.* Follow up were taken on 7^{th} & 15^{th} day on OPD basis. [**Table -5 & 6**]

Drug name	Dose	Anupan	Time (Kala)	Days
Cap. Shallaki	250mg	Luke warm water	After food Thrice in a day	15 days
Tb.Agnitundi Vati	250 mg	Luke warm water	After food Thrice in a day	15 days
Dashamooladi Kashyam	20 ml	Luke warm water	After food Twice	15 days

		with equal quantity	in a day	
PANCHAKARMA-				
Local oiling thearpy (Sthanik-Snehan)	Ksheerbala Taila			15 days
Local Fomentation (Sthanik Swedan)	Nadi swed with Nirgundi Patra			15days
Enema with Seasum oil (Matrabasti: Til tail)	60 ml	**Alternate-day**		15days
Decoction Enema (NiruhaBasti-Dashamoola Kwath)	960ml			15days
Local (Sthanik Kati basti Bala Taila)			**20mins**	15days

7. Follow up and outcome - Clinical assessment was done on 7th & 15th day on OPD basis and outcome was assessed with the help of **SLR test** and **Owestry Low Back Pain Index.**

Table 7.1: **Straight Leg Raising Test.**

Before Treatment		**After Treatment**	
Right Leg	**Left Leg**	**Right Leg**	**Left leg**
90^0	35^0	90^0	80^0

Table 7.2: Owestry Low Back Pain Index.

Sr. No	Points	Before Treatment	After Treatment
1	Pain intensity	The pain is worst imaginable at the movement	No pain
2	Personal care (washing, dressing etc)	Patient do not get dressed, wash with difficulty and stay in bed	Patient can take care own normally without causing extra pain in the movements.
3	Lifting	Cannot lift or carry anything at all	Patient can lift weight things easily without much causing extra pain.
4	Walking	In bed most of the time	Patient can walk easily without extra pain.
5	Sitting	Pain prevents me from sitting more than 30 minutes	Patient can seat easily
6	Social life	Patient have no social life because of pain	Patient can live her normal social life in better way
7	Standing	Pain prevents me from standing for more than 3 minutes	Patient can stand easily
8	Sex life	My sex life is nearly normal but is very painful	Gradually becomes normal
	TOTAL INTERPRETATION OF SCORES	41%-60%: severe disability:	0% to 20%: minimal disability:

Table 7.3: Relief in Forward Bending.

Before Treatment	After Treatment
Forward bending Painful	Forward bending-Painless
Backward bending Painful	Backward bending-Painless

Table 7.4: Relief in Side Bending.

Before Treatment	After Treatment
Right lateral bending Painful	Right lateral bending-Painless
Left lateral bending Painful	Left lateral bending-Painless

Table 7. 5: Relief in Circular Movements.

Before Treatment	After Treatment
Right side Painful	Right side -Painless
Left side- Painful	Left side -Painless

Table 7.6: Other tests

Before Treatment	Before Treatment	After treatment
Lassigues Sign	Positive	Negative
Coin test	Positive	Negative
Compression Test	Positive	Negative

Table 7.7: Other tests- Vas Scale.

Before Treatment	Before Treatment	After treatment
Vas Scale	7-8	0-1

8. DISCUSSION

According to ayurveda literature, Pain at lumbar region (*Katigatavata)* is due primarily involvement of vitiated elements of body like mind-body element *(Vata dosha),* bones of lumbar spine (*Asthi dhatu) and joints L1 to L5 (Sandhi Dushti)*.Causative factors like fall ,diet and lifestyle leads to pathogenesis of inflammation of lumbar spine vertebrae that leads to formations of osteoporosis of L1 to L5. Followed by disc bulging, may compress the nerve roots of lumbar spinal nerves. That results into tingling and numbness sensation at lower limb (*Padharsha and Supatata*).In the line of treatment here, we considered as common treatment (*Samanyachikitsa of Vatavyadhi)* which involves body massage (*Abhyang),* followed *by* hot fomentations *(Swedan),*and enema with medicated oil and medicated decoction (*Basti).*[6] Therapy of oiling and massage helps in pacifying the vitiated elements (*Vata dosha*) and improves blood circulation in that area and relieves radiating pain (*Shoola)* by local action. Ideally in hot fomentation (*Swedana),* heat liquefies the *vitiated elements (doshas)* which clears the obstructed channels of circulation and directs the vitiated body elements (*Doshas)* to selective places from where they can be expelled easily. Similarly luke warm oiling poured

at lumbar vertebre (*Katibasti with Bala taila)* acts locally which relieves radiating pain.[7] *Shallaki* is a traditional medicine widely used as holy plant in *Ayurvedic* medicine.

The oleo gum resin is extracted from this plant which is having a various medicinal properties in diseases. Arthritic patients *Cap Shallaki*(*Boswellia serrata)* with luke warm water helps to get relief from swelling in the joint. It has great anti-inflammatory property which reduces swelling as well as stiffness in the inflamed joints. Consuming *Shallaki juice*(*Boswellia serrata)* Acts as best antioxidant activity which helps to improve brain function as well as metabolic functions at the cellular level of tissues of spinal muscles Also it provides relief from joint pains due to its analgesic property. In this way it acts as anti-inflammatory, muscle relaxant actions. It strengthens muscles and relieves pain. The *Agnitundi tablet* having bitter taste, property of lightness in body (*Laghuguna),* Hot potency (*Ushnavirya)* which, pacifies vitiated elements (*Kaphavatahara*) of the body. Also *Agnitundi tablet* which acts as best nerving tonic which relieves the radiating pain. Similarly enema of oil (*Basti)* is very much effective treatment for vitiated body elements like mind-body element *(Vata dosha),* which is called as half treatment of body(*Ardhachikitsa).*[8] While considering action of contents of enema (*basti dravyas)* mainly occurs in last part of intestine (*Pakvashaya) ie place of of Vata Dosha*. After the absorption of oil enema, *properties* of medicated oil has capacity *circulates* all over the body. Potency of enema oil may act through Enteric Nervous System. The gastrointestinal system which has similar network of nerve fibers, central nervous system which sends, receives impulses, and activate to CNS. Enema also nourishes the vitiated *Vata dosha* and normalize their functions. In *Vatavyadhi* chiefly effected *Dosha Is Vata dosha* sometime it also associated with *Pitta and Kapha Doshas*. *Vata* is main cause for vitiation of others elements of body. So treat *Vata Dosha* along with associated *dosha with enema (Basti Chikitsa)is* more comfortable and effective in treating *Vatadi Dosha* with permutation and combination. Enema treatment can be advised for nourishment of body elements (*Dhatukshayajanya) and Obstructed channels due to vitiated elements (Margavarodhajanya Vatavyadhi), indigested content like (Amaja vataroga) and Niramajavata Rogas*. So enema acts on root of *Vatadosha* and gives promising results in relieving pain and functional disability. It helps in absorption in vitamin B12 in gut so it helps to regeneration of nerve.[9] By this treatment, patient shows significant results in straight leg raising test (Table no 7.1.). Owestry Low Back Pain Index (Table no7.2.), forward and backward bending (Table no 7.3.) as well as lateral movements and circular movements of lumbar spine. By this treatment patient is symptomatically improved. The subjective

parameters show improvement in the clinical symptoms. This treatment is helpful to prevent the further more complication in lumbar pathology.

9. CONCLUSION

In above discussion and obtained results we can easily says that this therapy is much more effective in low back pain (LBP)i.e *(Katigata Vata*) caused due to vitiated *Vata Dosha* in local pathogenesis at lumbar region which causes lumbar joint diseases and it also helps in improvement in quality of life to the patient by ayurveda.

10. Patient Perspective

I am very much satisfied as my low back pain was cured completely. My disturbed daily routine has been almost normalized after the treatment.

10. Conflict of Interest

None.

11. Source of Funding

None declared.

11. REFERENCES

1. Luo X, Pietrobon R, Sun SX, et al. Estimates and patterns of direct health care expenditures among individuals with back pain in the United States. Spine (Phila Pa 1976), 2004; 29(1): 79–86. [PubMed]
2. Deyo RA, Mirza SK, Martin BI. Back pain prevalence and visit rates. Spine (Phila Pa 1976), 2006; 31(23): 2724–7. [PubMed]
3. Acharya Vaidya Jadavaji Trikamji., editor. Chaukhabha Sanskrita Sansthan. 37. Vol. 28. Varanasi: Chikitsasthan; Agnivesha, Charaka Samhita, with commentary Chakrapanidatta; p. 618. [Google Scholar]
4. Vaidya Kushavaha H, Editor. Charak Samhita, Sutrasthan slok no. 22/11. Choukhambha orientalia, Varanasi, 2009; 320.
5. Gupta Sudebh, Sharma Muralidhar, Gupta Bhavana et al., Effect of Matrabasti and Katibasti in management of lumbar disc disease, International journal of pharmaceutical & biological archieve 2012; 3(5): 1271- 1277.
6. Vaidya Kushavaha H, Editor. Charak Samhita, Sutrasthan slok no.1/27-30. Choukhambha orientalia, Varanasi, 2009; 950.

7. Gyanedra shukla, Shweta Pandey, Anup Thakur et al., International journal of pharmaceutical & biological archieve, Pharmacodynamic understanding of basti: A contemporary approach, 2012; 3(4): 893-896.
8. Fairbank JC, Pynsent PB. The Oswestry Disability Index. Spine, 2000 Nov 15; 25(22): 2940-52; discussion 52.
9. Ch. 321. 15th Edition 1987. Harrison's Principles of Internal Medicine. [Google Scholar]
10. Acharya Vaidya Jadavaji Trikamji., editor. Chaukhabha Sanskrita Sansthan. 37. Vol. 28. Varanasi: Chikitsasthan; Agnivesha, Charaka Samhita, with commentary Chakrapanidatta; p. 618. [Google Scholar]
11. Govinddas. chapter 54, Kustharogachikitsa, Shloka 233-236. 19th edition. Bhaisjyaratnawali, with Vidyotini Hindi commentary analysis with appendix by Kaviraj Ambikadatt Shastri; p. 904. [Google Scholar]
12. Kumar & Clark Clinical Medicine. 6th Edition. p. 551. Ch. 10. [Google Scholar]
13. Ibid. (1), Ch. 321, 1987. [Google Scholar]
14. Ibid. (2) Sutrasthan, 26(5): 144. [Google Scholar]
15. Ibid. (2) Sutrasthan, 26(5): 144. [Google Scholar]
16. Sutrasthan. 96. Vol. 45. Varanasi: Chaukhambha Surbharati Prakashan; Sushruta Sanhita, Edited with Susrutavimarsini Hindi commentary by Dr. Anant Ram Sharma; p. 366. [Google Scholar]
17. Rose & Wilson, Anatomy & Physiology in Health & Illness-Elsevier Churchill Livingstone. Ch, 11. : 274. [Google Scholar]
18. Deyo RA, Mirza SK, Martin BI. Back pain prevalence and visit rates. Spine (Phila Pa 1976), 2006; 31(23): 2724–7. [PubMed]
19. Walker BF. The prevalence of low back pain: a systematic review of the literature from 1966 to 1998. J Spinal Disord, 2000; 13(3): 205–17. [PubMed]
20. Luo X, Pietrobon R, Sun SX, et al. Estimates and patterns of direct health care expenditures among individuals with back pain in the United States. Spine (Phila Pa 1976), 2004; 29(1): 79–86. [PubMed]
21. Martin BI, Deyo RA, Mirza SK, et al. Expenditures and health status among adults with back and neck problems. Jama, 2008; 299(6): 656–64. [PubMed]
22. Stewart WF, Ricci JA, Chee E, et al. Lost productive time and cost due to common pain conditions in the US workforce. Jama, 2003; 290(18): 2443–54. [PubMed]
23. Pengel LHM, Herbert RD, Maher CG, et al. Acute low back pain: systematic review of its prognosis. BMJ, 2003; 327(7410): 323–7. [PMC free article] [PubMed]

24. Chou R, Shekelle P. Will this patient develop persistent disabling low back pain? Jama, 2010; 303(13): 1295–302. [PubMed]
25. Deyo RA, Dworkin SF, Amtmann D, et al. Report of the NIH Task Force on Research Standards for Chronic Low Back Pain. Spine (Phila Pa 1976), 2014; 39(14): 1128–43. [PubMed]
26. Frymoyer JW. Predictors of low back pain disability. J Clinical Orthop Relat Res, 1987; 22: 89–98. [PubMed]
27. Engel CC, Von Korff M, Katon WJ. Back pain in primary care: predictors of high health-care costs. Pain, 1996; 65: 197–204. [PubMed]
28. Waddell G, McCulloch JA, Kummel E, et al. Nonorganic physical signs in low-back pain. Spine (Phila Pa 1976). 1980; 5(2): 117–25. [PubMed]
29. Jarvik JG, Deyo RA. Diagnostic evaluation of low back pain with emphasis on imaging. Ann Intern Med, 2002; 137(7): 586–97. [PubMed]
30. van Tulder MW, Assendelft WJ, Koes BW, et al. Spinal radiographic findings and nonspecific low back pain: a systematic review of observational studies. Spine. 1997; 22(4): 427–34. [PubMed]
31. Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: A joint clinical practice guideline from the American College of Physicians and the American Pain Society. Ann Intern Med, 2007; 147(7): 478–91. [PubMed]
32. Chou R, Huffman LH, American Pain S, et al. Medications for acute and chronic low back pain: a review of the evidence for an American Pain Society/American College of Physicians clinical practice guideline. Ann Intern Med, 2007; 147(7): 505–14. [PubMed]