

Ayurvedic Management of Katigraha: A Single Case Study

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Abstract:

Katigraha, a common low back disorder described under Vāta Vyādhi in Ayurveda, presents with pain, stiffness, and restricted spinal mobility. Sedentary lifestyle, faulty posture, and Vāta aggravating factors contribute to its increasing incidence. Objective is to evaluate the effectiveness of an Ayurvedic treatment protocol comprising internal medications and external therapies in the management of Katigraha. A single case study was conducted on a 42-year-old male office worker presenting with chronic low back pain for three months. Ayurvedic assessment confirmed Vāta–Kapha involvement with graha, ruk, and sthambha as key symptoms. The patient underwent a 15-day treatment plan including Eranda Saptaka Kashaya, Trayodashanga Guggulu, Triphala Choorna, Danthimooladi Kashaya, along with Kati Abhyanga, Nadi Sweda, and Kati Vasti. Significant improvement was observed in VAS pain score (from 8 to 3), SLR values (right 40°→50°, left 43°→55°), Oswestry Disability Index (severe → minimal disability), and Low Back Outcome Score (from 30 to 52). Functional mobility and daily activity tolerance markedly improved. The integrated Ayurvedic regimen demonstrated effectiveness in reducing pain, improving spinal flexibility, and enhancing functional status in Katigraha. A structured combination of internal and external therapies may serve as a promising non-invasive approach for chronic low back conditions. Further controlled studies with larger samples are recommended.

Keywords— *Katigraha, Vāta Vyādhi, Low back pain, Kati Vasti, Nadi Sweda*

I. INTRODUCTION

Low back pain is one of the most prevalent musculoskeletal disorders affecting adults worldwide, often leading to functional disability, work absenteeism, and decreased quality of life. In Ayurveda, low back pain with stiffness and restricted movement is closely described under the condition Katigraha, a disorder primarily attributed to the vitiation of Vāta dosha, particularly Apāna Vāta (ed. Kumarasinghe, 1991).

The involvement of Kapha and Māmsa dhātu in the form of stiffness (*sthambha*) and muscular spasm (*māmsa-graha*) further aggravates the clinical presentation (ed. Kumarasinghe, 1991). Classical texts such as *Mādhava Nidāna*, *Charaka Saṃhitā*, and *Ashtanga Hṛdaya* highlight pain (*ruk*), stiffness (*graha*), and limited mobility as cardinal features of Katigraha.

Modern lifestyle factors including prolonged sitting, lack of exercise, poor ergonomics, psychological

stress, and irregular dietary habits contribute to the rising incidence of low back disorders. Office-based occupations, as seen in the present case, are particularly susceptible due to sustained postural strain and reduced spinal mobility.

Ayurvedic management of Katigraha aims to pacify aggravated Vāta, relieve muscle rigidity, enhance circulation, and restore functional movement. Therapeutic interventions such as Kati Abhyanga, Nadi Sweda, and Kati Vasti help reduce stiffness and localized Vāta aggravation, while internal medications like Eranda Saptaka Kashaya and Trayodashanga Guggulu support systemic Vāta-Kapha pacification, anti-inflammatory actions, and deepana-pachana effects (Mishra et al., 2011).

The present case study highlights the successful management of Katigraha in a middle-aged male using an integrative Ayurvedic protocol over a 15-day period. This case provides clinical evidence

supporting the utility of classical therapies in managing chronic low back pain conditions.

II. MATERIALS AND METHODS

Type of Study: Single Case Study

Case Report

The single case study was conducted as a primary observational investigation over a period of 15 days. This case report focused on a 42-year-old male patient presenting with lower back pain with mild stiffness. He was unable to stand for longer duration.

Patient Details

- Age: 42 years
- Gender: Male
- Occupation: Office worker (prolonged sitting)
- Marital Status: Married

Chief Complaints

- Low back pain for 3 months
- Morning stiffness
- Difficulty bending forward
- Difficulty standing from sitting position

History of Present Illness

The patient reported gradual onset of low back pain aggravated after long hours of sitting. Pain worsened during morning hours. Rest provided partial relief. No history of trauma.

Past Medical History

- No diabetes, hypertension, or major illness
- No previous spinal surgery
- No long-term medication

Personal History

- Diet: Mixed, irregular meal timings
- Sleep: Disturbed due to pain
- Bowel habit: Irregular, occasionally constipated
- Lifestyle: Sedentary, limited exercise

Ayurvedic Assessment

Lakshana

- *Graha* (stiffness)
- *Ruk* (pain)
- *Sthambha* (rigidity of back muscles)
- *Gati sanga* (restricted movement)

Prakriti

- *Vāta–Kapha* dominant

Clinical Examination

General Examination

- Pulse: 76 bpm
- BP: 120/80 mmHg
- Temperature: Afebrile

Local Examination

- Tenderness: Present over L4–L5 region
- Muscle spasm: Paraspinal muscles (bilateral)
- Range of Motion (ROM):
 - Forward flexion: Restricted
 - Lateral flexion: Mildly restricted
 - Extension: Painful
- Straight Leg Raise (SLR): 40° (Right), 43° (Left)
- No neurological deficit

Treatment Protocol

Table 1. Internal Medications

SN	Drug	Dose	Duration
1	<i>Eranda sapthaka kashaya</i>	1/2cup BD	7days
2	<i>Yogaraja guggulu</i>	2BD	7days
3	<i>Trayodashanga guggulu</i>	2BD	7days
4	<i>Triphala choornaya</i>	5g	BD
5	<i>Danthimooladi kashya</i>	1/2cup	BD

Table 2. External Therapies

SN	Procedure	Drug	Duration
1	<i>Kati Abhyanga</i>	<i>Nirgundi</i> oil with <i>Shulahara</i> oil	7 days
		<i>Narayana</i> oil	7 days
2	<i>Nadi sweda</i>	<i>Nikadi sweda</i>	14 days
3	<i>Kati vasthi</i>	<i>Nirgundi</i> oil	7 days

III. OBSERVATIONS AND RESULTS

Table 3. Pain was assessed by VAS score

SN	Score	Before Treatment	After Treatment
1	0-10	8	3

Table 4. Straight Leg Raising Test

Before Treatment		After Treatment	
Right Leg	Left Leg	Right Leg	Left Leg
40 degrees	43 degrees	50 degrees	55 degrees

Table 5. Oswestry Low back pain index

SN	Score	Before Treatment	After Treatment
1	0-20% minimal disability 21-40% moderate disability 41-60% severe disability 61-80% crippled disability 81-100%	41-60% severe disability	0-20% minimal disability

Table 6. Low back outcome score (LBOS) by Greenough and Frase

SN	Score	Before Treatment	After Treatment
1	≥ 65 Scoring (Excellent status) 50 -64 Scoring (Good status) 30 -49 Scoring (Fair status) 0 -29 Scoring (Poor status)	30	52

IV. DISCUSSION

Katigraha is primarily a *Vāta*-dominant condition in which pain (*ruk*), stiffness (*graha*), and movement restriction (*gati sanga*) occur due to deranged *Apāna Vāta* functioning in the *kati pradeśa*. In this case, prolonged sitting and irregular lifestyle acted as *Vāta*-provoking factors, leading to localized muscular stiffness and reduced spinal mobility.

The treatment protocol was designed to address both systemic and localized *Vāta-Kapha* vitiation. *Eranda Saptaka Kashaya* possesses strong *Vāta-shāmaka* and *srotoshodhana* properties, helping relieve stiffness and improve bowel habits, which indirectly supports *Apāna Vāta* regulation. *Trayodashanga* and *Yogaraja Guggulu* is well-documented for its analgesic, anti-inflammatory, and neuro-muscular benefits, making it ideal for low back disorders. *Triphala Choorna* improved digestion and *apāna vāta* function through its mild

laxative effect, while *Danthimooladi Kashaya* provided additional anti-inflammatory support.

Among external therapies, *Kati Abhyanga* with *Nirgundi* and *Narayana* oils alleviated muscle spasm through *snigdha-ushna* qualities, enhancing circulation and reducing stiffness. *Nadi Sweda* further liquefied morbid doshas and relaxed paraspinal muscles, improving mobility. *Kati Vasti* proved crucial, as its *snehana-swedana* action at the lumbosacral region helps nourish tissues, relieve pain, and stabilize aggravated *Apāna Vāta*.

The clinical outcome demonstrated marked improvement across subjective and objective parameters. The reduction in VAS pain score (8→3) and improvement in SLR test indicated relief from radicular stiffness and muscular spasm. A shift from severe disability to minimal disability on the Oswestry Index signifies the functional recovery achieved. Likewise, the Low Back Outcome Score improved from “fair” to “good,” reflecting better daily functioning.

V. CONCLUSION

The present case study demonstrates that an integrative Ayurvedic treatment protocol including internal medications and external therapies such as *Kati Abhyanga*, *Nadi Sweda*, and *Kati Vasti* can significantly improve pain, spinal mobility, and functional capacity in patients with *Katigraha*. The therapeutic approach effectively pacified aggravated *Vāta*, reduced muscle stiffness, and enhanced overall quality of life. Given the positive clinical outcomes observed within a short treatment duration, Ayurvedic management offers a promising conservative option for chronic low back pain. Larger sample studies and controlled trials are warranted to establish standardized treatment protocols.

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