DOI: 10.7860/JCDR/2025/76059.21321

Case Report

Ayurveda Section

Ayurvedic Management of Katishool (Lumbar Spondylosis): A Case Report

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ABSTRACT

Katishoola, or low back pain, is a prevalent condition because of the aggravation of Vata Dosha, causing neurological and musculoskeletal disorders. In *Ayurveda*, it is experienced as an expression of disturbed *Vata* in the lower back. In Western medicine, this condition is associated with lumbar spondylosis, a degenerative spine disease commonly associated with pain, stiffness, and neurological findings. Both systems are concerned with the management of pain and improvement in mobility. However, Ayurveda offers a holistic and individualised regimen that controls the symptoms and tries to balance the underlying doshas. This case study presents the management of a 56-year-old male patient with acute pain in the lumbar region, with anal and perianal numbness. The patient had these symptoms for 20 days, with aggravation of discomfort and decreased movement. After diagnosis, the management was based on the principle of *Vata Prakopa* (degenerative process due to increased *Vata dosha*). The therapies applied were *Snehan* (oil massage), *Swedan* (sudation), *Kati Basti* (localised application of oil for the lumbar region), *Matra Basti* (medicated enema), and oral administration of *Kamdudha Vati* and *Trayodashanga Guggulu.* Surprisingly, after a week of regular management, the patient showed marked relief from pain and increased mobility. The neurological symptoms also showed marked improvement, making this case a strong indication of the efficacy of Ayurveda in managing lumbar spondylosis and other related spinal diseases.

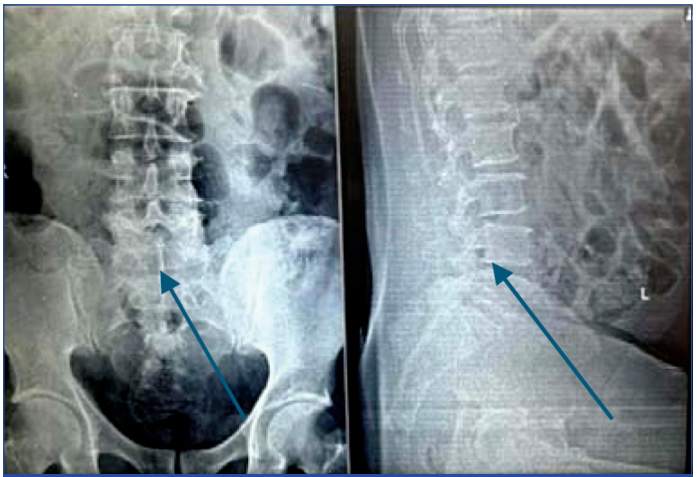
Keywords: Ayurveda, Lumbar vertebrae, Pain management, Spinal diseases, Therapeutics

CASE REPORT

A 56-year-old male labour visited the Kayachikitsa outpatient department with complaints of severe lumbar pain that had persisted for 20 days, along with numbness in the anal and perianal regions for the past 15 days. He expressed how the condition had disrupted his daily life, preventing him from continuing his physically demanding job and causing a great deal of worry about his future. A month prior, he had suffered a fall on his left shoulder, initially experiencing only mild discomfort. However, the pain gradually worsened over the weeks, radiating to his lower back and eventually accompanied by numbness, which left him deeply concerned about his ability to recover and provide for his family. The patient had no history of chronic illnesses such as diabetes, hypertension, or thyroid disorders. There was no familial predisposition to musculoskeletal or spinal disorders. Clinical examination revealed tenderness in the lumbar region, restricted movements, and positive Straight Leg Raise Test (SLRT) and Schober test [1], indicating impaired spinal function. Diagnostic imaging showed intervertebral space narrowing and degenerative changes at the L4-L5 level, confirming lumbar spondylosis. In Ayurvedic terms, this condition aligns with *Katishoola* (low back pain) caused by aggravated *Vata Dosha* (neurological and musculoskeletal imbalance). He was treated with therapies like *Kati Basti* (localised oil therapy) and *Matra Basti* (medicated enema), which were carefully chosen to address the root cause and restore function. The treatment brought remarkable relief, allowing him to return to work and daily life with renewed confidence and well-being.

Examination of the Lumbar Region

The clinical check-up revealed normal curvature of the spine and no clinical deformity. Palpation revealed tenderness over the area of the lumbar spine. The range of motion was limited, especially on anterior flexion and lateral movement. The SLRT was 45° right leg and 15° left leg, and the Schober test was positive. Percussion and auscultation were regular. Routine investigations were done and within normal limits. Special examination tests like SLRT and Schober's test aligned with the findings, with the right leg at 45° and the left leg at 15° of flexion, and both legs gave a positive response on Schober's test. Diagnostic tests like an X-ray of the lumbosacral spine yielded evidence for diagnosing lumbar spondylosis based on clinical findings. The patient was diagnosed through physical examination and X-ray of the lumbosacral spine, which shows evidence of lumbar spondylosis, with intervertebral space narrowing and degenerative changes in the L4-L5 region, as shown in [Table/Fig-1].



[Table/Fig-1]: X-ray lumbar spine anterior posterior lateral view.

The X-ray shows intervertebral space narrowing and degenerative changes (marked with a blue arrow) at the L4-L5 region, consistent with lumbar spondylosis, correlating with *Katishoola* in Ayurveda.

Gridhrasi, also called sciatica, is the sensation of radiating pain in the lumbosacral area transmitted to the lower limbs due to the aggravation of *Vata Dosha* [2]. ***Kati Graha*** is instead characterised by numbness and rigidity in the back due to the derangement of *Vata* and is typically accompanied by physical stress or improper positioning [3].

As the patient is in *Vriddha Awastha*, *Panchakarma* and *Shaman's* treatment line was planned.

The treatment adopted aimed at pain relief, inflammation reduction, and mobility restoration by adopting internal and external Ayurveda therapies.

[Table/Fig-2] details Ayurvedic procedures performed with corresponding drugs and durations for treating *Katishoola*.

[Table/Fig-3] outlines palliative treatments with medications, their dosages, duration, and frequencies for managing *Katishoola*.

S. No.	Procedure	Drugs	Duration
1	Snehan	Dashmool Taila	15 days
2	Swedan	Nirgundi and dashmool kwath	15 days
3	Kati Basti	Dashmoola Taila	10 days
4	Matra Basti	60 mL of Dashmoola Taila is given rectally daily after meal.	8 days

[Table/Fig-2]: Procedures performed.

S. No.	Medication	Dosage	Frequency
1	Kamdudha Vati	2 tablets (BD) after meals for 15 days.	Morning and night
2	Trayodashanga Guggulu	2 tablets (BD) after meals for 15 days.	Morning and night
3	Haritaki Churna	5 grams (HS) for 15 days.	At night
4	Nirgundi Patra Potali	External application for 15 days.	Twice daily

[Table/Fig-3]: Palliative treatment.

The patient received comprehensive information about lumbar spondylosis and a tailored physical therapy plan. He was instructed on maintaining proper posture, practicing correct body mechanics, and avoiding harmful movements. The primary goals of the therapy were to improve posture and reduce pain. Each one-on-one session was conducted daily, lasting 45 minutes.

***Pathya* (Foods to be eaten):** Light foods like moong daal, khichadi, seasonal fruits, snigdha ahar, and sweet, sour, or salty-tasting foods like amla and lavan. Milk and fish also need to be eaten.

***Apathya* (Foods to be avoided):** Spicy and hot foods like garlic and chilies, fried things, salty foods, sour fruits, and fermented foods like yogurt, pickles, and curd. *Ratri Jagran* (night awakening) and *Diwaswap* (daytime sleep) also should not be done. Follow-up was done every week for four weeks. Improvement is recorded as shown below:

Numbness decreased considerably in the anus and perianal areas, indicating neurological improvement. The range of movement improved markedly, with anterior flexion improving from 15° to 90°, indicating greater flexibility and functional recovery. Neurological signs like indistinct paraesthesia improved step by step, indicating step-by-step recovery of nerve function.

[Table/Fig-4] compares objective parameters before and after treatment, demonstrating mobility, pain, and functionality improvements.

Type of assessment	Before treatment	After treatment	
		After 7 days	After 15 days
SLRT right leg	Positive at 45°	Positive at 70°	Negative
SLRT left leg	Positive at 15°	Positive at 60°	Negative
Bragards test right leg	Negative	Negative	Negative
Bragards test left leg	Positive	Negative	Negative
Radiating pain from the lumbar region to both legs	(VAS score) +9	VAS score 4+	VAS score 1
Gait	Limping gait	No limping gait	No limping gait
Schober's test	3 cm (+ve)	4. 5 cm (+ve)	6 cm (-ve)
Walking distance	100 m, with severe pain	200 m, without pain	400 m, without pain.
Walking duration	5 min taken to walk 100 m	3 min taken to walk 100 m	3 min taken to walk 100 m

[Table/Fig-4]: Objective parameters.
SLRT: Straight leg raise test; VAS: Visual analogue scale

A comparison of symptoms and anterior flexion before and after Ayurvedic treatment is shown in [Table/Fig-5].

Symptoms	Before treatment	After treatment
Pain in lower back	Score 4	Score 1
Pain in left buttock	Score 3	Score 1
Pain in right buttock	Score 3	Score 1
Anterior flexion	15°	90°

[Table/Fig-5]: Comparison of symptoms and anterior flexion before and after treatment.

DISCUSSION

This discussion provides an in-depth understanding of *Katishoola*, an Ayurvedic condition synonymous with lumbar spondylosis in conventional medicine. It is a condition resulting from the aggravation of *Vata Dosha*; hence, it shares pain, stiffness, and neurological symptoms, as seen in this patient's case [4]. Ayurvedic treatments focus on balancing *Vata* and treating the root cause of the disease in contrast to the present practice, primarily symptomatic. This section elaborates on the drugs and therapies administered in the current case with a comparative analysis of relevant literature [5].

Medications used in the case-*Trayodashanga Guggulu* is one of the most popular Ayurvedic preparations, traditionally prepared for various conditions where *Vata Prakopa* causes destructive musculoskeletal and nervous system changes. Its composition has the following herbs: *Ashwagandha (Withania somnifera):* This is an adaptogen and anti-inflammatory herb that helps to strengthen the muscles and promotes nerve health. *Guduchi (Tinospora cordifolia):* It is an excellent immunomodulator and reduces inflammation and improves tissue regeneration. *Rasna (Pluchea lanceolata):* It reduces the pain in joints and muscles. *Shatavari (Asparagus racemosus):* It helps tissue repair and nourishes the musculoskeletal system. *Guggulu (Commiphora mukul):* Anti-inflammatory and analgesic drug that supports joint mobility.

In the current case, *Trayodashanga Guggulu* was able to decrease inflammation and alleviate the patient's lower back pain and stiffness. The patient was also able to achieve an improvement in his mobility and elimination of discomfort. Similar results were seen in Dhaker G et al., [6]. These studies illustrate the preparation's ability to ensure musculoskeletal health and relieve nerve compression symptoms [7,8]. *Kamdudha Vati* is a herbo-mineral preparation. It is widely used to calm *Pitta and Vata Doshas*, mainly in cases where there are neurological symptoms. The active ingredients are: *Mukta Bhasma* or calcined pearl and *Pravala Bhasma* or calcined coral. Both have cooling properties, which decrease nerve irritation and burning sensations. *Guduchi Satva* is the extract of *Tinospora cordifolia*. It is an anti-inflammatory agent and has been found to support nerve health [9].

In this study, *Kamdudha Vati* was applied for the cure of neurological complaints, including numbness in the anal and perianal regions. Relieving the inflamed nerves and arresting the inflammatory process significantly contributed to its effectiveness in recovering nerve functions. Such outcomes have been documented in previous research studies that considered the role of formulation in managing paraesthesia and other nerve diseases [10,11]. *Haritaki Churna (Terminalia chebula)* is a versatile Ayurvedic formulation for detoxifying and rejuvenating properties. It balances *Vata Dosha*, enhances digestion, and promotes systemic health. Its actions include detoxifying the body by eliminating *Ama* (toxins), supporting

Asthi Dhatu (bone tissue) regeneration and improving metabolic function and nutrient absorption [12]. The Haritaka Churna only provided detoxification inside the body; hence, it helped reduce chronic inflammation and tissue degeneration. The supply of nutrition to tissues improved degenerated spinal structures, from which the patient was relieved. According to other case reports, it is beneficial in conditions of chronic degeneration [13,14].

Snehan (oleation) and Swedan (sudation) were considered necessary in the treatment plan for *Katishoola* (lumbar spondylosis). These treatments act on *Vata Prakopa*, relieve stiffness and pain, and improve local circulation in the affected body area. *Snehan: Dashmoola Taila* is used in this treatment to soften tissues, relieve stiffness, and regulate *Vata Dosha. Swedan:* It is carried out with *Nirgundi Kwatha* to promote local circulation, relieve muscle tension, and support *Snehan*. In this scenario, *Snehan and Swedan* gave tremendous relief in the lumbosacral region with pain and stiffness so that medicated oils could penetrate deeper and have a more potent therapeutic effect. Arya D et al., explained further that these types of treatments can reduce Vata-related musculoskeletal disorders as they enhance flexibility and general health of the spine [15]. Kulkarni SP et al., have also successfully documented the management of severe low back pain with *Snehan* and *Swedan* therapies. This is important in reducing stiffness and enhancing functionality in lumbar spondylosis cases [16]. *Kati Basti* is a localised Ayurvedic treatment that typically involves retaining warm medicated oil such as *Dashmoola Taila* on the lumbar region by applying a specifically designed frame. It is beneficial in treating localised inflammation, nutrition of intervertebral discs, and relieving pain. In this case, *Kati Basti* was immensely beneficial for relieving the lower back and improving physical mobility.

The results agree with Tupe NA et al., who stated that localised *Sweda*, also known as *Kulattha Kwath Yukta Kanji Nadi Sweda*, effectively reduced stiffness and improved mobility in *Katishool* [17]. Similarly, Shirahatti S et al., reported that Basti is one of the fundamental Ayurvedic treatments for *Vata-Pitta Samsrushta* conditions such as lumbar spondylosis, as it enhances circulation, reduces inflammation, and heals the spine [18]. *Matra Basti*, or medicated oil enema, is beneficial in managing *Vata Prakopa. Dashmoola Taila* was administered through *Matra Basti* to calm aggravated *Vata* Dosha in this case. This therapy administers medicated oil directly to the colon, which is the seat of *Vata*, and causes systemic effects like reducing lumbar pain and inflammation, calming irritated nerve roots to improve neurological function, and increasing tissue repair and balance. Therapeutic outcomes achieved in this patient are in concordance with the studies conducted by Madikonda PK et al., which highlighted the exceptional role of *Basti* in alleviating symptoms and recovery of functions in patients affected with spondylolisthesis, a condition similar to the definition of lumbar spondylosis [19]. Further, Raypure S et al., established the positive role of *Marma Chikitsa* and other supportive *Ayurvedic* interventions like *Basti* in relieving pain and recovering spinal health among patients with lumbar spondylosis [20].

Numerous studies affirm the effectiveness of the treatment used in this patient: Dhaker G et al., proved the combination of *Trayodashanga Guggulu, Kati Basti, and Matra Basti* in treating *Katishoola* [6]. The dramatic reduction in pain and increased activity in this patient directly reflect the results published in their article. Patil GC et al., gave light to *Snehan and Sweden* by reducing stiffness and improving ranges of motion, thus supporting the result of this work [9]. Mishra K et al., applied *Kati Basti* as a regenerative and anti-inflammatory agent; hence, the intervention in locally involved pathology was seen in lumbar disorders [21]. These have justified that Ayurvedic treatments regarding lumbar spondylosis are in all ways standard and reliable treatments. *Katishoola* is a disease correlated with lumbar spondylosis that can present with low back pain and neurological signs. *Vata Prakopa* is correlated with nerve compression, tissue deterioration, and inflammation of the lumbar spine. *Snehan and Swedan* correlate with physiotherapy techniques that reduce stiffness and improve circulation [22]. *Kati Basti*: correlates with localised heat and oil therapy used in pain management. *Matra Basti* are combined with systemic anti-inflammatory therapies through chronic pain and nerve health management [23]. The patient was generally satisfied with the therapy, claiming to have been relieved from the pain immensely and had better mobilisation. He also was glad that the modalities of treatment applied were non-invasive.

CONCLUSION(S)

As outlined in this case, the Ayurvedic treatment of *Katishoola* is an example of how internal medications support and enhance the effectiveness of external therapies. *Trayodashanga Guggulu, Kamdudha Vati, and Haritaki Churna* worked together to treat inflammation, neurological impairment, and tissue damage. External therapies like *Snehan, Swedan, Kati Basti, and Matra Basti* further enhanced the results by treating the patient at the root level of the condition. The treatment was holistic, relieving the patient and restoring mobility and quality of life. This therapy will also be validated if analysed comparatively with published studies, making *Ayurveda* a valid supplementary method for managing lumbar spondylosis.

This paper demonstrates that, by the all-round pacification of *Vata Dosha*, Ayurvedic treatment addresses *Katishoola* symptoms and its cause. Individualised medication with internal preparations such as *Trayodashanga Guggulu, Kamdudha Vati, and Haritaki Churna* accompanied by external treatments in the form of *Snehan, Swedan, Kati Basti, and Matra Basti* had significantly reduced pain, improved motion, and neurological recovery. It shows that *Ayurveda* may be considered as an alternative in the treatment of chronic degenerative spinal disorders under an integrative yet non-invasive approach with promising results for patients seeking holistic and sustainable care.

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PLAGIARISM CHECKING METHODS: [Jain H et al.]
- Plagiarism X-checker: Oct 09, 2024
- Manual Googling: Mar 29, 2025
- iThenticate Software: Mar 31, 2025 (4%)

ETYMOLOGY: Author Origin

EMENDATIONS: 8

AUTHOR DECLARATION:
- Financial or Other Competing Interests: None
- Was informed consent obtained from the subjects involved in the study? Yes
- For any images presented appropriate consent has been obtained from the subjects. Yes

Date of Submission: **Oct 05, 2024**
Date of Peer Review: **Jan 16, 2025**
Date of Acceptance: **Apr 02, 2025**
Date of Publishing: **Aug 01, 2025**