

Ayurvedic Management of *Katishoola* with Special Reference to Low Back Pain: A Comprehensive Review

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Abstract

Katishoola, commonly understood as low back pain (LBP), is a widely prevalent musculoskeletal condition that significantly affects functional capacity and quality of life across all age groups. In *Ayurveda*, *Katishoola* is described as a *Vata*-predominant disorder categorized under *Vata Vyadhi*. It is characterized by symptoms such as pain, stiffness, restricted movement, and discomfort in the lower back region. While modern medicine attributes such conditions to muscular strain, disc pathology, or postural imbalances, *Ayurveda* views them through the lens of *doshic* imbalance, particularly the vitiation of *Vata dosha* affecting the *Kati* (lumbar) region. This comprehensive review explores the *Ayurvedic* understanding of *Katishoola*, encompassing its *nidana* (etiological factors), *samprapti* (pathogenesis), *lakshana* (clinical features), and *chikitsa* (treatment

principles). The article synthesizes knowledge from authoritative classical texts along with supportive clinical data. Emphasis is laid on the effectiveness of *Panchakarma* therapies such as *Basti*, *Kati Basti*, and *Agnikarma*, along with internal medications like *Guggulu* and *Churna Kalpana*. Additionally, the review highlights the importance of dietary adjustments, lifestyle corrections, *yoga* practices, and *Rasayana* therapy for long-term management and prevention. Integrating these time-tested *Ayurvedic* approaches with modern clinical insight offers a holistic framework for addressing low back pain. This article aims to contribute to evidence-informed integrative medicine and promote the relevance of classical *Ayurvedic* interventions in the contemporary management of *Katishoola*.

Keywords: *Katishoola*, Low Back Pain, *Vata Vyadhi*, *Panchakarma*, *Ayurveda*, *Agnikarma*, *Rasayana*.

Introduction

Low back pain (LBP) is one of the leading causes of years lived with disability globally and is a major contributor to missing work, reduced productivity, and a lower quality of life. According to estimates from the World Health Organization (WHO), nearly 60–85% of individuals experience LBP at least once during their lifetime, with recurrence being common and often persistent^[1]. It affects both men and women across all socioeconomic groups and age brackets, though its prevalence increases with age and physical stress. In the Indian context, the burden of LBP is compounded by socio-occupational factors such as poor ergonomics, sedentary lifestyles, prolonged travel, manual labour, obesity, and psychosocial stressors like anxiety and depression^[2].

In *Ayurveda*, such localized pain in the lower back is termed *Katishoola*, a condition categorized primarily under *Vata Vyadhi* due to the predominant involvement of vitiated *Vata dosha*^[3]. The pain is typically described as *Toda* (pricking), *Bheda* (splitting), and *Stambha* (stiffness), often radiating and aggravated by physical exertion or cold exposure. Classical texts associate *Katishoola* with improper dietary habits, suppression of natural urges, trauma, aging, and overuse of the back muscles.

Unlike the conventional biomedical approach which often relies on analgesics, muscle relaxants, and surgical intervention for symptom control, *Ayurvedic* management of

Katishoola is holistic and causative. It emphasizes identifying the *Nidana* (root cause) and restoring the *doshic* balance through a combination of *Shamana* (palliative) and *Shodhana* (purificatory) therapies, supported by *Ahara-Vihara* (diet and lifestyle) modifications and *Rasayana* (rejuvenation) therapies aimed at strengthening *dhatu*s and preventing recurrence.

Ayurvedic Concept of Katishoola

Katishoola is derived from '*Kati*' meaning waist or lower back, and '*Shoola*' meaning pain. Though not elaborately discussed in *Bruhatrayees*, it finds significant description in *Gada Nigraha*, *Sharangadhara Samhita*, and *Bhavaprakasha* where it is addressed as either *Katigraha* or *Trikshoola*^{[4][5]}. These conditions are described under *Vata Vyadhi* and are marked by pain, stiffness, and difficulty in movement in the lumbar region. The involvement of *Rakta* and *Mamsa Dhatu* along with *Marma* points further complicates the clinical picture^[6].

Etiopathogenesis

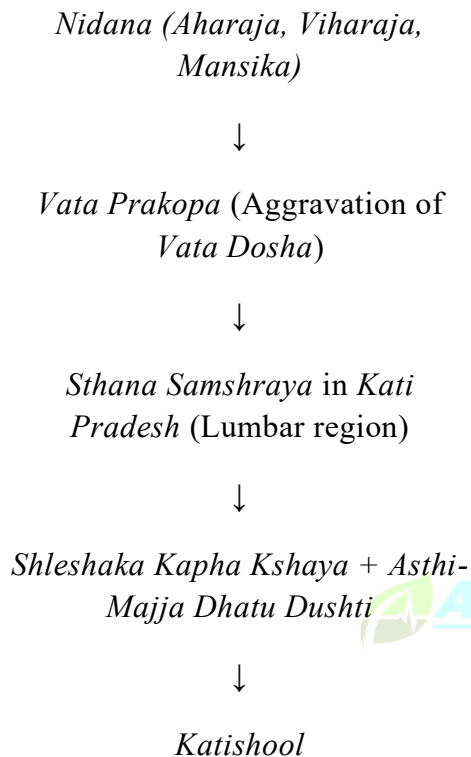
Nidana (Etiological Factors):

Common *Vata* aggravating factors implicated in *Katishoola* include *Ruksha* (dry), *Sheeta* (cold), *Laghu* (light) food, excessive physical exertion, prolonged sitting or standing, *Vegadharana* (suppression of natural urges), *Aaghata* (trauma), and psychological factors like anxiety or grief^[7].

Samprapti (Pathogenesis):

Due to *nidana sevan*, *Vata dosha* gets aggravated and localizes in the *Kati*

Pradesh. The rough and cold qualities of *Vata* deplete the lubricating *Shleshaka Kapha* in joints, leading to degeneration, friction, and pain^[8]. The chronicity leads to *Srotorodha*, *Dhatu Kshaya*, and further vitiation of *Vata*, completing the vicious cycle.

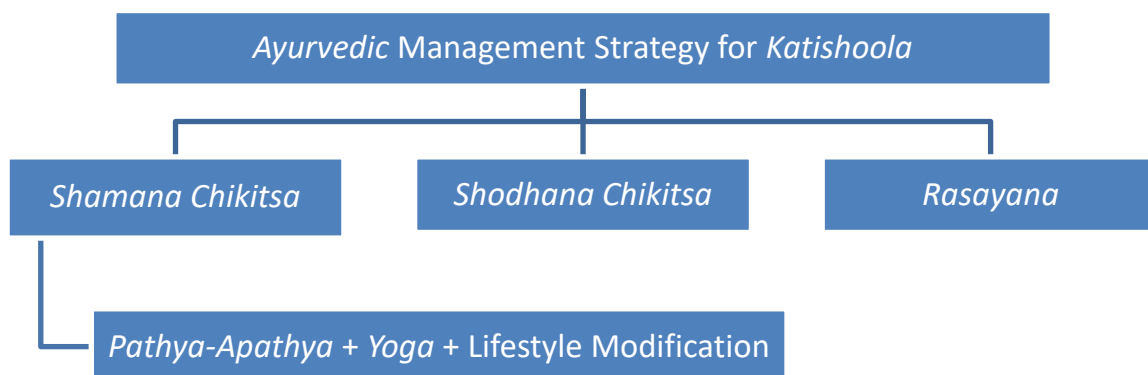


Katishoola aligns closely with mechanical or non-specific low back pain in modern terminology, often associated with lumbar spondylosis, disc degeneration, or muscle strain^[9]. Clinical features like radiating pain, stiffness, and reduced range of motion are shared. MRI findings in patients with *Katishoola* frequently show reduced disc height, osteophyte formation, or nerve root compression, which align with *Ayurvedic* descriptions of *Sandhigata Vata*^[10].

Diagnostic Considerations

Diagnosis in *Ayurveda* is based on *Trividha* and *Dashavidha Pariksha*, including *Rogi-Roga Pariksha*, *Prakriti* assessment, and identification of involved *Dosha*, *Dhatu*, and *Srotas*. *Lakshanas* such as *Toda* (pricking pain), *Stambha* (stiffness), and *Graha* (holding/immobility) are key indicators^[11]. Clinical assessment also includes pain localization, gait analysis, and strength testing.

Ayurvedic Management



Shamana Chikitsa:

- *Trayodashanga Guggulu*: Effective in neuro-muscular conditions involving *Vata* and *Kapha*.^[12]

- *Mahayogaraj Guggulu*: Indicated in chronic *Vata Vyadhis* and used with adjunctive *Rasayana*.^[13]

- *Chandrashoor Churna*: Proven analgesic and anti-inflammatory action.^[14]

Shodhana Chikitsa:

- **Basti Therapy**: *Basti* is the main treatment for *Vata Vyadhi*. *Matra Basti* with *Tila Taila*, *Balaguduchyadi Taila* or *Eranda Taila*, etc and *Niruha Basti* with *Dashamoola Kwatha* are effective in chronic *Katishoola*^[15].
- **Kati Basti**: A localized procedure where warm oil is retained over the lumbar area using a dough ring. Oils like *Dashamoola Taila* or *Ksheerabala Taila* are commonly used^[16]. *Sahachar Taila*, *Dhanwantar Taila* can be used to pacify the *Vata Dosha*.
- **Agnikarma**: Utilized in chronic cases with severe pain and nerve impingement. Application of heat using a metal *shalaka* reduces pain instantly and improves mobility^[17]. The procedure involves the controlled application of therapeutic heat using a heated metallic instrument (*Shalaka*) on the affected area.
- **Raktamokshana**: Applied in cases with *Rakta Dushti*. *Siravedha* is advised in chronic congestive pain^[18]. It is effective when vitiated *Rakta* and *Pitta* obstruct the normal movement of *Vata* in localized areas, producing burning pain, congestion, stiffness, or inflammation. In *Katishoola*, *Raktamokshana* is employed selectively, particularly when the pain is of congestive or inflammatory nature, and associated with *Rakta Dushti* *lakshanas* such as localized heat, discoloration, swelling, or

pulsating pain. The *Siravedha* (venesection) method is preferred in such chronic presentations.

Diet, Lifestyle & Preventive Strategies

Ahara (Diet):

In *Ayurvedic* management, the importance of a wholesome diet (*pathya ahara*) is emphasized not only for disease treatment but also for prevention and health maintenance. As *Katishoola* is predominantly a *Vata Vyadhi*, dietary recommendations aim to pacify aggravated *Vata* through *Snigdha* (unctuous), *Ushna* (warm), and *Laghu* (light yet nourishing) foods. The *Ashtavidha Ahara Vidhi Visheshayatana* (eight factors influencing food intake) outlined in *Charaka Samhita* should be strictly followed to ensure optimal digestion and absorption. Adhering to these principles helps maintain *Agni* (digestive fire), prevents *Ama* formation, and supports proper nourishment of *Dhatus*, especially *Asthi* and *Majja*, which are often vitiated in chronic *Katishoola*. Diet should be tailored to the individual's *Prakriti*, disease stage, and digestive capacity, avoiding *Ruksha*, *Sheeta*, and *Atibhojana* (overeating) which are known to aggravate *Vata*.

Vihara (Lifestyle):

Katishoola is primarily a *Vata*-dominant condition, lifestyle modifications aim to minimize *Vata*-provoking activities and promote *Snigdha* (unctuous), *Sheeta* (warm), and *Sthira* (stable) qualities. It includes avoiding prolonged sitting, excessive walking or standing, exposure to cold wind, and sudden jerky movements, all of which can aggravate localized *Vata* and worsen lumbar pain.

Practices such as *Ratrijagaraṇa* (night vigil) and *Vegadharāṇa* (suppression of natural urges) are also to be strictly avoided as they disturb the equilibrium of *Vata dosha*. Daily *Abhyanga* (therapeutic oil massage) with *Vata*-pacifying oils such as *Kṣirabala Taila* or *Mahanarayana Taila* nourishes the muscles, improves flexibility, and relieves stiffness. It also strengthens *Asthi* and *Majja Dhatu*, preventing degeneration. Incorporation of *Yogasanas* is especially beneficial for long-term musculoskeletal health. Postures such as *Bhujangasana*, *Salabhasana*, and *Makarasana* help stretch and strengthen the lower back, improve posture, and enhance spinal circulation. Regular practice under supervision promotes flexibility and prevents relapses of pain episodes.^[19]

Rasayana Chikitsa:

In chronic degenerative disorders like *Katishoola*, where *Vata* aggravation often leads to *Asthi-Majja Dhatu Kṣaya*, *Rasayana* therapy is crucial for long-term restoration and prevention of recurrence. Use of *Ashwagandha*, *Shatavari*, and *Guduchi* for tissue rejuvenation and nervous system strengthening. The administration of *Rasayana* drugs, especially after *Shodhana* procedures like *Basti*, ensures better absorption and targeted action at the tissue level. These agents not only improve the functional strength of the musculoskeletal and nervous systems but also delay age-related degeneration, thereby enhancing the sustainability of therapeutic outcomes in *Katishoola*.^[20]

Discussion

The *Ayurvedic* understanding of

Katishoola is profound and systemic. Its classification under *Vata Vyadhi* emphasizes the central role of *Vata dosha* in pain generation and tissue degeneration. The description of pain as *Toda*, *Bheda*, or *Graha* mirrors neuropathic, inflammatory, and mechanical components of low back pain seen in clinical settings. The individualized approach based on *doshic* dominance, chronicity, and *Dhatu* involvement makes *Ayurvedic* management comprehensive.

Panchakarma therapies, particularly *Basti*, are foundational in the treatment of *Katishoola*. *Basti* not only restores balance to *Vata dosha* but also facilitates nourishment of *Asthi* and *Majja Dhatu*, which are closely associated with the spinal structures^[15]. Clinical studies have confirmed the efficacy of *Basti* in degenerative lumbar disorders, with patients showing significant improvement in pain, mobility, and quality of life^[16]. *Kati Basti*, as a localized therapy, provides synergistic relief by directly nourishing the affected area and reducing inflammation^[17].

The efficacy of *Agnikarma* in chronic pain conditions is supported by its ability to stimulate local *Vata Shamana* and reduce *Kapha*-induced stiffness. *Raktamokshana*, though less practiced today, has value in specific cases where *Rakta* involvement is suspected, especially when pain is burning or congestive in nature^[18]. *Ayurvedic* formulations such as *Trayodashanga Guggulu* and *Mahayogaraj Guggulu* act both symptomatically and systemically. They provide anti-inflammatory, analgesic, and rejuvenative benefits.

Modern pharmacological studies have also supported their efficacy in neuro-muscular conditions and degenerative diseases^{[12][13]}. *Chandrashoor Churna*, a lesser-known but potent *Vatahara*, is reported to improve flexibility and reduce pain effectively^[14].

Lifestyle and diet form the cornerstone of long-term management and recurrence prevention. The stress on behavioral adjustments and *Yoga* helps maintain spinal health and prevent relapse. *Rasayana* therapy complements the treatment by promoting neuro-muscular regeneration^[20]. Importantly, the *Ayurvedic* approach not only aligns with modern goals of functional rehabilitation and quality-of-life improvement but also offers additional strengths in terms of individualized care and long-term wellness promotion. With growing global interest in integrative and traditional systems of medicine, the clinical potential of *Ayurvedic* treatment for *Katishoola* deserves deeper exploration through well-designed, evidence-based studies. Integrating classical Ayurvedic insights with modern diagnostic and evaluative tools can significantly enhance the scope and acceptability of *Ayurveda* in managing low back pain. Such integrative models can bridge traditional wisdom with contemporary science, offering a safer, cost-effective, and holistic alternative for the global burden of spinal disorders.

Conclusion

Katishoola is a multifaceted condition that significantly affects individual productivity, mobility, and quality of life. Its chronicity and high recurrence rate present considerable challenges to

modern healthcare systems. *Ayurveda* offers a time-tested, individualized, and multidimensional approach that goes beyond symptom suppression. Through a blend of internal medications, *Panchakarma* therapies, lifestyle interventions, and *Rasayana* support, *Ayurveda* provides a sustainable and holistic path to recovery and long-term spinal health.

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