



CLINICAL EFFICACY OF DWIPANCHAMULADHYA TAILA KATIBASTI AND VATARI GUGGULU OVER KSHEERABALA TAILA KATIBASTI AND TRAYODASHANGA GUGGULU IN THE MANAGEMENT OF KATIGATAVATA WITH SPECIAL REFERENCE TO LOWBACK PAIN

Dr. Savitri Masali*¹, Dr. Sanjay M. Kadlimatti²

¹PG Scholar, Dept. of Kayachikitsa, BLDEA's AVS Ayurveda Mahavidyalaya Hospital and Research Centre, Vijayapura.

²Professor, Dept. of Kayachikitsa, BLDEA's AVS Ayurveda Mahavidyalaya Hospital and Research Centre, Vijayapura.

How to cite this Article: Dr. Savitri Masali¹, Dr. Sanjay M. Kadlimatti². (2026). CLINICAL EFFICACY OF DWIPANCHAMULADHYA TAILA KATIBASTI AND VATARI GUGGULU OVER KSHEERABALA TAILA KATIBASTI AND TRAYODASHANGA GUGGULU IN THE MANAGEMENT OF KATIGATAVATA WITH SPECIAL REFERENCE TO LOWBACK PAIN. World Journal of Advance Pharmaceutical Sciences, 3(6), 73-80.



Copyright © 2026 Dr. Savitri Masali* | World Journal of Advance Pharmaceutical Sciences

This is an open-access article distributed under creative Commons Attribution-Non Commercial 4.0 International license (CC BY-NC 4.0)

<p>Article Info</p> <p>Article Received: 18 April 2026, Article Revised: 08 May 2026, Article Accepted: 28 May 2026.</p> <p>DOI: https://doi.org/10.5281/zenodo.20465004</p>	<p>ABSTRACT</p> <p><i>Katigatavata</i> is one of the <i>Sandhigata Vatavyadhi</i>. Based on pathophysiology and symptoms of <i>Katigatavata</i>, it is compared with low back pain in modern science. Common factors that contribute to the disease are poor posture, unhealthy eating habits, and frequent travel in uncomfortable vehicles. The last few decades have shown that socio economic factors have a great influence on health. Hence in this study an attempt is made to evaluate the efficacy of <i>Dwipanchamuladhya taila Katibasti</i> and <i>Vatari Guggulu</i> over <i>Ksheerabala taila Katibasti</i> and <i>Trayodashanga Guggulu</i> in the management of <i>Katigatavata</i> (lowbackpain). Objective: To evaluate and compare the efficacy of <i>Dwipanchamuladhya taila Katibasti</i> with <i>Vatari Guggulu</i> and <i>Ksheerabala taila Katibasti</i> with <i>Trayodashanga Guggulu</i> in the management of <i>Katigatavata</i> (Lowback pain). Materials and Methods: It is a randomized comparative clinical study was conducted on 40 patients diagnosed with <i>Katigatavata</i> (Lowback pain), selected from the OPD and IPD of BLDEA's AVS Ayurveda Mahavidyalaya Hospital, Vijayapura. Patients were randomly divided into two groups of 20 each. Group A received <i>Dwipanchamuladhya Taila katibasti</i> along with <i>Vatari Guggulu</i> orally, while Group B received <i>Ksheerabala Taila Katibasti</i> with <i>Trayodashanga Guggulu</i> orally. Assessment was carried out using subjective and objective parameters before and after treatment. Statistical analysis was performed using paired and unpaired <i>t</i>-tests. Results: Group A showed 35% excellent response, 40% good response, 15% moderate response, and 10% mild response, whereas Group B showed 35% excellent response, 35% good response, 10% moderate response, and 20% mild response. Both groups demonstrated statistically significant improvement, with Group B showing comparatively better overall efficacy.</p> <p>KEYWORDS: <i>Katigatavata</i>, Lowbackpain, <i>Dwipanchamuladhya taila</i>, <i>Ksheerabala taila</i>, <i>Katibasti</i>, <i>Vatari Guggulu</i> and <i>Trayodashanga Guggulu</i>.</p>
<p>*Corresponding author:</p> <p>Dr. Savitri Masali</p> <p>PG Scholar, Dept. of Kayachikitsa, BLDEA's AVS Ayurveda Mahavidyalaya Hospital and Research Centre, Vijayapura.</p>	

INTRODUCTION

Gata Vata is a condition that produces different symptoms depending on the site of its manifestation, *Vata* can affect various structures such as *Dhatu*, *Upadhatu*, *Ashaya*, *Avayava*, and *Indriya*, leading to symptoms of varying intensity and *Sandhigata Vata* is one such manifestation.^[1,2] *Katigata Vata* is one of the *Sandhigata Vata*vyadhi. It is characterized by *Sandhi Shoola* (joint pain), *Shotha* (swelling), *Atopa* (crepitus), and *Prasarana Aakunchanayo Savedana* (pain during flexion and extension).^[3,4] the symptoms of *Katigata Vata* can be correlated with low back pain in modern medicine. This condition not only causes pain but also leads to difficulty in walking, which interferes with the patient's daily activities.

Katigata Vata may not appear to be a serious condition, but it significantly affects a person's daily routine. The one-year incidence ranges from 1.5% to 36%, and the average point prevalence is about 18.1%, though it varies widely.^[3] Despite major advances in modern medicine, the management of low back pain remains limited and mostly depends on the use of analgesics. Prolonged use of NSAIDs and steroids can cause side effects such as peptic ulcers, gastritis, and weight gain. Surgery also does not provide a permanent solution. Effective management of this condition with safe Ayurvedic formulations is essential to help patients regain normal daily routine activities.

Katigata Vata is a disorder caused by an imbalance of *Vata*, which is responsible for all bodily activities. Therefore, controlling *Vata* through the use of *Katibasti* and *Guggulu* helps in managing *Katigata Vata*. *Basti* can be of different types depending on the ingredients and therapeutic requirements. *Katibasti* is one of the *Snigdha Swedana* procedures. *Snigdha Sweda* is a type of *Swedana* that plays an important role in the management of *Vata*vyadhi. *Guggulu Kalpana* is administered orally, as it is indicated in *Vata*vyadhi and possesses *Shoolahara* and *Rasayana* properties. Patients regain normal daily routine activities.

Katigata Vata is a disorder caused by an imbalance of *Vata*, which is responsible for all bodily activities. Therefore, controlling *Vata* through the use of *Katibasti* and *Guggulu* helps in managing *Katigata Vata*. *Basti* can be of different types depending on the ingredients and therapeutic requirements. *Katibasti* is one of the *Snigdha Swedana* that plays an important role in the management of *Vata*vyadhi. *Guggulu Kalpana* is administered orally, as it is indicated in *Vata*vyadhi and possesses *Shoolahara* and *Rasayana* properties.

METHODOLOGY

A total of 40 patients diagnosed with *Katigata Vata* were taken and randomly divided into 2 groups consisting 20 patients each, excluding dropouts from the OPD of BLDEA's AVS Ayurveda Mahavidyalaya Hospital and Research Centre, Vijayapura, Karnataka, presented

with classical symptoms or complaining of *Katishoola*, *katistambha*, *Katisupti* and *Prasarakunchana vedana pravritti*. Randomization was done by generating Random Numbers from the website www.randomnumbergenerator.com.

The study was started after approval from the Institutional Ethics Committee and after getting approved by Rajiv Gandhi University of Health Sciences (ACA/DCD/SYN/AVSAM-V/PG/2022-23, A003, and dated 07/05/2024). Informed written consent was taken from each patient before starting treatment.

Inclusion Criteria

- Patients presenting with the classical signs and symptoms of *katigata Vata*.
- Patients of either sex aged between 20 – 60 years.
- Patients who are able to participate in the study and who will sign for informed consent

Exclusion Criteria

- Patients suffering from acute systemic disorders as well as other known case of major illness.
- Neoplastic conditions of spine, Pott's spine.
- Trauma of spine.
- Pregnant women and *Soothika* will be excluded.

Laboratory Investigations: Blood for CBC, RBS, ESR and Urine Routine. **Posology:** Group A- *Dwipanchamuladhya taila Katibasti* for 7 Days, followed by *Vatari Guggulu* 500 mg BD Dose with *sukhoshn jala* for 28 days. Group B- *Ksheerabala taila Katibasti* for 7 Days, followed by *Trayodashanga Guggulu* 500 mg BD Dose with *sukhoshn jala* for 28 days.

Statistical Analysis: The result of subjective parameters in group A and group B within data was done by Paired T test. The result of subjective parameters in group A and group B between the data was done by Unpaired T Test.

Criteria for assessment General

Various demographic parameters namely, age, marital status, religion and nature of work were analyzed in the present clinical trial.

Subjective assessment

Criteria of assessment was based on relief in the signs and symptoms of *Katigata Vata* before and after the treatment. For this purpose, cardinal signs and symptoms were given scores.

SCORE ASSESSMENT PATTERN

1) SUBJECTIVE PARAMETER^[4]

Table no 1: *Katishoola* parameter.

<i>Katishoola</i>	Grade
No Pain	0
Bearable pain relieved by without medication	1
Moderate pain relieved by medication	2
Severe pain with disturbed routine work and relieved by strong analgesics.	3
Patient cannot tolerate pain	4

Table no 2: *katistambha* parameter.

<i>Kati Stambha</i>	Grade
No stiffness	0
Stiffness for few minutes after sitting for long duration but relieved by mild movements	1
Stiffness more than 1 hour or more than once in a day but routine works are not disturbed	2
Stiffness lasting for more than 1 hour or many times a day, mildly affecting the daily routine	3
Episodes of stiffness lasting for 2-6 hours, Daily routines are hampered severely.	4

Table no 3: *Katisuptata* parameter.

<i>Kati Suptata</i> (Numbness)	Grade
No numbness	0
Occasionally once in a day for few minutes	1
Daily once in a day for few minutes	2
Daily for 2 or more times/30-60 minutes	3
Daily more than 1 hour/Many times a day	4

Table no 4: *Prasarana akunchana akshamata* parameter.

<i>Prasarana akunchana akshamata</i> (Restriction of Movements)	Grades
Restriction of movements	0
Restriction in any one movements	1
Restriction in any two movements	2
Restriction in any three movements	3
Restriction in all four movements	4

2) OBJECTIVE PARAMETER'S

Table no 5: VAS (Visual Analogue Scale)^[5]

VAS(Visual Analogue Scale)	Grades
No Pain	0
Mild pain(0-3)	1
Moderate pain(4-6)	2
Severe pain(7-10)	3

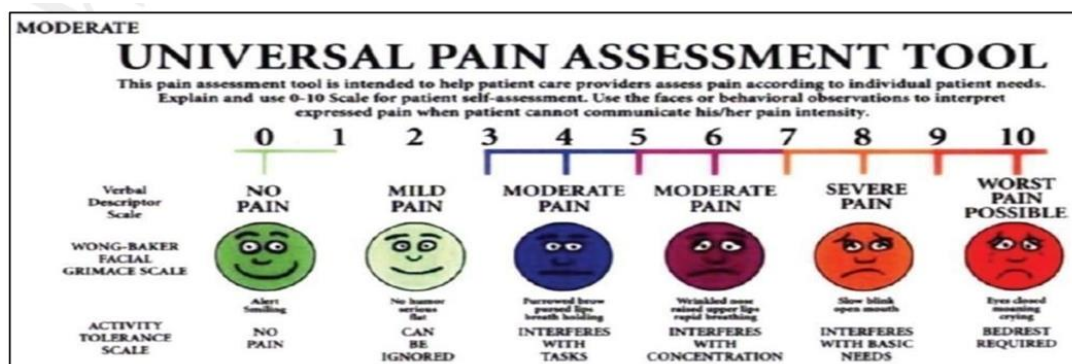


Fig no 6: Visual Analogue Scale.

Table no 7: ROM (Range of movement) Parameter.^[4]

ROM (Range of movement)	Grade
Forward flexion (normal 80 degree)	
Grade 0: 80 degree	0
Grade 1: 80-50 degree	1
Grade 2: 50-30 degree	2
Grade 3: <15 degree	3
Right lateral flexion: (normal approx.35 degree)	
Grade 0: 35 degree	0
Grade 1:25 degree	1
Grade 2: 15 degree	2
Grade 3: <15 degree	3
Left lateral flexion: (normal approx.35 degree)	
Grade 0: 35degree	0
Grade 1:25degree	1
Grade 2: 15 degree	2
Grade 3: <15 degree	3
Extension: (normal approx.20-30 degree)	
Grade 0 : 20-30 degree	0
Grade 1: 10-20 degree	1
Grade 2 : < 10 degree	2
Rotation towards right: (normally approx.45 degree)	
Grade 0 : 45 degree	0
Grade 1: 30 degree	1
Grade 2: 15 degree	2
Grade 3: <15 degree	3

Table no 8: Tenderness of spine parameter.^[4]

Tenderness of spine	
No Tenderness	0
Mild Tenderness without any sudden response on pressure	1
Wincing of face on pressure	2
Wincing of face and withdrawal of the affected part on pressure	3
Resist touch due to tenderness	4

Statistical evaluation of results: For normally distributed continuous variables will be compared using Independent t test. For not normally distributed variables Mann Whitney U test will be used. Paired data will be compared by using paired t test/ Wilcoxon signed rank test. Independent unpaired t test/Mann Whitney U test will be applied to compare difference between two groups. $P < 0.055$ will be considered statistically significant. All statistical tests will perform two tailed.

OBSERVATIONS

A total 43 subjects were registered. With 3 being dropped out from the study, and total 40 subjects were being included in the study. Subjects were selected randomly and divided in two groups Group A and Group B, each group contains 20 subjects. Group A subjects

given with *Dwipanchamuladhya taila Katibasti* followed by *Vatari Guggulu* and Group B subjects given with *ksheerabala taila Katibasti* and Followed by *Trayodashanga Guggulu*. Maximum number of subjects were in the age group between 20-30 years (30% and 35%) in group A and Group B respectively. Gender-wise distribution showed 47.50% females and 52.50% males in Group A and Group B respectively. Middleclass socioeconomic status 60% and 62.50% in Group A and Group B respectively. Occupational analysis indicated that 35% of patients were farmers, 12.25% housewives in both the Groups. *Prakruti* assessment showed 100% *Dvandvaja Prakruti*, with 50% *Vata-Pittaja Prakruti* and 40% *Vata-Kaphaja prakruti*. Dietary analysis revealed that 60% and 55.50% of patients consumed a mixed diet in group A and Group B respectively.

RESULT

Table no 9: Group A and Group B Percentage comparison of individual variable.

Signs & Symptoms	Group A %	Group B %
<i>Katishoola</i>	60.00%	57.14%
<i>Katisupti</i>	50.00%	43.90%
<i>Katistambha</i>	72.22%	56.25%

<i>Prasarakunchana vedana pravrutti</i>	55.26%	52.38%
VAS Scale	60.98%	52.27%
Spine tenderness	50.00%	26.09%
ROM: forward flexion	54.84%	43.33%
ROM: Rt Lateral Flexion	50.00%	45.00%
ROM: Lt. Lateral flexion	52.63%	47.37%
ROM: Extension	60.00%	80.00%
ROM: Rotation towards right	55.00%	40.91%

In *Katishoola*, Group A showed a 60.00% reduction, while Group B showed a 57.40% reduction. In *Katisupti*, Group A demonstrated a 50.00% reduction, whereas Group B showed a 43.90% reduction. For *Katistambha*, Group A showed a highest improvement of 72.22% reduction, while Group B showed a 56.25% reduction. In *Prasarana Akunchana Vedana pravrutti*, Group A showed a 55.26% reduction, whereas Group B demonstrated a 52.38% reduction.

Regarding VAS Scale, Group A showed a 60.98% reduction, while Group B demonstrated with a 52.27% reduction. Regarding VAS Scale, Group A showed a 60.98% reduction, while Group B demonstrated with a 52.27% reduction. Regarding VAS Scale, Group A showed a 60.98% reduction, while Group B demonstrated with a 52.27% reduction. Regarding VAS

Scale, Group A showed a 60.98% reduction, while Group B demonstrated with a 52.27% reduction. Regarding Spine tenderness, Group A showed a 50.00% reduction, while Group B demonstrated with a 26.09% reduction. Regarding ROM (Forward flexion) Group A showed a 54.84% reduction, while Group B demonstrated with a 43.33% reduction. Regarding ROM (Right lateral flexion) Group A showed a 50.00% reduction, while Group B demonstrated with a 45.00% reduction. Regarding ROM (left lateral flexion) Group A showed a 52.63% reduction, while Group B demonstrated with a 47.37% reduction. Regarding ROM (extension) Group A showed a 60.00% reduction, while Group B demonstrated 80.00% reduction. Regarding ROM (Rotation towards right) Group A showed a 55.00% reduction, while Group B demonstrated with a 40.91% reduction.

Table 10: Group A vs Group B Comparison (Unpaired T-Test)

Symptoms	Assessment	Group A mean±S.D	Group B mean±S.D	Df	t-value	p-value	Remark
<i>Katishoola</i>	AT	1.000±0.8584	1.200±0.8335	38	-0.7475	0.455	NS
<i>Katisupti</i>	AT	1.000±0.9177	1.150±0.9333	38	-0.5125	0.608	NS
<i>Katistambha</i>	AT	0.250±0.4443	0.350±0.5871	38	-0.6074	0.544	NS
<i>Prasarakunchana vedana pravrutti</i>	AT	0.850±0.8751	1.000±0.9733	38	-0.5125	0.608	NS
VAS Scale	AT	0.800±0.6959	1.050±0.7592	38	-1.0857	0.278	NS
Spine tenderness	AT	0.450±0.7592	0.850±0.9333	38	-1.4869	0.137	NS
ROM: forward flexion	AT	0.700±0.6569	0.850±0.8751	38	-0.6130	0.540	NS
ROM: Rt Lateral Flexion	AT	0.500±0.6070	0.550±0.7592	38	-0.2301	0.818	NS
ROM: Lt. Lateral flexion	AT	0.450±0.6048	0.500±0.6882	38	-0.2441	0.807	NS
ROM: Extension	AT	0.200±0.4104	0.100±0.3078	38	0.8718		NS
ROM: Rotation towards right	AT	0.450±0.6048	0.650±0.6708	38	-0.9903		NS

DISCUSSION

Katigatavata is one among the *Vatavyadhi* it is mainly affecting the *Kati sandhi*. It is caused due to *prakupita vata dosha* and sometimes *prakupita Kapha dosha* may be involved. Due to consumption of *Vatakara ahara*, *Vihara* the *prakupita Vatadosha* while moving through the body lodges in *khavaigunya yukta srotas*. After getting obstructed at those parts, it impairs the functions of that particular structure and Produces *vyadhi*. On a closer look into the *shareera*, the parts, which are affected in the *Katigatavata* disease, are *Kati pradesha*. While discussing the modern aspect, the anatomical structure, which are affected in *Katigatavata* disease, are lumbar vertebrae, intervertebral joints. *Katishoola*, *Katisupti*, *Katistambha* and *Prasarana Akunchana vedana pravrutti* these are the *lakshanas* of *Katigatavata*.

Sandhigatavata is described in all *Samhitas* and *Sangraha granthas* under *vatavyadhi* and when *Kati sandhi* involved it is called as *katisandhigatavata*.

Samprapti of *Katigatavata* may be divided into *Dhatukshayajanya* and *Avaranajanya*. In *Dhatukshayajanya Katigatavata* due to *Vatakara ahara*, *vihara* and *Due to old age* there will be *qualitative change in joint material gradually leading to disease manifestation*. In the *margavarodhakanya nidana* the presenting complaints include *Katisupti*, *Katistambha* along with *Katishoola*. Taking the *kaphavrita vata* symptoms into considerations, both the condition go in parallel confirming the *margavrodhaka nidhana*. *Abhighata* to *katipradesha* leads to *Katigatavata*. The signs & symptoms of *Katigatavata* almost resembles of

lowback pain, in which Low back pain is usually confined to the lumbar-sacral region. Low back pain is one of the most common musculoskeletal disorders, affecting approximately 60%–80% of adults at some point in their lives.

The *Acharyas* have suggested several treatment modalities for *Vata* disorders, among which *Snehana*, *Swedana*, *Virechana*, *Vasti*, and *Shamana Chikitsa* using *Vatahara* drugs are considered most effective. *Kati Basti* is a special treatment that includes both *Snehana* and *Swedana*. It can also be called a type of “*snehayukta sweda*”.

DISCUSSION ON OBSERVATIONS

In the present clinical study, the highest incidence of *Katigatavata* was observed in the 20–30 years age group (32.50%), suggesting greater vulnerability during the most active and productive period of life. Increased mental stress, occupational strain, environmental exposure, and unhealthy dietary practices during this age may contribute to disease manifestation. Male predominance (52.50%) was noted; Most subjects were married (75%), which likely represents the study population rather than marital influence on disease occurrence. the highest prevalence was observed among Hindus compared to patients from Muslim and Christian communities. In this clinical study, most of the patients belonged to farmer (35.00%) followed by housewife (25.00%) and desk work. This reveals the prevalence of disease with excess of physical work; vehicle riding, position of work etc. associated with the respective occupations which are the etiological factors of the disease. *Katigatavata* was more prevalent among middle class socioeconomic group this could be because of middle class category doing strenuous physical work. All patients exhibited *Dvandvaja Prakruti*, predominantly *Vata-Pittaja*. The predominance of *vata dosha* in a subject make them susceptible for *Vatavyadhi*. Impaired *Jarāna Shakti* and mixed dietary habits were prevalent, supporting the Ayurvedic concept that *Agnimandya* and *Ama* play a central role in disease pathogenesis.

DISCUSSION ON RESULTS

Response to *Katishoola*: Both groups showed significant result in *Katishoola*. Group A showed significant reduction in the *Katishoola* by 60%. Group B showed significant reduction in *Katishoola* by 57.14%. So, group A has comparatively good outcome in pain management. On comparing both the groups there is no significant difference between both groups.

Response on *Katisupti*: Group A and Group B showed clinically significant reduction in *Katisupti* by 50% and 43.90% respectively. So, group A has comparatively good outcome in reducing *Katisupti*. Statistically on comparing both the groups the difference was not significant.

Response on *Katistambha*: Group A and Group B showed clinically significant reduction in *Stambha* by 72.22% and 56.25% respectively. So, group A has comparatively good outcome in reducing *Stambha*.

Response on *Prasarana Akunchana vedana pravrutti*: Both groups showed significant result in *Prasarana Akunchana vedana pravrutti* symptom. Group A showed significant effect by 55.26% and Group B showed significant result by 52.38%. So, group A has comparatively good outcome in *Prasarana Akunchana vedana pravrutti*. Statistically on comparing both the groups there is no significant difference between both groups.

Response to VAS Scale

There was 60.98% diff improvement in VAS scale in Group A and 52.27% group B. This might be due to *Vedanasthapana* and *shoola prashamana* karma of *Dashamoola*, *Triphala* and *Eranda taila* present in *Dwipanchamuladhya taila* and *Vatari guggulu*.

Response on Tenderness in spine: There was 63.6% diff improvement in Tenderness in spine in group A and 56.3% Diff in group B.

Response to Range of movements: There was 54.84% diff improvement in forward flexion in group A and 43.33% Diff in group B. There was 50.00% diff improvement in Rt. Lateral flexion in group A and 45.00% Diff in group B. It was observed that, Lt. Lateral flexion in all subjects were reduced to 52.63% in group A and 47.37% in group B. There was 60.00% diff improvement in extension in group A and 80.00% Diff in group B. In Rotation towards right 55.00% improvement in group A and 40.91% improvement in group B.

EFFECT OF KATIBASTI

As described earlier, *Katigatavata* is the outcome of *Vataprakopa*. The *prakupita Vata* leads to depletion of *Snehabhava* there by results in *Dhatukshaya*. *Kati Basti* is a specialized Ayurvedic therapy that combines both *Snehana* and *Swedana*. It is often referred to as a form of “*Snehayukta Sweda*”. When this treatment is specifically administered to the *Kati* region it is termed *Kati Basti*. *Snehana* primarily counteracts the *ruksha guna* produced by *Vata*, while *Swedana* mainly acts against the *Sheeta guna*. Together, they help reduce *Stambha* and *Gauravata*.

According to *Acharya Sushruta*, each of the four *tiryak dhamani* branches, divides a hundred- and thousand fold, forming an extensive network throughout the body, these *Dhamani*'s open at the *loma koopa* (hair follicles), allowing the *dravya* poured on the skin to be absorbed.^[6] The absorbed *Dravya* undergoes *pachana* with the assistance of *bhrajaka pitta*, which is present in the skin. The *Vata Dosha*, which is the primary factor in the causation of *Katigatavata*, possesses qualities that are

largely opposite to those of *Dwipanchamuladhya taila* and *Ksheerabala taila*. In *Katigatavata*, *Sthanika Kapha Kshaya* occurs due to the influence of *Agantu Vata Dosha*. Thus, both *Taila*'s acts in two ways: it neutralizes the vitiated *Vata Dosha* while simultaneously nourishing the local *Kapha Dosha*. This dual action contributes to the disruption of the *Samprapti Vighatana*.

Probable mode of action *Dwipanchamuladhya taila*

Drugs used in *dwipanchamuladhya Taila* are *Tila taila*, *dashamoola*, *Kanji*, and *Dadhi*. Main drug of *Dwipanchamuladhya Taila* is *dashamoola*. *Dashamoola* is a group of ten herbs *Bilva*, *Patala*, *Agnimantha*, *Shyonaka*, *Gambhari*, *Brihati*, *Gokshura*, *Kantakari*, *Prishniparni*, *Shalaparni*. *Bilwa* is *Sothahara*, *Balya*. *Agnimantha* is *Shothahara*, *Anulomana*. *Shyonaka* is *Vedanasthapana*, *Sothahar*. *Gambhari* is *Sothahara*, *Sandhaniya*, *Balya*, *Brmhana*, *Rasayana*, *Vedanasthapana*. *Patala* is *Sothahara*, *Vedanasthapana*, *Balya*. *Shalaparni* is *Angamardaprashman*, *Snehana*, *Balya*, *Brahmana*, *Rasayana*. *Prishnaparni* is *Angamaradaprashmana*, *balya*. *Brihati* is *Sothahara*, *Pachana*, *Vedanasthapana*. *Kantakari* is *Sothahara*, *Vedanasthapana*, *Deepana-Pachana*. *Gokshura* is *Vedanasthapana*, *Sothahara*, *Balya*. *Dashamoola* balances *Vata*, *pitta* and *Kapha dosha* by *ushna virya*, and it is *Tridoshahara*, *Shoolahara* *Shothagna*, *Balya* and *Rasayana*. *Kanji* is *Atyanta Amla rasa*, *Guru*, *Tikshna guna*, *Ushna virya*, *Pachaka*, *kaphavatahara* and *shoolaghna* properties.^[7] These properties of *kanji* will help to arrest the pathogenesis of *Katigatavata*. *Dadhi* has *snigdha guna* (unctuous property), which helps counteract the *ruksha guna* (dry quality) of *Vata*.

Probable mode of action of *Ksheerabala taila*

Ksheerabala taila contains *Ksheerabala*, *Tilataila* and *Godugdha*. *Bala* is *Madhura rasa*, *Guru Snigdha guna*, *Vatapittashamaka* and does *Balya*, *Brihmana*. By *Madhura Rasa*, *guru* and *snigdha guna* helps for *vatahamana*. *Tilataila* is *Madhura*, *Tikta* and *kashaya rasa*, *Guru snigdha guna*, *Madhura vipaka*, *Ushna virya*, *Vatakapha shamaka* does *snehana*, *vedanasthapana*, *sandaneeya* and *Rasayana* etc. chemical constituents of *Tilataila*: Alkaloids, Saponins, Flavanoid, Terpenoid, phenol etc. Has pharmacological actions like Anti-inflammatory, Antiarthritic and Antioxidant properties.^[8] *Godugdha* is *Madhura rasa*, *Guru Snigdha guna*, *Sheeta virya*, *Madhura vipaka* does *Vatapittahara*, *Brihmana*, *Vayasthapana* and *Ayushya*.^[9] By this properties it mitigates *Ruksha guna* of *Vata* and does *Shoolahara*.

Probable mode of action of *Vatari guggulu*

It is mentioned in *Bhaishajya Ratnavali Amavata Rogaadhikara*. It is a herbo mineral compound with ingredients like *Haritraki*, *Vibhitaki*, *Amalaki*, *Guggulu*, *Gandhaka*, *Eranda taila*. *Doshaghna* action of this combination shows main action against *Vatakapha dosha* by virtue of its *Ushna virya* and *Tikshna guna*. Predominant *rasa* in this combination are *Katu*, *Tikta rasa* which possess *Deepana pachana* properties

which help in *Ama pachana* and Pacifies *Kapha dosha*. It helps to pacify *Vata*. *Amalaki* has *Rasayana* and *Vatanulomana* properties, which help control both *Kapha* and *Vata* and minimize the process of pathogenesis due to its beneficial qualities. *Vatari guggulu* helps reduce the symptoms of *Katigatavata*. To control the degenerative process in an individual, *Rasayana*, *Balya*, *Vata-Kaphashamaka*, and *Amapachana* drugs should be preferred. For this purpose, *Vatari Guggulu* is used internally to pacify the vitiated *Vata* and *Kapha Dosha*.

Probable mode of action of *Trayodashanaga Guggulu*

Trayodasanga Guggulu is a combination of 14 dravyas. Possesses *Vedanasthapaka*, *Shoolahara*, and *Rasayana* properties and in the pathophysiology of *Katigata Vata*, vitiated *Vata* leads to degenerative changes in the intervertebral discs of the lumbar spine, regeneration of the intervertebral discs requires glycosaminoglycans (GAGs), collagen, and protein, which is facilitated by the *Madhura Vipaka* and *Rasayana* properties of *Trayodasanga Guggulu*.^[9] The ingredients of *Trayodasanga Guggulu* are *Kapha-Vata hara*, helping in *Vata anulomana*. By pacifying *Vata*, reducing inflammation, and nourishing the tissues, *Trayodasanga Guggulu* restores *Sandhi Gati Samarthya* (joint mobility) and improves the range of motion in the lumbosacral region.

CONCLUSION

There is no direct reference regarding the *Nidana* and *Samprapti* of *Katigata Vata*. However, the *Nidana Panchaka* of *Sandhigata Vata* can be applied to understand *Katigata Vata*. *Katigatavata* can be equated with Low back pain in modern medicine. The majority of patients had *Dwandwaja Prakruti*, i.e., *Vatakaphaja* or *Vatapittaja*. Most patients also exhibited *Vishamagni* and *Krura Koshtha*. These findings support the dominance of *Vata Dosha*. In the present study, both therapies were effective in relieving the condition. Significant improvement was observed in both subjective and objective parameters in both groups. On comparing the overall effect of the therapies, *Katibasti* with *Dwipanchamuladhya taila* and *Vatari guggulu* showed good outcome in symptoms of *Katishoola*, *Katisupti* and *Katistambha* as compared to *Ksheerabala taila* *Katibasti* and *Trayodashanga Guggulu*.

REFERENCES

1. Agnivesha. Charaka Samhita with Ayurveda Deepika commentary by Chakrapanidatta. Edited by Acharya YT. Varanasi: Chaukambha Orientalia; 2006. Chikitsa Sthana, 28:37. p. 618.
2. Sushruta. Sushruta Samhita with Nibandhasangraha commentary by Dalhanacharya and Nyayachandrika Panjika by Gayadasa Acharya on Nidhana Sthana. Edited by Acharya YT. Varanasi: Chaukambha Orientalia; 2004. Nidhana Sthana 1:28. p. 261.
3. Hoy D, Brooks P, Blyth F, Buchbinder R. The epidemiology of low back pain. Best Res Clin

- Rheumatol, 2010 Dec; 24(6): 769–81. doi:10.1016/j.berh.2010.10.002. PMID: 21665125.
4. Rai M, Dudhamal TS. A clinical evaluation of Raktamokshana and Trayodashanga Guggulu in management of Katigata Vata w.s.r. to lumbar spondylosis. The Healer Journal [Internet]. 2020 Sep 17 [cited 2023 Sep 29]; 1(1): 7–18. Available from: <https://www.thehealerjournal.org/healer/index.php/healer/article/view/2>.
 5. Khan MEH, Ansary AMA, Talukdar MMI, Chowdhury F, Islam MA, Khan MMR, Hoque MM. Three-port laparoscopic cholecystectomy by a modified technique. Journal of Shaheed Suhrawardy Medical College [Internet], 2022; 12(2): 90–94. [cited 2023 Sep 19]. Available from: https://www.researchgate.net/figure/visual-analog-scale-vas-for-assessment-of-pain_fig1_334719227.
 6. Patil VC, Rajeshwari NM, editors. Sushruta Samhita. English translation of Dalhana commentary with critical notes. Reprint. New Delhi: Chaukamba Publications; 2022. Nidhana Sthana, Chapter 9, Shloka 9. p. 235.
 7. Kaiyadeva. Kaiyadeva Nighantu. Edited and translated by Sharma P, Sharma G. 2nd ed. Reprint. Varanasi: Chaukhambha Orientalis; 2006. Chapter 4, Drava Varga (Madhya Varga), shloka 423, p. 396.
 8. Jawanjall P. Tila Taila review. World Journal of Pharmaceutical and Medical Research, 2018; 10: 76–8.
 9. Gore MS Bhatt A, Mishra SK, Dattani K. Rationalized Approach towards Milk Consumption integrating Ayurveda principles and recent advances for health promotion [internet]. Int J Recent Innov Med Clin Res. 2024 [Cited 2025 Oct 29]; 6(3): 61–69. Available from: <https://doi.org/10.18231/j.ijrimcr.2024.052>