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**“AYURVEDIC MANAGEMENT OF KATISHOOLA ASSOCIATED WITH CHRONIC CONSTIPATION: A SINGLE CASE STUDY”**

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**ABSTRACT:**

Katishoola (low back pain) is among the most prevalent clinical complaints in elderly populations. Chronic constipation, frequently encountered in geriatrics, is a major cause of Apana Vata vitiation, which may subsequently manifest as Katishoola. A 62-year-old male presented with chronic constipation for two years and low back pain for six months. Pain was dull and aching, aggravated by sitting for prolonged durations, and partially relieved by massage. Ayurvedic assessment revealed Apana Vata prakopa with Pakwashaya dushti. The patient was managed with Mridu Virechana (Eranda Taila), Hingwashtak Churna, Maharasnadi Kwath, Panchsakar Churna, Yogaraj Guggulu, and the Snehana/Swedana procedure. Pathya-apathya (dietary and lifestyle regulations) was also advised. Within two weeks, constipation was relieved with smooth daily evacuation. Low back pain intensity decreased from 7/10 to 3/10 on the Visual Analogue Scale (VAS). Stiffness and tenderness reduced, mobility improved, and overall quality of life enhanced. Chronic constipation may act as a contributory factor for Katishoola through Apana Vata vitiation. Ayurvedic management focusing on Vata anulomana and Shoola shamana provided effective results in this case.

**KEY WORDS:-** Katishoola, Chronic Constipation, Apana Vata, Ayurveda, Vata Vyadhi

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## INTRODUCTION

Katishoola, explained in Ayurvedic classics as pain in the Kati Pradesh (lumbar region), is predominantly caused by aggravated Vata Dosha<sup>1</sup>. Chronic constipation, one of the most common geriatric complaints, is also a direct manifestation of Apana Vata vitiation<sup>2</sup>. In Ashtang Hruday, it is mentioned that Pakwashaya and Kati Pradesh are the Sthan of Vata Dosh<sup>3</sup>, and Shakrutgrahan (constipation) is mentioned in Vata Vriddhi Lakshans<sup>4</sup>. As mentioned in samhitas, there are 5 types of Vayu: Prana, Udana, Samana, Vyana & Apana<sup>5</sup>. In that Apana Vayu is responsible for the proper evacuation of stool out of the body<sup>6</sup>. The anatomical relationship between Pakwashaya and Kati Pradesh supports the view that chronic constipation can predispose to Katishoola. In modern practice, low back pain is often treated symptomatically, whereas Ayurveda emphasises addressing the underlying doshic imbalance. This case highlights the Ayurvedic perspective and management of Katishoola associated with chronic constipation in an aged individual.

## CASE PRESENTATION

**Patient information:** A 62-year-old male, retired, vegetarian with moderate daily activity.  
**Chief complaints:**

Low back pain (Katishool) (VAS – 7/10) since 6 months.

Chronic constipation (Malabaddhata) since 1 year

### History of present illness:

Pain was dull and aching, aggravated by prolonged sitting, and partially relieved by massage. Constipation presented with hard stools, frequency once in 2–3 days, with straining during defecation.

**Past history:** No diabetes, hypertension, or trauma. No significant systemic illness.

**Table no. 1: Ashtavidha Pariksha:**

1)	Nadi	Vataj
2)	Mala	Malabaddhata
3)	Mutra	Samyak
4)	Jivha	Sama
5)	Shabda	Spashta
6)	Sparsha	Ushna
7)	Drik	Prakrut
8)	Akruti	Krusha



**Ayurvedic assessment:**

- Dosha: Vata (Apana Vata prakopa).
- Dushya: Asthi, Rasa.
- Srotas: Annavaha, Purishavaha.
- Roga marga: Madhyama.
- Diagnosis: Katishoola with Pakwashaya dushti.

**Treatment Plan:****Shodhana:**

- Mrudu Virechana with Erand Taila, approx. 25ml (single day).

**Shamana:**

Hingwashtak Churna, Maharasnadi Kwatha, Panchsakar Churna, Yogaraj Guggulu were given as internal medications for 15 days.

**Local therapy:**

- Abhyanga with sahachar taila followed by bathing with warm water.

**Pathya-Apathya:**

- Warm, light, easily digestible, fiber-rich diet with ghee.
- Moong Daal khichdi with cowghee in dinner.
- Adequate warm water intake.
- Avoidance of ruksha (dry), guru (heavy), and atiruksha ahara.
- Mild daily exercises and regular bowel habits encouraged.

**Table no. 2: Internal Medications**

Sr. No.	Medications	Matra	Kala	Anupana
1)	Maharasnadi Kwatha	4-4 spoon	After meal	Koshna Jala
2)	Hingawashtak Churna	½ - ½ spoon	Before meal	Koshna Jala
3)	Yogaraj Guggulu	2-2 tablets	After meal	Koshna Jala
4)	Panchsakar Churna	½ spoon	Bedtime	Koshna Jala

## OBSERVATION & RESULTS:

**Assessment of Lakshanas of patients were done and the results are as follows:**

After 15 days of intervention:

- Constipation relieved, with daily smooth evacuation.
- Pain intensity reduced (VAS: 7/10 → 3/10).
- Tenderness and stiffness decreased.
- Improved mobility, sleep and overall well-being.

## DISCUSSION

This case study highlights the significant role of chronic constipation as a precipitating factor for Katishoola through the vitiation of Apana Vata. In old age, Vata dosha naturally predominates due to the concept of Jara avastha, making geriatric patients more vulnerable to Vata vyadhi. Constipation, or Shakrutgrahana, is specifically mentioned among the Vata vridhhi lakshanas, and its chronicity indicates dysfunction of Apana Vayu and impaired Mala nishkramana kriya.

Ayurvedic classics describe Pakwashaya and Kati as principal sites of Vata. Hence, vitiation of Apana Vata in the Pakwashaya often manifests as pain in the lumbar region. In this case, chronic constipation disturbed the natural gati of Apana Vayu, which translated clinically into Katishoola. Previous literature also emphasises the role of Pakwashaya dushti in Vata vyadhi [7, 8].

The treatment plan was designed with a holistic approach targeting the underlying pathology rather than symptomatic relief. Vata anulomana measures such as Eranda Taila and Panchsakar Churna restored bowel regularity and normalised the functioning of Apana Vata. Yogaraj Guggulu contributed Shoolahara action and generalised Vata shaman. Local therapies, including Abhyanga followed by Ushna jala snana, provided localised Vata pacification. Maharasnadi Kwatha offered deepana, pachana, and vatahara properties, while Hingwashtaka Churna supported proper digestion and prevention of further Ama formation. Collectively, these measures corrected the Samprapti by addressing Apana Vata dysfunction and Pakwashaya dushti.

The therapeutic outcome demonstrates that proper regulation of bowel movement is central to the management of Katishoola in geriatric patients. This aligns with the Ayurvedic principle of nidana parivarjana and dosha shamana, where correction of the root cause ensures sustainable relief. By treating constipation and normalising Apana Vata, not only was pain alleviated, but the overall Vata balance was restored, preventing recurrence.

Thus, this case underscores the importance of considering chronic constipation as an

etiological factor in Katishoola and emphasises the effectiveness of a comprehensive Ayurvedic approach targeting both systemic and local Vata imbalance.

## CONCLUSION

Chronic constipation can act as an underlying contributor to Katishoola in elderly individuals by inducing Apana Vata dushti. In this case, Ayurvedic management through Vata anulomana, systemic Vata shaman, Shodhana, and Sthanik Chikitsa provided significant relief and corrected the root pathology rather than offering mere symptomatic management. This highlights the importance of bowel regulation in the management of geriatric Vata vyadhi and suggests that such integrative Ayurvedic approaches warrant further validation through larger clinical studies.

## Patient Consent

Written informed consent was obtained from the patient for publication of this case report.

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