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ORIGINAL ARTICLE

Katigraha: A Multidisciplinary Approach to Healing with Matrabasti and Short-Wave Diathermy (SWD)"-A Research study

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ABSTRACT

Katigraha, characterized by lower back pain and stiffness, is commonly associated with Vata disorders, particularly Sama Vata, presenting symptoms such as pain, tenderness, and rigidity. Modern science correlates Katigraha with low back pain (LBP), a prevalent condition contributing significantly to global disability, especially in Asia and Africa. Conventional treatments often provide only short-term relief, emphasizing the need for more sustainable management options. Ayurveda, particularly Panchakarma therapies, offers holistic solutions, with Basti therapy being effective in balancing aggravated Vata Dosha. This study evaluates the combined therapeutic effects of Matra Basti with Sahachara Taila and Shortwave Diathermy (SWD) in managing Katigraha. Thirty patients received Matra Basti with Sahachara Taila and SWD for seven consecutive days, followed by follow-up assessments on the 7th and 14th days. The study aimed to assess the individual and combined effects of Matra Basti and SWD in alleviating Katigraha symptoms. Results showed significant reductions in pain, stiffness, and discomfort, along with enhanced mobility and improved quality of life. The findings support the potential of combining Ayurvedic therapies with physiotherapy for the effective management of low back pain.

Keywords: *Katigraha, Matra Basti, Sahachara Taila, Shortwave Diathermy, Ayurveda, Physiotherapy, Lower Back Pain, Integrative Therapy.*

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INTRODUCTION

Katigraha is a condition in which patients complain of lower back pain with stiffness. *Katigraha* can be associated with *Keval Vata* or *Sama Vata*.[1] *Sama Vata* is characterized by *Vedana*, *Toda*, and *Stambha*.[2] According to modern science, it is comparable to low back pain. Low back pain is a widespread medical issue that contributes significantly to disability. It impacts individuals of all ages, and everyone experiences it at some point in their lives. Sometimes getting rid of it truly requires treatment. Low back pain is becoming more common every day as a result of fast lifestyles. The most common and severe condition is low back pain, characterized by dull or acute pain in the lower back, Stiffness and burning may also be present. Low back pain (LBP) is the leading cause of disability globally, affecting 619 million people in 2020, a 60% increase from 1990. LBP cases are expected to reach 843 million by 2050, with the greatest growth in Africa and Asia.[3] Despite being a common diagnosis, the current treatment only provides short-term pain relief with NSAIDs, steroids, sedatives, etc. [4] It is presently a major problem in clinical practice daily. Therefore, the study was carried out. *Ayurveda* is the science of life. In addition to curing diseases, *Ayurveda* promotes lifelong wellness and disease prevention. Although *Ayurveda* has several specialties, *Panchakarma* is the most important one. Among *Panchakarma's* many *Ayurvedic* therapy techniques, it might help one keep the body healthy, stop disease occurrence, and provide natural treatments for diseases. *Ayurveda* treatment includes two major specialities: *Samashodhana* and *Sansamhana Chikitsa*. "*Panchakarma*" literally means five different ways to purify the body. *Matra Basti* is highly praised for its easy administration, as it can be given at any time without complications. The low dosage of Sneha ensures no adverse effects, and it stays in the colon for maximum benefit. There are no

dietary or lifestyle restrictions (*Pathya*) with *Matra Basti*, making it a simple process, and no strict follow-up (*Parihara Kala*) is required. According to *Acharya Charaka*, it is effective for individuals weakened by overwork, exercise, or *Vata* disorders. *Matra Basti* promotes strength, aids in the elimination of waste, and serves as a nourishing treatment for *Vata Vyadhi*. *Basti* therapy is considered the best treatment for pacifying aggravated *Vata Dosha*, earning it the status of *Ardha Chikitsa*.[5]When administered through the rectal route, *Basti* medication reaches the *Kukshi, kati*, and *Nabhi pradesha*, and does *Vilayana* of *Doshas* and *Snehana* (nourishment) of the body, eliminating morbid *Doshas* and *Malas*.[6][7]*Matra Basti*, a form of *Sneha Basti* using a $1/4^{th}$ dosage of *Sneha*,[8]is especially recommended for disorders caused by *Vata* predominance. It relieves *Vata Dosha*, increases strength (*Bala*), and facilitates the easy and comfortable evacuation of *Mala*.[9] Physiotherapy uses physical techniques like massage, heat treatment, and exercises to treat diseases, injuries, or disabilities instead of medication or surgery. It is a type of therapy that uses physical forces like heat, electricity, water massage, and resistance-free or aided exercise.[10] Additionally, it contributes to musculoskeletal conditions, and one of the physiotherapy tools is SWD (Shortwave Diathermy). This type of physical therapy that uses deep heating is shortwave diathermy or SWD. In addition to having a major impact on pain relief, heat causes the tissues to become hotter, which dilates arterioles and capillaries and increases blood flow to the area. SWD (Shortwave diathermy) also refers to deep heating produced by electric or magnetic fields that alternate at high frequencies. There are alternative terms like pulsed shortwave or pulsed electromagnetic energy.[11] In the given study, there were no dropouts, and all 30 patients completed the study. The chosen patients were given a thorough physical examination and a detailed clinical history before the clinical investigations, and a unique proforma was produced. Before beginning therapy, the patient received counselling and a brief explanation of the procedure. The patient was instructed to eat *Laghu* (light) and *Anabhisyandi Ahara* (a meal that is readily digested), avoid lifting weights, and avoid exercising through the duration of both procedures.

To evaluate the efficacy of *Matra Basti* with *Sahachara Taila* [12] along with Shortwave Diathermy in the management of *Katigraha*.

MATERIAL AND METHODS

An open-label, single-arm clinical study was conducted with 30 patients diagnosed with Katigraha, patients who fulfilled the inclusion criteria of the disease. These patients were selected from the O.P.D. and I.P.D. of the Parul Institute of *Ayurveda*, Parul University, Vadodara.

DIAGNOSTIC CRITERIA

- Pain
- Stiffness
- Tenderness

INCLUSION CRITERIA

- Diagnosed cases of *Katigraha* with a history of less than 1 year
- Patients who were indicated for SWD and *Matra Basti***.**
- Age group between 20-60 years

EXCLUSION CRITERIA:

• Patients suffering from any metabolic and systemic disorders
• Patients with a history of trauma
• Post-surgical backache
• Pregnancy
• Known cases of Spondylolisthesis, Spina bifida, Tuberculosis of the spine, Ankylosing spondylitis, Spinal Canal Stenosis and Malignancies

RESEARCH DESIGN

The 30 diagnosed Patients of *Katigraha* are initially screened and explain the treatment protocol in detail. Take consent for procedure and treatment starts with SWD and *Matra Basti* with *Sahachara Taila* (80ml) simultaneously for 7 consecutive days, and then follow-up after the 7^{th} and 14^{th} day. The patient was discharged with no medication and instructed to avoid lifting weights, exercising, and taking *Laghu* and *Anabhisyandi Ahara*.

PROCEDURE

Sop of *Matra Basti* [13] **with *Sahachara taila*:**

Purva karma

- Sambhar Sangraha.
- Prepare the *Matra Basti* medicine according to the prescription.

- *Abhyanga* was done with *Murchita Tila Taila* followed by *Nadi swedan.*
- The patient was instructed to clear their bladder and bowels and was encouraged to eat a light diet.
- The Patient is made to lie down in the left lateral position with the right leg flexed.
- Check the temperature of the medication and load it in the enema syringe.

Pradhan karma

- Lubricate the anal region of the patient and tip of the catheter with cotton soaked in oil.
- Stand behind the patient and introduce the catheter about 4.5 cm into the rectum parallel to the direction of the spine.
- Gently push the oil by applying uniform pressure. The patient is asked to take a slow deep breath during this process.
- After introducing the oil take out the catheter.

Paschatkarma

- *Sphik Thadana* was done. The patient was made to lie in a supine position.
- Patient was made to raise the legs by flexing the hip 3-4 times.

SOP of Short-Wave Diathermy (SWD):[14]

Pre-Operative: The patient must remove all metal jewelry, clothing that includes metal, and accessories containing metal. Then the patient was asked to lie down in a prone position. Now the patients were ready for the treatment.

Operative: To prevent direct skin contact with the electrodes, the patient was instructed to lie down in a prone posture during the procedure, and a towel was wrapped around the affected area. Near the affected area, the two electrodes are placed. During the procedure, the patient was asked to remain still while the treatment was administered.

Post-Operative: After a diathermy treatment, the affected area was felt more flexible. Patients were advised to avoid weight lifting, prolonged standing, riding over two-wheelers, etc. The duration of the treatment was 10 minutes.

ASSESSMENT CRITERIA

In this clinical study, progress was assessed based on both objective and subjective parameters before and after treatment. A scoring system, following the WHO scoring pattern and previous research, was applied to the main signs and symptoms of Katigraha**.** Objective parameters were measured by using goniometer readings.

1) SUBJECTIVE PARAMETERS

- Pain
- Stiffness
- Tenderness

2) OBJECTIVE PARAMETERS

- Lumbar flexion
- Lumbar extension
- Left Lateral movement
- Right lateral movement
- Right Rotation
- Left Rotation
- Walking Time

GRADINGS OF SUBJECTIVE CRITERIA

Table 1: Gradings of Pain

SL.NO	PAIN [15]	Score
1	No pain	0
2	Mild pain	1
3	Moderate pain, but no difficulty in moving	2
4	Slight difficulty in moving due to Pain	3
5	Much difficulty in moving the bodily parts	4

Table 2: Gradings of Stiffness

SL.NO	STIFFNESS [16]	Score
1	No stiffness or stiffness lasting for 5 mint	0
2	5 mint – 2 hours	1
3	2- 8 hours	2
4	More than 8 hours	3

Table 3: Gradings of Tenderness

SL.NO	TENDERNESS [17]	Score
1	No tenderness	0
2	Subjective experience of Tenderness	1
3	Wincing of face on pressure	2
4	Wincing of the face and withdrawal of the affected part on Pressure	3
5	Resist to touch	4

RESULTS

Table 4: Distribution of 30 patients based on pain.

	+		DAY 7		DAY 21	
	frequency	%	frequency	%	frequency	%
No difficulty in Moving	4	13.3	22	73.3	22	73.3
Slight difficulty in Moving	17	56.7	7	23.3	7	23.3
Much difficulty in Moving	9	30.3	1	3.3	1	3.3
Total	30	100	30	100	30	100

The data shows significant improvement in movement over 21 days, with 73.3% of participants reporting no difficulty by Day 7 and Day 21. The decrease in severe movement difficulty indicates recovery or improvement in the condition.

Table 5: Distribution of 30 patients based on stiffness.

	DAY 1		DAY 7		DAY 21	
	frequency	%	frequency	%	frequency	%
5min - 2hours	6	20.0	1	3.3	21	70.0
2 - 8 hours	6	20.0	22	73.3	7	23.3
8hours or more	18	60.0	7	23.3	2	6.66
Total	30	100	30	100	30	100

The data shows a significant reduction in stiffness duration over 21 days, with most participants reporting only brief stiffness (5 minutes to 2 hours) by Day 21. This suggests substantial improvement in the condition.

Table 6: Distribution of 30 patients based on tenderness.

	DAY 1		DAY 7		DAY 21	
	frequency	%	frequency	%	frequency	%
Subjective experience of tenderness	4	13.33	23	76.67	23	76.67
Wincing of face on Pressure	2	6.67	4	13.33	4	13.33
Wincing of the face and withdrawal of the effected part on pressure	20	66.67	3	10	3	3
Resist to touch	4	13.33	0	0	0	0
Total	30	100	30	100	30	100

The data shows a clear reduction in tenderness over the 21 days, with most participants experiencing only subjective tenderness by Day 7 and Day 21. This indicates a significant improvement in tenderness symptoms.
The Friedman Test indicates a significant reduction in pain from Day 1 to Day 21, with pain decreasing steadily across the days. The improvement is statistically significant (p-value = 0.000).

Table 7: Friedman Test on Pain

	Mean Rank	Std. Deviation	N	X 2	df	p-value
DAY 1	4.87	0.64772	30	107.814	4	0.000(HS)
DAY 4	3.78	0.50401				
DAY 7	2.12	0.53498				
DAY 14	2.12	0.53498				
DAY 21	2.12	0.53498				

Table 8: Wilcoxon Signed Rank Test on Pain

		N	Mean Rank	Sum of Ranks	Z	p-value
PAIN DAY 4 - DAY 1	Negative Ranks	27	14.00	378.00	-4.916	0.000
	Positive Ranks	0	0.00	0.00		
	Ties	3				
	Total	30				
PAIN DAY 7 - DAY 4	Negative Ranks	30	15.50	465.00	-5.069	0.000
	Positive Ranks	0	0.000	0.00		
	Ties	0				
	Total	30				
PAIN DAY 14 - DAY 7	Negative Ranks	0	0.00	0.00	.000	1.000
	Positive Ranks	0	0.00	0.00		
	Ties	30				
	Total	30				
PAIN DAY 21 - DAY 14	Negative Ranks	0	0.00	0.00	.000	1.000
	Positive Ranks	0	0.00	0.00		
	Ties	30				
	Total	30				
PAIN DAY 1 - DAY 21	Negative Ranks Positive Ranks	30	0.00	465.00	-4.932	0.000
	Positive Ranks	0	12.00	0.00		
	Ties	0				
	Total	30				

The Wilcoxon Signed Rank Test results show significant reductions in pain between Day 1 and Day 4 ($p < 0.001$), and Day 4 and Day 7 ($p < 0.001$). No significant changes were found between Day 7 and Day 14, or Day 14 and Day 21 ($p = 1.000$). A significant decrease in pain was also observed from Day 1 to Day 21 ($p < 0.001$).

Table 9: Friedman Test On Stiffness

	Mean Rank	Std. Deviation	N	X 2	df	p-value
DAY 1	4.42	0.81368	30	82.208	4	0.000(HS)
DAY 4	3.68	0.69149				
DAY 7	2.27	0.48423				
DAY 14	2.27	0.48423				
DAY 21	2.37	0.58329				

The Friedman Test indicates a significant reduction in stiffness from Day 1 to Day 21, with stiffness decreasing steadily across the days. The improvement is statistically significant (p-value = 0.000).

Table 10: Wilcoxon Signed Rank Test On Stiffness

		N	Mean Rank	Sum of Ranks	Z	p-value
STIFFNESS DAY 4 - DAY 1	Negative Ranks	14	7.50	105.00	-3.464	0.000
	Positive Ranks	0	0.00	0.00		
	Ties	16				
	Total	30				
STIFFNESS DAY 7 - DAY 4	Negative Ranks	19	10.00	190.00	-4.811	0.000
	Positive Ranks	0	0.00	0.00		
	Ties	11				
	Total	30				
STIFFNESS DAY 14 - DAY 7	Negative Ranks	0	0.00	0.00	-1.000	0.000
	Positive Ranks	0	0.00	0.00		
	Ties	30				
	Total	30				
STIFFNESS DAY 21 - DAY 14	Negative Ranks	0	0.00	0.00	-4.811	0.000
	Positive Ranks	1	1.00	1.00		
	Ties	29				
	Total	30				
STIFFNESS DAY 1 - DAY 21	Negative Ranks Positive Ranks	0	0.00	0.00	-4.493	0.000
	Positive Ranks	23	12.00	276.00		
	Ties	7				
	Total	30				

The Wilcoxon Signed Rank Test indicates significant improvements in stiffness across the different days. The p-values for all comparisons are less than 0.05, confirming that the reductions in stiffness are statistically significant. The largest improvements occur between Day 1 and Day 21, with consistent reductions across the 21 days.

Table 11: Friedman Test On Tenderness

	Mean Rank	Std. Deviation	N	X 2	df	p-value
DAY 1	4.62	0.84690	30	94.839	4	0.000(HS)
DAY 4	3.73	0.74664				
DAY 7	2.22	0.66089				
DAY 14	2.22	0.66089				
DAY 21	2.22	0.66089				

The Friedman Test indicates a significant reduction in tenderness from Day 1 to Day 21, with tenderness decreasing steadily across the days. The improvement is statistically significant (p-value = 0.000).

Table 12: Wilcoxon Signed Rank Test On Tenderness

		N	Mean Rank	Sum of Ranks	Z	p-value
TENDERNESS SDAY 4 - DAY 1	Negative Ranks	19	10.00	190.00	-4.359	0.000
	Positive Ranks	0	0.00	0.00		
	Ties	11				
	Total	30				
TENDERNESS	Negative	21	11.00	231.00	-4.291	0.000

SDAY 7 - DAY 4	Ranks					
	Positive Ranks	0	0.000	0.00		
	Ties	9				
	Total	30				
TENDERNESS SDAY 14 - DAY 7	Negative Ranks	0	0.00	0.00	.000	1.000
	Positive Ranks	0	0.00	0.00		
	Ties	30				
	Total	30				
TENDERNESS SDAY 21 - DAY 14	Negative Ranks	0	0.00	0.00	.000	1.000
	Positive Ranks	0	0.00	0.00		
	Ties	30				
	Total	30				
TENDERNESS SDAY 1 - DAY 21	Negative Ranks Positive Ranks	0	0.00	0.00	-4.660	0.000
	Positive Ranks	23	12.00	276.00		
	Ties	7				
	Total	30				

The Wilcoxon Signed Rank Test for tenderness shows significant reductions between Day 1 and Day 4 ($p < 0.001$), and Day 4 and Day 7 ($p < 0.001$). However, no significant changes were observed between Day 7 and Day 14, or Day 14 and Day 21 ($p = 1.000$). A significant decrease in tenderness was also found from Day 1 to Day 21 ($p < 0.001$).

OBJECTIVE PARAMETERS

Table 13: Paired Sample Test On Flexion

	N	Mean	Std. Deviation	T	p-Value
Flexion D1 & D21	30	-10.5666	4.04870	-14.295	<.001

Table 14: Paired Sample Test on Extension

	N	Mean	Std. Deviation	t	p-Value
Extension D1 & D21	30	-5.13333	1.94286	-14.472	<.001

Table 15: Paired Sample Test On Left Lateral

	N	Mean	Std. Deviation	T	p-Value
Left lateral D1 & D21	30	-6.26667	2.86397	-11.985	<.001

Table 16: Paired Sample Test On Right Lateral

	N	Mean	Std. Deviation	T	p-Value
Right lateral D1 & D21	30	-6.36667	3.16754	-11.009	<.001

Table 17: Paired Sample Test on Left Rotation

	N	Mean	Std. Deviation	t	p-Value
Right rotation D1 & D21	30	-1.70000	0.59596	-15.624	<.001

Table 18: Paired Sample Test On Right Rotation

	N	Mean	Std. Deviation	T	p-Value
Left rotation D1 & D21	30	-1.70000	0.53498	-17.405	<.001

Table 19: Paired Sample Test on Walking Time

	N	Mean	Std. Deviation	T	p-Value
Walking time BT -AT	30	-2.03333	0.61495	-18.111	<.001

The paired sample tests conducted on various physical movements show statistically significant results. For flexion, extension, left lateral, right lateral, left rotation, and right rotation, the mean differences were substantial with p-values less than 0.001, indicating a highly significant change between Day 1 (D1) and Day 21 (D21). The walking time, comparing baseline (BT) and after-treatment (AT) measurements, also showed a significant improvement with a p-value of < 0.001. in all ranges of motion demonstrated improvement.

DISCUSSION

Katigraha is a complex condition characterized by pain, stiffness, and mobility issues in the lower back. Its pathophysiology, driven by *Vata* and *Kapha Dosha* imbalances, requires a holistic and individualized treatment approach. While the classical *Ayurvedic* texts do not offer a detailed, unified description of the disease, modern clinical insights align with *Ayurvedic* principles, emphasizing the need for a multidisciplinary approach. Combining *Ayurvedic* therapies with contemporary medical practices may offer more effective management strategies for patients with *Katigraha*, improving outcomes and reducing the burden of this widespread condition.[18]

The data indicates a significant improvement in movement, with 73.3% of participants reporting no difficulty by both Day 7 and Day 21, suggesting a positive recovery trend. Additionally, the reduction in stiffness duration, with most participants experiencing only brief stiffness by Day 21, highlights a substantial improvement in mobility. Furthermore, the marked decrease in tenderness, with most participants reporting only subjective tenderness by Day 7 and Day 21, indicates a significant alleviation of discomfort, reflecting overall therapeutic progress. The statistical analysis of the data indicates significant improvements in stiffness, tenderness, and pain over the 21 days. The Friedman Test showed a steady and significant reduction in stiffness from Day 1 to Day 21 (p-value = 0.000), with the Wilcoxon Signed Rank Test confirming substantial improvements across all days, particularly between Day 1 and Day 21. Similarly, tenderness decreased significantly across the days, with the most substantial reductions occurring between Day 1 and Day 7 ($p < 0.001$). In terms of pain, a significant reduction was observed from Day 1 to Day 21 (p-value = 0.000), with the largest improvements occurring between Day 1 and Day 7 ($p < 0.001$). Overall, the results highlight the effectiveness of the intervention, particularly in the first week, with improvements in stiffness, tenderness, and pain being most pronounced during this period, after which the symptoms plateaued. These findings suggest that early intervention provides significant relief, and continued management may help maintain symptom reduction.

MATRA BASTI AND SWD

Matra Basti, an *Ayurvedic* therapy involving the administration of medicated oil or ghee through the rectum, is highly effective in managing *Katigraha*, particularly for balancing the *Vata Dosha*, which contributes to dryness, stiffness, and pain in the body. This treatment nourishes and lubricates the tissues, especially the joints, ligaments, and muscles of the lower back, restoring mobility and flexibility.[19]. By replenishing the body's natural oils, *Matra Basti* alleviates pain, strengthens muscles, and improves overall vitality. The medicated oil, such as *Sahachara Taila*, which has *Vata-Kapha* balancing properties, penetrates deep into the tissues, helping reduce inflammation and supporting healing in musculoskeletal disorders, including low back pain. Colonic administration of the drug ensures that it is absorbed through transcellular or paracellular mechanisms, bypassing liver metabolism via systemic circulation, which allows it to reach the whole body, offering long-term benefits. *Shachar Taila* works effectively for managing *Katigraha* by targeting the underlying causes such as *Vata* imbalance, muscle stiffness, inflammation, and pain. Its active compounds like curcumin, sesamin, bacosides, and withanolides provide anti-inflammatory, analgesic, and muscle-relaxing actions.[20] This makes it an excellent choice for reducing the discomfort associated with *Katigraha* and improving mobility, flexibility, and overall lower back health.

Shortwave Diathermy (SWD) is a form of physical and electrical therapy widely used in physiotherapy to treat various health conditions by applying high-frequency electromagnetic waves with wavelengths between 30 to 3 meters and frequencies ranging from 107 to 108 Hz. Derived from the Greek word "diathermy," meaning "by heating," SWD heats body tissues, effectively reducing pain and increasing the temperature of the tissues.[21][22] This heat promotes vasodilation of arterioles and capillaries, improving blood flow to the affected area, which enhances the removal of waste products and increases the supply of oxygen and nutrients. This process helps relax muscles and nerves, alleviating discomfort, improving the range of motion (ROM), and creating a feeling of lightness and overall symptom relief. In treating Katigraha**,** a *Vata*-related condition, we adopted a combined approach of Matra Basti and Shortwave Diathermy (SWD)**,** drawing parallels with *Ayurvedic* therapies of Snehana and Swedana**,** respectively. Matra Basti aligns with Snehana Karma, which involves the application of oil to nourish and lubricate the body, balancing the Vata Dosha, the primary cause of stiffness and pain in Katigraha**.** On the other hand, SWD can be correlated with Swedana**,** a therapy that induces sweating to relax muscles and alleviate pain. As a deep-heating modality, SWD promotes muscle healing, improves blood circulation, and provides pain relief, similar to the effects of Swedana in *Ayurveda*. Based on this understanding, we concluded that combining Matra Basti (Snehana**)** and SWD (Swedana) offers an effective treatment protocol for Katigraha, resulting in highly significant improvements in the condition. This combination reflects the *Ayurvedic* concept of achieving Apunarudabhava—completely eradicating the disease and preventing its recurrence. Evidence from the study showed that after following this treatment protocol, patients experienced significant improvement, with no complaints of symptom relapse during two follow-up visits. This indicates that the treatment successfully removed the imbalanced ***D***oshas from the body, preventing the reoccurrence of Katigraha, making it an example of Apunarudabhava Chikitsa**,** where the disease is eliminated and does not return.

CONCLUSION

The clinical study evaluating the efficacy of shortwave diathermy (SWD) followed by *Matra Basti* with *Sahachara Taila* in managing *Katigraha* revealed statistically significant improvements in pain relief, mobility, and reduction of stiffness and tenderness. SWD, through its deep heating effects, enhanced blood flow and tissue flexibility, while *Matra Basti*, with the *Vata*-pacifying properties of *Sahachara Taila*, provided nourishment to the affected region and alleviated symptoms. The results showed that this integrated approach, combining modern physiotherapy with traditional *Ayurvedic* treatment, effectively managed *Katigraha*, offering a holistic and sustainable solution for patients suffering from low back pain.

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