

MANAGEMENT OF *KATIGATA VATA* WITH *HAPUSHADI YAPANA BASTI*: A CLINICAL
CASE STUDY*¹Dr. Neharika Rana, ²Prof. Dr. Vandana Anil Avhad, ³Prof. Dr. Maya Gokhale¹PG Scholar, Department of Panchakarma, Sumatibhai Shah Ayurveda Mahavidyalaya, Hadapsar, Pune, Maharashtra, India.²Associate Professor, Department of Panchakarma, Sumatibhai Shah Ayurveda Mahavidyalaya, Hadapsar, Pune, Maharashtra, India.³H.O.D Department of Panchakarma, Sumatibhai Shah Ayurveda Mahavidyalaya, Hadapsar, Pune, Maharashtra, India.

*Corresponding Author: Dr. Neharika Rana

PG Scholar, Department of Panchakarma, Sumatibhai Shah Ayurveda Mahavidyalaya, Hadapsar, Pune, Maharashtra, India.

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ABSTRACT

Introduction: In Ayurveda, *Katigata vata* is not available as a separate disease but described as one of the *Vata Vyadhi* in Charak Samhita under 80 *Nanatmaja Vatavyadhi*. It is a condition which is characterized by *Shoola* (pain) and *Stambha* (stiffness), due to vitiated *Vata* which gets lodged in the *Kati Pradesh*. *Katishoola* is explained as *Lakshana* in other *Vataja* disorder like *Katigraha*, *Ghridhrasi*. *Shoola* situated in any place and originated from any cause is a symptom of vitiated *Vatadosha*. **Material and method:** A case study was conducted on 60-year-old female patient having symptoms like *Katishoola* (low back pain), *Kati sthambha* (stiffness), *Changkraman paschat vedhana adhika* (post movement increase in pain) *Sheeta kala Vedhana adhika* (cold season increases the pain), *Asamadhankarak Mala pravrutti* (unsatisfactory bowel movements), it was diagnosed as *Katigata Vata*. Treatment planned was *Anuvasana basti* with *Tila Taila* and *Niruha Basti* with *Hapushadi Yapana*. After *Shodhana*, patient was treated with *Shamana Chikitsa*. **Observation and Result:** Patient experienced notable improvement in *Katishoola* (pain), *Kati Sthambha* (stiffness), reduction in pain after movement, *Samadhankarak Mala Pravrutti* (satisfactory bowel movements). **Conclusion:** This case study highlights the significance of *Hapushadi Basti* in the management of *Katigata Vata*.

KEYWORDS: *Vata Vyadhi*, *Katigata Vata*, *Basti*, *Hapushadi Yapana*.**INTRODUCTION**

According to Ayurveda, certain etiological factors such as the consumption of dry (*Ruksha*), cold (*Sheeta*), insufficient (*Alpa*), pungent (*Katu*), astringent (*Kashaya*), and bitter (*Tikta*) foods, disturb the normal functioning of *Vata Dosha*. This imbalance can lead to either obstruction in bodily channels (*Marga Avarodha*) or tissue depletion (*Dhatukshaya*), resulting in empty or depleted bodily channels (*Rikta Srotas*), which manifest as various *Vata Vyadhis* (neuromuscular or degenerative disorders).

Acharya Charaka has described 80 types of *Vata Nanatmaja Vyadhis* (diseases caused solely by *Vata Dosha*), among which *Katigata Vata* is a prominent and commonly encountered condition.^[1] The joints in the

Kati (lower back or pelvic) region are most frequently involved, making it a significant site of manifestation.

Hetu, *Samprapti* and *Purvarupa* of *Vata Vyadhi* are as follows.

Hetu- Consumption of dry (*Ruksha*), cold (*Sheeta*), insufficient (*Alpa*), pungent (*Katu*), astringent (*Kashaya*), and bitter (*Tikta*) foods, along with the formation of *Ama* (undigested food), excessive physical exertion (*Ativyayama*), inadequate sleep (*Atijagrana*), and suppression of natural urges (*Vegadharana*), improper dietary habits and lifestyle practices. Irregular meal timings, frequent long-distance travel, poor sitting posture, rapid vehicle movements on bumpy roads with inadequate shock absorption, use of foam mattresses and

incorrect body alignment contribute to the vitiation of Vata.^[2]

Samprapti- Due to *Hetusevana* (mentioned above) aggravated Vata localizes at the *Sthana*(site) of *Kati* (lower back), leading to disease manifestation. This imbalance in *Vata Dosha* can lead to either obstruction in bodily channels (*Marga Avarodha*) or tissue depletion (*Dhatukshaya*), resulting in empty or depleted bodily channels (*Rikta Srotas*), which manifest as various *Vata Vyadhis* (neuromuscular or degenerative disorders).^[3]

Purvarupa: *Lakshana* present in the mild form is considered *Purvarupa*. Mild *Shoola and Stambha* at the site of *Kati* (Back).

Rupa: Present case study was based upon *Katigata Vata* which is described under *Vata Vyadhi* (80 *Nanatmaja Vyadhi*) by *Acharya Charak*. It is the condition which is characterized by *Shoola and Stambha*, due to vitiated Vata which gets lodged in the *Kati Pradeshi*.^[4,5,6] *Katishoola* is explained as *lakshana* in other *Vataja* disorder like *Katigraha, Ghridhrasi*. *Shoola* situated in any place and originated from any cause is a symptom of vitiated *Vatadosha*.^[7]

Vata Vyadhi Chikitsa: As quote says “*Bastivataharanam Shreshtham*“, indicating that *Basti* is the most effective therapy for *Vata* disorders.^[8] Additionally, the *Kati* region is considered the principal *Sthana* (site) of *Vata*.

Yapana Basti is one of the *Basti* treatments indicated in *Vata* disorders. *Hapushadi Yapana* is one of them.^[9]

हपुषार्धकुडवो द्विगुणार्धक्षुण्णयवः क्षीरोदकसिद्धः क्षीरशेषो
मधुघृततैलवणयुक्तः सर्वाङ्ग-
विसृतवातरक्तसक्तविष्मूत्रस्त्रीखेदितहितो वातहरो बु
द्धिमेधाग्निबलजननश्च ॥

So accordingly, *Basti karma* was administered. Following the classical methodology patients *Nidana* (Diagnosis) was done initially along with *Ashtavidha* and *Dashavidha Parikshana*. As patient was of *Samavastha*, *Pachana* was given for achieving *Niramavastha*. Hence, this case was managed with *Basti karma (Shodhana chikitsa)*.

AIMS AND OBJECTIVES

To study the efficacy of *Hapushadi Yapana Basti* in *Katigata Vata* for 7days.

MATERIAL AND METHOD

CASE REPORT

A 60-year-old female visited the Out Patient Department (OPD) of Panchakarma on 23/02/2026 with the following complaints.

Chief Complaints

- *Kati Shoola* (low back pain), *Kati Sthambha* (stiffness)
- *Changkraman paschat vedhana adhika* (post movement increase in pain) ++, since
- *Sheeta kala vedhana adhika* (cold season increases the pain) ++, 3 years
- *Asamadhan karak mala pravrutti* (unsatisfactory bowel movements)

History of present illness

Patient came to Sane Guruji hospital with the above said complaints. She had been suffering for 3 years despite taking allopathic medicine. Hence, she approached our hospital for the same.

Past Medical History: K/C/O – HTN (25 yrs), DM (10 yrs).

Past Surgical History: Angioplasty (7 yrs), Hysterectomy (20 yrs).

Addiction: Mishri (3 times in a day), Tobacco (once every 3 days).

Table No 1: Examination.

On examination	Ashtavidha Parikshan	Dashavidha Parikshan
P- 68/min	Nadi- Vatapittaja	Dushya- Asthivaha, Majjavaha, Purishavaha Srotas, Raktavaha Srotas
BP- 130/70 mmHg	Jivha- Sama	Desha- Sadharana
RS- AEBE Clear	Mala- Asamadhankarak	Bala-Madhyama
CVS- S1S2 Normal	Mutra- Samyak	Kala- Adana
CNS- Conscious oriented	Shabda- Spashta	Agni- Sama
P/A- Sparshasahatwa	Sparsha- Samasheetausna	Prakruti- Vatapittaja
	Druka- Prakrut	Vaya- Vrudhavastha
	Akruti- Madhyam	Satva- Madhyama
		Satmya- Shadrasa
		Ahara- Mishra Ahara

Table no 2: *Strotasa Parikshan.*

<i>Strotasa</i>	<i>Lakshana</i>
<i>Asthivaha</i>	<i>Sandhi shola, Stambha</i>
<i>Majjavaha</i>	<i>Kati shoola</i>
<i>Purishavaha</i>	<i>Unsatisfactory bowel movements</i>

Investigation: Hb-10.3 gm/dl, PCV- 33%, Sr. Alkaline phosphate- 213.67U/L, Sr. Uric acid- 3.22, RA- 9.48 IU/mL, HbA1c- 7.1 %

Samprapti Ghatak (Pathogenesis): As per Ayurvedic Principle in the form of *Nidanapanchaka* it was evaluated that excessive indulgence in consumption of spicy food (non veg), over exertion, unsatisfactory bowel

movements. H/o mishri and tobacco consumption, *Diwaswapa* (sleeping in the daytime), *Ratrijagrana* (awake till late night). It was observed that *Dosha* was *Vata Pradhan* and *Dushya* was *Rakta, Asthi, Majja and Purisha*. *Raktavaha, Asthivaha, Majjavaha and Purishvaha srotas* were affected *Adhishthana* (place of manifestation) of disease was *Sandhi and Rogamarga* was *Madhyama*.

Table no 3: *Samprapti.*

<i>Samprapti of Nirupastambhjanya katishoola / Dhatukshayajanya:</i>	<i>Sampraptibhanga of Nirupastambhjanya katishoola / Dhatukshayajanya:</i>
<i>Hetusevana</i> ↓	<i>Nidana parivarjan</i> ↓
<i>Vataprakopa</i> ↓	<i>Vatakshaya</i> ↓
At the place of <i>Strotasa – Rukshata, Kharata, Parushata</i> ↓	At the place of <i>Strotas- Balya, Bruhana, Snehana,</i> ↓
<i>Vayupurana at the site of Rikta strotasa</i> ↓	<i>Vatanulomana at the site of Rikta strotasa</i> ↓
<i>Katishoola (Dhatukshayajanya)</i>	<i>Upashaya in Katishoola</i>

Treatment

Pachana: *Hingvashtaka Churna* 2 grams *Vyanodana* (after meals).

Shodhana: 1st and 7th day *Tila Taila Matra Basti* and remaining 5 days *Hapushadi Yapana Basti* was given for 7 days.

Formulation

Hapushadi Yapana Basti will be prepared as per standard method of preparation. 20 grams of *Hapusha* and 40 grams of *Yava* are taken. Mix it with 200 ml of *Godugdha* and 200 ml of water. Put it on medium flame and make it up to 200 ml of *Ksheerapaka*. 10 grams of

Madhu will be taken in a stainless-steel utensil. 5 grams of *Saindhava* will be added into it and it will be mixed properly by *Mathaniyantra*.

10 grams of warm *Goghruta* and 10 grams of warm *Tila-taila* will be added into the above mixture and will be stirred thoroughly. 200 ml of *Ksheerapaka* will be added into the above mixture and will be stirred to make homogeneous mixture. Hence 240ml of *Hapushadi Yapana Basti* will be prepared. Temperature of mixture will be checked before instillation. Mixture should be lukewarm at the time of administration.

Table no 4: *Basti Regimen.*

	<i>Matra Basti</i>	<i>Hapushadi Yapana Basti</i>
Dose	60 ml	240 ml
Route	Anorectal	Anorectal
Kala	In the morning (after food)	In the morning (Empty stomach)
Days of administration	1st and 7th day	5 days

Pre-basti Management

For *Pachana, Hingvashtaka Churna* 2 grams was administered twice daily for three days during *Vyanodanakala* (after meals). On the day of *Basti, Sthanik Snehana* (local external oleation) with *Tila taila and Sthanik Nadi Swedana* (local sudation) over the abdomen, buttocks and lumbar region was done. For

Hapushadi Basti, the patient was advised to remain on empty stomach before the procedure, whereas *Matra Basti* was administered after breakfast or meals.

Procedure of Basti

The patient was asked to lie on the table in the left lateral position, with the left leg extended straight and the right

leg flexed at the hip and knee towards the chest. For *Hapushadi Basti*, a *Basti Netra* (simple rubber catheter no. 12) was connected to the *Bastiputaka* (enema pot). The catheter was then filled with *Bastidravya* (prepared mixture), ensuring complete removal of air. *Til Taila* was applied to the anal opening and the catheter tip for proper lubrication. Around four fingers length (4–6 inches) of the rubber catheter was carefully inserted into the rectum. The patient was instructed to take a deep breath during the procedure. After this, the enema pot was raised upward to allow the Basti fluid to flow into the rectum, leaving a small amount of liquid in the pot. *Matra Basti of Tila Taila* was administered on the 1st and 7th day using a *Basti Netra* (simple rubber catheter no. 10) attached to a 100 ml glycerin syringe.

Post-basti Management

In the case of *Matra Basti*, *Sphikatadan* (gentle tapping over the gluteal region) was performed after the administration of *Basti*. Subsequently, the patient was instructed to lie comfortably in supine position, this

position was maintained for about 10 minutes, whereas in *Niruha Basti*, patient remained in the same position until *Basti Pratyagaman* (expulsion of Basti). The occurrence of *Basti Pratyagaman* was monitored through *Prashna Pariksha* (clinical questioning). After *Basti Pratyagaman*, the patient was advised to bath with warm water and consume a light diet. Throughout the *Basti* treatment regimen, certain dietary and lifestyle restrictions were recommended, including intake of *Ushna Jala* (warm water) and easily digestible food. The patient was also advised to avoid *Atyasana* (prolonged sedentary habits), *Asthana Asana* (sitting in inappropriate posture or place), *Ativachana* (excessive talking), *Divaswapa* (daytime sleep), *Yana* (traveling), *Atapasevana* (excessive sun exposure), *Shoka* (mental stress or grief), *Krodha* (anger), *Ahitabhojana* (unwholesome food intake), *Vegavarodha* (suppression of natural urges), and *Akala Bhojana* (untimely meals).

Timeline- The patient underwent Basti therapy for 7 days.

Table no 5: Treatment regimen.

No. of Basti	Basti	Bastidana Matra	Pratyagaman Kala	Lakshana
1	Anuwasana	60 ml	2 hr	Along with Sneha, Purish, Vata
2	Niruha	240 ml	5 min	Along with Kwatha, Purish, Vata
3	Niruha	240 ml	4 min	Along with Kwatha, Purish, Vata
4	Niruha	240 ml	5 min	Along with Kwatha, Purish, Vata
5	Niruha	240 ml	10 min	Along with Kwatha, Purish, Vata
6	Niruha	240 ml	6 min	Along with Kwatha, Purish, Vata
7	Anuwasana	60 ml	2 hr	Along with Sneha, Purish, Vata

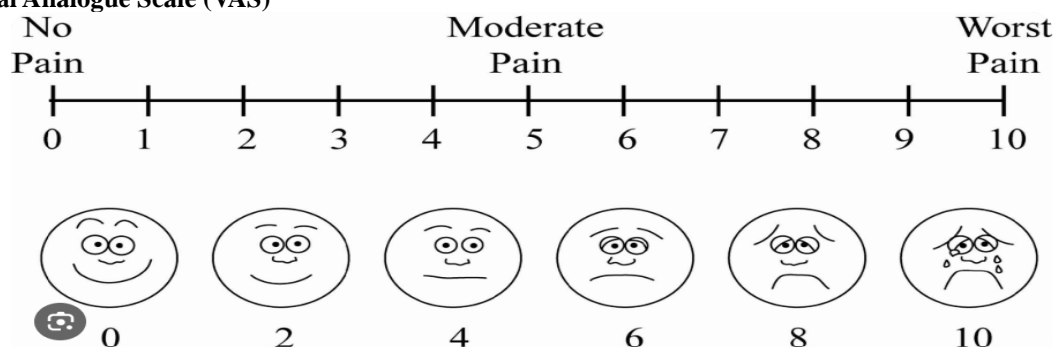
OBSERVATION AND RESULT

Assessment was done on basis of subjective criteria and objective criteria.

Table no. 6: Subjective criteria.

Sr. No	Symptoms	Before	After
1.	<i>Katishoola</i>	++	+
2.	<i>Kati Sthambha</i>	++	+
3.	<i>Changkraman paschat vedhana adhika</i>	++	+
4.	<i>Asamadhankarak Mala Pravrtti</i>	++	-

1) Visual Analogue Scale (VAS)



Scale	Before	After
Score	8	3

2) Oswestry scale:^[10]

Sr. no	Lakshana/ Complaints	Before	After
1	Pain intensity	4	0
2	Personal care	3	0
3	Lifting	3	2
4	Walking	4	3
5	Sitting	2	1
6	Sleeping	3	0
7	Standing	4	3
8	Travelling	4	3

3) Objective criteria: Coin Test

	Before	After
Coin test	Grade 3	Grade 2

RESULTS

We found there was a remarkable improvement after *Shodhana chikitsa*. Painful and restricted movements of hip are reduced up-to 80%. While performing coin test, the patient was able to pick up the coin with minimal pain. Pain while walking had improved and patient was able to walk for 1 kilometre without any interruption. Before treatment she was unable to stand up for 5 min but after the therapies, she was able to stand for 1 hr.

DISCUSSION

The *Kati* (lower back) region is mainly made up of bone tissue (*Asthidhatu*) and the channels that support it (*Asthivaha Srotas*). These channels originate from fat tissue (*Medadhatu*) and the pelvic area (*Jaghana*), both of which are closely connected to the structure of the lower back. Pain in this region is therefore directly related to the condition of the bones and the state of *Vata Dosh*.^[11]

According to *Acharya Vagbhata*, *Vata* and bone (*Asthi*) share a close and dependent relationship with each other, known as *Ashraya-Ashrayi Sambandha*. When *Vata* becomes imbalanced or aggravated, it weakens the bones and leads to pain in the lower back region.^[12]

Additionally, *Purishadhara Kala* (the membrane lining the large intestine) and *Asthidhara Kala* (the membrane nourishing the bones) are considered functionally similar in *Ayurveda*. Since the *Basti* (colon) is located in the *Pakvashaya* (large intestine region), the *Basti Chikitsa* works directly on the bone tissue, particularly in the lower back area. This close anatomical and functional connection makes *Basti* therapy a highly effective treatment for relieving lower back pain (*Katishoola*).

Hapushadi Yapana Basti contains *Hapusha* (*Juniper communis*) which is *Kapha vatashamaka* in nature also shows analgesic and anti-inflammatory properties. Also, *Godugdha*, *Goghruta*, *Til taila*, *Saindhava* are *Vatashamaka* in nature due to their *Madhura rasa* and *Snigdha guna*. *Yapana Basti* and *Matra Basti* both persists same properties like *Balya*, *Brunhana*, *Snehana*,

Vatanulomana in nature. Therefore, it was effective in *Dhatukshayajanya katigata vata*.

Probable mode of action of *Basti*

Bastidravya enters *pakvashaya*

↓
Shoshyamana Vanhi leads to increased absorption

↓
Gets absorbed by *Srotas* present in *Pakvashaya*

↓
Absorption by *Purishadhara kala* which resembles to *Asthidhara Kala*

↓
Yapana Basti dravyas regulates vitiated *Vata* which is *Rooksha*, *Sheeta* along with other *doshas* in *Pakvashaya*

↓
Reduces *Vata* and restores normal function of *Vata* in its *Mulasthan*.

↓
Does *Anulomana of Vata* and *Shamana of Vata*

↓
Katishoola Upshaya

CONCLUSION

According to this case study, administration of *Basti* for 7 days was found to be effective in the management of *Katigata vata*. The patient experienced significant relief in symptoms.

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