

**AYURVEDIC MANAGEMENT LUMBAR SPONDYLOSIS WITH KNEEVEDA CLINICS
TREATMENTS: A CASE STUDY**¹*Dr. Neha Prashant Joshi, ²Mr. Sachin Bhosale

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ABSTRACT

Lumbar spondylosis is a degenerative condition of the lumbar spine characterized by progressive wear and tear of the intervertebral discs, vertebral bodies, facet joints, and surrounding ligaments. It is commonly associated with aging but may also result from repetitive mechanical stress, obesity, poor posture, or previous spinal injuries. Clinical manifestations include lower back pain, stiffness, reduced spinal mobility, and, in some cases, nerve root compression leading to radiculopathy, numbness, or weakness in the lower limbs. Diagnosis is based on clinical evaluation and imaging studies such as X-rays, CT scans, or MRI. This case study presents the Ayurvedic management of a patient diagnosed with lumbar spondylosis. The treatment protocol comprised Shamana Chikitsa, Kneeveda Clinic's therapeutic interventions, appropriate internal Ayurvedic medications, along with individualized dietary modifications and lifestyle recommendations. Clinical evaluation conducted before and after the treatment demonstrated marked improvement in pain, stiffness, range of motion, and functional ability, leading to a significant enhancement in the patient's quality of life. These findings suggest that a holistic Ayurvedic approach may offer effective symptomatic relief and improve functional outcomes in individuals with lumbar spondylosis.

KEYWORDS: Low back pain, Spondylosis, Osteophyte, Degenerative disk disease, Intervertebral osteochondrosis.**CASE PRESENTATION**

A 52 year old female patient came to the Kneeveda clinic for lower back pain, pain radiating to right leg, bilateral shoulder pain, swelling, and tingling in lower limb for a year. She had a history of fall a few years back. The patient is a known case of hypertension. She's on anti hypertensive drugs. No other past history of illness. No family history of illness.

Asthvidh pariksha

Nadi -Vatapittaj
Mala- prakrut
Mutra- prakrut (naktmutrata - 4to5 times)
Jivha- saam
Nidra- prakrut
Kshudha- prakrut
Aakruti- sthool

Vitals

Blood pressure- 134/80 mm of Hg
Pulse- 76/min
Weight- 62kgs

Physical examination

On inspection there was a lack of lumbar lordosis i.e. flat lumbar spine was found. The gait of the patient was normal. Superficial and deep tendon reflexes were within normal limits. A straight leg raise test was found positive in both legs.

Radiological investigation

X- ray- done on 19th June 2026 says degenerative changes with Osteophytes

Treatment given

1	11/6/26	Aampachak2bd Pravalpanchamrut 2bd Gokshuradi guggul2bd Sallaki2bd Trayodashang guggul 2bd Kishore guggul 2bd	Full body pottali 45 minutes Shunthi lepa	Lower back pain Knee pain Radiating right leg pain
2.	12/6/26	Same as above	Same as above	Same as above
3.	13/6/26	Same as above	Same as above	Stiffness reduced
4.	14/6/26	Same as above	Half body pottali for 35 minutes	Slightly pain reduced
5.	15/6/26	Same as above	Same as above	Same as above
6.	17/6/26	Kamdudha 2bd Kishore guggul 2 bd Kanchan guggul 2bd Arogyavardhini 2bd Yograj guggul 2bd	Same as above	Same as above
7.	18/6/26	Same as above	Same as above	Same as above
8	19/6/26	Same as above	Same as above	Same as above
9.	20/6/26	Same as above	Katibasti 15 min and dhara15 min	Tingling sensation reduced
10.	21/6/26	Same as above	Katibasti15 min and dhara 15 min	Range of motion improved
11.	22/6/26	Same as above with mahatiktak ghrita 1tsp and ashwagandha asthishrinkhala 2 tab morning empty stomach	Katibasti 15 min and dhara 20 min	Range of motion improved
12.	23/6/26	Same as above	Katibasti 20 min and dhara 15 min	Same as above
13	24/6/26	Same as above	Katibasti 30 min	Same as above
14	25/6/26	Same as above	Katibasti 30 min	Same as above
15	27/6/26	Same as above	Katibasti 30 min	Same as above
16	28/6/26	Same as above	Katibasti 30 min	Same as above
17	29/6/26	Same as above	Katibasti 30 min	Same as above e
18	1/7/26	Same as above	Half body pottali 30 min	Same as above
19	2/7/26	Same as above	Katibasti 30 min	Same as above
20	3/7/26	Same as above	Katibasti 30 min	Pain reduced to 70-80% range of motion improved tingling sensation reduced

Assessment Criteria and Outcomes

Assessment criteria based on the signs and symptoms of Katigraha as per Ayurveda text, SLR test for range of

movement and ODI (Oswestry disability index) scale which were assessed before and after treatment and follow up.

Table 3: Gradation of Symptoms for Assessment.

Symptoms	Criteria
Ruja (Pain)	No pain while walking - 0 Mild pain while walking - 1 Moderate pain while walking- 2 Severe pain while walking- 3
Stambha (Stiffness)	No stiffness-0 Stiffness for 15–30 minutes -1 Stiffness for 30–45 minutes - 2 Stiffness ≥1 hour -3
Restricted Movement (Hip Joint)	Normal movement -0 Mild restricted movement -1 Moderate restricted movement - 2 Severe restricted movement -3

Gait	Unchanged- 0 Occasionally changed - 1 Walk with support - 2 Unable to walk - 3
Sleep	Normal -0 Occasionally disturbed- 1 Frequently disturbed -2 Unable to sleep due to pain - 3
SLR Test	No pain at 90° -0 Pain between 70°–90° -1 Pain between 50°–70°- 2 Pain between 30°–50° - 3 Pain below 30°- 4
ODI Scale	Minimal disability(0–20%) - 0 Moderate disability (21–40%) - 1 Severe disability (41–60%) - 2 Crippled (61–80%)- 3 Bedbound (81–100%)

Abbreviations: ODI – Oswestry Disability Index; SLR – Straight Leg Raising Test.

functional activities such as personal care, lifting, walking, sitting, standing, sleeping, social life, traveling, and pain intensity.

Note: The Oswestry Disability Index (ODI) comprises 10 questions, each scored on a 6-point scale (0–5), assessing

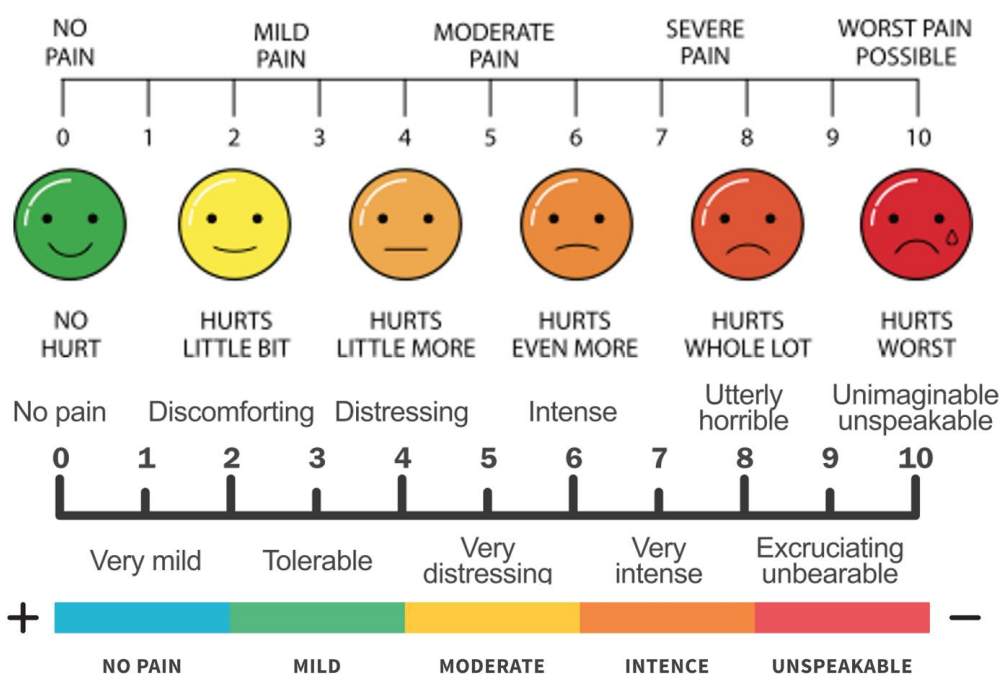


Table Assessment before, after treatment and follow up.

Days/Symptoms	1st day	5th day	10th day	20th day
Ruja	3	3	2	1
Sthambh	1	0	0	0
Movement of joints	2	2	1	1
Gait	0	0	0	0
Sleep	1	0	0	0
SLR	2	2	1	0
ODI	2	2	1	1
VAS Scale	6	5	3	1

DISCUSSION

Lumbar spondylosis is a degenerative disorder of the lumbar spine characterized by changes in the intervertebral discs, vertebral bodies, and associated structures. It may present clinically with low back pain, stiffness, restricted spinal movements, and radiating pain or tingling sensations in the lower limbs. In Ayurveda, the clinical presentation of lumbar spondylosis may be correlated with Katigraha, a condition predominantly involving Vata Dosha, characterized by pain (Ruja), stiffness (Stambha), and restricted movements. In the present case, the patient presented with chronic lower back pain radiating to the right lower limb, bilateral shoulder pain, swelling, and tingling sensations, with a history of previous trauma. Radiological examination revealed degenerative changes with osteophyte formation.

The treatment protocol incorporated Shamana Chikitsa, internal Ayurvedic medications, external therapeutic procedures, and dietary and lifestyle modifications. The external interventions included Pottali therapy, Kati Basti, and Dhara, administered according to the patient's clinical condition and response to treatment. The internal medications were modified during the treatment course, as documented in the case record. From an Ayurvedic perspective, the treatment approach was intended to address pain and stiffness, support functional mobility, and provide symptomatic relief.

The patient's clinical progress demonstrated improvement in several assessment parameters. The pain score (Ruja) decreased from 3 on the first and fifth days to 2 on the tenth day and 1 on the twentieth day. The Visual Analogue Scale (VAS) score reduced from 6 at baseline to 5 on the fifth day, 3 on the tenth day, and 1 on the twentieth day, indicating a substantial reduction in perceived pain. Stiffness (Stambha) improved from a score of 1 at baseline to 0 by the fifth day and remained absent during subsequent assessments. Sleep disturbance also resolved by the fifth day and remained improved at the later assessment.

Furthermore, the assessment of joint movement showed improvement from a score of 2 at baseline to 1 by the tenth day, with this improvement maintained on the twentieth day. The Straight Leg Raising (SLR) assessment score decreased from 2 to 0 by the twentieth day, suggesting improvement in the assessed movement-related symptoms. The Oswestry Disability Index (ODI) category score improved from 2 at baseline to 1 by the tenth day and remained at 1 on the twentieth day, indicating improvement in the recorded disability category. Gait remained normal throughout the assessment period.

These findings indicate that the multimodal Ayurvedic treatment approach was associated with improvement in pain, stiffness, sleep, straight leg raising, and selected functional parameters in this patient. The observed

improvement may reflect the combined effects of the therapeutic interventions and individualized management. However, because multiple treatments were administered concurrently, the contribution of any individual intervention cannot be determined from this case alone.

The present case has certain limitations, including the single-patient design, short assessment period, and absence of a control group. Although the assessment table includes a twentieth-day evaluation, longer-term follow-up data are not provided. Therefore, the findings should be interpreted cautiously and cannot establish the efficacy of the treatment protocol for all patients with lumbar spondylosis. Further studies involving larger sample sizes, standardized outcome measures, and longer follow-up are required to evaluate the safety, reproducibility, and clinical effectiveness of this integrated approach.

CONCLUSION

The present case study demonstrates improvement in the clinical features of lumbar spondylosis following an integrated Ayurvedic management approach comprising Shamana Chikitsa, internal Ayurvedic medications, external therapeutic procedures, and individualized dietary and lifestyle recommendations. A reduction in pain intensity, stiffness, and sleep disturbance, along with improvement in straight leg raising and joint movement, was observed over the treatment and assessment period. The VAS score decreased from 6 to 1, while the recorded ODI category score improved from 2 to 1 by the twentieth day.

These findings suggest that an individualized Ayurvedic treatment protocol may have a role in the symptomatic management of lumbar spondylosis. However, as this is a single case study, the results cannot establish definitive treatment efficacy or determine the contribution of individual interventions. Further systematic clinical studies with standardized assessment parameters and long-term follow-up are necessary to substantiate these preliminary observations.

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