



Case Study

REVIVING MOBILITY: AN AYURVEDIC PERSPECTIVE ON THE MANAGEMENT OF SPINAL CANAL STENOSIS

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ABSTRACT


Lumbar Spinal Canal Stenosis (LSCS) is a degenerative spinal disorder commonly associated with low back pain, radiating leg discomfort, neurogenic claudication, and varying degrees of functional impairment. In Ayurveda, the symptoms of LSCS are understood under the spectrum of *Vata-vyadhi*, and classical texts advocate therapies such as *Rukṣaṇa*, *Snehana*, *Svedana*, *Śodhana*, *Bṛhmaṇa*, and *Rasāyana* for symptom relief and functional recovery. This case report presents the outcome of a structured and sequential Ayurvedic treatment protocol administered to a 62-year-old female who reported severe low-back pain radiating to the right lower limb, difficulty in walking and bending, and bilateral big toe stiffness for one week. Clinical assessment suggested lumbar canal stenosis. The patient underwent a comprehensive two-month Ayurvedic regimen beginning with *Rukṣaṇa* to reduce stiffness, followed by *Snehana* and *Svedana* for pacification of *Vata*, *Śodhana* for systemic purification, and subsequent *Bṛhmaṇa* and *Rasāyana* therapies aimed at strengthening tissues and promoting rejuvenation. Significant improvements were observed in pain intensity, walking tolerance, lumbar mobility, straight leg raising, and reduction in big toe stiffness, enabling the patient to resume daily activities comfortably without any adverse effects and assessed using Oswestry disability index. This case demonstrates that a well-planned Ayurvedic approach integrating purification, pacification, nourishment, and rejuvenation therapies can provide meaningful symptomatic and functional improvements in LSCS, supporting its role as a safe and effective conservative treatment option and emphasizing the need for further research in larger study populations.

INTRODUCTION

Lumbar spinal canal stenosis (LSCS) is a progressive degenerative condition characterized by narrowing of the spinal canal leading to neurogenic claudication, low back pain, and functional impairment.<sup>[1]</sup> The Oswestry Disability Index (ODI) is a frequently applied self-reported questionnaire designed to measure the degree of disability and functional limitation in people with spinal disorders <sup>[2]</sup>. Although conventional management includes analgesics, physiotherapy, and surgical decompression in advanced cases, many patients seek safer, holistic, and non-invasive alternatives.<sup>[3]</sup> Ayurveda describes a

similar clinical presentation under *Katigraha* and *Gridhrasi*, where vitiation of *Vata dosha* plays a predominant role.<sup>[4]</sup> Classical Ayurvedic texts recommend *Rukṣaṇa*, *Snehana*, *Svedana*, *Śodhana*, *Bṛhmaṇa* and *Rasāyana* therapies to restore *dosha* balance, reduce pain, remove *Ama*, strengthen tissues, and prevent recurrence.<sup>[5]</sup>

Earlier works have reported symptomatic improvements in degenerative spine disorders through Panchakarma procedures, medicated oils, and rejuvenative therapies, indicating their potential to enhance nerve function, reduce inflammation, and improve mobility <sup>[6]</sup>. However, literature documenting structured, multi-modal Ayurvedic management specifically for lumbar canal stenosis remains limited. The present case report builds upon these earlier findings and attempts to bridge this gap by demonstrating the practical application and clinical

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outcomes of a comprehensive Ayurvedic treatment protocol in LSCS.

**MATERIALS AND METHODS**

**Case History**

A 62-year-old, moderately built female presented to the OPD with complaints of severe low-back pain radiating to the right lower limb, associated with difficulty in walking and bending, and bilateral toe stiffness for the past one week. The onset of pain was sudden, triggered by a reflex action while sneezing. She initially consulted an allopathic physician and received symptomatic relief only.

The patient reports a past history of low-back pain 10 years ago, for which she underwent inpatient Ayurvedic management and achieved complete symptom resolution. Currently, the pain is constant, dull-aching in nature, with radiating along the right lower limb. The pain is aggravated by transitions from sitting to standing, prolonged walking, and climbing stairs. She experiences significant relief while lying down.

**On Examination**

Body Mass Index (BMI) was 27.4kg/sqm with height-154 cm and, weight- 65kg.

Vitals- Respiratory rate- 22breath/min, pulse rate- 72bpm BP-138/90mmHg

**Medical History**

H/O DM (on medication-metformin 1bd, glimepride 1 bd)

H/O HTN (on medication-tab nebivolol 1b, tab prazosin 1bd)

H/O hysterectomy (2015) H/O appendicectomy (2000)

H/O surgery for removal of calcified cyst from right breast in the year of 2023.

**Personal History**

Diet: Vegetarian and non-vegetarian, bowel: regular, sleep: sound

Micturition: With normal flow, appetite: normal

Addiction: No specific addiction

**Ashtavidha Pariksha**

Nadi: Vata kapha Shabdham: Spashta Mutra: Anavilam Druk: Vyakta

Mala: Abaddham Sparsham: Anushna sheetha Jihwa: Liptam Akriti: Madhyama

**Investigations**

**Lab investigations**

Hb:13g% ESR: 25mm/hr FBS:115mg% PPBS:156mg%

Lipid profile: Within normal limits LFT: Within normal limits

RFT: Within normal limits, thyroid profile: within normal limit

RA factor: Negative

**Radiographic investigation**

MRI Lumbar Spine

Right paracentral disc herniation at L1, L2

Diffuse disc bulge at L3, L4 with mild compression of thecal sac.

Spinal canal stenosis at L4-L5(5.5mm) with compression of thecal sac.

Posterior osteophytes at L5-S1

**Table 1: Clinical Examination**

<b>Lumbar Spine</b>	
Inspection	No swelling, discoloration
Palpation	Grade 2 tenderness over L4, L5 vertebrae
Range of movements	All movements restricted due to pain
<b>Sacro Iliac Joint</b>	
Inspection	No swelling, discolouration
Palpation	No tenderness present
<b>Hip Joint</b>	
Inspection	No swelling and discolouration bilaterally.
Palpation	Grade I tenderness bilaterally
Range of movements	Bilateral flexion possible with pain, all other movements possible without pain.
<b>Special Test</b>	
Stoop test	Negative
SLR	Negative
Fabers test	Positive(rt)
Gillies test	Positive (rt)
Genslens test	Negative
Shopping cart sign	Negative
Trendlenberg test	Negative
Neurological claudication	1 mnt 52 sec
<b>Muscle Power</b>	
<b>Hip</b>	
Flexors	5(B/L)
Extensor	5
Adductor	5
Abductor	2(B/L)
<b>Knee</b>	
Flexors	5(B/L)
Extensors	5(B/L)
<b>Ankle</b>	
Plantar flexors	2/5(RT)5/5(LFT)
Dorsi flexors	5 (B/L)

<b>Toes</b>	
Flexors	5(B/L)
Extensors	5(B/L)
<b>Reflex</b>	
Knee jerk	Normal
Ankle jerk	Normal
Plantar reflex	Normal
Ability to walk	Unable left leg

on toes	
Heel walking	Painful
Oswestry disability score	22/45 =48%-severe disability

As criterion of assessment, it was decided to use 'Oswestry Disability Index'.

**Table 2: Internal Medications**

Medicines	Day
<i>Amruthotharam kashayam + Punarnavadi kashayam</i>	1-10
<i>Amruthotharam kashayam + Rasnerandadi kashayam</i>	10-17
<i>Sahachara baladi kashayam</i>	17-22
Tab <i>Kaishora guggulu</i> 1bd (before food)	1-22
Cap <i>Nirgundi erandam</i> (0-0-2) after food	1-22
Tab <i>Chandraprabha</i>	1-22

**Table 3: External Therapies**

S.No	Procedure	Day
1.	<i>Dhanyamla dhara</i> -7 days Lumbar bandage with <i>Murivenna</i>	1-7 1-14
2.	<i>Abyangha</i> with <i>Ushma sweda</i> (whole body) with <i>Kottamchukkadi taila+Panchamla taila</i> - 5 days. Isometric exercises	8-12
3.	<i>Jambeera pinda sweda</i> with <i>Kottamchukkadi taila+Panchamla taila</i> -5 days. Isometric exercises	13-17
4	<i>Kateevasthi</i> with <i>Dhanwanthara taila</i> - 5 days	13-17
5	<i>Matra vasthi</i> with <i>Madhuyashtyadi taila</i> - 7 days. Strengthening exercises	16-22
6	<i>Taila dhara</i> with <i>Dhanwanthara taila + Murivenna</i> - 5 days. Resistance exercises	18-22

**Table 4: Discharge medicines for 1 month**

S.No	Medicine
1	<i>Sahachara baladi kashayam</i> 90ml bd (before food)
2	Tab. <i>Chandraprabha</i> -1 bd (after food)
3	Cap. <i>Nirgundi erandam</i> (0-0-2) after food
4	<i>Murivenna + Sahacharadi taila</i> (E/A)

Follow up after one month.

**Table 5: Result**

S.No		Day 8 <sup>th</sup>	Day 18 <sup>th</sup>	Day 22 <sup>nd</sup>	After follow up
1	Tenderness over L4, L5 vertebrae	Grade 2	Grade 1	Grade 0	Grade 0
2	ROM - lumbar spine	Flexion and extension-possible with pain. All other movements possible without pain.	Flexion and extension-possible with mild pain. All other movements possible without pain.	All movements possible without pain.	All movements possible without pain.
3	Tenderness over hip	Grade 1, bilaterally	Grade 0	Grade 0	Grade 0

	joint				
4	ROM – hip joint	Bilateral flexion possible with pain. all other movements possible without pain	All movements possible without pain.	All movements possible without pain.	All movements possible without pain.
5	Fabers test	Positive (Rt)	Negative	Negative	Negative
6	Gillies test	Positive (Rt)	Negative	Negative	Negative
7	Neurological claudication	3 minutes 30 seconds	5 minutes 45 seconds	8 minutes 30 seconds	>10 minutes
8	Muscle power Hip abductor Ankle plantar flexors	2 (B/L) 2 (Rt)	4 (B/L) 3 (Rt)	5 (B/L) 4 (Rt)	5 (B/L) 5 (Rt)
9	Ability to walk on toes	Positive (Lt)	Negative (Lt)	Negative (Lt)	Negative (Lt)
10	Heel walking	Painful	Mild pain	Possible without pain	Possible without pain
11	Oswestry disability score	48%	32%	18%	8%

The patient showed progressive clinical improvement over the treatment period and follow-up. Tenderness over L4–L5 vertebrae reduced from Grade 2 to Grade 0, with complete resolution by Day 22 and sustained at follow-up. Lumbar spine movements, initially painful during flexion and extension, became pain-free with full range of motion. Hip joint tenderness resolved completely, and range of motion normalized. FABER's and Gillie's tests, initially positive on the right side, turned negative during treatment. Neurogenic claudication improved significantly, with walking tolerance increasing from 3 minutes 30 seconds to more than 10 minutes at follow-up. Muscle strength improved markedly, with hip abductors progressing from Grade 2 to Grade 5 bilaterally and right ankle plantar flexors from Grade 2 to Grade 5. Toe and heel walking, initially impaired and painful, became possible without pain. The Oswestry Disability Index decreased from 48% to 8%, indicating substantial functional recovery and near-normal daily activity.

## DISCUSSION

The present case highlights the potential of Ayurvedic intervention in managing lumbar spinal canal stenosis presenting with acute radicular pain. From an Ayurvedic perspective, the clinical picture correlated with *Vata*-dominant pathology affecting the *Kati pradesha*, with associated *Ruk*, *Stambha*, and *Spandana*. The treatment protocol was therefore aimed at pacifying aggravated *Vata*, reducing inflammation, improving local circulation, and restoring functional mobility.

The Oswestry Disability Index (ODI), excluding the sex-related question, showed a progressive reduction from 48% to 32%, 18%, and finally 8%,

indicating a transition from severe disability to near-normal functional status. Initially, the patient experienced significant limitations in daily activities such as walking, standing, sitting, lifting, and social participation. With treatment, there was gradual improvement in pain, mobility, and endurance, reflected in improved independence in personal care and daily tasks. The substantial decline in ODI score highlights not only symptomatic relief but also meaningful functional recovery. Importantly, the patient's active involvement- regular adherence to prescribed exercises, posture correction, lifestyle modification, and avoidance of aggravating factors- played a pivotal role in sustaining improvement and enhancing overall quality of life.

## Internal medications

*Amruthotharam Kashayam* combined with *Punarnavadi Kashayam*, and later with *Rasnerandadi Kashayam*, supported digestive correction (*Ama pachana*), systemic anti-inflammatory action, and reduction of edema around the affected spinal region. These formulations are traditionally indicated in conditions where *Vata* involvement is compounded by inflammatory or *Ama*-related pathology. *Sahachara Baladi Kashayam* was added to strengthen the neuromuscular system, alleviate stiffness, and enhance mobility, which aligned well with the patient's symptoms of radiating pain and restricted ambulation.

Among the tablets prescribed, *Kaishora Guggulu* acted as a systemic anti-inflammatory and *Vata*-pacifying agent. *Nirgundi Erandam* capsules, administered twice daily, enhanced *Vata anulomana* and helped relieve deep-seated stiffness and radiating discomfort. *Chandraprabha Vati* was added for its broad *Vata-Kapha* balancing action and its potential to

reduce neuromuscular fatigue and improve circulation to the lower back and pelvic region.

### External therapies

*Dhanyamla dhara*, administered for seven days, served as an initial anti-inflammatory and *Srotoshodhana* measure. The combination of *Abyanga* and *Ushma Sweda* using *Kottamchukkadi taila* and *Panchamla taila* facilitated muscle relaxation and reduction of localized stiffness. *Murivenna* lumbar bandaging provided sustained external support and contributed to tissue healing. As symptoms localized further, *Jambeera Pinda Sweda* was introduced to enhance neuromuscular flexibility and reduce residual spasm.

Procedures targeting deeper structures were then employed. *Kateevasthi* with *Dhanwantharam taila* provided prolonged *Snehana* and warmth over the lumbar region, supporting intervertebral space nourishment and alleviation of nerve root irritation. *Matra Vasti* with *Madhuyashtyadi taila*, which addressed systemic Vata imbalance and supported long-term neuromuscular stability. The final phase, *Taila Dhara* using *Dhanwanthara taila* and *Murivenna*, further soothed the affected area and reinforced tissue recovery.

Isometric exercises such as gluteal contractions, posterior pelvic tilt, and static quadriceps contractions help in reducing pain and improving core stability by activating and strengthening the stabilizing musculature of the lumbopelvic region. Strengthening exercises including knee-to-chest movements, partial curl-ups, glute bridges, and side-lying hip abduction enhance spinal support, improve flexion tolerance, and contribute to the reduction of neurogenic claudication symptoms. Furthermore, resistance exercises such as wall squats and stationary cycling aid in increasing muscular endurance and overall walking capacity, thereby improving functional mobility and quality of life.

### CONCLUSION

The present case study demonstrates that a systematic Ayurvedic treatment protocol comprising *Rūksāna*, *Snehana*, *Swedana*, *Śodhana* (with special emphasis on *Vasti*), followed by *Bṛhmaṇa* and *Vātavyādhi* oriented therapies can provide significant relief in the management of spinal canal stenosis. The integrative approach helped reduce pain, stiffness, radiating symptoms, and functional limitations, thereby improving the patient's overall quality of life.

This case highlights the potential of classical Ayurvedic interventions as an effective, non-invasive management strategy for spinal canal stenosis, particularly in patients seeking alternatives to surgical procedures. However, larger clinical studies are required to validate these findings and to establish standardized treatment protocols.

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