



LUMBAR SPONDYLOSIS - MODERN MEDICINE AND UNANI MEDICINE APPROACH

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DEFINITION

Lumbar spondylosis is a chronic age related degenerative conclusion of the lumbar spine involving intervertebral disc, vertebral bodies, facet joints and ligaments leading to structural changes such as disc desiccation osteophyte formation and spinal canal narrowing.

ETIOPATHOGENESIS

Disc degeneration decrease in proteoglycans that carries low water content and disc height loss.

- Facet joints arthropathy, cartilage erosion.
- Ligamentum flavum hypertrophy that causes spinal canal narrowing.
- Osteophyte formation lead to nerve root compression.

UNANI CONCEPT

1. Lumbar Spondylosis is correlate with waja ul Zuhr low back pain due to sue mizaj barid ratap (Cold and moist temperament imbalance).
2. Accumulation of balgham.
3. Weakening of Aza e Asabiya.
4. Fasad madda (morbid matter accumulation).

RISK FACTOR

1. Aging
2. Obesity
3. Smoking
4. Trauma
5. Sedentary life Style
6. Repetitive spinal stress
7. Diabetes mellitus
8. Heavy Weight lifting
9. Vitamin D Deficiency
10. Poor Posture
11. Genetic disposing factor

CLASSIFICATION

1. Mild
2. Moderate
3. Severe

ASSOCIATE LEISION

1. Degenerative disc disease
2. Lumbar canal stenosis
3. Facet arthropathy
4. Radiculopathy

CLINICAL FEATURES

1. Mechanical low back pain
2. Morning Stiffness
3. Radicular pain
4. Neurogenic Claudication
5. Muscle spasm and Tightness
6. Restricted movement

SIGNS

1. Reduce lumbar lordiosis
2. Tenderness over lumbar region
3. Positive straight leg raising test
4. Decrease flexes
5. Sensory deficits
6. Motor Weakness

INVESTIGATION

CBP, CRP, ASO Titre, RA Factor, MRI Spine, CT Scan.

DIFFERENTIAL DIAGNOSIS

1. Ankylosing spondylitis
2. Osteoporosis
3. Spinal Tuberculosis
4. Fibro myalgia
5. Metastatic spine disease
6. Prolapsed inter vertebral disc

MANAGEMENT**MODERN MEDICAL MANAGEMENT****LIFE STYLE MODIFICATION**

1. Weight Reduction
2. Avoid prolong sitting
3. proper posture

PHYSIOTHERAPY

1. Core strengthening
2. Stretching Exercises
3. Mc kerione exercise
4. Lumbar Stabilization

PHARMACOTHERAPY

1. NSAID
2. Muscle Relaxants
3. Vitamin D and calcium
4. Neuropathic agent

INTERVENTIONAL PROCEDURE

1. Epidural steroid injection
2. Facet joint injection
3. Radio frequency Ablation

Surgical Management**INDICATION**

1. Severe neurological deficit
2. Cauda Equina syndrome
3. Refractory pain
4. Severe stenosis

PROCEDURE

1. Laminectomy
2. Discetomy
3. Spinal Fusion

UNANI MEDICINE APPROACH**ILAJ BIL GHIZA (DIETOTHERAPY)**

1. Warm Easily digestible diet
2. Ginger Garlic
3. Olive oil
4. Dates and Dry fruits
5. Milk
6. Fish

FOOD TO AVOID

1. Cold Water
2. Excess sour food
3. Processed food
4. Obesity promoting food

ILAJ BIL DAWA (PHARMACOTHERAPY)

Majun suranjan – Ante Inflammatory
Analgesic
Anti Arthritic

Habb e Argand – Nervine tonic
Muscle Strengthening

Roghana e Zaitoon – Improve circulation and reduce stiffness

Roghna e suranjan – Used locally for massage pain relief

Habb e Asgand – Anti Inflammatory neuroprotective

ILAJ BIL TADBEER

1. DALAK (MASSAGE) : Improves circulation receives muscle spasm reduces stiffness
2. HIJAMA (CUPPING THERAPY)
 - A) Improve micro Circulation
 - B) Reduce inflammation
 - C) Relieve Chronic Pain
3. HAMAM (STEAM BATH)
 - A) Muscle Relaxation
 - B) Improve circulation
 - C) Enhance mobility
4. RIYAZAT EXERCISE
 - A) Improve Flexibility
 - B) Strength Muscle

EVIDENCE AND VALIDATION / CUPPING THERAPY**CLINICAL EVIDENCE**

1. Studies show significant reduction in chronic low back pain after cupping therapy.
2. Improve functional mobility
3. Save Effective minimal adverse effect

BENEFITS OF CUPPING

1. Analgesic Effect
2. Reduce stiffness
3. Enhance mobility
4. Detoxification
5. Cost effective and minimal invasive

CTRI REGISTER STUDIES

1. CTRI / 2018 / 04 / 013191
2. CTRI / 2020 / 02 / 023456

PREVENTION

1. Maintain ideal body weight
2. Regular Exercise
3. Correct posture
4. Avoid Smoking
5. Early Physiotherapy

PROGNOSIS

Most of the patient improve by conservative management and physical exercise.

Poor prognosis in severe obesity, advance stenosis, Neurological Deficits.

Sedentary life style.

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