



Case Study

CASE SERIES ON IMPORTANCE OF RUKSHANA THERAPY IN SPINAL PATHOLOGY

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ABSTRACT

Spinal pathologies like cervical spondylosis and lumbar spondylosis have become very much prevalent due to lifestyle and environmental factors. Neck pain and low back pain is the leading cause of years lived with disabilities. Ayurveda always insisted on intervening at the early stage of every disease so that the progress of pathology can be prevented. To counteract these conditions, Ayurveda has put forth six-fold treatment methodologies called *Shadupakrama*. *Rukshana* is one among them which can be used as both *Bahiparimarjana* and *Antahparimarjana chikitsa*. With *Rukshana* therapy, the body's oily, sticky, fatty constituents are dried up and reduced. In this case series, three cases related to spinal pathology, especially cervical and lumbar spondylosis were successfully treated by incorporating the principle of *Rukshana*. Initially, the condition was visualized as *Kaphavruta Vata/Vataanubandha Kapha*. Hence the first line of treatment should be *Kaphavatahara*. Apart from these there is the involvement of *Ama* in the *Samprapthi* and considering all these factors internally *Rukshana* was attained via oral medications and externally by *Rukshana upakrama*. After the *Rukshana* therapy patient shows marked improvement, assessments were recorded by comparing the grade of pain, joint tenderness, and range of motion before and after treatment. Notable changes are evidence that the Ayurvedic way of approach to treating spinal disorders is effective and successful. After *Rukshana karma*, *Snigdha bahya karma* was adopted along with some internal medications.

INTRODUCTION

Spinal pathologies like cervical spondylosis and lumbar spondylosis have become very much prevalent due to the factors related to ergonomics, lack of physical exercise, and the resultant weight gain. Neck pain and low back pain is the leading cause of years lived with disabilities. This will pose a great burden on the personal, professional, social, and psychological aspects of life. If the clinical condition is not properly addressed during the initial stages, it can lead to grave complications. Ayurveda always insisted on intervening at the early stage of every disease so that the progression of pathology can be prevented. According to Ayurveda every matter in the universe whether living or non-living is derived from the *Panchabhoota* theory (five elements) and disasters and

diseases arise due to variations in the *Guna* (properties) attributed to each *Bhoota*. To counteract the variations in the properties, Ayurveda has put forth six-fold treatment methodologies called *Shadupakrama*. *Rukshana*<sup>[1]</sup> (drying therapy) is an important *Shadupakrama* explained in the management of aggravated *Kapha dosha* and its attributes like *Gurutwa* (heaviness), *Snigdha* (unctuous) *Manda* (low energy/slow), and *Sthiratwa* (restricted movements)<sup>[2]</sup>. Even though pain is an important manifestation of cervical and lumbar spondylosis, the pain is due to the involvement of *Vata* obstructed by *Kapha* or *Ama*. *Rukshana* is the first and foremost principle to be adopted to reduce the pain, heaviness, and restricted movements caused by the *Avarana* of *Vata* by *Kapha*.

This article is intended to highlight the importance of *Rukshana* therapy as a *Pradhana karma*. The *Rukshana* in *Agni sthana* can be considered as *Pachana*. The influence of *Rukshana* in *Ama anubandha Agni* causes *Shoshana* of *Ama* and restores normalcy thus *Deepana* drugs further act and increase the *Agni* and aid the proper digestion thus making the body

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suitable for *Snehapana*. The modalities of *Rukshana* therapy can be applied in two ways- *Bahya* (external) and *Abhyanthara* (internal). *Bahya rukshana* includes *Udwartana*, *Valuka sweda*, *Churnapinda sweda* (*Ruksha*), *Sankara sweda*, *Dhanyamla seka*, *Kashayadhara*, *Ruksha lepas*, *Upanaha*, *Udgharsana*, *Ushna-ambu snanam*, whereas *Abhyantara rukshana* incorporates *Takrapana*, *Ruksha anna sevana*, *Ruksha bhesajas* and *Upakramas* (*Ruksha vasti/Lekhana vasti*). In addition to this *Rukshana* can be achieved by *Manasika bhavas* (*Soka*, *Chinta*, *Bhaya*). *Rukshana* therapy brings out *Rukshana* internally to the *Srotas* and *Koshta*.

### Importance of *Rukshana* in *Sandhiasrita vikara*

*Sandhi* is the seat of *Vata* and *Kapha dosha*. *Vata* is responsible for mobility and *Kapha* is for the structural integration of joints. In the initial stage of *Sandhiasrita vikara*, there is a predominance of *Kapha* thus *Rukshana* plays an important role. It is highly relevant in the case of cervical and lumbar spondylosis. Both are diseases affecting the *Trika sandhi* (joint formed by the union of three bones). Etiological factors like prolonged sitting in the same posture and inappropriate positioning of the cervical and lumbar region aggravate *Vata dosha*. In cervical spondylosis, *Trika sandhi* is in *Kapha sthana* (*Sthanika dosha*) when vitiated *Vata* (*Agantuja dosha*) got localized in *Greeva Pradesh*, the disease gets manifested. While on the contrary, *Trika sandhi* is placed in *Vata sthana* in lumbar spondylosis, due to indulgence of *Kaphaja ahara-vihara*, local pathologies like *Arsas* and chronic constipation, *Kapha* obstructs the normal pathway of *Vata dosha* and leads to the symptoms. *Kateagraha* (stiffness over the lumbar and hip region) is commonly noticed in lumbar spondylosis and is also a symptom of *Pakwasayagata Vata kopa laksana*. If we analyze the symptoms of *Pakwasayagata Vata* which are *Soola*, *Anaha*, *Antrakoojana*, *Malarodha*, *Asmari*, and *Arsa*, all are due to aggravation of *Kapha* in *Vatasthana* [3].

Cervical spondylosis occurs in persons as young as 30 years but is found more commonly in individuals aged 40-60 years. Radiographic spondylotic changes increase with age. Nearly 50% of the people over the age of 50 and 75% of those over the age of 65 shows typical radiographic changes [4]. Lumbar spondylosis, while affecting 80% of patients older than 40 years, nevertheless was found in 3% of individuals aged 20-29 years [5]. Low back pain affects approximately 60-85% of adults at some point in their lives. If both conditions are left untreated extensively, complications like myelopathy and paraplegia are perceived. The other factors involved in the *Samprapthi* are *Asthi*, *Sira*, *Snayu*, and *Kandara*. These are considered the seat of *Vata* and are mostly involved in the pathology of numerous *Vata vyadhis*. Even though *Vata vyadhis* are *Brumhana sadhya*,

*Langhana* is indicated as the first line of management as there is an association with *Kapha dosha*. *Samyaka lakshana* of *Langhana* and *Rukshana* is one and the same. Therefore, the present article deals with three cases that were successfully treated by incorporating the principle of *Rukshana* both *Abhyantara* and *Bahya* in the IPD of Kayachikitsa Dept. Government Ayurveda Hospital, Kerala. Assessments of patients were done based on grading of pain (using VAS), joint tenderness, and range of motion (ROM).

### Patient Information

#### Case: 1

A 40 year-old moderate-built female, a housewife was admitted on 08/04/2021 with chief complaints of radiating pain from the neck and heaviness of both upper limbs for the past 3 years, aggravated for 3 months. This was associated with headaches and restricted movements of the neck and upper limbs. The pain was continuous and aching type in nature. She had swelling in both upper limbs (Lt.>Rt.). She consulted an allopathy physician, advised with internal medications and physiotherapy. But she did not get any considerable relief. The severity of her pain hampered her day-to-day activities so, she came here for further management. There is no history of any other systemic illness. General examination was normal except for the Antalgic gait. On locomotor system examination of the upper limb and cervical spine, inspection showed swelling of both upper limbs (Lt.>Rt.), on palpation, there was tenderness Grade 3 in all cervical spinal levels, paraspinal muscles, shoulder, elbow, and wrist joints. ROM of cervical spine and shoulder joint- left side was completely restricted. Moderate restriction of the right shoulder joint was noted. Hematological examinations were done on 09/4/2021 and reported hemoglobin - 13mg/dl, ESR - 25mm/hr., remaining values were within normal limits. MRI report revealed degeneration and intervertebral disc bulge seen in C3-C6 levels.

#### Case: 2

A 39 year-old male patient got admission on 08/05/2021 having complaints of pain and numbness over the cervical region along with numbness of the left upper limb for the last 3 months. He also developed low back pain radiating through the posterior aspect of the left thigh up to the knee joint. He had a history of falls in the year 2016 and developed a locking type of pain in the low back region. The patient had undergone orthopedic consultation and was suggested to take internal medications and advised squatting position exercises. Later he underwent *Marma chikitsa* and got considerable relief. He was an IT Professional; this job demands prolonged sitting in front of the computer. In March 2021 pain aggravated over the cervical region (Lt.>Rt.) that was aching in nature. For the same, he

tried various home remedies but didn't get any considerable relief. Meanwhile, he reported pain in the low back (Lt.>Rt.). He took "MRI - Whole spine" (7/4/21) which revealed mild cervical spondylotic changes, notably at C5-C6, C6-C7 level bulge with diffuse disc bulge indenting the anterior spinal canal, mild uncovertebral hypertrophy narrowing the neural foramina (Rt.>Lt.) with a mild indentation on right exiting nerve root. There are lumbar spondylotic changes notably at L4-L5, and L5-S1 levels. On physical examination the patient was anxious, moderately nourished, and demonstrated an antalgic gait. All laboratory and biochemical investigations were normal. On examination of the cervical and lumbar spine, slight swelling was present. Tenderness G-3 over C5-C6, L4-L5, and L5-S1 was noted. All ROM were painful and restricted. SLR and Braggard's tests were positive at 60 degrees bilaterally. FNST was negative bilaterally. Tenderness G-3 was noted bilaterally over the shoulder joint and ROM was possible with reported pain.

**Case: 3**

A 33 year-old female patient visited the IPD (30/4/2021) with chief complaints of pain over the cervical region radiating towards both shoulders' joints for the last 3 months (Rt>Lt). She also noticed

the restricted movement of the cervical spine and right shoulder joint. The nature of pain is aching and aggravates with activities, exposure to cold, rain, wind, and decreases with rest or in the supine position. The patient also complained of numbness over both hands (Rt>Lt). "MRI of Cervical spine" (26/3/21) demonstrated mild straightening and mild diffuse annular bulges at C4-C5, C5-C6 with mild narrowing of bilateral neural foramina. A mild posterior bulge of C6-C7 disc without obvious nerve root compression. Whole spine screening is suggestive of the degenerative disc at L5-S1. Later she visited an Ayurvedic physician, who suggested oral medications and mild exercises. She got slight relief after having medication for nearly 2 months. But pain shoots up while exercising. All laboratory and biochemical investigations were carried out before the treatment to find out further syndrome. All were in the standard range. On examination of the cervical spine, swelling present and tenderness G-3 was noted over C4-C5, C5-C6, and C6-C7. ROM (Flexion-possible with pain, remaining movements were restricted due to pain). Bilaterally mild swelling on the shoulder joint, tenderness in right (G-3) and left (G-2) were noted. Movements were also restricted.

**Table 1: Demographic data of presented cases**

Data	Case: 1	Case: 2	Case: 3
Name	X	Y	Z
DOA	08/04/2021	08/05/2021	30/04/2021
Age/Sex	40/F	39/M	33/F
Diet and habits	Vegetarian	Mixed	Mixed
Bowel	Regular	Regular	Regular (due to daily intake of <i>Eranda tailam</i> at night)
Appetite	Reduced	Normal	Normal
Micturition	WNL	WNL	WNL
Sleep	Disturbed due to pain	Disturbed due to pain	Sound
Family history	Nothing relevant	Nothing relevant	Nothing relevant
History	Nil	Nil	Gestational diabetes at the age of 28 years. Migraine (commenced at the age of 18)
Treatment history	Allopathic medicine	Allopathic medicine, <i>Marma chikitsa</i>	Allopathic and Ayurvedic medicine

**Methodology**

Internally (Refer-Table: 2) and externally *Rukshana* modalities of treatment were intended for pacifying the *Sama dosha*.

**Table: 2 Diagnosis and Internal Medicines**

	Case:1	Case:2	Case:3
Diagnosis	<ul style="list-style-type: none"> <li>• <i>Visvaci</i> with <i>Greevagraha</i>. <i>Vatakaphaadika</i>.</li> <li>• <i>Ruja</i>, <i>prasarana akunchana ashakti</i> are <i>Vata's</i> predominant symptoms.</li> <li>• <i>Stambha</i> of <i>Greeva</i>, <i>Gourava</i>, <i>Sopha</i> is the <i>Kaphaja</i> symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Khalli</i> with <i>Greevagraha</i>, <i>Vatakaphaadika</i>.</li> <li>• <i>Vataja- Ruja</i>, <i>Prasarana akunchana ashakti</i>.</li> <li>• <i>Kaphaja- Supti</i> of <i>Greeva</i>, <i>sopha</i>.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Visvaci</i> with <i>Greevagraha</i> <i>Vatakaphaadika</i>.</li> <li>• <i>Vataja- Ruja</i>, <i>prasarana akunchana ashakti</i>.</li> <li>• <i>Kaphaja- Stambha</i> of <i>Greeva</i>, <i>Gourava</i>, <i>Sopha</i>, <i>Supti</i> of both hands.</li> </ul>
Modern diagnosis	Cervical spondylosis	Cervical spondylosis/ Lumbar spondylosis with Sciatica	Cervical spondylosis
Internal medicines	(09/04/21 - 23/04/21) 1. <i>Amruthotharam kashayam</i> 90ml bd before food 2. <i>Sudarsanam gutika</i> 2bd 3. <i>Yogaraja guggulu</i> 2bd with <i>kashayam</i> 4. <i>Dasoolahareethaki</i> 15gm HS (24/04/21-14/05/21) 1. <i>Rasnasuntyaadi kashyam</i> 90ml bd 2. <i>Manibhadra gulam</i> 15gm HS 3. <i>Yogaraja guggulu</i> 2bd with <i>Kashayam</i>	(08/05/21 - 19/5/21) 1. <i>Sapthasaram Kashayam</i> 90ml bd before food 2. <i>Vaiswanara churna</i> 5gm with hot water HS 3. <i>Abhyarishtam</i> 25ml bd after food 4. <i>Yogaraj guggulu</i> 1 tds 5. <i>Rasnajambeera - Talam</i> (20/05/21 - 2/6/21) 1. <i>Rasnasundhyadi kashayam</i> 90ml bd 2. <i>Yogaraj guggulu</i> 1 bd 3. <i>Rasnajambeera - Talam</i>	(30/04/21 - 17/5/21) 1. <i>Punarnavadi Kashayam</i> 90ml bd before food 2. <i>Sudarsanam gutika</i> 2bd 3. <i>Triphala churna</i> with hot water HS 4. <i>Hinguvachadi churna</i> 5gm noon (18/05/21- 31/05/21) 1. <i>Amrittottaram kashayam</i> 90ml bd, 6am, 6pm 2. <i>Dasamoolakatutrya kashayam- Panam</i> 3. <i>Cheriyee Rasanadi kashayam</i> 90ml bd 11am, 4pm

**Table: 3 External Rukshana kriyas for the cases**

S.no	Rukshana kriyas	Case: 1	Case: 2	Case: 3
1)	<i>Valuka Sweda</i>	(09/4/21-13/4/21) = 5 days	(16/5/21-19/5/21) = 4 days. On a cervical, lumbar and bilateral upper limb	-
2)	<i>Lepam</i>	(10/4/21-30/4/21) Over cervical and bilateral shoulder region with <i>Kottamchukkadi churna + Dhanyamlam</i> = 20 days	(21/5/21-2/6/21) Over Cervical and lumbar area with <i>Jadamyadi churna + Punarnavadi Kashayam</i> = 14 days	(14/5/21-20/5/21) Over Cervical, bilateral - shoulder with <i>Nagaradi churna + Dhanyamlam</i> = 7 days
3)	<i>Dhanyamladhara</i>	(15/4/21-21/4/21) = 7 days + <i>Lepam</i> continued	-	-
4)	<i>Churnapinda sweda (Ruksha) = Kolakulathadi churna</i>	(22/4/21 - 28/4/21) On Cervical and bilateral upper limbs = 7 days + <i>Lepam</i> continued	(20/5/21-26/5/21) On Cervical and lumbar area = 7 days	(11/5/21- 17/5/21) On cervical spine = 7 days
5)	<i>Upanaham= Nagaradi churna + Saindhava + Dhanyamlam + Murivenna</i>	(1/5/21 - 14/5/21) On both shoulders = 14 days	-	(24/5/21-6/6/21) On right shoulder = 14 days
6)	<i>Kadikizhi= Kolakulathadi churna</i> dipped in <i>Dhanyamlam</i>	(6/5/21 - 12/5/21) = 7 days	-	(25/5/21- 31/5/21) = 7 days
	Treatment duration	1 month 6 days	24 days	1 month 1 day

## RESULTS

Table: 4 Overall Improvement with *Rukshana* therapy in case: 1

<i>Rukshana kriyas</i>	Pain		Tenderness		Possible ROM of Cervical spine		Remarks
	BT	AT	BT	AT	BT	AT	
<i>Valuka sweda + Lepam</i>	10	8	G4	G3	25%	40%	<i>Rukshata</i> attained
<i>Dhanyamladhara + Lepam</i>	8	7	G3	G3	40%	45%	Headache reduced, a slight improvement of restricted neck
<i>Churnapinda sweda + Lepam</i>	7	5	G3	G2	45%	60%	Relief of pain, heaviness, stiffness
<i>Upanaha + kadikizhi</i>	5	3	G2	G1	60%	75%	Restricted movements were possible without any difficulty

Table: 5 Overall improvement with *Rukshana* therapy in case: 2

<i>Rukshana kriyas</i>	Pain		Tenderness		Possible ROM of Cervical spine		Possible ROM of the Lumbar spine		Remarks
	BT	AT	BT	AT	BT	AT	BT	AT	
<i>Valuka Sweda</i>	10	8	G3	G3	40%	55%	40%	50%	The patient feels comfortable <i>Rukshanata</i> attained
<i>Churnapinda Sweda</i>	8	6	G3	G2	55%	65%	50%	60%	Slight pain, numbness reduced
<i>Lepam</i>	6	2	G2	G1	65%	70%	60%	75%	Relief in pain, heaviness. Restricted movements were possible

Table 6: Overall improvement with *Rukshana* therapy in case: 3

<i>Rukshana kriyas</i>	Pain		Tenderness		Possible ROM of Cervical spine		Remarks
	BT	AT	BT	AT	BT	AT	
<i>Churnapinda Sweda</i>	7	5	G3	G2	50%	55%	Pain and stiffness of cervical muscles reduced
<i>Lepam</i>	5	5	G2	G2	55%	55%	Swelling reduced
<i>Upanaham</i>	5	4	G2	G1	55%	70%	Relief in numbness
<i>Kadikizhi</i>	4	2	G1	G1	70%	80%	Restricted movements are possible

## DISCUSSION

There are innumerable levels of spinal pathology, along with many symptoms, ranging from tingling or numbness to acute pain. Cervical spondylosis is the result of osteoarthritis in the cervical spine and is characterized by degeneration of the intervertebral discs and osteophyte formation. Degenerative conditions affecting the discs, vertebral bodies, and/or associated joints of the lumbar spine are named lumbar spondylosis. Pain in the distribution of the lumbar or sacral roots is almost always due to disc protrusion but can be a feature of other rare conditions too. Ayurvedic literature suggests features such as *Sthambha*, *Shotha*, and *Vedana* mainly while making efforts for extension and contraction of the joints are seen. In this context, pain is established due to stiffness, produced by *Sama dosha* which suggests the presence of *Marga avarodhaka* in the *Samprapthi* (pathogenesis). The *Samprapthi* of *Greeva* and *Katee Graha* almost resemble degenerative changes. These changes are due to the malfunctioning of *Shleshaka Kapha*. Preliminary conditions are visualized as

*Kaphavrutavata/Vataanubandha Kapha*. Hence the first line of treatment should be *Kaphavatahara*. Apart from these, there is the involvement of *Ama*, by considering all these factors internally *Rukshana* was attained via oral medicines and externally by *Bahya upakramas*. *Kapha* being *Seetha-Snigdha gunas* can be managed with *Ushna-ruksha pradhana upakramas*, *Kaphahara*, and *Anulomana kashayam* was given internally and externally *Valuka Sweda* was done. It is a combination of three *Kaphahara* procedures - "*Swedana*", "*Rukshana*" and "*Mardana*", it thus had a very fast influence on attaining *Rukshana*. Next *Churna Pinda Sweda* processed with *Kolakulattadi churna* for 7 days was employed. After 14 days of *Valuka* and *Churna Sweda* patient felt lightness in the body, appetite got improved and about 20-30% relief in pain was also attained. For the remaining *sama dosha Kadikizhi (Keraleeya Visesha Chikitsa)* with *Kolakulattadi churna* dipped in *Dhanyamalam* was done and it penetrates every *Romakup* and dries up the adjacent layer of the skin deeply with its *Ushna*,

*Tikshna gunas*. Locally *Lepam* with *Nagaradi/Jadamayadi/ Kottamchukkadi churnas* mixed with *Dhanyamalam* were done. It alleviates vitiated *Doshas*, pain, and stiffness. *Kolakulathadi churna*, a *Pradeha yoga* mentioned in *Charaka Samhita Sootra sthana*, *Aragvadiyam* widely utilized for *Udwartana* and *Ruksha Sweda* in *Kapha Vata vikara*. It is found to be *Medohara*, *Srotosodhana*, *Ruksha-ushna virya*. *Dhanyamalam*, included by *Acharyas* among the *Sandhana kalpana* and *Amlavarga* having properties *Vatakaphahara*, *Dahasamaka*, *Laghu*, *Deepana*, *Vibandhaghna*. The patient got improvement in ROM as well as stiffness. Along with this *Lepam* constitutes *Sthanika* actions, thus it clears the obstruction of *Srotas* by removing vitiated *Doshas* and enhances the flexibility of joints.

*Upanaham* with *Nagaradi churna* mixed with *Dhanyamlam*, *Saindhav*, and *Murivenna* acts at deeper level than *Lepana* and has more penetrating effects. action than *Lepana* and is more penetrating effects with its drugs. As per literature *Nagaradi churna* is *Kaphavata samana*, *Sulaprashamana*, *Srotosodhana* and *Abhigatahara*. *Upanaha kriya* is described under *Swedana karma* hence it poses properties like *Stambhaghna*, *Sulahara*. Prolonged degenerative disease can be considered an injury hence *Upanaha* with *Nagaradi churna* is observed as the best option. In the above-mentioned cases, at the time of discharge patient was satisfied with the Ayurvedic management. The patient showed improvement in pain- score, and tenderness grading as well as patient-reported all ROM possible without any restrictions. There was an improvement in quality of life as patients can perform their daily activities without any support.

## CONCLUSION

In the present scenario, there is an increase in the *Santarpanjanya rogas* thus the role of *Rukshana upakramas* is highly significant. *Rukshana* may be an *Awasthika chikitsa* which is mandatory in certain conditions or sole treatment for a given disease. After

*Rukshana karma* in these cases, *Snigdha bahya karma* was adopted such as *Jambeera pinda sweda*, *Patra pinda sweda*, and *Marsha Nasya* along with some internal medications. An Ayurvedic physician is expected to know in depth the science and art of these six *Upakramas*. *Charaka* states that there is nothing beyond these six-fold methods for the treatment of a disease in the same way, as there is nothing more important than the *Tri doshas* in the genesis of disease.

## Patient Perspective

The patients were satisfied with the Ayurvedic way of approach to treating their spinal disorders. They noticed considerable relief in the heaviness of the body, able to perform their daily routine activities without any support. Improvement in sleep quality as they got relief in pain, swelling, and stiffness.

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