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Role of yoga in the clinical management of low back pain – a review Jadhav Avinash B.*¹, Biradar Vaibhav A.², Bansode Namdev M.³

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Abstract:

Low back pain is the most common problem in all age groups. Prevalence of low back pain increases sharply from teenage till old age. Low back pain associated with activity limitation increases with the age. It is the major reason of disability globally resulting into a significant societal burden. In majority of low back pain cases it is difficult to pinpoint the cause but various types of spinal disorders are responsible for producing low back pain. It may seem as a very common and non life threatening symptom but it affects Quality of Life as well as productivity of a person by decrease in physical activity.

Exercise and Physical therapy is suggested in various guidelines for low back pain. Yoga through various asanas, pranayama and meditation techniques can help to alleviate the pain, emotional and physical stress. According to the acute and chronic stages of low back pain, appropriate selection of Asanas and relaxation techniques is necessary. This integrative approach will enable faster

recovery and economical treatment option for the Low Back Pain.

Keyword: Yoga, Low back pain, Therapeutic Yoga, Spinal Disorders

Introduction:

Low back pain is one of the major reasons of disability in the world. From 1990 to 2015, years lived with disability caused by low back pain have increased over 50% globally. This surge in low back pain cases is caused by increased population, ageing and steep increase in prevalence in low and middle income countries. Low back pain is a common symptom and not a disease, which may arise due to various known and unknown physical or physiological abnormalities and diseases. Low back pain typically is seen in between the lower rib margins and the buttocks. Specific nociceptive source of the pain in all cases can not be identified. Such type of pain can be classified as non-specific low back pain. Persistent low back pain is caused by various reasons ranging from infection, inflammatory disorders fracture, malignancy. Other physical and mental health problems including pain in other sites of body is more common in cases with low back pain as compared to others. (1)

Aims and Objectives:

Aim:

To study the role of Yoga in the management of low back pain

Objectives:

- Systematic search of classical texts and research studies related to Yoga and low back pain
- 2) To analyze the role of Yoga in the clinical management of low back pain

Materials and Methods

- Screening of relevant material from the classical texts of Yoga.
- Systematic search of Pubmed, Google Scholar and other resources for published articles on low back pain and its management through yoga and similar physical therapies.
- A thorough search of reference lists to identify relevant studies and their full paper analysis.

Observation:

Causes of low back pain:

Specific pathological causes of low back pain which require appropriate clinical treatment include inflammatory disorders like *spondyloarthritis*, vertebral fractures, and malignancy in vertebral column, infection and intra-abdominal causes. Vertebral fractures are more common in people aged more than 50

years because of degenerative changes like osteoporosis. Axial sondyloarthritis is a chronic inflammatory disease that primarily affects axial skeleton in age group of 20 to 40 years. It includes both non radiological spondyloarthritis and ankylosing spondyloarthritis cases with structural damage in sacroiliac joints or spine. Infections in the spine like spondylodiscitis, vertebral osteomyelitis, tuberculosis, brucellosis, facet joint infections and epidural abscess cause low back pain. Metastatic cancer cases with vertebral metastases and spinal tumors can cause persistent low back pain. (2-10)

Clinical Management of low back pain

After careful history taking and physical examination of patients, they categorized into 3 broad categories like non-specific low back pain, back pain associated with radiculopathy or spinal stenosis and back pain associated with another specific spinal cause. Patients with non-specific low back pain are usually not recommended radiological or similar diagnostic tests. They are treated symptomatically with the help of NSAIDS and other type of painkillers. Patients with persistent low back pain are advised radiological and other diagnostic tests to find nociceptive source. Potential candidates for surgery or epidural steroid injection are determined by the use of MRI or CT scans. (11-13)

Exercise and Physical Therapies for low back pain

Various guidelines for clinical management of low back pain advise judicious use of imaging followed by

medication and surgery. These guidelines also recommend use of non-invasive and non-pharmacological interventions. These include education of patient, behavioral changes and exercise. Physical therapy interventions recommended in guidelines include stretching, hydrotherapy exercises, Tai Chi, McKenzie exercise approach and Yoga. (14-16) But other passive physical or viz. Short-wave electrical methods **TENS** (transcutaneous diathermy, electrical nerve stimulation) back support, traction are not recommended by clinical guidelines. (17-19)

Yoga and Manifestation of low back pain

Pathophysiology of low back pain according to yoga can be explained through manifestation of various signs and symptoms at particular levels of Panchakosha. In Annamaya Kosha, various lifestyle changes like sedentary lifestyle, lack of exercise, overwork or physical stress cause structural defects. Any physical impact or injury, imbalance between physical activity and relaxation hampers free flow of prana. Physical stress followed by emotional stress and anxiety affects adversely Manomaya kosha. Lack of physical awareness, hectic lifestyle, busy schedules and demanding nature of work produces ill effects in Vijnanmaya kosha. Lifestyle associated behavioral changes and improper utilization of strength, weakness and potentials affects Anandamaya kosha. Pathological changes may arise in any Kosha and it may spread to subsequent or previous kosha producing a full blown pathology.

Assessment of patient through history taking, physical examination followed by categorization of patient is essential for proper Yogic management of low back pain. Proper analysis of clinical manifestation at *Panchakosha* level may help to treat the patient appropriately using various modalities of Yoga. (Table 1)

Sr.	Panchakosha	Treatment
No.	level	modalities for
	affected	particular <i>Kosha</i>
1	Annamaya	Shatakarma,
	Kosha	Pathya Apathya,
		Medication
2	Pranamaya	Pranayama,
	Kosha	Breathing
		Techniques
3	Manomaya	Dhyana, Dharana,
	Kosha	Meditation and
		relaxation
		techniques
4	Vijnanamaya	Education of
	Kosha	Patient, Awareness
		expansion
		techniques, Guided
		Relaxation
		techniques and
		Counseling
5	Anandamaya	Analysis of
	Kosha	Strength,
		Weakness and
		Potentials along
		with their proper
		utilization

Table 1: Treatment modalities according *Panchakosha* level

Yogasanas for Low back pain

Hathayoga explains Asana as first part of Shadanga Yoga. Asana should impart

stability and happiness to the yogi. *Asanas* through physical postures and stretching help in improvement of muscle strength and regain the flexibility. (20)

Yogasanas and stretching techniques mentioned in Table 2 should be associated with breathing exercise. These *yogasanas* should be selected or modified according to the clinical condition of patient and his disability. Acute forward bending, acute backward bending and sudden jerk should be avoided in all types of low back pain. In all low back pain cases, Yogasanas started with should be Sookshma vyayama or loosening exercises and it should end with guided relaxation technique or shavasana.

Sr.	Category of	Yogasanas and
No.	low back	stretching
	pain	techniques to be
		recommended
1	Acute	Only Shavasana
	Inflammatory	
	low back pain	
2	Acute Non-	Sukshma Vyayama,
	inflammatory	Ardha
	low back pain	Shalabhasana,
		Bhujangasana,
		Folded leg lumbar
		stretch, crossed leg
		lumbar stretch,
		Straight leg raise
		with breathing
3	Sub-acute	Sukshma Vyayama,
	low back pain	Shashankasana,
		Ardha Ushtrasana,
		Vakrasana,
		Setubandhasana
		with support,
		Ardha

	Dhanurasana,
	Ardha
	Pavanamuktasana

Table 2: Yogasanas and stretching techniques according to grade of low back pain

Pranayamas for low back pain

Pranayama helps to restore the unhindered flow of Prana in the body. types of pranayama can performed by people with low back pain. But these pranayama should be adjusted according to the cause of low back pain, condition of patient, environment and other related factors. Nadishuddhi Pranayama and Bhramari Pranyama help to relieve stress, increase the vital energy of the body, increase pain threshold and calms mind to produce a sound sleep.

Meditation and relaxation for Low back pain

Meditation improves the stability of mind. It clarifies mind and improves pain tolerance levels of the patient. Calmness endowed by meditation help to reduce anxiety and stress associated with chronic pain. Guided relaxation techniques help to relieve the stiffness of muscles and regain the ability for active contraction and relaxation with natural balance. Relaxation techniques with breathing also help to decrease stress and improve mental health.

Discussion:

Hatha yoga improves functional ability of patient with enhanced balance, muscle flexibility, decreased disability

and depression. (21) Low back pain involves spinal misalignment and imbalanced posture due to involvement of musculoskeletal components. Asanas like shavasana and makarasana produce relaxation in the muscles. Ardhakatichakrasana and Ardhamatsvendrasana the stretch muscles in the lumbar region. Bhujangasana and Shalabhasana help in strengthening of muscles. combination of these asanas starting with relaxation followed by stretching and strengthening ensures proper and timely improvement in the stability and posture. (22-24)

Yoga intervention not only reduces pain but also improves Quality of life of people with low back pain. Behavioral changes imparted by Yoga protocol containing *Asanas*, *Pranayama*, Meditation and Self awareness expansion help in improvement of parameters mentioned in Quality of life scales like HRQoL. (25)

Chronic pain may change the breathing pattern making it shallow, thoracic and irregularly strained. This kind of sustained stress affects neuronal flow along with higher levels of *cortisol*. *Pranayama* helps in deep breathing which relaxes most of the muscles of the body bringing an equilibrium between Sympathetic and parasympathetic components of nervous system. (25)

Yoga protocol acts on physical, cognitive, emotional, behavioral and social dimensions of the one's health. Active involvement, improved body awareness helps patients to embrace pain and disability positively. It helps to improve the mental health and reduce

pain associated anxiety which may deteriorate the prevalent painful condition. Such multidimensional effectiveness of Yoga makes it an unique tool in the clinical management of low back pain. (26)

Conclusion:

Low back pain has increased prevalence in recent years across the age groups. It produces significant disability related burden on the society. Nonpharmacological and non-invasive interventions like Yoga therapy are economical and effective in low back pain. Yoga acts at physical, physiological, cognitive and emotional level. Hence Yoga treatment should be adopted for faster and better recovery of patients from the low back pain. In this era of integrative medicine, Yoga has an important role to reduce the disability burden due to low back pain through its different modalities.

References:

- 1. Hartvigsen J, Hancock M, Konsted A et al. What low back pain is and why we need to pay attention. Lancet 2018; 391:2356-67. Available from: http://dx.doi.org/10.1016/S0140-6736(18)30480-X
- 2. Schousboe JT. Epidemiology of vertebral fractures. J Clin Densitom 2016; 19: 8–22. Available from: https://www.sciencedirect.com/science/article/abs/pii/S1094695015001687
- 3. Downie A, Williams CM, Henschke N, et al. Red flags to screen for malignancy and fracture in patients with low back pain: systematic review. BMJ 2013; 347: f7095 Available from:

https://www.bmj.com/content/347/bmj.f7

- 4. Henschke N, Maher CG, Refshauge KM, et al. Prevalence of and screening for serious spinal pathology in patients presenting to primary care settings with acute low back pain. Arthritis Rheum 2009; 60: 3072–80. Available from: https://onlinelibrary.wiley.com/doi/full/1 0.1002/art.24853
- 5. Stolwijk C, van Onna M, Boonen A, van Tubergen A. The global prevalence of spondyloarthritis: A systematic review and meta-regression analysis. Arthritis Care Res 2015; 68: 1320–31. Available from:

https://onlinelibrary.wiley.com/doi/full/1 0.1002/acr.22831

- 6. Akiyama T, Chikuda H, Yasunaga H, Horiguchi H, Fushimi K, Saita K. Incidence and risk factors for mortality of vertebral osteomyelitis: a retrospective analysis using the Japanese diagnosis procedure combination database. BMJ Open 2013; 3: e002412. Available from: https://bmjopen.bmj.com/content/3/3/e00 2412.long
- 7. Kehrer M, Pedersen C, Jensen TG, Lassen AT. Increasing incidence of pyogenic spondylodiscitis: a 14-year population-based study. J Infect 2014; 68: 313–20. Available from: https://www.journalofinfection.com/artic le/S0163-4453(13)00371-X/fulltext
- 8. Lawton AJ, Lee KA, Cheville AL et al. Assessment and Management of Patients With Metastatic Spinal Cord Compression: A Multidisciplinary Review. J Clin Oncol. 2019;37(1):61-71.

Available from: https://ascopubs.org/doi/abs/10.1200/JC O.2018.78.1211

- 9. Galukande M, Muwazi S, Mugisa DB. Aetiology of low back pain in Mulago Hospital, Uganda. Afr Health Sci 2005; 5: 164–67. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1831909/
- 10. Underwood M, Buchbinder R. Red flags for back pain. BMJ 2013;347: f7432. Available from: https://www.bmj.com/content/347/bmj.f7 432
- 11. National Guideline Centre (UK) 'Low back pain and sciatica in over 16s: assessment and management'. Manchester:National Institute for Health and Care Excellence; 2016. Available from:

https://www.nice.org.uk/guidance/ng59.

- 12. Toward Optimized Practice (TOP) Pain Working Group. Low Back Evidence-informed primary care management of low back pain: clinical practice guideline. Edmonton, AB: 2015. Toward **Optimized** Practice: Available from: http://www.topalbertadoctors.org/cpgs/8 85801.
- 13. Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. Ann Intern Med 2007;147(7):478e91. Available from: https://annals.org/aim/fullarticle/736814/diagnosis-treatment-low-back-pain-joint-clinical-practice-guideline-from

- 14. Jorgensen JE, Afzali T, Riis A. Effect of differentiating exercise guidance based on a patient's level of low back pain in primary care: a mixed-methods systematic review protocol. BMJ Open. 2018;8(1):e019742. Available from: https://bmjopen.bmj.com/content/8/1/e019742
- 15. O'Connell NE, Cook CE, Wand BM, Ward SP. Clinical guidelines for low back pain: a critical review of consensus and inconsistencies across three major guidelines. Best Pract Res Clin Rheumatol. 2016;30(6):968–80. Available from: https://www.sciencedirect.com/science/article/abs/pii/S1521694217300049
- 16. Foster NE, Anema JR, Cherkin D et al. Lancet Low Back Pain Series Working Group. Prevention and treatment of low back pain: evidence, challenges, and promising directions. Lancet. 2018;391(10137):2368–83. Available from: https://www.thelancet.com/article/S0140-6736(18)30489-6/fulltext
- 17. UK National Institute for Health and Care Excellence. Low back pain and sciatica in over 16 s:assessment and management. November 2016. Available from:

https://www.nice.org.uk/guidance/ng59.

18. Stochkendahl MJ, Kjaer P, Hartvigsen J, et al. National clinical guidelines for non-surgical treatment of patients with recent onset low back pain or lumbar radiculopathy. Eur Spine J. 2018;27:60–75. Available from: http://europepmc.org/article/med/28429142v

19. Qaseem A, Wilt TJ, McLean RM, Forciea MA, Clinical Guidelines Committee of the American College of Physicians. Noninvasive treatments for acute, subacute, and chronic low back pain: a clinical practice guideline from the American College of Physicians. Ann Intern Med. 2017;166:514–30. Available from:

https://annals.org/aim/fullarticle/260322 8/noninvasive-treatments-acutesubacute-chronic-low-back-pain-clinicalpractice

20. Woodyard C. Exploring the therapeutic effects of yoga and its ability to increase quality of life. Int J Yoga. 2011 Jul-Dec; 4(2): 49–54. Available from:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3193654/

21. Galantino ML, Bzdewka TM, Eissler-Russo J, et al. The impact of modified Hatha yoga on chronic low back pain: a pilot study. Altern Ther Health Med 2004; 10:56–58. Available from:

https://www.researchgate.net/publication /8646318_The_impact_of_modified_Hat ha_yoga_on_chronic_low_back_pain_A_pilot_study

- 22. Williams KA, Petronis J, Smith D et al. Effect of Iyengar yoga therapy for chronic low back pain. PAIN 2005; 115: 107-117. Available from: https://www.researchgate.net/publication/7900179_Effect_of_Iyengar_Yoga_therapy_for_chronic_low_back_pain
- 23. Nambi GS, Inbasekaran D, Khuman R et al. Changes in pain intensity and health related quality of life with Iyengar yoga in nonspecific chronic low back

pain: A randomized controlled study. Int J Y oga. 2014 Jan-Jun; 7(1): 48–53. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4097916/

- 24. Hammill RR, Beazell JR, Hart JM. Neuromuscular consequences of low back pain and core dysfunction. Clin Sports Med 2008; 27(3):449–462. Available from: https://www.sportsmed.theclinics.com/article/S0278-5919(08)00020-3/fulltext
- 25. Vallath N. Perspectives on Yoga Inputs in the Management of Chronic

- Pain. Indian J Palliat Care. 2010 Jan-Apr; 16(1): 1–7. Available from: https://www.researchgate.net/publication/46393844_Perspectives_on_Yoga_Inputs_in_the_Management_of_Chronic_Pain
- 26. Cramer H, Lauche R, Haller H et al. "I'm More in Balance": A Qualitative Study of Yoga for Patients with Chronic Neck Pain. The Journal Of Alternative And Complementary Medicine. 2013; 19(6): 536-542. Available from: https://www.researchgate.net/publication/234821524_I'm_More_in_Balance_A_Qualitative_Study_of_Yoga_for_Patients_with_Chronic_Neck_Pain

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