RESEARCH PAPER

LIFESTYLE FOR LOW BACK PAIN

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Abstract:

Background: Low Back Pain (LBP) is one of the most prevalent musculoskeletal disorders worldwide, significantly affecting quality of life and work productivity. It is a pervasive health issue affecting individuals of all ages, and it is the fifth most common reason for physician visits. While modern approaches rely mostly on pharmacological and surgical interventions, Ayurveda offers a holistic approach for managing LBP through *Ahara*, *Vihara* & *Yoga*. **Objective**: This narrative review aims to explore the Ayurvedic perspective on lifestyle management of LBP, correlating classical concepts with modern insights to propose a sustainable and preventive approach. **Methodology**: A literature search was conducted using classical Ayurvedic texts, such as the Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, as well as relevant scientific studies from PubMed, Google Scholar, and the AYUSH Research Portal. **Result:** Ayurvedic principles advocate a *Vata-shamaka* lifestyle through a `warm, nourishing diet, regular *Abhyanga* (oil massage), appropriate physical activity (e.g., *Yoga asanas, Pranayama*), maintaining proper posture, and mental discipline. Such interventions not only relieve symptoms but also prevent recurrence by addressing the root causes. **Conclusion**: Ayurveda offers a comprehensive lifestyle-based approach to managing LBP that aligns well with current needs for non-invasive, preventive strategies. Further clinical research is required to validate and standardise these protocols for broader applicability.

Keywords: *Katishoola, Pathya, Diet, Ahara, Vihara*, Lifestyle.

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Introduction:

LBP is the leading cause of disability worldwide, affecting approximately 60-80% of individuals at least once in their lifetime. It is estimated that around 619 million people globally suffered from LBP in 2020, with projections reaching 843 million by 2050 due to ageing populations and sedentary lifestyles.[1] According to the Global Burden of Disease 2019 study, LBP stands first among the causes of years lived with disability (YLDs) globally.[2] The prevalence of LBP in the Indian population has been found to vary between 6.2% in the general population & 92% in construction workers, particularly among those aged 35–55 years.[3] A community-based cross-sectional study in rural India reported a point prevalence of LBP to be 32.8%.[4] Contributing factors include poor ergonomics, a sedentary lifestyle, a lack of physical activity, mental stress, and an improper diet, all of which resonate with the pathogenesis of *Vata Vyadhi* as described in Ayurveda.[5] Women often report higher incidences due to hormonal changes, childbirth, and workload. Despite advances in pharmacological and surgical interventions, recurrence and chronicity remain major concerns in conventional management. Ayurveda offers a holistic approach emphasizing the role of Ahara (diet), Vihara (lifestyle), Dinacharya (daily regimen), and Yoga in maintaining spinal health and preventing chronicity. [6,7] Ayurveda conceptualizes LBP largely under *Kati Shoola* or as a manifestation of *Vata Vyadhi*, where aggravated *Vata dosha* affects the musculoskeletal and nervous systems. [8] Our classics highlight that a *Mithya Ahara-Vihara* (imbalanced lifestyle), *Vega Dharana* (suppression of natural urges), stress, and sleep disturbances are key contributors to *Vata prakopa*, resulting in LBP. [9] Therefore, incorporating Ayurvedic lifestyle interventions may provide sustainable solutions to LBP by addressing both symptom relief and the root causes.

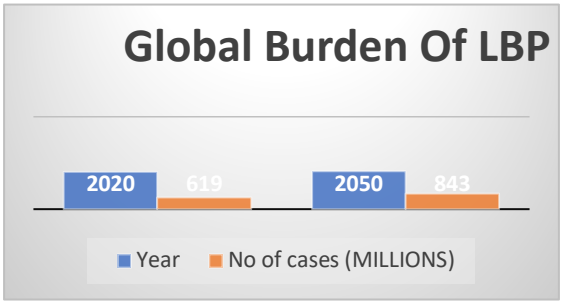


Fig. 1 Projected Global Cases of Low Back Pain (in millions)

(Wu A et al., *Lancet Rheumatol*. 2023)

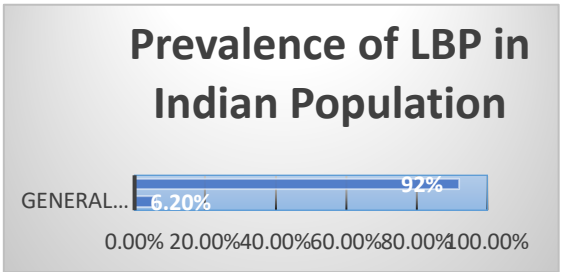


Fig 2. Prevalence of Low Back Pain in the Indian Population.

Materials & Methods: A narrative review design has been adopted**.** Detailed information on the topic has been collected & reviewed through a systematic screening of various classical Ayurvedic texts, including the Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Ayurveda dictionaries, as well as commentaries by Chakrapani, Dalhana, and Arunadatta to understand the traditional perspective of *Vatavyadhi*, *Kati Shoola* & related conditions. Different literature databases such as PubMed, Scopus, Google Scholar, Science Direct and Namaste portal were searched by using keywords like *'Kati Shoola'*, 'Low Back Pain', '*Pathya Apathya'*, '*Asanas* for back pain', 'Lifestyle modification for *Katishoola'*, '*Ayurveda'*, 'Musculoskeletal disorders', with the help of Boolean operators 'AND', 'OR', 'NOT'. Filters such as review articles, clinical trials, those within the last 20 years & free full articles were applied.

Inclusion Criteria:

✓ Discussed LBP from Ayurvedic or modern biomedical perspectives.

✓ Provided information on diet, lifestyle, Yoga, ergonomics, or behavioural aspects of LBP.

✓ Articles published between 2000 and 2025.

✓ Studies in English or Sanskrit with valid translations.

✓ Clinical trials, observational studies, conceptual papers, systematic reviews, and credible review articles.

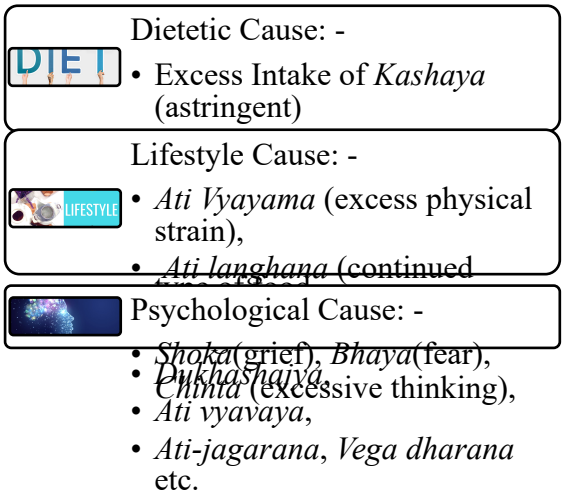
Exclusion Criteria:

✓ Articles lacking scientific basis or adequate methodology.

✓ Studies focusing solely on surgical or purely pharmacological interventions without lifestyle components.

✓ Non-accessible full-text articles.

Pathophysiology of LBP in Ayurveda: In Ayurveda, low back pain is not categorised under a single disease entity but is often discussed under conditions like *Kati Shoola*, *Prishta Shoola*, and *Gridhrasi*, all of which are considered manifestations of *Vata Vyadhi*, disorders caused by the vitiation of *Vata dosha*. [10] Among the *Tridoshas*, *Vata* is responsible for all kinds of motion, structural integrity, and neurological functions. Its aggravation leads to derangement in locomotion, pain, and degeneration, distinctive features of LBP. Etiological factors for LBP in Ayurveda can be categorised into three broad categories: dietetic cause, lifestyle cause, & psychological cause.



All these factors are responsible for provoking the *Vata dosha*.[11]

The *Samprapti* (pathogenesis) [12] follows the progression, like: -

Dosha Prakopa -- Aggravation of *Vata* due to various risk factors mentioned above.
Dushya Asrayata -- Association of aggravated *Vata* with various *Dhatus* like *Asthi* (bone), *Majja* (marrow), and *Snayu* (ligaments).
Sthanasamsraya -- Localization of the vitiated *dosha* in the *Kati* (lumbar) region.
Vyadhi Utpatti -- Manifestation of *Shoola* (pain), *Stambha* (stiffness), or neurological deficits, depending on the tissues involved. [13]

LBP resulting from *Vata Vyadhi* is often chronic, non-inflammatory, and degenerative. However, if *Kapha* or *Pitta* are also involved (e.g., in *Gridhrasi* with inflammation), pain may be associated with heaviness, burning, or swelling. [14] On a deeper level, *Dhatukshaya* (tissue depletion), particularly of *Asthi* and *Majja dhatus*, is a key pathological event in chronic or recurrent LBP. This aligns with modern understandings of intervertebral disc degeneration and osteoporosis-related spinal pain. [15] Another aspect is the accumulation of *Ama* (toxins) due to *Agnimandya* (Poor digestion & metabolism), which can block *Srotas*, causing stiffness, inflammation & pain. *Manasika Nidana* (Psychosomatic influences), such as Chinta (worry), Bhaya (fear), and Shoka (grief), contribute to *Vata* aggravation, highlighting the mind-body interface in the origin and persistence of back pain. [16,17]

Classification of Low Back Pain with clinical features as per *Doshik* involvement: -

Different Types of	**Dominant *Doshas***	**Classical Clinical Features**	**Associated**

Kati Shula			**Complaints**
Vataja Kati Shula	*Vata*	*Ruksha, Sheeta Sparsha, Stabdhata, Shula* ↑ at night *& cold*	Constipation, insomnia, anxiety, joint crepitus
Pittaja Kati Shula	*Pitta*	*Daha, Ushnata, Raga*	Burning sensation, thirst, irritability, loose stools
Kaphaja Kati Shula	*Kapha*	*Gaurava, Manda Shula, Stabdhata.*	Obesity, lethargy, stiffness after rest
Amaja Kati Shula	*Ama*, associated with *Tridoshas*	*Gaurava, Sandhi Graha, Aruchi*	Indigestion, nausea, heaviness
Gridhrasi	*Purely Vata,* or sometimes *Vata* is associated with *Kapha*	Radiating pain from *Kati* to the *padas*.	Tingling, numbness, gait difficulty
Vega Dharana Janya Kati Shoola	*Vata*	Chronic dull pain with stiffness	Constipation, bloating
Postural / Occupational associated with *Kati Shula*	*Vata-Kapha*	Pain after prolonged sitting/standing	Neck stiffness, fatigue

Table No 1. Various Types of LBP According to *Doshika* Involvement.

Different Types of *Kati Shula*	***Samprapti***	**Common MRI Findings**	**Modern Probable Diagnosis**
Vataja Kati Shula	*Dhatu Kshaya → Vata prakopa → Asthi-Majja Srotas dushti*	Disc desiccation, reduced disc height, presence of osteophytes	Lumbar spondylosis, degenerative disc disease
Pittaja Kati Shula	*Pitta prakopa → Shotha & daha*	Endplate oedema, Modic type I changes	Inflammatory low back pain, discitis
Kaphaja Kati Shula	*Kapha Sanchay → Srotorodha*	Ligamentum flavum hypertrophy, facet joint arthropathy	Lumbar canal stenosis
Amaja Kati Shula	*Ama →Agnimandya → Srotorodha*	Diffuse inflammatory changes, early disc bulge	Metabolic or inflammatory LBP
Gridhrasi	*Vata* (± *Kapha*) *prakopa → Nadi Sanga*	Posterolateral disc prolapses, nerve root compression	Sciatica, lumbar disc herniation
Vega-dharana Janya Kati Shula	*Apana Vayu avarodha*	Pelvic floor dysfunction,	Functional LBP

		muscle spasm	
Occupational *Kati Shula*	Repeated micro-trauma → *Vata-Kapha* vitiation	Muscle strain, mild disc bulge	Mechanical/ postural LBP

Table 2. Ayurvedic Pathology & Modern MRI Findings in Low Back Pain

Prevention and Management of Low Back Pain: -

General Dietary Recommendations of LBP: -

Food Groups	Pathya (wholesome)	Apathya (Unwholesome)
Cereals and Millets	*Godhuma* (Wheat), *Raktashali* (Red rice), *Bajra* (Pearl millet), *Yava* (Barley)	*Mahakaya* (Maize), *Nivara* (Wild rice), *Kangu* (Italian millet), *Kodrava* (Kodo millet), *Shyamaka* (Barnyard millet), etc.
Pulses	*Mudga* (Green gram) *Masha* (Black gram) *Kulattha* (Horse gram) *Raj-shimbi* (Soyabean)	*Adhaki* (Red gram), *Chanaka* (Bengal gram), *Nishpaba* (Indian butter bean), *Satina* (Pea), *Masura* (Lentil), *Shimbi* (Double Bean), *Raj-masha* (Cow pea), etc.
Fats and Oils	*Ghrita*, *Suryakanti taila* (Sunflower oil), *Mungfali taila* (Groundnut oil)	*Sarsap-taila* (Mustard oil)
Eggs and Meat	*Kukkut mamsa* (Chicken), *Aja mamsa* (Mutton), *Matsya* (Fishes)	*Gomamsa* (Beef)
Vegetables	*Palaka* (Spinach), *Mulaka* (radish), *Karvellaka* (Bitter gourd), *Patola* (Pointed gourd), *Vrintaka* (Brinjal), *Alabu* (Bottle gourd), *Gaajar* (Carrot), *Ervaru* (Cucumber), *Marish* (Amaranth), *Raktavrintaka* (Tomato), *Kaddu* (Pumpkin), *Palandu* (Onion), *Bhindi* (Ladies finger), *Surana* (Yam), *Gaurikam* (Ridge gourd), *Kundru* (Kovai), etc.	*Kadali* (Plantain green), *Pushpasakam* (Cauliflower), *Bimbi* (Kovai/Lvy gourd), *Aluk* (potato), *Patragobhi* (Cabbage), etc.
Fruits	*Dhatri* (Indian gooseberry), *Erandakarkati* (Papaya), *Amrud* (Guava), *Draksha* (Grape), *Dadima* (Pomegranate), *Seva* (Apple), *Kalinda* (Watermelon), *Amra*	*Panasa* (Jackfruit), *Lakucha* (Monkey jack), *Bilwa* (Wood apple), Lichi, *Tanka* (Pear), *Sita phala* (Custard apple).

	(Mango), *Kharjur* (Dates), *Badara* (Jujube), *Ananasa* (Pineapple).	
Milk and Milk products	*Godugdha* (Cow milk) *Ajadugdha* (Goat's milk), *Navanita* (Butter) *Takra* (Buttermilk)	*Dadhi* (Curd), *Dadhika* (Cheese)
Spices and Condiments	*Jeerak* (Cumin), *Haldi* (Turmeric), *Hingu* (Asafoetida), *Adrak* (Ginger), *Misreya* (fennel), *Shunthi* (Dry ginger), *Rasona* (Garlic), *Dhanyaka* (Coriander), *Marich* (Black pepper), *Ela* (Cardamom)	*Marichika* (Chilli)
Sugars	*Sita* (Sugar candy) *Guda* (Jaggery).	

Table 3. General *Pathya-Apathya* for LBP.

***Pathya–Apathya* for *Vataja* Low Back Pain**: - (Degenerative LBP, Spondylosis, Disc dehydration)

Vataja Kati Shula arises due to *Vata prakopa* secondary to *dhatu Kshaya* and *Ruksha, Sheeta Nidana*. So, *Sneha, Ushna, guru,* and *Brimhana Ahara*, which pacify *Vata* and nourish *Asthi, Majja dhatu*, should be consumed.

Food Groups	***Pathya* (Wholesome)**	***Apathya* (Unwholesome)**
Cereals & Millets	*Godhuma, Raktashali*	*Kangu, Kodrava*, *Shyamaka*
Pulses	*Masha, Mudga*	*Masura, Chanaka*
Fats & Oils	*Ghrita*, Groundnut oil, Sunflower oil	Mustard oil
Eggs & Meat	*Kukkut mamsa*, *Aja mamsa*, *Matsya*	*Gomamsa*
Vegetables	Bottle gourd, Pumpkin, Spinach, Onion, Brinjal, Carrot	Potato, Cabbage, Cauliflower.
Fruits	Dates, Grapes, Mango, Apple	Jackfruit, Custard apple
Milk & Products	Cow milk, Goat milk, Butter	Curd, Cheese
Spices	Ginger, Asafoetida, Cumin, Garlic	Chili
Sugars	Jaggery, Sugar candy	—

***Pathya–Apathya* for *Pittaja* Low Back Pain**: (Inflammatory LBP, Discitis, Sacroiliitis)

Pittaja Kati Shula is characterized by *Daha, Ushnata, Shotha, and raga*. *Sheeta, Madhura, Tikta rasa* and *pitta-shamaka* foods reduce inflammation.

Food Groups	**Pathya (Wholesome)**	**Apathya (Unwholesome)**
Cereals & Millets	Raktashali, Godhuma	Bajra
Pulses	Green gram, Black gram	Kulattha,
Fats & Oils	Ghrita	Mustard oil
Eggs & Meat	Matsya (limited)	Mutton, Beef
Vegetables	Bottle gourd, Cucumber,	Excess Onion, Brinjal

	Pumpkin, Ridge gourd	
Fruits	Pomegranate, Grapes, Amla, Watermelon	Pineapple (excess), Mango (overripe)
Milk & Products	Cow milk, Butter	Curd, Cheese
Spices	Fennel, Coriander, Cardamom	Chilli, Excess garlic
Sugars	Sugar candy	Jaggery (excess)

***Pathya–Apathya* for *Kaphaja* Low Back Pain:**
(Obesity-related LBP, Canal stenosis, Stiffness)
Kaphaja Kati Sula manifests with *Gaurava, Manda Vedana, and Stabdhata*. *Laghu, Ruksha, Ushna* and *Lekhana Ahara* alleviate *Kapha*-induced *srotorodha*.

Food Groups	**Pathya (Wholesome)**	**Apathya (Unwholesome)**
Cereals & Millets	Yava, Bajra	Wheat, Red rice
Pulses	Kulattha, Mudga	Masha, Soyabean
Fats & Oils	Minimal Sunflower oil	Ghrita, Groundnut oil
Eggs & Meat	Fish (light)	Mutton, Chicken
Vegetables	Bitter gourd, Radish, Ridge gourd, Onion	Yam, Potato
Fruits	Guava, Pomegranate	Dates, Mango
Milk & Products	Takra	Milk, Butter
Spices	Ginger, Black pepper, Garlic	—
Sugars	—	Jaggery, Sugar candy

***Pathya–Apathya* for *Amaja* Low Back Pain:**
(Metabolic/inflammatory LBP with indigestion)
Amaja Kati Sula is caused by *Agnimandya*, leading to *Srotorodha*, resulting in pain associated with heaviness and stiffness. *Dipana, Pachana* and *Langhana* are essential before *Shamana* therapy.

Food Groups	**Pathya (Wholesome)**	**Apathya (Unwholesome)**
Cereals & Millets	Yava, Light wheat preparations	Heavy millets
Pulses	Mudga	Masha, Soyabean
Fats & Oils	Ghrita	Excess oils
Eggs & Meat	—	All heavy meats
Vegetables	Bitter gourd, Bottle gourd, Radish	Potato, Cabbage
Fruits	Amla, Pomegranate	Banana, Jackfruit
Milk & Products	Takra	Milk, Curd
Spices	Ginger, Asafoetida, Cumin	Chili
Sugars	—	Jaggery

***Pathya–Apathya* for *Gridhrasi*:**
(Sciatica)
Gridhrasi is a *Vata Pradhan nanatmaka Vyadhi* involving *Nadi Sanga*. *Sneha, basti*, and *vata shamaka* diet are specifically advised.

Food Groups	**Pathya (Wholesome)**	**Apathya (Unwholesome)**
Cereals & Millets	Wheat, Red rice	Dry millets
Pulses	Mudga, Masha	Lentil
Fats & Oils	Ghee, Groundnut oil	Mustard oil
Eggs & Meat	Fish, Chicken	Beef
Vegetables	Bottle gourd, Pumpkin, Onion	Potato
Fruits	Dates, Grapes	Custard apple
Milk & Products	Milk, Butter	Curd

Spices	Ginger, Garlic	Chili
Sugars	Jaggery	—

Discussions:

Low back pain (LBP) represents a multifactorial musculoskeletal disorder influenced by structural, metabolic, inflammatory, and lifestyle-related factors. Contemporary biomedical research is increasingly recognising the role of diet and nutrition in modulating inflammation, tissue repair, neuromuscular function, and chronic pain perception. Ayurveda, through the concepts of *Pathya-Apathya*, offers a personalized dietary framework based on *dosa* dominance, *Agni* status, *dhatu* involvement, and *Nidana*, which closely parallels modern nutritional principles. The present discussion attempts to synthesize Ayurvedic dietary principles with modern dietetics, particularly in relation to different pathological presentations of LBP.

From an Ayurvedic standpoint, LBP (*Kati Sula*) is predominantly classified under *Vatavyadhis*, though *Pitta, Kapha,* & *Ama* frequently act as associated or modifying factors. Degenerative conditions such as lumbar spondylosis and disc dehydration correspond to *Vataja Kati Sula*, where *Asthi* and *Majja dhatu Kshaya* form the core pathology. Classical texts advocate *snehana*, *Brimhana*, and *Vata shamaka Ahara* in such conditions. Modern nutrition science supports this approach by emphasizing the importance of adequate dietary fats, proteins, calcium, vitamin D, and B-complex vitamins in maintaining bone mineral density, disc integrity, and neuromuscular function. Whole grains such as wheat and barley, dairy products, ghee, and protein-rich foods contribute to structural support and help counter catabolic processes involved in degenerative spinal disorders. Furthermore, omega-3 fatty acids, present in fish and certain oils, have been shown to reduce inflammatory mediators and may slow disc degeneration, thereby complementing the Ayurvedic concept of *Vata* pacification.

Inflammatory forms of LBP, including discitis, sacroiliitis, and acute muscular strain, resemble *Pittaja Kati Sula*, characterized by *daha (*Burning sensation*), Ushnata*, and So*tha*. Ayurveda recommends *Sita, Madhura*, and *Tikta* rasa foods that alleviate Pitta and control inflammation. Modern dietetics similarly advocates anti-inflammatory diets rich in antioxidants, polyphenols, and micronutrients. Fruits such as pomegranate, grapes, and amla, along with vegetables like bottle gourd and cucumber, provide vitamin C, flavonoids, and potassium, which reduce oxidative stress and support tissue repair. Avoidance of spicy foods, alcohol, and excessive saturated fats aligns with biomedical evidence linking such dietary factors to increased systemic inflammation and pain sensitization. Thus, the Ayurvedic emphasis on cooling and mild foods finds strong support in modern inflammatory nutrition models.

Kapha-dominant LBP, often associated with obesity, sedentary habits, and lumbar canal stenosis, presents with stiffness, heaviness, and dull pain. Ayurveda prescribes *Laghu, Ruksha, Ushna,* and *Lekhana Ahara*, including barley, horse gram, and buttermilk, to counter *Kapha* accumulation and *Srotorodha*. Modern research highlights the strong association between high body mass index and chronic LBP, emphasizing weight management as a key therapeutic goal. Diets with low glycaemic load, high fibre content, and adequate protein improve metabolic health and reduce mechanical stress on the spine. Barley and legumes such as horse gram offer low-energy-density nutrition while improving satiety and gut health. Additionally, spices such as ginger and black pepper enhance thermogenesis and may improve musculoskeletal mobility, reflecting a convergence between Ayurvedic *Kapha hara* strategies and modern nutritional interventions focused on obesity.

The role of *Ama* in LBP, though unique to Ayurveda, finds parallels in modern concepts of metabolic inflammation and gut dysbiosis. *Amaja Kati Sula* is marked by pain associated with heaviness, stiffness, and indigestion, indicating impaired *Agni* and toxin accumulation. Classical management prioritizes *Dipana, Pachana* and *langhana*, with light diets, warm fluids, and digestive spices. Contemporary studies increasingly recognize the gut–musculoskeletal axis, where poor digestion, altered microbiota, and low-grade inflammation contribute to chronic pain. Diets that reduce fermentable carbohydrates, limit processed foods, and include anti-inflammatory spices improve gut health and may reduce viscero-somatic pain amplification. Therefore, Ayurvedic *Ama Pachana* diets can be viewed as early functional interventions targeting metabolic contributors to LBP.

In conditions such as *Gridhrasi* (sciatica), where nerve compression and radicular pain predominate, Ayurveda emphasizes *Vata shamaka* and *nadi-poshaka* diet alongside basti therapy. Modern nutrition underscores the importance of vitamin B12, omega-3 fatty acids, and adequate protein intake for nerve health and regeneration. Fish, milk, and certain fruits provide neuroprotective nutrients that may reduce neuropathic pain and support recovery. Excess refined carbohydrates and inflammatory fats, on the other hand, can exacerbate nerve sensitization. Thus, dietary principles aimed at nerve nourishment and inflammation control are shared across both systems. An important clinical aspect of LBP often overlooked in modern care is the role of bowel habits. Ayurveda clearly identifies *Vega-dharana,* especially of *mutra and purisha*, as a cause of *Apana Vata* vitiation leading to pelvic and low back

pain. High-fibre diets, adequate hydration, and healthy fats are advocated to maintain regular bowel movements. Modern research similarly links constipation, pelvic floor dysfunction, and increased intra-abdominal pressure with mechanical and functional low back pain. Dietary fibre from whole grains, fruits, and vegetables improves bowel function and reduces strain on the lumbosacral region, highlighting a strong overlap between Ayurvedic and modern preventive strategies.

Overall, the integration of Ayurvedic *Pathya-Apathya* with modern nutritional science provides a holistic, individualized, and evidence-informed approach to LBP management. Ayurveda offers a qualitative, *dosa*-based framework that guides food selection according to the patient's constitution and pathology, while modern nutrition contributes quantitative insights into macro- and micronutrient requirements and inflammatory pathways. When combined, these approaches address not only pain relief but also underlying degeneration, inflammation, metabolic imbalance, and lifestyle contributors. Such integrative dietary strategies have the potential to enhance clinical outcomes, reduce recurrence, and improve quality of life in patients with low back pain, thereby reinforcing the relevance of Ayurveda in contemporary musculoskeletal healthcare.

Conclusion: Low back pain is a multifactorial disorder in which mechanical, inflammatory, metabolic, psychological, and lifestyle-related factors interact to influence disease onset, persistence, and recurrence. The present review demonstrates that Ayurvedic principles of *Pathya-Apathya*, *Ahara*, *Vihara*, and *Yoga* provide a comprehensive lifestyle-based framework that complements contemporary understanding of low back pain by addressing modifiable risk factors rather than focusing solely on symptomatic relief. The *dosha*-based individualized approach offers a rational basis for tailoring dietary and behavioural interventions according to the underlying pathological state, while modern nutritional science supports many of these recommendations through established effects on inflammation, musculoskeletal health, metabolic regulation, gut function, and neural recovery. Future multicentre randomized controlled trials, prospective cohort studies, and mechanistic research incorporating validated clinical outcomes, imaging, functional assessment, quality-of-life measures, and biomarkers are warranted to establish efficacy, optimize patient selection, and develop evidence-based clinical guidelines. Overall, integrating *Ayurvedic* lifestyle principles with evidence-informed modern management has the potential to promote patient-centred, non-pharmacological, and preventive care for low back pain. Such an integrative strategy may reduce recurrence, improve functional outcomes, minimise dependence on long-term analgesics, and contribute to sustainable management of one of the leading causes of disability worldwide.

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