



Research Article

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MANAGEMENT OF LOW BACKACHE DUE TO PIVD THROUGH PANCHAKARMA: A CASE STUDY

Tiwari Swati ^{1*}, Singh Shipra ¹, Sharma Parul ², Sharma Ved Bhushan ³

¹M.D. Scholar, Dept. of Panchakarma, Rishikul Campus (Haridwar), U.A.U, India

²Associate Professor, Dept. of Panchakarma, Rishikul Campus (Haridwar), U.A.U, India

³Assistant Professor, Dept. of Agad Tantra, Rishikul Campus (Haridwar), U.A.U, India

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*Corresponding author

E-mail: dr.swatitiwari91@gmail.com

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ABSTRACT

Back pain is an affliction that affects a substantial proportion of entire population, at least at some point in their life. About 80% of population suffer from low backache and it is medically and economically devastating and is the major cause for disability. Patient's main complaint was severe low backache radiating to right leg, stiffness in back due to which he was unable to sit and walk. On physical examination, the straight leg raising (SLR) test was 30° on right leg and 45° on left leg. Lasegue Test, Bowstring Test and Femoral Stretch Test was positive in B/L lower limbs. Patient was diagnosed as Prolapsed inter-vertebral disc (PIVD) which can be correlated to Kativata (low backache) which comes under Vatavyadhi in Ayurveda. Panchakarma therapies like Ruksha Pottali sweda (dry bolus fomentation), Patra Pottali sweda (bolus fomentation), Abhyanga (massage), Swedana (sudation), Vasti (therapeutic enema), Kati vasti (procedure where specified medicated oil is retained for a stipulated period in kati region) etc. along with vata shamak drugs were given orally to the patient and found to be very effective. Panchakarma procedures along with Shaman therapy (oral medicines) as per Ayurveda act on vata dosha which is responsible for Kativata. The General condition of patient becomes better than previously. So this case shows the efficacy of Ayurveda specially Panchakarma in low backache with good follow up results and without any adverse effects.

Keywords: Prolapsed inter-vertebral disc, Kativata, Ruksha Pottali sweda, Patra Pottali sweda, Abhyanga.

INTRODUCTION

Disc herniation accounts for 30% of low back pain particularly in most productive period of life¹. PIVD means the protrusion from the nucleus pulposus through a rent within the annulus fibrosus². In 95% of the lumbar disc herniations, L4-L5, L5-S1 discs are most commonly affected³. NSAID, steroids etc. are the main management of patients as they provide symptomatic relief. Therefore a variety of Ayurvedic Panchakarma therapies may be useful in decreasing the symptoms of PIVD. Here a male patient with PIVD not responding to any allopathic medicines is planned for different Sthanik (local) and Sarvadaihik chikitsa (generalised treatment) which resulted in wonderful response.

CASE REPORT

A male patient of age 35 years from Haridwar visited O.P.D. of Rishikul Campus, Haridwar.

Chief complaints

1. Severe low backache radiating to right leg since last six months.
2. Stiffness in back and inability to sit in erect posture for long duration since six months.
3. Unable to walk without support, limping while walking since one month.

H/O present illness: Patient was asymptomatic one year ago. Gradually he developed pain in his lower back region radiating to right leg, with tingling and numbness, with no history of any injury. There was also stiffness in lower back and thighs with increasing difficulty in walking and leads to limping. He took

allopathic treatment but did not get any relief so he came to Rishikul hospital.

Past history: Normotensive, Non-diabetic patient with no history of any injury.

Family history: Not significant

Treatment history: Patient has a history of Allopathic medicines but had no relief.

Personal History

G.C – Poor
Appetite – Decreased
Diet -Vegetarian
Urine - Normal frequency and amount
Bowel – Constipated
Thirst - Normal
Sleep - disturbed due to severe pain

On Examination

General Examination

Pulse Rate- 72/min,
B.P. - 120/84mmHg
Pallor- P⁺
Tongue- Coated
Icterus - Not present
Lymph nodes - Not enlarged
Cyanosis - Not present
Oedema- Not present
JVP – Not raised
Height - 5'10"
Weight – 70 kg

Clinical Findings

SLR - The straight leg raising (SLR) test was 30° on right leg and 45° on left leg.

Lasegue Test- Positive B/L lower limb

Bowstring Test –Positive B/L lower limb

Femoral Stretch Test – Positive B/L lower limb

Diagnostic Assessment

MRI LS spine suggestive of degenerative disc disease L3/L4, L4/L5 and L5/S1 with significant large median and large paramedian disc protrusion at L4/L5 levels and mild disc bulge at L3/L4 and L5/S1.

Assessment Criteria

Table 1: Criteria of Assessment for Low Back Pain

| Sl. No | Symptoms | Parameters | Gradation |
|--------|---------------|--|-----------|
| 1 | Pricking Pain | Absent | 0 |
| | | Mild | 2 |
| | | Moderate | 4 |
| | | Severe | 6 |
| | | | |
| 2 | Stiffness | Absent | 0 |
| | | Mild | 2 |
| | | Moderate | 4 |
| | | Severe | 6 |
| | | | |
| 3 | SLR scoring | 0 | 54 |
| | | 10 | 48 |
| | | 20 | 44 |
| | | 30 | 36 |
| | | 40 | 30 |
| | | 50 | 24 |
| | | 60 | 13 |
| | | 70 | 12 |
| | | 80 | 6 |
| | | 90 | 0 |
| 4 | Posture | No Complaints | 0 |
| | | Patient walks without difficulty but experiences difficulty from getting up from squatting | 1 |
| | | Difficulty To Squat | 2 |
| | | Difficulty In Climbing Up Stairs | 3 |
| | | Limping Gait | 4 |

Table 2: Observations According to Criteria of Assessment Before Treatment

| Sl. No. | Symptoms | Before Treatment |
|---------|----------------|------------------|
| 1 | Pricking Pain | 4 |
| 2 | Stiffness | 4 |
| 3 | SLR scoring Rt | 36 |
| | SLR scoring Lt | 33 |
| 4 | Posture | 4 |

Therapeutic Intervention

Shodhana chikitsa: The patient is planned for panchakarma therapy in 4 steps.

Step 1-

Ruksha Pottali sweda (dry bolus fomentation with Erandbeej and saindhav lavana) in katipradesh (low back region) and pada (legs) for 4 days.

Step 2-

Further Kati-vasti (procedure where specified medicated oil is retained for a stipulated period in kati region) with Panchaguna tail, with Sarvang Patra-Pottali sweda (full body bolus fomentation) and Nadi sweda (local sudation) for 8 days.

Step 3-

Further for next 8 days Kati vasti with Panchaguna tail, Sarvang abhyanga (full body massage) with Dhanvantar tail and Sarvang swedana (full body sudation) was given.

All other routine investigations were in normal limits.

Differential Diagnosis

MRI findings do not show Lumbar canal stenosis and Spondylolisthesis. The pattern of pain has no resemblance with pain of sciatica so the case can be provisionally diagnosed as PIVD.

Prognosis was good because patient was young and came in his early stage of disease and there was mild disc bulge therefore Ayurvedic treatment was so effective. If the prognosis was bad then surgery will be the only treatment left.

Step 4-

Finally, the patient is treated with Yoga vasti (therapeutic enema with group of 8 enemas) of Panchatikta Ksheer Niruha vasti and Matra vasti (oil enema) with Panchguna tail while prior application of Kati-Pichu (local oil paddling), and Sarvang Abhyanga (full body massage) with Sahacharadi tail and Swedana (full body sudation) for 8 days.

Shamana Chikitsa

1. Maharasnadi kwatha 40 ml BD empty stomach twice a day.
2. Swarnayograj Guggulu 1 OD with milk after breakfast.
3. Cap Ashwagandha 1 HS with milk at night.
4. Panchguna taila for Local application at bed time.

Table 3: Observations According to Criteria of Assessment

| Sl. No. | Symptoms | Before Treatment | After treatment | Follow up | % of result |
|---------|---------------------|------------------|-----------------|-----------|-------------|
| 1 | Pricking Pain | 4 | 2 | 0 | 100.00% |
| 2 | Stiffness | 4 | 2 | 2 | 50.00% |
| 3 | SLR scoring (Right) | 36 | 12 | 12 | 44.43% |
| | SLR scoring (Left) | 33 | 6 | 6 | 50.00% |
| 4 | Posture | 4 | 1 | 1 | 75.00% |

Follow up: Patient was followed for the period of two months after the intervention of panchakarma therapy.

Present study was carried out in accordance with ethical principles by following International conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP).

RESULTS

Besides the above mentioned percentage improvement, the other features as disturbed sleep, decreased appetite etc. were also improved. The bowel habit is changed from constipated to complete evacuation daily. The total G.C. becomes fairer than previous one. There were no any adverse effects of the given treatment found in the patient.

DISCUSSION

The general principle of treatment of vata dosha is adopted in case of Kativata (low back pain). First of all, Ruksha Pottali sweda (dry bolus fomentation) was done for digestion of Ama (undigested toxic waste created due to poor digestion) and to remove stiffness in katipradesh (low back region) and pada (legs). When there was lightness and no stiffness than Kati vasti (procedure where specified medicated oil is retained for a stipulated period in kati region) was given as it is Bahya Sthanik Snehana (external local oleation) and Swedana (sudation) procedure which mainly acts against the ruksha guna (dryness) and sheeta guna (coldness) respectively of Vata⁵.

Panchguna taila balances vata and pitta⁶ and have analgesic as well as anti-inflammatory activity.

Patra Pinda sweda (bolus fomentation) is used mainly to provide relief from pain, inflammation, swelling and stiffness (catch) associated with bone, joint and or musculoskeletal pains⁷.

Abhyanga (massage) acts on the root of mamsavaha srotas (channels carrying muscle nutrients and wastes) i.e. snayu, twak and raktavahini. It may thus nourish the superficial and deep muscles and make the joints stable. Swedana (sudation) is sthambhagna (removes stiffness), sandhichestakar (increases joints mobility), srotoshuddhikar (cleaning the micro channels) and kapha-vata nirodhana (removing excess vata and kaphadosha). Thus by its action, the srotosangavighatana (breakdown the pathogenesis by removing obstruction in the micro channels) may take place and stiffness of the joints relieved⁸. Dhanvantaram taila⁹ is also vataghna (removing excess vata) with pitta and raktaposhana (increasing blood) qualities which help in improving the strength of muscles, thus nourishing mansa (muscles) and majja dhatu (marrow).

Charaka and Hemadri have said that Vasti (therapeutic enema) is useful in kshina dhatus (depleted tissues) and bhagna (fractures) of the asthi (bones) and sandhi¹⁰ (joints). Sushruta has mentioned 6th Vasti (therapeutic enema) nourishes mamsa dhatu (muscular tissue), 8th Vasti nourishes asthi dhatu (bony tissues) and 9th Vasti nourishes majjadhatu (marrow tissues). Thus, by Vasti we achieve vata dosha shaman and snehana of sandhis¹¹ (oleation of joints). Charaka¹² and Vagbhata¹³ mention the use of

Vasti prepared with the tikta dravya (bitter taste materials), ksheera (milk) and ghrita (ghee) as the treatment of asthigata dosha (bony tissue) along with the use of swayoni dravyas (similar substance). Sushruta also mentioned the use of similar substances in case of diminished dhatus¹⁴ (tissues).

In Kati Pichu (local oil paddling), sukhoshna taila (luke warm oil) is used over the Kati Pradesh. Sneha (oil) by its snigdha (smoothness), guru (heaviness) and ushna Guna (hotness) counteracts vata and by ushna guna counteracts kapha also¹⁵. The properties of Sahacharadi taila such as Snigdha, Guru, and Ushna are Vata shamaka.

The medicines used in Shamana chikitsa (oral medicine) like Maharasnadi kwatha, Swarna Yograja guggulu, Aswagandha is potent vata nashaka (normalising excess vata), rasayan (rejuvenating), balya (strength promoting activities), vata shamak and tarpak (providing nutrition and support).

CONCLUSION

The result shows that the Ayurvedic treatment modalities were found quite effective and reliable for the treatment of PIVD which can be well correlated to *Kativata*. However, further work should be done on large samples to draw the final conclusion.

Key message: PIVD being one of the frequent causes of low back ache. The medical system often fails to identify this disease early and thus leads to disproportionate amount of medical and economic expenses. Ayurveda explains this disease as *Kativata* under *Vatavyadhi*.

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