



Case Report

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CLINICAL AND RADIOLOGICAL RESOLUTION OF CERVICAL RADICULOPATHY FROM MULTIPLE DISC HERNIATIONS THROUGH AYURVEDA: A CASE REPORT

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ABSTRACT

Cervical radiculopathy is a pathological condition characterized by nerve root compression, commonly resulting from herniated disc material, spondylotic changes, or other aetiologies. This neural impingement typically manifests as cervical and radicular arm pain, along with associated symptoms such as numbness, sensory deficits, or motor dysfunction affecting the cervical region and upper extremities. The patient presented with a history of neck pain radiating to the left upper limb, accompanied by tingling and numbness, which had been acutely and severely exacerbated during physical activity. Previous treatments had provided only temporary relief. The patient approached for Ayurvedic treatment at the Panchakarma Outpatient Department (OPD) of Vasantadada Patil Ayurveda Hospital, Sangli, Maharashtra. His Neck Disability Index (NDI) was 60% which indicates severe disability. Magnetic resonance imaging (MRI) was recommended, revealing multiple disc bulges, protrusions, and one acute disc herniation. The treatment regimen included Panchakarma, specifically Nasya (Nasal instillation of Medicine) and Greeva Basti (localized cervical fomentation with medicated oil), alongside oral Ayurvedic medications (Shamana Chikitsa). After four months of continuous treatment, the patient reported being clinically asymptomatic. His Neck Disability Index (NDI) was reduced to 9%. Following the interventions, provocative maneuvers such as Spurling's test, Lhermitte's test, and Bakody's test showed negative results. Tenderness improved from grade 2 to grade 0, and the biceps reflex initially diminished at grade 1+, but it returned to a normal grade of 2+. A follow-up MRI was conducted to assess post-treatment radiological changes, revealing complete normalization of the previously identified abnormalities.

Keywords: Cervical radiculopathy, Acute Disc Herniation, Nasya, Greeva Basti, Ayurveda

INTRODUCTION

Cervical radiculopathy, a condition rooted in nerve compression, manifests as pain and sensorimotor dysfunction in the cervical region. Causes of compression include disc herniation, spondylosis, instability, trauma, or, less commonly, tumors. Symptoms may range from upper extremity pain, numbness, or tingling to electrical shock-like sensations and muscle weakness.¹⁻³ Cervical spine disc herniation often serves as a primary cause of cervical radiculopathy.⁴ The majority of patients with symptomatic cervical disc herniations and radiculopathy present with severe neck and arm pain. Arm pain in cervical radiculopathy typically follows a myotomal distribution, while sensory symptoms, such as burning or tingling, align with a dermatomal pattern. These radicular symptoms may also be accompanied by changes in reflexes and motor weakness in the upper extremity.⁵

The present case report is of a 49-year-old male patient who is a goldsmith by profession and has a history of neck pain radiating in the left upper limb for 6 months which was suddenly aggravated during his work and he also started developing numbness and tingling sensations. Then he took treatment from a local orthopaedist. He was managing his condition with anti-inflammatory drugs, analgesics, and some multivitamin supplementation. However, the patient got symptomatic relief

with frequent recurrence of the symptoms. Then the orthopaedist advised him to go for an MRI and based on that he was planning for epidural steroidal injections or surgery.

Conservative care is recommended as the first line of treatment for symptomatic disc herniations with radiculopathy. Surgery should be considered when pain persists after conservative therapy for 6 to 12 weeks or when there is evidence of progression of a functionally important motor deficit.⁵ Some studies also suggest that there are no exact recognized indications for surgery in patients with cervical disc herniations with radiculopathy. While epidural steroid injections may provide relief, they are associated with a higher risk of serious complications.⁶ The patient was also not willing for these invasive treatment options. So, he approached the Panchakarma OPD of Vasantadada Patil Ayurveda Hospital, Sangli, Maharashtra. After a proper examination of the patient, he was sent for further radiological evaluation. Diagnostic confirmation is achieved through MRI which revealed multiple disc bulges, protrusions, and one acute disc herniation with significant neural foraminal narrowing.

Ayurvedic texts often link this condition to Vishwachi, which impacts the neck and upper extremities, presenting signs and symptoms similar to Ruk (pain), Stambha (stiffness), Toda (pricking pain), Karmakshaya (loss of function), and Bahu's Chestapaharana (loss or restriction of movements of arm).

Dalhana equates this condition to Gridhrasi, which is comparable to sciatica.⁷⁻⁹ Vishwachi is classified as a Vataja Nanatmaja Vikara (diseases caused mainly due to vitiated Vata dosha), where Vata plays a central role in the clinical presentation of the disorder. Among the various Ayurvedic therapies, Nasya karma is a key Panchakarma technique used to address ailments affecting the Urdhwajatru (Supra-clavicular region). As stated in Ashtanga Sangraha, "Nasa hi Shirasodwaram," meaning "the nose is the gateway to the head,"¹⁰ emphasizes the importance of the nasal passage in accessing the head, which is considered the seat of Prana and the five sense organs. This makes the head, or Shiras, a critical area in Ayurvedic treatment. Consequently, Nasya was chosen as the appropriate Panchakarma modality for this case. Greeva Basti and shamana Chikitsa were advised.

After four months of treatment, the patient was clinically asymptomatic and was advised to undergo a post-treatment MRI to assess any radiological changes. However, the patient did not return for follow-up and only came back a year later for other concerns. At that time, a repeat MRI was performed, which revealed normal findings in the cervical spine. His Neck Disability Index (NDI) was reduced to 9% from 60%.

Patient Information

A 49-year-old male patient presented on June 12, 2023, with intense neck pain radiating into the left upper limb, accompanied by numbness and tingling. The patient had been experiencing radiating neck pain for six months, which intensified significantly after a sudden strain to the neck while working on machinery for crafting silver strings, as he works professionally as a goldsmith. (June 02, 2023). Previous episodes of radiating neck pain were managed under the guidance of a local orthopaedist using a combination of treatments. The patient was prescribed non-steroidal anti-inflammatory drugs (NSAIDs), including Tab Etodolac 400 mg and Tab diclofenac 50 mg, along with multivitamins (calcium pantothenate, cyanocobalamin, nicotinamide, pyridoxine hydrochloride, riboflavin, and thiamine mononitrate combination) and calcium with vitamin D3 supplements, etc. Additionally, the orthopaedist recommended lifestyle modifications such as rest, avoidance of travel, and limiting activities involving prolonged sitting or bending of the neck. To further support the neck and reduce strain, the use of a cervical belt for immobilization was also advised. During a sudden severe episode of radiculopathy, the orthopaedist recommended an epidural steroid injection and, if necessary, surgical intervention following an MRI evaluation. However, the patient was reluctant to undergo surgical or invasive procedures. Subsequently, a former patient of our hospital referred him to the Panchakarma OPD to seek Ayurvedic treatment for his condition. Following a clinical examination, the patient was referred for an MRI of the cervical spine. Ayurveda treatment was planned based on the comprehensive clinical and radiological findings.

Clinical Findings

The vitals of the patient were within normal limits which are mentioned in Table 1.

Table 1: Vitals of the patient

Blood Pressure (BP)	138/76 mm Hg
Pulse (P)	72 bpm
Respiratory Rate (RR)	19 cpm
Temperature (T)	97.7° F

Systemic examination

CNS: The patient was well-oriented with the name, place, and date.

CVS: S1 and S2 were heard normally, no added abnormal sounds were heard.

RS: Normal bronchovesicular sounds were heard bilaterally, no added abnormal sounds were heard.

Physical Examination

Inspection: No signs of muscle atrophy, and no signs of asymmetry.

Functional impairment was assessed by the Neck Disability Index (NDI). NDI score was 60% which indicates severe disability.¹¹

Palpation – Tenderness over paraspinal muscles and at C4, C5, and C6 levels. Tenderness grade was 2. The tenderness grading was determined based on the following gradings.

Grade 0: No tenderness

Grade 1: The patient says the joint is tender

Grade 2: The patient winces with pain

Grade 3: The patient winces and withdraws the affected part

Grade 4: The patient does not allow the joint to be touched¹²

A severe Paraspinal muscle spasm was also observed.

Neurological Examination

The peripheral neurological examination revealed a significant reduction in dermatome activity in the left upper limb, particularly affecting the C5 nerve root. The lateral aspect of the left arm, lateral aspect of the neck, and shoulder exhibited signs of numbness (hypoesthesia), indicating possible involvement of the C5 nerve root. The patient also reported a pins-and-needles sensation (paraesthesia) along the dorsolateral aspect of the left arm, the dorsolateral aspect of the forearm along with the middle finger and thumb which corresponds to the sensory distribution of the C5, C6, and C7 nerve root.

The patient's biceps reflex demonstrated a sluggish or reduced response, graded as 1+ on a scale where the maximum score is 4+.¹³

Special Tests

Some provocative maneuvers were performed.

Spurling's Test: Radicular pain was increased during neck extension, lateral flexion, and axial compression, indicating a positive result for this test.¹⁴

Lhermitte's Sign: The presence of an electric shock-like sensation or pins-and-needles radiating along a specific nerve root distribution suggests a positive test outcome.¹⁴

Bakody's test (Shoulder Abduction Relief Test): Symptoms were a bit reduced when the patient rested their hand on the top of their head, indicating a positive test result.¹⁵

Diagnostic Assessment

The clinical examination and provocation maneuver outcomes stated the involvement of the cervical nerve root compressions so the patient was advised to go for an MRI of the cervical spine. (June 14, 2023)

MRI cervical spine findings are mentioned in Figure 1.

Reduced cervical lordosis is seen as likely due to paraspinal muscle spasms. Mild degenerative changes in the form of tiny marginal osteophytes and desiccation of discs were noted.

C3-C4 disc shows small postero-central protrusion compressing the thecal sac without nerve root compression.

C4-C5 disc shows left foraminal bulge compressing thecal sac, left C5 exiting nerve root with narrowing of the left lateral recess, and left neural foramina. A small T2 hyperintense signal seen in postero-central part of the disc, represents acute disc herniation.

C5-C6 disc shows diffuse circumferential bulge compressing thecal sac & bilateral traversing nerve roots, more on the left side with narrowing of lateral recesses. Spinal canal stenosis was noted at this level.

C6-C7 disc shows left paracentral herniation compression thecal sac, left C7 nerve root with narrowing of left lateral recess, and left neural foramina.

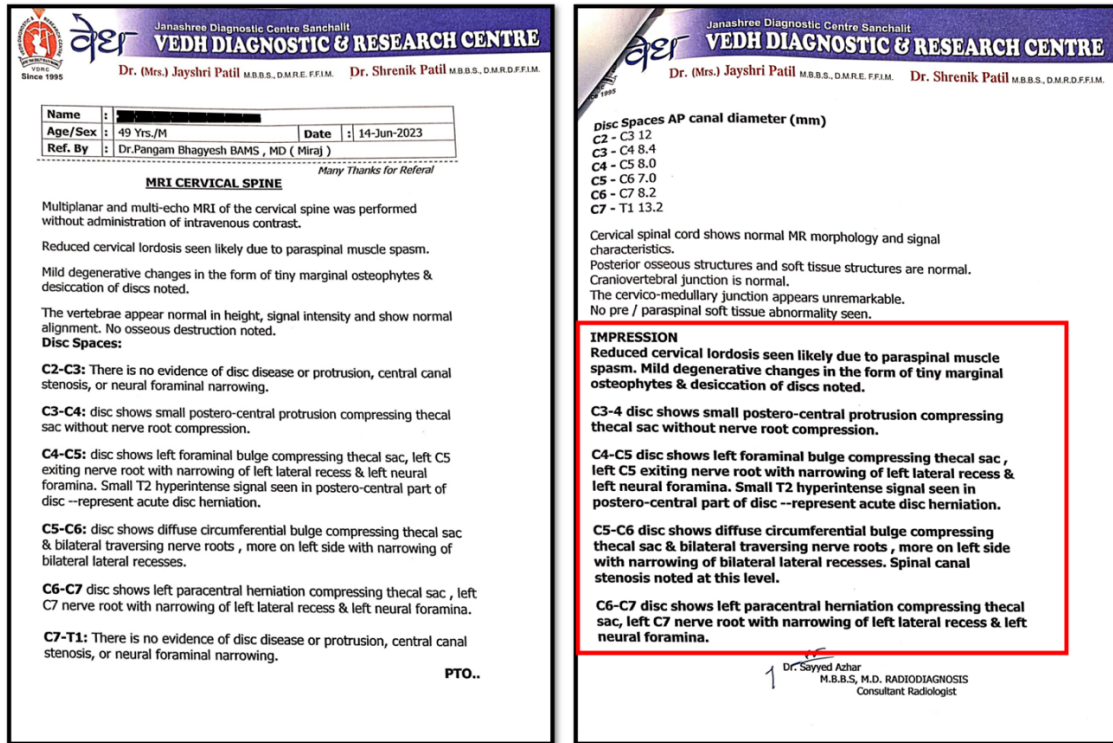


Figure 1: MRI Cervical Spine Findings Before Treatment (Highlighted in Red Box)

The modern diagnosis was confirmed as cervical radiculopathy caused by multiple disc herniations, leading to spinal canal stenosis and narrowing of the left traversing nerve roots. The Ayurveda diagnosis was made under the umbrella of Vishwachi. In Ayurvedic literature, Vishwachi is described as a condition affecting the upper extremities and neck, characterized by pain, stiffness, and functional impairment. According to Acharya Charaka, Vishwachi is classified under Vataja Nanatmaja Vyadhi (diseases caused mainly due to vitiated Vata dosha), emphasizing the predominance of Vata dosha in its pathogenesis.¹⁶ Acharya Sushruta describes Vishwachi as a condition causing pain and restricted movement in the upper limbs, aligning closely with the clinical features of cervical radiculopathy.⁷ Acharya Vagbhata further elaborates that the condition can be attributed to aggravated Vata affecting the Snayu and producing symptoms such as Ruk (pain), Stambha (stiffness), Toda (pricking sensation), and Karmakshaya (functional loss).¹⁷

The symptomatology of Vishwachi, particularly its radiating pain, sensory disturbances, and weakness, strongly correlates with cervical radiculopathy, a condition characterized by nerve root compression in the cervical spine. This Ayurvedic understanding provides a holistic perspective on the pathology, emphasizing both systemic and localized factors in its management.

Ethical Consideration: The case study was conducted according to the ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

Informed Consent: Informed consent was obtained from the patient.

Therapeutic Intervention

Panchakarma treatment Schedule and Ayurveda oral medication schedule are mentioned in Table 2 and 3 respectively.

Table 2: Panchakarma treatment Schedule

Dates	Panchakarma Schedule
13/06/2023 to 19/06/2023	Nasya with Karpasasthyadi Taila Day 1 to 3 – 10 drops Each Nostril (E/N) Day 4 & 5 – 20 drops (E/N) Day 6 & 7- 30 drops (E/N)
17/06/2023 to 19/06/2023	Greeva Basti with Mahavishagarbha Taila
17/07/2023 to 23/07/2023	Nasya with Karpasasthyadi Taila Day 1 to 5 – 30 drops (E/N) Day 6 & 7 – 60 drops (E/N) Greeva Basti with Mahavishagarbha Taila
22/08/2023 to 28/08/2023	Nasya with Dhanwantara Taila Day 1 to 7 – 30 drops (E/N) Greeva Basti with Dhanwantara Taila

Table 3: Treatment schedule of oral medications

Dates	Oral Medication with Dose and Anupana
13/06/2023 to 13/07/2023	Prasarinyadi Kashaya 10 ml thrice daily with 50 ml warm water after food. Tab Trayodashang Guggulu (500 mg) 2 tabs twice daily with water after food Mahayogaraj Guggulu (250 mg) 1 tab thrice daily with water after food.
17/07/2023 to 17/08/2023	Rasna saptaka Kashaya 10 ml thrice daily with 50 ml warm water after food. Tab Trayodashang Guggulu (500 mg) 1 tab thrice daily with water after food. Mahavata Vidhwansaka Rasa (125mg) 1 tab thrice daily with water after food
22/08/2023 to 22/09/2023	Ashtavarga Kashaya 10 ml thrice daily with 50 ml warm water after food. Tab Trayodashang Guggulu (500 mg) 1 tab thrice daily with water after food. Mahavata Vidhwansaka Rasa (125mg) 1 tab thrice daily with water after food.
28/09/2023 to 28/10/2023	Ashtavarga Kashaya 10 ml thrice daily with 50 ml warm water after food. Guggulu Tiktaka Ghrita 10 ml with 50 ml of hot milk before food twice daily. Tab Trayodashang Guggulu (500 mg) 1 tab thrice daily with water after food.

RESULTS

The timeline of follow-ups and outcomes are mentioned in Table 4.

Table 4: Timeline of follow-ups and outcomes

Sr.	Date	Complaints	Clinical Examination
<p>A 49-year-old male goldsmith presented on June 12, 2023, with severe neck pain radiating to the left upper limb, accompanied by numbness and tingling. The symptoms, ongoing for six months, worsened significantly after a neck strain while operating machinery on June 2, 2023. MRI cervical spine was done on June 14, 2023. The MRI findings are mentioned under the heading of diagnostic assessment above.</p>			
1.	12/06/2023	<p>Intense neck pain radiating to the left upper limb. Pain associated with signs of numbness in the lateral aspect of the left arm, lateral aspect of the neck, and shoulder. The patient also reported a pins-and-needles sensation along the dorsolateral aspect of the left arm, the dorsolateral aspect of the forearm along with the middle finger and thumb.</p>	<p>Severe Paraspinal Muscle Stiffness Tenderness – Grade 2 Neck Disability Index (NDI) – 60% Hypoesthesia at C5 nerve root nerve root distribution. Paraesthesia at C5, C6, and C7 nerve root distribution. Biceps reflex – Grade 1 + Spurling's Test: Positive Lhermitte's Sign: Positive Bakody's test: Positive</p>
2.	17/07/2023	<p>Reduction in radiation neck pain. No numbness was observed in the lateral aspect of the left arm, lateral aspect of the neck, and shoulder. Reduction in pins-and-needles sensation at left middle finger and thumb.</p>	<p>30% reduction in Paraspinal Muscle stiffness Tenderness – Grade 2 Neck Disability Index (NDI) – 40% No hypoesthesia at C5 nerve root nerve root distribution. Reduction in paraesthesia at C5, C6, and C7 nerve root distribution. Biceps reflex – Grade 1+ Spurling's Test: Positive Lhermitte's Sign: Positive Bakody's test: Positive</p>
3.	22/08/2023	<p>Reduction in radiation neck pain to previous follow up No Numbness Complete reduction in pins-and-needles sensation at left middle finger and thumb. Gross reduction in pins-and-needles sensation at the left dorsolateral aspect of the left arm and the dorsolateral aspect of the forearm</p>	<p>80% reduction in Paraspinal Muscle stiffness Tenderness – Grade 1 Neck Disability Index (NDI) – 26% Gross reduction in paraesthesia at C5 and C6 nerve root distribution. No paraesthesia at C7 nerve root distribution. Biceps reflex – Grade 2+ Spurling's Test: Negative Lhermitte's Sign: Negative</p>
4.	28/09/2023	<p>Occasional Neck pain. No radiating of pain. No numbness. No Tingling sensation.</p>	<p>Paraspinal Muscle Stiffness – Absent Tenderness – grade 0 Neck Disability Index (NDI) – 9% Paraesthesia – Absent at every involved nerve distribution.</p>
<p>The patient was nearly asymptomatic, with only occasional neck pain after prolonged work. A post-treatment MRI was recommended to assess radiological changes, but the patient did not return for follow-up, likely due to the resolution of symptoms. Approximately a year later, he revisited the OPD for unrelated lower back pain. A repeat cervical spine MRI performed on December 30, 2024, showed no significant disc bulge, neural compression, or osteophytic changes at any cervical disc level, which are mentioned in Figure 2.</p>			

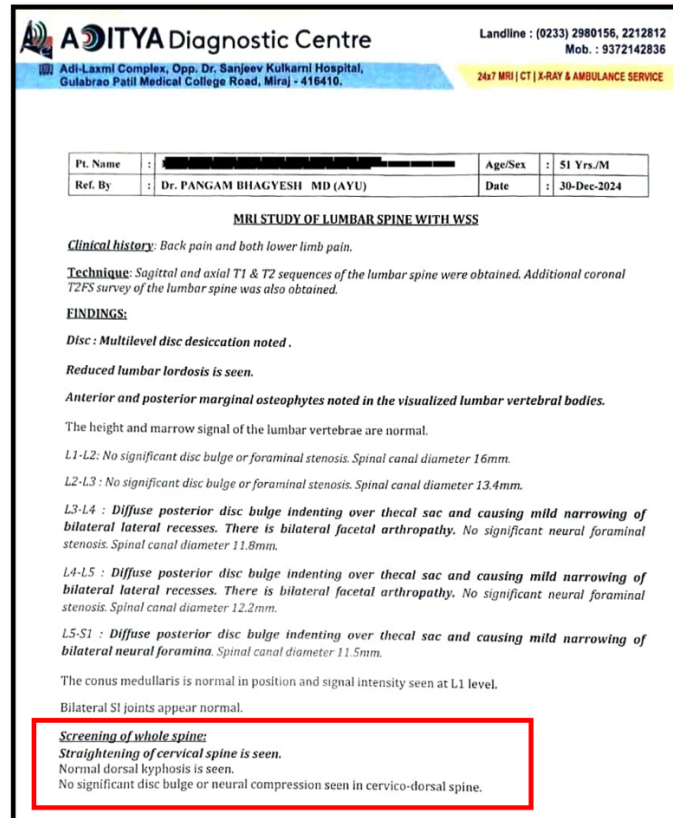


Figure 2: MRI Cervical Spine Findings After Treatment (Highlighted in Red Box)

DISCUSSION

Cervical radiculopathy is a condition characterized by arm pain resulting from a cervical herniated disc, foraminal stenosis, or degenerative disc disease. In the majority of patients, symptoms improve without the need for surgical intervention.¹⁸ If conservative treatments prove ineffective, surgical intervention may be necessary in this case as the symptoms were present for more than 6 months. Cervical disc herniation surgery, while generally effective, carries potential complications. Intraoperative dural tears, which are breaches in the spinal cord's protective covering, occur in approximately 0.77% of cases. Postoperative challenges may include dysphagia, nerve injury, and infection. Additionally, there is a risk of graft-related issues such as fracture, collapse, or non-union, particularly in anterior cervical discectomy and fusion procedures. While these complications are relatively uncommon, they can lead to significant morbidity and may necessitate further surgical intervention.¹⁹ Epidural steroid injections are widely used for pain management but are associated with potential complications. A study of 4,265 injections found minor complications in 2.4% of cases, including increased pain (1.1%), injection site discomfort (0.33%), and persistent numbness (0.14%). Serious complications, such as infection, bleeding, dural puncture, and nerve injury, though rare, can occur. These risks highlight the importance of meticulous patient selection and strict adherence to procedural guidelines.²⁰

Having understood the potential complications of invasive treatments, the patient opted for Ayurveda and Panchakarma as an alternative approach to his condition. Ayurveda and Panchakarma treatments were formulated based on prior clinical experience with similar disc herniation and radiculopathy cases. The therapeutic approach, however, was primarily guided by the

principles outlined in Ayurvedic texts. Panchakarma, a specialized therapeutic approach in Ayurveda, not only detoxifies the entire bodily system but also serves as an effective drug delivery method targeting specific sites. It has a broad range of applications, including shodhana (purificatory), brumhana (Nourishing/ strengthening), and shamana (pacification/ alleviation). Among the Panchakarmas, Nasya is particularly significant as it administers medications to the Shiras, influencing the entire body. This treatment is crucial in addressing conditions related to the pathologies of the Urdhwanga (upper body), especially in the urdhwajatrugata (Supra-clavicular region). The principle "Nasa hi siraso dwaram tena taddapya hanthi tana" emphasizes that the nose acts as the gateway to the head, facilitating the therapeutic effects of Nasya Karma.²¹

Vata dosha plays a central role in the pathogenesis of many musculoskeletal disorders, leading to symptoms such as shoola (pain), toda (pricking sensation), and kriyahani (loss of function). Its pathological manifestation is categorized into nirupasthambha yukta (unobstructed by other doshas) and upasthambha yukta (where another dosha impedes Vata). The treatment strategies for these conditions vary depending on the presence or absence of obstruction by other doshas. This rationale guided the selection of Karpasasthyadi Taila for the initial Nasya Karma. Its Kapha-Vata balancing properties effectively alleviate Kapha Avarana (Obstruction by Kapha dosha) to Vata dosha without exacerbating Vata as it contains dravyas like mainly Karpasa, Masha, Kulattha, Bala, Pippalimoola, Nagara, etc which have Ushna Veerya (Hot potency), katu rasa (pungent taste), etc properties.^{22,23} Similarly, in the context of Greeva Basti, Mahavishagarbha Taila was utilized to address the Kapha-induced Avarana of Vata dosha effectively. This Taila is referenced in classical texts for the management of Vatavyadhi Roga and is primarily indicated for external application. Its formulation includes drugs with Kapha-

Vata balancing properties, characterized by Ushna Veerya and Laghu (light), Rooksha (dry), and Teekshna (penetrating) Gunas. These attributes enable it to act as a Shothahara (anti-inflammatory), Vedana Sthapana (analgesic), and Angamarda Prashamana (relieving generalized body ache).²⁴ Greeva Basti performs hot fomentation of the affected area which causes local heat production. This heat stimulates sensory nerve endings and results in vasodilation. Vasodilation increases local blood flow and helps to migrate neutrophils into the tissue through the capillary wall (diapedesis) to remove inflammatory cytokines which reduce pain and inflammation.²⁵ Then the treatment approach targeted nirupasthambita Vata. The Dhanwantara Taila was used for both Nasya and Greeva Basti as it is considered as 'Sarva vatavikarajit' (Conqueror of all Vata disorders) and is also known for its Rasayana (rejuvenation) properties.²⁶

Oral medications were selected based on their pharmacological properties, specific indications for related disorders as outlined in Ayurvedic texts, and supporting evidence from clinical experience. The Aampachana (digestion of Ama) and Vatanulomana (regulation of physiological movement of Vata) properties of the ingredients in Trayodashanga Guggulu aid in alleviating Kapha Dosha obstruction and facilitating the proper elimination of Vata Dosha. This medication has also proven its efficacy in several inflammatory and painful conditions.^{27,28} Mahayogaraj Guggulu is widely utilized in Ayurvedic clinical practice for its analgesic, anti-inflammatory, and neuroprotective properties. Classical texts describe its efficacy in managing disorders involving Asti (bone), Sandhi (joint), and Majjagata Vata (marrow-affecting Vata imbalances), while also promoting Amapachana.²⁹ Rasna, a key component of Rasnasaptaka Kwatha, is highly effective in managing Vata-related disorders. It is renowned for its Shothahara and Vedana Shamaka properties, making it particularly useful in alleviating swelling and painful conditions. Aragwadha in the Kashaya is mridu virechaka (mild purgative) so it is responsible for Vatanulomana.³⁰ The Prasarinayadi Kashaya, detailed in the Kwath Prakaram of Sahasrayogam, incorporates two key Rasayana (rejuvenation) herbs, Rasona and Nagara. The term Prasarini signifies its ability to alleviate joint stiffness. With its Kapha-Vata balancing and Ushna Veerya properties, it stabilizes tissues and addresses Vata-Kapha disorders. In conditions characterized by joint stiffness, inflammation, and pain, the anti-inflammatory and Vata-Kapha mitigating actions of Rasona, Nagara, and Rasna effectively reduce symptoms and restore joint mobility.³¹ Ashtavargam Kashaya, comprises Bala, Sahachara, Eranda, Shunti, Rasna, Devadaru, Nirgundi, and Lasuna. These ingredients possess Vatashamaka (Vata elevation), Vedana Sthapana (pain reduction), Tarpana (nourishment), Balya (strengthening), Rasayana, and Sroto Vishodhana (detoxification of the Channels) properties. Their therapeutic actions support the management of Vata-related disorders, enhance Asthi Dhatu (bone tissue), and promote tissue regeneration.³² Maha vatavidhvamsana Rasa predominantly contains ingredients with Katu (pungent taste) and Tikta rasa (bitter taste), Ushna Virya (hot potency), and Vata-Kapha pacifying properties. Its key component, Vatsanabha, exhibits Shoolahara and Yogavahi (catalyst/ bio-enhancer) effects, effectively managing musculoskeletal disorders such as Gridhrasi (sciatica) and Katishoola (low back pain) etc.³³ Guggulutiktaka Ghrita, recognized for its Vataghna properties, is extensively used in Ayurvedic practice for managing Asthi-Majja Kshaya (degeneration of bone and marrow) and disorders related to Asthi-Majjagata Vata (bone and marrow-affecting Vata imbalances). As Ashtanga Hridaya describes, this formulation is particularly effective in treating bone-related conditions and associated disorders. For counteracting marginal osteophytic degenerative changes this ghrita is prescribed to target Asthi-Majja.³⁴

After four months of receiving this Ayurvedic treatment, the patient's clinical symptoms significantly disappeared. The neck pain associated with radiculopathy and severe paraspinal muscle stiffness were completely reduced after treatment. The 60% NDI score progressively dropped to as low as 9%. Additionally, the hypoesthesia and paraesthesia affecting the particular area of involved nerve roots were completely resolved. The provocative maneuvers, including Spurling's test, Lhermitte's test, and Bakody's test, yielded negative results following the interventions. The tenderness grade 2 came down to grade 0. The biceps reflex, initially graded as 1+ (diminished), improved to a normal grade of 2+. There are limited Ayurvedic treatment studies available that demonstrate successful management of cervical radiculopathies caused by disc herniations, supported by radiological evidence. This treatment led to a completely normal MRI of the cervical spine, which initially showed multiple disc herniations, including one acute herniation, along with spinal canal stenosis, narrowing of the left lateral recess, and neural foraminal narrowing.

CONCLUSION

The case of Neck pain associated with left-sided radiculopathy due to multiple disc herniations was successfully treated with Panchakarma and Ayurveda Shamana treatment. After treatment, the patient had a significant reduction in clinical symptoms and post-treatment MRI showed absolute normal findings. Demonstrating the efficacy of Ayurveda and Panchakarma treatment for such conditions, supported by radiological evidence, will enhance its credibility and boost confidence among Ayurveda practitioners in managing various cervical radiculopathies. To assess the therapeutic impact, radiological evaluations should be conducted at each stage of treatment. Additionally, further research on Ayurvedic treatment approaches for diverse cervical spine conditions, involving larger sample sizes, is essential.

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