



Case Report

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Reduction in Score on Oswestry Disability Index in IVDP After an Ayurvedic Intervention- A Case Report

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ABSTRACT

This is a case report of patient diagnosed as IVDP present with tingling sensation over anterior and lateral compartment of thigh followed by pain over low back region radiates up to right ankle since one year. MRI revealed degenerative changes and disc protrusion at L3-L4, L4-L5 and disc extrusion at L5-S1 levels. Clinically the patient was present with symptoms of vatika Gridhrasi explained in Ayurveda classics. The patient was managed with Katibasti with Sahacharadi taila (7 days) followed by Patrapotali sweda and Erandamuladi Niruha vasti (8 days) along with Sahacharadi kashaya internally (50 ml BD B/F) in first visit. Patient continued the internal medicine and after a gap of one month, she was administered same protocol with Rajayapana vasti on second visit. Two assessment were made after treatment using ODI. After second visit ODI changed from severe to moderate disability.

Keywords: IVDP, Gridhrasi, Oswestry Disability Index, Rajayapana basti.

INTRODUCTION

Locomotor system is essential for maintaining the quality of life of an individual. The most common disorder affecting routine activities is low back ache and related problems. In general 5%-10% of patients attending OPD are diagnosed with low backache and Sciatica. There are various causes of Low back pain out of which the lumbar disc herniation is one of the most frequent reason for physical, functional restriction in patients. Improper sitting postures, continuous and overexertion activities, jerky movements during traveling and sports with weightlifting etc. are all factors creating undue pressure over the spinal column and play an important role in producing low backache and Sciatica¹. The incidence of a herniated disc is about 5 to 20 cases per 1000 adults annually and is most common in people in their third to the fifth decade of life, with a male to female ratio of 2:1. The estimated prevalence of symptomatic herniated disc is most significant among 30-50-year age group². Indian health care system has traditional medicine and modern medicine. Both systems has easy access to Magnetic Resonance Imaging (MRI) which will display both physiological and pathological changes.

In this case report patient was present with symptoms of Vatika Gridhrasi explained in Ayurveda classics. It is one among 80 kinds of nanatmaja vikara^{3,4} and is characterized by Sthamba, Ruk, Toda, Grahaṇa and Spandana with pain radiating from Sphik Kati, Prishtha, uru, Janu, Jangha up to Padam in order and the patient finds it difficult to walk⁵. According to Acharya Susruta, when Prakupita Vata doṣha afflicts the Kaṇḍara (Upadhatu of Rakta dhatu) then the patient finds it difficult to extend the legs. The two Kaṇḍaras mentioned in Suśruta saṃhita are those extending distally from the Paṛsni (ankle joint) to the Viṭapa.⁶ Pakwaśaya is the udbhavasthana of the vyadhi. Among the five types of Vata, apana and vyana vayu are mainly involved. 'Sakthikṣhepa nigraha' clearly explains the involvement of vyana vayu. It has been described for the first time by Dalhana which can be correlated to the SLR test in Modern medicine.⁷ Vata prakopa ahara, Vegadharana, Abhighata can lead to Asthi and Majjavaha sroto dushti. Majja is the deep seated sneha in the asthidhatu. So, Rukṣhadi ahara cause shoshana of majja dhatu which are commonly observed in Gridhrasi. Sandhis are responsible for the movement of the limbs. In severe Vataprakopa, sandhichyuti i.e, bhamsha of sandhi specifically in the vertebral column may be seen. This can be correlated to the prolapse of intervertebral disc.

In chikitsa of Gridhrasi various chūrṇa, gutika, kwatha have been quoted and also bastikarma, sastrakarma, siravedhā are described.⁸ In Ayurveda classics Basti is mentioned as the best treatment for vatavyadhi and is told to be the Chikitsa ardhā⁹. Erandamuladi Niruha basti can eliminate the Vitiated Doṣha from the body or increases the strength of the body because of its potency.¹⁰ In Gridhrasi Matra Basti acts as Shodana, Shamana, Brumhana, Vatahara and Balya. Rajayapana basti is superior among all

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the basti. It is best Rasayana, king of Yapan and sadyobalajanan¹¹. Kati basthi and Patrapotalasweda, comes under Snigdha sweda brings relieves of shoola, harsha, Toda etc. Sahacharadi kashaya with its deepana, pachana karma, removes avarana to vata and there by pacifies the shoola¹².

CASE REPORT

The present case is a 37 year old female patient of MRD NO 0102544 who visited the kayachikitsa OPD of Ahalia Ayurveda Medical College, Palakkad. The patient had a sprain on low back region after carrying a suitcase before one year for which she consulted an allopath and started taking the medicines. But the pain aggravated on two wheeler travel on bumpy roads for which she consulted an allopath who recommended course of physio therapy. After that she had on and off pain and was continuing the physio exercise in home Then gradually she had developed tingling sensation on anterior and lateral compartment of Right thigh followed by pain over low back region which radiates through back of the thigh up to right ankle. Pain is of catching and throbbing type which aggravates on changing posture severe during sitting and supine position. She is also having difficulty in walking even few steps from her bed and having occasional dull aching pain over left leg. For this she approached an orthopedician who

advised for MRI and was suggested to undergo surgery for the same but patient refused. Then she came to our hospital and admitted in IP.

Clinical Examination

- On inspection- No visible abnormalities in spinal curvature
- On palpation -Tenderness at lumbosacral region.
- ROM: Lumbar spine -Painful and limited
- Special Test - SLR: positive

RL<40, LL - Negative

- Bragards sign: positive for Right leg
- Lasegues sign: positive for Right leg
- Heel walking: Not possible
- Toe walking: Not possible

Diagnosis

This was a diagnosed case of IVDP on the basis of MRI

Findings: degenerative changes and disc protrusion at L3-L4, L4-L5 and disc extrusion at L5-S1 levels

Table 1: Therapeutic intervention - Procedure (Visit 1)

Therapeutic intervention-		Internal Medicine		
Sl no	Days	Medicine	Dose	Time
1	60	Sahacharadi kashaya choorna	50ml bd	6am,6pm before food
Sl no	Procedure	Medicine	Days	
1	katibasti	Sahacharadi Taila	7	
2	Sarvanga Abhyanga with Patrapotala sweda	Dhanwanataram Tailam	8	
3	Niruha basti	Makshika- 80mL Saindhava- 10gm Sahacharadi Mezhukupakam-120mL Satapushpa kalkam-40gm Erandamooladi kashayam- 300mL	3	
4	Matra basti	Guggulu thikthakam ghrutham (60mL)	5	

Table 2: Therapeutic intervention after a gap of one month - Procedure (Visit 2)

Sl no	Procedure	Medicine	Days
1	katibasti	Sahacharadi Taila	7
2	Sarvanga Abhyanga with Patrapotala sweda	Dhanwanataram Tailam	8
3	Niruha basti	Rajayapana basti kalka-30gm Ksheera kashayam-300mL Mamsa rasa- 100mL Makshika-100mL Sahacharadi mezhukupakam-100mL Saindhava-10gm	3
4	Matra basti	Guggulu thikthakam ghrutham (60mL)	5

RESULT

Table 3: Assessment of Oswestry disability index¹³

	Before treatment	15 th day of first visit	15 th day of Second visit
Pain intensity	2	1	1
Personal care	2	1	0
Lifting	3	2	1
Walking	3	2	1
Sitting	4	3	3
Standing	5	4	3
Sleeping	1	0	0
Social life	3	2	2
Travelling	5	4	3
Total points	28	19	14
ODI SCORING	62%	42.2%	31.1%

Two assessment were made after treatment using ODI. Patient had significant change in ODI on 15th day of two visits and the score reduced to 19 and 14 respectively. ie,ODI changed from severe to moderate disability after treatment.

DISCUSSION

In this case report patient was present with symptoms like shoola, spandana, Ruk, Toda over sphik kati prishta uru pradesha which radiates to jangha and paada which is seen in vatika Gridhrasi. Gridhrasi is a Shoolapradhana Vata vyadhi having predominance of Vata Dosha and may have anubandh of kapha dosha. Vata prakopa ahara along with nidana such as abhigata, bhara harana can lead to kha vaigunya in kati pradesha and affects kandas result in sakthiutkshepa and prasarana nigraha. So, the treatment was planned based on dosha pradhanya which includes snehana, svedana and Basti which is told to be the chikitsa ardha. Sahacharadi kashayam is vatahara having specificity in vatavyadhis pertaining to lower extremities¹⁴. Kati basti comprise snehayukta svedana can rectifies the margaavarana and give srotomuka visodhana. Sahacharadi Taila used for Katibasti having Vata shamaka properties¹⁵. Patrapotalasweda dravya is having Ushna, teekshna, Sara, Snigdha, Sukshma qualities and the veerya of Abhaynga dravya gets paka by brajaka agni present in tvacha and gets absorbed through tiryak gamana siras. Basti is the best treatment for which is administered directly to the main seat of Vata. As the main Dosha involved is Vata, Niruha basti can be administered for pakwasayasthitha dosha nirharana and Apana vata anulomana. Erandamooladi Niruha Basti contain Dravyas belongs to Ushna Veerya, having the Laghu, Ruksha Guanasa, mainly does Deepana and Lekhana which is indicated for Shoola and kapha Avrutha conditions. Matra basti is a type of sneha basti which is having snigdha guna and vatanulomana property and acts as Shodana, Shamana, Brumhana, Vatahara and Balya¹⁶. Guggulu thiktakam ghrutha used in matra basti is having action on sandhi, asthi, majja gata vata.¹⁷

Rajayapana Basti having Shodhana and Bruhmana properties and is specifically indicated for sadyobalajanan.The ingredients such as Ksheera, ghrutha, mamsa rasa and drugs such as Bala,Yashtimadhu,Laghupanchamula is having Rasayana guna¹⁸. Tikta

rasa pradhana dravyas like daruharidra, Guduchi helps to prevent the degeneration of asthi and majja¹⁹. So in general this basti Yoga promotes Dhatu and also being considered as Shukra Mamsa Balajanana²⁰, which shows that this can be used in all the condition of prakupita vata such as Dhatukshaya or SwanidanenaPrakopa avastha.

CONCLUSION

After two course of treatment there was significant reduction in score of ODI and clinically the symptoms reduced and patient gait got improved. So, we can conclude, Panchakarma with reference to Rajayapana Basti and Erandamuladi Niruha basti can be effective in patient advised for surgery due to its Sadyo Balajanana and Rasayana effects. However large clinical trials is required to show statistical significance.

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