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 Eranadumuladi Nisra (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 Sciatica. 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 group. 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 and is characterized by Sthamba, Ruk, Tod, Grahan and Spandana with pain radiating from Spik Kati, Prishta, uru, Janu, Jangha up to Padam in order and the patient finds it difficult to extend the legs. According to Acharya Susruta, when Prakupita Vata dośha afflicts the Kandara (Upadhatu of Rakta dhatu) then the patient finds it difficult to extend the legs. The two Kandaras mentioned in Susruta samhita are those extending distally from the Parsni (ankle joint) to the Vitapa. Pakwasaya is the udbhavasthana of the vyadh. Among the five types of Vata, apana and vyana vayu are mainly involved. ‘Saktikshhepa nigiraha’ 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. Vata prakopa ahara, Vegadhana, Abhigata can lead to Asthi and Majjavaha sroto dushti. Majja is the deep seated sneha in the asthidhatu. So, Rukshadi ahara cause shoshana of majja dhatu which are commonly observed in Gridhrasi. Sandhis are responsible for the movement of the limbs. In severe Vataaprapkopa, sandhichyuti i.e, bhramsha 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 churna, gutika, kwatha have been quoted and also bastikarma, sastrakarma, siravedhā are described. In Ayurveda classics Basti is mentioned as the best treatment for vatavyadhī and is told to be the Chikitsa ardhā. Eranadumuladi Niruha basti can eliminates the Vitiated Dosha from the body or increases the strength of the body because of its potency. 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 sadyobalajanan. Kati basthi and Patrapotalsweda, 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 shoola.

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)

<table>
<thead>
<tr>
<th>Sl no</th>
<th>Days</th>
<th>Medicine</th>
<th>Dose</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>60</td>
<td>Sahacharadi kashaya choorna</td>
<td>50ml bd</td>
<td>6am,6pm before food</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sl no</th>
<th>Procedure</th>
<th>Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>katibasti</td>
<td>Sahacharadi Taila</td>
</tr>
<tr>
<td>2</td>
<td>Sarvanga Abhyanga with Patrapotalsweda</td>
<td>Dhanwanataram Tailam</td>
</tr>
<tr>
<td>3</td>
<td>Niruha basti</td>
<td>Makshika- 80mL Saindhava- 10gm Sahacharadi Mezhukupakam-120mL Satapuspa kalkam-40gm Erandamooladi kashayam- 300mL</td>
</tr>
<tr>
<td>4</td>
<td>Matra basti</td>
<td>Guggulu thikthakam ghruhtham (60mL)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Sl no</th>
<th>Procedure</th>
<th>Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>katibasti</td>
<td>Sahacharadi Taila</td>
</tr>
<tr>
<td>2</td>
<td>Sarvanga Abhyanga with Patrapotalsweda</td>
<td>Dhanwanataram Tailam</td>
</tr>
<tr>
<td>3</td>
<td>Niruha basti</td>
<td>Rajayapana basti kalka-30gm Ksheera kashayam-300mL Mamsa rasa- 100mL Makshika-100mL Sahacharadi mezhukupakam-100mL Saindhava-10gm</td>
</tr>
<tr>
<td>4</td>
<td>Matra basti</td>
<td>Guggulu thikthakam ghruhtham (60mL)</td>
</tr>
</tbody>
</table>
RESULT

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

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 spihk 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 vaiguyna in kati pradesha and affects kandasar result in saktihuktshepa and prasarana nigraha. So, the treatment was planned based on dosha pradhanya which includes sneha, svedana and Basti which is told to be the chikitsa artha. Sahacharadi kasayasam is vatahara having specificity in vatayadhфикс pertaining to lower extremities. Kati basti comprise snehayukta svedana can rectifies the margaavarana and give srotomuka visodhana. Sahacharadi Taila used for Katibasti having Vata composition and prasarana nigraha. So, the treatment was planned based on dosha pradhanya which includes sneha, svedana and Basti which is told to be the chikitsa artha. Sahacharadi kasayasam is vatahara having specificity in vatayadhфикс pertaining to lower extremities. Kati basti comprise snehayukta svedana can rectifies the margaavarana and give srotomuka visodhana. Sahacharadi Taila used for Katibasti having Vata composition and prasarana nigraha. So, the treatment was planned based on dosha pradhanya which includes sneha, svedana and Basti which is told to be the chikitsa artha. Sahacharadi kasayasam is vatahara having specificity in vatayadhфикс pertaining to lower extremities. Kati basti comprise snehayukta svedana can rectifies the margaavarana and give srotomuka visodhana.

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