



# A SUCCESS CASE REPORT ON AYURVEDA MANAGEMENT OF LUMBAR SPONDYLOSIS

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## **ABSTRACT :**

The term Spondylosis may be applied nonspecifically to any and all degenerative conditions affecting the discs, vertebral bodies and associated joints of lumbar spine, low back ache is the main complaint of the patient affected with lumbar spondylosis. It can be roughly analyzed as *katishoola* along with *grudrasi* due to its symptoms. In young adults degenerative changes may appear without any history of trauma <sup>(1)</sup>. A case study of lumbar spondylosis is presented here with comprehensive approach of *katishoola* and *grudrasi* along with *Nadisweda*, *Nitya virechana* and *shaman oushadi* was implemented to treat the case. The treatment resulted with reduction of pain and increase in flexibility and improvement in the quality of life.

## **KEYWORDS:**

Lumbar spondylosis, Backache, Osteophytes, Degenerative disc disease, *Grudrasi*, *katishoola*, *Nadisweda*, *Nityavirechana*.

## **INTRODUCTION:**

Spondylosis or osteoarthritic spine disease, typically occurs later in life and primarily involves the cervical and lumbosacral spine. Patient often complains of back pain that increases with movement, is associated with stiffness, and is better when inactive. Pain may be prominent when X-ray, CT, & MRI findings are minimal <sup>(2)</sup>. Low backache affects approximately 60-80% of adults with or without radicular pain during some point in their lives <sup>(3)</sup>. The term lumbar spondylosis, degenerative disc disease are used to describe anatomical changes to the vertebral bodies and intervertebral disc spaces. Spondylosis describes bony outgrowths arising primarily along the anterior and lateral perimeters of the vertebral end-plate apophysis, it most commonly occurs at T9-T10 and lumbar L3<sup>(4)</sup>. In modern science it is managed with muscle relaxants, NSAIDs & analgesics, If conservative treatment fails then surgical intervention is done. In Ayurveda it can be considered as *grudrasi* along with

*katishoola* and *kati graha* as symptoms, even back ache with or without radicular pain is the symptom in spondylosis, it is mentioned that vitiated *vata* when enters *snayu* and *sandhi* causes *grudrasi* <sup>(5)</sup> and also does *katigraha* when it enters *pakvashaya*. So this case is treated on basis of *vata vyadhi chikista* by *abhyanga*, *swedana*, for *anuloma gandhrvahastadi eranda taila* and *samana oushadi* like, *vyoshadi guggulu yogaraja guggulu* are given to get better outcome.

## **CASE REPORT**

### **Major complaints**

A 37 year old female patient came to opd of SDM college of Ayurveda Udipi with complaints of low back ache and pain radiating to right lower limb since 3 months.

### **H/O present illness**

Patient was asymptomatic before 3 months, then started presenting with low back ache radiating to one of the lower limb. She took treatment for the same with many doctors but did not get better so he came for management of the same to our hospital.

### **H/O past illness**

No history of Hypertension, Diabetes mellitus or any major illness, there is no specific drug and family history.

### **Personal history:**

Occupation	Cashier
Diet	Both veg & non veg
Appetite	Reduced
Bowel	Once in a day ,Regular
Sleep	Disturbed due to pain
Micturition	4-5 times/day

### **Systemic examination:**

Central Nervous System	Higher Mental Functions intact Consciousness- intact Oriented to time, place, person Cranial nerves - intact
Cardio-Vascular System	S1 & S2 heard No added sounds
Respiratory System	Normal vesicular breathing sounds heard No added sounds
Gastro-Intestinal System	Per abdomen- soft, non-tender No organomegaly

### **Local examination**

#### **Clinical Evaluation:**

Inspection:

No spine deformity, no gait deformity, no injuries and scars, no joint swelling

Palpation:

Doorbell sign – positive at L5 & S1

Musculoskeletal system test:

### Right leg

SLR – 60°

Lasegue's sign – positive at 50°-60° degree

Femoral nerve stretch –positive

Bragard's – negative

Heel walk, toe walk –possible

Schober's test -negative

### INVESTIGATIONS:

MRI LUMBAR SPINE:

- Disc bulge seen at L5 & S1
- Mid disc bulge seen at L2-L3

### INTERVENTION:

Patient was treated for 7 days:

\**Ksheerabala taila*<sup>(6)</sup> *abhyanga* followed by *nadisweda*<sup>(7),(8)</sup>

\**Nithyavirechana* with *gandarvahastadi eranda taila*<sup>(9)</sup>

\**Yogaraja guggulu*<sup>(10)</sup> 2-2-2

\**Vyoshadi guggulu*<sup>(11)</sup> 2-0-2

### Grading of Subjective Parameters <sup>(12)</sup>

Sl.no	SYMPTOMS	Criteria	Grade
1	Pain	No pain at rest	0
		Mild and tolerable pain while walking	1
		Moderate and tolerable pain while walking	2
		Severe and intolerable pain while walking	3
2	Radiation	Pain never radiates	0
		Pain radiates in major movements	1
		Pain radiates in moderate movements	2
		Pain radiates even in minor movements	3
		Pain radiates all time	4
3	Tingling	No tingling	0
		Tingling over some portion of any one of the leg	1
		Tingling all over leg	2
		Tingling over some portion of both leg	3
		Tingling all over both leg	4

4	Stiffness	No stiffness In morning only for 5-10 minutes Daily 10-30 minutes Daily in different time 30-60 minutes Daily for more than 1 hour	0 1 2 3 4
5	Sitting	Sitting in an ordinary chair more than 30 minutes without pain Pt complaining lower back pain in an ordinary chair after 20 minutes Pt complaining lower back pain in an ordinary chair after 10 minutes Patient complaining lower back pain just after sitting in an ordinary chair	0 1 2 3
6	Standing	Standing at one place more than 30 minutes without any complaints Patient complaining LBP after 20 minutes of standing at one place Patient complaining LBP after 10 minutes of standing at one place Patient complaining LBP after 5 minutes of standing at one place	0 1 2 3
7	Sleeping	Sleep never disturbed by pain Sleep disturbed occasionally Sleep disturbed frequently by pain Sleep disturbed very frequently by pain	0 1 2 3

### Grading of Objective Parameters:

1	SLR	90 60 45 0	0 1 2 3
2	Tenderness	Patient doesn't feel pain during examination Patient feel mild pain during examination of the tender area Patient feel moderate pain during examination of the tender area Patient doesn't allow to examine the tender area	0 1 2 3
3	Lasegue's	Patient doesn't feel pain during examination Patient feel mild pain during examination of the tender area Patient feel moderate pain during examination of the tender area Patient doesn't allow to examine the tender area	0 1 2 3



**Results:**

Sl.no	Symptoms	Before treatment	After treatment
1	Pain	2	0
2	Radiation	1	0
3	Tingling	1	0
4	Stiffness	2	1
5	Sitting	2	1
6	Standing	3	1
7	Sleeping	3	1
8	SLR	60'	45'
9	Lasegue's	50'	30'
10	Tenderness	2	0

**DISCUSSION:**

According to Acharya Vagbhata vitiated *vata* affects *snayu*, *sandhi* and *pakvashya* and causes *grudhrasi* and *katigraha* respectively. so *vata vyadhi chikista* like *abhyanga*, *swedana* is utilized here. other medicines such as *vyoshadi guggulu* has *meda kapha* hara action and also does *vata shamana*, *ksheerabala taila* does *brahmana* and also acts as *rasayana*, *gandharvahasti eranda taila* does *vata anulomana* this regulates *vata gati* and *yogaraja guggulu* helps in *agni deepana* and regulates *vata* in *sandhi*, *majja dhatu* gives *bala* to *sandhi* and *asthi*.

**CONCLUSION:**

Treatment protocol of *vata vyadhi* i.e, *grudhrasi* and *katishoola* is done as pain is the main symptom of this disease. The treatment principle includes *abhyanga*, *swedana*, *anulomana* with *gandharvahastadi eranda taila*. The patient was admitted for 7 days and got improvement and the pain reduced.

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