



AYURVEDIC MANAGEMENT OF RADICULOPATHY DUE TO SPONDYLOSIS: A CASE STUDY

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ABSTRACT

Spondylosis encompasses numerous associated pathologies including spinal stenosis, degenerative spondylolisthesis, osteoarthritis and many others. Patients with lumbar spondylosis also have neurologic claudication, which includes: lower back pain, leg pain, numbness when standing and walking. A 60 year male patient who came with complains of weakness in right arm, left leg and chronic backache. The condition of patient shows similarity with Sandhigata Vata according to Ayurvedic perspective. Abhyang, Patrapottali Swedana administered along with Ayurvedic medications for 14 days. Rasnasaptak Kashaya 50 ml twice a day (empty stomach), Swarna Yograj Gugglu 1 tab twice a day, Tablet Neo 1 thrice a day were given as oral medication. Abhyang followed by Patrapottali Swedana was administered to the patient for first 10 days with Bala ashwgandhadi tail and Mahanarayan tail. Matra Vasti with Dhanwantar Tail was given for three days after completion of Patrapottali Swedana in a dose of 25 ml first day, 50 ml in last two days. Marked improvement in condition of patient was found after 14 days of treatment. Ayurvedic medicines along with Panchkarma procedure improve the quality of life of patient.

KEYWORDS: Ayurveda, Spondylosis, Backache, *Sandhigata Vata*, *Panchkarma*.

INTRODUCTION

Spondylosis is a form of lower back pain and is an important clinical, social, economic and public health problem affecting the worldwide population. It is a disorder with many possible etiologies and many definitions. The incidence of lumbar spondylosis is 27-37% of the asymptomatic lower back pain population.^[1] Spondylosis can be described as all degenerative conditions affecting the discs, vertebral bodies, and associated joints of the lumbar vertebrae. Spondylosis encompasses numerous associated pathologies including spinal stenosis, degenerative spondylolisthesis, osteoarthritis and many others. It also captures effects of aging, trauma and just the daily use of the intervertebral discs, the vertebrae, and the associated joints. These osteophytes are bony overgrowths that occur due to the stripping of the periosteum from the vertebral body. Pain can be produced when a neural foraminal stenosis is formed, which comes from the formation of osteophytes. The patient can also experience joint stiffness, which can limit motion. Patients with lumbar spondylosis also have neurologic claudication, which includes: lower back pain, leg pain, numbness when standing and walking. Diagnostic approach and therapeutic options are diverse

and often inconsistent, resulting in rising costs and variability in management.^[2]

Considering the similarity of present case with *Sandhigata Vata*, *Snehana* as *Abhyang*, *Swedana* as *Patrapottali Swedana* were administered along with Ayurvedic medications such as *Swarna Yograj Gugglu*, *Rasna Saptak Kashaya* etc. We will further discuss the disease and the efficacy of given Ayurvedic treatment.

Case

60 year male patient come with complains of weakness in right arm, left leg and backache. Patient was asymptomatic before 5 years. Then he met with an accidental trauma on back region. After two days of accident, he developed backache. Radiation of pain was from back to groin, thighs, calf muscles, soles. Pain was so severe that it disturbed the sleep. Relieving factor was ice application. Pain increases during exercise and remains for 1 hour than subside gradually after sometime. After two months of accident, there was progressive development of numbness and tingling and burning sensation. Burning intensity was severe in bilateral legs especially in evening hours (6-8pm).

Patient feels jerk in affected body parts during cloudy environment.

Radiological findings

X-ray (Lumbosacral): Loss of lumbar lordosis, Osteophytes seen in lower lumbar vertebrae- suggestive of degenerative changes. Intervertebral disc spaces, both SI joints are normal.

MRI (LS Spine and Cervical Spine): Posterior bulge of L4-L5 and L3-L4 i.v. disc is seen causing mild pressure on thecal sac and exiting recess. Posterior bulge of L5-S1 i.v. disc is also seen. Lumbar I.V. discs are mildly

hypointense in long TR/TE (suggestive of dehydration or increase in collagen contents. Straightening of lumbar spine is noted. No evidence of any infective or metastatic lesion is seen. Facet degeneration seen at L 4-L5 AND L5-S1 level with ligamentum flavum is appearing normal.

Haematological findings: Fasting Blood Sugar- 83.3 mgms/100ml, Uric Acid : 5.5 mgms/100ml, Rheumatoid factor: 4.86 IU/ml, Haemoglobin-13.4gm%, WBC – 7800 cu mm, DLC- N- 71%, M- 1%, B-6%, L-26%, E- 2%, ESR- 5 mm in first hour, RBCs-4.3 million.

Examination findings

Table (1): Showing the examination finding carried out on patient.

Examination		Right	Left
Reflex	Knee jerk	Normal	Exaggerated
	Biceps/ triceps jerk	Exaggerated	Exaggerated
	Supinator	Normal	Normal
	Abdomen reflex	Absent	Absent
	Babinski's reflex	Normal	No response
	Sensation	Intact	Diminished (pressure, sharp touch)
Power	Upper limb	5/5	5/5
	Lower limb	5/5	4/5
	Quadriceps	5/5	4/5
	Hamstring	5/5	4/5
Straight leg raising		75°	90°
Rigidity / spasticity		Not present	Not present

Treatment Given: *Rasnasaptak Kashaya* 50 ml twice a day (empty stomach), *Swarna Yograj Gugglu* 1 tablet twice a day, *Tablet Neo* 1 thrice a day.

Therapy: *Abhyang* followed by *Patrapottali Swedana* was administered to the patient. *Matra Vasti* was given for three days after completion of *Patrapottali Swedana*.

Table 2: Showing the Panchkarma procedure detail.

Procedure	Contents used	Duration
<i>Patrapottali Swedana</i>	<i>Bala ashwgandhadi tail</i> for <i>Abhyanga</i>	10 days
	<i>Mahanarayan tail</i> for frying leaves	
	<i>Arka Patra</i>	
	<i>Nirgundi Patra</i>	
	<i>Vasa Patra</i>	
	<i>Eranda</i>	
	<i>Lemon</i>	
	<i>Sendhaw Lavana</i>	
<i>Matra Vasti</i>	<i>Dhanwantar Tail</i>	25 ml
		50 ml
		50ml

Table 3: Showing the symptoms before and after treatment.

Symptoms	Before treatment	After treatment
Pain	Severe pain (increase in intensity)	Mild (not increase in intensity)
Burning	Severe	Mild
SLR	90°	90°
Sleep	Disturbed	Sound

RESULT

After 3 days of treatment, patient pain start decreasing. On 4th day of treatment, burning and pain severity decreased upto the level that patient can sleep peacefully.

After 10 days of treatment, patient mild pain was present with reduced severity and intensity. (table 3).

DISCUSSION

Traumatic condition and symptomatic presentation of patient shows the involvement of *Vata-Rakta*. Jerk especially in cloudy environment in patient represent the presence of *Ama*. Burning in affected parts does not represent the *pitta* vitiation. Likewise tingling, pain and numbness, it is nervous involvement signs. Initial involvement of vertebrae due to aging and trauma progresses towards the nervous impairments. Degenerative condition in MRI investigation indicates

towards increased *Vata*. Secondly, *Acharya Charaka* has mentioned that if *Vata* is exaggerated to such an extent activity of *Rakta* does not feel than treatment should be likewise *Vata Vyadhis*.^[3] That's why, treatment administered according to line of treatment of *Sandhivata*. So *Snehpana –Swedana* administered in form of *Abhyang* before *Patrapottali Swedana* and *Matra Vasti*. Mostly drugs used in *Patrapottali Swedana* are having *Vednahar* properties (table 4).

Table 4: Showing the properties of contents of *Patrapottali Sweda*.

Content of <i>Patra Pinda Sweda</i>	Properties of ingredients
<i>Vasa patra</i>	<i>Vedanasathapana karma</i> . ^[4]
<i>Nirgundi patra</i>	<i>Vedanasathapak, Aampachan</i> properties ^[5]
<i>Amaltas patra</i>	<i>Vedanasathapana</i> ^[6]
<i>Arka patra</i>	<i>Satabdhatahara</i> because of <i>Swedopaga</i> property. ^[7]
Lemon	<i>Vedanasathapana</i> property, <i>Deepan Pachana Rochana</i> . ^[8]
<i>Lahsun</i>	<i>Vedanasathapana</i> and <i>Deepanpachan. Sandhaniya</i> property. ^[9]
<i>Narikela</i>	<i>Vatahara</i> . ^[10]
<i>Eranda Patra</i>	<i>Vedanasathapana, Swedjanak, Aampachak. Balya (sarvadhātu karma, increase dhātu, oja and strength of body)</i> . ^[11]

Rasnasaptak Kashaya is indicated in many inflammatory diseases. Action is *Tridoshashmak. Swarna yograj Gugglu* is useful in disorders of nervous system and musculoskeletal system. Its main action is on *Ama* (toxins developed in the body due to malabsorption and undigested food). Neo Tablet provides antioxidant, immunomodulatory and anti-inflammatory activity; suppressing the cyclooxygenase activity and prostaglandin formation; retarding the platelet aggregation; possessing the antioxidant activity.^[12]

CONCLUSION

Ayurvedic medications along with *Panchkarma* procedures such as *Matra Vasti, Abhyang* and *Patrapottali Swedan*, play vital role in stopping the progress of the disease. Patient with spondylosis can get relief with Ayurvedic medications and *Panchkarma* procedures within a short period of time.

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