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CASE REPORT

CONSERVATIVE MANAGEMENT OF RTA INDUCED CHRONIC LOW BACKACHE -A CASE STUDY

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SUMMARY

A 49 year old male patient with severe LBA and unable to stand or walk was treated conservatively with ayurvedic medicine and Panchkarma therapies to avoid the advised laminectomy. Patient presented with LBA and weakness in left leg for 1year with aggravated symptoms like shooting pain and tenderness in lowback; inability to sit, stand or walk and numbness in left leg. SLR was positive being 0degree on right leg and 20degree on left leg. Patient had history of RTA in 1993 with weakness in both right limbs and short right lower limb. MRI LS suggestive of PIVD at L2-L5 levels causing focal secondary canal stenosis and compression over thecal-sac with contained nerve roots. Management was done with Panchkarma over three admissions in three months. Patrapindasveda, Nadisveda, Matravasti for 7days and Shalishashtikapindasveda for 21days initially in which pain subsided. In second round Shalishashtikapindasveda and Matravasti were given for 15days, in which patient was able to stand and walk with support for 40–50 steps. In third round snehadhara for 15days, this increased the power in legs and resulted in sensory improvement in right upper limb and increased standing and walking capacity to more than 400meters. SLR improved to Rt–60 degree, Lt-80 degree.

Ayurveda explains this disease under the title vatavyadhi as Katishula/katigatavata. Snehana and svedana formed the first line of treatment to pacify the vitiated vata while ShashtikashaliPindasveda and Matravasti worked as balya for mansa-asthidhatu. Snehadhara improves motor and sensory system resulting in improved function of the right upper limb.

Keywords: Low Backache, Panchkarma, Matravasti

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INTRODUCTION

Lumbar canal stenosis is abnormal narrowing of spinal canal at lumbar region. It causes restriction to the spinal canal resulting in a neurological deficit may produce symptom like pain, numbness, parasthesia and loss of motor function. Low back pain (LBP) is second major complaint after upper respiratory illness as a cause of visiting a physician in outer patient department. [1] Up to two third of the total population have low back symptom in their lives. Globally, about 40% of people have LBP at some point in their lives[2], with estimates as high as 80% of people in the developed world. Difficulty most often arises between 20 – 40 years of age and is more common among people aged 40-80 years of age, with the overall number of individuals affected; expected to increase as the population ages. It is a symptom common in various vertebral and extra vertebral diseases. The origin of Low back pain (LBP) derives from a pathology localized in the spine, as in the case of degenerative lesion, neoplastic lesion, infections, fractures, metabolic diseases like osteoporosis, or more rarely rheumatologic diseases. The causes of extra vertebral LBP may be renal, pancreatic, gastrointestinal, or of the female genital system. The cause is often unknown; the risk is increased in overweight individuals. Disc disease is most likely to occur at the L4-L5 or L5-S1 levels[3].Low back pain that lasts at least one day and limits activity is a common complaint. The diagnosis starts with a careful examination, followed by consideration for neuroimaging studies and electro diagnostic studies. Examination of back is completed by assessing straight leg raising (SLR) and strength, sensation and reflex activity in legs[4]. Specific management decisions are based on the duration of the symptoms and the presence or absence of neurological deficits.

The classical text of Ayurveda explains these symptoms under the heading of *vatavyadhi*[5] and *vatadosha* imbalance disorders[6]. *Katigatvata* is the condition which causes *katishoola*. *Kati* refers to low back and *shoola* refers to pain. *Vasti* is established treatment of pain caused by *vatadosha* therefore it was selected for the present case.

Case Report: A 49 years old Male patient of medium build from IIT, Delhi, visited the OPD of Chaudhary Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi on 30th March 2015 with the following chief complaints:

Patient name: ABC

Age and sex: 49 years Male

Built: Medium

Date of first visit: 30 March 2015

OPD & IPD No. 21103/1259

Address: IIT campus, Delhi

Chief complaints:

1. Acute severe low backache radiating to left leg since last December.
2. Unable to sit without support from other people since one month
3. Inability to sit in erect posture for long duration since six months.
4. Numbness and loss of power in both legs since two months
5. Loss of power in right upper limb since 1993.

H/O present illness:

Patient was asymptomatic one and half months back. Patient suffered a trauma post fall on back after losing balance while walking associated with acute pain in lower back region. Patient got examined in IIT hospital and got MRI LS done and was referred to AIIMSwhere he was advised Anterior cervical discectomy and fusion (ACDF) and Lumbar laminectomy but wanted to avoid surgery so came for conservative management through Ayurvedic medication and *Panchkarma* therapy.

Past history:

H/o RTA in 1993 in which right upper and right lower limb were severed and were reconstructed at the level of femur and shoulder over a period of ten years through multiple surgeries till 2003. Right upper limb is having loss of sensory and motor power. Right lower limb is short. Patient used to walk with support. Weakness in left upper limb digits since 2003, which is slowly progressive and now can only use fine movement by 1-2 fingers grip.

No history of Hypertension, diabetes

On examination clinical findings:

The straight leg raising test was of right leg 0^0 and that of left leg 20^0. Patient was unable to walk. Sitting and movement was with support from other person and other systemic examinations were within normal limits.

Radiological investigations:

MRI scan of Lumbar spine was suggestive of generalized changes of lumbar spondylosis with degenerative disc disease and multi-level disc bulges at L2-L3, L3-L4 and L4-L5 causing focal canal stenosis at these levels more at L4-L5 causing significant compression over thecal sac with contained nerve roots.

MRI scan of Cervical spine was suggestive of cervical spondylosis and multilevel degenerative disc disease and disc bulge, most significant at C5-C6 level where there is significant compression of bilateral traversing nerve roots, more on the left side. Old post traumatic myelomalacia and brachial plexus injury with pseudo meningocele formation is seen.

All other routine investigations were in normal limits.

Modern Diagnosis:

The patient was diagnosed as a case of PIVD C5-C6, L4-L5 at AIIMS.

Ayurvedic diagnosis:

On the basis of clinical presentation patient was diagnosed as a case of *Vatavyadhi* - *katigatvata* (*katigraha* and *katishool*).

Dates of First admission: 30/03/2015 to 27/04/2015

Dates of Second admission: 18/05/2015 to 02/06/2015

Dates of Third admission: 16/06/2015 to 30/06/2015

TOTAL TREATMENT SCHEDULE

***Panchkarma*chikitsa:**

1. ***Patrapinda*svedana** –with *Sahacharadi taila* daily for seven days 31/03/2015 to 06/04/2015.
2. ***Nadisveda*** – *Sarvanga* for 28 days 31/03/2015 to 27/04/2015.
3. ***Vastichikitsa*** – *MatraVasti* – 50 ml *Sahacharadi taila* 31/03/2015 to 01/04/2015. Was stopped as patient was unable to take left lateral position for *vasti*.
4. ***ShashtikashaliPindasveda*** – with *Balashwagandha taila* for 21 days from 07/04/2015 to 27/04/2015.

Phase II

5. ***ShashtikashaliPindasveda*** – with *balaguduchyadi* and *balashwagandhadi taila* for 15 days from 18/05/2015 to 02/06/2015
6. ***Matravasti*** – with 60 ml Balaguduchyadi oil for 15 days from 18/05/2015 to 02/06/2015.

Phase III

7. ***SnehadharaSarvanga* –** with *Dhanvantara taila*, *balaguduchyadi taila* and *murivenna taila* for 15 days from 16/06/2015 to 30/06/2015.

Shaman chikitsa:

1. *Trayodashang Gugglulu* 2tab thrice a day after meals.
2. *Maharsnadi Kvath* 40ml twice a day before meals.
3. *Balarishta* 15ml twice a day after meals.
4. *Ashwagandharishta* 15ml twice day after meals.

Table 1: Assessment criteria:

S No	Subjective Symptoms	Parameters	Gradation
1	Pricking Pain	Absent	0
		Mild	2
		Moderate	4
		Severe	6

2	Pulling Pain	Absent	0
		Mild	2
		Moderate	4
3	Stiffness	Severe	6
		Absent	0
		Mild	2
		Moderate	4
		Severe	6
4	Subjective Signs Tenderness At LumbarRegion	No tenderness	0
		Grade 1 Says	2
		Grade 2 Winces	4
		Grade 3 Withdraws	6
5	SLR Scoring	0	54
		10	48
		20	42
		30	36
		40	30
		50	24
		60	13
		70	12
		80	6
		90	0
6	Pressing Power	Upto 10 Kg	3
		10-20kg	2
		20-25kg	1
		>25kg	0
7	Walking Speed Time Taken To Walk	Upto 20 Sec	0
		21-40 Sec	1
		41-60 Sec	2
		>60 Sec	3

	20meter		
8	Sensory Impairment	Present	2
		Absent	0
9	Posture	1. No Complaints	0
		2. Patient walks without difficulty but experiences difficulty from getting up from squatting.	1
		3. Difficulty To Squat.	2
		4. Difficulty In Climbing Up Stairs.	3
		5. Limping Gait.	4
		6. Can Stand On Both Limbs But With Pain	5
		7. Can Stand Without Touching The Affected Limb On floor	6
		8. Can sit on bed without support but with pain and difficulty	7
		9. Lying On Bed With Pain Affected Limb Flexed By Supportive Pillows.	8

OBSERVATIONS

Table 2: Effect of Therapy

S. No.	**Signs And Symptoms**	**Score Before Treatment**	**Score After First Treatment**	**Score After Second Treatment**	**Score After Third Treatment**	**Percentage of Result**
1	Pricking Pain	6	4	2	0	100
2	Pulling Pain	4	4	2	0	100
3	Stiffness	6	4	2	0	100
4	Tenderness At Lumbar Region	6	4	4	0	100
5	SLR ScoringRt	54	54	13	12	78
	Lt	42	30	6	6	86
6	Pressing Power (Both Lower Limbs)	3	3	3	2	33.3
7	Walking Speed	3	2	2	1	66.6

8	Sensory Impairment	0	0	0	0	0
9	Posture	8	7	6	3	62.5

DISCUSSION

The general principle of treatment of *vatadosha* is adopted in case of *katigatvata*. *Snehana* and *svedana* formed the first line of treatment to pacify the vitiated *Vata*. *Vasti* and *taila* are the best treatment for *vatvyadhi*[7].

Asthi is the site of *vata* and *vasti* materials purify *purishdharakala*. *Asthivahastrotas* is purified and vitiated *vatadosha* is subsided by *vasti* karma. *Matravasti* was given with *Sahacharadi taila*[9]. *Sahacharadi taila* pacifies the *Vatadosha*. It possesses the characteristics of analgesic as well as anti-inflammatory activity. Furthermore, it prevents the recurrence of disease.

Patrapinda sveda is a type of *snigdha sankara sveda* which pacifies vata and also opens the channels thereby improving circulation in the stiff muscles. *Vatanulomana* is also achieved by this treatment and it reduces pain.

Shalishashtika panda sveda is *balya* and *poshana* for *mansa* and *asthidhatu* thus pacifying the *vata*, giving strength to *asthi* and also improving muscle tone and reducing muscle stiffness. *Balashvagandha (lakshadi) taila*[10] is *vataghna* oil with properties of *mansadhatuposhana* and *balaguduchyadi taila*[11] is also *vataghna* with *pitta* and *raktaposhaka* qualities which help in improving the strength of muscles.

Snehadhara[12] imparts strength to all the *dhatus*, improves *oja* and *agni*, delays aging. It also improves motor as well as sensory system thus resulting in improved sensory function in the right upper limb which had zero sensory function at the time of first admission.

At the end of the final treatment patient had improved significantly with 100% relief in major complaints and over 67% relief in all the associated symptoms.

CONCLUSION

According to the observations in the present study, this can be safely concluded that low backache and Lumbar canal stenosis can be compared with *katigata vata* on the basis of symptoms. The results replicate the original study and showed substantial improvement for the patient as he improved his function. (Table no. 1 and 2) Hence, the *Ayurveda* management regimen used is effective on the disease. However, further work should be done by conducting clinical trials on large samples to draw the final conclusion.

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