

**A Case study on Ayurvedic management in complications of micro discectomy****Nivea Valappil<sup>1</sup>, Binitha A<sup>2</sup>**

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**Abstract:**

Lumbar micro discectomy is a minimally invasive surgical procedure performed on patients with a herniated lumbar disc. It is considered as a safe procedure but having the complications like bleeding, infection, leaking of spinal fluid, dural tear, injury to blood vessels or nerves in and around the spine and bowel bladder incontinence. This is the case report of a 46-year-old man who underwent lumbar micro discectomy presenting with symptoms of sciatica along with bladder incontinence and irregular bowel habit. The condition diagnosed as *Gridhrasi* and treated with selected internal medications and Panchakarma therapy. After the IP management patient attained bowel and bladder regularity, radiating pain is relieved and power of sensation is improved.

**Key words:** *Gridhrasi*, Micro discectomy, Panchakarma therapy, Sciatica.

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**Introduction:**

Discectomy is the surgical procedure to remove the damaged portion of a herniated disc. The recurrence rate after lumbar discectomy is reported at 1% to 21%, showing a significant range with many studies on the risk factors causing recurrent herniated lumbar disc. <sup>[1][2]</sup> Few studies reported on increase in pain after micro discectomy, <sup>[3][4][5]</sup> and decrease in health-related quality of life after such operations <sup>[6]</sup>. Sciatica, the pain caused by the irritation of sciatic nerve is a common cause for Low back ache. The common symptoms of sciatica include low back pain which radiates through the back of thigh and down through the leg, hip pain, numbness and difficulty for moving the leg. A variety of surgical and non-surgical treatment has been used to treat sciatica.

*Gridhrasi* is a disease explained under *vatavyadhi*, with presentations like *sthamba* (stiffness), *ruk* (pain), *thoda* (pricking sensation), *spandhana* (twitching sensation) on areas like *sphik* (hip), *kati* (waist), *prishta* (back), *Janu* (knee), *jangha* (thigh) and *pada* (calf region) <sup>[7]</sup>. It is considered as a *Nanathmajavata*vikara, (diseases of *vata*) having two varieties like *Vataja* and *Vatakaphaja*. Ayurveda has various treatment options through *Sodhana* (purification therapy) and *Samana* (palliative care) in these clinical conditions. The Ayurvedic management in complications of micro-discectomy with selected internal medications and Panchakarma measures is reported here. After treatment patient got marked

improvement from the symptoms and also improvement in health status.

**Case summary:**

A Hindu, married 46-year-old male patient from Malappuram attended the Panchakarma OPD of VPSV Ayurveda College Kottakkal on 24/4/2019. He complained of low back pain radiating to left lower limb with heaviness and numbness along with irregularity in bowel movement and bladder incontinence for the past 7 months.

A detailed history of present illness revealed that patient had a history of fall before 1 year. There after the low back pain developed and gradually the condition worsened. He took conservative management and finally underwent lumbar micro discectomy at L5 –S1. After surgery he got complete relief from pain. Few weeks later patient felt numbness and mild sensory loss over posterior aspect of left lower limb. He had difficulty for bowel movement and felt urgency for micturition. Two months after pain started again at low back, radiating to left lower limb with heaviness and numbness.

Locomotor system examination, revealed grade 1 tenderness over L4 -L5 spine and surgical scar during deep palpation. The forward flexion of lumbar spine was painful. The SLR test was + ve over left at 45<sup>0</sup>, Braggard's test and FNST were found to be + ve over left. On Neurological examination, in sensory system the touch, pain, temperature and vibration sense were found to be diminished over posterior

aspects of left lower limb. Motor system examination, revealed flabby calf muscles with grade 4 power over left lower limb. MRI of lumbar spine, showed mild

retrolisthesis of L5 over S1, diffuse disc bulge with central extrusion of L5 S1 disc and severe spinal canal stenosis.

### Therapeutic focus and assessment:

**Table-1: Internal medicines**

Medicine	Dose	Time	Rationale
<i>GandharvahasthadiKashaya</i>	90 ml	6 am, 6 pm	<i>Amapachana+Vathanulomana</i>
<i>Gandhverandathailam</i>	5 ml	6 am	<i>Anulomana, Balya to Katiprishta</i>
<i>Dhanwantharam Kashaya</i>	90 ml	11 am, 3 pm	<i>Vatakaphahara,</i>
<i>Sahacharadithaila</i>	5 ml	3 pm	<i>Sosha, Supthi, Vatahara</i>
<i>Chandraprabha Gutika</i>	2-0-2	9 am, 9pm	<i>Action on Muthravahasrothas</i>
<i>Balarishta</i>	15 ml	At bed time	<i>Agnivardhana, vatashamana</i>
<i>Gomuthra arka</i>	5 ml	With <i>arishta</i>	<i>Vatakaphahara, Immunomodulant.</i>

**Table-2: Treatment procedures**

Treatment	No.of days	Medicines	Rationale
Local <i>lepana</i> on painful area	7 days	<i>Nagaradilepa churna + Dhanyamla</i>	<i>Sulahara</i>
<i>Adhonabhipichu</i>	14 days	<i>Dhanwantharam thaila</i>	<i>Muthradharana</i>
<i>Dhanyamladhara</i>	14 days	<i>Dhanyamla</i>	<i>Rookshana</i>
<i>Vasthi</i>	7 days	<i>Vaitharana vasthi &amp; Gridhrasihara vasthi</i>	<i>Pakwasayagatha doshaharana</i>
<i>Snehapanam</i>	7 days	<i>Sahacharadi thaila mezhupaka</i>	<i>Dosha uthkleshana,</i>
<i>Abyanga + Ushmasweda</i>	3 days	<i>Dhanwantharam thaila</i>	<i>Dosha Draveekarana</i>
<i>Virechana</i>	1 day	<i>Gandhveranda thaila (30 ml)</i>	<i>Shodhana</i>
<i>Swedana</i>	7 days	<i>Jambeera pinda sweda</i>	<i>Sula, sthamba, Gouravahara</i>

### Result and Discussion:

At the end of IP treatment, the radiating pain was relieved, power of sensation improved, attained bowel and bladder regularity, and heaviness completely disappeared. On the

first follow up, after one month the SLR test was found to be negative, all the movements of lumbar spine were possible and numbness completely reduced. In the overall treatment *dhanyamladhara* was found to be more

effective. The power of sensation improved and numbness reduced after *dhara* (pouring of liquid). After *snehapana* (intake of unctuous substances) marked difference in numbness was noticed.

Here the clinical presentation of the patient is similar to the features of *Gridhrasi*. Presence of *ruk* (pain), *stamba* (stiffness), *supthi* (numbness) and *gourava* (heaviness) indicate the involvement *vata* and *kapha*. The *dosha* involved are *vyanavata*, *apanavata*, and *sleshakakapha*. The vitiation of *rakta*, *mamsa*, *asthi* and *majja* are noticed. The affected *srothas* are *rakthavaha*, *asthivaha*, *majjavaha*, *purishavaha* and *muthravaha* *srothas*. Vyadhi is considered as *nava* (newly diagnosed) and *amayuktha* (associated with *ama lakshana*). The treatment adopted are *rukshana* (drying therapy), *snehana* (oleating therapy), *sodhana* (purification), and general line of treatment for *vata* vyadhi. In the initial days *Nagaradilepa churna* advised on the area of tenderness acted as *sulahara* (reduces pain). *Nabipichu* was found to be beneficial for *mutradharana* (control urine evacuation). *Dhanwanthara thaila* was selected for *Nabipichu*. This *thaila* have a property of *muthradharana*. The treatment started with *dhanyamladhara*. *Dhanyamla*<sup>[8]</sup> act as *vata* kaphahara and have action on *vasthi*. Here patient have *mamsasada* (wasting of muscles) and *sparsanendriyavaigunya* (impairment in tactile sensation). *Dhara* provide the action like *dridatha* (firmness), *sthairya* (steadiness) and clarity towards *indriya* (sense organs). *Vasthi* is helpful for

*Pakwasayagatha doshaharana* (removal of doshas from lower abdomen). *Vaitharanavasthi*<sup>[9]</sup> have *Ruksha* (rough) *thikshna* (penetrating) and *kaphavatahara* action and help to get immediate relief from pain. Here the patient had G4 power on left lower limb and calf muscles were flabby. So the *Gridhrasihara vasthi*<sup>[10]</sup> with ingredients like *mamsarasa*, *ikshurasa*, *ksheera* and, *ghritha* provided more *brimhana* (nourishing) action.

In the second stage *snehapana* was selected after considering the status of *koshta* (GI tract) and *agni* (internal fire). The season was *varsharitu*, patient had *krurakoshta*, and *vata* kapha predominant condition. So *thaila* was selected for *snehapana*. *Sahacharadi thaila* was selected which has action on *sosha* (wasting), *supthi* (numbness) and *vatahara*. *Virechana* done with *gandhveranda thaila* for the purpose of *mrudu shodhana* (mild purification) and have effects like *srothoshodhana* (clearness *srothas*) and *indriya prasada* (beneficial for sense organs). *Snigdha virechana* was selected because the patient had *krurakoshta*.

The *snehana* (oleation) and *swedana* (sudation) are considered as the general line of treatment of *vata* vyadhi. *Jambeera pinda sweda* was selected in the final stage. The *jambeera pinda sweda* was considered as a *Snigdha sweda*. This *swedana* was helpful for the reduction of pain and heaviness.

In the initial stage *Gandharvahasthadi kashaya* given for *vatanulomana* (downward movement of *vata*) and *amapachana*

(digestion of *ama*). *Gandhveranda thaila* given for proper bowel movement and give strength for *katiprishta desa* (low back and surrounding). *Dhanwanthara kashaya* also beneficial for *vata* aggravated *vikara*. *Chandraprabha gudika* advised for the action on *muthravaha srothas*. *Balarishta* was given for *agnivardhana* and *vathasamana*. *Gomuthra arka* was given along with *arishta*. It is *vatakapahara* in nature and *arka* have immunomodulatory action<sup>[11]</sup>.

### Conclusion:

This single case study proves that selected Ayurvedic medicines and panchakarma treatment have a result in the management of complications of micro discectomy. The treatments are found to be safe and helps to formulate a protocol in such cases.

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