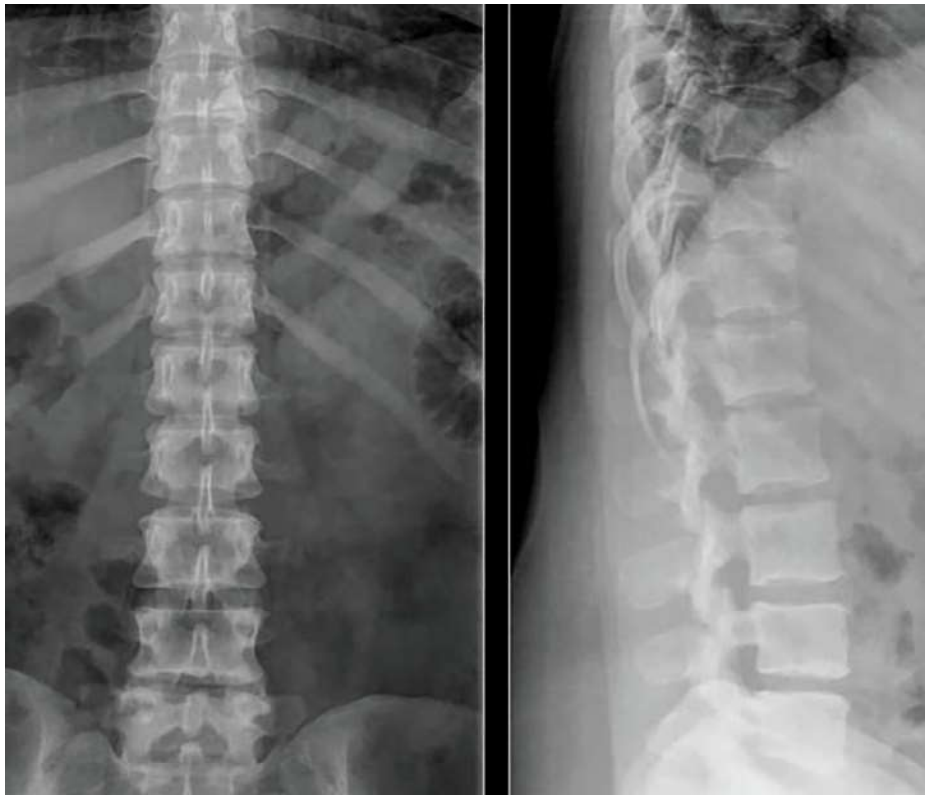


Acute low backache – a case report presenting aggressive short term ayurvedic intervention schedule

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Patient information

28 years old male (75 kgs) - a hard working software professional since 5 years, presented with the complaint of acutely catching lower back pain of one week with radiation to the right lower limb up to the calf. The pain is constant through a week's duration, mostly over the daytime and night as well often disturbing the sleep.

Case History

Patient experienced a sort of discomfort in the lower back since three days prior to the onset of acute pain during the late hours of sitting in the work station. One fine evening, he could not get up from his seat after a

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spell of nearly four hours sitting posture in the office. There was no history of fall, twisting or heavy lifting. Orthopedic consultant's attempt of a shot of analgesic injection instant followed by anti-inflammatory + muscle relaxants for a week did not reward satisfactory relief to the patient. Pain is worse on the early hours while getting up from the bed. Occupational history and patient evaluation revealed considerable work-related stress and prolonged clumsy postures.

Physical examination

Patient was not comfortable to be seated in the chair showing limited spinal motion and the walking demonstrated a disturbed gait. On examination of the whole spine, there was mild scoliosis appreciated to the left. Palpation showed moderate degree of tenderness on the para-spinal region along L4-L5, L5-S1 levels on the right side. SLRT and Bragard's test were positive on the right side. X ray lumbo-sacral spine in the lateral view displayed obliterated lordosis indicating muscle spasm. Vertebrae or the inter-vertebral disc spaces were unremarkable.

Clinico-Radiological Diagnosis: Lumbago / Back strain with or without acute disc herniation

Treatment strategy: Pain relief and 'eased' spinal mobility to enable the daily routine, close follow up.

Treatment and advices: Initial bed rest mostly in supine, intermittent lumbar traction, ayurvedic formulations as internal medicines, comprehensive schedule of topical ayurvedic therapies, supervised exercise therapy.

Scheduled Days	Treatments Given	Dose/Frequency	Timings	Specifications
Days 1 to 5 (01 to 05)	Lumbar (Pelvic) Traction	morning / eve	1 hour each	6.0 kgs
	Alepam – 1jatamayadi, regional	Once a day	60 minutes	At 10.00 am
	² Nadeeswedam - Wide regional	Once a day	15 minutes	Primed with lini-ment2.00pm
	³ Pichu – LS regional with 4Dhanwan-taram oil	Once a day	60 minutes	warmed at 10 mins interval
	⁵ ChoornaPindaSweda – General, primed with Dhanwantharam oil	Once a day	45 minutes	focussing on lower back – Potali changed every day
Day 3,4,5	Bed Rest	-	Downtime	-
	Pichu- ⁶ Veshtanam (Padded Lumbo-sacral bandage)	overnight	6.00pm to 6.00am	Murivena infused pad
Internal Medications	⁷ Musthadi MarmaKashayam	20 ml + 80 ml potable water	7.00 am, 7.00pm	Before food
	⁸ Thrayodashanga Guggulu tab	2 – 0 – 2	7.00 am, 7.00pm	Before food, with kashayam
	⁹ Myaxyl Capsule (KAL)	1 – 0 – 2	8.00am, 8.00pm	After food
	¹⁰ Palsinuron Caps (SG Phyto)	1 – 1 – 1	*	After food
	¹¹ GandharvaHasthadi Erandatailam (Day 1,3)	20 ml	9.00pm	With lukewarm water

Outcome of interventions

This patient showed gradual relief of the symptoms since day 2. Sitting posture could be maintained for 20 minutes, night time pain was reduced. After three days of treatment, the radiating pain subsided and the lower back pain relieved substantially. Meantime, spinal exercises – flexion, stretches in supine and prone positions – started under guidance. Third day onwards, medicated oil pad dressing bandage (pichu-veshtanam) was incorporated overnight for the last three days. After 5 days of completing the aggressive interventions and exercises, the patient was relieved of the pain almost completely and was advised care at home for 15 days. A prescription with minimal medications and follow up after 15 days showed sustained relief of low back pain. This patient was finally advised to continue ‘once a day’ external taila application for 30 minutes and graded spinal exercises for 10 minutes, twice a day.

Discussion – General aspects

In the clinical practice, the specific anatomic/mechanical cause of the back pain is often impossible to define, and only a small percentage of patients have an identifiable underlying cause. Diagnostic triage helps to exclude specific pathology and nerve root pain. Assessment of prognostic factors (yellow flags) such as work-related reasons, psycho-social distress, depressive mood, severity of pain and functional impact, prior episodes of low back pain, extreme symptom reporting, and patient's expectations need to be considered. X ray is the basic Imaging recommended, and MRI is not suggested unless a specific cause is strongly suspected. Exercise and intensive multidisciplinary pain treatment programmes are effective for acute low back pain as supported by strong evidence in this case.

Discussion – Ayurvedic aspects

A working diagnosis of Asukaari Kateesoola with overlap of gridhrasi could be easily made. The condition comes under the umbrella of vatavyaadhii. Localization of disease in the lower back, extreme stretching pain, radiation to lower limb, postural difficulties, poor response to incidental treatments were considered to arrive at the working diagnosis. Continuous sitting posture with poor ergonomics over the years and lack of exercises can be the precipitating factors ended up as a cumulative stress/trauma to the kateepadesha, in close proximity to pakwasaya. Ayurvedic approach in this case was multi-modal, to result in analgesia, muscle relaxation and gradual release and strengthening of the spine and para-spinal soft tissue segments. The intervention protocol is a variant of the regimen followed in select cases of acute low back pain cases approaching the Salyatantra Department for the past few years. Basic vata-anulomana was ensured by snigdhavirechana and the internal medicines were chosen on the account of aasukaari nature of the condition with strong association of vata-pitta and the overlap of kapha.

Interventions were scheduled on assessing the case primarily on the musculo-skeletal and neurological grounds, later appropriating ayurvedic tenets of doshic-nidana attributes. Short

term ‘aggressive’ local management was the dictum keeping in view of select salyatantra / kayachikitsa practices.

Coda

Patient was counselled, reassured of the favourable prognosis and sent off with the minimal medicines for a short duration of 15 days. Regular short-term taila use, postural corrections and ergonomics at workplace, micro-breaks during continuous working hours, graded spinal exercises on a daily basis need to be followed up. Patient was advised to stay active after treatments – discouraging post-therapy bed rest. The case study represents a trajectory in fulfilling the need of a paradigm in the ayurvedic management of acute low back pain cases with radiculopathy in a time-intense manner.

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