Case Report on Management of Scoliosis- an Ayurvedic Approach

*Alex Sebastian Chirayath, **Anisha

Abstract

The spinal curvatures are important for balancing the body and it helps us to stand upright. If any one of the curves becomes too large or small, our posture may appear abnormal. There are three main types of spinal curvature disorders, viz: scoliosis, kyphosis and lordosis. Among these, scoliosis is the common one. Scoliosis is a lateral curvature of the spine that occurs most often during the growth spurt just before puberty. While going through Ayurveda literature, we see the word Kubja, and is a common term used by Acharyas to describe a hump-like appearance. He was given ayurveda medication internally and panchakarma procedures were done at the IP level. There was a marked improvement in the symptoms, which helped to improve his quality of life. This study is intended to explain scoliosis, diagnosis and treatment in ayurvedic aspects.

Keywords

Scoliosis, Kubjatva, Kyphoscoliosis

INTRODUCTION

In Ayurveda, scoliosis is not described as a specific or separate disease and there is no specific term which can be directly correlated to scoliosis. While going through the Ayurveda literature, we see the word Kubja. It is a common term used by Acharya to describe a humplike appearance, which may be scoliosis, kyphosis or kyphoscoliosis. When the scoliotic curve becomes severe, it tends to give a

humped back like appearance. So, scoliosis can be included under the umbrella term Kubja. The word Kubja and Koubjya are used as synonymous, and both the terms are seen in our literature. According to Acharya Susrutha there are many Nidanas(causes) for Kubjata which include, Douhridavimanaja (longings of a pregnant women), and Vatakopa (vitiation of vata) during pregnancy. Koubjya is one among the Asheethi Vata Vikara and is included under Vata Prakopa Laksana by Acharya Caraka. Acharya Vagbhata considers Kubja as one among the Garbajavyadi.

PATIENT INFORMATION

Chief complaints

Low back ache for 2 months.

History of present illness

A 37 year old male patient presented with a complaint of low back ache which is sudden in onset, dull aching in nature, radiating to the right lower limb, pain aggravates on prolonged sitting, standing, lying and bending. He had a history of heavy weight lifting 2 months ago. Now the pain is moderately severe. Patient also had evidence of scoliosis.

History of past illness

Low back ache - 1 year ago

Family history

Not known relevant family history

Social history

Upper middle class

Immunization history Immunized till date.

Personal history

Diet- mixed

Appetite- satisfactory

Bowel- satisfactory, 1-2 times per day

Micturition- satisfactory, 4-5 times per day

Sleep- sound, 6-8 hours per day

Treatment history

Took allopathic treatment for low back ache one month back, got symptomatic relief.

Clinical findings

General examination

Pallor- nil

Icterus- nil

Clubbing- nil

Cyanosis- nil

Lymphadenopathy- nil

Edema- nil

Height-167 cm

Weight-67 kg

BMI-24 kg/m^2

Vitals are stable

*Professor and Head of the Department of Salyatantra, Vaidyaratnam Ayurveda College, Ollur, Thrissur, Kerala Email: drchirayath@gmail.com

** House surgeon - Vaidyaratnam Ayurveda College, Ollur, Thrissur, Kerala

Systemic examination

Locomotor system - Lumbar spine Inspection- scoliosis towards left side

Palpation- tenderness grade 2

Range of movements - lumbar flexion restricted due to pain and stiffness.

Nerve function tests- Straight leg raising testpositive bilateral lower limbs, Lasegue's testpositive, Femoral nerve stretching test positive bilateral lower limb, Pshober's test positive



Diagnostic Assessment

Investigations are correlated along with clinical signs, symptoms, examinations and special tests. X ray of lumbosacral spine anterior and lateral view signifies moderate to severe narrowing of fifth lumbar and first sacral disc space, osteoporotic changes shown at the level of third, fourth and fifth lumbar spine, also scoliosis towards right side is evident.

Therapeutic Intervention

Patient came to our OPD on 09/04/2023 and was given internal medication such as Sahacharadi Kashaya with a dosage of 15 mL with 45 mL lukewarm water twice daily before food and Yogaraja Gulgulu one number with kashaya. Also advised Sahacharadi Taila for external application. Patient was also advised to take IP admission and on 25/05/2023 he was admitted on IPD. He was advised to took internal medications such as

Gandharvahastadi Kashayam with a dosage of 15 mL with 45 mL lukewarm water twice daily after food, Gulguluthikthakam Ghrita with a dosage of 1 teaspoon with kashaya, Shaddharana Churna with dosage of 1 teaspoon twice daily after food and Tab. Painoff and Cap.Orthofit each with a dosage of one number thrice daily after food, Cap. Bonton with dosage of one number twice daily after food. Also Lumbar Traction weighing 7 kilograms for 45 minutes was started on 25/05/2023 and continued for 7 days. On 26/05/2023 Churna Pinda Sweda with Kolakulathadi Churna dipped in Dhanyamla (Mukkikizhi) was started for 5 days. Jambeera Pinda Sweda with

Sahacharadi Kuzhambu from 01/06/2023 for 7 days, Patrapotali Sweda with Sahacharadi Kuzhambu from 08/06/2023 for 7 days, Yoga Vasthi (Madhutailika Vasthi and Matra Vasthi with Sahacharadi Taila Mezhupaka-60 mL) from 11/06/2023 for 8 days and Abhyangam Massage Sahacharadi Taila from 15/06/2023 for 4 days were done. Sinduvaraeranda Taila was given internally with a dosage of 25 mL on 04/06/2023 and 06/06/2023. On 05/06/2023 internal medications were revised as Gandharvahastadi Kashayam with a dosage of 15 mL with 45 mL lukewarm water and 1 pinch Induppu daily morning before food, Sahacharadi Kashayam with adosage of 15 mL with 45 mL lukewarm water daily evening before food, Cap. Penwell with a dosage of one number thrice daily after food, Lumbatone Soft Gel Capsule and Tab. Maxcal- C with a dosage of one number twice daily after food.

Follow up and Outcomes

After 3 ½ weeks of IPD management the patient showed marked response towards signs and symptoms. Patient showed better response while Jambeera Pinda Sweda were started. Pain and stiffness during lumbar flexion and extension reduced about 90% and Straight Leg

Raising Test, Femoral Nerve Stretching Test, Pshober's Test, Lasegue Test were negative and also Wong-Baker Faces Pain Rating Scale Grade- 0 was assessed on 17/06/2023 after all IP level treatments.

Patient was advised to follow internal medications such as Sahacharadi Kashayam with a dosage of 15 mL with 45 mL lukewarm water twice daily before food, Gandataila Soft Gel Capsule and Cap. Orthofit each with a dosage of one number thrice daily after food, Brahma Rasayana with a dosage of 1 ½ teaspoon with milk during bedtime for 2 weeks and Sahacharadi Taila for external application.

Patient was also advised to take the next course of treatment as a preventive aspect after one year. He would come for next treatment at IPD level on 17/06/2024. He was advised to take internal medications such as Chitrakadi Kashaya with a dosage of 15mL with 45 mL lukewarm water and 1 teaspoon

Dhanwantaram Grutha twice daily before food, Shaddharanam Churna with lukewarm water twice daily after food, Tab.Painoff, Cap. Arnopen and Cap. GTD3 with a dosage of one number thrice daily after food. Massage with Sahacharadi Taila from 18/06/2024 for 3 days, Jambeera Pinda Sweda with

Karpasasthyadi Kuzhambu from 21/06/2024 for 7 days, MatraVasthi with Dhanwantharam Mezhupaka(60mL) from 20/06/2024 for 8 days alternatively, Yapana Vasthi from 22/06/2024 for 6 days alternatively, Churna Pinda Sweda with Kolakulathadi Churna from 28/06/1024 for 6 days and Shashtika Pinda Sweda with Mahakukkuda mamsa Taila from 04/07/2024 for 7 days were done. Patient was advised to continue internal medications such as

Maharasnadi Kashayam with a dosage of 15 mL kashayam with 45 mL lukewarm water twice daily before food, GTD3 Soft Gel Capsule with a dosage of one number daily after food,

Cap.Penwell, Cap.Dazzle and Tab. Asthiyog with dosage of one number thrice daily, Aswagandharishtam with a dosage of 25 mL twice daily after food for one month and Mahakukkudamamsa Taila for external application.

Discussion

Scoliosis (Kubjatha) can be incorporated in different ways as per ayurvedic classics, firstly Dathukshayajanya type. It is again divided into Kubjatha due to Datwagnivaishamya (fire at the level of tissue) and due to Asthi Kshaya.In ayurveda agni has a significant role in metabolism and proper functioning of the body. Vishamavastha (derangement) of Agni at Dathu level may lead to improper Dathuparinama which will lead to Dathujanyavikara. Modern literature also supports this as in case, calcium deficiency, Vit. D deficiency etc. Nutritional studies indicated that adolescent idiopathic scoliosis patients had low dietary calcium intake. Evidence also suggests that vit D insufficiency could be present in idiopathic scoliosis. In Dathujanyavikara due to Datwagnivaishamya, there is a defective formation of Dathu. Even though there is no defect in the formation of Dathu, the formed Dathu undergoes degeneration in Asthikshaya type. As Madyamarogamargavyadhi Kubjatha due to defects in Madyamarogamarga. Vertebral column is a joint complex, and its stability is maintained by adjacent muscles and ligaments. Even though the vertebrae are intact, weakness of these supporting structures also lead to scoliosis. The Mamsadidathu which included under Madyamarogamarga, especially the Sira Snayu and Kandara are the supporting structures of vertebral column. So Scoliosis due to any defect in these supporting structures may be included under Madyamarogamarga. As an Upadrava Vyadhi scoliosis is seen as secondary to diseases like Gridrasi, and Khanjatha. In this case, Gridrasi is the primary disease, and scoliosis is secondary. Here treatment given to the primary disease, also cures the secondary one. This type of scoliosis can be included under Upadravavyadi. Also, Kubjatha is one among the Snayugatavikara which is mentioned in our literature especially.

Bhavapraksha Nigandu of Bhavamisra explained a little bit about kubjatha. This case can be understood as Snayugata vata in Ayurveda, as Snayugata vata leads to kubjatva which can be incorporated with adolescent idiopathic Kypho scoliosis. Snayu originated from medas as per Sushrutacharya. So, in this case, Medodusti has been observed as he is under class 1 obese category.

To correct agnimandya at the kosta level as well as medo dhatu level Shaddharanam choorna, Gandarvahasthadi kashya, Gulgulu thikthaka grutha has been given which is having the property of amapachana and Agni deepana. For correction of vitiation of medas as well as giving Sthiratva (stability) of body Churna Pinda Sweda has been selected, Kolakulathadi Choorna and Dhanyamla is having vata samana and vata dosha vitiation happened in snayu can be rectified. After that ruksha-snigha sweda(Jambeera Pinda Sweda) and snigha Sweda (Patrapotali Sweda) with Sahacharadi Kuzhambu have been done respectively for making the body more flexible, utilization of mahasneha in vatavyadhi chikitsa more effective theoretically and practically. Yoga Vasti with Madhutailaika Vasthi and Sahacharadi Mezhu as sneha vasthi which has the property of vatahara, virechana with Sinduavara eranda has apana vata anulomana, sarva vata hara as vata vitiation was noted in the present case along with Apana Vata vaigunya. As preventive aspect focused mainly on Yapanavasthi, it is more preferable than other vasthis can done at any time period with out complications due to it mruduthva, vataharatva and shamana property. The patient got considerable relief from Ayurvedic management and is under follow-up and is following Pathyahara in the form of light and easily digestible food and vihara in the form of mild exercises.

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