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Ayurvedic Approach in the Management of Lumbar Canal Stenosis: A Case Study

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Abstract

Lumbar canal stenosis occurs due to a congenital narrowing of the lumbar spinal canal, exacerbated by the degenerative changes that commonly occur with age. The symptoms of spinal stenosis are thought to be due to local vascular compromise secondary to the canal stenosis, rendering the nerve roots ischaemic and intolerant of the demand for increased neural activity that occurs on exercise. The prevalence of symptomatic lumbar spinal stenosis gradually increases with age. The present case study deals with a 23 year old female who noticed severe low back pain and weakness of right lower limb. In the MRI report of lumbosacral spine, it was found to have moderate (Grade 2) Lumbar canal stenosis. In Ayurveda the disease is not mentioned as it is but it can be correlated to Vatika Gridrasi. This case study is about management of lumbar canal stenosis with multi modality treatment in the form of Panchakarma procedures such as Rooksha sweda, Lepamam, Kadi kizhi, Taila snehapanam, Abhyangam, Usma swedam, Virechanam, Mutta kizhi and Yogavasthi along with oral medications. Treatment shown remarkable result especially in reducing pain, paraesthesia and weakness of limbs.

Introduction

The term spinal canal stenosis covers any type of narrowing of the spinal canal, but it usually affects the lumbar spinal canal. Most often it is congenital, but the patient becomes symptomatic later in life due to the development of other pathological changes that result in the compression of neurovascular tissues. Males are generally affected more than females. L5 and S1 roots, which run a long oblique course within the spinal canal before changing direction to emerge through the exit foramina, are most affected.

In Ayurveda Lumbar canal stenosis can be correlated to Vatika Gridrasi. Various Panchakarma procedures and internal medicines were adopted in the present case study which gives a promising result especially in reducing pain, paraesthesia and weakness of limbs.

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Materials and Methods

Case description

23 year old female patient was apparently normal about one month back. She experienced severe pain and numbness on right lower limb. The symptoms were severe so that she was unable to get up from lying position. She was taken to an allopathic hospital and medications were given. Shocking pain recurred again with weakness of right lower limb. Thus she came to OPD of Government Ayurveda College, Poojappura, Trivandrum for better management.

History of past illness

Nothing relevant

Personal history

Diet – Mixed

Habit – Nothing specific

Bowel – once daily

Allergy – Nil

Appetite – Normal

Micturition - WNL

Addiction – Nil

Sleep – Sound

General examination

Stature – Medium

Built – Moderate

Gait – Antalgic

Weight – 60 kg

Height – 158 cm

BMI – 24

Pallor – Absent

Clubbing – Absent

Lymph adenopathy – Absent

Icterus – Absent

Cyanosis – Absent

Local examination

Part	Inspection	Palpation	Range of movement
Cervical spine	No swelling No deformity	No tenderness No rise in temperature	All movements are possible
Thoracic spine	No swelling No deformity	No tenderness No rise in temperature	All movements are possible

Lumbar spine	No swelling No redness	Tenderness at L4-L5 level (++)	All movements are possible
Sacral spine	No swelling No redness	Tenderness at S1 (++)	

Special tests

Test	Right	Left
SLR	Negative	Negative
FNST	Negative	Negative
Pump handle test	Negative	Negative

Lumbar extension test – Positive

Investigations

On lumbosacral MRI, the following impressions were noted:-

L5-S1 : subtle retrolisthesis of L5 over S1. Central and bilateral subarticular disc protrusion. Moderate (Grade 2) central canal stenosis

L4-L5 : Posterior annular fissure. Central and bilateral subarticular disc protrusion

Subtle diffuse disc bulge at L3/L4 level

Mild (Grade 1) L4/L5 , L5/S1 facet joint arthrosis Posterior element fusion of T1 and T2 vertebrae.

Diagnosis

Diagnosis was made on the basis of MRI (Lumbo-Sacral spine)

Intervention internal medicines

Date	Medicine	<u>Dose</u>
14/07/2021 to 29/07/2021	Gandervahastadi kashayam Cheriyarasnadi kashayam	90 ml B/F 90 ml BD B/F
	Dasamoolarishtam + Vaiswanara choornam	20 ml + 5 g BD A/F
08/08/2021 to 22/08/2021	Sahacharadi kashayam	90 ml BD B/F

Treatment Procedures

Date	Procedure	Medicine used
14/07/2021 to 16/07/2021	Rooksha sweda	Kolakulathadi choornam
17/07/2021 to 21/07/2021	1) Lepamam	Gruhadhoomadi choornam + Punarnavadi kashayam
	2) Kadi kizhi	Kolakulathadi choornam + Dhanyamlam
19/07/2021 to 21/07/2021	Takrapanam	1 glass Takram + 5 g Panchakola choornam
22/07/2021 to 29/07/2021	Snehapanam	Sahacharadi thailam (Mezhukupakam)
30/07/2021 to 01/08/2021	Abhyangam + Ooshma swedam	Murivenna
02/08/2021	Virechanam	Nirgundi erandam 30 ml + Half glass Nirgundi swarasam
8/08/2021 to 14/08/2021	Mutta kizhi	Kolakulathadi choornam Egg yolk Murivenna
15/08/2021 to 22/08/2021	Yoga vasthi	Makshika – 120 ml Saindava – 15 g Guggulu thiktaka ghritha – 120 ml Sahacharadi thailam – 120 ml Panchatiktaka ksheera kashayam – 240 ml

Assessment of Snehapana

Date	Quantity	Time of administration	Time of appetite	Symptoms
21/07/2021	15 ml	6:00 AM	6:00 PM	No discomfort
22/07/2021	25 ml	6:00 AM	1:30 PM	Bowel – Not passed
23/07/2021	40 ml	6:00 AM	1:30 PM	Bowel – Not passed

24/07/2021	60 ml	6:00 AM	5:30 PM	Bowel passed
25/07/2021	70 ml	6:00 AM	5:30 PM	Bowel – Not passed
26/07/2021	90 ml	6:00 AM	5:30 PM	Bowel – Not passed
27/07/2021	120 ml	6:00 AM	5:45 PM	Bowel passed Nausea Twak snigdhatta
28/07/2021	150 ml	6:00 AM	2:00 PM	Fatigue Nausea Bowel – loose stools mixed with oil

Discharge medicines

Date	Medicine	Dose
23/08/2021 to 13/09/2021	Dhanwantharam kashayam Gandha thailam Samana snehapanam Sahacharadi thailam (Mezhlukupakam) + Sahacharadi thailam 21 Avarthi	60 ml TID B/F 15 drops + Half glass of lukewarm milk BD A/F 10 ml thailam + 5 drops avarthi

Observation and Result

Pain : Total treatment period was 6 weeks. On the basis of Visual Analogue Scale (VAS), patient was assessed weekly. Pain gradation was as follows :

0-1	No pain
2-3	Mild pain
4-5	Uncomfortable
6-7	Distressing
8-9	Intense
10	Worst possible

Before treatment pain grade was 8, after Rooksha swedam, pain grade came down to 7. After Kadi kizhi pain grade came down to 5. After Taila snehapana, Virecana and Mutta kizhi pain grade came down to 3, 2 and 1 respectively.

Paraesthesia and Weakness of limbs

Before treatment the patient was having severe paraesthesia and weakness of right lower limb which got reduced after the treatment.

Discussion

Lumbar canal stenosis is a Cauda equina compression in which the lateral or anteroposterior diameter of the spinal canal is narrow with or without change in cross-sectional area. It is defined as narrowing of spinal canal, nerve root canal or vertebral foramina. It is the most common cause of back pain. Modern treatment of lumbar canal stenosis is lumbar laminectomy.

In Ayurveda there is no direct correlation of this disease, but causes, signs and symptoms of lumbar canal stenosis resembles Vatika Gridrasi. Gridrasi is a shoola pradana vata vyadhi and shoola cannot be produced without the involvement of vata dosha.

Various Panchakarma procedures and internal medicines were adopted in the present case study which gives a promising result especially in reducing signs and symptoms.

In all stages of Gridrasi, except in ama avastha, usage of thaila is suggested by all acharyas both externally and internally. In minimum and moderate stages of kevala vatika gridrasi, shamana sneha is advised by acharyas. In later stage shodana chikitsa is advised followed by samana snehapana.

For Abhyantara snehapana taila was preferred. Taila is supposed to be the best for vata as vata is ruksha, sheeta, laghu and khara and taila has opposite qualities like snigdha, ushna, guru, picchila. Thus taila alleviates vata and at the same time does not increase kapha as it is ushna. For Agni deepana takrapanam was done for a period of 3 days before thaila snehapana. Abhyantara snehapana helps in kledana and Vishyandana of doshas. The apya, snigdha, guru, picchila guna helps in bringing the doshas to koshta and further driven out by virechana. Sodhana helps in destroying the malasanghata, does koshtasuddhi and agnideepti. Abhyanga increases body capacity to bear trauma and slowdown the degenerative process. Gridrasi is shoolapradana vata vyadhi and shoola vyuparama is the sign of proper swedana.

As far as etiopathology of gridrasi is concerned vata vaigunya is important. For removing the vata vaigunya sodhana therapy is indicated. Sneha virecana with nirgundi patra swarasa has a specific indication. For Virecana Nirgundi eranda thailam was selected. This mixture relieves vata from kati pradasha. It pacifies the Apana vata which is the main factor of Gridrasi.

Vasthi is an important treatment for vata vyadhis. No other treatment is as capable as vasthi to normalize vata. For anuvasana vasthi, Mahanarayana taila was used. Taila destroys vata by its snigdha, guru and ushna guna.

Conclusion

In the present case multi-modality treatment in the form of Panchakarma procedures such as Rooksha swedam, Lepam, Kadi kizhi, Thaila snehapanam, Virechanam, Mutta kizhi and Panchatikta ksheera vasthi along with oral medications is found to be effective. Treatment showed remarkable result especially in reducing pain, paraesthesia and weakness of limbs. Assessment was done on the basis of signs and symptoms.

Present study findings cannot be generalised and further long term follow up studies with large samples are required for better results.

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