

AYURVEDIC MANAGEMENT OF MRI-CONFIRMED COCCYDYNIA ASSOCIATED WITH A MOBILE COCCYGEAL SEGMENT: A CASE REPORT

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ABSTRACT

Coccydynia is a painful condition affecting the coccygeal region and can significantly interfere with sitting, standing, and daily activities. In Ayurveda, pain localized to the lumbosacral and sacrococcygeal region can be viewed under the lens of Trika Shoola, a Vata-dominant condition characterized by pain in the Trika region. This case report describes a 33-year-old male who presented with coccygeal pain associated with difficulty in sitting, standing, and performing routine activities. Magnetic resonance imaging revealed a mobile coccygeal segment suggestive of coccydynia. The patient was managed with Ayurvedic internal medicines and Panchakarma procedures, including *Dhanyamla Dhara*, *Abhyanga*, *Swedana*, *Taila Dhara*, and *Yoga Vasti*. Clinical outcomes were assessed using the Visual Analogue Scale (VAS), Oswestry Disability Index (ODI), tenderness grading, and functional parameters. After treatment, a significant improvement was seen in the VAS

and ODI scores and further marked improvement was observed during follow up. Coccygeal tenderness was reduced and sitting intolerance was improved. The findings of this case indicate that an Ayurvedic treatment protocol aimed at Vata shamana and functional restoration may be beneficial in the management of coccydynia presenting as Trika Shoola.

KEYWORDS: Coccydynia, Ayurveda, Panchakarma, Trika Shoola, Vata Vyadhi.

INTRODUCTION

Coccydynia is a painful condition of the coccyx that is aggravated by sitting, rising from a seated position, prolonged walking, or direct pressure over the tailbone. It is a relatively uncommon disorder, accounting for approximately 1–3% of all back pain conditions. Common etiological factors include trauma, repetitive strain, obesity, hypermobility, and degenerative changes involving the sacrococcygeal articulation. Persistent pain can significantly impair daily activities and quality of life.^[1]

Coccydynia is not described as a distinct disease entity in Ayurveda. Based on its location, pain, stiffness, and functional limitation, it can be considered as Trika Shoola, a Vata-predominant condition affecting the lumbosacral region. Madhavakara has described Trika Shoola in Vata Vyadhi Nidanam, and described trika as Sandhi between Pelvis and Pristhavansha.^[2] Factors such as prolonged travel, excessive walking, overexertion, and improper posture may aggravate Vata, leading to pain and restricted movements.^[3] Ayurvedic management focuses on Vata shamana through Snehana, Swedana, Vasti Karma, and Vatahara medicines.^[4] The present case report highlights the successful management of MRI-confirmed coccydynia with an integrated Ayurvedic treatment approach.

CASE REPORT

History of present illness

A 33-year-old male working in a construction company presented to the Outpatient Department of Kayachikitsa, Sri Jayendra Saraswathi Ayurveda College and Hospital, with pain over the tailbone region for the past two months, which had worsened over the previous two days. He had a history of intermittent low back pain for the last two years, mainly after prolonged two-wheeler riding. Two months before presentation, he developed pain in the coccygeal region associated with stiffness and difficulty in sitting and standing. He initially received conservative treatment, which provided temporary relief. Before two days, following prolonged walking and travel related to his work, the pain recurred with increased severity, making it difficult for him to sit, stand, and perform his daily activities. MRI of the coccyx performed revealed findings suggestive of a mobile coccygeal segment with coccydynia. As the symptoms persisted despite treatment, the patient was admitted in the IPD of the Department of Kayachikitsa for Ayurvedic management.

History of past illness

The patient had no history of trauma, diabetes mellitus, hypertension, previous surgery, or any other significant medical illness.

Family history

No significant family history.

Personal history

Appetite – Regular

Diet - Mixed

Bowel - Regular

Sleep - Disturbed due to pain

Micturition – Regular

Habits – Tea/Coffee 2 to 4 times a day

Addiction – Nil

CLINICAL FINDINGS**General Examination**

Pulse: 78/min

BP: 130/84 mmHg

Temperature: Afebrile

BMI: 28.3 kg/m²

Systemic examination

Respiratory examination – NVBS, BAE- +

Cardio-vascular examination - S1 & S2 Normal, no murmurs.

Gastrointestinal examination - Umbilicus centrally located and there was no tenderness on palpation, no organomegaly.

Central nervous system examination – Conscious, alert and oriented

Local examination

Table No. 1: Local examination findings.

Parameters	Findings at admission
Inspection	No swelling, deformity, erythema, or local warmth over the sacrococcygeal region
Tenderness	Grade 3, over the coccyx

Pain while sitting	Severe
Pain during sit-to-stand transition	Severe
Lumbar spine movements	Full range of motion with mild discomfort at terminal flexion
Straight Leg Raise test	Negative bilaterally
FABER and sacroiliac joint tests	Negative bilaterally
Neurological examination	Motor, sensory, and deep tendon reflexes normal in both lower limbs

TIMELINE

Table No. 2: Detailed timeline of events.

PERIOD	CLINICAL EVENT
Since 2024	Intermittent low back pain after prolonged two-wheeler riding.
Since March 2026	Onset of coccygeal pain with difficulty in sitting and standing
07/04/2026	MRI confirmed mobile coccygeal segment with coccydynia.
April 2026	Underwent conservative treatment and got temporary relief.
12/05/2026	Developed severe pain in the coccygeal region following prolonged walk and travel.
14/05/2026	Admitted for Ayurvedic management.
14/05/2026–23/05/2026	Received internal medicines and external therapies in the IPD.
23/05/2026	Discharged with symptomatic improvement
08/06/2026	Follow-up showed sustained improvement in pain and function.

DIAGNOSTIC CRITERIA

Magnetic resonance imaging of the coccyx, performed on **07/04/2026**, demonstrated a **3 mm disc space height at the S1–Cx level** with adjacent endplate erosions and marrow oedema, suggestive of a **mobile coccygeal segment with coccydynia**. No evidence of any lytic changes or pathological lesion was observed.

THERAPEUTIC INTERVENTION

Table No 3: Internal medicines and external therapies administered at the time of IPD admission.

INTERNAL MEDECINES	DOSE AND ANUPANAM	TIME OF ADMINISTRATION	External Therapy	Duration
Dashamoolam kashayam	10ml with 40ml warm water	7am and 7pm before food	Sarvanga Dhanyamla Dhara	2 Days
Tab. Vata Gajankusha Ras	1 – 0 – 1 with warm water	After food	Lepam [L] with Jatamayadi Churnam	2 Days
Cap. Lumbaton	1 – 0 – 1 with warm water	After food	Nadi Swedam [L] Over whole spine	10 Days

			and both lower limbs	
			Sarvanga Abhyangam with Dhanwantaram Tailam	8 Days
			Taila Dhara [L] Over lower back region	8 Days
			Matra Vasti with Dhanwantaram Mezhugupakam (70 ml)	5 Days
			Kashaya Vasti with Saindhavam 12gm, Madhu 100ml, Murchita Tila Tailam 100ml, Shatapushpa Kalka 30gm and Erandamooladi Kashayam 300ml	3 Days

Table No. 4: Medicines advised at the time of discharge.

S. No.	INTERNAL MEDECINES	DOSE AND ANUPANAM	TIME OF ADMINISTRATION
1.	Rasnasaptakam kashayam	10ml with 40ml warm water	7am and 7pm before food
2.	Cap. Lumbaton	1 – 0 – 1 with warm water	After food
3.	Dhanwantaram Tailam Sallaki Liniment	Q.S.	Slightly warm it and apply over lower back region 1 hour before bath

FOLLOW UP AND OUTCOME

Table No. 5: Comparison of parameters before, after treatment & during follow up.

Parameter	Before treatment	After treatment	At follow up
VAS score	8/10	3/10	1/10
Oswestry Disability Index	52% (Severe disability)	24% (Moderate disability)	10% (Minimal disability)
Tenderness over Coccyx	G3	G1	G0
Sitting tolerance	<5 minutes	60-70 minutes	>90 minutes without significant pain
Pain during Sit-to-Stand transition	Severe	Mild	Absent

DISCUSSION

Discussion on disease

Coccydynia is characterized by pain over the coccyx, commonly aggravated by sitting and sit-to-stand movements. Recent literature identifies trauma, repetitive mechanical stress, degenerative changes and coccygeal instability among the important contributing factors. In this case, prolonged two-wheeler riding, occupational travel and walking were associated with the onset and aggravation of pain, while MRI demonstrated a mobile coccygeal segment with adjacent endplate changes. Coccydynia is not described as a separate disease in Ayurveda. Based on the site, pain, stiffness and functional restriction, the condition can be viewed as Trika Shoola, predominantly involving Vata Dosha. Repeated exertion, prolonged travel and strain are considered Vata-provoking factors. So treatment was planned on the principles of Vata Shamana, Snehana, Swedana and Vasti.

Discussion on Internal medicines

The internal medicines were selected based on the Vata-dominant presentation of Trika Shoola, with Vata Shamana, Shoolahara and Shothahara properties. Dashamoola Kashaya contains Bilva, Agnimantha, Shyonaka, Patala, Gambhari, Brihati, Kantakari, Shalaparni, Prishniparni and Gokshura. It has predominantly Kashaya Rasa, Ushna Virya and Katu Vipaka, making it suitable for Vata-Kapha predominant conditions associated with pain and stiffness.^[5] Vatagajankusha Rasa contains Shuddha Parada, Shuddha Gandhaka, Vatsanabha and Haratala along with other ingredients which is predominantly Katu-Tikta in Rasa, Ushna in Virya and Katu in Vipaka, has Vatahara and Vedanasthapana actions.^[6] Lumbaton Capsule was given as supportive therapy for musculoskeletal pain. Rasnasaptakam Kashaya contains Rasna, Guduchi, Eranda, Devadaru, Gokshura, Punarnava and Aragvadha. The drug has mainly Tikta, Katu and secondarily Madhura Rasa, Ushna Virya and Katu Vipaka, causing Vata Shamana and Shoolahara action.^[7] TNF Nac was continued as a supportive medicine for pain and inflammation. These medicines were used to reduce pain and stiffness and maintain the improvement achieved during inpatient treatment.

Discussion on External therapies

The external therapies were selected according to the principles of Snehana, Swedana and Vata Shamana. Dhanyamla used for Dhanyamla Dhara contains Tandula, Kulattha, Laja, Prithaka, Kodrava Tandula, along with other ingredients used in its preparation. It has Amla-Kashaya Rasa, Laghu, Tikshana and Snigdha gunas and Ushna Virya, which are useful in

conditions associated with stiffness and Vata-Kapha involvement.^[8] Jatamayadi Choorna, used for Lepa, contains drugs such as Jada, Nata, Sarala, Ashwagandha etc., with the properties supporting Anti-inflammation and local pain relief.^[9] Nadi Sweda provided therapeutic Ushna and helped reduce Stambha.^[10]

Dhanwantaram Tailam, used for Abhyanga and Taila Dhara, contains Bala, Dashamoola, Ashwagandha, Yashtimadhu, Devadaru, etc., processed in Tila Taila. It is Ushna in Virya, has Snigdha and Dhatuprapaka properties.^[11] Dhanwantaram Mezhupakam, used for Matra Vasti, contains the principal Vatahara and Brimhana drugs of Dhanwantaram Tailam and provides Snigdha, Brimhana and Vata Shamana effects.^[12]

Erandamooladi Kashaya, used for Kashaya Vasti, contains Erandamoola, Laghu panchamoola and other Vatahara drugs. It is indicated in conditions like pain in Janga, Uru, Trika, Prishta etc. and Erandamoola is Sreshta Vataharam. Saindhava, Madhu, Tila Taila and Shatapushpa Kalka were added to the Vasti, providing Snigdha, Sukshma and Vatahara properties.^[13] The combination of Matra Vasti and Kashaya Vasti was selected based on the Vata predominance and involvement of the Trika region. The treatment was associated with reduction in pain and tenderness and improvement in sitting tolerance and functional ability.

CONCLUSION

In this case of coccydynia, the internal and external treatments given based on the principles of Vata Shamana Chikitsa, resulted in marked clinical improvement, with reduction in pain, tenderness, and disability, along with improved sitting tolerance and functional ability. The VAS score reduced from 8/10 to 1/10 and the ODI from 52% to 10%. This case suggests that an integrated Ayurvedic approach based on Vata Shamana principles may be beneficial in the management of coccydynia.

PATIENT PERSPECTIVE

Before treatment, I experienced severe pain in the tailbone region that made it difficult to sit, stand, travel, and perform my work. After undergoing Ayurvedic treatment, the pain gradually reduced, and I was able to sit comfortably for longer periods and return to my work with much less discomfort. I am satisfied with the treatment outcome.

Informed consent

Yes, obtained.

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