

A CLINICAL APPROACH ON SPINE DISEASE WITH PANCHAKARMA TREATMENTS

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ABSTRACT

A spine disorder refers to an abnormality of the spine in any location from the neck to the lower back. The incidence and prevalence of spine diseases are 3.63% DSD and LBP-266 million and disc degeneration was 5.5%-403 million. The treatment approach of spine disease is Lepa, Pitchu, Kativasti, Massage, Swedana, Nasya. Conclusion will assess statistical method, central tendency (Mean, Median, Mode) and Inferential methods 't' test and probability assessment. Overall assessment of result- (IVDS disc degeneration: pfirrmann grading scale). In group-A maximum improvement is 80%, Moderate improvement is 12%, Mild improvement is 7%, Unsatisfactory 1%, after 6 months of treatment. In group-B maximum improvement is 10% for a certain period, Moderate improvement is 12%, Mild improvement is 77%, Unsatisfactory 1%, after 6 months of treatment.

KEYWORD: Spine disease, Degenerative changes, Herniation, Bulging, Protrusion, Prolapse, Nasya, Kativasti, Swedana.

INTRODUCTION

Spine Disease

Life style diseases, early degenerative diseases, non-communicable diseases, Sedentary lifestyles may lead to some compressive or degenerative changes to spine, disc, spinal cord, spinal canal, nerve roots or other structural and functional abnormalities or serious complications like paralysis and permanent disabilities.

- Conditions may be Lordosis (inward at LB), Kyphosis rounded at upper back, Scoliosis – sideways curve to spine.

- Spondylosis (cervical or lumbar): Degenerative changes to spine modified with osteophytic changes.
- Disc Herniation, Bulging, Protrusion, Prolapse, Tear, Compression, Displace, Degeneration, Rupture.
- Spinal canal narrowing or spinal canal stenosis.
- Nerve root compression.

Four stages of degenerative disc diseases

Stage 1- Dysfunction

Stage 2- Dehydration

Stage 3- Stabilization

Stage 4- Collapsing

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Incidence and Prevalence

- 3.63% DSD and LBP- 266 million
- Spondylolisthesis 0.53%- 39 million (vertebra slips forward)
- Disc degeneration 5.5% - 403 million
- Spinal stenosis 1.41% - 103 million

Oral medications: Vata samaka medicines

Panchakarma: A systematic approach to spine conditions

- Lepa
- Pitchu spinal area
- Kati vasti
- Massage
- Swedana
- Nasya
- Exercise: Self silent exercise

For a period of treatment of one month to six months

Clinical Manifestation

- Pain, tenderness, stiffness, numbness on neck, back, legs and hands.
- Restricted forward and backward movements.

- Pain aggravates on constant sitting, riding, driving, mobile and laptop operating (table jobs)
- Pain aggravates cold air, cold water, heavy exercises, weight lifting, or constant pressure on spine.
- Sometimes pain aggravates in all positions and postures.
- Clinical conditions progressively develop to paralysis or physical disability for life time.

RESEARCH METHODOLOGY

Clinical study was done on 100 patients in two groups A and B in GAM, Puri and Ayushree Health care at Bhubaneswar. Each group having 50 patients for period of one year from 2022 to 2023 both in OPD and IPD Levels. Group A is the medicine with panchakarma treatment group and Group B is the medicinal treatment group.

Inclusion criteria: Includes patients having MRI based diagnosis spine complains.

Exclusion criteria: Infective spine diseases, Ca spine, tumour on spine, post-surgical spine, accidental spine changes, conditions those are not supportive for panchakarma treatments.

STUDY: Randomised controlled trial

STYDY DESIGN

Group A: BT Vs AT Effectiveness study

Group B: BT Vs AT Effectiveness study

Group A Vs Group B Efficacy study

PLAN OF STUDY: In group A both the treatments are given (oral medications with panchakarma treatment). In group B only oral medications.

Panchakarma: A systematic approach to spine conditions

Lepa- Aswagandha gomootra lepa

Pitchu spinal area- 30 minutes

Kati vasti and griva vasti- 30 minutes

Massage- 10 minutes

Swedana- 5 minutes CPS/ PPS

Nasya- 8-16 drops/ day in both nostrils

For a session of one hour 30 minutes/day

Exercise: self-silent exercise

For a period of treatment of one month to six months

- Assessment done by objective parameters
- Spine changes
- Disc changes
- Spinal cord changes
- Spinal nerve changes
- Myelopathic changes
- Statistical measurement is made by
 - Mean
 - Median
 - Mode
 - Deviation
 - Standard deviation
 - Standard error
 - Student t test
- Probability assessment

IVDS disc degeneration: Pfirrmann grading scale

Grade 1- Normal disc.

Grade 2- An inhomogeneous disc with normal disc height and annulus.

Grade 3- An inhomogeneous gray disc with a loss of the clear border between the nucleus and annulus and normal to slightly decreased disc height.

Grade 4- An inhomogeneous hypointense dark gray disc with significant disc height loss.

Grade 5- An inhomogeneous black disc with disc space collapse.

The classification of Pfirrmann disc degeneration grade

- Grade 1- Homogeneous, bright white clear hyperintense, isointense to cerebrospinal fluid normal.
- Grade 2- Inhomogeneous with or without horizontal bands clear hyperintense, isointense to cerebrospinal fluid normal.
- Grade 3- Inhomogeneous, gray unclear intermediate normal to slightly decreased.
- Grade 4- Inhomogeneous, Gray to black lost intermediate to hypointense Normal to moderately decreased.
- Grade 5- Inhomogeneous, black Lost Hypointense collapsed.

Grade 1: Normal shape, no horizontal bands, clear distinction of nucleus and annulus.

Grade 2: Nonhomogeneous shape with horizontal bands, some blurring between nucleus and annulus.

Grade 3: Nonhomogeneous shape with blurring between nucleus and annulus, annulus shape still recognizable.

Grade 4: Nonhomogeneous shape with hypo intensity, annulus shape not intact and distinction between nucleus and annulus impossible, disc height usually decreased.

Grade 5: Same as grade 4 but with collapsed disc space.

Disc Bulge

- A bulge of 7 millimetres +, is considered as severe
- When the jelly starts displacing backwards, it causes the outer covering to bulge out and it may put pressure on the nerve roots at that level.
- If the bulge is at L4-L5 or L5-S1, It may cause pressure on sciatic nerve.

Herniated Disc: Four stages

Stage 1- disc compression – bulging.

Stage 2- Bulging disc- disc protrusion.

Stage 3- Disc protrusion- disc extrusion.

Stage 4- Herniated disc- disc sequestration.

Grades of Radiculopathy

- **Mild:** Sensory loss and pain without motor deficit.
- **Moderate:** Sensory loss or pain with mild motor deficit.
- **Severe:** Sensory loss or pain with marked motor deficit.

NURIC GRADES: Nerve root involvement

1. Signs and symptoms of root involvement but without evidence of spinal cord disease.
2. Signs of spinal cord disease but no difficulty in walking.
3. Slight difficulty in walking which didn't prevent full time employment.
4. Difficulty in walking which prevented fulltime employment or the ability to do house work but which was not so severe as to require someone else's help to walk.
5. Able to walk only with someone else's help or with the aid of frame

RESULTS

- In group A maximum improvement is 80%, moderate improvement is 12%, mild improvement is 7%, unsatisfactory 1%, after 6 months of treatment.
- In group B maximum improvement is 10% for a certain period, moderate improvement 12%, mild improvement 77%, unsatisfactory 1% after 6 months of treatment.
- A total no of 196 patients axial T2 W MRIs in 100 patients in the internal data sets were evaluated. Over all the mean age of all patients was 50 ± 15 , age range 20-65 years. Both the sexes are equally distributed.
- After 3 weeks to 8 weeks of treatment, (AT1) myelopathic and radiological changes to spine the pain, tenderness, stiffness with test of significance Mean \pm SD is equal to 10 ± 2.025 with p value ≤ 0.001 , highly significant. In panchakarma and medicinal treatment in group A.
- After 17-24 weeks of treatment patient lives with normal life.
With progressive changes to MRI reports to degenerative changes to spine, osteophytic changes to spine, disc herniation changes, radiculopathy changes, myelopathy changes except spinal cord and spinal canal changes. With test of significance Mean \pm SD is equal to 10 ± 2.025 with p value ≤ 0.001 , highly significant. Both panchakarma and medicinal treatments in group A.
For this it requires another 6 months oil application (abhyanga).
- In group B there is some changes in radiculopathy and myelopathy with Mean \pm SD is 9 ± 2.025 with t value 4.653 and p value ≤ 0.001 highly significant in initial two months of treatment but p value ≥ 0.05 indicates insignificant means no change in degenerative change, disc change and spinal canal change even after 4 months and 6 months of treatment.
- In between Group A and Group B, group A is highly significant with p value ≤ 0.001 in AT1, AT2 and AT3

Clinical evaluation

CONCLUSION

After 6 months of scheduled treatment patient regains his/her normal life activity.

Free from functional disability.