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A Case Report on the Management of Post Surgical Complication of Laminectomy in Ayurveda

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Abstract:

Sciatica it occurs due to spinal nerve irritation and is characterized by pain in distribution of sciatic nerve. Low back pain and radiating pain due to lumbar disc prolapse are the major cause of morbidity throughout the world. Sciatica is a debilitating condition in which the patient experiences pain or paresthesias in the sciatic nerve distribution or an associated lumbo-sacral nerve root^{1,2}. Lifetime incidence of low back pain is 50-70% with incidence of sciatica more than 40%. However sciatica due to lumbar disc prolapse occurs only in 4-6% of the population³. Conservative, Physical management and the surgery like Laminectomy and discectomy are the choice of treatment. Approximately 80% to 90% of people with sciatica recover over time without any surgical intervention³. Despite the staggering annual costs of back pain to society there is paucity of well controlled clinical trials in the area of low back pain with surgical complications. Here presenting a male case of sciatica underwent laminectomy surgery and got post laminectomy complication with a symptoms of unable to walk and sit with severe numbness and pain in both the lower limbs. With this clinical futures present case was correlated with Gridrasi an Ayurvedic perspective⁴ and treated with classical methods of Pamchakarma Chikitsa^{5,6} like Bastikarma, Snehana, Patrapind sweda and treatment outcome was found to be encouraging in the terms of pain relief, relief from numbness stiffness, able to walk without support within one course of treatment.

Key Word: Sciatica, Laminectomy, Gridrasi, Panchakarma Chikitsa.

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INTRODUCTION:

Sciatica is the term for low back pain that radiates into the buttock, hip, and down one leg to the foot. The pain often is associated with tingling, numbness, or weakness of the leg. It may be sudden in onset and can persist for days or weeks. Sciatica can be caused by a number of conditions that lead to compression or irritation of nerves as they exit the spinal canal (space through which the spinal cord travels) in the region of the lower back where they come together to form the sciatic nerves at the end of the spinal column. People who get sciatica are usually between the ages of 30 and 50 years³. Approximately 80% to 90% of people with sciatica recover over time without any surgical intervention. In some of the severe cases surgical intervention was a choice of treatment with high risk of outcomes. Unfortunately, back surgery or spine surgery cannot literally cut out a patient's pain. It is only able to change anatomy, and an anatomical lesion (injury) that is a probable cause of back pain must be identified prior to rather than after back surgery or spine surgery. By far the number one reason back surgeries are not effective and some patients experience continued pain or loss of strength in lower limbs after surgery due to surgical complications it is also called as Failed back surgery syndrome (FBSS)⁷. FBSS type of case is one of the challenging hurdles being faced by orthopaedic surgeons and neurologists now days.

Case Report :

In January 2022, 58-year-old male known case of DM/HTN/IHD/AKI treated for sciatica syndrome with surgical intervention at neurology department of KLE hospital Belagavi on 23/11/2021. Reported to Suraksha Ayurveda Chikitsalaya – Ghataprabha, Karnataka, India on 01/01/2022 with the complaints of unable to walk, sit, pain and stiffness at lumbar region which was associated with numbness, tingling sensation, Constipation, severe radiating pain in left lower limb with edema all over body . For which patient was consulted to KLE Hospital advised oral medications, steroids and bed rest but not got any relief instead patient was completely bed ridden. For this patient consulted to one more neurosurgeon at Hubli on 23/12/2022 took MRI of Lumbosacral Spine report shows (Fig.No.2) and advised to one more surgery due to poor financial conditions patient refused surgery so advised the same medications but not got any relief.

On examination in 01 January 2022 patient presented with

Gait: Absent

- Third degree tenderness over left thigh
- Unable to lift the left lower limb
- Movements:
 - Pain on the movement of left limb during flexion extension and lateral rotation.
- Motor system:
 - SLR : Positive at 20° left lower limb.

- Bragard's test Positive at left lower limb.
- Tenderness : Positive at Lumbar region
- Scar: Healed surgical scar present at L3-L4 region.
- Edema : Fitting edema present in both Upper & Lower limbs.
- Nutrition: Moderate
- Tone: Hypotonic in left limb.
- Power: Reduced
- Involuntary movements: Absent
- Investigation:
 - MRI of Lumbosacral Spine on 01/10/2021 (Fig.No.1) :
Impression:
 - Lumbar spondylosis and loss of L4/5 Disc Height.
 - Circumferential Bulge of L2/3 Disc narrowing Lumbar canal / bilateral neutral foraminae as described.
 - Diffuse posterior bulge of L3/4 Disc with left Paracentral/Foraminae Extrusion Narrowing Lumbar canal /Bilateral Neural foraminae.
 - Circumferential bulge of L4/5 disc with small posterocentral protrusion.
 - Diffuse posterior bulge of L5/S1 with small posterocentral extrusion.
 - Multilevel mild ligamentum flavum hypertrophy.
 - MRI of Lumbosacral Spine on 23/12/2021 (Fig.No.2) :
Impression:
 - Post operative status
 - Lumbar Spondylosis
 - Diffuse bulge of L2/L3 disc
 - Diffuse bulge of L3/4 with left paracentral protrusion.
 - Diffuse bulge of L4/5 with mild posterocentral protrusion.
 - Diffuse bulge of L5/S1 with right posterocentral protrusion.
 - Signal changes in the bilateral gluteal soft tissue? Dependent edema? nature.
 - No other significant abnormality seen.

Fig.No.1 MRI (Before Surgery)



Fig.No.2 MRI (Before Surgery)

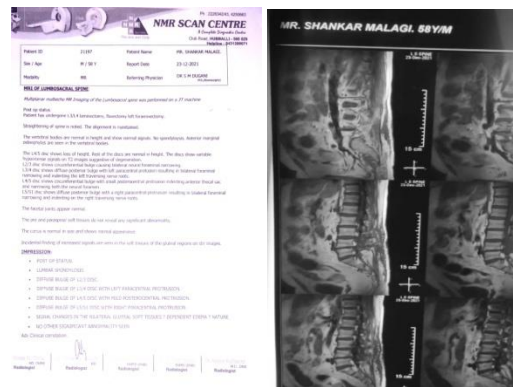


Table1: Treatment protocol

Sl.no	Treatment administered	Duration
1.	Oral medications	15 days
2.	Matra basti	9 days
3.	Sarvanga abhyang and bashpasweda	7 days
4.	Kati basti	9 days

Table 2: Treatment in detail

Sl.no	Treatment Administered	Drug Used for Treatment	dosage
1.	Oral medications	Trayodashanga Guggulu	1 Guggulu Trice in a day
		Rasna Saptaka Kashaya	15 ml Trice in a day
		Ksheerabala Capsules 101 (DS)	1 caps Trice in a day
		Gokshuradi Guggulu	1 Guggulu Trice in a day
		ErandaBrisha Haritaki Tab	1 Tab at bed time
2.	Matra Basti	Ashwagandha grita	30ml/day
3.	Kati basti	Ksheerabala Taila + Sahacharadi Taila	300ml/day
4.	Sarvanga Abhyanga	Ksheerabala Taila	120ml/day
5.	Bashpasweda	Balamoola Kwath	----

RESULTS AND DISCUSSION

Considering the above history, clinical presentation and radiological findings treatment protocol was designed on principles of Vatakaphaja Gridrasi and *Gudagata Vata*⁸. All complaints and painful restricted range of movement of left lower limb associate with stiffness indicates presence of *Vata and Kaphadushti* in Kati pradesha (Lumbar region) and Pakwashaya (intestines). Hence Matra *basti* and drugs containing *vatakaphahara, shoolahara, mootral, ashtiposhakgunas* were administered by assessing the involvement of dosha, dushya, ptakriti and bala of the patient accordingly. Since there is presence of *vatakaphadushti* in the form of severe pain and stiffness with constipation leads obstruction of Srotases (minute Channels) at kati pradesha and Pakwashaya leads more Rookshata (Dryness i.e disc dehydration), Constipation causes Dhatu kshayata and Balakshaya. Keeping this as background Vatahara and Brimhana chikitsa was planned. Panchakarma like Matrabasti with Ashwagandha Grita, Abhyanga (whole body massage), Bashpasweda (fomantaion) and Kati basti was advised. *Basti* is one among the *panchakarmas* which clearly shows its efficacy in chronic conditions vataja disorders^{9,10}. So vata shaman and to regain the Bala (strength) Ashwagandha Grita matra basti were planned. With first course of this line of treatment pain relived 80% and patient is able to walk without any support, oedema was reduced completely general condition of the patient were significantly improved. All the allopathy medications were stopped except DM/HTN medications. And there is no evidence of pain or reoccurrence of any symptoms related to previous complaints till date.

CONCLUSION

An Ayurvedic science has its own scientific principles of discipline of life and treatment principles. If one follows proper guidelines mentioned in literature one can find solutions for every disease which is difficult to manage with modern science. In this present case it's quite difficult to treat because of the surgical complications and other systemic involvement diseases. Keeping the involvement of the Dosha, Dhatu, Prakriti and Bala of the patient treatment protocol was designed and got significant results to regain the normal activates of the patient with his complaints within one course (9days). *Ashwagandha Grita matra basti* has got antagonist qualities towards *Vatahara and Brimhana*. Sarvanga Abyanga and Beshpasweda has qualities like Vatakapha hara and Balya which is needed in this case .Kati basti one of the Snigda sweda and Stanika Chikitsa has the effect of Vatahara, Kaphahara in and improves the proper blood circulation at localised part due to its Prabhava. Panchakarma treatment modalities with oral medications gives marked improvement in this present Laminectomy complication case or Failed back surgery syndrome (FBSS) without any other complications. Further studies have to be conducted on large scale to know mode of action of this treatment protocol in this FBSS.

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