

## CASE REPORT

# A Case Report on the Management of *Gridhrasi* (Disc Bulge of Lumbosacral Spine) through *Ayurvedic* Interventions

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### ABSTRACT

Disc bulge is a common spinal condition that causes symptoms from mild to severe pain and functional limitation due to nerve root compression affecting an individual's mobility. In Ayurveda, it is a *Vata* vitiated condition characterized by pain radiating along the sciatic nerve. It affects the lower back, hips, and legs associated with numbness, tingling sensation, and muscle weakness. This case study examines the clinical presentation, diagnosis, and treatment of a female patient aged 55 years with a lumbar disc bulge with an annular tear. Here the patient presented with persistent lower back pain radiating to the lower extremities, along with a tingling sensation which used to get worse with physical activity in the past 1 year. Diagnostic imaging magnetic resonance imaging, confirmed with disc bulge at L3-L4, L4-L5, and L5-S1 and a posterior annular tear. Physical therapy and lifestyle adjustments were initially employed as conservative treatment. She was managed with oral medications including *Trayodashang Guggulu* 2 tablets thrice daily, *Punarnavadi Mandoor* 2 tablets thrice daily, and *Dashmool Kwath* 40 mL twice, along with *Sarvanga Abhyang* (oleation therapy) and *Sarvanga Swedana* (sudation therapy). The study also discusses the patient's clinical progression, treatment protocol, and recovery outcomes in managing disc bulge with annular tear effectively.

## 1. INTRODUCTION

Lower back pain is one of the foremost causes of disability in India, affecting both physical and psychological health. It is affecting both social and professional involvement, with annual incidence between 1% and 5%.<sup>[1,2]</sup> Risk factors include demographic factors, such as age, gender, lifting heavy weights, smoking, obesity, lower back injury, and psychological stress.<sup>[3]</sup> A bulging occurs when the nucleus pulposus loses its structural integrity but remains within the annulus fibrosis. It causes abnormal pressure against the spinal nerve, and a patient experiences a range of symptoms including pain, numbness, tingling sensation, and weakness in certain areas depending on the location of the disc. The lumbar region of the spine is the most common site for disc bulge and herniation with more than 90% located in L4-L5 or L5-S1 regions. Disc bulge is

one of the leading causes of lower back pain. The symptoms of the Disc Bulge of Lumbosacral spine can be correlated with the disease called *Gridhrasi*, mentioned in *Ayurvedic* Textbooks under *Vata Vyadhi*. It pierces its beak deeply in the flesh and draws it forcefully, causing severe pain. In *Gridhrasi*, *Vata* and *Kapha* are considered as *Sannikrishta Nidana* (direct causative factors) including *Abhigahata* (injury), *Bhara Vahana* (heavy weight lifting), *Ati Langhana* (excess dieting), *Ati Pratapana* (excess scolding), *Ati Plavana* (excess floating), *Ati Vyayam* (excess exercise), etc. Its symptoms include – *Toda* (piercing pain), *Spandana* (Twitching), *Stambha* (stiffness), and *Vedana* (pain), etc. radiating from the lumbosacral region to the foot.<sup>[4]</sup> The initial approach includes conservative management – patient education, physical activity, and exercise therapy. Modern medication includes analgesics, epidural steroid injections, peri radicular infiltration, and surgical interventions at the cost of its own limitations and complications. While in Ayurveda, there are medications as well as therapies such as *Snehana* (oleation), *Swedana* (sudation), *Siravedha*, *Agnikarma* (heat therapy), and *Basti Karma* (enema), which are safe and cost-effective.

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## 2. CASE REPORT

A female patient, 55 years old, came to the outpatient department (OPD) of Kayachikitsa Chaudhary Brahm Prakash Ayurveda Charak Sansthan, Khera Dabar, Najafgarh, New Delhi, on 10 February 2024 with chief complaints of persistent lower back pain radiating to the lower extremities, along with stiffness in the lower back region and tingling sensation which used to get worse with physical activity in the past 1 year. The patient was already diagnosed with disc bulge at L3-4, L4-5, and L5-S1 and posterior annular tear and was taking modern medications for the same in the past 1 year. The patient used to get temporary relief after taking medications but the pain still used to persist. Therefore, the patient came for Ayurvedic consultation and further management for the same.

### 2.1. Case Findings

There was no history of diabetes, hypertension, tuberculosis, or asthma. Furthermore, there was no Traumatic history, no history of fall. On physical examination, blood pressure was 132/84 mm Hg and pulse 78 bpm, and the patient was obese.

### 2.2. Personal History

The patient had complaints of constipation, including hard stool passes. Loss of appetite was present. Her micturition frequency was 6–7 times/day. On general examination, she had no signs of pallor, icterus, clubbing, cyanosis, or lymphadenopathy.

The patient underwent the *Dashvidha Pariksha*, a comprehensive ten-fold examination, starting with the assessment of *Prakriti* (body constitution), which determined the *Vata-kapha* constitution. The examination revealed a balanced *Satva* (mental constitution), while the *Sara* examination (examination of elementary tissue) indicated moderate essence of tissue. *Samhanan* (compactness) was also found to be moderate. The patient *Vyayam Shakti* (capacity for exercise) was assessed as moderate, considering their age being in middle age. In terms of *Aahara shakti*, the patient demonstrated a reduced intake of food. *Satmya* examination (*compatibility*) was moderate, while *Praman* (measurement of blood organs) showed average results. Then *Ashvidha Pariksha* was done, an eight-fold examination, and the patient's pulse (*Nadi*) was noted to be *Kaphja* with a rate of 78 beats/min. Bowel movements (*Mala*) were reported to be *Baddha Mala* (constipated), and urine (*Mutra*) examination was normal. *Shabda* (speech) was considered ordinary (*Sadharana*), and, *Jeeva* (tongue) appeared to be coated with whitish coating discoloration *Sama*. *Akriti* (posture) was *Madhyama*, while *Sparsha* (touch) and *Drika* (vision) were noted to be within normal ranges.

### 2.3. Assessment Criteria

The patient was assessed on the basis of VAS pain score and clinical features of *Gridhrasi* by Grading<sup>[5]</sup> including *Toda* (Pricking Sensation), *Stambha* (Stiffness), *Spandana* (Twitching), Straight leg raising test,<sup>[6]</sup> Lasegue's test and Oswestry disability index [Tables 1-4].

### 2.4. Time Line

The patient was suffering from persistent lower back pain radiating to the lower extremities, along with stiffness in the lower back region and tingling sensation which used to get worse with physical activity in the past 1 year was taking modern medications for the same. However, was getting no significant relief, so she went for magnetic resonance imaging (MRI) where she was diagnosed with disc bulge

at L3-4, L4-5, and L5-S1 and posterior annular tear and was taking modern medications continuously. Since she was not getting relief, so she wanted to take Ayurvedic treatment for the same. The first patient visited CBPACS in the OPD of Kayachikitsa on 10 February 2024. After taking a detailed history and clinically examining, planned for IPD Admission for *Sarvang Abhyanga* (oleation therapy) with *Tila taila* and *Sarvang Swedana* (sudation therapy) by *Dashmool Kwath*, along with *Dashmool Kwath* 40 mL twice a day oral medication for 1 month. The patient was getting improvement in the symptoms, her body started feeling more active than before. The patient was instructed to follow a healthy lifestyle and eat healthy whole foods. After that, oral medicines including *Trayodashang Guggulu* 2 tablets thrice a day after food, *Punarnavadi Mandoor* 2 tablets thrice a day after food and *Dashmool Kwath* 40 mL twice a day were given to the patient for the next 3 months [Table 5].

### 2.5. Therapeutic Interventions

After thoroughly examining the patient, while considering all the Ayurveda principles and evaluating the patient's age, strength, body constitution, digestive power, etc., the patient was advised to get admitted to IPD for *Sarvang Abhyanga* (oleation therapy) with *Tila taila* and *Sarvang Swedana* (sudation therapy) by *Dashmool Kwath*, along with *Dashmool Kwath* 40 mL twice a day oral medication for 1 month. Oral medicines including *Trayodashang Guggulu* 2 tablets thrice a day after food, *Punarnavadi Mandoor* 2 tablets thrice a day after food, and *Dashmool Kwath* 40 mL twice a day were given to the patient for the next 3 months after discharge [Table 6].

### 2.6. Pathya Ahara and Vihara (Wholesome Food and Lifestyle) and Apathya Ahara (Unwholesome Food and Lifestyle)

Warm and nourishing food items, such as soup, ghee, milk, sweet, sour fruits, dairy products, sesame oil, ginger, turmeric, cinnamon, *Ashwagandha*, pumpkin, spinach, sweet potatoes, warm water, moderate exercise, adequate rest, and maintaining proper posture while sitting, standing, and sleeping were advised to the patient.

The patient was asked to avoid dry and light food items, such as crackers, chips, cold drinks, ice creams, processed food, fried items, caffeine, overexertion, excessive physical activity, prolonged sitting and standing, stress, mental strain, sleeping on a hard surface, improper posture, and sudden jerky movement.

### 2.7. Outcome Measure and Follow-up

The patient started getting improvement in her complaints of loss of appetite, constipation, and lower back pain radiating to the lower extremities. Her stiffness and tingling sensation were also reduced. Now patient also started getting comfortable in doing physical activities. The patient was asked for a repeated MRI Lumbosacral spine which also showed improvement, including generalized changes of lumbar spondylosis with degenerative disc disease and mild posterior diffuse disc bulge at L4-5 level indenting ventral thecal sac and causing mild encroachment of bilateral neural exit foramina [Tables 7-9 and Figures 1 and 2].

## 3. DISCUSSION

### 3.1. Probable Mode of Action *Dashmool Kwath*

*Dashmool* has anti-inflammatory and analgesic action. It is used for reducing inflammation and for its calming effect on the nervous system. It is considered a detoxifier of the entire body. It aids cellular regeneration to hasten the removal of dead or weak cells and replaces

them with new ones. *Dashmoola* is considered *Tridosahara*, which means it helps balance all three *Doshas* (*Vata*, *Pitta*, and *Kapha*). *Guduchi* (*Tinospora cordifolia*) has the properties that relieve pain (*Vedanasthapan*) due to its *Snigdha* (unctuous) and *Ushna* (hot) qualities. Its *Tikta Rasa* (bitter taste) stimulates the *Dhatuagni* (digestive fire) for *Ama* digestion and helps nourish the *Dhatus* (tissues) through its *Madhura Vipaka* (sweet post-digestive effect).<sup>[7]</sup> *Punarnava* (*Borhavia diffusa*) works to balance *Kapha* and *Vata*, reducing excess *Kapha* (*Kapha vataghanta*), due to *Ushna Virya* (hot potency). It also has *Shothahara* (anti-inflammatory) and *Rasayana* (rejuvenating properties).<sup>[8]</sup> *Ashwagandha* (*Withania somnifera*) has a property to pacify *Vata* by *Madhura* (sweet taste) and *Ushna Guna* (Hot). They are *Balya*, *Vedanasthapan* (analgesic) and *Shothahara*. (anti-inflammatory)<sup>[9]</sup> [Flowchart 1].

### 3.2. Probable Mode of Action of Trayodashang Guggulu

*Trayodashang guggulu*<sup>[10]</sup> is a combination of 13 herbs, including *Guggulu* (*Commiphora Mukul*) processed in *Ghee*. *Guggulu* (*Commiphora Mukul*) have *Snigdha* (unctuous), *Pichilla*, *Ushna Virya* (hot potency), *Vata-medahara* (pacify *Vata* and fat tissues),<sup>[11]</sup> *Vedana Sthapak* (analgesic) properties.<sup>[12]</sup> The properties of *Trayodashang Guggulu* include *Rasa- Katu*, *Tikta*, *Virya- Ushna* (hot potency), and *Vatakapah Doshaghnta*. *Katu* and *Tikta Rasa* possess an antagonistic property to *Ama* (toxins) and *Kapha* which are the causative factors in *Gridhrasi*. Due to its *Agnivridhhi karma*, they increase digestion, which digests *Ama* (toxins) and removes obstruction of *Srotas* (channels). Due to *Ushna Virya* (hot potency), it alleviates *Vata*, hence, reduces pain, swelling, and stiffness form body [Flowchart 2].

### 3.3. Probable Mode of Action Punarnavadi Mandoor

*Punarnavadi Mandoor*,<sup>[13]</sup> key ingredients include, *Punarnava* (*Borehavia diffusa*), *Guggulu* (*Commiphora wightii*), *Mandur bhasma* (iron oxide), *Shunthi* (*Zingiber officinale*), *Pippali* (*Piper longum*), *Hingula* (Mercury sulfide) and *Triphala* (combination of *Amalaki*, *Bibhitaki* and *Haritaki*). *Punarnava* (*Borehavia diffusa*) helps to reduce excess *Vata* and relieves pain. It has *Shothahara* (anti-inflammatory property)<sup>[14]</sup> that reduces swelling around the sciatica nerve. Its diuretic activity helps to reduce fluid retention in tissues, which alleviate swelling and stiffness in the back. Its *Madhura Vipaka* (sweet post-digestive effect) nourishes tissues and promotes tissue regeneration, supporting the recovery of the muscles and nerves. *Guggulu* (*Commiphora wightii*) is effective in reducing *Vata* and promotes proper digestion and clears *Ama* (toxins) from the body, supporting the detoxification process and reducing the stagnant waste products that contribute in pain and inflammation. *Mandur bhasma* (iron oxide) is a herbal preparation of iron that helps to improve the strength and vitality of tissues and also improves muscle function. *Shunthi* (*Zingiber officinale*) helps to improve *Agni* (digestive fire) due to its *Ushna Virya* (Hot potency) and anti-inflammatory action. *Pippali* (*Piper longum*) enhances bioavailability and increases the absorption of other herbs, and making them more effective. It is also effective in reducing nerve-related pain. It improves the circulatory system, which ensures better oxygen and nutrient delivery to the tissues and reducing inflammation. *Hingula* (Mercury sulfide) helps balance *Vata* and removes toxins. *Triphala* (combination of *Amalaki*, *Bibhitaki*, and *Haritaki*) helps in regulating digestion, ensuring the digestive system. It works to balance all three *Dosha* (*Vata*, *Pitta*, and *Kapha*), particularly *Vata*, and helps to reduce pain, and enhance tissue health. It nourishes the tissues and promotes overall rejuvenation, which is

needed for the recovery of muscles, joints, and nerves involved in *Gridhrasi*.

### 3.4. Probable Mode of Action Saravang Abhyanga and Swedana

*Sarvanag Abhyanga* is a form of oil massage used in Ayurveda treatment protocol, performed by using warm medicated oils or specific herbal oils. *Abhyanga* (oil massage), a type of *Snehana Chikitsa* (oleation therapy) is the first *Upakarma* (treatment) for *Vata Dosha Chikitsa* (treatment of *Vata Dosha*).<sup>[15]</sup> When the *Vata Dosha* becomes aggravated, it brings *Rukshta* (Dryness), *Laghuta* (Lightness), *Kharatva* (Brittleness and roughness) in the body, which negatively affects the joints by damaging their structure and function. *Vata* is present in *Asthi Dhatu* (Bone), when it decreases, some degenerative changes take place which are controlled by *Abhyanga* (oil massage).<sup>[16]</sup> To counteract this, *Tila Taila*, used in *Sarvanaga Abhyanga* (massage) has properties that are opposite of *Vata*. The oil is heavy and soft, which helps reduce the effects of *Vata*, such as pain and stiffness. In addition, *Tila taila* helps to balance the *Kapha dosha* and boosts local blood circulation, which nourishes and revitalizes the tissues. It helps to treat conditions, such as joint stiffness and pain that occurs when *Vata* is aggravated. Tail is best among all *Vata Kaphahara* drugs (drugs pacifying *Vata* and *Kapha*).<sup>[17]</sup> *Gridhrasi* is marked by Sharp shooting pain along with sciatica nerve. The warmth, pressure, and gentle stimulation provide relief in pain. Its *Snigdha* (unctuous) property helps to lubricate the joints, reducing muscle stiffness and allowing better movements and flexibility. It improves local blood circulation and promotes the flow of *prana* (life force) in the body. It nourishes the tissues, reduces swelling, and reduces accumulated toxins (*Ama*). *Swedana* (sudation) is an important treatment modality used to alleviate conditions, such as *Gridhrasi*. The oil therapy followed by *Sarvanga Swedana* (type of heat treatment) can help restore the balance to *Vata Dosha*, because it counters the *Ruksha* (Dryness) and *Sheeta guna* (Coldness) of *Vata*, helping to bring back comfort and flexibility to the body. It helps to expel *Ama* (toxins) from the body, reduces *Vata* aggravation, and improves circulation in the affected area, thereby promoting relaxation and relieving symptoms.

## 4. CONCLUSION

As per ayurvedic treatment principles, the overall effect of the aforementioned therapy reveals that disc bulge with annular tear in the lumbosacral region (*Gridhrasi*) can be cured effectively by the collaborative effect of panchakarma (*Saravang Abhyanga* and *Saravang Swedana*) along with *Shamana Chikitsa* without causing any adverse effects and it can be alternative therapy for Sciatica in present era. Till date, there is no need to patient to undergo any surgical intervention as well as reoccurrence of symptoms. To combat the disease in minimum duration, we have used multi-treatment approach to get a synergistic effect.

## 5. ACKNOWLEDGMENTS

Nil.

## 6. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in the design and execution of the article.

## 7. FUNDING

Nil.

## 8. ETHICAL APPROVALS

This study does not require ethical clearance as it is a case study.

## 9. CONFLICTS OF INTEREST

Nil.

## 10. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

## 11. PUBLISHERS NOTE

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**Table 1:** VAS pain score gradation

Type of pain	Description	Grade of pain	Description
Mild	Does not interfere with most activities. Able to adopt to pain psychologically and with medication or devices such as cushions	0	No pain
		1	Very light, barely noticeable pain
		2	Mild pain, Discomforting
Moderate	Interfere with many activities require lifestyle changes, but the patient remained independent unable to adapt to pain	3	Very Noticeable pain, but the patient groused to it
		4	Strong deep, continuous pain
		5	Strong deep pain. Patient notice the pain all the time and it affects normal lifestyle.
Severe	Unable to engage in normal activities. The patient is disabled and unable to function independently	6	Very strong, deep piercing partially pain dominating the trouble holding a job.
		7	Very strong deep piercing pain completely dominating the senses
		8	Very strong, deep piercing pain with severe personality changes demand for surgery
		9	Patient cannot tolerate it demand and painkillers or surgery
		10	Unimaginable unspeakable

VAS: Visual analog scale

**Table 2:** VAS pain score grading

Grade	VAS gradation
0	No pain
1	Mild pain (1–3)
2	Moderate pain (4–6)
3	Severe pain (7–10)

VAS: Visual analog scale

**Table 4:** SLR test angle

Grade	Test angle
[0]	≥90°
[1]	71°–89°
[2]	51°–70°
[3]	30°–50°
[4]	<30°

**Table 3:** Clinical features of *Gridhrasi* grading

Symptoms	Severity/Duration	Score
<i>Toda</i> (Pricking Sensation)	No pricking sensation	0
	Occasional pricking sensation	1
	Mild pricking sensation	2
	Moderate pricking sensation	3
	Severe pricking sensation	4
<i>Stambha</i> (Stiffness)	No stiffness	0
	Sometimes for 5–10 min	1
	Daily for 10–30 min	2
	Daily for 30–60 min	3
	Daily more than 1 h	4
<i>Spandana</i> (Twitching)	No twitching	0
	Sometimes for 5–10 min	1
	Daily for 10–30 min	2
	Daily for 30–60 min	3
	Daily more than 1 h	4

**Table 5:** Timeline of events

Duration	Particulars and interventions
February 10, 2024	Patient visited <i>Kayachikista</i> OPD in CBPACS for the 1 <sup>st</sup> time. Took detailed history along with clinical examinations and the patient was advised for <i>Panchkarma</i> (detoxifying therapy) <i>Snehan</i> and <i>Swedan</i>
February 15, 2024–March 14, 2024	Patient got admitted, for <i>Sarvang Abhyanga</i> (oleation therapy) with <i>Tila taila</i> and <i>Sarvang Swedana</i> (sudation therapy) by <i>Dashmool Kwath</i> , along with <i>Dashmool Kwath</i> 40 mL twice a day oral medication
March 15, 2024–March 29, 2024	Oral medicines including <i>Trayodashang Guggulu</i> 2 tablets thrice a day after food, <i>Punarnavadi Mandoor</i> 2 tablets thrice a day after food and <i>Dashmool Kwath</i> 40 mL twice a day
March 30, 2024–April 14, 2024	<i>Panchkarma</i> and oral medicine continued
April 15, 2024–April 29, 2024	Same treatment continued
April 30, 2024–May 14, 2024	Same <i>Panchkarma</i> and oral medicine continued
May 15, 2024–May 29, 2024	Continue same treatment
May 30, 2024–June 13, 2024	Continue same treatment
June 14, 2024	Advised magnetic resonance imaging Lumbosacral Spine
June 15, 2024	1. Generalized changes of lumbar spondylosis with degenerative disc disease 2. Mild posterior diffuse disc bulge at L4-5 level indenting the ventral thecal sac and causing mild encroachment of bilateral neural exit foramina.
June 17, 2024	On follow-up with diet and lifestyle modification

**Table 6:** Oral medications given

Drug	Dose	Duration	Anupana
<i>Dashmool Kwath</i>	40 mL	4 months	Luke warm water
<i>Trayodashang Guggulu</i>	2 tablets thrice a day	3 months	Luke warm water
<i>Punarnavadi Mandoor</i>	2 tablets thrice a day	3 months	Luke warm water

Before treatment	After treatment
<ol style="list-style-type: none"> <li>1. Spondylotic and disc degenerative disease.</li> <li>2. L3-4-disc level- tiny posterior annular tear seen. Disc bulge causing narrowing of bilateral lateral recess with mild abutment over bilateral transversing nerve root.</li> <li>3. L4-5-disc level-Posterior annular tear. Disc bulge with overriding moderate-sized poster central disc protrusion causing moderate narrowing of bilateral lateral recess with compression over bilateral transversing nerve roots. Moderate secondary central canal stenosis</li> <li>4. L5-S1 disc level- Posterior annular tear. Disc bulge causing mild narrowing of bilateral lateral recess with mild abutment over bilateral transversing nerve root.</li> </ol>	<ol style="list-style-type: none"> <li>1. Generalized changes of lumbar spondylosis with degenerative disc disease</li> <li>2. Mild posterior diffuse disc bulge at L4-5 level indenting the ventral thecal sac and causing mild encroachment of bilateral neural exit foramina.</li> </ol>

**Table 8:** Results in magnetic resonance imaging reports**Figure 1: Before treatment**

**sarvodaya imaging centre** A NDMC - ANSHU HOSPITALS LIMITED PPP INITIATIVE

NAME : [REDACTED] DATE : 04.09.2023  
AGE/SEX : 52 Y/F ID : SR 897421  
REF.BY : RURAL HEALTH TRAINING CENTRE

**MRI LUMBOSACRAL SPINE**

FLAIR T1W AND FAST SPIN ECHO T2W HIGH RESOLUTION SAGITTAL IMAGES OF LUMBOSACRAL SPINE WERE OBTAINED ON A DEDICATED PHASED ARRAY SURFACE SPINE COIL USING 1.5 TESLA WITH GRADIENT SYSTEMS AND CORRELATED WITH T1W AND T2W AXIAL IMAGES.

**Clinical history :** Low backache radiating to left lower limb.

**Findings:**

Straightening of lumbar spine seen.

Spondylotic changes are seen in the form of osteophytes and disc desiccation seen at lower lumbar levels. Mild ligamentum flavum hypertrophy and facet arthropathy at lower lumbar levels. Mildly reduced L5-S1 disc height with subtle and plate irregularity.

**L3-L4 disc level :** Tiny posterior annular tear seen. Disc bulge causing narrowing of bilateral lateral recess with mild abutment over bilateral traversing nerve roots.

**L4-L5 disc level :** Posterior annular tear seen. Disc bulge with overriding moderate sized posterocentral disc protrusion causing moderate narrowing of bilateral lateral recess with compression over bilateral traversing nerve roots. Moderate secondary central canal stenosis.

**L5-S1 disc level :** Posterior annular tear seen. Disc bulge causing mild narrowing of bilateral lateral recess with mild abutment over bilateral traversing nerve roots.

**Midline AP canal diameter at various levels :**

L1-L2	19.4 mm
L2-L3	19.7 mm
L3-L4	17.8 mm
L4-L5	9.9 mm
L5-S1	13.6 mm

Vertebral bodies are otherwise normal in height, alignment and marrow signal intensity.

Rest of the intervertebral discs are normal in height and signal intensity.

No significant disc herniation/neural compression seen at any other level.

Bony canal is capacious at all levels with no obvious canal stenosis.

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NAME : [REDACTED] DATE : 04.09.2023  
AGE/SEX : 52 Y/F ID : SR 897421  
REF.BY : RURAL HEALTH TRAINING CENTRE

Distal cord and conus medullaris region appear normal in MR morphology.

Posterior spinal elements are normal.

Pre and paravertebral soft tissues are normal.

**IMPRESSION :**

- Spondylotic and disc degenerative disease.
- L3-L4 disc level : Tiny posterior annular tear seen. Disc bulge causing narrowing of bilateral lateral recess with mild abutment over bilateral traversing nerve roots.
- L4-L5 disc level : Posterior annular tear seen. Disc bulge with overriding moderate sized posterocentral disc protrusion causing moderate narrowing of bilateral lateral recess with compression over bilateral traversing nerve roots. Moderate secondary central canal stenosis.
- L5-S1 disc level : Posterior annular tear seen. Disc bulge causing mild narrowing of bilateral lateral recess with mild abutment over bilateral traversing nerve roots.

Please correlate clinically.

**Dr. Rahul Chauhan**  
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**Figure 2: After treatment**

**City Imaging & Clinical Labs**

NAME : [REDACTED] DATE : 15/Jun/2024 02:00PM  
AGE/SEX : 55 Y/F FEMALE  
REF. DR. : DR. RAO TULA RAM MEMORIAL HOSPITAL  
Report Status Final Report

**MRI LUMBOSACRAL SPINE**

**STUDY PROTOCOL:**

SPIN-ECHO T1W AND FAST SPIN-ECHO T2W SAGITTAL IMAGES OF LUMBO-SACRAL SPINE WERE OBTAINED ON DEDICATED QUADRATURE OF BODY COIL AND CORRELATED WITH T1 AND T2W AXIAL AND STIR CORONAL IMAGES.

**FINDINGS:**

There is altered curvature of lumbar spine with component of scoliosis which shows convexity towards left.

Vertebral bodies are normal in height, outline and marrow signal intensity. No osseous destruction seen. Degenerative changes are noted in the spine in the form of anterior marginal osteophytes, focal type II degenerative end plates changes and facet joint arthrosis at lower lumbar levels.

Lumbar intervertebral discs reveal variable reduction in bright signal intensities on T2W images at all levels suggesting partial to complete disc desiccation.

Mild posterior diffuse disc bulge is seen at L4-L5 level indenting ventral thecal sac and causing mild encroachment of bilateral neural exit foraminae.

Minimal posterior diffuse disc bulges are also seen at L3-L4 and L5-S1 levels causing effacement of anterior epidural fat, however no significant thecal sac / nerve root compression seen.

The lower end of the dorsal spinal cord is normal with no evidence of focal or diffuse signal abnormality. Cord-CSF interface is well margined. Conus medullaris end at D12-L1 level.

Bony spinal canal at vertebral bodies level is normal in dimensions with no evidence of cord compression.

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**City Imaging & Clinical Labs**

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AGE/SEX : 55 Y/F FEMALE  
REF. DR. : DR. RAO TULA RAM MEMORIAL HOSPITAL  
Report Status Final Report

Prevertebral and paravertebral soft tissues appear normal.

Visualized sacroiliac joints are unremarkable.

**IMPRESSION :** MRI study of lumbosacral spine reveals:

- Generalized changes of lumbar spondylosis with degenerative disc disease as described.
- Mild posterior diffuse disc bulge at L4-L5 level indenting ventral thecal sac and causing mild encroachment of bilateral neural exit foraminae.

Please correlate clinically.

**\*\*\* End Of Report \*\*\***

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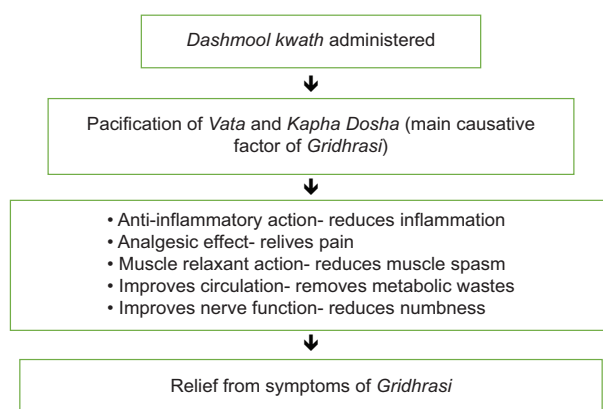
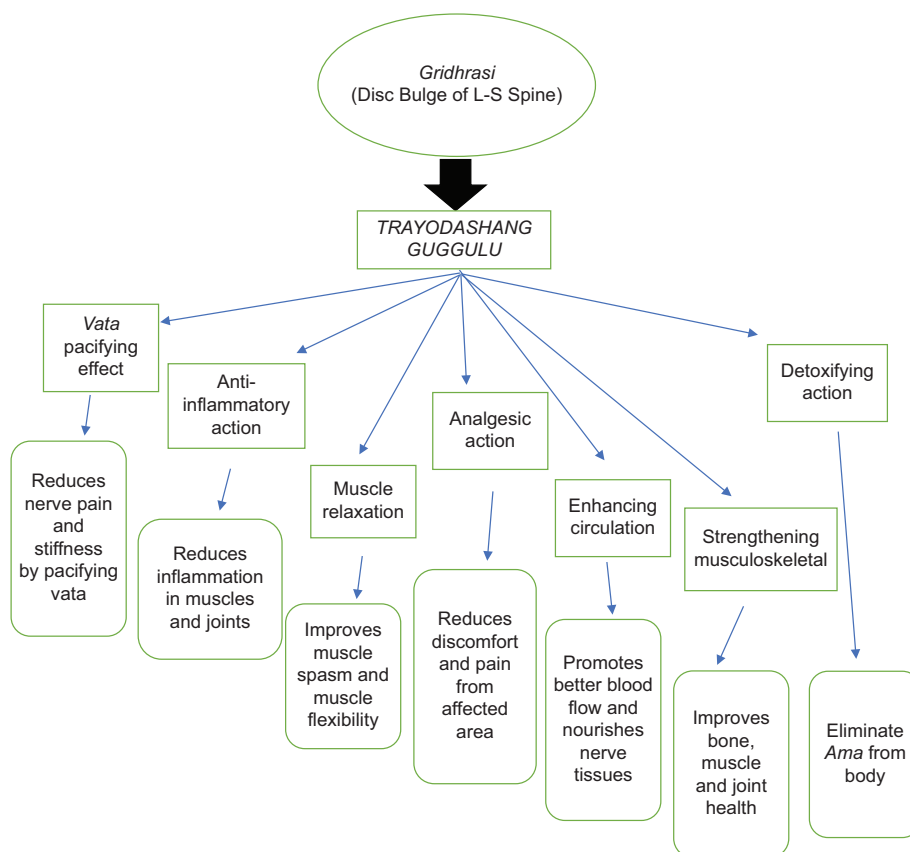
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**Table 9:** Assessment parameters by scoring

S. No.	Parameters	Before treatment	After treatment	Follow-up
1.	VAS pain score	+7 (3)	+3 (1)	+3 (1)
2.	Clinical features			
a.	<i>Toda</i> (Pricking Sensation)	3	1	1
b.	<i>Stambha</i> (Stiffness)	2	0	0
c.	<i>Spandana</i> (Twitching)	1	0	1
3.	Straight leg Raising test	Rt leg=30° Lt leg=30°	Rt leg=80° Lt leg=60°	Rt leg=80° Lt leg=60°
4.	Lasegue's test	Rt leg=Positive Lt leg=Positive	Rt leg=Negative Lt leg=Positive	Rt leg=Negative Lt leg=Positive
5.	Oswestry disability index	32 (64%)	13 (26%)	13 (26%)

**Flowchart 1:** Probable mode of action of *Dashmool Kwath***Flowchart 2:** Probable mode of action of *Trayodashang Guggulu*