

AN AYURVEDIC APPROACH TO A CASE OF RETROSPONDYLOLISTHESIS

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ABSTRACT

Low backache is one of the most disturbing morbidity that a person encounters at least once at some point of time in his/her lifespan. The prevalence is increasing worldwide, affecting all age groups. Spondylolisthesis is one among the many causes of low backache. The treatment protocol may be conservative or surgical depending on the severity. In *Ayurvedic* classics, spondylolisthesis may be taken under the purview of *Vatavyadhi* & further correlated to *Asthigata* & *Sandhigata Vata* based on symptoms. *Vatavyadhis* have been treated effectively with classically mentioned *Snehana*, *Swedana*, *Abhyanga*, *Basti* etc. In this context, a female aged 65 years diagnosed with retrospondylolisthesis was treated with the same *Ayurvedic* approach & found to have got significant relief from the symptoms.

Keywords: *Ayurveda*, Retrospondylolisthesis, *Vatavyadhi*, *Asthigata Vata*, *Sandhigata Vata*

INTRODUCTION

Low back ache is one of the very frequent reasons for medical consultations. It affects people of all age groups due to varying etiology such as improper sitting & sleeping postures, lack of physical activity, obesity, trauma, physiological degeneration etc.¹ The prevalence of low back ache has been found to increase with age & more common among females in the geriatric age group.¹ The estimated worldwide prevalence of low back ache is around 50% to 84%.² In India, there has been an increase in the occurrence of low back ache & nearly 60% of the people suffer from backache at some point of time in their lifespan.² Spondylolisthesis is one among the many causes of low backache.³

Spondylolisthesis(spondylos-spine, olisthein-to slip) is the term applied to spontaneous displacement of a lumbar vertebral body upon the segment below it.^{4,5} The displacement is usually forwards & commonly occurs between L5-S1 & between L4-L5, rarely the displacement occurs backwards & is termed as retrospondylolisthesis.⁵ In contemporary science, in early stage or when mild symptoms persist, conservative line of treatment is followed & when symptoms are moderately severe or more, especially if it hampers the activity of the patient, surgical intervention is relied upon.⁶

In *Ayurvedic* classics, low backache has been explained in a broad aspect under *Vatavyadhis* & based on symptoms it may be correlated to *Dhatugatavata*,

more specifically as *Asthigata & Sandhigata Vata*. *Acharya Sushruta* describes that when aggravated *Vata* invades the *Asthi dhatu*, symptoms like *Asthi Shosha* (osteoporosis), *Asthi Prabheda & Shoola* (pain) are produced.⁷ He also describes that when *Vata* localizes in *Sandhi*, it leads to *Hanthe* of *Sandhi* (restriction of joint movements), *Shoola* (pain) & *Shopha* (Swelling).⁷ *Acharya Sushruta* describes *Samanya Chikitsa* of *Vatavyadhis* with *Snehana*, *Swedana*, *Abhyanga*, *Basti* etc.⁸

A Case Report-

A 65 years old female, presented with the chief complaints of severe right sided low backache radiating to

the right thigh for 15 days. She also complained of difficulty even in doing minimal movements. On interrogation it was revealed that she had H/o trauma by sudden lifting of heavy weight, after which severe pain developed. She underwent allopathic treatment & was advised to undergo surgery. She was not a K/C/O of Diabetes or Hypertension & was not under any medications.

Clinical examination revealed swelling & tenderness in the right lumbar region. SLR Test was positive at 30° in right leg. Lassegue's sign was positive. The Range of movements were highly restricted due to severe pain (Grade 4). Forward bending was not possible & walking was possible with severe difficulty.

Ruk (pain)	No pain	0
	Occasional pain	1
	Mild pain but no difficulty in walking	2
	Moderate pain and slight difficulty in walking	3
	Severe pain with severe difficulty in walking	4

Investigations-

X-ray of Lumbar spine (13/12/18) revealed Retrolisthesis of L5 over S1. Osteophytic changes were seen in lumbar spine. Reduction of L4-5 intervertebral disc space. Normal lordosis of lumbar spine was noted.

MRI of lumbar spine (13/12/18) revealed retrolisthesis of L5 over S1, secondary to facet joint arthrosis with mild subluxation at L4-5. Disc height reduction with endplate changes at L4-5. Pseudo-disc bulge, retrolisthesis, flaval & facet joint hypertrophy at L4-5 causing moderate thecal sac compression impinging bilateral traversing L5 nerve root with mild foraminal compromise. Posterior annular bulge with right postero-lateral disc protrusion at L3-L4 causing mild thecal sac compression, impinging traversing right L4 nerve root. Mild right foraminal compromise is seen. Broad based thin posterior disc protrusion at L2-L3 causing thecal sac indentation & mild right foraminal compromise. Posterior annular bulge at L5-S1 causing thecal sac indentation & mild bilateral foraminal compromise.

Other routine investigations were done & were under normal limits.

Treatment Given-

Following treatment was given for 8 days-

- *KatiBasti* with *Masha Taila & Dhanwantara Taila*.
- *Sarvanga Abhyanga* with *Ashwagandhabalalakashadi Taila* followed by *Bashpa Sweda*.
- *YogaBasti*:
 1. *Niruha Basti*- *Erandamoola Kashaya* (100ml), *Dashamoola Kashaya* (100ml), *Mahanarayana Taila* (80ml), *Madhu* (60ml), *Shatapushpa* (10gms), *Lavana* (5gms).
 2. *Anuvasana Basti*- *Mahanarayana Taila*(80ml).

Results-

The patient found significant relief from the symptoms. Pain got reduced by 75% (from Grade 4 to Grade 2) with 8 days of treatment. SLR Test in right leg was increased to 70°, the patient was able to do forward bending, range of movements improved & patient was able to walk without any support.

SLR Test	Right Leg	Left Leg
Before Treatment	30 ⁰	90 ⁰
After Treatment	70 ⁰	90 ⁰

DISCUSSION

Lowbackache is a very commonly occurring condition & has been increasing in prevalence due to varied etiology. Retrospondylolisthesis is a condition in which there will be backward displacement of the vertebrae. It is relatively rare in occurrence when compared to spondylolisthesis wherein there will be forward displacement of the vertebrae. In *Ayurveda*, most of the joint & pain related conditions have been explained under single heading of *Vatavyadhi*. When we keenly observe, the *Asthi-sandhigata Vata Lakshanas* like *Shoola*, *Shopha*, *Hanthi* of *Sandhi* are similar to the symptoms of Spondylolisthesis like pain, swelling, restricted movement of joint etc. The *Samanya Chikitsa* of *Vatavyadhi* include *Snehana*, *Swedana*, *Abhyanga* etc which help in reducing the *Rooksha*, *Sheeta*, *Laghu* etc *Gunas* of *Vata*. In this case study *Kati Basti*, *Sarvanga Abhyanga* with *Bashpa Sweda* & *Yoga Basti* were advised. *Kati Basti* is a *Snigdha*, *Saagni Prakara* of *Swedana* which by its local effect helps in relieving *Stambha*, *Sheetata* & thereby helps to reduce the intensity of pain. It may help in immediate relief of symptoms causing an analgesic effect. *Abhyanga* is a type of *Bahya Snehana*. *Acharya Dalhana* explains that the drugs & oil used in *Abhyanga* gets absorbed by the skin, reaches to particular *Dhatu* when applied for sufficient time & thus help in subsiding the disease. It helps to reduce the muscle tension, soothes the nervous system & increase the mobility & range of movements. *Basti* has been mentioned as *Shrestha Chikitsa* for pacifying aggravated *Vata*. *Acharya Sushruta* explains the mode of action of *Basti* saying that *Basti* given through rectal route gets absorbed & shows its effect all over the body just like the water gets absorbed through the roots & nourishes the whole plant. In contemporary science, the root cause is not treated but conservative mode of treatment is usually opted for subsiding the pain, & surgery is the ultimate solution for overcoming this condition. But with the *Ayurvedic* approach, we were able to postpone surgic-

al intervention. Since the patient completed the treatment she has not complained of pain or difficulty in movements during follow ups for past 6 months. The patient is under observation to further assess & comment on the efficacy of *Ayurvedic* treatment in avoiding surgical intervention completely.

CONCLUSION

Spondylolisthesis/Retrospondylolisthesis is a condition where in displacement of vertebral body leads to varying range of pain & restricted range of movements. It has to be either treated symptomatically for pain relief or surgically treated to get rid of the condition. In the present case study we observed that the patient got significant relief from the symptoms by *Panchakarma* Therapy. This clearly indicates that *Ayurvedic* approach is on par with the contemporary science in treating painful spinal conditions. *Doshadushyavikalpa* plays an important role in successful management of any disease. *Panchakarma* treatment can do wonders if applied with proper rationale.

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