



**Case Study**

**MANAGEMENT OF CERVICAL IVDP WITH AYURVEDIC INTERVENTIONS- A CASE REPORT**

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**Article info**

**Article History:**

Received: 20-05-2022

Revised: 12-06-2022

Accepted: 25-06-2022

**KEYWORDS:**

Cervical IVDP,  
*Gugguluthikthakam*,  
*Apabahuka*,  
*Anutailam*,  
*Ksheerabalatailam*,  
*Nasya*.

**ABSTRACT**

Bones and joint disorders are common in the working age population and are conditions that affect passive (bones, joints) and/or active structures of the body (muscles, tendons, ligaments, peripheral nerves) . A 35 year old moderately built young gentle man working as an IT professional, complains of pain on nape of neck and back of the chest since one year. But however pain started radiating to left upper arm since past 4 months, night starts which apparently effecting sleep. Pain gets aggravated by physical activities like continuous sitting posture and gets relieved by analgesics and sleep at Chondroitin Sulphate. Cervical IVDP, can be considered as *Apabahuka* or *Asthi majjagata vata*. He was managed with external and internal medications like cervical traction, *Lepanam*, physio, *Gandharvahasthadi kashayam*, *Sneha panam* done with *Gugguluthikthakam* ghee, purgation done with *Gandharvahasthadi erandam* and *Nasya* done with *Anutailam* and *Ksheerabala tailam*.

**INTRODUCTION**

Bones and joint disorders are common in the working age population and are conditions that affect passive (bones, joints) and/or active structures of the body (muscles, tendons, ligaments, peripheral nerves) [1] . Since Bone and joint disorders account for a high proportion of compensable occupational diseases worldwide many efforts have been undertaken to ascertain the potential risk factors in the development of Bone and joint disorders and its prevention in the workplace setting[2]. Bone and joint disorders are highly prevalent in manual-intensive occupations such as manufacturing, construction or services[3-5]. Software engineers are a group of workers whose working ability and health condition may be affected by specific work-related activities. A daily task analysis showed that they spend on average 90 % of their working hours in front of computers. These activities required frequent sagittal or lateral bending and twisting of the back (e.g. washing hair at the sink),

static postures and long-standing periods. Similar tasks have increased the cervical disc prolapse also. Here another attempt is taken to alleviate cervical IVDP diagnosed by clinical examination, history taking and MRI findings.

**MATERIAL METHODS**

A 35 year old moderately built young gentle man working as an IT professional, who also practice boxing complains of pain on nape of neck and back of the chest since one year. Later he developed pain on left upper extremity 4 months back. Insidious onset of nuchal pain and pain in upper medial border of left scapula one year back which were treated with NSAIDS. But however pain started radiating to left upper arm since past 4 months. Pain is felt at upper, medial border of left scapula and also to left upper arm. It is felt as par aesthesia, and night starts which apparently effecting sleep. Since past 4 months pain is continuous and severe in nature. Pain gets aggravated by physical exertion like weight lifting, long standing, continuous sitting posture and gets relieved by analgesics and sleep at Chondroitin Sulphate[6,7]. Bowel and bladder controls are normal. There are no features pertaining to lower extremities.

**Clinical Examination [8,9]**

General examination:

Well built and nourished

Cervical spine examination:

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<https://doi.org/10.47070/ijapr.v10i6.2253>

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Cervical lordosis: Straightened.  
 ROM: Flexion: Limited  
 Extension: Limited  
 Right and lateral flexion: Limited  
 Left lateral flexion: Limited  
 Palpation: No tenderness  
 Carotid pulse: Normal  
 Subclavian pulse: Normal  
 Adson's Test- Negative  
 Capillary refilling- normal  
 No atrophy of Thenar, Hypothenar & Lumbricals.

### Pain Profile

Site: Left upper scapula, medial border  
 Onset: Chronic onset  
 Character: Par aesthesia (Burning sensation)  
 Radiation: Towards upper extremity since 4 months  
 Associated features: Night starts since four months, Sleep deprivation since 4 months.  
 Time: Continuous pain since past 4 months  
 Exacerbating factors: Physical activities increase pain  
 Relieving factors: Analgesic and chondroitin sulphate  
 Severity: Very severe and exhausting.

### Investigations

PPBS- 105 mg/dl  
 FBS- 91 mg/dl  
 C- reactive protein- 2.1 mg/dl

### MRI Cervical Spine with Whole Spine Screening as on 11-11-2021

- Acromio clavicular joint show mild osteoarthritic changes with marginal osteophytes.
- No joint effusion
- Rotator cuff intact
- No obvious tear
- Glenohumeral joint normal

### Course in the Hospital

A 35 year old moderately built young IT professional was admitted for the evaluation and

### Treatment Chart

management of cervical IVDP (C4-C5, C5-C6, C6-C7). He was managed with internal medications like *Gandharvahasthaadi kashyam* 30ml decoction+60 ml boiled and cooled water with half teaspoon of rock salt and jaggery, *Ashtavargam kashayam* 30ml decoction + 60ml boiled and cooled water, before food 6am & pm. *Dhanwantharam gulika* twice daily along with *Ashtavargam kashayam* were given first few days then morning decoction stopped and started *Snehapana* with *Gugguluthikthakam* ghee, starting from 15ml daily increased up to 200ml, also given *Kaanchanar guggulu* twice daily with hot water. During the course of treatment he had the complaint of constipation for that during night before going to bed *Triphala choornam* one & half teaspoon was given. After giving *Snehapana*, purgation or *Virechana* was given with *Gandharvahasthadieranda* 40ml+ Milk 50ml. *Nasyam* first three days with *Anuthailam* and next four days with *Ksheerabalatailam* was given. Also given external medications like cervical traction- 1.5kg, pain physio, *Lepanam* with *Nagaradi* and *Rasnadi choornam*, oil massage and fomentation was given with *Karpasasthyadi* and *Murivenna*. During the course of the treatment traction was increased by 2kg on 30-11-2021, he c/o insomnia which was managed with T-Sumenta. On 2-11-2021 Dazzle cool cream application on both upper arm started as he c/o pain on both upper arm. On 4-12-2021 he c/o Nuchal pain radiating to upper limb, onset by 4am managed with T. Sumenta, C.Plugit. On examination cervical radiculopathy and Brachial neuropathy were suspected and managed with Tablet Greysmart PN and Capsule Alert. Rest of the hospital course was uneventful. He is stable at the time of discharge. He is advised to continue prescription, regular physio and posture correction. Advised to review after one week in OPD. *Maharasnadi kashayam*, *Yogasalido*- 2-0-2 after food, C. Panion plus- 1-0-1 after food, T. Greysmart Forte-0-0-1 after food, Dazzle cool cream for external application, active physio, maintenance of posture correction were given as discharge medication.

MRD NO: 90319									
Patients Name : xxx									
Date	Procedures								
	Lepam	Pain physio	Dcc	Traction	Snehapanam	SABS	Virechanam	Nasyam (Anutailam)	Nasyam (ksheera-bala)
29/11/21	√	√	√	√					
30/11/21	√	√	√	√					
1/12/21	√	√	√	√	√				
2/12/21	√	√	√	√	√				

3/12/21	√	√	√	√	√				
4/12/21	√	√	√	√	√				
5/12/21	√	√	√	√	√				
6/12/21	√	√	√	√	√				
7/12/21	√	√	√	√	√				
8/12/21	√	√	√	√		√			
9/12/21	√	√	√			√			
10/12/21	√	√	√				√		
11/12/21	√	√	√					√	
12/12/21	√	√	√					√	
13/12/21	√	√	√					√	
14/12/21	√	√	√						√
15/12/21	√	√	√						√
16/12/21			√						√
17/12/21			√						√
18/12/21			√						√
19/12/21			√						√
20/12/21			√						√
21/12/21			√						√

## DISCUSSION

Here the case was provisionally diagnosed under cervical IVDP, can be considered as *Apabahuka* as per Ayurvedic classics [10], The first *kashayam* or decoction was given as *Gandharvahasthadi kashayam* it is *Vatashamaka* and *Amapachana*. Since radiculopathy symptom was there cervical traction was given. The drugs which all are having *Vatahara*, *Sothahara* and which all are having tissue regenerative property. If we are considering disc protrusion as *Granthi vikara* *Kanchar guggulu* was given both for *Granthi* as well as anti inflammatory, analgesic effect. During *Snehapana* done with *Guggulu thikthaka* [11] and *Dhanwantharam mezhuk*, patient developed constipation, for that *Triphala choornam* was given, it acts as a pain reliever and as *Rasayana* also. Oil massage and sudation were given externally all these bring the *Doshas* from *Shakha* to *Koshta*, [12] then *Virechana/purgation* was given with *Gandharva hasthadi erandataila* with milk. For *Urdhvajathrugatha vikara murdhni* [13] *Tailas* are beneficial after purgation *Nasya* [14] was administered with *Anutailam* [15] for first three days to cleanse the *Srothas*. On the fourth day onwards *Ksheerabala tailam* was used instead of *Anutailam* [16] as it is giving strength and nourishment to all the sense organs. An initial day of treatment pain relieving physiotherapy was given followed by active physio. If we search in citation also can find similar types of case studies with *Kashayam*, *Nasya* etc can be seen.

## CONCLUSION

- From the above case report it can be concluded that along with Ayurvedic treatment protocol with physiotherapy have tremendous effect on musculo skeletal disorders.
- At the end patient was able to with draw his modern painkiller, symptomatic relief was felt by the patient.
- The lacuna of the study was MRI was not taken after the entire course of treatment.
- Only a single case was taken for the study.
- Like this many case studies can be done for further evaluation of Ayurvedic formulations.

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**Cite this article as:**

V.K.Sasikumar, Dhanya. K.V, Jacob Paulose. Management of Cervical IVDP with Ayurvedic Interventions- A Case Report. *International Journal of Ayurveda and Pharma Research*. 2022;10(6):72-75.

<https://doi.org/10.47070/ijapr.v10i6.2253>

**Source of support: Nil, Conflict of interest: None Declared**

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