

Homoeopathic management of disorders of Lumbar inter-vertebral discs

In aphorism No 3 of 6th edition of Organon of medicine, Dr Hahnemann says that: The homoeopathic physician should have following knowledge in order to achieve IDEAL CURE.

- (1) Knowledge of disease, indications.
- (2) Knowledge of medicinal powers.
- (3) Choice of the remedy, the medicine indicated.
- (4) Proper dose. and
- (5) Obstacles to recovery.

So, here the first point explained is of very much importance while dealing with Lumbar Intervertebral Disc Disorders i.e. "KNOWLEDGE OF DISEASE , INDICATION"

The sentence is divided into two parts:

- 1) KNOWLEDGE OF DISEASE: ie understand the pathogenesis and pathology, so we can handle the patient better.
- 2) And later on how the same disease expresses in an individual ie (KNOWLEDGE OF PATIENT-



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INDIVIDUALISATION.

So, first let us understand the important DISORDERS OF LUMBAR INTERVERTEBRAL DISCS.

Two important disorders of Lumbar inter-vertebral discs are: 1. Lumbar Disc Prolapse

2. Lumbar Spondylosis

HOMOEOPATHIC MANAGEMENT

Generally in homoeopathic practice, clinical examination, clinical diagnosis, laboratory investigations and special investigations are overlooked by a number of homoeopaths. Only symptomatic approach is used by them and that's why even the best Similimum fails as case is treated without understanding of disease pathogenesis. No proper auxiliary methods are tried. That is why I always use the word **HOMOEOPATHIC MANAGEMENT** than Homoeopathic Treatment.

We will discuss the management of above discussed Lumbar Inter-vertebral Disc Disorders.

(A) Acute prolapsed lumbar inter-vertebral disc with lower radiculopathy.

In acute phase:

- (1) Immediate Hospitalisation and Continuous Lumbar Traction or Complete bed rest depending upon severity of pains (for 4 days to 10 days)

- (2) Acute similimum
- (3) When patient comes out of pains, gradual Spinal Extension Exercises to prevent further prolapse of inter-vertebral disc.
- (4) Ask the patient not to lift heavy weight by direct forward bending.

(B) Chronic prolapsed lumbar inter-vertebral disc with lower radiculopathy
 If disease is chronic with ACUTE exacerbation, same management is needed to take over acute episode followed by (and even in chronic disease itself) finding out :

- 1. Deep Acting Chronic Constitutional Medicine.
- 2. If needed, use of deep acting bio-chemic medicine supplementation select on General Biological Action of Medicine,
- 3. If needed, use of miasmatic NOSODE depending on individualisation.
- 4. Asking patient to avoid lifting heavy weight with direct forward bending.
- 5. If patient is of old age use of Lumbo sacral corset or belt during working and travelling.
- 6. When pains subsides, gradual increase of spinal Extension Exercises.

ILLUSTRATIVE CASE

Mr Y S K 59 yrs/M. Retired primary teacher now a Farmer.
 First came on – 18/07/1998
 Diagnosed case of Degenerative disc disease with

marked narrowing of spinal canal at L 3-4 with disc prolapse at L 4-5 causing severe focal canal stenosis. [Xerox copies of Reports MRI attached]. Patient was posted for Laminectomy and Discoidectomy,.

CHIEF COMPLAINTS AND ASSOCIATED COMPLAINTS:

Since three months...

Location	Sensation	Modalities	Conc
Rt lower extremity	throbbing, neuralgic numbness	A/F : lifting weight	(RF) LE
Posteriorly Sciatica	Pains	(sudden) < lying on Rt. side < bending toward < Walking > pressure > complete rest < slightest motion < Walking very small distance	
	Claudications in both legs		

PAST HISTORY: Haemorrhoidectomy 1994

FAMILY HISTORY: Father - Koch's

PERSONAL HISTORY:

- 1. APPETITE - normal
- 2. THIRST – Large quantity of water 3-4 hrly
- 3. DESIRES – Sweets ++, Tobacco ++, Salt ++
- 4. MICTURITION – Normal
- 5. BOWELS – Normal

- 6. PERSPIRATION – Neck ++, Offensive ++, Staining yellow ++.
- 7. SLEEP – Disturbs due to pains
- 8. DREAMS – Frightful, farm about
- 9. THERMALS – Ambi-thermal but always desires fans

MENTAL STATE: Disturbed due to disease as he has to lie down all the time and cannot work. He is always

thinking about disease with fear of surgery. Anxiety about household problems i.e. marriage of son, building house etc. Quiet, yet dominating in house. But fears quarrels. Religious ++, Emotional ++, Loquacity ++, Expressive ++, Dominating ++, Dictatorial ++, Suspicious ++ and doubtful about recovery. Leadership in service previously, Never likes contradiction, irritable with violent ++ anger. Patient has three sons and a daughter. Only daughter married. Always quarrels with cousins regarding farm. Likes to remain in company and tries to maintain friendship.

PHYSICAL GENERAL EXAMINATION:

- Male pattern baldness with gray hair
- Flabby and trembling tongue
- Tall, slender, emaciated
- Weight: 58 kg

SYSTEMIC EXAMINATION:

- Straight leg raising test (SLR) Right side: +ve
- Femoral roots stretch test (FRST) Right side: +ve

INVESTIGATIONS DONE: 07/14/98

Hb: 10 Gm % TLC - 7400/mm DC: N: 58, L: 37, E: 3
M: 2, B: 0

Tuberculin Test : -ve

MRI LUMBO SACRAL SPINE: Wide spread degenerative diseased disc with marked narrowing of L 3-4 disc. Large diffuse disc bulge at L4-5 causing marked thecal sac compression & severe focal canal stenosis. Milder degree of disc bulge at L3-4 and L5-S1. Bilateral root compression of L3-4.

DIAGNOSIS: Severe lumbar canal stenosis due to degenerative disc disease and PID at L3-4, L4-5, L5-S1 with right lower radiculopathy.

CASE ANALYSIS

Patient has wide spread degenerative disc disease with acute exacerbation of PID with right lower radiculopathy due to lifting weight. So even though disease is originally a chronic dynamic one, it also has an acute mechanical problem Giving only medicine will cure

his prolapsed inter-vertebral disc and the radiculopathy. Whenever an inter-vertebral disc prolapses, nerve root oedema develops immediately. Removing nerve root oedema is of prime importance. Absolute bed rest achieves 60-70% of nerve root oedema reduction. So case should be managed properly to get absolute result.

HOMOEOPATHIC MANAGEMENT:

Our main aim is to relieve patient's suffering as early as possible. Otherwise patient will go for operation. Patient was admitted in our Homoeopathic hospital for eight days.

AUXILIARY TREATMENT:

Continuous lumbar traction for eight days which provides absolute bed rest. Regular soft diet was provided. Tobacco was stopped completely.

HOMOEOPATHIC TREATMENT

As the case is of chronic degenerative disease, our selection of drug should be deep acting medicine to cope up the situation.

MIASMATIC BACKGROUND: Considering family history of Tuberculosis, past history of Haemorrhoidectomy & patient's present degenerative disorder & mental state of jealous, suspicious, quarrelsome, dominating, violent, leadership
SYCO-TUBERCULAR-SYPHILITIC MIASM is dominating. So our search should be towards such medicine, as to cover all these aspects.

ANTI- MIASMATIC NOSODE: *Tuberculinum*

DEEP ACTING CHRONIC CONSTITUTIONAL: *Lachesis* selected on following rubrics

1. Dictatorial
2. Jealousy
3. Suspicious
4. Quarrelsome
5. Violent
6. Loquacity
7. Pain, lower limb, sciatica, right

BIO-CHEMIC APPLICATION: To help the homoeopathic

medicinal action and to hasten cure, I always uses Biochemic medicines in such chronic degenerative disorders based on its general biochemic action of biochemic medicine.

Chronic degenerative disorders of spine with oosteophyte formation is covered by *Calcaria-fluor*.

Therefore, Four medicines come out:

1. Chronic constitutional: *Lachesis* 200. POTENCY: 200 potency as chronic pathology with degeneration. Single dose is sufficient to arouse the Vitality.
2. Acute totality: *Bryonia* 10M TDS. POTENCY: 10M potency as an Acute Similimum to relieve the spasm.
3. Biochemic application: *Calcaria-flour*. 6X – Biochemic dose in decimal scale.
4. Nosode: *Tuberculinum*

FOLLOW-UP

Lachesis 200 one dose on 1st day.

Next day *Bryonia* 10M TDS for 10 days.

Calcaria-fluor 6X TDS for 10 Days (Bio-Chemic Application)

HOSPITALISATION PROGRESS: After applying continuous lumbar traction from 18th July 1998, on 3rd day i.e. on 21st, patient's pain completely relieved. SLR FRST became negative (-ve). Lumbar traction continued for 3 more days. On 24th, patient was asked to walk for certain distance on plain surface. No pain af-

ter walking. Lumbar traction stopped. Only bed rest continued along with medicines. On 25th, patient walked nearly ½ km without suffering. Continued medicines and bed rest.

On 26th, patient walked 1 km without suffering. Patient discharged and called after 10 days.

TREATMENT ON DISCHARGE: Advised Bed Rest as far as possible. While walking, use lumbo-sacral corset. *Placebo* TDS for 10days
Calcarea- fluor 6x tds for 10 days

FOLLOW UP

08/07/98: Able to walk 2 km on pain surface. No pains. Occasional Coryza.

AUXILIARY TREATMENT: Gradual spinal extension exercises.

Calcarea- fluor. 6x BD for 1 month.

09/11/98 : No complaints. Doing exercises regularly. Walks 3-4 km a day.

Can work in field. Continue Spinal Extension Exercises. *Calcarea- fluor* 6x OD for 2 months.

11/12/98: No complaints. Use of Lumbo-sacral corset only during travelling.

Continue spinal extension exercises. *Tuberculinum* 1M 1 dose stat (Anti Miasmatic)

03/01/99 : No complaints. Continue spinal extension exercises. NO MEDICINE.

08/28/99 : No complaints. Ct Spinal Extension Exercises.

“Let yesterday be your lesson, today
your study and tomorrow your test.”

- Mary Jo Pham -