



## **POORAGA - ELL – VISAIMAARAL LUMBAR DISC PROLAPSE - A Case Study**

K. Elavarasan<sup>1</sup>, M.A.Kanimozhi<sup>1</sup>, N. Shunmugom<sup>2</sup>

Medical Officer, Thirumoolar Varmam Research & Therapy Center, Coimbatore.

<sup>2</sup> Associate Professor in Tamil & Varmam Researcher, Sri Ramakrishna Mission Vidyalaya  
College of Arts and Science, Coimbatore-20.

### **ABSTRACT**

Pooraga – Ell - Visaimaaral [Lumbar Disc Prolapse) is a debilitating entity of lumbar spine. Some patients of severe lumbar cord compression are advised surgical treatment as a last measure. It is hereby reported that such a patient has been successfully treated with varmam treatment. The patient has returned to his normal life after treatment. The cost of treatment is also minimal compared to surgery. It is hereby suggested that more patients should be studied with this treatment to prove its efficacy and to fine tune the treatment method.

### **Keywords**

Disc Prolapse, Varma therapy, Siddha Medicine

## INTRODUCTION

Lumbar disc prolapse is a debilitating entity of lumbar spine. Patients with severe lumbar cord compression are advised surgical treatment as a last measure. This condition is described as “**Pooraga El-Visaimaral**” in the book ‘**Varma Kaandam**’, “Padakkiyam vatham” in Vatha nithanam and “Thandaga vatham” in Yugimuni Vaithya Chindamani. In this communication we report such a case treated successfully by Varmam method.

## POORAGA – ELL – VISAIMAARAL:

*khWkpe;jG+ufj;ijr; rhh;ej vy;Ymjpd;  
NkNy ehy;tpuypy; nfhz;lvy;Y  
NjWkpe;j cs;%iseuk;G khwp  
tpirtpl;L rf;jpepiy Fd;wyhfp  
NrUkpe;j ,ae;jpuq;fs; ,af;fk;  
Fd;wp rpWePUk;NgjpANk ,aq;fhjhNk  
Mkpd;dk; vO,Uf;f ,ayjhFk;*

th;kfhz;lk; - 550

According to the above verse of Varma Kaandam (verse 550), the bones relating to navel and four finger above this (L1 – L5) are affected the nerve inside these bones (the spinal cord) in these region will get affected and will result in disturbance in action of excretory systems and also the affected person will not be able to sit or stand. This condition was described as pooraga ell visaimaaral.

es;sNt fhy;uz;by;jpkph;Kjyha;

tpUtpUg;Gk;jsh;r;ir jhpg;ngdNt ghU

fs;skpy;yhj tpirjyq;fs; mwpe;J nra;tha;

frbd;wp gyKiwAk; fUjpf; nfhs;tha;

cs;sgb ,k;Kiwfs; czh;e;J

nra;jhy; cah;thd nraKz;L cWjp nfhs;tha;

- th;kfhz;lk; - 560

When there is Pooraga – Ell- Visaimaaral, there will be numbness, radiating pain, and weakness in legs (Varmakaandam – verse 560).

,irthd Fz;lypjhd; tpl;lhy;NfS

fhy;typik nfhs;shJ mirf;nfhz;zhJ

tpirahd ngUtpuiy ,af;f xz;zhJ

fhiy ,Of;f ePl;lTkhdJ

- th;kfhz;lk;-523

If the patients kundali is not strong, there will be deficiency in motor function of the both lower limbs. Moving the patients legs and especially the big toe will be difficult. Flexion and extension of legs will be impossible. (Varma kaandam – verse 523).

Vatha nithanam, verse 33 reads as follows,

**glf;fpahk; thjk;**

jhff;fp clNy GFk; glf;fpahk; thjkjpd; jd;ikaJ NfS kapNy

jhff;Fk; ,UfhYk; elf;ifapy; Fe;jpNa jsh;e;J typ gpd;dpaUk;

Mf;fKlNd Fdpa epkpu xl;lhjpd mluNt FWf;fpy; typahk;  
mjpf taW}jp neQ;RisT ,Lg;gpy; gpbAWk; cWfOj;J nel;b jhpf;Fk;  
ghf;f ,U gf;fKk; NehTk; gplhptyp gfU fhy; kz;iz jhpf;Fk;  
ghUly; nkyPAk; twSk; eiljsUk; ghh;itAk; Fiwe;J maUk;  
ePf;fp rpu NehTWk; nrd;dp typ Fd;dpNa jpf; ehrp nehe;JisAk;  
NeankhL nghjpfKdp \$W tiuapd; gb ePdpj;Njhh; mwpaNt.

- thj epjhdk; 800- 33tJ ghly;

According to this verse the Patakkiam vatham is characterised by weakness in both the limbs and pain in the limbs. There will be difficulty in forward or backward bending of the back, pain in the back, flatulence of the stomach and discomfort in chest, neck and occipital regions. Other symptoms may include pain in the calf muscles, weight loss, dryness, loss of eye sight, head ache, discomfort in the nostrils.

## jz;lf thjk;

“tOj;jNt %yhjhuj;ijg; gw;wp  
kUtpNa NkNywp KJFkl;lha;  
tOj;jNt rpurpy; te;J Tah;Tkhfp  
tpFthf Nehthfp Nkdpfd;wpg;  
gOj;jNt Alk;ngq;Fk; gQ;RNghyhk;  
ghq;fhd kyryK kQ;rshFq;  
FOj;jNt jz;lfkhk; thje;jd;idf;  
\$wpNdhk; Fznky;yhk; \$He;JghNu.”  
“\$He;jpl;l kyryq;fs; Jhpjkhhdhy;  
nfhz;llf;fpg; gpd;Gjhd; nfhbajha;jjs;sp

*CHe;jpl;l rhPuj;jpYjpu kPwp  
cwj;Nja;jJj;jiyajdp nyz;nza;thHf;fpy;  
thHe;jpl;l topwlf;fpy; nkj;jTe;jhd;  
thje;jhDw;gtpj;J eilnfhkhky;  
ehHe;jpl;l euk;NghL vYk;gpw;#o;e;J  
eZfpNaNkhh neQ;rpNyWe;jhNd”*

*- A+fpKdp itjjpa rpe;jhkzp 288> 289*

The symptoms, resulting when Mooladharam is affected. The vatha noi will raise to the head through the vertebral column and the affected person will have severe pain and inflammatory changes. There will be weakness in the upper and lower limbs and whole body. The patient will not be able to walk. There will be pathological changes in the bones and nerves (Yugimuni Vaithiya Chinthamani – verse 288 and 289).

### **LUMBAR DISC PROLAPSE:**

According to Modern Neurophysiology, Lumbar disc herniation occur in the lower back, most often between L4 – L5 bodies or between L5 – S1 bodies. Symptoms can affect to lower back, buttock, thigh and region and may radiate into the foot and/ or toe. The sciatic nerve is the most commonly affected nerve. When the femoral nerve is also affected, the patient may experience a numb, tingling feeling throughout one or both legs and even feet or even a burning feeling in the hips and legs.

The case presented here is unequivocally a lumbar disc prolapse case as seen from Fig.1 with a stenosis.

The verses state above (Varma Kaandam 523, 550, 560) Vatha Nithanam – 33, and Yugi muni Vaithia Chinthamani 288-289 describe the same condition and hence Lumbar Disc Prolapse is equivalent to Pooraga – El – Visai maral, which means the affection of Spinal cord actions at bones in the pooraga region (i.e L1 – S1) . (Table – 1) The vatha dosha produced by this affection is called Patakkiyam vadham (Vadha nithanam 33) or thandaka vatham (Yugimuni Vayithiya Chinthamani – 288, 289)

## **MATERIALS AND METHODS**

A 52 year old male patient was brought to the Tirunelveli ARI centre, Palayamkottai with a history of back pain radiating to both lower limbs, difficulty to stand and walk and to sit in squatting position. He also reported difficulty to lie in prone and supine positions and was unable to lift heavy objects.

It was learnt that he was working in a hotel earlier and now a proprietor of his one man hotel and lifting heavy utensils is part of his job.

He also had a past history of Jaundice and a fall on his back from his bicycle due to a collision with a two wheeler about a month earlier.

He had earlier consulted a Neurosurgeon after the accident, when he felt his bodily discomforts. The MRI of his Lumbosacral spine revealed degenerative Lumbar spondylosis, disc height reduction and lumbar canal stenosis.

He was advised for laminectomy and discectomy with interbody fusion by the Neurosurgeon.

As the patient was not willing for surgery (he was afraid about its prognosis) and could not afford surgery's expenditure, he approached Varmam centre for treatment.

On examination, his higher functions, all cranial nerves of both sides and the power of neck and upper limb muscles were found normal. He was found to have mild loss of sensation in antero- medial aspects of right upper thigh.

Straight leg raising (SLR) test revealed inability to raise both lower limbs.

Flip test, Romberg's test, Bragard's test and lasegue's test were all positive.

There was notable reduction in the power of lower limb joints, his tendon reflexes on lower limb were absent. There was also sensory loss in the antero medial aspects of right upper thigh.

### **Varmam treatment package given:**

This treatment package consisted of stimulation of varmam points, varmam internal medicine and external therapy with varmam medicine oils, massage and fomentation

**Varmam points given :** Nanganapootu and pinnal method to boost Idaikalai and Pinkalai, Porchai kaalam, Kathir varmam – Choondi kaalam, Annakaalam, Poovadangal, Ulthodai varmam, Veeradangal, Komberi kaalam, Viruthi kaalam, Mannai (Pirithal), Mel Mannai, Ullangal vellai.

**Internal medicines:** Thirumoolar kashayam, Thanu Manthirathi thailam, Amukkara churanam.

**External medicines:** Chitrathi thailam and Vishamushti thailam **Thokkanam:** Thadaval + Thirumal

**Fomentation:** Ottradam (Fomentation - Izhai Kizhi, Nei Kizhi).

**Poultice:** a special poultice made up of herbs.

The treatment was given in two courses of 45 days each.

### **Course – I**

**For the first 10 days** varmam points were stimulated four times a day (6am, 12 Noon, 4pm and 10.00pm). Thirumoolar Kashayam (30ml) was given twice a day.

From **11<sup>th</sup> to 32<sup>nd</sup>** day, in addition to the above, Thanumanthirathi thailam 5ml at bed time was given orally. Visha musti thailam was used externally for the whole course. Thadaval and Thirumal murai thokkanam followed by Ilaikizhi ottradam (twice a day) was done between 11 and 21 days. Poultice was given twice a day from 22<sup>nd</sup> to 29<sup>th</sup> day. Neikizhi ottradam was given twice a day from 30<sup>th</sup> to 32<sup>nd</sup> day.

From **33<sup>rd</sup> to 45<sup>th</sup> day** the varmam points were given.

He was asked to take wheat foods rice based foods and green gram only and was asked to avoid tamarind, curd, pumpkin and tea/coffee.

**Course II** - Course II is the same as course I; but was given after three months.

## **RESULTS:**

By 10<sup>th</sup> day of course I, there was reduction in hip pain and the patient was able to sit for 5 minutes with out pain. He was able to flex the left knee freely, but felt pain while flexing the right knee.

By 20<sup>th</sup> day, there was great improvement in the power of hip muscles. The SLR test was negative on left leg and positive at 15° in right leg. There was tenderness in L1 – L5 region on palpation.

On 30<sup>th</sup> day, the patient walked with the support of two persons, but was unable to stand on his own. By 40<sup>th</sup> day, he was able to stand and walk on his own without support.

On 45<sup>th</sup> day, Romberg's test signs were negative. The patient was able to stand and walk without support.

At the end of the course I, the power of lower limb muscles were very good (Grades 4 – 5). The SLR was negative on left leg and positive 30° in right leg. At this point of time the patient was able to walk without support but unable to sit in squatting position and could not lift heavy objects. There was a gap of three months before the second course was given as the patient had to attend some urgent personal work.

Second course was given as stated for the first course. The MRI taken before and after treatment showed improvement in the lumbar canal diameters at L1 –L2, L2 – L3, L3 – L4, L4 – L5 and L5 – S1 were 0.41, 0.70, 0.65, 0.26 and 0.09 centimeters respectively. (Fig 1 and Table I)

**TABLE I - COMPARISON OF ANTERO POSTERIOR CANAL DIAMETER FROM 1ST MRI TAKEN ON 04.10.2010 AND RECENT MRI TAKEN ON 19.08.2011**

**MRI taken on 19.08.2011**

**ANTERO POSTERIOR LUMBAR CANAL DIAMETER L1 – L5 LEVEL**

| <b>Level</b> | <b>MRI Scan Before Treatment 04.10.2010 (cm)</b> | <b>MRI scan After Treatment 19.08.2011 (cm)</b> | <b>Improvement (cm)</b> |
|--------------|--|---|-------------------------|
| L1 – L2      | 0.84   | 1.25  | 0.41                    |
| L2 – L3      | 0.81   | 1.51  | 0.70                    |
| L3 – L4      | 0.88   | 1.53  | 0.65                    |
| L4 – L5      | 1.03   | 1.29  | 0.26                    |
| L5 – S1      | 1.30   | 1.39  | 0.09                    |

**Fig.1 – Magnetic Resonance Image scan of the patient before and after treatment**



## MRI –Scan Before Treatment

## MRI – Scan After Treatment

### DISCUSSION :

Treatment for this condition has also been described in varmam literature

*nrhd;d vy;ypy; gprfpUe;jhy; ifahy; ghh;j;J*

*ftdkha; jhf;fpa Nrh;j;Jg;gpd;G*

*cd;dNt tpy;Ytpir - jsh;r;ir jPh;j;J Ropapuz;by;*

*mkh;j;jpNa Ropj;Jf; nfhz;L*

*gpd;dy; vd;w euk;Gfis njhpe;J gpd;dp ,UfisAk;*

*Nky;RopAk; mkh;j;Jtha; eP.*

*kpd;dnyd;w rj;jp epiyaq;fs; jd;dpy; nrt;tNd*

*njhopy; mwpe;J ,af;FthNa.*

*th;kfhz;lk; 557*

As per this Varma Kaandam verse 557 “ if there is deformity observed in the above bones, it shall be carefully observed by palpation and then the nerves involved shall be accordingly corrected. The nangana pootu (“chuli erandi”) shall be given. Further, by understanding the networks of nerves involved in the area, pinnal method is employed to boost idaikalai and pinkalai nerves. These energy points (varmam points) have be to manipulated as per the requirement

Further in the verse 560 (see above), it was stated that while giving this treatment use all other methods which include internal and external medications. If all the consideration were included in the treatment package the treatment will result in success. This was observed from the present condition of the patient.

This patient after the first treatment course, had to discontinue to attend his personal work in his home and was taking varmam points twice weeks only. Had he been taking his treatment continuously the duration required for complete recovery may be ascertained.

The exact location of the disc herniation was found to be at L1 and L2 (Fig 1-2). The comparison of antero posterior canal diameter from first MRI are the second (Table – 1) is a clear indication that there is considerable improvement in the canal diameter.

These results indicated that even though there was still some neural root compression. The patient was able to stand and move on his own.

The jaundice experienced by the patient may be an earlier symptom to this condition (Yugimuni Vayithiya Chinthamani – 288, 289) which has to be confirmed in further studies.

## **CONCLUSION:**

The above mentioned treatment package if used diligently lumbar disc prolapse can be corrected even without surgery. From the MRI results it was observed that the treatment has to be continued further for complete correction. Modern gadgets available currently shall be used to access the effects of treatment. For those patients who could not afford and /or those who do not want to undergo surgical methods, this treatment package is a boon. So also in many rural areas where in the surgical facilities are unavailable. Similar case studies in large number of patients in future will throw more light on this method of treatment.

## **REFERENCE:**

1. Macloed's Clinical methods
2. Varma Kaandam, verses 550, 560, 523 & 557
3. Vatha nithanam, verses 33
4. Yugimuni Vayithiya Chinthamani, verses 288 & 289