

Acupuncture Treatment on Prolapsed Lumbar Intervertebral Disease (PLID) - A Report in Bangladesh

Dr. SM. Shahidul Islam^{1*}, Dr. Boxu Lang², Sabina Yasmin³¹Visiting Consultant, Acupuncture Specialist, Suo-Xi Hospital (Acupuncture), Saan Tower, Chamelibag, Santinagar, Dhaka, Bangladesh²Chief Chinese Medicine Practitioner, Taizhou Municipal Hospital, Zhejiang, China³CEO, Suo-Xi Hospital (Acupuncture), Saan Tower, Chamelibag, Santinagar, Dhaka, BangladeshDOI: [10.36347/sjmcr.2024.v12i06.002](https://doi.org/10.36347/sjmcr.2024.v12i06.002)

| Received: 03.04.2024 | Accepted: 09.05.2024 | Published: 01.06.2024

***Corresponding author:** Dr. SM. Shahidul Islam

Visiting Consultant, Acupuncture Specialist, Suo-Xi Hospital (Acupuncture), Dhaka, Bangladesh

ORCID ID: <https://orcid.org/0000-0002-6234-1688> E-Mail: drshahidul@gmail.com**Abstract****Case Report**

Background: Both low back pain and sciatica are among the top ten most prevalent medical complaints. As a consequence of these adjustments, both the number of hours worked and the national economic loss will decrease significantly. It is crucial to do a complete physical evaluation of these patients before initiating any form of therapy. Inadequate medical or surgical therapy might cause symptoms to worsen, increasing the probability of this occurring. This research aims to assess how well acupuncture complements standard PLID care. **Methods:** This inquiry took place at SUOXI Healthcare Limited in Shantinagar, Dhaka, Bangladesh. A 45-year-old male patient has been complaining of lower back discomfort for the last five years. The diagnosis was confirmed with a MRI of lumbo sacral with screening of whole spine. **Results:** Positive findings emerged from further studies. It had been five years since he had found relief from the pain in his lower back, but now he was pain-free. The results of this research suggest that acupuncture may be helpful for those with PLID.

Keywords: PLID, Acupuncture, Acupuncture, Physiotherapy, Mobilization, Manipulation, Stretching, Chinese Method, Low Back-pain, lumbar disc.

Copyright © 2024 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

A herniated disc in the lumbar spine is a frequent cause of low back pain and leg pain (PLID). Male prevalence estimates for PLID vary from 1.9% to 7.6%, whereas female prevalence estimates fall within the range of 2.2% to 5.0%. [1]. Due to nerve root compression, patients with PLID are more likely to have back pain, lower back pain (including sciatica), quadra equines syndromes, and radicular discomfort [2,3]. Due to this, discomfort radiates down the affected leg. Lumbar discs include collagen, proteoglycan, and glycosaminoglycan. The pressure on the spinal cord is relieved as a result. One of the hallmarks of degenerative disc disease is a reduction in fibrochondrocytes' ability to synthesize fatty acids [4,5]. There is an increase in tension on the annulus fibrosus as the disc dries up and collapses. Under excessive pressure, a disc might develop rips and cracks, increasing the risk that its contents will leak out. A healthy disc may leak part of its contents under extreme biomechanical stresses that cause the annular fibers to snap. Sliding disc (PLID) is a medical term for what happens when the outer rings of

an intervertebral disc rupture due to a disorder termed condyververtebral dissection. Disturbance of bowel or bladder function is a medical emergency that requires immediate medical intervention. There's a chance that the pain you're feeling in your legs and back is coming from a slipped or herniated disc in your lower back. A herniated disc is one possible source of leg pain, numbness, and tingling. All of these things make the situation much worse. Prolapsed disc disease may occur when the intervertebral disc's matrix dries up. Lumbar disc disease is a catchall phrase for a group of conditions that may cause pain in the lower back and down the sciatic nerve, including degeneration of the lumbar disc itself. This image depicts a lumbar herniated disc, which is located in the lower back. Degeneration of the lumbar discs is responsible for about one-third of all occurrences of back pain. If the herniation presses on the sensory nerves that feed the skin, numbness and weaker muscles may result. Nerve injury is often characterized by pain that radiates from the hip or buttock down one leg and into the foot (sciatica). Any driver's accident risk increases in the presence of PLID, regardless of driving

experience. Employment as a domestic worker, private sector service provider, or seamstress is known to be one of the most risky occupations for women. These women are equally represented as men in their respective fields of employment. Medical data reveal a correlation between PLID and a greater hospitalization rate among workers.

CASE REPORT

A guy in his 45s who had been experiencing steadily increasing low back pain for the previous five years sought treatment at our facility. In this experiment that took place in a laboratory setting under controlled conditions, the measuring tool that was used was the MRI of the lumbosacral region combined with whole-spine screening. The MRI results suggest that the patient has degenerative disc disease. Circumferential, central, and

paracentral disc bulging at the L4-L5 and L5-S1 levels, creating bilateral lateral recess and foraminal constriction, as well as indentation of the thecal sac. The presence of PLID is consistent with these findings.

Mobilization, manipulation, and stretching of the lumbar spine, in addition to acupuncture of the lower back, are often used in the first treatments for lower back pain. We make use of techniques that include lumbar motion and manipulation so that we may help the patient feel more at ease in his surroundings. The findings of the follow-up research were quite promising, and the conclusion that was drawn as a whole was also positive. The patient said that he felt significantly better after the second session of acupuncture on his lower back, which was performed on him. Unpredictably, the patient's long-term lower back discomfort began to improve, much to the patient's utter astonishment.



Figure A



Figure B

Figure A, B: Giving Acupuncture at the Lumbar Region

DISCUSSION

Back pain is the most frequent complaint, and prolapsed intervertebral discs are the most common cause of back pain. This makes back pain the most common orthopedic condition overall (lower back pain). Fenestration of the vertebral lamina is a method that is often used in surgery for the treatment of lumbar intervertebral disc prolapse [6]. The anti-inflammatory, detumescent, blood-flow boosting, and collateral dredging effects of this medication have been demonstrated to be well tolerated in clinical studies [7]. It is essential for practitioners of acupuncture and moxibustion to have a solid understanding of the ideas of channels and collaterals. In the next paragraphs, we shall go even further into these concepts. Recent research has proven that the nervous system and the muscles work together to generate pathways and connections that are

utilized by other physiological systems for their own communication and function. This has been proved to be the case by a cooperative effort on the part of both systems. A guy in his forties who had been experiencing soreness in his low back for over five years visited our clinic with his complaint. It was a dreadful ordeal to have to become used to experiencing such severe discomfort. We were responsible for many of the experiments, but we did them on our own time and with our own resources. In this controlled laboratory investigation, a lumbar sacral with total spine screening was employed as the measurement tool. The MRI results suggest that the patient has degenerative disc disease. Circumferential, central, and paracentral disc bulging at the L4-L5 and L5-S1 levels, creating bilateral lateral recess and foraminal constriction, as well as indentation of the thecal sac. The initials PLID stand for the

individual who is engaged in this situation. The patient's condition was remedied using a holistic approach that included both acupuncture and physical therapy. After taking into consideration everything, it turned out to be the perfect solution. The patient reported a considerable decrease in the amount of lower back discomfort they were experiencing after their second acupuncture appointment. Despite this, medication was ultimately effective in curing the condition.

CONCLUSION

The results of the follow-up research shocked experts. The patient's low back pain began to lessen following the second acupuncture treatment. The back discomfort has been completely gone. Acupuncture has been shown to be effective for those suffering with prolapsed lumbar intervertebral disc (PLID).

REFERENCES

1. Kim, K. H., Kim, Y. R., Baik, S. K., Noh, S. H., Kim, D. H., Lee, S. W., & Yang, G. Y. (2016). Acupuncture for patients with lumbar spinal stenosis: a randomised pilot trial. *Acupuncture in Medicine: Journal of the British Medical Acupuncture Society*, 34(4), 267–274. <https://doi.org/10.1136/acupmed-2015-010962>
2. Glazov, G., Yelland, M., & Emery, J. (2016). Low-level laser therapy for chronic non-specific low back pain: a meta-analysis of randomised controlled trials. *Acupuncture in Medicine: Journal of the British Medical Acupuncture Society*, 34(5), 328–341. <https://doi.org/10.1136/acupmed-2015-011036>
3. Zhang, Y., Tang, S., Chen, G., & Liu, Y. (2015). Chinese massage combined with core stability exercises for nonspecific low back pain: a randomized controlled trial. *Complementary Therapies in Medicine*, 23(1), 1–6. <https://doi.org/10.1016/j.ctim.2014.12.005>
4. Tang, S., Qian, X., Zhang, Y., & Liu, Y. (2016). Treating low back pain resulted from lumbar degenerative instability using Chinese Tuina combined with core stability exercises: A randomized controlled trial. *Complementary Therapies in Medicine*, 25, 45–50. <https://doi.org/10.1016/j.ctim.2016.01.001>
5. Wu JP, Qiu FZ, Huang JS. *Surgery*. Beijing: Public health publishing house 2000; 2216-2221.
6. Shin, B.-J. (2014). Risk factors for recurrent lumbar disc herniations. *Asian Spine Journal*, 8(2), 211–215. <https://doi.org/10.4184/asj.2014.8.2.211>
7. Su G, Zhou Z, Luo J. The clinical observation of treating lumbar disc herniation resulted from stagnancy of both blood and qi using acupuncture. *CJTTCM* 2011; 23: 320–2.