

Prolapsed Lumbar Intervertebral Disease (PLID) and Acupuncture Treatment in Bangladesh: A Case Study

Dr. S. M. Shahidul Islam^{1*}, Dr. Huihui Li², Sabina Yasmin³

¹PhD. Fellow in Pain Management, Specially Trained in Acupuncture, Suo-Xi Hospital, Shaan Tower, Chamelibagh, Santinagar, Dhaka, Bangladesh

²Consultant Department of Orthopedics and Traumatology, Peoples Hospital of Chinese Medicine, Ruian City, China

³CEO, Suo-Xi Hospital, Shaan Tower, Chamelibagh, Santinagar, Dhaka, Bangladesh

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*Corresponding author: Dr. S. M. Shahidul Islam

PhD. Fellow in Pain Management, Specially Trained in Acupuncture, Suo-Xi Hospital, Shaan Tower, Chamelibagh, Santinagar, Dhaka, Bangladesh

E-Mail ID: drshahidul@yahoo.com

Abstract

Case Report

A crucial component to morbidity is a typical symptom as prolapse of lumbar intervertebral discs (PLID). Back pain and sciatica are two conditions that are quite prevalent in adults. In order to effectively treat these individuals, a more thorough examination is required. Treatment that is either medically or surgically injudicious has the potential to make the suffering worse. Suo-Xi Acupuncture at Shantinagar, Dhaka, Bangladesh, was the site of this investigation. A 30-year-old female patient has been complaining of low back pain for 5 years and both knee pain for 2 years. MRI of lumbo-sacral spine was used to confirm the diagnosis. The results of the follow-up study were excellent. The patient's lower back pain which she had been suffering for five years and both knee pain for 2 years, were seen improving at the first day of acupuncture. From this case study, patients with PLID may benefit from acupuncture.

Keywords: PLID, Acupuncture, Physiotherapy, Lumbar Mobilization, Manipulation, Low Back-pain, lumbar disc, Deep muscle stimulator, Active exercise and passive exercise.

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INTRODUCTION

Disc herniation in the lumbar spine, also known as a prolapsed lumbar intervertebral disc (PLID), is a common clinical diagnosis that may cause discomfort in the lower back and legs. In males, the incidence ranges from 1.9% to 7.6%, while in women; it ranges from 2.2% to 5.0% [1]. Indicative in most cases, PLID may be saved by decompressing the nerve roots while simultaneously preserving the bony and ligamentous stabilizers of the spine [2-5]. There is a three to twenty percent chance of being completely dissatisfied with the results of the discectomy [3, 6-8]. It is stated that its return at the same level after disc excision ranges from 5 to 11 percent and this occurs regardless of whether the herniation occurred on the ipsilateral or contralateral side [6, 7, 9, 10]. Since the beginning of recorded history, people have been bothered by back and leg discomfort. It wasn't until 1909 that Oppenheims and Krause performed the first successful surgical removal of a herniated disc. Their inability to recognize the removed tissue as disc

material led them to mistakenly label the mass with the term "enchondroma" [11]. After disc excision, Mixter and Barr [12] elevated the lumbar fusion to avoid stability. Spinal fusion, according to Frymoyer *et al.*, [13] and others, has little or no benefit. Incorrect prolapses at the same or a different level are common causes of surgical failure. Lumbar intervertebral disc prolapse is a frequent cause of mortality (PLID). Radicular discomfort was reported by 47.22 percent of patients, back pain by 35.24 percent, and lower extremity numbness by 17.14 percent. A herniated or ruptured lumbar disc may be the source of lower back and leg discomfort. A herniated disc may cause leg pain, numbness, and tingling. There is a strong sense that all of these things are making the pain even worse. Disc degeneration causes the intervertebral disc matrix to dry up, leading to prolapsed disc disease. Back and sciatica pain may result from a range of disorders, including degeneration of the lumbar disc, which is referred to as lumbar disc disease. This picture shows a lumbar disc herniation. Disc degeneration in the lumbar

spine may be responsible for up to one-third of all back pain cases. Shearing the nerve fibers closest to the skin may cause pain, muscular weakness, and loss of touch sensation. Pain radiates down one leg, down the calf, and into the foot when a nerve is severed (sciatica). For beginners and experienced drivers alike, the risk of an accident rises while using PLID. Domestic workers, private sector service providers, and seamstresses all operate in hazardous environments. These women work in the same professions as their male counterparts. Employees with PLID are more likely to be hospitalized, according to medical records.

CASE REPORT

A woman in her 30s who presented herself to our facility with symptoms of knee discomfort and low back pain that she had been suffering for the previous two years and five years, respectively, and that had become unbearable for her brought her to our attention. This examination, which was carried out in the laboratory, made use of an MRI of the lumbo-sacral spine (both views), which was performed on the subject. According to the findings of the MRI, the central disc at the level L4/L5 was observed to have a protrusion, which was producing ventral thecal sac indentation but did not cause any nerve root compression. It was discovered that the patient's symptoms were brought on by a prolapsed lumbar intervertebral disc, which is shown by all of these impressions to be an early stage of degenerative illness (PLID).

Active exercise and passive exercise, as well as the Chinese method known as a deep muscle stimulator, were all methods that were utilized by practitioners in order to get patients started on their treatment. Physiotherapy (Lumber mobilization, Manipulation,) and acupuncture at the lumber region and both knee areas are also methods. Lumber mobilization, manipulation, active exercise, and passive exercise are the four different types of techniques that we do when working with the patient to help him move more freely and pleasantly. The results of the follow-up study were overwhelmingly positive and encouraging, and the general conclusion was similarly optimistic. After the patient had her first acupuncture treatment in the lumber region and both knee areas, there was a discernible and considerable improvement in the patient's condition. The patient, who had been experiencing discomfort in their lower back as well as pain in both knees for a lengthy period of time, unexpectedly felt alleviation from their symptoms.



Picture A: Giving Acupuncture at the Lumber Region

DISCUSSION

Lower back pain is almost always caused by a prolapsed intervertebral disc, making it the most common orthopedic disease (lower back pain). Fenestration is a popular surgical treatment used to address lumbar intervertebral disc prolapse in the lower back [14, 15]. Its anti-inflammatory, detumescent, blood flow-improving and collateral-dredging qualities are all without adverse effects [16]. As stated in further detail below, acupuncture and moxibustion practice involves a grasp of the principles of channels and collaterals. A new theory proposes a partnership between the neurological and muscular systems in the creation of channels and collaterals that are subsequently used by various organs and systems throughout the body [17, 18]. The patient, a lady in her 30s, presented herself at our clinic complaining of long-term soreness in her knee joints and low back, both of which had been present for the previous five years. It was a terrible experience to be in so much agony. We were responsible for a very significant number of our own experiments. Disc dehydration may be noticed in an MRI of the lumbar spine at the L4-L5 level. This level of the lumbar spine is where the MRI is being performed. On the other hand, the results of the MRI reveal that the central disc at level L4/L5 was protruding, which caused an indentation in the ventral thoracic sac but did not compress any nerve roots. Taking into account this indicator, it is crystal evident that the person in question is PLID. In order to treat the patient's condition, they made use of acupuncture in conjunction with physical therapy. In the end, everything worked out just well. The patient had a significant reduction in discomfort in both knee joints and the lower back after the very first acupuncture treatment. Despite this, it turned out that the treatment was effective in the end.

CONCLUSION

The follow-up research yielded stunning findings. Pain in the patient's low back and both knee joint started to lessen after the first day of acupuncture treatment. The patient's lower back pain and both knee joint pain has vanished., Acupuncture has been demonstrated to aid the recovery, with PLID patients.

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