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A LITERATURE REVIEW OF LOW BACKACHE, CONSERVATIVE APPROACH

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ABSTRACT:

Lumbar disc herniations (LDH) may regress with conservative management; however, this phenomenon is poorly understood for the sequestered subtype of LDH. We present one of the first comprehensive literature reviews specifically addressing the spontaneous regression of sequestered intervertebral discs. We reviewed all publications with lumbar disc herniations, sequestered subtype. Our results were then narrowed to patients who experienced spontaneous regression of the sequestration. Based on our literature review

Keywords: Disc, Lumbar, LBP

INTRODUCTION:

Low back pain is a considerable health problem in all developed countries and is most commonly treated in primary healthcare settings. It is usually defined as pain, muscle tension, or stiffness localised below the costal margin and above the inferior gluteal folds, with or without leg pain (sciatica). The most important symptoms of non-specific low back pain are pain and disability.

Acute low back pain is commonly encountered in primary care practice but the specific cause often cannot be identified. This ailment has a benign course in 90 percent of patients. Recurrences and functional limitations can be minimized with appropriate conservative management, including medications, physical therapy modalities, exercise and patient education. Radiographs and laboratory tests are generally unnecessary, except in the few patients in whom a serious cause is suspected based on a comprehensive history and physical examination. Serious causes that need to be considered include infection, malignancy, rheumatologic diseases and neurologic disorders. Patients with suspected cauda equina lesions should undergo immediate surgical investigation. Surgical evaluation is also indicated in patients with worsening neurologic deficits or intractable pain that is resistant to conservative treatment.¹

About 90% of people suffer from lower back pain at some point in time in their lives. Lower back pain can be broadly classified into Traumatic and Non-Traumatic lower back pain.

Traumatic LBP caused by fall on stairs, Motor Vehicle Accidents (MVA), fall on the slippery surface, etc.

Non Traumatic lower back pain may arise from chronic muscle injury in the lower back muscles and Lumbar Disc Degeneration Disease (LDDD), spinal malignancy, vertebral fractures.

Back pain can also be classified into three categories based on the duration of symptoms: Acute back pain is defined as the pain that has been presented for six weeks or less. Subacute pain is of 6-12 weeks of duration and chronic pain lasts longer than 12 weeks .

Factors such as lifting, prolonged sitting, heavy work, bus driving, obesity, smoking, tumors, fractures, elderly with steroid therapy and psychological issues may cause LBP.²

Lower back pain is a complex scenario to manage with the multidirectional and multi-specialty approach. For instance, at the initial stage of treatment, our foremost goal is to relieve and lessen the intensity and severity of pain. Once the pain is controlled, bending, sitting, lying in bed and back muscle functions restored, then the only the patient can get further consultation from rehabilitation experts and also physiotherapists. While at another point, the patient may need other traditional treatment like Traditional Chinese Medicine (TCM) treatment, yoga therapy, ayurvedic treatment, etc. As in our case-patient got relief from TCM bandages Sumifun Back Pain Patches, Chinese medicine plaster, Bone pain relieving hot patches, it is a muscle and joint pain relieving medication) and Indian Ayurvedic oil applications. In LBP case, we may need long time equilibrium between different specialties of medicine, TCM, Acupuncture and moxibustion, and Indian Ayurveda etc.³

The exercise program includes a warm-up session of five exercises (awareness of the back, pelvic tilt, lumbar rotation, arm movements, whole-body movement in standing), well-known exercises targeting the muscles of the back extensors, abdominals, lateral buttocks, trunk rotators, posterior buttocks, leg muscles, oblique abdominals (e.g. the plank, diagonal arm and leg lift), as well as exercises for flexibility For each of

the eight types of exercise. After each type of exercise, the patient should records the level of each exercise for each training session during the eight-week period

CONCLUSION:

n case of Traumatic LBP, if the patient is without red flag sign, we should always opt conservative treatment with NSAID and muscle relaxant, on the other hand, we should also educate the patients and their family members to relieve the LBP.

Apart from western medicine, Traditional Chinese Medicine (TCM) bandages, Indian Ayurvedic oil also very effective for treating recurrent and traumatic lower back pain.

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REFERENCES:

1. <https://www.aafp.org/afp/2000/0315/p1779.html>
2. <https://orthopedics.imedpub.com/conservative-treatment-of-traumatic-lower-back-pain-case-report-and-literature-review.php?aid=24517>
3. https://www.physio-pedia.com/Low_Back_Pain

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