

# Clinical Approach to Disc Lesions Through Panchakarma: An Ayurvedic Perspective

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## ABSTRACT:

An intervertebral disc is a fibrocartilaginous cushion between adjacent vertebrae that provides flexibility and absorbs shock in the spinal column<sup>1</sup>. In its pathological conditions it is known as Intervertebral disc lesions<sup>2</sup>, which includes Bulge, Protrusion, Extrusion and Sequestration - are major causes of chronic low back pain, stiffness and neurological deficits. In Ayurveda, they are classified as Vata Vyadhi<sup>3</sup>, involving vitiation of Vata dosha and degeneration of Asthi, Majja and Mamsa dhatu. Panchakarma therapy offers a comprehensive, stage-wise approach: early stages of lesions benefit from Snehana, Swedana and Matra Basti; moderate cases require Mrudu Shodhana & Basti along with Snehana and Swedana, while severe lesions respond to Tailadhara, Bruhmana Basti and Rasayana therapies<sup>4</sup>. With this Avasthanusara Chikitsa we can maintain the advanced conditions of disc lesions which are indicated for surgical intervention like Discectomy & Laminectomy. Integrated with internal medicines, physiotherapy, diet and lifestyle changes, Panchakarma improves pain, stiffness, mobility and quality of life.

**Keywords:** Vatavyadhi, Disc lesion, Pathophysiology, Discectomy & Panchakarma

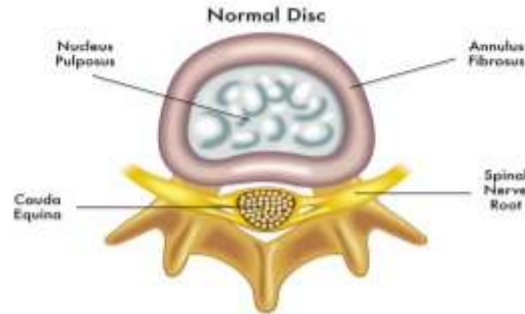
## INTRODUCTION:

Intervertebral discs act as shock absorber between the adjacent vertebrae which are responsible for movement of spine in all directions & transformation of weight to lower body. Intervertebral disc lesions are a major cause of morbidity globally, affecting millions of individuals with symptoms ranging from localized back pain to radiating neuropathic pain and motor deficits. Modern medicine classifies these lesions as Disc Bulge & Herniation which includes Protrusion, Extrusion and Sequestration, often correlating with increasing severity. Conventional management includes analgesics, physiotherapy and surgical intervention like Discectomy & Laminectomy. But these approaches often provide symptomatic relief without addressing underlying degenerative changes.

In Ayurveda, such lesions or diseases of Intervertebral disc of spine are classified under Vata Vyadhi, caused by the vitiation of Vata dosha, often associated with the depletion of structural tissues (dhatu)

like Mamsa, Asthi and Majja. Panchakarma, with its therapeutic detoxification and rejuvenation modalities, provides a comprehensive approach that can reduce pain, correct Dosha & Dhatu dusti with strengthening degenerative tissues by offering both preventive and curative solutions.

**ANATOMY OF DISC<sup>5</sup>:**



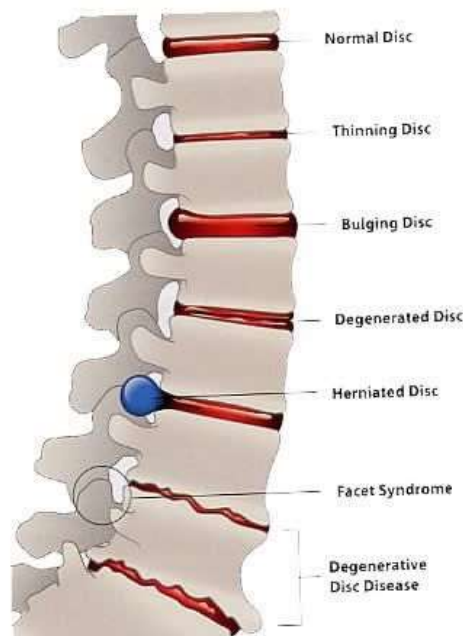
The intervertebral disc is a fibrocartilaginous structure located between adjacent vertebral bodies, serving as a shock absorber and allowing flexibility of the spine.

Each disc is composed of three main parts:

1. Nucleus pulposus
2. Annulus fibrosus &
3. Cartilaginous end plates.

The nucleus pulposus is a gel-like central core rich in water, proteoglycans and collagen fibers, providing elasticity and compressive strength. Surrounding it is the annulus fibrosus, a tough outer ring made of concentric lamellae of collagen fibers arranged obliquely, which provide tensile strength and containment of the nucleus. The cartilaginous end plates cover the superior and inferior aspects of the disc, anchoring it to the vertebral bodies and facilitating nutrient exchange between the avascular disc and the adjacent vertebral bone. Together, these components maintain spinal stability, flexibility and load distribution during movement.

**PATHOPHYSIOLOGY<sup>6</sup>:**

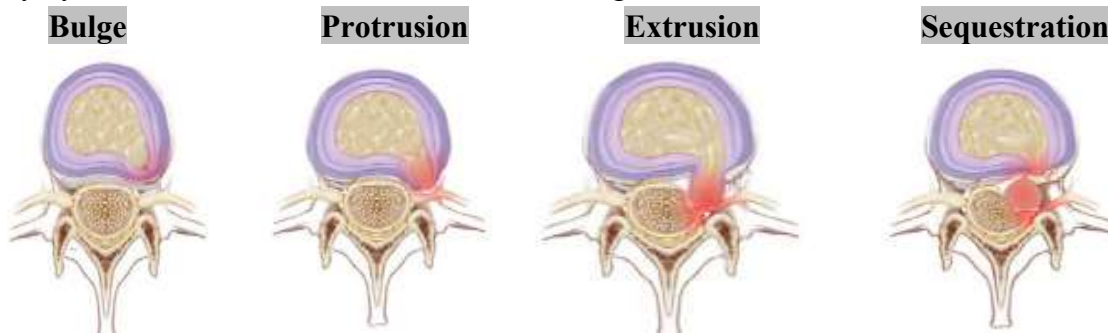


Disc lesions such as Bulge and Herniation result from degenerative and mechanical stress on the intervertebral disc. With aging, trauma or poor posture, the disc loses its hydration and elasticity, leads to weakening the annulus fibrosus.

In a disc Bulge, the annulus protrudes outward without rupture, while in a Herniation, the nucleus pulposus escapes through a tear in the annulus, often compressing nearby nerve roots. This leads to inflammation, pain, and neurological symptoms such as numbness, tingling, and restricted mobility.

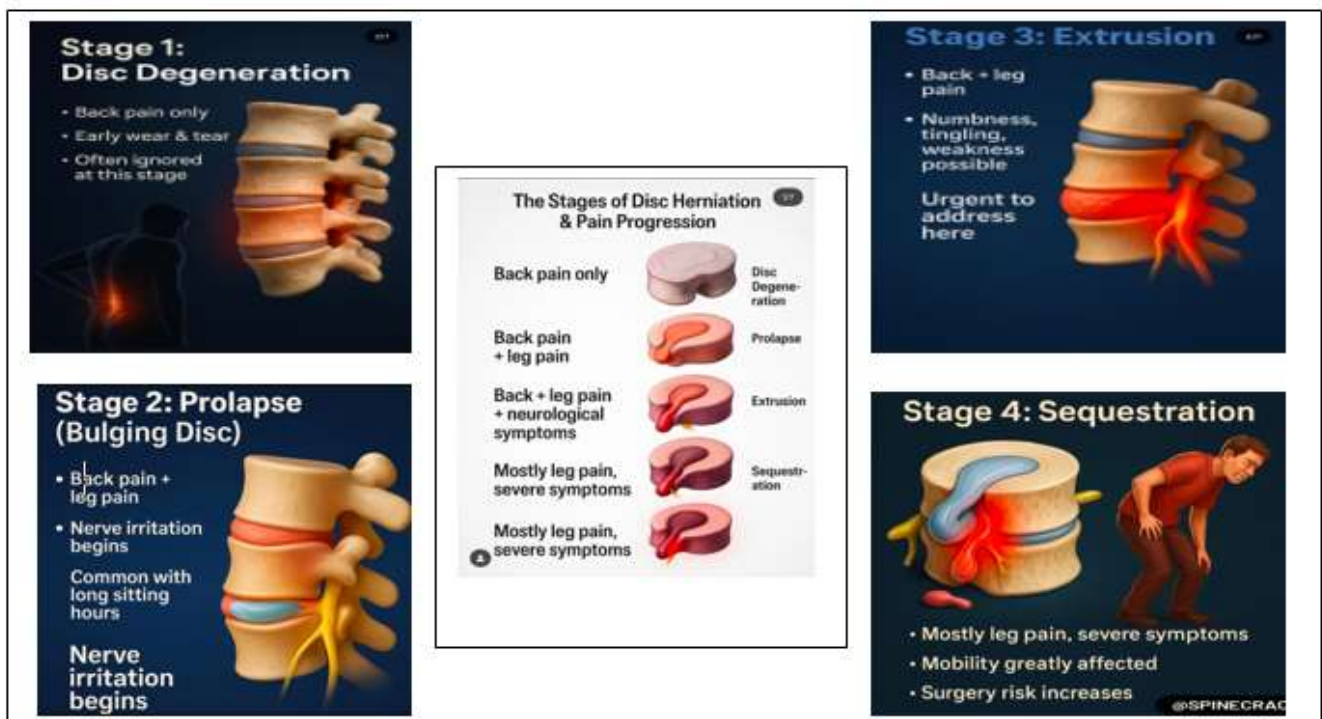
**DISC LESIONS<sup>7</sup>:**

Intervertebral disc lesions refer to structural abnormalities or degenerative changes of the disc that can lead to compression or irritation of nearby neural structures (spinal cord, nerve roots). They vary by extent, location, and effect on surrounding tissues.



Disc lesions	Features	Typical symptoms
<b>Bulge</b>	<ul style="list-style-type: none"> <li>Generalized, symmetrical extension of the disc beyond its normal margin.</li> <li>Involves &gt;25% of the disc circumference.</li> <li>Usually due to degenerative changes or chronic mechanical stress.</li> </ul>	<ul style="list-style-type: none"> <li>Often asymptomatic, may cause mild back pain or stiffness.</li> <li>If nerve root compression occurs → radicular symptoms (pain, numbness, tingling) in the distribution of affected nerve.</li> <li>Common sites: L4–L5, L5–S1.</li> </ul>
<b>Protrusion</b>	<ul style="list-style-type: none"> <li>Focal outpouching of nucleus pulposus through a weakened annulus fibrosus.</li> <li>Base of herniation is wider than the dome.</li> <li>Localized to &lt;25% of disc circumference.</li> </ul>	<ul style="list-style-type: none"> <li>Localized back pain.</li> <li>Unilateral radiculopathy due to nerve root compression (e.g., sciatica if lumbar).</li> <li>Possible sensory loss or motor weakness in affected dermatome / myotome.</li> </ul>
<b>Extrusion</b>	<ul style="list-style-type: none"> <li>Nucleus pulposus breaks through annulus fibrosus but remains connected to the disc.</li> <li>The dome is wider than the base - Indicates advanced herniation.</li> </ul>	<ul style="list-style-type: none"> <li>Severe radicular pain (shooting pain along nerve path).</li> <li>Numbness, tingling or weakness in affected limb.</li> <li>Pain worsens with coughing, sneezing or bending (↑ intrathecal pressure).</li> <li>May cause cauda equina symptoms (bowel / bladder dysfunction) if large</li> </ul>

		and central.
<b>Sequestration</b>	<ul style="list-style-type: none"> <li>• Fragment of nucleus pulposus breaks free and migrates within the spinal canal.</li> <li>• No continuity with the parent disc.</li> </ul>	<ul style="list-style-type: none"> <li>• Acute severe pain and neurological deficits.</li> <li>• Variable symptoms depending on fragment migration.</li> <li>• Possible bilateral symptoms if central.</li> <li>• May cause cauda equina syndrome (medical emergency).</li> </ul>
<b>Disc Degeneration / Degenerative Disc Disease</b>	<ul style="list-style-type: none"> <li>• Age-related dehydration and fibrosis of the nucleus pulposus.</li> <li>• Annular fissures, loss of disc height, and osteophyte formation.</li> <li>• Can predispose to herniation or spinal stenosis.</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic low back pain with episodic exacerbations.</li> <li>• Pain worse with sitting or bending.</li> <li>• Often stiffness in the morning or after inactivity.</li> <li>• No clear radicular symptoms unless nerve root involvement occurs.</li> </ul>
<b>Internal Disc Disruption (IDD)</b>	<ul style="list-style-type: none"> <li>• Fissuring or tearing within the annulus fibrosus without external herniation.</li> <li>• Often only seen on discography or MRI with contrast.</li> </ul>	<ul style="list-style-type: none"> <li>• Axial back pain (discogenic pain).</li> <li>• Pain may not radiate.</li> <li>• Worsened by sitting or axial loading.</li> </ul>



**Interpretation of Disc lesion w.s.r to Vatavyadhi<sup>8</sup>:**

Disease	Symptoms	Correlation / Lesion	Treatment Principles
Katishoola	Shoola & may or may not associated with Stambha (Pain > Stiffness)	<ul style="list-style-type: none"> <li>• Lumbago / Spondylosis</li> <li>• Disc Bulge / IVDP</li> </ul>	<ul style="list-style-type: none"> <li>• Abhyanga, Katibasti, Katidhara</li> <li>• CPS, PPS, Parisheka</li> <li>• Matrabasti</li> <li>• Vatahara Basti</li> <li>• Agnikarma</li> </ul>
Katigraha	Stambha, Gourava & Manda shoola (Stiffness > Pain)	<ul style="list-style-type: none"> <li>• Muscle spasm /</li> <li>• Disc Bulge / IVDP</li> </ul>	<ul style="list-style-type: none"> <li>• CPS, Upanaha</li> <li>• Parisheka</li> <li>• Abhyanga</li> <li>• Vatahara Basti</li> <li>• Agnikarma</li> </ul>
Pakwashaya gatavata / Udavarta	Shoola, Adhmana, Trika vedana, Anaha, Atopa, Vibandha & Grahani dosha	<ul style="list-style-type: none"> <li>• Reffered back pain / Constipation</li> <li>• Probably No Disc lesion</li> </ul>	<ul style="list-style-type: none"> <li>• Snehana</li> <li>• Swedana</li> <li>• SnehaVirechana</li> <li>• Anuvasana basti</li> <li>• DMNB, EMNB, Udavartahara basti.</li> </ul>
Gridhrasi - Vataja	Kati-Sphik-Uru-Janu-Janga & Pada – Ruk, Toda +Muhur Spanadana & Sakthikshepa nigraha (Lower back pain with radiculopathy)	<ul style="list-style-type: none"> <li>• Sciatica</li> <li>• Disc Protrusion or Extrusion or Sequestration</li> </ul>	<ul style="list-style-type: none"> <li>• Abhyanga</li> <li>• Parisheka, Baspa sweda</li> <li>• Katibasti</li> <li>• CPS, PPS</li> <li>• Mridu Virechana</li> <li>• Vatahara Basti, Vaitaran basti</li> <li>• Agnikarma</li> <li>• Siravyadha</li> </ul>
Gridhrasi - Vatkaphaja	Kati-Sphik-Uru-Janu-Janga & Pada – Ruk, Toda + Muhur Spandana & Sakthikshepa nigraha along with Stambha, Tandra, Gourava & Aruchi. (Lower back pain with radiculopathy)	<ul style="list-style-type: none"> <li>• Sciatica</li> <li>• Disc Protrusion or Extrusion or Sequestration</li> </ul>	<ul style="list-style-type: none"> <li>• Parisheka</li> <li>• CPS, Lepana</li> <li>• Urdhwa-adho shodhana</li> <li>• Abhyanga + Baspa sweda</li> <li>• EMKB, DMKB, Vaitaran basti</li> <li>• Agnikarma</li> <li>• Siravyadha</li> </ul>
Khalli	Teevra ati vedana – Pada, Janga, Uru & Karamula (twisting pain)	<ul style="list-style-type: none"> <li>• Spondylosis with Radiculopathy</li> <li>• Disc Extrusion or Sequestration</li> </ul>	<ul style="list-style-type: none"> <li>• Ushna Upanaha</li> <li>• Agnikarma</li> <li>• CPS, PPS, JPS</li> <li>• Parisheka</li> <li>• Vaitarana basti</li> </ul>

Pangu	Shaktihani & Anga chesta avarodha, Manda vedana	<ul style="list-style-type: none"> <li>• Paresis of limb / Peripheral neuropathy / Neuromuscular weakness</li> <li>• Canal stenosis / Quada equina</li> </ul>	<ul style="list-style-type: none"> <li>• Rukshana</li> <li>• Snehana</li> <li>• Swedana</li> <li>• Yapana basti- DMYB</li> </ul>
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\*CPS – Choorna Pinda Sweda,

\*DMNB – Dashamoola Niruha Basti,

\*EMKB - Erandamoola Kshara Basti,

\*JPS – Jambheera Pinda Sweda,

\*PPS – Patra Pinda Sweda,

\*EMNB – Erandamoola Niruha Basti

\*DMKB - Dashamoola Kshara Basti

\*DMYB - Dashamoola Yapana Basti

## DISCUSSION:

In samhitha the main chikitsa for Vatavyadhi is explained as Vatasya upakarama<sup>9</sup> in both Upasthambhita & Nirupasthambhita avastha<sup>10</sup> by differentiating kevala Vata & samsrusta Vata. Among them **Snehana** (Oleation Therapy), **Swedana** (Sudation Therapy) & **Mridu Shodhana** are the primary therapeutic measures in Panchakarma for Vata-vyadhi such as intervertebral disc lesions. Their actions are both physiological and therapeutic, targeting the underlying pathology of Vata aggravation, rukshata (dryness) and stambha (stiffness) in the affected region.

### SNEHANA (Oleation Therapy)

#### A. External Snehana (Bahya Snehana / Abhyanga)

- Local application of medicated oils such as Dhanvantaram Taila, Sahacharadi Taila, or Kottamchukkadi Taila improves local circulation, softens tissues, and alleviates muscle spasm around the lesion.
- The transdermal absorption of sneha provides shothahara and shulahara actions by reducing neural tension and stiffness.
- In disc bulge and herniation, external Snehana helps to reduce paraspinal muscle spasm, facilitating decompression of the affected nerve roots.
- In advanced lesions like extrusion and sequestration, it supports symptom relief and prepares tissues for deeper therapies like Basti.

\*the application of external Snehana is applied according to the Avastha as mentioned in Vatavyadhi chikitsa sutra. For ex in conditions of Avaranajanya, Samavata conditions initially Rukshana chikitsa carried out followed by Snehana chikitsa. Similarly application of Swedana also considered.

#### B. Internal Snehana (Abhyantara Snehapana)

- Administered with medicated ghee or oil (e.g., Ksheerabala Taila, Mahatiktaka Ghrita, Panchatikta Guggulu Ghrita ) internal oleation nourishes the Asthi and Majja dhatu that correspond to the vertebral structures and disc tissue.
- It counteracts Vata-induced rukshata and degeneration by improving disc hydration and reducing stiffness.
- The Snigdha guna of Sneha dravya enhances lubrication between vertebral segments, reducing friction and stiffness.
- It also facilitates the smooth conduction of Vata by relieving pain and nerve irritation caused by compression or inflammation.

### SWEDANA (Sudation Therapy)

- Swedana (fomentation) follows Snehana, acts synergistically by dilating channels (srotas) and enhancing the penetration of sneha.
- It relieves stambha (rigidity), gourava (heaviness) and shula (pain) by relaxing muscles and improving local blood flow around the spine.
- In **disc bulge and early herniation**, Parisheka with Dhanyamla, Dashamoola quatha & Twak Nirgundi, Nadi Sweda or Patra Pinda Sweda helps to reduce shula, shotha, stambha and pressure on the affected disc.
- In **degenerative or chronic stages** (extrusion or sequestration), Shashtika Shali Pinda Sweda & Tailadhara provides deep nourishment by strengthening weakened muscles and ligaments while restoring joint mobility.
- Localised Basti Karma (Katibasti & Prustabasti or Merubasti) will be very helpful in all conditions, which acts as Snigdhasweda. But usage of taila will be different in different stages, for ex. Kottamchukkadi taila, Dhanwantara taila & Sahacharadi taila in bulges or early stages of herniation, where as Ksheerabala taila, Mahanarayana taila & Mahamasha taila in advanced stages of disc lesions with Neuropathies.

The combined effect of Snehana & Swedana soften fibrotic tissues, reduce stiffness and promote reabsorption of inflammatory exudates, thereby providing significant relief in pain and restricted motion.

### VIRECHANA KARMA (Therapeutic Purgation)

**Primary Action:** Controlling of Pitta and Kapha associated Vata in the gastrointestinal tract, thereby reducing inflammation and eliminating toxicity which has brought from affected area through Snehana & Swedana.

#### Mechanism:

In moderate to severe herniation or extrusion, Vata-Pitta aggravation produces burning, radiating pain and neural irritation. Virechana expels vitiated Pitta and clears Srotorodha (blockages) in the Asthi-Majja srotas thereby reducing inflammatory reactions and improving microcirculation to spinal tissues.

#### Therapeutic Effects:

- Reduces inflammation and edema around the affected disc and nerve roots.
- Enhances tissue metabolism and healing.
- Prevents further degeneration by balancing Vata and Pitta.

**Best indicated in:** Disc herniation and disc extrusion presenting with burning pain, tingling sensation, inflammatory signs & symptoms with radiating pain (Pitta anubandhi Vata or Kapha anubandhi Vata) associated with elevated levels of CRP & ESR. This Virechana treatment shows significant results in the above said symptoms.

### BASTI KARMA (Medicated Enema Therapy)

**Primary Action:** Direct pacification of Vata dosha thereby nourishment of Asthi-Majja dhatu and restoration of neuromuscular balance.

#### Mechanism:

The colon (Pakvashaya) is the primary seat of Vata dosha. Basti delivers medicated oils and decoctions through the rectal route, directly influencing Vata regulation throughout the body. Anuvasana Basti (oil enema) provides lubrication and nourishment to degenerated spinal tissues, while Niruha Basti (decoction enema) eliminates aggravated Vata and metabolic toxins.

**Therapeutic Effects:**

- Relieves pain, stiffness, and neurological irritation.
- Nourishes intervertebral discs, restoring hydration and elasticity.
- Promotes regeneration of Asthi and Majja dhatu (bone and nerve tissue).
- Improves spinal alignment, mobility, and functional strength.

**Vaitarana basti:** in case of acute or subacute conditions associated with more of pain predominance & Ama conditions.

**Kshara basti** (Erandamoola kshara basti): in case of avarana associated with mild to moderate pain & stiffness

**Erandammola / Dashamoola Niruha basti:** in case of acute & subacute conditions of disc lesion associated with pain, stiffness & heaviness along with GI symptoms like constipation & indigestion.

**Bruhmana basti** (Dashamoola ksheerapka, Yapana & Guduchyadi basti): in case of advanced stage of disc lesions & other degenerative conditions of spine.

**Matra basti:** in all stages, specially in early & advanced stages of disc lesion for the regulation of Vata which repeatedly causes shula & stambha.

**Best indicated in:**

All stages, particularly extrusion and sequestration, where chronic Vata prakopa and severe degeneration is present.

**SIRAVYADHA (Venesection)**

Siravyadha, one of the prime Raktamokshana methods described by Acharya Sushruta, involves controlled removal of vitiated blood to relieve Rakta dushti and Pitta-Vata disorders. In disc lesions like bulge, herniation, extrusion, and sequestration, it reduces local congestion, inflammation, and neurovascular compression, clears Vata Avarana, and alleviates pain, stiffness, and burning. By improving microcirculation and reducing perineural edema, it supports tissue nourishment and neural recovery. In acute stages, Siravyadha offers rapid relief, while in chronic cases it provides palliation. Followed by Snehana, Swedana, and Basti, it enhances therapeutic efficacy and aids functional spinal restoration.

**AGNIKARMA:**

In disc lesions such as disc bulge and herniation, Agnikarma serves as an effective Ayurvedic para-surgical therapy for relieving pain, stiffness, and neural irritation caused by Vata–Kapha imbalance, with the choice between Snigdha (unctuous) and Rūkṣa (dry) Agnikarma depending on the disease stage and doshic predominance. Snigdha Agnikarma, performed using Vatakaphara leaves along with ghee or oil, is indicated in acute or inflammatory stages where Pitta and Kapha are aggravated, as its soothing and lubricating heat reduces inflammation, relaxes muscles, and pacifies Vata without aggravating Pitta. In contrast, Rūkṣa Agnikarma, done using heated metallic instruments like Panchadhatu Shalaka, is preferred in chronic, degenerative, or stiffness-dominant conditions where Vata and Kapha predominate; it provides deep, dry heat that disperses obstructions, enhances local circulation, reduces pain, and restores movement. Thus, Snigdha and Rūkṣa Agnikarma complement each other in managing disc lesions by addressing both acute inflammatory and chronic degenerative stages, offering significant symptomatic relief and functional improvement without directly altering the structural deformity of the disc.

**CONCLUSION:**

Intervertebral disc lesions arise primarily from mechanical stress and degeneration that compromise disc integrity and function. The resulting structural changes cause nerve compression and inflammation, leading to pain and neurological deficits. Early diagnosis and targeted management are essential to prevent progression and preserve spinal health.

**Snehana (Oleation Therapy):** Snehana nourishes and lubricates spinal tissues, pacifies aggravated Vata, and prepares the body for deeper detoxification therapies, providing relief from pain and stiffness in disc lesions.

**Swedana (Sudation Therapy):** Swedana enhances the effects of Snehana by relaxing muscles, reducing stiffness and inflammation, and improving circulation, leading to better mobility and pain relief in disc pathology.

**Virechana Karma (Therapeutic Purgation):** Virechana eliminates aggravated Pitta and associated Vata, reducing inflammation and neural irritation while promoting spinal tissue healing and preventing further degeneration.

**Basti Karma (Medicated Enema Therapy):** Basti directly pacifies Vata dosha, nourishes Asthi-Majja dhatu, and restores neuromuscular balance, offering long-term relief and regeneration in all stages of disc lesions.

**Siravyadha (Venesection):** Siravyadha effectively reduces local congestion, inflammation, and neurovascular compression, offering quick pain relief and enhancing the outcomes of subsequent Panchakarma therapies.

**Agnikarma:** Agnikarma provides rapid symptomatic relief in disc lesions by balancing Vata-Kapha through controlled heat application, reducing pain, stiffness, and neural irritation effectively.

**REFERENCES:**

1. Muthu S, Viswanathan VK, Chellamuthu G. Mechanical basis of lumbar intervertebral disk. *Indian Spine Journal*. 2024;7(2):121–130.
2. Nehru AP, Kanna RM, Shetty AP, Shanmuganathan R. Intervertebral disc degeneration and vertebral end plate damage in acute lumbar disc herniation. *Indian Spine J*. 2023;6(2):118–24.
3. Kamble A, Kulkarni R. A literary review on Vātavyādhi with special reference to Nidāna and Samprapti. *Journal of Ayurveda and Integrated Medical Sciences*. 2017;2(5):34–40.
4. Charaka. *Charaka Saṃhitā*. Edited by Tripathi R. Chikitsāsthāna, Chapter 28 (Vātavyādhi Chikitsā). Varanasi: Chaukhamba Sanskrit Pratishthan; 2011. p. 765–782.
5. Nanda A, Sharma BS. Lumbar disc degeneration: pathophysiology and clinical correlation. *Indian J Orthop*. 2014;48(3):234–40.
6. Ganesan S, Rajkumar N. Pathophysiology of lumbar intervertebral disc degeneration: a narrative review. *J Orthop Assoc South India*. 2018;15(2):72–80.
7. Nehru AP, Kanna RM, Shetty AP, Shanmuganathan R. Intervertebral disc degeneration and vertebral end plate damage in acute lumbar disc herniation. *Indian Spine J*. 2023;6(2):118–24.
8. Charaka. *Charaka Saṃhitā*. Edited by Tripathi R. Chikitsāsthāna, Chapter 28 (Vātavyādhi Chikitsā). Varanasi: Chaukhamba Sanskrit Pratishthan; 2011. p. 765–782.
9. Charaka. *Charaka Saṃhitā*, Chikitsāsthāna 28 – Vātavyādhi Chikitsā (Vātasya Upakrama). Edited by Tripathi R. Varanasi: Chaukhamba Sanskrit Pratishthan; 2011. p. 765–782.

10. Vāgbhaṭa. Aṣṭāṅga Hṛdaya, Sūtrasthāna 13 & Chikitsāsthāna 12 – Vāta Upakrama. Edited by Kunte AM, Navare KS. Varanasi: Chaukhamba Sanskrit Series; 2014. p. 120–125, 515–520.