

The Effect of MeruChikitsa(healing therapy) on Chronic Low Back Pain: A Case Series

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ABSTRACT

Chronic low back pain (CLBP) is a frequent cause of disability and it represents a medical, social and economic burden globally. All the patients suffering from low backache due to grade 1 or 2 disc may not require surgery. They are subjected to conservative treatment, which alone may not be very effective all the time. The objective of this case series is to assess the effectiveness of an Ancient Ayurveda healing touch therapy called MeruChikitsa (MC) in adult patients with moderate to severe Back pain issues. The pain was analyzed by using scales such as the Visual Analogue Scale (VAS), BECK's depression inventory, and 36-item-short-form survey (SF-36 score). All 9 patients were given sessions of MeruChikitsa for 15 days. Pre-assessment was done before starting the therapy and clinical assessment was done post-15 days of treatment. The results have been very encouraging and there has been considerable improvement in all the patients. This is the first reported case series on results of MC. It can be extended with bigger studies and with various neurological disorders.

Key words:MeruChikitsa, Touch Therapy, Chronic Low Back Pain

Low back pain (LBP) is a very common problem worldwide and is increasing with the changing lifestyle. Chronic low back pain (CLBP) is defined as lumbar pain persisting for longer than three months, in absence of a suspected pathology (red flag conditions such as e.g., tumor, infection or fracture). Patients typically report physical disabilities and psychological distress concurrently with the pain [1].Majority of patients who do not have neurological deficit except pain as the complaint, are subjected for MRI spine to rule out any spinal pathology. The nature of the pain however may not require surgery and these patients are treated conservatively. This group of patients is kept on medication which includes muscle relaxants, various drugs for neuropathic pain, and manytime anti-depressant to [2].

The patients are also motivated to adopt a change in lifestyle and start extensor paraspinal exercises. These patients were subjected to sessions of MeruChikitsa (MC), an ancient Ayurvedic technique of healing touch therapy (taught under the aegis of art of living) and response of therapy was evaluated using pain measurement scale i.e., Visual analogue scale (VAS), the Beck's Depression Inventory (BDI), a measure of depression and 36-item short form survey(SF-36), a measure of self-reported state of health [3-5].The present case series aims to report the effects MCtherapy on patients with CLBP.

MATERIALS AND METHOD

All patients aged 18 years and above not requiring surgery for LBP were enrolled in this series. Their medical background was assessed on the basis of the prescription,

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X-ray, and MRI reports. Furthermore, VAS, BDI, SF-36 score were also employed to assess the extent of CLBP. After taking written informed consent, MC was started as a concurrent treatment to the existing treatment for all the patients. The therapy was given by Meru Practitioners on specially designed MC table (Figure 1). During the therapy, light feather touches were made along the spine of the patient on the basis of the respiratory wave in the body.

The duration of the session ranged from 20-30 minutes. The therapy was given on alternate days, 3 days (sessions) per week for 2 consecutive weeks. Patients underwent a total of 6 sessions of treatment. The outcomes of MC were assessed the above-mentioned methods. The assessments were done at 0 and 2nd week of the treatment.



Figure 1: The specially designed MeruChikitsa Table

RESULTS

Nine patients were studied and outcome was analyzed in them. All had mild grade 1 disc at L4-5 and or L5-S1 level without any movement between vertebral bodies and grade 1 Modic changes. The mean age in years was 29.40 for male and 32.25 years for females. The mean duration of illness was 3.30 years.

During pre-assessment, it was observed that VAS score in males was 6±1.58 compared to female 7.75±0.05. We

found that 55.5% of males and 22.2 % of females had moderate disability. However, pain was severe in female as VAS; SF score was noted to be more in females compared to males. Intensity of pain as measured by VAS before the intervention was found to be moderate to severe. During post- assessment that was observed after 6 sessions of touch therapy, pain intensity had significantly reduced in all the treated patients and there was 50-87 % relief in pain. BDI score improved to 42-100% and SF -36 score improved up to 78%(Table 1-2).

DISCUSSION

MC is an ancient Ayurvedic healing technique involving light touches along the spine. It is believed that by gently engaging with the fascia along the spine, it can disintegrate little "blockages" in the body's energy centers, thereby enhancing the body's natural capacity for healing. [6]. It is similar to Ayurveda in its approach where treatment is given to balance the body's energies instead of resolving any symptoms in particular. What yoga does to our body and mind, MC does to our body's electrical circuits and bodily fluid flow in a far more delicate way, which also has an impact on the bones, structures, and postures. After getting touch treatment, the SF 36 score of every patient was greater than 50. We saw that all of the patients' post-treatment BDI scores were equal to or less than 5. In a similar fashion, all patient's post-treatment VAS scores were lower than 5.

At the second week of treatment, we also observed a substantial mean percentage change in VAS, BDI score, and SF-36 scores. Improvement in physical functioning, physiological pain, role limitation owing to personal or emotional issues, social functioning, and energy/fatigue were all noted in the SF-36 health assessment after the second week of treatment. Nevertheless, in these patients, mild lumbosacral disc herniations may be an incidental and age-related change.

Table 1: VAS and BECK's at pretherapy and 2nd week of treatment

Age/ /Sex	Duration of Symptoms	VAS			BDI		
		Pretherapy	2nd week	Change in VAS	Pretherapy	2nd week	Change in BDI
31/M	2 years	5	2	60%	8	3	62.50%
33/M	7 years	8	3	62.50%	12	3	75%
36/M	4 years	7	2	71.40%	6	1	83%
42/F	6 years	7	2	71.40%	12	5	58.3%
22/M	2 years	4	1	75%	8	0	100%
25/M	1 year	6	2	66.60%	8	4	50%
19/F	1 year	8	4	50%	7	4	42.80%
51/F	2 years	8	1	87.50%	16	4	75%
17/F	5.14 years	10	2	80%	7	3	57.14%

Table 2: SF 36 score at pretherapy and 2nd week of treatment

Age/Sex (In years)	Duration of Symptoms	SF-36		
		Pretherapy	2 nd week	Change in SF-36
31/M	2 years	75	85	13%
33/M	7 years	78	86	10.25%
36/M	4 years	54	76	40.74%
42/F	6 years	56	64	14.28%
22/M	2 years	28	50	78.57%
25/M	1 year	74	82	10.81%
19/F	1 year	76	80	5.2%
51/F	2 years	75	85	13%
17/F	5.14 years	25	54	60%

Our study showed that MC as therapy showed significantly reduced body pain with better level of evidence for pain reduction and also helped in overall improvement in health and wellbeing without side effects. The results of the present study were supported by the pilot randomized control trial done by Muller et al [7]. They used Quebec Back Pain Disability Scale and the Numeric Pain Rating Scale to observe the outcome. The study concluded that 'similar touch therapy' provides significant benefit to patients with low back pain. While there is still some debate on the pathophysiology of CLBP, some authors have attempted to explain it by postulating that biological, psychological, and social variables interact to cause the problem. As is evident, a combination of biological, psychological, psychosomatic, mechanical, and social variables may be the underlying cause of back pain. Patients in this case series exhibited mild lumbosacral disc herniations, which may have been unintentional age-related abnormalities. Therefore, all the patients underwent MRIs to rule out any pathology that may necessitate surgery. The cases in this series were monitored for shorter periods of time, thus it is difficult to say whether these procedures are beneficial long-term or provide a lasting cure for the pain, even though they considerably reduce the discomfort.

CONCLUSION

MC is a non-invasive, non-pharmacological, touch-based healing therapy that can be considered as an alternative modality and can safely be used concurrently with medical treatment to bring down LBP in a short duration. The sustainability of treatment effects for long-term results on pain needs to be evaluated. Furthermore, one also needs to evaluate the physical changes in the spinal column before and after the MC therapy in a larger study group.

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