

Low Back Pain In Females During Reproductive Age And Its Homeopathic Management With The Reference Of Vedas

*Authors- Dr. Pushpa Kumawat, Assistant Professor, PHARMACY, Jayoti Vidyapeeth Women's University, Jaipur, India. Mail [id-pushpanaga88@gmail.com](mailto:pushpanaga88@gmail.com)
Dr Ajay Jatoliya, Assistant Professor, COMMUNITY MEDICINE, Jayoti Vidyapeeth Women's University, Jaipur, India. Mail id -- drajayjatolia@gmail.com
Dr G. Jaysee John, Assistant Professor, ANATOMY, Jayoti Vidyapeeth Women's University, Jaipur, India. Mail id-- drjayseesunish@gmail.com
Dr. Shabanam R Shaha, Associate Professor, GYNAE/OBS, Jayoti Vidyapeeth Women's University, Jaipur, India. Mail id- drshabnamn@gmail.com
Dr. Ritu Sharma, Assistant Professor, GYNAE/OBS, Jayoti Vidyapeeth Women's University, Jaipur, India. Mail id- drritupathak15@gmail.com*

Corresponding author: Dr Pushpa Kumawat, Email id: pushpanaga88@gmail.com

ABSTRACT

Low back pain is a well-known medical condition that has significant impact on quality of life and professional productivity of individual. The prevalence of low back pain (LBP) is higher in female as compared to a general population. The sex difference in incidence is mainly explained by the fact that the female muscular and ligamentary supports are not as strong as of males.

Keywords- Lumbago, Low Back Pain, Homeopathy, and Homeopathic Medicines.

INTRODUCTION

Low back pain is a board term to cover many group of disorders. Low back pain includes many diseases with different etiological factors and have different prognosis, but at present time the medical knowledge give exact cause of low back pain, 'nonspecific' LBP is determined by exclusion. In fact, it has been estimated by some that a somatic cause is found in 10-20% of cases with LBP¹, whereas others find that as much as 97% of LBP is called "non-specific" or "sprain/strain".² Thus, LBP refers to a set of symptoms or a syndrome rather than a diagnosis.³

Although low back trouble would be a more precise term, LBP (or nonspecific LBP) is the most commonly used term for non-specific trouble relating to the lower back. LBP is more often affects women than men and this lead to assumption that its cause lies in female reproductive system.

The sex difference in incidence is mainly explained by the fact that the female muscular and ligamentary supports are not as strong as of males. Further during pregnancy and during labor the mobility of pelvic girdle exposes the muscles and ligament to undue strains which after delivery

involute suboptimal. A higher number of live births are suggested to associated with low back pain.^{4,5} After postpartum, women exposed to additional physical work, including prolonged bending during household work lifting the baby. She is subjected to considerable nervous and emotional stresses of motherhood and has inadequate rest and sleep during that period.⁶

During reproductive period, most common causes of low back pain are uterine displacement, chronic pelvic infection, endometriosis, threatened abortion, uterine prolapse, sprains & strains, during pregnancy, after delivery especially after caesarean section and neoplasm. Faulty posture is one of common cause of low back pain.⁷ Females took non homeopathic medicines (allopathic) like acetaminophen (Paracetamol) or Non-steroidal Anti-inflammatory Drugs (NASIDS) for Low Back Pain. Standard dose of acetaminophen are safe but high doses may cause liver, kidney failure, stomach ulcer and possibly heart failure.⁸ Alternative medicines like acupuncture are not effective for sub chronic pain. It improves in chronic pain a little more than no treatment, but it does not help with disability.⁹

EPIDEMIOLOGY-

Low back pain may be a common problem health in the world and a serious simplification for the diseases thus affecting performance at work and general well-being. Low back pain are three types acute, sub-acute, or chronic. several threatening factors are identified (including job related posture, depressions, obesity, height and aging), the causes of the onset of low back pain remain obscure and difficult to diagnosis . The 2010 Global Burden of Disease Study estimated that low back pain is among 10 diseases and injuries that account for the highest number of DALYs worldwide. As the world population ages, low back pain will increase substantially deterioration of the intervertebral discs in older people. Low back pain causes limits the activity of work throughout the world, imposing a high economic burden on individuals, families, communities, industry, and governments.¹⁰ Several studies shows economic impact of low back pain.

Prevalence estimates of low back pain vary, population-based data indicate that more than 70% of women experience low back pain during their lifetime, with 50% of women affected during pregnancy and 66% following their reproductive years.¹¹

The literature showed that low back pain was more common in married women, smokers and housewives. There was no significant relation among height, weight, BMI, exercise program, level of calcium, phosphate and vitamin D with prevalence of LBP. Most of active women in fertility age are affects LBP. Aging, marriage, housekeeping, smoking, several pregnancy and delivery may effects on incidence of LBP.¹² Females and housewives more prone to do most of the work around the house. This may demand them to take a seat , stand, or bend for long periods of time , or to lift heavy weights. The amount of labor also be doubled if they were obliged to figure at some professional job type or serve the guest. The literature showed that prevalence LBP is high among females in general population and among this female the prevalence of LBP is highest among housewives.¹³ In females during reproductive period, most common causes of low back pain are menstrual disorders, uterine displacement, chronic pelvic infection, endometriosis, threatened abortion, uterine prolapse, sprains & strains, during pregnancy, after delivery especially after caesarean section and neoplasm. Faulty posture is one of common cause of low back pain.

Following Female reproductive diseases are generally accompanied with low back pain:-

- Endometriosis – a condition involving colonization of the abdominal/pelvic cavity with islands of endometrial tissue. Bleeding into the abdomen irritates the lining membrane, the peritoneum, and causes abdominal pain which refers to back.
- Pelvic inflammatory disease (PID) – Inflammation of the lining of the abdominal cavity, the peritoneum, causes abdominal and low back pain
- Prolapsed uterus

- Vaginitis
- Dysmenorrhea- dysmenorrhea means painful menses, where pain sometimes refers to back.
- Uterine Fibroid- uterine fibroid causes dysmenorrhea, menorrhagia, dull abdominal pain is due to heaviness and pelvic congestion and low back pain.
- Polycystic Ovary Syndrome – where during menstrual complaints one can experience low back pain.¹⁴
- Pregnancy-Related Spine and Pelvic Pain - pregnancy-related pain in the lower spine—the low back, sacrum, and pelvic regions. Peripartum refers to the period surrounding childbirth—typically a few weeks before birth and a few weeks after birth.¹⁵
- Other causes of low back pain - Back pain can also be caused by all of the normal factors associated with back pain in the population, which causes more serious problem in females.

Strain, Lifestyle disorders, Obesity, Improper posture , Use of high heels , Osteoporosis ,Tumours ,Degeneration of discs ,Spinal stenosis o Herniated disc

RISK FACTORS FOR LOW BACK PAIN

1. Physical and family risk factors

- Middle-aged or older
- Family history of back pain
- Pregnancy
- Compression fractures of the spine
- Back surgery

2. Risk factors with lifestyle changes

- Lack of exercise
 - long-time sitting, heavy weight lifting, bending or twisting, repetitive motions, or constant vibration, such as using a jackhammer or driving certain types of heavy equipment
 - Smoking
 - Obesity
 - Bad posture likes slumping or slouching
 - Stress and other psychological aspects are play a big role in low back pain, mostly in chronic low back pain.

DIAGNOSIS

Diagnosis depends on physical examination. For most patients pain a thorough history taking and brief clinical examination to exclude any other serious disorders causing back pain (tumour, infection, and fracture) is sufficient. Low back pain is categorised based on pain distribution, pain behaviour, functional disability and clinical signs.

These following Investigations are preformed according to require of cases.

- CBC
- Pap smear test
- Complete urine analysis
- USG for pelvic pathology

- X ray –to detect hard tissue abnormalities,
- CT SCAN and MYELOGRAM- to highlight spinal structures
- MRI, or Magnetic Resonance Imaging scan - detect abnormalities with soft tissues, and to locate misalignments or joint overgrowth in the spine.

Management And Treatment

Pain reliever medicines provide similar analgesia but have significant gastrointestinal and Reno vascular adverse effects. There are several classes of pain reliever, and if one class fails, medications from other classes are usually tried before abandoning them altogether.¹⁷ Muscle relaxant- provides similar short-term improvements in pain and function, but there is no evidence to support their long-term use for low back pain. Sedation is a common adverse effect, and chronic use of benzodiazepines and carisoprodol carries the risk of dependency.¹⁸ Massage - Acupuncture - Acupuncture provides short-term relief of low back pain, improves functioning, and works as an adjunct to other therapeutic options. It has not been shown to be more effective than other treatments.¹⁹

Management of low back pain in females during reproductive age-

- Bedrest
- Avoid strenuous activity- heavy lifting, climbing, or jogging
- Exercises - Specific back stretching and strengthening therapies (e.g. Williams’s flexion exercises or McKenzie extension exercises) in various combinations, also as aerobic exercises. Although back exercises may worsen symptoms when the pain is acute and severe, performance of low-stress aerobic activities early within the course, especially walking, is superior to bed rest or inactivity.²⁰
- Hot or cold packs
- Heat applied with ultrasonography or
- Transcutaneous electrical nerve stimulation (TENS) Management of low back pain in females during pregnancy-
- employing a small pillow between the legs while sitting and rolling so as to stabilize the rear
- Postural correction by standing upright with a neutral posture, avoiding hyper lordosis
- don't sit or represent an extended time, alternate it with walking or stretching
- Taking breaks and resting during a comfortable position, with the rear supported to alleviate tired muscles
- Sleeping lying on one side with the highest leg on a pillow
- Use of little footstool for one foot in sitting or standing, alternate feet
- Avoiding spine twisting while lifting
- While lifting objects bend your knees and pull it
- Correct sleeping posture
- Wear low-heeled shoes.
- Sit upright position while driving.
- occupy a healthy weight to avoid excess strain on your lower back
- Avoid smoking
- Eat a healthy diet.
- Manage stress.
- Correction of posture, while sitting or standing.

Do some Exercise during pregnancy for relieve low back pain for examples Lower Back Stretch: To increase lower back and pelvic flexibility squat stretch, back and hamstrings stretch: Strengthens thighs (upper legs) and gluts, stretches hamstrings, inner thighs, pelvic floor muscles and back.²¹

AYURVEDIC VIEW

Ayurveda believes a balance between three substances (dosha). The doctrine of three doshas; vata(wind /spirit/air), pitta(pitta) and kapha(phlegm) is important.²² As per Ayurveda, low back pain is called as kateeshool, with katee referring to the lower back and shoola referring to pain and is classified under katigraph. As per Ayurveda low back pain is the result of imbalance of the three principal doshas. Kateeshool or low back pain is an indication of Vat aggravation and bone and muscles weakness. According Ayurveda, back pain is caused by vitiation of vata. Therefore vitiated vata is considered to be the principal dosha involved and the treatment in Ayurveda is aimed at to bring the vitiated dosha back to state of equilibrium.²³

Stree Rogam (Gynaecology) and Prasuti Tantra (Obstetrics) are types of the eight branches of Ayurveda. Stree Rogam deals with the Signs and Symptoms of varied diseases associated with Women along side the Diagnosis, Pathology and Treatment. Prasuti Tantra includes the methods to achieve the diseases of reproductive tissues for the of Healthy Pregnancy, Factors threatening to Pregnancy, Abortion and its Management, parameters for growth of foetus and its Management. In Charaka Samhita the disease of related reproductive systems of females they are results of Yoni Vyapads. Hence there's a requirement to know the varied diseases of the Yoni with their Origin, Symptoms and Treatment.

Thus Charaka Samhita describes 20 differing types of Disorders concerning Women with their Effective Management and Cure. Diseases of girls arise as a results of improper Food and Regimen. This end in the derangement of the three Doshas, Vata, Pitta and Kapha along side the Blood, situated within the sex organ, giving rise to numerous diseases. Depending upon the combination of the doshas involved the diseases exhibit characteristics symptoms. For example, when Vayu tattva increased through the Genitals and Reproductive Organs, it gives rise the risk factors of low back pain and various types of Pain like Stiffness, a Sensation of Crawling of ants, Hardness and Numbness of the Vagina, Exhaustion, Thin and Rough Menstrual Bleeding, a sense of Instant Relief after the Discharge of menorrhea etc. Similarly, Burning Sensation, Inflammation, Swelling, Fever, Heat, Discolouration of menorrhea, are a number of the standard symptoms of aggravation of Pitta within the sex organ. Cold Itching Sensation within the Genitals with Mild Pain and Pale menorrhea are a number of the Symptoms of Aggravation of Kapha.

Bleeding after conceiving child, Painful menses with low back Pain pain in Waist, Thigh and Groin region, Prolapse of Uterus, Repeated Abortions, Non-retention of Semen in the Yoni, a fleshy growth within the sex organ, are a number of the common disorders among those mentioned within the text.

Ayurveda texts pay special attention to Pradaram (Excessive and Heavy Menstrual Bleeding). This is one among the common and dreaded Gynaecological problems of today, which invariably ends during a Hysterectomy. In General, all Chronic Gynaecological Disorders are treated initially by Mild application of the five Purificatory Therapies - what's referred to as the Panchakarma. Use of Oil both internally and externally along side Mild Sudation is extremely Crucial to the present Treatment.

Various Decoctions, Powders, Pills, Pastes, Oils, Ghees for Internal use, Ointments and Pastes for External Application, Medicinal Tampons, Vaginal Douche, and Fumigation are employed to cure these Disorders.²⁴

HOMEOPATHIC MANAGEMENT -

Homoeopathy, the science and art of therapeutic medication, it is a complete scientific therapeutic system based upon the fixed and definite law of nature and law of similar. ²⁵ Homoeopathy is derived from the Greek word 'Homois' meaning like and pathos meaning suffering. It works on the principle of "Similia Similibus Curantur" which means „like cures like“.²⁵

Following some homeopathic therapeutics are used in low back pain in females during reproductive age.

Natrium muriaticum – bruised backache early in morning. Pain in small of back, as if broken .aching pain in lumber region due prolapse uterus. Menses irregular ; usually profuse. Suppression of menses or delayed. Very useful in leucorrhoea.

Pulsatilla nigricans- backache in back from suppressed menses. Back painfully stiff like a board. Backache, as from prolonged stooping. Pain in sacrum on sitting. Delayed menses. Amenorrhoea from getting feet wet. Nervous debility or anaemia.

Kali carbonicum – backache, sweating, weakness; during pregnancy; after abortion , labour , metrorrhagia; when eating while walking *feels as if must give up and lie down in the street*. Feels vey bed before menses; backache before menses and during menses. Menses too early , profuse or too late, pale and scanty; acrid , pungent odour.

Sepia officinalis -weakness in small of back; when walking ; from uterine disease. Everything affects the back. Aching pain in lumber region; paralytic; wants to be presses. Weak, dragging or bearing down sensation, as if everything would protrude from pelvis; must cross limbs tightly or sit close or hold parts to prevent protrusion.

Phosphorus -weakness of spine. Burning spot in lumber region > rubbing. Back pains as if broken, impending all motion. Stitching pain from coccyx up to occiput,<during stool. Menses; too early, scanty, not profuse but prolonged. Leucorrhoea; profuse, corrosive, smarting, instead of menses.

Calcarea carbonica – pain in back as if sprained, can scarcely rise from his seat. Painful stiffness, making changes of posture very difficult. Can not sit upright in the chair from weakness in small of back. Before menses; headache , chilliness, colic, backache, swelling of breast and leucorrhoea.²⁶

Dr. Hahnemann said ‘there is no disease, only sick people’, that disease is not a mere physiological phenomenon, it’s a disturbance in the vital force & cure is a reaction of vital force. Homoeopathy treats individual on the basis of totality of symptoms; by totality of symptoms means that uncommon, peculiar characteristic symptoms that individualizes the patient irrespective of underlying pathology

Homeopathic system of medicine is based of holistic concept, which guides us to treat the patient as a whole; Master Hahnemann stated that sickness affects not only the parts or organs but the person as a whole. According to it, the holistic picture of disease should include mental and physical makeup; rare, peculiar, strange symptoms & miasmatic expressions to complete the totality of symptoms of the sick person, to individualize him. The homoeopathic medicine when administered to a sick man on the basis of totality of symptoms brings about rapid, gentle & permanent restoration of health i.e. not only relieving the present sickness but also preventing any relapses of it in the future.²⁷

CONCLUSION

In various studies found that low back pain is more common in females during their life. So many treatments available now days. But they are not so much effectively work on low back pain. In Ayurveda various mode of treatment and many things are described in literature. They are very useful in low back pain. In homeopathic system of treatment, they based on nature’s law of cure. In homeopathy cure low back pain is possible throughout the individualization.

REFERENCES

1. Deyo RA. Practice variations, treatment fads, rising disability. Do we need a new clinical research paradigm? *Spine* 1993;18: 2153-62
2. Natchemson AL. Chronic pain: The end of the welfare state? *Qual Life Res* 1994; 3: S11-7.
3. Cedrashi C, Robert J, Goerg D, Perrin E, Fischer W, Visher TL. Is chronic non-specific low back pain chronic? Definitions of a problem and problems of a definition. *1999;49:358-62*
4. Sevesson HO, Andenson, Hagstad A, et al. The relationship of low back pain to pregnancy and gynaecologic factors. *Spine* 1990, 15; 371-375
5. Silman AJ, Ferry S, Papageogiou AC, et al. Number of children as a risk factor for low back pain in men and women. *Arthritis Rheum* 1995;38:1232- 1235.
6. Howard FM. Chronic Pelvic Pain. *Obstetrics & Gynaecology*: 2003 March: 101(3): 594-611
Available from-
https://journals.lww.com/greenjournal/Abstract/2003/03000/Chronic_Pelvic_Pain.29.aspx
7. Konar Hiralal. *DC Dutta's Text Book of Gynaecology: 6th edition. Delhi: Jaypee brothers; 2013.*
8. Saragiotto BT, Machado GC, et al. Paracetamol for low back pain. *The Cochrane database of systematic reviews*, (June 2016)(cited 2020 NOV.15); (6)
Available from-www.cochrane.org/CD012230/BACK_paracetamol-low-back-pain
9. Furlan AD, Yazdi F, Tsertsvadze A, Gross A, Van Tulder M, Santaguida L, et al. A systematic review and meta-analysis of efficacy, cost-effectiveness, and safety of selected complementary and alternative medicine for neck and low-back pain. *Evidence-Based Complementary and Alternative Medicine*. 2012(Cited 2020 NOVEMBER 30) ;953139. doi:10.1155/2012/953139..
Available from-<https://www.ncbi.nlm.nih.gov/pubmed/22203884>
10. Vos T, Burstein R, Shin H, Sysd S, et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*: 2012: (Cited 2020 OCT 15) 380(9859):2163-96. doi: 10.1016/S0140-6736(12)61729-
Available from:- <https://www.ncbi.nlm.nih.gov/pubmed/23245607>
11. Bakker, E., Verhagen A., Lucus C., Koes B . Daily spinal mechanical loading as a risk factor for acute non-specific low back pain: a case-control study using the 24-Hour Schedule. *Eur Spine J*. 2007;16 (1), 107-113
12. Urquhart D.M., Shortreed S., Davis S.R., Cicuttini, F.M., Bell, R.J. Are low levels of low back pain intensity and disability associated with reduced well-being in community-based women? *International Menopause Society*. 2009: 12, 266.)
13. Ali, S., Amin, M., OstadRahimi, A.R., Lotfinia, I., Zarghami, N.A. Prevalence of low back pain among women of fertility age in Tabriz and the related risk factors. *Medical journal of Tabriz University of medical sciences* summer. 2008: 30 (2), 87-9

14. Padubidri VG, Daftary Shirish. Shaw's Textbook of Gynaecology: 13th edition. New Delhi: Elsevier; 2010.
15. Kristiansson P, Svardsudd K, Von Schoultz B. Serum relaxin, symphyseal pain, and back pain during pregnancy. *Obstet Gynecol* 1996;175:1342-1347
16. Airaksinen O, Brox JI, Gedraschic C, Ursin H, Resis S, Stalt JB et. al. European Guidelines for the Management of chronic nonspecific low back pain november 2004 Available from - http://www.backpaineurope.org/web/files/WG2_Guidelines.pdf
17. Roelofs PD, Deyo RA, Koes BW, Scholten RJ, van Tulder MW. Non-steroidal anti-inflammatory drugs for low back pain. *Cochrane Database Syst Rev*. 2008;(1):CD000396)
18. Malanga G, Wolff E. Evidence-informed management of chronic low back pain with non steroidal anti-inflammatory drugs, muscle relaxants, and simple analgesics. *Spine J*. 2008;8(1):173–184
19. Sherman KJ, Cherkin DC, Connelly MT, et al. Complementary and alternative medical therapies for chronic low back pain: What treatments are patients willing to try? *BMC Complement Altern Med*. 2004;4:9
20. Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med*. 2007;147:478-491
21. Katonis P., Review article: Pregnancy-related low back pain. *Hippokratia* 2011, 15, 3: 205-210)
22. Ram Sharma Ananat. Reprint-2006; Vol. I; Sutra Sthana; P.357; 15): Published by Chaukhambha Subharathi Prakashan, Varanasi
23. Ulrich Merzenich G, Kraft K, Singh LM. Rheumatic diseases in, Ayurveda: a historical perspective. *Arthritis Rheum* 1999;42:1553–5
24. Tewari PV. Ayurvedia Prasuti Tantra Evam Stri Rogam. Vol. 1 & 2 . Chaukhamba publication; New Delhi. 2009
25. Allen J. H. The The Chronic Miasms. Volume 1& 2, New Delhi, B. Jain Publishers Pvt. Ltd; 2009
26. Rai Azad. Scholar's Manual of Homeopathic Materia Medica. Reprint edition , New Delhi, B. Jain Publishers Pvt. Ltd; 2007
27. Sarkar B. K. Organon Of Medicine: 15th Edition. Delhi Birla Publications; 2015-16