
HUMAN MEDICINE

Case Report 1 - Lumbar Disc Herniation



GOLDIC®

SPINAL DISORDERS

LUMBAR DISC HERNIATION

The **lumbar spine** consists of the five vertebrae in the lower part of the spine, each separated by a disc, also called a lumbar disc. The lumbar vertebrae are the biggest and strongest of the spinal bones. The discs in this part of the spine can be injured by certain movements, bad posture, being overweight and disc dehydration that occurs with age.

Risk of lumbar injury increases with each vertebrae down the spinal column because this part of the back has to support more weight and stress than the upper spinal bones. The lumbar disc is the most frequent site of injury in several sports including gymnastics, weightlifting, swimming and golf, although athletes in general have a reduced risk of disc herniation and back problems.

In the event of a herniated disc, the viscous material emerges from the nucleus of the intervertebral disc (nucleus pulposus). The reason for this is a rupture (tear) of the tough, connective tissue covering the intervertebral disc (annulus fibrosus). The result

is severe back pain or pain radiating into the legs. 95 percent of the intervertebral discs of the lumbar spine, between the vertebrae L4/L5 or L5/S1, are affected by a herniated disc.

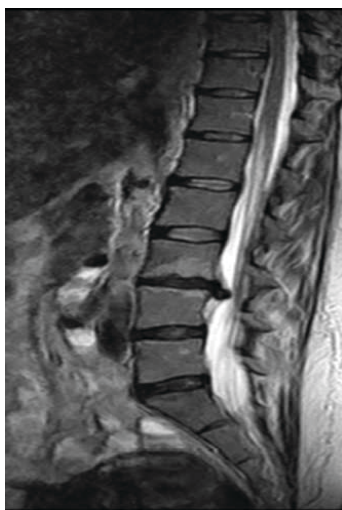
Current conservative medical treatment for herniated discs include exercise, physical therapy, anti-inflammatories, pain medications, and therapeutic injections. These treatments are aimed at maximizing function, and returning the patient to as normal a life as possible. In severe cases, invasive surgeries such as spinal fusion are carried out, requiring general anesthesia and lengthy physical rehabilitation. In a significant number of cases, ongoing pain and dysfunction remain.

GOLDIC® helps with back pain and the regression of herniated discs. The aim is to reduce inflammation and pain, reduce pressure on the nerve tract, eliminate possible symptoms of paralysis and restore function and mobility.

CASE: GOLDIC® treatment for a 42 year old patient with a massive slipped disk in the L3/L4 segment.

Before GOLDIC® treatment.

A massive slipped disk can be detected here in the L3/L4 segment. The present reactions in the area of the cover and floor plates of the vertebral bodies indicate a chronic damage in this segment.



The patient one (1) year after treatment with GOLDIC®.

A complete regression of the earstwhile slipped disk is evident. The inter-vertebral disk space still shows the reactive changes in the adjacent cover and floor plates, as a sign of a chronic damage in this segment. The height of the inter - vertebral



GOLDIC® treatment.

Four (4) injections every four (4) days of **GOLDIC®** serum (3ml) provide a safe, low-risk, nearly painless mean of delivering of processed serum directly to the nervous system.

Patient has already been almost pain free after the third (3) injection. Within 24 days patient was completely pain free.

This procedure should always be carried out under fluoroscopic guidance by a physician highly trained in this technique. This is considered the gold standard for injections of the spine as it provides the highest level of safety.