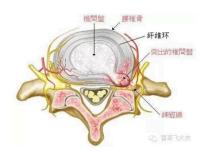
Outcomes and Progression of Disc Herniation

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Patients often ask questions like:

- "Is there a way to reverse herniated discs?"
- "After your treatment relieved my pain, what happens to the herniated disc itself?"

To address these concerns, it's essential to understand the anatomical structure of the intervertebral disc (IVD).

The intervertebral disc is composed of a central **nucleus pulposus** (a gel-like, elastic substance) surrounded by a **fibrous ring** (layers of fibers arranged concentrically). Located between vertebrae, it acts as a cushion to absorb shocks. Chronic stress or improper posture can lead to disc degeneration and herniation, causing nerve compression and symptoms.

Possible Pathological Outcomes of Disc Herniation:

1. Resorption:

The body activates inflammatory mediators like fibroblasts, macrophages, and tumor necrosis factor to digest, absorb, and resolve herniated tissue through immune processes.

2. Dehydration and Shrinkage:

Normal discs contain significant water: ~80% in the nucleus pulposus and ~65% in

the fibrous ring. After herniation, the disc dehydrates, leading to shrinkage and

reduced compression on nerves.

3. Retraction:

Early-stage bulging or mildly herniated discs may retract due to traction therapy,

physiotherapy, and muscle strengthening exercises. These interventions stabilize

surrounding structures, reduce inflammation, and create negative pressure in the

disc, encouraging retraction.

4. Calcification:

Herniated discs can calcify, turning soft fibrous tissue into hard deposits that persist

in the body.

5. Persistent Herniation:

Herniations dominated by fibrous cartilage or calcification are less likely to be

absorbed, remaining in the body indefinitely.

Clinical Outcomes:

1. Herniated Disc Shrinks with Symptom Relief:

Regardless of whether shrinkage results from resorption, dehydration, or retraction,

reduced pressure on nerves often alleviates pain.

2. Persistent Herniation Without Pain:

The herniated disc may remain but coexist without causing discomfort, as the body

adapts. Up to 80-90% of herniated disc cases respond well to conservative

treatments such as medication, acupuncture, massage, and physiotherapy. These

approaches reduce nerve root swelling and improve circulation.

3. Persistent Herniation With Unrelieved Pain:

In some cases, the herniation continues to compress nerves, and symptoms persist.

Surgical removal of the herniated tissue may be required to relieve pressure and

alleviate pain.

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