

What Should You Do if You Have Lumbar Disc Herniation?

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Lumbar disc herniation is a common and important cause of lower back and leg pain, typically affecting individuals aged 20-40 years. The main symptoms include lower back pain, radiating pain in the lower limbs, occasional numbness, muscle atrophy, and intermittent claudication. In severe cases, patients may experience numbness in the perineum, weakness in urination and defecation, and even erectile dysfunction. Diagnosis is usually confirmed through CT scans or MRI.

Once diagnosed with lumbar disc herniation, the question arises: Should you opt for conservative treatment or surgery? This is a difficult decision for many patients. Conservative treatment has a long duration, and patients worry that it might not work and could worsen the condition. Surgery, on the other hand, carries the risk of failure and permanent disability.

The choice of treatment depends on the individual patient's condition. If the condition is recent, symptoms are mild, and imaging (CT or MRI) shows a minor disc herniation, conservative treatments often yield good results. If the condition has been present for a long time, symptoms are severe, and imaging reveals a large disc herniation, especially if non-surgical treatments have been ineffective, surgery should be considered. For cases where the disc herniation is large, calcified, and severely compressing nerves—causing symptoms like perineal numbness, weakness in urination and defecation, and muscle atrophy—surgery is the preferred treatment, as delaying it could lead to further complications.

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