



A CLINICAL STUDY OF SNEHAN AND SHAMAN IN MANYASTAMBHA (CERVICAL SPONDYLOSIS) W. S. R. TO GERIATRICS.

Dr. Deepika Dilip Vyawahare

MD Kayachikitsa (Scholar), College of Ayurved, Bharati Vidyapeeth (Deemed To Be University) Pune (India), Pune Satara, Road Pune- 411043

Dr. Mrs. Snehalata Sagar Salunkhe *

M.D. Ph.D., Assistant. Prof. Department of Kayachikitsa, College Of Ayurved, Bharati Vidyapeeth, (Deemed To Be University) Pune (India), Pune Satara, Road Pune- 411043 *Corresponding Author

ABSTRACT

In this mechanical era the changing lifestyle like shift duties, excessive travelling, in appropriate postures and irregular dietary habits has created several disharmonies. All these factors create undue pressure and stress injury to the spine and play an important role in producing disease like cervical spondylosis. The study design is open clinical trial. The Study is conducted on 30 diagnosed patients of Manyastambha (Cervical Spondylosis) on basis of inclusion and exclusion criteria. External by Sahachar Taila and Internal Shaman by Baladi Kwath is given for 28 days. Assessment is done by subjective and objective criteria. Results are analyzed by using Wilcoxon signed ranked test. Out of 30 patients 16 patients have marked response that is (53.30%), 14 patients have moderate response i.e. (46.70%). Study is effective in both parameters and shows statistically significant results as p-value is less than 0.05.

KEYWORDS : Cervical Spondylosis, Snehan, Shaman, Vataprakopak Nidan

INTRODUCTION

Cervical Spondylosis is a degenerative condition of cervical spine associated with pain, stiffness, tingling sensation radiating pain from shoulder to digits along the course of the nerve indicate nerve root compression(1). The modified, restless, sedentary lifestyle has resulted in increasing incidence of Cervical Spondylosis. 66% of adult experience neck pain in their lifetime and 5% are highly disabled by it (2).

Manyastambha is one of the *vata vyadhi* enumerated in eighty *nanatmaja vatavyadhi* (3). The term *manyastambha* is derived from two different words *manya* and *stambha*. According to *Arunadatta*, the commentator of *Ashtanghridaya* meaning of the word *manya* is two *nadis*, laterally to neck. While *Amar Singh* the commentator of *BhavPrakash* says meaning of *manya* is the sira of the posterior side of the neck. According to *Monier William* '*manya*' means the back or the nape of the neck. The word meaning of *stambha* is *niscalikarana*. *Stambha* means stiffness (4).

According to *sushruta nidansthan* by day sleeping and standing in fixed position and gazing (5). The *vata* covered by *kapha* causes *Manyastambha* in which the movements of the neck are impaired and causes stiffness. *Manyastambha* can be co-related with Cervical Spondylosis in modern prospective.

Aim:

To assess the efficacy of *Sahachar Taila* for *Snehan* and *Baladi kwath* as *Shaman* in *Manyastambha* (cervical spondylosis) w.s.r. to geriatrics.

OBJECTIVES:

- To Study the efficacy of *Sachachar Taila* along with *Baladi kwath* in the management of Cervical Spondylosis w.s.r. to its *Vatahara* and *Brihan* property in geriatrics.
- To consider alternative modalities of treatment instead of any iatrogenic complications.

MATERIALS AND METHODS:

Materials:-

Snehan-

Drug: *Sahachar Taila ch.chi* 28/43-45 (6).

Sahachar Taila was purchased from GMP certified company *Nagarjuna Pharmaceuticals*

Manufacturer has taken reference of *sharangdhar samhita*.

Table No.1 Contents Of Sahachar Taila

Drug	Botanical Name	Part Use	Quantity
<i>Sahachar</i>	<i>Baleriaprionitis</i>	Roots	1Tula(4kg)
<i>Tilataila</i>	<i>Seasumindicum</i>	Seeds	1Adhak(3lit)
<i>Godugdha</i>	Cow	Milk	4Adhak(12lit)
<i>Sahachar</i>	<i>Baleriaprionitis</i>	Roots	10Pala(400gm)
<i>Sharkara</i>	Sugar	Sugar	18Pala(720gm)

Shaman-

Drug: *Baladi Kwath Bh.Pra.24/80* (7).

Table No.2 Contents of Baladi Kwath

Drug	Botanical Name	Part Use	Quantity
<i>Bala</i>	<i>Sida cordifolia</i>	Roots	40gm
<i>Saindhav</i>	<i>Sodiumchloride</i> <i>impure</i>	Salt	1masha(1gm) asprakshep

Methods:-

1. **Type of Study** – Open Clinical Trial.

2. **Place of Study** – Bharati Vidyapeeth Deemed to be University, Ayurved Hospital, Pune.

3. **Plan of work** –

Table No.3 Drug Dosage Schedule

Particular	Group	
	No. of patients	
	30	
<i>Chikitsa</i>	External(Snehan)	Internal(Shaman)
Medicine	<i>Sahachar Taila</i>	<i>Baladi Kwath</i>
Dose	As per requirement	40ml with water
Time	Morning and evening	After both meals
Duration	28 days	28 days
Route	Externally	Orally

Follow Up –

- Before Trial – 0 day.
- I follow up – 7th day.
- II follow up – 14th day.
- III follow up – 21st day.
- IV follow up – 28th day.

Selection Criteria –

Inclusion Criteria

- Patients of either gender having age above 60 years.
- Patients with acute, sub-acute and chronic duration.
- Patients having signs and symptoms of *Manyastambha*

- (cervical spondylosis).
- Patient who is willing for the treatment.

Exclusion Criteria

- Serious Injury.
- Tumor, Infection.
- Recent cervical surgery.
- Inflammatory Rheumatic diseases.
- Severe psychiatric illness.

Patients taking ayurvedic treatment for the last 15 days for same reason.

Parameter of Assessment –

- Subjective parameter – (8)

Table No. 5 Gradation Of Subjective Parameters

Grade	Stambha	Ruk	Bhrama	Occipital Headache	Tingling Sensation
Grade 0	0 to 25% restriction of movements	No Pain	Absent	No	No
Grade 1	25 to 50%	Mild Pain	Rarely for some movement during change of posture	Mild	Mild
Grade 2	50 to 75%	Moderate Pain	Often during change of posture	Moderate	Moderate
Grade 3	75 to 100%	Severe Pain	Often even in lying condition also	Severe	Severe

Objective Parameters:-

The objective parameter for the present study for the various restricted range of motions of the cervical spine is measure with the help of Goniometer.

Table No. 6 Gradation Of Objective Parameters

Movement	Normal (Grade0)	Mild (Grade1)	Moderate (Grade2)	Severe (Grade3)
Flexion	50°	40°-49°	30°-39°	20°-29°
Extension	60°	50°-59°	40°-49°	30°-39°
Right Lateral Flexion	45°	40°-44°	35°-39°	26°-30°
Left Lateral Flexion	45°	40°-44°	35°-39°	26°-30°
Right Rotation	80°	60°-79°	40°-59°	20°-39°
Left Rotation	80°	60°-79°	40°-59°	20°-39°

Table No.7 Assessment Of Overall Response

Marked response	>60% in both subjective and objective parameter
Moderate response	40-60 in both subjective and objective parameter
Mild response	20-40 in both subjective and objective parameter
No response	<20% in both subjective and objective parameter

Table No.8 Effect Of Therapy On Subjective Parameters

Sr.No	Parameters	Median		Wilcoxon Signed Rank W	P-Value	%Effect	Result
		BT	AT				
1	Stambha	3	0	-4.932 ^a	0.000	96.20	Significant
2	Ruk	3	0	-5.069 ^a	0.000	100.00	Significant
3	Bhrama	2	1	-4.347 ^a	0.000	42.86	Significant
4	Occipitalheadache	2	1	-4.650 ^a	0.000	66.67	Significant
5	Tinglingsensation	2	1	-4.291 ^a	0.000	54.35	Significant

Table No. 9 Effect Of Therapy On Objective Parameters

Sr. No	Parameters	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
		BT	AT				
1	Flexion	2	1	-4.617 ^a	0.000	60.00	Significant
2	Extension	2	1	-4.956 ^a	0.000	58.33	Significant
3	Right lateral flexion	3	0	-4.867 ^a	0.000	84.21	Significant
4	Left lateral flexion	3	0	-4.875 ^a	0.000	82.89	Significant
5	Right rotation	2	1	-5.203 ^a	0.000	57.63	Significant
6	Left rotation	2	1	-5.324 ^a	0.000	55.00	Significant

Criteria For Assessing The Effect Of Therapy

Theeffectoftherapywasevaluatedonthebasis of improvement in sign and symptoms. Statistical analysis, means, standard

- Stambha (Neck Stiffness).
 - Ruk (Pain).
 - Bhrama (Giddiness).
 - Occipital headache.
 - Tingling Sensation.
- VAS – Visual Analog Scale use for assessment of pain, occipital headache, tingling sensation.

Table No. 4 Gradation of VAS Scale (9)

0	1	2	3	4	5	6	7	8	9	10
No Pain	MildPain		Moderate Pain			SeverePain		Worstpain imaginable		

Observations And Result

Total 30 patients of *Manyastambha* were registered.

During Treatment On 7th Day, 14th Day, 21st Day And 28th Day

1. TheAssessmentofDrugCompliance,Physical and Clinical Examination of Patients and VAS Score Assessment was done.
2. Issue of Drugs and instructions to come for next follow up was given to patients.
1. **Age Group wise:** 63% patients were in the age group 60 to 70 years.
2. **Gender Wise:** 70% patients were females.
3. **Occupation wise:** 43% patients were Housewife.
4. **Prakruti wise:** 60% of patients were *vata pradhan pitta prakruti*.
5. **Nature of Work wise:** 53% of patients were having sedentary lifestyle.
6. **Agni wise:** 60% patients were having *Visham Agni*.
7. **Habitat wise:** 77% patients were Urban Population.
8. **Kostha wise:** 50% patients were having *Krura Kostha*.

In all 30 Patients in both, Subjective and Objective Parameters got Significant Results. Among all parameters Ruk, Stambha, Left and Right Flexion movements got better results.

deviation and standard errors and percentages were calculated. Wilcoxon Signed Rank Test to test the efficacy of both subjective and objective parameters. Thus the obtained

results were classified as:

- (9) David J. Magee Orthopedic Physical Assessment: Edition Fourth Copyright 2006, Elsevier Sciences, Page No 7.
 (10) Cynthia C. Norkin: Measurement of Joint Motion, Edition Fourth, F.A. Davis 2009, Page No. 340.

Table No.10 Overall Response To Treatment

OVERALL RESPONSE	Trial Group	
	No. of Patients / 30	Percentage
Marked Response	16	53.3%
Moderate Response	14	46.7%
Mild Response	00	0.0%
No Response	00	0.0%

In overall response among 30 patients, 16 patients gave marked response to the treatment.

DISCUSSION

The Maximum number of patients belong to the age group of 60 to 70 years. This indicates that the disease *Manyastambha* (cervical spondylosis) is dominant in increasing age group. The higher incidence of the female patients was found during study as females are more prone to Cervical Spondylosis than men. May be due to ignorance regarding health issues by female in early age. The high proportion of patients having *Vata Pradhan Pitta Prakruti* were found as *vata* is mainly causative factor of *Manyastambha*. Maximum patients having sedentary lifestyle were found because of the age factor, as the patients above the of 60 years was taken for study or may be due to improper sitting posture or working style in young age may be improper.

Effect Of Therapy

Due to vitiated *vata dosha* and *kapha dosha* this results in *vata prakopa* which is main reason of *ruk*. Application of *Sahachar Taila* possess *ushna* and *laghu guna* which act on the vitiated *vata dosha* and reduces *vata prakopa* along with *katu rasa* which act on *kapha*. It does *snehanayukta pooran* of *asthyashritvikara*. It improves the functional qualities of *sthanik rasa*, *rakta* and *mamsadhatu*. Internally *Baladi kwath* being *madhura* and *snigdha* act as *vataghna*. Among all 6 objective parameters right lateral flexion and left lateral flexion got marked results as these movements are not frequently in used than flexion, extension, right rotation, left rotation. Thus drug works at the root level of *samprapti* and causes *lakshanopsham*.

Image No 1: Mode of Action

CONCLUSION

The purpose of this present study was to evaluate the efficacy of *Sahachar Taila* and *Baladi Kwath* in the management of *Manyastambha* s.r to Geriatrics. The cases were selected from Bharati Ayurved Hospital, Pune. The study was done on 30 patients.

Both selected drugs used for *chikitsa* which acts as *Vatahara* and *Bhrihan chikitsa* and can be safely used in the patients of *Manyastambha* (cervical spondylosis).

From the Subjective Parameters *Stambha* and *Ruk* got marked results while in Objective Parameters Right Lateral Flexion and Left Lateral Flexion got better results.

REFERENCES

- (1) The Association of Physicians of India, Medicine: API Textbook of Medicine, Mumbai, 7th Edition, 2003 page no - 885, 886.
- (2) Domino Frank, The 5- minute clinical consult, Philadelphia: Lippincott Williams and Wilkins, 2008 page no- 240.
- (3) Shastri K and Chaturvedi G, Agnivesha Charak Samhita Part- I Reprint 2007, Varanasi: Choukhambha Bharati Academy, Sutrashtan 20/11.
- (4) Williams M. Monier (1995), Sanskrit English Dictionary Reprint; Motilal Banarasidas Publisher, page no - 789.
- (5) Murthy K R: Sushrut Samhita: Nidansthan: Edition Fourth 2010, Varanasi, Choukhambha Oriantaila: Su.Ni1/67.
- (6) Y.T. Charak Samhita by Agnivesha, Reprinted 2011, Varanasi, Choukhambha Prakashan: Cha.chi28/43-45.
- (7) Chunekar K. C, Bhavmishra Commentary: Bhava Prakash Nighantu 2013, Varanasi, Choukhambha Bharati Academy: Bh.PMa.K24/75-78.
- (8) Aacharyopanhenaga Trivikramatmejen Yadavsharma: By Vachaspati Vaidya: Madhav Nidan (Madhukoshthika): Edited by Vaidya Yadavji Tricumji Acharya: Edition 1986, Varanasi, Choukhambha Oriantaila: Ma.Ni.51.