



An Open Label Uncontrolled Clinical Study of Karpasasthyadi Taila As Nasya in Cervical Spondylosis

KEYWORDS

Nasya, Karpasasthyadi taila, Cervical spondylosis, manyasthamba

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ABSTRACT *Despite of all the medical advancements, the problems due to the life style changes have created a lot of problems to the mankind. Cervical spondylosis is one the most reported case in a general OPD and is affecting a lot of work hours as per studies. More than 60% of the individuals manifest with features of Cervical spondylosis after the age of 50 years. None of the therapies including the management of pain is not upto expectations.*

In this particular study, the subjects selected were those with features of cervical spondylosis. Ayurvedic management protocols are reported to be effective in such conditions. Several modalities including the Nasya procedure have been tried with clinical efficacy. This study is an attempt in this direction to study the efficacy of Karpasasthyadi taila in the form of nasya in managing the features of cervical spondylosis. This was also found as cost effective and also safe, as per this study. The assessment was done before treatment and after 7 days of treatment.

Aim: To assess the efficacy of nasya with karpasasthyadi taila in cervical spondylosis

Method: Open label uncontrolled clinical trial with sample size 30

Assessments were done according to Neck Disability index and also subjective parameters

RESULT- *It was observed that the selected intervention has significant effect in improving the respective clinical condition.*

INTRODUCTION

Pain is the most distressing experience, one may have to face in their entire life and is also very critical one from the part of a practitioner. Cervical pain is experienced by almost all the individuals in their life span and disturbs the daily routines. Cervical spondylosis is due to a degeneration at the cervical level of the spine or an inflammatory reaction in association with an early degenerative change at that level¹.

The presentation includes pain and stiffness in the neck, radiating pain to the arm, head ache, giddiness, paraesthesia etc. The work as well as the efficiency of it is definitely compromised with the condition and creates distress in the individual.²

The proposed aetiology of the condition seems to be multifactorial³. It is mostly affecting the male gender after the age of 50 years as per studies. Those with an occupational history of lifting weight, working always with computers, drivers etc. are reported to have the occurrence more. Bad posture peculiarly of the head, soft bed with cushy pillows, incorrect positioning of the head is also contributory. Trauma of the cervical spine, strenuous movements, stressful life and lack of exercises is also being blamed for the pathology.

Among the clinical presentation, neck pain, medial scapular pain, pain in the occipital region and shoulder pain are the dominative ones⁴. The radiculopathic signs depend on the nerve root which is compressed along with weakness and wasting of the affected muscles with areflexia. If there is compression of the cord by any means, upper motor neurone signs of the lower limbs are the clinical observations. Neck movement may initiate or exacerbate vertigo

in vertebro basilar insufficiency⁵. One can go for the investigations like X ray or MRI of the cervical spine as per the demand from the condition.

While discussing the management, Conservative treatment with analgesics and NSAID's supported by physiotherapy such as cervical traction, short wave diathermy; neck exercises etc. are effective to an extent. Surgical decompression is advisable but is usually not promoted with assurance.

Ayurvedic approach

Pain is one of the most considered symptoms in the disease conditions, mentioned in Ayurvedic texts. Etiological factors which may be varied leading to the Vatha kopa in the neck and the related regions causes the condition. Conditions like manyastamba, apabahuka, viswachi etc. have been explained for the differential diagnosis of the same⁶.

In the initial stages the etiopathogenesis of manyastamba mentioned by Vaghbata seems relevant. Here the Vatha which is associated or disturbed with Kapha is leading to the symptomatology. Here rookshana followed by Kaphahara or Vatha Kaphahara nasya is the line of the management protocol⁷.

In later stages, where the ama gets subsided, one may approach the disease with the protocol mentioned for apabahuka. Here snehana followed by the brihana nasya is the management protocol⁸. This is a condition without ama, where we can follow the principles mentioned for Vatha vyadhi.

Role of Nasya

Nasya karma is the prime line of treatment mentioned for the disorders affecting the head and the neck and the associative structures⁹. We can perform nasya in the manner of either samana or sodhana depending on the condition. It is quite effective in conditions like cervical spondylosis because of the efficacy in eliminating the involved doshas. Here the efficacy can be altered accordingly, by changing the administered drug.

Karpasasthyadi taila is one of the most useful tailas in practise quite effective in conditions like apabahuka¹⁰. Here Nasyakarma was performed with karpasasthyadi taila upto 7 days to assess its role in the management of cervical spondylosis.

AIM:

To provide with a better Ayurvedic management for Cervical spondylosis

OBJECTIVES

1. To study Cervical spondylosis in detail from the Ayurvedic point of view
2. To study the efficacy of nasya with Karpasasthyadi taila in cervical spondylosis

MATERIALS:

1. Concerned Modern and Ayurvedic literature
2. Participants 30 in number
3. The selected drug for the trial ie. Karpasasthyadi taila
4. Patient Consent Form
5. Case Record Form

CLINICAL STUDY:**Study Design:**

Open label Uncontrolled Clinical Trial

Settings:

Kayachikitsa OPD & IPD - VPSV Ayurveda Medical College Hospital, Kottakkal

Intervention

Nasya karma with Karpasasthyadi taila (prepared from a GMP certified company as a single batch)

Paka : madhyama paka with Dose : 1ml – 3ml , continuously for 7 days

Sample size: 30

Diagnostic criteria:

Satisfying the proposed diagnostic criteria for cervical spondylosis¹¹

Inclusion criteria:

- Either gender of the age group 30 - 50 yrs
- Presenting with features of Cervical spondylosis
- Those who are fit for nasya karma
- Those willing to give written consent
- Exclusion Criteria:
- Subjects with systemic diseases or endocrine anomalies
- Those with traumatic injury of the cervical spine
- Those undergoing any continuous medication
- Pregnant women and lactating mothers

Investigations

Xray C spine A-P and lateral views

Blood routine examination, RA factor, S Uric acid, ASO,

CRP

Assessment Criteria

Neck Disability Index¹²

The assessments were done before intervention and 10th day of the same.

Data Collection and analysis

The selected subjects were examined in detail and the data was collected as per the prepared Case Record Form. Nasya was performed upto 7 days with assessment of samyak snigdha lakshana and assessment was done on the 10th day. The data was statistically analysed by the 'student paired t test'.¹³

OBSERVATION AND ANALYSIS**Data related to clinical picture**

The study recorded a predominance of patients in the age group 41 – 50 (50%) with a male predominance. 40% were from the middle class society. 30% were home managers and 43% were having the occupation as agriculture. 20% of the subjects were reported to have an associated diabetes while hypertension was there in another 20%. 30% of the individuals were addicted to smoking and alcohol. 80% of the subjects preferred the mixed diet with non vegetarian dominance.

50 % of the patients were of Vatha pitta prakrithi, 30% were of Kaphapitta prakrithi. 50% were using katurasa in excess while 33% with lavana rasa and 20% were using much tikta rasa.. 25% of the patients were having excess stress, 10 % were having strain, 25% were having excess fear, 30% were anxious about the condition. Sleep disturbance was there in 30% of them.

Among the symptoms, neck pain and the radiating pain were there in 100% of the subjects. 80% of the subjects were having neck stiffness and weakness of the upper limbs. 70% of them reported paraesthesia while 50% had neurological deficits on examination.

Table -1, Data related to clinical study

| Symptom | Mean score | | SD | t value | P value |
|-------------------------|------------|-------|------|---------|---------|
| | BT | AT | | | |
| Neck pain | 2.00 | 1.13 | 0.43 | 10.93 | <0.001 |
| Radiating pain | 2.43 | 1.60 | 0.46 | 9.89 | <0.001 |
| Stiffness | 1.56 | 0.90 | 0.54 | 6.67 | < 0.01 |
| Weakness | 1.17 | 0.63 | 0.62 | 4.65 | <0.01 |
| Paraesthesia | 0.70 | 0.30 | 0.50 | 4.39 | <0.01 |
| Clumpsy finger movement | 1.30 | 0.93 | 0.49 | 4.09 | <0.01 |
| Vertigo | 1.07 | 0.63 | 0.57 | 4.18 | <0.01 |
| Neck movements | 2.03 | 1.50 | 0.51 | 5.76 | <0.01 |
| Sensory loss | 0.67 | 0.27 | 0.56 | 3.89 | < 0.05 |
| Neurological deficit | 4.53 | 3.87 | 0.67 | 5.53 | < 0.01 |
| Neck disability index | 11.0 | 10.16 | 1.62 | 2.82 | < 0.05 |

(BT – before treatment; AT – after treatment; SD – standard deviation)

There was significant improvement in almost all the areas of neck disability index with varied level of significance as mentioned above. After performing the nasya, all the subjects attained the samyak lakshana of nasya on assessment¹⁴. None of them showed characteristics of either ayoga or mithya yoga of nasya indicating the safety of the procedure in this study¹⁵.

DISCUSSION

Cervical spondylosis cannot be compared to a peculiar clinical condition in the Ayurvedic parlance. But here Vatha associated with Kapha is the initial presentation. Here nasya with medicine like Karpasasthyadi taila is really working and is significant as well. After the kapha gets subsided Vatha samana chikitsa is to be performed. The drug is capable of working through the sringataka marma and hence clearing the morbid doshas from the affected srotas and hence effective¹⁶. The samyak lakshana of nasya is also an indicator of the ultimate action of the advised drug, the karpasasthyadi taila.

CONCLUSION

Ayurvedic treatment modalities including nasya is effective in the management of conditions like cervical spondylosis and its clinical features and its efficacy and safety aspects is a real hope of the suffering humanity. The treatment seems cost effective as well when compared with the contemporary practise and has to be promoted in the forthcoming future for the wellbeing of humanity.

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