



ORIGINAL RESEARCH PAPER

Ayurveda

CERVICAL SPONDILITIS

KEY WORDS:

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ABSTRACT

Rutinly observed that ,thous whi are working in the office 5 to 6 houre,sitting l the chair continioly,having abdominal obesity, continuous bending forward towards to working table heance possibility for develop of cervical spondilitis as well as lumbosacral spondilitis.even when we moving by on twowhleer motorcycle and faster goes over on the speed barkers, then developed cervical and lumbosacral spondilitis. We are put-up here only physiological changes over the cervical spondilitis.with ayurvedic faster treatments by MMB,physiotheraphy,and ayurveic medicine treatments. this is a major problems now a days.Altho ayurvedic principl of medicine provide significant relief and improve quality of life.

Introduction :-

Spach reduction intrvertible dish is mainly cause of the cervical spondilitis. Rutinly observed that ,thus who are working in the office 5 to 6 house-sitting in the chair continioly,having abdominal obesity,continuous bending forward towards to table they possibility for develop of cervical spondilitis as well as lumbosacral spondilitis.even when we moving on two whaler/motor Cycle and goes faster over the speed barkers then developed cervical and lumbosacral spondilitis. We are giving here only physiological changes over the cervical spondilitis.with ayurveic faster treatments by MMB,physiotheraphy,and ayurvedic treatment.

This is a major problem now a days. Although ayurvedic principl provide significant relief and improve quality of life.

Aimes and objective:-

1. To asses a effect of MMB-cervical Coller –physiotherapitcal traction.
2. To study saman chikitsa.in cervical spondilitis.

Plan of work :-

1. This research work clinical study work out on IPD ward Kayachikitsa-Internal Ayurvedic Medicine.at Govt.Ayurvedic College and Hospital Nagpur.
2. Patient of cervical Spondilitis admitted in IPD Ward.
3. Prossed for radiological Exam Cervical X-ray.AP and latral view for diagnose
4. Druge availability from market or prepared in Rasashatra Dept.of College.whis ever easily available.
5. only 0 15 to 30 days for IPD Admission
6. Allowed to sleep without pillow.

Casr report:-

52 years. Male having right arm wealness,and Numbness Tingling over three finger ,particularly anamika,Madhya and Tarjani,Not possible for work in office,even signature problem. Patient having mild to moderate abdominal obesity. He Continually work with office .since 15 years.Nack mass oback.mild Hypertension obesity of lumber and thie.

On Examination:-

1. Weakness of right arm
2. Power gradation 03 deree.
3. Nubness Tingling over the three fingers.g.e.Madhya ,Tarjani,Anamika.
4. No pickup writing pen by finger and not possible writing /Signature.
5. Blood perssur:-130 /80.
6. No pallor. No jaundice.
7. No anemia.
8. ECG-WNL.
9. Weighr 62 Kg
- 10 Hight:- 5.2'
11. Pluse rate 78 PM regular.

12. Per Abdomen Liver,Spleen Assending Ar\orta Sandan WNL.
13. R/s. Clear.WNL

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Astvidha Parikshanani:-

1. Nadi-72 pm Samyak lakshan.
2. Mala-Samyak
3. Mutravaha-Avishesh.
4. Jivha-Avishes.
5. Sparsha-Avishesh.
6. Shabda-Avishesh.
7. Dristi-Avishesh.
8. Akriti:-Avishesh.

Shrotas Parikshan(Vikrit):-

1. Gap diminished intra vertebra dish c3 c4 c5.
2. Mild padding loses seen
3. No specific infective etiology found.

Past Hosrpry:-No specific found.

Present illness:-52 yrsr.Male having right arm weakness, and Numbness Tingling over three finger ,particularly anamika,Madhya and tarjani.

Commen cause of Cause of Disease :-

1. Cervical Spinal vertebra compression
2. Padding losses intra vertebra dish
3. Injuary.
5. Neuromuscular Spasm
6. Age related
7. Work pattern.

Primary Symtoms :- Weakness over rite arm particularly Three fingers of arm , Anamika ,Madhya,Tarjani.Numbness tingling over fingers.

Table No. 1.Befour Trement.(BT):-

Sr.No.	Rite Arm	Systems.(BT)
1.	Neuromuscular weakness	Weakness over Rt.Arm
2.	Nubness,Tigling	Numbness,Tingling over Rt.fingers,Madhama,Anamika Tarjani
3.	Unable to signature. Not Motor nurom pressure.MimicSensation over three Fingers.	Numbness,Tingling over Rt.fingers,Madhama,Anamika Tarjani

Main Symtoms.:- Above Symtoms Becomes Aggregated, patient unable to wright down on paper, even unable to signature.

Upanupsaya:- Anti compression Physiotherapy, NSAID medicine ,Ayurvedic medicine can prescribe.

Neck back pressure forwarding to front and forehead forward to back, Cervical traction

Commen Samprapty/Etiology :-

1. Intracranial Disease: Ostitomyelitis, Rickets.
2. Nutritional deficiency: Vit. calcium.
3. Osteoporosis.
4. Post menopausal- Associated endocrinal, hypothyroidism, Hypoparathyroidism, included corticosteroid therapy.
5. Chronic Wasting Disease- Rheumatoid arthritis, Melegency, Uncontrolled Diabetic.
6. Hereditary Disease- Osteogenesis. idiopathic, Juvenile Osteoporosis.
7. Hyperparathyroidism.
8. Neoplastic Disease.-Secondary Malignancy

Bone structure. :- Bone is 99% of calcium. from the crystalline calcium phosphate complex.

Chikitsa Sutra(Principals):-

Shen, Sweden. Anuvasan Basti, Physiotherapy. Ayurvedic Medicine.

New Approach of MMB :-

Locally External Mrudu Manya Basti.

Proration of MMB Ingredients:-

Mung dal Atta, Medicated Oil like Mahanarayan / Sahachar/ Dasmulsi Tailm.

Preparation of MMB for one Experiment.:-

100 gms M D Atta mix with 30 ml of Water. make semiliquid preparation, then make long round of Atta and put-up over the neck. 100 ml of above oil make lukewarm and pour slowly in to the round of Atta. at this time patient stay on bed supine position. his Basti this external MMB keep it 20 to 30 minutes period. then oil withdraw slowly by spun. and collect in still try.

Mild Neuromuscular Massages can be given for Neuromuscular spasm.

Advice for cervical Coller:-

As per size of neck Small/Medium/Large. Cervical collar applied for 03 Hours. withdraw after 30 mins. then applied again for 03 hours. not use at night. or sleep time. this experiment given for 15-30 days. (Some patients required more than 30 days.)

Ayurvedic Medicine :-

Mahayograj Gugulu 150 mg tab for BD x 15 days. Some Physician used Trayodashang/Vatari/Yograj/Trifladi, Gugul.

Table No.2 After Treatment(AT):-

Sr.No.	Neuromuscular weakness	Weakness over Rt.Arm(AT)
1.	Numbness, Tingling over rt. finger, Madhama, Anamika Tarjani	Resulted 90%
2.	Neuromuscular weakness rt arm	Resulted 90%
3.	Unable to sign. Not Motor Neuron pressure. Mimic Sensation over three Fingers.	Resulted 90%

Results:- within 15-30 days. Subside weakness of arm, Subside Numbness-tingling of arm. Pain subside up to 70%. Subside of headache due to this disease and vertigo.

Contraindication:-

Speed bakers and jerks. Accident and Neck Injury. Continue office writing work for 5-6 hours in the chair for long years. Approximately daily 5-6 Hours. Long journey travels.

Yogasan :-

Allow Suryasan, Halasan, Suryanamaskar, Ardhamasaidrasan.

Exersise :-

References :-

- 1 MdhavNidan and Chrak Samhita Releted part.
- 2 Devidson's principal of medicine edition. 1994.