



**ORIGINAL RESEARCH PAPER**

**Ayurveda**

**EFFICACY OF POLY HERBAL FORMULATION WITH REGIMENAL THERAPY IN CERVICAL SPONDYLITIS AT SHAMIM AHMAD SAEEDI UNANI SPECIALITY HOSPITAL FOR WAJA – UL- MUFASIL (JOINT PAIN), FUNDED BY MINISTRY OF AYUSH.**

**KEY WORDS:** ligamentum flavum, Spurling Test, Waja ul Mafasil

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**ABSTRACT**

Pain and disability associated with musculoskeletal disorders constitute an important health problem.<sup>23</sup> Among musculoskeletal disorders, Cervical Spondylosis is one of the most common complaints, reported to occur in approximately 2/3rd of the population at some point of their lifetime. Cap Habb E Suranjan/Habb E Asgand/Majoon Chobcheeni is a Unani poly herbal compound formulation was used with regimenal therapy. Aim of this study was to comprehend the effectiveness of the therapy in Cervical spondylitis patients. The series of cases were studied in Shamim Ahmad Saedi Unani speciality hospital for waja – ul- mufasil (Joint Pain), Funded by ministry of AYUSH, Govt of India from 07-10-12 to 04-11-2018. 9413 of the participants were females and 12700 were males. Primary outcome measures of study were to evaluate efficacy of in patients suffering from cervical spondylitis by assessing cervical pain on 100 mm visual analogue scale (VAS). The VAS score on pain before treatment was observed as 7.3±0.90 (Mean ±SD) and after treatment it came down up to 2.42±1.52. Tenderness decreased by 38% (P<0.005) and par aesthesia by 12.3%. No change was observed in Spurling Test (ST) and Neck Distraction Test (NDT). This study has shown no clinically significant adverse effects, and overall compliance to the treatment was commendable

**INTRODUCTION:**

Pain and disability associated with musculoskeletal disorders constitute an important health problem.<sup>23</sup> Among musculoskeletal disorders, Cervical Spondylosis is one of the most common complaints, reported to occur in approximately 2/3rd of the population at some point of their lifetime.<sup>1,2</sup>

The term Cervical Spondylosis is a combination of two words “cervical” which is derived from Latin word cervicalis meaning “to or in the region of the neck” and “spondylosis” derived from Greek word spondylos means “vertebra” and osis means “condition” which stands for the degenerative arthritis, osteoarthritis of the cervical vertebrae and related tissues.<sup>3</sup> It is a chronic degenerative condition of the cervical spine that affects the vertebral bodies and intervertebral discs of the neck as well as the contents of the spinal canal. It may also involve the facet joints, longitudinal ligaments, and ligamentum flavum. Spondylosis usually progresses with age and often develops at multiple interspaces.<sup>4</sup>

Though in Unani literature, Cervical Spondylosis is not described as a separate entity but because of its resemblance with the diseases of joints, it has been described under the title of “Waja al-Mafā il” (Waja = pain, Mafā il = joint) which stands for painful joints. Ancient Unani physicians defined the term Waja al-Mafā il as a painful inflammatory condition affecting the joints of the body with their surrounding muscles, tissues and ligaments.<sup>5,6</sup>

Cervical spondylosis should be managed through physical or non pharmacological, pharmacological and/or surgery, the non pharmacological treatment includes lifestyle modification, exercise of neck, application of heat /cold, use of cervical collar, mechanical cervical traction, massage, acupuncture,

electrotherapy, therapeutic ultra sound, laser and Non-steroidal anti-inflammatory drugs (NSAID’s), opioid analgesics, muscle relaxants, antidepressants, anticonvulsants, corticosteroid drugs.<sup>7,8</sup>

**METHODOLOGY**

It was an open label, non-comparative, prospective, clinical study. The series of cases were studied in Shamim Ahmad Saedi Unani speciality hospital for waja –ul-mufasil (Joint Pain), Funded by ministry of AYUSH, Govt of India accordance with the principles stated in the Declaration of Helsinki (2004). Patients were recruited at Unani medical OPDs/IPDs.

No. of patients: 22113

Duration of Study: FROM 07-10-12 to 04-11-2018

**Treatment module:**

HABB E SURANJAN+HABB E ASGAND+MAJOOON CHOBICHEENI/ CERVICAL TRACTION + HERBAL TIKOR+HIJAMAH BISH SHURT/ BILA SHURT/DALK/RIYAZAT

**Assessment:**

Primary outcome measures of study were to evaluate efficacy of in patients suffering from cervical spondylosis by assessing cervical pain on 100 mm visual analogue scale (VAS). The data was analyzed statistically to measure the study outcome based on the pre and post trial subjective and objective observation. The results on continuous measurement were presented on Mean ± SD and the results on categorical measurement presented in number percentage

**Inclusion criteria**

1. Patients of either sex with presenting symptoms of cervicalspondylosis.
2. Patients above 18 years and less than 70 years age.
3. Clinical symptoms with or without radiological changes.

**Exclusion criteria**

1. Stenosis of the spinal canal
2. Myelopathy.
3. Myofacial pain syndrome.

**OBSERVATIONS AND RESULTS:**

Out of 22113 patients this study evidences 9413 of the participants were females and 12700 were males, with mean age of 43.70 (SD=10.84) yrs. Socioeconomically (10.7%) patients belongs to upper, (31.3%) to upper middle, (31.3%) to lower middle and 4 (26.7%) to upper lower class as assessed by the kuppusswamy socioeconomic scale. Out of 22113 patient (93.3%) were married, and the Mizaj (temperament) of (70%) patients were Balghami (phlegmatic) and 3 (30%) had Damvi (sanguineous) temperament.

The BMI was observed <25 in (30%) and >25 in (70%) of patients (56.7%) patients found with radiating pain and (43.3%) axial pain.

The VAS score on pain before treatment was observed as 7.3±0.90 (Mean ±SD) and after treatment it came down up to 2.42±1.52

( $P < 0.001$ ). The Northwick Park Neck Pain Questionnaire (NPQ) was observed before treatment as  $44.70 \pm 7.58$  and after treatment value as  $22.60 \pm 7.19$  with ( $P < 0.001$ ). Similarly, neck movement score was observed before treatment as  $1.98 \pm 0.74$ , and after treatment as  $1.21 \pm 0.35$  ( $P < 0.001$ ). Tenderness decreased by 38% ( $P < 0.005$ ) and par aesthesia by 12.3%. No change was observed in Spurling Test (ST) and Neck Distraction Test (NDT).

Over the course of the study, the improvement in pain, NPQ, tenderness, and difficulty in neck movement was statistically significant on 1st follow up (i.e 7th day) which shows amelioration of symptoms in subsequent follow-ups

## DISCUSSION & CONCLUSION

Cervical spondylosis is such a common and disabling condition and it is felt that it should be managed through multiple approaches viz., non pharmacological, pharmacological, and or surgical. All these treatment modalities have a range of effects and their availability is meagre and cost over burdened, apart from this the unexpected or unusual eventualities ranges from mild to moderate and sometimes even severely observed

Unani system of medicine is based on the theories and principles of Hippocrates, later potentiated by Galen, Rhazes, Avicenna etc. In Unani literature diseases of joint are described as Waja ul Mafasil, infact it is a painful or inflammatory condition affecting joints, their surrounding muscle and ligaments.<sup>5</sup> Although CS is figured out in the early human records, but, it is pathologically, epidemiologically and aetiologically were not known until the 19<sup>th</sup> century. Until early 20<sup>th</sup> century, the treatment was supportive, and surgeons were reluctant for aggressive approach because the fundamental mechanism and pathological changes associated with the disorder are still poorly defined.<sup>9,10</sup>

Cervical spondylosis is a common and disabling condition and it is felt that it should be managed through multiple approaches viz., physical or non pharmacological, pharmacological, and or surgical. Surgery should be reserved for cases of myelopathy who failed to respond with non pharmacological and conservative pharmacological treatment which comprises lifestyle modification, exercise of neck, application of heat / cold, use of cervical collar, mechanical cervical traction, massage, acupuncture, electrotherapy, therapeutic ultra sound, laser and Non-steroidal anti-inflammatory drugs (NSAID's), opioid analgesics, muscle relaxants, antidepressants, anticonvulsants, corticosteroid drugs.<sup>11,12</sup>

The VAS score on pain after treatment shows a tremendous improvement in pain.

Similarly, neck movement score was observed thus proving the efficacy of Unani treatment modalities. However No change was observed in Spurling Test (ST) and Neck Distraction Test (NDT).

It is concluded that due to the available resources and constrains this study was conducted with limited parameters and needed more comprehensive parameters based on long term and larger sample size for further exploration of the effects of study method adopted and also to determine their mechanism of action. This study has shown no clinically significant adverse effects, and overall compliance to the treatment was commendable because the effects on the conditions of cervical spondylosis were found ameliorated.

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