Study of Manyasharira w.r.t. to anatomical changes in Greevakasheruka in Manyastambha (Cervical Spondylosis)

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ABSTRACT

Manya is Chala i.e. locomotor part of the body. In Amarkosha ‘Manya’ is described as ‘Greevapraschat Sira’. Cervical spine due to its position, complex structure and great mobility is vulnerable to injuries. In present era human being is prone to numerous degenerative diseases, because of stressful and fast lifestyles. ‘Manyastambha’ is one of such lifestyle disorder which is originated from excessive use of vehicle, excessive travelling, continuous sitting and working for hours, jobs that require heavy lifting or a lot of bending and twisting, lack of exercise, unhealthy food habits and suppression of natural urges. Manyastambha is Vataja Nanatmaja Vyadhi. The main symptoms of Manyastambha are Ruk (pain) and Stambha (stiffness and restricted movements). It can be clinically co-related with cervical spondylosis. Manyastambha is a degenerative disorder as well as it may be due to occupational hazard. Loss of curvature, Reduction of disc space, Osteophytes formation are main anatomical changes associated with Manyastambha in the present sample study of patients. We have found that, the most common disc space reduced at the level of C5-C6 and C6-C7. In the present observational study, housewives are more prone to develop Manyastambha (cervical spondylosis), followed by clerk, tailor, farmer. We have found that most of patients had sedentary work and Diwaaswapa, lack of exercise, causing Tridosha Prakopa dominantly Kapha Prakopa, thereby leading to Agnimandya and Aama. Margavrodhanaya Vaata Prakopa is the result of such Samprapti.

Key words: Manya, Manyastambha, Cervical spine, Greevakasheruka, Anatomical changes.

INTRODUCTION

The increasing prevalence of Vatvyadhi in people of almost every age group is a subject of concern today. Disorders of muscles, bones, joints and ligaments, also known as musculoskeletal disorders form a subgroup of Vatavyadhi which have intense pain as a prominent symptom in them.

In present era human being is prone to numerous degenerative diseases, because of stressful and fast lifestyles. ‘Manyastambha’ is one of such lifestyle disorder which is originated from excessive use of vehicle, excessive travelling, continuous sitting and working for hours, jobs that require heavy lifting or a lot of bending and twisting, lack of exercise, unhealthy food habits and suppression of natural urges.[1]

Manyastambha is Vataja Nanatmaja Vyadhi.[2] Manya is Chala i.e. locomotor part of the body. In Amarkosha ‘Manya’ is described as ‘Greevapraschat Sira’.[3] Cervical spine due to its position, complex structure and great mobility is vulnerable to injuries. Due to Vatprakopaka Nidana Sevana the Vatadosha gets vitiated and lodges at Manyapradesha affecting the Manyagata Siras causing Stambha and Ruja of the neck that ultimately leads to Manyastambha (cervical
The main symptoms of Manyastambha are Ruk (pain) and Stambha (stiffness and restricted movements). Acharya Sushruta has described that, the Vata Dosha along with Kapha Dosha gets vitiated and take Ashraya at Manya Pradesh affecting the Manya Siras causing Ruja and Stambha of the neck. Manyastambha is a degenerative disorder as well as it may be due to occupational hazard. It may affect various age groups. Male and female both are affected due to different lifestyles and socio-economic conditions by this disease. So it is necessary to study the anatomical changes that occur in Greevakasheruka in Manyastambha.

**OBJECTIVES**

To study Manya Sharira in Manyastambha (Cervical spondylosis) w.s.r. to anatomical changes in Greevakasheruka and related structure.

**MATERIALS AND METHODS**

The study was conducted on 50 clinically diagnosed patients of Manyastambha (cervical spondylosis). The study was carried out in the RT Ayurveda Mahavidyalaya, Akola (Maharashtra).

**Study Design**

The study design was randomized observational type over 50 cases of Manyastambha (cervical spondylosis). The study was preliminary attempt to know anatomical changes in cervical vertebrae as well as distribution of the disease as per age, sex, marital status, diet, exercise, day sleep, occupation of the patients etc.

**Inclusion criteria**

1. 50 patients were selected with clinical signs and symptoms of Manyastambha (cervical spondylosis) irrespective of sex, religion, occupation and socioeconomic status.
2. Patients above 25 years of age were selected.

**Exclusion criteria**

1. Patients below 25 years of age.
2. Patients with congenital, accidental (traumatic), infective, neoplastic pathology, critically ill patient with neurological complication were excluded.

3. Non co-operative patient.

**Criteria for Assessment**

As per clinical research protocol for traditional health science.

**Objective criteria**

Neck stiffness (restricted lateral rotation)

**Subjective criteria**

Manyaruja, Manyastambha, Pashch Shirshool, Ansapradeshshool, Chimchimayan, Bhrama.

**Investigation**

- Plain X-ray cervical spine.
- Measurement of lateral cervical rotation by Goniometer.

**Observations and Results**

In the study sample of 50 patients, maximum patients were in the age group of 35-45 years. Out of 50 patients, 44% were males and 56% were females, 94% were married, 6% were unmarried. Maximum patients 78% followed mixed type of diet. 66% patients did not followed exercise, 26% followed mild exercise, 8% followed moderate exercise.

Occupational distribution of present sample was observed as maximum number of patients i.e. 36% were housewives, followed by 12% farmer, 12% clerk, 12% tailor. 54% patients didn’t take day sleep, 46% patients were taking Diwaswaap. In present study Manya Ruja was found in 100% patients, Manyastambha found in 90%, Ansapradeshshool found in 70%, Chimchimayan found in 66%, Pasch shirshool found in 22%, Bhram found in 14% patients. Out of 50 patient 60% were of moderate neck pain and 32% were of severe neck pain and 60% having restricted Left and right lateral rotation of neck between 40°-60°.

In the present study of 50 Manyastambh patients, the most prominent findings were osteophytes formation (90%), reduction of disc space (34%) and loss of curvature is found in 8% of patients. Most common site of reduction in the disc space was at the level of C5-C6 and C6-C7.
DISCUSSION

Lack of exercise cause Kapha and Medo Vruddhi in the body there by leading to Sthoulya.[7] Ati Upachit Meda brings Shaithilya to Asthi, Sira, Snayu thereby weakening them and rendering them incapable of withstanding body weight and external trauma. This Shaithilya occurs due to Srotorodha by Kapha and Meda which leads to Margavarodhaja Vata Prakopa.

Long standing, forward bending, sitting for long periods more related with housewives this more prone to degenerative changes in cervical spine. Clerk, tailor having long time sitting type of daily work, in which patient have to keep the neck continuous in one position. Farmer also have to bend neck continuously while doing laborious work, thus pressure over cervical spine develop wear and tear resulting in to cervical spondylosis.

Sushrutacharya has mentioned Diwaswaapa to cause Tridosha Prakopa.[8] Kapha Prakopa is dominant in Diwaswaapa[9] thereby leading to Agnimandya and Aama. Margavrodhjanaya Vata Prakopa is the result of such Samprapti. Taking Day sleep was common in housewives.

Every structure included in the musculoskeletal framework of the back of neck can be a potential cause of Manyastambha (cervical spondylosis).

Degree of deformity, number of levels affected, individual pain generating capacity, individual strain threshold are some of the factors with respect to structural damage, which can decide the presentation of Manyastambha.

CONCLUSION

In the present study housewives are more prone to develop cervical spondylosis, followed by clerk, tailor, farmer. Long standing, sitting for long periods, lot of bending of the neck or having neck continuously in one position causes degenerative changes in cervical spine.

In present study we have found that most of patients having sedentary work and Diwaaswaapa, lack of exercise, causing Tridosha Prakopa dominanatly Kapha Prakopa thereby leading to Agnimandya and Aama. Margavrodhjanaya Vata Prakopa is the result of such Samprapti. Margavrodhjanaya Vata Prakopa cause Kshaya (degeneration) of Asthi, Snayu, it leads to anatomical changes in Manya region. sometimes Asthi Dhatu Vruddhi also occurs due to Kaphavruta Vata Vruddhi. So by correction of these Hetu we can prevent Manyasthamba.

Reduction of disc space, Osteophytes formation, were main factors associated with Manyastambha in the present study sample of patients. We have found that, the most common disc space reduced at the level of C5-C6 and C6-C7.

Thus finally it is concluded that there are significant and considerable anatomical changes in Greevakasheruka i.e. vertebrae located in cervical region in Manyastambha (cervical spondylosis). More controlled and standardized study of Griva Kasheruka in Manyastambha patients with larger sample size is required in order to study the anatomical changes in cervical spondylosis.

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