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A clinico comparative study on the role of Panchakarma and Physiotherapy in the management of Pristhagraha w.s.r. to cervical spondylosis

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ABSTRACT

Background: Cervical Spondylosis is the term given to the occurrence of osteoarthritis in the cervical spine. It is characterized by degeneration of the intervertebral discs and osteophyte formation. This is extremely common and radiological changes of cervical spondylosis are very frequently in apparently healthy individuals above the age of 50 years. In *Ayurveda* it has a high resemblance with *Pristhagraha*, which comes under *Nanatmaja Vatavikara*. **Objectives:** To study the effect of *Pristha Basti*, *Nasya Karma* and *Rasnasaptak Kwath* in the management of *Pristhagraha* (cervical spondylosis), to study the effect of *Rasnasaptak Kwath* and Physiotherapy in the management of *Pristhagraha* (cervical spondylosis) and to compare the effect of group-A & group-B in the management of *Pristhagraha* (cervical spondylosis). **Material and Methods:** In this study total 47 patients of *Pristhagraha* were selected from OPD and admitted in IPD of Pt. Khushilal Sharma Govt. (Auto.) Ayurvedic Hospital, Bhopal, and divided into two groups. Group A with 30 patients and group B with 17 patients. Group A patients were treated with *Pristha Basti* and *Nasya Karma* with *Prasarini Taila* along with oral administration of *Rasnasaptaka Kwath* whereas in group B 17 patients were treated with physiotherapy along with oral administration of *Rasnasaptaka Kwath*. **Observation:** The analysis of result showed that the group A regimen was comparatively more effective than the regimen of group B. *Pristha Basti* and *Nasya Karma* along with *Rasnasaptaka Kwath* provided marked improvement in 73.33% of patients and moderate improvement in 26.66% of patients whereas Physiotherapy along with *Rasnasaptaka Kwath* alone provided marked improvement in 23.52% of patients, moderate improvement in 47.05% patients and mild improvement in 29.41% of patients in this study. **Conclusion:** In Group-A 79.98% relief was noted whereas 66.75% relief was noted in Group-B; which indicates that Group-A showed better results than Group-B

Key words: *Ayurveda, Cervical spondylosis, Pristhagraha, Rasnasaptak Kwatha, Nasya, Physiotherapy*

INTRODUCTION

Pristhagraha comes under the eighty types of *Nanatmaja Vata Vyadhies*.^[1] Detailed description regarding the *Pristhagraha* is not available as a separate disease entity in any of the classical *Ayurvedic*

texts. The disease *Pristhagraha* is characterized by *Graha* in *Pristha Pradesh*, which is similar to that of cervical spondylosis, characterized by neck pain, radiating to the shoulders, arms or head, so that person is unable to perform normal routine work. Ageing is the major risk factor that contributes to the onset of cervical spondylosis, but now days it is also encountered in young and middle age population. The most common evidence of degeneration is found at C5-C6 followed by C6-C7 and C4-C5 Respectively,^[2] 25% of adults under the age of 40, 50% of adults over the age of 40 and 85% of adults over the age of 60 showing some evidence of disc degeneration.^[3] *Pristha Basti* is an adopted procedure of *Snigdha Swedana* in which both the properties of *Snehana* and *Swedana* are incorporated which comes in direct contact of painful region. *Vata Dosha* has *Sheeta, Ruksha* properties and

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Pristha Basti being *Snigdha* and *Ushna* in nature alleviate the *Vata dosha*. Among *Panchakarma* therapies *Nasya* is the most important and effective treatment of *Urdhvajatrugata Roga*. In *Charaka Samhita Sutra Sthan*, it has been given first place in the sequence of *Panchakarma*.^[4] The systematic performance of *Nasya Karma* helps in relieving almost all the diseases of the head and neck. “*Navanerdhumpanescha Sarvanevopapadayet*” *Navana* and *Dhumapaan* is indicated in all types of *Vata Vyadhi* by *Acharya Charaka*.^[5] *Rasnasaptak Kwath* is mentioned in *Chakradutta* as a remedy for “*Prishta Trika Parshva Shooli*”.^[6] Thus, the combination of *Pristha Basti*, *Nasya Karma* and *Rasnasaptak Kwath* has been planned to validate the effect of this regimen in the management of *Pristhagraha* (cervical spondylosis). Physiotherapy is a discipline of medicine where physical methods such as exercise, manipulation or other electrical modalities are used to improve physical ailments. It provides several benefits for relieving pain and spasm also help to maintain the strength of the back muscles and improve the flexibility. Ultrasound therapy is a deep heating modality that use for high frequency acoustic vibrations.^[7] The treatment time is 5 minutes, according to the patient tolerance and comfort. In this period of modernization and fast life, people undergo many unwanted practices like improper sitting posture for long time in offices, continuous work in one posture, over exertion, lack of physical exercise, excessive loads to bearing movements during travelling and sports all these factors create undue pressure and compressive injury to the spine, that play an important role in producing disease like Cervical spondylosis. Erroneous dietary habits and irregular life style is responsible for early degenerative changes and play a vital role in the manifestation of such degenerative disorder. In the management of such condition, modern medicine has limited conservative and surgical procedures. The use of analgesic for subsiding the pain, anti-convulsant drugs, anti-depressant drugs for radicular pain, steroid to reduce inflammation and muscle relaxants which provide only temporary symptomatic relief and many times have hazardous side effects. However, *Ayurveda* treatment

offers holistic approach, needs further scientific validation, it is therefore being considered synergistic effects of all the present regimen may produce therapeutically better results, with an intention to find out an effective, economical and affordable treatment modality with minimal hospitalization, the present study was planned.

AIM AND OBJECTIVES

1. To study the effect of *Pristh Basti*, *Nasya Karma* and *Rasnasaptak Kwath* in the management of *Pristhagraha* (cervical spondylosis).
2. To study the effect of *Rasnasaptak Kwath* and Physiotherapy in the management of *Pristhagraha* (cervical spondylosis).
3. To compare the effect of group-A & group-B in the management of *Pristhagraha* (cervical spondylosis).

MATERIAL AND METHODS

The study was simple randomized clinical trial on 47 patients of Cervical spondylosis selected from OPD and IPD of Pt. Khushilal Sharma Govt. Autonomous Ayurveda College and Institute, Bhopal (M.P.), and divided into two groups viz. Group A and Group B.

The drugs required for the clinical study had been procured and prepared in the department of *Rasa Shastra* and *Bhaishajya Kalpana*, Pt. Khushilal Sharma Govt. Ayurveda hospital, Bhopal.

These patients were allotted in both the group as below:

Grouping

In this study total 47 patients of Cervical spondylosis were registered. Patient were randomly divided into two groups, i.e., Group A and Group B.

Group A - In this group, 30 patients of Cervical spondylosis were registered and treated with *Pristh Basti* and *Nasya Karma* with *Prasarani Taila* along with *Rasnasaptak Kwath* in the dose of 40 ml twice a day for 21 days

Group B - In this group, 17 patients of Cervical spondylosis were registered and treated with

Physiotherapy - (UST & exercise therapy) along with oral administration of *Rasnasaptak Kwath* in the dose of 40 ml twice a day for 21 days.

Table 1: Procedure, Duration, Drug and Dose

Procedure	Duration	Drug	Dose	Time
<i>Pristha Basti</i>	1-21 days	<i>Prasarani Tail</i>	250-300 ml	35 minutes
<i>Nasya Karma</i>	1-21 days (7days <i>Nasya</i> +1day Rest+7days <i>Nasya</i> +1day Rest+5days <i>Nasya</i>)	<i>Prasarani Tail</i>	8 <i>Bindu</i> each nostril	
Physiotherapy	1-21 days			
<i>Shaman drug</i>	1-21 days	<i>Rasnasaptak Kwath</i>	40 ml two times a day	Before meal

Study duration - 21days

Follow up - 7th, 14th, 21th day for clinical observation.

Follow up period - 21 days.

Inclusion Criteria

- Patients of either sex with presenting symptoms of *Pristhagraha* (cervical spondylosis)
- Patient above 20 years & less than 60 years age.
- Patients fit for *Nasya Karma*.
- Patients with written consent to participate in the study.

Exclusion Criteria

- Patients who are not given the written consent form.
- Patient having history of chronic systemic illness.
- Pregnant women and lactating mother.

- Patient who needs surgical care or having undergone any surgical intervention for spine.

Laboratory Investigations

- X-RAY cervical spine (for diagnostic and exclusion)
- CBP with ESR

Criteria for Assessment

In present study subjective criteria for assessment as follows - (Vyasdev Mahanta *et al.* 2005, IPGT&RA where in the following clinical signs and symptoms have graded by scoring system).

- Pain (*Shula*)
- Stiffness (*Graha*)
- Giddiness (*Bhrama*)
- Tingling sensation (*Chimchimayana Hasta*)
- Restricted movement
 - Flexion
 - Extension
 - Lateral rotation
 - Lateral Flexion

OBSERVATIONS

Table 2: Distribution of the patients

Status of Treatment	Group A	Group B	Total
Registered	30	17	47
Discontinued	00	00	00
Completed	30	17	47

Overall Assessment

Table 3: Showing the overall effect of therapy in Group A and Group B

Assessment	Group A	%	Group B	%
	No. of pts.		No. of pts.	
Complete remission (100% relief)	0	0	0	0

Marked improvement (75% to < 100% relief)	22	73.33%	4	23.52%
Moderate Improvement (50% to <75% relief)	8	26.66%	8	47.05%
Mild Improvement (25% to <50% relief)	0	0	5	29.41%
No Improvement (< 25 % relief)	0	0	0	0

- In this study marked improvement was found in 73.33% patients in group A and 23.52% patients in group B.
- Moderate improvement was found in 26.66% patients in group A and 47.05% patients in group B.
- Mild improvement was not found in any of the patients in the group A and 29.41% patients were found in group B.

RESULT

All available sign & symptoms were analyzed on the basis of scoring pattern. Routine hematological investigations were carried out to exclude any other systemic illness. Final outcome of the treatment was assessed by statistical analysis.

In Group A – Results were statistically extremely significant in Pain, Stiffness, *Bhrama*, *Chimchimayana Hasta*, Range of movement. Marked improvement was found in 73.33% and 26.66% of the patients had moderate improvement. None of the patients had mild improvement and no improvement at all.

In Group B – Results were statistically extremely significant in Pain, Stiffness, *Bhrama*, *Chimchimayana Hasta*, Range of movement. 23.52% patients got Mark improvement, 47.05% patients had Moderate improvement, 29.41% got mild improvement, none of the patient had found no improvement.

Overall effect of therapy: In Group A 79.98% relief was noted whereas 66.75% relief was noted in Group B;

which indicates that Group A (*Pristha Basti*, *Nasya Karma* along with *Rasnasaptak Kwath*) showed better results than Group B (Ultrasound, Exercise along with *Rasnasaptak Kwath*).

DISCUSSION

This study is comprising of five chapters, viz. Conceptual study, Drug review, Clinical study, Discussion, Summary and Conclusion. It covers the review of *Ayurveda*, modern review and other Therapeutic Procedures, recommended to manage the *Vatavyadhi* (Cervical Spondylosis). In *Ayurvedic* review, *Nidana Panchaka*, *Sadhya-Asadhyata* of the disease has been described. As *Pristhagraha* is not mentioned as a separate disease so the *Nidanas* mentioned for *Vata-Vyadhi* and *Vata Prakopa* are incorporated as causative factors of *Pristhagraha* (Cervical Spondylosis), though separate *Nidanas* are not mentioned. In Modern review, Cervical Spondylosis with Epidemiology, Definition, anatomy and physiology, Etiological factors, Explanation of the pathogenesis and *Symptomatology*, Differential Diagnosis, Diagnostic tests, Prevention, and Management of the cervical spondylosis has been described. In the Procedure review detailed description of *Pristha Basti*, *Nasya Karma*, Physiotherapy has been described. It includes etymology, definition, indication, contraindication, *Poorva Karma*, *Pradhana Karma* and *Paschata Karma* along with probable mode of action. Drug review deals with, complete description of major contents of *Prasarini Taila* used in *Pristha Basti* and *Nasya Karma* procedure and *Rasnasaptak Kwath*. In this section *Rasa*, *Guna*, *Veerya*, *Vipaka*, *Karma*, *Doshaghnata*, *Rogaghnata*, chemical composition, Pharmacological actions and therapeutic evaluations of drugs have been discussed. The Clinical study contains; Aims and Objectives, Plan of study, Material and method, Criteria for selection of the patients, In this study total 47 patients completed the treatment (Group-A 30 Patients and Group-B 17 Patients). Some of the observations obtained through this study are as follows:

Maximum number of patients i.e., 40.4% in between the age group of 31-40 years, 53.2% were females, 83% were Married, 83% were urban, maximum number of patients 89.4% Hindu community.

The maximum patients of this study i.e., 48.9% were graduate, 36.2% patients field work with physical intellect, 36.2% were house wife, 48.9% patients belonged to lower middle class.

The maximum patients of this study i.e., 51.1% were founded to be vegetarian, 36.2% had poor appetite, 36.2% had moderate appetite, 44.6% of the patients had poor digestion, 78.7% of the patients had irregular bowel habits.

Maximum number of patients i.e., 55.31% had emotional stress, 85.1% patients were nonsmokers, 78.7% of the patients do not have any addiction with, 61.7% were *Krur Kostha*.

The maximum patients of this study i.e., 61.7% patients had *Vata Kapha Prakriti*.

The maximum patients of this study i.e., 63.8% were *Madhyama Samhanana*, 76.6% were *Madhyam Pramana*, 51.1% patients were *Sarva Rasa Satmya*, 36.2% patients were *Pravara Satva*, 46.8% had *Madhyama Abhyavarana Shakti*, 63.9% had *Avara Jarana Shakti*, 57.5% had *Avara Vyayam Shakti*.

CONCLUSION

On the basis of clinical manifestation, pathogenesis and complication cervical spondylosis can be correlated with *Pristha Graha*. *Pristhagraha* comes under the eighty types of *Nanatmaja Vata Vyadhies*. *Vata* provoking factors are accepted as *Nidana*. *Vyana Vayu* and *Shleshaka Kapha* are essential component for pathogenesis of *Pristhagraha* (Cervical Spondylosis). In this clinical study majority of the patients had *Dvandaja Prakriti* i.e., *Vata-Kaphaja*, *Vata-Pittaja* and *Krura Koshtha* and *Vishamagni*; these finding support of the Vitiated *Vata Dosha*. Patient of different age and occupation who have more exposure to stressful working environment, continuous work in one posture, over exertion, lack of physical exercise, excessive loads to bearing movements during travelling and sports are more susceptible for *Cervical*

Spondylosis. Therapeutically, treatment protocols in both the Group A (*Pristha Basti* with *Nasya Karma* followed by *Rasnasaptak Kwath*) and Group B (US&Exercise followed by *Rasnasaptak Kwath*) are effective in reducing symptoms of Cervical Spondylosis but *Pristha Basti* with *Nasya Karma* followed by *Rasnasaptak Kwath* is more effective in comparison of Physiotherapy (US&Exercise) followed by *Rasnasaptak Kwath*. Group A found better relief in most of the parameters like pain, stiffness, *Bharama*, *Chimchimayana Hasta* and range of movement. This may be because of *Vata* and *Kapha* pacifying effects of *Pristha Basti* and *Nasya Karma*. Majority of drugs of *Rashnasaptak Kwath* contains *Vata Kapha Shamaka*, *Rasayana* and *Amapchana* property. While Ultrasound therapy and Exercise helps to strengthens and restore the normal functions of muscles and joints. No adverse drug reaction was observed during the study or in the duration of follow up period.

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