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## Effect of *Balamula Ghritam Uttarabhaktika Sneha* and *Masha Saindhava Tailam Pichu* in the Management of Cervical Spondylosis - A Case Report

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### ABSTRACT

**Background:** Cervical spondylosis is a degenerative condition of the cervical spine commonly called as "Osteoarthritis of the neck". As the disc dehydrate and shrink it causes protrusion and bony projections along the edges of the bone (bone spurs) of adjacent ventral bodies leading to narrowing of vertebral canal and intervertebral foramina. This causes chronic neck pain and symptoms of root compression are usually associated with pain radiating to the arms, numbness in fingers and motor weakness. **Rationale of the case report:** A case of 42 years old female patient with complaints of neck pain, neck stiffness, radiating pain to right upper limb weakness in right upper limb, restricted cervical range of movement and which was treated with *Balāmula Ghritam* given as *Uttarabhaktika Sneha* and *Māshasaindhava Tailam* as *Greva Pichu*. **Intervention:** *Trikatu Churnam* was given initially for 3 days then *Balāmula Ghritam* was prescribed 10ml morning and 10ml night as *Uttarabhaktika Sneha* (after food) and *Māshasaindhava Tailam* 80ml was used as *Greva Pichu* in empty stomach morning for a period of 21 days. **Results and Outcome:** There was a marked improvement in all the symptoms which shows the efficacy of the medicines in the management of cervical spondylosis.

**Key words:** Disc dehydration, *Balāmula Ghritam*, *Uttarabhaktika Sneha*, *Māshasaindhava Tailam*, *Grēva Pichu*, Cervical spondylosis.

### INTRODUCTION

Cervical spondylosis is a degenerative condition of the cervical spine producing changes in the intervertebral discs along with protrusion and bony overgrowth of adjacent vertebral bodies. This causes the vertebral canal narrowing along with the intervertebral foramen

by this a compression of the nerve roots, sometimes compression of the spinal cord can also occur which is termed as spondylotic myelopathy.<sup>[1]</sup> Occupational stress, improper sitting postures, sitting in air conditioners and adopting continuously one posture, over exertion causes pressure over cervical spine with a damage to the flexibility of the surrounding tissues, cushion structures called the discs protecting the vertebrae from friction and acting as shock absorbers leading to the cause of cervical spondylosis, most common cause of cervical cord and root compression in patients older than 40 years of age.<sup>[2]</sup> Women are more affected due to hormonal changes like deficiency of oestrogen.<sup>[3]</sup> Spondylotic changes in cervical spine it occurs at solitary disc space levels in 15 to 40 % of patients and it occurs in multiple levels in 60 – 85% of patients and the disc between third and seventh cervical vertebra (C3 – C7) most commonly affected area. As these disorders have become inevitable due to

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lifestyle modifications yet they are to be treated with conservative methods rather than surgical procedures as surgery performed may end up with recurrence of the problem. Prevalence of *Vāyu Mahābhuta* as per *Ayurveda* is said to be the primary cause for these damages to occur.

To strengthen the cervical area with the reduction of pain and to get overall improvement in the mobility of cervical spine *Balā* root having properties of *Snigdha*, *Madhura*, *Balya*, *Picchila*, *Vātahara*, *Rasāyana*, *Tridosahara*, *Balā Ojō Vardhanam* properties as per *Ayurvedic* classics shall be a best drug for administration when used in the form of ghee preparation preferably after food after a careful analysis of the *Jatarāgni* of an individual.

As an external therapy *Māsha* and *Saindhava* processed with *Tila Tailam* shall be used warm as *Pichu* on the cervical spine area would not only stabilize but also enhances a free movement of an affected site. Hence this case study is planned to bring out the efficacy of *Balāmūla Ghritam* internally and *Māshasaindhava Tailam* externally in the management of cervical spondylosis with special reference to pain management by nourishing the disc.

## CASE REPORT

A 42-year-old female, IT professional presented with complaints of gradual progressive pain in the neck region which radiated towards right upper limb along with weakness in right limb, neck stiffness, restricted cervical range of movements in the past 2 years.

### *Adyatana Vyādhi Vrottanta* (History of present illness)

The patient developed pain in the neck region which was localized initially. Gradually the pain started to radiate to the right upper limb along with neck stiffness and weakness in right upper limb with restricted cervical range of movements and dizziness on movement of neck. The patient had undergone various neurological and orthopaedic consultations and was prescribed with pain killers and NSAID's initially and later was advised to take MRI of cervical spine with whole spine screening and was advised by allopathic

physician for Surgery and physiotherapy. The prime aim of the patient was to attend our OPD to seek a non – surgical approach for her ailments. The patient was taken for the clinical trial research after signing the informed consent form.

### *Purva Vyādhi Vrottanta* (History of past illness)

She is a K/C/O Type II DM and under taking medication.

### *Atura Charya / Vayakthika Vrottanta* (Personal History)

**Table 1: Below describes personal history of the patient**

<b>Ahāra / Diet</b>	Mixed (Veg and Non - Veg) type of diet
<b>Rasa (Predominant taste intake)</b>	<i>Sarvarasa</i> (but habitual intake of more <i>Amla + Lavana + Katu Rasa Pradhana</i> )
<b>Nidra / Sleep</b>	<i>Alpa Nidra</i> (Disturbed sleep due to pain)
<b>Vyasana / habit and addictions</b>	Coffee intake 4 times per day
<b>Koshta</b>	<i>Madhyama</i>
<b>Agni</b>	<i>Vishamāgni</i>
<b>Marital Status</b>	Married since 12 years

**Table 2: Below describes details of Rogi Pareeksha (Dashavidha Pareeksha)**

<b>Prakriti</b>	<i>Vāta Kapha</i>
<b>Vikriti</b>	<i>Vāta Kapha</i>
<b>Sāra</b>	<i>Medho Sāra</i>
<b>Samhanana</b>	<i>Madhyama</i>
<b>Pramana</b>	<i>Madhyama</i>
<b>Satva</b>	<i>Madhyama</i>
<b>Sāthmya</b>	<i>Sarvarasa</i>
<b>Ahāra Shakti</b>	<i>Madhyama</i>

<b>Vyayāma Shakti</b>	<i>Madhyama</i>
<b>Vayo Nirnaya</b>	<i>Youvanam</i>

**Table 3: Below describes details of Rogi Pareeksha (Ashtasthana Pareeksha)**

<b>Nādi</b>	<i>Vāta Kapha</i>
<b>Mutram</b>	4 - 5 times a day, Night - 1 time
<b>Malam</b>	<i>Vibandha</i> (Constipated)
<b>Jihwa</b>	<i>Alipta</i> (uncoated)
<b>Shabdha</b>	<i>Prakrita</i>
<b>Sparsha</b>	<i>Anushna</i>
<b>Drik (colour of Conjunctiva)</b>	White
<b>Akriti</b>	<i>Madhyama</i>

**Table 4: Below describes details of Rogi Pareeksha (Vikriti Pareeksha)**

<b>Doshataha</b>	<i>Vāta Kapha</i>
<b>Doshiyataha</b>	<i>Rasa, Rakta, Mamsa, Medas, Asthi</i>
<b>Prakrithitaha</b>	<i>Vāta Kapha</i>
<b>Deshataha</b>	<i>Jangala</i>
<b>Kālataha</b>	<i>Visarga Kāla</i>
<b>Hetutaha</b>	Continuous work, intake of more <i>Amla, Katu, Lavana Rasapradhana Ahara</i> , lifting weight, continuous sitting in front of computer and air-conditioned room.
<b>Lingataha</b>	Neck pain, neck stiffness, radiating pain to right upper limb weakness in right upper limb, restricted cervical range of movement, dizziness on neck movements.

**Table 5: Below describes details of Samprapti Ghatakam**

<b>Adhistana</b>	<i>Grēva Pradesha</i>
<b>Roga Marga</b>	<i>Bāhya</i>
<b>Srōtas</b>	<i>Asthivaha srōtas</i>
<b>Srōto Dushti</b>	<i>Asthivaha</i>

**Table 6: Below describes Samanya Pareeksha / General Examination**

<b>Height</b> : 155 cm	<b>Weight</b> : 62 kg , BMI – 26.2 kg/m <sup>2</sup>
<b>B.P</b> : 130 / 90 mm/Hg	<b>Pulse</b> : 76 /min
<b>RR</b> : 21 / min	<b>Temp</b> : Afebrile
<b>General look / Appearance</b> : Healthy	<b>Cyanosis</b> : Absent
<b>Oedema</b> : Absent	<b>Pallor</b> : + (10.2 g/dl)
<b>Lymphadenopathy</b> : Absent	<b>Clubbing</b> : Absent

**Table 6: Below describes Motor system examination**

<b>Position of limb</b> :	Normal
<b>Muscle Bulk</b> :	Normal
<b>Wasting</b> :	Absent
<b>Fasciculations</b> :	Absent
<b>Muscle tone</b> :	Normal
<b>Muscle power</b> :	<b>Grade 4</b> - Active movement against gravity and resistance
<b>Coordination</b> :	Normal (grade 5)
<b>Reflexes (Biceps, Triceps)</b>	Average (Normal grade 2)

### Investigations

#### MRI Of Cervical Spine Impressions

- Cervical lordosis is lost.

- The alignment of the vertebrae is maintained. No evidence of spondylolisthesis.
- Disc dehydration noted from C4-C5 to C6-C7 intervertebral discs, anterior and posterior marginal
- Osteophytes seen in C5, C6 and C7 vertebra.
- **C3-C4** : postero central disc bulge causing ventral thecal sac indentation. Bilateral neural foramina and nerve roots appear normal with no evidence of spinal canal stenosis.
- **C4-C5**: postero central disc bulge causing ventral thecal sac indentation. Bilateral neural foramina and nerve roots appear normal. Mild spinal canal stenosis (AP diameter-9 mm).
- **C5-C6**: posterior disc osteophytic complex bulge with bilateral posterior para central protrusion causing obliteration of ventral thecal sac und mild compression of bilateral neural foramina and Nerve root (LR) and moderate spinal canal stenosis (AP diameter-8 mm).
- **C6 - C7**: Posterior disc osteophytic complex bulge with posterior central protrusion with caudal migration causing compression of ventral thecal sac and severe spinal canal stenosis (AP diameter-5 mm) Bilateral neural foramina normal
- The vertebral bodies, pedicles, laminae, transverse, and spinous processes show normal morphology and MR signal pattern. The cervical spinal cord and the CSF display normal signal intensity in all sequences. The cranio vertebral junction is normal. The atlanto-axial joints are normal the pre and paraspinal regions appear normal.

### Chikitsa Krama (Treatment Plan)

**Patient consent:** Prior to the start of the clinical study signature of the patient was taken in the informed consent form

On Examination patient had *Vishamāgni* before to the start of administration of *Ghritam*, *Agni* is to be corrected first. Hence patient was given *Trikatu Churnam* (5gm with ½ glass of hot water morning and

night after food) for 3 days.<sup>[4]</sup> On the 4<sup>th</sup> day patient had good appetite, *Balāmūla Ghritam* 10 ml morning and night after food (*Uttarabhaktika Sneha*) followed by *Ushñajala* and also was prescribed with *Māshasaindhava Tailam Greva Pichu* morning empty stomach (80ml) for a period of 21 days.

### Duration of Study Period

Clinical study carried for a period of 21 days with one follow up

### Follow-Up

- Day 0 - Assessment done - Before treatment
- Day 22 - Assessment done - After treatment
- Day 30 - Follow up (without medications)

### Assessment criteria used in present clinical study includes

**Table 7: Describes the subjective parameters with clinical gradings**

Neck pain	Grade 0	No pain
	Grade 1	Mild pain relieved on rest
	Grade 2	Moderate pain relieved on taking rest
	Grade 3	High intense pain not relieved on rest
Neck Stiffness	Grade 0	No stiffness
	Grade 1	Mild stiffness
	Grade 2	Moderate stiffness
	Grade 3	Severe stiffness
Radiating pain	Grade 0	No radiation
	Grade 1	Radiation of pain from neck to arm occasionally present
	Grade 2	Radiation of pain from neck to any one side of extremity
	Grade 3	Radiation of pain to both the sides of the extremity
Numbness	Grade 0	No numbness
	Grade 1	Numbness from neck to arm occasionally present
	Grade 2	Numbness from neck to any one side of extremity
	Grade 3	

		Numbness from neck to both the sides of the extremity
Weakness in arms	Grade 0	No weakness
	Grade 1	Weakness in any one side of the extremity, occasionally present
	Grade 2	Weakness in any one side of the extremity
	Grade 3	Weakness in both the sides of the extremity
Dizziness	Grade 0	No dizziness
	Grade 1	Occasionally present
	Grade 2	On movements of neck patient feels dizziness
	Grade 3	Constantly dizziness is present

**Table 8: Describes the Objective parameters with clinical gradings**

Muscle Power Assessment	
Grade 0	No movement
Grade 1	Flickering movements
Grade 2	Active movement with gravity
Grade 3	Active movement against gravity
Grade 4	Active movement against gravity and resistance
Grade 5	Normal power

Assessment of Reflexes (Biceps and Triceps)	
Grade 0	Absent (Areflexia)
Grade 1	Diminished (hyporeflexia)
Grade 2	Average (Normal)
Grade 3	Exaggerated (Brisk)
Grade 4	Clonus, very brisk (hyperreflexia)

NDI (Neck Disability Index Score) - contains 10 Sections with 6 questions in each section	
Scores Out Of (50)	Disability Level
0 – 4	No Disability
5 – 14	Mild Disability

15 – 24	Moderate Disability
25 – 34	Severe Disability
35 – 50	Complete Disability

Cervical Range of Movements (CROM) using Goniometer	
CROM	Normal Degree (CROM)
Right lateral flexion (RLF)	43°
Left lateral flexion (LLF)	43°
Right lateral rotation (RLR)	45°
Left lateral rotation (LLR)	45°
Forward Flexion (FF)	38°
Backward extension (BE)	38°

**RESULTS AND DISCUSSION**

**Table 9: Below describes results of assessment criteria of patient Before and After Treatment**

Assessment Criteria	Before Treatment	After Treatment	
		Day 0	Day 22 <sup>nd</sup>
<b>Subjective Parameters</b>			
Neck Pain	Grade 3	Grade 1	Grade 1
Neck Stiffness	Grade 2	Grade 0	Grade 0
Radiating Pain	Grade 2	Grade 0	Grade 0
Numbness	Grade 1	Grade 0	Grade 0
Weakness In Arms	Grade 2	Grade 0	Grade 0
Dizziness	Grade 2	Grade 0	Grade 0
<b>Objective Parameters</b>			
Movements of Neck			
Flexion	38°	38°	38°
▪ Forward Flexion	Restricted @ 25°	38°	38°
▪ Lateral Flexion	Left side - 43°	43°	43°
		38°	38°

Extension (Backward)	38°	42°	42°
Rotation	Restricted	45°	45°
▪ Right Lateral Rotation	Rt - 3°	Absent	Absent
▪ Left Lateral Rotation	45°	Absent	Absent
Sensory Loss	Absent	Present	Absent
Radiation Of Pain	Absent		
Proximal To Distal			
Distal To Proximal			
Muscle Power Assessment	Grade 4	Grade 5	Grade 5
Reflexes (Right and Left)	Grade 2 (Normal)	Grade 2 (Normal)	Grade 2 (Normal)
Biceps (C5, C6)			
Triceps (C7, C8)			

Neck Disability Index	Day 0	Day 22 <sup>nd</sup>	Day 30 <sup>th</sup>
Moderate disability (24)	24	Mild disability (10)	Mild disability (10)

Based on subjective and objective parameters assessment carried, the observation was made based on before treatment assessment followed by day 22<sup>nd</sup> assessment (after treatment) and finally observation after 1 week on day 30<sup>th</sup> (follow up) assessment revealed that all the symptoms was reduced and there was a marked improvement in the patient at the end of the treatment. All the laboratory parameter blood sugar levels were under control, the Hb level of the patient was increased to 11.5g/dl was observed.

## DISCUSSION

### Discussion on the Disease

#### Nidana Factors

Dietary factors like - excessive/ regular intake of *Katu* (pungent), *Kashaya* (astringent), *Tikta* (bitter), *Rūksha* (dry), *Laghu* (light), *Shītaviṛya Shuskha Āharas* (cold and dried type of diet intake), *Adyasana* and *Vishamāshana* (eating fast/ irregular, eating during indigestion) Physical factors like- *Ativyāyāma*

(excessive physical strain), *Adyayana* (studying - table work), *Prapatana* (falling down), *Pradāvana* (excessive running), *Prapēdana* (pressure - neck pressure/ strain), *Ratrijāgarana* (waking up night/ night duties), *Atibhārahara* (lifting heavy weights), excessive travel. Psychological factors like - *Krodha* (anger), *Bhaya* (fear), *Shoka* (stress) are all the factors leading to aggravation of *Vāta Dosha* in the body.<sup>[5]</sup>

### Samprapti (Pathogenesis)

Here based on the site, function, and qualities of this *Kapha* can be compared to nucleus pulposus of the disc that contain high water content due to the dominance of *Vāyu Mahābhuta* the functions such as *Sandhisansleshana*, *Snehana*, *Ropaṇa*, *Pūrana*, *Bala*, *Sthairya* properties of *Kapha* gets decreased leading to degeneration of disc and osteoporosis conditions to occur as (these functions are very much significant in the intervertebral disc (symphysis joint) as well as facet joints.<sup>[6]</sup> Since the *Grēva Pradesha* is considered to be the *Kapha Stāna* which is made up the properties like *Snigdha* (unctuous), *Śīta* (cool), *Guru* (heavy), *Ślakṣṇa* (fine), *Sthira* (stable) predominance of *Pṛthvi and Jala Mahābhuta Stāna* due to the above mentioned factors the aggravated *Vāyu* with its properties opposite to *Kapha* causes fast deterioration of *Pṛthvi and Jala Mahābhuta* leading to degenerative features of the cervical disc by exhibiting clinical signs and symptoms like *Kārṣṇya* (blackish discoloration - disc dehydration), *Balāhāni* (weakness), *Nidrāhāni* (loss of sleep), *Indriyabramśha* (sensory and motor impairment), *Brahma* (giddiness), *Asthishūla* (pain in bones), *Majjāshōsha* (decrease of bone marrow).<sup>[7]</sup>

*Sraṃsa* (disc prolapse), *Pāruṣya* (roughness / loss of elastic and spongy texture of disc), *Saukṣīrya* (porosity / osteophytes formation), *Śyāva-Aruṇa Varṇatva* - smoky blackish discoloration - disc dehydrated changes observed using radiological evidence.<sup>[8]</sup>

### Chikitsa (Treatment)

The theory of *Ayurveda* in the treatment of diseases is primarily based on *Panchaboutika SiddhāNtha* and based on *Guna - Karma Vikalpa* of any substance-

“Panchabhūtātmakhe Dehey Ahārō  
Panchabhowthikaha | Vipakwam Panchadhā Samyak  
Swan GunāN AbhivardhayēTh”

The above Sloka gives us the clue that human body is a frame constituted by the five gross elements and each of these elements gets its share of nourishment from the food consumed which is also made of Panchamahābhutas.<sup>[9]</sup>

This theory clearly indicates that the action of the Tridośhas based on their properties end up with an increase or decrease of the visceral organs, in addition to the bone, bone marrow ends up with their destruction or reduction which finally lands up in the collapse of internal structures. So, the treatment of these collapsed structures can be repaired and brought back to normalcy, though with great difficulty is achieved by prescribing food, activity and medicine which are entirely opposite to the properties that have enhanced in the destructive process.

The drug selected for the treatment of cervical spondylosis should have high antioxidant property and having predominance of Pr̥thvi and Jala Mahābhuta along with Vātahara quality should be considered. Snehana is the first line of treatment that should be done both internally and externally for bringing back the aggravated Vāta. Considering all the above-mentioned points the drug selected for the study Balāmūla Ghritam and Māshasaindhava Tailam exactly possess the same qualities, best choice of drug for the management of cervical spondylosis (degeneration of cervical spine).

#### Discussion on the drug taken in present clinical study

##### Balāmūla Ghritam

The Ghritam which contains Balāmūla has Madhura Rasa, Snigdha Guna, Śīta VīRya, Madhura VipāKa and it is having qualities like Brimhana, Balya, Vrishya, Vāta- Pitta Hara, Ōjovardhaka, Rasāyana, Snehana and Anulōmana. On the other hand, the Go Ghritam contains has a special property like Samskārasyaṇuvartana, Sahasravīrya and Karma Shasrakrit by which it enlightens the property, potency, and therapeutic action of the drug with which

it is processed without compromising its own properties. When the Balāmūla Ghritam was prescribed 10ml after the breakfast and dinner as Uttarabhaktika Sneha in the case of cervical spondylosis with an intention of digesting in 3 hours' time to enhance its digestion 30ml of Ushṇa Jala (hot water) was prescribed. Hot water has a nature of liquefying any solid material due to its Dīpana, Pācana property and by making an enroute entry into the solid material thereby bringing its disintegration. All the properties of Balāmūla Ghritam on its rapid digestion and absorption becomes the first essence for its onward transmission through the blood stream to the site of damage and it replaces the lost qualities of Pr̥thvi and Jala Mahābhuta to get filled up in the Grēva Pradesha with the new arrival of the essence of Balāmūla Ghritam.<sup>[10]</sup>

**Māshasaindhava Tailam**<sup>[11,12,13]</sup> Māshasaindhava Tailam possess Snigdha, Guru, Ushṇa Veerya when used as warm Pichu the active principles in it gets enhanced and comes in contact with Brājakāgni and gets absorbed by Brājakapittha and taken to the targeted site. Since this Tailam possess qualities like Tridosahara, Balya, Snehana, Vēdanasthāpana, Nādibalya, Brimhana, Vranashōdana and Yōgavahi properties and has more of Asthi-majjāvesheshatwam due to its combination it can replace the lost qualities of Pr̥thvi and Jala mahābhuta by reducing the Rūksha, Laghu, Karaguna of Vāyu in Grēva pradesha.

##### Pharmacological Effect of Balāmūla Ghritam

The root of Balāmūla Ghritam possesses anti-inflammatory, analgesic,<sup>[14]</sup> antioxidant,<sup>[15]</sup> neuroprotective<sup>[16]</sup> and anti-osteoarthritic properties<sup>[17]</sup> and acts as best nervine tonic and immunomodulator.<sup>[18]</sup> The betaine and choline chemical components also maintain the structural integrity of bone.<sup>[19,20]</sup>

##### Pharmacological effect of Māshasaindhava Tailam<sup>[21]</sup>

- Māshasaindhava Tailam Pichu application and its absorption through Trans epidermal layers with its compound like linoleic, oleic acid, helps to repair the tissue damage and have an effect on reducing the inflammatory changes and promotes the bone mineral



density and strengthens the bone. There by the neurological and locomotory functions are enhanced.

## CONCLUSION

Cervical spondylosis is not only a mechanical defect but also an anatomical fault which ends up with radiculopathy, myelopathy etc. If not treated in time as the wear and tear is so rapid to occur due to factors like skull weight, sedentary postures and due to occupation. Conditions like herniated disc, thinning of disc, nerve cord compression, hypertrophy of facet joints etc. need an immediate attention. In *Ayurveda* management the tissue repair and nutritional supply to the cervical spine can be made possible with the prescription of medicated ghee prepared with *Balāmūla* administered after food by considering the *Jatarāgni's* digestive capacity, place a vital role in the supply of nutrients in the form of properties and action to the required site is the need of the hour. With the internal prescription of *Balāmūla Ghritam*, the internal arrival of the property enhancement at the site of loss of those properties is made for the replacement of lost properties by treating the spot with the external therapy also. For this purpose, *Māshasaindhava Tailam* has the result of recovery on a very positive note.

**PATIENT CONSENT** - Patient was provided written consent form for publication.

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