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Efficacy of Marma Chikitsa in pain management of **Cervical Spondylosis - A Single Case Study**

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ABSTRACT

Cervical spondylosis 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 spinal canal. It is characterized by neck pain radiating to shoulders, arms, head and person is unable to perform daily routine work. Patient aged 47 years came to our institute with the complaint of headache, pain and stiffness in cervical region & pain is radiated to hand, tingling sensation in hand, restricted movement of cervical spine for 6 month. He was diagnosed as case of cervical spondylosis. MRI of cervical spine suggested protrusion at C5-C6 level causing anterior thecal sac compression & bilateral moderate neural foraminal narrowing with left exiting nerve compression. In this case study effect of Marma Chikitsa in pain management of cervical spondylosis is evaluated. This case study shows that pain in cervical spondylosis may be successfully managed by Marma Chikitsa.

Key words: Cervical spondylosis, Greevastambha, Marma Chikitsa

INTRODUCTION

Ayurveda places great emphasis on prevention and encourages the maintenance of health. Ayurveda is popular for its extensive natural healing ways that work on illnesses and improving the general wellness of the body and mind. Marma science is one of the extraordinary gems in the huge treasure of Ayurvedic knowledge. Marma is a Sanskrit word which refers to any weak or sensitive part of body. Marma's are the vital points in the body where Prana exist.

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Cervical Spondylosis is an age-related wear and tear affecting spinal disk of neck characterized by headaches, pain and stiffness in the neck, tingling sensation, numbness and weakness in the arms, and person is unable to perform daily routine work. Age, gender and occupation are the main risk factor for cervical spine.^[1]

There is no exact clinical entity mentioned in classics like Cervical Spondylosis but it can be correlated with Greeva Stambha, a disorder of Vata. Acharya Charak described the disease first by the name of "Greeva Stambha" among the eighty types of Vata Nanatamaja *Vikar*.^[2] The symptoms of *Vata Vyadhi* (various neurological and musculoskeletal disorders) are Sankocha (constriction of organs), Parva Stambha (stiffness in joints), Asthibhed (pain in bones), Spandana and Gatrasuptta (numbness),^[3] which are completely corelated with that of Cervical Spondylosis.

General treatment of Greeva Stambha

As no specific line of treatment is described for Greevastambha in Ayurveda text, so general line of management of Vatavyadhi such as Abhyanga

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(massage), *Svedana* (sudation), *Mridu Virechana* (mild purgation) and *Basti* procedures can be adopted.^[4]

CASE REPORT

A 47 year old male patient teacher by occupation consulted in the outpatient department of Pt. Khushilal Sharma Government Ayurveda college, Bhopal (MP) with the complaint of headache, pain and stiffness in the cervical region & pain is radiated to hand, tingling sensation in hand, restricted movement of cervical spine for 6 month. Symptoms were aggravated by prolonged sitting and standing. He was diagnosed as a case of cervical spondylosis. He was taking analgesics and anti-inflammatory medicine for pain management.

History of Past Illness

No history of hypertension, diabetes mellitus or any other serious illness

Surgical history : NAD

Personal history

- Bowel Constipated
- Appetite Normal
- Micturation Normal
- Sleep Disturbed due to pain
- Allergy and addiction Nil

Clinical Findings

On physical examination general health of the patient was good his pulse was 78/min, BP was 120/90 mm of Hg, the patient was afebrile. He has *Vata-Kapha Prakrati, Madhyam Vayah, Madhyam Satva, Avara Vyayama Shakti*. The range of motion of cervical spine was restricted. On examination tenderness was found over C5-C6 vertebras. There was no significant finding on lab investigation. Magnetic resonance imaging (MRI) of cervical spine suggested posterior disc osteophyte complex with left paracentral disc protrusion at C5-C6 level causing anterior thecal sac compression & bilateral moderate neural foraminal narrowing with left exiting nerve compression.

Treatment

The treatment involved administration of *Marma* therapy. The details of administration are as follows.

Marma Therapy

The present study includes stimulation of 5 *Marma* points that is *Ansa, Ansaphalak, Krakatika,* and *Vidhura Marma* & these will be stimulated for 15 - 18 times on an average in single sitting.^[5]

Table 1: Marma points stimulated in Greeva Stambha

SN	Marma	Stimulati on time	Sitting of Marma Chikitsa	Total time
1.	Ansa	0.8 sec	Two times a day	15 days
2.	Ansaphalak	0.8 sec	Two times a day	15 days
3.	Krakatika	0.8 sec	Two times a day	15 days
4.	Vidhura	0.8 sec	Two times a day	15 days
5.	Kakshadhara	0.8 sec	Two times a day	15 days

- A steady and moderate pressure will be applied slowly and gently.
- Pressure will be increased gradually depending upon patient strength.
- During the therapy, therapist was supposed to continuously watch the facial expression of the patients.

Assessment Criteria

1. Neck pain

Criteria	Grading
No pain	0
Mild and intermittent pain	1
Moderate pain	2
Severe pain	3

2. Neck stiffness

Criteria	Grading
No stiffness	0
Mild Stiffness	1

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Moderate stiffness	2
Severe stiffness	3

3. Radiating pain in arm

Criteria	Grading
Absent	0
Mild intermittent pain radiating to arms	1
Moderate pain radiating to arms	2
Severe pain radiating to arms	3

4. Restricted Movement

a) Flexion

Criteria	Grading
No restriction able to touch interclavicular line	0
Upto 2 cm difference between the chin and the interclavicular line	1
More than 2-4 cm difference the chin and interclavicular line	2
More than 4 cm difference	3

b) Extension

Normal - 130 degree	0
Moving upto - 120 degree	1
Moving upto - 110 degree	2
Moving <110 degree	3

c) Lateral Rotation

Complete rotation	0
Rotation with mild difficulty	1
Rotation one side only	2
No rotation	3

OBSERVATION

Parameter	Before Treatment	After treatment
Neck pain	2	0
Neck stiffness	1	0
Radiating pain in arm	2	1
Flexion	2	0
Extension	2	1
Lateral Rotation	1	0

DISCUSSION

In modern era, peoples are much more inclined to computer usage. Thus, cervical spondylosis is emerging problem. As Marmas are the seats of Prana, the vital life force that governs the physical and subtle processes of the body, therefore, through the stimulation of Marmas, the flow of Prana in different body parts can be modulated in such a way that it can be used to remove blockages, and decrease or enhance the physical and subtle energy currents within the body, resulting in the corresponding healing effect. According to Ayurveda, the main etiological factor for Greevastambha is vitiated Vata. Since Prana is connected to Vata Dosha, hence Marma Therapy can be especially useful in treating the Vata disorders. Out of the five forms of Vata Dosha, Vyana Vayu, that is associated with the skin, as well as the movement and circulation of the Prana, can be most closely linked to the Marmas. Thus, stimulation of the Marmas can balance the Vyana Vayu and Vata Dosha, resulting in the corresponding healing effect in diseases like Greevastambha.^[6]

Nowadays, therapeutic interventions normally used for its treatment are physiotherapy, hot fomentation, use of cervical collar, analgesics, steroids, etc. Using analgesics, NSAIDS, steroids doesn't necessarily show satisfactory effect and also have adverse effect. As Pain is the major symptom which affects the person's day to day activities, so pain management is major target. *Marma Chikitsa* immediately relaxes the neck muscles

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and releases the spasm^[7] which help in decreasing pain and stiffness Therefore, *Marma Chikitsa* can be a nonmedicinal and non-invasive approach in pain management of cervical spondylosis.

CONCLUSION

The case report shows significant improvement. So, if *Marma Chikitsa* practiced well, can be used as an alternative therapy for pain management of cervical spondylosis. It improves the quality of life of patients and side effects of analgesics can also be prevented.

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