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Evaluation of comparative efficacy of *Guda Sunthi* and *Manjistha Guggulu Avapeedana Nasya* in *Manyastambha* (Cervical Spondylitis)

Dr. Manjunath Akki,¹ Dr. Suresh Hakkandi,² Dr. Arti Panwar³

¹Professor & Guide, ²Professor & HOD, ³Post Graduate Scholar, Post Graduate Dept. of Panchakarma, SJG Ayurvedic Medical College & Hospital, Koppal, Karnataka, INDIA.

ABSTRACT

Manyastambha is described under *Nanatmaja Vatavyadhi*. It is a condition where, the aggravated *Vata* get localized in the *Manya Pradesha* causing symptoms like *Stambha* and *Shoola*. *Manyastambha* can be compared with earliest symptoms of cervical spondylitis. In this condition, patient complaints of neck pain. The neck is held rigidly and neck movements may exacerbate pain. Now a day, Cervical spondylitis is very common in the people who do routine activities like travelling, household work, desk job etc. It can be seen in people as early as 25 years of age. In *Manyastambha*, *Nasya* is the main line of treatment. (i.e. *Vatakaphahara Nasya*). **Objectives:** To evaluate the comparative efficacy of *Guda Sunthi Avapeedana Nasya* and *Manjistha Guggulu Avapeedana Nasya* in *Manyastambha* (Cervical Spondylitis). **Materials and Methods:** This is a comparative clinical study conducted to assess the efficacy in *Manyastambha*. As per the inclusion and exclusion criteria, the patients who fulfill the criteria were randomly selected and equally divided into two groups. Group A - 15 Patients received *Guda-Sunthi Avapeedana Nasya*. Group B - 15 Patients received *Manjistha-Guggulu Avapeedana Nasya*. **Results and Conclusion:** In Group A, 9 patients (60%) showed complete remission and 6 patients (30%) showed marked response. In Group B, 3 patients (20%) showed complete remission, 1 patient (7%) showed marked response. 6 patients (30%) showed moderate response, 4 patients (26%) showed mild response and 1 patient (7%) showed unchanged response.

Key words: *Manyastambha*, *Cervical spondylitis*, *Avapeedana Nasya*.

INTRODUCTION

Manyastambha is described under *Nanatmaja Vatavyadhi*^[1] with *Kapha* involvement and it occurs in *Urdwajatru Pradesha*. Where, the aggravated *Vata* get localized in the *Manyasamshrita Nadi* causing

symptoms like *Stambha* and *Shoola*.^[2] *Manyastambha* can be compared with earliest symptoms of cervical spondylitis. In this condition the patient complaints of neck pain. The neck is held rigidly and neck movements may exacerbate pain.

In Modern system of medicine, administration of muscle relaxants, NSAIDS, Analgesics, corticosteroids etc.; gives temporary relief and their long term use can produce toxic effects to the different system of the body. So, there is a need for an effective management of this condition, for the betterment of the patients suffering with the same.

Panchakarma therapy aims at cleansing the body from the root level of accumulated *Doshas*. In *Manyastambha*, *Nasya* is main line of treatment (i.e. *Vatakaphahra Nasya*).^[3] *Acharyas* state that *Avapeedana Nasya* is effective in the management of

Address for correspondence:

Dr. Manjunath Akki

Professor & Guide, Post Graduate Dept. of Panchakarma, SJG Ayurvedic Medical College & Hospital, Koppal, Karnataka, INDIA.

E-mail: drmanju78@gmail.com

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Manyastambha. *Avapeedana Nasya* is the type of *Nasya* where medicated drops extracted from *Aushada Kalka* (paste of medicine) are instilled into the nose.

Hence, With an intention to find out an effective, economical and affordable treatment modality with minimal hospitalization, the present study was undertaken to compare the efficacy of *Guda Sunthi Avapeedana Nasya*^[4] and *Manjistha Guggulu Avapeedana Nasya in Manyastambha*.^[5]

AIMS AND OBJECTIVES

To evaluate the comparative efficacy of *Guda Sunthi Avapeedana Nasya* and *Manjistha Guggulu Avapeedana Nasya in Manyastambha* (Cervical Spondylitis).

MATERIALS AND METHODS

Comparative clinical study was conducted to assess the efficacy of two different forms of *Nasya* procedures in *Manyastambha*. Patients suffering from *Manyastambha* were selected from the OPD of S.J.G.A.M. College Hospital, Koppal according to pre-set inclusion and exclusion criteria.

Preparation of Medicine

In Group A - Drugs used are

SN	Ingredients	Botanical Name	Ratio
1	<i>Guda</i>	Jaggery	1 part
2	<i>Sunthi</i>	<i>Zingiber officinale</i>	1 part

In Group B - Drugs used are

SN	Ingredients	Botanical Name	Ratio
1	<i>Manjistha</i>	<i>Rubia cardifolia</i>	1 part
2	<i>Guggulu</i>	<i>Commiphora mukul</i>	1 part

Group A : *Guda* and *Sunthi*

Group B : *Manjistha* and *Guggulu*

- Each drug was taken in equal parts separately, i.e. 1gm, which was soaked in water (as per requirement) 3 hours prior to the procedure.

- Afterwards, soaked drug was taken in *Khalva Yantra* and triturated well to prepare a *Kalka*.
- Kalka* was kept in a clean cloth and squeezed well to get *Swarasa*.
- After getting the *Swarasa*, required quantity should be taken in *Gokarna* and was used for instillation.

	Group A	Group B
Drug	<i>Guda</i> and <i>Sunthi Swarasa</i>	<i>Manjistha</i> and <i>Guggulu Swarasa</i>
Dosage	6 <i>Bindu</i> in each nostril	6 <i>Bindu</i> in each nostril
Period	7 days	7 days

Duration

Nasya - 7 days

Follow up - 14 days

Total - 21 days

A. Inclusion Criteria

- Patient with signs and symptoms of *Manyastambha* (Cervical spondylitis).
- Age group between 25 - 65yrs.
- Patients of either sex.
- Patients fit for *Nasya Karma*.

B. Exclusion Criteria

- Serious illness of spine like - Disc prolapsed, Malignancy, Myelopathies and Tuberculosis etc.
- Trauma/Injury.
- Other systemic conditions.

Grouping

Group A - 15 Patients received *Guda - Sunthi Avapeedana Nasya*.

Group B - 15 Patients received *Manjistha - Guggulu Avapeedana Nasya*.

PROCEDURE

The whole procedure was under three steps, *Purva*, *Pradhana* and *Pashchat Karma*.

Purvakarma

Mukhabhyanga with *Tila Taila* and *Nadi Sveda* was given to *Uttamanga*^[6] (parts of the body above the shoulders).

Pradhana Karma

Patients were made to lie down on the table in supine position with legs slightly raised and head slightly lowered. Eyes of the patients were covered with a band of cloth, and then the 6 *Bindu Swarasa* of *Guda* and *Shunti* in Group - A, and *Manjistha* and *Guggulu* in Group - B was taken in *Gokarna* and instilled into one nostril. The other nostril was closed while administering the medicine. The medicine was instilled slowly in "*Avicchinna Dhara*" i.e. an un interrupted stream. The same procedure is repeated in another nostril and care was taken not to shake the head during the procedure. Then, the patients were allowed to relax in same posture for 100 *Matra Kala* without going to sleep.^[7]

Paschat Karma

After instilling *Nasya*, mild fomentation should be done on forehead. Cheeks, neck, palms, soles, etc. will be rubbed mildly and then patients were asked to turn on either side and spit out the drug (phlegm) which comes in oropharynx.

Afterwards medicated *Dhumapana*, three puffs on either side of nostril was given. Lastly *Kavala Graha* with *Sukhoshna Jala* was given to the patient to expel out the residue mucous lodged in *Kanta*.^[8]

A) Subjective Parameters**1) Neck pain**

Neck pain	Grades
No neck pain	0
Neck pain aggravates with movement	1
Neck pain without movement	2

Neck pain which disturbs the sleep	3
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2) Stiffness

Stiffness	Grades
No stiffness	0
Morning stiffness	1
Later hours stiffness on same day	2
Continuous stiffness	3

B) Objective Parameters**Goniometric Examination- Restricted Neck Movements****1) Flexion**

Flexion	Grades
No restriction i.e. able to touch the interclavicular line, 80°	0
Movement from 70° - 80°	1
Movement from 60° - 70°	2
Movement less than 60°	3

2) Extension

Extension	Grades
Normal i.e. able to extend the head up to the level when tip of the nose and forehead become in horizontal plane 40°	0
Movement from 40° - 50°	1
Movement from 50° - 60°	2
Movement more than 60°	3

3) Lateral flexion

Lateral flexion	Grades
Normal i.e. ear able to touch the shoulder tip, 45°	0
Movement from 45 - 55°	1
Movement from 55° - 65°	2
Movement more than 65°	3

Assessment of clinical improvement

Clinical improvement of the disease was based on improvement in the clinical finding and reductions in the severity of symptoms of the disease after treatment.

OBSERVATION AND RESULTS

Age: Out of 30 patients, 09 patients (30%) were between the age group of 25-35yr, 11 patients (37%) were between the age group of 36-45yrs and 04 patients (13%) were between the age group of 46-55yrs and 06 patients (20%) were between the age 56-65yrs. This indicates that as age increases, response to the treatment will be less.

Sex: Among 30 patients, 12 patients (40%) were male and 18 patients (60%) were female patients.

Religion: Out of 30 patients, 27 patients (90%) were belongs to Hindu community and 03 patients (10%) were Muslim community. This may be due to predominance of Hindu religion in this place. Disease prevalence is not having any significance on race and religion.

Occupation: Out of 30 patients, 04 patients (13%) were sedentary, 14 patients (47%) were Active, 05 patients (17%) were labour and 07 patients (23 %) were others nature of work.

Agni: Out of 30, 03 patients (10%) were having *Mandagni*, 22 patients (73%) were having *Vishamagni* and 05 patients (17%) were having *Tikshanagni*. This shows *Vishamagni* persons are more prone to *Vatavyadhis*. *Vishamagni* is due to *Vata*, which may be one of aggravating factor.

Prakruti: Out of 30 patients, 12 patients (40%) were having *Vata-Pittaja Prakruti*. 7 patients (20%) were having *Vata-Kaphaja Prakruti*, 11 patients (36.6%) were having *Pitta Kaphaja Prakruti*.

As *Vatadushti* is more prominent in *Manyastambha* and majority of the patients were having the existence of *Vata Dosha* in their *Prakruti* constitution. This shows the person is more prone to *Vataja* set of diseases.

Results on Subjective parameters

Table 1: Effect of treatment on *Stambha* in both groups

Comparative difference of STAMBHA between Group A and B; Mann-Whitney U Test										
Qualitative Parameters	Descriptive Statistics			Mann-Whitney U Test Ranks			Test Statistics			
	Group	Mean	± S.D.	N	Mean Rank	Sum of Ranks	U	Z	P	Remarks
After Treatment	Group A	0.07	0.26	15	12.43	186.5	66.50	2.47	<0.05	MS
	Group B	0.67	0.90	15	18.57	278.5				
After Follow up	Group A	0.13	0.35	15	11.87	178.0	58.00	2.66	<0.01	S
	Group B	0.80	0.86	15	19.13	287.0				

IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant.

Patients of *Manyastambha* treated with *Guda-Sunthi Avapeedana Nasya* (Group A) got 89% relief in *Stambha*, while Patients treated with *Manjistha-Guggulu Avapeedana Nasya* (Group B) got 33% relief in *Stambha*. Statistical analysis of patients of Group A showed Highly Significant result ($p < 0.001$) and patients of group B showed Moderately Significant results ($p < 0.05$).

The comparison showed that, the relief in *Stambha*, Group A is better than Group B.

Table 2: Effect of treatment on *Shula* in *Manya Pradesh* in both groups

Comparative difference of SULA IN MANYA PRADESH between Group A and B; Mann-Whitney U Test										
Qualitative Parameters	Descriptive Statistics			Mann-Whitney U Test Ranks			Test Statistics			
	Group	Mean	± S.D.	N	Mean Rank	Sum of Ranks	U	Z	P	Remarks
After Treatment	Group A	0.00	0.00	15	13.00	195.0	75.00	2.40	<0.05	MS
	Group B	0.40	0.63	15	18.00	270.0				
After Follow up	Group A	0.13	0.35	15	11.93	179.0	59.00	2.63	<0.01	S
	Group B	0.67	0.62	15	19.07	286.0				

IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant.

Patients of Group A showed 92% relief in *Shula* in *Manya Pradesh* while patients of Group B showed 57% relief in *Shula* in *Manya Pradesh*. Statistically, Group A showed Moderately Significant result after the treatment and showed Significant result after the follow up period.

Results on Objective parameters (Range of Movement)

Table 3: Effect of treatment on flexion in both groups

Comparative difference of FLEXION between Group A and B; Mann-Whitney U Test										
Qualitative Parameters	Descriptive Statistics			Mann-Whitney U Test Ranks			Test Statistics			
	Group	Mean	± S.D.	N	Mean Rank	Sum of Ranks	U	Z	P	Remarks
After Treatment	Group A	0.07	0.26	15	12.93	194.0	74.00	2.16	<0.05	MS
	Group B	0.60	0.91	15	18.07	271.0				
After Follow up	Group A	0.07	0.26	15	12.43	186.5	66.50	2.47	<0.05	MS
	Group B	0.67	0.90	15	18.57	278.5				

IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant.

Patients of Group A showed 95% reduction while patients of Group B showed 44% reduction in Flexion. Statistical analysis of patients of both groups showed significant results ($p < 0.01$).

Table 4: Effect of treatment on Extension in both groups

Comparative difference of EXTENSION between Group A and B; Mann-Whitney U Test										
Qualitative Parameters	Descriptive Statistics			Mann-Whitney U Test Ranks			Test Statistics			
	Group	Mean	± S.D.	N	Mean Rank	Sum of Ranks	U	Z	P	Remarks
After Treatment	Group A	0.07	0.26	15	12.90	193.5	73.50	2.19	<0.05	MS
	Group B	0.67	0.98	15	18.10	271.5				
After Follow up	Group A	0.07	0.26	15	12.40	186.0	66.00	2.49	<0.05	MS
	Group B	0.73	0.96	15	18.60	279.0				

IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant.

Patients of Group A showed 95% reduction while patients of Group B showed 42% reduction in extension. Statistical analysis of patients of both groups showed significant results ($p < 0.01$).

Table 5: Effect of treatment on Lateral Flexion in both groups

Comparative difference of LATERAL FLEXION between Group A and B; Mann-Whitney U Test										
Qualitative Parameters	Descriptive Statistics			Mann-Whitney U Test Ranks			Test Statistics			
	Group	Mean	± S.D.	N	Mean Rank	Sum of Ranks	U	Z	P	Remarks
After Treatment	Group A	0.07	0.26	15	10.90	163.5	43.50	3.36	<0.01	S
	Group B	0.93	0.88	15	20.10	301.5				
After Follow up	Group A	0.13	0.35	15	11.23	168.5	48.50	3.04	<0.01	S
	Group B	1.00	0.93	15	19.77	296.5				

IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant.

Patients of Group A showed 91% reduction while patients of Group B showed 38% reduction in lateral flexion. Statistical analysis of patients of group A showed highly significant results ($p < 0.001$) and groups B showed significant results ($p > 0.01$).

CONCLUSION

On comparing the overall effect of the therapies, Group A (*Guda-Sunthi Avapeedana Nasya*) was better than Group B (*Manjistha-Guggulu Avapeedana Nasya*), comparatively both the groups have almost same significance in the parameters. But both the Groups shows more net mean effect and results lasted throughout follow-up period. The parameter *Stambha* statistically showed Highly Significant results ($p < 0.001$) in patients of Group A and showed Moderately significant results ($p < 0.05$) in patients of group B. Statistical analysis of patients of group A showed Highly significant results in lateral flexion ($p < 0.001$) and groups B showed Significant results ($p > 0.01$).

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