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A study of the combined effect of *Nasya Karma* and *Yoga* techniques in *Manyasthambha* w.s.r. to Cervical Spondylosis

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ABSTRACT

In today's modern competitive world, people are oriented towards white collar jobs, use of computer and thus prone more to develop *Manyasthambha* which is an emerging morbidity in society. *Manyasthambha* is one of the *Vataja Nanatmaja Vyadhi* with symptoms such as pain and stiffness is pacified through *Vata Kapha* management. It can be correlated to cervical spondylosis which is commonly seen in middle and elderly population. About 85% of males and 60-70% of the females shows degenerative changes leading to cervical spondylosis. Anti inflammatory, Analgesic is the drugs of choice in contemporary system of medicine. But all the analgesic is liable to cause many side effects particularly by repeated and prolonged usage. Ayurveda the age-old Indian system of medicine advocates a reliable management of *Manyasthambha*. *Nasya* is believed to have a note worthy role in relieving pain and stiffness within the cardinal feature of *Manyasthambha*. *Yogasanas* also help in relieving neck pain and stiffness around spine and strengthens, increases flexibility of the spine and para-spinal muscles. It increases blood circulation and reduces compression in nerve. Therefore, this study has been undertaken as an attempt to help the patients suffering from *Manyasthambha* in our society and also to evaluate the efficacy of these treatment modalities.

Key words: *Manyasthambha*, *Cervical Spondylosis*, *Anu Taila Nasya*, *Yoga Technique*.

INTRODUCTION

Manyasthambha is *Vataja Nanatmaja Vyadhi*.^[1] The symptoms may include *Ruk* and *Sthambha*^[2,3] which can be correlated to cervical spondylosis. According to Ayurveda, *Vata* influence is more in association of

Dhatu Ksheenata,^[4] i.e. debility of the tissue built otherwise this can be said as the acceleration of the degenerative process which takes place ultimately leading to the many problems of spinal origin. Occupational based disorders^[5] are classified separately in the disease classification of contemporary medical practice.^[6] The people at their work places, forced to undergo posture of unwanted for long period, which makes one to have the occupational based disease.^[7] This disease occurs in elderly population. Now-a-days young and middle aged population are also affected.^[8] *Nasya* is described as having a significant role in *Urdhwajatrugata Vikaras*^[9] and *Manyasthambha* being one among them is practiced here.^[10] It is one of the *Dinacharya* procedure.^{[11],[12]} *Yogasanas* also help in relieving neck pain and stiffness around spine and strengthens, increases flexibility of the spine and

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para- spinal muscles.^[13] It increases blood circulation and reduces compression in nerve.^[14]

OBJECTIVE OF THE STUDY

1. To study the effect of *Nasya Karma* in *Manyasthambha* w.s.r. to Cervical spondylosis.
2. To study the effect of *Yoga* techniques in *Manyasthambha* w.s.r. to Cervical spondylosis.
3. To study the combined effect of *Nasya Karma* and *Yoga* techniques in *Manyasthambha* w.s.r. to Cervical spondylosis.

MATERIALS AND METHODS

Source of data

Patients were randomly selected from the OPD of S.J.G Ayurvedic Medical College, Hospital P.G. Research Centre, Koppal, Irrespective of Sex, Religion and Socio economical condition. Clinical signs and symptoms were given suitable scores based on pre and post data gathered through pre-designed research clinical proforma. The result will be analyzed statistically using students 't' test.

a) Study design: Patients will be selected by simple random sampling method.

b) Sample size: 30 patients.

Preparation of medicine

Anu Taila contain over twenty-seven drugs processed in *tila taila* and *ajaksira*.

All the drugs mentioned are taken in prescribed quantity as per classics and subjected to *Sneha Paka*

Drugs	-	1 part
Oil	-	2 parts
Goats milk	-	6 parts
Water	-	100 parts

The procedure is carried out as per *Sneha Kalpana* mentioned for *Anu Taila* and the desired product is obtained.

Selection of patients

Patients of *Manyasthambha* (cervical spondylosis) fulfilling the criteria of diagnosis were selected in the present study. Based on preset inclusion and

exclusion criteria, patients were distributed in three groups.

Inclusion Criteria

- Patients presenting signs and symptoms of Cervical Spondylosis like pain, stiffness, headache and radiating pain to Occipito frontal region, shoulder region not more than 1 year.
- Patients of 25-60yrs.
- Above clinical symptoms with or without radiological changes.

Exclusion Criteria

- Stenosis of Spinal Canal, Myelopathy, Disc prolapse and other related conditions.
- Acute condition of cervical spondylosis.
- Patients of Cervical spondylosis with other systemic disorders.

Criteria for diagnosis

a) Subjective Parameters

- Neck pain.
- Stiffness.
- Headache.
- Radiating pain to Occipitofrontal region, shoulder region.

b) Objective Parameters

Goniometric Examination - Restricted neck movements

- Flexion
- Extention
- Lateral flexion

Grading Neck Pain

- No neck pain - G0
- Neck pain aggravates with movement - G1
- Neck pain without movement - G2
- Neck pain which disturbs the sleep - G3

Stiffness

- No stiffness - G0
- Morning stiffness - G1
- Later hours stiffness on same day - G2
- Continuous stiffness - G3

Headache

- No headache - G0
- Headache which come infrequently - G1
- Headache which comes frequently - G2
- Headache almost all the time - G3

Radiating Pain

- No radiating pain - G0
- Radiating pain aggravate after work - G1
- Intermittent radiating pain - G2
- Continuous radiating pain - G3

Flexion

- Normal - G0
- Movement from 70°-80° - G1
- Movement from 60°-70° - G2
- Movement less than 60° - G3

Extention

- Normal - G0
- Movement from 40°- 50° - G1
- Movement from 50°- 60° - G2
- Movement more than 60°-70° - G3

Lateral Flexion

- Normal - G0
- Movement from 45°-55° - G1
- Movement from 55°-65° - G2
- Movement more than 65° - G3

Grouping of patients

Patients of *Manyasthambha* was randomly divided in to three groups

- Group A - 10 patients was advised *Nasya Karma* in morning.
- Group B - 10 patients was advised *Yogasanas* in morning.
- Group C - 10 patients was advised *Nasya Karma* and *Yoga* techniques in morning.

Procedures

1. *Pratimarsha Nasya* - Two drops of *Anu Taila* in morning.
2. *Yoga* techniques
 - a. Prayer
 - b. *Shithilikarana Vyayama*
 - Chin tuck
 - Head turns right and left
 - Neck rotation
 - Lateral bending
 - Shoulder shrugs
 - Shoulder rotation
3. *Asanas*
 - *Ardha Chakrasahana*
 - *Vakrasana*
 - *Makarasana*
 - *Shavasana*
4. *Pranayama*
 - *Nadi Shodana*
 - *Bhramari Pranayama*

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 and after post treatment follow up.

Gradation index for overall response

The overall results were assessed based on data obtained before and after the treatment. The

percentage of improvement is calculated and graded in following ways;

- No improvement - Less than 25% of the obtained result.
- Mild relief - 25% to 50% of the obtained result.
- Moderate relief - 50% to 75% of the obtained result.
- Marked relief - More than 75% of the obtained result.
- Complete relief - 100% relief in the obtained result.

Statistical Analysis

The data were collected from All group, before, after treatment, and after follow up (at the end of follow up) and statistically analyzed by using student ‘t’ test in consultation with biostatistician.

Table 1: Degree of assessment criteria before treatments

S N	Assessment Criteria	Group - C							
		N R Go	%	ML D G1	%	MD R G2	%	SV R G3	%
1.	Pain	-		7	70	3	30	-	
2.	Stiffness	-		2	20	6	60	2	20
3.	Headache	-		7	70	3	30	-	
4.	Radiating pain	-		6	60	3	30	1	10
5.	Flexion	-		4	40	4	40	2	20
6.	Extension	-		3	30	7	70	-	
7.	Rt lateral flexion	-		4	40	5	50	1	10
8.	Lt lateral flexion	-		3	30	6	60	1	10

flexion				0		0		0
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Table 2: Degree of assessment criteria after treatments

S N	Assessment Criteria	Group - C							
		N R Go	%	ML D G1	%	MD R G2	%	SV R G3	%
1.	Pain	7	70	2	20	1	10	-	
2.	Stiffness	3	30	3	30	4	40	-	
3.	Headache	6	60	4	40	-	-	-	
4.	Radiating pain	5	50	4	40	1	10	-	
5.	Flexion	4	40	5	50	1	10	-	
6.	Extension	4	40	6	60	-	-	-	
7.	Rt lateral flexion	5	50	4	40	1	10	-	
8.	Lt lateral flexion	4	40	5	50	1	-	-	

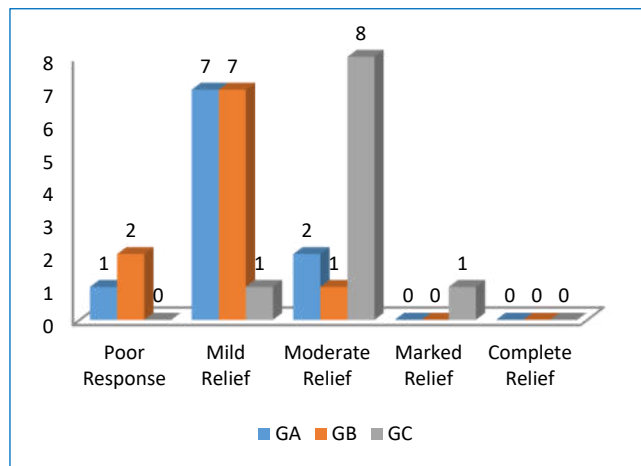
OBSERVATIONS AND RESULTS

Table 3: Degree of assessment criteria Before, After and After follow up treatments

S N	Variabl e	Gra de	Me an scor e	% of reducti on in mean score	S. D (±)	S.E (±)	‘t’ Val ue	‘p’ Valu e
1.	Pain	BT	1.30	69.23	0.32	0.10	9.00	<0.001
		AT	0.40					
		BT	1.30	76.92				
		AF	0.30					
2.	Stiffnes s	BT	2.00	45.00	0.57	0.18	5.01	<0.001
		AT	1.10					
		BT	2.00	55.00				

		AF	0.90		4	3		1
3.	Headache	BT	1.30	69.23	0.32	0.10	9.00	<0.001
		AT	0.40					
		BT	1.30	61.54	0.42	0.13	6.00	<0.001
		AF	0.50					
4.	Radiating pain	BT	1.50	60.00	0.32	0.10	9.00	<0.001
		AT	0.60					
		BT	1.50	60.00	0.32	0.10	9.00	<0.001
		AF	0.60					
5.	Flexion	BT	1.80	61.11	0.32	0.10	11.00	<0.001
		AT	0.70					
		BT	1.80	61.11	0.32	0.10	11.00	<0.001
		AF	0.70					
6.	Extension	BT	1.70	64.71	0.32	0.10	11.00	<0.001
		AT	0.60					
		BT	1.70	76.47	0.48	0.15	8.51	<0.001
		AF	0.40					
7.	Rt Lt Flexion	BT	1.70	64.71	0.32	0.10	11.00	<0.001
		AT	0.60					
		BT	1.70	76.47	0.48	0.15	8.51	<0.001
		AF	0.40					
8.	Lt Lt Flexion	BT	1.80	61.11	0.32	0.10	11.00	<0.001
		AT	0.70					
		BT	1.80	77.78	0.52	0.16	8.57	<0.001
		AF	0.40					

Overall response



DISCUSSION

Pratimarsha Nasya is safe, the dosage is only 2 drops and will not produce any complication, hence it can be employed as the choice of preventive therapy considering the long term administration.

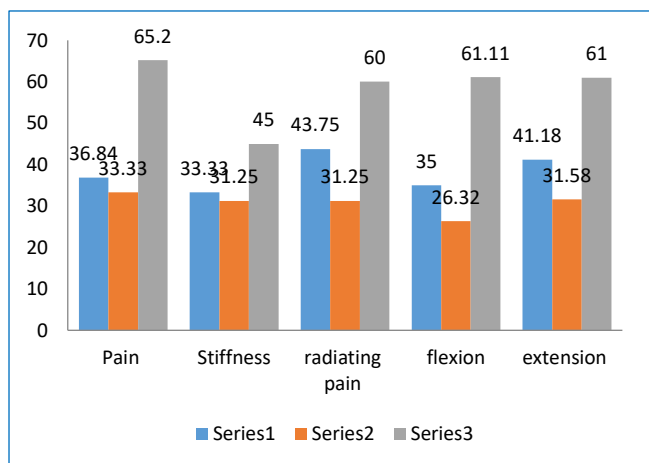
Most of the ingredients of Anutaila are having Laghu Ushna Snigdha Gunas and Kapha Vatahara properties. Manyasthambha being a Vataja Vyadhi with Kapha Avarana gets regressed by the usage of Anutaila Nasya. Shithilikarana Vyayama generally involve a period of low impact Asana regimes which prepare the body for the main Asana.

Each Asana has its own structural effect sitting pose like Vakrasana provide stability in the spine some of them create flexibility in the back of the neck. Since Asana like Makarasana create parasympathetic stimulation and they create a pleasant calming influence. Asana like Ardha Chakrasana increases the general strength and energy level, increase spinal extension and create strength in the neck and shoulder.

CONCLUSION

Manyasthambha is one of the Vataja Nanatmaja Vyadhis. Hence, the drugs having Vatahara properties should be administered. Anutaila has the property to prevent the degeneration of bones and promote the regeneration. Taking in the consideration of all these things, Pratimarsha Nasya was advised as it is very

Reduction of % after treatment



simple procedure which is cost effective and can be employed easily in day today life.

Comparison of all the results, In Group C that is the combined therapy provided better relief on the signs and symptoms of cervical spondylosis. Which is statistically highly significant. Hence, it can be stated that the management of cervical spondylosis can be done with the combined treatment of *Nasya Karma* and *Yoga* techniques to obtain more beneficial relief to patients.

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