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Study of *Manyasharira* w.s.r. to anatomical changes in *Greevakasheruka* in *Manyastambha* (Cervical Spondylosis)

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ABSTRACT

Manya is *Chala* i.e. locomotor part of the body. In *Amarkosha* '*Manya*' is described as '*Greevapaschat Sira*'. Cervical spine due to its position, complex structure and great mobility is vulnerable to injuries. In present era human being is prone to numerous degenerative diseases, because of stressful and fast lifestyles. '*Manyastambha*' is one of such lifestyle disorder which is originated from excessive use of vehicle, excessive travelling, continuous sitting and working for hours, jobs that requires heavy lifting or a lot of bending and twisting, lack of exercise, unhealthy food habits and suppression of natural urges. *Manyastambha* is *Vataja Nanatmaja Vyadhi*. The main symptoms of *Manyastambha* are *Ruk* (pain) and *Stambha* (stiffness and restricted movements). It can be clinically co-related with cervical spondylosis. *Manyastambha* is a degenerative disorder as well as it may be due to occupational hazard. Loss of curvature, Reduction of disc space, Osteophytes formation are main anatomical changes associated with *Manyastambha* in the present sample study of patients. We have found that, the most common disc space reduced at the level of C5-C6 and C6-C7. In the present observational study, housewives are more prone to develop *Manyastambha* (cervical spondylosis), followed by clerk, tailor, farmer. We have found that most of patients had sedentary work and *Diwaaswapa*, lack of exercise, causing *Tridosha Prakopa* dominantly *Kapha Prakopa*, thereby leading to *Agnimandya* and *Aama*. *Margavrodhjanaya Vaata Prakopa* is the result of such *Samprapti*.

Key words: *Manya*, *Manyastambha*, Cervical spine, *Greevakasheruka*, Anatomical changes.

INTRODUCTION

The increasing prevalence of *Vatvyadhi* in people of almost every age group is a subject of concern today. Disorders of muscles, bones, joints and ligaments, also known as musculoskeletal disorders form a subgroup

of *Vatavyadhi* which have intense pain as a prominent symptom in them.

In present era human being is prone to numerous degenerative diseases, because of stressful and fast lifestyles. '*Manyastambha*' is one of such lifestyle disorder which is originated from excessive use of vehicle, excessive travelling, continuous sitting and working for hours, jobs that requires heavy lifting or a lot of bending and twisting, lack of exercise, unhealthy food habits and suppression of natural urges.^[1]

Manyastambha is *Vataja Nanatmaja Vyadhi*.^[2] *Manya* is *Chala* i.e. locomotor part of the body. In *Amarkosha* '*Manya*' is described as '*Greevapaschat Sira*'.^[3] Cervical spine due to its position, complex structure and great mobility is vulnerable to injuries. Due to *Vatprakopaka Nidana Sevana* the *Vatadosha* gets vitiated and lodges at *Manyapradesha* affecting the *Manyagata Siras* causing *Stambha* and *Ruja* of the neck that ultimately leads to *Manyastambha* (cervical

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spondylosis).^[4] The main symptoms of *Manyastambha* are *Ruk* (pain) and *Stambha* (stiffness and restricted movements). *Acharya Sushruta* has described that, the *Vata Dosha* along with *Kapha Dosha* gets vitiated and take *Ashraya* at *Manya Pradesha* affecting the *Manya Siras* causing *Ruja* and *Stambha* of the neck.^[5] *Manyastambha* is a degenerative disorder as well as it may be due to occupational hazard. It may affect various age groups. Male and female both are affected due to different lifestyles and socio-economic conditions by this disease. So it is necessary to study the anatomical changes that occur in *Greevakasheruka* in *Manyastambha*.

OBJECTIVES

To study *Manya Sharira* in *Manyastambha* (Cervical spondylosis) w.s.r. to anatomical changes in *Greevakasheruka* and related structure.

MATERIALS AND METHODS

The study was conducted on 50 clinically diagnosed patients of *Manyastambha* (cervical spondylosis). The study was carried out in the RT Ayurveda Mahavidyalaya, Akola (Maharashtra).

Study Design

The study design was randomized observational type over 50 cases of *Manyastambha* (cervical spondylosis). The study was preliminary attempt to know anatomical changes in cervical vertebrae as well as distribution of the disease as per age, sex, marital status, diet, exercise, day sleep, occupation of the patients etc.

Inclusion criteria

1. 50 patients were selected with clinical signs and symptoms of *Manyastambha* (cervical spondylosis) irrespective of sex, religion, occupation and socioeconomic status.
2. Patients above 25 years of age were selected.

Exclusion criteria

1. Patients below 25 years of age.
2. Patients with congenital, accidental (traumatic), infective, neoplastic pathology, critically ill patient with neurological complication were excluded.

3. Non co-operative patient.

Criteria for Assessment

As per clinical research protocol for traditional health science.^[6]

Objective criteria

Neck stiffness (restricted lateral rotation)

Subjective criteria

Manyaruja, *Manyastambha*, *Pashch Shirshool*, *Ansapradeshshool*, *Chimchimayan*, *Bhrama*.

Investigation

- Plain X-ray cervical spine.
- Measurement of lateral cervical rotation by Goniometer.

OBSERVATIONS AND RESULTS

In the study sample of 50 patients, maximum patients were in the age group of 35-45 years. Out of 50 patients, 44% were males and 56% were females, 94% were married, 6% were unmarried. Maximum patients 78% followed mixed type of diet. 66% patients did not followed exercise, 26% followed mild exercise, 8% followed moderate exercise. .

Occupational distribution of present sample was observed as maximum number of patients i.e. 36% were housewives, followed by 12% farmer, 12% clerk, 12% tailor. 54% patients didn't take day sleep, 46% patients were taking *Diwaswaap*. In present study *Manya Ruja* was found in 100% patients, *Manyastambha* found in 90%, *Ansapradesh shool* found in 70%, *Chimchimayan* found in 66%, *Pasch shirshool* found in 22%, *Bhram* found in 14% patients. Out of 50 patient 60% were of moderate neck pain and 32% were of severe neck pain and 60% having restricted Left and right lateral rotation of neck between 40⁰-60⁰.

In the present study of 50 *Manyastambh* patients, the most prominent findings were osteophytes formation (90%), reduction of disc space (34%) and loss of curvature is found in 8% of patients. Most common site of reduction in the disc space was at the level of C5-C6 and C6-C7.

DISCUSSION

Lack of exercise cause *Kapha* and *Medo Vruddhi* in the body there by leading to *Sthoulya*.^[7] *Ati Upachit Meda* brings *Shaithilya* to *Asthi*, *Sira*, *Snayu* thereby weakening them and rendering them incapable of withstanding body weight and external trauma. This *Shaithilya* occurs due to *Srotorodha* by *Kapha* and *Meda* which leads to *Margavarodhaja Vata Prakopa*.

Long standing, forward bending, sitting for long periods more related with housewives this more prone to degenerative changes in cervical spine. Clerk, tailor having long time sitting type of daily work, in which patient have to keep the neck continuous in one position. Farmer also have to bend neck continuously while doing laborious work, thus pressure over cervical spine develop wear and tear resulting in to cervical spondylosis.

Sushrutacharya has mentioned *Diwaswaapa* to cause *Tridosha Prakopa*.^[8] *Kapha Prakopa* is dominant in *Diwaswaapa*^[9] thereby leading to *Agnimandya* and *Aama. Margavrodhjanaya Vaata Prakopa* is the result of such *Samprapti*. Taking Day sleep was common in housewives.

Every structure included in the musculoskeletal framework of the back of neck can be a potential cause of *Manyastambha* (cervical spondylosis).

Degree of deformity, number of levels affected, individual pain generating capacity, individual strain threshold are some of the factors with respect to structural damage, which can decide the presentation of *Manyastambha*.

CONCLUSION

In the present study housewives are more prone to develop cervical spondylosis, followed by clerk, tailor, farmer. Long standing, sitting for long periods, lot of bending of the neck or having neck continuously in one position causes degenerative changes in cervical spine.

In present study we have found that most of patients having sedentary work and *Diwaswapa*, lack of exercise, causing *Tridosha Prakopa* dominantatly *Kapha Prakopa* thereby leading to *Agnimandya* and

Aama. Margavrodhjanaya Vata Prakopa is the result of such *Samprapti. Margavrodhjanaya Vata Prakopa* cause *Kshaya* (degeneration) of *Asthi, Snayu*, it leads to anatomical changes in *Manya* region. sometimes *Asthi Dhatu Vruddhi* also occurs due to *Kaphavruta Vata Vruddhi*. So by correction of these *Hetu* we can prevent *Manyastambha*.

Reduction of disc space, Osteophytes formation, were main factors associated with *Manyastambha* in the present study sample of patients. We have found that, the most common disc space reduced at the level of C5-C6 and C6-C7.

Thus finally it is concluded that there are significant and considerable anatomical changes in *Greevakasheruka* i.e. vertebrae located in cervical region in *Manyastambha* (cervical spondylosis). More controlled and standardized study of *Griva Kasheruka* in *Manyastambha* patients with larger sample size is required in order to study the anatomical changes in cervical spondylosis.

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