

“EFFECT OF MOCHARASA NASYA WITH SNEHANA & SWEDANA IN NECK, SHOULDER AND ARM PAIN W.S.R. PAIN IN CERVICAL SPONDYLOSIS”

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ABSTRACT

In present era spinal disorder is the burning problem due to changing life style. Out of which cervical spondylosis comes under life style disorder which is characterized by cervical pain, radiating pain at shoulder and arm region. Analgesics are prescribed for such patients which produces gastric irritation and also has hepatotoxic effect and costly. In Ayurveda such disorders can be correlated with *Manyastambha* and for that *Aacharya Vagbhat* described Nasya as primeline treatment. As per *Vagbhat Samhita Mocharasa Nasya* is indicated in pain at neck shoulder and arm region. In present study 60 patients were selected of cervical spondylosis having pain at neck, shoulder and arm region divided into two equal groups randomly, control group treated with only snehan swedan & trial group with *Mocharasa Pradhamana Nasya* and *Snehana Swedana* for 7 days. Results found are *Mocharasa Nasya* is more effectively reduces pain compare with *Snehana Swedana*.

Keywords: Pain, Cervical spondylosis, *Manyastambha*, *Mocharasa*, *Nasya*, lifestyle.

INTRODUCTION

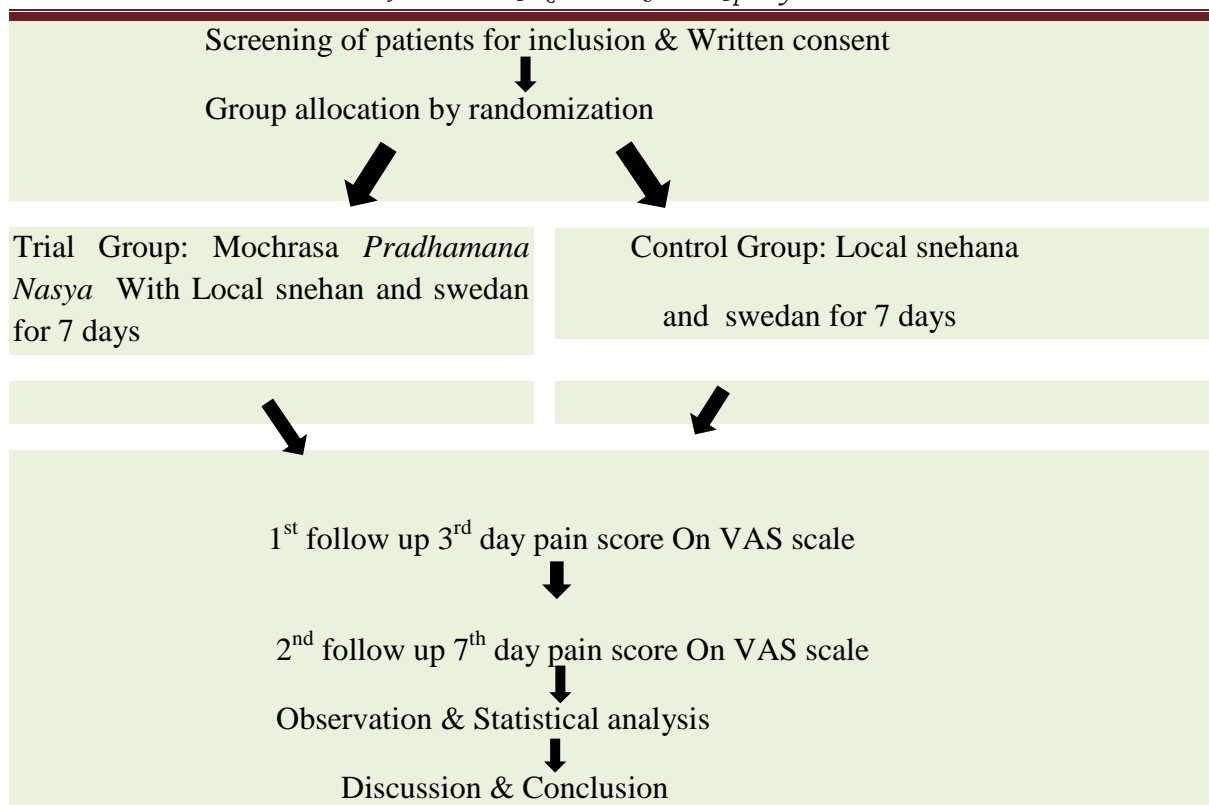
Cervical spondylosis is a degenerative disorder of cervical spine. Faulty dietetic habits and irregular lifestyle is responsible for early degenerative changes. The main pathology found in cervical spine, primarily in intervertebral disc and vertebral bodies. It leads to pain and stiffness in neck, radiating to arm, headache, vertigo, paresthesia, numbness¹. Pain is the main complaint in this disease and it disturbs the daily routine and overall life of patient. Analgesics are prescribed for such patients which produces gastric irritation and also has hepatotoxic effect and costly. In Ayurveda such disorder describe by *Aacharya Sushruta* as *MANYASTAMBHA* caused due

to *Kapha Vata* variation in the body². In Ayurveda such disorder comes under *urdhv jatrugat vikara* and for that *Nasya* is indicated as primeline. In present study case *Mocharasa Pradhamana Nasya* is used in pain in cervical spondylosis. *Aacharya Vagbhata* has indicated *Mocharasa Nasya* as best for relieving pain in this area³. *Pradhamana Nasya* is a procedure in which *Churna* form of drug is given through nasal route. This is a type of *shirovirechana Nasya* i.e. in this *Doshas* are removed through *Nasa*². With this treatment found satisfactory decrease in pain threshold without use of analgesics.

STUDY DESIGN

Prospective open labeled randomized Controlled clinical trial





MATERIAL & METHOD:-

Total of 60 patients were selected for this study and divided in 2 groups.

Group A(Experimental group): *Mocharasa Churna Pradhama Nasya* after local snehana and nadi swedan at neck, shoulder and arm region given for 7 consecutive days.

Group B(Control group): Local snehan and nadi swedan at neck, shoulder and arm region given for 7 consecutive days.

The clinical study had been conducted in the OPD of department of *shalyatantra*. The patient of either sex were randomly selected of age group 20 to 60 yrs. The detail history of each patient was recorded in the performa which is specially prepared for the purpose and all the factors were filled up on first day of examination as well as on the days of successive periodic visits. Thus, treatment was given for seven days and pain assessment was done verbal analogue scale (VAS Scale) on 0, 3 and 7th day of treatment.

Criteria for selection of patient:

- 1) Patients having pain at neck, shoulder & arm region due to cervical spondylosis.
- 2) Patients of either sex
- 3) Age between 20-60 yrs.
- 4) Patients (*arha*) fit for *Pradhama Nasyakarma*,

Criteria for rejection of patient:

1. Patients with major systemic disorders, eg – severe HTN / DM / PTB / MI / IHD / Asthma.
2. Patients having traumatic injury at cervical spine.
3. Patients suffering from neoplastic disorders.
4. Those patients who need other emergency interventions like tractions, surgery & other means, are excluded.

MATERIALS: Mocharas powder, Til tail for local snehan, nadi swedan yantra, 6 angul length hollow tube.

Drug: Mocharasa, it is a gum of silk cotton tree standardization as Specific gravity – 1.192, Moisture - 6.70%, Total ash - 3.49%, Acid insoluble ash- 0.38%.

Dose: 300 mg (3 muchuti)²

METHOD:

Control group: In control group, local snehan and nadi swedan at neck, shoulder and arm region given for 7 consecutive days early morning and results are assessed on 3rd and 7th day.

Trial group: In trial group, *Mocharasa Churna Pradhaman Nasya* after local

Snehan and *nadi Swedan* at neck, shoulder and arm region given as per the procedure of *Nasya* for 7 consecutive days early morning and results are assessed on 3rd and 7th day.

Parameters:-

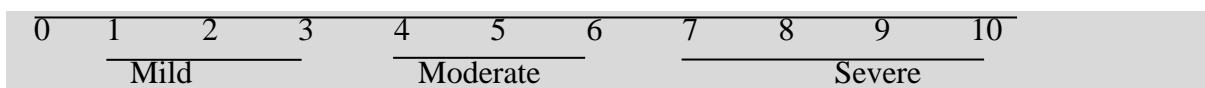
Pain: Severity of pain as per VAS scale (Verbal analogue scale)

Pain score	Grade
0	No pain
1-3	Mild pain
4-6	Moderate pain
7-10	Severe pain

OBSERVATIONS:

Parameter	0 th day	3 rd Day	7 th day
Pain			

This score is assessed by following verbal analogous scale



Follow up: 0th, 3rd & 7th day.

Observations and statistical analysis:

The data of 60 patients was observed and analyzed statically. Observation parameter in this study is pain measured by VAS (verbal analogue scale) scale. As it is ordinal data to assess the efficacy of the therapy student paired 't' test was applied and to compare the efficacy of both groups unpaired 't' test was applied.

The level of significance was set at 5% (p< 0.05).

A) Pain score (VAS Scale)

Tables showing the difference between two follow up in VAS scale.

1) Trial group

Table 1: showing the effect of therapy on pain at neck shoulder and arm region in trial group.

	0 th -3 rd	3 rd -7 th	BT-AT
Mean	2.26	3.4	5.433
S.D.	1.1121	1.1017	1.8511
S.E.	0.203	0.2011	0.338
t	11.16	16.9	16.08
P	< 0.05	< 0.05	< 0.05

In trial group value of t calculated is more than t table on third follow up and after treatment also. 75.81% improvement is observed. So the effect of therapy is significant on pain at neck shoulder and arm region.

2) Control group:

Table 2: showing the effect of therapy on pain at neck, shoulder and arm region in control group.

	0 th -3 rd	3 rd -7 th	BT-AT
Mean	0.3333	2.1	2.43
S.D.	0.9589	1.4936	1.5013
S.E.	0.1751	0.2727	0.2714
T	1.904	7.704	8.877
P	p>0.05	P<0.05	P<0.05

In control group value of t calculated is less than t table on third follow up hence effect of therapy is not significant on 3rd day follow up and value of t calculated is more than t table after treatment. 37.05% improvement is observed .So the effect of

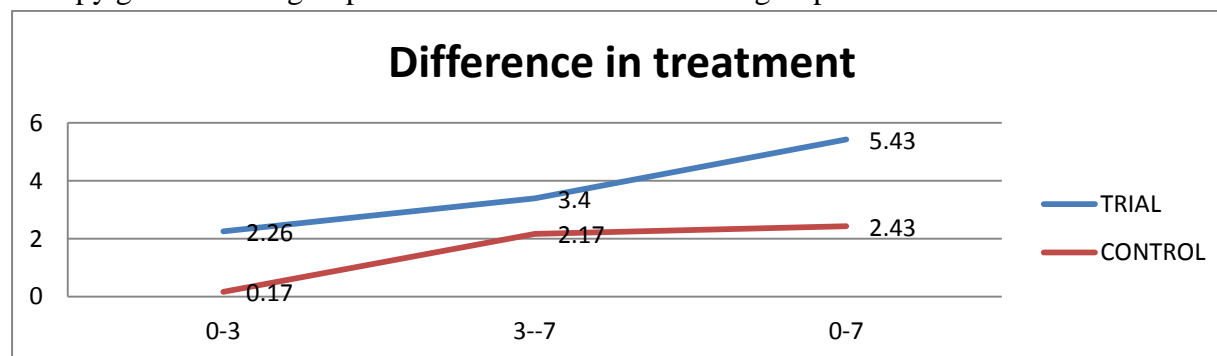
therapy is significant on pain at neck shoulder and arm region after tretment.

Difference in treatment:

Table 3: showing the comparison of effect of therapy on pain at neck shoulder and arm region in trial group and control group. (Unpaired t test).

Follow up	Mean (trial)	Mean (control)	S.E. (of diff)	t	p	
0-3	2.26	0.33	0.2678	7.2	P<0.05	P<0.001
3-7	3.4	2.17	0.3286	3.72	P<0.05	P<0.001
BT-AT	5.43	2.43	0.4347	6.9013	P<0.05	P<0.001

In trial group and control group 't' calculated is more than 't' table. So the effect of therapy given in trial group is more effective than control group.



DISCUSSION

In *Ayurveda* pain at neck, shoulder and arm pain can be compared with *man-yastambha* and *Sandhigat vata*. As so many patients having this type of pain specifically in old age, aetiopathogenesis of *Sandhigat vata* is important. *Manyastambh* is caused due to (*vikrutasan*) improper posture and it is due to *aavarana* of *shleshma* on *vat*. In modern review it is due to cervical spondylosis which is also a degenerative disorder aggravating due to improper posture and stressful work. As mentioned in *Ayurvedic literature* Pain cannot be ex-

perience if *vat Dosha vikruti* is not there or other *dosha* not creat obstruction in the work of *vat dosha*. As per *Sushruta Sam-prapti* of *Manyastambh* is *shleshma-naavrutta vat*² and *Nasya (shirovirechan)* is indicated as a principle treatment². In *Pradhamana Nasya* after introducing drug in nostril there is elimination of turbid *Dosha, vata* and *shleshma* through nasa occurs. And obstruction of *shleshma* on *vat* relived and got relief from pain. *Mocharasa* is according to *Vagbhata* it is a best drug of choice in pain at neck shoulder and arm region given through *Nasya*³. *Acharya Charaka* has also stated *Mo-*

charasa in Vedanasthapan gana i.e. pain killer drug group⁴. In the present study, Mocharasa is administered as Pradhama nasya. It is the best drug of choice in pain at neck shoulder and arm region given through Nasya.

The pharmacological properties of Mochrasa explained in various Nighantu are kashay rasa, katu vipaka, shit virya and Snigdha, picchil Guna. Kashay Rasa and Katu Vipak of Mocharasa are opposite properties as that of Kapha Dosh hence helpful for normalizing vitiated kapha dosha. Ashtang Hrudaykar Vagbhata says that katu ras is 'shopha jit' and 'kledopshoshak' and also has properties 'strotansi vivrunoti' and Kaphapaha³. Hence it is useful in relieving pain. Katu vipak of Mochrasa helps in inducing Shirovirechana and expelling the vitiated morbid Kapha and Vatdosha of Urdhvajatrugata region. Snigdha and Picchila gun of Mochrasa is useful in Vatashamana and also helpful in controlling the Atiyoga of Shirovirechana. Snigdha and Ushma gun of Sweda relieve Stambha of Vata as it has opposite properties of Ruksha and Shit Gun of Vata. According to modern point of view local massage and hot fomentation improve blood circulation and metabolism locally, Relieves paravertebral muscular spasm & pain, Strengthens paravertebral muscles, helps repair damaged myelin sheath, improves circulation status and local anti-inflammatory effect.

CONCLUSION

1. Mocharasa Pradhama Nasya with Snehana and Swedana is significantly effective in neck shoulder and arm pain.
2. Local Snehana and Swedana is also effective in neck, shoulder and arm pain.
3. Comparatively Mocharasa Pradhama Nasya with Snehan and Swedan is highly effective than only snehan and swedana with longer duration.

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