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MANAGEMENT OF MANYASTAMBHA THROUGH MARSHA NASYA WITH MASHA TAILA

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ABSTRACT

Administration of medications through the nose is called *Nasya Karma Nasya* is believed to strength *Skandha* (shoulder) and *Greeva* (Neck), thus becomes an ideal choice in management of disorders related to it. *Manyastambha* is one of the *Nantatmaja Vikara* of *Vata*, characterized by pain and stiffness experienced in nape of neck. Due to resemblance in features *Manyastambha* can be correlated with cervical spondylosis, a condition manifest as a result of degeneration of cervical vertebrae and osteophyte formation. For the present study, 8 *Bindu* of *Marsha Nasya* with *Masha Taila* was administered to 15 patients for 7 days, and the following results were obtained. After treatment, 45.97% relief was found on *Greeva shoola*, 1.06% in *Greeva stambha*, 33.66% in flexion, 15.75% in extension, 48.09% in right lateral flexion, 23.93% in left lateral flexion, 15.51% in right rotation, 15.26% in left rotation. On the overall effect of therapy, two got complete improvement, seven got marked improvement (51%), and six got moderate relief (28%).

Keywords: Marsha Nasya, Manyastambha, Cervical Spondylosis, Masha Taila

INTRODUCTION

Nasya Karma is a treatment in which medications are administrated through the Nose¹. Based on Nasya action it is classified into Brimhana, Shamana, Rechana². Brimhana Nasya is indicated in Vata vyadhi's like Manya Roga, Suryavarta, Svara Kshaya etc³. Nasya Dravya believed to reach Shringataka Marma and thus reach the target tissue and produce its effect⁴. Moreover, Brimhana Nasya believed to nourish the structures above the Jatru and strengthens the Skandha (shoulder) and Greeva (neck)⁵.

Manyastambha is one among the Vatavyadhi in which aggravated Vata localised in Manya pradesha pro-

duces constrictions of *sira*⁶.Cervical spondylosis is a condition manifest as a result of degeneration of cervical vertebrae and osteophyte **formation**. Cervical spondylosis is characterized by stiffness and pain in nape of neck. Cervical spondylosis progresses with age and often develops at multiple interspaces^{7,8}. Evidence of spondylotic change is frequently found in many asymptomatic adults, with 25% of adults under the age of 40, 50% of adults over the age of 40 and 85% of adults over the age of 60 showing evidence of disc degeneration⁹.

Snehana, Svedana, Basti, Snigdha Virechana, Shirobasti, Snaihika Dhuma, Snaihika Nasya are considered in the management of various disorders of Vata in general¹⁰. And *Taila* considered as best in treating Vata vyadhi and Manyastambha is one among the Nantatmaja Vikara of Vata which causes pain and stiffness in nape of neck and Nasya is belived to strength Skandha and Greeva and thus become ideal choice of treatment in Manystambha. Masha Taila, a variety of Brimhana Sneha exclusively indicated for the purpose of Nasya comprises Masha, Bala, Dasamoola, Rasna, Yavakola kulutthaasKashaya Dravya, Atmagupta, Saindhava, Satapuspha, Erandamoola as Kalka Dravya, Chaaga mamsa and cow's milk as Drava Dravva¹¹The ingredients of this formulation possess Guna like Snigdha, Ushna which are antagonistic to Guna of Vata and thus palliates the Vata Dosha and yield relief from the condition like Manyasthambha¹². Moreover Masha Taila is Vata Kaphaghna, Shulahara and Shotha. So, there is a need to consider the administration of Nasya Karma in the management of Manyasthambha (Cervical spondylosis).

Aim and Objectives

- 1. To evaluate the effect of *Marsha Nasya* with *Masha Taila* in the management of *Manyastambha*.
- 2. To evaluate the effect of *Masha Taila* in the management of *Manyastambha*.

MATERIAL & METHOD SOURCE OF DATA

Patients of either sex diagnosed with *Manyastambha* from the *Panchakarma* OPD and IPD of Alva's Ayurveda Medical College Hospital Moodabidiri, were selected for study. Out of the 16 patients, one patient was dropped in the initial stages of the study and 15 patients completed the course of treatment.

 Masha Taila was prepared in Alva's pharmacy, Mijar. • In Masha Taila Jeevaniya Gana is there and this includes most of the endangered species, so here substitutes are used for the study. Meda and Mahameda are substituted with Satavari. Jivaka and Rsabhaka are substituted with Vidarikanda. Kakoli and KsheeraKakoli are substituted with Asvagandha. Rddhi and Vrddhi are substituted with Varhikanda.

CRITERIA FOR SELECTION OF THE PATIENTS

The patient was diagnosed with *Manyastambha* based on the following clinical signs and symptoms.

(a) Shoola (b) Stambha

Inclusion criteria

- Patient having classical symptoms of *Manyastambha* and Cervical spondylosis.
- Patient between the ages of 30 to 60 years.
- Patient who are fit for Nasya karma

Exclusion criteria

- Patient having associated conditions like Fibrositis, Rheumatoid spondylosis, ankylosing spondylosis will be excluded.
- Patient with history of traumatic injury to cervical spine.
- Patient contraindicated for Nasya karma.

Investigations

Cervial spine X-Ray –AP view and Lateral view

Study design:

A single open arm trial clinical study is adopted TREATMENT SCHEDULE

After diagnosis, the randomly selected patients were treated with 4ml of *Marsha Nasya* with *Masha Taila* for 7 days. Out of the 16 selected patients, one patient got dropped out from the study and the remaining 15 patients completed the course of the study.

Table 1: Method of Nasya Karma

SI.NO		PROCEDURE
1	PoorvaKarama	Abhyanga of face and neck with TilaTaila.
		Pata Sweda did for face and neck.
2	Pradhana	Patient is made to lie in supine position and the head maintained pralambitha position. Patient's

	Karma	eye was covered with cotton pad. Nostril of the patient widened with left hand of physician.						
		Then 8 Bindu of lukewarm Masha Taila is taken in Gokarna and instilled into each nostril in						
		continuous stream.						
3	Paschat Karma	After administration of Nasya, patient is advised to lie on supine position for about 2 minutes.						
		Then the region of the ears, forehead, and skin of scalp, cheeks, nape of neck, shoulder, palms						
		and soles will be massaged. Patient will be instructed to spit out sputum into spit bowl placed						
		on the convenient side of the patient. Prayogika Dhoomapana followed by Ushnajala Kavala is						
		done.						

Criteria for assessment of the study:

The improvement in the patients was assessed on the basis of relief in the signs and symptoms of the disease. To analyze the efficacy of the drug, scores were given for each symptom. According to the severity of the symptoms, the grading was given, as mentioned below:

Main symptoms:

Table 2: Criteria for *Shoola*

No pain at all	0
Mild pain, can do strenuous work with difficult	1
Moderate pain, can do normal work with support	2
Severe pain, unable to do any work at all	3

Table 3: Criteria for Stambha

No stiffness	0
Mild, has difficulty in moving the joints without support	1
Moderate, has difficult in moving, can lift with support	2
Severe,unable to move	3

Objective parameters:

Flexion, Extension, Right lateral flexion, left lateral flexion, right rotation and left rotation and measured by using Goniometer and based on degree obtained by using Goniometer, spastically values analyzed

Statistical analysis:

For assessing the improvement of symptomatic relief and to analyze it statistically, the observations were recorded before and after the treatment. The mean, percentage, SD, SE and t-value (paired t-test) were calculated from observations recorded.

CRITERIA FOR ASSESSMENT OF THE OVER-ALL THERAPY

COMPLETE RELIEF: Two patients had One hundred percent relief in the complaints of patients, along with increased range of movement upto 90° in flexion and extension.

Marked Improvement: Seven patients had more than 75% relief in the complaints as well as significant im-

provement in the right lateral flexion and left lateral flexion upto 45^0

Moderate Improvement: Six patients more than 50% relief in the complaints along with improvements in flexion, extension right rotation and left rotation upto 90° .

GENERAL OBSERVATIONS

The observations made of the 16 patients with *Manyastambha* were as follows:

Maximum number of the patients were obtained in the age group of 31 -40 years, that is 43.75%. Most of the patients were female (62.5%). Most of the patients, that is 52%, were from Hindu community, 48% patients had strenuous kind of work, 25% belong to poor socio economic status, 67% had disturbed sleep, 42% people was non vegetarians, 32 % of people suffered from chronicity of disease ranges from 1 year to 5 years.

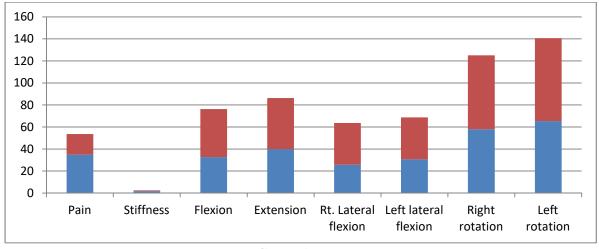
RESULTS

Table 4: Effect of Marsha Nasya with Masha Taila in Manyastambha

Criteria	BT mean	AT mean	Difference in mean	%	SD	SE	f- value	P value
Pain	34.8	18.8	16	45.97	9.704	2.506	20.576	< 0.001
Stiffness	1.73	0.67	1.06	61.27	0.617	0.159	23.273	< 0.001
Flexion	32.66	43.66	11	33.66	10.083	2.603	10.097	=0.004
Extension	40.00	46.3	6.3	15.75	14.20	3.667	1.553	=0.223
Rt. Lateral flexion	25.66	38.0	12.34	48.090	9.964	2.573	12.130	=0.002
Left lateral flexion	30.66	38.0	7.34	23.93	6.492	1.676	7.365	=0.011
Right rotation	58.0	67.0	9	15.51	13.55	3.501	6.651	=0.015
Left rotation	65.33	75.3	9.97	15.26	13.020	3.362	3.531	=0.071

Statistical analysis of study showed that the mean of pain was 34.8 before treatment and it was reduced to 18.8 after treatment (7^{th} day). When these values were analysed statistically, the change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change(p = <0.001). The mean value of stiffness was 1.73 before treatment and it reduced to 0.67on 7^{th} day and there is statistically significant difference (p = <0.001). The mean value of flexion was 32.66 before treatment and after treatment 43.66 and there is statistically significant difference (p < 0.004). The mean value of extension was 40.0 be-

fore treatment and after treatment 46.3 and there is not a statistically significant difference (p = 0.223). The mean value of Right lateral flexion was 25.66 before treatment and after treatment.0 and there is statistically significant difference (p<0.002). The mean value of Left lateral flexion was 30.66 before treatment and after treatment 38.0 and there is statistically significant difference (p=0.011). The mean value of Right rotation was 58.6 before treatment and after treatment 67 and there is statistically significant difference (p<0.015). The mean value of Left rotation was 65.3 before treatment and after treatment 75.3 and there is not statistically significant difference (p=0.071).



Graph 1

DISCUSSION ON MARSHA NASYA WITH MASHA TAILA IN MANYASTAMBHA

Marsha Nasya is done in morning schedule. 16 patients enrolled for treatment. In this 2 patients got

complete relief, 7 patients got marked relief, 6 patients got moderate relief. The *Vatadosha* get lodged in Manya Pradesh and causes *Manyashoola* and *stambha*. So, *Masha Taila* is administrated in the form of *Nasya*

which as property such as *Vatashamak*, *Brimhana* by which it pacifies the *Vata* and strengthen the tissue of *Manva Pradesh*.

MODE OF ACTION OF MARSHA NASYA MASHA TAILA IN MANYASTAMBHA

8 Bindu of Masha Taila is administrated in each nostril 13 Nasya Dravya reaches the shringataka marma and from there it will distribute to all the region above the clavicle through facial vein and this helps to pacify the Vata dosha and give brimhana effect and helps to nourish the tissue. Masha taila contains Kwatha Dravya such as Masha, Dasamoola, Ajamamsa, moorchitaTaila, GoKsheera and Kalka Dravya such as Atmagupta, Erandamoola, Satapushpa, Saindhava lavana etc. Analysing the ingredients of Masha Taila contains ushnavirya and kaphavatahara property. So, action of these ingredients helps to reduce pain and stiffness of neck.

Overall effect of therapy

 During the entire period of therapy, there was no any untoward effect or adverse drug reaction observed in any patients of the group.

CONCLUSION

Group showed statistically significant improvement with the p<0.001 in pain, stiffness, flexion, right left flexion and left rotation, after treatment. Effect of MashaTaila is Vatahara and Bruhmana, which is an essential Upakrama in the treatment of VataVyadhi, as Manyastambha is one among the NanatmajaVatajaVyadhi, hence as proved in this study it helps reducing the signs and symptoms of Manyastambha. Hence, Marsha Nasya with Masha Taila performed twice a day has better relief when compared once a day in the management of Manyastambha.

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