

STUDY OF NAVAN AND PRADHAAMAN NASYA KARMA IN THE MANAGEMENT OF MANYASTHAMBHA WITH SPECIAL REFERENCE TO CERVICAL SPONDYLOSIS – A CASE REPORT

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ABSTRACT

Cervical spondylosis is one of the commonest degenerative and neurological disorders by which major population have been affected. Symptoms of cervical spondylosis are neck pain, stiffness, tingling sensation or weakness in upper limbs, vertigo and referred pain to occiput, between shoulder blade and upper limbs. The modern treatment includes analgesics and surgical procedures which are often associated with many adverse effects. Symptoms of *manyasthambha* are pain in the neck and stiffness, which are similar to clinical feature of cervical spondylosis. One case of *kapha* dominant *manyasthambha* was treated with *vacha churna pradhaman* and one case of *vata* dominant *manyasthambha* was treated with *vacha taila navan nasya* for 21 days. Criteria for assessments in this study were pain scale, stiffness scale, neck flexion -extension measurement, lateral flexion measurement, rotation angle measurement. Statistical test was not applied as sample size is so small. Both type of *nasya*, *pradhaman* and *navan nasya* can be consider as an effective in the management of *manyastambha* with special reference to cervical spondylosis.

Keywords: *Manyasthambha*, cervical spondylosis, *pradhaman nasya*, *navan nasya*

INTRODUCTION

Manyasthambha is a *vataj nanatmaja vyadhi*¹. Symptoms of *manyasthambha* are pain in the neck and stiffness. *Nasya* is stated to be the best *panchakarma* treatment for *urdhwajatrugata vikara*. *Nasya* therapy gives strengths to *indriya* (all sense organs), *skandha* (shoulder), *greeva* (neck), *mukha* (face), *vaksha* (chest)²

Cervical spondylosis is chronic degenerative condition of the cervical spine that affect inter vertebral disc and vertebral bodies. Spondylotic changes result in stenosis of the spinal canal, lateral recess and foramina. Spinal canal stenosis can lead to myelopathy, whereas lateral recess stenosis and foramina stenosis can causes radiculopathy. Symptoms of cervical spondylosis

are neck pain may radiate to shoulder, scapula or arm, decrease range of motion in the cervical spine, loss of sensation in arms³. The modern treatment includes analgesics and surgical procedures which are often associated with many adverse effects.

Two patients had neck pain and stiffness diagnosed as *manyasthambha*. One patient had *kapha* dominant symptoms, was treated with *Pradhamaan nasya* of *vacha churna* for 21 days and one patient had *vata* dominant symptoms, was treated with *vacha taila nasya* for 21 days .

Material And Methods

Vacha taila was used in *navan nasya* and *vacha churna* was used in *pradhamaan nasya* for 21 days *Vacha dravya* was included in *charak shirovirechan mahakashay*⁴. Hence, *Vacha churna* and *taila* are used for *shodhan* purpose. Here we only change the form of *vacha* and type of *nasya*. In one case *churna* form of *vacha* in *pradhamaan nasya* and in one case *taila* form of *vacha* in *navan nasya*.

Procedure⁵

Til taila abhyanga and *mrudu nadi swedan* was given to face and neck as a *purvakarma* of *nasya* .Patient was asked to sleep in supine position such as head was bent backward for about 45 degree. 3pinches (2 grams) of *vacha* powder was loaded into glass tube and then blown into the nostrils in *pradhamaan nasya*. 8 drops(2ml) of *vacha taila* was taken in metallic dropper and put into the nostrils in *navan nasya*. Patient was asked to spit out any medicine that reaches the throat. Luke warm water *Gandush* (gargling) was advised

Case 1 - A 62 years old male patient was developed pain and severe stiffness at cervical region gradually along with numbness and tingling sensation in the both hands since 3 years. Stiffness was more severe than pain. Pain was aggravated at evening. X ray of cervical spines shows degenerative changes.

Case 2 A 35 years old male patient had neck pain which was radiating to bilaterally up to shoulder joint and to right arm since 2 months. Occasionally vertigo was also reported by the patient. Pain was more intense than stiffness. Pain increases at evening time.

X ray shows cervical spondylosis

MRI report– cervical spondylosis with degenerative changes at all levels. Diffuse disc bulge at C5–C6 level causing severe narrowing of left neural foramina and compressing the adjacent left exiting nerve root Mild annular bulge at C4-C5 and C6-C7 discs indenting theca sac however no nerve root compression.

Criteria for assessment

1 Subjective

Pain - Visual analogue scale 0-10 centimeters

Stiffness - Visual analogue scale 0-10 centimeters

2 Objective criteria

Flexion - asked patient to touch chin to chest.

Extension - asked patient to look up to the ceiling

Lateral flexion – asked patient to bend the neck sideways and try to touch ear to the shoulder without raising the shoulder

Rotation to left side - asked patient to rotate neck towards left side

Rotation to right side- asked patient to rotate neck towards right side

While performing this activity, angles were measured by goniometer

Observation

Observation of case1 and case2 were noted before treatment and after treatment which was described in table1and table 2 respectively. Statistical test was not applied as sample size is so small.

Result

After completion of treatment there was 70 % relief in pain and 90% improvement had noted in stiffness in case one. In case two, there was 90%improvement in pain and 75%improvement had observed in stiffness. In both cases the range of movement were also improved.

DISCUSSION

Manyasthambha is *urdhwajatrugata* and *shirovirechan arha vyadhi*⁶(indicated for *shirovirechan* procedure) and having *vata kapha* dominancy. *Vacha* is *vatkapha shamak*⁵. In *pradhamaan nasya*, drug is used in form of *churna* and in *navan nasya*, it is used in form of *snehakalpna (taila)*. Action of *vacha* remains same in both forms. According to *charak samhita* and *ashtang samhita*, *Nasya* is the gateway of

*Shira(head)*⁷. As the nearest route, the disease related to head is best treated by *Shirovirechan*. *Shirovireka* is the other name of *nasya* procedure. Depending upon the composition of the herbs used in the medication as well as variation in the pharmacological action the *nasya* is classified into different types. The drug administered through nose reaches the *shira* and then either it eliminates the morbid *doshas* responsible for producing the disease or nourishes the area. The drug administered through nostrils reaches the *shringatak marma* and spread into the *murda* (Brain), *Netra* (eye), *Shrota* (Ear), *kantha* (throat), *siramukhas* (opening of vessels) etc and snatches the morbid *doshas* from this region and expels them from the *uttamanga*⁸.

A quantity of drug will be absorbed across the nasal mucosa and reaches the systemic circulation. Some of the drug which are capable to cross the blood brain barrier also follow systemic pathway to reach the brain. The drug used in *nasya karma* is transported by nasal venous blood to facial vein. It can be said that blood from the facial vein can enter cavernous venous sinus of the brain in reverse direction⁹. The arachnoids matter sleeve is extended to the sub – mucosal area of nose along the olfactory nerve. Some drug absorbed through this route. Drug transportation by lymphatic path, can reaches into the C.S.F¹⁰.

Classification of *nasya* can also be made on the basis of the parts of the herbs used as medicine. According to *charak samhita* this are 7 type of *nasya*¹¹. *Vacha* (*acorus calamus*) is included in *mula aashrya*. *Rasa* of *vacha* are *katu, tikta vipak – katu* and *veerya* is *ushna*. *Guna* (qualities) are *laghu, teekshna*. Properties are *medhya, deepan, pachan* (improve digestion), *jeevani* (enlivening), improve speech and voice, *anilhara* (useful in treating disorders of *vat doshas* such as neuralgia, paralysis), *Rakshoghna- bhutaghna* (useful against psychological disorders)¹². So, *vacha dravya* was selected for *shodhan* purpose in *nasyakarma*.

CONCLUSION

Manyastambha is a *kapha -vat* dominant condition. *Nasya* is main line of treatment. *Taila* and *churna*

form of *vacha nasya* is useful in *manyastambh* according to *dosha* dominance.

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Table 1: Observation - case 1

Subjective		Before Treatment	After Treatment
	Pain		6
Stiffness		9	1
Objective	Flexion	30	70
	Extension	40	60
	Lateral flexion Right Left	20 10	30 20
	Rotation towards Right left	60 30	80 70

Table 2: Observation - case 2

Subjective		Before Treatment	After Treatment
	Pain		9
Stiffness		8	2
Objective	Flexion	40	80
	Extension	60	70
	Lateral flexion Right Left	30 20	40 30
	Rotation towards Right left	50 30	80 80

Source of Support: Nil

Conflict Of Interest: None Declared

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