

COMPARATIVE STUDY BETWEEN VALUKA SWEDAN FOLLOWED BY GRIVAVASTI AND ONLY GRIVAVASTI IN THE MANAGEMENT OF CERVICAL SPONDYLOSIS (MANYASTAMBHA)

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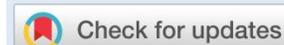
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ABSTRACT

To establish treatment procedures for the speedy recovery of the patient and to reduce hospital stay a comparative study has been done between *Valuka Swedan* (Sand fomentation) followed by *Griva Vasti* (oil retention over back of the neck) and only *Griva Vasti* in cervical spondylosis. 10 no of a diagnosed case of cervical spondylosis (*Manyastambha*) was taken for this study from IPD & OPD of the Kayachikitsa Dept of Govt Ayurvedic College and Hospital Guwahati for two groups 5 for each group. As *Manya* (back of neck) regions are *Sthana* (*location*) of *Kapha* where *Vata* get obstructed so to remove localized *Kapha* we first advised the patient 5 days locally *Valuka Swedan* followed by 9 days *Grivavasti* with medicated oil in Group1 & *Grivavasti* with medicated lukewarm oil for 9 days is advised in Group 2. The result was assessed by Neck disability Index before and after treatment. Group 1 shows speedy recovery and remission of signs and symptoms in first 4 days then group 2 .and complete remission of symptoms in 8-9 days, no aggravation of symptoms seen in during therapy. But group 2 needs 7 days for the remission of signs and symptoms and did not complete remission after 21 days also. And in one case group, 2 show aggravation of symptoms after 8 days of *Grivavasti*. This study shows more improvement in Group 1 than Group 2.

Keywords: Cervical spondylosis, *Manyastambha*, *Grivavasti*, Neck disability index.

INTRODUCTION

Cervical spondylosis is a chronic degenerative condition of the cervical spine that affects the vertebral bodies and intervertebral discs of the neck as well as the contents of the spinal canal. It may also include the degenerative changes in the facet joints, longitudinal ligaments, and ligamentum flavum. Spondylosis progresses with age and often develops at multiple interspaces¹. Cervical spondylosis is a condition that is estimated to account for 2% of all hospital admissions and it is the most common cause of spinal cord dysfunction in patients older than 55 years². *Manyastambha* occurs in *Urdhwajatru Pradesha* (part above the clavicle) which is a *Sthana* of *Kapha*. The references regarding *Manyastambha* are not much available in any major Ayurvedic texts. Along with *Vatavyadhi Nidana* (causes), some of the specific *Nidanas* explained for *Manyastambha* by Acharya Susruta are day sleep, continuous sitting, the frequent extension of the neck, and looking upwards in improperly³. Due to these causes, *Vata* gets aggravated followed by *Kaphanubandha* which in turn causes *Stabdhatata* (Stiffness) of *Manya Siras* (Nerves) situated in the back of the neck thus resulting in *Manyastambha*⁴. Cervical Spondylosis can be correlated with *Manyastambha* from an Ayurvedic prospective⁵. *Manyastambha* has been enumerated in eighty *Nanatmaja VataVyadhis*⁶. According to Monier William, *Manya* means the back or the nape of the neck⁷. The meaning of the word *Stambha* is *Nischalikarana*. *Stambha* means stiffness, rigidity, making stiff or immovable. Thus, *Manyastambha* is the clinical entity in which the back of the neck becomes stiff or rigid and the movements of the neck are impaired.

In this study, two types of treatment module are taken for the intervention both of them act locally on the mechanism of the trans-dermal drug delivery system. The drug initially penetrates through the stratum corneum and then passes through the deeper epidermis and dermis without drug accumulation in the dermal layer. When the drug reaches the dermal layer, it becomes available for systemic absorption via the dermal microcirculation.^{8,9}

Pathogenesis:

The pathogenesis of Cervical spondylosis involves a degenerative cascade that produces biomechanical changes in the cervical spine. As intervertebral disk hydration and elasticity with age lead to cracks and fissures. The surrounding ligaments also lose their elastic properties and develop traction spurs. The disk subsequently collapses as a result of biochemical incompetence, causing the annulus to bulge outward. As the disk space narrows, the annulus bulges, and the facets override. This change, in turn, increases motion at the spinal segment and further hastens the damage to the disk, and may lead to annulus fissures and herniation.¹⁰

Aim and Objectives

- To establish the effectiveness of *Valuka Swedan* followed by *Grivavasti* in *Manyastambha* than only *Grivavasti* in Cervical spondylosis.
- To reduce the hospital, stay and speedy recovery of the patient.

Materials and Methods

Total no of patients – 10, 5 in each group
Manyastambha /Cervical spondylosis patients were randomly selected from OPD and IPD of Govt Ayurvedic College and Hospital Jalukbari, Ghy -14 satisfying the following inclusion criteria:

Inclusion criteria

1. Patients of either sex with presenting symptoms of cervical spondylosis.
2. Age group between 15 years to 65 years
3. Clinical symptoms with or without radiological changes.

Exclusion criteria

1. Stenosis of the spinal canal
2. Myelopathy.
3. Myofascial pain syndrome.
4. Patients suffering from any acute diseases/ any infectious disease/metabolic disease/chronic diseases (like rheumatoid arthritis, SLE, ankylosing spondylitis).

Diagnostic criteria:

Positive signs and symptoms with radiological changes.

Signs and symptoms: ¹¹

- Neck pain /*Ruka*
- Restricted head movement/ *Stambha*
- Weakness of arms or legs
- Flexion of the neck and rotation is limited
- Occasional headache
- Decrease Tendon stretch reflexes

Investigation

- Blood routine investigation
- Random blood sugar
- X-Ray cervical spine AP and lateral view.

Plan of study:

Criteria of assessment

Neck disability index (NDI)¹²; is a questionnaire used to find out the level of disability of the neck before and after treatment. It consists of 10 questions such as pain intensity, personal care (like washing dressing), lifting, reading, headache, concentration, work, driving, sleeping, recreation, etc., each having 6 questions (0-5 points).

- Group 1 *Valuka Swedan* given for 5 days followed by 9 days *Grivavasti* as to remove the *Anubandhita Kapha* and then to pacify *Vata* respectively¹³.
- Group 2: *Grivavasti* is given for 14 days with lukewarm Prasarani Taila.

Procedure:

Valuka Swedana: The person is made to lie face down on the bed. Then 500 gm of sand that is free from big stone and dust is heated on the pan and then by pouring 250 gm on cotton cloth making it a *Pottali* (bolus). The remaining 250 gm is left on the pan than

by touching the poultice the bearable temperature is maintained. Then fomentations are given on the cervical spinal area as well as over the hands. On reducing temperature other 250 gm sand is taken by making it of *Pottali* and fomentation given by this way it is repeatedly done for 30 minutes daily.

Grivavasti:

The person is made to lie face down on the massaged table. Then a reservoir made of wheat flour is placed over the affected area of the cervical region covering 2-3 cervical spines having a diameter of 5cm and 2-3 cm in height. Lukewarm Prasarani oil is poured into it and made to stay for at least 5-10 minutes. When the oil is cooled down, it is syringed out using a 50 ml syringe, and the oil is replaced with another bowl of Lukewarm medicated oil. The procedure lasts for about half an hour. After completing the procedure, the affected area is gently massaged with the same oil for better absorption of the medicated oil.

Observation and Result:

The result was assessed by NDI before and after treatment. Group 1 shows speedy recovery and remission of signs and symptoms in the first 4 days then group 2 and complete remission of symptoms in 8-9 days, with no aggravation of symptoms seen in during therapy. But group 2 needs 7 days for the remission of signs and symptoms and did not complete remission after 21 days also. And in one case group, 2 show aggravation of symptoms after 8 days of *Griva vasti*. This study shows more improvement in Group 1 than in Group 2.

Table 1: NDI scores in % before and after treatment in Group 1 (N=5).

Case no.	Age and sex	NDI before treatment	NDI after 7 days of treatment	NDI after 14days of treatment
Case 1	45y /F	84%	31%	11%
Case 2	60y/M	75%	22%	4%
Case 3	58y/M	80%	22%	4%
Case 4	55y/F	88%	24%	0
Case 5	52y/F	88%	22%	4%

Table 2: NDI scores in % before and after treatment in Group 2 (N=5).

Case no.	Age and sex	NDI before treatment	NDI after 7 days of treatment	NDI after 14days of treatment
Case 1	50y/F	80%	64%	73%
Case 2	63y/F	93%	84%	93%
Case 3	62y/F	66%	66%	46%
Case 4	45y/F	66%	66%	42%
Case 5	51y/F	62%	62%	44%

DISCUSSION

Cervical spondylosis is commonly caused due to regularly ignoring the ergonomics of our bodies, e.g., working for long hours with computers, wrong postures while performing day-to-day life functions, sports/repetitive injuries such as long hours of playing video games, texting, etc. Degenerative changes in the cervical spine may affect one or more nerve roots, and the cervical cord at one or more levels or may cause simultaneous damage to the nerve roots and cord. Ayurveda recommended various drugs based on *Doshic* theory to cure *Manyastambha* which mainly retard inflammation and degeneration of tissue, these drugs also strengthen neck muscles, boost *Dhatu*s and pacify vitiated *Vata Dosha*. *Ruksha* (rough) *Swedana* pacify the *Kapha Dosha* and relieves symptoms of pain (*Shoola*) and stiffness (*Stambha*) and *Swedana* offers effects like *Twak Prasada*, *Srotoshodhana* (purification of channels) & *Stabdhatwa* (Stability) in *Sandhis* (Joints) thus normalizes the functioning of upper body parts. Warm sand having *Laghu* and *Ruksha* qualities thus possess *Kaphahara* action and *Snigdha Grivavasti* act as *snehan* (Oilation) and *Swedan* in same time hence sometime so it may aggravate the *kaphadosha* during the treatment and it may also hamper on transdermal drug delivery system. As from pathogenesis we know that *Vatabahini Srotas* are obstructed in *Kapha Sthana* so *Snigdha* oil can aggravate the symptoms. *Valuka Swedan* revert effects of *Anubandha Kapha* which mainly involved in the pathogenesis of *Manyastambha* and *Snehan* with *Grivavasti* pacify *Vatadosha* and normalizes the direction of flow of *Vata*. As in group 2, we are first clearing the dermal pore by the *Valuka Swedan* after pacifying the stiffness we go to *Grivavasti* therapy for the

nourishment of the ligament's nerves, and bones and to relieve pain. Hence it is the proper way to approach treatment and that is why it gave a better result than group 1.

CONCLUSION

In the present study pain in the neck (at rest), headache and pain with neck movements, numbness/tingling sensation with or without weakness of the arm and dizziness were the commonly observed symptoms in the patients. Most of the aforesaid symptoms were due to muscle spasm and nerve compression. The results were assessed on the basis of symptomatic improvement using NDI questionnaires. After observation over 14 days, we have concluded *Valuka Swedan* followed by *Grivavasti* is more effective than only *Grivavasti* treatment modalities in cervical spondylosis.

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