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AYURVEDIC MANAGEMENT OF MANYASTAMBHA- A CASE REPORT

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ABSTRACT

The Ayurvedic system offers many holistic approaches to health management. Ayurveda has provided prevention and management of various diseases, including *Manyastambha*. In Ayurveda, it is defined as '*Manyahakriyahani*'. The clinical symptoms of Manyastambha include Ruk and Stambha in Manya pradesha. A clinical study in the management of Manyastambha with Shodhana and Shamana therapy is done on a single patient in the OPD of Government Ayurvedic Hospital, Hyderabad. Shamana therapy includes Yogaraja guggulu (Internally) and Greeva vasti with Mahavishagarbha taila. Shodhana therapy includes Nasya with Anu taila and Dhumapana with Haridra varti. Pathya and Apathya are explained to the patient. The patient has marked relief in signs and symptoms after the treatment. The following clinical study may be adopted for further research in this field.

Keywords: Manyastambha, Cervical spondylosis, Yogaraja guggulu, Mahavishagarbha taila, Anu taila

INTRODUCTION

In today's era, due to modernisation and fast lifestyle, everyone is leading a stressful and busy life. The prevalence of *Manyastambha* is rising due to

advancements in busy, professional, and social life. Lifestyle changes and faulty habits like poor sitting postures, continuous work, sleeping on abnormal soft mattresses and pillows, and working long hours on screens are on the rise. Manyastambha is explained as one of the Vataja Nanatamaja Vyadhi described under Vata vyadhi. Sleeping during the daytime, improper posture, improper way of sitting, and constantly gazing upwards are the causative factors of Manvastambha, as said by Acharya Susrutha. 1Ruk and Stambha in Manya pradesha are the symptoms. It can be co-related with Cervical spondylosis² from a modern perspective. Cervical spondylosis is a prevalent condition in which degeneration of the cervical spine occurs. It is mainly caused by age-related degenerative changes (wear and tear) in the intervertebral disc and vertebrae of the neck. "Spondylo" is a Greek word meaning vertebra. This means that changes in the vertebral joints are characterised by increasing intervertebral disc degeneration, which results in subsequent changes in the bones and soft tissues. Bone spurs dehydrated spinal discs, herniated discs, injury, ligament stiffness and overuse can cause Cervical spondylosis. Pain in the neck region and radiating to arms or shoulder, stiffness in the neck, tingling sensation, headache, a grinding feeling while moving the neck, weakness in the arms and legs and muscle spasms are the symptoms of Manyastambha. Three distinct patterns can result from Cervical spondylosis: Cervical radiculopathy, Cervical myelopathy, and Axial joint pain. X-rays can reveal the narrowing of spaces between the intervertebral discs, vertebral spurs and joint thickening. MRI scan is the standard and most effective diagnostic tool for visualising intervertebral discs and determining the extent of disc herniation. The management provided by contemporary medicine for this condition is either conservative or surgical. So, there is a need to find effective management for Manyastambha to overcome the expensive therapeutics.

PATIENT INFORMATION:

A 38-year-old female patient came to *Kayachikitsa* OPD 3 with OPD no. 14225 at Government Ayurvedic Hospital Hyderabad with the chief complaints of Pain and Stiffness in the neck region associated with tingling sensation, numbness in the right upper limb, difficulty in neck movements, on and off headache and disturbed sleep since last eight months.

HISTORY OF PRESENT ILLNESS:

The patient was asymptomatic eight months back. Gradually, she developed pain and stiffness in the neck region associated with a tingling sensation, numbness in the right upper limb, difficulty in neck movements, on and off headache and disturbed sleep. She took analgesics on and off while having severe pain. The patient attended the outpatient unit of *Kayachikitsa* at Government Ayurvedic Hospital Hyderabad for better treatment.

HISTORY OF PAST ILLNESS:

Nil

PERSONAL HISTORY:

Appetite-Good Bowels-Regular

Urine-Clear

Sleep-Disturbed

Occupation – Housewife

No addictions.

FAMILY HISTORY: Not significant

NIDANA PANCHAKA:

Hetu (etiology):

Ahara: Ruksa and sheeta Ahara

Vihara: Improper postures, way of sitting, sleeping and travelling.

Purva rupa (prodromal symptoms): Mild pain and stiffness in the neck region.

Rupa (cardinal symptoms): Pain and stiffness in the neck region.

Upashaya: Rest, Usna Ahara and Vihara, Shali, Godhuma, Kulattha.

Samprapti ghatakas:

Dosa: Vata (Vyana) and Kapha (Sleshaka) Dushya: Mamsa, Asthi, Majja, Sira, Snayu

Srotas: Asthivaha Srotodushti: Sanga

Agni: Jatharagni, asthi majja dhatwagnijanya

Adhistana: Manya sthana Udbhava sthana: Pakwashaya Vyakta sthana: Manya sthana Roga marga: Madyama

CLINICAL FINDINGS:

Blood Pressure: 110/70 mm of Hg

Pulse rate: 76/min.

Respiratory rate: 18/min Spurling sign: +ve

Flexion - restricted due to pain Extension - restricted due to pain Rotation - restricted due to pain

RANGE OF MOTION:

THERAPEUTIC INTERVENTION:

S.NO	TREATMENT	DAYS
1	Yogaraja guggulu (Internally) - 500mg BD	30 days
2	Greeva vasti with Mahavishagarbha taila	Seven days
3	Nasya with Anu taila ³	7 days
4	Dhumapana with Haridra varti	7 days

ASSESSMENT CRITERIA:

1	Neck pain	G ₀ No pain	
		G ₁ – Mild pain	
		G ₂ – Moderate pain	
		G ₃ – Severe pain with difficulty in movement	
2	Stiffness	G ₀ – Occasional/No	
		G_1 – From 5min – 2 hrs	
		G_2 – From 2-6 hrs.	
		G_3 – More than 6 hrs.	
3	Tingling sensation	G_0 – Absent	
		G_1 – Mild	
		G_2 – Moderate	
		G_3 – Severe	
4	Numbness	G ₀ – Absent	
		G_1 – Mild	
		G_2 – Moderate	
		G_3 – Severe	
5	Headache	G ₀ – No pain	
		G_1 – Occasional	
		G_2 – Continuous	
		G_3 – Severe	
6	Movements	G ₀ – Without pain	
		G ₁ – With mild pain	
		G ₂ – Restricted movement	
		G ₃ – No movement	

RESULTS:

S.NO	PARAMETERS	BEFORE TREATMENT	AFTER TREATMENT
1	Neck Pain	3	1
2	Neck stiffness	3	0
3	Tingling sensation	2	0
4	Numbness	2	0
5	Movement restriction	2	0
6	Headache	1	0

DISCUSSION

As Vata and Kapha dosa are involved in this disease, the therapies here are Vatahara and Kaphahara. Various drugs and treatments are mentioned in Ayurveda classics in the management of Manyastambha. Yogaraja guggulu has an anti-inflammatory property with herbs such as Rasna and Gokshura. Herbals such as amla and ghee also have some cell and disc tissue regeneration properties. Greeva Vasti is a type of local sweda. Swedana improves blood circulation and provides nourishment to the affected areas. The taila used counteracts the sheeta property of Vata and Kapha and acts as Vatahara and Kaphahara. Nasya is the best treatment approach in *Urdhwajatrugata rogas*. Nasya karma³ balances Vata and Kapha dosa. It relieves symptoms like Stambha and Shoola and does Srotoshodana, thus normalising the functioning of the upper body parts. It reverts the effects of Kapha Avarana, which is the primary pathogenesis in Manyastambha. Nasya Dravya reaches Shringataka Marma of Shira and pacifies morbid doshas like Vyana Vata and Sleshaka Kapha, i.e. vatasleshmahara nasya. It increases vasodilation, enhances the circulatory capacity of the body, especially in the cervical region, and provides relief from spasms and rigidity. It acts locally and at systemic levels, affecting nerve terminals and enhancing drug absorption through the nasal mucosa. The drugs used in Nasya karma⁴ are Vatahara and Kaphahara and has analgesic properties. Dhumapana is one of the best treatments in *Urdhwajatrugata rogas* and it is Kaphahara and Vatahara. Hence, the treatment adopted here helps in samprapti vighatana due to VataKaphahara properties and alleviation of symptoms.

CONCLUSION

The cases of *Manyastambha* are on the rise due to changes in lifestyle and faulty habits. Hence, there is a need to provide better treatment and relief from the symptoms. It can be concluded that the combination of the above therapies provided better relief in all symptoms of Manyastambha. The qualityave been no recurrences of symptoms to date, and the overall quality of life of the patient has improved.

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