



ISSN 2456-3110

Vol 4 · Issue 4

July-Aug 2019

Journal of **Ayurveda and Integrated Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Charaka
Publications

Indexed

A scientific research study on the management of *Manyasthamba* (Cervical Spondylosis) with *Nasya* and *Nasapana*

Dr. Unnikrishnan V S¹, Dr. Prashanth A S², Dr. Madhusudan Kulkarni³

¹Post Graduate Scholar, ²Professor & Head, ³Associate Professor, Dept. of Kayachikitsa, Ayurveda Mahavidyalaya, Hubli, Karnataka, INDIA.

ABSTRACT

The science of life Ayurveda, not only deals with the prevention of diseases by maintaining health but also with the alleviation of diseases. In this ultra modern era due to change in lifestyles, sedentary works and food habits, people are unable to follow the *Dinacharya* and *Ritucharya* as explained in the classics, which may lead to different diseases. Due to improper postural habits, weight bearing and other unwholesome diets and habits there are higher the chances of discomfort and disease pertaining to spinal cord. *Manyasthamba* is one such condition that disturbs a big population due to today's alterations in lifestyle. Here an effort is made to study and understand the role of *Nasya Karma*, *Nasaapana* and *Shamanaushadhi* like *Vyoshadi Guggulu* in the treatment aspect of this disease. *Nasya Karma* and *Nasaapana* provided highly significant results in all the symptoms of *Manyasthamba*. As per the clinical data, '*Nasaapana* is found to be more effective than *Nasya Karma*'. So it can be concluded that better results can be obtained with *Shaddharana Yoga* as *Amapachana*, *Nasaapana* with *Mashabaladi Kwatha* followed by *Vyoshadi Guggulu* as *Shamanoushadhi*.

Key words: *Manyasthamba*, *Cervical Spondylosis*, *Nasya*, *Nasapana*, *Bringaraja Taila*, *Mashabaladi Kwatha*. *Shaddharana Yooa*.

INTRODUCTION

Ayurveda is an ancient medical system that originated in India thousands of years ago. It is widely regarded as the oldest form of healthcare in the world. The aim of this system is "*Swasthasya Swasthya Rakshanam*" and "*Aathurasya Vikara Prashamana*".^[1] A healthy life has been cherished wish of man since ages, but nowadays due to fast developing technological era, sedentary lifestyle and lack of time, people cannot

concentrate on their proper regimen. Due to the advancement in life style people undergo many unwanted practices like faulty dietary habits, improper sitting posture, continuous work in one posture and overexertion, load bearing movements during travelling and sports. All these factors create undue pressure and compressive injury to the spine and also responsible for early degenerative changes in bodily tissue which play an important role in producing disease like Cervical Spondylosis. 70% of general population is affected with neck pain during their life.

Cervical Spondylosis is one of the degenerative conditions of the cervical spine. In Cervical Spondylosis, patient complains of pain in the neck that may radiate in the distribution of affected nerve root. Cervical spondylosis is having a prevalence of 0.1- 1% of the general population with a male to female ratio of 3:1. It is more susceptible to IT professionals, drivers; especially two wheeler drivers using heavy helmets, teachers etc. due to posture

Address for correspondence:

Dr. Unnikrishnan V S

Post Graduate Scholar, Dept. of Kayachikitsa, Ayurveda Mahavidyalaya, Hubli, Karnataka, INDIA.

E-mail: drvsunnikrishnan@gmail.com

Submission Date: 12/07/2019

Accepted Date: 20/08/2019

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.4.4.3

adopted by them in day-to-day life. In this way this disease is now becoming a significant threat to the working population due to its progressive nature.^[2]

Manyasthamba has been enumerated in the eighty disorders of *Vata* and is explained as *Vataja Nanatmaja Vikara*.^[3] *Acharya Sushruta* have mentioned *Kapha Avruta Vata* and also included under *Vataja Nanatmaja Vyadhi*. The etiological factors responsible for *Manyasthamba* are sleeping at day time, leaning or sleeping on an uneven place i.e. irregular postures; constantly gazing upwards.^[4] *Manya* is the back of the nape of the neck. *Manyagraha* is the spasm or contraction of the neck. *Manyasthambha* is stiffness or rigidity of the neck. *Manyasthambha* is explained as '*Manya Kriya Hanihi*.' *Acharya Charaka* explains *Manyasthambha* as a succession of *Apataanaka*. Classical symptoms are stiffness and pain over the neck and restricted movements.

In contemporary system of medicine, the management for the above are use of steroids, analgesics and anti-inflammatory drugs. It is observed that these treatments does not yield long term relief and cannot satisfy the objective of an ideal therapy.

The general line of treatment for *Manyasthamba* specifically emphasizes on the adoption of *Nasya*.^[5] "*Nasahi Shiraso Dwaram*" i.e., *Nasa* is told as *Dwara* for *Shiras* which is *Uttamanga*. *Nasya* is considered as the prime modality of treatment in *Urdhwajatru Gata Vikaras* and it also nourishes the *Shiras*, *Skandha*, *Greeva* and *Kaksha*. It has the important action in clearing the *Dosha* which are deep rooted in the channels of head.^[6] *Nasapanam* is mentioned in several contexts by different *Acharyas*. The words "*Nasyanipito*", "*Pibennasarandrena*" etc. are used in the context of *Nasapana*. Some *Yogas* are mentioned for *Nasapana* while explaining the treatment of *Manyasthambha*, *Apabahukam*, *Arditam* and *Pakshaghata* in different texts.

Here 40 subjects with clinical symptoms of *Manyasthambha* were selected and divided into two groups. Group A and Group B. All the subjects are given with *Shaddharana Yoga* for *Amapachana*. In

Group A *Nasya* with *Bringaraja Taila* and In Group B *Nasapana* with *Mashabaladi Kwatha* was selected for *Shodhana Karma*. Tablet *Vyoshadi Guggulu* was selected for both the groups as *Shamana Oushadhi*. All the patients are advised to follow *Pathya Ahara Vihara* and follow up was done for every 7 days for one month.

OBJECTIVES OF THE STUDY

1. To study the combined effect of *Bhringaraja Taila Nasya* along with *Vyoshadi Guggulu* in the management of *Manyasthamba* (Cervical Spondylosis).
2. To study the combined effect of *Nasapana* with *Mashabaladi Kwatha* along with *Vyoshadi Guggulu* in the management of *Manyasthamba* (Cervical Spondylosis).
3. To compare the effect of *Bhringaraja Taila Nasya* and *Mashabaladi Kwatha Nasapana* along with *Vyoshadi Guggulu* as *Shamanoushadi* in the management of *Manyasthamba* (Cervical Spondylosis).

MATERIALS AND METHODS

1. *Amapacana* with *Shaddharana Yoga*
2. *Mukhabhyanga* with *Murchita Tila Taila*
3. *Nasya* with *Bringaraja Taila*
4. *Nasapana* with *Mashabaladi Kwatha*
5. *Vyoshadi Guggulu* as *Shamanoushadi*.

Diagnostic Criteria

Patient with Classical Signs and Symptoms of Cervical Spondylosis such as pain and stiffness with restricted movements of the neck region will be selected for the clinical trial.

Inclusion Criteria

- Subjects between the ages 20 to 60 years.
- The subjects with classical signs and symptoms of *Manyasthamba* and Cervical Spondylosis.
- Subjects of both sexes.
- Subjects fit for *Nasya Karma* and *Nasapana*.

Exclusion Criteria

- Pregnancy and lactating mother.
- Subjects with other Systemic disorders that interfere in the line of treatment.
- Subjects who are unfit for *Nasya Karma* and *Nasapana*.
- Subjects with Congenital deformity, Traumatic injuries, cervical stenosis and Myelopathy, Ankylosing spondylitis, Infections of bone and Gross bony deformity.

Parameters of study

Parameters of assessment will be totally based on the subsidence in the clinical features of *Manyasthamba* (Cervical Spondylosis) and improvement in range of movements.

Subjective Parameters

1. Ruk (Pain) in *Manyapradesha*
2. *Stambha* (Stiffness) in *Manyapradesha*
3. Weakness
4. Clumsy finger movements
5. Vertigo.
6. Radiating pain to Occipito Frontal region, shoulder down to both arms.

Objective Parameters

Range of movements (Flexion, Extension, Lateral bending, Rotation)

Neck Disability Index is used to assess Cervical Spondylosis by 10 parameters.

1. Pain Intensity
2. Personal Care
3. Lifting
4. Reading
5. Headache
6. Concentration
7. Work
8. Driving
9. Sleeping

10. Recreation

Suitable scores were fixed for the above parameters.

Subjective Parameters

Pain in <i>Manyapradesha</i>	Grading
a) No pain	Grade -0
b) Mild pain, can do strenuous work with difficulty	Grade -1
c) Moderate pain, can do the normal work with support	Grade -2
d) Severe pain, unable to do work at all	Grade -3
Stiffness in <i>Manyapradesha</i>	Grading
a) No stiffness	Grade -0
b) Mild stiffness, can do strenuous work with difficulty	Grade -1
c) Moderate stiffness, can do the normal work with support	Grade -2
d) Severe stiffness, unable to move and do work at all	Grade -3
Weakness	Grading
a) No weakness	Grade -0
b) Mild weakness, can do work	Grade -1
c) Weakness present, work with difficulty	Grade -2
d) Weakness present, cannot move	Grade -3
Clumsy finger movements	Grading
a) Can do work unaffectedly	Grade -0
b) Can do strenuous work with difficulty	Grade -1
c) Can do daily routine work with great difficulty	Grade -2
d) Cannot do any work	Grade -3
Vertigo	Grading
a) No Vertigo	Grade -0
b) Mild Vertigo, can do work	Grade -1
c) Vertigo present, work with difficulty	Grade -2
d) Vertigo present, cannot move	Grade -3

Radiating pain to Occipito Frontal region, shoulder down to both arms	Grading
a) No radiating pain	Grade -0
b) Mild pain, can do strenuous work with difficult	Grade -1
c) Moderate pain, can do the normal work with support	Grade -2
d) Severe pain, uable to do work at all	Grade -3

Range of Movements

Flexion	Grading
No pain on movement	0
pain is very mild on movement	1
pain is moderate on movement	2
pain is fairly severe on movement	3
pain is very severe on movement	4
pain is the worst on movement	5

Extension	Grading
No pain on movement	0
pain is very mild on movement	1
pain is moderate on movement	2
pain is fairly severe on movement	3
pain is very severe on movement	4
pain is the worst on movement	5

Lat Bending	Grading
No pain on movement	0
pain is very mild on movement	1
pain is moderate on movement	2
pain is fairly severe on movement	3
pain is very severe on movement	4
pain is the worst on movement	5

Rotation	Grading
No pain on movement	0
pain is very mild on movement	1
pain is moderate on movement	2
pain is fairly severe on movement	3
pain is very severe on movement	4

pain is the worst on movement	5
Section 1: Pain Intensity	Grading
No pain at the moment	0
The pain is very mild at the moment	1
The pain is moderate at the moment	2
The pain is fairly severe at the moment	3
The pain is very severe at the moment	4
The pain is the worst imaginable at the moment	5

Section 2: Personal Care (Washing, Dressing, etc.)	Grading
Do work normally without causing extra pain	0
Do work normally but it causes extra pain	1
It is painful to look after self and is slow and careful	2
Need some help but can manage most of personal care	3
Need help every day in most aspects of self care	4
Cannot get dressed, wash with difficulty and stay in bed	5

Section 3: Lifting	Grading
Can lift heavy weights without extra pain	0
Can lift heavy weights but it gives extra pain	1
Pain prevents lifting heavy weights off the floor, but can manage if they are conveniently placed, for example on a table	2
Pain prevents from lifting heavy weights but can manage light to medium weights if they are conveniently positioned	3
Can only lift very light weights	4
Cannot lift or carry anything	5

Section 4: Reading	Grading
Can read as much as with no pain in the neck	0
Can read as much as with slight pain in the neck	1
Can read as much as with moderate pain in the neck	2
Can't read as much as because of moderate	3

pain in the neck	
Can hardly read at all because of severe pain in the neck	4
Cannot read at all	5
Section 5: Headaches	Grading
Have no headaches at all	0
Have slight headaches, which come infrequently	1
Have moderate headaches, which come infrequently	2
Have moderate headaches, which come frequently	3
Have severe headaches, which come frequently	4
Have headaches almost all the time	5
Section 6: Concentration	Grading
Can concentrate fully with no difficulty	0
Can concentrate fully with slight difficulty	1
Have a fair degree of difficulty in concentrating	2
Have a lot of difficulty in concentrating	3
Have a great deal of difficulty in concentrating	4
Cannot concentrate at all	5
Section 7: Work	Grading
Can do as much work as possible	0
Can only do the usual work, but no more	1
Can do most of the usual work, but no more	2
Cannot do the usual work	3
Can hardly do the work at all	4
Can't do any work at all	5
Section 8: Driving	Grading
Can drive car without any neck pain	0
Can drive car with slight pain in the neck	1
Can drive the car with moderate pain in the neck	2
Can't drive car because of moderate pain in the neck	3

Can hardly drive at all because of severe pain in the neck	4
Can't drive the car at all	5
Section 9: Sleeping	Grading
Have no trouble sleeping	0
Sleep is slightly disturbed (less than 1 hr sleepless)	1
Sleep is mildly disturbed (1-2 hrs sleepless)	2
Sleep is moderately disturbed (2-3 hrs sleepless)	3
Sleep is greatly disturbed (3-5 hrs sleepless)	4
Sleep is completely disturbed (5-7 hrs sleepless)	5
Section 10: Recreation	Grading
Able to engage in all the recreation activities with no neck pain at all	0
Able to engage in all the recreation activities, with some pain in the neck	1
Able to engage in most, but not all of the usual recreation activities because of pain in the neck	2
Able to engage in a few of the usual recreation activities because of pain in the neck	3
Can hardly do any recreation activities because of pain in the neck	4
Can't do any recreation activities at all	5

Assessment Criteria

Overall assessment is done based on the improvement in Subjective and Objective Parameters before and after treatment which will be subjected to Statistical Analysis by applying Student 't' test and the results will be recorded as,

- Marked relief – above 75% improvement
- Moderate relief – 51% to 75% improvement
- Mild relief – 25% to 50% improvement
- No relief – below 25% improvement

INTERVENTION

Intervention: Group A

Aamapachana	
Shaddharana Yoga 1tsp (5gms) BID with warm water before food till Nirama Lakshanas are seen	
Nasya	
Poorvakarma	Sthanika Sweda - Nirgundi Sidda Nadi Sweda Mukhaabhyanga with MurchitaTilaTaila followed by Bhashpaswedana
Pradhana Karma	Nasya with Bhringaraja Taila
Paschat Karma	Dhoomapanam with Haridra Varti; Kavala and Gandusha
Matra	According to Rogabala and Rogibala
Duration	for 14 days on alternate days
Shamanoushadhi	
Vyoshadi Guggulu	1 tab (500mg) Twice daily after food
Anupana	Ushnajala
Duration	1 month
Follow up	for 30 days with a review of 7days

Intervention: Group B

Aamapachana	
Shaddharana Yoga 1tsp (5gms) BID with warm water before food till Nirama Lakshanas are seen	
Nasapana	
Poorvakarma	Sthanika Sweda - Nirgundi Sidda Nadi Sweda Mukhaabhyanga with MurchitaTilaTaila followed by Bhashpaswedana

Pradhana Karma	Nasapanam with Mashabaladi Kwatham
Paschat Karma	Dhoomapanam with Haridra Varti; Kavala and Gandusha
Matra	According to Rogabala and Rogibala
Duration	for 14 days on alternate days
Shamanoushadhi	
Vyoshadi Guggulu	1 tab (500mg) Twice daily after food
Anupana	Ushnajala
Duration	1 month
Follow up	for 30 days with a review of 7days

Subjects reported based on Subjective Parameters

Subjective Parameters	Group-A		Group-B		Total	
	No. of Subjects	%	No. of Subjects	%	No. of Subjects	%
Ruk (Pain) in Manyaprad esha	20	100%	20	100%	40	100%
Stambha (Stiffness) in Manyaprad esha	20	100%	20	100%	40	100%
Weakness	13	65%	7	35%	20	50%
Clumsy finger movements	17	85%	15	75%	32	80%
Vertigo	5	25%	4	20%	9	22.5%

Radiating pain to Occipito Frontal region, shoulder down to both arms	17	85 %	15	75 %	32	80%
---	----	------	----	------	----	-----

Subjects reported based on Objective Parameters

ROM of Cervical Spine	Group-A		Group-B		Total	
	No. of Subjects	%	No. of Subjects	%	No. of Subjects	%
Flexion	20	100 %	20	100 %	40	100 %
Extension	20	100 %	20	100 %	40	100 %
Lateral bending	16	80%	15	75%	31	77.5 %
Rotation	13	65%	11	55%	24	60%

Showing Neck Disability Index

Neck Disability Index	Group-A		Group-B		Total	
	No. of Subjects	%	No. of Subjects	%	No. of Subjects	%
Pain Intensity	20	100 %	20	100 %	40	100 %
Personal Care (Washing, Dressing, etc.)	13	65 %	18	90 %	31	77.5 %
Lifting	17	85 %	20	100 %	37	92.5 %

Reading	17	85 %	7	35 %	24	60%
Headaches	20	100 %	17	85 %	37	92.5 %
Concentration	15	75 %	17	85 %	32	80%
Work	20	100 %	20	100 %	40	100 %
Driving	17	85 %	18	90 %	35	87.5 %
Sleeping	13	65 %	13	65 %	26	65%
Recreation	20	100 %	20	100 %	40	100 %

Showing effect of therapy on Subjective Parameters of Group A

Parameters	Mean score		Mean Diff. 'x'	% of relief	SD	t	P
	BT	AT					
Ruk (Pain) in Manyaprad esha	2.4	0.9	1.45	60.4	0.6	9.6	<0.0
		5		1%	6	6	01
Stambha (Stiffness) in Manyaprad esha	2.2	0.9	1.3	71.1	0.4	9.2	<0.0
	5	5		1%	6	85	01
Weakness	1.3	0.3	1	74.0	0.8	5.3	<0.0
	5	5		7%	4	47	01
Clumsy finger movements	1.3	0.2	1.1	81.4	0.7	6.4	<0.0
	5	5		9%	7	3	01
Vertigo	0.5	0.0	0.5	90.9	0.8	2.5	<0.0
	5	5		1%	6	9	5

Radiating pain to Occipito Frontal region, shoulder down to both arms	1.6	0.45	1.15	71.88%	0.79	6.489	<0.001
---	-----	------	------	--------	------	-------	--------

Effect of therapy on Objective Parameters of Group A

ROM Of Cervical Spine	Mean Score		Mean Diff 'x'	% of relief	SD	't'	P
	BT	AT					
Flexion	2.95	1.05	1.90	64.40%	0.53	15.83	<0.001
Extension	2.55	0.5	2.05	80.39%	0.59	15.64	<0.001
Lateral bending	2.35	0.95	1.4	59.58%	0.96	6.48	<0.001
Rotation	0.85	0.20	0.65	76.47%	0.57	5.09	<0.001

Showing effect of therapy on Neck Disability Index of Group A

Neck Disability Index	Mean Score		Mean Diff 'x'	% of relief	SD	't'	P
	BT	AT					
Pain Intensity	2.45	0.95	1.45	60.41%	0.68	9.731	<0.001
Personal Care (Washing, Dressing, etc.)	1.35	0.35	1	74.07%	0.836	5.344	<0.001
Lifting	1.9	0.7	1.2	63.1	0.7	7.1	<0.0

				5%	48	68	01
Reading	1.35	0.25	1.1	81.48%	0.768	6.402	<0.001
Headaches	2	0.6	1.4	70%	0.663	9.44	<0.001
Concentration	1.45	0.15	1.25	89.28%	0.887	6.297	<0.001
Work	2.95	1.05	1.9	64.40%	0.53	15.78	<0.001
Driving	1.75	0.35	1.35	79.41%	0.726	8.312	<0.001
Sleeping	0.85	0.2	0.65	76.47%	0.572	5.078	<0.001
Recreation	3.05	1.3	1.75	57.38%	0.698	11.21	<0.001

Effect of therapy on Subjective Parameters of Group B

Parameters	Mean score		Mean Diff 'x'	% of relief	SD	't'	P
	BT	AT					
Ruk (Pain) in Manyaprad esha	2.5	0.7	1.8	72%	0.748	10.75	<0.001
Stambha (Stiffness) in Manyaprad esha	2.25	0.45	1.8	80%	0.6	13.43	<0.001
Weakness	0.75	0.15	0.55	78.57%	0.804	3.055	<0.001
Clumsy finger movements	1.45	0.15	1.25	89.29%	0.887	6.297	<0.001
Vertigo.	0.5	0.0	0.4	90%	0.9	2.1	<0.0

		5	5		20	85	5
Radiating pain to Occipito Frontal region, shoulder down to both arms	2.05	0.45	1.6	78.04%	0.663	10.78	<0.001

		5	5			9		01
Reading	0.75	0.15	0.55	78.57%	0.804	3.055	<0.001	
Headaches	1.85	0.4	1.45	78.37%	0.864	7.497	<0.001	
Concentration	1.35	0.25	1.1	81.48%	0.768	6.402	<0.001	
Work	3.15	0.65	2.5	79.36%	0.741	15.06	<0.001	
Driving	1.75	0.2	1.55	88.57%	0.739	9.365	<0.001	
Sleeping	0.95	0.15	0.75	83.33%	0.622	5.387	<0.001	
Recreation	3	0.8	2.2	73.33%	0.678	14.500	<0.001	

Effect of therapy on Objective Parameters of Group B

ROM Of Cervical Spine	Mean Score		Mean Diff 'x'	% of relief	SD	't'	P
	BT	AT					
Flexion	3.15	0.65	2.5	79.36%	0.741	15.06	<0.001
Extension	2.35	0.4	2.15	84.31%	0.653	14.70	<0.001
Lateral bending	2.25	0.55	1.7	75.55%	1.144	6.640	<0.001
Rotation	0.85	0.15	0.65	81.25%	0.653	4.44	<0.001

Effect of therapy on Objective Parameters of Group B

Neck Disability Index	Mean Score		Mean Diff 'x'	% of relief	SD	't'	P
	BT	AT					
Pain Intensity	2.5	0.7	1.8	72%	0.748	10.75	<0.001
Personal Care (Washing, Dressing, etc.)	1.75	0.2	1.55	88.57%	0.739	9.365	<0.001
Lifting	2.2	0.4	1.8	80%	1.8	4.24	<0.0

Comparative efficacy of therapies on different Subjective Parameters

Parameters	Group- A			Group- B			't'	P
	Mean	S.D	S.E	Mean	S.D	S.E.		
Pain in Manyaprad esha	1.45	0.66	0.15	1.8	0.748	0.167	1.57	>0.05
Stiffness in Manyaprad esha	1.3	0.46	0.14	1.8	0.634	0.134	0.29	>0.05
Weakness	1	0.84	0.19	0.55	0.804	0.180	1.74	>0.05
Clumsy finger movements	1.1	0.77	0.17	1.25	0.887	0.198	0.58	>0.05
Vertigo	0.5	0.86	0.19	0.45	0.920	0.205	0.17	>0.05
Radiating pain to Occipito	1.15	0.79	0.18	1.6	0.663	0.148	2	>0.05

Frontal region, shoulder down to both arms								
>0.05 = NS								

Comparative efficacy of therapies on ROM of Cervical Spine

ROM of Cervical Spine	Group- A			Group- B			‘t’	P
	Mea n	S.D	S.E	Mea n	S.D	S.E.		
Flexion	1.90	0.53	0.12	2.5	0.741	0.165	2.95	<0.01
Extensi on	2.05	0.59	0.13	2.15	0.653	0.146	0.51	>0.05
Lateral bending	1.4	0.96	0.21	1.7	1.144	0.256	0.90	>0.05
Rotatio n	0.65	0.57	0.13	0.65	0.653	0.146	0	>0.05
<0.01 = S, >0.05 = NS								

Comparative efficacy of therapies on Neck Disability Index

Neck Disability Index	Group- A			Group- B			‘t’	p
	Me an	S.D	S.E	Me an	S.D	S.E.		
Pain Intensity	1.45	0.68	0.149	1.8	0.748	0.167	1.79	>0.05
Personal Care (Washing, Dressing, etc.)	1	0.836	0.187	1.5	0.739	0.165	2.39	<0.05
Lifting	1.2	0.748	0.167	1.8	1.89	0.424	1.32	>0.05
Reading	1.1	0.768	0.171	0.5	0.804	0.180	2.22	<0.05

Headache s	1.4	0.663	0.148	1.4	0.864	0.193	0.21	>0.05
Concentra tion	1.2	0.85	0.198	1.1	0.768	0.171	0.57	>0.05
Work	1.9	0.53	0.120	2.5	0.741	0.165	2.95	<0.01
Driving	1.3	0.75	0.162	1.5	0.739	0.165	0.87	>0.05
Sleeping	0.6	0.55	0.128	0.7	0.622	0.139	0.53	>0.05
Recreatio n	1.7	0.65	0.156	2.2	0.678	0.151	2.07	<0.05
<0.01 = S, >0.05 = NS								

DISCUSSION

Manyasthamba is one among the *Vatavyadhi* having *Avarana Samprapthi*. So when we consider *Avarana Chikitsa* we have to consider the *Avaraka* first, and here it is *Kapha Dosha*. So the treatment should start with *Kaphahara* line of management, so *Tikshna* and *Rooksha* therapies are to be administered. Later when *Avarana* is removed and *Kevala Vata Lakshanas* are seen then we have to administer *Snehana*, *Brimhana* and *Rasayana* should be given. Here also same theory is adopted in the study. First *Ama Pachana* with *Shaddarana Yoga* is administered which will act as *Amapachana* definitely also acts on *Kaphadosha* and helps in *Kaphavilayana*. Later *Sthanika Swedana* is administered which liquefies the vitiated *Kapha* in *Manyapradesa*. After that for *Shodana Nasya* and *Nasapana* is administered. *Nasya* with *Bringaraja Taila* will act as *Kaphahara* and also *Vatahara*. As the medium is *Taila* it will be more *Vata Hara*. So it will relieve the *Vataja Lakshanas* like pain and difficulty in movements due to pain. *Nasapana* with *Mashabaladi Kwatha* will also acts as *Kapha Vatahara*, but here the medium is in the form of *Kashaya* and the dose is also more. So by this reason *Nasapana* will give more potent effect than *Nasya* and also it will relieve *Kaphaja Lakshanas* like *Sthambha Sopha* etc. So we can say that *Nasapana* will act more effective in

conditions of *Kapha Avarana* and in acute cases of *Manyasthamba*. *Nasya* will give good results in *Dhatukshaya* stages of *Manyasthamba*.

CONCLUSION

The disease *Manyastambha* can be compared with Cervical Spondylosis as it has similarity in their etiology, signs and symptoms. Involvement of *Vyana Vayu* is the prime pathology of the *Manyasthamba*. This morbidity can happen either due to *Dhatuksaya* or *Kapha Avarana*. Vitiated *Vata Dosha* invariably involves the *Sira*, *Mamsa*, *Asthi Dhatu* and *Sandhi* at the *Manya Pradesa*. *Nasya* with *Bringaraja* taila helps to pacify the *Vataprakopa* due to its *Snehana* and *Brimhana* qualities and also *Kaphahara* due to *Teekshna* and *Ushna* drugs. In the same hand *Nasapana* with *Mashabaladi Kwatha* helps to relieve the symptoms like *Shoola*, *Sthambha* by its *Sookshma* and *Srotoshodhaka* action and by the way helps to improve the functional ability. As per statistical tests both the procedure shows almost equal results; but if we consider the clinical picture and percentage wise relief *Nasapana* shows better and speedy recovery. *Nasapana* gives instant relief and hence can be used in acute condition of *Manyastambha*.

REFERENCES

1. Agnivesh, Charak-Samhita, with the Ayurveda-Dipika commentary by Chakrapanidatta. Edited by Vaidya Yadavji Trikamji Acharya. Sutrasthan-30/26. Chaukhamba Surbharati Prakashan, Varanasi (India), reprint edition-2000: page no.187.

2. Nicholas A. Boon, Nicki R Coledge & Brian R. Walker edited Davidson's principles and practice of Medicine part-2, 26- Neurological disease 20th edition 2006, Pub: Churchil living stone publication, London, Page No-1241
3. Dr. Shivprasad Sharma edited Astanga Sangraha, Sutra sthana, Chapter-20, Shloka No-15, edition 1st 2006, Pub: Chaukhamba Sanskrit series, Varanasi, Page No-158.
4. Kaviraj Ambikadutt Shastri edited SushrutSamhita with hindiCommentry, edition 2009, Nidan Sthan 1st chap. Shloka No- 67, Pub; Chaukhamba Sanskrit Sansthana, Page No-303.
5. Shri Bhrahma Shankar Mishra edited Bhav Prakash, Madhyam Khand, Chikitsa Prakarana, Vatavyadhyadhikar 24th Chapter, Shloka No- 76 ; Choukhamba Orientalia Varanasi , Page No- 235
6. Kaviraj Atrideva Gupta edited Astangahrdyam with hindiCommentry of Vagbhata,SutraSthana, Nasyavidhi Adhyaya, 20th Chapter. Shloka No-1, Pub; Chaukhamba Sanskrit Sansthana, Page no- 127.

How to cite this article: Dr. Unnikrishnan V S, Dr. Prashanth A S, Dr. Madhusudan Kulkarni. A scientific research study on the management of Manyasthamba (Cervical Spondylosis) with *Nasya* and *Nasapana*. J Ayurveda Integr Med Sci 2019;4:16-26. <http://dx.doi.org/10.21760/jaims.4.4.3>

Source of Support: Nil, **Conflict of Interest:** None declared.
