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A comparative clinical study on the effect of *Gudashunti Nasya* and *Kola Kulattadi Ruksha Sweda* in *Manyasthamba*

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ABSTRACT

Due to present day lifestyle, a greater number of people are inclined to desk work and computer usage leading to many disorders. *Manyasthamba* is one among such disorders where the stiffness of neck with severe pain is the classical symptom which hampers our day to day life. While explaining treatment of *Manyasthamba* our Acharyas explained *Rukshasweda* and *Nasya Karma* as main line of treatment. Here a study was done by taking *Gudashunti Yoga* explained in Sharangadara Samhita indicated for *Nasya* and *Kolakulattadi Churna* indicated in *Vatavyadhi* explained in *Ashtanga Sangraha* for *Ruksha Churna Sweda.* A comparative clinical study of 40 patients suffering from *Manyastambha* were selected after thorough investigation. Patients were subjected to *Nasya Karma* in Group A and *Ruksha Sweda* and *Nasya Karma* in Group B for 7 days. Patients were assessed based on standard parameters before and after treatment and 7 days follow up. The statistical analysis revealed that there was a significant improvement in parameters like pain and stiffness. Hence proving the efficacy in the condition.

Key words: *Manyastambha, Nasya, Ruksha Sweda.*

INTRODUCTION

Due to present day lifestyle, a greater number of people are inclined to desk work and computer usage leading to many disorders. *Manyasthamba* is one among such disorders where the stiffness of neck with severe pain is the classical symptom which hampers our day to day life. *Manyasthamba* is explained by Acharya Charaka as a *Vatajananatmaja Vyadhi*.[1]

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Manyasthamba can be correlated to Cervical Spondylosis of the contemporary system of medicine because of similar signs and symptoms such as stiffness and pain in the neck region. It is emerging as a widespread problem in the society. Cervical Spondylosis is common degenerative condition of cervical spine mainly seen in the age above 40 years.[2] Approximately 95% of persons over the age of 50 have cervical spondylosis to some degree, it's the most common spine dysfunction in elderly people. It has been estimated that 75% of persons over the age of 50 have narrowing of the spinal canal or intervertebral foramina, and 50% of these cases are symptomatic.[3] Keeping in view the increasing incidence, cervical spondylosis has been taken for the study.

Our Acharyas opine that in *Jatrurdhwarogas* i.e. diseases over the shoulder *Nasya Karma* is highly effective. While explaining treatment of *Manyasthamba* our Acharyas explained *Rukshasweda* and *Nasya Karma* as main line of treatment.[4] Here in

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this study *Guda Shunti Yoga*[5] explained in Sharangadara Samhita indicated in diseases of *Manya* etc. has been taken for *Nasya* and *Kolakulattadi Churna*[6] indicated in *Vata Vyadhi* explained in *Ashtanga Sangraha* has been taken for *Ruksha Churna Sweda.*

Materials and Methods

Source of data

Clinical source: Patients suffering from *Manyasthamba* were selected from Department of Panchakarma O.P.D and I.P.D of Muniyal Institute of Ayurveda Medical Sciences by preset inclusion and exclusion criteria.

Method of collection of data

A minimum of 40 patients fulfilling the diagnostic and inclusion criteria irrespective of their gender, caste, religion, education status and socioeconomic status were taken for study. Registered patients were allotted randomly by lottery method into two equal groups of minimum 20 patients each as group A and B

Type of Study: Randomized comparative clinical study.

Inclusion criteria:

- Patients who have classical signs and symptoms *Manyasthamba*, cervical spondylosis.
- Patients within age group of 20 to 70 years of either sex.
- Patients who are fit for *Ruksha Swedana* and *Nasya*.

Exclusion criteria

- Patients less than 20yrs age and above 70yrs
- Pregnant women and lactating mother.
- Patients who are unfit for *Ruksha Swedana* and *Nasya*.
- Some diseased conditions like cervical myelopathy etc.

Preparation of medicine

The trial drugs were collected from the source after proper identification.

1. ***Gudashunti Yoga:*** *Shunti* (Zingiber officinale) (dry sample) and *Purana Guda* will be the ingredients. *Shunti Churna* and *Guda* are pounded with water and then extract is taken and used for *Nasya*.

2. ***Kola Kulattadi Choorna***

Table 1: Showing ingredients of *Kolakulattadi Churna*

Name	Botonical Name	Part used	Quantity
Kola	*Ziziphus jujuba*	Seed	1Part
Kulattha	*Dolichos biflorus*	Seed	1Part
Devadaru	*Cedrus deodara*	Heart wood	1Part
Rasna	*Alpinia galangal*	Root	1Part
Masha	*Phaseolus radiates*	Seed	1Part
Atasi	*Linum usitatissimum*	Seed	1Part
Kushta	*Saussuria lappa*	Root	1Part
Vacha	*Acorus calamus*	Root	1Part
Shatahva	*Anethum sowa*	Fruit	1Part
Yava	*Hordeum vulgaris*	Seed	1Part
Erandaphala	*Ricinus communis*	Fruit	1Part

All the ingredients are coarsely powdered and tied in a pottali, heated in a pan and *Swedana* is done.

Procedure

Group A: *Nasya Karma*

Purvakarma: *Sthanika Abhyanaga* with *Murchita Tila Taila* followed with *Mrudu Sweda.*

Pradhanakarma: *Nasya Karma* with *Guda Shunti*

Pashchatkarma: *Kavala* with *Sukhoshnajala* and *Dhoomapana.*

Group B: *Kolakulattadi Churna Ruksha Sweda* followed by *Gudashunti Nasya.*

Drug dosage

Group A: *Nasya Karma* with *Guda Shunti* (6 drops in each nostril)

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Group B: *Kolakulattadi Choorna Ruksha Sweda* and *Nasya Karma* with *Guda Shunti* (6 drops in each nostril).

Duration

Study Duration: 7 days

Treatment Duration: 7 days

Assessment Criteria

Subjective Parameters

1. **Visual Analogue Scale for assessment of Pain.**
2. **Stiffness**

Table 2: Showing stiffness grading

No Stiffness	0
Up to 25% reduced range of movement	1
Up to 50% reduced range of movement	2
Up to 75% reduced range of movement	3
More than 75% reduced range of movement	4

3. **Neck Disability Index**

Objective Parameters

1. **Goniometer examination**

Table 3: Showing goniometer reading

>45	Grade-0
30-40	Grade-1
20-30	Grade-2
<20	Grade-3

Observation and Results

Table 4: Showing the distribution of subjects in both groups according to the age group.

	Group A	Group B	Sum	% Total
21-40	5	8	13	32.50%
41-60	8	8	16	40.00%
61-70	7	4	11	27.50%
Sum	20	20	40	100%

Out of 40 Patient 13 (32.50%) Patients belongs to age 21-40, 16 (40.00%) Patients belongs to age 41-60 and 11 (27.50%) belongs to age 61-70.

Table 5: Showing the distribution of subjects in both groups according to sex.

	Group A	Group B	Sum	% Total
Male	11	13	24	60.00%
Female	9	7	16	40.00%
Sum	20	20	40	100%

Out of 40 patients 24 patients are male and 16 are female.

Comparison within the group

Table 6: Showing effect on Pain

Group	N	BT Mean			Diff D	%	Wilcoxon rank test			
							SD	SEM	P	Significant
A	20	6.55	AT	2.70	3.85	58.7	1.17	0.26	<0.0001	ES
B	20	6.55	AT	1.65	4.90	74.8	1.04	0.23	<0.0001	ES

In Group A mean score observed before the treatment was 6.55. After Treatment value reduced to 2.70, the effect of treatment showed 58.7% improvement in Ruk Score with statistically extremely- significant (P<0.0001). In Group B mean score observed before the treatment was 6.55. After Treatment value reduced to 1.65, the effect of treatment showed 74.8% improvement in Ruk with statistically extremely-significant (P<0.0001).

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Table 7: Showing effect on *Stambha*.

Group	N	BT Mean			Diff D	%	Wilcoxon rank test			
							SD	SEM	P	Significant
A	20	2.45	AT	0.95	1.50	61.2	0.75	0.16	<0.0001	ES
B	20	2.75	AT	0.55	2.20	80	0.51	0.11	<0.0001	ES

In Group A mean score observed before the treatment was 2.45. After Treatment value reduced to 0.95, the effect of treatment showed 61.2% improvement in *Stambha* Score with statistically extremely - significant (P<0.0001). In Group B mean score observed before the treatment was 2.75. After Treatment value reduced to 0.55, the effect of treatment showed 80% improvement in Stambha with statistically extremely significant (P<0.0001).

Comparision between the groups

Table 8: Comparison of effect on Pain (Ruk).

AT									
Group	N	Mean	SD	Mean Diff	Mann-Whitney test				
					U	U'	Sum of rank	P	significant
A	20	2.7	1.17	1.05	99	301	511	0.0063	VS
B	20	1.65	1.04				309		

After treatment Mean score of A group was 2.70 and mean score of B group value decreased to 1.65 and the value shows very- significant decrease (P=0.0063) in day after treatment of group B when compared to the group A inRuk score

Table 9: Comparison of effect on Stiffness (*Stambha*).

AT									
Group	N	Mean	SD	Mean Diff	Mann-Whitney test				
					U	U'	Sum of rank	P	significant
A	20	0.95	0.75	0.40	142.5	257.5	467.50	0.1176	NS
B	20	0.55	0.51		0	0	352.50		

After treatment Mean score of A group was 0.95 and mean score of B group value decreased to 0.55 and the value shows non- significant decrease (P=0.1176) in day after treatment of group B when compared to the group A in stambha score

Table 10: Overall effect Of the Treatment

	Group A	Group B	Total
Marked Response	4	10	14
Moderate Response	11	10	21
Mild Response	5	0	5
No response	0	0	0

DISCUSSION

Recent days *Manyastambha* or cervical spondylosis is becoming most common in old age persons because of age factor as well as in middle age because of their wrong lifestyle. In these conditions the allopathic treatments can just give symptomatic relief but normally the side effects are more. In Ayurveda *Manyastambha* is considered as *Vatajavyadhi* along with the association of *Kapha*. It is proven many times the efficacy of Ayurvedic management especially *Panchakarma* in most of the *Vatajavyadhis* are very effective. The line of treatment for *Manyastambha* mentioned by Acharya Sushruta is *Vata Shleshmahara Nasya* along with *Ruksha Sweda.*

Nasya is one kind of treatment which is highly effective in *Jatrurdhwagata Rogas*. In conditions such as stiffness and pain *Swedana* gives good relief. *Gudashunti Nasya* which is explained by *Acharya Sharangadhara* indicated in diseases of *Jatrurdhwagata Rogas* including those of *Manyapradesha* has been taken in this study. The reference is also available in Chakradatta.

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Kolakulattadi Churna mentioned in Ashtanga Sangraha for *Vatavyadhi* is taken for *Ruksha Sweda.*

Discussion on effects of treatment

The present clinical study was conducted to evaluate the clinical effects of *Gudashunti Nasya* as single treatment in one group and same *Nasya* along with *Kolakulattadi Churna Ruksha Sweda* in another group to see the combined effect.

Effect on subjective and objective parameters

The treatment showed extremely significant results on subjective and objective parameters within the groups while between the groups treatment showed a significant result on pain.

Discussion on mode of action of *Nasya*

In *Urdhwajatrugata Roga, Nasya* is considered as best treatment. *Manyastambha* being one of such condition where *Nasya* is indicated. *Nasya* drug reaches *Shringataka Marma* of head which is a *Siramarma* and formed by the *Siras* of *Nasa, Netra, Kantha* and *Srota*. Indu commentator of *Ashtanga Sangraha* opine that *Shringataka* is the inner side of the middle part of head. The drug spreads by the same root and scratches the morbid *Doshas* of *Urdhwajatru* and excretes them from *Uttamanga*. In this context Sushruta clarified the *Shringataka Marma* is a *Siramarma* formed by the union of *Sira* supplying to *Nasa, Karna, Netra* and *Jihwa*. Thus, it can enter *Shiras* and purifies them.

Nasal and Cranial cavity

The medicine will enter from the nasal cavity and reaches the centers, through the foramens in the cribriform plate. Which transmits the nerves and blood vessels, will make communication between nasal and cranial cavity.

The active ingredients of the administered medicine reach the nasal mucosa through nostrils enters the cranial venous through vessels. It also reaches other area of cranial cavity like internal ears, eyes, throat and vital parts etc.

In *Gudashunti Nasya Yoga, Purana Guda* is having *Vatahara* property and *Shunti* is having *Kaphavatahara* property. *Shunti* is having *Shoolahara* property and also indicated in *Vatavyadhi*. So, drug was useful in *Manyastambha*.

Discussion on *Sweda Karma*

Rooksha Sweda is told for *Srotoshodana*, there by subside the vitiated *Kapha* in *Manyapradesha*. As the definition of *Swedana* says *Stambhaghna* is the action of *Swedana*. It also relieves pain. In addition to this most of the drugs in *Kolakulattadi Churna* are *Kaphavatahara*.

Action of swedana can be discussed by considering the following

a. Application of heat: The chief beneficial effects of any kind of thermal therapy are due to the increase in circulation and local metabolic process with the relaxation of musculature. Application of heat causes relaxation of muscles and tendons, improves blood supply and activates the local metabolic processes which are responsible for the relief of pain and stiffness.

b. Physical effect of Massage: it stimulates the sensory nerve endings thereby producing relaxation. It produces a hyperemic effect causing the arterioles to dilate and there by achieving more circulation. Also, the venous and lymphatic return is assisted. Massage causes movements of the muscles thereby accelerating the blood supply, which in turn relieves the muscular fatigue. The application of massage may cause displacement of exudates and thus may relieve tension and pain.

CONCLUSION

Manyastambha is compared to cervical spondylosis on the basis of their etiology, signs and symptoms. *Manyastambha* is one of the *Vataja Nantmaja Vatavyadhi.* Here *Vyanavata* and *Shleshakakapha* are involved. Cervical spondylosis is most common degenerative condition of cervical spine. Occupational factors, improper postures of cervical spine, improper positions of sitting etc are the precipitating factors in

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pathogenesis of Cervical Spondylosis. *Nasya* drugs having *Vatakaphara* properties. Showed significant result in the treatment. *Kolakulattadi Choorna Ruksha Sweda* along with *Gudashunti Nasya* has also shown significant result in the management of *Manyastambha*. In the current study Group B showed better result than group A, especially in relieving pain. Normally joint changes are irreversible, this study mainly focussed at relief of signs and symptoms, so that to check the disease process to induce regeneration if possible.

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