

Efficiency of Dashmoola Taila Abhyanga Followed by Dashamoola Kwath Nadi Swedan in the Management of Manyastambha (Cervical Sypnodylosis): A Case Report

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Abstract

Aim: The aim of the present study was to study the efficacy of Dashmoola taila abhyang followed by Dashamoola kwath nadi swedan in the management of Manyastambha.

Material and Method: Our clinical study was performed on 69 patients in the Panchakarma Out Patient Department. Dashmoola taila abhyanga was applied followed by Dashmoola kwath nadi swedan for the management of Manyastambh which described in Shirorogadhikar Adhayay in Bhaisaijya Ratnavalli. The Visual Analog Scale (VAS), Goniometric Measurements, Manyashoola (Neck Pain), Stambha (Stiffness) were the criteria assessed at baseline, one week and two weeks post treatment.

Results: The Visual Analog Scale (VAS), Goniometric Measurements, Manyashoola (Neck Pain), Stambha (Stiffness) showed statistically significant reduction in all patients. As per above result of all parameters, treatment is effective in the management of Manyastambha which reveals that, 20% patients shown complete remission, 68% patients shown marked improvement, 12% patients shown moderate improvement.

Conclusion: This study concluded that, treatment of Dashmoola taila abhyang followed by nadi swedan shows complete remission and marked improvement i.e., effective in the management of Manyastambha.

Keywords: dashmoola taila abhyanga, Dashamoola kwath nadi swedan, Manyastambha

1. Introduction

Ayurveda is framework of conventional medication native to India and practiced in others parts of the world as a shape of elective medication. In Sanskrit, the word Ayurveda comprises 'Ayur' implies life and 'Veda' implies science. Presently, mankind is inclined to various degenerative issues, because of the life styles, nourishment propensities and proficient strain, in affiliation of street and traffic situation. Neck pain and stiffness could be a common difficult condition of the advanced day especially for individuals over 40 years of age. Sitting before computers for entirety day, adjusting off-base stances whereas sitting, standing & sleeping, travelling for long distance have contributed to expanding number of patients who endure constant neck pain and stiffness. 66% of adults encounter neck pain atleast once in their lifetime and 5% are profoundly crippled. Considering the signs and indications of Cervical spondylosis, it can be related to Manyastambha.

In Ayurveda, Manyastambha derived from two different words Manya and Stambha. According to Aruna Dutta the commentator of Astang Hrudaya the meaning of the Manya is two Nadis, laterally to the Neck (Aruna on A. H. Ni.15/22). While Amarsingh the commentator of Bhavprakash takes the meaning of Manya as the Sira of the posterior side of the Neck (B. P. M. Kh.24/75). Stambha means stiffness, rigidity, make stiff or immovable. Constantly gazing upward and Avarana of Vayu by Kapha lead to the disease Manyastambha (Su. S. Ni. 1/67).¹

Manyastambha is most common wellbeing complaint within the age group of 30 to 60years in both genders. The Manyastambha could be a Vataj nanatmaja vyadhi, portrayed in Charak

Sutra Sthan Maharogadhyay. The indications are Ruja (pain) and Stambha (stiffness and restricted movements) in Manya Pradesh (cervical region). The Vata dosha gets vitiated and takes ashraya at Manya Pradesh influencing the Manya siras causing Stambha and Ruja of neck. Consequently, pain at Manya Pradesh and Stambha of Manya. The Stambha is the resultant spasticity of neck muscles, which extends and makes neck stiff.^{2,3}

Abhyang is portrayed within the Brihatrayi & Laghutrayi writings & numerous other Ayurveda content book. Abhyang means massage. It is favourable for adjusting different doshas with specific benefits for those with Vata dosha imbalance, bringing disturbed doshas back into balance.

Nadi swedan is a unique form of swedan procedure where sweating is initiated by passing steam over body portion, employing a special instrument known as Nadi Sweda Yantra. The steam is passed through a rubber tube fitted to the instrument (cooker pot). It is simple method of applying warm heat to a localized portion of a body.

Dashamoola is combination of ten Moola (roots). The roots of five huge trees are known as Brihat Panch Moola & the roots of five little herbs are Lagu Panch Moola. Dashmoola is tridosha nashak and equalizations Vata, Pitta & Kapha. It is often said that this is an excellent medication for treating Vata vyadhi.

The modern treatment includes analgesics and surgical procedures which are often associated with many adverse effects. The signs and symptoms of cervical spondylosis is corelated with Manyasthambha vata vyadhi. In the current study, an effort is made to study and understand the role of Abhyang and nadi swedan in the treatment aspect of this disease. As the Manyasthambha is vata vyadhi and Abhyang and swedan has properties to bring back vitiated vata dosha to its normal state so Abhyang and swedan will provide greater relief. Therefore, the aim of the present study was to study the efficacy of dashmoola taila abhyang followed by dashamoola kwath nadi swedan in the management of manyasthambha.

2. Material and Method

This single arm open label clinical study was performed on 69 patients of 18 to 70 years of age in the Panchakarma Out Patient Department of our Ayurvedic College in Pune. Informed consent had been taken from every patient after explaining to them about the proposed effect of drug used for this research. The patients were included if they had symptoms of Manyastambha (Manyashoola, stambha) or had already been diagnosed with cervical

spondylosis or cervical spondylitis. They were excluded if they were suffering from any acute or infectious disease, metabolic disease, Cervical Vertebra fracture or cervical canal Stenosis.

2.1 Materials

In the present study, dashmoola taila abhyanga was chosen followed by dashmoola kwath nadi swedan for the management of manystambh which described in Shirorogadhikar Adhayay in Bhaiysaijya Ratnavalli.

2.1.1 Procedure of oil preparation:

Dashmoola tail has been prepared as per described in Shirorogadhikar Adhayay in Bhaiysaijya Ratnavalli.^{4,5}

Karanj, nirgundi mool + dhatur Patra+ Dashmoola each 6 pal (240 gram) + 1 drone (12 ½ lit) jaal and boil to make it upto 1/4 part of it.

Add til tail 1 prastha (750 ml) + each Dashmooladi dravya 6 tola (70 gram), to make shiddha Dashmoola taila.

2.1.2 Procedure of kwath preparation:

Kwath is herbal liquid preparation made from 1 part of herbs in 16 parts of water, which is reduced to 1/8th part of liquid after simmering or cooking on a low flame.

2.2 Method

2.2.1 Abhyang (Massage):

Abhyang is a type of bahya snehan, defined as a procedure of application of snehan dravyas to a particular part of the body (Manya Pradesh).⁶

Duration: 20 minutes for 7 days.

Requirements: Gas stove, litre, Bowl, pot, Oil, spoon, Towel.

Procedure:

2.2.1.1 Poorva karma (pre procedure):

1) The room having day light and devoid of direct atmospheric influence like dust, cold wind should be selected.

- 2) Drugs, Instruments require for Abhyang should be collected.
- 3) Patient must clear their bowel and bladder before the main procedure, they should have empty stomach during main procedure.
- 4) Luke warm Dashmoola tail must be prepared for Abhyang.

2.2.1.2 Pradhan karma (main procedure):

- 1) After completion of Poorva karma patient is asked to sit on the treatment table (droni).
- 2) Abhyang must be performed in a circular manner on the surface of the whole neck to the shoulder region for 20 min with luke warm Dashamoola Taila.
- 3) The pressure applied to the patient should be according to patients' need and comfort.

2.2.1.3 Pashchat karma (Post procedure):

- 1) After Abhyang (massage), patient is advised to take rest for about 5 minutes.
- 2) After resting, Nadi swedan is performed.

2.2.2 Nadi Swedan (Tube Fomentation):

Nadi swedan means sudation, fomentation through a tube, which is performed by passing the medicated stem through a specifically designed tube attached to Nadi yantra (apparatus) where a medicated decoction is placed and heated to get the required Bashpa or steam to the particular part of body (Manya Pradesh).

Duration: 20 minutes for 7 days.

Requirements: Gas stove, liter, Bowl, Nadi yantra (cooker or pot), rubber tube, spoon, Towel, drugs for kwatha.

Procedure:

2.2.2.1 Poorva karma (pre procedure):

- 1) After Abhyang patient is taken for Nadi Swedan.
- 2) Drugs and instruments required for Swedan is collected, the yantra contains 3 parts, a vessel, rubber tube & a nozzle, vessel should be of 5 litres capacity with a wide mouth. The mouth is fitted with an air tight lid. In its summit, the lid contains nozzle with a lumen of 2mm (approx.).
- 3) A 5 feet long rubbers tube is fitted tightly into this nozzle.

4) The required herbs are placed in the vessel, and a suitable quantity of water is poured, lid is placed over the vessel & heated till a regular flow of medicated steam comes out through the rubber tube.

5) Then this steam is applied over the affected part of the body to cause swedan.

2.2.2.2 Pradhan karma (main procedure):

- 1) This medicated steam is then directed towards the desired body parts.
- 2) Nadi swedan should be done from a convenient distance.
- 3) Every care should be taken to prevent the leakage of hot water, which may drip on the patient's body.
- 4) Nadi sweda should be done until a desired benefit is observed.

2.2.2.3 Pashchat karma (post procedure):

- 1) Following Pradhan karma, patient is advised to cover the body part.
- 2) After a rest of a few minutes, it is followed by a warm water bath.

2.3 Criteria for Assessment and Statistical Analysis

The Visual Analog Scale (VAS), Goniometric Measurements, Manyashoola (Neck Pain), Stambha (Stiffness) were the criteria assessed. The Follow up wise treatment results were calculated by Friedman test. The before and after treatment results were calculated by Wilcoxon signed rank test. The data was entered and analysed using the Statistical Package for Social Sciences (SPSS) for Windows 26.0. (SPSS, Inc. Chicago, Illinois) Confidence intervals were set at 95%, and a p-value \leq of 0.05 was considered statistically significant.

3. Observations and Results

A total of 69 patients participated in the study out of which 43 were females and 26 were males. The maximum number of patients, 46.37% were between 31-40 years of age, followed by 21.73% between 41-50 years, 17.39% between 21-30 years and only 5% of patients were from 51-60 and 61-70 year age groups each. Neck pain is commonly associated with one's occupation. In our study, with respect to occupation, maximum patients; 38% were housewives, 20% were engineers, 16% were workers, 10% were retired patients, 6% were

doctors, 3% were students and very few with other occupations. With respect to a patient's prakruti, Maximum number of patients 33.33% with pitta-vata prakruti, 30.43% patients with vata-kapha prakruti, 14.49% with kapha-vata prakruti, 8.6% with vata-pitta and pitta-kapha prakruti each and only 4.3% patients with kapha -pitta prakruti.

The VAS showed a significant difference in grades of 'VAS' during each follow up which decreased significantly. The baseline was rank 3.00 which reduced to 1.82 in a week and further reduced to 1.18 in two weeks.

The Manyashoola showed a significant difference in grades of 'Manyashoola' during each follow up which decreased significantly at p value < 0.05. The baseline rank was 2.97, which reduced to 1.77 in a week and further reduced to 1.26 in two weeks.

The Manyastambha showed a significant difference in grades of 'Manyastambha' during each follow up which decreased significantly at p value < 0.05. The baseline rank was 2.78, which reduced to 1.74 in a week and further reduced to 1.48 in two weeks.

As per above result of all parameters, treatment is effective in the management of Manyastambha which reveals that, 20% patients shown complete remission, 68% patients shown marked improvement, 12% patients shown moderate improvement. Not a single patient showed mild improvement or unchanged results.(Graph 1)

4. Discussion

4.1 General discussion

Cervical spondylosis is a degenerative condition of the cervical spine where a degeneration of inter-vertebral disc is seen, with protrusion and bony overgrowth of adjacent vertebrae causing compression of roots, cord or both. Occasionally, it is associated with non-compressive myelopathy consequent to vascular degeneration (API medicine). Factors which affect the development of cervical spondylosis include age, sex, occupation, posture, etc.

In our study, a maximum number of patients 46.37% were between 31-40 years of age. According to Ayurveda in between this age vata and kapha dosha is get predominant because of changing life styles and stress. This was followed by 21.73% and 17.39% between 41-50 and 21-30 years of age respectively. This could be explained by the changing life styles and improper posture leading to manyastambh disease. With respect to gender, it has been observed that there were more female patients (62%) than male patients (38%) which indicates that females are more prone to the manyastambh because of their sedentary

lifestyle, work load and negligence over their mental as well as physical health. It was also observed that maximum patients were housewives and because of their day-to-day routines and heavy work load, they are more prone to this disease. The study outcome has been observed by gradation on Day 0 (baseline) before treatment, Day 7 and Day 14 post treatment.

4.2 Discussion on Manyastambh

According to Ayurveda, manyastambh is disease with pain in cervical region. It is usually characterised by dull or sharp pain in neck region. This causes restrictions in activity and work capacity. Thus, the joy of everyday living is reduced, and life becomes a misery. In the present scientific era, people are fed up with the side effects and after effects of the most effective and fast acting modern drugs which are reducing human immunity at the same time while suppressing the disease. The symptoms shool and stambh is due to the vitiation of vata and kapha dosha in manya Pradesh.⁷

The use of naturally available substances to relieve the ailment by humans as well as animals is as old as beginning of life. Ayurveda is an age-old science of health which emphasises on the health than curing a disease. There is a need to find a safe and effective treatment for Manyastambh. Hence, considering its effective, easy routine application, and cost effectiveness, Dashamoola taila abhyanga was chosen followed by dashamoola kwath nadi swedan.

4.3 Discussion on mode of action of drug and karma:

The soft and gentle massage improves blood circulation to the manya Pradesh. The snigdghata present in the taila, specifies dryness, thereby preventing pain at manya Pradesh. The gunas of ingredients or chemical compositions which is present in dashmool taila has analgesic properties and various other properties. Abhayng provides comfort on site due to a rise in temperature. The heat causes the blood vessels to dilate, which increases blood circulation and promotes pain relief.⁴ The pressure effect and the heat produced by this procedure enhances the absorption of the medicine into the skin. The skin absorbs the medicated oil, reducing muscle spasm and stiffness. When duly applied, abhyang followed by swedan can even bend dried pieces of wood and when swedan is administered properly after abhyanga, it can bring vata under control (c.s.su.14/4-5).

5. Conclusion

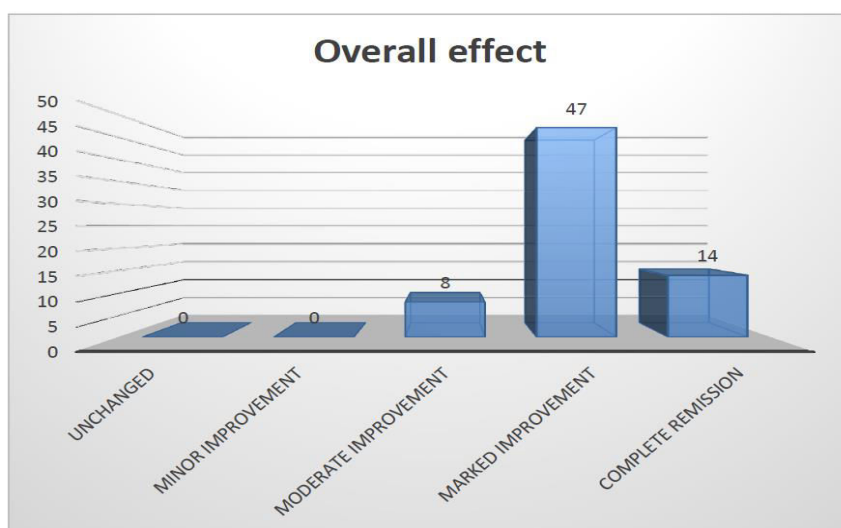
In this study, as per above discussion of all parameters, treatment of dashmoola taila abhyang followed by nadi swedan shows complete remission and marked improvement i.e., effective in the management of Manyastambha. There was not a single patient with mild improvement or unchanged results. Among the different treatment procedures, abhyanga followed by nadi swedan is easy to practice, adoptable, cheaper and widely accepted.^{8,9}

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6. Graphs

Graph 1: Overall effect



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