EFFICACY OF NASYA KARMA WITH KUKKUTANDA PINDA SWEDA AND NASYA KARMA IN THE MANAGEMENT OF MANYASTHAMBHA W.S.R TO CERVICAL SPONDYLOSIS – A COMPARATIVE CLINICAL STUDY

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ABSTRACT
Cervical Spondylosis is a common spinal problem now days. It is a general term for age related wear and tear affecting spinal disc of the neck. Normally soft disc between vertebrae provides cushioning, with Cervical Spondylosis the disc becomes compressed, when this happens the cartilage can wear away. Once this protective cartilage is gone, spur may develop on your vertebrae where they rub together and the nerves attached to spinal cord will have less room to pass between the vertebrae. Cervical Spondylosis usually starts earlier in men than women. Usually it doesn’t lead to disability but sometimes these changes in the spine can cause compression which makes the finger clumsy. In Karnataka incidence and prevalence is 7.25 cases per 1000 populations and in Bangalore prevalence of Cervical Spondylosis is 23.25 per 10000 populations. Cervical Spondylosis can be compared to Manyasthambha mentioned in the classics. Divaswapna, Asamasthana, Vivrutho Urva nirikshana are the main causes leading to Manyasthambha. Ruk and Sthambha are the main Lakshanas of Manyasthambha. Considering these Lakshanas along with radiation of pain and Motor activity as the assessment parameters, Nasya Karma and Swedana were adopted in the study, which showed highly significant result in almost all parameters with p value < 0.001 taken for assessment in the group.

KEYWORDS: Manyasthambha, Cervical Spondylosis, Nasya Karma, Kukkutanda Pinda Sweda.

INTRODUCTION
Degenerative changes are common in the cervical spine. Indeed, they are found almost universally in some degree in persons over 50 years of age. Beginning in the Intervertebral disc, they affect the Posterior Intervertebral (facet) joints. Secondarily, causing pain and stiffness of the neck, sometimes with Referred symptoms in an upper limb.[1] In upper limb there may be vague, ill-defined and ill-localized ‘Referred’ pain spreading over the shoulder region, or there may be more serious symptoms from interference with one or more of the cervical nerves in their foramina. The main features of nerve root irritation is radiating pain along the course of the affected nerve or nerves, often reaching the digits. There may also be parasthesia in the hand in the form of tingling or ‘pin and needles’ noticeable muscle weakness is common.[2] Cervical Spondylosis can be compared to Manyasthambha in our classics. Manyasthambha is one among the Vata Vyadhi, which is caused due to Kaphavrutha Vata dosha in Manya pradesha[3], Manya shula and Manya sthambha are lakshanas of this Vyadhi.[4] As Nasya karma is best line of Chikitsa for Jatrurda vyadhi [5] and considering Chikitsa sutra of Manyasthambha, Nasya karma and Swedana are adopted as Chikitsa in Manyasthambha.[6] Anu Taila having Mahaguna i.e., excellence over other oils is used for Nasya karma.[7] Bhavaprakasha in Vatayadi adhikara has mentioned Kukkutanda Sweda, a form of Snigdha Pinda Sweda can be adopted in Manyasthambha as Bruhmanartha.[8] Hence by considering all the above points, a comparative study was taken up to evaluate the therapeutic efficacy of Nasya karma with Kukkutanda Pinda Sweda and only Nasya Karma in Manyasthambha w.s.r to Cervical Spondylosis.

OBJECTIVES OF THE STUDY
• To evaluate the therapeutic efficacy of Nasya karma with Anu Taila followed by Kukkutanda Pinda Sweda in Manyasthambha w.s.r to Cervical Spondylosis.
• To evaluate the therapeutic efficacy of Nasya karma with Anu Taila in Manyasthambha w.s.r to Cervical Spondylosis.
To compare the therapeutic efficacy of both the group.

MATERIALS AND METHODS

Source of data: 10 patients of Manyasthambha w.s.r to Cervical Spondylosis, approaching OPD and IPD of SKAMCH & RC, Bengaluru were selected for the study.

Drug source: Anu Taila Nasya was purchased in the pharmacy of SKAMCH & RC. Drugs required for Kukkutanda Pinda Sweda was prepared manually in Panchakarma theatre of SKAMCH & RC, Bengaluru.

Method of collection of data: 10 Patients of Manyasthambha w.s.r to Cervical Spondylosis, approaching the OPD of SKAMCH & RC, Bengaluru were selected and randomly assigned into 2 groups viz Group A and Group B comprising of 5 patients in each.

Inclusion criteria
- Patients of either sex between the age group of 30 - 70 years.
- Patients presenting with Lakshanas of Manyasthambha.
- Patients presenting with signs and symptoms of Cervical Spondylosis.
- Patients who are fit to undergo Nasya Karma and Swedana Karma.

Exclusion criteria
- Patients with systemic diseases that may interfere with the course of treatment.
- Benign or malignant tumor of the spine or tuberculosis of the vertebral column.

Duration of the study
- Total duration of the study is for 7 days.

INTERVENTION
- 10 patients of Manyasthambha who fulfill the inclusion criteria were selected and assigned into 2 groups viz., Group A and Group B
- Comprising of 5 patients in each.

Group A - Nasya Karma with Kukkutanda Pinda Sweda

1) Common Procedure - Nasya Karma for Both the Groups
- Poorva Karma - Mukhabhyanga with Muchitha tila Taila followed by Nadi Sweda.
- Pradhana Karma - Nasya Karma using AnuTaila 12 drops each nostril.
- Paschat Karma - Dhoomapana with Haridra khanda.

2) Kukkutanda Pinda Sweda

Poorva Karma

Preparation of procedure

| Table 1: Showing Ingredients of Kukkutanda Pinda Sweda (For 1 Pottali) |
|-----------------------------|------------------|
| **Ingredients**             | **Quantity**     |
| 1. Kukkutanda (Egg)         | 8                |
| 2. Jambira (Lemon)          | 1                |
| 3. Haridra Churna           | 10 grams         |
| 4. Rasna Churna             | 10 grams         |
| 5. Saindhava Lavana         | 10 grams         |
| 6. Murchita Ghrita          | Quantity Sufficient |

Lemon will be cut into small pieces and fried in pan with mild heat with sufficient quantity of Murchita Ghrita. As the colour of lemon fades, Haridra churna, Rasna Churna and Saindhava Lavana is added and fried well. Eggs are added to this, mixed well and Pottali will be prepared.

Preparation of patient
- The affected cervical region of the patient is exposed in sitting position.
- Sthanika Abhyanga with Murchitha Tila Taila was done to the affected cervical region.

Pradhana Karma
- Kukkutanda Pinda Sweda was done by repeated tapping and rubbing method to the affected cervical region.

Paschat Karma
- Treated area will be wiped with clean cloth dipped in warm water.
- Patient will be advised to take rest for 5 minutes.
Assessment Parameters

Table 2: Showing assessment parameters and grading

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Parameters</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Neck pain</td>
<td>Absent</td>
<td>Mild and intermittent pain</td>
<td>Moderate and bearable pain</td>
<td>Severe and unbearable pain</td>
</tr>
<tr>
<td>2.</td>
<td>Neck stiffness</td>
<td>Absent</td>
<td>Mild stiffness</td>
<td>Moderate stiffness without restricted movements</td>
<td>Severe stiffness with restricted movements</td>
</tr>
<tr>
<td>3.</td>
<td>Radiating pain</td>
<td>Absent</td>
<td>Mild intermittent radiating pain</td>
<td>Moderate radiating pain with occasional tingling sensation</td>
<td>Severe radiating pain with tingling sensation</td>
</tr>
<tr>
<td>4.</td>
<td>Motor function upper limb</td>
<td>Normal</td>
<td>Possible to button the shirt with difficulty</td>
<td>Possible to button the shirt with great difficulty</td>
<td>Impossible to button the shirt</td>
</tr>
</tbody>
</table>

OBSERVATION AND RESULTS

Table 3: Showing distributions of patients of Manyasthambha according to sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>No of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 4: Showing distributions of patients of Manyasthambha according to age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 – 40 years</td>
<td>2</td>
</tr>
<tr>
<td>40 – 50 years</td>
<td>4</td>
</tr>
<tr>
<td>50 – 60 years</td>
<td>2</td>
</tr>
<tr>
<td>60 – 70 years</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 5: Showing assessment parameters in patients before treatment

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck pain</td>
<td>10</td>
</tr>
<tr>
<td>Neck stiffness</td>
<td>09</td>
</tr>
<tr>
<td>Radiating pain</td>
<td>08</td>
</tr>
<tr>
<td>Motor function loss</td>
<td>02</td>
</tr>
</tbody>
</table>

Table 6: Showing the results on Neck pain

<table>
<thead>
<tr>
<th>Phase</th>
<th>Group</th>
<th>Mean diff</th>
<th>SD</th>
<th>SE</th>
<th>PSE</th>
<th>t-Value</th>
<th>P-Value</th>
<th>Re</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT-AT</td>
<td>A</td>
<td>1.1</td>
<td>0.87</td>
<td>0.08</td>
<td>0.25</td>
<td>3.5</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>0.9</td>
<td>0.56</td>
<td>0.05</td>
<td>0.25</td>
<td>3.5</td>
<td>&lt;0.001</td>
<td></td>
</tr>
</tbody>
</table>

On comparing the effect of treatment on neck pain between the groups Group A mean difference was 1.1 with SD 0.87 and in Group B mean difference was 0.9 with SD 0.56. Before and after treatment, the P value (<0.001) revealed statistically highly significant between the groups.
Table 7: Showing the results on neck stiffness

<table>
<thead>
<tr>
<th>Phase</th>
<th>Group</th>
<th>Mean diff</th>
<th>SD</th>
<th>SE</th>
<th>PSE</th>
<th>t-Value</th>
<th>P- Value</th>
<th>Re</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT-AT</td>
<td>A</td>
<td>1.2</td>
<td>0.75</td>
<td>0.10</td>
<td>0.31</td>
<td>4.1</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>B</td>
<td>0.4</td>
<td>0.51</td>
<td>0.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On comparing the effect of treatment on neck pain between the groups Group A mean difference was 1.2 with SD 0.75 and in Group B mean difference was 0.4 with SD 0.51. Before and after treatment, the P value (<0.001) revealed statistically highly significant between the Groups.

Table 8: Showing the results on radiating pain

<table>
<thead>
<tr>
<th>Phase</th>
<th>Group</th>
<th>Mean diff</th>
<th>SD</th>
<th>SE</th>
<th>PSE</th>
<th>t-Value</th>
<th>P- Value</th>
<th>Re</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT-AT</td>
<td>A</td>
<td>0.6</td>
<td>0.74</td>
<td>0.093</td>
<td>0.25</td>
<td>2.4</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td>B</td>
<td>0.6</td>
<td>0.51</td>
<td>0.064</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On comparing the effect of treatment on neck pain between the groups Group A mean difference was 1.1 with SD 0.87 and in Group B mean difference was 0.9 with SD 0.56. Before and after treatment, the P value (<0.001) revealed statistically highly significant between the Groups.

**DISCUSSION**

*Manya* is *chala* i.e locomotor part of the body. In *Amarakosha* “Manya” is described as “Greeva paschath sira”.[9] *Manyasthambha* is one of the *Nanatmaja Vatavyadhi*[11] which can be correlated with cervical spondylosis in modern medicine. Cervical spine due to its position, complex structure and great mobility is vulnerable to injuries. In present era people are being more prone to numerous degenerative diseases because of fast and stressful life. *Manya sthambha* is one such life style disorder caused due to continuous irregular sitting and sleeping posture, excessive use of vehicles, job requiring bending of neck and twisting, lack of exercise, unhealthy food stuff, suppression of natural urges leading to *Vata prakopa* causing *Kaphavrutha Vata* in *Manya pradesha*. [10]

**Effect of Nasya Karma**

As nose is the nearest root to administer medicine to *Shira Pradeshha “Naasa hi shiraso dwaram”*. [11] The drugs administered will reach *Shrugatata marma* and quickly spreads to *Urvajatru*...
neck reduces the srotogami, due to which it reaches to minute channels removes Doshas and strengthens Manya pradesha by providing strength to muscles and ligaments of neck region. Anu taila firstly mobilizes the Kaphadhi dosha from the Sthanas and acts as Bruhmana.

**Effect of Kukkutanda Pinda sweda**

Pinda sweda is highly effective in painful condition caused due to Vatakapha dosha.\[^{[15]}\] Bhavaprakasha in his Vatavyadhi adhikara has mentioned Kukkutanda Sweda, a form of Snigdha Pinda Sweda can be adopted in Manyasthambha as Bruhmanarthra. Due its Snigdha and Ushna guna does Vasodilation intern improves circulation of affected region, strengthens the muscle and regulates Vata, which relieves Sthabdhatha of the affected region and Bruhmana action is achieved.

**Observation on Ruk**

Out of 10 patients selected, all 10 patients had neck pain. Among them 4 patients showed mild reduction in the intensity of pain from 2\(^{nd}\) day and remaining 6 patient's pain reduced after 5\(^{th}\) day significantly. Anu taila nasya being Snēha nasya adopted here enters the Sukshma srotas, mobilizes Kapdhadi dosha from the Sthana and strengthens Manya pradesha by providing strength to muscles and ligaments of neck region. Kukkutanda pinda sweda having Snigdha guna along with other Dravyas, which possess the properties like Vata shamanartha reduces the Ruksha guna of vata and hence pain, was relieved after relieving Avarana.

**Observation on Radiating Pain**

Out of 10 patients selected, 9 patients had radiating pain. Among them 7 patients had significant reduction with respect to radiating pain after 5\(^{th}\) day and 2 patients had mild reduction of pain was noticed after 7 days. After removing Doshas from the Jatrurhva Pradhesha through Nyasa karma, Kukkutanda Pinda sweda, due its Snigdha and Ushna guna does Vasodilation intern improves circulation of affected region, strengthens the muscle and thereby regulates Vatadosha, hence radiation of pain is reduced.

**Observation on Stiffness**

Out of 10 patients selected, 8 patients had stiffness. Among them 6 patients showed significant improvements after 5\(^{th}\) day of treatment and another 2 patients showed mild reduction with respect to stiffness, which even persist after 7\(^{th}\) day of treatment. Swedana has Sthambhagna property.

Kukkutanda pinda sweda being Snigdha and Ushna, due to its Ushna guna there will be vasodilation, which in turn improves circulation of affected region, hence Vatadosha is regulated and Bruhmana action is achieved.

**CONCLUSION**

Cervical Spondylosis is a degenerative condition of cervical spine causing Neck pain, Neck Stiffness, radiculopathy including motor function loss hampers the daily activities of individual. As it is a Kaphavatratha Urvajatrugata Vatavyadhi, Nyasa karma was adopted to remove Kaphadh dosha and does Snehana, followed by Kukkutanda pinda sweda as Vata shamanartha and Bruhmanartha. Hence when compared between two groups, Nyasa karma with Anu Taila followed by Kukkutanda pinda sweda (Group A) has significant result comparing to only Nyasa karma with Anu Taila (Group B), as there was added procedural effect in the Group.

**REFERENCES**


5. Harrison’s principle of internal medicine; Approach to regional rheumatic complaints; 19th edition, Volume II, Pg no 2222.


7. Sushrutha, Sushrutha samitha with Nibandha sangraha commentary of sri Dalhanacharya and Nyayachandrikapanjika, edited by; Vaidya
Yadavaji Trikamji Acharya, Chaukhamba Surabharati prakashan orientalla, Varanasi, Reprint 2015, Chikitsa sthana, 5th chapter, sloka 20, page no 428.


17. Agnivesha, charaka samhitha, Ayurveda Dipika commentary of Chakrapanidatta, edited by; Vaidya yadvaji Trikamji Acharya, Chaukhamba Surabharati prakashan orientalla, Varanasi, Reprint 2015, Sutra sthana sthana, 20th chapter, Pg no 89.

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