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A Comparative Clinical Study Of Combined Effect Of Mashabaladi Kwatha And Rasnashunthyadi Kwatha Along With Gudardraka Nasya In The Management Of Manyasthamba W.S.R To Cervical Spondylosis

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ABSTRACT

Background: Manyasthamba, commonly associated with cervical spondylosis in contemporary medicine, is a prevalent condition characterized by neck pain (Ruk) and stiffness (Stambha). It is understood in Ayurveda as a Vataja Nanatmaja Vyadhi caused by Vata and Kapha dosha imbalance. This study explores the combined efficacy of Mashabaladi Kwatha and Rasnashunthyadi Kwatha with Gudardraka Nasya in managing Manyasthamba. **Objectives:** To compare the effectiveness of Mashabaladi Kwatha with Gudardraka Nasya (Group A) and Rasnashunthyadi Kwatha with Gudardraka Nasya (Group B) in alleviating the symptoms of Manyasthamba. **Methods:** A total of 40 patients aged 30-70 years, diagnosed with Manyasthamba, were selected from the outpatient and inpatient departments of R.G.E.S.A.M.C & Hospital, Ron. The study employed a simple comparative prospective design with purposive sampling. Patients were randomly divided into two groups of 20 each. Group A received Mashabaladi Kwatha (25 ml twice daily before meals) and Gudardraka Nasya (6 bindu) for 8 days, while Group B received Rasnashunthyadi Kwatha and Gudardraka Nasya in similar dosages and duration. Both groups were observed over 24 days, including a 16-day follow-up period. Baseline and post-treatment assessments were conducted using subjective (Ruk and Stambha) and

objective parameters (cervical joint mobility and muscle strength). Results were statistically analyzed using paired and unpaired t-tests.

Results: In Group A, the mean reduction in Ruk was 33%, and Stambha was reduced by 59%, both statistically significant ($p<0.05$). Group B showed superior outcomes with a 53% reduction in Ruk and 74% in Stambha. Cervical joint mobility improved significantly in both groups, with flexion improving by 46% in Group A and 54% in Group B. Muscle strength exhibited a 56% improvement in Group A and 48% in Group B. Comparative analysis revealed Group B to be more effective overall, achieving 61.65% improvement compared to 47.45% in Group A. **Conclusion:** The study demonstrates that combining Rasnashunthyadi Kwatha with Gudardraka Nasya is more effective than Mashabaladi Kwatha in managing Manyasthamba. These findings emphasize the potential of integrating Ayurvedic interventions for cervical spondylosis-like conditions, offering a promising approach for alleviating symptoms and enhancing quality of life.

Keywords: Manyasthamba, cervical spondylosis, Mashabaladi Kwatha, Rasnashunthyadi Kwatha, Gudardraka Nasya

INTRODUCTION

Neck pain is common now a day due to fast developing technical era people can't concentrate on their proper regimens and facing problems like Manyasthamba. Since ancient times, India is well known worldwide for its culture and its own system of medicine like Ayurveda.

Manyasthamba is one of the VatajaNanatmajaVyadhi[1]. Manya is associated with Chalatva, i.e. movable part of the body. The cervical spine, due to its position, complex structure and excellent mobility is vulnerable to injuries. Due to etiological factors vatadosha gets aggravated and gets lodged at Manyapradesha which in turn will keep affecting the Manyagatasiras. As a result it might cause Stambha (stiffness) and Ruja (pain) of the neck that ultimately leads to Manyasthamba (cervical spondylosis) [2]. The main symptoms of Manyasthamba are Ruk (pain) and Stambha (stiffness and restricted movements) Sushruta Samhita vatadosha and kaphadoshagets aggravated and take Ashraya at Manyapradesha affecting the Manyasiras causing Ruja and Stambha of the neck.[3]

Manyasthamba can be correlated with Cervical Spondylosis of the contemporary system of medicines because of similar signs and symptoms there is degeneration of intervetebral disc, cervical spine and bony overgrowth of adjacent vertebrae. Signs and symptoms of Cervical Spondylosis are pain, weakness, wasting of muscles and reflex impairment.

Around 40% of the population world has symptoms of Cervical Spondylosis May manifests in those as young as 30 years and most commonly in those aged 40-60 years. It is the most common cause of spinal cord dysfunction in patients older than 55 years. Radiological Spondylotic changes increase with patient age. On

the basis of radio logic findings, 90% of men older than 50 years and 90% of women older than 60 years have evidence of degenerative changes in the cervical spine.[4]

"Nasahi Shiraso dwaram" i.e nose is the gateway to head. It has the important action in clearing the Dosha which are deep rooted in the channels of head. So, it can be used as Nasya in Manyastamba.

In Manyastamba Vata gets avruta by Kapha[5] and manifest the Ruk,Stamba in Manyapradesha etc, lakshnas. Mashabaladi Kwatha[6] and Rasnashunthyadi Kwatha[7] have been mentioned in the management of Manyastambha in Bhaisajya Ratnavali and Sahasrayoga respectively. As in Manyastamba Nasya is the main line of treatment, Gudardaka Nasya[8] is directly indicated for Manyastamba.

OBJECTIVES

a. To evaluate the effect of Mashabaladi Kwatha along with Gudardraka Nasya karma in the management of Manyastamba.

b. To evaluate the effect of Rasnashunthyadi Kwatha along with Gudardraka Nasya karma in the management of Manyastamba.

c. To compare the combined effect of Mashabaladi Kwatha and Rasnashunthyadi Kwatha along with Gudardraka Nasya karma in the management of Manyastamba.

MATERIALS AND METHODS

Study design: A Simple comparative clinical Prospective study and sampling technique is purposive or deliberate.

Sample size and grouping: 40 patients suffering from Manyasthamba were selected and divided into 2 groups, 20 patients in each group.

Group A- 20 patients were administered with Mashabaladi Kwatha along with Gudardraka Nasya karma for 8 days

Group B-20 patients were administered with Rasnashunthyadi Kwatha along with Gudardraka Nasya karma for 8 days

Source of Data:

Patient suffering from Manyasthamba were selected from Kayachikitsa **O.P.D** and **I.P.D.** of **R.G.E.S.A.M.C & H**ospital Ron after fulfilling the Inclusion and Exclusion criteria.

Selection Criteria:

The cases were selected strictly as per the pre-set inclusion and exclusion criteria.

Inclusion Criteria:

1. All cases of clinical signs and symptoms like Stambha, Ruk etc of Manyastamba (Cervical Spondylosis) Patients of both sex
2. Patients between age group of 30-70 years were taken.
3. Patients fit for Nasyakarma

Exclusion Criteria:

1. Associated with severe systemic disorders like Hypertension, Diabetes etc.
2. Patients who unfit for Nasyakarma
3. Some disease conditions like Cervical Myelopathy, Prolapsed disc etc.
4. Those who are taking medicines for other disease.
5. Pregnant and lactating mother.

Criteria for diagnosis:

Diagnosis was established by clinical examination of signs and Symptoms of Manyastamba.

Investigations:

Hb, TC, DC, ESR, RBS (if necessary) X-Ray – Cervical Spine wherever necessary

INTERVENTIONS

	GROUP-A		**GROUP-B**	
Yoga	**Mashabaladi Kwatha**	**Gudardraka Nasya**	**Rasnashuthyadi Kwatha**	**Gudardraka Nasya**
Dosage	25 ml twice a day(Before meal)	6 bindu	25 ml twice a day(Before meal)	6 bindu
Anupana	Sukhoshna jala		Sukhoshna jala	
Duration	8 days		8 days	
Follow Up	16 days		16 days	
Total Study Duration	24 days		24 days	

Data Collection:

ASSESSMENT OF THE RESULTS:

The subjective and objective parameters of base line data to post medication were compared for assessment of the results. All the result was analysed statistically for 'p' value using paired - t test and Anova

Subjective parameters:

a. **Ruk (Pain) Manyapradesha**

Grading	**Observation**
0	No Pain
1	Mild Pain
2	Moderate Pain
3	Severe Pain

b. **Stambha (Stiffness) in Manyapradesh**

Grading	**Observation**
0	No Stiffness
1	Mild Stiffness
2	Moderate Stiffness
3	Severe Stiffness

Objective parameters:

a. Mobility of the cervical joint flexion

Grading	Observation
0	Easy Flexion up to the chin
1	Flexion upto the chin with pain
2	Painful flexion without touching the chin
3	Unable to do Flexion $<10^0$

b. Extension & rotation of Cervical Joint

Grading	Observation
0	Extension up to 50^0 beyond the horizontal line
1	Extension less up to 20^0-40^0 beyond the horizontal line
2	Painful Extension up to 10^0
3	No Extension

c. Muscle Strength

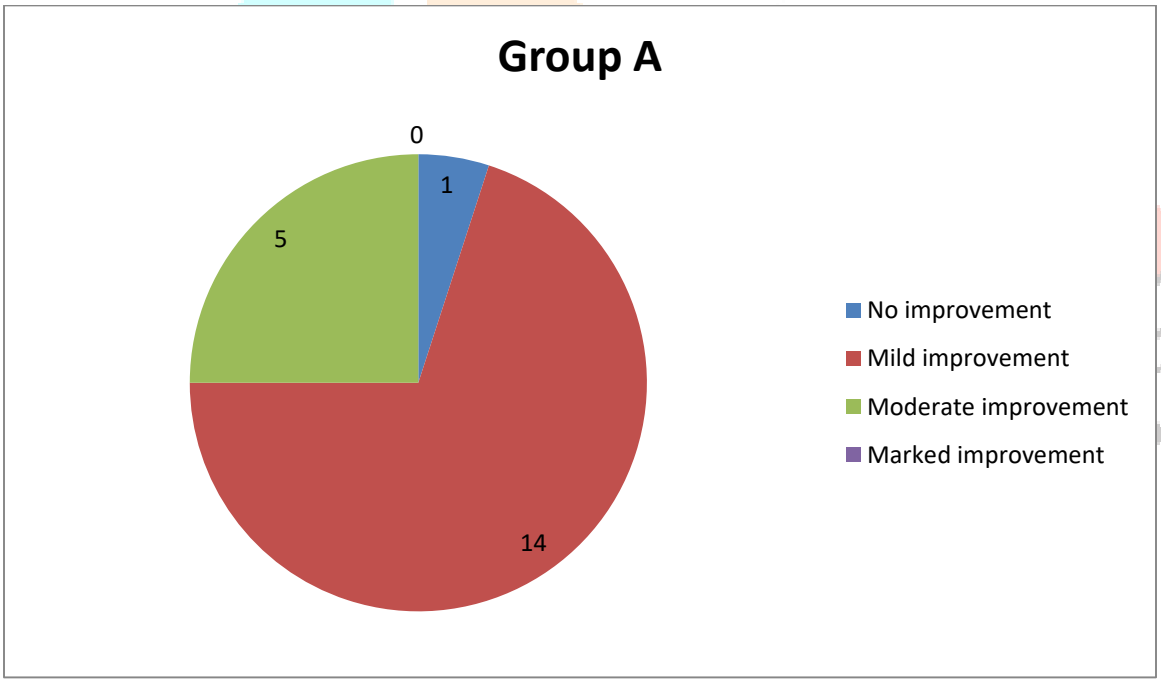
Grading	Observation
0	Normal
1	Mildly weak
2	Moderately weak
3	Severely weak

RESULTS

EFFECT OF TREATMENT IN GROUP – A

Table-Result on Group A

Class	Grading	No of patients
0-25%	No improvement	1
26–50 %	Mild improvement	14
51 – 75%	Moderate improvement	5
76 – 100 %	Marked improvement	0



EFFECT OF TREATMENT IN GROUP - B

Table-Result on group B

EFFECT OF TREATMENT IN GROUP - B		
Class	**Grading**	**No of patients**
0-25%	No improvement	0
26–50 %	Mild improvement	2
51 – 75%	Moderate improvement	16
76 – 100 %	Marked improvement	2

Chart-Result on Group B

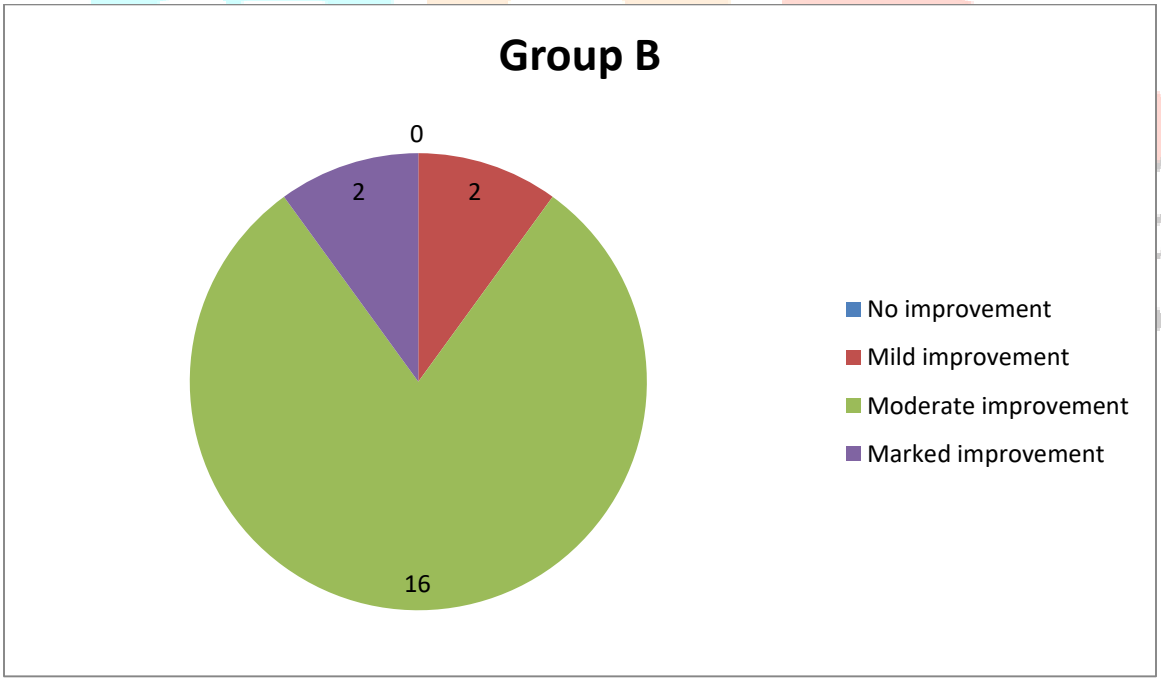


Table-Comparative results of Group-A and Group-B

Signs and Symptoms	Group A (Mean Score)	Group B (Mean Score)	T Value	P Value
Stamba	1.30	1.48	1.03	>0.05
Shula	2.05	1.48	3.80	<0.05
Flexion of Cervical Joint	1.70	1.83	0.67	>0.05
Extension of Cervical Joint	1.53	1.58	0.28	>0.05
Muscle Strength	0.98	1.53	3.48	<0.05

Table-Comparative results of Group A and Group B

Group A	Group B	Mean Difference	SE (±)	T Value	P value
47.45	61.65	14.20	2.19	4.28	<0.05

Comparative analysis of the overall effect of the treatments in both the groups was done by statistically with Unpaired T Test. The test shows that the treatment is statistically significant in Group B when compared to Group A. Group B overall result is 61.65% and Group A overall result is 47.45%.

DISCUSSION

MODE OF ACTION

Action of Nasya Karma:-

Route of administration always has its own importance in management of any disease. According to Ayurvedic classics the diseases which are occurring above the neck, Nasya therapy is most favorable. Nasya karma is explained as a best treatment for urdhwajatrugata vikara. Manyastambha is one among them. In initial stage of Manyastambha kaphavarana will be there and later aggravation of vata dosha and dathukashya will be present.

Nasya reaches the Shringataka marma of head which is a Sira marma . Indu commentator of Astanga sangraha opined that Shringataka is the inner side of middle part of head. The drug spreads by the same root and scratches the morbid doshas of urdwajatru and excretes them from uttamanga.

Acharya Sushruta clarified the Shringataka marma is a sira marma formed by the union of sira supplying to Nasa, karna, Netra and Jiwha.Thus it can enter shiras and purifies them..

Probable mode of action of Mashabaldi Kwath:

Probable gross action of Mashabaldi Kwath on Doshas is Tridosha Shamaka, mainly Vata-Kapha Shamaka, Nadibalya, Dhatuvardhak, Pushtikar, Shophahar, Rasayan, Vrushya etc.Masha a potent Dhatu Vardhana Dravya, is supportive as a Vatahara with its dominant Madhura rasa and Ushnadi Gunas. Bala is considered as a nervine stimulant, Balya, Madhura Rasa, Madhura Vipaka and Vatahara in property. Kaunch Beej is Snigdha, Madhura and Ushna in property; it acts as a nervine tonic. Rasna is the one of the best Vatashamak drug having Tikta Rasa, Ushna Virya and Katu Rasa. Erand is Madhur, Katu, Kashaya Rasa, Ushna Virya and Madhur Vipaka in property. Rohisha is Katu, Tikta Rasa, Ushna Virya, Katu Vipaka and Vatakapha Shamak in nature. Ashwagandha is Tikta, Kashaya, Madhur Rasa, Ushna Virya and Madhur Vipaka and Balya, Vatahara in nature. It serves the function of enhancing the energy and nourishes the Mastishka. Saindhav Lavan and Hingu have the potent action of facilitating easy absorption through its effective properties. By observing the above mentioned drugs and their property, it gives the Balya, Vatahara and Brimhana effects.

Probable mode of action of Rasnashunthyadi Kwatha:

Rasnashunthyadi Kwatha is having the ingredients which are having vata kaphara, Deepaniya, Vatanulomaka, shulahara properties. Manyastamba being a Vatkaphaja vyadhi with Kapha avarana gets regressed by the usage of rasnashunthyadi kwatha.

CONCLUSION

The following conclusions are drawn after logical interpretation of the results obtained in this clinical study, which are listed below:

- Group B Rasnashunthyadi Kwath along with Gudardraka nasya is more significant than Group A with Mashabaladi Kwath along with Gudardraka nasya statistically in treating the Manyastambha. The effect of (Group B) Rasnashunthyadi Kwath along with Gudardraka nasya 61.65% was slightly more than Group A Rasonadi Kwatha 47.45%.

- Group A(Mashabaladi Kwath along with Gudardraka nasya)is statistically highly effective in the management of Manyastambha

- Group B(Rasnashunthyadi Kwath along with Gudardraka nasya)is statistically highly effective in the management of Manyastambha.

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