Research Article

www.ijrap.net

AYURVEDIC MANAGEMENT OF CERVICAL SPONDYLOSIS: A CASE STUDY
Ram Prabodh Chaudhary *1, Amit Kumar 2, Gopesh Mangal 3
1M.D. Scholar, P.G. Department of Panchakarma, National Institute of Ayurveda, Jaipur, India
2Ph. D. Scholar, P.G. Department of Panchakarma, National Institute of Ayurveda, Jaipur, India
3Assistant Professor & HOD I/C, P.G. Department of Panchakarma, National Institute of Ayurveda, Jaipur, India

Received on: 25/11/18 Accepted on: 04/01/19

*Corresponding author
E-mail: ramprabodhchaudhary7@gmail.com

ABSTRACT

Cervical spondylosis is a degenerative condition of the cervical spine.1 Pain and stiffness are the primary symptoms. Often, there may be referred symptoms in the upper limb. Pathology starts at the inter-vertebral disc with degeneration of disc resulting in the compression of cervical nerve along with space reduction. It leads to pain2, stiffness in neck, pain radiate into shoulders, forearm, headache, vertigo, paresthesia at the base of the thumb etc.3 Age, gender, and occupation are the main risk factors for cervical spondylosis.4 The cervical spondylosis commonly occurred in below 30 years of age.5 Nearly 50% of people over the age of 50 and 75% of those over the age of 65 have typical radiographic changes of cervical spondylosis.6 Analgesics and physiotherapy will help to certain extent but are not the ultimate cure for cervical spondylosis. Surgeries are more expensive and again there are chances of recurrence as well.7

Cervical spondylosis can be correlated with Griva Stamhba in Ayurvedic prospective.8 Griva Stamhba is one of the eighty types of Patavyadhi.9 This type of case had been managed by Ayurveda, related cases are also reported in PubMed indexed journal.10,11,12 The symptoms of Vata Vyadhi (~various neurological and musculoskeletal disorders) are Sankocha (contraction), Stamdhana (stiffness) of joints and Shoolia in the joints as well as in bones, Lomaharsha (horipulation), Graham (spasticity) of hands, back as well as head, Shoksha (atrophy) of body parts, Spandana (trembling of body), Gatrassuptita (numbness), Hundana (shrinking) of head, nose, eyes, clavicles region and neck, Bheda (breaching pain), Toda (pricking pain), Kampana (trembling), Bala Indriya Bhramsa (loss of strength and sensory function) etc.13 We present a case that was successfully treated on the line of Ayurvedic management of Vata Vyadhi.

CASE REPORT

A 59 year-old male patient consulted in outpatient Department of the National Institute of Ayurveda, jaipur, with the complaint of pain and stiffness in cervical region since one year and pain radiating to both upper limbs since seven months. Before two months he had painful neck movement. He was diagnosed as a case of cervical spondylosis with radiculopathy. He consulted neurological and orthopedic doctors at jaipur and surgical intervention was advised, which the patient refused. He was advised to take analgesics and anti inflammatory medicine for pain management by previous consultant.

There was no history of hypertension, diabetes mellitus, tuberculosis and any other serious illness. No relevant hereditary, congenital and surgical illness was found. On physical examination, the general condition of the patient was good, his pulse was 80/min, regular; BP was 130/90 mm of hg; respiratory rate was 18/min regular and patient was a febrile. The tongue was clean, the voice was clear, bladder habits were normal and constipated bowel. He had Vata-Kapha Prakriti with Madhya Vayah (Medium age), Madhyama Sava (medium purity of body tissue), Madhyama Sarva (Medium mental strength), Madhyama Satnya (homologation), Sama Pramana (equal body proportions), Avara Vyayama Shakti (least physical endurance), Madhyama Ahara Shakti (medium food activity and digestive power). Patient had normal gait. The active movement of range of cervical spine was restricted. Pain aggravated on the movement of neck. On examination, tenderness was examined over C6-C7 vertebrae. The patient was right handed. All cranial nerves were well intact. There was no any significant finding on lab investigation done on NIA Central Lab. Magnetic resonance imaging (MRI) of cervical spine that was done on 20 May 2016, suggested diffuse disc bulge and postero-central protrusion of C6-C7 inter-vertebral disc along with posterior osteophyte,obliterating anterior subarachnoid space encroaching bilateral neural foramina causing bilateral exiting nerve root compression.

Treatment plan

Griva Stamhba comes under Urdhvatragata Roga14 and Nanatmaja Vata Vyadhi (various musculoskelton and...
neurological disorder). In Ayurveda general line of management of Urdhwajatrugata Roga and Nanatmajaa Vatavyadi such as Snehana (oleation), Swedana (sudation), and Nasya (drug administration through the nose) were adopted for the case. Greeva Basti is a type of Mridu Snehana & Swedana, were adopted for the patient.

Two Panchakarma interventions were adopted to treat this patient. Griva Basti with Dashmoola Taila For 14 days and Nasya Karma by Ksheerabala Taila for 14 days were administered.

Along with these Panchakarma intervention combinations of oral medicines such as Ashwagandha Churna (Powder of Withania somnifera Dunal) 3g, Shatavari Churna (Powder of Asparagus racemosus Willd) 2g, Chopchini Churna (Powder of Smilax china Linn) 1g with lukewarm water after meal, Yograj Guggulu 2 tablets (500 mg each tablet) with Dashmoola Kwatha 40 ml before meal, were prescribed.

| Table 1: Panchakarma Procedures |
|-------------------------------|-----------------|-----------------|
| Procedure                     | Drugs           | Method of application                        | Days of treatment |
| Griva Basti                   | Dashmoola Taila | The person undergoing Griva Basti is made to lie face down on the massage table. The dough is prepared out of black gram flour or whole wheat flour. It is then made into a small ring of four to five inches in diameter which is placed over the neck to cover all the vertebral of the neck and 2-3 vertebras of the thoracic region. After it is glued with some water to make it leak proof, lukewarm medicated Taila is slowly poured into it. When this cools down it is squeezed out and replaced with warmer one. At the end of the procedure the dough is removed; a gentle massage is given over the area. The person is made to take rest for a while. | 14 Days |
| Nasya Karma                   | Ksheerabala Taila | Massage with Dashmoola Taila over face followed by Mridu Swedana. 6 drops of Ksheerabala Taila administered in each nostrils followed by Dhoomapana. | 14 Days |

| Table 2: Oral Medications |
|----------------------------|-----------------|-----------------|
| Name of the drugs          | Dose            | Anugpa          | Days of treatment |
| Ashwagandha Churna (Withania somnifera Dunal) (3g), Shatavari Churna (Asparagus racemosus Wild) (2g), Chopchini Churna (Smilax china Linn) (1g) | 6g bid (twice in a day) | With Luke warm water after meal | Two months from first day of admission |
| Yograj Guggulu 500 mg       | 2 tablets twice in a day in the crushed form | With 40 ml Dashmoola Kwatha (decoction of ten herbs) before meal | Two months from first day of admission |

Assessment criteria
1. VAS scale
2. Range of movement (ROM)

RESULTS
After completion of Panchakarma procedures and Ayurvedic management, he had no any stiffness and marked improvement was present in VAS scale and cervical Range of movement (CROM). [Table-3]

| Table 3: Assessment VAS Scale & ROM in degrees |
|-----------------------------------------------|
| VAS Scale                                      | Pre   | Post  |
| Pre                                           | 70    | 30    |
| ROM in degrees                                 |       |       |
| Flexion           | Extension | Lateral flexion (LT) | Lateral flexion (RT) | Lateral rotation (LT) | Lateral rotation (RT) |
| Pre | Post | Pre | Post | Pre | Post | Pre | Post | Pre | Post |
| 20  | 45   | 15  | 40   | 15  | 35   | 15  | 35   | 20  | 45   |
| 25  | 45   |     |      |     |      |     |      |     |      |

DISCUSSION
In this disease Samsprapti (pathogenesis) is at Griva Pradesh and is mostly associated with changes in cervical vertebral column. There is degeneration of inter-vertebral disc and lubrication function of Shleshaka Kapha is affected which results in compression, irritation or inflammation in Griva Pradesh resulting in pain. Therefore local Snehana and Swedana are very effective and give quick result because they act at the site of Samprapti. Griva Basti is a procedure in which both the properties of Snehana and Swedana are incorporated. Griva Basti comes in direct contact with painful region. Vata Dosha is Sheeta, Raksha and Griva Basti being Snigdha (unctuous) and Ushna in nature alleviates the disease. Swedana increases sweat and brings out Mala Dravyas along with sweat. It decreases Kleda in the body resulting in the reduction of Gaurava (heaviness), and
Stambha (stiffness). Application of therapeutic heat causes vasodilatation, because of which the blood circulation improve, resulting in the removal of catabolic waste such as lactic acid. As the blood circulation improves the anabolism increases as tissue receives the nutrients and oxygen promptly. Heat results in an increase in the local metabolism of the cell and increase transport through the cell membrane. For every increase in one degree Celsius within the physiological limits the metabolic activity increase by about 10%. Heat can improve the elasticity of fibrous tissue. The viscosity of matrix decreases, consequently connective tissue such as tendon tissue and ligament will also become more elastic. Because of Griva Basti the muscles supporting the cervical spine get strengthen. So pressure gradient on cervical spine gets reduced. Dashamoola Taila used for Griva Basti may help to lubricate the joints. Thus Griva Basti relieves pain and stiffness in the back, relieves swelling and inflammation in the back. Griva Basti with Dashamoola Taila may have nourished the joints of the neck region, pacified the Dosha causing pain or discomfort. Nasya used in Urdhvaajatragata Roga. Nasya enter in head region and pacify the Dosha. Nasya with Kshirabala Taila helps in elimination of Vata- Kapha Dosha and clears obstruction in the channels. Ashwagandha is given strength to the muscles and ligaments and promotes the health. Ashwagandha possess Rasayana (immuno-modulator) and Brahma (nourishes the bone and muscles) properties, so it is useful in all types of Dhatukashaya(diminished of body tissue). Shatavari is a promoter of the muscle strength and health. Chopchini is Vedanahara (pain relief), Shothanashaka (subside inflammation), very effective in Vata Vyadhi and able to carry drugs in Sukshma Srotasa (micro channel). So, it helps in decreasing the pain and facilitates the penetration of drugs to deeper tissues like Asthi Dhatu. Yograj Guggulu is very effective in Vata Vyadhi. Yograj Guggulu increases the Agni (digestive power) and Bala (strength). Dashamoola Kwatha is Tridoshara (alleviating all deranged Doshas), Vedanasthapana (pain killer) and Shothahara (subside inflammation).

**CONCLUSION**

The case report shows clinical improvement in cervical spondylosis with *Panchakarma* and Ayurvedic medicinal interventions.

**REFERENCES**

1. Shah N Siddharth. API Textbook of Medicine, 7th Edition Mumbai: The Association of Physicians of India, 2003, P. 885, 886.
2. Rao R. Neck pain, cervical radiculopathy and cervical myelopathy. J Bone Joint Surg [Am] 2002;84-A:1872–1811.
3. Kale S, Sonwane R. Evaluation of the Efficacy of Mashadi Tail Nasya in the Management of Manyastambha with special reference to cervical spondylosis. International Ayurvedic Medical Journal [online] 2016 July
4. Singh S, Kumar D, Kumar S. Risk factors in cervical spondylosis. J Clin Orthop Trauma 2014;5:221-226.
5. Alshami AM. Prevalence of spinal disorders and their relationships with age and gender. Saudi Med J 2015;36:725-730. [PubMed]
6. Payne E.E., Spilane J.D. The cervical spine: an anatomico-pathological study of 70 specimens with particular reference to the problem of cervical spondylosis. Brain. 1957;80:571–597. [PubMed]
7. Singh SK, Rajoria K. Ayurvedic approach for management of ankylosing spondylitis: A case report. J Ayurveda Integr Med 2016;7:53-56. [PubMed]
8. Varghese Shibu. Bird’s Eye View on The Radiological Diagnosis of Spinal Disorders and Their Panchakarma Management: Kalariickal Vaidhyasala, 2012. P. 35.
9. Pt. Kashinath Shastrti. The Caraka Samhita of Agnivesha, Edited by Dr. Gangasahaya Pandeya, Vol. 1, Su. 20, Chaukambha Sanskrit Sansthan, Varanasi; 2012. P. 269.
10. Singh SK, Rajoria K. Ayurvedic approach for management of ankylosing spondylitis: A case report. J Ayurveda Integr Med 2016;7:53-56. [PubMed]
11. Singh SK, Rajoria K. Ayurvedic management in cervical spondylotic myelopathy. J Ayurveda Integr Med 2017;8:49-53. [PubMed]
12. Singh SK, Rajoria K. Ayurvedic approach in the management of spinal cord injury: A case study. Anc Sci Life 2015;34:230-234. [PubMed]
13. Chaturvedi G. Chikitsa Sthan. Charaka Samhita of Agnivesha Elaborated by Charaka & Drudhabala, Reprinted, part-2, Ch. 28, Shiloka 23, Vidhyotini Vyakhyua Choukambha Bharti Academy Prakashan, Varanasi; 2011. P. 780.
14. Haridasashiva Shastrti Paradakara. Sutra Sthan, editor. Astang Hridaya of Vagbhata with Sarvang Sundar Commentary by Arundatta and Ayurveda Rasayan Commentary by Hemadri. Reprinted. Verse no-19, Ch. 20, Chaukambha Surbharati Prakashan, Varanasi; 2011. P. 287.
15. Chaturvedi G. Sutra Sthan, Charaka Samhita of Agnivesha Elaborated by Charaka & Drudhabala. Reprinted, Part-1, Ch. 20, Shiloka 13, Vidhyotini Vyakhyua Choukambha Bharti Academy Prakashan, Varanasi; 2008. P. 402.
16. Chaturvedi G. Sutra Sthan, Charaka Samhita of Agnivesha Elaborated by Charaka & Drudhabala Reprinted, Part-2, Ch. 2, Shiloka 22, Vidhyotini Vyakhyua Choukambha Bharti Academy Prakashan, Varanasi; 2011. P. 986.
17. Bhavaprakasa Nighantu, Indian Materia Medica of Shri Bhavamishri, Commentary by Krishnachandra Chuneek, Guduchayadi Varga 190, Chaukambha Bharati Academy, Varanasi; 2013. P. 380.
18. Bhavprakash Nighantu, Indian Materia Medica of Shri Bhavamishri, Commentary by Krishnachandra Chuneek, Guduchayadi Varga 187, Chaukambha Bharati Academy, Varanasi; 2013. P. 379.
19. Bhavaprakasa Nighantu, Indian Materia Medica of Shri Bhavamishri, Commentary by Krishnachandra Chuneek, Haritkyadi. Varga 107, Chaukambha Bharati Academy, Varanasi; 2013. P. 46.
20. Mishra S. Bhaishajya Ratnavali of Kaviraj Shri Govind Das Sen Elaborated edited with Siddhiprada Hindi Commentary, Shiloka 152-157, 1st ed., Vol.1, Ch.29, Chaukambha Surbharati Prakashan, Varanasi; 2005. P. 608.
21. Lochan K. Bhaisajya Ratnavali of Govindra Dasji Bhisagratna Commented upon by Vaidya Shri Ambika Datta Shastrti, 2006 Edition, Verse No. 37, Vol. 2, Ch. 29, Chaukambha Sanskrit Sansthan, Varanasi; 2006. P. 335.

Cite this article as:
Ram Prabodh Chaudhary et al. Ayurvedic management of cervical spondylosis: A case study. Int. J. Res. Ayurveda Pharm. 2019;10(1):95-97 [http://dx.doi.org/10.7897/2277-4343.100123]