

A COMPARATIVE CLINICAL STUDY ON RUKSHA SWEDA WITH AND WITHOUT NASYA WITH MAHASAHACHARADI TAILA IN MANYASTAMBHA W.S.R.T IDIOPATHIC SPASMODIC TORTICOLLIS

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ABSTRACT:

Now a day's excess use of modern technology such as computer appliances, bad sleeping postures such as lying in bed with several pillows propping up the neck into an unnatural position, lack of exercise & improper working habits leads to *Vataja Nanatmaja vyadhis* such as *Manyastambha*, and in modern it is correlated with Idiopathic spasmodic torticollis. The treatment for this in contemporary science is usually conservative with Stretching exercises, neck brace. Injecting Botulinum toxin can temporarily relieved, but repeated injections are needed. Rarely surgery is indicated¹. So Ayurveda has suggested effective modes of treatment like *ruksha swedana* and *nasya* in *manyastambha*²

KEYWORDS: *Manyastambha, Vatavyadhi, Idiopathic spasmodic torticollis, Ruksha sweda, Nasya*

INTRODUCTION:

Shamana and *Shodhana* are the two prime treatments of ayurveda. Doshas in *alpavastha* are treated with *shamana chikitsa* and for *bahudoshavastha* the *shodhana* is beneficial. For the purpose of *shodhana* the five special therapies are

told collectively called *Panchakarma*. Panchakarma doesn't mean the simple administration of emesis, purgation, enema or nasal drops as it is conventionally understood. But it includes the *Purvakarma* and *Paschat karmas*. *Manyastambha* is *vataja nanatmaja vyadh*³. The symptoms of

which includes *ruk* and *stambha* in *Manya pradesha*. Acharya sushruta have mentioned *kapha avrita vata*⁴ and also included under *vataja nanatmaja vyadhi*. In the initial stages of *manyastambha* there is *vata avarana* by *kapha*, which later turns out to *kevala vatavyadhi*. So the *ruksha swedana* and *nasya* will be very helpful in treating such conditions. This *Manyastambha* can be correlated with Idiopathic Spasmodic Torticollis in modern based on its symptoms.

AIMS & OBJECTIVES:

1. To evaluate the efficacy of *Ruksha sweda* in *Manyastambha*.
2. To evaluate the combined efficacy of *Ruksha sweda* and *Nasya* in *Manyastambha*.
3. To compare the effect of *Ruksha sweda* with & without *Nasya* in *Manyastambha*.

MATERIALS & METHODS:

Study Design: A Randomized Comparative Clinical Study

Sample Size & Grouping: Selected 30 Patients randomly & distributed in 2 groups.

Group A - *Ruksha sweda* with *Valuka* around Cervical regions & Shoulders.

Group B – *Ruksha sweda* with *Valuka* around Cervical regions & Shoulders followed by *Nasya 8 bindu* with *Mahasahacharadi taila*.

Drugs used in the Trail:

All the drugs were procured from pharmacy after proper identification. They are *Sahachara, Kashmari, Patala, Bilwa, Ashwagandha, Bala, Shatavari, Vacha, Shatapushpa, Hingu, Yashtimadhu, Devadaru, Chitraka, Twak, Ela, Krimihanta, Rasna, Tagara, Saindhava, Tila taila*. Preparation of medicine (*Mahasahacharadi taila*) done according to *snehapaka vidhi* mentioned in classics.

Selection criteria:

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

Inclusion Criteria:

- i. Patients having *Ruk* and *Stambha* in *Manya pradesha*.
- ii. Patients of both sex.
- iii. Patient of age group between 16 – 60 years.
- iv. Patient fit for *Swedana* and *Nasya karma*.

Exclusion Criteria:

- i. Patient below age of 16 and above age of 60 years.
- ii. Patient suffering from Congenital Torticollis.
- iii. Patient suffering from disorders like tuberculosis of spine, carcinoma of spine and traumatic injuries to cervical region.
- iv. Patient unfit for *Swedana* and *Nasya karma*.

Duration of the study:

In both groups 7 days of treatment followed by 7 days of rest. Total study duration is 14 days.

Procedure:

1. Ruksha Sweda:

- A. **Poorva Karma:** 2 *Pottali* were prepared each containing 200gms *Valuka* was tied properly and kept ready for the treatment.
- B. **Pradhana Karma:** Two *pottalis* were heated up to a sustainable heat and were used alternatively to give the *swedana* over the cervical region and on both shoulders. The whole procedure was repeated for about 15min.
- C. **Paschat Karma:** Patient is asked to rest for 10-15 minutes in the

comfortable position. Use of hot water for drinking and *pathyapathya* as told in classics.

2. Nasya:

A. Poorva Karma: *Abhyanga* with *murchita tila taila* & *mridu sweda* at *shira* & *griva pradesha*.

B. Pradhana Karma: Nasya karma done with *Mahasahacharadi taila* 8 *bindu* in each nostril as said in classics.

C. Paschat Karma: *Mridu abhyanga* is done. *Ushna jala Kavala* is advised to expel out the residue mucous lodged in *Kantha*. Use of hot water for drinking and *pathyapathya* as told in classics.

ASSESSMENT CRITERIA:

A. Objective Parameters :

Objective parameters were mainly assessed on the basis of Tenderness, Swelling by scoring patterns & Radiological x ray (If required to rule out other anomaly)

B. Subjective Parameters:

Symptoms of *Manyastamba* like Pain, Stiffness and Range of mobility of cervical joint were used for which a multidimensional scoring pattern was adopted. The patients were assessed

by giving a score before & after treatment.

The following five parameters were assessed for clinical response

1. Pain
2. Stiffness
3. Mobility of cervical joint
4. Tenderness
5. Swelling

C. Overall Assessment of Clinical Response

- No response: 0 - 10% improvement in clinical and functional parameters.
- Poor response: 10.1 - 40% improvement in clinical and functional parameters.
- Moderate response: 40.1- 70% improvement in clinical and functional parameters.
- Good response: > 70.1% improvement in clinical and functional parameters.

OBSERVATIONS AND RESULTS:

Data related to Demography:

Both groups combine maximum 30% of patients were from age group 26-35 years, 77.33% were male, 96.67% were Hindus, 70% were active workers, 73.32% from middle class,

70% were vegetarians, 73.33% having *Samagni*, 86.58% were having *Madhyama koshta*, 50% belongs to *Pitta Kapha Prakriti*. 86.67% were taking *Katu Rasa pradhana ahara*, 66.6% were doing *Yana*.

Data related to Disease:

Both groups combine maximum 33.33% patients having acute history of 1-15 days, 19.98% patients having chronic history of 6months to 1 year. 86.67% were taking *Katu Rasa pradhana ahara*, 66.6% patients were doing *Yana*, 46.62% patients were doing *Urdhwa nireekshana* and no patients were seen with parameter swelling.

RESULTS:

The data obtained in the clinical study was subjected to statistical tests. To compare effect of drug within the Group statistically analyzed using wilcoxon matched pairs rank test. Highly significant results obtained in all the parameters when compared individually within the group (as by comparing p value). In group A Parameter Stiffness & Tenderness became nil after treatment. Similarly in

group B tenderness became nil after follow up.

Showing statistical analysis of Pain for group A and Group B

Grp A	Mean	SD	SE	P	Remark	Grp B	Mean	SD	SE	P	Remark
BT	2.0	0.5345	0.1380			BT	1.9333	0.703	0.1817		
AT	0.8666	0.3519	0.0908	<0.0002	HS	AT	0.8	0.4140	0.1069	=0.0001	HS
FU1	0.733	0.457	0.1182	=0.0002	HS	FU1	0.666	0.4880	0.1260	=0.0001	HS

Showing statistical analysis of Stiffness for Group A and Group B

Grp A	Mean	SD	SE	P	Remark	Grp B	Mean	SD	SE	P	Remark
BT	0.9333	0.7988	0.2063			BT	1.1333	0.8338	0.2153		
AT	0	0	0			AT	0.333	0.4880	0.1260	=0.0078	HS
FU1	0	0	0			FU1	0.2	0.4140	0.1069	=0.0078	HS

Showing statistical analysis of Tenderness for Group A and Group B

Grp A	Mean	SD	SE	P	Remark	Grp B	Mean	SD	SE	P	Remark
BT	0.3333	0.6172	0.1594			BT	0.9330	0.7988	0.2063		
AT	0	0	0			AT	0.0666	0.2582	0.0666	=0.0020	HS
FU1	0	0	0			FU1	0	0	0		

Showing statistical analysis of mobility of cervical spine for Group A and Group B

Grp A	Mean	SD	SE	P	Remark	Grp B	Mean	SD	SE	P	Remark
BT	2.733	1.033	0.2667			BT	2.6	0.9856	0.2545		
AT	1.1333	0.6399	0.1652	=0.0002	HS	AT	1.1333	0.9155	0.2364	=0.0002	HS
FU1	0.8666	0.6399	0.1652	=0.0002	HS	FU1	0.8666	0.8238	0.2153	=0.0001	HS

Showing Comparative Results of Group A v/s Group B

Sl.No	Symptoms	Follow Up	Group A Mean ±SD (SE)	Group B Mean ±SD (SE)	Mann-Whitney Test	p-value	Remarks

1	Pain	AT	0.8666±0.3519 (0.0908)	0.8±0.4140 (0.1069)	U=105.00	0.7619	NS
		FU1	0.733±0.4577 (0.1182)	0.666±0.4880 (0.1260)	U=105.00	0.7653	NS
2	Stiffness	AT	0	0.3333±0.4880 (0.1260)			
		FU1	0	0.2±0.4140 (0.1069)			
3	Tenderness	AT	0	0.666±0.582 (0.066)			
		FU1	0	0			
4	Pain & stiffness during mobility of cervical spine	AT	1.1333±0.6399 (0.1652)	1.1333±0.9155 (0.2364)	U=104.50	0.7516	NS
		FU1	0.866±0.6390 (0.1652)	0.866±0.8338 (0.2153)	U=107.00	0.8331	NS

However to compare the mean effect of two groups the statistical analysis is done by using Mann whitney test. Assuming that the mean effect in the two groups in all the parameters is same after the treatment. From the analysis the parameter of the grading pain, mobility of cervical spine had not significant results in between the groups. The stiffness & tenderness cannot be compared statistically as they are nil in group A after the treatment & follow up.

When compared the overall responses to the treatment in both groups, maximum of 66.6% patients got good

response in Group B, 59.94% patients got moderate response in Group A, 6.66% patients got poor response in both groups.

DISCUSSION:

Due to *nidana sevana vata & kapha* both gets vitiated and causes *Kapha avruta vata* leads *manyastambha*. The process of the disease *Manyasthamba* has been described along with the description of *Antarayama* in *Charaka Samhita*⁵. Pain & stiffness are the main symptoms of the *Manyastambha* which can be attributed to *vata & kapha dosha*. In classics the treatment told for this is *Ruksha sweda & Nasya*.

Sweda does *srotoshodhana* thereby subside the vitiated *kapha* in *manyapradesha*. Application of heat causes relaxation of muscles and tendons improves the blood supply and activates the local metabolic processes which are responsible for the relief of pain, swelling, tenderness & stiffness.

Nasya karma is explained as a best treatment for *urdhwajatrygata vikara*, *Manyastambha* is one among them. In initial stage of *Manyastambha*, *Kaphavarana* is there & later aggravation of *vata dosha* & *dhatukshaya* will be present. The drug *Mahasahacharadi taila* having *vata-kaphahara*, *deepana* & *pachana* property. *Nasya* reaches the *Shringataka marma* & spreads all over & scratches the morbid *doshas* of *Urdhwajatru* & excretes them from *Uttamanga*.

In the present clinical study, both the groups individually showed highly significant results in all the parameters. To compare the mean effect of two groups parameter pain & mobility grade showed not significant result after treatment & follow up.

While the parameter stiffness & tenderness are not statistically compared as they are nil in group A after treatment & follow up. This is mainly because of very small sample size. After follow up *Ruksha sweda* showed little significance than *ruksha sweda* with *nasya* in case of parameters like Pain (63.27%) & stiffness (100%). By overall consideration the combined effect of *ruksha sweda* & *nasya* had given a very good response (66.6%) than alone *ruksha sweda* (33.33%).

CONCLUSION:

- *Manyastambha* is one of the *Vataja Nanatmaja vyadhis*. The disease *Manyastambha* and *spasmodic torticollis* are similar in their sign and symptoms. The initial stages the *vata avarana* by *kapha* is seen leading to *Stambatwa*, *Gaurava*, and *Ruk*.
- In case of *manyastambha* the drugs having *avarana hara* & *vatahara* properties should be administered. Keeping this in consideration *Ruksha sweda* & *Mahasahacharadi taila nasya* is done.
- Clinically by comparing the overall responses, Group B i.e. combined use

of *Ruksha sweda* & *Nasya* showed maximum good responses than alone *Ruksha sweda*.

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