

**MANAGEMENT OF CERVICAL SPONDYLOSIS THROUGH  
AYURVEDIC INTERVENTION- A CASE STUDY****Ashwini V. Fulzele<sup>1\*</sup> and Nilesh M. Ingle<sup>2</sup>**<sup>1</sup>Associate Professor, Dept. of Kayachikitsa, DRGACH&RC, Amravati.<sup>2</sup>Assistant Professor, Dept. of Kaumarbhritya, VAM, Amravati.Article Received on  
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Kaychikitsa, DRGACH&RC,  
Amravati.**ABSTRACT**

Cervical spondylosis is chronic degenerative condition of cervical spine where Degeneration of cervical intervertebral disc and the secondary degeneration of cervical intervertebral joints takes place. It leads to injury of spinal cord, nerve roots and vertebral artery and shows corresponding symptoms and signs. It is becoming so worsen in todays era. Though degeneration of cervical vertebrae's mostly common in elderly people but due to increased incidence of desk work or online laptop work it has its increasing prevalence in middle age also. Cervical spondylosis is a common condition that is estimated to account for 2% of all hospital admissions. In 1992, A study showed

that spondylotic changes are most common in those older than 40 years. Eventually, more than 70% of men and women are affected. In this present case study, diagnosed case of cervical spondylosis has been administered *ayurvedic* intervention. Chief complaints of the patients were pain at cervical region with radiation to upper limb, stiffness & intermittent vertigo. MRI - cervical spine showed degenerative changes with osteophytic changes at C4-C5-C6 with nerve compression. Effect of *Griva Basti* & *Nasya* followed by *Tiktaksheer Basti* & oral medication of *Panchamrut lauh guggulu*, *Rasnasaptak kwaath* has been evaluated in this case. Different parameters have been assessed before & after treatment plan intervention. Highly significant improvement was seen in subjective parameters like pain at neck region, radiating pain, stiffness & vertigo are discussed here.

**KEYWORDS:** Cervical spondylosis, *Grivabasti*, *Tiktaksheerbasti*, *Nasya*, *Panchamrut loh guggulu*, *Rasnasaptak kwaath*.

## INTRODUCTION

Over use of laptop, computer work, sedentary lifestyle, continuous sitting, lack of exercise are some of unpleasant component of current lifestyle changes. Existing consequences of lifestyle leads to numerous lifestyle induced disorders like metabolic disorders such as obesity, diabetes mellitus, many musculoskeletal diseases, degerative disorders etc. Study showed that neck, and LBP were the most common disorders of the cervical and lumbar spines. Neck pain (60.5%) was more common among patients < 30 years than in older patients. Spinal disorders that lead to referrals to physical therapy, particularly disorders affecting the lumbar and cervical spines, are common.<sup>[1]</sup> Cervical spondylosis is a disorder of age-related wear & tear affecting the disc and vertebrae of cervical spine. The incidence of cervical spondylosis increases with aging, the distinctive characteristics of this study have indicated that the incidence of cervical spondylosis increases with aging before age 50 years, and decreases after age of 50 years, especially in the elderly after 60 years.<sup>[2]</sup>

### Literature review of disease

In *Ayurvedic* perspective<sup>[3]</sup> cervical spondylosis (*Manyasthambha*) is one among the eighty types of *vaatvyadhi* which is characterised by stiffness (*stambh*) in neck region. In *Ayurvedic* context, the disease cannot be correlated exactly as whole with any single disease or condition, but some features of the cervical spondylosis can be correlated now a days with various conditions described in *Ayurveda* such as *Griva Hundana*,<sup>[4]</sup> *Manyastambha*,<sup>[5]</sup> *Sandhi Gata Vata*,<sup>[6]</sup> and *Asthigata Vata*.<sup>[7]</sup> Any degenerative type of pathological conditions in the body can be considered under the broad umbrella of 'vata vyadhi'. *Sandhigata Vata* is mentioned under *vata vyadhi*. *Acharya Charaka* has mentioned that *Nidana Sevana* aggravates *Vata dosha* and this *Vata* gets vitiated in *Griva asthi* and *Sandhi* leads to *Grivaasthi Sandhi Gata Vata*. *Acharya Charaka* has described *Sandhigata vata* as a *Sandhigata vata* in *Vata Vyadhi Chikitsa*<sup>[8]</sup>. He has mentioned three cardinal features *Shotha*, *Vata purna druti sparsa*, *Prasaraneakunchaneyo pravritisca vedana* that is pain during the flexion -extension of a joint with swelling & course crepitations on joint movement is the typical clinical features of *Sandhivata*. *Acharya sushrut*<sup>[9]</sup> has described *Manyasthambh* which is caused by *diwaswapna* using inappropriate pillow during sleeping & constant gazing in upward direction leading to vitiation of *vata* & *kapha dosha* which may stimulate cervical sponylitis which is acute stage of cervical spondylosis.

Cervical spondylosis is usually an age related conditions that affects the joints in the neck. With age, the vertebrae (the component bones of the spine) gradually form bone spurs, and their shock absorbing disks slowly shrink. These changes can alter the alignment and stability of the spine. Narrowing of spinal canal by osteophytes compresses the cervical spinal cord which can cause weakness, numbness, and neck pain radiating to upper arm, shoulder with headache.<sup>[10]</sup> Cervical Spondylotic Myelopathy (CSM) is the most common progressive, non-traumatic disorder of the spinal cord in adults.<sup>[11,12]</sup> CSM is thought to be the most common cause of cervical spinal cord dysfunction in people aged over 55 years.<sup>[13]</sup> Some studies conclude that variations in canal–body ratio, canal diameter, vertebral body diameter of the cervical vertebrae and race, weight and height of the patients are not the risk factors of cervical spondylosis. Age, gender and occupation are the only risk factors for having cervical spondylosis.<sup>[14]</sup> Some studies concluded that CSM is the most common degenerative spinal cord lesion mostly affecting people in the fifth and sixth decades of life.<sup>[15]</sup> It is one of the most common degenerative, neurological condition by which the major population has been affected.<sup>[16]</sup>

## MATERIAL AND METHODS

- Clinically diagnosed case of Cervical Spondylosis
- *Masha* powder
- *Sahachar tail*
- Cotton swab
- *Anu tail*
- *Tikta ksheer & Panchtikta ghrith*
- *Basti yantra* , rubber catheter, plastic hand gloves,

### Case summery

A 45 years old female, IT faculty by profession has visited Dr. Rajendra Gode Ayurved College, Hospital & Research centre on 16th December, 2019 with chief complaints of pain & stiffness over the neck region since last 5-6 months, Neck pain radiates to bilateral upper limb but more severity on right upper arm. She was also having tingling numbness of right arm especially after waking up or having pressure load on right arm. On-off history of vertigo which especially has its onset on getting up from bed. She had consulted to orthopaedic for the same problem 4-5 months back & received treatment for that for about 2 months regularly. She was advised analgesics, muscle relaxants & anti-inflammatory which initially

for one month she has received regularly later on occasion when needed with increased severity of the symptoms. X-ray of cervical spine revealed anterior and posterior osteophytes at the level of C4-C5, C5-C6, and decreased intervertebral disc space. MRI of Cervical Spine revealed posterior disc bulging at C3-C4, C4-C5, with nerve compression & she was diagnosed as case of Cervical Spondylosis with radiculopathy. She had also consulted physiotherapist & undergone physiotherapy session for about 15 days & got mild relief in symptoms. No history of Hypertension, Diabetes Mellitus, Hypothyroidism. On examination, patient is having tenderness over the neck at C3-C4-C5. Neck pain is increasing with forward & backward movement of cervical spine, whereas neck extension give rise to vertigo.

On general examination, general condition was fair, pulse rate & blood pressure within normal limits, patient showed loss of appetite, bowel movement was not clear with hard stools & on off constipation history. Thorough Systemic examination done which shows no any deformity in RS, CVS, CNS. In Asthauvid Parikshan Nadi was vaatpiitaj, Jivha showed *Alpasaamta. Saar, Samhanana , Satwa was Madhyam, Jaranshakti & abhyavaran shakti* slightly reduced than normal.

### **Investigations**

All the routine hematological, biochemical investigations such as complete blood count, blood sugar level, Thyroid profile, liver function test, renal function test, and urine investigations were carried out in the patients to rule out any possible associated disorder, but they were found within normal limits.

### **Assessment parameters**

- Neck Pain
- Neck stiffness
- Pain Radiation to arm
- Vertigo

Table 1: Grading of parameters.

| Sr. no. | Parameters            | Grading | Observations  |
|---------|-----------------------|---------|---|
| 1       | Neck Pain             | 0       | Absent  |
|         |                       | 1       | Mild & intermittent pain                                |
|         |                       | 2       | Moderate & bearable Pain                                |
|         |                       | 3       | Severe & Unbearable Pain                                |
| 2       | Neck stiffness        | 0       | Absent  |
|         |                       | 1       | Mild Stiffness  |
|         |                       | 2       | Moderate Stiffness with partially restricted movement   |
|         |                       | 3       | Severe Stiffness with restricted movement               |
| 3       | Pain radiating to arm | 0       | Absent  |
|         |                       | 1       | Mild intermittent pain over arm                         |
|         |                       | 2       | Moderate pain with occasional tingling sensation        |
|         |                       | 3       | Severe pain radiating from neck with tingling sensation |
| 4       | Vertigo               | 0       | Absent  |
|         |                       | 1       | Occasional  |
|         |                       | 2       | 1-3 times in a week                                     |
|         |                       | 3       | >3 times in a week                                      |

After thorough examination, a diagnosis of Grivagat Vaata vis-a-vis cervical spondylosis has been established & patient was advised following treatment plan:

| <b>Shaman - Therapy</b>     |  |  |
|-----------------------------|--|--|
| Procedure                   | Medication - Dose  | Duration   |
| Deepan-Paachan              | <i>Sunth churna</i> 1gm + <i>Kirattikta churn</i> 1gm + <i>Musta churn</i> 500mg                   | BD for 3days   |
| Shaman therapy              | <i>Pachaamruta Lauh Guggulu</i> 500mg + <i>Godanti Bhasma</i> 500mg + <i>Sameerpannag Ras</i> 60mg | BD for 21 days   |
| <i>Anupaan dravya</i>       | <i>Rasnasaptak kwaath</i> 20ml   | BD with shaman medicines   |
| <b>Panchkarma procedure</b> |  |  |
| <i>Grivaa Basti</i>         | <i>Sahachar Tail</i> 100-150ml   | 5 days daily - 2 session with interval of 3 days                 |
| <i>Nasya</i>                | <i>Anu tail</i>  | 5 days daily - 2 session with interval of 3 days                 |
| <i>Tiktaksheer-Basti</i>    | <i>Panchtikta Sidhdha ksheer</i> 100ml with <i>Panchtikta Ghrith</i> 30-40ml                       | For next - 7 days daily after completion of <i>Nasya</i> therapy |

### Griva basti

*Griva Basti* is distinctively used as external *Ayurvedic Panchkarma* procedure used to pacify the aggravated *Doshas* in cervical spine/ neck region. Patient is asked to lie down with prone position on the table & then we have used Dough of *Masha* to make circular dam wall over tender & painful region of cervical spine. The border of circular rim are sealed properly & then tolerable hot *Sahachar* oil was poured in *Dhaara* form over the tender areas & kept as it is till the tolerable warm temperature of oil is maintained. Then as temperature decreased we drained off the oil & again procedure is repeated for about 20-30 minute. In between precaution should be taken for leakage of oil & temperature of oil inside the *Basti*.

### Nasya

*Nasya* is one of the chief purification procedures i.e. among all *Panchakarm* procedures. *Nasya* is exclusively indicated in *Urdhwajatrugat Vikar* by different *Aacharyas*,<sup>[17]</sup> (*Cha Siddhistaan*). It is stated that symptoms such as *Gaurava* (Heaviness), *Supti* (Numbness), *Stambha* (Stiffness), and *Shirashula* (Headache) should be treated with *Shirovirechana* type of *Nasya Karma* with appropriate drug to demolish the pathology.<sup>[18]</sup> *Aacharya Charak* mentioned therapy of *Nasya* in management of *Manyasthambha*.<sup>[19]</sup> Cardinal symptoms that is pain & stiffness are due *Vata & kapha dosha* predominantly. As per treatment protocol mentioned in *Samhitas Shodhan* therapy should followed by Shaman therapy. *Nasya* was carried out 10min after *Griva Basti* completion.

*Purvakarma*: *Nasya* was carried out 10min after *Griva Basti* completion. A gentle massage over the forehead, cheeks, & sides of nose (region of frontal & maxillary sinuses) is done for 10 minutes by using sesame oil, followed by *Nadi Swedan*. Then 4-4 drops of *Anu tail nasya* was instilled in each nostril which is then followed by warm water gargling.

### Tiktaksheer basti

*Acharya Charaka* has said that in the diseases related to *Asthi*, We should give *Basti* using *Tikta rasatmaka aushadhi dravya* along with *ghrit* (Ghee) and *Ksheer* (milk).<sup>[20]</sup> As the *Acharya Dalhana* has said *Asthidhara kala* is *Purishdhara kala*.<sup>[21]</sup> *Purishdhara kala* is nothing but *Pakvashaya* (large intestine). “*Pakvashaya*” is very important *Sthan* (Site) of *Vat Dosha*. Here there is *Nirmiti* (Origin) of *vata Dosha* and *Asthi dhatu*. *Karyakshetra* of *basti* is *Pakvashaya*. *Tiktaksheer basti dravya* was prepared by *Ksheerapaak vidhi*. About 10-15 gm of *Panchtikta Bharad* was soaked in 400ml of water & boiled till it remains 1/4 th of water, then 100ml of *Godugd* was added to it & boiled till 100ml of milk remained. Then 40-50ml of *Panchtikta Ghrit* was added & *basti* was administered.

### OBSERVATIONS & RESULTS

| Sr. no. | Parameters     | Before treatment | After session 10Day | After 21Days |
|---------|----------------|------------------|---------------------|--------------|
| 1       | Neck pain      | 3                | 2                   | 0            |
| 2       | Neck stiffness | 2                | 1                   | 0            |
| 3       | Pain in arms   | 3                | 2                   | 0            |
| 4       | Vertigo        | 2                | 1                   | 1            |

## DISCUSSION

Cervical Spondylosis is degenerative disease of cervical spine which ultimately *Manyasthambh* & we considered it under broad heading that is *Vaatvyadhi*. In this entity patients specially come across main symptoms are pain & stiffness, which never likely to be without *Vaatdusthi* & *Kaphadusthi*. *Acharya Charaka* has used the term, “*Nastah Pracchardana*<sup>[22]</sup>” for *Nasya*, which denotes *Shodhana* done by *Nasya*. It is the best method to eliminate and alleviate the vitiated *Doshas* of *Urdhvanga*.<sup>[23]</sup> *Taila* has been mentioned for *Nasya Karma* in *Kapha-Vata Dosha Pradhana* condition.<sup>[24]</sup> The best treatment modality for any kind of disorder is *Shodhana* therapy followed by *Shamana* Therapy. Also *Manyasthambh* disease have its site at *Urdhwajatrugat adhisthaan*. Considering this, *Nasya* is the prime treatment explained by *Aacharya Vagbhat* to manage diseases of *Urdhwajatrugat vikar*. Also while explaining *Nasya* benefits *Charak* has mentioned *Manyasthambha* in benefits of *Nasya*.

*Griva basti* help to pacify the *Vaatdusthi* & *Kaphadusthi*, as here we poured Medicated hot oil on the site of disease which ultimately help against *sheet guna* of *Vaat* which along with *Kapha* causes stiffness. Also *Manyasthambh* is *Asthigat Vikar* where *Aacharya* has mentioned in *chikitsa* sutra to go for *Tiktaksheer Basti*<sup>[25]</sup> & gross use of *Tikta Ghee*. Here we have used *Panchamrut Guggulu* which works at the level of *Asthimajjagat vikar* & *Rasnasaptak kwaath* help to relieves pain along with regular evacuation of bowel which ultimately helps to regularize the *Apaanvikruti*. A combination of *Panchamrut lauh Guggulu* with *Rasnasaptak kwaath* as *Anupaan* has *Vaat-kapha* alleviating, anti-inflammatory & analgesic property. In this study, patient got mild relief after first session of *Grivabasti* & *Nasya* instillation, But patient got highly significant results after second session where we used *Tiktaksheer Basti* along with *Shaman* therapy.

## CONCLUSION

It is concluded that combination of *ayurvedic* formulations along with *panchkarma* therapies like *Nasya*, *Griva basti* & *Tiktaksheer Basti* works very good in this case. It has been proved that the role of *Panchamruta Guggulu* along with *Rasnasaptak kwaath* is significant in the management of cervical spondylosis or osteoarthritis of cervical spine.

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