

A CASE REPORT - EFFECT OF KALABASTIKRAMA WITH STHANIK SNEHANA SWEDANA IN THE MANAGEMENT OF MANYAGATAVATA (CERVICAL SPONDYLOSIS)

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ABSTRACT

Manyagatavata can be correlated to cervical spondylosis. Cervical spondylosis is a kind of osteoarthritis in the cervical spine. In Cervical spondylosis, the edges of the vertebrae often develop bone spurs called osteophytes. In time, the discs get thinner, and their function as a shock absorber is lost. This increases the risk of symptoms. This can cause tingling or sensation of “pins and needles” in the extremities. In most cases, patients just experience a pain in the neck and some stiffness, and they may have the occasional headache. Neck pain may spread from the neck to reach the shoulders, arms and hands, and the base of the skull. The pain may be worse when the head is moved. Neck stiffness is more common after a long period of inactivity, for example,

after sleeping. A male patient of age 48 years old had come in OPD of Panchakarma department of M.A. Podar Hospital, Mumbai with complaints of Neck pain and stiffness, Neck pain radiated to Rt. hand with tingling and burning sensation (Neck pain was during the neck movements i.e. flexion, extension, rotation.) was treated with administration of Kalabastikrama of Tila taila anuvasana, Dashmula kwatha niruha with sthanik snehana swedana for sixteen days. It shown remarkable result in Manyagatavata (Cervical spondylosis). Details is available in full article.

KEYWORDS: Manyagatavata, Cervical Spondylosis, Kalabastikrama, Sthanik snehana swedana

INTRODUCTION

Manyagatavata is a kind of Sandhigatavata, which is one among the Vatavyadhi. Manyagatavata may be correlated to cervical spondylosis. Cervical spondylosis is the term given to the occurrence of osteoarthritis in the cervical spine. It is characterised by degeneration of the intervertebral discs and osteophytes formation. This is extremely common and radiological changes of cervical spondylosis are very frequently found in apparently healthy individuals above the age of 50. Cervical spondylosis is often asymptomatic; it may be associated with neurological dysfunction. The C5/6, C6/7 and C4/5 vertebral levels and C6, C7 and C5 roots, respectively, are most commonly affected.^[1]

In most cases, patients just experience a pain in the neck, pain may spread from neck to shoulders, arms and hands, neck stiffness, tingling sensation or pins and needles sensation in the extremities, sometimes headaches, headaches tend to start at the back of the head and then gradually move to the upper half of the front. Cervical spondylosis happens because of long term or chronic degeneration of the cervical spine. A previous neck injury may also cause eventual cervical spondylosis. Some long term activities such as carrying axial loads, practicing martial arts or being a professional dancer or gymnast, may increase the risk of developing Cervical spondylosis.^[2]

According to Charakacharya; Parisheka, Abhyanga, Basti, Snehana and swedana are prescribed as common treatments in vatavyadhi.^[3] The procedure of massaging the body following application of the oil is referred by the name Abhyanga.^[4] Induction of sweating for the therapeutic purposes is referred by the name Swedana.^[5] The administration of the medicine done through the rectal route is specifically known by the name Basti.^[6] Basti with Sthanik Snehana (Abhyanga), swedana used widely in the management of Manyagatavata (Cervical spondylosis), which is found to be beneficial clinically too. This case report is planned to evaluate the effect of Kalabastikrama with sthanik snehana swedana in the management of Manyagatavata (Cervical spondylosis).

MATERIALS AND METHOD

A male patient of age 48 years admitted in male panchakarma ward of M. A. Podar Hospital Worli Mumbai 18.

Name- A.B.C. (48 yrs / male)

DOA- 22/11/2016

OPD No.- 69340

IPD No.- 2999

Diagnosis - Manyagatavata (Cervical Spondylosis)

c/o - Neck pain and stiffness

-Neck pain radiated to Rt. Hand with tingling and burning sensation

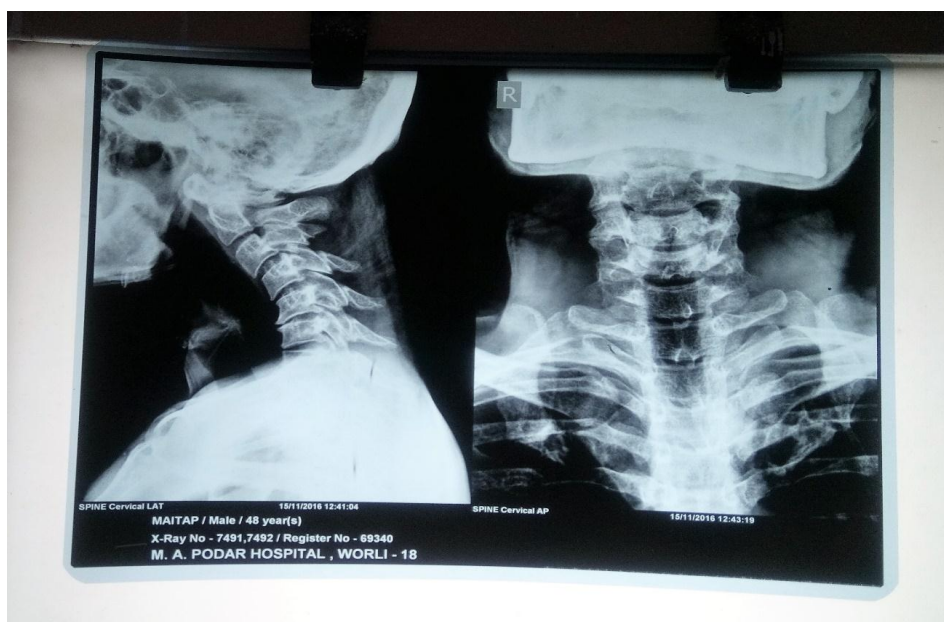
} since 1 month

(Neck pain was during the neck movements i.e. flexion, extension, rotation.)

H/o – Trauma to neck region (before 4-5 years)

X Ray cervical spine (15/11/2016)

Decrease in C4-C5, C5-C6 and C6-C7 intervertebral disc space width noted marginal osteophytes along their antero-lateral borders. (Mild spondylosis).



This patient was treated with administration of Kalabastikrama with sthanik snehana swedana for sixteen days.

Equipments & Instruments required for Basti Procedure

- 1) Khal for mixing of madhu, saindhav, sneha, kalka.
- 2) Basti Yantra.
- 3) Glycerine syringe.
- 4) Disposable rubber catheters.
- 5) Disposable rubber gloves.
- 6) Cotton swab.
- 7) Measuring flasks of various volumes.

This basti karma was done as follows –

Method of preparation of basti

Dashmool niruha and Tiltaila anuvasana was prepared as per standard textual methods.

For this study the quantity of basti ingredients were taken as follows -

- 1) Madhu - 60 MI
- 2) Saindhav – 1 gm
- 3) Tiltaila - 60 MI
- 4) Dashmool Kalka - 40 MI
- 5) Dashmool Kwatha - 800 ml

Means, according to samuday matra, Madhu-3/4 part, Tiltaila-3/4 part, Dashmool kalka-1/2 part and Dashmool kwatha-10 parts was taken for this study.

In this way, total quantity of niruha basti is slightly more than 960 ml.

Preparation of dashmool kwatha

Dashmool kwatha for basti was prepared according to the standard textual methods.

200 gms of dashmool bharad was kept in 3200 ml lukewarm water on the previous night. Next day morning this mixture was boiled till one fourth of the previous quantity of water i.e.800 remains. Then this kwatha was filtered with fine cloth and the dashmool kwatha was prepared.

Niruha basti nirman

Firstly, madhu and saindhava was mixed in khala till formation of homogenous mixture of both. Then Til taila was added to the mixture, it results in homogeneity of mixture, after that this mixture was taken into another pot and dashmool kalka was added to the mixture, that gets absorbed quickly in the mixture and finally dashmool kwatha was added to the mixture and stirred well till formation of homogenous mixture. Then this mixture was filtered with fine cloth. This lukewarm homogenous mixture of kwatha 960 ml was given to the patients with enema can.^[7]

Bastikarma procedure

1) Purvakarma

Patient was asked to evacuate bowel / bladder. Patient was oleated with sesame oil. Oil was applied on kati (lumbar), sphika, udar pradesha and also on manyapradesha i.e. neck region

(sthanik abhangya). The fomentation was given on the same region by nadisweda (sthanik swedana).^[8]

Position of patient

Patient was asked to lie down in left lateral position. i.e. left leg was asked to keep Straight & right leg flexed at knee joint and hip joint.^[8]

2) Pradhanakarma: Kalbastikrama

Anuvasanartha - Tiltaila 120 ml

Niruhaartha - Dashamool kwatha 960 ml

According to Acharya Charakokta kalabastikrama, first 1 and last three anuvasana basti and remaining niruha - anuvasana alternatively i.e.6-6 bastis, like total 16 basti were given to the patient for this study.^[9]

Table no.1: Kalabastikrama^[9]

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Type of basti	A	N	A	N	A	N	A	N	A	N	A	N	A	A	A	A

Where, A - Anuvasana, N - Niruha

Kal – niruha - once a day, morning before breakfast^[10]

Anuvasana - once a day after lunch^[11]

Duration of therapy -16 days^[9]

Route of administration – Per-rectum

Niruha /Anuvasana was prepared accordingly to traditional methods.

Koshna kwatha / oil was loaded in basti yantra. The disposable rubber basti netra (rubber catheter) was attached to basti yantra. Then the column of bastinetra was filled with kwatha / oil, thus no air, remains in the netra.

Oil was applied to the Anal opening & catheter tip. The patient was asked to take deep inspiration as this helps to relax the anal opening which facilitates the entry of basti netra, which is introduced per rectum up to 4 angula.^[8]

Then the basti yantra was held at height so that the niruha / anuvasana dravya enters the pakvashaya, leaving behind few ml of kwatha / taila so that no air passes in pakvashaya.

3) Pashchatkarma

The tadana karma at prustha, sphika & nitamba was done.^[12] The patient was asked to lie comfortably in the supine position for 5 minutes.^[12]

Basti pratyagam kala and symptoms after giving basti and after Bastipratyagam, found in patient was accessed daily. Patient was advised to avoid atichankramana, divaswaap etc. granthokta ahitakara aahara viharadi and advised to follow hitakara aahara viharadi for twice the duration of basti karma.^[13]

Criteria for Assessment^[14]

The improvement in the patient was assessed on the basis of relief in signs and symptoms of the disease. All the signs and symptoms were given scoring depending upon their severity to assess the effect of the treatment objectively.

Table no. 2: Pain score

Sr. no.	Pain	Score
a	No Pain	0
b	Pain in the neck, mild aggravates with movement, but no radiation to arm	1
c	Pain neck, severe aggravates with movement, no radiation to arm	2
d	Pain mild or severe with radiation to arm	3
e	Pain neck, radiation and disturbed the sleep	4

Restricted neck movements

Table no. 3: Flexion score

Sr. no	Flexion	Score
a	No restriction i.e. able to touch the interclavicular line	0
b	Up to 2cms difference between the chin and interclavicular line	1
c	2-4cms difference between the chin and interclavicular line	2
d	More than 4cms difference	3

Table no. 4: Extension score

Sr. no.	Extension	Score
a	Normal i.e. able to extend the head up to the level when tip of nose and forehead becomes in horizontal plane approximately flexion to extension - 130°	0
b	Movement up to 120°	1
c	Movement up to 110° - 120°	2
d	Movement less than 110°	3

Table no. 5: Lateral rotation score

Sr. no	Lateral Rotation	Score
a	Normal i.e. able to make complete rotation of neck	0
b	Rotation with little difficulty	1
c	Rotation side to side only	2
d	Rotation one side only	3

Table no. 6: Lateral flexion score

Sr. no	Lateral Flexion	Score
a	Normal i.e. the ear touches to the shoulder tip	0
b	Up to 3cms difference between the ear and shoulder tip	1
c	3 – 5cms difference between the ear and shoulder tip	2
d	More than 5cms difference	3

Table no. 7: Other symptom score

Sr. no	Other symptom	Score
a	Symptom present before starting the treatment	2
b	Any improvement in symptom after the treatment	1
c	Complete remission of symptom after treatment	0
d	No change	2

OBSERVATION AND RESULT**Table no. 8: Patient had following score,**

Sr.no.	Criteria	Before kalabastikrama	After kalabastikrama
1	Pain	4	1
2	Restricted neck movements:		
	a. Flexion	3	1
	b. Extension	3	0
	c. Lateral rotation	3	1
	d. Lateral flexion	3	1
3	Other symptom:		
	a. Tingling sensation in Rt. Hand	2	0
	b. Burning sensation in Rt. Hand	2	1

DISCUSSION

- In our science, considering Manyatatavata (Cervical spondylosis) as an vaatvyadhi, basti treatment is advisable to cure the disease, as basti is the basic treatment of all vaatvyadhis.^[3]
- Basti is said in Ayurveda as half of the whole treatment schedules while some aacharyas consider it as whole treatment. It is said to control almost all the diseases, all the dosha and it is very acute on onset, though it is typically scheduled to eliminate and pacify vayu.^[15]

- Basti is the best and total treatment for vata as said by Acharya charaka “Bastirvataharanam”.^[16]
- By basti, health is achieved like tree fed with water and roots nourishes whole tree, basti nourishes whole body.^[17] Basti drug first reaches to pakwashaya. Pakwashaya is mula sthana for vatadosha. Basti, by pacifying vikrita vata dosha at its mula sthana, gets control on vata all over the body.
- According to modern medical science, as per basti / enema concerned, in transrectal route, the rectum has rich blood and lymph supply. Oil can cross the rectal mucosa like other lipid membrane. Thus by entering in general circulation, basti drugs acts on whole the body.
- Ayurvedic classics emphasise that vata is the master humour and hence basti karma is the master therapy for all major ailments afflicting the body.^[18] Thus according to Ayurveda the gut is the most major important part of the body that governs the function of entire body.
- The main abode of vayu is said in Ayurvedic classics as Pakvashaya and Basti pacifies this vayu by its potency lodging in Pakvashaya. The control of basti over the whole body from pakvashaya can be co related with ENS (enteric nervous system) also called as mini brain.^[19]
- In allopathic science of medicine, rectal transmucosal route is used for systemic effects if other more preferable routes are not available. Rectal administration provides rapid absorption of many drugs and may be an easy alternative to the intravenous route, having the advantage of being relatively painless.^[20]
- Basti contains several drugs and inserted in warm condition in fairly good amount. These factors are quite enough to influence the primary afferent neurons and here by ENS. Basti fluid by its direct action on nerve endings can control the whole body by influencing hormonal secretions and CNS. Moreover, abhangya and swedana prior to basti therapy may have some role in influencing the ENS. The drugs may also be transported to the circulation by local veins and lymphatics and thus mitigates the disease elsewhere in the body.^[20]
- The sneha used in basti is mainly composed of triglycerides, fatty acids, phospholipids etc. Short chain and medium chained fatty acids are present in ghee, milk and other natural oils which are used in basti. These two fatty acids are absorbed through the wall of colon as they do not require bile salt or pancreatic lipase or miscelle formation for the

absorption. Colonic bacteria act upon the other substances used in basti to produce short chain fatty acids. SCFA is rapidly absorbed and stimulates colonic NaCl and fluid absorption. It lowers the colonic pH which protects the colonic mucosal layer from formation of polyps, inhibits inflammation and adhesions of irritants and increase mineral absorption. It also influences the immune function of the body by production of helper T cells, leucocytes, cytokines and modulation of lymph mechanism.^[20]

- The sneha also contains medium chain fatty acids which are having additional effects of protection from various infections. Vitamins and minerals absorption is also increased after basti.^[20]

CONCLUSION

Manyagatavata (Cervical spondylosis) is a type of Vatavyadhi in which Bastikrama and snehana-swedana is good one among the treatments. Kalabastikrama of Til taila Anuvasana, Dashmula kwatha Niruha with sthanik snehana and swedana is much beneficial in the patient of Manyagatavata (Cervical spondylosis) by relieving the neck pain, neck stiffness and other symptoms like burning and tingling sensation in hands. But this study needs further evaluation on large number of patient to finally conclude this treatment.

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