WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.074
Volume 7, Issue 17, 664-669. Review Article ISSN 2277– 7105

CONTEMPORARY HETUS OF ASTHIMAJJAGATA VATA(MANYAGATA VATA) W.R.T CERVICAL SPONDYLOSIS: A REVIEW STUDY

Dr. Kiran D. Mundwaik[1]* and Dr. Sanjeevkumar Bagore[2]

[1]M.D. Scholar, Rognidan Evum Vikruti Vigyan.

[2]Associate Professor, Rognidan Evum Vikruti Vigyan.

Article Received on
13 August 2018,

Revised on 02 Sept. 2018,
Accepted on 23 Sept. 2018,

DOI: 10.20959/wjpr201817-13456

***Corresponding Author**
Dr. Kiran D. Mundwaik
M. D. Scholar, Rognidan Evum Vikruti Vigyan.

ABSTRACT

Cervical spondylosis is a term used for ages, related wear & tear affecting the bones, joints & disc of the neck. As cervical spondylosis is most common disorder of cervical spine. It usually occurs in men & women older than 40 years & progresses with age Men usually develop it in earlier age than women. Nearly 50% of people over the age of 50 yrs & 75% of those over the age of 65 yrs have typical radiographic changes of cervical spondylosis. With increase of age disc gradually breaks down & become stiffer & develops bony growth (osteophytes) cause spinal cord compression resulting Pain. In *Ayurveda*, cervical spondylosis is compaired with manyagata vata. The Predominant function of vata is movement in skeletomuscular Nervous System & problems related to this system are caused due to vitiated *vata*. The vitiation of *vata* is caused by two mechanisms. One of them is obstruction to *vata* due to aama or malfunctioning of *kapha & pitta*. The other one is increase of *vata* independently (the degenerative problem). Pain in neck, shoulder & arms, stiffness of neck & even paraplegia occurs due to this condition. The pain of neck is generally aggravated by the movement of spine resulting sleeplessness.

KEYWORDS: Contemporary hetus, asthimajjagata vata, manyagata vata, Cervical spondylosis.

BACKGROUND

Cervical spondylosis is essentially a degenerative disorder common after fourth decade. It has been seen that radiological evidence of cervical spondylosis do not necessarily co- relate with clinical findings. This discrepancy has been attributed to the morphmetric dimensions of the

vertebrae, age, sex, race, occupation, weight and height of the patients.

INTRODUCTION

According to ayurvedic tridosha teaching rheumatic symptoms result from an inequality and discharmony among the three doshas in particular form a predominance and dysfunction of the vata dosha. asthimajja gata vata of ayurveda is similar with as. Asthi majjagata vata is characterized by the vitiated vata affecting asthi dhatu (bones).

Asthimajjagata vata is characterised by the signs and symptoms like

1. Asthibhed(pain in bones),
2. parva bhed (pain in interphalangial joints),
3. sandhishool (joint pains),
4. mamsa kshaya (atrophy of muscles),
5. bala kshaya(loss of strenth / weakness),
6. aswapna (lack of sleep/ disturbed sleep)
7. satata ruk (continuous pain)

In cervical spondylosis, degenerative changes start in the intervertebral discs with osteophyte formation and involvement of adjacent soft tissue structures. Many people over 30 yrs show similar abnormalities on plain radiographs of the cervical spine, however, so the boundary between normal ageing and disease is difficult to define. Even severe degenerative changes are often asymptomatic, but can lead to neck pain, stiffness, or neurological complications.

This article will help to diagnosis of cervical spondylosis and the evidence available for the different treatments. I will also mention some practical measures that are thought to be important but have not yet been studied. Specific conditions like fibromyalgia, disc prolapse, and whiplash will not be considered, although some patients with these conditions may have been included in therapeutic studies.

About two third of the population have neck pain at some time in their lives and prevalence is highest in middle age. In a general practice survey of adults in the United Kingdom, 25% of women and 20% of men reported current neck pain. In a Norwegian survey of 10 000 adults, 34% of responders had experienced neck pain in the previous year. After back pain, neck pain is the most frequent musculoskeletal cause of consultation in primary care worldwide. In the UK about 15% of hospital based physiotherapy and in Canada 30% of chiropractic

referrals are for neck pain. Epidemiological studies of neck pain are mostly based on questionnaire or population surveys and may overestimate the frequency of the condition. Despite these methodological difficulties, they do provide evidence that neck pain places a heavy burden on individuals, employers, and healthcare services.

Cervical spondylotic myelopathy (CSM) is the most common cause of spinal cord dysfunction. This disease is caused by the degeneration of various components of the vertebra including the vertebral body, intervertebral disc, supporting ligaments, and the facet and other true joints.

These anatomical changes, specifically the development of osteophytic spurs, may lead to the narrowing of the spinal canal and potentially to mechanical compression of the neural elements. Long-standing compression of the spinal cord, in turn, can result in irreversible damage including demyelination and necrosis of the gray matter. The onset of CSM is insidious and usually progresses in a stepwise fashion. Furthermore, CSM may be asymptomatic or may present with a wide range of symptoms, from numb clumsy hands to severe gait impairment.[1,2] Since CSM has an insidious manifestation, it is essential to determine risk factors associated with this condition. Identification of these factors will allow clinicians to monitor their high-risk patients and implement appropriate management strategies.

According to Ayurveda the *vata is* the principle factors of movement and has the predominant function with the skeleto-muscular system and the nervous system. Problems relating to these system are predominantly caused by vitiated *vata*. The vitiation of *vata* is caused by two mechanisms. One of them is obstruction to *vata* due to malfunctioning of *kapha, pitta and aama*. The other one is increase of *vata* independently (the degenerative problem).

AIM

To study the Contemporary *Hetus* of *asthimajjagata vaata(manyagata vata)* w.r.t cervical Spondylosis.

OBJECTIVES

1. To assess the contemporary *hetus* of *asthimajjagata vata(manyagata vata)* w.r.t. cervical spondylosis.

2. The objective of this study is to co-relate clinically and statistically the variables like age, sex, race, height, weight, occupation, canal body ratio of cervical spine vertebrae and to find which the above variables either singly or as a group are the causative factors in causing cervical spondylosis.
3. To study prevalence of cervical spondylosis in India.
4. To study relation between *asthimajjagata vata(manyagata vata)* and cervical spondylosis.
5. To study risk factors of cervical spondylosis.

Contemporary etiological factors of cervical spondylosis

- Trauma or any injury
- Excessive intake of sour and spicy food in your diet causes early degeneration.
- Incorrect posture while sleeping and working.
- Genetic abnormality.
- Occupation
- Working on computer for long hours.
- Increase in age.
- Due to intake of cold food
- Direct exposure of wind
- Intake of heavy meals at night.
- Use of improper pillow while sleeping
- Lack of sleep at night or sleeping during day time.
- Intake of *Ruksha*(dry), *shit*a (cool), *laghu*(light) food.
- Taking meals in *alpa matra* (less quantity).
- Increasing gaps in between the meals.
- Taking in more *katu*(spicy), *tikta*(bitter), *kashyas*(astringent) food in the diet.
- Having late night works schedules.
- Due to excessive smoking
- Having lifestyle that involves overindulgence in physical, mental and sexual activity.
- Cervical spondylosis is caused by chronic degeneration of the cervical spine, the cushions between the neck vertebrae, and joints between the bones of the cervical spine.
- A previous neck injury can predispose to a person to cervical spondylosis.
- Carring loads on your head.
- Professional dancing.

- Professional gymnastics.

Complications of cervical spondylosis

- Chronic neck pain.
- Progressive loss of muscular function or feeling.
- Inability to retain feces
- Urinary incontinence.

MATERIALS AND METHODS MATERIALS

Present study is literary study. Hence only literary material was used as data. Literary data was collected using ayurvedic texts as well as electronic database like Pub Med, Google Scholar, IJPAR, Ayush research portal along with modern Textbooks of Medicine.

Data sources and selection criteria

I searched Current Contents, and Medline for therapeutic options to treat mechanical neck pain when preparing and updating an article for Clinical Evidence. This review is based on that article.

Methods

No specific methods were used during the study as it is literary study.

RESULT AND DISCUSSION

No statistical data and statistical tests have been used. Only collected literary data was analyzed. It was observed that the national standardize prevalence of cervical spondylosis in India is more than the other countries. It will definitely help to lower the prevalence rate of cervical spondylosis and its complications.

By studying the contemporary etiological factors we can prevent cervical spondylosis and its complications. The identification and management of cervical spondylosis individuals is therefore crucial to our efforts to make health care more affordable and prevent preventable diseases in earlier stages to avoid complications and save lives. By doing so, we may be able to focus on the risk of patient with cervical spondylosis.

CONCLUSION

1. Prevalence of cervical spondylosis in India is increasing day by day.
2. This is right time to develop a proactive approach to cervical spondylosis.
3. We can rule out the causes of cervical spondylosis and prevent high risk patients from it.
4. Cervical spondylosis is treatable condition. Lifestyle and food habit changes may help. Our article has further scope for researchers and students to do clinical trials and have statistical evidence.
5. This is only literary study and hence conclusions have some limitations but further clinical trials may provide evidence based and stronger conclusion.

ACKNOWLEDGEMENT

We authors are very thankful to all those respectable seniors who guided us.

REFERENCES

1. Vd. Sharma P., reprint 2009, chaukhamba sanskrit pratishthan, charak samhita chikitsasthan, adhyay 28, Vatavyadhichikitsaadhyay 693.
2. Dr. Rande S. and Dr. Kalaskar A. Rognidan part 1 reprint Oct. 2015 proficient publishing house, pune, chapter 2, vyadhi vigyan, 134-135.
3. Dr. Rande S. and Dr. Mrs. Rande S., A textbook of kayachikitsa part II, chaukhamba Sanskrit pratishthan, Delhi , chapter 5, Asthivaha strotas, 399-400.
4. www.naturovillepsa.com/treatment/cervical.html
5. https://www.ayurvedatreatments.co.in/ayurvedatreatments/index.ph
6. www.ncbi.nlm.gov/pmc/articles/PMC3592758
7. http://healthyone.org/causes-and-riskfactorsofcervicalspondylosis/&grqid=AHtLc1uC&hl=en-IN
8. https://www.ayurvedatreatments.co.in/ayurvedatreatment/index.php/ayurvedic-treatments/46-cervical-spondylosisisanditsayurvedic-treatment-in-ayurveda-cervical-spondylosis-is-discussed
9. https://www.ncbi.nlm.nih.gov/m/pubmed/25983502
10. http://www.sciencedirect.com/science/article/pii/SO976566214000708
11. https://www.jiva.com/diseases/cervical-spondylosis
12. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1819511/