



A COMPARATIVE STUDY ON THE EFFECT OF ARKAPATRA SWEDA AND DASHAMOOALA KWATHA SWEDA IN THE MANAGEMENT OF MANAYASTAMBHA

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ABSTRACT

Background- Excess use of modern technology such as computer applications, irregular sleeping posture, improper working habits leads the manifestation of several types of *nanatmaj Vata Vyadhi* such as *Manyastambha*, which hampers normal activities of human being. Now days this disease has become a major health problem in young and old age. Basing on the sign and symptoms *Manyastambha* may be correlated with cervical spondylosis of modern science. Therefore, the present study is carried out to evaluate the efficacy of *Arka patra Sweda* and *Dashamoola kwatha Sweda* in the management of *Mantastambha* and also to compare the efficacy of *Arka patra Sweda* and *Dashamoola kwatha Sweda* in the management of *Manyastambha*. The treatment was conducted for 21 days and the response of treatment was recorded by parameters. **Aim & Objectives of the Study** **1.** To evaluate the efficacy of *Arka patra Sweda* and *Dashamoola kwatha Sweda* in the management of *Manyastambha* **2.** To compare the efficacy of *Arka patra Sweda* and *Dashamoola kwatha Sweda* in the management of *Manyastambha* **Methodology** This is a comparative clinical study in which 30 patients (including both group) were selected on the basis of simple randomized sampling procedure **Observation & Result** No complications of *Swedana (atiyoga, ayoga and mithya yoga)* were absorbed in this study. Both *Arka patra Sweda* and *Dashamoola kwatha Sweda* Showed significant results in all the parameters. **KEYWORDS:** *Manyastambha*, Cervical spondylosis, *Arka patra Sweda*, *Dashamoola kwatha Sweda*.

INTRODUCTION:

Health and ailing, pleasure and pain, ease and disease are in born properties of human life, centuries and centuries succeeded in struggle between man and disease. Now a day man has become vulnerable for many neurological problems due to perverted food habits, life styles and unnecessary professional competitions along with the conditions of roads and traffics. These neurological problems may be major or minor, do require permanent solutions. If these conditions are not managed immediately they may lead to permanent disabilities.¹

Ayurveda is a rich store house of time tested and effective methods for the treatment of several obstinate and incurable diseases. An example for this is *Panchakarma* Chikitsa that has drawn the attention of scientist worldwide. The clinical efficacy of *Panchakarma* procedures deserves appreciation and hence continues to attract the people, physicians and research workers worldwide.²

Manyasthamba is explained as one of the *Vataja Nanatmaja Vikara*, so it is obvious that this disease occurs due to vitiation of *Vata*. In *Manyasthamba*, the back of neck becomes stiff or rigid and also mobility of neck is impaired. The sign/symptoms of *Manyasthamba* are found similar with Cervical Spondylosis of the contemporary system of medicines because of similar signs and symptoms³

Modern medicines mainly targets pain relief. Commonly used drugs are nonsteroidal anti-inflammatory drugs, other analgesics and muscle relaxants, which have many side effects like gastric irritation, hepato-renal toxicity, drug dependence etc. Even after such medical treatment there is progressive cord dysfunction and persistent pain. Also majority of population is reluctant to undergo surgery which is costly & doesn't give permanent cure.⁴

NEED OF STUDY

Hence there is a need for study to find an effective, affordable & easily available treatment of *Manyastambha* i.e. Cervical Spondylosis. *Sweda* is indicated in *Manyasthamba* by almost all the *Acharyas* but In *Bhavaprakash Acharya Bhavamishra* indicated *Arka patra Sweda* and *Dashamoola kwatha Sweda* here which was taken for study.

AIM & OBJECTIVES OF THE STUDY:

1. To evaluate the efficacy of *Arka patra Sweda* and *Dashamoola kwatha Sweda* in the management of *Manyastambha*.
2. To compare the efficacy of *Arka patra Sweda* and *Dashamoola kwatha Sweda* in the management of *Manyastambha* .

Method of collection of data:

This is a comparative clinical study in which 30 patients (including both group) were selected on the basis of simple randomized sampling procedure according to inclusive criteria.

Research design

Group-A:-15 patients will be treated with *Arka patra Sweda* for seven days.

Group-B:- 15 patient will be treated with *Dashamoola kwatha Sweda* for seven days.

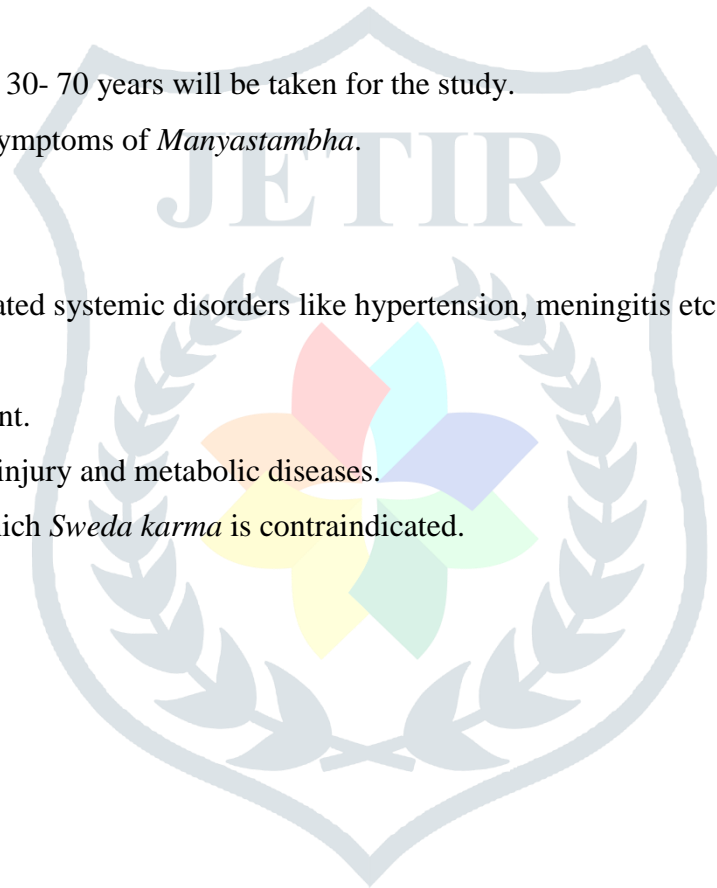
Selection criteria: The cases were selected strictly as per the pre-set inclusion and exclusion criteria.

Inclusion criteria:

1. Patient of age group of 30- 70 years will be taken for the study.
2. Patient with sign and symptoms of *Manyastambha*.

Exclusion criteria:

1. Patient with the associated systemic disorders like hypertension, meningitis etc.
2. Any skin disorder.
3. Non co-operative patient.
4. Patient with traumatic injury and metabolic diseases.
5. All the condition in which *Sweda karma* is contraindicated.



Name of Botanical Drugs	Botanical Name	Rasa	Guna	Veerya	Vipaka	Dosha	Actions
Bilva	<i>Aegle marmelos Correa</i>	Kashaya, Tikta	Laghu Ruksha	Ushna	Katu	KaphaVata Shamaka	Shothahara Vedanasthapaka
Agnimantha	<i>Premna serratifolia</i>	Tikta, Katu, Kashaya	Ruksha, Laghu	Ushna	Katu	KaphaVata Shamaka	Shothahara Vedanasthapaka
Shyonaka	<i>Oroxylum indicum Vent.</i>	Madhura, Tikta,	Laghu, Ruksha	Ushna	Katu	KaphaVata Shamaka	Shothahara Vedanasthapaka
Patala	<i>Stereospermum suaveolens</i>	Tikta, Kashaya	Laghu Ruksha	Ushna	Katu	KaphaVata Shamaka	Shothahara Vedanasthapaka
Gambhari	<i>Gmelina arborea Roxb</i>	Tikta, Kashaya,	Guru	Ushna	Katu	TriDosha Shamaka	Shothahara Vedanashamaka
Kantakari	<i>Solanum virginianum</i>	Tikta, Katu	Laghu, Ruksha, Teekshna	Ushna	Katu	KaphaVata Shamaka	Shothahara Vedanasthapaka
Bruhati	<i>Solanum indicum</i>	Tikta, Katu	Laghu, Ruksha,	Ushna	Katu	KaphaVata Shamaka	Shothahara Vedanasthapaka
Shalaparni	<i>Desmodium gangeticum</i>	Madhura Tikta	Guru, Snigdha	Ushna	Madhura	TriDosha Shamaka	Shothahara
Prushniparni	<i>Uraria picta</i>	Madhura, Tikta,	Laghu, Snigdha	Ushna	Madhura	TriDosha Shamaka	Shothahara
Gokshura	<i>Tribulus terrestris</i>	Madhura	Guru, Snigdha	Sheeta	Madhura	Vatapitta Shamaka	Vedanasthapaka Shothahara

Table 1 showing the dashamoola drugs with guna and karma

ARKA

Latin name: Calotropis procera

Family : Asclepiadaceae

Pharmacological properties;

Rasa – katu , tikta

Guna – laghu , ruksha, tikshna

Virya – ushna

Vipaka – katu

Dosha karma – *kaphaVatashamaka, kaphapittashamka*

TILA TAILA (Sesamum oil)

Latin name : Sesamum indicum Linn.

Family : Pedaliaceae

Pharmacodynamics :

Rasa : Madhura, Kashaya, Tikta

Virya : Ushna

Doshagnata : Vatashamaka

Guna : Guru, Snigdha

Vipaka : Madhura

INVESTIGATIONS:

- CBC
- ESR,
- RBS ,
- URINE ROUTINE (if necessary)



RADIOLOGICAL EXAMINATIONS:

- X- ray cervical spine AP and Lat. view.
- MRI (if needed)

Criteria for Diagnosis:

The Diagnosis is mainly based on clinical presentation of the patients, according to signs and symptoms like *Ruja and stambha in Manyapradesha* mentioned in classical *Ayurvedic* texts and also the signs and symptoms of cervical spondylosis as explained in modern texts which are described under Subjective parameters and objective parameters

Treatment schedule:

Group A - *Stanik abhyanga with Moorchit Til Taila* and followed by *Arka patra Sweda*

For 7 days.

Two follow up were conducted in the 7 days interval i.e 7th and 14th days after the therapy.

Total time period for the therapy is 21 days.

Group B – *Dashamoola kwatha Nadi Sweda* for 7days.

Two follow up were conducted in the 7 days interval i.e 7th and 14th days after the therapy.

Total time period for the therapy is 21 days.

ARKA PATRA SWEDA:**PURVA KARMA:**

Patients were selected after fulfilling the criteria; and were briefed about the intended procedure. They were asked to lay over the droni in prone position. After that *sthanik abhyanga* was done with *moorchita til taila*.

PRADHANA KARMA

Preparation of potali: The fresh 25 – 30 leaves of *Arka* was taken and washed with water and chopped into small pieces and fried in 100ml of *moorchita til taila* till it attain a brown tinge and made into *pottali*. The prepared *pottali* was heated with *moorchita til taila* in a hot iron pan up to 42- 46°c. It was applied after checking the temperature and applied over thoracic and cervical region and over the shoulder and neck region with mild pressure in prone position. Care was taken to maintain the temperature through out the procedure by reheating the *pottali*

Duration of Swedana: Procedure was done for 15-20minutes till *Samyak Swinn Lakshana*.

PASCHAT KARMA: Later after *Swedana*, the *Mardana* will be done and the patient was asked for relaxation for 5-10minutes and after that patient was asked to take *snana with sukhoshna jala*.

Dashamoola kwatha Sweda:

PURVA KARMA

Patients were selected after fulfilling the criteria and were briefed about the intended procedure. They were asked to sit comfortably over a stool of knee height.

PRADHAN KARMA

Preparation of drug: 100 g of *Dashamoola* was taken and 1.5 litre of water was added to it. Heated it on mild fire and reduced to get half litre of *kwatha*. The cooker is placed over stove and rubber nozzle is attached to it.

Procedure: Ask the patient to sit comfortably on a stool when the vapors take the free end of the rubber tube direct the vapors towards cervical region, thoracic region, neck and shoulder. Continue this procedure till *Samyak Swinn Lakshana*. Care was taken to prevent the scalding.

Duration of *Swedana*: Procedure was done for 15-20minutes till *Samyak Swinn Lakshana*. Later after *Swedana*, the *Mardana* was done and the patient was asked for relaxation for 5-10minutes and after that patient was asked to take *snana with sukhoshna jala*.

Pathya during and after treatment:

One should take light meal and Luke warm water. Stay in windless place. Avoid dust, smoke, sunshine, anger, riding, day sleep, cold water use and excessive use of fat and liquid diet.

METHODS OF ASSESSMENT OF CLINICAL RESPONSE:

Clinical parameters and functional parameters were made out to assess the clinical response in single groups.

A). Subjective parameters:

- a) Neck Pain
- b) Neck Stiffness
- c) Neck immobility

B) Objective parameters:

- a) Tenderness
- b) Swelling

C) Range of motion

Movement	Normal range of movement
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- | | |
|------------------------|--|
| 1) Flexion | :- 80 ⁰ (Limit, chin touching chest.) |
| 2) Extension | :- 50 ⁰ |
| 3) Rt. Lateral flexion | :- 45 ⁰ |
| 4) Lt. lateral flexion | :- 45 ⁰ |

These range of movement of the neck region was measured with the help of a goniometer. The readings were taken in degrees directly & no grading were made as such.

TABLE NO. 2 GROUP A VS GROUP B (overall comparison)

Good response	76%-100% improvement in clinical & function
Fair response	51%-75% improvement in clinical & function
Poor response	Upto26% - 50% improvement in clinical & function
No response	25% - no improvement in clinical & function

TABLE NO. 3 Overall Assessment of Clinical response:

Sr.no	Parameters	Follow up	GROUP A Mean±S.E	GROUP B Mean±S.E	d.f	t!. value	p.valu e	Remarks
1.	Tenderness	Initial	3.27±0.15	2.93±0.15	28	1.54	-	N.S
		AT 9	22.33±0.19	2.00±0.14	28	1.43		N.S
		AT ₁	1.33±0.19	1.27±0.15	28	0.28		N.S
		AT ₂	0.40±0.13	0.87±0.13	28	2.50	P<0.05	S
2.	Swelling	Initial	2.00±0.20	2.07±0.12	28	0.29	-	N.S
		AT	1.13±0.19	1.20±0.11	28	0.30		N.S
		AT ₁	0.67±0.13	0.93±0.7	28	1.87		N.S
		AT ₂	0.27±0.12	0.73±0.12	28	2.79	P<0.05	S

Table No. 4 showing the comparative effect of *Swedana karma* on Subjective parameters

Sr.no	Parameters	Follow Up	GROUP A Mean±S.E	GROUP B Mean±S.E	d.f	t!. value	p.value	Remarks
1.	PAIN	Initial	2.87±0.22	2.73±0.21	28	0.45	-	N.S
		AT	2.13±0.17	2.00±0.17	28	0.56		N.S
		AT ₁	1.47±0.13	1.40±0.16	28	0.32		N.S
		AT ₂	0.60±0.13	1.13±0.13	28	2.85	P<0.05	S
2.	STIFFNESS	Initial	2.47±0.13	2.27±0.12	28	0.53	-	N.S
		AT	1.53±0.17	1.47±0.13	28	0.31		N.S
		AT ₁	0.93±0.12	1.13±0.09	28	1.34		N.S
		AT ₂	0.40±0.13	0.87±0.17	28	2.21	P<0.05	S
3.	IMMOBILITY	Initial	2.27±0.18	2.23±0.13	28	0.30	-	N.S
		AT	1.47±0.17	1.53±0.17	28	0.29		N.S
		AT ₁	1.00±0.14	1.33±0.13	28	1.78		N.S
		AT ₂	0.40±0.13	0.93±0.21	28	2.18	P<0.05	S

GROUP A VS GROUP B - SUBJECTIVE PARAMETERS

GROUP A VS GROUP B – OBJECTIVE PARAMETERS

Sr.no	Parameters	Follo w up	GROUP A Mean±S.E	GROUP B Mean±S.E	d.f	t. value	p.valu e	Remarks
1.	FLEXION	Initial	59.66±1.4 1	59.33±1.5 3	28	0.15	-	N.S
		AT	66.7±1.34	66±1.4	28	0.36		N.S
		AT ₁	71.53±1.5 9	70±1.38	28	0.72		N.S
		AT ₂	74.33±1.5 3	72.33±1.5 3	28	0.9		N.S
2.	EXTENSION	Initial	31.33±1.0 3	31.66±1.0 5	28	0.22	-	N.S
		AT	36.66±0.9 3	36.33±1.1 4	28	0.22		N.S
		AT ₁	41.66±1.1 6	41±1.11	28	0.41		N.S
		AT ₂	45.66±1.0 7	43±1.17	28	1.67		N.S
3.	RT.LATERAL FLEXION	Initial	30±1.19	29.6±1.2	28	0.41	-	N.S
		AT	34±0.72	34.6±0.76	28	0.63		N.S
		AT ₁	39.66±1.2 4	38.33±1.1 6	28	0.78		N.S
		AT ₂	42±0.95	40.6±0.82	28	1.05		N.S
4	LT.LATERAL FLEXION	Initial	30.33±1.0 3	29.66±1.2 4	28	0.41	-	N.S
		AT	34.66±0.3 3	34±0.72	28	0.83		N.S
		AT ₁	39.6±1.24	38.6±1.24	28	0.56		N.S
		AT ₂	42.33±0.8 2	40.3±0.76	28	1.77		N.S

RANGE OF MOTION**TABLE NO. 5 RANGE OF MOTION**

Both the *Arka patra Sweda* and *Dashamoola kwatha Sweda* are found to be highly significant in all the subjective & the objective parameters taken for the study. There was a highly significant difference observed in between *Arka patra Sweda* and *Dashamoola kwatha Sweda* groups in all the parameters except in range of motion (flexion, extension, Rt and Lt. Lateral flexion) there is no significant seen during both group comparison. Group A shows better result i.e 83.94% whereas Group B shows less results i.e 63.24%. So from all the above assessments it can said that Group A is better than Group B.

TABLE NO. 6 GROUP A AND GROUP B COMPARISON

Sr.no	Parameters	Follow up	GROUP A Mean±S.E	GROUP B Mean±S.E	d.f	t!. value	p.value	Remarks
1.	OVERALL	Initial	12.87±0.29	12.33±0.35	28	1.18	-	N.S
		AT	8.60±0.27	8.20±0.24	28	1.10		N.S
		AT ₁	5.40±0.32	6.07±0.34	28	1.42		N.S
		AT ₂	2.07±0.25	4.53±0.34	28	5.90	P<0.01	H.S

DISCUSSION:

Due to the *nidana* found in the patient *Vata* and *kapha Dosha* gets triggered and establishes the disease at the *manya* (neck). The *manya sthana* consist of *snayu* , *peshi*, *kandara*, and *siras*.⁵ The *snayu* , *peshi* , *kandaras* are inter woven with *sleshma dhara kala* which lubricates and helps the movement of *manya*.⁶ This *shleshma dhara kala* is the site of *kapha sthana* which bears the *sleshma guna*.⁷ The *kapha* which got *dushti* with the above said *nidana* it vitiate the *sleshma dara kala* and by possessing *ama guna* it causes *stambatwa* in the *manyas* thus the movement of neck is arrested which we call as *Manyastambha*.⁸ Due to *kapha dushti* and *sama guna srota avrodha* takes place and causes *hindarance* to the movement of *Vata*. Thus *Vata* gets vitiation and causes pain in the neck. Hence the *stambatwa* and *vedana* are manifested as two cardinal signs and symptoms of *Manyastambha* which are caused by *Vata kapha Doshas*.⁹

MANAGEMENT OF *Manyastambha*:

Ayurvedic approach to *Manyastambha* is to remove *srota avroda* caused by *kapha dushti* and *sama* factor in the tissue and there by allowing the free movement of *Vata*. By improving the *dhatu poshana* the *Vata* will be kept under *shamana* and the *dhatu kshaya* will be controlled thus preventing the reoccurrence of the disease. In this condition, pain and stiffness are the main symptoms of the *Manyastambha* which can be attributed to *Vata* and *Kapha Dosha*. *Sweda* is indicated for *Srothoshodhana*, which liquefies the *kapha* and allows the free movement of *Vata*, which are in *Manyapradesha*. By *Swedana*, in addition to the we also get *Agni Deepti*,

Mardavatha, Vikaropashamana, Sthamba Nigraha and Shoolahani. Hence In this study we have taken two drugs for *Swedana karma* i.e

- 1) *Arka patra Sweda*
- 2) *Dashamoola kwatha Sweda*

Arka patra is *Vata kapha shamak* and also *Vata pitta shamak*. *Dashamoolas* are mostly *Vata kapha shamak* and also having *triDosh*a shamak properties.¹⁰

CONCLUSION:

It is observed that the *Manyastambha* disease clinical features are similar to cervical Spondylosis *Manyastambha* is one of the *Vataja Nanatmaja vyadhis*. The *Doshas* involved in this disease are mainly *VyanaVata* and *Sleshaka Kapha*. *Arka patra* and *Dashamoola* is having *Vatahara* and *kaphahara* properties. No complications of *Swedana* (*atiyoga, ayoga and mithya yoga*) were absorbed in this study. Both *Arka patra Sweda* and *Dashamoola kwatha Sweda* Showed significant results in all the parameters.

CONFLICT OF INTEREST – NIL

SOURCE OF SUPPORT -NONE

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