



“A COMPARATIVE CLINICAL STUDY TO ASSESS THE EFFECT OF MASHASAPTAKA KWATA AND LAGHU PANCHAMoola KWATA IN THE MANAGEMENT OF MANYA STAMBHA WITH SPECIAL REFERENCE TO CERVICAL SPONDYLOSIS”

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Abstract : Manyastambha is one of the common disorders described in Ayurveda under Vataja Nanatmaja Vyadhi, characterized mainly by pain, stiffness and restricted movements in the neck region. In the present era, sedentary lifestyle, prolonged computer and mobile usage, improper posture, stress and degenerative changes have significantly increased the incidence of cervical spine disorders. Cervical Spondylosis, a degenerative condition affecting the cervical vertebrae and intervertebral discs closely resembles the clinical features of Manyastambha described in Ayurvedic classics.

According to Ayurveda, vitiation of Vata Dosha associated with Kapha Dosha leads to stiffness (Stambha), pain (Shoola), and limitation of neck movements. Nidanas such as Divaswapna, Urdhwa Nireekshanam, Asanasthana Vikruti contribute to the manifestation of Manyastambha. The pathology involves degeneration of Asthi and Majja Dhatu along with impairment of cervical musculature and joints.

Modern science explains cervical spondylosis as age-related wear and tear of cervical discs, osteophyte formation and narrowing of intervertebral spaces leading to compression of nerves and surrounding structures. Common symptoms include neck pain, stiffness, radiating pain, headache and restricted neck movements.

The present study aims to evaluate Mashasaptaka Kwata and Laghu Panchamoola Kwata in the management of Manyastambha with special reference to cervical spondylosis.

Key words : Manyastambha, Cervical Spondylosis, Mashasaptaka Kwatha, Laghu Panchamoola Kwatha.

INTRODUCTION

Health is defined in Ayurveda as the balanced state of the three Doshas Vata, Pitta and Kapha. Any disturbance in this equilibrium leads to disease. Ayurveda is not merely a collection of theoretical principles but a practical clinical science aimed at promoting healthy living, longevity, and overall well-being.

In the modern era, rapid changes in lifestyle have contributed significantly to various musculoskeletal and neurological disorders. Long working hours, improper sitting posture, excessive use of electronic devices, stressful routines, travelling and sudden jerky movements place continuous strain on the cervical spine. These factors often result in disorders affecting the neck region. In Ayurveda, Manyastambha¹ is one such condition characterized by stiffness and pain in the neck due to vitiation of Doshas and involvement of the cervical region. It can be correlated with Cervical Spondylosis in modern medicine, a common degenerative disorder responsible for chronic neck pain and restricted movements.

Hence, Ayurvedic management through Shamana aushadhi such as Mashasaptaka Kwata and Laghu Panchamoola Kwata, may provide significant relief and improve the quality of life in patients suffering from Manyastambha correlated with Cervical Spondylosis².

All the Acharyas have highlighted the extensive utility of many Kashaya in the management of Vataja Vikara where as Kashaya's could be the effective, economical and affordable treatment modality. Administration of the medicine through oral routes (Abhyantar Chikitsa) being one of the practice for yielding better result can also be considered in this condition with such a view in background,

Thus, by considering all these factors, the present comparative clinical study was planned.

OBJECTIVE

To compare the efficacy of Mashasaptaka Kwata and Laghu Panchamoola Kwata in the management of Manyasthamba.

MATERIALS AND METHODS

Materials

In this clinical trial, 40 patients of Manyasthamba between the age group of 30 to 70 years were randomly assigned into two groups.

Drug :

Group-A (Mashasaptaka Kwata)

Group-B (Laghu Panchamoola Kwata)

Patients :

20 patients in each group & the groups subjected to take Kashaya's . First group with the dosage of 1 pala of Mashasaptaka Kwata and 1 pala of Laghu Panchamoola Kwata for second group. Both Kashaya's advised to take twice daily for the period of 30 days.

Method :

Study design : It will be comparative clinical trial

Sample source:

40 Patients of either sex diagnosed as Manyastambha will be taken for study from OPD and IPD of Dr B.NM Rural Ayurveda Medical College and Hospital Vijayapura.

Inclusion Criteria

Patients having signs and symptoms of Manyastambha.

Patients of age group between 30 to 70 years.

Patients of either sex.

Patients having history below 2 years will be selected.

Exclusion Criteria

Pregnancy and lactating mother.

Patients with congenital deformity, traumatic injury, Cervical Stenosis and Myelopathy, Ankylosing Spondylitis, infection of bone and gross bony deformity.

Patients who are participating in any other clinical trial.

Diagnostic Criteria

Patients with classical signs and symptoms of Manyastambha such as

Pain

Stiffness

Restricted movement of the neck region

Preparation Of Kwata

For the preparation of Mashasaptaka Kwatha, 10 g of Yavakuta Churna should be taken and mixed with 160 ml of water. The mixture should be boiled until it reduces to one-fourth of its original quantity.

The same procedure should be followed for the preparation of Laghu Panchamoola Kwatha.

INTERVENTION

Study Group- A

Sample size - 20 patients

Drug - Mashasaptaka Kwata³

Dose - 1 Pala (48ml)

Time - Kwata will be taken twice daily after food, along with Barjita Hingu and Saindhava Lavana as Prakshepaka (1Shana-3gms)

Duration - 30 days

Study Group- B

Sample size - 20 patients

Drug - Laghu Panchamoola Kwata⁴

Dose - 1 Pala (48ml)

Time - Kwata will be taken twice daily after food, along with Saindhava Lavana.

Duration – 30 days

Total Duration Of Treatment - 45 days

During treatment

1st follow up – 15th day

2nd follow up – 30 th day

After treatment - 45th day.

Assessment Criteria

Assessment on the basis of subjective and objective parameters. VAS index will be used in the assessment.

Goniometer examination will be performed.

Subjective Criteria :

Ruk (Pain)

Stambha (Stiffness)

Restricted range of neck movements.

Radiating pain from nape of the neck to shoulders and head.

Grading of Pain

S.No	Pain in Manya pradesha	Grading
1.	No pain	Grade – 0
2.	Mild pain, can do work with difficulty	Grade – 1
3.	Moderate pain, can do the work with support	Grade - 2
4.	Severe pain, unable to do work at all	Grade - 3

Grading of stiffness

S.No	Stiffness in Manya pradesha	Grading
1.	No stiffness	Grade – 0
2.	Mild stiffness, occasionally	Grade – 1
3.	Moderate stiffness, intermittent	Grade – 2
4.	Severe stiffness, Continuous	Grade – 3

Grading of Radiating pain

S.No	Radiating pain From nape of neck to shoulders and head .	Grading
1.	No radiating pain	Grade – 0
2.	Mild pain, can do work with difficulty	Grade – 1
3.	Moderate pain, can do the work with support	Grade – 2
4.	Severe pain, unable to do work at all	Grade – 3

OBJECTIVE CRITERIA

Range of neck movement

Normal range of neck movements

Flexion	:	60 ⁰
Extension.	:	75 ⁰
Lateral bending	:	45 ⁰
Rotation.	:	80 ⁰

Range of movement – Flexion of Neck

S.No	Flexion	Grading
1.	60 ⁰	Grade – 0
2.	Up to 50 ⁰	Grade – 1
3.	Up to 40 ⁰	Grade – 2
4.	Up to 30 ⁰	Grade – 3

Range of movement – Extension of Neck

S.No	Extension	Grading
1.	75 ⁰	Grade – 0
2.	Up to 65 ⁰	Grade – 1
3.	Up to 55 ⁰	Grade – 2
4.	Up to 45 ⁰	Grade – 3

Range of movement – Lateral bending of Neck

S.No	Lateral bending of neck	Grading
1.	45 ⁰	Grade – 0
2.	Up to 35 ⁰	Grade – 1
3.	Up to 25 ⁰	Grade – 2
4.	Up to 15 ⁰	Grade – 3

Range of movement – Rotation of Neck

S.No	Rotation of neck	Grading
1.	80 ⁰	Grade – 0
2.	Up to 70 ⁰	Grade – 1
3.	Up to 60 ⁰	Grade – 2
4.	Up to 50 ⁰	Grade – 3

RESULTS**COMPARISON OF EFFECT OF THE THERAPIES BETWEEN TWO GROUPS:**

Table : Showing Comparison of median scores of subjective parameters between Group A and Group B at different time intervals using Mann–Whitney U test

Parameter	Time Interval	Group A Median (IQR)	Group B Median (IQR)	U value	Z value	p-value	Sig
PAIN	0th	3 (2–3)	3 (2–3)	190.0	-0.322	0.747	NS
	15th	2 (1–2)	2 (1–2)	179.0	-0.665	0.506	NS
	30th	1 (1–1)	1 (1–1)	180.0	-0.781	0.435	NS
	45th	0 (0–0)	0.5 (0–1)	166.5	-1.049	0.294	NS
STIFFNESS	0th	3 (2–3)	3 (2–3)	200.0	0.000	1.000	NS
	15th	2 (2–2)	2 (2–2)	192.0	-0.298	0.766	NS
	30th	1 (1–1)	1 (1–1)	181.0	-0.738	0.460	NS
	45th	0 (0–0)	0 (0–1)	180.0	-0.681	0.496	NS
RADIATING PAIN	0th	3 (2–3)	3 (2–3)	190.0	-0.322	0.747	NS
	15th	2 (2–2)	2 (1–2)	191.5	-0.348	0.727	NS
	30th	1 (1–1)	1 (1–1)	190.5	-0.448	0.655	NS
	45th	0 (0–0)	0 (0–1)	180.0	-0.655	0.513	NS

Table : Showing Comparison of median scores of Objective parameters between Group A and Group B at different time intervals using Mann–Whitney U test

Parameter	Time Interval	Group A Median (IQR)	Group B Median (IQR)	U value	Z value	p-value	Sig
Flexion of Neck	0th	3 (2–3)	3 (2–3)	160.0	-1.309	0.190	NS
	15th	2 (1–2)	2 (1.25–2)	166.0	-1.148	0.251	NS
	30th	1 (1–1)	1 (1–1)	170.0	-1.778	0.075	NS
	45th	0 (0–0)	0 (0–1)	180.0	-0.628	0.530	NS
Extension of	0th	3 (2–3)	3 (2–3)	190.0	-0.333	0.739	NS

Neck	15th	2 (2–2)	2 (2–2)	193.0	-0.260	0.795	NS
	30th	1 (1–1)	1 (1–1)	192.0	-0.327	0.743	NS
	45th	0 (0–0)	0 (0–0)	170.0	-0.967	0.333	NS
Lateral Bending of Neck	0th	3 (2–3)	3 (2–3)	190.0	-0.322	0.747	NS
	15th	2 (2–2)	2 (2–2)	191.5	-0.348	0.727	NS
	30th	1 (1–1)	1 (1–1)	190.0	-0.592	0.554	NS
	45th	0 (0–0)	0 (0–1)	190.0	-0.350	0.727	NS
Rotation of Neck	0th	3 (2–3)	3 (2–3)	180.0	-0.655	0.513	NS
	15th	2 (2–2)	2 (2–2)	181.0	-0.738	0.460	NS
	30th	1 (1–1)	1 (1–1)	181.0	-0.988	0.323	NS
	45th	0 (0–0)	0 (0–1)	180.0	-0.681	0.496	NS

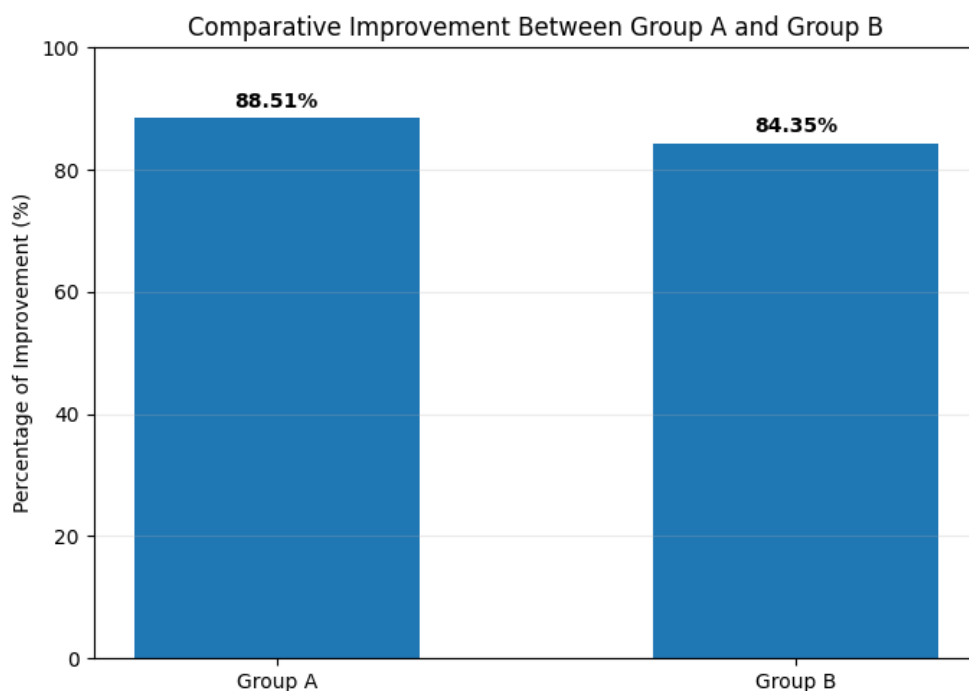
COMPARISONS OF EFFECT OF THE THERAPIES BETWEEN TWO GROUPS:

Table : Showing Comparison of percentage improvement after treatment between group-A and Group-B

Sl. No.	Parameter	Group A (%)	Category	Group B (%)	Category	Better Group
1	Pain	86.54%	Excellent	79.25	Excellent	Group A
2	Stiffness	90.20%	Excellent	86.27	Excellent	Group A
3	Resting Pain	88.68%	Excellent	84.62%	Excellent	Group A
4	Flexion	84.31%	Excellent	81.82%	Excellent	Group A
5	Extension	88.89%	Excellent	83.02%	Excellent	Group A
6	Lateral Rotation	90.57%	Excellent	88.46%	Excellent	Group A
7	Rotation	90.38%	Excellent	87.04%	Excellent	Group A
	Overall Improvement	88.51%	Excellent	84.35%	Excellent	Group A

Overall improvement of Group A and Group B

Overall improvement	
Group A	Group B
88.51%	84.35%



Discussion

Group A

Mashasaptaka Kwatha is a classical Ayurvedic formulation mainly indicated for Vata-Kapha disease, which helps to relieve neck stiffness, pain. Drugs like Masha, Bala and Ashwagandha provide Snigdha, Balya and Brimhana effects, thereby reducing Rukshata caused by aggravated Vata. Ushna Virya help in reducing Stambha and improving cervical joint mobility. The formulation acts as a Vedanasthapaka by alleviating pain through analgesic and antispasmodic activities.

Group B

It possesses predominantly *Vata-Kapha shamaka*, *Shothahara*, and *Vedanasthapaka* properties. In *Manyastambha* (cervical stiffness), the *kwatha* helps in reducing stiffness, pain, and inflammation in the neck region. Its *Ushna* and *Snigdha* qualities aid in relieving *Srotorodha* and improving movement of *Vata*. The formulation also nourishes the muscles and supports proper functioning of the cervical region. Hence, *Laghu Panchamoola Kwatha* is beneficial in the management of *Manyastambha* by alleviating pain and improving neck movement.

Conclusion

Manyastambha is a chronic musculoskeletal disorder that significantly affects the quality of life due to *Ruk*, *Stambha* and discomfort in daily activities. *Kala*, *Desha*, *Ahara*, *Vihara* plays an important role in manifestation of *Manyastambha*. *Manyastambha* can be co-related to Cervical Spondylosis, as the clinical features of both are similar, Cervical spondylosis is an age-related degenerative condition. Prevention of disease progression relies on proper posture and early conservative interventions, *Kwata* is considered an effective *Abhyantara Chikitsa* in the management of *Manyastambha* due to its *Vedanasthapaka*, *Kaphavata Shamaka* effects. *Mashasaptaka Kwata* and *Laghu panchamoola Kwata* both were therapeutically effective in all subjective and objective assessment. When compare to *Laghu panchamoola Kwata*, *Mashasaptaka Kwata* has shown good improvement in treating the *Manyastambha*. The interventions were found to be safe, simple, economical and suitable for regular clinical practice.

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