



**EFFECT OF ABHAYANGA & NADI SWEDAN WITH BHUJANGA ASANA IN
CERVICAL SPONDYLOSIS: A CASE STUDY**

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ABSTRACT

Principles of Ayurveda have significant value even in the life of modern man. The reason behind this is, life is the underlying theme over which the whole science of Ayurveda is interwoven. Hence one cannot deny the implicability of these principles. But nowadays one is prone to do all those things which are harmful to his/her constitution, and modern medicine term this as lifestyle disorder caused because of faulty habits and one of them is cervical spondylosis in samhitas of ayurveda its been described by various names like *Grivasthambh*, *Grivahundanam*, *Manyasthambh* but basically these all can club under one umbrella of *vaat vyadhi* in present study a 38 year old male diagnosed with cervical spondylosis and management was done with abhyanga and nadi swedan along with bhujanga asana.

KEYWORDS: cervical spondylosis, vaat vyadhi, abhyanga and nadi swedan, bhujanga asana.

INTRODUCTION

cervical spondylosis is caused by degeneration of cervical spine for which one of the main reason is loss of intervertebral disc space or formation osteophytes which exerts pressure resulting in neural and vascular compression and hence show symptom accordingly. It is also a natural aging phenomenon because it usually occurs in people of age 50 or older. Cervical spondylosis in the general population has incidence rate of 83 per 100000 populations and prevalence of 3.3 cases per 1000 people and occurs mostly in fourth and fifth decades of life. The etiology of cervical spondylosis is associated with the ageing process of life. In a report on radiographic evidence, prevalence in male was 13% in 3rd decade and increases to 100% by the age of 70 years.^[1] The most common evidence of degeneration is found at C5-6 followed by C6-7 and C4-5".

Repeated occupational trauma may contribute to the development of cervical spondylosis.^[2] An increased incidence has been noted in patients who carried heavy loads on their heads or shoulders, dancers, gymnasts, and in patients with spasmodic torticollis.^[2] Cervical spondylosis is often diagnosed on clinical signs and symptoms alone.^[3]

Signs

- Poorly localised tenderness
- Limited range of motion

- Minor neurological changes (unless complicated by myelopathy or radiculopathy)

Symptoms

- Cervical pain aggravated by movement.
- Referred pain (occiput, between the shoulder blades, upper limbs).
- Retro-orbital or temporal pain.
- Cervical stiffness.
- Vague numbness, tingling or weakness in upper limbs.
- Dizziness or vertigo.
- Poor balance.^[4]

Most patients do not need further investigation and the diagnosis is made on clinical grounds alone however, diagnostic imaging such as X-ray, CT, MRI, and EMG can be used to confirm a diagnosis.

According to Acharya Charaka, *vata* gets aggravated by intake of non-unctuous, cold, scanty, light food, excessive sexual indulgence, lack of night sleep, inappropriate therapeutic measures administration of therapies which cause excessive elimination of doshas & blood, swimming in excess, langhana, resorting to wayfaring, exercise and other physical activities in excess, loss of dhatu, excessive emaciation because of worry grief and affliction by disease, sleeping over uncomfortable beds and seats, anger, sleep during day

time, fear & suppression of natural urges, formation of *ama* suffering from trauma abstinence from food, injuries to *marmas* and riding over elephant, camel, horse or fast moving vehicles and falling down from the seats on these animal and vehicles.^[5]

Now a days cervical spondylosis is very common in the people who do routine activities like travelling, household work, professionals; who sit for lomghours together doing.^[6] So, cervical spondylosis may be correlated to vaat vyadhi. It leads to pain & stiffness in neck radiating to arm or causes headache, vertigo, giddiness, paraesthesia, numbness etc.

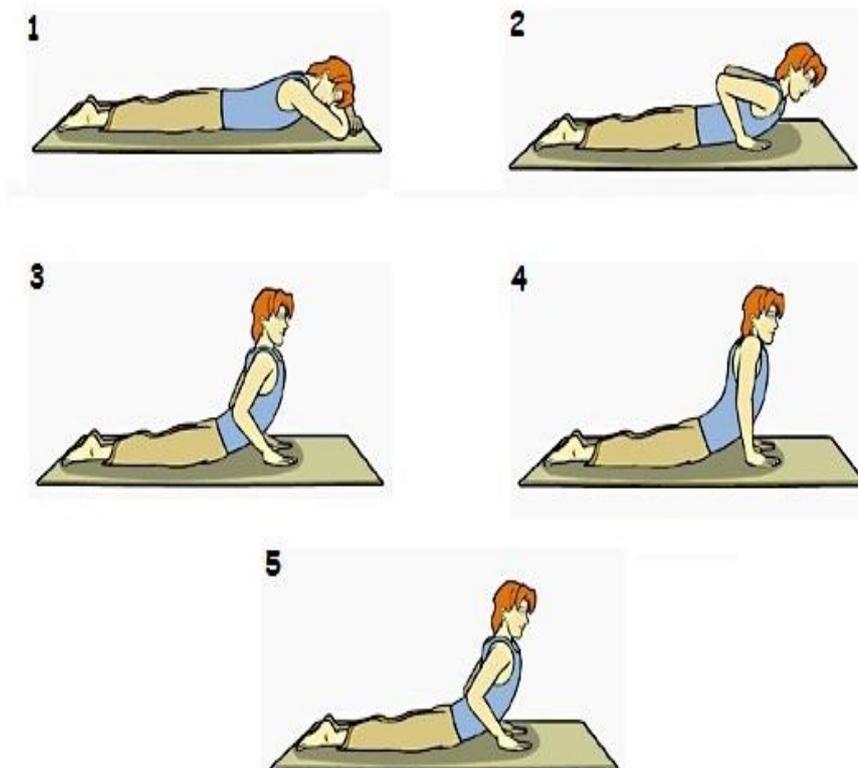
CASE REPORT

A patient of 38 year old male from Gurukul, Haridwar was admitted in IPD of Panchkarma dept. of Gurukul campus Haridwar U.A.U, with following complaints.

1. Pain and stiffness in neck with restricted movements
2. Numbness and Heaviness in upper limbs
3. Pain in left side of body

IMAGE 1.

Steps of *Bhujanga asana*



History of Present illness: Patient was asymptomatic before the previous night when he woke up his neck was stiff and was having severe pain in the neck region radiating to right hand, headache was also there and patient was unable to move his neck. The symptoms were sudden in onset. So he came to this hospital for management.

Investigations: radiography of cervical region was done which showed loss of lordosis of cervical spine and osteophytes present suggestive of cervical spondylosis.

Total treatment schedule: Abhyanga with ksheerbala tail and Swedan with Dashmool kwath for 7 days followed with bhujanga asana.

Procedure: *abhyanga* on the local area i.e from cervical region to both hands was done after that application of *nadi swedan* with *dashmool* kwath after the procedure *bhujanga asana* was performed by the patient for 10 minutes.

ASSESSMENT CRITERIA^[7]

Table 1: Subjective Criteria.

Parameter	Grading
Manya shool	0-no pain 1-mild pain 2-moderate pain but tolerable 3-moderate pain and intolerable 4-severe pain hampering day today activities
Manya stambha	0-no movement 1-upto 25 % 2-upto 50% 3-upto 75% 4-full range of total movement
Bahu shool	0-no pain 1-mild pain radiating from neck on movements 2-moderate pain radiating from neck on movement 3-sever continues pain affecting routine work 4-severe continues pain reducing arm strength
Griva shool	0-no pain 1-mild pain 2-moderate but tolerable 3-moderate pain but not tolerable 4-severe pain leading to disability in performing normal daily activities

Table 2: Objective Parameter.

Parameter of cervical joint	Grading
Flexion and extension	0-Full range 1-Restricted movements 2-No movements
Lateral flexion & rotation	Full range Restricted movements No movements
Passive neck flexion	Without any difficulty With some difficulty With much difficulty Unable to do

Table 3: Observation of subjective criteria.

Parameter	Before treatment	After treatment	% of relief
Manya shool	3	1	66%
Manya stambh	3	2	50%
Bahu shool	3	1	66%
Griva shool	3	1	66%

Table 4: observation of objective criteria.

Parameter	Before treatment	After treatment	% of relief
Flexion and extension	1	0	100%
Lateral flexion & rotation	1	0	100%
Passive neck flexion	2	0	100%

DISCUSSION

Abhyanga and Swedan is the first line of treatment for vataj vyadhi and this was followed in the present study.

Abhyanga improves blood circulation, facilitates removal of the toxins from the tissues, relieves physical and mental fatigue, improves the functioning of musculoskeletal system, clears stiffness and heaviness of the body and leads to feeling of lightness and Oleation along with sudation brings down the disfigured and painful body parts due to aggravated Vata and kapha into normalcy^[8] hence there was improvement in pain, stiffness and restricted range of motion. In bhujanga asana the backward bending is done which helps in improving flexibility of the spine. It is a good measure to remove stiffness of both neck and shoulder region.^[9] So significant improvement was seen in neck stiffness, restricted range of motion, & pain.

CONCLUSION

As we have told earlier that cervical spondylosis is a life style disorder, so it could be managed by regularly performing yoga poses that will increase strength and flexibility of the body and for curative measure Abhyanga and Swedan is helpful in relieving pain, increasing range of motion and reducing stiffness. so,

surely it is a better and safe intervention than modern medicament.

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