

“A Comparative Randomised Open Label Clinical Study of Grivabasti and Sthanik Abhyang Swedan with Aswagandha Tail in the Management of Manyastambh W.S.R. To Cervical Spondylosis”

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ABSTRACT

Ayurveda the natural system of Indian civilization practicing from ancient time and offers many holistic approaches for health management. In today's era, human life is more stressful. Due to change in life style, professional stress, travelling, food habits, peoples are more susceptible for various degenerative disorders like Manyastambha. Manyastambhais the clinical entity in which the back of neck becomes stiff or rigid, pain, Stambhain cervical region and movement of neck are hampered. It is a commonest degenerative disease by which larger group of community has been affected. Manyastambha has been enumerated in eighty NanatmjaVyadhiswell as UrdhwajatrugataVikaras.It can be clinically correlated with cervical Spondylosis in modern medicine.CervicalSpondylosis is a degenerative condition of the cervical spine. Rukand Stambha are the primary symptoms. If severe, it may cause pressure on nerve roots with subsequent sensory or motor disturbances. Today is the era of modernization and fast life. Everybody is busy and living stressful life. In the present observational study, housewives are more prone to develop Manyastamba(cervical spondylosis), followed by clerk, tailor, farmer and IT professionals.

KEYWORD: Manyastamba, Cervical spondylosis.

I. INTRODUCTION

A healthy life has been a cherished wish of man for ages, but due to an unwholesome lifestyle and a busy schedule, people cannot concentrate on their proper regimens and face so many health problems. This has led to many diseases, which though they do not kill a person, but hamper the day-to-day life. The economy of a country relies on its workforce. Manyastambais one such disease, which hampers the day-to-day activity of an individual. Movement is an important

characteristic of the human body. Ayurveda literature explains that Vata is the controller of all activities of the body. All kinds of movements in the body are due to VataDosha and its derangement leads to loss of body movement. Manyastambais one among the NanathmajaVatavyadhi.It is considered as aUrdhwajatruVikara. It is a condition in which aggravatedVatalodges in the Manyaregion along with involvement of Kaphaleads to Sthabdhatha(restricted movements) and Shoola(pain). This disease disturbs the day-to-day activities of an individual because of improper lifestyle like sleeping during the daytime, standing, and sitting for long period in same position and constantly gazing upward. Manyameans Gala parshwashira, which is the back of neck. Sthambameans Nischalikaranameans stiffness, rigidity, makes stiffer, immovable. KaphavruthaVatais pathology behind Manyastamba. AcharyaSushruta, Charaka, Vangasenaetc mentioned that KaphaVataharaline of treatment to be adopted. In contemporary medical science, disease Manyastham-bacan be compared to Cervical Spondylosis. It refers to the degenerating condition of cervical spine where pain and restricted movements of the neck are the common symptoms. The lifetime prevalence of the adult population was 48.5% and the prevalence of computer screen using workers was 55%. According to the global burden of disease study of 2013, it was found to be one among the top 10 causes of years lived with disability. Therefore, cervical spondylosis might become a public concern. In the present era, leading a sedentary lifestyle, sitting in front of computers for a long time, travelling too much on two-wheelers, lack of neck exercise, improper sitting postures, increased mental stress etc. are the main reasons for aggravation of Vata. Along with this Vata, Kaphadosaalso gets associated with causing Manyastambha. Vatais vitiated either by Avaranaor by

Dhatukshaya. The vitiated Vata is lodged in Kaphastanathus involving KaphaDoshain pathophysiology. As in any disease, Manyastambha, if not treated in the initial stages can further deteriorate. Though the KaphaAnubhandathais acknowledged in the initial stages of the disease, when it becomes chronic, only Vatainvolvement is seen. The prime line of treatment for VataVyadhi is Snehana.

Aim & Objectives

Aim :

A Comparative randomised open label clinical study of GrivaBasti and SthanikAbhyangSwedan with Aswagandha tail in the management of Manyastambha W.S.R. to Cervical Spondylosis.

Objectives :

- To evaluate the efficacy of manyabasti by using aswagandha tail in the management of manyastambha.
- To evaluate the efficacy of Sthanikabhyang and swedan by using Aswagandha tail in the management of manyastambha.
- To compare the result of both methods.

II. MATERIALS AND METHODS

- Study design:** It is an open, simple, random clinical study having 60 patients. Of 2 group UnPaired 't-test was used.
- Source of data**
 Patients who attended the O.P.D. and I.P.D., Department of Panchakarma of ShubhdeepAyurved Medical College & Hospital (P.G. Institute), Indore (M.P.) were screened.

DIAGNOSIS CRITERIA

Subjective Parameters

1. SHOOLA

No pain	0
Mild pain that aggravates with neck movement	1
Moderate pain that aggravates with neck movement	2
Severe pain that radiates to arms	3

2. STAMBH

A. FLEXION OF NECK

No restriction i.e. able to touch interclavicular line	0
Difference upto 2cm b/w chin &interclavicular line	1
Difference upto 2-4cm b/w chin &interclavicular line	2
Difference more than 4 cm b/w chin &interclavicular line	3

B. EXTENSION OF NECK

Normal	0
Movement upto 120°	1
Movement upto 110°	2

Among them 60 patients fulfilling the inclusion criteria of the present study were taken. Detailed history taking and physical examinations were carried out in these patients. Relevant data were registered in the designed case proforma. Patients were divided into two groups. Group A treated with Manyabastiand Group B treated with SthanikabhyangSweda. With AswagandhaTaila.

• Therapy:

Manyabasti&SthanikabhyangaSweda with AswagandhaiTaila.

- Preparation of trial drug AswagandhaTaila:** The raw drugs were purchased from the local market.

INCLUSION CRITERIA

- Patients presenting with clinical features of manyastambha.
- Patients aged between 20-70 years with irrespective of gender.
- Patients willing to participate in trial.

EXCLUSION CRITERIA

- Patients with age group below 20 & above 70 years.
- Patient related to spine degeneration other than manyastambha.
- Patient having any acute or chronic infection or disease like rehumatoid arthritis, SLE, ankyloaing spondylitis, DM, HTN, TB of bones hepatic, renal & cardiac failure.
- Patient who are not willing for clinical trial.

Movement less than 110°	3
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3. SPARSHASHTVA

No tenderness	0
Mild tenderness on touch	1
Moderate tenderness on touch	2
Patient doesn't allow to touch the neck	3

4. SUPTI

No tingling / numbness sensation	0
Tingling / numbness present occasionally	1
Tingling / numbness felt once in 2-3 days	2
Tingling / numbness felt daily	3

Objective Criteria

- Spurling sign
- Neck distraction test
- Decreased ROM (range of motion) in cervical spine
- VAS scale

For assessing the improvement of symptomatic relief and to analyze statistically, the observations were recorded before, after the treatment and after the follow ups. The mean percentage, S.D, SE and t-value (paired) were calculated.

Method of Treatment-

Group – ‘A’ Grivabastiwith AswagandhaTaila

- Poorvakarma** :Preparation of mashpishti&sthanikabhyangswedan.

- PradhanKarma** :Grivabastiof Aswagandhataila200 ml (48 min)7 days.
- PaschatKarma** : 1. Area will be cleaned properly.
2. Sponging of hot water towel
- Treatment Period - 7 days
- Followup Period – 14th day, 21st day, 28th day
- Dose – 200 ml

Group – ‘B’ Abhyang&swedan with aswagandhaTaila

- Abhyang with aswagandha tail.
- Swedan – Nadiswedan
- Total study period – Till completion of last enrolled patient.
- Treatment Period - 7 days.
- Follow up Period – 14th day, 21st day, 28th day

Showing incidence of Age of patient's of Manystambh

Age(in year)	No. of patient's				Total	%
	GRIVA BASTI	%	STHANIK ABHYANG & SWEDAN	%		
20 to 30	3	10	3	10	6	10
30 to 40	11	36.67	7	23.33	18	30
40 to 50	12	40	10	33.33	22	36.67
50 to 60	3	10	6	20	9	15
60 to 70	1	3.33	4	13.33	5	8.33

Showing incidence of Agni of patients –

Agni	no. of patients				Total	Total Percentage (%)
	GRIVA BASTI	(%)	STHANIK ABHYANG & SWEDAN	(%)		
Manda Agni	11	36.67	9	30	19	31.66
Vishma Agni	8	26.67	10	33.33	18	30

Tikshna Agni	7	23.33	7	23.33	14	23.333
Sama	4	13.33	4	13.33	8	13.33

Showing incidence of Koshthaof patients –

Koshtha	no. of patients		STHANIK ABHYANG & SWEDAN		Total	Total Percentage (%)
	GRIVA BASTI	(%)		(%)		
Mridu	8	26.666	10	33.33	18	30
Madhyama	10	33.33	9	30	19	31.6667
Krura	12	40	11	36.666	23	38.3333

Showing incidence of Prakriti of patient’s of Manystambh –

Prakriti	No. of patient’s				Total	%
	GRIVA BASTI	%	STHANIK ABHYANG & SWEDAN	%		
Vata- Kaphaj	16	53.33	11	36.67	27	45
pittaj - vataj	7	23.33	11	36.67	18	30
Kapha-Pittaj	7	23.33	8	26.67	15	25

**COMPARATIVE EFFECT OF BOTH DRUGS:
UNPAIRED T-TEST**

Table. Comparative Effect of both drugs on SHOOLA

Group	Mean	S.D	Difference	SE	t value	P value
GRIVA BASTI	0.5	0.629	0.3	0.114	-1.87	≤0.05
STHANIK ABHYANG & SWEDAN	0.8	0.610		0.111		

Conclusion: Asresults of GRIVA BASTI and STHANIK ABHYANG & SWEDANboth were not statistically highly Significant in improving **shoola**, unpaired t test was applied to find which therapy was more efficacious. The difference in the Mean

values of the two groups is not greater than would be expected by chance; there is a no statistically significant difference between the input groups (P value ≤ 0.05).

Table. Comparative Effect of both drugs onSTAMBH

Group	Mean	S.D	Difference	SE	t value	P value
GRIVA BASTI	0.63	0.668	0.33	0.122	-2.09	≤0.05
STHANIK ABHYANG & SWEDAN	0.96	0.556		0.101		

Conclusion: Asresults of GRIVA BASTI and STHANIK ABHYANG&SWEDANboth were not statistically highly Significant in improving **stambh**, unpaired t test was applied to find which therapy was more efficacious. The difference in the

Mean values of the two groups is not greater than would be expected by chance; there is a no statistically significant difference between the input groups (P value ≤ 0.05).

Table .A) Flexion of Neck

Group	Mean	S.D	Difference	SE	t value	P value
GRIVA BASTI	0.63	0.668	0.33	0.122	-2.09	≤0.05
STHANIK ABHYANG & SWEDAN	0.96	0.556		0.101		

Conclusion: Asresults of GRIVA BASTI and STHANIK ABHYANG & SWEDANboth were not statistically highly Significant in improving **Stambh (Flexion of Neck)** , unpaired t test was applied to find which therapy was more efficacious.

The difference in the Mean values of the two groups is not greater than would be expected by chance; there is a no statistically significant difference between the input groups (P value ≤ 0.05).

B) Extension Of Neck

Table. Comparative Effect of both drugs on Extension Of Neck

Group	Mean	S.D	Difference	SE	t value	P value
GRIVA BASTI	0.6	0.563	0.27	0.102	-1.65	≤0.05
STHANIK ABHYANG & SWEDAN	0.87	0.681		0.124		

Conclusion: Asresults of GRIVA BASTI and STHANIK ABHYANG & SWEDANboth were not statistically highly Significant in improving **Extension Of Neck**, unpaired t test was applied to find which therapy was more efficacious. The

difference in the Mean values of the two groups is not greater than would be expected by chance; there is a no statistically significant difference between the input groups (P value ≤ 0.05).

Table. Comparative Effect of both drugs on Sparshashtva

Group	Mean	S.D	Difference	SE	t value	P value
GRIVA BASTI	0.5	0.508	0.46	0.092	-3.04	≤0.05
STHANIK ABHYANG & SWEDAN	0.96	0.668		0.122		

Conclusion: Asresults of GRIVA BASTI and STHANIK ABHYANG & SWEDANboth were not statistically highly Significant in improving **Sparshashtva**, unpaired t test was applied to find which therapy was more efficacious. The

difference in the Mean values of the two groups is not greater than would be expected by chance; there is a no statistically significant difference between the input groups (P value ≤ 0.05).

Table. Comparative Effect of both drugs on Supti

Group	Mean	S.D	Difference	SE	t value	P value
GRIVA BASTI	0.6	0.563	0.33	0.102	-2.04	≤0.05
STHANIK ABHYANG & SWEDAN	0.93	0.691		0.126		

Conclusion: Asresults of GRIVA BASTI and STHANIK ABHYANG & SWEDANboth were not statistically highly Significant in improving **Supti**, unpaired t test was applied to find which therapy was more efficacious. The difference in the Mean values of the two groups is not greater than would

be expected by chance; there is a no statistically significant difference between the input groups (P value ≤ 0.05).

Discussion on Aswagandha Tail –

According to Ayurveda, therapeutic effects of a drug depend on certain pharmacodynamic properties like its Rasa, Guna, Veerya, Vipaka and Prabhava.

PHARMACODYNAMIC PROPERTIES –
Pharmacodynamic properties as described in various Ayurvedic text is as follows –

Table No. 7.2: Pharmacodynamic Properties

Sr. No.	Name	Rasa	Guna	Virya	Vipaka
1.	Kamal	Kasaya, Madhur, Tikta	Laghu, Snigdha	Shita	Madhur
2.	Anantamoola	Madhur, Tikta	Guru, Snigdha	Shita	Madhura
3.	Jati	Tikta, Kashaya	Laghu, Snigdha, Madhur	Ushna	Katu
4.	Yastimadhu	Madhur	Guru	Shita	Madhur
5.	Nagkeshar	Kasaya, Tikta	Ruksha, Teekshna, Laghu	Ushna	Katu
6.	Meda	Katu, Tikta, Kashaya	Laghu, snigdha	Ushna	Katu
7.	Punarnava	Madhur, Tikta, Kashaya	Ruksha	Ushna	Madhur
8.	Draksha	Madhur	Snigdha, Guru, Mridu	Sita	Madhur
9.	Brahati	Tikta, Katu	Laghu, Ruksha, Teekshna	Ushna	Katu
10.	Kantakari	Tikta, Katu	Laghu, Ruksha, Teekshna	Ushna	Katu
11.	Manjistha	Madhur, Tikta	Guru, Ruksha	Ushna	Katu
12.	Ela	Katu, Madhur	Laghu, Ruksha	Shita	Madhur
13.	Amalaki	Amla, Madhur, Kasaya, Tikta, Katu	Guru, Ruksha, Shita	Shita	Madhur
14.	Haritaki	Kashaya, Tikta, Madhur, Katu, Amla	Laghu, Ruksha	Ushna	Madhur

15.	Vibhitaki	Kashya	Laghu, Ruksha	Ushna	Madhur
16.	Mustaka	Tikta, Katu, Kashaya	Laghu, Ruksha	Shita	Katu
17.	Tila	Madhur, Kashaya, Tikta	Guru	Ushna	Madhur
18.	Chandan	Tikta, Madhur	Guru, Ruksha	Shita	Katu
19.	PadamaKastha	Kashaya, Tikta	Laghu, Snigdha	Shita	Katu
20.	Aswagandha	Katu, Tikta, Kashaya	Snigdha, Laghu	Ushna	Katu
21.	GoDugdha	Madhur	Guru, Snigdha	Shita	Madhur

The pharmacology of the Aswagandha Tail drug when analysed on Ayurvedic parameters –

- Rasa of combination is predominantly Kashaya, Madhur, Tikta Rasa.
- Guna is predominantly Laghu, Snigdha.
- Virya is predominantly Shita.
- Vipakais predominantly Madhur.
- Doshaghanta of the combination is dominantly Vata - Kapha Shamak, followed by Tridoshamaka.

Manyastambhais a VataPradhanaVyadhi and along with VataDosha, sometimes there may be involvement of KaphaDoshaas AnubandhiDosha. **Vatadosha vitiation may be due to Dhatukshaya or Margavarodha.** In this formulation most of the drugs have following properties- VataKaphaShamaka, Tridoshashamaka, Shothaghna, Deepana, Pachana, Vedanasthapaka and Anulomaka.

These pharmacodynamic actions are helpful in breaking the pathogenesis of ‘Manyastambha’.

The probable mode of action of ingredients is summarized as below:

Triphala-Triphala has Rasayana, Tridoshahara, Deepana, RuchiVardhaka and Virechana properties. Triphala contains:

- Haritaki- which is specially VataShamaka, Vedanasthapana and Anulomaka

- Vibhitak- which is specially Kaphashamaka, Vedanasthapaka
 - Amalaki- which is specially Pittashamaka and Nadibalya
 - **Kapha- Vatahara properties**- It is observed that the all ingredients of ‘Aswagandha Tail’ having Vata-Kaphashamaka property. Thus the drugs have a potential properties of alleviating Kapha by Kashya, Tikta Rasa UshnaVeerya, KatuVipaka and Laghu, RukshaGuna, and VataDosha by virtue of ShitaVeerya of all ingredients
 - **ShitaVeerya** – It reduces VataDosha . All ingredients of ‘Aswagandha Tail’ have ShitaVeerya property, which will treat the Doshikapathology.
5. All these factors show Vatahara action of this along with Strotoshodhan and Amaharaproperties. It breaks the pathogenesis behind Manyastambha. Vatahara action reduces shoola, Stambha and Supti in Manyastambha patients.
- Taila itself being the principle pacifier of VataDosh and also deep penetrating property when processed with such drugs like Aswagandha, Brahati and Kantakari having pharmacotherapeutics properties opposite to the qualities of VataDosh, become more potent Vatahara, so neutralising the vitiated VataDosh hence

alleviate pain, stiffness and other related symptoms of Manyastambha.

Probable Mode of Action of “Grivabasti” -

- “Grivabasti” is a procedure in which both the properties of Snehana&Swedana are incorporated. The reason behind selection of “Grivabasti” is that the Adishthanaof disease Manyastambha is at GrivaPradesha which is the predominant site of VataDoshaand procedure of “Grivabasti” comes under direct contact with painful region. Therefore, local Snehana and Swedanais very effective and gives quick relief because they act at the site of Samprapti. In this disease, Sampraptiis at Griva-region and is mostly associated with structural changes of Cervical vertebral column. There is derangement in joints & vertebrae, degeneration of intervertebral disc and lubrication function of ShleshakaKapha is affected, which results in compression, irritation or inflammation of Grivapradesha, resulting in severe pain. Therefore, local Snehana and Swedana are very effective and give quick results because they act at the site of Samprapti.

As Vatadosha is Sheeta, Ruksha in nature and Swedabeing Ushna and alleviates Vata, Swedana increases sweat and brings out Maladravyas along with sweat. Thus it decreases Kleda in the body resulting in the reduction of Gaurava (Heaviness) and Stambha(Stiffness). After SwedanaRomancha(Sizzling Sensation), Toda (Pricking Pain), Vedana (Pain), Shotha(Oedema), Angagraha(Stiffness in organs), Ayam(Feeling of expansion) vanishes and the organs become soft and elastic. AcharyaCharaka has pointed that when even dry wood can be made to become soft and flexible with Snehana and Swedana then why not the living organs. “ManyastambhaRoga” is clearly mentioned in the list of SwedanarhaVyadhiesSwedana is also indicated in VataVyadhies as well as VatakaphajaVyadhies. “Manyastambha” is a ShoolapradhanaVatavyadhi and Shoolavyuparama (destruction of pain) is the sign of proper Swedana. In “Grivabasti” the warm oil is retained for a long time (Approx. 45 minutes) at the site of pathology the resultant effect of the

Discussion on Effect of therapies-

This study was conducted on 60 patients of Manyastambha randomly dividing them into two groups viz. Group A (Grivabasti with Aswagandha Tail) and Group B (Sthanikabyangsweda).

Effect on Shoola-

- Patients of Shoola treated with Grivabasti, mean score of Shoola was 2.8 before treatment which reduce to 2.06 after treatment and after third follow up 0.5 which was statistically significant and the relief was 82.22 %.
- Patients of Shoola treated with SthanikAbhyang&Swedan, mean score of Shoola was 2.76 before treatment which reduce to 2.03 after treatment and after third follow up 0.8 which was statistically significant and the relief was 69.44 %.
- The study says Grivabasti is more effective in relieving Shoola then SthanikAbhyang&Swedan.

Effect on Stambha-

- Patients of Stambha treated with Grivabasti, mean score of Stambha was 2.9 before treatment which reduce to 2.03 after treatment and after follow up 0.63 which was statistically significant and the relief was 77.22 %.
- Patients of Stambha treated with SthanikAbhyang&Swedan, mean score of Stambha was 2.76 before treatment which reduce to 2.03 after treatment and after third follow up 0.96 which was statistically significant and the relief was 63.89 %.
- The study says Grivabasti is more effective in relieving Stambha then SthanikAbhyang&Swedan.

Effect on Stambha- (Flexion of Neck)

- Patients of Flexion of Neck treated with Grivabasti, mean score of Flexion of Neck was 2.9 before treatment which reduce to 2.03 after treatment and after follow up 0.63 which was statistically significant and the relief was 77.22 %.
- Patients of Flexion of Neck treated with SthanikAbhyang&Swedan, mean score of Flexion of Neck was 2.9 before treatment which reduce to 2.03 after treatment and after third follow up 0.63 which was statistically significant and the relief was 77.22 %.
- The study says Grivabasti&SthanikAbhyang&Swedan is equal effective in relieving Flexion of Neck.

Effect on Stambha- (Extension of Neck)

- Patients of Extension of Neck treated with Grivabasti, mean score of Extension of Neck

was 2.8 before treatment which reduce to 2 after treatment and after follow up 0.6 which was statistically significant and the relief was 80.56 %.

- Patients of Extension of Neck treated with SthanikAbhyang&Swedan, mean score of Extension of Neck was 2.8 before treatment which reduce to 2.06 after treatment and after third follow up 0.87 which was statistically significant and the relief was 66.67 %.
- The study says Grivabasti is more effective in relieving Extension of Neck then SthanikAbhyang&Swedan.

Effect on Sparshashtva -

- Patients of Sparshashtva treated with Grivabasti, mean score of Sparshashtva was 2.73 before treatment which reduce to 2 after treatment and after first follow up 0.5 which was statistically significant and the relief was 79.44 %.
- Patients of Sparshashtva treated with SthanikAbhyang&Swedan, mean score of Sparshashtva was 2.83 before treatment which reduce to 1.93 after treatment and after third follow up 0.96 which was statistically significant and the relief was 65.56 %.
- The study says Grivabasti is more effective in relieving Sparshashtva then SthanikAbhyang&Swedan

Effect on Supti-

- Patients of Supti treated with grivabasti, mean score of Supti was 2.8 before treatment which reduce to 2.1 after treatment and after first follow up 0.6 which was statistically significant and the relief was 78.33 %.
- Patients of Supti treated with SthanikAbhyang&Swedan, mean score of Supti was 2.9 before treatment which reduce to 2.03 after treatment and after third follow up 0.93 which was statistically significant and the relief was 67.78%.
- The study says Grivabasti is more effective in relieving Sparshashtva then SthanikAbhyang&Swedan

III. CONCLUSION

- Cervical disc disease is emerging as one of the most common diseases especially of the urban population. It is commonly seen in society as a prominent problem. The prevalence of this disease has been expected to be increasing due

to improper lifestyle and poor working, sleeping and sitting postures.

- It is age related degenerative disorder .Pathology generally starts at C5-6 & C6-7 (More susceptible C5-6) Vertebrae and gradually degenerate the annulus fibrosus and reduced intervertebral disc space and formation of osteophyte presenting with Headache, Restricted movement, Stiffness, Head reeling, Tingling sensation in hand.
- Modern treatment of Cervical Spondylosis is not very satisfactory and is often associated with serious side effects. Physiotherapy is also advocated in this condition but the results are often uncertain.
- There is no classical disease can be equated precisely with cervical spondylosis but on the basis of core pathogenesis, this condition can be considered as Manyastambha. Being a type of Vatavyadhi, general Vataprovocating factors are accepted as Nidana. VyanaVayu and SlesakaKapha are essential component to produce Manyastambha.
- Ayurvedic therapy addresses the most fundamental causes of the problem. There are number of treatment modalities available in Ayurveda for such condition e.g. Basti, nasya, Patrapindaseweda, Abhayanga and internal medications.
- Disintegration of Samprapti is Chikitsa but in disorder like cervical spondylosis age related changes are present, complete reversal is not possible. Aim of management is to check neurological deterioration, symptomatic relief, prevent further progression and to develop feeling of well-being.
- 'Grivabasti' and 'Sthanikabhyangswedan with AswagandhaTail were effective drugs in all diagnosed cases of 'Manyastambha'.
- 'Grivabasti' showed quick relief in most of the symptoms of 'Manyastambha'.
- Postural correction during work, travel and sleep coupled with regular exercises go a long way in preventing premature problems.
- An integrated approach bestows unlimited benefits to the suffering.

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