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Research Article

ENLIGHTENING THE *BRAHMAMUDRA*- AS PER *YOGMIMANSA* IN MANAGEMENT OF *MANYASTAMBH* W.S.R. TO CERVICAL SPONDYLOSIS

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ABSTRACT

Cervical spondylosis (CS) is a degenerative and age-related condition affecting neck joints. It is also known as cervical osteoporosis. This is usually found in men and women at the age of 40 years or above.

The aim of present study to reduces the symptoms and increases in functional activities of elderly patients with spondylosis before and after *Bramhamudra*.(*Yoga* posture)

In this clinical study, total 30 patients were enrolled. All patients were treated on *Brahmamudra* fallowed by micro exercise and diet on the day of enrollment and after 30 day with the schedule as 0th 7th 15th 30th day fallow up. There is no drop out.

Clinical assessment done on day 1st and 30th day of fallow up, shows results of improvement in all the assessment criteria in neck region. Neck pain and the symptoms was assessed examination (X-ray, MRI) by symptomatic score used by VAS (Visual analog scale), physical examination through ROM (range of movement), cervical disability score questionnaire, radiological and examination by pathological test (uric acid, ESR, RA factor, BMD in the patient willing to do) on the day of enrollment. Then after fallow up the neck pain was examination by symptomatic score used by VAS, physical examination through ROM, cervical disability score questionnaire (radiological and examination by pathological test if required).

In conclusion, a combination of *Yoga* with diet control is found to be effective in reducing pain, and facilitating improvement in functional status of elderly people suffering from CS.

INTRODUCTION

Cervical spondylosis (CS) is a degenerative condition involving the vertebrae and discs of the neck. It occurs in both sexes usually after the age of third decade, frequently associated with chronic pain and stiffness in the neck, restricted movement, vertigo, nausea, black out, tingling and numbness of upper limb etc.

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CS may be caused by faulty sleeping habits, sudden jerks to the neck, severe stress and anxiety, and related to occupational hazards such as in computer professionals or call centre workers, additional load on the neck are some of the etiological factors and always any type of jerking movement in work.

Common neck pain (CNP) which is not due to any organic lesion accounts for more than 80% of neck pains. In order for the spine to function mechanically, it is affected by skeletal alignment, flexibility, and strength of various parts of the body. With ageing, the spur disc becomes thinner. This degeneration is a normal aging process likened to having 'wrinkles in the spine'. Spur of bone disc vertebra is called osteophytes.

Most of the patients with CS are remain asymptomatic. Few patients develop symptoms insidiously. On examination, the patient may have difficulty in neck movement, pain on movement, stiffness which leads to movement restriction. Headache is usually occipital with throbbing in surrounding area and secondly rigidness and constriction in the neck muscle occurs.

Yoga and various treatment of our methodology can change the diseases status of patient and healing potentiality. Yoga therapy is the useful technique to ameliorate the symptoms of CS and reduce stress level and neck disorder therefore yoga is an important treatment in CS. It also can be practiced in supine or sitting posture for achieving the goal of positive health, will power, concentration, and relieving pain and stiffness of the neck. The present study was planned to assess the effects of *Brahmamudra* (*Yoga* posture) on CS in Figure 1.

Etymology of *Manyastambha*: *Manyastambha* derived from two different words *Manya* and *Stambha*. According to *Aruna Dutta* the commentator of *Ashtang Hridaya* the meaning of the word *Manya* is two *Nadis*, laterally to the Neck.[1] *Manya* means the back or the nape of the neck. While meaning of the word *Stambha* is *Niscalikarana*, *Gatiheena*, *Sthira*, i.e., *Stambha* means stiffness, rigidity, make stiff or immovable.[2] The stiffness of neck is consequence of aggravated *Vata* lodging in the cervical region. It also termed as *Antarayama*.[3] This disease is due to *Kaphavrita vata*.[4]

Manyastambha is one of the *Vataja nanatmaja vikara*.[5] *Vata* is vitiated either because of *Kapha avarana* or *Dhatu kshaya*. *Vata* is vitiated and lodged in the *Kapha sthana*. In the primary stage of *Manyasthambha* the *Kapha anubandhatwam* is found but in chronic stage it becomes as a *Vata Vikara* only, which is degenerative condition in nature, which is mainly related to *Asthi Dhatu kshaya*.

***Samprapti Ghatakas*[6]**

Dosha- Vata- Vyanavata Kapha- Shleshmaka kapha
Dushya- Asthi and *Majja, Snayu, Mamsa*
Agni- Jatharagni, Asthi and Majja Dhatwagni
Srotas-Asthi and *Majjavaha*
Srotodusti Prakara- Sanga
Udbhava sthana- Pakwashaya
Sancharasthana- Rasayani
Vyaktisthan- Greeva
Vyadhi swabhava- Chirakari
Rogamarga- Madhyama Rogamarga

MATERIALS AND METHODS

The present study was conducted at the College of Ayurveda and research centre Akurdi. The patients were enrolled from the *Swasthrakshan* OPD and IPD section of Sterling Ayurvedic Hospital and multispeciality hospital, Akurdi, Pune, Maharashtra, India. All patients were selected from the age 20 to 50. Proper counselling and awareness were carried out for the disease as well as about the study trial. Eligible patients were enrolled after proper voluntarily written consent according to protocol recommended by the Institutional Ethic Committee. The total period of study of patients was 30 days.

***Brahma Mudra* of the Neck -** *Brahma Mudra* is a *yoga* posture of the head and neck and it can be practiced position. Sit in any of the Yogic sitting postures such as *Padmasana*, *Sukhasana*, *Vajrasana*, etc. If these postures are difficult to attain, perform this *Mudra* sitting in a chair or in stand-at-ease position, keeping the palms on the waist.

Technique of attaining and releasing the *Mudra*: While Keeping the shoulders and the torso steady, do right rotation of neck. Also turn your gaze to the right (fig. 1). Maintain this posture for 3-5 breaths and then come back to the starting position.

Next, in the same manner, do left rotation so that the chin moves towards the left shoulder and the gaze turns to the left (fig. 2). Maintain this posture as before for 3 to 5 breaths and then return to the starting position.

Now relaxing the muscles of the neck, extension of neck. By means of this relaxation let it come as far down as possible under gravity. Turn the gaze towards the eyebrows (Fig 2) Maintain this posture for 3 to 5 breaths. Return to the starting position.

Finally, relaxing the neck let do flexion the extent possible. Let the chin come close to the chest and look steadily towards the cheeks (fig 4). Maintaining this posture for 3 to 5 breaths, come back to the starting position. (Fig 3)

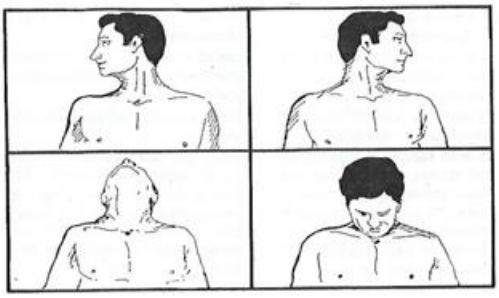
This *Mudra* can also be performed by first tilting the head backward, then bending it forward, and then turning the face to the right and to the left. All the four, movements together constitute one round of *Brahma Mudra*.

Breathing: During the third stage of *Brahma Mudra*, when the head is tilted back and also during the fourth stage when the chin is dropped towards the chest, breathing gets arrested. In these postures, consciously keep breathing.

Eyes and Attention: As explained in the technique of attaining and releasing the *Mudra*, turn the gaze in the direction in which the face is moved. In some

traditions, the gaze is steadied on the tip of the nose (*Nasagra Drishti*) while taking the face up, and it is steadied between the eyebrows (*Bhrumadhya Drishti*) while dropping the face down. While turning the face to the right and to the left, the gaze is fixed on the respective shoulders (*Jatru Drishti*). There is no objection to this method. However, if the eyesight is weak or if you have any difficulty in fixing the gaze on any particular point, then it is better to close the eyes. While maintaining a particular position for 3 to 5 breaths, fix the attention on the breathing, which should be normal throughout; go in for conscious differential relaxation and then do *Prana dharana*.

Figures showing positions of *Brahmamudra* (Fig:1- Right rotation 2-left rotation 3-backward bending 4-forward bending–resembling to the four face of *Brahma*).



Practice: It is advised in *Yogmimansa*, better to practise *Jivha Bandha*, *Simha Mudra* and *Brahma Mudra* as one unit in which *Jivha Bandha* and *Simha Mudra* are to be performed alternately 3 times each, followed by one round of *Brahma Mudra*[7]. This would complete one composite round of this "Three-in-One" practice. If *Brahma Mudra* is to be performed independently, then maintain each stage of the Mudra for 3 to 5 breaths and perform 5 to 10 such rounds.

Probable Mistakes Correction

- Using force for taking the final position
- Avoid use of force. Assume face sideward, up or the final position according to your capacity.
- There is a tendency of- This should be consciously holding the breath avoided.
- While taking the head up, only the portion above the neck or while turning the neck should be moved. While moving face side wards, the rest of the body including the shoulders should be still. Also, you should not bend body while bent forward or backward at the backward at the waist.

Benefits

- The alternate contraction and stretching of the muscles in the neck makes them strong and flexible.
- Blood circulation of neck region is also improved.
- If *Brahma Mudra* is practiced along with *Jivha Bandha* and *Simha Mudra*, their effectiveness is increased, multiplying the benefits from them.
- This *Mudra* is very useful as a preventive measure against the swelling, inflammation and unhealthy growth of the tonsils

Selection criteria- The cases (30 patients) were selected strictly as per the pre-set inclusion and exclusion of criteria.

Inclusion Criteria

a. Pre-diagnosed cervical spondylosis patient.
b. Age group between 20 to 50 years irrespective of gender, cast or religion.

Exclusion Criteria- Patient with congenital anomaly of spine

a. Patient with fracture or dislocation of cervical vertebrae and intervertebral disc, recent accidental cases,
b. Patient with long term steroidal and hormonal treatment

Objective Criteria

Cervical Movements

0= Normal range of movement
1= ROM reduced up to 25%
2= ROM reduced to 26% - 50%
3= ROM reduced 51% - 75%
4= ROM reduced 76% - 100%

Subjective Criteria

Neck Pain Disability Index Questionnaire

This questionnaire is designed to enable us to understand how much his/her neck pain has affected his/her ability to manage his/her everyday activities.
Any of the following choice which most closely describes his/her problem will be marked.

Section 1- Pain Intensity

0= No pain at the moment.
1 = The pain is very mild at the movement (dull pain on & off, bearable on site).
2 = The pain is moderate at the moment (constant pain/radiating pain but bearable).
3= The pain is fairly severe at the moment (unbearable pain/radiating pain but no sign of local inflammation).
4= The pain is very severe at the moment (unbearable pain/radiating pain with sign of local inflammation).
5= The pain is worst imaginable at the moment

Section 2- Personal Care (Washing; Dressing; etc.)

0 = I can look after myself normally without causing extra pain.
1 = I can look after myself normally, but it causes extra pain.
2 = It is painful to look after myself and I am slow and careful.

3 = I need some help, but manage most of my personal care.
4 = I need help every day in most aspects of self care.
5 = I do not get dressed; I wash with difficulty and stay in bed.

Section 3 - Headache

0 = I have no headache at all.
1 = I have slight headache which come infrequently.
2=I have moderate headache which come infrequently.
3 = I have moderate headache which come frequently.
4 = I have severe headache which come frequently.
5 = I have headache almost all the time.

Section 4 - Work

0 = I can do as much work as I want to.
1 = I can only do my usual work, but not more.
2 = I can do most of my usual work, but not more.
3 = I cannot do my usual work.
4 = I can hardly do any work at all.
5 = I cannot do any work at all.

Section 5 - Concentration

0 = I can concentrate fully when I want to with no difficulty.
1 = I can concentrate fully when I want to with slight difficulty.
2 = I have a fair degree of difficulty in concentrating when I want to.
3 = I have a lot of difficulty in concentrating when I want to.
4 = I have a great deal of difficulty in concentrating when I want to.
5 = I cannot concentrate at all.

Section 6- Driving

0. I can drive my car without any neck pain.
1. I can drive my car as long as I want with slight pain in my neck.
2. I can drive my car as long as I want with moderate pain in my neck.
3. I cannot drive my car as long as I want because of moderate pain in my neck.
4. I can hardly drive at all because of severe pain in my neck.
5. I cannot drive my car at all.

Section 7- Reading

0. I can read as much as I want to with no pain in my neck.
1. I can read as much as I want to with slight pain in my neck.
2. I can read as much as I want to with moderate pain in my neck.
3. I cannot read as much as I want because of moderate pain in my neck.
4. I cannot read as much as I want because of severe pain in my neck.
5. I cannot read at all.

Section 8- Sleeping

0. I have no trouble sleep
1. My sleep is slightly disturbed (less than 1 hour loss of sleep).
2. My sleep is mildly disturbed (1-2 hours loss of sleep).
3. My sleep is moderately disturbed (2-3 hours loss of sleep).
4. My sleep is greatly disturbed (3-5 hours loss of sleep).
5. My sleep is completely disturbed (5-7 hours)

Section 9 - Lifting

0. I can lift heavy weights without extra pain.
1. I can lift heavy weights, but it gives extra pain.
2. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
3. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
4. I can lift very light weights.
5. I cannot lift or carry anything at all.

Section 10 - Recreation

0. I am able to engage in all of my recreational activities with no neck pain at all.
1. I am able to engage in all of my recreational activities with some pain in my neck.
2. I am able to engage in most, but not all of my recreational activities because of pain in my neck.
3. I am able to engage in a few of my recreational activities because of pain in my neck.
4. I can hardly do any recreational activities because of pain in my neck.
5. I cannot do any recreational activities at all.

Formula: % Disability = $\frac{\text{Patients Score}}{\text{No. of Sections Completed X 5}}$ X 100

Scoring Technique for Neck Disability Index

0. Each of the 10 sections is scored separately (0 to 5 points respectively) and then added up (max. total = 50).
1. If all 10 sections are completed, simply double the patients score.
2. If a section is omitted, divide the patient's total score by the number of sections completed times 5.

Gradations are as follows:

0 =	0-4:	No Disability
1 =	5-14:	Mild Disability
2 =	15-24:	Moderate Disability
3 =	25-34:	Severe Disability
4 =	35 or over:	Complete Disability

Visual analogue scale (VAS): The number will be marked which equals to patients pain

0 = No Pain
1 = Mild Pain (1-4)
2 = Moderate Pain (5-7)
3 = Severe Pain (8 - 10)

Statistical Analysis- 8 parameters are measured in four follow ups. Out of these, 1 parameter is qualitative (ordinal) and 7parameters are quantitative in nature.

All above tests were applied in SPSS software the results are as follows:

Disability score: Follow up wise results by repeated measures ANOVA as follows:

Disability Score	Mean	Test statistic	P value
Follow up 1	0.2207	22.079	<0.001
Follow up 2	0.2047		
Follow up 3	0.196		
Follow up 4	0.1753		

Interpretation: Mean disability score decreases during in each follow up. P value < 0.05 so there is significant difference in mean disability score.

Result of paired t test

Disability score	Mean	N	Std. Deviation	Test Statistic t	P value
Follow up 1	0.2207	30	0.111	6.378	<0.001
Follow up 4	0.1753	30	0.110		

Interpretation

1) Disability score is decreased after last follow up from 0.2207 to 0.1753.
2) There is significant difference in Disability score in last follow up, since p value < 0.05.

Conclusion: Disability score is significantly decreased in last follow up.

Flexion: Follow up wise results by repeated measures ANOVA as follows:

Flexion	Mean	Test statistic	P value
Follow up 1	32.5	8.802	<0.001
Follow up 2	32.83		
Follow up 3	33.67		
Follow up 4	35.83		

Interpretation: Mean flexion increases during each follow up. P value < 0.05 so there is significant difference in mean flexion.

Result of paired t test

Flexion	Mean	N	Std. Deviation	Test Statistic t	P value
Follow up 1	32.5	30	7.960	-3.340	0.002
Follow up 4	35.83	30	8.914		

Interpretation

1) Flexion is increased after last follow up from 32.5 to 35.83.
2) There is significant difference in Flexion in last follow up, since p value < 0.05.

Conclusion: Flexion is significantly increased up to last follow up.

Extension: Follow up wise results by repeated measures ANOVA as follows:

Extension	Mean	Test statistic	P value
Follow up 1	34.17	5.649	0.001
Follow up 2	34.17		
Follow up 3	36.5		
Follow up 4	38		

Interpretation: Mean Extension increases during each follow up. P value < 0.05 so there is significant difference in mean extension.

Result of paired t test

Extension	Mean	N	Std. Deviation	Test Statistic t	P value
Follow up 1	34.17	30	9.656	-2.640	0.013
Follow up 4	38	30	11.641		

Interpretation

1) Extension is increased after last follow up from 33.33 to 38.83.

2) There is significant difference in extension in last follow up, since p value < 0.05.

Conclusion: Extension is significantly increased up to last follow up.

Left lateral flexion: Follow up wise results by repeated measures ANOVA as follows:

Left lateral flexion	Mean	Test statistic	P value
Follow up 1	28.17	9.713	<0.001
Follow up 2	28.33		
Follow up 3	30		
Follow up 4	31.33		

Interpretation: Mean Left lateral flexion increases in each follow up. P value < 0.05 so there is significant difference in mean left lateral flexion.

Result of paired t test

Left lateral flexion	Mean	N	Std. Deviation	Test Statistic t	P value
Follow up 1	26.23	30	4.523	-8.600	<0.001
Follow up 4	34.5	30	5.309		

Interpretation

1) Left lateral flexion is increased after last follow up from 26.23 to 34.5.

2) There is significant difference in left lateral flexion in last follow up, since p value < 0.05.

Conclusion: Left lateral flexion is significantly increased up to last follow up.

Right lateral flexion: Follow up wise results by repeated measures ANOVA as follows:

Right lateral flexion	Mean	Test statistic	P value
Follow up 1	27.67	11.830	<0.001
Follow up 2	27.67		
Follow up 3	29.67		
Follow up 4	31.33		

Interpretation: Mean right lateral flexion increases during last 2 follow up. P value <0.05 so there is significant difference in mean right lateral flexion.

Result of paired t test

Right lateral flexion	Mean	N	Std. Deviation	Test Statistic t	P value
Follow up 1	27.67	30	5.979	-3.832	0.001
Follow up 4	31.33	30	6.288		

Interpretation:

1) Right lateral flexion is increased after last follow up from 27.67 to 31.33.

2) There is significant difference in right lateral flexion in last follow up, since p value < 0.05.

Conclusion: Right lateral flexion is significantly increased up to last follow up.

Left rotation: Follow up wise results by repeated measures ANOVA as follows:

Left rotation	Mean	Test statistic	P value
Follow up 1	45	17.562	<0.001
Follow up 2	45		
Follow up 3	45.17		
Follow up 4	50.83		

Interpretation: Mean left rotation increases in last 2 follow ups. P value < 0.05 so there is significant difference in mean left rotation.

Result of paired t test

Left rotation	Mean	N	Std. Deviation	Test Statistic t	P value
Follow up 1	45	30	9.649	-4.296	<0.001
Follow up 4	50.83	30	12.040		

Interpretation:

1) Left rotation is increased after last follow up from 45 to 50.83.

2) There is significant difference in left rotation in last follow up, since p value < 0.05.

Conclusion: Left rotation is significantly increased up to last follow up.

Right rotation:

Follow up wise results by repeated measures ANOVA as follows-

Right rotation	Mean	Test statistic	P value
Follow up 1	45.83	12.245	<0.001
Follow up 2	45.83		
Follow up 3	46.67		
Follow up 4	52		

Interpretation: Mean right rotation increases in last 2 follow up. P value < 0.05, so there is significant difference in mean right rotation.

Result of paired t test

Right rotation	Mean	N	Std. Deviation	Test Statistic t	P value
Follow up 1	45.83	30	8.619	-3.649	0.001
Follow up 4	52	30	11.86		

Interpretation

1) Right rotation is increased after last follow up from 45.83 to 52.

2) There is significant difference in right rotation in last follow up, since p value < 0.05.

Conclusion: Right rotation is significantly increased up to last follow up.

Pain (VAS Score): Follow up wise result by Friedman test as follows:

Pain	Mean Rank	Test statistic	P value
Follow up 1	3.30	53.865	<0.001
Follow up 2	2.90		
Follow up 3	2.40		
Follow up 4	1.47		

Interpretation: As p value < 0.05, there is significant difference in pain during each follow up.

Result of 1st and last follow up by Wilcoxon test as follows:

Pain	N	Test statistic	P value
Negative Ranks	25	-4.716	<0.001
Positive Ranks	0		
Ties	5		
Total	30		

Interpretation: As p value < 0.05, there is significant difference in pain after last follow up. Negative rank indicates pain reduces in 25 patients after last follow up.

DISCUSSION

On Cervical spondylosis- In *Brahmamudra*, neck exercise is performed in slow, intentional and more emphasize is given on controlled stretching on neck muscles. This probably will break the *Samprapti* of *Manyastambh* by breaking *Sthanasanshraya* of vitiated *Vata* at *Manya*. It may balance the *Laghu guna* of *Vata*. It also relives pain by lowering down the increased *Vata*. Aggravated *Vata* has a strong tendency to cause stiffness. It also increases flexibility, which can help to release unnecessary tension or constriction in the body. More over *Brahma mudra* may be considered as a palliative care for *Manyastambh* from the above study.

On stress management - It is one of the *Mudra* that can be practice to get rid of stress if practiced with concentration on gazing and breathing

On sign aging - We can't stop aging but we can reduce down the signs on face, regular practice can improve the sagging of chin and neck muscle to

CONCLUSION

We can say regular practice of that *Brahma mudra* shows result of improvement in CS patients, in concentration, in meditation, in stress relief, if practiced with combination of other asana. But for more correct output the longer duration study will required and more number of patients. In *Brahmamudra*, neck exercise is performed in slow, intentional and more emphasize is given on controlled stretching on neck muscles. This probably will break the *Samprapti* of *Manya*stambh by breaking *Sthana sanshraya* of vitiated *Vata* at *Manya*. Bringing smooth movements is more supportive of *Vata*. It also increases flexibility, which can help to release unnecessary tension or constriction in the body. More over *Brahmamudra* may be considered as a palliative care for *Manyastambh* or in cervical spondylosis from the above study.

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