



## Research Article

### A COMPARATIVE CLINICAL STUDY TO EVALUATE THE THERAPEUTIC EFFECT OF MAHA BHRINGARAJA TAILA NASYA AND VISHWADI DWADASHANGA KWATHA IN THE MANAGEMENT OF MANYASTHAMBHA WITH SPECIAL REFERENCE TO CERVICAL SPONDYLOSIS

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**KEYWORDS:** *Manyastambha.*

Cervical spondylosis, *Maha Bhringaraja Taila Nasya, Vishwadidwadashanga Kwatha.*

#### ABSTRACT

Neck pain is one of the most frequent musculoskeletal cause of consultation in primary care worldwide. Disc degeneration is the main contributing pathology for many cervical spine complications. Development of myelopathy and compression further leads to more complications. *Manyastambha* can be correlated with cervical spondylosis due to similar clinical presentation. *Manyastambha, Vata vyadhi* by its nature with the symptoms such as pain and stiffness is pacified through *Vata Kapha* management. *Nasya* with *Taila* pacifies the *Vata Kapha* mainly the *Vata*. *Bhringaraja Taila Nasya* is a *Snehana* kind of *Navana Nasya* and having property of *Tridoshahara, Balya, Rasayana, Vrushya, Vedanasthapaka* and *Srothoshodhaka*. *Vishwadi Dwadashanga kwatha* is having property of *Vata shamana*. Hence these drugs were considered in this study.

A total of 30 patients were randomly selected from OPD and IPD of D.G.M.A.M.C. and Hospital and Research centre camps conducted by the collage/Hospital after fulfilling the inclusion and exclusion criteria. All 30 patients were randomly divided in 3 groups. It was comparative clinical trial. In Group A- 10 patients were given *Maha Bhringaraja Taila Nasya* for 7 days. In Group B-10 patients were given *Vishvadidwadashanga Kwatha* internally for 14 days. In Group C- 10 patients were given both *Maha Bhringaraja Taila Nasya* for 7 days and *Vishvadidwadashanga Kwatha* for 14 days. Subjective and objective parameters of base line data to after treatment data were compared for the assessment of results by using 'Annova' test. Results shows that Group A patients, treated with *Maha Bhringaraja Taila* were showed better improvement than the Group B patients treated with *Vishwadidwadashanga kwatha*.

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#### INTRODUCTION

*Manyastambha* derived from two different words- *Manya* and *Stambha*. According to Arunadutta the commentator of *Astang Hrudaya* the meaning of the word *Manya* is two *Nadis*, tangentially to the neck. *Manyastambha* is the clinical entity in which the back of the neck becomes stiff or rigid and the movements of the neck are impaired. The stiffness of neck is consequence of aggravated *Vata* lodging in the cervical region. *Manyastambha* is coming under one of the *Vataja Nanatmaja Vikara*. Along with *Vata, Kapha Dosha* is associated. *Vata* is vitiated either because of *Kaphavarana* or *Dhatu Kshaya*. *Vata* is

vitiated and lodged in the *Kapha Sthana* so the *Kapha* involvement can occur. Acharyas has given 3 main reasons for *Manyastambha Diwaswapna* (day sleeping), *Asanasthana Vikruti* (bad seating posture) *Urdhwa Nireekshana* (upward looking). *Charaka Trimarmeeya* chapter of *Siddhi Sthana* explained *Manyastambha* is because of head injury i.e., *Shiro Abhighatam* and considered *Antharayama* as *Manyastambha*. Similarly *Vagbhata*, also refer *Manyastambha* is a symptom of *Antharayama*. *Gayadasa*, commentator on *Sushruta*, considers *Manyastambha* as individual disease entitled

because of its causative factors are discussed separately as a disease.<sup>[1]</sup>

*Manyastambha* can be correlated with cervical spondylosis due to similar clinical presentation. The Cervical Spondylosis is one of the commonest degenerative, neurological condition by which the major population has been affected.

The description or references regarding *Manyastambha* are not much available in detail in any of the major Ayurvedic texts. As it is one of the *Vataja Nantamaja Vikaras* before giving the description of *Manyastambha*, general consideration of *Vatavyadhi* is seen. The word *Vatavyadhi* has been composed from the two words *Vata* and *Vyadhi*. *Vata* is considered to be the most powerful. *Charaka* has mentioned the importance of *Vata* as, "Vata is life and vitality: Vata is the supporter of all embodied beings, Vata is verily the whole universe and Vata is the lord of all. By this quotation, *Charaka* has cleared that *Vata* is the main factor, which is responsible for the healthy and diseased status of individual. *Pitta* and *Kapha* have also a capacity to disturb the normal state of the health, but they are *Pangu* without the support of *Vata*. Due to higher efficacy *Vata* can produce 80 types of defects and derangements in the body. The word *Vyadhi* is suggestive of circumstances in which body and mind both are in distress. In this way the collective meaning of *Vatavyadhi* indicates the specific disorders occurred due to *Vata dosha*. *Vatavyadhi* cannot be manifested until and unless *Vata* is involved and this type of diseases of *Vata* are known as *Nanatmaja* disorders of *Vata*.

In contemporary system of medicine the treatment of cervical spondylosis is conservative or surgical. Hence it is a challenge to a system of medicine to provide the effective treatment or procedure to control it.

### Ingredients of *Maha Bhringaraja Taila*

#### *Kalka Dravyas*

S.No	Sanskrit Name	Botanical Name	Proportion
1	<i>Hariaki</i>	<i>Terminalia chebula</i>	1 Part
2	<i>Manjistha</i>	<i>Rubia cordifolia</i>	1 Part
3	<i>Padmaka</i>	<i>Prunus cerasoides</i>	1 Part
4	<i>Chandana (Rakta chandana )</i>	<i>Pterocarpus santalinus</i>	1 Part
5	<i>Gairika</i>	Haematite/Red iron oxide	1 Part
6	<i>Bala</i>	<i>Sida cordifolia</i>	1 Part
7	<i>Haridra</i>	<i>Curcurria longa</i>	1 Part
8	<i>Daruharidra</i>	<i>Berberies aristala</i>	1 Part
9	<i>Kesara (Nagakesara)</i>	<i>Mesua ferrea</i> Linn.	1 Part
10	<i>Priyangu</i>	<i>Callicarpa macrophylla</i>	1 Part
11	<i>Yastimadhu</i>	<i>Glycirrhiza glabra</i>	1 Part
12	<i>Prapoundarika</i>	<i>Nelumbo nucifera</i> Grertn	1 Part
13	<i>Gopi</i>	<i>Hemidesmus indicus</i>	1 Part

In Ayurveda *Nasyakarma* is the prime line of treatment for all *Jatrurdhwagatavikaras*. *Manyastambha* is one of the *Jatrurdhwagatavikaras*, is explained to treat with *Nasya*.<sup>[2]</sup> *Maha Bhringaraja taila*<sup>[3]</sup> is one of the *Taila Yoga* of *Bhaishajyaratnavali* mentioned in *Kshudrarogadhikara* chapter tells its indication in *Manyastambha* also. *Vishvadi Dwadashanga Kwatha*<sup>[4]</sup> is one of the *Vatahara Yoga* mentioned in *Gada Nigra*.

With an intention to find out an affective, economical and affordable treatment modality with minimal hospitalization study is planned to evaluate and to compare the individual and synergistic therapeutic effect of *Bhringarajataila Nasya* and *Vishvadi Dwadashanga Kwatha* in the management of *Manyastambha* (cervical spondylosis).

#### Aims and Objectives

To evaluate the therapeutic effect of *Maha Bhringaraja Taila Nasya* in the management of *Manyastambha*.

To evaluate the therapeutic effect of *Vishvadi dwadashanga Kwatha* in the management of *Manyastambha*.

To compare the therapeutic effect of *Maha Bhringaraja Taila Nasya* and *Vishvadi dwadashanga Kwatha* in the management of *Manyastambha*.

#### Source of Data

- The trials will be conducted on 45 clinically diagnosed patients of *Manyastambha* on the basis of subjective and objective parameters and will be randomly selected from OPD and IPD of DGMAMC and Hospital & Research centre camps conducted by the collage/ Hospital.
- Literary- literary aspect of the study will be collected from classical Ayurvedic books and will be updated with recent medical journals.

<i>Bhringaraj swarasa</i>	<i>Eclipta alba</i>	4 Parts
<i>Murchita tila taila</i>	Sesame oil	1 Part
<i>Jala</i>	Water	4 Parts

Taila Paka will be done accordingly to the standard Taila paka vidhi

#### Vishvadi Dwadashanga Kwatha

S.No	Sanskrit Name	Botanical Name	Proportion
1	<i>Vishwa</i>	<i>Zingiber officinale</i>	1 Part
2	<i>Eranda</i>	<i>Ricinus cummunis</i>	1 Part
3	<i>Devadaru</i>	<i>Cedrus deodara</i>	1 Part
4	<i>Vacha</i>	<i>Acorus Calamus</i>	1 Part
5	<i>Shunti</i>	<i>Zinziber officinalis</i>	1 Part
6	<i>Dulalabha</i>	<i>Alhagi pseudalhagi</i>	1 Part
7	<i>Abhaya</i>	<i>Terminalia Chembula</i>	1 Part
8	<i>Athivisha</i>	<i>Aconitum Heterophyllum</i>	1 Part
9	<i>Mustha</i>	<i>Cyperus rotandus</i>	1 Part
10	<i>Shatamali</i>	<i>Asparagus Racemosus</i>	1 Part
11	<i>Vrusha</i>	<i>Adhatoda vasica</i>	1 Part
12	<i>Amruta</i>	<i>Tinospora Cordifolia</i>	1 Part

All the above mentioned drugs will be collected and made in to course powder to this 16 parts of water will be added and boiled on moderate heat till it reduces to 1/8<sup>th</sup> part, filtered and used internally as *Kashaya*.

#### Method of Collection of Data

**1. Study design:** A randomized comparative clinical study.

**2. Sample size:** A minimum of 30 patients which are randomly divided into 3 groups.

Group A: 10 patients were received *Maha Bhringaraja Taila Nasya* for 7 days.

Group B: 10 patients were received *Vishvadi-dwadashanga Kwatha* internally for 14 days.

Group C: 10 patients were received both *Maha Bhringaraja Taila Nasya* for 7 days followed by *Vishvadi-dwadashanga Kwatha* for 14 days.

#### Inclusive criteria

- Classically mentioned signs and symptoms like Ruk and *Sthambha* in *Manyapradesha*.
- Patients of both genders.
- Patients in between age group 25-60 yrs.
- Patients fit for *Nasya Karma*.

#### Exclusive Criteria

- Patients below 25 and above 60 years of age.
- Pregnant women and lactating mothers.
- Patients suffering with systemic disorders like Diabetes, Malignancy of spine, tuberculosis of spine, Cervical Myelopathy etc.
- Patients who are unfit for *Nasya karma*.

#### Diagnostic Criteria

Diagnosis was based on classical signs and symptoms like *Ruk* and *Sthambha* in the

*Greevapradesha* as described under subjective and objective parameters.

#### Posology

**Group A-** 10 patients were received *Maha Bhringaraj taila Navana Nasya* 8 drops in each nostrils for 7 days. *Sthanika Abhyanga* was done with *Moorchita Taila* before *Nasya*.

**Group B-** 10 patients were received *Vishvadi-dwadashanga Kwatha* internally for 14 days.

**Group C-** 10 patients will receive both *Maha Bhringarajtaila Nasya* for 7 days followed by *Vishvadi-dwadashanga Kwatha* for 14 days.

#### Study duration

- ✓ *Navana Nasya* for 7 days.
- ✓ *Shamana Chikista* for 14 days.
- ✓ Total study duration 21days
- ✓ Follow up 15 days

**Criteria for assessment:** The clinical manifestations of both subjective signs and objective signs of *Manyasthambha* scored as per the severity of pain and stiffness and range of movement are considered as the assessment criteria for the study.

#### Assessment of Result

Subjective and objective parameters of base line data to after treatment data were compared for the assessment of results by using 'Annova' test. Results were assessed with SPSS Software.

#### A. Subjective parameters grading

##### 1. Ruk (pain)

Grade 0 : No pain

Grade 1 : Mild pain present positional, does not require medication

Grade 2 : Moderate pain present irrespective of posture relieves by hot fomentation  
 Grade 3 : Moderately severe pain present, relieves by medication  
 Grade 4 : Pain does not relieve by medication, present persistently

**2. Graha (Stiffness)**

Grade 0 : Full range  
 Grade 1 : Up to 75% of movement  
 Grade 2 : Up to 50% of movement  
 Grade 3 : Up to 25% of movement  
 Grade 4 : No movement

**B. Objective Parameters Grading**

**Mobility of Neck**

**Flexion**

Grade 0 : Full range of neck movement without pain  
 Grade 1 : Full range of neck movement with pain and stiffness  
 Grade 2 : Restricted movement of neck with pain  
 Grade 3 : Neck stiffness and pain restricting movement of neck

**Extension**

Grade 0 : Full range of neck movement without pain  
 Grade 1 : Full range of neck movement with pain and stiffness  
 Grade 2 : Restricted movement of neck with pain  
 Grade 3 : Neck stiffness and pain restricting movement of neck

**3. Lateral flexion**

Grade 0 : Full range of neck movement without pain

**Observations and Results**

Grade 1 : Full range of neck movement with pain and stiffness  
 Grade 2 : Restricted movement of neck with pain  
 Grade 3 : Neck stiffness and pain restricting movement of neck

**4. Rotation**

Grade 0 : Full range of neck movement without pain  
 Grade 1 : Full range of neck movement with pain and stiffness  
 Grade 2 : Restricted movement of neck with pain  
 Grade 3 : Neck stiffness and pain restricting movement of neck

**5. Passive neck flexion**

Grade 0 : Without any difficulty  
 Grade 1 : With some difficulty  
 Grade 2 : With much difficulty  
 Grade 3 : Unable to do

**6. Muscle strength**

Grade 0 : Normal strength  
 Grade 1 : The limb can be held in the force of gravity but not the examiners resistance  
 Grade 2 : Power detectable only when gravity is excluded by appropriate postural adjustment  
 Grade 3 : A flicker of contraction  
 Grade 4 : Complete paralysis

**Investigation**

**Haematological**

- CBC
- ESR
- Random blood glucose

**Radiological**

- X-Ray of cervical Spine

**Table 1: Showing Comparative Effect of Treatment on Subjective Parameters**

Comparative Effect of treatment on Subjective Parameters; Paired Samples t-Test										
Group	Parameters/ Symptoms	Paired Samples Statistics			Paired Differences			Paired t-Test findings		
		Mean BT	Mean AT	Decrease in %	Mean Dif.	±SD	±SE	t	P	Remarks
A	Ruk (Pain)	2.80	1.50	46.4%	1.30	0.48	0.15	8.51	<0.001	HS
	Graha (Stiffness)	1.70	0.70	58.8%	1.00	0.67	0.21	4.74	<0.01	S
B	Ruk (Pain)	2.80	1.70	39.3%	1.10	0.32	0.10	11.00	<0.001	HS
	Graha (Stiffness)	1.50	0.90	40.0%	0.60	0.52	0.16	3.67	<0.01	S
C	Ruk (Pain)	3.00	1.30	56.7%	1.70	0.48	0.15	11.13	<0.001	HS
	Graha (Stiffness)	1.80	0.60	66.7%	1.20	0.42	0.13	9.00	<0.001	HS

SD - Standard Deviation; SE- Standard Error; BT = Before Treatment; AT = After Treatment.

IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant.



**Table 2: Different Group Wise Comparison of Subjective Parameters**

Subjective Parameters in Different Group Wise Comparisons Trough ANOVA												
Descriptive						ANOVA						
Parameters/ Symptoms	Groups	N	Mean	±SD	±SE	Comparison	Sum of Squares	df	Mean Square	F	P	Remarks
Ruk (Pain)	group A	10	1.50	0.53	0.167	Between Groups	0.80	2	0.40	1.61	>0.05	I.S.
	Group B	10	1.70	0.48	0.153							
	Group C	10	1.30	0.48	0.153	Within Groups	6.70	27	0.25			
	Total	30	1.50	0.51	0.093							
Graha (Stiffness)	Group A	10	0.70	0.82	0.260	Between Groups	0.47	2	0.23	0.36	>0.05	I.S.
	Group B	10	0.90	0.88	0.277							
	Group C	10	0.60	0.70	0.221	Within Groups	17.40	27	0.64			
	Total	30	0.73	0.79	0.143							

SD - Standard Deviation; SE- Standard Error; BT = Before Treatment; AT = After Treatment  
IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant

**Table 3: Comparative Effect of Treatment on Objective Parameters**

Comparative Effect of treatment on Objective Parameters of Mobility; Paired Samples t-Test										
Group	Parameters of Mobility	Paired Samples Statistics			Paired Differences			Paired t-Test findings		
		Mean BT	Mean AT	Decrease in %	Mean Dif.	±SD	±SE	t	P	Remarks
A	Flexion	1.30	0.50	61.5%	0.80	0.42	0.13	6.00	<0.001	HS
	Extension	2.00	0.80	60.0%	1.20	0.79	0.25	4.81	<0.001	HS
	Lateral flexion	1.40	0.50	64.3%	0.90	0.32	0.10	9.00	<0.001	HS
	Neck rotation	2.20	0.90	59.1%	1.30	0.48	0.15	8.51	<0.001	HS
B	Flexion	1.20	0.80	33.3%	0.40	0.52	0.16	2.45	<0.05	MS
	Extension	1.30	0.90	30.8%	0.40	0.52	0.16	2.45	<0.05	MS
	Lateral flexion	1.40	0.90	35.7%	0.50	0.53	0.17	3.00	<0.05	MS
	Neck rotation	1.60	1.10	31.3%	0.50	0.53	0.17	3.00	<0.05	MS
C	Flexion	1.30	0.40	69.2%	0.90	0.57	0.18	5.01	<0.001	HS
	Extension	2.10	0.80	61.9%	1.30	0.48	0.15	8.51	<0.001	HS
	Lateral flexion	1.60	0.50	68.8%	1.10	0.57	0.18	6.13	<0.001	HS
	Neck rotation	2.00	0.70	65.0%	1.30	0.48	0.15	8.51	<0.001	HS

SD - Standard Deviation; SE- Standard Error; BT = Before Treatment; AT = After Treatment  
IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant

**Table 4: Showing Different Group wise Comparison of Objective Parameters**

Objective Parameters of Mobility in Different Group wise Comparisons Trough ANOVA												
Descriptive						ANOVA						
Parameters of Mobility	Groups	N	Mean	±SD	±SE	Comparison	Sum of Squares	df	Mean Square	F	P	Remarks
Flexion	Group A	10	0.50	0.53	0.167	Between Groups	0.87	2	0.43	0.81	>0.05	I.S.
	Group B	10	0.80	0.92	0.291							
	Group C	10	0.40	0.70	0.221	Within Groups	14.50	27	0.54			
	Total	30	0.57	0.73	0.133							
Extension	Group A	10	0.80	0.63	0.200	Between Groups	0.07	2	0.03	0.06	>0.05	I.S.
	Group B	10	0.90	0.74	0.233							
	Group C	10	0.80	0.79	0.249	Within Groups	14.10	27	0.52			
	Total	30	0.83	0.70	0.128							

Lateral Flexion	Group A	10	0.50	0.53	0.167	Between Groups	1.07	2	0.53	1.04	>0.05	I.S.
	Group B	10	0.90	0.88	0.277							
	Group C	10	0.50	0.71	0.224	Within Groups	13.90	27	0.52			
	Total	30	0.63	0.72	0.131							
Neck Rotation	Group A	10	0.90	0.57	0.180	Between Groups	0.80	2	0.40	0.91	>0.05	I.S.
	Group B	10	1.10	0.57	0.180							
	Group C	10	0.70	0.82	0.260	Within Groups	11.90	27	0.44			
	Total	30	0.90	0.66	0.121							

SD - Standard Deviation; SE- Standard Error; BT = Before Treatment; AT = After Treatment  
IS - Insignificant; MS - Moderately Significant; S - Significant; HS - Highly significant

**Table 5: Overall Result after Treatment**

Overall Result After Treatment						
Mean of Parameters	Group A		Group B		Group C	
	Mean	SD	Mean	SD	Mean	SD
Ruk (pain)	1.5	0.527	1.7	0.483	1.3	0.483
Graha (stiffness)	0.7	0.823	0.9	0.876	0.6	0.699
Flexion	0.50	0.527	0.8	0.919	0.4	0.699
Extension	0.8	0.632	0.9	0.738	0.8	0.789
Lateral flexion	0.5	0.527	0.9	0.876	0.5	0.707
Neck rotation	0.9	0.568	1.1	0.568	0.7	0.823
Passive neck flexion	0.60	0.843	1	0.943	0.4	0.516
Muscle strength	0.2	0.422	0.3	0.483	0.2	0.422

**Table 6: Overall Response after Treatment**

Overall Response After Treatment								
Overall Response	Group A	%	Group B	%	Group C	%	Total	%
Well responded	2	20%	0	0%	5	50%	7	23%
Moderately responded	5	50%	2	20%	2	20%	9	30%
Responded	3	30%	6	60%	3	30%	12	40%
Not responded	0	0%	2	20%	0	0%	2	7%
Total	10	100%	10	100%	10	100%	30	100%

**Ruk-** In group A, group B and group C after treatment, the subjective parameter *Ruk* (pain) in between the groups shows f value 1.61 which are Insignificant at the level of 'p' value >0.05.

**Graha-** In group A, group B and group C subjective parameter *Graha* (stiffness) in between the groups shows f value 0.36 which are insignificant at the level of 'p' value >0.05.

**Flexion**

In group A, group B and group C after treatment, the objective parameter flexion in between the groups shows f value 0.8 which are Insignificant at the level of 'p' value >0.05.

**Extension**

In group A, group B and group C after treatment, the objective parameter extension in between the groups shows f value 0.06 which are Insignificant at the level of 'p' value >0.05.

**Lateral flexion**

In group A, group B and group C after treatment, the objective parameter, lateral flexion in between the groups shows f value 1.04 which are Insignificant at the level of 'p' value >0.05.

**Neck rotation**

In group A, group B and group C after treatment, the objective parameter and neck rotation in between the groups shows f value 0.91 which are Insignificant at the level of 'p' value >0.05.

**DISCUSSION**

*Manyasthambha* has been described as one of the disorders caused by vitiated *Vata* and is included under 80 types of *Nanatmajavikaras* of *Vata*. Ayurvedic approach to *Manyasthambha* is to remove the *Avarana* of *Kapha* to *vata*, to retard the

degeneration, pacifying *Vata Dosh*a and to strengthen the *Dhathu*s.

*Mahabhringarajataila*, which is explained in *Bhaishajya Ratnavali*, in *Kshudrarogadhikara Adhyaya* is chosen for the study. This *Taila* is indicated in *Keshapatana*, *Shirodusti*, *Manyasthambha*, *Glagraha*, *Shirakarna* and *Akshiroga* in the form of *Nasya* and *Abhyanga*.

The root of administration always has its own importance in management of any disease. According to Ayurvedic classics in the diseases which are occurring above the clavicle, *Uttamanga*, *Nasya* therapy is most favourable. *Nasya* karma is explained as a best treatment for *Urdhwajatrugata Vikara* and *Manyasthambha* being one among them is practiced here.

Ingredients in *Bhringaraja Taila* are having the property of *Kaphahara*, *Vatahara* and *Pitthahara*. So, this may be helpful in pacifying of *Kaphavata* and also all the ingredients in *Maha Bhringaraja Taila* are having the property of *Balya*, *Rasayana*, *Srothoshodhaka* and *Vedanasthapaka* which are helpful in *Manyasthambha*.

*Vishwadiwadashangakwatha* is one of the *Vatahara yoga* which is mentioned in *Gadanigraha* in *Vatarogadhikara Adhyaya* is selected *Ashamanoushadhi* in this study. *Vishwadiwadashangakwatha* is indicated in *Mamsa*, *Ama* and *Shleshma-sandhisthitha* and *Majja*, *Asthinayu* and *Sarvangagatavayuvikaras*.

As *Manyasthambha* is one of the *Vataja Nanatmajavyadhi*, this *Vataharakwatha* has been chosen for this clinical study.

### Overall Effect of Therapies

Comparing overall response of the treatment, it was observed that group A showed better efficacy than group B.

In Group A, total 10 patients were treated out of which, 2 patients were well responded 5 patients were moderately responded and 3 were responded and none patient were not at all responded to the treatment.

In Group B, total 10 patients were treated out of which, none patients were well responded, 2 patients were moderately responded and 6 were responded and 2 patient were not at all responded to the treatment.

In Group C, total 10 patients were treated out of which, 5 patients were well responded 2 patients were moderately responded and 3 were responded to the treatment, patient were not at all responded to the treatment.

### Comparative Effect of Therapy

Even though Result of individual parameters was statistically insignificant when compared in between the groups by Anova and Post hoc tests, by comparing the percentage of reduction of all parameters, we can find the difference in between the groups.

In the subjective parameters *Ruk* Group A showed 7.1% better results than group B and in *Graha* (stiffness) showed 10.2% better results than group B.

In the objective parameters like Flexion in group A showed 28.2% better results than group B, in Extension Group A showed 29.2% better results than group B, in lateral flexion group A showed 28.6% better results than group B, in neck rotation A showed 27.8% better results than group B, in passive flexion group A showed 33.9% better results than group B and in muscle strength A showed 25% better results than group B.

So we can say Group A (*Mahabhringarajataila*) is more effective than Group B (*Viswadiwadashangakwatha*).

### CONCLUSION

- The disease *Manyasthambha* and Cervical Spondylosis are having similar causes, signs and symptoms.
- At the initial stage of the *Manyasthambha*, *Kapha* association is seen. But, when it becomes chronic, it gets dominated by *Vata* only and become degenerative condition.
- Faulty sitting posture, occupational stress produces Cervical Spondylosis.
- In this study females were affected more than males.
- *Maha Bhringaraja Taila* is having property of *Tridosahara*, *Balya*, *Rasayana*, *Vrushya*, *Vedanasthapaka* and *Srothoshodhaka*. As we have seen, the main pathogenesis of Cervical Spondylosis manifest by the degeneration of the bones. Keeping this in consideration *Maha Bhringarajataila* is used for *Nasya* purpose.
- No complications of *Nasya* were seen in this study.
- *Manyastambha* as a *Vata Vikara* needs *Shodhana* therapy for better results. Hence Group A were patients received *Nasya* therapy showed better results.
- Group C patients received both internal and *Shodhana* treatment showed better results than both groups.

- In these 30 patients, all Subjective and Objective parameters are showing significance except muscle strength because of lower incidence rate.

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#### Cite this article as:

Nandini. R, Raghavandra.V.Shatter. A Comparative Clinical Study to Evaluate the Therapeutic Effect of Maha Bhringaraja Taila Nasya and Vishwadi Dwadashanga Kwatha in the Management of Manyasthambha with Special Reference to Cervical Spondylosis. AYUSHDHARA, 2018;5(3):1697-1704.

**Source of support: Nil, Conflict of interest: None Declared**

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