

A STUDY OF KSHEERBALA TAIL NASYA IN THE MANAGEMENT OF SANDHI GAT VATA WITH SPECIAL REFERENCE TO CERVICAL SPONDYLOSIS**Dr. Pankaj Kumar Shukla*¹, Dr. Mamata Nakade*² and Dr. Mohit Kumar Baghel³**¹M.D. (Panchakarma), Assistant Professor, Dept. of Panchakarma, Major S.D. P.G. Ayurvedic Medical College & Hospital, Fatehgarh, Farrukhabad, UP.²M.D. (Kayachikitsa), Professor & HOD, Dept. of Panchakarma, Dr. D.Y. Patil College of Ayurved & Research Centre, Pimpri, Pune³M.D. (Rog Nidan), Assistant Professor, Dept. of Rog Nidan & V.V., Shri Babbu Singh Dadduji Ayurvedic Medical College & Hospital, Fatehgarh, Farrukhabad, UP.***Corresponding Author: Dr. Pankaj Kumar Shukla**

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ABSTRACT

Sandhi Gat Vata (Cervical spondylosis) is a common type *Vatik* of disorder found in all races. Owing to distracting nature and difficult management *Vata Vyadhi* has been included in *Astamahagada*. *Sandhi Gat Vata* is a clinical condition in which structural as well as functional derangement takes place. In the following study, 30 patients of *Sandhi gat Vata* were taken and are treated with *nasya* of *Ksheer Bala tail*. The textual symptoms of *Sandhi gat vata* were taken as observational criteria. Highly significant result was observed in all the observational criteria with the value of $P < 0.001$.

KEYWORDS: *Sandhi Gat Vata*, Cervical spondylosis, *Vata Vyadhi*, *Ksheer Bala tail*.**INTRODUCTION**

Sandhi Gat Vata (Cervical spondylosis) is a common type *Vatik* of disorder found in all races. Owing to distracting nature and difficult management *Vata Vyadhi* has been included in *Astamahagada*.^[1] Due to change in life style like unsuitable sitting, sleeping, standing & looking upwards or obliquely in various professions *Sandhi Gat Vata* is emerged in society as prominent disease.

Sandhi Gat Vata is a clinical condition in which structural as well as functional derangement takes place. During the process of pathogenesis, When the vitiated Vayu gets into the Cervical joint. It causes impairment of function, severe pain and swelling due to which movement of neck is restricted. When *Vyana Vayu* is covered by *Kapha* (*Kaphavrita Vyana Vayu*) normal circulation is obstructed, then the normal function of Cervical joint is hampered.^[2]

In modern surgery Cervical spondylosis is described a degenerative condition of the cervical spine. Pathology starts at the inter vertebral discs and degeneration of discs results in reduction of intervertebral disc space and peripheral osteophytes formation. It leads to pain, stiffness in the joints, pain radiates into shoulders, forearm, headache, vertigo, giddiness, paraesthesia at the

base of the thumb are the commonly found signs and symptoms.^[3]

Cervical spondylosis is correlated with *Sandhi Gata Vata* in *Ayurveda*. Cervical spondylosis is *Urdhvajatrugata vyadhi*. *Nasya* Treatment is indicated to be the best for management of *Urdhvajatrugata vyadhi*.^[4]

Nasya Karma is process where in the drug herbalized oil and Liquid medicines is administered through the nostril. Since nose is the gate way of head. It is highly effective in curing A number of Diseases pertaining to the head. If it is performed systematically. It cleanses and open the channel of head. There by improving the process of oxygenation *prana* which has direct influence on the functioning of Brain.^[5]

In modern medical science, the role of analgesic corticosteroid, surgical decompression, traction has been credited and discredited mainly because of their draw backs and limited use. In *Ayurvedic* literature several methods of treatment like *Snehana*, *Upanaha*, *Nasya Agnikarma*, *Raktamoksana Panchakarma* are advised. Among these *nasya* especially acts on *Urdhvajatrugat vyadhi*. As cervical spondylosis is one of the condition mainly occurring at *manya pradesh*. Hence, it is a *Urdhvajatrugat vikara*, as it is a degenerative disorder hence in the management of *vatavyadhi*, we have to use

bruhan aushadhi for which *Ksheer bala tail* is a well-known drug. Keeping all these points in mind the present study entitled “A study of *Ksheer bala tail nasya* in the management of *Sandhi Gat Vata* with special reference to cervical spondylosis” was carried out with following aim and objectives.

AIMS AND OBJECTIVES

1. To evaluate the effect of *Ksheer bala tail* in the management of *Sandhi Gat Vata* with special reference to cervical spondylosis.
2. To study the influence of modern life style on *Sandhi Gat Vata* (Cervical Spondylosis) in the light both Ayurveda and Modern medicine along with its etiopathogenesis.
3. To assess the efficacy of *nasya karma* in *Sandhi Gat Vata*.
4. To assess the efficacy of *Ksheer bala tail* in *Sandhi Gat Vata*.

MATERIALS AND METHODS

The present study included patients, clinical examination and treatment with *Ksheer bala tail*.

• Criteria of Selection

All patients of *Sandhi Gat Vata* (cervical spondylosis) who will be attending OPD and IPD in Panchakarma dept. will be selected irrespective of sex, religion, economical status, education, occupation etc.

Inclusion Criteria

1. Patients having textual symptoms of *Sandhi Gat Vata* with special reference to. cervical spondylosis will be taken as a subject to study. These criteria

• Criteria for Assessment

Table 1: Gradation of Observational Parameters.

Parameters	Grade
Pain	
No Pain	0
Pain in Neck, mild aggravates with movement but no Radiation	1
Pain in Neck, severe aggravates with movement but no radiation to arm	2
Pain mild or severe with radiation to arm	3
Pain in neck, radiation, and disturbed sleep	4
Restricted movement	
Flexion	
No restriction- Able to touch the interclavicular line	0
Up to 2cm difference between the chin and inter clavicular line	1
2-4cm difference between the chin and interclavicular line	2
More than 4cm difference	3
Extension	
Normal i.e. able to extend the head up to the level when tip nose and forehead becomes in horizontal plane approximately flexion to extension —130 degree	0
Moving up to 120 degree	1
Movement up to 110-120 degree	2
Movement <120--- degree	3

will be employed before a desiring patient is included in this study.

- *Akunchan prasaranayo sandhi vedana* w.s.r to *manya sandhi*.
 - *Sandhi Shotha*
 - *Vatapura Druti Sparsha*
 - *Sandhi Graha*
 - *Sandhi Atopa*
2. Age: 30 to 70Years.
 3. Patient who will give written consent.

Exclusion Criteria

1. Patients with *Sandhi Gat Vata Samavasta*.
2. Patients with other joints deformities or diseases which are not related to *Sandhi Gat Vata* such as *Amavata*, *Vatarakta*, fracture of joints and those who needs surgical care will be excluded.
3. Autoimmune diseases like SLE, Ankylosing Spondylitis.
4. Patients having major illness since long time and systemic Pathogenesis such as Cardiac, renal, pregnancy, DM, TB will be excluded.
5. Permanent joint damage.
6. Age <30yrs & >70yrs.

• Plan of Study

Patients having *Sandhi Gat Vata* (cervical spondylosis) were selected for the research work. Total 30 patients were selected. Clinical trials were conducted on them. Clinical Data obtained from these trials was analyzed with proper statistical method & the results are presented.

30 patients selected for treatment with *Nasya Karma* using 8 drops of *Ksheer bala taila* in each nostril for 07 days.

Lateral rotation	
Normal i.e. able to make complete rotation of neck	0
Rotation with little difficulty	1
Rotation side to side only	2
Rotation one side only	3
Lateral Flexion	
Normal Ear touches to shoulder tip	0
Up to 3cm difference between the ear and shoulder	1
3-5 cm difference between the ear and shoulder tip	2
More than 5cm difference	3
Stiffness	
No Stiffness	0
Stiffness no medication	1
Stiffness, relived by external application	2
Stiffness, relived by medication	3
Stiffness, is not responded by medicine	4
Bhrama	
No Bhrama	0
Up to 1hr	1
Up to 2hr	2
Up to 3hr	3
More than 3hr	4
Hasta Chinchimayana (Tingling Sensation in Hand)	
Absent	0
Occasionally	1
Up to 1hr	2
Up to 2hr	3
More than 3hr	4
Loss of sensation	
No loss	0
Occasionally	1
Partial loss	2
Complete loss	3
Crepitus (Atopa)	
No Crepitus	0
Palpable Crepitus	1
Palpable+Audible Crepitus	2
Always Audible	3
Shotha (Swelling)	
Absent	0
Swelling with mild pain	1
Swelling with moderate pain, redness	2
Swelling with severe pain, redness	3

OBSERVATIONS AND RESULTS

Patients were observed before the treatment and after the treatment, statistically significant result are seen in all the symptoms with probability <0.001.

Table 2: Shows Statistical Analysis by Student ‘t’ test for paired data of observational parameters.

Signs & Symptoms	MEAN SCORE		S.D.		RELIEF%	PROB%
	BT	AT	BT	AT		
Flexion	2.633	0.200	0.490	0.407	80	<0.001
Extension	2.567	0.233	0.504	0.430	76.6	<0.001
Lateral Rotation	2.367	0.133	0.490	0.346	86.6	<0.001
Lateral Flexion	2.433	0.200	0.504	0.407	80	<0.001
Stiffness	3.167	0.100	0.379	0.305	90	<0.001

<i>Bhrama</i>	3.167	0.200	0.379	0.407	80	<0.001
<i>Hasta Chimchimayan</i>	3.333	0.133	0.479	0.346	86.6	<0.001
Loss Of Sensation	1.933	0.100	0.254	0.305	90	<0.001
<i>Atopa</i>	2.100	0.133	0.305	0.346	86.6	<0.001
<i>Shohta</i>	1.233	0.200	0.430	0.407	80	<0.001
<i>Pain</i>	3.300	0.200	0.466	0.407	80	<0.001

Overall Assessment Criteria

The collected data was analysed statistically in terms of mean score (x), standard deviation (S.D.), relief%. Student 't' test for paired data was carried out at the level

of 0.05, 0.01 and 0.001 of P levels. The result was interpreted as:

- P > 0.05 Insignificant improvement
- P < 0.05 and P > 0.01 Significant improvement
- P < 0.001 Highly significant

Table 3: Shows Symptoms Wise Assessment.

Status	Valuation	Symptoms
Unchanged	<25% Relief	----
Minor Improvement	25 – 50 % Relief	----
Moderate Improvement	50 – 75 % Relief	----
Marked Improvement	>75%	Pain, Flexion, Extension, Lateral Rotation, Lateral Flexion, Stiffness, <i>Bhrama</i> , <i>Hasta Chimchimayan</i> , Loss of Sensation, <i>Atopa</i> , <i>Shohta</i>
Complete Remission	100% Relief	----

Marked improvement are seen in all the symptoms of *Sandhi gat vata*.

Table 4: Shows Patient Wise Assessment.

Status	Valuation	No. of Patients
Unchanged	<25% Relief	----
Minor Improvement	25 – 50 % Relief	----
Moderate Improvement	50 – 75 % Relief	1
Marked Improvement	>75%	20
Complete Remission	100% Relief	9

Moderate improvement is seen in one patient, marked improvement is seen in 20 patients and complete remission are seen in 9 patients.

DISCUSSION

a. General Observation

- Maximum number of Patients i.e. 20 are of 30-40 year age group.
- Maximum patients i.e. 20 are male.
- Maximum patients i.e. 13 are found of upper middle socio-economic status.
- Maximum patients i.e. 20 are of *Vata Kapha prakriti*.
- Maximum incidence of *ruksha ahara sevan* (i.e. 22) is found in the study. Incidence of *tikta ahara sevan*, *suska saka sevan*, *dukhashan sevan*, *katu ahara sevan*, *alpa ahara sevan* and *sita vihara sevan* is also found in many patients.
- Maximum patients i.e. 15 are of *madhyama satva*.
- Maximum patients i.e. 17 are of *madhyama sara*.
- Maximum patients i.e. 15 are of *madhyama jarana sakti*.
- Maximum patients i.e. 17 are of *madhyama kosta*.

b. Clinical Observations

Changes in Pain in BT and AT

Out of 30 patients, 24 patients were completely cured. On score scale 80% relief were observed. As the value of

P is <0.001, this shows that *Ksheer bala taila* has highly significant effect on Pain.

Changes in Flexion in BT and AT

Out of 30 patients, 24 patients were completely cured. On score scale 80% relief were observed. As the value of P is <0.001, this shows that *Ksheer bala taila* has highly significant effect on Flexion.

Changes in Extension in BT and AT

Out of 30 patients, 23 patients were completely cured. On score scale 76.6% relief were observed. As the value of P is <0.001, this shows that *Ksheer bala taila* has highly significant effect on Extension.

Changes in Lateral Rotation in BT and AT

Out of 30 patients, 26 patients were completely cured. On score scale 86.6% relief were observed. As the value of P is <0.001, this shows that *Ksheer bala taila* has highly significant effect on Lateral Rotation.

Changes in Lateral Flexion in BT and AT

Out of 30 patients, 24 patients were completely cured. On score scale 80% relief were observed. As the value of

P is <0.001, this shows that *Ksheer bala taila* has highly significant effect on Lateral Flexion.

▪ **Changes in Stiffness in BT and AT**

Out of 30 patients, 27 patients were completely cured. On score scale 90% relief were observed. As the value of P is <0.001, this shows that *Ksheer bala taila* has highly significant effect on Stiffness.

▪ **Changes in Bhrama in BT and AT**

Out of 30 patients, 24 patients were completely cured. On score scale 80% relief were observed. As the value of P is <0.001, this shows that *Ksheer bala taila* has highly significant effect on Bhrama.

▪ **Changes in Hasta Chimchimayan in BT and AT**

Out of 30 patients, 26 patients were completely cured. On score scale 86.6% relief were observed. As the value of P is <0.001, this shows that *Ksheer bala taila* has highly significant effect on Hasta Chimchimayan.

▪ **Changes in Loss of Sensation in BT and AT**

Out of 30 patients, 27 patients were completely cured. On score scale 90% relief were observed. As the value of P is <0.001, this shows that *Ksheer bala taila* has highly significant effect on Loss of Sensation.

▪ **Changes in Atopa in BT and AT**

Out of 30 patients, 26 patients were completely cured. On score scale 86.6% relief were observed. As the value of P is <0.001, this shows that *Ksheer bala taila* has highly significant effect on Atopa.

▪ **Changes in Shotha in BT and AT**

Out of 30 patients, 24 patients were completely cured. On score scale 80% relief were observed. As the value of P is <0.001, this shows that *Ksheer bala taila* has highly significant effect on Shotha.

CONCLUSION

- *Sandhi Gata Vata* is an age related and work related problem. It is a very painful condition; Patient is unable to move his head and to do normal routine work. Based on its symptomatology it can be correlated with Cervical Spondylosis.
- *Vata* is the main factor to produce this disease but *Sandhi Gat Vata* is not included in *Nanatmaja Vata vikara* therefore general *Vata* provoking factors are accepting as *Nidana*. Clinically it is observed that *Ruksa, Laghu, Suska, Katu, Tikta rasa ahara, Dukhasana, Dukhasajya, Langhana, Ativyayama chinta krodha* are responsible to produce *Sandhi Gat Vata*.
- *Vyana Vayu* and *Slesaka Kapha* are essential component to produce for *Sandhi Gat Vata*.
- From this study, it is concluded that non-compliance of code of healthy diet, selection and eating plays a major role in causation of disease. Hence, we can say that code and conduct of healthy eating must be

followed to achieve early and better results of the disease

- *Nasya* is the chief *Sodhana* procedure selected because it is the one and only procedure which can perform *Uttamanga Suddhi*.
- Most of the ingredients also possess anti-inflammatory, anti-pyretic and anti-bacterial properties.
- Due to special preparatory method, *Ksheer bala taila* possess good spreading capacity in minute channels and attain Tridoshahara, Indriya balavardhaka properties.
- *Ksheer bala Taila* have *tila* and *bala*. *Tila* have *Madhura Rasa* and *Tikta Anurasa* and it has *Ushna Virya* while *Bala* have *Madhura Rasa, Guru Snigdha, Picchila guna*. Due to these properties, *Ksheerbala taila* have *Vatapittashamaka, Deepana, Pachana* and *Rochana* properties. So it helps in the improvement of the general condition of health and thus strengthen the whole body as well as joints.
- *Madhura* and *Tikta Rasa* is also having *Jwaraghna* and *Daha Prashamana* properties that it may acts as anti-inflammatory agent and can reduce the pain and swelling of the joints.

REFERENCES

1. Sushruta, Sushruta Samhita, Dalhanacharya and commentary of Shri Gayadasacarya by Vaidya Jadavji Trikamji Acharya, Chaukhamba Subharati Prakashan, Varanasi, Reprint, 2008; 144.
2. Dr. Ajay Kumar Sharma, Kaya Chikitsa, Vol-3, Chaukhamba Orientalia, Delhi, 2010; 61.
3. Neck pain – cervical radiculopathy, Clinical Knowledge Summaries, January, 2009.
4. Vagbhata, Astanghrdayam, Vidyotini Hindi Commentary by Kaviraj Atrideva Gupta, Chaukhambha Prakashan, Varanasi Reprint, 2012; 172.
5. Agnivesa, Caraka Samhita, Vidyotini Hindi Commentary by Pt. Kasinath Sastri and Dr. Gorakha Natha Chaturvedi, Chaukhambha Bharati Academy, Varanasi, Reprint, 2009; 331.