



A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF JINGIN-YADI NASYA (ODINA WOODIER ROXB.) AND MANJISHTADI NASYA (RUBIACORDIFOLIA) IN THE MANAGEMENT OF MANYASTAMBHA CERVICAL SPONDYLOSIS

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ABSTRACT

Manyastambha is one of the *NanatmajaVikara* of *Vata* where the back of the neck becomes rigid, and the movements of the neck are impaired. It can be correlated to Cervical Spondylosis, also called arthritis of the neck. The line of treatment mentioned by Acharya Vangasena in *Manyastambha* is *JinginyadiNasya*. So, the present clinical trial has been conducted on 40 patients to see the efficacy of *JinginyadiNasya* and *Manjishtadi Nasya* in the management of *Manyastambha*.

Keywords: *Manyastambha*, *Nasya*, *Vatavyadhi*, Cervical Spondylosis

INTRODUCTION

In the present era of modernization and westernization, people are prone to numerous degenerative dis-

orders because of sedentary, stressful, and fast lifestyles. *Manyastambha* is one such disease. In Ayur-

veda, it is enumerated under 80 Nanatmaja *Vata vyadhi* which has the dominancy of *Vata-Kaphaja dosha*¹. Acharya Charaka has mentioned the importance of *Vata* in the phrase "*Vayustantra Yantra....*". *Vata* is life and Vitality. *Vata* is a supporter of all embodied beings, by this quotation it's clear that *Vata* is responsible for the healthy and diseased status of the individual². *Manyastambha* is *UrdhvaJatrugataVikara* and in classics, it is described as *Manyaha-Kriyahani* where in *Kaphavrutavata* is pathogenesis. In the modern system of medicines analgesics and corticosteroids though may provide some relief to the patients they are liable to produce many side effects by repeated and prolonged use. *Nasya* is convenient, time and cost-effective, above all Ayurveda Acharyas have told *Nasya* as the prime modality of treatment for *UrdhvaJatrugataVikara*. In *Manyastambha* and *Apabahukachikitsa shloka* Vangasena uses *Jingini*, whereas while explaining the verse the word *Manjitha* is used which is the synonym of *Manjishta*³. In Priya nighantu, the same verse is mentioned under the drug *Jingini*⁴ (Odina woodier Roxb.). In Ashtanga Hridaya *Agyradravyaadhyaya GudamanjaripurahNasya* is mentioned under *Skanda bahu rujah* where *Gudamanjari* is the synonym of *Jingini*⁵. Hence keeping in view of all the above references and in-

creasing incidence, a comparative clinical study to evaluate the efficacy of *Jinginyadi Nasya* (Odina woodier Roxb.) and *Manjishtadi Nasya* (Rubia Cordifolia) in the management of *Manyastambha* (Cervical Spondylosis) has been taken up for the study.

- **Previous studies and articles published in journals are done taking *Jinghini* as *Manjishta*. In my studies comparison between *Jinghini* and *Manjishta* was done by taking *Jinghini* as *Odi-na's woodier roxb.* And *Manjishta* as *Rubia cordifolia*.**

AIMS AND OBJECTIVES

To evaluate the comparative efficacy of *Jinginyadi-Nasya* (Odina woodier roxb) and *Manjishtadi Nasya* (Rubia cordifolia) in the management of *Manyastambha* (Cervical Spondylosis)

MATERIALS AND METHODS

The comparative clinical study was conducted to assess the efficacy of *JinginyadiNasya* (Odina woodier roxb) and *ManjishtadiNasya* (Rubia cordifolia) in the management of *Manyastambha*. Patients suffering from *Manyastambha* were selected from OPD, IPD of MIAMS, Manipal, and special camps conducted for the purpose according to preset inclusion and exclusion criteria.

Preparation of Medicine

In Group A- Drugs used are

Table 01: In Group A- Drugs used

NAME	BOTANICAL NAME	PART USED	QUANTITY
<i>Jingini</i>	Odina woodier roxb	<i>Niryasa</i>	2gm
<i>Guggulu</i>	Commiphora Mukul	<i>Niryasa</i>	0.5gm
<i>Sheetalajala</i>	-	-	Q. S

In Group B- Drugs used are

Table 02: In Group B- Drugs used

NAME	BOTANICAL NAME	PART USED	QUANTITY
<i>Manjishta</i>	Rubia Cordifolia	<i>Twak</i>	2gm
<i>Guggulu</i>	Commiphora Mukul	<i>Niryasa</i>	0.5gm
<i>Sheetala Jala</i>	-	-	Q. S

Group A-

- 2gms of *Jingini* and 0.5gm of *Guggulu* was soaked in quantity sufficient water for 6hrs and triturated in *khalva Yantra* for 30 minutes to prepare *kalka*.

- Obtained *kalkawas* squeezed into a clean cloth and administered

Group B-

- 2gms of *Manjishta* and 0.5 gms of *Guggulu* were soaked in a quantity sufficient of water for 4hrs and triturated for 30minutes in *Khalva Yantra* to prepare *kalka*
- Obtained *kalka* was squeezed into a clean cloth and administered

Treatment Schedule

- The total duration of 14 days
- Treatment duration- 7 days course of *nasya* was given to patients
- Follow up- Readings were assessed on the 1st, and 7th day of treatment
- Second, follow up on the 14th day

POSOLOGY: 4bindu in each nostril.

INCLUSION CRITERIA:

- Patients with classical symptoms of *Manyastambha*
- Patients between the age group of 30-60 years
- Patients of either gender irrespective of Caste or religion
- Patients who are fit for *Nasya*

ASSESSMENT CRITERIA

SUBJECTIVE PARAMETERS

- **1. Neck pain**

Table 3 - Pain Gradation

Symptoms	Grade	1 st day	7 th day	14 th day
No neck pain	0			
Neck pain aggravates with movement	1			
Neck pain aggravates without movement	2			
Neck pain which disturbs the sleep	3			

- **2. Stiffness in the Neck**

Table 4 – Stiffness Gradation

Stiffness	Grade	1 st day	7 th day	14 th day
No stiffness	0			
Morning stiffness	1			
Later hour stiffness on the same day	2			
Continuous stiffness	3			

EXCLUSION CRITERIA:

- Patients with systemic disorders
- Pregnant woman and lactating mother
- Patients who are on medication for Cortisones
- Patients with congenital deformities of the spine

Grouping
Group A- 20 Patients received *JinginyadiNasya*

Group B- 20 Patients received *ManjishtadiNasya*

PROCEDURE

The whole procedure was under three steps, *Purva*, *Pradhana*, and *Paschat karma*.

- *Purva Karma- Sthanika Abhyanga* with *Murchi-tatilataila* and *BashpaSweda* with *Dashamoolak-wathain* both the groups⁶.
- *Pradhana Karma- Nasya karma* with *Jinginyadi-Nasya* in Group A and *ManjishtadiNasya* in Group B
- *Paschat Karma- kavala* with *sukhoshnajala* and *Dhoomapanawith Haridravarti*. Proper rest and diet are advised for both the groups⁷.
- *Paschat Karma- kavala* with *sukhoshnajala* and *Dhoomapana* with *Haridravarti*. Proper rest and diet are advised.

OBJECTIVE PARAMETERS

Goniometer Examination

Table 5- ROM Goniometric reading

Movement of Neck	1 st day	7 th day	14 th day
Flexion			
Extension			
Lateral flexion			

Assessment of clinical improvement

Clinical improvement of the disease was based on improvement in the clinical finding and reductions in the severity of symptoms of the disease after treatment.

RESULTS

The results are assessed based on subjective criteria pain and stiffness and objective criteria Range of Movements (Goniometric readings).

Both individual effect and comparative effect of both Group A (*Jinginyadi Nasya*) and Group B (*ManjishtadiNasya*) using Mann Whitney (between the group), Wilcoxon Signed Rank test (within the group), Paired and Unpaired t-test were assessed based on above Subjective and Objective criteria on 7th day and 14th Day

Table 06: Comparison of treatment on pain between Group-A and Group-B

Assessment Observations	Descriptive Statistics			Mann-Whitney U Test Ranks			Test Statistics		
	Groups	Mean ± SD	N	Mean Rank	Sum of Ranks	U	Z	P-value	Significance
Effect of Treatment	Group-A	0.75 ± 0.71	20	14.10	282.00	72.0	3.662	P=0.000	VHS
	Group-B	1.80 ± 0.76	20	26.90	538.00				

NS= not significant, S=significant, HS=highly significant, VHS= very highly significant

The study reveals that the mean value of grading of pain after the treatment in Group-A was 0.75 and in Group-B was 1.80. The mean difference in pain grading was 58.4%. Mann-Whitney U test shows there

was a statistically very highly significant difference in mean grading of pain between Groups A and B(P<0.001).

Table 07: Comparison of treatment on stiffness between Group-A and Group-B

Assessment Observations	Descriptive Statistics			Mann-Whitney U Test Ranks			Test Statistics		
	Groups	Mean ± SD	N	Mean Rank	Sum of Ranks	U	Z	P-value	Significance
Effect of Treatment	Group-A	0.40± 0.50	20	20.10	402.00	192.0	0.251	P=0.841	NS
	Group-B	0.50± 0.68	20	20.90	418.00				

NS= not significant, S=significant, HS=highly significant, VHS= very highly significant

The study reveals that the mean value of grading of stiffness after treatment in Group-A was 0.40 and in Group-B was 0.50. The difference in mean stiffness

grading was 20.0%. Mann-Whitney U test shows there was no statistically significant difference in the mean gradings of stiffness between Groups A and B(P>0.05).

Table 08: Comparison of the effect of Treatment on flexion between Group-A and Group-B

Groups	Mean ± SD	Diff. of mean in %	SE	Unpaired t-test and P-value	Significance
Group-A	43.95 ± 1.93	1.7%	0.117	t = 1.603, P= 0.117	NS
Group-B	44.70 ± 0.80				

NS= not significant, S=significant, HS=highly significant, VHS= very highly significant

The study reveals that the mean score of flexion in Group-A was 43.95 and the mean score of flexion in Group-B was 44.70, the mean score of flexion was

high in Group-B as compared to Group-A but not statistically significant was observed between the Groups (P>0.05).

Table 09: Comparison of the effect of Treatment on extension between Group-A and Group-B

Groups	Mean ± SD	Diff. of mean in %	SE	Unpaired t-test and P-value	Significance
Group-A	35.05 ± 1.87	0.71%	0.250	t = 0.566, P= 0.575	NS
Group-B	34.80 ± 0.61				

NS= not significant, S=significant, HS=highly significant, VHS= very highly significant

The study reveals that the mean score of extension in Group-A was 35.05 and the mean score of extension in Group-B was 34.80, the mean score of the exten-

sion was high in Group-A as compared to Group-B but not statistically significant was observed between the Groups (P>0.05).

Table 10: Comparison of the effect of Treatment on lateral flexion between Group-A and Group-B

Groups	Mean ± SD	Diff. of mean in %	SE	Unpaired t-test and P-value	Significance
Group-A	40.00 ± 0.64	0.25%	0.100	t = 0.567, P= 0.574	NS
Group-B	39.90 ± 0.44				

NS= not significant, S=significant, HS=highly significant, VHS= very highly significant

The study reveals that the mean score of lateral flexion in Group-A was 40.0 and the mean score of lateral flexion in Group-B was 39.9, the mean score of lateral flexion was high in Group-A as compared to Group-B but not statistically significant was observed between the Groups (P>0.05).

and *stambha*. The *Vataharadravyas* used in *Nasya* suppress doshas by doing *SampraptiVighatana* of *Manyastambha* there by providing systemic relief to the patients. In the present study both the drugs were very highly significant in reducing pain, stiffness and in improving the range of movements.

DISCUSSION

Manyastambha is *vatakaphanubandhavyadhi* where *Vata* is vitiated either by *Avarana* or *Dhatukshaya*. Ayurveda recommends various dravyas based on doshic theory to cure *Manyastambha* which mainly retard *shotha* and degeneration of tissues, these drugs also give *bala* to *Greeva Mamsapeshi*, boost *dhatu*s and pacify *kupithavata*doshas. As per *chikitsasiddhanta*, *kupitha* doshas in *manya* region should be eliminated through the nearest root. *Nasya* balances *Vata* and *kapha* relieves symptoms like *Toda*, *Shoola*, *Arati*,

CONCLUSION

Stambha-

By penetrating action of *Sukshmaguna*, and the *Vata shaman* quality of *Madhura* and *Lavana Rasa* of *Jingini* and *Manjishta* probably reduces the stiffness.

Toda-

Nasya dravya gets properly absorbed in *siras* due to the *vishada gunas* of *Guggulu* causing *Vatanulomana* and may help in reducing the pricking sensation of *Manyapradesh*.

Ruk-

Jingini having the property of Vataghna subsides aggravated Vata and provides relief in Pain.

Flexion and extension-

Nasya helps in the stimulation and nourishment of sira, snayuasthi, and majja of Manyawhich may probably contribute to improving the range of movements.

From the above interpretation it can be concluded that Nasyabeing the first line of treatment in UrdhwajatrugataVikaras, both Jinginyadiand ManjishtadiNasya have a significant effect in treating Manyastambha.

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