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CLINICAL STUDY OF 'JYOTISHMATI GUTIKA' ALONG WITH 'ASHWAGANDHA LEPA' IN THE MANAGEMENT OF MANYASTAMBHA (CERVICAL SPONDYLOSIS)

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ABSTRACT

Disc and ligament issues, as well as bony spurs, can cause neck arthritis (cervical spondylosis). The resulting discomfort might range from little annoyance to severe, paralysing malfunction. With a male-to-female ratio of 3:1 and an incidence of 0.1–1% in the general population, this disease primarily affects people during their productive years of life[1]. Even though *Manyasthamba* is a disorder that affects the third neck vein (*Greevagata Siras*), cervical spondylosis is similar in its indications and symptoms. Without regard to sex, religion, or other factors, a total of 40 individuals with the defining signs and symptoms of *Manyastambha* were chosen for this research trial (Cervical spondylosis). In the current study, *Jyotishmati Gutika* was administered twice daily at a dose of 500 mg along with *Anupana* of *Madhu* and *Ghrita* for 45 days, as well as *Ashwagandha Lepa* for topical use. Results revealed statistically highly substantial reductions in pain (66.67%), stiffness (65.71%), and paraesthesia (61.90%). Additionally, results for oedema (52.4%), vertigo (57.95%), and neck muscle strength (61.25%) were determined to be statistically extremely significant. flexion, extension, rotation, and lateral flexion of the neck were improved by 55.55%, 58.62%, 53.33%, and 57.89%, respectively. The overall result of the study was 59.05%.

Keywords: *Manyasthamba*, Cervical spondylosis, *Jyotishmati Gutika*, *Ashwagandha Lepa*, *Vataja Nanatmaja Vyadhi*

INTRODUCTION

Perhaps nothing comes as naturally to us as living a healthy lifestyle. Without exaggeration, one may even claim that our need to move has been "programmed." Exercise helps people strengthen their psychomotor skills as well as their overall health. In those over 50, neck pain is a prevalent problem that could be a result of ageing naturally. *Acharyas* treat *Vata* disorders as *Vata Vyadhi*, which encompasses the spinal origin issues mentioned above, particularly cervical spondylosis as "*Manyasthamba*." of the *Vataja Nanatmaja Vyadhi*[2-3], the *Manyasthamba* is undoubtedly one. A condition is known as the *Siras* in the neck region. Even though *Manyasthamba* is a neck vein ailment (*Greevagata Siras*), cervical spondylosis symptoms and indicators are similar to *Manyasthamba*.[4]

DISEASE REVIEW

Manya and *Greeva* are synonyms for the back of the neck or the area below the head. "*Stambha*" conveys the meaning of stopping or delaying the functions of the neck, i.e., the inability to move the neck[5]. Either *Avarana* or *Dhatu Kshaya* vitiate the *Vata*. When *Dosha* build-up or *Vata* covered by *Kapha* causes *Manyastambha* Even though *Manyastambha* is mentioned in the *Samprapti* as a *Vataja Nanatmaja Vyadhi*, *Kapha Dosha* connections are also discussed. *Manyastambha* was mentioned by *Acharaya Charaka* in *Trimarmiya Adhyaya* of *Siddhi Sthana*[6]. He explained that Manyastambha is caused by a head injury or shiro *Abigatham*, and that "*Antharayama*" is considered to be *Manyastambha*. *Manyastambha*, a prodromal sign of *Apathanaka*, a *Vata Vyadhi*, was treated by *Acharya Susruta*. However, *Susruta's* critic *Gayadasa* views *Manyastambha* as a distinct illness[7]. A frequent degenerative disorder of the cervical spine called cervical spondylosis is most likely brought on by aging-related alterations in the intervertebral discs. Clinically, various overlapping and different syndromes are observed, including cervical spondylosis, suboccipital pain and headache, neck and shoulder discomfort, and radicular symptoms[8].

DRUG SELECTION

Jyotishmati Gutika & *Ashwagandha Lepa* is chosen for this inquiry because it is shown in *Vaidyaamrita Nidana* by *Sehsarayogam* to treat *Manyastambha*, a condition characterised by a predominance of *Vata* and *Kapha* vitiation. These medications are referred to as having *Vatashamaka*, *Deepana*, *Pachana*, *Vedanahara*, *Anulomana*, and *Shothhara* qualities in Ayurvedic scriptures. Avoiding all pointless clinical obscurities and providing a safe cure for the illness. The following medications, which are conventional preparations, were chosen for the current study:

1. *Jyotishmati Gutika*[9]
2. *Ashwagandha Lepa*[10]

INGREDIENTS OF *JYOTISHMATI GUTIKA*(*VAIDYAMRIT*)

*Jyotishmati (*Celastrus Paniculatus) 1 Ser(960gms), *Saunth (*Zinziber officinale), *Marich* (Piper nigrum), *Pippali (*Piper longum), *Haritaki (*Terminalia Chebula), *Shatahya (*Foeniculum Valgare), *Vayavidanga (*Embelia ribes), *Chita*(Plumbago Zeylanica), *Pippalimool (*Piper longum), *Ajmoda(*Carum roxburghianum), *Vacha (*Acorus Calamus), *Kuth*(Saussurea Lappa), *Ashwagandha (*Withania Somnifera), *Devdaru (*Cedrus Deodara), *Suddh Vatsnabha (*Aconitum ferox) all were taken in quantity of 1 Pal(48gms).

METHOD OF PREPARATION OF *JYOTISHMATI GUTIKA*

Above mentioned contents of *Jyotishmati Gutika* were taken in the above quantity as per requirement. Firstly, Jyotishmati decoction is made. Then take *Saunth*, *Marich*, *Pippali*, *Haritaki*, *Shatahya*, *Vayavidanga*, *Chitraka*, *Pippalimool*, *Ajmoda*, *Vacha*, *Kuth*, *Ashwagandha*, *Devdaru*, *Shudh Vatsnabh* all these taken in equal parts (i.e. 1 Pal each) and powdered well, to fine *Churna*, then add this *Churna* with *Jyotishmati* decoction and mixed well by subjecting

to *Mardana* process, and rolled into the form of pills of 250mg each was prepared and stored. This drug was prepared in the pharmacy of UPGIAS&R, DSRRAU, Jodhpur.

METHOD OF PREPARATION OF *ASHWAGANDHA LEPA*

The root of *Ashwagandha* grinds to make fine powder and gives to the patient. The patient was asked to mix this powder with water and ground to paste form. Before applying *Lepa*, the Patient was advised to do *Abhyanga* with *Katutail* (*Sarshaptail*) as mentioned in the above reference. The patient was instructed that Lepa should be applied gently and rubbed in an upward or reverse the direction of the hairs over the skin. This method of rubbing increases the skin temperature and gets better skin permeation of the drug. The thickness of Lepa as instructed by *Acharya Sushruta* should be equivalent to moist buffalo skin (*Adramahish Charma*). It is 4-5mm approximately. The patient was asked to remove the *lepa* soon after drying from the skin.

AIMS & OBJECTIVES

1. To study the etio-pathogenesis of *Manyastambha* (Cervical Spondylosis) as per *Ayurveda* and Modern point of view.
2. Clinical Study of *Jyotishmati Gutika*, along with *Ashwagandha Lepa* in the management of *Manyastambha* (Cervical Spondylosis).
3. To evaluate the adverse drug reaction of the trial drug.

MATERIALS & METHODS: Following materials & methods have been adopted to conduct the clinical trial.

STUDY TYPE: Single-centred, Randomized controlled, unblinded study.

ETHICAL CLEARANCE: the present study was approved by the institutional ethical committee vide letter number – DSRRAU/UCA/IEC/19-20/255

CTRI REGISTRATION: [CTRI No. – CTRI/2021/04/032700 registered on 09/04/2021]

A) LITERARY SOURCE

The literary references were collected and discussed from Ayurveda classics, commentaries, modern parameters, PubMed, Google Scholar, the AYUSH research portal, and the internet.

B) CLINICAL STUDY

Case Selection:

Forty clinically diagnosed patients with "*Manyastambha*" (Cervical spondylosis) were chosen from the OPD and IPD of the University Postgraduate Institute of Ayurved Studies and Research, DSRRAU, Jodhpur, for the study. No of the case's gender, profession, or socioeconomic standing, was chosen at random. Following an assessment of the *Manyastambha* (cervical spondylosis) clinical features, patients were enrolled in the study. a proforma created was created for the purpose of a regular record of each patient's assessment.

(A) INCLUSION CRITERIA

- The patients between the age group of 30 to 60 years in either sex presented with clinical features of *Manyastambha* (cervical spondylosis).
- Pre-diagnosed patients of *Manyastambha (cervical spondylosis).*
- The patient presented with clinical symptoms with or without radiological changes.

(B) EXCLUSION CRITERIA

- Cervical fracture and dislocation of cervical vertebrae.
- Cervical compressive myelopathy.
- Space occupying lesions of the brain.
- Post spinal surgical case.
- Patients suffering from any acute diseases/any infectious disease/ metabolic disease/ chronic diseases (like rheumatoid arthritis, SLE, and Ankylosing spondylitis).
- Uncontrolled diabetes mellitus and hypertension.
- Pregnant or lactating women.
- Patient with evidence of Malignancy.

DEMOGRAPHICAL PROFILE

Age-wise, the fourth decade had the highest proportion of patients, i.e., 15. (37.50). (31–40 yrs.). The majority of patients, 23, or 57.6% of all patients, were men. In this study, all 40 patients, or 100% of them, were married. In this study, all 40 patients, or

100%, were Hindu. The majority of participants in the study, or 40%, were from the middle class. 32 patients, or 80% of the total, were from rural areas.

CLINICAL PROFILE

The pain was present in 100% of the patients who participated in the study, as well as swelling in 70% of the patients who participated in the study, and tenderness was present in 63.33% of the patients who participated in the study. The maximum number of patients who attended the study had paraesthesia present was 72.5%. The maximum number of patients who attended the study was found to have stiffness present at 90%. The maximum number of patients who attended the study had vertigo present at 95%. Only 5% of people have vertigo. The symptom of vertigo in cervical spondylosis is always due to underlying vascular in sufficiency and lack of sufficient blood flow toward the brain. Patients who attended the study had neck muscle strength present of 90%. Patients who attended the study had restricted neck movements presence of 97.5%. Restricted Neck Movements are absent in 2.5% of cases.

RADIOLOGICAL ABNORMALITIES:

All the patients in this study had some sort of pathological cervical spine changes as per radiological investigation. The majority of the patients in this series, i.e., 30.23%, were diagnosed as having cervical spondylosis with osteophytic changes, followed by 27.91% of the patients, who were found to have an early cervical spine. As C5 and C6 are the most common levels of degeneration, a maximum of 67.44% of patients had lesions in C5-C6, followed by C4-C5 lesions in 48.84% of patients.

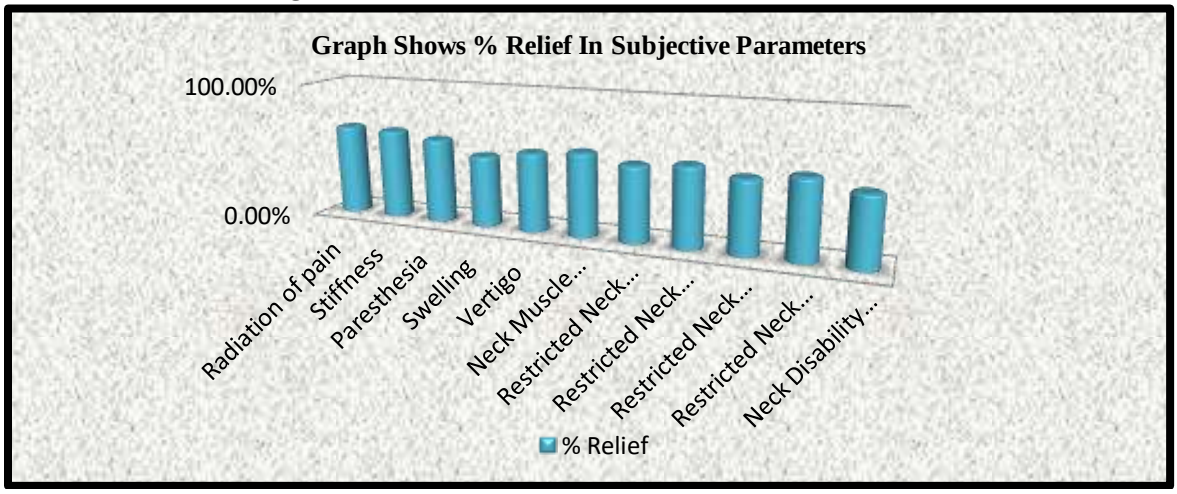
ASSESSMENT PARAMETERS

The assessment of results was made by adopting the standard methods of scoring questionnaires and the signs and symptoms of Manyastambha such as Pain, Radiation of pain, Stiffness, Paraesthesia, Swelling, Vertigo, Neck Muscle Strength, Restricted Neck Movement like Flexion, Extension, Rotation, Lateral Flexion, Neck Disability Index. It included the assessment of pain, Radiating pain to the occipital frontal region & to both shoulders, tenderness in the cervical region, paraesthesia, Sensory loss in the upper limbs, Neurological deficit, power of hand muscles, clumsy finger movements, vertigo, weakness, SF-12 questionnaire, NDI, range of neck movements & reflexes of hand ligaments. Objective parameters such as CBC, ESR, FBS, and PPBS were also assessed before and after the trial.

RESULTS:

A. SUBJECTIVE PARAMETERS

Percentage relief observed in Pain (68.75%), Radiation of pain (66.67%), Stiffness (65.71%), Paresthesia (61.90%), Swelling (52.4%), Vertigo (57.95%), Neck Muscle Strength (61.25%), Restricted Neck Movement (Flexion-55.55%, Extension - 58.62%, Rotation - 53.33%, Lateral Flexion- 57.89%), Neck Disability Index - 50.87%, overall effect observed in Subjective Parameters during the study was 59.05%.



B. OBJECTIVE PARAMETERS

Percentage relief observed in Hb (gm/dL) - 3.70%, TLC (/ mm^3) - 6.90%, DLC (%) Neutrophils -2.34%, Lymphocytes -19.81%, no change was observed in Basophils, Eosinophils, Monocytes before and after the study. ESR (mm/hr)- 49.68%, FBS (mg/dL) - 4.27%, PPBS (mg/dL) - 3.84%, overall effect observed in objective Parameters during the study was 17.94%

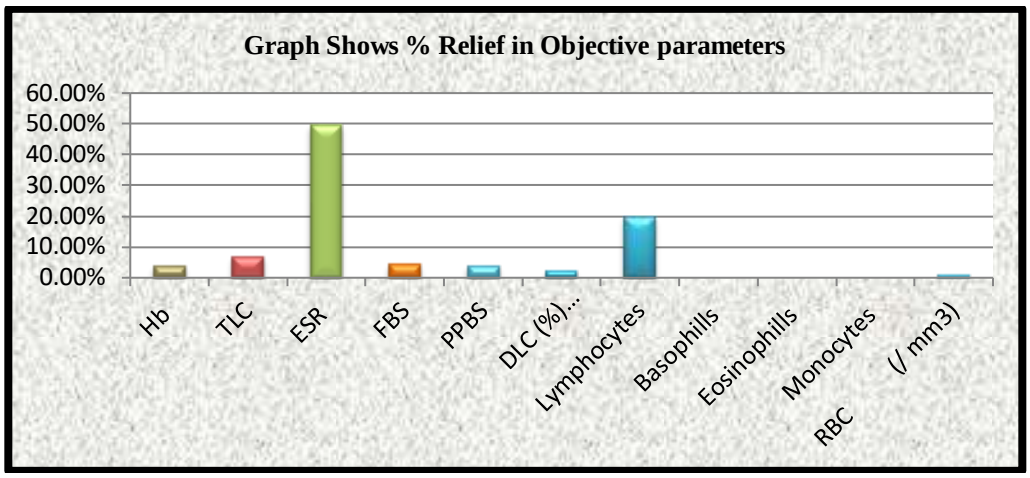
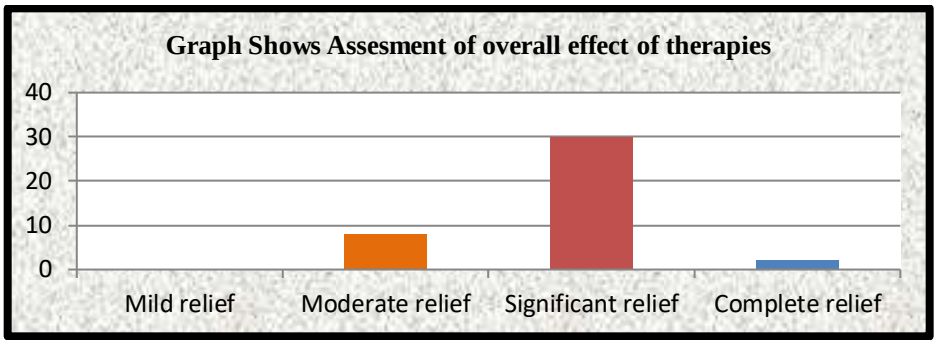


Table 01: ASSESSMENT OF OVERALL EFFECT OF THE THERAPIES

S. No.	Symptoms	Grading	No. of patients
1.	Less than 25%	Mild relief	00
2.	25% to 50%	Moderate relief	08
3.	50% to 75%	Significant relief	30
4.	75% to 100%	Complete relief	02



DISCUSSION

A. **SUBJECTIVE PARAMETERS**

1. **PAIN:** 40 patients with Manyastambha experienced pain before and after taking Jyotishmati Gutika and Ashwagandha Lepa; the pain was assessed using the Visual Analogue Scale (VAS) method. According to this technique of scoring, statistical analysis showed that the mean pain score decreased from 48 before treatment to 15 after it, which was highly significant (p 0.001). In this approach, Jyotishmati Gutika was demonstrated to be more effective in relieving pain, which may be because of this impact. Additionally, Ashwagandha lepa, a potent analgesic, and anti-inflammatory worked locally during this operation. According to some ideas, such as the Pain Gateway Control Theory, the Serotonin Hypothesis, the Restorative

Sleep Hypothesis, etc., it has a pain-relieving impact.

2. **NECK DISABILITY INDEX**: According to this scoring system, statistical analysis showed that the mean NDI score was 57 prior to treatment but dropped to 24 (57.8%) shortly after treatment (p=0.0568).
3. **PARASTHESIA OVER THE CERVICAL REGION**: Before therapy, the average paresthesia score over the cervical region was 84; shortly after treatment, it dropped to 32 (61.90%), which was very significant with a (p0.0001). Due to *Vatsnabha's* superior *vatahara* characteristic, it was better able to treat paresthesia, which denotes a lack of *Vyan vayu* function. *Vatsnabha* has an impact on the central nervous system and the enteric nervous system, which helps to restore the myelin sheath that has been destroyed. Additionally, it helps neural impulses. This may have alleviated symptoms like numbness. *Suptata* may have been caused by the entire blockage of the *Vatavaha nidi's srotas*.
4. **STIFFNESS**: Before the therapy, the mean stiffness score was 105, and it was quickly decreased to 36 (65%), which was statistically extremely significant with a (p=0.0001). The *Ashwagandha lepa* showed significantly more relief in the stiffness symptom, which also confirms the *Shulahara* effect. Furthermore, *Ashwagandha's* analgesic and anti-inflammatory properties may have helped to lessen stiffness.
5. **SWELLING** The mean score of the swelling was 84 before treatment and was reduced to 40 (52.38%) soon after the treatment which was statistically extremely significant with a (p<0.0001).
6. **VERTIGO** The mean grade for vertigo decreased from 88 before therapy to 37 (57.95%) quickly afterward, which was statistically very significant (p=0.0048). *Jyotishmati Gutika* significantly improved vertigo relief. This might be caused by *Gutika's* vasodilator properties. Vertigo is a sign of cervical spondylosis and is always caused by underlying vascular insufficiency and inadequate blood supply to the brain. Vasodilatation during *Swedana* is crucial for boosting blood flow and relieving dizziness. The *Asthishrinkhala* vati was unable to significantly alleviate this condition.
7. **FLEXION** The mean score of flexion was 108 and it was improved to 48 (55.55%) soon after the treatment which was statistically significant with a (p=0.0568).
8. **EXTENSION:** The mean score of extension is 87 and was improved to 36 (58.60%) soon after the treatment which is statistically very significant with a (p<0.005).
9. **NECK ROTATION** The mean score of neck rotation was 60 before treatment and was improved to 36 (53.33%) soon after the treatment which was statistically significant with a (p=0.0521).
10. **LATERAL FLEXION** After therapy, the mean score for lateral flexion dropped from 57 to 28 (50.87%), which was statistically significant (p=0.005).
11. Considering all of these findings, it is simple to conclude that Jyotishmati Gutika and Ashwagandha lepa had a greater impact on restricted neck movements. Because of the muscles' spasms, the neck cannot move freely. When applied to the specific muscles affected, Ashwagandha lepa has a favourable impact. This is caused by increased blood circulation and muscle relaxation brought on by massage and heat.

B. OBJECTIVE PARAMETERS

1. **HAEMOGLOBIN:** In the Present study, the mean score before treatment was 46.79 which increased to 48.52 after treatment, with SD±1.652 giving a relief of 3.70%, which is statistically Very significant (P =0.0024).
2. TLC: In the Present study, the mean score before treatment was 34039.0 which decreased to 31688.8 after treatment, with SD±2.615 giving a relief of 6.90%, which is statistically not significant (P = 0.0625).
3. **DLC:** In Present study, the mean score of neutrophil & lymphocytes before treatment was 2285 &1085 which change to 2303& 870 respectively after treatment, with SD±4.214 & ±9.567 giving a relief of 2.34%, & 19.86%, which is statistically

not significant (P = 0.984 & 0.126).while other measures of DLC such as eosinophil, basophils & monocytes remained unchanged during the study.

4. **ESR:** In the Present study, the mean score before treatment was 184.04 which reduced to 180.2 after treatment, with SD±6.321 giving a relief of 1.011%, which is statistically Not significant (P = 0.785).
5. **FASTING BLOOD SUGAR:** In the Present study, the mean score before treatment was 367.5 which reduced to 351.8 after treatment, with SD±4.587 giving a relief of 4.27%, which isstatistically not significant (P =0.309).
6. **POST PRENDIAL BLOOD SUGAR:** n t h e present study, the mean score before treatment was 5156 which reduced to 4958 after treatment, with SD±5.623 giving a relief of 3.84%, which isstatistically not significant (P =0.587).

CONCLUSION

Manyastambha is produced by combining Vyana Vayu and Slesaka Kapha. Samprapti disintegration is Chikitsa, but when age-related alterations are prevalent in a condition like cervical spondylosis, total reversal is not achievable.

From the current study, it can be concluded that Jyotishmati Gutika and Ashwagandha Lepa can be beneficial for neurological symptoms of cervical spondylosis, such as tingling, numbness, decreased muscle strength, and slowed reflexes.

Only surgery can heal acute and severe herniations, and the resultant myelopathy can be maintained by using Ayurvedic medicine. Regular exercise and postural adjustment during work, travel and sleep help to prevent early issues.

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