



Review Article

EVALUATION OF THE EFFICACY OF *ROOKSHA SWEDA (VALUKA)* AND *NASYAKARMA* IN *MANYASTAMBHA*

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ABSTRACT

Manyastambha is a type of *Vataja Nanatmaja Vyadhi* described under the heading of *Vatavyadhi*. It is characterized by symptoms like *Ruk* (pain) and *Sthamba* (stiffness) in the *Manyapradesha* (cervical region) of *Urdwajatru Pradesha*. Similar to this, there is a condition known as Cervical Spondylosis in western science based on symptomatology which is mainly due to the chronic degenerative condition of the cervical spine that affects the vertebral bodies and intervertebral discs of the neck as well as the contents of the spinal canal. The prevalence of cervical spondylosis is around 40% of the world population and may manifest in those as young as 30 years and most commonly in those aged between 40-60 years.

Methodology: In the present study, a total of 30 patients were diagnosed with *Manyastambha* (Cervical Spondylosis). They were randomly assigned to a single group and have been treated by *Rooksha Sweda (Valuka)* and *Bhringaraja Taila Nasya* for 7 days with a follow-up of 14 days.

Observations: It was observed in the present study that all subjective and objective parameters in all the 30 patients have shown significance with a p-value <0.01.

Conclusion: *Valuka Sweda* and *Nasya Karma* are highly significant at P<0.001. *Rooksha Sweda* and *Nasya Karma* are the safest, simplest and most effective *Panchakarma* therapies in the management of *Manyastambha* (Cervical Spondylosis).

INTRODUCTION

Manyastambha is explained as one of the *Vataja Nanatmaja Vikaras* described under *Vatavyadhi*.^[1] It occurs due to the vitiation of *Vata dosha* either by *Kapha dosha Avarana*^[2] or by *Dhatukshaya* and affects *Manyapradesha* (cervical region) resulting in *Stabdhatta* (stiffness or rigidity) of the back of the neck^[3] and impaired neck mobility. Neck pain (*Ruk*) and stiffness (*Sthamba*) are the main cardinal features of *Manyastambha*. Similar to this, there is a condition known as Cervical Spondylosis (also called arthritis of the neck) in western science based on symptomatology.

Cervical Spondylosis is a common, typically age-related disease process that is associated with progressive, chronic degenerative changes that affect all the components of the cervical spine^[4] (i.e., the intervertebral discs, facet joints, contents of the spinal canal etc.). Symptoms of cervical spondylosis manifest as neck pain and neck stiffness leading to impairment in the neck reflexes and movements. The prevalence of cervical spondylosis is around 40% of the world population and may manifest in those as young as 30 years and most commonly in those aged between 40-60 years. Anti-inflammatory, Analgesics are the drugs of choice and unfortunately, all are prone to many side effects, particularly in prolonged usage. Surgery is occasionally performed. As in any disease, if not treated in the initial stages can further deteriorate and may progress to a more serious condition causing disability and rising healthcare costs.

Ayurvedic textbooks have described special treatment modalities like *Rooksha Sweda*, *Nasya karma*, *Panchamulakwatha*, *Dashamulakwatha*, *Kukkudand Sweda*^[5] and *Abhyangam*^[6] also *Samanya*

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Vatavyadhi Chikitsa for *Manyastambha*. Ayurvedic approach to the *Manyastambha* is to retard the *Avarana* of *Kapha Dosha* and degenerative process, strengthening the *Dhathus* and pacifying the *Vata dosha* has special importance in the management. As *Manyastambha* is one of the *Urdhwajatrugata Vikara* and especially degenerative disease, *Brimhana Nasya* (instillation of medicated nutritive oils, ghee, powders, juices of raw herbs etc. in prescribed doses through the nostrils) and *Rooksha Swedana* (dry sudation by using *Valuka/Sand* in the form of *Pinda/Pottali*) are more beneficial.^[7]

Hence, it is intended to evaluate the efficacy of *Rooksha Sweda (Valuka)* and *Nasyakarma* in the case of *Manyastambha*.

AIMS AND OBJECTIVES

1. A detailed study on *Valuka Sweda*, *Nasya* and *Manyastambha* (Cervical Spondylosis).
2. To evaluate the effect of *Valuka Sweda* and *Nasya* in *Manyastambha*.

MATERIALS AND METHODS

Clinical Study: The patients attending the OPD and the CAMP conducted by DGM Ayurvedic Medical College & Hospital, PG and Research Centre, Gadag, Karnataka, provided the material for the clinical study. The selection was done randomly after fulfilling the criteria of selection and eligibility for the study. The study was conducted under the guidance of Dr. S N. Belavadi, Professor, Dept. of PG Studies in Kayachikitsa, during the year 2009-2010.

Selection Criteria

A) Diagnostic Criteria: Classical signs & symptoms of *Manyastambha* (Cervical Spondylosis):

1. *Ruk* (Neck pain)
2. *Sthamba* (Neck stiffness)

Treatment

Inclusion Criteria

1. Patients having classical signs & symptoms of *Manyastambha* (Cervical Spondylosis) such as *Stambha* and *Ruk* in *Manyapradesha*.
2. Patients between the age group of 20 to 60 years, irrespective of religion, sex, socio-economic status, occupation etc.
3. Patients fit for *Nasya Karma* and *Swedana Karma*.
4. Patients who are willing to sign the informed consent.

Exclusion Criteria

1. Patients below 20 and above 60yrs of age.
2. Pregnant women and lactating mothers.
3. Associated with severe systemic disorders like Hypertension, Diabetes etc.
4. Patients who are unfit for *Nasya* and *Swedana Karma*.
5. Some diseased conditions like Cervical Myelopathy, Prolapsed disc etc.

Study Design: Simple Randomized Clinical Study

Case Proforma: A detailed Case Proforma was prepared to study the patients as well as the disease.

Informed Consent: The purpose of the study, Nature of the procedures to be carried out and the benefits were explained to the patients in detail. Thereafter their written consent was taken before starting the treatment.

30 patients conforming to the above said selection criteria were included in the study. They were assigned to a single group. Routine investigations of blood and urine were carried out to rule out any systemic diseases if any. All patients received the following treatment plan in the following manner.

Table 1: Treatment Plan

S.No	Treatment	Dose	Duration
1.	<i>Ruksha (Valuka) Sweda</i>	15-20 mins/day	14 days
2.	<i>Bhringaraja Taila Nasya</i>	8 drops in each nostril	7 days
	Duration of treatment	14 days	
	Follow-up	7 days	
	The total duration of treatment	21 days	

Method: The patient had been given *Valuka Swedana* to the shoulders and the neck. Afterwards, *Nasya* with *Bhringaraja Taila* with 8 drops has been instilled into each nostril. All *Poorva* and *Paschath Karmas* for these procedures were followed accordingly. Instruction regarding post-*Panchakarma* procedures (*Parihara Vishayas*) has been explained to the patients after the *Panchakarma* treatment.



Grading for Assessment of Subjective & Objective Parameters

Table 2: Grading for Subjective Parameters

<i>Ruk in Manyapradesha</i>	0 – No pain 1 – Mild pain 2 – More than mild pain but tolerable 3 – Moderately severe pain 4 – Severe pain 5 – Intolerable, perhaps suicidal pain
<i>Stambha in Manyapradesha</i>	0 – No movement 1 – Up to 25% of total movement 2 – Up to 50% of total movement 3 – Up to 75% of total movement 4 – Full range

Table 3: Grading for Objective Parameters

Mobility of Cervical Spine	
Extension	0 – Full range 1 – Restricted movement 2 – No movement
Lateral flexion	0 – Full range 1 – Restricted movement 2 – No movement
Rotation	0 – Full range 1 – Restricted movement 2 – No movement
Passive neck flexion	0 – Without any difficulty 1 – With some difficulty 2 – With much difficulty 3 – Unable to do
Muscle strength	0 – Complete paralysis 1 – A flicker of contraction 2 – Power is detectable only when gravity is excluded by appropriate postural adjustment 3 – The limb can be held in force of gravity but not the examiner's resistance 4 – There is some degree of weakness usually described as poor, severe or moderate strength

Criteria for Assessment of Results: The effect of treatment was assessed subjectively by clinical observation, based on relief in the signs and symptoms of the disease and objectively based on the mobility of the cervical spine, muscle strength and overall

assessment of clinical response. The scoring pattern was given from 0 to 4 depending upon the severity. The assessment of the results was done based on a reduction in the severity of the sign and symptoms like

1-degree reduction, 2-degree reduction, 3-degree reduction, and stable and deteriorated condition.

Criteria for Assessment of the Overall Effect of Therapy

The total effect of the therapy was assessed based on subjective and objective criteria and patients were grouped into the following five categories:

Cured: 100% relief in the signs and symptoms.

Good Response: > 75 & up to 99% relief in the signs and symptoms.

Moderate Response: > 50 and upto 75% relief in the signs and symptoms.

Poor Response: > 25 and up to 50% relief in the signs and symptoms.

Unchanged/ No Response: Up to 25% relief in the signs and symptoms.

Data Collection & Statistical Analysis: The data were collected and properly documented. It was statistically analyzed with the help of a statistician. The data was computed for Mean, Standard deviation, Standard error, 't' value and 'P' value obtained by using student's paired and unpaired 't' test. Significance interpreted as $P > 0.05$ as Insignificant, $P < 0.05$ and 0.01 as Significant and $P < 0.001$ as Highly significant.

Table 4: Statistical Analysis showing the results on Subjective & Objective Parameters

Parameters	Mean Score		Mean Diff	Improve (%)	SDM	SEM	't' Value	'P' Value	Remarks
	BT	AT							
Neck pain (<i>Ruk</i>)	2.46	1.16	1.3	52.84	0.65	0.11	11.81	< 0.001	HS
Neck stiffness (<i>Sthamba</i>)	2.33	3.06	0.73	31.33	0.44	0.08	9.12	< 0.001	HS
Passive Neck Flexion	0.6	0.36	0.23	40	0.43	0.07	3.28	< 0.005	S
Mobility - Flexion	1.5	1.73	0.23	15.33	0.43	0.07	3.28	< 0.005	S
Mobility- Extension	1.63	1.83	0.2	12.26	0.4	0.07	2.85	< 0.01	S
Mobility - L. Flexion	1.2	1.46	0.4	21.66	0.56	0.1	4	< 0.001	HS
Rotation	1.36	2	0.03	47.05	0.18	0.03	1	< 0.40	NS
Muscle Strength	3.9	4.76	0.86	22.05	0.34	0.06	14.33	< 0.001	HS
All Subjective & Objective Parameters	1.87	2.04	0.49	9.09	0.42	0.14	3.5	< 0.01	S

Table 5: Statistical Analysis showing the results of the Assessment of Swedana Karma

Parameters (<i>Swedana Karma</i>)	Mean Score		Mean Diff	Improve (%)	SDM	SEM	't' Value	'P' Value	Remarks
	BT	AT							
<i>Agnideepthi</i>	0.4	1.13	0.73	98.17	0.63	0.11	6.63	< 0.001	HS
<i>Mardavatha</i>	0.56	1.56	1	98.21	0.37	0.06	16.66	< 0.001	HS
<i>Vikaropashamana</i>	0.6	1.56	0.96	98.4	0.55	0.1	9.6	< 0.001	HS
<i>Sthamba nigraha</i>	1.36	2.53	1.16	86.02	0.74	0.13	8.92	< 0.001	HS
<i>Shoolahaani</i>	3.63	2.03	1.6	44.07	0.96	0.17	9.41	< 0.001	HS
All 05 Parameters	1.31	1.76	1.09	34.35	0.32	0.14	7.78	< 0.001	HS

OBSERVATIONS AND RESULTS

In this clinical trial, the maximum number of the patients i.e., 39.96% were reported in the age group of 31-40 years, 69.93% were female, 73.26% were Hindus religion, 59.94% belonged to the poor class, 63.27% were having an active type of occupation.

The maximum number of patients i.e., 53.28% were *Vatapittaja Prakruti*, 43.29% were *Vishamagni* and 39.96% were of having *Krura Koshta*, 86.58% had the habit of taking *Katurasa*, 96.57% of *Rooksha Ahara* and 69.93% had *Ativyaayama* and 59.94% had *Urdwa Nirikshana*.

All the patients complained of neck pain and stiffness. Maximum patients i.e., 56.61% had Grade- 2 neck pain and 66.6% had Grade- 2 neck stiffness. Around 56.61% of the patients had chronicity less than 6 months.

59.94% had Grade-0 passive neck flexion followed by 19.98% Grade-1 & Grade-2 passive neck flexion. 43.29% had Grade-1 neck flexion, 73.26% had Grade-2 neck extension, 43.29% had Grade-2 lateral flexion, 99.9% had Grade-2 neck rotation and 89.91% had Grade-4 muscle strength.

Table 6: Statistical Analysis showing the results of the Assessment of Nasya Karma

Parameters (Nasya Karma)	Mean Score		Mean Diff	Improve (%)	SDM	SEM	't' Value	'P' Value	Remarks
	BT	AT							
<i>Sukhauchawasam</i>	0.4	1.3	0.9	97.75	0.66	0.12	7.5	<0.001	HS
<i>Sukhaswapnam</i>	0.5	1.53	1.03	97.94	0.66	0.12	10.83	<0.001	HS
<i>Sukhabodha</i>	0.56	1.6	1.03	98.15	0.49	0.08	12.87	<0.001	HS
<i>Vikaropashamana</i>	0.53	1.43	0.9	98.3	0.54	0.09	10	<0.001	HS
All 04 Parameters	0.49	1.46	0.96	97.83	0.07	0.03	32	<0.001	HS

DISCUSSION**Manyastambha**

Manyastambha (*Greevastambha*) is explained as a type of *Vataja Nanatmaja Vikaras* described under *Vatavyadhi*. It occurs due to the vitiation of *Vata dosha* either by *Kapha dosha Avarana* or by *Dhatukshaya* which later turns out to be *Kevala Vatavyadhi*. It is a progressive disorder, so timely proper treatment is very important. Classical textbooks advised *Rooksha Sweda* (dry sudation) and *Nasya Karma* (Nasal instillation) for the management of *Manyastambha*. *Swedana* (sudation) is said to be a specialized treatment to provide unparalleled relief in pain, swelling and stiffness associated with the disease. It is also responsible for *Agnideepti*, *Mardavatha*, *Vikaropashamana*, *Sthamba Nigraha* and *Shoolahani*.

Probable Mode of Action

Valuka is *Kapha Vataghna*. *Rooksha Sweda* with *Valuka* (sand) does *Srothoshodhana* thereby subsides the vitiated *Kapha* in *Manyapradesha* and may help to release *Kaphavarana*. The application of heat causes relaxation of muscles and tendons, improves the blood supply and activates the local metabolic processes which are responsible for the relief of pain, swelling, tenderness and stiffness. Hence, *Rooksha* (*Valuka*) *Sweda* may help to relieve the pain and stiffness of the neck.

Nasya karma is explained as the best treatment for *Urdhwajatrugata Vikara*. In the initial stage of *Manyastambha*, *Kaphavarana* is there and later aggravation of *Vata dosha* and *Dhatukshaya*. The ingredients of *Bhringaraja Taila* are *Tridosahara*, *Balya*, *Rasayana*, *Srothoshodhaka* and *Vedanasthapaka* properties which may help to pacify *Kaphavata*. *Nasya Overall Effect of Therapy*

reaches the *Shringataka marma*, spreads all over, scratches the morbid *Doshas* of *Urdhwajatru* and excretes them from *Uttamanga*. It helps to relieve the pain and stiffness of the neck by increasing vasodilation and enhancing the vital circulatory process of the body, especially the cervical region and thus providing strength to the neck and shoulder it removes spasms and rigidity of the muscles.

Effect of Therapy on Parameters

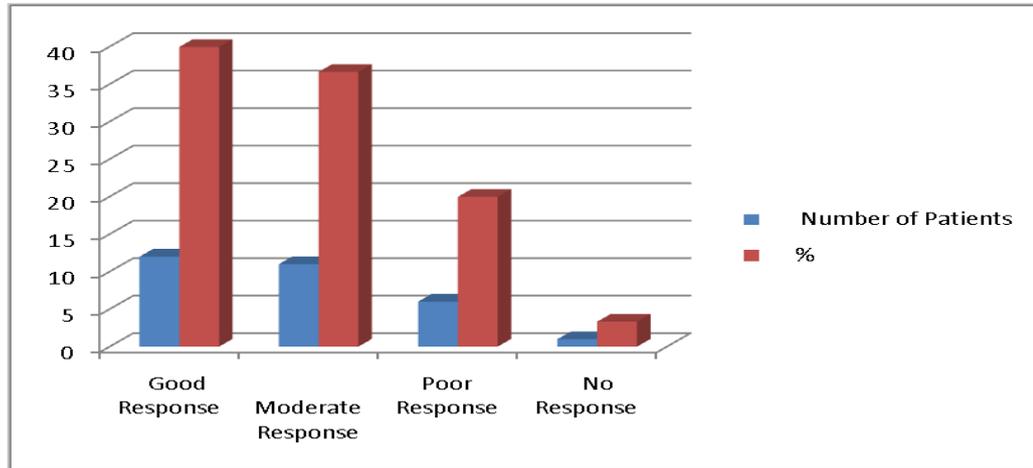
It was revealed from the above table that around 52.84% of improvement was observed in neck pain (*Ruk*) and 31.33% of improvement in neck stiffness (*Sthamba*). All were statistically highly significant at the level of $P < 0.001$. 40% of improvement was observed in Passive Neck Flexion and was statistically significant at the level of $P < 0.005$. 15.33% of improvement was observed in Mobility - Flexion and was statistically significant at the level of $P < 0.005$. 12.26% of improvement was observed in Mobility - Extension and statistically significant at the level of $P < 0.005$. 21.66% of improvement was observed in Mobility - L Flexion and statistically highly significant at the level of $P < 0.001$. 47.05% of improvement was observed in Rotation and was statistically not significant at the level of $P < 0.40$. 22.05% of improvement was observed in Muscle strength and was statistically highly significant at the level of $P < 0.001$. All subjective and objective parameters are significant and show a 9.09% improvement. All parameters of *Swedana* and *Nasya* are highly significant and show 34.35% and 97.83% improvement respectively.

Table 7: Overall Effect of Therapy

No.	Grading Improvement	Trial Group
1.	Good Response	12 (39.96%)
2.	Moderate Response	11 (36.63%)
3.	Poor Response	6 (19.98%)
4.	No Response	1 (3.33%)

The overall effect of therapy in the trial is significant and provides a 9.09% improvement in all the subjective and objective parameters. All the parameters of *Swedana* and *Nasya* are highly significant and show 34.35% and 97.83% improvement respectively. The total effect of therapy has been depicted in Graph 1.

Graph 1: Overall effect of therapy



CONCLUSION

Manyastambha is a *Vatavyadhi* that occurs due to the vitiation of *Vata dosha* either by *Kapha dosha Avarana* or by *Dhatukshaya* in all the components of the cervical spine leading to pain and stiffness of the back of the neck. *Rooksha Sweda (Valuka)* and *Nasya Karma* provided better results in relief of pain and stiffness of the back of the neck and are effective in the management of *Manyastambha* (Cervical Spondylosis).

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