



A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF VALUKA SWEDA AND PATRA PINDA SWEDA IN THE MANAGEMENT OF MANYASTHAMBHA WITH SPECIAL REFERENCE TO CERVICAL SPONDYLOSIS

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ABSTRACT

Neck pain has become increasingly common in today's fast-paced technological era, where individuals often neglect proper regimens, leading to conditions like Manyasthamba. Ayurveda, India's ancient system of medicine, provides holistic approaches to managing such ailments. Manyasthamba can be correlated with Cervical Spondylosis in modern medicine, as both exhibit similar signs and symptoms, including intervertebral disc degeneration, cervical spine deterioration, and bony overgrowth. The condition manifests as pain, muscle weakness, muscle wasting, and impaired reflexes. Swedana, a therapeutic sudation process, is indicated for Manyasthamba, particularly for Vataja and Kaphaja disorders. Among its various techniques, Valuka Sweda (sand therapy) is an effective Rooksha Sweda method, while Patra Pottali Swedana (herbal poultice therapy) is also widely recognized for its benefits in treating Manyasthamba. This study aimed to assess and compare the efficacy of these two Swedana therapies in the management of Manyasthamba with reference to Cervical Spondylosis. A simple randomized comparative clinical study was conducted on 40

patients diagnosed with Manyasthamba, divided into two groups of 20 each. Group A received Valuka Sweda, while Group B underwent Patra Pinda Sweda for seven days. Assessment parameters included pain (Ruk), stiffness (Stambha), swelling (Shotha), and various neck movements such as flexion, extension, rotation, lateral flexion, and passive neck flexion. Statistical analysis revealed no significant difference between the two groups ($P > 0.05$). However, the average percentage of improvement in Group B (50.90%) was higher than in Group A (43.59%), suggesting that Patra Pinda Sweda was more effective than Valuka Sweda in managing Manyasthamba.

Key words: Manyasthamba, Valuka Pinda Swedana, Patra Pinda Swedana, Cervical Spondylosis

INTRODUCTION

Neck pain is increasingly common in today's fast-paced technological era due to sedentary lifestyles, prolonged screen exposure, improper posture, and mental stress. Manyasthamba, described in Ayurveda, can be correlated with Cervical Spondylosis in modern medicine, as both exhibit similar signs such as intervertebral disc degeneration, cervical spine deterioration, and bony overgrowth. Symptoms include pain, stiffness, muscle weakness, and reflex impairment.

Cervical Spondylosis affects around 40% of the global population, commonly appearing in individuals aged 40-60 years and sometimes as early as 30 years. It is the leading cause of spinal cord dysfunction in people over 55, with radiological evidence showing degenerative changes in 90% of men over 50 and 90% of women over 60.

According to Ayurveda, the body is governed by Tridoshas—Vata, Pitta, and Kapha. When these are imbalanced, they cause diseases. Manyasthamba is classified as a Vataja Nanatmaja Vyadhi, where aggravated Vata lodges in the cervical region, affecting Manyagatasiras and causing stiffness (Stambha) and pain (Ruja).

Swedana (sudation therapy) is an effective treatment for Vatavyadhi (Vata disorders), as it alleviates pain and stiffness. Different types of Swedana, such as Nadisweda, Prastarasweda, and Sankarasweda, have been recommended for managing Manyasthamba. Among these, Valuka Sweda (sand therapy) is an easy and effective Rooksha Sweda technique, while Patra Pottali Swedana (herbal poultice therapy) is also widely used.

In Ayurveda, Snehana (oleation) and Swedana are emphasized in Manyasthamba management as they pacify Vata, soften tissues, and help eliminate toxins. This study focuses on comparing Valuka Sweda and Patra Pinda Sweda to determine their efficacy in treating Manyasthamba and Cervical Spondylosis.

OBJECTIVES

- To assess the efficacy of Valuka Sweda in the management of Manyasthamba with special reference to Cervical Spondylosis.
- To assess the efficacy of Patra Pinda Sweda in the management of Manyasthamba with special reference to Cervical Spondylosis.
- To compare the effectiveness of Valuka Sweda and Patrapinda Sweda in the management of Manyasthamba with special reference to Cervical spondylosis

MATERIALS AND METHODS

• SOURCE OF DATA:

Patients: 40 patients diagnosed with Manyasthamba were selected from OPD and IPD of Rajiv Gandhi Educational Society's Ayurvedic Medical College, Hospital and PG Research Centre, Ron and randomly divided into 2 groups of 20 patients each.

Drug Source: Raw drugs required for Patra Pinda Sweda were gathered from local area and market after proper identification under the guidance of Dravyaguna experts.

Literary: All the classical textbooks were referred regarding Manyasthamba and use of Valuka Sweda and Patra Pinda Sweda in its management.

Study design: A Simple comparative clinical Prospective study and sampling technique is purposive or deliberate.

Methods of Collection of Data

Inclusion Criteria

- Patients suffering from Ruk, Sthambha, Shopa in manyapradesha and restricted movements of neck as per diagnostic criteria.
- Patients of either sex between the age of 16 – 60 years.
- Patients fit for swedana karma.

Exclusion Criteria

- Patients with fracture of cervical spine.
- Patient with any skin disease on manya Pradesh.
- Pregnant and lactating mother.

Diagnostic Criteria

- Patients presenting with lakshanas of Manyasthamba like ruk, sthambha, sophia in manyapradesh.
- Patients presenting with symptoms of cervical spondylosis like pain, swelling neck and shoulder, sometimes radiating to either of the hand with restricted movements of neck.

INTERVENTION

40 patients of Manyasthamba who full fill the inclusion criteria and give compliance to informed consent were selected and assigned into 2 GROUPS (GROUP A and GROUP B)

Group-A: In this group 20 patients of Manyashamba were administered with Valukasweda for about 30 minutes.

Group-B: In this group 20 patients of Manyashamba were administered with Patra-pindasweda for about 30 minutes

DOSAGE – As Required

DURATION – 7 days

FOLLOW UP- 8th day and 15th day

The Materials Used for the Study:

1. Valuka Swedana

MATERIALS	QUANTITY
1. SAND(RIVER)	1 KG
2. COTTON CLOTH	45CM*45CM
3. RASANADI CHURNA	05 GM

4. VESSEL(IRON)	1
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2. PATRA PINDA SWEDANA

DRUGS	QUANTITY
1. TILA TAIL	50 ml
2. NIRGUNDI LEAVES	25 gms
3. ERAND LEAVES	25 gms
4. CHINCHA LEAVES	25 gms
5. DHATURA LEAVES	05 gms
6. SHIGRU LEAVES	05 gms
7. ARKA LEAVES	05 gms
8. GRATED COCONUT	50 gms
9. LEMON	02 gms
10. SAINDHAV LAVANA	05gms
11. RASNA CHURNA	05gms

Assessment Criteria

The subjective and objective parameters of base line data to post medication were compared for assessment of the results. All the result was analysed statistically for 'p' value using paired - t test and Anova

PARAMETERS OF THE STUDY:

Subjective Parameters:

1. Ruk (pain) in neck
2. Stambha (stiffness)
3. Shopha (swelling)

1. Ruk (Pain in Neck)

Grading	Observation
0	No pain
1	Mild Pain
2	Moderate Pain
3	Severe Pain

2. Sthamba in Manyapradesha

Grading	Observation
0	Full Range
1	Only up to 75% of total ROM
2	Up to 50% of total ROM
3	Up to 25% of total ROM
4	No movement

3. Sopha

Grading	Observation
0	Nil
1	Mild
2	Moderate
3	Severe

Objective criteria**Flexion:**

Grade-0	Full range
Grade-1	Restricted movement
Grade-2	No movement

Extension:

Grade-0	Full range
Grade-1	Restricted movement
Grade-2	No movement

Lateral Flexion:

Grade-0	Full range
Grade-1	Restricted movement
Grade-2	No movement

Rotation:

Grade-0	Full range
Grade-1	Restricted movement
Grade-2	No movement

Passive neck flexion:

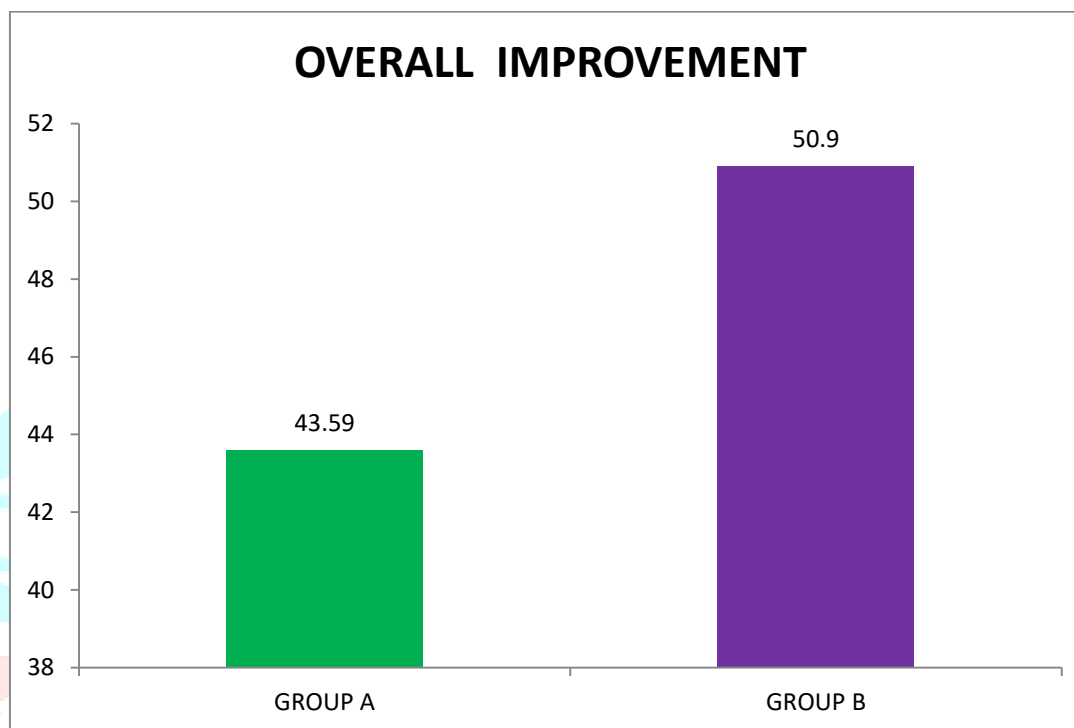
Grade-0	Full range
Grade-1	Restricted movement
Grade-2	No movement

RESULTS**Table Showing Effect of therapy on Subjective & Objective Parameter**

PARAMETER	GROUP	Mean	% Improv. of	T-Value	P-Value	Remarks
Ruk	A	0.8	35.5	1.14	>0.05	NS
	B	0.95	40.4			
Stambha	A	0.8	45.71	1.16	>0.05	NS
	B	1	45.94			
Flexion	A	0.65	44.82	1.92	>0.05	NS
	B	1	52.63			
Shotha	A	0.9	54.5	2.04	>0.05	NS
	B	1.2	52.17			
Extension	A	0.35	29.6	2.10	>0.05	NS
	B	0.7	53.84			

Lateral Flexion	A	0.9	48.64	0.90	>0.05	NS
	B	1.05	60			
Rotation	A	0.65	44.82	1.92	>0.05	NS
	B	1	52.63			
Passive neck flexion	A	0.35	29.6	2.10	<0.05	S--
	B	0.7	53.84			

Graph-Overall effect of the Therapies



For comparison between Group A and Group B, Un paired t test is used. From above table we can observe that P-Values for all parameters are more than 0.05 except in passive neck movement. Hence we conclude that statistically there is no significant difference between Group A and Group B in the management of Manyastambha.

Further we can observe that Average percentage of improvement of Group B is 50.9% which is greater than Average percentage of improvement of Group A- 43.59%. Hence we conclude that effect observed in Group B is more than Group A.

DISCUSSION

MODE OF ACTION

- **Mode of action of Valuka Swedana:**

Rooksha Sweda is told for Srothoshodhana, thereby Subside the vitiated Kapha which is in Manyapradesha and for this purpose Valuka is used, which relieves the pain and stiffness. By Swedana, we also get other Lakshanas like Agni Deepti, Mardavatha, Vikaropashamana, Sthamba Nigraha and Shoolahani.

Valuka Sweda comes under the Pinda Sweda, in this mechanism of action of Swedana will be discussed under the following headings: -

A) Application of heat

B) Physical effect of massage

A) Application of Heat:

The chief beneficial effects of any kind of Thermal therapy are due to the increase in the circulation and local metabolic process with the relaxation of the musculature. 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.

B) Physical effect of Massage:

It stimulates the sensory nerve endings thereby producing relaxation. It produces a hyperemic effect causing the arterioles to dilatation and thereby achieving more circulation. Also, the venous and lymphatic return is assisted. Massage causes movements of the muscles thereby accelerating the blood supply, which in turn relieves the muscular fatigue. The application of massage may cause displacement of the exudates and thus may relieve tension and pain.

- **Mode of action of Patra Pinda Swedana:**

The main ingredient of *Patra pinda sweda* is the leaves of medicinal plants like Arka, Chinch, Eranda, Nirgundi and Shigru. All these leaves are mainly *Vata- kaphahara* in nature. They have *shoolahara*, *shothahara* and *stambhara* property. *Saindhava lavana* is *tridoshashamaka* and *shothahara*. Narikela is *snigdha*, *balya* and *brumhana*. Nimbuka is *amla rasa pradhana* and has *shothahara* property. Methika and Shatahva are *shoolahara* and *balya*. Due to all these qualities *Patra pinda sweda* helps in relieving the symptoms of *Manyastambha* and thus is one of the effective treatment in the management of *Manyastambha*.

- **Mode of action of Abhyanga with murchita tila taila:**

It is clearly mentioned in Garuda purana as by doing abhyanga; Dadru, pama and kacchu will get relieved. Dalhana has mentioned specific time for abhyanga to reach specific dhatus in chikitsa sthana 24th chapter. Murchita tila taila contains murchana dravyas which are having varnya, kushtaghna and rakta shodhaka properties like manjishta, haridra, triphala, lodhra etc. Due to snehapana and abhyanga vatanulomana, softens the body, removes the adhesion of waste products. Abhyanga accelerates the movement of lymph, which carries some waste products. It increases the circulation of blood as it carries nutrition's.

CONCLUSION

Based on the conceptual study, clinical observations, and discussion, the present study concludes that both Valuka Swedana and Patra Pinda Swedana are effective in managing Manyastambha, with statistically significant results ($p < 0.05$). However, there is no statistically significant difference in the mean effect between Group A (Valuka Swedana) and Group B (Patra Pinda Swedana), as indicated by $p > 0.05$ in all assessment parameters. Comparatively, Patra Pinda Swedana (Group B) demonstrated better overall effectiveness (50.90%) than Valuka Swedana (Group A) (43.59%). Valuka Sweda, being a type of Rooksha Sweda, aids in pacifying both Vata and Kapha and also acts as a Srothoshodhaka. No complications were observed with either treatment modality. However, recurrence was noted in patients who did not adhere to postoperative regimens, suggesting the need for another course of treatment.

REFERENCES

1. www.healthcommunities.com
2. Acharya Agnivesha. Charaka Samhita with Ayurveda Dipika commentary of Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Published by- Chaukhambha Surbharati Prakashan, Varanasi, Reprint Edition, Sootrastana Chapter. 2000; 20/11:113.
3. Acharya Agnivesha. Charaka Samhita with Ayurveda Dipika commentary of Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Published by- Chaukhambha Surbharati Prakashan, Varanasi, Reprint Edition, Chikitsastana Chapter. 2000; 28/43:618
4. Acharya Sushruta. Sushruta Samhita with Nibandhasangraha commentary by Dalhan acharya, edited by Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya "Kavyathirtha", Published by- Chaukhambha Orientalia, Varanasi, 8th Edition; Nidanasthana chapter no. 2005;1/67:267.

5. Acharya Agnivesha. Charaka Samhita with Ayurveda Dipika commentary of Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Published by-Chaukhambha Surbharati Prakashan, Varanasi, Reprint Edition, Chikitsastana Chapter. 2000;28/78:620.
6. Acharya Agnivesha. Charaka Samhita with Ayurveda Dipika commentary of Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Published by-Chaukhambha Surbharati Prakashan, Varanasi, Reprint Edition, Sootrastana Chapter. 2000;14/13:88.

