



Efficacy of Comprehensive Ayurveda Management of Vertebral Disc Lesions (Asthyasrayee Vata) by Panchakarma Therapies and Herbomineral Formulations

Research article

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Abstract

The Vertebral disc lesions affect nearly 80% of the people at some point in their lives like, spondylosis (Cervical/Thoracic/Lumbar) and PID. It is the most common causes of job related disability leading to missed work and the second most common neurological ailment. Raised incidence of these disorders are observed probably resulted from extensive vehicular riding, uneven roads, irregular dietetic habits , irregular postures, insufficient sleep, injuries to vertebrae, leads to loss of cushion action in between vertebral bodies. Many times patients get moderate to severe pain in lumbar or cervical region. It affects day to day activities and also leads to incurable problems like spondylolithiasis, spinal canal stenosis, sacralization, Cauda Equina Syndrome etc., which has drawn attention of researchers and scientist.

In charak samhita sutra sthan the importance of *Samshodhan Chikitsa* has been mentioned. Taking these things in to consideration efforts have been made to treat the patients of vertebral disc lesions with *Panchakarma* therapy and Herbomineral Formulations.

On the basis of findings and observations obtained after completion of current project it can be concluded that vertebral disc lesions are progressive degenerative conditions in which *vata* at its own *Ashaya (Asthi-Sandhi)* gets provoked and as it belongs to *Madhyam Rogamarga* treatment becomes challenging .

Comprehensive Ayurveda management of vertebral disc lesions by *panchkarma* therapies and herbomineral formulations. This attempt possibly finds solutions which can delay or even prevent surgical intervention as *Sandhis* are sites of *Marma*. It is an effective, simple, safe treatment modality for vertebral disc lesion.

Keywords:- Vertebral disc lesions, backache, Panchkarma, Samshaman

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Introduction:-

The Vertebral disc lesions affect nearly 80% of the people at some points in their lives like, spondylosis (Cervical/Thoracic/Lumbar) and PID. It is the most common causes of job related disability leading to missed work and the



second most common neurological ailment.

Raised incidence of these disorders are observed probably resulted from extensive vehicular riding, uneven roads, irregular dietetic habits, irregular postures, insufficient sleep, injuries to vertebrae, leads to loss of cushion action in between vertebral bodies. Many times patients get moderate to severe pain in lumbar or cervical region. It affects day to day activities and also leads to incurable problems like spondylolithiasis, spinal canal stenosis, sacralization, Cauda Equina Syndrome etc. Which has drawn attention of researchers and scientist. (2)

Need of Study

As per as other therapies of the disease is concerned, there is no established treatment except surgical intervention, even though, the patients are not getting completely cure on the contrary, many patients are getting re-occurrence. Laminectomy is also sometimes causes complications and side effects. Hence, patients are turning to Ayurveda for the treatment.

Considering the nature of conventional procedures, their complications and results.

An attempt has been made to evolve the treatment modality for the Degenerative spine pathologies. The study entitled "*Efficacy of Comprehensive Ayurveda management of Vertebral disc lesions by Panchkarma therapies and Herbomineral formulations.*"

With this background a study based on basic principles of treatment of Ayurveda is proposed i.e.

Shodhanam shamanam samasadaushadham dvidha. (C.Su.1/25)
Shodhanam:- Shamanam :-

The curative detoxification which aims to purify the human body from organ to cellular level & to clear various channels of the body to enable free flow of

nutrients, metabolites & medicine. Thus it is the radical treatment of the disease in which vitiated Dosha are eradicated or eliminated and then completely preventing or curing the disease Pacification or palliative management of disease by administration of drug and diet.

It is claimed that a disease cured by *samashodhana* never relapse or re-occur, as this therapy eradicates the "very root cause of disease", but the disease treated by *Shamanam* may relapse or re-occur as it is conservative line of treatment.(3)

Basic Principle of Treatment:

In every disease it is said to follow following lines of treatment

1. Deepan
2. Pachana

Then, come to the main disease i.e. Vertebral disc lesion (Asthyashryanam Vyadhi) the following quotation is useful

Asthyashryanam Vyadhinam Panchkarmani Bheshajam.

Bastya Kshir Sarpishi Tiktakop Hitanicha. (C.Su.28/27)

Vertebral disc lesion can be divided in to cervical spondylosis and Lumbar spondylosis. For cervical spondylosis the nearest way to remove vitiated *dosha* is *mukha* hence we can give *vaman* to these patients and for lumbar spondylosis nearest way to remove *dosha* is *Gud* so we have to give *virechan* in these cases(4). *Kshirbasti* will be common in both conditions as this is *bruhan basti*. As per the above quotation *Tikta Kshir Basti* should be given in all asthyasrayee vyadhis. *Nasya* can be given in both conditions because all the neurological activities comes under *Shira* and as *Nasa hi shiraso Dwaram!* We can give *snehan* by means of *Nasya*. *Bruhan nasya* can rejuvenate neurological system(5).

The Vertebral disc lesions are progressive degenerative conditions where vata at its own *Ashaya (Asthi-sanshi)* gets provoked and as its belong to *Madhyamrogmarga*⁶. The aim of the treatment should be to bring the vitiated



dosha in *Aamashaya* by means of *deepan, pachan, Valukaswdan, snehapan, abhyanga and swedan*. After vitiated *dosha* reaches the *Amashaya panchakarma* i.e. *Vaman, Virechan, Basti, nasya* etc are performed to remove the *dosha* out of the body. After *Panchakarm*, to avoid the relapse, *samshaman* therapy is suggested

This will be comprehensive approach incorporating *panchkarma* therapies and Herbo mineral formulations.

It is imperative to explore a therapeutics module to tackle these conditions & possibly find solution that can delay or even prevent surgical intervention as *sandhi* are sites of *marma*.

Aims & Objective:-

Present clinical work has been undertaken with the following objectives

1. To assess the classical concept of *shodhana (panchakarma)* & *Shamana (Herbomineral)* in the Management of Vertebral disc lesions (*Asthyasrayee Vata*).
2. To establish an effective, simple treatment modality for the management of vertebral disc lesions (*Asthyasrayee Vata*).

Material and Methods:-

The study was conducted in 100 clinically diagnosed patients of Cervical and Lumbar spondylosis, aged between 21 to 65 years. The study was carried out in the *Dhanwantri Ayurved medical college and Hospital, Udgir Dist. Latur. [M.S]*

Study Design & Duration: - The study design was **open clinical trial** over 100 cases of both cervical & lumbar spondylosis. The study was preliminary attempt to know the efficacy of *Panchkarma* & Herbomineral formulations.

Duration of treatment :- 60 days

30 days for *Udavartan, Valukasweda, Snehpanam, Abhyanga Swedhanam, Vaman, Virechanam, Basti*

30 days for *Samshaman* therapy to avoid relapse.

As per the selection criteria, all the patients were interviewed, examined and randomly selected and divided in to two groups.

Group I - Patients having cervical lesion were kept on *Deepanam, Pachanam and Panchkarma (Udvartan and Valukasveda, Snehapan, Abhyanga & Sweda, Vamankarma, Tiktsheer Basti, Greevabasti, Nasyakarma.)*

Group II - Patients having lumbar lesion were kept on *Panchkarma (Udvartan and Valukasveda, Snehapan, Abhyanga & Sweda, Virechankarma, Tiktsheer Basti, Katibasti, Nasyakarma.)*

Patients of both groups were advised identical diet restrictions and life style changes i.e. (*pathykar Aahar & Vihar*)

Selection criteria:-

Inclusion criteria:-

Patients of either sex between 21 to 65 years on the basis of clinical signs and symptoms.

who are fit for *Panchkarma (Vamankarma, Virechankarma, Basti & Nasya)*.

Exclusion criteria:-

Patients with cervical & Lumbar spondylosis with accompanying diagnosis of heart disease, critically ill patients, with neurological complications and who are unfit for *Panchakarma*. Patients on other therapies (*allopathic, homeopathic or other than prescribed Ayurveda drugs*) and who are not willing for this treatment protocol were excluded.

Written informed consent was obtained from each patient and the institutional ethical committee approved clinical protocol.

**Diagnostic Criteria:-**

1. Classical symptomatology of *Greevasthanbh*, *Katigraha*, *Gridhrasi* and Cardinal Symptoms of cervical & lumbar spondylosis.
2. Radiological investigations:- X – ray, MRI if required
3. Laboratory investigations:- CBC, BSL-F/PP, Urine R/M, Lipid profile.
4. E.C.G.

Pre-treatment observations:-

All the patients were studied along with the registration by noting their demographic profile like age, sex, occupation, education, socio-economical status, addictions, dietary habits etc. Detailed physical, General and Systemic examinations were performed. During this all other relevant information like *Astavidha Pariksha*, *Dashavidha Pariksha* including assessment of *Sharir and Manas Prakriti* was done as per textual references.

Administration of Procedures, Drugs, Dose & Duration:-

1. *Udvartan & Valukasweda* by *Kottamchukkadi churna* – 3 days.
2. *Snehapan (Internal oleation)* by *plain Ghee* – 3 to 5 days.
3. *Abhyanga* – (*body massage*) by *sesame oil*.
4. *Swedana* – (*Steam bath*) By the *Decoction of Dashmul*
5. Procedure of *Vamanakarma* (Drug induced vomiting)
 - a) Selection of *Vamanarha* patients of cervical lesions for - Group I
 - b) Classical *Vamankarma* was performed and *sansarjankarma* (Diet restrictions) was followed for 3 days.
6. Procedure of *Virechankarma* (Drug induced purgation)
 - a) Selection of *Virechanarha* patients of lumbar lesions – for Group II
 - b) Classical *Virechankarma* was performed and *Sansarjan karma* (Diet restrictions) was followed for 3 days.
7. *BastiKarma* (Medicated Enema):- For both groups *Titakasheerbasti* was given for 7 days with quantity of 200 ml.
8. *Nasya Karma* (Nasal insufflations) :- For both groups *Navan Nasya of Kalyanakghritha* – 4 - 4 drops BID
9. *Greeva Basti*:- It was done in Ist group (cervical lesion) by *sesame oil* for 7 days
10. *Kati Basti* :- It was done in IInd group (lumbar lesion) by *sesame oil* for 7 days
11. *Herbominerals*:-Both groups were kept on oral drugs such as *Tab. Arogyavardhini* - 250 mg BID, *Tab. Panchtiktaghritha Guggulu* – 250 mg BID with local *Abhayanga and Nadisweda* for 1 month.

Criteria of Assessment:-

During the trial and follow up study, the patients were assessed after completion of each treatment procedure and follow up was done.

a) Subjective Improvement:-

All the patients under trial were specially asked for any changes or improvement in their growing feeling of well being either physically or mentally and their clinical manifestations produced by the *Panchakarma* and administration of Herbo mineral drug under trial.

b) Clinical Improvement:-

All symptoms to be taken for the assessment of clinical improvement, the incidence of presenting features were worked out and the severity of the symptoms was rated in each case. In Ist group clinical signs and symptoms Cervical pain, Flatulence, Hyperacidity, Constipation, Poor appetite, Abdominal pain and in IInd group that of Back pain,



Flatulence, Hyperacidity, Constipation, Numbness in legs, Pain in legs etc were recorded .

Observational Parameters:-

In the following tables the data is analyzed according to various parameters of observation and results shown.

Table 1: Incidence of type of vertebral disc lesions in 100 treated cases.

Sr. No.	Lesion	No. of Patients	Percentage
1.	Cervical	42	42
2.	Lumbar	58	58
3.	Total	100	100

From the above table it has been noticed that cervical lesion were seen in 42 patients (42 %) where as lumbar lesion was seen in 58 patients (58 %)

Table 2: Incidence of symptoms of cervical lesions of 42 treated cases

Sr.No	Symptoms	No. of Patients	
		Before treatment	After treatment
1.	Cervical pain	42 (100%)	0
2.	Flatulence	14 (33.33%)	4 (9.52%)
3.	Hyperacidity	18 (44.44%)	3 (7.14%)
4.	Constipation	14 (33.33%)	4 (9.52%)
5.	Poor appetite	05 (11.11%)	0
6.	Abdominal pain	02 (5.5%)	0

Table 3: Incidence of symptoms of lumbar lesions of 58 treated cases

Sr.No	Symptoms	No. of Patients	
		Before treatment	After treatment
1.	Back pain	58 (100%)	4 (6.89%)
2.	Flatulence	29 (50%)	2 (3.44%)
3.	Hyperacidity	05 (8.51%)	3 (5.17%)
4.	Constipation	34 (59%)	4 (6.89%)
5.	Numbness in legs	11 (20%)	5 (8.62%)
6.	Pain in legs	20 (34.04%)	4 (6.89%)

Table 4: Incidence of sex in both lesions of 100 cases

Sr. No.	Lesion	Male	Female	Percentage
1.	Cervical	28	14	42
2.	Lumbar	30	28	58
3.	Total	58	42	100

Table 5: Incidence of Age group in both lesions of 100 cases

Sr.No	Age group	Cervical	Lumbar	Percentage
1.	21-30	07	11	18
2.	31-40	18	26	44
3.	41-50	13	19	32
4.	51-60	01	03	04
5.	60 & above	01	01	02

**Table 6: Incidence of Occupation in both lesions of 100 cases**

Sr. No.	Occupation	Male	Female	Percentage
1.	Hard work	22	13	35
2.	Moderate work	18	14	32
3.	Sedentary lifestyle	18	15	33
4.	Total	58	42	100

Table 7: Incidence of Chronicity in both lesions of 100 cases

Sr. No.	Chronicity (in Years)	Male	Female	Percentage
1.	1-3	27	18	45
2.	3-6	23	16	39
3.	6-10	03	04	07
4.	10 & above	05	04	09
5.	Total	58	42	100

Table 8: Overall clinical response (Total result) of cervical lesions of 42 cases

Sr. No.	Clinical response	No. of Patients	Percentage
1.	Complete relief	30	71.42
2.	Marked relief	07	16.66
3.	Moderate relief	05	11.90
4.	Not responded	00	00
5.	Total	42	100

Table 9: Overall clinical response (Total result) of lumbar lesions of 58 cases

Sr. No.	Clinical response	No. of Patients	Percentage
1.	Complete relief	30	51.72
2.	Marked relief	17	29.31
3.	Moderate relief	11	18.96
4.	Not responded	00	00
5.	Total	58	100

Discussion:

Vertebral disc lesions are compared with *Vatvyadhi in Ayurveda*. These diseases are included in *Asthomahagada* (difficult to cure) & having *Madhyam Roga marg* (Intermediate root of diseases) after lot of advancement in the field of modern medicine these problems are still remaining a challenge.

The characteristic features observed during these studies are

Overall clinical response of cervical lesions of 42 cases are found complete relief in 30 (71.42 %), marked relief 07 (16.66%) moderate relief 05 (11.90%) cases & that of lumbar lesion of

58 cases are found complete relief in 30 (51.72%) marked relief 17 (29.31%) moderate relief 11 (18.96%).

The clinical features In Ist group Cervical pain, Flatulence(71%), Hyperacidity(83%), Constipation(71%), Poor appetite(100%), Abdominal pain(100%) and in IInd group that of Back pain(93%), Flatulence(93%), Hyperacidity(40%), Constipation(88%), Numbness in legs, Pain in legs etc were found to be improved significantly.

Probable mode of action of different Panchkarma procedures:

1. *Udvartan & Valukasweda*:- These are preparatory procedures for snehan and



swedan. as *Manyastambha* and *Katistambha* are *Upastambhit vatavyadhi* for *deepan* and *pachan* these procedures are useful. So, this will be *amaj vyadhi* and it should require *Deepan* and *Pachan* 7

2. *Snehapan* (Internal oilation):- It pacifies *vata* also *dosha shithilikaranat*
3. *Abhyanga & Swedana* :- *Vitiated dosha* comes to *Aamashaya*
4. *Vamanakarma* :- it removes *vitiated doshas* which comes to *Aamashaya* and may acts as internal traction and cause internal muscle pulling also Can be helpful in nerve root compression due to its *Kaphaharatava* property & improves IV space reduction
5. *Virechankarma* :- it removes *vitiated adhobhaga doshas* which are coming to *Mahasrotas* after *Udavartan, Valukaswed, snehapanam, Abhyanga and swedanam*
6. *Basti Karma*:- It acts as Anti-degenerative, it nourishes to *Asthi Dhatu*, strengthens musculature
7. *Nasya Karma*:- It is a faster way to reach the head and nourishes to Brain which is sthan of *Pran (Pranah pranbhutam shirasah)* 8
8. *Greeva Basti & Kati Basti*:- It pacifies *Vat* and reduces local pain
9. Herbominerals
 - A) *Arogyavardhini* – 250 mg BID9
 - B) *Panchtiktaghrut guggulu* – 250 mg BID10

Observations & Results:

The incidence of vertebral disk lesion was found to be grater in age group of 30-50 years where cervical 31 & lumbar 45.

The clinical features In Ist group Cervical pain, Flatulance, Hyperacidity, Constipation, Poor appetite, Abdominal pain and in IInd group that of Back pain, Flatulance, Hyperacidity, Constipation, Numbness in legs, Pain in legs etc were found to be improved significantly

Incidence of sex in both lesions were male 58 (cervical 28 & lumbar 30) while in female 42 (cervical 14 & lumbar 28)

It is observed that there are various factors which cause vertebral lesions, excessive travelling on vehicles, excessive movements of Neck, like clerical work, computer work, Prakriti, Age, occupation are having an impact on these conditions.

The lower grade of *sara, samhanan, sattva* may also play some role in causing these conditions.

Side / adverse effects:

None of the patients of both groups reported any side effect and no specific complications were recorded during and after the course of treatment.

Conclusion:

On the basis of findings and observations obtained after completion of current project it can be concluded that vertebral disc lesions are progressive degenerative conditions in which *vata* at its own *Ashaya (Asthi-Sandhi)* gets provoked and as it belongs to *Madhyam Rogamarga* treatment becomes challenging .

Comprehensive Ayurveda management of vertebral disc lesions by *panchkarma* therapies and herbomineral formulations. This attempt possibly finds solutions which can delay or even prevent surgical intervention as *Sandhis* are sites of *Marma*.

It is an effective, simple, safe treatment modality for vertebral disc lesion.

Acknowledgements:

The author wish to thank Dr. P. Mohankumar, Ex. Prof & H.O.D., Department of Shalyatantra, Vaidyaratnam Ayurveda college, Ollur, Dist Thrissur, Kerala. Dr. P. Yadaiah, Prof. & H.O.D., PG Department of Kayachikitsa, R.T. Ayurveda college, Akola (M.S.) & Dr. S. Bhosle, Associate Prof. & H.O.D.



Department of Kayachikitsa, GAC, Nanded, (M.S.) for their constants support.

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