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Review Artical

An Ayurvedic approach for *Greevagata Sandhivata* w.s.r Cervical Spondylosis

Debasis Kundu¹, Sayantan Chakroborty², Deepak Suman³

1.Assistant professor of RachanaShareera,

2.Assistant professor of ShalakyaTantra,

3.Assistant professor of Kaya Chikitsa

J.D.Ayurvedic Medical College & Hospital, Aligarh, U.P.

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Corresponding author-Dr. Debasis Kundu, Assistant professor of RachanaShareera, Email: debasis.kundu100@gmail. com

Abstract-

In Ayurveda Acharyas has given importance to Rachana Shareera as well as sandhi shareera. Especially Acharya Susruta explained structures which comes under greeva i.e. sira, snayu, sandhi etc. in detail.

Greeva sandhi holds important place among all *sandhis*. It present in between *shiras* and *Madhya shareera*, as *shiras* holds *mastishka* from where many important anatomical structures exit and travel through the *greeva*. The *greeva* become most important and less protected part of the body. As it is most flexible part of the spine and also the area which is exposed to lot of stress and strain. That causes so many diseases, *Greevagata sandhivata* is one among them.

Greevagata sandhivata is included under *vatajananatmaja* vyadhi by our classics. It is having *ruja* and *stambha* of *greeva* as symptoms which are similar to

Osteoarthritis of neck. Osteoarthritis of neck includes four diseases namely cervical spondylosis, degenerative disc disease, cervical stenosis and cervical spondylolistesis.

In x-ray and MRI we have seen structural changes which occurred in *Greevagata* sandhivata as osteophytes formation, reduced disc space, degeneration of disc, straightening of curvature of neck etc..

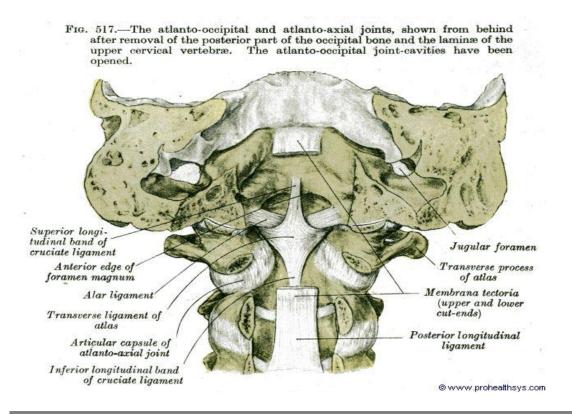
The study reveals that patient of *Greevagata sandhivata* had structural changes in *Greevasandhi* and it is a disease which is having similarity with Osteoarthritis of neck clinically as well as radiologically.

Key words: Greeva, Greevasandhi, Greevagata sandhivata, Osteoarthritis of cervical spine, cervical spondylosis, degenerative disc disease, cervical stenosis and cervical spondylolisthesis.

INTRODUCTION:

In present days, people are suffering from stress and strain due to increasing competition in all walks of life. This leads to many diseases which though are not fatal but hampers the quality of life of effected person. Since ancient era *Ayurveda* has been emphasizing on a healthy life as the priority.

The impact of dietary and behavioural habits has an importance in Ayurvedic literature. According Ayurveda excess to or inappropriate movements of the body or actions will lead to relevant pathologies. Sandhi is where two or more articular surfaces of bone are articulated as per Modern definition. This has been quoted by Susruta following quotation. in the



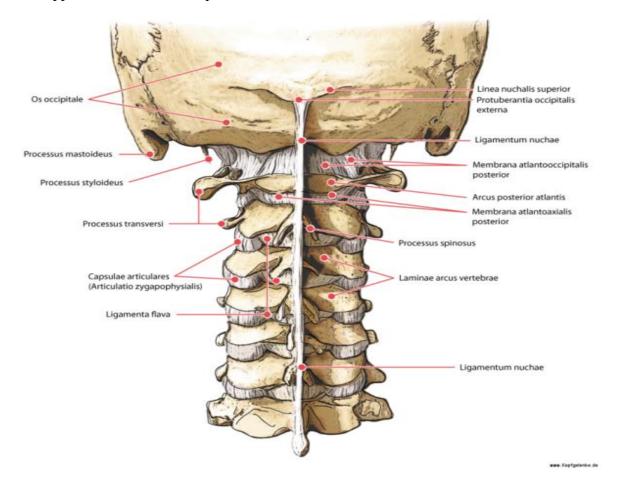
We come across many people suffering from joint related health problems like *Manyastambha*, *Avabahuka*, *Amavata*, *Vatarakta*, *Greevagatasandhivata* etc. These joint related problems are being attributed mainly by inappropriate and sedentary life style ,occupation, food habits trauma etc. occurrence of these problems are showing rising proportion in today's life style. As the *GreevaSandhi* is one of the most mobile joint in the body it works as a system involving many structures so that the cost of such versatility is an increased risk factor of injury, leading to the pathological condition like *Greevagatasandhivata*.

So to understand the importance of the applied anatomical aspects of the

greevasandhi, to study the anatomical changes like osteophyte formation, reduction of disc space, straightening of curvature of the neck, disc degeneration etc in *Greevagatasandhivata* and to suggest improved remedial measures from the clinical anatomy and orthopedic points of view, hence present study has been undertaken.

AYURVEDIC REVIEW GREEVA

Acharya Charakahas divided Shareera in to six Anga i.e. Shadanga shareera .4 Shakha, 1 Madyashareera 1 Shirogreeva. Greevais present inbetween shira and madhyashareera.



LIMITATIONS OF NECK:

Front of the neck:⁴

 Root of the neck i.e. *Greevamula* is *jatru*. *Jatru* is considered as suprasternal notch.

Back of neck

- Upper limitation could be krukatika marma.⁵
- Lower a limitation could be *urdwatrika*.⁶ AcharyaDalhana tells about defination of *trika i .e trika* which region where *shira*and *bahudwayasadhana* takesplace.⁷

STRUCTURES PRESENT IN GREEVA.

Chief structurer that came in greeva region are: asthi, sandhi, sira, snayu, dhamani, kandara and marma.

MARMAS OF GREEVA:⁸

Marma which comes in greeva are

- 1. Amsa
- 2. Nila
- 3. Manya
- 4.Shiramatruka
- 5. Krukatika

Greebastambha: Acharya Caraka ,Vagbhata, Kashyapa has counted Greevagata sandhivata disease in vatajananatmaja vyadhi. Greevagata sandhivata is a disease which produces ruja, and stambhata in greevapradesha .and all the movements of greeva are restricted.

Morphophysiological aspects of

<u>Greevagatasandhivata</u>:

"Sleshmadharakala" and *Sleshakakapha"* have physiological importance in the normal function of *greevasandhi*.

"<u>Sleshmadhara Kala</u>" - 'Kala' is defined as a fine anatomical structure which separates *dhatus* from *ashayas*. There are seven *kalas* in human body. *Sleshmadharakala* is one of them which remain within *sandhis*. This is comparable with synovial membrane in modern science. The inner layer of articular capsule is formed by *Sleshmadharakala* (synovial membrane) which secrets synovial fluid.

It has functions such as –

- Lubricates the joint
- Provides nourishment to the joint
- Give protection to the joint So this kala is considered as protective, secreting and absorbing layer of the joint.

<u>Sleshakakapha</u> – 'Kapha' is originated from *jalamahabhuta* have five divisions. *Sleshakakapha* is one of them, which is present in the sandhi. This *SleshakaKapha* possess the given qualities –

- It contributes to the integrity of the bony joints and their smooth functioning
- It also, unites together dhatus as well as those of kalas.

The function of *SleshakaKapha* closely resembles with synovial fluid of modern physiology. The *SleshakaKapha* nourishes, protects and lubricates the *asthisandhi* and enables them to function smoothly, like a wheel which easily turns upon a well greased axle. Asthisandhies are constituted by articulating bones and are covered by *Snayus* and *Peshis* which provides strength to it and acted by*Sleshmadhara Kala* and *SleshakaKapha*. This Asthisandhis also protected by *Sleshmadhara Kala* and nourished by *Sleshakakapha*.

VisheshaSamprapti (SampraptiGhatakas)

Visheshasamprapti of Greevagatasandhivata can be documented as –

- 1) <u>Dosha</u> Vayu Vyana and Samana. Kapha – Sleshaka, Kledaka.
- 2) <u>Dushya</u> Rasa, Asthi, Majja,.
- 3) <u>Srotas</u> Asthivaha, Majjavaha.
- 4) <u>Srotodusti</u> Sangha.
- 5) <u>Agni</u> Mandagni, Vishamagni.
- 6) <u>Adhisthana</u> GreevaSandhi.
- 7) <u>Udbhavasthana</u> Koshtha.
- 8) <u>Bhedavasta</u> —Asthikshaya, Margavarodha.

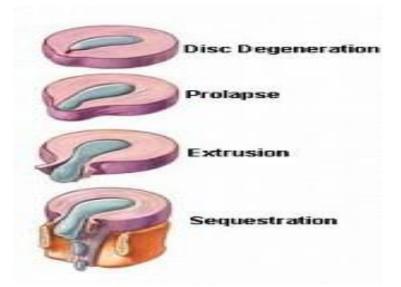
In the process of disease manifestation, several numbers of factors invariably take part for the pathogenesis. These are collectively called as *"SampraptiGhatak"*.

.<u>*Vyadhiswabhava*</u> – Acuteness, chronicity, severity & progression are the nature of this disease.

From above description of *Samprapti* it is clear that '*Greevagatasandhivata*' is a specific condition results due to vataprakopa associated with 'Ama'. It is counted among nanatmajavatavyadhi by some eminent scholars, such as *Charaka*, Vagbhat&Kashyapa. Along with vata&ama, Sleshaka&kledakakapha, also take an important role in the pathogenesis of this disease.

MODERN REVIEW Introduction to Neck :

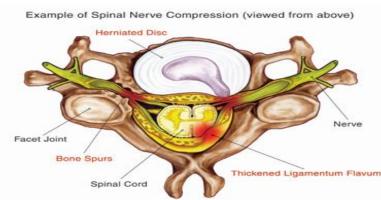
The neck is more or less a cylindrical region connecting the head to the trunk. It is limited above by the lower border of body of the mandible to the mastoid process, superior nuchal line and external occipital protuberance. Its lower limit is formed from before backward by the suprasternal notch of manubrium sterni, upper surface of clavicle, acromial process of scapula and a line extending horizontally from the latter to the seventh cervicle spine.



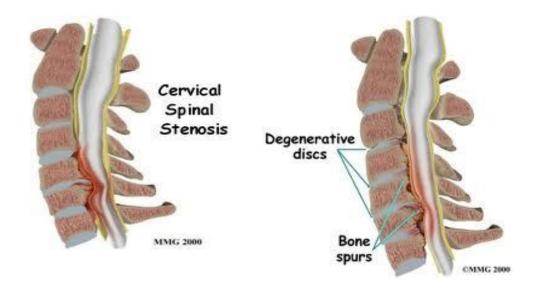
Curvatures :

The vertebral column presents several curves, which correspond to the different regions of the column, and are called cervical, thoracic, lumbar, and pelvic.

Cervical curvatures are not present in a newborn infant. The cervical curve are compensatory or secondary, and are developed after birth, when the child is able to hold up its head (at three or four months) and to sit upright (at nine months).The cervical curve, convex forward, begins at the apex of the odontoid process, and ends at the middle of the second thoracic vertebra; it is the least marked of all the curves.



- B) Radiological parameters.
 - 1) Reduction of disc space.
 - 2) Osteophyte formation.
 - 3) Narrowing of joint space of the facet joints.
 - 4) Subluxation of one vertebra over another.



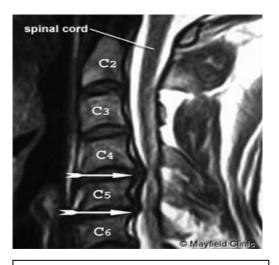
Normal Disc



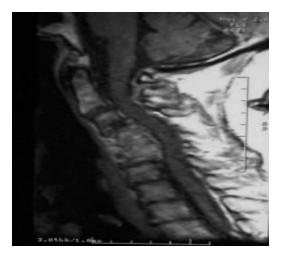
Spondylolisthesis



Radiological findings:



MRI (side view) shows a disc herniation between the C4 and C5 vertebrae. Also shown are signs of spinal stenosis, a narrowing of the spinal canal



Severe cervical spondylosis can manifest as a combination of disk degenation ,osteophyte formation and vertebral sublaxation

Discussion on disease related :

Greevagatasandhivata indicates the disease in which pain and stiffness occurs or greeva functions are hampered. It is also included under one of the *vatavyadhi*, where there is prime involvement of *dosha is vata*, which leads to structural changes in the *greeva*.

Greevagatasandhivata is the one of the vatajananatmajavyadhi so it produces pain in greeva, as name only suggests that stiffness occurs in the neck. Beside that it can be considered as a samavataja or suddhavataja or kaphanubandhivatika disorder. So concerning the symptoms of all above conditions it may produces shotha, sparshaasahatwa, aruchi, guruta, malavarodha, nidranasha, angamarda, apaka, tandra and toda.

The *Greevagatasandhivata* may be compared with osteoarthritis of cervical spine in modern science.

Osteoarthritis of cervical spine also includes the Cervical Spondylosis, Degenerative Disc Disease, Degenerative Cervical Stenosis and Degenerative Cervical Spondylolisthesis.

Cervical Spondylosis: It is the degenerative disorder of cervical spine characterized

clinically by an insidious onset of pain and stiffness and radiologically by osteophyte formation.

Degenerative Disc Disease: The term prolapsed disc means the protrusion or extrusion of the nucleus pulposus through a rent in the annulus fibrosus. It is not a one phenomenon; rather it is a sequence of changes in the disc, which ultimately lead to its prolapse.

Degenerative Cervical Stenosis: Cervical spinal stenosis affects the upper section of the spinal column in the area of the neck. It is caused when the spinal canal becomes narrowed as a result of an obstruction, like a bone spur caused by osteoarthritis.

Degenerative Spondylolisthesis: It is the condition in which the forward displacement of the vertebra over other vertebra is called Spondylolisthesis. In Degenerative Spondylolisthesis due to osteoarthritis of synovial joint/ facet joint that leads to forward displacement.

• CONCLUSION:

Greevagatasandhivata is a specific condition due to the vataprakopa

associated with ama. So we have to take *Greevagatasandhivata* as separate individual disease keeping in consideration modern and *Ayurveda*. *Greevagatasandhivata* is an age related and work related problem. It effects equally to persons of different age and occupation .Pain and stiffness in the *Greevagatasandhi*, results mainly in the structural changes in the C_5 - C_6 joints.

So the proper exercise will help to strengthen the muscles and ligaments and also prevents the disease. In

Ayurveda we may give treatment up to the protrusion stage (early stage of disease). That may give more effective All result. the patients of Greevagatasandhivata had structural changes in the Cervical spine. Only the X-ray which helps in the knowledge of joint space reduction. osteophyte formation and straightening of curvature of neck. So MRI investigation offers the knowledge regarding accurate the structural changes in the Greevagatasandhivata.

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