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Case Report

Effect of compound Unani drug in the management of cervical spondylosis (Wajaur Raqaba): A case study

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Abstract

Cervical spondylosis is also known as cervical osteoarthritis. It is a disorder characterised by alterations in the bones, discs, and joints of the neck. These changes are induced by the regular wear and tear of ageing, which leads to intervertebral disc degeneration and osteophyte production. The most common complaints are pain in the head, neck, and shoulders, as well as tenderness in these areas. There is also pain radiation and a reduction in cervical range of motion. Wajaur Raqaba (cervical spondylosis) is treated through Ilaj bit Tadbeer (Regional therapy), Ilaj bid Dawa (Pharmacotherapy), and Ilaj bil Yad (Surgery). The purpose of this case study was to assess the efficacy of Unani formulations Habbe Asgand and Habbe Gul-e-akh in the treatment of cervical spondylosis. A 24-year-old female patient with cervical spondylosis presented to the OPD of Ajmal Khan Tibbia College, Aligarh. Treatment was given to the patient for a period of one month. The Northwick Park Neck Pain Questionnaire (NPQ) is used for the assessment of cervical pain. As assessed by NPQ, Unani formulations were proven to be safe and effective in the management of cervical spondylosis.

Keywords Cervical spondylosis, Wajaur Raqaba, Unani formulations, Habbe suranjan and Habbe gul-e-akh.

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INTRODUCTION

Cervical spondylosis is a comprehensive word that refers to a number of progressive degenerative changes that affect all of the components of the cervical spine (i.e., intervertebral discs, facet joints, Luschka joints, ligamenta flava, and laminae)[1]. Compression or irritation of one or more cervical nerve roots causes a radicular pattern of pain in one or both upper limbs [2-3] Individuals, families, health-care systems, and businesses are all affected [4-5]. In the fourth and fifth decades of life, cervical spondylosis is very frequent [6-7] It is frequent among adults in poor countries, and the increased demand for medical care adds to the economic burden [2,8]. In India, the overall prevalence in the general population varies from 5.3 percent to 6.7 percent [4-7], with female having a higher prevalence than men at 8.4 percent [4]. The symptoms of cervical spondylosis are broadly categorised into three clinical syndromes: cervical radiculopathy, cervical myelopathy and axial neck pain, Neck stiffness and axial neck discomfort restricted to the neck and spinal column. Radicular symptoms include intense pain radiating from the cervical area to the lower arm, shoulder, and, in rare cases, the interscapular region. [9,10]. It is also possible to have numbness, paraesthesia, and muscle weakness. Myelopathic symptoms may arise when the spinal cord is squeezed. Coordination problems, grip weakness, and bladder and bowel incompetence are all possible. Axial neck pain is defined by neck pain that radiates to one or more of the following: the head, shoulder region, medial scapula, chest wall, and shoulder area. Despite the possibility of a vague ache attributed to the proximal upper extremity, pain below the elbow indicates nerve root involvement. Because the symptoms are due to a joint, there is no neurological impairment. In Classical Unani Literature, cervical spondylosis is classified as waja-ul-unq (Samarqandi), a kind of waja-ul-mafasil (joint pain), exposing derangement of humours, and accumulation of morbid humours [11-12]. The clinical symptoms and aetiology of neck discomfort recorded in Unani literature are comparable to cervical spondylosis under the designation of waja ul unq, which is a sub-type of waja ul mafasil [13], since Ibn e Abbas Majusi indicates that waja ul mafasil can also develop in jaws, ear ossicles, and vertebrae. [14]. According to prominent Unani scholar Ibn Zohar, the major causes of neck discomfort are cold exposure and any causes that produces the accumulation of balgami (phlegmatic) matter in the neck area Wajaur Raqaba can be treated in the Unani System of Medicine like amraze mafasil (joint illnesses) with food, medications, and surgery, as well as particular regimens like munzij-mushil treatment, takmeed (fomentation), zimad (paste), tila (liniment), roghaniyat (Oils), dalk (massage), hijamah, fasd (venesection)[11,15,16]

MATERIALS AND METHODS

A 24-year-old female patient came to the OPD of Ajmal Khan Tibbia College, AMU, Aligarh with the complaints of pain in neck and left shoulder with radiation to index and middle finger from last 6 months. Patient's ADL was restricted and

was unable to perform her physical work. Patient also had sleeping and concentration difficulty. Patient had no history of metabolic disease, hypertension and tuberculosis. On general examination her vitals were within normal limit and no abnormality was detected through systemic examination. Special test like neck distraction test, neck spurling test (foraminal compression) is positive. Cervical X-Ray reveals mild narrowing of joint space at the C6-C7 level with anterior and posterior osteophytes; these findings are suggestive of Grade 2 cervical spondylosis. Based on above finding it was diagnosed as Wajaur Raqaba (cervical spondylosis).

Drug dose and mode of administration

Patient was given Habb-e- Asgand and Habb-e-Gul-e-Aakh 2 tablets twice in a day for 1 month. And then patient was followed for 2 months.

Analysis

The patient was assessed before and after completion of treatment with the help of Northwick Park Neck Pain Questionnaire

RESULT

On pain intensity: Pain score was 4 (pain is very severe at the moment) before treatment which improved to 1 at 15th day and the pain score was 0 (No pain at the movement) at 30th day after the completion of study protocol.

Pain and sleeping: The score was 3 before treatment which improves 2 at 15th day and 0 at 30th day.

Pins, Needles or Numbness in Arms at Night: The score was 2 before treatment which improves 1 at 15th day and 0 at 30th day.

Duration of Symptoms: The score was 5 before treatment which improves 3 at 15th day and 1 at 30th day.

Carrying: Score was 4 before treatment which improved to 1 at 15th day and the score was 0 at 30th day.

Reading and Watching TV: Score was 4 before treatment which improved to 1 at 15th day and the score was 0 at 30th day.

Working/Housework, Etc: Score was 4 before treatment which improved to 1 at 15th day and the score was 0 at 30th day.

Social Activities: Score was 4 before treatment which improved to 1 at 15th day and the score was 0 at 30th day.

Driving (if applicable)

Total result: The average score at baseline was 93.75% which improves to 34.375% at 15th day and to 3.125% at 30th day which signifies the considerable improvement of symptoms.

DISCUSSION

Pharmacotherapy is the customary way to relieve the pain and reduce fever. Drugs, commonly used for pain and fever are well known for their adverse effects. Herbs have the potential to relieve pain and reduce fever in a better and safer way.[17] Traditional systems like Unani Medicine offer a number of drugs which can take the charge. Because there is no cure for cervical spondylosis and pharmaceutical therapy choices are limited, and NSAIDS have several side effects, there is a need for herbal medications that do not have any side effects while simultaneously reducing pain and increasing patients' quality of life.

Habb-e-Asgand is a famous polyherbal remedy used to treat arthritis, gout, and joint discomfort [18]. Habb-e-Asgand has a primary element known as Withania somnifera (L.) Dunal. (Solanaceae) (English name: winter cherry, Hindi name: ashwagandha) that is recognised for its many therapeutic purposes [19]. In a nutshell, Habb-e-Asgand treatment is administered in the form of little, round, consistently formed tablets. Habb-e-Gul-e-Aakh (HGA) is a substance that has been documented in unani material medica [20,21] and is commonly used by Unani Medicine practitioners for arthritis. Its anti-arthritic and anti-inflammatory properties have already been researched scientifically [22,23]. The findings of this study suggest that Habb-e-Asgand and Habb-e-Gul-e-Aakh may be beneficial for cervical spondylosis; however, the findings cannot be generalised, so more studies on a larger number of patients are recommended, as well as long-term follow-up to determine the long-term effect of compound drugs on cervical spondylosis.

CONCLUSION

The treatment of cervical spondylosis with Habb-e-Asgand and Habb-e-Gul-e-Aakh is shown to be highly successful in this case report. As a result, more randomised clinical studies should be conducted to confirm their efficacy in the treatment of cervical spondylosis.

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