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Clinical effect of Ayurvedic treatment in Manyastambha (Cervical spondylosis): A case study

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Abstract

In the present era, rapid urbanization, occupational stress, and sedentary lifestyles have contributed significantly to the rising incidence of degenerative musculoskeletal disorders. *Manyastambha*, an Ayurvedic condition characterized by pain, stiffness, and restricted movements of the cervical region, is one such disorder increasingly encountered in clinical practice. Classical Ayurvedic texts describe *Manyastambha* as one of the eighty *Vataja Nanatmaja Vyadhis* and classify it under *Urdhwajatrugata Vikaras*. The condition closely correlates with cervical spondylosis in contemporary medicine, a degenerative disease of the cervical spine presenting with neck pain, stiffness, and, in advanced stages, neurological manifestations due to nerve root compression. Conventional management of cervical spondylosis includes non-steroidal anti-inflammatory drugs, muscle relaxants, corticosteroids, physiotherapy, cervical traction, and occasionally surgical intervention; however, long-term outcomes are often unsatisfactory and associated with adverse effects. In contrast, Ayurveda advocates a holistic approach that encompasses pharmacological therapies, Panchakarma procedures, dietary regulation, and lifestyle modification aimed at correcting the underlying Vata imbalance. The present study aims to review and highlight the effectiveness of various Ayurvedic treatment modalities described for the management of *Manyastambha*, emphasizing their role in providing sustainable symptomatic relief and improving quality of life.

Keywords: *Manyastambha*, cervical spondylosis, *Vataja Nanatmaja Vyadhi*, *Urdhwajatrugata Vikara*, Ayurveda

1. Introduction

In Ayurveda, disorders affecting the cervical region are described under *Urdhwajatrugata Vikaras*, among which *Manyastambha* is a significant condition characterized by pain, stiffness, and restricted movements of the neck. The term *Manya* denotes the nape of the neck, while *Stambha* signifies rigidity or stiffness, indicating impaired mobility of the cervical region. Classical Ayurvedic texts classify *Manyastambha* as one of the eighty *Vataja Nanatmaja Vyadhis*, wherein vitiation of Vata dosha plays a predominant role in the pathogenesis. According to Acharya Sushruta, when Vata and Kapha Doshas become imbalanced in the neck region (*Manya Pradesha*), it leads to pain and stiffness due to the disruption of the neck nerves (*Manya Siras*). The early symptom of Vata disorders is *Avyakta*, which becomes more defined as *Atmaroop*. Aggravated Vata (*Kupitoanilah*) can cause symptoms similar to *Manyastambha*, such as neck stiffness and pain.

Factors such as improper posture, excessive physical exertion, inadequate rest, mental stress, and faulty dietary habits contribute to Vata aggravation, leading to degeneration of structures in the cervical region and manifestation of clinical symptoms. Ayurveda advocates a holistic approach to management, emphasizing not only pharmacological interventions but also Panchakarma procedures, dietary regulation, and lifestyle modification aimed at restoring dosha balance and preventing disease progression.

From the modern medical perspective, *Manyastambha* can be correlated with cervical spondylosis, a degenerative disorder of the cervical spine involving progressive wear and tear of vertebrae, intervertebral discs, and associated soft tissues. The global incidence of cervical spondylosis is estimated to be approximately 2.5 cases per 1,000 population, while in India the incidence is reported to be higher at around 3.5 cases per 1,000 population. Additionally, nearly 70% of the general population experiences neck pain at some point in their lifetime, highlighting the widespread nature of cervical spine disorders. In this context, the present study aims to evaluate the effect of Ayurvedic management in a case of *Manyastambha* (Cervical spondylosis).

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Case presentation

A patient aged 54 years came to our OPD with the complaints of pain and stiffness in the cervical region from 7 months and pain radiating to right upper limb with tingling from 2 months. She was diagnosed as a case of cervical spondylosis. MRI report suggested right foraminal protrusion at C3/4 level, diffuse disc bulge at C4/5 and C5/6 level impinging upon bilateral existing nerve roots.

Case report

Name-ABC

Age-54 years

Sex-female

Occupation-Tailoring work

Chief complaints

1. Pain (Shoola) and stiffness (Stambha) in the back of neck region since 7 months. Pain is radiating to right upper limb with tingling sensation from 2 months.
2. Mild shoulder pain and headache.
3. Difficulty in movement of the neck from 2 months.

History of Present Illness

The patient was apparently healthy 7 months ago, following which she gradually developed pain and stiffness in the nape of the neck. Within a few days, the pain radiated to the right upper limb and was associated with tingling sensation. After about five months, she also complained of mild bilateral shoulder pain, limitation of neck movements, and mild headache.

Past history: No significant history found.

Family history: No significant history found.

Personal history

Diet-Vegetarian, Appetite-Normal Micturition-6-7 times/day Bowel-regular, once a day Sleep-disturbed due to pain

General examination

Pulse-82 bpm

Ht-158 cm

RR-22/min

Wt-55 kg

BP-120/70 mm Hg

Temp-97.60F

Ashtavidh Pariksha

Nadi	Manduk gati, 82bpm
Mutra	Ishat Peeta
Mala	Samyak pravartan
Jihwa	Ishat sama
Shabda	Spashta
Sparsha	Anushnasheeta
Druk	Alpa Shwetabh
Akriti	Madhyam
Prakriti	Vata kaphaj

Range of motion: Flexion-Painful Extension-Painful Right and left lateral flexion-painful Rotation of neck-not possible

Treatment Plan

Shaman chikitsa (Internal medicines)-

Sr. No.	Name of Medicine	Dose with Anupana	Time of Administration
1	Shaddharan churna	3 gms twice a day with lukewarm water	Before meal
2	Mahayograj guggulu	2 tabs (125 mg) twice daily with lukewarm water	After meal
3	Trayodashang guggulu	2 tabs (250 mg) twice daily with lukewarm water	After meal
4	Maharasnadi kwatha	20 ml twice daily with equal amount of water	After meal

Panchakarma procedures-

Procedure	Duration
Manya basti with Sahachar taila	14 days
Swedana-Patra pinda pottali sweda	14 days
Nasya with Anutaila	14 days

Subjective parameters

Symptoms	Gradation	Score	BT	AT
Shoola	Absent	0	2	0
	Mild	1		
	Moderate	2		
	Severe	3		
Stambha	Absent	0	1	0
	Mild	1		
	Moderate	2		
	Severe	3		

Assessment criteria

1.VAS scale

Range of movement (ROM) VAS Scale-

Before treatment	After treatment
6	1

Cervical Range of Movement-

Range of Movement	Before treatment	After treatment
Flexion	20	45
Extension	30	50
Lateral flexion (lt)	20	40
Lateral flexion(rt)	20	35
Lateral rotation(lt)	20	45
Lateral rotation(rt)	25	45

Results

The assessment of subjective parameters was done before and after the completion of treatment. The patient's condition improved symptomatically. The assessment of pain was done according to VAS scale and Range of movement.

Discussion

Manyastambha, a Vataja Nanatmaja Vyadhi, is characterized by pain, stiffness, restricted neck movements and associated neurological features. The pathogenesis involves Vata prakopa with Ama due to Mandagni, resulting in srotorodha in the Manya pradesha. Hence, the present treatment approach was aimed at samprapti-vighatana through sequential management of Ama, aggravated Vata and dhatus. Panchakarma procedures such as Manyabasti and Patra Pinda Pottali Sweda provided effective bahya snehana and swedana,

improving cervical circulation, reducing inflammation, stiffness and pain. These procedures act directly at the site of pathology and are particularly beneficial in degenerative conditions where Shleshmaka Kapha function is compromised. Nasya with Anu Taila further supported Vata-Kapha shama, improved tissue nourishment and alleviated pain and rigidity in the shira-manya region.

Shaddharan Churna was administered initially for Deepana-Pachana to correct Mandagni and eliminate Ama, facilitating better response to subsequent therapies.

Maharasnadi Kwatha, with its Vatahara and Shothahara properties, effectively reduced inflammation, muscle spasm and restricted movements.

Mahayograj Guggulu addressed chronicity and degenerative changes through its Vatashamaka, anti-inflammatory and Rasayana actions on Asthi and Sandhi.

Trayodashang Guggulu proved beneficial in cases with neurological involvement, improving radiating pain, tingling and neuromuscular weakness due to its Balya, Brimhana and Vatanulomana effects.

Overall, the integrated and staged Ayurvedic approach demonstrated significant improvement in pain, stiffness and range of neck movements, indicating that classical Ayurvedic management offers an effective and holistic treatment modality for Manyastambha, comparable to cervical spondylosis.

Conclusion

The present clinical study demonstrates that Ayurvedic management is effective in the treatment of Manyastambha, a condition comparable to cervical spondylosis. Initial administration of Shaddharan Churna helped in Ama pachana and Agni deepana, thereby reducing heaviness and morning stiffness. Maharasnadi Kwatha effectively alleviated pain and stiffness through its Vatahara and Shothahara karma, improving cervical mobility. Mahayograj Guggulu addressed chronicity and degenerative changes by acting on Asthi and Sandhi dhatu, while Trayodashang Guggulu proved beneficial in managing neurological symptoms such as radiating pain and muscle weakness.

Hence it may be concluded that *Manya Basti, PatraPind Pottali Swedan, Nasya* along with Ayurvedic oral medication is effective management in *Manyastambha*. This study suggests that Ayurvedic management offers a safe, effective and holistic approach in the management of Manyastambha. However, further studies with larger sample size and long-term follow-up are recommended to substantiate these findings.

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