

## FINDING RELIEF FROM CERVICAL DYSTONIA (*GREEVA HUNDAN*) WITH *PANCHAKARMA*: A CASE REPORT

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### ABSTRACT

Cervical dystonia, a neurological disorder characterized by involuntary muscle contractions in the neck, leads to abnormal head postures and significant discomfort. Conventional treatments often provide limited relief and may carry adverse effects. This study explores the efficacy of Ayurvedic therapies—*Abhyanga* (therapeutic oil massage), *Swedana* (herbal steam therapy), *Anuvasana Basti* (oil enema), *Niruha Basti* (decoction enema), *Shirodhara* (continuous oil pouring on the forehead), and *Greeva Pichu* (medicated oil pad on the cervical region)—in managing cervical dystonia. These interventions aim to pacify aggravated *Vata dosha*, improve neuromuscular coordination, and reduce pain and stiffness. A holistic approach combining internal and external therapies was administered over a structured treatment period. Observations

indicated notable improvements in neck mobility, reduction in muscle spasms, and enhanced quality of life. The integrative use of *Panchakarma* procedures and localized therapies demonstrates promising potential in the supportive management of cervical dystonia through Ayurvedic principles.

**KEYWORDS:** Cervical Dystonia, *Panchakarma*, *Basti*, *Greeva Pichu*, *Shirodhara*.

## INTRODUCTION

Vata dosha governs the body's movements and plays a vital role in maintaining the integrity and functionality of joints. When there is *Dhatu Kshaya* (depletion of bodily tissues) or *Marg Avrodha* (obstruction in bodily channels), it leads to disorders classified under *Vata Vyadhi*.<sup>[1]</sup> One such manifestation is *Greeva Hundan*,<sup>[2]</sup> described as a condition arising from aggravated Vata. In the *Charaka Samhita*, signs of vitiated Vata are elaborated, and *Chakrapani's* commentary on the term "*Hundana*" interprets it as the inward contraction of the head and associated regions. This suggests a pathological involvement of the cervical area, resulting in muscular contracture and restricted movement of the neck and head. Cervical Dystonia, or Spasmodic Torticollis, is a neurological disorder marked by involuntary neck muscle contractions, causing pain, tremors, abnormal posture, and dyskinesia.<sup>[3]</sup> It leads to repetitive head movements and affects the neck, shoulders, and social functioning, reducing quality of life. Primary Cervical Dystonia may be idiopathic or secondary to conditions like stroke, encephalitis, or basal ganglia degeneration. Symptoms include persistent pain, spasms, and abnormal head positioning, contributing to disability and psychiatric issues such as anxiety and depression. Managing pain and mental health is crucial for improving patient outcomes. Cervical dystonia is typically idiopathic and tends to progress gradually over several years, commonly affecting individuals between 30 and 50 years of age. Approximately 60–70% of patients experience disabling pain due to the condition. Prolonged abnormal neck postures may eventually lead to fixed contractures. The course of the disease varies widely, lasting from a few months to several decades.

## CASE REPORT

In February 2024, a 30-year-old female with a not known medical history of Diabetes, Hypertension, and Thyroid dysfunction sought treatment at Patanjali Ayurveda Hospital, Haridwar (UK). She was experiencing Pain in Cervical Region, Weakness and Involuntary movement of right-hand persistent muscle contractions and intense tremors in the neck and right shoulder. These symptoms were accompanied by sharp neck pain radiating to the shoulder and restricted neck mobility. The ongoing physical distress severely affected her emotional health, contributing to heightened anxiety and depressive symptoms.

In her previous medical records she was diagnosed as a case of cervical dystonia.

**Dashvidha Pareeksha**

1. Parikshya Bhaava	
2. Prakruti	Vata-Kapha
3. Vikruti	Vata Vriddhi, Kapha Kshaya
4. Sara	Madhyama Sara
5. Samhanana	Madhyama
6. Pramana	Madhayama
7. Satmya	Madhayama
8. Satva	Madhayama
9. Satmya	Madhayama
10. Ahara Shakti	Madhayama
11. Vyama Shakti	Madhayama
12. Vaya	Madhayama

**Ashtavidha Pareeksha**

1. Parikshya Bhaava	
2. Nadi	Kaphaj
3. Mala	Prakrut
4. Mutra	Prakrut
5. Jihva	Alipta
6. Shabda	Prakrut
7. Sparsha	Samushnasheeta
8. Drik	Prakrut
9. Akriti	Prakrut

She had *Alpa nidra*, *Vishamagni* and was *Atichintita*.

**Physical Examination****General**

The patient was alert, oriented, and in no acute distress. Speech was normal. No signs of systemic illness were observed.

**Inspection of Neck and Head Posture**

- A sustained abnormal head posture was present, characterized by Right Rotational **Torticollis** with the chin deviated from midline towards right shoulder.
- Intermittent jerky movements and brief corrective motions were noted.
- No skin changes, swelling, or masses in the cervical region.

**Range of Motion (ROM)**

- **Active ROM:** Limited in **Left rotation and extension** due to involuntary muscle contraction.
- **Passive ROM:** Partially correctable; resistance felt during attempts to neutralize posture.

- Pain on movement: Yes, She was having Pulling Type of Pain.

### Palpation

- Increased tone of the **Right Sternocleidomastoid and Left Splenius Capitis** muscles.
- No tenderness over the cervical vertebrae.

### Neurological Examination

- **Cranial nerves:** Intact; no dysarthria, diplopia, or facial weakness.
- **Motor:** Muscle strength normal in upper and lower extremities; no focal weakness.
- **Tone:** Increased tone noted in dystonic cervical muscles; no generalized rigidity.
- **Reflexes:** Symmetric and normal.
- **Sensation:** Intact to light touch, pinprick, vibration.
- **Coordination:** No tremor of limbs; head tremor absent.
- **Gait:** Normal; no balance impairment.

### Musculoskeletal Examination

- Cervical spine alignment: Normal aside from dystonic posture.
- No joint deformities or signs of inflammatory arthropathy.
- Shoulder elevation or elevation tremor not noted.

### Criteria for Assessment

All signs and symptoms were assigned scores based on their severity to subjectively evaluate the treatment's effect on neck pain, flexion, extension, lateral rotation, lateral flexion, stool characteristics, sleep (Nidra), and voice quality (Svara varna yoga). These scores were recorded before and after treatment to assess the treatment's impact.

### TREATMENT PROTOCOL 1

Procedure	Medicine Used	Days
<i>Abhyanga</i>	<i>Ksheer Bala Taila</i>	7
<i>Anuvasana Basti</i>	<i>Ksheerbala Taila (80ml)</i>	5
<i>Niruha Basti</i>	<i>Mustadi Yapana Basti (385ml)</i>	3
<i>Greeva Pichu</i>	<i>Ksheerbala Taila</i>	7
<i>Sarvang Vashp Swedan</i>	<i>Dashmool Kwath</i>	7

### TREATMENT PROTOCOL 2

Procedure	Medicine Used	Days
<i>Abhyanga</i>	<i>Ksheer Bala Taila</i>	7
<i>Anuvasana Basti</i>	<i>Ksheerbala Taila (80ml)</i>	5

<i>Niruha Basti</i>	<i>Mustadi Yapana Basti (385ml)</i>	3
<i>Greeva Pichu</i>	<i>Ksheerbala Taila</i>	7
<i>Sarvang Vashp Swedan</i>	<i>Dashmool Kwath</i>	7
<i>Shirodhara</i>	<i>Medha Kwath</i>	7

### TREATMENT PROTOCOL 3

Procedure	Medicine Used	Days
<i>Abhyanga</i>	<i>Ksheer Bala Taila</i>	7
<i>Anuvasana Basti</i>	<i>Ksheerbala Taila (80ml)</i>	5
<i>Niruha Basti</i>	<i>Mustadi Yapana Basti (385ml)</i>	3
<i>Greeva Pichu</i>	<i>Ksheerbala Taila</i>	7
<i>Sarvang Vashp Swedan</i>	<i>Dashmool Kwath</i>	7
<i>Shirodhara</i>	<i>Medha Kwath</i>	7

In cervical dystonia, where Vata vitiation manifests through involuntary neck muscle contractions and postural imbalance, the role of *Basti* therapy becomes especially significant. *Mustadi Yapana Basti*,<sup>[4]</sup> known for its *brihmaṇa*, *rasayana*, and *vata-shamana* properties, provides a gentle yet strengthening internal oleation and nourishment to the neuromuscular system. When administered in accordance with the procedural discipline and timing emphasized in *Yoga Basti*<sup>[5]</sup> schedule, the therapeutic outcomes are further enhanced, ensuring deeper tissue penetration, improved biomechanical support, and sustained relief from dystonic spasms.

### RESULT

Prior to treatment, the patient experienced uncontrollable neck and right-shoulder contractions with severe tremors and frequent involuntary head turning to the right. **After Treatment Protocol-1**, neck spasms appeared only after five minutes of sitting, walking, or lying supine and were relieved by postural change; involuntary head turning decreased by seven-tenths, the pulling sensation reduced by three-tenths, involuntary hand movements ceased, and pain levels improved by three-fifths. **Following Treatment Protocol-2**, neck spasms were markedly reduced with full mobility restored, allowing the patient to sit comfortably for 30–40 minutes and walk for 10 minutes with only minimal, non-visible spasms and a further seven-tenths reduction in pain. **After Treatment Protocol-3**, the patient demonstrated continued stabilization with rare, mild episodic tightness only under prolonged activity, no functional limitations, and sustained overall relief across motor symptoms, posture control, and pain.

## DISCUSSION

Cervical dystonia is a chronic neuromuscular disorder characterized by involuntary neck muscle contractions, pain, and abnormal postures. In Ayurveda, this condition can be correlated with *Greeva Hundan*, primarily caused by aggravated *Vata dosha*, sometimes associated with *Kapha* involvement. Hence, treatment was planned to pacify *Vata* through *Snehana*, *Swedana*, and *Basti*, along with localized therapies.

*Abhyanga* with *Ksheer Bala Taila*<sup>[6]</sup> helped in reducing pain, stiffness, and muscle rigidity due to its *Vatahara* and *Balya* properties. This was supported by *Sarvanga Vashpa Swedana*, which relieved *Stambha* and improved neck mobility by enhancing circulation and reducing muscular tightness. *Greeva Pichu* with *Ksheer Bala Taila* provided sustained local oleation and nourishment, resulting in relaxation of cervical muscles and reduced involuntary movements.

*Anuvasana Basti* with *Ksheer Bala Taila* played a key role in systemic *Vata* pacification, as *Basti* is the prime therapy for *Vata* disorders. Additionally, *Niruha Basti* with *Mustadi Yapan Basti* provided both *Shodhana* and *Brimhana* effects, supporting neuromuscular strength and long-term symptom control.

*Shirodhara* with *Medha Kwatha* contributed to central nervous system calming, reducing stress and improving neuromuscular coordination, which is relevant in dystonic conditions.

Overall, the integrated *Panchakarma* approach produced significant clinical improvement in pain, neck posture, and functional movements. This case highlights the potential role of *Panchakarma* in managing cervical dystonia when approached as *Greeva Hundan*. Further studies with larger sample sizes are needed to validate these findings.

## CONCLUSION

Cervical dystonia can be effectively correlated with *Greeva Hundan*, a *Vata*-predominant disorder described in Ayurveda. The present case demonstrates that a systematic *Panchakarma* approach focusing on *Vata Shamana* and *Brimhana*—using *Abhyanga*, *Swedana*, *Greeva Pichu*, *Basti*, and *Shirodhara*—can produce significant clinical improvement in pain, abnormal neck posture, and functional movements. The use of *Ksheer Bala Taila* and *Mustadi Yapan Basti* played a key role in neuromuscular nourishment and sustained symptom relief. This case highlights the potential role of *Panchakarma* in

managing cervical dystonia when treated on Ayurvedic principles. However, further well-designed clinical studies with larger sample sizes are required to substantiate these findings and establish standardized treatment protocols.

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