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CLINICAL MANAGEMENT OF CERVICAL SPONDYLOSIS THROUGH AYURVEDA WITH SPECIAL REFERENCE TO MANYASTAMBHA

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ABSTRACT

Cervical spondylosis, a degenerative condition of the cervical spine, is characterized by intervertebral disc degeneration and osteophyte formation. This condition has become increasingly common due to modern lifestyles involving prolonged sitting, standing, and excessive computer use, compounded by a lack of physical activity. In *Ayurveda*, the condition *Manyastambha* is described in the context of *Vata Vyadhi* (neuromuscular and degenerative disorders due to *Vata* imbalance). The term "*Manya*" refers to the region of the neck, and *"Stambha*" denotes stiffness or rigidity. Thus, *Manyastambha* clinically presents with features like

- Stiffness and pain in the neck region
- Reduced range of motion
- Occasional radiating pain to the arms and shoulders
- Associated symptoms like headache or vertigo in chronic cases

A 34-year-old male patient was presented to the outpatient department of Pt. Khushilal Sharma Ayurvedic Hospital with complaints of throbbing neck pain and stiffness persisting for a year, aggravated over the past three months. An MRI revealed multiple disc osteophytes from the C3 to C7 levels, causing anterior thecal sac indentation, spinal canal narrowing, and mild neural foramen narrowing at C6-C7. He

underwent *Ayurvedic* treatment, including *Panchakarma* therapies, which yielded significant improvements in pain and stiffness. This case highlights the effectiveness of *Ayurvedic* approaches in managing cervical spondylosis, offering relief from symptoms and improved quality of life without reliance on invasive interventions.

KEYWORDS: *Cervical spondylosis, intervertebral disc degeneration, Manyastambh.*

INTRODUCTION

Cervical spondylosis is a degenerative disorder of the cervical spine, primarily characterized by neck pain and stiffness. It often presents with referred symptoms in the upper limbs. The pathogenesis typically begins with degeneration of the intervertebral discs, which leads to compression of cervical nerve roots, narrowing of the vertebral space and formation of osteophytes. This results in clinical manifestations such as neck pain, restricted mobility, radiating pain to shoulders and forearms, headaches, vertigo, and paresthesia, especially at the base of the thumb. Factors such as age, gender, and occupation significantly contribute to the risk of developing cervical spondylosis. While it commonly affects individuals below 30 years of age, radiographic evidence of cervical degeneration is observed in approximately 50% of individuals over 50 and up to 75% of those above 65 years. Conventional treatment approaches, including analgesics and physiotherapy, often provide only temporary relief, while surgical interventions are costly and carry the risk of recurrence. From an *Ayurvedic* perspective, cervical spondylosis can be correlated with *Manyastambh* , a condition described among the eighty types of *Vata vyadhi.* Several cases of cervical spondylosis managed through *Ayurvedic* interventions have also been documented in PubMed-indexed journals, highlighting its clinical relevance. According to *Ayurvedic* texts, *Vata Vyadhi*—encompassing a wide range of neurological and musculoskeletal conditions—is characterized by symptoms such as *Sankocha* (contraction), *Stambha* (stiffness) of joints, *Shoola* (pain) in joints and bones, *Lomaharsha* (goosebumps), *Graha* (spasticity) in limbs and back, *Shosha* (muscle wasting), *Spandana* (tremors), *Gatrasuptata* (numbness), *Hundana* (pulling sensations) in the head, nose, eyes, clavicle, and neck, as well as *Bheda* (piercing pain), *Toda* (pricking sensation), *Kampana* (tremors), and *Bala-Indriya Bhramsha* (loss of strength and sensory functions). This article presents a case that was successfully managed following the principles of *Ayurvedic* treatment for *Vata Vyadhi* as well as cervical spondylosis.

CASE REPORT

A male patient aged 34 years reported to the outpatient department of the Pt. khushilal sharma Government Ayurved college, Bhopal having

Chief Complaints	Duration
Pain & Stiffness in cervical region	1 year
Radiating pain in both upper limbs	1 year
Difficulty and pain during neck movement	1 year

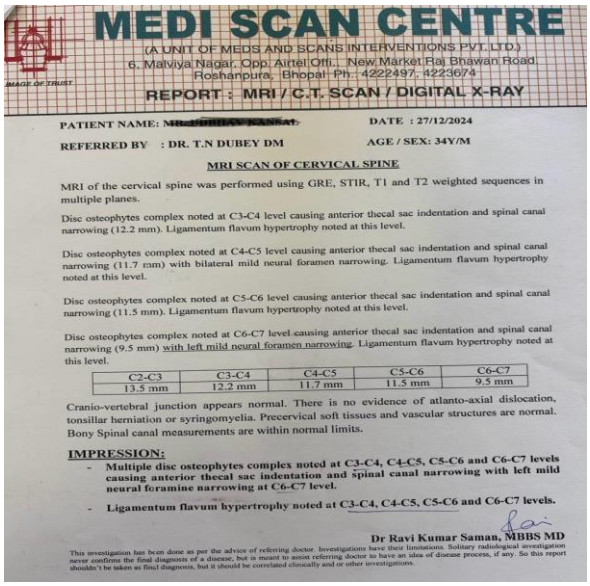
Physical Examination

Blood pressure – 130/90 mmHg	Bowel - Constipated
Heart rate - 80/min	Appetite – Normal
Respiratory rate – 18/min	Micturation - Normal
Temperature - Afebrile	Sleep - Disturbed
Pulse rate -74/min	

No known history of HTN,DM, or TB was reported. No significant hereditary, congenital, or past surgical conditions were reported.

General physical assessment showed stable vital signs and overall condition. He was identified as having *Vata-Kapha Prakriti*, with *Madhya Vayah* (middle-aged), *Madhyama Sara* (moderate tissue quality), *Madhyama Satva* (moderate mental strength), *Madhyama* Satmya (moderate compatibility), *Sama Pramana* (balanced body proportions), *Avara Vyayama Shakti* (low physical endurance), and *Madhyama Ahara Shakti* (moderate appetite and digestive power).

Diagnosis



MEDI SCAN CENTRE

(A UNIT OF MEDS AND SCANS INTERVENTIONS PVT. LTD.)
6, Malviya Nagar, Opp. Airtel Offi., New Market Raj Bhawan Road,
Roshanpura, Bhopal Ph.: 4222497, 4223674

REPORT : MRI / C.T. SCAN / DIGITAL X-RAY

PATIENT NAME: [redacted] DATE : 27/12/2024

REFERRED BY : DR. T.N DUBEY DM AGE / SEX: 34Y/M

MRI SCAN OF CERVICAL SPINE

MRI of the cervical spine was performed using GRE, STIR, T1 and T2 weighted sequences in multiple planes.

Disc osteophytes complex noted at C3-C4 level causing anterior thecal sac indentation and spinal canal narrowing (12.2 mm). Ligamentum flavum hypertrophy noted at this level.

Disc osteophytes complex noted at C4-C5 level causing anterior thecal sac indentation and spinal canal narrowing (11.7 mm) with bilateral mild neural foramen narrowing. Ligamentum flavum hypertrophy noted at this level.

Disc osteophytes complex noted at C5-C6 level causing anterior thecal sac indentation and spinal canal narrowing (11.5 mm). Ligamentum flavum hypertrophy noted at this level.

Disc osteophytes complex noted at C6-C7 level causing anterior thecal sac indentation and spinal canal narrowing (9.5 mm) with left mild neural foramen narrowing. Ligamentum flavum hypertrophy noted at this level.

C2-C3	C3-C4	C4-C5	C5-C6	C6-C7
13.5 mm	12.2 mm	11.7 mm	11.5 mm	9.5 mm

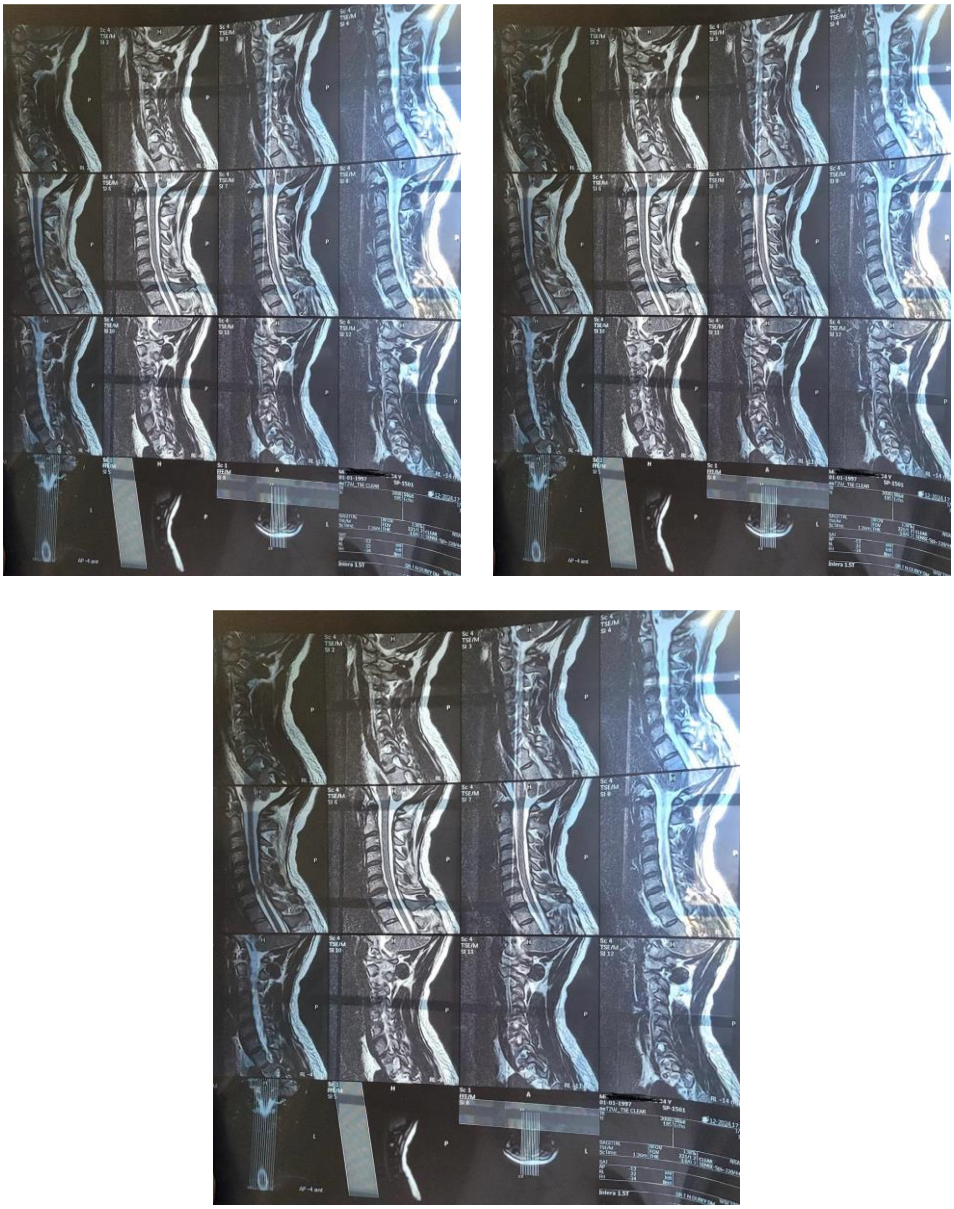
Cranio-vertebral junction appears normal. There is no evidence of atlanto-axial dislocation, tonsillar herniation or syringomyelia. Precervical soft tissues and vascular structures are normal. Bony Spinal canal measurements are within normal limits.

IMPRESSION:

- **Multiple disc osteophytes complex noted at C3-C4, C4-C5, C5-C6 and C6-C7 levels causing anterior thecal sac indentation and spinal canal narrowing with left mild neural foramine narrowing at C6-C7 level.**
- **Ligamentum flavum hypertrophy noted at C3-C4, C4-C5, C5-C6 and C6-C7 levels.**

Dr Ravi Kumar Saman, MBBS MD

This investigation has been done as per the advice of referring doctor. Investigations have their limitations. Solitary radiological investigation never confirms the final diagnosis of a disease, but is meant to assist referring doctor to have an idea of disease process, if any. So this report shouldn't be taken as final diagnosis, but it should be correlated clinically and or other investigations.



The patient had a normal gait, but active cervical spine movements were restricted, with pain intensifying during neck movement. His MRI findings show multiple disc osteophyte at C3,C4,C5,C6,C7 levels causing anterior thecal sac indentation and spinal canal narrowing with left mild neural foramine narrowing at C6 – C7 level .Ligamentum flavum hypertrophy noted at C3,C4,C5,C6,C7 level.

Treatment plan

Ayurveda, the general line of management for *Urdhwajatrugata Roga* (diseases occurring above the clavicle) and *Nanatmaja Vatavyadhi (Vata*-dominant disorders) includes procedures such as *Snehana* (oleation), *Swedana* (sudation), and *Nasya* (nasal administration of medicated oils). In the present case, these principles were applied with a focus on targeted

Panchakarma therapies. The patient underwent *Manya Basti*, a localized procedure considered a form of mild *Snehana* and *Swedana*, using *Muriveenum tail* for 8 days. Simultaneously, *Nasya Karma* was performed using *Triphala ghrit* for 7 consecutive days to address symptoms localized in the cervical and cranial region. Alongside these *Panchakarma* procedures, the patient was prescribed a combination of internal *Ayurvedic* medications, which include.

Treatment plan.

NAME OF THE DRUG	DOSE	TIME	DURATION
1.Brihatvat Chintamani *Ashwagandha churna* *Pippali churna* *Chopchini churna* *Swarnamakshik bhasma* *Godanti bhasma*	15 mg 2 gm 500 mg 500 mg 125 mg 500 mg	5 gm BD	15 days
2. Tab. Nuocart OA		2 BD	15 days
3. KM lepam			15 days

***Panchkarma* Procedure**

Sr.no	Therapy	Medicated oil	Duration
1	*Sarvang snehan*	*Mahanarayn tail*	8 days
2	*Nasya*	*Triphala ghrit*	7 days
3	*Manyabasti*	*Murrivenum tail*	8 days

Manyabasti: Primarily used in *Ayurveda* to soothe aggravated *doshas*, this procedure targets the cervical region. It was done for 8 days. *Murrivenum tail* is used for *Manya Basti* which has been indicated in the different types of *vata vyadhi.*

Nasya karma: The patient underwent *Nasya* Karma for a duration of seven days.

Assessment criteria

Neck pain	0- Absent 1-Mild and intermittent pain 2- Moderate and bearable pain 3-Severe and unbearable pain
Neck stiffness	0-Absent 1-Mild stiffness 2-Moderate stiffness with partially restricted movements 3-Severe stiffness
Pain in arm	0-Absent 1-Mild intermittent pain radiating to arms 2-Moderate pain radiating to arms 3-Severe pain radiating to arms

VAS SCALE

No pain	0-2
Mild pain	2-4
Moderate pain	4-6
Severe pain	6-8
Very severe pain	8-10

Parameters	Before Treatment	After treatment
Neck pain	3	1
Stiffness	3	1
Pain in arms	3	1
Vas scale	6-8	2-4

DISCUSSION

The presented case of *Manyasthambha*, correlated with Cervical Spondylosis in modern medicine, highlights the successful integration of *Ayurvedic* principles with clinical management. *Manyasthambha*, as described in the *Ayurvedic* classics, is one of the *Nanatmaja Vata Vyadhi*, where aggravated *Vata Dosha* localizes in the *Manya Pradesh* (cervical region), leading to stiffness, pain, and restricted neck movement. This aligns closely with the degenerative changes seen in cervical vertebrae and intervertebral discs in modern pathology. In this case, the patient presented with classic symptoms of neck stiffness, radiating pain to the upper limbs, giddiness, and reduced cervical mobility, indicative of both *Vata Dushti* and *Dhatukshaya*. MRI findings revealed osteophyte and ligamentum flavum hypertrophy consistent with the diagnosis of cervical spondylosis. The management approach was rooted in *Samprapti Vighatana* (breaking the pathogenesis) by pacifying *Vata Dosha* and nourishing the *Dhatus*.

The treatment plan included

- *Snehana* (Oleation) – External application of medicated oils such as *Mahanarayana Taila* was used to pacify *Vata* and reduce muscle spasm.
- *Swedana* (Sudation) – Local fomentation techniques like *Nadi Sweda* were employed to reduce stiffness and improve circulation.
- *Nasya Karma* – Administered with *triphala ghrit* which is *vata* pacifying , *rasayan* and anti inflammatory balance aggravated *vata* in cervical region.
- *Manya Basti* – A form of localized oil retention therapy which offered direct relief at the site of pathology, showing marked improvement in pain and mobility.

- *Shamana Chikitsa* – Internal medications such as *Brihat vat Chintamani , ashwagandha churn, pippali churn, chopchini, swarnmakshik bhasm & godanti bhasm* were prescribed to relieve inflammation, nourish nervous tissue, and support joint integrity.

The progressive reduction in pain score, improved neck mobility, and absence of radiating pain after *Panchakarma* and oral medications indicate that the *Ayurvedic* approach not only managed the symptoms but also addressed the root cause – *Vata Kopa* and *Dhatukshaya.* Furthermore, the incorporation of *Rasayana* therapy with *Ashwagandha* and *pippali* supported nerve regeneration and enhanced the overall vitality of the patient. Tab Nucort-OA helps manage this condition by cartilage protection and regeneration. Lifestyle modifications like avoidance of cold exposure, proper posture, and stress management further helped prevent recurrence. From a modern standpoint, conservative treatments often rely on analgesics and physiotherapy, which may offer temporary relief. However, *Ayurvedic* protocols target the disease holistically by working on systemic imbalances, rejuvenating the affected structures, and preventing degeneration. This case underlines the importance of adopting an evidence-based *Ayurvedic* approach that can offer long-term relief and functional improvement without the adverse effects of long-term analgesic use.

CONCLUSION

The present case study highlights the efficacy of *Ayurvedic* management in the condition of *Manyasthambha*, a *Vata-Kaphaja Nanatmaja Vatavyadhi* characterized by stiffness and restricted movement of the neck. The combined approach of *Shamana chikitsa* (palliative therapy) and *Shodhana* procedures (purificatory therapy) such as *Nasya, Manya Basti*, and *Mridu Snehana-Swedana* played a pivotal role in reducing symptoms, improving range of motion, and enhancing the patient's quality of life. The therapy focused on correcting the root pathology rather than just symptomatic relief, which reflects the holistic approach of *Ayurveda*. This case reinforces the potential of *Ayurvedi*c interventions as safe, cost-effective, and sustainable alternatives or adjuncts in the management of chronic musculoskeletal disorders like *Manyasthambha*. Further clinical trials and documentation of such cases will strengthen evidence-based practice in *Ayurvedic* science.

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