

“A CLINICAL CASE STUDY ON THE MANAGEMENT OF GREEVA STAMBH THROUGH AYURVEDA W.S.R TO CERVICAL SPONDYLOSIS”

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ABSTRACT:

Ayurvedic medicine plays a significant role in the management of *Vishwachi Roga*, a condition that closely corresponds to cervical spondylosis in modern medicine. Ayurvedic management emphasizes a comprehensive and holistic approach, including avoidance of causative factors (*Nidana Parivarjana*), administration of disease-specific formulations, *Rasayana* therapy, and *Panchakarma* procedures. In addition, adherence to appropriate dietary and lifestyle guidelines, along with the practice of *Yoga* and *Pranayama*, forms an integral part of the therapeutic regimen. During the course of treatment, activities such as heavy weight lifting, repetitive strain, and strenuous physical exercise are discouraged to prevent further aggravation of symptoms.

The therapeutic strategy primarily focuses on *Vata* pacification and incorporates analgesic, strengthening, nourishing, rejuvenating, oleation (*Snehana*), and sudation (*Swedana*) therapies. Supportive measures such as nutritional supplementation, including calcium, and gentle purgation (*Mridu Virechana*) are also recommended to enhance treatment outcomes.¹

Clinically, cervical spondylosis commonly presents with neck pain and stiffness, radiating pain to the upper limbs, and muscle wasting of the arms. Radiological findings typically demonstrate narrowing of the cervical intervertebral spaces, subchondral sclerosis, osteophyte formation, and loss of the normal cervical lordotic curvature. The disease generally follows a chronic and progressive course. Ayurvedic interventions are considered beneficial in alleviating symptoms, improving functional capacity, and enhancing quality of life in affected individuals.

This review highlights the relevance and effectiveness of Ayurvedic principles and therapeutic modalities in the management of *Vishwachi Roga* with special reference to cervical spondylosis.²

KEY WORDS:- Cervical spondylosis, Vishwachi Roga, Manyastambha, Panchakarma therapy, Ayurvedic management

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INTRODUCTION

In recent years, significant lifestyle modifications have led to a marked increase in the prevalence of cervical spondylosis, making it one of the most common disorders of the cervical spine. This growing burden has drawn considerable attention from the global medical community toward understanding its pathophysiology and developing effective therapeutic strategies. Cervical spondylosis arises from multiple etiological factors that contribute to degeneration of the intervertebral discs, disc bulging, and osteophytic overgrowth of adjacent vertebrae. These degenerative changes may result in compression of cervical nerve roots, the spinal cord, or both. In certain cases, non-compressive myelopathy may also occur due to vascular compromise. Cervical spondylosis is recognized as the most frequent cause of non-traumatic myelopathy and may lead to neurological deficits such as paraparesis or quadriparesis.

The annual prevalence of neck pain among adults is estimated to range between 20% and 50%, with cervical spondylosis being the most common underlying cause. Spondylosis is defined as a non-inflammatory degenerative condition primarily resulting from progressive disc degeneration at the amphiarthrodial joints formed between adjacent vertebral bodies. Degenerative changes in the intervertebral discs and the development of spondylosis are considered part of the natural aging process, with nearly 95% of individuals exhibiting radiological evidence of cervical spondylosis by the age of 65. With disease progression, these degenerative changes may lead to compression of cervical spinal nerves or the spinal cord, resulting in significant functional impairment.³

From an Ayurvedic perspective, degeneration corresponds to *Apatarpana* (depletion). Therefore, disorders such as cervical spondylosis, which arise due to degenerative changes in the intervertebral joints and vertebrae, warrant nourishing (*Brimhana*) therapeutic approaches. The present study aimed to evaluate the effectiveness of Ayurvedic treatment modalities—including *Snehana*, *Nadi Sweda*, *Patra Pottali Sweda*, and internal medication—in alleviating the clinical signs and symptoms of cervical spondylosis.⁴

AIM & OBJECTIVE:

To evaluate the effect of panchakarma and shaman chikitsa in the management of *Greeva stambh*.

CASE REPORT

There is only one case study. the patient gave her informed consent in her native language.

PATIENT INFORMATION

A 43year old female patient approaches to pakwasa samanvaya rugnalya, Nagpur with complaints of Manyashul (neck pain), Manya stambh (neck tenderness and tightnes), Ubhay hast chim chimayan (B/L hands tingling sensation), Bhram (vertigo), Chardi (vomiting), Hallas (nausea/vomiting) since 15 days

HISTORY OF CURRENT ILLNESS

According to the patient, she was well until four months ago. About four months ago, she fell from a bike and started complaining of vertigo, vomiting, back pain, and neck pain, b/l hand tingling. She consulted private doctors, but she did not feel any relief. When her pain continued despite receiving symptomatic allopathic treatment in private hospitals, she sought further management and therapy at Shri Ayurveda Pakwasa Rugnalaya, Nagpur.

PAST HISTORY

N/H/O - DM , HTN

N/H/O - Thyroid

H/O - Fall From bike before 4 month (injury at cervical region)

PERSONAL HISTORY

Ahara - Mixed Diet, *Katu-Lavan rasa, Ruksha Ahara, Viruddha Ahara, Adhyasana, Vishamsana.*

Appetite -Decreased appetite but takes food regularly

Vihara - *Diwaswapna*, prolong standing, improper sitting posture due to daily home works

Bowel - regular bowel 2 time per day

Micturition - no any abnormality

Sleep - Disturbed from 15 day due to pain

Menopause - No

AsthaVidha Parikshana

Nadi: Vata kafaj

Mala:samadhankarak

Mutra:samyak

Jihva: sam

Shabda: Spastha

Sparsha: Anushnasheeta

Druka: prakrut

Akruti: Madhyam

General Examination

BP:120/80mmHG

PR:80/min

RR:22times/min

Temp: 98.5F

Edema- No

Pallor- No

Icterus- No

Clubbing-No

Systemic Examination

Respiratory sound: on Auscultation, AEBE equal and clear

Cardiovascular sound: S1S2 normal

Gastrointestinal system: no pain, no any organomegaly detected

Central nervous system:

Consciousness-conscious and oriented

Musculo-skeletal system

- Gait – normal
- Upper limbs - tingling sensation
- Lower limbs - Normal
- Redness and warmth / Weakness / Swelling / Deformity – Absent

Examination of spine

- INSPECTION - No visible deformity or sign of trauma
- PALPITATION - Tenderness over C3,C4,C5,C6,C7 level

a) MOVEMENT

- 1.Flexion of neck - Pain is severe on movement
- 2.Extension of neck - Pain is worst on movement
- 3.Lateral bending - Pain is fairly severe on movement
- 4.Rotation of neck - Pain is fairly severe on movement

b) SPURLING TEST - painful (positive)**c) LHERMITTS SIGN - Negative****INVESTIGATION -**

MRI - Mild disc osteophyte complexes are seen C3 to C6 level causing indentation over the Thecal sac with mild encroachment over bilateral foramina

MATERIALS AND METHODS

Centre of Study: Pakwasa Samanvaya Rugnalaya IPD, Nagpur. Simple random, single case study.

Treatment Advised - SHAMANA CHIKITSA

Sr.no	NAME OF MEDICINE	DOSE	KAL	ANUPAN
1	Cap Palsineuron	1 cap QID	Vyan kal	koshna jal
2	<i>Trayodashang guggulu</i>	2 TAB TDS	Vyan kal	Koshna jal
3	<i>Rasna Erandadi kashay</i>	15ML TDS	Vyan kal	Koshna jal
4	<i>Rasrajeshwar ras</i>	1 TAB BD	Vyan kal	Madhu

SHODHAN CHIKITSA

Sr.no	NAME OF PROCEDURES,	DAY
1	Snehan (Bala tail)	10 day
2	Sedan (nadiswed)	10day
3	Manyabasti (bala tail)	7 day
4	Nirgundi patra Pottali swed	7 day
5	Agni karma	7 day

DISCUSSION

Manyastambha (cervical spondylosis) is a degenerative disorder that affects a substantial proportion of the population in the modern era. *Manyastambha* described in Ayurveda closely corresponds to cervical spondylosis in contemporary medicine, as both conditions share similar etiological factors, clinical features, and disease progression. The primary *Doshas* involved in the pathogenesis of this condition are *Vyana Vata* and *Shleshaka Kapha*. Owing to chronic pain, restricted neck movements, and functional disability, the disorder significantly affects an individual's quality of life as well as socio-economic productivity.

Aggravation of *Vata* due to *Margavarodha* (obstruction of channels) leads to *Kshaya* (degeneration) of *Asthi* and *Snayu Dhatu*, resulting in structural alterations in the *Manya* (cervical) region. In the management of *Vata Vyadhi*, *Snehana* and *Swedana* are considered the primary therapeutic modalities. Localized interventions such as *Abhyanga*, *Swedana*, and *Patra Pottali Sweda* have been found to be particularly effective in alleviating symptoms of *Manyastambha* by reducing pain, stiffness, and restricted mobility.

Mode of Action of Panchakarma Chikitsa**1. Snehana (Abhyanga)**

In *Abhyanga*, medicated oil is applied over the body with gentle massage. The mechanical pressure generated during massage enhances local circulation, increases muscle temperature, and promotes relaxation of musculoskeletal tissues. The inherent properties of *Taila*—*Snigdha* (unctuous), *Guru* (heavy), and *Ushna* (warm)—are antagonistic to the qualities of

aggravated *Vata Dosha*. Consequently, *Abhyanga* helps pacify vitiated *Vata*, thereby relieving pain and stiffness and improving joint mobility.⁵

2. Nadi Sweda

Swedana (sudation therapy) possesses *Sthambhaghna* (anti-stiffness), *Sandhicheshtakara* (enhancing joint movement), *Srotoshodhaka* (channel-cleansing), and *Kapha–Vata Shamana* properties. The induced heat liquefies aggravated *Doshas* and dilates the *Srotas*, facilitating the removal of obstruction (*Srotosanga Vighatana*). This process effectively reduces joint stiffness, heaviness, and restricted movement.⁶

3. Probable Mode of Action of Agnikarma

Agnikarma utilizes the therapeutic properties of *Agni*, namely *Ushna*, *Tikshna*, *Sukshma*, and *Ashukari Guna*, which counteract aggravated *Vata* and reduce *Kapha*. The controlled application of heat using a heated *Shalaka* produces a *Samyak Dagdha Vrana* at the level of *Twak Dhatu*. From this site, the therapeutic heat acts through multiple mechanisms.

Firstly, it alleviates *Srotorodha* by pacifying vitiated *Vata* and *Kapha Dosha*, thereby restoring *Dosha Samya*. Secondly, it enhances *Rasa–Rakta Samvahana* (local blood circulation), which helps eliminate pain-producing metabolites and inflammatory mediators, resulting in symptomatic relief. Thirdly, the applied heat stimulates *Dhatvagni*, promoting proper metabolism of the *Dhatus* and digestion of localized *Ama*. This leads to improved nourishment of subsequent *Dhatus*, particularly *Asthi* and *Majja*, thereby strengthening structural integrity and reducing symptoms of *Manyastambha*.

Additionally, the penetration of therapeutic heat into deeper tissues such as *Mamsa Dhatu* neutralizes the *Sheeta Guna* of aggravated *Vata* and *Kapha*, facilitating restoration of physiological balance and sustained relief.

4. Patra Pottali Sweda

Nirgundi (*Vitex negundo*) and *Tila Taila* possess *Vata–Kapha Shamana*, anti-inflammatory, and analgesic properties. *Abhyanga* performed prior to *Patra Pottali Sweda* provides effective *Snehana*, tissue nourishment, muscle relaxation, and pain relief. The application of heated herbal boluses increases local temperature, improves circulation through vasodilation, and reduces pain, inflammation, edema, and muscle spasm. This combined effect enhances joint mobility and functional capacity through effective *Vata–Kapha Shamana*⁷

Mode of Action of Shaman Chikitsa

1. Trayodashang Guggul:

The ingredients of *Trayodashang Guggulu* possess *Atonulomana* (mild laxative) and *Aampachana* (digestive) properties, which help relieve *Malabaddhata* (constipation). Its *Deepana* (appetiser) and *Pachana* (digestive) actions also reduce symptoms like *Tandra* (lethargy), *Gauravata* (heaviness), and *Aruchi* (loss of appetite). Additionally, it exhibits anti-inflammatory, anti-arthritis, anti-gout, analgesic, muscle relaxant, and antioxidant effects. It promotes bone cell growth by stimulating both *osteoclasts* and *osteoblasts*. The formulation inhibits pro-inflammatory cytokines, xanthine oxidase activity, hydrogen peroxide formation, and renal microsomal lipid peroxidation, and also blocks histamine action while enhancing dopamine levels. 8

2. CAP Palsineuron:

CAP Palsineuron is a proprietary Ayurvedic medicine containing *Mahavtavidhwamsa Rasa* (60 mg), *Sameer Pannaga Rasa* (60 mg), *Ekangaveera Rasa* (60 mg), *Sootashekhara Rasa* (60 mg), *Lajjalu* (60 mg), and *Khurasani Ova* (60 mg), manufactured by SG Phyto Pharma Pvt. Ltd. It is indicated for neuralgic pain, cervical spondylosis, lumbar spondylosis, bursitis, and hemiplegia.

3. Rasna Erandadi Kashayam,

also known as Cheriya Rasnadi Kashayam, primarily possesses **tridosha-balancing** and **Vata-regulating** properties. It acts as a *deepana* (digestive stimulant), *rakta-prasadana* (blood purifier), and *lekhana* (scraping/clearing) agent. The formulation also exhibits *sophahara* (reduces morbid humours) and *sulahara* (alleviates pain) effects.

This kashaya demonstrates targeted activity in areas such as the *jangha* (thigh), *uru* (hip), *trika* (lower back), *parswa* (flanks), *prishtha* (back), and *janu* (jaw). It is particularly effective in conditions where pain and swelling are present. 9, 10

4. Rasrajeshwar Ras

In cervical spondylosis, *Rasraj Ras* acts by pacifying aggravated Vāta, thereby reducing neck pain, stiffness, and muscular spasm; its Balya and Bṛṃhaṇa properties strengthen cervical muscles and nerves. resulting in pain relief, improved mobility, and nerve support.

RESULTS

Sr.No	RANGE OF MOVEMENT (Flexion ,extension, lateral bending ,Rotation)	GRADE
1	No pain on movement	0
2	Pain is very mild on movement	1
3	Pain is moderate on movement	2
4	Pain is fairly sever on movement	3
5	Pain is severe on movement	4
6	Pain is wrost on movement	5

Sr .n o	RANGE OF MOVEMENT	GRADE ON 1stDAY ADMISSION	GRADE ON 5th DAY	GRADE ON 10thDAY (DISCHARGE)
1	FLEXION OF NECK	Grade 4	Grade 2	Grade 0
2	EXTENSION OF NECK	Grade 5	Grade 3	Grade 1
3	LATERAL BENDING OF NECK	Grade 3	Grade 1	Grade 0
4	ROTATION OF NECK	Grade 3	Grade 1	Grade 0

Condition of patient improved gradually along with the course of treatment according above Table ¹¹

a) Neck movement

1. Flexion of neck- no pain
2. Extension of neck - pain is very mild
3. Lateral bending - no pain
4. Rotation of neck - no pain

No restricted Range of motion of neck.

b) SPURLING TEST - Negative**CONCLUSION**

Cervical spondylosis is a major cause of disability and frequently interferes with an individual's ability to perform routine daily activities. This case report demonstrates that *Shodhana* and *Shamana Chikitsa* were highly beneficial in the management of *Manyastambha*. The treatment resulted in significant improvement in both subjective complaints and objective findings, indicating marked symptom reduction and a substantial enhancement in the patient's quality of life. At present, the patient is able to perform daily activities comfortably. Although based on a single case, these findings provide encouraging evidence and suggest a viable and effective therapeutic approach for the management of *Manyastambha*.

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