A Case Report on Clinical Improvement in Manyastambha through targeted Ayurvedic therapy.

Abstract-:

Background:

Manyastambha (Cervical Spondylosis) is a Vataja Nanatmaja Vikara or Vata-Kapha predominant disorder characterized by neck pain, stiffness (stambha), and restricted mobility(greeva sthirata). Conventional therapies offer only temporary relief, prompting evaluation of a targeted Ayurvedic protocol combining internal and external interventions.

Clinical Findings:

A 59-year-old male shopkeeper presented with a 6-7 months history of severe neck pain, cervical stiffness, regional tenderness, positive Spurling's sign, and bilateral upper limb paraesthesia, aggravated by occupational strain. Cervical range of motion was severely restricted and painful.

Intervention:

The patient received a dual-action Ayurvedic treatment with Ruksha Baluka Sweda (Dry Sand Sudation) which applied locally to the neck for 7 days to clear Kapha-Ama obstruction along with Vatavidhvansan Ras administered orally (250 mg, two tablets twice daily with lukewarm water) for 30 days to pacify aggravated Vata.

Outcome:

Post-treatment evaluation revealed complete resolution of upper limb paraesthesia, a reduction of pain and stiffness from severe to mild levels, and significant restoration of pain-free cervical mobility across all ranges of movement.

Key words- Manyastambha, cervical spondylosis, Vataja Nanatmaja, greeva sthirata, Vata-Kapha, Ruksha Baluka sweda,Vatavidhvansan Ras

Introduction-:

Modern sedentary habits and erratic daily routines have led to a sharp rise in musculoskeletal conditions, particularly Vata-predominant disorders such as Manyastambha. Factors like long commutes, prolonged desk work, poor posture, heavy lifting, physical inactivity, and irregular dietary habits heavily stress the cervical spine.

In Ayurveda, Manyastambha is classified under Vata Nanatmaja or Kaphavrita Vata disorders. Etymologically, the term is a compound of "Manya" (the posterior cervical region or nape of the neck) and "Stambha" (stiffness, rigidity, or immobility). According to Amara Kosha, Manya refers to the tendinous and neuro-vascular structures supporting the cervical region - an area naturally vulnerable to mechanical strain due to its continuous mobility and structural load. Clinically, the condition closely aligns with Cervical Spondylosis, presenting with severe neck stiffness, localized or radiating pain, and restricted cervical range of motion. [1]

According to Acharya Sushruta, an imbalance of Vata and Kapha Doshas in the neck region (Manya Pradesh) results in pain and stiffness caused by disruption of the neck nerves (Manya Siras). [2] The initial symptom of Vata disorders is Avyakta, which later becomes more pronounced as Atmaroopa. When Vata is aggravated (Kupitoanilah), it can produce symptoms similar to Manyastambha, such as neck stiffness and pain. [3] Causes of Manyastambha include Divaswapna (sleeping during the day), asanasthana vikriti(resting or sleeping in uneven positions), and maintaining irregular postures, such asurdhvanirikshan(constantly looking upwards). [4] Cervical spondylosis refers to a broad range of progressive degenerative changes affecting all parts of the cervical spine, including intervertebral discs, facet joints, joints of Luschka, ligamenta flava, and laminae. It is a natural aging process observed in most people after their fifth decade of life. [5]

In modern medical science, steroids, analgesics, and anti-inflammatory drugs often provide only short-term relief and often failing to secure long-term therapeutic success. In contrast, Ayurveda adopts a holistic approach that includes both medication and lifestyle modifications.In this clinical

study, to breakdown the pathogenesis (Samprapti vighatana) Ruksha Baluka sweda [6] and Vatavidhvansan Ras [7] are administered together. This study evaluates the clinical efficacy of Ayurvedic management for Manyastambha (Cervical Spondylosis).

Case Report-

Chief Complaints-

- Neck pain
- Stiffness in Neck region
- Tingling sensation in bilateral upper limbs since 6-7 months.

History of present illness-A 59-year-old shopkeeper consulted the Kayachikitsa OPD of Patanjali Ayurveda Hospital presents with gradual-onset of neck pain, cervical stiffness and tingling sensation (paraesthesia) towards bilateral upper limbs since 6-7 months.Symptoms are directly provoked by repetitive occupational mechanical strain from daily lifting and pulling down a heavy shop shutter. The neck pain is described as a persistent dull ache, while the tingling radiates down both arms, worsening significantly during and after operating the shutter. Symptoms temporarily improve with rest.

History of past illness- No H/o HTN, DM, Thyroid dysfunction

Family history- Nothing specific

Personal history-

Built- Moderate

Height-170 cm

Weight- 66 kg

Temperature- 96.4 F

Pulse rate- 68 per min

Blood pressure- 110/78 mmHg

Respiratory rate-16 per min.

Aggravating Activity- Daily lifting and pulling down of a heavy manual shop shutter(opening /closing the shop regularly).

Cervical Spine Movements Before Treatment-

Flexion	Painful and Restricted
Extension	Painful and Restricted
Lateral Flexion	Painful and Restricted
Rotation	Painful and Restricted
Spurling's Sign	Positive

Ashtavidha Pariksha

Nadi: Vatapittaja

Mutra: Yellowish, 4-5 times

Mala: 2-3 times in a day, Nirama mala

Jihwa: Clear

Shabda: Normal

Sparsha: Anushnasheeta

Drik: Samanya cataract operated both side

Akriti: Madhyama

Dashvidha Pariksha

Prakriti: Vata Kaphaj

Vikriti: Rasa, Rakta, Mamsa, Asthi, Majja, Sandhi

Sara: Twak, Rakta, Mamsa, Majja Sara
Samhanana: Madhyama
Pramana: Madhyam
Satwa: Madhyama
Satmya: Sarva Rasa Satmya
Aharashakti : Madhyama
Vyayamashakti : Madhyama
Vaya: Madhyama-Vriddha

Subjective Criteria-

1.Pain in neck (Manya Pradesha)
2. Neck Stiffness (Manya Stambha)
3.Tenderness in neck region (Sparsha akshamatva)
4. Paraesthesia (tingling sensation)
5.Restricted range of movement of neck

Investigation-

X-Ray of Cervical Spine

JAYA MAXWELL HOSPITAL

Patient Name	[redacted]		
Age	*59 Yrs*	*Sex*	*Male*
Date	*10.03.2026*		

Investigation performed: ***X-Ray* – cervical spine AP/ LAT**

Anterior marginal osteophytes at multiple cervical vertebral level …cervical spondylotic changes.

Clavicle is normal in appearance and density.

Right sternoclavicular and acromioclavicular joints appear normal.

Articular surfaces appears smooth.

Right humeral head contour appears normal.

ADV:- Clinicopathological correlation and further evaluation if clinically indicated.

Note:- In case of any discrepancy due to typing error kindly get it rectified immediately.
Impression is professional opinion, not a diagnosis and should be correlated clinically.
All machines / procedures have their limitations. A negative finding may not exclude a diagnosis.
Other investigations are suggested if clinically indicated.

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Typed By:- Praveen

Grading of Pain

S.No.	Pain in Neck (ManyaPradesha)	Grading of Pain

a.	No pain	Grade – 0
b.	Mild pain, can do strenuous work with difficulty	Grade – 1
c.	Moderate pain, can do the normal work with support	Grade – 2
d.	Severe pain, unable to do work at all	Grade – 3

Grading of Stiffness

S.No.	Stiffness in Neck (ManyaStambha)	Grading of Stiffness
a.	No stiffness	Grade – 0
b.	Mild stiffness, can do strenuous work with difficulty	Grade – 1
c.	Moderate stiffness, can do the normal work with support	Grade – 2
d.	Severe stiffness, unable to do work at all	Grade – 3

Grading of Tenderness in Neck region

S.No.	Tenderness	Grading of Tenderness
a.	No Tenderness	Grade – 0
b.	Complains mild pain	Grade – 1
c.	Complains pain with Winching of face	Grade – 2
d.	Does allow to touch the region	Grade – 3

Paraesthesia

S.No.	Paraesthesia	Grading
a.	Absent	Grade – 0
b.	Present	Grade – 1

Grading of Range of movements – Flexion/ Extension/Lateral Flexion/ Rotation

S.No.	Flexion	Grading
a.	No pain on movement	Grade – 0
b.	Pain is very mild on movement	Grade – 1
c.	Pain is moderate on movement	Grade – 2
d.	Pain is fairly severe on movement	Grade – 3
e.	Pain is severe on movement	Grade – 4
f.	Pain is worst on movements	Grade – 5

"The subjective parametersgrading used in this study were adapted from-Rai R, Daheriya D, Shivhare S, Sharma V, Ayurvedamanagement of Manya Stambha w.s.r. to CervicalSpondylosis - A Case Study. J Ayu Int Med Sci.2025;10(3):378-382.Available Fromhttps://jaims.in/jaims/article/view/4098/"

Treatment Given-

S.No.	Treatment	Administration	Duration
1.	Ruksha Baluka Sweda	Locally on Manya Pradesha	7 Days

2.	Vatavidhvansan Ras (250 mg)	2 tablets after meals with lukewarm water	30 days

Result

Table showing improvements in Symptoms-

S.No.	Subjective parameter	B.T.	A.T.
1.	Pain in Neck (Manya Pradesha)	Severe pain, unable to do work at all(G3)	Mild pain, can do strenuous work with difficulty(G1)
2.	Neck Stiffness (Manya Stambha)	Severe stiffness, unable to do work at all(G3)	Mild stiffness, can do strenuous work with difficulty(G1)
3.	Tenderness in neck region	Does allow to touch the region(G3)	Complains pain with Winching of face(G2)
4.	Paraesthesia (Tingling sensation)	Present(Grade-1)	Absent(Grade-0)
5.	Spurling's Sign	Positive	Negative

Table showing Range of motion-

S.No.	Range of motion	B.T.	A.T.
1.	Flexion	Pain is severe on movement(G4)	Pain is very mild on movement(G1)
2.	Extension	Pain is moderate on movement(G2)	No pain on movement (G0)
3.	Lateral flexion (bending)	Pain is fairly severe on movement(G3)	Pain is moderate on movement (G2)
4.	Rotation	Pain is severe on movement(G4)	Pain is very mild on movement(G1)

Discussion-Manyastambha is characterized by stiffness (Stambha), pain (Ruja), and restricted movement in the posterior region of the neck (Manya). According to Ayurvedic principles, vitiated Vata dosha often compounded by Kapha or Ama (toxins)—localizes in the Manya region and cervical Marmas, leading to degenerative condition marked by intervertebral disc desiccation, osteophyte formation, and subsequent neurovascular compression.[8]

According to Ayurveda, the pathogenesis is fundamentally driven by Vata dosha aggravation, frequently compounded by Kapha dosha or Ama (endotoxins), leading to Srotorodha (micro-channel obstruction) within the Asthimajjavaha Srotas. Effective management requires a dual therapeutic approach: clearing local stagnation (Ama-Pachana and Kapha-Nishodhana) while simultaneously pacifying the aggravated qualities of Vata. The combinatorial protocol of oral Vatavidhvansan Ras [9] and external Ruksha Baluka Sweda (dry sand sudation) addresses these pathological mechanisms through a synchronized internal-external (Antah-Bahir Parimarjana) paradigm.

The clinical success of combining **Vatavidhvansan Ras** and **Ruksha Baluka Sweda** [10] lies in their complementary pharmacodynamics targeting the root cause of Manyastambha.

Targeting Kapha-Vata Avarana (Obstruction)- In many cases of Manyastambha, acute flare-ups involve Avarana (where guru, snigdha Kapha or sticky Ama traps dynamic Vata, causing intense localized pressure and stiffness).[11] Baluka Swedaowing to its dry (Ruksha) and hot (Ushna) property, provides immediate Kapha-hara and Ama-pachana effects locally, melting tissue stagnation. Concurrently, Vatavidhvansan Ras utilizes its Deepana and Pachana properties systemically to correct tissue-level metabolic errors (Dhatvagni-mandya).

Balancing Vata Dosha and Nourishing Dhatus: While Ruksha sweda manages the acute obstructive phase, excessive dry heat can theoretically aggravate Vata if unmanaged. Vatavidhvansan Ras counteracts this by delivering potent Vataghna (Vata-pacifying) and Nadi Shamak (neural-calming)

agents deep into the micro-channels, stabilizing neuromuscular firing and nourishing underlying structural tissues (Asthi and Majja Dhatus).

Vatavidhvansan Ras is a classical herbo-mineral formulation indicated for Vatavyadhi. Its pharmacological profile supports its use in degenerative neck disorders-

Sukshma and Vyavayi Properties- Due to intense mineral processing, the formulation exhibits Sukshma (sub-microscopic penetration) and Vyavayi (rapid diffusion) characteristics. This allows active constituents to cross cellular barriers and reach deep-seated cervical Marmas and nerve root foramina swiftly.[12]

Neuromodulation of Radiating Pain- The mineral-ash components act as effective neural pacifiers, that help to calmthe overactive nerve pathways that responsible for cervicobrachial neuralgia, paraesthesia, and radiation into the upper extremities.[13]

Myorelaxant Action- By correcting imbalance Vata impulses that trigger sustained muscle contraction, it relieves involuntary para spinal guarding and suboccipital spasms, facilitating restoration of the normal cervical range of motion.

Conclusion-

A clinical evaluation of Manyastambha (Cervical Spondylosis) highlights the remarkable effectiveness of a targeted, combined Antah-Bahir Parimarjana (internal and external) Ayurvedic treatment protocol, which provided the patient with significant relief.

Key Findings & Outcomes-

The localized application of Ruksha Baluka Sweda (Dry Sand Sudation) successfully dissolved and eliminated Kapha stagnation (Srotorodha) within the cervical region (Manya Pradesha).

Oral administration of Vatavidhvansan Ras helps to balance aggravated Vata Dosha, resolved metabolic imbalances at the tissue level (Dhatvagni-mandya), and stabilized deep neural pathways.

Significant Symptomatic Relief- Post-treatment evaluations showed a major decrease in neck pain and stiffness, dropping from Grade 3 (Severe) to Grade 1 (Mild), alongside a complete resolution of bilateral upper limb paraesthesia (from Grade 1 down to Grade 0).

Restoration of Function: The patient experienced a full, pain-free recovery of cervical mobility across all directions, completely restoring daily functional independence and greatly improving quality of life.

Ultimately, this case study demonstrates that combined Ruksha Baluka Sweda with Vatavidhvansan Ras offers a safe, non-invasive, and highly dependable Ayurvedic approach to treating the degenerative and obstructive pathology of Manyastambha (Cervical Spondylosis).

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