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Abstract

Background: Manyāstambha, a Vāta-pradhāna nānātmaja vyādhi described in Ayurveda, closely corresponds to cervical spondylosis in contemporary medicine. The condition is characterized by chronic neck stiffness, pain, crepitus, and functional limitations resulting from degenerative changes of the cervical spine. Occupational strain and prolonged sedentary behavior have contributed to the early onset of cervical spondylosis among working-age adults, highlighting the need for safe and effective management approaches.

Aim: To evaluate the effect of a structured Ayurveda treatment protocol in the management of Manyāstambha (cervical spondylosis).

Case Presentation: A 46-year-old male IT professional presented with chronic neck pain, stiffness, crepitus, and restricted cervical movements for the past 7–8 years. Based on Ayurvedic clinical assessment, the condition was diagnosed as Vāta–Kapha-pradhāna Manyāstambha.

Intervention: The patient was administered internal Ayurveda formulations including Navajīvana Rasa, Rasnādī Guggulu, Aśvagandhāriṣṭa, Yaṣṭimadhu Cūrṇa, and selected bhasma preparations, along with external Bala–Aśvagandhā Taila abhyanga for a duration of 15 days.

Outcome: Pain intensity reduced from a Visual Analog Scale (VAS) score of 8 to 2. Cervical stiffness reduced by approximately 70%, and the range of cervical movements improved significantly, as assessed using validated clinical grading scales.

Conclusion: The multimodal Ayurveda intervention demonstrated significant symptomatic improvement in Manyāstambha without any adverse effects, suggesting its potential role in the effective management of cervical spondylosis.

This case study has been prepared in accordance with CARE (CAse REport) guidelines.

Keywords: Manyāstambha, Cervical Spondylosis, Vāta Vyādhi, Rasāyana, Navajīvana Rasa, Rasnādī Guggulu, Case Study, Ayurveda

Introduction

Manyāstambha is a common musculoskeletal disorder described in Ayurveda and is clinically comparable to cervical spondylosis in contemporary medicine. Cervical spondylosis is a degenerative condition affecting the intervertebral discs, facet joints, and supporting ligaments of the cervical spine, leading to neck pain, radiating pain, muscular stiffness, crepitus, and restriction of movements. These symptoms substantially impair daily functioning and quality of life. The condition is particularly prevalent among individuals engaged in prolonged desk work, extensive mobile-phone use, and repetitive or sustained neck postures. Although the term “spondylosis” traditionally denotes age-related degenerative changes, recent epidemiological trends indicate an earlier onset, largely attributed to altered lifestyle and occupational patterns. Recent studies suggest

that cervical spondylosis results in an average loss of approximately 3.5 workdays per employee annually, producing a considerable socioeconomic burden [1]. This underscores the necessity for safe, effective, and sustainable management strategies.

Epidemiology

Cervical spondylosis is highly prevalent, affecting more than 70% of individuals by the age of 60 years, with a confidence interval of ±5%, indicating strong reliability of prevalence estimates [2]. Recent studies demonstrate a rising incidence among adults aged 30–45 years, reflecting changing work environments and lifestyle behaviors [3]. Poor ergonomics, sedentary habits, prolonged screen exposure, and inadequate physical activity are major contributing factors. While males are more commonly affected at younger ages, gender differences tend to diminish with advancing age [2]. Additional risk factors include repetitive cervical strain, obesity, and psychosocial stress. Collectively, these factors contribute to a significant socioeconomic burden due to chronic pain, absenteeism, reduced productivity, and increased healthcare utilization [5].

Pathophysiology (Contemporary View with Ayurvedic Correlation)

Degenerative changes in cervical spondylosis typically begin with intervertebral disc desiccation, reduction in disc height, and segmental instability [4]. These changes may be correlated with the guṇa of aggravated Vāta, particularly rūkṣa (dry) and khara (rough), which predispose tissues to degeneration and depletion. Progressive degeneration stimulates osteophyte formation, comparable to Vāta-induced asthi-vikāra (bony changes), and may be accompanied by buckling of the ligamentum flavum, reflecting Vāta-associated stiffness and rigidity. Foraminal narrowing ensues, which can be understood through the concept of Kapha anubandha causing obstruction when associated with aggravated Vāta. Compression of cervical nerve roots or, in advanced cases, the spinal cord results, manifesting as pain, restricted movements, and neurological symptoms. Muscular guarding and cervical spasms represent Vāta-induced spasmodic activity of māṁsa dhātu. Clinically, these pathological changes present as neck rigidity, restricted range of motion, and difficulty in routine activities such as head rotation, consistent with features of excessive Vāta [4]. Chronic progression may culminate in cervical radiculopathy or myelopathy, reflecting the degenerative and obstructive tendencies of Vāta-dominant pathology.

Ayurvedic Perspective

Nidāna (Etiological Factors)

Manyāstambha is classified as a Vātaja nānātmaja vyādhi, arising predominantly from aggravation of Vāta doṣa. Classical Ayurvedic texts describe multiple Vāta-prakopaka

nidāna affecting the manyā pradeśa (cervical region), including excessive physical exertion (ati-vyāyāma), prolonged walking or travel (ati-adhvā), and suppression of natural urges (vega-dhāraṇa) [10]. Dietary factors such as consumption of rūkṣa and laghu āhāra, intake of cold, dry, or insufficient food further aggravate Vāta [6][7]. Lifestyle factors including exposure to cold, excessive or improper use of the neck, poor posture, night awakening (rātri-jāgaraṇa), and day sleep (divā-svapna) exacerbate Vāta doṣa [8]. Psychological stressors such as anxiety, fear, and mental strain also contribute to Vāta vitiation.

Progressive dhātu-kṣaya involving māṁsa (muscle), snāyu (ligament/tendon), asthi (bone), and majjā (marrow/nervous tissue) occurs due to ageing, nutritional deficiencies, chronic disease, or overuse, resulting in compromised cervical stability and increased susceptibility to degenerative changes [9]. Thus, an interplay of improper diet, lifestyle factors, occupational stress, and sustained Vāta aggravation underlies the pathogenesis of Manyāstambha.

Samprāpti (Pathogenesis)

In Manyāstambha, persistent nidāna lead to aggravation of Vāta doṣa, particularly affecting Vyāna Vāyu (governing movement and circulation) and Apāna Vāyu. The pathogenic sequence may be summarized as follows:

- Aggravated Vāta, characterized by rūkṣa, śīta, laghu, and khara guṇa, weakens supporting tissues such as māṁsa and snāyu.
- Tissue depletion results in impaired nourishment and microcirculation in the cervical region, leading to stiffness and pain.
- Continued Vāta vitiation localizes in the manyā pradeśa, producing stambha (rigidity), śūla (pain), and gati-nirodha (restriction of movement) [11].
- Associated Kapha vitiation may contribute to heaviness, stiffness, and reduced mobility.

Depletion of asthi and majjā dhātu manifests as degenerative changes of cervical discs and joints, while snāyu-duṣṭi produces ligamentous tightening analogous to changes observed in cervical spondylosis. Since the pathology originates from pakvāśaya-sthita Vāta, Manyāstambha is classified under madhyama roga-mārga, involving deeper tissues and structures, which explains the chronicity and relatively slower therapeutic response [12].

Clinical Features and Pathological Summary

- Māṁsa and snāyu kṣaya → muscle spasm and rigidity
- Asthi and majjā kṣaya → cervical disc and joint degeneration

- Vyāna Vāyu duṣṭi → pain and restricted movement
- Kapha anubandha (in some cases) → heaviness and stiffness

Thus, Manyāstambha represents a Vāta-dominant disorder characterized by structural depletion and functional impairment localized to the cervical spine.

Table 1: Patient Information

Parameter	Details
OPD Number	30713
Age / Sex	46 years / Male
Occupation	IT professional (Work From Home)
Socioeconomic status	Upper middle class
Habitat	Urban
Chief complaints	Chronic neck pain and stiffness, crepitus (7–8 years); low back pain and stiffness (1–2 years)
Associated complaints	Abdominal distension, excessive belching, generalized weakness
Relevant history	Prolonged sitting (~10 hours/day), poor posture, minimal physical activity
Past illness	Allergic rhinitis; no history of trauma or neurological deficit

The patient presented to the Samhita and Siddhānta OPD of Government Akhandanand Ayurveda Hospital, Ahmedabad, with progressively worsening neck pain, stiffness, and functional limitation. Symptoms were insidious in onset and gradually progressive, significantly affecting daily activities and work efficiency. This case is presented to illustrate the practical application of Ayurvedic principles in the management of Manyāstambha.

Past History

The patient did not report any significant history of trauma, chronic systemic illness, or previous surgical intervention. There was no known history of major musculoskeletal injury, neurological disorder, or metabolic disease prior to the onset of the present complaints. The patient had a known history of allergic rhinitis, for which he used symptomatic treatment on an as-needed basis.

Due to persistent neck and back symptoms, the patient had previously sought treatment from other medical systems, including allopathic medicine and physiotherapy. He had been prescribed non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants for symptomatic relief, which provided only temporary improvement. A washout period was observed before initiating Ayurveda intervention to avoid confounding effects. Relevant investigations are detailed below.

Family History

No family history of diabetes mellitus, hypertension, or other significant systemic illnesses was reported.

Table 2: Personal History

Parameter	Observation
Diet	Vegetarian
Appetite	Good
Bowel habit	Irregular; tendency towards constipation (twice daily)
Urine habit	Regular (9–10 times/day, 1–2 times/night)
Burning micturition	Absent
Painful micturition	Absent
Addiction	None
Sleep	Normal (11:00 PM – 5:00 AM); Day sleep absent
Koṣṭha	Madhyama
Physical exercise	Madhyama

Table 3: General Examination

Parameter	Finding
Blood Pressure	138/84 mmHg
Pulse Rate	78/min
Temperature	98.6°F
Height	5 feet 7 inches
Weight	65 kg
Pallor	Absent
BMR	1488 kcal/day
BMI	22.49 kg/m²

Table 4: Aṣṭavidha Parīkṣā

Component	Finding
Nāḍī (Pulse)	Vāta-kaphaja
Mūtra (Urine)	Normal (9–10/day; 1–2/night)
Mala (Stool)	Malabaddhatā
Jihvā (Tongue)	Alipta (clear)
Śabda (Voice)	Prākṛta
Sparśa (Skin)	Śīta
Dṛk (Eyes)	Sāmānya
Ākṛti	Madhyama

Table 5: Daśavidha Parīkṣā

Parameter	Assessment
Prakruti (Constitution)	Vāta-kaphaja
Vikruti (Imbalance)	Doṣa – Vāta-Kapha; Duṣya – Rasa, Rakta, Māṃsa
Sara (Tissue quality)	Madhyama
Samhanana (Body frame)	Madhyama
Pramana (Body proportions)	Madhyama
Satmya (Dietary adaptability)	Madhyama
Satva (Mental strength)	Madhyama
Ahāra Shakti (Digestive capacity)	Madhyama

Jāraṇa Shakti (Digestive power)	Madhyama
Vyayama Shakti (Physical capacity)	Madhyama
Vaya (Age)	Madhyama
Prakruti (Constitution)	Madhyama
Vikruti (Imbalance)	Madhyama

Investigations

Table 6: Hematological Investigations

Parameter	Result
Hemoglobin	11.4 g/dL
Total RBC	6.35 million/cu.mm
Total WBC	10,530/cu.mm
RDW	17%
ESR (1st hour)	15 mm

Biochemical Investigation

Parameter Result

CRP (Serum) 5.2 mg/L

MRI – Cervical Spine

Level Disc Space (mm) Findings

- C2–C3 11.6 —
- C3–C4 11.4 Mild posterior disc bulge
- C4–C5 10.4 Mild posterior disc bulge
- C5–C6 11.6 Mild posterior disc bulge
- C6–C7 12.5 —

Additional MRI Findings:

- Indentation of the anterior thecal sac
- Complete fusion of apophyseal joints in cervico-dorsal vertebrae

MRI – Whole Spine Screening

- Lumbosacral region - Sacralisation of L5 vertebra
- D6–D7 region - Type II Modic changes (fatty marrow changes)

MRI – Hip & Sacroiliac Joints

Ultrasonography – Whole Abdomen

- SI joint surface Mild irregularity
- Joint space Mildly reduced bilaterally
- STIR signal No active marrow edema (chronic changes)
- Liver Mild hepatomegaly
- Echotexture Grade I fatty changes

Diagnostic Assessment

The diagnosis was based on clinical features of chronic neck pain, stiffness, crepitus, and restricted cervical movements, supported by MRI-confirmed degenerative changes. Multilevel cervical disc bulges (C3–C6) and apophyseal joint fusion correlated with Asthi-Majjā Dhātu Kṣaya and Vāta-Kapha Āvaraṇa, validating the diagnosis of Manyāstambha [13]. Clinically, the condition corresponds to cervical spondylosis associated with postural strain.

Table 7: Baseline Symptom Grading

Symptom / Parameter	Grade (0–10)
Pain (Manyāpradeśa)	8
Stiffness	7
Weakness	5
Clumsy finger movements	4
Vertigo	3
Radiating pain (occiput–shoulder–arm)	6
ROM – Flexion	6
ROM – Extension	6
ROM – Lateral bending	7
ROM – Rotation	5

Table 8: General Examination (Local – Cervical Region)

Parameter	Finding
Inspection	Mild swelling
Palpation	Tenderness present
Percussion	Not specific
Auscultation	Not specific

Therapeutic Intervention

The therapeutic approach was designed based on classical Ayurvedic principles with clearly defined, evaluable objectives. Each formulation was selected to address Vāta-kapha doṣa, Asthi–Majjā dhātu kṣaya, and associated functional impairment. The intervention aims were reformulated into outcome-based questions to strengthen clinical relevance and facilitate future controlled studies.

Internal Medications and Therapeutic Rationale

- **Navajīvan Rasa**

Outcome objective: Reduction in Visual Analogue Scale (VAS) score by ≥3 points. Selected for its Vāta-śāmaka action and role in improving neuromuscular strength and tissue nourishment.

- **Rasnādi Guggulu**

  Outcome objective: ≥30% reduction in pain and stiffness. Chosen for its potent Vāta-hara and anti-inflammatory properties.

Rasāyana (Rejuvenative) Therapies

- **Aśvagandhāriṣṭa**

  Outcome objective: ≥25% improvement in muscle tone and general well-being. Administered for its Balya and Rasāyana effects.

- **Yaṣṭimadhu Cūrṇa**

  Outcome objective: ≥20% reduction in inflammation with strengthening of musculoskeletal tissues. Supports Vāta-pacification and tissue repair.

Āma-pācana and Srotas-śodhana Therapies

- **Śaṅkha Bhasma**

  Outcome objective: ≥15% improvement in digestive symptoms through enhancement of Agni.

- **Godantī Bhasma**

  Outcome objective: ≥25% improvement in bone–muscle interface stability. Acts as Vāta-Pitta śāmaka.

- **Muktāśukti Bhasma**

  Outcome objective: ≥25% improvement in bone and nerve strength, aiding cervical muscle relaxation.

External Therapies

- **Balā–Aśvagandhā Taila Abhyanga**

  Outcome objective: ≥30% improvement in cervical mobility. Used for external oleation to pacify Vāta, reduce muscle stiffness, and improve range of movement.

Table 9: Treatment Protocol

SN	Medicine	Dose	Frequency	Duration	Route
1	Navajīvan Rasa	125 mg	BD after meals	15 days	Oral
2	Rasnādi Guggulu	250 mg	TDS before meals	15 days	Oral
3	Ghansāra Arka [14]	As required	Local application	15 days	External
4	Balā–Aśvagandhā Taila	As required	Local application	15 days	External

5	Aśvagandhāriṣṭa	20 ml + equal water	BD after meals	15 days	Oral
6	Yaṣṭimadhu Cūrṇa	1 g	BD after meals	15 days	Oral
7	Śaṅkha Bhasma	500 mg	BD after meals	15 days	Oral
8	Godantī Bhasma	250 mg	BD after meals	15 days	Oral
9	Muktāśukti Bhasma	250 mg	BD after meals	15 days	Oral

Follow-up and Outcomes

Improvement in Subjective Parameters

Following the completion of the 15-day Ayurveda intervention, the patient showed marked symptomatic improvement. Pain severity reduced significantly, with the VAS score decreasing from 8 to 2. Cervical stiffness was substantially alleviated, resulting in improved functional mobility and reduced discomfort during routine activities.

Subjective outcomes were assessed using the VAS for pain and a structured quality-of-life assessment encompassing general well-being, activity tolerance, and sleep quality. All domains showed noticeable improvement, indicating enhanced overall quality of life.

Table 10: Improvement in Range of Movement

SN	Range of Movement	BT (Before Treatment)	AT (After Treatment)
1	Flexion	Fairly severe pain on movement (G3)	Very mild pain on movement (G1)
2	Extension	Severe pain on movement (G4)	Very mild pain on movement (G1)
3	Lateral Bending	Severe pain on movement (G4)	Very mild pain on movement (G1)
4	Rotation	Severe pain on movement (G4)	Very mild pain on movement (G1)

Table 11: Outcome Measures (Before vs After Treatment)

Parameter	Scale Used	BT	AT
Pain	VAS (0–10)	8	2
Stiffness	Clinical grading	7	2
Flexion	ROM grading	G3	G1
Extension	ROM grading	G4	G1
Rotation	ROM grading	G4	G1

Outcome Assessment

Outcomes were evaluated using a combination of subjective clinical grading scales and semi-objective functional parameters. The results demonstrate meaningful clinical improvement in pain, stiffness, and cervical mobility following the structured Ayurveda intervention.

Discussion

The present case demonstrates the clinical utility of a structured, multimodal Ayurveda intervention in the management of Manyāstambha, a Vāta-pradhāna disorder corresponding to cervical spondylosis. The therapeutic strategy focused on Vāta-śamana, Agni dīpana, Āma pācana, Srotas śodhana, Rasāyana, and Dhātu poṣaṇa, addressing both symptom relief and underlying pathogenesis.

Navjīvan Rasa plays a pivotal role in improving neuromuscular strength and correcting Vāta imbalance, which are central factors in Manyāstambha. Classical Rasa-dravyas present in the formulation enhance Agni, improve metabolism, and promote effective tissue nourishment [15]. By facilitating Vāta anulomana, it supports optimal nerve conduction and cervical muscle function, thereby reducing stiffness and neuropathic pain. Its Rasāyana action contributes to restoration of strength and vitality in chronic cases characterized by fatigue, poor appetite, and long-standing pain. Rasnādi Guggulu is effective in Manyāstambha due to its Vāta-hara, anti-inflammatory, Āma-pācana, and Srotas-śodhana properties. It aids in reducing pain, stiffness, and joint rigidity while supporting neuromuscular recovery and functional improvement [16].

Aśvagandhāriṣṭa exerts beneficial effects through Vāta-śamana, neuromuscular strengthening, Rasāyana, and Medhya actions. It improves muscle tone, sleep quality, general well-being, and stress tolerance, which are often compromised in chronic cervical disorders [17]. Yaṣṭimadhu Cūrṇa contributes to symptom relief by pacifying Vāta, reducing inflammation, and strengthening musculoskeletal tissues through its Balya and Rasāyana properties. Its supportive role is particularly valuable in chronic neck stiffness and pain [18].

Śaṅkha Bhasma indirectly supports the management of Manyāstambha by restoring Agni, reducing Āma, and correcting Vāta imbalance. Proper digestion and metabolic regulation are essential for sustaining musculoskeletal health and preventing disease progression [19]. Godantī Bhasma assists in pacifying Vāta-Pitta, reducing pain and heaviness, and strengthening bone–muscle interfaces. Its role is especially relevant in conditions involving Asthi and Majjā dhātu kṣaya [20].

Muktāśukti Bhasma supports cervical spine health by pacifying Vāta-Pitta, relaxing cervical musculature, and strengthening bone and nerve tissues. It contributes to pain relief and neuromuscular stability in degenerative cervical disorders [21,22]. External application of Balā–Aśvagandhā Taila effectively pacifies Vāta locally, reduces muscle stiffness, enhances nerve nourishment, and improves cervical mobility. External Snehana complements internal therapy by acting directly on the affected region [23].

Conclusion

This case study highlights the effectiveness of a comprehensive Ayurveda treatment protocol in the management of Manyāstambha (cervical spondylosis), a Vāta-pradhāna disorder characterized by neck pain, stiffness, restricted mobility, and neuromuscular fatigue. The intervention incorporated internal medications—Navjīvan Rasa, Rasnādi Guggulu, Aśvagandhāriṣṭa, Yaṣṭimadhu Cūrṇa, Śaṅkha Bhasma, Godantī Bhasma, and Muktāśukti Bhasma—along with external Balā–Aśvagandhā Taila abhyanga.

These formulations collectively acted through Vāta-śamana, Agni dīpana, Āma pācana, Srotas śodhana, Rasāyana, and Dhātu poṣaṇa. Quantitatively, pain intensity reduced by approximately 75%, stiffness by 70%, and cervical mobility improved by about 65% following treatment [24].

The outcomes indicate that:

- Vāta pacification and Agni regulation are crucial in reducing rigidity and pain
- Rasāyana and Balya therapies effectively nourish Māṃsa, Asthi, and Majjā dhātu
- Bhasma preparations provide structural support and neuromuscular relaxation
- External Snehana significantly enhances muscle flexibility and cervical mobility

Overall, the intervention restored functional movement, reduced symptom severity, improved digestion and sleep, and enhanced general well-being. This case underscores the relevance of classical Ayurveda principles in managing chronic degenerative and neuromuscular disorders. A multidimensional Ayurveda approach integrating internal and external therapies offers a safe, holistic, and effective model for Manyāstambha. Further interdisciplinary research and controlled clinical trials are recommended to validate and standardize this protocol for broader clinical application.

Patient's Perspective

The patient reported marked relief in neck pain and stiffness following the Ayurveda treatment. He experienced improved neck mobility, better sleep quality, reduced fatigue, and enhanced comfort during daily activities. The patient expressed satisfaction with the holistic approach and appreciated the absence of adverse effects during treatment.

Informed Consent

Written informed consent was obtained from the patient prior to inclusion in this case study. The patient was informed about the nature of the treatment, data collection, and publication of clinical details, and consented to the use of anonymized information for academic and research purposes.

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