# 1 Effect of Nasya and Greeva Pichu for the Management of Manyastambha

2 wsr Cervical Spondylosis: A Case Study.

## 3 Abstract

4 Manyastambha, a Vataja Nanatmaja Vyadhi, is notably defined in classical Ayurvedic texts as 5 an ailment affecting the cervical vicinity. Its clinical presentation—characterised through ache (Ruk), stiffness (Stambha), and constrained neck actions—intently parallels cervical spondylosis 6 7 in contemporary medicine. This case study examines the efficacy of Nasya (nasal administration 8 of medicated oil) and Greeva Pichu (external oil application) using Mahanarayan Taila in a 9 single patient diagnosed with Manyastambha. The diagnosis was made through radiological 10 examination (X-ray) and by making use of presentday diagnostic standards through the Cluster 11 of Wainner tests, in conjunction with Ayurvedic assessments using Pancha Nidana and other 12 diagnostic tools. Treatment efficacy was assessed by the Neck Disability Index (NDI), and Visual 13 Analog Scale (VAS). Results confirmed substantial improvement in pain, stiffness, and mobility, suggesting that these Ayurvedic interventions provide a holistic, secure, and effective alternative 14 15 when dealing with cervical spondylosis.

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## 17 Introduction

18 Manyastambha is a disorder defined in Ayurvedic literature as resulting from the vitiation of Vata and 19 Doshas, inflicting stiffness (Stambha), ache (Ruja), and constrained mobility in Kapha 20 the neck vicinity. Classical texts which includes the Sushruta Samhita classify 21 Manyastambha beneath Vataja Nanatmaja Vyadhi, while the Samhita Charaka discusses 22 its features within the context of Vatavyadhi, in particular, affecting the Urdhwajatrugata area (above the clavicle) <sup>(1,2)</sup>. The term "Manyastambha" is derived from "Manya" (referring to the nape or the 23 as Amarkosha 24 of the neck, described "Stambha" posterior part in and (indicating tension or incapability to move)  $^{(3)}$ . 25

In contemporary remedy, cervical spondylosis is thought as a degenerative condition affecting the 26 27 cervical vertebrae due to age-associated wear and tear of the intervertebral discs, progressing to 28 osteophyte formation and loss of cervical lordosis. Its clinical signs include persistent neck ache, 29 stiffness, and, in extreme instances, neurological signs because of nerve root compression. 30 The growing incidence of cervical spondylosis attributed to has been modern way of 31 life elements such as extended sitting, negative posture, and sedentary habits <sup>(4)</sup>.

32 Ayurveda gives a multifaceted remedy method for Manyastambha, emphasizing the recovery of 33 Dosha balance via life-style adjustments, Panchakarma therapies, and supportive 34 interventions. amongst those, Pichu Nasya and Greeva are taken into 35 consideration distinctly effective in managing Urdhwajatrugata problems. Nasya entails the nasal administration of medicated oils, facilitating direct absorption to the head and neck vicinity, at 36 37 the same time as Greeva Pichu provides local oleation to nourish and lubricate the cervical structures (5,6) 38

39 This text targets to check classical Ayurvedic insights—such as the Pancha Nidana diagnostic 40 framework and Samprapti Ghataka (pathogenesis elements)—and to offer a case study that evaluates the blended efficacy of Nasya and Greeva Pichu in a affected person with Manyastambha, the use 41 42 of each Ayurvedic and present day diagnostic modalities, which includes the Cluster of 43 Wainner assessments.

- In Manyastambha, classical texts pertains that the vitiated Vata, frequently obstructed through Kapha
   (Avarana), localizes in the Manya vicinity (neck), ensuing in signs of tension and pain <sup>(7)</sup>. Additionally,
- 46 Dashavidha Pariksha and Ashtavidha Pariksha offer comprehensive strategies for assessing
- 47 the patient's standard condition, which includes pulse exam (Nadi Pariksha), that is crucial in figuring
- 48 out Vata and Kapha disturbances $^{(8)}$ .
- 49 Samprapti Ghataka (Pathogenesis Elements)
- 50 The pathogenesis of Manyastambha, or Samprapti, entails 5 crucial additives, together referred to 51 as the Samprapti Ghatakas:
- Dosha: The number one Doshas concerned are Vata (particularly Vyana Vata) and Kapha, which when vitiated, disturb regular body functions.
- 54 2. Dushya: The affected tissues consist of Mamsa (muscle), Asthi (bone), Majja (marrow), and
   55 Snayu (tendon/ligament).
- Agni: Metabolic fire or Agni, specifically Jatharagni and Dhatwagni, is compromised, leading to Ama (toxins) formation.
- 58
   4. Srotas: The physical channels, mainly Asthivaha and Majjavaha, are obstructed, ensuing in impaired nourishment and waste elimination.
- 5. Samprapti: The interaction of Dosha, Dushya, Agni, and Srotas culminates within
   the manifestation of Manyastambha, which can also develop from a preliminary Kapha dominant level to a chronic Vata situation <sup>(7,9)</sup>.
- 63 Modern Diagnostic Affirmation: Cluster of Wainner Tests <sup>(10)</sup>
- 64 Upper Limb Tension Test A (ULTT A): Assesses nerve tension, specially of the median nerve.
- Spurling's Test: includes neck extension and rotation with implemented downward strain to manifest radicular signs.
- **Distraction Test:** Relieves symptoms when axial traction is applied to the cervical spine.
- Ipsilateral Cervical Rotation: Measures the range of motion (ROM); difficulty might also suggest radiculopathy.
- 71 If 1 out of 4 tests from the Cluster of Wainner is positive, the diagnostic value is low, with an 72 estimated positive likelihood ratio (LR+) of ~1.5.
- 73 **2 out of 4 positive tests**  $\rightarrow$  LR+  $\approx$  **3.5** (Moderate diagnostic value)
- 74 **3 out of 4 positive tests**  $\rightarrow$  LR+ = 6.1 (Stronger diagnostic value)
- 75 **4 out of 4 positive tests**  $\rightarrow$  **LR**+ = **30.3** (Very high diagnostic value)
- Valsalva Maneuver: elevated intrathecal strain can also reproduce pain in instances of spinal canal
   compromise<sup>(11)</sup>.
- 78 The tremendous findings in these assessments, alongside X-ray proof (lack of cervical lordosis and
  79 osteophyte formation at C5-C6), affirm the diagnosis of cervical spondylosis
  80 and aid the clinical diagnosis of Manyastambha.

## 81 Materials and Methods

82 Case Selection

- 83 A 45-year-old male patient presented with:
- Persistent neck pain, stiffness, and limited cervical movements for six months.
- Pain increases with prolonged sitting but condition becomes somewhat better with movement.

#### 86 HISTORY OF PRESENT ILLNESS:

The patient was asymptomatic six months back. Gradually, he developed pain and stiffness in the neck region associated with a tingling sensation, numbness in the right upper limb, difficulty in neck movements, on and off headache and disturbed sleep. He took analgesics on and off while having severe pain. The patient attended the outpatient unit of *Panchakarma, Patanjali* Ayurvedic Hospital Haridwar for better treatment.

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- 93 HISTORY OF PAST ILLNESS: Nil
- 94

### 95 **PERSONAL HISTORY:**

- 96 Appetite-Good
- 97 Bowels-Regular
- 98 Urine-Clear
- 99 Sleep-Disturbed
- 100 Occupation Software Engineer
- 101 No addictions.
- 102
- 103 FAMILY HISTORY: Not significant

### 104 Nidana Panchaka (Ayurvedic Diagnosis)

### 105 *Hetu (Etiological Factors)*:

extended incorrect posture, immoderate screen time, and stress, suppression of natural urges
 (*Vegavarodha*) and consumption of cold, dry, and heavy eatables (*Guru, Ruksha Ahara*).

### 108 **Purvarupa (Premonitory Symptoms):**

109 Moderate stiffness and frequent neck soreness before severe symptoms.

### 110 Rupa (Manifested Symptoms):

*Ruja* (Pain in the cervical region), *Stambha* (Neck stiffness and restricted movements) and *Toda* (Radiating pain in shoulders and upper arms).

### 113 Upashaya (Relieving Factors):

114 Warm fomentation and massage provided brief moment relief.

### 115 Samprapti (Pathophysiology):

- 116 Dosa: Vata (Vyana) and Kapha (Sleshaka)
- 117 Dushya: Mamsa, Asthi, Majja, Sira, Snayu
- 118 Srotas: Asthivaha, Majjavaha
- 119 Srotodushti: Sanga
- 120 Agni: Jatharagni, asthi majja dhatwagnijanya
- 121 Adhistana: Manya sthana
- 122 Udbhava sthana: Pakwashaya
- 123 Vyakta sthana: Manya sthana

### 124 Roga marga: Madyama

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### 126 Clinical Examination

### 127 Modern Diagnostic Tests

- 128 The Cluster of Wainner test was used for diagnosing cervical spondylosis. Positive outcomes in four
- 129 of the tests confirmed the diagnosis:

Test Name	Criteria for Positivity	
Cervical Rotation	< 60°	
Spurling's Test	Positive	
Distraction Test	Positive	
Upper Limb Tension Test (ULTT)	Positive	

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- 131 Valsalva Maneuver: did not produce any change
- 132 **Pulse rate:** 76/min.
- X-ray findings showed lack of cervical lordosis with osteophyte formation at the C5-C6 level,confirming degenerative modifications.
- 135 Ayurvedic Examination
- 136 Dashavidha Pariksha: Moderate Vata-Pitta constitution, normal Sara, Samhanana, and Satmya.
- 137 Asthivaha Srotodushti Lakshana: Presence of Shoola (pain) and Stambha (stiffness).
- **138** Intervention Protocol
- 139 **1. Nasya Karma** <sup>(14)</sup>
- 140Drug Used: Mahanarayan TailaDosage: 8 drops per nostrilDuration: 7 days

Procedure: The Nasya Karma procedure follows a established technique, starting with Poorva 141 Karma (pre-treatment), in which the affected person lies in a supine position, and a mild Abhyanga 142 143 (massage) with Mahanarayan Taila is performed over the face, brow, and cervical area. This is accompanied by means of moderate Swedana (fomentation) to loosen Kapha and open nasal 144 145 channels. In Pradhana Karma (main procedure), 8 drops of lukewarm oil are instilled into each 146 nose while the patient inhales deeply. A gentle massage is given over the forehead and nasal bridge, and extra mucus is expelled. In Paschat Karma (post-treatment), the patient stays in supine 147 position for 5 minutes, accompanied by steam fomentation, Gandusha (mouth rinsing), and 148 Kavala (gargling). Post-therapy precautions consist of warding off cold exposure, heavy meals, 149 150 and exertion. This systematic technique guarantees effective absorption of the oil, pacifies Vata-151 Kapha Dosha, and improves circulation, cervical mobility, and pain alleviation in Manyastambha.

152 **2. Greeva Pichu** <sup>(15)</sup>

153 Drug Used: Mahanarayan Taila

Duration: 20 minutes daily for 7 days.

**Respiratory rate:** 18/min

Blood Pressure: 110/70 mm of Hg

154 Procedure: The Greeva Pichu technique follows a established method, starting with Poorva Karma (pre-treatment) in which the affected person is made to sit or lie readily in a secure position. A gentle 155 with lukewarm Mahanarayan Taila is carried out over Abhvanga (massage) the 156 cervical location (Greeva) to stimulate flow and prepare the tissues. In Pradhana Karma (main 157 158 procedure), a sterile cotton or gauze pad is soaked in warm Mahanarayan Taila and placed over the 159 cervical spine. The pad is kept warm by periodically reapplying heated oil for 20 minutes, making sure non-stop absorption. This method nourishes Vata-Kapha vitiated tissues, relieves stiffness, 160 161 and complements lubrication of joints. In Paschat Karma (post-treatment), the vicinity is lightly wiped, the patient is counseled to keep 162 and away 163 from cold exposure, sudden neck movements, or immoderate exertion. Regular application of Greeva Pichu improves muscular relaxation, reduces inflammation, and enhances cervical mobility, 164 165 making it a valuable therapy in Manyastambha.

#### 166 **Assessment Criteria**

- Assessments were made pre- and post-intervention using: 167
- Neck Disability Index (NDI): A standardized questionnaire to evaluate functional disability<sup>(16)</sup>. 168

169 Visual Analog Scale (VAS): A scale from 0 (no pain) to 10 (severe pain) for pain intensity assessment (17) 170

**Cluster of Wainner Tests:** 4 out of 4 positive tests  $\rightarrow$  LR+ = 30.3 (Very high diagnostic value)<sup>(18)</sup>. 171

#### Table 1: Pre- and Post-Treatment Assessment Values 172

Parameter	Pre-Treatment	Post-Treatment	Improvement (%)
VAS (Pain Score)	3/10	0/10	100%
NDI (Disability Score)	65%	24%	63.1%
Cluster of Wainner (LR+)	30.3	1.5	Significant reduction

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#### 174 **Results**

After the intervention, the patient experienced considerable relief in pain i.e VAS reduced from 3 to 0. 175 176 Improvement in everyday activities as NDI score reduced from 65% to 24% incapacity. Positive 177 Cluster of Wainner findings that is initial positive Spurling's and other tests, which supported the The affected diagnosis, showed a reduction in symptom provocation 178 post-treatment. person pronounced wonderful alleviation in neck stiffness 179 and advanced capabilities to perform daily activities, and not reporting a unfavourable results throughout the treatment duration. 180

#### Discussion 181

Ayurvedic Interpretation and Correlation 182

The clinical picture of Manyastambha, as defined in classical texts, entails the vitiation of Vata and 183

Kapha Doshas within the Manya area. Acharya Charaka and Sushruta give an explanation for that 184

when Vata becomes aggravated often due to incorrect diet, sedentary way of 185 life,

186 and intellectual stress it leads to a situation characterised by tension and ache in neck (2, 3). In addition worsen

Kapha's obstructive impact (Avarana) in 187 Manvastambha,

the situation, resulting in decreased flexibility and persistent pain  $^{(3,7)}$ . 188

- 189 Nasya Karma is described as best remedy for Urdhwajatrugata problems in Ayurveda. According to
- the *Charaka Samhita* (Sutra Sthana 14/39), Nasya allows the direct transport of medicated oils to the
   supraclavicular region, thereby pacifying the vitiated Doshas. Mahanarayan Taila, used in this study,
   exhibit Vatahara and Rasayana properties that improve nerve functioning and reduce inflammation <sup>(5, 6)</sup>.
- 194 Greeva Pichu in addition enhances Nasya by means of supplying localized oleation to the 195 cervical systems. As said in classical texts, external oil applications enhance Snehana (oleation), leading to advanced lubrication of joints and tissues, which leads to reduced stiffness 196 (7, 8) and higher mobility The aggregate of 197 these therapies addresses each systemic and localized elements of Manyastambha.. 198
- By restoring Dosha balance by Nasya (which clears Kapha Avarana and pacifies Vata) and Greeva
   Pichu (which nourishes the affected tissues), these therapies address the underlying pathophysiology
   stated in classical texts <sup>(2, 7, 8)</sup>.
- 202 Integrating Ayurvedic and Modern Approaches

This how conventional Ayurvedic treatment 203 study exemplifies plans may case 204 be efficiently included with cutting-edge diagnostic tools. While contemporary treatment relies on symptomatic management using NSAIDs and physiotherapy (which provide temporary relief), 205 Ayurvedic interventions including Nasya and Greeva Pichu focuses to revive the body's internal 206 stability, addressing the root cause of the disorder <sup>(4, 20)</sup>. The use of the Cluster of Wainner tests not 207 only confirms the diagnosis but also provides an objective measure to evaluate treatment efficacy. 208

The fulfillment of this integrated approach shows that future medical trials should focus on integrating
 Ayurvedic diagnostic methods (such as Pancha Nidana and Dashavidha Pariksha) with modern
 clinical assessments for goodwill of patients.

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## 213 Conclusion

This review and case study demonstrate that the blended application of Nasya and Greeva Pichu with 214 215 Mahanarayan Taila notably improves ache, stiffness, and cervical mobility in a patient with Spondylosis). the combination of 216 Manyastambha (Cervical classical Avurvedic 217 diagnostic standards (Pancha Nidana, Samprapti Ghataka) and contemporary evaluation tools (Cluster of Wainner assessments, NDI, VAS) presents a complete framework for knowledge and dealing 218 with this condition. These findings underscore the potential of Ayurvedic treatments as a secure, 219 220 holistic. and effective alternative or adjunct to standard treatments. future clinical trials with large affected person populations are recommended to further validate those effects. 221

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