



### RESEARCH ARTICLE

## SCIENTIFIC ASSESSMENT OF NASYA AND GREEVA PICHU FOR THE MANAGEMENT OF MANYASTAMBHA (CERVICAL SPONDYLOSIS): A CASE STUDY

Aishwary Srivastava<sup>1</sup>, Alisha Usmani<sup>1</sup> and Ruchi Gupta<sup>2</sup>

1. P.G. Scholar, Department of Panchakarma, Patanjali Bharatiya Ayurvedigyan Evam Anusandhan Sansthan, Haridwar.
2. Professor, Department of Panchakarma, Patanjali Bhartiya Ayurvedigyan Evam Anusandhan Sansthan, Haridwar.

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### Abstract

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

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### Introduction:-

Manyastambha is a disorder defined in Ayurvedic literature as resulting from the vitiation of Vata and KaphaDoshas, inflicting stiffness (Stambha), ache (Ruja), and constrained mobility in the neck vicinity. Classical texts such as the SushrutaSamhita classify Manyastambha under VatajaNanatmajaVyadhi, while the CharakaSamhita discusses its features within the context of Vatavyadhi, particularly affecting the Urdhwajatrugata area (above the clavicle)<sup>(1,2)</sup>. The term Manyastambha is derived from Manya (referring to the nape or the posterior part of the neck, as described in Amarkosha) and Stambha (indicating tension or incapability to move)<sup>(3)</sup>.

In contemporary medicine, cervical spondylosis is understood as a degenerative condition affecting the cervical vertebrae due to age-associated wear and tear of the intervertebral discs, progressing to osteophyte formation and loss of cervical lordosis. Its clinical signs include persistent neck ache, stiffness, and, in extreme cases, neurological symptoms due to nerve root compression. The growing incidence of cervical spondylosis has been attributed to modern lifestyle factors such as prolonged sitting, poor posture, and sedentary habits<sup>(4)</sup>.

**Corresponding Author:-Aishwary Srivastava**

Address:- P.G. Scholar, Department of Panchakarma, Patanjali Bhartiya Ayurvedigyan Evam Anusandhan Sansthan, Haridwar.

Ayurveda offers a multifaceted treatment strategy for Manyastambha, emphasizing the restoration of Dosha balance through lifestyle modifications, Panchakarma therapies, and supportive interventions. Among these, Nasya and GreevaPichu are considered highly effective in managing Urdhwajatrugata disorders. Nasya involves the nasal administration of medicated oils, facilitating direct absorption to the head and neck region, while GreevaPichu provides local oleation to nourish and lubricate the cervical structures<sup>(5,6)</sup>.

This paper aims to review classical Ayurvedic insights—such as the PanchaNidana diagnostic framework and SampraptiGhataka (pathogenesis elements)—and to present a case study that evaluates the combined efficacy of Nasya and GreevaPichu in a patient with Manyastambha, using both Ayurvedic and modern diagnostic modalities, including the Cluster of Wainner tests.

In Manyastambha, classical texts state that the vitiated Vata, often obstructed by Kapha (Avarana), localizes in the Many region (neck), resulting in symptoms of tension and pain<sup>(7)</sup>. Additionally, DashavidhaPariksha and AshtavidhaPariksha offer comprehensive strategies for assessing the patient's overall condition, including pulse examination (NadiPariksha), which is critical for determining Vata and Kapha disturbances<sup>(8)</sup>. Vata, associated with dryness and degeneration, and Kapha, associated with stiffness and heaviness, together create a pathophysiological correlate to the neurodegenerative and osteophytic changes seen in cervical spondylosis. These Ayurvedic perspectives find biomedical parallels in nerve root compression and facet joint arthropathy.

### SampraptiGhataka (Pathogenesis Elements)

The pathogenesis of Manyastambha, or Samprapti, entails 5 crucial additives, together referred to as the SampraptiGhatakas:

1. **Dosha:** The number one Doshas concerned are Vata (particularly VyanaVata) and Kapha, which when vitiated, disturb regular body functions.
2. **Dushya:** The affected tissues consist of Mamsa (muscle), Asthi (bone), Majja (marrow), and Snayu (tendon/ligament).
3. **Agni:** Metabolic fire or Agni, specifically Jatharagni and Dhatwagni, is compromised, leading to Ama (toxins) formation.
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>.

### Modern Diagnostic Affirmation: Cluster of Wainner Tests<sup>(10)</sup>

1. **Upper Limb Tension Test A (ULTT A):** Assesses nerve tension, specially of the median nerve.
2. **Spurling's Test:** includes neck extension and rotation with implemented downward strain to manifest radicular signs.
3. **Distraction Test:** Relieves symptoms when axial traction is applied to the cervical spine.
4. **Ipsilateral Cervical Rotation:** Measures the range of motion (ROM); difficulty might also suggest radiculopathy.

If 1 out of 4 tests from the Cluster of Wainner is positive, the diagnostic value is low, with an estimated positive likelihood ratio (LR+) of ~1.5.

2 out of 4 positive tests → LR+ ≈ 3.5 (Moderate diagnostic value)

3 out of 4 positive tests → LR+ = 6.1 (Stronger diagnostic value)

4 out of 4 positive tests → 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>. The tremendous findings in these assessments, alongside X-ray evidence (lack of cervical lordosis and osteophyte formation at C5–C6), affirm the diagnosis of cervical spondylosis and support the clinical diagnosis of Manyastambha.

## Materials and Methods:-

### Case Selection

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.

### 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 during episodes of severe pain. The patient attended the outpatient unit of Panchakarma, Patanjali Ayurvedic Hospital Haridwar for better treatment.

### History of Past Illness:

Nil.

### Personal History:

**Appetite**-Good

**Bowels**-Regular

**Urine**-Clear

**Sleep**-Disturbed

**Occupation** – Software Engineer

**No addictions.**

### Family History:

Not significant.

### Nidana Panchaka (Ayurvedic Diagnosis)

#### 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).

#### Purvarupa (Premonitory Symptoms):

Moderate stiffness and frequent neck soreness before severe symptoms.

#### Rupa (Manifested Symptoms):

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

#### Upashaya (Relieving Factors):

Warm fomentation and massage provided brief moment relief.

### Samprapti (Pathophysiology):

**Dosa:** Vata (Vyana) and Kapha (Sleshaka)

**Dushya:** Mamsa, Asthi, Majja, Sira, Snayu

**Srotas:** Asthivaha, Majjavaha

**Srotodushti:** Sanga

**Agni:** Visham (Jatharagni, asthimajjadhatwagnijanya)

**Adhistana:** Pakwashaya, Amashaya

**Udbhavasthana:** Pakwashaya

**Vyaktasthana:** Manyasthana

**Rogamarga:** Madyama

### Clinical Examination

#### Modern Diagnostic Tests

The Cluster of Wainner test was used for diagnosing cervical spondylosis. Positive outcomes in four 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

**Valsalva Maneuver:** did not produce any change

**Pulse rate:** 76/min.

X-ray findings showed lack of cervical lordosis with osteophyte formation at the C5-C6 level, confirming degenerative modifications.

**Blood Pressure:** 110/70 mm of Hg

**Respiratory rate:** 18/min

formation at the C5-C6 level, confirming

### Ayurvedic Examination

#### Dashavidha Pariksha:

Moderate Vata-Pitta constitution, normal Sara, Samhanana, and Satmya.

Asthivaha Srotodushti Lakshana: Presence of Shoola (pain) and Stambha (stiffness).

### Intervention Protocol

Contraindications were considered prior to therapy initiation. Nasya is avoided in patients with Jeerna Pratishayaya (upper respiratory infections and chronic sinusitis), pregnancy, uncontrolled diabetes and hypertension etc. Greeva Pichu is not used in cases of open wounds, skin allergies, or acute cervical trauma, etc.

#### 1. Nasya Karma<sup>(14)</sup>

**Drug Used:** Mahanarayan Taila

**Dosage:** 8 drops per nostril

**Duration:** 7 days

#### Procedure:

The Nasya Karma procedure follows an established technique, starting with Poorva Karma (pre-treatment), in which the patient lies in a supine position, and a mild Abhyanga (massage) with Mahanarayan Taila is performed over the face, brow, and cervical area. This is accompanied by moderate Swedana (fomentation) to loosen Kapha and open nasal channels. In Pradhana Karma (main procedure), 8 drops of lukewarm oil are instilled into each nostril while the patient inhales deeply. A gentle massage is given over the forehead and nasal bridge, and excess mucus is expelled. In Paschat Karma (post-treatment), the patient remains in the supine position for 5 minutes, followed by steam fomentation, Gandusha (mouth rinsing), and Kavala (gargling). Post-therapy precautions include avoiding cold exposure, heavy meals, and exertion. This systematic technique ensures effective absorption of the oil, pacifies Vata-Kapha Dosha, and improves circulation, cervical mobility, and pain relief in Manyastambha.

#### Greeva Pichu<sup>(15)</sup>

**Drug Used:** Mahanarayan Taila

**Duration:** 20 minutes daily for 7 days.

#### Procedure:

The Greeva Pichu technique follows an established method, starting with Poorva Karma (pre-treatment), in which the patient is made to sit or lie comfortably in a secure position. A gentle Abhyanga (massage) with lukewarm Mahanarayan Taila is carried out over the cervical region (Greeva) to stimulate flow and prepare the tissues. In Pradhana Karma (main procedure), a sterile cotton or gauze pad is soaked in warm Mahanarayan Taila and placed over the cervical spine. The pad is kept warm by periodically reapplying heated oil for 20 minutes, ensuring continuous absorption. This method nourishes Vata-Kapha vitiated tissues, relieves stiffness, and enhances joint lubrication. In Paschat Karma (post-treatment), the area is gently wiped, and the patient is advised to avoid cold exposure, sudden neck movements, or excessive exertion. Regular application of Greeva Pichu improves muscular relaxation, reduces inflammation, and enhances cervical mobility, making it a valuable therapy in Manyastambha.

### Assessment Criteria

Assessments were made pre- and post-intervention using:

**Neck Disability Index (NDI):** A standardized questionnaire to evaluate functional disability<sup>(16)</sup>.

**Visual Analog Scale (VAS):** A scale from 0 (no pain) to 10 (severe pain) for pain intensity assessment<sup>(17)</sup>.

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

**Table 1:-** Pre- and Post-Treatment Assessment Values.

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

**Results:-**

After the intervention, the patient experienced considerable relief in pain i.e VAS reduced from 3 to 0. Improvement in everyday activities as NDI score reduced from 65% to 24% incapacity. Positive Cluster of Wainner findings that is initial positive Spurling's and other tests, which supported the diagnosis, showed a reduction in symptom provocation post-treatment. The affected person pronounced a marked improvement in neck stiffness and advanced capabilities to perform daily activities, and not reporting any adverse effects throughout the treatment duration and through a followup of 3 months.

**Discussion:-****Ayurvedic Interpretation and Correlation**

The clinical picture of Manyastambha, as defined in classical texts, entails the vitiation of Vata and KaphaDoshas within the Manya area. Acharya Charaka and Sushruta explain that when Vata becomes aggravated—often due to incorrect diet, sedentary lifestyle, and mental stress—it leads to a situation characterised by tension and pain in the neck <sup>(2,3)</sup>. In Manyastambha, Kapha's obstructive impact (Avarana) further worsens the condition, resulting in decreased flexibility and persistent pain <sup>(3,7)</sup>.

Nasya Karma is described as the best remedy for Urdhwajatrugata problems in Ayurveda. According to the CharakaSamhita (Sutra Sthana 14/39), Nasya allows direct transport of medicated oils to the supraclavicular region, thereby pacifying the vitiated Doshas. MahanarayanTaila, used in this study, exhibits Vatahara and Rasayana properties that improve nerve function and reduce inflammation <sup>(5,6)</sup>.

GreevaPichu further complements Nasya by delivering localized Snehana to the cervical structures. As stated in classical texts, external oil applications enhance Snehana, promoting better joint lubrication and tissue nourishment, ultimately reducing stiffness and improving mobility <sup>(7,8)</sup>. The combination of these therapies addresses both systemic and localized aspects of Manyastambha. By restoring Dosha balance—Nasya (clearing KaphaAvarana and pacifying Vata) and GreevaPichu (nourishing affected tissues)—these treatments act on the underlying pathophysiology described in classical texts <sup>(2,7,8)</sup>.

The present study is limited by its single-subject design. Larger studies with substantial sample sizes and controlled environments are necessary to validate the observed therapeutic outcomes. Furthermore, the absence of a control group or comparative intervention limits attribution of results solely to the Ayurvedic protocol. Given the open-label nature and reliance on subjective tools such as the VAS and NDI, some degree of observer or patient bias cannot be ruled out. Although symptomatic improvements were recorded, post-treatment structural evaluation by X-ray did not demonstrate any anatomical changes compared to baseline.

**Mode of Action**

MahanarayanTaila contains ingredients such as Kesar, Haridra, Ashwagandha, and Bala, which are reported to have neuroprotective and anti-oxidative properties. This is supported by in vitro research demonstrating anti-inflammatory effects using dendritic cell-based assays <sup>(19)</sup>. Their lipophilic nature permits transdermal absorption and potential influence on neuromuscular pathways, likely contributing to pain reduction and improved nerve function.

Nasya provides both local and systemic therapeutic effects by delivering medicated oils through the nasal mucosa, directly influencing the head and neck region; it stimulates olfactory pathways, which may trigger neuropeptide release and provide central analgesic effects <sup>(20)</sup>.

GreevaPichu is a type of SnigdhaSwedana (oleating sudation) which is particularly effective in treating Vata-Kapha disorders like Manyastambha. This therapy provides both thermal and oleating effects, thereby softening rigid tissues, relieving Stambha (stiffness), and reducing Ruja (pain). The heat (Ushna) promotes vasodilation and enhances local circulation, while the oil-based medium (Snigdha) penetrates the skin, improving lubrication of joints.

and soft tissues. This dual action helps pacify aggravated Vata and clears KaphaAvarana by promoting Srotoshuddhi (cleansing of bodily channels). It also facilitates the liquefaction and removal of Ama (toxins), leading to improved muscular relaxation and flexibility in the cervical region.<sup>(21)</sup>

### Integrating Ayurvedic and Modern Approaches

This case study exemplifies how traditional Ayurvedic therapies can be effectively integrated with contemporary diagnostic methods. While modern treatment focuses on symptomatic relief using NSAIDs and physiotherapy, Ayurvedic interventions like Nasya and GreevaPichu aim to restore systemic balance by addressing underlying causes<sup>(4,22)</sup>. The application of the Cluster of Wainner tests not only confirms diagnosis but also serves as a quantitative tool to measure therapeutic impact.

The success of this integrative model suggests the need for future clinical trials that combine Ayurvedic diagnostic protocols such as PanchaNidana and DashavidhaPariksha with modern investigative frameworks for better patient care.

### Conclusion:-

This case study demonstrates that combined application of Nasya and GreevaPichu with MahanarayanTaila significantly improves pain, stiffness, and cervical mobility in a patient with Manyastambha (cervical spondylosis). The integration of classical Ayurvedic diagnostic tools (PanchaNidana, SampraptiGhataka) with modern assessments (Cluster of Wainner tests, NDI, VAS) offers a well-rounded clinical framework for managing this condition. These findings highlight the promise of Ayurvedic therapies as safe and effective alternatives—or adjuncts—to conventional treatments. Future clinical research with larger patient cohorts is recommended to substantiate these outcomes.

### References:-

1. Acharya Sushruta: SushrutaSamhitha, Nibhandhasangraha, Commentary of Shri Dalhanacharya and Nyayachandrika. Panjika of Shri Gayadasa Acharya edited by Vaidya YadavjiTrikamaji Acharya, Nidanasthana, Chapter no 1, Shloka no: 67, Page no: 267, Published by ChaukambaSurabharatiPrakashana, Varanasi-2014.
2. Sri SathyaNarayanaShastri edited CharakaSamhithaSiddisthana 9th chapter, 6th sloka. Reprint 1998. Chaukambha Sanskrit Sansthan, Varanasi. pg no. 1053.
3. ShastriParadakara PH (1998) amarkosh or namalinganusahasanaDwitiyakandmanushyavarg 6/65 chaukhambha Sanskrit sansthan, varansi, India, pp: 209.
4. Milmlie SK, Kandeekar SM. Study of Manyashariraw.s.r. to anatomical changes in Greevakasheruka in Manyastambha (Cervical Spondylosis). 2017.
5. Sapna S, Arvind G, Shrimant CG. Therapeutic role of KarpasasthyadiTailamNasya in the management of Manyastambha. IntAyurvedic Med J. 2023.
6. Kamal S, Guruprasad G, Hegde V. A comparative clinical study on the effect of GudashuntiNasya and Kola KulattadiRukshaSweda in Manyastambha. J Ayurveda Integr Med Sci. 2020.\
7. SathyaNarayanaShastri edited CharakasamhithaChikitsasthana 28th chapter 18th sloka 4th edition. Reprint 1998, ChaukambhaBharathi Academy, Varanasi. Pg no. 779.
8. Verma V, Parwe S, Nisargandha M. Comparative assessment of KukkutandaPindaSweda and PatraPindaSweda in the management of Manyastambha (Cervical Spondylosis). JPRI. 2021.
9. Prof. K. R. Srikantha Murthy edited, AshtangaHridayamNidanasthanam chapter 15th, sloka 6th. Reprint 2010, ChaukambhaKrishnadas Academy. Varanasi. Pg no. 150
10. Wainner RS, Fritz JM, Irrgang JJ, Boninger ML, Delitto A, Allison S. Reliability and diagnostic accuracy of the clinical examination and patient self-report measures for cervical radiculopathy. Spine (Phila Pa 1976). 2003 Jan 1;28(1):52-62. doi: 10.1097/00007632-200301010-00014. PMID: 12544957.
11. Pravallika K. A comparative clinical study to evaluate the efficacy of ValukaSweda and JambheeraPindaSweda followed by Nasya with Mashadi Yoga in the management of Manyastambha. IntAyurvedic Med J. 2023.
12. Deshpande RV, Vasani S. Clinical study of efficacy of Bruhat Vishnu Taila Nasya in management of Manyastambha. Int J Indian Med. 2022.
13. Thakur JS, Nayak NR, Dass RK. Ayurvedic management of Manyastambha: A case report. J Ayurveda Integr Med Sci. 2023.

14. Sri SathyaNarayanaShastri edited CharakaSamhithaSiddisthana 14th chapter, 39th sloka. Reprint 1998. Chaukambha Sanskrit Sansthan, Varanasi.
15. SapnaKumariVishwas, K.K.Sharma, Anil Kumar. Review on Cervical Spondylosis and It's Management through Panchakarma. AYUSHDHARA, 2018;5(4):1791-1795.
16. Vernon H, Mior S. The Neck Disability Index: a study of reliability and validity. J Manipulative PhysiolTher. 1991;14(7):409-15. doi:10.1016/0161-4754(91)90005-I. Available from: <https://pubmed.ncbi.nlm.nih.gov/1834753/>
17. Haneline MT, Cooperstein R. Chiropractic methods: The upper limb tension test: A review of the literature. J Can Chiropr Assoc. 2017;61(1):42-50. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5288410/>
18. Wainner RS, Fritz JM, Irrgang JJ, Boninger ML, Delitto A, Allison S. Reliability and diagnostic accuracy of the clinical examination and patient self-report measures for cervical radiculopathy. Spine (Phila Pa 1976). 2003 Jan 1;28(1):52-62. doi: 10.1097/00007632-200301010-00014. PMID: 12544957.
19. Gautam SC, Gao X, Dulchavsky S. In vitro anti-inflammatory effects of Mahanarayan oil formulations using dendritic cells-based assay. ResearchGate. 2014. Available from: <https://www.researchgate.net/publication/271531948>
20. Radhika C, Kumar G K, Mihirjan K. A randomized controlled clinical trial to assess the efficacy of Nasya in reducing the signs and symptoms of cervical spondylosis. Ayu. 2012 Jan;33(1):73-7. (PMCID: PMC3456869)
21. Uttam K et al. Evaluating the rationality and efficacy of Snigdha and RukshaPindaSweda in managing Musculoskeletal Disorders–A Conceptual Review. J Ayurveda Integr Med Sci. 2025;10(3):293-299.
22. Unnikrishnan VS, Prashanth AS. A critical review on KaphavrutthaVata in Manyastambha. J Ayurveda Integr Med Sci. 2018.