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Maharajaprasarani Taila Nasya with and without *Churna Pinda Sweda*- A Comparative Study on Cervical Spondylosis Treatment Outcomes

Dr Pooja D[1], Dr Seethadevi P[2]
[1]Assistant Professor, Department of *Panchakarma,* Shri Siddhivinayaka Rural *Ayurvedic* Medical College Hospital & Research Centre, Harugeri Karnataka.
[2]Reader, Department of PG studies in *Panchakarma*, JSS *Ayurveda* Medical College and Hospital, Mysuru, Karnataka
Email address: poojadivakar765@gmail.com, drsitadevi@gmail.com.

Abstract*—Manyastambha is one among the 80 types of Nantamaja Vatavyadhis. It's a disease in which Prakrupita Vata along with Kapha Dosha gets vitiated and takes Ashraya at Manyapradesha affecting Manya Siras that causes Shoola and Stambha of the neck. A Chronic Degenerative disorder of the Cervical Spine is known as Cervical Spondylosis. The most frequent signs of the disease include neck pain and stiffness. Because the symptoms are comparable, Cervical Spondylosis and Manyastambha can be compared. Ruksha Sweda and Nasya are the line of treatment for Manyastambha in Ayurveda. Therefore, Maharajaprasarani Taila has Bruhmana, Vatahara, and Kapha Vata Shamaka Gunas. One of the Ruksha Sweda, Vatakaphahara, and helpful for the treatment of Manyastambha in Vatavyadhis is Churna Pinda Sweda. Hence Nasya and Churna Pinda Sweda is taken for the present Study. In Group A were given Nasya Karma with Maharajaprasarani Taila for 20 subjects. In Group B were given Churna Pinda Sweda and Nasya Karma with Maharajaprasarani Taila for 20 subjects. Total duration of study was carried out for 16 days. Wilcoxon Signed Rank test was applied to test the efficacy in Neck Pain, Stiffness, and NDI Score. Paired t-test was conducted to examine the effects of treatment on various features of the range of movements of the neck. The Kruskal-Wallis H test was used to compare the different characteristics of the two groups. Overall, the mean changes indicate that Group B generally had higher values compared to Group A in both Subjective and Objective criteria. These changes suggest that Group B intervention was more statistically significant when compared to Group A.*

Keywords— *Manyastambha, Cervical Spondylosis, Nasya, Churna Pinda Sweda.*

I. INTRODUCTION

Manyastambha is explained as one of the *Vataja Nanatmaja Vikaras*[1]. *Amarakosha* describes *'Manya'* as *'Greeva Paschat Sira'*. It occurs due to the vitiation of *Vata* along with *Kapha Dosha* and takes *Ashraya* at *Manyapradesha* affecting *Manya Siras* that causes *Shoola* and *Stambha* of the neck leading to *Manyastambha*.[2] These symptoms can be clinically co-related with Cervical Spondylosis.

Cervical spondylosis is a frequent, typically age-related illness process marked by gradual, chronic degenerative alterations that impact every part of the cervical spine[3] (i.e., the intervertebral discs, facet joints, contents of the spinal canal etc.). Symptoms are neck pain and neck stiffness leading to impairment in the neck reflexes and movements.[4] As it is a deteriorative disorder as well as it is related to work-related vulnerability.

Although it is most frequently seen in old age, it is now also seen in middle-aged and younger individuals. In males, the prevalence is 100% by the age of 70, 96% in women over 70, 60–70% in women, 85% of men have changes by the age of 45, and disc degeneration occurs in the mid-20s. Leading a sedentary lifestyle, sitting in front of a computer for a long time, riding vehicles, lack of neck exercise, improper sitting posture, increases stress over the neck.[5] Hence by identifiying these *Nidanas* and avoiding them in daily routine, one can prevent the degenerating effect of the cervical region.

Acharyas have mentioned *Ruksha Sweda*[6] and *Nasya*[7] for the treatment of *Manyastambha.* As *Manyastambha* is *Urdhwajatrugata Vikara,* and *Maharajaprasarani Taila* having properties like *Kapha Vata Shamaka Gunas, Bruhmana, Vatahara* has important action in alleviating *Doshas* and helps to relieve the symptoms of *Manyapradesha Vyadhi. Triphala Churna, which is Vata Kaphahara in action, and Churna Pinda Sweda, which is Sagni Ruksha Sweda with Kolakulathadi, were used*.

Source of Data Sample Source: 40 Patients, irrespective of sex and socio-economic status of *Manyastambha,* was selected from the OPD of JSS *Ayurvedic* Medical College & Hospital, Mysore, Karnataka 570028.

II. METHOD OF COLLECTING DATA

Study design: A Randomized Comparative Clinical Study.
Sample size: Minimum of 40 patients who fulfilled the inclusive criteria of *Manyastambha* were selected randomly and placed under two Groups A and B, with 20 patients in each group.

Selection Criteria:

Inclusion Criteria:

- Subjects presenting with the signs and symptoms of *Manyastambha.*
- Subjects aged between 18 to 60 years irrespective of gender, religion will be selected.
- Subjects who are fit for *Nasya Karma, Swedana*.

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- Both new and treated cases of *Manyastambha.*

Exclusion Criteria:

- Subjects having traumatic injury of Cervical spine.
- Subjects with Cervical Myelopathy, Cervical Radiculopathy.
- Subjects with major systemic disorders that may interfere with the course of Treatment.
- Subjects suffering from Neoplastic and Infective disorders.
- Pregnant women and lactating mothers.

Diagnostic Criteria:

Diagnosis will be made on the following parameters such as:

- *Manyashoola.*
- *Stambha.*
- Restricted painfull movement of neck region will be assessed by using Goniometer – Flexion, Extension, Lateral Flexion, Rotation.
- Defense and Veterans Pain rating Scale
- Stiffness Scale
- Neck Disability Index

TABLE 1: Showing criteria for Defense and Veterans Pain rating Scale [8]

Criteria	Score
No pain	0
Hardly notice pain	1
Notice Pain, doesn't interfere with activities	2
Sometimes distracts me	3
Distracts me, can do usual activities	4
Interrupts some activities	5
Hard to ignore, avoid usual activities	6
Focus of attention, prevents daily activities	7
Awful, hard to do anything	8
Can't bear the pain, unable to do anything	9
As bad as it could be, nothing else matter	10

TABLE 2: Showing criteria of Stiffness Scale

CRITERIA	SCALE
Stiffness absent	Grade 0
Mild Stiffness (local rigidity)	Grade 1
Moderate Stiffness (rigidity in region other than affected region)	Grade 2
Severe (generalized rigidity)	Grade 3

TABLE 3: Neck Disability Index Score [9]

Grades	Scoring Percentage
No disability	0-4%
Mild	**5-14%**
Moderate	**15-24%**
Severe	**25-35%**
Complete	> 34%

Intervention Period: 7 Consecutive Days

Assessment Schedule:

Pre-test: 0 Day

Post-test: 8th Day

Follow-up: 16th day.

Total Study Duration: 16 Days.

III. RESULTS

TABLE 4: Showing comparison of various features between two groups.

Features	Groups	Mean Rank	Mean			Mean Change	Kruskal Wallis H/ Test Stat	P value	α Value	Result
			BT	AT	FU					
Neck Pain	A	26.0	2.55	1.45	0.95	1.6	10.924	0.001	0.01	HS
	B	15.0	2.45	1.40	0.25	2.2				
Stiffness	A	23.65	1.85	1.15	0.80	1.05	3.835	0.05	0.05	S
	B	17.35	2.10	1.05	0.30	1.8				
NDI Score	A	26.03	3.90	2.75	2.13	1.77	10.596	0.001	0.01	HS
	B	**14.98**	**4.10**	**2.80**	**1.30**	**2.8**				

TABLE 5: Showing comparison of all range of neck movements between two groups.

Feature	Group	Mean			Mean Change	Mean Difference	SE	t Value	P value	Alpha	Result
		BT	AT	FU							
Flexion	A	29.60	35.15	38.95	9.35	-18.20	3.538	-5.144	0.000	0.001	HS
	B	26.80	40.85	57.15	30.35						
Extension	A	30.00	36.85	41.25	11.25	-11.450	3.286	-3.484	0.001	0.001	HS
	B	28.15	40.65	52.70	24.55						
Right lateral Flexion	A	29.60	28.67	38.95	9.35	-18.20	3.538	-5.144	0.000	0.001	HS
	B	26.80	40.5	57.15	30.35						
Left Lateral Flexion	A	30.00	36.85	41.25	11.25	-11.450	3.286	-3.484	0.001	0.001	HS
	B	28.15	40.65	48.59	20.44						
Right Rotation	A	31.75	37.70	42.20	10.45	-17.050	3.751	-4.544	0.000	0.001	HS
	B	30.40	44.30	59.25	28.85						
Left Rotation	A	32.75	38.10	43.45	10.7	-17.250	3.643	-4.734	0.000	0.001	HS
	B	**29.60**	**43.80**	**60.70**	**31.1**						

TABLE 6: Showing Overall assessment of Subjective and Objective criteria

Overall assessment of Subjective criteria				
Subjective criteria	**Mean Change**		**Mean % Change**	
	Group A	**Group B**	**Group A**	**Group B**
Neck Pain	1.6	2.2	62.74%	89.79%
Stiffness	1.05	1.8	56.75%	85.71%
Overall assessment of Objective criteria				

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Objective Criteria	Mean Change		Mean % Change	
	Group A	Group B	Group A	Group B
Flexion	9.35	30.35	31.59%	113.24%
Extension	11.25	24.55	37.50%	87.21%
Right Lateral Flexion	9.35	30.35	31.39%	113.25%
Left Lateral Flexion	11.25	20.44	37.57%	72.61%
Right Rotation	10.45	28.85	32.91%	94.90%
Left Rotation	10.7	31.1	32.67%	105.06%
Neck Disability Index	1.77	2.8	45.38%	68.29%
Average			**40.94%**	**92.22%**

IV. Discussion

Manyastambha is a disease of *Vata Vyadhi* the *Lakshana* of this disease include *Shoola* and *Stambha* thus causing restriction of cervical movements. It can occur as *Dhatu Kshayaja* condition and also as *Avarnaja Vikaras*.[10] *Rukshana* is an ideal treatment to break *Kaphavarana*. Therefore, Triphala Churna and Kollakulattha, which are Vata Kaphahara, are used in Churna Pinda Sweda to alleviate the Kapha Dosha that is causing the blockage.

As *Nasya Karma* is an ideal treatment for *Urdhwajatrugata Vyadhi*. So, in this study *Maharajaprasarani Taila* is selected which is *Kapha Vata Shamaka, Bruhmana* and *Vatahara* will help to relieve the signs and symptoms of the disease. *The Dravya of Nasya reaches Shringataka Marma of Shira and calms down malignant Doshas like Vyanavata and Sleshmaka Kapha.*

Churna Pinda Sweda is a Ruksha Sweda & it can be adopted in *Kaphaja Vyadhis.* The drugs used in *Sweda are Kolakullatha* and *Triphala Churna* which is having *Kapha Vatahara* property. *Laghu, Ruksha, Tikshna, Sara Guna* mitigates *Kapha* and by *Ushna Guna* of *Swedana* mitigates *Vata.* By *Swedana* the effects like *Stambhaghnata, Shulaghna, Srotoshodhana* and *Amapachana* can be achieved.

Reduction of Neck Pain & Stiffness was found very effective in both the groups suggesting that the result is statistically highly significant. On Comparison, it was observed that Group B subjects has got more positive impact in reduction of Neck pain & Stiffness values when compared to Group A after treatment. The reduction of *Shoola* is seen more in Group B probably due to the *Dravya* used in *Maharajaprasarani Taila Nasya* which are *Katu, Tikta, Kashaya Rasa Pradhana, Ushna Virya* and *Kaphahara* in nature along with *Kapha Vatahara*, *Ushna & Ruksha Guna*, *Amapachana, Srotoshodana Guna* of *Churna Pinda Sweda* with mean change in Group A is 1.6 and in Group B 2.2. This combined effect helps in clearing *Avarna* and *Margavarodha* along with *Nasya Karma* with mean change of 1.05 in Group A and 1.8 in Group B.

The Range of movements are restricted and painful in *Manyastambha* due to *Stabdhata* caused by *Vata Prakopa*. The disturbed *Chala Guna* of *Vata* is corrected through *Churna Pinda Sweda* which is *Ushna, Stambhagna* and their by increasing the range of motion of the joint. *Bruhmana, Kapha Vata Shamaka guna* of *Maharajaprasarani Taila* helped in relieving the *Shoola, Stabdata* and thus range of movements improved with the statistically highly significant results in both the groups. On comparison in between groups there was higher mean change was found in Group B than in Group A.

NDI score was assessed for all 40 subjects. On comparison, between the groups were statistically highly significant. But when we compare with mean changes before treatment, after treatment and on follow up in Group B has more mean change of 2.8 than Group A 1.77. This shows Group B has more significant change in NDI when compared to Group A.

Thus, combined effect of *Nasya* and *Churna Pinda Sweda* had specific role in the reduction of symptoms and shown effective results in management of *Manyastambha* than only *Nasya Karma.*

V. Conclusion

Nasya Karma along with *Churna Pinda Sweda* was effective in the reduction of symptoms like Neck Pain, Stiffness, Improvement in the Range of movements, and reduction in Neck Disability Index Score. On Comparison, *Nasya Karma* along with *Churna Pinda Sweda* was more effective in the management of *Manyastambha* with the reduction of symptoms like Neck Pain, Stiffness, Improvement in the Range of movements and reduction in Neck Disability Index Score.

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