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From Stiffness to Strength: Evidence-Driven Ayurveda for Cervical Spondylitis: A Case Report

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Abstract

Cervical spondylitis is a chronic degenerative condition of the cervical spine, commonly presenting with neck pain, stiffness, and radicular symptoms that significantly impair quality of life. Conventional management often relies on NSAIDs, muscle relaxants, physiotherapy, and surgery in advanced cases, yet many patients seek safer long-term options. This case report documents the clinical outcome of an Ayurvedic treatment protocol planned on the lines of Vata Vyadhi and *Greeva Sandhigata Vata* in a patient with chronic cervical spondylitis. A combination of *Panchakarma* procedures and internal medications was administered for a defined period, with assessment using pain scales and functional scores. Marked improvement was observed in pain, stiffness, range of motion, and daily activities without adverse effects, suggesting that an evidence-oriented Ayurvedic approach may offer a safe and effective alternative or adjunct in cervical spondylitis.

Keywords: Cervical spondylitis, *Vishwachi*, *Greeva Sandhigata Vata*, *Panchakarma*, Vata Vyadhi, Ayurveda, case report.

Introduction

Cervical spondylitis (cervical spondylosis) is a progressive degenerative disorder of the cervical spine involving intervertebral discs, uncovertebral joints, facet joints, ligaments, and adjacent soft tissues [3]. It commonly manifests as neck pain, stiffness, radiating pain to upper limbs, paresthesia, and sometimes myelopathic signs when neural elements are compressed. Prevalence increases with age, and occupational factors such as prolonged neck flexion, computer work, and repetitive strain add to the burden [4].

From an Ayurvedic perspective, cervical spondylitis can be correlated with *Vishwachi* and *Greeva Sandhigata Vata*, conditions characterized by *ruk* (pain), *stambha* (stiffness), *toda* (pricking pain), and functional limitation in the neck and upper limbs [5]. These entities arise predominantly from *Vata* vitiation, often associated with *dhatu kshaya* and *srotodushti* in the cervical region. Several case reports have documented encouraging results of *Panchakarma* and internal medications in cervical spondylosis and cervical spondylotic myelopathy. However, more systematically documented, evidence-oriented case reports are needed to strengthen the clinical evidence

base [6].

This article presents an evidence based Ayurvedic management protocol and its clinical outcome in a patient with cervical spondylitis, with emphasis on symptom quantification and functional assessment.

Case Presentation

A 45-year-old male/female (de-identify as per ethics) presented to the OPD of the Department of Panchakarma/ Kayachikitsa with chief complaints of:

- Neck pain for 2 years, insidious in onset, gradually progressive
- Stiffness in the cervical region, especially in the morning and after prolonged sitting
- Pain radiating to the right/left upper limb with intermittent tingling and numbness for 6 months
- Difficulty in neck movements and disturbed sleep due to pain

The patient had taken intermittent NSAIDs and muscle relaxants earlier, with only temporary relief and recurrence of

symptoms. (Modify according to your data.)

Medical and Personal History

- No history of major trauma, inflammatory arthritis, or systemic neurological disease
- Occupation involved prolonged desk/computer work (8–10 hours/day)
- Irregular diet, long gaps between meals, excessive intake of dry, cold, and processed food, along with disturbed sleep pattern

Examination

- General condition: Stable, afebrile, vitals within normal limits
- **Local Examination:**
 - Tenderness over lower cervical spinous processes and paraspinal muscles
 - Restriction of flexion, extension, and rotation of the neck
 - Spasm of paraspinal muscles
- **Neurological Examination:**
 - Mild radicular pain along C5–C6 distribution (adjust as per your findings)
 - Sensation and motor power largely preserved; no bladder/bowel involvement

Investigations

- X-ray cervical spine: Decreased intervertebral disc space at C5–C6/C6–C7 with osteophyte formation and straightening of cervical lordosis, suggesting degenerative cervical spondylosis.
- Routine blood investigations were within normal limits (to rule out infection/inflammatory pathology).

Ayurvedic Diagnosis

Based on *lakshana* and *nidana*, the condition was diagnosed as *Greeva Sandhigata Vata/Vishwachi* under the spectrum of *Vata Vyadhi* [7]. The dominant *Vata* vitiation with localized *ruk*, *stambha*, *toda*, and restricted *chesta* supported this diagnosis.

Treatment Plan and Rationale

The treatment was planned with the objectives of:

- *Vata shamana* and *Vata anulomana*
- Reduction of pain, stiffness, and radicular symptoms
- Improvement in cervical mobility and daily activities
- Prevention of disease progression

Management included *Panchakarma* procedures and internal medications, selected as per *dosha*, *dushya*, *sthana*, and *vyakti bala* [8].

Panchakarma and Local Therapies

(Replace with your exact protocol and doses.)

1. ***Snehana (Local Oleation) – Greeva Abhyanga***
 - **Medicated Oil:** e.g., *Mahanarayana Taila / Ksheerabala Taila* [9]
 - **Duration:** 10–15 minutes daily for 10–14 days
2. ***Swedana – Nadi Sweda or Patra Pinda Sweda to Cervical Region (10)***
 - **Duration:** 10–15 minutes following local *snehana*
 - **Rationale:** To relieve *stambha* and *sankocha* and

improve circulation.

3. *Greeva Basti*

- **Medicated Oil:** e.g., *Ksheerabala Taila/ Mahanarayana Taila* warmed and retained in a dough ring over the cervical region for 30 minutes daily for 7–10 days
- **Rationale:** Local *snehana* and *brimhana* to cervical spine and soft tissues to alleviate pain and stiffness.

4. *Nasya*

- **Drug:** e.g., *Anu Taila* 6–8 drops in each nostril after gentle massage and fomentation
- **Duration:** 7–14 days
- **Rationale:** *Nasya* is indicated in *Urdhwajatrugata Vikaras* and facilitates relief in neck disorders.

5. (If used in your case) *Mild Virechana/Basti*

- Planned according to patient's strength and chronicity to correct systemic *Vata* and clear *srotorodha*.

Internal Medications

(Provide only representatives; adjust according to your actual prescription and dosage.)

- *Yograj Guggulu* – for *Vata-Kapha* pacification, *shoola* and *stambha* reduction [11].
- *Dashamoola Kwatha* – anti-inflammatory, *Vata-shamaka*, relieves musculoskeletal pain [12].
- *Rasna Saptaka Kwatha / Trayodashanga Guggulu* – as indicated for *Sandhigata Vata* [13].
- *Eranda Taila* in small doses at bedtime if constipation and *Vata* aggravation present [14].

Dietary and lifestyle advice included avoidance of *Vata-prakopaka* ahara like dry, cold, and refrigerated items, late meals, and suppression of natural urges, along with ergonomic corrections and neck exercises after pain reduction.

Outcome Measures

To maintain evidence orientation, the following parameters were used:

- Visual Analog Scale (VAS) for neck pain (0–10)
- Neck Disability Index (NDI) or similar functional scale
- Range of motion of the cervical spine (flexion, extension, rotation, lateral flexion)
- Patient's global assessment of improvement (percentage relief)
- (Insert your baseline and post-treatment scores.) [15]

Clinical Outcome

- VAS for neck pain reduced from, for example, 8/10 at baseline to 2/10 at the end of treatment and 1–2/10 at 1-month follow-up.
- Neck stiffness and difficulty in neck movements showed marked reduction, with near-normal range of motion at follow-up.
- Radiating pain and tingling in upper limb either completely subsided or significantly decreased.
- NDI score improved, reflecting better performance of daily activities such as reading, desk work, and sleeping.

No adverse events were reported during or after the course of

treatment, indicating good tolerability and safety of the Ayurvedic protocol.

Discussion

Cervical spondylitis corresponds to degenerative changes of cervical vertebrae and intervertebral discs, producing mechanical and sometimes neural compromise. Conventional management aims at pain relief, muscle relaxation, physiotherapy, and in selected cases surgery, yet long-term use of NSAIDs and other analgesics carries the risk of adverse effects. In this background, Ayurvedic interventions that combine local therapies, *Panchakarma*, and internal medications may offer a multimodal, safer alternative^[16].

In this case, the treatment was designed on the principle of *Vata Vyadhi chikitsa* with emphasis on *Snehana*, *Swedana*, *Basti* (where applicable), *Nasya*, and *Vata-shamaka* formulations. Previous reports also support the role of *Panchakarma* and medicines like *Yograj Guggulu*, *Dashamoola Kwatha*, and *Anu Taila Nasya* in cervical spondylosis and cervical spondylotic myelopathy. Local *Greeva Basti* likely acted through sustained thermic and oleation effects improving local circulation, reducing muscle spasm, and providing *brimhana* to degenerated tissues^[17].

Use of objective tools like VAS and disability indices helped quantify improvement and present the case in an evidence oriented framework^[18]. Although a single case cannot be generalized, the magnitude and sustainability of improvement without adverse effects indicate potential for integrating such protocols into broader clinical practice and future controlled studies^[19].

Conclusion

This case report demonstrates that a structured Ayurvedic protocol comprising *Panchakarma* procedures and internal *Vata-shamaka* medications can produce significant symptomatic and functional improvement in cervical spondylitis. Use of standardized pain and disability scales helps to document outcomes in an evidence based manner and enhances the scientific credibility of Ayurvedic practice^[20]. Larger case series and controlled clinical trials are warranted to confirm efficacy, explore mechanisms, and refine protocols for different clinical stages of cervical spondylitis.

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