

A Single Case Study For Clinical Assessment of *Manyastambha* (Cervical Spondylosis) based on Ayurvedic Principles

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Abstract: In today's era, human life is more stressful. Due to change in life style, professional stress, travelling, food habits peoples are more susceptible for various degenerative disorders like *Manyastambha*. *Manyastambha* is the clinical entity in which the back of the neck becomes stiff or rigid, and painful. *Stambha* in the cervical region, movement of the neck are hampered. The lifetime prevalence of *Manyastambha* in Adult population - 48.5%, and the prevalence of computer screen, TV using workers - 55%. 70 % general population is affected with neck pain during life. It is the most common degenerative disease by which a larger group of the community has been affected. *Manyastambha* has been enumerated in eighty vata *Nanatmaj Vyadhis* as well as *Urdhwajatrugata Vikaras*. It can be clinically co-related with cervical Spondylosis in modern medicine. Cervical Spondylosis is a degenerative condition of the cervical spine. If severe, it may cause pressure on nerve roots with subsequent sensory or motor disturbances. In the present study, housewives are more prone to develop *Manyastambha* (cervical spondylosis), followed by clerks, tailors, farmers and IT professionals. *Nidan* plays an important role in occurrence of any disease. Nowadays, prevalence of *Manyastambha* is increasing due to unhealthy lifestyle habits. So, by identifying *hetu* (etiological factors) and avoiding them in daily routine, one can prevent *Manyastambha*.

Keywords: *Manyastambha*, Cervical Spondylosis, Degenerative disorder, lifestyle disorders, Ayurvedic Samprapti, *Urdhwajatrugata Vikara*

I. INTRODUCTION

According to Sushruta, *Manyastambha* is one of *Vatayadhi*, [1]

दिवास्वप्नासनस्थानविकृतो ध्वनिरीक्षणैः ।

मन्यास्तम्भं प्रकुरुते स एव श्लेष्मणाऽऽवृतः ॥

According to Sushruta, Sleeping during day time, faulty posture while seating, standing, continuous looking upward for a long time are etiological factors of *Manyastambha*. *Vata* gets aggravated with *Kapha* give rise to *Manyastambha*. [3] By consuming *Vataprokapaka Nidan* in *Manyastambha* *Vata dosha* gets aggravated along with acquiring localize to *Manyapradesha* (Neck region) vitating the *Manyagata siras* (nerves of neck) leading to *stambha* (stiffness) and *Ruja* (Pain) to neck that ultimately lead to *Manyastambha*. [4] *Manyastambha* is the clinical entity in which there is pain & restricted movements of neck. *Vatayadhi Nidan* is considered as *Samanya Nidan* of *Manya stambha*. The prodromal symptom of *Vata Vyadhi* is *Avyakta*. A few of etiological factor of *Viharaj Hetu* of *kupitoanil*



Vayu is similar to *Viharaj Hetu* of *Manyastambha*[5] The clinical presentation resembles cervical spondylosis. [6] It is type of vata vyadhi.

Cervical spondylosis is a degenerative disorder involving intervertebral discs, cervical spine and joints of the cervical region.[7].Due to long working hours and constant sitting in front of computers, I.T. professional are especially more prone to this disease. The lifetime prevalence of *Manyastambha* in Adult population - 48.5%, and the prevalence of computer screen, TV using workers -55%. 70 % general

population is affected with neck pain during life.[8] The common problem in the affected individuals is the inability to perform day to day work properly because of the severity of pain,which decreases the quality of life. The symptoms of cervical spondylosis include: Neck stiffness and pain, headache that may originate in the neck, pain in the shoulder or arms inability to fully turn the head or bend the neck

,tingling numbness etc. *Manyastambha* is a degenerative disorder as well as it may be related to work-related vulnerability. It affects age groups & both sexes are affected equally. After clinical assesment of *Manyastambha* , we'll be able to diagnose *Manyastambha* it will be helpful in early management and preventing etiological factors.

AIMS AND OBJECTIVES

1. To study role of *Roga rogi pariksha* in *Manyastambha*.
2. To study the clinical assesment of *Manyastambha* based on *Roga rogi pariksha*.

Materials and Methods

Source of data

1. Classical textbooks of *Ayurveda* .
3. Published article from periodical journals and their magazines.

SAMPRAPTI

In our classics *Manyastambha Samprati* explained as follows:[12]

(I) Due to *Nidana sevana Vata* gets vitiated and gets *Avrutha* by *Kapha* which in turn does *Sthabdatha* of 14 *Manya* *Siras* situated in the back of neck and results in a (*Stambhana* & *Ruja* of neck).(II) *Vata prakopa* *nidas* like *Dhatukshaya* which occur mainly during the mid and later decades of life time can be interpreted in terms of degenerative changes found in cervical spine and disc which is resultant of ageing process.(III) Second one is due to *Magravarodha* – *Nidas* like *Adhyasana*, *Vishamashana* & other *Vitiates Agni*, leading to *mandagni* & production of *Ama* causing *Margavarodha* in this way all above *Nidana* factors will cause *Vataprakopa*.

Samprapti Ghatak (Diagnosis) of *Manyastambha*

<i>Dosha</i>	<i>Vata(primary) and kapha (associated)</i>
<i>Dushya</i>	<i>Mansa,Asthi,Majja</i>
<i>Srotas</i>	<i>Mansavaha, Asthivaha</i>
<i>Srotasdushti</i>	<i>Sanga</i>
<i>Adhithana</i>	<i>Manya pradesha</i>
<i>Vyadhi swabhava</i>	<i>Chirkari</i>

Upshaya -

All drugs, diet and regimen which give long lasting relief in *Manyastambha* may be taken as *Upashaya*.For e.g. – *Abhyanga*, *Swedana*, *Ushna Ahara*, *Ushna ritu*, Avoiding pillows etc.

Anupashya -

All drugs and regimen which exaggerate the diseases are takes as *Anupashaya*. For e.g. – The diet having *Laghu*, *Ruksha*, *Sheeta*



Case Study –

Patient -XYZ

Marital status : Married

Weight: 65 kg

Date of examination: 25/06/2026

OPD of Kayachikitsa

Chief complaints –

- 1) Pain with stiffness in neck for the past 6 months,
- 2) Tingling sensations and weakness in both the arms for the last 4 months.

History of Present Illness –

Patient is an employee in IT company from last 4 years. His profile is continuously long hours (8-9hrs) working on PC (COMPUTER) in a sitting posture and in air condition. Since few days patient is experiencing frequent episodes of neck pain and stiffness radiating to both shoulders. Gradually the intensity and frequency of pain increased. Presently the pain and stiffness in neck is continuous and tingling numbness in both hands. He has pain in his arms and legs, no bowel or bladder complaints, and no problems with coordination or gait

History of Past Illness -

No significant illness was found. Personal History : No Addiction

General condition - Moderate, Afebrile Pulse rate - 78/min

B.P. - 130/80 mm of Hg

R.R. - 18/min

Systemic Examination:

Musculoskeletal System:

Inspection: Swelling present over posterior (dorsal) aspect of neck.

Palpation: mild tenderness present over posterior (dorsal) aspect of neck.

Ashtavidha Pareeksha:

1. **Nadi:** 78 beats/min, Vatapradhan pitta
2. **Mootram:** 3-4 times/day, 0-1 times/night, ishat ishat pitta, Sukha pravrutti
3. **Malam:** 1-2 times/day, Sukha pravrutti
4. **Jihwa :** Normal,
5. **Sabda :** Spashta
6. **Sparsha :** samashittoshna
7. **Drik :** Prakrut
8. **Akriti :** Madhyama

Dasavidha Pareeksha:

1. **Prakruti:** Vatakapha
2. **Vikruti:** Dosha: -Vatapradhana Tridosha Dooshya- Asthi
3. **Satva:** Madhyam
4. **Sara:** hina sara-rasa, rakta, mansa, meda, madhyam sara : asthi, majja
5. **Samhanana:** Madhyama
6. **Pramana:** Madhyama
7. **Satmya:** Sarva Rasa
8. **Aharasakti:** Abhyavaran –Madhyama Jaran -Madhyam

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9. *Vyayamasakti: Madhyama*

10. *Vaya: Madhyam Avastha 36yrs.*

1. Darshana Pariksha (Inspection) – A .Posture & Gait

Stiff or restricted neck movements.

Patient may hold neck in one position

Difficulty in turning head sideways, up or down Guarded posture due to pain

B. Local Examination (Manya Pradesha)

Reduced cervical range of motion

Abnormal neck curvature (loss of cervical lordosis) Muscle spasm

2. Sparshana Pariksha (Palpation / Touch) -

A. Temperature :Normal

B. Tenderness: Localized tenderness in cervical muscles Pain increases on pressure → Vata prakopa

C. Muscle Tone & Rigidity -Hard, tight, spasmodic muscles (Stambha)Thickened or heavy feel → Kapha anubandha

D. Movement Assessment -Pain and stiffness on active and passive movement

Crepitus absent. Range of motion – Flexion – Painful

Extension – Painful

Neck- stiffness was present with decrease range of cervical movements.

The range of movements: restricted (flexion, extension and lateral movements) movements of neck due to pain and stiffness.

Criteria for Assessment-

1) Range of Motion –

Movement	Normal	Mild	Moderate	Severe
Flexion	45 degree	30-45 degree	15-30 degree degree	<15 degree
Extension	45 degree	30-45 degree	15-30 degree	<15 degree
Lateral Flexion	45 degree	30-45 degree	15-30 degree	<15 degree
Rotation	60 degree	45-60 degree	30-45 degree	<15 degree

2) Assessment of Associated Symptoms –

Mild	Moderate	Severe
Manyashool (Neck pain) -Pain during work	Irrespective of work	Continuous affecting
Shirshool (Headache)-Present occasionally	Present frequently	Present continuously
Mans shakhya (Muscularweakness)-Occasionally feeling	Frequent more feeling while work	Total feeling of weakness
Suptichuchumayan(Tingling Numbness) -Occasionally	Frequently while work	Frequently irrespective of work
Bharma (Vertigo) Occasionally	Occasionally Present during any movement of body	Persistent during any movement of body



3) **Assessment of Stiffness-**

Severity	Clinical Features	Score
No Stiffness	Full range of motion	0
Mild	Stiffness after rest, relieved by movement	1
Moderate	Difficulty in neck movements	2
Severe	Markes restriction	3

3. **Prashna Pariksha (Interrogation) –**

A. Nidana (Causative Factors)

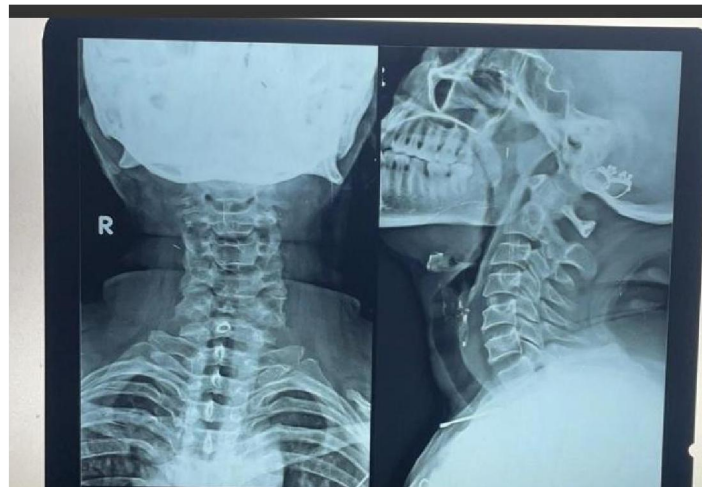
Ahar – Improper and irregular eating habits, frequent consumption of fast food and bakery products

Vihar -Long-term sitting in improper posture in front of PC Ati shita sevan –long term sitting in airconditioned room

Mansik – stress and anxiety due to heavy workload and short deadlines.

B. Lakshana (Symptoms)

- Neck pain aggravates on long term sitting in same posture and on weekdays due to work load.

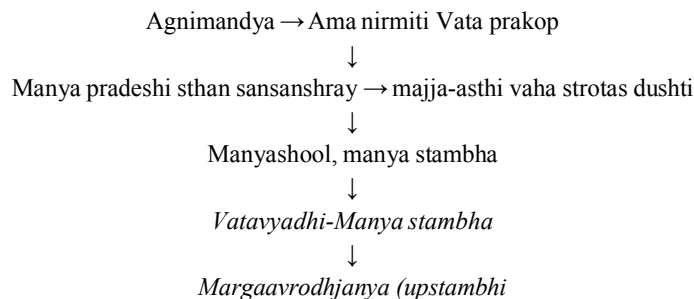


creening of whole spine reveals :
Loss of cervical lordosis is seen with changes of cervical spondylosis.
Diffuse posterior bulge of C3-C4 to C6-C7 discs indenting anterior subarachnoid space and encroaching in to the bilateral neural foramina.
Grade I anterolisthesis of L4 over L5 vertebra with changes of lumbar spondylosis.
Posterior pseudo bulge of L4-L5 disc abutting bilateral traversing L5 nerve roots.



DISCUSSION

- Hetus observed in patient – Ahar-vishamasan(irregular eating habits),viruddha ahar(fast food and bakery products) *Vihar* Long-term sitting in improper posture in front of PC Ati shita sevan –long term sitting in airconditioned room *Mansik* – stress and anxiety due to heavy workload and short deadlines



II. CONCLUSION

In the above case study, the *hetus* are found in patients that are similar to which are mentioned in classical texts. The clinical assessment of classical symptoms are shoola ,stamba,vedana are found in patients of *Manyastambha*. This study helps to lead confirm diagnosis of *Manyastambha* which can be further confirmed by doing the diagnostic techniques. By clinical assesement, we are able to diagnose whether patient is which avastha. So, because of stiffness patient is in *Ama avastha*. This clinical assessment will be helpful for diagnosis and further mangement of patient. After doing clinical assessment ,I can conclude that the patient is typically having *margaavordhjanya manyastambha* because considering the age of patient is early age, he has strong viharaj hetu of improper posture.

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