Review Article

www.ijrap.net

(ISSN Online:2229–3566, ISSN Print:2277–4343)

MANYASTAMBHA (CERVICAL SPONDYLOSIS): AN INTEGRATIVE REVIEW OF AYURVEDIC CONCEPTS AND THERAPEUTIC APPROACHES

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Received on: 29/7/26 Accepted on: 30/8/26

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DOI: 10.7897/2277-4343.175184

ABSTRACT

Manyastambha is a Vata-Kapha-predominant disorder described in Ayurveda and characterized by neck pain, stiffness, and restricted cervical movement. It is commonly correlated with cervical spondylosis based on similarities in clinical manifestations and degenerative changes of the cervical spine. This narrative review explores the Ayurvedic concept of Manyastambha and its correlation with the contemporary understanding of cervical spondylosis. Relevant classical Ayurvedic texts and peer-reviewed literature were reviewed to examine the etiology, pathogenesis, clinical features, and therapeutic approaches. Ayurvedic management emphasizes Nidana Parivarjana (avoidance of etiological factors), Shamana Chikitsa (palliative management), and Panchakarma procedures such as Abhyanga (oil massage), Swedana (sudation therapy), Nasya (nasal administration of medicated substances), and Basti (medicated enema therapy), along with appropriate dietary and lifestyle measures. These approaches may contribute to reducing pain and stiffness and improving cervical mobility and functional status. An integrative understanding of Manyastambha and cervical spondylosis highlights Ayurveda's potential role in comprehensive management and supports the need for further well-designed clinical research.

Keywords: Manyastambha, Cervical spondylosis, Ayurveda, Panchakarma, Nasya, Basti, Integrative review

INTRODUCTION

Manyastambha (neck stiffness) is an Ayurvedic disorder characterized predominantly by neck pain, stiffness, and restricted cervical movement. It is described in the context of Vata-related disorders, with clinical manifestations that may involve both Vata and Kapha features.[1, 2] The term Manyastambha is derived from Manya, referring to the neck region, and Stambha, denoting stiffness or rigidity.[3] Based on its clinical presentation, Manyastambha is commonly correlated with cervical spondylosis; however, this correlation represents a clinical interpretation rather than an exact equivalence between the two disease concepts.

Cervical spondylosis is a degenerative condition of the cervical spine involving age-related changes in the intervertebral discs, vertebral bodies, facet joints, and associated spinal structures.

These changes may manifest as neck pain and stiffness and, in some individuals, may be associated with cervical radiculopathy or myelopathy. Degenerative changes are common with advancing age and may also be present in individuals without symptoms. [4]

Ayurveda approaches Manyastambha through assessment of Dosha involvement, etiological factors, disease stage, and patient strength. Management includes Nidana Parivarjana, Shamana Chikitsa, Panchakarma, and appropriate dietary and lifestyle measures. Rasnataila is classical medicated oil described in Sahasrayogam and may have relevance in Vata-predominant musculoskeletal conditions. [5]

AYURVEDIC CONCEPT OF MANYASTAMBHA

Nirukti and Definition

The term Manyastambha is derived from two Sanskrit terms: Manya, referring to the posterior or nape region of the neck, and Stambha, denoting stiffness or rigidity. [3] Manyastambha is described among Vata-related disorders and is clinically characterized by stiffness, pain, and impaired movement of the cervical region. [1,2]

The Ayurvedic interpretation emphasizes Vata involvement, with Kapha potentially contributing to heaviness and stiffness. The clinical manifestations may involve functional impairment of local muscles, supporting structures, joints, and other tissues of the cervical region.

Nidana (Etiological factors)

A separate comprehensive list of etiological factors for Manyastambha is not consistently described across all classical texts. Its causation may therefore be understood from specific descriptions of Manyastambha and the general principles of Vata aggravation. [2,7] Factors such as improper posture, abnormal positioning of the neck, excessive physical strain, prolonged upward or sideways gaze, exposure to cold, trauma, sleep disturbance, and ageing may contribute to the development or aggravation of symptoms.[7]

Table 1: Classical Etiological Factors of Manyastambha and Their Possible Contemporary Interpretations

Ayurvedic Nidana	Contemporary perspective
Divasvapna (Daytime sleep)	Prolonged or inappropriate resting posture
Vishama Shayana/Asana (Improper positioning of the neck on an uneven surface or pillow)	Awkward sleeping posture or inadequate neck support
Urdhva Nirikshana (Prolonged upward gazing)	Sustained cervical extension and postural strain
Vikrita Tiryak Nirikshana (Looking sideways in an abnormal or contorted manner)	Sustained or awkward cervical rotation
Ati Vyayama (Excessive physical exertion)	Repetitive physical strain
Vega Dharana (Suppression of natural urges)	Physiological stress
Ratri Jagarana (Excessive night awakening)	Sleep deprivation and fatigue
Sheeta Sevana (Excessive exposure to cold)	Cold-related muscular stiffness
Vishama Asana (Improper posture)	Ergonomic/postural strain
Abhighata (Trauma or injury)	Cervical trauma
Jara (Ageing)	Age-related degenerative changes

These contemporary interpretations represent possible correlations and should not be considered direct equivalences to the classical terms. Nidana Parivarjana (avoidance of causative factors) is therefore an important component of preventive management.

Conceptual Samprapti (Pathogenesis)

Since Manyastambha does not have a separately described Samprapti (pathogenesis) in the major Brihatrayi texts, the following Samprapti is a conceptual model synthesized from the Ayurvedic principles of Vata Vyadhi, Kapha Avarana, and the clinical manifestations of Manyastambha.

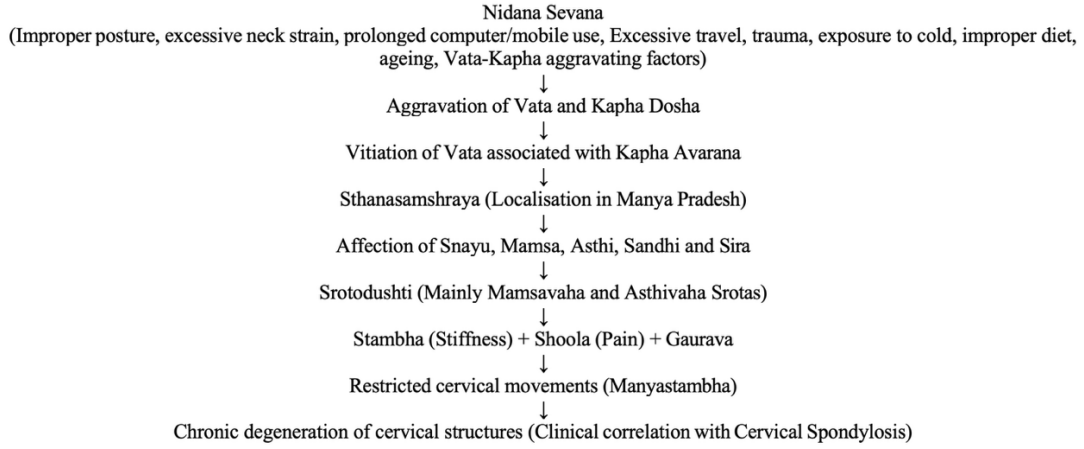

Figure 1: Conceptual Ayurvedic Pathogenesis of Manyastambha

Samprapti Ghataka

Table 2: Samprapti Ghataka of Manyastambha

Dosha	Vata-Kapha (Predominantly Vata)
Dushya (affected tissues)	Mamsa, Asthi, Snayu, Majja
Agni	Jatharagni and Dhatvagni Vaishamya
Srotas	Mamsavaha, Asthivaha
Srotodushti	Sanga
Udbhava Sthana	Pakwashaya
Sanchara Sthana	Rasavaha circulation
Adhisthana	Manya Pradesh (cervical region)
Vyakta Sthana	Cervical spine and associated soft tissues

MODERN PERSPECTIVE OF CERVICAL SPONDYLOSIS

Relevant Anatomy

The cervical spine consists of seven vertebrae, intervertebral discs, facet joints, ligaments, spinal cord, and cervical nerve roots. These structures provide stability while permitting considerable cervical mobility. Degenerative changes involving the discs, vertebral margins, facet and uncovertebral joints, ligaments, and neural structures are relevant to cervical spondylosis. [4]

Etiology and Risk Factors

Ageing is the principal risk factor for cervical spondylosis. Progressive disc dehydration and degeneration alter the mechanical loading of adjacent vertebral and facet joints. Repetitive mechanical stress, poor posture, occupational strain, previous cervical trauma, smoking, and other individual factors may contribute to the development or progression of degenerative changes. [4]

Pathogenesis

Cervical spondylosis commonly begins with degeneration of the intervertebral disc, characterized by loss of hydration and elasticity and subsequent reduction in disc height. Altered mechanical loading increases stress on the vertebral endplates and facet joints, promoting osteophyte formation and degenerative hypertrophy. These changes may narrow the neural foramina or spinal canal. [4]

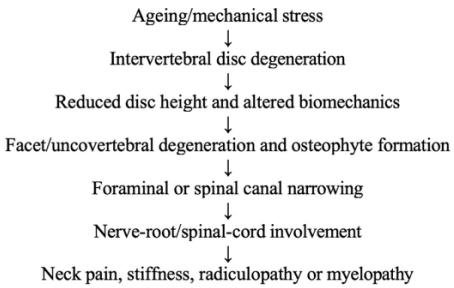

Figure 2. Simplified Pathogenesis of Cervical Spondylosis

The common manifestations include neck pain, stiffness, and restricted cervical movement. [2] Pain may radiate to the shoulder or upper limb when cervical nerve roots are affected. Radiculopathy may produce pain, paresthesia, sensory changes, weakness, and reduced reflexes. Advanced spinal cord compression may result in cervical myelopathy with gait disturbance, hand dysfunction, hyperreflexia, and other upper motor neuron signs. [6]

AYURVEDIC TREATMENT OF MANYASTAMBHA

Nidana Parivarjana (Avoidance of Etiological Factors)
Avoidance of causative factors forms the foundation of management. Patients should be advised regarding appropriate cervical posture, ergonomic practices, and avoidance of excessive neck strain, prolonged static postures, excessive cold exposure, and other individually relevant aggravating factors. Adequate sleep, regular physical activity, and appropriate dietary practices may support prevention and functional recovery.

Shamana Chikitsa (Palliative Management)
Shamana Chikitsa aims to alleviate Dosha-related manifestations without eliminating the Doshas from the body. In Manyastambha, management is directed primarily toward reducing Vata-related pain and stiffness while addressing associated Kapha features. Appropriate internal medicines, medicated oils, dietary measures, and supportive therapies may be selected according to the patient's clinical status. [1,2]

Panchakarma and supportive therapeutic procedures
Panchakarma procedures may be considered according to Dosha predominance, disease stage, patient strength, and therapeutic suitability.

Nasya: Nasya involves administration of medicated substances through the nasal route and is traditionally emphasized for disorders involving the region above the clavicle. It may be considered particularly relevant to cervical manifestations. [8]

Abhyanga: Therapeutic oil massage is traditionally used for Vata disorders and may be incorporated to reduce stiffness and support musculoskeletal function.

Swedana: Sudation therapy may be used following suitable oleation to alleviate stiffness and facilitate movement.
Basti: Basti is an important therapy in Vata disorders. Matra Basti using appropriate medicated oil may be considered in selected patients according to clinical indication. [1,2]

Greeva Basti: Greeva Basti involves retention of warm medicated oil over the cervical region. Although widely used in contemporary Ayurvedic practice, its clinical evidence remains limited and should be interpreted cautiously.

Pathya-Apathya and Rehabilitation: Warm, freshly prepared, easily digestible food and appropriate daily routines may be advised according to individual requirements. Ergonomic correction, posture training, gentle cervical exercises, and physiotherapy can support management. Exercise-based rehabilitation has evidence for improving pain and disability in several forms of neck pain and may complement Ayurvedic management.

Role of Rasnataila in the management of Manyastambha
Rasnataila is a classical medicated oil described in the Taila Prakarana of Sahasrayogam. [5] Its traditional use can be interpreted within the management of Vata-predominant painful and stiff musculoskeletal conditions.

Composition and Therapeutic Rationale
According to the cited Sahasrayogam reference, the formulation includes Rasna (*Pluchea lanceolata*), Dashamoola, Yashtimadhu (*Glycyrrhiza glabra*), Bala (*Sida cordifolia*), Atibala (*Abutilon indicum*), and Tila Taila (*Sesamum indicum*) as the oil base. [5]

Table 3: Major Components of Rasnataila and Their Traditional Relevance

Ingredient	Botanical name	Principal Ayurvedic therapeutic attributes
Rasna	*Pluchea lanceolata*	Vata-pacifying; used in pain and inflammatory musculoskeletal condition
Dashamoola	Group of ten medicinal roots	Vata-pacifying; traditionally used in pain, inflammation and disorders involving Vata
Yashtimadhu	*Glycyrrhiza glabra*	Traditionally considered nourishing and soothing; Madhura and Snigdha properties
Bala	*Sida cordifolia*	Balya and Vata-pacifying; traditionally used for weakness and musculoskeletal disorders
Atibala	*Abutilon indicum*	Traditionally considered Balya and Vata- pacifying
Tila Taila	*Sesamum indicum*	Snigdha and Vata-pacifying; used as the oil base

The traditional properties of these ingredients support the use of Rasnataila in Vata-predominant musculoskeletal disorders. However, pharmacological findings from individual ingredients should not be interpreted as direct clinical evidence for the complete Rasnataila formulation.

Therapeutic Application
Rasnataila may be considered for appropriate external or Panchakarma applications when supported by classical indication and clinical judgment. Evaluate its potential application in Manyastambha based on the route, dosage, treatment duration, patient suitability, and disease stage.

Recent Clinical Evidence
Clinical studies of Ayurvedic interventions in Manyastambha/ cervical spondylosis report improvements in pain, stiffness, and cervical mobility following interventions such as Nasya, Greeva Basti, and other Panchakarma-based approaches. [9,10]

However, available studies generally involve relatively small populations and heterogeneous treatment protocols. Direct clinical evidence specifically evaluating Rasnataila in Manyastambha remains limited. Therefore, the available findings support further investigation rather than definitive conclusions regarding efficacy.

DISCUSSION

Manyastambha and cervical spondylosis share important clinical manifestations, particularly neck pain, stiffness, and restricted cervical movement. Ayurveda interprets Manyastambha primarily through Dosha involvement and functional disturbance, whereas modern medicine emphasizes degenerative changes of the cervical discs, vertebrae, joints, ligaments, and neural structures. Therefore, the relationship between the two should be regarded as a clinical correlation rather than an exact pathological equivalence.

Ayurvedic management provides an individualized approach through Nidana Parivarjana, Shamana Chikitsa, Panchakarma, dietary measures, and rehabilitation. Nasya, Abhyanga, Swedana, and Basti may be selected according to clinical requirements. Rasnataila provides a classical therapeutic rationale for Vata-predominant musculoskeletal manifestations; however, direct evidence supporting its efficacy in Manyastambha is presently insufficient.

The current literature is limited by small sample sizes, heterogeneous interventions, short follow-up periods, and methodological variability. Future studies should employ standardized diagnostic criteria, validated outcome measures, appropriate controls, adequate sample sizes, longer follow-up, and systematic safety assessment. Specific clinical trials evaluating Rasnataila should establish its formulation, route, dosage, treatment duration, safety, and comparative efficacy.

CONCLUSION

Manyastambha shares significant clinical features with cervical spondylosis, particularly pain, stiffness, and restricted cervical mobility. Ayurveda provides a comprehensive management framework through Nidana Parivarjana, Shamana Chikitsa, Panchakarma, Pathya-Apathya, and supportive rehabilitation. Rasnataila may have a potential role in selected Vata-predominant musculoskeletal presentations based on its classical therapeutic rationale. However, current clinical evidence, particularly for Rasnataila, remains limited. Rigorous clinical research is required to establish its efficacy and safety and to strengthen the evidence base for Ayurvedic management of cervical spondylosis.

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Cite this article as:

Shakuntala Lamani and Gopu S. Manyastambha (cervical spondylosis): an integrative review of Ayurvedic concepts and therapeutic approaches. Int. J. Res. Ayurveda Pharm. 2026;17(5): 136-139. doi: http://dx.doi.org/10.7897/2277-4343.175184

Source of support: Nil, Conflict of interest: None declared

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