

Case Report

Ayurvedic management of cervical spondylosis: a case report

Anjanasree K.*, Nikhil Neelakandhan E. U., Dileep K. S.

Department of Kayachikitsa, Vaidyaratnam Ayurveda College Ollur, Thaikkattussery, Thrissur, India

Received: 21 August 2026

Revised: 21 September 2026

Accepted: 12 October 2026

*Correspondence:

Dr. Anjanasree K.,

E-mail: sreelayamsree1@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Cervical spondylosis is an important health issue considering its associated disability and impact on quality of life. Previously, it was considered a disease of old age due to degenerative changes occurring in the cervical spine. However, it is now increasingly observed among the younger population, possibly due to the current lifestyle. This is a case of a 41-year-old male patient who presented with neck pain and was admitted to the *Kayachikitsa* IPD of *Vaidyaratnam* Ayurveda College Hospital on 24/02/2025. He was diagnosed with cervical spondylosis based on the radiological findings, clinical presentation, and physical examination. The patient underwent treatment based on the principles of *Vatavyadhi Chikitsa*. The treatment included both internal and external Ayurvedic treatment modalities. Internally, *Rasnasaptaka Kashaya*, *Dhanwantara Arishta* and *Vatayog* tablets were administered, while externally, *Churna Pinda Sweda*, *Yogavasti*, *Jambira Pinda Sweda*, *Marsha Nasya* and steam bath were administered. A considerable improvement was observed in both the Oswestry Disability Index for neck pain and the Visual Analogue Scale following the Ayurvedic treatment modalities, indicating their potential effectiveness in the management of cervical spondylosis. The present case suggests that Ayurvedic *Vatavyadhi Chikitsa* may be a useful approach in the management of cervical spondylosis and provides a basis for further clinical evaluation.

Keywords: Ayurveda, Cervical spondylosis, *Sandhigatavata*, *Vatavyadhi chikitsa*

INTRODUCTION

Cervical spondylosis is a degenerative condition affecting the cervical spine and is usually associated with advancing age. Earlier, it was considered a disease of old age; however, nowadays, its incidence is increasingly observed among young adults due to changing lifestyles. Occupations that require maintaining a flexed posture for prolonged periods may increase the risk of developing this condition.^{1,2} Improper dietary intake may lead to nutritional deficiencies, which can adversely affect bone strength and thereby accelerate the degenerative process. In addition, habits such as alcohol consumption and smoking may further hasten the process of degeneration in the body. In the early stages of cervical spondylosis, patients commonly present with symptoms such as neck

pain, stiffness, and muscle spasm. In advanced cases, changes occurring in the intervertebral discs may lead to compression of the nerve roots, resulting in radiating pain extending from the neck to the fingers of the hand, often associated with numbness and tingling sensations.^{1,3} As cervical spondylosis can significantly affect the quality of life of patients, its management through a systematic approach is of paramount importance in the current scenario.

CASE REPORT

A 41-year-old male patient presented with the following complaints and was admitted to our hospital on 24/02/2025. He underwent 11 days of Ayurvedic treatment and was discharged on 06/03/2025. The primary concerns

of the patient were neck pain for 5 months and numbness of the fingers of the right hand for 3 months.

Case history

A 41-year-old male patient had been working as a goldsmith abroad for the past 24 years. He had a 10-hour work schedule each day, with only a one-hour lunch break after 5 hours of continuous work. During these 24 years, he also worked occasionally as a taxi driver.

After prolonged hours of sitting and performing this type of work, the patient first experienced diffuse back pain 2 years ago. The pain was gradual in onset and non-radiating, and it subsided after taking adequate rest. As the pain persisted intermittently, the patient initially neglected the condition.

Gradually, he developed neck pain, which had been present for the past 5 months. Occasionally, he experienced an electric shock-like sensation, particularly while performing activities involving excessive flexion of the neck. The pain was non-radiating but severe and began to affect his quality of work.

For the past 3 months, the patient had experienced numbness of the palm and fingers of the right hand. Initially, the numbness was radiating in nature, extending from the neck to the fingers of the right hand; however, it later became limited to the palm and fingers of the right hand. He had been taking allopathic medications until 20 days prior to admission, following which the pain and numbness subsided to some extent. However, as the patient was reluctant to continue taking painkillers for a prolonged period, he approached our OPD for further management.

Personal history

He was following a mixed diet and had a good appetite; however, his food intake was irregular due to his busy work schedule, and he frequently skipped meals. As a result, he occasionally experienced gastric discomfort. His bowel movements were regular and satisfactory. Micturition was within normal limits.

Due to the severity of pain, his sleep duration was reduced to approximately 4 hours per day. There was no history of any known allergies. However, the patient had a habit of cigarette smoking and occasional alcohol consumption.

Medical, family, occupational history and psychosocial history; The patient had previously taken allopathic treatment for the same complaints and had also used vitamin D supplements. There was no known history of diabetes mellitus, hypertension, or dyslipidaemia. There was no relevant family history associated with the present condition. He had been working as a goldsmith for the past 24 years and had also worked as a taxi driver.

Relevant past interventions with outcome

He had taken allopathic medications for the same complaints, following which, according to the patient, the pain and numbness improved by approximately 20%.

Systemic examination

Locomotor system

On examination of the cervical spine, no significant findings were noted on inspection or palpation. The range of motion of the cervical spine was painful during flexion and extension, while the other movements were possible without significant difficulty.

Valsalva test, shoulder depression test, Lhermitte's sign, grip-and-release test, and Hoffmann's sign were found to be negative. Flexion-compression test, extension-compression test, and Spurling's test were positive. Muscle power was graded as 5/5 in both upper limbs, and the deep tendon reflexes were found to be normal.

Nidana panchaka

Nidana and Samprapti

On assessing the *nidanas* for this condition, the patient's occupation was identified as the *sannikrishta nidana*. As part of his occupation, he had prolonged and excessive use of the neck and right upper limb, which can be considered as *atiyoga* of a particular body part. The patient had maintained a similar posture continuously for approximately 10 hours daily for the past 24 years. Excessive *Vata prakopa* due to occupational factors, further precipitated by other *ahara* and *vihara* such as smoking, alcohol consumption, inadequate sleep, skipping meals, and prolonged exposure to an air-conditioned work environment, acted as *viprakrishta nidanas* contributing to the development of the condition.

Samprapti

Excessive *Vata prakopa* due to occupational factors, further aggravated by other *ahara* and *vihara* such as smoking, alcohol consumption, inadequate sleep, and skipping meals, resulted in the aggravation of *Vata*. Subsequently, *Vata* underwent *sthanasamsraya* in the respective *sandhis* that were subjected to continuous and excessive use, eventually resulting in the manifestation of the clinical features.

Roopa: Pain in the neck.

Upasaya: Relief with warmth (*ushna*), unctuous measures (*snigdha*), and adequate rest.

Anupasaya: Exposure to cold (*sheeta*) and continuous work without adequate rest.

Diagnostic assessment

This case was diagnosed as cervical spondylosis based on the clinical examination and radiological findings. The range of motion of the cervical spine was restricted due to pain. The cervical spine compression tests were positive, and Spurling's test was also positive. X-ray examination (Figure 1) of the cervical spine revealed straightening of

the cervical vertebrae, suggestive of cervical muscle spasm, along with features of early cervical spondylosis.

Calcification was noted at the C5–C6 intervertebral disc space. MRI of the cervical spine (Figure 2) (Figure 3) showed loss of cervical lordosis, cervical spondylosis, and multilevel neural foraminal narrowing.

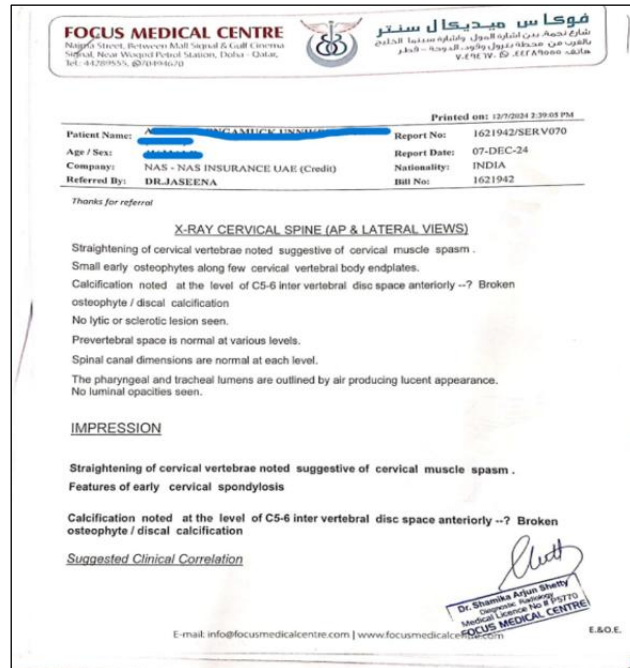


Figure 1: X-ray of cervical spine.

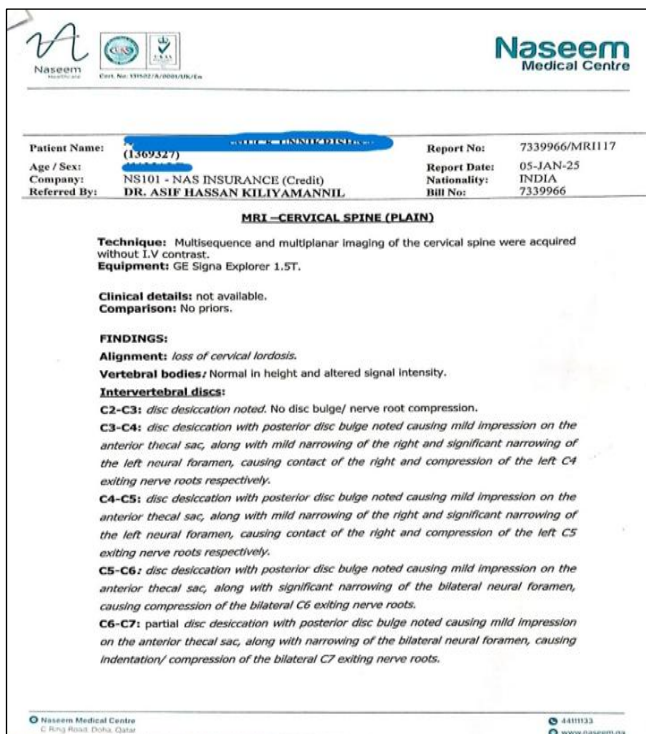
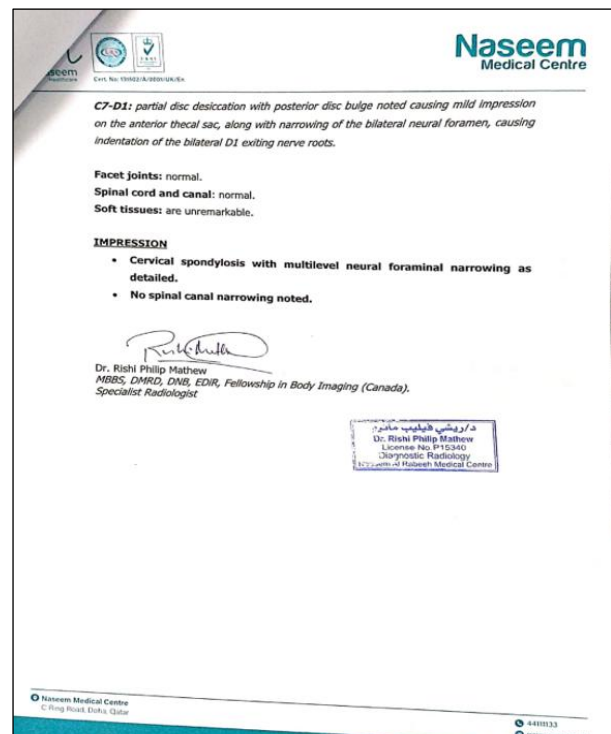


Figure 2: MRI of cervical spine.

In view of the neck pain associated with numbness and paresthesia involving the right upper limb, cervical radiculopathy was considered as an important differential diagnosis. Other possible causes of upper-limb paresthesia, including cervical intervertebral disc prolapse, cervical spinal canal stenosis, peripheral nerve entrapment

neuropathies such as carpal tunnel syndrome, brachial plexopathy, and peripheral neuropathy, were also considered. Cervical myelopathy was considered as another differential diagnosis; however, the absence of motor weakness, normal deep tendon reflexes, and preserved muscle power in both upper limbs made significant myelopathy less likely. Shoulder and other

musculoskeletal causes of referred pain to the upper limb were also considered. The clinical findings, together with the radiological evidence of cervical spondylosis and multilevel neural foraminal narrowing, supported the diagnosis of cervical spondylosis with associated neural involvement.

Investigations

Vit D-8.85 ng/ml on 01/01/2025, after proper ayurvedic assessment (Table 1) this case was managed with both internal medicines (Table 2) and external treatments (Table 3).

Table 1: Ayurvedic diagnostic assessment.

Prakriti	Kapha vata prakriti
Doshas vitiated	Vata (pain) sleshaka kapha (pesent in sandhis which is responsible for the normal movement of sandhis)
Dhathu	Rasa (reduced sleep), raktha, mamsa (sandhivedana), asthi
Sara	Madhyamam
Satwa	Madhyamam
Samhanana	Madhyamam
Satmya	Sarvarasa satmya
Srothas	Annavaha (akala bhojanam), asthivaha (vyayama -over strain in his job), vatalamnam cha sevanam (factors mentioned in personal history), mamsa, rasa
Pramanam	Madhyama
Abhyavaharana Sakthi	Pravara
Jarana Sakthi	Madhyama
Vyayama Sakthi	Avara
Vaya	Madhyama
Kala	Kshanadi-greeshmam Vyadhyavastha -navam
Desham	Bhumi- jangala Deha -greeva sandhi
Rogamargam	Madhyama

Table 2: Internal medicines.

Date	Medicines	Dose	Time	Route of administration
24/02/25 to 06/03/25	Rasnasapthakam kashaya	60 ml-0- 60 ml	Before food	Orally
	Dhanwantara arishta	30ml-0-30 ml	After food	Orally
	Tab. Vatayog	1-0-1	Along with kashaya	Orally

Table 3: External procedures.

Date	Procedure	Medicine/remarks
24/2/25 to 26/02/25	Churna pinda sweda	Kolakulathadi churna in karpasasthyadi taila
27/02/25, 28/02/25, 02/03/25, 04/03/25, 06/03/25	Matravasthi	Dhanwantaram mezhukupakam
01/03/25	Kashayavasthi	Madhutailika vasthi as ardhmatrika vasthi
28/02/25 to 03/03/25	Jambeera pindasweda	Narayana taila
28/02/25 to 06/03/25	Marshanasya	Ksheerabala – 8 drops each nostril
06/03/25	Steam bath	

Outcomes

Patient reported improvement in visual analogue score, improvement in the movements of neck and thereby considerable improvement in quality of life assessed by Oswestry disability index for neck pain (Table 4).

Table 4: Outcome assessment.

Before treatment	After treatment
Visual analogue scale -6	Visual analogue scale - 2
Oswestry disability index for neck pain ¹⁵ – 28 %	Oswestry disability index for neck pain – 16%

DISCUSSION

Cervical spondylosis is a degenerative condition presenting with symptoms such as pain and stiffness of the cervical spine and can be managed according to the principles of *Vatavyadhi Chikitsa*. Since the patient had fewer *ama lakshanas*, the treatment protocol followed a combination of *ruksha-snigdha*, *snigdha* and *brimhana* approaches. Treatment was commenced with *Churna Pinda Sweda* using *Kolakulathadi Churna* and *Karpasasthyadi Taila*.^{3,4} This provides the combined effects of *snehana*, *rookshana*, and *swedana*. Cervical spondylosis is a degenerative type of *Vata vikara*, usually associated with *Kapha*. *Rookshana* helps to reduce muscle spasm and symptoms associated with aggravated *Kapha*. The drugs present in *Karpasasthyadi Taila* possess *tikshna* properties, which are helpful in the initial stage. It was used with the aim of correcting the pathology of the neck. The procedural effect is focused on strengthening the structures of the neck, while the medicinal effect provides *snehana* and thereby promotes *Vata shamana*. The drugs present in *Kolakulathadi Churna* are predominantly *Vatahara*. The combined therapy aims to reduce symptoms, improve neck function, and enhance the quality of life in patients with cervical spondylosis.

Vata is the main *dosha* involved in the pathogenesis of this condition, and *Pakwasaya* is considered the main abode of *Vata*.⁵ Therefore, *Basti* administered to the patient can have a beneficial effect in this condition. Moreover, *Basti* is considered the best treatment for *Vata*.⁶ In this case, *Basti* was administered in the form of a *Yogavasti* pattern.⁷ *Matravasti* with *Dhanwantaram Mezhukupaka* and *Kashaya Basti* with *Madhutailika Basti* were administered as *Ardha-Matrika Basti*. *Ardha-Matrika Basti* refers to the administration of a reduced quantity of *Niruha Basti* compared with the standard dose. This reduces the chances of complications associated with a full dose of *Niruha Basti*, particularly since the patient developed complaints of fissure-in-ano following the first day of *Basti*.

The *Madhutailika Basti* administered in this case can serve the purpose of *Shodhana*, while *Anuvasana Basti* can help balance the *Vata prakopa* that may arise due to *Shodhana*.⁸ The drugs present in *Dhanwantaram Mezhukupaka*

possess *Vatahara*, *brimhana*, *balya* and *rasayana* actions.⁹ *Madhutailika Basti* contains *Madhu*, *Taila*, *Saindhava* and *Kalka*, along with the decoction of *Erandamooladi Kashaya*, which is beneficial in *Vata* disorders.¹⁰

Jambira Pinda Sweda (lemon bolus fomentation) was performed using *Narayana Taila*, providing a combination of *snehana* (oleation) and *swedana* (sudation), which is considered effective in alleviating *Vata-Kapha* disorders affecting the musculoskeletal system. The lemon used in *Jambira Pinda Sweda* possesses *amla guna* and *tikshna* and *ushna* properties, which provide a penetrating action and help in balancing both *Vata* and *Kapha*. Thus, it has *vedanahara*, *shothahara* and *stambhahara* effects. The *snehana* effect is attained through the use of *Narayana Taila*, which is mentioned in the context of *Vatavyadhi*.

Marsha Nasya with 8 drops of *Ksheerabala Taila* was administered in each nostril. Cervical spondylosis can be considered as *Sandhigata Vata* affecting the *Greeva Sandhi*. For diseases affecting areas above the *Jatru*, *Nasya* has particular importance.¹¹ Since the nose is considered the gateway to the head, medicines administered through the nasal route can have an effect on diseases affecting the head and neck. It can also help improve cervical mobility. *Ksheerabala* used for *Marsha Nasya* contains *Bala*, *Ksheera* and *taila* which possess *Vatahara*, *brimhana* and *indriyanam sukhapradam* properties.¹² Therefore, it may have *rasayana* properties that are appropriate for such degenerative conditions and may provide a long-term effect by preventing further *Vata prakopa*.

Internally, *Rasnasaptaka Kashaya* was administered.¹³ The drugs present in the *Kashaya* are beneficial for the management of joint pain when taken along with *Nagara Churna* as *anupana*. *Rasna*, one of the drugs present in this *Kashaya*, is considered an important *Vatahara* drug. It was administered along with *Vatayog* tablets. This is a proprietary medicine composed of *Sallaki*, *Mahayogaraja Guggulu*, *Shilajatu*, *Maharasnadi Kashaya*, *Dashamoola Kashaya* and *Rasnasaptaka Kashaya*. These are potent *Vata-samana* drugs and were administered along with the *Kashaya* to enhance its therapeutic effect.

Dhanwantara Arishta was administered after food. It is a modified formulation of *Balataila*, mentioned by *Ashtanga Hridaya* in the context of *Sutika Paricharya*, and is indicated in various *Vata Vikaras*.¹⁴ Since the disease is caused by excess usage of cervical spine in flexed posture for a prolonged time as part of his occupation, he is advised to take breaks in between the job. Patient is advised to follow a proper meal pattern so that occasional gas troubles could be managed.

CONCLUSION

The present case of cervical spondylosis in a 41-year-old male patient was successfully managed with ayurvedic IP treatment. Patient reported improvement in visual

analogue score, improvement in the movements of neck and thereby considerable improvement in quality of life. Since the disease is caused by excess usage of cervical spine in flexed posture for a prolonged time as part of his occupation, he is advised to take breaks in between the job. Patient is advised to follow a proper meal pattern so that occasional gas troubles could be managed. The present case suggests that Ayurvedic Vatavyadhi Chikitsa may be a useful approach in the management of cervical spondylosis and provides a basis for further clinical evaluation.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Kelly JC, Groarke PJ, Butler JS, Poynton AR, O'Byrne JM. The natural history and clinical syndromes of degenerative cervical spondylosis. *Adv Orthop*. 2012;2012:393642.
2. Lv Y, Tian W, Chen D, Liu Y, Wang L, Duan F. The prevalence and associated factors of symptomatic cervical spondylosis in Chinese adults: a community-based cross-sectional study. *BMC Musculoskeletal Disord*. 2018;19(1):325.
3. Jackson JA, Liv P, Sayed-Noor AS, Punnett L, Wahlström J. Risk factors for surgically treated cervical spondylosis in male construction workers: a 20-year prospective study. *Spine J*. 2023;23(1):136-145.
4. Sharma RK, Dash B. Agnivesa's Caraka Samhita: text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika. Vol. 1. Varanasi: Chowkhamba Sanskrit Series Office; reprint; 2018:42.
5. Krishnan Vaidyan KV, Gopalapillai S. Sahasrayogam. 35th ed. Mullakkal, Alappuzha: Vidyarambharam Publishers; 2017:278.
6. Srikantha Murthy KR. Astanga Hrdayam of Vagbhata. Vol. 1. Varanasi: Chowkhamba Krishnadas Academy; reprint; 2021:261.
7. Sharma RK, Dash B. Agnivesa's Caraka Samhita: text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika. Vol. 6. Varanasi: Chowkhamba Sanskrit Series Office; reprint; 2018:163.
8. Sharma RK, Dash B. Agnivesa's Caraka Samhita: text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika. Vol. 6. Varanasi: Chowkhamba Sanskrit Series Office; reprint; 2018:167.
9. Sharma RK, Dash B. Agnivesa's Caraka Samhita: text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika. Vol. 6. Varanasi: Chowkhamba Sanskrit Series Office; reprint; 2018:246.
10. Srikantha Murthy KR. Astanga Hrdayam of Vagbhata. Vol. 1. Varanasi: Chowkhamba Krishnadas Academy; reprint; 2021:387.
11. Srikantha Murthy KR. Astanga Hrdayam of Vagbhata. Vol. 2. Varanasi: Chowkhamba Krishnadas Academy; 2025:564.
12. Srikantha Murthy KR. Astanga Hrdayam of Vagbhata. Vol. 1. Varanasi: Chowkhamba Krishnadas Academy; reprint; 2021:255.
13. Sharma RK, Dash B. Agnivesa's Caraka Samhita: text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika. Vol. 5. Varanasi: Chowkhamba Sanskrit Series Office; reprint; 2018:116.
14. Krishnan Vaidyan KV, Gopalapillai S. Sahasrayogam. 35th ed. Mullakkal, Alappuzha: Vidyarambharam Publishers; 2017:84.
15. Srikantha Murthy KR. Astanga Hrdayam of Vagbhata. Vol. 1. Varanasi: Chowkhamba Krishnadas Academy; reprint; 2021:387.
16. Vernon H, Mior S. The Neck Disability Index: a study of reliability and validity. *J Manipulative Physiol Ther*. 1991;14(7):409-15.

Cite this article as: Anjanasree K, Nikhil NEU, Dileep KS. Ayurvedic management of cervical spondylosis: a case report. *Int J Res Med Sci* 2026;14:5415-20.