



Research Article

A COMPARATIVE CLINICAL EVALUATION OF ANUTAILA NAVAN NASYA AND JINGINYADI AVAPIDA NASYA IN THE MANAGEMENT OF MANYASTHAMBHA

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ABSTRACT

Manyasthambha, described in Ayurveda classics as a *Vataja Nanatmaja Vyadhi*, also due to *Vata* and *Kapha* derangement characterised by pain, stiffness, and restricted movements of the cervical region. **Objective:** To evaluate and compare the efficacy of *Anutaila Navan Nasya* and *Jinginyadi Avapida Nasya* in the management of *Manyasthambha*. **Materials and Methods:** A randomised, open-label clinical study was conducted on 40 patients aged between 20 and 50 years diagnosed with *Manyasthambha*. Patients were randomly allocated into two groups of 20 each. Group A received *Anutaila Navan Nasya*, while Group B received *Jinginyadi Avapida Nasya* for 7 consecutive days following standard *Nasya* procedures. Assessments were carried out on Days 0, 3, 5, 8, and 15. Statistical analysis was performed using paired and unpaired tests. **Results:** Both groups showed statistically significant improvement ($p < 0.05$) in pain, neck disability, and cervical range of motion. Group A demonstrated comparatively better results clinically in reducing stiffness and improving neck mobility. Intergroup comparison revealed no statistically significant difference ($p > 0.05$). **Discussion:** *Anutaila Navan Nasya* and *Jinginyadi Nasya* has reduced all the sign & symptoms of *Manyasthambha* significantly due to the *Katu, Tikta, Kashaya Rasa Katu Vipaka Ushna Veerya* and *Ruksha Guna* also reduces obstruction by pacifying *Kapha Dosha* and facilitates the normal *Gati* of *Vata Dosha*. **Conclusion:** *Anutaila Navan Nasya* and *Jinginyadi Avapida Nasya* are equally effective and safe in the management of *Manyasthambha*. The study supports *Nasya Karma* as a targeted and efficacious therapeutic approach for cervical musculoskeletal disorders.

INTRODUCTION

Ayurveda emphasises preventive and curative aspects of health through adherence to *Dinacharya*, *Rutucharya*, and *Sadvritta*. However, rapid urbanisation, technological advancement, and changes in occupational habits have led to increased physical inactivity, faulty postures, and mental stress. These factors significantly contribute to disorders of the musculoskeletal system, particularly those involving

the cervical region. In the present era, prolonged screen exposure, improper posture, and a sedentary lifestyle have led to an increased prevalence of cervical musculoskeletal disorders ranging from 16.7% to 75.1% globally, [1] leading to neck stiffness and pain

Manyasthambha^[2,3,4] is described as a *Vataja Nanatmaja Vyadhi*, with clinical features such as pain-*Shula*, stiffness -*Stambha*, restricted movement, and heaviness of the neck region. It arises due to vitiation of *Vata Dosha*, often associated with *Kapha*, leading to *Srotorodha*. Although traditionally considered an age-related disorder, *Manyasthambha* is increasingly observed in younger individuals due to excessive use of computers and mobile devices, prolonged sitting, and inadequate physical activity leading to neck stiffness and pain.

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From a contemporary perspective, *Manyasthambha* closely correlates with cervical spondylosis and age related degenerative or functional cervical disorders. Conventional management primarily focuses on analgesics, non-steroidal anti-inflammatory drugs, muscle relaxants, and physiotherapy, which often provide only temporary symptomatic relief and may be associated with adverse effects on prolonged use.^[5]

Ayurveda advocates *Nasya Karma*^[6-9] one among *Panchakarma* therapies as the principal therapy for diseases affecting *Urdhwajatru*. Classical texts describe that *Nasa Hi Shiraso Dwaram*, emphasising the therapeutic significance of nasal drug administration. Various types of *Nasya* are explained in classics. Among which *Navana Nasya* provides nourishment and pacifies *Vata*, whereas *Avapida Nasya* helps eliminate aggravated *Kapha* and clears obstruction. Considering the limitations of conventional treatment and the growing burden of cervical disorders, the present study was undertaken to evaluate and compare two *Nasya* formulations- *Anutaila Navana Nasya*^[10] and *Jinginyadi Avapida Nasya*^[11] in the management of *Manyasthambha*. Standardization of *Bindu* for *Nasya* was done^[12].

AIM & OBJECTIVES

Aim: To study the comparative effect of *Anu Taila Navan nasya* and *Jinginyadi Avapida Nasya* in the management of *Manyasthambha*.

Objectives

- To study the efficacy of *Anu Taila Navan Nasya* in the management of *Manyasthambha*.
- To study the efficacy of *Jinginyadi Avapida Nasya* in the management of *Manyasthambha*

MATERIALS AND METHODS

The present study was designed as a randomized, open-label, comparative clinical trial conducted to evaluate the efficacy of *Anutaila Navana Nasya* and *Jinginyadi Avapida Nasya* in patients diagnosed with *Manyasthambha*. A total of 40 patients fulfilling the diagnostic criteria were selected from the outpatient and inpatient departments of C.A.R.C. Akurdi, Pune. X-ray of cervical region was done before treatment to rule out exclusion criteria.

Assessment of therapeutic efficacy was carried out using both subjective and objective parameters. Evaluations were conducted at baseline (day 0) and subsequently on days 3, 5, 8, and 15. Statistical analysis was performed using appropriate paired and unpaired tests to assess intra-group and inter-group differences, with a p-value of less than 0.05 considered statistically significant.

Study Design: Randomized open labelled comparative clinical study.

Sample Size: Total 40 patients divided into: 2 equal groups

Group A (n=20): *Anutaila Navana Nasya*

Group B (n=20): *Jinginyadi Avapida Nasya*

Table 1: Inclusion Criteria, Exclusion Criteria, Withdrawal Criteria

Inclusion Criteria	Exclusion Criteria	Withdrawal Criteria
Patients having signs and symptom of <i>Manyasthambha</i> as mentioned in <i>Samhitas</i> .	<i>Nasya Anarha</i>	Occurrence of serious adverse events.
<i>Nasya Arha</i>	Patients with congenital anomalies of spine.	The investigator feels that the protocol has been violated or patient has become in cooperative.
Age group between 20yrs to 50yrs.	Patients with fracture or dislocation of cervical vertebrae and intervertebral disc.	Further continuation of the study is likely to be detrimental to health of the patients.
Irrespective of gender	With accident cases	Patients absent for continuous 2 follow-ups will be considered as dropped out from this project.
Patients not taking concomitant treatment.	Long term steroid and hormonal treatment.	
Patient who will give written informed consent document.		

Table 2: Preparation of Drug



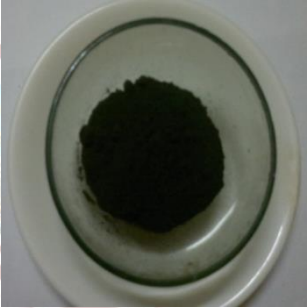


<p><i>Anutaila</i></p>	<p>Prepared drug was procured from the <i>Ayurved Rasashala Pune</i></p> <div style="text-align: center;">  </div> <p>Picture: 1- Anutaila</p>	
<p><i>Jinginyadi</i></p>	<p>Ingredients: <i>Manjishtha</i>, <i>Shuddha Guggulu</i>, water. The raw drugs were procured from market in the form of <i>Churna</i> and its identification, authentication and standardization is done as per API. 1) <i>Manjishtha</i> fine <i>Churna</i> of mesh size 60 and <i>Shuddha Guggulu</i> is taken in equal quantity i.e., 2gm each 2) A homogenous <i>Kalka</i> (bolus) is prepared by adding sufficient quantity of water. Based on the pilot study total amount of water is 6ml was observed hence the same amount was used for the preparation. 3) After ten minutes the <i>Kalka</i> is kept in a porous cotton cloth and <i>Pottali</i> is prepared. 4) <i>Pottali</i> is squeezed in patient's nostrils with 4 drops in each nostril as <i>Nasya</i>. 5) Each day a new <i>Pottali</i> is prepared using same protocol.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Picture: 2- Manjishtha Churna</p> </div> <div style="text-align: center;">  <p>Picture: 3- Guggulu</p> </div> <div style="text-align: center;">  <p>Picture: 4, 4.1- Cora Cloth, Jinginyadi Kalka placed in Cora Cloth</p>  <p>Picture: 4.2- Pottali of prepared drug</p> </div> </div>	

Table 3: Intervention

	Group A	Group B
Type of <i>Nasya</i>	<i>Anutaila Navana Nasya</i>	<i>Jinginyadi Avapida Nasya</i>
Drug	<i>Anutaila</i>	Fresh herbal juice of <i>Jinginyadi</i>
Dose	8 drops in each nostril	4 drops in each nostril
Time of Administration	<i>Pratah Bhuktavata</i>	<i>Pratah Bhuktavata</i>
Duration	7 days	7 days
<i>Purva Karma</i>	1. <i>Abhyanga</i> - Local <i>Snehana</i> of the neck and shoulder region using <i>Tila Taila</i> 2. followed by <i>Nadi Swedana</i> for five minutes.	1. <i>Abhyanga</i> - Local <i>Snehana</i> of the neck and shoulder region using <i>Tila Taila</i> 2. followed by <i>Nadi Swedana</i> for five minutes.

<i>Pradhana Karma</i>	Nasya was administered to the patient in a supine position with mild neck extension, ensuring proper instillation of the drug into both nostrils.	Nasya was administered to the patient in a supine position with mild neck extension, ensuring proper instillation of the drug into both nostrils.
<i>Paschat Karma</i>	Gentle massage of the palms and soles, warm water gargling, and post-procedure instructions to avoid exposure to cold wind and dust.	Gentle massage of the palms and soles, warm water gargling, and post-procedure instructions to avoid exposure to cold wind and dust.
Follow Up	0, 3 rd , 5 th , 8 th , 15 th day	0, 3 rd , 5 th , 8 th , 15 th day

Assessment Criteria

Table 4: Subjective and Objective Parameters.

Subjective Parameters	Objective Parameters ^[15]
Neck pain disability index questionnaire ^[13]	Range of cervical movement (goniometric assessment)
Visual analogue scale ^[14]	

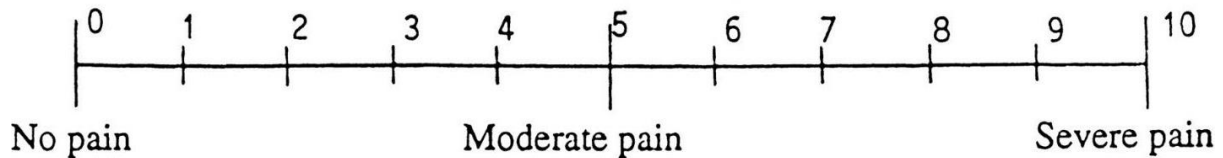
Scoring Technique for Neck Disability Index

0. Each of the 10 sections is scored separately (0 to 5 points respectively) and then added up (max. total = 50).

1. If all 10 sections are completed, simply double the patients score.

2. If a section is omitted, divide the patient’s total score by the number of sections completed times 5.

Formula: % Disability = Patient’s Score / No. of Sections Completed X 5 × 100



Picture 5: Visual analogue scale

The scale above was shown to the patient and asked to mark the number which equates the pain they feel.

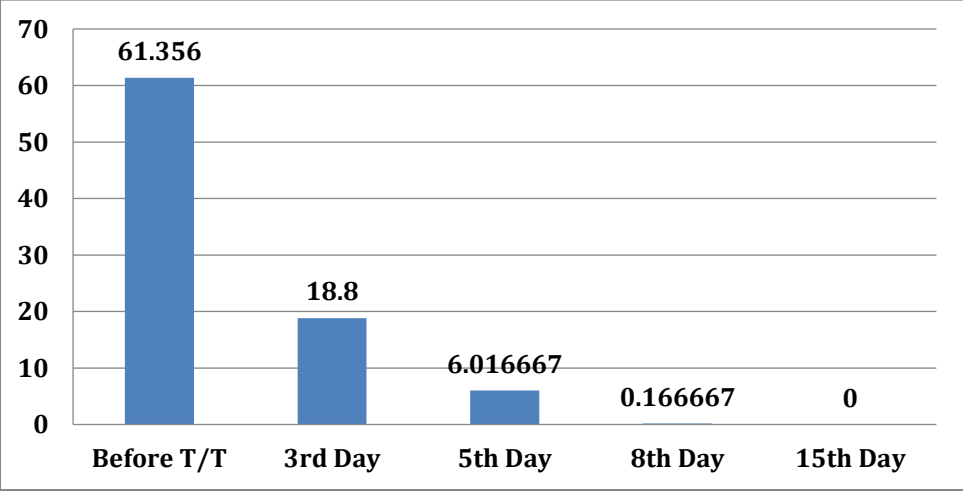
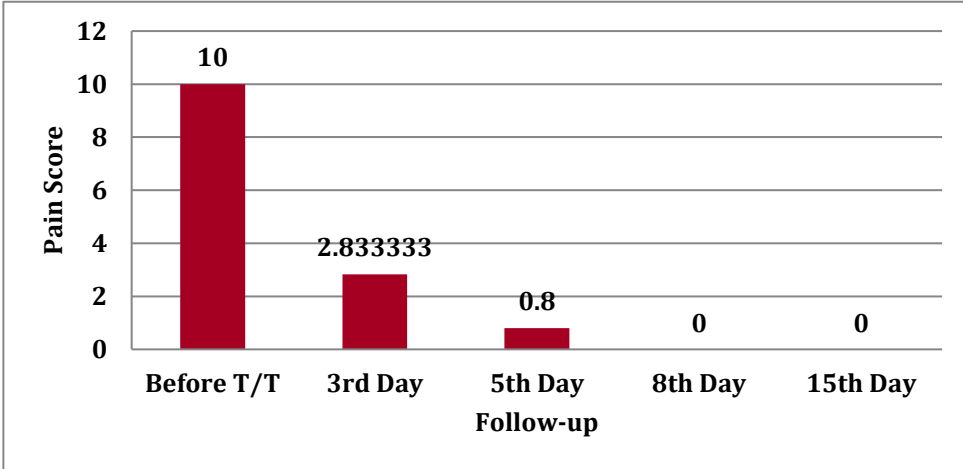
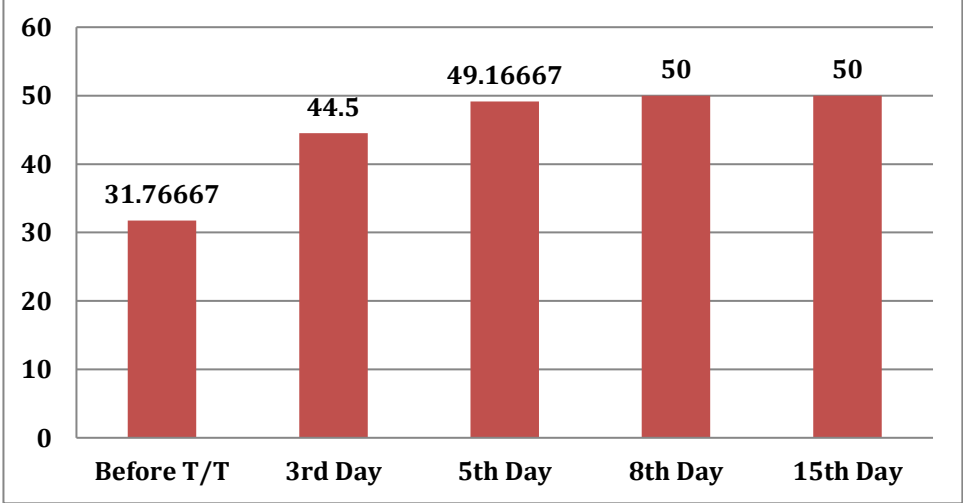
Table 5: Range of Cervical Movement

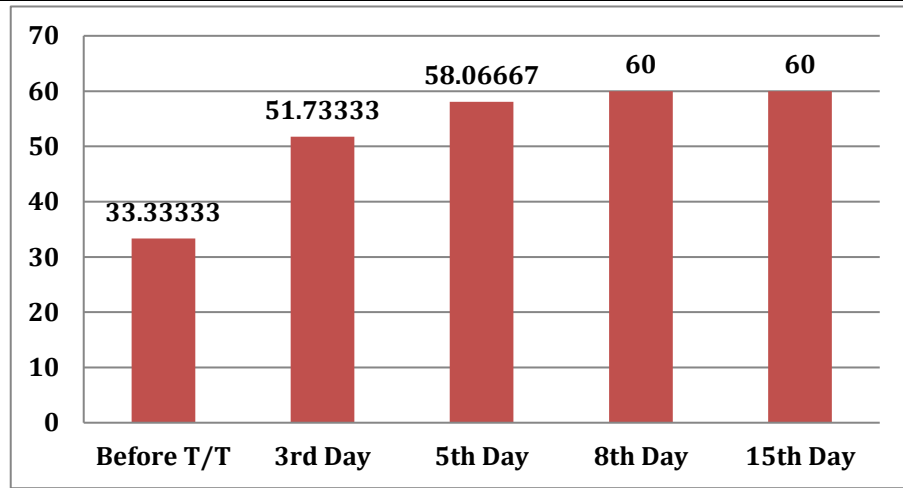
Cervical movements	Normal movement in degree
Flexion	50
Extension	60
Left lat flex	45
Right lat flex	45
Left rotation	80
Right rotation	80

Before and after treatment, range of movement was measured with goniometry.

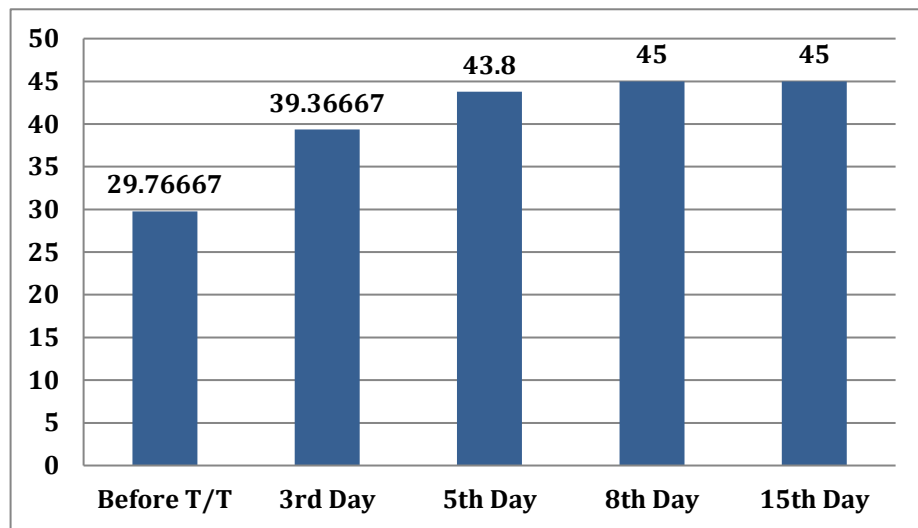
OBSERVATION AND RESULTS

Table 6: Observation and Results

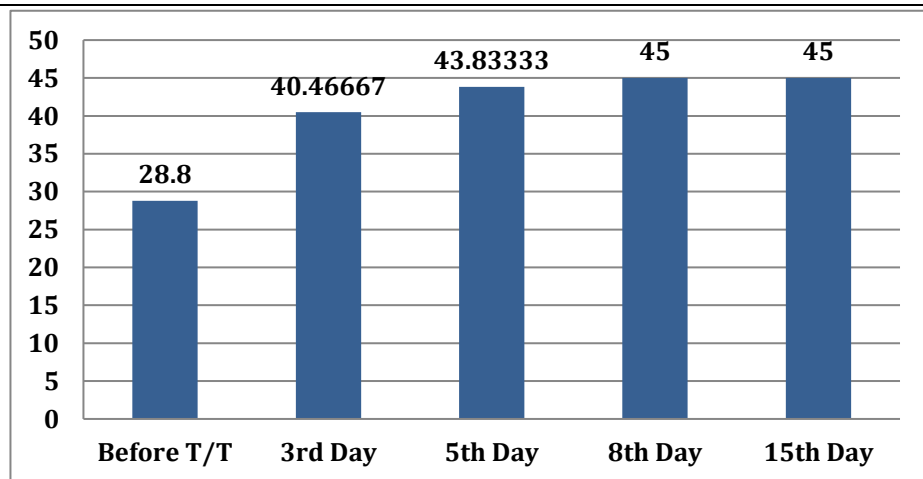
<p>Neck disability index score</p>	 <p>Graph: 1 Neck Disability Index Score</p> <table border="1"> <thead> <tr> <th>Time Point</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Before T/T</td> <td>61.356</td> </tr> <tr> <td>3rd Day</td> <td>18.8</td> </tr> <tr> <td>5th Day</td> <td>6.016667</td> </tr> <tr> <td>8th Day</td> <td>0.166667</td> </tr> <tr> <td>15th Day</td> <td>0</td> </tr> </tbody> </table>	Time Point	Score	Before T/T	61.356	3rd Day	18.8	5th Day	6.016667	8th Day	0.166667	15th Day	0
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<p>VAS Scale</p>	 <p>Graph: 2 VAS Scale</p> <table border="1"> <thead> <tr> <th>Time Point</th> <th>Pain Score</th> </tr> </thead> <tbody> <tr> <td>Before T/T</td> <td>10</td> </tr> <tr> <td>3rd Day</td> <td>2.833333</td> </tr> <tr> <td>5th Day</td> <td>0.8</td> </tr> <tr> <td>8th Day</td> <td>0</td> </tr> <tr> <td>15th Day</td> <td>0</td> </tr> </tbody> </table>	Time Point	Pain Score	Before T/T	10	3rd Day	2.833333	5th Day	0.8	8th Day	0	15th Day	0
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<p>Range of Cervical Movement</p>	 <p>Graph : 3 Neck Movement : Flexion</p> <table border="1"> <thead> <tr> <th>Time Point</th> <th>Range of Movement</th> </tr> </thead> <tbody> <tr> <td>Before T/T</td> <td>31.76667</td> </tr> <tr> <td>3rd Day</td> <td>44.5</td> </tr> <tr> <td>5th Day</td> <td>49.16667</td> </tr> <tr> <td>8th Day</td> <td>50</td> </tr> <tr> <td>15th Day</td> <td>50</td> </tr> </tbody> </table>	Time Point	Range of Movement	Before T/T	31.76667	3rd Day	44.5	5th Day	49.16667	8th Day	50	15th Day	50
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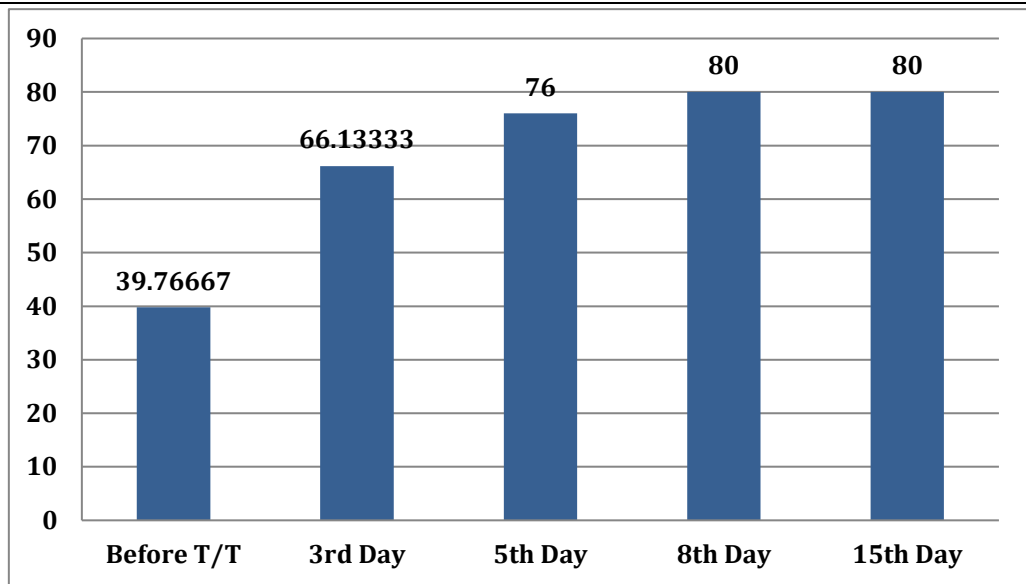
Graph : 3.1 Neck Movement : Extension



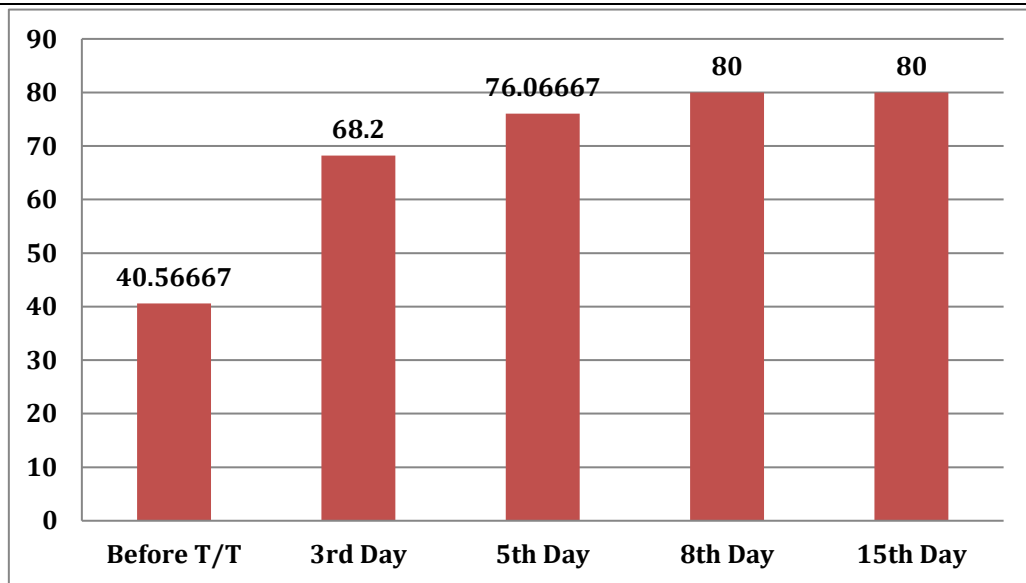
Graph: 3.2 Neck Movement: Left Lateral Flexion



Graph : 3.3 Neck Movement : Right Lateral Flexion



Graph: 3.4 Neck Movement : Left Rotation



Graph: 3.5 Neck Movement : Right Rotation

The study population demonstrated a higher prevalence of *Manyasthambha* in the younger and middle-aged groups, with the majority of patients belonging to the 20–30 years age group, indicating the influence of occupational and lifestyle-related factors. A greater proportion of patients were engaged in sedentary or desk-based occupations, highlighting the role of prolonged sitting and poor posture in the development of cervical disorders. *Prakruti* analysis revealed a predominance of *Pitta-Kapha* and *Vata-Kapha* constitutions, suggesting increased susceptibility to *Vata-Kapha* disorders in these individuals.

Both treatment groups showed statistically significant improvement in pain intensity as assessed by the Visual Analogue Scale. In Group A, mean VAS scores showed a marked reduction from baseline to the end of the follow-up period, indicating substantial

relief from cervical pain. Group B also demonstrated significant pain reduction, with improvements observed as early as the third day of treatment. Intra-group analysis revealed highly significant results ($p < 0.05$) in both groups, while inter-group comparison showed no statistically significant difference, indicating comparable analgesic efficacy.

Functional disability assessed using the Neck Disability Index also showed significant improvement in both groups. Patients in Group A exhibited a pronounced reduction in disability scores, reflecting improved ability to perform daily activities such as reading, lifting, and personal care. Similar improvements were observed in Group B, with patients reporting reduced stiffness and enhanced neck mobility.

Objective assessment of cervical range of motion demonstrated statistically significant

improvement in flexion, extension, and rotation in both groups. By the end of the study period, most patients achieved near-normal cervical movements, suggesting effective resolution of muscular stiffness and functional limitation.

Overall, statistical analysis revealed that both *Anutaila Navan Nasya* and *Jinginyadi Avapida Nasya* produced significant therapeutic benefits in the management of *Manyasthambha*. The absence of statistically significant inter-group differences

indicates that both interventions are equally effective, reinforcing the clinical utility of *Nasya Karma* as a targeted therapeutic approach for cervical musculoskeletal disorders.

Statistical Analysis

Within-group: Paired t-test/Wilcoxon signed-rank test.

Between-group: Unpaired t-test/Mann-Whitney test.

Significance level: $p < 0.05$

Table 7: Statistical Analysis

Assessment Criteria	Mean BT	Mean AT	S.D.	SEM	Pr> t
Disability score	61.36	0.0	6.348	1.159	<0.0001
Flexion	31.77	50	3.821	0.6976	<0.0001
Extension	33.33	60	5.511	1.006	<0.0001
Lt. Lat. Flexion	29.77	45	3.360	0.6134	<0.0001
Rt. Lat. Flexion	28.80	45	3.718	0.6787	<0.0001
Lt. Rotation	39.77	80	7.342	1.341	<0.0001
Rt. Rotation	40.57	80	6.673	1.218	<0.0001
Pain Score	10	0.0	0.4983	0.0909	<0.0001

The statistical analysis was done using GraphPad Prism Software and observed that the obtained p values are <0.0001 at 29 degree of freedom which is highly significant hence both *Anutaila Navan Nasya* and *Jinginyadi Avapida Nasya* are effective in the management of *Manyasthambha*.

DISCUSSION

Manyasthambha: *Manyasthambha* is a multifactorial disorder primarily resulting from the vitiation of *Vata Dosha*, often associated with *Kapha Dosha*, leading to stiffness, pain, and restricted movements of the cervical region. The present study demonstrates that both *Anutaila Navan Nasya* and *Jinginyadi Avapida Nasya* are effective in alleviating the cardinal symptoms of *Manyasthambha*. The significant reduction in pain intensity, functional disability, and improvement in cervical range of motion observed in both groups suggest that *Nasya Karma* plays a pivotal role in correcting the underlying pathophysiology of the disease rather than merely providing symptomatic relief.

Nasya Karma: Pathogenesis of *Manyasthambha* involves *Shleshmavarana* of *Vata* in the *Manya Pradesha*, resulting in *Stambha* and *Shoola*. *Nasya Karma* directly addresses this mechanism by delivering medicated substances to the site of *Dosha* localization through the nasal route, which is described as the gateway to the head (*Nasa Hi Shiraso Dwaram*). The *Purva Karma* procedures, including *Snehana* and *Swedana*, facilitate liquefaction of aggravated *Kapha* and enhance the penetration of medicated drugs,

thereby augmenting the therapeutic efficacy of *Nasya*. The rapid onset of symptomatic relief observed in several patients supports classical descriptions that *Nasya* acts quickly in disorders of the head and neck.

Anutaila Navan Nasya demonstrated marked efficacy in reducing pain and stiffness, which may be attributed to its *Snigdha* and nourishing properties that pacify aggravated *Vata Dosha*. The oil base of *Anutaila* allows deep tissue penetration, providing lubrication to cervical muscles, joints, and ligaments, thereby restoring normal movement. Additionally, the presence of multiple herbs with anti-inflammatory and neuroprotective properties contributes to its sustained therapeutic effect. The observed improvement in cervical mobility in Group A suggests that *Anutaila* not only alleviates symptoms but also supports tissue nourishment and functional restoration.

Jinginyadi Avapida Nasya also produced significant clinical improvement, particularly in reducing pain and stiffness. *Tikshna* and *Ushna* properties reduce *Kapha* clears obstruction and enhances circulation. The formulation contains *Manjishtha* and *Guggulu*, both of which are known for their anti-inflammatory, analgesic, and muscle-relaxant properties. The *Avapida* form of *Nasya*, which involves the administration of expressed juice, exerts a more immediate and potent effect by facilitating rapid absorption. This may explain the relatively faster symptomatic relief observed in some patients of Group B. From a pharmacological standpoint, *Guggulu* exhibits anti-inflammatory activity through modulation of inflammatory

mediators, while *Manjishtha* enhances circulation and reduces tissue congestion, collectively contributing to the alleviation of muscular spasm and pain.

Mode of Action – Nasal route of Drug delivery: From a modern biomedical perspective, the improvement observed in both groups can be correlated with the mechanism of intranasal drug delivery. The nasal route provides direct access to the central nervous system through the olfactory and trigeminal pathways, bypassing the blood–brain barrier and systemic metabolism. This facilitates rapid therapeutic action at lower doses and may influence neuromuscular control, pain perception, and local inflammatory processes. The significant improvement in cervical range of motion suggests relaxation of paraspinal muscles, reduction in inflammation, and restoration of normal neuromuscular function, aligning with contemporary understanding of cervical musculoskeletal disorders.

Choice of Drug: The absence of statistically significant differences between the two groups indicates that both *Anutaila Navana Nasya* and *Jinginyadi Avapida Nasya* are equally effective in the management of *Manyasthambha*. This finding is clinically relevant, as it allows physicians to select either formulation based on patient constitution, disease stage, and clinical presentation. *Anutaila* may be preferred in patients with predominant *Vata* features and chronic stiffness, while *Jinginyadi Avapida Nasya* may be more suitable in cases with acute pain and inflammatory features.

Limitations: Despite the encouraging outcomes, certain limitations of the study must be acknowledged. The sample size was relatively small, and the study duration was limited to a short follow-up period. Long-term effects, recurrence rates, and comparative effectiveness with conventional therapies were not evaluated.

Adverse Reactions and Usage of Rescue medication: No adverse reactions were noted during the study and for no patient rescue medication was used.

Future Scope: Future studies with larger sample sizes, longer follow-up, and objective imaging or biochemical markers would further substantiate the findings and enhance the evidence base for *Nasya Karma* in cervical musculoskeletal disorders.

CONCLUSION

The present comparative clinical study establishes that both *Anutaila Navan Nasya* and *Jinginyadi Avapida Nasya* are effective, safe, and well-tolerated interventions in the management of *Manyasthambha*. Significant improvement in pain intensity, functional disability, and cervical range of motion observed in both treatment groups highlights the therapeutic potential of *Nasya Karma* in addressing

cervical musculoskeletal disorders associated with modern lifestyle practices.

The study reinforces the classical Ayurvedic principle that the disorders of the head and neck are best managed through nasal drug administration. The comparable efficacy of the two *Nasya* formulations suggests that individualized treatment selection based on *Dosha* predominance and clinical presentation can be effectively employed in practice. Overall, *Nasya Karma* emerges as a targeted, non-invasive, and clinically relevant therapeutic modality for *Manyasthambha*, offering a holistic and sustainable approach to management.

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