



Research Article

EFFECT OF DEEPANA PACHANA AND SHAMANASNEHAPANA WITH KARPASASTHYADI SEVYA THAILA IN REDUCING NECK PAIN ASSOCIATED WITH CERVICAL SPONDYLOSIS

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ABSTRACT

Cervical spondylosis is a degenerative condition of the cervical spine, primarily associated with pain and stiffness. In Ayurveda, cervical spondylosis can be clinically correlated with *Apabahuka*, *Viswachi*, *Greevastambha*, *Manyastambha* or *Asthimajjagatha vata* affecting the *Manya pradesha*. All these conditions come under *Vatavyadhi*. Therefore, *Deepana pachana* therapies are indicated, as they enhance *Agni* and help in the *Ama pachana*. The general line of management for *Vatika* disorders includes *Snehana*, *Swedana* and *Shodhana*. Among these, *Snehana karma* is especially useful in *Dhathukshaya janya vatavyadhi*. *Amruthotharam kashayam*, mentioned in *Sahasrayoga* and *Shadharana choorna*, described in the *Vatavyadhi adhyaya* of *Susrutha Samhita*, were taken in tablet form for better palatability of participants for *Deepana pachana*. *Karpasasthyadi thaila*, mentioned in the *Thaila prakarana* of *Sahasrayoga*, is indicated in *Vatavyadhi* particularly *Apabahuka*. Considering the *Dosha kopa* and the site of vitiation, *Karpasasthyadi sevya thaila* was selected for *Shamanasnehanam*. **Materials and Methods:** Data were collected using clinical case proforma. Assessments were based on visual analogue scale, Oswestry disability index for neck pain. A total of 23 participants were selected through consecutive sampling. *Deepana pachana* was carried out for 5 days, followed by a one-day interval for assessment. Thereafter, *Karpasasthyadi sevya thaila shamanasnehanam* was given for 15 days. **Results and Discussion:** Changes in the neck pain were analysed before treatment, on the 6th day and after the treatment on the 22nd day. Depending on the distribution of variables, the data were analysed using Wilcoxon's signed rank test and paired t test. **Conclusion:** The research findings indicate that the participants underwent *Deepana pachana* and *Shamana snehanam* with *Karpasasthyadi sevya thaila* is effective in reducing neck pain associated with cervical spondylosis.

INTRODUCTION

Ayurvedic treatment mainly comprises *Samshodhana* and *Samshamana chikitsa*. *Panchakarma* is a procedure in which *Utklishta doshas* are expelled through the nearest route after *Snehana* and *Swedana*. *Snehana* has a vital role in *Panchakarma*, as it induces *Snigdhatva* in the body. *Shamana snehanam* refers to the internal administration of *Sneha*, which alleviates aggravated *Doshas* and helps in curing disease.

Cervical spondylosis is a degenerative condition that involves the joints and discs in the cervical spine. It affects all the structures of the neck spine. The major symptoms of cervical spondylosis are neck pain and stiffness¹. The prevalence of the disease was found to be higher in females than in males^[1].

In Ayurveda the role of *Agni* plays an important role in *Roga ulpathi*. So, *Deepana pachana* is the first line of treatment. *Shamana snehanam* is a unique type of *Abhyantara snehanam* which provides nourishment to the *Dhatu* levels and helps to prevent degeneration.

Amruthothara Kashaya and *Shadharana tablet* were taken for *Deepana pachana* due to its *Amapachana* property. *Karpasasthyadi thaila*, mentioned in the *Taila prakarana* of *Sahasrayoga*, is indicated for *Sarvaanilapaham*. It is specifically

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mentioned for the management of *Apabahukam* and is also mentioned for *Pana*, *Nasya*, and *Abhyanga*. The drugs in the *Yoga* possesses properties such as *Vatakaphashamaka*, *Sothaghna*, and *Soolahara*.

Cervical spondylosis can be clinically correlated with *Apabahuka*, *Greevasthambha*, *Manyastambha*, *Viswachi* or *Asthimajjagata vata* in the *Manyapradesha*. In the initial stage of the disease, *Ama pachana* is required, followed by nourishment through *Shamanasnehapanana*. As the vitiated *Vata* localised in the *Asthi* and *Sandhi* of cervical spine, degenerative changes occur. *Snehana* is required in degenerative conditions. Hence the study was planned to find out the effect of *Deepana pachana* followed by *Karpasasthyadi sevyam thaila shamanasnehapanana* in cervical spondylosis.

MATERIALS AND METHODS

Study design

This was an interventional study with a single-group, pre-post assessment design.

Ethical committee clearance

The institutional ethical committee held at Government Ayurveda College, Thiruvananthapuram on 07/10/2023 and subsequent meeting on 25/05/2024 and approval got as per letter no. Ref no: IEC: 718-7/10/2023.

Clinical trial registry (CTRI) Registration

Registration under CTRI done with registration number CTRI/2024/07/070385 and acknowledgement number REF/2024/06/086284.

Study setting

OPD of Government Ayurveda College Panchakarma Hospital, Poojappura, Thiruvananthapuram.

Study population

Participants of age group 30-60 years with cervical spondylosis registered in the OPD of Government Ayurveda College Panchakarma Hospital, Poojappura, Thiruvananthapuram.

Criteria of Selection of participants

Inclusion criteria

- Participants of age group 30-60 years.
- Participants with known case of cervical spondylosis.

Exclusion criteria

- Participants with recent history of cervical spine injury
- Diagnosed participants with ankylosing spondylitis and rheumatoid arthritis.
- Participants contraindicated for *Snehapana*
- Participants with fasting blood sugar more than 150mg%, cholesterol more than 250mg%.
- Participants with known history of cardiac illness.
- Participant not willing to give consent

Study drug

For *Deepana pachana*, *Amruthotharam kashayam* and *Shaddharana tablet* were taken. *Amruthotharam kashayam*, which is mentioned in *Sahasrayoga* as *Nagaradi Kashaya*^[2], contain the ingredients *Nagara*, *Amrutha* and *Harithaki* which possess *Deepana*, *Pachana* and *Vatanulomana* properties.

Table 1: Ingredients of Amruthotharam kashayam^[2,3]

S.no	Drugs	Botanical name	Family	Part used
1	<i>Nagara</i>	<i>Zingiber officinale</i>	Scitaminae	Rhizome
2	<i>Amrutha</i>	<i>Tinospora cordifolia</i>	Menispermaceae	Areal root
3	<i>Harithaki</i>	<i>Terminalia chebula</i>	Combretaceae	Fruit grind

Table 2: Ingredients of Shaddharana tablet^[3,4]

S.no	Drugs	Botanical name	Family	Part used
1	<i>Chitraka</i>	<i>Plumbago zeylanica</i>	Plumbaginaceae	Root bark
2	<i>Indrayava</i>	<i>Holarrhena antidysenterica</i>	Apocynaceae	Seed
3	<i>Patha</i>	<i>Cissampelos pariera</i>	Menispermaceae	Root
4	<i>Katuka</i>	<i>Pichrorhiza kurroa</i>	Scropularaceae	Root
5	<i>Ativisha</i>	<i>Aconitum heterophyllum</i>	Ranunculaceae	Root
6	<i>Abhaya</i>	<i>Terminalia chebula</i>	Combretaceae	Fruit rind

Shamana snehapana was performed using *Karpasasthyadi taila chikkaanpaka*. In the classical texts book of Ayurveda, mainly 3 *Snehapakas*^[5,6,7] are described. They are *Mridu*, *Madhyama (Chikkana)* and *Khara paka*. Among these, *Madhyama paka Sneha* is indicated for internal consumption, except according to *Acharya Susruta*, who mentioned *Mrudu paka*^[8] for *Sneha pana*. However, the majority opinion favors administration of *Madhyama paka*. Therefore, *Karpasasthyadi taila* prepared in *Chikkana paka* was selected for *Shamanasnehapanana*.

Table 3: Ingredients of Karpasasthyadi thaila [3,9,10]

S.No	Drugs	Botanical name	Family name	Part used
1	Karpasa	<i>Gossypium herbaceum</i>	Malvaceae	seed
2	Bala	<i>Sida cordifolia</i>	Malvaceae	Root
3	Masha	<i>Phaseolus mungo</i>	Fabaceae	Seed
4	Kulatha	<i>Dolichos biflorus</i>	Fabaceae	Seed
5	Devadaru	<i>Cedrus deodara</i>	Pinaceae	Bark
6	Rasna	<i>Alpinia officinarum</i>	Zingiberaceae	Rhizome
7	Kushta	<i>Saussuria lappa</i>	Asteraceae	Root
8	Sarshapa	<i>Brassica campestris</i>	Cruciferae	Seed
9	Nagara	<i>Zingiber officinale</i>	Scitaminae	Rhizome
10	Satahva	<i>Anethum sowakurz</i>	Umbeliferae	Seed
11	Pippalomoola	<i>Piper longum</i>	Piperaceae	Root
12	Chavya	<i>Piper chaba</i>	Piperaceae	Root
13	Shigru	<i>Moringa pterygosperma</i>	Moringaceae	Bark
14	Punarnava	<i>Boerhavia diffusa</i>	Nyctaginaceae	Root
15	Tila tailam	<i>Sesamum indicum</i>	Pedaliaceae	Seeds/oil
16	Ajaksheera	Milk		

Intervention

Amruthothara Kashaya Choorna and Shaddharana tablets used for Deepana Pachana were procured from Oushadhi, a GMP-certified pharmacy. Karpasasthyadi Taila in Chikkana Paka form, used for Shamana Snehapana, was procured from Vaidyaratnam, a GMP-certified pharmacy.

Procedure

Deepana pachana

The selected 23 participants were administered Deepana Pachana medicines for a duration of 5 days. Amruthotharam Kashayam (96ml) was administered in the morning, one hour before food, along with one Shaddharana tablet.

Shamana Snehapana

Participants were advised to take Shamana Snehapana on an empty stomach, only after complete digestion of the previous meal and the return of appetite. On the first day of Shamana Snehapana, a Hraseeyasi Matra of 10ml was administered. The time required for the digestion of Sneha on the first day was recorded, based on which the digestion time was calculated as 6 hours. Subsequently, the participants were instructed to continue Shamana Snehapana for 14 consecutive days.

After intake of Sneha, the participants were advised to consume hot water as Anupana. They were instructed to consume gruel only after complete digestion of the Sneha.

The following dietary and behavioural restrictions were advised to the participants during Shamana Snehapana: they were instructed to consume only warm water; observe Brahmacharya; avoid daytime sleep and staying awake at night; neither suppress nor forcibly induce the natural urges of defecation, urination, and flatus; avoid strenuous physical activity; avoid excessive or loud speech; avoid emotional disturbances such as anger and sadness; and avoid exposure to wind, direct sunlight, and cold.

Dose calculation

The dose for subsequent day was calculated as:

Next day dose = $\frac{\text{Test dose} \{ \text{Hraseeyasi dose} \} \times 6 \text{ hours}}{\text{Time taken for previous day digestion}}$

Assessment parameters

Assessment was performed using the Visual Analogue Scale (VAS) for pain (0–10) and the Oswestry Disability Index (ODI) for neck pain.

Consecutive samples were selected from diagnosed case of cervical spondylosis, satisfying inclusion and exclusion criteria. The informed consent was obtained from the participants. Detailed history of the disease, clinical examination and investigations were performed and recorded using clinical case performa.

The study was conducted in a single group. For Deepana pachana, participants were given Amruthotharam kashayam (96ml) along with one

Shaddharana tablet, once daily in the morning, one hour before food, for 5 consecutive days. Data were taken at 0th day (before *Deepana pachana*) and again on the 6th day.

From 7th day, participants were advised to start *Shamana snehapana* with 10ml as *Hrasiyasi*. Based on the digestion time observed on the first day, the dose for the remaining 14 days was calculated based on 6 hours of digestion. Participants were instructed to report to the OPD for assessment. Assessment was done on 0th, 6th and 22nd day. The results were statistically analysed.

RESULTS

Table 4: Effect of Treatment on Oswestry Disability Index (ODI) for Neck Pain

	N	ODI score		Paired comparison	Paired Differences		Paired t test	
		Mean	SD		Mean	SD	t	p
0 th day	23	36.7	12.8	0 th day vs 6 th day	5.4	3.6	7.228	<0.001
6 th day	23	31.4	10.7	0 th day vs 22 nd day	22.1	6.0	17.762	<0.001
22 nd day	23	14.6	9.6	6 th day vs 22 nd day	16.7	4.4	18.345	<0.001

Repeated Measures ANOVA: $F(2, 44) = 272.140, p < 0.001, \eta^2 = 0.925$

The results in Table 4 present the effect of *Deepana Pachana* and *Shamanasnehapana* with *Karpasasthyadi Sevy Thaila* on the Oswestry Disability Index (ODI) scores in participants with cervical spondylosis, measured at three different time points: baseline (0th day), 6th day, and 22nd day of treatment. The mean ODI score at baseline was 36.7 ± 12.8 , which decreased to 31.4 ± 10.7 by the 6th day and further reduced substantially to 14.6 ± 9.6 by the 22nd day. The paired t-test comparisons revealed statistically significant improvements between all three-time intervals. Specifically, there was a significant reduction of 5.4 ± 3.6 points from baseline to the 6th day ($t = 7.228, p < 0.001$), suggesting that the initial phase of the therapy already started alleviating disability related to neck pain. A larger reduction of 22.1 ± 6.0 points was observed between baseline and the 22nd day ($t = 17.762, p < 0.001$), indicating a strong cumulative effect of the therapy over the treatment duration. Additionally, the improvement between the 6th day and 22nd day was 16.7 ± 4.4 points ($t = 18.345, p < 0.001$), showing that the therapeutic benefits continued to progress significantly beyond the early treatment period. These findings demonstrate that *Deepana Pachana* and

Sample size

The sample size of the study was 23 participants who satisfied the inclusion criteria.

Statistical analysis

The data related to the response on management were collected and analysed statistically. Effect of treatment on VAS and Oswestry disability index for neck pain were statistically calculated by Wilcoxon signed rank test and paired t-test respectively.

Karpasasthyadi Sevy Thaila-based *Shamanasnehapana* intervention is highly effective in progressively reducing functional disability caused by cervical spondylosis over time.

The repeated measures ANOVA analysis further supports the effectiveness of the intervention in reducing ODI scores across the three time points. A statistically significant main effect of time on ODI scores was observed, $F(2, 44) = 272.140, p < 0.001$, with a large effect size (partial $\eta^2 = 0.925$). This indicates that the variation in ODI scores over time is highly significant, and the majority of the variance in disability scores can be attributed to the treatment effect rather than random fluctuations. The consistently declining mean ODI scores from baseline to 6th day and 22nd day highlight that the therapy produces sustained and clinically meaningful improvements in neck pain-related disability. The very high effect size (92.5%) suggests that *Deepana Pachana* combined with *Karpasasthyadi Sevy Thaila Shamanasnehapana* plays a major role in improving functional capacity and reducing discomfort in individuals suffering from cervical spondylosis.

OSWESTRY DISABILITY INDEX (ODI)

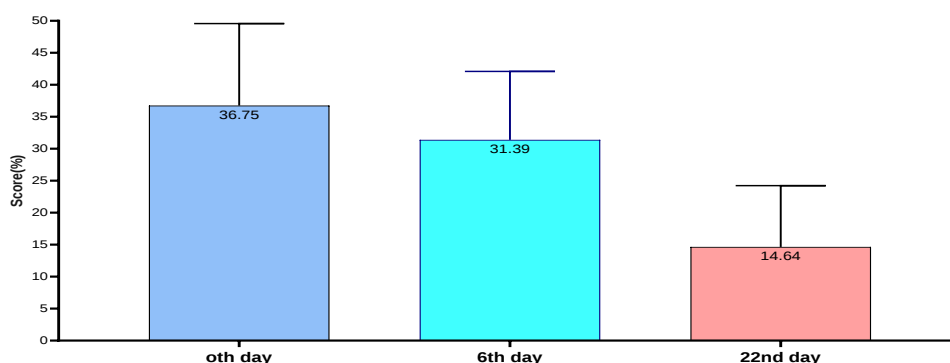


Diagram 1: Effect of Treatment on Oswestry Disability Index (ODI) for Neck Pain

Table 5: Effect of Treatment on Pain Intensity Measured by Visual Analogue Scale (VAS)

	N	VAS score				Paired comparison	Wilcoxon Signed Rank test	
		mean $\pm$ SD	Range	Median	IQR		z	p
0 th day	23	5.4 $\pm$ 1	3 - 7	5	5 - 6	0 th day vs 6 th day	4.264	<0.001
6 th day	23	4.5 $\pm$ 1	3 - 7	4	4 - 5	0 th day vs 22 nd day	4.241	<0.001
22 nd day	23	2.6 $\pm$ 1.1	0 - 5	3	2 - 3	6 th day vs 22 nd day	4.269	<0.001

	N	Chi-Square	df	p
Friedman Test	23	44.273	2	<0.001

Table 5 presents the effect of *Deepana Pachana* and *Shamanasnehapana* with *Karpasasthyadi Sevy Thaila* on pain intensity in participants with cervical spondylosis, assessed using the Visual Analogue Scale (VAS) across three time points: baseline (0th day), 6th day, and 22nd day. At baseline, the mean VAS score was 5.4 $\pm$ 1, with a median of 5 (IQR 5–6), indicating a moderate level of pain before initiation of therapy. By the 6th day, the mean VAS score had decreased to 4.5 $\pm$ 1, median 4 (IQR 4–5), showing early improvement in pain levels. A more substantial reduction was observed by the 22nd day, with a mean VAS score of 2.6 $\pm$ 1.1, median 3 (IQR 2–3), suggesting marked alleviation of neck pain following the intervention. The Wilcoxon signed rank test revealed statistically significant differences in pain intensity between all paired comparisons: baseline vs. 6th day (z=4.264, p<0.001), baseline vs. 22nd day (z=4.241, p<0.001), and 6th day vs. 22nd day (z=4.269, p<0.001). These findings highlight that the treatment produced

both early and sustained reductions in pain severity over time, demonstrating its effectiveness in improving patient comfort and functional well-being.

The Friedman test was conducted to evaluate the overall change in pain scores across the three time points. The analysis revealed a statistically significant difference in VAS scores over time (Chi-Square=44.273, df=2, p<0.001). This result confirms that the reduction in pain levels observed during the course of treatment is not due to chance but is strongly associated with the intervention. The consistent and progressive decline in VAS scores from baseline to the 22nd day demonstrates that *Deepana Pachana* combined with *Karpasasthyadi Sevy Thaila Shamanasnehapana* is highly effective in managing pain among individuals with cervical spondylosis. The findings provide robust evidence supporting the therapeutic benefit of this Ayurvedic treatment protocol in reducing both the intensity and persistence of neck pain over time.

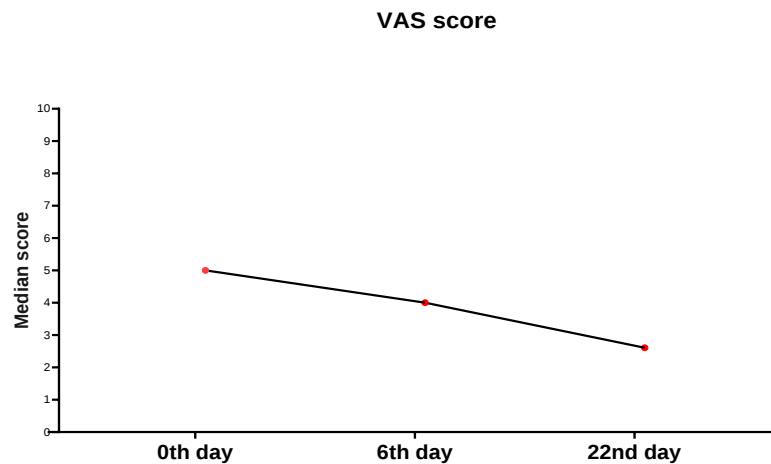
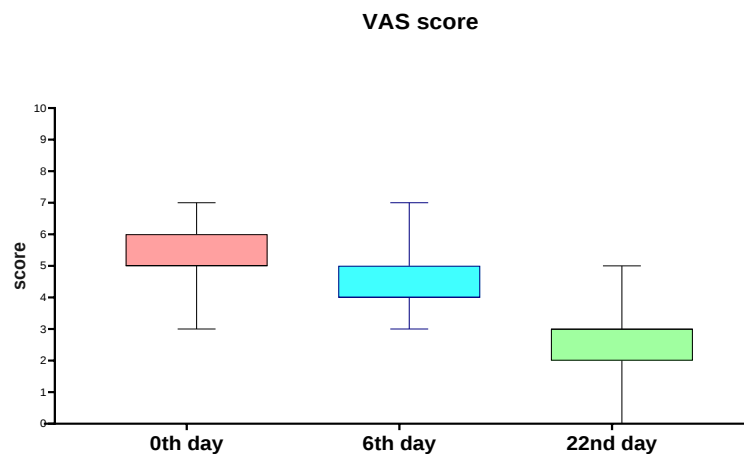


Diagram 2: Effect of Treatment on Pain Intensity Measured by Visual Analogue Scale (VAS)



DISCUSSION

Effect of therapy in Visual Analogue Scale (VAS) - Pain

A total of 23 participants, were assessed by Visual Analogue Scale for neck pain on 0th day (before *Deepana pachana*), on 6th day (after *Deepana pachana*) and on 22nd day (after the completion of *Shamana snehapana*). Among these 18 participants with moderate pain (pain score between 4-6) on the 0th day, 17 continued to have moderate pain on the 6th day, while 1 improved to mild pain. By the 22nd day, all participants reported mild pain. 2 participants with mild pain (pain score between 1-3) on the 0th day continued to have mild pain on the 6th day. By the 22nd day, one still had mild pain, while the other reported no neck pain. The remaining 3 participants with severe pain (pain score between 7-9) improved to moderate pain on the 6th day. By the 22nd day, 2 of them had mild pain, while 1 remained with moderate pain.

The Wilcoxon signed rank test revealed statistically significant differences in pain intensity between all paired comparisons: baseline vs. 6th day ($z=4.264$, $p<0.001$), baseline vs. 22nd day ($z=4.241$, $p<0.001$), and 6th day vs. 22nd day ($z=4.269$, $p<0.001$). These findings highlight that the treatment produced

both early and sustained reductions in the severity of neck pain severity. This shows that the results are highly significant statistically.

Effect of treatment in Oswestry Disability Index (ODI) for Neck pain

Oswestry Disability Index for neck pain is based on 5 disability scores: Minimal disability (0-20%), Moderate disability (20-40%), Severe disability (40-60%), Crippled (60-80%) and Bed-bound (80-100%). In this study, 12 participants with moderate disability on the 0th day continued to have the same on the 6th day, while 1 improved to mild disability. By the 22nd day, all 12 participants had improved to minimal disability. 3 participants with mild disability on the 0th day remained the same on the 6th day. By the 22nd day, 2 continued to have mild disability, while 1 had a disability score of 0. One participant with crippling disability on the 0th day remained the same on the 6th day, but by the 22nd day the condition had improved to severe disability. Of the 7 participants with severe disability on the 0th day, 4 improved to moderate disability and 2 remained severe on the 6th day. By the 22nd day, 4 had improved to minimal disability and 2 to moderate disability.

The paired t-test comparisons revealed statistically significant improvements in the effect of treatment in Oswestry Disability Index for neck pain, with $p < 0.001$. This shows that the results are highly significant statistically.

Effect of Samyak lakshanas of Deepana pachana

Sargo malanam (Vata, Mutra, Purisha): It was observed that from the 3rd day onwards, participants attained proper elimination of *Vata, Mutra* and *Purisha*. This may be due to the correction of *Agni*, which facilitated proper digestion and absorption.

Gatra laghava: Most participants experienced *Gatra laghava* from 3rd day onwards. This effect is because of the *Deepana pachana* action of the drugs, which promote *Ama pachana* and thereby the removed *Srotorodha*.

Udgara shudhi: From the 3rd day onwards, participants experienced this *Lakshana*. The proper functioning of *Agni* may have contributed to this effect.

Disappearance of Tandra and Klama: From 4th day onwards, participants reported relief from this *Lakshana*. Their energy levels increased, which may be due to proper digestion and absorption leading to improved energy availability.

Apperance of sweat: Most participants developed this *Lakshana* from 4th day onwards. This may be due to the *Srotoshodhana* effect of *Deepana pachana* drugs.

Taste for food: From the 3rd day onwards, participants developed on enhanced taste for food, indicating improvement in *Agni*.

Intolerance to Kshut and Pipasa: Most participants experienced this *Lakshana* on the 5th day, which could be due to intake of a smaller quantity of food compared to their enhanced digestive capacity.

Effect of Samyak lakshanas of Shamanasnehapana

Vatanulomyam: In this study, participants attained *Vatanulomyam* from the 7th day onwards. This effect may be attributed to the *Snigdha* property of *Snehapana*.

Agnideepthi: Most participants had *Agnideepthi* from the 8th day onwards. Intake of *Sneha* is considered an excellent measure for stimulating diminished digestive fire. During *Sneha* consumption, gastric acids and the digestive enzymes are stimulated, which can be explained by the *Prabhava* of *Sneha*.

Snigdha and Asamhatha varchas: Most participants noticed *Snigdha varchas* from 9th day of *Shamana snehapana*. This may be due to the lubricating action of *Sneha* on the *Pureeshavaha srotas*, resulting in *Snigdha varshas*. Notably, no participant experienced loose stools.

Mardhava and Snigdhatta of Anga: None of the 23 participants exhibited this *Lakshana*.

Aversion to Sneha: None of the 23 participants developed this *Lakshana*.

Klama: Among 23 participants, 2 individuals developed this *Lakshana* from the 10th day onwards.

CONCLUSION

Cervical spondylosis is a condition in which degeneration affects the joints and discs of the cervical spine. From the study itself it is evident that it commonly affects individuals in middle and old age groups. In Ayurveda, the diseases affecting *Manya pradesha*, such as *Greevastambha*, *Greevahundana*, *Manyastambha* and *Apabahuka* can be correlated with the early stages of cervical spondylosis, based on symptoms like neck pain and stiffness. Later stages of cervical spondylosis can be correlated with *Viswachi* and *Asthimajja gata Vata*. As all these conditions come under *Vatavyadhi*, *Snehana* is the *Pradhana chikitsa*. *Snehana* is not only a *Poorvakarma* but also serves as a main line of treatment for many *Vata-pradhana vikaras*. Hence, *Shamana snehapana* was selected and to correct *Agni* prior to its administration, *Deepana Pachana* was chosen.

Karpasasthyadi tailam possesses actions such as *Ama pachana*, *Deepana*, *Pachana*, *Soolahara*, *Sothaghna*, *Balya*, *Vrushya*, *Pushtivardhana* and *Brumhana* along with *Vatakapha dosha shamakatva*. Hence, it can be given in all the stages of cervical spondylosis. In the yoga itself, it is indicated as *Sarvaanilapaha*. To enhance the digestive power and to prevent the *Snehavyapat*, *Deepana pachana* was carried out prior to *Shamanasnehapana*.

In this study, 23 participants of cervical spondylosis between the age group of 30-60 years underwent *Deepana pachana* for 5 days and followed by 15 days of *Shamana snehapana*. The assessment was based on Visual Analogue scale (VAS) and Oswestry Disability Index for neck pain. There were no drop outs in the study and all the participants were completed the study. The observations were analysed statistically by using Wilcoxon's signed rank test and paired t test. The statistical findings revealed that the study is highly effective in reducing the neck pain associated with cervical spondylosis.

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