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Research Article

AN OPEN-LABELLED OBSERVATIONAL CLINICAL STUDY ON THE EFFECT OF *SHUDDHA BALA TAILA NASYA* FOLLOWED BY *UTTARABHAKTIKA SNEHAPANA* WITH *BALADI GHRUTHA* IN *GREEVASTAMBHA* W.S.R. TO CERVICAL SPONDYLOSIS

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ABSTRACT

Greevastambha is a *Vataja Nanatmaja Vyadhi* characterized by pain, stiffness, restricted movements of the neck, and difficulty in performing daily activities. The condition closely resembles cervical spondylosis, a common degenerative disorder of the cervical spine. Sedentary lifestyle, improper posture, prolonged use of electronic devices, repetitive strain, advancing age, and stress are major contributing factors. As cervical spondylosis is associated with chronic pain and functional disability, Ayurveda offers promising management through *Vatahara, Brimhana* and *Rasayana* therapies such as *Nasya Karma* and *Uttarabhaktika Snehapana.* **Methodology:** A clinical study was conducted on 20 patients diagnosed with *Greevastambha* (cervical spondylosis) who fulfilled the inclusion criteria. Patients were selected from the OPD and IPD of Taranath Government Ayurvedic Medical College and Hospital, Ballari, after obtaining written informed consent. The enrolled patients were administered *Nasya Karma* with *Shuddha Bala Taila*, followed by *Uttarabhaktika Snehapana* with *Baladi Ghṛta* as the therapeutic intervention. **Result:** After follow-up, study showed statistically highly significant improvement in major clinical parameters. The overall percentage of improvement 74%, indicating that the treatment modalities were effective in the management of *Greevastambha,* demonstrated clinical efficacy in reducing symptoms, improving functional status and enhancing cervical mobility. **Conclusion**: *Nasya Karma* with *Shuddha Bala Taila* followed by *Uttarabhaktika Snehapana* with *Baladi Ghrita* was effective in the management of *Greevastambha* (cervical spondylosis), producing significant improvement in pain, stiffness, tenderness, radiating symptoms, functional disability, and cervical mobility. Further studies with larger sample sizes are recommended to substantiate these findings.

INTRODUCTION

In the present era of modernization and lifestyle, musculoskeletal disorder has become a common health issue affecting the working as well as the elderly population. Among these, cervical spondylosis has emerged as one of the most prevalent degenerative conditions of the cervical spine usually presenting after the fifth decade of life[1] leading to neck pain that radiates into the back of the head, shoulders, or arms; can also be source of headaches in the posterior occipital region.[2] The condition is often occurred due to long hours of desk work, poor posture, mental stress and lack of exercise.

Cervical spondylosis can be equated with *Greevasthambha* in Ayurveda. Symptoms of *Greeva stambha* are similar to those of *Greevahundana* where stiffness is stated as the chief factor.[3] *Greevasthambha* is primarily a *Vata* dominant disorder[4] due to *Ruksha sheeta upachara, Ativyayama, Ativichesta*, *Dukkha shaya* and *Asana* [5].

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It's a well-known fact that, the *Nasya karma* is specially indicated in *Urdhwajatrugata vataja vikara. 'Urdhwajatruvikareshu visheshennasaym ishyate'*[6], as *Greevasthambha* comes under *Jatrurdhwa vyadhi*. So, *Nasya* with *Shuddhabala taila* can be adopted as it is *Vataghnya* and *Bruhmana*.[7]

Uttarabhakthika sneha is indicated in *Urdhwajatrugata vikara*[8] and considered as *Bruhmana snehana* in which the *Snehapana* done after the intake of food, is useful in the disorders of *Vyana vata* and *Udana vata*. So, *Baladi Ghrita* is taken in this study.[9]

MATERIAL AND METHODS

Study design: An open labelled clinical study.

Sample size - 20 subjects

Assessment criteria: Assessment of the clinical study was done on grading of subjective and objective parameters based on the proforma.

Diagnostic criteria

Diagnosis will be based on the *Lakshanas* of *Greevasthambha* and signs and symptoms of Cervical spondylosis includes;

- *Greeva shoola* (pain in the neck region)
- *Greeva hundana* (stiffness in the neck region)
- Radiation of pain
- Restricted movements of neck
- Lhermitte sign
- Cervical distraction test
- Spurling's test
- X-ray
- Neck disability index

Parameters of the Study

Subjective Parameters	Objective Parameters
Greeva shoola (pain in neck region)	Tenderness
Greeva hundana (Stiffness in neck region)	Neck disability index
Radiating pain	Power
Restricted neck movement A. Flexion B. Extension C. Right lateral flexion D. Left lateral flexion E. Right lateral rotation F. Left lateral rotation	Reflexes A. Biceps B. Triceps C. Supinator

Investigations

- Blood for Hb %
  Total Leucocytes Count
  Differential Count
  Erythrocyte sedimentation rate
  C- reactive protein
  RA Factor
- X-ray of the cervical spine - Antero posterior and lateral view.

Inclusion criteria

- Patients of either sex between the age group of 30 to 70 years.
- Patients presenting with *Lakshanas* of *Greeva sthambha* and symptoms of cervical spondylosis.
- Patient fit for *Nasya and Snehapana*.
- Patients willing to participate in the clinical study and ready to give their consent for the same.
- Patients having chronicity of disease less than 5 years.

Exclusion criteria

- Patients suffering from stenosis of the Cervical canal, myofascial pain syndrome.
- Patients suffering from acute diseases, any infectious disease, metabolic disease, systemic disease which interfere course of treatment.
- Patients with fracture and dislocation of cervical region and upper limb.
- Pregnant and lactating women.

Intervention*: Shuddhabala Taila Nasya* Followed by *Uttarabhaktika Snehapana*

Procedure	**Treatment**		**Duration**
Poorva karma	*Sthanika abhyanga* to *Gala, Mukha, Lalata* and *Urdhwashakha*	*Murchita tila taila*	8 days
	Swedana karma to *Gala, Mukha, Lalata* and *Urdhwashakha*	*Ksheera dhuma*	
Pradhana karma	*Nasya*	*Shuddha bala taila* Dose – *8 Bindu* (4ml) in each nostril	
Paschat karma	*Dhoomapana*	*Harida varti*	
	Kavala	*Saindhava jala*	
	Uttarabhakthika snehapana	*Baladi ghritha* Dose: 24ml in divided dose. Time – After *Pratah* and *Sayam bhojana. Anupana – Ushnajala*	15 days
Follow up	7 days		
Total duration	30 days		

Assessment

Before treatment (BT)	0th day
During treatment (DT)	8th day
After treatment (AT)	23rd day
After follow up (AF)	30th day

Subjective Parameters

***Greeva shoola* (Neck pain)**	
No pain	0
Mild pain (nagging, annoying, interfering with ADL'S)	1-3
Moderate pain (interferes significantly with ADL'S)	4-6
Severe pain (disabling unable to perform ADL'S)	7-10
***Greeva hundana* (Neck stiffness)**	
No stiffness	0
Mild stiffness, can do strenuous work with difficulty	1
Moderate stiffness, can do the normal work with support	2
Severe stiffness, unable to move and do work at all	3
Radiation of pain	
No radiation	0
Radiation to one arm occasionally	1
Radiation to one arm continuously	2
Radiation to both arms occasionally	3
Radiation to both arms continuously	4
Restricted/Painful Flexion of Neck	
No restriction i.e. able to touch the interclavicular line	0
Up to 2cm difference between the chin and interclavicular line	1
2.1-4cm difference between the chin and interclavicular line	2

More than 4cm difference between the chin and interclavicular line	3
Restricted/Painful Extension of Neck	
No restriction i.e. patient is able to look up to the ceiling	0
Up to 4cm difference between the chin and interclavicular line	1
3.9-2cm difference between the chin and interclavicular line	2
<2cm difference between the chin and interclavicular line	3
Restricted/Painful Right Lateral Flexion of Neck	
No restriction i.e., the ear touches the shoulder tip	0
Up to 3cm diff between the ear and shoulder tip	1
3.1- 5cm diff between the ear and shoulder tip	2
> than 5cm diff between the ear and shoulder tip	3
Restricted/Painful Left Lateral Flexion of Neck	
No restriction i.e., the ear touches the shoulder tip	0
Up to 3cm diff between the ear and shoulder tip	1
3.1- 5cm diff between the ear and shoulder tip	2
> than 5cm diff between the ear and shoulder tip	3
Restricted/Painful Right Lateral Rotation of Neck	
Normal i.e., able to make complete Right lateral rotation	0
Rotation with mild difficulty	1
Rotation with moderate difficulty	2
No rotation	3
Restricted/Painful Left Lateral Rotation of Neck	
Normal i.e., able to make complete Left lateral rotation	0
Rotation with mild difficulty	1
Rotation with moderate difficulty	2
No rotation	3

Objective Parameters

Scoring Objective parameters of cervical spondylosis

Power	
No power	0
Flicker of contraction only	1
Movement with gravity eliminated	2
Movement against resistance	3
Movement against gravity and some resistance	4
Normal Power	5
Reflex (Biceps, Triceps and Supinator)	
Absent	0
Present	1
Brisk	2
Very brisk	3
Clonus	4

Tenderness	
No tenderness.	0
Moderate tenderness and winces	1
Severe tenderness, winces and withdraws	2
Extreme tenderness and not allow to touch	3

Neck Disability Index - It is a questionnaire used to find out the level of disability of neck.

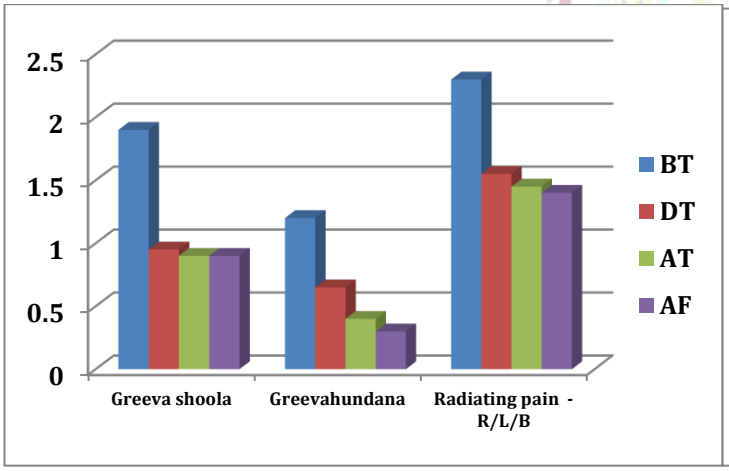
RESULTS

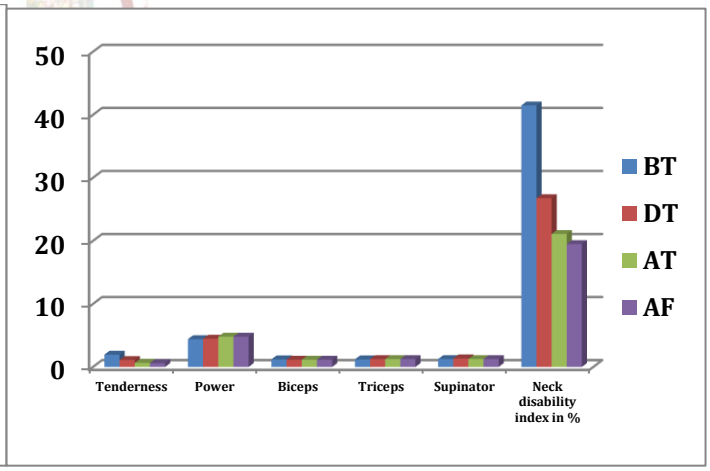
Statistical Analysis

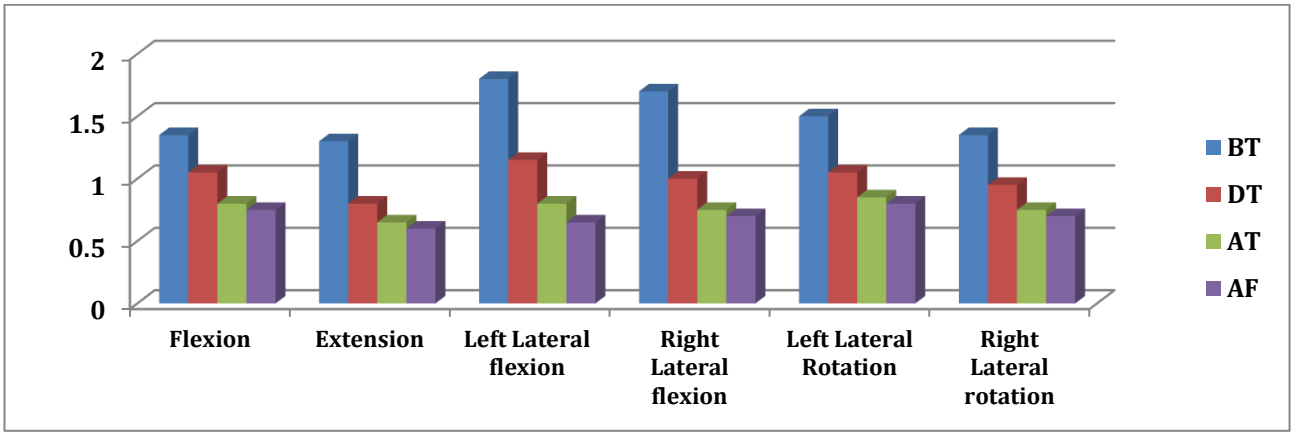
Parameters	**BT Mean±SE**	**Follow up**	**AT Mean±SE**	**df**	**t- value**	**%**	**p-value**	**Remarks**
Greeva shoola	1.90±0.07	DT	0.95±0.05	19	10.7821	50	<0.0001	HS
		AT	0.90±0.07		13.7840	53	<0.0001	HS
		AF	0.90±0.10		9.7468	53	<0.0001	HS
Greevahundana	1.20±0.19	DT	0.65±0.18		3.2400	46	=0.0043	HS
		AT	0.40±0.13		5.1415	67	<0.0001	HS
		AF	0.35±0.13		5.1013	71	<0.0001	HS
Radiating pain - R/L/B	2.30±0.16	DT	1.55±0.18		7.5498	33	<0.0001	HS
		AT	1.45±0.18		10.3763	37	<0.0001	HS
		AF	1.40±0.17		9.0000	39	<0.0001	HS
Tenderness	1.95±0.17	DT	1.10±0.14		6.4743	44	<0.0001	HS
		AT	0.65±0.11		8.8497	67	<0.0001	HS
		AF	0.60±0.11		9.0000	69	<0.0001	HS
Power	4.40±0.17	DT	4.48±0.09		3.5590	2	=0.0021	HS
		AT	4.80±0.09		2.9902	9	=0.0075	HS
		AF	4.80±0.09		2.9902	9	=0.0075	HS
Biceps	1.20±0.09	DT	1.15±0.08		1.0000	4	=0.3299	NS
		AT	1.15±0.08		1.0000	4	=0.3299	NS
		AF	1.15±0.08		1.0000	4	=0.3299	NS
Triceps	1.20±0.09	DT	1.25±0.10		1.0000	4	=0.3299	NS
		AT	1.25±0.10		1.0000	4	=0.3299	NS
		AF	1.25±0.10		1.0000	4	=0.3299	NS
Supinator	1.25±0.10	DT	1.35±0.11		1.4530	8	=0.1625	NS
		AT	1.25±0.10		0.0000	0	=1.0000	NS
		AF	1.25±0.10		0.0000	0	=1.0000	NS
Neck disability index in %	41.48±1.79	DT	26.77±1.79		8.9080	31	<0.0001	HS
		AT	21.09±1.63		9.9042	49	<0.0001	HS
		AF	19.49±1.39		11.9217	53	<0.0001	HS

Parameters	BT Mean±SE	Follow up	AT Mean±SE	df	t- value	%	p-value	Remarks
Flexion	1.35±0.15	DT	1.05±0.17	19	1.5519	15	=0.1375	NS
		AT	0.80±0.14		3.2400	41	=0.0043	SS
		AF	0.75±0.14		3.2692	44	=0.0040	SS
Extension	1.30±0.21	DT	0.80±0.19		4.3589	38	=0.0003	HS
		AT	0.65±0.17		4.9509	50	<0.0001	HS
		AF	0.60±0.17		4.7652	54	<0.0001	HS
Left Lateral flexion	1.80±0.09	DT	1.15±0.17		3.9010	36	=0.0010	HS
		AT	0.80±0.12		6.8920	56	<0.0001	HS
		AF	0.65±0.11		7.6667	64	<0.0001	HS
Right Lateral flexion	1.70±0.11	DT	1.00±0.18		4.2726	41	=0.0004	HS
		AT	0.75±0.12		6.1902	56	<0.0001	HS
		AF	0.70±0.13		6.1644	59	<0.0001	HS
Left Lateral Rotation	1.50±0.11	DT	1.05±0.15		3.9428	30	=0.0009	HS
		AT	0.85±0.11		5.9402	43	<0.0001	HS
		AF	0.80±0.14		4.7652	47	<0.0001	HS
Right Lateral rotation	1.35±0.13	DT	0.95±0.15		3.5590	30	=0.0021	SS
		AT	0.75±0.14		5.8310	47	<0.0001	HS
		AF	0.70±0.13		4.9505	48	<0.0001	HS

Graphs: Mean value



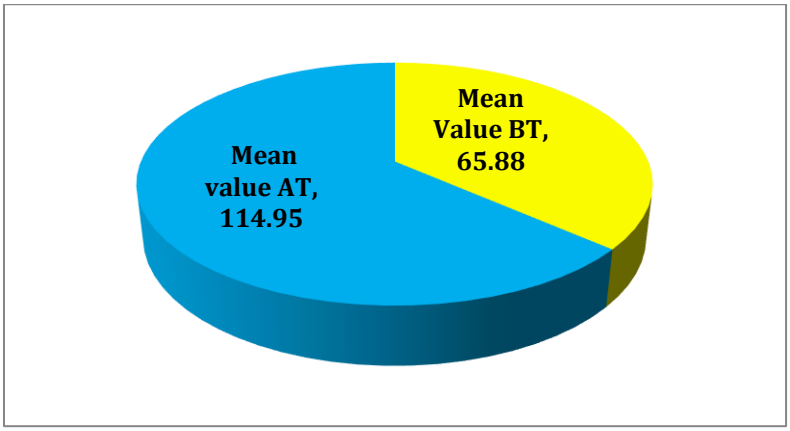




Overall result

Table: Overall statistical analysis

Parameters	BT Mean ± SE	AT Mean ± SE	df	t- value	%	p-value	Remarks
Overall Parameters	65.88±1.99	114.95±5.45	19	9.7699	74	<0.0001	HS



DISCUSSION

Greevastambha was selected for the present study because it is one of the common *Vata-pradhana* disorders encountered in clinical practice. The condition is characterized by pain, stiffness and restriction of movements of the cervical region, which significantly affects the daily activities and quality of life of affected individuals. In the present era, due to prolonged computer work, excessive mobile phone usage, improper posture especially forward head posture and sustained neck flexion, sedentary lifestyle occupational stress and lack of ergonomic awareness, the incidence of cervical spine disorders has increased considerably. Consequently, the prevalence of neck pain and cervical spine disorders has increased considerably among middle-aged individuals.

Although a detailed description of *Greevastambha* is not available as an independent disease entity in the classical texts, its clinical features closely resemble those of cervical spondylosis. The condition predominantly affects the cervical region and significantly interferes with routine activities, thereby reducing the quality of life of affected individuals.

Hence, the selection of this topic was made to explore and scientifically validate the potential of Ayurvedic management in a challenging condition like cervical spondylosis which aims to provide evidence-based support for Ayurveda's role in preventing disease progression, improving functional capacity and enhancing the quality of life in patients suffering from *Greevastambha.*

Nidana

Aharaja Nidana

***Sheeta Ahara*:** Regular consumption of refrigerated foods, cold drinks, and other cold dietary substances increases the *Sheeta Guna*, leading to aggravation of *Vata Dosha* and producing *Stambha* (stiffness) in the cervical region.

***Ruksha Ahara*:** Excessive intake of dry and non-unctuous foods increases the *Ruksha Guna* of *Vata Dosha.* This results in *Dhatu Kshaya,* loss of lubrication, and degeneration of supporting structures of the cervical spine.

***Alpashana & Laghu Ahara*:** Inadequate food intake and excessive consumption of light and easily digestible foods without adequate nourishing dietary substances may fail to provide proper *Dhatu Poshana*. This leads to weakness of the supporting structures and promotes *Vata* predominance.

Thus, 30% patients consumed *Sheeta Ahara*, 35% patients consumed *Ruksha Ahara*, 30% patients practiced *Alpashana*, and 30% patients consumed *Laghu Ahara.* These *Vata-prakopaka* dietary habits contribute to *Dhatu Kshaya*, reduction of *Snigdhata*, and degenerative changes in the cervical region, supporting the Ayurvedic concept that *Greevastambha* is a *Vata-pradhana* disorder.

Viharaja Nidana

***Dukhashaya Asana*:** Prolonged sitting in improper postures and occupational strain over the cervical region aggravate *Vata Dosha* and contribute to pain and stiffness. In the present study, 28 out of 40 patients had a history of *Dukhashaya Asana*.

***Diwaswapna*:** Excessive daytime sleep causes *Srotorodha*, leading to obstruction of *Vata* and

resulting in stiffness and restricted neck movements. In the present study, 27 out of 40 patients practiced *Diwaswapna.*

***Aticheshta*:** Excessive physical activity and repetitive neck movements aggravate *Vata Dosha* and accelerate degenerative changes. In the present study, 11 patients reported *Aticheshta*.

***Jagarana*:** Night awakening causes *Vata* aggravation and inadequate tissue nourishment. In the present study, 3 patients had a history of *Jagarana*.

***Vegadharana*:** Suppression of natural urges disturbs the normal movement of *Vata Dosha* and contributes to disease manifestation. In the present study, 4 patients practiced *Vegadharana*.

***Yana*:** Frequent travelling and exposure to continuous vibrations aggravate *Vata Dosha.*

and contribute to cervical pain and stiffness. In the present study, 7 patients had a history of excessive travelling.

Thus, the predominance of *Dukhashaya Asana, Diwaswapna*, and *Aticheshta* indicates the significant role of lifestyle and occupational factors in the causation of *Greevastambha.*

Manasika Nidana

Shoka, Bhaya, Chinta, Krodha etc *Manasika nidana* mentioned in *Vatavyadhi nidana* which does *Vata Prakopa.* This may affect the prognosis of *Greevastambha* and also to the treatment. In present study, approximately 35% Patients have psychological issue.

Poorvaroopa

In this study no subject had any *Purvarupa* which justifies the *Avyakta purvarupa* of *Vatavyadhi*.

Roopa

- *Greevashoola* (neck pain) was present in all patients (100%), indicating it as the predominant presenting symptom.
- *Greeva Hundana* (neck stiffness) was observed in 50%.
- Restricted neck movements were reported by all patients 100%.

Among the patients with radiating pain, radiation to both upper limbs was observed in 30%, while right-sided radiation was seen in 45%. These findings indicate cervical nerve root involvement resulting from degenerative changes affecting the cervical spine, leading to compression or irritation of the corresponding nerve roots and subsequent radiating pain along their distribution.

Samprapti

Greevastambha is a *Vata-pradhana* disorder characterized by pain, stiffness, and restriction of movements in the cervical region. The disease develops due to the continuous exposure to *Nidanas* such as *Ruksha Ahara, Sheeta Ahara, Alpashana, Ratrijagarana*, *Vegadharana, Aticheshta, Dukhasana Dukhashaya*, and other *Vata*-provoking factors. These *Nidanas* initially lead to *Vata Dosha Chaya* and *Prakopa.*

Simultaneously, repeated strain, improper posture, occupational stress, and microtrauma to the cervical region produce *Kha Vaigunya* in *Greeva Pradesha*. The aggravated *Vata*, owing to its *Chala, Ruksha, Khara,* and *Daruna Gunas*, localizes in the susceptible structures of the neck such as *Snayu, Sandhi,* and *Kandara (Sthana Samshraya*).

The localized *Vata* causes *Vaigunya Snayu Shosha, Sandhi*, and *Asthi Kshaya,* resulting in degeneration of the supporting structures of the cervical spine. Consequently, both *Rachanatmaka Vikriti* (structural changes) and *Kriyatmaka Vikriti* (functional impairment) occur in the *Greeva Pradesha.* These pathological changes manifest clinically as pain, stiffness, tenderness, restricted neck movements, and radiating pain, which are the cardinal features of *Greevastambha.*

Nidana Sevana
↓
Vata Prakopa
↓
Rasa Kshaya
↓
Asthi–Majja–Snayu Dhatu Kshaya
↓
Vata Vriddhi
↓
Srotovaigunya in *Asthivaha & Majjavaha Srotas*
↓
Khavaigunya in *Greeva Pradesh*
↓
Sthanasamshraya of vitiated *Vata* in *Greeva*
↓
Snayu Rukshata + Sandhi Vaigunya + Asthi Kshaya
↓
Greeva Kriya Hani
↓
Greeva Shoola, Stambha, Graha, restricted movements, radiating pain, muscle weakness
↓
Greevastambha

Flow chart: *Samprapti* of *Greevastambha*

From a modern perspective, this process closely resembles the degenerative changes seen in cervical spondylosis, including intervertebral disc degeneration, osteophyte formation, ligamentous changes and cervical muscle spasm, ultimately leading to cervical pain and restricted mobility.

Sadhyaasadhyatva

In classics it is said that disease that are residing in *Asthi* and *Majja* are *Asadhya* but when patients are *Balavan* and *Vyadhi* is *Nava avastha*, it is *Sadhya*.

Chikitsa- *Chikitsa sutra* of *Vatavyadhi* is to pacify aggravated *Vata Dosha* and restore the normal functioning of body tissues. *Acharya Charaka* has emphasized that *Vata vyadhi* should be treated with *Snehana, Swedana, Mridu Samshodhana*, *Basti* and *Brimhana karma*.

Since *Vata* possesses *Ruksha, Sheeta, Laghu* and *Chala guna*, treatment should employ therapies having opposite qualities such as *Snigdha, Ushna, Guru* and *Sthira*. *Snehana* alleviates *Rukshata* and nourishes the tissues, while *Swedana* relieves *Stambhata* and facilitates the movement of vitiated *Doshas*.

In conditions associated with *Dhatu Kshaya, Brimhana* and *Santarpana chikitsa* are indicated to replenish depleted tissues and restore strength. *Nasya* is specifically advised in disorders affecting the *Urdhwajatru Pradesh* and helps in pacifying *Vata* localized in the head and neck region.

Thus, the treatment of *Vatavyadhi* is aimed at *Vata Shamana, Dhatu Poshana,* restoration of normal physiological functions and prevention of further degeneration through the combined use of *Snehana, Swedana, Nasya* and *Brimhana chikitsa.*

Discussion on Procedure

In the present clinical study, 20 patients diagnosed with *Greevastambha* w.s.r. to cervical spondylosis were treated with *Shuddha Bala Taila Nasya* followed by *Uttarabhaktika Snehapana* with *Baladi Ghṛta*. The treatment protocol was selected considering the predominant involvement of *Vata Dosha* and the anatomical involvement of the *Urdhvajatru Pradesha*. *Greevastambha* is characterized predominantly by *Greeva Shoola*, *Stambha*, and restricted cervical movements, which correspond to the major clinical manifestations of cervical spondylosis.

In this context, *Nasya Karma* was selected as the principal therapeutic procedure because it is specifically indicated for disorders of the *Urdhvajatru* region. *Shuddha Bala Taila*, containing *Bala* and *Go-Kṣheera*, possesses *Vatashmaka, Balya, Brimhaṇa* and nourishing properties and therefore may help in alleviating pain and stiffness while supporting the strength of the affected tissues. Prior to *Nasya*, *Sthanika Abhyaṅga* with *Murchita Tila Taila* followed by *Kṣheera Dhuma* was performed. The *Snigdha, Guru,* and *Uṣṇa* properties of *Tila Taila* help counteract the *Rukṣha, Sheeta,* and *Khara* qualities of aggravated *Vata*, while *Ksheera Dhuma* provides *Snigdha Swedana*, thereby helping to reduce local stiffness and prepare the region for *Nasya*.

The therapeutic effect of *Shuddha Bala Taila Nasya* may be understood from both classical and contemporary perspectives. Ayurveda describes the nose as *"Nasa Hi Shiraso Dvaram"*, emphasizing the importance of the nasal route for disorders involving the head and neck region. The administered Taila is considered to reach the *Shrigaṭaka Marma* and exert its therapeutic influence over the *Urdhvajatru* region.

The *Snigdha, Vata-hara,* and *Brimhaṇa* properties of the formulation may contribute to reduction of *Shoola* and *Stambha* and improvement in cervical mobility. From a modern perspective, the rich vascular supply of the nasal mucosa and its relationship with olfactory and trigeminal pathways provide a plausible route for the absorption and neural effects of lipid-soluble constituents. These mechanisms may contribute to analgesic, anti-inflammatory, neuroprotective and muscle-relaxant effects relevant to cervical spondylosis.

Following *Nasya*, *Uttarabhaktika Snehapāna* with *Balādi Ghṛta* was administered to provide sustained internal *Snehana* and *Brimhaṇa*. The selection of *Uttarabhaktika Kala* was based on its stated utility in *Urdhvajatru Vyadhi*. *Baladi Ghṛta* contains *Bala, Chitraka, Mridwika, Jeeraka, Kṛṣṇa Jeeraka* and *Madhuka*, combining nourishing, strengthening, digestive and rejuvenating properties. *Bala, Mridwika,* and *Madhuka* contribute to *Brimhaṇa* and *Dhathu Poshana*, whereas *Chitraka* and the *Jeeraka* group support *Deepana-Pacana* and assimilation. Thus, the formulation was considered to support *Vata Shamana*, nourishment of depleted tissues, and maintenance of functional capacity.

The administration of the treatment in sequence may therefore be considered complementary: external *Snehana* and *Swedana* helped to reduce local stiffness and prepare the tissues; *Shuddha Bala Taila Nasya* provided a therapeutic intervention directed toward the *Urdhvajatru* region; and *Baladi Ghṛutha Uttarabhaktika Snehapana* provided sustained *Abhyantara snehana* and *Brumhana*. The combined approach was consequently intended to address both the symptomatic component of *Greevastambha*, such as pain and stiffness and the underlying *Vata*-dominant degenerative process through *Vatashamana, Brimhana,* and *Dhathu Poshana*. The overall procedure was reported to be clinically acceptable and well tolerated, supporting its feasibility

as a multimodal *Panchakarma* approach in patients with *Greevastambha* w.s.r. to cervical spondylosis.

CONCLUSION

The present study suggests that *Nasya Karma* with *Shuddha Bala Taila* followed by *Uttarabhaktika Snehapana* with *Baladi Ghrita* was effective in the management of *Greevastambha. Nasya* provided symptomatic relief by reducing *Vata*-related pain, stiffness, tenderness, radiating pain and restriction of cervical movements, while *Uttarabhaktika Snehapana* provided sustained internal oleation and nourishment to *Asthi, Majja* and *Snayu Dhatus*. Its *Balya, Brimhana, Vatahara* and *Rasayana* properties promoted *Dhatu Poshana*, strengthened cervical structures, prevented further degeneration, and maintained the therapeutic benefits of *Nasya Karma*, thereby facilitating *Samprapti Vighatana* and functional recovery in *Greevastambha.*

Hence, it may be concluded that both regimens are effective in the management of *Greevastambha;* however, it emerged as the more economical, effective, and patient-friendly therapeutic approach for routine clinical practice.

REFERENCES

1. Nichola s A. Boon, Nicki R Coledge & Brian R. Walker edited Davidson's principles and practice of Medicine part-2, 26- Neurological disease 21st edition 2006, Pub: Churchil living stone publication, London, Page No-1221
2. Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, Jameson JL, Loscalzo. edited Harrisons's Principles of Internal Medicine, Volume 1, 19th edition, McGraw-Hill, Medical Publishing division, Pp no: 1364, Pg no:121
3. Agnivesha, Charaka Samhita. Ayurveda Dipika Commentary of Chakrapanidatta, revised by Charaka & Dridabala, Edited by Vaidya Yadavji Trikamji Acharya, chikitsa sthana 28/22, Published by Choukambha Orientalia, Varanasi. Reprint 2023
4. Agnivesha, Charaka Samhita, Ayurveda Dipika Commentary of Chakrapanidatta, revised by Charaka & Dridabala, Edited by Vaidya Yadavji Trikamji Acharya, Sutra Sthana 20/11, Published by Choukambha Orientalia, Varanasi. Reprint 2023 Pn-113
5. Agnivesha, Charaka Samhita. Ayurveda Dipika Commentary of Chakrapanidatta, revised by Charaka & Dridabala, Edited by Vaidya Yadavji Trikamji Acharya, Chikitsa sthana 28/15-18, Published by Choukambha Orientalia, Varanasi. Reprint 2023 Pn- 617
6. Vagbhata. Ashtanga Hridaya, with the commentaries of Sarvanga Sundaram of Arunadatta and Ayurveda Rasayana of Hemadri, reprint 2000. Varanasi: Krishnadas Academy; 2000. Sutrasthana cha 20, shloka 1
7. Sahasrayogam text with english translation by Dr. K.Nishteshwar and Dr. R.Vidyanath, Choukambha Sanskrit samsthan, Varanasi, Reprint 2020 parisishta prakarana taila 1, Pn-405
8. Agnivesha, Charaka Samhita. Ayurveda Dipika Commentary of Chakrapanidatta, revised by Charaka & Dridabala, edited by Vaidya Yadavji Trikamji Acharya, chikitsa sthana 28/98, Published by Choukambha Orientalia, Varanasi. Reprint 2015 Pn-621
9. Sahasrayogam text with english translation by Dr. K.Nishteshwar and Dr. R.Vidyanath, Choukambha Sanskrit samsthan, Varanasi, Reprint 2020 parisishta prakarana taila 56, Pn-104

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