



Research Article

EFFECT OF PRABHANJANAVIMARDANAM TAILA NASYA IN CERVICAL SPONDYLOSIS - AN INTERVENTIONAL SINGLE ARM STUDY

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ABSTRACT

Cervical spondylosis is a long-term degenerative disease of the neck spine that impacts the bones and discs of the neck, as well as the spinal canal components. Currently, it is seen among both young and middle-aged individuals, as a result of inactive lifestyles and higher levels of work-related strain. In Ayurveda, cervical spondylosis can be clinically compared to *Apabahuka*, *Viswachi* or *Greevastambha*, with *Nasya* seen as a cost-effective and efficient treatment option. *Prabhanjanavimardanam Taila*, which is referenced in the *Tailaprakarana* of *Sahasrayoga*, is recommended for treating *Ashiti vatarogas* through methods such as *Pana*, *Abhyanga*, *Nasya*, and *Basti karma*. *Prabhanjanavimardanam Taila* serves as a pacifier for *Vata* and *Kapha*, as well as reducing swelling and it is strengthening, and rejuvenating. After taking into account both the *Dosa kopa* and vitiated *Dosa sthana*, *Nasya* treatment with *Prabhanjanavimardanam Taila* was chosen. **Materials and Methods:** The research was planned as an interventional before-after study. Twenty-five individuals who met the inclusion-exclusion criteria were chosen from the Panchakarma Outpatient Department of Government Ayurveda College Panchakarma Hospital, Poojappura, Thiruvananthapuram. *Nasya karma* was given to them in the evening (4-5pm), with 8 *Bindu* (4 ml) in each nostril, for 7 days. Evaluations were conducted using Visual Analog Scale (VAS) for pain and numbness, and Oswestry Disability Index (ODI) for neck pain. **Results and Discussion:** The results were statistically analysed using Wilcoxon's signed rank test. Significant decreases in symptoms were observed across all these factors. The outcome remained consistent during a 14-day follow-up period. **Conclusion:** The research findings indicate that the use of *Prabhanjanavimardanam Taila Nasya* for seven consecutive days shows effectiveness in decreasing symptoms in individuals with cervical spondylosis (CTRI/2022/06/043112).

INTRODUCTION

Panchakarma offers a one-of-a-kind method in Ayurveda involving five specific procedures for internally purifying the body through the most direct route. This purification process enables the body to restore balance and rejuvenate quickly, as well as enhances the effectiveness of medications given afterwards. *Panchakarma* plays a comprehensive role in therapy by acting as a method for promotion, prevention, and treatment.

Nasya is highly valued for its effectiveness in treating disorders related to the upper respiratory tract. In *Charaka's* view, the nose serves as the entrance to the head. The medicine applied through the nasal passage penetrates the brain and removes the harmful *Dosas* causing the illness.^[1]

Cervical spondylosis is a long-lasting degenerative process that affects the cervical spine. It impacts the neck's vertebral bodies and intervertebral discs, resulting in herniated intervertebral discs, osteophytes, and ligament hypertrophy. This could potentially lead to the compression of the nerve roots and spinal cord. Cervical spondylosis typically manifests as neck pain. The overall occurrence rate among adults was 48.5%, while the rate for workers who use screens was 55%. As per the 2013 Global Burden of Disease Study, neck pain ranked among the

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top 10 causes of years lived with disability in 301 acute and chronic diseases and injuries across 188 countries. Globally, it was ranked fourth, with second place being in China and India. Cervical spondylosis impacts both quality of life and the financial burden due to the costly surgery often required for treatment. Therefore, cervical spondylosis could emerge as a public health issue.^[2]

In Ayurveda, cervical spondylosis is often equated with *Apabahuka*, *Viswachi*, or *Greevastambha*, where *Nasya* is considered crucial in the treatment according to Ayurvedic texts. *Tailas* are the most appropriate *Snehadravyas* for *Nasya karma*. *Prabhanjanavimardanam Taila*, found in the *Tailaprakarana* of *Sahasrayoga*, is popular oil used for treating diseases caused by *Vata Dosha*. *Chatushprayoga* is recommended for *Prabhanjanavimardanam Taila* in yoga. Since *Prabhanjanavimardanam Taila* is recommended for eighty different types of *Vatarogas* (*Ashiti Vatarogas*), the actions performed with this specific *Taila* in *Nasya karma* must be examined.^[3] Therefore, the research was designed to determine the impact of *Prabhanjanavimardanam Taila Nasya* on cervical spondylosis.

MATERIALS AND METHODS

Study design

It is an interventional single arm study with pre-post test.

Ethical Considerations

The study synopsis was placed before Institutional Ethical Committee of Government Ayurveda College, Thiruvananthapuram. After various levels of scrutiny and subsequent modifications based

on their recommendations, the Institutional Ethical Committee met on 03/08/2021, approved the proposal of the dissertation as per letter no. IEC 539-03/08/2021. The trial is registered with Clinical Trials Registry-India with registration number CTRI/2022/06/043112.

Study setting

Panchakarma O.P.D. of Government Ayurveda College Panchakarma Hospital, Poojappura, Thiruvananthapuram.

Study participants

Participants of all sexes aged 30-60 years with cervical spondylosis registered in the O.P.D., satisfying the inclusion and exclusion criteria.

Criteria of selection of participants

Inclusion criteria

Participants of all sexes aged between 30-60 years; Participants satisfying the criteria as per Oswestry Disability Index for neck pain.

Exclusion criteria

Participants who are unfit for *Nasya karma*^[4,5,6]; participants with recent history of cervical spine injury.

Study drug - Prabhanjanavimardanam Taila

The medication for the research, *Prabhanjanavimardanam Taila* in *Mridu paka* was prepared at Vaidyaratnam Ayurveda Research Institute, Ollur, Thrissur, Kerala, India. The study drug was standardised analytically at Drug Standardisation Unit, Government Ayurveda College, Thiruvananthapuram, Kerala, India (Table 1).

Table 1: Ingredients of Prabhanjanavimardanam Taila^[3]

S.No.	Drug	Botanical name/English Name	Quantity
1.	<i>Kashaya Bala</i>	<i>Sida cordifolia</i>	16 parts
2.	<i>Shatavari</i>	<i>Asperagus racemosus</i>	
3.	<i>Shigru</i>	<i>Moringa oleifera</i>	
4.	<i>Varana</i>	<i>Crateva nurvala</i>	
5.	<i>Arka</i>	<i>Calotropis gigantean</i>	
6.	<i>Karanja</i>	<i>Pongamia pinnata</i>	
7.	<i>Eranda</i>	<i>Ricinus communis</i>	
8.	<i>Koranda/ Sahachara</i>	<i>Strobilanthes ciliates</i>	
9.	<i>Vajigandha/ Aswagandha</i>	<i>Withania somnifera</i>	
10.	<i>Prasarini</i>	<i>Paederia foetida</i>	
11.	<i>Varishta panchamula</i> <i>Vilwa</i>	<i>Aegle marmelos</i>	
12.	<i>Kashmari</i>	<i>Gmelina arborea</i>	

13.	<i>Agnimantha</i>	<i>Premna corymbosa</i>	1 part	
14.	<i>Patala</i>	<i>Stereospermum suaveolens</i>		
15.	<i>Shyonaka</i>	<i>Oroxylum indicum</i>		
16.	Kalka <i>Tagara</i>	<i>Valeriana wallichii</i>		
17.	<i>Amarakashta/ Devadaru</i>	<i>Cedrus deodara</i>		
18.	<i>Ela</i>	<i>Elettaria cardamomum</i>		
19.	<i>Sunthi</i>	<i>Zingiber officinale</i>		
20.	<i>Sarshapa</i>	<i>Brassica juncea</i>		
21.	<i>Choraka/ Shati</i>	<i>Kaempferia galangal</i>		
22.	<i>Satahva</i>	<i>Anethum sowa</i>		
23.	<i>Kushta</i>	<i>Saussurea lappa</i>		
24.	<i>Saindhava</i>	Rock salt		
25.	<i>Rasna</i>	<i>Alpinia galangal</i>		
26.	<i>Kalanusarika/ Methika</i>	<i>Trigonella foenum-greacum</i>		
27.	<i>Vacha</i>	<i>Acorus calamus</i>		
28.	<i>Chitrakam</i>	<i>Plumbago zeylanica</i>		
29.	<i>Mamsi/ Jatamamsi</i>	<i>Nardostachys jatamansi</i>		
30.	<i>Sarala</i>	<i>Pinus roxburghii</i>		
31.	<i>Katuruhini</i>	<i>Picorrhiza kurroa</i>		
32.	Dravadravyas <i>Kshira</i>	Milk		8 parts
33.	<i>Dadhi</i>	Curd		4 parts
34.	<i>Kanchika</i>	Sour gruel	4 parts	
35.	Snehadravya <i>Tila taila</i>	<i>Sesamum indicum</i>	4 parts	

Diagnostic criteria

Once baseline data is gathered, a thorough history and examination were conducted using a clinical research form and X-ray evaluation of the cervical spine was done for spondylotic changes.

Intervention/ Procedure of Nasya

The research was carried out in the outpatient Panchakarma theatre of Government Ayurveda College Panchakarma Hospital, Poojappura, Thiruvananthapuram. Those who met the criteria for inclusion was chosen to take part in the study once they have given their consent. All the participants were subjected to *Nasya karma* (Table 2) with

Prabhanjanavimardanam Taila in *Madhyama matra* – 8 *Bindu* (4 ml) each nostril, in one sitting, consecutively for seven days in the evening around 4pm to 5pm by the principal investigator. The method of giving *Taila* was in the form of *Bindu*, where 1 *Bindu* equivalent to 0.5 ml. The disease condition was assessed before treatment (0th day), after treatment (8th day), and followed up again on the 14th day after treatment. The research equipment included the Visual Analogue Scale for Pain and Numbness, Oswestry Disability Index for Neck Pain^[7], and case proforma.

Table 2: Procedure of Nasya^[8,9]

Phase	Intervention	Drug	Mode of administration	Dose	Time
<i>Purva karma</i>	<i>Abhyanga</i>	<i>Tila taila</i>	Externally		5-10 min/day
	<i>Nadi sweda</i>		Externally		5-10 min/day
<i>Pradhana karma</i>	<i>Nasya</i>	<i>Prabhanjanavimardanam Taila (Mridu paka)</i>	Nasal	4ml each nostril	4-5 pm

Paschat karma	Dhumapana	Haridradi dhuma varti	Nasal		3 puffs thrice in each nostril
	Kabalagraha	Lukewarm water	Oral		Upto Kanthasudhi
Duration	7 days				

Assessment Parameters

Assessment was done by Visual analogue scale (VAS) for pain (score 0-10) and numbness (score 0-3), Oswestry Disability Index (ODI) for Neck pain (Five stages of disability based on the total scores out of 50 – no disability (0-4), mild disability (5-14), moderate disability (15-24), severe disability (25-34) and complete disability (35-50) and *Samyak nasya lakshanas*. Assessment of Visual Analogue Scale (VAS) for Pain and Numbness and Oswestry Disability Index (ODI) for neck pain was done before *Nasya* (0th day), after *Nasya* (8th day) and after follow-up (14th day after *Nasya*).

Sample size

Sample size was calculated as 25 participants satisfying the inclusion criteria.

Statistical analysis

The statistical analysis was performed on the gathered data from study variables within the study population. The Wilcoxon signed rank test was used to determine the efficacy of *Prabhanjanavimardanam Taila Nasya* in cervical spondylosis. The study parameters were used to calculate the median, IQR, and 95% confidence interval. The calculated P value <0.05 was considered to be statistically significant.

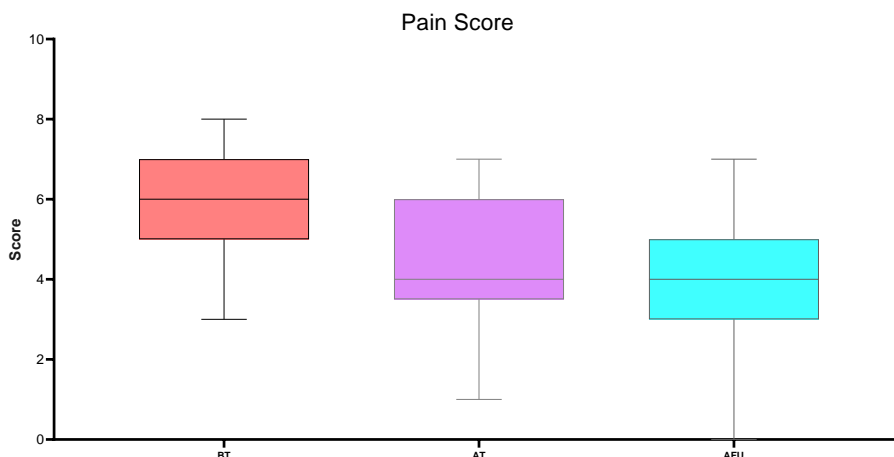
RESULTS

Effect of therapy on Pain

Table 3: Effect of therapy on Pain

		N	Wilcoxon Signed Ranks Test			
			Mean Rank	Sum of Ranks	Z	P
BT vs AT	Negative Ranks	24	12.5	300	4.401	<0.001
	Positive Ranks	0	0			
	Ties	1				
	Total	25				
AT vs AFU	Negative Ranks	18	9.5	171	3.947	<0.001
	Positive Ranks	0	0			
	Ties	7				
	Total	25				
BT vs AFU	Negative Ranks	24	12.5	300	4.337	<0.001
	Positive Ranks	0	0			
	Ties	1				
	Total	25				

Diagram 1: Effect of therapy on Pain



(Box plot diagram describing pain score at before treatment, after treatment and after follow up. Lower and upper end of the whisker represents minimum and maximum score respectively. Lower border of the box represents 25th percentile and upper border of the box represents 75th percentile. Middle horizontal line represents median score.)

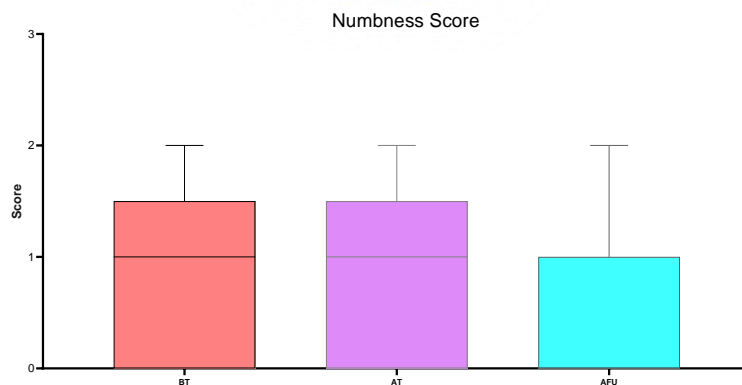
From the table, it was observed that the median of the pain score on 0th day (before treatment) was 6 and IQR was between 5-7. The median of pain score on 8th day (after treatment) was 4 and the IQR was between 3.5-6. The median of pain score on 14th day (after follow up) was 4, and IQR was between 3-5. Wilcoxon signed ranks test showed that there was significant decrease in pain score BT (on 0th day) - AT (on 8th day) stage, AT (on 8th day) - AFU (on 14th day) stage and BT (on 0th day) - AFU (on 14th day) stage with p<0.001. This shows that the results are highly significant statistically (Table 3), (Diagram1).

Effect of therapy on Numbness

Table 4: Effect of therapy on Numbness

		N	Wilcoxon Signed Ranks Test			
			Mean Rank	Sum of Ranks	Z	P
BT vs AT	Negative Ranks	0	0	0	0.000	1.000
	Positive Ranks	0	0	0		
	Ties	25				
	Total	25				
AT vs AFU	Negative Ranks	9	5	45	3.000	0.003
	Positive Ranks	0	0	0		
	Ties	16				
	Total	25				
BT vs AFU	Negative Ranks	9	5	45	3.000	0.003
	Positive Ranks	0	0	0		
	Ties	16				
	Total	25				

Diagram 2 - Effect of therapy on Numbness



(Box plot diagram describing numbness score at before treatment, after treatment and after follow up. Lower and upper end of the whisker represents minimum and maximum score respectively. Lower border of the box represents 25th percentile and upper border of the box represents 75th percentile. Middle horizontal line represents median score.)

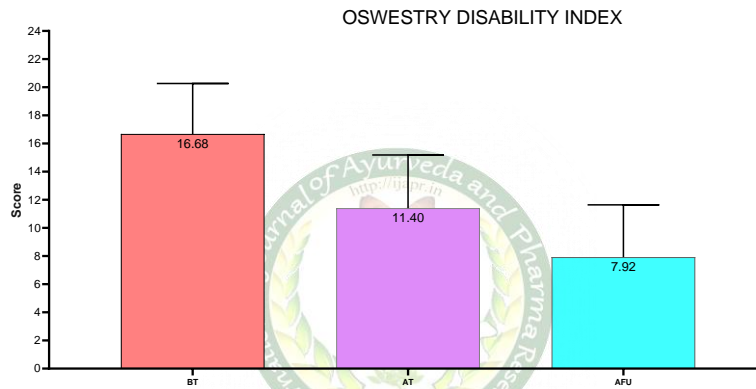
From the table, it was observed that the median of the numbness score on 0th day (before treatment) was 1 and IQR was between 0-1.5. The median of numbness score on 8th day (after treatment) was 1 and the IQR was between 0-1.5. The median of numbness score on 14th day (after follow up) was 0, and IQR was between 0-1. Wilcoxon signed ranks test showed that there is no significant decrease in numbness score BT (on 0th day) - AT (on 8th day) stage, as p>0.05. Wilcoxon signed ranks test showed significant decrease in numbness, AT (on 8th day) - AFU (on 14th day) stage and BT (on 0th day) - AFU (on 14th day) stage with p<0.05. This shows that the study is significant statistically in AT-AFU stage and BT-AFU stage (Table 4), (Diagram 2).

Effect of therapy on Oswestry Disability Index (ODI) for Neck pain

Table 5: Effect of therapy on Oswestry Disability Index (ODI) for Neck pain

		N	Wilcoxon Signed Ranks Test			
			Mean Rank	Sum of Ranks	Z	P
BT vs AT	Negative Ranks	25	13	325	4.409	<0.001
	Positive Ranks	0	0	0		
	Ties	0				
	Total	25				
AT vs AFU	Negative Ranks	25	13	325	4.403	<0.001
	Positive Ranks	0	0	0		
	Ties	0				
	Total	25				
BT vs AFU	Negative Ranks	25	13	325	4.383	<0.001
	Positive Ranks	0	0	0		
	Ties	0				
	Total	25				

Diagram 3 - Effect of therapy on Oswestry Disability Index (ODI) for Neck pain



(Box plot diagram describing ODI score at before treatment, after treatment and after follow up. Lower and upper end of the whisker represents minimum and maximum score respectively. Lower border of the box represents 25th percentile and upper border of the box represents 75th percentile. Middle horizontal line represents median score.)

From the table, it was observed that the median of the ODI on 0th day (before treatment) was 16 and IQR was between 14-19. The median of ODI on 8th day (after treatment) was 11 and the IQR was between 8.5-13.5. The median of ODI on 14th day (after follow up) was 8, and IQR was between 5-9.5. Wilcoxon signed ranks test showed that there was significant decrease in ODI, BT (on 0th day) - AT (on 8th day) stage, AT (on 8th day) - AFU (on 14th day) stage and BT (on 0th day) - AFU (on 14th day) stage, with p<0.001. This shows that the results are highly significant statistically (Table 5), (Diagram 3).

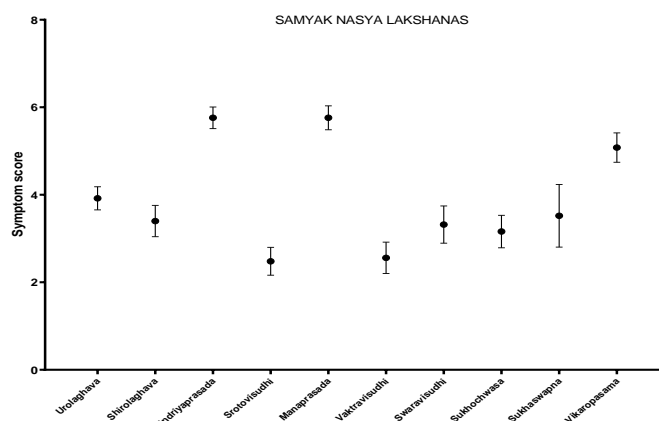
Analysis of *Samyak Nasya Lakshanas* [10,11]

Table 6: Analysis of *Samyak Nasya Lakshanas*

Symptoms	Mean	SD	95% CI for mean	
			Lower limit	Upper limit
<i>Urolaghava</i>	4	0.64	3.66	4.18
<i>Shirolaghava</i>	3	0.87	3.04	3.76
<i>Indriyaprasada</i>	6	0.60	5.51	6.01
<i>Srotovisudhi</i>	3	0.77	2.16	2.8
<i>Manaprasada</i>	6	0.66	5.49	6.03
<i>Vaktravisudhi</i>	3	0.87	2.2	2.92
<i>Swaravisudhi</i>	3	1.03	2.9	3.74
<i>Sukhochwasa</i>	3	0.90	2.79	3.53
<i>Sukhaswapna</i>	3	1.74	2.8	4.24
<i>Vikaropasama</i>	5	0.81	4.74	5.42

The above data represents the average of the days in which the participants attained *Samyak Nasya Lakshanas* during the treatment of *Nasya* (1-7 days) with 95% Confidence limit. From the table, it is clear that *Urolaghava* attained on an average of 4 days. In the case of *Shirolaghava*, *Srotovisudhi*, *Vaktravisudhi*, *Swaravisudhi*, *Sukhochwasa* and *Sukhaswapna*, an average of 3 days were taken for attainment. *Indriyaprasada* and *Manaprasada* occurred on an average of 6 days. *Vikaropasama* attained on an average of 5 days (Table 6), (Diagram 4).

Diagram 4: Analysis of *Samyak Nasya Lakshanas*



DISCUSSION

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

Out of 25 participants, 15 participants presented with moderate pain (pain score between 4-6). In these 15 participants, the pain became mild after treatment and follow up in 4 and 1 participant with mild pain after treatment and no pain after follow up. 6 participants presented with no change in pain after treatment and pain became mild after follow up. In 4 participants with moderate pain, there was no change after treatment and after follow up, but the score under moderate pain reduced after treatment and follow up, even though it was in moderate category of pain. 9 among the 25 participants presented with severe pain (pain score between 7-9). In these, the pain became moderate after treatment and after follow up in 6 participants and 2 participants presented with severe pain after treatment and moderate pain after follow up. There was no change in pain score of one of the participant with severe pain after treatment and after follow up, but the score under severe pain reduced after treatment and follow up, even though it was in severe category of pain. The chronic degenerative changes in the cervical spine along with long duration may be the reason for no change in the pain in that participant. Only one of the participant presented with mild pain (pain score between 1-3) before and after treatment and the pain score became zero after follow up. In that participant, the symptoms started only recently and the early intervention helped to reduce the disease in the beginning stage.

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

13 out of total 25 participants presented with numbness. 6 participants presented with numbness before treatment and it remained the same after

treatment. After follow up, the numbness score of 4 participants became occasionally present and for the other two, the numbness score remained the same. 7 participants had numbness occasionally present before treatment and there was no change in numbness score after treatment. After follow up, there was no numbness for 5 participants and for the other two, the numbness score remained the same. There was no numbness for the remaining 12 participants.

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

Orthopedic physical assessment by David J. Magee classified the Oswestry Disability Index (ODI) for Neck pain into five stages of disability based on the total scores out of 50 – No disability (0-4), Mild disability (5-14), Moderate disability (15-24), Severe disability(25-34) and Complete disability (35-50). Out of the total 25 participants, 13 participants presented with moderate disability and it became mild disability after treatment and after follow up. 3 participants had moderate disability before and after treatment and it became mild after follow up. One participant had no change in moderate disability before treatment, after treatment and after follow up and for one participant with moderate disability before and after treatment, there observed no disability with complete cure of the disease after follow up. 6 participants had mild disability before treatment, after treatment and after follow up. One participant had mild disability before treatment and the disability became zero after treatment and after follow up, with complete cure of the disease.

Effect on *Samyak nasya lakshanas*

It was observed that from 4th day onwards participants attained *Urolaghutva*. *Urolaghava* observed as a feeling of lightness in chest region. As

Nasya is a procedure which removes *Kapha dosha* from *Urdhwajatru pradesa*, a similar type of *Kaphaharana* is expected from adjacent areas like *Uras*, which is one among the *Kapha sthana*. In this study, participants attained *Shirolaghava* from 3rd day onwards. By removal of *Kapha dosha*, the participant experienced lightness in the head region. *Shirolaghava* is considered as a tool to monitor *Nasya karma*, since absence of *Shirolaghutva* indicates *Ayoga lakshana*. Most of the participants attained *Indriyaprasada* on 6th day onwards. It was observed as a feeling of pleasantness of senses. By doing *Nasya*, proper expulsion of *Dosa* and thereby cleansing of *Srotas* happens. This may present as lightness of *Indriyas*. Most participants attained *Srotovisudhi* from 3rd day onwards. By doing *Nasya*, proper expulsion of *Dosha* and thereby cleansing of *Srotas* happens. From 6th day onwards all the participants attained *Manaprasada* and was observed as happiness of mind and this is due to reduction in pain from its initial condition. All the participants attained *Vaktravisudhi* from 3rd day onwards. It was observed as clarity in mouth. *Nasya karma* should be continued up to which the patient feels no taste of medicine in the mouth. Here the participants attained *Swaravisudhi* from 3rd day onwards and it was observed as clarity of voice. *Kantha srotas* became clearer due to proper expulsion of *Dosa*. From 3rd day onwards, participants got this *Lakshana* and observed as unobstructed breathing. Proper cleansing of the *Srotas* was noted as the reason behind this. All the participants attained *Sukhaswapna* from 3rd day onwards. It was observed as comfortable sleep. One of the main reasons for disturbed sleep is pain. As the pain reduces the person may get good sleep. From 5th day onwards all the participants got *Vikaropasama* and a decrease in symptoms was observed mainly in pain. Here, the *Vatahara*, *Brimhana* and *Balya* properties of the medicine helps to cure the disease.

Effect of Prabhanjanavimardanam Taila Nasya in Cervical Spondylosis

Cervical spondylosis involves compression and inflammation of the cervical nerve roots. The drug transportation by lymphatic path can reach direct into CSF. Arachnoid matter sleeve that extends along olfactory nerve also cover spinal cord from foramen magnum to the level of S2. Spinal nerves that originate from spinal cord to peripheral structures are in close contact with this meningeal layer. The drug used for *Nasya* which is anti-inflammatory in character may spread quickly through meningeal arachnoid sleeve which extends to spinal cord and may stimulate cervical spinal nerves which has undergone inflammation or compression. The reduction of compression will automatically release nerve leading to relief from the pain. *Nasya karma* selected here

successfully helps to counteract the degenerative and inflammatory process. The drugs selected here are lipid in nature, that is, *Taila* and it is proven that lipid soluble micro-molecules present in the drug penetrate through the blood-brain barrier relatively easily via the lipid membranes of the cells and higher lipophilicity results in better transport of drug to the brain and other neuronal structures. The formulation *Prabhanjanavimardanam Taila* contain different *Vatahara dravyas* processed in *Taila*, the action of which can be expected in alleviating *Vata*, thereby preventing further degenerative process and the pain predominant features. Nasal-brain route has now become most promising fastest drug-delivery route. Clinically, *Nasya* is proved to be effective in a wide range of clinical entities with faster action. Also, it has been believed to have actions at neuro-endocrine levels. *Nasya karma*, being the only *Panchakarma*, which is believed to be having direct action on brain, researches has to be performed in this arena, exploring the totality of the process.

CONCLUSION

Nasya karma, one amongst the *Panchakarma* carries very high importance as it deals with the organ of high importance, the *Shiras* and is the treatment of choice in *Urdhwajatrugata vikaras*. It is one amongst the line of treatment of *Vataja vikaras*. Cervical spondylosis is a common degenerative condition in the area of intervertebral disc of cervical spine with gradual formation of spondylotic ridges, osteophytic facet, ossification of the post longitudinal ligament and disc shrinks slowly presenting with symptoms related to pressure on spine, associated nerves and blood vessels resulting in neck pain, radicular pain, etc., which commonly affects the old age and middle age.

In this study, 25 participants of cervical spondylosis between the age group of 30-60 years were subjected to *Nasya karma* with *Prabhanjanavimardanam taila* in *Mridu paka* in the dosage of 4ml each nostril, performed for a period of 7 days in the evening time, between 4-5 pm. There were two drop outs in the study and all the participants completed the course of *Nasya*. All the participants presented with *Samyak nasya lakshanas*. The observation revealed maximum pervasiveness in the 30-40 years age group. 100% of the patients were having the symptom of neck pain. The assessment was based on Visual Analogue Scale (VAS) for Pain and Numbness and Oswestry Disability Index (ODI) for Neck Pain. The observations were analysed statistically with Wilcoxon signed ranks test and the results were statistically significant. Hence it can be concluded that *Prabhanjanavimardanam taila nasya* is effective in reducing the signs and symptoms of participants with Cervical spondylosis.

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