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A CRITICAL STUDY ON THE CONCEPT OF UTTARABHAKTIKA SNEHA AND ITS EFFICACY IN THE MANAGEMENT OF MANYASTAMBHA

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ABSTRACT:

Background and Objectives: Manyastambha is a Vata-Kaphaja disorder characterized by neck stiffness, pain, muscle spasm, and restricted cervical movements, comparable to cervical paraspinal muscle spasm. Uttarabhaktika Kaala is indicated in Vyana Vata Dushti; however, its therapeutic significance has not been extensively explored. This study aimed to critically evaluate the concept of Uttarabhaktika Sneha and assess the efficacy of Uttarabhaktika Nasapana of Palasha Kshara Ghruta in the management of Manyastambha.

Methods: A clinical study was conducted on 30 patients diagnosed with Manyastambha. Palasha Kshara Ghruta was administered as Uttarabhaktika Nasapana after morning meals. Assessment was based on subjective and objective parameters, including Stambha (muscle spasm), Shoola (pain), and cervical movements (flexion, extension, rotation, and lateral flexion) before treatment, after treatment, and during follow-up. Statistical analysis was performed to evaluate therapeutic efficacy.

Results: Highly significant improvement was observed in all assessed parameters. Stambha improved by 53.05% after treatment and 76.38% during follow-up, while Shoola improved by 43.22% and 70.15%, respectively. Follow-up assessment showed improvements of 73.88% in neck flexion, 78.33% in extension, 72.77% in rotation, and 82.22% in lateral flexion. Marked improvement was observed in 15 patients and moderate improvement in 14 patients.

Conclusion: Uttarabhaktika Nasapana of Palasha Kshara Ghruta effectively reduced pain, stiffness, muscle spasm, and movement restriction in Manyastambha. The findings highlight the clinical importance of Aushadha Sevana Kaala and demonstrate the therapeutic relevance of Uttarabhaktika Sneha in the management of Manyastambha.

Keywords: Manyastambha; Uttarabhaktika Sneha; Nasapana; Palasha Kshara Ghruta

INTRODUCTION:

Ayurveda emphasizes not only the *Atura Chikitsa* but also the *Swasthya Rakshana*. Among its therapeutic principles, *Aushadha Sevana Kaala* (time of drug administration) plays a vital role in determining the efficacy of treatment. *Uttarabhaktika Sneha*, a form of *Vicharana Snehapana* administered after meals, is indicated in disorders of the *Urdhwabhaga* and is believed to act effectively in conditions associated with *Vyana Vayu Dushti*[1]. Classical texts describe its utility in diseases such as *Manyastambha*, *Avabahuka*, and *Vishwachi*.

Manyastambha[2], a *Vataja Nanatmaja Vikara*, is characterized by pain, stiffness, and restricted movements of the neck. The increasing prevalence of faulty posture, prolonged use of computers and mobile devices, stress, and occupational strain has contributed to the growing incidence of cervical muscle spasm. Conventional management provides mainly symptomatic relief, whereas Ayurveda offers a holistic approach aimed at correcting the underlying *Dosha-Dushya Vaishamya*.

Palasha Kshara Ghruta[3], possessing *Vata-Kapha shamaka* and *Srotoshodhana* properties, may help alleviate *Stambha* and *Shoola*. Administration through *Nasapana*[4], a modified form of *Nasya* in which the medicine is swallowed after nasal administration, facilitates both local and systemic action. Although classical references support the use of *Uttarabhaktika Sneha* in such conditions, detailed clinical evaluation remains limited. Therefore, the present study was undertaken to critically analyze the concept of *Uttarabhaktika Sneha* and evaluate its efficacy in the management of *Manyastambha*.

MATERIALS & METHODS:

This was a single-group clinical study conducted on 30 subjects diagnosed with *Manyastambha*. *Palasha Kshara Ghruta* was prepared according to classical Ayurvedic methods using *Palasha Kshara*, *Go-ghruta*, and *Jala* in a ratio of 1:4:16 and administered as *Uttarabhaktika Sneha* through *Nasapana* for 7 consecutive days. The total dose administered was 48 ml/day (24 ml in each nostril), followed by swallowing of the *Ghruta*.

Subjects aged 30–60 years presenting with the classical features of *Manyastambha*, namely *Shoola* (pain) and *Stambha* (stiffness) in the neck region, and fit for *Nasapana* were included in the study. Patients with traumatic deformities, obstructive nasal pathologies, diabetes mellitus, hypertension, or those unfit for *Nasapana* were excluded.

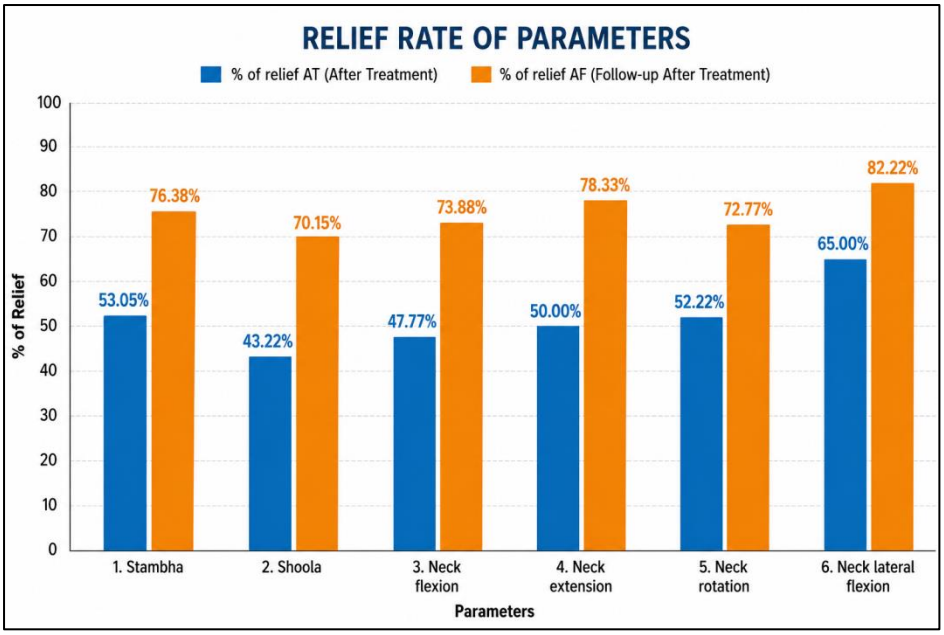
Assessment was carried out using both subjective and objective parameters. Subjective parameters included *Shoola* and *Stambha*, while objective parameters comprised cervical range of motion, namely flexion, extension, rotation, and lateral flexion. Data obtained before and after treatment were analyzed using the Wilcoxon signed-rank test to evaluate therapeutic efficacy.

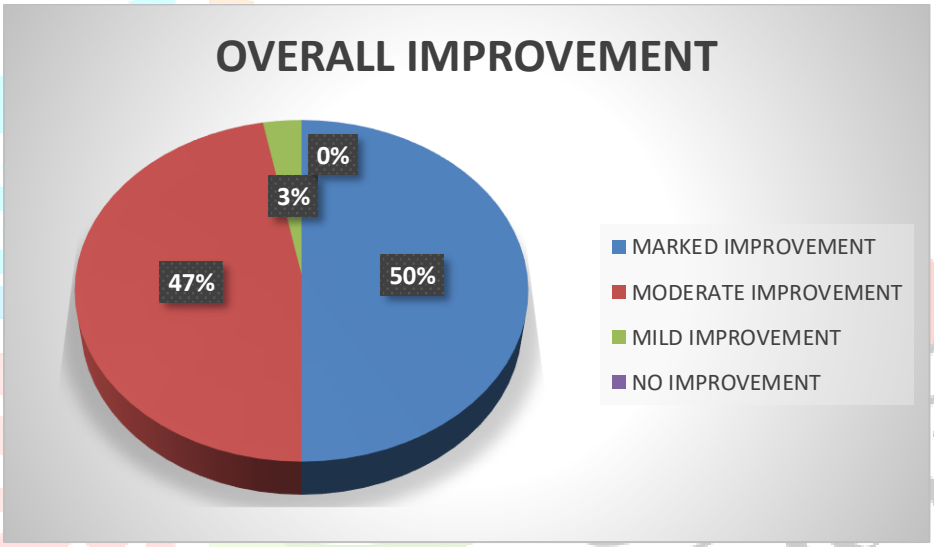
OBSERVATION AND RESULTS:

A total of 30 subjects with *Manyastambha* were enrolled in the study. Assessment of therapeutic efficacy demonstrated statistically significant improvement in all subjective and objective parameters following treatment with *Palasha Kshara Ghruta Nasapana*.

Relief in *Stambha* was 53.05% after treatment and 76.38% at follow-up, while *Shoola* showed 43.22% and 70.15% relief, respectively. Improvement in neck movements was observed as follows: flexion 47.77% (AT) and 73.88% (AF), extension 50% (AT) and 78.33% (AF), rotation 52.22% (AT) and 72.77% (AF), and lateral flexion 65% (AT) and 82.22% (AF). All changes were statistically highly significant ($p < 0.001$, Wilcoxon signed-rank test).

Overall assessment revealed marked improvement in 15 (50%) subjects, moderate improvement in 14 (47%), and mild improvement in 1 (3%), with no cases of non-response.





DISCUSSION:

Ayurveda recognizes *Kaala* as an important determinant of therapeutic efficacy[5]. Although *Uttarabhaktika Kaala* is indicated in *Urdhwabhaga Rogas* and *Vatavyadhis*, its clinical significance has been inadequately explored. Since *Manyastambha* is a *Vata-pradhana Vyadhi* characterized by pain, stiffness, and restricted neck movements, *Uttarabhaktika Sneha* was selected to evaluate its targeted therapeutic action.

Analysis of the study population revealed the involvement of *Aharaja*, *Viharaja* and *ManasikaNidanas*contributing to *Vata-Kapha Dushti*, *Agnimandya*, and *AmaUtpatti*. Consumption of *Ruksha*, *Sheeta*, *Guru*, and *Abhishyandi Ahara*, sedentary habits, postural abnormalities, *Diwaswapna*, and mental stress were identified as important etiological factors. These factors led to *Srotorodha*, aggravation of *Vyana Vata*, and subsequent manifestation of *Manyastambha*.

The *Samprapti* of *Manyastambha* can be understood as *Kaphavruta Vyana Vata*, wherein *Kapha* and *Ama* produce *Margavarodha* in the *Manya Pradesha*, impairing the normal movement of *Vata*. This results in *Stambha* due to restriction of movement and *Shoola* due to aggravated *Vata* acting on *Mamsa*, *Snayu*, *Asthi*, and related structures. Chronicity may lead to *Dhatukshaya* and further aggravation of *Vata*, resulting in persistent pain, rigidity, and limitation of cervical movements.

According to Acharya Charaka, administration of *Aushadha* at the appropriate *Kaala* ensures optimal therapeutic efficacy. Acharya Chakrapani specifically recommends *Uttarabhaktika Kaala* after

Pratah Bhojana in disorders involving *Vyana Vata*[6]. In *Manyastambha*, the pathology can be understood as *Kaphavruta Vyana Vata*, leading to impaired movement, circulation, and nourishment of the cervical region. Administration of *Sneha* in *Uttarabhaktika Kaala* facilitates its association with *Ahara Rasa* during digestion and circulation, thereby aiding in the removal of *Kapha Avarana* and restoration of *PrakrutaVyana VataKarma*. The post-prandial state also favors absorption, bioavailability, and systemic distribution of lipid-based formulations such as *Ghruta*, enhancing their therapeutic action.

Palasha Kshara Ghruta combines the *Snigdha*, *Tarpana*, and *Vatahara* properties of *Ghruta* with the *Ushna*, *Tikshna*, *Lekhana*, and *Kaphahara* properties of *Palasha Kshara*. Owing to its *Yogavahi*, *Sukshma*, and *Vyavayi* qualities, *Ghruta* acts as an effective carrier, facilitating deeper tissue penetration and improved delivery of active constituents. This combination enables simultaneous alleviation of *Vata* and *Kapha* involved in the pathogenesis of *Manyastambha*.

The probable mode of action involves reduction of *Kapha Avarana*, *Srotorodha*, and *Ama*, thereby restoring the normal *Gati* of *Vata*. The *SnehaGuna* of *Ghruta* counteracts *Rukshata* and nourishes the affected *Dhatus*, while the alkaline constituents of *Palasha Kshara* promote *Srotoshodhana* and facilitate unobstructed movement of *Vata*. Administration through *Nasapana* provides both local and systemic effects through absorption via the nasal mucosa and gastrointestinal tract. These actions collectively contribute to the reduction of *Shoola*, *Stambha*, muscle spasm, and restriction of cervical movements.

From a contemporary perspective, the lipid-rich nature of *Ghruta* may enhance membrane stability, neuromuscular function, and bioavailability of active principles, while mineral constituents of *Palasha Kshara* may support ionic balance and reduce peripheral nerve hyperexcitability. Thus, *Uttarabhaktika Nasapana* with *Palasha Kshara Ghruta* appears to achieve *Samprapti Vighatana* by relieving *Kaphavruta Vyana Vata*, promoting tissue nourishment, and restoring normal cervical function.

Overall, 15 (50%) subjects showed marked improvement, 14 (47%) moderate improvement, and 1 (3%) mild improvement, with no non-responders. The overall therapeutic effect may be attributed to the *Vata-Kapha Shamaka*, *Srotoshodhana*, and *Brimhana* actions of *Palasha Kshara Ghruta*. Administration through *Uttarabhaktika Nasapana* appears to promote *Samprapti Vighatana* by relieving *Kapha-induced Avarana*, restoring the *VataKarma*, nourishing the *Dhatus*, and improving cervical mobility in *Manyastambha*.

CONCLUSION:

The present study concludes that *Manyastambha* is predominantly a *Vata-Kaphaja Vyadhi* characterized by *Stambha*, *Shoola*, and restriction of cervical movements. The Samprapti can be understood as *Kaphavruta Vyana Vata*, wherein *Kapha Avarana* impairs the normal functions of *Vyana Vata*, resulting in pain, stiffness, and reduced mobility. *Nasapana* was selected as the disease involves the *Urdhwajatrugata Pradesha*, while *Uttarabhaktika Kaala*, specifically indicated in *Vyana Vata Dushti*, was expected to enhance the therapeutic action of the formulation.

Palasha Kshara Ghruta, owing to its *Vata-Kapha Shamaka*, *Srotoshodhana*, and *Brimhana* Gunas, demonstrated significant clinical efficacy in the management of *Manyastambha*. Statistically highly significant improvement was observed in all assessed parameters, including *Stambha*, *Shoola*, neck flexion, extension, rotation, and lateral flexion. Sustained improvement during follow-up suggests that the therapy contributed not only to symptomatic relief but also to *Samprapti Vighatana* and restoration of cervical function.

Therefore, *Uttarabhaktika Nasapana* with *Palasha Kshara Ghruta* may be considered a safe and effective therapeutic approach for the management of *Manyastambha*, highlighting the clinical relevance of Ayurvedic principles such as *Aushadha Sevana Kaala*, *Sneha*, and *Ghruta-Kshara* combination.

Future Scope: Further studies with larger sample sizes, multicentric designs, long-term follow-up, and comparative clinical trials are required to validate the concept of *Uttarabhaktika Sneha*. Experimental and pharmacological studies may also help elucidate the role of *Palasha Kshara Ghruta* in neuromuscular modulation, muscle relaxation, and the influence of *Uttarabhaktika Kaala* on the absorption and efficacy of *Sneha Kalpanas*.

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