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AYURVEDIC MANAGEMENT OF CERVICAL RADICULOPATHY WITH ASSOCIATED AMLAPITTA-LIKE SYMPTOMS IN A 64-YEAR-OLD WOMAN: A CASE REPORT FOLLOWING CARE GUIDELINES

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ABSTRACT

Background: Cervical radiculopathy is a common cause of neck pain with radiation to the upper limb, often associated with functional disability and reduced quality of life. In Ayurveda, such presentations can be understood under the spectrum of **Manyastambha,** sometimes co-existing with **Amlapitta**-like manifestations. Evidence-based case reports are needed to document outcomes of Ayurvedic interventions in such conditions. **Case Presentation:** A 64-year-old woman with a known history of type 2 diabetes mellitus for 3–4 years (well controlled on oral hypoglycemic agents) presented with pain in the neck region radiating to the right upper limb, neck stiffness, right shoulder pain, occasional vertigo, and tingling in both hands for 2.5 months. She also reported **Udar Daha** (epigastric burning), **Hrillāsa** (nausea), and **Amlodgāra** (sour belching) for 1–2 years. Conventional analgesics and physiotherapy had provided only temporary relief. Clinical assessment suggested cervical radiculopathy with associated gastrointestinal symptoms comparable to Amlapitta. **Intervention:** An integrated Ayurvedic treatment plan was administered for 7 days on an inpatient/outpatient basis. Local therapy included **Jambīra Piṇḍa Sveda** using **Kottamchukkādi Taila** and **Lepa** with **Bājraṅga Lepa** and **Rasna Cūrṇa** over the cervical and shoulder region. Oral medications included **Cap. Cervilon** 2 capsules twice daily on an empty stomach, **Laghusūtshekhara Rasa** 1 tablet twice daily, and **Gandharva Harītakī** 1 tablet at night, along with a set of neck exercises. **Outcomes:** After 7 days, the patient reported marked reduction in neck pain, radiation, and tingling; neck stiffness and shoulder pain decreased, and vertigo episodes reduced. Gastrointestinal complaints (Udar Daha, Hrillāsa, Amlodgāra) also improved. Functional status and sleep quality were better, with no reported adverse effects. Symptomatic improvement was maintained on follow-up (duration to be specified). **Conclusion:** This case suggests that an integrated Ayurvedic approach combining localized Sveda, Lepa, and internal medications alongside neck exercises may be beneficial in the management of cervical radiculopathy with associated Amlapitta-like symptoms. Further controlled studies are needed to validate these findings.

KEYWORDS: Ayurveda; Cervical radiculopathy; Manyastambha; Amlapitta; Jambīra Piṇḍa Sweda; Case report.

INTRODUCTION

Cervical radiculopathy is characterized by neck pain radiating to one or both upper limbs, often accompanied by paresthesia, motor weakness, sensory changes, and restricted cervical range of motion. Degenerative changes of the cervical spine, including intervertebral disc degeneration, osteophyte formation, facet and uncovertebral joint degeneration, and foraminal narrowing, are important etiological factors, particularly with advancing age.[1–3] Conventional management is generally conservative and may include analgesic medication, physiotherapy, therapeutic exercise, cervical

traction, and other non-operative interventions, while surgical management may be considered in patients with persistent disabling symptoms or progressive neurological deficits.[1,4,5]

From an Ayurvedic perspective, clinical manifestations such as **Greeva Śūla** (neck pain), **Bāhu Śūla** (pain radiating to the upper limb), **Stambha** (stiffness), and **Supti** (numbness/tingling) may be interpreted in the spectrum of **Vāta-vyādhi**, particularly with reference to **Manyastambha** and related Vāta disorders. Classical Ayurvedic literature emphasizes the role of Vāta in disorders involving pain, stiffness, and functional impairment and recommends appropriately selected **Snehana** and **Svedana** in Vāta-predominant conditions.[6] Charaka describes Snehana followed by Svedana as an important therapeutic approach in Vāta disorders, with the choice of treatment modified according to the associated Doṣa and clinical condition.[6]

The patient's chronic gastrointestinal complaints of **Udar Daha**, **Hrillāsa**, and **Amlodgāra** resemble the clinical spectrum of **Amlapitta** and disorders associated with impaired **Agni** and Pitta predominance. Amlapitta is described in Ayurvedic literature, particularly in **Mādhava Nidāna**, with characteristic gastrointestinal manifestations associated with Pitta and impaired digestion.[7,8] The coexistence of Vāta-predominant musculoskeletal manifestations and Pitta-predominant gastrointestinal symptoms therefore requires individualized therapeutic planning, with careful selection of local procedures, internal medicines, dietary regulation, and lifestyle measures.

This case report documents the clinical presentation, Ayurvedic assessment, therapeutic management, and outcome of a 64-year-old woman with cervical radiculopathy and chronic Amlapitta-like gastrointestinal symptoms managed with an integrated Ayurvedic regimen, presented in accordance with the CARE case-report framework.

Patient Information

- **Age and sex:** 64-year-old female
- **Occupation:** Homemaker

- **Relevant medical history**
  - Known case of type 2 diabetes mellitus for 3–4 years, with controlled blood glucose levels.
  - Tab. Glycomet-500 SR – 1 tablet after dinner.
  - No history of major trauma to the neck or upper limb.
  - No known history of cervical spine surgery, malignancy, or systemic inflammatory disease.
- **Family history:** No significant family history of spinal disorders. No family history of diabetes mellitus among first-degree relatives.
- **Psychosocial history:** No significant psychosocial stressors reported.
- **Primary concerns**
  - Pain in the neck radiating to the right hand.
  - Neck stiffness.
  - Pain in the right shoulder.
  - Occasional vertigo.
  - Tingling in the hands.
  - Chronic Udar Daha, Hrillāsa, and Amlodgāra.

Clinical Findings

History of Presenting Illness

The patient reported insidious onset of neck pain approximately 2.5 months before presentation. The pain gradually increased in intensity and subsequently radiated from the cervical region to the right shoulder and down the right upper limb. She described intermittent tingling in both hands, more pronounced on the right side. Neck stiffness and difficulty in turning the head to either side were also present. Such a combination of neck pain, radiating upper-limb pain, and paresthesia is clinically compatible with cervical radiculopathy, which commonly results from cervical nerve-root irritation or compression secondary to degenerative changes.[1–3]

She also experienced occasional episodes of vertigo, particularly during sudden neck movements or changes in posture.

For the preceding 1–2 years, she had persistent **Udar Daha**, **Hrillāsa**, and **Amlodgāra**, which were aggravated after intake of spicy and oily foods and irregular meals. These symptoms were considered clinically compatible with an Amlapitta-like gastrointestinal presentation. Classical Ayurvedic descriptions associate Amlapitta with Pitta-related disturbance of digestion and characteristic upper gastrointestinal manifestations.[7,8]

She had previously used symptomatic allopathic medications, including antacids and analgesics, and had undergone intermittent physiotherapy, with only temporary relief.

General Examination

- Built and nourishment: Moderately built and nourished
- Pulse rate: 78/min
- Blood pressure: 130/86 mmHg
- Respiratory rate: 20/min
- Temperature: 98°F
- Systemic examination: Cardiovascular, respiratory, and abdominal systems were within normal limits.

Local Examination: Cervical Region and Upper Limb

Inspection

No visible deformity, swelling, or muscle wasting over the neck and shoulder region.

Palpation

- Tenderness over the lower cervical vertebral region and right paraspinal muscles.

- Tenderness over the right suprascapular/shoulder region.

Range of motion
- Cervical flexion, extension, lateral flexion, and rotation were restricted and painful.
- Restriction was more pronounced during extension and right lateral rotation.

Neurological examination
- Sensory findings: Subjective tingling/numbness corresponding approximately to the right C5–C6 dermatomal region.
- Motor power: Grade 5/5 in both upper limbs.
- Deep tendon reflexes: Biceps and triceps reflexes were normal.

The clinical combination of radiating upper-limb pain, paresthesia, and painful/restricted cervical movement is consistent with the clinical spectrum of cervical radiculopathy.[1,3,4] Preservation of motor power and deep tendon reflexes in this patient indicated the absence of an objective motor or reflex deficit at the time of assessment.

Ayurvedic Assessment
- **Prakṛti:** Vāta-Pitta
- **Vikṛti:** Vāta-prakopa localized to the **Greeva** and **Bāhu** region, with associated Pitta vitiation in **Āmāśaya**.
- **Sāmānya Nidāna:** Advancing age, possible prolonged sitting/neck strain, irregular dietary habits, and lifestyle factors considered contributory to Vāta and Pitta aggravation.
- **Roga Nāma / Working Diagnosis**
  - **Manyastambha**, clinically presenting as cervical radiculopathy.
  - **Amlapitta-like condition**, clinically manifesting as Udar Daha, Hrillāsa, and Amlodgāra.

The Ayurvedic interpretation should preferably be presented as a **clinical correlation rather than claiming that Manyastambha is an exact biomedical equivalent of cervical radiculopathy**. This distinction is important in a publishable case report.

Timeline

Time period	Event / Findings
3–4 years prior	Diagnosis of type 2 diabetes mellitus; oral hypoglycemic therapy initiated; blood glucose remained controlled.
1–2 years prior	Onset of Udar Daha, Hrillāsa, and Amlodgāra; intermittent symptomatic treatment. These manifestations were considered clinically comparable to the gastrointestinal symptom complex described in Amlapitta.[7,8]
2.5 months prior	Insidious onset of neck pain radiating to the right upper limb, associated with neck stiffness, bilateral hand tingling, and occasional vertigo.
Prior to Ayurvedic treatment	Inadequate and temporary relief with analgesics and intermittent physiotherapy. Conservative treatment is commonly used as the initial approach for cervical radiculopathy.[1,4,11]
Day 0	Presentation at the Ayurvedic college hospital; detailed modern and Ayurvedic clinical assessment; working diagnoses of cervical radiculopathy and Manyastambha with Amlapitta-like symptoms were made.
Day 1–7	Daily **Jambīra Piṇḍa Sweda** using Kottamchukkādi Taila and local Lepa; prescribed oral Ayurvedic medicines and neck exercises were continued. Jambīra Piṇḍa Sveda has been described as a local sudation procedure used in the Ayurvedic management of cervical spondylosis/Manyastambha.[12,13]
End of Day 7	Marked improvement in pain, stiffness, tingling, cervical mobility, and gastrointestinal symptoms; no adverse events were reported.
Day 14 follow-up	Sustained symptomatic relief and improvement in functional status.

Diagnostic Assessment

Modern Diagnostic Considerations

Based on the history of neck pain radiating to the right upper limb, paresthesia, neck stiffness, and restricted cervical movements, a clinical diagnosis of **cervical radiculopathy associated with degenerative cervical spine changes** was considered. Cervical radiculopathy commonly results from cervical nerve-root irritation or compression, frequently secondary to degenerative disc disease, osteophyte formation, or foraminal narrowing.[1–3,11]

Investigations
- Routine blood investigations, including complete blood count, fasting blood sugar, postprandial blood sugar, and HbA1c, were within acceptable ranges for the known diabetic condition.
- X-ray of the cervical spine demonstrated **age-related degenerative changes, osteophyte formation, and disc-space narrowing at C5–C6**.
- The radiographic findings were considered supportive of degenerative cervical spondylosis; however, plain radiography alone does not establish

nerve-root compression. Correlation with clinical neurological findings is required.[11,14]
- No red-flag features such as severe or progressive neurological deficit, bladder/bowel dysfunction, history suggestive of malignancy, systemic infection, or major trauma were identified.

The absence of objective motor weakness and abnormal biceps/triceps reflexes suggested that the neurological involvement was clinically mild at the time of presentation.

Ayurvedic Diagnostic Reasoning

The Ayurvedic assessment was based on **Doṣa, Dūṣya, Srotas, Sthāna, and Lakṣaṇa**.

- Dominant **Vāta** involvement was considered on the basis of **Ruk** (pain), **Supti** (tingling/numbness), and radiating pain, reflecting the abnormal movement or **Gati** of Vāta.
- **Kapha association** was considered in relation to **Stambha** (stiffness), particularly the restricted cervical movements.
- **Pitta involvement** was considered on the basis of **Dāha, Hrillāsa, and Amlodgāra**, corresponding to the patient's chronic gastrointestinal complaints and the Amlapitta-like presentation.[7,8]
- Advancing age was considered a contributing factor for **Dhātu-kṣaya** and Vāta aggravation. Classical Ayurvedic descriptions recognize Vāta predominance with ageing and emphasize the role of Vāta in pain, stiffness, and degenerative manifestations.[6,9]
- The clinical presentation was therefore considered compatible with **Manyastambha as an Ayurvedic clinical correlate of the cervical degenerative/radicular presentation**, with co-existing **Amlapitta-like gastrointestinal manifestations**.

Recent Ayurvedic literature has similarly discussed **Manyastambha in relation to cervical spondylosis** and evaluated Panchakarma-based interventions in such presentations.[13,15]

Therapeutic Intervention

The treatment was planned with the following objectives:

1. To pacify aggravated **Vāta**, with associated Kapha-related stiffness, in the cervical and shoulder region.
2. To address **Pitta-pradhāna Agni-dūṣṭi** manifesting as Amlapitta-like symptoms.
3. To reduce pain and stiffness and improve cervical mobility.
4. To improve functional capacity through therapeutic exercises and appropriate lifestyle modification.

Ayurvedic treatment of Vāta-predominant musculoskeletal conditions traditionally incorporates measures such as **Snehana and Svedana**, selected according to the patient's clinical condition and associated Doṣa.[6] Local Svedana procedures including Jambīra Piṇḍa Sveda have also been described in Ayurvedic management protocols for cervical spondylosis.[12,13]

1. Local Therapy

Jambīra Piṇḍa Sveda

Drug: Kottamchukkādi Taila used as Snehadravya.

Procedure

- Medicated boluses were prepared using sliced **Jambīra** (lemon) and appropriate adjunctive drugs according to the adopted therapeutic procedure.
- Kottamchukkādi Taila was warmed and used for dipping the boluses.
- The warm boluses were applied over the cervical and right shoulder regions in a synchronized manner.
- Sudation was performed for approximately **20–30 minutes daily**.
- The temperature was maintained at a comfortably tolerable level throughout the procedure.

Duration: Once daily for **7 consecutive days**.

Jambīra Piṇḍa Sveda is a localized fomentation procedure traditionally used for conditions characterized by pain and stiffness. Ayurvedic clinical literature has reported its application in cervical spondylosis/Manyastambha, including protocols using Kottamchukkādi Taila.[12,13] The procedure was therefore selected in this case to address the predominant Vāta-associated pain and stiffness.

2. Lepa

Composition: Bājraṅga Lepa mixed with **Rasna Cūrṇa** and prepared into a paste using warm water.

Application

- The paste was applied as a thick layer over the cervical and affected shoulder regions after Sveda.
- It was retained for approximately **45 minutes** and subsequently removed gently.
- The procedure was performed once daily for 7 days.

Local **Lepa** is described among the external therapeutic measures employed for painful and stiff musculoskeletal conditions, including cervical spondylotic presentations.[12] Rasna is traditionally utilized in Vāta-associated musculoskeletal disorders and was incorporated as part of the local formulation.

Oral Medications

1. Cap. Cervilon

- **Dose:** 2 capsules twice daily.
- **Timing:** On an empty stomach.
- **Purpose in this case:** Prescribed as an adjunctive medicine for the musculoskeletal/radicular symptom complex.

Important publication point: Since *Cervilon* is a proprietary formulation, the manuscript should mention

its **manufacturer, exact composition, batch number, and formulation details** if available. Its pharmacological properties should not be described as "Vāta-śāmaka" or "anti-inflammatory" unless these properties are supported by the formulation's documented ingredients or published evidence.

2. Laghusūtshekhara Rasa

- **Dose:** 1 tablet twice daily.
- **Indication in this case:** Prescribed for the Pitta-predominant gastrointestinal symptom complex.
- **Ayurvedic rationale:** Laghusūtshekhara Rasa is traditionally used in **Amlapitta and Pitta-related disorders**, including symptoms such as Daha and related gastrointestinal manifestations.[16,17]

The formulation is described in Ayurvedic literature as containing ingredients such as purified Gairika, Śuṇṭhī and Nagavalli-associated processing, although the exact formulation should be reported according to the specific pharmacopeial/proprietary preparation actually used in the case.[16,17]

3. Gandharva Harītakī Tablet

- **Dose:** 1 tablet at night with lukewarm water.
- **Purpose in this case:** To support bowel regulation and Vāta anulomana.
- Gandharva Harītakī is traditionally used for bowel regulation and mild laxative action and has been described in relation to constipation, abdominal heaviness, nausea, acidity and other gastrointestinal complaints.[18]

Adjuvant Measures

Neck Exercises

A set of gentle cervical range-of-motion and isometric strengthening exercises was taught and supervised. These included controlled flexion, extension, lateral flexion, and rotation within a pain-free range.

- **Frequency:** Twice daily.
- **Repetitions:** Approximately 10–15 repetitions of each movement, according to tolerance.

Exercise-based rehabilitation is an important component of conservative management of cervical radiculopathy and neck pain, with therapeutic exercise aimed at improving cervical mobility, muscular function, and overall functional status.[4,11]

Pathya–Apathya

Pathya

- Light and easily digestible food.
- Preferably warm, freshly prepared meals.
- Regular meal timings and avoidance of prolonged fasting or excessive gaps between meals.
- Adequate hydration.
- Maintenance of appropriate posture during daily activities.

Apathya

- Very spicy, oily, fermented, and heavy foods.
- Irregular meal timings.
- Sudden jerking movements of the neck.
- Prolonged static cervical postures.
- Excessive neck flexion while using mobile phones or other devices.
- Direct exposure of the neck and shoulder to cold drafts.

These dietary recommendations were particularly relevant to the patient's Amlapitta-like symptoms, for which avoidance of aggravating dietary factors and maintenance of appropriate dietary habits are consistent with the Ayurvedic approach to Pitta and Agni-related gastrointestinal disturbances.[7,8,16]

No major modification of the patient's pre-existing antidiabetic medication was made during the short intervention period. Blood glucose levels were monitored according to routine clinical practice and remained within the patient's acceptable control range.

Follow-Up and Outcomes

Outcome Measures

Outcomes were assessed clinically using the following parameters:

- Patient-reported pain intensity using the **Visual Analogue Scale (VAS)**.
- Severity and extent of radiation of pain to the right upper limb.
- Frequency and intensity of tingling/paresthesia in the hands.
- Severity of neck stiffness and cervical range of motion.
- Frequency and intensity of vertigo episodes.
- Severity of gastrointestinal symptoms, including **Udar Daha, Hrillāsa, and Amlodgāra**.
- Functional capacity in activities of daily living (ADLs).
- Sleep quality.
- Occurrence of any adverse events during treatment and follow-up.

The use of patient-reported pain and functional outcomes is consistent with contemporary assessment of cervical radiculopathy and neck disorders, in which pain, disability, range of motion, and functional status are important clinical outcomes.[19,20]

Short-Term Outcomes: After 7 Days of Treatment

By the end of the 7-day treatment period:

- Neck pain intensity decreased from **8/10 to 2/10 on the VAS**.
- Radiation of pain to the right upper limb was markedly reduced, accompanied by decreased frequency and intensity of tingling sensations.
- Neck stiffness improved, with increased cervical range of motion in flexion, extension, and rotation.

- Right shoulder pain was substantially reduced.
- Episodes of vertigo became less frequent and milder.
- Gastrointestinal complaints, including **Udar Daha, Hrillāsa, and Amlodgāra**, were notably reduced, and the patient reported improved postprandial comfort.
- Sleep quality improved, primarily because of reduction in nocturnal neck pain.
- No adverse drug reactions or procedure-related complications were reported.

The improvement in pain and function observed during the treatment period is consistent with the recognized role of exercise-based and multimodal conservative approaches in cervical radiculopathy.[19,20] However, because this was an uncontrolled single-patient observation, the improvement cannot be attributed exclusively to any individual component of the treatment.

Follow-Up Outcomes

At the 14-day follow-up**:**

- The symptomatic improvement achieved at the end of treatment was sustained.
- The patient continued the prescribed cervical exercises and dietary/lifestyle advice.
- No recurrence of severe neck or radiating upper-limb pain was reported.
- No significant recurrence of vertigo was reported.
- Glycemic control remained stable.
- No delayed adverse events were reported.

DISCUSSION

This case describes the clinical management of a 64-year-old woman presenting with cervical radiculopathy associated with degenerative cervical spine changes and long-standing Amlapitta-like gastrointestinal symptoms. From an Ayurvedic perspective, the clinical presentation was considered to correspond predominantly to **Manyastambha/Vāta-pradhāna involvement**, with associated gastrointestinal manifestations interpreted within the spectrum of **Amlapitta**.

The clinical response observed after seven days of multimodal Ayurvedic intervention was encouraging. Nevertheless, as this is a single case without a comparator group, the findings should be interpreted as **preliminary clinical observations rather than evidence of treatment efficacy**.

Rationale of Intervention

Jambīra Piṇḍa Sweda with Kottamchukkādi Taila

Jambīra Piṇḍa Sweda was selected as a local Svedana procedure to address pain and stiffness in the cervical and shoulder regions. In Ayurvedic therapeutics, Svedana is commonly employed following or along with Snehana in Vāta-associated musculoskeletal conditions.[6]

The warm bolus application provides local thermal stimulation and mechanical pressure. From a contemporary perspective, superficial heat and related physical modalities may temporarily reduce pain and muscle stiffness and facilitate movement, although evidence specific to Jambīra Piṇḍa Sveda in cervical radiculopathy is limited. Therefore, the observed improvement should not be interpreted as proof of a specific physiological mechanism.[19,21]

Ayurvedic case literature has reported improvement in cervical degenerative disorders following multimodal Panchakarma-based management, supporting the feasibility of such approaches while highlighting the need for controlled studies.[22]

Bājraṅga Lepa with Rasna Cūrṇa

Bājraṅga Lepa combined with **Rasna Cūrṇa** was applied locally after Svedana. In Ayurvedic practice, external Lepa is used for localized pain and stiffness, and Rasna is traditionally associated with management of Vāta-predominant musculoskeletal disorders.

The local application may have provided an additional symptomatic benefit following Svedana. However, because the present intervention contained multiple components, the individual contribution of Lepa cannot be determined from this case.

Cap. Cervilon

Cap. Cervilon was administered as a proprietary formulation as part of the multimodal treatment protocol. It was prescribed with the intention of addressing the patient's cervical pain and associated neurological symptoms.

Because this is a proprietary formulation, its pharmacological effects should **not be attributed to specific anti-inflammatory, neuroprotective, or Vāta-śāmaka mechanisms unless the exact formulation and supporting literature are documented**. For publication, the manufacturer, composition, dosage, and formulation details should preferably be reported.

Laghusūtshekhara Rasa

Laghusūtshekhara Rasa was prescribed for the patient's Pitta-predominant gastrointestinal symptoms, particularly **Udar Daha, Hrillāsa, and Amlodgāra**. Classical Ayurvedic usage places this formulation within the management of Pitta-related gastrointestinal disorders.

Experimental pharmaceutical research has demonstrated measurable antacid activity of Laghusūtshekhara Rasa and has characterized its physicochemical composition.[23] Earlier stability research has also evaluated its pharmaceutical stability and shelf life.[24] These findings provide preliminary pharmacological and pharmaceutical support but do not establish clinical efficacy for Amlapitta in this individual case.

Gandharva Harītakī

Gandharva Harītakī was administered at night with lukewarm water with the Ayurvedic objective of supporting **Vāta anulomana** and bowel regulation.

Its use in the present case was based on the Ayurvedic therapeutic rationale of maintaining proper bowel function and reducing possible Vāta aggravation. The clinical improvement in gastrointestinal symptoms, however, cannot be attributed independently to Gandharva Harītakī because dietary modification and Laghusūtshekhara Rasa were administered concurrently.

Neck Exercises

Neck exercises constituted an important component of the treatment protocol. Gentle cervical range-of-motion and isometric exercises were used to improve mobility and functional capacity while avoiding painful or excessive movements.

Contemporary evidence supports exercise and multimodal rehabilitation as components of conservative management for cervical radiculopathy.[19,20] Clinical guidelines also recommend remaining active and using appropriate supervised exercise and manual/physical therapy approaches in suitable patients.[25]

Integration with Contemporary Understanding

From a modern perspective, the patient's clinical improvement may have resulted from the **combined effect of several interventions**, including local thermal therapy, therapeutic exercise, and rest from aggravating activities, dietary modification, and oral medication.

Contemporary evidence indicates that conservative management can improve pain, function, and disability in many patients with cervical radiculopathy.[19,20] Recent evidence also supports the potential value of combining strengthening exercises with other rehabilitation components, although the certainty of evidence varies among interventions.[20]

The improvement in the present patient therefore provides a clinically interesting observation regarding the feasibility of an integrated Ayurvedic approach. However, it does **not establish that Ayurvedic therapy is superior to conventional treatment**, nor does it establish that the improvement was caused by any particular Ayurvedic procedure.

The patient's diabetes mellitus was also considered while planning treatment. Her glycemic control remained stable during the short treatment period. Because the intervention period was only seven days, no conclusion can be drawn regarding the long-term metabolic safety or efficacy of the Ayurvedic medicines.

Strengths and Limitations

Strengths

- The case demonstrates a structured, multimodal Ayurvedic treatment approach for a patient presenting with cervical radicular symptoms.
- Both musculoskeletal and gastrointestinal complaints were assessed and followed.
- Patient-reported pain, neurological symptoms, functional status, and gastrointestinal symptoms were monitored.
- A 14-day follow-up was performed to document persistence of symptomatic improvement.
- No adverse events were reported during the treatment and follow-up period.

Limitations

- This was a **single case report without a control or comparator group**; therefore, causality cannot be established.
- The patient received several interventions simultaneously, making it impossible to determine the independent contribution of each treatment component.

MRI of the cervical spine was not performed; therefore, the degree of neural foraminal or nerve-root compression could not be objectively characterized.

The observed improvement could partly reflect the natural course of cervical radiculopathy, regression to the mean, nonspecific treatment effects, or the contribution of exercise and other supportive measures.[19,20]

The patient's gastrointestinal symptoms were assessed clinically without a standardized validated gastrointestinal symptom score.

Future prospective studies with larger sample sizes, standardized outcome measures, appropriate comparator groups, objective neurological assessment, imaging where clinically indicated, and longer follow-up are required to evaluate the effectiveness and safety of this therapeutic approach.

Patient Perspective

“For the last few months, I was troubled by continuous neck pain and tingling in my right hand. I also had burning in my stomach and sour belching for many months. After a week of Ayurvedic treatment with oil massage, steaming, and medicines, my neck pain reduced a lot and I can move my neck more freely. The tingling and dizziness also reduced. My stomach burning is much less now, and I feel more comfortable after meals. I am able to sleep better and do my daily work more easily.”

Informed Consent

Written informed consent was obtained from the patient for publication of the case report and accompanying clinical information. The patient's identity has been

protected, and identifying personal information has not been disclosed.

CONCLUSION

This case highlights the potential clinical utility of an **integrated Ayurvedic management approach** comprising **Jambīra Piṇḍa Sveda with Kottamchukkādi Taila, Bājraṅga Lepa with Rasna Cūrṇa, Cap. Cervilon, Laghusūtshekhara Rasa, Gandharva Harītakī, therapeutic cervical exercises, and dietary/lifestyle modification** in a 64-year-old woman presenting with cervical radiculopathy and associated Amlapitta-like gastrointestinal symptoms.

The patient demonstrated substantial short-term improvement in neck pain, radiating upper-limb symptoms, stiffness, cervical mobility, gastrointestinal complaints, sleep quality, and functional capacity, with sustained symptomatic benefit at 14-day follow-up and no reported adverse events. The findings are encouraging but should be interpreted cautiously because this is an uncontrolled single case with a short follow-up period and multiple simultaneous interventions.

The case supports the **feasibility and clinical rationale for further systematic investigation** of multimodal Ayurvedic interventions in cervical radicular disorders, particularly through well-designed prospective studies incorporating validated pain and disability measures, objective neurological assessment, standardized treatment protocols, safety monitoring, and longer-term follow-up.

REFERENCES

1. Caridi JM, Pumberger M, Hughes AP. Cervical radiculopathy: a review. **HSS J.,** 2011; 7(3): 265-272. doi:10.1007/s11420-011-9218-z.
2. Kim YK, Kang D, Lee I, et al. Cervical radiculopathy due to cervical degenerative diseases: anatomy, diagnosis and treatment. **J Korean Neurosurg Soc.,** 2010; 48(6): 473-477.
3. Woods BI, Hilibrand AS. Cervical radiculopathy: epidemiology, etiology, diagnosis, and treatment. **J Spinal Disord Tech.,** 2015; 28(5): E251-E259.
4. Eubanks JD. Cervical radiculopathy: nonoperative management of cervical radiculopathy. **Am Fam Physician,** 2016; 93(9): 746-754.
5. Gebreyohanes A, Erotocritou M, Choi D. Appraising the evidence for conservative versus surgical management of motor deficits in degenerative cervical radiculopathy. **Global Spine J.,** 2023; 13(2): 547-562. doi:10.1177/21925682221109562.
6. Acharya YT, editor. **Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary of Chakrapanidatta.** Varanasi: Chaukhambha Sanskrit Sansthan; 2014. Chikitsa Sthana, Vatavyadhi Chikitsa, Chapter 28, verses 75-83.
7. Madhavakara. **Madhava Nidana with Madhukosha Commentary.** Edited by Vijayarakshita and Srikanthadatta. Varanasi: Chaukhambha Sanskrit Sansthan; 2002. Amlapitta Nidana, Chapter 51, verses 1-6.
8. Tripathi B. **Madhava Nidana of Madhavakara with Madhukosha Commentary.** Vol. 2. Varanasi: Chaukhambha Surabharati Prakashan; 2015. Amlapitta Nidana, Chapter 51, verses 1-9.
9. Vagbhata. **Ashtanga Hridaya with Sarvangasundara Commentary of Arunadatta and Ayurveda Rasayana Commentary of Hemadri.** Edited by Paradakara HS. Varanasi: Krishnadas Academy; 2000. Nidana Sthana, relevant chapters on disorders of digestion and Vāta disorders.
10. Sushruta. **Sushruta Samhita with Nibandha Sangraha Commentary of Dalhanacharya.** Edited by Acharya YT. Varanasi: Chaukhambha Orientalia; 2005. Sutra Sthana, relevant chapters on Svedana and therapeutic management.
11. Eubanks JD. Cervical radiculopathy: nonoperative management of cervical radiculopathy. **Am Fam Physician,** 2010; 81(1): 33-40.
12. Ministry of Health and Family Welfare, Government of India. **Cervical Spondylosis: Standard Treatment Guidelines.** New Delhi: Directorate General of Health Services, Ministry of Health and Family Welfare, 2024.
13. Chaithra KS, Vinaykumar KN, Swamy VK. Efficacy of Nasya Karma with Kukkutanda Pinda Sweda and Nasya Karma in the management of Manyasthambha w.s.r. to cervical spondylosis: a comparative clinical study. **Int J Ayurveda Pharma Res.,** 2019; 7(10): 21-26.
14. American College of Radiology. ACR Appropriateness Criteria® Cervical Pain or Cervical Radiculopathy: 2024 Update. **J Am Coll Radiol,** 2025.
15. Cervical spondylosis: a case based exploration of Panchakarma therapeutic potential. **Int J Ayurvedic Med.,** 2024; 15(4). doi:10.47552/ijam.v15i4.4931.
16. Gawade P, Kadam R, Patil V. A Laghusutshekhar Rasa: Kharaliya preparation with its efficacy in Amlapitta Vyadhi. **Int J Health Sci.,** 2021; 5(S2): 1446-1448.
17. Vasava A, Kamble S, Harisha CR, Shukla VJ, Baghel AS, Vyas HA. Preliminary profile of pharmacognostical and pharmaceutical analysis of Laghusutashekhara Rasa tablet prepared by the method of Panchabhautika Chikitsa: an Ayurvedic herbo-mineral formulation. **J Pharmacogn Phytochem,** 2021; 10(5): ?
18. Paradkar MM. Gandharva Haritaki Vati: properties and possible uses. Sanatan Sanstha, 2021.
19. Wong JJ, Côté P, Quesnele JJ, Stern PJ, Mior SA, Shearer HM, et al. The effectiveness of exercise therapy and conservative management for cervical radiculopathy: a systematic review. **J Manipulative Physiol Ther.,** 2016; 39(3): 172-194.
20. Núñez de Arenas-Arroyo S, Mavridis D, Martínez-Vizcaíno V, Torres-Costoso A, Reina-Gutiérrez S, Rodríguez-Gutiérrez E, et al. What components and

formats of rehabilitation interventions are more effective to reduce pain in patients with cervical radiculopathy? A systematic review and component network meta-analysis. **Clin Rehabil,** 2025; 39(10): 1296-1310. doi:10.1177/02692155251365193.
21. Kjaer P, Kongsted A, Hartvigsen J, Isenberg-Jørgensen A, Søborg B, Andersen M, et al. National clinical guidelines for non-surgical treatment of patients with recent onset neck pain or cervical radiculopathy. **Eur Spine J.,** 2017; 26(9): 2242-2257. doi:10.1007/s00586-017-5121-8.
22. Singh SK, Tripathi R, Singh A, et al. Ayurvedic management in cervical spondylotic myelopathy. **J Ayurveda Integr Med.,** 2017; 8(1): 56-60. doi:10.1016/j.jaim.2016.08.011.
23. Charde P, Kumar D, Dane S, Gandhi S, Soni S, Jagtap S, et al. Establishment of the mechanism of purification and levigation of green chemistry-assisted biocomposites of red ochre (Gairika): synthesis, characterization, and antibacterial, prebiotic, antioxidant, and antacid activities of the traditional Ayurvedic medicine Laghu Sutashekhara Rasa. **[Journal details should be verified from the final indexed article before submission],** 2023. PMID: 38075496.
24. Mata S, Rajput S, Galib, Vaghela DB. Shelf life evaluation of Laghu Sutashekhara Rasa: a preliminary assessment. **J Ayurveda Integr Med.,** 2020; 11(3): 213-216. doi:10.1016/j.jaim.2018.01.007.
25. Bier JD, Scholten-Peeters WGM, Staal JB, Pool J, van Tulder MW, Beekman E, et al. Clinical practice guideline for physical therapy assessment and treatment in patients with nonspecific neck pain. **Phys Ther.,** 2018; 98(3): 162-171.
26. Thoomes EJ, Scholten-Peeters W, Koes B, Falla D, Verhagen AP. The effectiveness of conservative treatment for patients with cervical radiculopathy: a systematic review. **Clin J Pain.,** 2013; 29(12): 1073-1081.
27. Paraskevopoulos E, Koumantakis G, Papandreou M. The effectiveness of neuromobilization in patients with cervical radiculopathy: a systematic review with meta-analysis. **J Sport Rehabil,** 2023; 32(3): 325-334. doi:10.1123/jsr.2022-0259.
28. American College of Radiology. ACR Appropriateness Criteria® Cervical Pain or Cervical Radiculopathy: 2024 Update. **J Am Coll Radiol,** 2025. PMID:40409873.