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Efficacy of Sringhi (Śṛṅga) Therapy in Management of Chronic Neck and Shoulder Pain: A Case Report

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Abstract: Chronic neck and shoulder pain is a prevalent musculoskeletal condition associated with postural strain, myofascial dysfunction, and reduced quality of life. Sringhi (Śṛṅga) therapy, a traditional suction-based intervention described in Ayurvedic practice, is believed to alleviate pain by improving local circulation and reducing muscular congestion. This case report investigates the clinical efficacy of Sringhi therapy in a 35-year-old female patient presenting with chronic neck and shoulder pain. The intervention consisted of three therapeutic sessions delivered over three weeks. Pain intensity, functional disability, and cervical mobility were evaluated using the Visual Analogue Scale (VAS) and Neck Disability Index (NDI). Post-intervention assessment demonstrated a substantial reduction in pain scores, improved cervical range of motion, and enhanced functional capacity. From an integrative perspective, the therapeutic effects may be attributed to normalization of *Vata* imbalance and relief of *Srotorodha* alongside biomedical mechanisms such as enhanced microcirculation, neuromodulation, and fascial release. These findings suggest that Sringhi therapy may serve as a safe and effective complementary modality for chronic musculoskeletal pain; however, larger controlled studies are warranted to validate its clinical efficacy and underlying mechanisms.

Keywords: *Sringhi Therapy, Śṛṅga Therapy, Traditional Healing, Neck Pain, Complementary Medicine, Suction Therapy.*

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I. INTRODUCTION

Chronic neck and shoulder pain are prevalent musculoskeletal conditions that significantly impair daily functioning, work productivity, and overall quality of life. Conventional management strategies include pharmacotherapy, physiotherapy, and manual therapies; however, many patients continue to experience persistent discomfort or only temporary relief. Sringhi (Śṛṅga) therapy, an ancient suction-based technique described in Ayurvedic and naturopathic traditions, involves the application of a horn device to create localized negative pressure. This procedure is believed to enhance microcirculation, relieve muscular congestion, and facilitate metabolic waste clearance from affected tissues. The present case report aims to explore the therapeutic role of Sringhi therapy in the management of chronic neck and shoulder pain.

II. PATIENT INFORMATION

A 35-year-old female office administrator presented with chronic stiffness and pain in the neck and shoulder region for the past two years. Her occupation required prolonged sitting and computer use, which aggravated the symptoms, suggesting a postural and mechanical etiology. There was no history of trauma or systemic illness. Previous management with occasional analgesics and physiotherapy provided only temporary relief, indicating persistent musculoskeletal imbalance.

III. CLINICAL FINDINGS

Baseline evaluation showed severe pain with a Visual Analogue Scale (VAS) score of 7/10. Functional assessment using the Neck Disability Index (NDI) indicated a score of 34%, corresponding to moderate disability. Physical examination revealed tenderness, myofascial tightness, and trigger-point

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sensitivity in the trapezius and levator scapulae muscles. Cervical range of motion was restricted, particularly in lateral flexion and rotation.

IV. TIMELINE

The patient visited the OPD on 5 January 2026 with complaints of chronic neck and shoulder pain. After clinical assessment (Bleeding Time & Clotting Time) and counselling, Sringhi therapy was initiated after 2 days. Three sessions were completed over three weeks, after which cervical range of motion returned to normal limits.

V. THERAPEUTIC FOCUS AND ASSESSMENT

The intervention involved traditional Sringhi (horn) therapy applied to the posterior neck, upper back, and shoulder regions.

➢ *Procedure:*

- Patient positioned comfortably in a seated posture with proper support to expose the posterior neck and upper back. Treatment area cleaned and prepared under hygienic conditions.
- Traditional Sringhi (horn suction device) placed over selected trigger points (trapezius, levator scapulae, paraspinal muscles).
- Controlled manual suction created to achieve mild-to-moderate negative pressure.
- Each application maintained for approximately 3–5 minutes per site, based on patient tolerance.
- Therapist monitored skin response (mild erythema/suction marks) as an indicator of adequate stimulation.
- Total session duration maintained between 10–15 minutes.
- After completion, the area was gently cleaned.

Mild suction marks were observed, indicating adequate stimulation. Post-therapy advice included light neck stretching, proper hydration, avoidance of cold exposure for 24 hours, and a therapeutic diet plan for three weeks.

Table 1 Therapy Schedule

S. No.	Sringhi Therapy Schedule	
	Session Date	***Duration***
1	07/01/2026	15 minutes
2	14/01/2026	10 minutes
3	21/01/2026	15 minutes

Table 2 Dietary Advice

Time	Dietary Advice of three weeks		
	Week 1	***Week 2***	***Week 3***
Early Morning	Warm water + turmeric & black pepper	Warm lemon water	Warm water
Breakfast	Moong dal chilla + fruit	Ragi idli with sambar	Vegetable poha
Mid-Morning	Coconut water	Fruit + flax seeds	Apple + sunflower seeds
Lunch	Brown rice, mixed veg curry, dal, salad	Chapati, leafy veg, dal, buttermilk	Chapati, veg curry, dal, curd
Evening	Roasted chana	Walnuts	Soaked fig
Dinner	Vegetable soup + chapati + mix veg	Khichdi with ghee + steamed veg	Light vegetable soup
Bedtime	Warm milk with turmeric	Warm milk with turmeric	Warm milk with turmeric

VI. RESULT

Outcome assessment demonstrated marked improvement following three sessions of Sringhi therapy. Pain intensity decreased from 7/10 to 2/10 on the VAS. NDI improved from 34% to 8%, indicating minimal disability. Cervical range of motion returned to normal limits. The patient reported improved relaxation, better sleep quality, and overall well-being. Mild suction marks and transient soreness resolved within 48 hours without complications.

VII. ANALYSIS REPORT

Table 3 Comparison of Outcome Measures

S. No.	Comparison of Outcome Measures		
	Parameter	***Baseline***	***Post-Treatment***
1	Pain (VAS)	7/10	2/10
2	Neck Disability Index	34%	8%
3	Range of Motion	Restricted	Normal
4	Subjective Well-being	Low	High

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VIII. DISCUSSION

The observed clinical improvements may be attributed to the therapeutic negative-pressure effect of Sringhi therapy, which enhances local microcirculation, reduces muscular congestion, and promotes neuromuscular relaxation. From a biomedical perspective, suction may stimulate cutaneous mechanoreceptors, improve microvascular perfusion, and facilitate removal of inflammatory metabolites, thereby reducing nociceptive signaling.

From an Ayurvedic viewpoint, chronic neck pain may be associated with Vata aggravation and localized Srotorodha (micro-channel obstruction). Sringhi therapy may help restore the flow of Rakta and Prana, reduce Stambha (stiffness), and alleviate Shoola (pain). The improvements in sleep and relaxation reported by the patient suggest systemic parasympathetic activation and stress reduction, indicating both local and holistic therapeutic effects. Similar suction-based therapies, including cupping, have demonstrated benefits in musculoskeletal disorders, supporting the plausibility of the mechanism observed in this case.

- *Patient Consent*

Informed consent for documentation and publication was obtained from the patient.

IX. CONCLUSION

Sringhi (Śṛṅga) therapy appears to be a safe, economical, and effective complementary intervention for chronic neck and shoulder pain. The therapy may help reduce muscular stiffness, improve circulation, and enhance functional mobility. Further controlled clinical trials with larger sample sizes are recommended to validate these findings.

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Nil.

- *Conflicts of Interest*

The authors declare no conflicts of interest related to this study.

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