



ISSN 2456-3110

Vol 5 · Issue 6

Nov-Dec 2020

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Charaka
Publications

Indexed

Management of *Vishwachi* through *Ayurveda* w.s.r. to Parsonage Turner Syndrome - A Case Report

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ABSTRACT

Introduction: *Vishwachi* is one among the *Vataja Nanatmaja Vyadhi*. It affects the neck and upper extremities with signs and symptoms like *Ruk*, *Stambha*, *Toda*, *Karmakshaya* and *Chestaharana* of *Bahu* as explained by different *Acharyas*. The clinical presentation of *Vishwachi* is similar to that of Parsonage Turner Syndrome, which is an acute painful condition of upper arm, shoulder joint and upper chest region. Being an *Urdhwajatrugata Vaat Vikara*, *Snehana* with *Swedana* in form of *Nasya Karma*, *Matra Basti*, *Greeva Basti* has been taken for this patient. **Objective:** To evaluate the effect of *Snehana Nasya Greeva Basti*, *Matra Basti* in *Vishwachi*. **Methods:** A single case was taken to observe the effect of *Panchakarma* treatment. **Results:** There was 66% reduction in severity of symptoms. **Conclusion:** Analysis of overall effect of the treatment showed significant results. Hence *Panchakarma* along with postural correction and exercises can be used for treating such patients.

Key words: *Vishwachi*, Parsonage Turner Syndrome, *Nasya*, *Greeva* & *Matra Basti*.

INTRODUCTION

Vishwachi is a disease affecting the neck and upper extremities having the signs and symptoms like *Ruk*, *Stambha*, *Toda*, *Karmakshaya* and *Chestaharana* of *Bahu*.^[1,2] *Dalhana* opines that the disease resembles *Gridhrasi* and is of two types - *Vataja* and *Vatakaphaja*. In modern medicine the condition may be compared with Parsonage Turner Syndrome. Parsonage-Turner syndrome, also known as acute brachial neuropathy and neuralgic amyotrophy, is a syndrome of unknown cause; although many specific risk factors have been identified (such as; post-

operatively, post-infectious, post-traumatic or post-vaccination)^[3] the cause is still unknown. The condition manifests as a rare set of symptoms most likely resulting from autoimmune inflammation of unknown cause of the brachial plexus. This syndrome can begin with severe shoulder or arm pain followed by weakness and numbness.^[1] Those who suffer from Parsonage-Turner experience acute, sudden-onset pain radiating from the shoulder to the upper arm. Affected muscles become weak and atrophied, and in advanced cases, paralyzed. Occasionally, there will be no pain and just paralysis, and sometimes just pain, not ending in paralysis, Parsonage-Turner syndrome occurs in about 1.6 people per 100,000 per year.^[2] The main aim of treatment in this condition is to relieve the pain and stiffness; hence analgesics are prescribed along with muscle relaxants and physiotherapy. But as there is no permanent cure of the symptom, people are approaching towards *Ayurveda* to find a better solution. In *Ayurveda* the condition comes under *Vataja Nanatmaja Vikara*. Here the involvement of *Vata* in the clinical manifestation of *Vishwachi* also being an *Urdhwajatrugata Vikara*, *Nasya Karma* is mentioned

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Submission Date: 27/11/2020 Accepted Date: 23/12/2020

Access this article online

Quick Response Code



Website: www.jaims.in

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as a main line of treatment in this condition.^[4] Along with this for suppression of *Vata* local *Snehana* and *Swedana* is also being done in form of *Greeva Basti* along with *Matra Basti* for internal oleation.

CASE REPORT

A 45 year old male patient came to OPD of All India Institute of Ayurveda, Sarita Vihar, New Delhi.

- Name - XYZ
- UHID - 348508
- IPD Number - 2256
- D.O.A. - 7/2/2019
- D.O.D. - 1/3/2019
- Address - Palwal, Haryana
- Occupation - Farmer

Chief Complaints

1. Severe pain in upper arm, shoulder joint , upper chest region and neck region since 1 year.
2. Difficulty in movements of hand since 1 year.

H/O present illness

Patient was asymptomatic 1 year ago, when he suddenly developed severe pain in upper arm region while doing his office work. After which he was not able to move his arm, neck and shoulder freely. He took allopathic medicines i.e., analgesics from local physician, but could not get complete relief. He then came to All India Institute of Ayurveda for treatment.

H/O of past illness - No significant illness was found.

On Examination

- General condition - Moderate, A febrile
- Pulse rate - 76/min
- B.P. - 120/80 mm of hg
- Respiration rate - 18/min
- Range of Motion

Adduction - Upto 20 degree

Abduction - Upto 15 degrees

Neck movements and shoulder joint movements - restricted

Diagnosis: *Viswachi* (Parsonage Turner Syndrome)

Assessment Criteria 1

Pain

- G1 - No pain
- G2 - Mild pain
- G3 - Slight difficulty in moving due to pain
- G4 - Much difficulty in moving due to pain

Stiffness

- G0 - No stiffness
- G1 – For 5 minutes to hrs
- G2 - For 2-8 hrs
- G3 - More than 8 hours

Tingling/Paraesthesia

- G0 - No pain
- G1 - Mild /occasional
- G2 - Moderate/continuous
- G3 - Severe /disturb sleep

Movement

- G0 - Painful Movement
- G1 - Restricted Movement
- G2 - Severely restricted movement
- G3 - No Movement

Vertigo

- G0 - Absent
- G1 - Present on neck movement or occasionally
- G2 - Present on neck movement
- G3 - Present constantly

Table 1: Treatment Protocol

SN	Panchakarma Treatment	Duration
1.	<i>Greeva Basti</i> with <i>Dhanwantara & Murivenna Taila</i>	14 days
2.	<i>Marsha Nasya</i> with <i>Kseer Bala 101</i>	10 days
3.	<i>Matra Basti</i> with <i>Sahacharadi Taila</i>	14 days

RESULT

Patient got marked improvement in his symptoms after the Panchakarma treatment, below are the BT, AT results

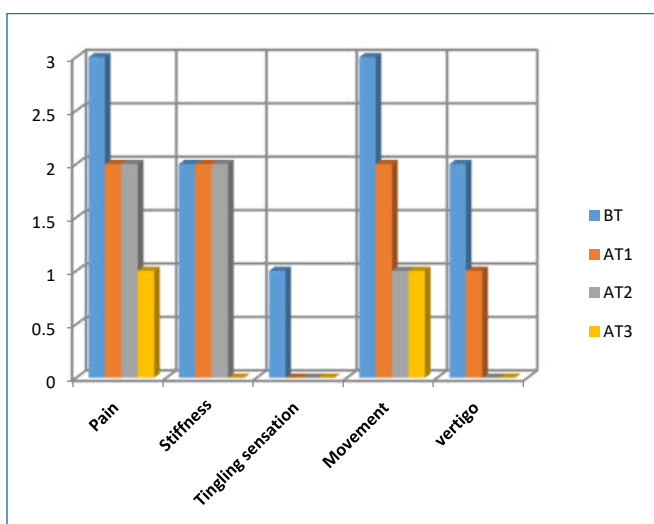
Table 2: Recording of AT & BT of Assessment Criteria 1

SN	Symptom	BT	AT 1	AT 2	AT 3
1.	Pain	3	2	2	1
2.	Stiffness	2	2	2	0
3.	Tingling sensation	1	0	0	0
4.	Movement	3	2	1	1
5.	Vertigo	2	1	0	0

Table 3: Percentage Relief

SN	Symptom	Percentage Relief
1.	Pain	66.6 %
2.	Stiffness	100 %
3.	Tingling sensation	100 %
4.	Movement	66.6 %
5.	Vertigo	100%

Graph 1 - Assessment Criteria 1



Assessment Criteria 2

SPADI Score (Shoulder pain and Disability Index)

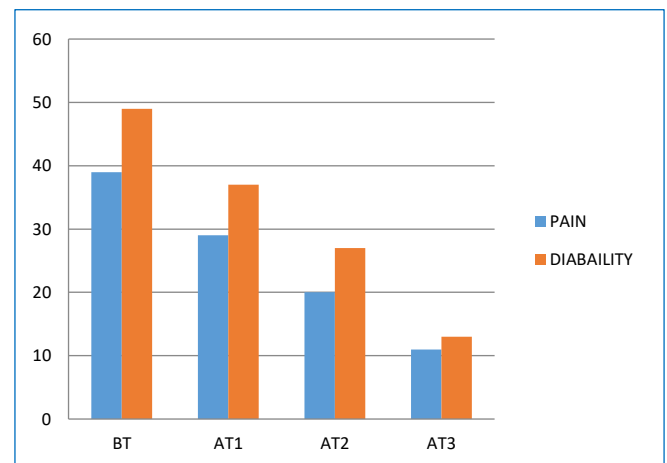
Pain Score

SPADI	BT	AT1	AT2	AT3
Pain Scale scoring	39	29	20	11

Disability Score

SPADI	BT	AT 1	AT2	AT3
Disability Scale Scoring	49	37	27	13

Graph 1 - SPADI Score



DISCUSSION

Samprapti Vighatana plays an important role in every disease for its treatment. Samprapti of Vishwachi includes Samprapti Ghatak as follows,

- Dosha - Vatapradhan
- Dushay - Sira and Kandara of Bahu
- Vyaksthana - Many, Bahu, Hasta, Pratyanguli
- Rogmarga - Madhyama

In this case main line of treatment was taken as Marsha Nasya, Matra Basti and Greeva Basti. Matra Basti with Sahachardi Taila was given, as Pakwashaya is the primary location of Vata Dosha, and medicine administered through Basti directly reaches the Pakwashaya, hence it is useful in pacifying Vata.

Further it is also described in ancient texts that Basti is *Ardha Chikitsa* of *Vata*.^[7] *Sahachardi Taila* has *Sahachara, Devdaru, Sunthi, Tila Taila*. All these drugs are *Ushna Virya, Guru* and *Snigdha* hence best for pacifying *vata Prakopa*.^[8] *Greeva Basti* with *Dhanwantaram Taila* and *Murivenna Taila* was given to provide *Snehana* and *Svedana* together at the site of disease to pacify *Vata*. It also gives lubrication and strengthening to affected nerves of the Brachial plexus. *Greeva Basti* with *Dhanwantaram Taila* and *Murivenna Taila* is excellent *Vatashamaka* in nature. *Bala* the main ingredient of *Dhanwantaram Taila* which has properties to pacify *Vata, Pitta*, it is a good nervine tonic and avoid nerve irritation. It also helps in improving muscular atrophied conditions; it contains alkaloids which have rejuvenating property. *Bala (Sida cordifolia)* increases pain tolerance and have anti-inflammatory properties.^[9] *Murivenna Taila* is a coconut oil based drug made in *Dhanyamla* which is *Tridoshashamaka, Sandhaneeya*, and has anti-inflammatory and analgesic properties. Hence it helped to relieve *Shotha, Ruka* and *Daha*. *Nasya karma* was mentioned to treat *Urdhwajatrugata Vikara*.^[10] As *Vishwachi* is a disease pertaining to the *Skanda* and *Greeva*, it is the best choice of treatment in this condition. *Ksheerbala 101 Taila* mentioned in *Sahasrayoga Taila Prakarana*^[11] finds an indication in *Vatavyadhi*, Hence this *Taila* was used for the purpose of *Nasya Karma*. In Ayurvedic literature it is stated that there is a very close relation between the *Nasa* and the *Shiras*. *Acharya Charaka* explains that *Nasa* is the *Dwara* to the *Shiras*.^[12] *Acharya Indu* opines that it is *Shiraso Antarmadhyam*, which can be considered as the middle cephalic fossa. The middle cephalic fossa is a region which is connected to the ethmoidal and sphenoidal sinuses. The sphenoidal sinus is inferiorly connected with the naso-pharynx and posterior with the brain stem. Route of administration of drug has its own importance in the management of any disease. From these references it may be concluded that *Nasya Karma* is the most favorable treatment in conditions like *Vishwachi*. *Snehana Nasya* brings about *Snehana* effect and provides strength to all *Dhatus* by virtue of its *Dhatuposhaka* property. It gives strength to neck, shoulder and chest and

improves eyesight. *Vishwachi* is a *Vatavikara* which occurs due to *Dhatukshaya*. Bringing *Dhatuposhana* in this condition can be best done by instillation of *Vatashamaka Oushadha* through the nostrils. This was achieved here by using *Ksheerbala 101 Taila*.

CONCLUSION

Vishwachi or Parsonage Turner Syndrome has similarity in etiology and clinical presentation. *Nasya Karma, Greeva Basti, Matra Basti* all are type of *Snehana & Swedana Chikitsa* which proved to be very effective in this condition. All subjective parameters showed remarkable response to the treatment. Hence it may be concluded that *Snehana* accompanied with *Swedana* is effective management in *Vishwachi*. As prevalence of disease has been increasing due to improper life style, poor working, sitting and sleeping postures. Postural correction during work, travel and sleep coupled with regular exercises along with treatment can do a long way in preventing the disease.

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How to cite this article: Dr. Santosh Kumar Bhatted, Dr. Kavita, Dr. Parwati. Management of Vishwachi through Ayurveda w.s.r. to Parsonage Turner Syndrome - A Case Report. J Ayurveda Integr Med Sci 2020;6:360-364.

Source of Support: Nil, **Conflict of Interest:** None declared.

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