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# Management of *Vishwachi* w.s.r. to Cervical Spondylosis with *Dashmoola Kawath* and *Yograja Guggulu* with *Anu Tailam Nasayam* - A Case Study

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## ABSTRACT

Cervical Spondylosis may be a degenerative condition of cervical spine related to pain, stiffness, and tingling sensation radiating pain from shoulder to digits along the course of the nerve indicates nerve root Compression. It is also associated with numbness and emaciation of upper limbs and its muscles. Pain from posterior part of finger and anterior side of *Prakoshtha* and *Kandara* affect motor function. Disease spreading from posterior part of fingers and anterior part of *Prakoshtha* and *Kandara* and which affects the nerve in hand and by affecting the motor function known as *Vishwachi*. *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 cervical Spondylosis, which is an acute painful condition of upper arm, shoulder joint and upper chest region. A 55 years old female approached the JIAR with the chief complaints of: Severe pain in right upper arm, shoulder joint, and neck region along with difficulty in movement of right hand. All the above complaints were since 6 months. The patients were completely on Ayurvedic medicine for 45 days and the results were remarkably seen. The medication given were *Yograja Guggulu* (1 TDS) and *Dashmoola Kawath* (20ml BID) along with *Anu Tailam Nasya*. Hence this study was taken to prove that Ayurvedic management has remarkable result in *Viswachi* (Cervical Spondylosis). Observation and results were drawn on the basis of assessment criteria. Discussion was done on the basis of entire observation during the research. Conclusion was drawn on the basis of research.

**Key words:** *Vishwachi*, *Cervical Spondylosis*, *Vata Vyadhi*, *Anu Tailam Nasyam*, *Yograja Guggulu*

## INTRODUCTION

*Vishwachi* is a sickness that affects the neck and upper extremities and has signs and symptoms similar to *Ruk*, *Stambha*, *Toda*, *Karmakshaya* and *Bahu's Chestapaharana*. *Dalhana* believes that the condition is similar to *Gridhrasi* and has two types - *Vataja* and *Vata-Kaphaja*. In modern science *Vishwachi* is compared with cervical spondylosis. Cervical Spondylosis

is essentially a degenerative disorder starting in the intervertebral disc and progressing with advancement in age to involve more than one disc. The term covers the pathology in the spine and the neurological syndrome associated with it. Nearly 50% of people over the age of 50 and 75% of those over the age of 65 have typical radiographic changes of cervical spondylosis. It is important to realize that radiological changes with age only represent structural changes in the vertebrae but such changes do not necessarily cause symptoms. 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 as a main line of treatment.

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**Samprapti Ghatakas**

- *Dosha: Vata, Vyanavata.*
- *Dushya: Kandra of Bahu and Pristha.*
- *Srotas: Asthivaha and Majjavaha*
- *Sroto Dusti: Sanga.*
- *Adhistana: Greeva*
- *Vyakastana: Baahu, Talapratyanguli.*
- *Rogamarga: Madhyama*
- *Vyadhiswabhava: Chirakari*

**CASE STUDY**

A 55 years old female patient registered in JIAR OPD of *Kayachikitsa* in Jammu Institute of Ayurveda and Research Nardani, Jammu. She presented herself with the following complaints:

**Chief Complaints with duration**

Severe pain in right upper arm, shoulder joint, and neck region along with difficulty in movements of right hand from last 15 days. Patient noticed pain 6 month before in same area but she got relieved with allopathic analgesic medicine.

**Other complaints**

Not any associated complain is seen.

**History of Present illness**

Patient was normal 6 months before and then gradually developed above symptoms. So, for the proper treatment she came to Jammu Institute of Ayurveda and Research OPD.

**Family History**

Not any Family illness of such history to any relatives.

**Past History**

No H/o DM-II, HTN, TB, thyroid disorder, and no past surgical H/o

**Table 1: Showing Personal History**

Appetite	Normal
Bowel	Normal
Micturition	Regular ( 5/6 times- Day/ Night)
Sleep	Disturbed

Diet	Vegetarian
Addiction	No Addiction

**On Examination**

- General condition - Moderate, A febrile.
- Pulse Rate - 78/min
- B.P. - 130/80mmhg.
- Respiratory Rate - 18/min
- Pallor/ Icterus  
/Cyanosis/Lymphadenopathy/Clubbing - Absent
- P/A - soft and non-tender
- CVS - S1, S2 heard
- Resp - B/L symmetrical NVBS
- Range of Motion

Adduction - Up to 20 degree (Right hand)

Abduction - up to 15 degrees (Right hand)

Neck movements and Shoulder joint movement restricted.

**Examination for *Vischwachi*****Examination of Neck**

- First active movements are assessed.
- Next passive movements starting with extension.

**Special Test for Assessment**

- Spurling Test.- Positive (Right hand)
- Cervical Distraction Test. - Positive
- Shoulder Abduction Test. (Positive towards right shoulder)
- Neck disability Index. (5-14 points shows mild disability)

**Criteria**

a) Clinical Assessment Criteria

Grade	Pain	Stiffness	Tingling	Vertigo	Movement
0	No pain	No stiffness	No pain	Absent	Painful movement
1	Mild pain	For 5 mins to 5 hrs	Mild pain/ Occasional	Present on neck	Restricted movement

				movement occasionally	
2	Slight Difficulty in moving due to pain	For 2-8 hrs	Moderate pain/continuous	Present on neck movement	Severe Restricted Movement
3	More difficulty in moving due to pain	More than 8 hrs	Severe/disturbed sleep	Present Continuous.	No movement

### Investigations

- Hb - 10mg/dl.
- S. uric acid - 5mg/dl
- E.S.R. - 20mm/hr
- R.A. Factor - Negative.

### Intervention (Treatment Given)

- A) *Dashmoola Kawath* (20 ml BID) before meals. - Reference of *Dashmoola Kwatha* is taken from *Charak Samitha*<sup>[1]</sup>
- B) *Yograja Guggulu* (1 tab TDS) with hot water.; after meals. - **Ingredients:** *Guggulu (Commiphora mukul)*, *Triphala (Terminalia chebulla, Terminalia Bellirica, Emblica Officinalis)*, *Gokshura (Tribulus Terrestris)*, *Rasna (Pluchea lanceolata)*, *Twak (Cinnamon)*, *Dhanyaka (Coriandrum Sativum)*, *Taleesapatra (Abies webbiana)*, *Trikatu (Pepper, long pepper and ginger)*. - Reference of *Yograj Guggulu* is taken from *Baishajya Ratnawalli*<sup>[2]</sup>
- C) *Anu Tailam Nasyam* (2-3 drops) both the nostrils. For 7 days. - **Ingredients:** *Jivanti (Leptadenia reticulata)*, *Devdaru (Cedrus deodara)*, *Twak (Cinnamon)*, *Usheera (Vetiveria zizaniodes)*, *Madhuka (Glycyrrhiza glabra)*, *Agaru (Aquilaria agallocha)*, *Shatavari (Asparagus)*, *Renuka (Vitex nigundo)*, *Tilla Thailam (Sesame oil)*. - Reference of *Anu Tailam - Ashtanga Hrudaya Sutrasthana*<sup>[3]</sup>

### Pathyapathya (Do's and Don't)

Dietary guidelines were advised to follow throughout the lifetime.

**Pathya (Do's)** - One of the best regimens uses ingredients like *Yava (Hordeum vulgare)* powder and *Amalaki (Emblica officinalis)* powder. In order to preserve health, he also suggested *Prashatika, Priyanguka (Setaria italica)*, *Shyamak (Echinochloa frumentacea)*, *Yavaka & Madhumeha (Avena sativa Linn.)*, *Yava (Hordeum vulgare)*, *Joornaahva (Sorghum vulgare Pers)*, *Kodrava (Paspalum scrobiculatum)*, *Mudga, Cheese, yogurt, soybeans, beans, tofu, etc.*

**Apathya (Don't)** - *Rooksha Laghu*, non-nourishing diet, Excessive Weight lifting, *Ati Chankramana, Vata Karaka Ahara Vihara, Kaphahara Ahara Vihara., Toor Dal, Urad Dal*, Vegetables like Capsicum, Potato, Cabbage, Spinach, Tomato and non - vegetarian food.

### OBSERVATIONS

On the basis of Assessment Criteria Observations are as follows-

#### Clinical Observation

SN	Symptoms	Before Treatment	After Treatment
1.	Severe pain in right upper arm	3	0
2.	Pain in shoulder joint and neck region	3	0
3.	Difficulty in movement of right hand	2	0
4.	Appetite	Reduced	Improved
5.	Generalized weakness	Present	Absent

### RESULTS

Total study period was 45 days with medicine along with 7 days *Anu Tailam Nasyam* in morning. It was observed that almost 60% of her symptoms disappeared in 1 month and patient was free from complaints at the end of 45 days. There is no pain and no difficulty in the movement of right hand.

### DISCUSSION

The disease *Vishwachi* is a *Vatavyadhiandya* one among the 80 *Nanatmaja Vikara* of *Vatadosha*. The *Lakshana's* of *Vishwachi* includes impairment in the *Karmakshaya* and *Karmahani* of *Baahu* which includes

impairment in the function such as *Utkshepana* and *Apakshepana* of *Baahu*. *Dalhana* opines that *Vishwachi* resembles the but difference between these two is *Vishwachi* occurs in the upper limb and *Gridhrasi* in the lower limbs. Some patients having psychological stress and conflicts in the mind are benefitted by the use of *Ayurvedic* hypnotics, CNS Depressants, Sedatives, Anxiolytics, Tranquilizers, Immune-modulators, *Jeevaniya* and *Ojaskara* formulations. *Rasayanas*, *Poshaka*, and nutritive formulations reduce the degenerative changes in the joints. Amongst *Panchakarma*, *Nasya Karma* carries importance in the aspects of *Urdhwa Jatru Vikaras*. And we can directly find the indication of the *Nasya Karma* in the disease *Vishwachi* in our classics both in *Brihat Trayees* and *Laghu Trayees*. There are certain references which gives the idea behind the relevance of *Nasya Karma* in *Vishwachi* (Cervical Spondylosis) as '*Greeva Skandorasam Cha Bala Jananartham' Dashamooladhya Kashaya* which was given internally had encouraging results are due to the combination of drugs that are having *Vata Kapha Hara*, *Shoolahara*, *Deepana*, *Pachana* and *Rasayana* properties. With this understanding the study is planned to evaluate the therapeutic effect of *Dashamuladhya Kashaya* and *Anu Taila Nasya* in *Vishwachi* showed marked improvement. The study gives more scope for further clinical studies in patients of *Vishwachi* and other *Vatavyadhi* too. *Yograj Guggulu* is frequently used in treatment of lumbar and cervical spondylosis. With herbs such as *Amla* and *Ghee*, it has some amount of cell and disc tissue regeneration. With anti-inflammatory and analgesics such as *Rasna*, *Tribulus*, *Guggulu*, it relieves pain. It acts as a pain reliever then disc rejuvenation in this case. It is one of the commonly prescribed drugs in disc prolapse.

## CONCLUSION

*Vishwachi* is mainly *Shoola Pradhana Vata Vyadhi* which is commonly associated with the *Karmakshaya* of *Bahu*. Cervical Spondylosis is a degenerative condition of the cervical spine, which affects the old age and middle age based on the age factor *Dhatu Kshaya* is a prominent feature involved in the manifestation of the disease. As it is a *Vata* dominated

*Urdhwajatrugata Vikarathe Chikitsa* included is *Snehana* and *Swedana* followed by *Nasya Karma*. Disease *Vishwachi* and Cervical Spondylosis have similarities in etiology and clinical presentation. The rising prevalence is attributed to lifestyle factors. The study aimed to prevent neurological deterioration, halt further progression and provide symptomatic relief to the patient. All *Ayurvedic* classics included *Abyanga*, *Swedan*, *Nasya*, and *Niruha Basti*, *Matrabasti* in the management of *Vatavyadhis*. *Bahu* having its *Moolam* in *Greeva* gets affected in *Vishwachi*. Thus, *Nasya*, *Abyanga*, *Swedana*, *Nasya* and *Niruha*, *Matrabasti* becomes the line of treatment.

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