



VIEW OF MANAGEMENT OF VISHWACHI W.R.S CERVICAL SPONDYLOSIS - A CASE STUDY

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ABSTRACT

Present day lifestyle has led to many diseases which though doesn't kill the person, but hampers the day-to-day life. One of such disease is Vishwachi, affecting the upper limbs. Vishwachi is one of the most common type of Vatavyadhi found in clinical practice, in which the Prakupitha Vata affects Kandara of Bahu. It is a disorder which is prevalent in the most active period of life. Being a Shoola Pradhana nanatmaja Vyadhi, it deprives the patients of their ability to perform movements of upper limb, which inturn makes them unable to carry their routine work. This is the case report of female patient aged 34years suffering from kramat shoola, bahu sthabdata, greeva ruja, greeva sthabdata, headache and blurrness of eyes diagnosed as case of vishwachi with cervical spondylosis. Visited dept. of Kayachikitsa, SKAMCH&RC, Bangalore for the treatment. Sarvanga abhyanga, urdhwashaka jambeera pinda sweda, bashpa sweda and nasya followed by shamana aushadhi was administered. Significant improvement in the signs and symptoms were observed clinically.

KEYWORDS: Vishwachi, cervical spondylosis, nasya.

INTRODUCTION

Vishwachi is one among the *Vataja Nanatmaja Vyadhi*^[1], where the aggravated *vata*, affects the *kandara of bahu* leads to *kramat shoola* and *karmakshaya* of the *bahu*.^[2] In modern parlance the condition may be consider under Cervical Spondylosis.

Cervical Spondylosis^[3] is one of the degenerative conditions of the cervical spine. It is commonly seen in old age, but now a days it is encountered in young and middle aged people. In males the prevalence is 96% by age 70 years, 94% in women older than 70 years. 60-70% women and 85% of men show changes related with Cervical Spondylosis by the age 45.^[4] Cervical spondylosis presents with clinical features of pain in neck, stiffness, radiating pain to the upper limb and weakness of the upper limb based on the progression and severity of the Disease.^[5] Cervical spondylosis is a common condition in occupational disorders specially related to software engineer, desktop workers, sedentary lifestyle, people are sitting for long duration. Everything now a days is automation and much more indulged in electronic gadgets. Due to these particular cause this condition is more common in 30 -60 years of age group

of people. It is a degenerative and bothers some condition because of its symptoms. For that many researches are done to reduce the pain and to improve the quality of life.

Probable samprapti of the disease^[6]

Due to the nidanakara factors, vata prakopa occurs and it moves all over the body and where it comes in contact with snehadirahita rikta srotas it fills them up producing either Sarvanga or Ekanga vyadhi. In Vishwachi diseases the prakupita vata while moving all over the body settles in the greeva making in the adhisthana. As the kha vai gunya is in greeva. Vata fills those srotases doing soshana of the sleshaka sleshma of greevakaseruka sandhi & causing greevakaseruka vikara. This inturn leads to dusti of kandara of bahu manifesting the symptom of vishwachi.

CASE REPORT

A 34 years female patient having an complaints of Pain in nape of neck radiating to right upper limbs upto tip of thumb, index and middle fingers since 2years, aggravated since 3 months. Pulling type of pain in right upper limbs upto thumb, index and middle fingers since 3 months.

Visited department of Kayachikitsa SKAMCH&RC, Bangalore.

Also complaints of Disturbed sleep (due to pain) since 3 months. Numbness in right upper limbs since 3 months. Reduced appetite since 2 months. Headache and blurriness of eye since 2 months.

History of presenting illness A 34 year female patient Bangalore, not a known case of DM or HTN by occupation was a housewife, was apparently healthy before 2years. One day morning she was doing household work, that time patient experienced pain in the neck region radiating to right shoulder, she neglected at that moment. Gradually pain got aggravated and it was unbearable after 2days, for which she consulted near by clinic where she was prescribed some medications for 15 days, (but she took these medicine for 1 year) details of which are unknown to the patient and there was relief on taking these medicines. She went trip and fell down on

right hand due to which there was aggravation of pain again and pain started radiating upto thumb, index and middle fingers of bilateral upper limbs. Patient also complaints of pulling type of pain and numbness in right upper limbs. For that she consulted an orthopedic, where she was advised MRI of cervical spine, medications and rest for 1 month. Patient did not appreciate much relief in symptom, for that she approached SKAMCH&RC for further treatment.

Menstrual history: Menarche at age of 13years LMP: 20/07/2023

Menstruation: Regular 3-4 days/ 28-30 days

On examination done on cervical spine and shoulder joint Mild tenderness over C5 C6
Tenderness present in shoulder supra scapularis region
right side Test : spurling test - +ve
Lhermittes sign - +ve

Treatment given: from 02/08/2023 to 08/08/2023

Date	Treatment given	Observation
02/08/2023	1. Sarvanga abhyanga with murchita taila followed by udhwashaka jambeera pinda sweda ^[7] 2. mukha abhyanga with murchita taila 3. Nasya with karpasasthyadi taila ^[8] 6drops each nostrils Orally 1.cap palsineuron 1-1-1 after food	No reduction in radiating pain After having treatment.
03/08/2023	Same treatment	Mild reduction in pain
04/08/2023	Same treatment	Numbness reduced upto 20% Appetite improved
05/08/2023	Same treatment	Pulling type of pain that radiates to right upper limb got reduced upto 40%
06/08/2023	Same treatment	Pain and numbness in right upper limb – improvement seen
07/08/2023	Same treatment	Pain in nape of neck radiating to right upper limbs upto tip of thumb, index and middle fingers – improvement seen in patient upto 70% Sleep improved
08/08/2023	Same treatment	Radiating pain and numbness Headache and blurriness of eye – improvements seen in patient completely

Advise shamanaushadhi for 7 days i.e. cap. Palsineuron 1 TID after food

her radiating pain numbness, sleep, appetite symptoms were assessed.

Followup

After taking of shamanaushadhi patient came for followup, every time when she visited she was counseled timely diet and exercise were advised. At every follow up

RESULTS

Before treatment	After follow up
<ul style="list-style-type: none"> • Pain in nape of neck radiating to right upper limbs upto tip of thumb, index and middle fingers • Pulling type of pain in right upper limbs upto thumb, index and middle fingers • Disturbed sleep • Numbness in right upper limbs • Reduced appetite • Headache and blurriness of eye 	<ul style="list-style-type: none"> • Pain in nape of neck radiating to right upper limbs upto tip of thumb, index and middle fingers – reduced completely • Pulling type of pain in right upper limbs upto thumb, index and middle fingers - reduced completely • Now patient able to sleep • Numbness reduced • Appetite improved • Headache and blurriness of eye – improvement seen in patient

DISCUSSION

Cervical spondylosis is a chronic progressive degenerative condition: its symptoms increase with advancing age. In ayurveda various indigenous drugs and procedure are used including snehapana, upanaha, agnikarma, abhyanga, virechana karma, basti karma, and drugs like guggulu, churna, asava and arista. Jambira Pinda Swedana was used in a clinical study with oral medication, i.e., cap. Palsineuron.

Mode of action of Jambira Pinda Sweda: was exclusively used in management of symptomatology of cervical spondylosis. It is a modified type of Sankara Sweda having Mridu and Snigdha Guna. Swedana is one of the important treatment modalities for number of disorders especially of Vata-Kapha origin mentioned in Panchakarma. Acharya Charaka has included Swedana Karma under Shadupakarma, where it is described as a principal method of treatment. It improves blood circulation, increases muscle strength, and relieves body pain and stiffness. The ingredients of Jambira Pinda Sweda Potali are Vata- Kaphashamaka, Shoolaghana (analgesic), and Shothahara (anti-inflammatory) and jambeera being the main ingredient of the Potali is amla rasatmaka hence possesses vatashamaka properties.

Abhyanga with Murchita Taila was done. Murchita Taila also possesses good Vatahara property have strengthening effect on muscles. It also enhances cutaneous and capillary blood circulation. Abhyanga Karma is Snehakara, Kledkaraka, Vatashamaka because Sneha reaches to Mamsa, Meda, Asthi, and Majjadhatu and provides nourishment to them, which further strengthens the muscles and relieves the stiffness. After Abhyanga, Jambira Pinda Potali Sweda was applied to affected part of the body which is Vata-Kaphashamaka and also provide Strotoshuddhi.

Mode of action of karpasasthyadi taila

It mainly comprise of karpasa, Masha, kulatha, Bala, Pippalimoola, shigru, nagara, etc. Taila having properties like Snigdha Guna, Ushna Veerya and it is Kapha Vata Shamaka and act as Vedana shamaka and Shothahara, The indication of the Yoga itself states that it is effective in almost all Vatavyadhi and especially on Apabahuka, Pakshagatha and Arditha, especially in upper spinal

radiculopathy. It possesses Balya and Bhramana karma, which can be given in degenerative disorders. Most of the ingredients of Karpasthyadi Taila is Katurasa Pradhana, but the influence of Snigdha & Guru guna of taila, Ushna guna and Veerya of the dravyas it subsides the Prakupita Vata, i.e., the Ushan Veerya of the ingredients ama (metabolic toxins having a sticky nature, tending to block the transport systems of the body and cause painful conditions), Meda and kapha, Ruksha Swedana is indicated.

The nasal cavity opens directly into the frontal, maxillary, and sphenoidal air sinuses, the transient retention of the drug in the nasopharynx and the suction causes the oozing of the drug material in the air. These sites have rich vessels of blood to the brain and meninges through existing bone foramina. Therefore, in this path there are better chances of drug absorption. According to Vagbhata's narration, the drug administered enters the paranasal sinuses. It is Shringhataka, which extends the visual veins and the other veins. In this context, it appears that the mention of the shringhataka is more appropriate. The first coverage of nerve fiber made up of lipid material is Myelin sheath. For lipid materials and materials that are fat-soluble, the blood brain barrier is highly permeable and can therefore easily pass through the blood brain barrier and take action. The lipid contents of Karpasasthyadi Thailam can easily be transferred through the blood brain barrier, and effective principles can reach certain levels in the nervous system to exert their properties.

CONCLUSION

A female patient aged around 34 years diagnosed with vishwachi with treated with sarvanga abhyanga followed by urdhwashaka jambeera pindasweda and nasya karma and shamanaushadhi respectively. The significant improvement was observed in the signs and symptoms like kramat shoola, bahu sthabdata, greeva ruja, greeva sthabdata, headache and blurriness of eyes.

Sarvanga abhyanga followed by urdhwashaka jambeera pinda sweda and nasya with shamanaushadhi are found to be effective clinically, in the management of vishwachi.

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