

# A Case Study - Ayurvedic Management of Viswachi

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**Abstract:** *The dysfunction of the cervical spinal nerve or nerve root and both parts leads to Cervical Radiculopathy (CR), a neurologic condition. This can result in pain or more precisely in radicular pain. In a radiculopathy, the problem occurs at or near the root of the nerve, shortly after its exit from the spinal cord. It is also associated to the numbness and emaciation of the upper limbs and their muscles. Various Ayurvedic medicine and therapy have been used for these conditions. CR treated with a combination of Panchakarma procedures and Ayurvedic Medicine. The patient was suffering pain from neck to left arm. it was treated with Patrapinda Sweda and Abhyanga with prasaranyadi taila for the 15th days and oral Ayurvedic medicine as Simhanada Guggulu 250 mg three times a day, Amavatari Rasa 250 mg two times and Chandraprabhavati 250 mg two times after food. The patient's condition assessed for CR and Neck disability Index symptoms, Range of Motion and one specific test was used Nerve Conduction Study showed significant improvement.*

**Keywords:** *Ayurveda, cervical spondylosis radiculopathy, Vishwachi*

## 1. Introduction

Cervical Radiculopathy (CR) is a neurologic condition considered by dysfunction of a cervical spinal nerve and the nerve roots<sup>1</sup>. In this disease, a throbbing type of pain radiates from the neck, shoulder, forearm, & digits. It is also associated with numbness and emaciation of the upper limbs and their muscles. It resembles Cervical Radiculopathy. "A population - based analysis in Rochester, Minnesota, reported an annual incidence cervical radiculopathy of 107.3 per 100, 000 for male and 63.5 per 100, 000 for female with a peak at 50 to 54 years of age <sup>2</sup> Cervical spondylosis (CS) or osteoarthritis of the cervical spine produces neck pain radiating to the shoulders or arms with headache in posterior occipital region. Narrowing of the spine canal by osteophytes, ossification of the posterior longitudinal ligament, or a large central disk may compress cervical spinal cord.<sup>3</sup> Recent studies depicted that CS increases with aging before age 50 years and decreases with aging after age 50 years, <sup>4</sup> 70% of women and 85% of men show consistent CS changes on X - ray in the age of 60 years.<sup>5</sup>The disease come under the umbrella of *Vata - Nanatmaja Vyadhi* (diseases only due to vitiation of *Vata dosha*).<sup>6</sup> The symptoms of *Viswachi* Under *Vata Vyadhi* (various neurological and musculoskeletal disorders) are *Sankocha of Neck* (constrictions of organs), *stambha in Greeva* (stiffness in neck), *Amsa bheda* (pain in Shoulders), *Spandana*, and *Gatrasupta* (numbness) <sup>7</sup>

## 2. Case Report

A 66 - year - old male patient consulted in outpatient Department of the Karnataka Ayurveda Medical college, Mangalore with complaints of intermittent tingling sensation, numbness of little, ring finger of the left hand. Tingling sensation and pain radiate from Neck to Left arm. He couldn't hold any item in his left hand properly. He couldn't do his routine work properly. But now, he was suffering from neck pain radiating to the left hand and tingling sensation, and difficulty in everyday work that had been presented for three months. When he was introduced in OPD, he could not move his left hand properly, and there was a slight weakness in the left hand. The patient underwent allopathic treatment, but he was not satisfied, so he was advised of Operative

management. The prime aim of the patient to attend our outpatient department was to seek a better nonsurgical approach of her ailment.

### Clinical Findings of the patients:

The patient was admitted for therapeutic procedures to the male ward after his clinical assessment. On examination, the general condition of the patient was poor, blood pressure of the patient was 150/100 mmHg. Pulse was 70/min and often irregular anxious; the tongue was coated, appetite, micturition and bowel movement were normal. Based on *Prakriti* assessment, he had *Vatapitta Prakriti*, *Satva* was *pravara*, *Agni* was *madhyama*, weight was 68 kg, He was a Tailor by occupation, duration of illness was more than two years, Numerical pain scale score was seven, duration of pain was the whole day, Nature of work was moderate work, type of pain was *ruja* (severe pain), time of occurrence was the entire day, intensity occurrence of pain was unbearable. Occurrence of paraesthesia was hampering activity; functional disability was severe, weakness was severe, wasting of muscle was present, cervical distraction test was positive, Spurling test was positive, Shoulder abduction was positive, Neck disability Index score was 23. The range of motion for the neck flexion was 31°. The extension was 27°; lateral rotation right was 49°, lateral rotation left was 55°, Twisting was present, Cramping was severe, burning sensation was absent, Mild raised temperature with swelling noted at the neck region.

### Diagnostic focus and assessment

The patient was known case of Cervical Radiculopathy, and it was confirmed by previously done MRI. Vishwachi was considered a condition included in *Vatavyadhi* (diseases of *Vatadosha*) <sup>8</sup>. *Greevastambha* was considered as *Ayurvedic* diagnosis which is included in *Urdhwajatrugata roga*<sup>9</sup> *Nanatmaj Vata Vyadhi* (various musculoskelton and neurological disorder) in Ayurveda general line of management of *Urdhwajatrugata roga Nanatmaja Vatavyadi* such as *Abhyanga* (massage), *Swedana* (sudation), were adopted for the case.<sup>10</sup> The confirmatory diagnosis of Cervical Radiculopathy was based on the Nerve Conduction Study finding of the case. Babinski sign was absent. Spurling test was observed positive based on Muscle spasm, cervical

sprain, and strain. we did a Nerve conduction study had; some changes occurred according to this, we plan some *Panchakarma* procedure and oral medications.

### Treatment plan

*Vishwachi* came under *Nanatmaja VataVyadhi* (various musculoskeletal and neurological disorder) in *Ayurveda* line of management of *Nanatmaja VataVyadhi* like *Abhyanga* (specific massage), *Swedana* (fomentation) were adopted for the case <sup>10</sup>.

The patient was in *samavastha*. *Shaman aushadhi Vaiswanara Churna* 500 mg before food was advised for three days. *Abhyanga* with *Prasaranyadi taila* followed by *Patrapinada Sweda* in a day for 20 mins was advised. This *Panchakarma* procedure was performed every day for 15 days.

The patient was instructed to continue other *shamana aushadhi* given for *Vishwachi* (Cervical Radiculopathy).

They are as follow

- 1) Tab. *Chandraprabhavati* 250mg 2 tabs two times a day (2 - 0 - 2)
- 2) Tab *Aamavatarirasa* 250 mg 2 tab two times a day (2 - 0 - 2)
- 3) *Simhnada Guggulu* 250 mg 2 tabs three times a day (2 - 0 - 2)

### Outcome measures and follow up

After the 15<sup>th</sup> days, he got relief in the pain and tingling sensation and numbness in the arm and was able to do his routine work. The range of motion in the neck region increased with easy feeling, and the pain was subsiding. It indicates that improvement of nerve nourishment. Range of motion was assessed by goniometer suggests 60<sup>0</sup> gains in the neck flexion and 68<sup>0</sup> in the neck extension, lateral rotation right improved 67<sup>0</sup>, left 74<sup>0</sup>, lateral flexion right 44<sup>0</sup> and left 44, Outcome measures and follow up Outcome measures and follow up and motor Nerve conduction also improved 54<sup>0</sup>, sensory nerve conduction 56<sup>0</sup>. The patient has continued to take oral *shamana aushadhi* for cervical radiculopathy for 15 days. He was happy and satisfied with neck movements and routine work without performing any surgery.

SL NO	Characters	Before treatment	After treatment	After Follow Up
1	Pain Scale	6	0	0
2	Neck Flection	38 <sup>0</sup>	60 <sup>0</sup>	60 <sup>0</sup>
3	Neck Disability Index	20	4	4
4	Neck extension	28 <sup>0</sup>	68 <sup>0</sup>	68 <sup>0</sup>
5	Lateral Rotation Right	50 <sup>0</sup>	67 <sup>0</sup>	67 <sup>0</sup>
6	Lateral Rotation Left	60 <sup>0</sup>	74 <sup>0</sup>	74 <sup>0</sup>
7	Lateral flexion Left	30 <sup>0</sup>	44 <sup>0</sup>	44 <sup>0</sup>
8	Lateral flexion Right	28 <sup>0</sup>	44 <sup>0</sup>	44 <sup>0</sup>
9	Duration of MNCV	4.3	6.4	7
10	Amplitude of MNCV	1.5	6.8	9
11	Latency of MNCV	6.2	8.1	10
12	Motor Nerve Conduction Velocity	43	54	60
13	Duration of SNCV	5	1.5	1
14	Amplitude of SNCV	18	78.5	80
15	Latency of SNCV	3.8	2.6	2
16	Sensory Nerve Conduction Velocity	44	53.8	60

### Pathya Apathya

Specific Pathya and Apathya of Pristhagraha are not mentioned. But as being a *Vatavyadhi*, we have to adopt same.

Varga	Pathya	Apathya
Annavaarga	Godhuma, Masha, Kulattha, Raktashali	Yava, Kodrava, Shyamaka, Chanaka, Kalaya
Dugdhavarga	Gau - Aja Dugdha, Ghrita, Kilatam.	Gadarbha Dugdha
Phalavarga	Draksha, Madhuka, Badara, Amra	Jambu, Kasheruka, Kramuka, Lavali, Parpataki Phala
Jalavarga	Ushna Jala, Shritashita Jala	Nadi - samudra, Shita Jala, Dushita Jala, Tadagasya Jalam
Madyavarga	Sura, Surasava, Amlakanjika, Madira,	Navamadya, Atimadyapana
Mamsavarga	Kukkuta, Tittira, Nakra, Mayura, Chataka	Kapota, Paravat, Kulinga, Shuka, Shushka Mamsa
Mutravarga	Go, Avika, Hasti Mutra, Ashva	Ajamutram
Rasavarga	Madhura, Amla, Lavana	Katu, Tikta, Kasaya Rasa
Shakavarga	Patola, Rason, Shigru, Jivanti	Kumuda, Kamalanala, Palakya, Udumbara

### Patient Consent

Written informed consent was taken from the patient for procedures and article publications

### 3. Discussion

Compression of nerve roots correlated with Cervical Radiculopathy (CR). The clinical symptoms of cervical radiculopathy are comprehensive and may include pain, sensory, motor deficits, diminished reflexes<sup>11</sup>. Disease spreading from the posterior part of fingers and the anterior

part of *prakoshtha* and *kandara* affects the nerve in the hand and affects the motor function known as *Vishwachi*<sup>12</sup>. The disease has resemblance with the *Greevastambha* disease described in Ayurveda which is *Urdhajatrugata roga* and *Nanatmaja Vata Vyadhi*. There are two types of pathology in *Vata Vyadhi*. First due to the *Kshaya* of *Dhatu* (diminished of body tissue) and second due to *Margaavrodha* (obstructive pathology)<sup>13</sup> Degeneration of vertebrae and discs occurs mainly due to *Kshaya* type of pathology in which *Vata Pitta* dosha are vitiated. Here, *Asthi poshana chikitsa* (nutrition to bone tissue) is the main treatment to treat the condition. *Chikitsa* of *Asthigata roga* (treatment of musculoskeletal disease) are *Panchkarma*, *Tikta* (bitter taste herbs) *sadhik* *ksheer basti* along with oil and *ghrita*.<sup>14</sup> *Patra panda sweda* was applied on affected part of the body after *Abhyanga*, *Sandhichestakara*, *Srotosuddhikara*, *Agnideepaka*, and *Kapha - Vatanirodhana*, which decreases the *Stambha*. It reduces the pain, activated the local metabolic process, relaxed the muscles, increased regional blood flow. It also increased the absorption of *Sneha* through the skin. After administration of *Swedana*, it might produce a hypoalgesic effect by diverted stimuli<sup>15</sup>. Along with that shaman *aushadhi* started that patient. *Chandraprabha Vati* is a potent anti - inflammatory drug and eliminates toxin from the body<sup>16</sup> *Aamvatari Ras*: It contains herbal extracts of *Triphala* (*Terminalia chebula*, *Terminalia bellirica*, *Emblica Officinalis*), *Plumbago zeylanica*, *Commiphora Mukul*, and *Ricinus communis*, along with herbally processed mercury (Hg) and sulfur (S). Some clinical studies reflected a reduction in the inflammatory response and relief from RA - associated symptoms<sup>17</sup>. *Simhanada Guggulu* has *deepan*, *ama - pachan*, *shothaghna*, *vedanasthapaka*, *jwaraghna*, *balya* and *amavatahara* etc., its promotes to increase the *agni - bala* (digestive & metabolic capacity) and to mitigate the *Ama* (biotoxins) even though to prevent the *Ama* formation into the body<sup>18</sup>

#### 4. Conclusion

The case report shows clinical improvement in a *Viswachi* with *Panchakarma* and Ayurvedic medicinal interventions. On the basis of clinical manifestation, pathogenesis and complication, cervical spondylosis can be treated Ayurvedic medicine. *Vata* provoking factors are accepted as *Nidana*. *Vyana Vayu* and *Shleshaka Kapha* are essential component for pathogenesis of *Viswachi* (Cervical Spondylosis) The Ayurvedic treatment modalities

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