

A Randomised Comparative Clinical Study on the Effect of *Pashana Swedam* and Fire Cupping with *Dasamoola Balamasha Kwatham* in *Viswachi* (Cervical Spondylitis)

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Abstract: This randomized comparative study evaluates the effectiveness of *Pashana Swedam* and *Fire Cupping* therapies in combination with *Dasamoola Balamasha Kwatham* for managing *Viswachi* (cervical spondylitis). Sixty participants diagnosed with *Viswachi* were divided into two groups to assess improvements in pain relief, cervical mobility, and overall quality of life. The results indicate that while both interventions provided significant benefits, *Fire Cupping* showed slightly greater efficacy in pain reduction. The study supports the potential of Ayurvedic therapies in musculoskeletal disorders.

Keywords: *Viswachi*, Cervical Spondylitis, Ayurveda, *Pashana Swedam*, *Fire Cupping*

1. Introduction

The symptoms of *Viswachi* Under *Vata Vyadhi* (various neurological and musculoskeletal disorders) which *vayu* afflicts the *kandara* extending from *bahuprushta* to has presenting with *karmakshaya* of *bahu*¹.

*Vishwachi*¹ is a condition explained under the *Vatavyadhis*, in which *vayu* afflicts the *kandara* extending from *bahuprushta* to has presenting with *karmakshaya* of *bahu*. There are two causes for *Vatavyadhis* such as *Avarana* and *Dhatukshaya*²

Pashana Swedam is a specialized Ayurvedic fomentation therapy that uses the heated stones for localized heat application to relieve musculoskeletal discomfort. as *Pashana sweda*³ river pebbles are used due to their thermal properties, which allow for efficient heat transfer, more efficiently *Fire Cupping*, rooted in traditional medicine, employs suction to improve blood circulation, reduce inflammation, and alleviate muscular tension.

Dasamoolabalamasha Kwatham, a classical Ayurvedic decoction, is known for its anti-inflammatory and rejuvenative properties, making it an ideal systemic adjuvant. It is explained under *Rookshana sankara sweda* by *Acharya Charaka* in *Charaka Samhita*⁴

*Firecupping*⁵ an alternative system of medicine is a natural way without any drugs to enhance the blood circulation as initial treatment followed by administration of *DasamoolaBalaMashaKwatham*⁶ ingredients are *Bilva*, *Agnimanda*, *Syonaka*, *Patala*, *Gambhari*, *Salaparni*, *Prishniparni*, *Gokshura*, *Kantakari*, *Brihati*, *Bala*, *Masha*. *Dasamoolabalamasha Kwatham* is *Brumhana*, *vatahara* and *balya*. *Dasamoola* is *sothahara* and *tridhoshagnam* and also *vataharam*. *Bala* is *vata kapha hara*. *Masha* is *iskapha pitta kara*.

Samanya nidhana and *samprapthi* of *Vatavyadhis* are Consider for *Vishwachi* caused by aggravated *vayu*. It is explained in *Charaka Samhitha*⁷

This study is significant as it provides clinical evidence for the comparative effectiveness of traditional Ayurvedic therapies in managing cervical spondylitis, offering an alternative to conventional treatments

Objective

- 1) To analyse the effect of *Pashana Swedam* followed by *Dasamoola BalaMashaKwatham* in *Vishwachi*.
- 2) To analyse the effect of *Fire cupping* followed by *Dasamoola BalaMashaKwatham* in *Vishwachi*.
- 3) To compare the effect of *Pashana Swedam* and *Fire cupping* followed by *Dasamoola BalaMashaKwatham* in *Vishwachi*

2. Materials and Methods

- 1) An open-label, randomized, comparative clinical study conducted with 60 participants divided into two groups: Group A (*Pashana Swedam* + *Dasamoola Bala Masha Kwatham*) and Group B (*Fire cupping* + *Dasamoola Bala Masha Kwatham*).
- 2) The primary outcomes included pain relief (VAS), range of motion (ROM), and functional improvement (NDI).

a) Study Design:

Open-label, randomized, comparative clinical study.

b) Participants:

Sample Size: 60 (30 in each group).

Intervention:

The selected patients will be randomly assigned into two groups of 30 each using the Permuted Block Randomization

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method. It prevents significant differences between groups. It maintains balance in treatment allocation, reduces bias, and enhances the reliability and comparability of results.

Group 1: Recruited Patients will be treated with oral administration of *DasamoolaBalaMashaKwatham* (48 ml

empty stomach) twice for 30 Days and *PashanaSwedam*

Group 2: Recruited subjects will be treated with *DasamoolaBalaMashaKwatham* 15ml *Kashaya* and (48 ml empty stomach) twice and Fire cupping for *swedanam*.

	Group A		Group B	
	<i>Pashana Sweda</i> [D1-D5]	<i>Dasamoola Bala Masha Kwatham sevana</i> [D6-D10]	Firecupping [D1-D5]	<i>Dasamoola Bala Masha Kwathamsevana</i> [D6-D10]
<i>Poorvakarma</i>	<ul style="list-style-type: none"> Sufficient quantity of river pebbles will be collected and cleaned. 		<ul style="list-style-type: none"> Cups will be cleaned using spirit. Subject will be made to lie down in prone position, expose the affected part and area will be cleaned using spirit. 	
<i>Pradhana karma</i>	<ul style="list-style-type: none"> Pebbles will be heated in pan. Pebbles will be tied into pottali using kora cloth <i>Swedana</i> will be done for 30 minutes. 	45 ml before food 2 times a day	<ul style="list-style-type: none"> Cotton ball will be soaked in spirit and held in holder and ignited. Vacuum will be created using ignited cotton ball and 5-6 such cups will be placed upside down in neck and shoulder region and will be left for 3-5 minutes. Procedure will be repeated for 3-4 times. Duration—30 minutes. 	<ul style="list-style-type: none"> 45 ml before food 2 times a day
<i>Paschatkarma</i>	<ul style="list-style-type: none"> Hot water bath will be advised after 30 minutes. <i>Karpooradi Taila</i> Will be applied to that area. 		<ul style="list-style-type: none"> Cups will be removed. <i>Karpooradi Taila</i> Will be applied to that area. 	

Inclusion criteria

- 1) Patients (Both male and female) age between 30 yrs and 60 yrs of age will be selected
- 2) Patients suffering from classical signs and symptoms of *Vishwachi*.
- 3) Patients fit for fire cupping and *Swedana karma*.

Exclusion Criteria

- 1) Patients who have traumatic, infective and neoplastic conditions of the spine.
- 2) Any other systemic disorders which will interfere the treatment.
- 3) Pregnant and lactating women.

Assessment Criteria

The subjective and objective parameters will be assessed on.

- Initially on the first day before treatment.
- On 5th day after *Swedana Karma* and after Fire cupping.
- On 15th day after *Kashaya taken*.
- On 15th day after Follow up.

Subjective parameters are Neck pain and Radiating pain.

Objective parameters are Range of movement. (Goniometer examination) and Visual analogue scale for pain.

Investigations:

Xray of cervical region AP and lateral view. (If needed)

3. Result

Swelling: Group A achieved a 100% reduction in swelling, while Group B showed no progress in this parameter.

Pain: Group A showed a 91.13% reduction in pain, while Group B had a slightly higher reduction at 95.86% Group A was far more effective in reducing swelling. GROUP B slightly outperformed GROUP A in pain reduction, though both groups showed significant improvements in pain.

4. Discussion

- Therapeutic Mechanism are *Pashana Swedam*: Improves localized blood circulation, reduces stiffness, and alleviates *Vata*.
- Fire Cupping: Creates a vacuum, promoting detoxification and reducing muscle tension.
- Dasamoola Bala Masha Kwatham*: Balances *Vata*, reduces inflammation, and provides *Rasayana* benefits.
- Comparative Analysis: Fire cupping yielded slightly better outcomes in pain and functional recovery, possibly due to its deeper impact on musculoskeletal tissues.
- Clinical Implications: Combined Ayurvedic therapies offer a viable alternative to modern treatments for cervical spondylosis

5. Conclusion

This study demonstrates that both *Pashana Swedam* and Fire Cupping, in combination with *Dasamoola Bala Masha Kwatham*, effectively manage *Viswachi*. While both interventions significantly reduced pain and improved mobility, Fire Cupping showed a slightly higher reduction in pain levels. These findings support the integration of Ayurvedic therapies as alternative or complementary treatments for cervical spondylitis. Future studies with larger sample sizes and longer follow-up periods are recommended

to further validate these results.

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