A COLLECTIVE CLINICAL APPROACH IN THE MANAGEMENT OF ‘VISHVACHI’

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ABSTRACT
Vata Vyadhis are included under the category of Mahagadas, because of their complex and complicated pathophysiology, clinical features, complications and treatment. Vishvachi is one such Vataja Nanatmaja Vyadhi which causes the Bahakarma kshaya. It can be compared with brachial neuralgia. To treat this condition effectively a multi therapeutic approach is essential. The Vata Vyadi Chikitsa comprises the principles like Avarana Bhedana, Shodhana, Shamana and Brhmana. Considering this, a combined approach of Siravyadha followed by Pancha Prasrutika Niruha Basti was taken and evaluated its efficacy in 20 patients. Here Siravyadha is Avarana bhedaka and Srotoshodhaka; whereas Basti acts as Shodhaka, Vata shanaka, Anulomaka and simultaneously it is Balya and Varnya. There was a rapid decline of radiating pain immediately after Siravyadha showed a highly significant difference from baseline (P < 0.001). There was a great improvement with respect to restricted movement, pricking sensation and localised pain and tenderness after Basti. The systematic intervention of Siravyadha and Basti therapy gives significant result in Vishvachi.

Keywords: Vatavyadhi, Vishvachi, Siravyadha, Pancha Prasrutika Niruha Basti, Brachial neuralgia

INTRODUCTION
Vishvachi a Vedana pradhana Vata vyadhi; in which the vitiated Vata affects the Kendara extending from Talapratyanguli to Bahu with the cardinal symptom of Bahu Karma Kshaya1. Dalhana opines that Vishvachi resembles Grhrasi; hence associated symptoms like Stambha, Toda etc should be considered, with two types viz Vataja and Vatakaphaja. According to Madhukosha, the Kendara extending from Bahu Prista to Hasthatala is affected in Vishvachi2. The clinical features of Vishvachi simulate the condition Brachial neuralgia3 in which radiating pain is experienced from the neck to the upper limb with numbness in the tips of fingers. It is a common disease affecting the middle and old age group of both sex and prevalent worldwide. Both Margavarana and Dhatukshaya nidanas are responsible for this condition4-5. Etiological factors like Abhigatha, Plavana, Atyadhma, Ativayama, Ativichesta Vishama Upachara, Asrikrava, Ama, Vegavarodha etc6 does the Vata prakopa and affects the Chala (Kriyasheelatva) property of Vata. Srotorodha and Vata undergoes Avarana, mainly of Raktavrita Vata. Further it also vitiates Snayu and Kendara and produces the disease Vishvachi. The therapeutic measures in conventional medicine include anti-inflammatory drugs, pain management medications, electrical stimulation of the nerve, physical manipulation like decompression and stretching and surgery may also be considered. But these interventions have got limitations and lacunas such as adverse drug effect, expensive, invasive complication etc. A systematic and scientific treatment has been mentioned in Ayurvedic literatures for the management of Vishvachi. Sushruta describes the treatment viz; Siravyadha stringed with Samanya Vatavyadhi chikitsa7. Vatavyadhi chikitsa includes Snehana, Swedana, Basti and Brhmana. Previously some clinical studies were conducted in Vishvachi in the form of Nasya, internal administration of Vatahara kasayyas like Prasarinayi kwatha etc. As of their therapeutic efficacies Siravyadha and Basti are considered as Ardha chikitsa of Shalyatantra and Kayachikitsa correspondingly8. Hence a study was conducted clinically to evaluate the combined medicosurgical effect of Siravyadha and Pancha Prasrutika Niruha Basti9 in Vishvachi.

MATERIALS AND METHODS

Sample source
20 patients diagnosed as Vishvachi was taken from Alva’s Ayurveda Hospital, Moodbidri, India irrespective of their sex, religion, socioeconomic status, occupation etc. Each patient was selected for the trial after voluntary consent. Study was carried out as per ethical guidelines with Institutional Ethical Committee Clearance No: CEC/ AAMC /2013/24.

Diagnostic criteria
- Bahu Karma Kshaya (Pain and Restricted movements of arm).
- Radiating pain from neck region to tip of finger.

Inclusion criteria
- Patients of the age group between 20-50 years.
- Patients with classical features of Vishvachi.
- Patients with radiating pain from neck region to tip of finger.
Exclusion criteria
- Infective, neoplastic and congenital conditions of cervical spine.
- Patients with conditions like cervical vertebrae fracture, osteoporosis.
- Whiplash injuries and Vasculitic neuropathy.
- Patients with any other systemic disorder which will interfere the course of treatment.
- Subjects who are contraindicated for Siravyadha and Basti

Special Investigations
- Hb%, CT, BT, RBS
- X-ray of cervical spine AP and lateral view (To exclude other pathology)

Intervention
Total treatment duration is of 32 days (Table 1)

Step 1 - Siravyadha
Abhyanga with Mahanarayana Taila followed by Nadi Sveda with Dasmahala Kvatha for the affected limb and the neck region was performed. The patient was put in supine position. The affected arm was slightly abducted. A tourniquet was tied about 6 Angula above the elbow joint. Visible prominent vein (Cepalic or Basilac vein) was punctured at 4 Angula above the elbow joint using a scalp vein set of number 18 or 20 according to the size of the vein. Blood was allowed to flow until the spontaneous stoppage of blood. Then tourniquet and scalp vein set removed respectively. The punctured area was dressed with wet gauze and bandaged.

Step 2 - Ghritpana
The patient was advised to take 1 tsp of Goghrita before food twice a day for 7 days.

Step 3 - Basti
Pancha Prasrutika Niruha Basti was given for 8 days which included both Niruha and Anuvasana Basti. Vatahara and Brhmana drugs were used for the therapy. (Table 2)

Assessment
Clinical assessment was done on the 1st, 8th, 16th and 32nd day and the data obtained was analysed using paired student’s t-test. Grading was given for every clinical feature. (Table 3)

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### Table 1: Treatment chart for 32 days

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Siravyadha</th>
<th>Ghritapana</th>
<th>Basti</th>
<th>Follow up period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>0th day</td>
<td>0-7th day</td>
<td>8th-15th day</td>
<td>16th-32nd day</td>
</tr>
</tbody>
</table>

### Table 2: Ingredients and method of Pancha Prasrutika Niruha Basti

<table>
<thead>
<tr>
<th>Ingredients of Niruha Basti (A)</th>
<th>Ingredients of Anuvasana Basti (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ksheera-2 Prasrata(about 200 ml)</td>
<td>Dhanvantara taila (about 60 ml)</td>
</tr>
<tr>
<td>Madhu-1 Prasrata (about 100 ml)</td>
<td>(1/8th of Niruha Basti Pramana)</td>
</tr>
<tr>
<td>Ghrita-1 Prasrata (about 100 ml)</td>
<td></td>
</tr>
<tr>
<td>(Ashwagandha Ghrita)</td>
<td></td>
</tr>
<tr>
<td>Taila-1 Prasrata (about 100 ml)</td>
<td></td>
</tr>
<tr>
<td>(Dhanvantara taila)</td>
<td></td>
</tr>
</tbody>
</table>

### Table 3: Grading for different clinical features

<table>
<thead>
<tr>
<th>Classification</th>
<th>0-0 pain</th>
<th>Localised Pain</th>
<th>Pricking sensation</th>
<th>Tenderness</th>
<th>Restricted movements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Day</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>2nd Day</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>3rd Day</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>4th Day</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Table 4: Comparison of efficacy on 1st, 8th, 16th and 32nd day of treatment from baseline

<table>
<thead>
<tr>
<th>Variable</th>
<th>1st Day After Treatment</th>
<th>7th Day After Treatment</th>
<th>16th Day After Treatment</th>
<th>32nd Day After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MD + SE</td>
<td>P-Value</td>
<td>MD + SE</td>
<td>P-Value</td>
</tr>
<tr>
<td>Radiating Pain</td>
<td>1.85 ± 0.18</td>
<td>&lt; 0.001</td>
<td>2.05 ± 0.17</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Localised Pain</td>
<td>0.45 ± 0.13</td>
<td>&lt; 0.01</td>
<td>0.70 ± 0.16</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Pricking Sensation</td>
<td>0.50 ± 0.15</td>
<td>&lt; 0.01</td>
<td>0.50 ± 0.15</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>Restricted Movements</td>
<td>0.65 ± 0.15</td>
<td>&lt; 0.001</td>
<td>0.80 ± 0.18</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>Tenderness</td>
<td>0.45 ± 0.13</td>
<td>&lt; 0.01</td>
<td>0.60 ± 0.16</td>
<td>&lt; 0.01</td>
</tr>
</tbody>
</table>

MD- Mean Difference, SE-Standard Error
RESULTS
Clinically there was a noteworthy improvement in the entire set of variables which was propped up by statistical analysis. All variable showed significance in all instances from the baseline. The therapy showed high significance on 32nd day. Table 4 shows the mean difference and standard error of efficacy variables on 1st, 8th, 16th and 32nd days during the intervention. There was a rapid decline in the mean value of radiating pain immediately after Siravyadha showed a highly significant difference from baseline (P < 0.001). There was a great improvement with respect to restricted movement, pricking sensation, localised pain and tenderness after Basti and in Parihara kala. Graph 1 shows the mean efficacy of therapy on variables at the evaluating period.

DISSCUSION
Based on the demographic profile (Table 5) it was observed that Vishvachi was prevalent in life period 20 to 40 years in males (75 %) especially exposed to physical work (80 %) routinely. These observations correspond to the etiology being abhighata and ativichesha mainly. Siravyadha showed a high efficacy in immediate reduction of radiating pain which was highly significant. It may be due to Avarana bhedaka and Srotoshodhaka property of Siravyadha. After Siravyadha, Ghrita has been given to avoid the Vata prakopa. There was not much decline in the symptoms during the first week. After Basti therapy, localised pain which was not affected by former treatment, was reduced and much more significant reduction was observed in follow up period. Same way, therapy showed an ongoing reduction effect on pricking sensation, tenderness and restricted movement. The result may be due to Vedanashamaka, Vatahara and Brhmana properties of the Basti dravyas which has been used for therapy.

CONCLUSION
Vishvachi is a Vedana Pradhana Vata vyadi, in which the vitiated Vata affects the Kandara extending from Talapratyanguli to Bahu with the cardinal symptom of Bahu Karma Kshaya. This condition simulates the features of Brachial neuralgia. Siravyadha does the Avarana Bhedana and Srotoshodhana; hence patient gets the immediate relief from radiating pain and pricking sensation. Further Basti helps in regulating the Vata and it is Balya as well as Varnya. It reduces the remnant features after Siravyadha and gives significant result.

REFERENCES

Cite this article as:

Table 5: Demographic profile of 20 patients

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Gender</th>
<th>Nature of work</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30 Years</td>
<td>08 (40%)</td>
<td>Male 15 (75%)</td>
</tr>
<tr>
<td>31-40 Years</td>
<td>08 (40%)</td>
<td>Female 05 (25%)</td>
</tr>
<tr>
<td>41-50 Years</td>
<td>04 (20%)</td>
<td>House wife 02 (10%)</td>
</tr>
</tbody>
</table>

Graph 1: Mean of the variables over study period

Variables

- RP: Radiating pain
- LP: Localised pain
- PS: Pricking sensation
- RM: Restricted movements

Graph 1: Mean of the variables over study period

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