



## Research Article

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### A COLLECTIVE CLINICAL APPROACH IN THE MANAGEMENT OF 'VISHVACHI'

Ravishankar.A.G<sup>1\*</sup>, Ravi Rao<sup>2</sup>, Prashanth Kumar<sup>3</sup>, Mahesh.T.S<sup>4</sup>, Rashmi Holla<sup>5</sup>

<sup>1</sup>Professor, Department of PG studies in Shalya tantra, Alvas Ayurveda Medical College Moodbidri, Karnataka, India

<sup>2</sup>Professor, Department of PG studies in Dravya Guna, Alvas Ayurveda Medical College Moodbidri, Karnataka, India

<sup>3</sup>Lecturer, Department of PG studies in Pancha Karma, Alvas Ayurveda Medical College Moodbidri, Karnataka, India

<sup>4</sup>Associate Professor, Department of PG studies in Dravyaguna, Alvas Ayurveda Medical College Moodbidri, Karnataka, India

<sup>5</sup>Scholar, Department of PG studies in Shalya tantra, Alvas Ayurveda Medical College Moodbidri, Karnataka, India.

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#### \*Corresponding author

E-mail: agravishankar@yahoo.com

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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 Bahukarma kshaya. It can be compared with brachial neuralgia. To treat this condition effectively a multi therapeutic approach is essential. The Vata Vyadhi Chikitsa comprises the principles like Avarana Bhedana, Shodhana, Shamana and Brhma. 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 shamaka, 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 Kandara extending from Talapratyanguli to Bahu with the cardinal symptom of Bahu Karma Kshaya<sup>1</sup>. Dalhana opines that Vishvachi resembles Grdhrasi; hence associated symptoms like Stambha, Toda etc should be considered, with two types viz Vataja and Vatakaphaja. According to Madhukosha, the Kandara extending from Bahu Prista to Hastatala is affected in Vishvachi<sup>2</sup>. The clinical features of Vishvachi simulate the condition Brachial neuralgia,<sup>3</sup> 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 condition<sup>4,5</sup>. Etiological factors like Abhighata, Plavana, Atyadhva, Ativiyayama, Ativichesta Vishama Upachara, Asriksrava, Ama, Vegavarodha etc<sup>6</sup> 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 Kandara 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, expensiveness, 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 chikitsa<sup>7</sup>. Vatavyadhi chikitsa includes Snehana, Swedana, Basti and Brhma. Previously some clinical studies were conducted in Vishvachi in the form of Nasya, internal administration of Vatahara kashayas like Prasarinyadi kwatha etc. As of their therapeutic efficacies Siravyadha and Basti are considered as Ardha chikitsa of Shalyatantra and Kayachikitsa correspondingly<sup>8</sup>. Hence a study was conducted clinically to evaluate the combined medico-surgical effect of Siravyadha and Pancha Prasrutika Niruha Basti<sup>9</sup> 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 Dashamula 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 - Ghrita pana

The patient was advised to take 1tsp 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 Brhma drugs were used for the therapy. (Table 2)

### Assessment

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

Table 1: Treatment chart for 32 days

Procedure	Siravyadha	Ghritapana	Basti	Follow up period
Days	0 <sup>th</sup> day	0-7 <sup>th</sup> day	8-15 <sup>th</sup> day	16-32 <sup>nd</sup> day

Table 2: Ingredients and method of Pancha Prasrutika Niruha Basti

Ingredients of Niruha Basti				Ingredients of Anuvasana Basti			
Ksheera-2Prasrata(About 200 ml) Madhu- 1Prasrata(About 100 ml) Ghrita-1Prasrata(About 100 ml) (Ashwagandha Ghrita) Taila-1Prasrata(About 100 ml) (Dhanvantara taila)				Dhanvantara taila(about 60 ml) (1/8 <sup>th</sup> of Niruha Basti Pramana)			
Day	1	2	3	4	5	6	7
Basti type	A	N	A	N	A	N	A

A = Anuvasana Basti; N = Niruha Basti

Table 3: Grading for different clinical features

Radiating pain	Localised Pain	Pricking sensation	Tenderness	Restricted movements
0- no pain	0-no pain in shoulder region	0- no prickling sensation	0-no tenderness	0-easy movable
1- pain only on lifting heavy objects	1-pain in shoulder region only on movements	1-occasionally felt prickling sensation in arms	1-tenderness on palpation without grimace	1-mild difficulty in movement
2-radiating pain occasionally felt, subsides by itself	2-pain in shoulder region with slight movements	2-continuous prickling sensation in arms	2-tenderness on palpation with grimace	2-can move with difficulty
3-radiating pain felt on movements subsides on rest	3-continuous pain in shoulder region		3-tenderness with withdrawal	3-cannot move
4-continuous radiating pain			4- tenderness with withdrawal for gentle touch	

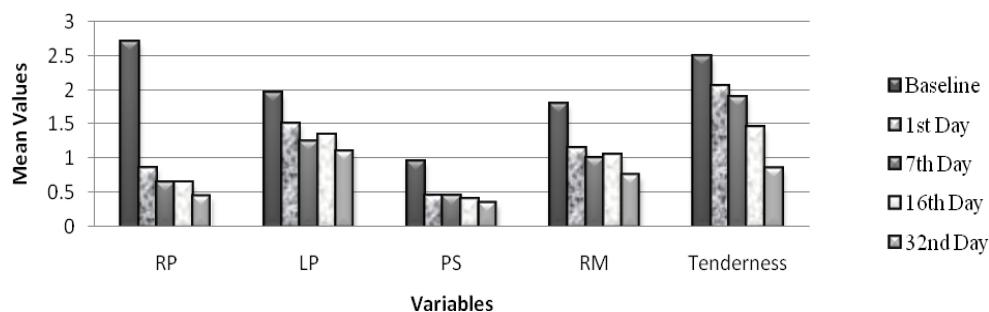
Table 4: Comparison of efficacy on 1<sup>st</sup>, 8<sup>th</sup>, 16<sup>th</sup> and 32<sup>nd</sup> day of treatment from baseline

Variable	1 <sup>st</sup> Day After Treatment		7 <sup>th</sup> Day After Treatment		16 <sup>th</sup> Day After treatment		32 <sup>nd</sup> Day After Treatment	
	MD + SE	P-Value	MD + SE	P-Value	MD + SE	P-Value	MD + SE	P-Value
Radiating Pain	1.85 + 0.18	< 0.001	2.05 + 0.17	< 0.001	2.05 + 0.17	< 0.001	2.25 + 0.17	< 0.001
Localised Pain	0.45 + 0.13	< 0.01	0.70 + 0.16	< 0.001	0.60 + 0.13	< 0.001	0.85 + 0.15	< 0.001
Pricking Sensation	0.50 + 0.15	< 0.01	0.50 + 0.15	< 0.01	0.55 + 0.17	< 0.01	0.60 + 0.15	< 0.001
Restricted Movements	0.65 + 0.15	< 0.001	0.80 + 0.18	< 0.01	0.75 + 0.22	< 0.01	1.05 + 0.24	< 0.001
Tenderness	0.45 + 0.13	< 0.01	0.60 + 0.16	< 0.01	1.05 + 0.19	< 0.001	1.65 + 0.16	< 0.001

MD- Mean Difference, SE-Standard Error

Table 5: Demographic profile of 20 patients

Age in years		Gender		Nature of work	
21-30 Years	08 (40 %)	Male	15 (75 %)	Sedentary	02 (10 %)
31-40 Years	08 (40 %)	Female	05 (25 %)	Physical work	16 (80 %)
41-50 Years	04 (20 %)			House wife	02 (10 %)



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

Graph 1: Mean of the variables over study period

## 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 32<sup>nd</sup> day. Table 4 shows the mean difference and standard error of efficacy variables on 1<sup>st</sup>, 8<sup>th</sup>, 16<sup>th</sup> and 32<sup>nd</sup> 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.

## DISCUSSION

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 ativichesta 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 vyadhi, 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.

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