ABSTRACT

Among the spine, cervical area is considered to be vital as the motor and sensory nerves controlling the body mechanism (bellow the neck) pass through this area. The different pathological conditions affecting this area range from simple degeneration to that of fracture. Depending on the extent of disease, the symptom may be simple neck pain, stiffness, weakness to that of severe radiculopathy, quadriplegia due to cord compression. The diseases presenting with such symptoms which is a threat to the working population is cervical radiculopathy. Due to its affect over the personal and occupational life and increasing incidence it needs immediate attention. Hence, the early detection, early and proper management, rehabilitation, prevents patient from suffering and disability. In Ayurveda, the disease which mimics the symptom of cervical radiculopathy is vishwachi where the involvement of prakupita vata, khandara, asthi is evident by the samprapti. Among the general vata vyadhi nidanas, the nidana which cause vishwachi will be discussed with possible samprapti. Among the management, as the part involved is jatrurdhwa, nasya is the first and ideal treatment along with other supportive therapies like pachana, snehana, swedana and so on. Based on the samprapti and dosha involved, the type of chikitsa differs. The vata vyadhi nidana specific to cervical radiculopathy and its management from Ayurvedic perspective will be discussed.

KEYWORDS

Cervical radiculopathy, Vishwachi, Nasya karma, Pachana, Snehana, Swedana
INTRODUCTION

Healthy lifestyle is the need for normal formation, growth and maintenance of body tissues. But due to the present changed lifestyle, person is forcibly involved in stress, excess travelling, improper postures; weight bearing in abnormal posture which will accelerates the degeneration in affected body parts. The target oriented, fast life style is also the cause for sudden injuries to the related parts. One among such diseases affecting the neck as a result of severe degeneration or sudden injury is cervical radiculopathy. Depending on the extent of disease, the symptom may be simple neck pain radiating to the upper limb, neck stiffness to that of weakness and functional disability in affected limbs. Due to this, the disease is becoming a serious threat to the working population. The increasing incidence and the functional disability show the need of an urgent and energetic treatment.

In Ayurveda, the disease which mimics the symptom of cervical radiculopathy is vishwachi where involvement of prakupita vata, khandara, is evident by the samprapti\(^1\). As there is no specific nidanas explained in samhitas for vishwachi and as vishwachi is one of the vatavyadhi, the general vatavyadhi nidanas can be considered as nidana. Some of the specific causes of vatavyadhi which can leads to vishwachi are:

The common vata vyadhi nidana can be categorized into: Agantujaa and nija karanas

**Aagantuja karana:** These are the sannikrasta nidanas. Among different bahya karanas, the nidana which can cause vishwachi are

**Abhighata and Apatamsana:** Hit on the back, fall from a height hitting the head are the common forms of trauma (abhighata)

In mild form, the minor vidhata (injury) to the snayu, sira, khandara, Asti and sandhi of neck may be the consequences. In severe cases it may cause severe injury to these structures causing sandhi cyuti or asti bhagna\(^2\). There will be immediate pain due to vata prakopa. When the khandaras are affected, then radiating pain will be the symptom. In severe cases, the functional ability of the upper limb may be hampered.

**Nija karanas:** These are the viprakrusta nidanas. They can be categories under aharajanya and viharajanya.

**Aaharayaja:-**

**Ruksha, sheeta, laghu anna-** Regular or excess intake of such food articles cause vata prakopa. Excess of Katu rasa dominant food intake causes karshana and because of agni and maruta guna...
dominance, they produce vata rogas in prushta and parshva. Excess of tikta rasa intake causes shoshana of all the dhatus and upadhatus leading to vata vikaras. Excess of kashaya rasa dominant food intake causes karshana because of khara ruksha guna it causes vata vikaara.³

Alpa abhojana: By frequent indulgence, they cause uttarottara dhatu kshaya, upadhatu kshaya and vata prakopa. These ksheena dhatus are prone for easy tear or injury.

In long run, regular intake of such food will be the cause of early degeneration or it may accelerate the condition. Such degenerated parts are prone for bulge or tear.

Vihaarajanya: These are the viprakrusta karanas.

Ati Vyayama, vicheshta: Excess and regular indulgence in such activities are the cause for vata prakopa. Sudden such acts may cause vidhata in the dhatu and upadhatu in neck region causing vishwachi.

Dhukha shayya asana: Improper postures adopted repeatedly cause vata prakopa and dhatukshaya. Repeated minor vidhata weakens the structures in the cervical spine where by the minor external causes may produce the vishwachi easily.

Gaja Ushtra Ashva sheegra yana (Present day, this yaana may be considered as travelling in motor vehicle with a jerky movement) – Frequent such travelling cause vata prakopa, in later course, they leads to dhatukshaya. Some time they may cause minor viddhata (injury) or shithilata in the dhatu, upadhatu and sandhi in neck leading to the disease. The severe jerky movements will be the sannikrusta nidana for vishwachi where the vidhata caused will immediately manifest into vishwachi.

Repeated bending, twisting activities, posture which cause unbalanced spine leads to repeated strain over the muscle, ligaments, disc leading to the degeneration. These also lead to arthritis of the facet joints in the back region. Another most common cause of neck pain is bad posture which increases the strain on the ligaments and discs causing faster degeneration. These degenerative changes make the disc susceptible for the trauma or may rupture without any cause.

When the spine becomes unbalanced like in bad postures, twisting movements a greater number of muscle fibers are called into play at frequent intervals to keep the spine straight. Thus fatigue develops earlier. This fatigue causes muscle insufficiency as a result of which spine sags, putting the strain on the ligaments and posterior articulating facets. Gradually changes occur at the facet joints.⁴
Other vata prakopa karanas can lead to this disease by repeated indulgence. Some are like:

**Bhaaravahana:** Regular lift of heavy weight over the head or back of the neck cause repeated injury in the asti, snayu in greeva pradesha. They cause vata prakopa and dhatu kshaya leading to different disease like asti kshaya, snayugata vata, asti majjagata vata, Sandhi cyuti (sramsa) which are one of the cause for vishwachi. The sudden and improper lifting of heavy weight may cause sudden injury causing vishwachi immediately.

Stabilization of the back muscle is less good during movements, especially if performed abruptly or associated with lifting of a weight. This overloading, unbalanced, unwarranted movements increases load on the muscles and discs. Movements like weight lifting, direct trauma over the back, twisting movements, these all increase in pressure suddenly which will result in rupture of annulus.5

**Diwaswapna:** The vishwachi may have samsrusta kapha avastha where the associated symptom of tandra, gaurava and arochaka will be seen. The diwaswapana as cause of vata vyadhi will cause agnimandya leading to kapha prakopa or vice versa.

Finally all these above nidanas lead to vata prakopa directly or vata prakopa because of dhatukshaya. By analyzing the nidana and dosha dooshya involved, based on the symptom in the patients, proper diagnosis is made.

These nidanas may cause few of the conditions where the symptom may be poorva roopa for vishwachi or they may be the underlying cause for vishwachi. Some of the conditions are – greeva shoola/graham, astigata, majja gata, snayugata vata, asthi kshaya, majja kshaya, Asti bhagna, sandhi cyuti(sramsa)

**Diagnosis:** The pratyatma lakshana of vishwachi is the radiating pain from neck to the finger tip of the affected hand. There will be associated stambha, toda, functional disability, spandana in affected hand. Then the diagnosis is vataja type of vishwachi. When associated with tandra, whole body gaurava and arochaka, the vata kaphaja vishwachi is the diagnosis. The association of ama is identified by the presence of morning stiffness, stabdata and gauravata. The cervical radiculopathy as per the diagnosis from the allied sciences, may be diagnosed as vataja, vata kaphaja or saama vataja, saama kaphaja vishwachi based on the associated symptom. For eg: cervical disc prolapse may be the diagnosis as per the contemporary science. But as per Ayurveda, the diagnosis changes as vataja, vata kaphaja or saama vataja vishwachi
based on the associated complaints. This diagnosis is important for planning the treatment which is different in these three conditions of vishwachi even though the diagnosis from modern medicine remains same. The diagnosis of involvement of dhatu, upadhatu, and other structures are also important for planning the treatment. The snayu involvement is diagnosed by the stambha, spurana and supta. The khandara involvement is evident in the samprapti itself. Involvement of rasa dhatu is evident by sarvanga gaurava, tandra, aruchi, stabdhata. Rakta dhatu association is assessed by daha, upashaya anupashaya like if the condition is not relieved by the sheeta ushna, snigdha and ruksha kriya. With the help of modern imaging techniques, the involvement of asthi, sandhi is assessed with its kshaya, bhagna avastha.

**Treatment:**

The Vishwchi is the symptom complex seen in different greevagata conditions. Hence even though the patients presents with the symptoms of vishwachi, the treatment should be planned based on dosha dominance, dhatu involved, underlying cause, severity of the symptom and so on.

The main aim of treatment is Samprapti vighatana. The following line of management is planned based on several factors involved in samprapti.

**Nidana parivarjana** is the first principle of treatment to be adopted. The regular following of excess travel with jerky movement, bharavahana, dhukha shayyasana and the vata kara ahara and vihara are to be strictly avoided so that the treatment will be effective. Any other nidana which may worsen the condition or predispose the second episode is to be avoided.

**Specific chikitsa sootras:** Even though the diagnosis is vishwachi, based on the underlying cause, specific treatment are to be followed as explained in the samhitas. Few of the conditions where the vishwachi is symptom like asti majja kshaya/gata vata, asti bhagna, sandhi cyuti(sramsas), are to be treated as per the line of management of those conditions.

Apart from this, the following chikitsa can also be advised when vishwachi is the symptom.

**Paachana/ deepana/ rukshana chikitsa:**

In saama vata and kaphaja vishwachi (presenting with stambha, gaurava, arochaka, tandra) the initial line of treatment should be paachana chikitsa. As there is agnimandya with saama rasadhatu, deepana chikitsa with pachana can be advised. Here chitraka, panchakola, shunti such ushna teekshna
deepaniya and pachaniya dravyas can be advised till the niramavastha is achieved. Other than oral medication which is targeted towards treatment of jataragnimandya, we can achieve sthanika ama pachana and dhatwagni deepana through some of the bahya chikitsa like rasnadi chorna lepana, shamananga ruksha swedas like valuka sweda, naddisweda without abhyanga. After this stage, treatment should be continued based on the dosha dominance. In samsrasta kapha avastha, the same line of management is adopted.  

**Snehana chikitsa:** this is the first line of treatment in kevala, nirama, dhatukshayaja vataja vishwachi. The bahya snehana procedure is commonly combined with swedana chikitsa as snigdha swedana. The snehana imparts snigdhata, mardavata where by vata is controlled and the rukshata, kharata in dhatu and upadhatu is reduced.

**Swedana chikitsa:** As there is vata and kapha prakopa presenting with stambha, graha, shoolaa, gaurava in greeva pradesha, swedana chikitsa is best advised for vata and kapha shamana\(^9\). Sweda relieves stambha gaurava, shoolaa because of its ushnadi gunas. The snigdha and ruksha type of sweda is decided based on the dosha involved. In the presence of kevala, dhatukshayaja, nirama vata, snigdha sweda is advised in the form of greeva basti, naadi sweda. The taila and kashaya dravya used for these procedures should have vata shamana, shooolahara, brumhana guna.

**Ruksha sweda** in the form of Valuka sweda, choorna pinda sweda is advised in kapha pradhana and saama avastha till the nirama avastha is achieved and the anubandhi kapha is cleared. Likewise nadi sweda can also be indicated without abhyanga. After this treatment, vata shamana chikitsa is advised. In case of vata kaphaja condition, jambeera pinda sweda may be ideal choice.

In case of severe pain, stiffness, restriction in neck movement, nadeee sweda gives a quick relief. Snigdha or ruksha type of nadee sweda is selected based on vata or kapha pradhanata respectively. In Shoola pradhana conditions, nirgundi kashaya, Eranda mola kashaya can be selected. Bala moola kashaya is selected for vata shamana and brumhana.

**Nasya karma:** Is the ideal treatment in vishwachi as the root cause for the disease is in jatrudhwa pradesha and nasya has a benefit of snehana, brumhana and balakara effect over greeva skandha pradesha\(^11\). Among the different classification of nasya, specific type of
nasya is selected based on the dosha involved and effect required in the patient. In kevala vataja vishwachi, snehana nasya is selected with sneha dravyas like Kaarpaasaastyadi taila, Ksheera bala taila. In case of dhatukshyaja vata prakopa, vata shamaka and brumhana snehas are to be selected like Maashadi taila, Ksheerabala (101), Dashamooladya yamaka. In case of kapha samsrusta avastha, sneha dravyas having ushna teekshna guna with vata kapha shamana property is to be selected like Prasarini taila, Maha Maasha taila, Dashanga taila. In kapha pradhana or saama and aavarana conditions – initially nasya is contraindicated. Once the anubandhi kapha and saamaa is relieved by the other treatment, the snehana nasya is to be selected.

In case of marmabhighaata, Brumhana nasya with sneha having mamsa rasa, ksheera as one of the ingredient or sneha dravyas which are avartita like Dhanwantaram 101, Ksheerabala 101 can be used. After a course of marsha nasya, patient is advised to practice Pratimarsha nasya with the same sneha. This pratimarsha nasya helps in shamana of remaining doshas, strengthens the greeva skanda pradesha\textsuperscript{12} and pacifies the mild doshas aggravated by daily activities. By this, the recurrence can be prevented.

Basti chikitsa: After an initial course of nasya karma, yapana basti can be practiced in dhatukshayaja conditions, in severe disc lesions. Basti causes vata shamana with brumhana. The dhatu samyata achieved prevents the recurrence. In case of functional disability of the affected limb, repeated administration of course of basti has a major role in the management.

Measure to prevent the recurrence: Once the samprapti vighatana is achieved, the next line of management is to prevent the recurrence. For that, nidana parivarjana, life style modification, strengthening exercises are to be followed. Persons who are prone for vata prakopa, they should follow measures for vata shamana like nitya abhyanga, pratimarsha nasya, following dinacharya and rutucharya.

CONCLUSION

Vishwachil cervical radiculopathy is a vataja disease affecting all the age group without any gender bias. Even though the disease is not life threatening, but can cause severe pain, disability and crippling. Hence early diagnosis, appropriate management and measures to prevent
recurrence are the need of the hour. Cervical radiculopathy can be co related with *vishwachi* as per Ayurveda where radiating pain from the neck to the affected limb with its functional disability is the presenting feature. Based on the *dosha* dominance, involved *dooshya, upadhatu, saama and niramavastha, anubandhi dosha*, the management is to be planned. *Rukshana, pachana and deepana* are the first line of management in *saama* or *kapha pradhana dosha* along with *ruksha swedana*. In *kevala, dhatukshayaja vata, snigdha, vata shamaka* line of treatment is planned like *snigdha sweda, snehana, brumhana nasya*. *Yapana Basti* is the ideal choice in *marmbhigatha*, and *dhatukshayaja* conditions.
REFERENCES