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## Diagnosis and Management of Cervical Radiculopathy - An Ayurvedic perspective

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### 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*



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## 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*<sup>1</sup>. 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 *sannikrusta nidanas*. Among different *bahya karanas*, the *nidana* which can cause *vishwachi* are

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

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*<sup>2</sup>. 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 *viprkrusta nidanas*. They can be categories under *aharajanya* and *viharajanya*.

***Aaharajanya:-***

***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 *prushtha* and *parshva*. Excess of *tikta rasa* intake causes *shoshana* of all the *dhatu*s and *upadhatu*s leading to *vata vikaras*. Excess of *kashaya rasa* dominant food intake causes *karshana* because of *khara ruksha guna* it causes *vata vikaara*.<sup>3</sup>

**Alpa abhojana:** By frequent indulgence, they cause *uttarottara dhatu kshaya*, *upadhatu kshaya* and *vata prakopa*. These *ksheena dhatu*s 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 *viprakrausta karanas*.

**Ati Vyaayama, 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.<sup>4</sup>



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 (srams)* 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.<sup>5</sup>

**Diwaswapna:** The *vishwachi* may have *samsrasta 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(srams)*

**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 *suptata*<sup>6</sup>. The *khandara* involvement is evident in the *samprapti* itself<sup>7</sup>. Involvement of *rasa dhatu* is evident by *sarvanga gaurava*, *tandra*, *aruchi*, *stabdhata*.<sup>8</sup> *Rakta dhatu* association is assessed by *daha*, *upashaya anupashaya* like if the condition is not relieved by the *sheeta ushna*, *snigdha* and *ruksha kriya*<sup>9</sup>. 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(srams)*, 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 *samsrusta 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 *snigdhatata*, *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*, *shoola*, *gaurava* in *greeva pradasha*, *swedana chikitsa* is best advised for *vata* and *kapha shamana*<sup>10</sup>. *Sweda* relieves *stambha gaurava*, *shoola* 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*, *shoolahara*, *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, *nadee 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 *jatrurdhwa pradasha* and *nasya* has a benefit of *snehana*, *brumhana* and *balakara* effect over *greeva skandha pradasha*<sup>11</sup>. 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 *saama* 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 pradasha*<sup>12</sup> 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

*Vishwachi/* 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 *marmbhighata*, and *dhatukshayaja* conditions.



## REFERENCES

1. Acharya Sushruta. Sushruta samhita. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Chawkambha publications; 2009. Pp-824, p 238
2. Acharya Sushruta. Sushruta samhita. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Chawkambha publications; 2009. Pp-824, p 328
3. Acharya Agnivesha. Charaka samhita. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Chawkambha orientalia; 2009. Pp- 738, p-144,145
4. John Ebnezar. Text book of orthopaedics. New Delhi: Jaypee brothers; 2006. Pp-636, p-418
5. John Ebnezar. Text book of orthopaedics. New Delhi: Jaypee brothers; 2006. Pp-636, p-421
6. Acharya Agnivesha. Charaka samhita. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Chawkambha orientalia; 2009. Pp- 738, p-179
7. Acharya Sushruta. Sushruta samhita. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Chawkambha publications; 2009. Pp-824, p 238
8. Acharya Agnivesha. Charaka samhita. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Chawkambha orientalia; 2009. Pp- 738, p-179
9. Acharya Agnivesha. Charaka samhita. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Chawkambha orientalia; 2009. Pp- 738, p-125
10. Acharya Agnivesha. Charaka samhita. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Chawkambha orientalia; 2009. Pp- 738, p-87
11. Acharya Agnivesha. Charaka samhita. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Chawkambha orientalia; 2009. Pp- 738, p-41
12. Vagbhata, Astanga Hrudaya, Sarvangasundari of Aruna datta, Ayurveda rasayana of Hemadri, Chawkambha Surabharathi Prakashana, Varanasi, U.P, 2002, Pp 956, p 293