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## A Randomized Comparative Clinical Study to Evaluate the Efficacy of Two *Yamaka Sneha Nasya* in the Management of *Vishwachi* with special reference to Cervical Spondylosis

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### ABSTRACT

*Nasya karma* is considered as a prime line of treatment in *urdhwajatrugatavikaras*. It strengthens and nourishes the parts of *jathrudhwapradesha* along with having a curative effect. *Vishwachi* is one *urdhwajatrugathavikara* which affects the bahu and may also functional disability. Due to clinical similarities, it can be best understood in modern parlance with cervical spondylosis with cervical spondylosis. With change in lifestyle, increased desk work and improper nutrition, incidence of cervical spondylosis is increasing. *Vishwachi* which is *shulapradhanavatavyadhi*, can be best treated with *snehana* type of *nasya karma*. Hence, two *yamakasnehasi.eDashamooladi yamaka*<sup>1</sup> and *Baladhya yamaka*<sup>2</sup> was chosen for *nasya karma*.

It is an open comparative clinical study with pre-test and post-test design. A minimum of 30 patients were of either gender diagnosed as *vishwachi*/cervical spondylosis were selected and subjected to *nasya karma* for 7 days and had follow up after 7 days making the total duration of the study to 14 days. The statistical analysis of data revealed that, there was highly significant improvement in parameters like *toda*, neck pain, radiation of neck pain, paraesthesia, grip in hand and Tenderness with  $p$  value  $< \text{or} = 0.001$ . Significant results were observed in, movement of neck, *ruk*, *bahukriyahani* with  $p$  value  $> 0.001$  and  $< 0.05$ . The overall effect of the therapy showed that, both the trial drugs were beneficial in the treatment of *vishwachi*. Amongst them, *Baladhyayamaka sneha* was found to be more efficacious in the treatment of *vishwachi*.

### KEYWORDS

*Nasya karma, Vishwachi, Cervical spondylosis, Dashamooladiyamaka, Baladhyayamaka*



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## INTRODUCTION

The needs of the mankind has surpassed the idea of having things for survival alone. In today's era, people are being ruled by the greed to lead a comfortable life. The comfort is sadly being defined by materialism and the concept of 'health for life' is being overhauled. At one end where the human kind is running its rat's race for worldly pleasure, people on the other hand have started realising the worth of a good health. This is making the world turn heads towards Ayurveda – the eternal science of life. Ayurveda not only guides us to lead a healthy life but also has its exceptional ways of treatments for the diseases. Ayurveda states two major treatment modalities i.e *Shodhana* and *Shamana*. *Panchakarma* is a unique treatment modality which performs *shodhana* and also has *shaman*, *brimhana* effects. It is an exclusive approach comprising of 5 different modalities of treatment. *Nasya* is one amongst the modality in *Panchakarma* wherein the medicines are instilled into the nostrils to eradicate or to lessen the morbid *dosha* from the *jatrudhwapradesha*. It is considered as the prime line of treatment for *urdhwajatrugatha vikaras*.<sup>3</sup>

*Vishwachi* is a disease which affects the *bahupradesha*, involving *kandara* of *bahu*. It mainly presents with the neck pain,

radiating to the upper extremities and may cause functional disability also. Based on the clinical similarities, it can be best understood in modern parlance with cervical spondylosis. The cervical spondylosis is a degenerative condition of the cervical spine characterised by degeneration of inter-vertebral disc, with its protrusion and bony overgrowth of adjacent vertebrae causing compression of roots, cord or both. The modern era occupational changes, improper posturing, laborious and long term work have a humongous role to play in the onset on cervical spondylosis. Apart from this, the low nutritious food and lifestyle vicissitudes have led to early degenerative changes due to which youngsters are also dwindling into to the radar of cervical spondylosis. The incidence of cervical spondylosis is increasing day by day and has turned out to be a burning issue which calls for an effective management. Cervical spondylosis may affect the males earlier than females. By age 60, 85% of men and 70% of women show changes consistent with cervical spondylosis on Xray. In a report based on radiographic evidences, prevalence in males was 13% in the third decade increasing to nearly 100% by the age 70 years.

*Vishwachi* affects the *urdhwajatru avayava* and is a *shulapradhana vatavyadhi*.<sup>4</sup> Hence



it can be best treated with *snehana* type of nasya karma. For nasya karma, *Dashamooladiyamaka* and *Baladyayamaka* mentioned in the context of vatavyadhi shirorogadhikara has been selected to compare the effectiveness of both the drugs in *vishwachi/* cervical spondylosis clinically.

## AIMS AND OBJECTIVES

1. To study the therapeutic effect of *Dashamooladiyamaka sneha nasya* in the management of *vishwachi/*cervical spondylosis
2. To study the therapeutic effect of *Baladhyayamaka sneha nasya* in the management of *vishwachi/*cervical spondylosis
3. To compare the efficacy of *Baladhyayamaka sneha nasyakarma* and *Dashamooladhi yamaka sneha nasyakarma* in the management of *vishwachi/* cervical spondylosis.

## MATERIALS AND METHODS

Ethical committee approval no - SDMCAU/ACA-49/ECH-80/16-17

### Source of data:

Literary source- References of *vishwachi*, cervical spondylosis, *NasyaKarma*, *dashamooladiyamaka*, *baladyamaka* were compiled from different available sources

like ayurvedic text books, literature related to allied sciences etc.

**Drugs source** - *DASHAMOOLADI YAMAKA* and *BALADYA YAMAKA* were prepared as per the standard preparation procedure of yamakasneha in rasashala of department of rasashastra and bhaishajyakalpana, Sri Dharmasthala Manjunatheshwara College of Ayurveda, Udupi. Haridra churna for dhumapana was procured from dispensary of SRI DHARMASTHALA MANJUNATHESHWARA Ayurveda hospital, Udupi.

Patients source- 30 patients diagnosed as *vishwachi/*cervical spondylosis were selected from O.P.D. & I.P.D of Sri Dharmasthala Manjunatheshwara Ayurveda Hospital, Udupi.

### Methods of collection of data:

**Study Design:** This is an open comparative clinical study with pretest and post-test design

**Sample size:** 30 patients diagnosed as *vishwachi/*cervical spondylosis were selected for the study and randomly assigned into two groups of 15 patients each that is GROUP A – DASHAMOOLADI YAMAKA, GROUP B – BALADHYA YAMAKA

### Diagnostic criteria for Vishwachi / Cervical spondylosis

- Neck pain radiating to the upper limbs



- Tenderness in cervical region
- Headache
- Difficulty in the movement of arm
- Pain in medial scapular region and shoulders
- Rigidity of neck
- Weakness in neck region
- Weakness in the muscles of arm

#### **Inclusion criteria:**

- Patients fulfilling the diagnostic criteria
- Patients of either gender, aged between 16 to 70 yrs
- Patients who are fit for nasya karma

#### **Exclusion criteria**

- Patients with traumatic, infective, neoplastic conditions of cervical spine
- Patients with major systemic disorders that may interfere with the course of treatment
- Patients suffering from neurodegenerative and post-surgical conditions of cervical spine

**Total duration:-** 7 consecutive days.

**Follow up study:** - 7 days after the course of the Nasya karma.

**Total duration of the study:** 14 days.

#### **Investigations:**

Blood routine investigation { Hb% TC, DC, ESR, RBS }

X- Ray cervical spine: Antero - Posterior and Lateral view

MRI of cervical spine if necessary.

#### **INTERVENTION:**

Selected 30 patients were divided into two groups of 15 each. The procedure was carried out as follows:

#### **Poorva Karma**

Patient was advised *laghubhojana* 2 hours before the procedure.

Methodology of dosage fixation for *nasya karma* in terms of *bindupramana*: Patients were made to dip their clean first two phalanges of index finger into the glass containing *yamakasneha* [*Dashamooladiyamaka / baladhyamaka*] and removed to collect the oil in a *gokarnika*. This procedure was repeated 8 times to procure *astabindupramana* of the *yamaka sneha*. The *yamaka* was later collected in a syringe to assign and fix the dose of the *yamaka* to each nostril in each individual.

GROUP A- Approximately 10 ml of *DASHAMOOLADI YAMAKA/ BALADYA YAMAKA* was made into luke warm by indirectly heating over hot water bath.

GROUP - 10 ml of *BALADYA YAMAKA* was made into luke warm by indirectly heating over hot water bath.

Patient was made to lie down in supine posture.

GROUP A – Mukhabhyanga with *DASHAMOOLADI YAMAKA* was carried out for 10 minutes



GROUP B – Mukhabhyanga with *BALADYA YAMAKA* was carried out for 10 minutes

Mriduswedana was performed by using thick cloth dipped in hot water and squeezed and then sudation was administered to the face including neck, ears and shoulder region also. The procedure was carried out for a period of 10 minutes.

#### **Pradhana Karma-**

Patient was made to extend the head backwards upto 45 degrees to form head and neck low position. Foot end of the table was raised.

GROUP A: 8 *bindupramana* luke warm *dashamooladi yamaka sneha* was filled into *gokarnika* and was being administered into each nostrils after the nares were dilated by keeping the left thumb of the physician over the tip of the nostrils.

GROUP B: 8 *bindupramana* luke warm *baladhyamaka sneha* was filled into *gokarnika* and was being administered into each nostrils after the nares were dilated by keeping the left thumb of the physician over the tip of the nostrils.

Patient was instructed to inhale deeply and was asked to spit out the excess medicine which will be adhered to the throat of the patient during inhalation. *Hasta padaabhyanga* was done using

*dashamooladi yamaka sneha/ baladhyamaka sneha.*

The procedure of *mriduswedana* was repeated for 5 minutes to the face including neck, ears and shoulder region also.

#### **Paschat Karma:**

*Prayogiki dhoomapana* was administered with Haridra choorna

Repeated *kavalagraha* with lukewarm water was given for 2-3 minutes in both groups.

#### **Assessment criteria**

Patients were evaluated before the treatment, on 7<sup>th</sup> day and on 14<sup>th</sup> day after the follow-up period. All the relevant data were collected and documented in a special case proforma. Assessment was done based on the standard methods of scoring, subjective & objective parameters and verbal pain intensity scale.

Patients were evaluated thoroughly based on following subjective and objective parameters.

#### **Subjective parameters:-**

- *Stambha*
- *Ruk*
- *Toda*
- *Bahukriyakshaya*
- *Spandana*
- Neck pain
- Stiffness
- Vertigo
- Weakness



- Clumsy finger movements

Subjective symptoms of *samyaknasta*

**Objective parameters:**

- Tenderness over cervical Spine
- Neck movement restriction
- Deep tendon reflexes of upper limb
- Sensory changes in cervical and affected upper limb
- Objective symptoms of *samyaknasta*

**Other observations-** During nasya karma, symptoms like burning sensation in nose, nasal irritation, headache, secretion in nose and throat, burning sensation in throat, redness in eyes, burning sensation in eyes, secretions from eyes, cough reflex, sneezing will be observed.

**OBSERVATIONS**

In the present study entitled 'A randomized comparative clinical study to evaluate the efficacy of two yamaka sneha nasya in the management of vishwachi with special reference to cervical spondylosis' a total number of 30 patients diagnosed as *vishwachi*/cervical spondylosis fulfilling the inclusion criteria were selected and randomly assigned into two groups viz., group A– *Dashamooladiyamaka*, group B – *Baladyayamaka*

**Table 1** Demographic observations

PARAMETER	OBSERVATION	MAXIMUM NUMBER OF	PERCENTAGE
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		SUBJECTS	
AGE	40-50 years	12	40%
GENDER	FEMALE	23	76.66%
OCCUPATION	HOUSE WIFE	16	53.33%
MARITAL STATUS	MARRIED	30	100%
RELIGION	HINDU	19	63.33%

All the patients taken for the study had complaints of neck pain and pain radiating to one or both the upper limb as the common complaints. Among the 30 subjects, only 2 of them were found to be following a vegetarian diet. The rest of the 28 subjects were found to be following a mixed diet (Table METHODS)

**Observations during nasyakarma :**

Many patients complained of mild headache during the procedure on the first day, after the drug was instilled. This was managed by giving sthanika swedana in the form of bashpa. After the procedure, a few patients developed nasal block due to improper aahara and vihaara. This was managed by giving haridra dhumapana.

**Samyakanasyalakshana:**

Lakshanas like indriyaprasada in the context of improvement in the activity of the *karmendriya* was noted in 83.33% of the subjects from the 6<sup>th</sup> day onwards. *Sukhaswapna* was noted from 2<sup>nd</sup> day onwards in 36.67% of the patients and on the 7<sup>th</sup> day, the improvement in the sleep



was found in about 96.67% of the subjects. A total of 96.67% of the subjects had *vikaropashamana* and *balaprapthi* in terms of increase in the strength of affected limb was found in 76.67% of the subjects on the 7<sup>th</sup> day. No patient had *heena yoga* or *athiyogalakshanas* in the study.

## RESULTS:

The statistical analysis of study data was calculated and assessed through Wilcoxon's signed rank test within the group and Mann Whitney Test was applied to compare the two groups by using SPSS version 20 software. In the present study, those diagnosed as Vishwachi/Cervical spondylosis were randomly assigned into two groups and were administered with the trial drug *Dashamooladiyamaka sneha* in group A for *nasya karma* and *Baladyayamaka sneha* in group B for *nasya karma*. Based on the subjective and objective parameters as mentioned in the proforma, the required data were collected before the treatment (BT) and were observed during study period completely for 7 days which was considered as the after treatment (AT) and also the signs and symptoms were observed during the follow up period which was after 14 days of the initiation of the treatment (AF). Hence the results were categorized as before treatment

(BT), after treatment (AT) and after the follow up (AF). At the end, both the groups were statistically compared and analysed

**Table 2** Results of Wilcoxon's signed rank test

PARAMETER	GRO UP	Z	P	
		VAL	VAL	
		UE	UE	
STHAMB	A	BT	-2.271	0.230
		-		
		AT	-1.414	0.157
	B	BT	-2.428	0.150
		-		
		AT	-2.000	0.046
RUK	A	BT	-3.419	0.015
		-		
		AT	-2.828	0.001
	B	BT	-3.508	0.005
		-		
		AT	-3.542	0.000
TODA	A	BT	-2.44	0.014
		-		
		AT	-2.499	0.014
	B	BT	-3.207	.001
		-		
		AT	-3.00	.003





		AT	-1.414	0.157
		-		
		AF		
		BT	-3.317	0.001
		-		
		AF		
BAHU	A	BT	-1.890	.059
KRIYA		-		
HAANI		AT		
		AT	-2.449	.014
		-		
		AF		
		BT	-3.051	.002
		-		
		AF		
	B	BT	-1.000	.317
		-		
		AT		
		AT	-1.000	.317
		-		
		AF		
		BT	-1.414	.157
		-		
		AF		
NECK PAIN	A	BT	-3.557	.000
		-		
		AT		
		AT	-2.646	.008
		-		
		AF		
		BT	-3.508	.000
		-		
		AF		
	B	BT	-3.542	.000
		-		
		AT		
		AT	-2.828	.005
		-		
		AF		
		BT	-3.573	.000
		-		
		AF		
RADIATION	A	BT	-3.557	.000
OF PAIN		-		
		AT		
		AT	-2.236	.025
		-		
		AF		
		BT	-3.502	.000
		-		
		AF		
	B	BT	-3.391	.001
		-		
		AT		
		AT	-2.449	.014
		-		
		AF		

		BT	-3.502	.000
		-		
		AF		
STIFFNESS	A	BT	-2.33	.020
		-		
		AT		
		AT	-1.732	.083
		-		
		AF		
		BT	-2.640	0.008
		-		
		AF		
	B	BT	-1.732	.083
		-		
		AT		
		AT	-1.414	.157
		-		
		AF		
		BT	-1.633	.102
		-		
		AF		
MUSCLE	A	BT	.000	1.000
WEAKNESS		-		
		AT		
		AT	-2.646	.008
		-		
		AF		
		BT	-2.646	.008
		-		
		AF		
	B	BT	.000	1.000
		-		
		AT		
		AT	-1.000	.317
		-		
		AF		
		BT	-1.000	.317
		-		
		AF		
PARAESTHE	A	BT	-1.414	.157
SIA		-		
		AT		
		AT	-3.162	.002
		-		
		AF		
		BT	-3.317	.001
		-		
		AF		
	B	BT	-3.000	.003
		-		
		AT		
		AT	-1.414	.157
		-		
		AF		
		BT	-3.317	.001
		-		
		AF		



VERTIGO	A	BT	-1.414	.157
		-		
		AT		
		AT	-1.000	.317
		-		
		AF		
		BT	-1.732	.083
		-		
		AF		
	B	BT	-2.236	.025
		-		
		AT		
		AT	-1.414	.157
		-		
		AF		
		BT	-2.646	.008
		-		
		AF		
GRIP IN HAND	A	BT	-1.414	.157
		-		
		AT		
		AT	-3.000	.003
		-		
		AF		
		BT	-3.317	.001
		-		
		AF		
	B	BT	-2.236	.025
		-		
		AT		
		AT	-1.414	.157
		-		
		AF		
		BT	-2.646	.008
		-		
		AF		
MOVEMENT OF NECK	A	BT	-3.372	.001
		-		
		AT		
		AT	-3.317	.001
		-		
		AF		
		BT	-3.359	.001
		-		
		AF		
	B	BT	-3.520	.000
		-		
		AT		
		AT	-2.236	.025
		-		
		AF		
		BT	-3.531	.000
		-		
		AF		
TENDERNES S	A	BT	-3.494	.000
		-		
		AT		

		AT	-3.317	.001	
		-			
		AF			
		BT	-3.373	.001	
		-			
		AF			
	B	BT	-3.153	.003	
		-			
		AT			
		AT	-1.414	.157	
		-			
		AF			
		BT	-3.416	.001	
		-			
		AF			
	TENDON REFLEX	A	BT	.000	1.000
			-		
			AT		
		AT	.000	1.000	
		-			
		AF			
		BT	.000	1.000	
		-			
		AF			
	B	BT	-1.414	.317	
		-			
		AT			
		AT	-1.000	.317	
		-			
		AF			
		BT	-1.732	.083	
		-			
		AF			
VERBAL PAIN INTENSITY SCALE	A	BT	-3.453	.001	
		-			
		AT			
		AT	-3.345	.001	
		-			
		AF			
		BT	-3.428	.001	
		-			
		AF			
	B	BT	-3.431	.001	
		-			
		AT			
		AT	-3.449	.001	
		-			
		AF			
		BT	-3.442	.001	
		-			
		AF			

Statistically significant results were seen in parameters like ruk, bahukriyahaanni, vertigo and highly significant results were



seen in parameters like toda, neck pain, radiation of pain, paraesthesia, movement of

neck and tenderness, when compared within the group (Table no.2).

**Table 3** Mannwitteny test results:

PARAMETER		MEAN RANK A	MEAN RANK B	SUM RANK A	SUM RANK B	U VALUE	Z VALUE	P VALUE
STHAMBA	BT-AT	5.71	6.50	40.00	26.00	12.000	-0.482	0.629
	AT-AF	6.43	5.25	45.00	21.00	11.000	-0.218	0.827
	BT-AF	6.14	5.75	43.00	23.00	13.000	-0.678	0.498
RUK	BT-AT	17.67	13.33	265.00	200.0	80.000	-0.679	0.093
	AT-AF	15.50	15.50	232.50	232.50	112.500	0.000	1.000
	BT-AF	17.77	13.23	266.50	198.50	78.500	-1.674	0.094
TODA	BT-AT	14.48	10.18	188.00	112.00	46.000	-1.760	0.078
	AT-AF	6.14	5.75	43.00	23.00	11.000	-0.678	0.498
	BT-AF	6.14	5.75	43.00	23.00	13.000	-0.219	0.827
BAHU HAANI	BT-AT	9.04	8.83	126.50	26.50	20.500	-0.079	0.937
	AT-AF	8.86	9.67	124.00	29.00	19.000	-0.295	0.768
	BT-AF	6.14	5.75	43.00	23.00	13.000	-0.218	0.827
NECK PAIN	BT-AT	17.33	13.67	260.00	205.00	85.000	-1.481	0.139
	AT-AF	16.00	15.00	240.00	225.00	105.000	-0.395	0.720
	BT-AF	17.77	13.23	266.5	198.50	78.500	-1.674	0.094
RADIATION OF PAIN	BT-AT	17.37	13.63	260.50	204.50	84.500	-1.356	0.175
	AT-AF	16.00	15.00	240.00	225.00	105.000	-0.359	0.720
	BT-AF	17.23	13.77	258.50	206.50	86.500	-1.182	0.237
STIFFNESS	BT-AT	9.19	5.50	119.50	16.50	10.500	-1.359	0.174
	AT-AF	9.15	5.67	119.00	17.00	11.000	-1.422	0.155
	BT-AF	9.46	4.33	123.00	13.00	7.000	-1.799	0.072
MUSCLE WEAKNESS	BT-AT	8.00	8.00	104.00	16.00	13.000	0.000	1.000
	AT-AF	7.96	8.25	103.50	16.50	12.500	-0.98	0.922



	BT- AF	7.96	8.25	103.50	16.50	12.500	-0.98	0.922
PARAESTHESIA	BT- AT	16.71	8.27	234.00	91.00	25.000	-3.308	0.001
	AT- AF	10.07	16.73	141.00	184.00	36.000	-2.592	0.010
	BT- AF	13.79	12.00	193.00	132.00	66.000	-1.281	0.200
VERTIGO	BT- AT	13.43	8.13	188.00	65.00	29.000	-2.282	0.022
	AT- AF	12.21	10.25	171.00	82.00	46.000	-1.147	0.251
	BT- AF	14.14	6.88	198.00	55.00	19.000	-2.925	0.003
GRIP IN HAND	BT- AT	9.09	7.20	100.00	36.00	21.000	-0.855	0.392
	AT- AF	8.50	13.50	102.50	108.00	24.000	-2.146	0.032
	BT- AF	10.33	10.75	124.00	86.00	46.000	-0.297	0.767
MOVEMENT OF NECK	BT- AT	14.89	15.10	208.50	226.50	103.500	-0.075	0.940
	AT- AF	11.61	18.17	162.50	272.50	57.500	-2.405	0.016
	BT- AF	12.32	17.50	172.50	262.50	67.500	-1.850	0.064
TENDERNESS	BT- AT	15.71	14.33	220.00	215.00	95.000	-0.491	0.624
	AT- AF	11.39	18.37	159.50	275.50	54.500	-2.467	0.014
	BT- AF	12.54	17.30	175.50	259.50	70.500	-1.708	0.088
TENDON REFLEX	BT- AT	14.00	16.07	210.00	225.00	90.000	-1.491	0.136
	AT- AF	15.00	16.00	225.00	240.00	105.000	-1.000	0.317
	BT- AF	13.50	16.61	202.50	232.50	82.500	-1.861	0.063
VERBAL PAIN INTENSITY SCALE	BT- AT	17.43	13.57	261.50	203.50	83.500	-1.235	0.217
	AT- AF	16.83	14.17	252.50	212.50	92.500	-0.877	0.380
	BT- AF	18.60	12.40	279.00	286.00	66.000	-1.972	0.049

After statistically comparing the results between group A and group B, Group B showed better improvement in parameters like *sthamba*, *ruk*, *toda*, *bahukriyahaani*,

neck pain, stiffness, paraesthesia and vertigo. Whereas group A showed better improvement in parameters like radiation of pain, muscle weakness, grip in the hand,



movement of neck and tenderness (Table no.3).

### Overall benefits of the therapy:

**Table 4** Overall benefits of the therapy in group A

Se. No.	Overall Benefits	Number of patients
1.	No improvement - <25%,	0
2.	Mild improvement 25-50%,	2
3.	Moderate improvement 50-75%,	8
4.	Marked improvement- 75-80%,	3
5.	improvement- 80-90%	2
6.	Remission-100%)	0

In group A, 8 patients showed moderate improvement and 3 patients showed marked improvement out of 15 patients (Table no.4 )

**Table 5** Overall benefits of the therapy in group B

Se. No.	Overall Benefits	Number of patients
7.	No improvement - <25%,	0
8.	Mild improvement 25-50%,	1
9.	Moderate improvement 50-75%,	3
10.	Marked improvement- 75-80%,	4
11.	improvement- 80-90%	6
12.	Remission-100%)	1

In group B, 10 patients showed overall marked improvement , 3 patients showed moderate improvement and there was 1 case of remission observed ,out of the 15 patients (Table no.5) .

## DISCUSSION

Nasa is one among the panchajnanendriyas and plays an important role in the process of nasyakarma as it is the route of drug administration and communicates with various parts of head, neck shoulders etc.directly or indirectly through many

channels.Vishwachi is a disease which affects the *bahupradesha*, involving *kandara* of *bahu*. It mainly presents with the neck pain, radiating to the upper extremities and may cause functional disability even.Nasyachikitsa is the prime line of treatment in vishwachi. As the *jatrurdhwabhaga* is involved, *nasya* is selected. The *nasya* also has an additional advantage of strengthening the *skanda*, *grevapradesha* where by the disease is relieved in a long run.Nasya karma involves *purva*, *pradhana* and *pashchat* karma each of which carries its own importance in the procedure and effect of *nasyakarma*. *Abhyanga* as *poorvakarma* stimulates the sensory nerve endings thereby producing relaxation of localized musculature. *Swedana* as *poorvakarma* produces the hyperemic effect which causes the vasodilatation locally resulting in increased blood circulation. The *paschat* karmas like *dhumapaana* and *kavalagraha* helps in clearing the *dosha* remnant in *thalu* and *kanta*.

### Discussion on clinical study:

In the *samprapti* of *vishvachi* *vata* and *dhatukshaya* is involved. Hence *snehana* type of *nasya* is ideal as it helps in reducing *vata* and also imparts *snehana* effect to the deeper tissues<sup>5</sup>. Among this *snehanavana* category of *nasya* was chosen. The drugs *dhashamooladiyamakasneha* and



baladhyayamakasneha have been indicated in the vatavyadhis affecting the jathrudhwapradesha.

*Dashamooladiyamakasneha* contains *ghrita* and *taila* together processed with *Dashamoola*, *Bala*, and *Masha*. *Ghrita* is *pitta prashamaka* and *tilataila* is *vata* and *kaphashamaka* and processing with these drugs makes it to attain *tridoshaghna* effect. The comparatively better results were seen in group A in parameters like radiation of pain, muscle weakness, grip in the hand, movement of neck and tenderness (Table no.3). This can be majorly attributed to the *vata* shaman and *shothahara* property of *dashamoolas*. Where as in group B better results were observed after follow up in parameters like *sthamba*, *ruk*, *toda*, *bahukriyahaani*, neck pain, stiffness, paraesthesia and vertigo. This can be due to the *snigdha* and *brimhana* property which is a time taking action. Hence the significant result in the group B after follow up period can be justified (Table no.3).

## CONCLUSION

Vishwachi is a disease which affects the *bahupradesha*, involving *kandara* of *bahu*<sup>6</sup>. Based on the clinical similarities, it can be best understood in modern parlance with cervical spondylosis.

The observations related to demography revealed that, 40% patients were between the age group of 40-50years, 76.66% were females all the patients were married and the highest prevalence was among the house wives (53.33%) (Table no.1 ). Neck pain and radiation of pain to upper limb which are the main feature of *vishwachi* was present in all the patients. Neck stiffness was also one of the presenting symptom. The symptoms like sensory or motor loss, clumsy finger movement and visible deformity of spine was not present among any subjects. All the patients were treated with *nasya karma* for 7 days and daily *samyak nastalakshanas* were observed. When the results were compared between the groups, it was found that group B showed better improvement than the group A (Table no.3). Cases of remission were also noted in group B (Table no.5). The results after the treatment was better in group A where in the results after the follow up was better in group B (Table no.3). This can be attributed to the *vatashamaka* effect of *Dashamooladiyamaka* and the *brimhana* effect of the *Baladhyayamaka* respectively. The improvement in group B based on its *brumhana* effect explains its efficacy and also the *dhatukshayajanyatha* of *vishwachi*. To put it in a nut shell, with the given results in both the groups, it can be concluded that, *nasya karma* is very efficacious in the



management of vishwachi. The *snehananasya* is beneficial in the management of *vishwachi* and amongst the trial drugs that were taken, *Baladhyayamakasneha* (group B) proved to be more beneficial than *Dashamooladiyamakasneha* (group A) (Table no.3 and table no.5).



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