



Vishwachi (Cervical Radiculopathy) and its management- A Conceptual study

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Abstract –

Pain is the most complicated area of human experience. An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. In this disease severe and throbbing type of pain which radiates from neck, shoulder, arm, forearm, & digits is experienced. It is also associated with numbness and emaciation of upper limbs and its muscles. Pain from posterior part of finger and anterior side of *prakoshtha* and *kandara* affect motor function.

Disease spreading from posterior part of fingers and anterior part of *prakoshtha* and *kandara* and which affects the nerve in hand and by affecting the motor function known as *vishwachi*. . Thus *Nasya*, *Abyanga*, *Swedana*, *Nasya* and *Niruha*, *Matrabasti* becomes the line of treatment.

Keywords: *Abyanga*, *Swedana*, *Nasya*, *Niruha*, *Matrabasti*

Introduction –

Ancient Ayurveda is having lot of importance in treating several diseases successfully using various potential drugs and apt methods. Even though there are certain remedies Explained in our classics, now after thousand years there is a need to evaluate the above diseases according to present conditions with proper parameter s and measures. Pain is the most complicated area of human experience. An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage (1). In this disease severe and throbbing type of pain which radiates from neck, shoulder, arm, forearm, & digits is experienced. It is also associated with numbness and emaciation of upper limbs and its muscles. Pain from

posterior part of finger and anterior side of *prakoshtha* and *kandara* affect motor function.

Disease spreading from posterior part of fingers and anterior part of *prakoshtha* and *kandara* and which affects the nerve in hand and by affecting the motor function known as *vishwachi*.

By *Dalhanacharya* verse it is clear that in *vishwachi* posterior part of hand anterior nerves of hands should be included. Word *kandara* refers to *Vatanadi*.

It resembles with Cervical Radiculopathy. A population-based analysis in Rochester, Minnesota, reported an annual incidence of cervical radiculopathy of 107.3 per 100,000 for men and 63.5 per 100,000 for women with a peak at 50 to 54 years of age (2). And prevalence of 3.5 cases per 1000 population(3).

Prevalence of neck pain in obese individuals compared with non – overweight people are may be due to elevated systemic inflammation, decrease muscle strength, augmented involuntary stress, ground reaction force, additional psychological problems and larger number of impairments associated with kinesophobia (4).

Symptoms are sudden onset of pain in neck, shoulder & arm. Weakness & numbness in shoulder arm & hand. Fatigue, malaise, head ache, muscle aches

& pains. Because of present day life style, food, habits, excessive stress strain and anxiety more people are getting these problems and the incidence of the disease. *Vishwachi* is drastically increased day by day. Hence the study has been initiated to evaluate the successive management of *Vishwachi*.

Nidana:

There are no separate *nidanas* described for *Vishwachi*. The general *nidana* of *vatavyadhi* and factors causing *vataprokopa* are applicable.

Aharaja Hetus:

Gunas :

Excessive intake of *ruksha*, *laghu*, *shita ahara* increases the *vata* all these three factors which get increased by excessive intake *rukshaguna* causes *dhatu kshaya*

Rasa:

Kashaya , *katu tikta rasas* are *vataprokapa* .

Sevanavidhi:

Decreased quantity of food, food taken in irregular fashion, eating incompatible foods.

Affects *agni* and malnourishment of the *dhatu kshaya* this leads to *vataprakopa*.

Viharahetus:

1. Primary one is *ativyayama* which also includes.

a. *Langhana* b. *Plavana* c. *Dhavana* d. *Utkshepa*

Dukhasayya and *asana* are specially described by *Charaka* improper posture gives & more pressure over the spine and disturbs the muscular integrity provoking *vata* which also includes *Diwaswapna*, *Ratri* *Jagarana*, *Veganirodha*, *Ativyavaya*.

Mansikahetus:

Chinta, *shoka*, *bhaya*, *krodha* are due to *rajas gunas* where as *vata* is also *rajogunapradhana*.

Thus all these aggravate *vata*.

Samprapti (Aetiopathogenesis)

Due to the *naidanika* factors, *vataprakopa* occurs and it moves all over the body and where it comes in contact with *snehadirahitarikta srotas* it fills them up producing either *Sarvanga* or *Ekangavyadhi*.

In *Vishwachi* disease the *prakupitavata* while moving all over the body settles in the *greeva* making in the *adhithana*. As the *kha vaigunya* is in *greeva*.

Vata fills those *srotases* doing *soshana* of the *sleshakasleshma* of *grivakaserukasandhies* & causing *grivakaserukavikara*. This inturn leads to *dushti* of *kandara* of *bahus* manifesting the symptom of *vishwachi*.

Samprapti Ghatakas:

- **Dosha:** *Vata*, *Vyanavata*.

- **Dushya** : *Kandara* of *baahu* & *prista*
- **Srotas:** *Chestavaha Srotas*
- **Sroto Dusti:** *Sanga*
- **Adhistana:** *Greeva*
- **Vyakastana** : *Baahu*, *talapratyanguli*.
- **Rogamarga** : *Madhyama*
- **Vyadhi swabhava:** *Chirakari*
- **Roopa – Clinical features**

In description of *vishwachi*, *Susruta* mentioned *Bahu karma kshaya* as the only symptom (5).

Vagbhata quoted *bahu chestapaharana* as the *lakshana*. (6). Where *Madhavakara* also described *bahu karma kshaya* (motor –function) as the only symptom.(7). While commenting on the verses of *Acharyas*, various commentators have described in the following way. *Dalhana* opines that, this disease resembles *Gridhrasi* affects one arm (8). Other commentators like *Gayadas*, *Vijayarakshita* and *Arunadatta* stressed the point of occurrence of pain as the cardinal feature in this disease.

The clinical symptoms of Vishwachi as follows:

“*Talapratyangulinamthukandara bahu prustatah*

Bahvah karma kshayakarivishwachi hi sasmruthah” (9)

The word *Vishwachi* is derived from two words. *visvat* + *anc* *vishwa*

means entire whole all pervading. *anc* means turned to directed towards , to move, wander about. Thus *Vishwachi* literally means spread throughout *Vishwachi*

“*ViswamanchatiitivishwachViswam*”

Universal , Everywhere, Life , *Ani* (root verb) to bend, to curve, incline to honour. *Vishwachi* -name of a apsaras.

Vishwachi can be explained as disease starting from posterior part of hand and *prakoshtha*, hands, and fingers , manifest due to flexion and extension of the nerves which gives strength for the movements.

To explain hand is divided into two parts anterior and posterior .two types of muscles are there flexor group of muscle and extensor group of muscle except for this muscles which helps in supination, pronation, adduction abduction. Motor supply to these nerves is done by radial and ulnar nerve.

Any kind of swelling (Radial neuritis or paralysis) and trauma to the nerve hampers flexion and extension of nerve and upper limb gets contracts. Supply to extension muscle is through ulnar nerves any type of trauma to the nerve affects extension ability of hand and hand remain in extension position.

There are 3 types of *Vishwachi*

1. Radial Neuritis
2. Ulnar neuritis

3. Radial ulnar neuritis or Radioulnar paralysis.

Sushruta said *Bahyao* which means it can be seen in one hand like *Gridhrasi* or can be seen in both the Hands (10).

“*Vishwachi cheti*” *Chakar* indicates *Gridhrasi* and *Vishwachi* known as *Khalli* because in both the diseases there is stiffness in hands.

“*Vishwachi gridhrasi chokta khalli tivrasajjanvita*” said *Gayadasa*.

“*Khalli tu padajangheporukamulavamotani*” *khalli* can be read separately than *Gridhrasi*.

Severe pain and *Gridhari* with stiffness or *vishwachi* is known as *Khalli*. *Harita* considered both as *khalli* (11).

Pain often has a neuritis quality – described as throbbing, burning, stabbing, electric shock like and aching. Sometimes it is cramping paraesthesia often felt in fingers. These descriptions of pain are available in our classics as *vyaddhabhedana* etc weakness and occasional tenderness occurs. The *pratyatmika lakshana* of *vishwachi* is radiating pain from the *bahu* , *pristha* to the *hasthatalam* and *pratyanguli* (12).

Teevraruja Dalhana (13) *Stambha, Ruk, Todha & Spandana*

Vishwachi should be differentiated with the following conditions which affects the upper limb.

Ekangavata : Weakness of the affected upper limb and the features of *akarmanya* (loss of function) and *vichetana* (sensory loss) are the characteristic features observed here. Pain and stiffness of the affected upper limb are the associated features. The main differentiating factors of *ekangavata* from other conditions are impairment of voluntary activities. Whereas in *Apabahuka*, symptoms like difficulty in movement and pain occurs only in the *amsapradesha* (14).

Amsashosha:

This being mentioned as a separate entity by *Madhavakara*, it should be differentiated from *Apabahuka*. It can be differentiated by the presence of *mamsakṣhaya* (depletion of fatty tissue) or *shoṣha* in *amsapradesha* (muscular atrophy around shoulder). Pain is not the diagnostic criteria in *amshasoṣha* but mandatory in *Apabahuka* and *Vishwachi* (15).

Manyasthambam:

Due to *diwaswap*, continue uses of Highted pillow, above reasons vitiated *vata* get *avrutta* with *kapha* and developed *Manyastambha* (16), (17)

Apabahukam:

“Amsamoolasthithovayusirasa mkochyathathragahBahupraspandithahara mjanayethyapavahukam” (18). *Vata* prakopa take place at the site of

ansapradesha and creates the *sankoch* at the nerve and develops the *Apabahuka*(19), (20).

Vishwachi, this condition shows close resemblance with that of *Apabahuka*. This condition may be differentiated from that of *Apabahuka* by the typical presentation of pain radiating from the upper arm to forearm and palms. Also, it is distributed from the back of the neck to the tip of fingers. Contrary to this, the pain in *Apabahuka* does not radiate. The pain is more or less restricted to the *amsapradesha*.

Modern View of Cervical radiculopathy

Cervical radiculopathy is a neurologic condition characterized by dysfunction of a cervical. spinal nerve, the roots of the nerve, or both. It usually presents with pain in the neck and one arm, with a combination of sensory loss, loss of motor function, or reflex changes in the affected nerve-root distribution(21). It is associated with movement impairment of the upper limbs in 68% of the cases, scapular pain in 52.5% of cases, paresthesia in 45.5% of the cases, chest pain in 17.8% of the cases and headache in 9.7% of the cases, among others. It's also associated with diminish Musculoskeletal reflexes. The most common cause of CR is the result of degenerative changes that affect the anatomy of the cervical spine including the vertebral bodies, the

intervertebral discs, the facet joints and the ligament component of the cervical spine (22).

Examination for Vishwachi.

Examination of Neck:

1. First active movements are assessed,
2. Next passive movements starting with extension.

Special Test for Assessment –

1. Spurling Test -
2. Cervical Distraction Test
3. Shoulder Abduction test
4. Neck disability Index

Functional assessments:

It is done by performing a series of functional tests or movements. Determine the functional capacity keeping in mind the patients age and health.

Investigations:

- Blood tests – CBC, ESR, RBS
Serum proteins CRP(C – reactive proteins)
- X-rays - Cervical Spine Ap view, Lateral view
- Imaging– MRI – Excellent for cord, root lesions.
- CT –with contrast, intra thecal for root, cord lesions.
- CT – for bony lesions.

Electro diagnostic: Nerve conduction study is an important test used to test the functioning of nerves, especially the ability

of conduction of electrical stimulus. NCV studies can acknowledge the degree of demyelination and axonal loss in the segments of nerve examined. Demyelination of a nerve results in prolongation of conduction time, whereas axonal loss generally leads to the loss of nerve fiber (23).

Isotope scans: Bone (metastases), Infective lesions.

CSF - Presence of lesions infection / inflammation.

Chikitsa

Line of Treatment of Vishwachi

In *Vishwachi*, *khanja*, *pangu*, *padadaha*, and *padaharsha*, *kroshtukasheersha*, *vatakantaka* the cutting of vein (*siravedha*) draining of the affected area is advised and *vatavyadhichikitsa* is also recommended (24).

Dashamuladi kashaya-

It is used along with *taila* or *ghruta* after food then after administered *Nasya* (25).

Dwitiyam masha tailam

It can be used in the form of *Pana*, *Abhyanga* and *Basti*. This oil is indicated in *Pakshaghat*, *Arditavata*, *Karnashul*, *Badhirya*, *Hastakampa*, *Shirahkampa*, *Vishwachi*, *avabahuka*, and *Kalay khanja* (26).

Sapta prasth Mahamash taila-

This oil is used in *Hastakampa*, *Shirahkampa*, *Bahushoth*, *Avabahuka*,

Badhirya, Karnashula, Karnanad, Vishwachi, and Apatanak. It can be used in the form of *basti, Abhyanga, pana* and *nasya* (27).

Mahamasha taila-

This oil also indicated in *Pakshaghat, Hastakampa, Ardita, Apatantraka, Vishwachi, Avabahuka, Khanjavata, Hanugraha, Manyagraha, Abhimanth Vatika, Netraroga, Shukrakshya, Karnanada, Karnashula, Kalay khanja* (28).

In *vishwachi* and *Apabahuka* the *kashaya* prepared out of *dasamoola, bala,* and *masha* mixed with oil and *ghee* is taken after the night meal and after the intake of this medicine *nasya* also has to be done (29).

Mashadi Thailam:

Oil prepared out of *masha, saindhava, bala, rasna, dasamoola, hingu, vacha* and *sivajata*, mixed with *sunthi* is taken after food is useful in *bahushosha, apabahuka* and severe type of *vishwachi* and *pakshaghata*(30).

Susrutha Samhita:

According to *Susruta* the diseases like *Gridhrasi, Vishwachi, Kroshtukasheersha, Vatakantaka, Padadaha, Padaharsha, Apabahuka, Badhirya, Dhamaneeghathavata,* venesection (cutting of the vein) is the main treatment and *vatavyathichikitsa* also

has to be done according to the condition (31). Research regarding the venesection (*siravedha*) should be done and result should be recorded.

Siravedha:

The venesection (*siravedha*) should be done 4 *angula* either above or below of the knee joint in *Gridhrasi* and *Vishwachi*. In *Astangasangraha* the same line of treatment is also explained (32).

Ayurvedic classics explain the chikitsa of vishwachi as follows.

Charaka advised *Nasyam* for diseases affecting *bahu* and *siras* along with *uttarabakti snehapana*. (33).

Sushruta advised *Siravyadhana* in the affected parts along with *vatavyadhi samanyachikitsa* and also mentioned *Vamana* and *Nasya* in diseases (34).

Sharangadhara advised *gunjadhilepam* external application (35).

From the above all statements line of treatment of *vishwachi* can be evolved as

Abhyanga – relax the muscles and nourish the nerve.

Sweda- reduces inflammation of the muscles and increases blood circulation in the neck region.

Snehapana – for nerve nourishment

Nasya karma – It is best for *urdhvajatrugata roga*.

Kati Basti - This penetrates to provide nourishment to the tendons and ligaments. This leads to releasing of tight, stiff and inflamed muscles.

Shamanoushadhi- for shaman action and *Nidanaparivarjana* – avoid the causative factors.

Physiotherapy-

Physiotherapy aims at improving pain, numbness and weakness that suffers on account of the condition. A physiotherapist can teach exercises that will lessen the pain. Postural physiotherapists mainly focus on stretching and flexibility exercises to ease the symptoms of cervical radiculopathy, keeping in mind needs. Training is an important treatment aspect in physiotherapy. Improving the strength of neck and back, and increasing the flexibility of the hand may help the patient to hold a better posture, thus becoming more resistant to pain. Primarily, the goal of physiotherapy is to train the individual in exercises that will ameliorate the symptoms of the condition.

1. Cervical Traction (36)
2. TENS – Pain reduced due to analgesic effect (37)
3. Neck exercises (38)
4. Core muscle strengthening exercises (39)
5. Superficial heating pads

6. Deep cervical flexor strengthening exercises (40)

7. Ice and Heat therapy- (41)

All physiotherapy techniques can be reducing pain and inflammation.

Ayurveda being an ancient medical science is formulated on scientific parameters available in those times. Research is the only way available to re – establish old facts through modern methodology. It is not only useful to expand the area of knowledge but can also help to develop and advance in new direction.

Conclusion –

Vishwachi is a pain predominant disease. Pain in *vishwachi* is caused by partial damage of nerve membranes which become sensitive to mechanical and chemical stimuli. Such afferentiation pain may either be burning superficial (dysaesthetic) type or of stabbing character. So evolving a potent *Vedanahara* Yoga and nerve nourishing drugs are very needful in the management of *Vishwachi*.

All Ayurvedic classics included *Abyanga* , *Swedan*, *Nasya*, and *Niruha basti*, *matrabasti* in the management of *vatavyadhis*. *Bahu* having its *moolam* in *greeva* gets affected in *vishwachi*. Thus *Nasya*, *Abyanga*, *Swedana* , *Nasya* and *Niruha* , *Matrabasti* becomes the line of treatment.

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