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REVIEW ON VISHWACHI WITH SPECIAL REFERENCE TO CERVICAL SPONDYLOSIS

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ABSTRACT:

Vishwachi is one among *Vataja nanatmaja vyadhi* [1] . In this disease the patient experiences a throbbing type of pain. which radiates from neck, shoulder, arm, forearm & digits, associated with numbness and emaciation of upper limb. It is caused due to predominantly due to vitiation of *vata dosha* . It can be correlated with cervical spondylosis A degenerative condition which primarily affects intervertebral discs and joints leading to symptoms such as neck pain, stiffness & reduced range of motion[2]. For the management of *vishwachi Acharya has* specially mentioned *Uttarbhaktika Nasya*[3] given after evening food is very beneficial.

Key words : *Vishwachi, Vataja nanatmaja vyadi*, *Uttarbhaktika,* Cervical Spondylosis

Introduction:

With the extensive use of electronic gadgets and work stress, people in today's era are more prone to cervical issues. Since these factors are deeply integrated into modern life, avoiding them is impossible to cope up with these problems, Ayurveda provides fascinating treatment methodologies for *Vatavyadhi* a category to which cervical problems bear resemblance

Vishwachi is a disease impacting the neck and upper limbs, characterized by symptoms such as pain (*Ruk*), stiffness (*Stambha*), pricking sensations (*Toda*), functional impairment (*Karmakshaya*), and restricted movement (*Chestapaharana*) of the Bahu[4].

In modern medicine the condition Cervical spondylosis is a term that encompasses a wide range of progressive degenerative changes affecting all components of cervical spine (i.e intervertebral discs, facet joint, uncovertebral joint, ligamenta flava & laminae). It mainly affects the middle & older age groups . The prevalence of neck pain ranges from 0.4% to 41.5% and Prevalence of cervical spondylosis is 13.76%, although it differed significantly among the urban, suburban and rural populations 13.07%, 15.91% and 12.25% Respectively. It leads to pain and stiffness in the neck, radiating pain to the arm, paraesthesia, numbness, headache, giddiness etc so that People can't perform day-to-day activities due to severity of pain[5].

The primary goal of treatment for this condition is pain relief; therefore, painkillers (analgesics) are commonly administered along with muscle relaxants and physiotherapy. However, due to the adverse effects associated with conventional analgesics, many individuals are turning to Ayurveda in search of a more effective and safer alternative. Since *Vishwachi* is classified under *Urdhwa Jatrugata Vikara* , the Nasya karma is regarded as the most effective line of treatment for this condition[6]. Additionally, general Vatavyadhi Chikitsa principles like Abhyanga, Swedana, Basti and Sneha Virechana can also be incorporated in the management[7].

Vyutpatti : Vishwachi has been derived from the root word with *Vishva* as *Dhatu* and *Anch* as a *Pratyaya* According to Sanskrit-English dictionary by M. Monier-Williams which means the paralysis of the arms of back [8]

Nirukti : The condition in which aggravated Vata affects the *kandaras* extending from the base of the upper arms to the fingertips leading to impairment or loss of sensory and motor functions is known as *Vishwachi*[9].

Nidhan:

As Vishwachi is enumerated under Vatavyadhi and no separate nidana is mentioned,the samanya nidana of Vatavyadhi can be taken into consideration.

Aharaja Nidhan :Ruksha ahara ,Shita ahara ,Anushna ahara , Lagu ahara sevana ,Langhan ,Abhojana

Viharaja Nidana: Ativyavaya,Ativyayama,Ratrijagarana , Plavana, Ati adwa Vishama upachara, Dhatukshaya , Vega sandharan ,Abhigata, Vishama upachara

Manasika Nidana - Chinta, Shoka, Dukha, Krodha, Bhaya

Anya Nidana :Dhatu Sankshaya, Rogatikarshana[10]

Samprapti:

The causative factors (*nidana)* lead to aggravation of Vata, which enters the *Kandaras* of the palm, fingers and back of the arms, resulting in impairment or loss of both sensory and motor functions[9].

Nidana sevana

↓

Vata prakopa

↓

Sthanasamsraya at Greeva

↓

Bahu kandara Dushti

↓

Vishwachi

Samprapti Ghatakas:

1. Dosha - Vata

2 Dushya - Rasa, Rakta, Mamsa & Meda dhatu

3 Agni - Jatharangi

4 Ama - Jatharagui mandya janita ama

5 Srotas - Rasavaha ,Raktavaha, Mamsavaha, Medovaha Astivaha srotas

6 Sroto dushti – Sanga

7.Udhavastana – Pakwashaya

8.Sanchara sthana - Kandara of Tala,Bahu ,Pratangulii

9.Adhistana - Greeva

10.Vyakta sthana - Bahu ,Talapratyanguli

11.Swabhava - Chirakari

12.Roga marga - Madhyama

Purvarupa:

In classics text, there is no specific description regarding *purvarupa* of *Vishwachi.* However, *Vishwachi* is classified under the *Vatavyadhi* . *Avyakta lakshanam* of *vatavyadi* can be considered as the *purvarupa of Vishwachi* [11]

Rupa:

- *Bahu Karma kshaya* as the only *symptom*[4]
- *Bahu chestapahara as the lakshana* [9]
- This disease resembles *Gridhrasi* it may affect one arm or sometimes both[12].
- for the disease *Vishwachi* it can be said that the pain starting from the *Griva* and radiating to *Amsa* , *Bahu-prushta, Prakoshtaprushta* and *Hasta tala* in successive order is the symptom along with *Stambha* and *Muhuspandana*[12]
- some signs and symptoms like *Dehavyapi Pravakrata, Janu Ura Sandhi sphurana* etc are specially categorized as *vatika Gridhrasi lakshana* And this can be considered for the disease *vishwachi* even but the difference being in the site[13].

Lakshanas like *Tandra*, *Gourava, Arochaka, Mukhapraseka, Bhaktadwesha* etc as symptoms of *vatakaphaja Gridhiasi*. Similar references are available in classics[3]

- Pain in the neck – Radiate in the distribution of the affected nerve root
- Neck rigidity
- Neck movement may exacerbate pain
- Paraesthesia and sensory loss [2]

Upashaya and Anupashaya:

vatavyadhi upashaya and *anupashaya* to be considered.

Differential diagnosis:

Many disorders outside the cervical spine can replicate pain or neurological deficits seen in cervical spondylosis. Careful history, focused examination and targeted investigations separate these entities and prevent missed pathology

Disease	Inclusive criteria	Exclusive criteria
1.Local Musculoskeletal Sources	➢ Cervical sprain ,strain ,facet arthropathy ➢ Myofascial trigger points,generate axial neck pain ➢ Pain worsens during overhead activity	➢ Dermaternal radiation ➢ Neurological testing are normal ➢ Spurling maneuver test is negative
2. Peripheral nerve and plexus lesion (Carpal tunnel syndrome)	➢ Paraesthesia in thumb index and middle finger preserve neck motion and shows slowed median	➢ Pain in one limb ➢ Age above 18 years

	conduction across the wrist ➢ No degenerative changes ➢ Compression of median nerve	
3 .Non degenerative spinal conditions (Acute fracture ,Epidural abscess,Osteomyelitis)	➢ Pain persistent along on limb	➢ Pain is constant ➢ Worsens at night ➢ Systemic signs like fever ,weight loss or history of malignancy ➢ MRI shows Red flag signs
4. intrinsic neurological disorder (multiple sclerosis, vitamin B12 deficiency , GB syndrome)	➢ Limb weakness ➢ Gait imbalance ➢ Sensory loss without concordant imaging compression	➢ Presence of MS plaques during MRI ➢ Demyelination seen on CT
5. Thoracic outlet and vascular compression	➢ Limb weakness renocative elevation test reproduce the symptoms	

Investigations:

X-Ray – lateral and oblique views obtained to confirm the presence of degenerative changes and to exclude other conditions

MRI -If contemplated surgery

Electrophysiological studies – for differential diagnosis between root and peripheral nerve lesions [2]

Treatment :

Snehan – Abhyanga – Prasarani taila ,Masha taila ,Mahanarayana taila

Swedan- Nadisweda – Dashmula kwatha

Nasya karma – Anu taila

Shaman oushadhi:

- *Yogaraja guggulu*
- *Dashmularishta*
- *Rasnasaptaka kwatha*

- *Vatavidhwamsak Rasa*
- *Samirpannaga Rasa*
- *Ekangavira Rasa*
- *Sootshekhar Rasa* [14]

Modern :

The treatment strategy for cervical spondylosis depends on the severity of a patient's signs and symptoms.Symptomatic cervical spondylosis should be approached in a stepwise fashion, starting with nonoperative management.

Nonsurgical:

Pharmacologic agents, including nonsteroidal anti-inflammatory drugs, oral steroids, muscle relaxants, anticonvulsants, and antidepressants, can be prescribed for pain relief.Trigger point injections can be employed to treat myofascial trigger points, which can clinically manifest as neck, shoulder, and upper arm pain.

Surgical:

Surgical intervention should be considered in patients with cervical myelopathy, significant, persistent axial neck pain, or cervical radiculopathy following failure of nonoperative measures. The anterior approach involves a cervical discectomy or corpectomy followed by autograft, allograft, or artificial intervertebral disc fusion [5]

Discussion :

Vishwachi, mentioned as a *Vata Nanatmaja Vyadhi*. presents with radiating pain and stiffness from the shoulder to the upper limb.

Its clinical features closely resemble cervical spondylosis where nerve root compression leads to pain, tingling, and restricted movement .many ayurvedic medications which act as Anti-inflammatory, Analgesic and *Rasayana* formulations are used in *Vishwachi chikitsa.* Which are helpful in relieving the pain and reducing the degenerative changes in the Joint.

Conclusion :

Vishwachi on correlation with modern medical understanding, these symptoms closely resemble those of Cervical Spondylosis, a degenerative condition of the cervical spine leading to nerve root compression and musculoskeletal discomfort.

The causative factors like improper posture, excessive exertion, and strain, can be directly related to the occupational and lifestyle hazards that may lead an individual to suffer from cervical spondylosis .The *samprapti* of *Vishwachi* involving vitiation of *Vata dosha* and affliction *of mamsa, meda , asthi* and *snayu* is analogous to the degenerative and compressive pathology described in cervical spondylosis. This correlation not only validates the relevance of Ayurvedic descriptions but

also strengthens the bridge between Ayurveda and modern science. From the therapeutic aspect Ayurveda offers a wide range of management strategies such as *snehana, swedana, nasya, basti* and internal medications aimed at pacifying aggravated *Vata dosha*, nourishing *asthi dhatu* and *snayu,* and relieving from pain and stiffness. These approaches not only provides symptomatic relief but also helps in correcting and preventing from recurrence. Modern management primarily focuses on painkillers , physiotherapy, and in severe cases, surgical interventions, which although effective, may have limitations or adverse effects. Thus, the correlation of *Vishwachi* with Cervical Spondylosis provides an opportunity to explore integrative management. Ayurvedic interventions, when applied judiciously, can play a significant role in providing safe, holistic, and sustainable relief, especially in chronic cases. This study highlights the importance of classical Ayurvedic understanding in addressing lifestyle-related degenerative disorders, thereby underlining the timeless applicability of Ayurveda in modern clinical practice.

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