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Research Article

A COMPARATIVE STUDY OF *DASHAMOOLADI NASYA* & *DASHAMOOLADI GHANA VATI* IN THE MANAGEMENT OF *VISHVACHI* W.S.R TO CERVICAL SPONDYLOSIS

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ABSTRACT

The advent of civilization and overuse of life modifying gadgets like cell phones, computers, etc. leads to greater incidence of neck pain worldwide, of which Cervical spondylosis is the prime cause, which is a natural ageing process characterized by sequence of degenerative changes in the spinal structure. In Ayurveda, it can be closely correlated with *Vishvachi*, which is a *Nanatmaja vatavyadhi*, in which there is restriction of movement in arms associated with *Ruk, Stambha*, etc. features. **Aims and Objectives:** 1. To study etiopathogenesis, symptomatology, and progress of *Vishvachi* w.s.r. to cervical spondylosis. 2. To assess the efficacy of *Dashamooladi taila nasya* and *Dashamooladi ghana vati* individually and compare the effect of both schedules clinically. **Materials and Methods:** After proper identification, the selected raw herbs are used for *Taila* (oil) preparation according to *Taila paka vidhi* for *Nasya* and *Kwatha* was made for oral medication. The study was carried out in two parts- a). Literary- Textual references from various books, journal and papers on Internet were studied. b). Clinical- After considering the selection criteria, a total of 60 patients were treated in two groups- i) Group A: 30 patients were treated with *Dashamooladi taila nasya* for consecutive 21 days preceded by *Abhyanga* (oleation) & *Svedana* (fomentation). ii) Group B: 30 patients were treated with *Dashamooladi Ghana vati* consecutively for 21 days. Scoring was done on the basis of 09 parameters and statistical analysis was done. **Result:** Group A patients showed marked effect on *Avamotana, Sanchari, Spandana, Aruchi* & moderate effect on *Ruk, Toda, Stambha* & *Tandra*. Group B showed marked effect on *Toda, Stambha, Spandana*; and moderate effect on *Ruk, Avamotana, Sanchar*. **Conclusion:** *Dashamooladi yoga (Dashamoola, Bala, Masha*) is used both for *shamana* and *Nasya* medicine. These are effective in *Vata-kaphaja* ailments, *Sotha, Shula,* etc., and possess *Balya, Brimhana, Rasayana, Vrishya* etc., qualities.

INTRODUCTION

Head and neck are considered to be the supreme monitoring system of the body, and hands are the media by which one can perform its vital tasks.

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Since birth, growth and decay always coexisted simultaneously, and with ageing, the degeneration process bested the growth, and hampers the quality of life. Being, one of the most used joint, the cervical spine undergoes wear and tear on a regular basis, which gradually results in degeneration and compression of nerves, expressed as a constant withering pain, and if remain ignored or untreated, the consequences are even more severe with radiation of pain, restriction of movement, wasting of muscles, etc. With the advent of civilization, the overuse of life modifying gadgets like cell phones, computers, etc. along with increased sedentary life style are causing greater incidence of

neck pain worldwide. Out of which, cervical spondylosis is the prime cause of neck pain, which is a generalized natural ageing process characterized by sequence of degenerative changes in the spinal structure. In the cervical spine, the chronic degenerative process affects intervertebral discs, facets, joints, vertebra (hence osteophytes formation), compression of spinal cord, or cervical spondylotic myelopathy. Sometimes the pain is so severe that, it can hamper the daily activity of a person and simultaneously affects the mental peace of a person. Modern treatment includes symptomatic relief by use of analgesics like NSAIDS, etc. and surgical intervention leads to high and further complication.

In Ayurvedic text, several conditions have been mentioned which are symptomatically related with cervical spondylosis, of which *Griva graha, Griva hundana, Skandha vata, Vishvachi* are considered to be closely related, of which *Vishvachi* is more acceptable due to their clinical similarities. Though the description of the disease along with the treatment principle has been mentioned in Ayurvedic texts, but on practical basis, very few research works have been conducted regarding the disease in this field. In Ayurveda, *Shamana* and *Shodhana* therapies are the two treatment modalities used for treatment of any disease. *Panchakarma* plays a significant role in the treatment of any kind of disease specially *Vatavyadhi*. *Nasya karma* is a therapy under *Panchakarma* wherein drug is instilled through nostrils to eliminate or to pacify the morbid *Doshas* and also provides strength to the head and neck. As we know, that nose is considered to be the gateway of *Shira* (head), thus drug instilled via nose directly reach the target area to provide effective results.

Earlier, cervical spondylosis is considered to be a disease of ageing process. But in recent era, it is observed to be affecting the young age group due to the advent and overuse of various technologies and also as a result of various occupational hazards which trigger the need of detailed study of the disease and to find a standardized treatment protocol for the successful treatment of the disease. Considering the severity of the disease and the pursuit for effective and safer remedy, the present study has been selected.

AIMS AND OBJECTIVES

1. A thorough review of literature concerned with *Vishvachi* as well as cervical spondylosis.
2. To study etiopathogenesis, symptomatology, and progress of *Vishvachi* with special reference to cervical spondylosis.
3. To assess the efficacy of *Dashamooladi nasya* therapy and oral medication- *Dashamooladi Ghana Vati* individually.
4. To compare the effect of *Dashamooladi Ghana Vati* & *Dashamooladi taila nasya* clinically.
5. To search out a simple effective and cheap therapy in the management of *Vishvachi* with special reference to cervical spondylosis.
6. To observe any adverse effect during this therapy.

MATERIALS AND METHODS

Ethical Clearance: The present study has been approved from Institutional Clinical Ethical Committee, Institute of Post Graduate Ayurvedic Education and Research at Shyamadas Vaidya Shastra Pith, Kolkata. (Memo no.-SVP/543/2018 dated 19.05.2018)

Type of Study: Randomized Comparative Clinical Study

Study Population: Registered patients of *Vishvachi* who fulfilled the inclusion criteria, were enrolled from OPD and IPDs of Department of Kayachikitsa, I.P.G.A.E. & R. at S.V.S.P. and Department of Panchakarma, J.B.R.S.A.M.C. & H., Kolkata for the present study after taken their proper consent.

Period of Study: 18 Months (Individual patient – 21 days).

Sample Size: 60 patients

Sample Design

The study was carried out in two parts

a. **Literary-** For literary part, Ayurvedic samhitas, Samgraha granthas, Nighantus, commentaries, authentic texts, allopathic texts of Medicine, physiology, anatomy, neurology, pathology, etc., were followed. Some journal and papers on Internet were also studied.

b. **Clinical-** In the present study, 60 patients were randomly selected from the OPD and IPD of Institute of Post Graduate Ayurvedic Education and Research at Shyamadas Vaidya Shastra Pith, Kolkata and J. B. Roy State Ayurvedic Medical College & Hospital, Kolkata, West Bengal; considering the selection criteria. These patients were treated in two groups as follows- Group A: 30 patients were treated with *Dashamooladi nasya* for consecutive 21 days preceded by *Abhyanga* (oil processed with *Dashamoola, Bala,* and *Masha* as per *Taila paka vidhi*) & *Svedana* (*Vaspa svedana*). Group B: 30 patients were treated with *Dashamooladi Ghana vati* (*Dashamoola, Bala, Masha*) consecutively for 21 days.

Follow up: Follow up was done on 07th, 15th, and 21st day.

Inclusion Criteria

1. Age between 20 - 70 years, irrespective of gender.
2. Patient willing to participate in the study.
3. Patient having maximum signs & symptoms of *Vishvachi.*
4. Patient showing the sign and symptoms of cervical spondylosis without any history of trauma.

Exclusion Criteria

1. Age <20 years, & >70 years.
2. Patient not willing to involve in the study or receiving any other method of treatment
3. Patient with pathologies like cardiac disease, renal disease, vertebral fracture, vertebral fusion, malignancy and acute disc prolapses, etc.
4. Patient with genetic and hereditary diseases.
5. Pregnant and lactating mother.
6. Patient having bowel and bladder complaint due to cervical involvement were excluded.

Diagnostic Criteria

I. **Subjective Criteria:** On the basis of clinical signs and symptoms.

II. **Objective Criteria**

Radiological:

- X-ray of Cervical Spine (Antero-posterior & Lateral view)
- MRI of Cervical Spine

Preparation of Medicine

Raw herbs used in the preparation of *Dashamooladi yoga* is made up of i). *Dashamoola*, which is the root of ten herbs namely *Bilva* (*Aegle marmelos* Corr.), *Agnimantha* (*Clerodendrum phlomidis* Linn.), *Shyonaka* (*Oroxylum indicum* Vent.), *Patala* (*Stereospermum suaveolens* D.C), *Gambhari* (*Gmelina arborea* Roxb.), *Brihati* (*Solanum indicum* Linn.), *Kantakari* (*Solanum surattense* Burm.f.), *Gokshur* (*Tribulus terrestris* Linn.), *Salaparni* (*Desmodium gangeticum* DC.), *Prishniparni* (*Uraria picta* Desv.). ii). *Bala* (*Sida cordifolia* Linn.). iii). *Masha* (*Phaseolus mungo* Linn.). These are used in the following preparation:

a. *Taila* Preparation (For *Nasya*): The oil (*Tila taila* (*Sesamum indicum* Linn.) was prepared as per *sneha paka vidhi*. According to Charaka and Sharangadhara, the *Sneha* (oil) was taken four times of *Kalka* (paste) of the before mentioned drugs (*Dashamoola-Bala-Masha*), then it was boiled with 16 times of *Kwatha* (decoction) made of *Dashamoola-Bala-Masha*. For *Kwatha* (decoction) preparation, the drugs and water were taken as mentioned in *Kwatha* (decoction) preparation in classical text. The *Paka* (consistency) is to be continued upto "तुल्य कल्केन निर्यासे" i.e., *Mridu paka* condition as it is mentioned as the best for *Nasya*.

b. Preparation of *Ghana vati*: One *Pala* of *Dashamoola-Bala-Masha yavakuta* (coarsely powdered powder) was mixed with 16 parts of water in an earthen pot and boiled over mild flame, till the quantity reduced to 1/8th of its original quantity. The liquid was strained out and mixed with a little amount of fine powder of *Dashamoola-Bala-Masha* and mixed thoroughly, until it attained a consistency for *Vati* (tablet) preparation.

Therapeutic Drug Dose

1. ***Nasya*:** *Dashamooladi taila* (*Dashamoola, Bala, Masha*) was prepared and administered as 08 drops in each nostril preceded by proper *Abhyanga* (oleation) and *Svedana* (fomentation) of the face and neck. It was given as per *Nasya vidhi*. Follow up done on 7th, 15th, and 21st day.
   Dose: 08 drops
   Time: Afternoon
   Duration: 21 days
2. *Dashamooladi Ghana vati* as advised to be taken as 500 mg twice daily before food for 21 days with lukewarm water.

Procedure

***Nasya vidhi*:** After covering the eyes with cotton cloth, the tip of the patient's nose was raised with physician's left thumb (forefinger, middle finger and ring finger may also be used in a specific manner) and lukewarm medicine is administered in both the nostrils with the right hand. Total medicine was divided into three parts. After administration of the half of each dose into one nostril, patient was asked to sniff the medicine repeatedly through nose and to split the matters coming into the throat through mouth by leaning the head to its opposite side. The next cycle of administering medicine was preceded by *Abhyanga* (oleation) and *Svedana* (fomentation). Patient was asked to avoid anger, speech, sneezing, laughing and head shaking during *Nasya karma*. After completion of the therapy, feet, shoulders, palm and ears were massaged well once again. Then *Paschata karma* (post therapeutic procedure) was done accordingly.

Assessment Criteria: The patients were assessed on the basis of remission of signs and symptoms. To assess the effect of therapy, all the signs and symptoms were aligned in a scoring pattern, depending upon the severity as follows.

Table 1: Showing arbitrary scoring pattern of subjective parameters

S.No.	Clinical Features	Score
1.	***Ruk* (Pain)**	
1.1	No such complain	0
1.2	Mild- pain during work	1
1.3	Moderate- pain present even in resting phase but patient can perform his/her normal work	2
1.4	Severe- persistent & unbearable pain during any work	3

2.	***Toda* (Pin pricking pain)**	
2.1	No such complain	0
2.2	Mild- pain during work	1
2..3	Moderate- pain present even in resting phase but patient can perform his/her normal work	2
2.4	Severe- persistent & unbearable pain during any work	3
3	***Avamotana* (Cramping pain)**	
3.1	No such complain	0
3.2	Mild- pain during work	1
3.3	Moderate- pain present even in resting phase but patient can perform his/her normal work	2
3.4	Severe- Persistent & unbearable during any work	3
4	***Sanchari* (Radiation of pain)**	
4.1	No radiation	0
4.2	Localized in cervical region/hands/fingers/any specific compartment	1
4.3	Affecting surrounding tissue/muscle	2
4.4	Affecting minimum two or more compartments of limb	3
4.5	Affecting whole upper limb	4
5.	***Karmakshayakara* (Diminished activity)**	
5.1	Able to hold object tightly	0
5.2	Mild- Able to hold object loosely or unable to hold heavy material	1
5.3	Moderate- Objects slips down or only able to hold paper like substances	2
5.4	Severe- Unable to make a fist & cannot hold any object	3
6.	***Stambha* (Stiffness)**	
6.1	No such	0
6.2	Mild- Restriction in one sided movement	1
6.3	Moderate- Restriction in more than one sided movement	2
6.4	Severe- Restriction of movement in all sided movement	3
7.	***Spandana* (Fasciculation)**	
7.1.	No such	0
7.2.	Mild- Only one compartment is affected	1
7.3.	Moderate-Present in more than one compartment but not the whole limb	2
7.4.	Severe- Present in whole limb or any part of the limb	3
8.	***Aruchi* (Anorexia)**	
8.1.	No such	0
8.2.	Mild- Intake of food without any desire	1
8.3	Moderate- Able to take food but unable to deglute	2
8.4	Severe- Aversion to food and on intake vomiting occurs	3
9.	***Tandra* (Drowsiness)**	
9.1	No such	0
9.2	Mild- Present during resting phase	1
9.3	Moderate- Present during work	2
9.4	Severe- Present throughout the day irrespective of time	3

Assessment of Overall effect: It can be calculated by the following formula-

$$\text{Percentage of relief} = \frac{\text{Total BT score} - \text{Total AT score}}{\text{Total BT score}} \times 100$$

Interpretation

a) Complete remission: 100% relief in all signs and symptoms

b) Marked remission: >75% relief in all signs and symptoms

c) Moderate remission: 50-75% relief in all signs and symptoms

d) Mild remission: 25-50% relief in all signs and symptoms

e) Unchanged: <25% relief in all signs and symptoms

Statistical Evaluation

The obtained data were analyzed statistically. The values were expressed as Mean ± SEM (Standard error of mean). The data were analyzed by Paired 't' test. A level of $p< 0.001$ were considered as statistically highly significant and $p< 0.05$ were considered as statistically significant. Level of significance were noted and interpreted accordingly.

RESULTS AND DISCUSSIONS

The observation and results of the study are discussed under the following categorization:

Demographic profile: Out of 60 patients, the maximum patients were from 51-60 years of age i.e., 36.66%. The 2nd highest number of patients were in 41-50 years of age i.e., 28.33%. It is found that patients over 50 years are more prone to develop this disease which is the time for provocation of *Vata*. In this survey, registered females were 58.33%, whereas males were 41.66%. Here, 91.66% of the patients were Hindu, and rest were Muslim. It has been found that 85% of the patients were married. Out of the 60 patients, majority were housewives, holding 33.33%, followed by labourers (31.66%), retired personnel (11.66%), service holders (8.33%), etc. In the manifestation of the disease, both sedentary life, as well as laborious work may initiate the pathogenesis. Out of the 60 patients, 51.66% belonged to the middle class, while 43.33% belonged to lower class and only 5% to upper class. 61.66% were belonging to urban region.

Clinical Profile: Out of the 60 patients, 45% populations have the affinity for *Katu rasa*, while 15% have for *Madhura* and *Lavana rasa* each. *Katu rasa* is responsible for the aggravation of *Vata dosha*, while *Madhura* and *Lavana rasa* responsible for *Kapha dosha*. From the current study, it has been found that, majority of the patients are taking *Guru ahara* i.e., 31.66% & 25% of the patients are taking *Laghu ahara*. In *Mandagni* condition, *Guru ahara* yields in *Ama* production, ultimately this is the basic cause of disease *Vishvachi*. 16.66 % are accustomed to *Snigdha ahara.* This less percentage of *snigdha ahara* may be a cause of degeneration, while 15 % were to *Ruksha*, that is responsible for aggravation of *Vata dosha*.

In the study, 53.33% belonged to *Krura kostha* & 31.66% belonged to *Madhya kostha*. From this study, involvement of *Dosha* i.e., *Vataja* & *Vata-kaphaja* is properly revealed. It is found that all the patients were belonging to *Dvandaja prakriti*, where, *Vata-kaphaja prakriti* is predominant i.e., 61.66%. In the current study, maximum patients possess *Madhya sara* i.e., 56.66%, followed by *Avara sara* i.e., 38.33%. From this, it can be said that their strength is compromised to some extent which may facilitate the manifestation of the disease. In the current study, only 3.33% possess *Pravara samhanana*, whereas maximum fall in *Madhya* i.e., 58.33% and *Avara samhanana* i.e., 38.33%. *Eka rasa satmya* i.e., 28.33% patients are *Alpa bala. Vyamishra satmya* i.e., 66.66% patients have moderate *Bala*. In this study, 75% of the patients have *Madhyama abhyabharana shakti* & 25% has *Avara abhyabharana shakti*. Among them, 66.66% have *Madhyama* and 36.66% have *Avara jarana shakti. Abhyabharana shakti* and *Jarana shakti* contribute important role in the manifestation of the disease. Majority of the registered patients i.e., was having *Mandagni* i.e., 65%, whereas 33.33% belonged to *Visamagni.* In the study, no any patient had *Pravara vyayama shakti*. Majority was of *Madhyama* i.e., 58.33% of *Vyayama shakti*, while some even have *Avara vyayama shakti* i.e., 41.66%.

Of the total study population, onset of disease was gradual in majority of cases, i.e., 71.67%, while in 28.33%, it was acute. It can be considered from the survey that, in 46.67% of the cases, the duration of illness lied between 01-03 years, followed by 35 %, who suffered from this disease for <1 Year. 10% of them suffered from the disease for 03 to 05 years, while only 6.67% suffered for 05 to 07 years.

Laboratory Profile: Biochemical investigations were done in the patients, i.e., hemoglobin percentage, total count, differential count, erythrocyte sedimentation rate, urea, creatinine, fasting blood sugar, post prandial blood sugar, & liver function test, to exclude any other underlying pathology.

Radiological investigations were done to exclude other underlying pathologies, like traumatic, congenital, etc.

Therapeutic profile: The effect of treatment was observed on the basis of relief of symptoms, percentage of relief, SD, SE, 't' test, and its p value were evaluated. Effect of *Dashamooladi taila nasya* on Group A patients of *Vishvachi.*

Table 2: Effect of *Dashamooladi taila nasya* on Group A patients of *Vishvachi*

S.No.	Symptoms of Patients (n = 30)	Mean score		% of Relief	df	SD	SE	't' test	p value
		BT	AT						
1.	*Ruk*	2.97	0.83	72.05%	29	1.04	0.19	11.23	<0.001
2.	*Toda*	2.57	0.77	70.04%	29	0.71	0.13	13.85	<0.001
3.	*Avamotana*	2.03	0.27	86.7%	29	0.63	0.11	15.44	<0.001
4.	*Sanchari*	3.0	0.6	80%	29	1.2	0.22	10.96	<0.001
5.	*Karmakshayakara*	2.03	0.73	64.04%	29	0.50	0.09	14.28	<0.001
6.	*Stambha*	1.83	0.47	74.32%	29	0.85	0.15	8.97	<0.001
7.	*Spandana*	0.57	0.1	82.46%	29	0.39	0.07	6.53	<0.001
8.	*Aruchi*	0.8	0.13	83.75%	29	0.51	0.09	7.44	<0.001
9.	*Tandra*	1.07	0.30	71.96%	29	0.73	0.13	5.72	<0.001

n = Number of patients, BT = Before Treatment, AT = After Treatment, df= degree of freedom, SD = Standard Deviation, SE = Standard Error, 't' = Paired t test, p = Significance level

It is evident from the data that; all the parameters show statistically highly significant results in Group A patients, i.e., <0.001.

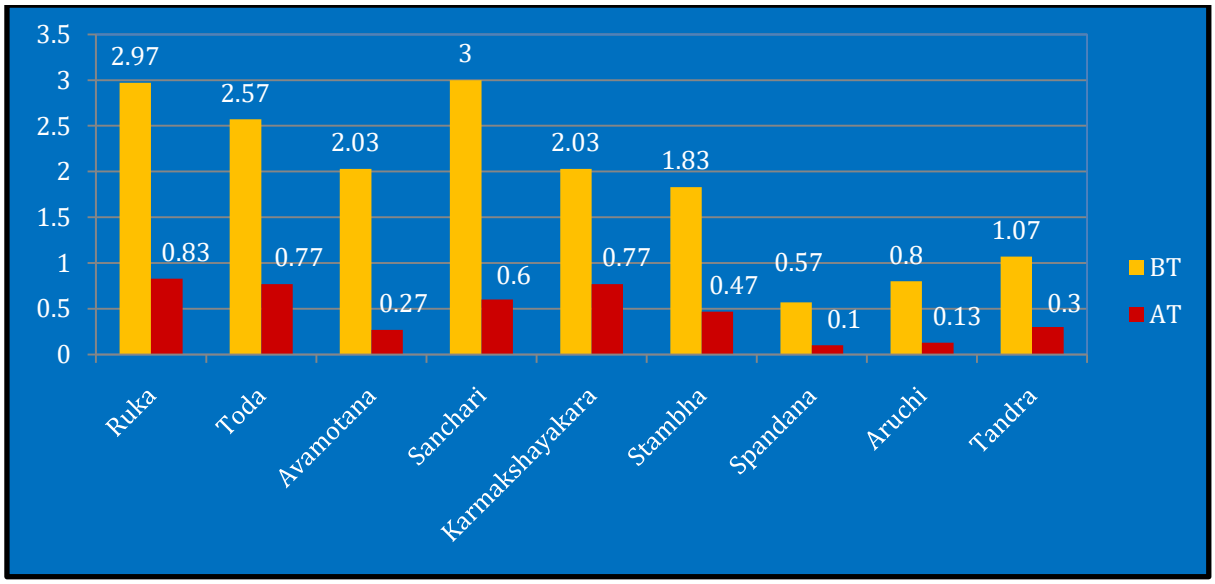

Fig 1: Effect of *Dashamooladi nasya* in Group A patient

Effect of *Dashamooladi Ghana vati* on Group B patients of *Vishvachi*

Table 3: Effect of *Dashamooladi Ghana vati* on Group B patients of *Vishvachi*

S.No.	Symptoms of Patients (n = 30)	Mean score		% of Relief	df	SD	SE	't' test	p value
		BT	AT						
1.	*Ruk*	2.77	1.07	61.37%	29	1.18	0.21	7.90	< 0.001
2.	*Toda*	2.47	0.6	75.71%	29	0.88	0.16	11.7	< 0.001
3.	*Avamotana*	2.1	0.6	71.43%	29	0.51	0.09	16.12	< 0.001
4.	*Sanchari*	2.7	1	62.96%	29	1.21	0.22	7.73	< 0.001
5.	*Karmakshayakara*	2.33	0.83	64.37%	29	0.541	0.09	16.66	< 0.001
6.	*Stambha*	2.2	0.5	77.27%	29	0.88	0.16	10.62	< 0.001
7.	*Spandana*	0.3	0.07	76.67%	29	0.43	0.08	2.87	< 0.05
8.	*Aruchi*	0.73	0.03	95.9%	29	0.75	0.14	5.11	< 0.001
9.	*Tandra*	0.97	0.13	86.6%	29	0.95	0.17	4.81	< 0.001

n = Number of patients, BT = Before Treatment, AT = After Treatment, df= degree of freedom, SD = Standard Deviation, SE = Standard Error, 't' = Paired t test, p = Significance level

It is evident from the data that, Gr. B patients shows highly significant results, i.e., <0.001 in all parameters, i.e., *Ruk, Toda, Avamotana, Sanchar, Stambha, Aruchi, & Tandra*, while in *Spandana,* the results were statistically significant, i.e., <0.05.

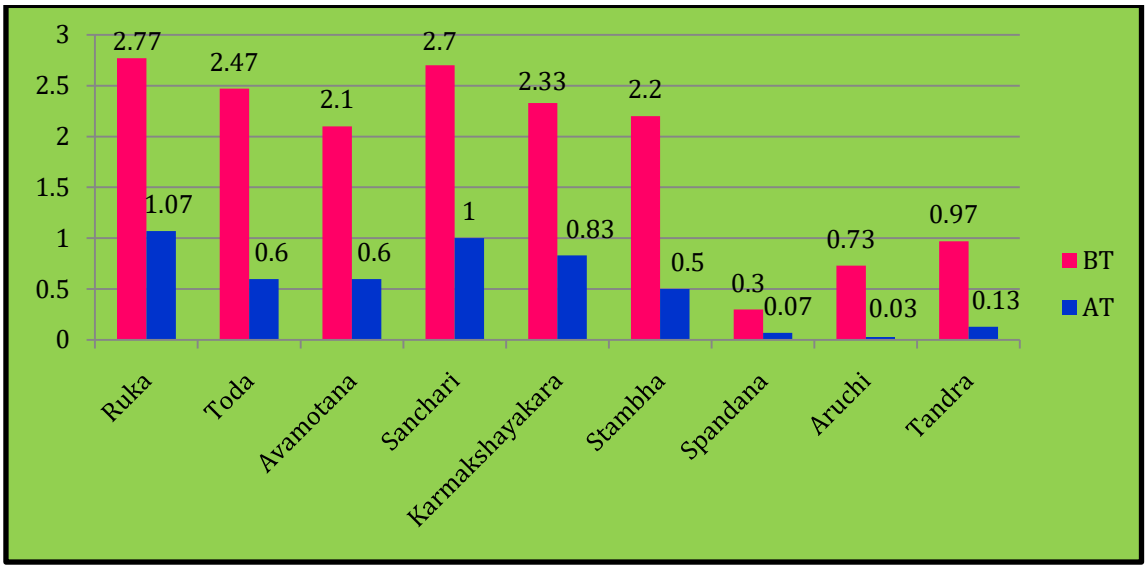

Fig 2: Effect of *Dashamooladi Ghana vati* in Group B patient

DISCUSSION

Vishvachi is a type of *Nanatmaja Vataja* disorder, which manifests in the neck, shoulder, arms and forearms, up to fingers. It is a type of disease where, *Ruk* (pain), *Toda* (pricking pain), *Stambha* (stiffness), *Muhuspandana* (twitching of muscle), *Avamotana* (cramping pain), *Bahya karmakshayakara* (restriction of movement), etc., are generally manifested, associated with *Tandra* (drowsiness), *Aruchi* (anorexia), *Gaurava* (heaviness), etc. The disease has not been elaborated in any Compendium. Majority of the classics have pointed out to consider its sign and symptoms, treatment, *Samprapti*, etc., as *Gridhrasi*.

Vishvachi is manifested due to affection of *Vayu* on *Kandara* of *Greeva* (neck), *Skandha* (shoulder), and *Bahu* (arms) region. As because, *Kandara* is *Mahasnayu*, so, symptoms of *Snayu gata vata* in localized form could be manifested. When the pain is severe, it may be considered as '*Khalli*'.

Different kind of *Aharaja* (dietary), *Viharaja* (behavioural), *Manasika* (psychological), and *Agantuja* (traumatic) factors are responsible to manifests this disease. Excessive use of *Tikta, Katu rasa*, *Ruksha, Laghu* aggravating factors, *Prajagarana* (night awakening), *Atiplavana* (excessive swimming), *Ativyayama* (excessive physical exercise), *Dukkha-sayya asana* (lying over uncomfortable bed and chair), *Marmaghata* (injury to vital organs), *Abhighata* (trauma), *Prapatana* (falling from height), constant sitting, indulges in computers and mobile for longer duration, *Avyayama* (aversion from exercise specially of neck, are specific *Nidana* to manifests *Vishvachi.*

Intake of *Nidana* aggravates *Vayu dosha*, as well as *Kapha dosha* to some extent. When this *Nidana* is sufficient enough to produce *Kha-vaigunya* in *Greeva, Skandha, Bahu, Pristha, Anguli* region, *Dosa* during its propagation, combines with *Dhatu* and lodge on the aforesaid area to produce *Purvarupa* (prodromal symptoms). When the *Dosha* completely lodges on the affected site, *Ruk, Toda, Avamotana*, etc., are manifested. When only *Vata* is aggravated, *Toda* (pricking pain), *Pravakrata* (deformity), *Sphurana* (tingling sensation), *Stabdhata* (stiffness) are mainly manifested. In *Vata-kaphaja* variety, *Tandra* (drowsiness), *Mukhapraseka* (excessive salivation), *Bhaktadvesha* (aversion to food) are expressed.

If the *Samprapti* of *Vishvachi* is properly pursued, it is found that the fundamental *Dosha* is *Vata*. Occasionally it is accompanied by *Kapha* to manifest the disease. *Sanga* type of *Srotodusti* is found. It is *Chirakari* (chronic) in nature. *Dashamoola, Bala, Masha*, are used both for *Shamana* and *Nasya* medicine. These are effective in *Vata-kapha* ailments, *Sotha, Shula*, etc., and possess *Balya, Brimhana, Rasayana, Deepana, Pachana,* etc., qualities. These drugs are very effective in both oral and nasal form.

Vishvachi can be correlated with cervical spondylosis. Cervical spondylosis may be manifested due to change in structure of vertebral body, inter-vertebral disc of the cervical spine, vascular insufficiency and neural changes. The signs & symptoms are manifested either due to root compression (radiculopathy), or cord compression (myelopathy), or due to both. In this dissertation, selection of the patient was done on the basis of compression of nerve.

Mode of action of *Nasya Karma* in Ayurveda

The clear description regarding the mode of action of the *Nasya Karma* is available in Ayurvedic classics. According to Charaka, *Nasa* (nose) is the gateway of *Shira* (head). The drug administered through nose as, *Nasya* reaches the brain and, either it eliminates the morbid *Dosha* responsible for producing the disease or nourishes the area. Acharya Vagbhatta explained that, *Nasa* (nose) is the door way to *Shira* (head), and it communicates with eyes, ears, throat, etc. by minute channels. The drug administered through nostrils, reaches *Shringataka* (a *Shira Marma*) and spreads into the *Murdha* (brain), *Netra* (eye), *Shrota (*ear), *Kantha* (throat), *Siramukhas* (opening of the vessels), etc. and snatches the morbid *Doshas* from these regions and expels them from the *Uttamanga*. Sushruta has clarified *Shringhataka Marma* as *Sira Marma*, formed by the union of *Siras* (blood vessels) supplying to nose, ear, eye and tongue. Commentator Indu of Ashtanga Samgraha opined *Shringataka* as the inner side of middle part of the head i.e., *Shiraso Antarmadhyam.* Sushruta has mentioned that, excessive *Shiro-virechana* (eliminative errhine) may cause *Mastulunga* to flow out to the nose. It clearly denotes the oozing of cerebro-spinal fluid.

From the detail explanation, it is clear that, nose plays a significant mode of route for administration of drug via it, due to its close proximity with the head and neck region. It acts as a gateway to head and associated area, and any medicine instilled through this route causes quick and more beneficial action to *Urdhvajatru vikaras*, i.e., head and neck region. One should be cautious on administration of any drug through this channel.

The chief complaints like *Ruk* (pain), *Toda* (pricking pain), *Stambha* (stiffness), *Muhuspandana* (twitching of muscle), *Avamotana* (cramping pain), *Bahya karmakshayakara* (restriction of movement), etc., are generally manifested, associated with *Tandra* (drowsiness), *Aruchi* (anorexia), *Gaurava* (heaviness), etc., signs and symptoms of *Vishvachi* were elaborately described. Among them, *Ruk* (pain), *Toda* (pricking pain), *Stambha* (stiffness), *Muhuspandana* (twitching of muscle), *Avamotana* (cramping pain), *Bahya karmakshayakara* (restriction of movement), etc., are found in *Vataja* condition and *Tandra* (drowsiness), *Aruchi* (anorexia), *Gaurava* (heaviness), etc., are seen in *Vata-kaphaja* condition.

Vishvachi is a chronic disorder. The observation is in favour of this data. An arbitrary scoring system has been employed in this study by using 0, 1, 2, 3, 4 scoring pattern with symptom specificity has been discussed in detail during methodical aspects of clinical study. The scoring and afore mentioned parameters have been recorded before and after treatment, then calculated mathematically. Finally, statistical analysis was done to evaluate the significance of efficacy.

Of the 60 patients, *Ruk, Toda, Avamotana & Karmakshayakara* was present in among 100% of patients*, Sanchar* present in 98.33% cases, *Stambha* present in 96.67% cases, *Aruchi* present in 56.67% cases, *Tandra* present in 55% cases, and *Spandana* present in 38.33% cases.

In this study, 30 patients in Group A completed their trial with *Dashamooladi nasya,* 08 drops in each nostril for 21 days. This group showed highly significant i.e., <0.001 response in every aspect as *Ruk, Toda, Avamotana, Sanchari, Karmakshayakara, Stambha, Spandana, Aruchi, Tandra.* The percentage of relief in different parameters in this group are- *Ruk* (72.05%), *Toda* (70.04%), *Avamotana* (86.70%), *Sanchari* (80.00%), *Karmakshayakara* (64.04%), *Stambha* (74.32%), *Spandana* (82.46%), *Aruchi* (83.75%), *Tandra* (71.96%). 30 patients in Group B completed their trial with *Dashamooladi Ghana vati*, 500gm twice daily with Luke warm water for 21 days. This showed highly significant i.e., <0.001 response in aspects as *Ruk, Toda, Avamotana, Sanchari, Karmakshayakara, Stambha, Aruchi, & Tandra;* while *Spandana* showed significant result i.e., <0.05. The percentage of relief in different parameters in this group are-*Ruk* (61.37%), *Toda* (75.71%), *Avamotana* (71.43%), *Sanchari* (62.96%), *Karmakshayakara* (64.37%), *Stambha* (77.27%), *Spandana* (76.67%), *Aruchi* (95.90%), *Tandra* (86.60%).

If the results of both groups were compared, it is found that- Role of efficacy of *Dashamooladi Ghana vati* is better than *Dashamooladi nasya* in *Aruchi, Tandra, Karmakshayakara*. It may be due to the fact that all these parameters other than *Karmakshayakara* is due to involvement of *Kapha dosha*. As the drugs of *Dashamooladi Ghana vati* are having *Vata-kapha nashak* property, this group showed better results. Moreover, *Dashamooladi nasya* is basically a *Brimhana* type of *Nasya*, and during this study, no any *Vairechanika nasya* was administered, thus, *Kapha* involvement shows less effect.

Role of efficacy of *Dashamooladi nasya* is better than *Dashamooladi Ghana vati* in *Ruk, Avamotana, Sanchari,* and *Spandana*. It may be due to the fact that, as these symptoms are mainly due to *Vata* affliction & *sneha* is the best measure to pacify *Vata dosha*. Moreover, there is other type of this disease i.e., *Vata-kaphaja*, which mainly contributes symptoms like *Aruchi, Tandra, Gaurava* etc. Here, *Tila taila* is processed with *Vata-kapha hara* drugs, i.e., *Dashamoola, Bala, Masha*, which can effectively mitigate *Vata* as well as *Vata-kaphaja* variety. *Vishvachi* is manifested in the *Urdhvajatru* (upper region of body), where*, Nasya* is the better choice of route for drug administration.

During the study, no adverse effect of either *Shamana* medicine or *Nasya karma* was found.

CONCLUSION

The detailed study of *Vishvachi*, its correlation with Cervical spondylosis, and the clinical application of *Dashamooladi yoga* as mentioned in classical texts in the present study concluded as *Vishvachi* as a disease, where, *Ruk, Toda, Avamotana, Sanchari, Stambha, Karmakshayakara, Spandana,* are commonly manifested. *Aruchi, Tandra, Gaurava*, are found in occasional condition. The features of *Vishvachi* may be correlated with Cervical spondylosis. *Nidana* has three part to manifest disease *Vishvachi*-a) *Nidana* for *Vata* & *Kapha prakopa,* b). *Nidana* to vitiate *Dhatus* (*Rasa, Rakta, Mamsa, Meda, Asthi, Majja*). *Nidana* to manifests *kha-vaigunya*. *Vishvachi* is of two types- *Vataja* & *Vata-kaphaja.*

Total 60 patients were under clinical trial among two groups. Group A patients were administered by *nasya* (08 ml), showed marked effect on *Avamotana, Sanchari, Spandana, Aruchi* and moderate effect on *Ruk, Toda, Karmakshayakara, Stambha* and *Tandra.* Group B patients were treated with oral medication of *Dashamooladi Ghana vati*, showed marked effect on *Toda, Stambha, Spandana, Aruchi* and *Tandra*; and moderate effect on *Ruk, Avamotana, Sanchar* and *Karmakshayakara.*

Dashamoola, Bala, Masha, are used both for *shamana* and *Nasya* medicine. These are effective in *Vata-kaphaja* ailments, *Sotha, Shula*, etc., and possess *Balya, Brimhana, Rasayana, Deepana, Pachana,* etc., qualities. These drugs are very effective in both oral and nasal form. During study, no any adverse effect was observed in any group. Last but not the least, the aforesaid drugs are innocent, cheap, safe, easily available and very effective for the treatment of *Vishvachi*. Hence, it will pave the path for better treatment of the patients suffering from this disease.

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