

ROLE OF BRUMHANA NASYA AND MANYABASTI IN VISHWACHI W.S.R. TO CERVICAL RADICULOPATHY: A CASE REPORT

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ABSTRACT

Background: Vishwachi is one of the 80 vatavyadhi mentioned in Bhavprakash Samhita, presenting with radiating pain, stiffness, tingling sensation, numbness, and restricted movements of the upper limb. It clinically correlates with cervical radiculopathy, a degenerative neurological condition commonly affecting middle-aged individuals. Conventional treatments provide temporary symptomatic relief, whereas Ayurvedic management focuses on Dosha Shamana and Dhatu nourishment. **Objective:** To assess the efficacy of Ayurvedic therapies in the management of Vishwachi w.s.r. Cervical Radiculopathy using standardized clinical assessment scales. **Methods:** A 55-year-old female presented with complaints of pain radiating from the cervical region to the left upper limb and fingers (vaam bahu pratyanguli ruja), tingling sensation (chimchimayana), numbness (suptata), and restricted movements (bahu cheshtapaharan) for six months. The patient was diagnosed with Vishwachi w.s.r. cervical radiculopathy based on clinical examination and radiological findings. Treatment included Brumhana Nasya, Manyabasti with Mahamasha Tailam, Sthanika Snehana and Swedana for 7 days. Assessment was done using Visual Analogue Scale (VAS) for pain, sensory grading for numbness and tingling, and range of motion (ROM) of cervical spine and shoulder joint. **Results:** Significant reduction in pain was observed on VAS score, normalization of sensory disturbances, and increased ROM of the affected limb. The patient showed marked clinical recovery without any adverse effects. **Conclusion:** Ayurvedic therapies shown marked effect in managing Vishwachi correlated with cervical radiculopathy, providing symptomatic relief and functional improvement.

KEYWORDS: Vishwachi, Cervical Radiculopathy, Manyabasti, Brumhana Nasya, Sthanika Snehana, Swedana.

INTRODUCTION

Vishwachi is described in Bhavprakash samhita^[1] as, one of the 80 Vata Vyadhi, characterized by radiating pain,

stiffness, tingling sensation, numbness, and restricted movements of the upper limb.

तलंप्रत्यङ्गुलीनां तु कण्डरा बाहुपृष्ठतः ।

बाहोः कर्मक्षयकरी विश्वाचीति हि सा स्मृता ।। सु.नि.१/७५^[2]

The condition occurs due to vitiation of Vata Dosha affecting Kandara, snayu, leading to functional impairment of the Bahu region.

Clinically, Vishwachi can be correlated with cervical radiculopathy, a neurological disorder results from compression of cervical nerve roots, commonly due to degenerative changes of the cervical spine, leading to pain and neurological deficits in the upper extremity.^[3] Middle-aged individuals are commonly affected, and the condition significantly impacts quality of life.

Conventional management includes analgesics, anti-inflammatory drugs, muscle relaxants, and physiotherapy, which often provide only temporary relief and may cause adverse effects with long-term use. Ayurveda emphasizes Dosha Shamana and Brumhana Chikitsa, aiming at addressing the root cause rather than symptomatic relief. So, here is my study concern to manage the disease with Bruhana Nasya, Manya Basti and sthanik snehana-swedana chikitsa as mentioned in ayurvedic classics.

Need of the Study

Cervical radiculopathy is a common degenerative neurological disorder causing chronic pain, sensory disturbances, and functional disability. Conventional treatment modalities mainly offer symptomatic relief and often fail to address disease chronicity and recurrence. Vishwachi closely resembles cervical radiculopathy in clinical presentation. Despite classical references advocating Panchakarma therapies such as Nasya and Basti for Vata disorders, there is limited clinical documentation on the combined role of Brumhana Nasya and Manyabasti in Vishwachi. Hence, this case study was undertaken to evaluate their effectiveness and to provide evidence-based clinical documentation.

CASE PRESENTATION

A 55-year-old female patient reported to the Kayachikitsa Outpatient Department of L.K. Ayurved Rugnalaya, Yavatmal, Maharashtra, with pain radiating from the cervical region to the left upper limb and fingers (Vaam Bahu Pratyanguli Ruja), tingling sensation (Chimchimayana), numbness (Suptata), and restricted movements of the upper limb (Bahu Cheshtapaharan) since 6 months. The patient was a labour and had no history of major systemic illness.

The patient was apparently healthy six months prior to presentation, after which she gradually developed pain in the cervical region radiating to the left upper limb. The pain was initially mild and intermittent but progressively increased in intensity and frequency. Tingling and numbness of the fingers developed subsequently, accompanied by restriction of neck and shoulder movements. The symptoms were aggravated by prolonged neck flexion, improper posture, and routine

household activities, and were partially relieved by rest. The patient had taken analgesics and physiotherapy intermittently, which provided only temporary relief.

Past History

No history of trauma
No history of diabetes mellitus, hypertension, or other chronic systemic illness
No history of similar complaints in the past

Personal History

Diet: Mixed
Appetite: Moderate
Bowel: Regular (once daily)
Micturition: Normal
Sleep: Disturbed due to pain
Addiction: None

General Examination

Pulse: 78/min
Blood Pressure: 130/80 mmHg
Respiratory Rate: 19/min
Temperature: Afebrile

Local Examination

Tenderness present over cervical spine
Restricted cervical flexion, extension

Neurological Examination

Sensory deficit in dermatomal distribution of the affected limb
Motor power was slightly reduced Grade 4
Reflexes were within normal limits

Investigations

Radiological Examination: X-ray cervical spine revealed degenerative changes with nerve root compression suggestive of cervical radiculopathy
Laboratory Investigations: Routine hematological investigations were within normal limits

Ashtavidha Pariksha

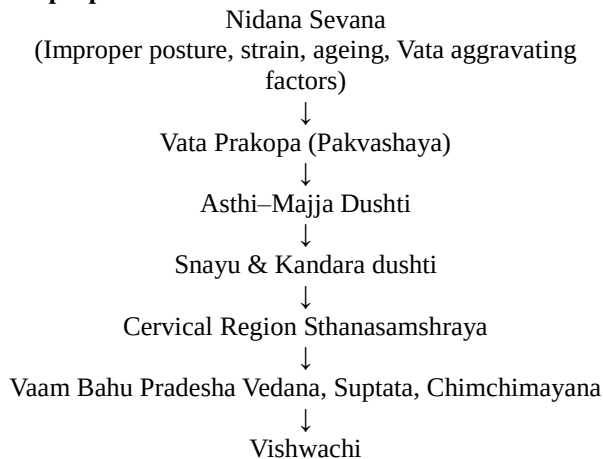
Nadi: Vata Pradhana
Mala: Samyak
Mutra: Samyak
Jivha: Niram
Shabda: Spashta
Sparsha: Ruksha
Druk: Prakruta
Akuti: Madhyama

Dashavidha Pariksha

Prakriti: Vata Pradhana
Vikriti: Vata Vriddhi
Sara: Madhyama
Samhanana: Madhyama
Pramana: Madhyama
Satmya: Madhyama
Satva: Madhyama
Aharashakti: Madhyama

Vyayamashakti: Avara
Vaya: Madhyama

Samprapti



Diagnosis

The diagnosis of Vishwachi w.s.r. to Cervical Radiculopathy was made based on classical Ayurvedic symptoms, clinical examination, and radiological findings suggestive of nerve root compression.

Samprapti Ghataka

Dosha: Vata Pradhana
Dushya: Snayu, Kandara, Asthi, Majja
Srotas: Asthivaha, Majjavaha
Srotodushti: Sanga
Udbhava Sthana: Pakwashaya
Vyakti Sthana: Vaam Bahu Pradesha
Roga Marga: Madhyama
Agni: Vishamagni
Roga Swabhava: Chirakari
Sadhyata: Kruchhra Sadhya

Rationale of Treatment

Vishwachi is caused by aggravated Vata Dosha leading to degeneration and functional impairment of nerve pathways. Hence, the treatment was planned on the

Criteria for Assessment

Clinical assessment was done before and after treatment using the following parameters.

Table 1: Pain Assessment (VAS Score)

Score	Interpretation
0	No pain
1-3	Mild pain
4-6	Moderate pain
7-10	Severe pain

Table 2: Range of Motion (ROM) – Cervical Spine.

Movement	Normal ROM	Before Treatment	After Treatment
Flexion	45°	Reduced	Improved
Extension	45°	Reduced	Improved
Lateral flexion	45°	Reduced	Improved
Rotation	60°	Reduced	Improved

principles of Vata Shamana, Brumhana, and Srotoshodhana. Brumhana Nasya was selected as Nasya is the prime therapy for Urdhvajatrugata Vikara, directly influencing the nervous system. Manyabasti was chosen for localized Vata pacification, nourishment of cervical structures, and relief from pain and stiffness. Supportive Sthanika Snehana and Swedana were administered to enhance circulation and reduce muscle spasm Manyabasti.

Purva karma: The patient was instructed to lay down in prone position resting the forehead on both forearms placed on a table.

Pradhana Karma: Manyabasti with Mahamasha Tailam was performed in the morning hours. Procedure were carried out daily for 7 consecutive days.

Pashchat Karma: After completion of Many Basti, the Sneh Dravya was drained by making a small opening at the edge of the dough ring, following which the dough was removed. The residual oil adhered to the skin was gently massaged.

Sthanika Snehana with Mahamasha Tailam were performed followed by Nadi Swedana done with Dashmool Kwath for 7 consecutive days.

Bruhana Nasyaa

Purva Karma: Patients were subjected to Abhyanga over the face and neck using lukewarm Mahamasha Tailam, followed by Bashpa Swedana to the face and neck with hot water. This was done as preparatory therapy prior to Nasya Karma.

Pradhana Karma: In the evening, Bruhana Nasya Karma was administered using 8 bindus^[4] of Mahamasha Tailam in each nostril procedure were carried out daily for 7 consecutive days.

Pashchat Karma: After Nasya Karma in the evening, Dhoomapana with Haridra Choorna was performed, followed by Kavala with lukewarm water.

RESULTS

Post-treatment assessment showed a significant reduction in pain as measured by the Visual Analogue Scale, improvement in sensory disturbances, and increased range of motion of the cervical spine and shoulder joint.

Table 3: Sensory Assessment.

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
Tingling	Absent	Mild	Moderate	Severe
Numbness	Absent	Mild	Moderate	Severe

RESULTS**Table 4: Comparative Assessment Before and After Treatment.**

Parameter	Before Treatment	After Treatment
VAS score	8/10	2/10
Tingling	Severe	Mild
Numbness	Moderate	Absent
ROM	Restricted	Near normal

Marked improvement was observed in pain intensity, sensory symptoms, and cervical mobility without any adverse effects.

DISCUSSION

Vishwachi is caused by aggravated Vata leading to degeneration and obstruction in the nerve pathways. Nasya is the prime therapy for Urdhvajatrugata Vikara.^[5]
नासा ही शिरसो द्वारम् || अ.ह.सु. २०/१

Here, Brumhana Nasya is used on the vataj Urdhvajatrugata region vikara.

Mahamasha Tailam^[6] used in Nasya possesses Snigdha, Guru, Brimhana, and Vatahamaka properties. Administration of Nasya nourishes the Shiras, Majja, Snayu, and Kandara through the nasal route. It pacifies aggravated Vata at its site, improves neuromuscular function, and enhances nerve nourishment. The lipophilic nature of the oil facilitates absorption through the nasal mucosa. Manyabasti acts locally by providing warmth and oleation, The warm Mahamasha Tailam retained over the neck provides continuous Sneha and Ushna effects. It alleviates localized Vata, relaxes cervical muscles, reduces spasm and stiffness, and improves blood circulation to the cervical nerve roots. The nourishing effect of the oil strengthens Snayu and Kandara, thereby reducing nerve compression and improving upper limb function in Vishwachi.

Local Abhyanga with Mahamasha Tailam produces Snehana Karma, which counteracts the Ruksha and Khara qualities of aggravated Vata. The massage improves local circulation, reduces muscle tightness, nourishes soft tissues, and enhances flexibility of joints and muscles. It facilitates the movement of Vata in its normal direction and helps relieve pain, stiffness, and restricted movements of the affected upper limb.

Nadi Sweda with Dashamoola Kwatha provides controlled fomentation to the affected region. Dashamoola is renowned for its Vata-Kapha Shamaka, Shothahara, and Vedanasthapana properties. The heat generated by Nadi Sweda causes vasodilatation, enhances tissue metabolism, improves circulation, and removes Srotorodha (obstruction in channels). It reduces inflammation, pain, stiffness, and muscle spasm.

Swedana performed after Snehana facilitates deeper penetration of Mahamasha Tailam into tissues, thereby enhancing its therapeutic efficacy. The combined therapeutic approach effectively breaks the Samprapti of Vishwachi, resulting in pain relief and functional recovery.

CONCLUSION

Ayurvedic management with Brumhana Nasya and Manyabasti proved effective in managing Vishwachi correlated with cervical radiculopathy, resulting in marked symptomatic relief and functional improvement. This case supports the role of Ayurveda as a safe and holistic approach in degenerative cervical spine disorders. This case adds practical clinical evidence supporting the role of Panchakarma-based Ayurvedic interventions in degenerative cervical spine disorders.

Patient Perspective

The patient reported significant reduction in pain and tingling sensation and improvement in neck movements. She was able to perform daily activities comfortably and expressed satisfaction with the sustained relief and absence of side effects.

Informed Consent

Written informed consent was obtained from the patient prior to treatment. Consent was also taken for the use of clinical data for academic and publication purposes, ensuring confidentiality.

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