

Revalidating Ayurvedic Concepts of Vishwachi Through a Clinically Documented Case of Cervicobrachial Neuralgia

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Abstract

Vishwachi, defined amongst Vata Vyadhi in classical Ayurvedic texts, resembles the medical presentation of cervicobrachial neuralgia, regarding radiating ache from Amsa Moola to the top limb.^{1 2} This case examine evaluates the efficacy of Ayurvedic interventions in a 42-year-antique lady with MRI-showed C5–C6 disc bulge and classical signs of Vishwachi, along with radiating ache, tingling, stiffness, and limited cervical mobility. Treatment protected Abhyanga, Bashpa Swedana, Greeva Basti, Marma Chikitsa, Nasya, and decided on inner medicines. Substantial development become found in ache (VAS decreased from 8/10 to 1/10), cervical ROM, neurological function, and every day hobby overall performance over 21 days. The case reinforces conventional Ayurvedic standards of Vata Vyadhi control even as supplying non-invasive, evidence-primarily based totally healing options for cervical radiculopathy. This case document contributes precious records to the restricted literature on Vishwachi control.

Key words : Ayurveda, Cervicobrachial, Greeva Basti, Neuralgia, Marma Therapy, Nasya, Vata Vyadhi

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Vishwachi is defined with the aid of using Acharya Sushruta and Acharya Charaka as a circumstance characterised with the aid of using radiating ache from the shoulder to the top limb because of irritated Vata dosha.^{4,13} Classical capabilities encompass Toda (pricking ache), Stambha (stiffness), and impairment of purposeful activity. Despite clean textual descriptions, Vishwachi stays poorly represented in present day Ayurvedic scientific publications.¹¹ Cervicobrachial neuralgia, a present day correlate, arises from cervical nerve root compression generally because of disc bulge or foraminal stenosis.^{4,5} Symptoms including radiating arm ache, paresthesia, and motor weak point resemble classical Vishwachi. Modern literature substantially files nerve root compression mechanisms, neurological deficits, and degenerative cervical backbone pathology.^{7,8} However, integrative scientific statistics combining Ayurveda and neuromuscular diagnostics is scarce. IJTK emphasizes the significance of documenting conventional scientific interventions subsidized with the aid of using clean technique and moral scientific reporting.⁶ This case have a look at pursuits to systematically gift the Ayurvedic control of Vishwachi with diagnostic clarity, rationale-primarily based totally remedy planning, measurable outcomes, and relevance to trendy neurological understanding.

Case presentation :

A 42-year-old female schoolteacher presented with radiating pain from the right side of the neck to the shoulder and lateral arm for 8 weeks, with increasing intensity affecting sleep and daily professional activities.

Tingling in the thumb and index finger and reduced grip strength were noted.

Clinical examination

Ayurvedic examination

- **Prakriti:** Vata-Pitta
- **Vikruti:** Vata Vyadhi
- *Amsa-Moola Shoola, Stambha, Toda* present
- *Sira-Snayu Gata Vata* lakshana observed⁴
- *Srotodushti* : Sanga

Modern Assessment :

- Spurling's test: Positive
- Motor strength: 4/5 in right elbow flexion & wrist extension
- Sensory deficit: C6 dermatome
- ROM restricted (Flexion 40°, Extension 20°, Rotation 45°)

Diagnostic Imaging :

- **MRI** : Posterolateral C5–C6 disc bulge compressing nerve root; foraminal narrowing.
- **X-ray** : Mild osteophytes, loss of cervical lordosis.
These findings correlate with cervical radiculopathy described in neurology texts.^{2,4,15}

Ayurvedic Diagnosis :

Based on symptomatology and examination, the condition was diagnosed as **Vishwachi**, a *Vata Vyadhi* involving *Amsa Moola, Bahu, Mamsa, Sira, and Snayu*.^{4,13}

Treatment Protocol :

A combination of *Vata-Shamana*, *Srotoshodhana*, and *Brimhana* therapies were adopted.

Panchakarma Procedures :**1. Abhyanga (Mahanarayana Taila)**

20 min × 7 days — reduces *Ruksha Guna* and pacifies Vata.¹²

2. Bashpa Swedana

7 days — improves blood flow, reduces *Sanga*, and relieves stiffness.¹²

3. Greeva Basti (Ksheerabala Taila)

30 min × 5 days — shown effective in cervical spondylosis.¹¹

4. Nasya (Anu Taila)

6 drops/nostril × 7 days — directly indicated for *Urdhwajatrugata Vata*.⁸

5. Marma Chikitsa

Stimulated points: Amsa Shosha, Kurpara, Kshipra, Kakshadhara × 5 sessions Improves neuromuscular transmission and mechanotransduction.⁹

Internal Medications

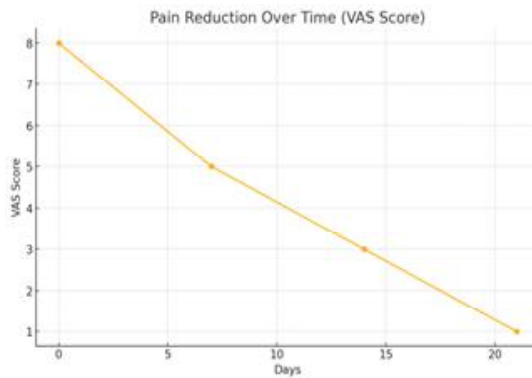
Medicine	Dose	Duration	Evidence
<i>Dashamoola Kwatha</i>	40 ml BD	14 days	Anti-inflammatory, <i>Vata</i> -modulating ¹²
<i>Yogaraja Guggulu</i>	2 tabs BD	21 days	Improves nerve function & muscle tone ¹³
<i>Rasnadi Churna</i>	1 g BD	14 days	Reduces stiffness
<i>Ashwagandha Churna</i>	3 g HS	21 days	Adaptogenic, neuromuscular restorative ⁶
<i>Eranda Taila</i>	5 ml HS	7 days	<i>Vata Anulomana</i>

Table-1. Pain Improvement (VAS Scores)

Day	VAS Score
0	8
7	5
14	3
21	1

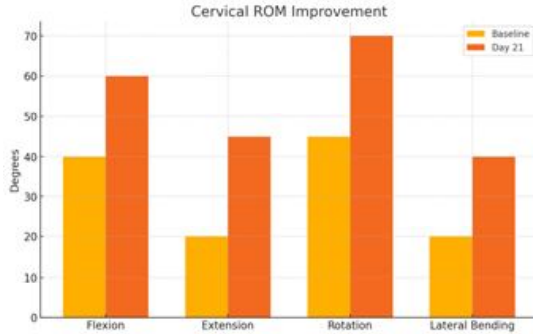
Table-2. Cervical ROM Changes

Movement	Baseline	Day 21
Flexion	40°	60°
Extension	20°	45°
Rotation	45°	70°
Lateral Bending	20°	40°

Graphical Chart 1 — Pain Reduction Over Time

- X-axis: Days (0, 7, 14, 21)
- Y-axis: VAS Score
- Line descends from 8 → 5 → 3 → 1

Graphical Chart 2 — ROM Improvement



- Movements: Flexion, Extension, Rotation, Lateral Bending
- Bars: Baseline vs. Day 21

Neurological Outcomes :

- Tingling resolved completely by Day 21
- Motor strength improved from 4/5 → 5/5
- Sensory deficits normalized
- Sleep restored

Sushruta describes Vishwachi as pain radiating along *Snayu* and *Sira* due to Vata aggravation.¹ Modern neurology explains similar patterns in cervical radiculopathy due to nerve root compression.^{2,3,10,15} The conceptual overlap underscores the diagnostic parallel. Therapies such as *Snehan-Swedana* reduce Vata aggravation, loosening musculoskeletal structures and improving circulation.¹² *Greeva Basti* has significant documented effects in cervical spondylotic disorders.⁸

Nasya acts directly on cranial and cervical pathways.¹ *Yogaraja Guggulu*, *Dashamoola*, and *Ashwagandha* support nerve regeneration and reduce inflammation.^{6,12,14} *Marma Chikitsa* facilitates mechanotransductive pathways influencing neuromuscular responses.⁹ This integrated protocol resulted in rapid and sustained clinical improvement, supporting the relevance of classical *Vata Vyadhi* principles in neuromuscular disorders.

Ayurvedic management, through a structured Panchakarma and internal medication protocol, demonstrated excellent therapeutic efficacy in a patient diagnosed with Vishwachi. Pain relief, restoration of limb function, normalization of nerve conduction symptoms, and improved cervical mobility were evident within 21 days. This case highlights the potential of Ayurvedic interventions as safe and effective alternatives for managing cervicobrachial neuralgia. Further clinical studies with larger sample sizes are recommended.

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