



Prodigy Long-Established Solution in Degenerative Musculoskeletal Disease as Vishwachi with Special Reference to Cervical Spondylosis - A Novel Case Report.

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Abstract: A rectifier that is a unique merger of the two utterly non-identical therapeutic procedures, namely *Viddhakarma* (piercing) and *Agnikarma* (thermal cauterization), collectively termed "*Viddhagnikarma*." It is a modification of the concept by the types of *Agni karma* procedure developed by *Acharya Sushrut* that states the use of different instruments for *Agni karma* at different sites. As muscles, tendons, and ligaments are deep structures, the heat produced must reach them via a medium that bypasses the skin to prevent skin burn, so *viddhagnikarma* was brought into play. *Vishwachi* can be correlated to cervical spondylosis as they both have the same signs and symptoms. *Vishwachi* is most commonly found in the geriatric age group with symptoms of morning stiffness at the cervical region, difficulty in neck movements, radiating pain, tingling sensation in the upper limb, and difficulty in neck movements. The study aims to relieve pain and regression in other symptoms by restoring normal neck and arm movements without adverse effects. NSAID and many more have been more aggressively used and have to be replaced by some alternative therapy that is safe in the geriatric age group that is cheap comparatively. This case study introduces a therapeutic regimen called *viddhagnikarma* for pain management in an 81-year-old lady diagnosed with *Vishwachi* (cervical spondylosis) that presented with no relief from topical analgesics and muscle relaxants. The patient has great relief within two sittings, i.e., after 7 days, with no adverse effects.

Keywords: *Vishwachi*, Cervical Spondylosis, *Viddhagnikarma*, *Viddhakarma*, *Agnikarma*.

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1. INTRODUCTION

Ayurveda is a boon for degenerative musculoskeletal disorders like vishwachi (cervical spondylosis). 'Vishwachi' is an ailment that can be compared to cervical spondylosis according to its etiology and symptoms. The disease Vishwachi is prone to be manifested in *Manya* (Cervical region), and symptoms occur up to the fingertips of the upper limb¹. Vishwachi is one of the *Vata* diseases very well explained by the *Acharya Madhavkara* in the classical text, namely '*Madhava Nidan*'², and *Acharya Sushrut* mentioned it in *Sushrut samhita*³. The dominance of *Vata Dosha* is seen in the pathogenesis of Vishwachi. Vishwachi is a disorder having symptoms like *shoola* (pain) radiating from the back of the arm to fingertips⁴. Cervical spondylosis is a degenerative cervical spine disorder that usually occurs in elderly people above 50 years. It occurs in people with poor cervical posture or those susceptible to neck strain because they keep the neck constantly in one position while driving, reading, writing, lifting weights, and more. The pathology initiates from the intervertebral discs. Degeneration of the disc leads to a reduction in disc space, and later on, the formation of osteophytes occurs. The posterior intervertebral joints get secondarily involved and present with pain in the neck⁵. The osteophytes impinging on the nerve roots give rise to radicular pain in the upper limb. Exceptionally, the osteophytes may press the spinal cord causing signs of cord compression⁶. Thus, considering the recommendation of *Acharya Sushruta*, *Agnikarma* is effective for relieving pain in such conditions. *Acharya Sushruta* quotes that *Agnikarma* is effective in Vishwachi. Also, *Agnikarma* is a better treatment than *Kshara* (Alkali), *Bheshaj* (Medicine) & *Shastra* (Surgery) because the disease treated with *Agnikarma* does not recur⁷. *Acharya Sushruta* has also explained *Viddha Karma* as *Vyadhana* (to puncture) in the *Sharira sthana* of *Sushruta samhita*. *Acharya* further states that when the leap, shan-like procedure fails to relieve pain, *Siravyadhan* is effective⁸. In this case study, we performed '*Viddhagnikarma*' to assess the radicular pain in Vishwachi. *Viddhagnikarma* combines two therapies: *viddhakarma* (piercing) and *Agni karma* (thermal cauterization). Conceptual ideology is just to

modify acharya sushruta's concept of deep penetration of heat by hot oil, ghee, honey, or jaggery so that it can reach up to tendons, ligaments, and bone, but this causes blisters or other signs of burns and may have adverse effects. So, *viddhagnikarma* means piercing a needle at the most tender point and heating its other end so that by the conduction method, heat transfers to deeper structures at the distal end of the needle, bypassing the skin, thus avoiding burn symptoms⁹. The primary focus of this case report is to acquaint drastic results for pain with minimally invasive techniques that can be useful in the geriatric age group to avoid long usage of NSAIDs. The prevalence of Cervical spondylosis in India is about 22%-39%, and it usually presents with pain & most of them takes NSAIDs, opioids, analgesics, muscle-relaxant pills, topical analgesics, cervical collar, and cervical traction, all in combination are too costly, and has temporary benefits with risk of long-term complications. *Viddhagnikarma* is comparatively cost-effective, streamlined, and has minimal concomitant results. Epidemiology: About 25% of individuals under the age of 40 years, 50% within the age of 40 to 60 years, and 85% of people in the age group above 60 years show evidence of degenerative most frequently affecting C6-C7 followed by C5-C6¹⁰. The study aims to evaluate the efficacy of *viddhagnikarma* in managing vishwachi, i.e., cervical spondylosis. To evaluate the efficacy of *viddhagnikarma* in relieving pain and stiffness in vishwachi (cervical spondylosis) was the primary objective, and secondary objectives were to restore normal function of the neck and arm, to provide safe and cost-effective treatment, mostly in the geriatric age group, to seek for non-invasive therapy with drastic results.

2. A CASE REPORT

The present case is of an 81-year-old lady, who is a housewife presented with complaints of cervical pain that is aggravated by movements, radiating pain with a tingling sensation from neck to the right arm, Right arm weakness, and morning stiffness (lasting for 15-20mins) since 2-3 years. She disclosed oral administration of NSAID from her family doctor but had no relief, so she visited the Shalyatantra OPD.

Table 1: Showing the personal history of the Patient.

Name- ABC	Bala- Hina
Age- 81 years	Sex- Female
Marital status- Married	Occupation- House-wife
Weight- 74 kg	Bowel habit- Regular
Sleep- Disturbed	Diet- Mixed

3. HISTORY OF PRESENT ILLNESS

The patient was ostensibly fit three years ago, then had gradual onset of symptoms with pain in the cervical spine region that aggravates by motion. Later on, she felt a tingling sensation in her right arm from her neck and had weakness in her arm. She also disclosed the morning stiffness symptom that lasts 15 to 20 minutes. She had been taking oral analgesics for the last 3-4 months but had no relief, so she visited the Shalyatantra OPD of Dr. D. Y. Patil Ayurved College and Hospital, Pimpri, Pune-18, for further management.

- The patient is not a known case of Hypertension, Diabetes mellitus, or any major illness.
- She gave birth to 2 children by Normal Vaginal Delivery.

4. GENERAL EXAMINATION

Pulse rate- 80/min regular with normal volume,
Blood pressure - 126/78 mm of Hg.
Respiratory Rate- 16/min

Temperature- 98.1°F
Pallor/Icterus/Clubbing- Absent

5. SYSTEMIC EXAMINATION

Respiratory system: Air entry bilaterally equal, no abnormal lung sounds heard.
Cardio-vascular system: S1 and S2 were heard with no abnormal sounds heard.
Central nervous system: Conscious and well-oriented with normal cranial nerve examination.
Per abdomen: Soft and non-tender.

6. LOCAL EXAMINATION OF THE CERVICAL SPINE REGION

On Inspection: Absence of swelling, redness, or scar at the neck region.

• ON EXAMINATION: (Table 1)

Table 2: Signs and symptoms of the patient having <i>Vishwachi</i> (Before treatment).			
Parameter's		Observation (Before treatment)	
1.	Tenderness	2 (Tenderness to palpation with a grimace)	
2.	Swelling	0 (Absent)	
3.	Morning Stiffness	1 (Present for up to 30 minutes)	
4.	Tingling Sensation (Neck to Right Upper Limb)	1 (Present)	
5.	Arm weakness	Right	Left
		Present	Absent

Table 2 describes the present signs and symptoms of the patient after evaluation: tenderness, tingling sensation from the neck region up to the right upper limb, and weakness in the right arm were noted, with the absence of swelling in the neck region.

• CLINICAL EXAMINATION FINDINGS: (Table 2)

Table 3: Clinical examination of the patient (Before treatment)			
Examination Test's		Finding's	
1.	Cervical Distraction Test	Positive (Symptoms reduced after performing the test.)	
2.	Spurling's Test	Positive (After performing the test, the patient experienced radiating pain down towards the arm from the neck.)	
3.	L'Hermite's Test	Positive (Tingling sensation felt by patient after flexion and rotation of the neck.)	
4.	MRC Muscle power scale	Right Arm	Left Arm
		3	5
5.	Cervical Range of Motion Test (By Goniometer)	Flexion	0°-20°
		Extension	0°-15°
		Lateral Flexion	Right side 0°-10°
			Left side 0°-25°
		Rotation	Right side 0°-45°
			Left side 0°-70°

Table 3 mentions the results of clinical examinations that were performed using assessment tests before treatment on the initial day, which included the Cervical Distraction Test, Spurling's Test, L'Hermite's Test, MRC Muscle power scale, and the Cervical range of motion conducted using a goniometer was measured in the degrees.

VAS Scale (Before treatment): 8/10

7. INVESTIGATIONS

X-ray Cervical Spine: - Antero-Posterior view and Lateral view

- Osteoporosis.
- Marginal Osteophytes noted.
- Mild straightening of cervical lordosis likely due to para-spinal muscle spasm.
- Disc space narrowing at C5-C6 & C6-C7 levels.
- Visualized soft tissues appear grossly normal.

Impression: Osteoporosis.
Changes of Cervical Spondylosis.

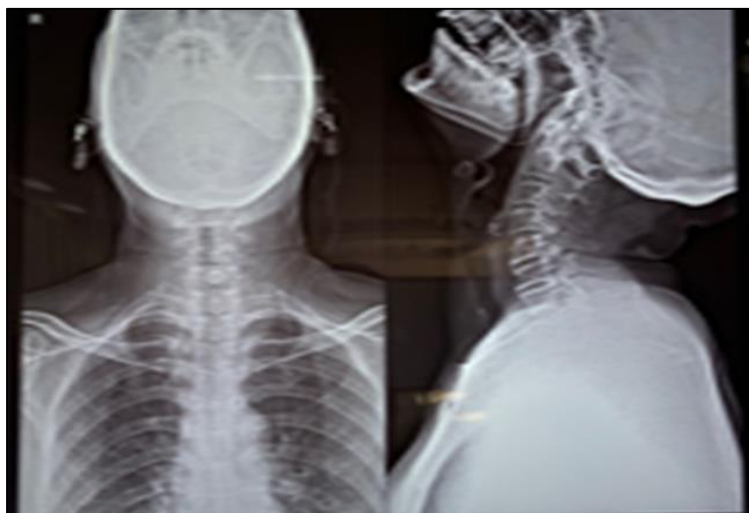


Fig 1: X-ray of the cervical spine (AP & Lateral view)

Fig 1: mentions the film of X-ray of the cervical spine with radiological changes of cervical spondylosis.

	DR. D.Y. PATIL AYURVED HOSPITAL & RESEARCH CENTRE, PIMPRI, PUNE – 411018.	
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">X-ray Report</div>	
Name : 		
Dr. Name: Dr. Kukade	Age: 81 Y/ F	Date: 01/11/2022
<u>PLAIN RADIOGRAPH OF CERVICAL SPINE-AP & LATERAL VIEW</u>		
<ul style="list-style-type: none"> - Osteoporosis. - Mild straightening of cervical lordosis likely due to paraspinal muscle spasm. - Marginal osteophytes+ - Disc space narrowing at C5- C6 & C6-C7 levels. - Rest normal. - Visualized soft tissue grossly appear normal. - No e/o bony cervical ribs. 		
Impression		
<ul style="list-style-type: none"> - Osteoporosis. - Changes of cervical spondylosis. 		
Thanks for referral.		
		 Dr. Vishal Patil, MD (Radiologist)

Fig 2: Report of x-ray cervical spine (AP & Lateral view)

Figure 2 describes the radiological findings of the cervical spine X-ray that mentions signs of cervical spondylosis.

8. ASSESSMENT CRITERIA OF DEGENERATIVE CERVICAL SPONDYLOSIS

➤ CLINICAL PRESENTATION

Positive test results of the following: (Table I)

1. Cervical Distraction Test
2. Spurling's Test
3. L'Hermitte's Test

➤ RADIOLOGICAL PRESENTATION: (Figure 1&2)

- Osteoporosis
- Changes of Cervical Spondylosis.

Thus, Degenerative Cervical Spondylosis is diagnosed by the above clinical and radiological findings.

9. NIDANA (ETIOLOGY)

Ahara- Ruksha ahara (Dry foods), sheeta peya (cold drinks), and repeated intake of stale food¹¹.

Vihara- House work, Bad posture, Pillow, Vayu-atapa sevan (excessive sun and wind exposure).

Samprapti: Above nidana and old age leads to Vata prakopa, and later on, stansanshraya (pathogenesis) occurs in the Neck region due to the above causes leading to other symptoms¹².

10. DIAGNOSIS

Vishwachi (Degenerative Cervical Spondylosis)

11. PATIENT CONSENT

The patient's written informed consent was obtained before commencing the treatment. The patient also consented to publish her report to advance clinical research knowledge exchange. To maintain the confidentiality of the patient's identity, all necessary safeguards have been followed during the case report's creation.

12. ASSESSMENT CRITERIA

12.1. Subjective Parameters

Table 4: Subjective parameters used for assessment of the patient.		
Tenderness	Grade 0	No tenderness
	Grade 1	Tenderness to palpation without a grimace
	Grade 2	Tenderness to palpation with a grimace
	Grade 3	Tenderness with withdrawal
	Grade 4	Withdrawal to noxious stimuli
Swelling	Grade 0	Swelling absent
	Grade 1	Swelling present
Morning Stiffness	Grade 0	No stiffness
	Grade 1	Stiffness persisting for less than 30 minutes
	Grade 2	Stiffness persisting for 30 minutes to 1 hour
	Grade 3	Stiffness persisting for more than 1 hour
Tingling Sensation	Grade 0	Tingling sensation absent
	Grade 1	Tingling sensation present

Table 4 includes the subjective criteria for assessing the patient of cervical spondylosis and its gradation.

12.2. Objective Parameters

Table 5: Objective parameters used for assessment of the patient.		
MRC Muscle power scale	Grade 0	No contraction
	Grade 1	Flicker or trace of contraction
	Grade 2	Active movement with gravity
	Grade 3	The active movement against gravity
	Grade 4	The active movement against gravity/resistance
	Grade 5	Normal power
Cervical Range of Motion Test (in degrees)	Flexion	In normal state- 0° to 50°
	Extension	In normal state- 0° to 50°

Lateral-Flexion Rotation	In normal state- 0° to 45° In normal state- 0° to 80°
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Table 5 describes the objective parameters for assessing the patient that considers the MRC Muscle power scale and Cervical range of motion measured in degrees by a goniometer.

13. DURATION OF THE STUDY

Day 0 – Initial assessment (Before Treatment) with the first *viddhagnikarma* sitting.

Day 7 – Assessment with the second *viddhagnikarma* sitting.

Day 14 – Final assessment (After Treatment)

14. THERAPEUTIC FOCUS

Table 6: Therapeutic regimen (Internal and external therapy)			
Sr. No.	Therapeutic regimen	Dosage	Duration
1.	Tab. <i>Vatahar yog vati</i>	2 TDS (250 mg each)	14 days
2.	Tab. <i>Dashamula ghanavati</i>	2 TDS (250mg each)	14 days
3.	<i>Viddhagnikarma</i> at most tender points	For 3-4 minutes	On 0 th and 7 th day

Table 6 explains the therapeutic regimen, including internal and external therapies, dosage, and duration. The external therapy introduced was *viddhagnikarma*, which was given on the initial day and seven days later and was applied for 3-4 minutes. The patient diagnosed as *Vishwachi* (Degenerative Cervical Spondylosis) has been taken up for the study and will be treated with *Viddhagnikarma*. (Figure5)

15. MATERIALS

5% Povidone-iodine solution, 26 I-1/2 G needles, Flame lighter, Shatadhauta ghrta, Sterile Cotton balls, Sterile hole sheet, Sponge holding forceps, Sterile gloves

16. METHODOLOGY

A) *Abhyantar chikitsa* (Internal medication)

- *Vatahar yog vati* 2 tablets TDS with water after food for 14 days.
- *Dashamula ghanavati* 2 tablets TDS with water after food for 14 days. (Manufactured by Sudhatatva Pharmacy of Dr. D. Y. Patil College of Ayurved and Research Centre, Pimpri. Pune-81)

B) *Bahya Chikitsa* (External Therapy)

The procedure of *Viddhagnikarma* was carried out in the following stages.

• *Purva Karma* (Pre-operative Procedure)

Written informed consent. The patient explained the whole procedure. The patient was advised to sleep in a prone procedure with lateral neck flexion to the right side. The neck area was painted with 5% Povidone-iodine solution & was later draped with sterile sheets. (Figure3)



Fig 3: Painting of the neck region. (5% Povidone-iodine)

• *Pradhan Karma* (Operative Procedure)

Most tender points on the neck region were marked aside from the cervical spine on the right side. 26 I-1/2 G needles were pierced on the marked points 1-2 cm deep (To penetrate the underlying fibers of Trapezius, Semispinalis capitis, and Splenis Capitis) (Figure 4). Then using a Flame lighter, heat was transferred from the proximal end of the needle to the distal part of the

tissue(Figure5). This process was done until the patient felt the heat at the site. Then the needles were removed using artery forceps and were discarded.



Fig 4: The 26 I-1/2 G needle was pierced on the marked points.

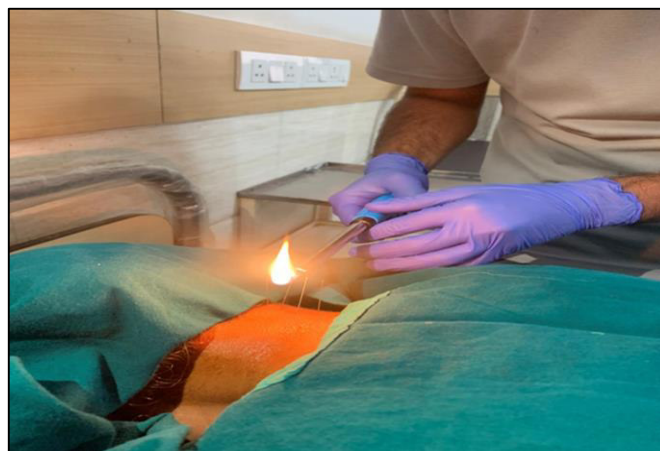


Fig 5: The heat was transferred from the proximal end of the needle to the distal part that is in the tissue with the use of a Flame lighter.

- Paschat Karma (Post-operative Procedure)**

Shatadhauta ghrita was applied on the site of the procedure after ensuring hemostasis. The patient was kept under observation for 30 minutes. Dry Dressing was done under all aseptic precautions. The procedure was repeated after 7 days again. *Viddhagnikarma* is administered for 2 sittings with an interval of 7 days.

17. CHRONOLOGY IN OBSERVATION AND RESULTS: (Table 3) (Graphs 1 and 2)

Clinical examination of the patient reveals regression of the symptoms of about 70% after the first sitting and total relief after the second sitting of *Viddhagnikarma*. After completing the study, the patient has complete relief from pain and tingling along with morning stiffness in the neck and arm.

Table 7: Observation and result table (Before & after treatment)

Parameter's	Before Treatment Finding		After Treatment Finding	
1. Tenderness	2 (Present)		0 (Absent)	
2. Swelling	0 (Absent)		0 (Absent)	
3. Stiffness	1 (Present)		0 (Absent)	
4. Cervical Distraction Test	Positive		Negative	
5. Spurling's Test	Positive		Negative	
6. L'Hermite's Test	Positive		Negative	
7. MRC Muscle power scale	Right	Left	Right	Left
	3	5	4	5
8. Cervical Range of Motion Test (Goniometer)	Flexion	0°-20°	Flexion	0°-40°
	Extension	0°-15°	Extension	0°-30°
	Lateral Flexion	0°-10°	Lateral Flexion	0°-35°
	Rotation	0°-25°	Rotation	0°-40°

Table 7 denotes the assessment of observations before and after treatment by the criteria mentioned previously that draw a positive result in reducing the symptoms, thus, enhancing the normal function of the neck and right arm.

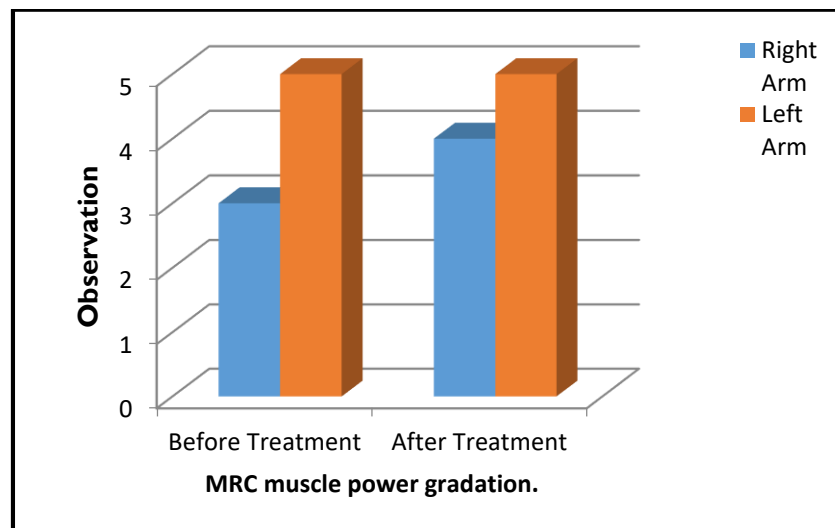


Fig 6: The graphical representation of the MRC Muscle Power Scale before and after treatment.

Figure 6 denotes the graphical representation of the MRC muscle power scale, with the x-axis representing observation of before and after treatment and the y-axis representing MRC muscle power gradation.

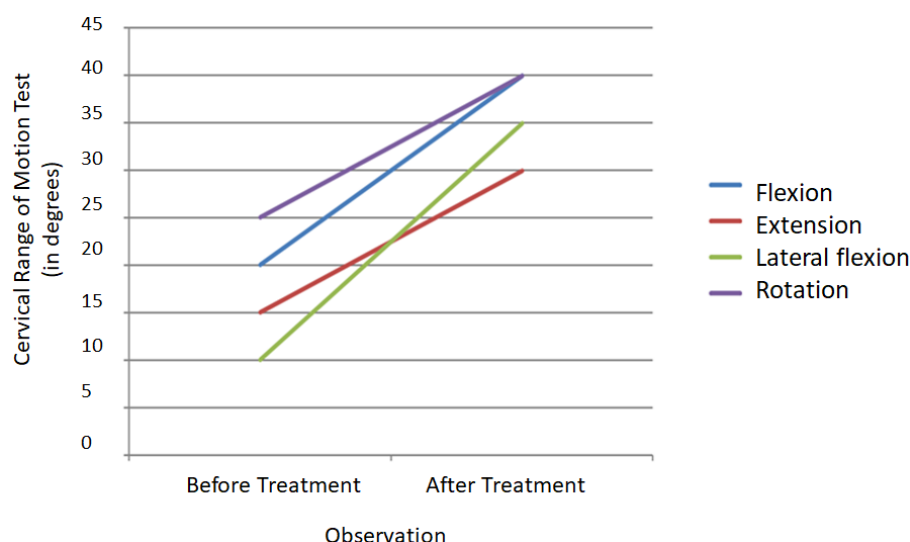


Fig 7: The graphical presentation of the Cervical Range of Motion Test (Goniometer) (in degrees).

Figure 7 is a graphical representation of observation denoting a cervical range of motion test by representing observation on the x-axis and range of cervical motion (in degrees by goniometer) on the y-axis.

18. DISCUSSION

Vishwachi, one of the *vaatvyadhi*'s, has been correlated with Cervical Spondylosis¹³. It has been well known that *vata* is the responsible factor in the pathogenesis of *Vishwachi* that impairs the neck and arm movements with presenting complaints like pain in the neck, tingling sensation in the arm, and arm weakness. To overcome such a condition, it is mentioned in many of the classical texts of Ayurveda in the management of *Vatavyadhi*'s (diseases of vitiated *vata dosha*) concept of *Agnikarma*^{14,15}. *Viddhakarma* and *Agnikarma* are the opposing therapies for *vata* mentioned in the Ayurveda classical *samhita*'s. This *viddhagnikarma* is a modification of what *Acharya Sushrut* mentioned for equipment used for *agnikarma* in *Sira*, *Snayu*, *Asthi* & *Sandhigata roga*, that are *Gud*, *Kshaudra*, and *Sneha*¹⁵. *Acharya Sushruta* explained the

equipment above for *Agni karma* to gain heat to deeper structures like bones, muscles, ligaments, and tendons. The concept behind this is the penetration power of *Agni karma*, but this nowadays may cause blisters and other burn symptoms, as *Bala* and *satva* of the patient are reduced compared to ancient times. So, *viddhagnikarma* was brought into play in our study as it directly delivers the heat via needle to the affecting muscle bypassing the skin and subcutaneous tissue.

18.1. Mode of action from an Ayurvedic perspective

The doshas involved in *vishwachi* are mainly vitiated *vata* and *kapha* that presents with *shoola* (pain) and *stambha* (stiffness) caused by *agnimandya* of local *dhatwagni*¹⁶. *Agnikarma* has opposing factors for *vata* and *kapha dosha*'s. After heat

penetration to deeper structures, there is a local rise in temperature, enlightening local *dhatvagni* to its normal function. Further, this normalized *dhatvagni* digests the vitiated *vata* and *kapha dosha*'s, and hence there is drastic relief from pain and stiffness, leading to a cure of the disease^{17,18}.

18.2. Mode of action according to modern science

Local tissue metabolism rises, leading to the excretion of unwanted metabolites and toxins. Heat stimulates the lateral spinothalamic tract (SST), further leading to stimulation of DPI (Descending pain inhibitory factor). Releases endogenous opioid peptide that binds to opioid receptor and release of PP substance (presynaptic inhibitor) blocks the transmission of pain sensation leading to loss of pain sensation^{19,20}. Keeping the above concept in the picture, we conducted a case study. We applied *viddhagnikarma* at the most tender points on the knee and got 70% relief from pain sensation at the first sitting and complete pain relief by the second sitting after 7 days. Thus, helping new conceptual procedures by Ayurveda principles. *Viddhagnikarma* is hence useful for pain management.

19. CONCLUSION

The conducted case study has shown gratifying positive results for pain management. Based on clinical observation and discussion, it can be concluded that *Viddhagnikarma* has remarkable outcomes in treating *Vishwachi* (Cervical

Spondylosis). It was noticed that there were no adverse effects, obnoxious, and has no uncertainty of relapse of the disease. There is a further need to study this modality treatment on a greater number of patients to evaluate the findings and prove statistically accurate.

20. ETHICAL APPROVAL STATEMENT

The Head of the Institutional Ethical Committee of Dr. D. Y. Patil Ayurved College, Pimpri, Pune-18 approved this case report. The Informed Written Consent of the participant for the conduction and publishing of the study followed approval.

21. AUTHORS CONTRIBUTION STATEMENT

Prathamesh Kashikar and Archana Kukde conceptualized and framed the research study, contributed to the definition of intellectual content discussion, and carried out a clinical study with manuscript preparation, observations, and results. Sanjay Babar contributed to the literature search and data acquisition, out looked the methodology, and analyzed the case report. Prathamesh Kashikar contributed to statistical analysis, researched the previous work, and outlined the manuscript with citations. All the authors read and approved the final manuscript.

22. CONFLICT OF INTEREST

Conflict of interest declared none.

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