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***Nasapana* as an Ayurvedic Approach to *Vishwachi* (Cervical Radiculopathy): A Narrative Review**

Dr. Shruti Kunderagi^{1*}, Dr. Latha L.U.², Dr. Bhavani Challal³, Dr. Suresh Hakkandi⁴, Dr. G M Pooja⁵, Dr. Nithin V⁶

¹ Final Year PG Scholar, Department of Panchakarma, SJGAMC & H, Koppal.

² Associate Professor, Department of Panchakarma, SJGAMC & H, Koppal.

³ Assistant Professor, Department of Panchakarma, SJGAMC & H, Koppal.

⁴ Professor and HOD, Department of Panchakarma, SJGAMC & H, Koppal.

⁵ Final Year PG Scholar, Department of Panchakarma, SJGAMC & H, Koppal.

⁶ Final Year PG Scholar, Department of Shalakya Tantra, SJGAMC & H, Koppal.

ABSTRACT—

INTRODUCTION:

Vishwachi is an Ayurvedic condition characterised by pain and functional impairment of the upper limb. Cervical radiculopathy is a clinical condition associated with irritation or compression of cervical nerve roots, commonly presenting with neck pain radiating towards the shoulder and upper limb. The clinical manifestations of *Vishwachi* may be compared with those of cervical radiculopathy, although the two conditions should not be considered exactly equivalent. *Nasapana*, an Ayurvedic therapeutic approach involving *Dashamooladi Yoga* combined with *Murchita Ghrita* and *Murchita Tila Taila*, may offer a subject for further exploration in the management of *Vishwachi*.

AIMS AND OBJECTIVES:

To review the Ayurvedic understanding of *Vishwachi* and the contemporary understanding of cervical radiculopathy, with particular reference to the possible role of *Nasapana* with *Dashamooladi Kashaya* in its management.

MATERIALS AND METHODS:

Relevant Ayurvedic classical texts, including Brihatrayi and Laghutrayi, along with published scientific literature on cervical radiculopathy, nasal drug delivery, *Dashamoola* and the concept of *Nasapana*, were considered for this narrative review. Literature was identified through available scholarly sources, including PubMed and relevant Ayurvedic journals. The reviewed material was interpreted to explore the clinical correlation, theoretical rationale and potential therapeutic relevance of *Nasapana* with *Dashamooladi Yoga*.

RESULTS AND CONCLUSION:

The literature provides a basis for discussing the clinical similarities between *Vishwachi* and cervical radiculopathy, the Ayurvedic principles of *Vatavyadhi* management, and the potential relevance of *Nasapana* as a therapeutic approach. The pharmacological literature on *Dashamoola* and the principles of nasal drug delivery may provide a rationale for further investigation; however, these findings do not establish the clinical efficacy of *Nasapana* with *Dashamooladi Yoga* for cervical radiculopathy. Further systematic research is needed to evaluate its safety, mechanism and therapeutic effectiveness.

KEYWORDS: Cervical radiculopathy, *Dashamooladi Yoga*, *Nasapana*, Narrative review, *Vishwachi*.

INTRODUCTION:

Cervical radiculopathy is characterised by radiating neck pain and upper-limb functional impairment, with a reported prevalence ranging from 1.21 to 5.8 per 1,000 individuals across studied populations. *Vishwachi*, a *Vatavyadhi* associated with *Vata Dosha*, exhibits similar clinical manifestations, particularly radiating pain and restricted upper-limb function^[1]. It is one of the commonly encountered *Vatavyadhis* in clinical practice, wherein *Prakupita Vata* affects the *Kandara of Bahu*^[2]. The condition typically occurs during the most active years of life and is characterised by *Teevra Ruja*^[3] *Ruk*, *Stamba*, *Toda*, *Karmakshaya*^[4,5] and *Bahu Cheshtapaharana*^[6]. The *Pratyatma Lakshana* of *Vishwachi* is described as radiating pain extending from the *Bahu*

Prishta to the *Hastathala* and *Pratyanguli*^[7]. According to Acharya Dalhana, *Vishwachi* resembles *Gridhrasi* and is classified into two types: *Vataja* and *Vatakaphaja*^[8]. The *Charaka Samhita* emphasises *Snehana* (oleation), *Svedana* (sudation), and *Nasya Karma* as important therapeutic measures in the management of *Vatavyadhi*^[9]. Furthermore, *Chakradatta* describes *Nasapana*, a modified form of *Nasya Karma*, under *Vata Vyadhi Chikitsa* and indicates its use in conditions including *Vishwachi*, highlighting its classical relevance in the management of this disorder.^[10]

MATERIALS AND METHODS

This narrative review focuses on understanding *Vishwachi* from an Ayurvedic perspective, its clinical correlation with cervical radiculopathy, and the classical rationale for the use of *Nasapana* with *Dashamooladi Yoga* in its management. The methodology involved the review and analysis of relevant classical Ayurvedic texts and contemporary scientific literature.

Classical Ayurvedic Texts: *Brihatrayi* (*Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*), *Laghutrayi* (*Madhava Nidana*, *Sharangadhara Samhita*, and *Bhavaprakasha*), *Chakradatta*, and *Bhaishajya Ratnavali* were referred for information on the aetiology, clinical features, classification, and management of *Vishwachi* and other *Vatavyadhis*, with particular emphasis on *Nasya Karma* and *Nasapana*.

Modern Medical Literature: Standard textbooks of medicine and orthopaedics were considered to understand the aetiology, pathophysiology, clinical manifestations, diagnosis, and contemporary management of cervical radiculopathy.

Electronic Databases: Relevant literature was identified through electronic databases, including PubMed, MEDLINE, and Google Scholar, along with authentic Ayurvedic and biomedical journals. The search focused on *Vishwachi*, cervical radiculopathy, *Nasapana*, *Nasya Karma*, *Dashamooladi Yoga*, *Dashamoola*, and nasal drug delivery.

The reviewed literature was critically examined and synthesised to explore the similarities and differences between the Ayurvedic description of *Vishwachi* and the clinical presentation of cervical radiculopathy, as well as the classical basis and potential therapeutic rationale of *Nasapana* with *Dashamooladi Yoga*. The review integrates traditional Ayurvedic concepts with relevant contemporary scientific evidence.

RESULTS AND DISCUSSION

Ayurvedic Understanding of *Vishwachi* and Its Clinical Correlation

Cervical radiculopathy is a clinical condition resulting from irritation or compression of a cervical nerve root, commonly associated with intervertebral disc herniation and degenerative changes of the cervical spine. Its clinical manifestations include radiating pain in the upper limb, sensory disturbances, and, in some cases, muscle weakness.^[11] In Ayurveda, *Vishwachi* is described under *Vatavyadhi* and is characterised by pain and impairment of upper-limb movements, with symptoms extending from the posterior aspect of the arm towards the hand and fingers.^[12] These overlapping clinical features provide a basis for comparing *Vishwachi* with cervical radiculopathy; however, the two conditions should not be considered completely equivalent because their diagnostic frameworks and underlying explanatory models differ. According to the classical description, aggravated *Vata Dosha* affects the *Kandara of Bahu*, resulting in pain and restricted movement.^[12] The symptoms described in *Vishwachi*, including *Ruk*, *Toda*, *Stambha*, and *Bahu Cheshtapaharana*, may be clinically compared with the pain, sensory disturbances, stiffness, and functional limitations observed in cervical radiculopathy. Acharya Dalhana's description of *Vishwachi* as resembling *Gridhrasi*, with *Vataja* and *Vatakaphaja* varieties, further illustrates the classical Ayurvedic approach to understanding its clinical presentation.

Role of *Vata Dosha* in the Pathogenesis of *Vishwachi*

The Ayurvedic understanding of *Vishwachi* centres on the vitiation of *Vata Dosha*, consistent with the broader principles of *Vatavyadhi Samprapti*. Classical Ayurvedic literature describes the role of *Vata* in producing pain and functional disturbances when its normal physiological activity is disrupted. From this perspective, the clinical manifestations of *Vishwachi* may be interpreted in relation to the disturbance of *Vata* and its effects on the structures and functions of the upper limb. This explanation represents the Ayurvedic pathophysiological framework and should not be interpreted as a direct anatomical equivalent of cervical nerve-root compression.

In contemporary medicine, cervical radiculopathy is explained primarily by mechanical compression or irritation of the cervical nerve root, frequently due to disc herniation or cervical spondylotic changes. Although this differs from the Ayurvedic concept of *Vata Dosha*, both frameworks seek to explain radiating pain and associated functional impairment. A comparative interpretation can therefore support a broader understanding of the condition, provided that traditional concepts and modern anatomical mechanisms are distinguished appropriately.

Classical Basis of *Nasapana* in *Vishwachi*

Nasyakarma is described in Ayurvedic literature as an important therapeutic procedure in the management of selected *Vatavyadhis*. *Charaka Samhita* discusses *Snehana*, *Svedana*, and *Nasya Karma* among the therapeutic approaches used in managing disorders involving *Vata Dosha*. More specifically, *Chakradatta* describes *Nasapana* under *Vata Vyadhi Chikitsa* and mentions its use in conditions including *Vishwachi* and *Apabahuka*.^[13,14] This classical reference provides the textual basis for exploring *Nasapana* as a potential therapeutic approach in *Vishwachi*.

Nasapana has been described in the literature as a lesser-practised procedure involving the administration of a comparatively larger quantity of medication through the nasal route. Its procedural details and practical application are not uniformly described, and variations exist in contemporary practice. Therefore, the classical indication should be interpreted alongside careful consideration of the formulation, administration technique, dosage, safety, and the quality of available clinical evidence.^[15]

Therapeutic Rationale of *Dashamooladi Yoga*

Dashamoola is a classical Ayurvedic combination traditionally used in formulations intended for conditions involving pain and inflammation. Experimental research evaluating *Dashamoola* preparations has reported analgesic and anti-inflammatory effects in animal models, providing preliminary pharmacological support for further investigation of these properties.^[16] However, these findings cannot independently establish the clinical effectiveness of *Dashamooladi Yoga* administered through *Nasapana* in patients with cervical radiculopathy, because the preparation, route of administration, and

study population may differ. In the present context, the use of *Dashamooladi Yoga* through *Nasapana* can be considered on the basis of its classical indication in *Vishwachi* and the broader traditional use of *Dashamoola* in pain-related conditions. Nevertheless, the effects of the specific formulation should not be inferred solely from studies of other *Dashamoola* preparations. Formulation-specific pharmacological and clinical investigations are required to establish its safety, appropriate dosage, and therapeutic effects.

Possible Relevance of the Nasal Route

Modern pharmaceutical literature recognises the nasal route as a pathway for drug administration, with drug deposition and absorption influenced by formulation characteristics, nasal anatomy, and administration technique.^[17,18] These general principles may provide a scientific context for investigating Ayurvedic nasal procedures. However, evidence concerning conventional nasal drug delivery does not automatically validate the absorption, mechanism of action, or clinical effectiveness of *Nasapana* with *Dashamooladi Yoga*.

The available literature on *Nasapana* highlights the need for greater clarity regarding its procedure, dosage, and standardisation. Further research should therefore examine the physicochemical characteristics of the formulation, its nasal tolerability, administration reproducibility, and potential adverse effects before drawing conclusions regarding its clinical application.

Limitations and Future Research Directions

The reviewed literature provides a classical basis for the use of *Nasapana* in *Vishwachi* and preliminary scientific rationale for investigating *Dashamoola*-related analgesic and anti-inflammatory properties. However, these sources do not, by themselves, establish the efficacy of the specific *Dashamooladi Yoga* formulation administered through *Nasapana* for cervical radiculopathy. The available evidence should be interpreted cautiously, particularly where findings are derived from classical descriptions, experimental studies, or general nasal drug-delivery research rather than controlled clinical studies of the intervention.

Future research should prioritise standardisation of the formulation and procedure, systematic assessment of safety and tolerability, and well-designed clinical studies using clearly defined diagnostic criteria and validated outcome measures. Such investigations could help determine whether the classical rationale for *Nasapana* translates into measurable clinical benefits for individuals presenting with features of *Vishwachi*.

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