



Case Study

MANAGEMENT OF *VISWACHI* WITH AYURVEDIC INTERVENTIONS

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ABSTRACT

Viswachi is described in Ayurveda as a *Vata*-predominant *Nanatmaja Vyadhi* affecting the *Kandara* of the upper extremity, leading to pain, stiffness, and restriction of movement. The present case report discusses a 34-year-old female patient who presented with neck pain radiating to the left shoulder and arm for three months, aggravated over the last three weeks. MRI findings revealed cervical spondylosis with disc bulges at C3–C6 levels and mild supraspinatus tendinosis. On Ayurvedic evaluation, the condition was diagnosed as *Viswachi* with involvement of *Vata* associated with *kapha*, *Rasavaha srotodushti*, and *Agnimandhya*. Management was planned based on the principles of *Samprapti Vighatana*, focusing on *Ama Pachana*, *Agni Deepana*, *Vata Anulomana* and *Srotoshodhana*. The patient was treated with a combination of internal medications including *Amruthotharam Kashayam*, *Dasamoolakatutrayam Kashayam*, *Guggulu Panchapala Choornam*, *Nimbamrutha Erandam tailam*, *Guggulutiktakam Kashayam*, *Punarnavadi Kashayam*, and *Chandraprabha Vati*, along with external procedures such as *Mukkikizhi*, *Basti*, *Jambeerapinda Swedam*, *Lepanam*, and *Thalam*. After one month of integrated Ayurvedic management, the patient showed approximately 70% reduction in pain, significant improvement in cervical and shoulder range of movements, and complete relief from radiating symptoms. This case highlights the effectiveness of a holistic Ayurvedic approach in managing *Viswachi* correlated with cervical spondylosis.

INTRODUCTION

Viswachi is described in Ayurveda as a *Vata*-dominant disorder in which the *Kandara* of the upper extremity are affected, leading to impairment of *chesta*^[1]. Clinically, the condition is characterized by *Ruk*, *Sthambha*, restricted mobility, and functional disability of the involved limb. The classical description of radiating pain from the neck to the upper limb indicates the involvement of aggravated *Vata* along the course of the affected structures.

On critical analysis of symptomatology, *Viswachi* can be correlated with cervical spondylosis, a degenerative condition of the cervical spine. Cervical spondylosis is characterized by progressive wear and tear of the intervertebral discs and vertebral bodies, often associated with osteophyte formation and,

in advanced stages, nerve root or spinal cord compression. The predominant clinical features include pain radiating to the shoulder, scapular region, arm, forearm, and hand. Symptoms are commonly aggravated by neck movements, prolonged travel, improper posture, or sustained strain^[2].

In contemporary medicine, management strategies include ergonomic correction and proper neck positioning, physiotherapy, therapeutic exercises, administration of non-steroidal anti-inflammatory drugs, and in severe cases, surgical intervention^[3]. While these approaches primarily focus on symptomatic relief and structural correction, the Ayurvedic perspective emphasizes understanding the underlying *Samprapti* and correcting the root cause.

Since *Viswachi* is fundamentally a *Vata*-dominant disorder, treatment principally aims at pacifying the vitiated *Vata*. However, the nature of *Samprapti* may vary among individuals depending on associated factors such as *Agni dushti*, presence of *Ama*, and obstruction of *Srotas*. Therefore, Ayurvedic

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management is based on the principle of *Samprapti vighatana*- breaking the pathological process.

Depending on the underlying pathology, therapeutic modalities such as *Snehana*, *Swedana*, *Basti*, and *Siravyadha* may be employed. In the present case, the patient exhibited features of *Agni mandya* and *Vata pratilomata*, indicating the necessity for therapies aimed at *Anulomana*, *Pachana*, *Deepana* and *Srotoshodhana* prior to or along with *Kapha-Vata samana* measures. This individualized approach ensures correction of metabolic impairment, removal of channel obstruction, and restoration of normal functional movement.

Case Report

A 34-year-old female came to our OPD of Government Ayurveda College, Kannur, with complaints of neck pain radiating to the left shoulder and occasionally to the left arm for three months, severe for the past three weeks.

History of present illness

A 34-year-old obese female patient, who is working at the civil supplies store bill section. Two years back, she underwent surgery for cholecystitis and was advised to rest for three months. During this period, she gradually developed upper back pain. The pain was catching in nature and associated with mild swelling and temperature rise. As the pain was mild, it did not affect her daily activities. She continued her job for the next two years. Three months back, she developed neck pain, which was of a catching type, and the patient was not able to sit, stand or do activities. She also gets only mild relief in the supine position. One month ago, the neck pain started radiating to the left shoulder and occasionally radiated to the lateral aspect of the left arm. She also felt difficulty in doing overhead activities. She consulted and was advised to undergo physiotherapy, but the pain got aggravated during the therapy. She also has reduced appetite associated with heaviness, distension and occasional sour belching

Past illness- Cholecystectomy done two years ago.

Family history- There is no relevant family history contributing to the current situation of the patient.

Personal history

Ahara – Mixed diet

Mala – Regular once/day

Mutra – 4-5/day, 0-1/night

Vihara– Improper sitting and exertion over the neck and hand, as her job demands.

Appetite– Reduced, associated with heaviness, distension, occasional sour belching.

Agni – Jataragni mandhya

Psychological history – *Chitha, Shoka* present

Occupation- Bill section staff at the Civil Supplies Corporation store.

Physical examination

Built – Obese

Nourishment – Moderately nourished

Pallor -Present

Icterus – Absent

Cyanosis -Absent

Clubbing – Absent

Edema -Absent

Lymphadenopathy- Absent

Temperature - 98.4°F

Blood pressure- 110/80mm Hg

Respiratory rate - 18/min

Pulse rate- 62/min

Weight - 68 kg

Ashtasthana pareeksha

Nadi- Sadharanam

Moothram -Anavilam

Malam – Samhatam

Jihwa – Anupaliptham

Sabda -Spashtam

Sparsha – Anushnaseetham

Drik – Prakritham

Akriti – Sthoolam

Dashavidha pareeksha

Prakruti- Kapha vata

Vikruti – Vatam, Rasa, Snayu, Kandara

Sara- Madhyamam

Samhanana- Madhyamam

Pramana - Sthoolam

Satva – Avaram

Saathmya - Satmyam

Aharasakthi – Jarana Sakthi – Avaram

Abhyavaharana Sakthi – Avaram

Vyayama Sakthi – Madhyamam

Vaya – Madhyamam

Systemic Examination

Musculoskeletal system

Joint	Inspection	Palpation	Range of movements
Shoulder joint	Right side- No redness and swelling. Left side- No redness, mild swelling over the trapezius region.	Right side- No tenderness, no swelling. Left side- Grade I tenderness over the left acromioclavicular joint and mild temperature rise.	Right side- All movements are possible without pain, completely. Left side- Flexion, Internal rotation, adduction and abduction are possible without pain completely. External rotation and extension not completely possible due to pain.
Cervical spine	No redness, no swelling.	Grade 2 tenderness over C5 and C6 and cervical paraspinal muscles.	Flexion and extension-possible with pain. Lateral bending and lateral flexion- not possible completely due to pain.

Special test

	Right	left
Spurling test	Negative	Negative
Cross-over test	Negative	Positive
Empty can test	Negative	Positive
Pain Arc Test	Negative	Negative
Lhermitte sign	Negative	Negative

No muscle wasting noted.

Normal muscle power and bulk.

Normal reflex noted.

Investigations

Hb - 8.3gm%

ESR - 35mm/hr

FBS - 122 mg/dL

PPBS - 157 mg%

MRI

Cervical spondylosis

C4 -C5 - Mild disc bulge indenting the thecal sac and causing bilateral mild neural foramen narrowing.

C3-C4 and C5-C6- Small posterior disc bulge indenting thecal sac.

Thoracic spine screening - Within normal limits.

Lumbar spine screening - Within normal limits.

Left shoulder screening- Mild supraspinatus tendinosis, minimal effusion in subacromial and subdeltoid bursa, no joint effusion, no aggressive bony lesions.

Diagnosis

Viswachi/Cervical spondylosis

Samprapthi Khataka

Nidana- *Ati asanam, Asamyak sayanam, Vivrutha urdwa nireekshanam, Atichinta*

Poorvarupa - *Ruk over Trika pradesha*

Rupa - *Ruk, Sopha over Greeva, Vama skandha and Bahu.*

Upasaya - Ushnopachara, Mardhana

Samprapthi - The patient was involved in prolonged sitting with improper posture as a part of her job and also immobilization for two months. This may lead to vitiation of Kapha residing in the Trika pradesha especially Shleshaka kapha and leads to Khavaigunya. Indulging in Manasika nidana including Atichinta may lead to Agnimandhya and leads to the formation of Ama and cause Rasavaha sroto dusti. Vata pratilomata occurs due to the formation of Ama. This Pratiloma vata combines with Kapha localised in Khavaigunya sthana of Trika pradesha. Due to the Samsarga of Doshas it affects the Kandara and Snayu of Greeva leads to the manifestation of symptoms.

Dosha - Vata -kapha

Dushyam -Rasa, Snayu, Kandara

Srotas -Rasavaha srotas, Upadhatu vaha srotas

Sroto dusti- Sangam

Udhbhava sthana - Amasayam

Vyakthasthanam - Greeva, Amsa and Bahu

Rogamargam - Madhyamam

Internal medications

1. *Amruthotharam kashayam 45ml+ Dasamoolakatutrayam kashayam 45ml + Guugulu pachapala choornam 1 tsp - 6am, 6pm before food.*
2. *Cap Nimbamrutha Erandam - 3-0-3 half hour before Kashayam.*
3. *Guggulu thikthakam kashayam 45ml + Punarnavadi kashayam 45ml + Chandraprabha vati 2-0-2 6am 6pm before food (after 10days medicine revised).*

External procedures

1. Mukkikizhi with *Dhanyamla* – 14 days
2. *Thalam – Rasnadi choornam + Nimbamrutha eranda tailam*
3. *Vaiswanara vasthi* – 20gm *Vaiswanara choornam* boiled in 100 ml water- 7 days
4. Infrared Radiation + massage over upper back 27 days
5. *Lepanam* with *Grihadhoomadi choornam + Dhanyamla* over left shoulder
6. *Matra vasthi* with *Pippalyadi anuvasana tailam* 60ml -18 days
7. *Jambeera pinda swedam*– 14 days with mild application of *Kottanchukkadi tailam*
8. Physiotherapy -14 days

Discharge medicine

1. *Guggulu thikthakam kashayam* 45ml + *Punarnavadi kashayam* 45ml + *Chandraprabha vati* 2-0-2 6am 6pm before food
2. Cap *Nimbamrutha Erandam* – 3-0-3 one hour before *Kashayam*
3. Advised diet and neck exercises

RESULT

The baseline pain intensity was 8/10 on the Visual Analog Scale. After one month of treatment, the score reduced to 2/10, indicating significant clinical improvement.

After one month of integrated management:

- 80% reduction in pain and radiating symptoms.
- Full cervical lateral flexion without pain.
- Restoration of shoulder movements.
- Negative special orthopedic tests.

No adverse events were reported.

Joint	Inspection	Palpation	Range of movements
Shoulder joint	Right side- No redness and swelling Left side- No redness, no swelling	Right side- No tenderness, no swelling. Left side- No tenderness	Right side – All movements are possible without pain, completely. Left side– External rotation and extension possible without pain.
Cervical spine	No redness, no swelling	No tenderness	Flexion and extension-possible without pain. Lateral bending and lateral flexion-possible completely without pain.

	Right	left
Spurling test	Negative	Negative
Cross-over test	Negative	Negative
Empty can test	Negative	Negative
Pain Arc Test	Negative	Negative
Lhermitte sign	Negative	Negative

DISCUSSION

Viswachi is described in Ayurveda as a *Vata* predominant *Nanatmaja Vyadhi*, characterized by pain, stiffness, and restricted movement of the upper limb due to involvement of *Kandara*^[1]. The clinical presentation of the present case includes *Ruk*, *Sthambha*, mild *Sopha* and radiating pain from *Greeva* to *Vama amsa pradesha* with difficulty in *Chesta*.

The presence of mild *Shotha*, along with pain and stiffness, indicated an association of *Ama* with aggravated *Vata*. According to Ayurvedic pathogenesis, vitiated *Vata* combines with *kapha*, pain, lead to manifestation of symptoms. Therefore, the line of management was planned focusing on:

- *Ama pachana*
- *Agni deepana*
- *Kapha-vata samana*
- *Srotoshodhana*
- *Anulomana*

Internal Medications – Probable Mode of Action

The combination of *Amrithotharam Kashayam*, *Dasamoolakatutrayam Kashayam*, and *Guggulu Panchapala Choornam* was selected considering the dual pathology of *Ama* and *Vata*.

- *Amrithotharam Kashayam* acts as a potent *Deepana–Pachana* formulation, correcting *Agni* and *Amaharatva*^[4].

- *Dasamoolakatutrayam Kashayam* possesses significant *Kapha-Vatahara* and *Shophahara* properties, helping in alleviating musculoskeletal inflammation and nerve irritation.
- *Guggulu Panchapala Choornam* contributes *Vedanasthapana* and *Srotoshodhana* actions, facilitating clearance of micro-channel obstruction and improving tissue metabolism^[5].

Together, these formulations address the root pathology by reducing inflammatory mediators, improving circulation, and pacifying aggravated *Vata*.

Administration of *Nirgundi Eranda Taila* capsule further supports *Vata shamana*. *Eranda* is well known for its *Anulomana* and anti-inflammatory properties, while *Nirgundi* exhibits analgesic and anti-swelling actions. Their combined effect likely reduces nerve compression symptoms and enhances mobility.

The combination of *Guggulutiktakam Kashayam*, *Punarnavadi Kashayam*, and *Chandra prabha Vati* was incorporated during the later phase to strengthen anti-inflammatory and anti-degenerative effects.

- *Guggulutiktakam Kashayam* is particularly indicated in disorders affecting *Sandhi* and *Asthi*, making it relevant in degenerative cervical conditions.
- *Punarnavadi Kashayam* contributes potent *Shophahara* and *Mutrala* properties, thereby reducing inflammatory edema^[6].
- *Chandraprabha Vati* acts as a systemic metabolic corrector with *Vatakaphahara* and *Agni deepana* properties, improving overall tissue nourishment.

This multidimensional approach ensures reduction of inflammation, pain relief, and correction of metabolic impairment contributing to degeneration.

External Therapies – Role in Management

External therapies mainly include different *Swedana* procedure, which generally having *Vata kaphahara* property, *Sthambha gourava nigraha* action, *Sulaharam*^[7,8].

Mukkikizhi with *Dhanyamla* provided *Rookshana* and *Amahara* effects, helping to reduce stiffness and inflammatory swelling. The fomentation improves local circulation, relieves muscle spasm, and enhances drug penetration.

Vaisvanara Basti addressed systemic *Vata* imbalance and *Ama* at the gastrointestinal level. Since *Pakwashaya* is the principal seat of *Vata*, *Basti* therapy helps in regulating *Vata* function, thereby reducing radiating pain and neuromuscular stiffness.

Lepanam with *Grihadhoomadi Choornam* offered localized *Vata-Kapha shamana* and *Soolahara* effect.

Pippalyadi Anuvasana Basti provided internal oleation and *Vata anulomana*, nourishing degenerated tissues and reducing dryness and stiffness.

Jambeerapinda Swedam acted as an effective *Shophahara* and *Sthambhahara Thalam* with *Rasnadi Choornam* and *Nimbamrutha Eranda Tailam - Vatahara* action.

The presence of moderate anemia (Hb 8.3 g%) was noted. Although not directly addressed with specific *Pandu chikitsa* during the treatment period, correction of *Agnimandhya* may contribute indirectly to improved nutrient assimilation.

The combined internal and external therapies produced a synergistic effect, targeting both the root cause and presenting symptoms. The integrated approach not only relieved pain and stiffness but also improved range of movement and functional capacity.

Thus, this case demonstrates that classical Ayurvedic principles of *Ama pachana*, *Vata shamana*, and *Srotoshodhana* can effectively manage *Viswachi* correlated with cervical spondylosis, offering a holistic and sustainable therapeutic strategy.

CONCLUSION

Viswachi, a *Vata*-dominant disorder described in Ayurveda, closely resembles the clinical presentation of cervical spondylosis when characterized by radiating neck pain and restricted upper limb movements. This case demonstrates that a carefully planned Ayurvedic treatment protocol based on assessment of *Dosha*, *Dushya*, *Srotas*, and *Agni* can produce significant symptomatic and functional improvement.

The combined approach of *Ama Pachana*, *Agni Deepana*, *Kapha-Vata Shamana*, and *Srotoshodhana*, supported by appropriate internal medications and *Panchakarma* procedures such as *Basti* and *Swedana*, effectively reduced pain, inflammation, stiffness, and functional disability in this patient. The improvement in range of motion and reduction in radiating pain suggest not only symptomatic relief but also correction of the underlying pathogenesis.

Therefore, Ayurvedic management offers a safe, comprehensive, and sustainable therapeutic strategy for *Viswachi* correlated with cervical spondylosis, especially in cases associated with metabolic impairment and *Vata* aggravation.

REFERENCES

1. Vagbhata. Ashtanga Hridayam. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2014. Nidanasthana, Chapter 15 (Vatavyadhi Nidana), Sloka 44.
2. Das KV. Textbook of Medicine. 5th ed. New Delhi: Jaypee Brothers Medical Publishers; 2008. p. 1318.
3. Das KV. Textbook of Medicine. 5th ed. New Delhi: Jaypee Brothers Medical Publishers; 2008. p. 1319.
4. KV Krishnadas Vaidyan. Sahasra yoga jwaraadhikara. 18th edition. Mullakkal Alappy. Vidhyarambam publishers. 1992. p29

5. Pt. Bhashagacharya Harishastri Paradkar Vaidya, editor, Ashtangahridaya with commentaries Sarvanga sundara of Arunadutta and Ayurveda rasayana of Hemadri, Chaukhamba Krishnadas Academy, Varanasi, Uttarasthana, Bhagandara Pratishedha, chapter 28, verse 40, Indu Commentary.
6. KV Krishnadas vaidyan. Sahasra yoga sophaadhikara. 18th edition. Mullakkal Alappy. Vidhyarambam publishers. 1992. p111
7. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Varanasi: Chaukhambha Orientalia; 2015. Sutrasthana, Chapter 14, Sloka 3
8. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Varanasi: Chaukhambha Orientalia; 2015. Sutrasthana, Chapter 14, Sloka 13

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