

# A COMPARATIVE CLINICAL STUDY OF MOCHARASA SIDDHATAIL AND MAHAMASHA TAIL NASYA IN THE MANAGEMENT OF VISHVACHI

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DOI: 10.47750/pnr.2023.14.03.150

## Abstract

Vishwachi is a kind of Vata Vyadhi. In modern parlance the above condition described in which radiating pain is experienced from the cervical region to the upper limb as cervical radiculopathy based upon compression of cervical root. The commonest cause of an acute lesion of cervical root is cervical spondylosis and associated disc degeneration and prolapse. To study the efficacy of Mocharasa Taila Nasya in Vishvachi, compare effect of Mocharasa Taila with Mahamasha Taila, and to Study Literary explanation of Vishvachi Vyadhi. Randomized single blind comparative method for clinical trial on 40 patients having Vishvachi and were selected for the study randomly. 20 patients were selected and treated as study group A with Mocharasa Taila for 14 days and 20 patients were selected and treated as group B with Mahamasha Taila. Authentication of Mocharasa was done in department of botany at Pune University. Standardisation of Mocharasa Taila was done in Department of Rasa shastra Bhaishajakalpana vigyan at Bharati Ayurved College. Mahamasha Taila is prepared from Shankar pharmacy (GMP certify no.GA/1153 Government of Gujarat drug control administration) according to Bhaishjya Ratnavali. Total duration study was 14 days. This study was carried out in Bharati Vidyapeeth Deemed University College of Ayurved & Hospital Pune. Follow up on 0th, 7th, 14th, 15th day. Results of Study were Comparing Mocharasa Taila and Mahamasha Taila Nasya and are equally effective in Vishvachi. Statistical analysis shows that Mocharasa Taila and Mahamasha Taila are equally effective in symptoms such as Bahu Shoola, Bahu badhirya & Bahu chesta apaharana. Conclusion: Mocharasa Taila and Mahamasha Taila Nasya is equally effective in Vishavchi.

**Keywords:** Nasya, Vishvachi, Mocharasa Siddhatail, Mahamasha Taila.

## INTRODUCTION

Vishwachi is a kind of Vata Vyadhi who work very hard and do not maintain their hygienic status, they suffer from this kind of disease, this illness affects humans' arms (bahu) and exist in the society with less or more severity, if this illness is neglected in its beginning when the severity is less i.e., in primary stage it goes on increasing and becomes very severe and constantly painful. In modern medicine the remedy for this pain is some analgesic medicines which give temporary relief but no permanent escape.

But in Ayurved method of treatment called Nasya Chikitsa is very useful for the patients having disease of arm (Bahugat) and Urdhava Jatrugata disease in today's struggling life sign and symptoms of Vishwachi are found in many people due to hard work and unhygienic behaviour.

Vishwachi a disease affecting the upper extremities that is a quite common disease affecting the middle age group of both sex

and prevalent worldwide.

The disorder affecting the locomotor system are increasingly seen in present era. These conditions considerably reduce the human activity in terms of social and professional life.

Ayurved is 'the science of life' which had a golden time century back. It was in oblivion till it was brought to the present era as a revival. In ancient India, this system was the only prevalent one which could help the ailing Humanity. It is true that modern science has grown up considerably; still it has to face a big question when some miserable problems are concerned.

Diseases manifest when the change takes place in the mode of life, environment and social order at different times with predominance of particular. Whatever may be the disease, it becomes a major problem for the science and the society. In Ayurveda, types of treatments Samshodhana, Samshamana and Nidana Parivarjana are described. [1,2]

In one way or the other Shodhan therapy is mentioned in the treatment of all the diseases, only few diseases are exceptions. Panchakarma is included in Shodhana. Panchakarma is an integral part of Ayurveda, and enjoys a crucial role in the management of stubborn and chronic disease. Removing the Doshas or destroying them from their gross root level and if Samshodhana performed properly the disease do not reoccur. There are few points indicating possible results only through Panchakarma. Panchakarma is a particular type of treatment, with unique concept to Ayurveda.[3] Mocharasa is considered as a drug of choice (AGYRA) according to Acharya Vagbhat for relieving pain in conditions like Skandha, Amsha and Bahu. Drug having properties like Laghu, Snigha & Picchil Guna, Kashay rasa, Madhura Vipak, Sheet Virya & Vatakaphanashak.[4] Though it is necessary that the Vaidya should be present while using Nasya Chikitsa, the method of Pratimarsha Nasya Chikitsa is very simple and can be done in the absence of vaidya daily at home. In this study used Pratimasha Nasya Chikitsa to see the result by application of this method. [5,6]

Out of the Marmas explained in Ayurveda, Charaka selects Shiras, Hrudaya, and Basti as the most important one. Among the three Marmas, more important is given to the Shira. And for the diseases based on it, the most effective remedy is administration of medicines through the nose. [7]

Among such disorders Ayurvedic classics have described a disease in the name of Vishvachi. In modern parlance the above condition is described as cervical radiculopathy (Harrison's Vol I and II). [8]

The present research work is planned for comparison of Mahamasha Taila & Mocharasa Taila (Bhaishjya Ratnavali 26/584) Nasya in Vishvachi patients. [9,10]

## AIMS AND OBJECTIVES

AIM- A comparative study of Mocharasa Siddhatail and Mahamasha Tail Nasya in Vishvachi.

OBJECTIVES- The present study will be undertaken with following aims and objectives.

- 1) To study the efficacy of Mocharasa Taila Nasya in Vishvachi
- 2) To compare effect of Mocharasa Taila with Mahamasha Taila
- 3) To Study Literary explanation of Vishvachi Vyadhi.

## MATERIALS AND METHODS

Clinical study was carried out at Kayachikitsa Department of Bharati Ayurved Hospital, Pune.

This study was carried on two levels Level I-

- 1) Authentication of drugs
- 2) Standardization of Taila

Level II – CLINICAL TRIAL: - Randomized single blind comparative clinical trial

Procedure: - Permission for conduction of clinical trial and no objection certificate from Institutional Ethical Committee was taken.

Selection of Patients: - Diagnosed 40 patients of Vishvachi visiting to hospital in OPD/IPD were selected for study.

Group A: (Trial Group): In this group 20 patients received Mocharasa Taila Nasya.

Group B: (Control Group): In this group 20 patients received Mahamasha Taila Nasya.

Inclusion Criteria: -The patient having minimum or total symptoms which are described in Ayurvedic Samhita, Age group above 15 yrs. and below 70 yrs. Patient was included irrespective of sex and economical class, Kandara Drushti, Bahukarmakshaya, Bahucheshtaapatrapan

Exclusion Criteria: - The patient having spinal cord injury, Pakshagata, Ardit. The patient having cardiac diseases like AMI, angina etc. DM-Neuropathy. Severe HTN.

Discontinuation criteria

- i. Occurrence of serious adverse effect.
- ii. Incidence of any life-threatening disease.
- iii. The patient is not willing to continue the trial to follow the assessment schedule.

Medication 1) Treatment permitted disease- Hypertension, Diabetes, and Epilepsy. 2) Treatment not permitted- Self-medication, Analgesic, NSAIDS, Steroids, Tranquilizer, hypnotics, Sedatives

### CRITERIA OF ASSESSMENT

Primary end point: Relieving symptoms like pain in hand, tingling numbness.

Secondary end point:

- 1) Relevance of signs and symptoms of Vishvachi
- 2) Comparison between two groups.

Investigations: - Haemogram, ESR, Serum creatinine, BSL-Random, Blood Urea, Urine-R/M, X-ray-shoulder AP/ Lat. View, X-ray- Cervical spine AP/ Lat. view

Clinical Study

1. According to selection criteria 40 patients were selected randomly.
2. Written informed consent was obtained from every patient.
3. Proper case history was taken and special case record form was prepared.
4. Clinical findings were recorded as per case proforma.

20 patients were selected and treated as study group A with Mocharasa Taila for 14 days and 20 patients were selected and treated as group B with Mahamasha Taila.

Ingredients of Mocharasa Taila: - 1) Mocharasa 2) Tila Taila

Procedure: - 1) Raw material taken from the private dealer. 2) Authentication of raw material was done from the botany department Pune university. 3) The Mocharasa Taila was prepared as per Sharngadhar Samhita. 4) Medicated Sneha that is Taila prepared by mixing 1part of Mocharasa (100gm), 4 parts of Tila Taila (400ml) and its 4 parts of water (1600ml) heated with medium flame till all the water evaporate thus the Mocharasa Taila made. [11-15]

Mocharasa Taila: Authentication of Mocharasa was done in department of botany at Pune University. Standardisation of Mocharasa Taila was done in department of Rasa shastra Bhaishajakalpna vinyan at Bharati Ayurved College.

Mahamasha Taila (20,21) is prepared from Shankar pharmacy (GMP certify no.GA/1153 Government of Gujarat drug control administration) according to

### PLAN OF WORK

	<b>Group I</b>	<b>Group II</b>
Number of patients - Treatment	20 patients- Mahamasha Taila	20 patients- Mahamasha Taila
Dosage & kal	2 Drops After meals	2 Drops After meals
Route of Administration	Nasal	Nasal
Treatment period & follow up	14 days	14 days
Assessment	First & last day of treatment	First & last day of treatment
Follow Up	0 <sup>th</sup> , 7 <sup>th</sup> , 14 <sup>th</sup> , 15 <sup>th</sup> day	0 <sup>th</sup> , 7 <sup>th</sup> , 14 <sup>th</sup> , 15 <sup>th</sup> day

Follow-up

<b>Lakshana / day</b>	<b>0<sup>th</sup> Day</b>	<b>7<sup>th</sup> Day</b>	<b>14<sup>th</sup>Day</b>	<b>15<sup>th</sup>Day</b>
Bahu Shula	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4
Bahu Karmakshaya	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4
Bahuchesta Apatarpan	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4
Bahu Badhirya	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4

Objective Criteria

<b>Lakshana / day</b>	<b>0<sup>th</sup> Day</b>	<b>7<sup>th</sup> Day</b>	<b>14<sup>th</sup>Day</b>	<b>15<sup>th</sup>Day</b>
Motor Functions	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4
Sensory Functions	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4
Reflex changes	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4

Nutrition of muscles	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4
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#### Gradation of Lakshana

##### 1. Bahushoola

No pain – 0 grade

Shoulder pain – 1 grade

Shoulder pain radiating down arm – 2 grades

Shoulder pain radiating down arm and 4 & 5 finger– 3 grades

Shoulder pain radiating down arm and 4 & 5 finger and weakness of intrinsic hand muscle - 4 grade

##### 2. Bahu Badhirya

0 - No Badhirya

1 - Work related pain around shoulder & supra clavicle region with numbness

2 - Without work pain around shoulder & supra clavicle region with numbness

3- Weakness of intrinsic muscle of hand & diminished sensation on the palmar aspect of 4&5 digits with numbness

4- Weakness & wasting of intrinsic hand muscle with numbness.

##### 3. Bahu Chestaapaharan

0 - No difficulty in movement 1- Shoulder arm pain

1 - Shoulder arm pain worse with movement

2 - Shoulder arm pain worse with movement and stiffness

3- Shoulder arm pain worse with movement and stiffness with limited range of movement of hand

##### 4. Bahukarmakshaya

0- No movement

1- Flicker or active movement

2 - active movement against gravity

3 - Active movement against gravity with little resistance

4 - Active movement against gravity with full resistance.

##### 5. Nutrition of Muscle

0- Normal

1- Muscle atrophy less than 0.5cm

2- Muscle atrophy more than 0.5cm

3- Muscle atrophy more than 1cm

4- Muscle atrophy more than 1.5cm

##### 6. Reflex changes

0- Normal

1- Present But Diminished

2- Normoactive

3- Exaggerated

4- Clonus

##### 7. Motor function

0- flicker

1- active movement

2- active movement against gravity

3- active movement against gravity with little resistance

4- active movement against gravity with full resistance

8. Sensory functions Pain
  - 0- normal
  - 1- pin prick with superficial sensation
  - 2- superficial pain with expression over face
  - 3 - deep pain (pressure pain/deep sensibility)
  - 4 - deep pain with patient statement about the sensation
9. Touch
  - 0 - normal
  - 1 - Superficial touch
  - 2 - Deep touch
  - 3 - Deep touch with pain
- 5- Deep pain with cry
  
10. Temp
  - 0 - Normal
  - 1 - Absence of cold & hot temp in unilateral but present in localized to one area.
  - 2 - Unilateral affection of right limb
  - 3 - Left limb absence of cold & hot sensation
  - 4 - Absence of cold hot sensation + severe injury noted

NASYA KARMA [17,18]: - The procedure of Nasya karma was performed in following 3 steps.

Purvakarma: - Preparation of the patient mentally and physically for Nasya karma. Patients were advised to remain relaxed.

Pradhana Karma: - 1) The patient was asked to lie down on the table in supine position with his head hanging from the head end of the table. In this position the head is slightly bent backwards. 2) Mocharasa Taila or Mahamasha Taila was taken in a small plastic bottle fitted with dropper. Bottle was kept in hot water bowl to make it lukewarm. 3) Dropper was held in right hand and with the help of left index finger nasal septum was slightly elevated to create a straight passage within the vestibule. 4) With the help of dropper 2 drops of 'Mocharasa Taila' or 'Mahamasha Taila' was instilled into each nostril. 5) With the help of left thumb left nostril was closed. 6) There after patients were asked to inhale deeply. 7) Any oil that was reached the throat is advised to spit out.

Paschat Karma: - 1) The patients were asked to return to supine position after instilling the Taila. 2) The patient was allowed to take rest in supine position for several minutes. 3) The nasal secretions reaching the throat were advised to spit out.

Special advice was given to all patients to stay in a windless place, to avoid Abhishyandi Ahara, Sneha Madhya, and Dravapana, exposure to Raja, Dhuma, Atapa, Shira Snana, Atiyana, and Krodha. Cold water should not be used for drinking or for bathing; only warm water is to be used. Laghu Ahara and Sukhoshna Jala is allowed.

The above procedure was taught to patient and his/her relatives. Later the patient was asked to perform the Nasya karma procedure at home.

#### OBSERVATION

According to Age Distribution: -

Age	No. of Patient	%
20	5	12.5
30	8	20
40	13	32.5
50	5	12.5
60+	9	22.5
Total	40	100

Occupation wise Distribution: -

Occupation	No. of Patient	%
Housewife	22	55
service	11	27.5
other	7	17.5
total	40	100

Sex Distribution: -

Sex	No. of patient	%
Male	16	40
Female	24	60
Total	40	100

Diet wise Distribution

Diet	No. of patient	%
Mixed	32	80
Veg	8	20
Total	40	100

Prakruti wise Distribution: -

Prakruti	Vata	Vata Kapha	Total
MahamashaTaila	12	08	20
MocharasaTaila	15	05	20

Bahushoola	Day-0		Day-15		Wilcoxon Signed Ranks Test Z	P
	Mean Score	SD	Mean Score	SD		
MahamashaTaila	2.85	.366	1.65	.587	4.23	<0.001 HS
MocharasaTaila	2.40	.821	1.35	.813	4.38	<0.001 HS

Bahukarmakshaya	Day-0		Day-15		Wilcoxon Signed Ranks Test Z	P
	Mean Score	Sd	Mean Score	Sd		
Mahamasha Taila	4	0	4	0	0	1.0 NS
Mocharasa Taila	4	0	4	0	0	1.0 NS

Motor Function	Mean score	SD	Mean score	SD	Wilcoxon Signed Ranks Test Z	P
Mahamasha Taila	4	0	4	0	0	1.0 NS
Mocharasa Taila	4	0	4	0	0	1.0 NS

Sensory functions	Day-0		Day-15		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
Mahamasha Taila	0	0	0	0	0	1.0 NS
Mocharasa Taila	0	0	0	0	0	1.0 NS

Nutrition of muscle	Day-0		Day-15		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
Mahamasha Taila	0	0	0	0	0	1.0 NS
Mocharasa Taila	0.10	0.447	0.10	0.447	0	1.0 NS

Reflex changes	Day-0		Day-15		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
Mahamasha Taila	0	0	0	0	0	1.0 NS
Mocharasa Taila	0.15	0.366	0.10	0.308	1.0	0.32NS

## DISCUSSION

Vishvachi is a painful condition where the patient is not able to do his routine work concerned to his upper limb and hence hampers his normal activity. The Nidana and Samprapti of this disease are not given separately in classics.

Vata is the main factor producing the disease Vishvachi other Doshas can also modify the clinical presentation in which Kapha is major one than the rest. Lakshanas of Vishvachi are described as Bahu Karmakshaya, or Cheshtapaharana the Bahu. Dalhana opinions that Vishvaci resembles Gridhrasi and is of two types. The difference between the two is that one occurs in the lower limb and the other in the upper limb. Hence the Lakshanas as explained for Gridhrasi should also be considered (21). Thus, it can be said that the pain radiating from the neck to the tip of the fingers are the Lakshanas of the Vishvachi along with the Karmakshaya.

In the modern parlance, the radiating pain is a syndrome known as the cervical radiculopathy based upon compression of cervical root.

Out of 44 patients registered for study 4 patients were drop out and remaining 40 patients completed the full course of treatment.

In Group A Mocharasa Taila was given to 20 patients after meals and in Group B Mahamasha Taila given to 20 patients after meals, the follow up was up to 14 days in both the Groups each patient is assessed on the basis of Lakshanas in them.

- Mocharasa is considered as a drug of choice (AGYRA) according to Acharya Vagbhat for relieving pain in conditions like Skandha, Amsa and Bahu.

- Drug having properties like Laghu, Snigdha & Picchil guna, Kashay rasa, Madhurea vipak, Sheet Virya & Vatakaphanashak.

- Mahamasha Taila is taken as a comparative group for present study which is described in (Bhaishajya Ratnavali) Nasya remedy for Vishvachi.

- Drugs are Madhura and Tikta Rasa Prahadhana: Laghu and Snigdha Guna, Ushna Virya, Madhura Vipaka and Kapha Vata Shamaka.

- In the present sample taken for study, the patients belonged to the age group of above 15 and below 70 years. Maximum number of patients belonged to the age group of 40-49yrs i.e., (32.5%) and 60 yrs and above i.e., (22.5%) in observation it is found in fifth decade max patients were found, since most of the Vataroga occurs in old age that is 40 and above hence maximum no of patients suffering with this disease were of the age group of above 40 years.

- Most of the females in the study were housewives having excessive work in house and this reflects that their habit of work is having a direct influence in aetiopathogenesis of Vishvaci. Among males most of them were in service and their occupation have direct impact on this disease.

- A dietary habit of patients in this group does not exhibit much preponderance of either veg or non veg food habit in the causation of illness as study shows 80% patients had the habit of mixed diet, in comparison to 20% of patients restricted to veg dietary habit.

- In present study 67.5% patients seen as Vatajavishvachi & 32.5% patients seen of Vatakaphaja type.

- But however, these drugs showed no improvement in symptoms like Bahukarmakshaya, motor power, sensory functions, reflex changes & nutrition of muscle might be while assessing the patients these criteria are not found much significant.

- These Taila did not show any adverse and toxic effect in any patient during study.

SAMPRAPTI BHANGA:- Nasya acts on Majjadhatu (Nasa Hi Shirasodwaram- Vagbhatacarya).[19]

- Mocharasa having directly Prabhava on Vishvachi Lakshanas.

- Mocharasa having Madhur rasa, Snigdha, and Picchila guna so it acts as Pittavatashamak, as Pitta and Rakta having Ashrayaashryibava and Kandarasa are Updhatu of Rakta so Mocharasa acts on Raktadhatu.

DOSHA DOMINANCE: - Nasya dravya enters Shirpradesha through nostrils, the Shira is site of Prana Nasya dravya acts on Prana vayu, acts as shaman of Pranvayu it also acts on Udanvayu and the Nasya given after meal acts on Vyanvayu. It is responsible for shaman of Prana, Vyan and Udan which are responsible for movements of joints and tendons (Kandara) and organs. Due to Nasya shaman of Vikrutprana, Udan and Vyan take place.

DHATU DOMINANCE VATA STHAN:- Due to different Hetus Dhatukshaya takes place and so Vatavrudhhi takes place so in this treatment we observed better and same result for Mocharasa Taila and Mahamasha Taila Nasya it increases strength and

Dhatubala of muscles, the Mocharasa Taila has property Snigdha, Picchil and Madhur rasa and acts as Bruhan, Karmukata as Vedanashamak so it is very helpful in Vatavrudhi and Vata rog like Vishvachi and Vatakaphaja vishvachi.

Mahamasha has property Snigdha, Guru, Shukshma also contains in Mahamasha Taila are Bruhan property so it is also useful in Vishvachi both Taila acts as a Bruhan.

Many inverse researches are done but no one success to give special treatment for these diseases.

**MODE OF ACTION:** - Constituency of Bahu is made by Tridosha i.e., Vata, Pitta, Kapha, Saptadhatu Rasa, Rakta, Mamsa, Meda, Asthi, Majja, Shukra. The Udana & Prana vayu are responsible for the function of Bahu. i.e., Utkshepan; prasaran, Ankuchan also Urah is the place of Kapha. The Bahus are attached to Urah sthana officiously there is previous in extends than Pitta & Vata. The Shleshak Kapha is responsible for the movements of joints. Rasa dhatu which acts as nutrition of other Dhatus i.e., 'Prinan' karma of Dhatus present in Bahu. Rakta dhatu acts as nutrition of Mamsa dhatu.

The Updhatu of Rakta dhatu which is responsible for Bahu karma. Any deformity in Kandara leads Bahukarmakshaya. Mamsa dhatu act as nutrition of Meda dhatu, it maintains soundness & strongness of body. It maintains Guru, Sthul, Snigdha, Shlakshanata, Mruduta of hand. Meda dhatu also responsible to build body. It maintains oiliness (Snehata) Shidghata, Guruta Sthulata, Pichilata, Sandrata

It acts as Asthi dhatus nutrition. The function of Asthi dhatu is to give support (Dharan) to body & Dhatus present in that organ. IT acts as nutrition of Majja dhatu.

Majjadhatu maintain Picchilata snidghata & hollowness of Asthi dhatu & it avoids Vattvrudhi in inert places. It acts as nutrition of Shukra dhatu, Shukra is Sarabhaga of all Dhatus & responsible for strength (Bala) of body & Bahu Due to different Vataprakopak Hetus. Vataprakopa takes place with the properties of Vata Dosha.

Ruksha, Laghu, Shita, Chal, Khara increases due to the properties, Kapha dosha, Raktadhatu, Kandara, Mamsa dhatu, Meda dhatu, Snayus, Asthidhatu, Majjadhatu & Shukra dhatu decreases.

Nasa is the opening of Shiropradesh which is "Uttamang" It is also Kapha stana. It is also roof of body. Hence medicine acting on this part will affect all over body. According to this reference it acts on Mulsthana ultimately it acts on Shakhas as well as root. It decreases properties of Vata Dosha which helps Kapha Vrudhi & Dhatu Samya. Ultimately Lakshanas of Vishvachi are suppressed.

Medicine administered through nose get absorbed through the pathways up to skin, shoulder, Neck & Vaksha. It is possible to act Kandaras related to Bahu. Body movements depend on Vayu mainly. Vyanvayu is responsible for all body movements while Udanvayu is responsible for efforts of energy required for body movement. Pranavayu is responsible for proper functioning of Karmendriyas. All three types Vayu are related to Nasya Pradesh. Accordingly, Udanvayu is from Nose to Nabhi. Pranvayu - is also related with upper parts of Kanth as well as sensory organs (Jnanedriyas) & the path way through which medicine administered in Nose absorbed related to sensory organs, Vyan vayu moving all over body is related to Nasal region.

In Vishvachi it is disorder of Kandara in upper extremity aggravated by Vata dosha. It causes Kandara dushti due to increase in 'Khara' property it creates disability in the functions of Bahu. Mashadi Tailam has Bruhan in nature. If administered by nose it controls Udan, Prana, Vyana yvayu and redirect them to their normal channel, so they start their normal functions. Kandara get Snidghatya, Shlakshanatva & decreases the 'Khara' property which was increased by vitiation of Vata dosha - In this way Nasya acts on Vishwachi.

Any drug administered through nose is called Nasya. Now a days the modern medical scientists, they are using some nasal spray hormones very effectively, these nasal sprays are rather beneficial in some disorders than IV Medication. This states that nose is a better entrance into the cranial region.

## CONCLUSION:

After going through literally aspect of disease & based on clinical trials following conclusions are drawn. Mocharasa Taila Nasya is found effective in Vishavchi

- Statistical analysis shows that Mocharasa Taila and Mahamasha Taila are equally effective in symptoms such as Bahu shoola, Bahu badhirya & Bahu chesta apaharana.
- Nasya: It is one of the procedures in Panchakarma which is easily applicable, result oriented, advisable; cost effective can be done at home.
- It is found significant that the single drug Mocharasa has shown very effective result when compared with Mahamasha Taila which is having 36 ingredients. It can be concluded that single drug therapy can be tried in Vishvachi
- Vishvachi resembles Gridhrasi. Thus, it can be said that the pain radiating from the neck to the tip of the fingers in the modern parlance, the radiating pain is a syndrome known as the cervical radiculopathy based upon compression of cervical root.

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