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A CASE REPORT-ROLE OF VIDHHA KARMA IN MANAGEMENT OF VISHWACHI

[1]*Dr. Aprajita Saxena, [2]Dr. Snehal Sonani and [3]Dr. Chandrakant Pawar

[1,2]Final Year PG scholar, Shalya Tantra Department, Parul Institute of Ayurveda, Parul University.
[3]Associate Professor, Shalya Tantra Department, Parul Institute of Ayurveda, Parul University.

***Corresponding Author: Dr. Aprajita Saxena**
Final Year PG scholar, Shalya Tantra Department, Parul Institute of Ayurveda, Parul University.

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ABSTRACT
Vishwachi is a disorder mentioned by *Ayurveda* under broad ailments of *vatavyadhis*. In *vishwachi* severe and throbbing type of pain which radiates from neck, shoulder, arm, forearm and digits is experienced. It affects complete upper limb, starting from base of shoulder joint till distal phalanges accompanied with loss of flexion and extension movement. *Acharya Sushrut*, father of ancient surgery has considered it as *nanatmakavatavikara*. For the present case report *vidhhakarma* was used in the patient suffering from *vishwachi* and presenting complains of stiffness in right shoulder and right elbow and restricted movement. After multiple sitting of *vidhhakarma* stiffness was reduced up to 70% and the range of motion increased by 80%.

KEYWORDS: *vishwachi*, *vatavyadhi*, elbow stiffness, *vidhhakarma*, *suchivedhana*.

INTRODUCTION

Vatadosha is responsible for all the movement of the body.[1] *Asthimajja* is considered one of the sites of *vata* residence.[2] Any factors causing vitiation of *vata* can lead to *vatavyadhiis*. One of them is *vishwachi*. *Vatavyadhi* is considered among the *astamahagada.*[3] In modern point of view, the diseases involving the neurological, musculoskeletal, psychosomatic and gastrointestinal system disorders have more similarities with *vatavyadhis*. *Vishwachi* is one such disease that hampers the day to day activities of the individual. *Amshashosha* can be considered as the preliminary stage of the disease where losen *dosha* of *shleshakkapha* occur. The next stage of *vishwachi* occurs due to loss or dryness of *shleshakkapha* and symptoms like *shoola* during movement, restricted movement and so on are manifested[4] because shleshak kapha is main dosha indicated for proper joint movement.[5]

The general line of treatment mentioned for *vatavyadhies* in *ayurvedic* classics include *snehana*(both internal and external), *swedana*, *mrudushodhana*, *basti*, *sirobasti*, *nasya* and so on.[6] These all basically emphasis on *shrotoshodhana* to pacify the *vata* is that is obstructed and allowing the *asthimajja* to be normal again.

Acharya Charak further states that treatment of any disease involves all means and measures for the restoration of abnormal dosha, dhatu and malas, therefore treatment should be according to the location of *dushya* (tissue element vitiated by *vata*) and type of vitiated dosah in each patient.[7]

In modern science some clinical conditions may be compared with that of *vishwachi*, such as

1) Brachial neuritis
2) Neuralgic amyotrophy
3) OA of shoulder or elbow joint
4) Brachial plexus neuropathies

Now as of *vidhhakarma*, which is a sterile procedure of penetrating or piercing selected points with special hollow *vidhhakarma* needles can be opted for the pain management in *vatavyadhi.*[8] It not only allows the obstructed *vata* to escape but also helps to reduce pain by releasing endorphin as immune response to the penetrating.[9]

Vidhhakarma and *siravedhana* are the parts of *ayurvedic* treatment modalities. *Acharya Sushurta* mentioned particular site for *siravedhana* for various ailments. These sites can be taken for *vidhhakarma* also.

Vidhhakarma is different from acupuncture, as *vidhhakarmas* are in relation to *marma* points and uses particular *vidhha* hollow needles for treatment. *Vidhha* points are based on cell morphology as defined in *vaishesik darshan*, a branch of philosophy accepted in *Ayurveda*.

This case study projects the effect of *vidhhakarma* in managing the pain and stiffness in *vishwachi* with special reference of elbow joint stiffness and pain.

CASE REPORT

A male patient age 60 year presented to the *shalya* OPD with the complains of stiffness and pain in right elbow joint. He stated that it has bothered him for past 1 year and had no previous injury or surgery to his elbow.

He indicated that pain is located over right elbow and in the middle finger of right hand. Occasionally the pain radiates to the shoulder. He also reported that he has gradually lost motion of right elbow joint and cannot extend his elbow. The occupational history given by patient is of carpentry. Patient didn't having any past history related to trauma or hypertension, DM. also didn't have any family history related to this complains.

Physical examination of patients revealed that vitals and temperature were within normal limits. Patient having good appetite, proper micturation and bowel but disturbed sleep due to pain Systemic examinations were normal.

Musculoskeletal examination

He displayed normal gait without the use of any devices but he is not able to extend his elbow, on doing so he appears pain. The rate of pain according to VAS scale at rest is 5-6 out of 10, with motion or activity it rates 8 out of 10.

On inspection of B/L upper limb- no gross deformities of shoulder.

1. The right elbow showed flexion deformity and goniometric reading of

Extension: 120 degree
Flexion: 70 degree

Fig. 1: Measurement of range of motion of right elbow joint (before treatment).

2. The left elbow showed goniometric reading

Extension: 180 degree
Flexion: 60 degree

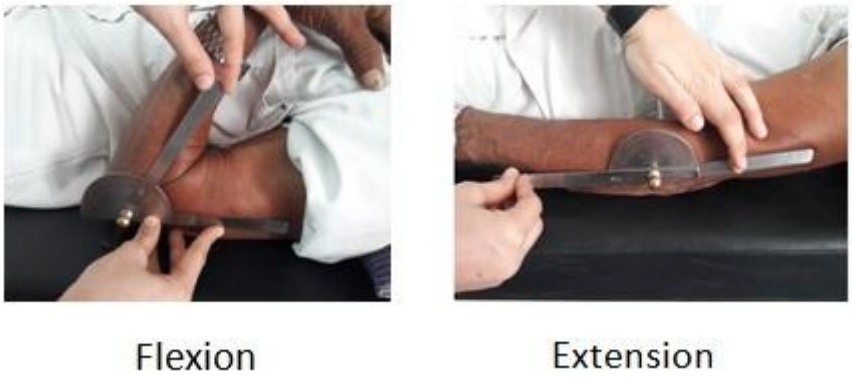

Fig. 2: Measurement of range of motion of left elbow joint(before treatment).

When assisted to increase the range of motion of right elbow, patient displays pain. His hand trembled and was impossible to move. He showed loss of active or passive range of motion of elbow joint.

Differential diagnosis: Tennis elbow, brachial neuropathy, OA of elbow joint, or any tumor.

Final diagnosis: On the basis of symptoms of *shoola* and *stabhta* the diagnosis was of *vatavyadhi* and since it involved elbow joint with restricted movement, the diseases was diagnosed as *vishwachi*.[9]

And the radiological investigations were done to rule out OA, tumor or dislocation.

Treatment plan

Various treatment plans and algorithms have evolved in the *Ayurvedic* treatment modalities. Considering *vishwachi* as a *vatavyadhi*, main aim of treatment was to pacify the vitiated *vata* and reducing pain caused by *vata* as *ruja* is the main symptoms of vitiated *vata*.

The patient treatment plan included the following

1) Patient education materials concerning available and *Vidhhakarma*.
2) *Vidhhakarma* at elbow joint (2 inch above and 2 inch below) for 3 weeks was planned

1st week: Sitting for vidhhakarma n 1st, 2nd, 3rd, 5th and 7th day

2nd week: Sitting for vidhhakarma n 1st, 2nd, 3rd, 5th and 7th day

3rd week: Sitting for vidhhakarma n 1st, 2nd, 3rd, 5th and 7th day

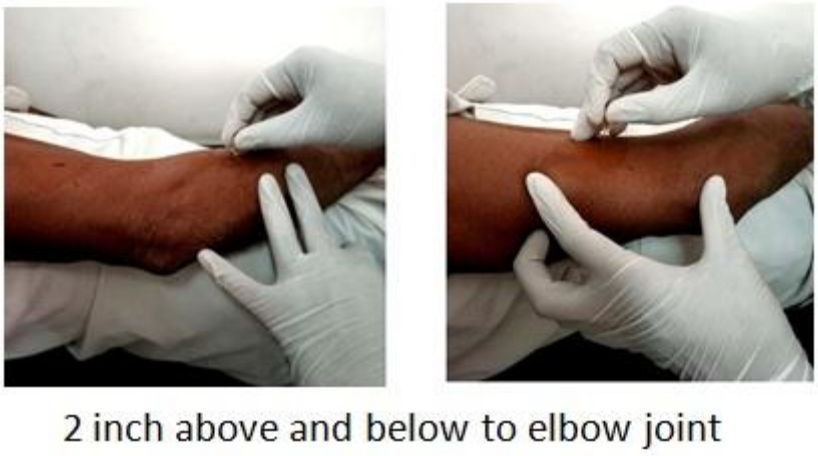

Fig. 3: Vidhhakarma procedure.

3) Oral medication

Table A list of oral medication with duration and dose

Medicine	Dose	Anupan
Tab Yograjguggulu	2-0-2	Warm water
Tab. Ashwagandhavati	2-0-2	Warm water
Dashmoolkashay	15 ml-0-15ml	Warm water

4) Follow up visit after every week

Outcome measures

The overall goal in the treatment of patient with *vishwachi* is to relieve the pain and reduce stiffness and restore motion and function. Outcome measure includes documentation of improvement in the range motion of elbow joint by goniometric readings, assessment of pain according to VAS scale.

Assessment criteria: Assessment will be done on every week.

Table B assessment criteria

Grading	**0**	**1**	**2**	**3**
Pain	0	1-3	4-6	7-10
Range of motion of right elbow joint	**Before treatment**		**After treatment**	
Extension	Patient was asked to extend particular elbow joint up to maximum pain threshold, and the obtained angle was measured with the help of goniometer.			
Flexion	Patient was asked to flex particular elbow joint up to maximum pain threshold, and the obtained angle was measured with the help of goniometer.			

RESULTS

Table C assessment of result every weekly

		0 day	**End of 1st week**	**End of 2nd week**	**End of 3rd week**
Pain	**Grading**	3	2	1	0
Range of motion of right elbow joint (with goniommeter)	Extension	120 degree	140 degree	155 degree	160 degree
	Flexion	70 degree	68 degree	68 degree	65 degree

After the 1st sitting of *vidhhakarma*, the patient was relieved by 30% and by the end of 1st week the patient was relieved upto 60% with the goniometric reading of extension:140 degree and flexion:68 degree.

Following 2nd week, the patient's pain subsided and range of movement improved remarkably with goniometric reading of extension: 155 degree and flexion: 68 degree.

By the ending of the 3rd week, the patient was relieved up to 95% with no complains of pain and much improved range of movement with the goniometric reading of extension: 160 degree and flexion: 65 degree.

The patient was able to lift his arm without pain and was flexing his elbow with no pain.

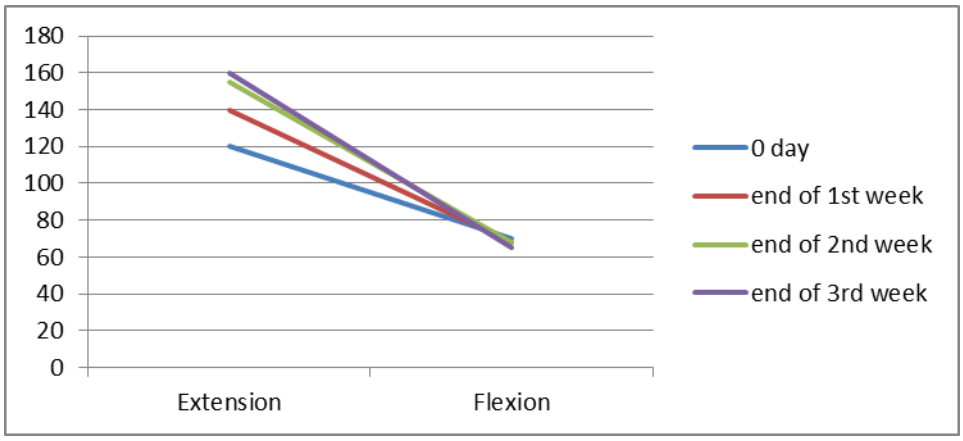

Chart 1 Weekly assessment of range of motion of right elbow.

DISCUSSION

According to the international association for the study of pain, it is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damages.[10] No matter however mild the pain is anywhere in the body it lands a person in a state of discomfort and affects day to day activity. Pain can present in various ways as throbbing pain as in toothache, eye ache or colic pain which comes in spasm as in renal calculi, gnawing pain in abdominal discomfort, muscular pain as in sprain, sports injury, joint pain due to swelling and many more and most of the people choose a pain killer as can answer to this pain which on frequent usage also kills one resistance power.

Ayurvdea explains origin of pain is due to vitiated *vatadosha*[11], once *vatadosha* is treated efficiently the pain subsides automatically. Many of *ayurvedic* procedures are available nowadays, among them being the *vidhhakarma* which is a sterile procedure of penetrating or piercing selected points with special hollow *vidhha* needles. It is implied to give an instant and acute pain relief and it doesn't require and internal medication as an addition to enhance the effect. The probable mode of action of *vidhhakarma* can be explained in terms of *ayurveda* science as well as modern science.

As of *ayurveda*, when *vata* gets vitiated or if it gets obstructed anywhere in body it causes pain. There are 3 *rogamarga* described in *ayurveda* classics as *shakha*, *kostha* and *marmaashthisandhi*.[12] Among these 3, *marmaasthisandhi* the 3rd *rogamarga* is the main site where *vata* can get easily obstructed due to the complex anatomy of the *asthisandhi*. The obstructed *vata* in the joint region will cause pain. *Vidhhakarma* by means of penetrating helps releasing that obstructed *vata* and thus pacifying the *vata* in local area and reduces pain. When *vata* gets cleaned from the joints removing the obstruction, *shleshkakapha* can now resides in the joint spaces and hence improving the range of motion of particular joint.

According to modern science, following penetration the immune system gets activated and as a response to this procedure releases endorphin that helps to reduce pain. It acts as a counter irritant without any dermal allergies. By penetrating at affected site, it generates local static electricity that leads to polarization on cellular level, including micronutrient. Thereby, moving metabolic waste products from cells to channels of transportation. When the waste and toxins are removed from the site the pain subsides.

CONCLUSION

Among various methods mentioned in *ayurveda* for pain management, *vidhhakarma* can be considered as one of the most effective form of pain management as the results obtained in this study were tremendous. Also *vidhhakarma* is easy procedure which can be done on the OPD basis and is economical both for the patient and for the doctor. For proper result and implementation, the knowledge of vital points and symptoms related points is essential. This procedure can also be used as in headache, eyeache, renal colic, pain related to other meme defects, joints pain, radiating pain and much more.

It not only relieves local pain but the physiological and mental function goes well when *prakrutvayu* is moving in its own direction.

By this case report it can be concluded that *vidhhakarma* proved to be a great treatment option for the patient suffering from *vishwachi*. The patient on discharged was not only physically improved by psychologically was much more healthy as compare to the time he first visited the hospital. The result obtained were 90% in just 3 weeks. Further sitting can be planned on the follow up visits for further improvement. *Vidhhakarma* through a small procedure proved its efficacy much better than the much popular pain killer and NSAIDs.

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