



Research Article

A COMPARATIVE STUDY OF MOCHARASA SIDDHATAIL AND MAHAMASHA TAIL NASYA IN VISHVACHI

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ABSTRACT

AIM: A comparative study of *Mocharasa siddhatail* and *Mahamasha tail Nasya* in *Vishvachi*.

Objective: 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*.

Method: Randomized single blind comparative 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*.

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 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.

Follow up: 0th, 7th, 14th, 15th day.

Duration: Total duration study was 14 days. This study was carried out in Bharati Vidyapeeth Deemed University College of Ayurved & Hospital Pune in Year 2010 and 2011.

Results: Comparing *Mocharasa taila* and *Mahamasha taila Nasya* and are equally effective in *Vishvachi*.

Statistical Analysis: 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*.

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INTRODUCTION

Ayurved is 'the science of life' which had a golden time centuries 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 *Nidanaparivarjana* 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 *Pratimarsha 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.

- To study the efficacy of *Mocharasa Taila Nasya* in *Vishvachi*
- To compare effect of *Mocharasa Taila* with *Mahamasha Taila*
- 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 *Visvachi* 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 will be included irrespective of sex and economical class, *Kandara Drushti*, *Bahukarmakshaya*, *Bahucheshtaapatarpan*

Exclusion Criteria

The patient having spinal cord injury, *Pakshagat*, *Ardit*. The patient having cardiac diseases like AMI, angina etc. DM-Neuropathy. Severe HTN.

Discontinuation criteria

- Occurrence of serious adverse effect.
- Incidence of any life threatening disease.
- 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:

- Relevance of signs and symptoms of *Vishvachi*
- Comparison between two groups.

Investigations- Haemogram with 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

- According to selection criteria 40 patients were selected randomly.
- Written informed consent was obtained from every patient.
- Proper case history was taken and special case record form was prepared.
- 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

- Raw material taken from the private dealer
- Authentication of raw material was done from the botany department Pune university
- The *Mocharasa Taila* was prepared as per *Sharnagadhar samhita*.
- 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 Bhaishajakalpana vigyan at

Bharati Ayurved College.

Mahamasha Taila is prepared from Shankar pharmacy (GMP certify no.GA/1153 Government ofGujarat drug control administration) according to Bhaishhya Ratnavali (26/278to584).^[16]**Plan of Work**

	Group I	Group II
no.of patients - Treatment	20 patients- <i>Mahamasha Taila</i>	20 patients- <i>Mahamasha Taila</i>
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 th , 7 th , 14 th , 15 th day	0 th , 7 th , 14 th , 15 th day

Follow-up

<i>Lakshana</i> / day	0 th Day	7 th Day	14 th Day	15 th Day
<i>Bahu shula</i>	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4
<i>Bahu Karmakshaya</i>	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4
<i>Bahuchesta apatarpan</i>	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4	Grade 0/1/2/3/4
<i>Bahu badhirya</i>	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

<i>Lakshana</i> / day	0 th Day	7 th Day	14 th Day	15 th Day
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

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 grade
- Shoulder pain radiating down arm and 4 & 5 finger and weakness of intrinsic h and 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
- 2- Shoulder arm pain worse with movement
- 3- Shoulder arm pain worse with movement and stiffness
- 4- 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

Touch

- 0-normal
- 1-Superficial touch
- 2-Deep touch
- 3-Deep touch with pain
- 4-Deep pain with cry

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

- 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.
- *Mocharasa taila* or *Mahamaisha taila* was taken in a small plastic bottle fitted with dropper. Bottle was kept in hot water bowl to make in luke warm
- 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.
- With the help of dropper 2 drops of '*Mocharasa Taila*' or '*Mahamasha Taila*' was instilled into each nostrils.
- With the help of left thumb left nostril was closed.
- There after patients were asked to inhale deeply.
- Any oil that was reached the throat is advised to spit out.

Paschat Karma

- The patients were asked to return to supine position after instilling the *Taila*.
- The patient was allowed to take rest in supine position for several minutes.
- 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, ShiraSnana, Atiyana,* and *Krodha*. Cold water should not be used for drinking or for bathing; only warm water is to be used. *Laghu Ahara* and *SukhoshnaJala* 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

	V	V k	Total
<i>Mahamashataila</i>	12	08	20
<i>Mocharasataila</i>	15	05	20

Bahushoola	Day-0		Day-15		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
<i>Mahamashataila</i>	2.85	.366	1.65	.587	4.23	<0.001 HS
<i>Mocharasataila</i>	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		
<i>Mahamashataila</i>	4	0	4	0	0	1.0 NS
<i>Mocharasataila</i>	4	0	4	0	0	1.0 NS

Bahukarmakshaya	Day-0		Day-15		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
<i>Mahamashataila</i>	2.55	0.510	1.65	.587	4.02	<0.001 HS
<i>Mocharasataila</i>	1.85	0.875	1.00	.725	4.12	<0.001 HS

Motor functions	Day-0		Day-15		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
<i>Mahamashataila</i>	4	0	4	0	0	1.0 NS
<i>Mocharasataila</i>	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		
<i>Mahamashataila</i>	0	0	0	0	0	1.0 NS
<i>Mocharasataila</i>	0	0	0	0	0	1.0 NS

Reflex changes	Day-0		Day-15		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
<i>Mahamashataila</i>	0	0	0	0	0	1.0 NS
<i>Mocharasataila</i>	0.15	0.366	0.10	0.308	1.0	0.32NS

Nutrition of muscle	Day-0		Day-15		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
<i>Mahamashataila</i>	0	0	0	0	0	1.0 NS
<i>Mocharasataila</i>	0.10	0.447	0.10	0.447	0	1.0 NS

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 *Vishvaci* 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. Thus it can be said that the pain radiating from the neck to the tip of the fingers are the *Lakshanas* of the *Vishvaci* 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 *Mahamashataila* 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 Prahdhana*: *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.

Sampraptibhanga

- *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* takes place.

DHATU DOMINANCE VAT STHAN

Due to different *Hetus Dhatukshaya* takes place and so *Vatavruddhi* takes place so in this treatment we observed better and same result for *Mocharasataila* and *Mahamashataila Nasya* it increases strength and *Dhatubala* of muscles, the *Mocharasataila* has property *Snigdha*, *Picchil* and *Madhur rasa* and acts as *Bruhan*, *Karmukata* as *Vedanashamak* so it is very helpful in *Vatavruddhi* and *Vatrog* like *Vishvachi* and *Vatakaphaja vishavachi*.

Mahamasha has property *Snigdha*, *Guru*, *Shukshma* also contains in *Mahamashataila* 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 *Dhatu* i.e. '*Prinan*' karma of *Dhatu* 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*, *Stul*, *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 dhatu* nutrition. The function of *Asthi dhatu* is to give support (*Dharan*) to body & *Dhatu* 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 *Dhatu* & 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 *Shiropadesh* 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 *Visvachi*
- *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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