

Effect of *Ajamodadi Choornam* in *Vishwachi*

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Abstract— *Vishwachi*, classified as a *Vatavyadhi* affecting the *Kandaras* and characterized by impairment of arm functions, clinically resembles cervical radiculopathy caused by nerve root compression due to disc prolapse, leading to neck pain radiating into the arms along the affected nerve pathway with possible motor or sensory disturbances. A key challenge in modern treatment is incomplete recovery from these symptoms, necessitating exploration of alternative strategies. Ayurveda describes specific treatments for *Vishwachi*, including the Yoga *Ajamodadi Choornam*, mentioned in the *Sarangadhara Samhita Madhyamakhanda*, regarded as beneficial. In this study, 20 participants were selected based on specific criteria from the outpatient department of Kayachikitsa at Sree Narayana Institute of Ayurvedic Studies and Research, who received 6 grams of *Ajamodadi Choornam* twice daily for 15 days, one hour before meals with hot water. The study employed a pre and post-test design without a control group over 15 days, with assessments on the 1st and 16th days. Data analysis using Wilcoxon signed-rank test and repeated measures ANOVA showed that the intervention significantly alleviated *Vishwachi* symptoms. The findings supported the alternative hypothesis and rejected the null hypothesis, confirming the effectiveness of *Ajamodadi Choornam* in managing *Vishwachi*.

Keywords— *Ajamodadi Choornam*, Cervical Radiculopathy, *Vatavyadhi*, *Vishwachi*.

I. INTRODUCTION

Humans evolved differently from other mammals due to their high intelligence, supported by a large, complex brain enabling advanced cognition. The evolution of arms is tied to their use as tools for survival and intellectual tasks, allowing precise movements vital for activities like feeding and hygiene. Neurological or musculoskeletal impairments of the upper limbs can hinder these activities, causing pain and restricted movement, believed to be governed by *Vata Dosha*. Modern material pursuits increase physical effort, leading to *Sthanika Vata Vriddhi* and conditions like *Vishwachi*, which involves pain and dysfunction from the shoulders to fingers, impairing arm functions such as *Grahana* and *Prasarana*, resulting in *Baahu Karma Kshaya*^{1,2,3}. Dalhana compares it to *Gridhrasi*; Gayadasa describes symptoms as *Teevra Ruja*^{4,5}. Ayurveda recommends treatments based on *Vatavyadhi* principles⁶. *Shamana Chikitsa*, including oral medications like *Ajamodadi Choornam* from *Sarangadhara Samhita*, effectively balances *Kapha* and *Vata* and is used for conditions like *Sandhipeeda*, believed to pacify increased *Vata* and *Kapha Doshas*⁷. Clinically, *Vishwachi* resembles Cervical Radiculopathy, caused by lateral disc herniation or osteophyte formation compressing nerve roots, presenting as neck pain radiating along affected nerves, often with rigidity, worsened movement, paresthesia, sensory loss, and signs of lower motor neuron involvement such as muscle weakness, wasting, and reflex abnormalities⁸.

II. OBJECTIVES

1. To evaluate the effect of *Ajamodadi Choornam* in reducing the signs and symptoms of *Vishwachi*.
2. To assess the role of *Ajamodadi Choornam* in improving functional ability and relieving pain associated with cervical radiculopathy-like features.

III. MATERIALS AND METHODS

A. Study design

An open label, single- group interventional clinical study with a pre-test and post-test design.

B. Study setting

Outpatient department of Kayachikitsa, SNIASR, Pangode, Puthoor, Kollam, Kerala

C. Sample size

Twenty patients diagnosed with *Vishwachi*

D. Diagnostic criteria

Xray Cervical Spine: Antero posterior and Lateral view, Routine Blood Examination, Spurling Test, Cervical Distraction Test

E. Inclusion criteria

Participants within an age group 30-75 years presenting with signs and symptoms of *Vishwachi*.

F. Exclusion criteria

Individuals diagnosed with Carpal Tunnel Syndrome, Cervical vertebral fracture, Other severe systemic illnesses, Pregnant women and lactating mother.

G. Intervention

Ajamodadi Choornam was administered orally in a dose of 6g twice daily, one hour before food, with *Ushna Jala* for 15 days

H. Outcome measures

Subjective parameters- Radiating pain from *Baahu Prishtha*, *Teevra Ruja*, *Karamoola Avamotanam* and *Paraesthesia*



Fig. 1. Ingredients of *Ajamodadi Choornam*



Fig. 2. Processed and packed *Ajamodadi Choornam*

Objective parameters- Range of Movements of shoulder joint, Tenderness of *Baahuprishta* and *Baahu*, *Prasarana Akunchana Baahukarmakshaya*

I. Methods for measuring, recording, and analyzing the efficacy parameters

Participants meeting the inclusion criteria were recruited, and informed consent was obtained. Comprehensive case histories were recorded, and both subjective and objective parameters were assessed on days 1 and 16. Data were analyzed using Repeated Measures ANOVA, Wilcoxon Signed-Rank Test, and other appropriate statistical methods based on data distribution. A p-value of less than 0.05 was considered statistically significant.

IV. OBSERVATION AND RESULTS

The Wilcoxon signed rank test showed highly significant improvements in various movements and symptoms following treatment. Right-sided flexion increased from 146.20 to 159.25 (p=0.000, 8.93% relief), and left-sided flexion from 152.50 to 159 (p=0.004, 4.26% relief). Right-sided extension improved from 49 to 55.95 (p=0.000, 14.18%), and left-sided from 52.75 to 56.25 (p=0.004, 6.64%). Right-sided abduction rose from 154.25 to 163.65 (p=0.000, 6.09%), and left-sided from 159.4 to 164.4 (p=0.010, 3.14%). Right-sided adduction increased from 39.5 to 45.9 (p=0.001, 16.20%), and left-sided from 45 to 47.25 (p=0.014, 5%). Right-sided internal rotation improved from 33.75 to 40.60 (p=0.000, 20.30%), and left-sided from 39.50 to 43.75 (p=0.003, 10.76%). External rotations on the right and left increased significantly (p=0.000, 11.76%; p=0.0033, 6.77%). Tenderness significantly decreased on both sides (right: p=0.000, 51.6%; left: p=0.003, 63.15%), while *Prasarana* showed no significant change. Right-sided *Akunchana* improved from 1.25 to 1.50 (p=0.025, 20%), with minimal change on the left. Radiating pain decreased significantly on the right (p=0.000, 40%) and left

(p=0.01, 45.83%), with *Teevra Ruja* reducing on both sides (right: p=0.000, 37.5%; left: p=0.002, 41.67%). Symptom severity scores decreased markedly (p=0.000, 64%; p=0.002, 58.82%), and paraesthesia significantly reduced on both sides (right: p=0.000, 59.09%; left: p=0.008, 63.64%), indicating substantial clinical and functional improvements after treatment.

The Wilcoxon signed-rank test revealed significant improvements in mobility, with increases in flexion, extension, abduction, adduction, internal and external rotation on both sides, along with notable reductions in tenderness, radiating pain, *Teevra Ruja*, overall severity, and paraesthesia. No significant changes were observed in *Prasarana* or *Akunchana* scores.

TABLE I. Assessment chart

Parameter	Day 1 Mean (Combined)	Day 16 Mean (Combined)	Mean Difference	% Relief / Improvement	p-value	Inference
Prasarana Karma	3.83	3.88	0.05	1.31%	0.317	Not significant
Akunchana Karma	1.38	1.55	0.17	12.32%	0.025	Significant
Radiating Pain (Bahu Prishta)	1.68	0.93	0.75	42.92%	0	Highly significant
Teevra Ruja	1.6	0.98	0.62	38.75%	0	Highly significant
Karamoola Avamotanam	1.15	0.55	0.6	52.17%	0.002	Significant
Paraesthesia	0.93	0.33	0.6	64.52%	0	Highly significant
Tenderness	1.58	0.63	0.95	60.12%	0	Highly significant

V. DISCUSSION

The study highlights that restricted neck movements in *Vishwachi*, such as worsened pain during flexion, limited extension due to foraminal narrowing, radiating pain during lateral flexion, and spasms restricting rotation, result from pain, muscle spasms, inflammation, and nerve compression impairing active motion while passive range remains intact. *Ajamodadi Choornam*, with *Ushna Veerya* and digestive properties, reduces pain, relieves stiffness, and supports nerve healing by pacifying *Vata* and *Kapha*⁷. Tenderness in the neuromusculoskeletal structures significantly decreased post-treatment, reflecting reduced inflammation and hypersensitivity caused by nerve root inflammation, muscle spasms, and ischemia. Although improvements in *Prasarana* movements varied, greater progress was noted in *Akunchana* movements, as *Vata Prakopa* leads to stiffness and joint issues, which are alleviated by herbs like *Ajamoda*, *Citraka*, *Nagara*, and *Marica*, that promote circulation, reduce swelling, and expel *Ama*. The intervention notably decreased radiating pain—by 40% on the right and 45.83% on the left—by mitigating *Vata* impact on nerves, reducing nerve irritation, and inflammation through herbs like *Ajwain*, *Marica*, *Pippali*, and *Nagara* with anti-inflammatory, analgesic, and

neuroprotective effects. A significant reduction in *Teevra Ruja* was observed, as herbs like *Ajamoda*, *Pippali*, and *Nagara* helped clear nerve root congestion, decrease inflammatory mediators, and promote blood flow. Additionally, *Karamoola Avamotanam*, characterized by radiating, crushing pain from degenerative changes, was significantly alleviated through herbs that diminish *Kapha*, balance *Vata*, and enhance *Srotoshodhana*, reducing nerve compression and inflammation. Bilateral paraesthesia also markedly decreased due to anti-inflammatory and neuroprotective actions of *Ajamoda*, Piperine, Ginger, and *Haritaki*, which improve nerve function, reduce oxidative stress, and promote nerve repair, resulting in alleviation of tingling, numbness, and sensory disturbances.

VI. CONCLUSION

The present clinical trial concludes that *Ajamodadi Choornam* is effective in the management of *Vishwachi*. Significant improvement was observed in pain, radiating symptoms, and functional limitation of the upper limb. The formulation can be safely recommended as a *Shamana* therapy

in *Vishwachi*. Further controlled clinical trials with larger sample sizes are recommended.

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