

MANAGEMENT OF VISWACHI WITH SWALPA RASONAPIND (INTERNALLY) AND MAHAMASHATAIL NASYA W.S.R. TO BRACHIAL NEURITIS – A CLINICAL STUDY

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ABSTRACT

Viswachi (Brachial neuritis) is a disease that usually affects the upper limbs. It is produced by *vata dosha*. *Viswachi* (Brachial neuritis) is mentioned in *vataja Nanatmaja vata vyadhi*. The present study was aimed to assess the clinical effectiveness of *Swalparasona pinda* tablets and *Mahamasha taila nasya* in *viswachi* (Brachial neuritis). Total 30 patients of *viswachi* (Brachial neuritis) were registered for the present study and were randomly selected from OPD & IPD of Dr. B.R.K.R. Govt. Ayurvedic College, In one group, *Swalparasona pinda* tablets 2 tab thrice /day was given for 40 days, *Brimhana nasya* with *Mahamasha taila* was administered to 30 patients of same group for seven days, and following results were obtained. After treatment 60% relief was found on *Bahu karmakshaya*, 65% on pain, 66% on weakness in different muscles, 72% Numbness, 65% on Wasting of muscles. On overall effect of therapy alone 15 (50%) patients got marked relief, 8 (26.6%) patients got moderate improvement, 7 (23.3%) patients were improved.

Keywords: *Viswachi* (Brachial neuritis), *Swalparasona pinda* tablets, *Mahamasha taila*, *Brimhana nasya*.

INTRODUCTION

Viswachi (Brachial neuritis) is a rare syndrome of unknown etiology affecting mainly the lower motor neurons of the brachial plexus and /or individual nerves or branches. The pain is usually localized to the right shoulder region, but it may be bilateral in 10-30% of cases. Pain's intensity is very high and it is described as sharp or throbbing in nature. Numbness may occur depending on the particular nerves effected, and usually is found in the nerve distribution corresponding to maximal muscle weakness are the main features of *viswachi* (Brachial neuritis).

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Constant use of incompatible food article and strenuous exercise leads to vitiation of *vata dosha*. *Viswachi* is a *vata vyadhi* affecting the hand that causes *bahuchestaapaharana* (loss of movements of the upper limbs), *bahukarmakshaya* (reduced movements of upper limbs), *shoola* (pain) from *bahuprista* region to *anguli* (fingers). For the present study a variety of *Nanatmaja vata vyadhi* 'viswachi' a disease affecting the upper extremities has been selected.¹ *Nasyakarma* is a procedure in *Panchakarma* that is applied in diseases especially pertaining to the *rdhvajatra*.² In *Ashtanga Samhita* it is said as "*Nasah Shiraso Dwaram*" *Shiras* is considered to be the most important part of the body, since the five sense organs and *Prana* have their base there and so addressed with the attribute *Uttama* *ga*. Out of the 107 *Marmas* as ex-

plained in *Yurveda*, Caraka selects Shiras, Hrudaya, and Basti as the most important one. A gain, among these three Marm 's, more important is given to the Shira, and for the disease based on it, the most effective remedy is administration of medicines through the nose.³ *Nasyakarma* has been taken for the present study with *Mahamashataila*. Therefore the present research work is planned to evaluate the effect of *Swalpa rasona pinda* (Internal) & *Mahamashataila Nasyakarma* in *viswachi*. Brachial neuritis is also known as neuralgic amyotrophy is a rare syndrome of unknown etiology affecting mainly the lower motor neurons of the brachial plexus and/or individual nerves or nerve branches. Brachial neuritis usually is characterized by the acute onset of excruciating unilateral shoulder pain. Followed by flaccid paralysis of shoulder and parascapular muscles several days later. The syndrome can vary greatly in presentation and nerve involvement.

Need of the study; The World health organization estimated recently that brachial neuritis affect the approximately 50 million people worldwide, based on the data collected in epidemiological studies in more than 80 countries. Brachial neuritis rates have sharply increased significantly in recent decade which is increasing 20% every decade worldwide. It suggested that up to half of patients are left with residual shoulder pain & decreased endurance. Human & economic burden associated with this condition is severe. Symptoms interfere with sleep, work activities & psychological disturbances like anxiety, mood disorders etc. moreover this disease also depends on changes which are occurring in food & life style. The drugs which are present in *Swalpa rasonapinda* & *Mahamashataila* have the *vatahara*, *Balya*, *Brimhana*, *vrishya*, *Rasayana*, Anti-inflammatory, Analgesic property. Because of all these properties the selected combination is supposed to be effective in disrupting the etiopathogenesis of *viswachi*. Therefore we decided to make a humble attempt to evaluate the efficacy of the compound in the *viswachi*, so that if found effective serve useful to the society. Regarding infrastructural facilities, a moderate quantity of facilities is provided by Dr. B.R.K.R Govt. Ayurvedic College, Hyderabad. Regarding materials,

preparation of *swalpa rasonapinda* pills with the help of *Rasasastra* dept. of our college has been taken place. We have chosen *Mahamashatail* for *nasya* from *baidyanadh* & *vydyaratnam* pharmacies. All together 30 patients are selected randomly from the OPD & IPD of P.G dept, of *kayachikitsa*. Regarding outcome, out of 30 patients 15 (50%) patients got marked relief, 8 (26.6%) patients got moderate improvement, 7 (23.3%) patients were improved.

AIM & BJECTIVE OF THE STUDY

- To assess the efficacy of *swalparasona pinda* internally and *mahamashatail nasya* in the management of *Viswachi*. (Brachial neuritis) in 30 patients.
- To prove the *swalparasona pinda* & *mahamashatail* are very effective in treating the *Viswachi*, & give satisfactory results in this clinical study.

MATERIALS AND METHODS

• MATERIALS:

Swalparasona pinda (Internally):

1. <i>Rasona</i>	-	100gms
2. <i>Hingu</i>	-	100gms
3. <i>Jiraka</i>	-	100gms
4. <i>Saindavalavana</i>	-	100gms
5. <i>Sauvarchala lavana</i>	-	100gms
6. <i>Trikatu churna</i>	-	100 gms

All these drugs are to be taken in the equal quantity, made into fine powder and 600mg *vati* is prepared.⁴

- Dose: 2 tab tid
- *Anupana*: Luke warm water.

Mahamasha tail:

1. <i>Dasamula</i>	-	3 kg
2. Water	-	13kg
3. <i>Masha</i>	-	3kg
4. <i>Murchita tila tail</i>	-	750 ml
5. <i>Goksheera</i>	--	750 ml
6. <i>Kalka dravyas are Aswaganada, Karcura, devadaru, bala</i>		

Rasona, prasarini, kustha, ramatam, satapushpa, satavari, parusha-ka, bhargi, Vidarikanda, kshiravidari, punarnava, seed

pulp of *matulunga*, *jivaneeya gana*, *chitraka*, *pippali mula*.---each 6gms.⁵

By using all these drugs prepare *taila* through *taila-pakavidhi*

- Dose: 4 drop on each nostril. Duration: 7 Days.

• **METHODS:**

Plan of the study:

1. Sample size: 30
2. Type of study: Interventional
3. Control group: No
4. Location: Dr. B.R.K.R. Govt. Ayurvedic Medical College. S.R Nagar. Hyderabad.

• **Table no.1 Parameters Required:**

S.NO	Subjective	Objective
1.	<i>Bahukarmakshaya</i>	X-ray c spine
2.	NPRS	CT (optional)
3.	NSFT	MRI (optional)
4.	Pareasthesia	
5.	Weakness in different muscles	
6.	Tenderness	
7.	Wasting of muscles	
8.	Numbness ⁶	

Grading: All parameters graded under

- Absent - 0
- Mild - 1
- Moderate - 2
- Severe - 3

• **DIAGNOSTIC CRITERIA:**

Based on classical *lakshanas* of clinical manifestation of *Viswachi* (Brachial neuritis) .Which are as below:

1. *Bahukarmakshaya*
2. *Threevra Ruja* of *tala pratyanguli & kandaras* of *bahu,prusta*.⁷

• **INCLUSIVE CRITERIA:**

1. Patients only *Viswachi*
2. Age group 20-70 yrs
3. Both the gender

• **EXCLUSIVE CRITERIA:**

1. Diseases like diabetes mellitus
2. Major system disorders like hypothyroidism, Tuberculosis, Malignancies.
3. Trauma is excluded.

5. Selection of patients: 30 patients are selected randomly from Opd & Ipd of Dr. B.R.K.R. Govt. Ayurvedic College. S. R Nagar. Hyderabad.

6. Duration: 40 days

7. Period required for completion of program: 18 months

8. Approximate budget require: 15000.

9. Review: every 10 days.

10. Follow up- Once in 30 days

• **ASSESSMENT CRITERIA:**

- Grades to be taken for all subjective parameters
- Changes in those grades i.e. before and after treatment
- Values are to be taken for results assessment.

• **CRITERIA FOR OVERALL RESULTS ASSESSMENT:**

- | | |
|---------------------|-------------|
| 1. Complete relief: | 75% to 100% |
| 2. Marked relief: | 50% to 75% |
| 3. Moderate relief: | 25% to 50% |
| 4. Mild relief: | 0% to 25% |
| 5. No relief: | 0% |

• **ETHICAL ISSUES:**

1. Informed Consent was taken from each and every patient. This form includes signature of the 2 witnesses and the PG scholar.
2. A certificate was taken from Drug testing laboratory which includes chemical constituents which are present in *swalparasona pinda* .Safety and efficacy of the drug was mentioned in that certificate.

Table no.2 METHODS ADOPTED FOR STATISTICAL ANALYSIS:

Goal	Measurement (from Gaussian Popula- tion)	Rank, Score, or Measure- ment (from Non- Gaussian Population)	Binomial (Two Possible Outcomes)	Survival Time
Compare one group to a hypothetical value	One-sample <i>t</i> test	Wilcoxon test	Chi-square or Binomial test	--

These are the methods adopted for statistical analysis of results because all parameters which are presented in subjective are qualitative. That's why we selected these methods.

RESULTS

Table no. 3 Master chart of the Results

S.No.	O. P	AG	SE	RE	OC	ES	B.K.K		NPRS		NSFT		PARES		WDM		TENDE		WM		NUM		TTAL		%
							bt	at	bt	at	bt	At	bt	at	bt	at	bt	at	bt	at	bt	at	bt	at	
1	12765	55	F	H	T	AM	2	1	3	1	2	0	2	0	2	1	2	1	2	1	2	1	19	7	63
2	13974	64	F	H	TY	M	1	0	3	1	2	1	2	0	2	0	2	1	2	1	2	1	17	5	74
3	3260	40	M	H	K	M	3	1	3	1	2	1	2	0	2	0	2	1	2	1	2	0	20	6	70
4.	3109	39	F	H	S	AM	3	1	3	1	2	1	2	1	2	1	2	0	2	1	2	0	20	6	70
5	20480	62	M	H	RT	M	3	1	3	1	2	1	1	0	1	0	1	0	1	0	2	1	16	5	75
6	3395	20	M	M	ST	M	2	1	2	0	2	1	2	0	2	1	1	0	2	1	2	1	16	5	72
7	2712	40	F	H	H	M	2	1	3	1	2	0	2	0	2	1	2	1	2	1	2	0	18	5	74
8	3842	22	F	H	W	M	2	1	3	1	2	0	2	0	2	0	2	1	2	1	2	0	18	4	79
9	3940	65	F	H	N	M	3	1	3	1	2	1	2	0	2	1	2	1	2	1	2	1	19	7	64
10	9208	32	F	H	A	M	2	1	3	1	2	0	2	0	2	1	1	0	1	1	2	1	16	5	68
11	1084	38	F	M	H	M	2	1	3	1	3	0	0	0	2	0	2	1	0	0	0	0	14	3	77
12	9065	40	F	M	H	M	3	1	3	1	2	0	2	0	2	1	2	1	2	1	2	0	20	5	75
13	14704	50	F	M	H	M	2	1	3	1	2	1	2	1	2	1	1	0	1	0	2	1	17	6	68
14	9282	45	M	H	W	M	3	1	3	1	3	1	2	0	2	0	2	1	0	0	2	1	19	5	75
15	4380	40	F	C	H	M	2	1	3	1	2	1	3	1	2	2	2	1	3	2	2	1	22	11	47
16	9945	60	M	H	F	M	3	2	2	1	2	2	2	1	3	2	2	0	2	1	3	1	23	12	44
17	10296	62	M	H	RT	M	3	1	2	0	3	1	2	0	2	1	2	1	2	1	2	0	20	5	75
18	11208	30	M	M	W	M	2	1	3	1	2	0	2	0	2	1	2	0	2	1	2	0	18	4	79
19	12865	55	F	H	H	M	3	1	3	1	2	1	2	1	2	2	2	1	2	1	2	1	21	11	46
20	13364	49	F	H	H	M	2	1	3	1	2	0	2	0	2	1	2	0	1	0	1	0	16	4	74
21	13367	45	M	H	C	M	3	1	3	1	2	1	2	0	2	0	2	1	2	1	2	0	20	5	75
22	13585	40	M	M	P	M	3	1	3	1	2	0	2	0	3	1	3	0	2	1	2	0	22	5	77
23	13683	40	M	H	S	AM	2	1	3	1	2	1	2	1	2	1	3	2	2	2	2	1	20	11	44
24	13700	85	M	H	RE	M	3	2	3	1	2	1	3	2	2	2	2	1	3	2	2	1	22	13	40
25	14096	40	M	M	W	M	3	2	2	1	2	1	2	2	3	2	2	1	3	1	2	0	21	11	48
26	25646	30	F	H	H	AM	3	2	3	1	2	1	2	1	2	2	2	0	3	1	2	1	22	11	49
27	9819	25	M	H	E	M	3	2	3	2	2	1	2	2	2	1	2	1	2	0	2	1	20	11	46
28	20656	50	F	H	H	AM	3	1	2	0	3	1	2	0	2	1	2	1	2	1	2	0	20	5	75
29	25984	22	M	M	P	M	2	0	3	1	2	1	2	0	2	0	2	1	2	1	2	0	19	5	74
30	19579	40	F	H	H	M	2	0	3	1	3	1	2	0	2	0	2	1	0	0	2	0	18	3	85

Sumofall B.T And A.T Values

OP=Out patient, AG=Age, SE=Sex RE=Religion, OC=Occupation, ES=Earning Status T=Teacher, RT=Retired teacher, K=Kooli. S=Software, ST=Student, H=House wife, w=Worker, F=Farmer, N=Nurse, C=Carpenter. P=Painter, E=Electrical worker.RE=Retired employee, A=Accountant, M=Middle class, AM=Above middle class.RE=Religion, OC=Occupation, B.K.K=Bahu karmakshaya. B.T=Before treatment. A.T=After treatment. NPRS=Numerical pain rating scale. NSFT=Numerical score function test. PARE=Pareasthesia, WDM=Weakness in different mus- cles, WM=Wasting of muscles, NUM=Numbness.		
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Table no.4 Mean, S.D, S.E. Mean Values for total B. Tanda. T Values

	Mean	N	Std. Deviation	Std. Error Mean
B.T	19.1000	30	2.20266	.40215
A.T	6.7000	30	3.01891	.55117

Table no.5 CHI-SQUARE - Frequencies Of B.T Value (Total) And A.T Value (Total)

	Observed value	Expected N	Residual
14.00	1	3.3	-2.3
16.00	4	3.3	.7
17.00	2	3.3	-1.3
18.00	4	3.3	.7
19.00	4	3.3	.7
20.00	8	3.3	4.7
21.00	2	3.3	-1.3
22.00	4	3.3	.7
23.00	1	3.3	-2.3
Total	30		

Table no.6 CHI-Square Test Statistics For Total B.T And Total A.Tvalues

	Observed N	Expected N	Residual
3.00	2	3.8	-1.8
4.00	3	3.8	-.8
5.00	12	3.8	8.3
6.00	3	3.8	-.8
7.00	2	3.8	-1.8
11.00	6	3.8	2.3
12.00	1	3.8	-2.8
13.00	1	3.8	-2.8
Total	30		

Table no.7 CHI-Square Test Statistics for the above Value

	B.T	A.T	P value for B.T	P value for A.T	% of Relief
Chi-Square	11.400 ^a	25.467 ^b			
Df	2	2	0.003	<0.0001	69%
Asymp. Sig.	.180	.001			

a. 9 cells (100%) have expected frequencies less than 5. The minimum expected cell frequency is 3.3.

b. 8 cells (100%) have expected frequencies less than 5. The minimum expected cell frequency is 3.8.

P values show extremely statistically significant.

Table no.8 Wilcoxon Signed Ranks Test Statistics For Total B.T And A.T Values

	A.T-B.T	P value	% of Relief
Z	-4.802 ^b		
Asymp. Sig. (2-tailed)	.000	<0.0001	69%

Compare one group to a hypothetical value, measurement from (Gaussian population)

Table no.10 One-Sample T Test Statistics for total B.T & A.T values

	N	Mean	Std. Deviation	Std. Error Mean
B.T	30	19.1000	2.20266	.40215
A.T	30	6.7000	3.01891	.55117

Table no.11 One-Sample T Test for total B.T & A.T values

	Test Value= 0						P value
	t	df	Sig.(2- tailed)	Mean Difference	95% Confidence Interval of the Difference		
					Lower	Upper	
B.T	47.495	29	.000	19.10000	18.2775	19.9225	<0.0001
A.T	12.156	29	.000	6.70000	5.5727	7.8273	

P value shows extremely statistically significant. So null Hypothesis is rejected, alternate hypothesis is accepted.

DISCUSSION

Probable Mode of Action of Drug

Synergistic action of the individual entities might be exhibited by the compounds.

The oral medicine *swalparasona pinda* under taken for the present study contains *rasona*, *Hingu*, *Jeeraka*, *Saindava lavana*, *souvarchala lavana*, *trikatu*. All these have both classical & scientific references for their anti inflammatory and analgesic activities. ⁸ Thus, the compound can be expected to have the same action. To understand pharmacological action knowledge of pathophysiology is neces-

sary. It is as follows: The noxious stimuli (inflammatory mediators released by protruded disc materials) received by the nociceptors in the tissues is converted into energy, which is carried along the different sized nerve fibers at varying speed to the dorsal horn of the spinal cord and then to the brain. At any level of transmission pain may be modulated. The compound *swalparasona pinda* will be acting along the nociceptor path ways, acting against the pathological process producing pain at the periphery to modulation of the response at the cerebral level, for *nasya karma mahamasha tail* was taken. This is

a *siddha sneha* having *brimhana karma*. Nourishes the sick nerves due to compression, the contents of the *tailam* are best *vata samaka & brimhana* they have good amount of calcium useful in nerve conduction mechanism. The *nasya dravya* stimulates hypothalamic pituitary axis or nourishes the nerves by entering the brain tissue in different channels. Also it might be stimulating the production of endogenous painkillers Enkephalins, Endorphans & Dynorphins that are manufactured in the gray matter of the brain and present in the dorsal horn. Thus the action can be summarized as: oral medication and *nasya karma* acting on pain and nerve degeneration primarily. The present life style is causing early degenerative changes which are crippling not only the individuals but also the society. Drugs which are present in this compound also had the property of *balya, vrishya, Rasayana, vatahara vata kapha hara*. *Rasona* is the main drug which has the property of “*vataprabanjananam*” Because of its *Ushna guna, Sara guna* it enters into minute channels of the body and relieves the *srotho vaigunya*.

PHARMACOLOGICAL ACTION OF LASUNA:

Antibacterial, Uterine stimulant, Antifungal, Anti-inflammatory, Hypoglycemic, Anti-arthritis, Hypolipaedemic, Anti-coagulant, Hypoprotienemic, Hypochloestermic, Anti-hypertensive, Fibrinolytic, Anti-diabetic, Anti-cancer, Anti-reckettisal, Anti-tumour, Anti-tubercular, Anti-oxidant, Anti-ageing, Cardio protective, cardiovascular depressant, Larvicidal.

CONTRAINDICATIONS OF LASHUNA:

According to *Kashyapa*, *Lashuna* is corticated in *kapha* and *pittaroga, shareerahrassa, vruddavastha, agnimandya, soothika, garbhini, shishu, amaroga, jwara, atisara, kamala, arshas, urusthambha, vibhandha, gala, mukha roga, sadyavantha, vikrutha shirovirechana, shosha, trushna, chardi, hikka, shwasa, daridra, duratma, sadyaniruha, anuvastha*.¹⁰

CONCLUSION

A Close perusal of the observation and interference for that can be drawn to the following conclusion. By studying literature *Viswachi* can be

compared with Brachial neuritis. The *Swalparasona pinda* (internal) and *Mahamashatail nasya* are very effective in reducing the subjective parameters of this study & statistically highly significant. I.e. P value < 0.0001. This combination mainly acting on pain, increases the pain threshold level and decreases the nerve degeneration. There is no relation between the therapeutic effect of *Swalparasonapinda* and *Mahamashatail nasya* gender and economical status. The individual drugs of this combination are *Vata kapha hara, Baly, Brimhana, soola hara, Vrishya, Rasayana*, Anti-inflammatory, Analgesic property. It can be used as both curative as well as preventive type of medicine. This *Swalparasona pinda* and *mahamashatail nasya* is new therapeutic option for optimizing the Brachial neuritis control. *Viswachi* is a disease affecting the upper limbs. It is identified by radiating pain all through the limb & dysfunction of the limb. *Amsasosha* can be considered as next stage of *viswachi*. Disease is gaining importance due to its crippling nature. Prevalence of the disease brachial neuritis is more in the group 20-50 yrs. Occupations involving the upper limbs usage continuously are resulting in increased disease precipitation. More women are suffering than men. More desktop workers are prone to the disease. Brachial neuritis is an idiopathic disease. It is not diagnosed through any radiological findings.⁹ This combination is very economic, safe and effective in all these conditions. Hence it can be employed in all cases of *viswachi* (Brachial neuritis).

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