

**EFFICACY OF RASA TAILA NASYA IN COMPARISON TO NASYA
WITH MAHAMASHA TAILA IN THE MANAGEMENT OF VISHWACHI,
CERVICAL SPONDYLOSIS WITH RADICULOPATHY- A
RANDOMISED CLINICAL TRIAL**

**Dr. Tejaswini P.^{1*}, Dr. Prashanth Kumar², Dr. Prathibha Bhat³, Dr. Basavaraj G.
Saraganachari⁴**

^{*1}Final Year PG Scholar, ²Associate Professor and Guide, ³Assistant Professor, ⁴Professor
and HOD,

Department of Post Graduate Studies in Panchakarma, SDM Institute of Ayurveda and
Hospital, Bengaluru, 560074, Karnataka, India.

Article Received on 16 July 2026,
Article Revised on 06 August 2026,
Article Published on 16 August 2026,

<https://doi.org/10.5281/zenodo.21916231>

***Corresponding Author**

Dr. Tejaswini P.

Final Year PG Scholar, Department
of Post Graduate Studies in
Panchakarma, SDM Institute of
Ayurveda and Hospital, Bengaluru,
560074, Karnataka, India.



How to cite this Article: Dr. Tejaswini P.^{1*}, Dr. Prashanth Kumar², Dr. Prathibha Bhat³, Dr. Basavaraj G. Saraganachari⁴. (2026). Efficacy Of Rasa Taila Nasya In Comparision To Nasya With Mahamasha Taila In The Management Of Vishwachi, Cervical Spondylosis With Radiculopathy- A Randomised Clinical Trial. World Journal of Pharmaceutical Research, 15(16), 879-889.

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Vishwachi is one of the Vata pradhana vyadhi which affects the kandara (tendons) of anguli(fingers), tala(palms) and bahu prushta(dorsal surface of arm) leading to reduction in function of upper limbs (bahu karma kshayakari).^[1] In contemporary science, this disease can be corelated with Cervical spondylosis with radiculopathy. Cervical spondylosis is the result of osteoarthritis in the cervical spine. It is characterized by the degeneration of the intervertebral discs and osteophyte formation.^[2] The present study entitled “Efficacy of Rasa taila Nasya in comparison to Nasya with Mahamasha taila in the management of Vishwachi, Cervical Spondylosis with Radiculopathy-A Randomized Clinical Trial” aimed to evaluate the comparative efficacy of Rasa taila Nasya and Mahamasha taila Nasya in Managing Vishwachi. **Materials and Methods:** A randomized clinical trial was conducted on 30 patients with Vishwachi (Cervical spondylosis with radiculopathy), were divided into 2 groups of 15 each randomly. Group A underwent

Nasya karma with Rasa taila for 7 days, while group B underwent Nasya karma with

Mahamasha taila for 7 days. Follow up evaluations were carried out on 15th day to assess both immediate and long term effects. **Observation:** The highest incidence was observed in the age group 40-50yrs (53.3%), with slightly higher prevalence in females (60%). The majority of the patients were homemakers, Majority of the patients were having more than 1 year duration. **Discussion:** Statistical analysis within groups showed significant improvement in all parameters, but with Rasa taila showed better results in relieving pain, stiffness, radiating pain, numbness, range of motion in between the groups. **Conclusion:** The study concluded that Nasya with Rasa taila is more effective than Nasya with Mahamasha taila in the management of Vishwachi (Cervical spondylosis with Radiculopathy)

KEYWORDS: Vishwachi, Nasya karma, Mahamasha taila, Rasa taila, Cervical spondylosis, Radiculopathy.

INTRODUCTION

Lifestyle disorders involving the spine are increasing day by day in today's modern era due to prolonged computer work, improper posture, sedentary habits, and excessive screen time. Among these, cervical spine disorders, which affect the neck and upper limbs, are also common. Vishwachi is a disorder classified under Vata Vyadhi, predominantly involving the cervical region and upper extremities. Classical Ayurvedic texts describe its principal manifestations as Ruk (pain), Stambha (stiffness), Toda (pricking sensation), Karma Kshaya (reduction in functional ability), and Cheshtapaharana (restriction or loss of movements) of the upper limb. Dalhana has compared the condition to Gridhrasi and further categorized it into two varieties, namely Vataja and Vatakaphaja, based on the predominance of Doshas.^[1]

From a contemporary medical perspective, the clinical presentation of Vishwachi closely resembles Cervical Spondylosis with Radiculopathy. This condition results from degenerative alterations in the cervical spine, including the vertebrae and intervertebral discs, which may lead to compression or irritation of the cervical nerve roots. The affected individual typically presents with neck pain radiating to the shoulder, arm, and fingers, often accompanied by paraesthesia, numbness, stiffness, and diminished strength of the upper limb. If the condition progresses, it may lead to nerve compression, resulting in symptoms like pain in neck that may radiate in the distribution of the affected nerve root. These symptoms may affect the quality of life (QOL) of patient like mobility, sleep quality, mood and overall well-being and dependency on others for daily activities. The radiographic evidence of cervical spondylosis affects roughly 90% of individuals over 50, the estimated prevalence rate specifically for symptomatic cervical

radiculopathy is about 1.2 to 5.8 cases per 10000 people³. Vata is the prime Dosha that governs the other two Doshas, Dhatus, and Mala. Just as clouds in the sky cannot move on their own but are swept across the sky by the wind, the body's doshas, dushyas, and mala are entirely dependent on Vata for their circulation and elimination⁴. So, Prime line of treatment is concerned on balancing Vata dosha. Snehana, swedana, mrudu samshodhana are classical treatment modalities for vata vyadhis.^[5] It is mentioned in Ayurveda samhitas that among snehas, Taila is the one which does shamana of vata without vitiating the kapha dosha.^[6] Nasya is one among the Pañcakarma applied especially in diseases pertaining to the Ūrdhvajatu and Taila is selected for administration in Nasya karma. The dravyas used for Nasya should be in such a way that it mitigates vata dosha. Here for the present study Rasa taila^[7] is selected for Nasya karma. Mahamasha taila nasya which is already proven to be effective in the management of Vishwachi is selected as the control group.^[8] The present research work is planned to evaluate the efficacy of Rasa taila nasya in comparison to Nasya with Mahamasha taila in the management of Vishwachi (cervical spondylosis with radiculopathy).

OBJECTIVES OF THE STUDY

Primary Objectives: To evaluate the therapeutic efficacy of Nasya with Rasa taila and Mahamasha taila through VAS Scale^[9], Spurling's Test.^[10]

Secondary Objective: To enhance the quality of life by reducing the pain, dependency on others for routine activities & improving the functionality.

MATERIALS AND METHODS

Source of Data: Patients diagnosed as *Vishwachi* (Cervical spondylosis with radiculopathy) fulfilling the inclusion criteria were selected from OPD and IPD of SDM Institute of Ayurveda & Hospital, Anchepalya - Bengaluru.

DIAGNOSTIC CRITERIA

- Presence of positive clinical features of *Vishwachi* - *Bahukarmakshaya* (reduction in functions of upper limb).
- Presence of symptoms of Cervical spondylosis with radiculopathy that includes neck pain radiating to either one or both of upper limbs associated with numbness, tingling sensation.
- Patients with positive physical signs / special test of Cervical spondylosis with

radiculopathy (Spurling' test and VAS scale).

INCLUSION CRITERIA

- Patients of either gender and of age between 20 – 50 years.
- Patients fulfilling the diagnostic criteria of *Vishwachi* (cervical spondylosis with radiculopathy).
- Patients with positive physical signs/special test of Cervical spondylosis with radiculopathy.
- Patients who are voluntarily willing to sign consent form.
- Patients indicated for *nasya karma*.^[11]

EXCLUSION CRITERIA

- Patients having pot's spine, ankylosing spondylosis, rheumatoid arthritis, psoriatic arthritis, gouty arthritis.
- Pregnancy
- Patients with major systemic disorders that may interfere with the course of treatment.
- Patients with uncontrolled DM which interferes the treatment.
- Post-surgical conditions of cervical spine.
- Patients contraindicated for *nasya karma*.^[11]

STUDY DESIGN

An open label, randomized, double arm, controlled study on *Vishwachi* (Cervical Spondylosis with Radiculopathy) was carried out on 30 subjects selected by random sampling technique.

INTERVENTION

GROUPING

GROUP A (TRAIL GROUP): *Nasya* with *Rasataila* for 7 days

Number of patients – 15

Dose¹² – Ashta bindu Pramana (to each nostrils/day) 21ml/day

GROUP B (CONTROL GROUP: *Nasya* with *Mahamasha taila* for 7 days

Number of patients – 15

Dose¹² – Ashta bindu Pramana (to each nostrils/day) 21ml/day

Source and authentication of drug

Mahamasha taila and Rasa taila purchased from GMP certified pharmacy at SDM Institute of Ayurveda & Hospital, Anchepalya - Bengaluru.

PLAN OF STUDY: Total study period – 8 days

Total number of treatment days – 7 days Follow up – 15th day of treatment

1 st assessment	2 nd assessment	Follow up
BT	8 th day (AT)	15 th day (FU)

ASSESSMENT CRITERIA: SUBJECTIVE PARAMETERS

- Pain in neck
- Pain in neck radiating to either one or both of the upper extremities.
- Numbness
- Tingling sensation
- Classical symptom of Vishwachi- Bahu karmakshaya (Reduction in function of affected upper limb)

OBJECTIVE PARAMETERS

- Spurling's test
- VAS Scale
- Copenhagen neck functional disability scale.^[13]

OBSERVATION AND RESULTS

The parameters of criteria of assessment prior and after the trial was completed and the conclusion was drawn based on the results.

Demographic Characteristics of Patients in Group A and Group B

Variable	Category	Group A (n=15)	Group B (n=15)	P-Value (df)
Age	Mean ± SD	38.13 ± 6.81	42.2 ± 5.93	0.091 (28)
Gender	Male	6 (40%)	5 (33.3%)	0.704 (1)
	Female	9 (60%)	10 (66.7%)	
Socioeconomic Status	Upper Middle	4 (26.7%)	3 (20%)	0.647 (2)
	Lower Middle	9 (60%)	8 (53.3%)	
	Middle	2 (13.3%)	4 (26.7%)	
Occupation	Sedentary	7 (46.7%)	8 (53.3%)	0.914 (2)
	Moderate work	5 (33.3%)	4 (26.7%)	
	Heavy work	3 (20%)	3 (20%)	
Diet	Mixed	12 (80%)	11 (73.3%)	0.665 (1)
	Vegetarian	3 (20%)	4 (26.7%)	

Addiction	Present	3 (20%)	2 (13.3%)	0.654 (1)
Chronicity	<1 year	8 (53.3%)	7 (46.7%)	0.715 (1)
	≥1 year	7 (46.7%)	8 (53.3%)	

Comparative Summary of Subjective and Objective Parameters in Group A and Group B.

Parameter	Assessment	Group A Mean Score	Group B Mean Score	p-value
Stambha	BT	2.67	2.73	>0.05
	AT	0.67	0.87	>0.05
	FU	0.33	0.27	>0.05
Radiating Pain	BT	1.4	1.27	>0.05
	AT	0.47	0.4	>0.05
	FU	0.27	0.2	>0.05
Spandana	BT	0.8	0.47	>0.05
	AT	0	0	>0.05
	FU	0	0	>0.05
Numbness	BT	0.67	0.67	>0.05
	AT	0	0	>0.05
	FU	0	0	>0.05

Overall Percentage Relief in Group A and Group B

Parameter	Group A % Relief	Group B % Relief	Better Group
VAS	78.50%	72.10%	Group A
Spurling's Test	100%	100%	Equal
Flexion	86.70%	82.40%	Group A
Extension	94.10%	86.30%	Group A
Lateral Flexion	93.30%	87.20%	Group A
Rotation	96.20%	88.10%	Group A

All the 30 patients completed the course of treatment. 15 patients in group A were treated with Rasa taila Nasya while 15 patients in group B were treated with Mahamasha taila Nasya. The effect of therapy was evaluated before and after the treatment and at the end, the total effect of therapy was calculated. The results obtained after statistical analysis are as given below.

The relief in signs (Spurling's test, NFDI Score) and symptoms (VAS, Stambha, Radiating pain, Numbness, Tingling sensation) were observed before and after the whole treatment course on day 0 and day 8 and noted in the proforma. Paired 't' test was applied for individual group assessment. Man-Whitney U test, Fisher's exact test was used to assess the comparative efficacy of Rasa taila Nasya in group A with Mahamasha taila in group B.

Overall Therapeutic Effect

Therapeutic Response	Group A (n=15)	Group B (n=15)
Marked Improvement (>75%)	10 (66.7%)	8 (53.3%)
Moderate Improvement (51–75%)	4 (26.7%)	5 (33.3%)
Mild Improvement (26–50%)	1 (6.6%)	2 (13.4%)
No Improvement (<25%)	0	0

Overall effect of remission in symptoms were found maximum in group A (66.7%) and group B(53.3%) as Marked improvement, 26.7% were moderate improvement in group A and 33.3% in group B, 6.6% patients got mild improvement and 13.4% got mild improvement. No patient in either group showed absence of improvement.

Thus group A treatment modality Rasa taila Nasya is more efficacious than group B with Mahamasha taila Nasya in the management of Vishwachi (Cervical spondylosis with radiculopathy).

DISCUSSION

Discussion on the Mode of Action of Nasya

Nasya is regarded as the principal therapy for Urdhvajatrugata Vikaras. Acharya Vagbhata explains that medicines administered through the nose, the gateway to Shira, reach the Sringataka Marma, from where their therapeutic action spreads through channels communicating with the Nasa, Netra, Karna, and Murdha. This facilitates the elimination of vitiated Doshas from the supraclavicular region while restoring the physiological functions of Prana Vata and Vyana Vata.

The Snigdha, Guru, Madhura, and Ushna properties of the medicated oil enable penetration into the minute channels (Srotas), thereby relieving Srotorodha, improving local circulation, and facilitating nourishment of the affected tissues. The Snigdha and Brimhana properties oppose the Ruksha and Khara Gunas of aggravated Vata, thereby nourishing Snayu, Kandara, Asthi, and Majja Dhatus. This helps restore tissue integrity, reduces muscle spasm, improves cervical mobility, and alleviates pain and stiffness.

From a contemporary perspective, the therapeutic effect of Nasya may be explained through multiple mechanisms, including absorption through the olfactory and trigeminal pathways, neuromodulation, autonomic regulation, anti-inflammatory effects of the medicated oil, reduction in perineural oedema, relaxation of cervical paraspinal muscles, and modulation of central pain sensitization. Although Nasya cannot reverse established intervertebral disc

degeneration, it may create a favourable neuro-musculoskeletal environment that decreases nerve root irritation, improves cervical function, and enhances quality of life.

Discussion on Selection of Drugs

The selection of drugs for Nasya depends upon the predominant dosha and the underlying pathogenesis of the disease. Vishwachi is primarily a Vataja Nanatmaja Vyadhi, whereas cervical spondylosis with radiculopathy represents a chronic degenerative condition characterized by progressive tissue degeneration that can be correlated with Asthi Dhatu Kshaya. Since Vata and Asthi share Ashraya–Ashrayi Bhava, aggravation of Vata contributes to degenerative changes affecting the cervical spine.

Rasa Taila was selected for the present study because it is indicated in Vata Vyadhi, and its ingredients Aja Mamsa Rasa, Bala, Tila Taila, and Goksheera - possess Vatahara and Brimhana properties. The predominance of Madhura Rasa, Snigdha Guna, and Ushna Veerya helps pacify aggravated Vata, lubricate joints, nourish dhatu, and improve functional integrity. Aja Mamsa Rasa is regarded as one of the best Brimhana and Vatahara dravya. Goksheera possesses Vata-pacifying and nourishing properties; Tila Taila is considered as one of best the Vatahara Taila; and Bala is well known for strengthening neuromuscular tissues.

Mahamasha Taila was selected as the control intervention because it is an established formulation for the management of Vishwachi. It contains forty-one ingredients, the majority of which possess Vatahara guna. In contrast, Rasa Taila contains only four ingredients, making it comparatively simpler to prepare while still possessing Vatahara and Brimhana actions. Therefore, the present study was undertaken to evaluate whether this simpler formulation could produce therapeutic effects comparable to Mahamasha Taila.

DISCUSSION ON RESULTS

Both treatment groups demonstrated statistically significant improvement following therapy, indicating that Nasya is effective in the management of Vishwachi (cervical spondylosis with radiculopathy). Although intergroup comparison did not reveal statistically significant differences, Group A consistently demonstrated greater mean improvement across most clinical parameters.

The greater reduction in pain observed in Group A may be attributed to the potent Vatahara and Brimhana properties of Rasa Taila. The predominance of Madhura Rasa, Snigdha Guna, and

Ushna Veerya helps counteract the Ruksha and Sheeta guna of aggravated Vata, thereby reducing pain and improving tissue nourishment.

Improvement in radiating pain may be explained by the restoration of normal gati of Vata, reduction of neuromuscular spasm, and improvement in local tissue nutrition around the cervical nerve roots. The nourishing action of Aja Mamsa Rasa, Bala, Goksheera, and Tila Taila may have contributed to decreased irritation of the affected neural structures.

Both groups showed marked improvement in Spurling's test, suggesting symptomatic reduction in cervical nerve root irritation. Since both formulations possess significant Vatahara properties, they may have improved local inflammation, reduced muscle spasm, and enhanced cervical biomechanics, thereby decreasing provocation of radicular symptoms.

Improvement in cervical flexion, extension, lateral flexion, and rotation indicates better functional mobility following Nasya therapy. This may be attributed to improved lubrication of cervical tissues, reduction of muscular stiffness, restoration of normal Vata function, and nourishment of the supporting neuromuscular structures.

Overall, although both formulations were clinically effective, Rasa Taila demonstrated slightly greater improvement across subjective and objective parameters. Considering its simpler composition with only four ingredients and its comparable efficacy to Mahamasha Taila, Rasa Taila may represent a practical and economical alternative for the management of Vishwachi.

CONCLUSION

Nasya is the prime line of treatment for Urdhwajatrugata Vikaras, and Taila is considered the best Vatahara Dravya among the Chaturvidha Sneha. Vishwachi is a type of Vatavyadhi that manifests in the Urdhwajatru region. The present study concluded that Group A, treated with Rasa Taila Nasya, showed comparatively better therapeutic efficacy than Group B in terms of pain reduction, improvement in cervical movements, and overall percentage of relief. Statistically significant improvement favoring Group A was observed particularly in cervical extension and rotation. The study also demonstrated that the reduction in pain was associated with improvement in symptoms of nerve root compression and functional disability. Furthermore, patients in the early stages of the disease responded better to the treatment than those with chronic disease.

REFERENCES

1. Thakral K K, editor, reprinted edition, Dalhna teeka on Sushruta samhitha of Sushruta; Nibandhasangrahasavyakhyasancharita; Chapter 1; Varanasi: Chaukambha Orientalia; 2017; 703.
2. Ralston S H, Penman I D, Strachan W J editor, 23rd International edition, Davidson's principles and practice of medicine, Neurology p:1134.
3. Kang KC, Lee HS, Lee JH. Cervical radiculopathy: focus on characteristics and differential diagnosis. Asian Spine J., 2020; 15(6): 921-930. doi:10.31616/asj.2020.0647.
4. Sharangadhara, Sharangadhara Samhita of Sharangadharacharya. Translated by Dr. P. Himasagara Chandra Murthy. Reprint ed. Varanasi: Chaukambha Sanskrit Series Office, 2013.
5. Sharma RK, Dash B. Reprint edition, Charaka Samhita: Text with English Translation and Critical Exposition Based on Chakrapani Datta's Ayurveda Dipika. Vol.5, Chikitsa Sthana; Vatavyadhi adhyaya 28; Varanasi: Chowkhamba Sanskrit Series Office.
6. Sharma RK, Dash B. Reprint edition, Charaka Samhita: Text with English Translation and Critical Exposition Based on Chakrapani Datta's Ayurveda Dipika. Vol.1, Sutra Sthana; Snehadhyaya; Verse 13/15. Varanasi: Chowkhamba Sanskrit Series Office; 2016; 248.
7. Krishnan L, 3rd edition, Arogyaraksha kalpadruma, Kerala tradition of ayurvedic pediatric care (English translation), Vatavyadhi adhyaya 24, Ayurveda series 34, 2019; Varanasi: Chowkhamba Sanskrit series, 195.
8. Dhurve SA, Mahajan M, Solanke MS, Patil GB, Menon S, Patwardhan RP, Ghate U, Mane S. A comparative clinical study of Mocharasa Siddhatail and Mahamasha Tail Nasya in the management of Vishvachi. J Pharm Negat Results, 2023; 14(3): 1137-1145. doi:10.47750/pnr.2023.14.03.150.
9. Huskisson EC. Measurement of pain. Lancet., 1974 Nov 9; 2(7889): 1127-31. doi:10.1016/S0140-6736(74)90884-8.
10. Tong HC, Haig AJ, Yamakawa KS. The Spurling test and cervical radiculopathy. *Spine (Phila Pa 1976)*, 2002 Jan 15; 27(2): 156-9. doi:10.1097/00007632-200201150-00007.
11. Lochan K. Reprint edition, Ashtanga Hrudaya of Vagbhatta, Sutra Sthana; Nasya Vidhi Adhyaya; Verse 20/1. Varanasi: Chowkhamba Sanskrit Sansthan, 2011; 246
12. Ningappanavar SM. *An open label double arm comparative clinical study of Prabhanjana Vimardana Taila Nasya with and without Hanu Basti in the management of Ardita (Bell's palsy)* [dissertation]: Department of Postgraduate Studies in Panchakarma, Sri

Dharmasthala Manjunatheshwara Institute of Ayurveda and Hospital. Bengaluru (Karnataka): Rajiv Gandhi University of Health Sciences; 2024.

13. Jordan A, Manniche C, Mosdal C, Hindsberger C. The Copenhagen Neck Functional Disability Scale: a study of reliability and validity. *J Manipulative Physiol Ther*, 1998 Oct; 21(8): 520-7.