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**AYURVEDIC PERSPECTIVE OF *NIDANA* / SAMPRAPTI
(ETIOPATHOGENESIS) AND MANAGEMENT OF *PAKSHAGHATA* -
A SINGLE CASE STUDY**

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ABSTRACT

Pakshaghata is a *Vataja Nanatmaja Vyadhi* considered as *Mahavatavyadhi*. *Pakshaghata* can be correlated with Hemiplegia, which results from cerebrovascular accident-stroke. In this clinical study a 61 years old female Patient was taken who had history of Stroke (Hemorrhagic) 2 years back having right sided weakness along with difficulty in walking. Patient was a known case of Type 2 Diabetes Mellitus and Hypertension since 3-4 years on irregular treatment. Patient was assessed as per classical *Roga* and *Rogi Pariksha* methods & *Doshic Amshamshkalpana* was made. Patient was managed with treatment principles which are mentioned by *Acharya Charaka* for *Pakshaghata*. Patient was treated with *Snehana*, *Swedana* and *Mridu Virechana* along with *Panchakarma* procedures *Shirodhara*, *udvartana* and *Basti* for 25 days. *Samshamana Aushadhis* (Oral medicines) and

Physiotherapy were adopted at various stages of the diseases. Maximum improvement was noticed in right upper and lower extremity functions at the end of the treatment.

Keywords: *Pakshaghata*, Hemiplegia, Stroke, Dakshin Pakshaghata, Snehana, Swedana, Basti, Shirodhara, Physiotherapy

INTRODUCTION

Pakshaghata is a *Vataj Nanatmaja Vyadhi* and can be correlated with Hemiplegia, which results from cerebrovascular accident-stroke. Stroke is defined as sudden onset of neurologic deficit from vascular mechanism and out of total incidents 85% are ischemic and 15% are primary hemorrhages (1). Stroke is a medical condition in which poor blood to the brain results in cell death; results in part of the brain not functioning properly. Hypertensive intracranial hemorrhage (ICH) usually results from spontaneous rupture of a small penetrating artery deep in the brain. The most common sites are the basal ganglia (especially the putamen), thalamus, cerebellum, and pons. The small arteries in these areas seem most prone to hypertension-induced vascular injury. The hemorrhage may be small, or a large clot may form and compress adjacent tissue, causing herniation and death. Blood may also dissect into the ventricular space, which substantially increases morbidity and may cause hydrocephalus. Most hypertensive intracranial hemorrhage (ICH) initially develop over 30–90 min, whereas those associated with anticoagulant therapy may evolve for as long as 24–48 h.

However, it is now recognized that about a third of patients even with no coagulopathy may have significant hematoma expansion with the first day (2). According to *Acharya Sharangadhara*, *Pitta* and *Kapha* are designated as *Pangu* (Unable to move) and *Vata* is the real cause of all movements. Hence it can be derived that *vata* is main *Dosha* in our body, vitiation of *Vata dosha* leads to various types of diseases. Out of which *Pakshaghata* is one the major ailment. The nomenclature of *Pakshaghata* indicates the main symptom of the disease i.e loss of strength of one side of the body (3).

Etiology:

All factors vitiating *Vata Dosha* in body are root cause of *Pakshaghata*. *Nidan* described for *Vata* disorders in various Ayurvedic texts are classified systematically as below:

1. *Aharajanya* Factors
2. *Viharajanya* Factors
3. *Manasa* Factors
4. *Abhighataj* Factors
5. *Anya* Factors (4)

Types of *Vata Prakopa*:

- a) *Vata Prokopa* due to *Dhatukshaya*; *Langhana*, *Laghu* and *Ruksha Ahara*,

etc. factors, lead to *Rasa Kshaya* and consequently *Utrotar Dhatu kshaya* occurs which leads to the *Vata Prakopa*.

- b) *Vata Prakopa* due to *Margavarna* Causative factors like *Ama*, *Vegasandharana*, *Marmaghata*, etc., cause *Margavarana*, which means the obstruction of the path. Here the obstruction may be complete or partial leading to *Riktata* of the *Strotas* beyond the site of obstruction and leads to *Vata Prakopa*. Sanga type of *Strotodushti* occurs in such cases.

Acharya Charaka mentions *Avyakta Lakshana* as the *Poorvarupa* of any *Vata Vyadhi*. The specific factors for *Upashaya* of *Pakshaghata* have not been pointed out in the classics. However, factors, which are opposite to *Nidana* described in manifestation of the disease, may be understood as *Upashaya* for it.

According to *Ayurveda*, the main *dosha* behind the manifestation of *Pakshaghata* is the *Vata*. Even though the association of *Pitta* and *Kapha* may be found, but the main causative factor is *Vata*. According to *Acharya Madhava*, if there is only *Vata* involvement in *Pakshaghata* then it is said to be *Krichha-sadhya*, having *Pitta-Kapha Anubandha* then the *Pakshaghata* is *Sadhya* and *Dhatukshyajanya Pakshaghata* is said to be *Asadhya* (5).

Case Report

A 61 years old married female from the village Makhani, Vadodara was brought to the *Panchakarma* Outpatient department of Parul institute of Ayurveda with complaints of right sided weakness along with difficulty in walking since- 2 years and was got admitted on the same day. The patient was a previously diagnosed case of Cerebrovascular Accident (Intraparenchymal hemorrhage).

History of Patient

As per the statement given by the patient's relative, she was healthy before 2 years and then on 16/12/2019 patient suddenly developed Loss of consciousness followed by Right sided weakness and heaviness in the body. She was a known case of Type 2 Diabetes Mellitus and Hypertension since, 3-4 years on regular treatment. She was admitted in a local hospital with right hemiplegia and was diagnosed as a case of CVA (Cerebrovascular accident) for which she was treated for 15 days. As per the patient she did not find any relief from the right sided weakness. After that she got treatment from here and there but got no relief and now, she got admitted in our hospital from 29/09/2021 to 23/10/2021 for Ayurvedic management for the same and was discharged after remarkable improvement. There was past history of Dyslipidemia

By taking personal history it was concluded that the patient has following etiological factors-

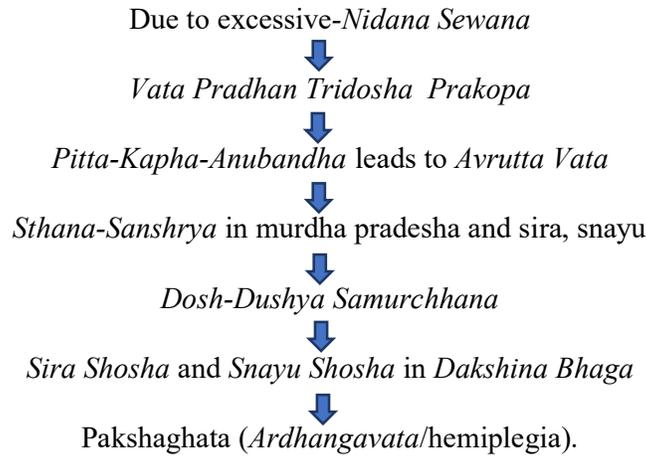
Aharaja Nidana- taking *Ruksha Ahara* on daily basis (khakhra , dhokla, bitterguard, pea, all sereals, bajra, jwaar, bhakhri etc), *Atyalpa-Ahara*, *Vishamashana* (improper

and untimely diet).

Viharaja Nidana – fasting 2 -3 times/week, *Ratri-Jagarana*, *Vega-Dharana* (*Mala-Mootra-Nidra*)

Mansika Nidana- *Shoka*, *Krodha*, *Chinta*.

SAMPRAPTI:



Samprapti Ghatak:

<i>Dosha</i>	<i>Vata Pradhana Tridosha</i>
<i>Dushaya</i>	<i>Rasa, Rakta Mamsa, Meda, Shira , Snayu</i>
<i>Adhistan</i>	<i>Murdha , Dakshin Hast-Pada</i>
<i>Srotus</i>	<i>Rasvaha, Rakstavaha, Mamsavaha, Medovaha , Pranavaha</i>
<i>Srotodustiprakar</i>	<i>Sanga, Atipravatti,</i>
<i>Agni</i>	<i>Vishamagni</i>
<i>Vyadhi Swabhav</i>	<i>Ashukari/Chirkari</i>
<i>Sadhyasadyata</i>	<i>Kruchasadhya/Yapya</i>

Physical Examination

- Blood pressure - 140/90mmhg.
- Pulse rate – 82/min.
- Respiratory rate – 16/min.
- Temperature – 98.40 F
- Edema – No
- Pallor – No
- Icterus – No
- Clubbing – No

Ashtasthana Pariksha

- *Nadi* (Pulse) - *Vatapradhana kapha*
- *Mala* (Stool) - *Vibhandata*
- *Mutra* (Urine) - *5-6 times per day*
- *Jivha* (Tongue) - *Saama*
- *Shabda* (Speech) - *Normal speech*
- *Sparsha* (Tactilation) - *Samashitoshna*
- *Druk* (Eyes) - *Prakruta*

- *Akriti* (Anthropometry) –
Madhyama

Systemic Examination

- Respiratory system - on auscultation, normal sounds heard and no abnormality detected.
- Cardiovascular system - S1 S2 heard and no abnormality detected.
- Gastrointestinal system - Soft, non-tender, no organomegaly detected.

Central nervous system Examination

Higher functions

- Consciousness- Fully conscious
- Orientation - Fully oriented to time, place and person
- Memory Intact.
- Behaviour friendly.

Cranial Nerve Examination

- No abnormal finding detected

Motor functions

- Gait: Hemiplegic gait

Power

- Right Upper and Lower limb- 3/5
- Left Upper and Lower limb- 5/5

Reflexes

- Deep reflexes such as biceps, triceps, supinator, knee jerk and ankle jerk on affected side (right) were found to be diminished and on left side found to be normal.

Tone:

- Right upper and lower limb was

found to be hypotonic (when compared to left side).

- Sensory functions are normal.

Specific Investigation:

- Computerized tomography scan of head done on 16/12/2021 shows acute intraparenchymal hemorrhage with perifocal edema noted in the left lentiform nucleus, external capsule, insular cortex, corona radiata and left temporal lobe measures about 47(CC) ×34(trans)×46(AP)mm (density of about 65-70 HU).
- There is effacement of cortical cerebral sulci, basal cisterns, ipsilateral lateral ventricles with mass effect and midline shift towards right measures about 3.5 mm.
- Case was diagnosed as a *Pakshaghata* (Cerebrovascular Accident).

MATERIALS AND METHODS

Centre of study: Parul Institute of Ayurveda and Research Hospital IPD, Vadodara

Type of Study: Simple random single case study

Treatment Advised:

Table 1: Internal Medication

S. No.	Medicine Prescribed	Dose	Time	Anupana
1	Cap. Palsineuron	1 tab	2 times After Food	Luke warm water
2	Syp. <i>Raktadoshantak</i>	4 TSF	2 times After Food	Luke warm water
3	Tab. vishtinduka vati	2 tab	2 times After Food	Gaughrita
4	Trivrut avleha	1 TSF	At Night (Before sleep)	Luke warm water
5	Tapyadi loha	2 tab	2 times After Food	Luke warm water
6	Vataganjankush ras	2 tab	2 times After Food	Luke warm water

Table 2: Showing details of treatment given to patient

S. No.	Procedure	Date	No of Days
1	<i>Sarvanga Patrapinda Swedan with Kottamchukkadi thailam</i> (45 Minutes)	29/09/2021-15/10/2021	17
2	<i>Nadi Sweda</i> (20 Minutes)	29/09/2021-23/10/2021	25
3	<i>Shirodhara with Jatamansi kashayam</i> (30 min)	29/09/2021-23/10/2021	25
4	<i>Yoga Basti</i> <i>Panchaprasrutika Niruha Basti, Anuvasana basti with ksheerbala tailam</i>	08/03/2021-15/03/2021	8
5	Physiotherapy	30/09/2021-23/10/2021	24

Table 3: Ingredients of Panchaprasrutika Niruha Basti

S. No.	Drugs	Dose
1	<i>Makshika</i> (Honey)	50 ml
2	<i>Saindhava</i>	10 gm
3	<i>Murchit til tailam</i>	70 ml
4	<i>Patol kalka</i>	10 gm
5	<i>Nimba kalka</i>	20 gm
6	<i>Shatapushpa kalka</i>	10gm
7	<i>Madanphala kalka</i>	10gm
8	<i>Panchatikta Kashaya</i>	350ml
	Total	520ml

Table 4: Duration and doses

Drug	<i>Niruha - Panchaprasrutika Niruha Basti</i> <i>Anuvasana - Ksheerbala Tailam</i>
Dose	<i>Niruha - 520 ml</i> <i>Anuvasana - 80 ml</i>
Kala	<i>Niruha - Abhukta</i> <i>Anuvasana - Adrapaninam Bhojana</i> (immediately after meals)
Duration	<i>Yogabastikrama:</i> <i>D1, D3, D5, D7, D8 - Anuvasana basti</i> <i>D2, D4, D6 - Niruha basti</i>

Table 4: Medication prescribed on discharge for 15 days

S. No.	Name of Medicine	Dose	Time	Anupana
1	Cap. Palsinuron	1 tab	Before Food	Luke warm water
2	Vishtinduk Vati	2 tab	After Food	Gau ghrita
3	Vatagajankush rasa	2 tab	After Food	Luke warm water
4	Gandharvahastadi kashayam	20ml	Before Food	Equal quantity of water

RESULTS

The condition of the patient improved gradually along with the course of the treatment. The Strength and Power of both

Left upper and lower limb was increased to 4/5, also Tone of the muscle improved, Deep tendon reflex was normal after the course of treatment.

Table 5: Assessment of Results

Upper and lower limb	On First day	On 15th day	On Discharge
Power	3/5	3+5	4+5
Tone	Hypotonic	Hypotonic	Normal
Involuntary movements	Absent	Absent	Absent
Reflexes	Brisk	Improved	Normal
Speech	Normal	Improved	Normal

DISCUSSION

Acharya Charaka gave the precise *Chikista Sutra* for *Pakshaghata* & mentioned *Swedana*, *Snehana* and *Virechana* as treatment modality for *Pakshaghata* (6). *Acharya Jejjata & Gangadhara* interprets this as *Snehayukta Swedana* and *Snehayukta Virechana*. *Acharya Sushruta* explained about the characteristics of *Pakshaghata* patient to whom *Vaidya* should give treatment i.e who is not emaciated & has pain in the affected part, follows the rules of diet and regimen, can afford to pay for the necessary accessories considered for the treatment (7). In this case study initially *Snehana* and *Swedana* was given along with *Nithya Virechana*, thereafter *Niruha Basti*, *Anuvasana Bati* and *Shirodhara* with other treatment Procedures were administered.

Snehana Abhyanga

Abhyanga means massaging the body with any *Snehas* (fats) in the same direction of hair follicles. How pot, leather and axle of cart become strong and vefficient by oiling, similarly the body becomes strong and stable and so also the skin becomes *Drudha* and good by anointing it with oil, which acts on vitiated *Vata*, and body becomes

capable of withstanding fatigue and exercise. In *Pakshaghata* there is *Sira Snayu Sankochana Snehana* is very essential for such condition. It pacifies the *Vata doshas* and *Pushti prasada* (nourishes the dhatus) (8). *Abhyanga* is done for sufficient time, the oil reaches to the different *Dhatu*. Hence, it is clear that the potency of drug used in oil is absorbed into the skin. Among the properties of *Snehana Snigdha* and *Guru Guna* acts as *Vatahara*, *balya* and *Pushtihara*. *Mridu guna* reduces the stiffness by its opposite quality of *Kathina guna* and *Sukshma guna* helps the penetration of drug in to the minute channels (9). By *Abhyanga* the nervous system gets stimulated, thus providing stimulation to the muscular system, vessels and glands governed by the particular nerve and keeps the human body healthy. Usually lukewarm medicated oil should be used for massaging. The warm oil stimulates the *Swedavaha Srotas* (perspiring body channels) thus causing dilatation of the blood vessels there by increasing the blood circulation, thus relieving pain, stiffness and contraction of vessels.

Here *Abhyanga* was done with *Kottamchukkadi Taila* is a commonly used

Ayurveda formulation meant for alleviating disorders caused by vaata vitiation. As per available Ayurveda literature almost all ingredients are katu, tikta rasa, katu vipaka, ushna veerya, kapha vatahara and shophahara effect.(10)

Swedana:

Nadi sweda

Swedana (Sweating treatment) is usually given after oleation- *Snehana* therapy. Swedana is the procedure that relieves *Stambha*, *Gaurava*, *Sheeta*. It plays a dual role in *Poorvakarma* as well as *Pradhanakarma* (11). Swedana has relaxing and detoxifying effects on the human body. *Nadi Sweda* is a form of sweating treatment in which the steam is sent through a tube. It is a form of *Vashpa Sweda* or providing sweating through the vapors. The vapors coming through the tube are made to reach the afflicted parts of the body after oil massage. *Nadi Sweda* is highly beneficial in many conditions in all diseases caused by vitiated *Vata* and especially in *Stambha/Sankocha pradhana Vata vyadhi* (12).

Patra Pinda Sweda

Leaves of Nirgundi, Ernda, and Arka plants have analgesic and anti-inflammatory properties which are the important ingredient of the procedure. Patra pottali Sweda helps in relieving pain, stiffness and swelling, pacifies the morbidity of Vata,

Pitta and Kapha in the affected joints, muscles and soft tissues. In pain related arthropathies before Shodhana like Virechan. Patra Pinda Sweda is effective. When the leaves are fried in the oil the Kleda of leaves goes away (13).

Virechana

Virechana is the procedure which expels out the *Doshas* through *Adhomarga* i.e., *Guda*. This *Karma* mainly aims to eliminate *Pitta doshas*. After *Virechana* Therapy, the person gets purity of channels of circulation, clarity of the sense organs, lightness of the body, increase in energy, promoting power of digestion and metabolism, freedom from diseases, expulsion of faeces, etc (14).

Sramsana/Mriduvirechana

The Drugs, which are *Manda* in *Virya*, when combined with opposite *Virya* or given in low dose, given to *Ruksha* patient and causing less purgation is known as *Mridu Virechana*. Here medicine used for *Nitya Mridu virechana* is *Trivrut Avleha*.

Basti

Bastikarma is the procedure by which the medicines in suspension form are administered through rectum or genitourinary tract using *Bastiyantara*. It is the most important procedure among *Panchakarma* procedures and the most appropriate remedial measure for *Vata dosha*. *Basti karma's* place of action is

Pakwashaya which is *Vata Dosha's* main site. Hence it is the major treatment modality for *Vata Dosha* (15)

Effect of Panchaprasrtik Niruha basti

Panchaprasrtik Niruha Basti is *Vataghna* and is indicated in *Jangha, Uru pada, Prushta Shula hara.Madhu* having *Yogavahi* and *Sukshma marga anusarita* property acts as catalyst and penetrates into the *Sukshma Srotas*. *Saindhava lavana* having *Laghu* and *Tridosha Shamaka guna* was added to it. *Sneha Dravya(Murchit Tiltailam)* having *Snigdha guna* combats *Ruksha* and *Laghu guna* of *Vata*, which in turn causes *Vata Shamana*. *Kalka (patola, nimba, shatpushpa, madanphala)* are the main drugs, which gives potency to the whole combination. It helps to disintegrate the *Malas*. *Panchtikta Kwatha* does *Anulomana* and *Nirharana* of *Doshas* (16).

Effect of Anuvasana basti:

Anuvasana basti will retain the oil for a specific period without causing any adverse effect. It protects *Pureeshadhara kala* by giving *Snehana* effect. *Ksheera bala Taila* having *Guru* and *Snigdha guna* combats *Ruksha* and *Laghu guna* of *Vata*, which in turn does *Vata shamana*. *Acharya Charaka* while assessing the *Anuvasana Basti* records the digestion of *Sneha* by the words “*Sneham Pachati Pavakah*” and

after digestion *Dravyas* can be absorbed to cause the effect on the body (17).

Shirodhara

Shirodhara as the name suggests is formed by two different terms *Shira* (head) and *Dhara* (flow) is pouring of fluids like decoction, medicated oil, medicated milk, Medicated butter milk, water etc over the head continuously in rhythm from a specific height for specific period (18). *Shirodhara* is done with *Jatamansi kashayam* Head is the substratum of all the sense faculties or *Indriyas* (sense organs), it is also known as *Uttamanga*. Because of this, *Shirodhara* gives strength to the *Prana* and *Indriyas*.

Jatamansi is one such drug which can be used here as it acts on the *Manovaha srotasa*. It is *Tridoshaghna, Balaprada* and *Medhya* hence helps in breaking the *Samprapti*. *Jatamansi* acts on *Tridosha* and also acts on the *Srotasa* involved. It is also called as *Tapaswini* which suggests it is *Satwa guna Pradhana* in nature. Hence it works on the *Satwa guna* present in our mind which is decreased in this disease (19).

Palsinuron Capsule

Palsinuron is a remedy for neuro-muscular disorders associated with Central nervous system (CNS) & peripheral nervous system (PNS). It contains *Mahavatvidhwans Rasa, Sameerpannaga Rasa, Sootshekhara Rasa,*

Ekangveer Rasa, *Khurasani Owa* (Hyoscyamusniger) anad *Lajari* (Mimosa pudica). *Mahavatvidhwans Rasa* is a generic preparation, which improves metabolism of CNS & PNS, co-ordinates neuro muscular activity. *Sameerpannaga rasa* Improves tissue oxidation, overcomes Anoxia, normalizes neuro- muscular metabolism. *Ekangveer rasa* Promotes healing of damaged nerves & blood vessels, recanalize blood vessels, activate sensory & motor functions. *Sootshekhara rasa* Provides nutritional support for faster healing of damaged organelles. *Lajari* regenerative effect on neuro-lesions and *Khurasani Owa* checks neuro-irritation. It is also prescribed for Hemiplegia, General Paralysis, Facial Palsy, Hand Shoulder syndrome, Convulsions, Whole Body Stiffness, Neurasthenia, Sciatica, Neuralgia, Cramps in calf, Myalgia & other Neuro-Muscular Problems. It regulates blood supply in affected areas, overcomes anoxia, and stimulates cerebro-neural activity. Besides this it provides nutrition support to nerves & blood vessels enhances metabolic processes in CNS & PNS, activates neuro- muscular communication. It also Promotes curing of damaged nerves & blood vessels, recanalizes blood vessels and provides nutrition support to nerves & blood vessels (20).

Raktadoshantak:

Raktadoshantak syrup act as a Blood purifier, is a unique internal remedy that removes impurities present in the blood. Raktadoshantak being a natural diuretic, it facilitates the function of the Kidney and can be given as an adjuvant in treatment in mild and moderate hypertension (21).

Vishtinduk Vati:

Vishtinduk Vati is an ayurvedic medicine is madeup of purified Kupilu (Poison Nut) seeds and acts on nerves, senses, and muscles. It contains a single ingredient purified Kupilu (strychnos nux-vomica). Ayurvedic Properties of Vishtinduk Vati *Rasa* (Taste) is *Tikta* (Bitter) and *Katu* (Pungent), *Guna* (Main Quality) is *Ruksha* (Dry), *Laghu* (Light) and *Tikshna* (Sharp), *Virya* (Potency) is *Ushna* (Hot), *Vipaka* (Resultant) is *Katu* (Pungent) . It improves muscle tone and strengthens nerves. Stimulates sense organs, blood vessels, nerves and muscles. It helps in reduced *Vata* and *Shrotoavrodh* (22).

Trivrut avleha:

Trivrit Avaleha is a semisolid preparation of drugs, which is used mainly for Virechana (purgation) Karma, it is prepared with addition of jiggery and boiled with prescribed decoction. It has contents like Trivrit (*Operculina turpethum* (L.) Silva Manso), Trijata (*TamalpatraCinnamomum tamala* (Buch.-Ham.) T. Nees and Eberm., *Tvak- Cinnamomum verum* J.Presl.,

ElaElettaria cadamomum (L.) Maton.), Honey and Sugar. Here it is used for nitya virechana (23).

Tapyadi loha :

Tapyadi Loha is also used in Pandu and Visha. Rasaushadhi have Rakta Prasadana and Rasayana qualities. Triphala having Deepana Pachana qualities whereas Chitrak, Shunthi, Marich, Pippali and Vidanga are Ushna Virya. Besides Svarna Makshika and Rajat Bhasma show Vishahara properties. Hence, this was the apt choice as the Trial Drug or Vyadhi Viparit Dravya (24).

Vataganjakush rasa:

Vataganjakusha Rasa is a Herbo-mineral combination with specific ingredients like *Rasasindhura, Loha bhasma, Swarna makshika, Gandhaka, Hartala, Vatsanabha, Tankana, Trikatu* etc with the bhavana or fortification with Nirgundi and Mundi which makes the drug more potent against *Vata* and *Kapha* disorders. All of the drugs are having *tridoshaghna* or *vatakaphahara* qualities with *ushna veerya* which shows its action on both variants of *pakshaghata*. (25)

Gandharva hastyadi kashayam:

Gandharvahasthadi Kashayam is an Ayurvedic medicines used in treating digestive diseases such as anorexia and bloating. The kashayam is prepared by following herbs in equal parts

Gandharvahasta – castor seed, *Chirabilva, Hutasha* – *Chitraka, Vishwa* – Ginger, *Pathya, Punarnava, Yavasa, Bhumitaala*. This Kashayam is used in this patient for *vata anuloman* And for *Deepana/ Pachana* purpose.(26)

Physiotherapy:

Physiotherapy can be defined as a treatment method that focuses on the science of movement and helps people to restore, maintain and maximize their physical strength, function, motion and overall well-being. Physiotherapy is done in, throughout the treatment to improve the range of motion of joints and flexibility of muscles. Here the physiotherapy is mainly concentrated to improve the joint integrity, muscle flexibility, attaining the delayed developmental milestones as early as possible. The other benefits are increased circulation to all four limbs and temporary relief of pain Consider the spasticity the joint mobility and flexibility was attained through the Range of Motion exercises (ROM), passive stretching and peripheral joint mobilization. Here the Proper Ayurvedic management along with speech therapy, physiotherapy, and other rehabilitation measures help the patient to become self-sufficient (27).

CONCLUSION

The aim of Ayurveda is “*swasthasya swasthya Rakshanam Aturasya Vikara*

Prashamanam". Plenty of Disorders have been mentioned under Nanatmaja Vikaras. *Pakshaghata* is a *Vataja Nanatmaja Vyadhi*. All *Acharyas* have emphasized that *Vata* is the predominant *Dosha* in the manifestation of *Pakshaghata*. Hence, it is essential to understand clearly the physiological and pathological aspect of *Vata* and then only appropriate treatment should be initiated. However, in the this study the treatment Protocol was planned according to the *Dosha* and *Sthana Dushti* as per *Acharya Charaka. Sthanika Chikitsa* and *Basti karma* along with *Shamana Aushadhis* and Physiotherapy was administered to the patient according to *Vyadhi Avastha, Rogi Bala* and *Dosha Bala*. This case study demonstrated the successful management of *Pakshaghata* (acute intraparenchymal haemorrhage) using Ayurvedic treatment. These were used here which gave excellent results to the patient. Physiotherapy was given as an add on treatment helping in releasing the restricted range of movement of limbs. Patient was able to walk independently later. The results were satisfactory and encouraging and this led to improvement in the quality of life of patient. On the basis of this case study it can be concluded that *Panchakarma* treatment along with Physiotherapy was effective in the management of *Pakshaghata*.

REFERENCE

- [1] Pranit Hanumantrao Patil, Pakshghata (Hemiplegia) A Disease Review, international Ayurvedic Medical Journal. September, 2017; 5(9) 3634p. [ISSN:2320 5091]
- [2] Jameson J larry, Anthony S.Fauci et al, Harrison's Principles of Internal Medicine. 20th Edition. 3092p.
- [3] Tripathy B N Sarangdhara samhita, Varanasi; chaukhamba surbharti prakashan; 2011. 60p
- [4] Shasirekha H K, Bargale Sushant Sukumar. Charaka Samhita of Agnivesha Chikista Stana. 1st edition. New Delhi; Chaukhambha Publications; 2020. 563p.
- [5] Upadhyay Yadunandana. madhavnidanam poorvardha.reprint edition. Varanasi; chaukhambha prakashana; 2007. 475p.
- [6] Shasirekha H K, Bargale Sushant Sukumar. Caraka Samhita of Angivesha Chikista Stana. 1st edition. New Delhi; Chaukhambha Publications; 2020. 598p
- [7] Vasant C Patil. Susrutha Samhita of Maharsi Susruta Chikista Sthana. 1st edition. New Delhi; Chaukhambha Publications; 2018. 315p.
- [8] Vasant C.Patil. Principles and Practice of Panchakarma. 3ed.

- Bangalore; Atreya Ayurveda Publications; 2016. 120p.
- [9] Murthy K R S. Susrutha Samhita Sareera Stana. Reprint edition. Varanasi; Chaukhamba Orientalia; 2012. 143p.
- [10] Prabhakara Rao G. Sahasrayogam. Reprint edition. Varanasi; Chaukhamba Sanskrit sansthan; 2019. 481p.
- [11] Shashirekha H K, Bargale Sushant Sukumar. Caraka Samhita of Agnivesha Sutra Stana. 1st edition. New Delhi; Chaukhamba Publications; 2020. 226p.
- [12] Shashirekha H K, Bargale Sushant Sukumar. Caraka Samhita of Agnivesha Sutra Stana. 1st edition. New Delhi; Chaukhamba Publications; 2020. 234p.
- [13] Jain R., Jain P., & Patil S. (2013). Yava(Barley)- Akey to the life style disorder. Ayurpharm Int J Ayur,Pg. 138-143
- [14] Shashirekha H K, Bargale Sushant Sukumar. Caraka Samhita of Agnivesha Kalpa Stana. 1st edition. New Delhi; Chaukhamba Publications; 2020. 4p.
- [15] Srikantha Murty KP, Bhavprakash of Bhavmishra, voll Chaukhamba Shri Krishna Das, Varanasi, India.,258:259 2008.Pg264.
- [16] Shashirekha H K, Bargale Sushant Sukumar. Caraka Samhita of Agnivesha Sidhi Stana. 1st edition. New Delhi; Chaukhamba Publications; 2020. 125p.
- [17] Vasant C.Patil. Principles and Practice of Panchakarma. 3ed. Bangalore; Atreya Ayurveda Publications; 2016. 449p.
- [18] Sreekumar T. Ashtanga Hrudaya of Vagbhata Sutra Stana. 4th edition. Trissur; Harisree hospital publications; 273p.
- [19] Sastry J.L.N. Dravyaguna Vijnana Volume-2. 3ed. Varanasi; Chaukhamba Orientalia; 2018. 289p.
- [20] Palsinuron Capsule-Uses, Side-effect, Reviews and precautions. S. G Phyto pharma- Tablet Pg13.
- [21] Raktadoshantak syrup -Uses, Side-effect, Reviews and precautions. Aphail pharmaceuticals- syrup.
- [22] <https://www.ayurtimes.com/vishtinduk-vati/> dated 08-12-2021 time 14:04pm
- [23] Kunte A M. Ashtang Hrudayam kalpsiddhisthan . 9th edition. Varanasi; Choukhamba Orientalia; 2005. 742-743p.
- [24] Janki Gajjar, An Evaluation of the Efficacy of Tapyadi Loha in

- Garavishjanit Pandu, Department of Agadtantra Avum Vidhi Vaidyaka, Bharati Vidyapeeth Deemed University College of Ayurved, Pune, Maharashtra, India J 2016 Greentree Group IJAPC Pharm Chem 2015 Vol. 4 Issue 2 www.ijapc.com 178 [e ISSN 2350-0204]
- [25] Dasji Govind bhaisajyaratnavali .volume 2. Reprint edition . Varanasi; chaukhambha Sanskrit sansthan; 2017. 151p.
- [26] Prabhakara Rao G. Sahasrayogam. Reprint edition. Varanasi; Chaukhambha Sanskrit sansthan; 2019. 49p.
- [27] Sohini S. Conventional Ayurvedic Management in spastic cerebral palsy. IJAPR. April 2017; p4.