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Original Article

ROLL OF PANCHKARMA IN THE MANAGEMENT OF PAKSHAGHAT W.S.R TO HEMIPLEGIA

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Abstract:

Hemiplegia is characterised by increasing loss of function or weakening in one or both legs. Whether caused by ischaemia or haemorrhage, injuries to the brain's motor centres can lead to loss of function, trouble speaking, and poor balance. In the world, there are nine cases of hemiplegia for every 1000 persons. This illness's clinical manifestations are similar to those of Ayurvedic Pakshaghata. According to Acharya Charaka, Pakshaghata is a Vatavyadhi, which means that vitiated Vata Dosha contributes to its pathophysiology. Since Pakshaghata is Nanatatmaja Vaat Vyadhi, it is recommended to combine Panchakarma treatments with oral ayurvedic drugs. Hemiplegia (Paikshaghata), a disorder in which one side of the body is paralysed, can be treated with panchakarma, an Ayurvedic detoxification and rejuvenation treatment. As per Ayurvedic texts Acharyas have highlighted the participation of vitiated Vata Dosha in pathogenesis of Pakshaghaat. Hemiplegia patients are thought to respond well to Snehna, Swedena, Mridu Virechana, Basti, Nasya, etc.

Keywords: *Pakshaghata*, Hemiplegia, Panchakarma, *Abhyang, Swedan, Mridu Virechana, Basti, Nasya*

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Introduction:

An alternative and traditional medical system with Indian origins is called Ayurveda. Indian medicine's first written records come from the Vedic period, which started in the middle of the second millennium BC. Ayurvedic core texts are the medical encyclopaedias Sushurta and Charaka Saṃhita. Ayurvedic physicians developed numerous surgical methods and drug compositions during the next centuries to address a broad spectrum of ailments. Up to 80% of Some accounts claim that Ayurveda and other traditional treatments were used by Indians. Globally, the prevalence of noncommunicable illnesses is increasing, highlighting the need for prevention and treatment. Among these illnesses is hemiplegia, which results in both mental and physical instability. Strokes, also known as cerebrovascular accidents, are the third leading cause of disability and the second leading cause of death globally. Their prevalence is approximately 9 cases per 1000 people.[1,2] Hemiplegia is a condition where one side of the body is either totally or partially paralysed; symptoms include slurred speech and limb numbness. It is believed that cerebral vascular accidents, such as cerebral artery haemorrhage and thrombosis, are the main cause of this disease. This appearance is comparable to an Ayurvedic condition known as *Pakshaghata*.[3] According to Acharya Maadhava, *"saadhyam anyen samyuktam*" indicates that *pakshaghat* and other doshas are readily cured. According to Ayurveda, the prescribed treatments for this illness are *swedan and snehan. Snehan* can be used externally and internally in a number of ways, including *moordhataila, abhyanga, nasya, vasti, and snehapana*, depending on the situation.

Review of Literature:

1. Hemiplegia:

Paralysis affecting only one side of the body is known as hemiplegia. Although it can sometimes occur with less harmful ailments and situations, this symptom is frequently a major sign of serious or life-threatening conditions like a stroke. The inability to move or control the muscles in the affected body part is known as hemiplegia. Muscles that are totally limp may result from that. Spastic hemiplegia, a form of paralysis in which muscles contract wildly, can also result from it. Either the right or left side of your body might be affected by hemiplegia, with the separation between the two parts being marked by your spine, or backbone. Your face, arm, and leg on one side of your body may be affected by hemiplegia in a number of ways. In all three of these body parts, the paralysis might not be present or might not be as severe. Hemiplegia can even be intermittent, affecting one or both sides of the body as it occurs in certain uncommon disorders. It may be possible to treat hemiplegia, depending on how and why it occurs. While some patients require no treatment at all, others require prompt medical attention to rectify the hemiplegia's underlying cause. Issues affecting your central nervous system (CNS) can result in hemiplegia. Your brain and spinal cord are the two components that comprise your central nervous system.

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2. Pakshaghata:

Because their symptoms were similar, Acharya Charaka According to Ayurvedic literature, Acharya Sushruta is linked to *Pakshaghata* and Hemiplegia is clinically associated to *Pakshawadha*. It is vitiated *vata* that is the main cause. Numerous things, including poor eating habits and changes in lifestyle, can vitiate *vata*, the fundamental *Tridosha* and the dynamic aspect of life and movement. One of the illnesses that results from vitiated *Vata* is *pakshaghata*, or hemiplegia. The most prominent of all the eighty types of *Nanatmaja Vata Vyadhies* is said to be *Pakshaghata*, which has been listed.[4] The manifestation of *Pakshaghata* depends heavily on the pathogenic phenomena of *vata*, specifically Suddha *Vata Prakopa*, *Anyadosha Samsirsta Vata Prakopa*, and *Dhatukshayajanya Vata Prakopa*.[5]

3. Prevalence:

It has been observed that hemiplegia occurs quite frequently in young people; the prevalence rate per 1,000 is 44.8 for women and 68.5 for males. There are 56.9 cases of completed stroke and hemiplegia from any cause for every 1,000 individuals.[6]

4. Nidan:

In the classics, *Nidan* for *Pakshaaghaata* is not described. Consider the following: excessive walking or activity, excessive loss of Dhatus, Vega Dharana, stress, chronic disorders, waking up in the middle of the night, *Laghu Ahara*, *Katu*, *Tikta Rasa Ahara*, and so on.[7]

***5. Rupa* (clinical symptoms):**

Pain (Ruja), *Vakstambha*, and loss of movements. Half of the human body is functionless and unconscious.[8]

***6. Samprapti* (Pathogenesis):**

A disorder called *Pakshaghata* happens when vitiated Vata paralyses one side of the body, either the left or the right, making that side immovable and causing discomfort and speech loss. An exacerbated Vata, which affects half the body, can cause the arteries and ligaments to tighten, resulting in severe or penetrating discomfort and contracture in one hand or limb. Monoplegia, or *ekang rog*, is the term for this condition. If the aforementioned morbidity affects every region of the body, the illness is called Sarvang Rog (Paralysis of the full body).

Management of hemiplegia through Panchkarma:

Panchkarma:

As a means of treating *Pakshaghata*, Charakacharya mentioned S*wedan, Snehan, and Virechana.* This is interpreted *as Snehayukta Swedan* and *Snehayukta Virechan* by Acharya Jejjata & Gangadhara. As said by Shuruta Pakshaghata patient who is not malnourished, has pain in the afflicted area, and consistently adheres to dietary and regimen guidelines and who can afford the required treatment-related accessories. The provision of *Snehan* and *Swedan* should come first, followed by Mrudu Vaman and *Virechan*. After that, *Asthapan Basti and Anuvasan* should be administered. Following this, the general instructions and corrective actions outlined

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in the *Akshepaka* treatment plan should be given at the appropriate time. The exact measures mentioned are *Anuvasan* by *Bala Taila, Salvana upnaha sveda, Shirobasti*, Abhyanga by *Anu Taila*, and *Mastishkaya*. For a continuous three or four months, all of the aforementioned precautions should be closely adhered to.[9,10]

Table 1: Hemiplegia *Chikitsa* described in *Bruhat-Tratyi*

Sr. No.	Therapy	*C.S.*	*S.S.*	*A.S.*	*A.H.*
1	*Snehan*		+	+	+
2	*Svedan*	+	+	+	
3	*Vaman*		+	+	
4	*Basti*		+	+	
5	*Mrudu Virechana*		+	+	
6	*Sneha Virechana*	+			+
7	*Mastishkya*		+		
8	*Shirobasti*		+		
9	*Abhyanga*		+		
10	*Upanaha*		+		
11	*Rasayana*			+	

Abhyang:

Ayurveda states that Abhyanga, a component of *Dinacharya*, is necessary for anyone who want to be content and healthy. Abhyanga is a method of healing, relaxation, and illness treatment. According to Dinacharya, it is among the most important daily routine therapies.[11] Abhyanga is an Ayurvedic treatment that involves massaging the entire body, from head to toe, with warm oil infused with herbs according to each person's dosha. Abhyanga has a healing effect through the pharmacological effects of the drugs used in the oil processing. There is no description of the Abhyanga technique other than Dalhana's remarks that it should be done in an Anuloma (downward) direction. Again, later eras have recorded the exact movements of Abhyanga's limbs and joints. He suggested performing Abhyanga in the direction that the limbs' hair develops. This is probably due to the possibility that recipients may experience discomfort and hair breakage if Abhyanga is applied in the opposite direction of hair growth. The circular movements over the joints may be explained by the co-lateral venous networks and lymph nodes that encircle them. The venous and lymphatic drainage of the targeted areas may be improved by massaging these areas. Because of its positive effects on both the treatment of patients' diseases and the promotion and maintenance of health in the healthy, this special manoeuvre has become increasingly important in therapeutic practice. Ayurveda highly recommends the regular use of this method of skin and muscle manipulation, even for healthy people who are conscious of the need of living happy, healthy lives. This therapy method is also thought to be highly effective in minimising and eliminating the sick process that is causing severe damage to the body's tissues. Sneha quickly soothes an agitated *Vata* when used for *Paana, Nasya, Anuvasana, and Abhyanga* at the right periods. When *Vata* predominates in an ailment, *abhyanga* is generally advised. When oleation and sudation are combined, the painful and malformed body parts

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brought on by aggravated Vata return to normal. In this perspective, it is useful to comprehend Vagbhata's simile about *Abhyanga*. An inert dry stick will help return to its former state if it receives the proper *Snehana* and *Swedana*, according to Vagbhata. Usually, warm medicinal oils are used, which dilates blood vessels and activates the Swedavaha *Srotas*. This reduces discomfort, stiffness, and vessel contraction while also increasing blood flow. To treat certain conditions, the oil is frequently pre-blended with herbs. Abhyanga (oil massage) reduces *Srothorodha* (clogging of channels) in *Pakshaghatha* because it has the pacifying quality of *Vatahahara swabhava* and the undetectable nature of Prabhava from the medications used in it. Following *Abhyanga*, purgation (*Virechana karma)* and medicated enema (Vasthi karma) complete the *sodhana* (flushing out), from which oral medications remove all the causes of *Dhoshavaigunya* (Imbalance of Doshas), which was the first cause of the disease's manifestation (*Srothorodha*, or blocking or clogging of channels).[11,12]

Swedan:

The Sanskrit word for to perspire or sweat is the root of the English word "*swedana." Swedana* Karma is a collection of techniques meant to make you sweat. *Swedana* generates sweat and aids in reducing body weight, stiffness, and cold. *Swedana* also describes the body's internal waste. It has a dual function in *Pradhanakarma and Purvakarma*. The human body benefits from the calming and cleansing properties of *Swedana*. By correcting the *vathavaigunya* (vitiated Vata) and bringing about *srothosudhi* (opening the channels), *Swedana karma (*steam bath) restores *Doshasamyatha* (balanced state of Doshas).

***Nasya* (Nasal Cleansing):**

Nasya (nasal therapy) is used in Ayurvedic medicine to treat hemiplegia (*Pakshaghata*), a disease in which one side of the body is paralysed, frequently as a result of a stroke. By addressing the vitiated Vata Dosha thought to be the root of the disease, medicinal oils administered via the nose enable the medication to reach the brain and offer relief. To cure hemiplegia, a variety of Ayurvedic therapies, such as Nasya, are combined with additional treatments including *Sweda* (sudation) and *Snehana* (oleation).

Virechan:

According to Acharya Sushruta, mild *Virechana* can be induced by combining *Eranda taila* and *Triphala kwatha* in a ratio of one to three parts, particularly in young children, the elderly, and people with weak muscles. *Eranda taila and Triphala kwatha* are specifically used for *Pakshavadha* and other Vata illnesses, according to Acharya Charaka. One medication that has been identified as encouraging the *purging of other medications is triphala. It was for this reason that Eranda taila and Triphala kwatha* were used. In addition, most patients find Eranda *taila* to be unappealing when taken alone, and it can occasionally cause vomiting. As Pratiloma *gati of Prana vayu* takes place in the pathogenesis of *Pakshaghata; Virechana* is one of the best

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remedies for *Vatanulomana.*[13] *Virechana* is hence essential for giving *Pranavayu Anuloma gati* (downward movement), calming the vitiation of *Rakta dosha* and consequently its *Updhatus kandara and Sira*, and having a major impact on *Pakshaghata*. The primary cause of the pathophysiology of *Pakshaghata*, the controller of all senses, is vitiation of *Prana vayu. Virechana* strengthens sensory and motor modalities, preventing the impairment that occurs in disease.[14]

Basti:

Basti being the best to maintaining the quality and quantity of life is described as "Ardha *Chikitsa*" [15] or half of all the treatment Vata is considered to be the main controller of the body.[16] Mala Mutra, Pitta, and Kapha can be eliminated or retained in their respective *Aashayas* with the use of science and the *vata*. Since *Basti* is the only treatment available for reducing Vata, I attempted to determine how Basti works in *Vatavyadhi* (neurological disorders) in this study. From foot to head, *Veerya* of *Basti drawyas* purges the body of impurities. In a similar way to how the sun extracts moisture from the ground, Veerya of Basti nourishes Aapan Vayu before moving on to Saman Vayu, which in turn nourishes *Vyan Vayu*, *Udan Vayu*, and finally *Prana Vayu*.[17] There is *dushti of Prana, Vyan, and Udan vayu at Pakshaghata*. One of the symptoms of *Pakshaghata is "Vakstambha*," which is mostly brought on by *Prana Vayu and Udan Vayu Dushti.* Both *Prana's and Udan Vayu's* normal functions—*Annapravesh and Vakpravrutti*, respectively—are disrupted in *Pakshaghata*. Both *vayus* are nourished by *basti*, which supports their regular function.*Vyan vayu* is distributed throughout the body and performs a variety of bodily activities, such as *Aakunchan, Prasarana,* etc., but in *Pakshaghata*, its regular function is disrupted, resulting in "*Cheshtanivrutti*." Basti feeds the vayu and keeps it functioning normally. Up to *Grahani, Basti Dravya Sneha dravya* stimulates the *Jatharagni in Grahani*. It enters *sukshma strotas* and reaches *Grahani*, where it acts on *Purishdhara Kala*, a bacterial flora. It then acts on *Asthidhara Kala*, where there is "*Ashrayashryee Sambandha*" of *vata dosha and Asthi dhatu*, which helps to normalise *vata dushti.*

Discussion:

The body's *rikta strotas* are occupied by vitiated *vata dosha*, which eventually leads to *vatvyadhi*, which manifests as pakshaghat.[18] *Pakshaghat's* is that *rukshta kharata* in the *strotas* is caused by an increase in *vata's ruksha guna*. It will take time to recover from *pakshavadha*, a *krichrasadhya* disease that is particularly difficult to treat. However, *snehapana* helps to remove accumulated malas that obstruct the *srotas* and cause *vata* vitiation, softens the body, and relieves aberrant Vata. In order to moisten the *doshas* before they are moved to the *koshta*, where they are dissolved by *sweda karma* and subsequently evacuated from the body by *sodhana* procedures like *virechan*, *snehapana* therapy aims to penetrate the deepest part of the body. Due to *snehana and swedana, doshas* become separated from dhatus. They then move in the direction of *koshtha*, where they

can be easily and safely removed via *shodhana* (cleaning therapy), such as *virechana* (purgation) or *vamana* (emesis).[19]

Conclusion:

Although hemiplegia (*Pakshaghata*) is challenging to treat, favourable results and the patient's ability to remain independent can be attained with the appropriate care given at the appropriate time and with prudent use of both internal and exterior drugs. In addition to Panchakarma, other rehabilitation therapies including occupational therapy, vocational therapy, etc., should be used for its thorough care.

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