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# Role of *Lashuna Rasayana* in *Margavarana* *Pakshagata* - A Case Study

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## ABSTRACT

The health of an individual is accessed by the optimum structural and functional wellbeing. The functional ability of the body may be physiological or physical is attributed to *Vata*. In morbidity, the same *Vatadosha* will affect the functionality, in terms of motor or sensory functions. The wide spectrum of disorders due to morbid *Vatadosha* is put under the heading of *Vatavyadhi*. Depending upon the affected part of the body further it is categorized as, *Ekanagavata*, *Sarvangavata* and *Pakshagata*. In *Pakshagata* *Chestanivrutti* of one half of the body either left or right may be observed.<sup>[1]</sup> *Pakshagata* is one among 80 *Nanatmaja Vyadhi*.<sup>[2]</sup> There are three distinct *Nidana* for *Pakshagata*. *Dhatukshayaja*, *Margavarana* and *Swakopa*.<sup>[3]</sup> *Margavarana* refers to the obstruction of the *Raktamarga*. Prime causative factors for *Margavarana* is *Santarpanajanya Nidana* leads to *Dhamani Pratichyaya* ends up in *Pakshagata*. In modern science it is better understood as stroke syndrome. *Lashuna Rasayana*<sup>4</sup> is considered to be best in case of *Vata Vyadhi*. It is even indicated in *Pakshagata*. In the present study role of *Lashuna Rasayana* is done on the patients suffering from *Margavarana* *Pakshagata*.

**Key words:** *Marga Avranaja Pakshagata*, *Santarpanajanya Nidana*, *Lashuna Rasayana*, *Nanatmaja Vyadhi*.

## INTRODUCTION

*Pakshagata* is a disease derived from the *Paksha* & *Aghata*, where *Paksha* refers to 15 days or wings of *Chashapakshi* or the school of thought for against argument or vertical half of the body or horizontal half of the body. *Aghata* refers to trauma, killing etc.

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The disease of *Pakshagata* is characterized by the destruction of one half of the body. *Pakshagata* is mentioned in both *Brihatrays* & *Lagutrays*. It is one among 80 *Nanatmaja Vikaras*. There are three distinct *Nidanas* for *Pakshagata* they are *Dhatushaya*, *Marga Avarana* & *Swakopa*. *Marga Avarana* refers to the obstruction of *Raktamarga*. The same pathology in different area leads to different manifestation. When it is specific to the head causes *Shiromarmabhighata* and the presentation is *Vatavyadhi*. This unique pathology is understood with thrombo embolism of the vessels supplying the brain. *Dhamanipratichyaya* is the prime causative factor of *Santarpanajanya Nidana Sevana* which can be understood as the atherosclerosis of the blood vessels in modern parlance. *Pakshagata* is characterized by *Vaksthamaba*, *Ruja Chestanivruthi* in either *Vama* or *Dakshina Bhaga* of the *Shareera*. In modern science, *Pakshagata* is correlated with cerebrovascular

accident or the condition like stroke. The term stroke is used to identify all forms of CVA. *Pakshagata* is defined as the focal neurological deficit or abrupt onset due to a vascular lesion, lasting longer than 24hrs & is manifested either as brain infarction or hemorrhage. Survey studies show approximately 60% of strokes due to ischemia, 20% due to cerebral infarction and 20% due to hemorrhage. Further community survey in India revealed that the prevalence rate of stroke is in range of 200/1,00,000 person.<sup>[5]</sup> It is clear that *Santarpana Nidana* predisposes to *Margavarana* which in turn causes *Shiromarmabhighata*. *Bahya Snehana, Abhyantara Snehana, Virechana, Basti, Shamana, Brimhana, Nasya & Rasayana* form the complete treatment of *Pakshagata*. As *Lashuna Rasayana* is best indicated in *Vatavyadhi*, here is an attempt made to see the efficacy of *Lashuna Rasayana* in the disease *Marga Avaranaja Pakshagata*.

## CASE DESCRIPTION

A 58year old male patient came to Sri *Dharmasthala Manjunatheshwara* Ayurveda Hospital, Udupi on 2<sup>nd</sup> February 2020 with the complaint of loss of strength in left upper limb and lower limb associated with slurred speech.

## History

A 58 year old male patient named *Sundhar Bhandary* with known case of hypertension was on regular medication since 1year was apparently healthy till 1<sup>th</sup> February 2020, on 2<sup>nd</sup> February 2020, at night while having dinner patients party noticed slurred speech with slight deviation of mouth, which was neglected by him and the very next day patient was unable to wake up from the bed so they took patient to *SDM Ayurveda Hospital*. Patient was fully conscious, was in wheelchair, with loss of strength in left half of the body with muscle power in left upper limb and lower limb 1/5, B.P. - 140/90mmhg, temperature- 98.6 degree FH. No h/o trauma, head injury, fever, epilepsy etc.

**H/o past illness:** Known case of hypertension since 1 year.

**Treatment history:** nothing specific.

**Investigation:** MRI report: Chronic focal infarct noted in left periventricular white matter with volume and gliosis,

**Diagnosis:** *Marga Avaranaja Pakshagata / Cerebro vascular Accident (infarct)*

**Treatment:** *Lashuna Rasayana* was administered in the dosage of 12 capsules (500gm each capsule) OD-early morning with 150ml of milk at 10am after breakfast for 28 Days.

**Table 1: Intervention**

SN	Date	Treatment	Dose	Frequency
1.	3/2/2020 To 01/3/2020	<i>Lashuna Rasayana</i> , early morning with 150ml milk.	12 capsule in OD dosage	Once a day

After 1<sup>st</sup> march from 2<sup>nd</sup> march till end of the march about 28days, follow up period was considered.

**Table 2: Observations**

Days	Observation
Day 1-7	Patient was stable initially, No improvements in the symptoms was observed.
Day 8-14	Movement of upper limb mainly flexion of shoulder till the level of shoulder Flexion of hip till 50 degree.
Day 15-21	Patient was able to sit without support and lift upper and lower limb
Day 22-28	Patient was able stand and walk by holding things or with support.

**Table 3: Assessment Scale**

SN	Effect of treatment	Percentage of improvements	
		BT	AT
1.	Muscle power of upper limb	0%	60%
2.	Muscle power of lower limb	0%	60%

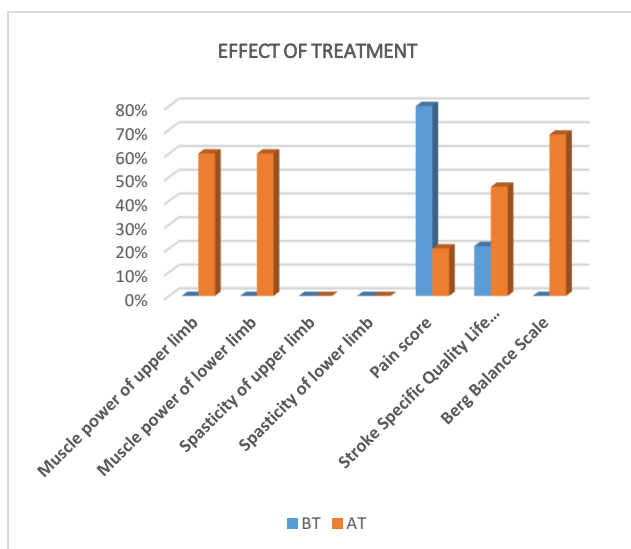
3.	Spasticity of upper limb	0%	0%
4.	Spasticity of lower limb	0%	0%
5.	Pain score	80%	20%
6.	Stroke Specific Quality Life Scale	21%	46%
7.	Berg Balance Scale	0%	68%

### Data Analysis

The assessment criteria of the study include **Primary Outcome Measures:** change in the score of muscle power of the upper limb and lower limb from the base line, change in the score of pain from base line (Visual Analogue Scale) and change in score of Spasticity of bilateral upper and lower extremities measured with Modified Ashworth Scale from base line. **Secondary Outcome Measures:** change in the total score of Berg Balance Scale<sup>[6]</sup> from the base line and change in the total score of Stroke Specific Quality Of Life Scale from base line.<sup>[7]</sup>

### RESULTS

On comparison percentage of improvements in before & after the treatment:



### DISCUSSION

A healthy diet is essential for good health and nutrition. It protects the body against many chronic diseases. Unhealthy diet includes overeating of fatty

and greasy food, and of milky products, sweet foods, highly flavored food, too pungent food as well as drinking too much alcohol etc. improper diet & unhealthy lifestyle is the cause for various disorders in which atherosclerosis of blood vessels is one among which is considered as *Dhamanipratichyaya*. Accumulation of morbid *Kapha* and *Medas* is the cause for *Dhamanipratichyaya* which is caused by following improper diet or excess consumption of nutritious food & sedentary lifestyle. This predisposes the pathology of *Margavarana* by the adherence of the morbid *Kapha* & *Medas* in the channels carrying *Rasa* & *Rakta Dhatu*. As the channels of *rasa* & *Rakta Dhatu* are distributed all over the body, *Margavarana* can take place in any of the course. When this pathology takes place in *Shiro Pradesha* it can produce a series of ailments including *Pakshagata*. This obstruction inhibits the normal movement of *Vata Dosh* & it gets provoked in the proximal part of obstruction. At the site of obstruction *Vata Dosh* vitiates *Pitta* & *Kapha Dosh* & makes it more complex. The *Dathu* distal to the obstruction ends up in the lack of nutrition. Thus, *Margavarana* ends up in different varieties of *Vata Vyadhi* in which *Pakshaghata* is one among.

These events from the indulgence in the etiological factors resulting in *Margavarana* are best comparable to the atherosclerosis leading to thromboembolism. The sedentary lifestyle is the major cause of metabolic syndrome. Sedentary lifestyle leads to the dyslipidemia where there are increased levels of LDL, Total cholesterol and low HDL are present. This can be correlated to *Shonita Abhishyndana*. Dyslipidemia which in long run led to atherosclerosis where there will be destruction of the arterial endothelium, in which the LDL gets entrapped at the place of the destruction and lead to the atherogenesis. This infiltration is known as *Dhamani Upalepa*. On the later course these arterial lumens increase its diameter as a compensatory mechanism and thereby lose its elasticity and eventually narrow the lumen. This can be related to *Dhamani Pustata* and *Dhamani Vistara Abhava*. The atheromatous plaques which are developed tend to rupture spontaneously leading to

thrombosis and occlusion of the vessels and infarction. The infarction occurring at blood vessels of the brain can cause serious morbidity which needs to be attended immediately to prevent irreversible deaths of the neurons.

*Lashuna* has various beneficial effects on health & protects against various illness. The chemical compounds like allicin, diallyl disulphide, diallyl trisulphide etc. acts on atherosclerotic plaque, muscle spasticity and its movements, hypertension, & improves the circulation. Various studies have proven that *Lashuna* is best neurotonic i.e., it helps in the regeneration of the nerves.

### Discussion on Results

In this case there are considerable improvements in muscle power, Pain, *Dysarthria* and daily routine activities.

### CONCLUSION

*Pakshagahta* is the disease that is caused mainly due to *Margavarana* and *Dhathukshaya*. The different stages of *Vatavyadhi* are treated with specific line of management. *Pakshagahta* mainly caused due to *Margavarana* of the *Rakthamarga* of the *Shiras* causes *Shiromarmabhighata*. The pharmacological activities like Anti-inflammatory, Anti-coagulant, Anti-hypertensive, hypocholestrmic, fibrinolytic, Hypolipidemic etc. of *Lashuna* will help in reducing the symptoms of *Margavarana Pakshagahta* by directly acting on its pathophysiology. Hence the treatment is effective and safe for prolonged use with no untoward symptoms.

### REFERENCES

1. Agnivesha, Charaka Samhitha of Acharya Charaka, Dridhabala krit, edited by Vaidya Jadavaji Trikamji Acharya. Chikitsa Sthana. Ch.28, 2<sup>nd</sup> edition, Varanasi: Chaukhambha Sanskrit Sansthan; 2011.p.619
2. Agnivesha, Charaka Samhitha of Acharya Charaka, Dridhabala krit, edited by Vaidya Jadavaji Trikamji Acharya. Chikitsa Sthana. Ch.28, 2<sup>nd</sup> edition, Varanasi: Chaukhambha Sanskrit Sansthan; 2011.p.113
3. Agnivesha, Charaka Samhitha of Acharya Charaka, Dridhabala krit, edited by Vaidya Jadavaji Trikamji Acharya. Chikitsa Sthana. Ch.28, 2<sup>nd</sup> edition, Varanasi: Chaukhambha Sanskrit Sansthan; 2011.p.619
4. Vagbhata. Astanga Hyridaya. Hari Sastri Paradakara Vaidya editors, 10<sup>th</sup>ed.Varanasi: Chaukhambha Orientalion; Varanasi; 2014.p.132. pp.955.
5. Shah N Siddharth. API text book of medicine.8<sup>th</sup> ed. Vol.II Mumbai: Association of Physicians of India; 2008.p.1155 pp.1624
6. Berg balance scale [cited 2019 Jan 21] available from <http://www.strokecenter.org/wp-content/uploads/2011/08/berg.pdf>
7. SS-QQL scale [cited 2019 Jan 21] available from <http://www.strokecenter.org/wp-content/uploads/2011/07/Stroke-Specific-Quality-of-Life-Scale.pdf>

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