



ISSN 2456-3110

Vol 7 · Issue 8

September 2022

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

A review on Palliative Care in *Pakshaghata*

Vaishnavi Janardhan Dhande¹, Pournima Rikibe², Varsha Sane³

¹Post Graduate Scholar, Department of Panchakarma, PDEA's College of Ayurved and Research Centre Akurdi Pune, Maharashtra, India.

²Associate Professor, Department of Panchakarma, PDEA's College of Ayurved and Research Centre Akurdi Pune, Maharashtra, India.

³H.O.D., Department of Panchakarma, PDEA's College of Ayurved and Research Centre Akurdi Pune, Maharashtra, India.

ABSTRACT

Add life into days not just days into life, Ayurveda being the most renowned traditional systems of medicine that has survived and flourished from ages till date, guides how to live a healthy life and treat various medical conditions and can be apply on current healthcare issues. Non-communicable diseases (NCDs), also known as chronic diseases, Because of their long duration and slow progression. *Pakshaghata* means paralysis of one half of the body, here impairment of *Karmendriyas*, *Gnyanendriyas* and *Manas* occurs. *Pakshaghata* can be correlated with hemiplegia which results from cerebrovascular accident - stroke. Talking about paralyzed patients' poor prognosis, unfruitful efforts, physical dependency, lost hope and mental instability results in worsening condition. Paralyzed patients get affected medically, mentally, morally and socially, to make their life better and convenient here we are trying to explore ayurveda's intervention in improving palliative care practices of paralyzed patients. Care that is aimed at control of these symptoms, whether or not the patient is undergoing ongoing disease-directed therapy to control the *Pakshaghata*, is thus a key feature of high-quality patient-centered care. The treatment of *Pakshaghata* is time consuming and expensive too. In Ayurveda *Pakshaghata* treatment schedule adopted according to the *Avastha*. Hence there is need for Ayurvedic approach to manage the condition by re-establish the circulation and improves quality of life of patient.

Key words: Non Communicable Diseases, *Pakshaghata*, Stroke, Palliative Care, Holistic Approach.

INTRODUCTION

Palliative care is a care beyond cure. According to WHO- Palliative care - is an approach that improves the quality of life of patients and their families facing the problem associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment

and treatment of pain and other problems, physical, psychological and spiritual.^[1] Only less than 1% of its population is accessible to pain and palliative care.^[2]

Non-communicable diseases (NCDs), also known as chronic diseases, are not passed from person to person. These are of long duration and slow progression. There are no limitations for age and religions to affect by NCDs. NCDs are often associated with older age groups, but evidence shows that 16 million of all deaths attributed to non-communicable diseases (NCDs) occur before the age of 70. Cardiovascular diseases (like heart attacks and stroke) are one of the major NCDs. Children, adults and the elderly are all vulnerable to the risk factors that contribute to non-communicable diseases. Its prevalence is about 9 cases/1000 in the global population.^[3]

Patients with *Pakshaghata* often experience symptoms of disease and treatment that contribute to distress

Address for correspondence:

Dr. Vaishnavi Janardhan Dhande

Post Graduate Scholar, Department of Panchakarma, PDEA's College of Ayurved and Research Centre Akurdi Pune, Maharashtra, India.

E-mail: vaishnavidhande1996@gmail.com

Submission Date: 16/07/2022 Accepted Date: 24/08/2022

Access this article online

Quick Response Code



Website: www.jaims.in

Published by Maharshi Charaka
Ayurveda Organization, Vijayapur,
Karnataka (Regd) under the license
CC-by-NC-SA

and diminish their quality of life. Care that is aimed at control of these symptoms, whether or not the patient is undergoing ongoing disease-directed therapy to control the *Pakshaghata*, is thus a key feature of high-quality patient-centered care. The initiation of palliative care and discussion of the patients' goals and preferences earlier in the course of disease can lead to improved symptom control, reduced distress throughout the disease-directed therapy, and care delivery that matches the patients' preferences.

Pakshaghata patients gets hampered physically and psychologically due to their disease and treatment. their families also suffer from great emotional distress during care giving. If early palliative care is given to such patients, it can control the disease, improve their quality of life and reduce the cost of care. Early palliative care access can also extend survival. holistic approach in palliative care caters to the physical, psychological, social and spiritual needs of the individual. "Maintain the health of a healthy individual by prevention of disease and to cure the diseased ones." Are what Ayurveda states as the objective. Ayurveda being the foremost life science describes ways to prevent and manage lifestyle disorders. It provides proper dietary management and lifestyle advices through *Dinacharya* (daily regimen), *Ritucharya* (seasonal regimen), *Panchakarma* (Bio-purification therapies), and *Rasayana* (rejuvenation) therapies. The *Sadvritta* (ideal routines) and *Aachara Rasayana* (code of conduct) are of utmost importance to maintain a healthy and happy socio-psychological wellbeing of a person. *Pakshaghata* means paralysis of one half of the body, here impairment of *Karmendriyas*, *Gnyanendriyas* and *Manas* occurs.^[4]

Pakshaghata can be correlated with hemiplegia which results from cerebrovascular accident - stroke. Stroke is heterogeneous group of disorder. Lifestyle disorders are increasing day-by-day, and stroke is the one among them. It is the 3rd most cause of death and disability world-wide. The treatment of *Pakshaghata* is time consuming and expensive too. With advent of modern drugs, the treatment pattern of disease has grossly changed, where the drugs employed counteracts only symptoms temporarily and the underlying pathology

goes on progressively to worsen the condition decreasing the quality of life of the patient. In Ayurveda *Pakshaghata* treatment schedule adopted according to the *Avastha* (condition of disease). Hence there is need for Ayurvedic approach to manage the condition by re-establish the circulation and improves quality of life of patient.

Pakshaghata

"*Paksha*" denotes either half of the body and "*Aghata*" denotes paralysis.^[5] Word Literally means "paralysis of one half of the body. Here impairment of *Karmendriyas*, *Gnyanendriyas* and *Manas* seen. *Acharya Vagbhata* states about *Pakshaghata*, when *Vata* getting aggravated, dries up the *Srotas* (macro and micro channels) and *Snayu* (tendons) of one side (half) of the body, makes the organ/ parts of that side incapable of functioning and loss of sensation.^[6]

Hemiplegia

It is a condition of total or partial paralysis of one side of the body, with numbness in limbs, slurred speech, etc., Cerebrovascular accidents such as thromboembolism and hemorrhage of cerebral arteries considered to be the major cause for this condition.

Nidana

According to a survey of Ayurvedic literature, no specific etiological cause for *Pakshaghata* has been identified. As a result, all elements that aggravate *Vata Dosha* in the body are the fundamental cause of *Pakshaghata*. In numerous Ayurvedic scriptures, causes are described for *Vata* diseases. Consumption of dietary goods that exacerbate the *Vata Dosha* is referred to as *Aharajanya* causes vitiating *Vata Dosha*. Behavioural elements that aggravate *Vata Dosha* are among the *Viharajanya* factors that vitiate *Vata Dosha*. *Manasajanya* elements that vitiate *Vata Dosha* include factors that impact the mind, such as *Chinta*, *Shoka*, *Kama*, *Krodha*, *Bhaya*, and others. *Abhighata*, *Prapatan Marmaghata*, and other *Abhighataj* elements vitiate *Vata Dosha*. *Prapidan Vighraha Prahar Balvad Prahar Balvad Vighraha* Other elements that vitiate *Vata Dosha* include seasonal variations, severe

purificatory methods, and other causes that cause *Vata Dosha* aggravation.^{[7],[8]}

Poorvarupa

Vata Vyadhi's Poorvarupa can be compared to *Pakshaghata's*. *Avyakta Lakshana* is mentioned by *Acharya Charaka* as the *Poorvarupa* of any *Vata Vyadhi*.^[9]

Rupa

Anyatara Paksha Chesta Nivritti, Anyatara Pakshahanan, Achetana, Akarmanyata, Hasta Pada Sankocha, Sira Snayu Vishosha, Vak Stambha, Ruja Toda, Shoola, Sandhibandha, Vimoksha, Daha, Santap, Moorcha Shaitya, Shopa, Gurutva.^{[10],[11],[12]}

Upashaya

Nidana which contributes in *Pakshaghata* can be taken as *Upashaya* for it.

Samprapti

Vayu, as per *Acharya Charaka*, when it enters either the right or left side of the body, it dries up the *Sira* and *Snayu* of that region, causing loss of movement, constriction of the hand or leg, and *Ruja* and *Vakstambha*.^[13]

According to *Sushrutacharya*, exacerbated *Vata* passes through the *Urdhvaga, Adhoga, and Tiryaka Dhamanis*, weakening the *Sandhi Bandha* and resulting in *Vaam* or *Dakshinapaksha Hanan*. The patient's half of the body becomes inoperable, loses sensation, falls down, or dies.^[14]

Vagbhatacharya has incorporated *Charaka's* and *Sushrutacharya's Samprapti*, and he claims that *Vayu* holds half of the body, dries up *Sira* and *Snayu*, loosens *Sandhi Bandha*, and kills either half of the body.^[15]

Samprapti Ghatak

Doshas: Vata (All five types; *Prana, Udana Vayu* especially), *Pitta* (*Pachak Pitta, Ranjak Pitta* especially), *Kapha* (*Shleshak* and *Avalambaka Kapha* especially)

Dushyas: Rasa, Rakta, Mamsa, Meda Dhatu and *Manas*

Agni: Jatharaagni, Dhatvaagni

Ama: Dhatwaagni-Maandya-Janya

Strotasa: Rasavaha, Raktavaha, Mamsavaha, and Medavaha

Strotodushti: Atipravrutti, Sanga, Siraagranthi & Vimaarga Gamana

Udbhava Sthana: Pakwaashaya

Sanchara Sthana: Urdhwa, Adhah, Tiryak Dhamanis

Adhisthana: Shira

Rogamarga: Madhyam Roga Marga

Vyakti Sthana: Either Dakshin or Vama Paksha.^[16]

Sadhya - Asadhyatva

It is essential to understand the curability of any disease before beginning treatment. *Pakshaghata* was categorised by *Charakacharya* as *Kashtasadhya* or *Asadhya*. Only *Sadhya* if the sickness has just started, there are no complications, and the patient is *Balawana*.^[17] According to *Acharya Sushruta Pakshaghata* generated by *Shuddha Vata* is classified as *Kashtasadhya, Samsrushta Dosha Pitta* or *Kapha* is classified as *Sadhya*, and *Kshaya* is classified as *Asadhya*.^[18]

According to *Acharya Vagbhat Pakshaghata* caused by *Shuddha Vata* is *Krichha Sadhyatama, Samsrushta Dosha* causes *Krichha Sadhya*, and *Kshaya* causes *Asadhya*.^[19]

"*Saadhyam Anyen Samyuktam*," says *Acharya Maadhava*, implying that *Pakshaghata*, along with other doshas, is easily curable.^[20]

Palliative care in Pakshaghata patients

4 types of patients come in ayurveda OPD in terms of *Pakshaghata* are follow up cases, non-responsive cases, who got undesired effects and who wants solely *Ayurveda* treatment. *Acharya Charaka* has stated treatment principle of *Pakshaghata* as '*Swedanam Snehasayuktam Pakshaghate Virechanam*'. In *Ayurveda* text treatment of *Pakshaghata* is depend on principles of treatment of *Vatavyadhi*. In any *Ayurveda* treatment *Nidan Parivarjanam* plays very important role.^[25]

Nidana Parivarjana (avoidance of etiological factors) - management of treatable risk factors and diseases like

hypertension, acute encephalitis, heart disease etc. and avoidance trauma.

Samshodhan Chikitsa

Snehana - Snehana is performed in two ways: external and internal. Patient's *Aam Awastha* and *Niram Awastha* are first ruled out. *Acharya Vagbhata* and *Charaka* mentioned basic principle to treat *Vatavyadhi*, when *Vatavyadhi* is caused by alone *Vatadosha*, and patient is in *Nirupstambhit Awastha* then patient should be administered with *Snehapan* (*Ghrita, Vasa, Taila, Majja*) food mixed with *Sneha, Anuvasan Basti* after that *Abhyanga. Dashmuladi Ghruta, Chitrakadi Ghruta, Baladi Ghruta, Nirgundi Taila, Karpas Taila, Rasna Taila, Ashwagandha Taila, Prasarani Taila, Bala Taila, Atibala Taila.*^{[21],[22]}

Sushruta has specially mentioned *Anu Taila* for *Abhyanga.*^[23]

In *Upastambhit Awastha* after correct *Deepan, Pachan,* and *Rookshan,* internal administration of *Sneha (Taila/Ghrita)* should be performed.

Swedana - patients who are now well administered with *Sneha* should be opt for *Swedan.*

Swedan should be *Snehayukta. Mustadi Upanaha, Utkarikadi Upanaha, Awagaha* and *Parisechan* with *Vatahar Dravyasiddha Kwath, Dugdha, or Taila. Nadi Sweda, Pradeha* or *Upanaha* of *Til, Atasi, Sarshapa* mixed with *Kanji, Gandhadravaya Lepa, Shali Shashtik Pinda Sweda, Shalwan Upanaha* in *Upastambhit Awastha* has been mentioned by *Acharya Sushruta,* again *Acharya Sushruta* has given *Swedana* for rigid or contracted body part is *Bandhana* with silk, cotton or woollen cloth or *Salwan Upanaha.*^{[21],[22]}

Virechana - If due to *Maladosha, Snehana Swedan* is unable to eradicate *Vatadosha* then for *Vatanuloman* one should go for *Snehayukta Mridu Virechan* for that one can give *Eranda Tail* mixed with milk, *Tilvaka Siddha Ghutra, Saptala Siddha Ghruta, Gandharvahastyadi Taila.*^{[24],[25],[26]}

Basti - Patients who cannot be treated with *Virechana* procedure, *Niruha Basti* prepared with *Dipan Pachan Dravya* is an option. *Sushruta* has specially mentioned

Bala Taila Anuvasan Basti for *Pakshaghata* patients. Various types of *Yapan Basti* mentioned in *Charak Siddhithana* can be given for enhance the *Bala* and *Dhatu* of the patient. In *Amavastha Lekhana Basti Choorna Basti* can be given.^[27]

Nasya - *Navan Nasya* - with *Ksheerbala* and *Bramhi Taila, Dhooma Nasya* - with *Ksheera,* and *Bala Churna, Pratimarsha Nasya* with *Dhanwantar 101 Taila, Anu Taila, Avapida Nasya* with *Bramhi Swaras, Dhoompan* is with *Vacha Choorna* and *Pippali Choorna.* When patient approaches in unconscious state *Pradhaman Nasya* with *Vacha, Pippali, Vidanga, Apamarga churna* can be administer. According to *doshavastha* in morning - *Pardhman Nasya* with *Brahmi Churna + Vacha Churna* is indicated as *Kapha* predominancy is there. In evening - *Pratimarsha Nasya* with *Brahmi Ghrita* is indicated as *Pitta* is predominant at evening time.^[23]

Shirovasti - *Shirodhara, Shiropichu, Shirobasti, Shiroahyanga* are very important part of *Panchakarma Chikitsa* in *Pakshaghata* as it relieves stress. with medicated oils such as *Baladhatryadi Taila, Mansi Taila, Narayana Taila / Ksheera Bala Taila / Chandana Bala Lakshadi Taila.*^[23]

Shodhan Chikitsa in Pakshaghata

Awastha	Nirupstambhit	Upastambhit
Snehapan	Ghrita, Taila, Vasa, Majja. (Taila best as Vataghna)	Contraindicated
Snehan	Anu Taila, Baladi Taila, Chitrakadi Taila, Dashmuladi Taila, Karpasasthyadi Taila	If needed then only by Ushna, Tikshna Dravya. If pain persist then with Vishgarbha Taila, Sarshap Taila, Brihat Saindhavadi Taila
Swedan	Snigdha Sweda, Upanaha, Nadi Sweda, Sankar Sweda, Prastar Sweda	Ruksha Sweda, Patrapinda Sweda, Churnapinda Sweda

	Ex- Shashti Shali Pinda Sweda	
Virechan	Snehayukta Mrudu Virechan Eranda Tail with Milk, Tilwaksiddha Ghruta, Gandharwa Hastyadi Erand Taila.	Mridu Virechan, Anuloman
Basti	Anuvasan Basti with Bala Taila, Narayan Taila, Balya Dravya	Asthapan Basti with Ruksha Dravya, Lekhan Basti, Churna Basti.

Shaman Aushadhi

Internal medicines should be given after assessment of *Upastambhit* or *Nurupstambhit Awastha*.^[28]

Awastha	Nirupstambhit (Dhatukshay)	Upastambhit (Margawrodhjanya)
Treatment	Dhatuvruddhikar	Margawrodhjanya
Aushadh	Shatavari Kalpa, Kushmandawaleha, Kushmandpak, Mahayograj Guggul, Hemgarbha, Vasantkusumakar	Guggul Kalpa, Yograj Guggul, Kaishor Guggul, Amruta, Rasna, Sinhanad, Rasnadi, Maharasnadi, Ekangaveer, Aampachak Vati, Vaatvidhwansab Ras
Rasa	Madhur, Amla, Lawan	Katu, Tikta
Vipak	Madhur	Katu
Virya	Shita	Ushna
Dravya	Guru And Balya	Laghu, Strotoshodhi, Dipaniya, Pachaniya, Ruksha, Anabhishtyandi
Anupan	Dugdha, Ghruta, Sharkara	Madhu, Ushnodak
Aahar	Snigdha, Dugdha, Manmsa, Madhur, Amla Rasatmak	Laghu, Drava, Ushna, Dipan Pachan Dravyasiddha, Lashuna,

		Ardrak, Hingu Siddha Yusha, Kulattha Yusha
--	--	---

Yoga

Practice of *Pranayama* (*Anuloma Viloma*, *Nadi shodhana*, *Bhramari* and meditation along with the practice of *Yama* and *Niyama*. *Yoga Nidra*, Breath awareness (BAW) and relaxation techniques viz. Instant relaxation technique (IRT), quick relaxation technique (QRT), deep relaxation technique (DRT) and cyclic meditation (CM). *Kriyas: Kunjal, Kapalbhati. Selected Asanas: Surya Namaskar, Tadasana, Katichakrasana, Konasana, Pavanmuktasana, Bhujangasana, Uttanpadasana (Ekapad), Vakrasana, Makarasana, Ardhalabhasana, Shavasana Pranayama: Nadishodhana, Suryabhedhi, Bhastrika.*

Ahara

Just like medicines diet also plays an important role in management of any disease condition. *Acharyas* has mentioned diet for *Vatavyadhi* are meat soup, pulses soup, milk, *Madhur, Amla, Lawan Rasayukta Ahar, Ghruta*, sweet citrus fruits.^[29]

Counselling

During counselling advise the patient to. Be active and optimum use of affected part. Exercise regularly to affected part. Continue exercises as suggested by the physiotherapist. To increase the practice of exercise gradually. Take balanced diet. Maintain healthy body weight. Limit salt intake and fat in diet. Control of hypertension and diabetes mellitus. Check lipid profile periodically. Avoid over exertion. Avoid smoking and alcohol consumption

DISCUSSION

With *Panchakarma* we may cure completely or make patient self-abled. Before starting proper *Shodhana*, *Rookshana* should be done upto *Nirama Avastha*. After this we will go for *Snehana* and *Swedana* according to condition of patient. Then proper *Shodhana* by *Virechana, Basti* and *Nasya*. *Nasya* and *Basti* should not be administered at same time. *Nasya, Shamana Aushadhi*, other therapies and *Pathya Apathya* should be followed continuously after *Samsarjana Karma*.

Repeated *Shodhana* is mandatory in *Pakshaghata* patient. As well as counselling is important for patients' wellbeing.

CONCLUSION

From above line of treatment stated in Ayurveda we can attain optimum wellbeing of *Pakshaghata* patient that will make patient self-abled and thus patient himself and family will be mentally sound and thus will achieve good palliative care.

REFERENCES

- World health organization; palliative care; 2021 [cited 2022 march 15] Available from: <https://www.who.int/news-room/fact-sheets/detail/palliative-care>
- Dr. MR. Rajgopal, director, WHO collaborating centre for policy and training on access to pain relief and founder-chairman, pallium -The current status of palliative care in India. [cited 2022 march 15] Available from: <https://www.theatlantic.com/health/archive/2017/02/india-palliative-care/517995/>
- Global Health Estimates. Geneva: World Health Organization; 2012. [cited 2022 april 24] Available from: http://www.who.int/healthinfo/global_burden
- Charak Samhita of Agnivesa; by Acharya Vidyadhar Shukla and R. Tripathi; Chaukhamba Sanskrit Pratishthan; reprint 2017; Chikitsa Sthana 28/55; Pg No 697.
- Dr. Nimmi M. Menon, Dr. Manjunath Adiga, Ayurvedic management of *Pakshaghata* with special reference to hemiplegia in terms of CVA of thrombotic origin- A single case report, wjpls, 2022, vol 8, Issue 8, 187-198.
- Dr. Bramhanand Tripathi, Ashtang hridayam of Shrimad Vagbhata, Choukhamba Sanskrit Pratishthan; Reprint 2015, Nidan Sthana 15/38-39; Pg No 542.
- Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit Pratishthan, reprint 2017, Chikitsa Sthana 28/15-18; Pg No 690.
- Dr. Anant Ram Sharma, Sushrut Samhita of Maharshi Sushruta, Choukhamba Surbharati Prakashan; reprint 2015, volume I, Nidan Sthana 1/60-62, Pg No 465.
- Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit Pratishthan, reprint 2017, Chikitsa Sthana 28/19-18, Pg No 690.
- Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit Pratishthan, reprint 2017, Chikitsa Sthana 28/53-55, Pg No 697.
- Dr. Anant Ram Sharma, Sushrut Samhita of Maharshi Sushruta, Choukhamba Surbharati Prakashan, reprint 2015, volume 1, Nidan Sthana 1/62, Pg No 465.
- Dr. Bramhanand Tripathi, Ashtang Hridayam of Shrimad Vagbhata, Choukhamba Sanskrit Pratishthan, Reprint 2015, Nidan Sthana 15/38, Pg No 542.
- Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit Pratishthan, reprint 2017, Chikitsa Sthana 28/53-55, Pg No 697.
- Dr. Anant Ram Sharma. Sushrut Samhita of Maharshi Sushruta, Choukhamba surbharati prakashan, reprint 2015, volume 1, nidan sthana 1/60-62, Pg No 465.
- Dr. Bramhanand Tripathi, Ashtang Hridayam of Shrimad Vagbhata, Choukhamba Sanskrit pratishthan, Reprint 2015, Nidan Sthana 15/38, Pg No 542.
- Vd.Y.G.Joshi, Textbook of Kayachikitsa, PSV Publications, Reprint 2016, Vatavyadhi chapter, Pg No 259.
- Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit Pratishthan, reprint 2017, Chikitsa Sthana 28/235, Pg No 722.
- Dr. Anant Ram Sharma, Sushrut Samhita of Maharshi Sushruta, Choukhamba Surbharati Prakashan, reprint 2015, volume 1, Nidan Sthana 1/63, Pg No 466.
- Dr. Bramhanand Tripathi, Ashtang Hridayam of Shrimad Vagbhata, Choukhamba Sanskrit Pratishthan, Reprint 2015, Nidan Sthana 15/41, Pg No 542.
- Bramashankar S, Madhav Nidan, Madhukosha Vyakhya, Chaukhambha Publication, Varanasi, reprint 2012, volume 1, Vatavyadhi Nidan, Sloka no. 43, Pg No. 163.
- Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit Pratishthan, reprint 2017, Chikitsa Sthana 28/75-77, Pg No 70.
- Dr. Bramhanand Tripathi, Ashtang Hridayam of Shrimad Vagbhata, Choukhamba Sanskrit Pratishthan, Reprint 2015, Chikitsa Sthana 21/1-3, Pg No 803.
- Dr. Anant Ram Sharma, Sushrut Samhita of Maharshi Sushruta, Choukhamba Surbharati Prakashan, reprint 2015, volume 1, Chikitsa Sthana 4/19, Pg No 218.
- Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit pratishthan, reprint 2017, Chikitsa Sthana 28/83, Pg No 702.
- Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit pratishthan, reprint 2017, Chikitsa Sthana 28/100, Pg No 75.
- Dr. Bramhanand Tripathi, Ashtang hridayam of Shrimad Vagbhata, Choukhamba Sanskrit Pratishthan, Reprint 2015, chikitsa sthana 21/44, Pg No 809.

27. Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit pratishthan, reprint 2017, Chikitsa Sthana 28/86, Pg No 703.
28. Vd.Y.G.Joshi, Textbook of Kayachikitsa, PSV Publications, Reprint 2016, Vatavyadhi chapter, Pg No 260.
29. Dr. Anant ram sharma, Sushrut Samhita of Maharshi Sushruta, Choukhamba Surbharati Prakashan, reprint 2015, volume 1, Chikitsa Sthana 4/13, Pg No 206.

How to cite this article: Vaishnavi Janardhan Dhande, Pournima Rikibe, Varsha Sane. A review on Palliative Care in Pakshaghata. J Ayurveda Integr Med Sci 2022;8:60-66.

Source of Support: Nil, **Conflict of Interest:** None declared.
