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Clinical evaluation of *Nasya Karma* and *Vatagajankusha Rasa* effect in the management of *Pakshaghata*

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ABSTRACT

Vata Vyadhi is considered one among the *Ashta Maha Gada* as told by *Acharya's*. Out of all *Nanatmaja Vata Vyadhis*, the disease *Pakshaghata* is considered superior among the other *Vataja* disorders. In modern era, the *Lakshana's* of *Pakshaghata* is closely resembles the disease Hemiplegia. In Hemiplegia, symptoms appears due to the Ischemia of Brain tissue which is an end result of improper blood supply to the brain either due to thrombus, embolism or may be due to rupture of any cerebral blood vessels. *Acharya Bhela*, has considered *Pakshaghata* as one among the *Asthi Majjagata Roga's*. *Acharya Sushruta* also states that, the *Mastulunga Majja* is nothing but it is *Majjadhara Kala*. So, here an attempt has been made to evaluate the efficacy of *Brimhana Nasya* along with *Shamanoushadi's* for the management of *Pakashaghata*.

Key words: *Pakshaghata, Sahacharaditailam, Nasya, Mahamashatailam, Vatagajankusha Rasa.*

INTRODUCTION

Ayurveda "the science of life", has soul aim of providing health to the mankind. It is helping for the upliftment of society by providing a disease free and healthy environment. Health according to Ayurveda is not the mere absence of disease, but it is the well being of all the three faculties viz. *Satva, Atma* and *Sharira*. 21st Century is a world of industrialization and fast life which has created various life style disorders. The factors contributing to these disorders are too much stress and tension, very less sleep, bad eating habits, sedentary life with little or no exercise etc. Movement is an important characteristic feature of all

living organisms. According to Ayurveda, *Sharirika* and *Mansika Doshas* regulate the functions of body and mind. Out of the *Sharirika Doshas*, *Vata* is the regulator of other *Doshas* and hence disease caused by *Vata Dosh* is of much importance.

Morbidity of *Vata Dosh* either due to *Dhatukshaya* or *Margavarna*^[1] will lead to *Chesta Nivritti* in one half of the body and the illness is prevalently known by the name "*Pakshaghata*". The description of *Pakshaghata* can be interpreted with Hemiplegia. The commonest cause of Hemiplegia is Cerebrovascular Accident or stroke. Stroke, is the third most common cause of death in developed nations, where nearly 4.5 million persons die from stroke each year. Stroke affects 33 million individuals world wide every year and two thirds of stroke cases occur in developing countries. The burden of stroke has been increasing worldwide, especially in developing countries. For India, community surveys have shown a crude prevalence rate of Hemiplegia in the range of 200 per 100,000 persons, nearly 1.5% of all urban hospital admissions, 4.5% of all medical and around 20% of neurological cases.^[2] Tracing from pre-vedic period upto modern medicine, science abundant references about *Pakshaghata* or *Stroke* regarding its etiology,

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manifestation, pathology, prognosis and treatment. The aim of treatment of any disease is “Not one of adding years to life but rather adding life to years”. Acharya Sushruta describes Lakshana’s of Pakshaghata and Lakshana’s of Ardita as separate entity,^[3] whereas according to Acharya Charaka, Lakshanas of Pakshaghata and Ardita can coexist together.^[4]

According to Ayurveda, the Samprapti of Pakshaghata can be analysed by two ways - either by Dhatu Kshayajanya or via Margavarajanya. Ayurveda has broadly classified treatment into three parts, i.e., Nidana Parivarjana, Shodhana and Shamana Chikitsa.^[5] Many therapeutic principles have been recommended in Ayurvedic classics for the treatment of Pakshaghata. In Ayurvedic classics, for Vata Dosha, Snehana, Swedana, Mrudusamsodhana are the selective therapies. According to Acharya Charaka, specific treatment of Pakshaghata is “Swedanam Sneha Samyuktam Pakshaghate Virechanam”.^[6] Ashtanga Sangraha and Hridaya both have followed Charaka’s view but only a small difference is that they considered Snehana Karma instead of Swedana Karma.^[7] The line of treatment of Pakshaghata is described as Virechana; but Virechana cannot be applied in Shuddha Vataja condition. Describing the indication of Virechana in Vata Vyadhi, in Charaka Samhita, it has been mentioned that Virechana is indicated in conditions of Vata where the Vata is obstructed by Pitta, Rakta, Kapha and Meda. Snehana is the main line of treatment for the Shuddha Vataja^[8] disorders. Therefore, it is necessary to approach Pakshaghata resulting from CVA in a different angle.

In the pathogenesis of Pakshaghata, Mastulunga Majja is affected, which is nothing but the Majja Dhara Kala.^[9] In classics, it is mentioned that “Nasa Hi Shirso Dwaram”.^[10] So, Nasya Karma given through Nasa is the most suitable Marga to reach the Mastishka by virtue of its Veerya, hence rectifies the underlying pathology. So keeping these points in mind, an attempt has been made to evaluate the efficacy of Mahamaasha Taila Nasya (Marsha Nasya) which is Balaya, Brumhana, Indriyaprasadaka,

Vatashamaka, Soshahara, Sankochahara and Vatagajankusha Rasa which is Tridosahara especially Vata / Vata Kapha Shamaka, Srotoshodhaka, Stambha, Shoolahara in management of Pakshaghata.

In this study, 30 Subjects were selected randomly, according to the inclusion and exclusion criteria and were placed in a single group for study. Amalakadi Choorna 3-5gms twice a day was given for Amapachana with Ushnodaka as Anupana before food, till the appearance of Nirama Lakshana’s prior to Nasya Karma. The subjects underwent through Sarvanga Abhyanga and Swedana followed by Nasya Karma for 7 days. After Nasya Karma, Shamanoushadhi was given to the patient for 45 days and all the patients were advised to follow Pathya Ahara and Vihara. Each Follow up was done after 15 days interval.

OBJECTIVES OF THE STUDY

1. To study the concept of Pakshaghata in detail.
2. To study Nasya Karma and Vatagajankusha Rasa in detail.
3. To assess the efficacy of Nasya Karma and Vatagajankusha Rasa in Pakshaghata.

MATERIALS AND METHODS

1. Amalakadi Choorna^[11] for Amapachana.
2. Sahacharadi Tailam^[12] for Sarvanga Abhyanga.
3. Mahamaasha Tailam^[13] for Nasya Karma.
4. Vatagajankusha Rasa^[14] as a Shaman Oushadha.

Diagnostic Criteria

Diagnosis was entirely based on subjective and objective findings of Pakshaghata

Inclusion Criteria

1. Subjects of age group 30 -60 years, irrespective of sex, socioeconomic status and occupation were selected for the study.
2. Less than 1 year of Chronicity subjects were taken for the Study.
3. Subjects presenting with the classical signs and symptoms of Pakshaghata.

4. Subjects fit for *Nasya Karma*.

Exclusion Criteria

1. Subjects with Intracranial infection.
2. Subjects with Degenrative lesion.
3. Subjects with Intra cranial space occupying lesion and trauma.
4. Subjects who are Comatose and unconscious.
5. Subjects *Ayogya* for *Nasya Karma*.
6. Subjects with Uncontrolled Metabolic Disorders, Malignant Hypertension and other Systemic disorders.
7. Subjects with Haemorrhagic Stroke.

Parameters of Study

A. Subjective Parameter

- *Chesthanivritti*
- *Vaksthambhatva*
- *Ruja*

B. Objective Parameters:

For Disease

1. Gait
2. Hand Grip
3. Muscle Power, Bulk, Tonicity
4. Reflexes

Observational parameters for procedure

Observations like Blood Pressure, Pulse Rate, Body Temperature, Respiratory Rate were noted Before and After the *Nasya Karma*.

Assessment Criteria

Overall assessment of the study is made by assessing subjective and objective parameters before and after completion of the treatment. Statistical analysis is done by Student t test (paired) and obtained results are measured according to grades given below;

Complete relief	-	100% improvement
Marked relief	-	75% to 99% improvement
Moderate relief	-	50% to 74% improvement
Mild relief	-	26% to 49% improvement
No relief	-	below 25% improvement

INTERVENTION

A) Poorva Karma

- *Aturapariksha* and *Aturasiddhata*.
- Assessment of *Kostha* and *Agni* of *Atura*.
- *Amapachana* with *Amalakadi Choorna* 5gms twice a day, with *Ushnodaka*, till *Nirama lakshanas* were seen.
- *Sarvanga Abhyanga* with *Sahacharadi Tailam* for 7 days.
- *Sarvanga Nadi Swedana* except *Jatru Urdhavabhaga* where *Mrudubaspa Swedan* was given.

B) Pradhana Karma

- *Nasya* with *Mahamaasha Tailam*, according to *Rogi* and *Rogabalam* for 7 days.
- *Nasyottara Nirikshanam*.

C) Paschata Karma

- *Nasyottara - Tatkalina - Aupachara*.
- *Dhumapana*
- *Kavala* with *Ushnodaka*.

D) Shamana Oushadha

Vatagajankusha rasa 125 mg bd with *Ushnodaka* for 45 days.

OBSERVATIONS AND RESULTS

Effect of therapy on Subjective Parameters of Pakshaghata

Chesthanivritti

Table 1: Effect on finger movement

Parameter	Score		Mean	% Relief	SD	SE	T	P	Remarks
	B	A							
Finger Movement	6	4	0.7	32.31%	0.534	0.0974	7.186	<0.001	H.S

Table 2: Effect on sitting from lying down

Parameter	Score		Mean	% Relief	SD	SE	T	P	Remarks
	B T	A T							
Sitting from lying down	16	2	0.46	87.5%	0.730	0.133	3.458	<0.01	SS

Table 3: Effect on standing from sitting

Parameter	Score		Mean	% Relief	SD	SE	T	P	Remarks
	B T	A T							
Standing from sitting	15	1	0.46	93.33%	0.775	0.141	3.262	<0.01	SS

Table 4: Effect on lifting of arm

Parameter	Score		Mean	% Relief	SD	SE	T	P	Remarks
	B T	A T							
Lifting of arm	68	33	1.16	51.48%	0.912	0.166	6.987	<0.001	HS

Table 5: Effect on Vaksthambatva

Parameter	Score		Mean	% Relief	SD	SE	T	P	Remarks
	BT	AT							
Vaksthambatva	20	12	1.06	40%	0.520	0.095	2.733	<0.05	SS

Table 6: Effect on Ruja

Parameter	Score		Mean	% Relief	SD	SE	T	P	Remarks
	B T	A T							
Ruja	49	11	1.26	77.5%	0.9072	0.1656	7.608	<0.001	HS

Effect of therapy on Objective Parameters of Pakshaghata

Table 7: Effect on Gait

Parameter	Score		Mean	% Relief	SD	SE	T	P	Remarks
	B T	A T							
Gait	32	7	0.83	78.13%	0.6989	0.1276	6.5047	<0.001	HS

Table 8: Effect on Hand Grip

Parameter	Score		Mean	% Relief	SD	SE	T	P	Remarks
	B T	A T							
Hand Grip	63	46	0.56	26.99%	0.6260	0.1143	4.899	<0.001	HS

Table 9: Effect on Muscle Power

Parameter	Score		Mean	% Relief	SD	SE	T	P	Remarks
	B T	A T							
Muscle Power	72	44	0.93	38.89%	0.8276	0.1511	6.154	<0.001	HS

Table 10: Effect on Bulk of Muscle

Parameter	Score		Mean	% Relief	SD	SE	T	P	Remarks
	B T	A T							
Bulk	56	33	0.06	40%	0.2537	0.0463	1.29	>0.05	NS

Table 11: Effect on Tone of Muscle

Parameter	Score		Mean	% Relief	SD	SE	T	P	Remarks
	B T	A T							
Tone	55	32	0.88	41.8%	0.5050	0.0922	8.6767	<0.001	HS

Table 12: Effect on Reflexes

Parameter	Score		Mean	% Relief	SD	SE	T	P	Remarks
	B	A							
Reflexes	59	48	0.36	18.65%	0.4901	0.0894	4.026	<0.001	HS

Table 13: Overall effect of study on 30 subjects of Pakshaghata

Relief	No of Patients	Percentage	Remarks
Less than 25%	3	10%	No Relief
26% To 49%	15	50%	Mild Relief
50 To 74%	6	20%	Moderate Relief
75% To 99%	6	20%	Marked Relief
100%	0	0%	Complete Relief

DISCUSSION

Pakshaghata is one among the *Nanatmaja Vata Vyadhi* and line of treatment explained by *Acharya Charaka* for *Pakshaghata* is "Swedanam Sneha Samyuktam Pakshaghate Virechanam". Some *Acharyas* have opined that, here *Virechana* means *Urdhwa Virechana* i.e. *Nasya*. Though *Acharyas* have explained the use of *Nasya Karma* in the management of *Pakshaghata*, but there is no direct reference regarding which type of *Nasya* is to be used in particular conditions. *Acharya Charaka* states that, *Lakshana's* of *Ardita* and *Pakshaghata* can co-exist together. *Navana Nasya* is explained in the management of *Ardita*. So from this, we can conclude that *Nasya* can be administered in case of *Pakshaghata*. Moreover *Acharya Bhela*, has considered *Pakshaghata* under *Asthimajjagata Roga's* and treatment of such *Roga's* is *Snehana* as mentioned by him. *Acharya Sushruta* explained that, *Mastulunga Majja* is nothing but the *Majjadhara Kala*. In Modern Science, the *Lakshana's* of *Pakshaghata*

resembles with *Hemiplegia* in which brain tissue is involved. Based on these references, *Nasya* therapy along with *Shamanoushadhi* was taken for the study.

Shudha Vataja, Pittanubandhi Pakshaghata incidence are less as compared to *Kaphanubandhi Pakshaghata*, hence *Amalakadi Choorna* was taken for *Amapachana*. Along with *Deepana- Pachana*, it does *Vatanulomana*. *Sahacharadi Tailam* was taken for *Sarvanag Abhyanga* purpose which is considered as *Shreshtavata / Vatakaphahara* in action. *Sahacharadi Tailam* acts as anti inflammatory and analgesic and prevents demyelination of nervous tissues and start remyelination of nervous tissue. *Pakshaghata* is a *Vatapradhana Vyadhi* so *Mahaamasha Tailam* was taken for the *Nasya Karma* which is *Ushna* in *Veerya* and possesses properties like *Balya, Bruhmana, Vatahara*. Though, it is *Taila Kalpana* it doesn't vitiate *Kapha* and causes *Shamana* of *Vata*. *Shamanoushadha - Vatagajankusha Rasa* possesses *Vedana Shamaka, Rasayana, Shothahara* properties, hence taken for the study. In present study, marked improvement was seen in subjective parameters like *Ruja, Cheshtanivriti* and statistically significant result seen in *Vakstambha*. Highly significant result obtained in muscle power, tone of muscle, reflexes and insignificant result find in bulk of muscle.

CONCLUSION

Pakshaghata is a *Vata Vyadhi* but its incidence is found more in middle age groups and nowadays, the young age stroke incidences are increased. So, more studies can be carried out, to study the increased incidences of *Pakshaghata* in Middle and Young aged groups. More improvement seen with less chronicity of disease as well as age of the patients. In present study, the duration of *Nasya Karma* is less and *Shamanoushadhi* when given with appropriate *Anupana* gives better results. So, for this purpose more studies have to be conducted with longer duration and along with appropriate *Anupana*.

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