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Review Article

Ayurveda Management of *Pakshaghata* (Hemiplegia)

Rajeshwari S Acharya¹ Dr. Prof. Shripathi Acharya²(MD,PhD)

- 1- SDM College of Ayurved Kuthpady, Udupi, India (BAMS)
- 2- Director Academic & WHO Collaborator Muniyal Institute of Ayurveda Medical Sciences, Manipal, India

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Corresponding author-
 Dr. Prof. Shripathi Acharya,
 Director Academic & WHO
 Collaborator Muniyal Institute
 of Ayurveda Medical Sciences,
 Manipal, Email,id-
shripathi_acharya@yahoo.co.in

ABSTRACT-

Pakshaghata (Hemiplegia) is a neurological disorder where there is loss of sensation and motor deficit in one side of the body . This is due to cerebral arterial thrombosis or cerebral haemorrhage followed by infarction and oedema of brain tissue following ischemia of brain. Clinical features include loss of speech, sensory deficit, motor deficit in the affected side, inability to walk freely and ataxia. After the acute condition, i.e., usually after 7 days, *Ayurvedic* treatment can be started which gives better results in these patients. In most of the

patients, there will be partial or complete motor recovery after 30 days of *Ayurvedic* treatment. Some patients require prolong treatment for the recovery. Some patients do not recover from the disease. The present paper highlights about the role of *Ayurveda* management in *Pakshaghata* (Hemiplegia).

Key words: Hemiplegia, *Pakshaghata*, *Ayurvedic* treatment

INTRODUCTION:

Hemiplegia is a neurological disorder which often leads to disability in the patients. Working capacity is lost after the stroke. In *Ayurveda Sushruta* describe this disease as *Pakshaghata*¹. According to *Charaka*, *Ardita* is a symptom of *Pakshaghata* whereas *Sushruta* opines *Pakshaghata* without *Ardita*. *Ayurvedic* medicine has a better role in the management of Hemiplegia when compared to modern medicine. After the acute condition, i.e., usually after 7 days, *Ayurvedic* treatment can be started which gives better results in these patients². In *Pakshaghata roga*, there will be loss of strength and sensation in one side of the body. There will be muscle wasting and inability to walk³ .. *Snehana and Swedadana* followed by *Virechana* is advised in the management of *Pakshaghata*. In initial stage of *Pakshaghata* *Virechana* cannot be done as person will be having less body strength and cannot withstand the same.

AIMS AND OBJECTIVES:

- 1-To analyze about *Ayurvedic* management of *Pakshaghata Roga*.
- 2-To show the importance of *Ayurvedic* treatment in the management of *Pakshaghata Roga*

MATERIALS AND METHODS:

Material:-Relevant literature is referred in *Samhitas*, *Sangraha granthas* and contemporary literature along with personal experiences.

Methodology:- Review study

Literature related to the title is explored from all reliable *Ayurvedic* journals and internet. Conclusion has been drawn from systemic analysis, comparison and rationale.

DISCUSSION:

The drugs which is used in the management of *Pakshaghata* have following actions:

According to Ayurvedic Literature :-

Snehana ,*Swedana* ,*Virechana*,
Malavatanulomana, *Nadibalya* ,*Rasayana*,
Vayasthapana, *Medohara*, *Mootrala*,
Jeevaniya, *Ojaskara*,*Balya*, *Brihmana*,

Dipana, *Pachana*, *Sramsana*, *Basti*, *Netrya*,
Vatahara, *Madhura rasayukta*, *Tikta*
rasayukta, *Katu rasayukta*

According to Modern Literature :-

Anti- hypertensive, Hypercholesteremic,
Anti-atherogenic, Thrombolytic, Anti-
platelet aggregating factor, Blood thinner,
Hematinic, CNS Stimulant, CNS Depressant,
Sedative, Hypnotic, Tranquilizer, Anxiolytic.

Table :- List of drugs according to their action:-***Snehana:***

Drugs name	
<i>Ghrita</i>	<i>Brahmi Ghrita</i>
<i>Taila</i>	<i>Mahanarayana taila</i>
<i>Vasa</i>	<i>Mahamasha taila</i>
<i>Majja</i>	<i>Shuddha bala taila</i>
<i>Abhyanga- Taila</i>	

Swedana:

Drugs name	
<i>Agnilepa</i>	<i>Nadi sweda</i>
<i>Shashtika shali pinda sweda</i>	<i>Sarvanga sweda</i>

Virechana and Malavatanulomaka

Drugs name	
<i>Trivrit leha</i>	<i>Shat sakara choorna</i>
<i>Triphala tablet</i>	<i>Pancha sakara choorna</i>
<i>Haritaki tablet</i>	

Nadibalya:

Drugs name	
<i>Ekgangaveera rasa</i>	<i>Vishatinduka vati</i>
<i>Yogendra rasa</i>	<i>Navajeevana rasa</i>
<i>Swarna malini vasanta</i> ^{4,5}	<i>Vajrabhraka sindoora</i>
<i>Brihat vatachintamani rasa</i>	<i>Abhraka bhasma shataputa</i>
<i>Mahavatavidhwamsana rasa</i>	<i>Balarista</i>

Rasayana:

Drugs name	
<i>Yogaraja guggulu</i>	<i>Lashuna rasayana</i>
<i>Balarista</i>	<i>Shilajatu loha rasayana</i>
<i>Ashwagandha choorna</i> ^{6,7}	

Vayasthapana:

Drugs name	
<i>Vajrabhraka sindoora</i>	<i>Guduchi Kashaya</i>
<i>Kaseesa sindoora</i>	<i>Goghrita</i>
<i>Amalaki choorna</i>	<i>Goksheera</i>

Medohara:

Drugs name	
<i>Udwartana</i>	<i>Punarnava mandoora</i>
<i>Medohara guggulu</i>	<i>Kanchanara guggulu</i>
<i>Amritadi guggulu</i>	

Mootrala:

Drugs name	
<i>Punarnava mandoora</i>	<i>Kshara parpati</i>
<i>Punarnavasava</i>	<i>Yava kshara</i>
<i>Usheerasava</i>	

Jeevaniya:

Drugs name	
<i>Goghrita</i>	<i>Ashwagandharista</i>
<i>Goksheera</i>	<i>Ashwagandhavaleha</i>
<i>Kukkutanda</i>	<i>Vidari kanda choorna</i>
<i>Saraswatarista</i>	

Ojaskara: -

Drugs name	
<i>Goghrita</i>	<i>Ashwagandharista</i>
<i>Goksheera</i>	<i>Ashwagandhavaleha</i>
<i>Kukkutanda</i>	<i>Vidari kanda choorna</i>
<i>Saraswatarista</i>	<i>Siddhamakaradwaja</i>
<i>Makaradwaja gutika</i>	

Balya and Brihmana:

Drugs name	
<i>Mamsarasa</i>	<i>Majja</i>
<i>Ajamamsyadi rasayana</i>	<i>Goksheera</i>
<i>Kukkutanda</i>	<i>Astha ksheera</i>
<i>Goghrita</i>	<i>Masha nirmita ahara kalpana</i>

Dipana:

Drugs name	
<i>Trikatu choorna</i>	<i>Sitopaladi choorna</i>
<i>Pippali choorna</i>	<i>Hingwastaka choorna</i>
<i>Panchakolasava</i>	<i>Lavana bhaskara choorna</i>
<i>Panchakola phanta</i>	

Sramsana:

Drugs name	
<i>Shat sakara choorna</i>	<i>Trivrit leha</i>
<i>Swarnapatri choorna</i>	<i>Triphala vati</i>
<i>Abhayarista</i>	

Netrya:

Drugs name..	
<i>Saptamrita loha</i>	<i>Anjana</i>
<i>Vajrabhraka sindoora</i>	<i>Putapaka</i>
<i>Triphala vati</i>	

Vatahara:

Drugs name	
<i>Maha sneha</i>	<i>Basti</i>
<i>Ashwagandharista</i>	

Madhura rasayukta:

Drugs name	
<i>Goksheera</i>	<i>Astaksheera</i>
<i>Goghrita</i>	<i>Masha pisti nirmita ahara kalpana</i>

Tikta rasayukta:

Drugs name	
<i>Bhunimbadi khada</i>	<i>Panchatikta Kashaya</i>
<i>Phalatrikadi kwatha</i>	<i>Patola Katurohinyadi Kashaya</i>

Katu rasayukta:

Drugs name	
<i>Trikatu choorna</i>	<i>Pippali choorna</i>
<i>Panchakolasava</i>	<i>Maricha choorna</i>
<i>Panchkola Phanta</i>	

Basti:

- 1- *Matrabasti*
- 2- *Anuvasana basti*
- 3- *Kashaya basti*

Anti-hypertensive:

Drugs name	
<i>Sarpagandha vati</i>	<i>Tagara tablet</i>
<i>Jatamamsi choorna</i>	<i>Saraswatarista</i>
<i>Ashwagandha choorna</i>	<i>Punarnava mandoora</i>
<i>Ashwagandharista</i>	

Hypercholesteremic and Anti-atherogenic

Drugs name	
<i>Guggulu</i>	<i>Kanchanara guggulu</i>
<i>Medohara guggulu</i>	<i>Amritadi guggulu</i>

Thrombolytic:

Drugs name	
<i>Guggulu</i>	<i>Maricha choorna</i>
<i>Amritadi syrup</i>	

Anti-platelet aggregating factor and Blood thinner:

Drugs name	
<i>Lashuna capsules</i>	<i>Maricha choorna</i>
<i>Guggulu</i>	

Haematinic:

Drugs name	
<i>Punarnava mandoora</i>	<i>Dhatri loha</i>
<i>Navayasa loha</i>	<i>Lohasava</i>

CNS Stimulant:

Drugs name	
<i>Poogasava</i>	<i>Tea</i>
<i>Pooga khanda</i>	<i>Shunthi choorna</i>
<i>Pooga choorna</i>	<i>Shunthi ksheerapaka</i>
<i>Coffee</i>	

CNS Depressant, Sedative, Hypnotic, Tranquilizer and Anxiolytic

Drugs name	
<i>Sarpagandha vati</i>	<i>Saraswatarista</i>
<i>Jatamamsi choorna</i>	<i>Ashwagandha choorna</i>
<i>Tagara tablet</i>	

Pakshaghata patients usually after one week of acute stroke are amenable and respond to *Ayurveda* treatment. Usually *Agnilepa* treatment is given initially. But if it doesn't respond, *rasayana* therapy with *snehabhyanga* and *shashtika shali pinda sweda* is given. *Vyadhi pratyanka aushadha* with other supportive therapy is followed after *Shodhana* therapy. If HTN or DM or IHD is present, they should be properly treated along with treatment of *Pakshaghata*. Patient is encouraged to walk with the help of walker and speech therapy is done. After *snehana and swedana*, exercise active or passive is advised. This will improve muscle power in the patients and also decrease the rigidity of extremities. A rubber ball is given to press by the patient as this will promote fine movements and strengthen the hands and

fingers. Apart from the treatment, patient's determination and belief in the treatment also matters. *Pakshaghata* patients respond in a better way for *Ayurveda* treatment than modern therapy.

CONCLUSION:

From the review of the above it is concluded that

- 1) *Pakshaghata* patients respond better to *Ayurveda* management
- 2) Underlying DM, HTN or IHD should be properly treated simultaneously
- 3) Excessive walking is encouraged in these patients
- 4) Speech therapy is needed with patients having dysarthria

REFERENCES:

- 1) Singhal G D and Associates, Sushruta Samhita, Delhi, Sec Ed 2007,Chaukhamba Sanskrit Prathishthan, PP 781 PN 212.
- 2) Acharya S.G., Ayurveda vijnana, Manipal,2013, PP-132 PN 15
- 3) Acharya K.G., Agraushadhigalu, Udupi 2010, PP-43 PN 34
- 4) Acharya S.G, Researches in Ayurveda ,Manipal,2010, PP-121, PN 11
- 5) Anon, Vaidya Yoga Ratnavali, IMCOPS, Chennai, 2000 PP 696, PN 383
- 6) Late Nadakarni K M, Indian Meteria Medica, Bombay Popular Prakashan, 3rd ED, 1976 PP 1318, PN 1282
- 7) .Acharya S.G Samanya Rogagala Chikitsadalli Ayurveda, Manipal, 2013, PP-60 PN 6

