



“Role Of Virechan In Management Of Pakshaghata”- A Review

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ABSTRACT- *Pakshaghata* - Major neurological disorders, manifested as inability to move the group of muscles of either left and right side of the body. It is considered as *vata dosha* predominant *vyadhi*. Prognosis depends on many factors like *vaya*, *bala*, *dosha* involment. *Vata* among the *tridosha* is consider as the controller of everything in the *sharira* . Vitiated *vata* itself effects the *dushya* which prevades the entire body on a part of it and give rise to different types ailment is called *vatvyadhi*. Thus *Panchakarma* in Ayurved is treatment where there is treatment for root cause along with symptoms. The *chikitsa* sutras explained by Acharyas include *virechana* as a main line of treatment. *Virechana* in different forms like, *mrudu shodhana*, *snigdha virechana* are explained. As per *Susruta*, *virechana* should be carried out 15 days after *vamana* and it should be followed by *anuvasana basti* after 7 days. Thus this study explains the role of *Virechana in Pakshaghat*. **Material and method:** The study used information from various classical Ayurvedic texts, modern research studies, and prestigious review literatures, other relevant Ayurvedic texts and research articles .Methods: A comprehensive literature search was conducted using various search engines and research tools, including:- PubMed, Google Scholar, Research Gate, Dhara (Ayurvedic research database), Clinical Trials Registry-India (CTRI), Online academic databases and libraries, Newspapers (print and online), Social media platforms (for grey literature and ongoing research updates), Websites of reputable health organizations and institutions. **Discussion:** General principles of *vat dosha* are adopted in case of *pakshaghata* also specific treatment which is *nitya snigdha virechan* , *snehana* and *swedan* from 1st line of treatment. All this treatment combined with *basti* improve the neuromuscular system and gives promising results in the form of extended stability and duration in standing of patients , improved grip and sense of touch as well as gain in muscle tone. Although *Pakshaghat* is difficult to manage but treatment given at proper time will have in easy management. *Nasya* , *shaman aushadhi* , other therapies and *pathya apathya* should be followed continuously after *samarjana karma* . Thus repeated *shodhan* is mandantory in *Pakshaghata* patients.

KEYWORDS : Pakshaghata, Panchakarma, Virechan ,Shamana Aushadhi, shodhan aushadi.

INTRODUCTION:

Pakshaghata - Major neurological disorders, manifested as inability to move the group of muscles of either left and right side of the body. It is considered as vata dosha predominant vyadhi . *Pakshaghat* – Paksha -half part of body Aghat- loss of function. Prognosis depends on many factors like vata, bala, dosha involvement. Vata among the tridosha is considered as the controller of everything in the sharira. Vitiated vata itself effects the dushya which prevades the entire body on a part of it and give rise to different types ailment is called vatavyadhi. [1]

वातेन जनितो व्याधिः वात व्याधिः। मा.नि. २२ [2]

Thus *Panchakarma* in Ayurved is treatment where there is treatment for root cause along with symptoms. Vata has its 80 nanatmaj vikar where *pakshaghat* is one of it. Every vyadhi has its own samprapti likewise chakara has explained *samanya samprapti* .

देहे स्रोतांसि रिक्तानि पूरयित्वाऽनिलो बली ॥१८॥

करोति विविधान् व्याधीन् सर्वाङ्गैकाङ्गसंश्रितान् ॥१९॥ च.चि. २८/१८,१९[3]

The *Panchakarma* procedures like *Swedana*, *Vamana*, *Virechana*, *Shirovirechana*, *Basti*, *Raktamokshana* focus on the purification and detoxification of the human body, *Panchakarma* pacifies Vata Dosha therefore can manage the *Vatavyadhis* such as; *Gridhrasi*, *Sandhigata Vata*, *Pakshaghat*, *Vatarakta* etc. Thus *Panchakarma* is a unique treatment where there remedy for root cause along with symptoms.

Pakshaghata (Hemiplegia) is one of the major neurological disorders manifested as inability to move the group of muscles of either left or right side of the body. According to modern terminology, Hemiplegia is usually the sequel of cerebro-vascular disorders or stroke and most cerebro-vascular diseases are manifested by the abrupt onset of a focal neurologic deficit. The clinical manifestations of stroke are highly variable because of the complex anatomy of the brain and its vasculature. Other features are weakness, decreased movement control, clonus, and spasticity, exaggerated deep tendon reflexes and decreased endurance. Hemiplegia is the leading cause of disability resulting into enormous socio economic implications. The terms *Paksaghata*, *Paksavadha* and *Ekanga-roga* are synonyms of the same disease and are used in classical treatises in various contexts. Charaka included it in the classification of *Nanatmaja Vyadhi* due to predominance of *Vata Dosha*. The disease affects the *Madhyama Roga Marga* (*Marma and Asthi Sandhi*) and disrupts the functions of *Sira* (blood vessels), *Snayu* (ligaments) *Kandara* (tendon) etc. The modern life style, dietary habits, lack of proper exercise, injudicious way of physical activities and mental stress and strain are said to have definite role in the occurrence of *Paksaghata*. [1]

MATERIAL AND METHODS:

The study used information from various classical Ayurvedic texts, modern research studies, and prestigious review literatures, other relevant Ayurvedic texts and research articles . A comprehensive literature search was conducted using various search engines and research tools, including:- PubMed, Google Scholar, Research Gate, Dhara (Ayurvedic research database), Clinical Trials Registry-India (CTRI), Online academic databases and libraries, Newspapers (print and online), Social media platforms (for grey literature and ongoing research updates), Websites of reputable health organizations and institutions. In Ayurved , treatment of disease is divided the two parts samshodhana and sanshaman. Panchakarma is shodhana pradhan therapy which includes five major procedure therapy for shodhana of body . Along with it there are many allied processes which helps in sympomatic relief by directly acting on the part being affected thus in pakshaghata chikitsa , treatment is explained by different acharayas in different manner but all the chikitsa sutra include virechan as line of management . This can be explained by justifying its etiopathology .

Review of Literature:

Disease Review: Acharya charak included in vataj nanatmaj vyadhi treatment protocol of pakshaghata which is described by acharya charak and sushrut is snehan swedan mruduvirechan, mrudhanitailai, shirodhara, shirobasti and shirovirechan which have property like relaxing soothing and calming effects on the body and mind. It is observed that shaman and shodhan chikitsa is effective in the pakshaghata.

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 affects either half of the body.

हृत्वेकं मारुतः पक्षं दक्षिणं वाममेव वा ॥ कुर्याच्चेष्टा निवृत्तिं हि रुजं वाक्स्तम्भमेव च ॥

च.चि. 28/53 [4]

गृहीत्वाऽर्धं तनोर्वायुः सिराः स्नायूर्विशोष्य च | पक्षमन्यतरं हन्ति संधिबंधान्विमोक्षयन् ॥ कृत्स्नोऽर्धकायस्तस्य स्यादकर्मण्यो विचेतनः। एकांगरोगं तं केचिदन्ये पक्षवधं विदुः ॥ सर्वांगरोगस्तद्वच्च सर्वकायाश्रितेऽनिले ॥ मा. नि. /वातव्याधि /22/ 39-41[5]

Treatment Review-

Vata samanya chikitsa :- snehapan, nasya, shirodhara, basti, alpaswedan madhur, alpalawanrasatmak, bruhiniya padharth , madur rasatmak virechan .

स्वेदनं स्नेहसंयुक्तं पक्षाघाते विरेचनम् || च. चि. २८/१०० [6]

Pranvayu dushti is foremost cause in *pakshaghat* . The *pratilom gati vata* has been treated by virechan which helps to restore *prana* at its natural state. *sira* and *kandara* are *updhatu* of *rakta* and *rakta* and *pitta* shares *arashray bhav* and hence virechan is the treatment of choice in *pakshaghat* . *Pakshaghata chikitsa* sutra explained by all Acharyas includes virechana. As per *Charaka*, *snehana-swedana-virechana* are the main treatments for *pakshaghata*.

वातस्योपक्रमः स्नेहः स्वेदः संशोधनं मृदु। स्वाद्वम्ललवणोष्णानि भोज्यान्यभ्यङ्गमर्दनम् ॥१॥ वेष्टनं त्रासनं सेको मद्यं पैष्टिकगौडिकम् । स्निग्धोष्णा वस्तयो वस्तिनियमः सुखशीलता ॥२॥ दीपनैः पाचनैः सिद्धाः स्नेहाश्वानेकयोनयः । विशेषान्मेघपिशितरसतैलानुवासनम् ॥३॥

अ. ह. सु.13/1[7]

Vatasya Upakrama: As pakshaghata is a vatavyadhi, the vatasya upakrama told can be applied in the management of *pakshaghata*. *Mridu shodhana* after *snehana* and *swedana* is advised as *vatasyaupakrama*. *Teekshnashodhana* is contraindicated as it may provoke *vatadosha*.

पक्वाशयकटीसक्थिश्चोत्रास्थिस्पर्शनन्द्रियम्। स्थानं वातस्य, तत्रापि पक्वाधानं विशेषतः ॥१॥ पक्वाशयगते चापि देयं स्नेहविरेचनम् । वस्तयः शोधनीयाश्च प्राशाश्च लवणोत्तराः ॥५॥

अ. ह. सु. 12/1-5[8]

The normal abode of *vatadosha* is *pakwashaya*. The first *chikitsa* for *pakwashayagatavata* is *snehavirechana* and it should be followed by *basti* and other line of treatments. The normal pathway of *pakwashayastha vata* will be obstructed due to the association of other dosha. This can be corrected by giving *mrudusneha virechana* with *tilwka sarpi*, *sathala ghrita* or *eranda taila* with milk. After *shodhana*, obstructions to *vata* will be removed and *vatadosha* will be pacified. Thus virechan helps in *samprapbhang* but at the same time it may lead to *vatprakop* thus *snehavirechan* is necessary. *Eranda sneha* , *gandharvaharitaki* etc can be useful *Bahyasnehana* (*bala tail*, *narayan tail*) *snehan* , *swedan* (*nirgundi patra swed* , *dashmool kwath*, *erandmool kwath*). Alternate *niruha anuvasan basti* with *dashmool kwath* and *teel tail* is one the important regimen in *pakshavadh*. To provide strength to *indriya nasya* will be a useful treatment.

Treatment: *Snehana, Swedan, Nasya, Mrudu virechan, Basti*

Some best dravyas and there therapeutic aspects in management of *pakshaghat*:- As the topic itself suggest virechan plays an important role in management of *pakshaghat*, sameway major drug which plays an important role and in *pakshaghat* is *ERAND*. The plant *Eranda* has been cultivated for over 6000 years and was a source of

oil for lamps and cosmetics in ancient. *Panchangul* (Leaves arrangement like 5 fingers), *Vatari* (Enemy of vitiated Vata), and *Chitrabeeja* (Seed with design) are synonyms, *Eranda* is also called as *Vatari* as it controls the Vata by its *Madhur Rasa*, *Madhur Vipaka*, and *Ushna Virya*. Eranda increases the Pitta hence it is not recommended in Pitta dominant conditions. Indigestion is the root cause of many diseases. Ama, the endogenous toxin is the main culprit in the pathogenesis of many diseases. Use of Ricinous oil can prevent these conditions. [9]

Route of Administration and Dose:-

Castor oil administration is via the oral route, as the oil needs to be broken down by intestinal lipases to have its stimulant laxative effects. An appropriate daily dose for an adult male is 15 to 60 ml per day. Castor oil should be administered up to the dose of five Pala depending on the strength of the person, nature of disease, and the *Koshta*. If the person is weak and is of *Mridu Kosta* (laxed bowel) then, castor oil should be given along with food. Along with oral route it can be administered via anal route in the form of enema therapy. Castor oil mainly consists of Ricinoleic acid. It consist of up to 90% ricinoleic, 4% linoleic, 3% oleic, 1% stearic, and less than 1% linolenic fatty acids.[9]

table no 1: *gun panchak of erand*

Rasa	Guna	Virya	Vipaka	Prabhav	Doshgnata
<i>Madhur Tikta, Katu</i>	<i>Guru, Snigdha Pichala, Tkshna, Sara, Sukshma</i>	<i>Ushna</i>	<i>Madhur</i>	<i>Rasayana</i>	<i>Vata-Kapha Har</i>

MODE OF ACTION

Ingestion of castor oil (*ushna, guru, snighdha, tikshna, sukshma*) → Deepan at the level of Amashay
 Aam pachan at the level of dhātu → Shrotorodhhar → absorption in pakwashaya → Malapak
 mruḍu virechan

In condition where *Kapha* is afflicted with morbid *Vata and Pitta* or where *Vata* is overlaid by *Kapha* and *Pitta*, it should be treated by oral medication of Eranda Tail (oil of *Ricinus communis*) processed with relevant herbs that cure the morbid Dosha. The oleation and sudation procedures should be repeatedly administered so that the disorders of Vata may not stay in the viscera softened by oleation procedure. If due to residual morbidity, the symptoms did not subside with the above procedures, then the patient should be cleansed by means of mild drugs mixed with unctuous articles. By excessive use of unctuous, sour, salty and hot articles of diet, the excretory matter gets accumulated and occluding the alimentary passage, obstructs the Vata, hence

Anuloman of Vata should be done by castor oil. Due to its *Sukshma Guna*, it can enter into minute pores, and *Srotovishodhana* property enables it to cleanse the channels. It enhances *Medha Kanti Bala Arogya Smriti* (improve cognitive and memory functions and augment general health and heartiness).[10]

DISCUSSION:

General principles of vat dosha are adopted in case of *pakshaghata* also specific treatment which is *nitya snighdha virechan*, *snehana* and *swedan* from 1st line of treatment. All this treatment combined with *basti* improve the neuromuscular system and gives promising results in the form of extended stability and duration in standing of patients, improved grip and sense of touch as well as gain in muscle tone. Although *Pakshaghat* is difficult to manage but treatment given at proper time will have in easy management. *Nasya*, *shaman aushadhi*, other therapies and *pathya apathya* should be followed continuously after *samarjana karma*. Thus repeated *shodhan* is mandatory in *Pakshaghata* patients.

CONCLUSION:

As *pakshaghat* is an vat pradhan ailment the description of *virechana* as a line of management is mentioned in this article. Although *Basti* is a treatment of choice in *Vatvyadhi* *Acharyas* has given priority to *virechan* and the reason behind this has been explained in this article by justifying various conditions of doshas in *pakshaghat*. Also the importance of *Eranda oil* is mentioned here as it has wide range of indication but particularly in *Pakshaghat* it helps to eliminate the *strotorodh* by its action of *mrudu samshodhana*. Thus the therapeutic aspect of *Eranda tail* is much more important in *Pakshaghat*.

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