



VIRECHANA KARMA A BOON IN THE MANAGEMENT OF PAKSHAGHATA – A CRITICAL ANALYSIS

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ABSTRACT

Developing countries like India are facing burden of many diseases such as stroke which causes death and disability. This is one such disease which need an immediate care and treatment. The estimated adjusted prevalence rate of stroke in India ranges from 84-262/1,00,000 in rural and 334-424/1,00,000 in urban areas. The incidence rate is 119-145/1,00,000 based on the recent population based study. Pakshaghata is nearest clinical entity for stroke, But the word stroke is not just limited to *pakshaghata* it even indicates dysphagia, diplopia etc. Pakshaghata is one among 80 Vataja nanatmaja vikaras, in which one half of the body is affected. The Pratyatma Lakshana of this disease is loss of function, speech, sensation etc. Margavarana and Dhatu kshaya are two reasons for any Vatavyadhi which can be understood as Ischemic and Hemorrhagic Strokes respectively. According to different Acharyas Virechana which is one among panchakarma is told as important line of management in Pakshaghata. Panchakarma is a purification process which help to detox the whole body, improves digestion, offers calming effect physically as well as mentally and helps to maintain the normal physiological functioning of the body. Though this is a Vata Pradhana vyadhi Basti chikitsa is not given priority as Basti is consider as Ardha chikitsa in vatavyadhi, still the prime importance is given to Virechana. This paper emphasize the critical analysis of role of virechana karma karma in pakshaghata with the help of literature.

KEYWORDS: Pakshaghata, Stroke, Vatavyadhi, Panchakarma, Virechana karma.

INTRODUCTION

The word *Ayurveda* means the knowledge of life and longevity, This ancient science of life mainly aims at protecting the health of healthy individual and curing the disease of diseased people.^[1] On the basis of this numerous texts are written to understand the various principles of health, disease and treatments in *Ayurveda*. The manifestation of any disease is purely depend on *dosha vaishamyata* and *dosha samyata* itself indicates the *arogata*.^[2] Among the three *dosha*, *vata dosha* is considered as potent one and it can take other *doshas* from their *swasthana* to different other places and have a power to manifest different *vyadhi*. There are total 80 disorders are caused by *vata dosha* which are explained in our classics.

Vatavyadhi are included under the concept of *Ashtamahagada*'s.^[3] *Pakshaghata* which is one among *Vatavyadhi*. This is a disease of *madhyama rogamarga* with predominant *karmakshaya lakshanas*. In *Pakshaghata* one half of the body is affected with

lakshanas like loss of function, pain, loss of speech and sensation. In general *pakshaghata* is considered as stroke. According to Harrison's principles of internal medicine A stroke or cerebrovascular accident, is defined as an abrupt onset of neurological deficit that is attributable to a focal vascular cause.^[4] According to stademans medical dictionary hemiplegia is a Greek term which means paralysis of one side of the body, loss of power of voluntary movement in a muscle through injury or disease of its nerve supply. The symptoms include paralysis of the muscles of the lower face, arm and leg on one side of the body. In contralateral Hemiplegia the paralysis occurs on the side of the body opposite to the side of the brain in which the causal lesion occurs. The clinical manifestation of stroke are highly variable because of the complex anatomy of the brain and its vasculature.^[5] In *charaka Samhita* also its mentioned "*Ardhettasmin mukhaadhervaa kevale syath tath arditam*".^[6] which means the paralysis involves only *mukhaarda* (facial paralysis) or *mukhaarda* with *sharrerarda vikruti* (contra lateral hemiplegia) is

considered as *ardita*. so In modern *pakshaghata* can be co-related to Hemiplegia. When we look into the *samprapti* of the disease the association of *pitta* and *kapha* are also told in our classics which gives the clue of involvement of all the *tridosha*. The *vatavyadhi* can occur due to two main reasons which are *margaavarana* and *dhatukshaya*. The *margaavarana* and *dhatukshaya* are mostly co-related with Ischemic and Hemorrhagic stroke.

Panchakarma is one of the treatment modality commonly adopted consists of five types of purification process which help to detox the whole body, improves digestion, offers calming effect physically as well as mentally and helps to maintain the normal physiological functioning of the body. This therapy acts as prophylactic care, boost Immunity and even act as natural therapy to keep healthy physical and mental status by balancing the *tridosha*. *Pakshaghata* is one of the *kastasadhya vyadhi*. The *chikitsa* sutra of *pakshaghata* includes *virechana* which is one among the 5 types of purification process i.e *panchakarma*.^[7] *Virechana* is the procedure which eliminates the *dosha* through *adhomarga* from body. This is adopted when the predominant *pitta dosha* is present, which relieves the different pathological conditions. Even though *Basti* is said to be the best *chikitsa* for *vatavyadhi* but in *pakshaghata* the priority is given to *virechana*. This article describes the critical analysis of the role of *virechana* karma in *pakshaghata*.

Definition of *pakshaghata*

Pakshaghata is made up of two words i.e *paksha* which means the right or left side of the body and second word *aghata* denotes injury.

Hatyekam marutaha paksham dakshinam vamameva va^[8] is the definition given in *Charaka Samhita* where the paralysis of one side of the body is seen as the main *lakshana*. *Arunadatta* further says *vaamam dakshinam va paksham hanthi* i.e loss of strength is seen in either left or right half of the body.

Synonyms

- *Pakshavadha*
- *Pakshavata*
- *Ardhangavata*
- *Pakshagraha*
- *Ardhangaghata*
- *Ekangavata*

Causes

In *Ayurveda* the specific *nidhana* for *pakshaghata* is not mentioned but *samanya vata vyadhi nidhana* can be considered.

Few *kaaranas* which can be considered are

- a) *Margavarodhaka nidhana's*: *Vega sandharana, ama, marmaghata* etc.

- b) *Dhatukshayakaaraka nidhana's*: *Vyavaya, jaagarana, rukshalaghualpa ahara, raktamokshana, vyayama, shoka, chinta, rogakarshana, sheegrayana, langhana* etc.
- c) *Nidhanartakara roga*: *Pravrudda raktachapa, upadamsha, dhamanikaatinyata, masthishkagata vidradi & arbuda, mutra vishamata, masthishkagata raktavahinikshata, masthishkaavarana shotha* etc.

According to modern point of view the causes can be classified under 3 categories^[9]

1. Causes of sudden onset of hemiplegia:

- Cerebral thrombosis
- Internal carotid thrombosis
- Basilar and carotid insufficiency
- Cerebral haemorrhages
- Hypertensive encephalopathy
- Cerebral tumours
- Acute encephalitis
- Cerebrovascular syphilis

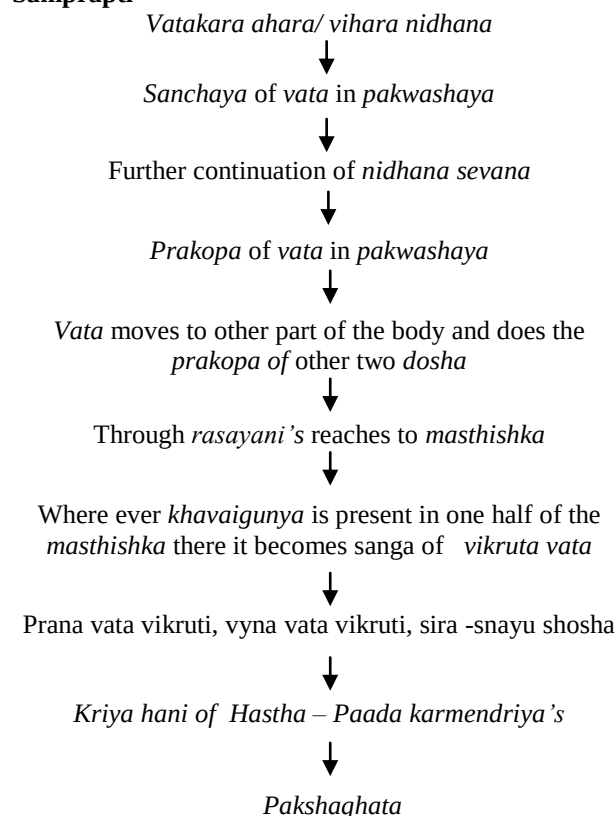
2. Causes of gradual onset:

- Intra cranial neoplasm
- Chronic subdural haematoma
- Cerebral abscess

3. Causes of transient recurrent hemiplegia

- Post epileptic hemiplegia
- Migraine
- Hypertensive attacks
- Cerebrovascular accidents
- Cerebral contusions
- Disseminated sclerosis
- Diabetic coma

Samprapti



Samprapti ghataka

- I. *Dosha* - *Vata* (Especially *prana*, *Udana* and *Vyana*)
Pitta (Especially *Pachaka* and *Ranjaka pitta*)
Kapha (Especially *Shleshaka* and *Avalambaka*)
- II. *Dushya* – *Rasa*, *rakta*, *mamsa*, *meda* *Dhatu* and *Manas*
- III. *Agni*- *Jataragni*, *dhatwagni*
- IV. *Ama*- *Jataragni* and *dhatwagni* *mandhya janya*
- V. *Srotas* – *Rasa*, *rakta*, *mamsa*, *meda* and *vata*
- VI. *Srotodushti*- Especially *sanga*
- VII. *Udbhava sthana*- *Pakwashaya*
- VIII. *Sanchara sthana* – *Rasayani's*
- IX. *Adhishtana* – *Shiras*
- X. *Rogamarga* – *Madhyama rogamarga*
- XI. *Vyakta sthana* – Either *Dakshina* or *Vama paksha*

Sadhya-Asadhyata

Pakshaghata caused by <i>shuddha vata</i> - <i>Kashtasadhya</i>
Caused by <i>samsrushta</i> of <i>pitta</i> and <i>kapha dosha</i> - <i>Sadhya</i>
Caused by <i>kshaya</i> - <i>Asadhyata</i>

Chikitsa sutra

The *chikitsa sutra* advised by all the *Acharyas* includes *virechana* as main line of treatment. As per *Acharya Charaka*, *snehana* – *swedana* - *virechana* are the main line of treatment in *pakshaghata*. In the patient contraindicated for *virechana*, *basti* has been mentioned. *Acharya sushruta* says the initial management of *pakshaghata* is through *snehana*, *swedana* and *mrudu shodhana* i.e *virechana* and also advises particular duration and gapping between each course of treatment. *Snigdha virechana* is advised by *Acharya vagbhata* in *pakshaghata*. Hence *virechana* is considered to be treatment of choice in *pakshaghata*.

Objectives of the treatment

- Removing the *sanga* (*Srothodushti*) present in *indriyas*.
- *Shodhana* of the *dushita mastulunga majja*.
- Improving and taking care of the proper blood supply to the *shiras*
- Maintaining the Proper nourishment to *masthulunga*, *sira* and *snayu*

Importance of virechana karma in pakshaghata

- *Virechana karma* is said to be the measure of choice for *pittaja vikara's*. It also eliminates *kapha dosha* either associated with *pitta dosha* or situated in *pitta sthana*. This also said to be mitigating *vata dosha*. Since involvement of all the three *doshas* are seen in the *samprapti* of *pakshaghata*, so *virechana karma* surely can be adopted in the *dusti* of all the three *dosha*.
- *Virechana karma* possesses the property of purifying the vitiated *dhatu*s which is advised as a treatment in

dhatupradoshaja vikaras like *rakta*, *mamsa*, *meda*, *majja*, *shukragatavikaras* etc.

- It acts on *sanga* type of *srothodushti* which is present in *pakshaghata*
- It does the *srotovishodana*, Impairment of function of *mana*, *buddhi*, *indriyas* seen in *pakshaghata* are checked by *virechana*.
- It gives strength to the body and stabilizes all the *dhatu*s hence this is useful in *dhatukshayajanya pakshaghata*

Understanding the role of virechana karma in pakshaghata at different levels

A) **Based on dosha:** since *pakshaghata* is *vatavyadhi* where mainly *vata dosha* involved, hence *vatasya upakrama* can be adopted. Where *Acharya vagbhata* says *mrudu shodhana* should be advised after *snehana* and *swedana*.^[10] So by this we can understand that one should avoid *Teekshna shodhana* because that may cause *vata prakopa*.

B) **Based on dosha sthana:** The *vishesha sthana* of *vata dosha* is *pakwashaya*. In the condition of *pakwashayagata vata* the first line of treatment is *snehavirechana*^[11] which should be followed by *Basti* and other line of treatment. According to *Acharya Vagbhata* pathway of *pakwashayagata vata* is obstructed due to association of other *dosha* which can be corrected by advising *mrudu Sneha virechana* with *tilwakasarp*, *sathalaghrita* or *erandataila* with milk. So after the *virechana* the *avarana* to *vata* will be removed and *prakupita pitta dosha* will be pacified.

C) **Based on involvement of Sira and Snayu:** when we look into the *samprapti* of *pakshaghata* according to *Acharya charaka*, it includes the accumulation of vitiated *vayu* in one half of the body and causes drying of *sira* and *snayu* of that side.^[12] *Kandara* and *sira* are considered as *upadhatu* of *raktadhatu*.^[13] *Kandara* is also considered to be *sthulasnayu*. *Chikitsa* for *raktadhatu dusti* is *raktamokshana* and *virechana* which gives the clue of action of *virechana* over *raktavahasrotas*. This removes the *sanga*, improves the circulation to *siras* intern strengthen them. The treatment modalities adopted for *dhatu dusti* will be applicable even for their *upadhatu* also. In that context *virechana* can be given in *sira* and *Snayu dusti* which intern applicable in *pakshaghata chikitsa*.

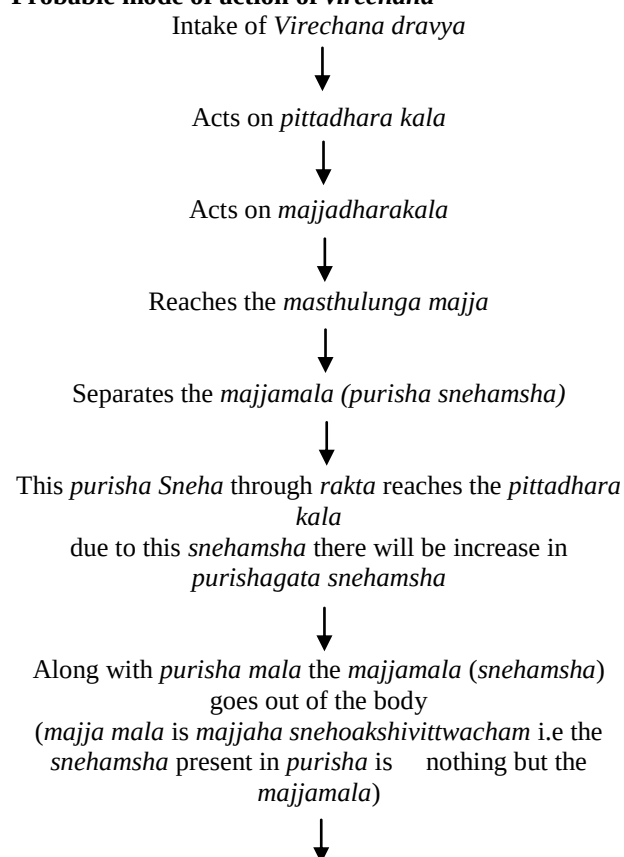
D) **Based on involvement of majja:** The *pakshaghata adhishtana* is *indriyatana* {*masthishka*}. *Acharya charaka* refers *masthishka* as *mastulunga*. Where *dalhana* describe *mastulunga* as *avileena ghratakara mastaka majja*^[14] further he says *mastaka majja* as *majjadharakala*, so wherever *majjadhatu* is present there will be presence of *majjadharakala* and again he describes *pittadhara* and *majjadharakala* are one and the same.^[15] Since the origin and the function

between these two are not having much difference the one which is acting on pittedharakala will act on majjadharakala and vice versa. In *pittadara kala vikriti* treatment adopted is *virechana* and in *majja dushti kale shuddhi* is advised as treatment.^[16] So *virechana* can be adopted in *pakshaghata*.

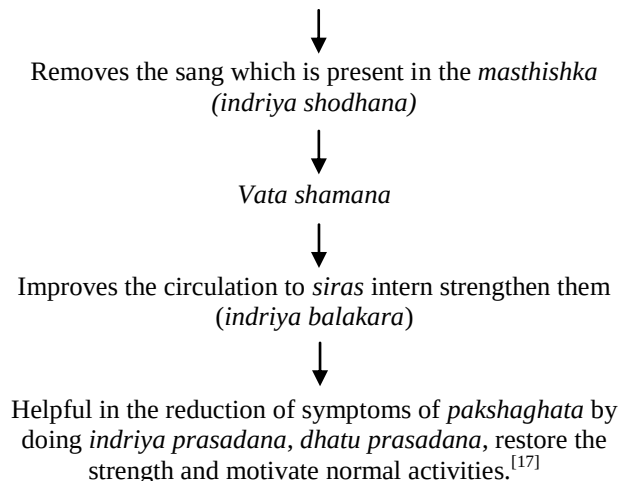
E) **Based on concept of *avarana-anubandha*:** *Margavarana* to *vata* is one of the pathology behind the manifestation of disease *pakshaghata* which may be present with symptoms of *avaraka dosha* along with *vataja lakshana*. *Pittanubandita* and *kaphaanubandita pakshaghata* are explained in *Madhava nidhana* which can be compared with *kaphavruta* and *pittavruta vata*. *Mrudu shodhana* is indicated for the removal of *marga avarana*. Whenever *pitta* and *kapha* are together along with the *vata* involvement first *pitta* should be eliminated, so main line of treatment the *virechana karma* is to be adopted which is said to be best for *pitta*.

F) ***Pranavata vikriti*:** *pakshaghata* is mostly compared to CVA stroke or ischemic stroke which is caused by lack of oxygen supply to the brain leading to cell death which can be compared with obstruction to *pranavata*. The main seat of *pranavata* is *pranotra murdagaha* and normal *gati* is from above downwards. Advising *virechana* helpful in removing the obstruction and brings back the *pranavata* in its normalcy due to *anuloma* effect.

Probable mode of action of *virechana*



Shuddhi of the masthulunga majja



Benefits of *virechana karma*

Virechana is a therapeutic term refers to induction of purgation. This is a procedure which eliminates the *dosha* through the anal route. If the *virechana* carried out in the proper manner with all the precautionary measures will benefit an individual by increasing the intelligence, strength, stability of *dhatu*, increases the *agnibala* and delay the ageing process. *Virechana karma* does the *shareera shuddhi* by throughing the *mala* out of the body which in turn leads to *manashuddhi* which is helpful in *buddhiprasadana* (improvement in the intelligence).

Modren view^[18]

- Normal fluid homeostasis plays a vital role in the maintenance of cells and tissues health. Changes in the vascular volume can alter the endothelial function which leads to various morbidities. Endothelial cells regulate several aspects of homeostasis and cytokines have highest effect over endothelium. During *virechana* cytokines are produced which will stimulate the endothelium and thereby improve the fluid homeostasis. Thus, the deranged cellular elements are brought back by an action which similar to that of *Dosha* coming from *Shakha* to *Koshtha*.
- Various neuropeptides and hormones of gut are found in brain which have great effects on neurons, smooth muscles and glands. *Virechana* can improve the number of neuropeptides by cleansing the gastrointestinal tract completely, as a result the quantity of neuropeptides may rise and it may affect the brain and modify its various functions. Hence *virechana* can be used in all the diseases of brain.
- Hydropic degeneration is a type of cellular degeneration caused by the increased water content in the cells damaging the mitochondria. *Virechana* will take care this situation by causing fluid loss. Similarly, *virechana* helps in the treatment of disorders due to ischemia and vacuolar degeneration.
- *Virechana* can improve the cellular functions and correct the tissue damage through fluid homeostasis.

It also helps in the proper functions of brain hence can be used in the disorders of the brain. Hydropic degeneration is prevented by virechana, so it is useful in ischemic disorders like stroke.

DISCUSSION

- “*Vayoho atibalatwena aashukaaritwena cha gariyastwath vikaaranam dussadhyatwat aashweva aathyakaratwath vishishta chikisatwaath vatavyadhyabhidhanam*” (*Ma ni madhukosha vatavyadhinidhana*)
In our *shastra* than *pitta* and *kapha* more importance is given to *vatavyadhi* because this is more *balishta*, few of them are *ashukari*, they are in more number, *dussadhya* for *chikitsa*, *vishishta chikitsa* is necessary, few of them even need the immediate attention and treatment which include *pakshaghata* also. hence separate chapter is described for the same.
- *Pakshaghata* is one of the disease with predominant *karmakshaya lakshanas* due to which the person will lose his independence of doing his routine work, even lose his confidence in the society and completely depended on other people which will affect both *shareera* as well as *manas* hence treatment of this disease becomes very important.
- Among *astanga* of *Ayurveda* the first *anga* deals with the *kayachikitsa* i.e the treatment of *shareera*. Since *vata* is one of the *dosha* which is very important and it has also told the majority of the diseases occurs due to *vata* itself i.e total 80 *nanatmaja vikaras* told in our classics. Hence Much Importance are given to *Vatavyadhi* and its treatment thus separate chapters are mentioned by our Acharyas.
- Management of all *vatavyadhi* include *virechana*. *Pakswashaya* is *vatasthana* and *virechana* is advised in *pakswashayasamutthanavyadhi* as it is the nearest route of expulsion of *dosha*.
- Among the *panchakarma virechana karma* is mentioned as the main line of treatment by different Acharyas. This is considered to be best treatment in *pitta dosha* and *pittaja vikara*. But this has shown good results in other two *doshas* involvement also one such disease is *pakshaghata* where the main involved *dosha* is *vata* but still Acharyas have given importance to *virechana karma* than the *basti*.
- It does the *srotovishodana*, Impairment of function of *mana*, *buddhi*, *indriyas* seen in *pakshaghata* are checked by *virechana*. and It gives strength to the body and stabilizes all the *dhatu*s hence this is useful in *dhatukshayajanya pakshaghata*.
- *Virechana* can improve the cellular functions and correct the tissue damage through the fluid homeostasis. It helps in proper brain functions and can be used in the disorders of the brain. Hydropic degeneration is prevented by *virechana*, so it is useful in ischemic disorders like stroke.
- *Virechana* offers significant relief in the *lakshanas* of *pakshaghata* such as *achethana*, *ruja*, *guruta*,

shotha and *daha*. Our classics have proved that it helps in *chesta nivritti* of extremities. It also offers improvement in tonicity of upper limb. By *Virechana* it is even clear that the toxin or nitrogenous waste material which are collected in lower intestinal cell are removed and thus cleansing the lower passage and rejuvenate each and every cell of lower GIT

CONCLUSION

Pakshaghata one among *vatavyadhi* is predominant with *vata dosha* still the line of treatment mainly given more importance to *virechana* than *basti* few questions like this are tried to answered by analysing various facts, even though direct points are not available a thorough evaluation of *nidana*, *lakshana*, *anyadoshasamsrushta lakshanas*, and *chikitsa sutra* are explained in this article which supports the critical analysis of role of *virechana* in *pakshaghata*. If *pakshaghata* is newly origin after stabilizing the patient if *mrudu virechana karma* with the drugs like *Gandarvahastadi taila* etc is adopted taking into consideration of type of *pakshaghata* and bala of the patient we can definitely find promising results which includes the improvements in the *lakshanas*. *Virechana* not only does the *srotoshuddi* by clearing the *avarana* this also does the *dhatuposhana* hence this is very much useful in both *margavarana janya* and *dhatukshayajanya pakshaghata*. After the course of *virechana* from 9th day *basti* and after 16 days of *parihara kala nasya* and *shirodhara* can be adopted for even better results. Few Researches are conducted in which the good result are seen, which proves the ability of *virechana karma* in the management of the disorders related to nervous system. Further more number of clinical trials are needed on larger sample on this topic for standardization.

REFERENCES

1. Agnivesha, Charaka Samhita, Ayurveda Deepika commentary of chakrapani, edited by; Vaidya Yadavji Trikamji Acharya, Chaukhamba Orientalia, Varanasi, reprint, Sutrasthana, chapter, 2015; 30(26): 187.
2. Vagbhata. Ashtanga Hridaya. Sarvanga sundara commentary of arunadatta and Ayurveda rasayana commentary of Hemadri, edited by; pandit hari sadasiva sastri paradikara bhisagacharya, chaukhamba Orientalia, Varanasi, 2005; 9(1): 20-14.
3. Acharya Sushruta. Sushruta Samhita, sutrasthana, nibandha sangraha of Dalhanacharya commentary, Vaidya Jadavji Trikamji Acharya, Varanasi: chaukhambha surabharathi prakashan, 2008; 33(04): 144.
4. Wade s. smith, s. Claiborne Johnston, j. claud hemphill, iii, cerebrovascular diseases, Harrison's principles of internal medicine, Mc graw hill education, 2, 19, 17, 446 - 2559.
5. Wade s. smith, s. Claiborne Johnston, j. claud hemphill, iii, cerebrovascular diseases, Harrison's principles of internal medicine, Mc graw hill education, 2, 19-17, 446 - 2559.

6. Agnivesha, Charaka Samhita, Ayurveda Deepika commentary of chakrapani, edited by; Vaidya Yadavji Trikamji Acharya, Chaukhamba Orientalia, Varanasi, reprint- chikitsa sthana, chapter, 2015; 28: 42-618.
7. Agnivesha, Charaka Samhita, Ayurveda Deepika commentary of chakrapani, edited by; Vaidya Yadavji Trikamji Acharya, Chaukhamba Orientalia, Varanasi, reprint- chikitsasthana, chapter, 2015; 28: 100- 621.
8. Agnivesha, Charaka Samhita, Ayurveda Deepika commentary of chakrapani, edited by; Vaidya Yadavji Trikamji Acharya, Chaukhamba Orientalia, Varanasi, reprint chikitsasthana, chapter, 2015; 28: 53 - 619.
9. Dr Ishwara reddy, vatavyaadhi {pakshaghata kannada book}, Sri Bharati prakashan, reprint, 2004.
10. Vagbhata. Ashtanga Hridaya. Sarvanga sundara commentary of arunadatta and Ayurveda rasayana commentary of Hemadri, edited by; pandit hari sadasiva sastri paradikara bhisagacharya, chaukhamba Orientalia, Varanasi, edition, sutrasthana, 2005; 13: 01-211.
11. Acharya Sushruta. Sushruta Samhita, sutrasthana, nibandha sangraha of Dalhanacharya commentary, Vaidya Jadavji Trikamji Acharya, Varanasi: chaukhambha surabharathi prakashan chikitsasthana, chapter, 2008; 04: 5-420.
12. Agnivesha, Charaka Samhita, Ayurveda Deepika commentary of chakrapani, edited by; Vaidya Yadavji Trikamji Acharya, Chaukhamba Orientalia, Varanasi, reprint, chikitsasthana, chapter, 2015; 28: 54 - 619.
13. Agnivesha, Charaka Samhita, Ayurveda Deepika commentary of chakrapani, edited by; Vaidya Yadavji Trikamji Acharya, Chaukhamba Orientalia, Varanasi, reprint chikitsasthana, chapter, 2015; 15: 17-514.
14. Acharya Sushruta. Sushruta Samhita, sutrasthana, nibandha sangraha of Dalhanacharya commentary, Vaidya Jadavji Trikamji Acharya, Varanasi: chaukhambha surabharathi prakashan shareerasthana, chapter, 2008; 10: 42.
15. Acharya Sushruta. Sushruta Samhita, sutrasthana, nibandha sangraha of Dalhanacharya commentary, Vaidya Jadavji Trikamji Acharya, Varanasi: chaukhambha surabharathi prakashan kalpasthana, chapter, 2008; 04: 40.
16. Agnivesha, Charaka Samhita, Ayurveda Deepika commentary of chakrapani, edited by; Vaidya Yadavji Trikamji Acharya, Chaukhamba Orientalia, Varanasi, reprint, 2015; 28: 28.
17. Agnivesha, Charaka Samhita, Ayurveda Deepika commentary of chakrapani, edited by; Vaidya Yadavji Trikamji Acharya, Chaukhamba Orientalia, Varanasi, reprint, 2015; 01: 17.
18. Mangal G, Sharma O P, Sharma R S: pharmacokinetics of vamana and virechana karma, journal of Ayurveda, 2010; 4: 75-77. [Researchgate]