

***THE EFFECT OF AGNILEPA WHEN GIVEN WITH LASHUNA RASAYANA AND ERANDA TAILA IN PAKSHAGATA W.S.R TO ISCHEMIC ATTACK (BRAIN) - A FOLKLORE CLAIM***

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**ABSTRACT**

*Pakshagata* is mentioned among 80 *vataja Nanatmaja vyadhis* explained by *Acharya Charaka*. Explained in *vata vyadhi* chapter by *Acharyas* and which is said to be one of the *Astamahagada*. In *pakshagata*, *Vata* get vitiated paralyzing one side of the body either right or left with association of pain, loss of movement and speech. Based on pathology it can be classified into *Kevala vataja*, *Avaranajanya* and *Dhatu kshyaja*. It is said that *Avaranajanya* is *Sadhya*, *Kevala vata* is *kasta sadhya* and *Dhatu kshyaja* is *asadhya*. Although a number of projects have been carried out using this principle of *Charaka* at various research institutes, here an attempt is made to see the effect of Folklore drug *Agnilepa* when given with *Lashuna rasayana* and *Eranda Taila*. **Method:** Single Group clinical study was done taking 20 patients. *Agnilepa* was freshly prepared and applied on effected part of the body for 1<sup>st</sup> 7 days. Then *lashuna rasayana* was given with *eranda kashaya* as *anupana* and *eranda taila* with milk given for next fourteen days. **Interpretation and Results:** After the treatment there was good relief in the main symptoms – *Chesta nirutti*, Muscle power, wrist and foot drop, Finger toe movements and reflexes. Also significant results seen in the associated complaints like *vaksthamba*, *ruja*, *mukhavarta*. **Conclusion:** *Agnilepa* showed statistical significant effect on symptoms – *Chesta nirutti*, Muscle power, Wrist and Foot drop, Finger Toe movement and Reflexes. The assessment done during the treatment showed considerable result and sustained effect after follow up on 28<sup>th</sup> day.

**Keywords:** *Pakshagata*, *Agnilepa*, *Lashuna rasayana*, *Eranda taila*

**INTRODUCTION**

Neurology is learned “Stroke by Stroke”. C. Miller Fisher.

The ability to define the world and our place in it distinguishes our humanity. Stroke forever alters this world-making capacity. The stroke patient's world, once comprehensible and manageable, is transformed into a confusing, intimidating and hostile environment. The skills of intellect, sensation, perception and movement, which are honed over the course of a lifetime and which so characterize our humanity are the very abilities most compromised by stroke. Stroke can rob people of the most basic methods, of interacting with the world.

Stroke kills more than **130,000** Americans each year—that's **1 out of every 20 deaths**.

About **87%** of all strokes are ischemic strokes, in which blood flow to the brain is blocked.

Stroke costs the United States an estimated **\$33 billion** each year. This total includes the cost of health care services, medicines to treat stroke, and missed days of work. Stroke is one of the leading causes of death and disability in India. The estimated adjusted prevalence rate of stroke range 84-262/100,000 in rural and 334 424/100,000 in urban areas. The incidence rate is 119-145/100,000 based on the recent population based studies<sup>3</sup>.

Stroke is not a disease in itself but is heterogeneous group of disorders. Hemiplegic is one of the most frequent clinical presentations of stroke (CVA). It has been rising in India due to the fact that the life expectancy has increased and urbanization has changed the life style.

This changing life style leads to vitiation of *vata*, chief among *Tridosha* and dynamic entity of life and locomotion. One of the conditions offshoots as a consequence of *vitiating vata* is *Pakshaghata* (Hemiplegia). *Pak-*

*shaghata* may be defined as loss of voluntary functions of one side of the body. Charaka – the foundation stone of *Chikitsa* describes *Pakshavadha* by saying that morbid *vata* beholds either side of body, dries up *sira* and *snayu* of that part rendering it dead and producing *cheshta-nivritti* along with *ruja* and *vakstambha*. *Acharya Sushruta* has described this ailment more precisely. He has considered pathological involvement of the joints of one half of the body along with sensory loss of affected part in *Pakshaghata*. *Ardit* described by *Acharya Charaka* includes in Paralysis of all parts of one side of the body (including face), i.e., complete hemiplegia<sup>1</sup>.

The description of *Pakshaghata* can be interpreted with Hemiplegia. Modern medical science attributes this condition as damage to brain or CNS structures caused by abnormalities of the blood supply. Hemiplegia is defined as paralysis of musculature of the face, arm and leg on one side of the body. It is the most frequent distribution of paralysis in human beings. Hemiplegia is caused by a variety of clinical conditions like CVD, trauma, brain tumor and abscess, syphilis, meningitis, etc., but CVD exceeds all others in frequency<sup>6</sup>.

*Pakshaghata* presents itself as a functional disability more than an organic fault. It produces a very miserable, dependent and prolonged crippled life with constant mental trauma. If he or she is the only earning member, the family has to face endless problems. Due to this, patient goes in extreme state of depression and frustration. In such a disease if any help is extended to the sufferer, it will be a great advantage to the patient, a good credit to the physician and in turn to the science itself.

With advent of modern drugs, the pattern of disease has grossly changed, where the drugs

only assuage the symptoms temporarily and the underlying pathology goes on progressively to worsen the condition. Though ample research is being carried out for alleviating the disease and new avenues are being explored for treating early ischemic injury by thrombolytic agents, Neuroprotectants, anti oxidants, etc. followed by physical rehabilitation, physiotherapy etc., yet the disease has not been dominated and remains incurable. To add it up, the adverse effects pose distant threat to the wellbeing<sup>3</sup>.

Therefore, the Ayurvedic therapeutics has attracted considerable glamour for providing safe and effective remedies. Numerous researches have been done time and again to reprove the worth of these medicaments. Yet there is a necessity for perusing further research to find out some safe, effective and

cheap remedy. Taking all the above points into consideration, its poor prognosis and nature of inertia, the disease was selected, to find a measure that could help in restoring quality in life of paralyzed patients.

So here an attempt is made to see effect of Agnilepa in Pakshagata w.s.r to Ischemic attack (Brain) when given with *Lashuna rasayana* and *eranda taila* – A Folklore Claim.

## MATERIALS AND METHODS:

### Materials:

Drugs used for the study are *Agnilepa with Eranda taila and lashuna rasayana*.

### METHOD OF PREPARATION OF MEDICINE:

#### AGNILEPA:

#### Ingredients:

**Table 1:** Ingredients along with the measures taken are as follows:

Name of the drug	Quantity
<i>Lashuna</i>	8 Dehusked seeds
<i>Lavanga</i>	8 in number
<i>Maricha</i>	8 seeds
<i>Sarshapa</i>	5 gm
<i>Haridra</i>	5 gm
<i>Agnimanta</i>	Leaves of these drugs are used: Each in equal quantity Quantity sufficient enough to prepare a paste to apply all over the body of the patient. Quantity varies according to the patient
<i>Nirgundi</i>	
<i>Tulasi</i>	
<i>Papata</i>	
<i>Bandha</i>	

### METHODS:

Fine powder of all the dry drugs (*Lashuna, Lavanga, Marica, Sarshapa, Haridra*) was prepared using a mixer. All the wet drugs (fresh leaves of *Kshudra Agnimantha, Vana Tulasi, Nirgundi, Papata, Bhandha*) were

washed and the veins present in the leaves were removed and chopped into small pieces using a knife. These were then mixed with the powder of dry drugs and fine paste was prepared with help of a grinder by adding small quantity of water. Fresh paste of *Agni Chikitsa*

was prepared daily just before application during the course of treatment.

*Eranda taila* was procured from market. *Taila* was given along with milk.

### ERANDA TAILA:

### LASHUNA RASAYANA<sup>2</sup>:

**Table 2:** Ingredients:

<i>Lashuna</i>	50g -75g
<i>Hingu</i>	Equal quantity
<i>Jeeraka</i>	Equal quantity
<i>Saidhava lavana</i>	Equal quantity
<i>Sauvarchala lavana</i>	Equal quantity
<i>Sunthi</i>	Equal quantity
<i>Maricha</i>	Equal quantity
<i>Pippali</i>	Equal quantity

### METHOD:

Except *lashuna* all drugs taken and powdered and kept in air tight container. When administering to patients dehusked *lashuna* is taken which is soaked in *Takra* for overnight. Mixed with other ingredients, *kalka* is prepared freshly and given with *erandamoola kashaya*(QS).

### HYPOTHESIS:

**H<sub>0</sub>:** There is no effect of *Agnilepa* when given with Ayurvedic principles of management in *Pakshagata* w.s.r to Ischemic stroke.

**H<sub>1</sub>:** There is significant effect of *Agnilepa* when given with Ayurvedic principles of management in *Pakshagata* w.s.r to Ischemic stroke.

### INCLUSION CRITERIA:

- Patients with age group of 20-70 years, of both genders fulfilling the diagnostic criteria with or without other *lakshanas* of *Pakshagata* selected for study.
- Patients of only ischemic stroke/Infarction (Brain) were taken.

### EXCLUSION CRITERIA:

- Patients having intracranial tumors and severe organic illnesses were excluded from the study.
- Patients of Hemiplegic/Hemiparesis with cerebral infection, Malignancy or Cerebral Hemorrhage.
- Patients with Glasgow coma scale more than or equal to 15 were excluded.
- Secondary causes for causing stroke were excluded.
- Other vulnerable groups.

### DIAGNOSTIC CRITERIA:

- Patients were diagnosed based on the following clinical features:
  1. *Chesta Nivritti*: The patients must be invariably having complete or partial loss of voluntary functions of one side of the body to diagnose the case of *Pakshagata*.
  2. Associated symptoms: *Achetanata*, *Ruja*, *vakstambha*, *Mukhvakrata*, *Guruta*, *Shaitya*, *Shotha*, *Kampa*.
  3. MRI or CT: For selecting Ischemic stroke/ Infarction.

**INVESTIGATIONS:**

- Hb%, TC, DC, ESR, RBS, Serum creatinine, Blood urea, Routine urine analysis, ECG before treatment.
- MRI/CT before treatment.

**STUDY DESIGN:**

**a) Sample size:**

Minimum of 20 patients fulfilling the diagnostic and inclusion criteria irrespective of sex, religion, caste, socio economic status were selected.

**Study design:** Single group clinical study.

**b) Treatment schedule:** In the patients undergoing antihypertensive drugs, anti diabetic drug and if any other conventional

drug given for stroke will be allowed to continue.

**ASSESSMENT CRITERIA:**

Patients were clinically assessed before treatment, on 7<sup>th</sup>, 14<sup>th</sup> day during treatment and 21<sup>st</sup> day after stopping the treatment and follow up will be done on 28<sup>th</sup> day. The response of patient's disease condition to the drug were observed and recorded before, during and after the treatment in a specially designed case Performa which includes detailed history, physical examination, laboratory investigation and assessment based on objective and subjective parameters for which appropriate scoring pattern is adopted.

**TABLE 3: Pratyatma Lakshanas of Pakshaghata**

Lakshanas	Score			
	Absent	Mild	Moderate	Severe
<i>Chesta Nivrutti</i>	0	1	2	3
<i>Vaksthambha</i>	0	1	2	3
<i>Ruja</i>	0	1	2	3
<i>Achetana/Vichetana</i>	0	1	2	3
<i>Shotha</i>	0	1	2	3

**TABLE 4: Muscle Power**

Response	Score
No movement	0
Flicker with attempting movement	1
Movement with gravity eliminated	2
Movement against gravity	3
Diminished	4
Normal power	5

**TABLE 5: Finger & Toe Movement**

Response	Score
No movement	0
Slight movement	1
Unable to hold the object	2
Able to hold with less power	3
Normal	4

**TABLE 6:** Deep Tendon Reflexes

Response	Score
Absent	0
Present	1+
Brisk	2+
Very brisk	3+
Clonus	4+

**STATISTICAL ANALYSIS:**

For statistics Sigma stat from internet was used.

Summary of statistics: Mean, Standard Deviation, Standard Error, Percentages.

Descriptive Statistical Data: t-value, and P- va

lue were calculated for all the variables.

Pre- post comparison: paired 't' test.

Level of significance: Value of < 0.05 is considered as the statistical significance level for Obtaining absolute result.

**RESULTS:**

**TABLE 7:** Effect of Agnilepa in Chesta Nivrutti

Symptoms	Mean score				%	SD	SE	t-value	p-value
<i>Chesta nivrutti</i>	BT			BT-AT					
	2.33	DT1	1.60	0.73	31.33	0.828	0.214	4.036	=<0.001
		DT2	1.06	1.27	54.50	0.704	0.182	10.717	=<0.001
		AT	0.80	1.53	65.66	0.676	0.175	9.280	=<0.001
		AF	0.73	1.60	68.66	0.594	0.153	9.798	=<0.001

**TABLE 8:** EFFECT OF AGNILEPA IN MUSCLE POWER

Symptoms	Mean score				%	SD	SE	t-value	p-value
Muscle power (UL &LL)	BT			BT-AT					
	1.26	DT1	2.53	1.27	50.6	1.302	0.336	6.141	=<0.001
		DT2	3.13	1.87	62.6	1.302	0.332	7.229	=<0.001
		AT	3.53	2.27	70.6	0.990	0.256	7.982	=<0.001
		AF	3.80	2.54	76	1.014	0.262	7.875	=<0.001

**TABLE 9:** EFFECT OF AGNILEPA IN WRIST AND FOOT DROP

Symptoms	Mean score				%	SD	SE	t-value	p-value
Wrist Drop & Foot Drop	BT			BT-AT					
	1.73	DT1	0.66	1.07	61.84	0.724	0.187	6.959	=<0.001
		DT2	0.26	1.47	84.97	0.458	0.118	6.813	=<0.001
		AT	0.06	1.67	96.53	0.258	0.066	7.174	=<0.001
		AF	0.06	1.67	96.53	0.258	0.066	7.174	=<0.001

**TABLE 10:** Effect of Agnilepa on Finger Toe Movement

Symptoms	Mean score				%	SD	SE	t-value	p-value
Finger toe movement	BT			BT-AT					
	0.46	DT1	1.66	1.20	41.5	1.11	0.287	6.00	=<0.001
		DT2	1.93	1.47	48.25	1.03	0.267	7.69	=<0.001
		AT	2.86	2.40	71.5	0.91	0.236	11.22	=<0.001
	AF	2.86	2.40	71.5	0.91	0.236	11.22	=<0.001	

**TABLE 11:** EFFECT OF AGNILEPA IN REFLEXES

Symptoms	Mean score				%	SD	SE	t-value	p-value
Reflexes	BT			BT-AT					
	1.26	DT1	0.73	0.53	42.06	0.704	0.182	2.779	=0.015
		DT2	0.20	1.06	84.12	0.414	0.107	5.870	=<0.001
		AT	0.06	1.20	95.23	0.258	0.0667	6.000	=<0.001
	AF	0.06	1.20	95.23	0.258	0.0667	6.000	=<0.001	

**ASSESSMENT OF CERTAIN ASSOCIATED COMPLAINTS BY MEAN AND PERCENTAGE:**

*Achetana* was present in 6.66%. *Ruja* was present in 20%. *Vakstambha* was present in 33.33%. *Mukhavartha* was present in 26.66% and *Guruta* in 23.33% of patients.

**TABLE 12:** OVERALL ASSESSMENT OF THE TREATMENT:

	No. Of patients	Percentage
COMPLETE RELIEF (100%)	0	0%
MARKED RELIEF (76 - 99%)	0	0%
MODERATE RELIEF (51 - 75%)	4	13%
MILD RELIEF (26 - 50%)	9	53%
MINIMAL RELIEF 25%)	4	20%
NO RELIEF (0 - 25%)	3	13%

**DISCUSSION**

*Pakshaghata* is characterized by morbid *vata dosa* afflicting the *snayu* and presenting with predominantly inability of limbs to move, pain and lack of sensation of the affected side<sup>7</sup>. Drug *Agnilepa* in initial days of treatment acts as *Deepana* and *Aama-pachana*. *Lashuna rasayana* as a *vyadhi hara rasayana* and is capable of rectifying the morbidity of *vata dosa*<sup>2</sup>. *Eranda taila* which is having *Kapha-vatahara* action and also *virechana* action is

useful in *pakshagata* and fulfil the criteria of classical treatment principle of *pakshagata*<sup>1</sup>. *Agnilepa* is flokelore formulation having drugs like *lashuna*, *nirgundi*, *agnimantha*, *tulasi*, *bandha*, *papata*, *sarsapa*, *haridra*, *maricha* and *lavanga*. Most of the drugs have *usna virya katu vipaka* and *vatakaphara* property. This *lepa* has action same like *niragni upanaha sweda*. These also help in *deepana* and *aama pachana*. So it is applied for first seven days to affected part of body in *pakshagata*. Seven days application of *lepa* done be-

cause drug action on *sapta dathu* will be there as in *pakshgata rasa, rakta, mamsa, medha, majja sira snayu* are involved. Also after seven days patients may become *satmya* to the treatment. Therefore seven days application is done. *Pakshaghatha* resulted from *Kevala Vata* and which is *Anavrutha* should be treated with *Snehanadi* line of treatment<sup>4</sup>. But in case of *Sama* conditions and involvement of *Kapha* and *Medas* one cannot follow these measures blindly. Measures for the correction of *Agni*, diffusion of *Aama, Meda and Kapha* should be advocated in the treatment. *Svedana* is the most suitable treatment in these conditions. *Vata* gets provoked mainly by the *Sheta Guna*. *Sheta Guna* has a close relationship with the *Ap Mahabhutha*. *Aama* which has similar properties like that of *Kapha* has a close relation with *Ap Mahabhuta*. Drugs used in *Agnilepa* are having *Ushna, Tikshna, and Ruksha* qualities which are quite opposite to the qualities of *Aama and Kapha*. The dry and wet drugs used in the combination are having the capacity to increase the *Agni* disseminate the *Aama* and correct the status of *Ap Mahabhuta*<sup>5</sup>. There will be involvement of *Kapha and Meda* in *Pakshaghatha Samprapthi*<sup>7</sup>. *Niragni Sveda* is the best line of management for *Kapha Meda Avarana*. *Svedana* has to be performed to relieve the blockage and reverse the pathological process. *Agnilepa* comes under *Niragni* variety of *Upanaha Sveda*. Stiffness, contracture and pain are seen as a predominant manifestation in case of *Pakshaghatha*. *Sushrutha* has specifically advised *Upanaha Sveda* in these conditions. *Yoga Ratnakara* specified the use of *Pittakara* drugs in *vata vyadhi*. Drugs like *Sarshapa, Marica* etc present in the combination pertinently serves this purpose. Description of *Pradeha* variety of *Upanaha* in case of *Vata Vikara* using *Gandha Dravya* is

available in *Caraka, Susrutha, Vagbhata*. *Cakrapani* commenting on *Gandha Dravya* says that the Drugs mentioned in *Agaruvadhy Taila* should be used. The drug *Angimantha* used in the formulation is one of the ingredients of *Agaruvadhy Taila*. Most of the drugs used in the formulation are having essential oils which highlight their *Gandha Pradhan-yatha*.

*Sparshanendriya* is the seat of *Vata and Vichetana* (loss of tactile perception) is one among the important symptom of *Pakshaghatha*. *Vyana Vayu* in its normal condition performs the circulation of *Rasa* throughout the body and there is relation between *Rasa and Tvak*. By applying the paste of *Agnilepa* over the skin, *Vyana Vayu* which is chiefly involved in the production of the symptom *Supti* and *Rasa Dhathu* which is the main *Dushya* in case of *Pakshaghatha* can be brought to normalcy. In case of *Pakshaghatha* all the *Indriyas* have either lost or decreased functional capacity. *Prana Vayu* governs all *Indriya* including the *Sparshanendriya*. *Agnilepa* contains drugs which are *Vata, Kapha Shamaka* in nature due to *Ushna Tikshna Guna* will help in pacifying *Vata* when applied over the skin.

*Acarya Sushruta* in *Shareerasthana* explains that *Tiryak Dhamani* divides into numerous branches and covers the body like a network and their openings are attached to *Romakoopa*. Through them only *Veeryas of Alepa, Abhyanga, Parisheka, Avagaha*, enter into the body after undergoing *Paka with Bhrajaka Pitta* in skin. The main function of *Bhrajaka Pitta* is the *Pacana* of drugs used in *Abhyanga, Parisheka, and Lepa*. This highlights the systemic absorption of the drug applied over the skin<sup>8</sup>.

Thus it can be said that drugs used in *Agnilepa* get absorbed through the skin and produce ac-



tion according to the property of the medicine i.e *Kapha Vata Shamana* and does the *Agni Depana, Ama Pacana and Srothoshodhana* when administered internally, there by relieving the *Sthambha, Supti, Ruja* and clearing the *Avarana* for the normal *Gati of Vata*.

**Lashuna rasayana** is having drugs like *lashuna, trikatu, hingu, jeeraka, saindava lavana, saurvarchala lavana*. It is given with *anupana eranda kashaya*. All the drugs are having *vatakaphahara* property. So help in *pakshagata*.

**Eranda taila** is having *virechana, vatahara and balya* action so it is drug of choice in *pakshagata*. It is given as *Nitya virechana* (5-15ml) depending upon *kosta* of the patients.

#### DISCUSSION ON PROBABLE MODE OF ACTION OF DRUGS:

*Vata* possess *chala guna and Rakta*, which is involved in circulation also possess *chala guna*. When there is *sanga* caused by *vata* to *Kapha* it causes infarction. The atherosclerotic changes in blood are caused by aggravated *vata and Kapha*. The cholesterol accumulates in the blood vessels, thereby causing obstructing the flow leading to infarction. So in infarction *vatakaphahara chikista* should be done<sup>4</sup>.

Drugs selected for study *Agnilepa* for external application and internally *lashuna rasayana* is having *katu rasa, usna virya* useful in *amapachana and vatakaphahara* property. Drugs like *Nirgundi and lashuna* is having *Rasyana* action useful in *Dourbalya* thus giving *bala* to patients. *Eranda taila* main action is *virechana with vatanulomana* and having properties like *Balya* useful in *pakshagata* patients. Heat increases the metabolic activity which intern increases the oxygen demand and blood flow. This vasodilatation stimulates the superficial nerve ending causing a reflex dilatation of the arterioles. As a result of this generalized vaso-

dilatation peripheral resistance is reduced leading to a fall in the blood pressure. Heat reduces the viscosity of blood and this is also tends to reduce the blood pressure. Due to the effect of heat on the sensory nerve ending there will be a reflex stimulation of the sweat glands in the areas exposed to heat. This rise in temperature induces muscle relaxation and increases the efficacy of muscle action as the increased blood supply ensures the optimum condition for the muscle contraction. Aroma therapy uses the volatile oils in the management of patients suffering from stroke. The mechanism of action here is by the stimulation of olfactory senses and thereby stimulating the Limbic system in the brain. The drugs used in *Agnilepa* contain volatile oils. Botulinum toxin (BOTOX-A and B types) a neurotoxin derived from bacteria, is used for the inhibition of the release of neurotransmitter Acetyl choline and Substance -P in the spinal cord thereby blocking unwanted pain impulses from reaching the brain. The drugs used in *Agnilepa* contain volatile oils<sup>8</sup>. Most of the drugs used in *Agnilepa* are having the counter irritation properties and they inhibit the painful impulses from the muscle afferents, reaching the central pathways, thereby reducing the discomfort that these patients suffer from decreased muscle power, increased muscle tone and spasms.

#### CONCLUSION

After completion of the study the following conclusions were drawn:

Ischemic or infarction stroke is *Kaphaavratha Paskagata*. So *Kaphavatahara chikitsa* should be done. As *pakshagata* is chronic condition and needs long duration of treatment, drugs which are taken for study is easily available, prepared and administered easily. The treatment is effective as it is freshly prepared and also very cost effective. On the basis of present study it may be opined that *Agnilepa*

showed early signs of recovery. Hence in *Sama & Avarana* conditions of *Pakshaghata*, this would benefit the patient immensely along with *Nitya virechana and Rasayana* therapies as *Shamana oushadies*. Despite the benefit, which were seen in the initial phases of this treatment, it has limitations in treating chronic patients suffering from *Pakshaghatha*.

#### Some of the Key observation seen during the study was:

Fewer patients were seen with associated complaints like *achethana, ruja shota, mukhavarta, vaksthamba and hastapada sankocha*. Therefore null hypothesis ( $H_0$ ) was rejected and alternate hypothesis ( $H_1$ ) accepted, there is effect of *Agnilepa in Pakshagata* w.r.s to Ischemic stroke.

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