

A REVIEW OF PANCHAKARMA THERAPIES (BAHYA AND SHODHANA) FOR PAKSHAGHATA

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ABSTRACT

"*Pakshaghata*" refers to a condition similar to hemiplegia or paralysis affecting one side of the body. According to Ayurveda, *Pakshaghata* is primarily caused by an imbalance of the *Vata Dosha*, which governs movement and communication in the body. The vitiated *Vata Dosha* affects the nerves, leading to impaired motor and sensory functions on one side of the body. The Ayurvedic treatment of *Pakshaghata* focuses on restoring the balance of *Vata dosha* and promoting the rejuvenation of affected tissues. The treatment approach may include *Panchakarma* therapies like – External therapies – *Abhyanga* (Oil Massage), *Swedana* (Sudation), and *Shodhana* (Purificatory) Procedures like *Virechana* (Purgation), *Basti* (medicated enemas), and *Nasya* (Nasal Medication). In the present article, we have tried to review the studies on *Pakshaghata* published and accessible through May 2023. Studies included Randomized and Non-randomized clinical trials.

Key words: *Pakshaghata*, *Shodhana*, *Abhyanga*, *Virechana*, *Basti*, *Nasya*

INTRODUCTION

Pakshavadha is one among 80 types of *Vatavyadhi* mentioned by *Acharya Caraka*. The same disease has been mentioned as *Pakshaghata* by *Sharangadhara*¹

and *Bhavaprakasha*². The term *Pakshaghata* literally means paralysis of one half of the body due to the impairment of *Karmendriyas* (Organs of Action),

Gyanendriyas (Sense organs), and Mana. Pakshaghata can be correlated with hemiplegia in modern science. Hemiplegia is the most frequent form of paralysis in humans and involves the face, arm, and leg on one side of the body. The majority of hemiplegia is due to vascular diseases of the cerebrum and brainstem, followed by trauma, brain tumor, encephalitis or abscess, and demyelinating diseases.³ Two main factors are involved in the pathology of Pakshaghata – 1. *Dhatukshaya Janya Vata Prakopa* (Vata Aggravation due to Dhatu depletion) and 2. *Margavarana Janya Vata Prakopa* (Vata Prakopa due to obstruction of passage). The former is due to excessive exposure to *Langhana* (Fasting), *Annashana* (Intake of less food), *Ruksha Aahar* (Food which are dry in nature), etc., and the latter is due to *Margavarana* due to *Ama* (Undigested matter) or *Marmaghata* (Injury to Marma).⁴ Though the disease is classified as a *Vatavyadhi*, the treatment protocol is framed on the basis of its associated *Dosha* status, that is, in an acute phase it is considered as *Vata-Kaphaja* or *Vata-Pittaja*; whereas in chronic phase, it appears as a pure *Vataja* condition. So, the treatment protocol is planned according to the stage in which the patient presents. In *Pakshaghata*, *swedana* (Fomentation mixed with unctuous material) and *virechana* or purgation therapy with unctuous substance is indicated. *Virechana* is the line of treatment in *Pakshaghata* and outweighs *Basti*, which is said to be ideal for *Vatakopa*. In the present study, we have tried to review the published clinical data in view of the effectiveness of Ayurveda treatment protocols in *Pakshaghata*.

Materials and Methods

The current review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Search Strategy

A literature review of all studies published and accessible through May 2023 was performed using the following databases.

1. The Cochrane Library, Cochrane Database of Systematic Reviews (CDSR), Cochrane Controlled Trials Register (CENTRAL), Database of Abstracts of Reviews of Effectiveness (DARE),

MEDLINE, EMBASE, AMED (Allied and Complementary Medicine Database), World Health Organization (WHO) ICTRP (International Clinical Trials Registry Platform)

2. Clinical Trial Registry India, AYUSH research portal (Evidence-Based Research Data of AYUSH Systems at Global Level, Digital Helpline for Ayurveda Research Articles (DHARA).

Selection of studies

The abstract, title, or both of every record retrieved was scanned to determine which studies should be assessed further. All potentially relevant articles were investigated as full text. All relevant clinical trials were included. When there were only a small number of randomized studies identified for systematic review and meta-analysis, non-randomized studies were also included. These non-randomized studies may be quasi-randomized, controlled clinical trials or simply before-after clinical trials. Single case studies with pre-post results were also included in the review.

Participants

All studies where participants were diagnosed with *Pakshaghata* without restrictions of age, gender, ethnicity, and other medical conditions were included.

Interventions:

The following comparisons of intervention versus control/comparative were carried out.

- *Shamanoushadhis* (Internal Medicines)- These include extracts from mixtures of herbs, single herbs, Ayurvedic proprietary medicines, or a compound of herbs.
- *Shodhana* – These include *Shodhana karma* like *Virechana*, *Basti*, and *Bahya upakramas* (External therapies) like *Udwartana* (Dry powder massage), *Abhyanga*, *Lepa* (Medical paste application), *Upanaha* (Poultice), etc.

Outcomes

- Reduction in symptoms of *Pakshaghata* like *Chestaanivritti* (Loss of Motor functions), *Vaksthamba* (Loss of speech), *Graheetwa Ardashareera*, *Hasta paada sankocha*, etc.

Results

Potentially relevant studies were found by searching the databases MEDLINE, CENTRAL, AMED,

EMBASE, WHO ICTRP, Dhara online, AYUSH research portal, Clinicaltrials.gov, and INDMED. After duplication and screening of the titles of obtained

records, a total of 10 studies were considered for further screening.

Table No.1

Study details	Study Design	Intervention and comparator	Duration of Intervention	No. of participants	Results
Manasa T. V, Kiran M. Goud, Lolashri S. J ⁵	Single group – Pre and post	<i>Abhyanag</i> with <i>Moorchitatilataila</i> followed by <i>Sarvanga Shastika Shalipinda Sweda</i> for 16 days as a <i>Purvakarma</i> for <i>Basti chikitsa</i> . <i>Rajayapanabasti</i> administration in <i>Kala Basti</i> pattern	16 days	10	Significant improvement in <i>Chesta-nivrutti, Vakstambha, Padasankocha, Hastasankocha, Shoola</i>
Sayantan Bera, Sonali Mukherjee ⁶	Single group – Pre and post	<i>Mashadi Basti Kala Basti</i>	15 days	15	Significant improvement in <i>Chesta Nivritti, Hasta Pada Ruja, Hasta Pada Sankocha, Sira Snayu Shosha, Sandhibandhana Vimokshana</i> and <i>Vakstambha</i>
Vd. Sandip Anna Jagdhane ⁷	Comparative clinical study	Group A - <i>Mahavat Gajankush Ras</i> with <i>Shastishali pinda Sweden</i> Group B- <i>Mahavat Gajankush Ras</i> with <i>Virechanakarma</i> with (<i>Ichhabhedhi Rasa</i>)	Varies	60	Group B showed effective results when compared to Group A.
R. H. S. S. Ediriweera, M. S. S. Perera ⁸	Placebo Control	Group A- <i>Chandra Kalka</i> with <i>Mahadalu Anupana</i> Group B- <i>Placebo</i>	14 days	30	<i>Mahadalu Anupana</i> and <i>Chandra Kalka</i> could provide a better treatment modality in the management of the early stage <i>Pakshaghata</i>
Ravi Sankaran et al. ⁹	Comparative clinical study	Standard Physiotherapy Standard Physiotherapy with <i>Abhyanga</i> and <i>swedana</i>	30days	30	Ayurvedic massage in post-stroke patients with flaccidity can promote faster standing with minimal assistance and lead to less need for anti-spastic drugs at discharge.
Amritha Rajan and Niranjan Rao ¹⁰	Single group – Pre and post	<i>Baladi Yapana Basti</i>	8 days	25	Power with respect to the gross movement of the Upper Limb & Lower Limb showed statistically extremely significant results. Altered speech and finger movement of hand and toe showed statistically significant results.
Saritha A. K et al. ¹¹	Single group – Pre and post	Oral administration of <i>Shatapaki Ksheerabala taila</i> in a dose of 24 ml in the morning on an empty stomach about	28 days	30	<i>Shatapaki Ksheerabala taila</i> is proved to be efficacious in reducing the symptoms of <i>Margavaranaja Pakshaghata</i> and hence improving the Quality of Life.

		half an hour before breakfast, along with 150 ml of warm water.			
Sumai M. A, et al. ¹²	Pilot Study	<i>Avapeedaka Nasya</i>	2 sessions of <i>Nasya</i> For 21 days with a gap of 15 days	6	Relief in Symptoms - <i>Vaksangha</i> (80%), <i>Chestanasha</i> (68%), <i>Manasikachesta hani</i> (60%), <i>San-tapa</i> (66.8%), <i>Tandra</i> (70%), <i>Alasya</i> (78%)
Dr. Yogeshwari B et al. ¹³	Comparative Clinical trial	Group- A: - <i>Kayseka</i> (Whole body <i>Dhara</i>) with <i>Bala Taila</i>	15 days	15	<i>Kayaseka</i> group showed a 60.83% result, and <i>Abhyanga</i> with <i>Nadi Sweda</i> group showed a 44.44% improvement.
		Group- B- <i>Abhyanga</i> & <i>Nadisweda</i>			
Dr. Waheeda Banu et al. ¹⁴	Comparative Clinical trial	<i>Tila Pinda Sweda</i>	15 days	15	<i>Tila Pinda Sweda</i> in patients suffering from <i>Pakshaghata</i> showed significant results.
		<i>Shali Pinda Sweda</i>			

DISCUSSION

The findings of the current review are consistent with the clinical experiences and recommendations of traditional Ayurvedic literature. The promising Panchakarma therapies for clinical improvements in *Pakshaghata* were found to be External therapies - *Abhyanga* and *Swedana* and Panchakarma therapies - *Virechana* and *Basti*. This review suggests that Ayurveda therapies are safe and effective in improving the quality of life in *Pakshaghata* patients. Charaka, *Snehana*, *Swedana*, and *Virechana* are the main treatments for *Pakshaghata*.¹⁵ According to Acharya Sushruta, the initial line of management of *Pakshaghata* is *Snehana*, *Swedana*, and *Mrudu Shodhana* (*Mrudu Virechana*).¹⁶ In the above studies reviewed, *Abhyanga* and *Sweda* have been used as a main therapy and some as *Purva Karma* for *Basti*, etc. *Dalhana* has explained that *Sneha* gets absorbed during *Abhyanga* and reaches different *Dhatu* based on the duration of time it is applied. *Dalhana* also mentioned that when the *Snehana* drug reaches the particular *Dhatu*, it subsides the diseases of that particular *Dhatu*. According to Acharya Sushruta, the *Tiryak Dhamanis* each divide gradually hundred & thousand times & thus become innumerable. These cover the body like a network and their opening are attached to *Roma Kupas* (Hair pores). The *Virya* of *Abhyanga*, *Parisheka*, *Avagaha*, and *Alepa* enter into the body

through these *Roma Kupas*, undergo *Paka* by *Bhrajaka Pitta* in the skin & do their action. In the studies we reviewed above, *Abhyanga*, *Shashtika Pinda sweda*, *Kayaseka*, and *Nadi sweda* were a few therapies used in the management of *Pakshaghata*, which gave a significant improvement in the management of *Pakshaghata*.

According to Vaghbata, *Snigdha Virechana* should be given in *Pakshaghata*. The involvement of *Sira* and *Snayu* in the *Samprapti* of *Pakshaghata* highlights the role of *Raktadhatu* in *Pakshaghata*, and *Virechana* is considered the best treatment for *Rakta dhatu*. The *Adhishtana* of *Pakshaghata* is *Masthishka* or *Masthulunga*, and *Masthulunga* is considered as "Avileena Ghritakara Mastaka Majja." *Dalhana* says *Pittadhara Kala* and *Majjadhara Kala* are same. The treatment advised for *Pittadharakalavikriti* is *Virechana*. In one of the studies reviewed above, *Virechana Karma* showed better results compared to *Shastishali Pinda Swedana*.

Basti Chikitsa is considered to be the best treatment modality for *Vata Dosha*. It is described as the *Ardha Chikitsa* in the classics. *Basti* helps in the eradication of vitiated *Vata* from its root; hence it should be implicated in *Kevala Vatajanya Pakshaghata*. *Brihmana Basti* can be used in *Dhatuksahya Janya Pakshaghata*. Various *Basti* preparations have been mentioned in the classics for the treatment of *Vata Dosha*, i.e, *Rasnadi*

Asthapana Basti, Guduchi Triphaladi Asthapana Basti, Anuvasana Basti with Masha Taila, Mahamasha Taila, Nakul Taila, Prabhanjan Vimardan Taila, and Sarvaamyantak Taila are a few examples. In the case of unconscious patients of *Pakshaghata*, *Avapeeda Nasya* can be given as it helps to revive the consciousness. *Sameerpannaga Rasa* is indicated especially for *Nasya* when the patient is in the unconscious stage. *Pradhamana Nasya* can be given repeatedly to revive consciousness. *Snaihika Nasya* can be given with *Mahamasha Taila, Karpasasthyadi Taila*. In one of the studies conducted above, *Avapeedaka Nasya* containing *Shunti* (Zingiber officinale, *Maricha* (Piper nigrum), *Pippali* (Piper longum), *Yastimadhu* (Glycyrrhiza glabra), *Tulasi* (Ocimum tenuiflorum) leaves and Milk. *Nasya* was given for 21 days and repeated after a gap of 15 days. The study showed better improvement in the symptoms of *Pakshaghata*.

Adverse Effects - No serious adverse events were reported in the studies reviewed above.

Limitations: Although every effort was made to discover all eligible studies published, there is a possibility of some studies still being left behind.

CONCLUSION

Findings from these reviews indicate that there is moderate to high strength evidence that several *Ayurvedic Panchakarma* Therapies, i.e., External therapies like *Abhyanga, Swedana, and Shodhana* Procedures as *Virechana* and *Basti* are safe and effective in improving the symptoms and quality of life in *Pakshaghata* patients to a moderate extent. We encourage future research to pursue randomized clinical trials with larger sample sizes and longer durations.

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