



CONCEPTUAL REVIEW OF PAKSHAGHATA

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ABSTRACT

All three Brihatrayi texts emphasize the significance of VataVyadhi due to its involvement in complex multiple aetiologies and Pathogenicity. Pakshaghata is one such VataVyadhi characterized by symptoms such as loss of strength/weakness in half of the body loss. Specific Nidana for Pakshaghata is not extensively detailed; it is generally considered that Samanya VataVyadhi Nidana contribute to its manifestation. Detailed explanations of symptoms, prognosis, and treatments are elucidated by all Acharyas. In contemporary medical science, based on clinical observation, it can be likened to cerebrovascular disease. This article aims to compile existing data from classical texts on Pakshaghata

KEYWORDS: Pakshaghata, Pakshavadha, Ekanga Roga, Stroke

INTRODUCTION

Pakshaghata is one of the Vataja Nanatmaja Vyadhi. The term Pakshaghata is derived from "Paksha" meaning half side of the body and "Aghata" indicating injury, thus denoting loss of function in one side of the body. When both sides are affected, it is referred to as Sarvanga Vata¹.

From contemporary medical science perspective, it is analogous with hemiplegia a condition often resulting from a stroke. Non-communicable diseases, such as cardiovascular diseases, cerebrovascular accidents, and neoplasms, are increasingly prevalent among adults worldwide. According to the World Health Organization (WHO), cerebrovascular accidents alone affect approximately 15 million people globally each year, resulting in 5 million deaths and leaving another 5 million individuals with permanent disabilities².

The term 'stroke' is related to the Greek word apoplexia which implies being struck with a deadly blow. Apoplexia was an umbrella term used for describing a condition in which patient had a sudden abolition of all activities of mind with the preservation of the pulse and respiration³. The term **Stroke** is

- **Aharaja**

defined as rapid onset of focal neurological deficit, resulting from disease of cerebrovasculature⁴. A **Transient ischaemic attack** [TIA] denotes complete recovery of such a deficit within 24 hours⁵, whereas **Completed stroke**- If the focal deficit is persistent and not worsening and **Evolving stroke** -If the focal deficit continues to worsen after about 6 hours from the onset⁶. Based on pathological changes stroke can be classified as Ischemic stroke, Haemorrhagic stroke and lacunar stroke⁷

REVIEW AND DISCUSSION

Nidana

There is a limited explanation of specific Nidana for Pakshaghata. It is considered that Samanya VataVyadhi Nidana will also be responsible for manifestation of Pakshaghata. For better understanding Nidana can be categorized under different domains such as Aharaja, Viharaja, Abhigataja, Manasika Nidana which are explained by Acharyas.

In Sushruta samhitha and Astanga Hrudaya specific Vata Vyadhi Nidana/ Pakshaghata Nidana is not available hence Vata Dosha Prakopa Karana can be considered

	C.S ⁸	S.S ⁹	A.H ¹⁰	A.S ¹¹	M.N ¹²	B.P ¹³
Ruksha	+	+	+	+	+	+
Sheeta	+	+	-	+	+	+
Alpa Ahara	+	-	+	+	+	+
Laghu Ahara	+	+	-	+	+	+
Abhojanat	+	+		-	+	+
Katu Kshaya Tikta sevana		+	+	+		+
Intake of Suska Shaka, Vallura, Varaka, Uddalaka, Koradusa, Syamaka, Nivara, Mudga, Harenu, Kalaya, Nishpava	-	+	-	-	-	-
Vishamashana, Adyasana	-	+	-		-	-
Intake of water while hunger				+	-	-



- **Viharaja**

	C.S	S.S	A.H	A.S	M.N	B.P
<i>Ativyavaya</i>	+	+	+	+	+	+
<i>Atiprajagara</i>	+	+	+	+	+	+
<i>Plavana</i>	+	+	-	+	+	+
<i>Atiadhva</i>	+	-	-	+	+	-
<i>Ativyayama</i>	+	+	-	+	+	+
<i>Atichesta</i>	+	-	-	+	+	-
<i>Dukha Shayana Asana</i>	+	-	-	-	+	-
<i>Divaswapna</i>	+	-	-	-	+	-
<i>Vegadharana</i>	+	+	+	+	+	+
<i>Abhighata</i>	+	+	-	+	+	+
<i>Marmaaghata</i>	+	+	-	-	+	-
<i>Balavat Vighraha</i>	-	+	-	+	-	-
<i>Atiadyayana</i>	-	+	-	-	-	-
<i>Pradhavana</i>	-	+	-	-	-	-
<i>Prapatana</i>	-	+	-	+	-	-
<i>Bhara Harana</i>	-	+	-	+	-	+
Physical excretion due to riding animals like Elephant, Horse etc	+	+	-	+	+	-
<i>Atibhasana</i> with loud pitch	-	-	+	+	-	-

- **Manasika**

	C.S	S.S	A.H	A.S	M.N	B.P
<i>Chinta</i>	+	-	+	-	+	+
<i>Shoka</i>	+	-	+	+	+	+
<i>Krodha</i>	+	-	-	-	+	-
<i>Bhaya</i>	+	-	+	+	+	+

- **Iatrogenic cause**

	C.S	S.S ¹⁴	A.H	A.S	M.N	B.P
<i>Vishama Apachara</i>	+	-	+	+	+	-
<i>Ati Asruk Sravana</i>	+	-	-	+	+	+
<i>Atidosha Sravana</i>	+	-	-	-	+	+
<i>Raktamokshana</i> done in <i>Atiushna kala</i> , <i>Athisveditha</i> person, and physician negligence	-	+	-	-	-	-
<i>Langana</i>	+	-	-	-	-	-

- **Any¹⁵**

- *Ama*
- *Dhatukshaya*
- Afflicted with the other disease for long term

Purvarupa

- *Avyakta Lakshana*¹⁶- No clear manifestation of the premonitory symptoms
Madhukosha commentary explains that due to instability of *Vata* there is absence (*Apaya*) of *Lakshana* such as *Sthamba Sankocha Kampa*¹⁷



RUPA

Lakshana	C.S¹⁸	S.S¹⁹	A.H²⁰	A.S²¹	M.N²²	B.P²³	Sh²⁴
<i>Chesta Nivruti</i> in half part of the body	+	+	+	+	+	+	+
<i>Sandhibandha Vimokshana</i>	+	+	+	+	+	+	+
<i>Vak Sthamba</i>	+	-	-	-		-	-
<i>Ruja</i>	+	-	-	-	+	+	-
<i>Daha</i>	-	-	-	-	+	+	-
<i>Santapa</i>	-	-	-	-	+	+	-
<i>Murcha</i>	-	-	-	-	+	+	-
<i>Saithya</i>	-	-	-	-	+	+	-
<i>Shoatha</i>	-	-	-	-	+	+	-
<i>Gurutha</i>	-	-	-	-	+	+	-
<i>Vichetana</i>	-	+	+	+	+	+	+
<i>Akarmanya</i>	-	+	+	+	+	+	+
<i>Achetana</i>	-	+	-	-	-	-	-

• **Akarmanya means**

Akarmanya Irshathkarmakshaya²⁵ [loss or reduced movement of body parts]

Akarmanya Irshath Chesta Akshama²⁶ [Inability to even minute activities]

• **Vichetana refers**

Vichetanamalpachethana Irshathsparshadhijnana Anityarthaha²⁷ [Decreased conscious and sensory function]

• **Achetana – Achetana Alpachena²⁸**

Bheda^{29,30,31}

1. *Vata Pittaja*

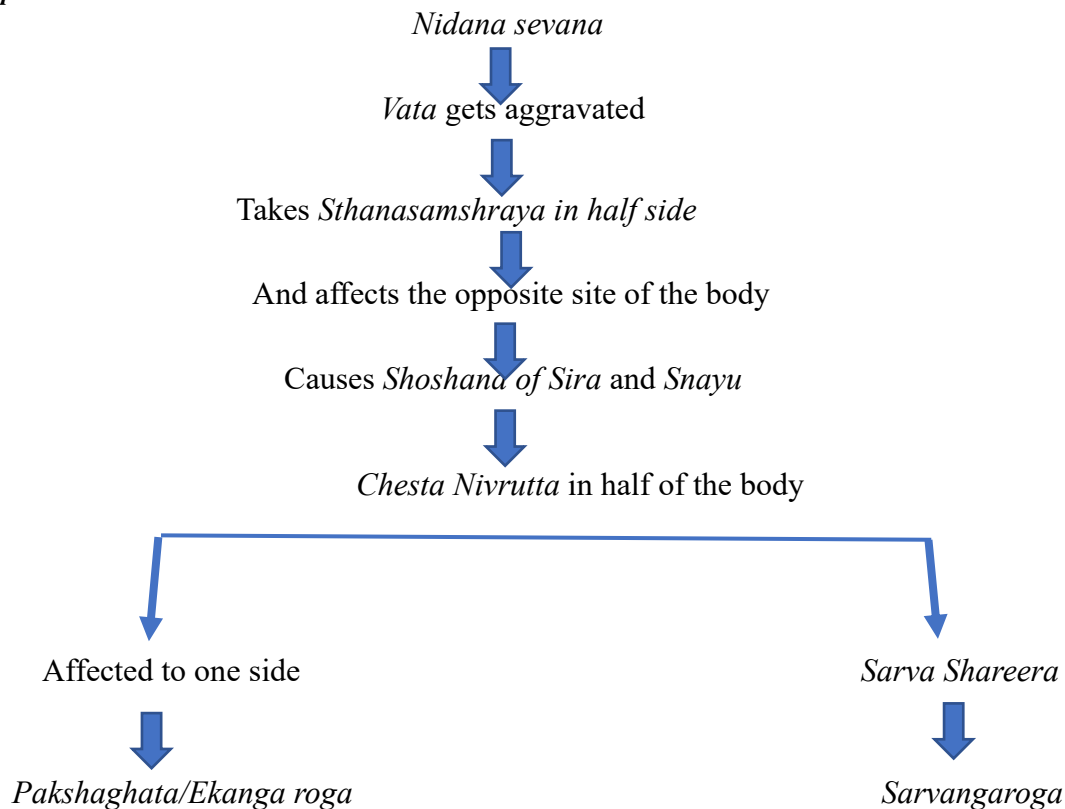
2. *Vata Kaphaja*

Lakshana^{32,33}

Vata Pittaja – Daha, Santapa, Murcha

Vata Kaphaja – Saithya, Shoatha, Gurutha

Samprapthi³⁴





Sadya Asadyata^{35,36,37,38}

- Sadya if patient is *Balavan*, absence of *Upadrava*, recent origin (*Nava*) with careful and proper treatment
- If it is *Vata* is associated with other disease

Asadhya

- If involvement of only *Vata Dosha* [*Shuddha Vata*]
- Caused due to *Kshaya*
- In *Garbhini*, *Sutika*, *Bala*, *Vruddha*, *Ksheena*, in haemorrhagic individuals,
- Loss of sensation in the affected side³⁹

Pathya Ahara and Vihara⁴⁰

Ahara

- *Mamsa rasa*, *Kshira*, *Snehayukta Ahara*
- Fruits and food substance which contain *Lavana* and *Snigdha Guna*

Vihara

- Gentle pressing of body with *Kukuma*, *Ela*, *Tagara*, *Patra*,
- Thick coverings made up of Silk, wool, Cotton
- *Nivata Pradesha* with adequate sunlight
- Soft bed for sleeping, Residing in underground cellar
- Exposure to heat and fire
- Following *Bramacharya*

Apathya Ahara and Vihara⁴¹

Ahara

- *Chanaka*, *Kalaya*, *Nivara*, *Venu*, *Kurvanida*, *Churna of Shyamaka*, *Kodrava*, *Rajmasha*, *Mudga*, *Yava*, *Jambhu*, *Kaseru*, *Trunakam*, *Kranukam*, *Mrunala*, *Nishphava beeja*, *Talaphala asthi Majja*, *Shaluka*, *Tinduka*, *Shimbi*, *Udumbara*,
- *Sheeta Ambu*, *Virudha Anna*, *Shushka Pala*, *Kshoudra*, *Kahaya Tikta Katu Rasa*

Vihara

- *Jagarana*, *Vega dharana*, *Ativyayam*, *Ativyavaya*, *Atishayana*, *Athi chankramana*

Manasika

- *Chinta*

Chikitsa

- According to Charaka Samhita, the approach includes Charaka *Sneha Yukta Swedana* and *Virechana*⁴².
- Sushruta Samhita outlines a treatment regimen starting with *Snehana*, *Swedana* followed by *Mrudu Shodhana*, *Anuvasana* [with *Bala Taila*], *Asthapana Basti*, *Sirobasti*, *Anutaila Taila* for *Abhyanga*, *Salvana Upanaha* and Periodic *Shodhana* for 3 to 4 months [*Virechana*- after fortnight of *Vamana*, *Anuvasana Basti*- After a week of *Virechana*, *Niruha Basti*- after *Samyak Lakshana* of *Anuvasana Basti*]⁴³
- According to Astanga Hrudaya and Astanga Sangraha treatment protocol includes *Snehana Swedana*, *Mrudu Virechana*, *Basti* [specially *Anuvasana Basti* with *Bala Taila*]^{44,45}

CONCLUSION

Nidana Panchaka is fundamental in understanding of illness, Providing essential insights into diagnosis, prognosis and treatment. All *Brihatrayi* and *Laghutrayis* offer detailed

explanations for *Lakshana*, *Samprathi*, *Sadya Asadyata Chikitsa* for *Pakshaghata* specific *Nidana* is not mentioned, generally *Vatavyadhi Samanya* *Nidana* which includes different domains such as *Aharaja Viharaja Manasika Nidana*. Due to the lack of specific *Purvarupa Lakshana* early diagnosis and prevention pose significant challenges. Treatment initiation should thus prioritize early intervention to mitigate complications. Based on the clinical presentation it can be analogous with cerebrovascular accident a leading cause of death among non-communicable diseases. cerebrovascular accidents remain a critical public health concern due to their debilitating impact and mortality risks. Advances in diagnostic techniques and treatment modalities continue to improve outcomes, yet challenges remain in addressing risk factors such as hypertension, diabetes, and lifestyle choices. Continued research into preventive strategies and rehabilitation efforts is imperative to reduce the global burden of cerebrovascular accidents and improving the quality of life for affected individuals.

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