

ROLE OF MASATMAGUPTADI-YOGA VASTI IN THE MANAGEMENT OF CLASSICAL SYMPTOMS OF PAKSAGHATA**Vd. Shankar Lahuraj Mane*¹, Dr. Amol S. Patil², Vd. Shital Shankar Mane³, Dr. Jagdish P. Patil⁴ and Dr. Ajit U. Dahatonde⁵**¹HOS & Reader of Dept. of Panchakarma, Rural Institute of Ayurved & Research Centre & Hospital, Mayani, India.²HOD & Asst Prof in Kaumarbhritya, Shri Gurudeo Ayurvedic College, Gurukunj Ashram Mozari Dist. Amravati, India.³Lecturer, Dept of Rog Nidan Evum Vikriti Vigyan, Rural Institute of Ayurved & Research Centre & Hospital, Mayani, India.⁴HOD and Asst Prof in Panchakarma, Shri Gurudeo Ayurvedic College, Gurukunj Ashram Mozari, Amravati, Maharashtra, India.⁵Asst Prof in Kaumarbhritya, Shri Dhanvantari Ayurveda College and Research Centre, Semri Village, Mathura (UP) India.***Corresponding Author: Vd. Shankar Lahuraj Mane**

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ABSTRACT

The modern life style put many health burdens to society including vitiation of *Tridoṣa* amongst which *Vata* vitiation is chief outcome. The consequence of vitiated *Vata* along with stress full living style may sometime leads pathological initiation of various disease like; *Pakṣaghata*. *Pakṣaghata* is considered amongst the eighty types of *Nanatmaja Vata vyadhis* and the incidences of disease increases day by day due to the excessive physical and mental exertion. Ayurveda offer various therapeutic modalities including *Snehapana*, *Abhyanga*, *Swedana* and *Virecana* for the management of *Pakṣaghata*. Ayurveda literature classically mentioned that use of *Yoga vasti* offer beneficial effect in *Samprapti vighatana* of *Pakṣaghata*. Considering this fact present article established effect of *Masatmaguptadi-Yoga Vasti* in the management of *Pakṣaghata*.

KEYWORDS: *Ayurveda*, *Pakṣaghata*, *Masatmaguptadi-Yoga*, *Vasti*.**INTRODUCTION**

Pakṣaghata is disease mainly associated with *Vata* vitiation and considered as *Nanatmaja Vata vyadhis*. Its *Samprapti* involves *Siras* which is a *Mahamarma* therefore this disease produces immense discomfort to quality of life.^[1-5] Pathologically it is believe that morbid *Vata* dries up *sira* and *snayu* either side of body and produces *Ceṣṭa nivṛtti* along with *Ruja* and *Vakstambha*. Ayurveda recommended *Snehapana*, *Abhyanga*, *Virecana karma*, *Swedana*, *Samsarjana krama* and *Yoga vasti* as therapeutic measure in *Pakṣaghata* management.^[4-9]

Maṣatmaguptadi tailam and *kwatha* are ayurveda formulations, *Maṣatmaguptadi tailam* prepared according to *Taila paka* procedure while *kwatha* prepared by decoction procedure. *Maṣatmaguptadi* composed of *Maṣa*, *Atmagupta*, *Ativiṣa*, *Eranda*, *Rasna*, *Satavha*, *Saindhava* and *Tila taila*, etc. *Vasti* is a procedure of *Panchakarma* therapy recommended for various ailments including paralysis. Considering this fact present article described role of *Maṣatmaguptadi*

Yoga Vasti in the management of *Pakṣaghata* W.S.R. to ischemic stroke.^[8-12]

AIMS AND OBJECTIVES

To study the efficacy of *Maṣatmaguptadi tailam* and *kwatha* in the management of *Pakṣaghata*.

MATERIALS

The *Yoga vasti* includes *Niruha* with *Maṣatmaguptadi kwatha* and *Anuvasana vasti* with *Maṣatmaguptadi tailam*. *Vasti yantra*, *Madhu*, *Satapuṣpa kalka* and *Saindhava lavana* are the materials used for *Vasti Karma*.

METHODS

Thirty patients of *Pakṣaghata* were registered at O.P.D. of Dept. of *Panchakarma* of S. V. Ayurvedic College and Hospital, Tirupati, India. Patients were observed during treatment protocol to record effect of *Snehana*, *Virecana* and *Vasti* in *Samyak lakṣanas* of disease. Assessment of parameters such as; functional disability, pain,

neurological deficit and motor system was done on 0, 30th and 60th day of treatment protocol.

Inclusion Criteria

- ❖ Age between (18 – 60yrs)
- ❖ Patients of *Pakṣaghata* with or without facial paralysis
- ❖ Medically stable and conscious patients
- ❖ Patients wished to participate in study

Exclusion Criteria

- ❖ Haemorrhagic stroke & space occupying lesions.
- ❖ Moderate to severe hypertension & IDDM.
- ❖ Malignant conditions & epilepsy.
- ❖ Severe metabolic disorder & pregnancy.
- ❖ Lactation.

Study Protocol

1. *Dipana and Pacana*

Prior to the administration of *Abhyantara Snehapana*, *Dipana* and *Pacana* were advocated with *Citrakadi Vati*. Patient was also advised to drink luke warm water. That after *Tila Taila* was commenced in progressively increasing dose for 7 days starting from 30 ml to 150 ml. Dose of the *Sneha* was adjusted according to *Agni, Koṣṭha, Bala* and *Vaya*, etc. of the patient.

Samyak Snehana lakṣanas were observed and recorded every day; *Snehapana* was continued till the appearance of *Samyak Snigdha Lakṣanas*.

2. *Abhyanga and Swedana*:

After observation of *Samyaka Snigdha Lakṣana* the patients were subjected to *Abhyanga* with *Bala tailam* and *Baṣpa Sweda* for next three days.

3. *Virecana Karma*:

Virecana Karma by *Eraṇḍa Tailam* with *Uṣṇa Jala* was also advocated. The dose of the *Eraṇḍa Tailam* selected as per the *Koṣṭha* of the patients. *Virecana* drugs were administered after the completion of the *Kapha Kala* (between 7- 9 a.m.).

The patients were advised to consume *Uṣṇa jala* after every 20-30 minutes. *Drava* and *Uṣṇa Ahara* were advised after appearance of *Samayak Virechan lakṣanas*.

4. *Samsarjana Krama*

Patients were subjected to *Samsarjana krama* for reviving the strength of *Agni* then finally resumed to normal diet.

5. *Yoga Vasti*:

Yoga vasti started after 7 days from the first day of *Samsarjana krama*. *Yoga vasti* includes five *Anuvasana* and three *Niruha vasti*.

6. *Parihara Kala*

Parihara Kala recommended at the days of *vasti*, in *Yoga vasti* this regimen recommended for 16 days. Loud

speech, constant sitting, indigestion, intake of junk food, day sleeping and excessive sexual intercourse must be avoided.

Follow up

Post treatment evaluation was done on 30th and 60th day of treatment using classical *Ayurvedic* criteria of *Pakṣaghata*; barthel index and motor system assessment criteria.

Assessment criteria

The improvements in disease condition were assessed on the basis of subjective parameters including; *Ruja, Vakstambha* and barthel index. Objective parameters were also assessed such as; finger movement, motor function of leg, motor function of arm, muscle tone, sitting from lying down, muscle power reflexes and walking capacity.

Statistical Analysis

The results were presented as mean ± SEM and subjected to ANOVA followed by Turkey multiple comparison test of 30 patients in group. The values of * $p < 0.05$ were considered significance.

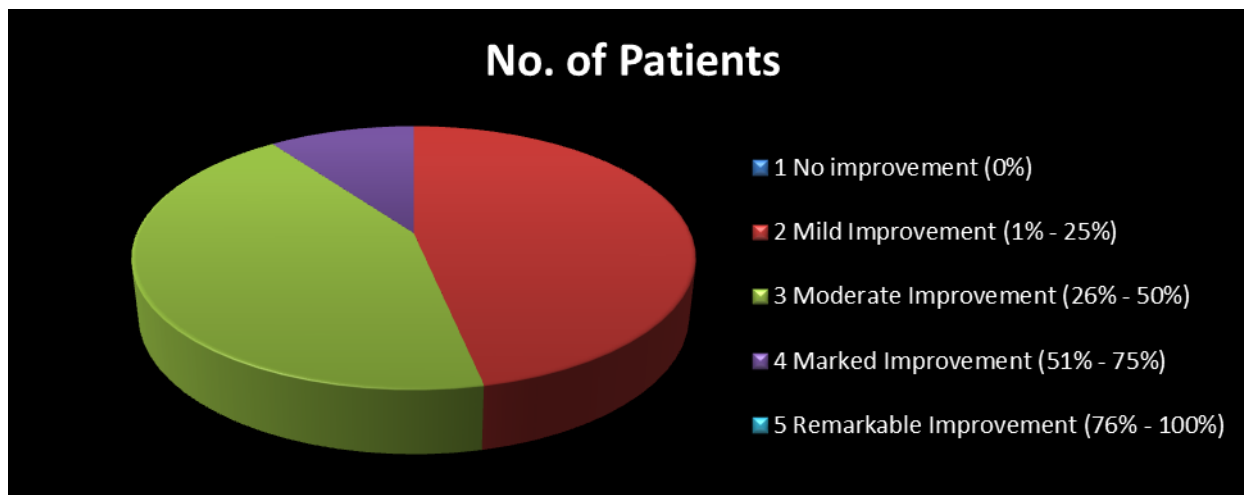
RESULTS

The total 30 patients were registered for study, out of that 60% of patients were from age group between 51-60 years. The males (70%) are more affected with the disease than female patient. Maximum number of patients observed with *Avara Satva* (53.33%) and *Vyayama sakti* (76.67%). Right half of body observed as affected side in 66.67% of patients of *Pakṣaghata*. Barthel index includes score of activities of daily livings like; feeding, bathing and toileting, etc. The mean score of Barthel index was found to be 52.50, 63.33 and 65.67 on 0, 30th and 60th day respectively which was considered highly significant. Motor parameters in neurological examination showed moderate improvement, finger movements restored slowly and percentage of improvement was observed comparatively less to that of gross. Speech aspect was also improved up to some extent. Reflexes remain unchanged during treatment but after the treatment there was relief in clonus. There was marked relief in sitting from lying down position and in walking capacity.

The overall response of therapy was assessed on the basis of improvement in assessment parameters of individual patients. 10% patients showed marked relief, 43.33% patients showed moderate response and mild improvement was observed in 46.66% of patients, however study not observed complete cure in any patient.

Table 1: Effect of therapy.

S. No.	Grade	No. of Patients	% Improvement
1	No improvement (0%)	0	0
2	Mild Improvement (1% - 25%)	14	46.66
3	Moderate Improvement (26% - 50%)	13	43.33
4	Marked Improvement (51% - 75%)	3	10
5	Remarkable Improvement (76% - 100%)	0	0

Figure 1: Effect of therapy as % relieve in *Paksaghata*.

Discussion on probable mode of action of therapy

Maṣa the one of the ingredient of formulation possesses *Madhura Rasa*, *Snigdha guna* and *Balya* properties which helps in *Samana* of *Vata*. *Atmagupta* by its *Madhura Rasa*, *Guru* and *Snigdha guna*, *Madhura Vipaka* and *Balya karma* pacify *Vatavyadhi* and reduces symptoms of *Kāmpavata*. *Atviṣa* having *Tikta Rasa* and *Uṣṇa Virya* thus pacifies aggravated *Vata* in *Pakṣaghata*. *Eraṇḍa* also offers *Vatahara* effect due to its *Uṣṇa Virya*, *Snigdha Guna* and *Srotosodhana* activity. *Saindhava lavana* having *Lavana* and *Madura Rasa*, *Snigdha Guna* and *Uṣṇa Virya* thus produces *Vatanulomaka*, *Srotosodhaka* and *Sukṣmasrotogami* effect in *Pakṣaghata*. *Tila Taila* is best for *Vatahara* effect having *Sukṣma*, *Uṣṇa* and *Vyavayi guna* which helps in symptoms of *Pakṣaghata*.

Niruha and *Anuvasana Vastis* together may penetrate up to the deeper tissues situated in the body and thus can root out obstinate *Vata* disorders by pacifying functioning of *Rakta*, *Maṃsa* and *Meda dhatu*. *Yoga vasti* plays important role in treatment of *Pakṣaghata* since it is classically recommended for *Vata* disorders. *Anuvasana* and *Niruha* treatment after entering the *Pakwasaya* affect root of morbid *Vata* and maintain normal movement of body. *Niruha* and *Anuvasana vasti* help in *Samprapti Vighatanam* of disease and stop pathogenesis at initial stage. *Vasti* cleans *Srotas*, promotes *Bala* and *Varna* thus help to restore normal functioning of body. *Srotosodhaka* property of *Niruha vasti* and *Bṛṃhana* nature of *Anuvasana vasti* prevent *Margavarodha* in *Pakṣaghata*.^[6-10]

CONCLUSION

Yoga vasti preceded by *Snehapana*, *Abhyanga* and *Swedana*, *Virecana karma*, *Samsarjana krama* significantly improved the signs & symptoms of *Pakṣaghata*, the therapy also help to restore daily regimen and improves quality of life of patients. So *Yoga vasti* has been proven as better therapy to improve disability in hemiplegic patients when compared with other contemporary rehabilitative therapies. Present study conducted only on 30 patients which identified focal area for further research on large population with longer follow up and controlled methods to validate results of present study.

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