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## COMPARATIVE STUDY OF MAHAVAT GAJANKUSH RAS WITH SHASTISHALI PINDA SWEDEN AND MAHAVAT GAJANKUSH RAS WITH VIRECHANA IN THE MANAGEMENT OF PAKSHAGHATA

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### ABSTRACT

Paralysis/weakness of either side of the body with varying levels of loss of function. Stroke is one among the main causes of hemiplegia. According to Ayurveda, the symptomatic presentation of Pakshaghata resembles hemiplegia. Although different types of time-tested treatment protocols are being followed as per the disease severity or stage, many a time, a common treatment strategy, reliable data regarding a standardized treatment protocol, the cost-effectiveness, or adverse effects of the various treatment protocols are lacking. This article comprehensively details the protocol Comparative Study of Mahavat Gajankush Ras with Shastishali pinda Sweden and Mahavat Gajankush Ras with Virechana in the management of Pakshaghata.

**Keywords:** Pakshaghata, chandrakalka, aspect

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## INTRODUCTION

The term Pakshaghata literally means paralysis of one half of the body where "paksha" denotes the right half of the body or the left half of the body and "Aghata" or "paralysis" denotes the impairment of Karmendriya, Gyanendriyas and Manas. Gyanendriyas are considered as part of the Sangnavaha srotas (sensory system) and Karmendriya are considered as part of the Cheshtavaha srotas (motor system) and Manas is supposed to control and guide the both, Gyanendriya and Karmendriyas. Pakshaghata is a Vatavyadhi of Nanatmaja variety according to Charaka, [1] but Acharya Sushruta categorized Pakshaghata under Mahavatavyadhi. [2] In the present experiment we are discussing regarding the comparative study of Comparative Study of Mahavat Gajankush Ras with Shastishali pinda Sweden and Mahavat Gajankush Ras with Virechana in the management of Pakshaghata.

## Methodology

60 persons were selected, divided in to two groups Group A (Consisting of 30 Individuals) and Group B (Consisting of 30). Selected people age group 45-60

Group A are treated with Mahavat Gajankush Ras with Shastishali pinda Sweden

Group B are treated with Mahavat Gajankush Ras with Virechanakarma (icchabhediras)

Mahavat Gajankush Ras is an ayurvedic medicine given in tablet form ,this medicine contains heavy metal ingredients and should be given under medical supervision . The term Gaja ( elephant ) in the name of medicine symbolizes – Kapha/Aama. Qualities of elephant –Slow restricted movement ,heavy and powerful.

Maha Vat Gajankush Ras Tablet contains Ras Sindoor, Nirgundi, Vishagna, Trikatu and other herbal ingredients.Ras Sindoor assists in providing the body with energy and prevents tissues from wearing out.Nirgundi is used to reduce inflammation in the joints. Vishagna is an antiseptic to clear out harmful bacteria from the rest of the body. Trikatu in the formulation is a combination of ginger and long pepper. This Ayurvedic preparation eliminates metabolic waste from the body.Baidyanath Vat Gajankush Ras Tablet treats body pains, stiffness and nerve pains all around the body.Direction for use:One to three tablets should be consumed every morning and again in the evening.

Shastishali pinda Sweden.

It is an Ayurveda treatment which induces stiffness or strength in muscles it is nothing but milk and rice to provide relief and energizes the body Pre-procedure

The rice is cooked in the decoction of Bala and milk until the consistency becomes similar to Payasa; after this, boluses (pinda/pottali) are prepared.

Shashtika rice (*Oryza sativa* Linn) is Snigdha (unctuous), Bala vardhana (tonic) and

Deha dardhyakrita (makes the body strong). The heat provided by bolus of Shashtika shali dipped in Balamula kwatha (roots of *Sida cordifolia*) with Godugdha increases the blood flow locally, relieve muscle spasm, increase tendon extensibility and provides pain relief. Bala absorbed locally provides nourishment to muscular tissue and prevents from emaciation. Combined effect of Abhyanga and along with Physiotherapy helps to reduce spasticity, facilitate the free movement of the joints and to prevent development of deformities and contractures in CP patients. It also provides nutrition to muscular tissue thereby preventing from atrophy and detrimental changes. SSPS or Navarakkizhi is the most important sweda method used in hemiplegia, opisthotonus, emprosthotonus, wasting paralysis and other chronic vata diseases. SSPS is a Brimhaniya Snehika (tonic) sudation performed by bolus of boiled Shashtika Shali with Vatahara Kwatha (decoction of vatahara herbs) and milk. Thus SSPS is one of the most preferred method of swedana for CP patients where muscle wasting and weakness present.

#### Main procedure

The boluses are then kept in the decoction mixture of Bala and milk in the vessel being continuously heated on stove. Sufficient heated bolus is massaged all over the body for sudation after Abhyanga with medicated oil. Abhyanga with Bala Taila was carried out for 20 min. Relay of warm boluses with cold ones should be continuously carried out for 20 min, with 10 min for each side. Before applying the bolus, it was checked for suitable temperature.

#### Post-procedure

After the massage, the paste of rice was gently wiped out from the body. The patient should be allowed to take rest at a place where there is no direct air contact and then take bath with warm water.

Group A patients consisting of 30 individuals were given treatment with Shastishali pinda swed and Mahavat Gajankush Ras.

First of all, *Deepana-Pachana* was initiated with *Amapachana Vati*, 500 mg, thrice a day for 1 week followed by *Shunthi Churna*, 3 g, thrice a day with warm water for 1 week. After that, *Snehana* was started with an initial dose of 40 ml of cow ghee, once a day followed by light diet after proper digestion of the ghee. The amount of ghee was increased by 20 g daily up to 120 g on the 5<sup>th</sup> day as per the protocol of *Snehana*. *Swedana Karma* was started by 6<sup>th</sup> day for 3 consecutive days after the appearance of symptoms of *Snehana* on the 5<sup>th</sup> day. *Swedana* was done once daily in the morning by performing whole body fomentation in a special *Swedana* box after *Bala Taila Abhyanga* (body massage). *Virechanakarma* was done by administration of 100 g *Trivrita Avaleha* and 20 ml castor oil at 10 am (*Pitta Kala*) on the 9<sup>th</sup> day. About 3 h later, *Virechana Vega* was started, and total 15 Vega (passed stool) were observed till the evening. From 10<sup>th</sup> day onward, *Sansarjana Krama* (a process of resuming normal diet) was started by prescribing *Peya* (preparation of rice and water) and *Vilepi* (preparation of rice) and so on successively for 3 days. From 4<sup>th</sup> day onward, diet with least spices was suggested. After completion of the *Sansarjana Krama*, by 7<sup>th</sup> day the patient was put on the routine diet. Care

was taken not to consume the known allergic food (as per the allergy report) and other allergic things reported in the test.

After completion of *Virechanakarma*, the patient felt 40% relief in pain and stiffness of the joints. Meanwhile, the patient was screened for allergy with food, drugs, and inhalants. After knowing the findings, all known allergy-causing foods, drugs, and inhalants were restricted in routine usage as far as possible.

*Virechanakarma* ( *icchabhediras*) described for the effective management of *Pakshagyata* as a *Shodhana* therapy. As it is the most suited therapy for the *Sthanika Pitta Dosha*, it might be responsible for *Agnivardhana* and evacuation of *Ama*, which is the main culprit of this disease.

**Table 1: Patient Conditions**

S.No	Symptoms	Group A	Group B
1	Speech	Yes	Yes
	Aphasia	No	Yes
	Speak few words	Yes	No
	Speak difficulty	No	No
	Normal speech	Yes	Yes
2	Power Grade	Yes	No
	No Movement	No	No
	Slight movement	NO	Yes
	Movement along gravity	Yes	Yes
	Movement against gravity	Yes	Yes
	Movement against resistance	No	Yes
	Normal power	No	Yes
3	Sitting from lying down	Yes	Yes
	Unable to sit	No	Yes
	With support	Yes	No
	Without support	No	Yes

<b>4</b>	<b>Walking</b>	<b>Yes</b>	<b>Yes</b>
	<b>Bedridden</b>	<b>Yes</b>	<b>No</b>
	<b>Walking with assistance</b>	<b>Yes</b>	<b>No</b>
	<b>Walking with support like stick</b>	<b>Yes</b>	<b>No</b>
	<b>Walking without support</b>	<b>No</b>	<b>Yes</b>
	<b>Normal walk</b>	<b>No</b>	<b>Yes</b>

**Table: Improvement after drug intaken**

Improvement in %	Group A (left)		Group B (left)		Group A (right)		Group B (right)	
	No. of pts.	% of imp.	No. of pts.	% of imp.	No. of pts.	% of imp.	No. of pts.	% of imp.
Unchanged (0-25)	00	00	02	4.87	01	2.38	00	00
Mild improvement (26-50)	12	27.90	14	34.14	10	23.80	15	36.58
Moderate improvement (51-75)	15	34.88	14	34.14	12	28.57	14	34.14
Marked improvement (76-99)	05	11.62	06	14.63	09	21.42	07	17.07
Complete remission (100)	11	25.58	05	12.19	10	23.80	05	12.19

Table: Values stating Before and after treatment

Gr.	'n'	Mean score		X	% Relief	S.D.±	S.E.±	't'	P
		B.T.	A.T.						
A	30	18.30	5.74	12.56	68.61	4.74	0.72	17.34	<0.001
B	30	21.34	7.48	13.85	64.91	5.14	0.80	17.23	<0.001
A	30	7.81	1.91	5.91	75.59	3.06	0.46	12.62	<0.001
B	30	8.14	1.90	6.24	76.64	4.33	0.67	9.22	<0.001
A	30	16.81	5.37	11.44	68.05	3.90	0.59	19.21	<0.001
B	30	18.78	7	11.78	62.72	6.01	0.93	12.54	<0.001
A	30	14.53	4.84	9.70	66.72	4.05	0.61	15.67	<0.001
B	30	16.78	6.26	10.51	62.64	4.44	0.69	15.14	<0.001

B.T.- Before treatment; A.T.- After treatment

## Result and conclusion

By seeing the above observation we can say that Group B had shown effective result when compared to Group A. Before virechenkarma we given vrudhpana upto 5 days with snehan Sweden on the 6 day we given massage and steam along iccha for virgena and we advise patient for sansjaran kram for 5 days internally we given Mahavat Gajankush Ras with virejen so we conclude in group b there are sodhana chikitsa along with kshama chikitsa was very effective in pakshaghata as compared to group A we use only Mahavat Gajankush Ras as a ksamn chikitsa and shashti shali pinda sweada was local procedure

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