

EFFICACY OF VAITARANA BASTI IN THE MANAGEMENT OF PAKSHAGHATA: A PILOT STUDY

Dr. Tushar Suresh Punse

Dept. Kayachikitsa S.G.A.C Mozari, MUHS, NASHIK, Maharashtra, India

ABSTRACT

Pakshaghata is an important disease of modern era as a result of so many health problems such as Hypertension, Atherosclerosis etc. induced due to modern life style, and as it is complication of other diseases, it needs *panchakarma* treatment. The present study was an attempt to provide a better option in Ayurveda for the condition. *Pakshaghata* is described under the umbrella of *Vatavyadhi*. Among the *chikitsa* of *vatavyadhi* *basti* is having priority. Here *Vaitarana Basti* is selected as *Niruha* as it does the *Srotoshodhana* and *Anuvasana* is given with *Prasarini taila* as it is directly indicated for *Vatavyadhi*. The aims and objectives are to evaluate the efficacy of *Vaitaranabasti* in *Pakshaghata*. Six patients suffering from *Pakshaghata* were selected for the study from O.P.D & I.P.D of Ashwin ayurved college manchi hill sangamner. *Vaitarana basti* along with *Prasarini taila anuvasana* was carried out in all the six patients in *Kala basti* pattern. Results were assessed on the basis of fixed subjective and objective parameters. The study has shown encouraging results on functional ability of the patients of *Pakshaghata*.

Keywords: *Pakshaghata, Vaitaranabasti*

INTRODUCTION

Stroke is a Non-communicable disease of increasing socioeconomic importance in ageing populations. According to WHO, stroke was the second commonest cause of worldwide mortality in 1990 and, the third commonest cause of mortality in more developed countries; it was responsible for about 4.4 million deaths worldwide. In the recent estimates made in 1999, the number of deaths due to stroke reached 5.54 million worldwide, with two-thirds of these deaths occurring in less developed countries. Stroke is also a major cause of long-term disability and, has potentially enormous

emotional and socioeconomic consequences for patients, their families, and health services. The case fatality rate due to stroke is reported to vary varies from 11.7% to 32.4%. In 2005, estimates indicated that 58 million people died, and in them chronic diseases accounted for 35 million deaths (60%). Cardiovascular diseases, predominantly heart disease and stroke, were the cause of death in 17.5 million individuals. After heart disease, Stroke is the second leading single cause of death, with 5.8 million fatal cases per year, 40% of which are in people younger than 70 years. About 15

How to cite this URL: Dr. Tushar Suresh Punse: Efficacy Of Vaitarana Basti In The Management Of Pakshaghata: A Pilot Study. International Ayurvedic medical Journal [online] 2016 {cited 2016 July} Available from:

http://www.iamj.in/posts/images/upload/1166_1172.pdf

million new acute stroke events arise every year, and about 55 million people have had a stroke at some time in the past, either with or without residual disability; two-thirds of these individuals live in low income and middle-income countries. Demographic changes, urbanization, and increased exposure to major stroke risk factors will fuel the stroke burden in the future. By 2025, four out of five stroke events will occur in people living in these regions. The prevalence of stroke in India varies in different regions of the country and, ranges from 40 to 270 per 100 000 population. Approximately 12% of all strokes occur in the population <40 years of age. Major risk factors identified in India are hypertension (blood pressure >95 mm Hg diastolic), hyperglycemia, tobacco use, and low haemoglobin levels (<10 gm. %). Stroke accounts for 2 per cent of hospital registrations, 1.5 per cent of medical registrations and 9 to 30 per cent of neurological admissions in major hospitals. The National Commission on Macroeconomics and Health has projected that cases of stroke would increase from 1,081,480 in 2000 to 1,667,372 in 2015. The ICMR study on Burden of Disease (2005) has (2005) has estimated that there has been an increase in the number of stroke cases in India during the last one and a half decades by 17.5 %. Mortality due to strokes has increased by 7.8% from 1998 to 2004. Hemiplegia is the outcome of stroke and its parallel to *pakshaghata* in *Ayurveda*. Without movements human being is just like a lifeless statue. This is exactly what occurs in case of *Pakshaghata*. *Pakshaghata* is one of the 80 *vatavikaras*, and described in almost all *Ayurvedic* literature. *Vata* is sole *dosha* for all the movements in the body and thus responsible for the disease. *Pakshaghata* is

very common among *Vatavyadhi*'s. In modern science it is treated with Antithrombotic, Antiplatelet etc. Drugs but success rate is very low, especially restoration of movements is difficult. *Basti* is best to combat *vata*. So, *Shodhan* by *Basti* karma along with Shaman *Chikitsa* will be more effective aimed at restoration of movements. *Basti Chikitsa* along with the internal Shaman formulation will be more beneficial.

Materials and Methods:-

Study design- It was an open, randomized, preliminary clinical study.

Source of data: - Patients are selected from. O.P.D.& I.P.D of Ashwin *ayurved* college manchi hill sangamner having classical signs & symptoms of *Pakshaghata* as well as fulfilling inclusion & exclusion criteria.

Sample size: - Total 7 patients were registered, among them 1 was drop out, whereas the 6 patients completed the treatment schedule.

Inclusion Criteria: Patients diagnosed as suffering from *Pakshaghata*, based on classical signs and Symptoms of *Pakshaghata* were included in the study.

Exclusion Criteria: Patients below age 30 and more than 70 years and the patients who are having the chronicity of disease more than 5 years were excluded from the study.

Assessment Criteria: A special research preform was prepared for the study incorporating all the relevant points from both Ayurvedic and modern views. Some subjective parameters like *Akarmanyata*, *Vichetana*, *Sandhi Bandhana Vimoksha*, and some objective parameters like Barthel Index, Muscle Power Test and Grip Power Test. Each parameter was given grading. Hematological analysis, which was done in patients include T.C., D.C., E.S.R., Hb%, R & M examinations of urine and some bio-

chemical examinations- blood sugar, S.cholesterol, S.triglycerides and B.urea were carried out to exclude the possibility of

any other disease as well as to know the present condition and diagnosis of patient.

Table No.1 shows gradation of subjective parameter

Drugs under trial:-

Parameter	Grading	Observation
<i>Akarmanyata</i>	0	Normal
	1	Needs minor help
	2	Needs major help
	3	Complete loss of function
<i>Vichetana</i>	0	Normal
	1	Tingling sensation
	2	Tactile sensation loss
	3	Complete loss of sensation
<i>Sandhi Bandhana Vimoksha</i>	0	Normal
	1	Movements associated with pain
	2	Restricted movements
	3	Complete loss of movements

Table No.2 shows gradation of objective parameter

Parameter	Grading	Observation
Barthel Index	0	Index score 76-100
	1	Index score 51-75
	2	Index score 26-50
	3	Index score 0-25
Grip Power	0	30-40 mm of Hg
	1	20-30 mm of Hg
	2	10-20 mm of Hg
	3	0-10 mm of Hg
Muscle Power	0	Complete paralysis
	1	A flicker of contraction only
	2	Power detectable, excluding gravity with postural adjustment
	3	Limb can be held against gravity but not against examiner's resistance
	4	Limb can be held against gravity& against examiner's resistance but not

	normal
5	Normal power

- *Trikatu churna* for *Deepana-Pachana*
- *Gandharva hastyadi taila*- For *Vatanulomana*
- *Sarvanga Abhyanga* was done with *Prasarini Taila*, followed by *Nadisweda*.
- The *Vaitarana Basti* in *Kala Basti* pattern.
- *Niruha -Vaitarna* : *Guda*:- 25 grams, *Saindhava lavana* :- 3 grams, *Murchita Tilataila*:- 120 ml, *Chincha Swarasa* :- 50 grams, *Gomutra* :- 200 ml
- *Anuvasana -Prasarina taila*.-60 ml
- Internally:- *Ekgaveera Rasa* (1 tab 3 times per day (after food))
- *Mahamanjistadi ghanavati* (1 tab 3 times per day (after food))
- *Gandharva Hastyadi Kashaya* (3tsp 2 times per day (after food))

Trikatu churna was given first for *deepana pachana*, 12 gms per day before food till the appearance of *nirama laxanas*. After that, 30 ml of *Gandharva hastyadi taila* was given on empty stomach, for *vatanulomana* on the previous day of *Basti*. Then from next day, *basti* was started in the *kala basti* pattern. *Sarvanga abhyanga* with *Prasarini taila* followed by *Nadisweda* was done before administration of *basti*, In *kala basti*

pattern, *Niruha* was given with *vaitarana basti* and *anuvasana* was given with 75ml of *Prasarini taila*. Simultaneously patient was on internal medication, and was taking *Ekgaveera Rasa*, *Mahamanjistadi ghanavati* and *Gandharva Hastyadi Kashaya*. Preparation of *Niruha* was done as per classics; at first *guda* was melt and when it became dense like honey then it was taken in *khalwa*. *Saindhava* was added to this *guda* and it was mixed thoroughly. As *Sneha*, *murchita tilataila* was added and again mixed. As *kalka dravya*, *chinch swarasa* was added which was prepared by soaking the *chinch* in water and later macerating it. At last, *gomootra* was added as the *kashaya dravya* and it was churned till it becomes homogenous mixture,

This pattern of treatment was followed for one sitting of *kala basti* pattern.

Results:

Observation: Among the 7 patients registered for trial, 6 completed the treatment schedule successfully, all the patients were suffering from ischemic stroke and all the 6 patients were having left sided stroke.

Table No.1 shows general observation in patient

Sr.No.	Age	Sex	Sharirika prakriti	Habits	Chronicity
1	58	M	Vata	Smoking, Alcoholism	1 month
2	55	M	Vata-Pitta	Smoking, Tobacco chewing, Alcoholism	2 month
3	60	M	Vata	Smoking, Alcoholism	1 week
4	63	M	Vata-Kapha	Smoking	3 days
5	57	M	Vata-Pitta	Smoking, Tobacco chewing, Alcoholism	2 weeks

6	56	M	Vata-Pitta	Smoking, Alcoholism	4 month
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All the patients belong to age group 55-60 and all were males, indicated incidence more in old age and in males. Maximum patients were Hindu, a larger part of sample comprised of labourers. Maximum patients were having only primary education and belong to poor class. Study shows all the patients were from *jangala pradesha*. In predominance of rasa in their diet, intake of *Katu rasa* and *lavana rasa* predominance was observed. The maximum dominancy of *Guna* observed in diet was of *Ruksha* and *ushna, teekshna guna*.

Smoking, tobacco chewing and alcoholism were observed as chief sources of addiction in the above sample. While studying the patients in respect of *Agni* and *koshtha*, it was found that all the patients were having *agnimandya* whereas *mrudu koshtha* was seen

in maximum patients. *Vata – Pitta prakruti* dominated the above sample. *Manasika prakruti* wise distribution showed *Rajasika* nature in maximum patients. Maximum number of patients were having *madhyama satwa, madhyama sara, madhyama samhanan and madhyama satmya*. Patients having chronicity ranging from 3 days to 4 month were present in the clinical study. The other factors like *Adhyashana, chinta, diwaswapna, ratrijagarana* were observed.

All the patients had the history of sudden onset. All the patients were hypertensive whereas 1 patient was diabetic also.

Results:- Results were analyzed on the basis of grading of subjective and objective parameters using statistics. The observed grading in the patients on subjective and objective parameters are as follows.

SL NO	Akarmanyata		Vichetana		Sandhi Bandhana Vimoksha		Barthel Index		Grip Power		Muscle Power	
	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T	B.T	B.T	A.T.	B.T	A.T.
1	3	1	2	1	3	0	3	1	20	40	1	4
2	3	0	2	1	3	1	3	0	26	38	2	4
3	3	1	2	0	3	1	3	1	14	30	2	4
4	3	1	2	0	3	0	3	1	18	28	2	4
5	2	0	1	0	2	1	2	0	22	40	3	5
6	3	1	2	1	3	1	3	1	16	30	3	4

Overall Effect:

Pre and post test result are analyzed statistically for ‘p’ value using paired –‘t’ test and test is significant at %, p<0.01.

Overall effect of the treatment is 79.55%. On *Akarmanyata* it has shown 76.04%, on *vichetanata* 72.68%, on *sandhi bandhana vimoksha* 76.45%, On Barthel index 79.88%, on grip power 70.08%, and on muscle power it has shown 72.33% result. The treatment

has shown maximum effect on Barthel Index. On fine finger movements, treatment has shown least effect

DISCUSSION

During the age, 50-60 years, *prakopa* of *vata dosha* starts thus incidence of *pakshaghata* is more in this age group as *pakshaghata* is one of the *vatavyadhi*. Predominance of male patient observation correlates with the modern textual observation

regarding higher prevalence for males than females. Maximum number of Hindu patients indicates dominant Hindu population in this region. Most of the patients were found laborers. As per our classics, as these people are indulging in ativyayama, they are prone to *vataprakopa* and hence *vatavyadhi* like *pakshaghata*. Most of the patients were found belonging to *jangala pradesha* which clearly indicates that people dwelling here will be more prone for *vatavyadhis*. Predominance of *Katu* and *lavana* rasa and *Ruksha*, *ushna*, *teekshna gunayukta aahara* suggests vitiation of *vata* along with *pitta*, also it indicates the predominance of *pittanubandhi pakshaghata* in the selected patients. Also *lavana* rasa intake points towards *pitta prakopa*, which may lead to hypertension as a cause of above disease. Dietary habits suggest the *doshadushti*, which leads to *agnimandya* and may turn to *margavarodhajanya pakshaghata*, as seen in sample that all patients belong to ischemic stroke. Smoking, Tobacco chewing and alcoholism may vitiate *vata* and *pitta dosha* which may lead to hypertension to be followed by *pakshaghata*. As observed in this study that maximum number of patients belong to *rajasika prakriti* which indicates that person with *rajasika prakriti* are more prone to this disease. Maximum number of patients were having *madhyama satwa*, *madhyama sara*, *madhyama samhanan* and *madhyama satmya*. This supports the fact that individuals having moderate and poor strength of body and mind are may be captured by the diseases like stroke. The other factors like *Adhyashana*, *chinta*, *diwaswapna*, *ratrijagarana* also suggests the *prakopa* of *vata* and *pitta*.

CONCLUSION

The treatment has shown encouraging effect on functional deformity. As *Pakshaghata* is one of the 80, *Vataja Nanatmaja vikara's* and *Basti* is said to be the best for *Vata dosha*, also classics explained *Basti* as *Ardhachikitsa*. So *Basti* was selected as main line of treatment and has shown good results. *Vangasena* has directly indicated the *Vaitarana Basti* for *Ghora Vatavyadhi's*. All the ingredients of *Vaitarana Basti* are *Vatashamaka* in nature. The *Vaitarana Basti* acts as *Srotoshodhaka* by its properties. As ischemic stroke can be considered as *margavarodhajanya pakshaghata*, *Vaitarana basti* by its *srotoshodhaka* properties removes the *aavarana* and there by counteracting pathology. In such diseased condition, it is important to improve the quality of life of the patient, and exactly this is done by the present study, as it has shown maximum result on Barthel index, which is criteria for assessment of the functional ability. So by improving functional ability of the patient we can say that we have done a lot to patient's condition. Considering the deep seated nature of disease, its chronicity, involvement of main marma (*sira*), longer duration of therapy is required. Here it is done in *kala basti* pattern but it's mandatory to continue the treatment for few more sittings to get better results.

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CORRESPONDING AUTHOR

Dr. Tushar Suresh Punse

Associate Professor,

Shri Gurudev Ayurved College,

Ganesh Vihar , Gurukunj Ashram Mozari,

Tal. Tiosa Dist. Amravati

Maharashtra- 444902

Email: tusharpunse4@gmail.com

Source of Support: Nil

Conflict of Interest: None Declared