

ANALYSIS OF PAKSHAGHATA SAMPRAPTI - A CRITICAL VIEW

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ABSTRACT

Pakshaghata is a *Vata vyadhi* which took a prime position among all *Vata vyadhi*, which can leave a person either physically or mentally crippled if not properly managed. *Pakshaghata* is denoted by impairment of *Karmendriya*, *Gyanendriya* and *Manas* of half part of body which may be either from head to toe or from mid of the body. From treatment point of view it became necessary to understand the proper *Samprapti* of *Pakshaghata*. Because *Samprapti vighatna* is essential to treat any disease and *Samprapti vighatna* of a disease is also known as *Chikitsa*.

Key Words: *Pakshaghata, Karmendriya, Samprapti Vighatana*

INTRODUCTION

Pakshaghata is one among *Vata vyadhi* which manifest suddenly due to *Ashukaritva* of *Vayu*¹. However there will be some underlying gradual *Dosha dushya samurchna* which facilitates the sudden worsening of the clinical feature of *Pakshaghata* in most of the cases. *Pakshaghata* doesn't exhibit any sign & symptom of disease in its *Poorva roopa avastha* i.e *Avyakta poorva roopa* & it completes its pathway within no time². The term *Pakshaghata* literally means *Aghata*

(paralysis) of a *Paksha* (right or left lateral half of the body). *Pakshaghata* can be correlated with hemiplegia where many factors may be responsible like *Aaharaj* (dietary regimen), *Viharaj* (habbitary regimen), *Manobhavas* but stroke can be the main etiological factor. The term stroke is used to describe an abrupt loss of function of some parts of the central nervous system due to vascular lesion. The symptoms can be varying from loss of cerebral functions to deep coma, motor and sensory functioning

loss. There is a wide range of sensitivity from recovery in a few days through a persistent disability to death³. In the same way we can correlate the importance of *Rasa & Raktadi Dhatu* as *Dushya* which is explained in *Samprapti* of *Pakshaghata* in our classics. The main *Dushayas* are *Rasa, Rakta, Mamsa, Meda, Majja dhatu* here because the *Prinana* and *Jeevna* is the main *Karma* of *Rasa, Raktadi dhatu*; which is deteriorated in case of *Pakshaghata*. In pathogenesis of *Pakshaghata* the *Mastulunga majja* is affected ;which is nothing but it is *Majja dhara kala, Majja* is seat of *Vata* in that context we can say that the affected part of *Mastulung* can affect the functions of that part i.e sensory or motor.

SAMPRAPTI

Samprapti of a disease explains the process of pathological changes & dis-arrangement of *Doshas* which occurs in a person which leads to the formation of disease and manifestation of clinical features. The breaking of *Samprapti* is called *Chikitsa*. *Samprapti* of a disease may pass through consecutive stages of *Doshas vikriti* like *Sanchaya, Prakopa, Prashmna* etc. During these stages if

any interference occur by *Aahara, Vihaara, Mansika* factors or by any other measures it will reflects over the stages of *Samprapti*. So here an attempt is made to explain *Samprapti* of *Pakshaghata* according to different stages of disease.

SANCHAYA - PRAKOPAVASTHA

In *Sanchaya avastha* of *Pakshaghata* due to specific *Vataj nidana sevana* the *Doshas* begins to accumulate at their own sites, as *Pakwasya* is the main seat of *Vata*⁴. Where it undergoes moderate accumulation in its own sites & results in expression of symptom like *Stabhda poorna kosthata, Virudha kamitwa*⁵. Even though the *Pakshaghata janya nidana* mainly trigger *Vata* only but they show their effect over *Pitta & Kapha* also which results in their *Sanchaya avastha* at their own sites.

In *Prakopavastha* of *Pakshaghata* the *Aswabhabika vridhi* of *Vikruta vata* represents in the form of *Kosthatoda, Kosthagata vayusancharan* etc⁶. simultaneously the *Pitta* and *Kapha* also advances to their *Prakopavastha*.

PRASAR- STHANSAMSHRAYA

In *Prasar avastha* the *Vikruta bala* of *Vata* by getting *Anubandhitwa* with *Pitta* and *Kapha* enhances this

stage so this stage lasts with in short time & progress into *Sthansamshraya avastha* quickly due to *Ashukaritwa* of *Vata dosha*. In *Sthan Smashraya Avastha* of *Pakshaghata* the provoked *Vata* gets located at the site of *Masthiskagatavahini* i.e cerebral arteries and starts manifestation of signs as per *Nidana* and circumstantial condition or dominancy of *Anubandhitwa* of *Doshas*.

VYAKTA - BHEDAVASTHA

In *Vata vyadhi* there may not be time for *Poorva roopa avastha* to get exhibited. Though *Pakshaghata* is also one of the *Vata vyadhis* and *Astamahagada* told by our Acharyas it also doesn't exhibit *Poorva roopa avastha*. So *Vyakta* and *Bhedaavastha* get exhibited in *Pakshaghata* abruptly as we mentioned above because in *Vata vyadhi* there may not be time to exhibit *Poorvarooopa avastha*. So the *Vyaktaavastha* of *Shadkriyakala* may be manifest abruptly.

In *Pakshaghata vata* is the main culprit *Dosha*. *Pakshaghata* is *Vatapradhana Tridoshaj* disease. In which *Vata* (*Prana, Udana, Vyana, Apana*) *Pitta* (*Ranjak, Aalochak, Pachak*) & *Kapha*

(*Avalambak, Bodhak, Tarpak*) are involved. Main *Dushyas* involved in *Pakshaghata* are *Rasa, Rakta, Mamsa, Meda & Majja* with *Updhatus* (*Sira, Snayu, Dhamni*). *Rasawah, Raktawah, Mamsawah, Medawah, Majjawah, Manowah srotas* are involved in pathogenesis of *Pakshaghata*. The main *Adhistan* of this disease is *Mastiska* and *Udbhavsthan* is *Pakwashya*. *Sancharsthan* is whole body especially the affected sites with *Vyaktasthan* as *Ardhakaya* or *Mukha*. Its onset is *Ashukari* in most of the cases & *Chirkari swabhava* in some cases. The *Avyava* involved are *Hasta, Pada, Mukha, Netra, Nasa, Swarayantra* etc. *Sanga* and *Vimargamana* are consider as responsible for *Srotodusti*. *Pakshaghata* is consider under *Madhayam Rogamarga* and the *Ama* produced is due to *Paachakagni* & *Dhatwagnimandya janyaama*.

From this description the *Samprapti* of *Pakshaghata* is clear as adhistan of *Prana vayu* is *Murdhaga* i.e. *Mastiska* mentioned in *Asthanga Hridya* and the *Dharana* of *Budhi* and *Manas* are considered as its functions⁷. So the impaired consciousness, impaired memory, inability to

calculate, difficulty in identifying shape, size, reduced sensation for pain touch are mainly due to *Prana vayu dusti*. The involvement of *Udana vayu* can be considered due to presence of lakshana like loss of speech, loss of strength in single or group of muscles. Because the physiological function is carried out by *Udana vata* mainly *Vakpravrit*⁸. In *Pakshaghata* the main complaints are as per the involvement of the lesion occupied area. The *Pakshaghata* originated by thrombo embolism, thrombotic changes, atherosclerotic changes etc. produces obstruction in blood supply. The sufferer get deprived of nourishment to the brain and results in partial inactivity of the respected center and part of the body which is under control of that center. The loss of partial function and inactivity of respected center in brain is due to malfunctioning of *Vyana vata*. As explained in *Asthang Samgaraha* the main physiological function of *Vyana Vata* is supply of *Rasa, Rakta* i.e providing nourishment to all parts of body continuously and constantly.

Apana vayu is responsible for *Dharna, Udirna, Niskramna of Mala, Mutra, Garbha* etc⁹. *Apanavayu*

passively with holds the activities of *Agni* which in terms represents in liking disliking & digestive process in a person. So most of the patients show the signs and symptoms like digestive disturbances, lack of appetite etc. long term digestive disturbances and lack of *Shadrasatmak aahara* can reflects in term of *Nidana* for *Dhatu kshaya janya Pakshaghata*. Incidence of occurrence of *Pakshaghata* is found to be more in old age because of alpa *Rasa* and *Rakta dhatu*¹⁰. *Pakshaghata* patients usually approach with the main complaint of loss of motor function these motor and other sensory activities are controlled by *Vyana vata*¹¹. The involvement of *Ranjak pitta* is justified as the formation of *Rasa* and *Rakta dhatu* are said to physiological function of *Ranjak pitta* and the *Rasa* and *Rakta dhatu* does the *Prinana* and *Jeevan* function respectively . In old age there is less *Prinan* and *Jeevan* due to *Rasa* and *Rakta kshaya* hence disease occur. The involvement of *Alochak pitta* is found in few cases like Hemianopia where the 7th cranial nerve is affected leading to loss of vision because the physiological function of *Alochka pitta*

is related with visual perception of *Roopa* by *Chakshurendriya*¹².

Involvement of *Bodhak kapha* can be considered under presence of symptom like loss of taste as the sense of taste is considered to be its prime function¹³. Involvement of *Tarpak kapha* can be consider due to altered function of *Indriya* as the *Tarpna* of *Indriyas* is main function of *Tarpak kapha*¹⁴. Function of *Avalambak kapha* is to do *Avalamban* of *Hridya*¹⁵, which supplies *Rasa and Rakta* to all parts of body and *Prinan, Jeevan* karma takes place. The disturbance in *Ablambak kapha* will alter the function of heart which results in less supply of *Rasa & Rakta dhatu* which leads to *Dhatu kshaya* and may manifest the disease *Pakshaghata*.

SAMPRAPTI GHATAKAS

Dosha : Tridosha (vata pradhan)

Dushya : Dhatu
(Rasa,Rakta,Mamsa,Meda,Majja)
Updhatu

(Sira,Snayu,Dhamani)

Srotas:

Rasa,Rakta,Mamsa,Meda,Majja,Manov
aha srotasa

Adhasthan: Mastishka

Udbhava sthana : Pakwasya

Sanchaar sthan : Sarva sharer (Specially Affected site)

Vyakta sthan : Ardhakaya, Mukha

Agni: Jatharagni, Dhatwagni mandya

Vyadhi swabhava: Ashukari

Avayava

:Hasta,Pada,Mukha,netra,nasa,swaray
antra etc.

Srotodusti prakara: Sanga And
Vimargaman

Ama: Jathragnimandya and
Dhatwagnimandyajanya ama

Roga Marga: Madhyam roga marga

CONCLUSION

A sound knowledge of basic fundamentals like *Dosha ,Dushya ,Srotas and Nidan narthak aahar, Vihara* and *Manobhavas* is very essential to understand the proper samprapti of the disease . Because *Chikitsa* is dependent on *Samprapti vighatna* hence it becomes essential for us to understand the proper pathogenesis of disease before treating it.Only then we can achieve our goal easily.

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