



ISSN 2456-3110

Vol 2 · Issue 5

Sep-Oct 2017

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

A review on efficacy of *Kayaseka* in *Pakshaghata*

Jayant Marpallikar,¹ Niranjana Rao,² Shreekanth U,³ Pooja BA.⁴

¹Post Graduate Scholar, ²Professor & HOD, ³Principal & Professor, ⁴Assistant Professor, Post Graduate Department of Panchakarma, Shree Dharmasthala Manjunatheswara College of Ayurveda, Udupi, Karnataka, India,

ABSTRACT

Man has always feared two things death and disease. Stroke is a disease which appears suddenly with strong pathophysiology. It is responsible for more dependency than any other disease since it hampers the functional ability of person sometimes it may even lead to death. As birds need both wings to maintain posture, co-ordination of movements, execution of different movements similarly humans need both halves. If a bird loses its one wing it is unable to fly and even live due to depraved morbidity. In the same way when person suffers from stroke he is like a bird with clipped wings. *Pakshaghata* is a *Vatavyadhi*. *Acharyas* have established it under *Astamahagada*. In all types of *Vatavyadhi*, *Snehana* and *Swedana* are mentioned as a line of treatment. *Acharya Charaka* advocates the use of *Ushnaveerya Parisheka* in the mitigation of *Vata Dosha*. Induction of *Swedana* by unique procedure of pouring liquid by warm medicated oil on body is known as *Parisheka Sweda*. When it is performed on whole body along with the *Abhyanga*, is known as *Kayaseka*.

Key words: *Pakshaghata*, *Swedana*, *Parisheka*, *Kayaseka*, *Stroke*.

INTRODUCTION

Pakshaghata is one among the *Vatavyadhi*, considered under *Astamahagada*, which is *Swabhavatah Duschkitsya*. In Classics it is classified as *Dhatukshayajanya* and *Margavaranjanya* based on the *Samprapti*. When the aggravated *Vata* invades the *Urdwa*, *Adah* and *Thiryakgata Dhamanis*,^[1] it hampers any one half of the body which is called as *Pakshaghata*. This leads to partial or complete loss of functioning of the affected side of the body and at times may even cause death.^[2]

According to statistical data, 7,00,000 Indians are

Address for correspondence:

Dr. Jayant Marpallikar

Post Graduate Scholar, Post Graduate Department of Panchakarma, Shree Dharmasthala Manjunatheswara College of Ayurveda, Udupi, Karnataka, India.

E-mail: jayantmarpallikar@gmail.com

Submission Date : 19/09/2017 Accepted Date: 25/10/2017

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.v2i05.10265

suffering with stroke every year,^[3] out of which 10% recover completely, 25% live with minor impairment, 40% moderate to severe impairment, 10% require care in hospital and 15% die shortly after the stroke.^[4] According to the causes, 85% strokes are due to ischemic conditions. In South India every 56.9 persons out of 100,000 are suffering from Stroke or Hemiplegia.^[5]

Acharya Charaka advocates the use of *Ushna Veerya Parisheka* in the mitigation of *Vata Dosha*. Induction of *Swedana* by unique procedure of pouring liquid by warm medicated oil on body is known as *Parisheka Sweda*. When it is performed on whole body along with the *Abhyanga*, is known as *Kayaseka* or *Pizichil*.^[6]

As per *Bhava Prakash Nighantu*, *Tila Taila* should be used for *Abhyanga* and *Parisheka*. *Tila Taila* has properties like *Vikashi*, *Sukhsma* which help in easy absorption through the skin and *Madhura* and *Katu Rasa* help in the mitigation of *Vata* and *Kapha Dosha*.^[7]

By synchronisation of *Tila Taila* with *Kayaseka* antagonistic effect on *Vata* and *Kapha* is expected. Hence, keeping the alarming increase in the incidence and the morbidities associated with *Pakshaghata* in mind this study has been taken to evaluate the role

and efficacy of *Tila Tail Kayaseka* in the management of *Pakshaghata*.

Table 1: Comparison between hemiplegia and Pakshaghata

SN	Factors	Pakshaghata	Hemiplegia
1.	Etiology	Vayah, Margavarana, Dhaturkshaya, Marmabhighata, Asruksrava, Rukshalpa ahara,	Age, Atherosclerosis, Haemorrhage, Injury to head, Nutritional imbalance, Habits (Alcohol, Tobacco)
2.	Signs & Symptoms	Chesta Nivritti, Ishat Karma Kshaya (in Ardha Kaaya), Ardhanarishwara Chesta, Vaakstamabha, Shira snayu shosha,	Loss of power & movement in half side of body, minor sensory deficit, Dysarthria, Atrophy due to disease stiffness.
3.	Pathology	Sanga in Vatavaha Sira,	Obstruction of cerebral vessels, Ischemia, Depletion of glucose metabolism, Death of nerve cells.

In *Ayurveda* there are specific treatments for *Pakshaghata*. Among one of them is *Swedana*. *Parisheka* is one among 13 types of *Saagniswedana*. Both *Acharya Vagbhatta* and *Sushruta* clubbed *Parisheka* under *Dravasweda*.

Parishek: *Pari* + *Sekah*, here the word *Seka* is derived from root word *sich - ghan*, *sekah* is a (pu) word where *Pari* is a *Upasarga* which refers from all sides *Seka* means sprinkling. So overall it means sprinkling from all sides, there are different types of meaning of *Seka* which are as follows: pouring out, emission, sprinkling, moistening, shower bath, liberation, offering, plural name of a people *Kayaseka* is another form of *Parisheka*, when *Seka* is associated with *Kaya*

then it means sprinkling from all sides over body. *Shuddhavatarogi* or *Vata Samsrusta Sahitrogi* should be subjected for *Parisheka Sweda*. Drugs should be made into *Qwatha* then it is taken in vessel with many small openings. After *Abhyanga* when *Sinchana* of these *Sukhosnadravya* is done it is known as *Parisheka*.

MATERIALS AND METHODS

In procedure drugs are used they are *Mahanarayan Taila* and *Moorchita Tila Taila*. *Mahanarayan Taila* is used for *Abhyanga* where *Moorchita Tila Taila* is used for *Seka* purpose.

Mahanarayana Taila: this drugs contains *Bilwa*, *Ashwagandha*, *Brihatimoola*, *Gokshura*, *Shyonaka* etc. *Mahanarayan Taila* is indicated for *Paana*, *Abhyanga* and *Vasti* in all *Vatavyadhis*.

It is also useful in gynecological disorders, it also bestow to progeny imbued with longevity, courage and vitality. This *Taila* has properties like *Tridoshahara*, *Balya*, *Vrushya*, *Rasayana*, *Brimhana* which helps in alleviation of *Vyadhi*.^[8] *Moorchita Tila Taila* it contains drugs like *Haridra*, *Lodhra*, *Musta*, *Amalaki*, *Tila*, *Vata* which possess qualities like *Tridoshahara*, *Vatahara*, *Balya*, *Vishaghna*, *Anulomaka*.^[9]

DISCUSSION

Mode of action of *Swedana Karma*

Swedana karma has 4 major actions over the body,

1. *Sthambhagnata*
2. *Gouravagnata*
3. *Sheetagnata*
4. *Swedakarakata*

▪ ***Sthambhagnata***: *Swedana* has the opposite qualities to that of *Vata* and *Kapha*, thereby producing a palliative effect on them and thus clears the *Srotosanga*. In other words, application of heat increases the local circulation which effects on contracted lumen of the body to

become smoother and wider. Thus relieves variety of obstruction.^[10]

- **Gouravagnata:** Heaviness of the body is being relieved by *Swedana*. By means of *Swedana*, the fluids in the body are being excreted through the *Sweda* (sweat) and hence there is a feeling of lightness in the body. *Swedana* stimulates the nerve endings and promotes strength to muscle.^[11]
- **Sheetagnata:** *Sheetagnata* has to be assessed by patient is relieved from the coldness existing prior, by efficacy of *Swedana* karma.^[12]
- **Swedakarakata:** *Swedana* produces perspiration. This is a *Mala* (excretory product) where the wastes of all the layers of skin, muscle, nerves, *Rasa, Rakta, Meda* etc. are mixed. Therefore, it is a mechanism of excreting the metabolic waste from the body tissue.^[13]

Snehayukta Swedana

- If *Swedana* is administered after *Snehana*, then it brings *Vata* under control and thereby facilitates the elimination of *Mala*.^[11]
- Before the administration of *Swedana* in the form of *Kayaseka* patient should be given *Abhyanga*.
- If *Swedana* is given after *Snehana*, then it alleviates *Vatadosha* and also helps in easy evacuation of *Purisha, Retas, Mutra*. Even a dry piece of wood can be bent by means of *Snehana* and *Swedana*.^[12]
- Patient should be given *Snehana Swedana* regularly as a result of which the *Koshta* becomes *Mridu* and keeps *Vatadosha* under control.^[13]

Physiological effects of heat

Heating the tissues results in increased metabolic activity, increased blood flow and stimulation of neural receptors in the skin or tissues.

1. Increased metabolism - increased heat leads to increased metabolism leads to increased metabolites

2. Increased blood supply - Increase metabolism leads to dilatation of walls of capillaries which facilitate vasodilatation their by causing more blood supply and oxygen to target specific and it also removes waste.
3. Effect of heat on nerves - Proper channelized heat appears to produce soothing effects. The effect of heat on nerve conduction has still to be properly investigated.
4. Increased activity of sweat glands - As the heated blood circulates throughout the body, it affects the centers concerned with regulation of temperature, and there is increased activity of sweat glands through the body.
5. Effect on muscle tissue - Rise in temperature induces muscle relaxation due to increased blood supply

Transdermal Drug Delivery

This occurs through

- Trans cellular
- Para cellular
- Hair follicles and sweat glands

Mechanism of transdermal drug delivery system

- Drug molecules can penetrate skin by three potential pathways: sweat ducts, hair follicles and sebaceous glands. (Shunts)
- Many scientists advocated permeability of drug across stratum corneum versus shunt.
- However it is generally accepted that shunt facilitates permeation of 0.1% which clearly states drug flux is minimal.
- This assumption has resulted in more focus on increasing permeability across stratum corneum rather than shunt.
- *Parisheka* increases flow of O₂ and nutrient to muscles healing.
- *Parisheka* stimulates sensory receptors
- Relieves discomfort

- It stretches connective tissue and adhesions hence decreasing stiffness and injury as well as increasing flexibility.

REFERENCES

1. Acharya Sushruta. Vaidya Yadavaji Trikamji Acharya, Narayanaram Acharya editors. Acharya Dalhana. Sushruta Samhitha with Nibandha Sangraha commentary. Varanasi: Chaukhamba Sanskrit Sansthan; 2005;p.499
2. Acharya Sushruta, Vaidya Yadavaji Trikamji Acharya, Narayanaram Acharya editors. Acharya Dalhana. Sushruta Samhitha with Nibandha Sangraha commentary. Varanasi: Chaukhamba Sanskrit Sansthan; 2005;p.499.
3. Christopher Haslett. Davidson's principles & practice of medicine. 19th ed, Harcourt; London: Elsevier publisher Limited; 2002;p.1159-1166.
4. E.C. Warner. Savil's system of clinical medicine. 14th ed. New Delhi: CBS publication; 1998;p.1183-1192.
5. YP Munjal, SK Sharma, AK Agarwal, P Gupta, SA Kamath, MY Nadkar, RK Singhal, S Sundar, S Varma, et al., API Textbook of Medicine. 9th edition, The Association of physicians of India; 2012;p.748
6. Acharya Agnivesha. Acharya Charaka, Vaidya Yadavaji Trikamji Acharya, editors. Acharya Chakrapani Dutta. Charaka Samhitha with Ayurveda Dipika commentary. Varanasi: Chaukhamba Surabharati Prakashan; 2008;p.114.
7. Amritpal Singh. Editor. Bhavaaprakash Nighantu. Delhi: Chaukhamba Orientalia: 2002;p.397
8. Kaviraj Govind Das Sen. Bhaishajya Ratnavali with Siddiprada Hindi Commentary edited by professor Siddinandan Mishra, edition 2011, Varanasi, Chaukhamba Surabharati Prakashan, 2011;p.547.
9. Kaviraj Govind Das Sen. Bhaishajya Ratnavali with Siddiprada Hindi Commentary edited by professor Siddinandan Mishra, edition 2011, Varanasi, Chaukhamba Surabharati Prakashan, 2011;p.206
10. Acharya Agnivesha. Acharya Charaka, Vaidya Yadavaji Trikamji Acharya, editors. Acharya Chakrapani Dutta. Charaka Samhitha with Ayurveda Dipika commentary. Varanasi: Chaukhamba Surabharati Prakashan; 2008;p.87.
11. Acharya Agnivesha. Acharya Charaka, Vaidya Yadavaji Trikamji Acharya, editors. Acharya Chakrapani Dutta. Charaka Samhitha with Ayurveda Dipika commentary. Varanasi: Chaukhamba Surabharati Prakashan; 2008;p.620.
12. Acharya Agnivesha. Acharya Charaka, Vaidya Yadavaji Trikamji Acharya, editors. Acharya Chakrapani Dutta. Charaka Samhitha with Ayurveda Dipika commentary. Varanasi: Chaukhamba Surabharati Prakashan; 2008;p.620.

How to cite this article: Jayant Marpallikar, Niranjana Rao, Shreekanth U, Pooja BA. A review on efficacy of Kayaseka in Pakshaghata. J Ayurveda Integr Med Sci 2017;5:113-116.
<http://dx.doi.org/10.21760/jaims.v2i05.10265>

Source of Support: Nil, **Conflict of Interest:** None declared.
