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Role of Eranda Sneha Virechan in Management of Pakshaghata: A Review

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Abstract

Pakshaghata, classified under *Vatavyadhi* and described as one of the *Ashtamahagada*, is a severe neurological disorder comparable to hemiplegia in modern medicine. It manifests due to aggravated *Vata Dosha*, either independently or in association with *Pitta, Kapha,* and *Rakta*. The Ayurvedic classics prescribe *Snehana, Swedana,* and *Sneha Virechana* as important measures in its management, with *Eranda Sneha (Castor oil)* being the drug of choice. *Eranda Taila*, with its *Madhura, Tikta, Katu Rasa*, *Snigdha, Tikshna, Sara, Sukshma Guna*, *Ushna Virya* and *Madhura Vipaka*, works as *Vatashamaka* and *Rasayana*. Its unique *Srotoshodhana* and *Vata Anulomana* properties make it highly suitable for *Sneha Virechana* in *Pakshaghata*. Classical texts highlight its role in conditions of *Avaranajanya Pakshaghata*, where obstructed *Vata* movement causes rigidity, speech disturbances, and hemiplegia-like symptoms. The drug not only removes morbid Doshas through purgation but also rejuvenates tissues, thus aiding functional recovery. Modern studies attribute its pharmacological effects to ricinoleic acid, which supports its purgative and anti-inflammatory actions. However, improper administration may lead to adverse effects, demanding careful patient selection and dosage adjustment. This review critically evaluates *Eranda Sneha Virechana* in *Pakshaghata*, suggesting that its timely, judicious use can enhance recovery while also indicating the need for clinical validation and standardization.

Keywords: Pakshaghata, Eranda Sneha, Virechana Karma, Vatavyadhi.

Introduction

Pakshaghata, one among the *Vatavyadhi* and considered under *Ashtamahagada*, is regarded as a difficult-to-treat disorder (*Duschikitsya*) due to the predominance of vitiated Vata Dosha [1]. In classical Ayurvedic texts, the synonyms of *Pakshaghata* include *Pakshavada*, *Ekangavata*, and *Sarvangaroga* [2], all denoting partial or complete immobility of one half of the body caused by aggravated Vata obstructing the *Dhamanis* (channels) of circulation and nerve conduction. This condition bears close resemblance to hemiplegia described in modern medicine, a neurological deficit that arises mainly due to cerebrovascular accidents such as ischemic or hemorrhagic stroke [3]. Globally, stroke is a leading cause of morbidity and mortality, and in India, its prevalence ranges between 40–270 per 100,000 population, with significant long-term disability and socioeconomic burden [4].

Ayurveda offers a comprehensive understanding of *Pakshaghata* within the framework of Vata pathophysiology. Vata is the principle responsible for movement, coordination, and communication in the body. When vitiated by factors such as improper diet, lifestyle errors, or obstruction by *Kapha*, *Pitta*, *Meda*, and *Rakta*, Vata loses its normal pathways, leading to neuromuscular dysfunction manifesting as paralysis [5]. The line of treatment prescribed by Acharyas for *Pakshaghata* focuses on *Snehana* (oleation), *Swedana* (sudation), *Mridu Virechana* (mild purgation), and *Basti* (medicated enema). Among these, *Sneha Virechana* with medicated oils plays a vital role in eliminating aggravated Doshas and restoring the unobstructed flow of Vata in the body channels [6, 9].

Eranda (*Ricinus communis*), commonly known as castor, has been cultivated for more than 6000 years and was historically used as a source of lamp fuel and in cosmetics in ancient Egypt.[10] In Ayurveda, *Eranda Taila* (castor oil) holds a special place among the *Chatursneha* (four types of unctuous substances) and is specifically recommended for *Vatavyadhi* because of its opposing properties to Vata.[11] With qualities such as *Madhura Rasa*, *Madhura Vipaka*, *Ushna Virya*, and actions like *Vata-Kapha Hara*, *Srotoshodhana* (channel purification), and *Mridu Virechana* (gentle purgation), Eranda oil serves both curative and rejuvenative roles. Classical texts describe it under names such as *Panchangul*, *Vatari*, and *Chitra Beeja*, emphasizing its strong anti-Vata properties [12].

The pharmacological basis of *Eranda Taila* lies in its high content of ricinoleic acid, which contributes to its purgative,

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anti-inflammatory, and analgesic activities [13]. Its ability to clear obstructions in channels, improve digestive fire, and reduce *Ama* (endogenous toxins) makes it suitable for disorders involving complex Vata pathogenesis, including *Pakshaghata*. However, its use is contraindicated in conditions such as pregnancy, gastrointestinal obstruction, appendicitis, inflammatory bowel disease, and hypersensitivity [14, 15].

Considering the complexity of *Pakshaghata* and its parallel with stroke-induced hemiplegia in modern medicine, integrating Panchakarma therapies with *Sneha Virechana* using *Eranda Taila* provides a rational and holistic approach. This review attempts to explore in depth the properties, indications, contraindications, pharmacological actions, formulations, and clinical significance of *Eranda Sneha Virechana* in the management of *Pakshaghata*, bridging classical Ayurvedic wisdom with contemporary understanding.

Material and Methods

The present review was carried out through a comprehensive study of classical Ayurvedic texts along with commentaries, supported by contemporary research articles and published review papers. Relevant databases such as PubMed, Google Scholar, ResearchGate, and Dhara were searched, and Ayurvedic *Samhitas* were critically examined to collect data regarding *Eranda Sneha, Pakshaghata,* and the role of *Virechana Karma.*

Results

Eranda Sneha (Castor Oil)

Eranda Taila (*Ricinus communis*) has been recognized in Ayurveda as one of the most potent remedies for *Vatavyadhi.* The plant has been cultivated for over six thousand years and was historically used in ancient Egypt as a source of oil for lamps and cosmetics. Among the *Chatusneha* (four unctuous substances), *Taila* is considered the best for *Vata* disorders because it possesses qualities opposite to those of Vata Dosha. This makes it highly effective in pacifying aggravated Vata, which is central to the pathogenesis of disorders such as *Pakshaghata.*

The oil is described in Ayurveda with various synonyms such as *Panchangul* (leaves arranged like five fingers), *Vatari* (enemy of Vata), and *Chitra Beeja* (seed with design). The name *Vatari* itself emphasizes its strong anti-Vata effect. Classical texts attribute its efficacy to its *Madhura, Tikta, Katu Rasa, Madhura Vipaka,* and *Ushna Virya* [12]. These properties contribute to Vata pacification but also indicate that the oil increases Pitta, making it unsuitable in Pitta-dominant conditions.

Pharmacologically, *Eranda Taila* consists predominantly of ricinoleic acid (up to 90%), along with linoleic, oleic, stearic, and linolenic fatty acids. Its *Guna Panchaka* shows its therapeutic versatility: it is described as *Madhura, Tikta,* and *Katu* in taste, *Guru, Snigdha, Pichhila, Tikshna, Sara,* and *Sukshma* in qualities, *Ushna* in potency, and *Madhura* in post-digestive effect, with Rasayana action and *Vata-Kapha Shamana.* Its *Sukshma* and *Tikshna Guna* enable it to penetrate deeply into channels and tissues, while its *Snigdha* and *Ushna* properties counter the dryness and coldness of Vata [16].

Therapeutically, *Eranda Taila* is considered highly effective in conditions such as *Pakshaghata, Gridhrasi, Amavata, Vatarakta, Gulma, Udara Roga,* sciatica, gynecological disorders, and various chronic inflammatory conditions [17, 18]. It acts as a purgative (*Mridu Virechana*), channel purifier (*Srotoshodhana*), and rejuvenator. Its use extends across various Ayurvedic formulations, including *Vatari Guggulu, Sihanada Guggulu, Punarnava Guggulu, Gandharvahasthadi Eranda Taila, Pinda Taila, Misraka Sneha, Sukumara Ghrita,* and many others [11]

However, improper administration or overuse of castor oil can lead to adverse effects such as abdominal cramps, diarrhea, bloating, vomiting, and dizziness. Therefore, texts clearly state its contraindications in conditions like gastrointestinal obstruction, appendicitis, perforation, inflammatory bowel disease, pregnancy, hypersensitivity, severe impaction, and rectal fissures [14, 15]. Modern studies comparing castor oil with other laxatives such as sennosides and polyethylene glycol also suggest that castor oil may have more frequent side effects, even though it provides effective bowel evacuation.

Thus, *Eranda Sneha* emerges as a unique drug of choice in *Vatavyadhi,* with a well-defined therapeutic role, but requiring cautious administration to ensure safety and efficacy.

Pakshaghata

Pakshaghata is one of the *Ashtamahagada* (eight grave diseases) and is described as a *Nanatmaja Vyadhi* caused by aggravated Vata Dosha. The term itself is derived from "*Paksha*" (half of the body) and "*Ghata*" (destruction), meaning paralysis of one half of the body [19]. In modern medicine, *Pakshaghata* is correlated with hemiplegia, which usually results from cerebrovascular accidents such as ischemic or hemorrhagic stroke.

From the classical perspective, Charaka describes that aggravated Vata fills the empty channels (*Rikta Srotas*) of the body, thereby producing manifestations of *Vatavyadhi* that may affect the entire body or only part of it [20, 21]. Sushruta differs slightly by attributing the pathogenesis to the involvement of *Dhamani,* where aggravated Vata dries the *Sira* and *Snayu* or causes laxity of *Sandhibandha,* leading to immobility [22]. Acharya Madhava classifies *Pakshaghata* into three types: *Shuddha Vataja* (pure Vata), *Pittanubandhi* (associated with Pitta), and *Kaphanubandhi* (associated with Kapha) [23].

The *Samprapti Ghatakas* show Vata as the primary Dosha, with possible association of Pitta, Kapha, Rakta, and Meda. The *Dushyas* include Rakta, Mamsa, Meda, and Majja, while *Sira, Snayu,* and *Kandara* are the *Upadhatus* involved. The *Agni* affected are both *Jatharagni* and *Dhatvagni,* leading to Ama formation due to impaired metabolism. The main *Srotas* implicated are *Raktavaha, Mamsavaha, Medavaha,* and *Majjavaha.* The *Srotodusti* features include *Sanga, Siragranthi,* and *Atipravritti.* The *Udbhava Sthana* is described as *Amashaya* or *Pakwashaya,* with disease manifestation occurring in *Ardha Sharira* (one half of the body) [24].

Clinically, *Pakshaghata* presents with loss of motor function, stiffness, loss of coordination, speech impairment, and sometimes involvement of facial muscles. This closely resembles the presentation of hemiplegia in modern medicine, where abrupt loss of blood supply to parts of the brain causes paralysis of one side of the body. The epidemiological data suggest that stroke is a leading cause of disability and mortality in India, with a prevalence of 40–270 per 100,000 population. Nearly 45% of stroke survivors can live independently, while 22% remain dependent, and 20% require long-term hospitalization [2].

Thus, both classical and modern perspectives agree on the chronic, debilitating, and difficult-to-manage nature of *Pakshaghata,* reinforcing the need for therapeutic interventions that target the root cause as well as symptoms.

Virechana in Pakshaghata [6, 9]

Although *Virechana Karma* is primarily indicated for *Pittaja Vyadhi,* its role in the management of *Pakshaghata* is well-documented across Ayurvedic classics. Charaka prescribes a treatment protocol of *Swedana, Snehana,* and *Sneha-Yukta Virechana* for *Pakshaghata.* Sushruta recommends a sequential regimen beginning with *Snehana* and *Swedana,* followed by *Mridu Vamana, Virechana,* and *Basti.* Vagbhata also highlights *Mridu Virechana* as part of the general line of treatment for *Vatavyadhi.* Jejjata and Gangadhara further interpret *Pakshaghate Virechanam* as specifically involving *Eranda Taila* or *Tilwaka Ghrita* for mild purgation.

The therapeutic rationale lies in the correction of *Prana Vayu,* whose normal downward direction becomes obstructed in *Pakshaghata. Virechana* restores this direction, clears obstructions in *Srotas,* and helps eliminate accumulated morbid Doshas. Since *Pakshaghata* involves *Majjavaha Srotas* and *Pittadhara Kala,* therapies like *Virechana* are particularly beneficial, as both are closely related to Pitta physiology. Dalhana even equates *Majjadhara Kala* and *Pittadhara Kala,* strengthening the argument that *Virechana,* the best therapy for Pitta, also benefits disorders of *Majja.*

Clinical results support this classical rationale. Administration of *Sneha Virechana* with *Eranda Taila* in cases of ischemic stroke has been shown to improve motor function, grip strength, sensory recovery, and neuromuscular tone. When combined with *Bahya Snehana (Abhyanga), Swedana,* and *Basti,* the therapy enhances recovery and prevents recurrence. Specific conditions such as *Avaranajanya Pakshaghata* (where Vata is obstructed by Kapha, Pitta, Rakta, or Meda) respond particularly well to Virechana, whereas *Kevala Vataja Pakshaghata* (pure Vata without association of other Doshas) is not considered suitable for this therapy, as purgation may further aggravate Vata.

Hence, the cumulative evidence from classical literature and clinical observations demonstrates that *Virechana Karma,* especially when performed with *Eranda Sneha,* is an effective therapy in the management of *Pakshaghata.* Its actions of *Srotoshodhana, Ama Pachana,* and *Vata Anulomana* help restore physiological equilibrium and improve functional outcomes in hemiplegia.

Discussion

The analysis of classical references shows that the role of *Sneha Virechana* in *Pakshaghata* is not merely purificatory but deeply connected with the principle of *Samprapti Vighatana*. The emphasis of Acharyas on gentle cleansing highlights that in neurological disorders, aggravated *Vata* requires pacification without provoking further depletion. This demonstrates that Ayurvedic therapeutics were guided by both *Dosha Bheda* and *Rogi Bala*, thereby ensuring safety while aiming for efficacy.

From a conceptual perspective, the indication of *Virechana* in conditions associated with *Avarana* of *Vata* reflects a precise understanding of pathophysiology. In modern parlance, this parallels the idea of obstruction in circulation or nerve conduction, while *Dhatukshaya* can be compared to neuronal degeneration. The Ayurvedic approach of removing obstructions first and then nourishing weakened structures reveals a therapeutic strategy that closely resembles modern integrative rehabilitation.

The action of Eranda Taila in Sneha Virechana for Pakshaghata rests on its ability to normalize the disturbed flow of Vata through simultaneous cleansing and nourishment. Its Tikshna and Sukshma Guna enable deep penetration into fine Srotas, removing Srotorodha caused by Kapha, Pitta, Meda or Rakta. The Snigdha and Ushna qualities counter the inherent Ruksha and Sheeta of Vata, while its Sara Guna facilitates the downward movement of morbid Doshas, restoring Vata Anulomana. Through Mridu Virechana, Eranda Sneha purifies the Pakvashaya —the prime seat of Vata—without aggravating depletion, thereby relieving stiffness and improving neuromuscular coordination. Concurrently, its Rasayana effect nourishes Majja and Mamsa Dhatus, supporting neuronal repair and strength. Pharmacologically, ricinoleic acid promotes intestinal secretion and prostaglandin modulation, producing purgative, anti-inflammatory, and analgesic effects. Thus, Eranda Taila acts through a dual mechanism of Srotoshodhana and Dhatu Poshana, making Sneha Virechana an effective and restorative approach for Pakshaghata.

A noteworthy aspect is the multi-modality of therapy. *Virechana* is never prescribed as an isolated measure but is embedded within the wider framework of *Panchakarma*. This indicates that Ayurveda never viewed paralysis as a single-pathway disease but as a complex disturbance requiring a sequential and layered approach. Such comprehensiveness resonates with modern multidisciplinary stroke care, where detoxification, physical therapy, and neuro-nutrition are combined for recovery.

At the same time, certain limitations must be acknowledged. The absence of large-scale clinical studies creates a gap between textual wisdom and contemporary practice. Furthermore, variability in formulations, doses, and administration methods makes it difficult to establish uniform treatment guidelines. The possibility of adverse effects, particularly with *Eranda Sneha*, underscores the necessity of careful *Rogi-Pariksha* before initiating *Shodhana.*

Overall, the discussion reveals that the therapeutic philosophy behind *Sneha Virechana* in *Pakshaghata* is sophisticated and patient-specific. It addresses not only the immediate pathology of *Vata* disturbance but also aims at functional restoration through *Srotoshodhana* and *Dhatu Poshana.* This depth of understanding demonstrates Ayurveda's foresight and suggests strong potential for integration with modern neurorehabilitation protocols.

Conclusion

Sneha Virechana with *Eranda Taila* emerges as a promising line of management in *Pakshaghata*, as it not only addresses *Vata Avarana* and clears *Srotorodha* but also supports *Dhatu Poshana* and functional recovery. Its judicious application, guided by classical principles and patient-specific considerations, holds significant potential for integration into modern neuro-rehabilitation practices.

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