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## Management of Pakshaghata (Left Hemiplegia) in Ayurveda-A Case Study

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### Abstract

Ayurvedic literature is full of textual references where *Pakshaghat* is described extensively. *Pakshaghat* is one among the *Vatavyadhi*. There is *Samsarag* of *Pitta* and *Kapha* clearly mentioned by Sushrut and *Madhava Nidana*. Patient usually presents with loss of function of half of body or weakness of one half. Face may or may not be involved. Prognosis depends on many factors including *Vaya*, *Bala*, *Dosha* involvement etc. *Pakshaghat* can be correlated with hemiplegia, which results from cerebrovascular accident-stroke. Stroke is defined as sudden onset of neurological deficit from vascular mechanism 85% is ischemic and 15% are primary haemorrhages. In ayurveda treatment of disease is divided in to two parts *Samshodhana* and *Samshamana*.

In a present case study patient was treated with *Basti* therapy (*Erandamooladi niruha* and *Bala tail Anuvasana Basti*) and *Amalaki talam* along with shaman drug.

**Keywords:** *Pakshaghat*, Paralysis, *Vatavyadhi*, *Basti*, *Talam*.

### Introduction

Stroke is the sudden death of some brain cells due to lack of oxygen when the blood flow to the brain is lost by blockage or rupture of an artery to the brain. The most common symptom of a stroke is sudden weakness or numbness of the face, arm or leg, most often on one side of the body. Other symptoms include: confusion, difficulty in speaking difficulty in seeing with one or both eyes; difficulty in walking, dizziness, loss of balance or coordination; severe headache with no known cause; fainting or unconsciousness.

Stroke is defined by the World Health Organization as 'a clinical syndrome consisting of rapidly developing clinical signs of focal (or global in case of coma) disturbance of cerebral function lasting more than 24 hours or leading to death with no apparent cause other than a vascular origin. The incidence rises steeply with age, and in many lower-and middle-income countries it is rising in association with less healthy lifestyles. About one-fifth of patients with an acute stroke die within a month of the event and at least half of those who survive are left with physical disability. According to update the global burden of disease (GBD) study reported nearly 5.87 million stroke deaths globally in 2010, as compared to 4.66 million in 1990. Stroke can be correlated with the disease *Pakshaghat* described in Ayurveda.

### Aim and Objective

To evaluate efficacy of *Erandamooladi Niruha Basti* and *Shaman Chikitsa* in the management of *Pakshaghat*.

### Material and Methods

- **Selection and Source of Patient:** For this study, patient was registered from OPD of Panchkarma Department and admitted in general IPD ward of Pandit Khushilal Sharma Auto. Govt. Ayurveda College and institute Bhopal.
- **Plan of Study:** The drug required for *Erandamooladi Basti* were procured and prepared in *Prakalpa* of *Panchkarma* theatre in Pandit Khushilal Sharma Auto. Govt. Ayurveda College and institute Bhopal mp.
- Duration of study-1 month

### Case Study

A male patient aged 56 years attending OPD of Pt. Khushi Lal Sharma govt. Ayurvedic Hospital and institute Bhopal MP. With symptoms of weakness of left side body, difficulty in walking and daily routine activity since 10 days and known case of Hypertension.

**Chief Complaints:** Reduced strength and loss of movements in the left upper and lower limbs associated with inability to walk since 10 days.

**Associated Complaints:** Difficulty in walking since 10 days, loss of appetite since 20 days, constipation since 1 week, sleeplessness since 15 days.

**Treatment History:** Treatment for HTN since 9 years. 1. Tab Olmin-CH 20 mg 1-0-0 2. Treatment for DM since 3 years. 3. Tab Glimisave MV 1 1-0-1 4. Capsule Nexpro-RD 40 1-0-0 5. During the course of treatment in the hospital 6. Tab Ecosprin 150 mg 1OD 7. Tab Atorva 40 mg 1OD 8. Tab Telmikind 40 mg 1OD 9. Tab Amlodipine 5mg 1OD 10. Tab Metformin 500mg 1BD 11. Tab Sitagliptin 100mg 1OD 12. Tab Empagliflozin 25mg 1OD 13. Tab Pantop 40 mg 1 OD 14. For convulsion 15. Tab Mahagaba-M OD

## Personal History

**Table 1:** Personal history of patient

Diet	Mixed Once in a week non veg
Poor Bowel	Once in two days, irregular (Constipated)
Micturation	7-8 times/day 1-2 times/night
Habits	Tea 4 times a day

## General Examination

**Table 2:** General examination of patient

Attitude	Sitting position with hip and knee flexed and semi flexed elbow joint
Built	Poor
Nourishment	Poorly nourished
Pallor	Absent
Icterus	Absent
Clubbing	Absent
Cyanosis	Absent
Lymphadenopathy	Absent
Oedema	Absent
Temperature	98.6degree F
Pulse	67/min
Respiratory	20/min
Bp	130/90mmhg
Pulse	74/min
Height	164cm
Weight	60kg
Heart rate	76/min
Tongue	Coated

## Treatment Plan

**Table 3:** Treatment plan

S.N.	Procedure	Dose	Duration
1	<i>Erandamooladi Niruha Basti</i>	450ml	Days
2	<i>Ksheerabala oil Anuvasan Basti</i>	100ml	Days
3	<i>Amlaki Talam</i>		1Month
4	<i>Vrihat Vatchintamani Ras</i>	125mg BD	15 Days gap & Days

## Basti Chart

**Table 4:** Basti chart

S.N.	<i>Erandamooladi Niruha Basti</i> <i>Ksheerabala oil Anuvasan Basti</i>	<i>Pratyagaman kala</i>	<i>Agman kala</i>	Retention	Complication
1	A-100 ml	11:00am	11:20am	20min	No
2	A-100 ml	11:15am	11:30am	15min	No
3	N-450 ml	10:45am	11:10am	25min	No
4	A-100ml	10:40am	11:00am	20min	No
5	N-450ml	10:20am	10:40am	20min	No
6	A-100ml	11:05am	11:30am	25min	No
7	N-450ml	11:35am	12:00pm	25min	No
8	A-100ml	11:35am	12:00pm	25min	No
9	N-450ml	11:05am	11:30pm	25min	No
10	A-100ml	10:45am	11:10pm	25min	No
11	N-450ml	10:20am	11:00am	40min	No
12	A-100ml	10:25am	11:00am	35min	No
13	N-450ml	11:10am	11:35am	25min	No
14	A-100ml	10:20am	11:00am	40min	No
15	N-450ml	10:30am	11:00am	30min	No
16	A-100ml	11:10am	11:45am	35min	No

## Systemic Examination

### 1. Central Nervous System

### Mental Status Examination

### Appearance and Behaviour

- **Level of Consciousness:** Conscious
- **Posture:** Sitting with knee hip flexed.
- **Pace of Movements:** Reduced due to weakness on the affected side.
- **Range of Movements:** Reduced due to weakness on the affected side.
- **Character of Movements:** Under voluntary control.
- **Dress, Grooming and Personal Hygiene:** Properly maintained.
- **Manner, Affect and Relationship to People and Things:** Normal Speech and language
- **Rate & Quantity:** Normal
- **Volume & Tone of Speech:** Normal
- **Rhythm:** Normal
- Comprehension
- **Repetition:** Intact
- **Naming:** Intact
- **Reading:** Intact
- **Writing:** Able to perform.
- Mood-emotional disturbance present Thoughts and perceptions:
- **Thought Process:** Abnormalities are absent.
- **Thought Content:** Abnormalities are absent.
- **Perceptions:** Abnormalities are absent.

**Higher Mental Function****Cognitive Functions**

- **Orientation to time, place and person:** Intact
- **Attention:** Intact
- **Memory:** Immediate; Recent; Remote-Intact
- Hallucination
- Delusion
- **Speech disturbance:** Absent
- **Handedness:** Right

**Cranial Nerves****CN-I: Olfactory Nerve**

- Perception of Smell-Intact; Anosmia, Parosmia are absent

**CN-II: Optic Nerve**

- Acuity of vision-normal
- Color vision-can able to read ishiharas test plate
- Visual field-normal
- Light reflex-direct light reflex and consensual light reflex are normal.
- Accommodation reflex-normal

**CN-III Oculomotor, CN-IV Trochlear, CN VI-Abducens Nerve**

- Pupil (position, shape, size, symmetry)-NAD
- Eyeball movement-Possible in all directions
- Ptosis, squint, nystagmus-Absent

**CN-V: Trigeminal Nerve****Sensory****Table 5:** Sensory examination

		<b>Right</b>	<b>Left</b>
Light touch	Ophthalmic	perceived	Not perceived
	Maxillary	perceived	Not perceived
	Mandibular	perceived	Not perceived
Pin prick	Ophthalmic	perceived	Not perceived
	Maxillary	perceived	Not perceived
	Mandibular	perceived	Not perceived
Temperature	Ophthalmic	perceived	Not perceived
	Maxillary	perceived	Not perceived
	Mandibular	perceived	Not perceived

**Motor**

- Deviation of Jaw: Absent
  - Movement of Jaw: Possible
  - Clenching of teeth: Slightly possible
  - Opening mouth against resistance: Slightly possible
- REFLEXES**
- Jaw Jerk : Present
  - Corneal Reflex : Present
  - Conjunctival Reflex : Intact

**CN-VII: Facial Nerve****Sensory**

- Sense of taste in anterior 2/3 rd of Tongue: Intact
- Sensation of Face: Light touch affected in left half of the face.

**Motor**

- Eyebrow raising-Possible
- Frowning of forehead-Possible
- Complete closure of eyes-Possible
- Clenching of teeth-Possible
- Blowing of cheek-air leak in left side
- Naso-labial fold-normal

**CN-VIII: Vestibulocochlear Nerve Vestibular Nerve**

Nystagmus-Absent

**Cochlear Nerve****Table 6:** Cochlear nerve examination

	<b>Right</b>	<b>Left</b>
Rinners test	Normal	Normal
Webers test	Normal	Normal

**CN-IX: Glossopharyngeal Nerve**

- **Taste Sensation of Posterior 1/3rd of Tongue:** Intact
- **Gag reflex:** Present
- **Uvula:** Centrally placed
- **Dysphagia:** Absent

**CN-X: Vagus Nerve**

- **Gag reflex:** Intact
- **Swallowing:** Normal
- **Position of Uvula:** Centrally placed

**CN XI: Accessory Nerve**

- Trapezius muscle
- Atrophy/Fasciculation-Absent
- Left side shoulder droop
- Shoulder shrugging
- With resistance-not possible on left side
- Without resistance-possible
- Sternocleidomastoid
- Atrophy/Fasciculation-Absent

**Sensory**

- Light touch
  - Superficial pain Not able to appreciate in left side
  - Deep pain Right side normal perception
  - Temperature
- Not able to appreciate in left side
- Right side normal perception

**Proprioception:** Position and vibration-Normal**Stereognosis:** Able to recognize the objects in right not in left.**Graphesthesia:** Not able to identify in left. Normal in right**Two Point Discrimination:** Not able to identify in left half of the body. Right side-normal**Muscle Tone**

- **Right Upper Limb:** Normal
- **Left Upper Limb:** Clasp knife spasticity
- **Right Lower Limb:** Normotonic
- **Left Lower Limb:** Clasp knife spasticity

## Muscle Power

**Table 7:** Muscle power examination

	Right	Left
Upper limb	5/5	3/5
Lower limb	5/5	3/5

*Involuntary movement: Absent*

## Coordination

**Table 8:** Coordination examination

Test	Could not Elicit	
Rombergs test		
	Right	Left
Finger nose test	Could perform	Could not perform
Heel shin test	Could perform	Could not perform

## Superficial Reflexes

**Table 9:** Superficial reflexes examination

	Right	Left
Corneal reflex	Present	Absent
Abdomen reflex	Present	
Planter reflex	Present	Absent

## Deep Tendon Reflexes

**Table 10:** Superficial reflexes examination

	Right	Left
Biceps	2	4
Triceps	2	4
Supinator	2	4
Knee jerk	2	4
Ankle jerk	2	4

## Ashtavidha Pariksha

- *Nadi*: 76/min
- *Mutra*: 1 or 2 time in a night
- *Mala*: Sometime constipation
- *Jivha*: Normal
- *Shabda*: Normal
- *Saparsha*: Normal
- *Drik*: Normal
- *Akruti*: Normal

## Dashavidha Pareeksha

i). *Prakruti*: Vata pittaja

ii). *Vikruti*:

Hetu-

- *Aharaja*: Intake of curd, wine, consumption of pork, fish etc, sour items, *Katu Rasa Ahara Atisevan*
- *Viharaja*: Excessive exposure to sun & fire, physical exertion
- *Manasika*: Chinta, Shoka
- *Dosha*: Vata Pradana tridosha
- *Dushya*: Rakta, Mamsa, Meda, Snayu, Sira
- *Prakruti*: Chirakari
- *Desha*: Sadarana
- *Kala*: Sharat Ritu

- *Bala*: Madyama

iii). *Sara*: Avara

iv). *Samhanana*: Avara

v). *Praman*: Avara

vi). *Satmya*: Vyamishra

vii). *Satva*: Avara

viii). *Ahara Shakti-Abhyavaharana Shakti*: Avara, Jarana Shakti: Avara

ix). *Vyayama Shakti*: Avar

x). *Vaya*: Vridhavastha

## Method of Administration of Basti

*Basti* is praised by all the Acharya for its significant results. In order to achieve these results, to its maximum extent care must be taken at all the steps starting from selection of the patient till the completion of the *Basti* therapy. *Basti Karma* can be classified into three phase's viz. *Purvakarma*, *Pradhanakarma* and *Paschata Karma*. They can be explained as follows:

**Purva Karma:** It includes the selection of the patient, selection of the drugs for the *Basti Karma*, its Dosage, duration and schedule. In order to decide these things, consideration of several factors in minute details is essential those factors are-*Dosha*, *Ausadha*, *Desha*, *Kala*, *Satmya*, *Agni*, *Satva*, *Oka*, *Vaya* & *Bala*.

Charaka says that the *Basti* prepared and administered after considering all these factors critically, is certainly capable of providing the significant results, the benefits of all the *Karma* and ultimately success [1]. After the selection of the patient and the drug, comes the preparation of the Patient and the *Basti Dravya*.

**Preparation of the Patient:** It includes *Snehana* and *Svedana*.

**Abhayang:** *Sira Snayu Sankochana* is mainly occurs in *Pakshaghata* hence *Snehana* is very essential for such condition. By the use of *Snehana* even the dry wood can bend [2]. *Abhyanga* helps innourishing and strengthening the muscles of upper limb and lower limb. Therapeutically *Abhyanga* also acts on vitiated *Vata Dosha*, also it nourishes the *Dhatu* of the body [3].

**Swedan:** *Swedana* gives relief from stiffness, heaviness and coldness [4] of body parts and all these symptoms were present in this patient. Generally, *Swedana Karma* after *Senhana Karma* is indicated in all kinds of *Niramaja Vata roga* [5]. By the application of *Snehana* followed by *Swedana* therapy, the dry stick becomes soft and becomes easy to bend [6], in the same way these *Snehana* and *Swedana Karma* gives maximum benefits in conditions like severe spasticity, pain and stiffness, which are commonly present in *Pakshaghata* cases.

## Preparation of the Basti

**Basti (Pavansangu):** *Bastikarma* is the procedure by which the medicines in suspension form area administered through rectum or genitourinary tract using *Bastiyanttra*. It is the most important procedure among Panchakarma procedures and the most appropriate remedial measure for *Vata dosha*. *Basti karma*'s place of action is *Pakwashaya* which is *Vata Dosha*'s main site. Hence it is the major treatment modality for *Vata Dosha* [7].

According to the nature of medicine used, two types of enemas are:

- **Asthapana/Kashaya/Niruha Vasti:** Erandamoola Niruha basti

- **Anuvasana/Sneha Vasti:** Ksheerabala oil

### Mode of Action

When Basti is introduced into the *Pakwashaya*, the *Veerya* of *Basti* reaches all over the body, collects the accumulated *Doshas* and *Shakrut* from *Nabhi*, *Kati*, *Parshwa* and *Kukshi pradesha*, causes *Snehana* to the body and expels out the *Dosha* along with *Pureesha*. *Charakacharya* have explained that it is '*Amrutopamam*' for the patients having *Kshina Majja*, *Shukra* and *Oja* and has properties like *Balya*, *Brimhana* and *Pushtikara* [8].

### Effect from Niruha Basti:

*Madhu* having *Yogavahi* and *Sukshma Marga Anusarita* property acts as catalyst and penetrates into the *Sukshma Srotas*. *Saindhava Lavana* having *Laghu* and *Tridosha Shamaka Guna* was added to it. *Sneha Dravya* (*Ksheerabala*) having *Snigdha Guna* combats *Ruksha* and *Laghu guna* of *Vata*, which in turn causes *Vata Shamana*. *Kalka* (*Triphala, Bala*) are the main drugs, which gives potency to the whole combination. It helps to disintegrate the *Malas*. *Kwatha* does *Anulomana* and *Nirharana* of *Doshas* [9].

*Erandamoola Niruha Basti* is *Vataghna* and is indicated in *Jangha*, *Uru pada*, *Prushta Shulahara*. *Eranda* being main ingredient, has *Snigdha*, *Sukhsma* and *Teekshna* properties does *Srotoshodhana* and thus acts as *Vatahara*, *Balya* and *Vedhanasthapana* [10]. *Bala choorna* have Anti-inflammatory property it reduces Inflammation in body. It is enriched with Antioxidants. Which aids in neutralizing effect of free radical in body. It helps to relieve Spasm of involuntary muscles. In Ayurveda, *Bala Choorna* have *Balya*, *Bhrughan Ojavardanam*, *Krantikruta*, *Vataharanam* properties which help in to eliminates vitiated *Vata dosha* [11]. Hence considering the properties of all the ingredients, *Erandamoola Niruha Basti* is effective in treating *Pakshaghata*. Considering the *Bala* of the patient the *Matra* of *Niruha Basti* is reduced to half.

### Effect from Anuvasana Basti

*Anuvasana Basti* will retain the oil for a specific period without causing any adverse effect. It protects *Pureeshadhara kala* by giving *Snehana* effect. *Ksheera bala Taila* having *Guru* and *Snigdha Guna* combats *Ruksha* and *Laghu Guna* of *Vata*, which in turn does *Vata Shamana*. *Acharya Charaka* while assessing the *Anuvasana Basti* records the digestion of *Sneha* by the words "*Sneham Pachati Pavakah*" and after digestion *Dravyas* can be absorbed to cause the effect on the body [12]. (*Pavan sangu*)

### Mixing of the Ingredients of the Basti Dravya

First of all the ingredients are to be taken in the required quantity by measuring them. The ingredients should be mixed by trituration in the order of *Madhu*, *Saindhava*, *Sneha*, *Kalka*, *Kvatha* and then *Avapa Dravya* one by one gradually till it becomes a homogeneous mixture. Then it should be churned further to make it more fine and homogeneous and heated in water bath to make it *Sukhoshna* i.e. nearer to the normal body temperature.

Content of *Niruhbasti*-

- *Makshika*-120ml
- *Saindhava lavana*-12g.
- *Sneha* (*Bala Taila*)-180ml.
- *Kalka* (*Shatapushpa*, *Hribera*, *Priyangu*, *Pippali*, *Yashtimadhu*, *Bala*, *Rasanjana*, *Indrayava*, *Musta*)-60g.

- *Kashaya* (*Eranda*, *Palasha*, *Rasna*, *Ashwagandha*, *Atibala*, *Guduchi*, *Punarnava*, *Aaragwadha*, *Devadaru*, *Madanaphala*, *Laghu Panchamoola*)-280ml.
- *Aavapa-Gomutra*-120ml. Total-760ml.

### Pradhana Karma

It includes advice to the Patient, *Basti Pranidhana*, *Basti Pratyagamana* and observing the *Samyaka Yoga*, *Ayoga* and *Atiyoga Lakshana*.

- **Advise to the Patient:** Patient is to be asked to pass his natural urges before *Basti Pranidhana* and not to laugh, cough, sneeze and take the yawnings while administering *Basti*.
- **Basti Pranidhana:** *Basti* is to be administered when the patient is having the symptoms of *Jirnahara* and is not very much hungry. After performing *Saravag Abhyana* and *Sarvang Vashpa Sveda*, the patient is asked to lie down in the left lateral position on the *Basti table* which should be cleaned and covered with the bedsheet, then is asked to keep his left hand below the head as a pillow, to extend the left leg completely and to flex the right leg at the Knee Joint keeping on the left leg by flexing the hip Joint. Then luke warm *Sneha* is to be applied in the anal region and on the *Bastinetra*, remove the cotton piece and the air bubble if any and keep the thumb on the *Netra* till introducing it. Then introduce the *Bastinetra* gradually in the parallel direction to that of the vertebral column upto 1/4 part of the *Netra* i.e. till the nearer *Karnika* fixes over the anus. Then hold the *Basti Putaka* in the left hand and keep the right hand on the *Putaka* and press it gradually with the constant pressure neither too fast nor too slow without trembling the hand. By asking the patient to breathe in push the *Basti Dravya* into the rectum till a little quantity remains in the *Putaka* otherwise *Vayu* enters into the *Pakvashaya*, and then withdraw the *Netra* gradually. Then the asked to lie down in the supine position gradually and tapping on buttocks is to be done slowly and softly 3-4 times and the foot end of the table or the legs of the patient are to be lifted three times slowly. The patient is then asked to lie in a comfortable position with a pillow below the hips till he gets the urge for defecation and when he gets the urge ask him to sit in *Utkatasana* and pass the urge.
- **Talam:** *Talam* is an Ayurvedic therapy in which the individuals head will be covered with herbal paste and medicated Ayurvedic oil will be poured in steady flow on to the forehead. It is an effective therapeutic remedy for problems relating to nervous system and mental disorders.

### Pashcahat Karma

#### Pathya-Apathya

In Ayurvedic classics, separate *Pathya-Apathya* for *Pakshaghata* is not given. Hence the *Pathya-Apathya* of *Vata Vyadhi* can be taken as that for *Pakshaghata*.

#### a) Pathya

##### Aahar:

- **Anna Varga:** *Kulthi*, *Mash*, *Godhooma*, *Raktabha Shali*, *Navina Tila*, one-year-old *Shashtikashali*.
- **Phala Varga:** *Amla Rasayukta Phala*, *Draksha*, *Dadima*, *Jambira*, *Parushka*, *Badar*, *Pakwa Tal*, *Rasna*
- **Shaka Varga:** *Vartaka*, *Lashuna*, *Patola*, *Shigru*
- **Dugdha Varga:** *Ghrita*, *Dugdha*, *Dadhi*
- **Taila Varga:** *Tila Taila*, *Sarshapa Taila*
- **Drava Varga:** *Yusha*, *Vasa*, *Majja*, *Mamsa rasa*
- **Mamsa Varga:** *Gramya*, *Anupa*, *Audak*, *Jangala Mamsa*

- **Anyā:** Matsyandika, Prasaraṇi, Gokshura, Kshirkakoli All dietary articles having *Madhur*, *Amla*, *Lavana Rasa*, *Ushna Veerya*, *Snigdha Guna* and having *Brihana* and *Vrishya* properties are compatible for patients ailing from *Vata Vikaras*.  
*Vihaara Sukhoshna Parisheka*, *Nirvata Sthana*, *Abhyanga*, *Mardana*, *Basti*, *Swedanam*, *Avgahana*, *Upanaha*, *Agnikarma*, *Bhushaiya*, *Snan*, *Aasana*, *Taildroni*, *Shiro Basti*, *Shayanam*, *Samvahanam*, *Nasya*, *Agni-Atapa Sewan*, *Snigdha-Ushna Lepa*, *Bramhacharya*. Use of *Kesar*, *Agar*, *Tejapatra*, *Kooth*, *Ela*, *Tagar*, *Silk clothes*, *woolen clothes*, *soft bedding*, to live in a place which has good sunlight, but devoid of direct wind.

## b) Apathya

### Aahara

*Trunadhanya*, *Kalaya*, *Chanaka*, *Rajmasha*, *Kathillaka*, *Nishpava Beeja*, *Neevar*, *Kanguni*, *Bimbi*, *Kesheruk*, *Shara*, *Vainava*, *Kordusha*, *Shyamak Churna*, *Kuruvinda*, *Mudga*, *Yava*, *Karir*, *Jambu*, *Trunaka*, *Kramuka*, *Mrunal*, *Talaphalasthimajja*, *Shaluka*, *Tinduka*, *Bala Tal*, *Shimbi*, *Patra Shaka*, *Udumbar*, *Lake*, and *river water*, *Shitambu*, *Rasabha*, *Viruddhaanna*, *Kshara Padartha*, *Shushka Mamsa*, *Dushita Jala*. Diet with *Katu*, *Tikta*, and *Kashaya Rasa* and *Ruksha* and *Shita* properties.

### Vihaar

*Vyayama*, *Vyavaya*, *Atibramana*, *Prajagarana*, *Vegavidharana*, *Chardi*, *Shrama*, *Anashana*, *Rakta Mokshana*, *Chinta*, *Ati-Gaja*, *Ashwa*, *Yana Sevana*

**Table 11:** Improvement noticed after the course of treatment.

Improvement Noticed after the Course of Treatment	
Before Treatment	After Treatment
Loss of strength in left half of the body.	Strength in left half of the body improved by 60%.
Difficulty & loss of balance in walking (Cannot walk without the help of walker).	Pt was able to walk without the help of support.
Pain in left half of the body	Can able to climb the stairs without support.
Generalized weakness	Pain in left half of body reduced by 70%.
	Grasping power improved.

## Discussion

In *Vatavyadhi*, *Basti Chikitsa* is considered to be a prime treatment modality and is also quoted as *Ardha Chikitsa* by Acharya Charaka<sup>[13]</sup>. The multifaceted action of *Basti* can be ascribed to the permutation and combination of the drugs used for preparing *Bastidravya*<sup>[14]</sup>. *Erandamoola* is said to be a *Shreshta Vatahara dravya*<sup>[15]</sup>. *Erandamuladi Niruha Basti* is indicated in *Trika*, *Prishta Shoola* (pain in low back) and acts as *Maruta Nigraha* (controls *Vata*). Anti-inflammatory, anti-oxidant, central analgesic, antinociceptive and bone regeneration activity are found in *Ricinus communis*<sup>[16]</sup>. (*Eranda*) which is the main content of *Erandamooladi Niruha Basti*. This *Basti* contains 34 drugs in which most of the drugs are having *Ushna Veerya* and are *Vatakapahara* in nature. Drugs are also possessing *Ushna* (hot), *Teekshna* (sharp) and *Sukshma* (subtle) *Guna* (qualities) which helps in the elimination of obstruction of *Srotas* (channels) which further helps in the formation of *Prakrita Dhātu*. It is also indicated in *Kaphavrita* condition, by which it played major role in pacifying the *Kapha Dosha* and reducing the symptoms like

*Stambha* (stiffness) and *Gaurava* (heaviness). Most of the drugs are *Agni Deepaka* which helped to improve the *Agni* (digestive fire) of the patient, thereby increase in appetite was observed.

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