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 Vighetana

INTRODUCTION
Pakshaghata is one among Vata vyadhi which manifest suddenly due to Ashukaritva of Vayu. 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 exibit 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 (paralyis) 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 (dietery 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 death. 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 Dushyas are Rasa, Rakta, Mamsa, Meda, Majja dhatu here because the Prinana and Jeevnadi 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.

**SAMPRAPTII**

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. Where it undergoes moderate accumulation in its own sites & results in expression of symptom like Stabhda poorna krostha ,Virudha kamitwa. 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 etc simultaneously the Pitta and Kapha also advances to their Prakopavastha.

**PRASAR- STHANSAMSHRAYA**

In Prasar avastha the Vikrita 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 Masthiskatavahini 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 Poorna 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 Poorna 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 Poornaroppa 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 Adhisthan 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 Virmagama 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 functions. 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 Vakapravritki. 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 Dharma, 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 dhatu10. Pakshaghata patients usually approach with the main complaint of loss of motor function these motor and other sensory activities are controlled by Vyana vata11. 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\textsuperscript{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 function\textsuperscript{13}. Involvement of Tarpak kapha can be consider due to altered function of Indriya as the Tarpna of Indriyas is main function of Tarpak kapha\textsuperscript{14}. Function of Avalambak kapha is to do Avalamban of Hridya\textsuperscript{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

**Adhisthan:** Mastishka

**Udbhava sthana:** Pakwasya

**Sanchar 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 Dhatwagnimandya ajanya 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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