

**A COMPARATIVE CLINICAL STUDY TO EVALUATE THE
EFFICACY OF VYOSADYA TAILA AS SODHANANGA
SNEHAPANAM FOLLOWED BY TRIVRTADI VIRACANA WITH AND
WITHOUT MATRA VASTI IN PAKSAGHATA (ISCHEMIC STROKE)**

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ABSTRACT

stroke is a disease which most of times 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. stroke still remains the second leading cause of death worldwide. Global prevalence of stroke in 2019 was 1.3% where as that of ischemic stroke 0.99%, that of intracerebral hemorrhage was 0.26% {American Heart Association}. In India prevalence rate of stroke is 0.084%-0.262% in rural areas, 0.334%-0.424 in urban areas incidence rate is 0.11%-0.14% per 1 lakh population. Incidence and prevalence of stroke in 2023 is 25% where as ischemic stroke is 0.15% in one lakh population (American association of neurology) and in India it is 0.145% where is ischemic stroke is 0.049% in one lakh population (Indian academy of neurology). Pakṣaghatha is one of Astamahagada.^[1] Virechana has been highlighted as the best therapeutic option for the management of Pakṣaghatha. In Charaka

Kalpasthana Trivritthadi yoga is mentioned as one of the safest yogas or sukumara and Tridosha janyavikara. In Charaka siddhi sthana it was explained that vasti cures all diseases caused by aggravated vata. Vasti is one of the important therapeutic module of Panchakarma, which has been considered as the best treatment in the mitigation of vitiated Vata and which has been glorified as Ardha Chikitsa as well as Poorna Chikitsa by different schools of thought. **Methods:** In the present study 40 patients are categorized into 2 groups with 20

patients in each group. Group-A Consists of 20 patients will be subjected to virechana karma with Trivrithadhi yoga and *Mātrā Vasti* with for 14 days. *Vyoṣāḍya taila* Group-B Consists of 20 patients will be subjected to virechana karma with Trivrithadhi yoga. **Results:** The overall effect of the treatments in Group-A and Group-B was statistically analysed using with a Paired t – test Group-A shows stastically significant than Group-B **Conclusion:** The results conclude the virechana karma with Trivrithadhi yoga and *Mātrā Vasti* with *Vyoṣāḍya taila* (GroupA) shows significant.

KEYWORDS: Pakṣāghāta, Trivrītādi Virēcana^[2], *Mātrā Vasti*,^[3] *Vyoṣāḍya taila*^[4] and Śōdhanānga Snehapānam.

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. Common symptoms are sudden weakness or numbness of the face, arm, leg at one side of the body along with difficulty in speaking, seeing, walking, loss of balance or coordination. Stroke is mainly two types i.e, ischemic and hemorrhagic, ischemic is due to lack of blood flow and hemorrhagic is due to bleeding. Brain is deprived of oxygen and this results in the death of neurons. When the corticospinal tract is damaged, the injury is usually manifested on the opposite side of the body. This happens because the motor fibres of corticospinal tract, which take origin from the motor cortex in brain, cross to the opposite side in the lower part of medulla oblongata and descend down in spinal cord to supply their respective muscles. Depending on the site of lesion in brain, the severity of hemiplegia varies. A lesion in internal capsule where all the motor fibres are condensed in a small area, will cause dense hemiplegia i.e complete loss of power of all muscles of one half of body while a lesion at cortical or subcortical level will cause varied amount of weakness of one half of the body.

Virecana applied in Pakṣāghāta helps in pacifying the anubandha doṣa and provide anulomana to the deranged or vitiated Vāta. Though Virecana is specific purification for Pitta disorders but it also advised in various Vāta disorders in order to bring the Vāta doṣa into Anulomāvastā. Āyurveda Caraka mentioned Vasti as Ardha cikitsa. Ācārya Suśruta told its action is from head to toe like the drug remaining in the Pakvāśaya it draws the doṣas present from head to foot just as the sun remaining in the sky draws the sap from earth.

AIM AND OBJECTIVES

AIM: “A Comparative clinical study to evaluate the efficacy of Vyoṣādyā Taila as Śōdhanāṅga Snehapānam followed by Trivṛtādi Virēcana with and without Mātrā Vasti in Pakṣāghāta (Ischemic Stroke)”.

OBJECTIVES

- To evaluate the efficacy of Virēcana with Trivṛtādi in the management of Pakṣāghāta.
- To evaluate the efficacy of Vyoṣādyā Taila pana and vasthi in the management of Pakṣāghāta.
- To compare the efficacy of virēcana with and without Matravathi.

MATERIALS AND METHODS

MATERIALS

PREPARATION OF VYOṢĀDYĀ TAILA

INGREDIENTS

Snehapana and Matra Vasti: Vyoshadya Taila (V. M.22 /227-230)^[5]

Sl. No.	Ingredients	Measurements (Ayu.)	Measurements (Modern aprx.)
1.	Vyosha	1 aksha	12gms
2.	Pippalimula	1 aksha	12gms
3.	Rasna	1 aksha	12gms
4.	Madhuka	1 aksha	12gms
5.	Saindhava	1 aksha	12gms
6.	Devadaru	1 aksha	12gms
7.	Amritha	1 aksha	12gms
8.	Kusta	1 aksha	12gms
9.	Vajeegandha	1 aksha	12gms
10.	Vacha	1 aksha	12gms
11.	Sati	1 aksha	12gms
12.	Tila taila	1 prastha	768 ml
13.	Jala	4 prastha	3072 ltr

Method of preparation: One akṣa (12gms) paste each of vyosa, pippalimula, rasna, madhuka, rocksalt, devadaru, amrta, kusta, vajigandha, vaca and sati should be cooked (with one prastha (768ml) of sesame oil and its four times of water) on sim fire.

Virechana karma

Dipana pachana with chitrakadhivati 2 BID

Snehapana with vyoshadya taila [V.M. 22/227-230]

Trivritadi yoga (Ca. Ka. 7/ 20 – 21|

Trivrit – 1 aksha (12 gms)
Hareetaki – ½ aksha (6 gms)
Ksheera – 60ml

MATRAVASHI WITH VYOSHADYA TAILAM; [ca.si.1/38-40]

a. saindhava lavanam - 5gms
b. vyoshadyataiam - 60ml
c. satapushpi kalka - 5gm

METHODS

PHASE 1

Inclusion Criteria

1. Patients of age between 20-65 years.
2. Patients with signs and symptoms of Pakshaghata.
3. Patients with signs and symptoms of Ischemic Stroke.
4. Onset of disease 2 months to 2 years.
5. Patients who are eligible for Virechana karma
6. Patients who are eligible for Vasti karma.

EXCLUSION CRITERIA

1. Patients below the age of 20 and above the age of 65 years.
2. Hemorrhagic Stroke.
3. Uncontrolled diabetes and hypertension.
4. Patients with TB, HIV, Cancer and other major systemic diseases.
5. Malignant conditions, unconscious patients.
6. Severe metabolic disorders, traumatic injuries.
7. Patients who are not eligible for Virechana.
8. Patients who are not eligible for Vasti karma.

PHASE 2

Number of Subjects- 40

Group A: 20 patients will be subjected to virechana karma with trivritadhiyoga and matravasthi with vyosadyat DURATION OF TREATMENT: 30-37 days.

Group B: Consists of 20 patients will be subjected to virechana karma with Trivritadhi yoga.

CLINICAL ASSESSMENT**SUBJECTIVE**

1. Chesta Nivrtti (Motor deficit).(Ca.Ci.28/53-55).
2. Ruja (pain) (Ca.Ci.28/53-55).
3. Vak stambha (Aphasia) (Ca.Ci.28/53-55).
4. Ardha Sareera Grahana (Ca.Ci.28/53-55).
5. Hasta paada sankocha (contraction) (Ca.Ci.28/53-55).
6. Hasta paada soola (pricking pain) (Ca.Ci.28/53-55).
7. Hasta paada toda (piercing pain) (Ca.Ci.28/53-55).

MODERN VIEW

1. Difficulty in walking.
2. Muscle weakness.
3. Problems with coordination or weakness on one half of the body.
4. With or Without slurred speech.
5. With or Without Blurred vision.
6. Mental Confusion

OBJECTIVE

1. Barthel Index.
- 2 modified NIH(National Institute of Health) stroke scale.

OBSERVATIONS AND RESULTS**General Observations****Distribution of patients according to age**

Among the 40 patients included in the study 14 patients (35%) belong to the age group of 51 - 60 years, 19patients (47.5%) belong to the age group of 41-50 years and 4patients (10%) belong to 31- 40 age group. A minimum of 2 patients (5%) represent the age group 21-30 years.

Distribution of patients according to Gender

In the present study 33 (82.5%) patients are males and 7 (17.5%)patients are females.

Distribution of patients according to socio-economic status

Among 40 patients 8 (40%) patients belong to lower class, 19(47.5%) patients belong to middle class, (12.5%) patients belong to upper class are registered in the study.

Distribution of patients according to Dēha Prakṛti

In the present study patients are predominantly of *Dvandaja prakṛti*. *Vāta- kapha prakṛti* are 19(47.5%), *Vāta-pittaja* are 20 (50%) and *Pitta-kapha* are 1 (2.5%) in number.

Distribution of the patients according to Affected Limb

Among 40 patients right part is effected 17 persons, and left part is effected 13 persons.

Distribution of patients according to Chronicity

In the present study 16(40%) patients are suffering for less than 1 year period, 4 (10%) patients developed the symptoms between 1 year to 2 years, 10(25%) patients are having chronicity of 2 to 3 years, 10(25%) patients are suffering from >2 years.

Distribution of the patients according to Stress

20 patients are emotional stress. 20 patients are not having emotional stress.

Distribution of the patients according to Addiction

In the study patients i.e 5 were found of alcohol and smoking, where only alcohol intake were 17, only smoking 6, smoking and tobacco were 2 and 10 patients were registered under nil addiction.

COMORBIDITIES

On observations of comorbidities, it was found Diabetes mellitus 10 patients, only HTN have 23 patients, Diabetes and HTN 7 patients.

Showing the Distribution of the patients according to Symptom

Symptom Wise	NO.OF .Patients	
1.Loss of Function	5	12.5
2.Loss of Sensation	5	12.5
3.Pain	40	100
4.Spasticity	40	100
5.Facial palsy	5	12.5
6.Aphasia/Dysarthria	25	60
7.Muscle wasting	20	50
8.Incontinence of urine	15	30
9.Incontinence of motion	15	30
10.Constipation	20	50

Showing Paired 't'- Test summary of Barthel Index.

Groups	Mean \pm S.D		MD	t Value	P Value
	0 th Day	After Treatment			
Group-A	63.17 \pm 17.24	68.50 \pm 14.21	5.33	6.1861	P < 0.0001
Group-B	73.83 \pm 17.30	76.50 \pm 15.54	2.67	5.7570	P < 0.0001

Showing Paired 't'- Test summary of MODIFIED NATIONAL INSTITUTE OF HEALTH STROKE SCALE (mNIH).

Groups	Mean \pm S.D		MD	t Value	P Value
	0 th Day	After Treatment			
Group-A	14.67 \pm 5.62	13.47 \pm 4.92	1.20	2.4733	P=0.0195
Group-B	15.43 \pm 5.61	15.00 \pm 5.61	0.43	3.7911	P =0.0007

DISCUSSION

The mean score of Group A and B on **Barthel Index** Before treatment is 63.17 & 78.83 respectively After treatment is 68.50 & 76.50 respectively and 20 days After treatment mean score of Group A&B is 76.17 & 79.50 The Mean deviation of Group A After treatment is 5.33 with extremely significant p value (<0.0001) and After 20 days of Treatment is 13.00 with extremely significant p value (<0.0001). The Mean deviation of Group B After treatment is 2.67 with extremely significant p value (<0.0001) and After 20 days of Treatment is 5.67 with extremely significant p value (<0.0001).

Showing Paired 't'- Test summary of MODIFIED NATIONAL INSTITUTE OF HEALTH STROKE SCALE (mNIH)

The mean score of Group A and B on mNIH Before treatment is 14.67 & 15.43 respectively After treatment is 13.47 & 15.00 respectively and 20 days After treatment mean score of Group A&B is 12.33 & 14.10 The Mean deviation of Group A After treatment is 1.20 with extremely significant p value (=0.0195) and After 20 days of Treatment is 2.33 with extremely significant p value (=0.0004). The Mean deviation of Group B After treatment is 0.43 with very significant p value (=0.0007) and After 20 days of Treatment is 1.33 with extremely significant p value (P<0.0001).

Mode of action of virecana

Virechana karma is one among the panchakarma which is mainly advised for pitta dosha and pittaja vikara. Pakshaghata chikitsa and general management of all vatavyadhi include virechana. Pakswashaya is vatasthan and virechana is advised in pakswashayasa mutthanavyadhi as it is the nearest route of expulsion of dosha. The involvement of siraa,

snayu in the samprapti of pakshaghata to the role of raktadhatu in pakshaghata for which virechana is the treatment. Masthishkam is the adhishtana of pakshaghata and virechana holds good in treating majjadhatudushti and majjadharakalavikara. Avarana to vatamarga plays big role in the development of pakshaghata and associated symptoms of other dosha are also expressed in it. Virechana is advisable in both conditions. Virechana brings the pranavata in its normal pathway hence it is useful in pranavatadushti taking place in pakshaghata. As the main pathology in pakshaghata takes place in masthishka, there is mental and physical impairment to the patient. Budhiprasadana and dhatusthiratwa are the benefits of virechanakarma.

Thus, virechana can act improve the mental and physical conditions of the patient. Virechana can improve the cellular functions and correct the tissue damage through fluid homeostasis. It helps in the proper brain functions and can be used in the disorders of the brain. Hydropic degeneration is prevented by virechana, so it is useful in ischemic disorders like stroke. The *kandara* and *sira* involved in the pathogenesis of *Pakṣāghāta* are mentioned as the *upadhātus* of *Rakta dhātu* and *virecana* is mentioned as one the important strategies for the management of *Raktaja vikaras*. Thus, probably *virecana* might have been considered as a line of treatment for the management of *Pakṣāghāta*. *Virecana* imparts strength to the body and stabilizes all the *dhātus* **Basti** given at appropriate time with logical manner good result can obtain. Cronicity involvement of Shir marma, Basti is best treatment because it acts from foot to head "**Aapadatal murdhasthanam**."

CONCLUSION

The predominant doṣa are all the five types of *vāta* with dominancy of *vyāna* and *prāṇa vāyū* along with *pitta* and *kapha*.

The *dūṣya* involved in the manifestation of *Pakṣāghāta* are *rasa*, *rakta*, and *meda*.

In the present study it has been noticed that motor parameters under neurological examination showed significant improvement with Trivritadi yoga virecana and vyoshadhya taila matra vasthi i.e Group A compared with *Virecana* with *Trivṛtādi yoga* i.e Group B.

Functional ability in terms of mNIH and Barthel Index of patients are better improved by Group A (*Virechana* & *Vasti* group) in relative terms to Group B (*Virecana* group).

Group B (*Virecana* group) has also showed marked improvement in Ability to lift the arm, finger movement, wrist flexion, extension, knee flexion, extension, ankle dorsiflexion, ankle plantar flexion compared with Group A(*Virecana* & *Vasti* group).

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