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Trividha Bhodhya Sangraha of Pakshaghata

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ABSTRACT

Imbalance of *Doshas* is the root cause for all the diseases; it will cause diseases of various parts of the body with diverse *lakshanas*. A wise physician should not worry about the name of the disease in diagnosing the condition since all disorders cannot be given standard names. In order to understand the disease thoroughly the concept of *Trividha Bhodya Sangraha* is helpful. It helps in understanding the dosha pathology in the body, *Trividha Bhodya Sangraha* facilitates early diagnosis and treatment of all kinds of diseases. In serious pathological conditions like *Pakshaghata*, where the subject is affected by loss of movement and strength of limbs, detailed understanding of its clinical features, causes and the site of manifestation through the lens of *Trividha Bhodya Sangraha* results in successful management. This article is an effort to explain *Trividha Bhodya Sangraha* of *Pakshaghata* for effective understanding and management of the disease.

Key Words *Trividha Bhodya Sangraha, Pakshaghata, Cerebrovascular Accident, Stroke*

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INTRODUCTION

Based on the *Ruja, Varna, Samuththana* and *Samsthana*, diseases can be classified into innumerable types. Major classifications are explained in the perspective of treatment, predominance of *Doshas*. In this regard, *Trividha Bhodhya Sangraha* concept is explained in *Trishothiya Adhyaya* of *Caraka Samhita Sutra Sthana*. It is a concept that helps in understanding a disease through *Vikara Prakriti* (Nature of the disease), *Adhishtana* (Site of manifestation) and *Samuthana Vishesa* (nature of causative factors). These three factors help in assessing the condition and treating any disease conditions. Physicians should not worry about naming a disease when they are in doubt, they must use the

concept of *Trividha Bhodhya Sangraha* to diagnose and manage the condition. One who considers these three factors while treating any disease, will not be deluded by the treatment principles.

As *Trividha Bhodhya Sangraha* helps in assessment of all kinds of diseases, it can be utilized in serious illness like *Pakshaghata* where the strength and movement of the individuals will be affected. *Trividha Bhodhya Sangraha* involves a comprehensive assessment of the individual's symptoms, medical history, and other relevant factors to arrive at a proper diagnosis. By utilizing *Trividha Bhodhya Sangraha*, one can aim to gain a deeper understanding of the diseases like *Pakshaghata* and its underlying

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causes, which in turn helps in arriving at proper treatment approach.

Trividha bhodhya sangraha includes three important factors¹.

- 1) *Vikara prakruti*
- 2) *Adhishtani Antarani*
- 3) *Samutthana Vishesa*

Vikara prakruti: *Prakriti* is the *Karana* and *Swabhava* i.e origin or one's nature and *Vikruti* or *Vikara* refers to the disease. Eg: *Jwara*, *Pakshaghata*, etc., *Jwara* is represented by its *Pratyatma Lakshana* i.e., *Santapo Deha Manasa*. It is the *Swabhava* of all types of *Jwara*.

Vikara Prakriti can be taken as the clinical diagnosis that done based on the cardinal feature or *Vyadhi pratiniyata lakshana*.

Pakshaghata is a disease characterized by loss of movement of the left or right half of the body along with pain and loss of speech. *Sira*, *Snayu* of half part of the body are affected along with stiffness of *Hasta* and *Pada*. The disease is also characterized by *Toda* and *Shula*².

These symptoms can be closely correlated to Cerebro Vascular Accident (CVA) which are characterized by weakness of limbs which ranges from hemiparesis or hemiplegia, spasticity of limbs, disuse atrophy, pain. Altered mental functions like cognitive defects, defects in speech, etc., Hemiplagia involves weakness of half part of the body with or without the involvement of face. *Ardita* is a condition similar to Bell's palsy where the face of the individual is affected³.

The cause of Hemiplagia can be categorized into thrombotic, embolic, and hemorrhagic strokes depending on their onset and progression.

Thrombotic stroke is characterized by a sudden and progressive onset, usually during midnight or late night, and is most commonly seen in middle-aged and elderly people. Consciousness is usually preserved unless there is a major vessel occlusion. Laboratory findings indicating atherosclerosis may be present in thrombotic stroke cases.

In the case of embolic stroke, there is an abrupt development of complete stroke within a few seconds, rapid partial involvement within minutes or hours, and it can occur at any time of the day and at any age. On the other hand, hemorrhagic stroke is characterized by the following:

- 1) Onset: Hemorrhagic stroke usually occurs during the daytime.
- 2) Preceding symptoms: Symptoms such as headache, vomiting, seizures, and the condition progresses with time.
- 3) Recovery: Delayed recovery or no recovery, and sometimes even the patient may die

Based on clinical presentation:

- 1) TIA (Transient ischemic attack) is an acute focal neurological deficit resulting from cerebrovascular disease with resolution of signs and symptoms within 24 hours
- 2) RIND (Reversible Ischemic Neurological Deficit) in which attack lasting longer than 24

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hours but with complete clearance of signs and symptoms within 7 days

3) Complete stroke: In which neurological deficit lasts longer than 7 days with or without partial recovery.

4) Partial non progressive stroke (PNS)- Neuro-deficit persists for more than 3 weeks, but is either partial or ends up with minimum residual deficit.

5) Stroke in evaluation: The symptom worsens gradually or in a step wise pattern over hours or days and the neurological deficit persists for more than 24 hours.

The symptoms of thrombotic stroke are not definite. However, *Charaka Samhita* describes *Ardita* as episodes of neurological deficit and the patient recovers completely in a prescribed period of time⁴, which is similar to TIA and RIND in modern medicine. Regarding haemorrhagic or embolic stroke with partial or complete loss of consciousness, *Sushruta Samhita* mentions *Achetanam*⁵ as a characteristic feature in hemorrhagic stroke, and the person may even die at that time.

Adhishtana Antarani refers to the site of disease, *Dosha*, *Dhatu* and *Srotas* involved. This is the second step of diagnosing a disease, denoting the pathological understanding of a disease.

Pakshaghata belongs to *Madhyama Roga Marga*⁶ as it affects the *Sandhi*, *Asthi* and *Marma* and is a *Nanatmaja Vikara* as it is manifested solely by *Vata Dosha*⁷. Further *Dosha* involved in *Pakshaghata* is *Vata Dosha* & *Dooshya* are

*Snayu*⁸, *Sira*⁹ by *Acharya Charaka* & *Dhamani* by *Acharya Sushruta*¹⁰.

Snayu: *Snayu* refers to ligaments and tendons, which are essential for maintaining the weight-bearing capacity of joints and providing stability to the body. However, the meaning of the term "*Snayu*" goes beyond just ligaments and tendons. It is the *Upadhatu* of *Mamsa Dhatu*, Injury to *Snayu* can lead to severe impacts from neurological disorders to affected functioning of joints due to improper innervation and integrity and its damage can also lead to death¹¹.

As per *Ashtanga*, *Sandhi* is a place where two or more structures are involved, and *Snayu* (tendons and ligaments) plays a significant role in maintaining the proper functions of these structures¹².

Sira as a blood vessel. *Prakruta Vataja Sira* is mentioned in *Sushruta Samhita*, which control all motor activity, speech, and sensory activities in the human body. When there is a *Vikruti* (Imbalance) in those *Vataja Sira*, an individual is likely to develop *Vata Rogas* (diseases)¹³.

Sira is a *Upadhatu* of *Rakta Dhatu*, when *Sira* is affected, it can also be considered as vascular disease.

Dhamani are the Arteries which can also be considered as autonomic nervous system. *Dhamanis* above the level of navel are *Urdhwaga Dhamani*, all the channels of sweat are considered as *Tiryak Dhamani*¹⁴. *Rasa* contains *Sweda Bhava* which when reaches to *Romakupa*, sweat is formed. These *Romakupas* are blocked and *Sweda Rupi Rasa* is converted into *Udaka* in

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the *Udara Roga*¹⁵. This represents fluid regulation mechanism which is majorly the function of autonomic nervous system. *Adhoga Dhamani* i.e autonomic nervous system below the level of umbilicus which does functions like *Shukra Pravrutti*, *Aarthava Pravrutti* and excretion of wastes¹⁶.

Existence of any tissue in the body is because of *Rasa & Rakta* which does function of *Preenana & Jeevana* respectively.

In between *Amashaya & Pakwashaya* is *Pittashaya* where *Annarasa* is formed & through the *Maha Srotas* it reaches the *Hrudaya* and then it is called as *Rasa Dhatu*. From there the whole body is getting nourished by circulating through *Urdhwaga* and *Tiryakga Dhamani*¹⁷. *Vyana Vata* is responsible for circulation of *Rasadhi Dhatus* all over the body¹⁸.

***Sthanasamshraya* or *Adhishtana*:** It is considered as *Shiras*(head). *Dushta Vata Dosha* takes *Sthanasamshraya* in *Shiras*, and *Ardita* is also a type of *Shira Roga* caused due to vitiation of *Rakta Dhatu* at *Shiras*¹⁹.

Shiras, or the head, is considered the *Sthana* (seat) of *Indriya*, which refers to the senses or faculties of perception and action. In *Pakshaghata*, the function of both *Karmendriya* and *Gnanendriya* are hampered. Here *Karmendriya* refers to the motor or effector nerves, and *Gnanendriya* refers to the sensory or afferent nerves. *Shiras* is considered as *Sooryanivagabasatha*²⁰ - the controlling authority of the nervous system. Here *Shiras* is considered as the Sun, and the rays are taken as the afferent

and efferent nerves, suggesting *Shiras* as the central point of control for the entire nervous system.

***Samutthana Vishesha*:** It is the etiological diagnosis. *Nidana*(cause) of *Vata Vyadhi* are grouped under two headings that is *Dhatukshaya* and *Margavarana*²¹.

Other important causes for disease is *Abhigataja Nidana*, and *Roga Atikarshana*. These lead to *Dhatu Kshaya* as they hamper the nourishment of *Dhatu*²².

***Dhatukshaya*:** *Dhatukshaya* can manifest suddenly (*Sadhya Ksheena*) or gradually (*Chiraksheena*).²³ In *Pakshaghata*, *Dosha Asruk Sravana*(Sudden bleeding), leads to *sudden Kshaya* of *Dhatu* due to massive external blood loss²⁴.

Sadhya Ksheenata can be considered as *Achaya Poorvaka Prakopakara hetu* where *Doshas* are suddenly aggravated due to external factors without any *Sanchaya*. While in other cases, *Dhatu Kshaya* may occur gradually due to prolonged diseases, excessive bloodletting therapies leading to *Pakshaghata* or *Ekangavikara* (hemiplegia)²⁵. This can be considered as *Vyabhichari Hetu*, *Chayapoorvaka Hetu*.

In the recent days, Majority of *Pakshaghata* cases are due to sudden onset (*Sadya Ksheerna*) caused due to *Bahya Hetu* like accident or trauma.

Margavarana is a pathological condition where *Gati* of *Vata* gets obstructed This obstruction can occur in the *Rasa* and *Raktadhi Marga*²⁶.

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Symptoms are manifested at sites wherever there is *Margavarana* (occlusion). *Avarana* affects the *Gati* of *Vata* resulting in *Rasadi Dhatu Kshaya*, as *Vyana Vata* is the one which carries *Rasadi Dhatus* to *Sarva Shareera*. This also hampers the *Preenana* and *Jeevana Karma* of *Dhatus*.

In *Pakshaghata*, *Kapha Dosha* and *Medha Dhatu* are also involved leading to *Vata Kopa* resulting in *Vata Roga*²⁷. This can be seen in conditions like atherosclerosis where there will be *Dhamani Upalepa* caused by excess *Abhishyandi Guna*, which is sticky in nature and sticks to the *Srotas*²⁸. Thrombosis or thromboembolism is generally because of atherosclerosis. Onset of Thrombosis induced stroke is sudden as with that of *Margavarana* followed by absence of loss of consciousness. This is the characteristic feature. Vitiating *Kapha Dosha* further vitiates *Meda Dhatu* leading to obstruction in the *Srotas* by causing *Sroto Lepa*. Clinical manifestation of *Margavarana* is also always sudden in onset²⁹.

Haemorrhagic stroke: Individuals presenting with headache, vomiting, seizures, altered sensorium, clinically it is diagnosed as Haemorrhagic stroke. It is associated with *Achethana* and *Akarmana*. This altered sensorium can be taken as *Mada Moorcha* and *Sanyasa* which is also a presenting feature of *Pakshaghata*. All the three are caused due to *Rakta Dushti*³⁰.

Rakta Dushti Lakshana suggestive of hypertensive encephalopathy. Thus, this type of

Pakshaghata can be considered as stroke due to hypertension.

Abhighata can also lead to hemorrhage in head, injury to *Shiro Marma*, *Lohitaksha Marma* & *Kakshadhara Marma* results in *Pakshaghata* and *Ardita*³¹.

CONCLUSION

Through the thorough understanding of *Trividha bhodhya Sangaha*, it will be easy for all the physicians to understand the disease pathology through *Vikara Prakriti*, *Adhishthana* and *Samuthhana Visheshha*. This will help in proper diagnosis and treatment based on vitiation of doshas. *Trividha Bodhya Sangraha* stands as a comprehensive guide to diagnose all diseases and understand them without worrying about their name.

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