

Comparative effect of *J.J. Taila*—Internal and External—in *Paksavadha* (Hemiplegia)

P.K.N. Namboodiri¹, T.V. Menon², V.A. Prabhakaran³, N.P. Vijayan⁴,
N.G.K. Pillai² and K. Santhakumari²

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Hemiplegia is one among the eighty *Vatavikaras* described in *Ayurveda*. It is a dreaded disease causing to disable or cripple the individual owing mainly to internal capsular artery thrombosis, embolism or haemorrhage.

Sneha (oil) is considered the most effective remedy in the treatment of *Vata-vyadhis* due to its antagonistic properties to *Vata*. When such a preparation is medicated with suitable *Vatahara Dravyas* the effect is tremendous. Considering the above mentioned points an oil (*J.J. Taila*) prepared with *Jatamansi* (*Nardostachys jatamansi* DC.) and *Jyotismati* (*Celastrus*

paniculata Willd.)—both have effect on central nervous system and also are tonic. These are selected for the study. Two groups of *Paksavadha* patients - 25 in each group and of both the sexes were selected at random and admitted in the In-patient research ward of I.I.P., Cheruthuruthy, for a clinical trial. The 1st group of *Paksavadha* patients were given internal and external *Snehana* in the form of *Samanasneha* internally and *Abhyanga* and the other group was provided with same type of internal *Snehana* alone. Both the groups were given uniform set of exercise (*Physiotherapy*).

The study revealed that the result of 2nd group having internal *Snehana* is slightly more significant compared to the first group.

Introduction

Paksavadha or hemiplegia is a disease in which one side of the body is

1. Research Officer (Ay.)
2. Asst. Research Officer (Ay.)
3. Research Assistant (Ay.)
4. Asst. Research Officer (Pathology)
Indian Institute of Panchakarma,
Cheruthuruthy, Shoranur,
Kerala State.

affected and make the individual bedridden, disable or cripple. In this ailment mainly motor nerves are affected. *Mamsa* or muscles becomes either flaccid or stiff and usually wasting of muscles is also noticed in the affected limb. Ayurveda prescribes certain recipes with *Snehana*, *Sveda* and *Virecana* which are said to be the line of treatment for *Paksavadha*. The present study is confined to only oleation therapy in the form of *Samana Sneha* for the treatment of the above disease. To study the effectiveness of *Snehana* (oleation), a comparative study of internal *Samana Sneha* along with external *Sneha Prayoga* in the form of *Abhyanga* in one group and internal *Sneha Prayoga* alone in other group were planned and carried out.

Materials and Method

Patients suffering from *Paksavadha* belonging to both the sexes and different age groups between 20 to 70 yrs. were selected from O.P.D. of I.I.P., Cheruthuruthy. Patients suffering from other systemic diseases and the cases having more than two years of disease were excluded from the trial. Selected patients were admitted in the I.P.D. of I.I.P., Cheruthuruthy, and were kept on suitable uniform diet. Patients were selected at random and grouped into two batches, totaling 50 cases were taken up for this trial. The following medicines were given to them.

Group I (1) *J. J. Taila*-internal as

Samana Snehana 10 ml.
thrice daily after food.

(2) *J. J. Taila* 50 ml. for
Matrabasti daily.

(3) *J. J. Taila* 50 ml. for
Abhyanga and *Pichu* daily.

Group II (1) *J. J. Taila*-internal as
Samana Snehana 10 ml.
thrice daily after food.

(2) *J. J. Taila* 50 ml. for
Matrabasti daily.

The medicines were prepared in the pharmacy attached to this Institute according to the classical *Snehapaka vidhi*. The course of treatment is fixed as 60 days. All of them were given physiotherapy.

A special proforma was used to record the data before and after the treatment. Necessary investigations such as BP, Hb., TC, DC, ESR, S. Protein, S. Cholesterol, Blood urea, Blood glucose and VDRL were carried out.

To facilitate the statistical assessment, the signs and symptoms were given certain numerical values according to the clinical importance (Table-I). Muscle power, reflexes, sensory changes, grip strength and posture were specifically noted for assessment. The result were classified as :

1. Complete relief (Relief with 91% or more regain)

2. Marked relief (Relief with 76 to 90% regain)

3. Moderate relief (Relief with 51 to 75% regain)

4. Mild relief (Relief with 26 to 50% regain)

5. No relief (No response or below 25% regain)

Table—I
Criteria for assessment

Parameters	Numerical value
1. Facial paralysis	3
2. Power of movements in shoulder joint (5 grades)	10
3. Power of movements in below joint (5 grades)	10
4. Ability to hold and lift weight hand	5
5. Grip strength	10
6. Posture	17
7. Walking speed	5
8. Plantar reflex	2
9. Deep tendon reflexes	10
10. Tone of muscles	8
11. Sensory changes	4
12. Wasting	6
13. Any other symptoms	10
Total :	100

Result and Discussion

In group I there were 20 male and 5 female patients and in group II there were 14 males and 11 females. The sex-wise data of both the groups are given in Table-II. The effect of *J. J. Taila* on blood

pressure is given in Table III. During the assessment of result after the treatment to compare with the numerical value of parameters fixed as shown in Table-I, facial paralysis, power of movements in shoulder joint and elbow joint in grip strength were significantly improved in group II (*Snehana* internal only) comparing the other group. Plantar reflex and deep tendon reflexes were normal after treatment in 20 out of 50 cases. Among the 20 cases 14 of them fall under IInd group. Regarding tone of muscle it was noticed that 16 out of 25 patients in group I were having flaccidity of muscles while others had rigidity of muscles. Similarly in group II 14 out of 25 cases, flaccidity of muscles noticed. During the assessment it was seen that though total improvement was gained, hypotonia noted in 8 cases initially, turned into rigidity in the external *Snehana* group I, while 10 out of 14 cases in group II got satisfactory improvement in flaccidity of muscles. Similarly 9 cases of stiffness of muscles in group I noticed remarkable improvement comparing with the cases in group II. From this it can be said that internal and external *Snehana* were effective in rigidity of muscles in *Paksavadha* but the continuous external *Snehana* is contraindicated in flaccidity of muscles because the change of flaccidity of muscles into rigidity in some cases falling under group I was observed.

Sensory changes were more or less same in both the groups. Regarding the

Table – II
Age and Sex-wise classification

Age group	Group I		Group II		Total
	Male	Female	Male	Female	
Below 20 yrs.	—	—	—	1	1
21-30 yrs.	—	—	—	—	—
31-40 yrs.	3	—	—	—	3
41-50 yrs.	3	—	5	2	10
51-60 yrs.	6	3	6	5	20
61 and above	8	2	3	3	16
Total	20	5	14	11	50

Table—III
Effect of treatment on B.P. (in mm Hg \pm SEM)

Systolic		Diastolic		t-value		p-value	
Before treatment	After treatment	Before treatment	After treatment	Systolic	Diastolic	Systolic	Diastolic
<i>A. Group I</i>							
154.32	145.8	97.44	92.72	2.05	1.65	>0.05	>0.05
± 7.49	± 7.82	± 2.32	± 3.38				
<i>B. Group II</i>							
156.40	152.80	94.32	93.76	0.59	0.16	$P>0.05$	$P>0.05$
± 6.53	± 5.76	± 3.16	± 3.30				

degree of freedom—24
 $P>0.05$ —Not significant

symptom wasting of muscles, better improvement was noticed in Ist i.e., external and internal *Snehana* group comparing with the internal *Snehana* group II. Besides the curative aspect of *Snehana* both internally and externally the drugs *Jatamansi* and *Jyotismati* used for preparation of the trial oil *J. J. Taila* have got specific action on the central nervous system. Due to this, the patient treated

with the drugs/*taila* showed considerable general improvement. Dizziness, mental confusion, restlessness and other symptoms of stroke and high blood pressure were reduced in these cases remarkably.

The effect of treatment of *Paksavatha* in both the groups is given in terms of statistical importance in Table-IV. The results were highly significant in both the groups.

Table—IV
Effect of treatment on Paksavadha (Group I)

Different stages	Mean \pm SEM	Comparison of effect of treatment		
		Different stages	t-value	P-value
<i>Group I</i>				
On admission	63.06 ± 2.56	OA and Ist	4.92	<0.05 <0.01
Ist	47.98 ± 3.65	Ist and OD	5.02	<0.05 <0.01
On discharge	42.36 ± 3.57	OA and OD	6.70	<0.05 <0.01
<i>Group II</i>				
On admission	60.58 ± 2.48	OA and Ist	6.97	<P 0.05 <P 0.01
Ist	50.38 ± 2.61	Ist and OD	5.34	<P 0.05 <P 0.01
On discharge	45.18 ± 2.83	OA and OD	9.82	<P 0.05 <P 0.01

Degrees of freedom—24

P<0.05 | —Highly significant
 <0.01

Conclusion

Though *J. J. Taila* did not give any significant effect on hypertension, it showed encouraging results in *Paksavadha*. The study of strength of muscle power, grip, reflexes and sensory changes etc., reveal that *Snehaprayoga* is very efficacious in *Paksavadha*. Response to the treatment was highly significant in both the groups but better result was noticed in group II. The study also emphasises the role of internal *Snehana* (oleation therapy) in the therapeutic management of *Paksavadha*.

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हिन्दी सारांश

जे. जे. तैल का अभ्यास एवं बाह्य प्रयोग का पक्षवध पर एक तुलनात्मक समीक्षा

पी. के. एन. नम्बूदिरि, टी. वी. मेनन्, बी. ए. प्रभाकरन, एन. पी. विजयन,
एन. जी. के. पिल्ले एवं के. शान्ता कुमारी

अङ्गुष्ठात या पक्षवध रोग 80 प्रकार के वातविकारों में एक बताया गया है। वातव्याधियों में तैल अग्रयौषध माना गया है। तैल औषध सिद्ध होने से ज्यादा फलदायक होता है। ज्योतिष्मती एवं जटामांसी चेष्टावह और संज्ञावह नाड़ीकेन्द्र के रोग में फलदायक होता है। अतः इन औषधों से सिद्ध तैल 25-25 मरीजों के दो

वर्गों में प्रयुक्त किया गया है। इनमें पहले वर्ग में आन्तरिक एवं बाह्य रूप में तैल का प्रयोग किया, लेकिन दूसरे वर्ग में सिर्फ आन्तरिक रूप में तैल दिया गया था। दोनों वर्गों के रोगियों में यह लाभदायक देखा गया है, किन्तु दूसरे वर्ग में अधिक लाभदायक सिद्ध हुआ है।