



AYURVEDIC MANAGEMENT OF PAKSHAGHATA- A SINGLE CASE STUDY

Dr. Jaynika S. Garasia

Asst. Professor, Department of Kayachikitsa, Shri O H Nazar Ayurved College, Surat

ABSTRACT

Hemiplegia is the commonest manifestation of a stroke with neurological deficit affecting the face, upper and lower extremities. *Pakshaghata* describe in Ayurveda can be correlated with hemiplegia. *Panchakarma* with physiotherapy and internal medication plays a key role in the management of *Pakshaghata*. The present study was planned to assess the efficacy of *Panchakarma* along with internal medication in the management of *Pakshaghata*. **Material and Methods:** A 52 years old male patient visited to *Kayachikitsa* OPD of O.H.Nazar Ayurveda college, Surat with complaints of loss of movements at left upper and lower limbs, unable to walk associated with slurred speech and generalized weakness. He was diagnosed as *Vama Pakshaghata* according to Ayurveda. He was treated with *Panchakarma* procedures along with physiotherapy and internal medicine. **Results:** After completion of treatment improvement was found in the movement of upper and lower limbs and he was able to walk without support with improvement in quality of life. **Conclusion:** Hence, it can be concluded that *Panchakarma* along with physiotherapy and internal medicine are effective in the management of *Pakshaghata*. It also stops the further progression of disease. Though it is a single case study, further clinical researches are needed for its scientific validation.

KEYWORDS: Pakshaghata, Panchakarma, Ayurveda, Hemiplegia, Physiotherapy, Basti chikitsa.

INTRODUCTION

Pakshaghata is one of the major neurological condition manifested as inability to move the group of muscles of either left or right side of the body which is mainly caused by the vitiation of *Vata dosha*. *Acharya Charaka* explained that aggravated *Vata dosha* gets *Adhishthana* in one half of the body and causing *Pakshaghata* and have a symptoms as immobility of the affected side in association with pain and loss of speech. The affected part becomes *Krusha* and *Durbala*.¹ According to *Acharya Sushruta Vata dosha* travels to *Urdhava Adhoga Tiryaka Dhamani* and caused *Sandhi Bandhana Moksha* which ultimately results in loss of function in one half of body called *Pakshaghata*.

Hemiplegia is the commonest manifestation of Stroke with neurological deficit affecting the face, limbs and trunk on one side or either side of body. The burden of stroke has alarmingly increased in India over the years. Between 1996 and 2022, there was a 100% increase in cases in India. Nearly 700,000 people in India died because of stroke in 2022, which was 7.4% of the total deaths in the country that year.²

There are mainly two types of stroke which are ischemic and hemorrhagic. Ischemic stroke is more common than Hemorrhagic stroke. Due to interruption of blood supply Ischemic strokes occurs, while Hemorrhagic strokes are the ones which results from rupture of blood vessels or an abnormal vascular structure.³ In the present case study, the treatment was done for the ischemic stroke with with *Mrdhu Shodhana* and *Shaman Aushadhi* and physiotherapy. Such conditions can be managed by Ayurvedic treatment and it shows very effective results in acute conditions also. *Panchakarma* plays a major role in the treatment of *Pakshaghata*. In this case he was treated with *Panchakarma* procedures like *Sarvanga Abhyanga* with *Bala-Ashwagandhadi taila*, *Nadi Swedana* with *Dashmoola kwatha*, *Basti Karma- Niruha Basti* (*Dashmoola Kwatha*) and *Matra Basti* (*Tila Taila*), *Nasya Karma* with *Brahmi grita* (6-6 drops) and *Shirodhara* with *Mahanarayana taila* along with physiotherapy and *Shaman Aushadhi*.

Material and Method

A 52 years old male patient came to O.H.Nazar Ayurveda college attached with Shri Swami Atmanand Sarsawati Ayurveda Hospital Kayachikitsa OPD no.12 with chief complaints of loss of movements and weakness at left upper and lower limbs, Stiffness in left Shoulder and elbow joint, unable to stand and walk and slurred speech since 1 month.

Case Report

Presenting complaints Loss of movements and reduced strength in left upper and lower limb, difficulty in walking, slurred speech, heaviness and stiffness of affected side of body since 1 month.

History of present illness

According to patient's relative he was apparently normal and healthy before 2 months. Two months ago he suddenly felt dizziness and fell down at his work place. After that he felt loss of strength in left upper and lower limb and slurring of speech. Patient was admitted in allopathic hospital for emergency treatment where he was diagnosed with Right Thalamic Hematoma and 1st time detected Hypertension. CT scan shows intraparenchymal haematoma in right thalamo-

capsular region with associated with perifocal edema. He was treated for the same for 20 days and had partial improvement with mild symptomatic relief from his complaints. So he was brought to our hospital for further treatment on 25th May 2022.

Past History

- H/O Hypertension Since 2 months- On medication (Tab Telma 40 mg 1-0-0 A/F)
- Not K/C/O – Allergy, Typhoid, Malaria, Dengue.

Physical examination

- Built- normal
- PICKLE-normal
- BP-140/90 mmHg
- Pulse rate-76/minute

Systemic examination-

- Respiratory system-Normal vesiculobronchial breath sounds heard; no abnormality detected.
- CVS-S1 S2 heard.
- Central nervous system-

Higher mental functions		
Consciousness		Fully Conscious
Orientation to	Time	Intact
	Place	
	Person	
Memory	Immediate	Intact
	Recent	
	Remote	
Hallucination and Delusion		Absent
Speech disturbance		Present-Slurred speech
Handedness		Right
Cranial Nerve Examination		
Olfactory Nerve	Smell sensation	Intact
Optic Nerve	Color vision	NAD
Oculomotor, Trochlear, Abducent Nerve		

Eye ball movement		Possible in all directions
Pupil	Position	NAD
	Shape	
	Size	
	Symmetry	
Ptosis		Absent
Trigeminal Nerve		
Sensory	Touch, Pain and pressure sensation	Intact
Motor	Lateral movement of Jaw	Possible
Facial	Forehead frowning	Possible, Equal in both sides
	Eye brow raising	Possible, Equal in both sides
	Eye closure	Possible, Equal in both sides
	Blowing of cheek	Possible
	Teeth showing	Normal
Glossopharyngeal and Vagus Nerve		
Position of uvula		Centrally placed
Taste sensation		Intact
Gag reflex		Normal
Hypoglossal Nerve		
Protrusion of tongue		Complete protrusion possible
Tongue movements		Possible
Motor system Examination		
Involuntary Movements		Absent
Muscle Tone	RT	LT
Upper limb	N	Hypo
Lower Limb	N	Hypo
Muscle Power	RT	LT
Upper limb	5	3
Lower Limb	5	3
Reflex		
Deep Reflex	RT	LT
Biceps jerk	Normal	Diminished
Triceps jerk	Normal	Diminished
Knee jerk	Normal	Diminished
Ankle jerk	Normal	Diminished
Babinski reflex	Absent	Present
Sensory System Examination		
Superficial		
Touch	Intact	
Temperature	Intact	

Pain	Intact
Deep	
Crude touch	Present
Vibration	Present
Pressure sense	Present

Laboratory investigation

Hematological investigations were done and found to be normal

Specific investigation

MDCT Brain (29/3/2022) shows Intracerebral haemorrhage (Sub acute hematoma in Right thalamo-capsular region with perifocal edema.

DIAGNOSIS

The present Case was diagnosed as *Vama Pakshaghata*. The treatment was planned as per the status of *Dosha bala, Adhisthana and Rogibala*.

Date	Panchkarma Procedures	Internal medicines (Shaman Aushadhi)
25/05/2022	• Sarvanga Abhyangawith Bala-Ashwagandhadi taila	• Chitrakadi Vati 2-2 before meal with warm water.
27/05/2022	• Nadi swedanawith Dashmoola Kwatha	• Dashmoola 40ml BD on empty stomach. • Laghu-Yogaraja Gugul2-2 with warm water • Sarpagandha Vati-0-0 after meal with warm water. • Tab Shiva0-0-3 HS
28/05/2022	• Sarvanga Abhyangawith Bala-Ashwagandhadi taila	• Dashmoola Kwath40 ml BD on empty stomach.
20/06/2022	• Nadi swedanawith Dashmoola Kwath • Matrabastawith Tila Taila40ml • Niruha Basti with Dashmool Kwatha360ml (* Niruha and Matra basti was given alternatively) • Nasya Karma with Brahami ghrita6 drops. • Shirobasti with Mahanarayana Taila • Physiotherapy	• Laghu Yogaraja Gugul2-2 after meal with warm water • Tab. Shiva 0-0-3 HS • Mahavatavidhamsana Rasak-0-1 after meal with warm water.
21/06/2022	• Sarvanga Abhyangawith Bala-Ashwagandhadi taila	• Dashmoola Kwath40 ml twice on empty stomach.
06/07/2022	• Nadi swedanawith Dashmoola Kwatha • Nasya Karma with Brahami Ghrita6-6 drops. • Shirobasti with Mahanarayana oil	• Laghu Yogaraja Gugul2-2 with warm water • Tab. Shiva0-0-3 HS • Mahavatavidhamsana Rasak-0-1

Table-2 Details of treatment given to patient

RESULTS

During the course of treatment, the condition of patient improved gradually. The strength, power, tone of muscle improved. Deep tendon reflex was normal after course of treatment. He was able to walk at the end of treatment. The slurring of speech and motor response improved

Motor functions

Muscle Power	Right (BT) (AT)	left (BT)	left (AT)
Upper limb	5/5	3/5	5/5
Lower limb	5/5	3/5	4/5

Table no.3 Improvement in muscle after treatment.

Reflexes	Right (BT) (AT)	Left (BT)	Left (AT)
Biceps	Normal	Diminished	Normal
Triceps	Normal	Diminished	Normal
Knee jerk	Normal	Diminished	Normal
Ankle jerk	Normal	Diminished	Normal
Babinski sign	Negative	Negative	Negative

Table no.4 Improvement reflexed power after treatment

DISCUSSION

The word *Pakshaghata* is made by two words *Paksha* (half part of body) and *Aghata* (loss of function). It is considered as *Vata Pradhana Vyadhi*. Its clinical features are with loss of function of a half of body or weakness of one half. Face may or may not be involved. Prognosis depends on many factors including *Vaya*, *Roga* and *Rogi Bala*, *Dosha* involvement etc. As per the modern medical science all the motor activities are controlled by brain. Cerebrovascular accidents are mainly responsible for loss of function in body and due to maximal similarity they can be correlated with *Pakshaghata*. In *Pakshaghata* disease *Vata* is basic cause of disease which should be treated first. *Vata Prakopa* can occur due to many causes and *Dhatu Kshaya* is one of them. In this case *Shodhana* and *Shamana* line of management was adopted based on *Dosha* and *Rogibala*.

In Present case, *Sarvanga Abhyanga* was done for strengthening and nourishing the muscles. *Abhyanga* is said to be one of the most significant *Vataghna* and *Jaraha* treatment thus is having *Rasyana* properties. *Balashvagandha Taila* is *Vataghna* with *Poshana* properties thus nourishing *Mansa* and *Majja Dhatu*. Also, increases strength of the tissues. *Nadi swedana* was administered with *Nirgundi Patra*. As we know *Swedana* pacifies *Vata* and opens channels by its *Kaphahara* nature thereby improving circulation in stiff muscles. *Swedana* is *Stambhaghna*, *Gauravaghna*, *sheetaghna*. *Ushna* & *Tikshna Guna* helps in dilation of micro channels, *Laghu* & *Sara Guna* of *Swedana Dravya* enable *Dosha* to move towards *koshta* it helps in removing the *Strotorodha* and *Strotosangh*, thereby improving the circulation in spastic muscles, improving Hypotonia. The *Avarabala* (loss of strength) in the limbs improved after *Nadi Swedana*. *Shirodhara* was administered with *Mahanarayana* oil for 40-45 min. When medicated *kwatha*, *Ghee* or *Taila* is poured on the forehead, it is called *Shiro Dhara*. *Mahanarayan taila* is a well-known *Vata* balancing herbal oil formula. *Shirodhara* is indicated in disorders of *Shira*. It helps to improve speech, stabilizes mind, increases the physical strength. The continuous flow of warm liquid on the forehead for such a long period will cause mild vasodilatation. *Shirodhara* improves the circulation in these areas and help in regularization the blood supply of the brain. Vibration along with temperature may activate the function of brain which results in normal neurological function.⁵ *Basti* is considered as *Ardha Chikitsa*.⁶ *Dashamoola Niruha Basti* was given 360ml on alternative days. In *Niruha Basti Madhu* have *Yogavahi* and *Sukshma guna* which act as a catalyst, penetrating the *Sukshma Srotas*. *Saindhava Lavana* contains *Laghu* and *Tridosha Shamaka Gunas*. The *Snigdha Guna* of *Sneha Dravya (Tila Taila)* pacify the *Ruksha* and *Laghu Gunas of Vata*, resulting in *Vata Shamana*. The major medicines, *Kalka (Dashmooladi)*, have *Tridoshashamaka* properties. It removes the *Mala* which ultimately caused *Vatashamana* and does *Srotoshodhana*. *Kwatha* performs *Dosha Anulomana* and *Nirharana*.⁷ *Anuvasana Basti* with *Til Taila* (40ml) was given on alternative days, *Anuvasana Basti* hold the oil for a set period of time without generating any negative effects. *Pureeshadhara Kala* is protected by the *Snehana* effect. *Tila Taila*, which has *Guru* and *Snigdha Guna*, pacify *Vata's Ruksha* and *Laghu Guna*, which resulting in *Vata Shamana*. *Brahmi ghrita Nasya* (6-6 drops) was given to the patient. *Brahmi Ghrita* has a *Vata* balancing, *Medhya* and *Rasayana* properties which calms the mind and decrease hypertension, *Balya* property which may help reduce the symptoms of fatigue or general weakness. *Nasya* is indicated in *Urdhwajatrugata Vikara*. In case of *Pakshaghata* main pathology lies in brain., also *Nasya Karma* is indicated in *Vakgraha*, *Swarabheda* and *Indriyashuddhi*. here, the Patient had slurring of speech which was improved after 45 days of treatment. Physiotherapy was advised to the patient in this present study. Physiotherapy is a therapeutic practice which focuses on the movement and mobility and helps in restoring, maintaining, and optimizing patient's physical strength, function, motion, mobility and general wellness. Physiotherapy is used throughout the treatment for increase joint range of motion and muscular flexibility of particular joints. Also, increased circulation to all four limbs and reduces pain. Consider the spasticity; joint mobility and flexibility were achieved with Range of Motion (ROM) exercises, passive stretching, and peripheral joint mobilization.⁸ Improvement was observed in the stiffness of upper and lower limbs after the 45 day of physiotherapy, which suggest the major role of physiotherapy in the management of *Pakshaghata*.

In Shaman *Aushadhi Mahavatavidhwansan Rasa*, *Laghu Yogarajaguggulu*, *Shiva* tablet and *Sarpagandha Ghana Vati* was advised. The ingredients of *Mahavatavidhwansan Rasa* have properties of *Vatakaphahara*, *Vedanasthapana*, *Shoolprashama*, *Tarpan*, *Balya*, *Rasayan*, *Srotoshodhana* and these drugs helps in improving the qualities of *Majja Dhatu* and also indicated in *Pakshaghata Roga*. *Laghu yogaraja guggulu* is *Tridoshahara*. It is anti-inflammatory and analgesic, promotes strength of limbs. *Sarpagandha Ghana vati* contain ingredient like *Sarpagandha* having anti hypertensive activity due to reserpine and has action on central nervous system and peripheral nervous system by binding to catecholamine storage vesicles present in the nerve cell⁹ thus its beneficial in regulates the blood pressure. *Dashmool Kwatha* is *Tridosha Nashaka* and *Ushna* in *Virya*; hence it helps in pacification of *Vata Vyadhi*. With the above treatments patient improved. Here gained his muscle tone, power, strength, motor functions and he developed clarity of speech.

CONCLUSION

Pakshaghata comes under the category of *Mahavatavyadhi* and is difficult to treat. It is very challenging to treat when *Pakshaghata* is associated with co morbid condition. In the present study it was noted that *Pakshaghata* was

associated with hypertension. *Panchakarma* is a very essential part of treatment. Encouraging results are seen with *Abhyanga*, *Swedana*, *Nasya karma*, *Basti Karma* and *Shirodhara* along with physiotherapy in improving the condition of *Pakshaghata*. The combined effect of all the above treatments helped in reducing the symptoms and in recovery of the patient. By this case study we can conclude that in the treatment of *Pakshaghata* by *Panchakarma* procedures like *Abhyanga*, *Swedana*, *Shirobasti*, *Niruha* and *Matra basti*, *Nasya Karma* and *Shamana Aushadhi* (internal medicine) play a vital role in relieving all signs and symptoms and associated complaints.

REFERENCES

1. Acharya yt. Charaka samhita with ayurveda dipika commentary of chakrapani datta.chikitsasthana 28/18. Reprint ed. Varanasi (india): Chaukambha orientalia;2011.p.617
2. <https://www.financialexpress.com/healthcare/news-healthcare/world-stroke-day-2022-brain-strokes-can-cause-immense-economic-burden-on-indian-households-experts/2758223/>
3. Nanda, b., & mandal, a. (n.d.). Stroke (adult hemiplegia) pg230
4. Charak samhita, bhramananda tripathi, chaukhamba surbharti prakashan, sutra sthana 14/13, 2016, page no 288.
5. Dr. Sony singh, probable mode of action of shirodhara- an overview; world journal of pharmaceutical and medical research wjpmr, 2021, 7(9), 240 – 242.
6. Srikanthamurthy kr bhavaprakash of bhavamishramadhyama khanda 24th chapter, vatavyadhiadhikara verse 208, chaukhambhakrishnadas academy 2009, p. 340
7. Vasant c. Patil. Principles and practice of panchakarma. 3rd ed. Bangalore; atreya ayurveda publications; 2016. 449p
8. Ohini s. Conventional ayurvedic management in spastic cerebral palsy. Ijapr. April 2017; pp.4.
9. J kumaria reeta, rathib brijesh, ranic anita, bhatnagar sonal. Rauvolfia ser-Pentina I. Benth. Ex kurz.: Phytochemical, pharmacological and therapeutic Aspects. Int j pharm sci rev res novdec 2013; 23(2):348e55. No 56
10. sharangdhara samhita, vidhya sagar, pandit parshuram shastri, chaukhamba prakashan, page no 149