AYURVEDIC MANAGEMENT OF PAKSHAGHATA- A SINGLE CASE STUDY

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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 Pakshghata 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 Adhisthithana 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. According to Acharya Sushruta Vata dosha travels to Urdhva Adhoga Tiryaka Dhumani and caused Sanhi 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.

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 occur, while Hemorrhagic strokes are the ones which results from rupture of blood vessels or an abnormal vascular structure. In the present case study, the treatment was done for the ischemic stroke with Vrdhi 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 Svaranga Abhyanga with Bala-Ashwagandhari taila, Nadi Swedana with Dashmoolatwatha, Basti Karma-Niruha Basti (Dashmoolatwatha) and Matra Basti (Tila Taila), Nasya Karma with Bhrumitgi 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 Saraswati 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 further treatment where he was diagnosed with Right Thalamic Hematoma and 1” 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-

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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 reagion 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*.

**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

**Table no.3 Improvement in muscle after treatment.**

**Table no.4 Improvement reflexed power after treatment**
DISCUSSION
The word Pakshaghata is made by two words Paksha (half part of body) and Agnaha (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 Faya, Roga and Rogi Bala, Doshah 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 Kashaya is one of them. In this case Shodhana and Shamana line of management was adopted based on Doshas and Rogikhas.

In present case, Sarvangy Abyanga was done for strengthening and nourishing the muscles. Abhyanga is said to be one of the most significant Vataghana and Jararaha treatment thus is having Rasayana properties. Rakshavandgana Taila is Vataghna with Pushana 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 Kaphaghata nature thereby improving circulation in stiff muscles. Swedana is Shambhaghana. Gaurashavaghana, sheetaghana Ushna & Tikshna Guna helps in dilution of micro channels, Laghu & Sara Guna of Swedana Dravya enable Doshah to move towards koshah it helps in removing the Srotodhara and Srotostroangh, thereby improving the circulation in spasitic muscles, improving Hypotonia. The Avarabala (loss of strength) in the limbs improved after Nadi Swedana. Shirodhara was administered with Mahanarayan 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 improves 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. 1

Basti is considered as Ardha Chikitsa. 2 Dashamoolo Nirma 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. Sainidhara Lavana contains Laghu and Tridosh Shama Guna. The Snigdha Guna of Snigdha Dravya (Vata Taila) pacify the Ruksha and Laghu Guna of Vata, resulting in Vata Shamana. The major medicines, Kalka (Dashmooladi), have Tridoshshamaka properties. It removes the Mala which ultimately caused Vatashamana and does Srotoshodhane. Kwatha performs Dosha Anulomana and Nirharauna. Amavasana Basti with Til Taila (40ml) was given on alternative days. Amavasana Basti hold the oil for a set period of time without generating any negative effects. Pureesadhara Kala is protected by the Shnehana effect. Til Taila, which has Guru and Snigdha Guna, pacify Vata’s Ruksha and Laghu Guna, which resulting in Vata Shamana. Bhringhi ghrita Nasya (6-6 drops) was given to the patient. Brehmi Ghruta is a Vata balancing, Medhya and Rasayana properties which calms the mind and decease hypertension, Balya property which may help reduce the symptoms of fatigue or general weakness. Nasya is indicated in Urdhva jatragata Vikara. In case of Pakshaghata main pathology lies in brain, also Nasya is indicated in Fakrasha, 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. 1 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 Shamam Aushadhi Mahavatavidwansan Rasa, Laghu Yogajaranagugu, Shiva tablet and Sarpagandha Ghana Vati was advised. The ingredients of Mahavatavidwansan Rasa have properties of Vatakaphahakara, Vedanasthapana, Shoolprashama, Tarpan, Baliya, Rasayana, Snigdha 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 reseipine and has action on central nervous system and peripheral nervous system by binding to catecholamine storage vesicles present in the nerve cell thus its beneficial in regulates the blood pressure. Dashmool Kwatha is Tridosha Nashaika and Ushna in Farya; 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 Shirovadhana 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, Shirobhasti, Nirhuha and Matra basti, Nasya Karma and Shamana Aushadhi (internal medicine) play a vital role in relieving all signs and symptoms and associated complaints.

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