

AYURVEDIC MANAGEMENT OF PAKSHAGHATA WITH SPECIAL REFERENCE HEMIPLEGIA: A CASE STUDY

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ABSTRACT

Pakshaghata, one of the Madhyama Rogmarga Vyadhi where Paksha means half part of body and Aghat i.e. loss of function. It is considered as Vata Dosha predominate Vyadhi. Pakshaghata is one of the Nanatmaja Vyadhis of Vata Dosha. It is a condition wherein the greatly aggravated Vata Dosha, invades the Shareera Dhamanis causing Sandhi Bandhana Vimoksha and paralyzing one side of the body causing Cheshtahani of the side with pain and loss of speech. It is associated with poor balance. Paralysis is condition either the left or right side of the body with loss of function which results from any injury to motor centre of the brain either due to ischemia or hemorrhage. Timely intervention is very important in such cases, otherwise permanent physical disability and mental disturbance occurs. A male Patient aged 55 years, diagnosed case of left side hemiplegia was admitted at Government Akhandanand Ayurveda hospital in Department of Panchakarma. Snehana (therapeutic olation), Swedana (sudation therapy) Virechana (therapeutic purgation), Basti (therapeutic enema) etc. are considered the best way to treat a patient of Pakshaghata, the above said patient was given Panchakarma treatment along with internal Ayurvedic medicine. He got very significant improvement in all the subjective & objective criteria.

KEYWORDS: *Dipana- Pachana, Snehana, Swedana, Basti, Virechana, Pakshaghata*

INTRODUCTION

The Central Nervous system controls the body and mind. Due to the changing life style, disease developments are increasing like never before. Globally the incidence of communicable and noncommunicable disease is on the rise drawing attention for its presentation and treatment among the disease related with CNS. Stroke is one of the leading causes of death. If patient survives, physical and mental disability remains for life time. cerebrovascular accident (stroke) is the leading cause of disability. ^[1] Stroke can be correlated with *Pakshagata* in *Ayurveda*. *Ayurveda* literature is full of textual references where *Pakshaghata* is described

extensively. Vitiation of *Vata Dosha* alone or with *Pitta* (dosha responsible for regulating body temperature and metabolic activities) and *Kapha Anubandha* (continuity of life), results in *Shuddha* (pure) *Vata* or *Avrutta* (obstructed)*Vata Vyadhi* respectively. Movement is the function of *Vyana Vayu* (a subtype of *Vata*, that is seated in Hridaya). ^[2] Considering all *Samprapti-Ghatak* (component of pathogenesis) i.e. involvement of *Vatadi Dosha, Rakta* (blood tissue), *Majja Dhatu* (bone marrow), *Sira* (vein), *Kandara* (tendon), *Snayu* (sinew) etc. *Upadhātu* (the minor structural components that stabilize and sustain the body), *Acharyas*

have advised different *Shodhana* (purification) and *Shamana Chikitsa* (pacification therapy). *Snehana*, *Swedana*, *Basti*, *Virechana* are said to be best in this treatment. In the present case patient was having *Vama Hasta*, *Pada Alpa-Karmanyata*, *Aspasta Vak Pravrutti*, *Gamane Evum Asane Kashtata*, *Grahane Kashtata* and *Shirah Shoola* (headache). He did not take any treatment for the same. After 7 days his relatives brought him to admit in Government Akhandananda Ayurveda Hospital Ahmedabad. After clinical evaluation, the condition was diagnosed as *Vama Pakshaghata* (left sided hemiplegia). The patient was given *Virechan*, *Basti* and *Shamana Chikitsa*. Patient got significant results during this period and was able to do his day- today activities with much ease.

CASE HISTORY

Patient was asymptomatic before 7 days (18/6/24). He suffered from weakness and loss of power of Left sided upper and lower limbs. He developed *Aspashta Vak Pravrutti*, *Gamane Kashtata*, *Asane Kashtata*, *Grahane Kashtata* for 7 days. He was shifted to Government Akhandanad Ayurveda hospital.

CHIEF COMPAINTS:

- Vama Hasta- Pada Alpa-Karmanyata* (Unable to move left side of the body)
- Gamane Kashtata* (unable to walk)
- Since 7 days
- Asane kashtata* (unable to sit)
- Aspashta vak pravrititi* (slurred speech)
- Grahane Kashtata* (unable to hold)
- Drooling from left angle of mouth for 7 days
- Constipation, for 7 days

K/c/o: Hypertension and DM – both for 1 year. (Medicine – Amlodipine -5 mg, Metformin hydrochloride tablet-500 mg)

Past History – No any past history

Family History- Not any family history

INVESTIGATION:

MRI- Screening of Brain (19/6/2024)

Small acute infarct involving right half of the pons parasagittal region.

Doppler Study of Carotide and Vertebral Arteries (20/6/2024)

Generalized atherosclerotic changes in form of luminal narrowing, intimal thickening and wall calcification in vessels of lower limb.

ASTAVIDHA PARIKSHA / SAMANYA PARIKSHA

Nadi (pulse) -80/min

Mala(stool) - *Kathin Mala Pravrutti* (hard stool elimination), 1 time/2-3 days. Did not pass stool since last 3 days.

Mutra(urine) -5-6 time/day,1 time /night

Jihva(tongue) - *Sama* (coated)

Shabda(sound) - *Aspashta* (Slurred speech)

Sparsha(skin) – *Snigdha* (unctuous)

Druka(eyes) - *Samyaka*

Akriti(shape) – *Madhyama*

VITALS:

Blood pressure -130/90 mm/Hg, Pulse - 80/min, H.R.-84/min, R.R -17/min

SYSTEMIC EXAMINATION:

Decubitus -Patient was unable to walk, lying on the bed with left extremities straight.

R.S. -Normal

C.V.S -Normal

G.I.T - Normal

NEUROLOGICAL EXAMINATION

SENSORY- PAIN: present on bilateral extremities.

TOUCH: present on bilateral extremities.

TABLE NO.1 MOTOR SYSTEM -ON EXAMINATION BEFORE TREATMENT (25/6/24)

Body region	Feature	Right side (Normal)	Left side (Affected)
Upper limb	Muscle tone	Normal	Hypotonia++
	Power	5/5	0/5(Total paralysis)
	Reflexes (Biceps, Triceps)	Normal flexion and extension	Diminished (Weak)
	Supinator	Normal flexion	Diminished
Lower limb	Muscle tone	Normal	Hypotonia++
	Power	5/5	2/5
	Reflexes (Knee)	Normal extension and flexion	Exaggerated
	Planter reflex	Normal flexion	Extensor (Babinski sign+)

SAMPRAPTI GHATAK

Dosha –

Vata- Prana (one of the five subtypes of vata that is seated in head), *Vyanaa* (subtype of vata that is seated in hridaya), *Udana* (one of the five subtypes of vata, that is seated in thorax)

Pitta - Sadhaka Pitta (one of the five subtypes of pitta situated in the hridaya)

Kapha - Tarpaka Kapha (one of the subtypes of kapha situated in the head region)

Dushya (which gets vitiated) -*Rasa* (primary product of digested food), *Rakta* (blood tissue), *Mamsa* (muscle tissue), *Meda* (fat tissue) and *Majja Dhatu* (bone marrow) and *Sira, Snayu, Kandara*

Agni (digestive factor)-*Jatharagni*(metabolic factors located in digestive tract), *Dhatvagni* (metabolic factors located in dhatu) of *Rakta, Mansa, Meda* and *Majja*

Srotasa (functional channel)-*Rasavaha* (channels carrying nutrient fluids), *Raktavaha* (channels carrying blood tissue),

Mamsavaha (channels carrying muscle tissue), *Medavaha* (channels carrying fat tissue) and *Mjjavaha* (channels carrying bone marrow).

Srotodushti (deformity in body channels)-*Sanga* (obstruction due to contraction of lumen), *Siragranthi* (occurrence of nodular growth in the body channels) and *Vimargamana* (diversion to the flow of the contents to the improper channels)

Udabhavasthana (origin) -*Pakwashya* (large intestine)

Adhithana(seat) -*Mastiska* (brain) and *Vama Sharirah* (left side of the body)

Vyakti (manifestation stage)-*Vama Paksha* (left side)

On examination -Patient was well conscious, well oriented to time -Place and person, recent and remote memory was intact. Depending upon *Dosha-Dushya Samurcchana, Virechana* treatment was planned as shown in Table No 2.

TABLE NO.2 TREATMENT:

25/6/24	<i>Dipana</i> (enhancing metabolic fire)- <i>Pachana</i> (digestion)with <i>Trikatu churna</i> 3 gm 2 BD with <i>Goghrit</i> B/F
26/6/24	<i>Abhyang</i> (therapeutic massage) with <i>Bala Ashwagandha Taila</i> <i>Bashpa Swedana</i> (a sudation therapy where the steam is given with the help of steam chamber.) <i>Sadhya Sneha Pana</i> (quick internal oleation) with 200ml (6:00am) <i>Lasunsiddha Taila</i> (garlic -infused oil) Instruction – Drink warm water, take only <i>Ushna Ahara</i> (warm food) after hunger Avoid – <i>Sheeta Jala</i> (cold water), <i>Sheeta Ahara</i> (cold food), <i>Sheeta Vata Sevan</i> (cold wind), <i>Ratrijagran</i> (night vigil), <i>Divaswap</i> (day time sleeping)
27/6/24	<i>Sadhya Virechan</i> (quick purigation) <i>Triphala Kwath</i> (decoction of <i>Triphala</i>)-150 ml <i>Erand Sneha</i> (castor oil) -50 ml No. of Vega-9 <i>Laingiki Suddhi</i> (assessment based on the appearance of specific signs and symptoms)- <i>Laghavta</i> (lightness), <i>Dourbalyta</i> (weakness), <i>Kshut Trishna Prapti</i> (acquisition of hunger and thirst), <i>Manas Prasannata</i> (mental happiness) <i>Antiki Shuddhi</i> (end point purification)– <i>Kaphanta</i>
27/6/24 to 29/6/24	<i>Samsarjana Krama</i> (post therapy dietetic regimen for revival) -3 days 27/6/24: Morning - <i>Virechan</i> , Evening- <i>Peya</i> (thin gruel of rice) 28/6/24: Morning - <i>Vilepi</i> (thick gruel of rice), Evening- <i>Akruta Yusha</i> (non-processed soup of vegetables and/or pulses) 29/6/24: Morning- <i>Kruta Yusha</i> (processed soup of vegetables and/or pulses), Evening- <i>Khichadi</i> (cereal)
30/6/26 to 30/7/24	(1) <i>Sarvang Abhyang</i> (whole body massage) and <i>Nadi Swedana</i> (sudation by using pipe like instrument) (2) <i>Karma Basti</i> (course of thirty therapeutic enema) <i>Niruh</i> (therapeutic decoction enema) - <i>Erandmooladi Niruh</i> <i>Makshika</i> (honey)-60 ml <i>Lavana</i> (salt)-12 gm <i>Sneha</i> (oily substance)-60 ml <i>Nirgundi Taila</i> (vitex oil) <i>Kalka</i> (paste)- <i>Erandmooladi Kalka</i> -20 gm <i>Kwath</i> (decoction)- <i>Erandmooladi Kwath</i> -250 ml <i>Anuvasan</i> (therapeutic unctuous enema) - <i>Nirgundi Taila</i> 60 ml <i>Niruh Basti</i> -12, <i>Anuvasan Basti</i> -18 (3) <i>Punarnava Guggulu</i> 2 BD A/F with warm water

(1 Tab = 125mg) (4) <i>Dashmoola Kwath</i> (decoction of ten roots) 40 ml BD B/F

As shown above treatment protocol was followed. *Eranda, Palasha, Rasna, Aswagandha Atibala, Guduchi, Punarnava, Aragwadha, Devadaru, Madanphala, Laghu Panchmoola* are the contents of *Erandmoola Kwath*.

TABLE NO.3 Result after treatment.

Before treatment symptoms (25/6/24)	After treatment symptoms (30/7/24)
Unable to walk	Able to walk without any support
Unable to move left side of the body	Able to move left side of the body
Unable to sit	Able to sit without support
Unable to hold things in hands	Can hold heavier things in hand
Slurred speech	Speech clear

Table no.4 -comparison of examination (left side)-before treatment & after 14 days

Body region	Feature	Before treatment	After 14 days (9/7/24)	After treatment (30/7/24)
Upper limb	Muscle tone	Hypotonia++	Hypotonia +	Hypotonia+
	Power	0/5 (Total paralysis)	2/5	3/5
	Reflexes (Bicep, Tricep)	Diminished (Weak)	Improved	Improved
	Supinator	Diminished	Improved	Improved
Lower limb	Muscle tone	Hypotonia++	Hypotonia+	Normal
	Power	2/5	3/5	4/5
	Reflexes (Knee)	Exaggerated	Improved	Normal flexion and extension
	Planter reflex	Extensor (Babinski sign+)	Improved	Extensor (Babinski sign-)

RESULT

Patient got maximum and astonishing relief through *Ayurvedic* treatment. On 7th day of treatment, improvement was observed in abnormal speech, food consumption/ swallowing and drooling from left angle of mouth and loss of sensation in left upper and lower limb. He was able to walk with support after 14 days and without support after 26 days. He was to wear slippers on his own. At the time of discharge patient was happy as well as able to walk, stand and do regular activities without support.

DISCUSSION – Here, all the treatment modalities used to treat the patient has been tried to explain.

1.Pathyapathy ^[3] (**avoidance of causative factor**): Patient was advised to avoid *Vata Vardhaka Ahara*(diet) -*Vihara* (life style) (*Ruksha Sheeta -Alpa Ahara, Ratrijagaran*).

2.Abhyanga and Swedana: *Sira Snayu Sankochana* (contraction of blood vessels and ligaments) mainly occurs in *Pakshaghata* hence *Snehana* is very essential for condition. By the use of *Snehana* even the dry wood can bend. ^[4] *Abhyanga* helps in

nourishing and strengthening the muscle of upper limb and lower limb. Therapeutically the *Abhyanga* also act on vitiated *Vata Dosha* also it nourishes the *Dhatu* of the body.

3.Bala Ashwagandha Taila: Main ingredients of this *Sneha* are *Bala* and *Ashwagandha*. These Drugs are advised in the treatment of *Vata* disease due to their *Madhura Rasa*, *Bruhana* properties. Here *Sidhha Sneha* is used for *Abhyanga*.

4.Dashmoola Kwath: *Acharya Sushrut* has advised to use in *Tridoshaja Vyadhi*. Drug used in *Dashmoola Kwath* are *Katu Rasa* (pungent taste) and *Vipaka* (bio-transformed *rasa*), *Laghu* (lightness)-*Ruksha Guna*(dryness) and *Ushna Virya* (nomenclature based on potency or properties, by virtue of these properties) *Dashmoola Kwath* does *Amapachan* (process of digestion and eliminating undigested metabolic waste from body) and remove *Avrana*(obstruction) on *Vata Dosha*.

5.Sadhya Snehapana: *Rason Siddha Taila*-It is indicated in *Vata Doshaj Vyadhi*. As *Pakshaghata* is an emergency condition, instead of classical *Snehapana*, to attain maximum result in minimum time *Sadhya Sneha* was used. It has a *Snigdha*, *Ushna* and *Sukshma* (minute)properties. Its main role is *Shaman* of *Vata Dosha*. It gives strength to nerves, reduces stiffness and improve circulation. **Sadhya Snehana is given to balance Vata Dosha, to produce rapid therapeutic action without complications, and to promote Dhatu Poshana. So, Sadhya Snehana is given.**

6.Sadhya Virechana: It can be given in *Pakshaghata*. *Virechan* drug contain *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi* and *Vikasi Gunas*. These *Guna* play important role in

the process of *Vishyandana* of *Doshas* responsible for disease. They liquefy *Doshas* and remove them from the body. *Virechana* is the first line of treatment of *Pakshaghata*. It is the procedure which expels out *Pittadi Doshas* through *Adhomarga* i.e., *Guda*. As *Sira*, *Kandara* are *Updhatu* of *Rakta* and *Pitta* is *Mala* of *Rakta*, here *Virechana* is useful. After *Virechana* therapy, purification of body channels takes place along with clarity of the sense organs, lightness of the body, increase in energy, promoting the power of the digestion and metabolism and expulsion of faeces. In brain infarction, death of brain tissue, due to blockage in artery supplying the brain occurs. In this process, circulation of blood to brain improves, may help to rejuvenate brain tissues. *Majjadhara Kala* which is *Pittadhara Kala*, is affected in *Pakshaghata*, is the membrane surrounding bone marrow. *Mjjadharakshaya* is observed in *Pakshaghata*.

7.Erandmooladi Niruh Basti: It has been advised in *Vata Dosha* and *Kapha Avrut Vata*. It acts as *Dipana*, *Madhu* having *Yogvahi* and *Sukshma Marga Anusarita* property act as penetrates into the *Sukshama Srotas*. *Saindhav Lavana* having *Laghu* and *Tridosha Shamaka Guna*, *Sneha Dravya* (*Nirgundi Taila*) have *Snigdha Guna* (opposite *Ruksha* and *Laghu guna* of *Vata*) helps in *Vata Shamana*. *Kwath* and *Kalka* (*Erandmooladi*) cause *Anulomana* and *Nirharan* of *Dosha* ^[5]. This *Basti* helps in *Srotoshodhana* and thus act as *Vatahara*, *Balya* and *Vedanasthapana*. ^[6] It reduces inflammation in body. It is enriched with antioxidants which aids in neutralizing effect of free radical in body. It helps to relives spasm of involuntary muscles. Overall *Basti* seems to be *Balya*, *Bruhan*, *Krantikruta*,

Vataharnam properties which help in to eliminates vitiated Vata Dosha. Eranmoola Niruha Basti is effective in treating Pakshaghata.

8.Nirgundi Taila: It is used externally in management of Pakshaghata to relive pain, stiffness, improve muscle flexibility, strengthen nerves, promotes the healing of damage tissues.

CONCLUSION

In Pakshaghata both mental and physical condition of the patient gets affected. Timely intervention of Panchakarma therapy improves muscle power, Tone, muscle movement coordination of hemiplegia patient. This case showed marvelous results in the recovery of the patient and no adverse effect were observed during the treatment.

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