



ROLE OF PANCHAKARMA IN HEMIPLEGIA- A CASE STUDY

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ABSTRACT

Hemiplegia is the condition of paralysis of either the left or right side of the body with loss of function. It is also associated with poor balance, speech deficit and loss of function which results from any injury to motor centers of the brain either due to ischemia or haemorrhage. The prevalence rate of hemiplegia is 9 cases per 1000 in global population. In *Ayurveda* this condition can be compared with *Pakshaghaat* due to much resemblance in their clinical symptoms. A Male patient aged 51 year diagnosed case of left side hemiplegia took the treatment 10 days of contemporary science. With no previous improvement he was admitted at Government Akhandanand Ayurved hospital under Department of Panchakarma. As per Ayurvedic classics Acharyas have described the involvement of vitiated *vata dosha* in pathogenesis of *pakshaghaat*. *Snehana*, *Swedana*, *Matra basti*, *udwartan*, *Nasya* etc. are considered the best way to treat a patient of hemiplegia. The above said patient was given Panchakarma treatment along with internal Ayurvedic medicine. He got very significant improvement in all the subjective criteria helping to increase faith of the patient in *Ayurveda shasra*.

KEYWORDS: *Matra basti*, *Snehana*, *Swedana*, *Udwartan*, *Nasya*.

INDRODUCTION

The central Nervous system controls most of the body and mind. Due to the changing life style, disease developments are increasing like never before. Globally the incidence of communicable and non communicable disease is on the rise drawing attention for its presentation and treatment among the disease related with CNS. Stroke is one of the leading cause of death. If patient survives physical and mental disability remains for lifetime. The prevalence rate of stroke range about 9 cases per 1000 in global population world wide cerebrovascular accident (stroke) and second leading cause of disability.^[1] In this condition damage of cortico-spinal tracts (extends from the lower spinal cord to the cerebral cortex). Stroke can be correlated with *Pakshaghaat* in Ayurved. Vitiating of *vata*, with *pitta* or *kapha Anubandha* results in *shudha vata* or *Avrutta vata vyadhi*. Movements is the function of *Vyana vayu*.^[2] Considering all *samprapti* – *ghataka* i.e. involvement of *Vatadi Dosha*, *Rakta*, *Majja dhatu*, *Sira*, *Kandara*, *Snayu* etc. *Upadhatu*, *acharya* have advised different *shodhana* and *shamana chikitsa*. *Snehana*, *Swedana*, *Matra Basti*, *Udwartana*, *Nasya* are said to be best in this treatment.

In the present case patient was having *Vama hasta, pada Akarmanyata*, *Aspasta vak pravrutti*, *Gamane evum Asane kashtata*, *Grahane kashtata* and *Shirah shoola*. He took treatment in modern contemporary science with no improvement at all. After 10 days of Stroke he was admitted to Government Akhandananda Ayurveda Hospital Ahmedabad. After clinical evaluation, the condition was diagnosed with *vama Pakshaghaat*. The patient was given *Matra basti* followed by *Udwartana*, *Nasya* along with *Shamana chikitsa*. Patient got significant results during this period and was able to his day -today activities with much ease.

CASE HISTORY

Patient was asymptomatic before 12 days. Patient was on anti hypertensive and oral hypoglycemic drugs since last 8-10 years. He suffered weakness and loss of power of left sided upper and lower limbs during day time. Patient fell down at his home as he was unable to maintain his balance then he was admitted in emergency ward for the treatment. After 10 days of treatment with no improvement he was shifted to Government Akhandanand Ayurved Hospital by the relatives.

Chief Complaints-At the time of admission

- *Vama Hasta- pada Akarmanyata*
 - *Gamane Kashtata*
 - *Asane kashtata*
 - *Aspashta Vavk pravrutti*
 - *Shirah Shoola*
 - *Grahane Kashtata.*
- K/C/O: Hypertension, DM-2
 ➤ Past History- HTN (10 years), DM-2(8 years).
 ➤ Family History- Not any.
 ➤ Radiological reports-

MP CT Brain, (28/7/21)

-small acute intraparenchymal hematoma involving right thalamo capsular region with minimal mass effect. Age related cerebral atrophic changes.

CT- Brain (31/7/21)

-There is intraparenchymal haemorrhage noted in right thalamo capsular region extending into right centrum semiovale.

Minimal seepage of blood in right lateral ventricle, mild effacement of right lateral and third ventricle.

Size of haemorrhage- 13×25×25 mm

SAMPRAPTI GHATAK

- *Dosha-*
- *Vata* (All five types. *Prana, Vyana, Udan Apana, Saman.*)
- *Pitta-* (*Pachaka pitta, Sadhaka pitta Ranjak Pitta*).
- *Kapha-* (*Tarpak kapha, Sleshaka and Avalambaka kapha*).
- *Dushya- Rasa, Rakta, Mamsa, Meda and Majja Dhatu., Sira, Snayu, Kandara*
- *Agni- Jatharagni, Dhatvagni*
- *Ama- Dhatvagni – Mandya-Janya*
- *Srotasa- Rasavaha, Raktavaha, Mamsavaha, Medavaha and Majjavaha.*
- *Srotodushti- Sanga, Siragranthi and Vimargamana*
- *Udhhvsthana- Pakwashaya*
- *Adhistan- Mastiska*
- *Rogmarga – Madhyama Roga Marga*
- *Vyakti sthan- Vama Paksha*

On examination- patient was well conscious, well oriented to time- place and person, Recent and remote memory was intact.

ASTHAVIDHA PARIKSHA/SAMANYA PARIKSHA

Nadi(pulse)- 86/ min
Mala(stool)- *Vibandha*
Mutra(urine)- *Samyak*
Jihva(tounge)- *Sama*
Netra(eyes)- *Raktabh pitta*
Sparsh(skin)- *Snigdha*
Akriti- Madhyam
Bala- Avara

SYSTEMIC EXAMINATION

Raktachap (B.P)-150/110 mmhg, weight- 95kg, Pulse- 86/min, H.R.- 80/min, R.R.-17/min.

GAIT /DECUBITUS- Patient was unable to walk lying on the bed with left extremities straight.

R.S.-Normal

C.V.S.-Normal

G.I.T- Constipated

NEUROLOGICAL EXAMINATION**SENSORY SYSTEM**

PAIN: present on bilateral extremities.

TOUCH: present on bilateral extremities.

PRESSURE: present on bilateral extremities.

TEMPERATURE: present on bilateral extremities.

MOTOR SYSTEM- ON EXAMINATION - Before treatment

	Right Extremity		Left Extremity	
	UPPER	LOWER	UPPER	LOWER
TONE	Normal	Normal	Hypotonia+++	Hypotonia+++
POWER	Arm- 5	Thigh- 5	0	2
	Forarm- 5	Leg- 5	0	2
	Wrist- 5	Foot- 5	0	2
REFLEXES	BICEPS – Flexion	KNEE-Extension	BICEPS Diminished	KNEE-Exaggerated
	TRICEP- Extension	ANKLE- Flexion	TRICEP- Diminished	ANKLE- Exaggerated
	SUPIANATOR- Flexion	PLANTER- Flexion	SUPIANATOR- Diminished	PLANTER- Extensor(Babiniski sign +)

METHODOLOGY

Date	Duration	Complaints	karma	Shaman Chikitsa
15/8/21 to 18/8/21	4 days	<ul style="list-style-type: none"> Vama Hasta-pada Akarmanyata+++ Gamane Kashtata++ Asane kasthtata++ Aspashta Vavk pravrutti++ Shirah Shoola++ Grahane Kashtata.++ 	Local Abhyanga (Bala Aswagandha taila) and Nadi swedan by dashmoola kwath.	<ol style="list-style-type: none"> Lasunadi vati 2-2-2 at After meal. Chandrakala rasa 2-2-2 at After meal. Sootsekhar rasa 1-1-1 at After meal Dashmoola kwath-40ml 2 time at empty stomach. Panchsakar churna-3 gm at night before meal.
19/8/21 to 6/9/21	19 days	<ul style="list-style-type: none"> Vama Hasta-pada Akarmanyata++ Gamane Kashtata++ Asane kasthtata+ Aspashta Vavk pravrutti++ Shirah Shoola+ Grahane Kashtata. + 	Sarvanga Udvartana. (Yava churna+Haritaki+chanaka churna.)	<ol style="list-style-type: none"> Lasunadi vati 2-2-2 at After meal. Chandrakala rasa 2-2-2 at After meal. Sootsekhar rasa 1-1-1 at After meal Dashmoola kwath-40ml 2 time at empty stomach. Panchsakar churna-3 gm at night before meal.
15/8/21 to 13/9/21	30 days	<ul style="list-style-type: none"> Vama Hasta-pada Akarmanyata + Gamane Kashtata + Asane kasthtata + Aspashta Vavk prav rutti ++ Shirah Shoola+ Grahane Kashtata. + 	Matra basti (Ksheer bala tail - 60ml)	<ol style="list-style-type: none"> Lasunadi vati 2-2-2 at After meal. Chandrakala rasa 2-2-2 at After meal. Sootsekhar rasa 1-1-1 at After meal Dashmoola kwath-40ml 2 time at empty stomach. Panchsakar churna-3 gm at night before meal.
14/9/21 to 20/9/21	7days	<ul style="list-style-type: none"> Vama Hasta-Alpakarmata (mild improvement) Pada Akarmanyata (improved) Gamane Kashtata (mild improved) Asane kasthtata (Nasti) Aspashta Vavk pravrutti (Nasti) Shirah Shoola(Nasti) Grahane Kashtata. (Nasti) 	<ul style="list-style-type: none"> Local Abhyanga- at face and neck (Bala Aswagandha taila) Swedan by dashmoola kwath. Nasya (ksheer bala tail- 8 drops in each nostrils) 	<ol style="list-style-type: none"> Lasunadi vati 2-2-2 at After meal. Chandrakala rasa 2-2-2 at After meal. Sootsekhar rasa 1-1-1 at After meal Dashmoola kwath-40ml 2 time at empty stomach. Panchsakar churna-3 gm at night before meal.

Below mentioned treatment was planned. As patient was slight obese, considering *sroto-rodha Udwartan* was advised.

Assesment of the patient after total treatment of 37 days.

- Difficulty in walking totally improved now patient can walk without support.

- weakness of the left upper extremity reduced.
- Complete recovery in the function on left lower extremity.
- No pain in both limbs.
- Difficulty in speech improved.

ON EXAMINATION- AFTER TOTAL TREATMENT

	BEFORE TREATMENT		AFTER TREATMENT	
	UPPER	LOWER	UPPER	LOWER
TONE	Normal	Normal	Hypotonia+	Normal
POWER	Arm -5 Forarm-5 Wrist-5	Thigh-5 Leg-5 Foot-5	Arm -3 Forarm-2 Wrist-2	5 4 4
REFLEXES	BICEPS - Flexion	KNEE- Extension	BICEPS - Improved	KNEE- Extension
	TRICEP- Extension	ANKLE-	TRICEP-	ANKLE- Flexion

		Flexion	Improved	
	SUPIANATOR-Flexion	PLANTER-Flexion	SUPIANATOR-Improved	PLANTER- Flexor (Babiniski sign -)

DISCUSSION:- Here, all the treatment modalities used in this case have been tried to explain,

1. **Nidana parivarjana:-**^[3] (to avoid causative factor)- As the first step of any treatment is to avoid causative factors, Patient was advised to avoid *Vatavardhaka ahara-vihara*(*Ruksha-sheeta-Alpa Ahar, Ratrijagaran*).

2. **Abhyanga and Swedana:-** *Sira Snayu sankochana* mainly occurs in *Pakshaghaat* 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 *Abhyanga* also act on vitiated *vata Dosh* also it nourishes the *Dhatu* of the body.

- **Bala Aswagandha taila:-** The main ingredients of this *Sneha* are *Bala* and *Aswagandha*. These drugs are advised in the treatment of *vata* disease due to their *Madhura Rasa, Brihana* properties. Here *Siddha Sneha* is used for *Abhyanga*.

- **Dashmoola Kwath:-** It is indicated in *Tridoshaja Vyadhi* by *Acharya Sushruta*.^[5] drugs used in *Dashmoola kwath* are *katu rasa, katu vipaka, laghu-Ruksha Guna* and *Ushna virya*, By virtue of those properties *Dashmool* does *Amapachan* and remove *Avarana* on *Vata Dosh*.

3. **Basti:-** In *Pakshaghaat* the main culprit is vitiated *Vata* and in *Ayurveda Acharyas* have appreciated *Basti* as a unique form of treatment modality for *Vata* and *Avaranjanya* condition. According to *Acharya Charaka Basti* does *Srotoshuddhi* and *Vatanulomana*. Hence *Basti* help in breaking the process of *Avarana* as well as normalise function of vitiated *Vata Dosh*. In the present case *Matra Basti* was planned with.

- **Ksheer Bala taila:-** *Ksheerbala Taila* contains *Bala, Go-Dugdha* and *Tila Taila* as main Ingredient.^[6] *Bala*(*sida cordifolia*) is kept among *Balya*(strengthening) *Mahakashya*^[7] by *Acharya Charaka* and *Acharya Sushruta* has kept it among *Vatashamaka gana*,^[8] hence it is best for promoting strength and alleviating *Vata*.

4. **Nasya :-** *Nasya* is said to be opening to the head. Medicine administered through *Nasya* via *shringataka marma* reaches to brain and help to expel out *Doshas* of *Uttamanga*^[9] (supra clavicular region). *Pakshaghaata* is primarily a *Vata* disorder. So the treatment should mainly emphasised on *Balya, Brihana* drug which allivates *Vata*. Hence for *Nasya, KsheerBala taila* is used.

5. **Udvartana:-** *Udvartana* is *Ruksha* in nature. It clears up the channels (*Srotorodha*-obstruction). It stimulates *Agni*. It removes excessive fat from the body in *vatvyadhi*, if patient is *sthoola*, *Udvartana* is applicable to clear up *srotorodha* hence it does *vatanuloman*. It is beneficial in *Meda Avritta Vata*. In *Pakshaghaata* also patient was *sthula* and here obstruction of channels may be caused by cholesterol/ fat. *Udvartan* is ideal for the management. Due to heavy weight *Pakshaghat* patient

have difficulty to move their extremities. Due to weight loss, it is easy for weight bearing joints for easy movements.

6. **Lashunadi vati:-**^[10] It contain *lashuna, Jiraka, Saindhava Lavana, Suddha Gandhaka, Shunthi, Pippali, Maricha, Hingu* and *Nimbu swarasa*. *Lashuna* is *Vata shamaka* by *Snigdha, Picchila, Guru* and *Ushna Guna* due to *Ushna* And *Tikshna Guna* it enhances *Agni* and prevent the formation of *Amavastha*. As stated earlier in *Panshaghat Srotorodha* might be '*Sanga*' or '*Sira-granthi*', here contents of this *Vati* helps to remove *srotorodha* and help to normalize blood supply of the brain.

7. **Chandrakala rasa:-**^[11] It contain *Kajjali, Tamra bhasma, Moti pishti, Abhrak bhasma, Guduchi, Katuki, Pitpapara, Anantmool, Nagarmoth, Dadima, Dugdha, kewada, kamal, Shatavari* and *Munakka*. Generally it is observed that due to raised Blood pressure blood capillaries of the Brain, resulting in Hemorrhage, Infarction and Paralysis. Here *Chandrakala rasa* pacifies of *pitta dosha*. Useful in maintaining Blood pressure of the patient.

8. **Sootsekhar rasa:-**^[12] It contain *shuddha Parada, Swarna bhasma, Tankana bhasma, Shuddha Vatsanabha, Shunthi, Maricha, Pippali, Dattura, Gandhaka, Tamra bhasma, Bilva, kachura, Bhiringraja swarasa*. Due to the peculiar contents of *Sootsekhar rasa*, it pacifies the distruption of all three *Dosha*.

9. **Panchsakar churna:-**^[13] It contain *Shunthi, Swarnapatri, Shatapushpa, Haritaki, Saindhava Lavana*. It is Laxative and Purgative properties, helps to improve digestion, relives Flatulence and Abdominal pain. According to *Ayurveda Siddhant Pakwashayasth Vayu* is responsible for both normal and abnormal functions of five types of *Vayu*. *Anulomak* or *Virechak* drugs give normal/ Adogati to *Apana Vayu*.

CONCLUSION

In *Pakshaghaata* both mental and physical condition of the patient affects. If patient opts for *Ayurvedic* treatment as early as possible, the results are wonders. *Ayurvedic Panchakarma* therapy is useful to improve muscle bulk, power, Tone, Muscle movement co-ordination of hemiparesis patient. This case showed marvellous results in the recovery of the patient and no adverse effect were observed during the treatment.

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