

MANAGEMENT OF PAKSHAGHATA (STROKE SYNDROME) - A CASE REPORT

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ABSTRACT

Pakshaghata is a disease that is included under 80 *nanatmaja vata vyadhi*. The onset of this illness is originated due to the vitiation of *vata dosha* having *shiras* as *adhithana* and its manifestation is observed in one half of the body leading to either loss or reduced strength and functional disability in one half of the body. Such a manifestation based on the signs and symptoms of the disease mimics in modern parlance with cerebro-vascular accident presenting with hemiplegia. Hemiplegia is resultant of acute loss of blood circulation to the parts of the brain leading to neurological dysfunction of one half of the body that is supplied by affected part of the brain. As explained earlier, the signs of symptoms of *Vama Pakshaghata* were observed in a female patient aged about 41 years. As per the treatment principles of *Pakshaghata*, the patient was treated along with oral medications. There was a remarkable change that was observed after the treatment. The details will be elaborated in full paper.

KEYWORDS: *Pakshaghata*, hemiplegia, stroke, *vatavyadhi*, cerebro-vascular accident.

INTRODUCTION

Pakshaghata is a disease that is included under 80 *nanatmaja vata vyadhi*,^[1] where it is caused due to the vitiation of *vata dosha* having *shiras* as *adhithana* and its manifestation is observed in one half of the body either in the form of loss of strength or reduced strength. The functional disability in one half of the body manifests symptoms like *chesta nivrutti*, *vaksthambha*, *ruja*, *hasta pada sankocha*.^[2] Acharya Charaka has included this under *madhyama roga marga*,^[3] whereas acharya Sushruta has mentioned *maramaabhigata* as one of the cause for the disease.^[4] Based on the signs and symptoms of the disease, in modern parlance it mimics with cerebro-vascular accident resulting in hemiplegic manifestation.

Hemiplegia is a clinical condition resulted after stroke wherein there will be an acute loss of circulation to the part of the brain resulting in ischemic changes causing corresponding loss of neurological functioning of one half of the body supplied by the affected part of the brain.^[5] Worldwide analysis of the disease stroke stands 2nd as the leading cause of death. According to WHO, 15 million populations suffer from stroke every year amongst them 5 million were permanently disabled and 5 million were dead. In India, its prevalence is approximately 200 per 10, 00,000 population.^[6]

The above said facts states about the raising problem of stroke in India. In this regard, a single case study presented with left hemiplegia due to right cerebral infarct was taken up for the study. The patient was studied both as in-patient and as out-patient for a period of 6 months having subjected to various *panchakarma* procedures and the results were very promising. The details were described in full paper.

CASE REPORT

Chief complaint of the patient: A female aged about 41 years came to our hospital with the complaints of complete loss of strength in the left half of the body associated with aphasia for the past 3 days.

History of present illness: A 41 year old female patient who was said to be apparently normal 3 days back, suddenly one fine day when she tried to wake up from the bed noticed that there was difficulty in lifting left upper and left lower limbs. Later within few hours she developed difficulty in speech along with bowel and bladder incontinence. For these complaints she was taken to a local doctor and the initial management of stroke was carried out. Later she was brought to *Ayurvedic* hospital for further management.

On Examination

Higher mental functions: Conscious, semi oriented, unable to speak

Examination	Left extremities	
	Upper limb	Lower limb
Sensory system	impaired, pain stimulus absent	Impaired, pain stimulus absent
Motor system		
Power	0/5	0/5
Tone	Hypotonic	Hypotonic
Spasticity	Present	Present
Reflexes- superficial and deep	Biceps- exaggerated Triceps- exaggerated Supinator- absent	Knee- exaggerated Ankle- exaggerated Plantar- positive

Treatment

24/12/2020	13/02/2021	27/04/2021	08/06/2021
<i>Alepa</i> <i>Dashamoola parisheka</i> <i>Shirodhara</i> <i>Abhyanga</i> <i>Nithyavirechana with gandharva hastadi eranda taila</i>	<i>Shiva gutika</i> <i>Ksheera bala capsule</i> <i>Smrithi sagara rasa</i> <i>Saraswatarista</i> <i>Ashwagandha leha</i>	<i>Abhyanga</i> <i>Shalipinda sweda</i> <i>Vestana</i> <i>Matra basti with dhanwantara taila</i>	<i>Shiva gutika</i> <i>Ksheera bala capsule</i> <i>Ekgaveera rasa</i> <i>Balashwagandha arista</i>

RESULTS

After the course of treatment the patient was able to walk without support

	Before the treatment	Before the treatment	After the treatment	After the treatment
	Upper limb	Lower limb	Upper limb	Lower limb
Sensory system	impaired, pain stimulus absent	Impaired, pain stimulus absent	Intact, touch and pain stimulus are present	Intact, touch and pain stimulus are present
Motor system				
Power	0/5	0/5	4/5	4/5
Tone	Hypotonic	Hypotonic	Normal	Normal
Spasticity	Present	Present	Absent	Absent
Reflexes	Biceps- exaggerated Triceps- exaggerated Supinator- absent	Knee- exaggerated Ankle- exaggerated Plantar- positive	All the reflexes were normal	All the reflexes were normal

DISCUSSION

The presenting condition of the patient was diagnosed as *avaranajanya Pakshaghata*, wherein there was association of *ama* in the whole body which was evidenced through *sama lakshana*. Hence the initial protocol of management was to convert *sama dosha* into *nirama dosha*. As the treatment modality of *sama vata vyadhi* starts with *alepa*, *swedana* and *langhana*, the initial management was considered as *alepa chikitsa* along with *langhana*.

Alepa is a special age old preparation from a folk practice having the ingredients possessing *ushna* and *teekshna* properties. These ingredients are intended towards the conversion of *sama dosha* into *nirama dosha*.

Alepa: *Alepa* is the topical application of paste of medicated drugs all over the body. These drugs possess the properties such as *ushna* and *teekshna* which helps in doing *ama pachana* and *agni deepana*. This even improves the *dhatvagni* and helps in clearing the *srotas*.

Dashamoola parisheka: *Parisheka* is one of the *sagni drava sweda* that helps in removing the *srotorodha* and the drug *dashamoola* having *ushna veerya* performs *vata* and *kapha dosha shamana* was administered to relieve *sheetata*, *shulata* and *shopha* which was associated in the patients of *pakshaghata*.

Abhyanga: *Abhyanga* is one amongst *bahya snehana* that helps in pacifying the *doshas* and nourishing the *dhatu*s. It provides the means of transportation and absorption of medicine into the body. Here *ksheera bala taila* was selected for *abhyanga*, which is having the properties like *vata hara*, *balya*, *indriya prasada* etc. After the *abhyanga*, the muscle tone and muscle bulk on the affected half of the patient had improved.

Shastika shali pinda sweda: It is one amongst *sagni sankara sweda*. The ingredients are *shali*, *balamoola qwatha* and *ksheera* which help in increasing the muscle tone and muscle strength after removing *srotorodha*. The strength of the limbs was also improved after the *shastika shali pinda sweda*.

Shirodhara: In this, the *tila taila* was oscillated on the forehead of the patient continuously for stipulated period of time. It promotes deep relaxation, improves memory, strengthens the senses and also strengthens the nervous system.

Matra basti: *basti* is said to be a prime line of treatment in *vata vyadhi*. Here *dhanwantara taila* is administered for *matra basti* in the dose of 60ml per day. The effect of this *basti* is said to be helpful in pacifying the *pakvashayagata vayu* which in turn controls all other *vata dosha* of the body and also it helps in relieving the *sroto rodha*. It also helps in pacifying the *vyana vayu* which is said to be responsible for all the activities of the body and due to this, the functional ability of the affected limbs was regained.

CONCLUSION

As per the signs and symptoms exhibited by the patient, the case was diagnosed as *pakshagata*, as it is a *vataja nanathmaja vyadhi*. Hence as a part of the treatment modality of *avaranajanya vatavyadhi* initially as there was association of *ama avastha* in the patient, initial management was started with *rukshana*, *swedana* and also associated with *langhana chikitsa*. Once the *avarana avastha* was relieved which was identified through *nirama avastha*, then only *kevala vataja chikitsa* was started in terms of *bahya snehana* and *swedana* along with *basti chikitsa*. *Bahya snehana* was administered in the form of *abhyanga* and *swedana* in the form of *shali pinda sweda*. After knowing the *rogi bala* only, *matra basti* was administered and it had also given a promising result in terms of ability to walk without support for a prolonged period along with improvement in the muscle strength and tone. Eventually tone of the speech along with clarity of the speech was improved.

The power in the left upper and left lower limb was improved from 0/5 to 4/5, there is the remarkable change in the muscle bulk and tone and at the end of the treatment patient was able to walk without any support.

The outcome of the treatment can be summarized in terms of reduction in the signs and symptoms of *Pakshaghata* along with the improvement in the quality of life. The patient earlier was depending on somebody for her routine activities became independent. Hence it proves that methodic approach of principles of treatment yielded better result in the current case which is evidenced through all those parameters which was useful for assessment.

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