



AYURVEDIC MANAGEMENT OF MARGAVARANAJANYA PAKSHAGATA: A CASE STUDY

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ABSTRACT

Pakshagata is one among *Nanatmaja VataVyadhi*.^[1] A large population is suffering from this condition especially elderly people. It can be correlated to Cerebrovascular accident – Stroke. CVA is the neurological deficit occurring primarily due to ischemia or haemorrhage in the vascular mechanism. Likewise *Pakshagata Nidana* can be of *Dhatukshayaja*, *Margavarana* and *Swakopa*.^[2] In *Margavarana* the *Santarpana nidana* lead to obstruction in the *Raktamarga* causing *Karmashaya*. This pathology is understood as ischemia of blood vessels supplying brain due atherosclerosis. Here in this case study A 60 year old man who was suffering from loss of strength in right half of the body was diagnosed with CVA (Infarct) and *Margavarana* line of management was adopted. Ayurveda *Shamana Chikitsa* resulted in effective management of the condition and was assessed with NIH Stroke scale.

KEYWORDS: *Margavarana*, *Pakshagata*, Cerebrovascular accident, *Shamana Chikitsa*.

INTRODUCTION

Cerebrovascular accident – Stroke is the sudden death of some brain cells due to lack of oxygen when the blood flow to the brain is lost by blockage or rupture of an artery to the brain.^[3] Incidence of the disease increases with age and less healthy lifestyle. It is of three major type ischemic, haemorrhagic and lacunar stroke. Haemorrhagic stroke with bleeding within the central nervous tissue occurs due to rupture of cerebral aneurysm in the young and hypertensive intra cerebral bleeding in the elderly. Ischemic verity with cerebral infarction results from atherothrombosis or brain embolism of cerebral vessels. Lacunar strokes are small cerebral infarcts located in basal ganglia or deep white matter.^[4] *Vatadosha* is responsible for functionality of body including sensory and motor functions. Morbid *Vatadosha* responsible for spectrum of diseases called *Vatavyadhi*. Depending upon the affected part it is classified to *Ekangavata*, *Sarvangavata*, *Pakshagata*. *Chestanivrutti* of one half of the body is observed in *Pakshagata*. *Dhatukshaya*, *Margavarana* and *Swakopa* are the three distinct *Nidana* for *Pakshagata*. Obstruction to the *Raktamarga* is understood as *Margavarana*, when it is specific to head then termed as *Shiromarmabhogata*. The sedentary life style and consumption of fat rich food will lead to morbid *Kapha* and *Medha Dosha* and get

accumulated in *Rasa Raktamarga*. It get adhered to the walls for *Dhamani* and reduces the lumen of blood vessels and that is known to be as *Dhamanipratichaya*. This will end up in *Margavarana* which causes *Vatavyadhi*, one among this is *Pakshagata*. The same pathology is understood in terms of Ischemic stroke. *Virechana* is the main line of management explained for *Pakshagata* but in *Ayurveda Shamana Chikitsa* have promising results for better management of *Margavarana* and that is further assessed through this case study.

MATERIALS AND METHODS

This study is a case report on the prospective study of Ayurveda treatment administered to a 60 year old male patient (Ip no: 151627) diagnosed with CVA(Infarct) who visited Department of Kayachikitsa, Sri Dharmasthala Manjunatheshwara Ayurveda Hospital, Udupi.

CASE REPORT

CHIEF COMPLAINTS: Patient complaints loss of strength in right half of the body since 15days.

ASSOCIATED COMPLAINTS: Loss of speech and bowel bladder control since 15days

HISTORY OF ILLNESS: A 60 year old male patient who is known case of HTN and DM was apparently normal 15days back on 20/9/22 mid night he had sudden jerky movement on the right hand along with headache and that was neglected by the patient. Next day early morning he was found to be unconscious with loss of strength in the right half of body along with loss of

speech and bed wetting was also observed. Patient underwent allopathic treatment for 2 weeks and for further management he is admitted in our hospital. During admission patient had loss of strength in the right half of body, deviation of angle mouth and slurred speech was observed. Patient didn't had bowel and bladder control and was catheterized.

EXAMINATION

Table 1: Table showing general examination.

GENREAL	EXAMINATION	VITAL SIGNS	
Consciousness	Present	Pulse rate	70/min regular
Weight	50kg	Blood pressure	140/90mm/hg
Height	168cm	Heart rate	70/min
Built	Poor	Temperature	98.6F
Nourishment	Poor	Respiratory rate	20/min
Pallor	Present		
Icterus	Absent		
Clubbing	Absent		
Oedema	Absent		
Lymph node	Non palpable		

Central nervous system

Consciousness-Present

Orientation- Intact

Memory- Intact

Cranial nerve examination

Cranial nerve	Observation
Olfactory nerve	Intact
Optic, Oculomotor, Trochlear, Abducens nerve	Intact
Trigeminal nerve	Clenching teeth possible with deviation towards left
Facial nerve	Eye blink –possible Eyebrow raise – possible Bowing check – not possible
Vestibule cochlear nerve	Rinne's test – AC>BC Webers test – Symmetrical
Glossopharyngeal, Vagus nerve	Gag reflex – present Uvula centrally placed
Spinal accessory nerve	Right side shrugging not possible
Hypoglossal nerve	Tongue deviation- present Speech – slurred

Motor functions

Power

Right upper and lower limb- 0/5

Left upper and lower limb-5/5

Tone

Diminished in right upper and lower limb

Reflexes

Biceps - Right – absent left - intact

Triceps- Right – absent left - intact

Knee jerk- Right – absent left - intact

Ankle jerk- Right – absent left - intact

INVESTIGATION

MRI Brain (22/9/22)

T1 hyperintense T2 FLAIR. Hyperintense lesion with GRE blooming; measure 4.6*2.3 in left basal ganglia with perilesional edema and more effect on left ventricle. Acute infarcts in left temporo occipital lobe and left parietal lobe.

ASTASTANA PAREEKSHA

Naadi – 70bpm

Mutra- vaikruta

Mala - vaikruta

Jihwa - upalipta

Sabdha - vaikruta

Sparsha - prakruta

Druk - vaikruta

Akruti - prakruta

Table 3: Showing Shamana Chikitsa.

Medicine	Dosage	Duration
Cap Lashuna rasayana	4 TID (before food)	14days
Tab Brihat vata chintamani	1 TID (after food)	14days
Ksheerabala Taila with warm water	10ml(early morning)	14days
Cap Nuro	1 TID (after food)	14days

Table 4: Showing Bahya Chikitsa.

Treatment	Medicine used	Duration
Sarvanga Abhyanga followed by Nadisweda	Mahanarayana taila	7days
Vestana	Mahamasha taila	14days

Table 5: Showing Results: NIH Stoke assessment scale.

Sl.no	Range of score	Range of Score	Before Treatment	After Treatment
1a	Level of consciousness	0 to 3	2	0
1b	LOC Questions	0 to 2	2	0
1c	LOC Commands	0 to 2	1	0
2	Best gaze	0 to 2	1	1
3	Visual	0 to 3	0	0
4	Facial palsy	0 to 3	1	1
5	Motor arm	0 to 4	3	0
6	Motor leg	0 to 4	3	0
7	Limb ataxia	0 to 2	0	0
8	Sensory	0 to 2	1	0
9	Best language	0 to 3	2	1
10	Dysarthria	0 to 2	2	1
	Total	42	18	4

Maximum score 42, scores greater than 15-20 more severe, minimum score is 0

DISCUSSION

Santarpana Nidana predisposes the *Margavarana* and which in turn causes *Shiromarmabhighita*, this resulting in illness *Pakshagata* with main symptoms of vitiated *Vata Dosha*. Immediate treatment of *Margavarana* is tackling morbid *Vatadosha* later on proceeding with *Srotoshodhana* and *Rasayana* medication to counteract the *Pakshagata* symptoms. *Brihatvata chintamani rasa*⁵ contain *Suvarna*, *Roupya*, *Abhraka*, *Loha*, *Pravala Bhasma* and *Rasa sindura*. The drug act *Tridosahara*, *Medhya*, and *Rasayana*. The *Lekhana* property of the *Rasoushadhi* helps in *Srotoshodhana* in case of *Margavarana*.

Lashuana rasayana^[6] is best *Vatahara* drug due to its *Usha veerya Katu vipaka* of its main ingredient *Lashuna*. Allicin and adenosine are the most potent antiplatelet constituents in garlic. It is a neurotonic i.e. it helps in the regeneration of the nerves. It act on atherosclerotic plaques and improves circulation. Internal administration of *Ksheerabala taila*^[7] in the form of *Shamana shehapana* is taken early morning empty stomach with 100ml of warm water. *Taila* superior among *Sneha* in mitigating *Vata Dosha*. *Ksheerabala taila* act as *Balya*, *Vatashamaka rasayana* it also has *Vyavayi* and *Vikasi* properties. This facilitates removal of obstruction in minute channels.

The patent capsule *Nuro* contains *Triphala*, *Guggulu*, *Chitraka*, *Rasa sindura* and *Swarna makshika Bhasma*. *Rasa sindura* or *Parada bhasma* is *Yogavahi* in nature which results in the targeted action of the drug.^[8] It suppresses the neurodegeneration by assisting in protein clearance. *Guggulu* along with *Triphala* and *Chitraka* have anti-inflammatory and analgesic effect that facilitates symptomatic relief.

The external therapy like *Abyanga* with *Mahanarayana taila* followed by *Nadisweda* of whole body and *Vestana* with *Mahamasha taila* was done to both right upper and lower limbs, along with internal medications. In *Pakshagata*, *Sira Snayu Sankocha* is main symptom *Snehana* and *Swedana* is very essential for that it pacifies *Vata Dosha* also. Through *Vestana* also potency of drug get absorbed to skin, reduces spasticity of the muscles and enhances the muscle strength.

CONCLUSION

This is one of the case study of CVA- Infarct treated with Ayurveda. On the basis of *Dosha*, *Dhatu* vitiation and *Sthana* the disease is correlated to *Margavarana* in *Ayurveda*. Treatment of *Pakshagata* should be concentrated mainly in tackling the morbid *Vata Dosha* and removing *Margavarana*. *Lashuana rasayana* is considered as best in *Vatavyadhi* and *Ksheerabala taila* internal administration is *Balya* as

well as *Vatashamaka*. The disease was successfully managed with *Shamana* and *Rasayana chikitsa* along with *Abhyanga* and *Vestana*.

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