



AYURVEDIC MANAGEMENT OF PAKSHAGHATA THROUGH PANCHAKARMA- A SINGLE CASE STUDY

Dr. Ashwini Shantinath Dhole*¹ and Dr. Ramesh Dnyanoba Sonwane²

¹MD Scholar, Department of Panchakarma, CSMSS Ayurved Mahavidyalaya and Hospital, Kanchanwadi, Chhatrapati Sambhajanagar.

² Associate Professor, Department of Panchakarma, CSMSS Ayurved Mahavidyalaya and Hospital, Kanchanwadi, Chhatrapati Sambhajanagar.

***Corresponding Author: Dr. Ashwini Shantinath Dhole**

MD Scholar, Department of Panchakarma, CSMSS Ayurved Mahavidyalaya and Hospital, Kanchanwadi, Chhatrapati Sambhajanagar.

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ABSTRACT

Stroke is the third most common cause of death in the developed world after cancer & Ischemic heart disease and is the most common cause of severe physical disability.^[1] This disease has posed a great problem to medical field as far as its treatment is concerned. There is a wealth of treatment available on the cause, prevention, risk and treatment of stroke. Then also, there is no such satisfying and acceptable measure for the stroke. Many studies were conducted in the field of Ayurveda for achieving the better line of management for Cerebral Vascular Accident (CVA).^[2] A case study of CVA was admitted in the hospital, with complaints of loss of strength in the right side of the body, associated with drowsiness, difficulty in walking, slurred speech, heaviness in affected side of the body with pain, stiffness and bladder incontinence and on examination found Glasgow coma scale was 14/15 and CT scan suggested Multiple varying sizes, patchy, sub-acute infarcts noted in left ganglion-capsular region, left corona radiata, left temporal-parietal lobes and left cerebral peduncle and causing mild effacement of left lateral ventricle, age related cerebral and cerebellar atrophy. Along with laboratory investigations, case was diagnosed as Pakshaghata. Various treatment procedures like Shirodhara, Yogabasti, Panchatiktsheerabasti, Mustadi Yapan Basti, Shirothalam, Matrabasti, Nasya etc. with oral medicines were adopted at various stages of the disease. There is remarkable improvement in the subjective and objective clinical features. Result is encouraging for the further advance research in CVA.

KEYWORDS: Stroke, Pakshaghata, shirodhara, Basti, Nasya etc.

INTRODUCTION

Pakshaghata is a type of disease which is explained by Charak under the Vatavyadhi. The disease is due to vitiation of Vata Dosha and Sthana Samshraya in the Khavaigunya. Acharya Sushrut explained Pakshaghata in Mahavatavyadhi. Acharya Charak has explained 80 types of Nanatmaja vyadhi.^[3] Pakshaghata is one amongst them. Pakshaghata is a word which is made from Paksha and Ghata. Paksha denotes one side of body or it is one part of the body & Ghata means aghata or Paralysis. i.e. Pakshaghata means paralysis of one side of the body.

In modern terms, Pakshaghata can be correlated with the disease called Hemiplegia. The term hemiplegia consists of two words "Hemi" and "Plege". Hemi means half and Plege means a blow or stroke. Paralysis or Palsy literally means to relax, implies a total or partial loss of either motion or sensation or both in one or more or all part of the body and also palsy is defined as loss or impairment of voluntary muscular power.^[4]

Stroke is a common medical emergency with an annual incidence of between 180 and 300 per 100000. The incidence rises steeply with age, and in many developing countries, the incidence is rising because of the adaptation of less healthy lifestyles. About 1/5th of patients with an acute stroke will die within a month of the event, and at the least half of those who survive will be left with physical disability.^[5] Stroke is one of the leading causes of death and disability in India. The estimated adjusted prevalence rate of stroke range, 84-262/1, 00,000 in rural and 334-424/1,00,000 in urban areas. The incidence rate is 119-145/1, 00,000 based on the recent population based studies.^[6]

CASE REPORT

A patient of 47 years age, Hindu married female from Mukundwadi, Chhatrapati Sambhajanagar, Maharashtra having following complaints was brought to Panchakarma outpatient department of CSMSS Ayurveda Hospital Kanchanwadi on 19/4/2023 and got admitted on the same day at 2:25pm.

Presenting complaints

Patient came with reduced strength in the right upper and lower limbs, associated with drowsiness, difficulty in walking, slurred speech, heaviness of affected side of the body with pain, stiffness and bladder incontinence since 19 days.

History of present illness

As per the statement of the by-stander, patient was K/C/O HTN since 12 years, past IHD on irregular treatment. On the date of 1 April 2023, patient was having severe headache after half an hour patient suddenly get collapsed and having complaints of reduced strength in the right upper and lower limbs and difficulty in walking, slurred speech, heaviness in affected side of body with pain, stiffness, and bladder incontinence. For the same complaints she got admitted in the multispecialty hospital and took treatment for 19 days.

So for the further management they came to our hospital and got admitted in Panchakarma female ward on 19 April 2023.

Physical examination

Built, nutritional status, hair, nail of the patient are normal, pallor, clubbing, cyanosis, icterus, lymphadenopathy were absent. Blood pressure was 140/90 mm of hg and pulse was 80/min.

Systemic examination**1. Respiratory system**

On auscultation normal bronchi-vascular sounds heard and no abnormality detected.

2. Cardiovascular system

S₁, S₂ heard and no abnormality detected.

3. Per abdomen was soft, non-tender, no organomegaly detected.

4. Central nervous system:-

Higher mental functions found to be normal.

Table no 1: Glasgow coma scale.

SR.NO.	RESPONSES	SCORE
1	Eye opening response	4
2	Verbal response	4
3	Motor response	6
	Total Score	14/15

Table no2: Treatment Protocol.

Date	Treatment Given	Observation
19/4/2023	1. Sarwang snehan with Dhanwantar tail 2. Sarwang swedan with nadi 3. Cap. Palsineuron 360mg 2BD 4. Cap. Dhanwantar(101) 2BD 5. Dhanadanayanadi kashaya 3 tsp BD 6. Thalam with rasnadi churna	-
20/4/2023 to 24/4/2023	Continue 1 to 6 7. Physiotherapy 8. Matrabasti with Dhanwantar Tail (60ml)	No changes Appetite – decreased Bowel- not passed Tongue- coated
25/4/2023 to	Continue 1 to 7	Bowel passed at evening

Motor functions**Power-**

Right upper and lower limb-2/5

Left upper and lower limb- 5/5.

Reflexes

Deep reflexes such as biceps, triceps, supinator, knee jerk and ankle jerk on affected side (right) were found to be 3/5 and on normal side (left) found to be 2/5. Babinski's sign was positive on right side.

Tone

Right lower limb was found to be hypertonic compare to left lower limb.

Sensory functions are normal.

Gait was hemiplegic.

Laboratory investigations

Hematological investigations was done and found to be normal. i.e. Hb was 12.4gm%, RBC-4.91 million/mm³, WBC (total count) -4500/mm³, Neutrophils-84%, lymphocytes-6%, Monocytes-7%, Eosinophils-03%, Platelets count-217000/mm³, KFT-Blood urea- 30mg/dl, sr. creatinine-0.80mg/dl, Sodium 145 mmol/L, Potassium-4.98mmol/L, Chloride 102mEq/L, Ionised Calcium- 1.16mmol/L, Urine:- Pale yellow color, Protein Nil, Glucose-nil, Pus cells-2-3HPF, Epithelial cells-2-4, RBC-Nil, Crystals Nil, Bacteria +, Parasite-Nil.

Specific Investigations

Computerized tomography scan of brain was done on 15/4/2023 showed suggested multiple varying sizes, patchy, sub-acute infarcts noted in left ganglion-capsular region, left corona radiata, left temporal-parietal lobes and left cerebral peduncle and causing mild effacement of left lateral ventricle. Age related cerebral and cerebellar atrophy.

Diagnosis and Treatment

Case was diagnosed as a Pakshaghata (Cerebrovascular accident). As per the classics, the treatment was planned according to Dasha and sthana samshraya as following.

Showing details of the treatment given to patients previous medications were continued along with our course of treatment.

30/4/2023	9. Yogabasti- Anuvasan with Dhanwantar tail, Niruha with Dhashamool bharad+ Triphala bharad, madhu, saidhav, tila tail, shatapushpa churna kalka.	Appetite- increased Nidranash Slurred speech
1/5/2023 to 2/5/2023	Continue 1 to 9 10. Shirodhara with Chandanabalalakshadi tail 11. Udvartan with Triphala churna	Pain at right hand, Gain of bladder controlled
3/5/2023	Continue 1 to 11, except 9. Instead Panchatiktaksheerabasti was given in yoga basti krama.	Nidra- Prakrut, Appetite- improved
6/5/2023 to 11/5/2023	Continue 1 to 11, 12. Jivhapratisaran with Kalyanavaleham churnam+ 1tsp lime juice+1/2 tsp honey	Feels better, Strength increased granularly.
12/5/2023 to 17/5/2023	Continue 1 to 12 13. Lepam at right hand with poonarnava churna	Akhandit nidra, Able to stand with support
18/5/2023 to 24/5/2023	Continue 1 to 13, 14. Viddha karma at affected side (right) of body	Able to walk with support.
25/5/2023 to 6/6/2023	Continue 1 to 7,10,11,12,13,and 14, In Yogabasti, Anuvasan with Mahakukutmansa tail (120ml), and Niruha with Mustadi Yapan Basti ¹⁰	Speech- improved, Pain at right decreased.
7/6/2023 to 20/6/2023	Continue 1 to 7, 10,12,13,14 and Marshya Nasya with Anutail+Ksheerabala tail.	Able to stand without support, able to walk without support, hand grip improved. Power +4/5

RESULT

The condition of the patient was improved gradually along with the course of the treatment. The strength of both right upper and lower limbs was increased to +4/5, also tone of the muscles improved, deep tendon muscles was exaggerated (grade-3) and was normal (grade-2) after the course of the treatment, gait before treatment was hemiplegic and after the treatment it was waddling gait and was able to walk alone and with the help of cane. Got control over the bladder. Over all condition was improved.

Table no-3: Glasgow coma scale.

Sr no.	Responses	Score
1	Eye opening response	4
2	Verbal response	5
3	Motor response	6
	Total score	15/15

Motor function
Power

Table no-4: Comparison of power grade before and after treatment as follow.

	Right (Before treatment)	After treatment	Left
Upper limb	2/5	+4/5	5/5
Lower limb	2/5	+4/5	5/5

Reflexes.

Table no -5: Comparison of reflexes grade before and after the treatment.

	Right side		Left side
	Before treatment	After treatment	
1. Biceps	3	2	2
2. Triceps	3	2	2
3. Supinator	3	2	2
4. Knee jerk	3	2	2
5. Ankle jerk	3	2	2
6. Babinski's sign	3	2	2
	Positive	Negative	Negative

DISCUSSION

The case taken for study was diagnosed as Pakshaghata. Considering the involvement of doshas i.e. Vata. The treatment was planned according to the Doshas and Sthana Dushtri. The pathological consequences are seen

all over the body, involving Mansa, Majja dhatu and Uttamang Shira Marma. Hence, below mention treatment was planned in keeping interest of Dosha and Sthana Dushtri.

Cap. Palsineuron is given to the patient twice a day with 2BD, which contents Mahavatavidhwansa ras which improves metabolic processes in CNS and PNS and activates neuro-muscular communications. Sameerapang ras improves tissue oxidation and regulates blood supply in affected areas. Ekangveer ras promotes healing of damaged nerves and blood vessels. Sutshekhar ras provides nutritional support for faster healing of damage organelle. Lajari has regenerative effect on neuro lesions. Khurasani owa checks neuro-irritation.^[7]

Cap. Dhanwantar (101) contents Bala, Ksheera(milk), Taila, Yava, Kola, Kulattha, Agnimanth, Prasarini, Bruhati, Kanthakari, Gokshura, Manjishtha, Daruharidra, Sariva, Vacha, Poonarnava, Vidari, Ashwagandha, Yashtimadhu, Triphala, Ajamoda, Mashparni, Patra. All above ingredients helps to prashaman of Vata.^[8]

Dhanadanayanadi Kashaya 3tsp twice a day before meal given to the patient which contents Dhanadanayana, Shunthi, Shigru, Rasna, Vacha, Varun, Lasun, Pimppli, Chitrak, Erand, Devadaru, Nagarmotha, Haritaki, Bharangi which is beneficial in neurological disorders. It is also helps to build immune system.^[9]

Thalam with Rasna churna and Shirodhara with Chandanbalalakshadi tail helps for relaxing the central nervous system. Basti is also called as ardhha chikitsa which is best management for vitiated vata Dosha Hence, Yogabasti which contents Anuvasan with Dhanwantar taila and Niruha with Triphala bharad and Dashamool bharad. Panchatiktakheerabasti, Matrabasti with Mahakukutmansa taila, Mustadi Yapan basti. All above basti are given to the patient which are acts as Vatahar, Balya, Vrushya, Shool prashaman, Bala varnakrita and Ayuvardhak. Mustadi yapan Basti as it is indicated in vata vyadhi acts as a Bruhan, Balya, Mansavardhak, and Rasayan.^[10]

Conclusion: - According to the observation clinical symptoms of the patients got relieved a lot after the treatment, the treatment was done on the basis of Ayurveda principles. Hence, it can be substantiated that Panchakarma treatment is effective in the management of Pakshaghata, however it should be repeated after proper intervals to get better and permanent effects. Shirodhara, Shirotalam relaxes to brain. Cap. Palsineuron, Cap Dhanwantar, Dhanadanayanadi kashaya which are useful for vatanuloman, vatashaman. Spasticity reduced to a great extents, due to increased circulation after Udhavartan. Basti is the main treatment for vitiated of vata in all aspects, hence all above basti did great roll for management for Pakshaghata.

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