



AYURVEDIC MANAGEMENT OF PAKSHAGATA - A SINGLE CASE REPORT

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ABSTRACT:

As *Vata Dosha* being the regulator and controller of all other Dosha, the diseases which are caused by *Vata Dosha* is considered as more important. Among all these *Vata Vyadhi*, *Pakshaghata* is having the prime position. It makes the patient feels like a worst creature by considering their activities as the patient not only suffers a bodily illness but also severe Mental Depression. They have to face a very miserable and dependent life. Here it is mentioning about the Multimodality *Ayurveda* Treatment in *Pakshaghata* with the help of a single case study which got relieved by the *Ayurveda* treatment modalities.

Key words: *Pakshaghata, Ayurveda, Stroke*

INTRODUCTION

Pakshaghata is a *Madyamarogamargavyadhi*. In *ayurvedic* literature the factors vitiating *Vata Dosha* in body are said to be the root cause for *Pakshaghata*. *Pakshaghata* is the disease in which excessively aggravated *Vata Dosha* (airy element) affects the joints and ligaments making other side of the body dysfunctional. The disease is due to the vitiation of *Vata Dosha* and getting *Sthanasamshraya* (localization of *Doshas*) in the *Khavaigunya* defective space), leading to the formation of different *Lakshana* (symptoms) [1]. *Pakshaghata* produced by *VataDosha* alone can be cured. Aggravated *VataDosha* associated with the aggravated *Pitta* (bile) or *Kapha* (phlegm) are curable with efforts and the one which produces due to *Dhatukshaya* (Diminution of Tissue) is *Asadhya* (incurable) [2]. There is *Dushti* of *Rasa, Rakta, Mamsa dhatu*. *Acharya Charaka* has mentioned the symptoms as immobility of the affected side in association with pain and loss of speech [3]. He has mentioned *Swedana, Snehana, Murdhini tail* and *Virechana* as line of treatment for *Pakshaghata*. A WHO study in 1990 incidence of mortality due to stroke in India to be 73/100000 per year. In India the incidence of CVA was found to be 13/100,000 population per year. (Etal...megha g). In stroke cases 85% of patients suffer from cerebral

infraction and 15% from cerebral haemorrhage and 11.5times more often in male and female (etal...Megha). In this present study *Pakshagatha* patient has shown remarkable improvement with *Mridhushodhana* and *Shamanaushadhis*.

CASE DESCRIPTION

A 52-year-old male visited our hospital on 09/1/2023 IPD- 2000052, OPD-20001257 with chief complaints of weakness of right side of his body including face and inability to stand, walk, slurring of speech and loss of movement over right upper limb.

Presenting complaints

Reduced strength in right upper and lower limb, difficulty in walking, slurred speech, heaviness and stiffness of affected side of body in the past 6 months.

History of present illness:

By the statement of bystander patient was healthy and apparently normal 6 months back. while walking suddenly fell down, felt loss of strength in right side of body and slurring of speech. Patient was admitted in allopathic hospital for emergency treatment where he was diagnosed with hypertension and CVA. CT scan shows acute infarcts in left hemi pons. So, he was brought to our hospital for further treatment on 09/01/2023

Associated complaint-

Diabetes mellitus in the past 4 years, under medication, hypertension in the past 6 months.

Physical examination

Built- normal

BP-140/90 mm/hg

Pulse rate-76/minute

Systemic examination-

- Respiratory system-Normal vesicular bronchial breath sounds heard; no abnormality detected.
- CVS-S1 S2 heard.
- Central nervous system-higher mental functions found to be normal Corneal response diminished on right side
- Blowing of cheek-not possible
- Verbal response-3

Motor functions:

- **Power:** Right upper and lower limb-2/5
Left upper and lower limb-5/5
- **Reflexes:**
Deep reflexes 3/5 on affected side
- Babinskis sign -positive on right side.

Laboratory investigation- Haematological investigations were done and found to be normal

Specific investigation- CT SCAN- Acute infarcts in left hemi pons (Hypodense area in left half of pons)

Diagnosis- Case was diagnosed as a *Pitta kaphavrutta Pakshaghata* (cerebro vascular accident).as per the classics, the treatment was planned according to the *Dosha* and *Sthana*(site)as following

Table :1 Details of treatment given to the patient

Date	Treatment	Medicines used for treatment	Internal medicine
09/01/202 3 to 15/01/202 3	<i>Jambeera pottali</i> <i>Swed + Nasya,</i> <i>Physiotherapy</i>	<i>Ksheerabala tail</i>	<ul style="list-style-type: none"> • <i>Vatavidhwamsa ras1bd(b/f)</i> • <i>Ashwagandhchurn+jatamasi+brahmi-1tsp tid(a/f)</i> • <i>Cap palsineuron-1tid(b/f)</i> • <i>Lashunaksheerapaka-15ml (a/f)</i>
16/01/202 3 to 22/01/202 3	<i>Shirovasti</i>	<i>Mahanarayantail</i>	<ul style="list-style-type: none"> • <i>Vatavidhwamsa ras1bd(b/f)</i> • <i>Ashwagandhchurn+jatamasi+brahmi-1tsp tid(a/f)</i> • <i>Cap palsineuron-1tid(b/f)</i> • <i>Lasuna ksheerapaka</i>

22/01/23 to 24/01/23	<i>Dipana, pachana</i>	<i>Trikatu churn</i> 1tsp tid(b/f)	No internal medicine
25/01/202 3 to 31/01/202 3	<i>Snehapan</i>	<i>Gugglutikthaka</i> <i>grith</i> (<i>arohanamatra-</i> <i>30 to 120 ml</i>)	“
1/02/2023 to 02/02/202 3	<i>Sarvang abhyanga</i> <i>+Bashpaswed</i>	<i>Maharayan tail</i>	“
03/02/202 3	<i>Sarvang abhyanga</i> <i>+Bashpaswed+ Virechan</i>	<i>Gandharvahastad</i> <i>i erand tail</i>	“
09/02/202 3 to 15/02/202 3	<i>Sarvang Abhyang+</i> <i>matravasti+physiotherap</i> <i>y</i>	<i>Bala tail</i>	cap palsineuron(1tid) <i>Vata vidhwamsarasa(1tid)</i> triphala churn-1tsp@bedtime <i>chandraprabhavati-1tid</i>
16/02/202 3 to 22/02/202 3	<i>SSPS +Matravasti+</i> <i>physiotherapy</i>	<i>Bala tail</i>	cap palsineuron(1tid) <i>Vata vidhwamsarasa(1tid)</i> triphala churn-1tsp@bedtime <i>chandraprabhavati-1tid</i>

RESULTS

The condition of the patient was improved gradually along with the course of the treatment. The strength and power of both upper and lower limb was increased, also tone of the muscle improved, deep tendon reflex was exaggerated(g3) and was normal (g2) after the course of treatment, gait before treatment was hemiplegic and at the time of discharge, he can able to walk alone over all condition was improved.

Motor function

Power

Table:2 Power grade before treatment and after treatment

	L(b/t)	L(A/T)	R(B/T)	R(A/T)
Upper limb	5/5	5/5	2/5	4/5
Lower limb	5/5	5/5	2/5	4/5

Table 3: Reflexes grade before and after treatment

	Left(B/T((A/T)	Right(B/T)	Right(A/T)
Biceps	2	3	2
Triceps	2	3	2
Supinator	2	3	2
Knee jerk	2	3	2
Ankle jerk	2	3	2
Babinskis sign	Negative	Positive	Negative

DISCUSSION

Nidana and Samprapti

Pakshaghata is one of the important diseases among the *Vata Nanaatmaja Vyadhi* (Diseases which are exclusively of *VataDosha* predominance). The *Sadhya-Asadhyata* (Prognosis of the disease) are of 3 types as 1- *SuddhaVatajaPakshaghata* (With only *VataDosha*) 2-*Anyadosha Samsrista Pakshaghata* (One with combination with other *Dosha*) and 3 – *Kshayahetuja Pakshaghata* (One which is due to diminution of tissues). Here in this study, it was diagnosed as *Pittakaphavruta Pakshaghata* (CVA). So the treatment was planned based on *Dosha* and *Sthana Dushti*^[4].. Therefore both *MriduShodhana* (Purification) and *Shamana* (Palliative) line of management are indicated. The term corresponding to *Pakshaghata* in modern medical science can be included under Hemiplegia. Hemiplegia also gets manifested as a consequence of a wide variety of

pathological condition involving brain like vascular disorders of brain, infective disorder, tumour, trauma, degenerative disorder of brain. As the pathological processes in hemiplegia ^[5], due to the above diseases are different, the treatment of hemiplegia also varies in each condition (etal...Drsahu.). Cerebrovascular accident is the most frequent disease manifesting as *Pakshaghata* in course of time

Treatment of *Pakshaghata*

Snehayukta Swedana and *Snehayukta Virechana* are to be given in *Pakshaghata*. The Treatments given were *Snehana* (Oleation) and *Swedana* (Fomentation) followed by *Virechana* (Mild Purgation), *Murdhini Taila* (application of oil on head) and Physiotherapy. Along with that patient was also administered *Matravasti* ^[6] with *Bala Taila* ^[7]. Finally employed *Masthiskya Shirobasti* ^[8]. These treatments were administered to manage the disease without further worsening and to

provide better quality of life to the patient with medication. The treatment measures should be followed for a certain period of one month continuously which had shown remarkable improvement with *Ayurvedic* treatment. In *ShamanChikitsa* (Palliative)-, *Ashwagandhachurna* ^[9], *Vatavidhwams rasa* ^[10]and *Chandraprabhavati* ^[11] had been administered during and after external therapy. It helps in *Vata Anulomana* (Downward movement of *VataDosha*) and maintaining the equilibrium of all three doshas and it is also *Apanaanulomana* (downward movement of *apanavata*) in quality. *Chandraprabhavati* is *Tridosahara* (pacifying *tridosha*). At the same time will act as *Balya* (Providing Strength) and *Sarvarogaprashamana* (Reduction of all Diseases). *Charakacharya* mentioned *Swedana* (Sudation), *Snehana* (Oleation) and *Virechana* (Purgation) as treatment modality for *Pakshaghata* (Hemiplegia). *Triphala churn* was administered daily after *Virechana* and *Samsarjana* It is *Tridhosahara*, *Vatanulomaka* and *Sarvarogaprashamana*. *Lashunaksheerapaka* was administered daily in the morning as it improves *Agni*, removes *kapha avarana* and is *Vatanulomaka*. With the above treatments patient improved. Here gained his muscle tone, power, strength,

motor functions. He developed clarity of speech.

External therapies, *Charakacharya* mentioned *Swedana* (Sudation), *Snehana* (Oleation) and *Virechana* (Purgation) as treatment modality for *Pakshaghata* (Hemiplegia). *Sarvanga jambira pottali Swed* with *Ksheerabala Taila* a followed by *Nasya*, It pacifies *Vatadosha* and *Shastikashalipinda Swedan* was advised. This is a kind of *Sweda* that makes the body supple, removes stiffness of joints vitiated by *Vatadosha*, cleanses the *Srotas* of the body, improves blood circulation, removes sluggishness of the body and is also *Balya*. *Virechana* (mild purgation) helps to correct the root pathogenesis of *Pakshaghata* (Hemiplegia) leading to the proper *Anulomana* of *Vata*, correction of *Agni* and reduces *Prakupita Pitta.*, *Shirovasti* ^[12] for 7 days and *Matra vasti* ^[13] for 14 days along with physiotherapy were administered. In *KevalaVata Avastha*, *SarvangaAbhyanga* with *Mahanarayana Taila* ^[14]and *Nadisweda* were adopted. *Abhyanga* makes body sturdy and resistant to *Vataja* disorders ^[15]. It brings smoothness (*Mardava*) in the body. It depletes morbid *Vata* and *Kapha* and replenishes all *Dhatus*. After 300 *Matras* from massage commenced oil reaches up to *Romakupa* (hair follicles) and then progressively reaches into the most deeply situated tissues. By the time

of 500, 600, 700, and 800 *Matras* [16]. After all these treatments, the patient got improvements in Coordination, Consciousness and Regaining the Motor Function of the Body. The patient was able to walk independently without any type of support. Also, *MahanarayanaTaila* acts as *Vatahara* and *Ayushyam*. After *Abhyanga* started with *Shirovasti* for 7 days with *KsheerabalaTaila* and *Bala*, *BalaTaila* is *Tridhosahara* and *Raktaprasadana* and *Ksheerabala* is best in *Pittanubandhaavata* condition because of its *Sheeta- Ushna* property. *Charaka* mentioned it as *Sahasrapaka Balataila*. *Matra vasti* [17] was given with *Balataila* to restore the *Prasarana of Vata* and *Basti Chikitsa* is the prime treatment modality of *Ayurveda*. *Sneha* or *Matravasti* promote *Bala* of person who is emaciated and debilitated. This *Balataila* is best in all types of *Vatavyadhi*.

CONCLUSION

Pakshaghata is a *Mahavatavyadhi* and is difficult to manage. To treat *Pakshaghata* when it is associated with complications is challenging. In the present study it was noted that *Pakshaghata* was associated with hypertension and diabetes mellitus. Age was an issue for planning *Shodhana.Panchakarma* is a very important part of treatment. *Shodhana* is very vital for curing the disease and avoiding recurrence. Encouraging results

are seen with *Swedan*, *Nasya*, *Matravasti*, *Abhyanga*, *Murdhni tail* and *Sashtikashalipinda sweda* in improving the condition of *Pakshagatha*. The combined effect of all the above treatments helped in reducing the symptoms and in recovery of the patient. By this case study we can see that though *Pakshagatha* is difficult to manage if proper treatment is given remarkable results can be obtained with logical use of internal and external medicines.

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