



ISSN 2456-3110

Vol 5 · Issue 5

Sept-Oct 2020

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Charaka
Publications

Indexed

Ayurvedic management of *Pakshaghata* in an Acute Stage - A Case Study

Shwetambika¹, Ananta S. Desai²

¹Post Graduate Scholar, ²Guide, Professor and HOD, Dept. of PG Studies in Panchakarma, Govt. Ayurveda Medical College, Bangalore, Karnataka, INDIA.

ABSTRACT

Stroke is a major non communicable disease. Hemiplegia is the commonest manifestation of a stroke with neurological deficit and symptoms having sudden weakness or numbness of the face, arm or leg most often on one side of the body. In India studies estimate that incidence of stroke varies from 116 to 163 per 100,000 population a/c to ICMR stroke is 4th leading cause of death and 5th leading cause of disability adjusted life year (DALY) . **Materials and Methods:** A 60 yr old female K/H/O Type 2 DM and HTN was diagnosed with a *Avaranajanya Pakshaghata* with a clinical feature complete loss of strength and function in left upper and lower limb has been treated with *Agnilepa, Sarvanga Abhyanga* followed by *Shastika Shali Pinda Sweda* and *Dashamula Niruha Basti*. **Results:** After the course of treatment the recovery was promising and worth documenting. **Conclusion:** CVA is broadly understood under the term *Pakshaghata* which can be manifest either due to *Dhatukshaya* or *Avarana*. In the present case treatment was done based on *Avarana* concept followed by *Kevala Vatavyadhi Chikitsa*. Thus the clinical approach to *Pakshaghata* varies accordingly with the *Dosha* and *Avastha* of *Vyadhi*.

Key words: *Pakshaghata, Agnilepa, Shastika Shali Pinda Sweda, Avarana.*

INTRODUCTION

Hemiplegia is the commonest manifestation of a stroke with neurological deficit affecting the face, limbs and trunk on one side or either side of the body. Hemiplegia has become a common lifestyle disorder leading to high incidence of morbidity and mortality. Impulses for voluntary movement are transmitted by the pyramidal tracts or upper motor neurons. Damage to these pyramidal tracts due to any lesion, trauma,

ischemia or haemorrhage leads to paralysis.^[1]

In *Ayurveda* it can be correlated with *Pakshaghata* which can manifest due to *Dhatukshaya* leading to *Kevala Vata Vyadhi* or due to *Avarana*.^[2] The literally meaning of *Pakshaghata* is paralysis of one half of the body which leads to impairment of *Gnyanendriyas, Karmendriyas* which are considered as the part the sensory and motor system respectively and *Manas*.^[3]

According to Modern science once the brain tissues damaged completely cannot be repaired by the therapies leading to permanent neurological deficit.^[4] Hence the disease has a poor prognosis, making the person disabled dependent. In this paper effect of combined therapy of *Agnilepa Chikitsa, Basti* and *Shastika Shali Pinda Sweda* has been shown.

CASE REPORT

A 60 year old female patient visited to GAMC Bengaluru On 19/4/2019 with a complaints of weakness in left upper and lower limb, including unable to walk since one day. Where on approaching

Address for correspondence:

Dr. Shwetambika

Post Graduate Scholar, Dept. of PG Studies in Panchakarma, Govt. Ayurveda Medical College, Bangalore, Karnataka, INDIA.

E-mail: shweta93bs@gmail.com

Submission Date: 19/09/2020

Accepted Date: 11/10/2020

Access this article online

Quick Response Code



Website: www.jaims.in

Published by Maharshi Charaka
Ayurveda Organization, Vijayapur,
Karnataka (Regd) under the license CC-
by-NC-SA

to local hospital was screened to be HTN 230/90mmhg they prescribed hypertensive medicine and advised MRI but patients was not willing to take allopathic treatment instead they visited to our OPD on next day. at the time of admission patient was conscious and vital functions were normal.

Past History

K/H/O - DM and HTN since 5yr (on irregular medication)

No H/O - Trauma or Accidental injury

Personal History

- Diet - Mixed (irregular food habit intake of previous day meal with more spicy and salty)
- Sleep - Sound
- Habbit - 4-5 times tea
- Bowel - Regular
- Bladder - 3-4 T/day, 1-2 T/night

On Examination

Table 1: Reflexes

Reflexes	Right	Left
Biceps	Normal	Exaggerated
Triceps	Normal	Exaggerated
Knee jerk	Normal	Exaggerated
Ankle jerk	Normal	Exaggerated
Plantar	Normal	Extensor

Table 2: Muscle Power

Extrimities	Before treatment Grades	After treatment Grades
Right Upper Limb	5 - Normal power	5 - Normal power
Right Lower Limb	5 - Normal power	5 - Normal power

Left Upper Limb	0 - No power	4 - Movement against gravity and some resistance
Left Lower Limb	0 - No power	4 - Movement against gravity and some resistance

Table 3: Intervention

Date	Medicine	Remarks
20/4/19 - 26/4/19	<i>Agnilepa Chikitsa</i> <i>Amalaki Talam</i>	Slight improvement lifting of left upperlimb and lowerlimb.
27/4/19 - 11/5/19	<i>Dashamula Niruha Basti (Kala Basti pattern)</i> <i>Anuvasana Basti with Mahamasha Taila</i>	Patient can able to get up from the bed and walk without support.
11/5/19 - 17/5/20	<i>Saravanga Abhyanga with Mahanarayana Taila f/b Shashtika Shali Pinda Sweda</i>	Increase in the muscle power 3/5 and muscle tone i.e. Normotonic.
20/4/2019	<i>Bruhath Vata Chintamani Rasa</i> 1-1-1 A/F <i>Cap. Lashuna Rasayana</i> 1-1-1 A/F <i>Dhana Dhanyadi Kashaya</i> 15ml-0-15ml B/F	Helps to rectify the <i>Vata Dosha</i> .

DISCUSSION

CVA is broadly understood under the term *Pakshaghata* which can be manifest either due to *Dhatukshaya* or *Avarana*. In case of *Avarana*, the relieving of *Avarana* becomes the first line of treatment.

In the present case *Agnilepa Chikitsa* was done to remove the *Avarana* followed by *Kevala Vatavyadhi Chikitsa*. The clinical approach to *Pakshaghata* varies

accordingly with the *Dosha* and *Avastha* of *Vyadhi*. In this case initially *Agnilepa Chikitsa*^[5] has been adapted as it is a folklore treatment modality having most of the *Ushna Veerya* drugs and *Katu Vipaka* with *Vata Kaphahara* properties like *Lashuna*, *Papata*, *Nirgundi*, *Sarsapa*, *Agnimantha*, *Tulasi*, *Haridra*, *Bandha*, *Maricha*, *Lavanga*. The drugs used in *Agnilepa* contain volatile oils, having the counter irritation properties which inhibit the painful impulses from the muscle afferents, reaching the central pathways, there by reducing the decreased muscle power, increased muscle tone and spasms. Thus by absorbing through skin produces action like *Amapachana*, *Agnideepana* and *Srotoshodhana* on internal administration. Hence relieves the *Stambha*, *Ruja*, *Supti* and clears the *Avarana* for normal gati of *Vata*.^[6]

Basti is one of the important aspect of *Panchakarma* mainly employed for *Vata* predominant diseases.^[7] As it possesses a wide spectrum of effect and is considered as "*Ardhachikitsa*" in Ayurveda.^[8] Though the *Basti* is given in *Pakwashaya* which is main seat of *Vata Dosha*.^[9] *Veerya* of *Basti Dravya* spread in the entire body to get desire action. *Basti Veerya* may act through ENS. The gastrointestinal system has network of nerve fibres, which is known as Enteric nervous system" similar to brain ENS sends and receive impulses and activate to CNS.^[10]

In *Shasttikashali Pinda Sweda* the *Shashtika* rice is processed in *Balamula Quatha* and milk tied in a bolus to rub against the whole body or afflicted so the generated heat increases the metabolic activity which inturn increases the oxygen demand and blood flow. This vasodilation stimulates the superficial nerve ending causing reflex dialation of arterioles. Thus provides strength and rejuvenate the tissues.^[11]

CONCLUSION

Panchakarma therapy is very imperative and essential part of Ayurvedic treatment *Pakshaghata* is a chronic condition caused due to aggravated *Vata Dosha*, Though it is difficult to manage but proper

treatment given at appropriate time with logical manner yields good result in the initial stage it can be managed effectively through *Panchakarma* procedures . In *Sama* condition *Agnilepa* benefits the patient immensely. The treatment is effective as it is freshly prepared and also very cost effective followed by *Dashamula Niruha Basti*, *Anuvasana* with *Mahamasha Taila*, *Shashtika Shali Pinda Sweda*.

REFERENCES

1. [https://www.nhp.gov.in/pakshaghata\(Hemiplagia\)NH](https://www.nhp.gov.in/pakshaghata(Hemiplagia)NH).
2. Vagbhata, Ashtanga Hrudaya, Sarvanga Sundari Commentry of Arunadatta and Ayurveda Rasayana Commentry of Hemadri, Edited by; Pandith Hari Sadasiva Sastri Paradhikara Bhisagacharya, Choukambha Surabharathi Prakashan,Varanasi, Reprint-2010, Nidana Sthana,Chapter-15,Verse-5-6,Pp-956,Pg.No -530-531.
3. Charaka, Agnivesha, Charaka Samhita, Chikitsasthana 28/53-54, Choukambha Prakashan, Varanasi 2015
4. www.strokecentre.com
5. <http://www.iamj.in/posts/images/upload/32903299.pdf>
6. <http://www.iamj.in/posts/images/upload/32903299.pdf>
7. Astanga Hridayam, Sutrasthana 1/25, Janhavi Prakashan, Kolhapur, 1st edition, 2006;19
8. Charaka Samhita, sutrastana 1/39, Choukamba Prakashan, Varanasi, 2015;1169
9. Astanga Hridayam, Sutrastana 12/1, Janhavi Prakashan, Kolhapur, 1st edition, 2016;161.
10. www.wjpmr.com
11. <https://www.ayurtimes.com> 27/5/20:3pm

How to cite this article: Shwetambika, Ananta S. Desai. Ayurvedic management of Pakshaghata in an Acute Stage - A Case Study. J Ayurveda Integr Med Sci 2020;5:532-534.

Source of Support: Nil, **Conflict of Interest:** None declared.
