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Management of *Pakshaghata* in Ayurveda - A Case Study

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ABSTRACT

Pakshaghat is made up of two words *Paksha* (half part of body) and *Aghat* (loss of function). Ayurved literature is full of textual references where *Pakshaghat* is described extensively. It is considered as *Vata Dosha* predominant *Vyadhi*. Patient usually presents with loss of function of a half of body or weakness of one half. Face may or may not be involved. Prognosis depends on many factors including *Vaya*, *Bala*, *Dosha* involvement etc. In modern science all the motor activities are controlled by brain. Cerebrovascular accidents are mainly responsible for loss of function in body and due to maximal similarity they can be correlated with *Pakshaghat*. In modern science there is usually treatment of symptoms but when it comes to Ayurveda there is treatment of root cause along with symptoms. In Ayurveda, treatment of diseases is divided in to two parts *Samshodhana* and *Samshamana*. *Panchkarma* is *Shodhana Pradhana* therapy, which includes five major procedures for *Shodhana* of body. Along with it there are many allied processes which help in symptomatic relief by directly acting on the part being affected. *Pakshaghat* is best treated with *Mridu Samshodhana* and *Vata Shamaak Snehana Chikitsa*. In the present case patient presented with right side *Pakshaghat* and treated with *Panchakarma* therapy, which included *Nasya*, *Vasti* and *Akshitarpana*. Initially *Nasya* and *Akshitarpana* given for 15 days. Patient was called for second sitting after 16 days and given in *Kala Vasti Karma*. After treatment patient was 100% cured.

Key words: *Pakshaghat*, *Vata Vyadhi*, *Ayurveda*, *Panchakarma*, *hemiplegia*

INTRODUCTION

Pakshaghat is a disease caused by vitiation of *Vata Dosha*. *Acharya Charaka* explained that *Prakupita Vata* making *Adhishtana* in one half of body leading to *Pakshaghat* (loss of function of one half of body) there is associated stiffness of joints. *Acharya Sushruta* explained that *Vata Dosha* travels in *Urdhava Adhoga Tiryaka Dhamani* and causes *Sandhi Bandhana Moksha*

that ultimately leads to loss of function in one half of body called *Pakshaghat*. If one suffers from loss of sensation and becomes bed ridden, he may die with *Pakshaghat* he further explained. Prognosis of the disease as mentioned by *Sushruta*^[3] is *Sadhya* when *Vata Dosha* associated with other *Dosha*, *Krichhrasadhya* when purely *Vata* is involved and *Asadhya* when *Dhatukshaya* is responsible for *Pakshaghat*. *Chikitsa* of *Pakshaghat* in various texts included *Snehana*, *Swedana* and *Mridu Samshodhana*^[4] firstly then *Vasti* with *Balya* and *Vatashamaka Aushadha*.^[5] *Nasya*, *Shirovasti*, *Abhyanaga* with *Panchendriya Vardhan Taila*. Treatment should be done for 3 to 4 months.^[2]

Stroke

It is relatively abrupt onset of focal neurological deficit resulting from disease of arteries or veins that serve the CNS. Clinical manifestation depends on area involved and mostly motor functions are hampered.^[6] Lacunar infarcts are small ischemic infarcts that range

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in diameter from 30 – 300 micro meter and result from occlusion of the penetrating arteries.^[7] Long standing hypertension and atherosclerosis are common predisposing factors. TIA shortly before the onset of a lacunar stroke is frequent, but headache is infrequent. Although the usually carry good prognosis, multiple lacunae may cause pseudo bulbar palsy and dementia. Clumsy hand syndrome is one of the manifestations of lacunar infarct.^[9] Clinical manifestations include facial palsy, dysarthria, deviation of tongue and loss of motor functions. Treatment includes initially vital support after this cause and symptoms are treated accordingly.

CASE STUDY

A 48 yrs. male patient brought by relatives in conscious and oriented state with complaints of left lower limb weakness, left lower limb heaviness, and generalized weakness, Right side deviation of mouth angle since yesterday evening.

K/C/O DM and HTN since 5-6 yrs

Patient on irregular medications.

No any drug or food allergy

No any surgical history

Addiction: Chronic alcoholic, tobacco chewer, bidi smoker since 20 yrs.

O/E

Temp - Afebrile

P - 80/ min

BP - 140/80 mmHg

RS - B/L clear

CVS - S1S2 Normal

CNS - Conscious oriented

Central nervous system

Higher functions Consciousness - fully conscious to time place and person. Memory Intact, Behavior friendly, Orientation - fully oriented to time, place and person.

Cranial nervous

Facial nerve (symptoms present) Asymmetry of face,

O/E

Eye closure normal, whistling not present, blowing not present

Motor system

Table 1: Muscle power (Before treatment)

	Right	Left
Upper Limb	5/5	5/5
Lower Limb	5/5	0/5

Table 2: Reflexes

	Right	Left
Bicep	N	N
Tricep	N	N
Brachioradial	N	N
Knee	N	Exaggerated
Achillis tendon	N	N
Planter	N	N

MRI – Multiple foci of restricted diffusion are seen in bilateral median para sagittal fronto parietal lobes and right side of corpus callosum. Corresponding T2 and FLAIR hyperintensity is seen s/o acute non hemorrhagic infarcts of bilateral ACA territories.

Multiple discrete and confluent foci of T2W/FLAIR hyperintensity with no restricted diffusion are seen in periventricular, deep white matter- s/o suggestive of small vessel ischemic changes.

MR Angiography reveals A1 segment of right ACA is hypoplastic.

MATERIAL AND METHODS

Panchkarma procedures

- *Jihwa Nirlekhana* with *Vacha Choorna* or *Akarakarabha Choorna*
- *Sarwanga Abhyanga* with *Narayana Taila* and *Nadi Swedana*

- Yoga Basti
- Dashamula Niruha Basti
- Anuvasana Basti with Tila Taila
- Nasya - Panchendriya Vardhan Tail

Shaman Aushadh

- Eranda Tail 6 tsf stat
- Ekangavir Rasa 250 gm BD Vyanodana
- Vatavidhwansa Rasa – 250 gm BD Vyanodana
- Jivhadi Kashaya 20 ml Vyanodan
- Physiotherapy

And continue Dual Antiplatelet to prevent further complications -

1. Tab Ecosprin 150 mg 1 HS
2. Tab Atorva 20 mg 1 HS
3. Tab Reclimet (Glyclazide + Metformin) 80/500mg 1 TDS before food

Table 3: Muscle power (after treatment)

	Right	Left
Upper limb	5/5	5/5
Lower limb	5/5	5/5

Probable Mode of Action

Nasya is potent Vata Shamaka procedure as it directly acts in Urdhava Jatrugata Vikar. Shira Pradesh is main Adhishthana of Indriya and Nasa is considered way to it. Drug administered through Nasa goes to Shira and causes Dosh Nirahana and Vata Shaman simultaneously. In this case patient was given Shaman Nasya with Panchendriya Vardhan Tail. Panchendriya Vardhan Tail has Vata Shamaka properties and specially acts on Urdhva Jatrugta Vyadhis as explained in Samhita.

Abhyanga (Oleation) - Abhyanga entails rubbing the body in the same direction as hair follicles with any Snehas (fats). The body gets strong and stable, and the skin becomes Drudha and excellent by anointing it with oil, which acts on vitiated Vata, and the body becomes

capable of withstanding fatigue and exercise, much as the pot, leather, and axle of the cart become strong and efficient by oiling. If there is complete Vata vitiation without any form of association (obstruction), it should be addressed with oleation therapy initially. Snehana is highly important in such a situation. It balances the Vata Doshas and provides Pushti Prasada (food for the dhatus).^[9] When Abhyanga is performed for a long enough period of time, the oil reaches the various Dhatus. As a result, it is apparent that the strength of the medicine in the oil gets absorbed into the skin. it relieves the symptoms of that Dhatu's ailments.

Swedana (fomentation) - Swedana encourages person to sweat. Mala is a sort of Sweda. Sweda helps to clear the body of impurities. Dhatvagni and Bhutagni are linked to Sweda. Swedana medicines by Ushna and Tikshnaguna can penetrate the microcirculatory channels (Srotas) and trigger the sweat glands, causing them to produce more sweat. After dilatation of the micro channels, Laghu and Snigdhadasha enter the channels and lead them to go towards Kostha or excrete them through the skin's micropores as sweat, resulting in Srotoshodhana. With the use of Vamana or Virechana therapy, the Dosh brought in Kostha is evacuated from the body.^[10]

Snehayukta Virechana (Purgation) - Virechana is the procedure for expelling the Doshas through Adhomarga i.e., Guda. This Karma is mostly used to reduce Pitta Doshas. Virechana Therapy results in the purification of circulation channels, the clarity of sense organs, the lightness of the body, a rise in energy, and the promotion of health. Virechana Drugs are Ushna (hot), Tikshna (sharp), Sukshma (subtle), Vyavayi (pervades the entire body before being digested), and Vikasi (causing looseness of joints). Virechana Dravya reaches the heart and circulates throughout the body through the vessels due to their inherent efficacy. They liquefy the compact Doshas due to their Agneya character. They separate the adhering Doshas in the channels of the entire body due to their Tikshna Guna. This hazardous substance enters the stomach due to its natural ability to travel through tiny channels and flow towards the gastro intestinal system. The Doshas or

diseased material are expelled down the descending tract due to the predominance of *Prithvi* and *Jalamahabhutas* in *Virechana* medicines, and their special action (*Prabhava*) to go downwards (anus).^[11]

Basti (Enema) - When *Basti* is brought into the *Pakwashaya*, the *Veerya* of *Basti* reaches all throughout the body, collects the collected *Doshas* and *Shakrut* from the *Nabhi*, *Kati*, *Parshwa*, and *Kukshi Pradeshas*, gives the body *Snehana*, and expels the *Dosha* together with *Pureesha*. It is '*Amrutopamam*' for patients with *Kshina Majja*, *Shukra*, and *Oja*, according to *Charakacharya*, and has properties such as *Balya*, *Brimhana* and *Pushtikara*.^[15]

Niruha Basti (Decoction based enema) - *Dashamula Niruha Basti*, In *Niruha Basti Madhu* possesses *Yogavahi* and *Sukshma Marga Anusarita*, functions as a catalyst, penetrating the *Sukshma Srotas*. The *Laghu* and *Tridosha Shamaka Gunas* were introduced to the *Saindhava Lavana*. The *Snigdha Guna* of *Sneha Dravya (Tila Taila)* combats the *Ruksha* and *Laghu Gunas* of *Vata*, resulting in *Vata Shamana*. The major medicines, *Kalka (Triphala, Bala)*, are the ones that give the overall combo its power. It aids in the disintegration of *Mala*. *Kwatha* performs *Dosha Anulomana* and *Nirharana*.^[16]

Anuvasana/Sneha Basti (Oil based enema) - *Anuvasana Basti with Til Taila*, *Anuvasana Basti* will hold the oil for a set period of time without generating any negative effects. *Pureeshadhara Kala* is protected by the *Snehana* effect. *Til Taila*, which has *Guru* and *Snigdha Gunas*, combats *Vata's Ruksha* and *Laghu Gunas*, resulting in *Vata Shamana*. While reviewing the *Anuvasana Basti*, *Acharya Charaka* notes *Sneha's* digestion with the words "*Sneham Pachati Pavakah*," and after digestion, *Dravyas* can be taken to cause the effect on the body.^[17]

In the *Vatvyadhi Prakarana* of *Nighantu Ratnakara*, *Ekanaveer Rasa* is advised for treatment of *Pakshaghata*, *Ardita* and other *Vatvyadhi*. *Ekanaveer Rasa* has ability to pacifying vitiated *Vata Doshas* as it is having *Madhura Rasa*, *Snigdha Guna*, *Ushna Veerya* and *Madhura Vipaka*. It pacifies vitiated *Kapha Dosh* by *Tikta*, *Katu*, *Kashaya Rasa*, *Laghu Guna*, *Ruksha Guna*, *Ushna Veerya* and *Katu Vipaka*.^[12]

Jihwa Nirlekhana - is performed with *Vacha Choorna* or *Akarakarabha Choorna*, both of which are quite efficient in the treatment of speech disorders. *Vacha* holds a special place in Ayurveda because it is a key *Medhya* medicine that has the ability to improve memory and cognition. *Vacha* is classified as *Lekhaniya* and *Sanjnanasthapana Mahakashaya* by *Acharya Charaka*. As a nervine tonic, *Vacha* has a unique power (*Prabhava*). It balances *Vata* and *Kapha* due to these qualities. Due to the properties of *Pramathi* and *Lekhana*, it disintegrates the *Kleda*, *Meda*, *Lasika*, *Sweda*, and *Vasa* and eliminates the *Mala*, *Kapha*, and *Pitta* from the *Srotas*. *Katu Rasa* dilates all relevant channels, resulting in the "*Srotansi Vivrunoti*" effect.^[13]

Physiotherapy - Physiotherapy is a therapeutic practice that focuses on the science of movement and assists patients in restoring, maintaining, and optimizing their physical strength, function, motion, and general wellness. Physiotherapy is used throughout the treatment to increase joint range of motion and muscular flexibility. The goal of physiotherapy in this setting is to enhance joint integrity and muscular flexibility, as well as to meet any delayed developmental milestones as soon as feasible. Increased circulation to all four limbs and brief pain alleviation are among the other advantages. Consider the spasticity; joint mobility and flexibility were achieved with Range of Motion (ROM) exercises, passive stretching, and peripheral joint mobilization. Proper Ayurved management, as well as speech therapy, physiotherapy, and other rehabilitation methods assist the patient in becoming self-sufficient.^[14]

DISCUSSION

Ayurveda is a science which not only treats symptoms but cause of disease ultimately leads to *Samprapti Vighatana* thus cures the disease. In *Pakshaghata* disease *Vata* is basic cause of disease which should be treated first. *Vata Prakopa* can occur due to many causes and *Dhatu Kshaya* is one of them. *Vasti* not only causes *Vata Shamana* but due to multidimensional affect it causes *Dhatu Poshana* and pacification of other *Doshas* if associated with *Vata Dosh*.^[11]

Nasya is administration of drug through nose. In Ayurveda *Nasa* is called *Dwar* to *Shira* (brain). In case of *Pakshaghata* main pathology lies in brain. *Nasya* causes *Vata Shaman* as we use *Snehana* through oil. In case of *Pakshaghata* initially there is flaccidity in muscles and then comes stage of rigidity. *Sthanik Abhyanag* and *Swedana* prevents this stage if performed in early stage usually in prolonged case there is hypertrophy of muscles which can also be prevented by *Abhyanaga* as it increases blood supply of the part. If patient complains of pain in affected part *Swedana* causes pain relief.

CONCLUSION

Pakshaghata is *Vata Pradhana* ailment which causes loss of function of one half of body which may be compared to hemiplegia of any origin. In this case, it can be correlated with Clumsy hand syndrome due to similarity of symptoms. *Vata Pradhana Vyadhis* are best treated with *Vasti* and *Nasya* given as main *Adhishtana* of *Dosha* is *Urdhva Jatrugata* in this case. Symptomatic relief given by *Sthanik Abhyanaga* and *Swedana*. After complete treatment patient recovered fully. Thus, it can be concluded that *Panchakarma* procedure are very effective in *Pakshaghata Chikitsa* and should be given vigorously in the patients suffering from stroke and similar ailments.

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