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A successful Ayurvedic intervention of *Pakshaghata* (Cerebro-Vascular Stroke) - A Case Report

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ABSTRACT

Pakshaghata (Stroke) is one of the most common causes of death especially in the elderly. *Vataja Nanatmaja Vyadhi*, *Pakshaghata* is a *Mahavatavyadhi*. *Pakshaghata* has been linked to hemiplegia, a type of paralysis caused by a cerebrovascular accident or stroke. *Paksha* refers to a man's flank or side, while *Ghata*, *Aghata*, and *Vadha* refer to killing, destruction, and paralysis. *Pakshaghata* mainly occurs due to the obstruction of cerebral blood vessels, ischemia, and lack of glucose metabolism and weakness of nerve cells. Ayurveda offers various treatment modalities for the management of *Pakshaghata* such as; use of herbs & formulation, *Yoga* and *Shodhana Chikitsa*. Present article described various approaches of *Ayurveda* for the management of *Pakshaghata* including natural herbs and *Shodhana Chikitsa*. Treatment protocol was *Snehana*, *Mridu Swedana*, *Basti Karma*, *Murdhani Taila (Shirodhara)* along with internal medication which is mentioned by *Acharyas*. Utilizing the basic concept of *Ayurveda (Nidanpanchaka)*, drugs with potent properties such as *Vataghna*, *Bruhana*, *Ushna Veerya* were utilized to manage this condition which showed promising results. This reveals that *Ayurveda* treatment modalities can play a significant role in treatment of Stroke (*Pakshaghata*).

Key words: *Pakshaghata*, *Vatavyadhi*, *Shaman*, *Shodhan Chikitsa*

INTRODUCTION

Pakshaghata is a *Vatavyadhi* and a large number of the population is affected by disease globally and elderly people are more susceptible than younger one. Various etiological factors such as; *Virudha Ahara*, *Atijagarana*, *Ati Vyavaya*, *Asruk Srava*, *Vichesta*, *Dhatu Kshya*, *Shoka*, *Chinta*, *Diwaswapna*, *Marmabhighata* and *Vegasandharana* initiates pathogenesis of

Pakshaghata.^[1-3] *Pakshaghata* can be correlated with the disease Stroke. 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.^[4] Modern science described age, arteriosclerosis, injury, hemorrhage, nutrition imbalance and anxiety as causative factors of disease. These factors vitiated *Doshas* especially *Vata*, causes nerve degeneration further resulting obstruction in nerve impulse which leads to altered functioning of cerebral vessels and finally hemorrhagic strokes.^[5,6] The most common symptom of a stroke is sudden weakness or numbness of the face, arm or leg, most often on one side of the body. Other symptoms include: confusion, difficulty in speaking, difficulty in seeing with one or both eyes; difficulty in walking, dizziness, loss of balance or coordination; severe headache with no known cause; fainting or unconsciousness. Cerebrovascular accidents, sometimes known as strokes, are divided into two categories: A blockage causes an ischemic stroke, while

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a blood vessel rupture causes a hemorrhagic stroke. Both types of strokes deprive a section of the brain of blood and oxygen, resulting in the death of brain cells. A blood clot in the brain blocks or clogs a blood vessel, resulting in an ischemic stroke.^[7] Ischemic strokes are the most prevalent form, accounting for around 80% of all strokes. A blood vessel breaks and bleeds into the brain, resulting in a hemorrhagic stroke. About one-fifth of patients with an acute stroke die within a month of the event and at least half of those who survive are left with physical disability.^[8]

CASE REPORT

A 67 years old male patient was clinically diagnosed as a case of *Pakshaghata* (stroke) presented with the chief complaints mentioned below for three months. It was associated with deviation of angle of mouth to right side, salivation from right side, unable to move (right side), loss of sensation of the right side of the body.

Past History

Hypertension from 10 years and taking Tab Telmisartan and Tab Ecospirin for this.

Chief complaints of the patient

- Weakness in the both upper and lower limb
- Unable to stand and walk
- Slurred speech
- Loss of function in right side of the body
- Deviation of the angle of mouth to the right side
- Dribbling of Saliva from the right angle of the mouth

Associated Complaints

- Loss of appetite
- Insomnia

History of Present Illness

The patient was well before three months, then gradually started complaining of deviation of angle of mouth to right side, salivation from right side, difficulty in walking from right side and then unable to walk and

loss of sensation of the right side of the body. The patient received modern allopathic treatment for three months but got temporary relief. However, the rate of recovery was so slow that's why the patient approached Pt. Khushilal Sharma Government Ayurveda Institute, Bhopal for further management.

Clinical Findings

Asthavidh Pariksha

Nadi	<i>Vata-Pittaj</i>
Mala	<i>Niram</i>
Mutra	<i>Samyak</i>
Jivha	<i>Niram</i>
Shabdha	<i>Aspashta</i>
Sparsha	<i>Samsheetoshna</i>
Drik	<i>Vikrut</i>
Akriti	<i>Madhyam</i>

Physical Examination

- Blood pressure - 130/70 mmHg
- Pulse - 76 /min.
- Pallor - Absent
- Icterus - Absent
- Temperature - Afebrile

Radiological Findings

MRI - Non-haemorrhagic patchy acute infarct left centrum semi ovale and fronto-parietal lobe effacing sulci due to oedema.

Intervention

(a) Shaman Aushad

SN	Medicine	Dose	Duration
1.	<i>Aaragwadh Kashay</i>	20 ml BD	39 Days
2.	<i>Cap. Ksheerbala 101 Avarti</i>	1 BD	39 Days

3.	<i>Kaishor Guggulu</i>	2 BD	39 Days
4.	<i>Balarishta</i> <i>Ashwagandharista</i>	15 ml BD 15 ml BD with 30 ml of water	39 Days
5.	<i>Gandharvhashtadi Kwatha</i>	30 ml BD	39 Days
6.	<i>Giloy Churna</i> <i>Yashtimadhu Churna</i> <i>Vacha Churna</i>	3gm 3gm BD 1gm	For 4 days & on every 5 th day the dose of <i>Vacha Churna</i> was 1.5 gm. Total duration 39 days and at the time of discharge the dose of <i>Vacha Churna</i> was 500mg
8.	Rheumasyll Maxx Liniment	Local application	-

(b) Panchakarma

SN	Procedure	Drug Used	Date
1.	<i>Sarvang Mridu Abhyang</i>	<i>Ksheerbala Taila</i>	17/03/23 - 24/04/23
2.	<i>Sarvang Mridu Nadi Sweda</i>	<i>Dashmool Kwatha</i>	17/03/23 - 24/04/23
3.	<i>Nasya</i>	<i>Shadbindu Tail</i>	17/03/23 - 27/03/23 (8 drops) & 13/04/23 - 15/04/23 (6 drops)
4.	<i>Shiropichu</i>	<i>Ksheerbala Tail</i>	17/03/23 - 27/03/23 & 03/04/23 - 12/04/23
5.	<i>Shirodhara</i>	<i>Ksheerbala Taila</i>	28/03/23 - 31/03/23
6.	<i>Shirodhara</i>	<i>Jatamansi Kwatha</i>	13/04/23 - 24/04/23

7.	<i>Matra Basti</i>	<i>Ksheerbala Taila</i> - 60ml <i>Satpushpa</i> - 2gm <i>Saindhav</i> - 1gm	28/03/23 - 24/04/23
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(c) Physiotherapy

Along with *Shaman Aushad* and *Panchakarma* therapy, physiotherapy was also given to the patient which shows remarkable results.

Assessment Before and After Treatment

SN	Examination	BT		AT	
1.	Higher function test				
	Memory	Past memory – Normal		Past memory – Normal	
		Present memory- Lost		Present memory – Improved	
	Intelligence	Decreased		Improved	
	Concentration	Disturbed		Improved	
	Behaviour	Confused		Precise	
	Speech	Slurred		Improved	
	Consciousness	Conscious		Conscious	
	Orientation	Disturbed		Improved	
2.	2-point discrimination	Absent		Present	
3.	Cognition	Disturbed		Improved	
4.	Power				
	Biceps	Right	0	Right	3
		Left	3	Left	4
	Triceps	Right	0	Right	2
		Left	2	Left	4
5.	Babinski Sign	Right	Positive	Right	Negative

		Left	Negative	Left	Negative
6.	Reflexes				
	Knee jerk	Right	Absent	Right	↑
		Left	Present	Left	Present
	Ankle jerk	Right	Present	Right	Present
		Left	Present	Left	Present
	Biceps	Right	Absent	Right	↑
		Left	Present	Left	Present
	Triceps	Right	Absent	Right	↑
		Left	Present	Left	Present

*MRC Grading of Power

Grade 0: No power

Grade 1: Flicker of contraction only

Grade 2: Movement with gravity eliminated

Grade 3: Movements against gravity

Grade 4: Movements against gravity & some resistance

Grade 5: Normal power

DISCUSSION

Acharya Charak has described Pakshaghata in *Vata Nanatmaj Vyadhi*^[9] and Acharya Sushrut has mention in *Mahavatvyadhi*^[10] and also Acharya Charak & Sushrut has given treatment protocol of Pakshaghata^[11] which is *Snehana, Swedana, Mridu Virechana, Basti Karma, Murdhani Taila. Abhyanga* (local massage) is acting on the channels which are carrying muscle nutrients and waste products in it. It has the property to nourish the superficial and deep muscle tissue and make the joint strong. Skin is one of the sense organs and sites of *Vayu*. Thus, *Snehan* straight away treats the *Vata Dosha*.^[12] In present study *Ksheerbala Tail* is used for *Sarvang Mrudu Snehan* which has great *Vatahar* property. *Nadi Swedana* (sudation) removes the stiffness of the body parts, facilitates joint mobility, clearing the microchannels that increase the blood circulation, and

removes the blockage (excess *Vata & Kapha*) in-between the channels. *Nasya* with *Shadbindu Taila* stimulates the peripheral olfactory nerve and acts as chemoreceptors, which identifies the particles and stimulates olfactory bulbs, hypothalamus, and limbic systems. It also works on higher centers at the anterior & posterior pituitary gland and endocrine system as a whole and nervous system. It is also helpful to prevent the recurrence of signs and symptoms. *Matra Basti* was given with *Ksheerbala Taila* because it is *Vata-Pittashamak*. The drug *Bala (Sida cardifolia)* a well-known *Rasayana* drug, because of its *Pichila, Snigdha, Laghu* property and *Sheeta Virya* subsides *Vata* and *Pitta*. As a result of this nutrients/essence reach the *Dhatu*s transferring through the minute *Srotas*. Thus, it helps in subsiding *Vata* dominant in old age causing *Vayasthapan* enabling the essence to reach all *Dhatu*s.

CONCLUSION

In the treatment of *Pakshaghata*, *Sarvang Mridu Abhyang* and *Sarvang Mridu Vaspa Sweda, Nasya, Shirodhara, Shiropichu, Matra Basti* and *Shaman* (palliative) treatment play a vital role in relieving all signs and symptoms and associated complaints. Before treatment the patient was unable to stand, his right side of the body lost sensation and reflexes, but after taking treatment the patient was able to stand and took some steps with support and felt sensation and seen improvement in the reflexes. As this is a single case study, there is a need for a large number of patients in a randomized clinical trial to establish the effectiveness of the above treatment protocol in the management of *Pakshaghata*.

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