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Unveiling Holistic Healing: A comprehensive case study on the integrated management of *Avaranjanya Pakshaghata*

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ABSTRACT

Pakshaghata is a condition where exacerbated *Vata* disrupts the vessels governing bodily functions, leading to constriction of sinews and affecting either the right or left side of the body. This results in symptoms such as loss of movement, pain, and speech impairment. Specific triggers can aggravate *Vata,* causing dryness in the *Siras* and *Snayus*, leading to hemiplegia or paralysis of one side of the body. Manifestations of *Vata* disorders can vary, including individual *Vata* aggravation, associated *Vata* aggravation, accumulation in bodily tissues or waste, and obstruction. *Avarana*, a complex concept in Ayurveda, plays a significant role in these conditions. In a case study discussed here, involving a 40-year-old male patient exhibiting loss of movement in the right upper and lower limbs and aphasia, the diagnosis was *Kaphavrutta Udana Vyanjanita Pakkshaghata.* Initially managed in an intensive care unit during the acute phase, the patient subsequently underwent *Shamana* treatment before undergoing *Panchakarma* and *Vidhhakarma* therapies.

Key words: *Acute Ischemic Stroke, Pakshaghata, Integrated allied sciences, Avarana*

INTRODUCTION

Cerebrovascular diseases include some of the most common and devastating disorders: ischemic stroke and hemorrhagic stroke. Stroke is the second leading cause of death worldwide. The incidence of cerebrovascular diseases increases with age, and the number of strokes is projected to increase as the elderly population grows, but with current lifestyle trends it can be commonly seen in the younger population as in our subject. The clinical manifestations of stroke are highly variable because of the complex anatomy of the brain and its vasculature. Cerebral ischemia is caused by a reduction in blood flow that lasts longer than several seconds. In case of ischemic stroke loss of sensory and motor function on one side of the body nearly 85% of patients have hemiparesis change in vision, gait, or ability to speak or understand or a sudden, severe headache. When ischemic stroke occurs, the immediate goal is to optimize cerebral perfusion in the surrounding ischemic penumbra with the help of endovascular revascularization. Ischemic stroke from large-vessel intracranial occlusion results in high rates of mortality and morbidity. But in countries with poor socio-economic status and unawareness with acute stroke often do not seek medical assistance on their own in the window period which leads to irreparable damage to the motor functions. To overcome this limitation, an integrated approach with allied sciences is beneficial. The prevalence of stroke in our country ranges from 40-270 out of all cases 45% of stroke patients can live per 100000 population. On the basis of morbidity

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independently, 22% patients become dependent on others and 20% patients' needs admission in hospitals.[1]

In *Ayurveda* hemiplegia is correlated with *Pakshaghata* where the provoked *Vata* seizing the vessels controlling the function of the body and constricting the sinews, afflicts the right or the left half of the body. Producing loss of movement, pain and loss of speech. *Vata Prakopa* caused by specific causes provoked Vata causing dryness of the *Siras* and *Snayus.* Affection of *Karmendriyas* on one side of the body Arm and leg are affected.[2]

That condition is called hemiplegia or paralysis of one side of the body, where the morbid *Vata* seizing the vessels. controlling the function of the side of the body and constricting the sinuses, afflicts the right or the left half of the body producing loss of movement, pain and loss of speech. That condition is to be known as the lesion of one limb Monoplegia where a single foot or a single hand gets contracted and afflicted with aching and pricking pain. (And that condition is called the lesion of the whole body where the entire body is affected. (*Sarvang Roga*).[3]

Materials and Methods

The *Bruhattrayi*, modern medicine textbooks, journals and online database like Google Scholar, PubMed, etc. were reviewed for this purpose.

Methodology

Patient Introduction

A 40yrs male patient, delivery boy by occupation, presented in the emergency department with loss of movement of right side upper and lower limbs and aphasia. On examination his blood pressure was 210/140 mm of Hg pulse 100/min, MPG of 0/5 on the affected side, unconscious. Hence the patient was taken to ICU for further management. There he was given a loading dose and antihypertensive medication. After stabilizing the patient in the ICU, the patient was shifted to the general ward where the patient was given reference for *Ayurvedic* treatment.

Patient was K/C/O - HTN in the last 1 year, IHD. S/H/O- PTCA (2021), Previous medications- Tab. Stamlo 5mg, Tab. Aspirin 75mg (Patient was taking the medicine irregularly). On detailed history it was found that patient had *Hetu Sevana* of *Prajagara*, *Chinta*, *Shoka*, *Ati Pravasa* (excessive bike riding), *Akala*, *Paryushita*, *Mansahara Sevana*, Alcohol, outside eatables, for 2-3 years.

Patient was assessed on a daily basis on the following criteria like CNS examination, CVS examination, RS examination along with *Ayurvedic* parameters like *Trividha*, *Astavidha* and *Dashavidha Pariksha*.

O/E

Pulse - 100/min

BP - 210/140mmHg

SPO2 - 98%

RR - 22/min

T- Afebrile

S/E

CNS - Consciousness - fully conscious of time, place and person. Memory Intact

Behaviour friendly Orientation fully oriented to time, place and person.

Eye closure normal,

Motor system - Nutrition- no wasting, no hypertrophy, MPG of Right limbs were 1/5, Reflexes were exaggerated, sensation WNL, Deep sensation WNL,

Tone - hypotonic (affected side)

CVS - S1S2 normal

RS - AEBE, clear

P/A - soft, non-tender

Investigations: CBC, LFT, RFT, Sr. Electrolytes were within normal limits.

CT scan Of Brain- [Dated-03/Sep/2022]

1. This plain CT is remarkable for moderately sized areas in the left caudate nucleus and the left gangliocapsular regions.
2. Mild mass effects are noted on the ipsilateral ventricle.

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3. This likely suggests non-hemorrhagic infarcts in the left LSA and ACA territories.
4. These are no significance midline shift or hemorrhagic transformation.
5. Age related cerebellar and cerebral cortical atrophy.
6. There is no intracranial/extra cerebral hematoma.

MRI brain plain and MRI brain and neck in angiography- [Dated-05/Sep/2022]

Acute non hemorrhagic infarct in the left capsuloganglionic and corona radiata regions causing mass effect seen over the ipsilateral left lateral ventricle body and third ventricle with no midline shifts.

On admission in the ICU, the patient was given Tab. Ecosprin 300mg, tab. Clopitab 300mg, tab. Atorvastatin 80mg stat along with tab. Stamlo 5mg. Vitals monitoring was kept for the following 3 days where he was continued on the dual antiplatelet and antihypertensive therapy. After stabilizing he was shifted to the general ward for further management.

The *Samprapti Ghataka* involved were-

- *Dosha - Vata; Vyanvayu, udanavayu and Kapha*
- *Dushya - Rakta, Sira, Snayu, Kandara*
- *Strotovaigunya - Rasavaha Srotas*
- *Aama Samchiti +*
- *Agnimandya +*
- *Roga - Apatarpanjanya*
- *Vyadi - Svatantra Vyadhi*
- *Marmasandhigata Roga*

Vyadhivyavacheda

Kaphavrutta Vyana	***Kaphavrutta Udana***	***Pittavrutta Samana***	***Pranavrutta Samana***
Gurutasarvagatrana + *Sarvasandhiruja +* *Asthiruja*	*Vaivarnya* *Vakswargraha +* *Daurbalya*	*Atisweda +* *Daha* *Murcha*	*Jada, Gadagada Mukata*
Gatisanga+	*Gurugatra +* *Aruchi*	*Aruchi* *Agnimandya*	

Vyadinidana

The patient was diagnosed to be a case of ***Kaphavrutta Udana Vyanjanita Pakshaghata.***

Timeline Frame:

Day	***Shaman Chikitsa***	***Shodhan Chikitsa (Panchakarma)***	Other	Comments
4th	*Yavanyadi Choorna* 2gm with *Ardrak Swaras + Madha TDS* *Dashamoolarishta* 40 ml + 80 ml water TDS *Jivhapradeshi Pratisaran - Vacha Choorna BD*	*Nasya* *Vacha Tailam 8 drops* *Pradhaman Nasya (Purva)* *Udara Pradesh -* *Arka Patra Bandhan + Eranda Sneha* *Nabhipuran - Aradrak Swaras BD*		
	Vaidya Patankar Kadha 20 ml BD *Pathyakshi Dhatri Kashay 20ml BD*	*Nasya -* *Vacha Tailam 8 drops* *Pradhaman Nasya (Purva)* *Udara Pradeshi -* *Arka Patra Bandhan + Eranda Sneha* *Nabhipuran - Aradrak Swaras BD*	*Viddha Karma* Daily Physiotherapy	
20th	*Makardhwaj* 1 tab	*Sarvang Abhyanga-*	*Vidhha Karma 3/Week*	*Niram Avastha*

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	with *Ashwagandharishta* 20ml + 40ml TDS *Vicharana Sneha - Saraswat Ghrita* (BB) OD with *Peya*	*Dhanvantar Tail* *Sthanik Pinda Sweda-* *Devdar + Ashwagandha* *Anuvasan Basti -* *Vajigandhadhi Tail* 180ml *Avagaha Sweda - Shatavaryadi Kashayam* *Nasya BD* *Anu Tailam*		hence *Bruhana*
60th	*Raupyasindur* 5mg *Vidari* 1gm *Sitopaladi* 2gm with *Vidarayadi Kashay* 20ml + 40ml water (TDS) *Gandharva Hastyadi Eranda Sneha* 20ml HS	*Sarvang Abhyanga -* *Dhanvantar Tail* *Sthanik Pinda Sweda -* *Devdar + Ashwagandha* *Nasya BD* *Anu Tailam*	*Vidhha Karma 3/Week*	

OBSERVATION

A) Scandinavian Stroke Scale[23]

SN	Scandinavian score	Range of score	Before treatment	After treatment
1.	Consciousness	6-2	4	6
2.	Eye movement	4-0	4	4
3.	Arm motor power (Right)	6-0	0	5
4.	Hand motor power (Right)	6-0	0	4
5.	Leg motor power	6-0	0	5
6.	Orientation	6-0	6	6
7.	Speech	10-0	0	10
8.	Facial palsy	2-0	2	2
9.	Gait	12-0	0	12
		Total	**16**	**53**

B) Hamiltons Score[24]

SN	Hamilton score	Range of score	Before Treatment	After Treatment
1.	Depressed mood	0 to 4	4	1
2.	Feelings of guilt	0 to 4	4	1
3.	Suicide	0 to 4	1	0
4.	Initial insomnia	0 to 2	1	0
5.	Insomnia during the night	0 to 2	0	0
6.	Delayed insomnia	0 to 2	0	0
7.	Work & interests	0 to 4	4	0
8.	Retardation	0 to 4	4	0
9.	Agitation	0 to 4	3	0
10.	Psychiatric anxiety	0 to 4	3	0
11.	Somatic anxiety	0 to 4	2	0
12.	Gastrointestinal somatic symptoms	0 to 2	2	0
13.	General somatic symptoms	0 to 2	1	0
14.	Genital symptoms	0 to 2	1	0
15.	Hypochondriasis	0 to 4	3	0
16.	Weight loss	0 to 2	0	2
17.	Insight	0 to 2	0	1
		Total	**35**	**3**

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C) *Samanya Parikshana*

SN	Criteria	Before	After
1.	*Nadi*	*Kapha Vrutta Uadanavaya*	*Vata Pradhan*
2.	*Udar*	*Gaurav*	*Mardava, Laghava*
3.	*Sparsha*	*Ushna*	*Anushna*
4.	*Mala*	*Malasanga, Aama*	*Samyaka*
5.	*Gait*	*Ataxia*	*Haemiplegic Gait*
6.	*Gatra*	*Mlana*	*Amlana*
7.	*Bala*	*Heena*	*Madhyama*
8.	*Varna*	*Nisteja, Krushnavarniya*	*Varna Prasadan, Tejavana*

DISCUSSION

A number of medical and surgical interventions, as well as lifestyle modifications, are available for preventing stroke. Some of these can be widely applied because of their low cost and minimal risk but may be valuable for selected high-risk patients. Identification and control of modifiable risk factors, and especially hypertension, is the best strategy to reduce the burden of stroke, and the total number of strokes could be reduced substantially by these means.

Such symptom complexes can also be diagnosed as *Avarana Vyadhi* instead of plain *Pakshaghata.* As seen in this case it can be concluded that pathophysiology of *Pakshaghata* can also be induced by *Avarana* as the primary cause of the disease. Hence when a specific treatment is given, results found are more profound.

Study reveals that, while treating an *Avarana* modality, not only the dominant *Dosha* (*Avaraka)* is taken in consideration but also the secondary cause (*Avrutta Dosha*). Meaning, in treating *Kaphavrutta Udana-Vyana* leading disease of *Udana* and *Vyana Vata Dosha* vitiation are taken into account.

CONCLUSION

This case study demonstrates the successful management of a case of *Avarana-Janya Pakshaghata (*Acute Ischemic Stroke) by integrated approach with Allopathy protocols & *Ayurveda* principles. There was significant improvement in Hamilton D scale, Scandinavian Stroke Scale, muscle nourishment, power and reflexes, difficulty in walking without support, slurred speech, and weakness with increased quality of life. Hence, it proves that treatment with *Ayurveda* principles including *Panchakarma* therapies along with allopathy protocols have a safe and efficient role in managing hemiplegia (*Pakshaghata*). Due to the uncommon nature of the presentation of the disease, significant recovery and improvement in the quality of life over the span of time in this case was believed to be value documenting.

Informed Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal.

The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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