



ISSN 2456-3110

Vol 9 · Issue 3

March 2024

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Role of Ayurvedic management in *Pakshaghata* (Hemiplegia): A Case Report

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ABSTRACT

Hemiplegia is a condition with gradual weakness or loss of functions on either half of the body. The injury to the motor centers of the brain either due to ischemia or hemorrhage, can cause poor balance, speech deficits and loss of function. The prevalence rate of hemiplegia is 9 cases per 1000 in global population.^[1] In *Ayurveda*, this condition can be compared to *Pakshaghata* due to similarity in clinical signs and symptoms being. According to *Acharya Charaka Pakshaghata* is a *Vatavyadhi*, where vitiated *Vata Dosha* is involved in its pathogenesis. Since *Pakshaghata* is *Nanatatmaja Vaat Vyadhi* hence use of oral ayurvedic drugs along with *Panchakarma* therapeutics is recommended.

Key words: *Pakshaghata, Vata Vyadhi, Hemiplegia.*

INTRODUCTION

Hemiplegia is a condition with gradual weakness or loss of functions on either half of the body. (Hemiplegia is a Greek word hemi - half and plagia - loss of function. Stroke is considered the foremost cause of neural disabilities which may be hemorrhagic or due to infarctions.^[2] The aggravated *Vaat Dosha* results in *Karmhani* of either side of the body, resulting in immobility or loss of power of the affected half. According to WHO data published in May 2014 stroke death in India has reached 881,702 or 9.94% of total deaths. The prevalence of stroke in India is approximately 200 per 100 000 persons.^[3] Stroke in

Ayurveda can be correlated with *Pakshaghata*. *Pakshaghata* is a type of *Vaat Vyadhi* of the *Nanatmaja* variety which manifests either due to *Dhatukshay* or *Margavarna*. Considering all *Samprapti Ghataka*, *Acharyas* have advised different *Shodhana* and *Shamana Chikitsa* i.e., *Snehana, Swedana, Virechana, Basti, Nasya* in its treatment. In the present case patient was having *Dakshin- Paksha* (Right) *Chesta Hani* (Loss of functions), *Vaka Stambha* (speech difficulty) and *Ruja* (Pain).^[5,6]

CASE REPORT

Patient was asymptomatic before 10/03/2023. While sleeping in night he started experiencing numbness over the right half of the body including extremities, headache and reduced strength over right hand and leg. On next morning he suddenly started experiencing slurring of speech. He was admitted to nearby allopathic hospital. He took treatment there for 15 days with no or mild improvement. Then he came to OPD of PTKLS Govt Ayurveda hospital Bhopal for ayurvedic treatment. After going through the history, the patient was diagnosed as a case of *Pakshaghata*.

Chief complaints

A 50 years old male patient was clinically diagnosed as a case of hemiplegia presented with the following chief complaints -

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Submission Date: 14/01/2024 Accepted Date: 23/02/2024

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.9.3.32

- Complete loss of function of right upper and lower extremities
- Numbness in the above said area
- Vaka- *Aspashtata* (Slurred speech)
- Shirahshoola* (Headache)
- Daurbalya* (severe weakness)

Past History - Hypertension-2yrs

Family History - NA

Radiologic Report

CT Brain Plain [15-03-2023] Hyperdense area of hemorrhage is seen in left basal ganglia measuring 19×16 mm. Mass effect is seen in the form of effacement of left ventricle. Chronic lacunar infract is seen in right basal ganglia. Diffuse symmetric per ventricular hypodensity is seen-leukoaraiosis.

On examination - Patient was conscious, well oriented to time -place and person, Recent and remote memory-intact.

Ashtavidha Pariksha/Samanya Pariksha:^[7]

Nadi (pulse)	78/min
Mala (stool)	Vibandha
Mutra (urine)	Samyak
Jivha (tongue)	Sama
Netra (eyes)	Shwetabh Pitta
Sparsh (skin)	Ruksha
Akriti	Madhyam
Bala	Avara

Systemic Examination

Raktachaap (B.P.)	130/70 mm of Hg
Gait/Decubitus	Patient was unable to walk
R.S.	Normal
C.V.S.	Normal

G.I.T.	Constipated
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Neurological Examination

Sensory System

a.	Pain: Present on bilateral extremities
b.	Touch: Present on bilateral extremities
c.	Temperature: Present on bilateral extremities

Motor System

	Right upper limb	Right upper limb	Right lower limb	Right lower limb
	Before Treatment	After Treatment	Before Treatment	After Treatment
Tone	Hypotonia ⁺⁺ +	Hypotonia ⁺	Hypotonia ⁺⁺ +	Normal
Power	2	4	2	4
Reflexes	Biceps: +1	Biceps: +2	Knee: +3	Knee: exaggerated
	Triceps: +1	Triceps: +2	Ankle: +3	Ankle: exaggerated
	Supinator: +1	Supinator: +2	Plantar: extensor (Babinskis sign +ve)	Plantar: extensor (Babinskis sign -ve)

Treatment Regimen

Date	Panchakarma	Shamana Aushadhi
28-11-23 to 04-12-23	Shiro Pichu - Bala Tail Sarwang Abhayanga Swedana with Vatashamak Tail	Yograj Guggulu 1 bd Ashwgandha Churn 5gm bd Lakshadi Guggulu 1 bd Rashnaspatak Kwath 10 ml bd
05-12-23 to 19-12-23	Nasya with Anu Tail 6-6 drops each nostril	Yograj Guggulu 1 bd Ashwgandha Churna 5gm bd

	Sarwang Abhayanga Swedana with Vatashamak Tail	Lakshadi Guggulu 1 bd Rashnaspatak Kwath 10 ml bd
20-12-23 to 09-01-24	Matra Basti - Bala Tail 40 ml Sarvang Patra Pinda Swedana	Rasraj Ras 125mg 1bd Yograj Guggul 1BD

Assessment of the patient after total treatment of 45 days

- Difficulty in walking improved now patient can walk without support for at least 15 to 20 min.
- Weakness of the right upper extremity reduced.
- No pain in the upper and lower limb.
- Improvement in speech difficulty.

DISCUSSION

A stroke is defined as the sudden death of brain cells that occurs due to a blockage of blood flow or a rupture of an artery to the brain. In Ayurveda it is correlated with *Pakshaghata*. *Pakshaghata* is *Vaat Vyadhi* where impairment of *Vata Dosha* is seen. *Panchakarma* is an important aspect of managing *Pakshaghata* in *Ayurveda*.

Abyanga - Sira Snayu Sonkochana mainly occurs in *Pakshaghata* hence *Snehana* is very essential for the condition. *Abyanga* helps in nourishing and strengthening the muscle power of upper and lower extremities. *Swedana* is the procedure that relieves *Stambha Guarav, Sheeta* which induce *Sweda* (sweating). *Swedana* has the ability to provide pain relief to patients who complain pain in the affected part.^[8]

Nasya, is an important therapy in *Shirorogas*. Nose has been explained as the entrance for *Shiras*.^[9] *Pakshaghata* is primarily a *Vaat* disorder. Therefore the treatment should mainly focus on *Balya* and *Brihana* drugs which alleviate *Vaat*, hence *Nasya Karma* with *Ksheerballa Tail* is used.

Nasya Karma has a definitive impact on central neurovascular system and likely lowers the blood brain

barrier to enable certain drug absorption in the brain tissue.^[17] It is believed that the certain drugs administered through nose may have an impact on immediate psychological functions by acting limbic system through olfactory nerves.^[17]

Matra Basti is a type of *Sneha Basti*. This therapy is indicated in all age group. It is very unique therapeutic procedure having preventive, curative as well as promotive aspect. It is used in all types of *Vaat Vyadhis*.^[10] The drugs in *Bala Taila* as per *Charak* are '*Marutaghana*'. *Taila* is mentioned to reduce *Vata* without increasing *Kapha*. Administration of *Basti* in such patients promotes *Bala* and *Varna*. *Sneha* by its *Singdha, Guru* and *Ushana Guna* counteracts the *Ruksha, Laghu* and *Sheeta Guna* of *Vayu* respectively. Thus, *Brihana Karma* occurs by use of this type of *Basti*. Also, there is no other therapy better than *Basti*, which is useful for patients suffering from *Vaat Vikar*.

Yograj Guggulu^[14] - mainly the drugs having property like *Tikta, Kashaya, Katu Ras* and *Ushna, Ruksha Guna, Ushna Vriya* act as *Kaphavatahar* and *Yograj Guggulu* also act as *Vedana Stapak, Nadi Balya, Shulshamak, Shotohara* which is most essential in promoting symptomatic relief in *Vaat Vyadhi*.

Lakshadi Guggulu^[14] works as an anti-inflammatory, analgesic which can reduce the symptoms of *Pkashaghat*.

Rasraj Rasa - it works on all three *Dosha* specially *Vata*. It has the ability to be both a nervine and cardiac tonic. In the case of stroke, it strengthens nerve muscles and aids in the restoration of nerve and blood vessel functions.^[18]

Aswagandha Churna - It is used for various kinds of disease processes and as specially as a nervine tonic.^[18]

Rashnaspatak Kwath - Maximum ingredients of *Rashnaspatak Kwath* have *Vaatkaphahar* property which reduces symptoms of *Pakshaghata*.^[16]

CONCLUSION

Ayurveda is believed to offer beneficial effects particularly in neuromuscular disorders. *Pakshaghata* being a *Vaat Nanatmaja Vayadhi* belongs to this

category thus treatment modality consisting of oral Ayurvedic formulation along with *Panchakarma* administration is considered to be having significant impact on the overall wellbeing of the suffer.

Recommendation

Since the current case study was confined to a single case of *Pakshaghata* a large sample size may be selected to assess the efficacy of the above-mentioned treatment regimen.

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How to cite this article: Shrikant Lodhi, Ratnesh Kumar Shukla, Vivek Sharma, Shraddha Sharma. Role of Ayurvedic management in Pakshaghata (Hemiplegia): A Case Report. J Ayurveda Integr Med Sci 2024;3:204-207. <http://dx.doi.org/10.21760/jaims.9.3.32>

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