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. 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 Nanatmaja 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. The aggravated Vat Dosha results in Karmhany 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. Stroke in

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**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*. Patient was having Dakshin Paksha (Right) Chesta Hani (Loss of functions), Vaka Stambha (speech difficulty) and Ruja (Pain).

**Chief complaints**

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

<table>
<thead>
<tr>
<th>Nadi (pulse)</th>
<th>78/min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mala (stool)</td>
<td>Vibandha</td>
</tr>
<tr>
<td>Mutra (urine)</td>
<td>Samyak</td>
</tr>
<tr>
<td>Jivha (tongue)</td>
<td>Sama</td>
</tr>
<tr>
<td>Netra (eyes)</td>
<td>Shwetabh Pitta</td>
</tr>
<tr>
<td>Sparsh (skin)</td>
<td>Ruksha</td>
</tr>
<tr>
<td>Akriti</td>
<td>Madhyam</td>
</tr>
<tr>
<td>Bala</td>
<td>Avara</td>
</tr>
</tbody>
</table>

Systemic Examination

<table>
<thead>
<tr>
<th>Raktachaap (B.P.)</th>
<th>130/70 mm of Hg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gait/Decubitus</td>
<td>Patient was unable to walk</td>
</tr>
<tr>
<td>R.S.</td>
<td>Normal</td>
</tr>
<tr>
<td>C.V.S.</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Neurological Examination

Sensory System

a. Pain: Present on bilateral extremities

b. Touch: Present on bilateral extremities

c. Temperature: Present on bilateral extremities

Motor System

<table>
<thead>
<tr>
<th></th>
<th>Right upper limb</th>
<th>Right upper limb</th>
<th>Right lower limb</th>
<th>Right lower limb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tone</td>
<td>Hypotonia&quot;+&quot;</td>
<td>Hypotonia&quot;+&quot;</td>
<td>Hypotonia&quot;+&quot;</td>
<td>Normal</td>
</tr>
<tr>
<td>Power</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Reflexes</td>
<td>Biceps: +1</td>
<td>Biceps: +2</td>
<td>Knee: +3</td>
<td>Knee: exaggerated</td>
</tr>
<tr>
<td></td>
<td>Triceps: +1</td>
<td>Triceps: +2</td>
<td>Ankle: +3</td>
<td>Ankle: exaggerated</td>
</tr>
<tr>
<td></td>
<td>Supinator: +1</td>
<td>Supinator: +2</td>
<td>Plantar: extensor (Babinski sign +ve)</td>
<td>Plantar: extensor (Babinski sign -ve)</td>
</tr>
</tbody>
</table>

Treatment Regimen

<table>
<thead>
<tr>
<th>Date</th>
<th>Panchakarma</th>
<th>Shamana Aushadhi</th>
</tr>
</thead>
<tbody>
<tr>
<td>28-11-23 to 04-12-23</td>
<td>Shiro Pichu - Bala Tail Sarwng Abhayanga Swedana with Vatashamak Tail</td>
<td>Yograj Guggulu 1 bd Ashwgandha Churn 5gm bd Lakshadi Guggulu 1 bd Rashnaspatak Kwath 10 ml bd</td>
</tr>
<tr>
<td>05-12-23 to 19-12-23</td>
<td>Nasya with Anu Tail 6-6 drops each nostril</td>
<td>Yograj Guggulu 1 bd Ashwgandha Churna 5gm bd</td>
</tr>
</tbody>
</table>
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CASE REPORT

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<table>
<thead>
<tr>
<th>Sarvang Abhayanga Swedana with Vatashamak Tail</th>
<th>Lakshadi Guggulu 1 bd Rashnaspatak Kwath 10 ml bd</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-12-23 to 09-01-24 Matra Basti - Bala Tail 40 ml Sarvang Patra Pinda Swedana Rasraj Ras 125mg 1bd Yograj Guggulu 1BD</td>
<td></td>
</tr>
</tbody>
</table>

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 Snyau 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.

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

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. The drugs in Bala Tail 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 Gunas counteracts the Ruksha, Laghu and Sheeta Gunas 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 Vaataj Vikar.

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

Lakshadi Guggulu works as an anti-inflammatory, analgesic which can reduce the symptoms of Pakshaghat.

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

Aswagandha Churna - It is used for various kinds of disease processes and as specially as a nerve tonic.

Rashnaspatak Kwath - Maximum ingredients of Rashnaspatak Kwath have Vaatkaphahar property which reduces symptoms of Pakshaghata.

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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