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# A Case Study on *Pakshaghata* - A Successful Story

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## ABSTRACT

*Pakshaghata* (hemiplegia) is a condition that affects half side of the body. *Vata Dosha* regulates all the functions of the body. *Vata Prakopa* acts as a main cause for *Pakshaghata*. *Vata Prakopa* happens due to *Margavarodha* and *Dhatukshaya*. According to the contemporary science, all the sensory and motor activities are controlled by the brain. Cerebrovascular accidents are mainly responsible for loss of function in the body and due to its similarity, it can be correlated to *Pakshaghata* as explained in *Ayurveda*. *Pakshaghata* can be treated in *Ayurveda*, with *Panchakarma* procedures like *Mridu Samshodhana* and *Basti*. In the present case, the patient presented with the weakness in the right side of the body. Patient was bed ridden and treated with *Panchakarma* therapy for 4 months with *Udwartana*, *Basti*, *Nasya*, *Abhayanga*. After treatment patient was able to walk without any support and other complaints got relived by 80%.

**Key words:** *Pakshaghata*, *Vata Vyadhi*, *hemiplegia*, *Udwartana*, *Basti*.

## INTRODUCTION

*Pakshaghata* is one among the *Vataja Nanatmaja Vyadhi*,<sup>[1]</sup> where *Sira* and *Snayu* get *Vishoshana*<sup>[2]</sup> by the *Vata Dosha*. *Paksha* denotes half of the body. *Aghata* is loss of voluntary muscle functions. *Pakshaghata* is *Akarmanya Vata Vyadhi*. *Acharya Charaka* explains that it is mainly produced due to *Dhatukshaya* and *Margavarodhajanya Vata Prakopa*, where *Avarana* of *Vata Dosha* by other *Dosha* and *Dhatu* takes place and leads to *Karma Kshaya* of half of the body associate along with *Gouravata*. *Acharya*

*Vagbhata* describes this phenomenon as *Sira Snayu Vishoshana* in one side of the body leads to *Sandi Bandha*<sup>[3]</sup> *Vimokshana*, *Hasta Pada Sankocha* and *Vaak Sanga*. If the patient presents with the symptoms of *Achetana*, that is, numbness he may become bed ridden and ultimately attain to death. According to *Acharya Sushruta* the *Kevala Vata* is *Krichra Sadhya*,<sup>[4]</sup> *Vata* with other *Dosha-Anubandha* is *Sadhya*. When *Dhatukshaya* leads to *Pakshaghata* it is *Asadhya*. *Chikitsa-Sutra* of *Pakshaghata* includes *Virechana*, *Basti*, *Nasya*, *Mrudusamshodana* and *Bahirparimarjana Chikitsa* like *Abhayanga*, *Ksheeradhooma* and *Shirodhara*.

Hemiplegia<sup>[5]</sup> is most common manifestation of the stroke, which is one among the leading cause of death and disability in India. Hemiplegia is a paralysis that affects one side of the body. It's often diagnosed as either the right or left hemiplegia, depending on which side of the body is affected. According to the National Stroke Association, as many as "9 out of 10 stroke survivors have some degree of paralysis immediately following a stroke". Hemiplegia is caused by an injury to the parts of the brain that control movement, resulting in the inability to control the voluntary

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movement of a muscle or a group of muscles. It's often accompanied by these Muscle spasticity (weakness in the muscles), Muscle atrophy (loss of muscle strength) and pain. Subacute infarcts in the left basal ganglia, Right frontal and left fronto - parietal regions lead to Occlusion in the middle cerebral artery. Obesity, RHD (Rheumatoid heart disease) is leading cause of the stroke. Hemiplegia, Dysarthria are the usual clinical manifestations. Vitals should be managed first followed by symptomatic treatment.

### CASE STUDY

The present case study deals with 48-year-old female patient presented with the complaints of weakness in the right side of the body associated with difficulty in speech and locomotion, generalized weakness and constipation in the past 1 week.

#### History of present illness

Patient was apparently normal 1 week ago. One evening she suddenly fell to the ground and had frothing in the mouth, loss of conscious, not oriented to time and place. Inability to move right upper limb and lower limb and difficulty in speech. She was treated conservatively at modern hospital after getting discharge from there she got admitted in Ayurvedic hospital.

#### History of past illness

Patient was Known case of type 2 DM, HTN and RHD on treatment with Allopathy medicine. She underwent percutaneous ballon mitral valvuloplasty. History of paralysis attack 2 times. Patient is on regular medication. No history of any food allergy.

#### Drug history: Allopathic medications

Tab. Atorva 20 mg (1-0-1)

Tab. Aten 25 (0-0-1) after food

Tab. Deplatt 75 (1-0-0)

#### Vital examination

Temperature	Afebrile
Pulse rate	90/m

Blood pressure	140/80 mmHg
Respiratory system	B/L clear
CVS	S1, S2 normal

#### Central nervous system

Consciousness, oriented - conscious to time, place, person

#### Dasha Vidha Pareeksha

Dosha	Vata Pradhana Tridosha
Dushya	Rakta, Mamsa, Meda, Snayu, Sira
Prakruti	Kapha-Vata
Desha	Janghala
Kala	Sharata
Bala	Madyama
Sara	Avara
Samhanana	Avara
Pramana	Avara
Satmya	Vyamishra
Satwa	Avara
Ahara Shakti	Madyama
Vaya	Madhyama

#### O/E

Eye closure normal, blowing normal, whistling not present.

Gait: She is unable to walk.

#### Motor system

**Table 1: Muscle power (Before Treatment)**

	Right	Left
Upper limb	0/5	5/5
Lower limb	1/5	3/5

Table 2: Muscle tone (Before Treatment)

	Right	Left
Upper limb	Rigidity	Normal
Lower limb	Rigidity	Normal

Table 3: Reflexes

	Right	Left
Biceps	Exaggerated	N
Triceps	Exaggerated	N
Brachioradial	Exaggerated	N
Knee	Exaggerated	N
Achilli's tendon	Exaggerated	N
Plantar	Absent + ve Babinski sign	N

### MRI - Brain Screening

Subacute infarcts in the left basal ganglia, Right frontal and left fronto-Parietal regions.

Old infarcts in the left middle cerebral artery territory.

Small old infarcts in the right cerebellar hemisphere.

No evidence of intracranial space occupying lesion.

### MATERIALS AND METHODS

Date	Procedure	Aoushada	Days	Observation
15/08/23 to 30/08/23	Sarvanga Udwartana	Kolakulathha di Churna	10 days	Slight bluish discoloration on the rt. thigh region
31/08/23 to 29/9/23	Sarvanga Abhyanga f/b Ksheeradhoo ma	Kayatirumeni Taila + Prabanjana Vimardana Taila	24 days	Slight movement of the rt. side of body, reddish rashes
1/10/23	Virechana	Nimba Amruta Eranda Taila	1 day 20 ml with Ksheera morning	4 Vegas
6/10/23 to 28/10/23	Kukkutanda Swedana f/b	Bala Moola Churna + Ksheera	20 days	Able to lift right upper extremities

	Ksheeradhoo ma			
22/10/23 to 28/10/23	Matra Basti	Mahamasha Taila	7 days	Able to lift right upper extremities
30/10/23 to 10/11/23	Karma Basti	Manjishtadi Kwath, Rasna Saptak Kwath	Niruha Basti - 12	Able to walk without support 2 steps
30/11/23	Karma Basti	Karpasaasthyadi Taila and Ketaki Mooladi Taila	Anuvasana Basti - 18	Able to walk without support 2 steps

### Manjishtadi Kwath Niruha Basti<sup>[6]</sup>

- Saindava Lavana - 5 gm
- Madhu - 30 ml
- Kalka - Ashwagandha Kalka - 15 gm
- Taila - Ketaki Muladi Taila - 30 ml
- Kashaya - Rasna Saptaka Kwath - 80 ml, Manjishtadi Kwath - 80 ml
- Jala - 250 ml
- Total - 500 ml

### Shamana Aushadhi

- Tab. Brihat Vata Chintamani with gold 0-1-0 after food
- Tab. Yogaraj Guggulu 1-0-1 after food
- Shephalika Patra Kashaya 2tsf -0- 2tsf before food
- Unmada Gajakesari Rasa 1-0-0 before food
- Tab. Ekanga Veera Rasa 1-0-1 after food
- Kalyanaka Avaleha Churna with Nimbu Swarasa and Madhu

All the above medicines were given for the period of 3 months

And continue Allopathic medications

Tab. Atorva 20 mg (1-0-1)

Tab. Aten 25 (0-0-1) after food

Tab. deplatt 75 (1-0-0)

**Table 4: Muscle power (after treatment)**

	Right	Left
Upper limb	4/5	5/5
Lower limb	5/5	4/5

**Table 5: Muscle tone (after treatment)**

	Right	Left
Upper limb	Normal	Normal
Lower limb	Normal	Normal

**Gait:** During treatment she developed circumduction gait, after treatment attained normal gait.

#### Anthropometry before and after treatment

Site	Before Treatment	After Treatment
<b>Right upper limb</b>		
Mid arm	37 cm	37 cm
Mid forearm	27cm	25 cm
<b>Right Lower limb</b>		
Mid-thigh	65 cm	64 cm
Mid foreleg	36 cm	34 cm
<b>Left Upper limb</b>		
Mid arm	36 cm	36 cm
Mid forearm	27.1/2 cm	25.5 cm
<b>Left Lower limb</b>		
Mid-thigh	56 cm	60 cm
Mid foreleg	36 cm	35.5 cm

#### DISCUSSION

Ayurvedic management of *Pakshaghata* includes *Snehana*, *Swedana*, *Snigdha Virechana*, *Vatasya Upakrama* and *Vyayama*. *Acharya Charaka* mentions *Udvartana* for *Medoroga* in *Sutrasthana*. *Acharya Sushruta* and *Acharya Vagbhata* also describes about *Udvartana* that it dissolves *Kapha* and *Meda*.

*Udvartana* is indicated in *Vataja* and *Kaphaja* disorders, as it does '*Kaphavilayana*' and '*Srotoshodhana*' and also helps to dissolve the vitiated *Meda Dhatu* and promotes *Agni*. *Udvartana* is generally administered in *Gauravata* (heaviness of body), *Shula* (pain all over body) and *Aamaja* conditions. *Kolakulathadi Churna* contains *Kola*, *Kulattha*, *Suradaru*, *Rasna*, *Masha*, *Atasi*, *Kustha*, *Vacha*, *Shatavha*, *Yava Churna* which all are *Medohara*.

*Sira Snayu Vishoshana* mainly occurs in *Pakshaghata* hence *Snehana* is very essential for such condition. *Abhyanga*<sup>[7]</sup> helps in nourishing and strengthening the muscles of upper limb and lower limb. Therapeutically, *Abhyanga* also acts on vitiated *Vata Dosha*, it also nourishes the *Dhatu* of the body. *Kayatirumeni Enna* contains *Tila Taila*, *Tambula* (*Piper beetle*), *Nimbuka* (*Citrus limon*), *Bala* (*Sida retusa*), *Kalonji* (*Nigella sativa*), *Swarna Patri* (*Cassia angutifolia*), all are *Kapha*, *Vata Hara*, *Shoolagna* property. *Prabhanjana Vimardana Taila* contains *Tila Taila*, *Ksheera Bala*, *Shatavari*, *Eranda*, *Vajigandha*, *Bilva*, *Syonaka*, *Patala* which acts as *Vatahara* and *Shula-Hara*. *Abhyanga* allows free movement of toxins through the skin, makes skin soft, reduces spasticity, rigidity of joints and muscles, giving it a soothing effect and relieves pain.

*Ksheeradhooma*<sup>[8]</sup>: *Ksheera* and *Balachurna* are used in the procedure. *Rukshata* will decrease by *Snigdha Guna*, *Sthanika Srotovivarana* decreases by *Ushna Guna* and, *Mridutva* and *Balya* effects are accomplished by steam of a mixture of *Ksheera* and *Balamoola Kwatha*. *Ksheera Dhuma* with milk decoction vapours causes the body part to sweat, which opens the pores. This aids in the relief of inflammation and stiffness in the afflicted areas. *Ksheera Dhooma* is a *Snigdha* variant of *Nadi Sweda*.

The *Kukkutanda* in itself has *Brumhana* and *Snigdha Guna* which further assists in the process of *Snehana*. These *Guna* are opposite to the vitiated *Vata Dosha* and hence improve the strength of the fibrous tissue and, increase movement and flexibility of the joints by relieving the pain and stiffness caused mainly due to *Vata Dosha*. The *Snehana* action also strengthens the nerves through *Balya Karma* and relieves nerve compression by providing *Snigdhatata* (lubrication).

*Virechana*<sup>[9]</sup>- *Virechana* is the procedure which expels out the *Doshas* through *Adhomarga* i.e., *Guda*. This *Karma* mainly aims to eliminate *Pitta Dosh*. In *Pakshaghata*, *Samprapti* presents through *Sira*, *Kandhara Shoshana*. They are *Upadhatu* of *Rakta*. *Pitta* is *Mala* of *Rakta*, hence *Virechana* is useful. After *Virechana* therapy, purification of body channels takes place along with clarity of the sense organs, lightness of the body, increase in energy, promoting the power of digestion and metabolism and expulsion of faeces. *Acharya Charaka* has the view that the physician should use *Mridu Virechana* drugs in weak patients having more *Doshas* because repeated elimination of *Doshas* in small quantity will give good prognosis in the disease. The patient who has not taken *Virechana* drugs in past and whose *Koshta* is unknown, in such patients *Acharya Sushruta* has recommended the use of *Mridu Virechana* drugs in the beginning and after knowing the *Koshta*, the required drug may be prescribed. As per *Acharya Vagbhata*, *Nimbaamritadi Eranda Taila Nitya Virechana* is one among the line of treatment advocated to treat *Kupitavata* and *Sanchita Mala*.

There is involvement of *Suddha Vata Prakopa*, *Anyadasha Samshrista Vata Prakopa* and *Dhatu-Kshaya-Janya Vata Prakopa* in *Pakshaghata*. As per contemporary medical science, any stroke or shock associated with ischemia and haemorrhage resulting in the destruction of brain tissue and disturbed blood supply. Thus, with the help of *Virechana Karma*, vitiated doshas can be expelled out from the body which helps in maintenance of the equilibrium of the body and reduce the symptoms of the disease.

*Nasya*<sup>[10]</sup> is potent *Vata Shamaka* procedure as it directly acts on the *Urdhava Jatrugata Vikara*. *Shira Pradesha* is the main *Adhishthana* of *Indriya* and, *Nasa* is considered way to reach it. Drug administered through *Nasa*, goes to *Shiras* and causes *Dosha Nirharana* and *Vata Shamana* simultaneously. *Karpasasthyadi Taila* contains *Karpasa Asthi* which acts as *Vata-Kaphahara* and *Bruhmana*. It is a formulation mentioned in *Sahasrayoga* and is indicated in the form of *Nasya* in *Pakshaghata* and *Ardita* like conditions.

Due to diet and lifestyle of the present era, *Rakta* (blood) gets vitiated and which in turn does the *Avarana* (covering) of *Vata*. *Vata Prakopa* (aggravation) takes place and it gets localized in different parts of the body manifesting the signs and symptoms of aggravated *Vata* like *Toda*, *Pani-Pada Karmakshaya*, *Achetana* like *Lakshanas*. *Manjishtadi Niruha Basti*, In *Niruha Basti*, *Madhu* possesses *Yogavahi* and *Sukshma Marga Anusarita Guna*, functions as a catalyst, penetrating the *Sukshma Srotas*. The *Laghu* and *Tridosha Shamaka Gunas* were introduced through the *Saindhava Lavana*. The *Snigdha Guna* of *Sneha Dravya* (*Ketaki Muladi Taila*, *Karpasa Asthyadi Taila*) combats the *Ruksha* and *Laghu Gunas* of *Vata*, resulting in *Vata Shamana*. *Kalka* (*Ashwaganda*) *Balya*, *Ksharabasti*<sup>[11]</sup> is mentioned by *Chakradatta* and decoction of *Rubia cordifolia* (*Manjisthadi Kwatha*) is mentioned by *Sarangadhara*. *Rubia cordifolia* (*Manjistha*) is renowned blood purifier (*Rakta Sodhaka*), channel cleanser (*Sroto-Sodhaka*) and the *Ksharabasti* removes the *Avarana* of *Vata*.

Tablet *Yogaraja Guggulu*<sup>[12]</sup> contains *Guggulu*, *Ghrita*, *Triphala*, *Trikatu* are *Ushna Virya*, *Katu Vipaka*, *Laghu*, *Srotodushtihara*, *Deepaniya*, *Pachaniya*, *Marghavarodha Hara* helps in *Pakshaghata*.

*Shephalika Patra Kashaya*<sup>[13]</sup> here *Shephalika* refers to *Nirgundi Patra* acts as *Vatahara* and it is indicated in *Vataroga*, *Bhaisajya Ratnavali*. *Katu*, *Tikta Rasa*, *Ushna Virya Vata-Kapha Hara*.

Tab *Unmada Gajakesari Rasa*<sup>[14]</sup> - contains *Suta*, *Gandhaka*, *Manashila*, *Datura*, *Vasa*, *Rasna* indicated in *Unmada*, to prevent epilepsy, *Vata-Kapha Hara*.

*Kalyanaka Avaleha Churna*<sup>[15]</sup> - contains *Haridra*, *Vacha*, *Kushta*, *Ajaji*, *Ajamoda*, *Shunti*, *Pippali*, *Yashtimadu*, *Saindava*, indicated in *Swarabheda Adhikara*. It improves memory, makes voice clear, cures hoarseness of voice, *Aphasia*.

Tab *Bruhat-Vata Chintamani*<sup>[16]</sup> with gold-contains *Swarna*, *Roupya*, *Louha*, *Abraka Bhasma*, *Pravala*, *Mukta*, *Abraka*, *Rasa Sindura*, *Kumari Swarasa*, given once in day along with *Ushna Jala* acts as *Rasayana*, *Pittasrita Vata Hara*, according to *Bhaisajya Ratnavali Vataroga Adhikara*.

A medicine prepared by combination of *Ekangaveera Rasa*, *Mahavatavidhvamsa Rasa*, *Sameer Pannaga Rasa* and *Sutasekhara Rasa*, and all these *Yogas* are directly indicated in *Vataja Roga*. This specific type of combination was administered to patient to tackle symptoms like weakness and stiffness in the muscle.

## CONCLUSION

*Pakshaghata* is *Akarmanya Vata Pradhana Vyadhi* which causes loss of function of one half of body and may be co-related to hemiplegia of any origin. *Vata Pradhana Vyadhis* are best treated with *Basti* and *Nasya*, as main *Adhishthana* of *Dosha* is *Shiras*. Symptomatic relief given by *Sthanika Abhyanaga* and *Swedana*. 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. *Pakshaghata* is a difficult disease to manage, *Acharya Sushruta* mentions *Pakshaghata* associated with *Pitta* and *Kapha* is *Sadhya*, *Vataja Pakshaghata* is *Krichra Sadhya*. But by adopting a proper logical *Panchakarma* treatment protocol, one can get good prognosis in *Pakshaghata*. *Panchakarma* helps in muscle restoration and boost motor system and thus, overall relief in impairment occurs in patient of *Pakshaghata*. The success of this case helped to gain trust of the patients towards *Ayurveda* and *Panchakarma*.

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