



CLINICAL EFFECT OF PANCHKARMA TREATMENT IN PAKSHAGHAT – A CASE STUDY

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ABSTRACT

A 73-year female patient with complaint of right side power loss along with hearing loss and vision loss who was unable to stand and walk was diagnosed as a case of *Pakshaghata* under *Ayurveda*. She was given *Panchakarma* therapy which included *Svedana*, *Snehana* and *Basti* therapy as a base line treatment of *Pakshaghata* along with other medicines as a *Shamana* therapy continuously. The therapy provided a significant result in the patient which resulted in improved hearing power and vision capacity with marked improvement on standing and walking power of the patient on giving treatment over two admissions and duration of three months.

KEYWORDS : Paralysis with Vision loss, Pakshaghata, Panchkarma, Basti

INTRODUCTION:

Stroke is a medical condition in which poor blood flow to the brain results in cell death. There are two main types of stroke: ischemic, due to lack of blood flow, and hemorrhagic, due to bleeding. They result in part of the brain not functioning properly.¹ Signs and symptoms of a stroke may include an inability to move or feel on one side of the body, problems understanding or speaking, feeling like the world is spinning, or loss of vision to one side.² Signs and symptoms often appear soon after the stroke has occurred. If symptoms last less than one or two hours it is known as a transient ischemic attack (TIA) or mini-stroke. A hemorrhagic stroke may also be associated with a severe headache.³ The symptoms of a stroke can be permanent.

According to Acharya Sharangadhara, Pitta and Kapha are designated as *pangu*⁴ and *vata* is the real cause of all movements. Hence it can be derived that *vata* is main Dosh in our body, vitiation of *Vata* dosha leads to various types of diseases. Out of which *Pakshaghata* is one.

The word *Pakshaghata*⁵ is derived from two words i.e *Paksha* which means *Ardha* or half and *Ghata* means *Nasha* or loss. So, the complete meaning is loss of sensation of half part of the body.

Pakshaghata is often correlated with Paralysis in the modern science and the outcome result of this disease is not so satisfactory. Many people these days are drawing their attention towards the *Ayurveda* for a better cure. In *Ayurvedic* texts *Pakshaghata* disease has been described in detail along with the management, also it has been observed that *Ayurveda* has been able to give much better results. Also, *Panchakarma* therapy proves to be a better treatment therapy for *Pakshaghata*. Same was observed in the following case which was treated in Ch. Brahm Prakash Ayurved Charak Sansthan, Delhi.

CASE REPORT:

A 73 year old female patient from Vikaspuri, New Delhi visited the OPD of Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi with following complaints.

Patient Name-X
Age/Sex -73/Female
OPD/IPD No.: 130398/8066
Address-Vikaspuri, New Delhi

Duration of Treatment:

First session – 21/12/16 to 06/01/17
Second session – 02/02/17 to 16/02/17

Chief complaints:

1. Loss of power in Right upper and lower limb.
2. Unable to walk and stand.
3. Complete loss of vision.

H/O present illness:

Patient was asymptomatic till 25/11/2016 when she suddenly suffered with a cerebro-vascular attack and developed the above symptoms.

H/O past illness:

Known case of Hypertension and Diabetes Mellitus

Investigations:

MRI Brain:

Relatively recent onset non-hemorrhagic infarct was observed in the left frontal-parieto-occipital region (MCA territory). An area of encephalomalacia and gliosis was seen in the right parietal region. Also, Supratentorial brain parenchymal ischemic lesions were seen.

2D ECHO

Mild diffuse intimal thickening with atherosclerotic changes throughout the arterial system was observed. No haemodynamically significant stenosis was seen.

DIAGNOSIS:

Patient was diagnosed as a case of *Pakshaghata*.

TREATMENT SCHEDULE:

Panchakarma chikitsa along with *Shaman* chikitsa was started as under:

Panchakarma chikitsa:

First Session:

Abhyanga: *Balashwagandha taila*⁶

Nadi Sveda: *Dashmoola Kwatha*⁷

Basti: *Niruha basti- Dashmooladi Niruha basti*⁸, *Anuvasana basti- Dashmoola Taila*⁹

Second Session:

Shirodhara: *Ksheerabala Tail*¹⁰

Patrapinda svedana: *Bala-ashwagandha Taila*

Basti: *Niruha basti- Dashmooladi Niruha basti, Anuvasana basti- Dashmoola Taila*

Shamana Therapy:

Trayodashang Guggulu 2tab BD

Ashwagandharishtha 2tsf + Balarishtha 2tsf BD

Dashmoola kwath 40ml BD

ASSEMENT CRITERIA:

Table1. National Institutes of Health Stroke Scale¹¹

1. Level of Consciousness	
1.a. LOC Responsiveness: Scores for this item are assigned by a medical practitioner based on the stimuli required to arouse patient. The examiner should first assess if the patient is fully alert to his or her surroundings. If the patient is not completely alert, the examiner should attempt a verbal stimulus to arouse the patient. Failure of verbal stimuli indicates an attempt to arouse the patient via repeated physical stimuli. If none of these stimuli are successful in eliciting a response, the patient can be considered totally unresponsive.	
Score	Test results
0	Alert, Responsive
1	Not alert, verbally arousable or aroused by minor stimulation to obey, answer / respond
2	Not alert, only responsive to repeated or strong & painful stimuli
3	Totally unresponsive, responds only with reflexes or is areflexic
1.b. LOC Questions Patient is verbally asked his or her age and for the name of the current month.	
Score	Test results
0	Correctly answers both questions
1	Correctly answers one question
2	Doesn't correctly answer either question
1.c. LOC Commands: The patient is instructed to first open and close his or her eyes and then grip and release his or her hand	
Score	Test results
0	Correctly performs both tasks
1	Correctly performs one task
2	Doesn't correctly performs either tasks
2. Horizontal Eye Movement	
Score	Test results
0	Normal able to follow pen or finger to both sides
1	Partial gaze palsy, gaze is abnormal in one or both eyes but gaze is not totally paralyzed patient can gaze towards hemisphere of infarct but can't go past midline
2	Total gaze Paresis Gaze is fixed to one side
3. Visual Field Test	
Score	Test results
0	No vision loss
1	Partial hemianopia or complete quadrantanopia, patient recognizes no visual stimulus in one specific quadrant
2	Complete hemianopia, patient recognizes no visual stimulus in one half of visual field
3	Bilateral Blindness, including blindness from any cause
4. Facial Palsy	
Score	Test results
0	Normal and symmetrical movement
1	Minor paralysis, function is less than clearly normal such as nasolabial fold or minor asymmetry in smile
2	Partial paralysis, particularly paralysis in lower face
3	Complete facial hemiparesis, totally paralysis in upper and lower portions of one face side
5. Motor Arm:	
Score	Test results
0	No arm drift, the arm remains in the initial position for the full 10 sec.
1	Drifts; the arm drifts to an intermediate position prior to the end of full 10 sec.

2	Limited effort against gravity, the arm is able to obtain the starting position but drifts down from the initial position to a physical support prior to the end of 10 sec.
3	No effort against gravity; the arm falls immediately after being helped to the initial position; however, the patient is able to move the arm in some form (e.g. shoulder shrug)
4	No movement; patient has no ability to enact voluntary movement in this arm
6. Motor Leg	
Score	Test results
0	No leg drift; the leg remains in the initial position for the full 5 sec.
1	Drift; the leg drifts to intermediate position prior to the end of full 5sec.but at no point touches the bed for support
2	Limited effort against gravity, the leg is able to obtain the starting position, but drifts down from the initial position to a physical support prior to the end of the 5 sec.
3	No effort against gravity; the legs fall immediately after being helped to the initial position, however the patient is able to move the leg in some form (e.g. hip flex)
4	No movement; patient has no ability to enact voluntary movement in this leg
7. Limb Ataxia	
Score	Test results
0	Normal coordination; smooth and accurate movement
1	Ataxia present in 1 limb; rigid and inaccurate movement in one limb
2	Ataxia present in 2 or more limbs; rigid and inaccurate movement in both limbs on one side
8. Sensory	
Score	Test results
0	No evidence of sensory loss
1	Mild-to-moderate sensory loss; patient feels the pinprick, however he or she feels as if it is duller on one side
2	Severe to total sensory loss on one side; patient is not aware he or she being touched in all unilateral extremities
9. Language	
Score	Test results
0	Normal; no obvious speech deficit
1	Mild-to-moderate aphasia; detectable loss in fluency, the examiner should still be able to extract information from patient's speech
2	Severe aphasia; all speech is fragmented, and examiner is unable to extract the figure's content from the patient s speech
3	Unable to speak or understand speech
10. Speech	
Score	Test results
0	Normal; clear and smooth speech
1	Mild-to-moderate dysarthria; some slurring of speech, however the patient can be understood
2	Severe dysarthria; speech is so slurred that he or she cannot be understood; or patients that cannot produce any speech
11. Extinction and inattention	
Score	Test results
0	Normal; patients correctly answer all questions
1	Inattention on one side in one modality; visual, tactile auditory or spatial
2	Hemi-inattention; doesn't recognize stimuli in more than one modality on the same side.
Interpretation	
Score	Stroke sensitivity
0	No stroke symptoms
1-4	Minor stroke
5-15	Moderate stroke
16-20	Moderate to severe stroke
21-42	Severe stroke

Table2. Reflexes:

Reflexes	Score
Biceps of Right	
Left	
Radial Right	
Left	
Triceps Right	
Left	
Abdominal (4 quadrants)	
Knee Right	
Left	
Ankle Right	
Left	
Plantar Right	
Left	
Scoring	
0	None, even with reinforcement
+	Only present with reinforcement
++	Normal
+++	Hyper reflexia
++++	With clonus

Table3. Power:

Power	Score
Biceps Right	
Left	
Triceps Right	
Left	
Finger Grip Right	
Left	
Plantar Right	
Left	
Scoring	
0	No movement
1	Flicker of contraction
2	Movement with gravity eliminated
3	Movement against gravity
4	Movement against minimal resistance
5	Movement against full resistance/Normal power

OBSERVATIONS:

Table4. Observations of NIHSS

Symptoms	On Admission	After 1 st Treatment	After 2 nd Treatment
1.a.LOC Responsiveness	2	1	0
1.b.LOC Questions	2	2	0
1.c.LOC Commands	2	2	0
2.Horizontal Eye Movement	2	1	0
3.Visual Field Effect	3	1	0
4.Facial Palsy	1	1	0
5.Motor Arm	4	4	3
6.Motor Leg	3	3	1
7.Limb Ataxia	2	2	1
8.Sensory	2	2	1
9.Language	2	1	1
10.Speech	2	1	1
11.Extinction and Inattention	2	2	1
Total	29	23	09

Table5. Reflexes:

Reflexes	On Admission	After 1 st Treatment	After 2 nd Treatment
Biceps Right	+++	++	+
Left	++	+	0

Radial Right	+++	++	+
Left	++	+	+
Triceps Right	+++	++	+
Left	++	+	0
Abdominal (4 Quadrants)	++	++	++
Knee Right	++++	+++	++
Left	++	++	+
Ankle Right	+++	++	++
Left	++	++	+
Plantar Right	+++	++	++
Left	++	++	+

Table6. Power:

Power	On Admission	After 1 st Treatment	After 2 nd Treatment
Biceps Right	2	2	4
Left	4	5	5
Triceps Right	2	2	4
Left	4	5	5
Finger grip	1	2	4
Right /Left	3	3	4
Plantar Right	1	2	4
Left	3	3	4
Total	20	24	34

DISCUSSION:

General principles of treatment of *Vata dosha* are adopted in case of *Pakshaghata*. Also, specific treatment of *Pakshaghata* which is *Nitya snigdha virechana* was included in the treatment line. *Snehana* and *Svedana* form the first line of treatment of *Vatavyadhi*. *Basti* is said to be best treatment for *vatvyadhi* which pacifies the vitiated *Vata dosha*. *Majja dhatu* along with *Alochaka Pitta* is responsible for the vision and its *kshaya* is one of the reasons for vision loss. *Balya* and *Rasayana chikitsa* were used to overcome the *kshaya* and help in restoration of vision and hearing power. *Abhyanga*, *Nadisveda*, *KalaBasti* for 16days initially in which there was slight improvement in the vision as the patient started to recognize the people from close and the score improved from initial 3 to 1.

In second round *Patrapindasveda* and *Shirodhara* were given for 15days, in which patient was able to remain seated without support for up to 30 minutes. Also, in this session we included *yogabasti* which was given for 8 days and the improvement was marked as the patient started to walk with minimal support.

Abhyanga is said to be one of the most significant *vataghna* and *jarahara* treatment thus is having *rasyana* properties. *Patrapindasveda* is a type of *Snigdha sankara sveda* which pacifies *Vata* and also opens the channels thereby improving circulation in the stiff muscles. *Vatanulomana* is also achieved by this treatment.

Balashvagandha (lakshadi) taila is *Vataghna* with *Poshana* properties thus nourishing *Mansa* and *Majja dhatu*. *Ksheerbala taila* is having strong *Balya* properties; nourishing *Mansa*, *Asthi* and *Majja dhatu*. *Dashmula taila* is *Vata-kaphaghna* in nature and also proves useful in increasing strength of the tissues. *Shirodhara* imparts strength to all the *Dhatus*, improves *Oja* and *Agni* and delays aging. It also improves motor as well as sensory system by nourishing the *Majja dhatu* in *shirahpradesh* thus resulting in improved sensory as well as motor function of both the limbs and overall improvement in the nervous system of patient.

All these treatments combined with *Basti* improve the neuromuscular system and we achieved promising results in the form of extended stability and duration in standing of patient, improved grip and sense of touch as well as gain in muscle tone. Patient's dependence on others for sitting, shifting and moving through wheel chair also improved significantly.

Conclusion

According to observations in the present study, this can be safely concluded that panchkarma therapy is significantly effective in the management of Pakshaghata. However, it is advisable to repeat panchkarma therapies to achieve better results and further work should be done by conducting clinical trials on large samples to draw the final conclusion.

REFERENCES:

1. What Is a Stroke? - NHLBI, NIH. (n.d.). Retrieved from <https://www.nhlbi.nih.gov/health/health-topics/topics/stroke>.
2. Donnan GA, Fisher M, Macleod M, Davis SM (May 2008). "Stroke". *Lancet*. 371 (9624): 1612–23. PMID 18468545. doi:10.1016/S0140-6736(08)60694-7.
3. What Are the Signs and Symptoms of a Stroke? - NHLBI, NIH. (n.d.). Retrieved from <http://www.nhlbi.nih.gov/health/health-topics/topics/stroke/signs>
4. Sharagndhara Samhita (p. 60). (2011). B. N. Tripathy (Ed.). Varanasi, India: Choukhambha SubhartiPrakashan.
5. Sharma, A. K. (2011). *Kayachikitsa Vol 3*. Delhi, India: Chaukhamba Orientalia.
6. Vatavyadhichikitsa. (2011). In I. D. Tripathi (Ed.), *Chakradutta* (p. 145). Varanasi, India: Choukhamba Sanskrit Bhawan.
7. Dash, G. Vatavyadhichikitsa. In *Bhaishajya Ratnavali* (20th ed., p. 540). Varanasi, India: Chaukhamba Prakashan.
8. Vatavyadhi chikitsa. (2009). In J. Mitra (Ed.), *Ashtanga sangraha* (p. 570). Varanasi, India: Chaukhamba Sanskrit Pratishthan.
9. Vatavyadhi chikitsa. (2013). In L. P. Shastri (Ed.), *Yogaratanakara* (p. 86). Varanasi, India: Chaukhamba Prakashan..
10. *Sahasrayoga sangraha* (p. 75). (2009). R. N. Sharma (Ed.). Delhi, India: Chaukhamba Sanskrit Pratishthan.
11. National Institute of Health, National Institute of Neurological Disorders and Stroke. Stroke Scale. http://www.ninds.nih.gov/doctors/NIH_Stroke_Scale.pdf.