



A CASE STUDY ON PAKSHAGHATA

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ABSTRACT

Stroke is defined as the rapid onset of focal neurological deficit resulting from diseases of the cerebral vasculature and its contents. The Prevalence of stroke in India is approximately 200 per ten thousand persons and 9.94% of total deaths. This case is diagnosed as a case of hemorrhagic stroke presenting with left sided hemiplegia with Rt middle cerebral artery hemorrhagic infarct.

The Ayurvedic diagnosis of VAAMA PAKSHAGHATA was made and managed with

(i) *Shrio pichu* (Applying oil to vertex using cotton pad)

(ii) *Nasya Karma* (Administration of Anu Taila through nasal route)

(iii) *Ardhanga Abhyanga* and *Naadi Sweda*.

(iv) *Matra Basti* (Administration of medicated *ghrita* through rectum)

After the above treatment there was marked improvement in left lower and upper extremity functions, At the end of the treatment he could walk without support. Treatment showed considerable recovery in ability, mobility, strength, and self-care.

KEYWORDS : Hemiplegia, *Matra Basti*, *Nasya*, Stroke, *Shiro Pichu*, *Vama Pakshaghata*.

INTRODUCTION:-

Pakshaghata is amongst the 80 types of *Nanatmaja Vata Vyadhis*⁽¹⁾ by all *Brihatrayi*. *Vata Dosha* playing vital role in manifestation of *Pakshaghata*⁽²⁾ is *Sudha Vata Prakopa*, *Anyadosha Samsrishta Vata prakopa* & *Dhatu Kshaya Vata Prakopa*. Due to resemblance of signs & symptoms it can be correlated with Hemiplegia according to Modern Science. The term *Pakshaghata* literally means, "Paralysis of one half of the body" where *Paksha* denotes either half of the body and *Aghata* (Paralysis) denotes the impairment of *Karmendriyas*. *Karmendriyas* are considered a part of the motor system. *Pakshaghata* is a major disease among *Vata Vyadhi*.³

The cardinal features of *Pakshaghata* include *cheshtahaani* (impaired motor activity), *Ruja* (Pain), *Hasta Paada Sankocha*, *Sandhibandha Vimoksha* (weakness of joints).

Pakshaghata can be correlated with hemiplegia. Hemiplegia is a disease with Paralysis of one side of the body. The term hemiplegia (Root : Hemi + Plegia = half + blow)

Stroke is defined as rapid onset of focal neurological deficit resulting from diseases of the cerebral vasculature.

Acc to WHO data Death due to hemiplegia, in India is 9.94% out of total deaths^{4&5}.

Here Patient presenting with left sided Hemiplegia with Rt Middle cerebral artery hemorrhagic Infarct.

Panchakarma is one of the important treatment modality of Ayurveda.

Panchakarma which has 5 Procedures such as *Vamana*, *Virechana*, *Asthapana*, *Anuvasana* and *Shirovirechana/nasya* is very useful in treating neurological diseases as well as Paralysis⁶.

Case Description:

A person by name Rangaiah whose age is 64 year came to our hospital with complaints of weakness of the left side of his body and inability to walk on his own since 2 months. The

subject was a previously diagnosed case of cerebro-vascular Accident (Rt middle cerebral Artery hemorrhagic Infarct).

History :- The patient was apparently normal 2 months back one day when he wake up suddenly he was unable to move his left hand & left leg and also noticed weakness of the left upper and lower limb and inability to stand and walk. He was admitted at an allopathic hospital and was diagnosed as a case of CVA (Cerebro vascular accident) for which he is treated. He did not get satisfactory relief.

From 21/01/2019 to 6/2/2019 He underwent Ayurvedic treatment for the same and was discharged after remarkable improvement.

Past History -

H/o - Headache since 6 months

K/C/o - HTN since three & half months.

Not a K/C/O - DM / Epilepsy / Thyroid / B.A. / T.B. / Malaria / Dengue.

Family History -

His mother died due to *Pakshaghata* 3rd time with *Ardita*.

Brother & Sister - K/C/O/HTN & DM.

No H/o any Trauma or Accidental Injury.

Personal History: -

Bowel- once a day

Bladder- 5 to 7 times a day

Sleep- disturbed

Habit- chronic alcoholic and chronic smoker

Diet - mixed diet.

On Examination:-

General condition - *Avara Satva*

Afebrile

PR. - 88/min

B.P. - 150/100 mmHg

Weight - 52 kg

Ashta sthana Pareeksha:-

Nadi - 88/min

Mala - Regular
 Mootra - Regular
 Jihwa - Liptata
 Shabdha - Madhyama
 Sparsha - Loss of sensation (Lt side)
 Druk - Madhyama
 Akrti - Krishna

CNS Examination:-

Sl. No.	Exam	Left Extremity	
		Upper	Lower
1.	Sensation	Less	Less
2.	Power	0	0
3.	Tone	Hypotension	Hypotension
4.	Reflexes	Bicep – Exagerated Tricep – Exagerated Supinator – No	Knee – Exagerated Ankle – Exagerated Plantar – Positive
5.	Involuntary movement	Restricted	Restricted
6.	Muscle Movement Co-ordination	Less	Less

Diagnosis:-

Cerebro-vascular accident CVA with HTN was probably diagnosed.

CT Brain

Hemorrhagic Infarct in Rt middle cerebral artery.

ECG showed abnormal graph showing evidence of neural hyper excitation – low amplitude wave forms seen in all the leads.

Diagnosis Acc to Ayurveda is *Pakshaghata* or *Vamaparshwa*.

Treatment:-

- (1) *Shiro Pichu* is carried out by Applying *Brahmi* & *Kalyanaka ghrta* to vertex using cotton Pad from 21/01/2019 to 06/02/2019.
- (2) *Nasya Karma* (Administration of *Anu Taila* through nasal route (2 drops to each Nostrils) after *Mukha Abhyanga* and *Mukha sweda* from 21/01/2019 to 27/01/2019.
- (3) *Ardhanga Abhyanga* & *Naadi Sweda* procedure carried out from 21/01/2019 to 05/02/2019 *Abhyanga* done by *Maha masha Taila*.
- (4) *Matra Basti* given from 25/01/2019 to 05/05/2019 with *Brahmi Ghrta* 60 ml.
- (5) Internal Medications are :-

- 1) *Tab Lashoonadi Vati* 1-1-1 B/F (30)
- 2) *Tab Abana* 1-0-1 A/F (30)
- 3) *Tab Arogyavardhini vati* 2-0-2 A/F (30)
- 4) *Tab Shiva Gutika* 2-0-2 A/F (30)

All these above medication are prescribed for about 15 days. Medicines Prescribed at the time of Discharge

- 1) *Tab Kamaduga rasa* (2-0-2) BD A/F
- 2) *Tab Shanka vati* (2-0-2) BD A/F
- 3) *Sadya Sneha* with *Brahmi Ghrta* 1 teaspoon daily
- 4) *Shiropichu* with *Kalyanaka Ghrta*.

Muscle Power:-

Sl. No.	Before Treatment		After Treatment	
	Extremities	Grades	Extremities	Grades
1	Rt Upper Limb	10	Rt U/L	Same
2	Rt Lower Limb	10	Rt L/L	Same
3	Lt Upper Limb	0	Lt U/L Movement again gravity	8

4	Lt Lower Limb	0	Lt L/L Movement again gravity	8
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Note:-

Normal – 10, No Muscle Power – 0, Improved Muscle power – 8, Assessment of the Patient

Sl. No.	Sign & Symptoms	Before Treatment Grading		After Treatment Grading	
		No	0	Yes	8
1	Shoulder Elevation	No	0	Yes	8
2	Elbow & lexion-Extension	No	0	Yes	8
3	Forearm supination-prenation	No	0	Yes	9
4	Wrist flexion-Extension	No	0	Yes	8
5	Grip Power	No	0	Yes	7
6	Holding of object when no initiation	No	0	Yes	8
7	Grasping of objects	No	0	Yes	9
8	Release of object	No	0	Yes	10
9	Catching of object	No	0	Yes	9
10	Throwing of object	No	0	Yes	9
11	Tying a knot with a rope	No	0	Yes	8
12	Clothing	No	0	Yes	9
13	Feeding with hand	No	0	Yes	8
14	Holding glass drinking water	No	0	Yes	9
15	Standing without support	No	0	Yes	8
16	Standing Balance	No	0	Yes	8
17	Getting up from Bed	No	0	Yes	9
18	Bathing	No	0	Yes	8
19	Toilet Activity	No	0	Yes	8
20	Sensation	No	0	Yes	9

DISCUSSION:-

Abhyanga – It is nourishing; pacifies the doshas; relieves fatigue; provides stamina, pleasure and perfect sleep; enhances the complexion and the luster of the skin; promotes longevity; and nourishes all parts of the body." *Abhyanga* provides the means for transdermal absorption of the healing qualities of the material used in the massage, and it helps the skin, perform its diverse functions efficiently, whether it is allowing toxins to be released from the body or nourishment to be absorbed by the tissues⁽⁷⁾.

Here *abhyanga* was done with *Maha Masha Taila* which is *balya* in nature made the body supple⁽⁸⁾, removed the stiffness of joints and removed the sluggishness of the body. *Masha Taila* which is *Snigdha*, imports *snigdha* to body and imparts *Ushna guna* to the body and made the body strong⁽⁹⁾. The patient was having *Avara Jeerna Shakti*⁽¹⁰⁾ (Reduced digestion Power) which improved after *abhyanga*.

Shashtika Shali Pinda Sweda – one of the type of *sagni sweda*⁽¹¹⁾ main ingredient is *shali*, *milk*, *balamoola*, which helps to increase muscle tone and power by removing *srotorodha*. The *avarabala* (loss of strength) in the limbs improved after *Shashtika Shali Pinda Sweda*

Matra Basti – *Matra basti* can be given without any side – effect⁽¹²⁾. Here, *Brahmi Ghrta* is used for *Basti*. The quantity of *Sneha* was decided as per retention time of *Sneha*, as 60 ml. It helps to remove *Sroto rodha*, pacify *Pakvashayagata Vayu*, which control all remaining 5 types of *vayu*. *Vyana vayu* is responsible for all kind of activities (*Karma*) in the body. Also improved the strength of the body. *Matra Basti* 60 ml of *Brahmi Ghrta*⁽¹³⁾ gave *snigdha* and subsides the *Vata dosha*^(14,15).

Shiro pichu – In this medicated oil is kept in a cotton swab and placed over the head and kept for 4 hours. It promotes deep relaxation, helps to release the tension improves memory,

cognition, alertness, brings clarity and strength to the senses. Also strengthens the nervous system.

Nasya- It is the best procedure for all *urdhuvajatrugata vyadhis*. Daily nasal lubrication helps to release tension in the head and relieve accumulated stress. *Nasya Oil* is also traditionally said to improve quality of voice, strengthen vision and promote mental clarity. After *nasya karma* the *Avarasatra* (Poor Mental Strength) in the patient improved considerably.

CONCLUSION:-

By using Ayurvedic Treatment in this case study showed the remarkable improvement in the avarabala, avarasatra and avarajeerna.

Drowsiness and Heavyness of body and head got decreased.

His Appetite level also got increased.

The strength of upper and lower motors got improved & by the end of the treatment pt was able to stand independently and walk independently.

The Ayurvedic Treatment in this case is worth managing and worth Documentary.

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