



## Ayurveda

## AYURVEDIC MANAGEMENT OF PAKSHAGHATA (CEREBROVASCULAR ACCIDENT) A CASE STUDY

<b>Dr Kavita B. Sutagatti *</b>	MD(Ayu) Assistant Professor, Dept Of Panchakarma, Shri B M Kankanawadi Ayurved Mahavidyalaya, Post Graduate Studies & Research Centre. *Corresponding Author
<b>Dr Pradeep L. Grampurohit</b>	MD(Ayu) PhD, Prof and HOD. Dept Of Panchakarma, Shri B M Kankanawadi Ayurved Mahavidyalaya, Post Graduate Studies & Research Centre.
<b>Dr Vinayak B. Angadi</b>	MD(Ayu) Assistant Professor, Dept Of Panchakarma, Shri B M Kankanawadi Ayurved Mahavidyalaya, Post Graduate Studies & Research Centre.
<b>Dr Ashwini Patil</b>	MD(Ayu) Assistant Professor, Dept Of Panchakarma, Shri B M Kankanawadi Ayurved Mahavidyalaya, Post Graduate Studies & Research Centre.

**ABSTRACT** Stroke represents the third most common cause of death in developed nations and is one of the leading causes of death and disability in India. Stroke is defined as the rapid onset of focal neurological deficit resulting from cerebral vasculature and its contents. This disease has posed a great problem to the medical field as far as its treatment is concerned. There is a wealth of information available on the cause, prevention, risk, and treatment of stroke. Even then much, less is known about the treatment of the stroke, there is no any satisfactory and widely acceptable measure for the stroke. The present article deals with the diagnosed case of hemorrhagic stroke presenting with right sided hemiplegia, Right basal ganglia bleed with ipsilateral minimal midline shift. The Ayurvedic diagnosis of vama pakshaghata and managed with Virechana Karma (Detoxification therapy), Manjishtadi khseera basti (Administration of a medicated colloidal solution through rectum), Pratimarsha Nasya (Instillation of medicated oil through nasal route). Assessment was made before and after the treatment using National Institute of Health Score Scale (NIH-SS). Maximum improvement was noticed in the symptoms of aphasia and dysarthria. There was also improvement in the left upper and lower extremity functions. At the end of the treatment patient could walk without support. Panchakarma play a pivotal role in the management of stroke/ Pakshaghata. The recuperation was assuring and worth documenting.

**KEYWORDS :** Ayurveda, Hemiplegia, Panchakarma, Pakshaghata, Stroke.

**INTRODUCTION:**

The disease Pakshaghata is explained and well explored by all the Bruhatrayee's. The disease is due to vitiation of Vata Dosha and Sthana Samshraya leading to the formation of the Lakshana<sup>1</sup>. The Chikitsa is mainly to control the Vata Dosha and it's based on the Dosha Dosha Vriddhi Kshya, Sama Nirama and Avarana Lakshana of the Dosha and sthana dusti. The term pakshaghata literally means "paralysis of one half of the body" where "paksha" denotes the impairment of karmendriyas, Gyanendriyas and manas.

Pakshaghata is a vatavyadhi of Nanatmaja variety. Mahavatavyadhi can manifest either due to Dhatuksyay or Margavarana<sup>2</sup>. The cardinal features of pakshaghata includes cheshtahani (impaired motor activity), Ruja (pain), Vaksthambha (slurring of speech) Hasta pada sankocha (spasticity), Vaktravakrata (mouth deviation)<sup>3</sup>.

The burden of lifestyle disorders are increasing day-by-day, and stroke is the one among them. It is the 3rd largest cause of death and disability world-wide. In developing country like India ratio is increasing, due to increase in the ratio of lifestyle disorders. The world wide incidence has been quoted as 2/1000 population/annum; about 4/1000 in people aged 45-84 years. Stroke, sometimes referred to as a cerebro-vascular accident (CVA), or cerebro-vascular insult (CVI), is the loss of brain function due to a disturbance in the blood supply to the brain. This disturbance is caused either by ischemia (lack of blood flow) or hemorrhage<sup>4</sup>.

Panchakarma is one of the important treatment modality of Ayurveda. Along with five major procedures other therapies like snehana and swedana etc; are also collectively comes under panchakarma. Panchakarma is very effective in treating neurological diseases as well as paralysis.

**Patient information**

A 45 years old Hindu married male patient from Bhailahongal, Karnataka, having following complaints came to Panchakarma outpatient department of KLE BMK Ayurveda College & Hospital, Belgum on 29/5/2020 and got admitted on the same day at 12: 30pm.

Patient came with reduced strength in the right upper and lower limbs, associated with difficulty in walking, slurred speech, heaviness of affected side of the body with pain, stiffness since 4 weeks.

**Clinical findings**

As per the statement of the subject's wife, he was healthy before 4 weeks and he suddenly fell down during the bath on 29/4/2020, and complaints of reduced strength in the right upper and lower limbs and difficulty in walking associated slurred speech, and heaviness of affected side with pain, stiffness, since 4 weeks. For the same complaints they consulted multispecialty hospital, took treatment for 5days (tablet Phenytoin sodium 100mg 1 thrice in a day, tablet Telmisartan 40mg 1once in a day, tablet Prazosin 2.5mg 1HS and tablet. Clonidine 100mcg 1 thrice in a day) Also, he is a known case of hypertension since 3 years and he is under medication for it (tablet. Amlodipine 5mg 1bd). So for the further treatment they came to our hospital and got admitted on 29/5/2020.

**Diagnostic assessment**

CTHEAD Showed (10/4/2020)

Ill-defined hypodensities involving the left fronto-temporal and parieto-occipital region with loss of grey white matter differentiation s/o acute infarct.

MRI BRAIN showed (11/4/2020)

Altered signal intensity involving the left parietal frontal and occipital region appearing hypo intense on T1w, hyper intense on T2w,FLAIR sequence and showing diffuse restriction with corresponding hypo intense signal on ADC multiple areas of blooming on GRE sequence s/o hemorrhagic infarct in right MCA territory.

**Diagnosis and therapeutic intervention**

Case was diagnosed as a Pittakhapavrutta Pakshaghata (Cerebrovascular Accident). As per the classics, the treatment was planned according to the Dosha and Sthana dusti as following.

**Table 1: Showing details of treatment given to patient previous medications were continued along with our course of treatment**

Date	Treatment given	Observation
30/5/2020	1.Pippali, Maricha, Shunti, Saindhava siddha jala. 50ml / day	No changes Appetite-decreased Bowel-not passed Tongue-coated
31/5/2020	1.Pipalli, Maricha, Saindhava, Hingu, Shunti with warm water. 2. Shunti jala 20ml tid,	Appetite-Improved Bowel-not passed Tongue-coated

1/6/2020	1.Pipalli, Maricha, Saindhava, Hingu, Shunti with warm water. 2. Shunti jala 20ml tid.	Bowel-not passed 10/2/16 Appetite –improved Bowel-passed at evening
2/6/2020 – 8/6/2020	1.Shodhanaga snehapana with induknta ghrita 30ml, 50ml, 85ml,110ml 2.Sarvanga abhyanga with Murchita tila taila followed by Bashpa sweda.	Bowel-passed Appetite –improved
9/6/2020	1.Virechana given with Nimbamrutadi errand taila 60ml + 100ml of Gandharvahastadi kashaya.	Vegas- 8 Lightness in the right upper and lower limb. Feels better Strength increasing in right limbs.
12/6/2020- 18/6/2020	1. Matra basti was planned with the Nimbhamrita Eranda Taila	Lightness in the right upper and lower limb. Can able to freely lift the affected limbs
Medicines Prescribed at the time of discharge		
19/6/2020	1.Pratimarsha Nasya with Brahmi ghrita 2drops in each nostril BD 2. Chandraprabha vati 1 TID A/F 3. Sukumara Kashaya + Dhanahanyai kashaya 15ml TID B/F 4. Nimbamrutadi Eranda taila 10ml+50ml of Milk HS	

#### Outcomes:

The condition of the patient was improved gradually along with the course of the treatment. The strength and power of both right upper and lower limb was increased to +4/5, also tone of the muscle improved, deep tendon reflex was exaggerated (grade-3) and was normal (grade-2) after the course of treatment, gait before treatment was hemiplegic and at the time of discharge it was waddling gait and was able to walk alone with the help of cane. Got control over the bladder. Over all condition was improved.

#### Motor functions: Power Table 2: comparison of power grade before and after treatment

	(B T)	(A T)	Left
Right Upper limb	2/5	+4/5	5/5
Right Lower limb	2/5	+4/5	5/5

#### Reflexes Table3: comparison of reflexes grade before and after treatment

	Affected Side (right)		Left (normal side)
	BT	AT	
Biceps	3	2	2
Triceps	3	2	2
Supinator	3	2	2
Knee jerk	3	2	2
Ankle jerk	3	2	2
Babinski's sign	Positive	Negative	Negative

#### DISCUSSION

The case taken for study was diagnosed as Pittakhapavrutta Pakshaghata(CVA). Considering the involvement of doshas i.e. pradhanyata of Pitta, Kapha, and vata assessed on basis of lakshanas. The treatment was planned according to the Dosha and Sthana dusti. The Prakupita Pitta dosha got ashra in the Rasa-Raktavaha srothas because of Sanga and Atipravritti type of Srothodusti. The pathological consequences are seen all over the body, involving Mamsa, Majja dhatu and the Uttamanga Shiras Marma. Hence below mentioned treatment plan was done in keeping interest of Dosha and Sthana dusti.

It is also considered as Deepan -Pachana of Aama and acts as Balya. Pippali, Maricha, Shunti, Saindhava siddha jala was given as they do Amapachana at the Jataragni and Dhata level.

As samprapthi of Pakshaghata involving Pitta and Vata Sthana – Amashaya and Pakwashaya, the Virechana (Mrudu sneha virechana) with Nimbhamrita Eranda Taila is practiced to correct the root pathogenesis, as Nimbhamrita Eranda Taila does Vata-Pittahara and causes Mrudu Virechana. Patient got Anulomana of Vata and Shamana of Prakupita Pitta, resulting in correction of Agni, Rasavaha,

Raktavaha, Annava srotodusti. At the end of management, patient got improved in coordination, consciousness, and regaining the motor functioning of the body. The patient was able to walk independently without support. During management, urinary tract infection was relapsing; hence judicious management was sought from contemporary science for the same. As patient got Anulomana of Vata after virechana, functions of ApanaVata and Sanjnavaha Srothas are restored, leading to the relief of urinary incontinency.

Matra basti was planned with the Nimbhamrita Eranda Taila<sup>5</sup> to restore the prasarana of Vata, as it acts as Tridosahara especially Vata Khapha Shamana, Rakta prasadhana, Medohara, Asti Balya, Srothoshodhana, Lekhana, Kledahara. Here Matra Basti was adopted because it is is Shukha prada, Balaya, Srishta malanulomana, as the bala of rogi was avara.

On discharge Nimbhamruta Eranda taila was added as Mrudu Virechana for removal of Avarana of Pitta, Kapha, and to attain the Prakruta karma of Vata, Srothoshodhana, Kleda hara. (As it is recommended for Pitta Kapha mishrita Vata rogas.)<sup>6</sup> Sukumara kashya<sup>7</sup> helps in Vatanulomana and maintaining the equilibrium of all three doshas and it is also Apana anulomana, Mutra marga visheshtawam, malaanulomana, Srothoshodhana, Balya, Pushtikara, Vrishya, Rasayana. Chandraprabha vati<sup>8</sup> is tridosahara and it also acts as Balya, Vrushya, Rasayana and it is said to be Sarvaroga prashamana.

#### CONCLUSION:

Understanding the CVA is done on basis of assessment of Dosha (Pitta pradhanya Kapha Vata dosha) and Sthana dusti(Rasa, Rakta, Majja, Mansa)

At first stage of treatment Amapachana was done at the level of Jataragni with adaptation of mrudu virechan Chikitsa to restore the function of Agni, Srotas and Vata Dosha, as mrudu samshodhana is advised in vatavyadhi chikitsa. pathological consequences seen in Mamsa-Majja are restored by adopting Abhyanga and Basti Chikitsa<sup>9</sup>

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