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AYURVEDIC MANAGEMENT OF PAKSHAGHATA WITH SPECIAL REFERENCE TO CEREBROVASCULAR ACCIDENT (CVA): A CASE STUDY

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ABSTRACT

Pakshaghat is made up of two words Paksha (half part of body) and Aghat (loss of function). Ayurved literature is full of textual references where Pakshaghat is described extensively. It is considered as Vata Dosha predominant Vyadhi. Patient usually presents with loss of function of a half of body or weakness of one half. Face may or may not be involved. Prognosis depends on many factors including Vaya, Bala, Dosha involvement etc.

In modern science all the motor activities are controlled by brain. Cerebrovascular accidents are mainly responsible for loss of function in body and due to maximal similarity they can be correlated with Pakshaghat. In modern science there is usually treatment of symptoms but when it comes to Ayurveda there is treatment of root cause along with symptoms. In Ayurveda, treatment of diseases is divided in to two parts Samshodhana and Samshamana. Panchkarma is Shodhana Pradhana therapy, which includes five major procedures for Shodhana of body. Along with it there are many allied processes which help in symptomatic relief by directly acting on the part being affected. Pakshaghat is best treated with Mridu Samshodhana and Vata Shamaak Snehana Chikitsa. In the present case patient presented with right side Pakshaghat and treated with Panchakarma therapy, which included Nasya,

Vasti and Akshitarpana. Initially Nasya and Akshitarpana given for 15 days. Patient was called for second sitting after 16 days and given in Kala Vasti Karma. After treatment patient was 100% cured.

Key words: Pakshaghat, Vata Vyadhi, Ayurveda, Panchakarma, hemiplegia

INTRODUCTION

Pakshaghat is a disease caused by vitiation of Vata Dosha. Acharya Charaka explained that Prakupita Vata making Adhishthana in one half of body leading to Pakshaghata (loss of function of one half of body) there is associated stiffness of joints. Acharya Sushruta explained that Vata Dosha travels in Urdhava Adhoga Tiryaka Dhamani and causes Sandhi Bandhana Moksha

that ultimately leads to loss of function in one half of body called Pakshaghata. If one suffers from loss of sensation and becomes bed ridden, he may die with Pakshaghata he further explained. Prognosis of the disease as mentioned by Sushruta[3] is Sadhya when Vata Dosha associated with other Dosha, Krichhrasadhya when purely Vata is involved and Asadhya when Dhatukshaya is responsible for Pakshaghata . Chikitsa of Pakshaghata in various texts included Snehana, Swedana and Mridu Samshodhana[4] firstly then Vasti with Balya and Vatashamaka Aushadha.[5] Nasya, Shirovasti, Abhyanaga with Panchendriya Vardhan Taila. Treatment should be done for 3 to 4 months.[2]

STROKE

It is relatively abrupt onset of focal neurological deficit resulting from disease of arteries or veins that serve the CNS. Clinical manifestation depends on area involved and mostly motor functions are hampered.[6] Lacunar infarcts are small ischemic infarcts that range in diameter from 30 – 300 micro meter and result from occlusion of the penetrating arteries.[7] Long standing hypertension and atherosclerosis are common predisposing factors. TIA shortly before the onset of a lacunar stroke is frequent, but headache is infrequent. Although they usually carry good prognosis, multiple lacunae may cause pseudo bulbar palsy and dementia. Clumsy hand syndrome is one of the manifestations of lacunar infarct.[9] Clinical manifestations include facial palsy, dysarthria, deviation of tongue and loss of motor functions. Treatment includes initially vital support after this cause and symptoms are treated accordingly.

CASE STUDY

A 65 yrs. Female patient brought by relatives in conscious and oriented state with complaints of left lower limb weakness, left lower limb heaviness, and generalized weakness, Right side deviation of mouth angle since yesterday evening.

K/C/O DM and HTN since 5-6 yrs
medications.

Patient on irregular
No any drug or food allergy

No any addiction

No any surgical history

O/E

PR - 90/Min

BP – 140/90mmhg

RS – B/L Clear

CVS – S1S2 Normal

CNS – Conscious Oriented

MOTOR SYTEM

Table 1: Muscle power (Before treatment)

	Right	Left
Upper Limb	5/5	0/5
Lower Limb	5/5	0/5

Table 2: Reflexes

	Right	Left
Bicep	N	N
Tricep	N	N
Brachioradial	N	N
Knee	N	Exaggerated
Achilis tendon	N	N
Planter	N	N

MRI BRAIN WITH ANGIO - Large sized Left MCA Territory acute Non-hemorrhagic Infract in fronto-parietal lobe.

Medium sized gliotic area in right temporo-parietal lobe repressing of old infract

Grade 1 chronic white matter ischemic changes around both lateral ventricles.

LAB INVESTIGATION VALUES

Heamatological investigation

HB% - 11

WBC -11700

PLT -3.28

ESR -35

Biochemical investigation

Blood urea (mg %) -20

Serum creatinine (mg/dl) -0.93

Serology – Negative

Urine analysis (routine and microscopic) –Within limits

USG (Abdomen and Pelvis) - NAD

ECG – Sinus rhythm

2D ECHO – Normal echo study

TREATMENT

Panchkarma procedures

- 1) Jivha Nirlekhan with Vacha Choorna and Akarkarabha Choorna (5gm)
- 2) Sarwanga Abhyanga with Bala Tail and Sarwanga Swedana
- 3) Basti – Niruha Basti with Erand Dashmuladi Tail (100ml)
Anuvasana Basti with Sahachar Tail (60ml)
- 4) Nasya – Panchendriya Wardhan Tail (4 drops)

Shaman Aushadhi

- 1) Eranda Tail 6 tsf stat
- 2) Ekangavir Rasa 250gm Vyanodana
- 3) Vishatinduka Vati 250gm Vyanodhan
- 4) Jivhadi Kashaya 20ml Vyanodan

Limb Pysiotherapy and Ambulation

And continue Dual Antiplatelet to prevent further complication

1.Tab Ecosprin 150mg HS

2.Tab Atorva 20mg HS

Table 3: Muscle power (after 15 days treatment)

	Right	Left
Upper Limb	5/5	4/5
Lower Limb	5/5	4/5

Mode of Action

Nasya - is potent Vata Shamaka procedure as it directly acts in Urdhava Jatrugata Vikar. Shira Pradesh is main Adhishthana of Indriya and Nasa is considered way to it. Drug administered through Nasa goes to Shira and causes Dosha Nirahana and Vata Shaman simultaneously. In this case patient was given Shaman Nasya with Panchendriya Vardhan Tail. Panchendriya Vardhan Tail has Vata Shamaka properties and specially acts on Urdhva Jatrugta Vyadhis as explained in Samhita.

Abhyanga (Oleation) - Abhyanga entails rubbing the body in the same direction as hair follicles with any Snehas (fats). The body gets strong and stable, and the skin becomes Drudha and excellent by anointing it with oil, which acts on vitiated Vata, and the body become capable of withstanding fatigue and exercise, much as the pot, leather, and axle of the cart become strong and efficient by oiling. If there is complete Vata vitiation without any form of association (obstruction), it should be addressed with oleation therapy initially. Snehana is highly important in such a situation. It balances the Vata Doshas and provides Pushti Prasada (food for the dhatus.^[9] When Abhyanga is performed for a long enough period of time, the oil reaches the various Dhatus. As a result, it is apparent that the strength of the medicine in the oil gets absorbed into the skin. it relieves the symptoms of that Dhatus ailments. Swedana (fomentation) - Swedana encourages person to sweat. Mala is a sort of Sweda. Sweda helps to clear the body of impurities. Dhatvagni and Bhutagni are linked to Sweda.

Swedana medicines by Ushna and Tikshnaguna can penetrate the microcirculatory channels (Srotas) and trigger the sweat glands, causing them to produce more sweat. After dilatation of the micro channels, Laghu and Snigdhadasha enter the channels and lead them to go towards Kostha or excrete them through the skin's micropores as sweat, resulting in Srotoshodhan

Basti (Enema) - When Basti is brought into the Pakwashaya, the Veerya of Basti reaches all throughout the body, collects the collected Doshas and Shakrut from the Nabhi, Kati, Parshwa, and Kukshi Pradeshas, gives the body Snehana, and expels the Dosha together with Pureesha. It is 'Amrutopamam' for patients with Kshina Majja, Shukra, and Oja, according to Charakacharya, and has properties such as Balya, Brimhana and Pushtikara.^[15]

Niruha Basti (Decoction based enema) - Dashamula Niruha Basti, In Niruha Basti Madhu possesses Yogavahi and Sukshma Marga Anusarita, functions as a catalyst, penetrating the Sukshma Srotas. The Laghu and Tridosha Shamaka Gunas were introduced to the Saindhava Lavana. The Snigdha Guna of Sneha Dravya (Tila Taila) combats the Ruksha and Laghu Gunas of Vata, resulting in Vata Shamana. The major medicines, Kalka (Triphala, Bala), are the ones that give the overall combo its power. It aids in the disintegration of Mala. Kwatha performs Dosha Anulomana and Nirharana.

Anuvasana/Sneha Basti (Oil based enema) - Anuvasana Basti with Til Taila, Anuvasana Basti will hold the oil for a set period of time without generating any negative effects. Pureeshadhara Kala is protected by the Snehana effect. Til Taila, which has Guru and Snigdha Gunas, combats Vata's Ruksha and Laghu Gunas, resulting in Vata Shamana. While reviewing the Anuvasana Basti, Acharya Charaka notes Sneha's digestion with the words "Sneham Pachati Pavakah," and after digestion, Dravyas can be taken to cause the effect on the body.^[17]

In the Vatvyadhi Prakarana of Nighantu Ratnakara, Ekangveer Rasa is advised for treatment of Pakshaghata, Ardita and other Vatvyadhi. Ekangveer Rasa has ability to pacifying vitiated Vata Doshas as it is having Madhura Rasa, Snigdha Guna, Ushna Veerya and Madhura Vipaka. It pacifies vitiated Kapha Dosha by Tikta, Katu, Kashaya Rasa, Laghu Guna, Ruksha Guna, Ushna Veerya and Katu Vipaka.^[12]

Physiotherapy

Physiotherapy is a therapeutic practice that focuses on the science of movement and assists patients in restoring, maintaining, and optimizing their physical strength, function, motion, and general wellness. Physiotherapy is used throughout the treatment to increase joint range of motion and muscular flexibility. The goal of physiotherapy in this setting is to enhance joint integrity and muscular flexibility, as well as to meet any delayed developmental milestones as soon as feasible. Increased circulation to all four limbs and brief pain alleviation are among the other advantages. Consider the spasticity; joint mobility and flexibility were achieved with Range of Motion (ROM) exercises, passive stretching, and peripheral joint mobilization. Proper Ayurved management, as well as speech therapy, physiotherapy, and other rehabilitation methods assist the patient in becoming self-sufficient.^[14]

DISCUSSION

Ayurveda is a science which not only treats symptoms but cause of disease ultimately leads to Samprapti Vighatana thus cures the disease. In Pakshaghata disease Vata is basic cause of disease which should be treated first. Vata Prakopa can occur due to many causes and Dhatu Kshaya is one of them. Vasti not only causes Vata Shaman but due to multidimensional affect it causes Dhatu Poshana and pacification of other Doshas if associated with Vata Dosha.^[11]

Nasya is administration of drug through nose. In Ayurveda Nasya is called Dwar to Shira (brain). In case of Pakshaghata main pathology lies in brain. Nasya causes Vata Shaman as we use Snehana through oil. In case of Pakshaghata initially there is flaccidity in muscles and then comes stage of rigidity. Sthanik Abhyanga and Swedana prevents this stage if performed in early stage usually in prolonged case there is hypertrophy of muscles which can also be prevented by Abhyanga as it increases blood supply of the part. If patient complains of pain in affected part Swedana causes pain relief.

CONCLUSION

Pakshaghata is Vata Pradhana ailment which causes loss of function of one half of body which may be compared to hemiplegia of any origin. In this case, it can be correlated with Clumsy hand syndrome due to similarity of symptoms. Vata Pradhana Vyadhis are best treated with Vasti and Nasya given as main Adhishtana of Dosha is Urdhva Jatrugata in this case. Symptomatic relief given by Sthanik Abhyanga and Swedana. After complete treatment patient recovered fully. 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.

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Disclosure of conflict of interest

The authors declare that there was no conflict of interest regarding the publication of manuscript.

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