



PAKSHAGHATA AND ITS MANAGEMENT THROUGH PANCHAKARMA - A CASE STUDY

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ABSTRACT

Among *Tri-dosha Vata dosha* is said to be controller of whole body and mind. The importance of *vayu* is felt in its absence. All body movements depends upon proper functioning of Vyanadi vayus. Due to any reason when function of *vayu* hampers it result in ceasation of body functions. Very important disease of such criteria is *Pakshaghat* or popularly known as Hemiplegia. In common people it is a myth that *Ayurvedic* therapies give slow relief and less effective in acute condition. A 38 years old female Patient, K/C/O of D.M., complaining of *Vamasharirardhe Karmalpata, Vama Hasta Pradesesho, Mutrapravrutti Aniantrit, Vaka-aspashtata, Mukhardha Vakra, Lalasrava* Since 15 days, was Admitted in Parul Ayurved Hospital. *Ayurvedic* procedures (*Panchakarma*) i.e. *Abhyanga, Nasya &*

Shashtika-shalipinda Sweda with internal *Ayurvedic Aushadhi* and Physiotherapy were given to the patient. She was admitted for near about one month and showed significant improvement in gradation of Power and gait. In this study an attempt has been made to describe all procedures conducted. Scientific effect of *Panchkarma* treatment, *shaman aushadhi* and physiotherapy has been explained in this case.

KEYWORDS: Pakshaghat, Panchakarma, Nasya, Shashtika-Shali-Pinda Sweda.

INTRODUCTION

Pakshaghata (hemiplegia) has been described among 80 *Nanatmaja vata Vyadhi*. According to *Ayurveda Pakshaghata*, *Pakshvada* and *Ekanga vata roga* are synonymous.^[1] This *Nanatmaja vyadhi* is mainly caused by vitiation of *vata*. Vitiating *vata* invading half of the body mainly where *Kha-vaigunya* is present, causes dryness of *sira –snayu*^[2] and looseness in tendons and joints. This causes immobility of half side of the body.

This condition can be correlated with Hemiplegia as per modern science. The disease is mainly manifested as paralysis /weakness of one side of the body affecting the functions of upper and lower limbs. It may also effect the functioning of speech facial muscles and control of defecation and urination in some cases.

The prevalence of stroke in India ranges from 40-270 per 100000 population.^[3] About half of people who have had a stroke live less than one year. The main risk factor for stroke is high blood pressure, other risk factors include tobacco smoking, obesity, high blood cholesterol, diabetes mellitus. Causes like cerebral haemorrhage, Neoplasms and infection. May be observed.

A Hemorrhagic stroke results due to rupture of weakened blood vessel.^[4] The Stroke can be classified as ischemic and haemorrhagic depending upon wide variety of vessels and pathological processes involved in cerebrovascular disease. CT Scan or MRI are useful to rule out brain area, acute or chronic infarction, haemorrhage etc.

Such conditions can be managed by *Ayurvedic chikitsa paddhati* if diagnosis is prompt and line of treatment is right. In *vata-vyadhisamanya chikitsa upakrama Snehana, Swedana*^[5] etc play an important role. Specially in *Pakshaghata*, *Nasya* can be administered as '*Nasa hi shirodvaram*'.^[6] *Pittadhara kala* and *Majjadharakala* (Brain) are considered as same.^[7] In the study *Tila taila* is indicated for *Abhyanga* and *Shastik shali pinda Swedana* and *Mahamasha taila* for *Nasya*.

CASE REPORT

A 38 year old female patient came to Parul Ayurved Hospital with below complaints since 15 days

- *Vama sharirardhe karma-alpata*
- *Vama Hasta Pada Pradeshe Sotha*

- *Mukh Pradeshe Vakrata*
- *Vak-aspatata*
- *Mutra pravrutti aniyantrit*
- *Dourbalya.*
- *Lalastrav*

At the time of admission patient was conscious and oriented

Past History

K/C/O -DM –since 7 Yrs.

Not/K/C/O - Allergy/Typhoid/Malaria/Dengue/TB.

F/H/O –Father –DM –Paralysis.

No H/o-Any Trauma or Accidental Injury.

On Examination

- General Condition-Moderate
- Afebrile
- Pulse rate-80/min
- BP-130/80mm of Hg
- Weight-52kg
- *Mala*- constipated, uncontrolled
- *Mutra*- Incontinence
- *Nidra*- Disturbed
- *Kshudha*- *Samyaka*
- *Jiwaha*- *Niram*

Table No 1. C.N.S.Examination.

Sr No	Examination	Left Extremity	
		Upper	Lower
1		Upper	Lower
2	Sensation	Present	Present
3	Power	0	0
4	Tone	Hypo	Hypo
5	Reflexes	Bicep- diminished Tricep- diminished Supinator – diminished	Knee -Diminished Ankle- diminished Planter- Diminished
6	Involuntary movement	Absent	Absent
7	Muscle movement coordination	Not possible	Not possible

Table. 2. Intervention.

Day	Shaman	Shodhan
1 st week	*Pathyadi guggulu 2-2-2(A/F with Water) *Sootsekhar Ras 2-2-2(A/F with Water) *Maha Rasnadi kwatha 50ml BD *Rason Ksheerpaka 50ml BD. Rasayan kala *Ekangvir Rasa 1-0-1 (A/F with Water) *Physiotherapy	1.Abhyanaga with Tila taila. Nadi Swedana Karma. 2.Nasya with Maha mash Tail 8 Drops in each nostril.
2 nd week	Same	Same
3 rd week	Same	Same
4 th week	*Pathyadi Guggulu 2-2-2(A/F with Water *Navayas Loha 1-1-1(A/F with Water *Sootsekhar Ras 2-2-2(A/F with Water * physiotherapy	Added. *Shashtika Shali Pinda Sweda.
5 th week	*same	Procedure-1.Abhyanaga with Tila Tail.F/B shashtika Shali Pinda Sweda. 2. Nasya with Mahamash Tail 8 Drops.

Table No 3: Muscle Power.

Left extremity

	1 st week		2 nd week		3 rd week		4 th week		5 th week	
	Upper	Lower	Upper	lower	Upper	Lower	Upper	Lower	Upper	Lower
Sensation	+	+	+	+	+	+	+	+	+	+
Power	0	0	1	1	2	2	3	3	4	4
Tone	Hypo	Hypo	Hypo	Hypo	Hypo	Hypo	Hypo	Hypo	Hypo	Hypo
Reflexes	Diminshed	Diminished	Diminished	Diminished	Diminished	Diminished	Diminished	Diminished	Diminished	Diminished
Involuntary Movement	Absent									

Table No 4. Assessment of the Patient.

SN.	Signs & Symptoms	Before Treatment	After Treatment
1.	Facial Deviation	Yes	No
2.	Trunk Balance	No	Yes
3.	Sensory Aphasia	Yes	No
4.	Shoulder Elevation	Yes	No
5.	Grip Power	No	Yes
6.	Elbow Flexion-Extension	No	Yes
7.	Forearm Supination-Pronation	No	Yes
8.	Wrist Flexion-Extension	No	Yes
9.	Salivary Secretion	Yes	No
10.	Holding of Objects When no initiation	No	Yes
11.	Release of object	No	Yes
12.	Grasp of Object	No	Yes
13.	Throwing of Object	No	Yes
14.	Catching of Object	No	Yes
15.	Tying the Knot	No	Yes

16.	Squatting	No	Yes
17.	Feeding with hand	No	Yes
18.	Holding & Drinking Glass of Water	No	Yes
19.	Standing Without Support	No	Yes
20.	Standing Balance	No	Yes
21.	Clothing	No	Yes
22.	Getting up from Squatting Position	No	Yes
23.	Bathing	No	Yes
24.	Tingling Sensation	No	Yes
25.	Climbing Stairs	No	Yes
26.	Toilet Activity	Yes	No

DISCUSSION

Due to development of severe disability, *Pakshaghat* is considered as one of the most important *Vata-vyadhi*. In *vata-vyadhi samanya Chikitsa Upakrama Snehana, Svedana, Virechana, Basti* etc has been described.^[8] Whereas in *Pakshaghat Chikitsa Svedana, snehana, Virechana* is advised.^[9] Here as per patient's condition below treatment was selected.

1. Abhyanga: due to vitiated Vayu, sira-snyayu sankoch occurs in pakshaghat. It is said that with the help of snehana and swedana even a dry wood can be bent then why not stiffness present in Pakshaghat.^[3] Bahya sneha therapy helps to move all stagnant doshas from shakha i.e. Tvaka-rakta dhatu, helps to increase strength of muscles, pacifies vitiated vayu, increases tolerance power of the body which is needed to conduct Exercise.^[11]

2. Shashti-shalika pinda sweda: Here Shashti-shali means the type of rice which takes nearly 60 days to ripe.^[12] one of the type of Sagni sankar sweda^[13], main ingredient is milk, balamoola, shali. The mixture helps to increase muscle tone and power, sweda removes srotorodha which ultimately increases sneha absorption, whereas shali, bala and milk are bruhana dravyas.

3. Nasya: Nasal route is considered as entry gate for Brain. BBB i.e. Brain Blood Barrier is the mechanism with which entry of any unwanted substance to the brain is controlled. Here the contents of Mahamasha Tailam produce mild inflammation, irritation resulting in exchange of Drug and vitiated doshas through this BBB. Nasya dravya reaches upto the brain with vascular, lymphatic or nervous route. SO Nasya is important in both Ichaemic and haemorrhagic conditions.

4. **Rasona Kshirapaka^[14]**: Bhrihana, balya, medhya, Rasayan properties of Rasona are done by *snigdha guna, madhura vipaka*. With *Kshirapaka* more beneficial properties of *rasona* get added to *Kshira* also get readily absorbed in the body.

5. **Sutashekhara rasa**: One of the best *Tridosh-shamak dravya*. with its main contents i.e. *Kajjali, suvarna, Tamra bhasma, dhatura^[15]* etc it helps to remove *srotorodha* by *Amapachan*. Also it helps to potency of other drugs used along with it. It is said to be *Sarva rogahara*.

6. **Pathyadi guggulu^[16]**: The main contents of are *Triphala, Guggulu*. with other *Prakshep dravyas* it helps to increase strength of the patient like *Gajaraj* i.e. an Elephant This *bala* is important in *Pakshaghat* patient.

7. **Navayas loha^[17]**: with all the drugs in same quantity i.e. *Loha, Triphala, Trushana* etc, it helps for *Amapachana, Rasa-Rakta Dhatvagni Vriddhi*. *Sira* are *Upadhatu of Rakta*. As *rakta-prasadan* and *vriddhi* occurs it leads to decrease *Sira* and *snayu vishoah*.

8. **Ekangvir Rasa^[18]**: The name of the drug suggests *Ekang* i.g. can be given in diseases related with half part of body.

9. **Mahamasha Tail^[19]**: The main ingredients are *Dashmoola kwatha, Masha choorna. Ashavagandhadi kalka dravyas* are added to it. It can be used for *Basti, Abhyanga, Pana* etc. this drug helps in *Brihana karma*. *Masha* is *Kapha vardhaka dravya*.

CONCLUSION

The line of treatment of *Pakshaghat* can be changed according to condition of the patient. Here instead of *Virechana, Nasya* was given to the patient. Here current study shows that if *Yukti Praman* is used, proper *dosha-dushya vichara*, duely arranged line of treatment *Ayurveda* gives excellent results in *Pakshaghat* Patient.

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