



A case study on *Pakshaghat* - management of stroke (*Pakshaghat*) through *Ayurveda*.

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ABSTRACT

In *Ayurveda* stroke is described as *Pakshaghata*. Stroke is a common medical emergency and the second leading cause of death worldwide. The present study is a case report on management of *hemiplegia* of a Female patient aged 55 years with chief complaints of weakness in left upper & lower limb. The case treated with the *Ayurveda* medications and *panchakarma* therapy. Treatment protocol was *snehana*, *swedana*, *mridu virechana*, along with internal medication. After the above treatment there was marked improvement in left lower and upper extremity functions, at the end of the treatment She could walk without support.

Keywords: *Virechana*, *Snehana*, *Swedana*, *Nasya*, *Pakshaghata*

INTRODUCTION

In Stroke some brain cells sudden death due to lack of oxygen when the blood flow to the

brain is lost by blockage or rupture of an artery to the brain. In stroke most common symptom is sudden weakness in upper or lower limb or both most often on one side of the body. According to update the global burden of disease (GBD) study reported nearly 5.87 million stroke deaths globally in 2010, as compared to 4.66 million in 1990. Worldwide, *cerebrovascular* Accidents (stroke) are the second leading cause of death and the third leading cause of disability. About one-fifth of patients with an acute stroke die within a month of the event and at least half of those who survive are left with physical disability. In *Ayurveda* Stroke can be correlated with the disease *Pakshaghata* (*Ch.chi.* 28/53). The term *Pakshaghata* means, where *Paksha* denotes either half of the body and *Aghata* (Paralysis of one half the body) denotes the impairment of *Karmendriyas*. *Pakshaghata* is a major disease among *Vata Vyadhi*. The cardinal features of *Pakshaghata* include *cheshtahaani* (impaired motor activity), *Ruja*

(Pain), *Hasta Paada Sankocha, Sandhibandha Vimoksha* (weakness of

Nutrition	Well nourished	Well nourished
Tone	Hypertonic	Hypertonic
Power	2/5	2/5
Coordination	No coordination	No coordination
Involuntary movements	Not any	Not any

joints).

A case of *pakshaghat* is presented here:

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

A female patient aged 55 years attending outpatient department of *kayachikitsa* ayurved seva sangh nasik presenting complaints is difficulty in walking (*kuryaat cheshtaa nivrattih*), unable to do work with the left sided limbs (*Ardhkaayastasya akarmanyō vichetanam*), numbness in the left upper and lower limbs (*Hatvaa ekam paksham vaam*), and slurred speech (*vaak stambhamev cha*) for 1 month and she was diagnosed with left *hemiplegia*. She is a known case of hypertension since 6 month. Before 1 month, she was asymptomatic and suddenly she felt cramps and weakness left side of her body; again on the next day, her complaints became severe then he went to the hospital there. She took the treatment for 1 month, and anticoagulant drug was started during allopathic course of the treatment. She took the treatment for 4 weeks. She did not get satisfactory results, so she came to our institute.

Physical examination

- On doing neurological examination
- (HMF) higher mental functions – intact
- Sensory nerve functions were found intact
- The patient was well oriented to person, place, and time [Tables 1 and 2].

Table 1: Motor system examination

Left Upper limb

Lower limb

Table 2: Tendon reflexes findings

Superficial

Plantar reflex - positive in the right

Abdominal – normal

Deep

	Right	left
Ankle	Present	Absent
Supinator	Present	Absent
Knee	Present	Absent
Tricep	Present	Absent
Biceps	Present	Absent

SAMPRAPTI (pathogenesis)

Occupationally the patient was farmer having *madhyama bala* (medium physical strength). On the day of paralysis attack she was continuously working in farm. In *charaka samhita* it is mentioned that heavy physical work leads to *vaata prakopa* this aggravated *vaata* get enter into *sira* through *raktavaha strotasa* and then it affected the *snayu* of left side of body and then loss of function of left side of body settled. After that she has difficulty in walking, slurred speech, headache, and general weakness was seen. During the course of treatment, the patient was instructed to avoid cold exposure and heavy exercise or work and was advised

to take *brumhana*, *ushna aahar* such as *maamsa ras*, and milk [Table 3].

Table 3:

Treatment plan

Formulation	Day of treatment administration	Time-frame
<i>Sarvang Abhyanga</i> with <i>Balashwagandha taila</i> followed by <i>Nadi sweda</i> with <i>Dashmoola kwath</i>	From Day 1 to 30	26 Days
<i>Virechan</i> with <i>trivrutta avaleha</i>	From day 11 <i>ghritpan</i> start and 17 day <i>virechan</i> given	7 days
<i>Nasya</i> with <i>panchdriyavardhan tail</i> 8-8 drops each nostril	From Day 1 to 30	26 days
Tab. <i>Ekanaveera rasa</i> + <i>makshik bhasma</i> + <i>samirpannag</i> + <i>abhrak bhasma</i>	From Day 1 to 30	26 days
<i>Gandharva Haritaki churna</i>	From Day 1 to 10	10 days
<i>Gandharwahastadi erand tail</i>	From Day 18 to 30	13 days
<i>Dashmularishta</i>	From Day 1 to 30	26 days

All internal drug hold during *snehapan*.

Results

After 30 days of the treatment (*VIRECHAN* along with *shaman chikitsa*), the patient observed mild reduction in symptoms and gradual improvement in strength of the limbs [Table 4]. She achieved movements of the left upper and lower limbs to some extent. The patient's speech improved and she was able to walk without support. At the time of discharge, *dashmularishta* and *vataghan kadha* 15 ml before meal was added to the *shaman chikitsa* to reduce the rest of the vitiated *vaata dosha*.

After 2 months of the treatment at the 2nd follow up, the patient's all symptoms had

subsided completely, and superficial and deep reflexes were found normal [Table 4].

Table 4: Motor system examination before and after treatment

	Before treatment	After treatment
Muscle tone	Hypertonic	Normal tone
Power	2/5	5/5
Coordination	No coordination	fully coordination
Plantar reflex	Positive	Negative

Discussion

Pakshaghata is *vata nanatmaj vyadhi* as described in *Acharya Charakas* and *Acharya Sushrut* has mention in *mahavatvyadhi* and *Acharya Charak & Sushrut* has given treatment protocol of *Pakshaghata* which is *snehana, swedana, mrudu virechana, murdhani taila* according to patient symptoms. Internal medication in combination *Ekangaveera rasa + makshik bhasma + samirpannag + abhrak bhasma , Gandharva Haritaki churna, Gandharwa hastadi erand tail, Dashamularishta* on side by *panchkarma* treatment started.

SARVANGA ABHYANGA - It is nourishing 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 silently, whether it is skin, perform its diverse functions of allowing toxins to be released from the body or nourishment to be absorbed by the tissues.

Sweda – one of the types of *sagni sweda* main ingredient is *dashmoola*, which helps to increase muscle tone and power by removing *srotorodha*. The *avarabala* (loss of strength) in the limbs improved after *Sweda*.

NASYA - For all *urdhva jatrugata vyadhis nasya* is best procedure. *Nasya* is beneficial in initial stage of *pakshaghat* to overcome *tandravastha* by removing *aavaran*. *Sneha nasya* is used for *vata shamnarth*.

VIRECHAN – *virechan karma* gives significant relief in *pakshaghat*. *virechan* therapy decrease symptoms of *Pakshaghata* such as; *Achetanta, Ruja, gurutva, shoth,*

and *chimchimayan* and due to *virechan* therapy improves *chesta Nivruti* of extremities and improves tone of limbs. *virechan karma* with castor oil helps to regulate blood supply and control impairment disturbances.

Conclusion

By using *ayurvedic* treatment In this case study showed remarkable improvement. In this case, the patient took the treatment timely and got complete relief after total treatment duration of 30 days. The strength of upper and lower motor is improved and patient was able to stand and walk independently. Her appetite is also improved. The results were challenging in this case of *pakshaghat* after oral medication along with *panchkarma* treatment.

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