



Ayurvedic treatment of *pakshaghata* w. s. r. to *hemiplegia* a case report

Shrikhande Priyanka^{*1}, Garge Harish², Shripad Upasani³, Smita Gaddekar⁴, Rajashree Kulkarni⁵,

1. PG Scholar (Kayachikitsa)
2. Associate Professor, Kayachikitsa
3. Associate Professor, Shalyatantra
4. Professor, Panchakarma
5. Associate Professor, Shalyatantra

ASS Ayurved Mahavidyalaya and Arogyashala Rugnalaya, Panchvati, Nashik, Maharashtra, India

*Corresponding author: pshrikhande0107@gmail.com; 8080150574

ABSTRACT

Pakshaghata considers *vata dosha* predominant vyadhi. In *pakshaghata* Patient usually present with loss of function of a half of body or weakness of one half of body. The terms *pakshaghata*, *paksavadha* and *Ekangaroga* are synonyms of the same disease. *Pakshaghata* is one of the major neurological disorders manifested as inability to move the group of muscle of either left or right side of the body. According to modern terminology, Hemiplegia is usually the sequel of cerebrovascular disorder or stroke and most cerebro-vascular diseases are manifested by the abrupt onset of a focal neurologic deficit. The references of *pakshaghata* found in Charaka Samhita, Sushruta Samhita and Madhava Nidana. So as per Ayurveda treatment for *pakshaghata* is *panchakarma* and *shamanachikitsa*. This case of 65 yrs old patient of *pakshaghata* treated with

Ayurvedic management which includes procedure like *virechana*, *nasyain*, *shodhanachikitsa* and *shamanachikitsa* includes *Amruta*, *guggul*, *Hingwashtakchurna*, *Dashmularishta*, *Gandharva haritaki churna* etc.

KEYWORD: *Pakshaghata*, Hemiplegia, Stroke, *Virechan*, *Nasya*

INTRODUCTION :

Pakshaghata is ¹neurological disease in which there is muscle weakness or partial paralysis on one side of the body that can affect the arms, legs and facial muscle. Movement of the body is primarily controlled by the cortico-spinal tract, a pathway of neurons that begins in the motor areas of the brain, project down through the internal capsule, then travel down the spinal cord in to the motor neurons that controls each muscle .because of this anatomy, injuries to the pyramidal tract above the

medulla generally cause contralateral hemiparesis. As per Ayurveda *Pakshaghata* is an important disease enlisted in *vatananatmajavyadhi*. In which there is impairment of *karmendriyas* *gyanendriyas* and *manas indriya*. It can be correlated with hemiplegia results from CVA stroke. According to WHO, 15 million people suffer from it world wide. The prevalence of stroke in India is approximately 200 per 100000 persons. Charak included it in to the *nanatmajavyadhi* due to predominance of *vatadosha*. The disease affects the *Madhyamarogamarga* disturbs the function of *sira*, *snayu*, *kandara*. According to Charaka the *prakupitavayu* will take place in half part of the body and By *vishoshana of shira* and *snayu* present there it will produce *sankoch* and *tod* in one hand and leg, if the same symptoms are limited in one part only then called *ekangroga*. If whole body is affected is called *sarvang roga*.⁴ When *Vayu* reaches to *urdhvagami*, *Adhogami*, *tiryagamidhamani* then this *prakrutivayu* will destroy any half of the body and the *sandhibandh* also affected. Stroke occurs when blood supply to your part of the brain is interrupted or severely reduced depriving of brain tissue of oxygen and food within minutes brain cells begin to die.⁵ There are two main types of stroke ischemic due to lack of blood flow and haemorrhagic due to the bleeding that result in the part of the brain not functioning properly. Ayurveda has been able to give much better result also *panchkarma* therapy proves to be a better treatment therapy for *pakshaghata* same was observed in the following case which was treated in

Ayurved Seva Sangh hospital, Nashik, Maharashtra.

CASE REPORT:

NAME- ABC AGE/Sex-65 yrs.
Occupation-labour

Past history-No HTN and diabetic.

Chief complaints-Difficulty in walking (*kuryaatcheshtaanivrattih*), Slurred speech (*vaksang*), Headache (*shirshul*), General weakness (*samanyadaurbhya*), loss of movements of Right side upper and lower limb (*Ardhakaayastasyaakarmanyovichetanam*).

Associated complaints:

- Incomplete defecation,
- Loss of appetite.

Treatment history-Allopathy treatment

History of present illness-According to patient statement she was quite well 4 days back then she suddenly fell down and there is sudden loss of function of the right upper and lower limb developed, after that patient took allopathy treatment for 4 days but there was no such significant relief. So the patient came to our *Ayurved Seva Sangh* hospital for better Ayurvedic management.

PHYSICAL EXAMINATION

- Temperature - Afebrile
- Pulse rate -76/min.
- Respiratory rate-20/min.
- Blood pressure-130/90 mm of hg
- RS -AEBE Bil. clears
- CVS - S1 S2 normal
- CNS

Patient is semiconscious to time place and person

Patient is not oriented

No response to verbal command

Motor system Examination:

No wasting, No hypertrophy.

Tone hypotonic (effected side)

Muscle Power Grade

Limb	Power
Rt. Arm	0/5
Lt. Arm	3/5
Rt. Foot	0/5
Lt. foot	3/5

- Sensory system Examination:
- Superficial sensation WNL
- Deep sensation WNL
- Cortical sensation WNL

Reflexes

TREATMENT PROTOCOL:

Treatment	Day of treatment administration	Dose	Effect
<i>Ekangavirras</i> + <i>Makshikbhasma</i> + <i>Samirpanna</i> g + <i>abhrakbhasma</i>	From day 1 to 30	500 mg× BD	Strengthens the nerve Nourishment to the nerve <i>Raktapittashamak</i>
<i>Dashamurarishta</i>	From day 1 to 30	20ml BD	<i>Tridoshghna</i>
<i>Amruta guggul</i>	From day1 to 30	500mg BD	<i>Sheshmashonit</i> <i>Vibandhprashmnanam</i>
<i>Hinashtakchurna</i>	From day 1 to 30	1 gm BD	<i>Dipan Pachnarth</i>
<i>Gandharvaharitakichurna</i>	From day1 to 10	3 gm. HS	<i>For vat anuloman</i>
<i>Virechan with trivruttaavleha</i>	From day 11 to	30 gm.	<i>For vat anuloman</i>

Reflexes	Rt.	Lt.
Plantar	Absent	Present
Bicep	Absent	Present
Tricep	Absent	Present
Supinator	Absent	Present
Knee jerk	Absent	Present
Ankle jerk	Absent	Present

Clinical Finding -Brain screening with MRV-Large altered signal area seen involving the temporo-parietal region with haemorrhagic component, venous haemorrhagic infarct

- HB-9.7gm%
- WBC- 4800/cmm
- Platelet -19600
- ESR-10mm
- Sr. creatinine -0.9mg/dl

DIAGNOSIS-

On the basis of clinical presentation and CT-scan of the brain it was diagnosed as case of *pakshaghat*(Stroke).

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<i>Navan Nasya with Anu tail</i>	From day 1 to 30	4 Drops × BD	<i>Indriyposhnarh</i>

Patient has got symptomatic relief after Ayurveda Treatment and improvement was seen in incomplete defecation, loss of appetite, Slurred speech was reduced and also improved loss of muscle power in Rt. upper and lower limb

CNS AFTER TREATMENT:

Muscle power grade:

LIMB	POWER
RT.FOOT	4/5
LT.FOOT	4/5
RT.ARM	4/5
LT.ARM	4/5

REFLEXES:

REFLEXES	RIGHT	LEFT
Bicep	Present	Present
Tricep	Present	Present
Supinator	Present	Present
Planter	Present	Present
Knee Jerk	Present	Present
Ankle Jerk	Present	Present

DISCUSSION

Pakshaghata is *vyadhivat Pradhan* According to acharya charak it included in *vatajananatmajvyadhi*. Treatment protocol of *pakshaghata* which is described by acharya charak and sushruti. *esnehan*, *swedan*, *mruduvirechan*, *murdhanitaila* i.e. *shirodhara*, *shirobasti*, *shiropichu* and

shirovirechan which have property like relaxing, soothing, and calming effects on the body and mind. It is observed that *shaman* and *shodhan chikitsa* is effective in the *pakshaghata*.

⁶*Nasya* is potent *vatashamaka* procedure as it directly acts in *urdhavajatrugatavikara*. In case of *pakshaghata* main pathology lies in the brain. *shirah Pradesh* is Main *adhishtana* of *indriya* and *nasa* is considered way to it. Drug administered through *nasa* goes to *shira* and causes dosha *nirahrana* and *vatashaman* simultaneously. In this case patient was given *shaman nasya* with *Anu tail*. *Anu tail* has *vatashamaka* properties and specially acts on *Urdhvajatrugavyadhis* as explained in Charaka samhita.

virechan offer significant relief in disease *pakshaghata*, the use of *virechan* therapy possesses relief in *pakshaghata* such as *Achetana*, ⁷*Ruja*, *guruta*, *shoth* and *dahavirechan* therapy improves the *cheshtanivritti* of extremities.

Sthanikabhyanaga and *sthanikswedana* leads to *mridutvathus* relieving stiffness and pain. It also promotes blood circulation thus provides proper nutrition to the affected part and *Shaman aushadhi* given to the patient which are *Vatashamaka* and *balya*.

CONCLUSION

Pakshaghata is *vatapradhana* 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. *VatapradhanaVyadhis* are best treated with *Nasya* given as *mainadhishtana* of *dosha* is *urdhvajatrugata* in this case. symptomatic relief given by *sthanikabhyanga* and *swedana*. After complete treatment patient recovered fully. Thus it can be concluded that *Panchkarma* procedure are very effective in *Pakshghatachikitsa* and should be given vigorously in the patients suffering from stroke and similar ailments.

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