

A CASE STUDY ON THE MANAGEMENT OF PAKSHAGHATA THROUGH PANCHAKARMA

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Abstract

Pakshaghata vyadhi is described among 80 types of Nanatmyaja vata vyadhi in charaka samhita. Pakshaghata vyadhi is one of the important diseases of such criteria which is popularly known as Hemiplegia. A 38 years old female Patient, K/C/O CVA Stroke before 14 years complaining of weakness in the right upper & lower limb, sometimes difficulty in holding objects and difficulty in walking for last 14 years. She came to S.S. Agrawal Ayurvedic Hospital, Navsari. The patient was treated with the Panchakarma procedure and shamana aushadhi. This study shows the effective result of panchakarma treatment along with shamana aushadhi in Pakshaghata disease.

Key words: Pakshaghata, Vatavyadhi, Shodhana, Shamana, Paralysis

Introduction:

Hemiplegia, known as 'Pakshaghata' in Ayurveda, is classified as one of the eighty types of vata vikara arising from a vitiation of the vata dosha. It produces either full or partial paralysis affecting the arm, leg, and trunk on only one side of the body. Most commonly, a

cerebrovascular attack is responsible for hemiplegia, through trauma, infections impacting the nervous system, demyelinating disorders, congenital conditions, and multiple sclerosis. Strokes have emerged as a leading source of death and disability worldwide.

In Pakshaghata impairment of karmendriyas, gnyanendriyas and manas are seen. Ayurveda prescribes individualized pakshaghata treatment schedules based on each person's unique condition or state. An Ayurvedic approach could more effectively manage the ailment by restoring blood flow and enhancing post-patients' quality of life.

Case Study

A Female patient 38 years old, appeared in S S Agrawal Ayurvedic Hospital Panchakarma-OPD (OPD No – 2328117) (IPD No 2301087) on 8/12/2023 with the chief complaint of:

Weakness in Right upper & lower limb
Sometimes the difficulty in holding the objects,
Difficulty in walking for the last 14 years.

Associated complaints

Sometimes mild slurred speech
 Pain in Right leg for last 3 months
 Vertigo Since the last 2 weeks.

Tendem walking: Positive

MRI Brain (14/12/23):

Area of Gliosis in left ganglio capsular region,
 mild dilated left lateral ventricle

Area of Gliosis in left posterior temporal lobe.

Past History

No H/O – Trauma or Accidental Injury

Anxiety

The patient is Rx on Ecospine 75 OD

On Examination

General condition: Moderate

Pulse Rate: 78/min

BP: 130/80 mm of Hg

RR: 18/min

Weight:77Kg

Mala: Kvachit vibandh

Mootra: Samyak

Kshudha: Madhyam

Nadi: Pitta, Vata

Nidra: Madhyam

Koshtha: Krura

Mutra: Regular

Jihva: Alipta

Duration	Treatment	Dose
15/12/23 to 1/2/24 For 15 Days	1) Dashmool Kwath 2) Trayodashang guggulu 3) Erandbhrishta haritaki 4) Brahmi vati	50ml BD Before food 2BD After food 2HS with warm water 2BD After food
15/12/23 to 1/2/24	5) Vacha churna with madhu for Jihva lepana 6) Cap. Palsineuron	OD 1BD after food
	7) Chitrakadi vati	2 BD before food

Systemic examination:-

Respiratory system; no abnormality detected.

CVS-S1 S2 heard.

Memory: Old =Good

Current: Sometimes difficulty in remembering things.

Central Nervous System:

Motor: knee heel test: Performed

Finger –Nose test: Performed

Romberg test: Positive

Duration	Panchakarma Intervention
15/12/23 to 17/12/23	1) Sarvang udavartan with Kolkulathadi churna ^{3,4} F/B Bashpa swedan
15/12/23 to 28/12/23	2) Nasya with Anu taila 6 Drops -6 Drops
15/12/23 to 28/12/23 2/1/24 to 25/1/24 30/ 1/24 to 1/2/24	3) Sarvang Abhyanga with Mahanarayana Taila F/B Bashpa swedana ^{5,6}
20/12/23 to 27/12/23	4) Karna Pooran in B/L Ear with Dashmool Taila
Duration	Panchakarma Intervention

2/1/24 To 7/1/24	4) Dashmooladi niruha basti A.B with Murchhit tila taila 70 ml Madhu = 60ml Saindhav = 10gm Sneha: Murchhit tila taila = 70 ml Kalka: Madanphal, Shatpushpa, Musta, Yashtimadhu=24gm Kwath : Dashmoola kwath = 300 ml Total = 534ml				
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
A.B	N.B	A.B	N.B	N.B	A.B

Durati on	Panchakarma Intervention
8/1/24 to 12/1/2 4	5) Mustadi yapan basti A.B with Murchhit tila taila 70 ml Madhu = 60ml Saindhav = 10gm Sneha: Murchhit tila taila = 70 ml Kalka: Ashwagandha, Musta, Yashtimadhu = 20gm Kwath: Mustadi ksheera paka= 300 ml Total = 534ml

Day 7	Day 8	Day 9	Day 10	Day 11
N.B	N.B	N.B	N.B	A.B
A.B	A.B	A.B		

- Jambir pinda swedana 3 Days
- Patra pinda swedana 3 Days
- Shashtishali pinda swedana 7 Days

On Discharge medication:

1. Cap Lasuna Rasayana 2OD Before food
2. Cap Palsineuron 1BD After food
3. Dashmool ksheerpaka 60ml BD After food
4. Trayodashang guggulu 2 TDS After food

Before Treatment		After Treatment	
Reflexes: Rt Side	Lt side	Rt side	Lt side
Biceps +4	All reflexes are normal	Biceps +3	All reflexes are normal
Triceps +4		Triceps +3	
Supinator +3		Supinat or +3	
Knee +1		Knee +2	

Power R.t side	Lt. side	Power R.t side	Lt. side
U.L +2	U.L +5	U.L + 4	U.L +5
L.L +2	L.L +5	L.L +3	L.L +5

Bebinskie sign: Dorsi flexion at Rt side

Tone of Rt U.L Hypotonea

Rt L.L Hypotonea

Lt U.L & L.L Normal tone

Result:

During treatment, the condition of the patient was improved gradually. The strength, power, and tone of muscles improved. Her deep tendon reflex improved after the course of treatment she was able to walk in the long term. The slurring of speech improved.

Discussion

After Udwartana patient felt lightness in body, increase in appetite

Nasya karma with Anu taila was selected for shodhana of uttamanga.

After Karnapoorana with Dashmoola oil vertigo improved.

Sarvanga abhyanga with mahanarayan oil for snehana & is balya and bashpa swedana with dashmoola kwatha together snehana & swedana which alleviates shakhasrita vata.

Basti is considered as 'Ardha chikitsa'. It is useful in the vitiation of all doshas. Yapanam basti is sadyo balavardhak, vatahara, and rasayana.

Palsineuron which improves the metabolism of CNS and PNS, Coordinates the neuro muscular activity. promotes healing of damaged nerves and

blood vessels, and motor functions. regenerative effect on Neuro lesions.

Leaves of Nirgundi, have analgesic and anti-inflammatory properties which are the important ingredients of the procedure. Patra pottali & Jambir pinda sweda help relieve pain, stiffness and swelling, pacify the morbidity of vata, pitta and kapha in the affected joints, muscles and soft tissues.

The course of treatment ended with the procedure of shashthiali pinda svadana whole body by a brimhana which nourishes the dhatus.

Conclusion

Pakshaghata is a Mahavata vyadhi and is difficult to manage. To treat Pakshaghata when it is associated with complications the Shodhana is very important for curing the disease. Results are seen with, udavartana, nasya, abhyanga, karnapoorana, Shodhana and yapana basti, jambir pinda svadan, patra pinda svadana, sashtika shali pinda sweda in improving the condition of pakshagatha. The combined effect of all the above treatments helped in reducing the symptoms.

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