

AYURVEDIC MANAGEMENT OF PAKSHAGHAT- CASE STUDY

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ABSTRACT

Pakshaghata is one of the type of *madhyam margagat vyadhi*,^[1] described in *bruhatrayi*. It is characterised by *hasta-pada sankoch* (weakness in either side of the limbs), *Vaksthambha* (slurred speech) and impaired fine or gross motor activity. Treatment of *pakshaghata* is explained in *brihatrayi* in various form of *shodhan* and *shaman chikitsa*. Signs and symptoms of *Pakshaghata* is similar to that of CVA. It makes the affected Person physically disabled and reduces quality of life. Even though western science had moved for in acute Management of stroke, it is very difficult to handle the residual effect of stroke which makes person physically and mentally debilitated. In this case report, Patient with *pakshaghata* (post monoplegia residual effect) treated with *shodhan chikitsa* and *patrapind swedan*. And

beneficial result was seen.

KEYWORDS:- *Pakshaghata*, Monoplegia, *Lekhan basti*, *Patra pind swedan*.

INTRODUCTION

Pakshaghata is one of the Major neurological disorders, usually caused by the occlusion of blood vessels of the brain by various factors, mainly due To Atherosclerotic, infarcts and Embolism, cerebral Hemorrhage, Neoplasms and infection. Sedentary lifestyles, stress, increasing addictions of tobacco, smoking, drugs, alcohol and Abuse of all these habits has

resulted in increasing neurological conditions and metabolic syndrome. In modern science treatment of acute CVA can be done, but post stroke residual effects are difficult to handle.

Community surveys for Indian population of cerebrovascular disease Indicate an overall crude prevalence rate of 220 per 1,00,000 persons.^[2] it is One of the leading cause of death and residual effect of stroke makes person physically and Mentally debilitated.

Pakshaghata is one of the types of *Vata Nanatmaja Vyadhi* and is also considered among the ailments of *Madhyama Roga Marga*.^[3] It is characterized by *hasta-pada sankoch* (weakness in either side of the limbs), *Vaksthambha* (slurred speech),^[4] impaired fine or gross motor activities due to *vata dushti* leading to impairment in function of *sthula* and *sukshma dnyanendriya-karmendriya*. It can be due to *maragavrodhjanya* or *dhatukshayjanya*.^[5] In this case report, patient is having *margavrodhjanya vata dushti*. Penumbra is viable tissue around irreversibly damaged tissue of infarct. Due to increased *strotasavrodha* penumbra region can be more hypoperfused and tissue death can occur.

Shodhan chikitsa is Important treatment explained in *brihatrayi* for *upastambhit pakshaghat*. It helps to cleanse our body from all the toxic elements present in our Body. *Basti* is one of the Main *shodhan chikitsa* mentioned in the treatment For *vata dosha*. Charaka also mentions *basti* As *ardha chikitsa*. *Lekhan basti* is helpful in removing *strotasavrodha* further decreasing *kapha-meda-vata dushti*.^[6] *Sarvang snehan* and *swedan* help in decreasing stiffness and strengthen muscles and *nasya* is useful in *sukshma indriya balavardhan*. *Patra-pinda swedan* helps in decreasing *shoth*, *Gaurav*, stiffness by its *vata-kaphahar*, *tikshna ushna gunas*. Then after *shodhan* process, *Panchatikshir basti* was given to increase *dhatvagni* thus increases *bala* of *dhatu*. It is mentioned in *asthi-majjagata vikara* by Acharya charaka. This treatment helps in removing *strotasavrodha* at penumbra and probably increases perfusion which leads to restoration of neurological functions. All the above treatment is helpful in reducing post stroke residual effect.

CASE REPORT

A 60 years old patient came to our institute having monoplegia Since 1 Months. Patient is known case of hypertension and taking oral medication since 6years. At The time of admission patient was conscious and his vital functions were normal.

C/O -left upper limb weakness and unable to open fist, fingers was flexed

Pain and tingling sensation in left upper limb

Deviation of mouth and slurred speech

Addiction-alcohol addiction 4-5 times per week

N/h/o- any trauma / accidental injury

General examination

BP – 120/80 mm of hg, pulse- 76/min, temperature- afebrile,

Jivha – sam, Mala and mutra – no incontinence, Nidra – disturbed, Kshudha – Alpa

Systemic examination

Respiratory system – normal, cardiovascular system -normal,

P/A- no tenderness, CNS-speech – slurred

Higher mental function- Appearance behavior, memory, orientation and intelligence are Normal

Table no. 1: Examination.

	Right	Left
Muscle power	Upper limb 5/5 Lower limb 5/5	Upper limb 4/5 Lower limb 5/5
Tendon reflexes	Normal	Biceps - Exaggerated Triceps -Exaggerated Knee - normal Ankle - normal
Sensation	Present	Present
Involuntary movement	No	No

MRI report of patient showed chronic lacunar infarct in left gangliocapsular region. Generalized cerebral atrophy is noted. Clinical features, blood reports and MRI report findings were suggested that It is the case of monoplegia.

Table no. 2: Treatment given.

	<i>Shodhan chikitsa</i>	<i>Shaman chikitsa</i>
Day 1-15	1) Sarvang Snehan And nadi swedan 2) lekhan basti 3) pratimarsha nasya with panchendriya vardhan tel nasya 2 drops in each nostrils 4) Jivha pratisaran with vachadi yoga 5) Gandush with Bala taila patrapind swedan	1. brihatvatchintamani rasa 120mg Guduchi churna 500mg BD with kosha jala 2. Dashmooladi kwath 10ml BD 3. Gandharva haritaki churna 3gm HS
Day 16-30	1. Sarvang Snehan And nadi	1) brihatvatchintamani rasa

swedan	120mg
2. Panchatikta kshir basti	Guduchi churna 500mg
3. Pratimarsh nasya with panchendriya vardhan tel	BD with kosha jala
4. Jivha pratisaran with vachadi yoga	2) Dashmooladi kwath 10ml BD
5. Gandush with Bala taila	3) Gandharva haritaki churna 3gm HS
6. Patrapind swedan	

Criterion of assessment

Table no. 3: Muscle strength.

Grade	Finger movement
0	No movement at all
1	Slight movement
2	Unable to hold object
3	Able to hold object with less power
4	Normal

Table no. 4: Muscle tone.

Grade	Muscle tone
0	No increase
1	Slight increase with catch and release
2	Minimal resistance throughout the range following catch
3	More marked increase tone through range of movement
4	Considerable increase in tone with passive movements

Table no. 5: Before and After observation.

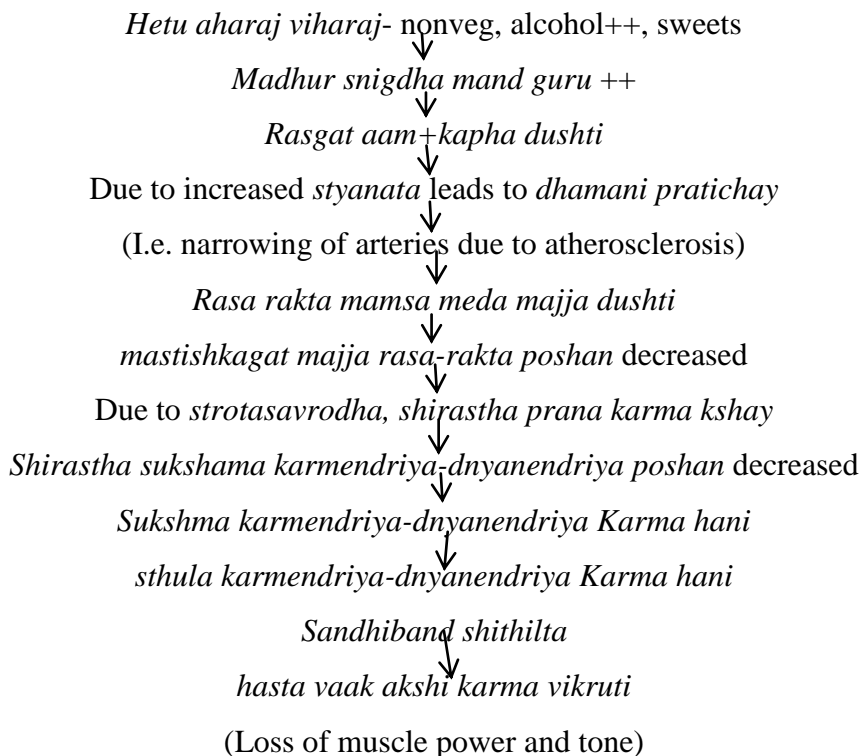
	Before	After
Muscle tone	Grade 0	Grade 3
Finger movement	Grade 1	Grade 3
Elbow flexion extension	Painful	Painless
Wrist flexion extension	No	Yes
Finger flexion	Fully flexed	Relaxed
Finger extension	No extension	Yes
Finger abduction	No	Yes
Grip power	No	Yes
Grasp of object	No	Yes
Writing	No	Yes
Sewing	No	Yes
Blowing of face	Leaking of air	No leaking
Eyebrow elevation	Difficulty	No difficulty
Slurred speech	Yes	Improved

RESULT

Observations were noted before treatment (BT) and after treatment (AT) (table 3,4 and 5). Patient's sleep, appetite and quality of life were improved. Patient got relief in upper limb

fine motor and gross motor movement. No adverse effect was reported. The patient had a Significant clinical improvement.

Pathophysiology



DISCUSSION

Pakshaghat is type of *vatvyadhi*. Here *Vata dosha* get vitiated due to *kaphavrodh* and occupies the *rikta strotas* in Body.^[7] Due to *strotasavrodha shodhan chikitsa* is given, followed by *snehana*, *swedana*, *patrapindaswed*, were done as *shodhan* therapy.

Acharya charaka explained the general line of treatment for *Pakshaghat*, I e. *Snehan*, *swedan* and *shodhan*.^[8] Acharya charak mentioned the benefits of *shodhan* therapy which is *strotas shodhan*, *indriya-bal-varna-buddhi prasadan*, *kayagnivardhan*, *vyadhi upshaman*, *urja prapti*.^[9] *lekhan basti* was given for 15days. Two *niruha basti* with *lekhan basti kwath* 350ml and one *anuvasan basti* with *sahachari tel* 60ml was given.

Lekhan basti is one of the best treatments for *vata dushti* which eradicates vitiated *kapha meda dosha* from the root by removing *kaphavrodha*. During *basti* treatment, daily *snehan* and *swedan* were done with oral medication, it helps in decreasing *vata dushti* by removing *strotasavrodh*.^[10] After *lekhan basti karma*, *Panchatikta kshir basti* was given. After removal of *strotasavrodh*, *bruhan* was given to the patient to strengthens the *asthi-majja dhatu*.^[11]

Special type of *swedan* called *Patrapindaswed* was done. It helps in removing *shotha*, *Gauravta*.^[12] This belongs to the category of *agnisweda*. It is helpful for muscle strengthening and reduces spasticity caused due to CVA.

Jivha pratisaran with *vachadi yoga* and *gandusha* with *bala taila*. In *vachadi jivhapratisaran*, *vacha* and *pippali* 1part, *akarkara* and *yasthimadhu* in 2parts in powdered form mixed with *madhu* and advised to apply and mild rubbing on tongue, gums for ten minutes and then told to gargle with lukewarm water. It removes coating on the tongue and help to improve normal salivation process. It removes *jivha stambha* and *Gauravta* and improves speech. *Pashchat* to increase facial muscle strength *gandusha* with *bala tel* given which strengthen *hanu*, *Swaravadan upachaya param* (best in nourishing structures of facial region), improving taste Perception (*Rasa gyan*) and prevent *osthasphutana*.^[13] Both this procedures were done as daily routine procedure for purpose of strengthening of facial muscle and to improve slurred speech.

Pratimarsha Nasya with *panchendriya vardhan tel* 2drop in each nostril was given. As said '*nasa hi shirso dwara*' the drug administered in the nasal cavity are absorbed better. It helps in *sukhshma indriya bala vardhan*, thus giving *bala* to *shirastha prana vayu*.

Internally *bruhatvata chintmani rasa* helps as *rasayan*, *bruhan* to penumbra region around infarct and Helps in restoration of neurological function.

Dashmooladi kwath is *tridosh har*. *Gandharva haritaki churna* helps in *strotasshodhan* and *mrudu anuloman*.

Table no. 6: Contents of medicines.

Drugs	Content	Uses
<i>Lekhan basti</i>	<i>Triphala, madanphal, bilva, kushtha, vacha, pippali, shatavha, madhu, saindhav, yavakshar, gomutra, sahachar tel</i>	<i>Kapha-vatahar, lekhan, karshan, dhatvagni dipan,</i>
<i>Patrapinda swedan</i>	<i>Erand, nirgundi, vata, nimbu, saindhav, errand tel, bala, ashwagandha, kottamchukadi churna</i>	<i>Shothahar, gives laghavta, removes stiffness</i>
<i>Panchatikta kshirbasti</i>	<i>Guduchi, nimba, vasa, kantakari, patol, kshir, panchatikta ghruta,</i>	<i>Pachan, balya, asthi-majja dhatu poshan</i>

<i>Panchendriya vardhan tel nasya</i>	<i>Vacha, shigru, madanphala,</i>	<i>indriya bala vardhan, urdhva jatrugata vikar har</i>
<i>Vachadi yoga</i>	<i>Vacha, akarkarabh, pimpli, yashtimadhu</i>	<i>Lekhan, dushta kaphahar</i>
<i>Bala tel</i>	<i>Bala</i>	<i>Vatahar, Mamsa dhatu poshan(strengthens muscle)</i>
<i>Bruhatvat chintamani rasa</i>	<i>Swarna-rajat-abhrak-loha-praval-mukta-parad-gandhak bhasm, kumara swaras</i>	<i>Vata-kaphahar, on vatavahini nadi karya, bruhan, rasayan</i>
<i>Dashmooladi kwath</i>	<i>Dashmoola, rasna, shunthi, devdaru, nirgundi, chitrak, pippalimoola, shigru, punarnava, arjuna</i>	<i>Vata-kaphahar,</i>
<i>Gandharva haritaki churna</i>	<i>Errand, haritaki, saindhav, sauvarchal, pippali</i>	<i>Vatanuloman, mrudu-virechak, deepan, pachan</i>

CONCLUSION

Snehana, swedana and *mrudu samshodhana* are selective therapy for *vatavyadhi*. In this case, *Bastikarma* and *patrapindaswed* removed *strotasavrodha* and stiffness in the body. *Bala tel gandush* and *vachadi jivha pratisaran* remove stiffness helping in improving speech. So combined all Therapy shows remarkable result in *Pakshghat*. This is a single case study and gave Promising result. Further study is required on number of cases for evaluation.

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