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Case Study

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# र्वायुधीता शरीरिणाम WSR TO PAKSHAGHATA-A CASE STUDY

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#### **ABSTRACT**

Pakshaghata is a Vataja Nanatmaja disease and considered as Mahavatavyadhi. Pakshaghata can be co related to Hemiplegia which results from cerebrovascular accident stroke. Modern science believes that the brain tissue once damaged completely cannot be repaired by therapies leading to permanent neurological deficit. Hence the disease has poor prognosis. In the case a male patient of 73 years of age came to OPD of Kayachikitsa on 26<sup>th</sup> February 2021 presenting complaints of difficulty in walking, pain while walking, stiffness of the right arm and leg, difficulty in lifting right arm, difficulty in speech, sweeping of both the feet's and involuntary movements of the lower limb since

5months. On basis of history and clinical findings the case was diagnosed as Pakshaghata. Ayurvedic medicines and Panchakarma procedures were given for 3months in IPD. Patient showed improvement in movement of lower limbs, strength and power of both right upper and right lower limb was increased. The involuntary movements of lower limb and the swelling of the feet reduced considerably.

**KEYWORDS:** Pakshaghata, Hemiplegia, Matrabasti, Panchakarma, Virechana, Snehana, Swedana.

#### INTRODUCTION

Pakshaghata is one of the major neurological disorders manifested as inability to move the group of muscles of either left or right side of the body. The term Pakshaghata, Pakshavadha or Ekanga Roga, literally means paralysis of the one half of the body. Here there is impairment of the Gyanendriyas, Karmendriyas and Manas. The disease affects the Madhyama Roga Marga (Marma asthi sandhi) and disrupts functions of sira (blood vessels), Snayu (ligaments), Kandara (tendon) etc. Pakshaghata can be related to Hemiplegia resulting after stroke. Stroke is defined as the sudden onset of neurologic deficit from vascular mechanism of which 85% is ischemic and 15% and primary hemorrhage. In India, the Indian Global Burden of Disease study 1990-2019 estimated that stroke was the largest contributor to disability adjusted life years (DALYs) and a chief contributor to deaths caused by neurological disorders. Risk factors for stroke identified includes Hypertension (72%), Diabetes(23%), Dyslipidaemia(15%) and drug addiction (9%). In this, etiopathogenesis, clinical features and management of the disease from Ayurvedic classics have been mentioned through a case study.

### **CASE REPORT**

A male patient of 73 years age admitted in IPD had the following presenting complaints-Weakness in right Lower limb since 5monts, Pain in lower limbs while walking since 5months, Difficulty in walking since 5months., Stiffness of the right arm since 5months.

Difficulty raising right arm since 5months., Difficulty in speech since 5months., Swelling (pitting oedema) of both the feet since 5months., Involuntary movements of lower limbs since 2months.

#### **Past History**

K/C/O Hypertension since 10years.(On medication- Azovas Tab), K/C/O Diabetes since 12years. (on medication- Razel Tab), H/O CVA Stroke 5months back, No H/O trauma or accidental injury., Medication Encorate chrono- for involuntary movements of lower line since 2months.

### **Investigations**

MRI Scan (Dated 16/09/2021)

Acute Ischemic infarct in left temporal, high parietal cortex.

#### **CNS Examination**

HMF- Higher mental functions, Consciousness- fully conscious., Orientation- of time, place, person- intact, Memory- immediate, remote, recent- intact., Hallucination, delusion- absent

Speech disturbance- present, Involuntary movements- present.

### **Deep Reflex**

	Right	Left
Biceps jerk	Exaggerated	Normal
Triceps jerk	Exaggerated	Normal
Knee jerk	Exaggerated	Normal
Ankle jerk	Exaggerated	Normal

### Chikitsa

The patient was subjected to Panchakarma treatment for 3months. Shamana Aushadhi and Physiotherapy were also started.

DAY	SHAMANA	SHODHANA
Days 1-10	1) Dashamoola Kashaya 80ml (2times/day) 2) Rasona Ksheerapaka 3) Sutashekhara Rasa (125mg Tab 2t/day) 4) Physiotherapy	Abhyanga with Ksheerabala Taila followed by Shashtika shali Pinda Sweda Matra Basti with Ksheerabala Taila.
Till day 15	Same	Same
Day 15-60	Same +Pathyadi Guggulu	Same

Continuation of Shamana Aushadhi and Physiotherapy till day 75.

Day 75-77	Same	Shodhanartha Snehapana with Guggulu Tikta Ghrita.
Day 78-80	Same	Sarvanga Abhyanaga with Ksheerabala Taila followed by Pinda Sweda Virechana Karma with Gandharva Haritaki with Anupana warm water.

Sutashekhara Rasa, Dashamoola Kwatha, Rasona Ksheerpaka and Physiotherapy continued till day 95.

#### **RESULTS**

The condition of the patient improved gradually with the course of the treatment. After giving Matra Basti strength of the patient gradually improved after which Mridu Virechana was given. The strength and power of both right upper and right lower limb was increased. Tone of the muscles improved. Deep tendon reflex also improved. The involuntary movements of the lower limb and the swelling of the feet reduced considerably.

## **DISCUSSION**

**Abhyanaga**- is one among the Dinacharya and is ancient Indian Ayurvedic approach adopted for healing, relaxation and treating various diseases.<sup>[1]</sup> Abhyanga means massaging the body

with any Sneha in the same direction as the hair follicles. In Pakshaghata there is Sira Snayu Sankocha. Snehana is very essential for such conditions. It pacifies Vata Dosha and Pushti Prasada (nourishes the Dhatus). [2] Acharya Charaka described that Vayu dominates in the Sparshendriya and its site is Twaka. Here Abhyanga was done with Ksheerabala Taila having excellent Rasayana properties and promotes body built. All the three ingredients Bala, Ksheera and Tila Taila possess Madhura Rasa and Vipaka and mitigates both Vata and Pitta Dosha. Ksheerabala Taila is said to have pacifying effects on all eighty chronic conditions of Vata origin.

Shashtika Shali Pinda Sweda: Swedana is a treatment procedure in which sweat is induced by application of heat and warmth on body using various methods. It is considered to be best form of treatment in expelling morbid Vata and Kapha.<sup>[3]</sup> Shashtika Shali Pinda Sweda is a strengthening and nutritious treatment. It improves muscle tone and power. It removes any Srotorodha which ultimately increases the Sneha absorption.

Matra Basti- It is a type of Sneha Basti. It has a very special place among all the Bastia and is highly praised because it can be administered at anytime and does not cause complications. [4] Here for Mayra Basti Ksheerabala Taila was used. This Taila is antiinflammatory, removes Srotorodha, pacifies Pakwashayastha Vayu and controls all the subtypes of Vata.

Dashamoola Kashaya- Acharya Charaka mentions these drugs in Shothahara Mahakashaya. [5] It helps in reducing pain and oedema of the feet. Also helps to reduce any oedema in the brain area, helping in normalizing the functions of the same. It also reduces joint and muscle pain to owing to its potent analgesic, pain relieving and anti-inflammatory properties.

Sutashekhara Rasa- With its main contents as Kajjali, Suvarna, Tamra Bhasma, Dhattura etc. It helps to remove Srotorodha by Amapachana. [6] It is one of the best Tridhosha Shamaka Dravyas. Also helps to improve potency of the other drugs along with itself. It is said to be Sarva Rogahara.

Rasona Ksheerapaka- With its Snigdha Guna, Madhura Vipaka, Rasona has Brimhana, Balya, Medhya, Rasayana properties.<sup>[7]</sup> With its Ksheerapaka, more beneficial properties of Rasona get added to the Ksheera. It gets absorbed by the body readily.

Pathyadi Guggulu- Triphala, Guggulu are the main contents of these drugs, with other Prekshepaka Dravyas which helps to increase the strength of the patient line an elephant. [8] This Bala is important in Pakshaghata patients.

Shodhanartha Snehapana- Has three fundamental purposes before Shodhana process as follows:

To prepare the body by bringing the Doshas from Shakha to Koshta from where it can be easily expelled out.<sup>[9]</sup>

To pacify the anticipated provocation of Vata after the purification process.

For providing strength to the body for bearing the stress of the Shodhana procedure. [10]

Guggulu Tikta Ghrita- Was used for Shodhanartha Snehapana in this case. It contains Tikta Rasa Pradhana Dravyas. It does Pachana hence alleviating Ama and increases digestive fire helping in maintaining the normal state of Dhatwagni. Tikta Rasa helps in formation of Samyaka Asthi Dhatu.[11]

Virechana- is the line of treatment given by the Ayurvedic classics for Pakshaghata. Virechana drugs are Ushna, Teekshna, Sukshma, Vyavayi and Vikasi. By virtue of their own potency Virechana Dravya reach the heart and circulate in all body through the vessels. Due to their Agneya Guna they liquify the compact Doshas. Due to their Teekshna Guna they separate the adhered Doshas in the channels of entire body. Due to its nature to move through subtle channels and to flow towards Koshta, this morbid material reaches the stomach. Due to predominance of Prithvi and Jala Mahabhutas in Virechana drugs and due to their Prabhava to move downwards, Doshas get expelled through the downward tract I.e. the anus. [12]

Gandharva Haritaki- Used for Mridu Virechana in this case. It consists mainly of Haritaki and Eranda Taila. The formulation is used for Anulomana, Vata Vyadhi etc. Eranda Taila has Pakwashaya Shodhaka actions. Haritaki is attributed with many qualities like Deepana, Pachana, Anulomana, Rasayana etc. [13]

**Physiotherapy**- It is one of the best supportive treatment for diseases like Pakshaghata. The main aim of Physiotherapy is to treat, correct, prevent and to prepare patient to adjust with their disabilities and deformities that have happened. [14] It increases circulation for all four limbs and gives temporary relief from pain. Here the proper Ayurvedic management with Physiotherapy and other rehabilitation measures helps the patient to be self sufficient. [15]

### **CONCLUSION**

Simple Panchakarma treatment are beneficial in conditions like Hemiplegia in acute stages. Pakshaghata a Nanatmaja Vata Vyadhi is a difficult disease to manage because complications may arise at any time. But by adopting a proper treatment protocol one can achieve good results in Pakshaghata. Sthanika Chikitsa, Basti and Virechana along with Shamana Aushadhi and Physiotherapy was administered to the patient according to Vyadhi Avastha, Rogi Bala and Dosha Bala. These gave satisfactory and encouraging results and led to the improvement in the quality of life of the patient.

#### REFERENCES

- Murthy K.R.S Ashtanga Hridaya of Vagabhata, Chaukambha Prakashana, Varanasi, Sutrasthana Dinacharya Adhyaya.
- 2. Vasant C. Patil Principles and Practice of Panchakarma 3<sup>rd</sup> Edition, Bangalore, Atreya Ayurveda Publications 2016.
- 3. Charakasamhita of Agnivesha, Chaukambha Prakashana, Varanasi 6<sup>th</sup> Edition, Sutrasthana Sweda Adhyaya.
- 4. Charakasamhita of Agnivesha, Chaukambha Prakashana, Varanasi 6<sup>th</sup> Edition, Siddhisthana.
- 5. Charakasamhita of Agnivesha, Chaukambha Prakashana, Varanasi 6<sup>th</sup> Edition, Sutrasthana Shadavirechanashatashritiya Adhyaya.
- 6. Yogaratnakara of Vaidhya Shrilakxmipatishahtri Ayurvedacharya, Chaukambha Prakashana, Varanasi, reprint, Amlapitta Prakarana 2013.
- 7. Bhavaprakasha of Bhavamishra Dr Bulusu Sitarama, Prof K.C. Chunekar, Chaukambha Orientalia Varanasi, reprint 2015.
- 8. Bharata Bhaishajya Ratnakara, Shree Nagindas Chaganlal Shah Rasavaidhyen, New Delhi reprint 2015.
- 9. Charakasamhita of Agnivesha, Chaukambha Prakashana, Varanasi 6<sup>th</sup> Edition, Sutrasthana Vividhashitapitiya Adhyaya.
- 10. Murthy K.R.S Ashtanga Hridaya of Vagabhata, Chaukambha Prakashana, Varanasi, Sutrasthana Vamana Virechana Adhyaya.
- 11. Sushruta Samhita, with commentary of Sri Dalhanacharya, translated by PV Sharma, Chaukambha Orientalia Varanasi, Sutrasthana Rasavisheshavigyaniya Adhyaya.
- 12. Charakasamhita of Agnivesha, Chaukambha Prakashana, Varanasi 6<sup>th</sup> Edition, Kalpasthana.

- 13. Shastry H. Rasatarangini 1<sup>st</sup> reprint edition, New Delhi, Motilal Banarasidas Publications 2000.
- 14. Lolith B 2016 A textbook of Panchakarma 1<sup>st</sup> edition, Varanasi, Chaukambha Orientalia.
- 15. Sohini S. Conventional Ayurvedic Management in Spastic Cerebral Palsy IJAPT April 2017.