

Pakshaghatha – A Case Study

Karthikeya Prasad¹, Manjusri²

¹* Associate Professor, ²PG Scholar, Department of Panchakarma, Karnataka Ayurveda Medical College, Hoigebail, Mangalore, Karnataka, India

Submitted: 15-11-2022

Accepted: 25-11-2022

ABSTRACT: Ayurveda is the science of life. Vata is one of the tridoshas, is the controller, regulator and its vitiation is the cause for many diseases. In ayurveda Pakshaghata has been explained in vatavyadhi and is important. The word Paksha means half of the body. The disease which is associated with loss of sensation, loss of movements and emaciation in half of the body is called Pakshaghata. Acharya Vagbhata has included Ekangavata in Pakshaghata¹. It is a vatajananatmajavyadhi. It can manifest due to Margavarana and Dhatukshaya². Acharya Charaka has mentioned it as Pakshavadhya.

Stroke is the most common cause of neurological disability. About one fifth of patients with acute stroke die within a month and at least half of those who survive are left with physical disability. The incidence is increasing with age, obesity, diabetes mellitus, hypertension, dyslipidemia, smoking, alcohol abuse and cardiac problems.

Panchakarma treatments of Ayurveda especially shodhana are very beneficial in diseases like Pakshaghata causing long lasting disability. Here a single case study of Pakshaghata with the efficacy of panchakarma treatment has been given. The assessment was made before and after treatment. Maximum improvement was noticed in the symptoms. Panchakarma plays a vital role in the management of Pakshaghata. The recuperation was assuring and worth documenting.

KEY WORDS-

Pakshaghata, Panchakarma, shamana

I. INTRODUCTION

Pakshaghata is a madhyamarogamargavyadhi. In ayurvedic literature the factors vitiating vata dosha in body are said to be the root cause for Pakshaghata. There is dushti of rasa, rakta, mamsa dhatu. Acharya Charaka has mentioned the symptoms as immobility of the affected side in association with pain and loss of speech³. The affected part becomes krusha and

durbala. He has mentioned swedana, snehana and virechana as line of treatment for Pakshaghata.

Hemiplegia is the commonest manifestation of Stroke with neurological deficit affecting the face, limbs and trunk on one side or either side of body. The worldwide incidence has been quoted as 2/1000 population per annum, about 4/1000 in people aged 45-84 years⁴. The etiology are (a) Cerebro vascular accidents which include cerebral hemorrhage, sub arachnoid hemorrhage, cerebral thrombosis, internal carotid artery thrombosis or stenosis, cerebral embolism, venous sinus thrombosis. (b) Hypertensive encephalopathy (c) cerebral tumours (d) Acute encephalitis⁵. In this present study Pakshaghata patient has shown remarkable improvement with mrdhushodhana and shamanaushadhis.

II. CASE DESCRIPTION

A 77-year-old male married patient was brought to our hospital KAMC, Panchakarma OPD on 1/9/22, with chief complaints of sudden weakness in right side of body including face, inability to stand, walk, slurring of speech in the past 2 days.

Presenting complaints-

Reduced strength in right upper and lower limb, difficulty in walking, slurred speech, heaviness and stiffness of affected side of body in the past 2 days.

History of present illness-

By the statement of bystander patient was healthy and apparently normal. 2 days back while walking suddenly fell down, felt loss of strength in right side of body and slurring of speech. Patient was admitted in allopathic hospital for emergency treatment where he was diagnosed with hypertension and CVA. CT scan shows hyperacute infarct in right occipital gyrus. He was treated for the same for 2 days and had no relief from his complaints. So he was brought to our hospital for further treatment on 1/9/22.

- **Associated complaint-**
- Diabetes mellitus in the past 5 years, on insulin 15-0-15 units, hypertension in the past 2 days.
- **Physical examination**
- Built- normal
- PICKLE-normal
- BP-140/90 mmhg
- Pulse rate-76/minute
- **Systemic examination-**
- Respiratory system-Normal vesiculo bronchial breath sounds heard; no abnormality detected.
- CVS-S1 S2 heard.
- Central nervous system-higher mental functions found to be normal

Corneal response diminished on right side

Blowing of cheek-not possible

Verbal response-3

Muscle tone-spastic on right side

Muscle strength- decreased on right side

Deep tendon reflexes 3/5 on affected side, Babinski -positive on right side.

- **Laboratory investigation-**

- Hematological investigations were done and found to be normal

- **Specific investigation-**

- 31/8/22-CT SCAN-Cerebral atrophy

- Hyperacute infarct in right occipital gyrus.

- Acute infarcts in left hemispheres and splenium of corpus callosum on the right.

- Small vessel ischemic changes in bilateral periventricular and fronto parietal deep white matter.

DIAGNOSIS

Case was diagnosed as Pakshaghata. The treatment was planned as per dosha bala, sthana and rogi bala.

Table-1 Details of treatment given to patient.

Date	Treatment	Internal medicines	Shamanoushadhi
1/9/2022 To 3/9/2022 Every day	<ul style="list-style-type: none"> • SarvangaDhan yamladhara, • Agni lepa • Takradhara 	<ul style="list-style-type: none"> • Lashunaksheera paka 20ml in the morning • Gandharvahasty adierandataila 10ml at bed time 	<ul style="list-style-type: none"> • Bruhatvatantam ani ras-1-1-1 • Mahayogarajagu ggulu-1-1-1 • Shiva gulika-1-1-1 • Chandra Prabha vati-1-1-1
4/9/2022 To 11/9/2022 Every day	<ul style="list-style-type: none"> • Sarvanga abhyanga with ksheerabalataila and ketakimooladitaila • Shastikashalip indasweda, • Matrabasti with Dhanwantara kuzambu-35ml, balaguloochyadi taila-35ml, kapikachu-10gm and vacha-10gm. • Nasya with karpasathyaditaila 6 drops, • tailadhara with brahmitaila and ksheerabalataila 	<ul style="list-style-type: none"> • Lashunaksheera paka 20ml in the morning, • Gandharvahasty adierandataila 10ml at bed time 	<ul style="list-style-type: none"> • Bruhatvatantam ani ras-1-1-1 • Mahayogarajagu ggulu-1-1-1 • Shiva gulika-1-1-1 • Chandra Prabha vati-1-1-1

III. RESULTS

During the course of treatment, the condition of patient improved gradually. The strength, power, tone of muscle improved. Deep

tendon reflex was normal after course of treatment. He was able to walk at the end of treatment. The slurring of speech and motor response improved

Motor functions

Power:

Table 2-Power grade before and after treatment

	Left (BT) (AT)	Right (BT)	Right (AT)
Upper limb	5/5	2/5	4/5
Lower limb	5/5	2/5	4/5

Reflexes:

Table 3: Reflexes grade before and after treatment

	Left (BT) (AT)	Right (BT)	Right (AT)
Biceps	2	3	2
Triceps	2	3	2
Supinator	2	3	2
Knee jerk	2	3	2
Ankle jerk	2	3	2
Babinskis sign	negative	positive	negative

IV. DISCUSSION

Pakshaghata is one of the important diseases among vatajavyadhis. Sadhyaasadhyata has been explained by Acharya Sushruta. Shuddhavatajapakshaghata is kruchrasadhya. Pakshaghata with pitta or kapha dosha involvement is sadhya. Pakshaghata caused due to dhatu kshaya is asadhya⁶. Acharya Bhavaprakashasays vedanarahitapakshaghata and in garbhini, prasutha, bala, vrudha, ksheena it is asadhya⁷. In this case pakshaghata was diagnosed as kaphavruta. Shodhana and shamana line of management was adopted based on dosha and rogi bala. Swedana, snehana and virechana is the line of treatment for pakshaghata according to Acharya Charaka⁸. As there is kaphaavarana Dhanyamladhara was done initially. Sneha yuktavirechana was given with gandharvahastyaditaila. It is mridushodhana. As patient was suffering from hypertension takradharawa was done which proved very beneficial. Sarvangaabhyanga was done for strengthening and nourishing the muscles. It is vatahara. Sashtikashalipindasweda is a special type of sweda done using bolus of rice dipped in ksheera and bala moola kashaya. It is brihmana and has swedanakarma. Sashtikashali has snigdha, guru, sheeta, sthiragunas and is tridoshaghna. Tailadharais indicated in disorders of shiras, increases strength and nourishes. Basti is considered as ardha chikitsa⁹. It is useful in vitiation of all doshas. Matrabasti can be given in all seasons and is without complications. Nasya is indicated in urdhwajatrugatavikara. Patient had slurring of speech, nasya was administered which is very useful in vakgraha, swarabheda and indriyashuddhi.

In

shamanoushadhis Brihatvatachintamaniras, Mahayogarajaguggulu, Shivagulika and Chandraprabhavati was advised. Brihatvatachintamaniras contains bhasmas of swarna, rajata, abhraka, loha, paradamuktha, suta and is indicated in pakshaghata. Mahayogarajaguggulu is tridoshahara. It is anti-inflammatory and analgesic, promotes strength of bones and joints. Shiva gulika contains shiljatu which is good for nervous system, balamoolakashaya and dashamoolakashaya are vatahara. Chandraprabhavati is balya, tridoshahara, vatanulomaka and sarvarogaprashamana. Lashunaksheerapaka was administered daily in the morning as it improves agni, removes kaphaavarana and is vatanulomaka. With the above treatments patient improved. Here gained his muscle tone, power, strength, motor functions. He developed clarity of speech.

CONCLUSION

Pakshaghata is a mahavatavyadhi and is difficult to manage. To treat Pakshaghata when it is associated with complications is challenging. In the present study it was noted that pakshaghata was associated with hypertension and diabetes mellitus. Age was an issue for planning shodhana. Panchakarma is a very important part of treatment. Shodhana is very vital for curing the disease and avoiding recurrence. Encouraging results are seen with dhara, nasya, matrabasti, abhyanga and sashtikashalipindaswedain improving the condition of pakshaghata. The combined effect of all the above treatments helped in reducing the symptoms

and in recovery of the patient. By this case study we can see that though Pakshagatha is difficult to manage if proper treatment is given remarkable results can be obtained with logical use of internal and external medicines.

REFERENCES

- [1]. Lochan K. chapter 15 In: Nidānasthāna, Cikitsā sthāna and Kalpa -Siddhi Sthāna 15/38-40. New Delhi, India: Chaukhambha Publications; 2022. p. 139.
- [2]. Acharya YT. Charaka Samhita with Ayurveda Dipika commentary of Chakrapani Datta.ChikitsaSthana 28/18. Reprint ed. Varanasi (India): Chaukhambha Orientalia;2011.p.617
- [3]. Acharya YT. Charaka Samhita with Ayurveda Dipika commentary of Chakrapani Datta.
- [4]. ChikitsaSthana 28. Reprint ed. Varanasi (India): Chaukhambha Orientalia; 2011.p.617
- [5]. Warlow CP, Dennis MS, VanGinJ J et al: A practical approach to management of stroke
- [6]. patients. In: Stroke: a practical guide to management. Blackwell sciences, London.1996; 360-384.
- [7]. www. hp.gov.in >Pakshaghatha (Hemiplegia)
- [8]. Srikanthamurthy KR . vathavyadhinidana. In: Illustrated suśrutasaṁhitā nidanaSthana 1/63: Text, English translation, notes, appendicesie appendices and index. Varanasi: ChaukhambhaOrientalia; 2008, p. 462.
- [9]. Srikanthamurthy KR Bhavaprakash of Bhavamishramadhyama khanda 24th chapter, vatavyadhiadhikara verse 208, ChaukhambhaKrishnadas academy 2009, p. 340.
- [10]. Acharya YT. Charaka Samhita with Ayurveda Dipika commentary of Chakrapani Datta.
- [11]. ChikitsaSthana 28. Reprint ed. Varanasi (India): Chaukhambha Orientalia; 2011.p.617
- [12]. R K Sharma and Bagavandasa, CharakaSamhitha, Siddhi Sthana, 1/ 39 Chaukhambha Sanskrit series 2001 p 163.