Review Article
www.ijrap.net

AN INDIVIDUALIZED TREATMENT PROTOCOL DEVELOPMENT IN THE MANAGEMENT OF PAKSHAGHATA (ACUTE STAGE OF ISCHEMIC STROKE): A REVIEW
Ashwini Sori *, Ravishankar Pervaje ², B S Prasad ³

1 PG Scholar KLE BMK Ayurveda Mahavidyalaya Belgaum, Karnataka, India
2 Medical Director, Sushruta Ayurveda Hospital Puttur, Dakshina Kannada, India
3 Principal, KLE BMK Ayurveda Mahavidyalaya Belgaum, Karnataka, India

Received on: 12/08/17 Accepted on: 29/09/17

*Corresponding author
E-mail: ashwinisori@gmail.com

DOI: 10.7897/2277-4343.085233

ABSTRACT

Stroke is one of the leading cause of death and the treatment so far has no promising results, where the drugs only assuage the symptoms temporarily and the underlying pathology goes on progressively to worsen the condition. Though ample research is being carried out for alleviating the disease and new avenues are being explored, followed by physical rehabilitation, physiotherapy etc., yet the disease have not been dominated and remain incurable. To add it up, the adverse effects pose distant threat to the well-being. A rapid review of recent Ayurvedic research literature on subject of Pakshaghata indicates that there are no previous studies which have documented individualized clinical management strategy based on dosha dushya samuchana and its clinical outcomes. Pakshaghata treatment schedule adopted according to the stage (avastha) i.e. in acute stage the immediate aim is to maintain the lifestyle and to prevent the further complications like teekshna nasya, hima dhara, talam, sadya virechana, agni lepa and basti karma, so here protocol is developed which is already being followed giving promising results in acute conditions.

Keywords: Pakshaghata, Ischemic stroke, Avastika chikitsa, Ayurvedic protocol

INTRODUCTION

Cerebrovascular accident (CVA) is the third leading cause of death in developing countries. It accounts for 20% of neurological admissions. This disease has posed a great problem to the medical field as far as its treatment is concerned there are no promising results.

The disease symptoms vary from patients to patients according to the pathology involved (dosha- dushya samprachana) like impairment in sensory functions, motor disability and mental functions. The signs and symptoms depend on predominance of dosha which is being presented based on which it can be differentiated as ischemic or haemorrhagic one.

The treatment of Pakshaghata is time consuming and expensive too. With advent of modern drugs, the treatment pattern of disease has grossly changed, where the drugs employed counteracts only symptoms temporarily and the underlying pathology goes on progressively to worsen the condition decreasing the quality of life of the patient. Though ample research is being carried out for overcoming the disease and new avenues and dimensions are being explored for treating early ischemic changes by thrombolytic agents, physical rehabilitation and physiotherapy etc., yet the disease has not been dominated and remain incurable. To add it up, the adverse effects pose distant threat to the well-being.

A rapid review of recent Ayurvedic research literature on subject of Pakshaghata indicates that there are no previous studies which have documented individualized clinical management strategy based on dosha dushya vichara and its clinical outcomes.

Pakshaghata treatment schedule adopted according to the stage (avastha) i.e. in acute stage the immediate aim is to maintain the lifestyle and to prevent the further complications. The patient’s condition must be stabilized in the emergency room and strategies to re-establish the circulation in the acute condition of stroke.

Panchakarma like nasya, basti, virechana forms a very important part of the treatment plan for pakshaghata and their application wholly depends on Dosha-dushya avasta.

Previous studies have restricted themselves to evaluation of partial aspects of Ayurveda management at times limited to illogical herbal drug trial’s and dissected panchakarma procedures and their outcomes.

Hence there is need for Ayurvedic protocol development and its driven clinical trials is beginning to be felt in professional Ayurvedic circle because in the recent times under the influence of biomedical treatment strategies, Ayurvedic researchers have tended to reduce their holistic and individual specific management strategies to uniform treatments mimicking allopathic treatments under the mistaken belief that research designs based on classical Ayurvedic protocols are not researchable.

Stroke

Stroke syndrome is a medical emergency, the rapidly developing loss of brain functions due to disturbances in blood supply to the brain is cardinal feature of CVA. The term stroke is used for sudden and dramatic development of focal neurologic deficit, varying from trivial neurologic disorder to hemiplegia, coma and death.
Definition of stroke

According to WHO- Rapidly developing cerebral symptoms or signs of focal disturbance of function with symptoms lasting more than 24 hours leading to death with no apparent cause other than that of vascular origin.

This definition supports to reflect the reversibility of tissue damage and was devised for the purpose, with the time frame of 24 hours being chosen arbitrarily.

Classification of Stroke

It can be classified into two major categories,
1. Ischemic stroke
2. Haemorrhagic stroke

Ischemic stroke is caused by interruption of blood supply while haemorrhagic results from rupture of blood vessels or by abnormal vascular structure. About 87% of stroke are caused by ischemia.

1. Ischemic stroke

In an ischaemic stroke blood supply to the part of brain is decreased, leading to dysfunction of brain tissue in that area caused by

- Thrombus
- Embolism
- Systemic hypoperfusion
- Venous thrombosis

Diagnosis

Neurological examination, CT scan, Doppler ultrasound, Arteriography

Blood test will also help to find out the cause

Treatment

Ischemic stroke: Thrombolysis
Haemorrhagic stroke: neurosurgery
Rehabilitation (speech, language, physiotherapies)

According to Ayurveda

The word Pakshaghata include pakshaghata and agata.

Paksha

Dalhana says- Paksham sharetdham;

Aghata

The word agata means several meanings it can be considered killing, blow or injury it is quoted in various context mutra agata, due to rakta srava, abhi ghata to sira and lohita marmar, abhyantara marmaghata.

There are three possibilities- a.Margavarana
b.Dhatu kshaya
By both dhatu kshaya and margavarana
Kapha/pitta (all over the body)
Rakta(locally)
Mamsa, meda, asthi, sandhi (at their srotas)
So while planning the treatment one should thoroughly observe the above three factors or avasthas because treatment will vary according to the above three stages.

Samprapti

Due to aharaja and krimi nidana rakta dushthi occurs that may be vataja, pittaja or kaphaja swarupa by raktaavarna leading to vata prakopa getting sthanasamshraya in triyag dhamani at urdhwa deha causing pakshaghata.

<table>
<thead>
<tr>
<th>Roopa</th>
<th>Charaka Samhita</th>
<th>Sushruta Samhita</th>
<th>Astanga Sangraha</th>
<th>Astanga Hrudaya</th>
<th>Madhava Nidana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chestanivriti</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Vak stamba</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Vedana</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Achhanu</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Sira snau sopha</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Sandibanda vimoksha</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Hasta pada sankocha</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Daha</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Santapa</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Mrucha</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Shantiya</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Shotha</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Gaurava</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
</tbody>
</table>

Table 1: Purva Rupa

<table>
<thead>
<tr>
<th>Table 2: Types and sadya asadhya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kevala vataja</td>
</tr>
<tr>
<td>Anya doṣhaja</td>
</tr>
<tr>
<td>Kapha samanvita</td>
</tr>
<tr>
<td>Kapha pitta samanvita</td>
</tr>
</tbody>
</table>

Raktasrutijanya dhatu kshaya vataja | Asadhya |
Ashwini Sori et al / Int. J. Res. Ayurveda Pharm. 8 (5), 2017

Possible practical presentations in Acute stages of Pakshaghata
In Akshepaka avastha- With convulsions
In Mada avastha- Semi-conscious
In murcha avastha- Unconscious
In sanyasa- Coma
Kevala Vataja pakṣagata with or without vata/pitta samshraya-Conscious

Chikitsa

Before going to begin the treatment schedule one should confirm the hetu vishesha i.e., pitta adi avarana. In chikitsa sutra snehana, swedana, virechana is told which is the ultimate treatment for pakshaghata, but in acute stage patients come in stage of Mada murcha and sanyasa or akshepaka along with pakshaghata. So treatment can be planned in two ways.

According to the cause of rakta dusti
Due to rakta krimi - Prakrutti vigatana and krimi hara chikitsa should be done nothing but killing the krimi. Due to abhi ghaata - shalya chikitsa is needed
Due to abhi ghata - Doshas has to be treated

According to the pradhana dosha
In all types of Vata prakopa we should evaluate Pitta and kapha samshraya
In Pitta and vata- Treatment should be planned for Pitta than Vata
In Kapha and Vata- Treatment should be planned for Kapha than Vata
In case if patients presents with Murcha, mada and sanyasa which is pitta pradhana pitta hara chikitsa i.e., treatment protocol of murcha should be done. So as dosha vipreta chikitsa in murcha sheeta seka, avagha, pra deha, sheetal paneeya and pitta jwara hara chikitsa should be done.
Even though murcha I one of pitta pradhana vyadh, as vyadh pratyanika chikitsa one should plan teekshna virechana to remove tama avarana from samjnavaha srotas so jwargaha chikitsa too can be adopted in murcha too.
For Akshepaka we have to do
1. Teekshna ava peedana nasya
2. Prabhuta matra snehanapan

a. Kevala vataja
snea virechana, anuvasana, asthapana treatment should be done.

b. Vata or pitta dosha samanvitha
Here vataja vatarakta chikitsa should be done accordingly, if both present pitta should be treated first.
Some adoptable treatment for pittaja akshepaka avastha- sheeta pariseka, sheeta alepa, sheeta madhura kashaya, pittajwara chikitsa, madhura tikta gritha, shatadouta grhuta alepa13.

In kaphaja samanvita
Gurutwa, staimithya, stamba lakshanash can be seen where mrudu/sneha virechana, kapha ama pachana by rooksha alepa, abhyanga with sarshapa taila, basti karma.

c. For kevala vataja pakshaghata
After patient relieved from pittaja and kaphaja avastha and vataja symptoms more clear and classical pakshaghata treatment can be taken like shirobasti, taila dhara, shastika shalya chikitsa, all over the body.

Table 3: Protocol

<table>
<thead>
<tr>
<th>Condition</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute patient of pakshaghata</td>
<td>Himadhara (dhanyaka + amalaki) for 20min</td>
</tr>
<tr>
<td>Mada/Murcha/Sanyasa</td>
<td>Talam with Shatadhatu ghruta and manjishtadi</td>
</tr>
<tr>
<td>Akshepaka avastha</td>
<td>Sheeta alepa with Shatadhatu ghruta all over the body</td>
</tr>
</tbody>
</table>

| Teekshna nasya (according to condition) | 8 drops in each nostrils |
| Kavala graham with Triphala +Trikatu+Honey |

| Sarbipana | Prabhuta matra snehanapan |
| In vata-Kalyanaka ghrita |
| Pitta- Panchadi f ghrita |
| Kapha- Panchagavya ghrita |

| When pittaja symptoms are relieved | Mridu virechana 30ml Gandharva hastadi eranda taila with ksheera or water according to dosha |
| Gaurava ,stamba symptoms of kapha remains | Ruksa lepa/Agni lepa |
| (Nirgundi + maricha + lavanga + lashuna + tulasi + agnimanta + kola) | 1 time a day |
| Abhyanga with sarshapa taila before giving basti |
| Bastikarma- Amahara and kaphahara |
| When kaphaja laxanas are relieved and only vataja symptoms remains vatahara chikitsa should be done like brimhana chikitsa | Shirodharana with Balal taila for 30 minutes |
| Abhyanga with Ksheerabala taila |
| Brimhana basti |
| Upanaha |

DISCUSSION

The treatment planned is according to dosha-samsarga when the patient comes in murcha mada and sanyasa avastha the treatment adopted is of murcha chikitsa, where in teekshna nasya is advised to remove the avarana in the sanjna vaha srotas for sanjna prabodhana, even though murcha is pitta pradhana vyadh the nasya, given is teekshna which is vyadh viipartita chikitsa so to counter balance the dosha hima dhara is done along with talam and sheeta alepa which is pitta/jwara hara doshapratyanika chikitsa. Acha sarpi pana is also done in prabhuta matra as told in chikitsa sutra which hinders the prevalence of vata further followed by snigdha virechan as quoted in Pitta Vata rakta chikitsa14.

Once pittaja lakshanas are relieved the symptoms of kapha like stamba and gaurava remains for which ama/kapharahara treatment is done by rookshaalepa/ agni lepa which contains teekshna drugs that does ama pachana and helps in reducing the ama, along with sarvanga abhyanga with sarshapa taila followed by kaphahara basti is planned in the yoga basti pattern at the end of treatment kapha samargaja lakshanash are reduced completely.
Now only vataja ie kevala vataja lakshanas are remained like ruja, sankocha where brimhana treatment should is to be done in the form of abhyanga, shiro basti, brihmana basti and upanaha thus overcoming the prakupta vayu restoring the normal functioning of affected limbs.

CONCLUSION

The treatment planned is purely based on dosha avasta which helps in counteracting the symptoms step by step according to the predominant dosha being presented. Protocol based treatment of acute stroke depending on the presentations of patients helps in establishment of dosha vigata chikitsa which is the most important in treating any disease. The present study on expects to establish that an individualized treatment protocol for pakshaghata is the correct Ayurvedic management strategy and therefore necessary, by demonstrating that in the cases studied, there is adversity in the presenting dosha and avastha symptoms. Today, even in biomedicine, the hypothesis in pharmaco genomics, is that individualized treatments based on genotypes is more scientific than uniform approaches to treatment which can be well appreciated in Ayurveda literature where in complete treatment of disease is been explained based on dohas.

REFERENCES

4. Baghel M S. Need of new research methodology for Ayurveda. AYU 2011:32:3-4
10. Sushruta of sushruta samhita by Acharya Priyavat Sharma, Nidana sthan 1/60, Chaukhambha Surabharti Prakashan, Varanasi Page no 465

Cite this article as:

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.