



Research Article

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ROLE OF AYURVEDA IN THE MANAGEMENT OF PAKSHAGHATA WITH SPECIAL REFERENCE TO HAEMORRHAGIC HEMIPLEGIA: A CASE REPORT

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ABSTRACT

A 52 year old male patient with diagnosed case of hemorrhagic stroke presented as Rt. Sided hemiplegia with sensory aphasia. CT brain shows Intraparenchymal bleed in left gangliocapsular region, with this presentation patient was admitted in our institute. The Ayurvedic diagnosis of Pakshaghata (CharakoktaArdit) was made and Nasya, Shirodhara and Basti karma all these procedures were done. At the same time he was also given internal Ayurvedic medicine with physiotherapy. Patient was in our institute for 1 month 20 days and showed substantial improvement in Subjective Parameter. The recovery in the present case was noticeable. Aim of the study was to evaluate the effect of Ayurvedic treatment in the case of Pakshaghata (CharkoktaArdit) with special reference to Hemorrhagic hemiplegia with Sensory Aphasia. Symptoms were Weakness in Both Upper and lower limbs of Rt. Side including Rt. side face, unable to walk, unable to speak [Sensory Aphasia], Unable to tell about urination and defecation (because of sensory aphasia), deviation of mouth on Rt. side [7th nerve palsy] since 4 days. Patient shows the significant improvement in the symptoms that is about 90%. After treatment sensory aphasia of patient was also recovered. Detail observations will be described in full paper article. Patient of Pakshaghata (CharakoktaArdit) with special reference to Hemorrhagic hemiplegia with Sensory aphasia can be cured by combined therapy of basti, nasya and shirodhara. By panchakarma therapy along with internal medicines relief can be obtained in stroke patients.

Keywords: Pakshaghata, Nasya, Shirodhara, Basti, Hemorrhagic Hemiplegia, Sensory Aphasia.

INTRODUCTION

Stroke is defined as a sudden onset of a focal neurological deficit of less than 24 hours duration which tends to improve over time. Stroke is a leading problem now a days which causes adult disability. The commonest cause of Hemiplegia is cerebrovascular disease which results in stroke. Hemiplegia is become a common lifestyle disorder leading to high incidence of morbidity and mortality. The prevalence of stroke in India ranges from 40-270 per 100000 population.¹ Hemiplegia is one of the most frequent presentation of stroke. In Ayurveda Hemiplegia can be correlated with Pakshaghata which is a Vatvyadhi of nanatmaj type.² A wide variety of vessels and pathological processes are involved in cerebrovascular disease based on which the strokes are classified as ischaemic and haemorrhagic stroke.³ Hemorrhagic stroke is less common than ischemic stroke. It is more deadly, if person survives there is better recovery of functions. Intracerebral haemorrhage causes about 10% of acute stroke events but is more common in low income countries. There are many risk factors which cause hemorrhagic stroke such as Alcohol, Hypertension, Vascular anomaly etc.⁴ Sensory aphasia is one of the major symptom results from stroke. Sensory aphasia is inability to appreciate the meaning of spoken words. In speech, words are used incorrectly and do not convey the desired ideas. Pakshaghata is a kevalavatavyadhi and results because of vatakopa. It affects siraa's [vascular structures] and snayu's [tendons and ligaments] of one half of the body and face.⁵ The main cause of hemiplegia is vitiated vata and in Ayurvedic text one of the best treatments for vata dosh is Basti. The management of Pakshaghata being

reported in this paper was a case of Hemorrhagic stroke. In this presented case the effect of combined therapy of Basti, Nasya and Shirodhara has been shown.

Case report

A 50 years old male patient came to our institute [22/7/2016] with the complaints of weakness in both the upper and lower limbs of Rt. Side including face, unable to walk, unable to speak [Sensory Aphasia], Unable to tell about urination and defecation, deviation of mouth on Rt. side [7th nerve palsy] since 4 days [18/7/2016]. Patient was on catheterization since 4 days. At the time of admission pt. was conscious and his vital functions were normal.

Past History

H/o alcohol consumption for 4-5 years daily

No H/o smoking, Tobacco chewing

No H/o any significant family history No H/o any trauma or accidental injury No H/o HTN, DM, TB or any surgical illness.

On examination

General Condition– Moderate

A febrile

Pulse – 84/min

BP – 100/70 mmHg

Weight – 52 Kg

Table 1: Reflexes

	Rt.	Lt.
Biceps	Exaggerated	N
Triceps	Exaggerated	N
Knee jerk	Exaggerated	N
Ankle jerk	Exaggerated	N
Planter	Extensor	Flexor

CT Findings

Intraparenchymal bleed in left gangliocapsular region & mass defect.

Table 2: Intervention

Date	Medicine	Dose	Frequency
23.07.2016	1.Brahmi vati 2.Vatantak syrup 3.Snehan and Nadiswedan 4.Anutail nasya 5.Sunthi sidhhaerandsneha	2 tab.	Twice a day
31.07.2016	1.ashwagandharishta	20ml	Twice a day
10.08.2016	1.Shirodhara		
12.08.2016	1.smrutisagar rasa 10g brahmivati 20 tab. mrugshrunghbhasma 10g ashvagandhachurna 50g 2.Matrabasti		Twice a day
28.08.2016	1.Karmabasti{30 days}		
02.09.2016	1.Brahmi Ghrita	1 tsf.	Once a day
03.09.2016	1.Brihatvachintamani	1 tab.	Once a day

Table 3: Muscle power

Sr. No.	Before Treatment		After Treatment	
	Extremities	Grades	Extremities	Grades
1.	Rt. Upper limb	0 – No power	Rt. Upper limb	4 – Movement against gravity & Some resistance
2.	Rt. Lower limb	0 – No power	Rt. Lower limb	5 – Normal Power
3.	Lt. Upper limb	5 – Normal Power	Lt. Upper limb	5 – Normal Power
4.	Lt. Lower limb	5 – Normal Power	Lt. Lower limb	5 – Normal Power

Table 4: Observations

SN	Sign & Symptoms	Before treatment	After treatment
1.	Facial deviation	Yes [Rt. side deviated}	No
2.	Shoulder elevation	No	Yes
3	Sensory Aphasia	Yes	No
4	Trunk balance	No	Yes
5	Elbow flexion-extension	No	Yes
6	Forearm supination-pronation	No	Yes
7	Wrist flexion-extension	No	Yes
8	Grip Power	No	Yes
9	Holding of object when no initiation	No	Yes
10	Grasp of object	No	Yes
11	Release of object	No	Yes
12	Catching of object	No	Yes
13	Throwing of object	No	Yes
14	Tying the knot	No	Yes
15	Clothing	No	Yes
16	Feeding with hand	No	Yes
17	Holding & Drinking glass of water	No	Yes
18	Standing without support	No	Yes
19	Standing balance	No	Yes
20	Squatting	No	Yes
21	Getting up from squatting position	No	Yes
22	Climbing the stairs	No	Yes
23	Toilet activity	No	Yes
24	Bathing	No	Yes
25	Crossing the road	No	Yes
26	Tingling sensation	Yes	No

Table 5: Results of Sensory Aphasia

	Fluency	Comprehension	Repetition	Naming	Reading	Writing
Before Treatment	Fluent but meaningless	Lost	Present	Lost	Lost	Lost
After Treatment	Normal	Recovered	No repetition	Recovered	Recovered	Recovered

DISCUSSION

Hemorrhagic stroke results due to rupture of a weakened blood vessel. Jose et al in their study, reported that alcohol intake as a frequent risk factor of intra cerebral hemorrhage in adults.⁶In this study also patient had a history of alcoholism since 4-5 years. Pakshaghata can be correlated with hemiplegia. It is a nanatmaj vatavyadhi according to Charaka. Due to the intake of various diet and regimen, vatadosha gets vitiated and occupies the riktasrotasa in the body. Then ultimately it causes vatvyadhi like Pakshaghata. Increasesd Ruksha Guna of Vata causes Rukshata & Parushata in Strotasa which is the key point in samprapti of Pakshaghata. So to compensate Ruksha Guna of Vata we used Snehan in the form of Basti Nasya & Shirodhara. These procedures were found to be beneficial in the management of Pakshaghata. According to Acharya Charaka Basti is one of the best treatments for vatvyadhi. It is the most important constituent of the panchakarma due to its multiple effects. Basti eradicates vitiated vata dosha from the root. It also provides nutrition to the body tissue. Shirodhara is a therapy which pacifies the aggravated vata dosha in shira which helps in relaxing the nervous system. It balances the Pranavayu around the Shira. Nasya karma provides significant and quick improvement in facial paralysis. The present case report deals with the effect of Ayurvedic treatment in Pakshaghata [Hemorrhagic hemiplegia]. Patient was admitted for 1 month 20 days in our institute. As pt. was bed ridden, Niruha could not be given so initially we started with Matrabasti. After that we started Karma basti course. During the course of Basti daily Snehana and Swedana was done. With this oral medication were also given which is mentioned in table. During discharge pt. was happy as he was able to walk, stand and do his regular activities without support. **Sensory Aphasia** was one of the major presenting symptom in this case, it recovered totally after treatment. The treatment protocol followed in the present case was unique. The recovery observed in our patient was amazing.

CONCLUSION

As told by Acharya Charaka, Susruta and Vagbhata vatavyadhi is a mahagada or maharoga and it has been also said that all the maharogas are dushchikitsya by nature. Pakshaghata is also one of the vatavyadhi but combined therapy of Basti, Nasya and Shirodhara has given noticeable result in the case of Pakshaghata. By panchakarma therapy along with internal medicines relief can be obtained in stroke patients. Patient of Pakshaghata (Charakokta Ardit) with special reference to Hemorrhagic hemiplegia with **Sensory aphasia** can be cured by combined therapy of basti, nasya and shirodhara.

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