



Case Report

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INTERVENTION OF PANCHAKARMA IN PAKSHAGHATA: A CASE REPORT

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ABSTRACT

Pakshaghata is a Vataja nanatmaja vyadhi and one among the Mahavatavyadhi, according to Acharya Sushruta. Pakshaghata can be correlated with Hemiplegia, which results from cerebrovascular accident. Cerebrovascular disease includes some of the most common and devastating disorders: ischemic and hemorrhagic stroke. A stroke is defined as an abrupt onset of a neurologic deficit that is attributed to a focal vascular cause. In this case, a 70-year-old female patient who is a known case of hypertension and diabetes mellitus presented with loss of strength in the right half of the body for ten months was diagnosed as dhatukshayajanya Pakshaghata and was treated with Sarvanga abhyanga, Nasya, Shastika Shali Pinda Sweda, Matra basti. Results: There was a significant relief from the signs and symptoms of Pakshaghata. The modified Rankin scale showed improvement from grade 4 to grade 2. Conclusion: Pakshaghata can occur due to margaavarana or dhatukshaya. Dhatukshayaja lakshanas were predominantly seen in this case and hence treated with Sarvanga abhyanga, Dashamoola Kashaya seka, Nasya and Matra basti as a brimhana chikitsa.

Keywords: Pakshaghata, Stroke, Abhyanga, Seka, Nasya, Brumhana**INTRODUCTION**

Pakshaghata is one among the 80 types of Vatajananatmaja vyadhi¹. Vata dosha plays a vital role in the manifestation of Pakshaghata. It occurs due to dhatukshaya and margavarodha. The term Pakshaghata means "Paralysis of one half of the body". Paksha denotes either half of the body, and Aghata denotes Karmendriyas' impairment. When the Vata dosha becomes aggravated due to various nidana and lodges in shiras, it leads to the vishoshana of the sira and snayus of any half of the body². This results in Cheshtanivrutti on either the vama or dakshina parshwa, along with symptoms such as vaksthambha, ruja, sandhibandavimoksha, and hastapadasankocha. In allied science, Pakshaghata can be correlated with Hemiplegia. Hemiplegia is a disease with paralysis of one side of the body. A stroke is defined as an abrupt onset of a neurologic deficit that is attributed to a focal vascular cause. Stroke is 2nd leading cause of death worldwide, with 6.2 million dying from stroke in 2015³. As it is, Vata dosha pradhana vyadhi, Vatavyadhi and Pakshaghata lines of treatment can be adopted, such as snehana, swedana, and samshodhana based on vyadhi avastha⁴.

Case Report**Chief complaint**

Loss of strength in the right side of the body, along with slurred speech for ten months.

Presenting complaints

Loss of strength in the right upper and lower limb, difficulty walking, stiffness of affected side of the body for ten months.

History of present illness

A female patient of age 70 years was healthy ten months back. One day, the patient felt giddiness while drying clothes and then was admitted to an allopathic hospital where she was diagnosed

with hypertension. She was given antihypertensive tablets and since then, she gradually developed pain over the right half of her body, but she neglected and continued her daily activities. After one week, she developed a severe headache and consulted a doctor and who advised an MRI Brain. However, the procedure was delayed till evening; during this time, she started with weakness in the right side of her body. MRI scan showed diffuse cerebral volume loss with grade 1 ischemic changes, acute non-hemorrhagic infarcts in left front-parietal lobes predominantly in white matter, left lentiform nucleus, and Corona radiata, acute lacunar infarcts in the left temporal lobe. She was treated for the same for seven days and had no relief from her complaints, so she was admitted to SJGAUM Hospital Bengaluru, Karnataka, India, for further management.

Past history

K/c/o hypertension for 1 ½ years.

Family history

Nothing significant

Table 1: Personal History

Name- XYZ	Diet- Mixed
Age- 70 years	Appetite- Reduced
Marital status- Married	Bowel- Regular
Occupation- Housewife	Micturition- 4-5/day
	Sleep- Disturbed

Table 2: General examination

Pallor	Absent
Icterus	Absent
Clubbing	Absent
Lymphadenopathy	Absent
Cyanosis	Absent

Table 3: Asthasthana pareeksha

Nadi	Vatakapha
Mala	Abaddha
Mutra	Prakruta
Jihwa	Alipta
Shabda	Prakruta
Sparsha	Anushna sheeta
Drik	Prakruta
Akruti	Prakruta

Table 4: Dashavidha pareeksha

Prakriti	Vatakapha
Vikriti	Kaphavata
Sara	Madhyama
Samhanana	Madhyama
Satmya	Katupradhana sarvarasa
Satva	Madhyama
Aharashakti	Madhyama
Vyayamashakti	Madhyama
Vaya	70 years
Pramana	Madhyama

Table 5: Samprapti Ghataka

Dosha	Kapha, Vata
Dushya	Rasa, Rakta, Mamsa, Meda, Majja
Srotas	Rasavaha, Raktavaha, Mamsavaha, Medavaha, Majjavaha
Srotodusti	Sanga
Udbhava sthana	Pakwashaya
Sanchara sthana	Sarvashareera
Vyaktha sthana	Dakshin parshwa
Rogamarga	Madhyama
Adhistana	Siras
Sadhyasadyata	Krichrasadhya
Swabhava	Chirakari

Table 6: Central Nervous System Examination

Higher mental function	Consciousness- Fully conscious. Orientation- To time, place, person intact Memory- immediate, recent, remote intact, Hallucination and delusion- absent, Speech disturbance- present (slurred speech) Handedness- right			
Cranial nerves	No abnormality detected			
Sensory system	No abnormality detected			
Gait	Hemiplegic			
Motor system	Tone	1.	Right	Left
		U/L	Spastic	Normal
Bulk		L/L	Spastic	Normal
		2.	Right	Left
		Biceps	23 cm	23cm
		Forearm	19 cm	19 cm
		Midthigh	40cm	41 cm
Power		Calf	27cm	28cm
		3.	Right	Left
		U/L	1/5	5/5
		L/L	2/5	5/5
Reflex		4.	Right	Left
		Biceps	+++	++
		Triceps	+++	++
		Knee	+++	++
		Ankle	+++	++

Table 7: Nidana Panchaka

Nidana	Aharaja- Ruksha, Tikshna, Amla, Katu rasa pradhana sevana. Manasika- Atichinta, Krodha
Purvaroop	Avyakta
Roopa	Chesthani in dakshina bhaga of shareera along with Vakstambha
Upashaya-Anupashaya	Nothing specific

Table 8: Investigations

MRI	Diffuse cerebral volume loss with Grade 1 ischemic changes. Acute non-hemorrhagic infarcts in left fronto-parietal lobes predominantly in white matter, left lentiform nucleus, and corona radiata. Acute lacunar infarcts in the left temporal lobe.
Lipid profile	Total cholesterol- 209 mg/dl, HDL cholesterol- 47 mg/dl, VLDL cholesterol- 47 mg/dl, Triglycerides- 237 mg/dl

Table 9: Treatment Protocol

Treatment	Duration
Sarvanga abhyanga with Narayana taila f/b Dashamoola Kashaya seka	7 days
Nasya with Karpasasthyadi taila	7 days
Shastika Shali Pinda Sweda	14 days
Matra basti with Mahamasha taila 50 ml	7 days

Table 10: Results

Power	1.	Right	Left
	U/L	2/5	5/5
	L/L	3/5	5/5
Reflex	2.	Right	Left
	Biceps	++	++
	Triceps	++	++
	Knee	++	++
	Ankle	++	++

Table 11: Assessment: (Modified Rankin Scale)

Level	Description
0	No symptoms
1	No significant disability, despite symptoms; able to perform all usual duties and activities
2	Slight disability, unable to perform all previous activities but able to look after own affairs without assistance
3	Moderate disability requires some help, but able to walk without assistance
4	Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
5	Severe disability, bedridden, incontinent and requires nursing care and attention

Grade 4 Before treatment, Grade 2 After treatment

DISCUSSION

The Ayurvedic pathogenesis of Pakshaghata, where the Vata dosha becomes aggravated due to various nidana and lodges in shiras, leads to vishoshana of the sira and snayus of any half of the body. This results in cheshtanivrutti on either the vama or dakshina parshwa and symptoms such as vakstambha, ruja, sandhibandavimoksha, and hastapadasankocha. Here, Vata dosha is involved, and dhatukshayajanya lakshana is predominantly seen. Hence, the primary focus is treating Vata dosha and brumhana chikitsa.

Sarvanga abhyanga

In the present case, the patient presented signs and symptoms indicative of Vata and Kapha pradhana dosha. Hence, the initial treatment followed was sarvanga abhyanga with Mahanarayana taila. Acharya Dalhana has explained in detail the absorption of sneha in the abhyanga procedure. The oil used in abhyanga reaches up to the different dhatu if it is applied for sufficient time⁵. Hence, the drug used in abhyanga gets absorbed by the skin. Mahanarayana taila⁶ contains Bilwa, Ashwagandha, Bruhati, Shyonak, and Swadamstra which possess Vatakapahara property.

Dashamoola Kashaya seka

Kayaseka with Dashamoola Kashaya was done to relieve the stambha caused by Kapha Vata dosha⁷. It helps in deepana pachana of ama dosha present in different dhatu. Kayaseka is a snigdha ruksha sweda in which the Dashamoola Kashaya is poured all over the body. Acharya Sushruta explains that out of the four tiryak dhamanis, each divides gradually into hundreds and thousands of times and thus becomes innumerable. These cover the body like a network; their openings are attached to the romakupa. Through these, the veerya of abhyanga and kayaseka enter the body after undergoing paka with Bhrajaka Pitta on the skin⁸. Acharya Vagbhata explains the Bhrajaka Pitta is responsible for the pachana of drugs used in abhyanga and kayaseka. The vasodilation due to swedana improves the circulation to the twak, peshi, snayu, and kandara. This procedure removes the strotavarodha at sthansnshraya, i.e. at the affected sira snayu kandaras in Pakshaghata; thereby, it improves the movement of Vyana Vata and the motor activity of limbs.

Nasya Karma

As samhita said, Nasa is the gateway of shiras, where medicine administered through the nose spreads all over shiras, thereby removing doshas⁹. In this case, Nasya with Karpasasthyadi taila,

eight drops of this Nasya dravya were instilled into each nostril. This Karpasasthyadi taila is directly indicated in Pakshaghata as it contains Karpasa, Bala, Masha, Kulattha, Devadaru, Bala, Rasna, Kusta, Sharshapa, Nagara, Shatahva, Chavya, Shigru, Punarnava, Tila taila, Aja ksheera. It has Vatahara and brumhana properties, which help to pacify Vata¹⁰. Pakshaghata has dushti, which mainly consists of Prana, Vyan, and Udan vayu. "Vakstambha" is one of the symptoms of Pakshaghata. Prana Vayu and Udana Vayu dushti primarily cause it. The normal function of Prana is annapravesh, and Udana Vayu is vakpravrutti¹¹. Both functions are disturbed in Pakshaghata. In this case, the patient had slurring of speech. Thus, Nasya is very useful in vakgraha and swarabhedha.

Shastika Shali Pinda Sweda

It comes under Sankara sweda. It has brihmana and has snigdha, guru, sheeta, sthiraguna and tridoshaghna. Shastika Shali Pinda Sweda is a brimhaniya swedana performed by a bolus of boiled shastika shali with Vatahara kwatha and milk¹². Swedana makes the skin more permeable by opening the skin appendage through sweating and dilates the blood vessel; all these things help in absorption of medicine. Most medicines are not permeable through the skin, but the amphipathic nature of the ksheera helps absorb other medicines. Bala mula Kwatha also helps nourish muscular tissues, thus preventing muscle weakness. This procedure provides nutrition to muscular tissue, preventing atrophy and harmful changes. Vyana Vayu is spread all over the body, and its normal function is various movements of the body like aakunchan, prasarana, etc., and in Pakshaghata, its normal function is disturbed, i.e. "Cheshtanivrutti". So, Shastika Shali Pinda Sweda is one of swedana's most preferred methods.

Matrabasti

In Vatavyadhi chikitsa, Basti has significant importance as it possesses various actions and is hence considered ardhachikitsa¹³. When administered, basti reaches the pakwashaya, the main seat of Vata dosha. From its veerya, it spreads throughout the body. The gastrointestinal tract contains a network of fibres known as the enteric nervous system (ENS), which connects with the CNS through the Gut-Brain axis. Matra basti has a special place among all the bastis because it can be administered at any time and doesn't cause any complications. Since the dosage of sneha used in Matrabasti is low¹⁴. It stays in the colon for a maximum period and will induce all beneficial results. Matrabasti with Mahamasha taila is done in this case as it contains Masha, Rasna, Bala, Yava, Kulattha, Dashamoola, and Chagamamsa¹⁵. It has Vatahara and

brumhana properties, which help to pacify Vata by using its properties of ushna, tikshna, suksma, snigdha, etc.

A moderate improvement occurs in overall symptoms such as difficulty walking and stiffness of the affected side of the body. In this case, treated with sarvanga abhyanga, Dashamoola Kashaya seka, Matrabasti, Shastika shali pinda sweda, and nasya helps reduce symptoms, as mentioned in Tables 10 and 11.

CONCLUSION

Charaka and Sushruta explain Pakshaghata in Vatavyadhi and Mahavatavyadhi adhyaya, which is challenging to manage. It can be correlated with Hemiplegia, which results from cerebrovascular accident. Treatment is planned according to the involvement of dosha, vyadhi avastha, roga and rogi bala. Sarvanga abhyanga and Dashamoola Kashaya seka help reduce stiffness and heaviness in the right half of the body. Karpasasthyadi taila is directly indicated in Pakshaghata and helps improve vakgraha. Matrabasti with Mahamasha taila, Shastika shali pinda sweda acts as brumhana, thus helping improve the condition. The combined effect of all the above treatments helps in reducing the symptoms. Dhatukshyajanya lakshanas were predominantly seen in this case and hence treated with abhyanga, basti, and nasya as a brimhana chikitsa.

Declaration of patient consent: The authors certify that they have obtained all appropriate consent from the Patient.

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