

**ROLE OF AYURVEDA IN THE MANAGEMENT OF PAKSHAGHATA
WITH SPECIAL REFERENCE TO HEMIPLEGIA:- A CASE STUDY**

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ABSTRACT

Stroke is defined as the rapid onset of focal neurological deficit resulting from diseases of the cerebral vasculature and its contents. Stroke is one of the leading causes of death and disability in India. The estimated prevalence rate of stroke range, 84-262/100,000 in rural and 334-424/100,000 in urban areas. This study deals with a diagnosed case of Non-haemorrhagic stroke presented as Right sided Hemiplegia with Left Corona Radiata Infarct. The Ayurvedic diagnosis of Vama Pakshaghata was made and managed with Shodhana (purification therapy) like Yoga Basti, Yapana Basti, Matra Basti along with Shamana(alleviating therapy) and Sthanika chikitsa(Local application).

Patient was admitted in our institute for 1 month and 7 days. Significant improvement was noticed in the symptoms of slurred speech, weakness of right upper and lower limbs, and difficulty in walking. At the end of treatment, he could walk without support. The recovery was promising and worth documenting.

KEYWORDS: Ayurveda, Pakshaghata, Shodhana, Shamana, Sthanika, Stroke.

INTRODUCTION

The term Pakshaghata literally means “paralysis of one half of the body” where “paksha” denotes either half of the body and “Aghata(=paralysis)” denotes the impairment of Karmendriyas, Gnyanendriyas and Manas.

Karmendriyas are considered a part of the motor system, Gnyanendriyas are considered a part of the sensory system and Manas is supposed to control and guide both the Karmendriyas and Gnyanendriyas.

The cardinal features of Pakshaghata include Cheshtahani (Impaired motor activity), Vakstambha (Slurring of speech), Sandhi bandha vimoksha (Weakness of joints) etc. It can be correlated with Hemiplegia i.e. Paralysis of one side of the body. Stroke is defined as a sudden onset of a focal neurological deficit of less than 24 hours duration which tends to improve overtime. The commonest cause of Hemiplegia is Cerebrovascular disease which results in Stroke. The estimated prevalence rate of Stroke range is 84-262/100,000 in rural and 334-424/100,000 in urban areas.. Stroke, is the loss of brain function due to the disturbance in the blood supply to the brain. This disturbance is either due to ischemia or haemorrhage. Ischemic Strokes are more common than haemorrhagic Strokes. There are many risk factors for Stroke like Hypertension, vascular anomaly, Smoking etc.

Pakshaghata is a Kevala Vatavyadhi and results due to Vatakopa. It affects Siraa's (vascular structures) and Snayu's (tendons and ligaments) of one half of body and face. The main cause of hemiplegia is vitiated Vata and according to Ayurveda, the best treatment for Vata dosha is Basti. By considering all the above facts, the present study was planned to assess the efficacy of Ayurvedic therapy on Hemiplegia.

Case Description

A 62 year old male patient came to our institute (16/12/17) with complaints of weakness of right upper and lower limbs, slurred speech and difficulty in walking since 3 days. The subject was a previously diagnosed case of Cerebrovascular accident (Acute infarct – Ill defined hypo densities seen in left anterior limb of internal capsule and left lentiform nucleus).

Past History

K/C/O – Hypertension since 4 years (irregular rx)

On Rx Tb. Ecosprin (150mg) 0-1-0

Tb. Amlo(5mg) 1-0-0

Tb. Atorva (20mg) 0-0-1

H/o – Stroke (Right Sided Hemiplegia) since 4 years ago

No K/C/O – DM/B.A/EPILEPSY/PTB

S/H/O – Haemorrhoidectomy 4 years ago

H/O – Tobacco Addiction since 40 years

O/E – GC-Fair, Afebrile

B.P – 130/90mmHg

P- 82/min

Table 1: Reflexes.

	RIGHT	LEFT
BICEPS	N	N
TRICEPS	N	N
KNEE JERK	EXAGGERATED	N
ANKLE JERK	EXAGERRATED	N
PLANTARS	EXTENSOR	FLEXORS

C.T. Findings:- A Small recent Non-haemorrhagic infarct of left Corona radiata.

Mild bilateral periventricular small vessel Ischemic diseases.

Table 2: Treatment.

SHODHANA	SHAMANA	STHANIKA
Yoga basti for 8 days Balaadi yapana basti with Mansa rasa for 14 days Matra Basti for 8 days	Arogyavardhini vati 2-0-2 Kaishor guggulu 2-0-2 Mahavatavidhwansa rasa 1-0-1 Gandharva haritaki churna 3g Hs Saarivaadi kashaya 30ml BD Punarnavashtaka kwatha 30ml B.D Balaadi shirpaka 30ml B.D Bruhatvata chintamani yoga 1-0-1 Cap. Palsynorm 1-1-1	Sarvanga abhyanga and nadi swedana Patrapottali swedana Mahamasha tailaL/A Kshirbala tail....L/A Vachaadi jivha pratisaran Bala tail gandusha Wax therapy at right feet

Table no 3:- Muscle Power.

BEFORE TREATMENT		AFTER TREATMENT	
Extremities	Grades	Extremities	Grades
Rt Upper	4-there is some degree of resistance described as moderate strength	Rt Upper	5-normal power
Rt Lower	3- limb can be held against gravitational force but not against examiners hamd.	Rt Lower	5-normal power
Lt Upper	5- normal power	Lt Upper	5-normal power
Lt Lower	5- normal power	Lt Lower	5-normal power

DISCUSSION AND CONCLUSION

The patient is a known case of hypertension, taking irregular medications and is a chronic tobacco addict. These two factors play an important role in the pathogenesis of stroke.

Pakshaghata can be correlated with hemiplegia. It is a nanatamaja vatavyadhi according to Charaka. Due to the various diet and regimen, vata dosha gets vitiated and gets occupied in the rikta strotas causing vatavyadhi like pakshaghata. Increased ruksha guna of vata causes rukshata and parushata in the strotas which is the key point in samprapti of pakshaghat. So to compensate the ruksha guna of vata, we used Sarvanga as well as Sthanika Snehana. According to Charakacharya, Basti is the best treatment for vatavyadhi. It is the most important Panchakarma due to its multiple effects. Basti eradicates the vitiated vata dosha from the roots. We gave Yoga basti, to normalize the vitiated vata dosha followed by snigdha, and balya, Balaadi yapana basti with Mansa rasa which proved beneficial in increasing the muscle power, after that Matra basti was given to enhance the effect. Patient was simultaneously given internal medicine called Shamana therapy as well as Sthanika therapy like Patrapottali swedana, which helped in relieving the stiffness and pain. Vachaadi jivhapratisaran(rubbing tongue with powdered herbal drugs) and Bala taila gandusha(Gargle) helped in improving the slurred speech of the patient. During the course, Patient was given Snehana with Mahamasha taila and Kshirbala taila daily followed by Nadi Swedana. Patient was admitted in our institute for 1 month and 7 days and on discharge patient was quite happy as he could walk without support and do his daily activities on his own. Thus, it is concluded that Ayurvedic management of hemiplegia is very effective and promising.

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