

ROLE OF AYURVED IN THE MANAGEMENT OF PAKSHAGHAT WITH SPECIAL REFERENCE TO ACUTE NON-HEMMORRHAGIC INFARCT HEMIPLEGIA – A CASE REPORT

Vd. Archana R. Jagtap*¹ and Vd. Mukund D. Magare²

¹PG Scholar, Second Year, Kayachikitsa Dept., R.A. Podar College (Ayu.), Worli, Mumbai-18.

²Asso. Professor, Kayachikitsa Dept., R.A. Podar College (Ayu.), Worli, Mumbai- 18.

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*Corresponding Author

Dr. Vd. Archana R. Jagtap

PG Scholar, Second Year,
Kayachikitsa Dept, R.A.
Podar College (Ayu.), Worli,
Mumbai-18.

ABSTRACT

Due to today's changing lifestyle i.e. excess consumption of junk food, alcohol, stress, shifting duties many diseases occur easily like Diabetes Mellitus, Hypertension etc. such diseases later help for more complicated conditions like stroke. Stroke is the 3rd most common cause of death in the developed world after Cancer and Ischemic Heart Disease. For the function of brain, constant supply of O₂ and glucose is required. In stroke, focal brain dysfunction occurs due to focal ischemia or haemorrhage. This is a case of a 65 year old patient diagnosed with acute non-hemorrhagic infarct. First he was treated by modern system of medicine with very less effect. On 16th day of

stroke, he was shifted to M.A.P. Hospital. He was successfully managed by ayurvedic *Abhyantar Snehana* treatment and *Shaman Aushadhi* for 2 months. The response obtained is highly encouraging and will help as a guideline to manage such patients in the future.

KEYWORDS: *Pakshaghat*, stroke, *Abhyantar Snehana*, *Shaman Aushadhi*.

• INTRODUCTION

Stroke is a common medical-emergency with an annual incidence between 180 to 300 per 100000. The incidence rises steeply with age, adaptation of less healthy lifestyles.^[1] the normal function of the brain depends upon constant supply of O₂ and Glucose. A protective mechanism is present in the Brain i.e. Auto-regulation of vascular resistance due to which cerebral blood flow remains constant over a wide range of Blood Pressure and Intra Cranial pressure. The reduction of blood flow to the brain for a prolonged period results in Ischemia

and Infarction of brain.^[2] Clinical manifestation may vary from headache to total paralysis of the body. Hemiplegia is the most alarming result. According to Ayurved, this condition can be correlated with Pakshaghat. The main vitiated Dosha is Vayu (Nanatmaja vyadhi).^[3] Ruksha, Khara, Vishada are the main properties of Vayu. Such vitiated Vayu with it's properties helps to decrease Drava-Snigdhatva of Rakta and Meda dhatu.^[4] Sira, Kandara and Snayu are their respective Upadhatus. In Pakshaghat, Shoshana of these Upadhatus occurs. In the management of such condition Ayurveda plays an important role. Here Abhyantar Snehana for prime treatment of Vata Shaman followed by Shaman Aushadi give excellent results. The management of Pakshaghat is reported in this paper. A case of Acute Non- Hemorrhagic infarct stroke with the effect of *Shaman Aushadi* and *Abhyantar Snehana* has been shown.

• CASE REPORT

A 75 year old male patient came to our institute with the complaints

- | | |
|---|-----------------|
| <ol style="list-style-type: none">1) Weakness In Left Sided Upper And Lower Extremities2) Difficulty In Speech3) No Movements Of The Same Side4) Facial Deviation To Right Side5) Unable To Seat And Stand Without Support6) Incontinence Of Urine (Condom Catheter In-situ)7) Less Orientation Since 2 Wks. Patient Was Normal Before That Period | } Since 2 Weeks |
|---|-----------------|

Past History

K/c/o HTN since 3 years □ R_x tab Amlodipine 5mg (1-0-0)

H/O Left sided CVA before 15 days

H/O Acute Right Sided CVA before 28 yrs ago (recovered)

Family H/O – No

No H/O Specific Trauma or other accident.

GENERAL EXAMINATION

General condition – Poor

Pulse – 68/min (Kshina vata – Pradhan Pitta)

B.P. – 110/ 80 mm of Hg

Systemic Examination

RS, CVS, G.I.T. – No abnormality detected C.N.S.

Examination	Right Extremity		Left Extremity	
	Upper	Lower	Upper	Lower
Sensation	Diminished	Diminished	Diminished	Diminished
Tone	Hypo	Hypo	Hypo	Hypo
Power	4/5	3+/5	1/5	2+/5
Muscle movement Co-ordination	Weak	Weak	Not possible	Not possible
Involuntary Movements	Absent	Absent	Absent	Absent
Reflexes	Biceps- Triceps - } not supinator- elicited	Knee- Ankle- } not elicited Planter- extension	Biceps- triceps- } not Supinator- Responding	Knee- Ankle- } not Responding Planter- extension Babinski's sign - positive

C.T. BRAIN –(1/6/2019)

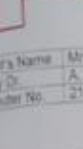
- 1) Patchy non enhancing areas of hypodensities in bilateral frontal and right fronto-parietal regions with loss of grey matter-white matter differentiation suggestive of areas of acute non hemorrhagic infarcts.
- 2) An area of gliosis in left lentiform nucleus.
- 3) Mild superior cerebellar atrophy.

• DIAGNOSIS- PAKSHAGHAT**• SAMPRAPTI GHATAK***Dosha-* Prana, Udana and Vyana Vayu, Sadhaka Pitta, Tarpaka Kapha*Dushya-* Dhatu- Rasa, Rakta, Mansa, Meda and Majja*Updhatu-* Sira, Snayu and Kandara (Abhivyakta)*Srotas-* Raktavaha, Medavaha, Majjavaha*Type of Srotodushti-* Sanga, Siragranthi and Vimarg- Gamana*Vitiation Pattern-* Khara, Ruksha and Vishada Guna of Vata, Ushana and Tikshana Guna of Pitta*Agni-* Jatharagni, Dhatvagnis of Rakta, Mansa, Meda and Majja*Site of Production-* Mastishka*Site of Manifestation-* Sarvanga/ Ardhang

• **MANAGEMENT-** Treatment given and observation per week

Day	Complaints	Examination of left extremity				Chikitsa
		Power		Tone		
1 st	1 st Vama Sharirardhe Karmahani, Vak-Aspashata, Aniyantrit Sarakta Mutra Pravartana (Patient Cann’t Walk And Stand Without Support) BP- 110/80 mm of Hg P- 78/min Urine- Sarakta (condom catheter in-situ)	0	0	hypo	hypo	1) Cap Palsynorm 2 tab CM with <i>Brahmi Ghrut</i> 2 tsf 2) <i>Vacha, Akarkarabh, Yasti Churna – Jivha Pratisarana</i> 3) <i>Triphala Kwath – Gandush</i> 4) Tab Clopitab 75mg 0-1-0 5)Tab Ecosprine 150mg 0-1-0 6) Tab Amlo 5mg 1-0-0 7) Bladder wash
After 1 week	Vama Sharirardhe Karmahani, Vak-Aspashata, Mala Pravartana Sukhapoorvaka , Aniyantrit Mutra Pravartana(Patient Seat With The Help Of Backrest)	0	1	hypo	hypo	-Stopped Tab Amlo5mg(1-0-0) Yathapurva -Tab Ecosprine 75mg started
After 2 week	Vama Sharirardhe Karmahani – Hast Yathavat, Pad↓, Vak- Apashtata↓, Daurbalya↓, Pitvarniya mutra pravrutti Bp- 110/70mm of Hg P- 77/min Urine- Pittabh	0	2	Hypo	hypo	-stopped Tab Ecosprine 75 mg <i>-Brahmi Ghrut Pratimarsha Nasya</i> at night -Rest same
After 4 week	Vama Sharirardhe Karmahani- Hast↓, Pad, Vak Apashtata↓, Daurbalya↓↓ (Patient Can Stand With Help)	1	2	improved		-Cap Palsynorm stopped <i>-Brahmi ghrut</i> 2tsf at mornng <i>-Chitrak Haritaki Avaleh</i> 2tsf at night -Bladder Wash
After 6 week	Vama Sharirardhe Karmahani Hast↓↓, Pad↓↓ Vak Apashtata↓↓, Daurbalya↓↓↓ (Patient Can Seat Without Support , Can Walk With Support)	2+	3+	improved		- <i>Swamala rasayana</i> 2tsf at mrg -Rest same
After 8 week	Vama Sharirardhe Karmahani Haste↓↓↓, Pade↓↓↓ (Can Take Hand Upward Upto Chest) Vak-Apashatata↓↓↓, Daurbalya↓↓↓ (Can Walk Without Support)	3+	4+	improved		Same





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Patient's Name	Mr. Mohan Vijay	Age/Sex	65/M
Ref by Dr.	A. A. Patel	Ward/Floor	2/103
Computer No.	2114/88	Date	01.06.2019

CT No. : 1025,1026

There is no bony erosion or sclerosis.

C shaped deviation of the nasal septum was noted with convexity towards left and small bony spur to left.

Normal variants are seen in right cochlea bulous and pneumatized left lateral recess of sphenoid sinus.

Visualised nasopharynx is normal.


Ossicles and its contents are normal.


A Ryles tube is seen in the right nasal cavity.


IMPRESSION:

- Patchy non enhancing areas of hypodensities in bilateral frontal and tight fronto-parietal regions with loss of gray matter. white matter differentiation suggestive of areas of acute non hemorrhagic infarcts.
- An area of gliosis in left lentiform nucleus.
- Mild superior cerebellar atrophy
- Scalp swelling in left frontal region extending along the left eyelid. Left preseptal swelling is noted extending in the left naso-orbital, naso-maxillary region and premaxillary region
- Mild patchy maxillary, sphenoid and ethmoid sinusitis.
- 'C' shaped deviation of the nasal septum was noted with convexity towards left and bony spur to left.

Many thanks for the reference.


 DR. NISHA SAWANT, DNB
 RADIOLOGIST


 DR. TANMAY A. DNY
 CONS. RADIOLOGIST


 DR. BACHIN MANDUR, MD, DMRE
 CONS. RADIOLOGIST

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Cheque be drawn on "Shushrusha Citizens' Co-operative Hospital Limited"
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• DISCUSSION AND CONCLUSION

Pakshaghata (hemiplegia) is one of the major neurological disorders. According to Ayurveda, it is mainly caused by the vitiated *Vata*. Present study has been carried out to evaluate a better line of treatment for the patients of *Pakshaghata*.

It was observed that almost all symptoms of patient as weakness of upper and lower limbs, can not walk and stand without help, headache, speech was also affected. All the symptoms were reduced as well as speech difficulty was reduced.

Though all the drugs under study are having effects in all symptoms, but by observing the results it can be presumed that *Sameerpannag rasa* and *Mahavatvidhwams rasa* both had effect at higher levels as it is considered as best *Vata* nashak preparation. Relief in the symptoms like headache, insomnia, confusion, speech difficulty, facial paralysis, sensory changes etc. might be due to the effect of the *Rasayana* and *Vatanashaka Ghataka Dravyas* of Capsule palsynorm as

Sameerpannag rasa – 40mg

Mahavatvidhwams rasa- 20mg

Parasikayavani-

Devadadu-

Atmagupta-

Erandamool-

Jatamansi-

Atibala-

Lajjalu-

Vidari-

Ajwain-

Sahacara-

Ashwagandha-

each 40mg

With *Brahmi Ghrut* 2tsf at morning

With *Brahmi Ghrut* absorption of dravyas with *Vatashaman* happened. As *Ghruta* (clarified butter) is lipophilic action and it acts on brain so; it is well established that it can cross the blood brain barrier (BBB). *Brahmi* is one of the *Medhya* drug (nootropic action). Besides, *Brahmi*'s active principle is responsible for improving memory related functions, attributed to the ability to enhance the efficiency of transmission of nerve impulses, thereby strengthening

memory and cognition.

Vacha, Yasthimadhu, Akarkarabh choorna with *Madhu* as *Jivha Pratisarana* act as *Jivha Lekhan* to improved his speech. *Chitrak haritaki avaleh* improved metabolism .It increases *Agni*. It means it acts on digestive juices and increases their secreation, which helps improving appetite as well *Dosha Pachan* and *Anuloman* of *Doshas*. *Brahmi Ghрут Pratimarsha Nasya* acts as *Bhruhan Nasya*. As by *Acharya's Nasa* is nothing but *Shiraso Dwar* so *Brahmi Ghurt* act as *Bhruhan Nasya* and *Vatashaman*.

Improvement in the power of movements of shoulder, elbow, knee, ankle and hip joints, improvement in ability to stand, walk, hold and lift weight with hands, improvement in posture, tone of muscles improved, speech improved due to all treatment which act as *Vatashaman, Bhruhan* and *Strotoshodan*.

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