

CASE STUDY ON AYURVEDIC MANAGEMENT OF PAKSHAGHATA

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ABSTRACT

Pakshaghata is the major vyadhi of Vata dosha. Pakshaghat comprises two words Paksha (half part of body) and Aghat (loss of function). Pakshavadha or Pakshaghata is a condition wherein the greatly aggravated vata dosha, invades the shareera dhamani's causing sandhibandhamoksha and paralyzing one side of the body. Prognosis depends on many factors including Vaya, Bala and Dosha. It can be compared to Cerebrovascular Accident/Stroke (Hemiplegia).^[4] In modern science, symptoms are usually treated, but when it comes to Ayurveda, there is treatment of the root cause along with symptoms. In Ayurveda, the treatment of diseases is divided into two parts Samshodhana and Samshamana. Pakshaghat is best treated with Mridu Samshodhana and Vata Shamaak Snehana Chikitsa. The present study is a case Report on the management of stroke of a female patient aged 70 years with chief complaints of loss of function of the Right upper &

lower limbs for 1 year. She was diagnosed with a case of stroke based on clinical presentation and MRI brain and spine screening. The case treated with the Ayurveda medications was found to be effective in providing relief in chief complaints, with improvement of the overall health of the patient. The recovery was promising and worth documenting.

KEYWORDS: Pakshaghat, vaatvyadhi, hemoplegia, stroke.

INTRODUCTION

Pakshagata is an important **Vatavyadhi** described under Vataja nanatmaja vyadhi and Mahavatavyadhi can manifest either due to dhatukshaya and margavarana.^[1] The term Pakshaghata literally means, "Paralysis of one half of the body" where Paksha denotes either half of the body and Aghata denotes the impairment of Karmendriyas and Gyanendriyas. So

Pakshaghata is an Indriya pradoshaja vikara and Upadhatu pradoshajavikara^[2] which comes under Madhyama roga marga.^[3] Karmendriyas are considered part of the motor system and Gyanendriyas, which is related to the sensory system. Manas is supposed to control both, whereas Pakshaghata is a Karmendriya pradhana vikara.^[4] Acharya Charaka explained that Prakupitha Vayu take shelter in half of the body and causes Pakshaghata, which is associated with stiffness of joints^[5] whereas Acharya Sushruta explained that Vata dosha travels in Urdhava Adhoga Tiryaka Dhamanis and causes Sandhi Bandhanamoksha, which ultimately leads to loss of function in one half of the body is called Pakshaghata.^[6] In modern science, all motor activities are controlled by the brain.

Cerebrovascular accidents are responsible for the loss of function of the body and due to maximal similarity, they can be correlated with pakshaghat.

Stroke is defined as the sudden onset of Focal neurological deficit which mainly occurs due to a lack of oxygen resulting from the disease of cerebral Vasculature and its contents, resulting in loss of blood flow to the brain.

Stroke presents with Symptoms of sudden weakness of the face, arm or leg (either on one side of the body or both) followed by other Symptoms like difficulty in speaking, dizziness, difficulty in seeing with one or both eyes, loss of coordination, severe Headache and unconsciousness. Strokes. Three major types of strokes are recognized ischemic, hemorrhagic and lacunar strokes. Ischaemic variety with cerebral Infarction results from atherothrombosis or brain Embolism to cerebral vessels. Hemorrhagic stroke with bleeding within the central nervous tissue occurs due to a ruptured cerebral aneurysm in the young and Hypertensive intracerebral bleeding in the elderly. Lacunar strokes are deep, small cerebral infarcts located in the basal ganglia or deep white matter, resulting from Diseases of small penetrating vessels.^[7]

Panchakarma therapy along with medications is commonly Practised for treating patients of various disorders with the principle of Ayurveda. Panchakarma is very useful in treating Neurological diseases as well as Paralysis.^[8]

Along with the Panchakarma Physiotherapy also acts as “hands-on” manual therapy used to aid in a Rapid recovery and Rehabilitation from Pakshaghata. In addition, Physiotherapy can be used to maintain the body in its optimum state and also aid in reducing the chances of and

even preventing a re-injury. All of the physiotherapy techniques allow the joints, muscles, ligaments, and tendons to function better.^[9] Keeping in all the above facts, the present study assesses the efficacy of medicines and panchakarma therapy in Pakshaghata.

CASE REPORT

A patient 70 years aged female from Tarwala Nagar, Nashik was brought to Kaychikitsa Outpatient Department of SSAM&H with complaints of reduced strength in the right upper and lower limbs with associated complaints unable to walk and slurred speech, dizziness for ten months and was admitted on the same day. The subject was a previously diagnosed case of Cerebrovascular Accident (acute infarct in bilateral cerebellar hemispheres).

HISTORY

A female patient by the name XYZ, 70 years old, known Case of HTN for 10 months and DM since past 5 years (under Medication) presented with weakness of right upper and lower limb On 10/09/2020. slurred speech, dizziness, difficulty in talking, inability to stand and walk for Which the patient was taken to a nearby allopathic Hospital. The patient was conscious and there was no History of headache, vomiting or any convulsions. There she was diagnosed as a case of CVA and was treated and thrombolysed with r-TPA, inh Alteplase. The patient was stabilized and was discharged. For rehabilitation and supportive care patient came to SSAM&H and was treated here. By the end of one month of Treatment patient was able to stand and walk without support.

O/E

GC moderate

BP-120/90mmhg

PR- 86/min

SpO2- 96%

S/E

CVS- S1S2 normal

CNS- conscious, oriented

RS- AEBE clear

P/A- soft

Motor system

Before treatment

	Right limb	Left limb
Upper limb	2/5	5/5
Lower limb	3/5	5/5

Reflexes

	Right	Left
Bicep	N	N
Tricep	N	N
Brachioradial	N	N
Knee	Exaggerated	N
Plantar	N	N

MRI brain with contrast with whole spine screening:

Acute infarct involving bilateral cerebellar hemispheres (R>L)

Chronic ischemic changes involving periventricular white matter on both sides.

Treatment

Snehan-maashbaladi tail

Swedan- dashmula kwath

Virechan- Castor oil

Nasya – panchendriya vardhan tail

Snehana

Abhyanga is one among the Dinacharya and is an ancient Indian Ayurvedic approach adopted for healing, relaxation and treating various diseases.^[12] Abhyanga means massaging the body with any Snehas(fats) in the same direction of hair follicles, which acts on vitiated Vata, and the body becomes capable of withstanding fatigue and exercise. If there is absolute vitiation of Vata without any kind of association(obstruction), it should be treated at first with oleation therapy. In Pakshaghata, Sira Snayu Sankochana Snehana is a very essential condition. It pacifies the Vata doshas and Pushti prasada (nourishes the dhatus).^[13]

Virechan- Virechana therapy improves the Chesta Nivritti of the extremities. Virechana offers Improvement in the tonicity of the Upper Limb. Therapy controls serum cholesterol, LDL & Triglyceride levels which may be considered responsible for hypertension than Pakshaghata.

The research investigations performed by various Researchers and available texts suggest that Virechana provides satisfactory relief in Pakshaghata due to its Vatahara and detoxifying properties. Panchakarma (Purvakarma) offer beneficial effects in disease since it Relaxes muscles, boosts tonicity and improves circulation. Panchakarma boosts the motor system and muscle restoration takes place; thus overall relief of impairment occurs in Patients of Pakshaghata. Therapy also reduces atrophy And hyper-tonicity of the muscle along with improvement In mental functioning. The therapy offers relief in disease Conditions due to its vata shamaka and brihmana properties.

Nasya

Nasya is a potent Vata Shamaka procedure as it directly acts in Urdhava Jatrugata Vikar. Shira Pradesh is the main Adhishtana of Indriya and Nasa is considered the way to it. The drug administered through Nasa goes to Shira and causes Dosha Nirahana and Vata Shaman simultaneously. In this case patient was given Shaman Nasya with Panchendriya Vardhan Tail. Panchendriya Vardhan Tail has Vata Shamaka properties and specially acts on Urdhva Jatrugta Vyadhis as explained in Samhita.

Capsule Palsinueron was given during the whole course of treatment. It is a proprietary medicine prepared by a Combination of Ekangaveera Rasa, Mahavatavidhvamsa Rasa, Sameer Pannag Rasa and Sutasekhara Rasa, and All these Yogas are directly indicated in Vataja Roga. Due to this specific type of combination, it was Administered to patient to tackle symptoms like weakness And stiffness in the muscle.^[10]

Physiotherapy

Physiotherapy is a therapeutic practice that focuses on the science of movement and assists patients in restoring, maintaining, and optimizing their physical strength, function, motion, and general wellness. The goal of physiotherapy in this setting Is to enhance joint integrity and muscular flexibility, as well as to meet any delayed developmental milestones as soon as feasible. Increased circulation to all four limbs and brief pain alleviation are among the other Advantages. Considering the spasticity, joint mobility and Flexibility were achieved with Range of Motion (ROM) Exercises, passive stretching, and peripheral joint Mobilization.

Proper ayurved management as well as speech therapy, physiotherapy and other rehabilitation can assist the patient in becoming self-sufficient.^[9]

Shaman Aushadhi

Mahayograj guggul 250 mg BD

Suvarnautshekar ras 125 mg OD

Dashmula kwath 10ml BD

Continue Dual Antiplatelet to prevent further complications

Tab Ecosprin 150 mg 1 HS

Tab Atorva 20 mg 1 HS

Jivha Nirlekhana

It is performed with Vacha Choorna, or akarkarabha choorna both of which are quite efficient in the treatment of speech disorders. Vacha holds a special place in Ayurveda because it is a key Medhya medicine that has the ability to improve memory and cognition. Vacha is classified as Lekhaniya and Sanjnanasthapana Mahakashaya by Acharya Charaka. As a nervine tonic, Vacha has a unique power (Prabhava). It balances Vata and Kapha due to these qualities. Due to the properties of Pramathi and Lekhana, it disintegrates the Kleda, Meda, Lasika, Sweda, and Vasaand eliminates the Mala, Kapha, and Pitta from the Srotas. Katu Rasadilates all relevant channels, resulting in the “Srotansi Vivrunoti” effect.^[11]

CONCLUSION

Pakshaghata is a Vataja Nanatmaja Vyadhi considered Mahavatavyadhi. All Acharyas have emphasized that Vata is the predominant Dosha in the manifestation of Pakshaghata. Hence, it is essential to understand clearly the physiological and pathological aspects of Vata and then only appropriate treatment should be initiated. Being a Vatavyadhi, the description of Virechana as the Line of management in Pakshaghata can be disputable. Virechana not only counteracts Avarana but also improves Dhatuposhana.

So, it is useful in both Margavaranajanya and Dhatukshayaja pakshaghata. Basti is the main treatment for Vatadosha, but Virechana has been given priority in Pakshaghata. However, in this study, the treatment protocol was planned according to the Dosha and Sthana Dushti as per Acharya Charaka. Sthanika Chikitsa, along with Shamana Aushadhis and Physiotherapy was administered to the Patient according to Vyadhi Avastha, Rogi Bala and Dosha Bala. Panchakarma procedures along with certain Shamanaushadis showed significant improvement in the Condition of the patient. The patient was able to walk independently later. The results were satisfactory and encouraging and this led to improvement in the

quality of Life of the patient. Thus it can be concluded that Ayurvedic Management is clinically highly effective in the Treatment of CVD like Pakshagaht.

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