

# A Case Study of Ayurvedic Management of Pakshaghata (Right Hemiplegia)

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**Abstract:** One side of the body is paralyzed with Pakshaghata, a neurological disorder also known as hemiplegia. It is brought on by damage to the brain cells that control motor performance. One of the primary causes of Pakshaghata, which happens when blood supply to a portion of the brain is restricted, is a cerebrovascular accident (CVA). In the current case study, a 43 - year - old male patient main complaints were weakness in the right side of his body and his inability to walk. He was determined to have had a hemorrhagic stroke and presented with right - sided hemiplegia as well as a persistent hemorrhage in the CT brain. Using natural herbs and therapies like Basti, an internal medicated enema therapy, ayurveda has helped treat neurological illnesses like Pakshaghata. The therapy tries to balance the Vata dosha, which regulates speech, movement, and sensory perception.

**Keywords:** Hemiplegia, Dakshin Pakshaghata, Panchakarma, Samshamana Aushadi

## 1. Introduction

Ayurveda The book "The Science of Life" strongly emphasizes prevention and promotes the upkeep of health by careful living, good thinking, a healthy diet, an active lifestyle, and the use of herbs. Having Avyahaata Gati (unrestricted mobility) in its place, normal Vayu is in charge of a person's long lifespan of one hundred years free from illness.<sup>1</sup> Translated, the term Pakshaghata means "paralysis of one half of the body," where "paksha" refers to either half of the body and "Aghata (=paralysis)" refers to the impairment of the Karmendriyas, Gyanendriyas, and Manas.

Karmendriyas is seen as a component of the motor system, whereas Gyanendriyas are regarded as a component of the sensory system. Pakshaghata is a Nanatmaja - type Vata vyadhi.<sup>2</sup> Mahavata vyadhi can appear as a result of either margavarana or dhatukshaya.<sup>3</sup> Blood loss from Lohitakshamarma injury results in Pakshaghata. Pakshaghata is also brought on by harm to Kakshadharamarma.<sup>4</sup> Pakshaghata's defining characteristics are Hasta Pada Samkocho, Ruja (pain), Vakstambha (slurred speech), and Chestahani (impaired motor activity). Some instances may also involve Sandhi Bandhavimoksha (joint weakness), Vaktravakratha (mouth deviation), and Sphoorana of Jihva (fasciculation of the tongue). In modern science, Pakshaghata is frequently linked to stroke symptoms and indicators. Major strokes may now be classified into three categories: These three types of stroke are ischemic, hemorrhagic, and lacunar. Atherothrombosis, or brain embolism, in the cerebral arteries, causes cerebral infarction of the ischemic form. When a cerebral aneurysm ruptures in young people, it can cause a hemorrhagic stroke. Lacunar strokes, caused by illnesses of small penetrating arteries, are deep, small cerebral infarcts seen in the basal ganglia, or deep white matter.<sup>5</sup> Ayurvedic principles are often used in panchakarma therapy to treat patients with a variety of diseases. Translated, the term "panchakarma" refers to five treatments: Vamana (therapeutic emesis), Virechana (purgation), Asthapanavasti (enema using medicinal decoction), Anuvasanavasti (enema using

medicated oil), and Shirovirechana / Nasya. Along with these five primary procedures, several more supplementary treatments are available, such as Snehana (oleation), Swedana (fomentation), and others that are also Poorvakarma or Panchakarma. Both neurological illnesses and paralysis can be effectively treated with panchakarma.<sup>6</sup>

## 2. Case Study

A Male patient of age 43 yrs came for treatment at OPD in MMW brought by a relative with him in M. A. PODAR Ayurvedic Medical College, Worli, Mumbai with complaints

- 1) Weakness in Rt. Upper and lower limb
- 2) Unable to perform activities with Rt. Upper and lower limb
- 3) Unable to walk properly (since 4 months)
- 4) Slurred speech
- 5) Loss of appetite
- 6) Disturbed sleep
- 7) Constipation (Vibandha) (since 3 days)

### PAST HISTORY –

K/C/O –

- 1) HTN - (SINCE 4 months)



R<sub>x</sub> - 1) TAB AMLODIPINE 5 MG 1 - 0 - 0

2) TAB MINIPRESS XL 5 MG 0 - 1 - 0

3) TAB TELMISARTAN 40 MG 0 - 0 - 1

- 2) EPILEPSY (SINCE 4 MONTHS)



R<sub>x</sub> - 1) LEVIPIL 500 MG TDS

F/H –

1) Father – DM / HTN / CVA

2) MOTHER – NIL

S/H –

CRANIOTOMY – 5 years ago

**General Examination**

- 1) GC –FAIR / AFEBRILE
- 2) Pulse Rate – 74/MIN
- 3) Blood Pressure - 140/70 MMHG
- 4) SPO<sub>2</sub>–97%
- 5) Respiratory rate – 16/min.

**Systemic Examination**

- 1) RS – AEBE, Clear
- 2) CVS – S1S2 normal
- 3) CNS - Conscious and Well Oriented

	Function	Right extremities		Left extremities	
		Upper Limb	Lower Limb	Upper Limb	Lower Limb
a)	Sensation	Normal	Normal	Normal	Normal
<b>Motor Examination</b>					
b)	Tone	Hypo	Hypo	Normal	Normal
c)	Power	1/5	2/5	5/5	5/5
d)	Muscle–movement coordination	Weak	Weak	Normal	Normal
e)	Involuntary movement	Absent	Absent	Absent	Absent
<b>Sensory Examination</b>					
F)	Reflexes	Biceps - +4	Knee - +4	Biceps - +2	Knee - +2
		Triceps - +4	Ankle - +3	Triceps - +2	Ankle - +2
	Plantar	Extension		Flexion	

**Physical Examination –**

- 1) Pallor - No
- 2) Icterus - No
- 3) Clubbing - No
- 4) Edema – No

**Gastrointestinal System Examination -**

Soft, non - tender, mild gas distension.

**Investigation -**

CT Brain – (31/12/2021)

- 1) A large haemorrhage measuring 5.5\*3.1\*4.4cm is seen in the left ganglio - capsularregion.
- 2) There is mid–perifocaledema noted. It is causing significant mass effects overthe surrounding parenchyma.
- 3) There is resultant subfalcine herniation with a 9.1 mm rightward shift of the midline and effacement of the left lateral ventricle.
- 4) The haemorrhage is extending into the left lateral ventricle.

**Diagnosis –**

Based on clinical presentation and CT scan of the brain it was diagnosed as ‘Acutehemorrhagic’ (Hemiplegia right - sided) and Pakshaghata (Dakshina).

**Samprapti Ghatak –**

- 1) Doshā – Prana, udana and vyanavayu, Sadhak pitta, Tarpakkapha.
- 2) Dushya – Dhatu – Rasa, Rakta, Mansa, Meda, Majja, Asthi Updhatu – Sira, Snayu, Kandara
- 3) Strotasa – Rasavaha, Raktavaha, Medovaha, Asthivaha, Majjavaha.
- 4) Agni – Jatharagni, dhatwagni of Rasa, rakta, mansa, meda, asthi, majja.
- 5) Type of strotodushti – Sanga
- 6) Udbhavasthana – Mastishka
- 7) Vyaktisthana – Ardhangā (Right side)

**Management**

**Table 1: Internal Medication**

Sr. no	Name of medicine	Dose	Time	Anupama
1.	Brihatvat Chintamaniras	125 mg	2 times after food	Luke warm water
2.	Cap. Palsinuron	360 mg (2 tabs)	2 times after food	Luke warm water
3.	Brahmi vati	500 mg (2 tabs)	At night	Luke warm water
4.	Gandharvahrarikichoorna	5 gm	At night (Hs)	Luke warm water

**Table 2: Showing Details of treatment given to Patient -**

Sr. no	Procedure	Date	No. of days
1.	Sarvanga Abhyanga withtilataila (Minutes)	12/04/2022 to 18/05/2022	36 days
2.	Nadi Sweda (Minutes)	12/04/2022 to 18/05/2022	36 days
3.	Yoga Basti Erandamooladi Niruhabasti Anuvasanabasti with tilataila	12/04/2022 to 19/05/2022	08 days
4.	Baladiyapanbasti	20/04/22 to 03/05/2022	14 days
5.	Jihwanirlekhana with Vachachoorna and Yastimadhuchoorana	12/04/2022 to 30/04/2022	19 days
6.	Physiotherapy	20/04/2022 to 17/05/2022	30 days

**Table 3: Ingredients of Erandamooladi Niruha Basti**

Sr. no	Drug	Dose
1.	Makshika (Honey)	30ml
2.	Saindhava	10 gm
3.	Tilataila	80 ml
4.	Balakalka	10 gm
5.	Triphalakalka	20 gm
6.	Ashwagandhakalka	10gm
7.	Erandamoola Kashaya	500 ml
Total		660 ml

**Table 4:** Duration and Doses

Drug	Niruha - Erandmoolaniruhabasti. (600 ml) Anuvasana – Tila Taila (80 ml)
Dose	Niruha - 600 ml Anuvasana – 80 ml
Kala	Niruha - abhukta Anuvasana - adrapaninambhojana (immediately after meals)
Duration	Yogabastikrama: D1, D3, D5, D7, D8 Anuvasana D2, D4, D6 - Niruhabasti

### 3. Results

The condition of the patient improved gradually along with the course of the treatment.

Rt upper Limb and Lower limb	1 <sup>ST</sup> Day (12/04/2022)	After 1Weeks (19/04/2022)	After 2 Weeks (26/04/2022)	After 4 weeks (10/05/2022)	After 6 weeks (17/05/2022)
Power	U/L - 1/5 L/L – 2/5	U/L - 1/5 L/L – 2/5	U/L - 2/5 L/L – 3/5	U/L - 2/5 L/L – 3/5	U/L - 3/5 L/L – 4/5
Tone	Hypotonic	Hypotonic	Hypotonic	Hypertonic	Hypertonic
Muscle–movement coordination	Weak	Weak	Improved	Improved	Normal
Speech	Slurred	Slurred	Improved	Improved	Normal

### 4. Discussion

The patient in this situation has symptoms like weakness in the right upper and lower limbs with restricted mobility, inability to stand or sit, etc., and the primary cause of these symptoms is vitiated vata dosha, which should be addressed first. Although the vatashamana and santarpana effects are present in all the medications being studied.

#### 1) Snehana Abhyanga -

One of the Dinacharya, or traditional Indian Ayurvedic methods, is abhyanga. Treatment of many ailments, relaxation, and healing.<sup>7</sup>Snehana plays an important role in vatashamana and santarpana.

#### 2) Nadi Sweda –

Swedana (sweating treatment) is typically administered following oleation - Snehana therapy. The process known as Swedana relieves Stambha, Gaurava, and Sheeta, which cause sweating. It performs a dual function in both Poorvakarma and Pradhanakarma.<sup>8</sup>

Nadi Sweda is notably helpful for Stambha / Sankochapradhana Vata vyadhi, a disorder induced by vitiated Vata, according to research<sup>9</sup>.

#### Mode of action -

Swedana has its main actions like Stambhaghna, Gauravaghna, Shitaghna, and Swedakarakatva.

#### 3) BASTI -

##### a) Anuvasana Basti With Til Taila -

Anuvasanabasti will keep the oil for a predetermined amount of time without having any bad effects if it is used with TilTaila. Acharya Charaka mentions Sneha's digestion when discussing the Anuvasana Basti with the phrase "Sneham Pachati Pavakah, " and after digestion, Dravyas can be used to affect the body.<sup>10</sup>

##### b) Erandamoola Niruha Basti -

It is mentioned in the Jangha, Urupada, and Prushta Shula hara. Eranda is the primary component and possesses Snigdha, Sukhshma, and Teekshna characteristics. As a result, it acts as Vatahara, Balya, and Vedhanasthapana.

##### c) Baladi Yapan Basti –

Baladiyapanabasti explained by Acharya Charaka is used in the treatment of pakshaghataby its sadhyobalajanana and rasayana qualities.

##### d) Jihwa Nirlekhana –

Jihwa Nirlekhana was done with Vacha Choorna and Yastimadhu Choornais very effective in managing speech disorders. The normalisation of Vata Dosha (Prakritavastha) contributes to the maintenance of the functioning of the mind, which promotes mental health and speech since Vata controls all mental activity.

##### e) Brihatvat Chintamani Ras -

Brihat Vata Chintamani Rasa is having the properties of medhya, Rasayana, lekhana, balya, kshayagna, ojovardhaka & yogavahi which has a targeted effect for the management of Pakshaghata under Vataroga. The formulation also helps in protein scavenging, anti - inflammatory, and arrests neurodegenerative activity with the added benefit of crossing the blood - brain barrier.

##### f) CAP. Palsinuron -

It 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 patients to tackle symptoms like weakness and stiffness in the muscle.

##### g) Brahmi Vati -

Brahmi is one such widely used herbal drug that alleviates nervous function, enhances memory and reduces convulsions and inflammation.

**h) Gandharva Haritaki Churna -**

It pacifies Vata Doshas, acts as Anulomaka, and Clears bowels.

**i) Physiotherapy -**

A therapeutic approach known as "physiotherapy" that emphasizes the science of movement assists patients in regaining, maintaining, and maximizing their physical function, strength, range of motion, and general well - being. Physiotherapy is used as part of the treatment to increase muscular flexibility and joint range of motion.

**5. Conclusion**

This case study shows how Ayurvedic medicine may successfully cure Pakshaghata, These were applied in this case, and the patient experienced fantastic outcomes. As an additional kind of treatment, physiotherapy helped to expand the limbs' restricted range of motion.

Later, the patient was able to walk by themselves. The outcomes were positive and good, which improved the patient's quality of life.

Based on this case study, it can be said that combining physiotherapy and panchakarma therapy to treat Pakshaghata was successful.

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