



MANAGEMENT OF PAKSHAGHATA THROUGH PANCHAKARMA – A CASE REPORT

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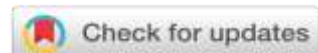
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ABSTRACT

The traumatic accident has emerged as an important public health, with nearly 12 lakh people killed and 55 lakhs disabled. There are no such satisfactory or largely accepted measures for the post-rehabilitation of such patients, resulting in them in a life confined to bed and completely dependent on others. Which worsens the situation and gives rise to other health issues like weight gain, bed sores, disuse ataxia, etc. This case is evident that Ayurveda with continuous efforts can give a ray of hope in improving the Quality of life and reducing the dependency of patients who are confined to bed, during post-traumatic accidents. A male patient of 36 years old with a history of road accidents 2 years back came to OPD. Panchakarma, Ishan Ayurvedic Medical College and Research centre, Greater Noida. Ayurvedic therapeutic *Panchakarma* procedures like *Rooksha Choorna Pinda Swedana*, *Ud-wartana*, and *Abhyanga* were administered externally along with some internal Ayurvedic medicines. He showed significant improvement in NIHSS and Glasgow Coma Scale scoring.

Keywords: *Pakshaghata, Rooksha Choorna Pinda Swedana, Ud-wartana, Abhyanga*

INTRODUCTION

Traumatic accidents are medical emergencies the main consequence of it is Head Injuries, and stroke,

resulting in long-term deliberated symptoms like speech difficulties, muscular weakness, coordination

difficulties, pain or numbness to the affected region, loss of memory, and urinary or bowel incontinence¹. It limits mobility and daily activities, making the patient completely dependent on family and friends deprived of dreams and aspirations leading to a completely hollow life. This condition can be correlated with *Pakshaghata / Pakshvadha* manifesting symptoms like *Hatevekam Maarutah Paksham* (loss of function of the effected part of the body), *Kuryaat cheshta Nivrutti* (impaired motor activity), *Rujam* (pain), *Vakastambha* (slurred speech), *Sira Snayur vishoshya* (weakness of blood vessels and ligaments), *Padam Sankochyat ekam Hastam²* (weakness of effected hand and leg).

CASE REPORT – A male patient visited OPD of Panchakarma, Ishan Ayurvedic Medical College and Research centre, Greater Noida on 16th December 2022.

Patient name – XYZ

Age/Sex- 36/M

UHID NO. – 2191

Address – Bijnor

Chief Complaints:

1. Loss of strength and senses in the whole body * 2 years
2. Loss of memory * 2 years
3. Involuntary movements of hands and legs * 2 years
4. Difficulty in lifting hands and legs * 2 years

H/O of present illness – The patient was asymptomatic 2 years back when he suddenly fell from stairs and became unconscious. He was immediately shifted to a nearby Allopathic hospital for his immediate management. He was diagnosed with a Right Frontotemporo-parietal Acute Sub Dural Hematoma, and since then, he has been hemiplegic.

H/O of past illness – No significant history other than accidental head injury.

Family history – No significant history was found.

Doshik predominance – *Kapha Vata* (as per the *Prakrati* analysis and *Naadi* analysis)

Avarana–*Kapha Avrut Vata*

Samprapti Vighattan – Removing *Avarana* and then treating *Vata*.

CLINICAL EXAMINATION –

Height - 165 cm

Weight - 100 kg

Vitals - BP – 120/80 mm of hg

Pulse – 79 / min

Spo2 – 98 %

Temp – 98.9 F

The patient was well built and nourished, vitals were stable, and the patient was conscious but not completely alert.

General Physical Examination

Head and Scalp –The surface was irregular with some bony swellings-like structures and a suture mark on the frontal parietal temporal region of the right side.

Skin, Ear, Nose, throat – No anatomical abnormality was found.

Eyes –Visual acuity, colour vision, and pupillary reflexes were normal.

Chest – Respiratory sounds were normal.

Higher Mental Functions

The patient was awake but did not have much responsiveness to stimuli, with reduced wakefulness.

The patient showed an immediate expression of emotion, Patient showed mild aphasia.

Cognitive Abilities – The patient had mild cognitive abilities.

Motor Examination

Nutrition - No sign of atrophy was seen; Mild Hypertrophy was seen in both the upper and lower extremities.

Tone- Mild spasticity was present, and resistance offered was interrupted by tremors.

DIAGNOSIS – Ayurveda – *Pakshaghata*, Modern – Hemiplegia

INTERVENTIONS

Table 1 - Long term Prescription

S.N.	<i>Shamana Chikitsa</i>
1.	<i>Ashtavarga Kashayam</i> 10ml BD before food
2.	<i>Yograja guggulu</i> 1 TDS before food
3.	<i>Vacha churna Pratisarana</i> TDS
4.	<i>Cap Palsineuron</i> 1 TDS after food
5.	<i>Erand Taila</i> 5gm bedtime

Table no 2 Panchakarma Therapies

S. no	<i>Panchakarma Chikitsa</i>	Time
1	<i>Pinda Swedana with Jadamayadi Churna</i>	7 Days
2	<i>Udwartana with Triphala Churna</i>	7 Days
3	<i>Sarvanga Abhyangam – Bala Taia</i>	7 Days

ASSESSMENT CRITERIA

- National institute of health stroke scale for overall improvement³
- Glasgow Coma Scale

OBSERVATIONS AND RESULTS – The condition of the patient improved gradually along with a course of treatment. Following are the before and after treatment tables.

Table: Assessment dates

Assessment	Date
BT	16 Dec 2022
AT1	23 Dec 2022
AT2	3 Jan 2023
AT3	10 Jan 2023
AT4	17 Jan 2023

Table 7: Scoring of NIHSS before and after treatment.

Symptoms	BT	AT1	AT2	AT3	AT4
1a LOC Responsiveness	3	3	2	1	1
1b LOC Questions	2	2	2	1	1
1c LOC Commands	1	1	1	1	1
2Horizontal Eye Movement	2	2	2	2	2
3 Visual Field Effect	0	0	0	0	0
4 Facial Palsy	1	1	1	1	1
5 Motor right Arm	4	4	3	2	2
6 Motor right leg	4	4	3	2	2
7 limb Ataxia	2	2	2	2	2
8 Sensory	2	1	1	1	1
9 languages	2	2	2	2	2
10 Speech	2	2	2	1	1
11 Extinction & Inattention	2	2	2	1	1
Total	27	26	23	17	17

Table - Glasgow Coma Scale

Eye Opening Response

- Spontaneous--open with blinking at baseline 4 points
- To verbal stimuli, command, speech 3 points
- To pain only (not applied to face) 2 points
- No response 1 point

Verbal Response

- Oriented 5 points
- Confused conversation, but able to answer questions 4 points
- Inappropriate words 3 points
- Incomprehensible speech 2 points
- No response 1 point

Motor Response

- Obeys commands for movement 6 points
- Purposeful movement to painful stimulus 5 points
- Withdraws in response to pain 4 points
- Flexion in response to pain (decorticate posturing) 3 points
- Extension response in response to pain (decerebrate posturing) 2 points
- No response 1 point

Categorization: Coma: No eye-opening, no ability to follow commands, no word verbalizations (3-8)

Head Injury Classification:

Severe Head Injury----GCS score of 8 or less

Moderate Head Injury----GCS score of 9 to 12

Mild Head Injury----GCS score of 13 to 15

Table – Scoring of Glasgow Coma Scale

S.no.	BT	AT1	AT2	AT3	AT4
Eye Opening	3	4	4	4	5
Verbal Response	3	3	4	4	4
Motor Response	3	3	4	5	5
Total Score	9	10	12	13	14

DISCUSSION

The General Principal of treatment in hemiplegia is *Vata-Kapha-Meda Hara*. Initially, the treatment was started from *Rookshana* for which *Rooksha Choorna Pinda Swedana with Jadamayadi Churna was used, Followed by Udwartana, with Triphala Churna. Triphala* being tridosha shamaka helped in *vyadhi vighattan* ⁴. The patient gained a lot of weight post-trauma, hence *Udwartana and Swedana* were advised. Both the therapeutic procedures and medicines used in it have *Rooksha, Laghu, Khara, Teekshna, Ushna, Sthira, Apichhila, Vaishadya, Kapha-Meda hara, and Vata Shamak* properties⁵. It is the choice of treatment for *Saamavashtha* (accumulated undigested food and toxins) which acts on the *Bhrajaka Pitta* through *Ushna, Teekshna, and Laghu guna* and penetrates minutes channels. It digests accumulated undigested food or toxins in the channels through *Rooksha* and *Khara guna* and clears *Avarana* of body channels. *Swedana* pacifies *vata* and also opens up channels by its *kapha hara* nature there by improving circulation in stiff muscles. *Swedana* is *stambhaghna,*

gauravaghna, and sheetaghna. Ushna and tikshna guna. The *doshas* also get excreted through micro pores of the skin in form of sweat, decreasing *stroto-rodh*. *Udwartana* is *vataaghana* and *kaphameda vilayana chikitsa*,⁶ it helps in removing the *strotorodha* and *strotosangh*, thereby improving the circulation in spastic muscles, improving power coordination. Once the body was free from *Avarana Snehana* in form of *Abhyanaga* was done with *Bala Taila, Sneha* has properties of *Dravam and Sukshma. Sara, Snigdha, Guru, Sheeta, Manda, and Mridu* which alleviates *Vata Dosha* and makes the body & channels soft, and then it separates vitiated *Doshas* or toxins from the channels. *Bahya Sneha* moves vitiated *Dosha* from *Shakha* (minute channels) to *Koshta* (major channels). In ancient scriptures also *Abhyanga* has been told as *Vata Shamaka* by *Acharya Shushrut*⁷. Also, according to *charka* *vayu* dominates *sparsha endriya, and Abhyanga* is extremely beneficial for *vata vyadhi* as per *charka*⁸. *Bala (Sida Cordifolia)* has *vatapitta hara guna, madhura vipaka, snigdha & pichila guna* which is opposite to *vaat*, hence helping in vitiation.

CONCLUSION

According to the observed clinical symptoms, the patient got significant relief after the treatment, the treatment was done on the basis of Ayurveda principles, hence it can be substantiated that *Panchakarma* treatment is effective in the treatment of *Pakshaghata*.

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