

EFFECT OF PANCHAKARMA AND PHYSIOTHERAPY AS AN INTEGRATIVE THERAPY IN HEMIPARESIS (*PAKSHAGHATA*): A CASE REPORT

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ABSTRACT

Introduction: Hemiparesis is one of the commonest symptoms seen after cerebrovascular accidents, as it affects about 8 out of 10 stroke survivors causing weakness or the inability to move one side of the body. It can be correlated with *pakshaghata* by the signs and symptoms observed. **Materials and Methods:** A case report of a 36 years old male who came to the *Panchakarma* OPD of KLEU's Shri BMK Ayurveda Hospital with chief complaints of weakness in the right upper and lower limbs along with the inability or restricted movement of the fingers and toes, along with hemiplegic gait. For the above said complaints a treatment plan comprising of *Panchakarma* and physiotherapy was drawn up. After a period of 6 months, he was completely relieved of his initial complaints as his reflexes, muscle tone, muscle power, was improved leading to normal gait. He also improved for doing finer movement of his fingers like writing, typing etc, and of toes like pulling a rug with his toes. **Conclusion:** Combination therapy of *Panchakarma* and Physiotherapy can reduce the recovery time of hemiparesis or *pakshaghata*.

Keywords: Hemiparesis, *Pakshaghata*, *Panchakarma*, Physiotherapy.

INTRODUCTION

Hemiparesis (i.e., weakness on one side of the body) is one of the most common and, perhaps, the most disabling, of all stroke sequelae. This is because hemiparesis frequently undermines fundamental abilities such as eating, driving, writing, and ambulation, causing increased reliance on the healthcare system

and on others¹. Hemiparesis symptoms can be compared with that of *pakshaghata* in *ayurvedic* view. Where *pakshaghata* is described one among the 80 types of *nanatmaja vata Vyadhi*.² It is also described as one among the *upadrava* of *vra*na. *Pakshaghata* chiefly involves the *prana*, *vyana*, and *udanavayu*,

along with the involvement of *rasa, rakta, mamsa, meda, majja, sira, snayu, dhamani* and *mala*. Mainly *sanga Srotodushiti* is observed although all four types of *dushti* are seen here³.

Case details-

A 36 years old male patient came to *panchakarma* OPD of KLEU’s Shri BMK Ayurveda Hospital on 20/10/2016 having an OPD no. 18000/16, complaining of loss of sensation of right upper and lower limbs since two months, unable to walk properly along with diminished fine movements of bilateral fingers and toes. He was apparently healthy 2 months back, all of a sudden he developed loss of sensation at

the right half of the body, while watching television, he tried to pick the remote control and fell down from his sitting posture. He was immediately admitted to SDM medical hospital, Dharwad, Karnataka; and eventually improved but his gait was fully compromised. He had a history of hypertension for the past nine years and was under medication (Tab. Losarkind H). Nothing contributory was found in his family history and personal history, except that he was a chronic smoker (2packets per day), by occupation he is a businessman and requires using laptop continuously and he also had to travel frequently.

Investigation and reports -Detail explained in Table 1

Table 1: Investigations	
<ul style="list-style-type: none"> • MRI (BRAIN): 18/8/16 	Acute infarct involving the left corona radiata and adjacent part of left lentiform nucleus.
<ul style="list-style-type: none"> • MDCT (BRAIN) <ul style="list-style-type: none"> – No obvious intracranial abnormality seen – No evidence of intracranial space occupying lesion seen – No evidence of infarct/ haemorrhage • CAROTID & VERTEBRAL ARTERIAL DOPPLER <ul style="list-style-type: none"> – Normal study – No evidence of atherosclerotic plaque/haemodynamically significant stenosis • Echocardiography- <ul style="list-style-type: none"> – No PWMA, Normal LVSF – LVEF-60% – AML tip prolapse – TR mild – Normal PAP 	

Treatment- Details explained for *Panchakarma* therapy in Table 2 and for Physiotherapy in Table 3

Table 2: Panchakarma Treatment given and improvement		
DAYS	TREATMENT GIVEN	IMPROVEMENT OBSERVED
Day 1	<ul style="list-style-type: none"> ○ <i>Sarvanga DashamoolaParishek</i> ○ <i>Nasya</i> with <i>GudaNagara</i>- 8 drops each nostrils-BD ○ <i>Agnilepa</i> to whole body ○ <i>GandharvaHastadi</i> Castor oil- 20ml+20ml milk at HS 	_____

Day 2- 6	<p>Added along with Day 1 treatment-</p> <ul style="list-style-type: none"> ○ Tailaparishek with MahanarayanTaila+ MurchitaTila-Taila ○ Physiotherapy- BD ○ ShiroPichu with Yastimadhuchurna+ HimasagarTaila ○ BrumhanaUpanaha to bilateral wrist & ankle joint ○ Pathya- LasunaKsheerapaka (in Hrisayasimatra starting 2 Lasuna) at 7am ○ Sarvanga Abhyanga with MahanarayanTaila+ MurchitaTilaTaila 	<ul style="list-style-type: none"> ○ 3rd day onwards ○ Decrease of exaggerated reflex action
Day-7- 16	<ul style="list-style-type: none"> ○ Added- Basti in Yoga Basti pattern ○ Rajayapana Basti ○ Anuvasana basti with 60ml DhanwantaraTaila 	<ul style="list-style-type: none"> ○ Slurring of speech decreased ○ Improvement of Staggering gait to near normal gait ○ Walking without support

Table 3:Physiotherapy Treatment given and improvement

DAYS	TREATMENT GIVEN	IMPROVEMENT OBSERVED
Day 2- Day-16	<ul style="list-style-type: none"> • TA and Hamstring Stretching. • Elbow flexors and supinators stretching. • Passive PNF for Right (Rt.) UL and LL. • Weight bearing exercise for Rt. UL. • Weight bearing on left UL and reach outs for Rt. UL at different planes. • Electrical stimulation for Rt. UL for extensors. • Bridging • Trunk rotations • Co-ordination exercise- Rt. UL and LL • Finger nose finger exercise • Random walking. • Heel shin exercise • Finger to finger exercise. • Walking in parallel bar with mirror feedback. • Obstacle crossing. • Sit to stand at different levels. • Holding of different objects like bottle and biscuits and taking up to mouth. 	<ul style="list-style-type: none"> • Patient able to do movements of Rt UL and LL. • Able to hold objects. • Gait pattern near normal. • Posture improved • Speech – normal • Mouth deviation – absent • Able to perform daily activities with minimum dependence.

Follow-up treatment- Details is given in table no. 04

Table 4: OPD basis follow up

1 st follow- up	2 nd follow up	3 rd follow-up
16/11/16	10/3/17	19/4/17

○ Cap. Palsineuron -1 TID	○ Cap. Ksheerabala – 1 BD	○ Mahakalyanakghrita – 10ml BD
○ Cap. Guduchi Rasayan – 2 BD with milk	○ Aswagandhaleha – 10gm BD	○ Brahmi vati – 1 TID
○ Anutaila- nasal drops 2 drops per nostril	○ Shatavarighrita – 10ml BD	○ Ksheerabala 101 oil -nasal drops; 2 drops per nostril
	○ Anutaila- nasal drops; 2 drops per nostril	

Improvement- Motor system examinations were taken as the criteria for improvement in before and after the treatment. The assessment was done during IPD admission only. Details are given in Table: 5

Criteria	Limbs	1 st follow up				2 nd follow up			
		BT		AT		BT		AT	
		Right	Left	Right	Left	Right	Left	Right	Left
Tone	Upper limb	Rigidity	Normal	Rigidity	Normal	Rigidity	Normal	Rigidity	Normal
	Lower limb	Rigidity	Normal	Rigidity	Normal	Rigidity	Normal	Rigidity	Normal
Power	Upper limb	2/5	5/5	3/5	5/5	4/5	5/5	5/5	5/5
	Lower limb	3/5	5/5	4/5	5/5	4/5	5/5	5/5	5/5

Table -05. Motor system examination

DISCUSSION

Pakshaghat is a *tridosajavyadhi*⁴ with *avarana* of all the *doshas* which can lead to weakness (paresis) or loss of function of the body (plegia). Again it can occur in either whole of the body or half of it, depending on the site, the disease is named. In this case study the treatment which was given can be rationalised as *Brumhana Upanaha* was given for *dhatu* replenishment, and *RajayapanBasti* is selected as it increases *mamsa*, *bala* and it also acts as a *Rasayan*³. *Nasya* with *GudaNagara* was selected as *tikshnanasya* was to be given to remove the *ama* condition and the *kapha avarana*⁵. *Shastikshalipinda Sweda* as well as *MahanarayanaTaila* will lead to decrease in the vitiated *vata*⁶ while *Dhanwantara taila*⁷ in the form of *Anuvasana basti* will even do *anulomana* of the vitiated *kapha* condition. *Lasuna ksheerapaka*⁷ was given in *hrisayasi-matra* as it will remove the *avarana*, also acting as a *balya*, *vrusya*, *brumhana*, *rasayan*, *medhya*, *asthisandhanakara*. Along with the

Panchakarma therapy, physiotherapy was also given as the supportive treatment for quick result and for the improvement of finer movements in bilateral fingers and toes.

CONCLUSION

Hemiparesis (*pakshaghata*) can be recovered comparatively faster by the combined treatment of *Panchakarma* and Physiotherapy, where even the recovery of finer movements can be achieved in time period of 6 months.

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