

ROLE OF PANCHAKARMA IN THE MANAGEMENT OF HEMEPERESIS: A CASE STUDY

Priya Kutiyal¹, Sanjay Gupta², Parul Sharma³, Lalita Sharma⁴

¹M.D. Scholar, ²Associate Professor, ³Assistant Professor
Dept of Panchakarma Rishikul Campus, UAU, Haridwar, Uttarkhand, India

Email: dr.priyakutiyal@gmail.com

ABSTRACT

The word *Pakshagata* means i.e. *vata dosha* affected half side of the body half face, speech loss, associated with loss of movement, weakness in half affected area that can be correlated with Hemiparesis. A 67 year old female patient, case of right side hemiparesis, presented to the *Panchakarma* department with difficulty in movement of the right side of the body since 5 months. The brain MRI revealed acute lacunars multiple infarctions in left hemisphere, and Pre-ventricular ischemic changes seen. Ayurveda diagnosis of *Pakshagata* can be correlated with hemiparesis. *Panchakarma therapy Nasaya, patrapotali sweda, eranda muladi niruhabasti* given to the patient. All these procedure were done along with internal *Ayurvedic* medicines and physiotherapy. Patient was admitted in private ward 3/8 for 1 month and showed moderate improvement in subjective parameters. Aim of study to evaluate *Ayurvedic* treatment *Panchakarma* in the case of *Pakshagata* with special reference to hemiparesis symptoms were loss of movement and weakness in right half side of the body, along with constipation and decreased appetite side 5 months. Patient showed noticeable improvement in the symptoms 45 % after treatment in behavior, appetite and movement.

Keywords: *Pakshagata, Nasaya Sweda, Patrapotali Sweda Basti*

INTRODUCTION

The word “hemi” means “one side” and “paresis” means “weakness.” *Pakshagata* is *Vatananatamja vikar*¹. About 80% of people who have had a stroke have some degree of trouble moving one side, or suffer from weakness on one side of their bodies. Stroke is the most common cause of neurological deficit and third most common cause of death in developed country². But hemiparesis can also be caused by brain tumors, multiple sclerosis, After stroke in the left hemisphere the patient is paralyzed on the right side of the

body and vice versa. The speech and language centre is located in the right hemisphere in left handed. After a stroke in the left hemisphere, paralysis or sensory disturbances on the right side of the body. Vision on the right side of both eyes may have decreased homianopa, speech and language problem, problem with object recognition. *Panchakarma* is very effective in this type of disease stroke induced neurological paralysis⁴.

Case study- A 67 year old female patient, case of right side hemiparesis, came to the *Panchakarma* O.P.D with restricted movement of the right side of the body since 5 month. The brain MRI revealed acute lacunars multiple infarctions in left hemisphere, and Pre-ventricular ischemic changes seen.

Chief Complaints-Restricted movement in right half side of the body. Unable to speak, Moderate weakness in left half side of the boy and Constipation.

H/o Present illness- According to attendant of patient, patient was hypertensive since 4 Yr. 5 months ago when attendant meet the patient, patient was not able to speak and by her own unable to walk. On the same day after few hours, she was unable to move. They took patient to nearby hospital and diagnosed for cerebral stroke. They took treatment from allopathic hospital and then came to *Rishikul Ayurvedic* for better treatment.

H/O Past illness – History of HTN since 4 year, Hypothyroidism since 9 month, hernia in 2017, Piles?

Treatment history: Medication for HTN, Amlodipin, Telma 40, Hypothyroidism- Thyroxin 125 mg, operated for hernia in 2017.

Family history- not specific

Personal History-

Addiction- smoking, Diet-Mixed, Appetite – Decreased, Thirst- Normal, Bowel-Constipation,

Micturation- 7 to 8 times per day, Sleep- Sound, Menstruation – Menopauses 12- 15 yrs.

General examination –

General Condition – Average, BP- 110/67 mmHg after medication, Pulse- 76/min, Temperature – Not febrile

R/R-16/min, Edema - Not present, Pallor- Not presents, Icterus- Present, Clubbing- Absent, Cyanosis- Not present, J.V.P- Not raised, L/N- Not present, Thyroid- Not enlarged, Skin – Smooth, Tongue- Slightly deviated

Systemic Examination:

P/A – Inspection -Scar of Cholecystectomy seen

Palpation – No tenderness and no organomegaly

Percussion- No resonant sound

Auscultation- Bowel sound -12 /min

CVS- S1 S2 heard normally, No added sound.

No tenderness present.

R/S – Chest B/L symmetrical, No scar or lesion are seen.

Chest movement normal, No tenderness Normal breathe sound heard.

CNS – Patient is well oriented to time place and person

All cranial nervous are intact except 7th CN, Auditory CN and Olfactory nerve, 11th nerve

Deep tendon reflexes in Locomotors –

	Knee jerk	Biceps Jerk	Triceps jerk	Ankle Jerk
Left	++	++	++	+
Right	+++	+++	+++	+++

Power in upper and lower limb

Sr. No.	Before treatment		After treatment	
	Extremities	Grades	Extremities	Grades
1	Rt. Upper limb	2/5	Rt. upper limb	4/5
2	Rt. lower limb	2/5	Rt. lower limb	3/5
3	Left upper limb	4/5	Left upper limb	5/5
4	Left lower limb	3/5	Left lower limb	4/5

Range of movement Arm and Leg

	Arm	Leg
Left	Slightly weakness in movement	decreased movement
Right	decreased power and range of motion	decreased power and range movement

Gait- Unable to walk

Spine- Normal curvature of Spine

MRI of Brain – Suggestive of acute lacunars multiple infarction in left hemisphere

Pre-ventricular ischemic changes seen

Well defined lesion adjacent of splenicum of corpus callosum

X- Ray – Mild Bronchiectasis.

Provisional diagnosis – Rt. sided Hemisphere?

Treatment Given	Dose
Arjun tavak churn	3 gm morning and evening two times a day with sara of gulkanda.
Mashbaladi pachana ksaya nasaya	For 7 days Morning and evening in empty stomach
Tryodshanga guggule	2 tabs Morning and evening two times a day
Tab Mantat	2 tab Morning and evening two times a day
Rasraj ras	100mg
Praval pishtti	100 mg
Arjun tavak churn	3 gm all churna mixed. morning and evening two times a day with sara of gulkanda.
Nasaya	given till 16 drop after it tapered till 10 drop
Patrapotaly sweda	started for 7 days and it was repeated 7 days more

Mashabaladi Pachana Kashaya nasaya-

Mashabaladi is multi-herb preparation, which contains seven herbs in equal quantity and two were added as *Prakshep dravya*. *Mashabaladi pachana kwatha* mentioned 23/24 is indicated in *Vataroga*. *Masha* is a potent *Dhatu Vardhana Dravya*, is supportive as a *Vatahara* with its dominant *Madhura rasa* and *Ushnadi Gunas*. *Bala* is considered as a nervine stimulant, *Balya, Vatahara* in property.⁵ *Shookashimbi* is *Snigdha, Madhura*. It acts as nervine tonic. *Rasna* is the best *Vatashamaka drug*. *Eranda* is *Madhura, Katu, Kashaya rasa, Ushna Virya* and *Madhura Vipaka* in property. *Kritrina* is *Katu, Tikta rasa, Ushna Virya, Katu Vipaka* and *Vatakapha Shamaka* in nature. *Ashwagandha Balya, Vatahara* in nature⁶. It serves the function of enhancing the energy and nourishes the *Mastishka*. The *Kashaya* is also *Siddha* by *Ghrita, Saindhava* and *Hingu* due to *Ghrita* it is also helpful in nourishing and balancing *Vata* and *Hingu* and *Saindhava* responsible for *Kapha Vilayana* and *Sroto Shodhana*.

Patrapotali pinda sweda- IT is prepared by medicinal leaves such as *Eranda, Nirgundi Amlatas Ark Nima dhatura* and garlic grated wet coconut, lemon, earthen pan, *vatahar taila*, and tied on a pieces of cloth is heated or boiling *taila*. *Patra pinda swedana* indicated in *upastambhita vatavyadhi avastha*. *Swedana* gives

relaxation from stiffness, heaviness and coldness in the body and by oil application it is best used for *vatavyadhi* mainly caused by degenerative disease. *Patra pinda sweda* is also used mainly in pain, inflammation, and bone joint and musculoskeletal disorder. *Patrapinda sweda* increase blood circulation in affected area and that helps stimulation of nerve endings which helps the body to recover soon.⁷

Eranda Dhshamuladi niruha basti – *Eranda Dashamuladi niruha basti* is medicated decoction are inserted into anal canal by *basti natra* and it expel the *vitiated dosha* out of the body through the intestinal route. *Eranda Dashamul Niruhabasti* contains *Erandamoola, Vritapanchamula* and *laghupanchamula*. *Eranda moola* is used in *vata* related disorder. It relieves stiffness and it is *shrotoshodak, amapachak*. *Dashamula* is *Vata kaha shamak, Erandamooladi niruha basti* treats *dosha* present *rasa, masa, asthi*. *Basti* mainly works enteric nervous system present on Large intestine and stimulates to release of many neurotransmitters like serotonin, acetylcholine, dopamin⁸. It also indicated in nervous system muscles and bones & joints disease it is mainly indicated in *Vata Roga*. *Dashmula* drugs are Anti inflammatory, Anti rheumatic, anti arthritic Analgesic Anti spasmodic, anti paralytic and neuroprotector.⁹

DISCUSSION

Lacunars infarction is a type of stroke that occurs when one of the arteries supplying blood to the get blocked. These arteries are quite small, which makes them vulnerable to damage. While most arteries in the body gradually become smaller, the arteries of the lacunar stroke branch off a large high pressure artery. Lacunar stroke is a type of stroke is detected right away so treatment being early on. Hypertension and diabetes are said to be strongly associated with lacunar ischemic stroke. Lacunar infarcts are small infarcts (2–20 mm in diameter) in the deep cerebral white matter¹⁰. WMLs are abnormal areas of hypodensity (on computed tomography scans) or hyperintensity (MRI) in the deep hemispheric and periventricular white matter and brain stem.² Asymptomatic small deep white matter infarcts, in addition to the symptomatic lesion, have been seen on MRI diffusion imaging at presentation with lacunar ischemic stroke¹². WMLs also progress rapidly after lacunar stroke¹¹. Weakness or paralysis of the face, arm, leg, foot or toes sudden numbness are main symptoms. Other symptoms are difficulty in walking, difficulty in speaking or speech loss.

CONCLUSION

This case study demonstrated the successful management of a case of Hemiparesis *Pakshagata* using *ayurvedic* management and *Panchakarma therapy*. *Panchakarma* is indicated in disease of nervous system Hemiparesis. *Mashabaladi pachana kashaya nasya* and *basti* are main treatment for the disease that was followed by *Ayurvedic* drugs and other therapy. *Nasay* is gate way of *Shir pradhesa* (Brain). So medicine is directly works on affected side. *Ayurvedic* drug like *Rajraje ras*, *Praval pishtti* Tab mantat etc. *Rasraj ras* mainly used for the treatment of neuromuscular condition, paralysis hemiplegia locked jaw, facial palsy. *Praval pishtti* used for cough, cold, bleeding disorder, toxic condition, immunity etc. *Arjun tavk churn* is cardio tonic it treats high blood pressure and high cholesterol. *Tridhoshar guugule* causes *deepan pachan* is *trodhos shamak* due to *usana guna* it is *ama pachak*. It also causes *shrotoshodan*. The period of

case study is 60 days. There was not complete recovery because the time period was very short but Patient recovered a lot by with this treatment.

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