

MANAGEMENT OF PAKSHAGHATA THROUGH PANCHAKARMA WITH SPECIAL REFERENCE TO SPASTIC HEMIPLEGIA ACCOMPANIED WITH DYSTONIA

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ABSTRACT

Cerebrovascular accident or stroke is the leading cause of disability, with 15 million people affected worldwide every year¹. It can be broadly classified into two types i.e. ischemic and haemorrhagic and depending upon site it can be classified into two types i.e. intracerebral and sub arachnoid. There are no such satisfactory or largely accepted measures for post rehabilitation of patients with history of stroke, however many studies have been carried out in Ayurveda to improve Quality of Life of a CVA patient. A female patient of 26 years old with a history of CVA 18 years back was admitted in IPD of All India Institute of Ayurveda for 1-month duration. Ayurvedic therapeutic *panchakarma* procedures like *Rooksha Choorna Pinda Swedana*, *Shirotalam*, *Kshara Basti*, *Udwartana*, and *Virechana* were administered externally along with some internal Ayurvedic medicines. She showed significant improvement in gradation of power, gait, dystonia and spasticity, this suggesting *panchakarma* as an important treatment measure for *Pakshaghata*.

Keywords: *Rooksha Choorna Pinda Swedana, Shirotalam, Kshara Basti, Udwartana*

INTRODUCTION

Stroke is a medical emergency which happens when blood flow to brain stops causing brain cell death.² It is either due to lack of blood flow or due to leaking of blood into brain. Post stroke consequences may lead to symptoms like speech difficulties, muscular weakness, coordination difficulties, pain or numbness to the affected region, loss of memory, urinary or bowel incontinence³. Spasticity & dystonia are a frequent outcome of stroke with limiting mobility and daily activities. This condition can be correlated with *Pakshaghata* / *Pakshvadha* / *Ekanga Roga*, manifesting symptoms like *Hatevekam Marut Paksham*,

*Kurryatchesta Nivruti, Rujam, Vaksthamba, Ghrahitwardham Sharirasya, Sira Snaurvisoshya, Pdam Sankochyatekam Hastam*⁴.

Case Report

A 26 years old female patient visited OPD of All India institute of Ayurveda, New Delhi on 29 November 2018 with following presentation –

Patient name – XYZ

Age/Sex- 26/F

UHID NO. – 323277

IP.NO. – 1989

Address – Faridabad, Haryana

Chief Complaints:

1. Difficulty in walking since last 18 years
2. Stiffness and involuntary movements of right hand since 18 last years
3. Heaviness of right side of body since last 18 years
4. Coordination difficulties since last 18 years

H/O of present illness – patient was asymptomatic 18 years back, after an accidental head injury; she was diagnosed (as per her MRI Scan report) for left middle cerebral artery territory stroke followed with right side affected with hemiplegic symptoms.

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

Family history – History of CVA and hypertension in paternal side.

- Grandfather - H/O of CVA
- Father –K/C/O of HTN.

Drug history –

- Inj. botulin twice at a gap of 6 months in 2016
- Tab Baclofen 10mg
- Tab Oxcarbamazapine 300mg
- Taking Tabs zenoxa 300mg from past 3 years

Doshik predominance – *Kapha Vata*

Avarana – *Kapha avrut vata*

Samprapti vighattan – Removing *avarana* first and then treating *vata*.

Clinical Examination –

- Patient was moderately built and nourished, no neuro-cutaneous markers were seen, vitals were stable, and patient was conscious and alert.
- All sensory functions were 5/5 in all group touch, pain and temperature.
- Deep tendon reflexes & superficial reflexes were exaggerated, planter reflex was undergoing.
- Upper right limb with proximal and distal severe dystonia was seen, the right hand was tightly clenched with abduction and extension at shoulder joint, extension at elbow with internal rotation and pronation of hand. Severe rigidity against movement of right hand. Right foot inversion with plantar flexion was seen. There was flexor spasticity in right hand and extensor spasticity in right leg.
- Very mild focal dystonia in speech.

Diagnosis – *Pakshaghata* (RT. Spastic Hemiplegia with Dystonia)

Intervention

Table 1

S.No	Course	Shamana Chikitsa	Observation
1	29 Nov-28 Dec	<ul style="list-style-type: none"> • <i>Varunadi Kashayam</i> + <i>Kalyanka Kashayam</i> (10ml +30ml) Tds B/F • <i>Triphala Guggulu</i> 1 Tds B/F • <i>Abhyarishtam</i> + <i>Hingwashtak Churna</i> (30ml + 5gm) 1 Tds A/F • <i>Aarogya Vardhini Vati</i> 1bd A/F 	<ul style="list-style-type: none"> • Digestion Improved • Sleeping Was Better • Lightness in Body

Table 2

s. no	Time	Shodhana chikitsa	Observation
1	14 Dec. – 21 Dec.	<i>Rooksha churna pinda swedana</i> with <i>jadamayadi churna</i>	Rigidity decreased
2	14 Dec. – 28 Dec.	<i>Shirotalam</i> with <i>rasandi churna</i> & <i>ksheerbala taila (101)</i>	Balancing improved
3	22 Dec. – 28 Dec.	<i>Udwartana</i> with <i>triphala churna</i>	Involuntary hand movement decreased
4	22 Dec. – 28 Dec.	<p><i>Kshara basti</i></p> <ul style="list-style-type: none"> • <i>Guda</i> – 70 gm. • <i>Saindhav</i>-10gm • <i>Chincha Ras</i> – 70ml • <i>Satapushpa kalka</i>- 15gm • <i>Manjisthadi kwath</i> + <i>Punarnavadi kwath</i> 200 ml • <i>Gomutra</i> – 100ml 	3 kg of weight was reduced

5	29Dec. – 1 Jan	<i>Snehpana – Varunadi Ghritam</i> (40ml, 80 ml, 120 ml, 140 ml)	<i>Samyaka snigdha lakshana</i> were attained
6	2 Jan – 4 Jan	<ul style="list-style-type: none"> <i>Sarvanga abhyangam – ksheer bala oil</i> <i>Sarvanga baspa swedana – Dashmool kwath</i> 	Lightness in right side of body
7	5 Jan	<i>Virechana</i> <i>Triphala kwath – 80ml</i> <i>Trivrut avleha – 70 gm</i> <i>Nimbamritadi eranda oil– 30 ml</i>	29 vegas were noted
8	5 Jan – 10 Jan	<i>Samsarjana karma</i>	As per <i>madhyama suddhi</i>

Total Duration of Treatment - 43 Days

Assessment Criteria:

- Modified ash worth scale for spasticity⁵
- Global dystonia scale for dystonia⁶
- Reflexes and power grading scale
- National institute of health stroke scale for overall improvement⁷

Results: The condition of patient improved gradually along with course of treatment. The dystonia, spasticity and hypertonicity of muscles of both right upper and lower limb reduced. Reflexes which were exaggerated got reduced after course of treatment. Following are the before and after treatment tables.

Table 3: Comparison of global dystonia scale of affected part of the body before and after treatment

Subject	Before treatment	After treatment
GDS	20	4

Table 4: Comparison of Modified ash-worth scale before and after treatment

Subject	Right (BT)	Right (AT)
Upper right extremity	4	3
Lower right extremity	1	0

Table 5: comparison of reflexes grades of affected area before and after treatment

S.no	Reflexes	Right (BT)	Right (AT)
1	Biceps	+++	++
2	Triceps	+++	++
3	Supinator	++	+
4	Knee jerk	++++	++
5	Ankle jerk	+	+
6	Planter	+	0
7	Babinski sign	+ve	+ve

Table 6: Comparison of motor functions before and after treatment

Si.no.	Subject	Upper right limb (BT)	Lower right limb (BT)	Upper right limb (AT)	Lower right limb (AT)
1	Tone	Hypertonic muscles	Hypertonic muscles	Slight improvement	Normal
2	Power	2	2	4	4
3	Involuntary movement	Yes	No	No	No
4	Muscle movement co-ordination	No	No	No	No

Table 7: Comparison of NIHSS before and after treatment

Symptoms	Before Treatment	After Treatment
1a LOC Responsiveness	0	0
1b LOC Questions	0	0
1c LOC Commands	1	0
2 Horizontal Eye Movement	0	0
3 Visual Field Effect	0	0
4 Facial Palsy	0	0
5 Motor right Arm	4	2
6 Motor right leg	3	1
7 limb Ataxia	1	0
8 Sensory	0	0
9 language	1	0
10 Speech	1	0
11 Extinction & Inattention	0	0
Total	11	3

DISCUSSION

General Principal of treatment of *vata dosha* were adopted in this case of *pakshaghata*. *Virechana* is the line of treatment of *pakshaghata*. *Snehana*, *swedana* and *basti* is considered best treatment of *vata vyadhi*.⁸ As the case was *kapha avrut vata* the treatment protocol involved removing *avarana* by *kapha hara chikitsa* and then *vata hara*. Following therapeutic procedures were given to the patient. *swedana* pacifies *vata* and opens channels by its *kapha hara* nature thereby improving circulation in stiff muscles and further helping in *sneha* absorption later in *virechana*. *Swedana* is *stambhaghna*, *gauravaghna*, *sheetaghna*. *Ushna* & *tikshna guna* helps in dilation of micro channels, *laghu* & *sara guna* of *swedana dravya* enable *dosha* to move towards *kostha*.⁹ The *doshas* also get excreted through micro pores of skin in form of sweat & decreasing *strotorodh*. *Udwartana* is *vataaghana* and *kapha meda vilayana chikitsa*,¹⁰ it helps in removing the *strotorodha* and *strotosangh*, thereby improving the circulation in spastic muscles, improving dystonia and removing stagnant *dosha* from *shakha*. In ancient scriptures *Abhyanga* has been told as *Vata Shamaka* by *Acharya Shushrut*.¹¹ Also, according to *charka vayu* dominates *sparshaendriya*, *abhyanga* is extremely beneficial for *vata vyadhi* as per *charka*.¹² *Bala* (*Sida Cordifolia*) has *vatapitta hara guna*, *madhura vipaka*,

snigdha & *pichila guna* which is opposite to *vaat*, hence through *vishesh* principle it helped in pacifying *dosh*. *Sarvanga baspa swedana* with *Dashmool kwatha* - *Dashmool* is *tridosha nashaka* and *ushna in virya*; hence it helps in pacification of *vata vyadhi*.¹³ *Swedana* is *vata hara*, cures stiffness and heaviness. *Swedana* is *ushna*, *tikshna* and *sukshma in guna* hence helps in pacifying *vata dosha*.¹⁴ As *Virechana* is the main line of treatment of *pakshaghata*. In this *doshas* are *shakhagata*, after *snehana* & *swedana*, *utkleshan* & *dravikaran* of *doshas* is done. These vitiated *doshas* must be thrown out of the body through nearest route, hence *virechana* is used. As the patient had *kapha avrut vata*, *varunadi ghrta* was used due to its *tridosha shamaka* property. Which pacify *vata*, *kapha* and *pitta*, followed with *virechana* with *triphala kwath*, *nimbamritadi erand talia* and *trivrut avleham*. *Triphala* being *tridosha shamaka* and *eranda* being *vrishtya vata haranaam* helped in *vyadhi vighattan*.¹⁵ In *Kshara basti Aampachan* is an important prestep of *shodhana karma*. *Kshara basti* contents like *shatapushpa*, *chinch rasa*, *gomutra*, *guda*, *saindhav lavana*, which helps in attaining *niram lakshana* due to its *katu rasa*, *katu vipaka*, *ushna virya*, *laghu*, *ruksha*, *tikshna guna*.¹⁶ The *basti dravya* when administered reaches up to micro level due to its micro particle nature and hence helps in elimination of *doshas*. In *Shirothalam shira* is

considered as seat of *prana*, *indriya* and *37 marma*. The bregmatic fontanelle is considered as a gateway to pass the drug molecules into systemic circulation. The *rasanadi churna* with *ksheerbala taila* 101 gets easily absorbed there and being *vata pitta shamak* it pacifies the *dosha* in the CNS, thereby providing better functioning of brain post CVA.

CONCLUSION

According to the observation clinical symptoms of the patient got relieved a lot after the treatment, the treatment was done on the basis of Ayurveda principles, hence it can be substantiated that *panchakarma* treatment is effective in treatment of *pakshaghata*, however it should be repeated after proper intervals to get better and permanent results. It has big scope of future research; a study with large sample size can be done to bring out a treatment protocol of *pakshaghata*. *Talam* with *rasandi churn* and *ksheer bala 101* gave good results and helped in relaxing the central nervous system and hence improving the involuntary movement of right hand, spasticity reduced to a great extent, due to increased circulation after *udwartana* and *ruksha churna pinda swedana*. Due to diverse nature of the case and the results attained were found worth sharing.

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