

MANAGEMENT OF PAKSHAGHATA THROUGH AYURVEDA - A CASE REPORT

[Nishu Raina](#)

Assistant Professor, Department of *Kayachikitsa* D.A.C, Jalandhar, Punjab, India

Corresponding Author: nishu.raina2010@gmail.com

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ABSTRACT

Stroke is a common medical emergency and is the second leading cause of death worldwide. In *Ayurveda* stroke is described as *Pakshaghata*. The present study is a case report on management of stroke of a male patient aged 65 years with chief complaints of loss of function of the right upper & lower limb. He was a diagnosed case of stroke on the basis of clinical presentation and brain computed tomography-scan. The case treated with the *Ayurveda* medications was found to be effective in providing relief in chief complaints with improvement of overall health of the patient. Treatment protocol was *Snehana*, *Swedana*, *Mriduvirechana*, *Basti karma*, *Shirodhara*, *Nasya* along with internal medications. Before treatment NIH-Stroke Scale was 16 & Barthel index scale was 12 and after the treatment NIH-Stroke Scale was 4 & Barthel index scale was 70 providing symptomatic relief too. This reveals that *Ayurveda* treatment modalities can play a significant role in treatment of Stroke (*Pakshaghata*).

Keywords: *Virechana*, *Snehana*, *Svedana*, *Basti Karma*, *Shirodhara*, *Abhyanga*, *Nasya*, *Pakshaghata*

INTRODUCTION

Stroke is defined as sudden onset of focal neurological deficit which mainly occurs due to lack of oxygen resulting from disease of cerebral vasculature and its contents resulting in loss of blood flow to the brain¹. Stroke represent 3rd most common cause of death in

developed countries with prevalence of about 200 per 1 lakh persons² and 9.94 % of total deaths patients with stroke present with symptoms of sudden weakness of face, arm or leg (either on one side of the body or both) followed by other symptoms like difficulty in

speaking, dizziness, in seeing with one or both eyes, loss of coordination, severe headache and unconsciousness. About 1/5 of the patients with an acute CVA die within a month of the event and at least half those who survive are left with physical disability. Stroke can be correlated with the disease *Pakshaghata* in *Ayurveda*, where “*Paksha*” denotes either half of the body and “*Aghata*” stands for the impairment of the *Karmendriyas*, *Gyanendriyas* and *Manha*. When we talk about *Gyanendriya*, these constitute an important part of the sensory system, while on the other hand *Karmendriyas* denote an important part of the motor system. *Manha* is the one that have control on both these *Gyan* and *Karmendriyas*. *Maha Vatavyadhi* can manifest itself either because of *Dhatu Kshaya Or Magavarana*³. Stroke occurs due to disturbance in blood supply to the brain either due to lack of blood flow or haemorrhage. Basically when we talk about blood supply to the brain, the middle cerebral artery divides into the right and left middle cerebral artery and this left MCA which supplies blood to a large side of the right side of the brain gets further divided into smaller artery branches. This shows how the importance of the clinical manifestations are totally going to rely upon the type of artery or its branch, where blockage is present.

Panchakarma along with medications is very useful in treating Paralysis⁴. Keeping this in view, the present study was planned to assess the efficacy of stroke with medicines along with *Panchakarma* therapy.

Case History: A 65-year-old male K/C/O HTN /Chain smoker came to our hospital with complaints of weakness of the right side of his body including his face and was unable to walk for the last 3 months. The patient was previously diagnosed of left MCA infarct

and even after taking allopathic medicines for htn, his blood pressure continued to be more on higher sides.

History: In November 2018 a patient observed a sudden dribbling of water from his mouth while drinking water followed by slight deviation of angle of mouth, slurred speech, weakness in right upper and lower limb and inability to stand and walk, dizziness. He was admitted at an allopathic hospital and was diagnosed as a case of CVA and treatment was given accordingly. But the patient didn’t get any satisfactory relief, so he decided to move on *Ayurvedic* treatment from 03.05. 2019 and was discharged on 03.01.2020. And on the day of admission the patient although was conscious but with little bit drowsiness, responding to stimulation and responding to oral commands. His BP was 160/90, temperature 98.5-degree Fahrenheit, with only flickering movements observed in right limb (power) 1/5 and unaffected left limb power 5/5 and Constipation for 7 days. Haematological and biochemical investigations reports were within normal limits and new past history of head injury, hypertension or dyslipidemia could be elicited.

H/o Present Illness: - 65 yrs old male patient, k/c/o HTN with right CVA came to our hospital in conscious state but with little bit drowsiness and was responding to stimulation and oral commands. Patient presented with c/o weakness of the right side of his body including slight deviation of angle of mouth, slurred speech and dizziness. He was unable to stand and walk since the last 6 months (Nov. 2018) prior to admission. Patient was also suffering from itching and constipation for the last one week. He had swelling in his right lower leg and feet for the last 1 month.

Examination:

Nervous System: Conscious with little drowsiness

Mental status **MMSE** score – 16

Table 1: Motor examination

1) Tone of muscles- Diminished (right upper & lower limb)
2) Power of muscles- Grade – I (right upper & lower limb)
3) Reflexes (superficial)- Swallowing – difficulty
4) Deep Reflexes
a) Rt. biceps jerk reflex – grade - 0
b) Rt. supinator jerk reflex – grade – 0
c) Rt. knee jerk reflex – grade – 1
d) Rt. planter jerk reflex – grade – 3

Table 2: Assessment scale (NH Scale) (range of score-42(signifies severe stroke), BT score- 18, AT score-4)

1) Level of consciousness	(Range of score 0-3)- 2(BT)- 0(AT)
2) LOC questions	(Range of score 0-2)- 2(BT)- 0(AT)
3) Motor arm/leg	(Range of score 0-4)- 3(BT)- 0(AT)
4) limb ataxia	(Range of score 0-2)- 0(BT)- 0(AT)
5) Sensory	(Range of score 0-2)- 1(BT)- 0(AT)
6) LOC commands	-(Range of score 0-2)- 1(BT)- 0(AT)
7) Visual	(Range of score 0-2)- 0(BT)- 0(AT)
8) Facial paralysis	(Range of score 0-3)- 1(BT)- 1(AT)
9) Best language	(Range of score 0-3)- 2(BT)- 1(AT)
10) Dysarthria	(Range of score 0-2)- 2(BT)- 1(AT)

Table 3: Barthes index for Stroke Patient

s.no	Domain name	Range of score	BT	AT
1	Feeding	0 = unable 5 = needs help in cutting, spreading butter, etc. 10 = independent	6	10
2	Bathing	0 = dependent 5 = independent (or in shower)	0	5
3	Grooming	0 = needs to help with personal care 5 = independent face /hair/teeth/shaving	0	0
4	Dressing	0 = dependent 5 = needs help but can do about half unaided 10 = independent	0	5
5	Bowel	0 = incontinent (or needs to be given enemas) 5 = occasional accident 10 = continent	0	10
6	Bladder	0 = incontinent or catheterized and unable to manage alone 5 = occasional accident 10 = continent	0	10
7	Toilet use	0 = dependent 5 = needs some help, but can do something alone 10 = independent (on and off, dressing, wiping)	0	5
8	Transfers (bed to chair & back)	0 = unable, no sitting balance 5 = major help (of one or two people, physical) can sit 10 = minor help (verbal or physical) 15 = independent	5	10
9	Mobility (on level surface)	0 = immobile or <50 yards 5 = wheelchair independent, including corners, >50 yards 10 = walks with help of one person (verbal or physical) >50 yards 15 = independent (but may use any aid; for example, stick) > 50 yards	3	10
10	Stairs	0 = unable 5 = needs help (verbal, physical, carrying aid)	0	5
Total			12	70

Table 4: Asthvidha Pariksha

1. Nadi (Pulse)- Pulse completely absent on right side, and normal (left side) @72/min, Manduka gati
2. Mootra (Urine)- Prakruta (6-7time/day, 2 time/night)
3. Malam (Fecal matter)- Malavasthamba
4. Jihwa (Tongue)- Shwetabh
5. Sabdam (Voice of patients)- slurred speech, Alipta, Jiwhakampa
6. Sparsham (Touch)- sheetasparsha (rt side both upper and lower extremity)
7. Druk (Eyes & Vision)- Prakruta (left side), slight ptosis on right side
8. Akriti (General body build)- Madhyama

Objective Findings:

CVA was diagnosed by medical history and clinical examination. CT head shows ill-defined hypodensities involving left fronto temporal and parieto occipital origin with loss of grey white matter differentiation

which in turn is suggestive of acute infarct. Chronic infarcts mostly involve bilateral occipital.

EEG showed an abnormal graph showing evidence of neural hyper excitation- low amplitude wave forms seen in all the leads bilaterally.

Table 5: Subjective Findings (symptoms of Pakshaghata)-

1)	Vama Sandhibandhan Vimokshyana -	Absent - - (BT-0)-(AT-0)- (AF-0)
2)	Dakshida Sandhibandhan Vimokshyana- (Weakness of joints)	Present - (BT-8)-(AT-4)- (AF-3)
3)	Cheshta Nivritti (Motor Activity impairment)	Present - - (BT-8)-(AT-3)- (AF-0)
4)	Ruja (Pain)	Present-- (BT-6)-(AT-2)- (AF-0)
5)	Vaka stambha (Slurred speech)	Present-- (BT-8)-(AT-2)- (AF-1)
6)	Akarmandyam	Present-- (BT-6)-(AT-2)- (AF-1)
7)	Achetnam	Absent-- (BT-0)-(AT-0)- (AF-0)

**0 = No pain, 1-3 = mild pain, 4-5 = moderate pain, 6-7 = severe.

Treatment

Initially *Patra Pinda Swedana*, followed by *Shirodhara*, *Pradhmana Nasya* and *Matrabasti* was done along with medications. The subject was discharged on 09.01. 2020 and internal medicines were prescribed for the period of one month.

DISCUSSION

The subject is of medium build having *Madhyama Bala*, *Avarsatva* (poor mental strength), and *Avara JeernaShakti* (reduced digestion power). Hence *Shodhana* line of treatment was not followed. Some *Lakshana's* like *Vibandha* (constipation), *Agnisaada* (poor digestive capacity) and *Aantrakujana* (borborygmi) were seen⁵. Based on these features' treatment aiming at *Ama Pachana* and *Pittashamana* was given. Initially *Sarvanga Parisheka* with *Panchavalkala Kashaya* was given. *Panchavalkala Kashaya* has *Ruksha*, *Kapha*, *Pitta*, *Shothahara*, and *Shitaguna* and has willed healing property⁶. *Bramhiadhi Kwatha* is

used for *Shirodhara*, which is also *Vata Pitta Hara*. It improves memory, speech, and intelligence and gives strength to the head and sense organs⁷. *Pradhmananasya* with *Vacha Churna* initially and then with *Ksheerabala* oil was used to restore consciousness levels⁹. When the symptoms of drowsiness and heaviness of the body had reduced, there was an increase in the digestion power, and he began responding to oral commands. Later *Ksheerbala* oil *Matra Basti* 40 ml and *Sarvanga Abhyanga* with *Mahanarayana Taila* followed by *Shastikashali Mashapinda Sweda* was advised. This is a kind of *Sweda* that makes the body supple, removes stiffness of joints vitiated by *Vatadosha*, cleanses the *Srotas* of the body, improves blood circulation, removes sluggishness of the body and is also *Balya*¹⁰ *Ksheerabala* oil. *Prathimarshanasya* was advised in the evening to pacify *Vatadosha*.

Besides *Panchkarma*, principle of using *Shamana* therapy side by side, is to normalize and maintain the

equilibrium of all the *Doshas*. *Pakshaghata* is a disease caused by *Shudha Vataja* condition and will show gradual onset as *Vata* has to vitiate in, step by step through *Sanchaya*, *Prakopa* etc, whereas that caused by *Aavarana* will show sudden onset and can be taken as *Aavaranaa Janya*. The subject is of medium built having *Madhyama Bala*, *Avarsatva* (poor mental strength), and *Avara JeernaShakti* (reduced digestion power). So, with *ania somnifera* was used for generalized weakness and to improve speed and lower limb muscular strength and neuro-muscular coordination¹². *Ashwagandha churna* along with *Bala churna* was used to help patients maintain proper nourishment of his muscle and bone, while supporting the proper function of the adrenals and reproductive system. *Ashwagandha*, an Indian ginseng, works as an excellent immune booster that nourishes and rejuvenates the nervous system. *Dasamoolarishtam* was also used because of its *Ushna Veerya* property and *Vatahara* drugs used in this formulation, that helps to pacify *Vata Dosh*. *Rasnadi Swarasa* was used as *Anupana* because *Rasna Vatahranam Shrestham Saraswatha Churna* was also used due to its *Medhya* and *Branghana* property, as it also pacifies the *Vata Dosh*. Besides them, *Brihatvata Chintamani Rasa*, *Ekangveer Rasa* and *Rajat Bhasma* were also used during the treatment, as all of them are potent *Vata Shamak Dravya* and best nerve stimulant due to their ingredients. Besides them, *Punarnavadi Guggulu*, and *Shiva Gutika* were also used during the treatment, just because of their *Vatahara* and *Branghana* property. After a period of 3 months, the subject started walking with support initially, and then after a period of 6 months, from the date of admission, the subject started walking without support and was recovered almost fully.

CONCLUSION

This case study demonstrates the successful management of a case of *Pakshaghata* that occurred mainly because of middle cerebral artery infarct and was cured through *Ayurvedic* treatment. Although the scope for further research and clinical trials is enormous but with the help of proper diagnosis and selec-

tion of treatment protocol, *Ayurveda* can be enormously beneficial in the treatment of *Pakshaghata*. Uncommon nature of the presentation and complete recovery of the patient over the span of eight months makes this case worth documenting.

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