

Management of Pakshagata with Pancha Karma Chikitsa (Haemorrhagic Stroke) Case Study: -

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ABSTRACT: -

Haemorrhagic Stroke is a common medical emergency and it is second world wide leading cause of death. It is due to bleeding in to the brain by rupture of a blood vessel. In Ayurveda stroke is described as Pakshaghata. The present study is a case report on management of pakshagatha of a male patient aged 61 years with chief complaints of loss of function of the left upper & lower limb. He was a diagnosed case of Haemorrhagic 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 complaint with improvement of overall health of the patient. Treatment protocol was Sarvanga Abhyanga, shaali panda sveda, Shiropichu and matra basti therapy which is mentioned by Acharya Sushruta. Before treatment NIH-Stroke Scale and after the treatment NIH-Stroke Scale was assessed, found symptomatic relief too. This reveals that Ayurveda treatment modalities can play a significant role in treatment of Stroke (Pakshaghata).

Keywords: Snehana, Svedana, shiropichu Basti karma, Pakshaghata

I. INTRODUCTION: -

Pakshaghata is one among the vataja nanatmaja vyadhi, characterized by loss of function either in right or left half of the body. Pakshaghata is also considered among the ailments of madhyama roga marga.

Signs and symptoms of Pakshaghata are Cheshta nivruthi, Dakshina/vama paksha, Vaksthambha, Ruja, Achetana/vichetana, Sandhi bandha, vimoksha, Hasta paada sankocha, Daha, Santapa, Murcha, Shaithilya, Shotha, Gaurava is similar to that of hemiplegia/ hemorrhagic stroke.

World health organization defines the clinical syndrome of 'stroke' as "rapidly

developing clinical signs of focal [or global] disturbance of cerebral function with symptoms lasting 24 hours or longer or leading to death with no apparent cause other than vascular origin."

Worldwide, about 20 million people suffer from stroke each year, 5 million will die as a consequence; of those who survive, 5 million will be disabled by their stroke. Community surveys for Indian population of 'hemiplegia' presumed to be cerebrovascular disease indicate an overall crude prevalence rate of 220 per 1,00,000 persons.^[4]

In modern science after complete stroke, management is aimed at minimizing the volume of brain that is irreversibly damaged, preventing complication, reducing the patient's disability and handicap through rehabilitation and reducing the risk of recurrent episodes.

Anticoagulants, Antiplatelets, Thrombolytics, Statins Antihypertensives are the main line of treatment. Routine use of these agents may have adverse effects like bleeding disorders, osteoporosis, hypotension, hypersensitivity reaction, arrhythmia, hepatotoxicity, renal damage etc.

Ayurvedic management of Pakshaghata includes samanya and vishesha chikitsa, samanya chikitsa includes snehana, swedana, mrudu shodana, anuvasana and astapana basti, many studies have been carried out using these management modalities but these modalities are difficult to administer in all patients for example patients with loss of control over the bowel and bladder and in bed ridden patients. Vishesha chikitsa includes mastishkya, snehana, upanaha sweda and basti. Among these snehana in the form of sthanika abhyanga, swedana in the form of shastika shaali sweda, mastishkya in the form of Shiropichu and Basti in the form of Matra Basti has been selected in this study.

II. CASE REPORT

Patient's name -XYZ

Gender - Male

Age - 61yrs

Built – Krusha

DOA -2/1/2022

DOD -16/1/2022

CHIEF COMPLAINTS: -

Patient was apparently normal before 2 years, suddenly fall one day develops loss of strength in the left upper and lower limb associated with muscle weakness and stiffness on left side of the body, difficulty in walking and poor balance, difficulty in speaking.

HISTORY OF PRESENT ILLNESS: -

Patient was K/C/O of DM TYPE 11 and HTN was apparently normal 2 years ago, suddenly patient fall from bed during night time, patient found loss on balance for standing, followed by vomiting with food particles as vomits, there was no any deficits of unconsciousness. Bowel and bladder were in control, patient also complaints of stiffness in left half of the body, difficulty in holding the objects in left hand, hence for these complaints patient approaches to neuro surgeon taken treatment for 6 months and found bit relief. after that take physio therapy treatment for 1 year. Not satisfied with treatment. Now for better management patient has approached to our hospital.

PREVIOUS HISTORY: -

K/C/O HTN and DM TYPE II under treatment for 20 years and also under medication.

FAMILY HISTORY: -

Nothing significant

PERSONAL HISTORY: -

- Diet- mixed
- Appetite- reduced for 1 week
- Bowel- semisolid 1/irregular
- Maturations- 5-6 times/day
- Sleep- disturbed
- Habits – alcoholic for 20 years.

Physical examination: -

- Built- thin
- Nourishment- moderately nourishment
- Pallor- present
- Icterus- absent
- Cyanosis- absent
- Clubbing- absent

Vitals: -

- Blood pressure- 150/90 mmhg
- Pulse rate- 82/min
- Respiratory rate- 16/min
- Temperature- a febrile

ASTAVIDHA PARIKSHA: -

- Nadi- vatapradanakapha
- Mala- vibhandata
- Mutra- 5-6 times/day
- Jivha- Liphata
- Shabda- slurred speech
- Druk- prakrutha
- Akriithi- vikrutha

DASHAVIDHA PARIKSHA: -

- Prakruti- Vata Kapha
- Vikruti- Vata Kapha
- Sara- Avara
- Satwa- Madyama
- Samhana- Avara
- Satmya- Pravara (6 rasa, kshreera varga, mamsavarga)
- Ahara Shakthi- Abhyavaharana Shakthi- madyama
- Jarana Shakthi- Madyama
- Vyayama Shakthi- Avara
- Vaya- Bala
- Pramana – wt- 57kght- 5.4ft

SYSTEMIC EXAMINATION: -

- Respiratory system- on auscultation normal vesicular breathing sound.
- Cardio vascular system- S₁ S₂ heard no added sound
- Gastro intestinal system- soft non-tender, no organomegaly detected.
- **Central nervous system-**

Higher mental function:

Level of Consciousness- fully conscious
Appearance behaviour, mood, activity- NAD
Orientation- fully oriented to time, place, person
Memory- intact
Speech- slurred speech
Intelligence- intact
Handedness- right handedness

2. Cranial nerve examination-

Olfactory- smell sensation -intact

Oculomotor, Trochlear, Abducence- Intact

Trigeminal- NAD

Vagus- NAD

Optic-

Visual acuity

Colour vision

Light reflex NAD

Visual field

accommodation

Facial nerve-

MOTOR PART	RIGHT	LEFT
FRAWNING	NORMAL	LOST
BLOWING		LOST
SMILING		DEVIATION
CLENCHING		DEVIATION- REDUCED
NASO LABIAL FOLD		LOST

MOTOR FUNCTION ON EXAMINATION

1.Gait-Hemiplegic

2.Tone-

TONE	RIGHT	LEFT
UPPER LIMB	normal	Spasticity
LOWER LIMB	normal	Spasticity

3 Reflexes – superficial and deep.

Reflex	Right side	Left side
Biceps	Normal	Absent
Triceps	Normal	Mild
Knee jerk	Normal	Absent
Ankle jerk	Absent	Absent
Plantar	Normal	Extensor

4. Muscle – power

Right upper limb	0-Normal power
Right lower limb	0-normal power
Left upper limb	4- flicker of contraction
Left lower limb	4- flicker of contraction

Subjective signs: -Subjective Signs Parameter Gradation

Subjective sign	Parameter	gradation
1.walking	Unable to stand	4
	Stand with support	3
	Stand without support	2
	Walk with support	1 ✓
	Walk without support	0
2.muscle power	No power	5
	Flicker of contraction only	4
	Movement with gravity eliminated	3
	Movement against resistance	2
	Movement against gravity and some resistance	✓
	Normal power	0

3. speech	Fluent and oriented	5
	Confused speech	4
	In appropriate word	3√
	Incomprehensible sound	2
	No verbal response	1

SPECIFIC INVESTIGATION: - MRI SCAN SHOWS

Right middle cerebral artery territory infarct
Distal right internal carotid artery stenosis.
Intra ventricular haemorrhage. Bleeding from sub arachnoid space.

MATERIALS AND METHODS

Centre of study: hi tech panchakarma centre Mysore.
single case study

DETAILS OF PANCHAKARMA TREATMENT GIVEN TO SUBJECT

SI No	Procedure	Date	No of days
1.	Mrudhu shodhana with gandarahastadi taila 30 ml with warm milk	2/1/2022	night
2.	Shiro pitchu with asana bilwaditaila	3/1/2022 to 1\1\2022	14 days
3.	Sarvanga Abhyanga with ksheera bala taila	3/1/2022 to 17\1\2022	14 days
4.	Shastika shali pinda sweda	3/1/2022 to 17\1\2022	14 days
5.	Matrabasti with ashwaganda bala lakshadi taila 60 ml	3/1/2022 to 17\1\2022	14 days

III. RESULTS: -

The condition of the subject improved gradually along the course of treatment. The strength and power of both left upper and lower

limb was increased to 4\5, also tone of the muscle improved, deep tendon reflex was normal after the course of treatment.

ASSESSMENT OF RESULTS

National institute of health stroke scale(NIH-SS)

	On first day	On 7 th day	On 14 th day
Upper and lower limb power	1/5	2/5	4/5
tone	Hypotonic	Hypotonic	Hypertonic
Involuntary movements	Present	Reduced	Absent
reflex	Absent	Improved	Normal
speech	Slurred	Improved	Improved

IV. DISCUSSION: -

The term pakshaghata means paralysis of half of the body and the samanyanidana for pakshaghata are Ruksha sheeta, Alpa Ahara, Ati Vyavayi, Ratri Jagarana, Ati Langana plavana, adhva vyayama, diwa Swapna, krodha, chinta, Shoka, vega Sandhanahara, Abhigatha, Marmabhogata, Ushtra Ashwa Gaja Shighra Yana

etc, due to these nidana⁽¹⁾ the prakupitha vayu will reaches to Urdhvagami, Adhogami and Tiryaggami Dhamani, then this prakupitha vayu will causes the functional disability in one half of the body manifests symptoms are chestanivrutti, vaksthambha, ruja, hasta pada sankocha. Acharya Charaka has included this under Madhyama roga margawhereas acharya Sushruta has mentioned

marama abhigata as one of the causes for the disease. By this, in half part of the body the kriya and Chesta will be affected also impairment of krmendriyas, gnyanendriyas

In the present case study, the patient is with Vataprakopa and suffered with dathukshaya. Here vataprakopa leads to ati pravruithi and sanga. Initially treatment started with mrudhu shodhana with gandarahastadi taila it acts as srotho shodhaka and sanga nirharanartha. Patient bala is avara, thus he needs santarpana chikista as well as dhathu poshana chikista.

Hence, Snehana, swedana are to be provided along with shiropitchu and matrabasti.

Abhyanga-Abhyanga as bhayanehanatha helps in pacifying the vata dosha and nourishing the dhatus. It provided the means of transportation and absorption of medicine in to the body. Here ksheerabala taila was selected for abhyanga, which is having the properties like vata hara, balya, indriyaprasada etc. After the abhyanga, the muscle tone and muscle bulk on the affected half of the patient had improved⁽⁹⁾

Shastikashalipindasweda: It is one amongst sagnisankarasweda. The ingredients are shali, balamoola kwatha and ksheera which help in increasing the muscle tone and muscle strength after removing srotorodha. The strength of the limbs was also improved after the shastikashali panda sweda.⁽¹⁰⁾

Matrabasti: basti is said to be a prime line of treatment in vatavyadhi. Here ashwagandhabalalakshaditaila is administered for matrabasti in the dose of 60ml per day. The effect of this basti is said to be helpful in pacifying the pakvashayagatavayu which in turn controls all other vata dosha of the body and also it helps in relieving the srotorodha.⁽¹¹⁾ It also helps in pacifying the vyanavayu which is said to be responsible for all the activities of the body and due to this, the functional ability of the affected limbs was regained.

Shiropitchu

Shiropitchu is one of the most effective treatments for reducing nervous tension. Here the temperature of the taila leads to improve peripheral circulation, which nourishes the tissues and eventually the tonicity of muscles affected get improved. It works through action on TarpakaKapha, Sadhaka Pitta and Prana Vayu. Due

to Tikshana, Vyavayi&Sukshma property of Taila it penetrates easily into Manovahasrotas correcting vitiation of Manas Dosha (Raja&Tama). At the same time the Bhrimhana, Balya, Vatashamana, Medhya properties of Taila corrects all Manas vikaras.⁽¹²⁾

V. CONCLUSION: -

This study demonstrates the successful management of case of Pakshagata using Ayurveda panchakarma treatment. Panchakarma Chikista enormously beneficial in the treatment of stroke or pakshagata Shiropitchu as murdhi taila it helps to improve blood circulation to brain and relieves shrotho avarodha, Abhyanga followed by shastika shaali pinda sweda was given to pacify vata, increases strength and restores motor as well as sensory function and Matra basti acts as vata shamaka, balya. Hence it proves that methodical approach of principles of treatment yielded better result in the current case which is evidenced through all those parameters which was useful for assessment.

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