Pakshaghatha – A Case Study

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ABSTRACT: Ayurveda is the science of life. Vata is one of the tridoshas, is the controller, regulator and its vitiation is the cause for many diseases. In ayurveda Pakshaghatha has been explained in vatavayadhi and is important. The word Paksha means half of the body. The disease which is associated with loss of sensation, loss of movements and emaciation in half of body is called Pakshaghatha. Acharya Vagbhata has included Ekangavata in Pakshaghatha. It is a vatajnanatmajavyadhi. It can manifest due to Margavarana and Dhatukshaya. Acharya Charakahas mentioned it as Pakshavadha.

Stroke is the most common cause of neurological disability. About one fifths of patients with acute stroke die within a month and at least half of those who survive are left with physical disability. The incidence is increasing with age, obesity, diabetes mellitus, hypertension, dyslipidemia, smoking, alcohol abuse and cardiac problems.

Panchakarma treatments of Ayurveda especially shodhana are very beneficial in diseases like Pakshaghatha causing long lasting disability. Here a single case study of Pakshaghatha with the efficacy of panchakarma treatment has been given. The assessment was made before and after treatment. Maximum improvement was noticed in the symptoms. Panchakarma plays a vital role in the management of Pakshaghatha. The recuperation was assuring and worth documenting.

KEY WORDS: Pakshaghatha, Panchakarma, shamana

I. INTRODUCTION

Pakshaghatha is a madhyamaramgargavyadhi. In ayurvedic literature the factors vitiating vata dosha in body are said to be the root cause for Pakshaghatha. There is dushti of rasa, rakta, mamsa dhatu. Acharya Charaka has mentioned the symptoms as immobility of the affected side in association with pain and loss of speech. The affected part becomes krusha and durbala. He has mentioned swedana, snehana and virechana as line of treatment for Pakshaghatha.

Hemiplegia is the commonest manifestation of Stroke with neurological deficit affecting the face, limbs and trunk on one side or either side of body. The worldwide incidence has been quoted as 2/1000 population per annum, about 4/1000 in people aged 45-84 years. The etiology are (a) Cerebro vascular accidents which include cerebral hemorrhage, sub arachnoid hemorrhage, cerebral thrombosis, internal carotid artery thrombosis or stenosis, cerebral embolism, venous sinuses thrombosis. (b) Hypertensive encephalopathy (c) cerebraltumours (d) Acute encephalitis. In this present study pakshagatha patient has shown remarkable improvement with mrdhushodhana and shamanauashadhis.

II. CASE DESCRIPTION

A 77-year-old male married patient was brought to our hospital KAMC, Panchakarma OPD on 1/9/22, with chief complaints of sudden weakness in right side of body including face, inability to stand, walk, slurring of speech in the past 2 days.

Presenting complaints-
Reduced strength in right upper and lower limb, difficulty in walking, slurred speech, heaviness and stiffness of affected side of body in the past 2 days.

History of present illness-
By the statement of bystander patient was healthy and apparently normal. 2 days back while walking suddenly fell down, felt loss of strength in right side of body and slurring of speech. Patient was admitted in allopathic hospital for emergency treatment where he was diagnosed with hypertension and CVA. CT scan shows hyperacute infarct in right occipital gyrus. He was treated for the same for 2 days and had no relief from his complaints. So he was brought to our hospital for further treatment on 1/9/22.
• **Associated complaint**-
  - Diabetes mellitus in the past 5 years, on insulin 15-0-15 units, hypertension in the past 2 days.

• **Physical examination**
  - Built- normal
  - PICKLE-normal
  - BP-140/90 mmhg
  - Pulse rate-76/minute

• **Systemic examination**-
  - Respiratory system- Normal vesicular bronchial breath sounds heard; no abnormality detected.
  - CVS-S1 S2 heard.
  - Central nervous system-higher mental functions found to be normal
  - Corneal response diminished on right side
  - Blowing of cheek- not possible
  - Verbal response-3
  - Muscle tone-spastic on right side
  - Muscle strength- decreased on right side
  - Deep tendon reflexes 3/5 on affected side, Babinski-positive on right side.

• **Laboratory investigation**-
  - Hematological investigations were done and found to be normal

• **Specific investigation**-
  - CT SCAN- Cerebral atrophy
  - Hyperacute infarct in right occipital gyrus.
  - Acute infarcts in left hemipons and splenium of corpus callosum on the right.
  - Small vessel ischemic changes in bilateral periventricular and fronto parietal deep white matter.

**DIAGNOSIS**
Case was diagnosed as Pakshaghata. The treatment was planned as per dosha bala, sthana and rogibala.

**Table-1** Details of treatment given to patient.

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment</th>
<th>Internal medicines</th>
<th>Shamanoushadhi</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/9/2022</td>
<td>SarvangaDhanayamladhar, Agni lepa, Takradhara</td>
<td>Lashunaksheera paka 20ml in the morning</td>
<td>Bruhatvatakintamani ras-1-1-1</td>
</tr>
<tr>
<td>To 3/9/2022</td>
<td></td>
<td>Gandharvahastadyeradataila 10ml at bed time</td>
<td>Mahayogarajaguloo-1-1-1</td>
</tr>
<tr>
<td>Every day</td>
<td></td>
<td></td>
<td>Shiva gulika-1-1-1-1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chandra Prabha vati-1-1-1</td>
</tr>
<tr>
<td>4/9/2022</td>
<td>Sarvanga abhyanga with ksheerabatalaia and ketakimoolditaia</td>
<td>Lashunaksheera paka 20ml in the morning, Gandharvahastadyeradataila 10ml at bed time</td>
<td>Bruhatvatakintamani ras-1-1-1</td>
</tr>
<tr>
<td>To 11/9/2022</td>
<td>Shastikashalip indasweda, Matrabasti with Dhanwantara kuzambu-35ml, halaguloocyadi taila-35ml, kapikachu-10gmand vacha-10gm.</td>
<td></td>
<td>Mahayogarajaguloo-1-1-1</td>
</tr>
<tr>
<td>Every day</td>
<td>Nasya with karapasathyaditaila6 drops, tailadhara with brahmitaila and ksheerabatalaia</td>
<td></td>
<td>Shiva gulika-1-1-1-1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chandra Prabha vati-1-1-1</td>
</tr>
</tbody>
</table>

**III. RESULTS**
During the course of treatment, the condition of patient improved gradually. The strength, power, tone of muscle improved. Deep tendon reflex was normal after course of treatment. He was able to walk at the end of treatment. The slurring of speech and motor response improved.
Motor functions

**Table 2:** Power grade before and after treatment

<table>
<thead>
<tr>
<th></th>
<th>Left (BT) (AT)</th>
<th>Right (BT)</th>
<th>Right (AT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper limb</td>
<td>5/5</td>
<td>2/5</td>
<td>4/5</td>
</tr>
<tr>
<td>Lower limb</td>
<td>5/5</td>
<td>2/5</td>
<td>4/5</td>
</tr>
</tbody>
</table>

Reflexes:

**Table 3:** Reflexes grade before and after treatment

<table>
<thead>
<tr>
<th></th>
<th>Left (BT) (AT)</th>
<th>Right (BT)</th>
<th>Right (AT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biceps</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Triceps</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Supinator</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Knee jerk</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Ankle jerk</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Babinski's sign</td>
<td>negative</td>
<td>positive</td>
<td>negative</td>
</tr>
</tbody>
</table>

**IV. DISCUSSION**

Pakshaghata is one of the important diseases among vatajavyadhis. Sadhyaasadhyata has been explained by Acharya Sushruta. Shuddhavatapakshaghata is kruchrasadhya. Pakshaghata with Pitta or kapha dosha involvement is sadhya. Pakshaghata caused due to dhatu kshaya is asadhya. Acharya Bhavaprakasahasays vedanarahitapakshaghata and in garbhinin, prasutha, bala, vruddha, ksheena is asadhya. In this case pakshaghatawas diagnosed as kaphavruta. Shodhana and shaman line of management was adopted based on dodha and rogibala. Swedana, snehana and virechana is the line of treatment for pakshaghata according to Acharya charaka. As there is kaphaavaranadhanayamadhadara was done initially. Sneha yuktavirechana was given with gandharvahastayaditala. It is mridushodhana. As patient was suffering from hypertension takradhara was done which proved very beneficial. Sarvangaabyanga was done for strengthening and nourishing the muscles. It is vata hara. Sashtikashalipindasweda is a special type of swedadone using bulus of rice dipped in ksheera and bala moolo kashaya. It is brihmana and has swedanakarma. Sashtikashali has snigdha, guru, sheeta, sthiragunas and is tridoshagha. Tailadharas indicated indisordersofshiras,increasesstrength and nourishes. Basti is considered as artha chikitsa. It is useful in vitiation of all doshas. Matrabastician be given in all seasons and is without complications. Nasya is indicated in urdhwajatrugatavikara. Patient had slurring of speech, nasya was administered which is very useful in vakgraha, swarabhedha and indriyashuddhi.

In shamanoushadhis Brihatvatachintamaniras, Mahayogarajaguggulu, Shivagulika and Chandraprabhavati was advised. Brihatvatachintamaniras contains bhasmas of swarna, rajata, abhraka, loba, paradamuktha, suatan and is indicated in pakshaghata. Mahayogarajaguggulu is tridoshahara. It is anti-inflammatory and analgesic promotes strength of bones and joints. Shiva guliaka contains shiljatu which is good for nervous system, balamoolakashaya and dashamoolakashaya are vataharas. Chandraprabhavati is balya, tridoshahara, vatanulomaka and sarvarogaprashamana. Lashunaksheerapaka was administered daily in the morning as it improvesagni, removes kaphaavaranas and is vatanulomaka. With the above treatments patient improved. Here regained his muscle tone, power, strength, motor functions he developed clarity of speech.

**CONCLUSION**

Pakshaghata is a mahavatavyadhi and is difficult to manage. To treat Pakshaghata when it is associated with complications is challenging. In the present study it was noted that pakshaghata was associated with hypertension and diabetes mellitus. Age was an issue for planning shodhana. Panchakarma is a very important part of treatment. Shodhana is very vital for curing the disease and avoiding recurrence. Encouraging results are seen with shodhara, nasya, matrabasti, abhyanga and sashtikashalipindasweda in improving the condition of pakshaghata. The combined effect of all the above treatments helped in reducing the symptoms.
and in recovery of the patient. By this case study we can see that though Pakshagatha is difficult to manage if proper treatment is given remarkable results can be obtained with logical use of internal and external medicines.

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