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Ayurvedic Management of *Abhighataja Pakshavadha* w. s. r. to Cervical Spinal Injury Paralysis- A Case Study

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ABSTRACT

Pakshavadha is *Vata Nanatmaja Vyadhi* in our Ancient *Ayurvedic* text. It can be correlated with Paralysis in bio-medicine. *Pakshavadha* is one of the important causes for disability and affect working population. It creates a burden for country and family also. Stroke & injuries are common cause for Paralysis. A diagnosed case of paralysis due to cervical spine injury with complaints of weakness & rigidity on Right upper & lower limbs and difficulty in walking from last eight years was managed with *Panchakarma* procedures such as *Shali-Shastika Pinda Sweda*, *Greeva Basti*, *Matra Basti* & *Nasya Karma* along with oral *Ayurvedic* drugs. This study shows the cases of *Abhighataja Pakshavadha* may be successfully managed with *Ayurvedic* treatment and *Panchakarma* modalities.

KEYWORDS

Pakshavadha, *Vata Vyadhi*, *Shali-Shastika Pinda Sweda*, *Greeva Basti*, *Matra Basti*, *Nasya*



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INTRODUCTION

Acharya Charaka mentioned *Pakshavadha* in *Vata Vyadhi* with symptoms i.e. loss of function of right or left part of body, Pain, Aphasia¹. *Pakshavadha* can be correlated with paralysis in bio-medicine. Paralysis is the loss of muscle function in part of our body due to obstruction in messages pass between brain and muscles. It affects one part of our body or widely more. Paralysis of lower part is called paraplegia and paralysis of bilateral upper & lower limbs is called Quadriplegia. Most common cause of paralysis is Stroke and injuries such as spinal cord injury or a broken neck. Other causes are amyotrophic lateral sclerosis, brain tumour, autoimmune disease such as Guillain-Barre syndrome and Bell's palsy and other diseases of the nervous system or brain². Spinal cord injury may be damages their nerves and innervates their muscles, leading to weakness and result is paralysis. Here we are reporting a case of *Pakshavadha* which was successfully managed with *Panchakarma* procedures such as *Shali Shastika Pinda Sweda*, *Griva-Basti*, *Nasya* and *Matra Basti* along with palliative treatment.

CASE REPORT

A female patient aged about 45 yrs visited in OPD of *Panchakarma* presenting with

complaints of weakness & rigidity on right upper & lower limbs, difficulty in walking & unable to stand after squatting, from last eight years due to injury of her neck.

Table 1 *Astavidha Pariksha*

<i>Astavidha Pariksha</i>	
<i>Nadi</i> (Pulse)	80/minute <i>Sama</i>
<i>Mutra</i> (Urine)	4-5 times in day 1-2 times in night
<i>Mala</i> (Stool)	<i>Nirama</i>
<i>Jeeva</i> (Tongue)	<i>Nirama</i>
<i>Shabda</i> (Speech)	<i>Spasta</i>
<i>Sparsha</i> (Texture of skin)	<i>Ruksha</i>
<i>Drika</i> (Eye)	<i>Samanya</i>
<i>Akriti</i> (Physical appearance)	<i>Madhyama</i>

History of present illness

Patient had injured cervical spine 8 years before after falling down from Tractor trolley. She felt numbness & generalised weakness of whole body, loss of control of bowel & bladder activity. She was admitted in allopathic hospital; at the time of discharge she felt weakness in her right part of the body and difficulty in walking. After that she consulted to Out Patient Department of the National Institute of *Ayurveda*, Jaipur for treatment to get functional recovery in right upper and lower limbs. On physical examination, the general condition of the patient was good; her pulse was 74/min, regular; BP was 120/80 mm of Hg and respiratory rate was 18/min regular. There were no past history of head injury, diabetes and hypertension.

The patient was assessed on *Astavidha Pariksha* [Table-1]. Musculoskeletal



examination of patient was abnormal. [Table-2].

Table 2 Musculoskeletal examination

1. Gait		Hemiplegic gait
2. Power	Right Upper limb	Weak
	Right Lower limb	Weak
	Left Upper limb	Normal
	Left Lower limb	Normal
3. Tone	Right Upper limb	Spastic
	Right Lower limb	Spastic
	Left Upper limb	Normal
	Left Lower limb	Normal
4. Reflexes	Right knee jerk	brisk ++
	Left knee jerk	Normal
5. Planter	Right	Right dorsi-flexion
	Left	Flexion

Magnetic resonance imaging (MRI) of cervical spine that was done on 4 April

2010, it suggested diffuse annular disc bulge and posterior protrusion at vertebrae C3-4 level and ligamentum flavum thickening seen at C2-3 level, it resulting in indentation over thecal sac and spinal cord with cord contusion. Oedema and Mild posterior disc bulge seen at C4-5 level. Magnetic resonance imaging (MRI) of Lumbo-sacral spine, suggested Lumbar spondylosis and mild posterior disc bulge seen at L4-5 and L5-S1.

Treatment Plan

Initially *Shali Shastika Pinda Swedana*, *Greeva Basti* and *Nasya Karma* were administered for 14 days. After 69 days, *Shali Shastika Pinda Swedana*, *Greeva Basti* and *Matra Basti* were administered followed by *Nasya Karma*.

Table 3 Panchakarma Procedure & Internal medication

Panchakarma Procedures			
31/07/18 to 06/09/18	<i>Shali Shastika Pinda Swedana</i>		For 14 days
	<i>Greeva Basti (DashmoolaTaila- 40 min. daily)</i>		For 14 days
	<i>Nasya Karma (Ksheerabala 101Taila-6 drops in each nostrils)</i>		For 14 days
15/11/18 to 19/12/18	<i>Shali Shastika Pinda Swedana</i>		For 14 days
	<i>Greeva Basti (DashmoolaTaila- 40min. daily)</i>		For 14 days
	<i>Matra Basti (Dashmoola Taila- 60ml)</i>		For 16 days
	<i>Nasya Karma (Ksheerabala 101Taila-6 drops in each nostrils)</i>		For 14 days
Internal medication			
Sr. No.	Drug	Dose	Anupana
1.	<i>Trayodashanga Guggulu</i>	2 tablets thrice a day	With <i>Mashabaladi Kwatha</i>
2.	<i>Mashabaladi Kwatha</i>	20ml twice a day	Empty stomach
3.	<i>Ashwagandha Churna (Withania somnifera Dunal) (3 g), Nagradya Churna (1 g)</i>	4g twice a day	With milk after meal
5.	<i>Syp. Kumaryasawa (20 ml), Syp. Dashmoolarista (20ml)</i>	40ml twice a day	With equal amount of water after meal
6.	<i>Ekangaveera Rasa</i>	250 mg thrice a day	With honey
7.	<i>Rasa Rajeshwara Rasa</i>	250mg twice a day	With honey
8.	<i>Triphala Churna</i>	5g at night	With lukewarm water



Along with these *Panchakarma* procedures combinations of oral medicines such as *Trayodashanga Guggulu* 2 tablets (500mg each tablet) with 20 ml *Mashabaladi Kwatha*, *Ashwagandha Churna* (Powder of *Withania somnifera* Dunal) 3g, *Nagradya Churna* 1g with milk, Syp. *Kumaryasawa* 20ml, Syp. *Dashmoolarista* 20ml with equal amount of water, *Ekangaveera Rasa*

250mg, *Rasa Rajeshwara Rasa* 250 mg with honey, *Triphala Churna* 5g with lukewarm water were prescribed. [Table 3]

Assessment parameters [Table-4]

1. Muscle power
2. Reflexes
3. Walking capacity
4. Standing from sitting position

Table 4 Grading of parameters

S. no.	Parameters	Grading	Observation
1.	Muscle Power	0	Complete paralysis
		1	Flicker of contraction
		2	Movement possible if gravity eliminated
		3	Movement against gravity but not resistance
		4	Movement possible against some resistance
		5	Power normal (it is not normally possible to overcome a normal adults power)
2.	Reflexes	0	Absent reflexes
		1	Trace or seen only with reinforcement
		2	Readily elicited with a normal response
		3	Brisk with or without evidence of spread to the neighbouring roots
		4	Associated with a few beats of unsustainable clonus
		5	Sustained clonus
3.	Walking capacity	0	Unable to walk
		1	Stop after 100 meters of walk
		2	Stop after 200 meters of walk
		3	Normal
4.	Standing from sitting position	0	Unable to stand
		1	Stand with firm support
		2	Stand with light support
		3	Normal

OBSERVATIONS & RESULTS

Patient had weakness on right side of the body. She dragged her right lower limb and walked few meters with support. She was able to hold her right upper limb. After *Ayurvedic* intervention & *Panchakarma* modalities, she got improvement in

muscular power in right upper & lower limb, walking time & capacity. Heaviness in affected part was reduced and patient was able to stand with light support. Great achievement was her faith to live without any dependency with a smile on her face. [Table-5]



Table 5 Observation in different parameters

Sr. No.	Observation	Before treatment (31/07/2018)	After treatment (19/12/18)
1.	Muscle power	Right Upper limb	2
		Right Lower limb	2
		Left Upper limb	5
		Left Lower limb	5
2.	Reflexes	Right knee jerk	4
		Left knee jerk	2
3.	Increase in walking capacity	1	2
4.	Standing from sitting position	1	2

DISCUSSION

Pakshvadha is mentioned in *Vata Vyadhi* in various *Samhitas*, and line of treatment is *Swedana & Snigdha Virechana*³. *Shali Shastika Pinda Swedana* is one of the types of *Pinda-Sweda*, beneficial in *Vata Vyadhi* & also in *Dhatu-Kshyaja* condition⁴. In this case main cause of paralysis is cervical spine trauma; *Greeva Basti* is type of *Mridu Snehana & Swedana* beneficial in injured cervical spine⁵. The main cause of *Pakshavadha* is vitiated *Vata* and *Basti* is the best treatment modality in the management of *Vata-Vyadhi*⁶. *Basti* is the treatment of choice for *Madhyama Roga Marga* and to protect *Marma*, *Sira* and *Snayu*. *Matra Basti* is one of the important treatment modality to pacify vitiated *Vata*⁷. *Dashmoola Taila* was used for *Greeva Basti* and *Matra Basti*. *Dashmoola* have *Tridoshaghna* properties. *Nasya* is mention in *Vata- Vyadhi* to pacify vitiated *Vata*⁸. *Nasya* with *Kshirabala Taila* helps in elimination of *Vata- Kapha Dosha* and clears obstruction in the channels.

Trayodashanga Guggulu is mentioned in *Vata Vyadhi Chikitsa Prakarana* in *Chakradutta* & beneficial in *Snayugatavata* (~various tendon and ligament disorders), *Khanjavata* (limping disorders), *Asthigatavata* (disorders of bone), *Majjagatavata* (disorders of bone-marrow) and various *Vatic* disorders (~neurological, rheumatic and musculoskeletal diseases)⁹. All ingredients of *Mashabaladi Kwatha* are having *Brimhana & Vata Shamaka* properties and this is the choice of drug for *Pakshaghata*¹⁰. *Ashwagandha* is having *Rasayana Guna*, *Balya & Vata-Kapha Shamaka* properties¹¹. *Nagaradya Churna* is combination of *Shunthi & Kupilu*. *Shunthi* is *Pachana, Kapha & Vatahara* and also having *Shoola & Shothahara* properties¹². *Kupilu* possesses Analgesic, Anti-inflammatory & antioxidant properties¹³. *Kumaryasava* possesses *Agnideepana*, *Balya & Brimhana* properties and helps to improve digestive system & correct bowel activity¹⁴. *Dashmoolarista* is indicated in



Vata-Vyadhi, Shoola, Kshaya, Mandagni and Dhatukshaya condition¹⁵. *Ekangaveera Rasa* is *Vata-Kapha Shamaka & Shrotoshodhaka*¹⁶. Ingredients of *Rasa Rajeshwara Rasa* are *Rasraja Rasa, Kuchla, Aswagandha, Rasa Sindoor & Guggulu* and this is beneficial in *Vatika* disorder¹⁷. *Rasraja Rasa* is *Balya, Vata Shamaka* and indicates in *Pakshavadha*¹⁸. *Triphala Churna* is *Kapha-Pitta Shamaka & carminative* and also used as *Rasayana*¹⁹.

CONCLUSION

There are different etiological factors for *Pakshavadha*, in this case *Pakshavadha* is appeared due to cervical spinal injury. Treatment protocol shows significant improvement & beneficial for cervical spine injury paralysis.



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