

Role of *Kalabasti* in *Pakshaghata* w.s.r. to Hemiplegia – A Case Study

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Abstract

Pakshaghata is a severe blow to the sufferer's life. The patient not only suffers physically but also goes through a severe mental depression due to inability. It is characterized by loss of function and mobility of half of the body either Rt. or Lt. pain and disturbed speech. It can be correlated with Hemiplegia of modern medicine. A case is described of 62 year, old male farmer by occupation, complaining of weakness in Lt. Upper and lower limb, unable to stand without support. C.T. brain shows chronic ischemic changes in Lt. occipital and Rt. Temporal lobe. With these complaints patient was admitted in our institute. *Basti* is the ultimate route of administration for obtaining both systemic and local effect in *vatavyadhi*. *Pakshaghata* is one of the *vatavyadhi* hence *kalabasti* is selected for present case. At the same time he was also on medication with physiotherapy. Patient was in our institute for 1 month and showed substantial improvement.

Keywords

Pakshaghata, Kalabasti, Hemiplegia



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INTRODUCTION

As the civilization grows man has become more vulnerable for many neurological conditions due to lifestyle, high expectation, unwanted stress, competition and pseudo society status. He adopted many new habits like alcohol consumption, smoking, tobacco and drug abuse. All these leads to many lifestyle disorders among which hemiplegia is a common presentation leading to high incidence of morbidity and mortality.

Pakshaghata can be correlated with Hemiplegia of modern medicine. The disease Hemiplegia is characterized by more or less sudden paralysis of affecting one side of the body as well as sensory motor visual and speech function.

Worldwide about 20 million people suffer from stroke each year.¹ Community surveys for Hemiplegia presumed to be Cerebro Vascular Disease indicate an overall crude prevalence rate of 220 per 100,000 persons. Disease of cerebral blood vessels, are the third most common cause of death in developed world after Cancer and Ischaemic Heart Disease and are responsible for a large proportion of physical disability becoming more frequent with increasing age².

*Pakshaghata*³ has been enlisted amongst 80 types of *nanatamaja vatavyadhi* and is

considered to be prominent of all *vatavyadhi*. *Basti* is the principle treatment for *vatika* disorders. *Basti* destroys completely the root of vitiated *vata* by entering the *mulsthana* of *vata dosha* i.e. *Pakvashaya*. Hence initially *kalabasti* is selected for present case.

Case Report

Patient's Name	-	xyz
Gender	-	Male
Age	-	62 years
Built	-	Medium
DOA	-	20/02/2015
DOD	-	22/03/2015

Chief Complains

- Tingling sensation in Lt. upper and lower limb
- Weakness in Lt. upper and lower limb
- Unable to stand without support
- All above complains were since 1 month.

Past History

- Known case of Hypertension from 2 years on Treatment tab. Amlokind 4 mg OD
- No history of Diabetes mellitus / Bronchial Asthma / Any major illness / Any Surgery

On Examination

	Rt. Side	Lt. Side
Biceps	Brisk	Exaggerated

Triceps	Not elicited	Exaggerated
Knee Jerk	Brisk	Exaggerated
Ankle jerk	Absent	Exaggerated
Plantar	Not elicited	Extensor

Muscle Power

Grade	
Rt. Upper Limb	V – Normal Power
Rt. Lower Limb	V – Normal Power
Lt. Upper Limb	0 – No Power
Lt. Lower Limb	0 – No Power

C.T. Brain Findings

Chronic ischemic changes in Lt. Occipital and Rt. Temporal lobe

Diagnosis –

Lt. Hemiplegia

Criteria of Assessment of Observation

Subjective Symptoms	Parameter	Gradation
Tingling	Absent	0
Sensation in Lt. Upper and Lower Limb	Mild	1
	Moderate	2
	Severe	3
Subjective Sign		
1. Walkin g	Unable to Stand	4
	Stand with support	3
	Stand without support	2
	Walk with support	1
	Walk without support	0
2. Muscle Power	0. No Power	5
	I. Flicker of contraction only	4
	II. Movement with gravity eliminated.	3
	III. Movement against	2

resistance.	
IV. Movement against gravity and some resistance.	1
V. Normal Power	0

Observations for the present case

Sign and Symptoms	Before Treatment	After Treatment	% Relief
1. Tingling	4	0	100%
2. Walking	3	1	50%
3. Muscle Power	2	1	80%

- Total treatment schedule for 1 month with *snehan* and *swedan chikitsa*.
- *Sarwang snehan swedan* – daily during the course of *basti*.
- *Shirodhara* – daily in the morning.
- *Nasya* – daily in the morning.

Basti Chikitsa - Kalabasti

During the above course of treatment oral medication like *Yograj Guggulu*. Cap. Palcinuron etc. were also given to the patient.

DISCUSSION

According to *Acharya Charak*⁵ there is no cause greater than *vata* in the manifestation

of disease and there is no better remedy other than *basti*. Just like destruction of root kills a plant⁶, *basti* administration destroys the disease. *Charaka* mentioned that *kalabasti* includes half no. of *basti* to that of *karma basti* but *Chakrapani* opinioned that it includes 16 *basti*. Day first *anuvasan* can be given and then afterwards 6 *Anuvasana* and 6 *Niruha* given alternatively and at last 3 *Anuvasana* are administered.

Mode of action of Niruha

Niruha if given alone without *Anuvasana* may provoke *vata* due to its exclusive *shodhan* property thus to avoid this adverse effect of *Niruha*. *Anuvasana Bastis* are assembled in between *Niruha bastis*.

Since in case of *Kalbasti* the duration is of 16 days⁷ so there is anticipation that these *basti* with course of treatment can penetrate upto the deeper and deeper tissues situated in the body and thus can root out even the obstinate *vata*.

Mode of action of Anuvasana Basti.

Sneha in general is *vatahara*, *mrudukara* and destroys, compact *mala* and removes the obstruction in the channels produced by *mala*. Apart from these function, it protects

the mucous membrane from unwanted effect of irritating drugs in *Niruha*.

CONCLUSION

Basti is ultimate route of administration for obtaining both systemic and local effects. *Kalabasti* has given noticeable result in this patient. Patient was admitted for 1 month.

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