



Science

ROLE OF AYURVEDA IN THE MANAGEMENT OF PAKSHAGHAT VYADHI W.S.R TO HAEMORRHAGIC HEMIPLEGIA

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Abstract

Pakshaghat is Nanatmajavatvyadhi and results because of vataprakopa. It affects sira and snayus of on half of the body and face. the main cause of pakshaghat is vitiated vatadosha. The aim of study was to evaluate the effect of ayurvedic treatment in the case of pakshaghat.

A 25 years old gentleman had H/O road traffic accident on 24/4/18 results in closed head injury with diffused axonal injury and fracture of shaft of right humerus fracture. He is recovered and got operated for fracture of humerus. He was on ventilatory support. Patient was febrile due to laryngitis, tracheal culture showed the growth of bacterias. Appropriate antibiotics given, tracheostomy done. MRI Brain shows tiny foci of bleed in vermis, right cerebellar lobe. This case diagnosed as haemorrhagic hemiplegia.

Now patient b/b his relatives at S.S.N.J Ayurveda hospital, Solapur with C/o Weakness in both upper and lower limbs of Rt side including Face, unable to Walk, Unable to Speak, Deviation on mouth to Rt side, Unable to swallow since 5 months. Case is diagnosed as pakshaghatvyadhi. Patient is treated with integral approach of Ayurveda, treatment given for this vyaadhi is aampachan, agnideepan, balyachikitsa, Virechan is given internally (abhyantarchikitsa), Sarvangabhyang, shashtikshaalipindsweda, shirodhara, bruhan and shodhannasya karma alternatively, jivhavedhan, Jaluakavacharan andjivha-nirlekhana given baahyata (externally).

Keywords: Role; Ayurveda; Driver; Management; Pakshaghat.

Cite This Article: Dr. Akshay Santosh Gandhi, and Dr. Bhojraj A Chaudhari. (2018). “ROLE OF AYURVEDA IN THE MANAGEMENT OF PAKSHAGHAT VYADHI W.S.R TO HAEMORRHAGIC HEMIPLEGIA.” *International Journal of Research - Granthaalayah*, 6(11), 23-26. <https://doi.org/10.5281/zenodo.1708659>.

1. Introduction

Pakshaghat is kevalvatvyadhi and results because of vatprakopa. It affects siras (vascular structures) and snayus (tendons) of one half of body and face. According to modern medicine pakshaghatvyaadhi is correlated with hemiplegia. It may be haemorrhagic or ischaemic. The

commonest cause of hemiplegia is cerebrovascular disease which results in stroke. Hemiplegia is become a common lifestyle disorder leading to high incidence of morbidity and mortality.

Patient is treated with integral approach of Ayurveda, treatment given for this vyaadhi is aampachan, agnideepanbalyachikitsa, Virechan is given internally (abhyantarchikitsa), Sarvangabhyang, shashtikshaalipindsweda, shirodhara, bruhan and shodhannasya karma alternatively, jivhavedhan, Jaluakavacharan andjivha-nirlekhana given baahyata (externally). The aim of study was to evaluate the effect ayurvedin the management of pakshaghatwsr to hemorrhagic hemiplegia.

2. A Case Report

A 25 years old gentleman had H/O road traffic accident on 24/4/18 results in closed head injury with diffused axonal injury and fracture of shaft of right humerus fracture. He is recovered and got operated for fracture of humerus. He was on ventilatory support. Patient was febrile due to laryngitis, tracheal culture showed the growth of bacterias. Appropriate antibiotics given, tracheostomy done. MRI brain shows tiny foci of bleed in vermis, right cerebellar lobe. This case diagnosed as haemorrhagic hemiplegia.

Now patient b/b his relatives at our SSNJ Ayurveda hospital, with C/o

- Weakness in both upper and lower limbs of Rt side including Face,
- Unable to Walk,
- Unable to Speak,
- Deviation on mouth to Rt side,
- Unable to swallow since 5 months.
- Case is diagnosed as Pakshaghatvyadhi.

According to modern medicine, presented case is diagnosed as haemorrhagichaemiplegia, upper motor neuron disease and spastic type. The affected area of brain is left temporal lobe, pons. Lesion is at the level of basal ganglia.

Past History

- H/o head injury due to road traffic accident
- No H/o Smoking,tobacco chewing.
- No H/o no any significant family history.
- No H/o DM or HTN.
- S/H/O clavicle bone # and shaft of humerus # repair.

On Examination

General Condition- Moderate

A febrile

Pulse-84 /min

BP-100/64 mm of hg

Reflexes	Right	Left
Biceps	Exaggerated	N
Triceps	Exaggerated	N
Knee	Exaggerated	N
Ankle	Exaggerated	N
Plantar	Extensor	Flexor

Treatment

A) Shodhan Chikitsa-

- SarvangaAbhanga with BalaAshwagandhadi Tal
- ShastikShaliPindSwed
- Shirodhara with til tail and Bramhi tail
- Nasya with Kshirbala tail 8-8 drops and Shadbindu tail 4-4 drops on alternate day
- MatraBasti with Sahacharadi tail 60 ml
- Snehapana with KalyanakGruta for 5 Days
- Virechana with 20 gmsTrivruttavleha with 30 ml Triphalakwatha
- Jalaukavacharan at neck ragion
- Jivhavedhan
- Jivhanirlekhana with Pippali, Vacha, Shunthi, Marich, Madhu.

B) Shaman Chikitsa

- SuvarnaSutshekhar 250 mg Twice a day with Madhu.
- Saraswatarishtha 20 ml Twice a day with warm water.
- EkangvirRas Twice a day with warm water.
- Bruhatvatachintamani Twice a day with warm water.

C) Physiotherapy for 30 Days

Results	Before treatment	After treatment
Gait	Poor	Improved
Speech	poor	Improved

3. Discussion

Presented case is diagnose as pakshaghatavyadhi. Due to shiro-abhighaat, vat-prakop occurred. Vitiated vat dosha occupies riktastrotasas in the body and causes vatvyadhi like pakshaghat. Increased rukshaguna causes rukshata and parushata, which is key point of samprapti of pakshaghat. So to compensete the rukshaguna of vatadosha, we used snehan in the form of sarvangabhyang,basti, shirodhara and nasya karma.

According to acharyacharak, basti is one of the most important treatment on vat vyadhi. Shirodhara pacifies the vitiated vat in shirapradeshaand relaxes the nervous system. Nasya karma gives significant results in pakshaghat, shashtikshaalipindsweda gives bala to the affected siraa and kandara.

4. Conclusion

As told by Acharya Charak, Sushruta, Vagbhatvaatvyadhi is a 'Mahagad' or 'Maharog'. Usually mahagadvyadhis are dushchikitsya and kashtasadhya. Pakshaghat is one of the vaatvyadhi so combined therapy of shaman and shodhanchikitsa is beneficial,i.e .Basti,nasya,shirodhara and virechan.

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