

CASE STUDY

Saiddhantic Interventional Panchkarma Chikitsa in Management of Pakshaghata w.s.r to Hemiplegia

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ABSTRACT

The upper motor neuron disease where half of the body become Paralysed, is Hemiplegia. Stroke is one of the main reasons for Hemiplegia. Symptomatology of hemiplegia incorporate impaired motor skills, difficulty in grasping or holding objects, weakness of muscles or stiffness on one side of the body with or without deviation of mouth.

A 58yr old male patient with k/c/o hypertension came to OPD with complaint of loss of movement of both Lt upper limb & lower limb, with slurred speech and with deviation of mouth, fever with expectoration of cough since 15 days. He was diagnosed as *Vama Pakshaghata Panchakarma* therapy i.e *Snehan, Swedan, Bruhan, yapan Basti, ShiroPichu, Nasya, jivha Pratisaran* along a *vachadi yog, Agnilepa*, were done along with internal *Ayurvedic* medicine with appropriate hemiplegic exercises

Patient was admitted in our institute for 42 days and showed significant improvement in the objective parameters.

Key Words Hemiplegia, *Panchkarma Chikitsa, Shodhan, Nasya, Pakshaghata*

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INTRODUCTION

The term *pakshaghata* literally means unilateral paralysis of the body. According to *ayurvedic* literature it has been entitled under *vata nanatmaj vyadhi*¹. The cardinal features of *pakshaghata* includes impaired voluntary activity of body (*cheshta nivrutti*)², *Vakstambha* (slurred speech), *Hasta pada sankoch*² (clasp knife spasticity). *Pakshaghata* can be correlated with hemiplegia. It can affect either the left or right side of body. Symptoms of Hemiplegia can include weakness in muscle or stiffness on affected side, muscle spasticity or may be permanently contracted

muscle, trouble in grasping objects, poor equilibrium of body. Stroke is one of the commonest cause of hemiplegia. Acute stroke is characterized by the rapid appearance (usually over minutes) of focal deficit of brain function. Hemiplegia with or without indications of a visual field impairment, brain stem deficit, or focal upper hemi sensory loss. 85% of patients who have strokes present with cerebral infarction, which occurs when there is insufficient blood supply to a portion of the brain. The remaining 15% will result from a brain haemorrhage that is intracerebrall³. Cerebral infarction is mostly due

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to thromboembolic disease secondary to atherosclerosis in the major cranial artery. About 20% of infarction is due to embolism from heart and further 20% are due to intrinsic disease of small perforating vessel so called lacunar infarctions⁴. Management is aimed to prevent complications, reducing the patient's disability through rehabilitation and reducing the risk of recurrent episodes. It is surprising that no treatment exist that has been conclusively shown reduction in the risk of disability so to avoid the risk of disability for longer period and to improve the quality of life, keeping the pioneer demand of *samprapti* of *pakshaghata pachakarma chikitsa* was selected in the present case.

AIM:- TO ASSESS THE EFFECT OF AYURVEDIC TREATMENT SPECIALY PANCHKARMA SHODHAN CHIKITSA SIDDHANT IN CASE OF PAKSHAGHATA W.S.R TO HEMIPLEGIA

Line of treatment of *Pakshaghata* disease:-

1. *Nidan parivarjanam*⁵ (avoidance of etiological factors)- management of treatable Risk factors and disease like hypertension, uncontrolled diabetes mellitus, infective endocarditis, Atherosclerotic vessel, encephalitis.

2. *Shodhan chikitsa*⁶ (Detoxification therapies) which contains *snehana-abhyanga, swedana, lepa-Agnilepa*, which is made from *Chitrak, tulsi, Sunthi, Nitya virechan* with *erand tail, yogbasti kram* with *shriropichu*.

3. *Shaman chikitsa* – *shaman chikitsa, Rasayan chikitsa*⁷ for improve the strength of nervous system. To regain tone of muscle of body.

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A 58 years old bed ridden male patient came to our institute with complaints of loss of motor movement in left hand along with inability to grasp objects, weakness in left lower limb, unable to walk without support, Deviation of mouth along with slurred speech, fever with expectoration of cough since is 15 days

Patient is known case of hypertension and take oral medication since 6 months in irregular manner. At the time of admission patient was conscious and his vital functions were normal.

Past history- H/o Bidi addiction 2-3 bidies per day from last 20yr.

N/H/O- Any trauma / accidental injury/surgical procedure done.

General examination

- Gc -Moderate
- pulse- 76/min
- BP -140/70 mm of Hg
- *Jivha – saam,*
- *Nidra-khandit nidra*
- *Kshudha -Alpa*
- *Mala and mutra-Samyak,*
- Temperature- febrile with on/off fever

Systemic Examination:

- Respiratory system -B/L wheezing sound present with cough expectoration.
 - CNS – oriented conscious
 - cardiovascular system -S1S2 normal
 - Per Abdomen- soft Not -tender
 - Speech-slurred speech

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- Higher mental function- Appearance are normal. Detail of CNS examination are behavior memory, orientation and intelligence mention in table no 01.

Table 1 CNS Examination

| | EXAMINATION | RT. LIMB | LT. LIMB |
|----|------------------------------|------------------|--|
| 1 | sensation | present | present |
| 2 | muscle power | UL 4/5 LL 4/5 | UL 1/5 LL 1/5 |
| 3 | tone | normal | exaggerated |
| 4 | reflex | normal | biceps - exaggerated triceps -exaggerated knee - exaggerated ankle – exaggerated Babinski sign- positive. |
| 5. | muscle movement coordination | yes | no |

M.R.I Brain report of patient had finding of s/o acute thrombosis. Clinical features, blood Acute infarct in the Rt. Temporo Parietal, basal reports and MRI report findings were suggested ganglia, caudate nucleus extending into Corona that it is the case of hemiplegia. Radiata. Middle cerebral artery is not visualized

Table 2 Course of treatment given in the hospital

| DAYS | PANCHKARMA SHODHAN CHIKITSA | SHAMAN CHIKITSA |
|------------------|--|---|
| 1-7 Days | 1.Snehan with mahamasha tail 2. Petiswedan with Erandamuladi kwath 3.Dashmool rasnadi kwath niruha 800ml Tila tail anuvasan 150ml- Yog basti kram 4.Shiropichu with jatamaasi tail OD 5.Shodhan nasya with Anu tail f/b panchendriya Vardhan tail. | 1.Ampachak vati 500 mg twice a day before food 2. Yograj guggul 250mg tds after food. 3.sitopaladi+tankan + yastimadhu churna tds 4. Gandharva haritaki churna 10gm bed time (SOS) |
| 8-20 Days | 1.Snehan- Chandanbalalakshadi tail(cbl) 2. mrudu swedan 3.Mustadi yapan Basti (with yamak Sneha - aja majja +Ghrut) Daily 450ml 4.Jivha pratisaran with vacha pipalyadi yog 5.lepa (Agnimanta, Nirgundi, Tulsi, Maricha) 6.Shiropichu with jatamansi+bramhi oil 7.Adv Padabhyanga. | 1.Yograj guggul 250mg tds after food. 2.Sitopaladiyog as it is. 3.Cap.Palsineuron with madhu 2bd. 4.cap.Erand tail 1Hs. |
| 21-42days | 1.Snehan 2.swedan 3.karma basti kram with mahasneha anuvasan and dashmooladi niruha. 4.Pratimarsha nasya with panchendriya Vardhan tail. 5. Vachadi ksheer dhooma (steam inhalation) 6.shropichu lepa & Padabhanganga continue | 1.Ashwagandha shatavari kalpa with milk 15ml bd 2. Mahayograj guggul 250mg tds after food. 3. Cap.Palsineuron with madhu 2bd 4. Gandharva haritaki churna 10gm bed time(sos) |

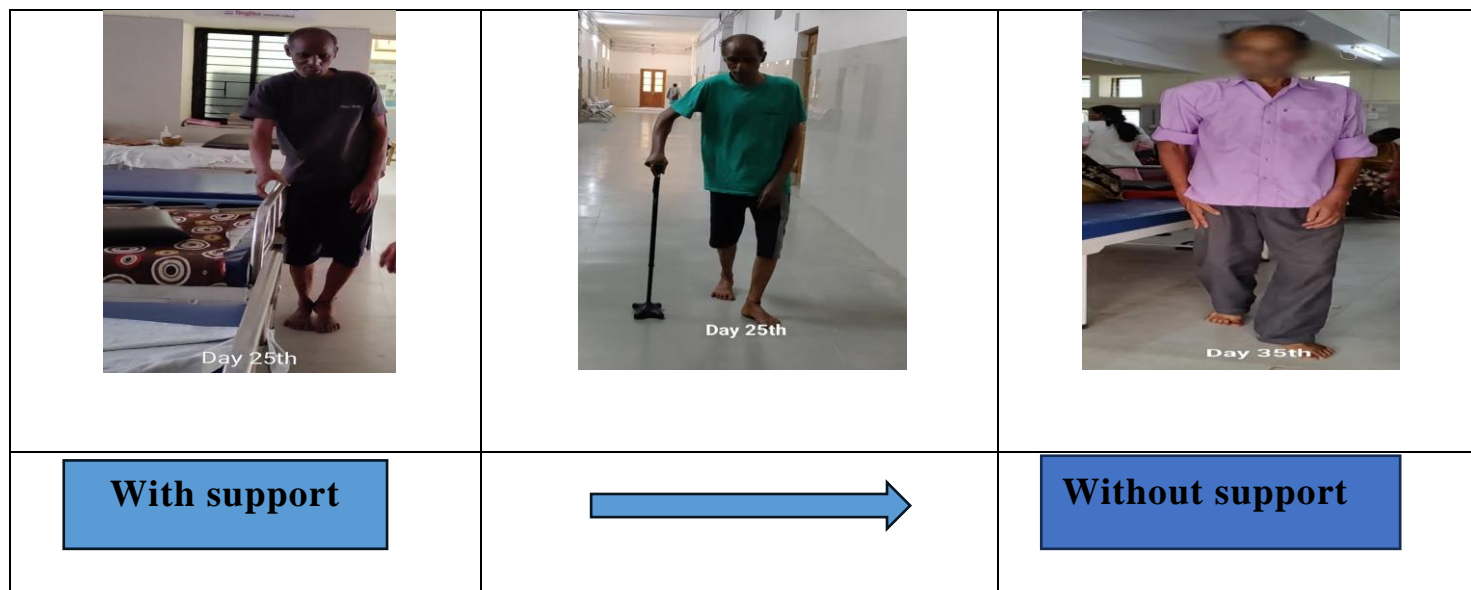
Table 3 Muscle Power Gradation

| Sr.No | Extremities | BT | AT |
|-------|---------------|-----|-----|
| 1 | Lt upper limb | 1/5 | 4/5 |
| 2 | Lt lower limb | 1/5 | 4/5 |
| 3 | Rt upper limb | 4/5 | 5/5 |
| 4 | Rt lower limb | 4/5 | 5/5 |

RESULTS

Pictures during treatment from date of admission:-

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Observations were noted before treatment (BT) and after treatment (AT) (as mention in table 3,4 and 5). Patient muscle power as mention in table 03, speech and quality of life were improved as mention in table no 05. Patient improved in walking with support to without support as seen in pictorial form and Also improvement in hemiplegic gait. No adverse effect was reported. The patient had a significant clinical improvement.

Table 4 Lab Investigation

| LAB PARAMETER | BT | AT |
|----------------|------|------|
| Hb | 13.0 | 14.1 |
| Rbc | 4.38 | 4.71 |
| Wbc | 21.8 | 28.0 |
| Plt | 303 | 368 |
| Sr. creatinine | 2.63 | 2.1 |
| Sgot | 30 | 24 |
| Sgpt | 31 | 26 |
| Bsl R | 115 | 110 |
| Blood Urea | 40 | 26 |

Table 5 Assessment of Pateient

| Sr.No | Facial deviation | BT | AT |
|-------|-------------------------|---------|--------|
| 1 | Bathing | Yes | No |
| 2 | Wrist flexion extension | No | Yes |
| 3 | Elbow flexion extension | Painful | Normal |

| | | | |
|----|------------------------------------|--------------|--------|
| 4 | Grip power | Mild painful | Normal |
| 5 | Grasping of object | No | Yes |
| 6 | Catching of object | No | Yes |
| 7 | Throwing of object | No | Yes |
| 8 | Tying the knot | No | Yes |
| 9 | Tingling sensation | No | Yes |
| 10 | Getting up from squatting position | Yes | No |
| 11 | Forearm supination pronation | No | Yes |
| 12 | | Mild Painful | Normal |

DISCUSSION

Pakshaghata is type of *nanatmaj vyadhi* of *vata dosha*.It get vitiated and occupies the *rikta strotas* in body. Ultimately it causes *vatvyadhi*. Vitiatiion of *Vata dosha* suggestive of depletion in *Snigdha* and *Shlakshana guna*. Increase in *ruksha guna* of *vata* causes *rukshata, kharata* in The line of treatment of *samanya vatavyadhi* i.e. *snehana, swedana* followed by *mrudu shodhana* and then

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followed by *snehana*, *swedana* with *Nadiswed* with *Dashmool Erandadi kwath*, *bruhana-yapan basti* were done as per *chikisa-sutra* of *pakshaghata* as explained by *Ashtanga sangraha*⁰⁸ as mention in table no.02.

Acharya charak elucidated, *Virechana* as prime *shodhana* therapy⁹. In above case *Erand Sneha* was administrated for *virechana* in *hina matra* as *mrudu shodhana*¹⁰. *Acharya charak* mentioned the benefits of *shodhan* therapy which are *indriya bal varna*, *buddhi prasadan*, *strotas shodhan*, *kayagnivardhan*, *vyadhi upshaman*, *urja Prapti*¹¹. Treatment plain was divided into three consecutive time period mainly which was started from *snehan*, *swedan*, *yog basti kram* was given for first seven days along with *murddhni tai Kalpana* and *Nasya* procedure was done.

According to *charaka*, *Basti* is one of the best treatment for *vata vyadhi*¹². *Basti* eradicates vitiated *vata dosha* from the root. During first seven days of treatment plain, daily *snehan* with *mahamasha tail* because *snehan karma* is the general treatment of *vaat vyadhi*. *swedan* given by *sarvanga petiswed* were done. This *swedan* type belongs to the category of *agnisweda* as well as *drava swed*. For *petisweda Erandmuladi kwath* was used which contain *Erand*, *bilva*, *agnimantha*, *shreyasi (haritaki)*, *bala*. these all are capable to normalise the vitiated *vaat*. *Yog basti* plan was arrange for this to do *mrudu shodhan*. *Niruha basti* was given by using *Dashmool rasnadi kwath* 800ml and *Tila tail anuvasan* 150ml was given along with oral medicine were given which was mentioned in the

table. *shiropichu* which is the *murddhni tail Kalpana* having cotton soak in *jatamaasi tail* and place on frontal forenells of scalp. This *Kalpana* of *murddhni tail* is not only helpful to normalize the vitiated *vaata* but also nourishes the *indriya* of body¹³. *Nasya karma* was given by using *anu tail* twice a weak followed by *panchendriya Vardhan tail*. The *anu tail* is a *shaman nasya* in nature. *Anu tail nasya* was given twice time in a weak in *madhyam matra*. Its diminished all vitiated *doshas* with stronger the *indriyas* as mention in table no 02.

Panchendriya Vardhan nasya is given in *pratimarsha matra* of 2-2 drop each day as a *bruhana*. Patient was cough with expectoration with wheezing sound in auscultation of chest hence *Sitopaladi + Tankan + Yastimadhu churna* 5gm each with *makshik* was given due to its *kaphagnya rasayan karya* of this medicine *yog* as mention in table no.2.

Anga gauravta, *kshudha mandya*, *saam jivha*, *aampachak vati* 500mg was given. Pt *koshta* was *krur* in nature but during first seven days *mal pravatan* was *samyak* in nature and hence *Gandharva haritaki churna* 10 gm bed time given in *sos* manner or as a *koshtashuddhi*.

After *yog basti*, Second slot of treatment was started. For the *bruhana chikitsa* point of view, *dhatu bruhankar dravya chikitsa* was given. *Bahya snehan* was given by *Chandanbalalakshadi tail* with *mrudu nadi sweda* to the affected part of body. In this slot of treatment *mustadi yapan basti* was plan between day 8 to day 20 of treatment. *Mustadi yapan basti*
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has *vatahara*, *balya* and *bruhaniya* in nature. It provides nourishment to nervous system. The *basti* which promotes the longevity of life is called *yapana basti*¹⁴. which are *stroto shodhak* and *bruhaman* at a time. It can be given to any one at all times with having less chances of *vyapat* cause by it.

According to modern science, The neuron contains 65- 85% of water. In the solid part of brain 51% protein present in it. Also consist of nucleo-protein and fat like substances. So due to *Samanya vishesh Siddhant*¹⁵. *Snehana* therapy due to similar constitution with nerve fibre may be help in restoration the degeneration and restore the normal function of the affected part of nerve tissue. Special type of *swedan* called *mrudu swedan* was done. During *mustadi yapan basti* which contain *yamak Sneha* along with *aja majja*. Due to this *snehan* and *swedan dravya karma* So it is helpful for muscle strengthening and reduces spasticity causes due to hemiplegia.

Jivha pratisaran with *vachadi yoga* and *pratimarsha nasya*, *lepa* therapy, *vachadi ksheer dhoom pan* i.e steam inhalation were done as daily routine procedure for subject for Strengthening of facial muscle and to improve slurred speech. In *vachadi jivhapratisaran*, *vacha*, *yasthimadhu*, *akarkara*, and *pippali* are taken in same quantity in powdered form and mixed with *maksheek* and advised for local application for apply on tongue as mention in table no.2, gums for fifteen-twenty minutes twice a day daily and then told to gargle with lukewarm

water. It cleans the *jivha* and help to improve normal salivation process.

Pratimarsha nasya can be given daily and even in every climatic condition of season. It is given in two drops *matra* in each nostril¹⁶. *Nasa* is doorway to *shira* (head) the drug administered in the nasal cavity are absorbed better.

Due to stiffness of left extremities, *lepa* was given for local application. it was prepared by *Agnimanta*, *Nirgundi*, *kushna Tulsi*, *Maricha* due to *ushna*, *tishna guna*, *ushna virya* of these *dravya*, its was applied simply mixture of all *churna* of these *dravya* with luke warm water and applied on affected part of body as mention in table no.2. It penetrate through micro chanel of the skin and concern part of application become active. Due to this *lepa jaddatva*, *stabdhatva* became diminished.

In *Vachadi kshira dhooma* which is the special type of fomentation therapy by preparing milk containing *vacha*, *yasthimadhu* are used for facial fomentation. *Ksheer dhoom* is special *ayurvedic* treatment where patient is made to face warm medicated vapours of milk as mention in table no.2. This type of herbal steam inhalation are also useful in speech disorder, nervous disorder, stress, facial paralysis disorder, anxiety. *Ksheer dhooma* provides strength to facial muscle and nerve and help in recovery and also help to remove spasm in muscles and enables easy movement of joint. It also relives stiffness of tongue muscle and help in easy movement and hence improving slurr nature of speech.

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Patient was complaining for constipation and loss of sleep so capsule *erand* oil 15ml with half cup luke warm water at bed time daily was started along with *padabhanga* was advice by *chandanbalalakshadi* tail for loss of sleep.

Cough with expectoration was mostly resolved but *sitopaladi yog* was continued.

After *yapana basti*, third slot of treatment was started. *Bahya snehan* was given by Chandan *bala lakshadi tail* with *mrudu nadi sweda* to the affected part of body continued. The karma *basti karma* was selected for this slot i.e. *mahasneha anuvasan* and *dashmooladi niruha* was given as per *Samhita*. *Mahasneha* is a class of four major unctuous substances like ghee (*ghrita*), edible oil (*taila*), muscle fat (*vasa*) and marrow (*majja*) was used in the treatment as mention in table no.2.

CONCLUSION

Snehana, swedana and mrudu samshodhana are selective therapy for *vatavyadhi*. In this case of *pakshaghata*, *Basti karma* was done which eliminates the vitiated doshas from body. Followed by (*Yapan and brihan basti*) restores strength and complexion of body. *Vachadi ksheera dhooma* and *vachadi jivha pratisaran* remove stiffness and spasm of tongue muscle and facial muscle, hence helping in improving speech. So combined all *panchakarma* therapy shows remarkable result in *Pakshghata*. This is a single case study and showed significant result. Further study is required on number of cases for evaluation.

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