



Journal Homepage: -www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/11233
DOI URL: <http://dx.doi.org/10.21474/IJAR01/11233>



RESEARCH ARTICLE

EFFECT OF MULTIMODALITY AYURVEDA TREATMENT IN PAKSHAGHATA

M.P Athira

Assistant Professor, Department of Panchakarma, K.J institute of Ayurveda and Research Savli, Vadodara.

Manuscript Info

Manuscript History

Received: 20 April 2020
Final Accepted: 25 May 2020
Published: June 2020

Key words:-

Stroke, Pakshaghata

Abstract

As *VataDosh* being the regulator and controller of all other Dosha, the diseases which are caused by *VataDosh* is considered as more important. Among all these *VataVyadhi*, *Pakshaghata* is having the prime position. It makes the patient feels like a worst creature by considering their activities as the patient not only suffers a bodily illness but also severe Mental Depression. They have to face a very miserable and dependent life. Here it is mentioning about the Multimodality *Ayurveda* Treatment in *Pakshaghata* with the help of a single case study.

Copy Right, IJAR, 2020. All rights reserved.

Introduction:-

The term *Pakshaghata* literally means "paralysis of one half of the body" where "*paksha*" denotes either half of the body and "*Aghata* (=paralysis)" denotes impairment of *Karmendriya* (organ of action), *Gyanendriya* (knowledge) and *Mana* (mind). *Pakshaghata* is the disease in which excessively aggravated *VataDosh* (*airy element*) affects the joints and ligaments making other side of the body dysfunctional. The disease is due to the vitiation of *VataDosh* and getting *Sthanasamshraya* (localization of *doshas*) in the *Khavaigunya* (defective space), leading to the formation of different *Lakshana*¹ (symptoms). *Pakshaghata* produced by *VataDosh* alone can be cured. Aggravated *VataDosh* associated with the aggravated *Pitta* (bile) or *Kapha* (phlegm) are curable with efforts and the one which produces due to *Dhatukshaya* (Diminution of Tissue) is *Asadhya* (incurable)². *Pakshaghata*, most of the times is presented when it ventures in *Yapya* (difficult to cure) or *Asadhya* (incurable) stage. This makes it difficult to treat it with the anticipation of complete cure. A WHO study in 1990 incidence of mortality due to stroke in India to be 73/100000 per year. In India the incidence of CVA was found to be 13/100,000 population per year. (etal. Megha g). In stroke cases 85% of patients suffer from cerebral infarction and 15% from cerebral haemorrhage and 11.5 times more often in male and female (etal. Megha). In this study also patient were having *Kshinamansa*, *Daurbalya*, which render the disease *Yapya* or *Asadhya*. Even in such *Yapya* stage of *Pakshaghata* quality of life after the stroke was substantially improved by *Shaman* (palliative) and *Shodhana* (purification) therapy. Present study of *Pakshaghata* which was shown a remarkable improvement without further worsening and to provide better quality of life with ayurvedic treatment like *Shamana* and *Mridushodhana*.

Case Description:

A 65 year old male visited our Hospital on 17/1/2020 IPD- 2000052, OPD-20001257 with chief complaints of weakness of left side of his body including face and inability to stand, walk, slurring of speech and loss of movement over left upper limb.

Corresponding Author:- M.P Athira

Address:- Department of Panchakarma, K.J institute of Ayurveda and Research Savli, Vadodara.

Presenting Complaints:

Patient came with reduced strength in the left upper and lower limbs associated with drowsiness, difficulty in walking, slurred speech, heaviness of affected side of the body with pain, stiffness and bladder incontinence since 2 weeks.

History of Present Illness:

By the statement of bystander he was apparently healthy before 8 weeks. While working he suddenly fell down and complained of reduced strength in the left upper & lower limbs along with difficulty in walking, slurred speech, heaviness of the left side with pain, stiffness and bladder incontinence since 2 week. For the same complaints they consulted an allopathic physician, took treatment for 7 days. But did not get any relief. So for further treatment they came to our hospital and admitted for treatment from 17/1/2020 to 06/2/2020.

Associated Complaints:

Hypertension

Physical examination:

Built - Normal

Hairs and nails- Normal.

Blood pressure- 140/90

Pulse rate- 80/minute.

Systemic examination:

Respiratory system- O/A-normal bronchi vascular sounds heard and no abnormality detected

CVS-S1-S2 heard

Central nervous system-Higher mental functions found to be normal

Eye opening response was-4

Verbal response-3

Motor functions:**Power:**

Right upper and lower limb-5/5

Left upper and lower limb-2/5

Reflexes:

Deep reflex such as Biceps, Triceps, Supinator, Kneejerk, and Ankle jerk on affected side (left) were found to be 2/5

Sensory functions: Normal

Babinskis sign: positive on left side

Tone: Left lower limb was found to be hypotonic

Laboratory investigations:

Hematological investigations was done and found to be normal

Specific investigation:

Computerized tomography scan of head done showed acute Hemorrhage in Thalamus

Diagnosis:

Case was diagnosed as a *PittakaphavruttaPakshaghata* (cerebro vascular accident).as per the classics, the treatment was planned according to the *Dosha* and *Sthana*(site)as following

Table 1:- Showing details of treatment given to patient Allopathymedications were continued along with our course of treatment.

Date	Treatment	External Medicines	Internal medicines
17/1/2020	<i>Sarvangabhyang</i> (massage is done to the whole body with the help o medicated oil)+ <i>nadisweda</i> (sudation)+ <i>matravasti</i> (therapeutic enema)+ <i>physiotherapy</i>	<i>Mahanarayantail</i> , <i>bal a tail</i>	<i>ErandamuladiKhada</i> 20ml (b/f) <i>Ashwagandhachurn</i> (1ts p tid(b/f)

18/1/2020	Sarvangabhyang+nadiswed+matravasti+physiotherapy	-	Yogarajaguglu2bd (b/f)
19/1/2020	Sarvangabhyang+nadiswed+matravasti+physiotherapy	-	EBH(3hs) with hotwater
20/1/2020	Sarvangabhyang+nadiswed+matravasti+physiotherapy	-	Chandraprabhavati 2bd(b/f)
21/1/2020	Sarvangabhyang+nadiswed+matravasti+physiotherapy	-	-
22/1/2020	Sarvangabhyang+nadiswed+matravasti+physiotherapy	-	-
23/1/2020	Sarvangabhyang+nadiswed+matravasti+physiotherapy	-	-
24/1/2020	Shirovasti(holding oilon the head)+ matravasti+physiotherapy	Ksheerabaltail + balaashwangandha tail(shirovasti),Bala tail(matravasti)	-
25/1/2020	Shirovasti + matravasti+physiotherapy	-	-
26/1/2020	Shirovasti + matravasti+physiotherapy	-	-
27/1/2020	Shirovasti + matravasti+physiotherapy	-	-
28/1/2020	Shirovasti + matravasti+physiotherapy	-	-
29/1/2020	Shirovasti + matravasti+physiotherapy	-	-
30/1/2020	Shirovasti + matravasti+physiotherapy	-	-
31/1/2020	Matravasti+physiotherapy	Bala tail	-
1/2/2020	Matravasti+physiotherapy	-	-
2/2/2020	Matravasti+physiotherapy	-	-
3/2/2020	Matravasti+physiotherapy	-	-
4/2/2020	Matravasti+physiotherapy	-	-
5/2/2020	Matravasti+physiotherapy	-	-
6/2/2020	Matravasti+physiotherapy	-	-

Results:-

The condition of the patient was improved gradually along with the course of the treatment. The strength and power of both upper and lower limb was increased to +4/5,also tone of the muscle improved, deep tendon reflex was exaggerated(g3) and was normal (g2) after the course of treatment, gait before treatment was hemiplegic and at the time of discharge he can able to walk alone over all condition was improved. Glasgow coma scale-Eye opening response was 4, Verbal response -5 and motor response -6 therefore total score 15/15.

Motor function:**Power:****Table 2:-** power grade before and after treatment.

	Left(B/T)	A/T	Right
Upper limbs	2/5	+4/5	5/5
Lower limbs	2/5	+4/5	5/5

Reflexes:**Table 3:-** reflexes grade before and after treatment.

	Affected side(left)	Right(normal)
--	---------------------	---------------

	B/T	A/T	
Biceps	3	1	2
Triceps	3	1	2
Supinator	3	2	2
Knee jerk	3	2	2
Ankle jerk	3	2	2
Babinski's sign	Positive	Negative	Negative

Discussion:-

A. On *Nidana* & *Samprapti*:

Pakshaghata is one of the important diseases among the *VaatajaNanaatmajaVyaadhi* (Diseases which are exclusively of *VataDosha* predominance). The *Sadhya-Asadhya* (Prognosis of the disease) are of 3 types as 1- *SuddhaVatajaPakshaghata* (With only *VataDosha*) 2-*AnyadoshaSamsristaPakshaghata* (One with combination with other *Dosha*) and 3 - *KshayahetujaPakshaaghaata* (One which is due to diminution of tissues). Here in this study, it was diagnosed as *PittakaphavrutaPakshaghata*(CVA). So the treatment was planned based on *Dosha* and *SthanaDushti*. Therefore both *MriduShodhana* (Purification) and *Shamana* (Palliative) line of management are indicated. The term corresponding to *Pakshaghaata* in modern medical science can be included under Hemiplegia. Hemiplegia also get manifested as a consequence of a wide variety of pathological condition involving brain like vascular disorders of brain, infective disorder, tumor, trauma, degenerative disorder of brain. As the pathological processes in hemiplegia, due to the above diseases are different, the treatment of hemiplegia also varies in each condition (etalDrsahu..)³. Cerebrovascular accident is the most frequent disease manifesting as *Pakshaghata* in course of time.

In the present study an effort had been made to establish a standard *Samprapti*(acquisition) for the *Pakshaghata* due to cerebrovascular accident with its Treatment Protocol. The risk factors associated with the stroke includes Hypertension, Heart disease (Heart failure, Atrial fibrillation), Diabetes mellitus, Hyperlipidemia, Obesity, Smoking, Excess alcohol consumption. Hypertension usually results from *Aavarana*(Occlusion) of *VyaanaVaayu* with other *Dosha* & *Dushya*(weak and susceptible tissues) depending upon individual condition. Heart diseases like heart failure are due to *Aavarana* of *Vata* with *Kapha*, *Meda*(adipose tissue) etc resulting in diminished pumping action of heart. Hyperlipidemia or impaired fat metabolism is a condition of vitiated *Kapha*, *Pitta*, *Rasa*, *Rakta* and *Meda*. In case of altered blood hemodynamic the decrease in blood viscosity is a condition of vitiation of *Rakta* with *Pitta* and the increase in blood viscosity is a condition of vitiation of *Rakta* with *Kapha*. From the above discussion it is clear that not a single disease which leads to the disease stroke is associated with the *VaataDōsha*; if any disease is associated then it is due to *Aavarana* by other *Dosha* or *Dushya*. The disease stroke get manifested as a consequence of diseases in which there is vitiation of *Kapha*, *Pitta*, *Rasa*(plasma), *Rakta*(blood), *Meda* and *Vata* is involved due to the *avarana* by these factors. So in the disease stroke also there may be the vital role of these *Dosha* and *Dushya* with *Aavarana* of *Vayu*⁴

B. On Treatment:

SnehayuktaSwedana and *SnehayuktaVirechana* are to be given in *Pakshaghata*⁵. The Treatments given were *Snehana* (Oleation) and *Swedana* (Fomentation) followed by *MriduVirechana* (Mild Purgation), *MurdhniTaila*(application of oil on head) and Physiotherapy. Along with that patient was also administered *AnuvasanaBasti* with *Bala Taila*⁶. Finally employed *Masthiskya Shirobasti*⁷. These treatments were administered to manage the disease without further worsening and to provide better quality of life to the patient with medication. The treatment measures should be followed for a certain period of one month continuously which had shown remarkable improvement with *Ayurvedic* treatment. Here in this study, *Shamana* (Palliative) and *MriduSodhana* (Purification) line of treatment had been given. In *ShamanChikitsa* (Palliative)-*ErandaMuladikada*⁸, *Ashwagandhaachurna*⁹, *Yogarajagugglu*¹⁰ and *Chandraprabhavati*¹¹ had been administered during and after external therapy. It helps in *VataAnulomana* (Downward movement of *VataDosha*) and maintaining the equilibrium of all three doshas and it is also *Apanaanulomana*(downward movement of *apanavata*) in quality. *Chandraprabhavati* is *Tridosahara*(pacifying tridosha). At the same time will act as *Balya* (Providing Strength) and *Sarvarogaprashamana* (Reduction of all Diseases).

Charakacharya mentioned *Swedana* (Sudation), *Snehana* (Oleation) and *Virechana* (Purgation) as treatment modality for *Pakshaghata* (Hemiplegia). *ErandaBhrishthaHaritaki* was administered daily due to irregular bowel

habit. It is a combination of two ingredients namely *ErandaTaila*(Castor Oil) and another is *Haritaki*(*Terminalia chebula*) having properties of *MriduVirechaka* (Laxative)and helps to relieve constipation¹². *MruduVirechana*(mild purgation) helps to correct the root pathogenesis of *Pakshaghata*(Hemiplegia) leading to the proper *Anulomana* of *Vata*, correction of *Agni* and reduces *Prakupita Pitta*. Externally *Sarvanga Abhyanga*¹³(Full Body Massage) for 7 days, *Shirovasti*¹⁴ for 7 days and *Matravasti*¹⁵ for 14 days along with physiotherapy were administered. In *KevalaVataAvastha*, *SarvangaAbhyangawith Mahanarayana Taila*¹⁶ and *Nadisweda* were adopted. *Abhyanga* makes body sturdy and resistant to *Vataja disorders*¹⁷. It brings smoothness (*Mardava*) in the body. It depletes morbid *Vata* and *Kapha*and replenishes all *Dhatus*. After 300 *Matras*¹⁸from massage commenced oil reaches up to *Romakupa*(hair follicles) and then progressively reaches into the most deeply situated tissues. By the time of 500, 600, 700, and 800 *Matras*¹⁹*Snehapenetrates Rakta, Mamsa, Meda* and *Asthi-Majja*respectively. After all these treatment, the patient got improvements in Coordination, Consciousness and Regaining the Motor Function of the Body. The patient was able to walk independently without any type of support. Also *MahanarayanaTaila* acts as *Vatahara* and *Ayushyam*. After *Abhyanga*²⁰, started with *Shirovasti* for 7 days with *KsheerabalaTaila* and *BalaashwagandhaTaila*. *BalaashwagandhaTaila* is *Tridhosahara*and *Raktaprasadana*and *Ksheerabala* is best in *Pittanubandhaavata*condition because of its *Sheeta- Ushna* property. *Charaka*mentioned it as *Sahasrapaka Balataila*²¹. *Matravasti*²²was given with *Balataila* to restore the *Prasarana*of *Vata* and *BastiChikitsa* is the prime treatment modality of *Ayurveda*. *Sneha* or *Matravasti* promote *Bala* of person who is emaciated and debilitated. This *BalaTaila* is best in all types of *Vatavyadhi*²³.

Conclusion:-

In most of the times *Pakshaghata* due to CVA present as sudden onset without prodromal symptoms. The chief pathological phenomena taking place in the manifestation of *Pakshaghata* due to CVA is *Aavarana* of *Vata* with *Pitta, Kapha, Rakta* and *Meda*. At first stage of treatment, should be done at the level of *Jataragni* with adoption of *BahiparimarjanaChikitsa*(external therapy)and oral medicines and in second stage *Amapachana*was attend with the *Moordhinichikitsa* and *vastiall* this done for 1month.virechana that is *Mriduvirechana* was adopted to restore the function of *Agni, Srotas* and *Vatadosha*. Physiotherapy also continued upto 1 and half month. All treatment significantly improves the signs & symptoms of *Pakshaghata* as well as the activities of daily livings there by making better the quality of life of the patients.

Reference:-

1. Vaidya YadavajiTrikamji Acharya, Charaka Samhita with Ayurveda deepika commentary of Chakrapanidatta revised by Charaka and Dhridhabala, reprint -2013, Newdelhi, Chaukambha publication, chikitsasthana, Chapter-28, Sloka-100.pp:621
2. Vaidya YadavajiTrikamji, Susruta Samhita, with NibandhaSamgraha commentary of SreeDalhana Acharya and NyayachandrikaPanchaka of Sri gayadasa Acharya, reprint-2008, Varanasi;chaukambhasurbharatiprakashan, Nidhanasthana Chapter-1, sloka-60-63/pp:266
3. a clinical study on pakshaghata due to cerebro vascular accident and upashayatmaka management drdushti dev sahudep of kc march 2005.
4. a clinical study on pakshaghata due to cerebro vascular accident and upashayatmaka management drdushti dev sahudep of kc march 2005.
5. Vaidya YadavajiTrikamji Acharya, Charaka Samhita with Ayurveda deepika commentary of Chakrapanidatta revised by Charaka and Dhridhabala, reprint -2013, Newdelhi, Chaukambha publication, chikitsasthana, Chapter-28, Sloka-100.pp:621
6. Vaidya YadavajiTrikamji, Susruta Samhita, with NibandhaSamgraha commentary of SreeDalhana Acharya and NyayachandrikaPanchaka of Sri gayadasa Acharya, reprint-2008, Varanasi;chaukambhasurbharatiprakashan, Chikitsasthana Chapter-5, sloka-19, pp427
7. Acharya Vagbhata, AshtangaHridaya elaborated by Vagbhata with joined commentaries of Ayurveda Rasayana by Hemadri and SarvangaSundari by Arunadatta, HaridasasivaParadakara, edition- 2010, Varanasi, ChaukambaSutrasthana chapter 22/26-29, pp:302
8. Vaidya YadavajiTrikamji Acharya, Charaka Samhita with Ayurveda deepika commentary of Chakrapanidatta revised by Charaka and Dhridhabala, reprint -2013, Newdelhi, Chaukambha publication, siddhisthana, chapter 3, sloka:38-.pp:696
9. BhavaprakshaNighantuProf Krishna Chandra chinekar edition 2010 choukambabharti academic varanasi
10. RB Gupta L sharma RC& Gupta sk, standerdisation of indian indigenous drugs and preparations. Standerdisation of YRG w.r.t its anti inflammatoryactivity. J Res Indian medi8(1973)2024

11. Edited by Late Dr.G.s.andey,commentary by prof.K.Cchunekar,BhavaprakashNighantu,Revised and enlarged edition 2010,Chaukamba bharti academy ,Varanasi.
12. A clinical study on pakshaghata due to cerebro vascular accident and upashayatmaka management drdushti dev sahudep of kc march 2005.
13. ChunekaeKC,Pandey GS
BhavaprakashNighantu.Haritakyadivarga.varanasi:ChaukambhaBharatiyaAcademy:Reprint 2006.p5
14. Vaidya YadavjiTrikamji,Susruta Samhita, with NibandhaSamgraha commentary of SreeDalhana Acharya and NyayachandrikaPanchaka of Sri gayadasa Acharya , reprint-2008, Varanasi;chaukambhasurbharatiprakashan,Chikitsasthana Chapter-38, sloka-33, pp542.
15. Vaidya YadavajiTrikamji Acharya, Charaka Samhita with Ayurveda deepika commentary of Chakrapanidatta revised by Charaka and Dhridhabala,reprint -2013, Newdelhi, Chaukambha publication, siddhisthana, chapter 28,sloka:75-.pp:620
16. Acharya Vagbhata, AshtangaHridaya elaborated by Vagbhata with joined commentaries of Ayurveda Rasayana by Hemadri and SarvangaSundari by Arunadatta, HaridasasivaParadakara, edition- 2010, Varanasi, ChaukambaChikitsasthana chapter 21p726
17. Vatavyadhi Rogadhikara,BhaishajyaRatnavali,chapter26,verse:343 to 354p151-162
18. Vaidya YadavjiTrikamji,Susruta Samhita, with NibandhaSamgraha commentary of SreeDalhana Acharya and NyayachandrikaPanchaka of Sri gayadasa Acharya , reprint-2008, Varanasi;chaukambhasurbharatiprakashan,Chikitsasthana Chapter-24, sloka-30, pp488.
19. Vaidya YadavjiTrikamji,Susruta Samhita, with NibandhaSamgraha commentary of SreeDalhana Acharya and NyayachandrikaPanchaka of Sri gayadasa Acharya , reprint-2008, Varanasi;chaukambhasurbharatiprakashan,Chikitsasthana Chapter-24, sloka-30,PP489
20. Vaidya YadavjiTrikamji,Susruta Samhita, with NibandhaSamgraha commentary of SreeDalhana Acharya and NyayachandrikaPanchaka of Sri gayadasa Acharya , reprint-2008, Varanasi;chaukambhasurbharatiprakashan,Chikitsasthana Chapter-24, sloka-30,PP488
21. Vaidya YadavjiTrikamji,Susruta Samhita, with NibandhaSamgraha commentary of SreeDalhana Acharya and NyayachandrikaPanchaka of Sri gayadasa Acharya , reprint-2008, Varanasi;chaukambhasurbharatiprakashan,Chikitsasthana Chapter-5, sloka-19,pp427
22. Vaidya YadavajiTrikamji Acharya, Charaka Samhita with Ayurveda deepika commentary of Chakrapanidatta revised by Charaka and Dhridhabala,reprint -2013, Newdelhi, Chaukambha publication, Chikitsasthan, chapter 29,sloka:119-.pp:627
23. Vaidya YadavajiTrikamji Acharya, Charaka Samhita with Ayurveda deepika commentary of Chakrapanidatta revised by Charaka and Dhridhabala,reprint -2013, Newdelhi, Chaukambha publication, siddhisthana, chapter 4,sloka:35-.pp:620.