



PAKSHAGHATA AND ITS AYURVEDIC MANAGEMENT – A CASE STUDY

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ABSTRACT

The terms paksha and aghata combine to form the word pakshaghata. Agata denotes loss of function, while paksha refers to half of the body. As Vata Pradoshaja Vikara Vyadhi, Pakshaghata is regarded. The disease which is associated with loss of sensation, loss of movement and emaciation in half of the body is called Pakshaghata. Acharya Vagbhata included Pakshaghata as ekangavata^[1] as vata pradoshaja vikara vyadhi. This disease is caused by an intensified vata dosha that invades Urdhvaga Dhamani, resulting in nirudha marga, avarana, and masthiska dhatu kshaya.^[2] Karma kshaya then causes symptoms to appear, including vama pakshahata, chestanivritti, and ruja.^[3] These days, a cerebral vascular accident or stroke (Hemiplegia) is associated with Pakshaghata. Acharya Charaka mentioned it as Pakshavadha. One side of the body being paralyzed is referred to as hemiplegia. It might impact the left or right side's arms, legs, and face muscles. A stroke, or CVA, is defined as an abrupt onset of a neurologic deficit that is attributable to a focal vascular cause.^[4] The present study is a case report on management of stroke of a female patient aged 58 years with chief complaint of loss of function and sudden weakness of left upper and lower limb since 1 week. She was a diagnosed case of stroke on the basis of clinical presentation and Brain Computed Tomography scan. The case treated with the ayurveda medication is found to be effective in providing relief in chief complaint. The recovery was worth documenting.

KEYWORDS: Hemiplegia, Pakshagata, Vatavyadhi, Panchakarma, Chikitsa, Cerebrovascular accident, Rajayapana karma basti.

Case description

A 58 year old female married patient was brought to our hospital SKAMCH & RC, Panchakarma OPD on 15/06/2024 with chief complaints of sudden weakness in left side of body including inability to stand, walk and slurring of speech since 1 week.

Presenting complaint

Reduced strength in left upper and lower limb, difficulty in walking, slurred speech, heaviness and stiffness of affected side of body since 1 week. Unable to control the urge of urination and pain at lumbar region since 3 months.

History of present illness

By the statement of bystander patient was healthy and apparently normal. 1 week back while walking suddenly patient fell down, felt loss of strength in left side of body and slurring of speech with urinary incontinence and pain at lumbar region. Patient was admitted in allopathic hospital for emergency treatment where she was

diagnosed with CVA. CT Scan shows acute infarct in Right MCA territory. She was treated for the same for 1 week had no relief from her complaints. So she was brought to our hospital for further treatment on 15/05/2024.

Associated complaints

The patient has experienced hypertension over the past two years and is currently taking an oral antihypertensive medication, specifically Tab. Amlodipine, once daily (OD).

Physical examination

The patient has a moderate built and normal PICKLE levels. Their blood pressure is 130/70 mm/hg. Pulse rate is 80 beats per minute, temperature is 98.6°F and respiratory rate is 80 breaths per minute. Height was 160cm tall and a weight 74kg. The patient experiences constipation and has a krura koshta. Patient urinate 5-6 times during the day and twice at night, with some incontinence present. Sleep is sound. Appetite is normal

and the tongue is coated. The patient is fully conscious and oriented to time, place and person with intact immediate recent and remote memory. There are no hallucinations or delusions, but there is a speech disturbance. The patient is right handed.

Cranial nerve examination reveals intact smell sensation (olfactory) and normal colour vision (optic nerve). Eye movements are possible in all direction for both eyes, and the pupils position, shape, size and symmetry are normal. However, Corneal response is diminished on the left side, with no ptosis, squint or Nystagmus. For the trigeminal nerve, sensory functions (touch, pain and pressure sensation) are intact and motor function such as clenching teeth and lateral jaw movement are possible. The facial nerve examination shows reduced sense of taste in the anterior two-thirds of the tongue and reduced sensation on the left side of the face. Motor functions such as forehead frowning, eyebrow raising, eye closure, teeth showing and blowing of cheeks are possible. But the nasolabial fold is flattened on the right side. The glossopharyngeal and vagus nerve show a centrally placed uvula, reduced taste sensation in the posterior one third of tongue and an intact gag reflex with no dysphagia. The hypoglossal nerve allows for complete tongue protrusion and possible tongue movements.

Motor functions tests reveal spastic muscle tone and decreased muscle strength on the left side. Deep tendon reflexes are rated 3/5 on the affected side, and the Babinski sign is positive on the left side and involuntary movements is absent. Muscle bulk measurements show the right biceps at 34.5cm, left biceps at 33.5cm, right forearm at 28cm, left forearm at 27.5cm, right mid-thigh

at 52cm, left mid-thigh at 51.5cm and right calf muscle at 33.5cm, left calf muscle at 32.5cm. Muscle tone is normal on the right side and spastic on the left side in both the upper and lower limbs. Muscle power is 5/5 on the right side and 4/5 on the left side for both the upper and lower limbs. Coordination tests show positive result for the finger nose test in the upper limb and the knee - heel test in the lower limb. The patient is unable to perform tandem walking, Romberg's test is positive and the gait is hemiplegic. Superficial reflexes show normal bicep, tricep, knee and ankle jerks on the right side, but these are diminished on the left side. Clonus is absent in both the patella and ankle, and the Babinski reflex is absent on both sides. In sensory system; touch, temperature and pain sensations are intact. Deep sensations, including crude touch, vibration and pressure sense are also intact.

Samprapti ghataka

The dosha involved here is Vata Pitta pradhana tridosha. The dushtas are rasa, raktha, mamsa, meda, majja and sira, snayu is the Upadhatu involved in pathogenesis. Jataragni, Dhatuvagni mandya with rakthavaha and medovaha srotas are involved. Sanga, atipravrutti are Sroto dushti Prakara. The sthana which is involved in samprapti ghataka is Pakvashaya. The Vyaktha sthana is Ardhakaya and the Masthishkaghata siras is the adhistanal⁵ involved in samprapti ghataka of Pakshaghata.

Diagnosis

Case was diagnosed as Pakshaghata(Vama). The treatment was planned as per dosha, bala, sthana and rogabala and rogabala.

Muscle power

Sr. No	Before treatment		After treatment	
	Extremities	Grades	Extremities	Grades
1	Rt.Upper limb	5-Normal	Rt.Upper limb	5-normal
2	Rt.Lower limb	5-Normal	Rt. Lower limb	5-normal
3	Lt.Upper limb	4-movement against gravity and some resistance	Lt.Upper limb	4- movement against gravity and some resistance
4	Lt.Lower limb	4- movement against gravity and some resistance	Lt Lower Limb	5- Normal power

Treatment given

Date	Treatment given	Observation
16/5/2024	Siravyadha done to left lower limb Approximately 100ml of Blood letout	
17/5/2024	Agnikarma Along the sciatic nerve root was marked and agnikarma with Dhathura Patra and Eranda Patra was done	Blisters are not seen in lower back region and left popliteal fossa and loss of strength of left side of the body, difficulty to speak, difficulty in waking, pain in the shoulder
18/5/2024-20/05/2024	Kati basti and Sarvanga Abhyanga with Murchita tila taila Sarvanga Parisheka with dasamula Kwatha Pradhama nasya with Brihatvata Chintamani Rasa Orally: Gandharvahastadi Eranda taila 20ml	Slight Improvement seen Walking with support and slurred speech improved

	with milk at empty stomach early morning	
21/05/2024-15/6/2024	Kati basti and Sarvanga Abhyanga with Murchita tila taila Shastikashali Pinda Sweda Physiotherapy Rajayapana Karma Basti Anuvasana with Murchita tila taila 80ml Niruha with Madhu- 60ml Saindhava lavana- 10gm Murchita ghrita-100ml Rajayapana Kalka -30gm Rajayapana Kwatha - 300ml Mamsa Rasa - 200ml Orally: Cap.Palsinuron (1-1-1) A/F Tab.Mruthunjaya Rasa (1-1-1) A/F	After the course of Karma basti, pain and stiffness reduced 80% improvement seen Able to walk without any restriction

Course of rajayapana karma basti

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
A	N	A	N	A	N	A	N	A	N	A	N	A	N	A
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
N	A	N	A	N	A	N	A	N	A	A	A	A	A	A

DISCUSSION

Pakshaghata is one of the important diseases among vataja vyadhi. Sarvangaabhyanga was done for strengthening and nourishing the muscles. It is vata hara. Sashtikashalipindasweda is a special type of sweda done using bolus of rice dipped in ksheera and balamoola kashaya. It is brihmana and has swedanakarma. Shastikashali has snigdha, guru, sheeta, sthiragunas and is tridoshaghna. Basti is considered as ardhha chikitsa. It is useful in vitiation of all doshas. Matrabasti can be given in all seasons and is without complications. Pariseka with Dasamula kwata is adopted to imbalances in Vata dosha, it targets bones, joints, muscles, and nerves, making it an invaluable remedy for various painful and inflammatory conditions. Nasya is indicated in urdhwajatrugatavikara. Patient had slurring of speech, Pradhmana nasya with Brihatvatachintamani was administered which is very useful in vakgraha, swarabheda and indriyashuddhi. Brihatvatachintamani ras contains bhasmas of swarna, rajata, abhraka,loha, paradamuktha, suta and is indicated in pakshaghata.^[5] With the above treatments patient improved. Patient gained her muscle tone, power, strength, motor functions. She developed clarity of speech.

Rationality of adopting basti chikitsa

Though some writers refer to Basti Chikitsa as Sampoorana Chikitsa, Acharya Charaka has identified it as Ardhachikitsa.^[6] According to the Samprapthi of Pakshaghata, Vata is the Pradhana dosha that causes the illness, and the best therapy for Vata dosha is said to be Basti Chikitsa. Accordingly, Basti chikitsa can be implemented based on the Pakshaghata's avastha. Not only is basti the finest remedy for Vata illnesses, but it also works just as well to balance out the unhealthy Pitta, Kapha, and Rakta.

Bastivarte cha pitta cha kaphe cha raktham va shasyate.

Yapana basti

The term Yapana Basti refers to Basti that extend their lives (Ayu sthapana).^[7] You can give Yapana Basti in any season, regardless of Kala or Ritu, according to Acharya Charaka. Being able to function as both Shamana and Shodhana, it is also regarded as Ubhayarthakari.^[8] The Yapana basti are Rasayana and Sadhyobalajanana. The Charaka Samhita contains references to Basti karma in relation to conditions such as lameness, limb contraction, fractures, and dislocations caused by the movement of various forms of Vata aggravation to those limbs.^[9] Rajayapana mitigates Vata Pitta and maintains stability of Kapha. It acts on Shukra, Mamsa and Rakta Dhatu. Bastis (Like Rajayapana) that contain milk, Ghrita and honey are used to cure the diseases of Rakta and Pitta. Its Rasayana property confirms its action on all body elements.

Agni plays a critical role in the development of Dhatu and the metabolic transformation process, which ensures that all Dhatu receive adequate nourishment. When describing the Pradhanyata of Basti in the Astanga Sangraha, Acharya Vagbhata stated that Basti is primarily for Vatapradhaneshu, Shigram brumhana kariyatwam, and as a result, is adopted in the current study. Pakshaghta is a type of Apatarpanajanya Vyadhi, for Brimhanartha and Vata Shamanartha.

CONCLUSION

Pakshaghata is considered as maha vatavyadhi and it is difficult for treatment. When Pakshaghata is associated with Co-morbidities is challenging. The overall outcome shows that the benefits of Sarvanga Pariseka, Sarvanga Abhyanga, Shastikashali pinda sweda and Rajayapana

basti are beneficial in mitigating the joint deformity, contracture prevention, and Lakshanas of Pakshaghata. This helps to promote early achievement through the development of muscle tone, increase in muscle strength, and appropriate nourishment of the dhatus. Physiotherapy is one of several ways to stroke sufferer recovery. To assess the combined impact, more research can be done in conjunction with a physiotherapy rehabilitation program. Eventhough, Pakshaghata is difficult to manage, If proper treatment is given remarkable results can be gained with internal and external medications.

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