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A CASE STUDY ON BALA PAKSHAGATA

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Abstract

Pakshagata is a disease which is caused due to the vitiation of vata. Prakupita vata causes dryness of sira and snayu and manifest the features like loss of movement, pain and loss of speech. The term Bala Pakshagata is not mentioned in our classics, but as it said dosa, dushya, mala of child and adult is same the difference is that children are having it in lesser quantity. Vata pradhana Vyadhis are best treated with snehana, swedana, and vasti within 7 days of treatment the rooksha guna of vata got reduced, thereby improvement in movement noticed.

Key words

Pakshagata, Bala pakshagata, Pancha karma, snehana, shashtika shali panda sweda, mustadi raja yapanavasti.

Introduction

The self born and omnipotent *vata dosa* is worshipped by the entire world as it is the reason of origin , subsistence and destruction of living being¹ . *Pakshagata* is a disease which is caused due to the vitiation of *vata*. According to Acharya Charaka the *prakupita vata* causes dryness of *sira* and *snayu* and manifest the features like loss of movement , pain and loss of speech². The word *Bala pakshagata* is not available in any of the samhitas , but our Acharyas has said that even in children the *dosa dushya* and *mala* for the causation of disease is same. As per Acharya Sushrutha *pakshagata* is *sadhya* when it is associated with other *dosas* and become *kricha sadya* when it is caused due to *Vata dosa* alone and *asadhya* while that caused by the depletion of *dhatus*³.

Case report

- A 2 yr 2 month old baby was brought to our hospital with the history of delayed developmental milestone.
- As per mother's version the child is unable to hold the neck, sit, stand, walk and speak.
- If mother forcefully making him in upright position and the child get support from the floor, then he tries to hold the neck and successfully he can hold the neck for 2-3 seconds, followed by flexion or extension of the neck since last 3 month.
- When mother makes him sit immediately neck will bent down and child will fall forward.
- If someone is trying to make him walk then also he is unable to step forward.
- When the baby is made to lie in supine position after sometime he will change it into lateral position & he require assistance in rolling over.
- Voluntary control of the limb is limited.
- Child is reaching out for object with both hands since last 1 year.
- If anything placed on the child palm ,the hand will close around the things and hold it tightly ,but by himself he doesn't take any object.

- Child is not able to follow the fast moving object either horizontally or vertically.
- Not responding to even high pitched sound.
- There is no dribbling of saliva from mouth and no angle deviation in mouth .
- He is being feed with breast milk, liquid item and semisolid food.
- He is able to recognize his mother, father, grandmother, since last year & maintains eye contact with them , not having any stranger anxiety. Laughs when happy.
- Since the parents started treating the child going to many doctors without any significant benefits they approached us for further management.

♣ **Garbha kaleenavrttanta (antenatal history)**

birth order – 4th child

mother was 25 years old when she was pregnant with the child.

Mother has done regular antenatal check up.

no mental stress during pregnancy.

- **First trimester**

Mother conceived spontaneously

Folic acid tablets were taken .

No history of fever and rash .

No history of drug intake or radiation exposure.

- **Second trimester**

Quickening felt at 5th month of gestation.

Iron and calcium supplementation taken.

Tetanus toxoid injection taken

- **Third trimester**

Regular antenatal check ups attended.

Fetal movements well appreciated.

No h/o GDM, burning micturition.

♣ **Prasavakalina vrutta (natal history)**

Full term normal vaginal delivery.

No history of instrumentation or prolonged delivery.

Baby cried immediately after birth.

Birth weight-3 kg

♣ **Jatamatra vrutta (natal history)**

- ♣ Isoimmune hemolytic anemia with conjugated hyperbilirubinemia (Rh incompatibility) +sepsis –detected 9 days old age

♣ **Chikitsa vrutta**

- Hospitalization

1) Solapur care multispeciality hospital - for 7 days.

2) S.nijalingappa medical college & Hanagal Shri Kumareshwar hospital & research centre, Bagalkot -

- Phototherapy.
- Blood exchange transfusion.

♣ **Kulaja vyadhi vrutta**

- No parental consanguinity.
- No. of sibling alive – 1
- Death among sibling – elder brother died 9 days after birth- unknown reason.

1 abortion happened to the mother at 3rd month of pregnancy.

- Elder sibling – 5 years male child

similar complaints

♣ **Pratikara kshamatwa**

- Appropriate to age.

♣ **Vrudhivikasavrtta**

Gross motor milestone

	Normal age for development in month	Attained age
Neck holding	3	-
Rolls over	5	-
Sitting with support	6	-
Sitting without support	8	-
Stand with support	9	--
Stand without support	12	-
Creeps upstairs	15	-
Run	18	-
Walks up and downstairs , jump	24	-

- Key fine motor milestone

	Normal age for development in month	Attained age
Bidextrous reach	4	1 year
Unidextrous reach	6	-
Immature pincer grasp	9	-
Pincer grasp mature	12	-
Imitate scribbling	15	-
scribble	18	-
Tower 6 block	24	-

Key social & adaptive milestone

	Normal age for development in month	Attained age
Social smile	2	1 ½ year
Recognize mother	3	1 year
Recognize stranger, stranger anxiety	6	-
Waves bye bye	9	-
Comes when called	12	-

♣ **VAYAKTIKA VRTTANTA**

- Aharaja

Totally dependent for food intake

Breast feed + semi solid food

Breast feed 6-7 times /day.

Appetite is good.

Dominant with sweet diet.

- Viharaja

Nature of activity is always assisted.

- Nidra

Adequate.

- Mala

Not achieved bowel control.

- Mutra

4-5 times per day.

Not achieved bladder control.

♣ **Ashta vidha pareeksha**

- Nadi - Vatadhika tridosaja.

- Mala - Bowel control not achieved.

- Mutra - Bladder control not achieved.

- Jihva - Not coated.

- Sabda - Not learnt.


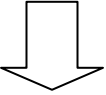
- Sparsha- Prakrta.

- Drik - Not able to follow fast moving object.
- Akrti -Prakrta.

♣ Nidana panchaka

- Nidana - kulaja nidana
navajata rakta vaishamyata
kamala
siromarma abhigata
- Purvarupa – avyakta
- Rupa - delayed milestone
- Upasaya - -----

♣ Samprapti

Kulaja nidana
Navajata rakta vaishamyata
kamala
siromarma abhigata

vata prakopa

sira , snayu , kandara vishoshana
cheshta nivruthi
vak sthambha
pada hasta samkocha

♣ Samprapti ghataka

- Dosha – vata pradana tridosha
- Dooshya – snayu , sira , kandara , rasa,mamsa,majja,asthi
- Srotas - pranavaha srotas.
- Sroto dushti – sanga
- Roga marga – madhyama
- Ama -nirama
- Agni - mandagni
- Udbhavastana- pakvasaya
- Adhishtana - Shiras
- Vyktastana – sarva sareera
- Sancharastana – sarva sareera
- Swabhava – chirakari
- Rogavastha – jeerna
- Sadyasadyada – yapya /asadhya

♣ Vyavachedaka nidana

Disease	Inclusion criteria	Exclusion criteria
Phakka	<ul style="list-style-type: none"> • Even after 1 year of age not walking • Nischeshta adara kaya 	<ul style="list-style-type: none"> • Ksheena mamsa • Samshushka sphik • Ati vit mutra
Pangu	Impaired motor activities of both leg	mookatwa is present
Skanda graham	<ul style="list-style-type: none"> • Siro vikshipite muhu 	<ul style="list-style-type: none"> • Absence of eka

	<ul style="list-style-type: none"> • Stabdanga . • Nata kandara 	nayana sravi. <ul style="list-style-type: none"> • Urdhwa nireekshana
Pakshagata (Bala)	<ul style="list-style-type: none"> • Cheshta nivruti • Vak stambha • Pada sankocham 	

♣ Vyadhi vinischaya

Bala pakshagata

♣ Chikitsa sidhanta

Vata chikitsa.

Vak vivardhani.

Medhya oushadi

♣ Chikitsa yojana

Day 1	1)Udwartana - Kolakulathadi choorna
Day 2 -6	2)Sarvanga abhyanga - maha masha tailam
	3)Shastikashali pinda sweda
	4)Musthadi rajayapana basthi

Samvardhana grita 2.5 ml -0 -2.5 ml

Draksharishta 2.5ml-0- 2.5 ml

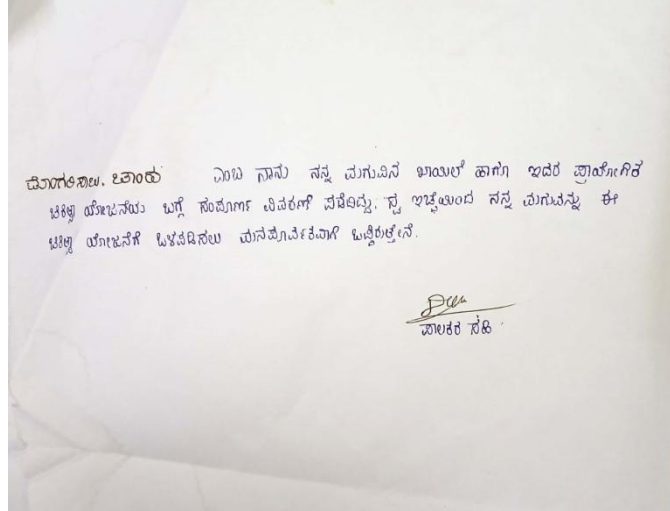
♣ Chikitsa phala

- Spasticity reduced.

- Muscle tone :

Before treatment : grade 3

After treatment : grade 2



DISCUSSION

Sankocha i.e. spasticity is a feature of vata involved pathology.

Increased resistance on passive stretch is characteristic feature of spasticity. Ashwarth scale is used to assess spasticity. After 7 days of treatment reduction in spasticity observed.

Vata dosa is the main culprit in pakshagata, thus treatment aim mainly on vatahara action. Snehana, swedana, basti are the main method of treating vata dosa.

Udwartana procedure help us to open up the minute pores of the body, thereby increasing the blood and lymphatic circulation. Kolakulathadi churna is used here as it

balances vata . after the initial day for the 5 days mahamasha taila abhyanga , shashtika shali pinda sweda , mustadi rajayapana basti procedures were adopted .

Abhyanga is twachya , vata kapha hara in action. It provide brimhana effect due to its snigdha , mridu , pichila gunas. Maha masha tailam is mentioned in vata vyadhi adikaram of Bhaishajya Ratnavali. Rooksha , khara , vishada gunas of prakupita vata is responsible for the sira snayu shoshana .shlakshna , pichila , snighdha qualities of shashtika shali counteract the above said qualities of prakupita vata , also it provide brimhana effect. Maha masha taila abhyanga and shastika shali pinda sweda through its sweating and dialating blood vessels makes the skin more permeable by opening the skin appendages. Because of the above said reason absorption medicine become fast.

Mustadi rajayapana basti is best for vata vyadhi chikitsa. The ingredients of it are having vatahara and rasayana effect. This is a kind of niruha basti will provide shodana effect too. According to Acharya charaka – it is “*sadyo bala janana*” .

Samvardhna grita and draksharishta are given for internal administration. Samvardhana grita⁴ is a contribution of Acharya Kashyapa. He has indicated it for pangu , mooka , ashruthi , jada ,for attaining the state of nirvyadhi and for growth . Draksharishtam improves digestions , reduces the fatigue .

CONCLUSION

As this disorder is kricha sadya / asadya vyadhi, the mild improvement in result (spasticity reduction) also helps the patient to improve the quality of life. Ayurveda offer beneficial procedures to to attain better life in such situations.

♣ Source of study

SDM Trust Ayurveda Medical college
Terdal
Bagalkot

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