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ROLE OF PANCHAKARMA IN ACUTE PAKSHAGHATA-A CASE REPORT

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ABSTRACT-

Vatavyadhi is a broad term that refers to diseases caused by *vata* vitiation. One of them is *pakshaghata*, the most common and complex disease. In modern science, it is classified as paralysis (hemi paresis) and only requires emergency treatment. The current study is a case report of *pakshaghata* (hemi paresis) of a male patient aged 36 years, with the main complaint of reduced strength in the right upper and lower limbs, as well as stiffness in the upper limb. On the basis of his clinical presentation and a brain CT scan, he was diagnosed with stroke. In this case, *Panchakarma* remedy has been found to be more effective in providing relief from the patient's main complaints as well as overall health. The treatment protocol included *snehana*, *swedana*, *virechana*, *basti* and *Nasya* was part of the treatment regimen, along with some internal medicine. Right upper and lower limb joint movement has significantly improved following the aforementioned treatment. At the conclusion of the treatment, he was able to raise the hand and eat by himself with that hand; in addition, the dragging of the lower leg had decreased. There was an observable change in the mobility and strength after *Panchakarma* treatment.

KEYWORD: *Pakshaghata, Panchakarma, Hemi paresis, Virechana, Nasya.*

INTRODUCTION -

Pakshaghata is one of the *vataja nantamaja vyadhi*¹ where *vata dosha* plays an important role in disease development. When agitated *vata invades urdha, adha* and *triyaga dhamani*, it hampers the function one half of the body known as *pakshaghata*.²

Pakshaghata- paksha- either side of the body (i.e., *vama /dakshina bhaga*).

Karmakshaya-Ghata (working capacity is reduced).

Karmakshaya is a condition in which the *karmendriya* (motor function) and *gyanendriyas* (sensory function) on one side of the body are impaired, rendering the person unable to perform their daily normal activities. *Pakshaghata* has several synonyms depending on the portion of the body affected, such as *pakshavadha, ekangaroga, and sarvangaroga*.³ *Chestahani, ruja, hastapaadasankocha, and sandhivimoksha* are the primary characteristics of *pakshaghata*.^{4 a,b} Even though *basti* is the best line of treatment for *Vatavyadhi*, *snehana* is the first line of treatment used here. *Acharya charaka* explained *swedana* and *snehayukta virechana* in case of *pakshaghata*.⁵

Pakshaghata could be correlated with hemi paresis. Hemi paresis is a weakness or inability to move on one side of the body, making it difficult to perform daily activities such as eating or dressing. It can range from mild to severe weakness on one side of the body, resulting in difficulty standing and walking, as well as unusual sensations on the affected side of the body.

Treatments for infarct were carried out in the current case study. Such a problem can also be treated with *ayurvedic* medicine, which produces positive outcomes. For diseases like *pakshaghata*, *Panchakarma* is the primary form of treatment. In the current case study, treatment included *bahya abhyanga, swedana, and classical virechana*, followed by *Nasya* and *basti*, physiotherapy, and some *Shamanushadhi*.

CASE REPORT-

A 36-year-old male patient was not a known case of diabetes and hypertension. Before nine months, he appeared to be healthy. One day, while going to the bathroom in the morning, he noticed a loss of power in his right side of the body and deviation of mouth on

his left side associated with slurred speech; he was unconscious for around 2-3 hours. For these problems, he was sent to the nearest allopathic hospital, where he was diagnosed with CVA and given temporary therapy. After taking the floker medication for a month, the patient's gait began to improve. However, at this point, the patient was complaining of decreased strength in his right upper and lower limbs, slurred speech, and a restricted range of motion in his right shoulder joint. for these complaints he admitted to our hospital for further treatment.

Past History- No history of co morbidity.

Family History- Nothing significant

Personal History-

Bowel –Regular, clear (1 time/day)

Micturation – Regular, clear, 3-4 times/day Night- 1-2 time

Sleep – sound

Habit-alcoholic since 4 year } but left since 11months
-smoking since 20years }

Diet-mixed

General examination-

systematic examination-

Pallor-absent

CNS-Conscious and oriented to Time, place, person etc

Icterus-absent

CVS-S1 and S2 heard no added sound.

Clubbing-absent

RS-NBVS heard, no added sound

Lymadenopathy-NAD

PA-soft and non tender

Temperature-98.6 f

Blood pressure-110/80mmhg

Pulse rate-74 bpm

Table no-1: Showing the pariksha and samprapti ghataka

<i>Asthavidha pariksha</i>	<i>Dashvidha pariksha</i>	<i>Samprapati ghataka</i>
<i>Nadi-vata-kapha</i>	<i>Prakriti-vata pitta</i>	<i>Dosha-vata-kapha</i>
<i>Mala-abddha</i>	<i>Vikriti- Dosha-vata & kapha ; Dhatu-rasa, rakta, mamsa, asthi; Upddhatu-sira,kandara,snayu</i>	<i>Dushya-rasa,rakta,mamsa,asthi</i>
<i>Mutra-Prakruta</i>	<i>Sara-madhyama</i>	<i>Agni-jatharagni,dhatwagni</i>
<i>Jiwha-alpa lipta</i>	<i>Satmya- madhyama</i>	<i>Ama – Jatharagnimandyajanya, dhatwagnimandyajanya</i>
<i>Shabda-vaka- aspashthata</i>	<i>Satva-madhyama</i>	<i>Srotas- rasavaha,raktavaha,asthivaha</i>
<i>Sparsha-anushna sheeta</i>	<i>Samhanana-madhyama</i>	<i>Srotodushti- Sanga</i>
<i>Druk-Prakruta</i>	<i>Aharashakti- Abhyavarashakti-madhyama Jaranashakti-madhyama</i>	<i>Udabhavasthana-pakwashaya Sancharasthana-rasayani Adhithana-shirasa</i>
<i>Akruti-madhyama</i>	<i>Vyayama shakti-madhyama</i>	<i>Vyakta sthana-right side of body, face</i>
	<i>Vaya- 36yrs</i>	<i>Sadhyasadhyata-kruchrasadhya</i>
	<i>Pramana-madhyama</i>	

Table no-2: Showing the CNS Examination-

SI NO	Exam	Right Extremity	
		Upper limb	Lower limb
1	Sensation	++	++
2	Power	3/5	3/5

3	Bulk	Normal	Normal
4	Tone	Normotonic	Normotonic
5	Reflex	Biceps-+++ Triceps-+++ Supinator-+++	Knee-+++ Ankle-+++ Plantar-negative
6	Joint movement	Shoulder joint -Restricted Elbow joint-Restricted Wrist joint -Restricted	Knee joint -possible Ankle joint-possible
7	co-ordination test	Finger-nose test-possible	Heel-shin test- possible

Diagnosis:

Right side cerebrovascular accident

CT-Brain-(3/7/2020)

Chronic infarct in left frontal lobe and insular cortex.

Table no-3: Treatment -Intervention and Observation.

Days	Treatment given	Observation
Day1 -day7	1. <i>Sarvanga abhyanga</i> with <i>ksheerabala taila</i> followed by <i>nadi sweda</i> . 2. <i>Astachororna</i> -1/2 tsf bd with <i>takra</i> before food. 3. <i>Ekanagaveera rasa</i> 1 tid after food.	Patient feels Lightness of body. <i>Agnidipti</i> - +
Day8-Day13	<i>Shodhanartha snehapana</i> with <i>Guggulu Tiktaka Ghrita</i>	<i>Sneha jirna</i> and <i>jiryamana lakshana</i> observed in the patient.
Day19 -Day21	<i>Vishrama kala</i> { <i>pittakara ahara sevana</i> }	<i>Samyaka snigdha lakshana</i> was seen.
Day22 Day 22-Day24	<i>Virechana</i> with <i>trivruta lehya</i> -60gm at8.30am <i>Samsarjana karma</i> { <i>peyadi</i> }	Total number of <i>vega</i> -12 Adviced <i>samsarjana karma</i> for 5 days

Day25-Day3	<i>Sarvanga abhyanga</i> with <i>ksheerabala taila</i> followed by <i>patrapinda sweda</i> . Physiotherapy -exercise <i>Shamanushadhi</i> <i>Ekangaveera rasa</i> 1 tid	50% stiffness and restricted movement of right upper limb was improved
Day 31-Day-38	<i>Nasya</i> with <i>karpasatyadi taila</i>	Feeling lightness of head (<i>shiolaghavata</i>), <i>indriyaprasada</i> , sleep (<i>Nidra</i>) was improved.
Day 39-Day-47	<i>Shasthika shali panda sweda</i>	Improved strength in upper and lower limb.
Day 48-Day-58	<i>Mustadi yapana basti</i> in <i>kala</i> pattern	<i>Samyaka niruha basti lakshana</i> was seen, power in the right hand was improved. Gait was improved.

Deepana- pachana 22/10/2021 to 25/10/2021 *Astachororna choorna* ½ tsf bid with *takra* was done, in which *nirama lakshanas* are observed.

From 26/10/2021 to 30/10/2021 *snehapana* with *Guggul Tiktaka Ghrita* was given to the patient until *Samyaka snigdha lakshana* appears. After that *Visrama kala* followed from 1/11/2021 to 3/11/2021 with *pittavardhaka ahara* and *Sarvanga abhyanga* with *ksheerabala taila* followed by *nadi sweda* for 3day. On the day day *virechana* patient had advised to be on empty stomach.

Table no-4: Shows *Snehapana* time of administration and Hunger time

Date	Intake time	Dose	Hunger time
26/10/2021	6.45am	30ml	11.4pm
27/10/2021	6.50am	70ml	1.45pm
28/10/2021	7.00am	120ml	5.45pm
29/10/2021	7.00am	140ml	5.35pm

30/10/2021	6.50am	180ml	6.00pm
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Observation during virechana-

Patient had taken the *virechana aushadhi* on empty stomach at 8.30 am and the first *virechana vega* observed at 9.30 am and last *vega* at 6.45 pm; total number *vega* =12

Table no-5: Observation during the virechana procedure.

<i>Vegiki</i>	12 Vega (madhyama shuddhi)
<i>Maniki</i>	Madhyama
<i>Antaki</i>	Kaphanta
<i>Laingika</i>	Samyaka lakshana virechana

Table.no- 6: Assessment of Daily jiryamana,jirna and Samyaka snigdha lakshanas.

<i>Sneha jiryamana lakshana</i>		<i>Sneha jirna lakshana</i>					<i>Samyaka snighalakshana</i>						
	Days		Days						Days				
<i>Shiroruka</i>	- - - + +	<i>Jiryamana lakshana shanti</i>	-	-	-	+	+	<i>Vatanuloma</i>	+	+	+	+	+
<i>Bhrama</i>	- - - - -	<i>Udgara shuddhi</i>	-	-	-	+	+	<i>Deepatagni</i>	+	+	+	+	+
<i>Murcha</i>	- - - - -	<i>Kshudha pravrutti</i>	+	+	+	+	+	<i>Snigdha vrachasa</i>	-	-	-	-	+
<i>Sada</i>	- - - - +	<i>Trishna pravrutti</i>	-	+	+	+	+	<i>Asamhata vrachasa</i>	-	-	-	-	+
<i>Klama</i>	- - + - -	<i>Vatanuloma</i>	+	+	+	+	+	<i>Snehodwega</i>	-	-	-	+	+
<i>Trishna</i>	- - - + +	<i>Sharira laghuta</i>	-	-	+	+	+	<i>Angasnigdhatata</i>	-	-	-	+	+
<i>Arati</i>	- - - - -							<i>mardavata</i>	-	-	-	-	+

Daha	-	-	-	-	-							laghuta	-	-	+	+	+
												Klama	-	-	-	-	-
												Shaithilya	-	-	-	-	-
												Glani	-	-	-	-	-

Table.no-7: Shows assessment of muscle power

SI.NO	BEFORE TREATMENT		AFTER TREATMENT	
	Extremities	Grade	Extremities	Grade
1	Rt.Upper Limb	3	Rt.Upper Limb	4
2	Rt. Lower Limb	3	Rt.Lower Limb	4
3	Lt.Upper limb	5	Lt.Upper Limb	5
4	Lt. Lower Limb	5	Lt.Lower Limb	5

Table.no-8: Assessment of Goniometry measurement

Joint	Before treatment		After treatment	
	Right	Left	Right	Left
Shoulder joint				
1.flexion	10 ⁰	165 ⁰	70 ⁰	165 ⁰
2.extension	10 ⁰	65 ⁰	60 ⁰	65 ⁰
3.abduction	15 ⁰	118 ⁰	95 ⁰	118 ⁰
4.adduction	10 ⁰	45 ⁰	45 ⁰	45 ⁰
Elbow joint				
1.flexion	80 ⁰	130 ⁰	100 ⁰	130 ⁰
2.extension	Nil	Nil	15 ⁰	nil
Wrist joint				
Ulnar deviation	15 ⁰	48 ⁰	34 ⁰	48 ⁰

Radial deviation	Nil	13 ⁰	14	13 ⁰
Supination	25 ⁰	68 ⁰	36 ⁰	68 ⁰
Pronation	50 ⁰	80 ⁰	68 ⁰	80 ⁰

Table. no - 9: Medication prescribed on discharge

S.N	Name of medicine	Dose	Time	Anupana
1	<i>Ekangaveera rasa</i>	1 tid	After food	Warm water
2	<i>KBT 101</i>	2 drops bid	Before food	milk
3	<i>Dashmoolarista + draksharista</i>	15ml bid	After food	Equal water
4	<i>Ashwagandha+Yastimadhu</i>	1/2tsf + 1/2tsf	After food	Warm water
5	<i>Balashwagandadi taila</i>	abhyanga	-	-

DISCUSSION -**ABHYANGA-**

The *vata* dosha is eased and the body is nourished by the *bahya snehana* therapy. *Snehana* is crucial in this situation since *pakshaghata* primarily involves *Sira snayu sankocha*. Even dry wood can be bent with the help of *snehana*, and *abhyanga* will help by nourishing and reinforcing the muscles in the limbs.⁶ *Abhyanga* works by a transdermal technique of absorption; whatever medication is utilized, it either promotes the release of toxins from the body or nourishes the body and skin.

SWEDANA-

For various disorders, it is practiced as *Purvakarma* and *Pradhana Karma*. It induces sweat, which relieves physical stiffness, heaviness, and coldness.⁷ This method is usually performed after *snehana* in all types of *nantamaja vata vyadhi*. Dry sticks become flexible and bendable as a result of the effects of *snehana* and *swedana*.⁸ The stiffness and pain that were present in the *pakshaghata* condition were reduced as a result of the combined effects of the therapy.

NADI SWEDA-

Nadi sweda is a type of *swedana* therapy in which body parts are exposed to steam in order to produce sweat. *Nadi sweda* is a form of *bashpa sweda* in which medicated dravya, such as *dashmoola kashaya*, which is indicated in *vatavyadhi*, was used to prepare steam. This *kashaya* is usually effective in *vata kaphaja* disorders. Through the tube, medicated steam is exposed to the affected part of the body. By sweating, toxins are removed from the body, which helps in reducing muscle stiffness and enhancing the range of motion in the affected joint.

PATRA PINDA SWEDA-

It is a *ruksha snigdha* form of *Patra pinda sweda* that aids in pain and stiffness relief. Typically used when the *vata* and *kapha doshas* are present, Drugs utilized in this case include the leaves of *nirgundi*, *eranda*, and *arka* plants, which have anti-inflammatory and analgesic characteristics and aid in the relief of stiffness in the affected joint and muscles.

SHODHANARTHA SNEHAPANA-

It is a preoperative procedure that prepares the body by bringing the *doshas* from *shakha* to *koshtha* and expelling them from the nearest route,⁹ thus pacifying the vitiated *vata dosha* and providing strength to the body to withstand the stress of *Panchakarma*. *Guggulu Tiktaka Ghrita* was given for *snehapana*, which is indicated in *urdhwajatrugata vikara* and *Vatavyadhi*.¹⁰

VIRECHANA-

It is an *ayurvedic* detoxification therapy in which the *dosha* delivered to the *koshtha* by *snehana* and *swedana* therapy is evacuated through the anal region. This method is mostly used in *pittaja vyadhi*.¹¹ When *pakshaghata* is triggered by a bleed, the blood supply to that portion of the brain will be destroyed. In such cases, *virechana karma* is the most effective remedy.

NASYA-

It is the finest therapy technique for *Urdhwajatrugata vikara*¹² because it eliminates the vitiated *kapha* stored in the brain and removes the *srotorodha*, improving vision and making the patient feel lighter in the head.¹³

SHASTHIKA SHALI PINDA SWEDA-

This *sagni sweda* has *shali*, milk, and *balamoola* in it. The medicine utilized in this technique is of the *brihmana* kind, which promotes muscular tone and power by eliminating *srotorodha*.

MUSTADI YAPANA BASTI-

Basti is an *ardhachikista* for *Vatavyadhi*,¹⁴ with properties such as *vayasthanapana*, *balya*, *rasayana*, and so on. The drug utilized in this *basti* has *brihmana* and *balyakara* properties¹⁵ helpful in restoring the strength in lower limb.

PHYSIOTHERAPY-

It is the most effective complementary therapy for rehabilitation. Here patient is treated, corrected, and given the tools to cope with their limitations and abnormalities. To enhance the movements of the limbs and fingers, physiotherapy is performed in several types of *pakshaghata*.

Conclusion:

Pakshaghata is an *astamahagada* and a *nantamaja vyadhi*. All *Vatavyadhi* are tough to control in their chronic form, but can be treated in the acute stage with suitable treatment choices. *Pakshaghata* (hemi paresis) can also be treated with *ayurvedic Panchakarma*. In this scenario, *Panchakarma* procedures such as *snehana*, *patrapinda sweda*, *virechana*, *nasya*, and *basti* can assist in restoring muscle strength in the affected limb and enhancing upper limb range of motion. The *Sthanika* treatment, such as *patrapinda sweda*, aids in the relief of shoulder and elbow joint stiffness. Prior to the *Panchakarma* therapy, the patient was unable to raise the hand or perform any active job due to stiffness, which resulted in fixed flexion of the upper limb. Now he was able to extend his hand, stretch and eat also power in the lower limb has also improved, and leg

dragging has been minimized. There is a significant improvement after the above treatment. Even though *pakshaghata* is a difficult disease to treat, the patient was able to do his daily routine activities without discomfort or pain after treatment. The results were encouraging, and there is a need for further research to develop a standard protocol to manage the acute case of *pakshaghata*.

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