



CASE REPORT

ROLE OF PANCHAKARMA IN NEUROLOGICAL DISORDERS W.S.R.T PAKSHAGHATHA - CASE REPORT

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Abstract

There are several literary references in Ayurvedic literature that provide in-depth descriptions of Pakshaghata. It is regarded as a Vyadhi with a predominance of Vata Dosha. It is one of the Karmahani Pradhana Vatavyadhi, also known as Pakshavadha. Pakshaghata literally translates to "immobility of one side of the body. With the recent increase in India's life expectancy to sixty years, illnesses such as stroke have grown more common, ranking as the nation's fifth most common cause of disability and fourth main cause of death. The present case was diagnosed as Kapha avrutavata janya pakshaghata Based on the symptoms like weakness of one side of body, slurred speech, impaired recent memory and diminished vision, and the Ayurvedic management done with Udvartana, Takradhara, Bahya sneha sweda procedures, Mridu virechana, Vasti, Shirodhara, Nasya. The vision was also affected so that Tarpana, Putapaka were also done along with internal medications. The goal of the treatment was to use panchakarma procedures and internal medications to improve the patient's quality of life and manage the condition so that it didn't get worse. Pre- and post-treatment assessments were conducted with Modified Rankin Scale, Barthel Index Scale and NIHSS. The greatest improvement was observed in the signs. Being a mahavatavyadhi, Panchakarma is a crucial component of medical care. For the illness to be cured and to not reoccur, shodhana is essential. Positive outcomes are observed in the improvement of the state of Pakshaghata with Mridu Virechana, Takradhara, pizhichil, Yapanavasti and Nasya. The symptoms were lessened by the combined effects of all the aforementioned treatments.

Introduction

According to the W. H. O, the clinical syndrome of stroke is defined as a "Rapidly developing clinical evidence of focal disruption of brain function with symptoms lasting 24 hours or more or leading to death with no evident cause other than vascular origin^[1]It generally affects the upper and lower limbs on one half of the body. It frequently also impairs the ability to speak and function the facial muscles. According to data of Trivandrum stroke registry, incidence of stroke is 120-140 per one lakh population (in Kerala). As per Ayurveda, a severely exacerbated vata can destroy one half of the body, known as pakshaghata, when it invades the urdhwa, adha, and thiryakgata dhaminis^[2].Among the vatavyadi, pakshaghata is regarded as an astamahagada, According to Acharya Charaka swedana and Snehayukta virechana as chikitsa of pakshaghata³.Panchakarma is a

primary treatment for conditions such as Pakshaghata. Treatments such as Bahya Rukshana Karma, which was followed by Bahya Snehana, Mridu Virechana, Vasti, Nasya, Trapana, Putapaka, and physiotherapy were administered in conjunction with Shamana drugs in this case study.

CASE REPORT

Patient's information

Age : 23 years old

Gender : Female

Major complaints

S. N.	Major complaints	Duration
1.	Weakness of right side of the body	
2.	Difficulty while walking	
3.	Difficulty in speech	5 years
4.	Diminished vision of right eye	

According to the informant, Patient was apparently normal, before 5 years she presented with history of headache for a whole day, followed by excessive sleepiness and reduced responsiveness. There was no history of vomiting, seizures, trauma or fall ago, she was taken to an allopathic hospital and diagnosed as spontaneous intracerebral hemorrhage. She underwent for emergency left FTP Decompressive craniectomy and tracheostomy after 3 days, and took treatment for 2 more months and discharged to continue rest medications and physiotherapy. After 4 months again she underwent for re - exploration and FTP Cranioplasty.

FAMILY HISTORY

No relevant family history

PSYCHOSOCIAL HISTORY

Marital status : unmarried

Education : graduation

Socio economic status : moderate

SURGICAL HISTORY

24.10.2017

Left FTP Decompressive craniectomy+ Placement of bone flap in abdominal wall

18/02/2018

Re-Exploration and FTP cranioplasty

TREATMENT HISTORY

Levipil 1 – BD (stopped after 1year)

Cap. Vibrania 1- OD (stopped after 8 weeks)

Syp. Haemup - 2 tsp stopped after 8 weeks

Syp. Sucralfate – 2 tsp stopped after 8 weeks

Continuing medications

Tab. Levenue 1-BD

Tab. Citinerve 1- BD continuing

Nebulization Duolin+ Budecort - occasionally

Lubrex E/d - occasionally

INVESTIGATIONS

Plain CT Brain

24/10/2017

Left gangliothalamic bleed with extension along left cerebral peduncle, involving midbrain and dorsal pons with features of descending transtentorial herniation.

20/11/2017

Left fronto temporal craniectomy with secondary herniation of underlying brain parenchyma and postoperative collection, gangliocapsular and thalamic hemorrhagic contusion with significant surrounding edema noted.

26/12/2017

Left gangliothalamic, right thalamus and mid brain AVM with feeders from left PCOM left fetal posterior cerebral artery, left superior cerebellar artery. Tortuous venous branches seen draining into vein of Galen, to a venous branch draining from vein of Galen to right sigmoid sinus, few thin vessels seen draining into left internal cerebral vein.

Central Nervous System Examination

♦ HMF-Higher Mental Function

- Consciousness - Fully Conscious
- Orientation to Time, Place, Person- Intact
- Memory
- Immediate - Intact Recent- Confused
- Hallucination and Delusion -Absent
- Speech disturbance -Slow and slurred
- Handedness- Right

♦ Cranial Nerve Examination

- **Olfactory**- Smell sensation- Intact
- **Optic**

Visual field - (Rt) central& peripheral vision affected

Color vision - NAD

- **Oculomotor, Trochlear, Abducent Nerve**

Eye ball movement - Possible in all directions

Pupil -

Position, Shape, Size, Symmetry - NAD

Ptosis - Absent

- **Trigeminal**

Sensory- Touch, Pain and pressure sensation -Intact

Motor -Clenching of teeth Lateral movement of Jaw - Possible

- **Facial**

Forehead frowning - Reduced

Eyeblink raising- Possible, Equal in both sides

Eye closure- Possible, Equal in both sides

Teeth showing -Normal

Blowing of cheek– Possible

- **Glossopharyngeal and Vagus**

Position of uvula- Centrally placed

Taste sensation- Intact

- **Hypoglossal**

Protrusion of tongue -Complete protrusion possible

Tongue movement –Possible

- ◆ **Motor**

- **Involuntary Movements**– Absent

- **Muscle Bulk**

Muscle Bulk	LT	RT
Biceps	31 cm	30 cm
Forearms	27 cm	23 cm
Mid-thigh	51 cm	49 cm
Calf muscle	37 cm	33cm

- **Muscle Tone**

Muscle Tone	RT	LT
Upper limb	Hypertonic	N
Lower Limb	N	N

- **Power**

Power	RT	LT
Upper Limb	4	5
Lower limb	3	5

- **Gait-** Hemiplegic gait

- **Reflex**

Deep Reflex	LT	RT
Biceps jerk	++	+++
Triceps jerk	+	+
Knee jerk	++	++
Ankle jerk	Normal	Normal
Clonus - Patella	Absent	Absent
Clonus - Ankle	Absent	Absent
Babinski reflex	Absent	Absent

- **Coordination**

COORDINATION		RT	LT
Upper limb	Finger nose test	Difficult	Intact
	Dysdiadochokinesia	present	Intact
Lower limb	Heel to shin test	Difficult	Intact

Sensory system examination	RT	LT
Superficial pain & Temperature	Diminished	Intact
Deep pain	Diminished	Intact
Joint position sense	Impaired	Intact
Vibration	Impaired	Intact
2 point discrimination	Impaired	Intact
Stereognosis	Intact	Intact
Graphesthesia	Intact	Intact

1. Amaya :Pakshaghata .

2. Udbhavastana : Hridaya (Heart)

3. Sancarasthanana :Dhamani

4. Adhistan : Mastiska, dhamanis of mastiska, sira, snayu.

5. Vykty : Ardhasarira

6. Srotases: Rasavahasrotas :Swarabheda , vatavyadhi, Gourava, Tandra, aruchi, Tama, Saadam

Raktavahasrotas :Haemorrhage (shonithagamana)

Mamsavahasrotas : Wasting of muscles

Medovahasrotas :Sthula

Asthivahasrotas : asthibedam , shoolam

Majjavahasrotas :Giddiness ,murcha, tamodarshana

7. Avayava : Hasta, pada, mukha, netra, svarayantra.

DoshaDuhsti:

Weakness of body, excessive limitations of body movements	kaphaavruthavyana
Loss of mobility, Slurred speech, Reduced appetite, weakness	kaphaavruthaudana
Impaired recent memory, Loss of strength, Loss of function of sensory organs	pranaavruthavyana
Diminished vision	Vitiated alochaka pitta
Difficulty in speech, Slurred speech	Pranaavruthasamana
Exhaustion (gatravikshepam)	Pittavruthavyana

9. Duṣyas - Rasa, rakta, mamsa, medas, asthi, majja, dhamanis, siras and snayus

10. Vyadhisvabhava - Asukari

Oral medication PHASE I		
1	Gandharvahasthadikashayam	90ML BD, B/F
2	T. Dhanwantaramgulika	1 BD with kashayam
3	Balarishtam + Punarnavasavam	20 ml BD A/F
4	Kalyanakaavaleham	Jihwapratarisana with lemon juice and honey, twice a day
5	T. Gorochanadi	1 BD with kashayam
6	Saraswatharishtam	25ml HS
PHASE II		
7	Dhanadanayanadikashayam	90ml BD B/F
8	Saraswathagritham + sapnjasthapanaganachurnam	5 g churna + 10 g gritha - HS
PHASE III		
9	Marmanadikashayam	15 ml +45 ml luke warm water BD

PANCHAKARMA PROCEDURES

Sl. No	PROCEDURE	MEDICINE	DURATION
1	Udwartanam	Kolakulathadichurnam	7 days
2	Takradhara	Varanadikashayam +Triphalachurnam	7 days
4	Abhyangam	Karpasasthyaditailam + Chinchaditailam	5 days
5	Patrapotalaswedam	Frying – ErandaTailam Abhyangam - karpasasthyadi + chinchadi	5 days
6	Mriduvirechanam	Gandharverandatailam 20 ml	1 day
7	Pizhinjthadaval	Dhanwantaram +Murivenna + Karpasasthyadi	5 days
8	Yoga vasti	Sthiradiyapanavasti SV- Sahacharadimezhukupakam	8 days
9	Shirodhara	Dhanwantaramtailam	5 days
10	Nasya	Ksheerabala 101 A	7 days
11	Tarpanam	Mahatraiphalagritham	7 days
12	Putapaka	Jeevaneeyaganachurna + Ajamamsa + Milk	1 day

DISCHARGE MEDICINE

MEDICINE	DOSE
Marmanadikashayam	90 ml BD, B/F
Balarishtam + aswagandharishtamsaraswatharishtam	20ml BD, A/F
Dhanwantaram 21 A°	2 drops Prati Marsha Nasyam
Karpasasthyaditailam + rasnadichurnam	Thalam
Karpasasthyaditailam + prabhanjanavimardanatailam	Abhyangam

Assessment with Barthel Index Scale

Barthel score	Range of score	Before treatment	After treatment
Feeding	0–10	0	5
Dressing	0–10	0	5
Grooming	0–5	0	5
Toilet use	0–10	0	5
Bathing	0–5	0	5
Bowel	0-10	5	10
Bladder	0–10	5	10
Toilet use	0–10	0	5
Transfers (bed to chair and back)	0–15	0	10
Stairs	0–10	0	5
Mobility (on level surface)	0–15	0	15
TOTAL		10	75

<20 – Total dependence; (20–39) = Very dependent; (40–59)= Partially dependent;(60–79)= Minimally dependent; (80–100) = Able to live independently

NIHSS^[4]

ASSESSMENT WITH MODIFIED RANKIN SCALE

Before treatment	After treatment
14	10

PATIENTS DOMAIN	SCORE	BEFORE TREATMENT	AFTER TREATMENT
No symptoms	0	-	-
No significant disability despite symptoms/ able to carry out all usual duties and activity	1	-	-
Slight disability/ unable to carry out all previous activity/ able to look after own affairs without assistance	2	-	-
Moderate disability/ requiring some help/ able to walk without assistance	3	-	3
Moderate severe disability/ unable to walk and attend to bodily needs without assistance	4	4	
Severe disability/ bedridden, incontinent/ requiring constant nursing care and attention			

DISCUSSION

Eventhough this case is a *raktasrava janya vikara* (hemorrhagic stroke) due to *pitta & rakta prakopa*, in the latent stage based on the lakshanas it shows more *sleshmanubandha* than *pitta*, so that the treatment started after taking informed consent as *vatakaphahara* medications. *Udvardana* is a first line of treatment recommended in *Vataja* and *Kaphaja* disorders, It carries out "Kaphavilayana" and "Srotoshodhana," which further dissolve vitiated medho dhatu and strengthen Agni^[5]. In cases of severe spasticity, discomfort, and stiffness conditions that are frequently encountered in Pakshaghata Swedana and Snehana Karma yields the most advantages. According to the Samprapthi of Pakshaghata, Vata is the Pradhana dosha that causes the disease, and the best treatment for Vatadosha is said to be Vasti. Therefore, based on the avastha of the Pakshaghata, vasti may be adopted. Not only is Vasti the best remedy treating Vata illnesses, but it also works just as well to balance out imbalances in Pitta, Kapha, and Rakta. *Yapanavasti* is explained to have dualistic action like *shodhana* and *brumhana*, *sthiradi yapanavasti* is indicated in *Vatavyadhi*. It has *Brumhana*, *Balya*, *Mamsa balapradha* and *Vrishya*^[6] properties. Also alleviates the *pranavrutha samanavayu*. *Sneha svedas in the form of murdhnitaila*, like *shirodhara*, *alleviate shosha and stabdhata*, *leading to the vikasa of mastishka dhamanis*. These effects may accomplish restoration of normal bloodsupply or making the restoration of functioning the neurons of *mastiska dhatu*. When the pathways of vata become blocked because of malas accumulating in different sections of the body, such as the target organs of the disease *pakshaghata*, namely *mastiskha dhamanis and hrdaya*, *virechana* also functions as a *vatanulomaka measure*. *Mastulunga Majja*, according to Acharya Sushruta, is *nothing more than the Majjadhara Kala*. According to modern science, the Lakshanas of *Pakshaghata* are similar to hemiplegia, a condition in which there is damage to the brain. These references led to the use of *Nasya*. *Snaihika nasyas* are useful in *pakshaghata* to strengthen the *mastiska*.

Conclusion

At the end of management the patient got improved in coordination motor functioning of the body was able to walk with very minimal support. since *pakshagahta* is a chronic condition brought on by aggravated vata dosha, panchakarma therapy being the crucial and imperative component of Ayurveda has proficient role in managing condition

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