

## EFFECT OF PANCHKARMA IN PAKSHAGHATA: A CASE STUDY

Dr. Diksha Sharma<sup>\*1</sup>, Dr. Himanshu<sup>2</sup> and Dr. Charu Supriya<sup>3</sup><sup>1</sup>R.G.G.P.G.Ayurvedic College Himachal Pradesh India.<sup>2</sup>PG scholar Dept. of Panchkarma, R.GGPGAC Paprola.<sup>3</sup>Lecturer Dept. of Panchkarma, R.GGPGAC Paprola.**\*Corresponding Author: Dr. Diksha Sharma**

R.G.G.P.G.Ayurvedic College Himachal Pradesh India.

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**ABSTRACT**

*Pakshaghat* is made up of two words *Paksha* (half part of body) and *aghat* (loss of function). Ayurvedic literature is full of textual references where *Pakshaghat* is described extensively. It is considered as *vata dosha* predominant *vyadhi*. Patient usually presents with loss of function of a half of body or weakness of one half. Face may or may not be involved. Prognosis depends on many factors including *vaya*, *bala*, *dosha* involvement etc. In modern science all the motor activities are controlled by brain. Cerebrovascular accidents are mainly responsible for loss of function in body and due to maximal similarity they can be correlated with *Pakshaghat*. In modern science there is usually treatment of symptoms but when it comes to Ayurveda there is treatment of root cause along with symptoms. In Ayurveda treatment of diseases is divided in to two parts *Samshodhana* and *Samshamana*. *Panchkarma* is *shodhana pradhana* therapy, which includes five major procedures for shodhana of body. Along with it there are many allied processes which helps in symptomatic relief by directly acting on the part being affected. *Pakshaghat* is best treated with *mridu samshodhana* and *vata shamaak snehana chikitsa*. In the present case patient presented with right side *Pakshaghat* and treated with *Panchkarma* therapy, which included *Nasya*, *Vasti* and *Akshitarpana*. Initially *Nasya* and *Akshitarpana* given for 15 days. Patient was called for second sitting after 15 days and given *Yapna vasti in kala vasti karma*. After treatment patient was 100 % cured.<sup>[1]</sup>

**KEYWORDS:** *Pakshaghata, Yapna vasti, Akshitarpana, Shodhana.***INTRODUCTION*****Pakshaghata***

*Pakshaghat*<sup>[1]</sup> is a disease caused by vitiation of Vata Dosha. Acharya Charaka explained that Prakupita vata making adhishthana in one half of body leading to *Pakshaghata* (loss of function of one half of body) there is associated stiffness of joints. Acharya Sushruta explained that vata dosha travels in urdhava adhoga tiryaka dhamani and caused sandhi bandhana moksha that ultimately leads to loss of function in one half of body called *Pakshaghata*. If one suffers from loss of sensation and becomes bed ridden he may die with *Pakshaghata* he further explained. Prognosis of the disease as mentioned by<sup>[3]</sup> Sushruta is *sadhya* when vata dosha associated with other dosha, *krichhrasadhya* when purely vata is involved and *Asadhya* when Dhatukshaya is responsible for *Pakshaghata*. *Chikitsa* of *Pakshaghata* in various texts included *snehana*, *swedana* & *mridu*<sup>[4]</sup> *samshodhana* firstly then *vasti* with *balya* and *vatashamaka aushadha*.<sup>[5]</sup> *Nasya*, *shirovasti*, *abhyanga* with *anu tail*, *shalavana upanaha*. Treatment should be done for 3 to 4 months.<sup>[2]</sup>

**Stroke**

It is relatively abrupt onset of focal neurological deficit resulting from disease of arteries or veins that serve the CNS. Clinical manifestations depends on area involved and mostly motor functions are hampered.<sup>[6]</sup>

Lacunar infarcts are small ischemic infarcts that range in diameter from 30 – 300 micro meter and result from occlusion of the penetrating arteries.<sup>[7]</sup>

Long standing hypertension and atherosclerosis are common predisposing factors. TIA shortly before the onset of a lacunar stroke is frequent, but headache is infrequent. Although the usually carry good prognosis, multiple lacunae may cause pseudobulbar palsy and dementia.

Clumsy hand syndrome is one of the manifestation of lacunar infarct.<sup>[9]</sup>

Clinical manifestations include facial palsy, dysarthria, deviation of tongue and loss of motor functions. treatment includes initially vital support after this cause and symptoms are treated accordingly.

**Case study:** A patient name XYZ age 48 years presented with C/O loss of function in right half of body x 10 days  
C/O loss of speech x10 days  
C/O tremors in right hand x10 days.

He explained that he was quite asymptomatic 10 days back then he developed weakness in right hand as he was not able to hold objects, he also explained that his hand was continuously shaking and was not able to speak. Patient was not able to swallow food and had difficulty in chewing. With these complaints he came to hospital and admitted in Panchkarma ward vide IPD number (182).

H/O right half paralysis 9 months back.

No H/O HTN, DM 2, ATT intake.

No history of any surgical intervention or blood transfusion.

O/E

B.P. 124/84 mm of Hg

P.R. 78 / min

Temp. Afebrile

### Central nervous system

#### Higher functions

Consciousness fully conscious to time place and person.

Memory Intact

Behaviour friendly

Orientation fully oriented to time, place and person .

### Cranial nervous

#### Facial nerve (symptoms present)

Asymmetry of face, stasis of food in mouth, dribbling of saliva through mouth.

O/E

Eye closure normal, whistling not present, blowing not present

Hypoglossal tongue deviated.

### Motor system

Nutrition no wasting, no hypertrophy.

Tone hypotonic (effected side)

Power

Limb	Power
Rt. Arm	1/5
Left arm	5/5
Right foot	4/5
Left foot	5/5

### Sensory system

Superficial sensation WNL

Deep sensation WNL

Cortical sensation WNL

### Reflexes

Reflex	Rt.	Left
Biceps	+	++
Triceps	+	++
Knee	++	++
Ankle	++	++
Planter	+	++

**MRI:** multiple small discrete non specific hyperintensities seen involving deep white matter of B/L frontal lobe s/o microangiopathic changes.

### Diagnosis:

Pakshaghat  
Correlated with clumsy hand syndrome under lacunar infarcts in modern.

### MATERIAL AND METHODS

#### Panchkarma procedures

Nasya with Anu tail for 15 days.

Sthanik abhyanga with Mahamash tail.

Sthanik swedana (Nadi swedana)

Vasti (Yapna vasti + mahamasha tail anuvasana vasti)

#### Shaman Aushadha

Balyam Churna 3gm BD

Sarswatarishta 20 ml BD

Brihata vata chintamani ras 125 mg BD

### RESULT

	BT	AT
<b>Tremor</b>	Present Coarse and continuous	Absent
<b>Tone</b>	Hypotonic	Normal
<b>Power</b>	1/5	5/5
<b>Speech</b>	Absent	Clear speech

### Probable Mode of Action

Nasya is potent vata shamaka procedure as it directly acts in *urdhava jatrugata vikar*. *shirah Pradesh* is main *adhishthana* of indriya and nasa is considered way to it. Drug administered through nasa goes to shira and causes dosha nirahana and vata shaman simultaneously. In this case patient was given shaman nasya with Anu tail. Anu tail has *vata shamaka* propertiese and specially acts on *Urdhva jatrugta vyadhis* as explained in *Charaka samhita*.

Vasti considered best treatment modality for *vata dosha*. It causes *shodhana* and *shaman* simultaneously. It directly goes to *Pakwashaya* which is main seat of *vata dosha* thus causing *anulomana* of *apana vayu*.<sup>[10]</sup> Then it causes *anulomana* of *saman vayu*, *vyana vayu*, *udana vayu* and *prana vayu* respectively ultimately leading to pacification of *vata dosha*. Vasti has multidimensional action on the disease if other dosha are involved as *dravya* used in it has many propertiese. Veerya of drugs goes to whole body and causes *dosha nirahanarana*. *Vata shaman* leads to Elimination of root cause of disease. *Yapana vasti* itself is *balya* and potent *vata*

*shamaka* along with *anuvāsana vasti* given with *mahamash tail* causes *snehana* and *dhatu poshana*.<sup>[9]</sup>

Mode of action of different contents are as follows: *Madhu* best vehicle for active Principle of various drugs and prevents complications as explained by *Acharya charaka*. *Saindhava* helps in making homogenous mixture and causes absorption of drugs through mucosa in anal canal.

*Sneha* added in *vasti* is *ghrita* which itself is *vata shamaka* and *balya kalka* causes

*Utkleshana of dosha* and ultimately cleaning of body.

*Kwatha dravya* are *mustaka*, *guduchi*, *rasna punarnava* etc. They all possess *vata shamaka* property and *rasayana* in nature. Milk added to *vasti* to *kwatha* along with *mamsa rasa* as *prakshepa dravya*, these increases strength by providing proper nutrition to the muscles.

*Yapna vasti* specially indicated as *sadyo bala janan* and *niratya* that is not causing any complications.<sup>[11]</sup>

*Nasya* is potent *vata shamaka* procedure as it directly acts in *urdhva jatrugata vikar*. *shirah Pradesh* is main *adhishtana* of *indriya* and *nasa* is considered way to it. Drug administered through *nasa* goes to *shira* and causes *dosha nirahana* and *vata shaman* simultaneously.

*Sthanik abhyanaga* and *sthanik swedana* leads to *mridutva* thus relieving stiffness and pain. It also promotes blood circulation thus providing proper nutrition to the affected part.

*Shaman aushadha* given to the patient *balyam churna* & *sarswatarishta* which are *Vata shamaka* and *balya*.

## DISCUSSION

Ayurveda is a science which not only treats symptoms but cause of disease ultimately leads to *samprapti vighatana* thus cures the disease.

In *Pakshghata* disease *vata* is basic cause of disease which should be treated first.

*Vata prakopa* can occur due to many causes and *dhatu kshya* is one of them. *vasti* not only causes *vata shaman* but due to multidimensional affect it causes *dhatu poshana* and pacification of other *doshas* if associated with *vata dosha*.

*Yapna vasti* contains drugs which are potent *vata shamak* and *balya*.

<sup>11</sup>*Nasya* is administration of drug through nose. In Ayurveda *nasa* is called *dwar* to *shira* (brain). In case of *pakshghat* main pathology lies in brain. *Nasya* causes *vata shaman* as we use *snehana* through oil.

In case of *pakshghata* initially there is flaccidity in muscles and then comes stage of rigidity. *sthanik abhyanag* and *swedana* prevents this stage if performed in early stage usually in prolonged case there is hypertrophy of muscles which can also be prevented by *abhyanaga* as it increases blood supply of the part. If patient complains of pain in affected part *swedana* causes pain relief.

## CONCLUSION

*Pakshghata* is *vata pradhana* ailment which causes loss of function of one half of body which may be compared to *hemiplegia* of any origin. in this case it can be correlated with *Clumsy hand syndrome* due to similarity of symptoms. *Vata pradhana Vyadhis* are best treated with *vasti* and *Nasya* given as main *adhishtana* of *dosha* is *urdhva jatrugata* in this case. symptomatic relief given by *sthanik abhyanaga* and *swedana*.

After complete treatment patient recovered fully. Thus it can be concluded that *Panchkarma* procedure are very effective in *Pakshghata chikitsa* and should be given vigorously in the patients suffering from stroke and similar ailments.

## REFERENCE

1. AmbikadattShastri, Sushruta Samhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary, Nidana Sthana, Reprint Edition, 2014 chapter 1 verses 60- 63, Varanasi: Chaukhambha Sanskrit Sansthana, 2014; 115.
2. Pt. Kashinathshashtri and Dr. Gorakhnath chaturvedi, Charak samhita of Charaka with Vidyotini Hindi commentary, Chikitsa sthana Reprint edition; 2013 chapter 28 verse 54 Varanasi; chaukhamba bharati academy, 2013; 787
3. AmbikadattShastri, Sushruta Samhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary, Nidana Sthana, Reprint Edition, 2014 chapter 1 verses 62, Varanasi: Chaukhambha Sanskrit Sansthana, 2014; 115.
4. Pt. Kashinathshashtri and Dr. Gorakhnath chaturvedi, Charak samhita of Charaka with Vidyotini Hindi commentary, Chikitsa sthana Reprint edition; 2013 chapter 28 verse 101 Varanasi; chaukhamba bharati academy, 2013; 807.
5. AmbikadattShastri, Sushruta Samhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary, Chikitsa Sthana, Reprint Edition, 2014 Chapter 5, verse 19, Varanasi: Chaukhambha Sanskrit Sansthana, 2014.
6. P.J. Mehtas Practical medicine, 20 th edition, central nervous system, 2016; 350.
7. P.J. Mehtas Practical medicine, 20 th edition central nervous system, 2016; 353.
8. P.J. Mehtas Practical medicine, 20 th edition central nervous system, 2016; 356
9. Pt. Kashinathshashtri and Dr. Gorakhnath chaturvedi, Charak samhita of Charaka with

Vidyotini Hindi commentary, Siddhisthana Reprint edition; 2013 chapter 12 verse 14 Varanasi; chaukhamba bharati academy, 2013; 1096 .

10. Pt. Kashinathshashtri and Dr. Gorakhnath chaturvedi, Charak samhita of Charaka with Vidyotini Hindi commentary, Siddhisthana Reprint edition; 2013 chapter 1 verse 39 Varanasi; chaukhamba bharati academy, 2013; 971.
11. Pt. Kashinathshashtri and Dr. Gorakhnath chaturvedi, Charak samhita of Charaka with Vidyotini Hindi commentary, Siddhisthana Reprint edition; 2013 chapter 9 verse 88 Varanasi; chaukhamba bharati academy, 2013; 1070.