EFFECT OF MULTIMODALITY AYURVEDA TREATMENT IN PAKSHAGHATA

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Abstract

As VataDosha being the regulator and controller of all other Dosha, the diseases which are caused by VataDosha is considered as more important. Among all these VataVyadhi, Pakshaghata is having the prime position. It makes the patient feels like a worst creature by considering their activities as the patient not only suffers a bodily illness but also severe Mental Depression. They have to face a very miserable and dependent life. Here it is mentioning about the Multimodality Ayurveda Treatment in Pakshaghata with the help of a single case study.

Introduction:-

The term Pakshaghata literally means“paralysis of one half of the body” where “paksha” denotes either half of the body and “Aghata(=paralysis)” denotes impairment of Karmendriya(organ of action), Gyanendria(knowledge) and Mana(mind). Pakshaghata is the disease in which excessively aggravated VataDosha(airy element) affects the joints and ligaments making other side of the body dysfunctional. The disease is due to the vitiation of VataDosha and getting Sthanasamshraya(localization of doshas)in the Khavaigunya(defective space), leading to the formation of different Lakshana(symptoms). Pakshaghata produced by VataDosha alone can be cured. Aggravated VataDosha associated with the aggravated Pitta(bile) or Kapha(phlegm) are curable with efforts and the one which produces due to Dhatukshaya(Diminution of Tissue) is Asadya(incurable). Pakshaghata, most of the times is presented when it ventures in Yapy(a(difficult to cure) or Asadya(incurable) stage This makes it difficult to treat it with the anticipation of complete cure..A WHO study in 1990 incidense of mortality due to stroke in india to be 73/100000 per year.Inindia the incidence of cva was found to be 13/10,000 population per year.(et al.. megha g).In stroke cases 85% of patients suffer from cerebral infraction and 15% from cerebral haemorrhage and 11.5times more often in male and female(et al..Megha). In this study also patient were having Kshinamansa, Daurbalya, which render the disease Yapya or Asadya. Even in such Yapya stage of Pakshaghataquality oflife after the stroke was substantially improved by Shamant(paliative)and Shodhana(purification)therapy.Present study of Pakshaghata which was shown a remarkable improvement without further worsening and to provide better quality of life with ayurvedic treatment like Shamannaand Mridushodhana.

Case Description:

A 65 year old male visited our Hospital on 17/1/2020 IPD- 2000052, OPD-20001257 with chief complaints of weakness of left side of his body including face and inability to stand, walk, slurring of speech and loss of movement over left upper limb.

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Presenting Complaints:
Patient came with reduced strength in the left upper and lower limbs associated with drowsiness, difficulty in walking, slurred speech, heaviness of affected side of the body with pain, stiffness and bladder incontinence since 2 weeks.

History of Present Illness:
By the statement of bystander he was apparently healthy before 8 weeks. While working he suddenly fell down and complained of reduced strength in the left upper & lower limbs along with difficulty in walking, slurred speech, heaviness of the left side with pain, stiffness and bladder incontinence since 2 week. For the same complaints they consulted an allopathic physician, took treatment for 7 days. But did not get any relief. So for further treatment they came to our hospital and admitted for treatment from 17/1/2020 to 06/2/2020.

Associated Complaints:
Hypertension

Physical examination:
Built - Normal
Hairs and nails- Normal.
Blood pressure- 140/90
Pulse rate- 80/minute.

Systemic examination:
Respiratory system- O/A-normal bronchi vascular sounds heard and no abnormality detected
CVS-S1-S2 heard
Central nervous system-Higher mental functions found to be normal
Eye opening response was-4
Verbal response-3

Motor functions:
Power:
Right upper and lower limb-5/5
Left upper and lower limb-2/5

Reflexes:
Deep reflex such as Biceps, Triceps, Supinator, Kneejerk, and Ankle jerk on affected side (left) were found to be 2/5
Sensory functions: Normal
Babinski's sign: positive on left side
Tone: Left lower limb was found to be hypotonic

Laboratory investigations:
Hematological investigations was done and found to be normal

Specific investigation:
Computerized tomography scan of head done showed acute Hemorrhage in Thalamus

Diagnosis:
Case was diagnosed as a PittakaphavruttaPakshaghata (cerebro vascular accident).as per the classics, the treatment was planned according to the Dosha and Sthana(site)as following

Table 1:- Showing details of treatment given to patient Allopathymedications were continued along with our course of treatment.

| Date       | Treatment                                                                 | External Medicines    | Internal medicines                        |
|------------|---------------------------------------------------------------------------|-----------------------|-------------------------------------------|
| 17/1/2020  | Sarvangabhyang(massage is done to the whole body with the help of medicated oil)+nadisweda(sudation)+matravasti(therapeutic enema)+physiotherapy | Mahanarayantail, bal a tail | ErandamuladiKhada 20ml (b/f) Ashwagandhachurn(Its p tid(b/f)) |
### Results:
The condition of the patient was improved gradually along with the course of the treatment. The strength and power of both upper and lower limb was increased to +4/5, also tone of the muscle improved, deep tendon reflex was exaggerated (g3) and was normal (g2) after the course of treatment. Gait before treatment was hemiplegic and at the time of discharge he can able to walk alone over all condition was improved. Glasgow coma scale: Eye opening response was 4, Verbal response -5 and motor response -6 therefore total score 15/15.

### Motor Function:

#### Power:

| Day     | Upper limbs | Lower limbs |
|---------|-------------|-------------|
| 18/1/2020 | 2/5 | 2/5 | 5/5 |
| 19/1/2020 | +4/5 | +4/5 | 5/5 |
| 20/1/2020 | 2/5 | 2/5 | 5/5 |

#### Reflexes:

| Day     | Affected side(left) | Right(normal) |
|---------|---------------------|---------------|
| 18/1/2020 | 5/5 | 5/5 |
Discussion:-

A. On Nidana & Samprapti:

Pakshaghata is one of the important diseases among the VatajaNanatmaVyaadhi (Diseases which are exclusively of VataDosha predominance). The Sadhya-Asadhyata (Prognosis of the disease) are of 3 types as 1- SuddhaVatajaPakshaghata (With only VataDosha) 2-AnyadoshaSamsristaPakshaghata (One with combination with other Dosha) and 3 – KshayahetuPakshaaghaata (One which is due to diminution of tissues). Here in this study, it was diagnosed as PittakaphavrutaPakshaghata(CVA). So the treatment was planned based on Dosha and SthanaDushti. Therefore both MriduShodhana (Purification) and Shamana (Palliative) line of management are indicated. The term corresponding to Pakshaghata in modern medical science can be included under Hemiplegia. Hemiplegia also get manifested as a consequence of a wide variety of pathological condition involving brain like vascular disorders of brain, infective disorder, tumor, trauma, degenerative disorder of brain. As the pathological processes in hemiplegia, due to the above diseases are different, the treatment of hemiplegia also varies in each condition (et al Drsahu..). Cerebrovascular accident is the most frequent disease manifesting as Pakshaghata in course of time.

In the present study an effort had been made to establish a standard Samprapti(acquisition) for the Pakshaghata due to cerebrovascular accident with its Treatment Protocol. The risk factors associated with the stroke includes Hypertension, Heart disease (Heart failure, Atrial fibrillation), Diabetes mellitus, Hyperlipidemia, Obesity, Smoking, Excess alcohol consumption. Hypertension usually results from Aavarana(Occlusion) of VyaanaVaayu with other Dosha&Dushya(weak and susceptible tissues) depending upon individual condition. Heart diseases like heart failure are due to Aavaranaof Vata with Kapha, Meda(adipose tissue) etc resulting in diminished pumping action of heart. Hyperlipidemia or impaired fat metabolism is a condition of vitiation of Kapha, Pitta, Rasa, Rakta and Meda. In case of altered blood hemodynamic the decrease in blood viscosity is a condition of vitiation of Rakta with Pitta and the increase in blood viscosity is a condition of vitiation of Rakta with Kapha. From the above discussion it is clear that not a single disease which leads to the disease stroke is associated with the VaataDosha; if any disease is associated then it is due to Aavarana by other Doshhaor Dushya. The disease stroke get manifested as a consequence of diseases in which there is vitiation of Kapha, Pitta, Rasa(plasma), Rakta(blood), Meda and Vata is involved due to the avarana by these factors. So in the disease stroke also there may be the vital role of these DoshaaDushyawith Avaranaof Vayu.

B. On Treatment:

SnehayuktaSvedana and SnehayuktaVirechana are to be given in Pakshaghata. The Treatments given were Snehana (Oleation) and Swedana (Fomentation) followed by MriduVirechana (Mild Purgation), MurdhiniTaila(application of oil on head) and Physiotherapy. Along with that patient was also administered AnuvasanaBasti with Bala Taila. Finally employed Masthiskya Shirobasti. These treatments were administered to manage the disease without further worsening and to provide better quality of life to the patient with medication. The treatment measures should be followed for a certain period of one month continuously which had shown remarkable improvement with Ayurvedic treatment. Here in this study, Shamana (Palliative) and MriduSodhana (Purification) line of treatment had been given. In ShanmanChikitsa (Palliative)- Erandumuladikada, Ashwagandha, Yogarajagugglu and Chandraprabhavati had been administered during and after external therapy. It helps in VataAnulomana (Downward movement of VataDosha) and maintaining the equilibrium of all three doshas and it is also Apanaanulomana(downward movement o apanavata) in quality. Chandraprabhavati is Tridoshashara(pacifying tridosha). At the same time will act as Balya (Providing Strength) and Sarvarogaprashamana (Reduction of all Diseases).

Charakacharya mentioned Svedana (Sudation), Snehana (Oleation) and Virechana (Purgation) as treatment modality for Pakshaghata (Hemiplegia). ErandaBhrishtaHaritaki was administered daily due to irregular bowel
habit. It is a combination of two ingredients namely Eranda Taila (Castor Oil) and another is Haritaki (Terminalia chebula) having properties of Mridu Virechana (Laxative) and helps to relieve constipation. Mruda Virechana (mild purgation) helps to correct the root pathogenesis of Pakshaghata (Hemiplegia) leading to the proper Anulomana of Vata, correction of Agni and reduces Prakupita Pitta. Externally Sarvanga Abhyanga (Full Body Massage) for 7 days, Shirovasti for 7 days and Matravasti for 14 days along with physiotherapy were administered. In Kevala Vata Avastha, Sarvanga Abhyanga with Mahanarayana Taila and Nadisveda were adopted. Abhyanga makes body sturdy and resistant to Vataja disorders. It brings smoothness (Mardava) in the body. It depletes morbid Vata and Kapha and replenishes all Dhatu. After 300 Matras from massage commenced oil reaches up to Romakupa (hair follicles) and then progressively reaches into the most deeply situated tissues. By the time of 500, 600, 700, and 800 Matras, Sneha penetrates Rakta, Mamsa, Meda and Asthi-Majjarespectively. After all these treatment, the patient got improvements in Coordination, Consciousness and Regaining the Motor Function of the Body. The patient was able to walk independently without any type of support. Also Mahanarayana Taila acts as Vatahara and Ayusyam. After Abhyanga, started with Shirovasti for 7 days with Ksheerabala Taila and Bala ashwagandhadi Taila. Bala ashwagandha Taila is Tridoshahara and Rakta pratipada and Kevala Vata Avastha, Sarvanga Abhyanga for 7 days and thereafter Prakupita Pitta. Promote the health of person who is emaciated and debilitated. This mentioned it as Sahasrapaka Balatala. Matravasti was given with Balatala to restore the Prasrana Vata and Basti Chikitsa is the prime treatment modality of Ayurveda. Sneha or Matravastu promote Bala of person who is emaciated and debilitated. This Balatala is best in all types of Vatavyadi.

Conclusion:-
In most of the times Pakshaghata due to CVA present as sudden onset without prodromal symptoms. The chief pathological phenomena taking place in the manifestation of Pakshaghata due to CVA is Aavarana Vata with Pitta, Kapha, Rakta and Meda. At first stage of treatment, should be done at the level of Jataragni with adoption of Bahiparimarjana Chikitsa (external therapy) and oral medicines and in second stage Amapachana was attend with the Moordhini chikitsa and vastiall this done for 1 month. Virechana that is Mridu virechana was adopted to restore the function of Agni, Srotas and Vatadosha. Physiotherapy also continued upto 1 and half month. All treatment significantly improves the signs & symptoms of Pakshaghata as well as the activities of daily livings there by making better the quality of life of the patients.

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