



Case Study

SUCCESS STORY OF PAKSHAGATA

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ABSTRACT

Vatavyadhi is one among the *Ashtamahagada* according to different *Acharyas*. *Samprapti* of any *Vatavyadhi* can be analysed in 2 ways namely *Dhatukshaya* and *Margaavarana* which are not only applicable to general *Vatavyadhi* but also extend to specific conditions like *Pakshaghata*. The disease *Pakshaghata* can be correlated with hemiplegia as there is close resemblance with the manifestation. Stroke affects 33 million individuals worldwide every year and two third of the stroke cases occur in developing countries. In India, community surveys have shown crude prevalence rate of hemiplegia in the range of 200 per 1,00,000 people. **Material and Methods:** This case study involves a 52 year old male, who is not a known case of hypertension and newly diagnosed with diabetes mellitus presented with loss of strength in left half of the body since 10 days. The condition was diagnosed as *Kaphavaranajanya Pakshaghata* and was treated with *Agnilepa, Vacha shunti Avapeedaka Nasya* and *Dashamula niruha basti* for 17days in total. **Results:** There was a remarkable improvement in the Barthel index from 30 to 95. **Conclusion:** *Pakshaghata* can occur due to *Margaavarana* or *Dhatukshaya* and the *Chikitsa* depends on the *Dosha, Vyaadhi avastha* and the *Samprapti* involved. In this case, characterized by *Vatakaphaja lakshanas*, treatment focused on addressing *Kaphavarana* and pacifying the aggravated *Vata*. As *Vatavyadhi* are *Kruchrasadhya* or *Asadhya* in nature, they demand prolonged treatment, this case exhibited significant improvement with a single course of *Agnilepa, Nasya, and Basti*, with observable symptomatic relief and radiological changes.

INTRODUCTION

Pakshagata is one among 80 *Vataja nanatmaja vyadhi*^[1], which manifests by the primary involvement of the *Vata dosha*. *Dhatukshaya* and *Margavarodha*^[2] are the two *Sampraptis* explained for *Vatavyadhi* which are pertinent to *Pakshaghata* as well. When the *Vata dosha* becomes aggravated due to various causative factors and lodges in *Shiras*, it leads to *Vishoshana* of the *Sira* and *Snayu* on one half of the body. This results in *Cheshta nivrutti* on either the *Vama* or *Dakshina parshwa*, accompanied by symptoms such as *Vaksthambha* and *Ruja*, ultimately leading to the manifestation of *Pakshagata*^[3].

Pakshagata exhibits a strong similarity to hemiplegia, which is most commonly caused by a cerebrovascular accident or stroke. Each year, approximately 33 million individuals worldwide are affected by stroke, with two-thirds of these cases occurring in developing countries⁴. In India, community surveys have revealed a crude prevalence rate of hemiplegia ranging around 200 per 1 lakh people^[5]. This condition accounts for nearly 1.5% of all urban hospital admissions, 4.5% of all medical cases and approximately 20% of neurological case^[6].

In contemporary science, it is believed that once brain tissue is damaged, it cannot be repaired by therapies, resulting in permanent neurological deficits. However, an intriguing case study has shown promising results through the combination of *Agnilepa, Nasya, and Dashamoola niruha basti*.

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Case Report

A 52-year-old male patient visited the OPD of Panchakarma, Government Ayurveda Medical College in Bengaluru, Karnataka, India. He presented with chief complaints of decreased strength in the left half of his body, accompanied by heaviness in the left upper and lower limb for the past 10 days. The symptoms appeared suddenly after he experienced heaviness in the head, followed by a bout of profuse vomiting and sweating. There was no history of loss of consciousness, deviation of mouth, or disturbance in speech.

Physical Findings

Upon diagnosis, the patient was found to have suffered from Cerebrovascular Accident (CVA) due to acute to sub-acute infarcts in the right basal ganglia and fronto-parieto-temporal cortical white matter. He had been undergoing Allopathic treatment for the condition but did not experience significant improvement. Seeking better management, he decided to visit the OPD of Panchakarma, Government Ayurveda Medical College, Bengaluru, where he was admitted for further care.

Table 1: Showing Physical Findings

Gait		Hemiplegic		
Higher mental function		Intact, well oriented to time, place and person		
Cranial nerves		Within normal limits		
Sensory system		No abnormality detected		
Motor system	Limb attitude	Left upper limb - adducted and flexed Right upper limb and lower limb- NAD		
	Muscle power		Right	Left
		Upper limb	5/5	3/5
		Lower limb	5/5	3/5
	Reflexes	Biceps	++	+++
		Triceps	++	+++
		Knee	++	+++
		Ankle	++	+++
		Plantar	Flexor	Extensor

Table 2: Showing Dashavidha Pareeksha

<i>Prakriti</i>	<i>Vata kapha</i>
<i>Vikriti</i>	<i>Kapha vata</i>
<i>Sara</i>	<i>Madhyama</i>
<i>Samhanana</i>	<i>Susamhita</i>
<i>Satmya</i>	<i>Madhura pradhana sarvarasa</i>
<i>Satva</i>	<i>Madhyama</i>
<i>Vyayama shakti</i>	<i>Avara</i>
<i>Ahara Shakti</i>	<i>Madhyama</i>
<i>Pramana</i>	<i>Madhyama</i>
<i>Vaya</i>	<i>Madhyama</i>

Table 3: Showing Nidana Panchaka

<i>Nidana</i>	<i>Vishamaashana, Vegadharana, Vidahi ahara, Chinta, Dadhi sevana at night</i>
<i>Poorva Rupa</i>	<i>Avyakta</i>
<i>Rupa</i>	<i>Cheshta haani in vaama bhaga of Shareera along with Gourava</i>
<i>Upashya & Anupashya</i>	Nothing specific

Table 4: Showing Samprapti Ghataka

<i>Dosha</i>	<i>Kapha vata</i>
<i>Dushya</i>	<i>Rasa, Rakta, Mamsa, Majja</i>
<i>Agni</i>	<i>Jataraagni, Dhātuvaagni</i>
<i>Agni dhushti</i>	<i>Mandaagni</i>
<i>Srotas</i>	<i>Rasavaha, Mamsavaha</i>
<i>Srotodushti</i>	<i>Sanga</i>
<i>Udhbhavastana</i>	<i>Pakwashaya</i>
<i>Sancharastana</i>	<i>Sarvashareera</i>
<i>Vyaktastana</i>	<i>Vamaparshwa</i>
<i>Adhistana</i>	<i>Shiras</i>
<i>Rogamarga</i>	<i>Madhyama</i>
<i>Sadhyaasadhya</i>	<i>Krichna sadhya</i>

Treatment Protocol Adopted: Shown in table no. 05

A comprehensive treatment plan was employed, involving both *Panchakarma* procedures and the administration of oral medications.

Table 5: Showing Treatment Protocol Adopted

Treatment	Duration
<i>Sarvanga Agni Lepa</i>	7 days
<i>Avadeepaka nasya with Vacha and Shunti swarasa</i>	7 days
<i>Koshta Shodhana</i>	1 day
<i>Dashamula kashaya basti</i>	<i>Kala basti</i> pattern

Table 6: Showing Assessment (Barthel Index)

Domain name	Score before the treatment	Score after the treatment
Feeding	5	10
Bathing	0	10
Grooming	0	10
Bowel	10	10
Bladder	10	10
Toilet use	0	10
Transfers	5	15
Mobility	0	15
Stairs	0	5
Total	30	95

Investigation: Shown in table no. 07

Table 7: Showing Investigation

Before Treatment	After Treatment
<p>MRI - 14/5/2022</p> <p>Multifocal acute right MCA territory infarcts involving basal ganglia and fronto-parieto-temporal cortical/subcortical white matter secondary to complete thrombosis of entire length of right common carotid artery and intra/extra cranial portion of right ICA with moderate distal collateralization of right MCA and ACA by the anterior artery.</p> <p>Screening of MR Angiogram of Head and Neck Vessels</p> <p>Complete thrombosis of entire length of right common carotid artery and intra /extra cranial portion of right ICA from level of origin upto intracranial bifurcation with moderate distal collateralization of right MCA and ACA by the anterior communicating artery.</p>	<p>CT Angiography of Brain and Neck Vessels - 17/6/2022</p> <ul style="list-style-type: none"> • Angiographic findings appeared normal • No significant abnormalities detected

DISCUSSION

The disease *Pakshaghata* can manifest either due to *Dhatukshaya* or *Margaavarana*. In cases where *Margaavarana* is involved, its removal becomes the primary focus of management.

Agnilepa

- In the current case, the patient presented signs and symptoms indicative of *Kaphavarana*. As per Acharya Charaka, when a person is physically weak and not suitable for *Virechana* or *Basti karma*, the preferred approach is the administration of *Deepana* and *Pachana* therapies^[7].
- Hence, the initial treatment approach involved the application of *Agnilepa* for duration of 7 days.
- *Agnilepa* comprises *Ushna-teekshna dravyas* such as *Tulasi*, *Nagavalli*, *Shigru*, *Nirgundi*, *Eranda*, *Lashuna*, *Maricha*, *Sarshapa*, *Haridra* and *Lavanga* which possess *Vatakaphahara*, *Deepana* and *Pachana* properties.
- In *Agnilepa*, therapeutic drugs are applied on the body in the form of *Lepa*. Acharya Sushruta mentions the existence of *Tiryak dhamani* that spread throughout the body and open through *Romakupas*. Through these openings, the drugs, which have been applied as a *Lepa*, enter the body by virtue of their *Veerya* and nourish the *rasa*.^[8] Hence *Deepana*, *Pachana* and *Avaranahara* action is achieved.
- *Lashuna* being a major ingredient of *Agni lepa*, studies show that it possess significant thrombolytic activity^[9].

Nasya

- Acharya Sushruta, in his explanation of *Pakshaghata chikitsa*, draws a resemblance to the treatment approach used for *Akshepaka*^[10], wherein he advocates the application of *Teekshna Avapeedaka Nasya*^[11].
- In Ayurvedic literature, it is mentioned that '*Nasa hi shiraso dwaram*', indicating that the nasal passage serves as the gateway to the head. Therefore, when drugs are administered in the form of *Nasya*, they reach the *Shiras* by virtue of their *Veerya*.
- In this particular case, *Vacha* and *Shunti choorna* were soaked in hot water for approximately 20 minutes, filtered and then six drops of this *Nasya dravya* were instilled into each nostril. As these *Dravyas* are *Ushna* and *Vatakaphahara* in nature, they help in the removal of *Kaphavarana*.
- In the management of CVA, preserving the functionality of the penumbral area emerges as a critical determinant of recovery of the patient. *Nasya* with *Teekshna Ushna* drugs clears the

Margavarodha or obstruction and may also improve the collateral blood flow to the adjacent cells of infarct area. Hence, this contributes to the preservation of penumbral area and thus in the recovery of the patient.

Basti

In *Vatavyadhi chikitsa*, *Basti* holds significant importance as it possesses a wide spectrum of action and hence considered as *Ardha Chikitsa*^[12].

- When administered, *Basti* reaches the *Pakwashaya*, the main seat of *Vata dosha* and from there, its *Veerya* spreads throughout the entire body^[13].
- The gastrointestinal tract contains a network of fibers known as the enteric nervous system (ENS) which are in connection with CNS through Gut-Brain Axis. After a stroke, distinct alterations in gut microbiota have been noted, influencing the pathology of the stroke. In *Basti*, medicines are administered into the colon which primarily focuses on modifying these altered gut microbiota and hence contributing to the overall recovery.
- *Dashamula kashaya* used in *Niruha basti* contain drugs like *Agnimantha*, *Shyonaka* and *Patala* which reduces over excitation of nerves. *Gambhari* works on higher mental functions, *Shalaparni* strengthens the nervous system. *Dashamula* also possess anti inflammatory action. *Anuvasana* with *Ksheerabala taila* which is given next to *Niruha*, gets readily absorbed and promotes strength.

CONCLUSION

Pakshaghata can manifest due to *Margaavarana* or *Dhatukshaya* and the treatment approach hinges on the *Dosha*, *Vyadhi avastha* and the *Samprapti* involved. In this case, characterized by *Vatakaphaja lakshanas*, treatment focused on addressing *Kaphavarana* and pacifying the aggravated *Vata*. As *Vatavyadhi* are *Kruchrasadhya* or *Asadhya* in nature, they necessitate prolonged treatment. Due to challenging nature of *Pakshaghata*, early diagnosis with appropriate management plays pivotal role in facilitating swift recovery and improving quality of life. This case has exhibited significant improvement with a single course of *Agnilepa*, *Nasya*, and *Basti*, with observable symptomatic relief and radiological changes.

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