

# Role of Ayurveda line of management in Pakshaghata: A case report of post stroke hemiplegia

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## ABSTRACT

*Pakshaghata* is one among the 80 *Vataja Nanatmaja Vikaras*. The condition is characterised by weakness of one half of the body leading to the symptoms like *Gruhitwad ardha shareera*, *Vaksthamba*, *Karmahani* etc. We are herewith presenting a case of 65 years male patient with known case of hypertension for 10 years admitted in the Integrated Medicine department of an Allopathy hospital with the complaints of weakness in right upper limb and lower limb, Facial weakness. Chikitsa was adopted keeping in the *kevala vataja samprapti* as base. *Sthanika abhyanga*, *nadi sweda* and *Baladi yapana basti* in *yoga basti*, *upanaha sweda* was adopted as a treatment modality. *Shamanushadhi*, such as *Brihatvatachintamani Rasa*, *Cap Ksheerabala*, and *Balarishta*, were prescribed. After 1 month of treatment and follow up, the patient showed better result assessed by Modified Rankin Scale (mRS), Barthel index, Brunnstrom recovery stages (BRS), Modified Ashworth Scale.

## Introduction

The term *Pakshaghata* or *pakshawadha* literally means "paralysis of one half of the body" where "*Paksha*" denotes either half of the body and "*Aghata* or *wadha* (paralysis)" denotes the impairment of *Karmendriyas* which denote an important part of the motor system. Herewith, we are presenting a case of *Pakshaghata* managed by Ayurveda Management.

A patient aged 65 years, married male from Solapur was brought on stretcher to Neuroscience hospital on 09/04/24 with complaints of reduced strength in the right half of the body with difficulty to sit, walk and perform daily activities, Aphasic and Dribbling of fluids while drinking from right side of mouth in the last 10 days. He was diagnosed as left MCA infarct. He was managed as an acute ischemic stroke by allopathic medicine. And the patient was referred to Panchakarma Vaidya after his vitals were brought within normal physiological limits. The consequences of stroke, such as weakness in right upper limb and lower limb, imbalance while walking and speech defect persisted.

**History:** A male patient aged 65 years was a known case of Hypertension for 10 years and was under medications. Patient was apparently healthy 10 days before, on 09/04/2024. The patient was

shifted to CNS neuroscience Hospital, Solapur, where they advised for MRI and Blood investigations. MRI T2 diffusion brain was done which revealed Acute left MCA infarct, likely hypertension aetiology. On Neurological examination, he had Dysarthria and Right sided Hemiplegia and admitted in ICU for further monitoring his BP was controlled with IV and oral Antihypertensive. He had Urine retention and Foley's catheterization was done. Patient experienced reduced strength in right half of the body with slurring of speech and was unable to walk for which he referred to Panchakarma Unit on 15/04/2024.

### **Physical Examination**

#### **Ashtasthana Pareeksha**

Nadi: 76/min

Shabda: Slurred speech

Mutra: On Catheterization

Sparsha: 98.1°

Mala: Once in a day [Regular]

Drik: Prakruti

Jiwha: Alipta

Akruti: Madhyama

### **Systemic Examination**

#### **Central Nervous System**

Level of consciousness: Conscious

Orientation to time, place and person: Intact

Memory: Intact

Manner, Affect and relationship to people and things: Normal

#### **Muscle Bulk:**

**Table 1: Showing the circumference measurement**

<b>Muscle Bulk</b>	<b>Right side of Body</b>	<b>Left side of body in cm</b>
Mid-calf circumference	26cm	26cm
Mid-thigh circumference	40cm	40cm
Mid-arm circumference	22cm	22cm
Mid-Forearm circumference	16cm	16cm

**Muscle Tone:**
**Table 2: Showing the type of muscle tone**

Muscle Tone	
Right Upper Limb	Hypertonic Spasticity: Clasp Knife Spasticity
Left Upper Limb	Normotonic
Right Lower Limb	Hypertonic Spasticity - Clasp Knife Spasticity
Left Lower Limb	Normotonic

**Muscle Power:**
**Table 3: Showing the Muscle Power**

	Right	Left
Upper Limb	3/5	5/5
Lower Limb	3/5	5/5

**Table 4: Co-ordination Test**

Tests	Right	Left
Romberg's Test	couldn't elicit	couldn't elicit
Finger Nose Test	Not able to perform	Intact
Heel Shin Test	Not able to perform	Not able to perform
Tandem Walking	Not able to perform	Not able to perform
Dysdiadokinesia	Absent	Absent

**Reflexes:**
**Superficial Reflex:**

Corneal reflex: Present

Abdominal reflex: Present

Plantar reflex Right foot: Extension of great toe

Left foot: Normal

**Table 5: Deep Tendon Reflexes**

Reflexes	Right	Left
Biceps	4+	2+
Triceps	4+	2+
Supinator	4+	2+
Knee jerk	4+	2+
Ankle jerk	4+	2+

- Respiratory system - on auscultation, normal sounds heard and no abnormality detected.
- Cardiovascular system - S1 S2 heard and no abnormality detected.
- Gastrointestinal system - Soft, non-tender, no organomegaly

**Diagnosis**

Dakshina Parshva Pakshaghata in terms of CVD with Right Sided Hemiplegia due to infarct in left MCA.

**Therapeutic Intervention**

Considering the Symptoms, Condition of the patient treatment was adopted at different Phases

by seeing the response for the treatment.

1. *Shirodhara* [~Process of oil pouring onto the head] with *Murchita Tila taila* for 30 minutes
2. *Sthanika Abhyanga* with *murchita Tilataila* and **shashtika shali** [red type of rice] *pinda sweda* [~Sudation] with lumps to right upper limb and right lower limb

### 3. *Brimhana basti* (*Baladi Yapanabasti*)

Contents of *Baladi Yapanabasti*

- *Sauvarchala lavana*-06gms
- *Madhu*-80ml
- *Sneha-Murchit ghrita* -80ml
- *Kalka* [~Paste]-*Madhuka* [*Madhuca longifolia* (Koenig), *Madanaphala* [*Randia dumetorum Lam.*]-12gms
- *Ksheera paka* [~Decoction with milk] of *Kashaya* - *Atibala* [*Abutilon indicum* (L.) Sweet, *Vidari*-[*Pueraria tuberosa* (Roxb. Ex Wild.), *Shalaparni* [*Desmodium gangeticum* DC.], *Prushnaparni* [*Uraria picta* (Desv.), *Brihati* [*Solanum indicum* Linn], *Kantakari* *Solanum xanthocarpum* Schrad. & Wendl], *Darbhoola* [*Desmostachya bipinnata* Linn], *Parushaka* [*Grewia asiatica* auct.], *Kashmarya* [*Gmelina arborea* Linn.], *Bilvapatra* [*Aegle marmelos* Corr.], *Yava* [*Hordeum vulgare* Linn]-240ml

### 4. *Upanaha* (*Godhumadi Upanaha*) [~Poultice fomentation]

#### FOLLOW-UP AND OUTCOMES

The observation was done on the basis of assessment of Modified Rankin Scale (mRS), Barthel index, Brunnstrom recovery stages (BRS), Modified Ashworth Scale before treatment and After treatment. The Modified Rankin Scale (mRS) is the most often used tool to quantify post-stroke disability in regular practice and by qualified raters in clinical trials.<sup>[5]</sup> The Barthel index (BI) is a widely used observer-based instrument for measuring physical function in the rehabilitation context. The Brunnstrom recovery stages (the BRS) assesses the poststroke motor function. The modified Ashworth scale is the most widely regarded clinical tool for measuring the increase of muscle tone.

**Table 6. Outcome of the Treatment**

Assessment Criteria	Before Treatment	After Treatment
Brannstrom's stages of stroke recovery	1	4
Barthel index	40	80
MRC Muscle power scale	3	5
Modified Ashworth Scale	2	0

#### Discussion

The treatment of any disease according to *Ayurveda* principles is primarily determined by the *Dosha Avasta* (~stage) – *Ama-Avastha* or *Nirama-Avastha*. The *Avastha* of a disease is an important consideration in *Ayurveda*. Different stages of a disease may require varying approaches to treatment. Understanding the specific dosha or doshas responsible for a particular disease is crucial. Different diseases can be attributed to imbalances in *Vāta*, *Pitta*,

or Kapha doshas [~Three humours of body], and treatment approaches must be tailored accordingly.

In the present case, the patient presented with *Niramavastha* symptoms ie. *Nirāmāvasthā chikitsā* was started after the symptoms - *Gaurava* (~Heaviness), *Shaitya* (~Coolness/cold), *Stamba* (~Ridiness/stiffness of joints) were reduced.

**Nirama-Avastha Chikitsa:** Among all the factors that influence the duration and approach to treatment, the clinical assessment of the patient's current state (*Nirāmāvasthā*) is of utmost importance. *Nirāmāvasthā chikitsā* was started after the symptoms - *Gaurava* (~Heaviness), *Shaitya* (~Coolness/cold), *Stamba* (~Ridiness/stiffness of joints) were reduced. *Shirodhara*[~Process of oil pouring onto the head]<sup>[19]</sup> with *Vātahara Taila* [~oil] pacifies the *Vāta* and also balances *Rakta*[~Blood tissue] and *Pitta*.<sup>[20]</sup> *Abhyanga* done with *Vātakaphahara* helps in nourishing the degenerated cells whereas *Swedan*[~Sudation] like *Shastika Shaali Pinda Swedana* [~Sudation using bolus of rice] improves the tone of the body. *Swedana Karma* [~Sudation therapy] also promotes metabolic activity, which raises oxygen consumption and blood flow.<sup>[21]</sup> *Baladi Yapana Basti* was administered as *Brimhana Basti*. *Brimhana Basti* helps to eliminate the *Dosha* from the body, increases strength, and spreads potency of the drug due to its *Prabhava* (~Effect).<sup>[22]</sup> *Upanaha* [~Poultice application] was done with *Godhuma*, *Rasnachurna*, *Devdaruchurna*, *Saidavalavana*(~Rock salt), *Takra*(~Buttermilk), *Tilataila*(~Sesame oil). *Upanaha* [~Poultice application] has *Vātahara/Brihmana* properties<sup>[23]</sup> and is indicated in *Niramaavastha*. It acts as muscle relaxant, reduces the pain and stiffness serves to pacify *Vāta*.

The outcome of the treatment protocol was assessed on 02/05/2024. In the present case, there was good improvement found, assessed by the parameters - Brunnstrom's stages of stroke recovery, Barthel index, MRC Muscle power scale and Modified Ashworth Scale.

## CONCLUSION

This case study showed significant improvement in the patient post stroke without any complications. Based on this study, it can be inferred that the treatment protocol according to 'Avastha' – i.e., *Āmavastha* and *Nirāmāvasthā* is very effective in the management of *Pakshāghāta* (~Hemiplegia/Hemiparesis).

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