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CASE STUDY

A Single Case Study in Management of Pakshaghat with Ayurveda

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ABSTRACT

In the *Sharira*, *Vata* is seen as the controller of all things. *Vatavyadhi* is the term for the influence of vitiated *vata* on the *Dusyas*, which permeate the whole body or a portion of it and give rise to various sorts of illness. One of the significant illnesses that fits this description is *pakshaghata*, also referred to as hemiplegia. One *Vataj Nanatmaja Vyadhi* who is regarded as a *Mahavatavyadhi* is *Pakshaghata*. There is a correlation between *pakshaghata* and hemiplegia, a condition caused by a cerebrovascular accident or stroke. Hemiplegia, which results in both mental and physical instability. In the world's population, there are around 9 instances per 1000 people. A stroke is described as an abrupt onset of vascular mechanism-related neurologic impairment. 15% are initial hemorrhages, and 85% are ischemic. The World Health Organization estimates that 15 million stroke victims globally experience a stroke each year, of whom 5 million die and another 5 million become permanently incapacitated. According to current scientific theory, brain injuries that are too severe for treatment to reverse can result in lifelong neurological impairment. As a result, the prognosis for the illness is dismal, leaving the crippled individual dependent. The current research aims to provide baseline data for student physicians to cope with this terrible condition by identifying the etiopathogenesis, clinical aspects, and therapy of the disease from Ayurvedic classics.

1. INTRODUCTION

Vata Dosha vitiation is the source of the sickness known as pakshaghat. [1] According to Acharya Charaka, joint stiffness results from Prakupita Vata creating adhishthana in one half of the body, which causes Pakshaghata, or the loss of function in one half of the body. According to Acharya Sushruta, vata dosha travels in urdhava adhoga tiryaka dhamani and causes sandhi bandhana moksha, which eventually results in Pakshaghata, or the loss of function in one half of the body. He went on to say that someone who loses feeling and is bedridden could pass away from Pakshaghata. As stated, the prognosis of the illness is Asadhya when Dhatukshaya is the cause of Pakshaghata, Krichhrasadhya when vata is the only dosha involved, and Sadhya when vata is linked to other doshas. [2]

Stroke treatments described in various sources consist of oil massage, steam therapy,^[3] and a gentle cleansing followed by an enema, with the administration of strengthening and nerve-calming medication.^[4] Nasal therapy, enema, and full body massage with a specific oil and herbal bandages are also used. The treatment should last for 3–4 months.^[5]

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Stroke is when the blood supply to the brain is blocked or reduced, causing brain cells to die. This can lead to serious health issues or even death.

It is when someone suddenly has trouble moving or speaking because the blood vessels in their central nervous system are not working properly. The symptoms depend on where the problem is, and it mostly affects movement. [6]

Lacunar infarcts are tiny areas of damaged tissue in the brain, caused by a blockage in small blood vessels. They can be as small as 30–300 micrometers.^[7]

Many people get high blood pressure and blocked arteries for a long time. Many people with lacunar strokes may experience a temporary episode of weakness or numbness, but they do not usually have headaches. Even though they usually have a good outlook, having many small spaces in the brain can cause problems with speaking and moving, as well as memory loss.

The signs of this condition are a drooping face, difficulty speaking, a tongue not in the right place, and problems with moving muscles. The first treatment is to give essential help. Then, the cause and symptoms are treated. [8]

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The patient had a medium physical strength and worked as a laborer. He had to lift heavy things and drive a vehicle. He kept working all day without stopping to eat, and then he had a paralysis attack. In the *Charaka Samhita*, it says that doing hard physical work and fasting both can make the *vata* in the body become unbalanced. This unbalanced *vata* goes into the blood vessels and then affects the nerves on the right side of the body. This can cause problems like trouble walking and not being able to move the right arm and leg. Throughout the treatment, the patient was told to stay away from cold and not to do hard exercise or work. They were also told to eat fresh, warm and nourishing foods like *masa ras* and milk.

2. MATERIALS AND METHODS

Patient presents with right-sided hemiplegia with acute intraparenchymal hemorrhage in the left ganglic capsular region. A male patient aged 35 years attending the outpatient department of *Kayachikitsa*.

- Presenting complaints
 - Difficulty in walking (kuryaat cheshtaa nivrattih),
 - Unable to do work with the right-sided limbs (Ardhkaayastasya akarmanyo vichetanam),
 - Numbness in the right upper and lower limbs (*Hatvaa ekam paksham vaam*),
 - Slurred speech (vaak stambhamev cha) and
 - Deviated mouth (Mukh vakrata)

From 15 days, he was diagnosed with left hemiplegia. He is a known case of hypertension for 3 years.

Before 15 days, he was asymptomatic, and suddenly, he felt cramps and weakness on the right-side of his body. Again, on the next day, complaints became severe, and then he went to the hospital there. He took the treatment for 5 days, and an anticoagulant drug was started during the allopathic course of the treatment. He took the treatment for 15 days. He did not get satisfactory results, so he came to our institute.

- Physical examination
 - On doing a neurological examination
 - (HMF) higher mental functions intact
 - Sensory nerve functions were found to be intact
 - The patient was well oriented to person, place, and time [Tables 1 and 2].
 - General condition: moderate
 - Pulse Rate: 75/min
 - BP: 140/80 mm of Hg
 - RR: 18/min
 - HR: 76/min
 - Mala: Badhta
 - Kostha: Mrudu
 - Mutra: Regular
 - Nidra: Sound
 - Kshudha: Samyak
 - Jihva: Liptha
 - Superficial sensation WNL
 - Deep sensation WNL
 - Cortical sensation WNL.

2.1. Central Nervous System

2.1.1. Higher functions

- Consciousness is fully conscious of time, place, and person
- Memory-Intact
- Behavior- friendly Orientation is fully oriented to time, place, and person.

2.1.2. Cranial nervous

- Facial nerve (symptoms present)
- Asymmetry of the face, stasis of food in the mouth, dribbling of saliva through the mouth.

2.1.3. O/E

- Eye closure is normal; whistling is not present; blowing is not present
- Hypoglossal tongue deviated.

2.1.4. Motor system

- Nutrition: no wasting, no hypertrophy
- Tone hypotonic (effected side).

Reflexes examination are mentioned in Table 1. Deep Tendon reflex examination are mentioned Table 2. Superficial reflexes examination are mentioned in Table 3. Central nervous system examination are mentioned in Table 4. Sensory System examination are mentioned in Table 5. Examination of muscles are mentioned in Table 6.

2.2. Past history

- H/O Hypertension Since 3 years-On Medication Since 3 years (Tab Atenolol IP 50 mg 1-0-0 A/F)
- H/O CVA Stroke 15 days ago (Tab Atorvastatin 40 mg 0-0-1 A/F)
- Not K/C/O-Allergy, Typhoid, Malaria, or Dengue.
- No H/O-Trauma or Accidental Injury
- MRI shows acute intraparenchymal hemorrhage in the left ganglic capsular region as cited in figure 1.

2.3. Diagnosis

Pakshaghat.

- Panchkarma procedures
- Pratimarsha Nasya with bala tail for 15 days.
- Sarwang abhyanga with Mahamash tail.
- Sarwang swedana (Nadi swedana-Dashmool, Errand, and Nirgundi Patra Kadha)
- Basti (yog basti (niruah-dashmool kadha; anuvasan-mahamasha tail basti), then followed by yapan basti
- Jivha Nirlekhan-Akarakarabha Choorna
- Shaman Aushadha
- Balarishta 10 mL BD
- Aarogyavardhini 2 tab BD
- Brihata vata chintamani ras 125 mg BD in giloy satva bhavit
- Shankha vati 2 tab BD
- Gandharva haritki 1 tsp at night with lukewarm water
- Ekangveer ras 1 tab bd
- Physiotherapy.

And continue medication to prevent further complications

- 1. Tab Ecosprin 150 mg 1 HS
- 2. Tab Atorva 20 mg 1 HS.

3. RESULTS

Relevant effects show the results for the patient after *panchakarma* treatment in Table 7.

3.1. Probable Mode of Action[9]

In samhita, it is mentioned that *basti* is the optimal way to address *vata dosha*. It leads to purification and healing at the same time. It goes to the main area where *vata dosha* is located in the body, known as

pakvashaya, and causes the movement of certain types of air (vayu). This helps to balance the vata dosha in the body. Basti treatment can help with different aspects of the disease if other factors are involved because it uses a substance with many different properties. Medicine spreads throughout the body and helps to balance the doshas. The vata shaman helps get rid of the main reason for the illness. Dashmool basti is strong and calms the vata, and when it is given with anuvasana basti using mahamash oil, it nourishes the tissues and makes them smooth.

The modes of action of different contents are as follows:

- Madhu is the best medicine for increasing the size of muscles.
 It can also help prevent complications, as explained by Acharya Charaka.
- Saindhava helps to reduce pain, and Swedana helps to spread and absorb medicine in the anal canal.
- Sneha in basti is a type of medicated oil that helps to calm the vata dosha and strengthen the body.
- Balancing the body's energy and removing toxins from the body is known as *utkleshan of dosha*. Kwatha ingredients include mustaka, guduchi, rasna, and punarnava. They all have a calming effect on vata and have rejuvenating properties.
- Milk is added to an herbal mixture called basti to make a tonic that helps the muscles get stronger by giving them the right kind of food. Yapna basti is very good for immediate relief and does not cause any problems.^[9]

Nasya is a powerful treatment for balancing the *vata dosha* because it directly works on upper respiratory problems. Shirah Pradesh is the main place of control for our senses, and the nose is the way to reach it. Medicine given through the nose goes to the head and helps to remove toxins and balance the body at the same time. Local massage and local steam therapy make the body soft, reducing stiffness and pain.

It also helps blood flow better, so the injured area gets the nutrients it needs. The patient was given a special medicine called *balarishta* and *sarswatarishta* by the shaman. These medicines help to soothe the nerves and strengthen the body.

• Abhyanga (Oleation): Abhyanga is massaging the body with oil in the direction your hair grows. Applying oil to the body makes it strong and stable, and the skin becomes healthy and great. This helps the body handle tiredness and exercise, like how oil makes a pot, leather, and cart wheel strong and work better. If Vata is imbalanced and not associated with anything, it should be treated with oil therapy first. Snehana is very important in this situation. It helps to balance the vata doshas and provides nourishment for the body.^[10]

When *Abhyanga* is done for a while, the oil goes to various *dhatus* of the body. Therefore, it is clear that the power of the medicine in the oil gets soaked into the skin. It helps to make Dhatus to relieve its symptoms.

- Swedana (fomentation)^[11]-Sweda helps to remove dirt and toxins from the body in the form of mala by sweating. Dhatvagni and Bhutagni are connected to sweat. Swedana medicines with warming and sharp qualities can go deep into the small channels in the body and make the sweat glands produce more sweat. After the small channels widen, Laghu and Snigdhadosha go through the channels and move them to the stomach or come out of the skin as sweat, which cleans the channels. Vamana or Virechana therapy can help remove the dosha from the body. [12]
- Snehayukta aniloman (purgation)-Laghu Virechana is a way to get rid of the harmful substances in the body through the lower pathway, which is the guda. This karma is often used to decrease Pitta Doshas. Virechana therapy cleans your body's channels,

makes your senses clear, makes your body feel light, gives you more energy, and helps you stay healthy. *Virechana* drugs are *Ushna* (hot), *Tikshna* (sharp), *Sukshma* (subtle), *Vyavayi* (pervades the entire body before being digested), and *Vikasi* (causing looseness of joints). They spread throughout the body before being digested and can make your joints loose. *Virechana Dravya* spreads throughout the body and reaches the heart through the vessels because it is effective.

They melt the strong *Doshas* because of their *ushna* nature. They remove the sticky *Doshas* in the body's channels because they are strong and sharp. This hazards substance can enter the stomach because it can move through small channels and go into the digestive system. The medicine helps to get rid of waste and bad *dushit dosha* in the body by making it go out through the *guda*.^[13]

Basti (Enema) When basti is put into the body, it spreads throughout
and gets rid of toxins and waste from different parts of the body. It
also makes the body oily and removes toxins from the stool.^[14]

According to *Charakacharya*, "*Amrutopamam*" is good for patients with weak bone marrow, reproductive system, and energy. It has properties that can make the body strong, nourished, and healthy. [15]

- Niruha Basti (decoction-based enema)-Dashamula Niruha Basti, which consists of Madhu, Yogavahi, and Sukshma Marga Anusarita, serves as a catalyst and enters the Sukshma Srotas. The Laghu and Tridosha Shamaka Gunas were familiar with the Saindhava Lavana. The Snigdha Guna of Sneha Dravya (Tila Taila) encounters Ruksha and the Laghu Gunas of Vata, resulting in Vata Shamana. The major drugs, Kalka (Triphala and Bala), strengthen the total combination. It helps to dissolve mala. Kwath reacts to Dosha, Anulomana, and Nirharana. [16]
- Anuvasana/Sneha Basti (an oil-based enema): Bala taila anuwasan basti retains the oil for a particular amount of time without inflicting any harm. Pureeshadhara Kala is safeguarded by the Snehana effect. Bala Taila, who wields Guru and Snigdha Gunas, and challenges Ruksha and Laghu Gunas of Vata, resulting in Vata Shamana. While analyzing Anuvasana Basti, Acharya Charaka watches the digestion of Sneha using the phrase "Sneham Pachati Pavakah", and after digestion, Dravyas can be given to produce the effect on the body. [17]

Nighantu Ratnakara's Vatvyadhi Prakarana recommends Ekangveer Rasa for treating Pakshaghata, Ardita, and other Vatvyadhi. Ekangveer Rasa, which contains Madhura Rasa, Snigdha Guna, Ushna Veerya, and Madhura Vipaka, has the capacity to relieve vitiated Vata Doshas. Tikta, Katu, Kashaya Rasa, Laghu Guna, Ruksha Guna, Ushna Veerya, and Katu Vipaka relieve vitiated Kapha Dosha.^[18]

Vacha Choorna or Akarakarabha Choorna, both of which are useful in curing irregularities of speech, are used in Jihwa Nirlekhana. Vacha plays a unique significance in Ayurvedic treatment because it is an essential Medhya drug that improves memory and cognition. Acharya Charaka classified Vacha as Lekhaniya and Sanjnasthapana Mahakashaya. Vacha possesses a unique power (Prabhava) as a nervine tonic. Because of these properties, it balances both Vata and Kapha. Because of the properties of Pramathi and Lekhana, it dissolves the Kleda, Meda, Lasika, Sweda, and Vasa while eliminating the Mala, Kapha, and Pitta from the Srotas. The "Srotansi Vivrunoti" effect results from the Katu Rasa dilatation of all relevant channels. [19]

 Physiotherapy: Physiotherapy is a therapeutic method that focuses on the science of movement and helps patients regain, preserve, and maximize their physical health, strength, and range of motion (ROM). Physiotherapy is used throughout the course of treatment to improve joint ROM and muscle flexibility. In this case, the goal of physiotherapy is to promote joint integrity and muscular flexibility, as well as to complete any delayed developmental milestones as soon as feasible. Other advantages include better circulation to all four limbs and brief pain alleviation. For spasticity, ROM exercises, passive stretching, and peripheral joint mobilization were utilized to enhance joint mobility and flexibility. Speech therapy, physiotherapy, and other rehabilitation treatments, together with correct Ayurvedic management, can help the patient become self-sufficient.^[20]

4. DISCUSSION

Treatment of both the underlying causes and symptoms of diseases is the goal of *Ayurvedic* medicine. The method is known as *samprapti vighatana*. *Vata* is the primary cause of the sickness in *Pakshghata* and should be treated first. *Dhatu kshya* is one of the many reasons why *vata prakopa* might occur. BASTI's complex effects cause not only *vata shaman* but also *dhatu poshana* and the pacification of other *vata-related doshas*. *Yapna Basti* contains strong *vata shamak* and *balya* remedies.

Medication administration through the nose is known as *Nasya*. *Nasya* is known as *dwar to shira* (brain) in Ayurveda. *Pakshaghat's* major disease involves systematic organs, as vata disorders involve brain functions. *Nasya* produces *vata shaman* when we use oil for *snehana*. *Nasya* acts directly on the urdhava jatrugata vikar, making it a potent *vata shamaka* method. Shirah *Pradesh* is the primary devotee of the *indriya*, with *Nasa* serving as the pathway to it. A medication administered through *nasa puta* travels to *Shira*, where it induces both *vata shaman* and *dosha nirahana*. In this case, the patient received *Anu Tail Shaman Nasya*. According to the *Charaka Samhita*, *Anu tail* has *vata shamaka* qualities and mostly affects *Urdhva jatrugta vyadhis*. [21]

Pakshaghata muscles are first flaccid before hardening. If sthanik abhyanag and swedana are completed early on, they bypass this stage. Abhyanaga can help prevent muscular hypertrophy by increasing blood flow to the affected area. Swedana alleviates pain when a patient complains of it in the affected area.

4.1. Factors involved in Samprapti of Pakshaghata[22]

- Doshas: Vata (all five types; Prana, Udana Vayu, especially)
 - Pitta (Panchak Pitta, Ranjak Pitta, especially)
 - Kapha (Shleshak and Avalambaka Kapha, especially)
- Dushyas: Rasa, Rakta, Mamsa, Meda Dhatu, and Manas
- Agni: Jatharaagni, Dhatvaagni
- Ama: Dhatwaagni-Maandya-Janya
- Strotasa: Rasavaha, Raktavaha, Mamsavaha, and Medavaha
- Strotodushti: Atipravrutti, Sanga, Siraagranthi, and Vimaarga Gamana
- Udbhava Sthana: Pakwaashaya
- Sanchara Sthana: Urdhwa, Adhah, and Tiryak Dhamanis
- Adhisthana: Shira
- Rogamarga: Madhyam Roga Marga
- Vyakti Sthana: Either Dakshin or Vama Paksha.

Pathophysiological aspect of Vata are mentioned in Table 8. Consideration of Kapha in Pakshaghata are mentioned in Table 9.

5. CONCLUSION

Pakshaghata is a vata pradhana disease that causes loss of function in one half of the body, similar to hemiplegia. It can be linked to

Clumsy Hand Syndrome due to similar symptoms. *Basti and Nasya* are effective treatments for *vata pradhana Vyadhis*, *while sthanik abhyanaga and swedana* provide symptomatic relief. The patient fully recovered after receding.

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9. ETHICAL APPROVALS

This study does not require ethical clearance as it is a case study.

10. CONFLICTS OF INTEREST

Nil

11. DATA AVAIBALITY

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Table 1: Reflexes examination

On examination			
Reflexes	Rt.	Left	
Biceps	+	++	
Triceps	+	++	
Knee	+	++	
Ankle	+	++	
Planter	+	++	

Table 2: Deep tendon reflex examination

Tendon reflexes findings-Deep		
Reflex	Right	left
Ankle	Absent	Present
Supinator	Absent	Present
Knee	Absent	Present
Tricep	Absent	Present
Biceps	Absent	Present

Table 3: Superficial reflexes examination

Tendon reflexes findings-superficial	
Plantar reflex	Positive in the right
Abdominal	Normal

Central nervous system examination

Table 4: Central nervous system examination

HMF-Higher mental function	
Consciousness	Fully conscious
Orientation to	
Time	
Place	Intact
Person	
Memory	
Immediate	
Recent	Intact
Remote	
Hallucination and delusion	Absent
Speech disturbance	Absent
Handedness	Right
Cranial nerve examination	
Olfactory	
Smell sensation	Intact
Optic	
Color vision	NAD
Oculomotor, Trochlear, Abducens Nerve	
Eye ball movement	Possible in all directions

Table 4: (Continued)

Table 4. (Commueu)	
Consciousness	Fully conscious
Pupil	
Position	
Shape	NAD
Size	
Ptosis	Absent
Trigeminal	
Sensory	
Touch, Pain and pressure sensation	Intact
Motor	
Clenching of teeth Possible	Possible
Lateral movement of Jaw Possible	Possible
Facial	
Forehead frowning	Possible, Equal in both sides
Eyebrow 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
Gag reflex	Normal
Hypoglossal	
Protrusion of tongue	Complete protrusion possible
Tongue movements	Possible
Motor	
Involuntary Movements	Absent
Muscle Tone	
RT	LT
Upper limb	
Нуро	N
Lower limb	
Нуро	N
Power	
Upper Limb	
2	5
Lower limb	
1	5
Coordination	
Upper limb	
Finger nose test coordination Absent	Finger nose test coordination present
Lower limb	
Knee heel test absent	Knee heel test-present
Forehead frowning Eyebrow raising Eye closure Teeth showing Blowing of cheek Glossopharyngeal and Vagus Position of uvula Taste sensation Gag reflex Hypoglossal Protrusion of tongue Tongue movements Motor Involuntary Movements Muscle Tone RT Upper limb Hypo Lower limb Hypo Power Upper Limb 2 Lower limb 1 Coordination Upper limb Finger nose test coordination Absent Lower limb	Possible, Equal in both sides Possible, Equal in both sides Normal Possible Centrally placed Intact Normal Complete protrusion possible Possible Absent LT N S Finger nose test coordination present

(Contd...)

Table 5: Sensory system examination

Sensory system		
Superficial		
Touch	Intact	
Temperature	Intact	
Pain	Intact	
Deep		
Crude touch	Present	
Vibration	Present	
Pressure	Present	

Table 6: Examination of muscles

	Right	Left
Nutrition	Well nourished	Well nourished
Tone	Hypertonic	Normal tone
Power	2/5	5/5
Coordination	No coordination	Fully coordinated
Involuntary movements	Not any	negative

Table 7: Motor system examination before and after treatment [23-25]

	Before treatment	After treatment
Muscle tone	Hypertonic	Normal tone
Power	2/5	5/5
Coordination	No coordination	Fully coordination
Plantar reflex	Positive	Negative

NECT Brain

CLINICAL PROFILE: c/o right sided weakness since 1 day.

FECHNIQUE: Volumetric axial sections of the brain were studied. Coronal and sagittal econstruction was done using volume data.

EINDINGS:

- A well defined area of blood attenuation measuring 6 x 2.8 x 4.4 cm (APX TRA XCC) is noted in the left gangliocapsular region with perilesional edema extending in left temporal suggestive of acute intraparenchymal hemorrhage.
- It is causing mass effect in the form of effacement of ipsilateral sulci, compression of the left lateral ventricle and midline shift of 5 mm to the right.
- Rest of the brain parenchyma appears normal in attenuation pattern.
- Ventricular system, cortical sulci and basal cisterns appear normal.
- Posterior fossa structures appear normal.

IMPRESSION: NECT Brain study reveals:

Acute intraparenchymal hemorrhage in left ganglicapsular region.

Figure 1: Before treatment

Table 8: Pathophysiological aspect of Vata

Prana Vayu	Charaka Samhita	Sushruta Samhita	A. Sangraha
Sthana	Murdhaa, Ura, Kantha, Jeevhaa, Aasya, Nasika	Vaktra	Murdhaa, Kantha, Ura
Functions	Shtheevan, Kshavathu, Udgaar, Shvaas, Aahaar	Dehadhaarana, Annapravesha, Praanavalamban	Buddhi, Hrudya, Indriya, Chitta Dharana, Shtheevan, Kshavathu, Udgaar, Nishvaas, Annapravesha
Vitiation in Pakshaghata cause	Disturbance in consciousness, intelligence, memodreams; difficulty in swallowing, sneezing, cough	· ·	rientation of place and time, sleep and
Udana Vayu	Charaka Samhita	Sushruta Samhita	A. Sangraha &Hrudyam
Sthana	Nabhi, Ura, Kantha	Urdhvagatikrut	Ura, Nasa, Nabhi, Gala
Functions	Vaakpravrutti, Prayatna, Urja, Bala, Varna	Bhashit, Geeta etc., Vishesha Karya	Vaakpravrutti, Prayatna, Urja, Bala, Varna, Smruti
Vitiation cause	Disorders of speech		
Vyana Vayu	Charaka Samhita	Sushruta Samhita	A. Sangraha &Hrudyam
Sthana	Sarva Deha	Krutsnadehachara	Hrudisthita, Krutsnadeha
Functions	Sheeghragati, Gati, Prasarana, Akshep, Nimesha, Rasadhatu Vikshepana	Rasasamvahan, Sveda and Asrukstravana Prasarana, Akunchana, Vinaman, Unnamana, Tiryaggaman	Gati, Apakshepan, Utkshepan, Nimesha, Unmesh
Vitiation cause	Difficulty in the movement of limbs, convulsions, exaggerated jerks, Involvement of the movement of eyeball		
Samana Vayu	Charaka Samhita	Sushruta Samhita	A. Sangraha and Hrudyam
Sthana	Sthana Sveda and Ambu Vahini Strotas Samadhishthit, and Jathraagni	Amapakvashayachara, Vanhisangat	Agnisamipastha, Koshthe Charati Sarvatah
Functions	Agnibalaprada	Anna Pachan, Vishesh Vivinakti	Anna Gruhan, Pachan, Vivechan, Munchan
Vitiation cause	Disturbance of gastro-intestinal system, stasis, fla	tulence, and indigestion	
Apana Vayu	Charaka Samhita	Sushruta Samhita	A. Sangraha and Hrudyam
Sthana	Vrushana, Basti, Medhra, Nabhi, Uru, Vankshana, Guda, Antra	Pakvadhan	Apana, Shroni, Basti, Medhra, Uru
Functions	Shukra, Mootra, Shakrut, Artav, Garbha Srujati	Shakrut, Mootra, Shukra, Garbha, Artav Nisaran	Shukra, Artav, Shakrut, Mootra, Garbha Nishkraman
Vitiation cause	Loss of control of sphincters, i.e., urinary bladder	and rectum	

Table 9: Consideration of *Kapha* in *Pakshaghata*^[26-28]

Tarpaka Kapha		A. Sangraha and	d Hrudyam
Sthana	Shir (Head)		
Functions	By its <i>Snehana</i> quality, it nourishes the <i>Majja</i> of the <i>Mastishka</i> and by its <i>Soumya</i> quality soothens. The <i>Indirya</i> enabling them to perform their ascribed functions.		
Vitiation cause	Tarpak Kapha Kshaya hampers nourishment of Mastishka and hence forbid the dual set of Indriyas to perform their functions resulting in Pakshaghata.		
Shleshaka Kapha	Sushruta Sam	hita A. Sangraha and	d Hrudyam
Sthana	Asthi Sandhi	Asthi Sandhi	
Functions	Keeps the joints firmly united; protect their articulation and oppose their separation. <i>Asthi Sandhi</i> is made up of articulating bones, covered by <i>Snayu</i> (tendons) and <i>Peshi</i> (muscles) which give strength to them. In all the bony joints <i>Shleshmadhara Kala</i> is present, which is bathed in <i>Shleshma</i> .		
Vitiation cause	Sandhibandhan Vimoksha, one of the Symptoms encountered in Pakshaghata results due to the affection of Shleshaka Kapha and Snayu.		