Management of Pakshaghat using Ayurvedic Principles- A Case Study
Malwadkar P, Bahatkar S

1. MD Panchakarma 3 rd year R.A. Podar Ayurved Medical College Worli, Mumbai-400018
2. HOD Panchakarma department R.A. Podar Ayurved Medical College Worli, Mumbai-400018

Abstract:
Ayurveda explains Pakshaghat as one of the vaat vyadhi which is considered as one of the Ashtamahagad-disease which is cripple, fatal and incurable or difficult to cure. In Pakshaghat snayu and kandara shosh occurs due to vitiated vaat and there is paralysis or severe weakness of limbs on one side but specific symptoms may vary from person to person. It also must be remembered that pakshaghat is mentioned in trimarmiya adhyay. When shira marma gets damaged may be due to aaghaat or dosha prakop it may lead to pakshaghaat. In the present case study a 57 year old male patient was brought by his relatives to Panchakarma OPD of Podar Ayurved Hospital with complaints of left hand and legs weakness, muscle spasms, left hand tingling sensation, difficulty in walking and overall weakness since 1 month. MRI brain showed small focal area of acute non haemorrhagic infarct involving left corona radiata and chronic ischemic changes. Also, he had raised BSL. A detailed history was taken, diagnosis done was vaam pakshawadh and the patient was treated using ayurvedic principles. Total duration of treatment was of 36 days and patient had significant relief in symptoms and patient would walk without any support. Sarvanga snehan, pinda sweda, shirodhara, pratimarsha nasya, shodhan basti followed by baladi yapan basti along with internal medications according to conditions was given. This case shows that mahavyadhi like pakshaghat can be well managed if treatment is started earlier. It is the need of an hour to make common people aware of this.

Keywords-Pakshaghat, snayu, kandara, sandhibandha moksha, vaatnuloman, raktaprasadan

Vd. Pallavi Malwadkar
MD Panchakarma 3rd year
R.A. Podar Ayurved Medical College Worli,
Mumbai-400018

Introduction

Pokshaghat has been explained by Aacharya Charak in vaat vyadhi chikitsa.[1] According to Madhavnidan it can be considered ekangavaat in which vitiated Vaat causes, sira and snayu shosh in half side of the body leading to cheshta nivrutti, shool, vvaakatambh and hasta paad sankoch.[2] Also Charak mentions ardit in trimarmiya adhyay.[3] which can be can be corelated to facial paralysis. When shira marma gets damaged may be due to aaghaat or dosha prakop it may lead to pakshaghaat. Acharya Sushrut says that vitiated vaat dosha travels in urdhwa, adho and tiryak dhamani and causes sandhi bandha moksha which leads to loss of function in half of the body.[4] Pakshaghat can be corelated to hemiplegia due to stroke. Worldwide stroke is the second leading cause of death and third leading cause of disability.Aacharya Madhav says about sadhya asadhyatva of pakshaghat that sadhyam aneyan sanyuktam.[5] A case study of pakshaghat with non-haemorrhagic infarct and chronic ischemic changes has been presented here. This article is to highlighten that if patients with stroke comes as early as possible for ayurvedic treatment and proper chikitsa according to avastha is given we can cure this disease and prevent patient from disabilities.

Case Study

A male patient aged 57 years brought by relatives to Panchakarma OPD, R A Podar Ayurved Hospital on 26/12/2022 with C/O left upper and lower limb weakness and muscle spasms, difficulty in walking and overall weakness for one month. He also had ubhay monibandhashool, hasta parva shool, janu sandhi shool for 3 years.
Case Study

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On his first follow up on 3rd January, the patient was advised admission and admitted on 6th January 2023.

On admission, the treatment planned:

**Bahya chikitsa**
1) sarvang snehan swedan
2) shirodhara
3) first anuvasan with mahanarayan tel then shodhan basti

Followed by baladiyapan basti
4) pratimarsha nasya with shadbindu tel 4 drops in each nostril

**Abhyantar chikitsa**

### Table 3

<table>
<thead>
<tr>
<th>Drug and dose</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rasaraj rasa 125 mg</td>
<td>Rasayan kaal</td>
</tr>
<tr>
<td>Amrta satva 1 gm</td>
<td></td>
</tr>
<tr>
<td>Praval pishthi 125 mg</td>
<td></td>
</tr>
<tr>
<td>Abhrak bhasma 125 mg</td>
<td></td>
</tr>
<tr>
<td>Mahayograj guggul 500 mg</td>
<td>Vyanodan kaal</td>
</tr>
<tr>
<td>Tapyadi loha 250 mg</td>
<td></td>
</tr>
<tr>
<td>Saraswatarishta 20 ml brahmi vati 500 mg</td>
<td></td>
</tr>
<tr>
<td>Panchasakar churna 5gm</td>
<td>Ratri</td>
</tr>
</tbody>
</table>

### Table 4

Pt was advised sarvang snehan with mahanarayan tel.

**Internal medicine**

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**Abhyantar chikitsa**

### Table 5

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Procedures done</th>
<th>Parikshan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6/01/23</td>
<td>Snehan, swedan, Anuvasan basti with mahanarayan tel-60 ml</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>7/01/23</td>
<td>Snehan swedan, Niruha basti Pratimarsha nasya</td>
<td>Udar laghav</td>
</tr>
<tr>
<td>3 to 15</td>
<td>8/01/23 to 23/1/23</td>
<td>Snehan, pinda sweda, Baladi yapan basti 150 ml Pratimarsha nasya Shirodhara In abhyantar chikitsa bala + kapikachhu + shatavari + gokshur siddha ksheer started</td>
<td>Anga laghav, udar laghav, utsaah vruddhi, reduced muscle spasm, increase in strength</td>
</tr>
</tbody>
</table>
16 to 23
To
31/1/23

Snehan, swedan, shirodhara, pratimarsha nasya. 
Panchatikta ksheer basti (ksheer paak 60ml  
+ashwagandha ghrut-20ml) 
BSL dated 30/1/23-  
Fasting-160  
PP-387 
Pt discharged

No muscle spasm, can 
walk without support

Table 6 -Result

<table>
<thead>
<tr>
<th>Examination</th>
<th>Before treatment</th>
<th>After treatment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gait</td>
<td>Spastic gait</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Needed support</td>
<td>Without support</td>
<td></td>
</tr>
<tr>
<td>Muscle spasms</td>
<td>Present</td>
<td>Absent</td>
<td></td>
</tr>
<tr>
<td>MPG</td>
<td>MPG UL LL</td>
<td>MPG UL LL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rt 5/5 5/5</td>
<td>Rt 5/5 5/5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lft 3/5 2/5</td>
<td>Lft 5/5</td>
<td></td>
</tr>
<tr>
<td>Reflex</td>
<td>DTR AK BT T</td>
<td>DTR AK BT T</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rt +2 +2 +2 +2</td>
<td>Rt +2 +2 +2 +2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lft Ab Ab Ab Ab</td>
<td>Lft +1 +1 +1 +1</td>
<td></td>
</tr>
<tr>
<td>Plantar reflex on left-absent</td>
<td>Plantar reflex on left-diminished</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right-present</td>
<td>Right-present</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussion

In this case though the patient was diabetic
he was not having any symptoms of prameha
or prameha poorvaropa. It was diagnosed as
vaat pittaj pakshawadh. It has been told by
aacharyaas that if in pakshaghat vaat is
associated with kaph or pitta are
curable/sadhya than pakshaghaat caused
due to vaat dosha alone. It has been told to
give virechan in pakshaghaat. [7] According to
Sushrut after snehan,swedan and mrudu

sanshodhan , anuvas and niruha basti
should be given along with
shirobasti,abhyanga,upanaha. [8]But
considering the samprapti of vyadhi , bala
and avastha of patient he was given
shirodhara, pratimarsha nasya and yapan
basti. Internal medicines and karma chikitsa
were selected for vaatanuloman, rakta
prasadan and giving strength to snayu and
kanadara.

Table 7- Selection of drugs

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Medicine</th>
<th>Key Ingredients</th>
<th>Reason for selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mahayograjguggul</td>
<td>Sunthi,pippi, pippalimola,vacha ,chitraka, vanga bhasma,raupya bhasma,tamra bhasma,loha bhasma, abhrak and mandoor bhasma</td>
<td>For pachan, agnideepan ,vaatashaman, rasayan karma, yogavahi action.</td>
</tr>
</tbody>
</table>
2. Tapyadi loha | Triphala, trikatu, trimada, shilajeet, makshik bhasma, raupya, loha, mandoor, sharkara | For raktaprasadan, balya and rasayan action.

3. Rasarajrasa | Parad, abhrak satva, Suvarna, loha, raupya, bhasma, ashwagandha | Balya, vaat shaman

4. Saraswatarishta | Brahmi, shatavari, vidari, ushira, trivrut, vacha, ashwagandha | Balya, hrudya, rasyana, mana prasadan, vatanuloman

5. brahmi |  | To alleviate nervous function

6. Abhraka bhasma |  | Vaatashaman, giving strength to Indriya, prakrut shleshma production

7. Praval pishti |  | To reduce effect of ushna and tikshana guna on asthi, majja, rakta and mans dhatu

8. Guduchi satva |  |  

9. Bala, kapikachhu, shatavari, gokshur siddha ksheer |  | Bruhan, balya to mans, asthi, majja dhatu

10. Baladiyapan basti[6] | Bala, atibala, vidari, shaliparni, darbha prushniparni, kantakari, virechana, basti, nasya, shirodhara, pindasweda, lepa, upanaha | A boon given by Ayurveda which when used in proper way helps us to cure any Sadhya vyadhi.

**Conclusion**

Ayurvedic treatment is based on person to person. Not one single protocol is applicable for any disease in every individual. Considering the hetu, hetu bala, rugna bala, samprapti of disease treatment is to be given without any delay otherwise the samprapti becomes deep rooted and Sadhya vyadhi will become asadhya. Ayurvedic treatment is based on swabhavoparam vaad which explains that when Vaidya cures a disease there is no any reason for destruction the abnormal dosha and dhatu because it happens on its own. What we are doing while giving treatment is just forming new normal gunas – dosha and dhatu. This principle really helps us in giving proper Chikitsa to any patient. Abhyantar chikitsa along with karma chikitsa like snehan, swedan, vaman, virechana, basti, nasya, shirodhara, pindasweda, lepa, upanaha is a boon given by Ayurveda which when used in proper way helps us to cure any Sadhya vyadhi.

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