



# Ijapc 2018

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*Volume 8 Issue 2*

[www.ijapc.com](http://www.ijapc.com)

*10/3/2018*

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Greentree Group



## Management of *Pakshavadha* with *Panchkarma* Procedures: A Successful Case Study

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### ABSTRACT

*Pakshavadha* a peculiar *Vatavyadhi* characterised by *Chestanivritti* (inability to move), *Ruja*(pain), *Vakstambha*(aphasia or disorder of speech) , *Sirasnayushosh*, *Hasta*, *Padasankocha*, *Toda*. *Pakshavadha* is *Madhyammarganusarivyadhi* which is very difficult to treat. On the basis of clinical sign and symptoms *Pakshavadha* could be considered as ischemic stroke. A 35 yrs old female diagnosed case of CVA, with complain of muscular weakness and pain in left upper and lower limb, difficulty in walking, deviation of angle of mouth was towards the right side. She had slurred speech, swelling in right hand and right leg. The case was managed by *Ayurveda Panchkarma procedure* and internal medicines. Classical *Virechana karma* followed by *Shalishastipinda Sweda* and *Mustadiyapana Basti* with some *Shaman Aushadhi* was highly effective in the management of *Pakshavadha* (cerebrovascular disease) which provides better quality of life to the patient.

### KEYWORDS

*Pakshavadha*, CVA, *Virechana Karma*, *Basti Karma*



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Received 05/02/18 Accepted 05/03/18 Published 10/03/18



## INTRODUCTION

*Pakshavadha* is one of the *Vataja Nanatmaj Vyadhi*<sup>1</sup> as described by *Acharya Charak*. It is caused mainly due to vitiated *Vata Dosha* which affects half part of the body causing *Chestanivritti* (inability to move), *Ruja*(pain), *Vakstambha*(aphasia or disorder of speech), *Sirasnayushosh*, *Hasta*, *Padasankocha*, *Toda*<sup>2</sup>. In Ayurveda *Pakshavadha* is considered as *Madhyammarganusarivyadhi* which is very difficult to treat. On the basis of clinical sign and symptoms *Pakshavadha* could be considered as ischemic stroke. Ischemic stroke is a Cerebro-vascular accident which occurs when part of the brain is deprived of blood and oxygen causing brain cells to die. The estimated adjusted prevalence rate of stroke ranges from 84.264/1,00,000 in rural and 334-424/1,00,000 in urban areas. The incidence rate is 119-145/1,00,000<sup>3</sup> owing to diseases it makes an economical burden. Two main types of cerebro-vascular accidents are caused by ischemic stroke i.e., blockage and hemorrhagic stroke caused by rupture of blood vessels. Ischemic stroke occurs when blood clot and blocks the blood vessels and prevent the blood and oxygen from getting to a part of the brain. There are two ways that this can happen one way is an embolic stroke which occurs when a clot

forms somewhere else in the body gets lodged in a blood vessel in the brain. The other way is a thrombotic stroke which is when a clot forms in a blood vessel within a brain. Difficulty in walking, dizziness, loss of balance and co-ordination, difficulty in speaking or understanding, numbness or paralysis in the face, leg, arm, or just one side of the body, blurred or darkened vision, nausea, vomiting are symptoms of Cerebrovascular accidents<sup>3</sup>. Here is a case reported of diagnosed case of CVA, which was managed by Ayurveda Panchakarma treatment as Classical *Virechana karma* followed by *Shalishastipinda Swedana*, *Mustadiyapan Basti* with some *Shaman Aushadhi*.

**CASE REPORT:** A 35 yrs old female patient (not known case of any chronic major disease) had history of sudden onset of weakness in left upper limb and lower limb in the form of inability to move the left upper limb and lower limb and deviation of angle of mouth towards the right side one year back. The patient was hospitalized at tertiary medical care center and managed conservatively (with drugs like Aspirin, Clopidograle, Atorvastin, Citicoline). She got partial improvement. The Patient came to the OPD of Panchkarma Dept. of National institute of Ayurveda Jaipur Rajasthan, with



complain of left upper and lower limb muscular weakness and pain but she was able to walk with support, deviation of angle of mouth was towards the right side, slurred speech, swelling in right hand and right leg. Patient was admitted in IPD with hospital Registration NO. 3616/37122092017 on 22/9/2017

### Examination

Pulse -irregular with low volume in between the range of 68-80/min

BP -130 /80 mm of hg

Appetite - Reduced

Bowel - Clear

Pallor: ++

Oedema: Present in right upper limb and right lower limb.

No any signs of Icterus, Clubbing and Cyanosis were observed.

Central Nervous System-Depressed Mood and Slurred speech, Higher Cerebral Functions Orientation, memory concentration and reasoning were normal.

**Gait-** Left arm is flexed, adducted and internally rotated. left leg is in extension with planter flexion of foot and toes, Semicircumduction of left leg while walking, un-coordinated walk.

**Cerebellar Sign** - Absent

**Sensory Functions:** Normal

### Motor Function

Bulk - Normal, no muscle wasting

Tone - hypertoniain left upper limb and lower limb

**Table 1** Muscle power at Initial Assessment

Power	Right	Left
Upper Limb	5/5	2/5
Lower Limb	5/5	3/5

**Table 2** Deep tendon reflex at Initial Assessment

Jerk	Left side	Right side
Bicep	+++	++
Tricep	+++	++
Supinator	+++	++
Knee jerk	+++	++
Ankle jerk	+++	++

### Other Investigations

**Carotid Doppler study( Dated 1/11/2016)**interpreted the hypoechoic thrombus in right carotid bulb extending in visualised cervical segment of internal carotid artery causing complete luminal occlusion. Echocardiography and Colour Doppler reported (Dated 1/11/2016) reported Mild MR (mitral regurgitation), TR (tricuspid regurgitation), Mild PAH (Pulmonary arterial hypertension) and LVEF (left ventricular ejection factor) -60%. All four cardiac chambers were normal with normal left ventricular systolic and diastolic function.

**NCCT Study of brain Dated (1/11/2016)** found a large hypodensity in right fronto-parieto-temporal lobe and capsuloganglionic region.

### INTERVENTION



**Classical Virechana karma - Deepan and Pachana** was done with *Panchakola Churna* 3gm with luke warm water ,three times a day orally after food for 5days till *Niram lakshana* achieved. *Snehapana* was done with *Shatapalasarpi* for 6 days with dose of 30ml, 70ml, 110ml, 140ml 170ml, 200ml till *samyak Snigdha lakshana* were achieved. *Sarvanga Abhyanga* with *Dashmoola Taila* done for 15 to 20 minutes followed by *mrudu Nadi swedana* for 4 days. *Virechana yoga* with *Triphala kwath* - 150 ml , *Erand Taila*- 50ml and *Truvritta churna*- 10 gm was administered. Observation of the patient during *virechana* was done and the *Samsarjana Krama* was advised for 3 days as *Hina Shuddhi* (total 10 vega).

***Shashtikashalipinda Sweda:*** After *Virechana karma* with interval of 15 days *Shashtikashalipinda Swedan* was done for 16 days. *Shashtikashali rice*, *Bala churna*, *Ashwagandha churna* and milk were used as ingredients of *Shashtikashalipinda Sweda*.

***MustadiyapanaBasti*** was administered for 16 days. Ingredients of *Mustadiyapana Basti* were *Mustadiyapana Ksheerpak* - 300ml, *Ashwagandha taila*-90 ml, *Madhu* - 60ml, *Mustadiyapana kalka* Dravya- 30 gm, *Saindhav* – 5gm and *Mansarasa* -100ml. Following *Shamana Aushadhi* were also administered orally for 15 days.

- 1) *Trayodashangaguggulu* 2 tabs BD
- 2) *Dashamoolakwatha*(10 gm) BD
- 3) *Ashwagandha Churna* (2gm) + *Shatawari Churna* (2 gm ) BD
- 4) *Arjunatwakaksheerpaka*(10 ml) BD
- 5) *Ardhangavatari Rasa* 1 tab BD

## OBSERVATION

After *Virechana Karma* appetite was improved, depressed and anxious mood was altered. Swelling on right side of the body was reduced.

## RESULTS

Gradual but marked improvement was found with *Virechana karma*, *Shalishastipinda Sweda*, *Mustadiyapana Basti* and some *Shaman Aushadhi*. No painful movements of affected side. No deviation of mouth towards right side. No slurring speech, patient is able to speak loudly and clearly. Improvement in tone, power, and strength of muscle of left side of the body with the course of treatment. Gait is improved, no semi circumduction of left lower limb while walking. Left leg is not extended. Patient could able to walk without support, no difficulty in balancing. No flexion and adduction of left upper limb.

## Motor functions

**Table 3** Muscle power Assessment

Power	Before treatment	After treatment
left upper limb	2/5	4/5
left lower limb	3/5	4/5

**Table 4** Deep tendon reflex Assessment of Left upper limb and left lower limb

Jerk	Before treatment	After treatment
Bicep	+++	++
Tricep	+++	++
Supinator	+++	++
Knee jerk	+++	++
Ankle jerk	+++	++

## DISCUSSION

*Vitiated Vata Dosha is a chief causitive factor of Pakshavadha, Pranavayu which is a main controller of Indriya karma<sup>4</sup>. Vakapravritti (speech), Prayatna (capability of doing work), Urja (strength), Bala (power) which are maintained by UdanaVayu<sup>5</sup>, Vyanavayu which is responsible for all types of circulations in the body and movement of the body parts<sup>6</sup>, all functions gets hampered, Virechana karma is Srotoshodhaka in nature<sup>7</sup>, pacifies the vitiated Pitta Dosha it regulates the Anulomakagati of Vata dosha which helps to pacify the vitiated Vata Dosha and it might be helpful in maintaining proper functioning of Vata Dosha and Pitta Dosha. Virechan karma improves Agni, which helps to provide nutrition to a Rasa, Raktadi Dhatu. Also Virechan karma improves blood circulation,*

its *Srotoshodhaka* nature may clear all the microchannels, enhances the transportation of the body which may help to improve necrosed cells in the brain.

### ***Shashtikashalipinda***

### ***Sweda:***

*Shashtikashalipinda Sweda* was used to improve muscle tone and the movement of hand as it is a kind of *Brimhana Sweda*. Skin is supplied with rich networks of arterioles and capillaries *Swedana* by its heating effect increases circulation by means of dilation of blood vessels<sup>8</sup>. Superficial layer of skin is generally impermeable to most of the things. Ingradient of *Shashtikashalipinda Sweda* like milk due to its amphipathic nature (water loving)<sup>9</sup> and *Swedana effect* helps in absorption of *Shashtikashali, Bala* and *Ashwagandha*. Out of these *Shashtikashali* nourishes muscle tissues and *Bala* and *Ashwagandha* it nourishes nervous tissues. Thus *Shashtikashalipinda Sweda* helps in improving muscle tone, power and strength and relieving pain.

### ***MustadiyapanaBasti:***

It is *Sadyobalajanana* and *Rasayana*<sup>10</sup>. It is *Balya, Vrishya, Sanjeevana, Chakshushya* and animating to the body<sup>11</sup>. *Kwath Dravya* viz., *Musta, Ushira, Bala, Ashwagandha, Rasna, Manjishtha, Katurohini, Trayamana, Punarnava, Bibhitaka, Guduchi,*



*Dashmoola, Madanphala* etc having *Vatapittahara* and *Tridoshahara* properties.

**Kalka Dravyas** of *Rajayapana* are *Pitta Shamaka* (*Madhuka* and *Priyangu*), *Pitta Pachaka* (*Rasanjana* and *Indrayava*), *Rakta, Mansa* and *Shukragami* (*Madhuka* and *Priyangu*), and *Sroto shodhaka* (*Shatakusuma, Rasanjana* and *Saindhava*) in action *JangalaMansarasa* is the best *Tarpana Dravya*. It has a peculiar quality; it pacifies *Vata-Pitta* without provoking *Kapha*. It is indicated in *Pittottara Vatamadhya, KaphanugaSannipata*. It is *Prinana, Hridya, Buddhi-Indriya-Swara-Balakara*. It is best for *Krishna* (emaciated) persons, and has *Sarvarogaprashamana* property<sup>12</sup>. Thus *MustadiYapanaBasti* is *Balya, Bhruhniya, and Rasayana, Vatapittahara, Raktapittashamaka Buddhi-Indriya-SwaraBalakara* which may help to nourish and rejuvenate nervous tissue, improve muscle power, strength, tone, bulk of the affected part of the body. It also improves orientation, speech and coordination while walking. The *Shamana Aushadhi Ashwagandha, Arjuntwakachurna, Ardhangavatari Rasa*<sup>13</sup> administered were *Bhruhniya, Balya, Hridya, Vatanulomaka, Tridoshhara*.

## CONCLUSION

It can be concluded from the present case study that classical *Virechana karma* followed by *Shalishastipinda Sweda* and *Mustadiyapana Basti* with some *Shaman Aushadhi* are highly effective in the management of *Pakshavadha* (cerebrovascular disease) and provides better quality of life to the patient.



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