

## AYURVEDA IN CRITICAL CARE: EFFECT OF *PANCHAKARMA* THERAPIES IN A CASE OF *PAKSHAGHATA*

T. L. Soujanya<sup>1</sup>, CH. Sadanandam<sup>2</sup>

<sup>1</sup>PG Scholar, <sup>2</sup>H.O.D,

PG Department of Panchakarma, Dr. BRKRGAC, Hyderabad, Telangana, India

Email: [drtlsoujanya@gmail.com](mailto:drtlsoujanya@gmail.com)

### ABSTRACT

It is of a general opinion that Ayurvedic interventions are mostly helpful in chronic debilitating conditions where active management of a clinical condition is not required. Ayurvedic therapies have never been approached in any critical care condition requiring an active management. A perception that herbo-metallic components of various Ayurvedic drugs may actually harm the patients who are in compromised vital status has further added to this apprehension against use of such medicines in critical care. Contrary to the conventional belief, we observed a case of *Pakshaghata*, with severely compromised systemic functions, that was successfully treated with *Panchakarma* therapies and Ayurvedic medicines. Symptomatic improvements following Ayurvedic intervention were identifiable and brain functions got improved in the patient who presented with altered sensorium, dysphagia, incontinence of urine and aphasia due to huge capsule-ganglionic bleed. This case therefore is worthy of taking a note for possible inclusion of Ayurvedic interventions in critical care where Ayurvedic therapies are discarded without being given a chance of getting evaluated.

**Keywords:** Critical care, herbo-metallic components, *pakshaghata*, *panchakarma* therapies.

### INTRODUCTION

Ayurveda, by default, is considered to be a modality apt for chronic debilities. Critical care conditions intervened through contemporary means of health care does not always define success. The patients with fairly poor prognosis are customarily sent back from critical care units. These prognosticated patients are often brought by their care givers to

various other systems of healing in quest of finding a consolation. Ayurveda receives a good number of cases where the chances of recovery are fairly minimal or where some established contemporary intervention does not really exist.

Does Ayurveda really have something to do in these conditions?

For an ethically bound Ayurvedic physician, this presents a truly demanding condition, where he is demanded for an intervention, despite of known terminal condition of the patient. Susruta gives a code of action for these conditions by saying, “Akriyayadhrivom-rutyukriyayatsanshayobhavet”<sup>1</sup>(if you don’t intervene, one is certain to die, if you intervene however, it may be otherwise). As it is observed by many experienced Ayurvedic physicians, it can truly happen. One such case of *Pakshaghata* due to acute and huge capsulo-ganglionic bleed is being reported here.

### CASE PRESENTATION

A 32 YEAR Male patient presented to the OP unit of *Panchakarma* department at Dr. BRKR Govt Ayurvedic Hospital, complaining of hemiplegia, altered sensorium, loss of speech, dysphagia and incontinence of urine on 19<sup>th</sup> August, 2015.

### HISTORY OF PRESENT ILLNESS

Patient was hypertensive since two years. Four months back, he presented with sudden unresponsiveness, one episode of convulsions, continuous vomitings and diminished movements of right limb.

It was diagnosed as huge capsule-ganglionic bleed and left fronto temporal pa-

rietal de-compressive craniotomy and evacuation of CG bleed was done.

### PAST HISTORY

Patient was hypertensive since two years and was on allopathic medication. Patient was habituated to alcohol consumption.

### AYURVEDIC DIAGNOSIS

The present condition of the patient can be attributed to the vitiation of *vata*, especially, *prana*, *udana* and *apanavata* leading to *pakshaghata*, loss of speech, dysphagia and incontinence of urine.

### THERAPEUTIC FOCUS

The patient was admitted under PG unit of *Panchakarma* and *Panchakarma* treatment comprising of *abhyanga*, *nadisweda*, *matravasti*, *dhumapana* and 2 cycles of *shirodhara* was planned. The two cycles of *shirodhara* were targeted towards correcting the altered sensorium and high levels of blood pressure of the patient.

The schedule followed is given below:

1. *Abhyanga* and *NadiSweda* for 7 days.
2. Physiotherapy, *Matravasti* and *Vachak-sheeradhmapana* for 7 days.
3. *Shirodhara* for 7 days.
4. Physiotherapy for 7 days.
5. *Shirodhara* for 14 days.

**Table 1:** Panchakarma Procedures

Procedure	Medication Used
<i>Abhyanga</i>	<i>DhanvantariTailam</i>
<i>Matravasti</i>	<i>Balasvagandhatailam</i>
<i>Sirodhara</i>	<i>Dhanvantari and Balasvagandhatailam</i>

**Table 2: Internal Medication**

Medicine	Dose	Frequency
<i>T.Ras raja ras</i>	100 mg	Twice a day, before food
<i>T.Brihatvatachintamaniras</i>	100 mg	Twice a day, before food
<i>Maharasnadiquadh</i>	20 ml with equal water	Twice a day, after food
<i>T.Nityam</i>	500 mg	H/s

**Title 3: Laboratory Profile of the Patient Before And After Ayurvedic Drug Intervention**

	23/07/2015	26/08/2015	15/09/2015
s.creatinine	3.4	2.2	1.7
Blood urea	275	126	81
Blood pressure	170/110 mmhg	150/100 mmhg	130/80 mmhg

Ayurvedic intervention started on 19.08.2015.

## OUTCOME

Positive changes were seen as early as 3<sup>rd</sup> day of the treatment. There was improvement in levels of sensorium. After administration of *matravasti*, there were good bowel movements and control over micturition was attained. The patient was able to sit with support and hold his neck. There was initiation of speech after *vachaksheeradhmapana* and showed gradual improvement. The patient showed marked improvement after two cycles of *shirodhara*, first cycle for 7 days and second cycle for 14 days. He could stand with support. He was able to sleep and could take moderately solid food. His pressure levels were also maintained in range.

## DISCUSSION

Ayurveda understands pathology as the derangement/ disturbance in body constituents ie. *Dosha, dhatu and mala*. The goal of the treatment is to bring them back in equilibrium.

*Abhyanga* and *sweda* reach to the cellular level by the *sukshmaguna* of the *sneha* and *sweda dravya*. The *snigdha, sara, dravaguna* of *snehacaus* *vishyanda* (lique-

faction) of *dosha*.<sup>2</sup> *Sweda* increases *agni* at all levels and digests *ama (paka)*. It also removes the obstruction in the *srotas* by digesting the *ama (srotomukhavisodhana)*.

*Matravasti* provides the congenial environment in colon and helps in growth of bacterial flora. It enhances the production of Vit B<sub>1</sub>, B<sub>2</sub>, B<sub>12</sub>. It lubricates colon and liquefies mala adhered to colon and separates them from colon, thus facilitating cleansing of the colon and *apanavaayuanulomana*.

The medicated oil that is poured from a height of 4 *angula*, as a part of *shirodhara*, on the forehead produces some magnetic waves due to flow of oil. It strikes on surface of the skin and electrical waves are created and transferred to the cerebral cortex and hypothalamus.<sup>3</sup> Hypothalamus acts as centre of stimulation and inhibition in the body. Hence, soothing effect is created on the hypothalamus. It results in the secretion of various neurotransmitters like epinephrine, serotonin, dopamine, etc. Hypothalamus controls the function of pituitary gland, which in turn controls all systems of the body.<sup>4</sup>

Thus, the combination of the above treatments produced a synergistic effect and caused marked improvement in the condition of the patient.

## CONCLUSION

This case report demonstrates that Ayurvedic *Panchakarma* therapies have significant role in critically ill conditions.<sup>5</sup> Critical condition of the patient has been improved significantly. Altered sensorium, dysphagia, incontinence of urine and loss of speech were dealt with *panchakarma* therapies and the sustained gradual improvement was achieved. These therapies have improved the Q.O.L (quality of life) of the patient considerably. These results give in to contemplating the need of inclusion of Ayurvedic *panchakarma* therapies in critically ill patients, thereby strongly supporting the necessity of integrated medicine.

## REFERENCES

1. Susruthasamhitha, Nibandhasangraha and Nyaya Chandrika commentary by Dalhana, Jadavji .T, editor, chikitsasthana, chapter 7/29, Varanasi : Chaukhamba Sanskrit sansthan.
2. Caraka Samhita: Vidyodini Hindi commentary by Kasinath Shastri and Gorakhnath Caturvedi;16th Edition, Sutra Sthana, Chapter 22/11, Chaukhambha Bharati Academy (1989)
3. JK, Gupta PK. An overview of Indian research in anxiety disorders. Indian J Psychiatry 2010; 52:S210-8.
4. Harrison's Principles of internal medicine 17th Edition, Chapter 385.

5. Bhide SM. A case study on the Ayurvedic management of cerebral palsy. *Ancient Science of Life*. 2015; 34(3):167-170. doi:10.4103/0257-7941.157163.

**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: T. L. Soujanya & Ch. Sadanandam: Ayurveda In Critical Care: Effect Of Panchakarma Therapies In A Case Of Pakshaghata. *International Ayurvedic Medical Journal* {online} 2017 {cited April, 2017} Available from: [http://www.iamj.in/posts/images/upload/1105\\_1108.pdf](http://www.iamj.in/posts/images/upload/1105_1108.pdf)