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A CASE STUDY - MANAGEMENT OF PAKSHAGHATA (CVA) THROUGH AYURVEDIC SIDHANTA

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ABSTRACT

Stroke is one of the leading causes of death and disability in India. Stroke is not a disease in itself but is heterogeneous group of disorders. This disease has posed a great problem to the medical field as far as its treatment is concerned. There is a wealth of information available on the cause, prevention, risk, and treatment of stroke. Even then much, less is known about the treatment of the stroke, there is no any satisfactory and widely acceptable measure for the stroke. Many studies were being conducted in the field of *Ayurveda* as well as in contemporary fields for achieving the better line of management for Cerebro Vascular accident (CVA). A CVA case was admitted, with the complaints of loss of strength in the right side of the body, associated with slurred speech, irritability, heaviness and reduced sleep, on examination found Glasgow coma scale was 9/15 (E – 3, M – 2, V – 4) and CT scan suggested- large acute infarct at left fronto-temporal region involving basal ganglia (middle cerebral artery territory), case was diagnosed as *Pakshaghata* with *Pittakaphaavruta*.Various treatment procedures like *shirodhara, nasya, shirosthalam, kavala* etc along with oral medicines were adopted at various stage of the disease. There was a remarkable improvement in the subjective and objective clinical features. Result are encouraging for the further advance research in CVA.

Keywords: Stroke, Ayurveda, *Pakshaghata,* Cerebro Vascular Accident.

INTRODUCTION

The burden of lifestyle disorders are increasing day by day and stroke is one among them. It is the 3rd most cause of death and disability world-wide. In developing country like India ratio is increasing due to increase in the ratio of lifestyle disorders. The world wide incidence has been quoted as 2/1000 population/annum; about 4/1000 in people aged 45-84 years.[1]

A WHO study, in 1990 quoted incidence of mortality due to stroke in India to be 73/100,000 per Year. In India the incidence of cerebro vascular disease was found to be 13/100,000 population/year.[2] In stroke cases 85% of patients suffer from cerebral

infraction and 15% from cerebral haemorrhage and 1.5 times more often in male than female.[3]

CASE HISTORY:

A 50 years aged male patient brought by his relatives to casualty on 17.3.2016 at 11 am, with c/o of loss of strength in the right side of the body, slurred speech, difficulty in walking, burning sensation in the right side of the body, irritability and heaviness at affected side since 1 day, associated with the fever. On asking details of the same, the patient's relative revealed that patient developed headache in morning with slight giddiness at around on 6 am on16.3.2016, he fall down due to giddiness followed by loss consciousness. After 5 minute recovering, he was unable to lift his right hand and right leg associated with burning sensation, irritability and other complains. On examination, Higher functions i.e., consciousness- present, speech disturbance – present, orientation- well oriented, mental symptoms – intact memory, had pulse rate of 80/min, blood pressure of 170/100 mm of Hg. Glasgow coma scale was 9/15 (E – 3, M – 2, V – 4), muscle tone was hypertonic, muscle strength was zero, tendon reflexes were exaggerated, coordination tests were positive - in right hand and right leg. Computed Tomography (CT) scan of head showed: large acute infarct at left fronto-temporal region involving basal ganglia (Left Middle cerebral artery territory (MCA) territory) had done on 17/3/2016.

Clinical features for *pittavrutavata* were *mada* (drowsiness), *moorcha* (loss of consciousness), *santapa* (temperature) and *kaphavrutavatashowssheeta* (cold in touch), *guruta* (heaviness), *stambha* (stiffness)[4]. *Pakshaghata* clinical features were loss of strength in right hand & right leg, loss of speech. Through Ayurvedic perspective, this patient showed *moorcha* (loss of consciousness), *minminatva* (slurred speech), *pakshaghata* (loss of strength in the right side of the body). So, this was diagnosed as *pittakaphaavrutavatajanya pakshaghata* (CVA), prognosis was *kruchrasadhya* (difficulty to cure).

TREATMENT AND RESULTS:

Table 1: Treatment protocol

Date	Clinical features	Sl.	Treatments	Frequency	Observations
17.3.2016 to 20.3.2016	loss of strength in the right side of the body, slurred speech, burning sensation, irritability, heaviness	1	*Shirodhara* with *Himajala*	Thrice daily - for 20 minutes	Immediately after giving first Nasya, Rt Upper Limb movement observed (power – 1). Irritability reduced (75%)
		2	*Nasya* with *yastimadhu, pippli, sandhava, vacha, hingu,marich,*and *shunthi* each equal quantity and mixed well with water	6 drops Thrice daily, after *shirodhara*	
		3	*Kavala* with *trikatu+ triphala + madhu*	Thrice daily after nasya	
		4	*Shirothalam*-with *manjishtadi choorna + Shathadhouta ghritha*	once daily	
		5	*Kalyanaka ghritha*	3teaspoon-0-0 (1hr before food	
		6	*Shuntijala* – 50 ml + *Madhu* 2 tsf	Thricedaily before food	
		7	*Kamadughdha* with *muktha*	1-1-1 before Food	
		8	*Anandabhairava rasa*	1-1-1after food	
		9	*Chandra Prabhavati*	1-1-1 after food	
	After 3 days, consciousness improved, observed movement in right upper limb, right lower limb, GC scale – 12/15 (E-4, M-4,V-4)				
21.3.2016	Loss of strength & , pain in right hand & right leg,	1	*Sadhyovirechana* with *Gandarva hastadi thaila* + Milk	40ml and 30ml	3vega

	slureed speech				
22.3.2016 To 26.3.2016	Loss of strength in right hand & right leg, loss of speech,	1	*Sarvanaga abhyanga* with *mahanarayana thaila & baspasweda*	Once daily	
		2	*Yoga basti* - Modified *mustadi yaapana basti*		
		3	*Kamadughdha with muktha*	1-1-1 before food	
		4	*Chandra Prabha vati*	1-1-1after Food	
		5	Maharasnaadi kashaya	3teaspoon Thrice daily after food	
	Pain absent, after 14 days, he is walking independently				

ADOPTED MODIFIED YOGA BASTI:

Anuvasanabasti with *Manjishtadi taila* 30 ml and A*shwagandhaghritha* 30 ml.

Niruhabasti with *Mustaadi kashaya* 300 ml, *Mamsa rasa* 100 ml, *Ksheera* 50 ml, *Madhu* 60 ml, *Saindhava* 10 gm, *Manjishtaaditaila* 60 ml as *sneha* and *kalka* prepared from *Ashwagandha, Manjishta, Rasna* of 15gm each.

Table 2: *Basti* Schedule

22/3/2016	23/3/ 2016	24/3/2016	25/3/2016	26/3/2016
A	N	N	N	A
	A	A	A	

RESULT:

Table 3: Glasgow coma Scale Comparison

Examination	**B.T.**	**A.T.**
Eye	3	4
Motor	2	4
Verbal	4	4

Table 4: Symptoms comparison

Examination	B.T.	A.T.
Speech	2	1
Facial expression	0	0
Motor functions (Arm drift)	4	2
Motor function (Leg drift)	4	1
Sitting from laying down	3	2
Walking	4	2
Finger movements	4	3

DISCUSSION

As case was diagnosed as *pittakaphaavrutavataja pakshaghata* (CVA) and adopted line of treatment was *pittakaphaavrutavaata Chikitsa* in *Vyatyaasa* method and *nirupastambhitavaata chikitsa* subsequently. In *pittakaphaavrutavaata*, initially treatment importance should be given in sequence of *pitta, kapha* and then for *vata*[5]. Here *mada* (semi-conscious) showed as the *Pittaja lakshana*, so first preference should give to *mada* (*sanjhya*

prabodhan). Simultaneously oral medication was given for *kapha* and *vata*. *Mada chikitsa* (management of semiconscious) includes *shirodhara* with *sheeta jala* (pouring cold water to forehead), *Nasya* with *Yasthimadhu, Pipple, Sandhava, Vacha, Hingu, Marich, Shunthi* (each equal quantity mixed with water), *Kavala* with *Trikatu,Triphala ,Madhu , Shirothalam* with *Manjishta Choorna* and *Shatadhoutha Ghrutha*[7]. *Jwara hara*[8] treatment adopted orally with *Kamadugha* with *Mukta*[9], *Shuntijala Pana*, and *AnandaBhairava Rasa*[10] are done for managing *pitta/mada*; *Maharasnaadi Kashaya*[11], *Chandraprabha Vati*[12]and *Kalyanaka ghutha*[13] for managing *kapha* and *vata*. *Pittaharachikitsa*, *kaphaharachikitsa* and *vataharachikitsa* respectively adopted, according to the clinical features.[6]

After 3 days of treatment, patient's conscious level improved, then *kapha – Vatahara Chikitsa* was continued. Then, *kevalavataja Pakshaghatavata chikitsa– Snehana* as *Sarvanaga Abhyanga*, *Swedana* as *Nadi Sweda* and *SnigdhaVirechana* with *Gandharva hasthaadi Taila*[14] and followed by modified *mustadi yapana*[15] *yoga basti.*

CONCLUSION

CVA can be correlated with *pittaavrutavataja pakshaghata*. Because, of *pitta avruta*, *pittahara* treatment should be adopted first and then *vatahara* treatment, i.e. *pitta – vatahara chikitsa* in *Vyatyaasakrama,* and then *kapha – vatahara chikitsa*. Then adopt *kevalavatajapakshaghata vata chikitsa*. This treatment protocol proved beneficial in CVA patient.

REFERENCES

1. Warlow CP, Dennis MS, VanGinj J et al: A practical approach to management of stroke patients. In: Stroke: a practical guide to management. Blackwell sciences, London.1996; 360-384.
2. Prasad K : Epidemology of cerebrovascular disorder in India .In:recent concepts in stroke by Bansar BC (ed) Indian college of physician,New Delhi -1999, 19.
3. CollegeNickR, Walker BrainR, Ralston StuartH.Devidson,Principle and practice of medicine.reprint2010, pub:pitman press, Great Britain. Pg no.1184.
4. Dalhana vatavyadhinidana. In: Y.T.Acharya (eds.) Susruthasamhita. 7th ed. varanasi: chaukambhaorientalia; 2002. p263.
5. Agnivesha. vatavyadhichikitsa. In: Y.T.Acharya (eds.) CharakaSamhita. 5th ed. varanasi: chaukambha publications; 2001. P624.
6. Dalhana .moorchapratishedham. In: Y.T.Acharya (eds.) Susruthasamhita. 7th ed. varanasi: chaukambhaorientalia; 2002. P740.
7. Dalhana .moorchapratishedham. In: Y.T.Acharya (eds.) Susruthasamhita. 7th ed. varanasi: chaukambhaorientalia; 2002. P741.
8. KharaleeyaRasayana. In: (eds.) Rasatantrasaar and SiddhaprayogaSangraha. 1st ed. Rajasthaan: Krishna Gopal Ayurveda Bhavan; p223.
9. Sen KSGD. jwaraatisaarachikitsaprakarana. In: Dr. G. PrabhakarRao (eds.) BhaishajyaRatnavali. 1st ed. varanasi: chaukambhaorientalia; 2014. p257.
10. Vagbhatta.dravadravyavijnaneeya. In: HarisadashivashastriParadakara (eds.)AshtangaHridaya. 1st ed. varanasi: chaukambhasamskrithasansathan; 2011. P79
11. Sen KSGD. amavatachikitsaprakarana. In: Dr. G. PrabhakarRao (eds.)BhaishajyaRatnavali. 1st ed. varanasi: chaukambhaorientalia; 2014. P821.
12. Sen KSGD. Arshorogachikitsaprakarana. In: Dr. G. PrabhakarRao (eds.) BhaishajyaRatnavali. 1st ed. varanasi: chaukambhaorientalia; 2014. P414.
13. Agnivesha.unmadachikitsa. In: Y.T.Acharya (eds.) CharakaSamhita. 5th ed. varanasi: chaukambha publications; 2001. P472.
14. Agnivesha.vatavyadhichikitsa. In: Y.T.Acharya (eds.) CharakaSamhita. 5th ed. varanasi: chaukambha publications; 2001. P621.
15. Agnivesha.uttarabastisiddi. In: Y.T. Acharya (eds.) CharakaSamhita. 5th ed. varanasi: chaukambha publications; 2001. P721.

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