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

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ABSTRACT

It is of a general opinion that Ayurvedic interventions are mostly helpful in chronic debilitat-ing 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 Pakshagata, 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, pakshagata, 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. Susrutha gives a code of action for these conditions by saying, “Akriyatatdhruvom-rutyukriyayatsanshayobhavet”\(^1\) (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 19th 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 capsulo-ganglionic bleed and left fronto temporal parietal 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, nadiweda, 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 *Vachaksheeradhumapana* for 7 days.
3. *Shirodhara* for 7 days.
4. Physiotherapy for 7 days.
5. *Shirodhara* for 14 days.

**Table 1: Panchakarma Procedures**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medication Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abhyanga</td>
<td>DhanvantariTailam</td>
</tr>
<tr>
<td>Matravasti</td>
<td>Balasvagandhatailam</td>
</tr>
<tr>
<td>Sirodhara</td>
<td>Dhanvantari and Balasvagandhatailam</td>
</tr>
</tbody>
</table>
### Table 2: Internal Medication

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>T. Ras raja ras</td>
<td>100 mg</td>
<td>Twice a day, before food</td>
</tr>
<tr>
<td>T. Brihatvatakachintamaniras</td>
<td>100 mg</td>
<td>Twice a day, before food</td>
</tr>
<tr>
<td>Maharasnadiquadh</td>
<td>20 ml with equal water</td>
<td>Twice a day, after food</td>
</tr>
<tr>
<td>T. Nityam</td>
<td>500 mg</td>
<td>H/s</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>23/07/2015</th>
<th>26/08/2015</th>
<th>15/09/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>s.creatinine</td>
<td>3.4</td>
<td>2.2</td>
<td>1.7</td>
</tr>
<tr>
<td>Blood urea</td>
<td>275</td>
<td>126</td>
<td>81</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>170/110 mmhg</td>
<td>150/100 mmhg</td>
<td>130/80 mmhg</td>
</tr>
</tbody>
</table>

Ayurvedic intervention started on 19.08.2015.

### OUTCOME

Positive changes were seen as early as 3rd 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 vachaksheeradhumapana 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 i.e. *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, dravagna* of *sneha*causes *vishyanda* (liquefaction) of *dosha*. *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 B₁, B₂, B₁₂. It lubricates colon and liquefies mala adhered to colon and separates them from colon, thus facilitating cleansing of the colon and *apanavaayanulomana*.

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. *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.
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. 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


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