

EVALUATING CLINICAL EFFICACY OF MADHUYASHTYADI KSHEER BASTI IN THE MANAGEMENT OF PAKSHAGHAT (CVA) - A CASE REPORT

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ABSTRACT

According to *Ayurveda* *Pakshaghat* is a disease caused by *vata* in the body, as the normal functioning or *guna* of *vata* is *chala* and in this disease *vata kshaya* occurs which manifest as decrease body movements or functioning. It can be correlated to hemiplegia or CVA in modern medicine. Stroke or CVA is considered as lifestyle disorder and in today's lifestyle it is very common. In *Ayurveda* also *Ahar vihar* are considered as the main cause of the diseases. Treatment for *pakshaghat* in *Ayurveda* classics is mainly *snehan swedan* (oleation and fumigation) and *virechan* (purgation) and as this a disorder caused by *vata dosha, basti* can also be administered. A case report on CVA or *pakshaghat* was done. Patient aged 62 years presented with complaints of unable move right hand and right leg, unable to walk on her own with slurred speech. She suffered from CVA attack which leads to right side paralysis. Oral medication was given according to the condition and symptoms of the patient and on the basis of principles of the disease mentioned in *Ayurveda* classics. *Madhuyashtiadi ksheer yapana basti* was given as *basti* is the best treatment for *vata dosha*. There was observable improvement in the condition of patient, symptoms subside, and speech was highly improved. Results suggest much more research in this disease in *Ayurveda*.

Keywords: *Pakshaghat*, CVA, Hemiplegia, *Basti*, *Virechana*, *Snehana*

INTRODUCTION

Pakshaghat is a disease in which half part of the body stops working or functioning of half part of the body decreased or reduced whether left or right. In *Ayurveda* this disease is well explained in all the classical text. It is described under *vatavyadhi* in all the *samhitas*. In this disease *vata dosha* is vitiated and *sthansamshraya* of the vitiated *vata dosha* disturb the normal functioning of half part of the body. *Chikitsa* is mainly based on the *dosha, dushya dushti*.

*Hatvekam maruta paksham dakshnam vaamamev vaa |
Kuryaatcheshthanivritti hi rujam vaaksthambhamev cha*
|| (ch.chi.28/53)

According to *Acharya charak* vitiated *vata dosha* moves towards right or left part of the body and where there is *kha vaigunya* or *srotodushti* present, it resides and de-

stroys or reduces the normal functioning of that part of the body.

Lifestyle disorders are the leading cause of mortality and disability worldwide. Stroke is also one of the lifestyle disorder the world wide incidence has been quoted as 2/1000 population/annum; about 4/1000 in people aged 45-84 years.

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 cerebrovascular disease was found to be 13/100,000 population/year. In stroke cases 85% of patients suffer from cerebral infraction and 15% from cerebral hemorrhage.

Here is a case study on CVA showing remarkable improvement with *ayurvedic* treatment and aim of the treat-

ment is to manage the disease without further worsening the condition and improving the lifestyle of the patient.

CASE PRESENTATION

Description of the patient

A patient of 62 years aged, Hindu married female, was brought to *Kaya Chikitsa* OPD of All India Institute of Ayurveda, New Delhi on 8/5/2018 (UHID no:272397). Chief complaints were: Decrease movements of right side of the body since 1 month, Unable to walk and raise the right upper arm, Slurred speech since 1 month.

History of present illness: According to the patient's attendant she was asymptomatic one month back, then suddenly she got paralytic attack on the right side of the body, after this she was unable to walk on her own and unable to raise her right upper arm, unable to speak clearly She was diagnosed with cerebrovascular accident and took allopathic treatment but could not get satisfactory relief so she came to All India Institute of Ayurveda for the needful management. Patient is a known case of hypertension and taking antihypertensive drug for the same.

Examination:

Table 1:

Physical examination	Ashtavidha pariksha:	Dashavidha pariksha:	Systemic Examination:
<ul style="list-style-type: none"> Built, nutritional status, hair, nail of the patient: normal Pallor, clubbing, cyanosis, icterus, lymphadenopathy: absent. Blood pressure: 156/98mm/Hg. Pulse rate: 88 beats/minute, regular. Respiratory rate: 18/minute. Pedal edema: present more on right side than left side. 	<ul style="list-style-type: none"> <i>Nadi-</i> 88 beats/minute, regular. <i>Mala-</i> constipated bowel. <i>Mutra-</i> normal. <i>Jihva-</i> coated. <i>Shabda-</i> slurred. <i>Sparsha-</i> normal. <i>Drika-</i> normal <i>Akriti-</i> average built. <i>Posture:</i> dropping. <i>Gait:</i> hemiplegic. 	<ul style="list-style-type: none"> <i>Prakriti:</i> Pitta kaphaja. <i>Vikriti:</i> prakriti sam samveta. <i>Saara:</i> avara. <i>Samhanan:</i> madhyama. <i>Pramana:</i> madhyama. <i>Satmya:</i> madhyama. <i>Satva:</i> madhyama. <i>Vyayama Shakti:</i> Avara. <i>Aahar Shakti:</i> madhyama. <i>Vaya:</i> Avara. 	<ul style="list-style-type: none"> Respiratory system: On auscultation, normal bronchiovascular sounds heard and no abnormality detected. Cardiovascular system: S1 S2 heard and no abnormality detected. Per abdomen: soft, non tender, no organomegaly detected. Locomotor system: restricted movement on right side of the body. Central nervous system: <ul style="list-style-type: none"> Higher function: normal with slurred speech. Motor Function- Nutrition: normal on both sides. Power: Right upper arm-1/5 Left upper arm- 5/5 Right lower arm-1/5 Left lower arm-5/5 Tone: Hypotonic on right upper and lower arm. Normal on left side of the body. Coordination: Decreased on right side of the body. Reflexes: Deep reflexes such as biceps, triceps, supinator, knee jerk and ankle jerk decreased on affected side (right) and normal on left side. Babinski's sign was positive on right side.

Laboratory investigations: All lab investigations are within normal limits i.e. Hb was 12.2 gm%, Total WBC count was 6,500 cells/cmm, ESR was 18mm/hr, neutrophils was 70%, monocytes was 02%, eosinophils was 06%, platelet count was 1.70 lakhs/cmm, RBC count was 4.18 millions/cmm, FBS was 98.8mg/dl and blood urea was 0.9mg/dl.

Diagnosis and Treatment

Case was diagnosed as *Pittakhapavritta Pakshaghata*. As per the classics, the treatment was planned according to the *Dosha, dushya* and *Sthana dusti*.

Swedanam snehasamyuktam pakshaghate virechanam |(ch.chi.28/100)

Durbalo yoavirechaya syatham niruhupaachareta ||(ch.chi.28/83)

Acharya charaka has described above treatment modality for *Vatavyadhi* and *pakshaghata*. In this case also we follow the same treatment.

A. Oral medications:

Started from the day of admission 8/5/18.

Table 2:

S.no	Drug name	amount	frequency	route
1.	<i>Dashmoola kwatha churna</i>	10g	Twice a day	orally
2.	<i>Trayodashang guggulu</i>	2 tablet	Twice a day	orally
3.	<i>Guduchi churna</i>	3g	Twice a day	orally
4.	<i>Punarnava mandoor</i>	2 tablet	Twice a day	orally
5.	<i>Ashwagandharista</i>	3 teaspoonful	Twice a day with equal amount of water	orally
6.	<i>Brahma rasayana</i>	Half teaspoonful	Twice a day	orally
7.	<i>Vacha churna+madhu</i>	2g <i>vacha churna</i> ,3g <i>madhu</i>	Once in a day	Local application inside mouth,over tongue.
8.	Castor oil	One teaspoonful	At night	orally

B. Panchkarma treatment:

❖ *Sarvanga abhyanga* with *Dhanvantar tail* and *sarvanga swedana* with *dashmoola kwath*.

Yapana basti: madhuyashtyadi ksheer basti dose=100ml, duration for 14 days.

Contents

- *Kwatha dravya- ksheer (100ml), madhuyashti(10g)*
- *Sneha- tila tail (20ml), panchtikta ghrit (20ml)*
- *Kalka- shatpushpadi kalka(5g)*
- *Madhu- 10ml.*

Results:

The condition of the patient was improved gradually along with the course of the treatment. The strength and power of both right lower limb was increased and slight increase in upper arm, also tone of the muscle improved, deep tendon reflex was exaggerated before treatment and was normal after the course of treatment, gait before treatment was hemiplegic and at the time of discharge it was improved and was able to walk alone with the help of cane patient got relief from severe constipation. Speech was improved drastically patient was able to speak clearly. Over all condition of the patient was improved.

Comparison of Motor functions after treatment of the affected side (right).

Table 3:

	Upper(BT)	Lower(BT)	Upper(AT)	Lower(AT)
Nutrition	Decreased	Decreased	Normal	Normal
Power	1/5	1/5	4/5	4/5
Tone	Hypotonic	Hypotonic	Normal	Normal
Coordination	Decreased	Decreased	Normal	Normal

DISCUSSION

According to the signs and symptoms and the investigations done this case is taken as *Pakshaghata (CVA)*. *Pakshaghata* is mentioned under *Vatavyadhi* in *ayurveda samhitas* so the treatment is done accordingly. In this case *vata dosha* is *avrutt* by *pitta and kapha dosha*, *srotas* involved are *majjavaha raktavaha asthivaha and srotodushti* type is *sanga*, here *vyana vayu* and *udana vayu* are involved, *dushya* which are involved are *rakta, maansa, majja, asthi*. In this case also we follow the same treatment as mentioned in the classical books of *Ayurveda*.

Pakshaghat occurs when vitiated *vata dosha* moves towards left or right part of the body and disturbs the normal functioning of that part of the body according to *Ayurveda*. According to the modern medicine cerebrovascular accident leads to the bleeding or thrombus formation inside the cerebral hemisphere of the brain due to this any part of the body right or left stops functioning and hemiplegia occurs. In this case the main *dosha* which is involved is *vata dosha* which is *avrutt* by *pitta and kapha* so the medications was given are those which acts on *pitta and kapha* and then normalize the *vata dosha*. The oral

medications given were according to the *dosha and dushya* involvement and according to the signs and symptoms of the disease. *Dashmoola kwatha* is considered as *tridosha shamak* and it is mentioned in *shothahara gana* in *charak samhita*, *trayodashang guggulu* is mentioned by *Acharya chakradutta* in the *vatavyadhi chikitsa*, *brahma rasayana* was given because this type of diseases are chronic in nature and the *bala* (strength) of the patient get reduced by these diseases so to increase the *bala* of patient and as mentioned in *Ayurveda*, *rasayana* should be given to all the patient suffering from chronic diseases as it helps in rejuvenating the body and increases the immunity of the patient and potency and action of the drug given *along with*, *Ashwagandha* is known to be a nervine tonic or it acts as rejuvenate to the nerves so here we have given *ashwagandharista*, castor oil was used for *sneha virechan* and *vata anulaoma*, *vacha churna with madhu* was applied over the oral cavity and tongue of the patient for the improvement of the speech as *vacha* is considered as *vaakpravritti vardhanam*. As mentioned in *Ayurveda*, *basti* (medicated enema) is the best treatment for *vata dosha* so here we had given the *basti*, *Yapana basti* is a form of *niruha basti* and it has a imp quality that it is *nirapada* which means it is harmless or without any side effects and can be given regularly to the patient, so here we had given *yapana basti* to the patient.

CONCLUSION

Understanding of the disease was done according to the signs and symptoms of the patient. Treatment was done according to the principles of *Ayurveda*. Oral medications along with *snehana and swedana and basti* treatment were done which helps in reducing the symptoms and signs of the disease and the overall quality of life of the patient was improved. After the whole treatment patient was able to walk on her own and speech was highly improved.

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