ROLE OF PANCHAKARMA IN THE MANAGEMENT OF HEMEPERESIS: A CASE STUDY

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ABSTRACT
The word Pakshagata means i.e. vata dosha affected half side of the body half face, speech loss, associated with loss of movement, weakness in half affected area that can be correlated with Hemeperesis. A 67 year old female patient, case of right side hemiparesis, presented to the Panchakarma department with difficulty in movement of the right side of the body since 5 month. The brain MRI revealed acute lacunars multiple infarctions in left hemisphere, and Pre-ventricular ischemic changes seen. Ayurveda diagnosis of Pakshagata can be correlated with hemiparesis. Panchakarma therapy Nasaya, patrapotali sweda, eranda muladi niruhabasti given to the patient. All these procedure were done along with internal Ayurvedic medicines and physiotherapy. Patient was admitted in private ward 3/8 for 1 month and showed moderate improvement in subjective parameters. Aim of study to evaluate Ayurvedic treatment Panchakarma in the case of Pakshagata with special reference to hemiparesis symptoms were loss of movement and weakness in right half side of the body, along with constipation and decreased appetite side 5 months. Patient showed noticeable improvement in the symptoms 45 % after treatment in behavior, appetite and movement.

Keywords: Pakshagat, Nasaya Sweda, Patrapotali Sweda Basti

INTRODUCTION
The word “hemi” means “one side” and “paresis” means “weakness.” Pakshagata is Vatananatamja vikar¹. About 80% of people who have had a stroke have some degree of trouble moving one side, or suffer from weakness on one side of their bodies. Stroke is the most common cause of neurological deficit and third most common cause of death in developed country². But hemiparesis can also be caused by brain tumors, multiple sclerosis, After stroke in the left hemisphere the patient is paralyzed on the right side of the body and vice versa. The speech and language centre is located in the right hemisphere in left handlers. After a stroke in the left hemisphere, paralysis or sensory disturbances on the right side of the body. Vision on the right side of both eyes may have decreased hemianopia, speech and language problem, problem with object recognition. Panchakarma is very effective in this type of disease stroke induced neurological paralysis³.
**Case study**- A 67 year old female patient, case of right side hemiparesis, came to the *Panchakarma* O.P.D with restricted movement of the right side of the body since 5 month. The brain MRI revealed acute lacunars multiple infarctions in left hemisphere, and Pre-ventricular ischemic changes seen.

**Chief Complaints**- Restricted movement in right half side of the body. Unable to speak, Moderate weakness in left half side of the boy and Constipation.

**H/o Present illness**- According to attendant of patient, patient was hypertensive since 4 Yr. 5 months ago when attendant meet the patient, patient was not able to speak and by her own unable to walk. On the same day after few hours, she was unable to move. They took patient to nearby hospital and diagnosed for cerebral stroke. They took treatment from allopathic hospital and then came to Rishikul Ayurvedic for better treatment.

**H/O Past illness** – History of HTN since 4 year, Hypothyroidism since 9 month, hernia in 2017, Piles?

**Treatment history**: Medication for HTN, Amlodipin, Telma 40, Hypothyroidism- Thyroxin 125 mg, operated for hernia in 2017.

**Family history**- not specific

**Personal History**-
Addiction- smoking, Diet-Mixed, Appetite – Decreased, Thirst- Normal, Bowel-Constipation, Micturation- 7 to 8 times per day, Sleep- Sound, Menstruation – Menopauses 12- 15 yrs.

**General examination** –
General Condition – Average, BP- 110/67 mmHg after medication, Pulse- 76/min, Temperature – Not febrile R/R-16/min, Edema - Not present, Pallor- Not presents, Icterus- Present, Clubbing- Absent, Cyanosis- Not present, J.V.P- Not raised, L/N- Not present, Thyroid- Not enlarged, Skin – Smooth, Tongue- Slightly deviated

**Systemic Examination:**

**P/A** – Inspection -Scar of Cholescystectomy seen
Palpation – No tenderness and no organomegaly

**Percussion**- No resonant sound

**Auscultation**- Bowel sound -12 /min

**CVS**- S1 S2 heard normally, No added sound. No tenderness present.

**R/S** – Chest B/L symmetrical, No scar or lesion are seen.
Chest movement normal, No tenderness Normal breathe sound heard.

**CNS** – Patient is well oriented to time place and person
All cranial nervous are intact except 7th CN, Auditory CN and Olfactory nerve, 11th nerve

**Deep tendon reflexes in Locomotors** –

<table>
<thead>
<tr>
<th></th>
<th>Knee jerk</th>
<th>Biceps jerk</th>
<th>Triceps jerk</th>
<th>Ankle Jerk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Right</td>
<td>+++</td>
<td>+++</td>
<td>+++</td>
<td>+++</td>
</tr>
</tbody>
</table>

**Power in upper and lower limb**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Extremities</td>
<td>Grades</td>
</tr>
<tr>
<td>1</td>
<td>Rt. Upper limb</td>
<td>2/5</td>
</tr>
<tr>
<td>2</td>
<td>Rt. lower limb</td>
<td>2/5</td>
</tr>
<tr>
<td>3</td>
<td>Left upper limb</td>
<td>4/5</td>
</tr>
<tr>
<td>4</td>
<td>Left lower limb</td>
<td>3/5</td>
</tr>
</tbody>
</table>

**Range of movement Arm and Leg**

<table>
<thead>
<tr>
<th></th>
<th>Arm</th>
<th>Leg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left</td>
<td>Slightly weakness in movement</td>
<td>decreased movement</td>
</tr>
<tr>
<td>Right</td>
<td>decreased power and range of motion</td>
<td>decreased power and range movement</td>
</tr>
</tbody>
</table>
Gait- Unable to walk
Spine- Normal curvature of Spine
MRI of Brian – Suggestive of acute lacunars multiple infarction in left hemisphere
Pre-ventricular ischemic changes seen
Well defined lesion adjacent of splanicum of corpus callo-sum
X- Ray – Mild Bronchiectasis.
Provisional diagnosis – Rt. sided Hemisphere?

<table>
<thead>
<tr>
<th>Treatment Given</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arjun tavak churn</td>
<td>3 gm morning and evening two times a day</td>
</tr>
<tr>
<td>Mashbaladi pachana ksaya nasya</td>
<td>For 7 days Morning and evening in empty stomach</td>
</tr>
<tr>
<td>Tryodshanga guggle</td>
<td>2 tabs Morning and evening two times a day</td>
</tr>
<tr>
<td>Tab Mantat</td>
<td>2 tab Morning and evening two times a day</td>
</tr>
<tr>
<td>Rasraj ras</td>
<td>100mg</td>
</tr>
<tr>
<td>Praval pishiti</td>
<td>100 mg</td>
</tr>
<tr>
<td>Arjun tavak churn</td>
<td>3 gm all churna mixed. morning and evening two times a day with sara of gulkanda.</td>
</tr>
<tr>
<td>Nasaya</td>
<td>given till16 drop after it tapered till 10 drop</td>
</tr>
<tr>
<td>Patrapotaly sweda</td>
<td>started for 7 days and it was repeated 7 days more</td>
</tr>
</tbody>
</table>

Mashabaladi Pachana Kashaya nasaya-
Mashabaladi is multi-herb preparation, which contains seven herbs in equal quantity and two were added as Prakshep dravya. Mashabaladi pachana kwatha mentioned 23/24 is indicated in Vataroga. Masha is a potent Dhatu Vardhana Dravya, is supportive as a Vatahara with its dominant Madhura rasa and Ushnadi Gunas. Bala is considered as a nervine stimulant, Balya, Vatahara in property. ⁵ Shookashimbi is Snigdha, Madhura. It acts as nervine tonic. Rasna is the best Vatashamaka drug. Eranda is Madhura, Katu, Kashaya rasa, Ushna Virya and Madhura Vipaka in property. Kritrina is Katu, Tiktta rasa, Ushna Virya, Katu Vipaka and Vatakapha Shamaka in nature. Ashwagandha Balya, Vatahara in nature. ⁶ It serves the function of enhancing the energy and nourishes the Mastishka. The Kashaya is also Siddha by Ghrita, Saindhava and Hingu due to Ghrita it is also helpful in nourishing and balancing Vata and Hingu and Saindhava responsible for Kapha Vilayana and Sroto Shodhana.

Patrapotaly pinda sweda- IT is prepared by medicinal leaves such as Eranda, Nirgundi Amlatas Ark Nima dhatura and garlic grated wet coconut, lemon, earthen pan, vatahar taila, and tied on a pieces of cloth is heated or boiling taila. Patra pinda swedana indicated in upastambhita vatavyadhi avastha. Swedana gives relaxation from stiffness, heaviness and coldness in the body and by oil application it is best used for vatavyadhi mainly caused by degenerative disease. Patra pinda sweda is also used mainly in pain, inflammation, and bone joint and musculoskeletal disorder. Patrapinda sweda increase blood circulation in affected area and that helps stimulation of nerve endings which helps the body to recover soon.⁷

Eranda Dhshamuladi nruha basti – Eranda Dashamuladi nruha basti is medicated decoction are inserted into anal canal by basti natra and it expel the vitiated dosha out of the body through the intestinal route. Eranda Dashamul Niruhabasti contains Erandamoola, Vritapanchamula and laghupanchamula. Eranda moola is used in vata related disorder. It relieves stiffness and it is shrotoshodak, amapachak. Dashamula is Vata kaha shamak, Erandomooladi nruha basti treats dosha present rasa, masa, asthi. Basti mainly works entneral nervous system present on Large intestine and stimulates to release of many neurotransmitters like serotonin, acetylcholine, dopamin.⁸ It also indicated in nervous system muscles and bones &joints disease it is mainly indicated in Vata Roga. Dashmula drugs are Anti inflammatory, Anti rheumatic, anti arthritic Analgesic Anti spasmodic, anti paralytic and neuroprotector.⁹
DISCUSSION
Lacunars infarction is a type of stroke that occurs when one of the arteries supplying blood to the get blocked. These arteries are quite small, which makes them vulnerable to damage. While most arteries in the body gradually become smaller, the arteries of the lacunar stroke branch off a large high pressure artery. Lacunar stroke is a type of stroke is detected right away so treatment being early on. Hypertension and diabetes are said to be strongly associated with lacunar ischemic stroke. Lacunar infarcts are small infarcts (2–20 mm in diameter) in the deep cerebral white matter. WMLs are abnormal areas of hypodensity (on computed tomography scans) or hyperintensity (MRI)) in the deep hemispheric and periventricular white matter and brain stem. Asymptomatic small deep white matter infarcts, in addition to the symptomatic lesion, have been seen on MRI diffusion imaging at presentation with lacunar ischemic stroke. WMLs also progress rapidly after lacunar stroke. Weakness or paralysis of the face, arm, leg, foot or toes sudden numbness are main symptoms. Other symptoms are difficulty in walking, difficulty in speaking or speech loss.

CONCLUSION
This case study demonstrated the successful management of a case of Hemiperesis Pakshagata using ayurvedic management and Panchakarma therapy. Panchakarma is indicated in disease of nervous system Hemiperesis. Mashabaladi pachana kashaya nasya and basti are main treatment for the disease that was followed by Ayurvedic drugs and other therapy. Nasay is gate way of Shir pradhesa (Brain). So medicine is directly works on affected side. Ayurvedic drug like Rajraje ras, Praval pishtti Tab mantat etc. Rasraj ras mainly used for the treatment of neuromuscular condition, paralysis hemplegia locked jaw, facial palsy. Praval pishtti used for cough, cold, bleeding disorder, toxic condition, immunity etc. Arjun tavk churn is cardio tonic it treats high blood pressure and high cholesterol. Tridhoshar gaugule causes deepan pachan is trodhos shamak due to usana guna it is ama pachak. It also causes shrotoshodan. The period of case study is 60 days. There was not complete recovery because the time period was very short but Patient recovered a lot by with this treatment.

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