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## Management of Pakshaghat using Ayurvedic Principles- A Case Study Malwadkar P, Bahatkar S

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### Abstract:

Ayurveda explains *Pakshaghat* as one of the *vaat vyadhi* which is considered as one of the *Ashtamahagaad*-disease which is cripple, fatal and incurable or difficult to cure. In *Pakshaghat snayu* and *kandara shosh* occurs due to vitiated *vaat* and there is paralysis or severe weakness of limbs on one side but specific symptoms may vary from person to person. It also must be remembered that *pakshaghat* is mentioned in *trimarmiya adhyay*. When *shira marma* gets damaged may be due to *aaghaat* or *dosha prakop* it may lead to *pakshaghaat*. In the present case study a 57 year old male patient was brought by his relatives to Panchakarma OPD of Podar Ayurved Hospital with complaints of left hand and legs weakness, muscle spasms, left hand tingling sensation, difficulty in walking and overall weakness since 1 month. MRI brain showed small focal area of acute non haemorrhagic infarct involving left corona radiata and chronic ischemic changes. Also, he had raised BSL. A detailed history was taken, diagnosis done was *vaam pakshawadh* and the patient was treated using ayurvedic principles. Total duration of treatment was of 36 days and patient had significant relief in symptoms and patient would walk without any support. *Sarvanga snehan*, *pinda sweda*, *shirodhara*, *pratimarsha nasya*, *shodhan basti* followed by *baladi yapan basti* along with internal medications according to conditions was given. This case shows that *mahavyadhi* like *pakshaghat* can be well managed if treatment is started earlier. It is the need of an hour to make common people aware of this.

**Keywords**-*Pakshaghat, snayu, kandara, sandhibandha moksha, vaatnuloman, raktaprasadan*

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## Introduction

*Pakshaghat* has been explained by *Aacharya Charak* in *vaat vyadhi chikitsa*.<sup>[1]</sup> According to *Madhavnidan* it can be considered *ekangavaat* in which vitiated *Vaat* causes, *sira* and *snayu shosh* in half side of the body leading to *cheshta nivrutti*, *shool*, *vvaakatambh* and *hasta paad sankoch*.<sup>[2]</sup> Also *Charak* mentions *ardit* in *trimarmiya adhyay*.<sup>[3]</sup> which can be correlated to facial paralysis. When *shira marma* gets damaged may be due to *aaghaat* or *dosha prakop* it may lead to *pakshaghaat*. *Acharya Sushrut* says that vitiated *vaat dosha* travels in *urdhwa*, *adho* and *tiryak dhamani* and causes *sandhi bandha moksha* which leads to loss of function in half of the body.<sup>[4]</sup> *Pakshaghat* can be correlated to hemiplegia due to stroke. Worldwide stroke is the second leading cause of death and third leading cause of disability. *Aacharya Madhav* says about *sadhya asadhyatva* of *pakshaghat* that *sadhyam aneyan sanyuktam*.<sup>[5]</sup> A case study of *pakshaghat* with non-haemorrhagic infarct and chronic ischemic changes has been presented here. This article is to highlight that if patients with stroke comes as early as possible for ayurvedic treatment and proper *chikitsa* according to *avastha* is given we can cure this disease and prevent patient from

DTR	Ankle	Knee	biceps	Triceps
Rt	+2	+2	+2	+2
Lft	absent	Absent	absent	Absent

disabilities.

## Case Study

A male patient aged 57 years brought by relatives to Panchakarma OPD, R A Podar Ayurved Hospital on 26/12/2022 with C/O left upper and lower limb weakness and muscle spasms, difficulty in walking and overall weakness for one month. He also had *ubhay manibandhashool*, *hasta parva shool*, *janu sandhi shool* for 3 years.

## History

K/C/O – DM for 10 years (Metformin 500 mg OD)

Grade 1 prostatomegally

H/O – Pulmonary TB

N/H/O- fall, trauma

S/H/O- Nil

Addiction- Alcohol, tobacco

23/12/22

MR Angiography of brain showed small focal area of acute non haemorrhagic infarct involving left corona radiata. Few focal hyperintensities on FLAIR images involving bilateral periventricular and frontal parietal white matter and basal ganglia suggestive of chronic ischemic changes. CT scan dated 26/12/22 showed small gliosis involving right parietal lobe and age-related cerebral atrophy. Blood investigations dated 24/12/22 BSL- Fasting -246 mg /dl PP-434 mg /dl WBC count 11200/cu mm Neutrophil- 69% Patient was under following medicines for 1 month

Tab. Aspirin 150 mg OD

Tab. Clopitab 75 mg OD

Tab. Atorvas 40 mg OD

Tab. Glyciphage BD

Tab. Glimestar OD

Tab. Gabator NT OD

On Examination

Gait- spastic gait

Table 1-muscle power grade

Table 2- Deep tendon reflex

SLRT-rt -60

Lf-60

B/L-20

*Mala-asamyak, grathit*

*Mutra-Samyak-pit varni*

*Kshudha-samyak*

*Jivha-niram*

*Nidra-samyak*

*Sweda-adhikya*

*Hetu-mansahaar,alcohol,tobacco,*



*krodhadhikya, katu rasa sevan*  
*Dosha-vaat – pitta*  
*Dushya-rakta, mans, snayu, shiromarma*  
*Samprapti- madyapaan, krodhaadhikya, katu*  
*rasa sevan, mansahaar - vaat and pitta dosha*  
*vruddhi- malaavashtambh- hetu sevan*  
*continued- aapan and vyaan vayu prakop -*  
*shiromarma ghaat-pakshaghaat.*

Drug and dose	Time
Rasaraj rasa 125mg Amruta satva 1gm Praval pishti 125mg Abhrak bhasma 125 mg	<i>Rasayan kaal</i>
Mahayograj guggul 500 mg Tapyadi loha 250 mg Saraswatarishta 20 ml brahmi vati 500 mg	<i>Vyanodan kaal</i>
Panchasakar churna 5gm	<i>Ratru</i>

MPG	Upper limb	Lower limb
Right	5/5	5/5
Left	3/5	2/5

Pt was adviced *sarvanga snehan* with *mahanarayan tel*.

#### Internal medicine-

**Table 3**

Drug and dose	Time
Mahayograj guggul 500 mg Tapyadi loha 250 mg	<i>Vyanodan kaal</i>
Saraswatarishta 20 ml brahmi vati 500 mg	<i>Ratru</i>

Day	Date	Procedures done	Parikshan
1	6/01/23	<i>Snehan, swedan, Anuvasan basti with mahanarayan tel-60 ml</i>	
2	7/01/23	<i>Snehan swedan, Niruha basti Pratimarsha nasya</i>	<i>Udar laghav</i>
3 to 15	8/01/23 to 23/1/23	<i>Snehan, pinda sweda, Baladi yapan basti<sup>6</sup> 150 ml Pratimarsha nasya Shirodhara In abhyantar chikitsa bala+kapikachhu+shatavari+gokshur siddha ksheer started</i>	<i>Anga laghav, udar laghav, utsaah vruddhi, reduced muscle spasm, increase in strength</i>

On his first follow up on 3 rd jan patient was adviced admission and admitted on 6 th jan 2023

On admission-treatment planned

#### **Bahya chikitsa**

1)*sarvang snehan swedan*

2)*shirodhara*

3)first *anuvasan* with *mahanarayan tel* then *shodhan basti*

Followed by *baladiyapan basti*

4)*pratimarsha nasya* with *shadbindu tel* 4 drops in each nostril

#### **Abhyantar chikitsa-**

#### **Table 4**

Pt was told to continue his antidiabetic medicine and ecosprin

All blood routine was done

BSL- fasting-212

PP- 420

Urine- protein- + 3

Sugar- +3

Blood urea- 45

Sr.creat – 1.6

After completion of *anuvasan basti- shodhan (dashamool-erandmool-guduchi) Niruha basti baladiyapan b.*<sup>[6]</sup> was started.

Follow ups

#### **Table 5**

16 to 23	24/1/23 To 31/1/23	<i>Snehan, swedan, shirodhara, pratimarsha nasya. Panchatikta ksheer basti (ksheer paak 60ml +ashwagandha ghrut-20ml)</i> BSL dated 30/1/23- Fasting-160 PP-387  Pt discharged	No muscle spasm, can walk without support
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**Table 6 -Result**

Examination	Before treatment	After treatment								
Gait	Spastic gait Needed support	Normal Without support								
Muscle spasms	Present	Absent								
MPG	MPG UL LL Rt 5/5 5/5 Lft 3/5 2/5	MPG UL LL Rt 5/5 5/5 Lft 5/5 5/5								
Reflex	DTR	A	K	B	T	DTR	A	K	B	T
	Rt	+2	+2	+2	+2	Rt	+2	+2	+2	+2
	Lft	Ab	Ab	Ab	Ab	Lft	+1	+1	+1	+1
	Plantar reflex on left-absent Right-present					Plantar reflex on left-diminished Right-present				

**Discussion**

In this case though the patient was diabetic he was not having any symptoms of *prameha* or *prameha poorvaropa*. It was diagnosed as *vaat pittaj pakshawadh*. It has been told by *aacharyaas* that if in *pakshaaghat vaat* is associated with *kaph* or *pitta* are curable/*sadhya* than *pakshaghaat* caused due to *vaat dosha* alone. It has been told to give *virechan* in *pakshaghaat*.<sup>[7]</sup> According to *Sushrut* after *snehan,swedan* and *mrudu*

*sanshodhan*, *anuvasan* and *niruha basti* should be given along with *shirobasti, abhyanga, upanaha*.<sup>[8]</sup> But considering the *samprapti* of *vyadhi*, *bala* and *avastha* of patient he was given *shirodhara, pratimarsha nasya* and *yapan basti*. Internal medicines and *karma chikitsa* were selected for *vaatanuloman*, *rakta prasadan* and giving strength to *snayu* and *kanadara*.

**Table 7- Selection of drugs**

Sr.No.	Medicine	Key Ingredients	Reason for selection
1.	Mahayograjuggul	Sunthi, pippali, pippalimola, vacha, chitraka, vanga bhasma, raupya bhasma, tamra bhasma, loha bhasma, abhrak and mandoor bhasma	For <i>pachan, agnideepan, vaatashaman, rasayan karma, yogavahi</i> action.

2.	Tapyadi loha	Triphala, trikatu, trimada, shilajeet, makshik bhasma, raupya, loha, mandoor, sharkara	For <i>raktaprasadan</i> , <i>balya</i> and <i>rasayan</i> action.
3.	Rasarajrasa	Parad, abhrak satva, Suvarna, loha, raupya, Vanga bhasma, ashwagandha	<i>Balya</i> , <i>vaat shaman</i>
4.	Saraswatarishta	Brahmi, shatavari, vidari, ushira, trivrut, vacha, ashwagandha	<i>Balya</i> , <i>hrudya</i> , <i>rasyana</i> , <i>mana</i> <i>prasadan</i> , <i>vatanuloman</i>
5.	brahmi		To alleviate nervous function
6.	Abhraka bhasma		<i>Vaatashaman</i> , giving strength to <i>Indriya</i> , <i>prakrut shleshma</i> production
7.	Praval pishti		To reduce effect of <i>ushna</i> and <i>tikshana guna</i> on <i>asthi</i> , <i>majja</i> , <i>rakta</i> and <i>mans dhatu</i>
8.	Guduchi satva		
9.	Bala, kapikachhu, shatavari, gokshur siddha ksheer		<i>Bruhan</i> , <i>balya</i> to <i>mans</i> , <i>asthi</i> , <i>majja dhatu</i>
10.	Baladiyapan basti <sup>[6]</sup>	Bala, atibala, vidari, shaliparni, darbha prushniparni, kantakari,	

### Conclusion

Ayurvedic treatment is based on person to person. Not one single protocol is applicable for any disease in every individual. Considering the *hetu*, *hetu bala*, *rugna bala*, *samprapti* of disease treatment is to be given without any delay otherwise the *samprapti* becomes deep rooted and *Sadhya vyadhi* will become *asadhya*. Ayurvedic treatment is based on *swabhavoparam vaad* which explains that when *Vaidya* cures a disease there is no any reason for destruction the abnormal dosha and dhatu because it happens on its own. What we are doing while giving treatment is just forming new normal *gunas* – *dosha* and *dhatu*.<sup>[9]</sup> This principle really helps us in giving proper *Chikitsa* to any patient. *Abhyantar chikitsa* along with *karma chikitsa* like *snehan*, *swedan*, *vaman*,

*virechana*, *basti*, *nasya*, *shirodhara*, *pindasweda*, *lepa*, *upanaha* is a boon given by Ayurveda which when used in proper way helps us to cure any *Sadhya vyadhi*.

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