

Panchakarma management of *Abhighataja Pakshaghata* (Traumatic Hemiplegia) - A case study

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Abstract:

An 18 years old boy faced severe head injury on the left side after falling down from terrace about 10 feet height on the day of 'Kite festival' followed by severe brain haemorrhage with unconsciousness and admitted in Trauma care centre. He underwent brain operation on left frontotemporal-parietal region. After 26 days, the boy came to *Panchakarma* OPD at IPGT&RA, Gujarat Ayurved University, Jamnagar, along with his parents with presenting complaints of right sided *Pakshaghata* (Hemiplegia) and *Vakastambha* (Aphasia). The case was clinically diagnosed as Post Traumatic Hemiplegia. In *Ayurvedic* classics it is mentioned as *Abhighataja Pakshaghata* and also mentioned as *Nanatmaja Vataja Vikara*. According to modern medical terminology *Abhighataja Pakshaghata* can be compared with Traumatic Hemiplegia. Initial treatment was started with *Jihwa Pratisarana* followed by classical *Panchakarma* treatment. Neurological assessment was done before and after treatment by Neurological Examination Form / NAVC Clinician's Brief/ December 2010. After 3 months the boy speaks normally, walks normally and can move his hand without any support. This case report showed that *Snehana* (*Bahya&Abhyantara*), *Swedana*, *Mridu Virechana Karma*, *Anuvasana Basti* and *Nasapana* are most effective *Panchakarma* treatment in *Abhighataja Pakshaghata*.

Key words: *Ayurveda*, *Abhighataja Pakshaghata*, Hemiplegia, *Panchakarma*

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Introduction:

Pakshaghata is one of the *Nanatmaja Vata vikaras* mentioned in *Ayurvedic* classics.^[1] If ignorant physician performs *Raktamokhshan* (Blood - letting therapy) in too hot season or after excessive sudation (*ati swinne*) as a result there would be excessive blood loss, resulting to *Pakshaghata*.^[2] It is also mentioned that injury to *Lohitaksha* and *Kakshadhara marma* leads to manifestation of *Pakshaghata*.^[3] According to origin, diseases are classified into three types in *Ayurveda*, such as *Nija* (endogenous), *Agantuja* (exogenous) and *Manasa* (Psychological).^[4] Again *Agantuja Vyadhi* subdivided into two types, *Shashtra krita* (injured by weapon) and *Vyaladi krita* (animal or insect bite). In *Abhighataja Pakshaghata*, first *dusti* is happened in *Rakta dhatu* followed by *Pitta* and *Kapha doshas* are associated with *Vata* leads to '*Sharirardhamakarmanyamachetanam*'^[5] (Paralysis on either side of the body) with '*Vakastambha*' (Aphasia). If *Pakshaghata* manifest by *Vata* alone, is regarded as *Krichhra sadhya* (curable with great difficulty) but when it is associated with other *doshas* then it is called *Sadhya vyadhi* (curable disease).^[6] Hemiplegia or paralysis of one side of the body is caused by injury or illness and leads to disability. The line of treatment for *Abhighataja Pakshaghata* includes *Sneha*, *Svedana*, *Mridu shodhana*, *Swadu-Amla-Lavana-Ushna ahara*, *Abhyanga*, *Anuvasana vasti*, *Asthapana Vasti*, *Shirovasti*, *Nasya* are advise and *JihwaPratisarana* for *Vaka stambha*.^[7-8]

Case history:

Presenting complaints with history: An 18 years old male patient came to OPD no.14 (Panchakarmadepartment), IPGT&RA, Gujarat Ayurved University, Jamnagar, on 09/02/2018, (OPD case no. PG18017019, dated 09/02/2018) along with his parents, on wheel chair, in conscious state with complaints of weakness and stiffness on the right upper and lower limbs and face associated with slurred speech for 26 days. On the day of '*Patang Festival*' (i.e. 14/01/2018, on '*Makar Sankranti*') during kite flying, the boy was fallen down from one storied roof to ground about (10 feet height) and got severe blunt head injury on left side of the head followed by profuse bleeding. Patient became unconscious and rushed to the emergency department of nearby G. G. Hospital, Jamnagar. After that, he was shifted to Trauma Care Centre, Rajkot. He was in ICU, on ventilation and left Frontotemporo-parietal craniotomy with decompression was done on 17/01/2018. After 10 days he was discharged from Trauma care centre, Rajkot. On discharge he had complaint of slurred speech with deviation of right sided angle of mouth while talking, weakness on both upper and lower limbs of right side and inability to walk and to do normal work properly.

Clinical Examination: In general examination Pulse- 68/min, irregular, B.P- 130/90 mm of Hg, RR- 20/min was noted. In neurological examination reflexes were noted before and after treatment. [Table no.1, 2]

Investigation: MRI Brain was done on 17/01/2018, showed acute infarct along left MCA territory with hemorrhagic transformation. Echo cardiogram showed Mitral valve mild prolapsed and Trivial MR.

Diagnosis: The patient was diagnosed as a case of Post Traumatic Hemiplegia on right side at Trauma Care centre, Rajkot, Gujarat on 17/01/2018.

Methodology/Treatment given: [Table no.3]

1. *Sasneha mridu virechana* with *Eranda taila* , *Anupana- Go dugdha*
2. *Jihwa pratisarana* with *Vacha* and *Yasthimadhu churna*, *Anupana- madhu*
3. *Sarbanga Abhyanga* with *Maha masha taila* and *vaspa sweda*

4. *Samana Snehapana* with *Maha masha taila* for 21 days , *Anupana – Mudga yusha*
5. *Sashtika shali Pinda Sweda*
6. *Nasapana* with *Mashabaladi Kwatha*
7. *Matra basti* with *Bala taila- Karma basti*
8. *Shaman/a Oushadha –Aswagandha churna + Vacha churna + Bramhi churna+ Shankhapushpi churna – each in equal quantity*, Dose-6gms twice a day after intake of food, *Anupana- Go dugdha*
9. Physiotherapy: Active and passive exercises of right leg and right hand, Therapeutic Ball exercises (e.g. Ball grip, Thumb extends, Pinch, Opposition) for right hand was advised.
10. Tab Ecosprin 75mg -1 tab OD was advised to continue along with these treatment as he was advised by allopathic doctor previously.

Table-1: Assessment of Spinal reflexes based on NAVC Clinician's Brief/December 2010/Neurologic Examination form

| REFLEX | Before Treatment | | After Treatment | |
|------------------|------------------|------------|------------------|---------|
| | Right | Left | Right | Left |
| Biceps | Exaggerated (+4) | Normal(+2) | Exaggerated (+2) | Normal |
| Triceps | Exaggerated (+4) | do | Exaggerated (+2) | do |
| Knee | Exaggerated (+3) | do | Exaggerated (+2) | do |
| Ankle | Exaggerated (+4) | do | Exaggerated (+3) | do |
| Planter | Positive | do | Positive | do |
| Crossed Extensor | Absent | Present | Present(+2) | Present |

Table -2: Other Examination

| Symptoms | Before Treatment | After Treatment |
|-------------|------------------|-----------------|
| Dysarthria | 3 | 2 |
| Limb Ataxia | 0 | 0 |
| Motor Arm | 4 | 1 |
| Motor Leg | 4 | 2 |

Table-3: Interventions & Observations

| DAYS | Treatment given | Observation |
|-----------------|--|---|
| Day 1 to Day 3 | <i>Eranda taila</i> 15 ml with milk; <i>Jihwa Pratisarana</i> with Vacha + <i>Yasthimadhu</i> churna + honey | Passed soft stool 2 times/ day Tongue- <i>nirama</i> |
| Day 4 to Day 12 | <i>Sarvanga Abhyanga</i> with <i>Mahamasha taila</i> & <i>Vaspa sweda</i> ...continued <i>Jihwapratisarana</i> continued | Felt lightness of the body and started to move right hand |
| Day13 to Day 34 | Started <i>Shamana sneha pana</i> with <i>Mahamasha taila</i> -10 ml twice a day for 21 days <i>Anupana- Mudga yusha</i> <i>Shashtik Shali pinda sweda</i> started | On 16 th day of admission started to speak bisyllabus word 'mummy' and Gait improved |

| | | |
|-----------------|---|---|
| Day35 to Day 46 | Started <i>Nasa pana with Mashabaladi Kwatha</i> initially started with 10 ml on each nostril end with 50 ml on each nostril for 2weeks. | Mild improvement in speech,Regular bowel movement improved walking, Patient started walk alone and move his hand upwards without any support. |
| Day 47 | He was discharged with advice Aswagandh churna+ Vacha churna+ Bramhi Churna+Shanhapuspi churna –all equal ratio Dose -6gms...2 times/day Anupana- Madhu <i>Sarvanga Abhyanga</i> with <i>Mahamasha taila & Vaspa Sweda</i> | Now he can speak normally, walk normally and can move right hand without any support |

Result and Discussion:

The patient was assessed before treatment and after treatment. Table no.3 and table no.4 showed the marked improvement. When *Pakshaghata* manifests only due to *vata dushti* then it is curable with great difficulty but when it is associated with *Pitta* or *Kaphadosha* then it becomes curable.^[9] *Sasneha mridu virechana* was given after assessing the *Bala* of the patient. *Eranda taila madhura, ushna,tikshna, dipana, katu kashaya anurasa,sukshma, srotovishodhana, twachya, vrishya, madhura vipaka,medha, smriti, kanti, balakara, vata-kaphahara, adbhagadoshahara.*^[10] Milk helps in alleviating the *pitta* and *rakta dushti* due to *abhighata*. *Vacha* and *Yastimadhu* has got *medhya* and *vakpravarti* properties. It is mentioned that '*Slesma rogesu PratisaranamMahamasha taila* best against *vata* due to its *snigdha usna* swabhava.^[11] *Shashtika Sali* is good for strengthening the muscles (*Balya* property). *Mashabaladi*

nasapana stimulate the nerve endings of the brain. *Matra basti* is for balancing *vata* and acts as body nourishment.

Conclusion:

It is possible to manage *Abhigataja Pakshaghata* (Traumatic Hemiplegia) successfully by *Panchakarma* treatment after the initial critical period is over.16th January, 2018, TOI reported that “at least 16 people died and scores of others sustained serious injuries in Kite flying festival related to Gujarat. While most of the victims died after their throats were slit by glass coated *manja*. Other death occurs when people fell from terraces or were electrocuted while trying to catch kites”. Organized efforts from both Govt. & Pvt. sector is needed to tackle the rising Traumatic Hemiplegia during Kite festival.

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