

MANAGEMENT OF PAKSHAGHATA THROUGH NASAPANA: A CASE STUDY

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ABSTRACT

According to *Ayurvedic* Classics, *Pakshaghata* is characterized by loss of function and Immobility of half of the body either right or left and disturbed speech. The Prime cause of *Pakshaghata* is *Kupitavayu*. *Pakshaghata* is one among the *Vatavyadhi*.

Aim and Objective: To evaluate the efficacy of *Nasapana* in the management of *Pakshaghata*.

Material and Method: A 45 years old male patient, consulted at the OPD of department of *Panchakarma*, IPGT & RA Hospital, GAU, Jamnagar with chief complaints of weakness and pain in left side upper limb and lower limb, Slurring of speech, Disturbed sleep, Difficulty in movement of left side upper limb and lower limb. As per *Ayurveda* the patient is diagnosed as a case of *Pakshaghata* in which there is dominance of *Vata Dosha*.

Result: Patient was treated with *Nasapana* treatment particularly with *Mashabaladi Kwatha* (50 ml to each nostril) along with *Hingu* and Rock salt for a duration of 7 days and at the end of treatment there was much relief in the symptoms of the patient.

Conclusion: So *Nasapana* was found to be very effective for the treatment of *Vatavyadhi* like *Pakshaghata*.

Key word: *Mashabaladi Kwatha*, *Nasapana*, *Pakshaghata*, *Vatavyadhi*.

INTRODUCTION

Ayurveda classics have mentioned '*Pakshaghata*' which can be correlated to hemiplegia, paralysis of one of the sides of body, the cardinal feature of stroke. It has been considered under *Vatavyadhi*, a separate chapter encompassing all the major diseases caused by derailing of *Vata Dosha*. The causative factors are those dietary factors and lifestyle abruptions which are directly or indirectly involved in the aggravation of *Vayu*. Besides, in the manifestation of disease, involvement of other *Doshas* like *Pitta* and *Kapha* also have an involvement. A diagnosed case of male patient with complaint of weakness and pain in left side upper limb and lower limb, slurring of speech, disturbed sleep, difficulty in movement of left side upper limb and lower limb which disturb his daily routine work. This particular case was correlated with *Vatavyadhi* ^[i,ii]. On the basis of this final diagnosis was made i.e. *Pakshaghata*, *Nasapana chikitsa* is found to be the treatment for *Vata* dominated diseases as described in the *Ayurveda* classics. There was relief in pain with better movements of limbs, moderate improvement was found in speech and sleep, weakness was reduced.

CASE REPORT:

A male patient, aged 45 years with the complaints of pain and weakness in left side upper limb and lower limb, slurring of speech and found difficulty in daily routine works with poor movements of limbs was admitted in *Panchakarma* IPD. He had 4-5 hours of sleep with disturbance due to pain. Duration time of the disease/complaints was 2 months when admitted in *Panchakarma* IPD. He had habit of occasional drinking of Alcohol and Smoking

(Bidi) about twice or thrice in a day since past 20 years. No significant family history was present. Past history of patient included history of mild facial weakness (palsy) about one and a half years back for which he underwent allopathic treatment and got significant relief.

Table 1: General Examination:

BP	122/88 mm of Hg
Pallor	Absent
Cyanosis	Absent
Temperature	Afebrile
Respiratory rate	20/min, Regular
Pulse	76 beats/min
Lymph nodes enlargement	Not palpable

Chief Complain:

1. Pain and weakness of left upper limb and lower limb since 2 months.
2. Disturbed sleep and slurring of speech since 2 months.
3. Difficulty in movements since same duration.

Associated complain: There was no any associated complain.

Family history: Absent

Drug history: Tab. Amlodipine 5mg
Tab. Aspirin 75mg

Past history: History of mild facial weakness (palsy) about one and a half years back for which he underwent allopathic treatment and got significant relief.

Table: 2 Investigations:

CBC	Within normal limit
MRI-Brain report (Dated-14/02/2019)	Infarct involving right centrum semiovale and right corona radiate.

Table: 3 Examination of the Rogi (patient) according to Ayurveda-

<i>Parikshya Bhava</i> (Examination of Patient)	Observations
<i>Prakriti</i>	<i>Vata-Pitta</i>
<i>Vaya</i>	<i>Madhyama</i>
<i>Bala</i>	<i>Madhyama</i>
<i>Agni</i>	<i>Vishamagni</i>
<i>Abhyavarana Shakti</i>	<i>Madhayama</i>
<i>Jarana Shakti</i>	<i>Avara</i>
<i>Koshtha</i>	<i>Madhyam</i>

MATERIAL AND METHOD

First of all *Mashabaladi yavkutta*, Water for Decoction, *Hingu* and *Saindhav lavana* for *Prakshep*, *Nasapana Yantra*(Copper), Weighing Machine(Small size), Vessels for *Kwatha* Preparation, Measuring Jug, Towel for face cleansing, Kidney tray for Spitting Waste Collection etc. to be prepared for procedure. Patient was first undergone *Sthanik Abhyang* and *Sthanik Nadiswedana* on Face, head, neck and shoulders as a part of pre-operative procedure (*poorvakarma*). Then *Nasapana* was done as per Standard Operative Procedure. *Mashabaladi Kwath* 50ml each nostril was administered from nasal root for 7days.

Table: 4 Contents of Mashabaladi Kwath Nasapana

CONTENT	AMOUNT
<i>Mashabaladi yavkutta</i>	50gm
Water for decoction	800ml
Prepared <i>Kwath</i>	100ml
<i>Hingu</i>	2gm
<i>Saindhav lavana</i>	2gm

Table: 5 Plan of Nasapana

Day	Dose in ml (Each nostril)	Time of administration (A.M.)	Observations	Complications if any
1	30	10:30	No any change	Not any
2	50	11:00	Lightness in head	Not any
3	50	10:45	Mild relief in pain	Not any

4	50	11:30	Patient feel mild strength in left hand with able to raise it few degree upside	Not any
5	50	11:00	6 hours of Sound sleep	Not any
6	50	10:45	Mild improvement in speech delivery with some clear verbal conversation	Not any
7	50	10:00	Marked change was observed in range of movements in left side upper and lower limb	Not any

Table: 6 grading of symptoms

VISUAL ANALOGOUS SCALE FOR PAIN	
No Pain (0)	0
Mild (1-3)	1
Moderate (4-6)	2
Severe (7-10)	3

MOTOR GRADING FOR WEAKNESS	
No movement (Total paralysis)	0
Visible or palpable flicker	1
Normal movement of muscle when gravity is eliminated	2
Normal movement against gravity but not against additional resistance	3
Muscle able to make its normal movement, overcome by resistance	4
Normal power	5

MODIFIED RANKIN SCALE FOR DISABILITY	
No symptoms at all	0
No significant disability despite symptoms, able to carry out all usual duties and activities	1
Slight disability, Unable to carry out all previous activities but able to look after own affairs without assistance	2
Moderate Disability, Requiring some help but able to walk without assistance	3
Moderately severe disability, Unable to walk without assistance, Unable to attend to own bodily needs without assistance	4
Severe Disability, Bed ridden, Incontinent, Requiring constant nursing care and attention	5
Dead	6

GAIT	
Normal	0
Gait has abnormal aspect / distance Limited / speed limited	2
Patient can walk with aid	4
Patient can walk with physical assistance of one or more persons	6
Patient cannot walk but can stand supported	8
Patient cannot walk nor stand	10

SPEECH	
Normal speech	0
Slight word finding difficulty, Conversation is possible	2
Slight word finding difficulty, Conversation is Difficult	4
Only yes or no	6
Mute	8

Table: 7 Effect of therapy

S.N.	Symptoms	B.T.	A.T.
A)	Pain (VAS)	2	1
B)	Weakness (MOTOR GRADING)	1	4
C)	Speech	4	2
D)	Gait	6	4
E)	Sleep	4	1
F)	Disability	4	2

Table: 8 Effect of therapy on Range Of Motion (Left side of the body)

MOVEMENTS OF LIMBS	ROM-BT	ROM-AT
Flexion	UL-100° LL-46°	UL-165° LL-50°
Extension	UL-25° LL-18°	UL-35° LL-20°
Adduction	UL-40° LL-16°	UL-45° LL-18°
Abduction	UL-95° LL-18°	UL-145° LL-38°

OBSERVATION AND RESULTS

After completion of treatment there was much relief in sign and symptoms of the patient, marked improvement found in the pain and weakness in left side upper limb and lower limb. Patient felt marked improvement in walking and the gait of patient improved. There was significant improvement in range of movement of joints. Patient was able to do normal routine works without any external support. VAS scale changes from 2 to 1, improvement in flexion from 100° to 165° in left upper limb and 46° to 50° in lower limb, in extension there was improvement from 25° to 35° in upper limb and 18° to 20° in lower limb, in adduction there was improvement from 40° to 45° in upper limb and 16° to 18° in lower limb and in abduction there was improvement from 95° to 145° in upper limb and 18° to 38° in lower limb.

DISCUSSION

Mashabaladi Kwatha having drugs which helpfull to subsidize *Vata*. Gradually improves muscular power due to its *Balya* action and strengthens the musculature. Acts as a nervine tonic on internal administration. Here the root of administration is *Nasa So*, *Prakshepa dravyas* like *Hingu* and *Saindhava lavana* create irritation to Nasal mucosa due to *Tikshna guna* with large amount of *Kwatha*, Which generate Electric Impulses and converted into Neuronal Impulses and able to expels out the *doshas* from *Uttamanga*. Elimination of *doshas* from head feel lightness and giving good sleep hours. Range of motion increases due to reliving in pain and weakness of limbs. Because of Elimination of *doshas* like *Pitta*, *Kapha* and subsidization of *Vata* we can say that *Nasapana* is a combination of *Shamana* and *Shodhana* therapy. So, it would be a better optional and cost-effective therapy for *Vata Vyadhi* in *Panchakarma* umbrella.

CONCLUSION

Pakshaghata is a condition wherein Disability occurs thus the aim was to check the progression of the disease to bring about symptomatic relief in the subject. *Mashabaladi Kwatha Nasapana* provided marked relief from pain, general debility and mild improvement in the gait. Improves Sleep quality and Treat the speech related difficulties. *Mashabaladi Kwatha Nasapana* can provide significant results in *Pakshaghata*. Thus it can be effectively used in management of *VataVyadhi* like *Ardita*, *Avabahuka*, *Manyastambh* and *Pakshaghata*. This was a case study to evaluate the efficacy of *Nasapana* in the management of *Pakshaghata*.

REFERENCES

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