

AYURVEDIC INTEGRATED MANAGEMENT OF PAKSHAGHATA WITH SPECIAL REFERENCE TO HEMIPLEGIA (ACUTE INFARCT) - A CASE STUDY

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Received date: 29 November 2021

Revised date: 19 December 2021

Accepted date: 09 January 2022

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ABSTRACT

Pakshaghata is the major *vyadhi* of *Vata dosha*. In *pakshaghata*, the patient usually presents with a loss of function or weakness in one half of the body. The diseases *pakshaghata*, *paksavadha*, and *Ekangaroga* are all synonyms. *Pakshaghata* is a neurological condition characterized by an inability to move a set of muscles on either the left or right side of the body. Hemiplegia is usually the result of a cerebrovascular problem or stroke, and most cerebrovascular diseases exhibit themselves with the emergence of a focused neurological deficiency. *Pakshaghata* is mentioned in the *Charaka Samhita*, the *Susruta Samhita*, and the *Madhava Nidana*. The patient in this case study is a 57-year-old man who has weakness in his right half of his body and is unable to walk. He was a patient who presented with acute infarct noted in the pons on Left Side in M.R.I. brain. The *Ayurvedic* diagnosis of *Pakshaghata* was made and treated using *Ayurvedic* medicine, which included procedures such as *virechana*, *shodhana chikitsa*, and *shamana chikitsa* (oral medications), as well as *ekangvir rasa*, *Hingwashtakchurna*, *Jivhadi kadha*, *Gandharva haritaki choorna*, and others. At various stages physiotherapy was used. At the conclusion of the treatment, the upper and lower extremity functions had improved the most. In terms of speech and mobility, the patient made a spectacular recovery.

KEYWORDS: *Pakshaghata*, Hemiplegia, Acute Infarct, *Panchakarma*, *Shamana chikitsa*, Physiotherapy.

INTRODUCTION

Pakshaghata is a neurological condition in which one side of the body experiences muscle weakness or partial paralysis, which can affect the arms, legs, and face muscles. The cortico-spinal tract, a route of neurons that begins in the motor parts of the brain, projects down through the internal capsule, and then travels down the spinal cord into the motor neurons that control each muscle, is the primary controller of movement. According to *Ayurveda* *Pakshaghata* is a serious sickness that is mentioned in the *Vataja nanatmaja vyadhi*. The *karmendriyas gyanendriyas* and *manas indriyas* are impaired. It has been linked to hemiplegia after a CVA stroke. According to the WHO, 15 million people worldwide are affected. In India, there are about 200 strokes per 100,000 people. Due to the prominence of *vata dosha* affects the function of *sira*, *snayu*, and

kandara. *charak* included it in the^[1] *nanatmajavyadhi* and *Madhyamarogamarga*. According to *Charaka*, *prakupita vayu* will occur in half of the body and it will produce *sankoch* and *tod* in one hand and leg by *vishoshana* of *shira* and *snayu* present there. *Sarvang roga* refers to when the entire body is afflicted.^[2] When *Vayu* reaches *urdhvagami*, *Adhogami*, and *Tiryagami dhamani*, this *prakrutivayu* destroys any half of the body, as well as the *sandhibandh*. When blood circulation to a portion of the brain is disrupted or substantially diminished, brain tissue is deprived of oxygen, and brain cells begin to die within minutes.^[3] There are two types of stroke: ischemic and hemorrhagic. Ischemic strokes are caused by a lack of blood flow, while hemorrhagic strokes are caused by bleeding and result in a part of the brain not functioning properly.^[4] Currently, *Panchakarma* therapy is widely used to treat patients suffering from a variety of ailments using *Ayurvedic*

principles. *Panchakarma* refers to five procedures: *Vamana* (therapeutic emesis), *Virechana* (purgation), *Asthapanabasti* (enema with medicated decoction), *Anuvasanabasti* (enema with medicated oil), and *Shirovirechana/Nasya* (nasal administration of medicines) and other linked therapies, such as *Snehana* (Oleation), *Swedana* (Fomentation) are *Poorvakarma* of *Panchakarma*. *Panchakarma* is effective in the treatment of neurological illnesses including paralysis.^[5] Physiotherapy, in addition to *Panchakarma*, is a "hands-on" manual therapy that aids in the rapid healing and rehabilitation from *Pakshaghata*. *Ayurveda* has been able to provide considerably better results, and *panchakarma* therapy has proven to be a better treatment therapy for *pakshaghata*, as seen in the instance below, which was treated at the Ayurved Seva Sangh's Arogyashala Rughalaya in Nashik, Maharashtra, India.

CASE REPORT

A patient of 57 years aged, married male from Nashik, Maharashtra was brought to *Kayachikitsa* Out patient department of Ayurved Seva Sangh's Arogyashala Rughalaya Nashik Maharashtra on 11/11/2021 with complaints reduced strength in the right upper and lower limbs with associated complaints unable to walk and slurred speech since afternoon of 11th November 2021. The subject was a previously known diagnosed case of Ischemic Heart Disease, Diabetes Mellitus, Hypertension, Epilepsy. After taking case history, Vitals and observing General condition patient advice for M.R.I. brain and angiogram. After a few hours the patient returned with his M.R.I. brain and angiogram reports suggested acute infarct noted in the pons on Left Side, All ill defined gliotic area noted in left frontal region, Mild luminal narrowing noted in M3, M4 segments of left MCA. He underwent *Ayurvedic* treatment for the same and was discharged after remarkable improvement. He sought *Ayurvedic* care to regain normal functions of both the limbs of right side and speech.

1. History

As per the statement of the by-stander, patient was healthy in morning and he had a sudden fall down on afternoon 11/11/2021, and later developed complaints like reduced strength in the left upper and lower limbs with associated complaints of difficulty in walking and slurred speech. He came to our Ayurved Seva Sangh's Arogyashala Rughalaya Nashik Maharashtra. His blood pressure was 140/90 mm of Hg, Temperature 98.6 Degree Fahrenheit, with only limited movements observed in the right limbs (Power 0/5) and unaffected left limbs (power 5/5). There is a history of Ischemic Heart Disease, Diabetes Mellitus, Hypertension, Epilepsy. No past history of head injury, Bronchial asthma, Hyper and Hypo thyroidism could be elicited. patient advice for M.R.I. brain and angiogram. After a few hours the patient returned with his M.R.I. brain and angiogram reports and diagnose as a case of *pakshaghata*

(acute infarct) So, he got admitted in our hospital From 11/11/2021 to 02/12/2021.

Name - ABC

Occupation - Security guard

Age/Sex - 57yrs/Male.

1.1. Past history

1.1.1. Known case of

Ischemic Heart Disease since 25 yrs.

Diabetes mellitus since 20 yrs.

Hypertension since 20 yrs.

Epilepsy since 5 months.

1.1.2. Surgical history: None.

1.1.3. **Addiction history:** Alcohol consumption since 3 years back.

Bidi smoking since 20 years back.

1.1.4. **Family history:** No evidence of this type of disease in the family.

1.1.5. **Drug history:** Allopathy treatment for Ischemic Heart Disease since 25 yrs (Tb.Ecosprin gold 20mg OD), Diabetes mellitus since 20 yrs(Tb.Telneglip M 20/500mg B/L, Tb.Glimisave M1 1/500mg B/L and B/D, Inj. Lantus 15 unit SC on 10PM), Hypertension since 20 yrs (Tb. Telmijak 40mg OD), Epilepsy since 5 months (Tb. Leveder 500mg).

1.1.6. **Genetic history:** None.

1.1.7. **Socio-economic history:** Patient belongs to lower middle class, living in sub urban area of Nashik, Maharashtra.

2. Chief complaints

Difficulty in walking (*kuryaat cheshtaa nivrattih*), Slurred speech (*vaksang*), Headache (*shirshul*), General weakness (*samanya daurbhya*), loss of movements of Right side upper and lower limb (*Ardhakaayastasyaakarmany Vichetanam*).

2.1. **Associated complaints:** Incomplete defecation, Loss of appetite.

3. Examinations

Patients is carried to the OPD Department with poor general condition, weight 65 kg, height 170.6 cm, pulse rate 78/min regular, afebrile (98.60⁰ f), BP-140/90 mm of Hg, no pallor, dry coated tongue, no icterus, no gross lymphadenopathy, no clubbing or cyanosis, no skin lesions.

3.1. Physical examination

Blood pressure	140/90 mm of hg
Pulse rate	78/min
Respiratory rate	18/min
Temperature	98.60 ⁰ f
Edema	No
Pallor	No
Icterus	No
Clubbing	No

3.2. Ashtasthana Pariksha

<i>Nadi</i> (Pulse)	<i>Vatapradhana kapha</i>
<i>Mala</i> (Stool)	<i>Vibhandata</i>
<i>Mutra</i> (Urine)	8-10 times per day
<i>Jivha</i> (Tongue)	<i>Saama</i>
<i>Shabda</i> (Speech)	<i>Vakstambha</i>
<i>Sparsha</i> (Tactilation)	<i>Samashitoshna</i>
<i>Druk</i> (Eyes)	<i>Prakruta</i>
<i>Akriti</i> (Anthropometry)	<i>Madhyama</i>

3.3. Systemic Examination

- Respiratory system - on auscultation, normal sounds heard and no abnormality detected.
- Cardiovascular system - S1 S2 heard and no abnormality detected.
- Gastrointestinal system - Soft, non-tender, no organomegaly detected.

• Central nervous system

Higher functions

- Consciousness- Fully conscious.
- Orientation - Fully oriented to time, place and person.
- Memory Intact.
- Behaviour friendly.

Cranial Nerve Examination

- Facial Nerve Examination – Asymmetry of Face (Deviation of mouth to Left Side).

Motor functions

- Gait: Unable to walk

Power

- Right Upper and Lower limb- 0/5
- Left Upper and Lower limb- 5/5

Reflexes

- Deep reflexes such as biceps, triceps, supinator, knee jerk and ankle jerk on affected side (right) were found to be diminished and on left side found to be normal.

Tone

- right upper and lower limb was found to be hypotonic (when compared to left side).

- Sensory functions are normal.

Sensory system Examination

- Superficial sensation – Within normal limits.
- Deep sensation - Within normal limits.
- Cortical sensation - Within normal limits.

4. Clinical Finding

- M.R.I. Brain with Angiography done on 11th November 2021 shows,

Acute infarct noted in the pons on left side.

All ill defined gliotic area noted in left frontal region.

Generalized cerebral and cerebellar atrophy noted.

Chronic small vessel ischemic changes noted in bilateral periventricular and fronto parietal deep white matter.

Mild luminal narrowing noted in M2, M3 segments of left MCA.

Focal stenosis noted in the P1 segment of right PCA.

- 2D ECHO done on 12th November 2021 shows, Ischemic Heart Disease.

Overall LVEF of 20 %.

Diastolic dysfunction of left ventricle.

Mild tricuspid regurgitation.

Mild pulmonary arterial hypertension.

- Serum electrolyte done on 11th November 2021,

Serum sodium -135.8 mmol/L.

Serum potassium -4.18 mmol/L.

Serum chlorides -96.0 mmol/L.

- Liver Function Test done on 11th November 2021 shows,

Total Bilirubin – 1

Direct Bilirubin –0.6

Indirect Bilirubin – 0.4

SGOT (AST) –28

SGPT (ALT) –35

- Urine Examination done on 11th November 2021 shows,

Albumin – Trace

Pus cells – 4 – 5 / HPF

RBC – 0 – 2 / HPF

Epithelial cells – 5 – 10 / HPF

- Some other investigations done on 12th November 2021 shows,

Serum creatinine – 1.2 mg/dl

HBA1C – 10.7%

Average Blood Glucose (ABG) – 260.4 mg/dl

- Some other investigations done on 16 November 2021 shows,

Prothrombin time – 20.0 seconds

- Laboratory Investigations Hematological investigations were done on Date - 11 November 2021 shows,

HB - 12.8 gm%

WBC - 10500/cmm

Platelet – 247000 / cmm

HCT – 38.8 %

MCV - 72.1 fL

MCH - 23.8 pg

MCHC - 33.1 gm/dl

RDW-CV - 37 %

RDW-SD - 13.5 fL

MPV - 10.6 fL

PDW - 13.4 fL

5. Diagnosis

On the basis of clinical presentation and M.R.I. Brain with angiography it was diagnosed as a case of *pakshaghata* (Acute Infarct).

6. Treatment Advised

Table 1: Emergency Allopathy Medications.

Sr.No	Name of Medicine	Date	Number of Days
1	Inj. Clavum 1.2 gm + IV NS 100ml BD	11/11/2021 to 17/11/2021	7
2	Inj. Clexane 0.6 SC OD	11/11/2021 to 15/11/2021	5
3	Inj. Strocit 500 mg IV BD	11/11/2021 to 17/11/2021	7
4	Inj. Piracetam 300 mg IV BD	11/11/2021 to 17/11/2021	7
5	Inj. Lantus 10 unit SC on 10PM	11/11/2021 to 17/11/2021	7
6	Tb.Rosuvastatin 20 mg OD	11/11/2021 to 02/12/2021	21
7	Tb.Leveder 500 mg OD	11/11/2021 to 02/12/2021	21
8	Tb.Telneglip M 20/500 mg B/L	11/11/2021 to 02/12/2021	21
9	Tb.Telmijak 40 mg OD	11/11/2021 to 02/12/2021	21
10	Tb.Glimisave M1 1/500 mg B/L and B/D	11/11/2021 to 02/12/2021	21
11	Tb.Serenace 0.25 mg HS	11/11/2021 to 02/12/2021	21
12	Tb.Ecosprin gold 20 mg OD	11/11/2021 to 02/12/2021	21
13	Tb.Dytor plus 10 mg OD	11/11/2021 to 02/12/2021	21
14	Tb.Carbis 2.5 mg OD	11/11/2021 to 02/12/2021	21
15	Tb.Clopitab A 75/75 mg OD	11/11/2021 to 02/12/2021	21
16	Tb.Tayo 60K OD	11/11/2021 to 18/11/2021	8
17	Tb.Homocheck OD	11/11/2021 to 02/12/2021	21
18	Tb.Dapnat 10 mg OD	17/11/2021 to 02/12/2021	14
19	Tb.Carloc 3.125 mg OD	17/11/2021 to 02/12/2021	14

Table 2: Ayurvedic Internal Medications.

Sr.No	Name of Medicine	Dose	Time	Anupana	Date	Number of Days
1	<i>Ekanvir rasa</i>	125 mg	2 times After Food	(Koshnajala) Luke Warm Water	11/11/2021 to 02/12/2021	21
2	<i>Shankhavati</i>	250 mg	2 times After Food	(Koshnajala) Luke Warm Water	11/11/2021 to 02/12/2021	21
3	<i>Gandharva haritaki churna</i>	3 gm	Bed Time	(Koshnajala) Luke Warm Water	11/11/2021 to 02/12/2021	21
4	<i>Jivhadi kadha</i>	20 ml	2 times Before Food	(Koshnajala) Luke Warm Water	11/11/2021 to 02/12/2021	21
5	<i>Panchakolasava</i>	20 ml	2 times After Food	Regular Water	11/11/2021 to 02/12/2021	21
6	<i>Hingvashtaka choorna</i>	1 gm	2 times Before Food	Ghee	11/11/2021 to 02/12/2021	21
7	<i>Virechana with Trivrutaaavalaaha</i>	30 gm	Morning Empty Stomach	(Koshnajala) Luke Warm Water	11/11/2021 to 02/12/2021	21

Table 3: Showing details of treatment given to patient.

Sr.No	Procedure	Date	Number of Days
1	Jihwa nirlekhana with Vacha choorna and Akarakarabha choorna	13/11/2021 to 02/12/2021	21
2	Physiotherapy	13/11/2021 to 02/12/2021	21
3	Dakshin Hastapada pradeshi Pratisarana with Narayana taila	13/11/2021 to 02/12/2021	21
4	Dakshin Hastapada pradeshi Abhyanga with Narayana taila and Nadi swedana	26/11/2021 to 02/12/2021	08
5	Yoga Basti Dashamula Niruha basti Anuvasana basti with Til taila	26/11/2021 to 02/12/2021	08

Table 4: Showing details of Virechana karma given to patient.

Sr. No	Date	Procedure	Pathya and Apathya
1	18/11/2021	Shodhanartha Snehapana - Tiktaka Ghrutpana 30ml	Hold all Shamana Chikitsa, Pathya - Luke Warm Water (Koshnajala)
2	19/11/2021	Shodhanartha Snehapana - Tiktaka Ghrutpana 60ml	Hold all Shamana Chikitsa, Pathya - Luke Warm Water (Koshnajala)
3	20/11/2021	Shodhanartha Snehapana - Tiktaka Ghrutpana 90ml	Hold all Shamana Chikitsa, Pathya - Luke Warm Water (Koshnajala)
4	21/11/2021	Shodhanartha Snehapana - Tiktaka Ghrutpana 120ml	Hold all Shamana Chikitsa, Pathya - Luke Warm Water (Koshnajala)
5	22/11/2021	Sarvanga Snehana with Til taila and Nadi Swedana	Hold all Shamana Chikitsa, Pathya - Luke Warm Water (Koshnajala)
6	23/11/2021	Sarvanga Snehana with Til taila and Nadi Swedana	Hold all Shamana Chikitsa, Pathya - Luke Warm Water (Koshnajala)
7	24/11/2021	Virechana Karma : Purvakarma – Sarvanga snehana with til taila and Nadi swedana Pradhankarama – Trivrutaaavaleha 30 gm with luke warm water (Koshnajala)	Hold all Shamana Chikitsa, Pathya - Luke Warm Water (Koshnajala), RajgiraLaddu and Salilahya Dinner – peja
8	25/11/2021	Pashyatkarma – Sansarjanakrama Day 1 st	Hold all Shamana Chikitsa, Lunch –Mudga kadhana Dinner –Mudga Khichadi
9	25/11/2021	Pashyatkarma – Sansarjanakrama Day 2 nd	Start all Shamana Chikitsa, Lunch – Varan bhata Dinner – Sampurna aahara.

Table 5: Duration and doses.

Drug	Niruha – Dashamula niruha basti. Anuvasana – Til Taila
Dose	Niruha – 660 ml Anuvasana – 80 ml
Kala	Niruha – Abhukta Anuvasana – Adrapaninam bhojana (immediately after meals)
Duration	Yogabastikarma: D1,D3,D5,D7,D8 – Anuvasana basti D2,D4,D6 – Niruha basti

Table 6: Ayurvedic Medication prescribed on discharge for 10 days.

Sr.No	Name of Medicine	Dose	Time	Anupana
1	Ekangvir rasa	125 mg	2 times After Food	(Koshnajala) Luke Warm Water

2	<i>Shankhavati</i>	250 mg	2 times After Food	(Koshnajala) Luke Warm Water
3	<i>Gandharva haritaki churna</i>	3 gm	Bed Time	(Koshnajala) Luke Warm Water
4	<i>Jivhadi kadha</i>	20 ml	2 times Before Food	(Koshnajala) Luke Warm Water
5	<i>Panchakolasava</i>	20 ml	2 times After Food	Regular Water
6	<i>Hingvashtaka choorna</i>	1 gm	2 times Before Food	Ghee

Table 7: Allopathy Medication prescribed on discharge for 10 days.

Sr.No	Name of Medicine
1	Inj. Lantus 10 unit SC on 10PM
2	Tb.Rosuvastatin 20 mg OD
3	Tb.Leveder 500 mg OD
4	Tb.Telneglip M 20/500 mg B/L
5	Tb.Telmijak 40 mg OD
6	Tb.Glimisave M1 1/500 mg B/L and B/D
7	Tb.Serenace 0.25 mg HS
8	Tb.Ecosprin gold 20 mg OD
9	Tb.Dytor plus 10 mg OD
9	Tb.Carbis 2.5 mg OD
10	Tb.Clopitab A 75/75 mg OD
11	Tb.Tayo 60K OD
12	Tb.Homocheck OD

RESULT

The condition of the patient improved gradually along with the course of the treatment. Patient got symptomatic relief after *Ayurveda* Treatment and improvement was

seen in incomplete defecation, loss of appetite, slurred speech was reduced and improved loss of muscle power in right upper and lower limbs.

Table 6: Assessment of results.

Upper and Lower limb	On 1 st day	On 7 th day	On discharge
Power	0/5	1/5	5/5
Tone	Hypotonic	Hypotonic	Hypertonic
Involuntary movements	Present	Reduced	Absent
Reflex	+	Improved	++ (Brisk/Normal)
Speech	Slurred	Improved	Normal

MATERIALS AND METHODS

Centre of study: Ayurved Seva Sangh's Aarogyashala Rughalaya, ICU Department, Nashik, Maharashtra, India.

DISCUSSION

Pakshaghata is *Pradhana vat vyadhi*. According to *acharya charaka*, *snehana*, *swedana*, *mruduvirechana*, *murdhanitailla* i.e. *shirodhara*, *shirobasti*, *shiropichu*, and *shirovirechana* have properties such as relaxing, soothing, and calming effects on the body and mind, as stated by *acharya charaka* and *sushruta*. In the *pakshaghata*, it has been observed that *shamana* and *shodhana chikitsa* are effective. The usage of *virechana* treatment has relief in *pakshaghata*. *Daha*, *virechan* therapy enhances the *cheshthanivritti* of extremities such as *Achetana*, *7 Ruja*, *guruta*, *shoth*, and *Mridutva* is achieved through *sthanikabhyana* and *sthanik*

swedana, which relieves stiffness and discomfort. It also increases blood circulation, which offers sufficient nutrients to the diseased area, as well as *Shamana aushadhi* such as *Vatashamaka* and *balya*, which are given to the patient. *Snehana Abhyanga* (oleation) - *Snehana Abhyanga* is one of the *Dinacharya* and is an ancient Indian *Ayurvedic* technique for healing, relaxing, and treating a variety of ailments.^[6]

Abhyanga (Oleation) - *Abhyanga* entails rubbing the body in the same direction as hair follicles with any *Snehas* (fats). The body gets strong and stable, and the skin becomes *Drudha* and excellent by anointing it with oil, which acts on vitiated *Vata*, and the body becomes capable of withstanding fatigue and exercise, much as the pot, leather, and axle of the cart become strong and efficient by oiling. If there is complete *Vata* vitiation without any form of association (obstruction), it should be addressed with oleation therapy initially. *Snehana* is

highly important in such a situation. It balances the *Vata doshas* and provides *Pushti prasada* (food for the *dhatu*).^[7] When *Abhyanga* is performed for a long enough period of time, the oil reaches the various *Dhatu*s. As a result, it is apparent that the strength of the medicine in the oil gets absorbed into the skin. it relieves the symptoms of that *dhatu*'s ailments.

Swedana (fomentation) - *Swedana* encourages people to sweat. *Mala* is a sort of *sweda*. *Sweda* helps to clear the body of impurities. *Dhatvagni* and *Bhutagni* are linked to *Sweda*. *Swedana* medicines by *Ushna* and *Tikshnaguna* can penetrate the microcirculatory channels (*Srotas*) and trigger the sweat glands, causing them to produce more sweat. After dilatation of the micro channels, *Laghu* and *Snigdhadosha* enter the channels and lead them to go towards *Kostha* or excrete them through the skin's micropores as sweat, resulting in *Strotoshodhana* With the use of *Vamana* or *Virechana* therapy, the *Dosha* brought in *Kostha* is evacuated from the body.^[8]

Virechana (purgation) - *Virechana* is the procedure for expelling the *Doshas* through *Adhomarga*, i.e. *Guda*. This Karma is mostly used to reduce *Pitta doshas*. *Virechana* Therapy results in the purification of circulation channels, the clarity of sense organs, the lightness of the body, a rise in energy, and the promotion of health. *Virechana* Drugs are *ushna* (hot), *Tikshna* (sharp), *Sukshma* (subtle), *Vyavayi* (pervades the entire body before being digested), and *Vikasi* (causing looseness of joints). *Virechana dravya* reaches the heart and circulates throughout the body through the vessels due to their inherent efficacy. They liquefy the compact *Doshas* due to their *Agneya* character. They separate the adhering *Doshas* in the channels of the entire body due to their *Tikshna guna*. This hazardous substance enters the stomach due to its natural ability to travel through tiny channels and flow towards the gastrointestinal system. The *Doshas* or diseased material are expelled down the descending tract due to the predominance of *Prithvi* and *Jalamahabhutas* in *Virechana* medicines, and their special action (*prabhava*) to go downwards (anus).^[9]

Basti (Enema) - When *Basti* is brought into the *Pakwashaya*, the *Veerya* of *Basti* reaches all throughout the body, collects the collected *Doshas* and *Shakrut* from the *Nabhi*, *Kati*, *Parshwa*, and *Kukshi pradeshas*, gives the body *Snehana*, and expels the *Dosha* together with *Pureesha*. It is '*amrutopamam*' for patients with *Kshina Majja*, *Shukra*, and *Oja*, according to *Charakacharya*, and has properties such as *Balya*, *Brimhana*, and *Pushtikara*.^[10]

Asthapana/Kashaya/Niruha Basti (Decoction based enema) - *Dashamula Niruha Basti*, In *Niruha basti Madhu* possesses *Yogavahi* and *Sukshma marga anusarita*, functions as a catalyst, penetrating the *Sukshma Srotas*. The *Laghu* and *Tridosha Shamaka gunas* were introduced to the *Saindhava lavana*. The

Snigdha guna of *Sneha dravya (Til tail)* combats the *Ruksha* and *Laghu gunas* of *Vata*, resulting in *Vata Shamana*. The major medicines, *Kalka (Triphala, Bala)*, are the ones that give the overall combo its power. It aids in the disintegration of *Mala*. *Kwatha* performs *Dosha Anulomana* and *Nirharana*.^[11]

Anuvasana/Sneha Basti (Oil based enema) - *Anuvasana Basti with Til taila*, *Anuvasana basti* will hold the oil for a set period of time without generating any negative effects. *Pureeshadhara kala* is protected by the *Snehana* effect. *Til Taila*, which has *Guru* and *Snigdha gunas*, combats *Vata's Ruksha* and *Laghu gunas*, resulting in *Vata shamana*. While reviewing the *Anuvasana Basti*, *Acharya Charaka* notes *Sneha's* digestion with the words "*Sneham Pachati Pavakah*," and after digestion, *Dravyas* can be taken to cause the effect on the body.^[12]

Nirlekhana Jihwa - *Jihwa Nirlekhana* was performed with *Vacha Choorna* and *Akarakarabha Choorna*, both of which are quite efficient in the treatment of speech disorders. *Vacha* holds a special place in *Ayurveda* because it is a key *Medhya* medicine that has the ability to improve memory and cognition. *Vacha* is classified as *Lekhaniya* and *Sanjnansthapana Mahakashaya* by *Acharya Charaka*. As a *nervine tonic*, *Vacha* has a unique power (*Prabhava*). It balances *Vata* and *Kapha* due to these qualities. Due to the properties of *Pramathi* and *Lekhana*, it disintegrates the *Kleda*, *Meda*, *Lasika*, *Sweda*, and *Vasa* and eliminates the *Mala*, *Kapha*, and *Pitta* from the *Srotas*. *Katu Rasa* dilates all relevant channels, resulting in the "*Strotansi Vivrunoti*" effect.^[13]

Physiotherapy - Physiotherapy is a therapeutic practice that focuses on the science of movement and assists patients in restoring, maintaining, and optimizing their physical strength, function, motion, and general wellness. Physiotherapy is used throughout the treatment to increase joint range of motion and muscular flexibility. The goal of physiotherapy in this setting is to enhance joint integrity and muscular flexibility, as well as to meet any delayed developmental milestones as soon as feasible. Increased circulation to all four limbs and brief pain alleviation are among the other advantages. Considering the spasticity, joint mobility and flexibility were achieved with Range of Motion (ROM) exercises, passive stretching, and peripheral joint mobilization. Proper *Ayurvedic* management, as well as speech therapy, physiotherapy, and other rehabilitation methods assist the patient in becoming self-sufficient.^[14]

CONCLUSION

Pakshaghata is a *vatapradhana* disease that results in the loss of function of one half of the body, similar to hemiplegia. Due to the closeness of symptoms, it can be linked to Clumsy hand syndrome in this case. The therapy protocol in this study, on the other hand, was planned according to *Acharya Charaka's Dosha* and *Sthana Dushti*. According to *Vyadhi Avastha, Rogi Bala*,

and *Dosha Bala*, the patient was given *Sthanika Chikitsa*, *Virechana karma* and *Basti karma*, as well as *Shamana Aushadhi* and Physiotherapy. This case study highlights the use of *Ayurvedic* medicine to successfully manage *Pakshaghata* (acute infarct). These were utilized in this case, and the patient received good outcomes. Physiotherapy was administered. After completing treatment, the patient was entirely recovered. As a result, it can be concluded that *Panchakarma* procedures are very beneficial in *Pakshaghata chikitsa* and should be used aggressively in patients suffering from stroke and other related disorders.

DECLARATION OF THE PATIENT CONSENT

Written consent of the patient had been taken for publication of this case study.

FINANCIAL SUPPORT AND SPONSORSHIP:

None.

CONFLICTS OF INTEREST: None.

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