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Ayurvedic Management of Acute Calcaneal spur pain with Agnikarma and viddha karma

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Abstract: Hemiplegia is paralysis of either side of body with loss of function and one of the most crippling disorders in our society. In classics, hemiplegia can be correlated with Pakshaghata due to much resemblance and the present case study shows the effect of Shodhana and Shaman chikitsa in management of pakshaghata. A 66yrs female patient came to hospital with complaints of unable to stand and walk, weakness in left upper limb and lower limb, slurred speech, dysphagia, constipation on and off since 3 months. And K/C/O Hypertension since 3yrs, Type 2 DM since 3yrs. With CT Brain (Plain) shows chronic lacunar infarcts. Ayurved intervention includes *Deepana Pachana Chikitsa* for 7 days with *Agnitundi vati*, *Vatvidhwans vati* for 14 days, *Vatari Guggula* for 15days, *Kavaldharan*. *Shodhan Chikitsa* includes *Snehan* and *Nadi Swedan* for 21 days, *Mridu Virechana*, *Shodhan Nasya* for 7 days then *Brihan Nasya* for 14 days. *Shashtika Shali Pind Sweda* over left upper and lower limb for 21 days. *Yogbastikrama* includes *Rasnadi Niruha* 760ml, *Anuvasana* with *Balaashwagandhadi Tail* 80ml. Patient shows significant effect in The Barthel index score changes from 25 to 65 and effect on NIH stroke scale was 12 reduces to 4, Muscle power grade was 2/5 increases upto 4/5 in both upper and lower limb and symptomatic relief is observed in patient in terms of FAQ score was 16 changes to 29. Present case highlights potential of Ayurvedic intervention along with *panchakarma* can be more effective in symptomatic relief and improve functional status of patient.

Key Words – Pakshaghata, Hemiplegia, Shodhan, Shaman, Nasya

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Introduction:

Hemiplegia (hemi = half; plegia = paralysis), as the name suggests, literally means paralysis of half of the body. If there is muscle weakness without paralysis, it is termed hemiparesis. Therefore, hemiplegia affects only one side of the body. Hemiplegia can occur suddenly, or develop slowly. Main causes of hemiplegia are cerebrovascular accident (CVA), Brain injury, Infections, Haemorrhage etc. [1] There are over one billion people with disabilities in the world, of whom between 110-190 million experience very significant difficulties.[2] From all the disabilities, hemiplegia is one of the crippling disorders in our society. [3] Having disabilities, people may face difficulties in their daily lives, such as dependence on others in self-care and work. They may feel angry, depressed, and guilty when facing these challenges. [4]

Hemiplegia can be correlated with *Pakshaghata* in *Ayurveda* if compared according to symptoms. The cardinal features of *Pakshaghata* include *Chesta nivrutti* (impaired motor activity), *Ruja* (Pain), *Vakstambha* (slurred speech) which is explained in Charak under the heading of *Pakshavadha*. [5] *Pakshaghata* is explained as an important *Vatavyadhi* described under *Vataja nanatmaja vyadhi* [6] and *Mahavatavyadhi* [7] can manifest either due to *dhatukshaya*

and *margavarana*. In this *Paksha* denotes half of the body and *Aghata* denotes impairment in *Indriya* leads to *karmahani* of *Indriya*. Main cause of this disease is vitiated *Vatadosha* takes shelter in half side of the body. According to Ayurvedic literature, it is evident that no specific etiological factors described separately for *Pakshaghata*. So, common factors causing *Vataprakopa* considered as causes of *Pakshaghata*. *Nidana* described for *Vata* disorders in various Ayurvedic texts are classified systematically as below:

1. *Aharajanya* Factors
2. *Viharajanya* Factors
3. *Manasika* Factors
4. *Abhighataja* Factors
5. *Anya* Factors [8]

In Ayurveda treatment of *pakshaghata* is described which includes *Panchkarma*, *Bahiparimarjan chikitsa* like *Snehana*, *Swedana*, *Pindsweda* therapy used to aid in a Rapid recovery and Rehabilitation from *Pakshaghata* along with *Shaman Aushadhi* and *Nidanaparivarjana*. So, present study is planned to assess the efficacy of *Ayurvedic* intervention in *Pakshaghata*.

Aim & Objective: To see the effect of *Ayurved* intervention in management of *Pakshaghata*.

Materials and Methods

Case Report

A 66yrs female patient attending Kayachikitsa outpatient department of Government Ayurved Hospital, Nagpur with complaints of unable to stand and walk, weakness in left upper limb and lower limb, slurred speech, dysphagia, constipation on and off since 3 months. She didn't receive any treatment for 3 months. Then she was treated for left hemiplegia diagnosed on the basis of Signs and symptoms and CT Brain (Plain) which shows chronic lacunar infarcts in the Government Medical Hospital Nagpur and the she is Conscious and oriented but has no symptomatic relief.

She was brought by her relatives to Govt. Ayurvedic Hospital, Nagpur. Patient was admitted in Indoor Patient Department (IPD) (IPD No.542-05/08/2022). She did have history of DM type 2, Hypertension for 3 years. She had surgical history of Appendectomy 2 years back. She had history of Tobacco chewing daily for 15 years stopped from 2 months. No history of any specific medication or drug abuse.

Past history

Patient was healthy 3 months back but suddenly She was asymptomatic and suddenly she felt cramps and severe numbness in the left side of her body; again, on the next day, her complaints became severe then she felt weakness in left upper and lower limb. For which she didn't receive any proper treatment. She also develops symptoms like Dysphagia, slurred speech etc. She was investigated with CT brain and other investigation at GMC Nagpur.

Treatment advised by to patient in GMC includes Atorvastatin (40mg 1OD) and under medication for Diabetes includes Metformin and Glimepiride combination (500mg + 2mg 1BD), and for hypertension losartan (25mg 1OD).

Examination on Admission

General examination

Blood pressure - 130/90mmhg.

- Pulse rate – 84/min.
- Respiratory rate – 20/min.
- Temperature – 97.60 F
- Edema – No
- Pallor – Present
- Icterus – No
- Clubbing – No

Ashtavidha Pariksha

• *Nadi (Pulse) - Vatapradhana kapha*

- *Mala (Stool) - Vibhandata*
- *Mutra (Urine) - 5-6 times per day*
- *Jivha (Tongue) - Saama*
- *Shabda (Speech) - Slurred speech*
- *Sparsha (Tactilation) - Samashitoshna*
- *Druk (Eyes) - Prakruta*
- *Akriti (Anthropometry) – Krusha*

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

- Consciousness- conscious
- Orientation - Semi oriented to time, place and person
- Memory Intact.

Cranial Nerve Examination

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

Motor functions

- Gait: Unable to walk Power
- Right Upper and Lower limb- 5/5
- Left Upper and Lower limb- 2/5

Reflexes

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

Tone:

- Left upper and lower limb was found to be hypotonic (when compared to right side)
- Sensory functions are normal

Laboratory Investigations

Methodology

Study setting: treatment of patient was carried out in IPD of GACH, Nagpur.

Treatment Advised

Table.1: Internal Medication

Sl. No	Name of Medicine	Dose	Time	Anupana
1.	Agnitundi Vati	250mg	2 times Before Food	Lukewarm water
2.	Vatavidhwansaras	250mg	2 times Before Food	Lukewarm water
3.	Shunthisiddha Erand Sneha	10ml	Bed time	Lukewarm water
4.	Vatari Guggulu	250mg	2 times After Food	Lukewarm water
5.	Ahwagandha Shunthi Kshirpaka	20ml	2 times After Food	----

Table 2: Showing details of treatment given to patient

Sr. No.	Procedure	Date	No. of Days
1.	<i>Sarvang snehana with Til Tail</i>	09/08/2022 to 29/08/2022	21 days

Hematological investigations were done on 08/08/2022,

- Hb - 10.5gm%
- Total WBC count- 9,800 cells/cm
- Platelet count- 5.59 lacs/cu mm
- Total Cholesterol – 149 mg/dL
- Triglycerides – 188 mg/dL
- Serum Creatine – 0.95 mg/dL
- Blood sugar – Fasting- 116 mg/dl

PP – 204 mg/dl

Specific Investigation

- Computerized tomography scan of head done on 29/07/2022 shows chronic lacunar infarcts noted in pons and right thalamus
- Case was diagnosed as a *Pakshaghata* (Cerebrovascular Accident).

2.	<i>Nadi Swedana with Dashmool Kwath</i>	09/08/2022 to 29/08/2022	21 days
3.	<i>Nasya with Anu Tail</i>	08/08/2022 to 15/08/2022	7 days
4.	<i>Nasya with Bramhi ghruta</i>	16/08/2022 to 29/08/2022	14 days
5.	<i>Yogabasti Anuvasana with Balaashwagandhadi tail Rasnadi niruh</i>	30/08/2022 to 06/09/2022	8 days
6.	<i>Kavaldharan with Haridra, Saindhav and Koshnajal</i>	10/08/2022 to 17/08/2022	8 days
7.	<i>Shashtikashali pindsweda</i>	16/08/2022 to 05/09/2022	21 days

Table 3: Ingredients of Rasnadi Niruha Basti [9]

SN	Drugs	Dose
1.	<i>Makshika (Honey)</i>	30 ml
2.	<i>Saindhava</i>	10 gm
3.	<i>mansaras</i>	60 ml
4.	<i>Madanphaladi kalka</i>	10 gm
5.	<i>Rasnadi Kwath</i>	650 ml
	Total	760 ml

Per rectal administration of *Basti* with *Kwath* and *Tail* is done as mentioned in *Ayurved* classics according to below mentioned order

Table 4: Duration and doses

Drug	<i>Niruha - Rasnadi niruha basti. Anuvasana- Balashwagandhadi Taila</i>
Dose	<i>Niruha basti- 760ml Anuvasana Basti – 80ml</i>
Kala	<i>Niruha – Abhukta (empty stomach) Anuvasana- Adrapaninam bhojana (immediately after meals)</i>
Duration	<i>Yogabastikrama: D1, D3, D5, D7, D8 - Anuvasana basti D2, D4, D6 - Niruha basti</i>

Table 4: Medication prescribed on discharge for 15 days

Sl. No	Name of Medicine	Dose	Time	Anupana
1.	<i>Ashwagandha Shunthi Kshirpaka</i>	20ml	2 times After Food	---
2.	<i>Shundisidhha Erandsneha</i>	10ml	Bed Time	Lukewarm water
3.	<i>Abhyang with Tila tail</i>	----	morning	----
4.	<i>Mahayograj Guggulu</i>	250mg	2 times After Food	Lukewarm water

Observation and Result:

After 30 days of treatment patient gradually shows improvement in symptoms of *Pakshaghata* as treatment progressed. The Barthel index score changes from 25 to 65 and effect on NIH stroke scale was 12 reduces to 4, FAQ score was 16 changes to 29. The Strength and Power of both Left upper and lower limb was increased to 4/5 from 2/5, also Tone of the muscle improved, constipation is also relieved. Also shows improvement in Speech and she is able to walk herself with some support.

Table: National Institute of Health Stroke Scale (NIH-SS)

Score	NIH scale	Range of score	BT	AT
1-a	Level of consciousness	0 to 3	1	0
1-b	LoC Question	0 to 2	1	0
1-c	LoC	0 to 2	0	0
2	Best gaze	0 to 2	0	0
3	Visual	0 to 3	0	0
4	Facial palsy	0 to 3	1	0
5	Motor arm	Right 0 to 4 Left 0 to 4	0 2	0 2
6	Motor leg	Right 0 to 4 Left 0 to 4	0 2	0 1
7	Limb ataxia	0 to 2	1	0
8	Sensory	0 to 2	1	0
9	Best language	0 to 3	1	0
10	Dysarthria	0 to 2	1	1
11	Extinction and inattention (formerly neglect)	0 to 2	1	0
	Total	42	12	04

0 = no stroke, 1-4 = minor stroke, 5-15 = moderate stroke, 15-20 = moderate/severe stroke, 21-42 = severe stroke.

Muscle Power:

Before treatment-

- Right Upper and Lower limb- 5/5
- Left Upper and Lower limb- 2/5

After treatment-

- Right Upper and Lower limb- 5/5
- Left Upper and Lower limb- 4/5

Table: Barthel index

	Domain name	Range of score	BT	AT
1	Feeding	0 = unable 5 = needs help in cutting, spreading butter, etc. or requires modified dait 10 = independent	5	10
2	Bathing	0 = dependent 5 = independent (or in shower)	0	0
3	Grooming	0 = needs to help with personal care 5 = independent face /hair/teeth/shaving (implements provided)	0	5
4	Dressing	0 = dependent 5 = needs help but can do about half unaided 10 = independent (including buttons, zips, laces etc.)	0	5
5	Bowel	0 = incontinent (or needs to be given enemas) 5 = occasional accident 10 = continent	5	10
6	Bladder	0 = incontinent or catheterized and unable to manage alone 5 = occasional accident 10 = continent	5	10
7	Toilet use	0 = dependent 5 = needs some help, but can do something alone 10 = independent (on and off, dressing, wiping)	0	5
8	Transfers (bed to chair and back)	0 = unable, no sitting balance 5 = major help (of one or two people, physical) can sit 10 = minor help (verbal or physical) 15 = independent	5	5
9	Mobility (on level surface)	0 = immobile or <50 yards 5 = wheelchair independent, including corners, >50 yards 10 = walks with help of one person (verbal or physical) >50 yards 15 = independent (but may use any aid;for example,stick) > 50 yards	5	10
10	Stairs	0 = unable 5 = needs help (verbal, physical, carrying aid)	0	5
	Total		25	65

Discussion:

According to *Ayurved Pakshaghata* is a disease with dominant *Vata Dosha* with *Kapha* or *Pitta Dosha Anubandha*, Charak described treatment of *Pakshaghata* in very brief manner and advised *Swedan*, *Snehavirechana* as main part of treatment. [10] Mode of action of treatment applied is probably as mentioned below.

Snehana

Snehana in *Ayurveda* is adopted for healing, relaxation and treating various diseases. [11] *Snehana* means massaging the body with oil in *Anuloma gati*, skin becomes *Drudha* and good by anointing it with oil, which acts on vitiated *Vata*, so, for *Vata Dosha* it should be treated at first with oleation therapy. [12] In *Pakshaghata* there is *Sira Snayu Sankochana Snehana* is very essential for such condition. *Tila Tail* possesses *Tikta Rasa* (bitter taste), the most effective in mitigating *Pitta Dosha* and *Kapha Dosha* in addition to *Madhura Rasa*. *Tikta Rasa* promotes memory and intellect (*Medhya*). *Ushna Veerya* (of heating virtue) of *Tila Taila* reduces the *Vata*. So, *Snehana* with *Tila Tail* helps in pacifying *Vatadosha*. [13]

Swedana

Swedana is usually given after *Snehana* and is the procedure that relieves *Stambha*, *Gaurava*, *Sheeta* which induces *Swedana* (Sweating). It plays a dual role in *Poorvakarma* as well as *Pradhanakarma*. *Nadi Sweda* is highly beneficial in many conditions in all diseases caused by vitiated *Vata* and especially in *Stambha/Sankocha pradhana Vata vyadhi*. [14]

Probable Mode of Action of Snehavirechana:

Virechana is a one among the *Panchkarma*'s and is main Therapy for *Pitta Dosha* and Charaka mentioned *Virechana* as *pradhana chikitsa* in *pakshaghata*. [9] *Mridu Virechana* with *Erand Tail* is given to patient which helps in *vata Anulomana* of *Pranavayu* and also shows effect on *Updhatu*'s of *Raktadhatu* viz are *Sira* and *Kandara*. And as we have given *Snehavirechana* it avoids chances of *Vata Doshaprakopa*. *Eranda taila* is antagonistic to *Vata dosha* due to its innate qualities and has *Pakvashaya Shodhaka* (cleans the large intestines) action.

Basti

It is the most important procedure among *Panchakarma* procedures and the most appropriate remedial measure for *Vata dosha*. [15] *Basti karma*'s place of action is *Pakvashaya* which is *Vata Dosha*'s main site. Hence it is the major treatment modality for *Vata Dosha*. When *Basti* is administered it collects the accumulated *Doshas* and *Shakrut* from *Nabhi*, *Kati*, *Parshwa* and *Kukshi pradesha*, causes *Snehana* to the body and expels out the *Dosha* along with *Pureesha*. *Charakacharya* have explained that it is 'amrutopamam' for the patients having *Kshina Majja*, *Shukra* and *Oja* and has properties like *Balya*, *Brimhana* and *Pushtikara*. So, *basti* is very beneficial in *Pakshaghata*. *Balaashwagandhadi Tail* used for *Anuvasan Basti* is *Bal-mansadhatu vardhak* and *vatashamak* and *Rasnadi niruh basti* mentioned as *vatavyadhnashak, pramehanghna* [16]

Nasya:

Nasya includes administering drops of *Sneha* or medicine in nostrils. According to *Ayurved* nasal canal is a

way to reach brain directly (*Nasa hi Shiraso Dwaram*).^[17] It gives *Bala* to *Indriya*. And special treatment for *Urdhwajatravikara`*s so, *Nasya* is effective in *Pakshaghata*.

ShastikaShali Pinda Sweda

Shastika Shali Pinda Sweda is a unique *Ayurveda* therapy using a special variety of Indian rice in a bolus, dipped in a nourishing herbal milk decoction and massaged onto the body. *Shastika* means “sixty”-denoting rice that matures in sixty days; *Shali* means “rice”; *Pinda* implies a bolus or bag and *Sweda* is the name of a sudation therapy. *Shastika Shali Pinda Sweda* is performed *Ekangam* (on one part of the body) or *Sarvangam* (on the whole body) with a bolus of boiled *Shastika* rice dipped in *Balamooladi Kwatha* (a herbal decoction) and *Ksheera*(milk). Even though it is a *Swedana*, it has a *Brimhana* (nourishing effect) and is useful to strengthen, nourish and support bones, muscles, joints and nerves. So, it gives strength to patients muscles.^[18] *Shaman chikitsa* acts on vitiated *Vata* and *Pitta Dosha*. According to classics, *Brihan, Balya* regimen given according to *Avastha* of patient and *Vyadhibala*.

Conclusion:

Pakshaghata is a disease with predominant *Vata Dosha* and one among the *Vataj Nanatmaj Vyadhi Charak* explained etiopathogenesis and treatment of *Pakshaghata* in *Charak Samhita* in this case mention in above we have planned treatment of patient according to *Ayurved* in accordance with *Doshapradhanya* and *Sthanadushti* as well as *Dhatu* etc. *Bahiparimarjan, Shodhana chikitsa* along with *Shamana dravya* and

Physical exercise was administered to the patient according to *Vyadhi Avastha*, *Rogi Bala* and *Dosha Bala*. Patient was able to walk independently with some support. The results were satisfactory and encouraging. Present case highlights potential of *Ayurveda*. On the basis of this case study, it can be concluded that intervention along with *Panchakarma* can be effective in symptomatic relief and improve functional status of patient.

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