Efficacy of ChandanbalaLakshadi Taila Nasya in Hemiplegia: A Case Study

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Abstract:

Pakshaghata is one among the vatavyadhis in the Charak Samhita, where it is considered Kricchasadhya and becomes Yapya after one year of duration. Intensely aggravated vata invades the urdhwa, adha, and thiryakgatadhamanis and damages one-half of the body. This is called pakshaghata, where the affected side of the body becomes incapable of any action. A 58-year-old male patient arrived in a wheelchair at Datta Meghe Ayurveda Medical College Hospital, Panchakarma Dept., with an 8-month history of left-side hemiplegia, presented with weakness of the left arm and left leg with the inability to walk, contracted lifted left leg, having a burning sensation in the body, insomnia, and an irritated mind. Along with Basti, Nasya is considered the best treatment for Pakshaghata. With this concept in mind, Nasya karma with Chandan balalakshaditaila was selected in this case, as the patient was suffering from a hemorrhagic stroke. The patient perceived a > 40% improvement in the strength of both the left leg and left arm, did not rely on the wheelchair, and was able to walk with the help of the stick. The patient showed improved sleep quality and emotional improvement, with an increase of 2 kg in body weight.

Keywords – Nasya, Chandanbalalakshadi Taila, Hemiplegia

Introduction:

Panchakarma is one of the specialized therapeutic applications of Ayurveda. It not only cleanses the entire bodily system but is also considered a drug-delivering method to target the sites for various purposes. Panchakarma has a wide field of applications, such as Shodhana (purification), Bringhana (nourishment), or Shamana (palliation), and there are some procedures of Panchakarma, which are described for specific purposes such as Shirodhara (for insomnia), Nasya (for head disorders including for eyes, ears, nose, and throat), etc. Nasyakarma is one among Panchakarma, which delivers drugs to the brain, thereby acting on the whole body. It plays a role in most conditions arising due to dosha vitiation in the Urdhwanga (Supraclavicular region).

Case report:

A 58-year-old male patient, with a body weight of 71 kg and a height of 5.11 ft, arrived in a wheelchair at Datta Meghe Ayurveda Medical College Hospital, Panchakarma Dept. with a history of Lt. side hemiplegia, presented with weakness of the left arm and left leg with an inability to walk and contracted lifted lt. leg, having a burning sensation in the body, insomnia, and an irritated mind. The patient was admitted for 21 days in Govt. Medical College Hospital, Nagpur, in October 2022. Later he remained at home with the treatment of high blood pressure for nearly 7 months on Aten 50 mg, 1 per day, and multivitamin cap. Becozinc once per day. He did not take any other medication. As he continued to feel weakness and no improvement in the disease status with conventional medicines, the patient reported to the DMAMCHRC, Wanadongri Nagpur. On examination, his prakṛiti (body constitution) was Vata-Pittaj. His agnibala (digestive power) was madhyama (moderate) and sharirbala (physique) was avara (poor). The patient had a habit of gambling and alcohol intake.

Clinical Findings:

O/e BP was 150/100 on arrival. Weakness in left arm and left leg. Contracted lifted left leg. The speech was clear. There was no facial paralysis or ptosis. Before this stroke attack, he was not aware of high BP.

Past history

H/O hypertension was found after the stroke. On medication for 8 months (Tab Atenolol IP 50 mg 1-0-0 A/F)

• H/O CVA Stroke 8 months back
• Not K/C/O – Allergy, Typhoid, Malaria, Dengue
• No H/O – Trauma or Accidental Injury
• No H/O—specific family history of neurological, cardiac problems, or diabetes.

Associated complaints:

Inability to sleep, Dizziness, weight loss of 5 kg [since Oct. 2022]. Urine and stool incontinence on and off.

Diagnostic assessment:

MRI of the brain showed multiple hemorrhagic spots on the right lobe and cerebellum region. The patient was hypertensive on examination, and an alcoholic history of 20 years was there. Other than the MRI brain and ECG, blood parameters like CBC, lipid profile, kidney function test, liver function test, clotting time, and bleeding time were in the normal range.

Therapeutic Intervention:

An Ayurvedic intervention in the form of nasal medication with oil of Chandan balalakshaditaila, 2 ml in each nostril, along with shaman yogas like Kaishore Guggul, Mahayograj Guggul, and Ashwangharishta, was decided.

ChandanbalaLakshadi oil was chosen for its Brimhan and Sandhan Karma (nourishing and capillary repairing action) to repair injured leaking capillaries and provide strength to nervous tissue. ChandanbalaLakshaditaila is used for general weakness and debility, stress, anxiety and sleeplessness, and inflammatory disorders of the eyes, skin, and musculoskeletal system. The Barthel Index for stroke was used to check improvement.

After 1 week of Nasya, PanchatiktaKsheerBasti 400 ml was given along with Nasya and other medications for 15 days.

Table 1:

Treatment Details

Name of medicine	**Morning**	**Evening**	**Duration**
Mahayograj guggul	2 tabs [250mg each before Lunch]	2 tabs [250 mg each before dinner]	22 days

Kaishor guggul	4tablets[500mg each][empty stomach 8 am with lukewarm water]	4 tab [500 mg each][6 pm with lukewarm water]	22days
Ashwagandharishta	20 ml	20 ml	22days
Chandanbalalakshadi tail nasya	2 ml	2ml	22days
Panchatiktaksheerbasti	400 ml	-	15 days

Table 2: ChandanBalalakshadi Taila details

Sr no	Aushadhi	Latin name	Properties
1	CHANDAN	Santalum album	Sheetal, Grahi,Daahshaamk
2	BALA	Sida cordifolia	Balya, Rasayan, Vatapittahar
3	LAKSHA	Lacciferlacca	Sheetal, Raktapittaghna, Balya
4	KUTAKI	Picrorizakurra	Katupoushtik, deepak, paachak
5	DEVDARU	Cedrus deodara	Vaatkaphahar, Shothahar
6	ASHWAGANDHA	Withaniasomnifera	Balya, Rasayan, Shothahar
7	MANJISHTHA	Rubia cordifolia	Raktashodhak, Grahi, Shothaghna
8	AGURU	Aquillariaagollocha	Vaatnadisansthaanuttejak, Rasayan
9	HARIDRA	Curcuma longa	Raktashodhak, Shothhar, Deepan, Grahi
10	MURVA	Marsdeniatenacissimia	Visham jwarhara
11	ELA	Elletaria cardamom	Deepan, Paachan, Rochan, Uttejak
12	NAGKESHAR	Mesua ferra	Raktasangrahak, Aampachak, Deepak
13	DAALCHINI	Cinnamonamzylanicum	Shonitsthapak, Sadharangrahi, Deepan, Paachan

Table 3:

Barthel index

Sr No.	Domain name	Range of score	BT	AT
1	Feeding	0=unable 5=needs help 10=independent	5	10
2	Bathing	0=dependent 5=independent	0	0
3	Grooming	0=needs help with personal care 5=independent face/hair/teeth/shaving	0	5
4	Dressing	0=dependent 5 = needs help but can do about half unaided 10= independent[including button, zip, laces etc]	5	10
5	Bowel	0=incontinent [or needs to give enema] 5=occassional accidents 10= continent	0	5
6	Bladder	0 = incontinent /catheterized/unable to manage alone 5= occasional accidents 10 = continent	5	10
7	Toilet use	0 = dependent 5 = needs help but can do something alone 10 = [independent, on and off, dressing, wiping]	0	5
8	Transfer[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	10

9	Mobility [on the level surface]	0 = immobile or < 50 yards 5 = wheelchair independent, including corners, >50 yards 10 = walks with the help of one person [verbal or physical] > 50 yards 15 = independent [but may use any aid e.g. stick] > 50 yards	0	10
10	Stairs	0 = unable 5 = needs help [verbal, physical, carrying aid]	0	0

BT = Before Treatment; AT = After Treatment

(wherein 95 is the highest possible score)

Points BT = 21 % (20/95)

Points AT = 68.4 % (65/95)

improvement = 47.4 %

Follow-up and Outcome:

The patient perceived a 47.4% improvement in the strength of both the left leg and left arm.

The patient did not rely on a wheelchair and was able to walk with the help of a stick.

He had improved sleep quality.

He had less irritability and improved emotional behavior.

There was an increase in body weight by 2 kilograms.

Discussion:

In this case study, the benefits of Nasyakarma on Pakshaghat patients was observed through Barthel Index parameters. Since old times, vaidyas have used Nasya to cure various urdhvajatrugatavyadhis. Nasya is an extremely useful panchakarma technique.

Nasya sessions showed significant improvement in the patient, in his physical disability as well as mental irritation. This therapy is easier, more effective on the disease, and palatable for the patient. Features of Pitta avritta Vata were found in this patient. The treatment was decided on the basis of the predominance of doṣa and dhātu (~body tissues) involvement. The symptoms indicated vitiation of Pitta-Vata dosha and Rakta-Majjadhātu. Treatment was planned according to the treatment of vitiated Raktavāhasrotas (blood-carrying channels) and Majjavahasrotas (nervous tissue channels). ChandanbalaLakshadi oil was chosen for its

Brimhan and Sandhan Karma (nourishing and capillary repairing action) to repair injured leaking capillaries and to provide strength to nervous tissue.

Mahayograj Guggul is a traditional and highly effective Ayurvedic combination that assures one relief from rheumatism or the debilitating effects of paralysis.

Kaishore Guggul activates the body's natural toxin removal system and supports healthy blood circulation. It supports the elimination of metabolic toxins from the cells, cleaning arteries.

Ashwagandharishta nourishes all dhatus (tissues) and ojas (vitality), helps in sleep, and is a nervine tonic.

TiktaKsheera Basti is a Mrudu Niruha Basti. Functionally, it acts as a Dosha Shamana Basti. It is mainly indicated in Asthipradoshaja and MajjavahaSrotoVikara and when there is involvement of Pitta and Rakta.

Limitations and Recommendations:

This was a single case study, so coming to conclusions is tricky. However, this study showed Nasyakarma being helpful in Pakshaghata.

Conclusion:

It is clear from the study that the inclusion of ChandanbalaLakshaditailaNasyakarma in RaktastravjanyaPakshaghat, along with basti and internal medicine, was very effective. The present case study is practical evidence of the effect of Bringhan and Stambhan Nasya (Chandanbala Lakshadi Taila) on this patient with hemorrhagic stroke. Parkinson's disease is a very difficult disease to manage because complications may arise at any time. However, by adopting a proper logical treatment protocol, one can get good results in Pakshaghata. The method used in this study should be further used in the early stages of Pakshaghata for faster rehabilitation of the subject. The success of this case can be helpful in gaining the trust of the patients towards Ayurveda and Panchakarma treatments.

Patient perspective:

The patient was pleased after getting improvement in the symptoms. He was able to groom himself.

Declaration of patient's consent:

The authors have obtained the patient's consent form, where the patient has given consent for reporting the case and other information in the case study.The patient understands that his name and initials will not be published and due efforts are taken to conceal the identity, but anonymity cannot be guaranteed.

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Conflict of Interest:

None

References:

1. Sushruta Samhita Part I, Acharya DalhanNibandhaSangrahaVyakhya Sahit, Shri Gayadas Acharya Nidan Chandrika Vyakhya Sahita,Anuvaadak Dr. Kewal Krushna Thakraal,NidaanSthana, Adhyay 1/60, 61, 62.
2. Sushruta Samhita Part II, Acharya DalhanNibandhaSangrahaVyakhya Sahit, Shri Gayadas Acharya Nidan Chandrika Vyakhya Sahita, Anuvaadak Dr. Kewal Krushna Thakraal, ChikitsaSthan Adhyay 5/19.
3. Bhavprakash Nighantu, Proff. KrushachandraChunekar, Editor Dr. Gangasahay Pande, Chaukhamba Bharati Acadamy, Varanasi, pages -178, 353, 109, 67, 187, 379, 107,186,110, 420, 212, 220, 216.
4. Charak Samhita, part 2, Vaidyamanorama, Vidyadhar Shukla, Ravidatta Tripathi, Pittavritta Vata Lakshan, ChikitsaSthan 28/61,62
5. Charak Samhita, part 2, Vaidyamanorama, Vidyadhar Shukla, RavidattaTripathi, ChikitsaSthan 28/20,21,22,23
6. Charak Samhita, part 2, Vaidyamanorama, Vidyadhar Shukla, RavidattaTripathi, ChikitsaSthan 28/86,87
7. Charak Samhita, part 2, Vaidyamanorama, Vidyadhar Shukla, RavidattaTripathi, ChikitsaSthan 28/192
8. Charak Samhita, part 1, Vaidyamanorama, Vidyadhar Shukla, RavidattaTripathi, Sutra Sthan 20/13
9. Charak Samhita, part 1, Vaidyamanorama, Vidyadhar Shukla, RavidattaTripathi, Sutra Sthan 5/58,59,60,61,62
10. Madhav nidanam,madhukoshvakhya, purvardha, Sudarshan shastri, Yadunandan Upadhyay, vatvyadhinidaanam/39,40,42,43
11. Sharangdhar Samhita, Uttarkhand, Nasya Kalpana prakaran,14,15,66
12. Davidson's Principles and Practice of Medicine, 24th edition, chapter 28,29
13. Ayurvedsarsangraha, Shri Baidyanath Ayurved Bhawan.