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RESEARCH ARTICLE

A MULTI DIMENSIONAL EFFECT OF PANCHAKARMA IN THE MANAGEMENT OF TRAUMATIC PARAPLEGIA – A CASE STUDY.

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Abstract

Aim of this study was to assess neurological improvement after administration of Panchakarma procedures in traumatic paraplegia. On the basis of MRI findings, patient was advised for the surgical intervention. As there is no satisfactory treatment available in biomedicine. The patient was treated with Kati basti, Sarvanga abhyanga nadi sweda Patra Pottali sweda, followed by Panchatikta Ksheera Basti (16 days) and shaman oushadhi upto 3 months Substantial improvement was reported after 3 months of Panchakarma and Shaman oushadhi in existing neurological deficits and in quality of life.

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Introduction:-

Traumatic Paraplegia is an unanticipated catastrophe in an individual's life, passing a huge economic as well as social burden. The health care does not end with time but it involves multiple personnel and family members. In a developing country like India, where tertiary health care is not universally accessible and acceptable, the consequences of traumatic paraplegia and its complications are unimaginable¹. The prevalence of traumatic paraplegia in India is estimated 236 per million². It can be correlated with the Abhigatajanya Adharangavata³. Ayurvedic intervention in terms of Panchakarma and shaman oushadhi may impart significant recovery from traumatic paraplegia⁴. This case report is of a patient with Traumatic paraplegia with lesion at L4-L5, L5-S1 level with spinal canal stenosis, where we achieved substantial recovery with Panchakarma and shaman Yoga.

Case Report:-

A 53 years old patient came for consultation in Panchakarma OPD of S.S.V.P. Ayurvedic hospital, Maharashtra, India. He was admitted and thoroughly examined. It was revealed that he was unable to move his both lower limbs. He was fully conscious but he was not able to move his lower part of body. Patient had autonomic dysfunction and was neither able to feel nor control the urge for micturation and defecation.

The patient had a history of trauma due to accidental injury happened in the afternoon when he was going to sell his milk 6 months back. After the accident, patient was unconscious for 1 ½ Hrs. and regained consciousness on the way to hospital. He was admitted in I.C.U. for 8 days with administration of other supportive medication. There also patient had incontinence of urine and stool. Patient's MRI was done. This revealed multiple level prolapsed intravertebral discs with spinal canal stenosis L4-L5 and L5-S1 with disc buldge with ligamentum flavum hypertrophy.

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The patient was not getting any response from the treatment and the patient was advised for surgical intervention by neurosurgeon. Recommended physiotherapy was continued for 3 months, but no improvement was seen in the clinical condition.

After that the patient came to our institute for the needful. He was diagnosed as Abhigatajanya Adharangavata and was treated by the line of treatment of vata vyadhi⁵.

Diagnosis - Abhigatajanya Adharangavata.
Date of admission - 17/02/2016
Date of discharge - 28/04/2016

Principle of Treatment:-

Reduce the pain inflammation, improve the movement, promote blood circulation, increase muscle tone and relax the muscles and improvement in neurological deficits. .

Treatment Given:-

Panchakarma Procedure	Materials	Dose/day	Duration.
1. Katibasti	Bala ashwagandha taila	100 to 120 ml	20 to 25 min. for 16 days
2. Sarvanga abhyanga	Bala taila	app 60 to 70 ml	20 min. for 16 days
3. Nadi swedana	Dashamoola kwatha	-	10 to 15 min. for 16 days
4. Patra Pottali sweda	Eranda, Arka, Nirgundi, shigru patra, Mustard and Fenugreek powder +lemon juice	App. 400 to 500 gm bolus	20 to 25 min for 16 days
2. Panchatikta Ksheera Basti	Guduchi, Patola, Nimba, Kantakari, Vasa + Panchatikta ghruta	150 to 200 ml.	15 days

Shaman Yoga:-

Rasaraja Ras(125 mg 1 ratti bd) + Ekangaveera rasa (125 mg 1 ratti bd) + Trayodashanga guggulu(3 gm / day) With Honey + ginger juice and Maharasnadi Kwatha. (20 ml bd) was given for 3 months^{6,7}.

Assesment Criteria:-

1)	Pricking pain	0	-	Absent
		1	-	Mild
		2	-	Moderate
		3	-	Severe
2)	Stiffness	0	-	Absent
		1	-	Mild
		2	-	Moderate
		3	-	Severe
3)	SLR Right	0	-	No Movement
	Left	0	-	No Movement.
4)	Ability to turn on bed		-	Absent
			-	Present
5)	Ability to sit		-	Absent
	With the support		-	Present
6)	Ability to stand		-	Absent
			-	Present
7)	Ability to walk		-	Absent
			-	Present

Signs and symptoms	BT	AT
1. Pricking Pain	2	0
2. Stiffness	3	1
3. SLR Right	0	70 ⁰
SLR Left	0	75 ⁰
4. Ability to turn on bed	Absent	Present
5. Ability to sit with the support	Absent	Present
6. Ability to stand	Absent	Present
7. Ability to walk	Absent	Can walk more than 300 mtrs in 20 min.
8. Muscles function grade		
Right hip	0	3
Left hip	1	3
Right knee	1	3
Left knee	1	3
Right ankle & toe	2	3
Left ankle and toe	2	3
9. Sensory function	Present	Absent
tingling sensation	Present	Absent
Numbness	Present	Reduced
10. Reflexes		
Right knee jerk	2	1
Left knee jerk	2	1
Right ankle jerk	2	1
Left ankle jerk	1	1
Superficial abdomen reflex	1	1
Plantar reflex	Absent	Present
11. Muscle tone right lower limb	Spastic	Less spastic
Muscle tone left lower limb	Spastic	Less spastic
12. Bowel activity	Incontinance	Normal
13. Bladder activity	Incontinance	Normal

Discussion:-

As patient with traumatic Paraplegia, was correlated with abhigatajanya Adharangavata. The general line of treatment for vatavyadhi was adopted to treat this condition.

The mulasthanana of this disease locates at Katipradesha. Kati basti was selected as a bahi parimarjana chikitsa with bala – ashwagandha taila to reduce inflammation, stiffness and to give nourishment to dhamani i.e. nerves. Sarvanga abhyanga and Nadi swedana was recommended which acts as passive exercise which brings relaxation in spinal musculature of both lower limbs and reduced the spasticity.

As patient was admitted, in afternoon time, Patra pottali sweda was given to reduce pain, swelling and to improve the muscle tone.

Basti is the best treatment of vata. Pakwashaya is the main site of vata and basti mainly passes vata shamana property.

Mode of Action of Panchatikta Ksheera Basti:-

Considering the involvement of Asthi dhatu, majja dhatu, mamsa dhatu in Katipradesha and predominantly dosha as vyan vata Karmahani, Panchatikta Ksheera Basti was given.

Tikta rasa has vayu and akasha mahabhuta in dominance. Hence it has got affinity towards the body elements like Asthi dhatu.

Most of the ingredients of Panchatikta Ksheera Basti have tikta rasa, ushna virya madhura rasa and katu vipaka and shothagna property which helps to increase dhatwagni. So the nutrition of all dhatus will be increased. Ghrita is

vatapittashaman, balya, agnivardhaka, madhura, soumya, sheet, vayusthapan so acts as a nourishment to pacify the vitiated vata.

Initially there was no retention of basti. Bowel evacuation was found only after Basti administration. The shaman yoga is helpful in vatika roga and showed balya and rasayana effect.

Conclusion:-

Sarvanga abhyanga, Nadi swedana, Katibasti, Patra pattali sweda, Dashamoola niruha and Pancha tikta Ksheera basti has given a miraculous results in this patient.

The patient was admitted for 2 months and 11 days and completely recovered from functional disability, pain and stiffness etc. The over all effect of all panchakarma procedures with shaman yoga showed a marked improvement in this patient. This approach may be useful for clinical practices and further studies also .

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