

Case Report

Atypical observation of patient with hemiplegia recovered with APKM (Acupuncture, Panchakarma, and Physiotherapy) management: Case Report

¹Dr.Sanjay Walave* , ² Dr Suresh Shelke , ³Dr Dhananjay Dhanwate , ⁴Dr Ganesh Deore

¹Medical Superintendent, CDT's Asha Kendra, Puntamba, Tq. Rahata , District Ahamadnagar, Maharashtra

²Managing Trustee, Community Development Trust, Asha Kendra, Puntamba Tq. Rahata , District Ahamadnagar, Maharashtra

³Managing Director, Community Development Trust, Asha Kendra, Puntamba , Tq. Rahata , District Ahamadnagar, Maharashtra

⁴ Medical Officer, CDT's Asha Kendra, Puntamba,Tq. Rahata District Ahamadnagar, Maharashtra

Corresponding author*

Abstract:

Hemiplegia is defined as paralysis of either side of the body with varying levels of sensory & motor deficits. Hemiparesis, or unilateral paresis, is weakness of one entire side of the body (hemi- means "half"). Hemiplegia is, in its most severe form, complete paralysis of half of the body. Hemiparesis and hemiplegia can be caused by different medical conditions, including congenital causes, trauma, tumors, or stroke. Stroke is one of the main causes of hemiplegia. Treatment for hemiparesis is the same treatment given to those recovering from strokes or brain injuries. Health care professionals such as physical therapists and occupational therapists play a large role in assisting these patients in their recovery. Treatment is focused on improving sensation and motor abilities, allowing the patient to better manage their activities of daily living. Some strategies used for treatment include promoting the use of the hemiparetic limb during functional tasks, maintaining range of motion, and using neuromuscular electrical stimulation to decrease spasticity and increase awareness of the limb. To treat hemiplegia, the use of alternative therapies such as acupuncture, Panchakarma & physiotherapy are recommended.

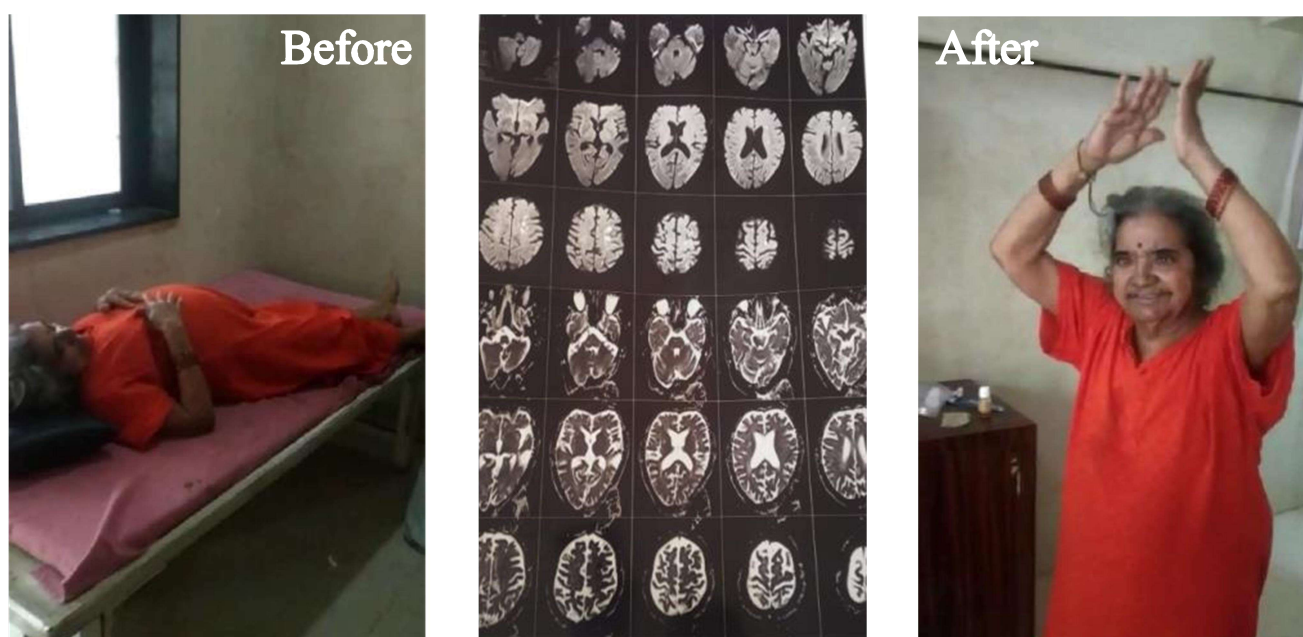
Keywords : Hemiplegia. Stroke. Panchakarma, acupuncture, Physiotherapy.

Introduction:

Hemiplegia is defined as paralysis of either side of the body with varying levels of sensory & motor deficits. Hemiparesis, or unilateral paresis, is weakness of one entire side of the body (hemi- means "half"). (1) Hemiplegia is, in its most severe form, complete paralysis of half of the body. Hemiparesis and hemiplegia can be caused by different medical conditions, including congenital causes, trauma, tumors, or stroke. Stroke is one of the main causes of hemiplegia. (2) Treatment for hemiparesis is the same treatment given to those recovering from strokes or brain injuries. Health care professionals such as physical therapists and occupational therapists play a large role in assisting these patients in their recovery. Treatment is focused on improving sensation and motor abilities, allowing the patient to better manage their activities of daily living. Some strategies used for treatment include promoting the use of the hemiparetic limb during functional tasks, maintaining range of motion, and using neuromuscular electrical stimulation to decrease spasticity and increase awareness of the limb. (3) To treat hemiplegia, the use of alternative therapies such as acupuncture, Panchakarma & physiotherapy are recommended.

Case Presentation:

Herewith we reported a case of , the Right handed female patient aged 75 years Came to Community Development Trust, Asha Kendra, Puntamba with right sided weakness and numbness, Slurred speech & difficulty in walking and imbalance since 2 weeks. On examination, the grade of both right upper limb and lower limb was grade 0 that is no movement. The patient had past history of epilepsy and hypertension. Since 5 years. Investigations were done such as MRI and blood investigations. On MRI investigations, the report showed acute to subacute infarcts in frontal parietal lobes, age related cerebral & Cerebellar atrophy with bilateral para ventricular white matter ischemia changes chronic infarcts with gliosis chronic lacunar infarcts in bilateral fronto parietal lobes & gangliocapsular region.



Blood investigational:

Report showed Haemoglobin 11.4 test The HIV & HBSAG were negative. She is on medications which includes Tab levera 500, Tab Tonact 40, Tab Clopitab A 75. Tab Thyronorm 75, Tab Zeptal cr 200. Cap Powerlina. Cap Nervo XT, Tab Metiox 4g, Syrup Medhavini

Panchakarma:

It is one of the treatment modality of Ayurveda Panchakarma means five procedures. Vaman that is therapeutic emesis, virechan means purgation, asthapan basti means enema using medicated decoction, anuvasan basti means enema using medicated oil and Shiro virechan or nasya that is nasal administration of medicines. Along with this, there are various other allied therapies such as Snehan that is oleation and Swedan means fomentation which also comes under Panchakarma. Panchakarma does not have any adverse effects and it is used for treatment of neurological diseases as well as Paralysis.

Interventions:

A combination therapy of acupuncture, panchakarma and physiotherapy is to treat hemiplegia.

Acupuncture:

It is a technique which is clinically practiced in China for more than 3000 years. It has been widely used to treat various diseases especially for stroke rehabilitation management ^{(1) (2) (13)}. Goal of acupuncture therapy is to improve motor function. Sensation & speech.

Physiotherapy:

The role of physiotherapy is to improve mobility, increase functional independence, decrease pain and to reduce the limitations due to permanent disabilities. Conventional training for stroke includes passive range of motion exercises. Sustained stretching. Active assisted range of motion exercises to bilateral limbs, bed mobility exercises and gait training to improve patient's functional performance.

Discussion:

At the more advanced level, using constraint-induced movement therapy will encourage overall function and use of the affected limb.[4] Mirror Therapy (MT) has also been used early in stroke rehabilitation and involves using the unaffected limb to stimulate motor function of the hemiparetic limb. Results from a study on patients with severe hemiparesis concluded that MT was successful in improving motor and sensory function of the distal hemiparetic upper limb.[5] Active participation is critical to the motor learning and recovery process, therefore it's important to keep these individuals motivated so they can make continual improvements.[6-9] Also speech pathologists work to increase function for people with hemiparesis. Treatment should be based on assessment by the relevant health professionals, including physiotherapists, doctors and occupational therapists. Muscles with severe motor impairment including weakness need these therapists to assist them with specific exercise, and are likely to require help to do this.[10]

Combination therapy of acupuncture, panchakarma and physiotherapy was given to the patient to see the individual effects of each therapy. Acupuncture therapy was used to improve motor function, sensation and speech. Panchakarma was given for the purpose of removing toxic substances from the body. Physiotherapy management for the purpose of improving mobility, to reduce pain, to increase functional independence of the patient and to improve gait and balance problems.

Conclusion:

This study concludes that the combination therapy of acupuncture, panchakarma and Physiotherapy treatment plays a vital role in reducing all the signs and Symptoms and also associated complaints of hemiplegia.

References:

- 1) Pandian JD, Sudhan P. Stroke epidemiology & stroke care Services in India J. Stroke 2013
- 2) Banerjee Tk, Das SK. fifty years of stroke researches In India. Ann Indian Acad Neurol 2016.
- 3) Stroke- Diagnosis & Treatment - Mayo Clinic 2019 Nov 10.
- 4) C.J. Murray & A.D. Lopez. "Mortality by cause for eight regions of the world: global burden of disease Study. The Lancet 1997.
- 5) J. Bernhardt, E. Godecke, L. Johnson & P Langhorne. Early rehabilitation after stroke Current opinion in Neurology 201
- 6) A. A Rabinstein & L.M. Shulman, Acupuncture in clinical neurology. The Neurologist 2003.

- 7) Winnie Yam JM. Is acupuncture an acceptable option in Stroke rehabilitation? A survey of stroke patients
Complementary Therap Med 2010; 18
- 8) Gupta M, Shaw BP. Uses of medicinal plants in Panchakarma Ayurvedic therapy. Indian J. Tradition. Knowledge
2009.
- 9) Rose Galvin, Brendan Murphy, Tara Cusack & Emma Stokes et al. The Impact of Increased Duration of Exercise
Therapy on functional Recovery following. Spoke what is the Evidence? July August 2008.
- 10) Gary N. Davidoff, MD, ofer Keren, MD, Haim Ring. MD, Pablo Solzi, MD et al. Acute Stroke Patients: Long term
effects of rehabilitation & Maintenance of Gains Arch Phys Med. Rehabil 1991.