



A Case Study on the Ayurvedic Line of Management in Pakshaghata

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ABSTRACT: Stroke is described in Ayurveda as Pakshaghata. It is a common medical emergency and the second leading cause of death worldwide. The present report describes the management of Hemiplegia in a 60 year-old male patient who presented with weakness in the left upper and lower limbs. He was treated with Ayurvedic medications along with Panchakarma therapies. The treatment protocol included Snehana, Swedana, and Mridu virechana, Matra basti and Nasya administered along with internal medications. Following the intervention, there was marked improvement in the functional ability of the left upper and lower extremities. By the end of the treatment period, the patient was able to walk without support.

KEYWORDS: Virechana, Snehana, Swedana, Matra Basti, Nasya, Pakshaghata.

INTRODUCTION

Pakshaghata is classified as one of the Vataja Nanatmaja Vyadhi.¹ In this condition, Sira and Snayu undergo Vishoshana due to aggravated Vata Dosha.² The term Paksha denotes one half of the body, while Aghata refers to the loss of voluntary motor functions. Thus, Pakshaghata is considered an Akarmanya Vata Vyadhi. Acharya Charaka explains that it primarily arises from Dhatukshaya and Margavarodhajanya Vata Prakopa, wherein Avarana of Vata by other Dosha and Dhatu occurs, leading to Karma Kshaya of one half of the body, often accompanied by Gourava.

Acharya Vagbhata describes that Sira-Snayu Vishoshana on one side of the body results in Sandi Bandha Vimokshana, Hasta-Pada Sankocha, and Vaak Sanga.³ If the patient presents with Achetana- manifesting as numbness or loss of consciousness- there is a risk of becoming bedridden and, in severe cases, progressing towards fatality.

According to Acharya Sushruta, Pakshaghata caused by Kevala Vata is Krichra Sadhya, whereas Vata associated with other Doshas (Anubandha) is considered Sadhya.⁴ When the condition results from Dhatukshaya, it is regarded as Asadhya. The Chikitsa Sutra for Pakshaghata includes Virechana, Basti, Nasya, Mridu Samshodana, and Bahir Parimarjana Chikitsa such as Abhyanga, Ksheera Dhooma, and Shirodhara.

Pakshaghata can be correlated with the Hemiplegia in the modern science as majority of symptoms are same. Hemiplegia⁵ is the most common manifestation of stroke, which is one of the leading causes of death and disability in India. Hemiplegia refers to paralysis affecting one side of the body and may be classified as right or

left Hemiplegia, depending on the side involved. According to the National Stroke Association, “as many as 9 out of 10 stroke survivors have some degree of paralysis immediately following a stroke.” Hemiplegia results from injury to the motor-control regions of the brain, leading to an inability to control voluntary movements. It is frequently accompanied by muscle spasticity, muscle atrophy, and pain. Sub acute infarcts in the left basal ganglia, right frontal, and left fronto-parietal regions may lead to occlusion of the middle cerebral artery, a common cause of stroke.

CASE STUDY

A 60-year-old male patient presented in our OPD with complaints of weakness on the left side of the body, accompanied by difficulty in speech and locomotion. He also reported generalized weakness for the past 2 months and constipation for the preceding 1 week.

History of present illness

Patient was apparently normal 2 month ago. One evening he suddenly fell to the ground and had frothing in the mouth, loss of conscious, not oriented to time and place. Unable to move right upper limb and lower limb and difficulty in speech. He was treated conservatively at modern hospital after getting discharge from there he got admitted in Our hospital (GAC H, Bilaspur).

History of past illness

Patient was known case of HTN and under Allopath medicine last 7 year.

Personal History:

Addiction: Tobacco chewer, Smoker since 30-35 yrs

Drug history: Allopathic medications

Tab. LEBRAIN 500 1BD

Tab ROSAWON GOLD 20 1OD

TAB STROHEAD PLUS 1BD

Vital examination

Blood Pressure	140/90
Pulse	80/min
Temp.	Normal
Respiratory system	B/L Chest clear
Cardiovascular system	S1 S2 Normal

Central Nervous System

Consciousness & Orientation: The patient is conscious and oriented to time, place, and person.

Dasha Vidha Pareeksha

Prakruti:- Vata-kapha	Satmya:- Madhyam
Vikruti :- Rasa, Rakta, Mamsa, Meda, Majja	Sattva:- Madhyam
Saara:- Avar	Ahar sakti :- Madhyam
Samhanan:- Madhyam	Vyayam sakti :- Avar
Praman :- Madhyam	Vaya:- Briddha

O/E

Eye closure- normal, Blowing normal, whistling not present

Gait: He is not able to walk

Motor system

Muscle power (Before treatment)

Limb	Right	Left
Upper Limb	5/5	2/5
Lower Limb	5/5	1/5

Reflexes

	Right	Left
Bicep	Normal	Normal
Tricep	Normal	Normal
Brachioradial	Normal	Normal
Knee	Normal	Exaggerated
Achilis tendon	Normal	Normal
planter	Normal	Extensor

CT HEAD (PLAIN) 19/03/2024

Large sub acute infarct noted involving right fronto-parieto-temporal lobes, right insular cortex, right gaglio-capsular region and right corona radiate, in right middle cerebral artery territory, causing mass effect in the form of midline shift toward left by 5 mm.

MATERIAL AND METHODS

Panchkarma procedures:

Sl. No.	Procedure	Dravya Use
1	Abhyang, Servanga Pareseka and Maridu Virechan For First 11 days	For Abhyang- Dasang Tailam, For Pariseka- Dasamoola Kwatha, for Mridu Virechan- Erandam tailam (60 ml)
2	Abhyang, PPS, Matra Basti For Next 9 days	For Abhyang- Dasang Tailam, For PPS- Erand Patra, Shigru Patra, Nirgundi patra, Karang patra, chinchapatra, Lemon, Murcchit tila Taila, Coconut, haridra Methika churna are use. For Matra basti- Dasang Tailam 70 ml
3	Abhyang, Vaspa Svedan, Nasya For Next 7 days	For Abhyang - Dasang Tailam, For Vaspa Svedan- Dasamoola Kwath, for Nasya- Dasang Tailam (16 bindu each Nostril)
4	Shirobasti, Abhyang, SSPS, For Next 11 days	For Shirobasti & Abhyang - Dasang Tailam, For SSPS – Balamoola, Godugdha, Navara, are used.

5	Shaman Aushadhi for Next 1 Month (Follow up Medicine)	Mashabaladi Kwath 20 ml twice a day with Luke warm water, Ekangveer rasa 125mg BD , Brahmi vati 1 BD, Drakshasava 20 ml BD
	And advice to patient continue antiplatelet medicine	Tab. Lebrain 500 1BD Tab Rosawon Gold 20 1OD Tab Strohead plus 1BD

RESULTS

After 38 days of treatment with Abhyang, Servanga Pareseka and Maridu Virechan For First 11 days, Abhyang, PPS, Matra Basti For Next 9 days, Abhyang, Vaspa Svedan, Nasya For Next 7 days, Shirobasti, Abhyang, SSPS, For Next 11 days, the patient showed a moderately reduction in symptoms and a steady improvement in the strength of the affected limbs. Movements of the left upper and lower limbs were regained to a partial extent. Speech clarity improved significantly and the patient became able to walk independently without assistance at the time of discharge. Advice to patient Samana Chikitsa for 1 month to pacify the remaining vitiated *Vata*. After 1 month of continuous Shaman treatment, all the patient's symptoms had completely resolved and both superficial and deep reflexes were found to be normal.

Effect of Dasang Tailam:

Dasang Taila is highly effective in Pakshaghat because of its strong Vata Shaman, Snigdha, and Balya properties derived from ten potent herbs traditionally indicated for neurological and musculoskeletal disorders. Pakshaghat being a Vata-pradhan condition presents with stiffness, loss of motor power, dryness, sensory impairment, and impaired neuromuscular coordination. The medicated oil, when used for Abhyanga, Murdhni Taila, Basti, Nasya provides Snehan that counteracts the Ruksha, Khara, and Śoṣaṇa qualities of aggravated Vata, thereby softening stiff tissues and restoring normal movement. Its ingredients improve microcirculation, reduce inflammation, and nourish the nerves and muscles, supporting better nerve conduction and muscular strength. Dasang Taila also helps clear Srotorodha, enhances sensory and motor responses, and reduces pain, tremors, and rigidity often seen in Pakshaghat. By promoting relaxation, strengthening weakened limbs, and rejuvenating the affected dhatus, Dasang Taila ⁶ becomes an essential supportive therapy in restoring mobility, coordination, and functional recovery in Pakshaghata.

Effect of Procedure:

Abhyanga(BahyaSnehan):

Abhyanga refers to application of Sneha (medicated oils) over the body with strokes directed along the orientation of hair follicles. Regular Abhyang strengthens and stabilizes the body, improves skin firmness, and effectively pacifies vitiated Vata. Just as oiling strengthens objects such as pots, leather, or the axle of a cart, Abhyanga enhances the body's ability to endure physical strain and fatigue.⁷

In conditions where Vāta is aggravated without any associated obstruction (Avarana), Snehan becomes the primary line of management. Snehana assumes significant importance here, as it nourishes the tissues and harmonizes the disturbed Vāta Doṣa. With sustained application, the medicated oil gradually penetrates deeper Dhātus, allowing the therapeutic properties of the oil to be absorbed through the skin. Consequently, it helps alleviate disorders related to the affected Dhātus and promotes overall tissue nourishment and restoration.

Swedana(Fomentation):

Swedana is a therapeutic procedure that induces sweating, thereby aiding in the removal of bodily impurities. In

Ayurveda, sweat (Sweda) is considered a type of Mala, and its expulsion supports the cleansing of internal channels. The functioning of Dhatvagni and Bhutagni is closely associated with this process. The Ushna (hot) and Tīkṣṇa (penetrating) properties of Swedana drugs enable them to enter the microcirculatory channels (Srotas) and stimulate the sweat glands, enhancing perspiration. As the micro channels dilate, the mobilized Doshas—particularly those with Laghu and Snigdha qualities—move toward the Koṣṭha or are expelled through the skin's minute pores as sweat, resulting in Srotoshodhana (cleansing of the channels). Once the Doshas are driven into the Koṣṭha, they can be effectively eliminated from the body through subsequent purification therapies such as Vamana or Virechana⁸

Shashtika Shali Pinda Sweda is a form of Snigdha Swedana that primarily targets disorders caused by aggravated Vata. In this therapy, the use of Shashtika provides deep nourishment to the muscles and supports the functioning of the nervous system. The Pinda Sweda promotes muscle relaxation, enhances local blood flow, and alleviates rigidity. This procedure was selected instead of other types of Snigdha Sweda because its unique properties are more effective in managing the patient's Vata-predominant clinical features.

Snehayukta Virechana:

Snehayukta Virechana plays a significant role in the management of Pakshaghata by pacifying aggravated Vata and clearing the obstructions that hinder its normal functioning. The Snigdha and Mṛidu qualities of Sneha counteract the Rukṣa and Khara attributes of vitiated Vata, thereby softening stiff tissues, improving flexibility, and nourishing depleted Dhātus. The Ushṇa, Tīkṣṇa, Sukṣma, and Vyavayi properties of Virechana drugs help liquefy and mobilize morbid Doṣas from the microchannels, facilitating Srotoshodhana and enabling their downward expulsion through the gastrointestinal tract. This purification enhances circulation, supports Agni, improves neuromuscular nourishment, and restores the balanced movement of Vyana and Udana Vayu. As a result, Snehayukta Virechana helps reduce stiffness, heaviness, and neurological deficits, ultimately improving motor functions and preparing the body for subsequent rehabilitative therapies in Pakshaghata.⁹

Matra basti

Matra Basti is highly beneficial in Pakshaghata because it directly pacifies the aggravated Vata, which is the chief pathological factor in this condition. Being a Sneha basti administered in small dose, non-exhausting doses, it can be safely used daily for long periods, offering sustained Vata-śamana. The Snigdha and Guru Qualities of the medicated oil counteract the Rukṣa and Khara attributes of vitiated Vata, thereby nourishing depleted Dhatus, improving muscle tone, reducing stiffness, and enhancing neuromuscular coordination. By regulating Apāna Vayu, Matra Basti indirectly restores the normal functioning of Vyana and Udana Vayu, which govern movement and speech—both affected in Pakshaghata. Continuous Snehan of the colon improves Srotas lubrication, enhances circulation, and supports the functional regeneration of nerve pathways, ultimately improving mobility, strength, and reflexes in the affected limbs.¹⁰

Nasya

Nasya plays an important therapeutic role in Pakshaghata because it directly influences the supraclavicular region, particularly the head, brain, and sense organs, which are commonly affected in this Vata-dominant neurological disorder. The administration of medicated oils through the nasal route helps pacify aggravated Vata in the Siras, thereby improving functions related to speech, facial movements, cognition, and sensory perception. Nasya facilitates the clearance of obstructed channels (Srotoshodhana), enhances cerebral circulation, and nourishes the nervous tissues, supporting the regeneration of affected neural pathways. It reduces stiffness, drooping, and weakness of facial muscles, improves voice and speech clarity, and restores coordination of cranial nerves often impaired after stroke.

DISCUSSION

Ayurveda aims not only at relieving symptoms but at eliminating the underlying cause of a disorder, thereby achieving Samprapti Vighatana and restoring health. In Pakshaghata, aggravated Vata is the primary factor, so management focuses on normalizing this Dosha first. Vata can become vitiated for various reasons, and Dhātu Kshaya is one of the major contributors. Vasti therapy is beneficial in this condition as it not only alleviates aggravated Vata but also provides nourishment to the depleted Dhatus. Additionally, its broad therapeutic action helps in balancing the other Doshas that may be involved along with Vata.¹¹

Nasya refers to the therapeutic administration of medicines through the nasal route. Ayurveda describes the nose as the “Dwara of Shira”, meaning the gateway to the head and brain. Since the primary pathology of Pakshaghata is located in the brain, Nasya becomes a significant line of treatment. The procedure helps pacify aggravated Vata, especially because the medicated oils used in Nasya provide localized Snehana and nourishment to the cranial region. In Pakshaghata, the clinical picture often begins with muscular flaccidity, followed by the development of stiffness and rigidity. Nasya supports neurological functions and helps regulate these stages by balancing Vata and improving neuromuscular activity.

If Abhyanga and Swedana are initiated in the early phase of the disease, they help in preventing the progression from flaccidity to rigidity. In long-standing cases, there is a tendency for muscular hypertrophy, which can also be minimized with regular Abhyanga, as it improves local blood circulation and tissue nutrition. When the patient complains of pain in the affected region, Swedana acts as an effective modality for pain relief by relaxing the tissues and alleviating Vata.

CONCLUSION

Pakshaghata is a Vata-dominant disorder characterized by impaired function of one side of the body and is broadly comparable to hemiplegia of various etiologies. Since Vata vitiation is predominant and the pathology is located in the Urdhva Jatrugata region, *Basti* and *Nasya* were selected as the principal therapeutic measures. Local therapies such as *Sthanik Abhyanga* and *Swedana* provided symptomatic relief by improving circulation, reducing stiffness, and supporting neuromuscular function. The patient showed complete recovery following the comprehensive Ayurvedic management. This case highlights that Panchakarma therapies play a highly effective role in the treatment of Pakshaghata and should be employed promptly and systematically in patients with stroke and related neurological conditions.

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