

Bridging tradition and Modernity: A clinical insight into Ayurvedic Management of Pakshaghata (Stroke-induced Hemiplegia)

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Abstract

Classical Ayurvedic literature describes Pakshaghat as a disorder primarily influenced by Vata dosha, characterized by weakness or paralysis affecting one side of the body. The prognosis for this condition is influenced by various patient-specific factors, including Vaya (age), Bala (strength), and the involvement of doshas. In contemporary medicine, hemiplegia is frequently attributed to cerebrovascular accidents (strokes), which exhibit significant clinical parallels to Pakshaghat.

This study aims to assess the impact of Ayurvedic Panchakarma and supportive therapies on a patient diagnosed with right-sided Pakshaghat, which correlates with hemiplegia.

The patient suffering from right-sided Pakshaghat underwent a series of Panchakarma treatments, including Nasya (nasal administration of medicated oils), Vasti (medicated enema), and Karnapoorana (ear therapy). The Nasya and Karnapoorana treatments were administered over a period of 15 days, followed by a 16-day interval. After this gap, a specific enema therapy protocol known as Yoga Basti Vasti Karma was implemented, in conjunction with physiotherapy.

Upon completion of the treatment regimen, the patient exhibited full functional recovery, showing significant improvement in motor strength and the resolution of neurological deficits.

The combination of Panchakarma therapies and physiotherapy proves to be highly effective in managing Pakshaghat (hemiplegia). This case underscores the potential of Ayurvedic treatments in enhancing neuromuscular function and supports their inclusion in stroke rehabilitation strategies.

Key words : Pakshaghat, Vata Vyadhi, Panchakarma, Nasya, Vasti, Hemiplegia.

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Pakshaghat is classified in Ayurveda as a disorder resulting from the vitiation of *Vata Dosha*. According to Acharya Charaka, aggravated *Vata* localizes in one half of the body, leading to functional impairment—termed *Pakshaghat*—and often presents with joint stiffness⁹. Acharya Sushruta elaborates further, noting that *Vata* travels through the upward, downward, and transverse channels (*Urdhva*, *Adho*, and *Tiryaka Dhamanis*), ultimately disrupting joint integrity (*Sandhi Bandhana Moksha*), and thereby causing paralysis of one side of the body. He warns that if the condition advances to the point of complete sensory loss and immobility, it may become fatal⁸.

In terms of prognosis, Sushruta categorizes the disease outcomes based on causative factors: it is considered *Sadhya* (curable) when *Vata* is associated with other doshas, *Krichchhrasadhya* (difficult to cure) when only *Vata* is involved, and *Asadhya* (incurable) when there is underlying tissue depletion (*Dhatukshaya*)⁸.

Therapeutic approaches outlined in classical Ayurvedic texts begin with *Snehana* (oleation), *Swedana* (sudation), and *Mridu Samshodhana* (gentle purificatory therapy). These are followed by *Vasti* (medicated enema) using strength-promoting (*Balya*) and *Vata-pacifying* (*Vatashamaka*) formulations. Other supportive treatments such as *Nasya*, *Shirovasti*, and *Abhyanga* should be done using *Panchendriya Vardhana Taila* to nourish the sensory organs⁹. The full course of treatment is typically recommended over 3–4 months for optimal outcomes.

Modern Medical Overview of Stroke : Focus on Lacunar Infarction:

Lacunar stroke is characterized by a relatively sudden onset of focal neurological deficits, primarily due to pathologies affecting the arteries or veins supplying the central nervous system⁴. The clinical presentation largely depends on the specific region of the brain involved, with motor impairments being the most commonly observed symptom.

Lacunar infarcts are small ischemic lesions, typically ranging from 30 to 300 micrometers in diameter, and are caused by occlusion of the brain's deep penetrating arteries. Chronic hypertension and atherosclerosis are recognized as major predisposing factors⁴. While a transient ischemic attack (TIA) may precede the onset of a lacunar stroke, the occurrence of headache is relatively uncommon. Despite generally having a favorable prognosis, the presence of multiple lacunar infarcts can lead to more severe outcomes such as pseudobulbar palsy and vascular dementia.

Clumsy hand syndrome, which falls under the spectrum of lacunar infarct manifestations, is one of the notable variants. Other symptoms may include facial palsy, slurred speech (dysarthria), tongue deviation, and motor function loss. Management begins with stabilizing vital functions, followed by targeted treatment of the underlying cause and symptomatic relief⁴.

Case Study :

A 48-year-old male patient was brought by relatives in a conscious and oriented state with complaints of right lower limb

weakness, right lower limb heaviness, generalized weakness, and right-sided deviation of the mouth.

He was a known case of diabetes mellitus and hypertension for 1 year and was on regular medications. He had no drug or food allergies, no surgical history, and had a history of tobacco chewing for 20 years.

On examination:

Temperature: Afebrile

Pulse: 89/min

BP: 140/80 mmHg

RS: B/L clear

CVS: S1S2 normal

CNS: Conscious and oriented to time, place, and person

MRI Findings : Acute infarct involving the left basal ganglia, left Sylvian cortex, and left temporal lobe, with changes of senile cerebral atrophy.²²

The present case was managed in accordance with classical Ayurvedic principles, integrating *Panchakarma* therapies, internal medications (*Shamana Aushadhi*), and physiotherapy. All procedures and formulations were selected based on the *Vata-pradhana* nature of *Pakshaghata*, with the aim of pacifying aggravated *Vata*, nourishing *Dhatus*, and restoring neuromuscular function^{8,9,2}. The therapeutic plan was implemented in three phases: *Panchakarma* purification, internal

medication, and supportive physiotherapy.

Panchakarma Procedures :

- *Jihwa Nirlekhana* with *Vacha Choorna* and *Yashtimadhu Choorna*
- *Sarwanga Abhyanga* with *Ksheera Bala Taila* and *Nadi Swedana*
- **Yoga Basti :**
 - *Rasna Erandadi Niruha Basti*
 - *Anuvasana Basti* with *Ksheera Bala Tila Taila*
- **Nasya** – *Panchendriya Vardhana Taila*
- *Karnapoorana* with *Bilvadi Taila*
- *Mridu Virechana* with Tab EBH

Shamana Aushadhi :

- *Brihata Vata Chintamani Rasa* 250 mg BD
- *Panchakola Phanta* 30 ml BD
- *Yogaraj Guggulu* Tab 2 BD

Physiotherapy :

Physiotherapy was administered alongside Ayurvedic interventions to support neuromuscular recovery⁵.

Modern Medications :

- Tab Atorva Gold 10/150 OD
- Tab Metformin 500 mg BD

Result:

Motor Function:

a) Power:

Table-1. Power grade before and after treatment

	Lt (BT)(AT)	Rt (BT)	Rt (AT)
Upper Limb	5/5	1/5	3/5
Lower Limb	5/5	3/5	5/5

b) Reflexes :

Table-2. Reflexes grade before and after treatment

	Left (BT) (AT)	Right (BT)	Right (AT)
Biceps	2	3	2
Triceps	2	3	2
Supinator	2	3	2
Knee Jerk	2	3	2
Ankle Jerk	2	3	2
Babinski sign	Negative	Positive	Negative

Probable Mode of Action :

Nasya is a largely effective procedure for pacifying Vata Dosha, especially as it directly targets diseases located in the Urdhva Jatrugata region (above the clavicle). The Shira Pradesh (head region) is the top seat of the Indriyas (sense organs), and the Nasa (nasal route) is considered the gateway to this region. *administration of medicated oil or drug through nasal route, easily reaches the sira by its minute channels, to easy elimination of vitiated doshas and vata shamana by its virtue of action in this case, the case entered Shamana Nasya using Panchendriya Vardhan Taila, which possesses Vata- shamaka parcels and is particularly effective in treating Urdhva Jatrugata Vyadhis, as described in the Ayurvedic Samhitas.*

Abhyanga (Oleation) - Abhyanga is the method of applying pressure or rubbing the body in the direction of the hair follicles utilizing sneha drvayas. By anointing the body with oil, which acts on vitiated Vata, the body becomes strong and stable, the skin becomes Drudha and healthy, and the body can tolerate exercise and fatigue much like oiling the pot, leather, and axle of a cart makes them durable and reliable. Oleation therapy should be used as the first line of treatment if there is total Vata

vitiation without any association (obstruction). Snehana is crucial in this situation. It supplies Pushti Prasada, or food for the dhatus, and balances the Vata Doshas.

Swedana (fomentation) - Swedana encourages person to sweat. Mala is a sort of Sweda. Swedana helps to clear the impurities from body. Dhatvagni and Bhutagni are linked to Sweda. Swedana medicines by Ushna and Tikshnaguna can penetrate the microcirculatory channels (Srotas) and trigger the sweat glands, causing them to produce more sweat. By action of sweda dilation of micro channels occurs by opening of sweat pores of skin. it leads to laghu and snighda dosha move in minute channels and excrete them through sweat pores, resulting into srotoshodhana.

Snehayukta Virechana (Purgation)- Eranda (castor oil) and Bruhat Haritaki play a pivotal therapeutic role due to their potent Vata-pacifying, mild purgative, and rejuvenative properties. Since *Pakshaghata* is a Vata Vyadhi, where deranged Vata obstructs normal nerve and muscle functions, these herbs are used primarily to eliminate Avarana (obstruction) and restore Vata's natural flow. Eranda is known for its Snigdha (unctuous) and Ushna (hot) qualities, which help soften and expel

accumulated Doshas from the body, particularly from the colon—the main seat of Vata. When used in Mridu *Virechana* (gentle purgation), it effectively clears Ama and relieves Vata Avarana, thereby promoting nerve signal transmission and reducing stiffness or paralysis in the limbs. Bruhat Haritaki, processed in Eranda Taila, further enhances this action. *Haritaki has powerful Anulomana (bowel-regulating), Medhya (brain-nourishing), and Rasayana (rejuvenating) effects.* It improves digestive fire (*Agni*), clears the microchannels (*Srotas*), and strengthens the neuromuscular system. When combined, Eranda Bruhat Haritaki not only acts as a safe and effective purgative for weak or elderly patients—ideal in *Pakshaghata*—but also helps restore neurological coordination, muscle tone, and functional mobility by reducing the root pathology of deranged Vata. This holistic action supports both detoxification and regeneration, making it a cornerstone in Ayurvedic neuro-rehabilitation protocols.^{3,11}

Basti (Enema)¹²:

Niruha Basti (Decoction based enema) – *Makshika* acts as a *Yogavahi* (catalyst), enhancing the absorption of other ingredients and balancing all three doshas. *Lavana* helps in softening the colon walls, aiding better percolation and elimination of vitiated Vata. *Sneha Dravya*, particularly *Murchita Tila Taila*, nourishes the dhatus and provides unctuousness, countering dryness and stiffness. *Shatapushpa* and *Bala* strengthen the nervous and muscular systems, promoting functional recovery. The *Rasna Erandadi Kwatha* properties acts as anti-inflammatory (*shothahara*), analgesic (*shoolahara*), and *Vatahara* properties. This composite *basti*

formulation not only eliminates morbid doshas but also rejuvenates neuromuscular pathways, thus facilitating improved motor response and limb coordination in *Pakshaghata* patients.

Anuvasana/Sneha Basti (Oil based enema) - In the management of *Pakshaghata* (hemiplegia) ksheerabala taila plays a important role. Its nourishing and Vata-pacifying properties help restore the deranged Vata dosha, which is primarily responsible for the condition. The medicated oil, prepared with Bala (*Sida cordifolia*) and Godugdha, provides **Snigdha (unctuous), Brimhana (nourishing), and Balya (strengthening)** actions and it promotes nerve rejuvenation and improving neuromuscular function. Regular administration supports motor recovery, reduces stiffness and spasticity, and enhances limb mobility in hemiplegic patients.

Jihwa Nirlekhana - Vacha Churna acts as a neuro-stimulant and speech enhancer, improving tongue movement and clarity by stimulating the brain and speech centers. Yashtimadhu Churna having anti-inflammatory properties and soothing effect. It helps to protect and heals oral tissue by pacifying aggravated vata Together, they support clearer articulation and reduce slurred speech by cleansing the tongue, rejuvenating nerves, and enhancing vocal clarity.

Bruhat vata Chintamani rasa-¹⁰:

a condition stroke or paralysis often associated with *Pakshaghata* due to aggravated *Vata dosha*. This formulation contains potent ingredients such as *swarna bhasma* (gold calx), *rajata bhasma* (silver calx), *abhra bhasma* (mica calx), and other rasayana

(rejuvenative) substances which synergistically act as *vata shamaka*, and gives strength the nervous system, and improve neuromuscular function by its virtue of action. Its *medhya* (nootropic) and *balya* (strength-promoting) actions help restore motor coordination and sensory functions compromised in *Pakshaghata*. The rasayana property also aids in cellular regeneration and long-term recovery of neurological functions. Furthermore, by enhancing circulation, improving *ojas* (vital energy), and reducing oxidative stress, Bruhat Vata Chintamani Rasa supports both acute and rehabilitative phases of paralysis management in Ayurvedic clinical practice.

*Panchakola phanta*¹:

Panchakola phanta plays a significant role in the management of *Pakshaghata* (hemiplegia) due to its powerful Vata-kapha hara (Vata and Kapha alleviating) and Agnideepana (digestive fire-enhancing) properties. In *Pakshaghata*, where impaired digestion and metabolic sluggishness often worsen Vata imbalance, Panchakola Phanta helps by stimulating the digestive fire, reducing Aama (toxins), and facilitating better absorption of nutrients and medicines. Its deepana-pachana (carminative and digestive) effects aid in restoring proper metabolic activity, which is foundational in Ayurvedic neurological therapy. Additionally, by clearing srotorodha (obstruction in channels), improving peripheral circulation, and subtly stimulating the nervous system, Panchakola Phanta prepares the body for effective rehabilitation and enhances the efficacy of other neuro-restorative treatments used in the management of paralysis.

*Yogaraja Guggulu*⁶:

Yogaraja Guggulu is an effective Ayurvedic formulation in managing *Pakshaghata* (hemiplegia) due to its strong *Vatahara*, anti-inflammatory, and detoxifying actions. It improves circulation, reduces stiffness, and enhances neuromuscular function. By clearing bodily channels and supporting digestion, it aids in better absorption of nutrients and medicines, making it a key supportive remedy in paralysis recovery.

*Capsule Palsineuron*¹⁰:

Capsule Palsineuron is a proprietary Ayurvedic formulation commonly used as a supportive therapy in the management of *Pakshaghata* (hemiplegia). It contains ingredients like *Ashwagandha* (*Withania somnifera*), *Brahmi* (*Bacopa monnieri*), *Shankhpushpi*, and *Jatamansi*, which are known for their *nervine tonic*, *rasayana*, and *nootropic* properties. These herbs help rejuvenate the nervous system, reduce oxidative stress, and improve neuromuscular coordination. Palsineuron also aids in calming aggravated *Vata dosha*, strengthening the mind-body connection, and supporting cognitive and motor recovery. Its adaptogenic and anti-inflammatory effects make it beneficial during both the acute and rehabilitation phases of paralysis management.

Physiotherapy :

- the effectiveness of combining physiotherapy with traditional Ayurvedic treatments such as Panchakarma and Vasti. Physiotherapy with Ayurvedic interventions significantly improved motor recovery and quality of life. Clinical protocols have shown that therapies like Vasti,

when used alongside modern rehabilitation methods, may accelerate neural recovery. Functional Electrical Stimulation (FES) has demonstrated notable improvements in gait speed and voluntary movement when paired with physiotherapy. Key techniques such as neurodevelopmental training, mirror therapy, task-oriented rehabilitation, and robotic aids further enhance the recovery of limb function and independence in daily activities. Altogether, a multidisciplinary and integrative approach, combining physiotherapy with traditional systems like Ayurveda, offers a comprehensive and more effective strategy for treating *Pakshaghata*^{5,7}.

Ayurveda is a wisdom which not only treats symptoms but cause of complaint eventually leads to Samprapti Vighatana [2/6] therefore cures the complaint. In *Pakshaghata* complaint Vata is introductory cause of complaint which should be treated first. Vata Prakopa can do due to numerous causes and Dhatu Kshaya is one of them. Vasti not only causes Vata Shaman but due to multidimensional affect it causes Dhatu Poshana and action of other Doshas if associated with Vata Dosha. Nasya is administration of medicine through nose. In Ayurveda Nasa is called Dwar to Shira (brain). In case of *Pakshaghata* main pathology lies in brain. Nasya causes Vata Shaman as we use Snehana through oil painting. In case of *Pakshaghata* originally there's flaccidity in muscles and also comes stage of severity. Sthanik Abhyanag and Swedana prevents this stage if performed in early stage generally in dragged case there's hypertrophy of muscles which can also be averted by Abhyanaga as it increases blood force of the part. If case complains of pain in affected part Swedana causes pain relief.

Pakshaghata is *Vata Pradhana* ailment which causes loss of function of one half of body which may be compared to hemiplegia of any origin. In this case, it can be correlated with Clumsy hand syndrome due to similarity of symptoms. *Vata Pradhana Vyadhis* are best treated with *Vasti* and *Nasya* given as main *Adhishthana* of *Dosha* is *Urdhva Jatrugata* in this case. Symptomatic relief given by *Sthanik Abhyanaga* and *Swedana*. After complete treatment patient recovered fully. Thus, it can be concluded that *Panchakarma* procedure are very effective in *Pakshaghata Chikitsa* and also Internal medications should be given vigorously in the patients suffering from stroke and similar ailments².

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