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AYURVEDIC MANAGEMENT OF CHRONIC SHIROMARMABHIGHATAJANYA PAKSHAGHATA: A CASE REPORT

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ABSTRACT

Agantuja Shiromarmabhighata (traumatic injury to cranial vital points) can lead to Pakshaghata, a neuromotor disorder comparable to hemiparesis, primarily due to Vata Dosha aggravation affecting neuromuscular function. Traumatic brain injury (TBI) remains a major cause of long-term disability with persistent deficits despite conventional care. This case study evaluates Ayurvedic management in a chronic case of post-traumatic hemiparesis. A 28-year-old male presented with right-sided weakness, impaired gait, tremors, and speech difficulty following a road traffic accident nine years prior. He was treated with a multimodal Ayurvedic approach including Shamana Chikitsa, Panchakarma procedures (Nasya, Basti, Swedana), Virechana, Rasayana therapy followed by Bruhana, along with physiotherapy, pranayama, and beejamantra chanting for speech improvement. Post-treatment, the patient showed marked improvement: muscle strength increased from 2/5 to 4/5, muscle tone normalized, gait improved, tremors reduced by ~80%, and speech clarity enhanced. He achieved independent ambulation with an overall recovery of approximately 85%. This case

highlights the potential of integrative Ayurvedic therapies in improving neurofunctional outcomes in chronic neuromuscular disorders.

KEYWORDS: Pakshaghata, Shiromarmabhighata, Panchakarma, Vata Dosha, Hemiparesis, partial weakness.

INTRODUCTION

Acharya Charaka has described three vital organs—Shiras(cranial region), Hrudaya(cardiac region), and Basti(bladder region)- as Trimarma(premium vital points), whose injury can lead to severe functional impairment or death. Among these, Shiras is considered Uttamanga, the supreme organ governing all bodily functions. Trauma to this region is termed Shiromarmabhighata.

In conventional medicine, such conditions can be correlated with traumatic brain injury (TBI), a leading cause of disability worldwide. In India, approximately 1.5–1.7 million individuals suffer from TBI annually, many of whom develop long-term neuromuscular deficits.

Shiromarmabhighata leads to vitiation of Vata Dosha, particularly Prana and Vyana Vata, resulting in neuromuscular dysfunction. This may manifest as Pakshaghata, characterized by paralysis, stiffness, wasting of muscles, impaired speech, and loss of voluntary movement.

Ayurvedic management focuses on Vata shaman (pacification of vata dosha), Srotoshodhana (deobstructing the channels), and Dhatu poshana (nurturing contributing tissues such as Rakta, Majja) through therapies such as Basti (per rectal administration of drug), Nasya (nasal administration of drug), Snehana (oleation), and Swedana (sudation).

MATERIALS AND METHODS

Place of Study

IPD, Department of Panchakarma, Seth Tarachand Ramnath Charitable Ayurvedic Hospital and Tilak Ayurved Mahavidyalaya, Pune.

CASE DETAILS

Patient Information

- Age/gender: 28-year-old male

Chief Complaints

- Right-sided hemiparesis.
- Unable to walk without support and walker.
- Weakness in upper and lower limbs- (Right > Left)
- Impaired gait-circumduction gait
- Speech difficulty, heaviness in tongue
- Tremors in the right half of the body.
- Involuntary movements of right eye
- Impaired fine movements such as writing, holding objects by fingers
- Weight gain

History of Present Illness

The patient had a history of a road traffic accident nine years ago, followed by a loss of consciousness for 15 days.

Past History

Surgical history- Suturing over frontal bone post-trauma(9 years ago)

Family History

- Mother: Hypertension
- Father: Hypertension and Diabetes Mellitus

Personal History

- Diet: Mixed
- Addictions: None

GENERAL EXAMINATION

Parameter	Findings
BP	110/80 mmHg
Pulse	88/min
RR	18/min
Pallor	Absent
Icterus	Absent

SYSTEMIC EXAMINATION

- **CNS:** Conscious and oriented
- **GIT:** Abdomen soft, non-tender, no organomegaly

- **Respiratory System:** Bilateral air entry normal, no added sounds
- **Cardiovascular System:** S1 S2 normal, no murmurs

AYURVEDIC ASSESSMENT

Ashtavidha Pareeksha

- Nadi: Vatapradhana
- Mutra: 5–6 times/day
- Mala: Samyak
- Jivha: Ishat Sama
- Shabda: Aspashta
- Sparsha: Anushna Sheeta
- Druk: Prakruta
- Akruti: Sthoola

Dashavidha Pareeksha

- Dushya: Rakta, Majja, Mamsa, Meda, Snayu, Sira
- Desha: Sadharana
- Bala: Madhyama
- Kala: Sharada Ritu
- Agni: Madhyama
- Prakruti: Kapha-Vata
- Vaya: Madhyama
- Satva: Madhyama
- Satmya: Katu Rasa Asatmya
- Avastha: Jeerna

SAMPRAPTI (PATHOGENESIS)

Samprapti Ghataka

Component	Description
Nidana	Shiromarma Abhighata, Raktadushti, Vata Prakopa
Dosha	Vata (Prana & Vyana), associated Pitta
Dushya	Rakta, Mamsa, Meda, Snayu, Sira, Majja
Agni	Mandagni
Ama	Present
Srotas	Rasa Majjavaha
Srotodushti	Margavarodha in Vatavahi sira
Udbhava Sthana	Shiras(agantuja hetu-Aghat)

Adhishthana	Shiras
Vyaktasthana	Ekanga
Rogamarga	Madhyama
Vyadhi Swabhava	Chirakari
Sadhyata	Kashtasadhya to asadhya

Samprapti Flow

Shiromarma Abhighata →Shirastha Vata Prakopa(Praanavayu -vyanavayu dushti) → Rakta majjadushti →Neurosurgery(induced shiromarmabhighata) → Srotorodha → Dhatu Kshaya → Vata prakopa → **Pakshaghata** →Irregular medicines, lack of exercise, increased weight→Santarpan janya rasa medodusthi→Lack in kinetic force→Neuromuscular Impairment → Karmendriya daurbalya(weakness)→ Increased grade of Pakshadaurbalya **Nidan**-Shiromarmabhighatajanya - Prana-vyanavayu dushti janya-Rasa-Medodushtijanya Pakshadaurbalya.

TREATMENT PROTOCOL

Shamana Chikitsa

Phase 1: Pachan, shaman and vatanuloman

Table: Internal Medication.

Sr. No.	Drug Name	Dose	Frequency	Anupana / Time of Administration	Duration
1	Raktapachak Vati	500 mg	TDS	After food with water	15 days
2	Neuro XT Capsule	500 mg	TDS	After food with water	15 days
3	Kaishor Guggulu	500 mg	TDS	After food with water	15 days
4	Haritaki	500 mg	TDS	After food with water	15 days
5	Khurasani Ova	250 mg	TDS	After food with water	15 days
6	Shankha Vati	500 mg	TDS	After food with water	15 days
7	Dashmoolarishta	15 ml + 30 ml water	TDS	After food with lukewarm water	15 days

Panchakarma Procedures

Table: Panchakarma Procedures.

Sr. No.	Procedure	Drug / Material Used	Duration
1	Nasya	Rason Swarasa (Day 1–3)	3 days
		Prasarini Taila (Day 4–15)	Day 4–15
2	Sarvanga Abhyanga	Prasarini Taila	Day 4–15
3	Bashpa Swedana	Dashamoola Kwath	Day 4–15
4	Pinda Sweda	Bala + Devadaru	Day 4–15
5	Jivha Pratisarana	Haridra + Vacha Choorna	Day 4–15
6	Gandusha	Koshna Jala	Day 4–15
7	Matra Basti	Prasarini Taila (60 ml) Dhanwantar taila (60 ml)	Day 4–7 Day 7-15

After 15 days

Phase 2: Bruhana

Table: Internal Medication.

Sr. No.	Drug Name	Dose	Frequency	Anupana / Time of Administration	Duration
1	Cap. Neuro	500 mg	TDS	After food with water	15-21 days
2	Vidari	250 mg	TDS	After food with water	15-21 days
3	Navayas Loha	250 mg	TDS	After food with water	15-21 days
4	Khurasani Ova	500 mg	TDS	After food with water	15-21 days
5	Pippali	250 mg	TDS	After food with water	15-21 days
6	Jivhadi Kadha	3 spoons	TDS	With 6 spoons warm water, before food	15-21 days

SPECIAL PROCEDURES

Viddhakarma and Agnikarma (Suvarna Shalaka) on Day 6- at Jivhamoola pradesh along both sides of sevani- Notable improvement in speech observed.

VIRECHAN

Trivrutta leha -on 11th and 21st day

Virechan was administered after per abdomen examination, after snehan sweden, to eliminate accumulated doshas, virechan is administered.

After 21 days

Phase 3: Adhishthan(shiras) chikitsa and Rasayan

Table: Additional Therapeutic Interventions.

Sr. No.	Procedure / Medicine	Dose / Duration	Time / Frequency
1	Brahma Rasayana	5 gm	Morning (once daily)
2	Shirodhara (Himsagar Taila)	20–90 minutes	Daily increased by 10 min and then decreased gradually

Physiotherapy

- Gait training
- Exercise to improve muscular tone
- Range of motion exercises
- Balance and coordination training
- Total days of admission-30 days

RESULTS

Muscle Power

Limb	Before	After
Right UL	2/5	4/5
Right LL	2/5	4/5

Muscle Tone

Limb	Before	After
Right	Rigidity	Normal

Functional Outcome

- Overall improvement: ~85%
- Independent ambulation achieved
- Tremors reduced by ~80%
- Speech significantly improved

DISCUSSION

Pakshaghata is primarily a Vata Vyadhi affecting Snayu, Sira, and Mamsa, leading to loss of voluntary movement. Trauma to Shiro Marma further aggravates Vata, resulting in chronic neuromuscular impairment.

The treatment strategy focused on

- **Srotoshodhana** to remove obstruction
- **Vatanulomana** to normalize Vata function
- **Brimhana** to nourish depleted Dhatus

Virechana aids in Dosha elimination, while Rasayana promotes tissue regeneration.

Despite chronicity (9 years), significant functional recovery was observed, indicating the effectiveness of Ayurvedic interventions in long-standing neuromuscular conditions. Physiotherapy likely enhanced neuroplasticity and functional restoration.

Mode of action of Panchakarma procedures

In Shiromarmabhighatajanya Pakshaghata, **Nasya** directly influences cranial structures and is indicated in Shiroroga aiding sensory-motor restoration and improving higher neuromuscular functions. Initially Avapeedak nasya with Rason swaras was administered for srotorodh nash and then Navan nasya with Prasarini taila was started to facilitate snehan of shira pradesh leading to vatashaman. **Jivha Pratisarana** was started from first day as it stimulates cranial

nerves and improves speech and swallowing. **Gandusha** enhances oral motor function and local circulation. **Sarvanga Abhyanga** pacifies aggravated Vata, enhances circulation, and improves neuromuscular coordination and helps in breaking dosha-dushya sanga. **Bashpa Swedana** relieves stiffness, induces sweating, and facilitates srotoshodhana by liquifying doshas and leading to shakha - koshtha gati of doshas. **Pinda Swedana** provides nourishment and strengthens weakened muscles hence increases samhanan of mamsadhatu. **Basti**, being the prime therapy for Vata disorders, exerts systemic effects promoting neural recovery. Initially Prasarini taila was used for pachan and anuloman and then it changed with Dhanwantar taila to facilitate Bruhan and vatashaman. **Shirodhara** was given after 21 days to stabilize the central nervous system and reduces stress.

CONCLUSION

The present case demonstrates that a structured Ayurvedic treatment protocol integrating *Panchakarma* procedures, *Shamana Chikitsa*, and *Rasayana* therapy can result in significant functional improvement in chronic *Shiromarmabhighatajanya Pakshaghata*. Despite a prolonged disease duration of nine years following trauma and surgical intervention, the patient exhibited notable recovery in muscle strength, gait, tremors, and speech, suggesting the potential reversibility of long-standing neuromuscular deficits through appropriately planned Ayurvedic management.

From a *Samprapti* perspective, the case reflects a dynamic interplay of two distinct pathological pathways over time. At the onset (post-trauma phase), *Rakta*, *Majja*, *Prana*, and *Vyana Vayu* dushti predominated, leading to *Dhatukshaya*—an *Apatarpanottha Vyadhi* condition. In contrast, at the time of presentation after nine years, chronic *Hetu Sevana* and a sedentary lifestyle contributed to *Rasa-Medo Dushti* with consequent *Srotorodha*, representing a *Santarpanottha Vyadhi* state. Understanding this temporal evolution of *Samprapti* was crucial in planning the line of management.

The treatment strategy, therefore, was tailored to address both components—*Vata Shamana*, *Srotoshodhana*, and *Dhatu Poshana*—in a sequential and rational manner. When combined with supportive physiotherapy, this integrative approach contributed substantially to neurofunctional recovery and enhancement of the patient's quality of life.

This case underscores the potential of Ayurveda as an effective modality in neuro-rehabilitation, particularly in chronic, post-traumatic, and refractory conditions, warranting further systematic clinical evaluation.

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