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ROLE OF *PANCHAKARMA* IN *VAMAJA PAKSAGHATA* WITH SPECIAL REFERENCE TO ACUTE ISCHEMIC STROKE: A CASE REPORT

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ABSTRACT

Pakṣāghāta, one of the *Nānātmaja Vāta-vikāras* described under *Vātavyādhi*, is characterized by weakness or paralysis affecting one side of the body. It results from the vitiation of *Vāta doṣa* due to *Mārgāvarodha* and *Dhātukṣaya*. In modern parlance, it can be correlated with hemiplegia, a major cause of long-term disability worldwide. A 36-year-old female presented with weakness of the left upper and lower limb, deviation of the angle of the mouth towards the right side, and inability to walk for 20 days. Based on the clinical presentation, the condition was diagnosed as *Vāmaja Pakṣāghāta.* The patient was treated with *Abhyaṅga*, *Nāḍī Sveda*, *Kukkuṭāṇḍa Pinda Sveda*, *Śaṣṭika Śāli Piṇḍa Sveda*, and *Mātrā Basti* with *Nirguṇḍī Taila* for 20 days. Following the intervention, marked clinical improvement was observed, as evidenced by regained ability to walk, restoration of facial symmetry, and improved muscle strength. This case highlights the potential role of *Ayurvedic* management in promoting functional recovery in *Vāmaja Pakṣāghāta* following acute ischemic stroke.

KEYWORDS: *Pakṣāghāta,* Acute Ischemic Stroke, *Abhyaṅga, Piṇḍa Sveda, Mātrā Basti.*

1. INTRODUCTION

Vāta doṣa governs all motor activities of the body, including both voluntary and involuntary movements. Vitiation of *Vāta* due to *Dhātu-kṣaya* and *Mārgāvarodha*[1], leading to the

development of *Vātavyādhis*. *Pakṣāghāta,* one of the *Nānātmaja Vāta-vikāras*[2], is characterized by weakness or paralysis affecting one half of the body. According to *Ācārya Caraka*, aggravated *Vāta* involves either the right or left side of the body, producing *ceṣṭā-hāni* (loss of voluntary movements), *Vākstambha* (speech impairment) along with *rujā* (pain). Progressive depletion of *Sirā* and *Snāyu* further contributes to diminished muscle strength and impaired motor function.

From a modern perspective, *Pakṣāghāta*[3] closely resembles hemiplegia resulting from stroke, which may occur due to either ischemic or hemorrhagic causes. Ischemic stroke results from reduced or interrupted blood supply to the brain. Major risk factors for stroke include hypertension, diabetes mellitus, smoking, alcohol consumption, dyslipidemia, obesity, psychological stress and cardiovascular diseases. Worldwide approximately 11.9 million new stroke cases occur annually, and 93.8 million people live with stroke, with ischemic stroke accounting for about 65.3% of all incident stroke cases[4]. Patients commonly present with weakness of one side of the body, facial asymmetry, speech impairment, and difficulty in walking. Although advances in emergency stroke care and rehabilitation have improved survival rates, a considerable number of patients continue to experience long-term neurological and functional disabilities. Therefore, the *Ayurvedic* line of management emphasizes *Vāta-śamana*, tissue nourishment and restoration of functional capacity through *Snehana*, *Svedana*, and *Basti* therapies.

CASE REPORT

A 36-year-old female presented to the Outpatient Department of Sri Venkateswara Ayurvedic Hospital, Tirupati, with a 20-day history of weakness involving the left upper and lower limbs, associated with numbness, deviation of the angle of the mouth towards the right side, slurred speech, and inability to walk. She was not a known case of hypertension or diabetes mellitus and had no history of trauma. Prior to presentation, she had received treatment at an allopathic hospital, where Magnetic Resonance Imaging (MRI) of the brain revealed a focal area of diffusion restriction with corresponding T2/FLAIR hyperintensity involving the inferior aspect of the right thalamus and right cerebral peduncle, consistent with a subacute non-hemorrhagic lacunar infarct. Despite receiving appropriate conventional medical management, there was no improvement in her neurological symptoms. In view of the persistent deficits, she sought Ayurvedic treatment. Following a thorough clinical examination and Ayurvedic assessment, the condition was diagnosed as *Vāmaja Pakṣāghāta*,

and an appropriate Ayurvedic treatment protocol was initiated.

2. *DASA VIDHA PARĪKṢĀ*

Praḳrti - Vāta Kapha Pradhāna

Vikṛti - Madhyama bala

Sāra - Madhyama

Saṃhanana - Madhyama

Pramāṇa - Madhyama

Sātmya - Sarva rasa

Satva - Madhyama

Ahara sakti - Madhyama

Vyāyāma - Madhyama

Vayas – Madhyama

3. *ASTA VIDHA PARĪKṢĀ*

Nadi - Vāta Pradhāna

Mala - Praḳrta

Mutra - Praḳrta

Jihva - Nirlipta

Sabda - Praḳrta

Sparśa - Praḳrta

Dṛk - Praḳrta

Ākṛti – Madhyama

4. GENERAL EXAMINATION

Table 1: General Clinical Examination Findings.

Built	**Moderate**
Gait	Unable to walk
Pulse rate	68/min
Respiratory rate	18/min
Appetite	Moderate
Bowel	Regular
Micturition	Normal
Sleep	Disturbed
Temperature	Normal
Icterus	Absent
Cyanosis	Absent
Pallor	Absent

5. INVESTIGATIONS

Hb- 12 g/dl

TLC-10000 cells/mm^3

DC-Within normal limits

FBS-75 mg/dl

PPBS-87mg/dl

ESR-20 mm/hr

Viral Markers- Negative.

Urine Analysis

Sugar and Albumin- Nil

Pus cells- 2 to 4 hpf

Epithelial cells- 1 to 2 hpf.

MRI Brain- Reports enclosed.

6. SYSTEMIC EXAMINATION

Respiratory System: Bilateral normal vesicular breath sounds present. No added sounds.

Cardiovascular System: S1 and S2 normal. No murmurs.

Per Abdomen: Soft, non-tender, no organomegaly, bowel sounds present.

Central Nervous System

Higher Mental Functions: Conscious, oriented to time, place, and person Speech: Slurred speech

Sensory System: Intact Cranial Nerves

CN VII (Facial nerve)- Angle of mouth: Deviated to the right

Eye closure: Complete

Blowing cheeks: Mild weakness on the left Other Cranial Nerves- Intact

Motor System:

Table 2: Motor System Examination Findings.

Motor System Examination	Right	Left
Muscle Tone	UL- Normal LL- Normal	UL-Mild Spasticity LL- Mild Spasticity
Muscle Power	UL- 5/5 LL- 5/5	UL- 3/5 LL- 2/5
Reflexes	Biceps-Normal Triceps- Normal Knee- Normal Ankle- Normal Plantar- Flexor	Biceps-Exaggerated Triceps-Exaggerated Knee- Exaggerated Ankle- Brisk Plantar- Extensor (Babinske's sign- Present)

Barthel Index

Table 3: Assessment of Activities of Daily Living Using the Barthel Index.

Feeding	5
Bathing	0
Grooming	0
Bowel	10
Bladder	10

Toilet use	5
Transfers	5
Mobility	0
Stairs	0
TOTAL	35/100

7. NIDĀNA PAÑCAKA

Table 4: ***Nidāna Pañcaka.***

Nidāna	*Cintā , Mithyā Āhāra, Mithyā Vihāra*
Pūrvarūpa	*Avyakta*
Rūpa	*Vāma Hasta-Pāda Ceṣṭā hāni, Supti, Vāksaṅga, Mukhārdha Vakratā*
Upaśaya & Anupaśaya	Not elicited
Samprāpti	Indulgence in *Vāta-prakopaka nidānas* leads to the aggravation of *Vāta doṣa*. The aggravated *Vāta*, due to *mārgāvarodha*, localizes in the *sirā, snāyu,* and *kaṇḍarā* of the left half of the body, resulting in *Vāmaja Pakṣāghāta* ***Samprāpti Ghaṭakas:*** *Doṣa: Vāta-pradhāna kapha* *Duṣya: Rasa, Rakta, Māṃsa, Majjā(Mastishka) Sira ,Snāyu* *Agni: Mandāgni* *Srotas: Rasavaha, Raktavaha, Majjāvaha Srotodusṭi: Saṅga* *Udbhava Sthāna: Pakvāśaya Adhiṣṭhāna: Śira* *Roga Mārga: Madhyama*

8. VYĀDHI VINIŚCAYA – *Vāmaja Pakṣāghāta* – Ischemic stroke.

9. CIKITSĀ

Table 5*:* Treatment Schedule.

Day 1 to 3 (22/8/2025 to 24/8/2025)	*Sarvāṅga Abhyaṅga* with *Nirgundī Taila* followed *by Sarvāṅga Nāḍī Sveda*
Day 4 to 13 (25/8/2025 to 03/09/2025)	*Kukkuṭāṇḍa Pinda Sveda* over the facial region followed by *Sarvāṅga Śaṣṭika Śāli Piṇḍa Sveda*
Day 14 to 20 (04/09/2025 to 10/09/2025)	*Mātrā Basti* with *Nirgundī Taila*

***Śamana Cikitsā*:** *Dhātu Poṣaka Vaṭi* (1-0-1 After food with lukewarm water)

Vacā Cūrṇa (1 Pinch - 0- 1 Pinch with Ghee)

Tab. *Jaṭāmāṃsī* (1-0-1 After food with lukewarm water)

Ūrvi Nasal Drops (2 drops-0-2 drops)

Nirgundī Taila (External application)

Trivṛt Cūrṇa (0-0-3/4 tsp with lukewarm water).

10. RESULTS

Table 6: Clinical Assessment Before and After Treatment and at Follow-up.

Before Treatment	After Treatment	Follow up (After 1 Month)
Unable to walk	Able to walk Walking Time: 25 sec/10 mts on an Average of 3 times without any support	Able to walk Walking Time: 15 sec/10 mts on an Average of 3 times without any support
Muscle Power UL- 3/5 LL- 2/5	Left UL -4/5 Left LL -4/5	Left UL +4/5 Left LL +4/5
Numbness	Reduced	Reduced
Present		
Facial Deviation Present	Normal	Normal
Slurred speech present	Improved	Normal
Spasticity Present	Reduced	Reduced
Barthel index 35/100	85/100 (Feeding-10,Bathing-5, 5, Grooming-0,Dressing-5, Bowels-10,Bladder- 10, Toiletuse-10,Transfers-15, Mobility- 15, Stairs- 5	100/100

11. DISCUSSION

In the present case of *Pakṣāghāta*, the treatment protocol was planned considering the predominance of *Vāta doṣa* and the presenting clinical features of the disease.

Sarvāṅga Abhyaṅga with Nirgundī Taila[5]: *Sarvāṅga Abhyaṅga*, the application of medicated oil over the entire body, is primarily employed for *Vātaśamana. Nirgundī Taila*, possessing *Vātaśāmaka, Śothahara* and *Vedanāsthāpana* properties. *Abhyaṅga* provides *Snehana*, promotes *Dhātu-puṣṭi* and *Balavardhana*, and supports the functional recovery of the affected limbs. From a contemporary perspective, the anti-inflammatory and analgesic properties of *Nirgundī Taila*, together with the mechanical effects of massage, may stimulate cutaneous and proprioceptive receptors and enhance peripheral circulation, thereby supporting neuromuscular function.

Sarvāṅga Nāḍī Sveda[6]: *Nāḍī Sveda* is a type of *Svedana* in which steam generated from a decoction of *Vāta-hara Dravyas* is conveyed through a tube (*Nāḍī*) and applied over the

body. Owing to the *Uṣṇa, Tīkṣṇa* and *Sūkṣma* properties of *Sveda*, it helps alleviate *Vāta doṣa*, reduce *Stambha* and *Gaurava*, and facilitate *Srotoviśodhana*. The application of steam may induce vasodilatation, improve peripheral circulation, and promote muscle relaxation, thereby facilitating mobility.

***Kukkuṭāṇḍa Piṇḍa* Sveda[7]:** It was administered locally over the facial region using egg white, *Śuṇṭhī, Methi, Rasnā, Nimbū, Saindhava Lavaṇa, Nirgundī Taila* and *Lasuna*. The *Bṛṃhaṇa* and *Balya* effects of the ingredients, along with their *Uṣṇa* and *Tīkṣṇa* properties, facilitate *Svedana*. Localized application provides focused fomentation to the affected facial region and supports relaxation and functional activity of the facial musculature. From a contemporary perspective, localized heat may enhance sensory input and regional circulation, reduce muscular tightness and facilitate facial neuromuscular activity.

***Sarvāṅga Ṣaṣṭika Śāli Piṇḍa Sveda*[8]:** *Sarvāṅga Ṣaṣṭika Śāli Piṇḍa Sveda* was administered using *Ṣaṣṭika Śāli, Kṣīra* and *Balamūla Kaṣāya*. The *dravyas* which were added are having *Bṛṃhaṇa, Balya* and *Dhātu-puṣṭikara* properties, while the procedure provides both *Svedana* and nourishing effects. It is particularly beneficial for *Vātaśamana, Balavardhana* and supporting restoration of strength in the affected limbs. From a contemporary perspective, the pharmacological properties of the ingredients, along with the thermal and mechanical effects of the procedure, may contribute to improved local blood circulation, muscle relaxation, recovery, and functional strength.

***Mātrā Basti* with *Nirgundī Taila*:** *Basti* is regarded by *Ācārya Caraka* as *Ardha-Cikitsā*[9], owing to its broad therapeutic efficacy, particularly in *Vāta* disorders. As the *Pakvāśaya* is the principal seat of *Vāta*, administration of *Basti* through this route facilitates its pacification and regulation. As described by *Ācārya Caraka*, *Basti* facilitates *Snehana* of the body and the comfortable elimination of *Doṣas* along with *Purīṣa*. *Sneha* counteracts *Rūkṣatā* and *Laghutā* and promotes *Bala*, *Varṇa*, and *Agni-puṣṭi*. Accordingly, *Mātrā Basti* with *Nirgundī Taila* provides *Snehana* and supports *Dhātu-puṣṭi*, thereby contributing to functional improvement. From a contemporary perspective, rectal administration may facilitate absorption of active constituents and modulate enteric and autonomic neural pathways, supporting neuromuscular recovery.

12. CONCLUSION

The present case demonstrates the potential efficacy of *Ayurvedic* management in the early

rehabilitation of *Pakṣāghāta* following ischemic stroke. Sequential *Snehana*, *Svedana* and *Basti* therapies resulted in improvement in muscle strength, gait, facial deviation and overall functional ability. Early initiation of *Vātaśamana* therapy, in accordance with *Ayurvedic* principles of timely management, within one year of disease onset and during the period of ischemic penumbra was associated with neurological and functional recovery in this case. The findings emphasize the importance of timely intervention and a systematically planned treatment approach in post-stroke rehabilitation**.**

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