

PAKSHAKHAT AND ITS MANAGEMENT THROUGH PANCHKARMA

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ABSTRACT

Pakshaghat, also known as paralysis or hemiplegia, is a disorder that typically affects one side of the body and is defined by the abrupt loss of motor function. According to *Ayurveda*, *Pakshaghat* is a condition where the *Vata dosha* is vitiated, causing problems with the nervous system and muscles. A 58 year old male patient stroke 18 month ago complaining of loss of function left part of body. this case study investigates the *Ayurvedic* management of *Pakshaghat*. In order to reduce symptoms and restore function, the study explores the use of *Ayurvedic medicines* internally, as well as therapeutic methods like *patrapind*, and *Basti* (enema treatment), *shirovasti* and *nasya*. Based on the patient's *prakriti* (constitution), the disease's stage, and the existence of any underlying imbalances, the case emphasizes the customized therapy. This study shows the effective result of

Panchakarma treatment along with *Shamana Aushadhi* in *Pakshaghata* disease. It also helps to understand the pathophysiology of *Pakshaghata* through *Ayurveda*. In this study an attempt has been made to describe all Scientific effect of *Panchakarma procedures*, *Shaman Aushadhis* has been explained in this case.

KEYWORDS: *Pakshaghat*, hemiplegia, *Vata dosha*, *Panchakarma*.

INTRODUCTION

Paralysis, also known as *pakshaghat*, is a crippling neurological disorder that often affects one side of the body and causes an abrupt loss of motor function. It is a sign of central nervous system malfunction, which can be brought on by trauma, stroke, or other underlying illnesses. *Pakshaghat* is seen in *Ayurveda* as an indication of vitiated *Vata dosha*, which

controls the body's nerve system, movement, and coordination. Disturbances in motor abilities, sensory awareness, and general bodily movement might result from an imbalance in *Vata*.

Ayurveda provides a comprehensive method for treating *Pakshaghat*, with a focus on restoring equilibrium in the body via individualized treatment plans. Depending on the patient's particular constitution and the severity of their ailment, the *Ayurvedic* therapy for *Pakshaghat* involves the use of *shaman aushadh*, *Panchakarma*. The purpose of this case study is to investigate the *Ayurvedic* treatment of *Pakshaghat* by looking at different therapeutic approaches, their functions in reestablishing regular bodily processes, and how well they enhance quality of life. *Ayurveda* offers a thorough treatment strategy that not only addresses the symptoms of paralysis but also encourages long-term healing and recovery by emphasizing the restoration of balance and treating the underlying causes of the illness.

Stroke

Stroke is the relatively sudden onset of a localized neurological impairment brought on by an artery or vein illness that affects the central nervous system. The region affected determines the clinical presentation, which is primarily an impairment in motor functions. Lacunar infarcts are tiny ischemic infarcts caused by blockage of the penetrating arteries. They have a width of 30 to 300 micrometers.^[2]

A stroke is a medical emergency that happens when blood flow to a portion of the brain is disrupted. This deprivation of oxygen and nutrients can result in the death of brain cells. leading cause of disability and may lead to long-term consequences such as cognitive deficits, speech problems, and paralysis. Two primary categories of strokes exist.

1. An Ischemic Stroke
2. Stroke with Hemorrhage

Depending on which part of the brain is injured, stroke symptoms might vary, but they usually include abrupt weakness or numbness.

According to *Ayurveda*, *Pakshaghat* is a result of an imbalance in the *Vata dosha*, specifically with regard to *Vata's* impact on the circulatory and neurological systems. In order to promote the body's natural healing processes and stop more strokes, *Ayurvedic* treatments emphasize reestablishing *Vata* balance using herbal medicines, *Panchakarma*, and lifestyle

changes. These methods seek to enhance the body's flow of essential energy and aid in the regeneration of injured tissues.

CASE STUDY

OPD number -xxxxxxxxx IPD number - xxxx

Date of admission - 11/06/2025

PRESENT COMPLAINT

A 58yrs. male patient admitted in National institute of Ayurveda hospital Jaipur summary of Present illness- patient conscious and oriented state with complaints of left upper limb weakness, left lower limb heaviness, and generalized weakness, unable to hold any object by left hand, difficulty in walking.

PAST HISTORY

patient was asymptomatic till 01/03/2024, he had sudden onset of dizziness followed by deviation of face and weakness and loss of function left hand and lower limb. he was admitted in ICU for 6 days.

No any drug or food allergy No any surgical history

Addiction: No any addiction history

ON EXAMINATION

- General condition: Moderate
- Pulse Rate: 75/min
- BP: 110/70 mm of Hg
- RR: 18/min
- HR: 76/min
- *Mala: Samyak*
- *Kostha: Mrudu*
- *Mutra: Regular*
- *Nidra: Sound*
- *Kshudha: Samyak*
- *Jihva: Liptha*
- Temp – Afebrile,
- P - 70/ min

- RS - B/L clear
- CVS - S1S2 Normal
- CNS - Conscious oriented

- **Central nervous system**

Higher functions Consciousness - fully conscious to time place and person. Memory Intact,
Behavior friendly,
Orientation - fully oriented to time, place and person.

PREVIOUS INVESTIGATION

MRI brain

Restriction is seen in the brain stem (pons) suggestive of acute infarct.

NCCT BRAIN

Diffuse cerebral atrophy.

Old lacunar infarcts are seen in the bilateral centrum semiovale and periventricular regions.

Motor system

Table 1: Muscle power (Before treatment).

Right	Left
Upper Limb 5/5	Upper Limb 0/5
Lower Limb 5/5	Lower Limb 0/5

Table 2: Reflexes (Before treatment).

	Right	Left
Bicep	N	Exaggerated +3(rigidity)
Tricep	N	Exaggerated +3(rigidity)
Brachioradial	N	Exaggerated +3(rigidity)
Knee	N	Exaggerated
Achilis tendon	N	Exaggerated
Planter	N	N

MATERIAL AND METHODS

SHAMAN Aushadh	SHODHAN
1- <i>Yograj guggulu</i> -3tab bd bf 2- <i>Dashmool kwath</i> -40ml bd bf 3- <i>ashwagandha</i> -2gm <i>Chopchini churna</i> -1gm <i>Mukta shukti bhasma</i> -250 mg <i>Punarnava mandoor</i> -250mg Bd af 4- <i>ekangveer ras</i> -250 mg bd af 5- <i>avipattikar churna</i> -5gm H.S	1- <i>Patrapind</i> -16days 2- <i>Kala Basti</i> - 16 days <i>Panch Tikta ksheer Niruha Basti Anuvasana Basti with Dashmool Taila</i> 3- <i>Shiro Basti</i> - <i>Ashwagandha Taila</i> -16 days 4- <i>Nasya- kheera bala tail</i> -16drops each nostrils (8days)

Sr. No	Signs and Symptoms	Before Treatment	After treatment
1	Facial deviation	No	No
2	Shoulder elevation	No	No
3	Sensory Aphasia	No	No
4	Trunk balance	YES	YES
5	Elbow-flexion –extension	No	Yes
6	Forearm supination-pronation	No	Yes
7	Wrist flexion-extension	No	Yes
8	Grip power	No	Yes
9	While no initiation Holding of object	No	Yes
10	Grasp objects	No	Yes
11	Release of object	No	Yes
12	Catching of object	No	NO
13	Throwing of object	No	Yes
14	Tying the knot	No	Yes
15	Clothing	Yes	Yes
16	Feeding with hand	No	Yes
17	Holding and drinking glass of water	No	Yes
18	Standing without support	Yes	Yes
19	Standing balance	Yes	Yes
20	Squatting	YES	Yes
21	Getting up from squatting position	YES	Yes
22	Climbing the stairs	YES	Yes
23	Toilet activity	Yes	Yes
24	Bathing	Yes	Yes
25	Crossing the road	YES	Yes
26	Tingling sensation	Yes	No

Table 3: Muscle power.

SR. NO.	BEFORE TREATMENT		AFTER TREATMENT	
	Extremities	Grades	Extremities	Grades
1	Rt. Upper Limb	5- Normal Power	Rt. Upper Limb	5- Normal Power
2	Rt. Lower Limb	5-Normal Power	Rt. Lower Limb	5- Normal Power
3	Lt. Upper Limb	3-Movement against gravity and some resistance.	Lt. Upper Limb	4-Movement against gravity and some resistance.
4	Lt. Lower Limb	2- Movement against gravity and some resistance.	Lt. Lower Limb	5- Normal Power

Probable Mode of Action**Patrapind Importance in Pakshaghata**

- Relieves Stiffness & Spasticity: Improves Blood Circulation:.
- Reduces Pain & Swelling:.
- Restores Function & Mobility:

Regular application improves joint mobility, flexibility, and supports rehabilitation.

- Balances Vata Dosha:

Through combined effect of heat and medicated oil, it pacifies aggravated Vata—the primary cause of Pakshaghata.

- Enhances Nerve Stimulation:

Mild pounding (patting) during the procedure stimulates nerves and muscles, aiding recovery.

Shirobasti Role in Pakshaghata

- **Pacifies Vata:** Shirovasti directly acts on the head, seat of major Vata subtypes (Prana, Udana, Vyana). This helps in improving motor control.
- **Nourishes the nervous tissue:** The warm medicated oil provides unctuousness (Snigdha guna) which is opposite to the dryness of aggravated Vata.
- **Improves blood circulation:** Mild heat enhances cerebral circulation.
- **Reduces muscle stiffness and spasticity:** Especially beneficial when hemiplegia is associated with rigidity.

Panch Tikta Ksheer Niruh Basti

A medicated enema comprising a mixture of five bitter herbs (*Panch Tikta*) and milk (*Ksheer*) is administered as part of the specialist *Ayurvedic therapy* known as *Panch Tikta Ksheer Basti*. By restoring the neurological system, balancing the *doshas*, and easing symptoms including muscle stiffness, spasticity, and loss of motor function, this therapy is mostly used to treat illnesses associated with *Vata dosha* imbalances, such as *Pakshaghat* (paralysis).

Dashmool Tail Anuvashan Basti

Dashmool Tail Anuvashan Basti is a significant *Ayurvedic* remedy that consists of administering an enema composed of therapeutic oil (tail), ten medicinal plants, and *Dashmool*. The capacity of this therapy to balance *Vata dosha*, strengthen the nerve system, lower inflammation, and encourage the general healing of muscular and neurological functions makes it very useful in treating illnesses like *Pakshaghat* (paralysis).

Nasya in Pakshaghata (Hemiplegia)

Nasya, one of the *Panchakarma* therapies, involves administering medicated oils or powders through the nasal route. In the context of *Pakshaghata* (a condition comparable to

hemiplegia, often due to *Vata* vitiation affecting the brain and nervous system), *Nasya* plays a significant therapeutic role:

- **Direct access to the brain and nervous system**
- **Pacifies vitiated *Vata***
- **Improves neurological functions Relieves associated symptoms Supports mental functions**

By nourishing *Majja dhatu* (nervous tissue) and *Shira marma* (vital points of the head), *Nasya* may help improve cognitive functions, concentration, mood, and reduce anxiety, which are commonly associated with post-stroke conditions.

Ekangveer Rasa is recommended for the treatment of *Pakshaghata*, *Ardita*, and other *Vatvyadhi* in *Nighantu Ratnakara's Vatvyadhi Prakarana*. Because *Ekangveer Rasa* contains *Madhura Rasa*, *Snigdha Guna*, *Ushna Veerya*, and *Madhura Vipaka*, it can soothe vitiated *Vata Doshas*. *Tikta*, *Katu*, *Kashaya Rasa*, *Laghu Guna*, *Ruksha Guna*, *Ushna Veerya*, and *Katu Vipaka* all help to calm vitiated *Kapha Dosha*.

Ashwagandha Taila

Nourishes and strengthens nerves, Balances aggravated *Vata*, Relieves stiffness and spasticity, Promotes mental calmness and better sleep, Improves circulation in the head and neck region.

DISCUSSION

Ayurveda is a discipline that cures diseases by treating their causes as well as their symptoms, which eventually results in *Samprapti Vighatana*. *Vata* is the primary cause of *Pakshaghata* illness and ought to be addressed first. *Dhatu Kshaya* is one of the several reasons why *Vata Prakopa* might happen. In addition to causing *Vata Shaman*, *vasti*'s multifaceted effects also result in *Dhatu Poshana* and, if connected to *Vata Dosha*, the pacification of other *Doshas*.

When it comes to *Pakshaghata*, the muscles first exhibit flaccidity before becoming firm. If *Sthanik Abhyang* and *Swedana* are done early, they avoid this stage. Usually, in protracted cases, there is muscular hypertrophy, which *Abhyanga* can also prevent since it enhances the part's blood supply. *Swedana* relieves pain in the afflicted area if the patient complains of it.

CONCLUSION

Similar to hemiplegia of any cause, *pakshaghata* is a *Vata Pradhana* condition that results in the loss of function in one side of the body. Because the symptoms in this instance are similar, it can be linked to clumsy hand syndrome. Since *Urdhva Jatrugata* is the primary *Adhishthana* of *Dosha* in this instance, *Vata Pradhana Vyadhis* respond best to *Vasti* and *Nasya*. *Patrapinda swed* provide symptomatic alleviation. The patient entirely recovered following the completion of therapy.

Consequently, it can be said that *Panchakarma* procedures are highly effective in *Pakshaghata Chikitsa* and should be administered energetically to patients with stroke and related conditions.

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