

**PAKSHAGHAT AND ITS MANAGEMENT – A CASE STUDY****\*Dr. Aishwarya U. Sonvalkar and Dr. Abhaychandra S. Inamdar**

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of Kayachikitsa.**ABSTRACT**

Vata among tridosha is considered as the controller of everything in the Sharira. Vitated Vata itself effects the Dusyas which pervades the entire body or a part of it and gives rise to different types ailment is called Vatavyadhi. Pakshaghata is one of the important diseases of such criteria which is popularly known as Hemiplegia. A 65 yr old female patient, K/C/O of DM, HTN since 1 year complaining of Vama Hasta Paad Kriyalpta (Left upper limb and lower limb weakness), Vama Hasta Paad suptata (numbness in left upper limb and lower limb), Chalankashta (Difficulty in walking), (Bhrama) Giddiness, Sarvang Daurbalya (Generalised weakness) since morning on date of admission. Patient have past history of Paralysis. This study shows the effective result of ayurvedic, allopathy management and physiotherapy in the treatment of pakshaghata. By using ayurvedic panchakarma and

abhayntar shaman aushadhi along with allopathy medication significant improvement in Muscle power grade and in symptoms of pakshaghata observed. Ayurvedic shaman aushadhi and effect of Physiotherapy has been explained in this case.

**KEYWORDS:** Pakshaghata, Panchakarma procedure, Physiotherapy, Shamana aushadhi.**INTRODUCTION**

Pakshaghata is one among the vatavyadhi, considered under astamahagada, which is swabhavatah duschikitsya. When the greatly aggravated vata invades the urdhwa, adha and thiryakgata dhamanis, then it destroys any one half of the body which is called as pakshaghata. By this, affected side of the body becomes incapable of any work. Basti is considered as best treatment in Vatavyadhi, but for pakshaghata sneha is the line of treatment. Acharya Charaka also explained swedana and Sneha yukta virechana in pakshagata. The

synonyms of Pakshaghata are Pakshavada, Ekangaroga and Sarvangaroga. This condition of Pakshaghata can be correlated with the Hemiplegia in the modern science as majority of symptoms are same. This disease is also called as Paralysis in Layman language. It affects the one-half side of body mainly including upper limb and lower limb. Many times, it also affects the functions of speech and facial muscles. Mainly due to stroke or interruption of blood supply to the brain causes Hemiplegia. The one of the leading causes of disability and death in India is the Stroke. The prevalence of stroke in our country ranges from 40-270 per 100000 population. on the basis of morbidity out of all cases 45% patients of stroke can live independently, 22% patients become dependent on others and 20% patients' needs admission in hospitals. There are mainly two types of stroke. Ischemic and Hemorrhagic. Ischemic stroke is more common than Hemorrhagic stroke. Due to interruption of blood supply Ischemic strokes take place, while Hemorrhagic strokes are the ones which results from rupture of blood vessels or an abnormal vascular structure. In the present case study, the treatment was done for the ischemic stroke. Such conditions can be managed by Ayurvedic as well as allopathic treatment and it shows very effective results in acute conditions also. Panchakarma is one of the key treatments for diseases like Pakshaghata. In this case study treatment like Bahya Snehan karma followed by Bahya Swedan karma, Classical Basti, Physiotherapy was given along with some Shamana Aushadhis.

## CASE STUDY

A 65 year old female patient came to casualty at seth tarachand ramnath hospital, pune with complaints of left upper limb and lower limb weakness, numbness in left upper limb and lower limb, slurred speech, difficulty in walking since one day. associated complaints of giddiness, dyspnea on exertion, genaralised weakness since one day. At the time of admission patient was conscious and well oriented.

### Past history

K/C/O: - HTN since 2 years under medicines -TAB.ATENELOL 50mg (1-0-0)

- TAB.AMLODIPINE 5mg (1-0-0)

- DM since 2 years under medicines -TAB.METFORMIN 500 mg (1-0-0)

-TAB.GLIMEPIRIDE 2 mg (1-0-0)

M/H/O: -Haemmorhoids

-CVA one year ago under TAB.ATORVA 20mg (1-0-0)TAB ECOSPRIN75 mg hs

Sx/H/O: -umbilical hernioplasty (8 years ago)

No M/H/O - Allergy, Typhoid, Malaria, Dengue.

No H/O - Trauma or Accidental Injury

### On Examination

- General condition: Moderate
- Pulse Rate: 75/min                      • BP: 170/90 mm of Hg
- RR: 18/min                                • HR: 76/min
- Mala: Samyak                            • Kosta: Mrudu
- Mutra: Regular                         • Nidra: Asamyak
- Kshudha: Asamyak                    • Jihva: Samta

Central Nervous System Examination		
HMF-Higher Mental Function		
Consciousness		Fully Conscious
Orientation to	Time Place Person	Intact
Memory	Immediate Recent Remote	Intact
Hallucination and Delusion		Absent
Speech disturbance		Slurred speech
Cranial Nerve Examination		
Olfactory	Smell sensation	Intact
Optic	Color vision	NAD
Oculomotor, Trochlear, Abducent Nerve		
Eye ball movement		Possible in all directions
Pupil (Position, Shape, Size Symmetry)		NAD
Ptosis		Absent

Trigeminal		
Sensory	Touch, Pain and pressure sensation	Intact
Motor	Clenching of teeth	Possible
	Lateral movement of Jaw	Possible

Facial	Forehead frowning	Possible, Equal in both sides
	Eye brow raising	Possible
	Eye closure	Possible Equal in both sides
	Blowing of cheek	Possible

Glossopharyngeal and Vagus	
Position of uvula	Centrally placed
Taste sensation	Intact
Gag reflex	Normal
Hypoglossal	
Protrusion of tongue	Complete Protrusion of tongue possible

Tongue movements	Possible	
<b>Involuntary Movements</b>	<b>Absent</b>	
<b>Coordination</b>		
Upper limb	Finger nose test coordination	Absent
Lower limb	Knee heel test	Absent

<b>Muscle Power Grade</b>		
Power	Right	Left
Upper limb	4/5	3/5
Lower limb	4/5	2/5

<b>Reflexes</b>		
<b>Superficial</b>		
Abdominal reflex	Present	
Deep Reflex	Right	Left
Biceps jerk	Diminished	Normal
Triceps jerk	Diminished	Normal
Knee jerk	Diminished	Normal
Ankle jerk	Diminished	Normal
Clonus – Patella	Absent	Absent
Clonus – Ankle	Absent	Absent
Babinski reflex	Absent	Absent

## INVESTIGATIONS

Routine investigations like haemogram -hb-9.96mg/dl, wbc-10,750/cumm, platelets-3.21lakh, BUL-52, serum creatinine -0.7mg/dl, Sodium-135mmol/L, potassium-4mmol/L, Chloride-100mmol/L, Urine routine Epithelial cells-1-2 and pus cells -2-3, Albumin-nil, Sugar-nil. Liver function test - Total bilirubin- 0.8mm/dl, direct bilirubin-0.4mm/dl, alkaline phosphatase- 57U/L, SGOT-10.9 U/L, SGPT-12.3U/L, Total protein-7.5gm/dl, sr. Albumin-4.3gm/dl, Globulin- 2.8gm/dl.

## MRI BRAIN PLAIN

Focal area of diffusion restriction with corresponding drop on ADC images seen in right hemipons also appreciated on FLAIR images. S/O - Acute infracts. Few T2 FLAIR hyperintense foci seen in B/L frontoparietal periventricular lobe. S/O chronic ischemic changes.

## TREATMENT

On initial grounds patient was started on allopathy treatment.

- INJ.LOMODEX over 18 hrs IV Once a Day along with INJ. Multivitamin IV Once a day.
- As patient was known case of DM, To control Blood sugar levels we started firstly INJ.

HUMAN ACTRAPID 8 hrly according to blood sugar levels. Then shifted to INJ.HUMAN MIXTARD 20 UNITS Once a day before breakfast alongwith TAB.METFORMIN SR 500MG (1-0-1).

- As patient is known case of hypertension we continued patient's previous medicine TAB. STAMLO(1-0- 0) along with this we also continued TAB.ECOSPRIN 75MG (0-0-1), TAB ATORVA 20MG (1-0-0) and started TAB.COGNIX PLUS (1-0-1). IV hydration also given.

Along with allopathy medicines we started Ayurvedic Shaman and Shodhan chikitsa and daily physiotherapy.

### AYURVEDIC MANGEMENT

Date	Shaman Aushadhi	Dose	Time
From 19/08/24 To 2/9/24	Ajmodadi churna	500MG	(0-1-1) After food
From 19/08/24 To 2/9/24	Laxmivilas	500MG	(0-1-1) After food
From 19/08/24 To 2/9/24	Dashmularishta	20ml	(0-1-1) After food
From 27/8/24 To 2/9/24	Aampachak Vati	250 MG	(0-1-1) After food

Date	Shodhan chikitsa
From 19/08/24 To 2/9/24	Sarvanga Abhyanga with sahcharadi taila
From 19/08/24 To 2/9/24	Bashpa Sweada with Nirgundi Kwath
From 28/8/24 To 1/9/24	Wajigandhadi Taila
From 19/08/24 To 2/9/24	Physiotherapy

### RESULT

Sr. no.	Before treatment		After treatment	
1.	Rt. Upper limb	4/5	Rt. Upper limb	5/5
2.	Lt. Upper limb	3/5	Lt. Upper limb	4/5
3.	Rt.Lower limb	4/5	Rt.Lower limb	5/5
4.	Lt.Lower limb	2/5	Lt.Lower limb	4/5

In this case with the help of ayurvedic management alongwith allopathy management and physiotherapy drastic changes observed in patients muscle power grade. Also changes observed in symptoms like slurred speech got improved, difficulty in walking and numbness in upper limb and lower limb got improved.

## DISCUSSION

In an ischemic stroke, there will be reduction in bloody supply to any part of brain tissue, which leads to dysfunction of the that part of brain tissue. About 30-40% of Ischemic Strokes are termed as Cryptogenic (i.e., one can't be able cause of its origin). Several classification systems for acute ischemic stroke the OCSF i.e., Oxford Community Stroke Project classification (also called as the Bamford or Oxford classification) relies generally on the initial symptoms of stroke, based on the extent of these stroke symptoms, stroke episode is classified as, total anterior circulation infarct (TACI), partial anterior circulation infarct (PACI), lacunar anterior circulation infarct (LACI) or posterior circulation infarct (POCI). These four types of infracts predict the extent of the stroke, the area of the brain affected, the underlying cause and the its prognosis. Due to severe disability and dependency Pakshaghata can be considered as one of the major diseases. Our Acharyas have given the line of treatment for Pakshaghata. In Sushruta Samhita, Acharya has given the treatment protocol in the sequence of Snehana followed by Swedan Mrudu Samshodhana and Basti Chikitsa. In Charaka Samhita, Acharya has given the protocol like Sweda, Sneha, and Virechana. However, in the present study treatment protocol was decided on the basis of the condition of the roga and rogi.

## Abhyanga

Sira Snayu Sankochana is mainly occurs in Pakshaghata hence Snehana is very essential for such condition. By the use of Snehana even the dry wood can bend. Abhyanga helps innourishing and strengthening the muscles of upper limb and lower limb. Therapeutically Abhyanga also acts on vitiated Vata Dosha, also it nourishes the Dhatu of the body.

## Swedana

Swedana gives relief from stiffness, heaviness and coldness of body parts and all these symptoms were present in this patient. Generally, Swedana Karma after Senhana Karma is indicated in all kinds of Niramaja Vata roga. By the application of Snehana followed by Swedana therapy, the dry stick becomes soft and becomes easy to bend, in the same way these Snehana and Swedana Karma gives maximum benefits in conditions like severe spasticity, pain and stiffness, which are commonly present in Pakshaghata cases.

## Basti

In Ayurvedic treatment for Pakshaghata (stroke/hemiplegia), Vajigandhadi Taila Basti is used as a key component in managing Vata-related imbalances. Basti, a Panchakarma procedure involving oil enemas, is considered a primary treatment for Vata vyadhis (disorders).

**Vajigandhadi Taila**, specifically, is favored due to its vata-shaman (pacifying) and bringhana (nourishing) properties, making it suitable for addressing the symptoms of Pakshaghata, which includes loss of function on one side of the body.

### **Wajigandhadi Taila**

This oil preparation is specifically used in basti for its ability to balance Vata dosha. Its ingredients (Ashwagandha, Bala, Bilva, Dashmoola, Eranda Taila) have vata-shaman properties and are beneficial for the affected areas. Benefits of Vajigandhadi Taila Basti- Restores muscle function, Improves neurological function, Reduces pain and stiffness, Boosts overall well-being.

### **Aampachaka Vati**

Aam Pachak Vati helps in reducing aggravated Tridoshas (Vata, Pitta & Kapha) and helps digestion by increasing peristaltic movement. This special formulation helps in quickly controlling acidity, flatulence and indigestion is a good remedy for digestive disorders.

### **Ajmodadi Churna**

Ajmodadi Churna typically contains ajmoda (carom seed), vidanga, rock salt, devadaru, chitraka, pippalimula, mishreya, pippali, marich, haritaki, vriddhadaru, and shunthi. Benefits: Pain Relief, Anti-inflammatory, Improved Mobility, Digestive Benefits.

### **Physiotherapy**

Physiotherapy is one of the best supportive therapy for the diseases like Hemiplegia. It is very useful for rehabilitation. The main aim of physiotherapy is to treat, correct, prevent and to prepare the patient to adjust with their disabilities and deformities happened. In all kinds of Pakshaghata, the physiotherapy is given for the better movements of limbs, fingers and toes.

### **CONCLUSION**

Simple Panchakarma treatments are beneficial in conditions like hemiplegia in acute stages. Pakshaghata is a very difficult disease to manage, because complications may arise at any time. But by adopting a proper logical treatment protocol, one can get good results in Pakshaghata. Panchakarma helps muscle restoration and boost motor system and; thus, overall relief in impairment occurs in patient of Pakshaghata. The present case study is a practical evidence for the importance of panchakarma, allopathy and physiotherapy patient of hemiplegia. The success of this case helped to gain trust of the patients towards Ayurveda and



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