

“AYURVEDIC MANAGEMENT OF PAKSHAGHAT W.S.R. TO HEMIPLEGIA”– A CASE STUDY

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ABSTRACT

Pakshaghata, a major Vata disorder categorized under Vatavyadhi and regarded as Ashtamahagada, closely correlates with hemiplegia in modern medicine. It commonly results from cerebrovascular accidents and leads to significant disability. Ayurveda emphasizes Basti, Sneha, and Swedana as key therapies for Vata disorders. To evaluate the effectiveness of Ayurvedic Panchakarma and supportive therapies in a patient with left-sided hemiplegia following right basal ganglia intracranial hemorrhage. A 45-year-old male presented with left-sided weakness, difficulty walking, numbness, slurred speech, and facial deviation, four months post-stroke. Neurological examination revealed hypotonia, reduced power, impaired coordination, and altered reflexes on the affected side. The treatment protocol included Snehana, Swedana, Matrabasti with Ashwagandha Ghrita and Bala-Ashwagandha Taila, Majja Basti, Nasya with Panchendriya Vardhan Taila, Shirodhara, and

selected Shamana Aushadhi. Physiotherapy was given concurrently to enhance functional recovery. Results is significant improvement was noted after the treatment course. Muscle tone returned to normal, power improved from 3/5 to 5/5, coordination was restored, and plantar reflex became negative. The patient regained functional mobility and independence with marked reduction in neurological deficits. Conclusion is the integrated application of Ayurvedic Panchakarma therapies, internal medications, and physiotherapy proved effective in managing Pakshaghata (hemiplegia). The combined approach facilitated Vata pacification,

neuromuscular strengthening, and functional recovery, demonstrating its potential role in post-stroke rehabilitation.

1. INTRODUCTION

Pakshaghata is one among the vatavyadi, considered under astamahagada, which is swabhavatahduschikitsya. When the greatly aggravated vata invade the urdhwa adha thiryakgatadhamanis, 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 swedanaand Sneha yukta virechana in pakshagata.^[1] The synonyms of Pakshaghata are Pakshavada, Ekanga-roga and Sarvangaroga.^[2] 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.^[3] 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.^[4]

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.^[5] In the present case study, the treatment was done for the ischemic stroke. Such conditions can be managed by Ayurvedic 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 Basti followed by Bahya snehana, Swedana, Shamana Nasya. Physiotherapy was given along with some Shamana Aushadhis.

2. MATERIALS AND METHODS

Patient presents with Left-sided hemiplegia with Acute right basal ganglia intracranial hemorrhage. A male patient aged 45 years attending the outpatient department of Kayachikitsa.

Presenting complaints

- Difficulty in walking (kuryaat cheshtaa nivratih),
- Unable to do work with the Left-sided limbs (Ardhkaayastasya akarmanyō vichetanam),
- Numbness in the right upper and lower limbs (Hatvaa ekam paksham vaam),
- Slurred speech (vaak stambhamev cha) and
- Deviated mouth (Mukh vakrata)

From 4 Months, he was diagnosed with left hemiplegia. Before 4 months he was asymptomatic, and suddenly he felt giddiness, loss of consciousness, and Fall cramps and weakness on the Left-side of his body., and then he went to the hospital there. He took the treatment for 5 days, and an anticoagulant drug was started during the allopathic course of the treatment. He took the treatment for 15 days. He did not get satisfactory results, so he came to our institute.

- **Physical examination**

- On doing a neurological examination
- (HMF) higher mental functions – intact
- Sensory nerve functions were found to be intact
- The patient was well oriented to person, place, and time
- General condition: moderate
- Pulse Rate: 75/min
- BP: 140/80 mm of Hg
- RR: 18/min
- HR: 76/min
- Mala: Badhta
- Kosta: Madhyam
- Mutra: Prakrut
- Nidra: Parakrut
- Kshudha: Samyak
- Jihva: Saam
- Superficial sensation WNL
- Deep sensation WNL
- Cortical sensation WNL.

2.1 Central Nervous System

In detail explain in Table no.4

2.1.1. Higher functions

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

2.1.2. Cranial nervous

- Facial nerve (symptoms present)
- Asymmetry of the face, stasis of food in the mouth, dribbling of saliva through the mouth.

2.1.3. O/E

- Eye closure is normal; whistling is not present; blowing is not present
- Hypoglossal tongue deviated.

2.1.4. Motor system

- Nutrition: no wasting, no hypertrophy
- Tone hypotonic (effected side).

Reflexes examination are mentioned in Table 1. Deep Tendon reflex examination are mentioned Table 2. Superficial reflexes examination are mentioned in Table 3. Central nervous system examination are mentioned in Table 4. Sensory System examination are mentioned in Table 5. Examination of muscles are mentioned in Table 6.

2.2. Past history

- H/O Hypertension but not on regular medicine
- H/O RT basal Ganglion Intra cranial Hemorrhage (Tab Atorvastatin 40 mg 0-0-1 A/F)
- Not K/C/O-Allergy,
- No H/O-Trauma or Accidental Injury
- MRI shows acute intraparenchymal hemorrhage in the Rt basal Ganglion as cited in figure 1.
- On medications
 - 1) Tab Tonact ASP 75mg HS
 - 2) Tab Naxovas 10mg BD
 - 3) Tab Brivee 50 mg BD

2.3. Diagnosis

Vam Pakshaghat.

- **Panchkarma procedures**

- 1) Snehan and swedan Vam hast pad (sthanik) daily for 60 days
- 2) Matrabasti Ashwagandha ghruta for 30 days
- 3) Bala ashwagandha tail basti for 7days
- 4) Nasya Panchendriya vardhan taila daily for 60 days
- 5) Shirodhara with bramhitaila for 14 days
- 6) Majjabasti for 7days

- **Shaman Aushadhi** all for 60days

- 1) Yograj guggulu
- 2) Amapachak vati
- 3) Rasnasaptak kwath
- 4) Shatavari ashwagandha kshirpaka

3. RESULTS

Relevant effects show the results for the patient after panchakarma treatment in Table 10

3.1 Probable mode of Action

1. Basti Therapy^[6]

Ayurvedic classics highlight Basti as the most effective treatment for pacifying Vata dosha. It acts simultaneously as a cleansing and restorative therapy. Because Vata predominantly resides in the Pakvashaya (large intestine), the administration of basti allows the medicine to reach this primary site directly. This facilitates the regulation of different types of Vayu, ultimately helping to re-establish Vata balance throughout the body.

Basti formulations possess multiple pharmacological properties, allowing them to influence several pathological components of disease. After administration, the medicine spreads systemically through the srotas, aiding in dosha equilibrium. By calming aggravated Vata, Basti removes the root cause of many disorders.

2. Nasya Therapy^[7]

Nasya is another vital procedure for managing Vata, particularly when symptoms originate in the Shirah Pradesh (cranial region). As the nasal passages serve as a direct gateway to the

head, instilled medicines reach the upper channels quickly, aiding in the expulsion of toxins and restoring doshic balance.

Local abhyanga and swedana performed before Nasya soften the tissues, reduce stiffness, relieve pain, and promote proper circulation. This enhances nutrient supply to compromised regions. During treatment, Balarishta and Saraswatarishta were prescribed to support nervous system health and improve overall strength.

3. Abhyanga (Oleation Therapy)^[8]

Abhyanga, the massage of the body with warm medicated oil in the direction of hair growth, is deeply nourishing and stabilizing. Regular oil application is said to impart firmness, improve complexion, enhance strength, and reduce fatigue similar to how oil retains the integrity of wooden and leather objects.

For isolated Vata aggravation, oleation is recommended first. Prolonged abhyanga allows the medicated oil to penetrate through layers of tissue (dhatus), enabling its therapeutic components to be absorbed and utilized for dhatu nourishment.

4. Swedana (Sudation Therapy)^[9]

Swedana induces perspiration and helps remove metabolic wastes through sweat. Because sweat is closely associated with Dhātvāgni and Bhūtāgni, heating therapies enhance tissue-level metabolism.

Drugs used for sudation possess uṣṇa and tīkṣṇa qualities, allowing them to penetrate minute channels (srotas), liquefy accumulated doshas, and facilitate their movement toward the gastrointestinal tract or expulsion through the skin. Once these channels are opened, subsequent Vamana or Virechana therapies become more effective.

5. Basti Variants and Their Actions

Matrabasti

a) Bala Ashwagandha Taila^[10]

Ensures prolonged retention without causing irritation.

It protects the Purishdhara Kala, lubricates tissues, and pacifies Vata due to its guru–snigdha properties. Charaka explains the digestion of sneha in terms of “Sneham pachati pavakah”, indicating proper assimilation before systemic action is initiated.

b) Ashwagandha ghrita^[11]

Pacifying aggravated vata at its main site (pakvashaya) Replenishing depleted snayu, mamsa, and majja dhatu. Improving neural conduction and motor coordination. Enhancing neuroplasticity through its rasayana property. Clearing srotorodha, restoring normal Vata gati, Providing sustained neuromuscular strength and functional improvement. Thus it acts both symptomatically (Vata shaman) and reconstructively (dhatu poshana & rasayana)

c) Majjabasti^[12]

Majja Basti works by pacifying vata at its root, nourishing majja dhatu, regenerating neural tissues, strengthening snayu and mamsa, clearing srotorodha, improving nerve conduction, and restoring neuromuscular function through its bruhana and rasayana effects.

7. Internal Medications**a) Yogaraj Guggul^[13]**

Balances Vata, digests ama, clears channels, reduces inflammation, strengthens neuromuscular tissues, and restores mobility through its vatashamana, Srotoshodhaka actions.

b) Gokshur Guggul^[14]

It pacifies vata, strengthens muscles and nerves, purifies srotas, helps in chronic vata disorders.

c) Amapachak vati^[15]

By stimulating agni (Deepana), digesting ama (pachana), clearing srotorodha, correcting vata gati, and improving intestinal motility. Ingredients like Trikatu, Hingu, Jeeraka and Ajwain remove ama, relieve gas, reduce spasms, and restore digestive strength.

d) Rasnasaptak kwatha^[16]

Rasnasaptak kwatha pacifies vata, reduces inflammation, clears srotorodha, relieves spasms, normalizes bowel movements, and strengthens muscles & nerves through its vatahara, srotorodha, anuloman properties. It acts directly on vata at its root in the pakvashaya, making it effective in Pakshaghata.

e) Shatawari, Ashwagandha Kshirpaka^[17]

It pacifies vata, nourishes majja & mamsa dhatu, strengthens snayu and muscles, reduces inflammation, improves nerve conduction, enhances neuroplasticity, and supports mental stability. This makes it highly effective in Pakshaghata.

8. Physiotherapy^[18]

Physiotherapy complements Ayurvedic treatments by improving joint mobility, muscle flexibility, neuromuscular coordination, and overall functional capacity. In this case, physiotherapy aimed to enhance joint range of motion, reduce spasticity through passive stretching and mobilization, and support faster attainment of delayed milestones.

Combined with Ayurveda and supportive therapies like speech therapy, physiotherapy greatly contributes to restoring independence, mobility, and daily functioning.

Table no. 1: Reflex examination.

On examination		
Reflex	Right	Left
Biceps	++	+
Triceps	++	+
Knee	++	+
Ankle	++	+
Plantar	++	+

Table no. 2: Deep Tendon reflex.

Deep Tendon reflexes finding		
Ankle	Right	Left
Supinator	Present	Absent
Knee	Present	Absent
Biceps	Present	Absent
Triceps	Present	Absent

Table no. 3: Superficial reflex

Superficial Tendon reflexes findings	
Plantar	Positive in left
Abdominal	Normal

Table no. 4: Central nervous examination.

Higher Mental Function and Cranial Nerve Examination

Consciousness	Fully
Orientation to time, place, person	Intact
Memory Immediate, recent, remote	Intact
Hallucination and delusion	Absent
Handedness	Right
Olfactory (Smell sensation)	Intact
Optic (Colour vision)	NAD
Occulomotor, Trochlear, Abducen (eye ball moments) Pupil	Possible in all directions

position shape size Ptosis	NAD Absent
Trigeminal Sensory Touch pain pressure sensation Motor Cleaning of teeth possible Lateral movement of Jaw	Intact Possible Possible
Facial Forehead frowning Eyebrow raising Eye closure Teeth showing Blowing of cheek	Possible, Equal in both sides Possible, Equal in both sides Possible, Equal in both sides Normal Possible
Glossopharyngeal and vagus Position of uvula Taste sensation Gag reflex	Centrally placed Intact Normal
Hypoglossal Protrusion of tongue Tongue moment	Complete protrusion possible Possible
Motor Involuntary moment	Absent

Table no. 5: Muscle Tone.

	Right	Left
Upper limb	Normal	Hypo
Lower limb	Normal	Hypo

Table no. 6: Power.

	Right	Left
Upper limb	5/5	3/5
Lower limb	5/5	3/5

Table no. 7: Co-ordination.

	Right	Left
Upper limb Finger nose test coordination	Present	Absent
Lower limb Knee heel test	Present	Absent

Table no. 8: Sensory system examination.

Superficial A) Touch B) Temp C) Pain	Intact	Intact
Deep		

A) Crude touch	Present	Present
B) Vibrating		
C) Pressure		

Table no. 9: Examination of Muscle.

	Right	Left
Nutrition	Well nourish	Well nourish
Tone	Normal	Hyper
Power	5/5	3/5
Co ordination	Fully co ordination	No coordination
Involuntary moment	Negative	Not any

Table no. 10: Result.

	Before treatment	After treatment
Muscle Tone	Hyper	Normal
Power	3/5	5/5
Coordination	No coordination	Fully
Plantar reflex	+ Ve	-Ve

Before treatment**After treatment**

4. DISCUSSION

The fundamental aim of Ayurvedic treatment is to address both the root cause and the presenting symptoms of a disease, a therapeutic approach known as Samprapti Vighatana. In Pakshaghata, Vata is the principal dosha involved, and therefore pacifying Vata becomes the primary line of management. One of the major reasons for Vata aggravation is dhatu kshaya,

and Basti therapy helps counter this by providing Vata shamana, nourishing depleted dhatus, and balancing associated doshas. Majja Basti in particular contains potent Vata-pacifying and strengthening (balya) ingredients.

Nasya, the administration of medicated substances through the nasal route, is described in Ayurveda as the doorway to the Shira (brain). Since Pakshaghata results largely from derangements in Vata and involves the nervous system, Nasya plays an important therapeutic role. When administered with unctuous substances, Nasya supports Vata shamana and directly targets Urdhva Jatrugata disorders. The nasal passages lead to the head region, allowing the medicine to reach the site of pathology and promote both Vata pacification and elimination of accumulated doshas. In this case, Panchendriya vardhan taila Shamana Nasya was used, which is described by Kashyap samhita as especially beneficial for Vata disorders affecting structures above the clavicle.

In the early stage of Pakshaghata, the affected muscles initially appear flaccid and later become stiff. Timely application of local Abhyanga and Swedana helps prevent this transition. Abhyanga promotes circulation and helps reduce the risk of muscular rigidity, while Swedana relieves pain and stiffness in the involved region.

4.1. Factors involved in Samprapti of Pakshaghata^[19]

- **Doshas:** Vata (all five types; Prana, Udana Vayu, especially)
- **Pitta** (Panchak Pitta, Ranjak Pitta, especially)
- **Kapha** (Shleshak and Avalambaka Kapha, especially)
- **Dushyas:** Rasa, Rakta, Mamsa, Meda Dhatu, and Manas
- **Agni:** Jatharaagni, Dhatvaagni
- **Ama:** Dhatwaagni-Maandya-Janya
- **Strotasa:** Rasavaha, Raktavaha, Mamsavaha, and Medavaha
- **Strotodushti:** Atipravrutti, Sanga, Siraagranthi, and Vimaarga Gamana
- **Udbhava Sthana:** Pakwaashaya
- **Sanchara Sthana:** Urdhwa, Adhah, and Tiryak Dhamanis
- **Adhisthana:** Shira
- **Rogamarga:** Madhyam Roga Marga
- **Vyakti Sthana:** Either Dakshin or Vama Paksha

Pakshaghata is a Vata-dominant disorder characterized by impaired movement and reduced function on one side of the body, closely resembling hemiplegia. Management procedures such as Basti and Nasya are particularly beneficial in Vata-related conditions, while local Abhyanga and Swedana help in relieving associated symptoms. With appropriate therapy, the patient experienced complete recovery as the condition gradually subsided.

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