

## THERAPEUTIC EFFICACY OF TRIMODAL AYURVEDIC INTERVENTION IN PAKSHAVADHA: A CASE STUDY

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### ABSTRACT

**Introduction-** Ayurvedic literatures have given much importance to *Vatavyadhis* as *Vata* is the prime *dosha* among the three *doshas*. *Pakshavadha* is one among the *Vataja nanatmaja vyadhi* which is homologous to Hemiplegia based on its clinical presentation. The highlighted sign and symptoms described in ayurvedic texts are *Chesta-nivrutti* of *vama* or *dakshina parshwa*(loss of function or weakness of either left or right half of the body), *Ruja*(Pain) and *vakstambha*(slurred speech or unable to speak). In this disease, impairment of *Gyanendriyas*(Part of sensory function), *Karmendriyas*(Part of motor function) and *Manas* are seen. Hemiplegia is a condition results from Cerebro-vascular Accident(CVA) generally termed as Stroke which is defined as sudden onset of neurologic deficit from vascular mechanism. Among its two types 80% of cases are ischemic and 20% of cases are hemorrhagic. According to

WHO, 15 million people suffer from stroke worldwide each year among which 5 million die and 5 million become disabled. **Material and methods-** This article deals with a single case report of a 59 year old female patient presenting with chief complaints of loss of function and weakness of right upper and lower limbs since 1 week. The patient was advised *Shamana aushadhis*, *Shodhana chikitsa(Nasya)* and *Bahya chikitsa(Sarvanga Patrapinda swedan and Shiropichu)* for a duration of 28 days. **Result-** Neurological examinations, Barthel Index(For activities of daily living), Modified Rankin Scale(for neurologic disability) were done before

and after treatment, which show, a significant improvement in gait and other symptoms as well as the patient was able to walk without any support and do her daily activities by herself.

**Discussion-** The cumulative effect of this treatment regimen primarily works as *Vatashamak* and improves the *Rakta samvahan kriya* in the brain thus improves the condition of the patient.

**KEYWORDS:** *Pakshavadha*, Hemiplegia, Vata, *Nasya*, *Shiropichu*, *Shaman chikitsa*.

## INTRODUCTION

The term *Pakshaghata/Pakshavadha* is formed of two words- *Paksha* means half of the body and *Aghata* or *vadha* means loss of function<sup>[1]</sup>. So, basically it refers to a disease where there is impairment of voluntary and involuntary function of one half of the body. This *vyadhi* is enlisted under 80 *Vataja Nanatmaja vyadhi*<sup>[2]</sup> and also under *Madhyama roga, marga gata vyadhi* as it involves *marma sthana, sira, snayu, sandhi* etc.<sup>[3]</sup>

Hemiplegia is a severe condition marked by complete paralysis of one side of the body. It can arise from causes like stroke, trauma, tumors, congenital defects, hypertension, or diabetes. Stroke, the most common cause, is defined by WHO as a neurological deficit of cerebrovascular origin lasting over 24 hours or leading to death within that time. Stroke is broadly classified into two types: ischemic and hemorrhagic. The ischemic stroke occurs when blood flow to brain tissue is blocked, leading to dysfunction in affected areas. It involves impaired cerebral blood flow regulation due to disrupted autoregulation, which normally maintains stable blood flow despite changes in perfusion pressure. The hemorrhagic stroke involves bleeding into the brain due to ruptured blood vessels, often caused by long-standing hypertension or road traffic accidents. It accounts for 1–20% of strokes annually and is classified into intracerebral and subarachnoid hemorrhages.<sup>[4]</sup> Chronic hypertension leads to arterial wall damage, including media degeneration and vessel rupture. Current conventional therapies often fall short in functional recovery and quality-of-life improvement in hemiplegic patients. Ayurvedic interventions, with their holistic approach, provide promising avenues for restoring neurological and motor functions by addressing the underlying doshic imbalance.

## MATERIALS AND METHODS

**Patient Information-** A 59-year-old female patient presented to our hospital with clinical features of *Pakshaghata* (hemiplegia), characterized by loss of function and weakness in the

right upper and lower limb, along with inability to stand or walk without support for the past week. She also reported associated complaints of acidity, bloating, disturbed sleep, loss of appetite, and constipation.

**History of present illness-** The patient developed above symptoms after she suddenly fell down during walking. Then she was approached to a local Hospital where it was revealed that her sugar level was increased suddenly. She was diagnosed of Right-side Hemiplegia and given emergency treatment. After 1 week she was approached to our hospital for ayurvedic treatment.

**History of Past illness-**The patient was a known case of Type-2 Diabetes Mellitus, Hypertension, and Hypothyroidism and was on Medication as prescribed by Allopathic Physician. No significant family history was found. The patient follows a mixed diet, is habituated to tobacco chewing, and had disturbed sleep.

### **Clinical Findings-**

#### **General examination-**

The patient has a medium body build, weighs 62 kg, and is 5'0" tall. She has a poor appetite, constipated bowel, and frequent micturition. On general examination, pallor, icterus, lymphadenopathy, clubbing, cyanosis, inflammation, and pigmentation were absent. Edema was present in both lower limbs, and no rashes were found.

#### **Vital signs-**

Blood pressure was 140/90 mmHg, pulse rate 74/min, heart rate 74 beats/min, respiratory rate 20/min, SpO<sub>2</sub> was 98%, and body temperature was 98.4°F.

#### **Systemic Examination**

Respiratory and cardiovascular systems showed no abnormalities; gastrointestinal system had complaints of acidity and bloating; musculoskeletal system revealed bilateral knee joint pain; uro-genital, hematological, and integumentary systems were within normal limits.

#### **Nervous System Examination**

- **Higher Mental Functions:** Cognition- normal, memory- intact, speech- normal, orientation- intact

### Cranial Nerve Examination

- Olfactory, Optic, Oculomotor, Trochlear, Abducent: NAD
- Trigeminal Nerve: Sensory—touch, pain, and pressure sensations present;

Motor—lateral jaw movements possible

- Facial Nerve: Eyebrow raising, eye closure, teeth showing, and cheek blowing are possible
- Glossopharyngeal Nerve: Taste sensation intact
- Hypoglossal Nerve: Tongue movements are normal and possible

### Motor Examination

The patient had **right-side hypotonia (upper limb)** and **hypertonia (lower limb)** with **0/5 muscle power**, while the left side was normal. **Gait was impaired. Right limb reflexes were altered** (exaggerated biceps jerk, diminished triceps and supinator jerk, absent knee/ankle jerks), and **Babinski was positive** on the right side as shown in table no.1. CT scan of brain report 7 days after the hemiplegic attack shown in figure No. 1.

On *Dasha Vidha Pariksha*, the patient was of *Vata-Pittaja Prakruti* with *Vataj Vikruti*. Her *Sara*, *Samhanana*, *Pramana*, *Satwa*, and *Vayah* were assessed as *Madhyam*, while *Satmya* was *Sadrasa/Pravar*. Both *Aharashakti* and *Vyayamashakti* were found to be *Avara*.

### Diagnostic Assessment

The patient's condition get improved significantly When assessed through Neurological Examination (Muscle tone, Muscle Power, Reflex, Nutrition) as shown in table no.1 with Modified Rankin Scale decreasing from 4 to 2, Barthel Index rising from 35 to 85 and VAS score rising from 4 to 1 as shown in table no. 2.

### Therapeutic Intervention

The patient received a 30-day Ayurvedic regimen including *Shamana* drugs like *Mahavatavidhvansan Rasa*, *Yogaraj Guggulu*, and *Ashwagandharishta*, along with *Sarvanga Patrapinda Swedana*, *Shiropichu*, and *Nasya* as shown in table no 3,4.

## RESULTS

### Follow up and outcomes

The patient had a stroke on 20<sup>th</sup> May 2024, causing right-side paralysis. Admitted on 27<sup>th</sup> May 2024 with weakness and walking difficulty, she underwent 28 days treatment in IPD. By discharge on 25<sup>th</sup> June 2024 and follow-up on 21<sup>st</sup> July 2024. she showed marked improvement in strength and mobility as shown in table no.5.

Following a structured 28 days Ayurvedic treatment regimen, the patient showed significant clinical improvement. Muscle power in the right upper limb and right lower limb increased from 0/5 to 5/5 and 0/5 to 4/5 respectively, Modified Rankin Scale improved from 4 to 2, and Barthel Index rose from 35 to 85 (Very dependent to Totally Independent). Gait became normal, VAS for pain reduced from 4 to 1, and functional mobility and daily activity performance improved remarkably. This reflects the effectiveness of the multimodal Ayurvedic intervention in restoring motor function and enhancing quality of life in *Pakshavadha*.

## DISCUSSION

In this patient, the pathogenesis of *Pakshaghata* associated with Suddha Vata appears to be primarily due to vitiated Vata affecting the *Sira* and *Snayu* located in the left side of the *Moordha* (brain). This vitiation is likely attributed to *Vata-pradhana vayah* (advanced age) and *Dhatukshaya* (tissue depletion) caused by chronic conditions such as diabetes mellitus, hypertension, and hypothyroidism. The prognosis is considered *Krichchhra Sadhya* (difficult but treatable).<sup>[5]</sup> The clinical features like *Akarmanyata* (loss of motor activity), loss of coordination, *Ushnakamita* (desire for warmth), *Shoola* (pain), *Anaha* (bloating), and *Sankocha* (stiffness). clearly reflect aggravated *Vata* localized right side of the body and left side of the brain. The *upashaya* of this condition should be *Snigdha*, *Ushna*, *Brihana* line of treatment.<sup>[6]</sup> The therapy plan was tri-modal, involving *Shamana* (oral medication), *Shodhana* (*Nasya*), and *Bahya Chikitsa* (external treatments).

### 1. *Shamana Chikitsa* (Internal Medication)

Combination of *Mahavatavidhvansan Rasa*, *Sameerapannaga Rasa*, *Khurasani Ajwain*: These formulations are potent *Vata-shamaka*, acts on *Majja* and *Snayu dhatus*, supports nerve function, and is *Rasayana* in nature. and calming nervous hyperactivity and alleviates neuralgia.<sup>[7]</sup>

*Yogaraja Guggulu*: A classical polyherbal preparation, known for its effectiveness in *Vata* disorders, particularly musculoskeletal and neuro-degenerative conditions. It supports *Agni deepana*, *Ama pachana*, and *Shrotoshodhana*, reduces the stiffness and rigidity in joints and muscles, contributing to improved voluntary movements in *Pakshavadha*.

*Ashwagandharishta*: A well-established *Rasayana* with adaptogenic and nervine tonic properties. It acts as *Balya*, *Brimhana* and *Medhya*, enhancing strength and vitality while reducing neuromuscular fatigue.

Combination of *Haritaki Churna* and *Mukta-shukti Bhasma*: Balances *tridosha*, has mild laxative effect (*Vatanulomak*)<sup>[8]</sup> helped in *Vatanulomana* and *Agni deepana*, relieving *Anaha* (bloating) and constipation. *Muktasukti* bhasma has acid neutralizing, nervous calming and hypotensive effect.

## 2. *Bahya Chikitsa* (External Therapies)

*Sarvanga Patrapinda Swedana*: *Swedana* (sudation) is a prime method to pacify aggravated *Vata*. *Patrapinda Sweda* having *snigdha*, *ushna*, *vatahara* properties relieve stiffness, reduces inflammation, and enhances muscle tone. The use of *Vatahara* leaves (e.g., *Eranda*, *Nirgundi*) potentiates this effect.<sup>[9]</sup>

### *Shiropichu* with *Ksheerabala Taila*

*Ksheerabala taila* is particularly indicated in diseases of *Majja Dhatu* and *Shira* (nervous system and head). The continuous application on the scalp calms the mind (*Manovaha Srotas*), nourishes the brain, and strengthens sensory and motor functions. *Shiropichu* also works at the *Manas* level, addressing sleep and stress complaints commonly found in hemiplegia.<sup>[10]</sup>

3. *Nasya* with *Jyotishmati Taila*- *Nasya* is the gateway to the head (*Nasa hi Shiraso Dwaram*). *Jyotishmati Taila* is *medhya* (intellect promoting), *vatahara*, and stimulates higher centers of the brain due to its *teekshna guna*. As described in *Charaka Samhita*, *Nasya* helps in improving cognitive faculties, motor function, and speech. It acts on the central nervous system by enhancing oxygenation, removing *Kapha*-mediated obstruction, and stimulating neuroendocrine secretions via olfactory and trigeminal pathways.<sup>[11]</sup>

The coordinated application of oral medications, external therapies, and *Nasya* not only addressed the doshic imbalance but also enhanced the physiological functioning of the affected nervous and musculoskeletal structures. This underscores the holistic and integrative strength of Ayurveda in treating post-stroke neuromuscular conditions like *Pakshavadha*.

## Tables

**Table No. 1: (Motor examination).**

<b>Muscle tone</b>	<b>RT(BT)</b>	<b>RT(AT)</b>	<b>LT(BT)</b>	<b>LT(AT)</b>
Upper limb	Hypotonia	Normal	Normal	Normal
Lower limb	Hypertonia	Mild spasticity Present	Normal	Normal
<b>Power</b>	<b>RT(BT)</b>	<b>RT(AT)</b>	<b>LT(BT)</b>	<b>LT(AT)</b>
Upper limb	0/5	5/5	5/5	5/5
Lower limb	0/5	4/5	5/5	5/5
<b>Gait</b>	Unable to walk			
<b>Reflex</b>				
<b>Superficial reflex</b>				
Abdominal reflex	Present and symmetric			
Planter reflex	Present			
<b>Deep Tendon reflex</b>	<b>RT(BT)</b>	<b>RT(AT)</b>	<b>LT(BT)</b>	<b>LT(AT)</b>
Biceps jerk	+3	+2	+2	+2
Triceps jerk	+1	+2	+2	+2
supinator	+1	+2	+2	+2
Knee jerk	0	+1	+2	+2
Ankle jerk	0	0	+2	+2
Babinski sign	+ve	-ve	-ve	-ve
<b>Sensory system</b>				
Touch	Present			
Temperature	Present			
Pain	Present			

**Table No. 2: Showing assessment.**

<b>Assessment Tool</b>	<b>Before Treatment</b>	<b>After Treatment</b>
<b>Modified Rankin Scale</b>	4 (unable to walk without help)	2 (slight disability, walking independently)
<b>Barthel Index</b>	35 (Severely dependent)	85 (Mild dependence)
<b>VAS SCORE</b>	4/10	1/10

**Table No. 3: showing Shamana Oushadhi**

<b>TREATMENT GIVEN</b>	<b>DOSE</b>	<b>ANUPANA</b>	<b>DURATION</b>
Combination of- <i>Mahavata vidhvamsana Rasa</i> - 125 mg <i>Sameerapannag Rasa</i> - 125 mg <i>Khurasani Ajwain</i> - 60 mg	310mg ×BD	Lukewarm water	28 days

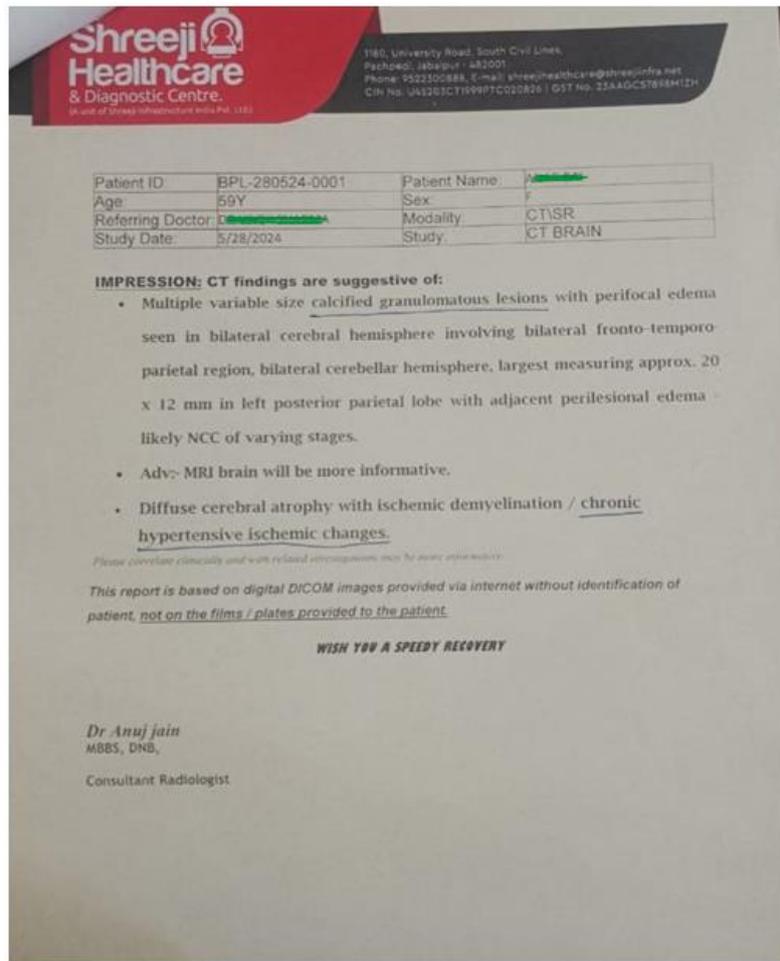
<i>Yogaraja Guggulu</i>	500mg ×BD	Lukewarm water	28 days
<i>Ashvagandharishta</i>	20ml × BD	Mixed with equal amount of normal water	28 days
Combination of- <i>Haritaki Churna</i> - 3gm <i>Muktashukti Bhasma</i> -250mg	3250mg × BD	Lukewarm water	28 days

**Table No. 4: showing panchakarma Treatments.**

PANCHAKARMA	DOSE/DURATION	DAYS
<i>Sarvanga Patrapinda Swedan</i> (with <i>Vatashamak Taila</i> )	For 30 minutes	28 days
<i>Shiropichu</i> with <i>Ksheerabala Taila</i>	30 min	21 days
<i>Nasya</i> with <i>Jyotishmati Taila</i>	4-4 drops in each nostril	7 days

**Table No. 5: showing follow up and outcomes.**

S.No.	Period	Clinical Events
1	20/06/2024	Unable to move right hand and right leg of body..get attack of attack of stroke
2	27/06/2024	Got admitted in bed ridden condition with the c/o of right half of body weakness with difficulty in walking
3	25/07/2024	Discharged with medications and lifestyle advice.During discharge patient has significant improvement in the previous complaints and patient was able to walk herself without any help.
4	21/07/2024 (F/U)	Got more relief in symptoms



**Figure 1: Showing CT scan of Brain.**

## CONCLUSION

Thus, this case establishes the clinical value of a multimodal Ayurvedic protocol in the management of early-stage *Pakshavadha*. The therapy not only restored musculoskeletal and neurological functions but also improved the patient's independence and quality of life, thereby advocating for its broader inclusion in neuro-rehabilitation frameworks.

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