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COMPARATIVE CLINICAL STUDY OF NASYA WITH SAHACARADI TAILA FOLLOWED BY MAATRA VASTI AND MUSTADI YAPANA VASTI IN THE MANAGEMENT OF PAKSAGHATA (ISCHEMIC STROKE)"

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ABSTRACT

Introduction: *Pakṣāghāta*, a *Vāta-pradhāna Vyādhi* described under *Vātavyādhi* in *Āyurveda,* resembles ischemic stroke, presenting with unilateral weakness, motor impairment, speech disturbances and functional disability. *Nasya* and *Vasti* are classical interventions indicated in *Vātavyādhis.* **Aim:** To compare the efficacy of Sahacarādi Taila Nasya followed by Mātrā Vasti and Mustādi Yāpana Vasti in Pakṣāghāta (Ischemic Stroke). **Materials and Methods:** A randomized, open-label comparative clinical study was conducted in 60 patients allocated into two groups (n=30 each). Both groups received *Sahacarādi Taila Nasya* for seven days, followed by *Sahacarādi Taila Mātrā Vasti* for seven days in Group A and *Mustādi Yāpana Vasti* in *Yoga Vasti* schedule for eight days in Group B. Assessments were performed before treatment, after treatment and at follow-up. Outcomes included neurological manifestations, motor and sensory functions, muscle power, tone, reflexes, walking capacity, Barthel Index and NIH Stroke Scale. Statistical analysis employed paired and unpaired t-tests. **Results:** Group A showed significant improvement in 26 of 27 parameters, while Group B showed significant improvement in all 27 parameters. Between-group analysis

revealed significant differences in 17 parameters. Group B demonstrated greater numerical improvement in several important motor and functional outcomes, including Barthel Index, NIH Stroke Scale and walking capacity, while certain parameters favoured Group A. **Conclusion:** Both treatment protocols demonstrated clinical improvement; however, comparatively favourable outcomes in several functional and motor parameters suggest a better therapeutic response with *Sahacarādi Taila Nasya* followed by *Mustādi Yāpana Vasti.*

KEYWORDS: *Pakṣāghāta,* Ischemic Stroke, *Sahacarādi Taila, Nasya Karma, Mātrā Vasti, Mustādi Yāpana Vasti.*

INTRODUCTION

Stroke is a major global health concern and a leading cause of mortality and long-term disability. It is broadly classified into ischemic and hemorrhagic types, of which ischemic stroke constitutes the majority of cases. It occurs due to interruption of cerebral blood supply, resulting in neurological deficits such as unilateral weakness, facial deviation, speech disturbances, sensory impairment and functional disability, significantly affecting an individual's independence and quality of life.[1] In *Āyurveda,* the clinical manifestations of ischemic stroke closely resemble *Pakṣāghāta,* classified under *Vātavyādhi* and described as one of the *Aṣṭamahāgada.*[2] *Ācārya Caraka* describes *Pakṣāghāta* as a condition caused by aggravated *Vāta* affecting one half of the body, resulting in *Ceṣṭānivṛtti, Rujā* and *Vākstambha*[3] while *Ācārya Suśruta* explains its pathogenesis through the involvement of *Dhamanīs*, leading to impaired movement and functional disability.[4] The management of *Pakṣāghāta* primarily involves *Vātaśamana* and measures aimed at improving neuromuscular functions. Classical *Āyurvedic* texts advocate *Snehana, Svedana, Nasya* and *Vasti* in the management of *Vātavyādhis*. In the present study, *Nasya Karma* with *Sahacarādi Taila*[5] was administered for seven days in both groups, followed by *Mātrā Vasti* with *Sahacarādi Taila* for seven days in Group A, whereas Group B received *Mustādi Yāpana Vasti*[6] in a *Yoga Vasti* schedule, with *Sahacarādi Taila* used for *Anuvāsana Vasti.*

i. AIM

Comparative clinical study of nasya with sahacarādi taila followed by mātrā vasti and mustādi yāpana vasti in the management of pakṣāghāta (ischemic stroke)".

ii. OBJECTIVES

- To evaluate the procedure of *Nasya* followed by *Mātrā vasti* with *Sahacarādi taila* in the management of *Pakṣāghāta* (Ischemic stroke).
- To evaluate the procedure of *Nasya* with *Sahacarādi taila* followed by *Mustādi Yāpana Vasti* in the management of *Pakṣāghāta* (Ischemic stroke).
- To compare the procedures of both the groups in the management of *Pakṣāghāta* (Ischemic stroke).

MATERIALS AND METHODS

ETHICAL CLEARANCES: IEC/SVAYC/PK/24/09.

MATERIALS

- *Nasyam* followed by *Mātrā Vasti* - *Sahacarādi Taila (Vaṅgasena Saṃhita* Vol 1,(28/258-262).
- *Mustādi Yāpana Vasti*. (C.Si. (12/16(1)).
- *Navana nasya: Sahacarādi Taila* Dose: 8 *bindu* (4ml) in each nostril.
- *Mustādi Yāpana Vasti*: prepared as per classical recipe using *Madhu* – 100ml, *Saindhava lavanam*- 6gms, *Ghṛta*- 100ml, *Mustādi Yāpana Kalkam*-24gms, *Kwātham* - 400 ml and *Māṃsa Rasa* – 100ml,

ii. *Mātrā Vasti: Sahacarādi Taila*

1. *Sahacarādi Taila* – 60 to 75ml
2. *Śatapuṣpa* (*Anethum graveolens Linn.*) – 3gms
3. *Saindhava lavaṇa*– 3gms.

Method of Preparation: *Sahacharādi Taila, Mustādi Kalka Cūrṇa* and *Mustādi Kvātha Cūrṇa* were prepared at Kerala Ayurveda Vaidyasala, Palluruthy, Kochi, Kerala, as per their respective classical references.

TREATMENT PLAN

A total of 60 patients will be selected from the OPD/IPD of the Department of Pañcakarma, S.V. Āyurvedic Hospital, Tirupati, and randomly allocated into two groups of 30 patients each.

Group A (n=30): Patients will receive Sahacarādi Taila Nasya for 7 days, followed by Sahacarādi Taila Mātrā Vasti for 7 days (total duration: 14 days).

Group B (n=30): Patients will receive Sahacarādi Taila Nasya for 7 days, followed by Mustādi Yāpana Vasti in Yoga Vasti schedule for 8 days (total duration: 15 days).

Clinical Assessment: Assessments will be performed before treatment (Day 0), immediately after completion of treatment (Day 14 for Group A and Day 15 for Group B), and at follow-up (Day 44 for Group A and Day 45 for Group B).

I. ASSESSMENT CRITERIA

A. Subjective Parameters

1. Weakness or Paralysis of one half of the body
2. Slurred speech
3. Drooping of the face on one side.

B. Objective Parameters

1. Barthel Index
2. Modified NIH Stroke Scale
3. Finger Movement
4. Motor Function of the arm

a. Ability to lift the hand b. Wrist: Flexion and Extension c. Elbow: Flexion and Extension d. Shoulder: Abduction, Flexion and Extension

5. Motor Function of the leg:

a. Knee: Flexion and Extension b. Ankle: Dorsi flexion and Plantar flexion

6. Muscle Tone
7. Muscle Power
8. Reflex: Biceps, Triceps, Knee, Ankle
9. Walking Capacity

INCLUSIVE CRITERIA

1. Patients irrespective of gender aged between 18 and 65 years.
2. Patients with signs and symptoms of Pakṣāghāta.
3. Patients with signs and symptoms of Ischemic stroke.
4. Duration of illness from 3 months to 3 years.
5. Patients who are eligible for Vasti and Nasya karma.

EXCLUSION CRITERIA

1. Patients aged below 18 years and above the age of 65 years.
2. Patients with Hemorrhagic Stroke.
3. Patients with Uncontrolled Diabetes and Hypertension.
4. Patients with traumatic injuries, TB, HIV, Cancer.
5. Patients with Major Systemic illness like Congestive Heart Failure (CHF) , Chronic Kidney disease (CKD).
6. Patients who are not eligible for Vasti and Nasya karma.

OBSERVATIONS AND RESULTS

Age: Among the 60 patients, 3 (5%) belonged to the 21–30 years age group, 5 (8.3%) to 31–40 years, 17 (28.3%) to 41–50 years, 19 (31.7%) to 51–60 years and 16 (26.7%) to 61–65 years. The maximum number of patients belonged to the 51–60 years age group, while the minimum belonged to the 21–30 years age group.

Gender: Among the 60 patients, 51 (85%) were males and 9 (15%) were females.

Occupation: Among the patients, 29 (48.3%) were engaged in field work involving physical labour, 17 (28.3%) in field work involving intellectual activity, 8 (13.3%) were housewives and 6 (10%) were engaged in desk work.

Addictions: A total of 6 (10%) patients had a smoking habit, 13 (21.67%) consumed alcohol, 9 (15%) had both smoking and alcohol habits, 6 (10%) had smoking, tobacco and alcohol habits, while 26 (43.33%) had no addictions.

Affected Side: Right-sided involvement was observed in 33 (55%) patients, while 27 (45%) had left-sided involvement.

Chronicity: Chronicity of 00–06 months was observed in 14 (23.33%) patients, 07–12 months in 27 (45%), 12–24 months in 14 (23.33%) and 24–36 months in 5 (8.33%) patients.

Comorbidities: Among the patients, 3 (5%) had DM, 18 (30%) had HTN, 23 (38.33%) had both DM and HTN, while 16 (26.67%) had no comorbidities.

I. OVERALL RESULTS

Showing the results of Group A & Group B of Paired t – test

S.no	Parameters	Group A				Group B			
		Mean score		Overall Improve-ment (%)	P Value	Mean Score		Overall Improvement (%)	P Value
		BT	AT			BT	AT		
1.	Weakness of one half of the Body	2.30	1.53	33.3%	<0.0001	2.40	1.60	33.3%	<0.0001
2.	Slurred speech	2.43	2.90	19.3%	0.0001	2.73	3.27	19.7%	<0.0001
3.	Drooping of face	2.60	1.87	28.07%	<0.0001	2.13	1.53	28.1%	<0.0001
4.	Barthel Index	74.0	79.0	6.7%	<0.0001	74.5	82.5	10.7%	<0.0001
5.	NIH Stroke scale	6.40	5.43	15%	0.0003	6.27	4.63	26.1%	<0.0001
6.	Finger Movement	1.17	2.00	70.9%	<0.0001	1.47	2.47	68%	<0.0001
7.	Ability to lift the hand	1.43	2.57	79.7%	<0.0001	1.60	3.00	87.5%	<0.0001
8.	Wrist Flexion	1.20	1.87	55.8%	<0.0001	1.43	2.27	58.7%	<0.0001
9.	Wrist Extension	1.17	1.77	51.2%	<0.0001	1.40	2.17	58.7%	<0.0001
10.	Elbow Flexion	2.17	2.77	27.6%	<0.0001	1.90	2.77	45.7%	<0.0001
11.	Elbow Extension	2.57	2.90	12.8%	0.0007	2.23	3.03	35.8%	<0.0001
12.	Shoulder Abduction	1.70	2.40	41.1%	<0.0001	1.73	2.60	50.2%	<0.0001
13.	Shoulder Flexion	1.80	2.23	23.8%	0.1192	1.80	2.83	57.2%	<0.0001
14.	Shoulder Extension	0.90	1.50	66.6%	<0.0001	1.23	2.20	78%	<0.0001
15.	Knee Flexion	2.80	3.57	17.2%	<0.0001	3.07	3.93	28.1%	<0.0001
16.	Knee Extension	3.27	3.87	18.3%	<0.0001	3.60	4.17	15.8%	<0.0001
17.	Ankle Dorsiflexion	1.47	2.10	42.8%	<0.0001	1.63	2.30	41.1%	<0.0001
18.	Ankle Plantarflexion	1.37	2.07	51.09%	<0.0001	1.70	2.63	54.7%	<0.0001
19.	Muscle tone Upper limb	2.73	2.03	25.6%	<0.0001	2.57	2.03	21%	<0.0001
20.	Muscle tone Lower limb	2.57	1.93	24.9%	<0.0001	2.47	1.83	25.9%	<0.0001
21.	Muscle Power Upper limb	2.73	3.60	31.8%	<0.0001	2.87	3.83	33.4%	<0.0001
22.	Muscle Power	3.07	3.70	20.5%	<0.0001	3.07	3.97	29.3%	<0.0001

	Lower limb								
23.	**Biceps**	2.60	2.20	15.3%	0.0001	2.50	2.17	13.2%	0.0007
24.	**Triceps**	2.60	2.23	14.2%	0.0003	2.47	2.17	12.1%	0.0014
25.	**Knee Reflex**	2.77	2.37	14.4%	0.0001	2.57	2.13	17.1%	<0.0001
26.	**Ankle Reflex**	2.53	2.23	11.8%	0.0014	2.43	2.07	14.8%	0.0003
27.	**Walking capacity**	2.63	3.20	19.4%	0.0004	2.93	3.67	25.2%	<0.0001

Overall Results of Group A & Group B using UNPAIRED t – test.

S.No	Parameters	Group A (Mean (+) S.D) Difference i.e., B.T – A.T	Group B (Mean (+) S.D) Difference i.e., B.T – A.T	S.E.D	t value	P value
1.	**Weakness of one half of the body**	0.77 ± 0.09	0.80 ± 0.00	0.016	1.8257	0.0730
2.	**Slurred Speech**	0.47 ± 0.18	0.53 ± 0.31	0.065	0.9168	0.3631
3.	**Drooping of the face on one side**	0.73 ± 0.44	0.60 ± 0.17	0.086	1.5095	0.1366
4.	**Barthel Index**	5.00 ± 3.75	8.00 ± 3.59	0.948	3.1652	0.0025
5.	**NIH Stroke Scale**	0.97 ± 1.01	1.63 ± 0.79	0.234	2.8192	0.0066
6.	**Finger Movement**	0.83 ± 0.16	1.00 ± 0.23	0.051	3.3233	0.0015
7.	**Motor Function of the arm(Ability to Lift the hand)**	0.83 ± 0.00	1.40 ± 0.27	0.049	11.5630	< 0.0001
8.	**Wrist Flexion**	0.67 ± 0.14	0.83 ± 0.3	0.060	2.6471	0.0104
9.	**Wrist Extension**	0.60 ± 0.07	0.77 ± 0.23	0.044	3.8730	0.0003
10.	**Elbow Flexion**	0.60 ± 0.4	0.87 ± 0.3	0.091	2.9577	0.0045
11.	**Elbow Extension**	0.33 ± 0.22	0.80 ± 0.37	0.079	5.9803	< 0.0001
12.	**Shoulder Abduction**	0.70 ± 0.09	0.87 ± 0.28	0.054	3.1659	0.0025
13.	**Shoulder Flexion**	0.43 ± 0.72	1.03 ± 0.22	0.137	4.3651	<0.0001
14.	**Shoulder Extension**	0.60 ± 0.03	0.97 ± 0.11	0.021	17.7742	<0.0001
15.	**Knee Flexion**	0.77 ± 0.11	0.87 ± 0.00	0.020	4.9793	<0.0001
16.	**Knee Extension**	0.60 ± 0.38	0.57 ± 0.07	0.071	0.4253	0.6722
17.	**Ankle Dorsiflexion**	0.63 ± 0.08	0.67 ± 0.11	0.025	1.6108	0.1127
18.	**Ankle Plantarflexion**	0.70 ± 0.07	0.93 ± 0.43	0.080	2.8916	0.0054
19.	**Muscle Tone Upper limb**	0.70 ± 0.22	0.53 ± 0.03	0.041	4.1936	<0.0001
20.	**Muscle Tone Lower limb**	0.63 ± 0.16	0.63 ± 0.11	0.035	0.0000	1.0000
21.	**Muscle Power Upper limb**	0.87 ± 0.64	0.97 ± 0.79	0.186	0.5387	0.5921
22.	**Muscle Power Lower limb**	0.60 ± 0.55	0.90 ± 0.51	0.137	2.1907	0.0325
23.	**Biceps Reflex**	0.40 ± 0.09	0.33 ± 0.13	0.029	2.4249	0.0184
24.	**Triceps Reflex**	0.37 ± 0.07	0.30 ± 0.13	0.027	2.5968	0.0119
25.	**Knee Reflex**	0.40 ± 0.06	0.43 ± 0.15	0.029	1.0171	0.3133
26.	**Ankle Reflex**	0.30 ± 0.08	0.37 ± 0.25	0.048	1.4607	0.1495
27.	**Walking Capacity**	0.57 ± 0.43	0.73 ± 0.56	0.129	1.2412	0.2195

DISCUSSION ON THE DISEASE

Pakṣāghāta is a *Vāta-pradhāna Vyādhi characterized by Ardhāṅga Ceṣṭānivṛtti, Rujā and Vāk-stambha*, clinically correlating with the motor, sensory and speech impairments observed in ischemic stroke, without considering both as identical pathological entities. Its *Samprāpti*

may be understood through *Mārgāvaraṇa* and *Dhātu-kṣaya.* In the present study, *Mārgāvaraṇa* is conceptually correlated with the obstructive component of ischemic stroke, while *Dhātu-kṣaya* represents inadequate tissue nourishment and functional impairment. Impaired *Agni* may contribute to *Āma* formation and *Srotodusṭi,* further aggravating *Vāta* and disturbing its normal *Gati*. *Dhamanī* and *Sirā* may be related to disturbed circulation and neural nourishment, while *Madhyama Rogamārga,* particularly *Sirā* and *Snāyu,* represents the affected pathways. *Vyāna Vāyu* governs motor functions, whereas *Prāṇa* and *Udāna Vāyu* are associated with sensory and speech functions, respectively.

DISCUSSION ON THE PROBABLE MODE OF ACTION OF *NASYA*

Nasya was administered for seven days in both groups for *Vāta* predominance and its *Urdhvajaṭru-gata* indication, stated as *"Nāsā hi Śiraso Dvāram." Urdhvaga Dhamanī, Śṛṅgāṭaka Marma* and *Uttamāṅga Śuddhi* explain its relevance to *Śiras, Sirā* and *Snāyu.* Nasal vascularity may facilitate absorption, while olfactory and trigeminal interactions with the central nervous system remain hypothetical. *Sahacarādi Taila's Snigdha* property and preparatory *Abhyaṅga-Svedana* may relieve *Vāta-associated Rūkṣatā* and stiffness. Its independent effect cannot be distinguished because *Nasya* was common to both groups.

DISCUSSION ON THE PROBABLE MODE OF ACTION OF *MĀTRĀ VASTI*

Group A received *Sahacarādi Taila Mātrā Vasti* after *Nasya*, based on *Vasti's* primacy in *Vāta* disorders. Its *Snigdha, Vātahara, Bṛṃhaṇa* and *Balya properties* may pacify *Vāta* and nourish tissues. The *Vasti* route may regulate *Vāta* through its principal *Sthāna, Pakvāśaya;* its mild, non-evacuative nature suits debilitated patients.

DISCUSSION ON THE PROBABLE MODE OF ACTION OF *MUSTĀDI YĀPANA VASTI*

Group B received *Mustādi Yāpana Vasti* for eight days in *Yoga Vasti* schedule, alternating *Yāpana* and *Anuvāsana,* using *Sahacarādi Taila* for *Anuvāsana.* Its *Vātahara, Śodhana, Bṛṃhaṇa* and *Balya properties* suit *Pakṣāghāta* with diminished *Bala. Yāpana Vasti* combines *Śodhana* and *Bṛṃhaṇa,* while *Anuvāsana* provides *Sneha* and nourishment. Nourishing and *Rasāyana* effects may support *Dhātu* and strength; rectal absorption and enteric–autonomic interactions may contribute systemically. Its probable action involves *Vātaśamana, regulated Śodhana, Sneha, Bṛṃhaṇa* and *Balya.*

DRUG DISCUSSION OF *SAHACARĀDI TAILA* IN *PAKṢĀGHĀTA*

Sahacarādi Taila is a polyherbal Sneha with *Vāta-Kapha Śāmaka, Dīpana-Pācana, Āma Pācana, Balya, Bṛṃhaṇa* and *Rasāyana* properties. *Agni Duṣṭi* may cause *Āma* and *Srotoduṣṭi,* leading to *Mārgāvarodha (Mārgāvaraṇa),* impaired *Vāta* movement and *Dhātu Kṣaya. Uṣṇa, Laghu* and *Tikṣṇa* ingredients (*Sahacara, Musta, Śuṇṭhī, Marica, Pippalī, Bhāraṅgī* and *Rasnā)* may promote *Dīpana-Pācana, Āma Pācana and Srotas Anulomana,* addressing obstruction. *Snigdha, Guru, Balya* and *Bṛṃhaṇa* components such as *Tila Taila, Aśvagandhā* and *Yaṣṭimadhu* may counter *Rūkṣatā* and *Dhātu Kṣaya* and support *Māṃsa Dhātu* and neuromuscular strength. *Candana, Ajamodā, Śuṇṭhī, Marica* and *Pippalī* may relieve pain; *Yaṣṭimadhu* and *Śveta-Kṛṣṇa Jīraka* provide *Medhya* support. *Yaṣṭimadhu's Kaṇṭhya* property may also be relevant to *Vāk-stambha*.

DRUG DISCUSSION OF *MUSTĀDI YĀPANA VASTI* IN *PAKṢĀGHĀTA*

Mustādi Yāpana Vasti may address *Mārgāvarodha* and *Dhātu Kṣaya*-related *Vāta Vaiguṇya. Dīpana, Pācana, Āma Pācana* and *Lekhanīya* drugs such as *Musta, Rasnā, Kaṭurohiṇī, Punarnavā, Gudūcī, Bṛhatī* and *Kaṇṭakārī* may correct *Agni Duṣṭi,* reduce *Āma* and *Srotoduṣṭi,* and facilitate *Vāta Gati*. *Madhu* and *Saindhava* support *Vasti Dravyas* through *Yogavāhī, Sūkṣma, Vyavāyi* and *Vātānulomana* properties. *Kṣīra, Ghṛta, Māṃsa Rasa, Bala, Śālaparṇī* and *Madhūka* provide *Snigdha, Bṛṃhaṇa* and *Balya* effects, countering *Rūkṣatā* and *Dhātu Kṣaya* and supporting *Māṃsa Dhātu Poṣaṇa, Bala* and neuromuscular function. *Rasnā* supports *Vāta Śamana,* while *Angamardahara* drugs may relieve *Rujā* and *Angamarda. Gudūcī, Mañjiṣṭhā, Vibhītaka, Bṛhatī* and *Kaṇṭakārī* provide *Medhya* and *Kaṇṭhya* support for neurological and speech functions. *Agaru, Yaṣṭimadhu, Aśvagandhā, Pippalī* and *Gokṣura* may support *Rasāyana,* nourishment and strength. Reported antioxidant and anti-inflammatory activities offer complementary rationale but do not establish neuronal regeneration. Thus, it combines *Āma Pācana, Srotas Śuddhi, Doṣa Nirharaṇa, Vāta Śamana* and *Bṛṃhaṇa–Dhātu Poṣaṇa,* potentially supporting motor and functional capacity and relieving pain.

PROBABLE RATIONALE FOR THE COMPARATIVE THERAPEUTIC RESPONSE

Since both groups received Sahacarādi Taila Nasya, the comparatively favourable response in Group B may be attributed to Mustādi Yāpana Vasti, which provides complementary Śodhana-oriented, Vāta Śamana, Bṛṃhaṇa, Balya and Dhātu Poṣaṇa effects compared with Sahacarādi Taila Mātrā Vasti.

DISCUSSION OF OVERALL AND BETWEEN-GROUP RESULTS

Both groups showed significant within-group improvement (Group A: 26/27; Group B: 27/27). Between-group differences were significant in 17 parameters, with greater numerical improvement in Group B in 14 parameters, including Barthel Index, NIHSS and several motor functions, while Group A showed greater improvement in upper-limb muscle tone, biceps reflex and triceps reflex.

CONCLUSION

The present study demonstrated clinical and functional improvement in both groups of patients with *Pakṣāghāta* (ischemic stroke). However, Group B, receiving *Sahacarādi Taila Nasya* followed by *Mustādi Yāpana Vasti,* showed comparatively better therapeutic outcomes than Group A, receiving *Sahacarādi Taila Nasya* followed by *Sahacarādi Taila Mātrā Vasti*. Further multicentric studies with larger sample sizes and longer follow-up are required to validate these findings.

REFERENCES

1. World Health Organization. Stroke [Internet]. Geneva: World Health Organization, 2025 Dec 19; [cited 2026 Aug 26].
2. Murthy KR Srikantha, translator. Susruta Samhita: with Dalhana commentary. Vol. 1, Sutra Sthana. Varanasi: Chaukhamba Orientalia, 2010; 233. Sutra 33/4-5.
3. Sharma RK, Dash B, translators. Caraka Samhita. Vol. 5, Cikitsa Sthana. Varanasi: Chowkhamba Sanskrit Series Office, 2010; 35. Cikitsa 28/53-54.
4. Murthy KR Srikantha, translator. Suśruta Saṃhitā: based on Dalhaṇa commentary. Vol. 1, Nidāna Sthāna, 1/60. Varanasi: Chaukhamba Orientalia, 2010; 470.
5. Dr.Saxena Nirmal, Vaṅgasena Saṃhita, Volume1, Vāta Vyādhi Cikitsā (28/258-262), 2nd Edition, Varanasi: Chowkhamba Sanskrit series Office, 2014; no-420-421.
6. Sharma Rk and Dash Bhagwan, Caraka Saṃhita, Volume V1 [based on cakrapāṇi datta Āyurveda dipika], Uttara basti siddhi adhyāya (12/16(1)), Varanasi edition, 2018; page no -408-409.