



Case Study

AN AYURVEDIC MANAGEMENT OF PAKSHAGHATA WITH SPECIAL REFERENCE TO RIGHT HEMIPLEGIA

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ABSTRACT

Pakshaghata is one of the *Vatavyadhi* considered under *Ashtaumahagada* according to different *Aacharya's*. *Pakshaghata* can be correlated with hemiplegia, a condition caused by cerebrovascular accidents. The present study is a case report on management of hemiplegia of a female patient aged 65 years with chief complaints of weakness in right upper and lower limb. The case treated with the Ayurvedic medications, *Panchkarma* procedures and physiotherapy. Treatment protocol was *Snehana, Swedana, Nasya, Kalabasti, Mridu virechana* along with *Shamana aushadhi*. After the above treatment there was remarkable improvement in function of right lower and upper extremity, at the end of the treatment she could walk without support.

INTRODUCTION

In Ayurveda, *Pakshaghata* is explained under *Vatavyadhi*. Among the 80 *Nanatmaja Vata Vyadhis*, *Pakshaghata* is a significant condition attributed to *Vata* imbalance.^[1] *Dhatukshaya* and *Margavarodha* are the two types of *Samprapti* (pathogenesis) described in *Vatavyadhi*, both of which are relevant in the context of *Pakshaghata* as well.^[2] Due to resemblance of signs and symptoms it can be correlated with Hemiplegia according to Modern Science. The term *Pakshaghata* refers to paralysis affecting one side of the body, where *Paksha* signifies either half of the body and *Aghata* implies dysfunction or impairment of the *Karmendriyas* (motor organs). *Karmendriyas* are regarded as components of the body's motor system. *Pakshaghata* is a major disease among *Vata Vyadhi*.^[3] When the *Vata dosha* becomes aggravated due to various causative factors and lodges in *Shiras*, it leads to *Vishoshana* of the *Sira* and *Snayu* on one half of the body. This results in *Cheshta nivrutti* on either the *Vama* or *Dakshina parshwa*, accompanied by symptoms such as *Vaksthambha* and *Ruja*, ultimately

leading to the manifestation of *Pakshaghata*.^[4] Since it is classified under *Vata Vyadhi*, the treatment approach is determined based on the associated *dosha* involvement; in the acute phase, it is considered *Vata-Kaphaja* or *Vata-Pittaja* in nature; whereas in chronic phase, it appears as a pure *Vataja* condition. Therefore, the treatment protocol is formulated based on the stage at which the patient presents.

In modern medicine, hemiplegia is defined as a condition characterized by paralysis on one side of the body. Paralysis or palsy refers to a state of relaxation and denotes the complete or partial loss of movement, sensation or both, in one or multiple areas of the body and also palsy is defined as loss or impairment of voluntary muscular power. Clinical features are described as slurring of speech, mouth deviation, fasciculation of the tongue, swallowing difficulties, abnormal reflexes, and weakness of muscles.^[5] Following is a case report of an elderly female patient with *Pakshaghata* (ischemic stroke with right hemiplegia). The treatment schedule was adopted at stage wise, as per the classical description.^[6] At the time of discharge, the patient and his sensory and motor deficits were restored.

Case Report

A 65-year-old female patient was admitted in *Kayachikitsa* IPD of our hospital in March 2024. She was apparently well eight days ago; suddenly, she developed vertigo and weakness in her body and fell

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down on the ground. Due to this, she was admitted to an allopathic hospital where she was diagnosed as having left basal ganglionic bleed along with hypertension. She was managed as a case of acute stroke by allopathic medicine. She was discharged from the allopathic hospital after her vitals were brought within normal physiological limits. The consequences of stroke, such as weakness of right side of the body, inability to lift right upper limb, difficulty in walking without support, and speech defect, persisted; therefore, she came to the SSNJ hospital for further management of her illness.

Past Medical History

The patient had a history of hypertension and diabetes mellitus since 35 years and she was taking allopathic medicine for that. There was no history of tuberculosis or any family history.

MRI Brain: March 2, 2024.

An MRI is suggestive of Small acute non-haemorrhagic infarct is noted in left half of pons. Large old infarct with gliotic changes is noted involving parieto-occipital cortex and subcortical white matter. Age related cerebral and cerebellar cortical atrophy is noted. Lacunar infarcts are noted in bilateral fronto-parietal subcortical white matter.

General Examination

General condition was moderate, temperature was 97.2°F, pulse was 80/min and regular rhythm, blood pressure was 150/100mm Hg, body weight was 54.50kg and tongue was coated. Pallor was present and icterus was absent. No lymphadenopathy was seen. Speech was slurred, and the patient walked with support (with hemiplegic gait). Cranial nerves, sensory system, and memory were intact. Tests for coordination performance such as Finger nose test and Romberg's sign were negative. An examination of motor function is shown in Table 1.

Table 1: Showing motor examination of upper and lower limbs		
	Before treatment (0 days)	After treatment (days)
Muscle power	Rt upper limb: 0 Lt upper limb: 5 Rt lower limb: 0 Lt lower limb: 5	Rt upper limb: 1 Lt upper limb: 5 Rt lower limb: 1 Lt lower limb: 5
Muscle tone	Rt upper limb: Hypotonic Lt upper limb: Normal Rt lower limb: Hypotonic Lt lower limb: Normal	Rt upper limb: Hypotonic Lt upper limb: Normal Rt lower limb: Hypotonic Lt lower limb: Normal
Muscle nutrition	Rt upper limb: 44cm Lt upper limb: 46.5cm Rt lower limb: 35cm Lt lower limb: 36 cm	Rt upper limb: 45.5cm Lt upper limb: 47.8cm Rt lower limb: 36.4 cm Lt lower limb: 37.2 cm

MATERIALS AND METHODS

Treatment protocol, oral medicine used, quantity and duration along with *Panchakarma* procedures are shown in detail in Tables 2 and 3.

Table 2: Following oral medications were given			
S.no.	Medicine name	Properties	Doses
1	<i>Tapyadi Loha</i>	<i>Raktadhatuposhak</i>	500mg twice a day with lukewarm water after food.
2	<i>Bramhi Vati</i>	<i>Medhya and Majjadhatuposhaka</i>	500mg twice a day with lukewarm water after food.
3	<i>Mashabaladi Kashaya</i>	<i>Balya</i>	25ml twice a day with lukewarm water after food.
4	<i>Ekangveer Rasa</i>	<i>Vatahara</i>	125mg twice a day with lukewarm water after food.
5	<i>Sarswatarishta</i>	<i>Medhya</i>	10ml twice a day with an equal amount of water after food.
6	<i>Vishtinduk Vati</i>	<i>Vatashamaka, Chittaavasadarhara and</i>	250mg twice a day with lukewarm water after food.

		<i>Hridaydaurbalyahara</i>	
7	<i>Bruhatvatchintamani Rasa</i>	<i>Vatahara, Medhya, Balya, Rasayan, Kshayagna, Ojovardhana and Yogavahi</i>	125mg twice a day with <i>Ashwagandha churna</i> along with 1 tsf <i>Ghrut</i> before food.
8	<i>Ashwagandha Churna</i>	<i>Balya and Rasayan</i>	2.5gm twice a day with <i>Bruhat vatchintamani Rasa</i> and <i>Ghrut</i> before food.
9	<i>Eranda Taila</i> ^[22]	<i>Vatanulomaka</i>	5ml with lukewarm water, bedtime.

Table 3: Showing adopted Panchakarma procedure

Sr.No.	Treatment Plan	Drug	Days	Quantity
1	<i>Sthanik Udvartan</i> followed by <i>Sthanik Nasi Swedan</i>	<i>Udvartan-Triphala, Musta, Jatamansi with Tiltail Swedan-Dashmoola Kwath</i>	2 days	QS
2	<i>Nasya</i>	A) <i>Anutaila</i> B) <i>Panchedriyavardhan tail</i>	First 6 days Next 19 days	1-3 day=2-2drops 4 th day=4-4drops 5 th day=6-6drops 6 th day=8-8drops 8-8 drops
3	<i>Sthanik Abhyang</i> followed by <i>Sthanik Nasi Swedan</i>	<i>Mahamash Tail Dashmoola Kwath</i>	5 Days	QS
4	<i>Sthanik Abhyang</i> followed by <i>Patra-pind Swedan</i>	<i>Mahamash Tail</i>	3 Days	QS
5	<i>Sthanik Abhyang</i> followed by <i>Shastik-shali Pind swedan</i>	<i>Mahamash Tail</i>	15 Days	QS
6	<i>Sthanik Abhyang</i> followed by <i>Taildhara</i>	<i>Mahamash Tail Tila Tail</i>	23 Days	QS
7	<i>Jivhapratisaran</i>	<i>Aakarkarabh Churna Vacha Churna</i>	21Days	QS
8	<i>Kalabasti</i> A) <i>Anuvasan Basti (AB)</i> B) <i>Niruh Basti (NB)</i>	<i>Dhanwantar tail Dashmoola Niruh Basti</i>	10 days 6 days	50 ml 420ml First 2 days=AB 3-13 th day=Alternate <i>Basti</i> Last 3 days= AB

OBSERVATION AND RESULTS

The observation was done on the basis of assessment of reflexes, Scandinavian Stroke Scale, Barthel Index and Modified Rankin Scale before treatment (on 0th day) and after treatment (on 32nd day) [Details mentioned in Tables 4-7]

Table 4: Assessment of deep and superficial reflexes

Reflexes	Before treatment (0 days)	After treatment (days)
Biceps	Rt: Exaggerated Lt: Normal	Rt: Brisk Lt: Normal
Triceps	Rt: Exaggerated Lt: Normal	Rt: Brisk Lt: Normal
Knee jerk	Rt: Exaggerated Lt: Normal	Rt: Brisk Lt: Normal

Ankle jerk	Rt: Exaggerated Lt: Normal	Rt: Brisk Lt: Normal
Plantor	Rt: Extensor Lt: Flexor	Rt: Extensor Lt: Flexor
Abdominal	Absent	Absent

Table 5: Barthel Index^[23]

S.No.	Barthel Score	Range of score	Before treatment (0 days)	After treatment (days)
1	Feeding	0-10	5	5
2	Bathing	0-5	0	0
3	Grooming	0-5	0	0
4	Dressing	0-10	5	5
5	Bowels	0-10	6	10
6	Bladder	0-10	8	10
7	Toilet use	0-10	6	10
8	Transfers (bed to chair and back)	0-15	5	10
9	Morbidity (on level surface)	0-15	10	15
10	Stairs	0-10	5	10
	Total score	100	50	75

Table 6: Scandinavin Stroke Scale^[24]

S.No.	Scandinavin Stroke Scale	Range of score	Before treatment (0 days)	After treatment (days)
1	Consciousness	6-2	6	6
2	Eye movement	4-0	4	4
3	Arm motor power	6-0	0	0
4	Hand motor power	6-0	0	0
5	Leg motor power	6-0	0	4
6	Orientation	6-0	4	4
7	Speech	10-0	6	6
8	Facial palsy	2-0	0	0
9	Gait	12-0	6	12
	Total		26	36

Table 7: Assessment on the basis of Modified Rankin Scale ^[25]

Domain	Score	BT	AT
Patient's baseline activity	No symptoms at all: 0 No significant disability despite symptoms, able to carry out all usual duties and activity: +1 Slight disability, unable to carry out all previous activity, but able to look after own affairs without assistance: +2 Moderate disability, requiring some help, but able to walk without assistance: +3	+4	+3

	Moderate severe disability, unable to walk and attend to bodily needs without assistance: +4 Severe disability, bedridden, incontinent, requiring constant nursing care, attention: +5 Dead: +6		
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DISCUSSION

Pakshaghata is one of the *Vatavyadhi*. *Vata* is the predominant *Dosha* involved in the pathogenesis of *Pakshaghata*. *Avarana* or *Dhatukshaya* (depletion of essence of tissue) is responsible for the vitiation of *Vata*. Therefore, to remove the *Margavarana* (obstruction of channels), *Rookshana* (*Udwartana*) and *Shodhana* (purification) were used along with internal medicines as the initial treatments in this case. Following that, in order to restore the tissue that had been depleted, the *Brimhana*-specific Panchakarma procedure as well as medicines having *Brimhana* action was used.

Mode of action of Panchakarma

Udvardana: *Triphala*, *Musta*, *Jatamansi* *Choorna*, and *Til-tail* were used for 30 minutes of *Udvardana*. These *Choorna*'s have the *Kapha Medohara* (fat and *Kapha* reduction) property for *Rookshana*. The lymphatic system transports the metabolic waste products to the blood, where they are eventually eliminated through urine. The body feels lighter and is free of toxins as a result. Strong massage techniques have the potential to emulsify fat in the cells of the superficial connective tissue. When fat globules are emulsified, they can potentially enter the lymphatic system and undergo metabolism.^[7]

Nadi swedana: A sudation therapy using *Dashmoola Kwatha* for 15–20 minutes helps in dilating and cleansing the *Srotasas* (body channels). *Dashamoola* calms the nerves and balances the morbid *Vata Dosha*.

Abhyanga: The action of *Abhyanga* (massage) is strengthens muscles. As a result, it might strengthen the deep and superficial muscles and stabilize the joints.^[8] *Mahamasha* oil has anti-inflammatory, anti-spasmodic, analgesic, and stimulatory qualities that was found to be successful in relieving spasticity in patients with hemiplegia through oleation. According to *Aacharya Charaka*, the primary therapies for *Pakshaghata* are *Swedana*, *Virechana*, and *Snehana*.^[9]

Basti: According to *Ayurveda*, the primary aggravating factor in *Pakshaghata* is *Vata*, and *Basti Chikitsa* is considered the most effective treatment for it. *Basti* helps to eliminate vitiated *Dosha* from the body, increases the strength, and spreads the potency of the drug due to its *Prabhava* (specific action) Similar to how the farm is nourished by water delivered through channels, the entire body is nourished by the enema drug's *Veerya* (potency), which is transported by five different types of *Vata* through *Srotas*.^[11] *Dhanwantar*

taila reduces the vitiated *Vata dosha* as well as give the nourishment to body. *Dashmool niruh basti* also known for *Vatashamana* action.

Shastika-shali Pinda Swedana: It is a sudation therapy that involves the use of heated boluses made from *Shashtika Shali* rice, cooked in milk and a herbal decoction, to induce perspiration and relieve stiffness and pain. A *Pinda* or bolus, is tied in a way that rubs against the entire body or the affected area to give the nourishment, warmth and strength to joints, muscles, or body parts that are in pain.^[10]

Virechana: *Majja* is considered as a component of *Pitta Dhara Kala*. *Srotodushti*, or dysfunction of bodily channels (*Srotas*), is a key pathological event observed in *Pakshaghata*. As per *Acharya Charaka*, timely bio-purification (*Shodhana*) is essential to manage disorders associated with the *Majja* (bone marrow and nervous tissue). Hence, the management of its vitiation is carried out through *Virechana Karma* using *Eranda Taila*, as it is the principal method for eliminating vitiated *Pitta Dosha*.

Nasya: The drug administered through the nose as *Nasya* reaches the brain and then it either eliminates the morbid *Dosha* responsible for producing the disease or nourishes the area.^[12] *Anutail* and *Panchedriyavardhan Taila* helps to balance *Vata Dosha*, nourish nerve fibers, and enhance sensory clarity.

Taildhara: *Taildhara* was carried out for 30min. *Tila taila* along with *Mahamash taila* is used for *Taildhara*. It helps to reduce *Vata dosha* and improve neurological functions.

Patra Pinda Sweda: *Patra Pinda Sweda* is primarily employed to relieve pain, inflammation, swelling, and stiffness associated with bone, joint, or Musculo-skeletal disorders. Leaves of medicinal plants with analgesic and anti-inflammatory actions form a vital part of the therapeutic procedure. *Patra pottali Sweda* relieves pain, stiffness and swelling associated with arthritis and other painful conditions, pacifies the morbidity of *Vata*, *Pitta* and *Kapha* in the affected joints, muscles and soft tissues, promotes sweating and imparts lightness and a sense of well-being to the affected joints, muscles, and soft tissues.

Mode of action of internal medicines:

Tapyadi Loha^[13]- *Tapyadi Loha* acts mainly as *Rakta dhatu prasada* and *Vardhaka*. Improved *Rakta dhatu* is responsible for good quality of other *Dhatus*. *Tapyadi Loha* not only promotes the nourishment of *Rakta Dhatu* but also possesses properties such as pacifying

Vata, aiding digestion (*Pachaka*), stimulating metabolism (*Dipaka*), and controlling epilepsy (*Apasmara nashaka*). The components of *Tapyadi Loha* possess anti-inflammatory, analgesic, and astringent qualities that aid in reducing inflammation and alleviating pain.

Bramhi Vati^[14]- *Brahmi* has the power to soothe *Snayu*, *Indriya* and *Mana*. Besides this action, it gives nutrition to the brain, nerves and *Indriya*. *Bramhi vati* shows *Medhya* as well as many other actions due to Properties of ingredients of *Bramhi vati*. It pacifies *Pitta* and clears the minute channels (*Srotosodhana* action), which also helps to *Tapa prashamana* (reduce mental and physical heat) as well as *Chanchalanasha* (reduce irritability and excitability).

Mashabaladi Kashaya^[15]- *Mashabaladi kwatha* contains ingredients with predominant *Vata-Kapha* pacifying properties. *Pakshaghata* is a *Vata vyadhi* and in *Pakshaghata* increased *Kapha dosha* and *Ama* lead to obstruction of the *Srotasas*. Hence, due to *Vata-Kaphahara* properties of *Mashabaladi kwatha* drugs adopted in present study, it is effective to treat the *Pakshaghata*.

Ekangveer Rasa^[16]- *Ekangveer Rasa* possess ability to pacifying vitiated *Vata Dosha* as it is having *Madhura rasa*, *Snigdha guna*, *Ushna veerya* and *Madhura vipaka*. It pacifies vitiated *Kapha Dosha* by *Tikta*, *Katu*, *Kashaya Rasa*, *Laghu Guna*, *Ruksha Guna*, *Ushna Veerya* and *Katu Vipaka*. The properties of the ingredients in *Ekangveer Ras* play a vital role in restoring motor functions (*Gati*) and sensory perception (*Gandhana*).

Sarswatarishta^[17]- *Saraswatarishta* is a comprehensive Ayurvedic formulation that addresses the root causes of *Pakshaghata*. By balancing *Vata*, nourishing *Majja Dhatu*, improving *Srotas*, reducing *Kapha*, and exhibiting anti-inflammatory properties, *Saraswatarishta* helps to alleviate symptoms and promote recovery in patients with *Pakshaghata*. *Sarswatarishta* is also act as *Medhyarasayana*.

Vishtinduk Vati^[18]- The main ingredient of *Vishatindukaadi Vati* is *Kupilu*, known for its properties such as *Vata-shamak* (alleviating *Vata dosha*), *Chitta-avasadahar* (antidepressant), and *Hridya daurbalyahar* (cardiac tonic). The ingredients of *Vishtindukadi Vati* have properties like *Katu*, *Tikta rasa* and *Ushna virya*. Hence it acts as a pacifier for *Vata-kapha doshas* and also helps in cleansing the channels (*Srotoshodhana*).

Bruhatvatchintamani Rasa^[19]- In *Pakshaghata*, the aggravated *Vata dosha* impacts multiple systems, resulting in impaired physical functions. In these conditions, *Rasasindoor* with its potent formulation effectively strengthens the *Srotas* responsible for nerve conduction and motor functions. Hence, *Brihat Vata Chintamani Rasa* is considered the most valuable medicine in *Vata*-related diseases. *Roupya Bhasma* helps in reducing muscle spasms and restore muscle

tone, also suppress *Shirogata Vata*. The *Gamitva* (site of action) of *Abhraka* operates on the nervous system, strengthening and reducing fret (*Kshobha*) in nerve cells. To restore *Dhatukshaya Bhasma's* such as *Suvarna*, *Prawal*, *Mauktika*, *Loha*, *Roupya*, *Abhraka* which has *Balya*, *Bruhana*, *Rasayana* properties are useful. Therefore, *Bruhatvatachintamani Rasa* is the most valuable drug in *Vata vyadhi*.

Ashwagandha Churna^[20]- *Ashwagandha Churna* is a renowned Ayurvedic *Rasayana* and is classified under the subgroup called *Medhya rasayanas*. Therefore, *Ashwagandha* is commonly used to enhance intellect and improve memory. The cognitive benefits of *Medhya Rasayanas* are particularly evident in cases of memory impairment due to prolonged illness, old age, head injury, or in children with memory deficits.²¹ *Ashwagandha* is a real potent regenerative tonic (*Rasayana* of Ayurveda), due to its multiple pharmacological actions like anti-stress, neuroprotective, antitumor, anti-arthritis, analgesic and anti-inflammatory etc. It is one of the best nervine tonics of Ayurveda.

CONCLUSION

This case study demonstrates the successful management of *Pakshaghata* (acute ischemic stroke) using Ayurvedic principles. There was significant improvement in muscle nourishment, power and reflexes, difficulty in walking without support, slurred speech, and weakness with increased quality of life. Consequently, it proves that treatment with Classic Ayurveda principles along with *Panchakarma* therapies has a safe and efficient role in managing *Pakshaghata* (hemiplegia). Due to an unusual form of the disease presentation, significant recovery and improvement in the quality of life of in this case there was thought to be value over time documentation.

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