IJAYUSH
International Journal of AYUSH
AYURVEDA, YOGA, UNANI, SIDDHA AND HOMEOPATHY
http://internationaljournal.org.in/journal/index.php/ijayush/
International Journal
Panacea
Research library
ISSN: 2349 7025

Original Research Article | Volume 14 Issue 08 | August 2025

MANAGEMENT OF PARALYSIS (*PAKSHAGHATA*) IN AYURVEDA – A CASE STUDY

Dr. Sumit Kumar[1], Dr. Mukesh Rani[2]

[1]Associate Professor, Department of Swasthavritta, AwasthiAyurvedic Medical College & Hospital, Nalagarh – H.P.

+2Associate Professor, Department of RachanaSharir, AwasthiAyurvedic Medical College & Hospital, Nalagarh – H.P.

Email Id - sumitsangwan11@gmail.com, mukeshlohan659@gmail.com

ABSTRACT

Pakshaghat is a combination of the phrases Paksha (half of the body) and Aghat (loss of function). Ayurvedic literature contains several literary references that address Pakshaghat in great detail. It is recognised as the principal Vata Dosha, Vyadhi. Usually, one side of the patient's body is weak, or the other half is nonfunctional. Face may or may not be involved. Prognosis depends on many factors including Vaya, Bala, Dosha involvement etc. In modern science all the motor activities are controlled by brain. Cerebrovascular accidents are mainly responsible for loss of function in body and due to maximal similarity they can be correlated with Pakshaghat. In modern science there is usually treatment of symptoms but when it comes to Ayurveda there is treatment of root cause along with symptoms. In Ayurveda, treatment of diseases is divided in to two parts Samshodhana and Samshamana. Panchkarma is Shodhana Pradhana therapy, which includes five major procedures for Shodhana of body. Along with it there are many allied processes which help in symptomatic relief by directly acting on the part being affected. Pakshaghat is best treated with Mridu Samshodhana and Vata Shamaak Snehana Chikitsa. In the present case patient presented with right side Pakshaghat and treated with Panchakarma therapy, which included Nasya, Vasti and Akshitarpana. Initially Nasya and Akshitarpana given for 15 days. Patient was called for second sitting after 16 days and given in Kala Vasti Karma. After treatment patient was 100% cured.

Key words: Pakshaghat, VataVyadhi, Panchakarma, hemiplegia

INTRODUCTION

A vitiation of the Vata Dosha causes the disease known as pakshaghat. According to Acharya Charaka, Prakupita Vata creates Adhishthana in one half of the body, which leads to joint stiffness and Pakshaghata (loss of function in one half of the body). Acharya Sushruta explained that Vata Dosha travels in Urdhava Adhoga Tiryaka Dhamani and causes Sandhi Bandhana Moksha that ultimately leads to loss of function in one half of body called Pakshaghata. If one suffers from loss of sensation and becomes bed ridden, he may die with Pakshaghata he further explained. Prognosis of the disease as mentioned by Sushruta[1] is Sadhya when Vata Dosha associated with other Dosha, Krichhrasadhya when purely Vata is involved and Asadhya when Dhatukshaya is responsible for Pakshaghata . Chikitsa of Pakshaghata in various texts included Snehana, Swedana and Mridu Samshodhana[2] firstly then Basti with Balya and Vatashamaka Aushadha.[3] Nasya, Shirovasti, Abhyanaga with Panchendriya Vardhan Taila. Treatment should be done for 3 to 4 months.[4]

Stroke

Disease of the arteries or veins that supply the central nervous system causes a localized neurological impairment that manifests somewhat suddenly. Clinical manifestation depends on area involved and mostly motor functions are hampered.[5] Lacunar infarcts are small ischemic infarcts that range in diameter from 30 – 300 micro meter and result from occlusion of the penetrating arteries.[6] Long standing hypertension and atherosclerosis are common predisposing factors. TIA shortly before the onset of a lacunar stroke is frequent, but headache Is infrequent. Although the usually carry good prognosis, multiple lacunae may cause pseudo bulbar palsy and dementia. Clumsy hand syndrome is one of the manifestations of lacunar infarct.[7] Clinical manifestations include facial palsy, dysarthria, deviation of tongue and loss of motor functions. Treatment includes initially vital support after this cause and symptoms are treated accordingly.

CASE STUDY

A 50 years male patient brought by relatives in conscious and oriented state with complaints of left lower limb weakness, left lower limb heaviness, and generalized weakness, Right side deviation of mouth angle since yesterday evening.

K/C/O DM and HTN since 2-3 years

Patient on irregular medications.

No any drug or food allergy

No any surgical history

Addiction: Chronic alcoholic, tobacco chewer, bidi smoker since 15 yrs.

O/E

Temp - Afebrile

P - 90/ min

BP - 154/92 mmHg

RS - B/L clear

CVS - S1S2 Normal

CNS - Conscious oriented

Central nervous system

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

Cranial nervous

Facial nerve (symptoms present) Asymmetry of face,

O/E

Eye closure normal, whistling not present, blowing not present

Motor system

Table 1: Muscle power (Before treatment)

	Right	Left
Upper Limb	5/5	5/5
Lower Limb	5/5	0/5

Table 2: Reflexes

	Right	Left
Bicep	N	N
Tricep	N	N
Knee	N	Exaggerated

MRI – Multiple foci of restricted diffusion are seen in bilateral median para sagittal fronto parietal lobes and right side of corpus callosum. Corresponding T2 and FLAIR hyperintensity is seen s/o acute non hemorrhagic infarcts of bilateral ACA territories.

Multiple discrete and confluent foci of T2W/FLAIR hyperintensity with no restricted diffusion are seen in periventricular, deep white matter- s/o suggestive of small vessel ischemic changes.

MR Angiography reveals A1 segment of right ACA is hypoplastic.

MATERIAL AND METHODS

Panchkarma procedures

- Jihwa Nirlekhana with Vacha Choorna
- Sarwanga Abhyanga with NarayanaTaila and Nadi Swedana
- Yoga Basti
- Dashamula Niruha Basti
- Anuvasana Basti with Tila Taila
- Nasya – Panchendriya Wardhan Tail

Shaman Aushadh

- Eranda Tail 6 tsf stat
- Vatavidhwansa Rasa – 250 gm BD Vyanodana
- Ekangavir Rasa 250 gm BD Vyanodana
- Jivhadi Kashaya 20 ml Vyanodan
- Physiotherapy

And continue Dual Antiplatelet to prevent further complications –

1. Tab Atorva 20 mg 1 HS
2. Tab Ecosprin 150 mg 1 HS 2.
3. Tab Reclimet (Glyclazide + Metformin) 80/500mg 1 TDS before food

Table 3: Muscle power (After treatment)

	Right	Left
Upper Limb	5/5	5/5
Lower Limb	5/5	5/5

Probable Mode of Action

Nasya is potent Vata Shamaka procedure as it directly acts in Urdhava Jatrugata Vikar. Shira Pradesh is main Adhishthana of Indriya and Nasa is considered way to it. Drug administered through Nasa goes to Shira and causes Dosha Nirahana and Vata Shaman simultaneously. In this case patient was given Shaman Nasya with Panchendriya Vardhan Tail. PanchendriyaVardhan Tail has Vata Shamaka properties and specially acts on Urdhva JatrugtaVyadhis as explained in Samhita.

Abhyanga (Oleation) - Abhyanga entails rubbing the body in the same direction as hair follicles with any Snehas (fats). The body gets strong and stable, and the skin becomes Drudha and excellent by anointing it with oil, which acts on vitiated Vata, and the body becomes capable of withstanding fatigue and exercise, much as the pot, leather, and axle of the cart become strong and efficient by oiling. If there is complete Vata vitiation without any form of association (obstruction), it should be addressed with oleation therapy initially. Snehana is highly important in such a situation. It balances the Vata Doshas and provides Pushti Prasada (food for the dhatus).[8] When Abhyanga is performed for a long enough period of time, the oil reaches the various Dhatus. As a result, it is apparent that the strength of the medicine in the oil gets absorbed into the skin. it relieves the symptoms of that Dhatu's ailments.

Swedana (fomentation) - Swedana encourages person to sweat. Mala is a sort of Sweda. Sweda helps to clear the body of impurities. Dhatvagni and Bhutagni are linked to Sweda. Swedana medicines by Ushna and Tikshnaguna can penetrate the microcirculatory channels (Srotas) and trigger the sweat glands, causing them to produce more sweat. After dilatation of the micro channels, Laghu and Snigdha dosha enter the channels and lead them to go towards Kostha or excrete them through the skin's micropores as sweat, resulting in Srotoshodhana With the use of Vamana or Virechana therapy, the Dosha brought in Kostha is evacuated from the body.[9]

SnehayuktaVirechana (Purgation) - Virechana is the procedure for expelling the Doshas through Adhomarga i.e., Guda. This Karma is mostly used to reduce Pitta Doshas. Virechana Therapy results in the purification of circulation channels, the clarity of sense organs, the lightness of the body, a rise in energy, and the promotion of health. Virechana Drugs are Ushna (hot), Tikshna (sharp), Sukshma (subtle), Vyavayi (pervades the entire body before being digested), and Vikasi (causing looseness of joints). Virechana Dravya reaches the heart

and circulates throughout the body through the vessels due to their inherent efficacy. They liquefy the compact Doshas due to their Agneya character. They separate the adhering Doshas in the channels of the entire body due to their Tikshna Guna. This hazardous substance enters the stomach due to its natural ability to travel through tiny channels and flow towards the gastro intestinal system. The Doshas or diseased material are expelled down the descending tract due to the predominance of Prithvi and Jalamahabhutas in Virechana medicines, and their special action (Prabhava) to go downwards (anus).[10]

Basti (Enema) - When Basti is brought into the Pakwashaya, the Veerya of Basti reaches all throughout the body, collects the collected Doshas and Shakrut from the Nabhi, Kati, Parshwa, and Kukshi Pradeshas, gives the body Snehana, and expels the Dosha together with Pureesha. It is 'Amrutopamam' for patients with Kshina Majja, Shukra, and Oja, according to Charakacharya, and has properties such as Balya, Brimhana and Pushtikara.[11]

Niruha Basti (Decoction based enema) –Dashamula Niruha Basti, In Niruha Basti Madhu possesses Yogavahi and Sukshma Marga Anusarita, functions as a catalyst, penetrating the Sukshma Srotas. The Laghu and Tridosha Shamaka Gunas were introduced to the Saindhava Lavana. The Snigdha Guna of Sneha Dravya (Tila Taila) combats the Ruksha and Laghu Gunas of Vata, resulting in Vata Shamana. The major medicines, Kalka (Triphala, Bala), are the ones that give the overall combo its power. It aids in the disintegration of Mala. Kwatha performs Dosha Anulomana and Nirharana.[12]

Anuvasana/Sneha Basti (Oil based enema) – Anuvasana Basti with Til Taila, Anuvasana Basti will hold the oil for a set period of time without generating any negative effects. Pureesha dhara Kala is protected by the Snehana effect. TilTaila, which has Guru and Snigdha Gunas, combats Vata's Ruksha and Laghu Gunas, resulting in Vata Shamana. While reviewing the Anuvasana Basti, Acharya Charaka notes Sneha's digestion with the words "Sneham Pachati Pavakah," and after digestion, Dravyas can be taken to cause the effect on the body.[13]

In the Vatvyadhi Prakarana of Nighantu Ratnakara, Ekangveer Rasa is adviced for treatment of Pakshaghata, Ardita and other Vatvyadhi. Ekangveer Rasa has ability to pacifying vitiated Vata Doshas as it is having Madhura Rasa, Snigdha Guna, UshnaVeerya and Madhura Vipaka. It pacifies vitiated Kapha Dosha by Tikta, Katu, Kashaya Rasa, Laghu Guna, Ruksha Guna, Ushna Veerya and Katu Vipaka.[14]

Jihwa Nirlekhana - is performed with Vacha Choorna in the treatment of speech disorders. Vacha holds a special place in Ayurveda because it is a key Medhya medicine that has the

ability to improve memory and cognition. Vacha is classified as Lekhaniya and Sanjnastha pana Mahakashaya by Acharya Charaka. As a nervine tonic, Vacha has a unique power (Prabhava). It balances Vata and Kapha due to these qualities. Due to the properties of Pramathi and Lekhana, it disintegrates the Kleda, Meda, Lasika, Sweda, and Vasa and eliminates the Mala, Kapha, and Pitta from the Srotas. Katu Rasa dilates all relevant channels, resulting in the "Srotansi Vivrunoti" effect.[15]

Physiotherapy - Physiotherapy is a therapeutic practice that focuses on the science of movement and assists patients in restoring, maintaining, and optimizing their physical strength, function, motion, and general wellness. Physiotherapy is used throughout the treatment to increase joint range of motion and muscular flexibility. The goal of physiotherapy in this setting is to enhance joint integrity and muscular flexibility, as well as to meet any delayed developmental milestones as soon as feasible. Increased circulation to all four limbs and brief pain alleviation are among the other advantages. Consider the spasticity; joint mobility and flexibility were achieved with Range of Motion (ROM) exercises, passive stretching, and peripheral joint mobilization. Proper Ayurved management, as well as speech therapy, physiotherapy, and other rehabilitation methods assist the patient in becoming self sufficient.[16]

DISCUSSION

The science of Ayurveda treats illnesses by addressing both their causes and symptoms, leading to Samprapti Vighatana. Vata is the primary cause of Pakshghata illness and ought to be addressed first.Vata Prakopa can occur due to many causes and Dhatu Kshaya is one of them. Vasti not only causes Vata Shaman but due to multidimensional affect it causes Dhatu Poshana and pacification of other Doshas if associated with VataDosha.[17]

Nasya is administration of drug through nose. In Ayurveda Nasa is called Dwar to Shira (brain). In case of Pakshaghat main pathology lies in brain. Nasya causes Vata Shaman as we use Snehana through oil. In case of Pakshaghata initially there is flaccidity in muscles and then comes stage of rigidity. If done in the early stages, Sthanik Abhyanag and Swedana prevent this stage. Usually, in extended cases, there is muscular hypertrophy, which can also be averted by Abhyanaga because it enhances the part's blood supply. Swedana relieves pain when a patient reports discomfort in the affected area.

CONCLUSION

Pakshaghata is a Vata Pradhana ailment that causes one side of the body to lose function, much like hemiplegia of any kind. This case can be associated with clumsy hand syndrome due to the comparable symptoms. Vata Pradhana Vyadhis react well to Vasti and Nasya because Urdhva Jatrugata is the main Adhishthana of Dosha in this case. Sthanik Abhyanaga and Swedana alleviate symptoms. After the course of treatment was over, the patient fully recovered. Therefore, it can be said that Panchakarma procedures are highly effective in Pakshghata Chikitsa and should be administered actively to patients with stroke and related conditions.

REFERENCES

1. AmbikadattShastri, SushrutaSamhita of Sushruta with Ayurveda TatvaSandipika Hindi Commentary, NidanaSthana, Reprint Edition, 2014 chapter 1 verses 60- 63, Varanasi: Chaukhambha Sanskrit Sansthana, 2014; 115.
2. KashinathShashtri, GorakhnathChaturvedi, CharakSamhita of Charaka with Vidyotini Hindi commentary, ChikitsaSthana, Reprint edition; 2013, chapter 28 verse 54 Varanasi; ChaukhambaBharati Academy, 2013; 787
3. AmbikadattShastri, SushrutaSamhita of Sushruta with Ayurveda TatvaSandipika Hindi Commentary, NidanaSthana, Reprint Edition, 2014 chapter 1 verses 62, Varanasi: Chaukhambha Sanskrit Sansthana, 2014; 115.
4. KashinathShashtriGorakhnathChaturvedi, CharakSamhita of Charaka with Vidyotini Hindi commentary, Chikitsasthana Reprint edition; 2013, chapter 28 verse 101 Varanasi; ChaukhambaBharati Academy, 2013; 807.
5. AmbikadattShastri, SushrutaSamhita of Sushruta with Ayurveda TatvaSandipika Hindi Commentary, ChikitsaSthana, Reprint Edition, 2014 Chapter 5, verse 19, Varanasi: Chaukhambha Sanskrit Sansthana, 2014.
6. P.J. Mehtas Practical medicine, 20th edition, central nervous system, 2016; 350.
7. P.J. Mehtas Practical medicine, 20th edition central nervous system, 2016; 353.
8. P.J. Mehtas Practical medicine, 20th edition central nervous system, 2016; 356.
9. Vasant C. Patil. Principles and Practice of Panchakarma. 3rd ed. Bangalore; Atreya Ayurveda Publications. 2016. pp.120 10.
10. Vasant C Patil. Principles and Practice of Panchakarma. 3rd ed. Bangalore; Atreya Ayurveda Publications; 2016, pp.237-238 11.

11. Shasirekha H K, BargaleSushantSukumar. CarakaSamhita of Agnivesha, Kalpastana. 1st edition. New Delhi; Chaukhambha Publications; 2020, pp. 4.
12. NighantuRatnakarNidanasahaChikitsa by KrishnashastriNavareNirnayaSagar Publication Mumbai page no. 436
13. K R Murthy. ShriBhava Mishra BhavaPrakashaNighantuVol 1. 1st edition. Varanasi; ChaukhambhaKrishnadas Academy; 2004, pp.175.
14. Sohini S. Conventional Ayurvedic Management in spastic cerebral palsy. IJAPR. April 2017; pp.4 .
15. Shasirekha H K, BargaleSushantSukumar. CarakaSamhita of Agnivesha, Sidhistana. 1st edition. New Delhi; Chaukhambha Publications; 2020. 125p
16. Vasant C. Patil. Principles and Practice of Panchakarma. 3rd ed. Bangalore; Atreya Ayurveda Publications; 2016. 449p.
17. Shasirekha H K, BargaleSushantSukumar. CarakaSamhita of Agnivesha, Sidhistana. 1st edition. New Delhi; Chaukhambha Publications; 2020. 122p.