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CASE STUDY

A Case study: An Integrative *Ayurvedic* Management of *Pakshaghata*

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ABSTRACT
Pakshaghat is made up of two words: Paksha (half part of body) and Aghata (loss of function). It is a debilitating neurological condition described in Ayurveda and is characterized by paralysis of one half of the body. The disease is primarily caused by the aggravation of Vata dosha, which governs motor and sensory functions. Acharya Vagbhatta has included Ekangavata in Pakshaghata. Clinically, Pakshaghat closely resembles hemiplegia, most commonly caused by Stroke. The condition presents with symptoms such as unilateral weakness, loss of voluntary movements, speech disturbances [slurred speech], and facial asymmetry. In modern medicine, the motor activities are controlled by the brain and Cerebrovascular accidents are mainly responsible for loss of bodily functions. Due to similarity in clinical features, hemiplegia can be correlated with Pakshaghat. Modern treatment mainly focuses on symptomatic management, whereas Ayurveda emphasizes treatment of root cause and symptoms. In Ayurveda, treatment is broadly classified into Samshodhana and Samshamana therapies. Pakshaghat is effectively managed with mridu samshodhana and vata-shamaka snehana chikitsa. In the present case, a patient with right-sided Pakshaghat was treated with Panchkarma therapies including Sarvanga snehana, Sarvanga swedana, Shastikashali pinda sweda, Nasya, Vasti
KEYWORDS: *Pakshaghata, Vata dosha, Panchakarma, Snehana, Shodhana, Hemiplegia*

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INTRODUCTION

Pakshaghata is a neurological disorder described in Ayurveda and is mainly caused by aggravation of *Vata Dosha*. According to *Charaka*, aggravated *Vata* affects one side of the body, resulting in loss of movement, which closely resembles to hemiplegia [1]. *Sushruta* explained that vitiated *Vata* spreads through different *dhamanis* and causes loosening of joints, leading to weakness or paralysis of one half of the body. In severe conditions, the patient may become bedridden due to loss of motor and sensory functions. Hemiplegia commonly occurs due to cerebrovascular accidents (stroke) and significantly affects the patient's quality of life [2]. Modern management mainly focuses on symptomatic treatment and rehabilitation, whereas Ayurveda emphasizes correction of the underlying Dosha imbalance along with symptomatic management. Ayurvedic management of *Pakshaghat* includes therapies such as *Snehana* (oil massage), *Swedana* (sweating therapy), mild purification *(Mridu Samshodhana)*, *Nasya* (nasal therapy) and *Vasti* (medicated enema), along with the medicines that pacify *Vata* and improve strength. Early diagnosis and timely intervention play an important role in recovery and rehabilitation [3-5]. The present study aims to evaluate the role of *Panchakarma* therapies in the management of *Pakshaghata.*

CASE REPORT

A 40-year-old unmarried female patient, Ms. Shweta Singh visited the OPD of Dr. G.D. POL Foundation, Y.M.T Ayurvedic Medical College and Hospital on 20 April 2026 with chief complaints of Weakness in the right upper limb and lower limb, slurred speech, urgency in urination, and occasional acidity.

HISTORY

The Patient was apparently healthy one year ago when she suddenly developed headache and heaviness of head. On examination she diagnosed with hypertension with a blood pressure of 170/110mmHg. She consulted a modern medical physician and was started on antihypertensive treatment. However, the patient was irregular in taking medication and continued her loaded heavy work with no proper sleep and food. After 10 days, the patient suddenly collapsed and developed right-sided hemiplegia, following which she was admitted to the neurosurgery ICU. MRI findings revealed a large intraparenchymal hematoma in the left ganglio-capsular region with mass effect. The patient underwent emergency craniotomy followed by cranioplasty. She regained consciousness after 21 days of surgery. A recent CT scan showed near-complete resolution of the left ganglio-capsular intercranial bleed and residual pneumocephalus in the operative bed and reduction in adjacent vasogenic oedema. The patient showed gradual recovery after six months of surgery; however, she continued to experience weakness in right upper limb and lower limb, slurred speech, urgency in urination and occasional acidity. Her blood pressure remained stable with medication.

The patient was admitted for ayurvedic management after 7 months of surgery.

ASSOCIATED COMPLAINTS

Known case of Hypertension since 2 years.
Known case of Hypothyroidism since 2 years.
History of Brain stroke on 30 march 2025.
Surgical history of Craniotomy on 4 April 2025.
Surgical history of post Fronto-temporo-parietal Cranioplasty on 22 July 2025

GENERAL EXAMINATION

Table 1: General Physical Examination of the Patient

General condition	-	**Fair**
BMI	-	19.2
Pulse	-	59/min
Temperature	-	Afebrile
Pallor	-	Absent
Oedema	-	Absent
Icterus	-	Absent
Weight	-	71 Kg
Height	-	5 ft 7 in
Blood Pressure	-	110/70 mmHg
Respiratory rate	-	16/min
Cyanosis	-	Absent
Clubbing	-	Absent
Lymphadenopathy	-	Absent

SYSTEMIC EXAMINATION

Gastro intestinal system

Abdomen soft, non-tender and no organomegaly detected.

Respiratory system

Chest is Symmetrical with bilateral equal air entry. No added sound heard. Normal vesicular breath sounds present.

Cardio vascular examination

S1 and S2 heard normally, no murmurs detected.

Locomotor and Neurological examination

Spastic gait present.
Absence of arm swing on right side.
Finger tapping test – negative on right side, Positive on left side
Hand grip:– Present on left side, absent on right side.
Corneal response: Diminished on right side
Cheek puff test: Not possible
Verbal response: score 2
Muscle tone: spasticity present on right side
Shoulder shrug:- Possible against resistance on left side, not possible on right side

Tongue movements: slow, slurred speech.

Table 2: Muscle power (before treatment)

Right Upper Limb	**0/5**
Right lower limb	**2/5**
Left upper limb	**5/5**
left lower limb	**5/5**

DIAGNOSIS

The Case was diagnosed as Dakshina Pakshaghata (correlating with hemiplegia). The treatment was planned based on dosha bala, sthana and Rogibala.

MANAGEMENT

1) Shodhan aushadha

Table 3: Shodhana Aushadha and Procedures Administered

Date	Procedure	Aushadha	Days
20 April 2026 to 10 may 2026	Shastikashali pinda sweda	Shastikashali and Godugdha	21 days
20 April 2026 to 12 may 2026	Abhyanga & Swedana	Tila taila & Nadi swedana	21 days
20 April 2026 to 12 may 2026	Matra basti	Tila taila	21 days
20 April 2026 to 12 may 2026	nasya	Anutaila Pancheindriya taila	21 days
8 May 2026 to 10 may 2026	shirodhara	Brahmi and tila taila	2 days

2) Shaman aushadha

Table 4: Shamana Aushadha (Palliative Therapeutic Regimen)

Kanchnar guggula vati (500mg)	2TDS (AF)	Lukewarm water
Ekangavir rasa (500mg)	1BD (BF)	Lukewarm water
Rasaraj rasa (250mg)	1OD (AF)	Lukewarm water
Chandraprabha vati (500mg)	2BD (AF)	Lukewarm water
Dashmoolarishta	3TSP OD (AF)	Lukewarm water

Patient continued taking antihypertensive drugs throughout the ayurvedic treatment.

RESULTS AND DISCUSSIONS

The patient showed gradual improvement in motor function, muscle strength, power, speech and gait. Deep tendon reflexes improved and became near normal after treatment. The patient regained partial ability to walk and perform daily activities. After Ayurvedic management patient's antihypertensive medicine dose was reduced.

Muscle power - (After Treatment)

Table 5: Muscle power - (After Treatment)

Right Upper Limb	**2/5**
Right lower limb	**4/5**
Left upper limb	**5/5**
left lower limb	**5/5**

DISCUSSION

The improvement observed can be attributed to the combined effect of Panchakarma therapies in vata vyadhi. Snehana provides nourishment to tissues and pacifies vata. Swedana [6] reduces stiffness and improves circulation. Basti [7] is considered the best treatment for vata disorders as it acts systemically and restores neuromuscular balance. Shashtikshali Pinda sweda improves muscle strength and joint mobility. Nasya supports neurological and sensory functions. Overall, the combined therapies helped in functional recovery and improvement in quality of life.

CONCLUSION

Panchakarma therapy shows beneficial effects in management of Pakshaghata, espically in post-stroke rehabilitation. Early and appropriate Ayurvedic intervention may improve functional outcomes and quality of life.

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