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Case Report

Pakshaghata

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Management of Pakshaghata through Ayurveda - A Case Series

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Vata Dosha is considered to be the most important among Tridoshas in Ayurveda. Neither Pitta Dosha nor Kapha Dosha nor the Dhatus nor the Malas can move on their own. They are led by Vata Dosha just like the clouds which are driven by the wind.[1] Together with the other two Doshas, Vata plays a vital role in the causation of diseases. But there are some diseases where Vata alone gets vitiated and produce disease and they are generally termed as Vatavyadhis.[2] Pakshaghata is one among them which is characterized by loss of movement or disability of one side of the body. It may be correlated to hemiplegia caused due to cerebrovascular accident or stroke. This article is an attempt to analyse the case reports of five patients affected by Pakshaghata, who were admitted in our hospital IPD and to develop a general treatment protocol considering the site of lesion, Prakruti, age of the patient, chronicity of the disease etc.

Keywords: Pakshaghata, Panchakarma, Vatavyadhi, Stroke

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Introduction

Pakshaghata/Pakshavadha is a condition mentioned among the *Vatavyadhis* in *Ayurveda* classics. '*Paksha*' means side/flank, '*Aghata*'/'*Vadha*' means killing or destruction or paralysis.

Here, aggravated *Vata* gets localized in one half of the body and causes *Shosha*/atrophy of *Sira* and *Snayu*, thus debilitating the half, by loosening the joint connections. As a result, that side of the body experiences *Akarmanyata* (loss of motor functions) and *Vichethanatwa* (loss of movements).**[3]**

Vata can vitiate in two ways; either due to *Dhatukshaya* or due to *Aavarana*.**[4]** Due to indulgence in factors causing depletion of *Dhatus*, the *Srothases* or the channels become empty and *Vata* gets vitiated by filling up these. If other *Doshas* (which include *Dhatus, Malas* also) fills up these empty channels, then *Vata* gets vitiated by causing *Aavarana* or obstruction to these channels.

The vitiated *Vata* gets localized in various sites of the body during *Sthaana Samsraya* stage of *Kriyaa Kaala* and causes various diseases. In *Pakshaghata, Sroto Vaigunya* is at various parts of brain like basal ganglia, corona radiata, pons etc.

So vitiated *Vata* gets localized in these areas and results in presentations of stroke. Stroke is a common medical emergency with an annual incidence of between 180 and 300 per 100000.

The incidence rises with age. One fifth of patients with an acute stroke will die within a month of the event and at least half of those who survive will be left with physical disability. The common clinical stroke syndromes depend on which vascular territories are affected.**[5]**

Case Report

This case series includes participants who were admitted in the Panchakarma IPD of our institution with a primary history of weakness of one side of the body. Cases were evaluated initially by detailed history taking and physical examination.

Demographic data collected included age, gender and personal and medical history with duration since the onset of the condition and the radiological findings. Pre-post assessment done using Barthels index and SSQOL stroke assessment scale.

Case 1:

A 57-year-old male patient who was not a known case of diabetes mellitus or hypertension was admitted in the IPD with complaints of weakness of right side of the body since a year. He also had difficulty in recalling names and recent events. Delayed sensations of touch, pain, temperature etc on the affected side was also there. The patient has received medical management on the same day of occurrence of symptoms, within the golden hour. A course of physiotherapy was also done.

Clinical Examinations

- Higher mental functions
  - Past memory intact, present affected.
- Cranial nerves
  - Optic nerve: visual field-right side of both eyes affected.
  - Trigeminal nerve: pain, temperature, light touch sensations feeble on the right side of body.
- Motor system
  - Muscle power:

	Right	Left
UL	4/5	5/5
LL	4/5	5/5

- Muscle Bulk:

Nearly 1 cm difference in right upper limb and lower limb when compared to left upper limb and lower limb.

Gait - hemiplegic

- MRI findings:

Acute infarct in the left corona radiata, posterior limb of internal capsule extending to thalamus

Acute infarct on left occipital lobe and medial temporal lobe of left PCA territory. No haemorrhagic transformation.

Case 2:

A 62-year-old male patient with no K/H/O DM, HTN was admitted in the IPD of the hospital with complaints of weakness of right side of the body and difficulty in articulation of words. Duration of the complaints was 12 years and it had aggravated a month before visiting our OPD. He wasn't taken to the hospital within the golden hour and hence medical management was delayed.

Clinical Examinations

- Higher mental functions
  - Speech affected
- Cranial nerves
- Motor part of trigeminal nerve affected
- Clenching of teeth and lateral movement of lower jaw affected.
- Motor system
  - Muscle power:

	Right	Left
UL	3/5	4/5
LL	3/5	4/5

Gait - hemiplegic

- MRI findings:

Basal ganglia bleed.

Case 3:

A 46-year-old male patient with K/H/O T2 DM, HTN and CAD-dilated cardiomyopathy, was admitted in the IPD, with complaints of weakness of left side of the body and slight deviation of angle of mouth towards right for 2 months. He was given immediate medical management and was still under allopathic medications while he visited our OPD.

Clinical Examinations

- Higher mental functions
  - Intact
- Cranial nerves
  - Facial nerve - motor part affected
  - Blowing of cheeks not possible
  - Whistling movements not possible
- Motor system
  - Muscle tone: Left upper limb hypertonic
  - Muscle power:

	Right	Left
UL	5/5	3/5
LL	5/5	3/5

Gait - hemiplegic; walks only with support

- MRI findings:

Acute infarct in right basal ganglia AMD corona radiata with haemorrhagic transformation.

Right MCA and ICA thrombotic occlusion.

Case 4

A 61-year-old female patient with K/H/O DLP and HTN, presented with weakness of right side of the body, deviation of angle of mouth towards left side and slurring of speech, was admitted in the IPD. All these complaints started before 8 months from the date of visiting our hospital. She was given immediate medical management and a course of physiotherapy too.

Clinical Examinations

- Higher mental functions
  - Slurring of speech present
- Cranial nerves
  - Trigeminal nerve - motor part affected;
  - Clenching of teeth - weakness on right side
  - Facial nerve - motor part affected;
  - Frowning, wrinkling, blinking- weakness on right side
  - Buccinator weakness on right side
- Motor system
  - Muscle power:

	R	L
UL	3/5	5/5
LL	3/5	5/5

Gait - hemiplegic; walks only with support

- MRI findings:

Acute infarct on left capsule-ganglionic region, left corona radiate

Acute ischemic stroke.

Case 5

A 74-year-old female patient with K/H/O HTN was admitted in the IPD, with presenting complaints of weakness of left side of the body associated with difficulty in walking. All these complaints started before 2 months from the date of visiting our hospital. She was not given medical management within the golden hour after the occurrence of stroke event.

Clinical examinations

- Higher mental functions
  - Intact

- Cranial nerves
  - Intact
- Sensory system
  - Sensation of touch slightly reduced over left side of the body.
- Motor system
  - Muscle bulk: Reduced by 2cm over left arm and left thigh
  - Muscle tone: normal
  - Muscle power:

	R	L
UL	3/5	4/5
LL	3/5	4/5

Gait - hemiplegic; walks only with support

- MRI findings:

Old infarct with atrophy over left capsulo-ganglionic region.

Demographic Data of All Patients

	PT.1	PT.2	PT.3	PT.4	PT.5
Age In Years	57	62	46	61	74
Gender	Male	Male	Male	Female	Female
Occupation	NRI	Central Govt. Staff	Govt. Staff	House Wife	House Maid
Side Affected	Right	Right	Right	Left	Right
Brain Lesion	Left Corona Radiata, Internal capsule	Basal Ganglia	Basal Ganglia	Left Capsulo-Ganglionic Region, Corona Radiata	Left Capsulo-Ganglionic Region

General Treatment Principle

1. Deepana-Paachana

All patients were given *Deepana-Paachana* therapy as first line of treatment in *Pakshaghata. Kashayas* and *Choornas* were given for this purpose and commonly used combination was *Gandarvahasthadi Kashaya***[6]** 60ml twice before food given along with 12gm *Vaishwanara Choorna*.**[7]**

2. Bahya Rukshana

Bahya Rukshana was the initial external therapy done for all the patients. The following procedures were adopted by considering the patient's condition:

- *Ruksha Sweda*
- *Dhanyamla Dhara* and *Pradeha*
- *Udwarthanam*
- *Kashaya Dhara*

Out of the five patients, two were given *Ruksha Sweda* as the initial procedure and the medicine used was *Kolakuklathadi Choorna*.**[8]** For a patient complaining of numbness and paraesthesia, *Dhaara* using *Dhanyamla* was done. *Dhaara* using the *Kashaya* made of drugs of *Vedanaasthapana Gana* and *Dashamoola Choorna* was given as initial *Rukshana* for one patient. One case among the five was associated with flaccidity of limbs. So, he was given *Udwarthana* with *Kolakulathadi Choorna*. Two or three *Rukshana* therapies were administered to the patients till he/she was found suitable for *Bahya Snehana* or external oil therapies.

3. Bahya Snehana

Bahya Snehana was the procedure done after initial *Rukshana*. After assessing *Nirama Lakshanas* like removal of obstruction to channels, lightness of body, normal passage of *Vata*, free from fatigue, good appetite etc.**[9]**

Suitable oil was selected for *Abhyanga* or external oil massage. The *Taila Yoga* selected for two patients was *Chinchadi Taila*.**[10]** Remaining three patients were administered *Abhyanga* with a combination of *Mahanarayana Taila***[11]** and *Prabhanjanam Kuzhambu*.**[12]**

4. Swedana

After *Abhyanga*, different types of *Swedana* procedures were done, which included:

- *Patrapotala Sweda*
- *Kaayaseka*
- *Shashtika Pinda Sweda*

Swedana Karma is contraindicated in *Prameha*.**[13]** So in diabetic patients, it was done in mild heat and with utmost care.

In *Patrapotala Sweda*, the same oil which was used for *Abhyanga* was used in four of the five cases.

For *Kaayaseka*, a combination of *Prabhanjanam Vimardana Taila* with either *Chinchadi Taila* or *Dhanwantharam Taila***[14]** was used.

In all the five patients, there was wasting of muscles in varying grades. So, *Shashtika Pinda Sweda* was done. Here also the *Taila* used for *Abhyanga* was taken.

5. Murdhni Taila

Among the four *Murdhni Tailas*, *Shiropichu* and *Shirovasti* were selected. *Shirovasti* was done towards the end of the treatment course, after *Shashtika Pinda Sweda*. The *Taila* used was *Mahanarayana Taila.* In two of the cases, *Shiropichu* was done before *Shirovasti* with the same *Taila*.

6. Main *Panchakarma* Procedures

A) Nasya- Marsha Nasya with *Ksheerabala Taila(101 Aavarti*)**[15]** was done in all cases, after *Abhyanga* and *Ushma Sweda*. The same *Taila* was used for *Pratimarsha Nasya* too, after

B) Basti- along with *Patrapotala Sweda*, *Balaguloochyadi Yapana Basti* was administered. **[16]**

C) Virechana- with suit. medicine as per *Koshta* was given at end of *Patrapotala Sweda* & *Kaayaseka*.

Observations and Results

There was gradual improvement in the patients' condition with our treatment. After almost two months of IP management, they were discharged on oral medications. Follow up was done after a month. Effect of treatment was assessed based on physical symptoms, stroke scale quality of life index, Barthes index for stroke and improved quality of life.

BARTHES Index for Stroke

	Patient 1		Patient 2		Patient 3		Patient 4		Patient 5	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
Feeding	0	5	5	5	0	5	0	5	0	5
Grooming	0	5	5	5	0	0	0	0	0	5
Bathing	5	5	5	5	0	5	0	0	0	0
Dressing	5	5	5	10	0	5	0	5	0	5
Bowel	0	10	5	10	0	5	0	10	0	5
Bladder	5	10	10	10	0	5	0	10	0	5
Toilet use	5	10	5	10	0	5	0	5	0	5
Transfers (bed to chair and back)	5	10	10	10	5	10	0	5	0	10
Mobility	10	15	10	10	5	10	0	5	5	10
Stairs	0	5	5	5	0	5	0	0	0	5

STROKE Scale Quality of Life Index

	Before Treatment	After Treatment
Patient 1	89	188
Patient 2	82	181
Patient 3	76	192
Patient 4	74	178
Patient 5	86	182

Discussion

All the five patients who were admitted in the IPD with the symptoms of basal ganglia stroke were managed through almost similar treatment protocol. Our internal medicines and external therapies along with the support of weekly physiotherapy sessions caused relevant improvement in the patients' condition. Initial *Deepana-Paachana* and *Rukshana* helps in changing *Doshas* in *Saama* stage to *Niraama* stage, for their easy expulsion after bringing them to *Koshta* from *Shaakhas*. In *Pakshaghata* there is severe constriction of vessels, tendons and ligaments and emaciation of *Dhatus* also. *Snehana*, when done can immediately nourish the *Dhatus* and along with *Swedana*, it makes the body of the patient flexible just like a wooden stick, which can be easily bend after application of oleation and sudation.**[17]** *Acharyas* advise the use of *Snehana* and *Swedana* in *Vatarogas*, because in a *Koshta* which is well oleated *Vata Dosha* cannot cause any disease.**[18]** Among *Swedana* procedures, *Patrapotala Sweda* is found very effective as the leaves of *Nirgundi*, *Eranda*, *Arka* etc have analgesic and anti-inflammatory properties. **[19]** *Murdhni Tailas* play a vital role in the management of symptoms of *Pakshaghata*. *Shirovasti* with *Mahanarayana Taila* was done in all five cases and was found very effective. In *Pakshaghata*, the main pathology lies in the brain. So, *Nasya* was done using suitable formulation as it acts via the nasal cavity which is the gateway to *Shiras*.**[20]** *Ksheerabala Taila* was selected for *Nasya* in all the cases. It has the properties like rejuvenation, nourishment of senses etc.**[15]** For the alleviation of *Vata* disorders, *Basti Karma* is the main *Shodhana* treatment. Of all the diseases which are dependent on *Shaakha* (body tissues), *Koshta*(alimentary tract), *Marmas* (vital parts), *Urdhvaanga*(head and neck) and all other body parts, *Vata dosha* is main cause. It is also responsible for transit and localisation of faeces, *Kapha*, *Pitta* and other accumulated *Malas*. In mitigation of greatly increased *Vata*, there is no other treatment than *Basti*.**[21]** *Balaguloochyadi Basti* explained in *Basti Kalpa* of *Ashtanga Hridaya Kalpasthaana* was administered to all five patients and great improvement was noted. The above said *Basti* is said to have nourishing properties and cures all diseases.**[16]**The role of physiotherapy in management of cases is also appreciable.

The patients attended weekly physiotherapy sessions which helped them to restore movements and functions, as it focused on both prevention and rehabilitation.

Conclusion

Among the five cases given above, the site of affliction of stroke was basal ganglia and corona radiata. A collection of cell bodies called the basal ganglia lies deep in the center of the brain. The basal ganglia serve as the message center for a range of bodily functions such as:

- Movement control and learning
- Behaviour
- Emotions
- Executive functions, the mental processes that enable people to do things, such as planning, focusing, remembering instructions, and multitasking.**[22]**

The patients had common symptoms like flattened emotions, apathy, memory problems etc.

Ayurvedic treatment along with physiotherapy proved to be beneficial in such cases for improving the quality of life of the patients.

References

1. Rao GP, editor. Sarngadhara Samhitha of Sarngadharaacharya. Sanskrit text with English translation. Prathama Khanda, 5th chapter, 25th shloka. *Varanasi: Chaukhambha Orientalia; p. 23 [Crossref][PubMed][Google Scholar]*

2. Agnivesha. Charaka Samhita with Ayurveda Dipika commentary of Chakrapaanidutta. Chikitsa Sthana, Ch. 28, Ver. *1-2. Varanasi: Chaukhambha Publications; p. 616 [Crossref][PubMed][Google Scholar]*

3. Vagbhata. Ashtanga Hrudaya with commentaries Sarvaanga Sundara of Arunadutta and Ayurveda Rasayana of Hemadri. Nidana Sthana, Ch. 15, Ver. *38-39. Varanasi: Chaukhambha Publications; p. 533 [Crossref][PubMed][Google Scholar]*

4. Vagbhata. Ashtanga Hrudaya with commentaries Sarvaanga Sundara of Arunadutta and Ayurveda Rasayana of Hemadri. Nidana Sthana, Ch. 10, Ver. *18. Varanasi: Chaukhambha Publications; p. 504 [Crossref][PubMed][Google Scholar]*

5. Davidson's Essentials of Medicine. 3rd ed. Ch. 16. *p. 631 [Crossref][PubMed][Google Scholar]*

6. Sahasrayogam with Sujanapriya Vyakhyaana. Vidhyarambham Publishers; p. 78. . *[Crossref][PubMed][Google Scholar]*

7. Vagbhata. Ashtanga Hrudaya with commentaries Sarvaanga Sundara of Arunadutta and Ayurveda Rasayana of Hemadri. Chikitsa Sthana, Ch. 14, Ver. *34. Varanasi: Chaukhambha Publications; p. 687 [Crossref][PubMed][Google Scholar]*

8. Agnivesha. Charaka Samhita with Ayurveda Dipika commentary of Chakrapaanidutta. Sutra Sthana, Ch. 3, Ver. *18. Varanasi: Chaukhambha Publications; p. 28 [Crossref][PubMed][Google Scholar]*

9. Vagbhata. Ashtanga Hrudaya with commentaries Sarvaanga Sundara of Arunadutta and Ayurveda Rasayana of Hemadri. Sutra Sthana, Ch. 13, Ver. *23-24. Varanasi: Chaukhambha Publications; p. 216 [Crossref][PubMed][Google Scholar]*

10. Sahasrayogam with Sujanapriya Vyakhyaana. Taila Prakarana. Vidhyarambham Publishers; p. 282. *[Crossref][PubMed][Google Scholar]*

11. Sahasrayogam with Sujanapriya Vyakhyaana. Taila Prakarana. Vidhyarambham Publishers; p. 299. *[Crossref][PubMed][Google Scholar]*

12. Sahasrayogam with Sujanapriya Vyakhyaana. Taila Prakarana. Vidhyarambham Publishers; p. 293. *[Crossref][PubMed][Google Scholar]*

13. Vagbhata. Ashtanga Hrudaya with commentaries Sarvaanga Sundara of Arunadutta and Ayurveda Rasayana of Hemadri. Sutra Sthana, Ch. 17, Ver. *24. Varanasi: Chaukhambha Publications; p. 258 [Crossref][PubMed][Google Scholar]*

14. Vagbhata. Ashtanga Hrudaya with commentaries Sarvaanga Sundara of Arunadutta and Ayurveda Rasayana of Hemadri. Sharira Sthana, Ch. 2, Ver. *47-52. Varanasi: Chaukhambha Publications; p. 383 [Crossref][PubMed][Google Scholar]*

15. Vagbhata. Ashtanga Hrudaya with commentaries Sarvaanga Sundara of Arunadutta and Ayurveda Rasayana of Hemadri. Chikitsa Sthana, Ch. 22, Ver. *45-46. Varanasi: Chaukhambha Publications; p. 732 [Crossref][PubMed][Google Scholar]*

16. Agnivesha. Charaka Samhita with Ayurveda Dipika commentary of Chakrapaanidutta. Siddhi Sthana, Ch. 3, Ver. *13-19. Varanasi: Chaukhambha Publications; p. 692 [Crossref][PubMed][Google Scholar]*

17. Agnivesha. Charaka Samhita with Ayurveda Dipika commentary of Chakrapaanidutta. Chikitsa Sthana, Ch. 21, Ver. *6. Varanasi: Chaukhambha Publications; p. 722 [Crossref][PubMed][Google Scholar]*

18. Agnivesha. Charaka Samhita with Ayurveda Dipika commentary of Chakrapaanidutta. Chikitsa Sthana, Ch. 21, Ver. *7. Varanasi: Chaukhambha Publications; p. 722 [Crossref][PubMed][Google Scholar]*

19. Arogyakalpadruma. Ch. 17, Ver. 36-37. *[Crossref][PubMed][Google Scholar]*

20. Vagbhata. Ashtanga Hrudaya with commentaries Sarvaanga Sundara of Arunadutta and Ayurveda Rasayana of Hemadri. Sutra Sthana, Ch. 20, Ver. *1. Varanasi: Chaukhambha Publications; p. 287 [Crossref][PubMed][Google Scholar]*

21. Agnivesha. Charaka Samhita with Ayurveda Dipika commentary of Chakrapaanidutta. Siddhi Sthana, Ch. 1, Ver. *38-39. Varanasi: Chaukhambha Publications; p. 683 [Crossref][PubMed][Google Scholar]*

22. Medical News Today [Internet]. Available from: https://www. medicalnewstoday. com/articles/313596. *[Crossref][PubMed][Google Scholar]*