



Ayurvedic Management Of Pakshaghat (Hemiplegia) Secondary To Cerebrovascular Accident: A Case Study

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Abstract-

Pakshaghat, derived from the Sanskrit words “Paksha” (one half of the body) and “Aghata” (affliction or injury), is a neurological disorder characterized by paralysis of one side of the body, typically resulting from a cerebrovascular accident (CVA) or stroke. It is classified under Vata Vyadhi in Ayurvedic literature due to the predominance of vitiated Vata dosha, which governs all neurological and motor functions in the body. Pakshaghat not only presents as a major motor disability but also significantly impairs the individual's quality of life, social functioning, and mental health.

Pakshaghat is one of the Nanatmaja Vata Vyadhis presenting with paralysis of one side of the body. It closely corresponds to hemiplegia due to ischemic Cerebrovascular Accident (CVA) in modern medicine. From the Ayurvedic perspective, such neurological deficits are linked with deranged Vata involving Majjavaha and Rasavaha Srotas. Management emphasizes Panchakarma, Rasayana, and Brihmana chikitsa. In the modern medical context, stroke is a sudden loss of brain function caused by either ischemia (blockage of a cerebral artery) or hemorrhage (rupture of a blood vessel). The most common cause of hemiplegia is ischemic stroke, typically affecting the middle cerebral artery (MCA) territory, which supplies a major portion of the cerebral cortex responsible for motor control. The result is often unilateral paralysis, speech impairment (aphasia if the dominant hemisphere is involved), facial asymmetry, sensory loss, and other associated neurological deficits.

Keywords: Pakshaghat, Cerebrovascular Accident, Hemiplegia, Panchakarma, Basti, Rasayana, Ayurveda, Vata Vyadhi

1. Introduction

Pakshaghat, a classical manifestation of deranged Vata, involves unilateral loss of motor function. The clinical picture aligns with hemiplegia resulting from CVA. Ayurveda attributes this condition to either Margavarana or Dhatukshaya leading to Vata Prakopa. Srotodushti in Majjavaha and Rasavaha systems is considered central to its pathogenesis. The treatment protocol follows Snehana, Swedana, Basti, and Rasayana aiming to restore neurological integrity and enhance brain plasticity.

In contemporary medicine, a stroke is a serious and acute medical emergency resulting from the sudden interruption of blood flow to the brain, either due to ischemic occlusion (thrombotic or embolic stroke) or intracerebral hemorrhage. The brain, being highly sensitive to oxygen deprivation, undergoes rapid neuronal death, leading to focal neurological deficits. The middle cerebral artery (MCA) is the most commonly

affected vascular territory in ischemic stroke, resulting in contralateral motor paralysis, especially of the upper limb and face, often accompanied by speech disturbances, sensory loss, or cognitive dysfunction, depending on the hemisphere involved.

From an Ayurvedic perspective, Pakshaghata arises due to vitiation of Vata dosha, which governs all motor and sensory activities in the body, including neuromuscular coordination, speech, perception, and voluntary movement. When aggravated, Vata obstructs the normal flow of prana (vital energy) in the sira (nerves), dhamani (arteries), and snayu (ligaments), leading to dysfunction in the form of stiffness (stambha), weakness (balahani), and loss of movement (chesta nivrutti) in one half of the body. The condition may also be associated with speech difficulty (Vak stambha), facial deviation (Vakra mukha), and tremors depending on the degree and site of involvement.

2. Case Presentation:

A 55-year-old hypertensive male in Sane Guruji Hospital with c/o- left side upper and lower limb weakness, facial deviation, difficulty in walking since last 2 hours. He had hypertension since last 8 years but skipped his medicines since 10 days. His father also hypertensive. No other family history found, with left-sided hemiplegia secondary to right MCA territory infarct was managed through Ayurveda. Treatment included Abhyanga, Nadi Swedana, Karma Basti, Rasayana, and oral Vatahara formulations ⁽¹⁾.

Diagnosis: Pakshaghat (Vatavyadhi)

Dosha: Vata Pradhana

Dushya: Rasa, Mamsa, Majja

Srotas: Majjavaha, Rasavaha

Rogamarga: Madhyama

Avastha: Upashaya

Clinical Findings- BP was 180/100 mmHg. Auscultation of the chest showed no heart murmurs. Heart rate and respiratory rate was 86/min and 20/min, respectively. CNS examination- conscious oriented with NIH Stroke Scale⁽⁴⁾: 11

Barthel Index: From 20 (severe dependence) to 65 (moderate dependence) MRC Muscle Strength Scale:

Left Upper limb: 1/5, Right Upper limb: 5/5

Left Lower limb: 1/5, Right Lower limb: 5/5

3. Findings- CT brain - Right MCA territory infarct.

Laboratory investigations Values

Hematological investigations

WBC	11700 th/uL
Neutrophils (%)	60.3
Lymphocytes (%)	27.1
Monocytes (%)	6.7
Eosinophils (%)	5.2
Basophils (%)	0.7
Haemoglobin (g/dL)	11.7
Platelets (lac/uL)	3.28
ESR (mm/h)	32
CRP (mg/L)	5.7

Biochemical investigations

Blood urea (mg %)	14.4
Serum creatinine (mg/dL)	0.52
Liver function test	
SGOT (IU/L)	16
SGPT (IU/)	13.1
Alkaline phosphate (IU/L)	127.2

USG (Abdomen and Pelvis) – NAD

ECG – Sinus rhythm

2D ECHO – Normal echo study

Urine analysis (routine and microscopic) Within limits

Serology - Negative

Neurological Examination-

Cranial Nerve-

Facial weakness – Left sided

Dysarthria – Present

Gag Reflex – Normal

Motar System-

Hemiparesis of left side

Muscle Tone- increase

Reflexes-

DTRs exaggerated on left side

Plantar reflex upgoing (Babinski Positive)

Gait- Hemiplegic Gait

Intervention and Outcome:

NIH Stroke Scale improved from 11 to 4; Barthel Index increased from 20 to 65. Muscle strength showed improvement on the MRC scale, and articulation improved significantly.

This case supports the potential of Ayurveda in neuro-rehabilitation through a multi-pronged approach, offering functional restoration in hemiplegia.

Early intervention within the recovery window (first 3 months) is emphasized in both Ayurveda and modern neurology for optimal neuroplasticity.

4. Management Protocol

4.1 Panchakarma Therapies :

Abhyanga: Mahanarayana Taila - for Vata shamana and Mamsa dhatu sthairya⁽²⁾

Nadi Swedana: On affected side - to facilitate srotoshodhana Karma Basti (16-day schedule):

Anuvasana Basti⁽⁵⁾: Dashamoola Taila (alternate days)

Niruha Basti: Dashamoola Kashaya + Rasna + Guduchi + Eranda Moola + Shatapushpa

4.2 Oral Medications :

Brihat Vata Chintamani Rasa⁽⁶⁾ 250 mg BD - rejuvenator for Majja and neurotonic

Ashwagandha Churna 3gm BD with lukewarm water - adaptogenic, anxiolytic, and nervine tonic

Yograj Guggulu 250mg BD & Rasnadi Guggulu 250 mg BD - anti-inflammatory and Vatahara

Mandukaparni & Shankhpushpi - Medhya Rasayana for cognitive function

4.3 Supportive Measures :

Passive range of motion exercises

Speech therapy sessions

Diet: Warm, unctuous, easily digestible Vatahara Ahara

5. Outcome Assessment

NIH Stroke Scale: Improved from 11 to 4

Barthel Index⁽³⁾: From 20 (severe dependence) to 65 (moderate dependence) MRC Muscle Strength Scale:

Upper limb: 1/5 4+/5

Lower limb: 1/5 4/5

Speech & Facial Symmetry: Noticeable improvement

6. Discussion

This case highlights Pakshaghat as a neurodegenerative Vata Vyadhi with Majjavaha Srotodushti. Early Panchakarma interventions, especially Basti, proved highly effective in functional revival. Basti is believed to deliver active constituents directly to the colon where the enteric nervous system (ENS) modulates Vata. The Rasayana therapy augments Majja Dhatu regeneration and enhances neuroplasticity through Ojas vardhaka effect.

Medhya Rasayanas⁽⁷⁾ like Mandukaparni (*Centella asiatica*) and Shankhpushpi improve memory, concentration, and CNS regeneration.

Ashwagandha has proven adaptogenic and neurorestorative action confirmed by contemporary research. The synergistic action of Shamana and Shodhana line of treatment enhances both symptomatic and functional recovery.

7. Conclusion

This case validates the efficacy of classical Ayurvedic management in Pakshaghat/CVA rehabilitation. Panchakarma, Rasayana, and Vatahara chikitsa offer substantial neurofunctional improvement. Further studies and integration with physiotherapy and speech therapy can strengthen outcomes.

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8. Patient Consent

Written informed consent was obtained from the patient for publication of this case report.

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