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“AYURVEDIC MANAGEMENT OF PAKSHAGHATA (CEREBROVASCULAR ACCIDENT) : A CASE STUDY”**Dr. Shweta Rajendra Raisane¹, Dr. Archana Dachewar-Singam²**

1. PG Scholar, Department of Kayachikitsa, Shri Ayurved Mahavidyalaya, Nagpur.

2. Professor & HOD of Kayachikitsa, Shri Ayurved Mahavidyalaya, Nagpur.

ABSTRACT:

Stroke, or CVA, is characterised by the sudden localised neurological deficit caused by illnesses affecting the cerebral vasculature and its components. It is the third leading cause of death in developing countries. This disease has posed a great problem to the medical field as far as its treatment is concerned. There is currently no satisfactory and widely accepted treatment for stroke. Researchers in both Ayurveda and modern fields are conducting numerous studies to improve the management of CVA. Pakshaghata, known as paralysis or hemiplegia, is a disorder that typically affects one side of the body and is defined by the abrupt loss of motor function. Pakshaghata is a condition where the Vata dosha is vitiated, causing problems with the nervous system and muscles. The study's goal was to assess the effects of ayurvedic treatment on Pakshaghata. **Material and Methods:** A case study of CVA was admitted, with the patient presenting complaints of difficulty in standing and walking, slurred speech, heaviness of the affected side of the body, and pain. A CT scan of the brain revealed a hypodense area in the thalamocapsular region s/o infarct. The case was diagnosed as Pakshaghata in conjunction with laboratory investigations. Various stages of the disease were treated with oral medications, including Snehan, Swedan, Nasya, Basti, and Mruduvirechana. Additionally, physiotherapy sessions were implemented on a consistent basis. **Observation and Result:** After successfully combining shaman treatment and Panchakarma treatment for consecutive times, the patient got complete relief from all complaints. Before treatment the Barthel index scale was 15, and after the treatment the Barthel index scale was 75, providing symptomatic relief too.

KEY WORDS:- Stroke, Cerebrovascular Accident, Ayurveda, Pakshaghata, Snehana, Swedana, Basti.

Corresponding Details:**Dr. Shweta Raisane**

Shri ayurveda Mahavidyalaya, Nagpur.

Mobile No. 8459644648

E-Mail: shweta raisane2410@gmail.com

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INTRODUCTION

CVA is defined as a focal neurological deficit due to a vascular lesion lasting longer than 24 hours^[1]. Of patients presenting with stroke, 85% have a cerebral infarction due to inadequate blood flow to some part of the brain. It is one of the leading causes of death in India. It is a heterogeneous group of disorders. Stroke presents with symptoms of sudden weakness of face, arm or leg, difficulty in speaking, dizziness, loss of coordination, headache and unconsciousness^[2]. Three major types of stroke are ischaemic, haemorrhagic and lacunar strokes. Ischaemic strokes with infarction result from atherothrombosis or embolism of cerebral vessels. Haemorrhagic stroke refers to bleeding from central nervous tissue occurring due to ruptured cerebral aneurysm in the young and hypertensive intracerebral bleeding in the elderly. Lacunar infarcts are deep, small cerebral infarcts located in the basal ganglia or deep white matter^[3].

Ayurveda describes stroke (CVA) as Pakshaghata. It is a condition where vata dosha is vitiated. It is a Nanatmaja vatavyadhi^[4]. It affects the sira, snayu and kandara of the half side of the body, including the face. The term 'Pakshaghata' refers to 'Paksha', which means either half of the body, and 'Aghta', which means impairment of karmendriya and gyanendriyas.^[5] Karmendriya is considered as the part of the motor system, whereas gyanendriya is considered as the part of the sensory system.

CASE REPORT

OPD No.: 14731

NAME: Pralhad Gupta

Add.: Mahal, Nagpur

DOA: 24/3/25

IPD No: 726

Age/sex: 52 year/ Male

Occupation: Rickshaw driver

National Journal of Ayurveda & Yoga

CHIEF COMPLAINTS

Table NO. 1

Loss of function and sensation of Right upper and lower limb Difficulty in standing and walking Heaviness of Right upper and lower limb Slurred speech Loss of appetite Incomplete defecation	Since 11 days
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PAST HISTORY

K/C/O Hypertension since 5 years Tab Telma 40 mg

K/C/O DM since 2 years tab Metformin 500 mg

H/O Addiction of Alcohol and Tobacco since 20 years.

HISTORY OF PRESENT ILLNESS

The patient was well before 11 days; he has comorbidities like HTN and DM, and the patient has stopped medicine for 1 month without any reason. In the morning he fell down from bed and was unable to move his right upper and lower extremities, with heaviness in his right limbs and slurred speech. The patient came to the OPD of the Kayachikitsa department at SAM College and Hospital, Nagpur, for better ayurvedic management.

GENERAL EXAMINATION

Blood Pressure : 120/80 mmHg
Oedema : no
Temp: Afebrile
Icterus : No

Pulse Rate: 78/min
Pallor: no
Clubbing : no

ASHTAVIDH PARIKSHA

Nadi - Vatakafaj
Mala - Incomplete Defecation
Mutra - Normal
Jivha - Sama
Shabda - Slurred speech
Sparsh - Samshitushna
Druka - Normal
Akruti - Madhyam

SYSTEMIC EXAMINATION: CENTRAL NERVOUS SYSTEM

Table NO. 2

Consciousness	Conscious
Cranial Nerve Examination: 1. Hypoglossal	Slurred speech (Rest of the cranial nerves are normal)
Motor Examination: 1) Tone of Muscles 2) Reflexes: Superficial and Deep	Diminished Rt biceps jerk reflex - Grade 1 Rt triceps jerk reflex - Grade 1 Rt. supinator jerk reflex - Grade 1 Rt. knee jerk reflex - Grade 1 Rt. plantar jerk reflex . grade 1
Gait	Ataxic gait

Grades of Tendon Reflexes as follows -

- 0- Absent
- 1- Present
- 2- Brisk
- 3- Very Brisk
- 4- Clonus

OBJECTIVE FINDING

CT scan of Brain (13/3/2025)

A small abnormal hypodense area was noted in the left thalamo-capsular region s/p/o infarct. No evident intracranial haemorrhage seen.

SUBJECTIVE FINDING

Table NO. 3

Sr No.	SYMPTOMS OF Pakshaghata	
1	Vama sandhibandhan vimokshyana	Absent
2	Dakshin sandhibandhan vimokshyana	present
3	Cheshta nivrutti	Present
4	Ruja	Present
5	Vakastambh	Present
6	Akarmanya	Present
7	Achetanam	Absent

DIAGNOSIS

On the basis of clinical presentation and CT scan of BRAIN it was diagnosed as case of Cerebrovascular accident (Pakshaghata)

TREATMENT PROTOCOL

The patient was admitted to the IPD of Kayachikitsa of Pakwasa Samanvaya Rugnalaya, Hanuman Nagar, Nagpur. Plans of shaman and shodhan chikitsa were adopted at various stages of disease. Physiotherapy sessions were adopted.

SHAMAN CHIKITSA**Table NO. 4**

Sr No.	Name of Medicine	Dose	Time	Anupan
1.	Bruhatvatachintamani rasa	125 mg	Rasayan kala	1 tsf of Goghurut
2.	Cap. Palsineuron	1 TDS	Vyanaudana kala	Koshna jala
3.	Vacha + Chitrak + pippali	2 gm each	muhurmuhura	Koshna jala
4.	Rasna Guggulu	2 TDS	Vyanaudana kala	Koshna jala
5.	Gandhrva Haritaki churna vati	2 HS	Apana kala	Koshna jala
6.	Eranda taila	10ml	Apana kala	Koshna jala

SHODHAN CHIKITSA**Table NO. 5**

Sr No.	Name of Procedure	Name of drug	Quantity	Time	Duration
1.	Sarvanga Snehana	Balaashwagandha taila	100 ml	20 min	30 days
2.	Sarvanga Swedana	Dashmoola kwatha	-	10 min	30 days
3.	Karmabasti	Anuvasana - Sahacharadi taila Niruha - Dashmoola kwatha	Taila- 60ml Niruha-350ml	-	30 days
4.	Nasya	Panchendriya vardhan taila	2-2 drops each nostril	15 min	15 days
5.	Murdha taila pichu	Brahmi taila	20ml	30 min	15 days

PHYSIOTHERAPY for 15 days**OBSERVATION****Table NO. 6**

Sr No.	Domain name	Range of score	BT	AT
1.	Feeding	0 = unable 5 = needs help in cutting, spreading butter, etc. or requires modified diet 10 = independent	0	5
2.	Bathing	0 = dependent 5 = independent (or in shower)	0	5
3.	Grooming	0 = needs to help with personal care 5 = independent face /hair/teeth/shaving (implements provided)	0	5
4.	Dressing	0 = dependent 5 = needs help but can do about half unaided 10 = independent (including buttons, zips, laces etc.)	0	5
5.	Bowel	0 = incontinent (or needs to be given enemas) 5 = occasional accident 10 = continent	0	5
6.	Bladder	0 = incontinent or catheterized and unable to manage alone 5 = occasional accident 10 = continent	5	10
7.	Toilet use	0 = dependent 5 = needs some help, but can do something alone 10 = independent (on and off, dressing, wiping)	0	10
8.	Transfers (bed to chair and back)	0= unable, no sitting balance 5 = major help (of one or two people, physical) can sit 10 = minor help (verbal or physical) 15 = independent	5	10
9.	Mobility(on the level surface)	0 = immobile or < 50 yards 5 = wheelchair independent, including corners, > 50 yards 10 = walks with help of one person (verbal or physical)> 50 yards 15 = independent (but may use any aid; for example, stick) > 50 yards	5	15
10.	Stairs	0 = unable 5 = needs help (verbal, physical, carrying aid)	0	5
	TOTAL		15	75

(BT- Before treatment AT -After treatment)

Muscle Power Grade

Table NO. 7

SrNo.	Extrimities	BT	AT
1	Rt. upper limb	1/5	4/5
2	Rt. lower limb	3/5	4/5
3	Lt. upper limb	5/5	5.5
4	Lt. lower limb	5/5	5/5

DISCUSSION

Ayurveda is a discipline that cures diseases by treating their causes as well as their symptoms.

which eventually results in Samprapti Vighatana. Vata is the primary cause of Pakshaghata.

illness and ought to be addressed first. When it comes to the muscles, they first exhibit flaccidity before becoming firm. If Snehana⁶ and Swedana are done early, they avoid this stage. There is muscular hypertrophy, which Abhyanga can also prevent since it enhances the blood supply. Swedana⁷ is the process that alleviates Sthambha, Gauravta, and Sheetata. Swedana gives relief from stiffness, heaviness and coldness. Virechana is viewed as the best treatment for Pakshaghata. Virechana⁸ is recommended in Pakshaghata, as both Pitta and Vata Doshas are disturbed, and to eliminate the disturbed Vata and Pitta, Virechana has a significant function.

Basti⁹ was given with Sahacharadi taila because it is vatashamak. Dashooladi niruha basti as it is indicated in Vata vyadhi. Murdhataila pichu started with Bramhi taila⁹, as mentioned above, as a vata shamak & Sangyasthapan. Nasya¹⁰ is a potent Vata Shamaka procedure, as it directly acts on Urdhava Jatrugata Vikar. Shira Pradesh is the main Adhishthana of Indriya, and Nasa is considered the way to it. The drug administered through NASA goes to Shira and causes Dosha Nirahana and Vata Shaman simultaneously. In this case the patient was given Shaman Nasya with Panchendriya Vardhan Tail. Panchendriya Vardhan Tail has Vata Shamaka properties. Bruhatvatichintamani Rasa¹¹ has properties such as medhya, rasayana, lekhana, balya, kshayagna, ojovardhana & yogavahi, which have a targeted effect for the management of Pakshaghata. Capsule Palsinueron¹² was given during the whole course of treatment. It is a proprietary medicine prepared by a combination of Ekangaveera Rasa, Mahavatavidhvamsa Rasa, Sameer Pannag Rasa and Sutasekhara Rasa, and all these Yogas are directly indicated in Vataja Roga. Due to this specific type of combination, it was

administered to the patient to

tackle symptoms like weakness and stiffness in the muscle. Jivha Pratisaran is performed with Vacha Choorna¹³, Chitrak Choorna and Pippali Choorna in the treatment of speech disorders. It holds a special place in Ayurveda because it is a key Medhya medicine that has the ability to improve memory and cognition. Rasnadi guggulu is given as an analgesic, as it balances the aggravated vata dosha and calms neurological disturbance. Gandharva Haritaki choorna vati¹⁴ and eranda taila¹⁵ are given at night, which gives a virechan effect and does Vatanulomana.

CONCLUSION

Pakshaghata is a Vataja Nanatmaja Vyadhi considered Mahavatavyadhi. All Acharyas have emphasised that Vata is the predominant Dosha in the manifestation of Pakshaghata. Hence, It is essential to understand clearly the physiological and pathological aspects of Vata and Then only appropriate treatment should be initiated. Being a Vata Vyadhi, the description of Virechana as the line of management in Pakshaghata is elaborated. Basti is the main treatment for Vatadosha, but Virechana has been given priority in Pakshaghata. However, in this study, the treatment protocol was planned according to the Dosha and Sthana Dushti as per Acharya Charaka. Sthanika Chikitsa, along with Shamana Aushadhis and Physiotherapy was administered to the patient according to Vyadhi Avastha, Rogi Bala and Dosha Bala. Panchakarma procedures along with certain Shamanaushadhis showed significant improvement in the condition of the patient. The patient was able to walk independently, later. The results were satisfactory and encouraging, and this led to improvement in the treatment of Pakshaghata.

National Journal of Ayurveda & Yoga

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