International Journal of Research in Indian Medicine
e-ISSN: 2456-4435
Vol. 10th | Agnibodh Conference Special Issue | Jan 2026
Open-Access, Peer-reviewed, Double Bind e-Research Journal of Ayurveda

Ayurvedic management of *Pakshavadha* : a case report

Ashish. A. Thatere [1], Anaya A. Pathrikar [2] Rohini S. Prabhale[3]

[1]PhD scholar, [2]Guide, Professor & Head, [3]PG Scholar

Department of Kayachikitsa

[1, 3] Govt Ayurved College, Nagpur, [2]Ayurved College, Sion, Mumbai ,

Abstract:

A stroke is characterised as a sudden onset of localised neurological impairment broug ht on

by conditions affecting the cerebral vascul ature and its contents. The incidence of stroke in India ranges from 105 to 152/100,000 persons per year, leading to long term disability in adults and the second leading cause of death worldwide. Hemiplegia can be correlated with *Pakshaghata* which is one among the *Vataja Nanatmaja Vikara* characterized by loss of movement or disability of one side of the body. The rising prevalence of lifestyle disorders, stroke, hypertension and neurodegenerative conditions has led to an increase Pakshaghata cases.

Methodology: A 66-year-old male came with complaints of inability to move right upper and lower extremities, deviation of angle of mouth towards left side and slurring of speech, unable to walk, loss of balance and loss of coordination. Clinical observations, treatment protocols, and evidence-based Ayurvedic interventions were integrated to frame a holistic perspective

Observation & Results: With the help of *Shodhana* and *Shamana Chikitsa* there is significant improvement in walking, in speech and improved muscle power grade and there was also considerable improvement in VAS, NIH Stroke Scale, the Barthel Index scale and in cranial nerve examination.

Discussion & Conclusion: The treatment was meticulously planned based on the patient's *Vyadhi Sthana and Dosha Pradhanyata.* The *Samprapti* includes *Avarana,* and *Srotorodha*, resulting in impaired motor and sensory functions. Panchakarma-especially *Vaitarana Basti*, Shirobasti, *Abhyanga* and *Swedana* plays a vital role in neuro-muscular rejuvenation and *Shamana Aushadhi* helps to reduce vitiated Vata and break the Samprapti. Patient shows significant improvement in functions of upper and lower extremity at the end of treatment. Hence, Pakshaghata can be effectively managed through a multidimensional Ayurvedic approach.

Keywords: *Pakshavadha, Shamana Aushadhi,* Stroke, *Vataja Nanatmaja Vikara,*

INTRODUCTION

Stroke refers to a sudden onset of neurological disturbance resulting from reduced blood flow to the brain. It can occur due to a variety of underlying factors. Among these, hypertension is the most significant contributor, often linked to today's fast-paced lifestyle and high-stress environment. Other risk factors include elevated cholesterol levels, smoking, excessive alcohol intake, and the use of oral contraceptives. Most acute cerebrovascular events arise from thrombosis, embolism, or hemorrhage. Additionally, hemiplegia may also result from conditions such as cerebral tumors, chronic subdural hematoma, congenital abnormalities like cerebral agenesis, and infections such as cerebral abscess, meningitis, or encephalitis.[1] Ischemic blockage occurs when the brain's blood supply is interrupted by thrombotic or embolic events. In thrombotic stroke, atherosclerosis gradually narrows the blood vessels, and the accumulating plaque restricts the vascular lumen. This narrowing eventually leads to clot formation, resulting in a thrombotic stroke.[2]

In an embolic stroke, a clot or embolus lodges in a cerebral artery, sharply reducing blood flow to that area. The resulting lack of oxygen places severe stress on brain tissue, leading to premature cell death (necrosis). Necrotic cells undergo plasma membrane breakdown, swelling of organelles, and leakage of intracellular components into the surrounding tissue, ultimately causing loss of neuronal function. [3] Additional pathological processes associated with stroke include inflammation, energy depletion, imbalance of cellular homeostasis, acidosis, elevated intracellular calcium, excitotoxicity, oxidative and free radical–induced damage, cytokine-mediated injury, complement activation, disruption of the blood–brain barrier, glial cell activation, oxidative stress, and the infiltration of leukocytes. [4]

Over the previous ten years, the crude prevalence of stroke varied from 44.29 to 559/100,000 people in various regions of the country, while the cumulative incidence of stroke varied from 105 to 152/100,000 people annually. Compared to high-income nations, these values were higher.[5]

The causes of cerebrovascular accidents determine how they should be managed. The primary goals of medical treatment are to lower intracranial pressure and cerebral oedema. Increasing microcirculation is the second line of treatment. Anticoagulants, thrombolytic, and neuroprotective medications are frequently used. These medications all have hemorrhagic side effects. Not every patient makes a full recovery. The majority of them continue to have side effects such hemiplegia, hemiparesis, increased stiffness, and spasticity. It becomes an increasingly serious issue for both the sufferer and their family members.

Pakshaghata is one of the *Nanatmaja Vatavyadhi* and is listed among the *Ashtamahagada*, conditions known to be *Swabhavatah Duschikitsya* (inherently difficult to treat). It occurs due to either *Dhatukshaya* or *Margavarana*. According to Ayurveda, *Vata* governs all types of movement in the body, such as circulation, muscle activity, and neural transmission. When *Vata* is disturbed, it may lodge in the *Majja Dhatu* (nervous tissue) or *Snayu*

(ligaments), thereby disrupting normal neurological functions. Factors like mental stress, improper diet, physical injury, chronic disorders, or ageing can provoke this imbalance. As a consequence, there is impairment of *Indriya Karma* (sensory–motor functions), along with tissue depletion (*Dhatukshaya*) and obstruction of bodily channels (*Margavarana*).

When *Pitta* or *Kapha* become involved, additional features such as inflammation, heaviness, stiffness, or dullness may also arise. *Pakshaghata* is described as a condition where there is loss of sensation, impaired movement, and wasting affecting one half of the body. Acharya Vagbhata classifies *Pakshaghata* under *Ekangavata*, considering it a *Vata-Pradoshaja* disorder. [6] The condition occurs due to aggravated *Vata Dosha* invading the upward-moving channels *(Urdhvaga Dhamani*), leading to obstruction (*Nirudha Marga), Avarana*, and degeneration of brain tissues (*Masthiska Dhatu Kshaya*).[7] As the functional capacity (*Karma*) declines, symptoms such as paralysis of the one side of the body (Pakshahata), loss of voluntary activity (*Chestanivritti*), and pain (*Ruja*) manifest.[8]

Therefore Pakshaghata can be correlated with a cerebral vascular accident or stroke (hemiplegia). It was referred to as Pakshavadha by Charaka. Hemiplegia is the paralysis of one side of the body. It may affect the muscles of the arms, legs, and face on either side. A rapid beginning of a neurologic deficit caused by a focal vascular source is known as a stroke, or CVA. [9]

Ayurvedic management of Pakshaghat is categorized under the management of *Vata Vyadhi*. It comprises *Snehana, Swedana, Vaitarana Basti, Anuvasana Basti with Tila Taila* and *Prasarini Taila, Shirobasti and Shamana Aushadhi.* All of these are indicated as per conditions. Sushruta emphasized *Mastishkya Chikitsa*, which comprises procedures like *Shirobasti, Shirodhara, Shiroabhyanga*, and *Shiropichu*. Since the pathology originates in the head region (Shiro Pradesh), these therapies are considered appropriate for pacifying the aggravated *Vata*—especially *Vyana* and *Prana*. Additionally, the nourishing (*Tarpana*) effect on the head can also be achieved through these treatments.

Patient information:

A 66-year-male patient came at OPD with complaints of inability to move right upper and lower extremities, deviation of angle of mouth towards left side and slurring of speech, unable to walk, loss of balance and loss of coordination, Tingling sensation at right limb, anorexia, anxiety, loss of appetite and constipation. Eight days prior, when he was resting at night, he began to experience numbness across his right half of the body, including his extremities; lack of balance and coordination; headache; and diminished strength in his right hand and leg. The following morning, he abruptly began to slur his words. He was admitted to nearby allopathic hospital. He took treatment there for 8 days with mild improvement, later he came to OPD of Kaychikitdsa. Patient was K/C/O DM, HTN (for 6 years) and CVE (8 days). Patient was on Tab. Amlokind AT 1 OD, Tab. Clordiazepoxide 25 mg 1 OD, Tab. Glyciphase 1 OD, Tab. Atorvastatin 40 mg 1 OD, Gaberock NT 1 HS, Cap. Preva AS 150 OD. He did not get relief in his sign and symptoms. Therefore, he opted for Ayurved management. He had addiction of Tobacco

Chewing for 35 years and alcohol consumption for 40 years. Patient was performing manual work, and used to indulge mixed diet (non-vegetarian once a month), *Vishamashan (*~taking food irregularly)*, Paryushita Aahar* (~stale food), *Ruksha Aahar*, *Vegdharana*.

Clinical Findings:

On examination his vitals were found to be within normal limits. Pallor, Icterus, Lymphadenopathy, Clubbing was absent. *Nadi*(~pulse) was *Vata Kaphaja* 91/min, Regular, *Mala* (~bowel) was *Malavashtambha* and *Aam Lakshana Yukta*, *Mutra* (micturation) was *Bahumutrata* (~Frequent micturition), *Jivha*(~tongue) was *Saam*(~coated), *Shabda*(~voice) was *Aspashta(Slurred speech),* *Sparsha*(~touch) was *Samshitoshna*. B/L eye vision was blur. Patient was *Sthula* (~obese) with BMI-26.7. Cardiovascular, respiratory and abdominal examination were within normal limits. No any family history and surgical illness was found. Systemic examination except CNS did not reveal any abnormality.

Investigation

On investigations MRI brain reveals acute infarcts in left corona radiata and gangliocapsular region, left parietal white matter region.

Diagnostic assessments

Patient was diagnosed as non-haemorrhagic infarct on the basis of clinical presentation and MRI report. Patient was assessed on visual analogue scale (VAS) for pain, NIH Stroke Scale, the Barthel Index scale. All these parameters were evaluated before and after the treatment.

Therapeutic Intervention: The management includes *Vaitarana Basti, Prasarini Taila Anuvasana Basti*, *Shirobasti* and oral Ayurveda medicines [Table 1].

Table no 1

Table showing therapeutic interventions

Sr. No.	Date	Intervention	Dose	Duration	*Anupana*
1	01/07/2025	*Asthimajja Pachaka Kashaya*	40 ml	7 days	---
2	6/07/2025 to 21/07/2025	*Sarvanga Abhyanga Swedana*	30 mins	16 days	---
		Vaitarana Basti	460 ml to 960 ml		---
		Prasarini Taila Anuvasana Basti	80 to 120 ml		
		Shirobasti with Tila Taila	30 mins		
3	6/07/2025 to 05/08/2025	*Mahavatavidhwansa Rasa*	250 mg 2 BD	30days	*Koshnajala*

Follow up and outcome:/ Result

Ayurvedic treatment of patient was scheduled for 21 days , and he showed improvement in chief and accompanying complaints throughout that time. After *Basti Sarvanga Abhyanga Swedana and Shirobasti* patient got significant relief in symptoms, improved movements of extremities, increase muscle power grade and all of the symptoms were greatly decreased after complition of treatment. During the follow-up period, He kept on *Shamana Chikitsa and Sthanika Abhyanga Swedana* for 15 days. There was significant reduction in Barthel Index Scale and NIH Scale. (graph 1) and the patient's functional capacity had improved significantly.

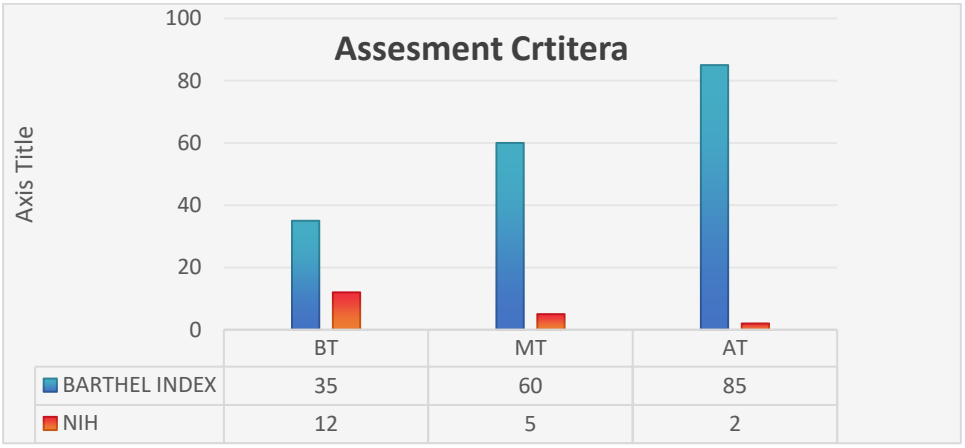
Table No. 2

Table Showing BARTHEL INDEX and NIH Assessment Score Before, Mid and After Treatment

Assessment Criteria	BT	MT	AT
BARTHEL INDEX	35	60	85
NIH	12	5	2

Graph 1

Graph Showing Effect of Therapy on BARTHEL INDEX and NIH Assessment Criteria



Muscle power:

Table No. 3

Table Showing Muscle Power before and after treatment

Right				Left			
BT		AT		BT		AT	
UL	LL	UL	LL	UL	LL	UL	LL
2	2	4	5	5	5	5	5

DISCUSSION:

The *Kashaya* prepared with *Guduchi, Amalaki*, and *Musta* (*Asthimajja Pachaka Kashaya*)[10] enhances *Agni Deepana* and helps to stabilize vitiated *Dosha*. Once *Jatharagni* is stimulated, it activates *Dhatvagni*, which then work to metabolize *Vikruta Doshas* and resolve the accumulation of improperly formed *Dhatus*. In *Pakshavadha*, the core pathology involves severe vitiation of *Vata*, resulting in *Majja Dhatu* impairment and disturbance of the *Asthivaha* and *Majjavaha Srotasa*. Because *Majja Dhatu* is vital for the normal functioning of the nerves, brain, and joints, its depletion-caused by the *Ruksha, Shita,* and *Khara* qualities of aggravated *Vata* leads to deterioration of these structures and functions. Thus, *Asthimajja Pachaka Kashaya* plays a significant role in clearing *Avarana* through the *Deepana* action of *Jatharagni* and *Dhatvagni*, along with its *Pachana* properties, thereby restoring the normal functioning of *Vata* and supporting the gradual improvement of impaired sensory-motor functions observed in *Pakshavadha*.

Abhyanga (local massage) works on the bodily channels that transport nutrients to the muscles and help eliminate metabolic waste. It helps nourish both superficial and deep muscle tissues while strengthening the joints. Since the skin is a vital sensory organ and a primary place of *Vayu*, the application of *Sneha* directly helps pacify *Vata Dosha*.[11] In this study, *Tila Taila* was used for *Sarvanga Abhyanga* due to its strong *Vata*-alleviating properties.

Nadi Swedana (sudation) clears the microchannels that improve blood circulation, eases joint movement, and eliminates the blockage (excess Vata & Kapha) between the channels. [12]

The root meaning of *Vata Dosha-Va gati-gandhanayo* indicates its role in governing sensory and motor activities through continuous motion. In *Pakshaghata*, a *Vata* disorder, aggravated *Vata* leads to *Sira-granthi* and *Asrik-upashoshana* (drying of blood). Since *Asrik* is the *Sthana* of *Pitta*, this depletion may contribute to the presentation of *Kapha-Pitta-anubandhi Vata* types of *Pakshavadha*. *Vyana Vayu* regulates five key actions—*Apakshepana* (downward limb movement), *Utkshepana* (upward movement), *Prasarana* (extension), *Akunchana* (contraction), *Gamana* (walking), and *Nimesha–Unmesha* (eye blinking). These functions correspond to activities of the frontal lobe motor area. In *Pakshaghata*, impairment of these mechanisms leads to *Cheshta-nivritti* or loss of voluntary movements. *Basti* is considered the most effective therapy for *Vata* disorders, and the classics even describe it as equivalent to half of all treatments. Therefore, it was chosen as the primary line of management and has demonstrated significant benefits. Vangasena has specifically recommended

Vaitarana Basti for *Ghore* (severe) *Vata* disorders. The ingredients of *Vaitarana Basti* predominantly possess *Vatashamaka* qualities, and the formulation works as a *Srotoshodhaka*. Since ischemic stroke can be understood *as Margavarodhajanya Pakshaghata, Vaitarana Basti* helps remove the *Avarana* through its channel-cleansing action, thereby addressing the underlying pathology. [13]

As the head (*Shira*) is a vital *Marma Sthana*, any condition affecting it becomes highly significant for the patient. In the management of *Pakshaghata*, although multiple therapeutic approaches are needed, *Shirodhara* holds a significant role. In this case, *Shirobasti* was administered daily for 30 minutes over a period of 16 days. As described by Sushruta, *Shirobasti* is a specialized treatment specifically indicated for *Pakshaghata*. According to Sushrut, the vitiation of *Vayu* in the *Dhamani* supplying the head leads to the development of *Pakshaghata*, and *Shirobasti* acts by correcting this underlying disturbance. The main aim of *Shirobasti* is to pacify *Vata Dosha*, which plays a key role in neurological and psychological disorders. Retaining medicated oil on the head for a prolonged duration nourishes the scalp and brain tissues, induces deep relaxation, and helps reduce stress and anxiety. [14] When the *Indriyas* located in the head region become impaired, *Shirobasti* helps restore their function by calming aggravated *Vata*. In this study, its beneficial effect on symptoms of *Pakshaghata* is attributed to the *Snigdha* and *Ushna* qualities of *Tila Taila* used during the procedure. The therapy may help regulate disturbed *Vyana Vayu*, which governs circulation, thereby supporting the proper activity of *Prana Vayu* essential for the functioning of sensory organs in the head. As a result, their vital functions are gradually reinstated.

Mahavatavidhwansa Rasa helps to improve the strength of bones and joints and exhibits strong anti-inflammatory and pain-relieving actions. In Ayurveda, pain is predominantly linked to vitiated *Vata*, and this formulation works as an effective *Vata-Shamaka* by pacifying aggravated *Vata* and reducing discomfort. Its key action is to re-establish *Vata* balance by correcting *Vatadushti*, which results in quick relief from pain.[15]

CONCLUSION

Pakshaghata is a *Mahavatavyadhi* and is challenging to treat. In this condition, the predominance of *Vata* leads loss of function of one half of body. *Vata Pradhana Vyadhi* are best treated with *Basti* and *Shirobasti* given as main *Adhishthana* of *Dosha* is *Asthi* and *Majja Dhatu* and *Urdhva Jatrugata* in this case. Significant relief after completion of treatment was seen. Hence, it is concluded that a combination of *Basti, Shirobasti, Sarvanga Abhyanga Swedana* and *Shamana Chikitsa* can be used as efficient treatment in managing *Pakshaghata*. However, as this was only a single case report, more robust scientific evidence can be obtained by applying this therapy to a larger group of similar patients.

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Conflict of Interest : Non | Source of funding: Nil

Cite this Article

Ashish. A. Thatere, Anaya A. Pathrikar, Rohini S. Prabhale
Ayurvedic management of Pakshavadha : a case report

Ayurline: International Journal of Research In Indian Medicine: 2026 10(02)