CASE REPORT ISSN 2456-0170

EFFICACY OF MATRA-BASTI IN THE MANAGEMENT OF PAKSHAGHATA (HEMIPLEGIA) A CASE REPORT

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ABSTRACT

Hemiplegia following a cerebrovascular accident (stroke) remains a leading cause of long-term disability worldwide. While modern medicine provides acute care and symptomatic management, functional recovery, especially in recurrent stroke cases, is often limited. In *Ayurved*, Hemiplegia is correlated as *Pakshaghata* under *Vata Vyadhi*. A 57-year-old male presented with paralysis of the right upper and lower limb, severe dysarthria, dribbling of saliva, unable to walk and mild cognitive disorientation. MRI imaging revealed multiple acute non-haemorrhagic infarcts in the bilateral cerebellar hemispheres and right hemipons, along with chronic ischemic and atrophic changes. The patient was admitted in Ayurveda Hospital and treated for 21 days using *Ayurvedic Panchakarma* protocols: *Sarvanga Abhyanga* with *Nirgundi Taila*, *Sarvanga Bashpa Swedana*, and *Matra Basti* with of *Svadamstradi Taila* followed by Shamana *Chikitsa.* After treatment, the patient exhibited marked improvement in lower limb strength and was able to walk with minimal assistance. Partial voluntary movement was restored in the right hand. He regained independence in basic daily activities and showed improved orientation and alertness. However, no significant improvement was observed in speech or saliva control. Ayurvedic therapies may serve as valuable adjuncts in stroke rehabilitation, especially in chronic or recurrent cases. Integrated approaches warrant further clinical evaluation.

KEYWORDS: Matrabasti, Pakshaghata, Panchakarma, Paralysis, Stroke

INTRODUCTION

Pakshaghata (hemiplegia), commonly correlated with hemiplegia in modern medicine, is a neurological condition characterized by paralysis of one half of the body, typically resulting from damage to the motor centres of the brain. Hemiplegia most commonly occurs due to ischemic or haemorrhagic stroke, where blood flow to the brain is impaired, leading to motor dysfunction on the contralateral side of the body. According to the World Health Organization (WHO), stroke is a leading cause of long-term disability globally, with hemiplegia being one of the most disabling consequences, significantly affecting the patient's quality of life.

In Ayurveda, Pakshaghata[1]is described under the umbrella of Vata Vyadhi (disorders caused due to Vata), where derangement of Vata Doṣha leads to the impairment of sensory and motor functions. The term "Pakshaghata" literally means the Ghata (affliction) of Pakṣha (one side) of the body, indicating the loss of movement and strength in one lateral half. The classical signs include Vakstambha (slurred speech), Ruja (pain), and Chesṭa Nivṛutti (loss of activity), aligning closely with the features of hemiplegia. The primary causative factor is vitiated Vata Dosha, either alone or in association with other Doshas.

Management of Pakshaghata in Ayurveda emphasizes Shamana (palliative therapy) and Shodhana (purificatory therapies) along with Bruhaṇa (nourishing therapies). Therapies like Basti (medicated enema) which is also consider as Ardhachikitsa[2] along with Abhyanga (Therapeutic oil massage), and Svedana (Therapeutic sudation) have shown significant efficacy in restoring neurological functions and improving mobility. This case study highlights the integrative approach combining Ayurvedic therapies with supportive modern physiotherapy in the management of a patient with chronic hemiplegia, emphasizing the role of holistic care in enhancing recovery, reducing disability, and improving quality of life.

CASE REPORT

A 57-year-old married hindu male, registered with outpatient department number 3374 on February 2nd, 2025 present with the complaint of

Complaints	Duration
Dakshina Hastapada Akarmayata (Right Side hemiplegia)	15 days
Dakshina Mukhardha Vakrata (Right side facial palsy)	
Gamane Akarmanyata (Unable to walk)	

HISTORY OF PRESENT ILLNESS

The patient was apparently normal until 07/01/2025. On the morning of that day, he experienced 8–9 episodes of vomiting, which was soon followed by a stroke that led to paralysis of the right upper and lower limbs, along with right-sided facial palsy. He was admitted to a nearby government hospital, where he received emergency treatment and was hospitalized for a few days. After becoming vitally stable, the patient was discharged and continued oral medications at home. Although he remained vitally stable, there was no improvement in the symptoms of paralysis. Therefore, he presented to and was admitted at Government Ayurved Hospital for further management. He was presented with no comorbidities and any relevant family history.

ON GOING MEDICATION

Tab. Aspirin (75 mg)	0-1-0
Tab Atorvastatin (40 mg)	0-0-1
Tab. Clopidogrel (75 mg)	0-1-0
Tab. Levera (500mg)	1-0-0
Tab Folic Acid (5 mg)	0-1-0
Tab Cal D3	0-1-0

RADIOLOGICAL IMPRESSION

The MRI findings are:

Multiple acute non-haemorrhagic Infarcts involving bilateral cerebellar hemisphere and

right hemipons without evident mass effect or midline shift.

Few lacunar infarcts in bilateral parietal lobe white matter and bilateral thalami.

Fow small discrete chronic Ischemic changes involving bilateral fronto-parietal subcortical & periventricular white matter (Fazeka's grade-I).

Age-related cerebral and cerebellar atrophy

No changes of meningitis.

Table 1: Physical Examination

Built	Lean
Gait	Hemiplegic
Body Temperature	98.3 ºF
Blood Pressure	108/64 mm / Hg
Pulse Rate	70/ min
Respiration Rate	22/ min
Pallor	Absent
Icterus	Absent
Clubbing	Absent
Cyanosis	Absent
Oedema	Absent
Lymphadenopathy	Absent

Systemic Examination:

1. Central Nervous System:

a. Higher cerebral function:

Level of consciousness: Fully conscious

Orientation of Place, Person and Time – Lack of orientation

Memory: Normal

Speech: dysarthria

b. Cranial Nerves: Other than facial nerve shown normal findings.

Facial Nerve:

Drooping of the corner of the mouth- absent

Nasolabial fold- normal

Bell's phenomenon- absent

Frontalis muscle- diminished

Orbicularis muscle- diminished

Orbicularis Oris-diminished

Buccinator- diminished

Platysma- diminished

c. Motor System:

Table 2: Motor System Examination

Examination		Upper limbs		Lower limbs	
		Rt	Lt	Rt	Lt
Muscle Wasting		Normal	Normal	Normal	Normal
Muscle Tone		Lead Pipe Rigidity	Normal	Lead Pipe Rigidity	Normal
Muscle Power	Shoulder/Hip	+3	+5	+3	+5
	Arm/Thigh	+3	+5	+3	+5
	Forearm/Leg	+3	+5	+3	+5
	Hand/Feet	+3	+5	+3	+5
	Finger	+3	+5	+3	+5

d. Sensory System:

Table 3: Sensory System Examination

Examination	Upper limbs		Lower limbs	
	Rt	Lt	Rt	Lf
Pain	Normal	Normal	Normal	Normal
Touch	Normal	Normal	Normal	Normal
Temperature	Normal	Normal	Normal	Normal
Vibration	Normal	Normal	Normal	Normal
Proprioception	Absent	Normal	Absent	Normal
Stereognosis	Absent	Normal	Absent	Normal

e. Reflexes:

Table 4: REFLEXES

Examination	Extremities	
	Right	Left

Superficial Reflexes:		
Abdominal reflex	Normal	
Plantar reflex	Babinski Positive	Normal
Deep Reflexes:		
Biceps	Exaggarated	Normal
Triceps	Exaggarated	Normal
Supinator	Exaggarated	Normal
Knee	Exaggarated	Normal
Ankle	Exaggarated	Normal

Coordination:

1. Finger-Nose Test: Absent
2. Finger-Nose-Finger Test: Absent
3. Finger to Finger Test: Absent
4. Heel-Knee Test: Absent
5. Dysdiadochokinesia: Absent

f. Involuntary movements: No Any

g. Gait: Hemiplegic

Respiratory System- Normal

Cardiovascular System – Normal

Gastrointestinal System – Normal

Musculoskeletal System – Normal

Genito-Urinary System – Normal

Samprapti Ghataka (Pathological Factors)

Table 5: Samprapti Ghataka

Dosha (regulatory functional factors of the body)	*Vata pradhan Tridosha* (Vata predominant Tridosha)
Dushya (which gets vitiated)	*Rasa* (primary product of digested food), *Rakta* (blood tissue), *Mamsa* (muscle tissue), *Majja* (bone marrow)
Srotas (Structural or functional channels)	*Rasavaha* (channel of plasma) *Raktavaha* (channels carrying blood tissue), *Mansavaha* (channels carrying muscle tissue), *Majjavaha* (channels carrying bone marrow)
Srotodushti (vitiation structural or functional channels)	Sanga (~obstruction due to contraction of lumen), *Vimargagamana* (diversion to the flow of the contents to the improper channels)
Agni (digestive/metabolic factors)	*Vishamagni* (irregular state of agni)
Udbhavsthana (site of origin)	*Pakvashaya* (large intestine)
Vyakti sthana (manifesting site)	*Dakshina Sharirardha* (Right side of the body)
Rogamarga (disease pathway)	Madhyama (intermediate)

TREATMENT

Table 6: Treatment Timeline

Date	Details	Dose
06/02/2025	Patient admitted for *Panchakarma* (Five Bio-Purification Therapy)-based Ayurvedic management.	
06/02/2025 to 26/02/2025	*Sarvanga Abhyanga* (therapeutic oil massage of whole body) with *Nirgundi Taila*	For 21 Days
	Sarvanga Bashpa Sveda (therapeutic sudation of whole body)	For 21 Days
	Matra Basti (therapeutic oil Enema) with *Shvadamstradi Taila*	For 21 Days
27/02/2025	Completion of Panchakarma course.	

	Discharged with follow-up medication.	
27/02/2025 to 27/03/2025	*Gokshuradi Guggulu* [3]	2 TDS After food
	Dashmoola Kwatha [4]	40 ml BD Before food
	Vata Vidhwansa Rasa [5]	1 BD After food
	Rasayana Churna (3 gm) [6] *Ashwagandha Churna* (1 gm) [7] *Punarnava Churna* (1 gm) [8]	5gm BD After Food

Table 7: Shvadamstradi Taila Contents

SHVADAMSTRADI TAILA [9]			
Sr. No.	**Drug Name**	**Latin Name**	**Part Used**
1	*Shvadamstra (Gokshur)*	*Tribulus terrestris* Linn.	*Panchanga*
2	*Ardraka*	*Zingiber officinalis* Roscoe.	Rhizome
3	*Go-Dudgha*	-	-
4	*Guda*	-	-
5	*Tila Taila*	*Sesamum indicum* Linn.	Seed Oil

NIHSS (National Institute of Health Stroke's Scale)[10]

Table 8: NIHSS

Sr. No.	**Title**	**Scale**	**Patient's Score**		
			BT (06/02/25)	**AT (27/02/25)**	**AF (27/03/25)**
1.	Level of consciousness (LOC)	0 to 3	2	1	1
2.	LOC questions	0 to 2	2	2	2
3.	LOC commands	0 to 2	2	1	0
4.	Best gaze	0 to 2	0	0	0
5.	Visual field	0 to 3	2	2	2
6.	Facial palsy	0 to 3	2	0	0
7.	Motor arm (Right)	0 to 4	2	1	0
8.	Motor leg (Right)	0 to 4	2	0	0
9.	Limb ataxia	0 to 2	2	0	0
10.	Sensory	0 to 2	1	0	0
11.	Language	0 to 3	3	2	2
12.	Dysarthria	0 to 2	2	2	2
13.	Extinction & inattention	0 to 2	1	0	0
	Total Score	0 to 42	21	11	9

DISCUSSION

Pakshaghata, as classified in Ayurveda, closely resembles the current comprehension of post-stroke hemiplegia since motor and cerebellar centers suffer during ischemic strokes. A 57-year-old man suffered post-stroke issues in this case after acute non-haemorrhagic infarcts affected the right hemipons plus both cerebellar hemispheres. Clinically, hemiplegia, dysarthria, also facial palsy correlated with these lesions.

The treatment protocol implemented integrated classical Panchakarma therapies that stressed Vatahara, Balya, and Brimhana properties such as Sarvanga Abhyanga, Bashpa Sveda, and Matra Basti. Nirgundi Taila was used for Abhyanga and Shvadamstradi Taila was used for Matra Basti. This integrative approach proves effective since it improves muscle tone, power, coordination, and proprioception. For Vata Vyadhi, the Basti component is notably the prime therapy (Ardha Chikitsa), so it likely restored neuromuscular function. It regulated Apana Vata along with indirectly balancing Prana also Vyana Vata. Shvadamstradi Taila mentioned in Vatavyadhi Chikitsa is indicated for all Doshic conditions along with for all types of Vatavyadhi. It is indicated for Chatusa Prayoga (four types of usage) that is Pana (drink), Abhyanga, Nasya (Nasal errhines) and Basti. Pakshaghata treatment was selected because of Vatahara (Palliation of Vata Dosha), Balya (strengthening), along with Vrishya (aphrodisiac) properties.

Gokshuradi Guggulu has Vedanasthapaka (pain alleviating), Vatahara, Srotoshodhana (cleansing of Structural or functional channels), Ama Pachana, Dhatuposhana, Bruhaniya and Shothahara (anti-inflammatory) properties. Dashamoola Kwatha (decoction of Dashamoola) is known as Shothahara and Vata-Kaphahara medicine. Analyzing the ingredients of Vata Vidhwansa Rasa, most of the drugs are katu (pungent taste), tikta rasa (bitter), Ushna Virya (hot potency) and Vata Kapha Shamana (decreases vitiated Vata and Kapha). The main ingredient Vatsanabha (Aconitum ferox) is having Shoolahara (analgesic) and Yogvahi (catalyst) properties. The combination of Rasayana Churna, Ashwagandha Churna (powder of Withania somnifera) and Punarnava Churna (powder of *Boerhavia diffusa* Linn.) shows Srotoshodhaka, Bruhaniya and Vata Pradhana Tridosha Shamaka properties. Overall, oral medicine helped in the disease by reducing Srotorodha, Sarva Dhatu Poshana and Vata Shamana.

After the treatment, significant improvement was observed in the NIH Stroke Scale (NIHSS) score, which decreased from 21 before treatment to 9 at follow-up. This change suggests a meaningful recovery in neurological function. Patient could walk without support independently. There was mild improvement in dysarthria and coordination. This outcome supports the Ayurvedic viewpoint that chronic Vata Vyadhis, though difficult to cure completely (Kruchhrasadhya), can be effectively managed with rejuvenative and purificatory therapies. The case also suggests that Ayurvedic management, when applied timely and systematically, can enhance the

quality of life and reduce long-term disability in post-stroke patients.

CONCLUSION

The present case study illustrates that Ayurvedic therapies, especially *Matra Basti* with *Shvadamstradi Taila*, in conjunction with *Abhyanga* and *Bashpa Svedana*, can significantly improve the clinical outcomes of post-stroke paralysis (*Pakshaghata*). The integrative approach helped restore motor functions, facilitated independent mobility, and improved patient awareness and responsiveness, despite the severity of the case. The results reinforce Ayurveda's potential as an effective complementary therapy in stroke rehabilitation, especially in chronic and recurrent cases where modern medicine offers limited scope beyond stabilization. However, larger clinical trials and objective evaluations are essential to validate these outcomes scientifically and develop standardized treatment protocols.

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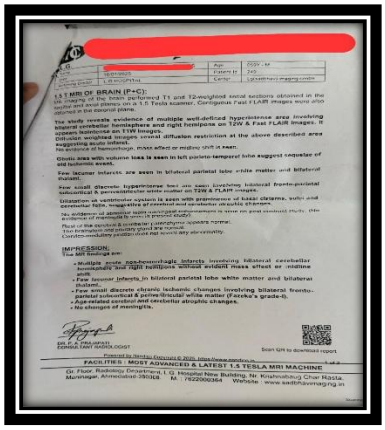
Source of support: Nil
Conflict of interest: None Declared

Cite this article as
Dr Yagnitsinh Mahipatsinh Viharia: Efficacy of Matra-Basti in the Management of Pakshaghata (Hemiplegia) A Case Report; XI (2): 2769- 2777



MRI Brain report

Before Treatment

During Treatment

After Treatment