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AYURVEDIC MANAGEMENT OF PAKSHAGHAT (HEMIPLEGIA / ISCHEMIC STROKE) - A CASE REPORT

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ABSTRACT

Pakshaghat, described in Ayurvedic classics as a *Vatavyadhi*, closely corresponding to hemiplegia or unilateral motor paralysis in contemporary medicine. This condition often results from cerebrovascular accidents (CVA) or ischemic stroke. It is characterised by loss of motor function, speech impairment, sensory disturbances, and spasticity affecting one lateral half of the body. The present single case study reports a 55-year-old male patient presenting with left-sided upper and lower limb hypofunction (*Vama Hasta-Pada Alpa Karmanyata*) for 7 days, difficulty in walking (*Gamane Kastata*) for 7 days, constipation (*Vibandha*) for 2 years, and slurred speech (*Vak Aspastata*) for 7days. The patient was managed with a comprehensive *Panchakarma* and *Shamana Chikitsa* protocol including *Sadyo Virechana* with *Triphala Kwath* and *Eranda Sneha*, followed by *Matra Basti* with *Maha Sneha, Nasya* with *Maha Masha* Oil, *Sarvanga Abhyanga* with *Nirgundi oil, Shastika Shali Pinda Sweda* and adjuvant herbal formulations (*Ashwagandha, Panchsakar Churna, Gokshuradi Guggulu, Dashmula Kwath).* Significant improvement was observed in NIH Stroke Scale (NIHSS) scores, motor function, speech clarity, and bowel regularity following treatment. This study highlights the efficacy of classical Ayurvedic management in acute and sub-acute hemiplegia.

KEYWORDS: *Pakshaghat*, Hemiplegia, Stroke, *Vatavyadhi*, *Matra Basti*, *Nasya,Mahasneh, Masha oil, Shastika Shali Pinda Sweda,* NIHSS

INTRODUCTION

Pakshaghata is one of the *Nanatmaja Vata Vikara* and *Mahavatavyadhi*. *Acharya Sushruta*, mentioned this disease as *Mahavatavyadhi*. It can be caused due to *Dhatu Kshaya* or *Margavarana*. Main characteristics of *Pakshaghata* are *Hasta Pada Sankocha*, *Vaksthambha* (slurred speech), *Ruja* (pain), and *Chestahani* (impaired motor activity). Sometimes *Sphoorana* of *Jihva* (tongue fasciculation), *Vaktra* (mouth deviation) and *Sandhi Bandha Vimoksha* (joint weakness). *Aacharya Sushruta* described three types of *Pakshaghata*- [2]

1.Shuddha Vataja Pakshaghata (*Vata* is aggravated on account of its own *Nidana)*

2.Anyadosha Samsrista Pakshaghata (*Vata* is associated with other *Dosha)*

3.Kshaya Hetuja Pakshaghata: (*Vata* is aggravated as a consequence of *Dhatu Kshaya)*

Obstruction in the path of *Vayu* by other *Dosha* or *Dushya*, *Avyahata Gati* of *Vata* is hampered, *Vayu* gets provoked known as *Marga-Avarana Janya Vata Prakopa*. In *Dhatukshaya*, space/ vacuums develop in the *Dhatu*, gets filled by *Vayu*, this type of *Vata* Prakopa is called *Dhatu Kshaya Janya.*

Stroke is defined by an impairment of either the motor or sensory systems, or both, in one side of the body. With the similarity in signs & symptoms this condition can be co related with stroke. It is the second leading cause of death globally and the third leading cause of Disability-Adjusted Life Years (DALYs). In India, the age-adjusted stroke incidence ranges from 105 to 152 per 100,000 persons per year. Despite advances in modern allopathic medicine, rehabilitation of post-stroke hemiplegia remains a challenging and prolonged process. Recurrence rates remain high, and pharmacological neuroprotection options are limited.[11,12,13,148] The prevalence of cerebrovascular accident-stroke is higher than that of any other medical disorder. The rapidly developing clinical symptoms and signs of focal [at times global] disturbance of cerebral function, with symptoms lasting more than 24 hours or leading to death with no apparent cause other than that of vascular origin," according to the World Health Organization (WHO) defines stroke. According to modern medical theory, this medical condition is caused by inconsistent blood flow that damages brain or central nervous system systems. Numerous clinical disorders, including syphilis, meningitis, brain tumors and abscesses, trauma, cerebrovascular accident-stroke, and others, can result in hemiplegia.

Ayurveda offers a holistic, integrative treatment approach targeting *Dosha Shodhana* (purification), *Dhatu Poshana* (nourishment), and *Srotoshodhana* (channel-clearing), which can effectively address the underlying pathophysiology of *Pakshaghat*. When *Vata Dosha* is associated with other *Dosha*, Prognosis of the disease is *Sadhya*, *Krichhrasadhya* when purely *Vata* is involved and *Asadhya* when *DhatuKshaya* is the cause. *Chikitsa* of *Pakshaghata* includes *Snehana*, *Swedana* and *Mridu Samshodhana* **4** followed by *Basti* with *Balya* and *Vatashamaka Aushadha*, *Nasya*, *Shirobasti*, *Abhyanaga*. The present case study documents the Ayurvedic management of a 55-year-old male patient of *Pakshaghat* with a specific treatment protocol, evaluating outcomes using the NIH Stroke Scale (NIHSS) and clinical examination findings.

CASE REPORT

A 55 years old male patient came to *Panchkarma* OPD. He was retired Government employee. He followed mixed (Non veg.) diet pattern.

Chief Complaints (*Pradhana Vedana*) are described in table no. 1

(Table no. 1 Chief complaints*)*

Sr.	Complaint (Ayurvedic / Clinical)	Side Affected	Duration
1	*Vama Hasta-Pada* Alpa *Karmanyata* (Left upper &	Left Side	7 Days

	lower limb hypofunction / weakness)		
2	*Gamane Kastata* (Difficulty in walking / gait disturbance)	Bilateral (L > R)	7 Days
3	*Vak Aspastata* (Slurred / indistinct speech / dysarthria)	Generalised	7 Days
4	*Vibandha* (Constipation / obstipation)	Generalised	2 Years

History of Present Illness

The patient was apparently well 7 days ago when he suddenly developed weakness of the left upper and lower limbs, associated with slurred speech, while resting. He was initially taken to a nearby hospital where CT brain revealed an ischaemic infarct in the right MCA territory. He was stabilised, managed conservatively, and then referred for Ayurvedic rehabilitation.

Past History

→K/C/O Hypertension for 3 years (Tab. Amlodipine 5 mg OD), Chronic constipation since last 2 years Dyslipidemia (No medicine, only lifestyle modifications).

→ No prior history of DM, Cardiac disease, or similar neurological episodes, no history of trauma or major surgery.

CLINICAL EXAMINATION

General Examination are described in table no. 2

*(*Table no. 3 GENERAL EXAMINATIONS)

Parameter	**Finding**	**Interpretation**
Pulse (*Nadi*)	80 bpm, irregular, thin (*Vata* dominant)	*Vatavyadhi*
Blood Pressure	140/90 mmHg	Controlled Hypertension
Temperature	Afebrile (98.6°F)	Normal
Respiratory Rate	18 breaths/min	Normal
SpO2	97% (Room Air)	Normal
Weight / BMI	68 kg / 24.5 (Overweight)	*Amarasa* / *Ama Dhatu*
Pallor / Icterus / Oedema	Absent	Normal
Tongue (*Jihwa*)	Coated, dry — *Sama Vata-Kapha*	*Ama* + *Vata Vriddhi*

***Ashtasthana Pariksha* (Ayurvedic Eight-fold Examination)-** are described in table no.3

*(*Table no. 3 *ASHTAVIDH PARIKSHA)*

Pariksha	**Finding**	**Significance**
Nadi (Pulse)	*Vata-Pittaja*, thin & irregular	*Vata Kopa, Pittanubandha*
Mutra (Urine)	Decreased quantity, yellowish	Increased *Pitta*
Mala (Stool)	Constipated, dry, hard pellets (*Vibandha*)	*Vata Sanchaya* in *Purisha Vaha Srotas*
Jihwa (Tongue)	White-coated, dry	*Saama Avastha*
Shabda (Voice)	Slurred, hoarse (*Vak Aspasta*)	*Udana vata Dushti*
Sparsha (Touch / Skin)	Rough, dry, cold to touch on left	*Vata Vriddhi*

Drik (Eyes)	Dull, dry conjunctivae	Reduced *Ojas*
Akriti (Appearance)	Lean, anxious, slightly emaciated left limbs	*Dhatu Kshaya*

CNS Examination (Nervous System) are described in table no. 4,5,6 and 7.

Higher Mental Functions

(Table no 4 HIGHER MENTAL FUNCTION)

Function	Finding (3/1/26)	Grade/Score
Consciousness (GCS)	Alert	Mild impairment
Orientation	Oriented to time, place, person	Intact
Speech	Dysarthria (slurred speech), no aphasia	Grade II dysarthria
Memory	Recent memory mildly impaired	Mild deficit
Attention & Concentration	Reduced	Mild deficit

Cranial Nerve Examination

(Table no. 5 CRANIAL NERVES EXAMINATIONS)

Cranial Nerve	Examination Finding (3/1/26)	Status
CN I (Olfactory)	Smell intact bilaterally	Normal
CN II (Optic)	Visual acuity intact; no hemianopia	Normal
CN III, IV, VI	Conjugate gaze normal; no diplopia/ptosis	Normal
CN V (Trigeminal)	Facial sensation intact; corneal reflex present	Normal
CN VII (Facial)	Mild left lower facial droop (UMN type)	Mildly affected
CN VIII (Vestibulocochlear)	Hearing intact; no vertigo	Normal
CN IX, X (Glossopharyngeal/Vagus)	Gag reflex present; mild dysphagia	Mildly affected
CN XI (Accessory)	Trapezius and SCM strength reduced on left	Mildly affected
CN XII (Hypoglossal)	Tongue deviates to left on protrusion	Affected (Left)

Motor System Examination

(Table no. 6 MOTOR SYSTEM EXAMINATION)

Parameter	Right Side (3/1/26)	Left Side (3/1/26)
Bulk / Wasting	Normal	Mild wasting of thenar muscles
Tone	Normal	Spastic (clasp-knife)
Power (MRC Scale) - UL	5/5	3/5
Power (MRC Scale) - LL	5/5	3+/5
DTR - Biceps Jerk	Normal (++)	Exaggerated (+++)
DTR - Knee Jerk	Normal (++)	Exaggerated (+++)
Plantar Reflex	Flexor	Extensor (Babinski +ve)
Clonus	Absent	Ankle clonus present

Sensory System Examination

(Table no.7 SENSORY SYSTEM EXAMINATION)

Modality	Right Side (3/1/26)	Left Side (3/1/26)
Pain (Pinprick)	Intact	Reduced on left arm & leg
Temperature	Intact	Reduced on left
Touch	Intact	Mildly reduced on left
Vibration (128 Hz tuning fork)	Intact	Reduced at ankle
Proprioception	Intact	Mildly impaired

Cerebellar & Coordination

Finger-nose test: Normal on right; ataxic on left. Heel-shin test: Normal on right; impaired on left. Romberg's test: Positive (falls to left). Gait: Hemiplegic (circumduction) gait, requires support.

INVESTIGATIONS: Investigations are described in table no. 8

(Table no 8 INVESTIGATIONS)

Investigation	Finding (27/12/25)	Significance
CT Brain (Non – Contrast)	Hypodense area in Right MCA territory (Parietal-Temporal region)	Ischaemic Infarct
CBC	WBC 9,200; Hb 12.8 g/dL; Platelets 2.1 Lakh	Mild anaemia
Blood Glucose (Fasting)	102 mg/dL	Normal
Lipid Profile	LDL 148, TG 178, HDL 36	Dyslipidaemia
Renal Function Test	Urea 28, Creatinine 1.0	Normal
Liver Function Test	Within normal limits	Normal
ECG	Normal sinus rhythm	No arrhythmia
MRI Brain (Follow-up)	Ischaemic infarct — right MCA, no haemorrhagic transformation	Confirmed ischaemic stroke

AYURVEDIC DIAGNOSIS (*Nidana Panchaka*) *Nidana Panchaka* is described in table no 9 *(*Table no. 9 *AYURVEDIC NIDANA PANCHAKA)*

Component	Details
Nidana (Cause)	*Ati Shrama* (excess exertion), *Ratri Jagarana* (night vigil), *Vishama Ahara* (irregular diet), *Vegadharan* (suppression of urges), *Chinta* (anxiety), *Vata Vardhak Ahara Vihara*
Purvarupa (Prodromal Sx)	*Suptata* (numbness), *Sparsha*-hani (sensory reduction), *Jrimbha* (excessive yawning), *Anga Gaurava* (heaviness)
Rupa (Clinical Features)	*Hasta-Pada* Alpa *Karmanyata*, *Vak Aspastata*, *Gamane Kastata*, *Vibandha*
Samprapti (Pathogenesis)	*Vata Kopa* → *Rasa-Rakta-Mamsa Dushti* → *Sira-Snayu-Dushti* → *Paksha Daurbalya*
Upashaya / *Anupashaya*	*Upashaya*: *Snigdha*, *Ushna*; *Anupashaya*: *Rooksha*, *Sheeta*, *Vata*-Vardhak *Ahara*

Dosha: *Vata Pradhan* (*Vata-Kaphaj*) | *Dushya*: *Rasa*, *Rakta*, *Mamsa*, *Majja* | *Srotas*: *Rasavaha*, *Raktavaha*, *Mamsavaha*, *Majjavaha*, *Purishavaha* | *Srotodushti*: *Sanga* (obstruction) and *Vimargagamana* | *Agni*: *Mandagni* | *Ama*: Present | *Bala*: *Madhyama* | *Vyadhi*: *Pakshaghat* (*Vatavyadhi*)

TREATMENT PLAN (*Chikitsa Sutra*)

The treatment was planned in two phases: (I) *Shodhana Chikitsa* (purification therapy) and (II) *Shamana Chikitsa* (pacification / palliative therapy).

All treatment plan are described in table no. 10,11,12 and 13.

Phase I: *Shodhana Chikitsa* (Purification)

A) *Sadyo Virechana* (Immediate/Quick Purgation *(Table no. 10 Sadyo Virechana)*

Drug	**Dose & Mode (4/1/26)**	***Vega* /*Upvega***
Triphala Kwath	150 ml, oral, on empty stomach (10 AM)	*Vega* 5 *Upvega* 3
Eranda Sneha (Castor Oil)	50 ml, mixed with *Triphala Kwath*	-

Duration: 1day Post – purgation rest, light diet (*Laghu Aahar — Manda* / *Peya*) was advised for 2 days before starting *Basti*.

B) *Matra Basti* (Medicated Oil Enema)

*(*Table no 11 *MATRA BASTI)*

Drug	**Dose & Mode (7/1/26 to 31/1/26)**
Maha Sneha	60 ml, warm, administered as rectal enema after bowel clearance, evening at 7:00 pm

Duration: 21 days.Retained for 30–45 minutes post-administration.

C) *Nasya* (Nasal Administration of Medicated Oil)

(Table no. 12 *NASYA)*

Drug	**Dose & Mode (14/1/26 to 21/1/26)**
Maha Masha Oil	8 drops each nostril, morning at 9:00 am (after *Mukha Abhyanga*, head in supine position)

Duration: 7 days (*Navankarma* schedule)

D) *Sarvanga Abhyanga* with *Nirgundi* oil (Full Body Oil Massage)

Procedure: *Nirgundi Taila* applied to the whole body with rhythmic strokes (Anuloma direction) for 30–45 minutes, followed immediately by *Shastika Shali Pinda Sweda*

E) *Shastika Shali Pinda Sweda*

Procedure: Boluses (*Pinda*/Kizhi) of *Shastika Shali* rice cooked in *Bala Kwath* + Cow Milk applied to the body in 4 stages (*Abhyanga-Sweda* combined), 45–60 minutes per session.

Duration: 21days (continuous).

Phase II: *Shamana Chikitsa* (Palliative / Internal Medicines)

(Table no. 13 *SHAMANA PROTOCOL)*

Drug	**Dose & *Anupana***	**Timing**	**Duration**
Panchsakar Churna	5 gm with hot water	At night (bedtime)	30 days

Gokhuradi Guggulu	2 tablets (500 mg each) TDS	After food (morning, afternoon, evening)	30 days
Dashmul Kwath	20 ml (with equal water)	Before food (morning & evening)	30 days
Ashwagandha (Withania somnifera) *Churna*/Capsule	3 gm with warm milk	At bedtime	60 days

NIH STROKE SCALE (NIHSS) — ASSESSMENT & IMPROVEMENT

The NIH Stroke Scale (NIHSS) is a validated 15-item neurological examination tool used to quantify stroke-related neurological deficits. Each item is scored 0 (normal) to 4 (maximum deficit). Total score: 0–42. Higher score = greater severity.[5]

Score Interpretation: 0 = No stroke; 1–4 = Minor stroke; 5–15 = Moderate stroke; 16–20 = Moderate-severe; 21–42 = Severe stroke. It is described in table no. 13)

*(*Table no. 13 NIH SCORE)

Item	Domain Assessed	Baseline Score (3/1/26)	Mid-Tx Score (15/1/26)	Final Score (31/1/26)
1a	Level of Consciousness (LOC)	1	1	0
1b	LOC Questions (Month, Age)	1	1	0
1c	LOC Commands (Eyes open/close, Grip)	1	0	0
2	Best Gaze (Horizontal eye movement)	0	0	0
3	Visual Fields	0	0	0
4	Facial Palsy	2	1	1
5a	Motor Arm — Left	3	2	1
5b	Motor Arm — Right	0	0	0
6a	Motor Leg — Left	3	2	1
6b	Motor Leg — Right	0	0	0
7	Limb Ataxia	2	1	1
8	Sensory	1	1	0
9	Best Language	0	0	0
10	Dysarthria (Speech Clarity)	2	1	1
11	Extinction & Inattention	1	1	0
TOTAL	**NIHSS Total Score**	**17**	**11**	**5**

Assessment Point	NIHSS Score	Category
Day 0 (Baseline)	17	Moderate-Severe Stroke
Day 15 (Mid-Treatment)	11	Moderate Stroke
Day 30 (Post-Treatment)	5	Minor Stroke

Total improvement: 17 → 5 = 12-point reduction in NIHSS score (70.6% improvement). This represents a shift from Moderate-Severe to Minor stroke category, indicating clinically significant neurological recovery.

RESULTS & OBSERVATIONS:

CLINICAL OUTCOME — SYMPTOM-WISE ASSESSMENT

(Table no. 14 CLINICAL OUTCOMES)

Symptom	Before Treatment (3/1/26)	After Treatment (31/1/26)	% Relief
Left arm power (MRC)	3/5	4/5	Significant improvement
Left leg power (MRC)	3+/5	4+/5	Significant improvement
Vak Aspashtata (Dysarthria)	Grade II (moderate slurring)	Grade I (mild slurring)	50% improvement
Gamane Kashtata (Gait)	Hemiplegic gait, requires support	Independent walking with mild limp	Marked improvement
Vibandha (Constipation)	No bowel movement >2 days	Daily bowel movement	Complete relief
Spasticity (Tone)	Grade 2 (Modified Ashworth)[26]	Grade 1 (Modified Ashworth)	Significant reduction
Sensory deficit	Reduced pain & temperature L side	Mild residual hypoesthesia	Partial improvement
Sleep / Anxiety	Disturbed, highly anxious	Sound sleep, calm	Marked improvement
Overall Functional Status (Barthel Index)[27]	45/100 (Moderate Dependence)	75/100 (Mild Dependence)	67% improvement

DISCUSSION

Pakshaghat, as described in Ayurvedic classics, is a *Nanatmaja Vatavyadhi* caused by vitiation of *Vata* — particularly *Prana Vayu*, *Vyana Vayu*, and *Apana Vayu* — leading to *Sira-Snayu-Sandhi Dushti*. The clinical presentation of the patient in this study — left hemiparesis, dysarthria, hemiplegic gait, and constipation — closely corresponds to this classical description.[3,16,17]

Sadyo Virechana:

Sadyo Virechana (purgation without elaborate *Poorvakarma*) was chosen given the acute presentation.

The selection of *Sadyo Virechana* as the initial *Shodhana* was based on the principle of *Ama Pachana* and *Srotas* Shuddhi (channel cleansing) before initiating *Snehana-Swedana* therapies. *Eranda Sneha* (castor oil) is a classical *Vata-Anulomana* drug with both *Snigdha* and *Tikshna* properties, making it ideal for *Vata-Kapha* obstructed conditions. *Triphala Kwath* provides *Tridoshahara* action and *Srotoshodhana*, thereby enhancing the efficacy of subsequent therapies. As the patient had *Vibandha* (chronic constipation) and *Saama Vata* condition, *Ama Pachana* followed by *Virechana* was prioritised to clear *Purishavaha Srotas* and enable proper *Vata Anulomana* (downward movement of *Vata*).

***Matra Basti* with *Maha* sneha:** Maha Sneha has *Ghrita, Tail, Vasa, Majja*. [31] *Charaka*

Samhita dictum that '*Basti* is half the treatment of all diseases and the complete treatment of *Vatavyadhis*' (CS.Si.1/38-39). [1] *Basti* (medicated enema) works through the principle of absorption from the colonic mucosa, directly nourishing *Majja Dhatu* (nervous tissue) and correcting *Vata Dushti* at the root (*Pakwashaya*). The 60 ml dose of *Maha Sneha* in *Matra Basti* is safe, well-tolerated, and does not require dietary restrictions — making it highly suitable for sub-acute stroke patients.[6] *Matra Basti* (smaller dose of *Sneha Basti*) is safe, can be administered daily, and does not require strict dietary restrictions — making it ideal for elderly, debilitated stroke patients.[15,21] Here *Vasa (Mansa Upadhatu*) and *Majja* directly help to nourish *Mansa* and *Majja Dhatu*, which are depleted in stroke.

***Nasya* (*Maha Masha Tailam*):** *Nasya* with *Maha Masha Taila* is indicated in *Vak Vikara* (speech disorders) and *Urdhva Jatrugata Rogas*. The nasal route provides direct access to the central nervous system via the olfactory pathway, supporting neurological recovery and reducing inflammation in cranial structures. This is supported by contemporary research demonstrating intranasal drug delivery by passing the blood-brain barrier.[9,19,20] "*Nasa Hi Shiraso Dwaram"* — the nose is the gateway to the head. *Nasya* directly delivers therapeutic agents to the brain through the olfactory mucosa and cribriform plate, reaching *Sirah* (head), and nourishing *Majjavaha Srotas*. It is specifically indicated in *Urdhva Jatrugata* Rogas including *Vak Vikara*.

***Sarvang Abhyanga* with *Nirgundi* oil**

Abhyanga with *Nirgundi Taila* softens the spastic muscles, improves peripheral circulation, nourishes *Twak* (skin) and *Mamsa*, and is a pre-requisite for *Sweda*. Indicated in *Angavaikalya* (motor disability), *Vatavyadhi*, and *Stambha*.nirgundi oil having *Vata Shelshmahara* & *Shulahara* properties.

***Sashti Shali* pind swedan:**

It is a *Brinhana* (nourishing) and *Vatahara* (*Vata*-pacifying) *Sweda* using boluses of *Shastika Shali* rice (60-day rice) cooked in *Bala Kwath* and milk. The combination of heat, nourishment, and *Vata-Kapha Shamana* properties makes it specifically indicated in *Pakshaghat*, muscular atrophy, and neurological deficits. Benefits include: reduction in spasticity, improvement in muscle bulk, sensory restoration, and reduction of *Vata*.

Shastika Shali Pinda Sweda is a combined *Snehana-Svedana* procedure with strong *Brinhana* (anabolic) and *Vatahara* properties. Clinical studies have demonstrated reduction in spasticity, improvement in grip strength, and restoration of sensory deficits following it in hemiplegia patients.[18] The heat generated improves peripheral circulation, while the [7] *Bala* (Sida cordifolia) and milk nourish *Mamsa* and *Majja Dhatu.*

***Shamana Chikitsa*:**

→*Ksheerpaka* (*Ashwagandha*): *Ashwagandha* (Withania somnifera) has demonstrated neuroprotective, anti-inflammatory, and neuroregeneration-promoting effects in preclinical studies. [10,23,24] Deepest nourishing (*Brinhana*) preparation; milk as *Anupana* enhances *Ojas* and *Majja Dhatu*. Specifically indicated for

Dhatu Kshaya and Balakshaya in *Vatavyadhi*.

→*Panchsakar Churna* [28]: *Panchsakar Churna* has *Sunthi* (Zingiber Officinalis), *Swarnaparni* (Cassia Angustifolia), *Shatapushpa* (Anethum Sowa), *Balaharitaki* (Unripe fruit of Terminalia Chebula), *Saindhav* (Rock salt).

It has Virechaka & *Anulomana* propertites. It addresses chronic *Vibandha* by gently clearing *Purishavaha Srotas* without *Ati*-rechana (excessive purgation). *Panchsakar Churna* successfully resolved the chronic *Vibandha*, which is essential for *Apana Vayu* normalisation

→*Gokshuradi Guggulu* [29]: *Vatahara*, *Balya*, *Mutrala*; beneficial in neurological deficits and musculoskeletal weakness; *Guggulu* acts as *Yogavahi* (bioenhancer). *Gokhuradi Guggulu* supports musculoskeletal recovery.

→ *Dashmul Kwath* [30]: Dashemani Mula (ten roots decoction); classical *Vatahara* compound; indicated in all *Vatavyadhis* — reduces inflammation, nourishes *Sira-Snayu*. *Dashmul Kwath* addresses the root cause of *Vata Dushti* through its anti-inflammatory and *Vata*-pacifying properties.[25]

The 70.6% improvement in NIHSS score (from 17 to 5) over 30 days is clinically significant, particularly given that the patient did not receive intensive modern physiotherapy. This suggests that *Panchakarma*-based

CONCLUSION

This single case study demonstrates that a systematic Ayurvedic approach combining *Shodhana* (*Sadyo Virechana*, *Matra Basti*, *Nasya*) and *Shamana Chikitsa* resulted in significant and sustained improvement in a patient of *Pakshaghat* (Ischaemic Hemiplegia). The 70.6% reduction in NIHSS score, along with functional improvement in motor power, speech, gait, and bowel habits, supports the efficacy of this comprehensive protocol.

The case highlights the role of *Basti* as the cornerstone of *Vatavyadhi* management, the neuroprotective value of *Maha Mamsa Nasya*, and the neurorestorative properties of *Shastika Shali Pinda Sweda*. Further multi-centre randomised controlled trials with larger sample sizes are recommended to establish standardised Ayurvedic protocols for post-stroke rehabilitation.[22]

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