



## Review Article

### A CONCEPTUAL REVIEW ON INSIGHTS OF PAKSHAGHATA (HEMIPLEGIA) IN AYURVEDA

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#### ABSTRACT

*Pakshaghata* is a clinical entity that is classified as the umbrella of substantial *Vata vyadhi* which includes the eighty varieties of *Nanatmaja Vata Vikara*, also referred to as *Vata* dominant *Vikruti* (illness). Loss of voluntary function on one side of the body is termed as *Pakshaghata*. By stating that morbid *Vata* beholds either side of the body, dries up the *Sira* (nerve) and *Snayu* (tendon) of that section and brings *Cheshta-Nivrutti* (lack of movement), *Ruja* (pain), and *Vaakstambha* (unable to speak), *Pakshavadha* (*Pakshaghata*) explains. Among the disorders of *Madhyama Roga Marga*, or *Marma-Asthi-Sandhi Marga*, is regarded as *Pakshaghata*. Hemiplegia can be used to interpret *Pakshaghata*'s description. Hemiplegia is often associated with stroke, among other factors. A stroke involves an abrupt loss of blood flow to part of the brain, causing ischemia and neurological issues like weakness, sensory loss, or speech difficulties. Strokes are a major cause of hemiplegia, accounting for 9.94% of all deaths in India, with an incidence of 200 per 100,000 people. This rate is rising in developing countries like India. Stroke is not a single disease but a group of disorders, often leading to severe, long-term disabilities affecting both body and mind. In managing *Pakshaghata*, Ayurvedic practitioners recommend various treatments including *Snehana* (oleation), *Sweda* (sudation), *Mrudu Samshodhana* (mild purification), *Mastishkya Shiro Basti* (head treatments), *Nasya* (nasal therapy), *Upanaha* (poultice), and *Basti* (enema) based on *Vyatyasa Chikitsa Siddhanta* (principle of variable treatment). The purpose of this study is to review *Pakshaghata* (hemiplegia) in a systematic manner and to illustrate the efficacy of several Ayurvedic treatments for the disease.

#### INTRODUCTION

*Pakshaghata* is a *Nanatmaja Vata Vikara* and a *Mahavatavyadhi*, defined by an impairment of either the motor or sensory systems, or both, in one side of the body. Acharya Sushruta, mentioned this disease as *Mahavatavyadhi*, states that *Dhatu kshaya* or *Margavarana* can cause manifestations. The four main characteristics of *Pakshaghata* are *Hasta pada sankocha*, *Vakstambha* (slurred speech), *Ruja* (pain), and *Cheshta hani* (impaired motor activity). In certain instances, there may also be presentations of *Sphoorana of Jihva* (tongue fasciculation), *Vaktra*

*vakrata* (mouth deviation), and *Sandhi Bandha Vimoksha* (joint weakness).

Hemiplegia is similar to the symptomatic presentation of *Pakshaghata*. 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; nevertheless, the prevalence of cerebrovascular accident-stroke is higher than that of any other medical disorder.<sup>[1]</sup> "The rapidly developing clinical symptoms and/or 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.<sup>[2]</sup>

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In India, it is regarded as the second most frequent cause of death and disability. In rural areas, the estimated adjusted range for the prevalence rate of stroke is 84 to 262 per 1 lakh, while in urban areas, it is 334 to 424 per 1 lakh. The incidence rate is 119 to 145 per 1 lakh according to recent population-based research.<sup>[3]</sup> Recent times have seen an alarming increase in the number of younger population having stroke.

Rather than appearing as an intrinsic defect, *Pakshaghata* is more of a functional impairment. It results in a complex, crippled, and unpleasant life filled with ongoing emotional trauma. The patient experiences severe misery and frustration as a result. If the patient with such an illness receives any assistance, it will be to their great benefit, the physician's credit, and eventually the science itself.<sup>[1]</sup>

According to modern scientific theory, brain damage that are sufficiently serious for treatment to reverse can result in lifelong neurological impairment. As a result, the prognosis for the illness is dismal, leaving the crippled individual dependant. The objective of this work is to review and emphasize the efficacy of various Ayurvedic treatments in patients with *Pakshaghat* (hemiplegia), since this study deals with a systemic overview of *Pakshaghat*.

## AIM AND OBJECTIVES

To review the analytical concept of *Pakshaghat* (hemiplegia), from different literature.

## MATERIALS AND METHODS

Material review of literature is presented hereafter thorough study of Ayurvedic classics, journals, internet and the latest research papers published in its context and compiling references from Ayurvedic as well as modern medical texts and previous research work on this subject.

## Etymology

The word *Pakshaghata* is composed of two *Pada* i.e., '*Paksha*' and '*Aghata*' detailed meaning of which are as under.

*Paksha*- It is of masculine gender and its various meaning is as follows in different texts.

- *Dehangama* – *Shabdakalpadrum* Vol-3
- *Parshwa* - *Vachaspathyama*
- *Dehardha* - *Vachaspathyama*
- *Dehangabheda* - *Vachaspathyama*
- *Paksha Sharirardham*– *Dalhana* (Su Ni 1/60)
- *Paksha Ardha Narishwaravat*– *Vijayarakshita* and *Shabdakalpadrum* Vol-3
- The flank or side or the half of anything - *Monier Williams*

Acharya Charaka has used the *Pada* "*Paksha*" in different contexts. It has been used for describing 15 days, feather of bird and one side of the body.

Acharya Sushruta has used this "*Paksha*" while describing the disease *Pakshaghat*. *Dalhana* has commented on this by rightly saying it as '*Paksham Sharirardham*'.

*Ashtanga Samgraha* and *Ashtanga Hridaya* have also used this *Pada* while describing the disease *Pakshaghat*, the meaning of *Paksha* being taken as one side of the body.

*Madhava Nidana* has also incorporated the *Pada* '*Paksha*' in *Pakshaghat*. *Vijayarakshita* the commentator of *Madhava Nidana* explains it as *Ardhanarishwaravat* giving a clear idea about terminology used.

In contemporary literature like *Sharangadhara Samhita*, *Bhavaprakasha* and *Yogarajnakara* the word *Paksha* have been used with meaning of half of the body during the description of *Pakshaghat*. We can conclude doubtlessly from the foregoing description that word "*Paksha*" depicts one side of the body.

**Ghat:** It is of masculine gender and is derived as below:

*An + Han + Ghan*

*Han + Vich + Bhava + Layout* (*Halayudh Kosha*)

The suffix *Ghat* of the word *Pakshaghat* has also been used in terms like *Mutraghata*, *Marmaghata*, etc. The word *Aghat* bears same meaning as *Ghat*. Its various meanings are as follows:

- *Vadha* - *Shabdakalpadrum*
- *Marane* - *Vachaspathyam*
- Killing, Blow, Injury – *Monier Williams*

The nomenclature of *Pakshaghata* indicates the main symptom of the disease.

**Synonyms**-*Pakshaaghata*, *Pakshaghata*, and *Pakshavadha*

The word *Pakshaghata* derived from *Shashthi Tat Purusha Samaas* <sup>[4]</sup>,

‘पक्षस्य देहंगास्या घातं विनाशनम यस्मात् यात्रा वा’ <sup>[5]</sup>

In the above synonyms, word *Paksha* is common but the suffixes, viz. – *Aghata*, *Ghata*, and *Vadha* vary. Here *Paksha* means side, the flank or side of a man and *Ghata*, *Aghat* means *Hanan* to kill, *Vadha* means to Kill, destruction, paralysis.

From all the above description we can draw the bottom line that the meaning of word *Pakshaghat* is loss of function of one half of the body and its modern homologue is hemiplegia.

## Classification of Pakshaghat

Acharya Sushruta has classified the *Pakshaghata* in three types as per their aetiopathogenesis.

The three types of *Pakshaghata* are as follows:

1. **Suddha Vataja Pakshaghata:** The *Pakshaghata* where the *Vata* is aggravated on account of its own *Nidana*.
2. **Anyadosha Samsrista Pakshaghata:** Where the *Vata* is associated with other *Dosha* to manifest the disease.
3. **Kshaya Hetuja Pakshaghata:** Where the *Vata* is aggravated as a consequence of *Dhatu Kshaya*.

The routes of *Vata Prakopa* are:

1. **Swanidanajanya Vata Prakopa-** The *Vata* gets provoked due to the indulgence in its own *Nidana*.
2. **Margavaranaajanya Vata Prakopa-** The normal function of *Vata* depends on three factors viz.,
  - *Avyahata Gati* (free flow/ movement of *Vata*)
  - *Vata* to be seated at its own natural site
  - *Vata* to be remains in its normal quantity and quality.

When there is obstruction of the path of the *Vayu* by other *Dosha* or *Dushya*, the *Avvahata Gati* of *Vata* is hampered and *Vayu* get provoked. This type of vitiation of *Vata* is called *Marga-avarana Janya Vata Prakopa*.

3. **Dhatu Kshaya Janya Vata Prakopa-** When there is *Dhatu Kshaya*, there develops some vacuums in the *Dhatu* which get filled by *Vayu* and the *Vata* get provoked. This type of *Vata Prakopa* is called *Dhatu Kshaya Janya Vata Prakopa*. *Swanidanajanya Vata Prakopa* results in the manifestation of *Suddha Vataja Pakshaghata*. *Margavarana Janya Vata Prakopa* results in the manifestation of *Anyadosha Samsrista Pakshaghata* and *Dhatu Kshaya Janya Vata Prakopa* results in the manifestation of *Kshayahetuja Pakshaghata*.

The *Dhatu Kshaya Janya Pakshaghata* has again classified as two types by Acharya Gayadas

- A. *Sonitaatisritikrita Dhatu Kshaya Janya Pakshaghata*.
- B. *Balavadvigrahadito Dhatu Kshaya Janya Pakshaghata*.

### Nidan

As per the principle of Ayurveda the disease with different *Samprapti* would have different *Nidana*. So, each category of *Pakshaghata* is supposed of having different *Nidana*.

### Nidana of Swanidanajanya Pakshaghata

*Nidana* for *Pakshaghata* has not been described in the classics. However, all factors vitiating *Vata Dosha* in body can be taken as the *Nidana* of *Swanidanajanya Pakshaghata*. *Nidanarthakara Roga* playing role in the manifestation of *Pakshaghata* are:

- a) *Madhumeha*
- b) *Sthaulya*

- c) *Uchcha Raktachaapa*
- d) *Hridroga*

### Nidana of Dhatu Kshayajanya Pakshaghata

*Nidana* for this *Pakshaghata* includes the general *Nidana* of *Dhatu Kshaya* as described by Acharya Charaka-

- a) **Aharajanya factors vitiating Vata Dosha-** It includes all factors related to diet, its consumption, and quality of food materials which provoke *Vata Dosha*.<sup>[6,7,8,9,10]</sup>
- b) **Viharajanya factors vitiating Vata Dosha** -It includes behavioral factors which provoke *Vata Dosha*.<sup>[11,12,13]</sup>
- c) **Manasajanya factors vitiating Vata Dosha-** It includes factors affecting mind like *Chinta*, *Shoka*, *Kama*, *Krodha*, *Bhaya* etc which in turn provoke *Vata Dosha*.
- d) **Abhigataj factors vitiating Vata Dosha** It includes *Abhigataj* factors which cause provoking of *Vata Dosha*.

### Poorvarupa

*Poorvarupa* of *Pakshaghata* are not described in any text. *Pakshaghata* being a *Vata Vyadhi*; *Poorvarupa* of *Vata Vyadhi* can be considered as that of *Pakshaghata*. Acharya Charaka mentions *Avyakta Lakshana* as the *Poorvarupa* of any *Vata Vyadhi*.<sup>[14]</sup>

अव्यक्तं लक्षणं तेषां पूर्वरूपमिति स्मृतम् ॥

आत्मरूपं तु तद्व्यक्तमपायो लघुता पुनः । (Ch. Chi 28/19)

Acharya Cakrapani has commented that *Avyakta* means few or mild symptoms and Gangadhara has also opined the same.

### Rupa

The symptoms which evolve or are manifested in *Vyakti Avastha* of *Shadvidha kriyakala* are known as *Rupa*. Various symptoms of *Pakshaghata* described in Ayurvedic literature are as follows:

### Charaka Samhita

The signs and symptoms of *Pakshaghata* as described by Acharya Charaka are "*Vama* or *Dakshina Pakshahanana*" along with "*Cheshtaanivriti* (loss of voluntary movements), which the cardinal symptom of this disease.<sup>[15]</sup>

हत्वैकं मारुतः पक्षं दक्षिणं वाममेव वा ॥

कुर्याच्चैष्टानिवृत्तिं हि रुजं वाक्स्तम्भमेव च । गृहीत्वाऽर्धं शरीरस्य सिराः स्नायुर्विशोष्य च ॥

पादं सङ्कोचयत्येकं हस्तं वा तोदशूलकृत् । एकाङ्गरोगं तं विद्यात् सर्वाङ्गं सर्वदेहजम् ॥ Ch. Chi. 28/53-55 ॥

- *Ruja*: Pain
- *Vakstambha*: Aphasia or dysarthria



## Sushruta Samhita

In Sushruta Samhita the symptoms of *Pakshaghata* are described as follows,<sup>[16]</sup>

- *Anyatara Pakshahanana*
- *Sandhi Bandha Vimoksha*
- *Akarmanyata*
- *Acetanam* (loss of sensation or consciousness)

Ashtanga Samgraha and *Hridaya*<sup>[17,18]</sup>

Vagbhatta has followed Sushruta in describing the symptomatology of *Pakshaghata*. (AS Ni 15/40-42).

## Madhava Nidana

In this text also the description of the clinical picture of *Pakshaghata* is of the same opinion with that of Sushruta and Vagbhatta. In Madhava Nidana in addition to general symptoms of *Pakshaghata* the *Pittanubandha* and *Kaphanubandha Lakshana* of *Pakshaghata* are also described. *Pittanubandha Pakshaghata* is characterized by *Daha*, *Murchchha*, and *Santapa Kaphanubandhi Pakshaghata* is characterized by *Shotha*, *Gaurava* and *Stambha*. Sushruta and Vagbhatta have considered the word '*Ekanga Roga*' as synonym of *Pakshaghata*.

## Bhavaprakasha

Bhavaprakasha has literally followed Madhava Nidana, while describing *Pakshaghata*.

Signs and symptoms of *Pakshaghata* according to different Acharaya can be tabulated as follows:

- *Dakshina* or *Vaama Paksha Cheshta Nivritti*, *Achetana* or *Vichetana*, *Hasta Pada Sankocha*, *Shira Snayu Vishosha*, *Vak Stambha Ruja*, *Toda*, *Shula Sandhivandha Vimoksha*.
- *Pittanirvandhi Pakshaghata*- *Daha*, *Santapa*, *Murchchha*
- *Kaphanuvandhi Pakshaghata*- *Shaitya*, *Shotha*, *Gaurava*.

## Upashaya

The specific factors for *Upashaya* of *Pakshaghata* have not been pointed out in the classics. However, factors, which are opposite to *Nidan* described in manifestation of the disease, may be understood as *Upashaya* for it.

## Samprapti

Conventionally the *Samprapti* can be of two types.

**1. Samanya Samprapti of Pakshaghata:** This is a general pathogenesis, Acharya Charaka mentioned that on account of various etiological factors; *Vata* gets vitiated and fills up the *Rikta Strotas* of the body and causes various kinds of *Vata Vyadhi*. Again, this *Vata Prakopa* occurs due to two causes: A. *Dhatukshaya* B. *Margavarana*.<sup>[19]</sup>

**a. Vata Prokopa due to Dhatukshaya:** *Langhana*, *Laghu* and *Ruksha Ahara*, etc factors, lead to *Rasa Kshaya*, *Atimaithuna* leads to *Shukra Kshaya*. Because of this *Kshaya* of the *Dhatu*s occurs, and the *Strotas* becomes *Rikta* and *Vata* gets vitiated.

**b. Vata Prakopa due to Margavarana:** Causative factors like *Ama*, *Vegasandharana*, *Marmaghata*, etc., cause *Margavarana*, which means the obstruction of the path. Here the obstruction may be complete or partial leading to *Riktata* of the *Strotas* beyond the site of obstruction and leads to *Vata Prakopa*. *Sanga* type of *Strotodushti* occurs in such cases.

The *Samanya Samprapti* of *Pakshaghata* according to different Acharyas are as under:

## Charaka Samhita

Describing the *Samprapti* of *Pakshaghata*, Acharya Charaka mentioned that, when the *Vayu* gets aggravated, it paralyses one side of the body, either right or left and causes immobility of that side in association with pain and loss of speech resulting in *Pakshaghata*. By afflicting half of the body, the aggravated *Vayu* may cause constrictions of the vessels and ligaments as a result there will be contractures of leg or hand.<sup>[20]</sup>

## Sushruta Samhita

Excessively agitated *Matarishva* (*Vata*) holds on *Adhoga*, *Urdhvaga* and *Tirvag Dhamanis*, loosens the *Sandhi Bandha* of either half of the body and renders it dead.

अधोगमाः सतिर्यगा धमनीरूर्ध्वदेहगाः । यदा प्रकुपितोऽत्यर्थं मातरिश्वा प्रपद्यते ॥

तदाऽन्यतरपक्षस्य सन्धिबन्धान् विमोक्षयन् । हन्ति पक्षं तमाहुर्हि पक्षाघातं भिषग्वराः ॥

यस्य कृत्स्नं शरीरार्धमकर्मण्यमचेतनम् । ततः पतत्यसून् वाऽपि त्यजत्यनिलपीडितः ॥ Su Ni 1/ 60-61 ॥

Here, Acharya Dalhana comments that *Dhamani* of only affected half are involved. Here it comes to notice that *Samprapti* described by Acharya Sushruta differs from the of Acharya Charaka in following two ways.<sup>[21]</sup>

1. Involvement of *Dhamani* is considered instead of *Shira* and *Snayu*.
2. Laxity of *Sandhi Bandha* is considered as a part of *Samprapti*.

## Ashtanga Samgraha

Acharya Vagbhatta has assimilated *Samprapti* of both Charaka and Sushruta and he says that lay hold half of the body, dries up *Shira* and *Snayu*, loosens *Sandhi Bandha* and leaves either half of the body dead. गृहीत्वाऽर्धं तनोर्वायुः सिराः स्नायूर्विशोष्य च पक्षमन्यतरं हन्ति सन्धिबन्धान् विमोक्षयन् ॥

कृत्स्नोऽर्धकायस्तस्य स्यादकर्मण्यो विचेतनः। एकाङ्गारोगं तं केचिद  
न्ये पक्षवधं विदुः। (AS.NI.15/40-42).<sup>[22,23]</sup>

Here, Vagbhatta has considered *Shira Snayu* as a part involved instead of *Dhamanis* thus. Acharya Charaka on the other hand he has also considered laxity of joints as part of this *Samprapti* following Sushruta.

### Madhava Nidana and Bhavaprakasha

Madhavakara and Bhavamishra have literally followed Vagbhatta in this (M. Ni. 22/39-40, B. P. M. Kh.24/205).

### 2. Vishishtha Samprapti of Pakshaghata

*Vishista Samprapti* is the specific *Samprapti* for individual type of a particular disease. While describing the prognosis, the disease *Pakshaghata* has been classified as three types as per the etiopathogenesis.

**1) Suddha Vataja Pakshaghata:** The *Samprapti* for *Suddha Vataja Pakshaghata* has been described along with the *Samanya Samprapti* of *Pakshaghata*.

### 2) Anyadosha Samsrista Pakshaghata

The *Samprapti* for *Avaranajanya* or *Anyadosha Samsrista Pakshaghata* has not been described directly. To understand the *Samprapti* of *Avaranajanya Pakshaghata* it needs to be composed on the basis of scattered reference of *Avarana* in the context of other diseases related to *Pakshaghata*.

- The most common cause of *Pakshaghata* is cerebrovascular accident. The major risk factors for the cerebrovascular accident (C.V.A.) are the Obesity, Diabetes mellitus and hypertension. In the pathogenesis of obesity (*Sthaulya*). Acharya Charaka has clearly mentioned *Sthaulya* to be due to *Avarana* of *Vayu* by *Medas*. (Ca. Su. 21/5).
- In the pathogenesis of *Madhumeha* (diabetes mellitus) he again describes it to be caused by *Avarana* of *Vayu* with *Sleshmaa*, *Pitta*, *Meda*, and *Mamsa*. (Ca. Su. 17/78-80).
- The commonest and first presentation of cerebrovascular accident is loss of consciousness and after the recovery from unconsciousness the patient remains as a patient of *Pakshaghata*. So, the *Samprapti* of *Mada*, *Murchha* may also be considered to understand the *Samprapti* of *Pakshaghata* due to CVA. In *Mada-Murchha-Sanyasa* the involved *Srotas* are *Rasavaha*, *Raktavaha* and *Manovaha*.
- Acharya Charaka has clearly supported the role of *Rakta* for the development of Shock or loss of consciousness by describing the *Buddhi-Sammoha* (a feeling of confusion). *Tandra-Nidra Auyoga* (drowsiness, excessive sleep). *Tamasascha-atidarsanam* (frequent *Pakshaghata* attack of fainting) etc as *Sonitajaroga* (Ch. Su. 24/14-15). He

also describes the involvement of *Raktavaha Srotas* in the diseases like *Mada*, *Murchha* and *Sannyasa* (Ch Su 24/25-29) Again he has also mentioned *Raktamokshana* as an effective therapy of *Sanyasa*. (Ch Su 24/52). *Pitta* also plays a vital role in the manifestation of shock Acharya Sushruta has also clearly mentioned the role of *Pitta Avarana* in the *Murchha* (Su. Ni 1.32).

- Acharya Charaka mentioned that, when *Medas* is aggravated excessively and obstructs the *Srotas*, diseases of very serious nature are caused, all a sudden by *Vata* etc. which may lead to instant death (Ch. Su 21 8). Here the sudden death by disease of serious nature by *Vata* may be indicating towards the cerebrovascular accident. From the above cited references, it is clear that, for the manifestation of diseases like *Pakshaghata* due to cerebrovascular accident the factors like *Rakta*, *Pitta*, *Meda*, etc are responsible along with *Vata*.

### 3) Kshaya Hetuja Pakshaghata

**Raktatisravana (Excessive bleeding):** The blood is one of the most important fluids in the body. It is called "रक्तं जीव इति स्थितिः". There is no life without blood. Excessive loss of blood whether in the form of internal or external bleeding can cause a serious pathogenesis in the body. The loss of 20% of blood volume has little clinical effects. A sudden loss of 33% of blood volume may cause death, while loss of upto 50% of blood volume over a period of 24 hours may not be necessarily fatal. Thus, excessive bleeding may cause hypovolemic shock that may lead to cerebral ischemia, hypotension, renal failure and cerebral infarction etc. Blood nourishes the '*Indriyamoolsthana*', the failure of this nourishment can cause death of brain cells and this is an important pathological phenomenon of the disease *Pakshaghata*. Thus, excessive loss of blood may directly cause *Pakshaghata* or even death. According to Ayurveda excessive loss of blood leads to excessive *Vataprakopa* and *Agnimandya*. Acharya Sushruta clearly states that excessive loss of blood may lead to not only disease of the head but also *Pakshaghata* along with other systemic and acute pathological conditions.

These two phenomenon are the important milestones:  
1-देहस्य रुधिरं मूलं रुधिरैव धार्यते । तस्माद्यत्नेन संरक्ष्यं रक्तं जीव इति स्थितिः ॥ (Su.Su. 14/44)

2-अत्युष्णेऽतिस्वित्रेऽतिविद्धेऽज्ञैर्विसावितमतिप्रवर्तते;तदतिप्रवृत्तं शिरोऽभितापमान्धमधिमन्थतिमिरप्रादुर्भावं धातुक्षयमाक्षेपकं दाहं पक्षाघातमेकाङ्गविकारं हिक्कां श्वासकासौ पाण्डुरोगं मरणं चापादयति ॥ (Su Su-14/30)

### Samprapti Ghatak of Pakshaghata<sup>[24]</sup>

- **Doshas:** *Vata* (All five types; *Prana*, *Udana*, *Vayu* especially)  
*Pitta* (*Panchak Pitta*, *Ranjak Pitta* especially)

*Kapha (Shleshak and Avalambaka Kapha especially)*

- *Dushyas: Rasa, Rakta, Mamsa, Meda Dhatu and Manas*
- *Agni: Jatharaagni, Dhatvaagni*
- *Ama: Dhatwaagni-Maandya-Janya*
- *Strotasa: Rasavaha, Raktavaha, Mamsavaha, and Medavaha*
- *Strotodushti: Atipravrutti, Sanga, Siraagranthi and Vimaarga Gamana*
- *Udbhava Sthana: Pakwaashaya*
- *Sanchara Sthana: Urdhwa, Adhah, Tiryak Dhamanis*
- *Adhisthana: Shira*
- *Rogamarga: Madhyam Roga marga*
- *Vyakti Sthana: Either Dakshin or Vama Paksha*

### **Sadhya-Asadhyata**

Determination of *Saadhya-asaadhyata* of a disease is an integral part of any therapy. The name and fame of a physician depends on his ability to determine the prognosis. Various opinions regarding the prognosis of the disease *Pakshaghata* are as follows:

### **Caraka Samhita**

*Pakshaghata* has been classified *Yatnasadhya* (*Kashtasadhya*) or *Asadhya* because of the *Gambhirva* of the *Sthana* involved (Ca. Chi, 28-73-74) Commenting on word *Gambhirva*, Chakrapani says that it means *Gambhirva Sthana Ashrava*.

Adding to the prognosis Acharya Caraka has again described the *Pakshaghata* which is of recent origin, complication free and manifesting in a strong patient is *Kruchchhrasadhya* and other wise it is *Asadhya*. (Ca. Chr. 28-73-74).

### **Sushruta Samhita**

*Pakshaghata* caused by *Suddha Vata* is considered *Kashtasadhya* one caused by *Samsrista Dosha* (*Pitta* or *Kapha*) as *Sadhya* and that caused by *Dhatu Kshaya* as *Asadhya* [25] (Su. Ni 1/63).

Commenting on this Acharya Gayadas classified *Kshaya* as two types and defines their prognosis as follows,

- *Kshaya* caused by excessive bleeding- "*Asadhya*"
- *Kshaya* caused by excessive exercise like wrestling- "*Kashtasadhya*".

### **Ashtanga Samgraha**

Vagbhatta's view differs from Sushruta in this regard. As per him, *Pakshaghata* caused by *Suddha Vata* is *Kruchchhrasadhyatama* (*Atikrucchasadhya Indu*), that caused by *Samsrista Dosha* is "*Kruchchhrasadhya*" and that caused by *Kshaya* is "*Asadhya*" [26] (A.S. Ni. 15/43).

### **Madhava Nidana**

Madhavakara holds same view as Sushruta but in addition he says that *Pakshaghata* accompanied by *Vedana Nasha* and those of *Garbhini*, *Shutika*, *Bala*, *Vruddha*, *Kshina*" should not be treated. *Pakshaghata* occurring due to excessive bleeding should also be discarded.[27] (M. Ni. 22/43)

### **Bhavaprakasha**

Bhavamishra has followed Sushruta Samhita in this context.

### **Chikitsa**

Different opinions put forth about *Pakshaghata Chikitsa* in Ayurved classics as:

- Acharya Charaka mentions "*Swedana Snehasanyuktam virechanam*" as the treatment for *Pakshaghata*. [28]

स्वेदनं स्नेहसंयुक्तं पक्षाघाते विरेचनम् || (Ch. Chi 28/100).

Acharya Chakrapani has not commented on the verse. Acharya Jejjata interprets this as *Snehayukta swedan* and *Snehavukta virechan*. Gangadhara has opined the same as Jejjata.

- Acharya Sushruta describes the specific line of treatment of *Pakshaghata* as follows: A patient of *Pakshaghata* who is not emaciated. has pain in the affected part habitually observes the rules of diet and regimen and who can afford to pay for the necessary accessories should be taken for the treatment. Initially, *Snehan* and *Swedan* are to be conducted followed by *Mridu vaman* and *Virechan*. This is to be followed by *Anuvasan* and *Asthapan basti*. After this the general directions and remedial measures laid down under the treatment of *Akshepaka* should be imparted at proper time. *Mastishkaya Shirobasti*, *Abhyanga* by *Anu taila*, *Salvana upnaha* and *Anuvasan* by *Bala taila* are the specific measures described. All these above-mentioned measures should be followed carefully for a continuous period of three or four months (Su. Chi 5/19).

पक्षाघातोपद्रुतमम्लानगात्रं सरुजमात्मवन्तमुपकरणवन्तं चोपक्रमेत् । तत्र प्रागेव स्नेहस्वेदोपपन्नं मृदुना शोधनेन संशोधानुवास्यास्थाप्य च यथाकालमाक्षेपकविधानेनोपचरेत्; वैशेषिकश्चात्र मस्तिष्क्यः शिरोबस्तिः, अणुतैलमभ्यङ्गार्थं, सार्वणमुपनाहार्थं, बलातैलमनुवासनार्थं; एवमतन्द्रितस्त्रीश्चतुरो वा मासान् क्रियापथमुपसेवेत् || (Su. Chi 5/19) ||

- Acharya Vagbhatta's view regarding the specific treatment of *Pakshaghata* is similar to that of Acharya Charak. He says that *Snehana* and *Snehayukta virechana* should be adopted. [29]

स्नेहनं स्नेहसंयुक्तं पक्षाघाते विरेचनम् | (A. H. Chi 21/44).

- Acharya Chakradatta has a number of combinations for the *Shaman Chikitsa* of *Pakshaghata*. One of



such combination named '*Mashatmaguptadi Kwath*' which contains *Masha*, *Atmagupta*, *Eranda*, *Bala*. Other formulations include *Mashabaladi Kwath*, *Swalparasonapinda*. Various *Tailas* like *Masha Taila*, *Maha Masha Taila* etc., have been described. (22<sup>nd</sup> Chap.)

- Bhavprakash has advocated the use of *Mashadi Kwath*, *Mashadi Taila* and *Granthikadi Taila* in the treatment of *Pakshaghata* (Bh. P. Chi. 24/209-212).
- In Bhaishajya Ratnavali, *Shodhan* measures like *Tikshna Virechan* and *Basti* have been described (Bh. R. 26/59).
- *Brihanmajjishthadi Kwath* (Sh. S. M. 2/137-142) and *Mashadi* (Sh.S.Ut.8/35.36) are described in Sharangdhara Samhita for *Pakshaghata*.
- In Yogratanakara the treatment given is similar to that of Chakradatta. (Y.R. Pu. *Vyadhi Chikitsa*).

In Ayurvedic classics the general treatment of *Vata vyadhi* has been discussed in detail *Pakshaghata* being a *Vata vvyadhi*, this general *Vata vyadhi* treatment is applicable to it also Acharya Caraka has advised *Snehan*, *Swedan*, *Sanshodhan* and *Sanshaman* treatment for *Vata vyadhi* in general.

#### **Snehan (Ca. Chi. 28/75-77)**

- The main principle for *Snehan* is to observe whether *Vata dosha* is vitiated alone or it is associated with other *Doshas* and whether it is occluded or not.
- If there is simple provocation of *Vata* without any kind of occlusion, it should be treated at first with oral administration of *Snehan* like ghee fat, oil and marrow.
- The person when over strained by *Sneha* should be comforted by rest for some time and then again he should be given *Sneha* with milk dilute gruels meat juices, *Payasas*, and *Krishara* mixed with salt and acid articles.
- *Sneha* should be administered by *Snehpan*, *Abhyang*, *Anuvasan*, *Nasya* and demulcent food.
- *Abyanga* can be done with *Sahacharadi taila*, *Dhanvantara taila*, *Karpasasthyadi taila*, *Prabhanjana vimardana taila*, *Kshirabala taila*, *Mahamsha tail*, *Bala taila*.
- Acharya Sushruta has specially mentioned *Anu Taila* for *Abhyanga*<sup>[30]</sup>.

#### **Swedan (Ca. Chi. 28/78)**

- When *Samyaka sneha* is done, the patient should be subjected to *Swedan* therapy by means of *Nadi sweda*, *Prastara sweda*, *Sankar sweda*, etc., mixed with *Snigdha dravvas*.
- *Shastika shali Pinda sweda*, *Patra pinda sweda*, *Nadi sweda*, *Dashamoola sadhita Ksheera dhooma* in

*Ardita*.

#### **Effect of Snehan Purvak Swedan (Ca. Chi. 28/79-82)**

- *Snehan purvak swedan* relieves the symptoms such as *Harsha*, *Toda*, *Ruk*, *Shotha*, *Stambha*, *Graha* etc. It produces *Mruduta* in the body. Even a dry wood is made flexible by proper *Snehan* and *Swedan*.
- *Snehan* therapy when applied quickly does *Dhatu pashana* and increases *Bala agni*, *Pushti* and life span.
- The *Snehan* and *Swedan* measures should be repeatedly administered in order that the disorders of *Vata* may not stay in the *Koshtha* softened by *Snehan* procedure.
- These measures are useful in *Hasta pada sankocha ruk stambha*, *Vishosha*, *Vakratu* encountered in *Pakshaghata*.
- **Salvanaha Upanaha:** *Salvana Upanaha taila* has been used which may serve lipoidal barrier for the penetration of drug molecules of ingredients and exerts immediate anti-inflammatory and analgesic effect. Moreover, heat is also maintained due to *Ushna* and *Teekshna* properties of the ingredients in *Upanaha*.

#### **Samshodhana**

- If the above procedures fail to pacify the disease then the patient should be subjected to *Samshodhana*. *Mridu samshodhan* is indicated here in the form of *Virechan* with medicated ghee prepared with *Tilvaka* or *Sarala* or castor oil with milk.<sup>[31]</sup> (Ca Chi 28/83,84).

- *Mridu Sanshodhanaa* has been mentioned in treatment of *Margavarana*.

कुर्यादावृतमार्गे तु सस्नेहं मृदु शोधनम् ॥२५॥ (Ch. Chi. 9/25).

Hence in *Margavaranjanya Pakshaghata Mridu Sanshodhanaa*, i.e., *Virechana* can be advocated.

- *Vagbhata* has mentioned *Mridu Sanshodhanaa* (*Virechana*) in the general line of treatment of *Vata*. वातस्योपक्रमः स्नेहः स्वेदः संशोधनं मृदु। (A.H. Su.13/1), which can also be adopted for *Pakshaghata*.
- *Vatanulomana* is necessary for the *Vayu* obstructed by the *malas* lodged in the *strotas* by *Snigdha*, *Amla*, *Lavana*, and *Ushna* drugs. स्निग्धाम्ललवणोष्णाद्यैराहारैर्हि मलश्चितः ॥ (Ca Chi 28/85) ॥
- In weak patients or those contraindicated for *Virechan*. *Niruha Basti* should be given followed by *Deepan* and *Pachan* drugs.<sup>[32]</sup>

स्रोतो बद्ध्वाऽनिलं रुन्ध्यात्तस्मात्तमनुलोमयेत् ॥

दुर्बलो योऽविरेच्यः स्यात्तं निरूहैरुपाचरेत् ॥ (Ca Chi 28/86).

- *Virechan* has been described as a *Shodhan* measure by almost all the Acharyas for *Pakshaghata*.

## Virechana

### Snehapana

- ✓ In Vata predominance- *Kalyanaka ghrita*, *Erandataila*
- ✓ Vata Pitta predominance - *Panchatikta ghrita*
- ✓ Vata Kapha predominance - *Panchagavya ghrita*
- Virechana is the line of treatment for Vata Vyadhi condition where Vata is associated with Kapha, Pitta, Rakta and Meda.
- The involvement of Sira and Snayu in Samprapti of Pakshaghata, Sira is the Upadhatu of Rakta dhatu, Hence Virechana is best Shodhana in the involvement of Rakta Dhatu.
- Pakshagata is also said to be a disease of Majjavaha srotas. Majja dhatu and Pitta are said to be form same origin 'Ya Eva Pittadharakala sa Eva Majjadhara kala'. Therefore, treatment for Majja and Virechana is best treatment for Pitta.

## Basti karma

Basti is one of the best treatments for Vata vyadhi. It is the most important constituent of the Panchakarma due to its multiple effects. Basti eradicates vitiated Vata dosha from the root. It is also provides nutrition to the body tissue. In Kevala vatajanya Pakshaghata Basti is the best line of treatment.<sup>[33]</sup>

- In Ama Condition: *Lekhana Basti* and *Choorna Basti* can be given.
- In Nirama condition: *Rajayapana Basti* and *Dashamoola Ksheera Basti* can be given.
- **Matra Basti:** Acharya Charaka has stressed on *Srotoshudhi*, *Vatanulomana* and *Rasayana* in general management of Avarana. Basti achieves both the goals i.e., *Vatanulomana* and *Srotoshudhi*. Basti is treatment of choice for *Madhyama Marga* and to protect *Marmas*. Basti prevents the *Sira*, *Snayu vishoshana*,

## Nasya karma

Nasya is the gate of Shiras. Many types of Nasyas indicated in Pakshaghata according to Avastha of the disease by different types of Nasya yogas. *Avapeedana Nasya* indicated in unconscious patients and *Pradhamana Nasya* is indicated repeatedly to restore the consciousness. *Sneha Dhoomapana* and *Nasya* beneficial in Pakshaghata to give the nourishment to the the drug administrated through nose reaches to the brain (*Shringataka Marma*) by which is a Sira Marma so by Nasya drug spread in the *Murdha* reaches at a junctional place of brain.<sup>[34]</sup>

Nasya can be given with: *Anu taila* (V+K), *Ksheerabala* 101 (V+P), *Karpasthyadi taila*.

In Vataja conditions- *Mahamasha taila*

❖ *Bahirparimarjana Chikitsa:* *Bahirparimarjana* chikitsa has supportive role along with *Pancha karma* therapy.

❖ **Moordini taila;** *Moordha* means *siras*. *Moordini Taila* (*Shirobasti*, *Shiro pichu*, *Shiro seka*, *Shiro abyanga*) with *Taila* prepared with *Medhya dravya* helps to pacify the aggravated Vata dosha in Shiras from the Shiras and helps in relaxing the nervous system. It balances the pranavayu around Shira.

❖ **Jihva Nirlekhana:** With *Vacha*, pinch of *Saindhava* and *Madhu* are helpful to improve *vak pravrutti*.

In case of Vata vyadhi caused by Avarana, the Avaraka Dosha should be taken into consideration. When vata has the avarana of both Pitta and Kapha then the dominant avaraka should be alleviated first (Ca Chi 28/188) *Shuddha Vataj Pakshaghata* should be treated as above but the *Anubandhita* type of *Pakshaghata* should be treated considering the avaraka doshas.

- **Shuddha Vataj Pakshaghata-** In general Acharya Charaka has described the treatment for vitiated Vata as under *Dravyas* having *Madhur*, *Amla Lavana*, *Snigdha*, *Ushna* properties *Upakramas* like *Snehan*, *Swedan*, *Asthapan* and *Anuvasan*, *Nasva*, *Abhyanga*, *Utsadana*, *parisheka* etc. Among these he has praised *Asthapan* and *Anuvasan basti* as the best treatment for Vata (Ca Su 20/13).

The general treatment of Vata vyadhi described by Acharya Sushruta is as follows *Sneha*, *sweda*, *Abhyanga*, *Sneha basti sneha virechan*, *Shirobasti*, *Sukhoshma Parisheka*, *Shirosneha*, *Snaihika Dhumpna*, *Sukhoshna snaihika gandha*, *Smaihika nasya mansa rasa*, *Dugdha*, *Sneha* and *Sneha vukta* preparations, all kinds of sour fruits, salts, *Snigdha bhojana*, etc should be generally adopted for treating Vata vyadhi (Su Chi 4/22-26)

- **Pittavritta vata:** In *Pitta avritta* vays hot and cold treatment should be given alternatively. In diet he should be given flesh of *Jangala* animals, *Yava* and *Shali*. For *Shodhan* purpose *Yapan basti kshira basti*, and *Virechan* should be given. *Jivaniya ghrita* is recommended. (Ca. Chi 28/184).

The treatment plan should be according to *Dosha-samsarga* when the patient comes in *Murcha*, *Mada* and *Sanyasa* or *Akshepaka avastha* the treatment adopted is, *Teekshna nasya* with *Vacha choorna*, *Vidanga*, *Maricha*, *Swasa kutara ras*, *Lashuna Kalka* *Avapeedana Nasya* are beneficial to stimulate the *Sanjna* and dose the *Srothoshodhana*. Even though *Teekshna nasya* which is *Vyadhi viparita chikitsa* so to counter balance the dosha *Shiro dhara* with *Bramhi taila*, should done along with *Talam* with *Shatadhauta Ghrita* and *Manjishtadi*, and *Sheeta*



*alepa* which is *Pitta/Jwara hara Doshapratyanika chikitsa*.

- **Kaphavritta vata:** In *kapha-avritta vata*, diet articles made of *Yava* and flesh of *Jangala* animals should be given. For *Snehan* old ghee *Tila taila* and *Sarshapa taila* are beneficial Strong *Swedan*. *Niruha basti*, *Vaman* and *Virechan* are also described. (Ca Chi 8/187).

*Gurutwa*, *Staimithya*, *Stamba lakshanas* can be seen, in this condition should adopt *Rooksha alepa* (*Agni lepa*) *chikitsa* for *Ama Pachana*, *Dhanyamla dhara* which is having *Amahara* and *Vata hara*.

#### Shamana Chikitsa

In Acute Stage: *Raktaprasadaka Raktavivandahara* & *Rasayana Aushadhi* as *Manjjistha*. *Sariva*, *Guduchi*, *Amalaki rasayana*, *Tapyadi Ahara*

Anna Varga	Kulthi, Mash, Godhooma, Raktabha Shali, Navina Tila, one-year-old Shashtikashali.
Phala Varga	Amla Rasayukta Phala, Draksha, Dadima, Jambira, Parushka, Badar, Pakwa Tal, Rasala, Nagaranga, Tintindi Phala
Shaka Varga	Vartaka, Lashuna, Patola, Shigru
Dugdha Varga	Ghrita, Dugdha, Kilota, Dadhi Kurchika
Taila Varga	Tila Taila, Rubu Taila, Sarshapa Taila
Drava Varga	Yusha, Vasa, Majja, Mamsa rasa
Mamsa Varga	Gramya, Anupa, Audak, Jangala Mamsa
Any	Matsyandika, Prasarani, Gokshura, Kshirkakoli

All dietary articles having *Madhur*, *Amla*, *Lavana Rasa*, *Ushna Veerya*, *Snigdha Guna* and having *Brihana* and *Vrishya* properties are compatible for patients ailing from *Vata Vikaras*.

#### Vihaara

*Sukhoshna Parisheka*, *Nirvata Sthana*, *Abhyanga*, *Mardana*, *Basti*, *Swedanam*, *Avgahana*, *Upanaha*, *Agnikarma*, *Bhushaiya*, *Snan*, *Aasana*, *Taildroni*, *Shiro Basti*, *Shayanam*, *Samvahanam*, *Nasya*, *Agni-Atapa Sewan*, *Snigdha-Ushna Lepa*, *Bramhacharya*. Use of *Kesar*, *Agar*, *Tejapatra*, *Kooth*, *Ela*, *Tagar*, *Silk clothes*, *woolen clothes*, *soft bedding*, to live in a place which has good sunlight, but devoid of direct wind.

#### b) Apathya for Vata Vyadhi

*Aahara-Trunadhanya*, *Kalaya*, *Chanaka*, *Rajmasha*, *Kathillaka*, *Nishpava Beeja*, *Neevar*, *Kangun*, *Bimbi*, *Keshruk*, *Shara*, *Vainava*, *Kordusha*, *Shyamak Churna*, *Kuruvinda*, *Mudga*, *Yava*, *Karir*, *Jambu*, *Trunaka*, *Kramuka*, *Mrunal*, *Talaphalasthimajja*, *Shaluka*, *Tinduka*, *Bala Tal*, *Shimbi*, *Patra Shaka*, *Udumbar*, *Lake*, and *river water*, *Shitambu*, *Rasabha*, *Viruddhaanna*, *Kshara Padartha*, *Shushka Mamsa*, *Dushita Jala*. Diet with *Katu*, *Tikta* and *Kashaya Rasa* and *Ruksha* and *Shita* properties.

*lauha Swarnamalika bhasma*, *Shilajita rasayana* etc should be given along with *Samjnaa pravodhaka* (*Pitta nashak* & *Hridya Rasausadhi* such as *Yogendra rasa*, *Trailokychitamani rasa*, *Rasaraj rasa*, *Jaharmahara pisti*, *Akika pisti*, *Pravala pisti*, *Kamdugdha rasa* etc<sup>3</sup>.

**In Chronic Stage:** *Samshamana* therapy should follow *Kasthasudhi*. *Ekangavira Rasa*, *Brihtavatachitamani rasa*, *Smritisagara rasa* *Ardhangavatari rasa* can be given.

#### Pathya – Apathya

In Ayurvedic classics, separate *Pathya- Apathya* for *Pakshaghata* is not given. Hence the *Pathya- Apathya* of *Vata Vyadhi* can be taken as that for *Pakshaghata*.

a) *Pathya* for *Vata Vyadhi*<sup>[35]</sup>:

**Vihaar**-*Vyayama*, *Vyavaya*, *Atibramana*, *Prajagarana*, *Vegavidharana*, *Chardi*, *Shrama*, *Anashana*, *Rakta Mokshana*, *Chinta*, *Ati-Gaja*, *Ashwa*, *Yana Sevana*.

**Yoga:** Practice of *Pranayama* (*Anuloma Viloma*, *Nadi shodhana*, *Bhramari* and meditation along with the practice of *Yama* and *Niyama*. *Yoga Nidra*, *Breath awareness (BAW)* and relaxation techniques viz. *Instant relaxation technique (IRT)*, *quick relaxation technique (QRT)*, *deep relaxation technique (DRT)* and *cyclic meditation (CM)*. *Kriyas: Kunjal*, *Kapalbhati*. *Selected Asanas: Surya Namaskar*, *Tadasana*, *Katichakrasana*, *Konasana*, *Pavanmuktasana*, *Bhujangasana*, *Uttanpadasana (Ekapad)*, *Vakrasana*, *Makarasana*, *Ardhshalabhasana*, *Shavasana*. *Pranayama: Nadishodhana*, *Suryabhedhi*, *Bhastrika*.

**Counselling:** During counselling advice the patient to. Be active and optimum use of affected part. Exercise regularly to affected part. Continue exercises as suggested by the physiotherapist. To increase the practice of exercise gradually. Take balanced diet. Maintain healthy body weight. Limit salt intake and fat in diet. Control of hypertension and diabetes mellitus. Check lipid profile periodically. Avoid over exertion. Avoid smoking and alcohol consumption.

**CONCLUSION**

Stroke is one among the main causes of hemiplegia. The description of *Pakshaghatata* can be interpreted with Hemiplegia. Where *Vayu* gets aggravated, it paralyzes one side of the body, either right or left and causes immobility of that side in association with pain and loss of speech resulting in *Pakshaghatata*. Different treatment modalities are explained by the Acharya according to the different condition. Though *Pakshaghatata* is difficult to manage, but better understanding the disease with careful analysis of *Avastha* of *Vyadhi*, giving prime importance to the *Dosha- Dooshya Samoorchana* and underlying *Avarana*, should adopt the necessary modalities of treatment at appropriate time with logical use of internal and external medicines, good results are obtained. From above line of treatment stated in Ayurveda we can attain optimum wellbeing of *Pakshaghatata* patient that will make patient self-abled and thus patient himself and family will be mentally sound and thus will achieve good palliative care. The other rehabilitation therapy besides Panchakarma, as occupational therapy, vocational therapy, physiotherapy etc. should also be incorporated for better prognosis and to minimize the residual effects of CVA.

**REFERENCES**

1. Kajaria Divya, Clinical Neurology in Ayurveda, Chaukhamba Sanskrit Bhawan, Varansai, P 95
2. Warlow CP, Dennis MS, VanGin J et al: A practical approach to management of stroke patients. In: Stroke: a practical guide to management. Blackwell sciences, London. 1996; 360-384.
3. Pandian JD, Sudhan P. Stroke Epidemiology and Stroke Care Services in India. J Stroke. 2013 Sep; 15(3): 128-34.
4. V.S. Apte Sanskrit English Dictionary
5. Shabdakalpadrum Volume 3 Page-2 Deva, Radhakanta- Choukhamba Publication 1967
6. Charaka Samhita- Sutrasthana 1/59 H.S.Kushwaha-Chaukhamba orientalia- 2011
7. Charaka Samhita- Sutrasthana 1/67 H.S. Kushwaha, Chaukhamba orientalia-, 2011
8. Charaka Samhita- Sutrasthana 26/43 H.S.Kushwaha-Chaukhamba orientalia- 2011
9. Charaka Samhita- Vimanasthana 2/7 H.S.Kushwaha -Chaukhamba orientalia- 2011
10. Charaka Samhita- Chikitsasthan 15/42-44 H.S.Kushwaha-Chaukhamba orientalia- 2011
11. Charaka Samhita- Vimanasthana 2/12 H.S.Kushwaha-Chaukhamba orientalia- 2011
12. Charaka Samhita- Sutrasthana 7/12 H.S.Kushwaha-Chaukhamba orientalia- 2011
13. Charaka Samhita- Sutrasthana 22/29 H.S.Kushwaha-Chaukhamba orientalia- 2011
14. Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit Pratishthan, reprint 2017, Chikitsa Sthana 28/19-18, Pg No 690.
15. Charaka Samhita- Chikitsasthan 28/53-55 H.S.Kushwaha-Chaukhamba orientalia- 2011
16. Sushrut Samhita- Nidanasthana 1/62 Trivikram Yadav-Choukhamba Surbharti- 2008
17. Ashtang Sangraha- Nidansthan 15/26- Dr.Jyotirmitra- Choukhamba Prakashan 2010
18. Ashtang Hrudayam- Nidansthan 15/38-39 Dr.A.M.Kunte- Choukhamba Prakashan 2010
19. Charaka Samhita- Chikitsasthan 28/18-19 H.S.Kushwaha-Chaukhamba orientalia- 2011
20. Charaka Samhita- Chikitsasthan 28/53-55 H.S.Kushwaha-Chaukhamba orientalia- 201
21. Sharma Anant Ram, Sushrut Samhita of Maharshi Sushruta, Choukhamba Surbharati Prakashan; reprint 2015, volume I, Nidan Sthana 1/60-62, Pg No 465.
22. Ashtang Sangraha- Nidansthan 15/26 Dr.Jyotirmitra- Choukhamba Prakashan 2010
23. Ashtang Hrudayam- Nidansthan 15/38-39 Dr.A.M.Kunte- Choukhamba Prakashan 2010
24. Kayachikitsa - Vatavyadhi chapter Vd.Y.G.Joshi- Vaidyamitra Publications 2008
25. Dr. Anant Ram Sharma, Sushrut Samhita of Maharshi Sushruta, Choukhamba Surbharati Prakashan, reprint 2015, volume 1, Nidan Sthana 1/63, Pg No 466.
26. Dr. Bramhanand Tripathi, Ashtang Hridayam of Shrimad Vagbhata, Choukhamba Sanskrit Pratisthan, Reprint 2015, Nidan Sthana 15/41-43, Pg No 542.
27. Bramashankar S, Madhav Nidan, Madhukosha Vyakhya, Chaukhambha Publication, Varanasi, reprint 2012, volume 1, Vatavyadhi Nidan, Sloka no. 43, Pg No. 163
28. Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit pratishthan, reprint 2017, Chikitsa Sthana 28/100, Pg No 75.
29. Dr. Bramhanand Tripathi, Ashtang hridayam of Shrimad Vagbhata, Choukhamba Sanskrit Pratisthan, Reprint 2015, chikitsa sthana 21/44, Pg No 809.
30. Dr. Anant Ram Sharma, Sushrut Samhita of Maharshi Sushruta, Choukhamba Surbharati Prakashan, reprint 2015, volume 1, Chikitsa Sthana 4/19, Pg No 218.
31. Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit

- pratishthan, reprint 2017, Chikitsa Sthana 28/83, Pg No 702.
32. Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit pratishthan, reprint 2017, Chikitsa Sthana 28/86, Pg No 703.
33. Acharya Vidyadhar Shukla and R. Tripathi, Charak Samhita of Agnivesa, Chaukhamba Sanskrit pratishthan, reprint 2017, Chikitsa Sthana 28/86, Pg No 703.
34. Dr. Anant Ram Sharma, Sushrut Samhita of Maharshi Sushruta, Choukhamba Surbharati Prakashan, reprint 2015, volume 1, Chikitsa Sthana 4/19, Pg No 218.
35. Charaka Samhita- H.S.Kushwaha- Chaukhamba orientalia-2011 Sutrasthana 27

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