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Case Study

AYURVEDIC APPROCH FOR MANAGEMENT OF *PAKSHAGHAT* THROUGH *NASYA* AND *SHIROBASTI* W.S.R. TO POST- STROKE HEMIPLEGIA

Thakur Monika[1]*, Bhardwaj Anil[2], Supriya Charu[3]

*[1]PG Scholar, [2]Professor, Head of Department, [3]Reader, Dept. of Panchkarma, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, HP, India.

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ABSTRACT

Pakshaghata is a *Vata*-predominant neurological disorder described in classical Ayurvedic literature, characterized by weakness or loss of motor or sensory function affecting one half of the body. In contemporary medicine, it correlates with hemiplegia following Cerebrovascular Accident (CVA). Post-stroke hemiplegia often results in persistent motor deficit, functional limitation, and reduced quality of life despite conventional rehabilitation, highlighting the need for integrative therapeutic approaches. This case report presents a 47-year old patient presented with complaints of weakness in the left half of the body, inability to ambulate and lift the left upper limb from six months followed by CVA. No facial deviation was noted. The condition was diagnosed as *Vataj Nanatmaj Pakshaghata* (post-stroke hemiplegia). The patient was managed with *Panchakarma* interventions including *Sarvanga Abhyanga* with *Dhanwantara Taila*, *Nasya* with *Ksheer Bala Taila*, and *Shirobasti* with *Balaashwagandha Taila*, as per clinical assessment. Gradual improvement was observed in muscle strength, walking ability, and upper and lower limb mobility over the treatment period thus patient showed significant improvement.

INTRODUCTION

Pakshaghata, a *Vata*-predominant neurological disorder described in classical Ayurvedic literature, is characterized by weakness or loss of motor function affecting one half of the body. The term is derived from *Paksha* (one side of the body) and *Aghata* (affliction or impairment) [1]. Depending upon the extent of *Dosha* involvement, facial deviation may or may not be present. Prognosis varies according to factors such as *Vaya* (age), *Bala* (strength), and the severity of *Dosha* vitiation. In contemporary medicine, motor functions are governed by the brain, and Cerebrovascular Accident (CVA) is a leading cause of hemiplegia worldwide. According to global health estimates: Approximately 12 million new strokes occur annually worldwide.

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Nearly 6–7 million deaths per year are attributed to stroke. Stroke is the second leading cause of death globally. It is the third leading cause of disability-adjusted life years (DALYs)[2]. The majority of symptoms described in *Pakshaghata*, closely correspond to the clinical presentation of hemiplegia in modern medicine. Modern management of post-stroke hemiplegia largely focuses on symptomatic care and rehabilitation. In contrast, Ayurveda emphasizes both correction of the underlying *Dosha* imbalance and symptomatic management. Therapeutic approaches are broadly classified into *Shodhana* (bio-purificatory therapy) and *Shamana* (pacificator therapy). Among these, *Panchakarma* being *Shodhana-pradhana* plays a pivotal role in systemic purification and neurological restoration. Classical texts advocate *Mridu Shodhana* along with *Vata-shamaka Snehana* and *Swedana* in the management of *Pakshaghata*. Although post-stroke hemiplegia is common, documented evidence highlighting structured *Panchakarma* intervention with sustained functional recovery remains limited in contemporary literature. This creates a need for well-documented clinical reports demonstrating integrative Ayurvedic management in such neurological

conditions. The objective of this report is to illustrate the therapeutic potential of classical Ayurvedic interventions in improving motor function and facilitating clinical recovery in a case of post- CVA hemiplegia.

MATERIAL AND METHODS

Case Report

A 47 year old married male visited *Panchkarma* OPD of Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Dist. Kangra, Himachal Pradesh with following details:

Chief complaints

Weakness in left half of body, unable to walk and lift left upper limb from six months.

History of present illness

According to the patient, he was apparently asymptomatic six months back, when he suddenly developed weakness in the left half of the body following an episode of cerebrovascular accident (CVA). The event occurred abruptly, and after the attack, he noticed inability to move his left upper and lower limbs. Since then, the patient had been experiencing persistent weakness of the left upper limb and left lower limb. He was unable to lift his left upper limb against gravity and was unable to perform routine activities with the affected hand. He also developed difficulty in walking due to weakness in the left lower limb and requires support for ambulation. There was no history of facial deviation, drooling of saliva, or loss of consciousness at present. The weakness remained static over the past six months with minimal improvement despite initial conventional management. There was no history of similar episodes in the past before this CVA. No history of recent trauma after the cerebrovascular event with all these complaints patient come to *Panchkarma* OPD in R.G. Govt. P.G. Ayurvedic College & Hospital and got admitted in male *Panchkarma* ward for needful management and evaluation.

History of past illness

K/C/O T2DM from 3-4 years

Family history

No relevant family history found.

Medical history

Tab. Metformin 500mg 1-0-1

Personal history

Diet – Mixed

Appetite – Reduced

Bowel - Clear (1 time/day)

Bladder – Urinary incontinence

Sleep – Sound

Clinical Finding

General examination- Patient's general condition was moderate. His blood pressure was 124/78 mmHg, pulse rate was 86/min, respiratory rate was 18/min, and body temperature was 98.2°F. There was no evidence of edema, pallor, icterus, or clubbing.

Astavidha Pariksha

Nadi	*Kaphavataj*
Mala	*Samanya Varna, Gandha*
Mutra	*Samanya Varna, Gandha*
Jihva	*Anavrutta,*
Shabda	*Sapashth*
Sparsha	*Samasheetaushna*
Druk	*Prakruta*
Akruti	*Madyama*

Dashvidha pareeksha

Prakriti	*Kaphapittaj*
Vikriti	*Lakshyanimitaj*
Sara	*Madhyam*
Samhanana	*Madhyam*
Pramana	*Madhyam*
Satmya	*Sarva Rasa (Madhur rasa Varjeet)*
Satva	*Madhyam*
Ahara Shakti	*Madhyam*
Vyayama Shakti	*Avara*
Vayah	*Madhyamavasta*

Systemic Examination

Respiratory system examination

Normal vesicular breath sounds with no added sounds.

Cardiovascular system examination

Normal heart sounds (S1 and S2) with no abnormality detected.

Gastrointestinal tract

Per abdomen examination reveals softness, no tenderness and no organomegaly.

Cranial nerve examination

- Face B/L symmetrical, no deviation of angle of mouth, forehead wrinkling present bilaterally,
- Eye closure normal, blowing normal, no drooling of saliva, nasolabial fold intact.
- No evidence of facial palsy.

Central nervous system

- Conscious and well oriented to time, place, and person.
- Both recent and remote memory- Intact
- Speech – Clear
- All other higher mental functions were intact.

Gait **–** Unable to ambulate independently.

The motor and sensory nerve examination of all four limbs were done and the findings are mentioned below.

Motor system

Table 1: Muscle power Before Treatment

Limb	Right	Left
Upper limb	4/5	0/5
Lower limb	5/5	1/5

Table 2: Muscle tone Before Treatment

Limb	Right	Left
Upper limb	Normal	Moderate spasticity during initial phase – moderate hypertonic
Lower limb	Normal	Moderate spasticity during initial phase – moderate hypertonic

Table 3: Reflexes

Reflexes	Right	Left
Biceps	2+ (Normal)	4+ (Very brisk, hyperactive)
Triceps	2+ (Normal)	3+ (Exaggerated)
Brachioradial	2+ (Normal)	3+ (Exaggerated)
Knee	2+ (Normal)	4+ (Very brisk, hyperactive)
Achilli's tendon	2+ (Normal)	4+ (Very brisk, hyperactive)
Plantar	Normal	Babinski sign positive

Table 4: Sensory examination

Right upper and lower limb	Left upper and lower limb
Normal	Diminished response to pain stimuli.

Investigation (MRI – Brain Screening dated 19/07/2025)

Acute infarct in fronto- parietal region.

Table 5: Laboratory Investigation

Haematological

HB	11.1gm/dl
PLT	2.88lac/Cu mm

Biochemistry

FBS	101mg/dl
TG	135mg/dl
HDL	44mg/dl
LDL	100mg/dl
TSB	0.4mg/dl
DSB	0.2 mg/dl
SGOT	19 IU/L
S. Urea	24 IU/L
S. Creatinine	0.7mg/dl

Serology

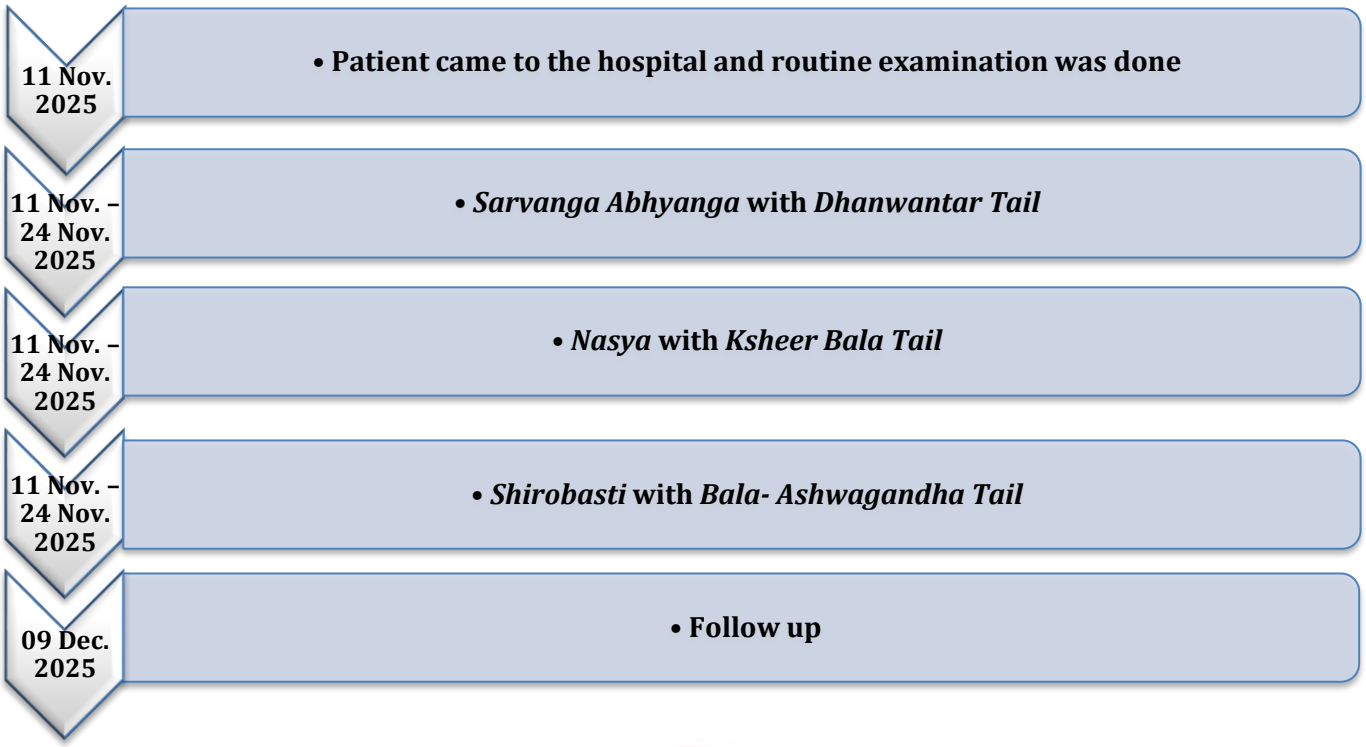
RA – factor	NR

Diagnostic Assessment

Barthel index [3]

Timeline and Therapeutic Intervention

Timeline of Case Events



Therapeutic Intervention

The treatment protocol was planned based on pathology and was executed in a stepwise *Panchkarma* approach over a period of 14 days during hospitalization. In treatment protocol, *Abhyanga* was performed over whole body using *Dhanwantar Taila* once daily for 30-35 minutes which was followed by *Sarvanga Swedana*, *Nasya Karma* (nasal administration of medicated substances) was performed following appropriate *Purva Karma* (pre-procedural measures). This included gentle *Abhyanga* (massage) of the scalp, forehead, face, and neck using *Badam Rogan*, followed by *Mṛdu Swedana* (mild fomentation/steam application) over the same regions. The eyes were protected by placing moist cotton pads over them. During *Pradhana Karma* (main procedure), the patient was positioned supine with the head slightly extended downward. Lukewarm *Ksheer Bala Tail* was instilled into both nostrils, starting with 6 drops per nostril and gradually increasing by 2 drops daily up to a maximum of 32 drops. In *Pashchat Karma* (post-procedural phase), *Dhumpana* (medicated fume inhalation) was administered through both the nose and mouth. Subsequently, *Gandụṣa* (gargling) with warm saline water was performed after the *Dhumpana. Shiro Basti* - Prior to the main procedure, gentle *Abhyanga* (oil massage) over the scalp, forehead, and neck was performed using suitable medicated oil, followed by mild *Mridu Swedana* (fomentation) to the same region to facilitate better absorption and enhance therapeutic efficacy. The patient was advised to empty bladder and bowel before the procedure. *Pradhana Karma* (Main procedure). The patient was seated comfortably in an upright position. A leather cap (*Shirobasti* cap), open at the top, was fixed firmly around the head just above the eyebrows using a cloth band and sealed with black gram paste to prevent leakage. Lukewarm medicated oil (selected according to *Dosha* predominance) was slowly poured into the cap and maintained at a constant temperature throughout the procedure. The oil level was kept approximately 2–3 inches above the scalp. The oil was retained for about 30–45 minutes, depending upon the patient's tolerance and classical guidelines. During the procedure, the temperature of the oil was maintained by periodically replacing cooled oil with freshly warmed oil. *Paschat Karma* (post-procedural measures)- After completion of the stipulated time, the oil was removed carefully and the cap was detached. The scalp was gently wiped with sterile cloth. Mild massage over the head, neck, and shoulders was performed. The patient was advised to avoid exposure to cold air, sunlight, and exertion. Light, warm diet was recommended.

Criteria of Assessment

Table 1: Barthel Index

S.No.	Activity	Gradation	Score	Before treatment	After 16 days of treatment
1.	Feeding	Unable	0	5	5
		Needs help cutting, spreading butter, etc or requires modified diet	5		
		Independent	10		
2.	Bathing	Dependent	0	0	0
		Independent (or in shower)	5		
3.	Grooming	Needs to help with personal care	0	0	0
		Independent face/ hair/ teeth/ shaving Implements provided	5		
4.	Dressing	Dependent	0	0	5
		Needs help but can do about half unaided	5		
		Independent including buttons, zip, laces etc	10		
5.	Bowels	Incontinent or needs to be given enemas	0	5	10
		Occasional accident	5		
		Continent	10		
6.	Bladder	Incontinent or catheterized and unable to manage alone	0	0	10
		Occasional accident	5		
		Continent	10		
7.	Toilet use	Dependent	0	0	5
		Needs some help, but can do something alone	5		
		Independent on and off, dressing, wiping	10		
8.	Transfers (bed to chair and back)	Unable, no sitting balance	0	0	5
		Major help one or two people, physical can sit	5		
		Minor help verbal or physical	10		
		Independent	15		
9.	Mobility (on level surfaces)	Immobile or 50 yards	0	0	5
		Wheelchair independent, including corners, 50 yards	5		
		Walks with help of one person verbal or physical 50 yards	10		
		Independent but may use any aid, for example 50 yards	15		
10.	Staris	Unable	0	0	5
		Needs help verbal, physical, carrying aid	5		
		Independent	10		

Motor system

Table 1: Muscle power Before Treatment

Limb	Right BT	Left BT	Right AT	Left AT
Upper limb	4/5	0/5	4/5	3/5
Lower limb	5/5	1/5	5/5	4/5

Table 2: Muscle tone Before Treatment

Limb	Right BT	Left BT	Right AT	Left AT
Upper limb	Normal	Moderate spasticity during initial phase– moderate hypertonic	Normal	Mild spasticity during initial phase– mild hypertonic
Lower limb	Normal	Moderate spasticity during initial phase – moderate hypertonic	Normal	Mild spasticity during initial phase– mild hypertonic

Table 3: Reflexes

Reflexes	Before Treatment		After Treatment	
	Right	Left	Right	Left
Biceps	2+	4 +Exaggerated	2+	3+ Exaggerated
Triceps	2+	3+	2+	3+
Brachioradial	2+	3+	2+	2+
Knee	2+	4+	2+	3+
Achilli's tendon	2+	3+	2+	3+
Plantar	Normal	Babinski sign positive	Normal	Babinski sign positive

Table 4: Sensory examination

Right upper and lower limb BT	Left upper and lower limb BT	Right upper and lower limb AT	Left upper and lower limb AT
Normal	Diminished response to pain stimuli	Normal	Responsive towards pain stimuli

Follow-Up and Outcome

On completion of this treatment protocol, the patient demonstrated significant neurological recovery characterized by improved functional independence, increased muscle power, reduced spasticity, and partial restoration of sensory and reflex activity. No adverse events were reported during the treatment period. Overall, the integrated *Panchakarma Chikitsa* approach resulted in significant symptomatic relief, improved neuromuscular coordination, and enhanced quality of life in this case of *Pakshaghata*. During follow-up visits at 15 days and 1 month post-discharge, the patient maintained improvement without deterioration. Compliance to internal medications, physiotherapy, and advised *Pathya-apathya* was satisfactory.

DISCUSSION

Pakshaghata is a *Vata-Pradhana Vyadi*, described under *Vataj Nanatmaja Vyadi* and *Mahavatavyadi*[4]. In Ayurveda, *Manas* (mind) is closely associated with *Vata Dosha*, particularly *Prana Vayu*, which governs the functioning of *Indriyas* and higher mental activities such as *Dhi, Dhriti,* and *Smriti*. *Acharya Charaka* has described that *Vata* plays a crucial role in controlling and stimulating the mind. Furthermore, *Indriyas,* which are responsible for perception and response, function under the influence of *Manas* and *Atma,* with *Hridaya* being considered the principal seat of consciousness (*Chetana), Buddhi,* and *Manas*. Thus, the coordinated interaction of *Atma, Manas, Indriyas*, and *Vata* ensures normal neuromuscular and sensory functions. Any disturbance in this axis leads to impaired motor and sensory activities, as observed in *Pakshaghata*[5]. *Sarvanga abhyanga* (full body massage with oil) followed by *Sarvanga Swedna, Sarvanga Abhyanga* nourishes and strengthens muscles, *Vatashamana, Bala Vardhana, Pustijanan*[6], *Mamsa – Drudhikarana*[7]. *Dhanwantara taila* also have the properties of *SarvaVata Vikara Jeeta.* [8] Thus *Sarvanga Abhayanga* directly counteracts *Vata- Prokopa*. Ayurvedic management of *Pakshaghat* involves therapies like *Snehan, Swedan, Basti, Sneha virechan, Nasya,* and *Shirobasti*[9]. According to Ayurveda, one of these must be administered. *Shirobasti,* highlighted by *Sushrut*, is a specific treatment for *Pakshaghat.* It alleviates *Vayu* in *Shira* Pradesh (head region). The pathology of *Pakshaghat* involves aggravated *Vayu* in *Dhamanis* moving to *Shira Pradesh*, impairing *Indriyas* (sensory functions) in the head. *Shirobasti* is a non-invasive treatment that alleviates *Vayu* due to the *Snigdha* (unctuous) and *Ushna* (hot) properties of *Bala-ashwaganda Taila*. Aggravated *Vyan Vayu*, responsible for circulation, may be relieved, restoring *Pranvayu* essential for proper *Indriya* function in *Shirapradesh. Sneha Yukta Virechana* is indicated in *Pakshaghata*, *Virechana* can be interpreted in other words as *Siro Virechana* i.e., *Nasya. Nasya Karma* is one among the *Panchkarma* Procedure which is indicated in *Urdhwajatru Gata Vikaras*[10] and is only procedure meant for *Utthamanga Suddhi. Nasya Karma* done with

Ksheerabala taila which is having excellent *Rasayana* property, is good promotor of sensual wellbeing, promote, body built. Is an important *Sneha Kalpana* (oil formulation) mentioned in Ayurveda texts prepared from *Go-Ksheera* (cow milk), *Bala* (Sida cordifolia) and *Tila Taila* (sesame oil). The probable mode of action of *Ksheerabala Taila* could be analysed by its *Rasa Panchaka*. All the three ingredients *Bala, Ksheera* and *Tila Taila* possess *Madhura Rasa* and *Vipaka. Madhura Rasa* mitigates both *Vata* and *Pitta Dosha*. It is *Dhatunaamprabalam* (strength to the tissue) and is good (*Shadindriyaprasadaka*). It nourishes the body *(Tarpayati)* and plays a major role in promoting life.[11]

CONCLUSION

The present case demonstrates that integrative Ayurvedic management is beneficial in the rehabilitation of CVA (*Pakshaghata*), a condition predominantly caused by aggravated *Vata Dosha* leading to motor and sensory deficits. CVA results in upper motor neuron lesions characterized by muscle weakness, spasticity, impaired coordination, and loss of functional independence.

In this case, therapies such as *Nasya Karma, Shirobasti*, and supportive *Panchakarma* procedures were selected based on their *Vata-shamaka, Brimhana*, and neuro-rejuvenative properties. *Nasya* acts at the level of *Urdhvajatrugata* region, facilitating better neuromodulation and sensory-motor integration, while *Shiro Basti* provides sustained *Snehana* and *Swedana* effect over the cranial region, promoting improved circulation and nervous system nourishment.

Patient Perspective

The patient reported that prior to treatment, there was persistent weakness in the left half of the body with difficulty in walking and performing daily activities independently. After undergoing Ayurvedic management including *Nasya* and *Shiro Basti a*long with supportive therapies, the patient experienced gradual improvement in muscle strength, reduction in spasticity, better balance, and improved ability to perform activities of daily living. The patient expressed satisfaction with the treatment outcome and improvement in quality of life.

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***Address for correspondence**
Dr. Thakur Monika
PG Scholar,
Dept. of Panchkarma,
Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola.
Email: mt801434@gmail.com