

11.4. Pakshaghata

पक्षाघात (Pakṣāghāta)

Correlation – Pakṣāghāta ≈ hemiplegia / post-stroke paralysis affecting one vertical half of the body. Nidāna, samprāpti and chikitsā are all detailed in **Vatavyādhi-chikitsā adhyāya** of *Caraka Saṁhitā* (Cikitsā 28) and echoed by Suśruta & Vāgbhaṭa.

1 Definition & Red-flag Features

Classical description

“Pakṣād adhaḥ śarīrasya sthiratvaṁ gauravaṁ rujā ...” — Acute or chronic hemiplegia after ischaemic / haemorrhagic loss of power, heaviness & pain in one half of body

Clinical parallel

Acute or chronic hemiplegia after ischaemic / haemorrhagic stroke, traumatic brain injury or space-occupying lesion.

2 Samprāpti (How it evolves)

Step	Classical event	Modern analogy
Hetu-sevana	Rūkṣa-śīta āhāra, rūkṣatā by ageing, ati-vyāyāma, abhighāta, suppressed urges	Vascular risk (HT, DM, hyper-lipid), dehydration, sudden strain
Doṣa kopa	Vāta provoked; if haemorrhagic stroke – Vāta + Pitta / Rakta ; if brain oedema – Vāta + Kapha	Thrombotic block or bleed; oedema compressing neurons
Mārga-avarodha / Dhātu-kṣaya	Either channel obstruction (āvaraṇa) or tissue depletion; Prāṇa-Vāta can't govern left-right motor tracks	Cerebral artery occlusion; neuronal death
Sthāna-saṁśraya	Vāta lodges in snāyu & asthi on one side → <i>sthiratva, āṇḍvāta</i>	Corticospinal tract damage → flaccid, then spastic limb
Vyakti	Pakṣāghāta signs manifest	Hemiplegia with UMN signs

3 Samprāpti-vighaṭana (Breaking the chain)

1. **Āvaraṇa present?** – If yes (oedema/haemorrhage) → *Langhana-Rūkṣaṇa*, mṛdu-virecana first.
2. **Snehana** (internal & external) to re-lubricate dried snāyu.
3. **Swedana** – improves circulation, restores pliability.
4. **Basti** (root therapy for Vāta) – Nirūha + Anuvāsana course to flush & nourish.
5. **Nasya & Śiro-basti** – head-centred Vāta pacification.
6. **Bṛmhaṇa-Rasāyana** – regenerate neurons & myo-tendinous strength.

4 Key Ślokas

1. General principle for Pakṣāghāta

“स्वेदनं स्नेहसंयुक्तं पक्षाघाते विरेचनम् ॥१००॥

svēdanam snēhasaṁyuktam pakṣāghātē virēcanam

– “In Pakṣāghāta give sudation **combined with unction**, then administer purgation.”

2. Local therapies

“अन्तराकण्डरागुल्फं सिरा बस्त्यग्निर्कर्म च ॥१०१॥”

- “Treat by venesection between tendo-Achilles & malleolus, by basti and by agnikarma (focal cautery).”

3. Manipulation after sudation

“अस्तं स्वं गमयेत् स्थानं स्तब्धं स्वन्नं विनामयेत् ॥१०३॥”

- “After adequate sweating move the flaccid limb back to its axis and mobilise the rigid one.”

5 Chikitsā-sūtra (Therapeutic rule-set for easy recall)

“Sneha → Sweda → Basti → Nasya/Śirodhārā → Agnikarma/Upanāha → Rasāyana

- स्नेह (Sneha) — Kṣīrabala 101 taila, Mahāmāṣa taila, Nārāyaṇa taila internally (5-30 ml) & Abhyanga.
- स्वेद (Sweda) — Pinda-sweda with Bala-root + milk or Āṣṭhapāna Nādi-sweda to affected side.
- बस्ति (Basti) — *Yoga-basti* 8-day course
 - Nirūha: Daśamūla-madhuyukta kwātha 600 ml
 - Anuvāsana: Kṣīrabala taila 80 ml
- नस्य / शिरोबस्ति — 6 drops Brahmī ghr̥ta or Bala taila bid; 20-min śiro-basti daily × 7.
- अग्निर्कर्म / उपनाह — For spastic trigger-points: Lauha śalākā 400 °C quick touch; or warm Upanāha of Nirgundī-tila-saindhava paste overnight.
- रसायन — Ashwagandhā-lehya 10 g hs, Brahmī-vaticap 250 mg tid, Śilājatu 250 mg bid × 3 m.

6 12-Week Chikitsā-yojanā (teaching template)

Phase	Days	Internal medicines	External / procedures	Objectives
Acute post-stroke (< 7 d) (<i>Āvaraṇa if oedema</i>)	1-7	Rūkṣa-dīpana: Śāḍaṅga-pānīya sips; Mṛdu-virecana with 20 ml eranda taila	Head-elevation; dry Nāḍi-sweda	Reduce intracranial pressure, clear channels
Sub-acute (neuro-plastic window)	8-28	Kṣīrabala 101 taila 10 ml bid; Mahārasnādi kvātha 40 ml bid; Yogarāja-guggulu 500 mg tid	Abhyanga + Bala-mūla Pinda-sweda; Śiro-dhārā; start passive physio	Activate neuro-recovery, reduce spasticity
Basti-kāla	29-36	<i>Yoga-basti</i> schedule above	Gentle ROM exercises post-basti	Systemic Vāta-śamana, colon-brain axis
Rehabilitative	37-84	Rasāyana course above; Sameer-pannaga rasa if tremor	Weekly agnikarma for rigid knots, daily oil massage, mirror therapy, gait training	Strength, neuro-plastic consolidation

7 Pathyā-Apathyā

Pathyā (must-do)

- Warm, light yet **snigdha** diet: kṣīra-yavāgu, mung-soup with ghee, goat-meat rasa.
- Garlic milk at night, sesame laddu, black-gram stew → myelin & collagen support.
- Daily **abhyanga**, warm bath, woollen protection from cold wind.
- Scheduled physiotherapy, pranayama, adequate sleep, stress-free mind.

Apathyā (avoid)



- Dry-cold snacks, salads, refrigerated drinks, excess pulses like chana.
- Day-sleep (except brief nap), night-vigil, sudden exertion, exposure to drafts.
- High caffeine, smoke, loud arguments (vāta-provoking).

8 Case-snippet for discussion

Case	Findings
Patient	62 y male, right-sided hemiplegia 4 days after MCA infarct (CT done).
Doṣa-dūṣya	Vātapradhāna with Kapha āvaraṇa; snāyu & asthi involved; ojas moderate.
Plan	Day 1-3 langhana + eranda-virecana; Day 4-10 sneha-sweda (kṣīrabala) + passive physiotherapy; Day 11-18 Yoga-basti; Day 19-90 Rasāyana + active rehab.
Outcome markers	Brunnstrom stage ↑ from 2 to 4, spasticity ↓, Barthel Index ↑.

9 Take-home Keys

1. **Vāta is commander** – stroke sequelae are essentially *Vātavyādhi*; correct it at root (pakvāsaya) by basti.
2. **Sneha-Sweda synergy** softens spastic tendons, restores joint play.
3. **Samprāpti-vighaṭana ≠ mere medicines** – includes physiotherapy, posture, diet and mental calm.
4. **Early sub-acute window (first 4 weeks)** is golden for neuro-plastic recovery; integrate Ayurveda rehab right there.
5. **Long-tail Rasāyana** (≥ 3 m) prevents contractures & depression, improves quality-of-life.

Remember the śloka —

“स्वेदनं स्नेहसंयुक्तं पक्षाघाते विरेचनम्” – *Sweat with unction, then purge.*

This single line encapsulates the entire logic of Pakṣāghāta chikitsā.