

## 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 **Vatavyādhī-chikitsā adhyāya** of *Caraka Saṃhitā* (Cikitsā 28) and echoed by Suśruta & Vāgbhaṭa.

### 1 Definition & Red-flag Features

#### Classical description

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

#### Clinical parallel

stroke, traumatic brain injury or space-occupying lesion.

### 2 Samprāpti (How it evolves)

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

### 3 Samprāpti-vighaṭana (Breaking the chain)

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

### 4 Key Ślokas

#### 1. General principle for Pakṣāghāta

“स्वेदनं स्नेहसंयुक्तं पक्षाघाते विरेचनम् ॥१०० ॥

*svēdanam snēhasamyuktam pakṣāghātē virēcanam*

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

#### 2. Local therapies

“अन्तराकण्डरागुल्फं सिरा बस्त्यग्निकर्म च ॥१०१ ॥”

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

### 3. Manipulation after sudation

“स्रस्तं स्वं गमयेत् स्थानं स्तब्धं स्विन्नं 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-sveda with Bala-root + milk or Āṣṭhapāna Nādi-sveda to affected side.
- बस्ति (Basti) — Yoga-basti 8-day course
  - ० Nirūha: Daśamūla-madhuyukta kwātha 600 ml
  - ० Anuvāsana: Kṣīrabala taila 80 ml
- नस्य / शिरोबस्ति — 6 drops Brahmi ghṛta or Bala taila bid; 20-min śiro-basti daily × 7.
- अग्निकर्म / उपनाह — For spastic trigger-points: Lauha Śalākā 400 °C quick touch; or warm Upanāha of Nirgundī-tila-sindhava paste overnight.
- रसायन — Ashwagandhā-lehya 10 g hs, Brahmi-vaticap 250 mg tid, Śilājatu 250 mg bid × 3 m.

## 6 12-Week Chikitsā-yojanā (teaching template)

Phase	Days	Internal medicines	External / procedures	Objectives
<b>Acute post-stroke (&lt; 7 d) (Āvaraṇa if oedema)</b>	1-7	Rūkṣa-dīpana: Śādaṅga-pānīya sips; Mṛdu-virecana with 20 ml eranda taila	Head-elevation; dry Nādi-sveda	Reduce intracranial pressure, clear channels
<b>Sub-acute (neuro-plastic window)</b>	8-28	Kṣīrabala 101 taila 10 ml bid; Mahārasnādi kwātha 40 ml bid; Yogarāja-guggulu 500 mg tid	Abhyanga + Bala-mūla Pinda-sveda; Śiro-dhārā; start passive physio	Activate neuro-recovery, reduce spasticity
<b>Basti-kāla</b>	29-36	<i>Yoga-basti</i> schedule above	Gentle ROM exercises post-basti	Systemic Vāta-śamana, colon-brain axis
<b>Rehabilitative</b>	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
<b>Patient</b>	62 y male, right-sided hemiplegia 4 days after MCA infarct (CT done).
<b>Doṣa-dūṣya</b>	Vātaprādhāna with Kapha āvaraṇa; snāyu & asthi involved; ojas moderate.
<b>Plan</b>	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.
<b>Outcome markers</b>	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 (pakvāśaya) 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** ( $\geq 3$  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.