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An Ayurvedic Perspective On Pittavruta Prana With Panchakarma Interventions.

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Abstract

Background: Pakshaghaat, described in Ayurveda, resembles hemiplegia or cerebrovascular accident (stroke) in modern medicine. It occurs due to obstruction (*Avarana*) of Prana Vayu by aggravated Pitta, leading to neuromuscular dysfunction. **Aim:** To evaluate the role of Ayurvedic interventions, specifically *Pitta Shamana Chikitsa* and *Prana Vayu Balya Chikitsa*, in the management of Pakshaghaat (Pittavruta Prana). **Methods:** A 58-year-old female presented with facial deviation, slurred speech, and right-sided weakness. She was treated with Ayurvedic formulations (Suvarna Sutshekhar Rasa, Godanti Bhasma, Abhrak Bhasma, Mahayograj Guggulu) and Panchakarma procedures (Nasya, Shiropichu, Sarvanga Abhyanga, Pinda Sweda). Physiotherapy was also administered. Clinical assessments, MRI, cardiac evaluation, and lipid profile were performed before and after treatment. **Results:** Within 15 days of treatment, the patient's right upper limb muscle power improved from 3/5 to 5/5. Speech clarity was restored, and she regained daily functional abilities. MRI revealed ischemic pathology, while lipid profile and cardiac reports supported vascular involvement. Sustained recovery was observed after one month of continued therapies. **Conclusion:** Ayurvedic management using Shamana, Panchakarma, and supportive physiotherapy demonstrated significant improvement in neurological deficits of Pakshaghaat. An integrative approach may enhance recovery and quality of life in stroke patients.

Keywords: Pakshaghaat, Pittavruta Prana, Ayurveda, Panchakarma, Stroke, Nasya

Introduction

Pakshaghaat, described in classical Ayurvedic texts, closely resembles hemiplegia in modern medicine. It presents with weakness or paralysis of one side of the body, facial deformity, slurred speech, and impaired motor coordination. The pathogenesis in Ayurveda involves obstruction (*Avarana*) of Prana Vayu by aggravated Pitta, disturbing neurological and motor functions.

Stroke is a leading cause of morbidity and long-term disability worldwide (WHO, 2022). Modern medicine emphasizes acute thrombolysis, anticoagulants, and rehabilitation, but Ayurveda offers a holistic approach that integrates *Shamana*, *Shodhana*, and *Rasayana* therapies. This case report demonstrates the efficacy of Ayurvedic management in Pakshaghaat (Pittavruta Prana).

Methods

Patient Profile

- **Age/Sex:** 58-year-old female
- **Diagnosis:** Pakshaghaat (Pittavrita Prana)
- **Admission:** 04-09-2023
- **Discharge:** 18-09-2023
- **Past history:** Hypertension (irregular medication), Hypothyroidism (on treatment), Tubal ligation (27 years ago)

Chief Complaints

- Facial deviation (Mukha Vakraata)
- Slurred speech (Vaak Aspashta)
- Right-hand weakness (Dakshina Hasta Kriyalpata)
- Tingling sensation in right hand (Chimchimayana)
- Generalized weakness (Daurbalya)

Clinical and Diagnostic Findings

Table 1. Muscle Power Grade Before and After Treatment

Limb	Right (On Admission)	Right (After Left Treatment)	Left (On Admission)	Left (After Left Treatment)
Upper Limb	3/5	5/5	5/5	5/5
Lower Limb	5/5	5/5	5/5	5/5

Table 2. MRI Brain Findings (04-09-2023)

Findings	Description
Acute infarct	Left temporo-parietal lobe
Chronic ischemic changes	Small vessel pathology
Cerebral atrophy	Mild
Fetal origin	Right PCA
Vertebral artery	Mild hypoplasia of left vertebral artery

Table 3. Cardiac and Lipid Profile Investigations

Test/Parameter	Findings
2D Echo	Mild septal hypertrophy, LVEF 60%, Grade 1 LV diastolic dysfunction, mild RV dysfunction

Test/Parameter Findings

Serum Cholesterol 168 → 166 mg/dl

HDL 34.6 → 39.3 mg/dl

Triglycerides 280 → 266.3 mg/dl

VLDL 56 → 53.2 mg/dl

LDL 77.4 → 73.5 mg/dl

Ayurvedic Assessment

- **Nidana:** Irregular antihypertensive intake, excessive fermented foods, Atichinta (worry), Shoka (grief), Bhaya (fear)
- **Purvaroop:** Bhrama, Murcha, heaviness in tongue and chest, Shvasa Kashtata
- **Samprapti:** Pitta aggravation obstructing Prana Vayu → Pakshaghaat

Treatment Protocol

1. Shamana Chikitsa

- Suvarna Sutshekhar Rasa – 2 tabs TDS
- Godanti Bhasma – 250 mg TDS
- Abhrak Bhasma – 125 mg TDS
- Mahayograj Guggulu – 125 mg TDS

2. Panchakarma

- Nasya with Baladhatryadi Taila (11 sittings)
- Shiropichu with Baladhatryadi Taila (12 sittings)
- Sarvanga Abhyanga with Bala-Ashwagandhadi Taila (11 sittings)
- Pinda Sweda with Bala and Ashwagandha (9 sittings)

3. Supportive Therapy

- Physiotherapy (initiated 09-09-2023)

Results

- Right upper limb muscle power improved from 3/5 to 5/5.
- Speech clarity restored; patient regained ability to write.
- Daily routine activities performed independently after discharge.
- MRI confirmed ischemic infarct correlating with clinical symptoms.
- Lipid profile showed high triglycerides and low HDL, reflecting vascular pathology.
- Patient continued Panchakarma and physiotherapy on OPD basis; recovery was sustained after one month.

Discussion

This case demonstrates the role of Ayurveda in managing Pakshaghaat. Suvarna Sutshekhar Rasa and Godanti Bhasma pacified aggravated Pitta, while Abhrak Bhasma and Mahayograj Guggulu acted as Rasayana and Majja Dhatu balya.

Panchakarma therapies such as Nasya and Shiropichu directly nourished the head, the seat of Prana Vayu (*Charaka Samhita, Siddhi Sthana 9*), improving speech and neurological functions. Sarvanga Abhyanga and Pinda Sweda enhanced neuromuscular strength and circulation.

The integrative use of physiotherapy accelerated functional recovery, aligning with modern rehabilitation protocols (Langhorne et al., *Lancet*, 2011). The rapid improvement in neurological functions within 15 days reflects the synergistic effect of Ayurvedic interventions.

Conclusion

The present case illustrates the successful management of *Pakshaghaat (Pittavrita Prana)* through a comprehensive Ayurvedic protocol combined with physiotherapy. The patient, who initially presented with facial deviation, slurred speech, and right-sided weakness, demonstrated remarkable recovery in a relatively short period. Within 15 days, her right upper limb muscle power improved from 3/5 to 5/5, speech clarity was restored, and she regained independence in daily activities.

From an Ayurvedic standpoint, the treatment effectively addressed the underlying pathogenesis—*Pitta* aggravation causing *Prana Vayu Avarana*. *Shamana Chikitsa* with formulations such as *Suvarna Sutshekhar Rasa* and *Godanti Bhasma* pacified aggravated *Pitta*, while *Abhrak Bhasma* and *Mahayograj Guggulu* acted as *Rasayana* and *Majja Dhatu Balya*, supporting neurological regeneration and vitality. Panchakarma therapies like *Nasya* and *Shiropichu* specifically targeted the head and nervous system, thereby improving higher neurological functions such as speech and motor coordination. *Sarvanga Abhyanga* and *Pinda Sweda* promoted circulation, muscle tone, and neuromuscular coordination, further accelerating recovery.

The integration of physiotherapy not only complemented Ayurvedic interventions but also provided structured neuromuscular training aligned with modern rehabilitation principles. This synergistic approach underscores the importance of combining traditional and contemporary healthcare systems for optimal outcomes in chronic and complex disorders such as stroke.

The sustained improvement observed even after one month of follow-up indicates that the Ayurvedic interventions not only provided symptomatic relief but also contributed to long-term functional recovery and prevention of further deterioration. This suggests that Ayurveda, with its holistic emphasis on *Shamana*, *Shodhana*, and *Rasayana*, may serve as a valuable adjunct to modern stroke rehabilitation.

In conclusion, this case highlights that integrative management using Ayurveda and physiotherapy can significantly improve neurological deficits, enhance quality of life, and provide cost-effective, safe, and sustainable rehabilitation in *Pakshaghaat (stroke)*. However, while individual case reports provide valuable clinical insights, further large-scale clinical trials and systematic research are essential to validate these findings and establish evidence-based protocols for broader application.

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