

Clinical Assessment of Pakshaghata (Hemiplegia) Based on Ayurvedic Principles: A Comprehensive Review

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Abstract: *Pakshaghata is described in Ayurvedic classics as a Mahavatavyadhi and one of the eighty Nanatmaja Vata Vyadhis, characterised by unilateral loss or diminution of motor and sensory function, Vak Sanga (speech disturbance), and Sira-Snayu Shosha (desiccation of vessels and ligaments) on the affected side of the body. Its clinical picture closely parallels hemiplegia following cerebrovascular accident (stroke) in contemporary medicine. This review systematically compiles the classical Ayurvedic understanding of Pakshaghata — its Nidana (aetiology), Purvarupa (premonitory features), Rupa (clinical features), Samprapti (pathogenesis) and Samprapti Ghataka, along with the Roga-Rogi Pariksha based clinical assessment framework, differential diagnosis, and Sadhya-Asadhyata (prognosis), drawing upon Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Madhava Nidana, supplemented by contemporary published literature correlating Pakshaghata with ischaemic and haemorrhagic stroke. Pakshaghata arises predominantly from vitiation of Vata Dosha, occurring either through Dhatukshaya (tissue depletion) or Margavarana (obstruction of the pathway of Vata by other Dosha, Dushya, or Mala), most often involving Rasa, Rakta, Mamsa and Majja Dhatu and the Vatahara and Raktavaha Srotas. A structured Ayurvedic clinical assessment — integrating Darshana (inspection), Sparshana (palpation and motor-tone examination) and Prashna (history-taking) — permits early recognition, individualised Chikitsa planning, and realistic prognostication, offering a complementary framework alongside modern neuro-imaging based stroke evaluation.*

Keywords: Pakshaghata, Hemiplegia, Stroke, Vata Vyadhi, Ayurveda, Clinical Assessment.

I. INTRODUCTION

Pakshaghata is a debilitating neurological disorder described extensively under Vatavyadhi in the classical texts of Ayurveda. The term is derived from Paksha (side/half of the body) and Aghata (destruction/loss of function), literally denoting “destruction of function of one half of the body.”¹ It is enumerated among the eighty Nanatmaja Vata Vyadhis enlisted by Acharya Charaka and is regarded as one of the Maha Vata Vyadhis owing to its severity, chronicity, and difficulty of cure.²

In contemporary medical terminology, Pakshaghata is most closely correlated with hemiplegia occurring secondary to a cerebrovascular accident (stroke) — a sudden focal neurological deficit resulting from disruption of cerebral blood supply, either due to arterial occlusion (ischaemic stroke) or intracranial haemorrhage (haemorrhagic stroke).³ Stroke remains one of the leading causes of long-term adult disability and mortality worldwide, with hypertension, diabetes mellitus, dyslipidaemia, atrial fibrillation, smoking, and a sedentary lifestyle being well-recognised modern risk factors.⁴

Ayurveda, however, does not view Pakshaghata merely as a localised neuro-motor lesion but as a systemic derangement of Vata Dosha acting upon vulnerable Dushya (tissues) through the Srotas (channels), with the brain



(Mastishka/Shira) as the Adhishthana (seat) of manifestation and one half of the body as the Vyaktasthana (site of clinical expression).⁵ A systematic Roga–Rogi Pariksha based clinical assessment, therefore, is essential not only for diagnosis but also for individualised Chikitsa planning and prognostic evaluation.

II. AIM AND OBJECTIVES

1. To review and compile the classical Ayurvedic description of Pakshaghata as available in Brihatrayi and allied texts.
2. To correlate the Ayurvedic clinical assessment of Pakshaghata with the contemporary understanding and clinical evaluation of hemiplegia/stroke.
3. To analyse the Samprapti (pathogenesis), differential diagnosis, and Sadhya–Asadhyata (prognosis) of Pakshaghata for a comprehensive clinical framework.

III. MATERIALS AND METHODS

This is a review article. Classical Ayurvedic literature was reviewed, including Charaka Samhita (Chikitsa Sthana, Vatavyadhi Chikitsitam Adhyaya, 28th chapter; Sutra Sthana, Maharoga Adhyaya, 20th chapter), Sushruta Samhita (Nidana Sthana, Vatavyadhi Nidana Adhyaya, 1st chapter), Ashtanga Hridaya/Ashtanga Sangraha (Nidana Sthana, 15th chapter), and Madhava Nidana (Vatavyadhi Nidana, 22nd chapter), along with available commentaries. This was supplemented by various articles in many journals like PubMed, Google Scholar, and AYUSH-indexed journals (J- AIMS, AYUSHDHARA, IJAM, WJPR, JISM)

“वायोर्धतुक्षयात् मार्गस्यावरणेन च वा। च.चि. २८

— Vata vitiation causing Pakshaghata occurs either through Dhatukshaya (tissue depletion) or Margavarana (obstruction of its pathway).

Acharya Charaka describes that when aggravated Vata afflicts either half of the body, it dries up the Sira (vessels) and Snayu (ligaments/nerves) of that side, rendering the affected limbs incapable of voluntary movement, and produces pain, dysarthria, and diminished sensation on the affected side.⁶ Similarly, Sushruta describes that vitiated Vata, lodging in one half of the body, constricts the Sira and produces Pakshaghata, while involvement of the entire body is termed Sarvangaroga (or Sarvanga Vata).⁷

IV. REVIEW OF LITERATURE

The clinical assessment framework was structured according to **Roga Pariksha** (disease assessment) and **Rogi Pariksha** (patient assessment), integrated through Trividha Pariksha, with functional correlation to modern neurological examination.

1. Roga Pariksha (Disease Assessment)

Nidana (Aetiology) —

A specific, exclusive Nidana for Pakshaghata is not separately enumerated; being a Vata Vyadhi, the general aetiological factors responsible for Vata Prakopa apply.⁸ These are broadly classified as follows:

Type of Hetu	Category	Examples	Effect on Vata/Pakshaghata
Aharaja Hetu (Dietary)	Excess intake of	Ruksha, Sheeta, Katu, Tikta, Kashaya Rasa dominant food, fasting, irregular meals	Aggravates Vata Dosha and causes Dhatu Kshaya
Viharaja Hetu (Lifestyle)	Physical & mental strain	Excessive exercise, vegavarodha (suppression of urges), Ratri Jagarana (night vigil), Ativyavaya (excess coitus), Chinta/Shoka (worry/grief)	Leads to Vata Prakopa and Dhatu Kshaya



Type of Hetu	Category	Examples	Effect on Vata/Pakshaghata
Doshaja / Margavaranaajanya	Obstruction by other Dosha/Dushya	Kapha or Rakta Avarana obstructing Vata gati; Ama accumulation due to Agnimandya	Produces Margavarana type Pakshaghata with Kaphaja/Raktaja features
Modern correlates	Systemic risk factors	Hypertension, Diabetes mellitus, Atherosclerosis, Hyperlipidaemia, Atrial fibrillation/cardio-embolism, smoking, obesity	Predispose to cerebral ischaemia/haemorrhage, correlated with Dhatukshaya and Margavarana respectively

Purvarupa (Premonitory Features) —

Specific Purvarupa of Pakshaghata are not distinctly described in the classics; however, the following minor and transient symptoms may be considered as prodromal (Sthana Samshraya) in nature:⁹

- Angasada — mild heaviness/malaise of the limbs of the affected side
- Suptata — transient numbness or tingling of one side of the body
- Fleeting weakness or clumsiness of hand grip / gait
- Transient dysarthria or difficulty in articulation
- Modern parallel: symptoms of a Transient Ischaemic Attack (TIA), which resolve within 24 hours and are considered a strong warning sign of impending stroke

Rupa (Clinical Features) —

Ayurvedic Term	Clinical Manifestation
Ekanga Vaikalya / Cheshta Hani	Loss or diminution of voluntary movement of one half of the body
Sira–Snayu Shosha	Desiccation and wasting of vessels/ligaments; muscle wasting on the affected side
Ruk (Shoola)	Pain along the affected limb, though pain may be minimal in chronic cases
Vak Sanga / Vak Skhalana	Dysarthria, slurred speech, or aphasia depending on the side and extent involved
Sparsha Jnana Nasha	Diminished or lost sensation on the affected side
Mukha Vaikritya (if associated)	Facial asymmetry / deviation when Ardita features co-exist

Based on the causative Dosha involvement, the Madhukosha and other commentaries describe a broad clinical division:¹⁰

- **Vata Pradhana (Dhatukshayaajanya):** sudden onset, severe wasting, dryness, tremors, minimal associated heaviness — correlating with ischaemic/thrombotic stroke.
- **Kapha/Rakta Avaranaajanya:** relatively gradual onset, heaviness, oedema, higher association with hypertension — correlating with haemorrhagic stroke or cardio-embolic events.



Types of Pakshaghata —

- **Ekanga Roga:** involvement of a single limb/part.
- **Pakshaghata (Ardhanga Vata):** involvement of one entire half of the body (right or left) — the classical correlate of hemiplegia.
- **Sarvanga Roga (Sarvangavata):** involvement of the whole body, correlated with quadriplegia.

Samprapti (Pathogenesis) —

Vitiated Vata — whether due to direct aggravation and Dhatukshaya (tissue depletion, as in Rukshata from excess Ruksha Ahara or exhaustive strain) or due to Kapha/Rakta Avarana (obstruction of Vata's normal pathway by Kapha or vitiated Rakta) — lodges in the Shira/Mastishka (brain) and spreads through the Dhamani/Sira to affect one half of the body.¹¹ This produces Sira-Snayu Shosha (desiccation of vessels and ligaments), Sanga (obstruction) in the Vatavaha and Raktavaha Srotas, and consequent loss of motor and sensory function (Cheshta and Sparshanendriya Hani) on the affected side, along with speech disturbance when the pathways governing Vak are involved. In Abhighataja Pakshaghata (traumatic/haemorrhagic type), direct injury (“Marmaabhighata” equivalent) to the head vitiates local Rakta and Vata together, producing a comparatively rapid (Ashukari) onset, whereas Margavaranaajanya and Dhatukshayaajanya varieties tend to be Chirakari (gradual/chronic) in onset.¹²

Samprapti Ghataka of Pakshaghata

Samprapti Ghataka	Details
Dosha	Vata (Vyana, Prana, Udana Vata); Anubandha — Pitta/Kapha
Dushya	Rasa, Rakta, Mamsa, Majja; Upadhatu — Sira, Snayu, Kandara
Srotas	Rasavaha, Raktavaha, Mamsavaha, Majjavaha, Vatavaha
Srotodushti Prakara	Sanga, Vimargagamana
Agni	Jatharagni and Dhatwagni Mandya
Ama	Jatharagnimandya-janya and Dhatwagnimandya-janya
Udbhavasthana	Pakwashaya
Sancharasthana	Rasayani (channels of Rasa/Rakta circulation), Vatavaha Nadi
Adhishthana	Shiras / Mastishka (brain)
Vyaktasthana	Shareerardha — Dakshina (right) or Vama (left) half of the body
Rogamarga	Madhyama
Vyadhi Swabhava	Ashukari in Abhighataja/Raktaja type; Chirakari in Margavaranaajanya/Dhatukshayaajanya type
Sadhya–Asadhyata	Kruchrasadhya / Yapya (dependent on chronicity, Dosha, and Dushya bala)



2. Rogi Pariksha (Patient Assessment)

A. Trividha Pariksha

I. Darshana Pariksha (Inspection) —

Facial asymmetry, drooping of the angle of mouth (if Ardita co-exists)

Posture of the affected limb — flaccid or spastic positioning

Loss of normal limb contour; muscle wasting (Mamsa Kshaya) in chronic cases

Drooling of saliva, deviation of tongue on protrusion

Gait abnormality — circumduction (hemiplegic) gait

Inspection Finding	Ayurvedic Interpretation
Shyava/Aruna Varna (discolouration) of limb	Rakta – Vata Dushti
Shosha (wasting)	Dhatukshayajanya Vata
Shotha (oedema/heaviness) of limb	Kaphavritta Vata

II. Sparshana Pariksha (Palpation & Motor Examination) —

Palpation Finding	Interpretation
Sparsha Asahatva (touch intolerance/altered sensation)	Vata Dushti
Shitasparsha (coldness) of limb	Vata Pradhana / Niramavastha
Ushnasparsha (local warmth)	Amavastha / Rakta anubandha
Stabdhatta / Sandhi Aatopa (stiffness/crepitus)	Vata with Sira-Snayu Shosha

Muscle power is graded functionally (correlating with the Medical Research Council, MRC, scale 0–5), tone is assessed for flaccidity (Shithilata) in the acute stage evolving to spasticity (Stambha) in the chronic stage, and deep tendon reflexes are examined, together with sensory testing over the affected half of the body.

III. Prashna Pariksha (History & Subjective Complaints) —

- Sudden or gradual onset of weakness of one half of the body
- Associated slurring of speech, deviation of face, or difficulty swallowing
- Difficulty in activities of daily living — walking, holding objects, dressing
- History of trauma, hypertension, diabetes mellitus, cardiac disease, or prior TIA-like episodes
- Aggravating factors — cold exposure, irregular diet, excessive exertion, mental stress

B. Modern Clinical & Radiological Correlation —

Contemporary evaluation of hemiplegia/stroke complements the above Ayurvedic Pariksha and includes: neurological examination (motor power, tone, reflexes, cranial nerve assessment, speech and cognition), blood pressure and cardiac evaluation, blood investigations (blood sugar, lipid profile, coagulation profile), and neuro-imaging — CT scan or MRI of the brain to differentiate ischaemic from haemorrhagic stroke, along with carotid Doppler and echocardiography where indicated.¹³ Correlating Nidana Panchaka with these investigations allows more precise identification of Dhatukshayajanya (typically ischaemic) versus Raktaja/Abhigataja (typically haemorrhagic) Pakshaghata.



C. Differential Diagnosis (Ayurvedic Perspective) —

Condition	Differentiating Feature
Ardita	Predominantly facial involvement — deviation of eye, eyebrow, forehead, jaw, and mouth on one side, without significant limb weakness
Vishwachi	Sanchari Vedana (radiating/migrating pain) along the upper limb, resembling cervico-brachial neuralgia, without true motor paralysis
Ekanga Vata	Involvement restricted to a single limb rather than an entire half of the body
Sarvanga Vata	Involvement of the whole body (all four limbs) rather than one half
Kroshtukasira / Gridhrasi	Localised to the lower limb along the course of a specific Srotas/nerve, without hemibody or facial involvement

D. Prognostic Assessment (Sadhya–Asadhyata) —

- **Sadhya:** recent onset, single Dosha (Vata) predominance, good bodily strength, absence of significant comorbidities.
- **Kruchrasadhya:** moderate chronicity, Kapha/Rakta Anubandha, presence of comorbidities such as hypertension or diabetes.
- **Yapya:** long-standing disease with marked Mamsa–Sira–Snayu Shosha (muscle wasting/contractures), recurrent episodes, or advanced age.
- **Asadhya:** association with impaired consciousness, bilateral involvement, major comorbid cardiac/renal disease, or extensive haemorrhagic stroke — correlating with poor modern prognostic indicators.

V. DISCUSSION

The Ayurvedic clinical assessment of Pakshaghata extends well beyond the identification of a focal neurological deficit; it integrates Dosha–Dushya–Srotas analysis with functional, systemic, and prognostic evaluation. The distinction between Dhatukshayajanya and Margavaranaajanya Pakshaghata offers a useful conceptual parallel to the modern ischaemic–haemorrhagic classification of stroke, and can meaningfully guide the choice between Brimhana (nourishing) therapies for tissue-depletion states and Langhana/Shodhana (depletive/purificatory) therapies where obstruction by Kapha or Rakta predominates.¹⁴ Classical treatment principles — Snehana (oleation), Swedana (fomentation), Basti (medicated enema, particularly Matra and Anuvasana Basti), Virechana (purgation) in Kaphavritta/Raktavritta states, Nasya, and Shirodhara, together with appropriate Rasayana and neuro-rehabilitative measures, have been reported in multiple published case studies to improve motor recovery, speech, and functional independence in patients with Pakshaghata.¹⁵ Early diagnosis through the Purvarupa stage — analogous to prompt recognition of a transient ischaemic attack in modern neurology — remains central to preventing progression to a fully manifest, often Kruchrasadhya or Yapya disease state.

A structured, reproducible Ayurvedic clinical assessment protocol for Pakshaghata — combining Trividha Pariksha with standardised motor, tonal, and sensory grading, and correlated with neuro-imaging — would strengthen both the diagnostic reliability and the outcome documentation of Ayurvedic interventions in future clinical research, and would facilitate integrative management protocols for stroke rehabilitation.

VI. CONCLUSION

The Ayurvedic clinical assessment of Pakshaghata is comprehensive and multidimensional, resting on a sound understanding of Nidana, Samprapti, Dosha–Dushya–Srotas involvement, and functional impairment. Viewing



hemiplegia/stroke through this classical diagnostic and prognostic lens — alongside modern neurological and radiological evaluation — facilitates earlier recognition, individualised treatment planning, and more accurate prognostication, thereby offering a valuable and complementary framework to the contemporary clinical assessment and integrative management of stroke.

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