

Ayurvedic Management of Stroke: An Evidence Based Case Report

Anju S Jerad,^{1*} P M Madhu²

¹M.D.(Scholar), ²Assistant Professor, Department of Roganidana, Government Ayurveda College, Kannur, Kerala, India.

ABSTRACT:

Stroke is a leading cause of disability and the second most common cause of death worldwide, with ischemic stroke accounting for approximately 85% of cases. Ischemic stroke results from cerebral vessel occlusion, leading to reduced blood flow and subsequent neuronal injury. This case study reports a 48-year-old male who presented with right upper and lower limb weakness and speech difficulty for seven days, diagnosed with ischemic stroke based on clinical features, physical examination, and MRI findings. In Ayurveda, this condition correlates with *Pakshaghata*, a *Vata Nanatmaja Vyadhi* characterised by unilateral motor dysfunction involving either half of the body. The patient was treated with *Udwarthanam*, *Shirodhara*, *Nasya*, *Shiro Pichu*, *Abhyanga* with *ushma sveda*, and *Shashtika Shali Pinda Sveda*, along with internal Ayurvedic medications, for 30 days. Significant clinical improvement was observed following Ayurvedic treatment, while conventional medications were continued. Follow-up was conducted two weeks later. Outcomes were assessed using the Barthel Index, NIHSS, and Modified Rankin Scale. This case study showcases the positive outcomes of Ayurvedic intervention in the management of *Pakshaghata*, highlighting its potential role as an effective therapeutic option when conventional treatments offer limited benefit.

KEY WORDS: Ayurvedic intervention, Ischemic stroke, *Pakshaghata*, Stroke, *Vata Nanatmaja Vyadhi*.

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*Corresponding Author:

Dr. Anju S Jerad

PG Scholar, Department of Roganidana, Government Ayurveda College, Kannur, Kerala, India

Email: anjusjerad14@gmail.com

INTRODUCTION:

Stroke is a major neurological disorder that profoundly affects a patient's quality of life due to its long-term physical, cognitive, and functional consequences.^[1] Epidemiological data indicate that, annually, approximately 2,400 out of one million individuals experience a stroke, and fewer than 50% can resume independent living thereafter. ^[1] Nearly 40% of stroke survivors develop persistent functional limitations, while 15–30% suffer from severe motor, sensory, cognitive, perceptual, or language impairments—notably, more than 85% of stroke patients present with hemiplegia.^[2] Stroke occurs primarily through two pathological mechanisms: ischemic stroke, which is the more prevalent form, and haemorrhagic stroke.^[3]

In Ayurveda, stroke can be correlated with *Pakshaghata*, one of the *Vata Nanatmaja Vyadhi*, characterised by loss of motor function affecting either the right or left half of the body. ^[4] *Acharya Charaka* explains that when vitiated *Vata (Prakupita Vata)* localises in one half of the body, it leads to *Pakshaghata*, manifesting as hemiplegia along with stiffness and impaired movement of the joints. ^[5] *Acharya Susruta* further elucidates that aggravated *Vata Dosha*, traversing through the upward (*Urdhva*), downward (*Adhoga*), and transverse (*Tiryaka Dhamani*) channels, causes loosening of the joint supports (*Sandhi Bandhana Moksha*), ultimately resulting in functional loss of one side of the body.^[6]

Regarding prognosis, *Acharya Susruta* classifies *Pakshaghata* as *Sadhya* when

Vata is associated with other *Dosas*, *Kricchra Sadhya* when caused solely by aggravated *Vata*, and *Asadhya* when the condition arises due to *Dhatu-kshaya*.^[7]

CASE REPORT:

A 48-year-old moderately built male patient, with no known history of hypertension, dyslipidemia, or diabetes mellitus, presented with weakness of the right upper and lower limbs, accompanied by difficulty in speech for the past seven days. He had a history of chronic alcohol consumption for approximately 25 years. One week before the presentation, he consumed alcohol in quantities greater than his usual intake. On the same night, he experienced heaviness in the occipital region, numbness on the right side of the body, slurred speech, and loss of balance while walking.

The following day, numbness on the right side of the body persisted, prompting him to consult an allopathic physician, who advised magnetic resonance imaging (MRI) of the brain. MRI revealed an acute infarct in the left medulla, along with ischemic and gliotic changes in the bilateral thalami, lentiform nuclei, and deep white matter of both cerebral hemispheres. By that evening, the patient developed weakness with reduced voluntary movements of the right upper and lower limbs. He was subsequently hospitalized for two days and discharged without significant improvement in his condition. Post-discharge, he was advised to undergo physiotherapy. As his symptoms persisted, the patient

later presented to our outpatient department and was admitted for further evaluation and management.

Personal history

Appetite-Reduced |Bowel -Regular
|Bladder -4-5 times/day, 1-2/night

Sleep -Sound |Addictions-
Alcohol |Diet-mixed |Exercise-moderate

Vitals

RR: 18/min |PR: 76/min
|HR:76/min
TEMP: 98°F |BP: 150/100 mmHg

General examination

No signs of pallor, icterus, cyanosis, clubbing, lymphadenopathy, or oedema.

Central nervous system examination

HMF-Higher Mental Function

Consciousness - Fully Conscious
|Orientation to Time, Place, Person- Intact
Memory -Intact
|Hallucination and Delusion - Absent
Speech - Slurred
|Handedness- Right

Cranial nerves

The Trigeminal, Facial, Vagus, and Accessory nerves were impaired; others were intact.

Motor system examination

Gait: Unable to walk
Muscle Bulk: Inspection-normal B/L
Muscle tone: Rt-hypotonic, Lt-normotonic

Muscle Power: Right upper limb 2/5, Right lower limb 3/5; Left upper and lower limbs 5/5

Reflexes:

Deep tendon reflexes- Reduced on the right side (+) and normal on the left side (++) , involving the biceps, triceps, supinator, knee, and ankle reflexes.

Sensory system examination

Superficial-Touch, Pain impaired (Rt side)

Deep-B/L Intact

Coordination -Rt-Impaired, Lt-intact

Other system examination -No abnormalities noted

Diagnosis -diagnosed as ischemic stroke based on the clinical presentation, physical examinations and imaging techniques.

Samprapti Ghataka

Dosha: Tridosha – Vata-Pitta pradhana

Dushya: Rasa, Rakta, Mamsa, Sira, Snayu, Dhamani

Srotas: Rasa, Rakta, Mamsa

Srotodushti: Sanga

Agni: Mandha

Adhishtana: Mastishka, Sira, Snayu

Rogamarga: Madhyama

Vyadhi Avastha: Nava

Sadhyasadhyata: Kricchra

THERAPEUTIC INTERVENTION:

Based on Ayurvedic evaluation, the condition was identified as *Pakshaghata*. The treatment focused on reversing the underlying pathology through a well-planned combination of systemic and external therapies.

RESULTS:

Observed results based on the parameters are shown in table-4.

Table-1: Internal Medicines

Medicines	Dose & Time of Administration	Duration
<i>Gandharvahastadi Kashaya</i>	90 ml bd 6 AM and 6 PM before food	30 days
<i>Vaisvanara Churna</i>	1 tsp with <i>Gandharvahastadi Kashaya</i>	30 days
<i>Punarnavadi Kashaya</i>	90 ml bd 11 AM and 3 PM	20 days
<i>Candraprabha Vati</i>	2 tablets twice daily after food	30 days
<i>Kalyanaka Avalehya</i>	application over the tongue along with lemon juice (3-4 times daily)	30 days
<i>Ashtavargam Kashaya</i>	90 ml bd after food	10 days
<i>Ksheerabala Taila (101 Avartti)</i>	5 drops with <i>Ashtavargam Kashaya</i>	10 days

Table-2: Procedures Done

Procedures	Medicines used	Duration
<i>Udwarthanam</i>	<i>Kolakulathadi Churna</i>	7 days
<i>Shirodhara</i>	<i>Triphala Kashaya</i>	14 days
<i>Thalam</i>	<i>Rasna-Jambira</i>	30 days
<i>Nasya</i>	<i>Anu Taila</i>	14 days
<i>Siro Pichu</i>	<i>Ksheerabala Taila</i>	14 days
<i>Abhyanga with Ushma sveda</i>	<i>Sahacharadi Taila + Murivenna</i>	7 days
<i>Shashtika Sali Pinda Sveda</i>	<i>Sahacharadi Taila + Murivenna</i>	7 days

Frequency of procedures: All procedures were performed once daily for their respective durations.

Table-3: Medicines prescribed after Discharge

Medicines	Dose and Time of Administration	Duration
<i>Gandharvahastadi Kashaya</i>	90 ml bd 6 AM and 6 PM before food	14 days
<i>Vaisvanara Churna</i>	1 tsp with <i>Gandharvahastadi Kashaya</i>	14 days
<i>CandraPrabha Vati</i>	2 tablets twice daily after food	14 days
<i>Prasaranyadi Kashaya</i>	90 ml bd 11 AM and 3 PM	14 days
<i>Ksheerabala Taila (101)</i>	5 drops with <i>Prasaranyadi Kashaya</i>	14 days

<i>Avartti</i>)		
<i>Kalyanaka Avalehya</i>	application over the tongue along with lemon juice	14 days
<i>Parinatakeri Ksheeradi Taila + Karpasasthyadi Taila</i>	External application	14 days

Table-4: Assessment of neurological parameters

Gradations	Before treatment	After treatment
Gait	Unable to stand and walk without support.	Able to stand and walk slowly with support
Muscle tone	hypotonic	normotonic
Muscle power	Upperlimb-2/5 Lowerlimb-3/5	Upperlimb-4/5 Lowerlimb-4/5
Co-ordination	Unable to perform	Improved
Speech	slurred	improved

Assessment with the Barthel Index Scale

The total score improved from **25 before treatment to 75 after treatment**, indicating marked functional improvement across activities of daily living.

0–20 → Total dependence, 21–60 → Severe dependence, 61–90 → Moderate dependence, 91–99 → Slight dependence, 100 → Independent

Assessment with the National Institutes of Health Stroke Scale (NIHSS)

The total score improved from **9 before treatment to 2 after treatment**, indicating significant neurological recovery

0: No neurological deficit, 1–4: Minor stroke, 5–15: Moderate stroke, 16–20: Moderate to severe stroke, ≥21: Severe stroke

Assessment with Modified Ranking Scale

The score improved from **4 before treatment to 3 after treatment**, indicating reduced disability.

DISCUSSION:

Pakshaghata is classified as *Vata Vyadhi*, in which *Vata Dosh* is the principal pathogenic factor. The vitiation of *Vata* occurs either due to *Avarana* (obstruction by other *Doshas* or *Dhatu*s) or *Dhatukshaya* (tissue depletion). [8] Although *Pakshaghata* is predominantly a *Vata*-related disorder, the involvement of other *Doshas*, particularly *Kapha* and *Pitta*, cannot be overlooked during the initial stages of the disease. *Acharya Vagbhata* emphasises the importance of *Sneha* in the management of *Pakshaghata* and states the treatment principle as: “*Snehanam snehasamyuktam pakshaghate virechanam*”, highlighting the role of

oleation followed by purification therapy.^[9]

Systemic Treatments

The initial phase of management focused on *Amapachana* and *Agnideepana*, which are essential for restoring *Vata* movement and clearing obstructed *Srotas*. *Gandharvahastadi Kashaya*, known for its *Agnideepana*, *Amapachana*, and *Vatanulomana* properties, was administered to correct impaired digestion and facilitate the downward movement of *Vata*.^[10] *Vaisvanara Churna*, possessing potent *Agnideepana* action, was used in combination to enhance metabolic activity and support effective *Amapachana*.^[11]

Punarnavadi Kashaya was prescribed to reduce systemic *Ama* and inflammation, thereby facilitating *Srotovishodhana* and the proper *Gati* (movement) of *Vata Dosh*.^[12] *Chandraprabha Vati*, described as *Sarvaroga Pranashini*, exhibits *Tridosha-shamana* properties, with a predominant action on *Vata-Kapha*. Its actions include *Agnideepana*, *Vatanulomana*, and *Srotovishodhana*, supporting systemic homeostasis.^[13]

Kalyanaka Avaleha, as described in *Bhaishajya Ratnavali* under *Svarabheda Rogadhikara* and *Jihva Pratisarana*, was selected for its therapeutic benefits in speech disorders such as aphasia and dysarthria.^[14] After pacifying the associated *Doshas*, *Kevala Vata Chikitsa* was initiated. *Ashtavargam Kashaya*, possessing *Vatahara* properties, was administered along with *Ksheerabala 101*, which exhibits *Vatahara* and *Brimhana* actions.^[15] *Ksheerabala Taila* was chosen for its *Brimhana*, *Rasayana*,

Indriya Prasadana, and *Vata-Pitta Samana* properties.^[16] Its *Seeta Guna* helps alleviate neural inflammation and supports nerve nourishment and regeneration.

External Treatments

Management was initiated with *Rukshana Chikitsa* to eliminate *Ama* and reduce *Kapha* obstruction. *Udwarthanam* is a principal therapy for *Vataja* and *Kaphaja* conditions, aiding in *Kaphavilayana* and *Srotoshodhana*.^[17] Following *Amapachana*, *Kevala Vata Chikitsa* was instituted.

Shirodhara exerts a therapeutic effect through gentle, rhythmic stimulation over the forehead. The pressure and vibrations produced are transmitted through the frontal sinuses and cerebrospinal fluid, thereby influencing central nervous system activity and promoting neurophysiological balance.^[18] *Shirodhara* with *Triphala Kashaya*, owing to its *Tridoshaghna* and *Rasayana* properties, further enhances therapeutic efficacy. *Rasna Jambira* was applied externally to pacify *Vata Dosh*.

Nasya, the intranasal administration of medicated substances—considered the gateway to the *Shiras* (brain)—is especially beneficial in *Pakshaghata*, which primarily involves *Vata* derangement affecting the nervous system. *Anu Taila*, being *Vataghna*, *Brimhana*, *Snehana*, and *Sukshma Srotogami*, helps pacify *Vata*, eliminate accumulated *Doshas*, and arrest disease progression.

Siro Pichu with *Ksheerabala Taila* provides nourishment to the *Indriyas* and effectively pacifies *Vata Dosh*. In *Pakshaghata*, the initial phase is

characterised by muscular flaccidity, followed by the development of rigidity. Early administration of *Abhyanga* and *Svedana* helps prevent rigidity, improves circulation, and clears obstructed microchannels.

Murivenna aids in reducing inflammation, possibly through enhanced microcirculation attributable to its constituent drugs. *Sahacharadi Taila*, being *Vata-Kapha Shamana* and *Srotovishodhana*, further contributes to the reduction of inflammation and restoration of motor function. *Shashtika Sali Pinda Sveda*, a form of *Snigdha Sveda*, is particularly indicated in *Vata-pradhana* conditions. It nourishes and strengthens the musculature, improves circulation, and enhances metabolic activity, thereby supporting functional recovery.

The patient was treated with Ayurvedic interventions in addition to ongoing conventional antihypertensive and neuroprotective therapy.

CONCLUSION:

This case study demonstrates the effective management of *Pakshaghata* through an Ayurvedic treatment protocol. Through the integration of both external and internal therapies, the patient showed marked improvement in motor function and was able to walk with minimal assistance. These outcomes suggest that Ayurveda may be a promising option for managing *Pakshaghata*, particularly when conventional treatments offer limited benefit.

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Consent of patient:

Written informed consent was obtained from the patient's legally authorized representative for treatment and anonymous publication of this case.

Limitation of the study:

As this is a single case report, the findings cannot be generalized; further studies with larger samples are needed.

Conflict of interest: The author declares that there is no conflict of interest.

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