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## EFFECT OF MUSTADI YAPANA BASTI AND AYURVEDIC INTERVENTION IN PAKSHAGHAT: A CASE REPORT

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### ABSTRACT

Hemiplegia, a common consequence of stroke, manifests as a neurological deficit affecting the limbs, trunk, and facial muscles on one side of the body. Stroke, a leading global cause of death and disability, often involves the aggravated Vata dosha, resulting in the paralysis of one side of the body, termed as Pakshaghata. This case study focuses on a 54-year-old female patient who presented with weakness in the left half of the body, inability to walk, and dependence on support. Diagnosed with Ischemic Stroke, the patient exhibited left-sided Hemiplegia and slurred speech, with a Right Parietal infarct evident in the CT Brain scan.

The Ayurvedic diagnosis of Pakshaghata guided the treatment approach, according to Charaka Samhita. A comprehensive Panchakarma regimen spanning 27 days included Snehana, Swedana, and Mridu Virechana, along with Nasya Karma followed by Basti Karma. Shamana Aushadhis and Physiotherapy were integrated at various stages of the disease. Notably, significant improvement was observed in the mobility of the lower extremity and grip strength of the upper extremity by the end of the treatment.

The present treatment protocol mainly emphasises the importance of the integrity of Ayurvedic practices that as Shodhana, Shamana, and dietary regimens. Also due to the application of physiotherapy and yoga, we got optimum benefits in this case.

**Keywords: Pakshaghata, Panchakarma, Mustadi Yapana Basti, Hemiplegia**

## INTRODUCTION

Pakshaghata described under Nanatmaja Vata Vyadhi and Mahavatavyadhi can manifest either due to Dhatukshaya and Margavarana. The term Pakshaghata means, "Paralysis of one half of the body" where Paksha denotes either half of the body and Aghata denotes the impairment of Karmendriyas and Gyanendriyas. This condition is categorized as an Indriya pradoshaja vikar and upadhatu pradoshaja vikara, falling within the Madhyama roga marga. Karmendriyas are considered part of the motor system and Gyanendriyas which are related to the sensory system, play a crucial role in the manifestation of Pakshaghata [1].

This Ayurvedic framework highlights the interconnectedness of various systems within the body and emphasizes the importance of balance for overall health. The consideration of Dhatukshaya and Margavarana underscores the multifactorial nature of Pakshaghata.

Acharya Charaka has given a similarity while explaining Ardita and Pakshaghata. Wherever Pakshaghata is a Karmendriya pradhana vikara, Ardita is involved in both Jnanendriya and Karmendriya. Acharya Charaka defined as Prakupitha Vayu taking shelter in half of the body causing Pakshaghata which is associated with stiffness of joints, whereas Acharya Sushruta explained that Vata dosha travels

in Urdhava Adhoga Tiryaka Dhamanis and caused Sandhi Bandhana moksha that leads to loss of function in one half of body is called Pakshaghata.

With the review of Ayurvedic literature, we can understand that there is no specific etiological factor responsible for Vatavyadhi here as Pakshaghata, so there are some Nidanas that vitiate the Vata dosha in the body and manifest Vatavyadhi like Pakshaghata, Ardita etc. Those Nidanas are explained as below; Aharajanya, Viharajanya, Manasika, Abhighataja etc. [2].

'Stroke' is defined as rapid onset of focal neurological deficit, resulting from diseases of the cerebral vasculature and its contents. The term "transient ischemic attacks" (TIA) refers to a deficit that recovers completely in less than 24 hours. Cerebral or subarachnoid haemorrhage is consequent to rupture through some acquired or inherent weakness of the vessel wall. The estimated prevalence rate of stroke ranges, from 84-262/100,000 in rural and 334-424/100,000 in urban area. The incidence rate is 119-145/100,000 based on the recent population studies [3, 4]. The brain's normal functions depend upon a relatively constant supply of oxygen and glucose derived from the blood perfusing. The principal source of energy is almost exclusively the oxidation of glucose. When blood flow drops significantly below 15

mL/100 g/min, the resulting ischemia with hypoxia, if long enough, results in the death of neurons and glia (cerebral infarction). There are currently three recognized major stroke types. These are ischaemic, haemorrhagic and lacunar strokes. Ischaemic variety with cerebral infarction results from atherothrombosis or brain embolism to cerebral vessels. Haemorrhagic stroke with bleeding within the central nervous tissue occurs due to a ruptured cerebral aneurysm in the young and hypertensive intra-cerebral bleeding in the elderly. Lacunar strokes are small cerebral infarcts in basal ganglia or deep white matter, resulting from diseases of small penetrating vessels [5, 6].

### History

A 54-year-old married female patient presented to OPD of Parul Ayurvedic Hospital, Limda, Vadodara with the complaint of loss of functions and decreased muscle power in left upper and lower limbs, mild sensation loss over affected limbs and inability to walk with support. The patient presented with Aruchi (impaired appetite),

and Gaurawata (heaviness) in in left upper and lower limbs. The patient had no significant history of accident, one day in the afternoon around 4 pm, while roaming in the home suddenly she fell. It was observed that she was unable to move her left upper and lower limb. She was conscious and awake. She was promptly transferred to Bharuch Civil Hospital, where she received emergency first aid and medical management for seven days, subsequently, she was discharged with antihypertensive and lipid lower drugs for follow-up care. There is a history of Hypertension and Dyslipidaemia after the occurrence of stroke. No history of Diabetes Mellitus could be elicited.

She was subjected to Ayurveda treatment with Panchakarma therapy based on the treatment principles of Pakshaghata. Due to Datukshaya (depletion of tissues), Mustadi Rajyapana Basti and Shashtikashali Pinda Sweda were adopted. Internal drugs and Panchakarma therapies which were prescribed are mentioned below.

**Table 1: Physical Examination**

Physical Examination	
Blood pressure	130/90mmhg.
Pulse rate	78/min.
Respiratory rate	18/min.
Temperature	96.80 F
Oedema	No
Pallor	No
Icterus	No
Clubbing	No

Table 2: Ashtasthana Pariksha

Ashtasthana Pariksha	
Nadi (Pulse)	Vata Pradhana Pitta
Mala (Stool)	Constipation (Unsatisfactory bowel habit)
Mutra (Urine)	Catheterization in Situ
Jivha (Tongue)	Saama
Shabda (Speech)	Slurred speech
Sparsha (Tactilation)	Samashitoshna
Druk (Eyes)	Prakruta
Akriti (Anthropometry)	Madhyama

Table 3: Systemic Examination

Systemic Examination	
Respiratory system	On auscultation, normal sounds heard and no abnormality detected.
Cardiovascular system	S1 S2 heard and no abnormality detected.
Gastrointestinal system	Soft, non-tender, no Organomegaly detected.

Table 4: Higher functions

Higher functions	
Consciousness	Fully conscious
Orientation	Fully oriented to time, place and person
Memory	Intact
Behaviour	Normal
Speech	Normal

Table 5: Cranial Nerve Examination

Cranial Nerve Examination	
Facial Nerve Examination	Left side facial muscle weakness
Rest all Cranial Nerve function were intact	

Table 6: Muscle power

Muscle power		
	Right	Left
Upper Limb	5/5	0/5
Lower limb	5/5	1/5

Table 7: Muscle Tone

Muscle Tone		
	Right	Left
Upper Limb	Normal	Hypertonic
Lower Limb	Normal	Hypertonic

## Motor functions

Gait: Unable to walk by herself

Table 8: Deep Tendon Reflex

Reflex Name	Grading	
	Right	Left
Biceps reflex	Normal	+3
Triceps reflex	Normal	+3
Supinator reflex	Normal	+3
Knee jerk	Normal	+3
Ankle jerk	Normal	+2

**Specific Investigation (14/03/2023)**

- **CXR PA view:** Cardiomegaly
- **MSCT BRAIN:** Diffuse large hypo density right parietal infarct.
- **MRI OF BRAIN AND NECK:**  
(1) Multiple cystic Haemorrhage.

(2) Infarct in the right frontal and temporal lobe.

(3) Disc compression at C6-C7 level.

- Case was diagnosed as a Pakshaghata (Cerebrovascular Accident).

**Table 9: Blood Reports**

Blood Reports (18/03/2023)	
Haemoglobin	12.2 mg/dl
TC	8900
PC	350000
Na+	137 mEq/L
K+	3.5 mEq/L
Cholesterol	256 mg/dl
Triglyceride	123 mg/dl
HDL	47 mg/dl
LDL	154 mg/dl
VLDL	24.6 mg/dl

**Table 10: Contemporary Medicine list**

Ongoing Contemporary Medicine List	
1	Tab. Aspirin(150mg) - 0-1-0
2	Tab. Atorvastatin(40mg) - 1 HS
3	Tab. Enalapril(5mg) - 1-0-1
4	Tab. Metoprolol(25mg) - 1-0-1
5	Tab. Sorbitrate(10mg) - (SOS) (SL) ; if chest pain
6	Tab. Lasix(40mg) - 1-1-0

**MATERIALS AND METHODS**

Centre of study: Parul Ayurveda and Hospital, Vadodara.

Study type - Single case study.

**Treatment Advised****Table 11: Internal Medication**

SL. No.	MEDICINE NAME	DOSE	TIME	ANUPANA	DRATION
1	Tapyadi loha	2 tab	TDS	With warm water	09/8/2023 to 12/8/2023
2	Cap. Palsineuron	1 Cap	BD	With warm water	09/8/2023 to 30/8/2023
3	Yogaraja Guggulu	2 tab	TDS	With warm water	09/8/2023 to 03/9/2023
4	Ajamodadi Churna	1 tsp	TDS	With warm water	09/8/2023 to 03/9/2023
5	Shankha vati	2 tab	TDS	With warm water	30/8/2023 to 03/9/2023
6	Laxmivilasa Rasa	2 tab	TDS	With warm water	30/8/2023 to 03/9/2023
7	Yastmadhu ghanavati	2 tab	TDS	With warm water	30/8/2023 to 03/9/2023
8	Dashamoola + Musta Kashaya	60ml	BD		12/8/2023 to 23/8/23

Table 12: Panchakarma Procedure

SL. No.	Procedure	Date	No. of days
1	Sarvanga Utsadana with Yava Churna + Kottamchukadi taila	9/8/2023 to 11/8/2023	3 days
2	Nadi Swedana with Dashamoola Kashaya	9/8/2023 to 14/8/2023	6 days
3	Sarvanga Abhyanga with ksheerbala taila	12/8/2023 to 03/9/2023	23 days
4	Patra Pottali Swedana with ksheerbala taila	15/8/2023 to 21/8/2023	7 days
5	Nasya with Shadbindu taila (2-2 drops) in increasing dosage in alternative day till to 8-8 drops	12/8/2023 to 27/8/2023	16 days
6	Matrabasti with Murchhit tila taila (50ml)	16/8/2023 and 17/8/2023 01/9/2023 to 03/9/2023	2 days + 3 days
7	Mustadi Raja Yapana Basti (continue for 7 days)	18/8/2023 to 27/8/2023	10 days
8	Sastika Shali Pinda Swedana	22/8/2023 to 03/9/2023	13 days

Table 13: Ingredients of Mustadi Raja Yapana Basti

Sl. No	Drugs	Dose
1	Makshika (Honey)	80ml
2	Saindhava	6gm
3	Sneha {Murchhita tila taila(50ml)+Murchhita Go Ghruta(30ml)}	80ml
4	Kalka (Mustadi Yapana Basti Kalka Churna)	30gm
5	Kwatha (Mustadi Ksheerpaka)	250ml
6	Avapa dravya (Mamsa Rasa)	80ml
		<b>Total – 526ml</b>

Table 14: Yapana Basti Schedule

Days	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>
Types of Basti	YB									

Table 15: Assessment of treatment

Left Upper and Lower Limb		On the first day	On 15 <sup>th</sup> day	On Discharge
Power	Left upper limb	0/5	1/5	2/5
	Left lower limb	1/5	1/5	3/5
Tone		Hypertonic	Hypertonic	Significantly normal
Involuntary Movement		No	No	No
Reflex		Exaggerated	Significantly Normal	Significantly Normal
Speech		Normal	Normal	Normal

Table 16: Assessment of Patient

SL. NO	SIGNS AND SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
1.	Facial deviation	No	No
2.	Trunk balance	No	Yes
3.	Sensory aphasia	No	No
4.	Shoulder elevation	No	Yes
5.	Grip power	No	Yes
6.	Elbow flexion – extension	No	Yes
7.	Forearm – supination – pronation	No	No
8.	Wrist flexion – extension	No	No
9.	Salivary secretion	No	No
10.	Holding of object when no initiation	No	Yes
11.	Release of object	No	No
12.	Grasp of object	No	No
13.	Throwing of object	No	No
14.	Catching of object	No	No
15.	Tying the knot	No	No
16.	Squatting	No	No
17.	Feeding with hand	No	No
18.	Holding and deinking of glass of water	No	Yes

19.	Standing without support	No	Yes
20.	Standing balance	No	Yes
21.	Clothing	No	No
22.	Getting up from squatting position	No	Yes
23.	Bathing	No	No
24.	Tingling sensation	No	No
25.	Climbing stairs	No	No
26.	Toilet activity	No	Yes

## DISCUSSION

Acharya Charaka gave the precise Chikista Sutra for Pakshaghata. Charakacharya mentioned Snehana, Swedana, and Virechana as treatment modalities for Pakshaghata. Acharya Jejjata & Gangadhara interprets this as Snehayukta Swedana and Snehayukta Virechana.

Following a thorough history and physical examination, it was determined that the patient had Upastambita Vata Vyadhi along with Pakshaghata. The patient complained of reduced appetite, heaviness and difficulty in movement in the affected body part. Deepana, Amapachana, and Srotoshodhana are among the treatments used for treating these symptoms. Thus, the phase 1 of treatment, including Utsadana, Nadi Swedana, Patrapinda Swedana, Nasya Karma, Physiotherapy and Shamanaushadhi, including Tapyadi loha, Cap. Palsinuron, Yogaraja guggulu, Ajamodadi churna and Dashamoola and Musta Kashaya were implemented.

Once Samyak Deepana, Amapachana, and Srotoshodhana were achieved, Phase 2 treatment was implemented, In which initially for 2 days Matra Basti were given,

and the Mustadi Rajyapana Basti is given for continually for 10 days, which gives significant improvement in patients condition and after 10 days of Yapana Basti at last further 2 Anuvasana Basti was planned, along with these Abhyanga, Shashtika Shaali Pinda Sweda, Nasya Karma, Basti Karma, Physiotherapy and Shamanaushadhi also were adopted to provide maximum benefits to the patient and improve quality of life of patient.

### Mustadi Rajyapana Basti

Among Panchakarma, Basti Chikitsa is considered the primary therapy method. In addition to its therapeutic properties, it also possesses preventative and promotional properties. Basti is a more comprehensive, sophisticated, and systemic therapy with a broader variety of therapeutic activities and indications than just an enema.

Yapana Basti improves muscle mass and strength, treats all ailments, is suitable for use year-round, cures infertility in both men and women, and combines the benefits of Niruha and Anuvasana. Most likely, Anuvasana is Bringhana and Niruha is Lekhana. Because Yapana Basti performs

both functions, Anuvasana Basti is not required and can be administered continually. It's not Snigdha or Ruksha. It is therefore known as Napumsaka Basti.

The "Sadyo-Balajanan" effect of Rajyapana is attributed to improved functions of Udana Vayu and enrichment in the qualities of Rasa dhatu. As the Vata is Shighrakari and new Rasa dhatu is formed daily, it takes long-term therapy to increase Bala by improving the qualities of Dhatu like Mansa, Majja, Shukra, and Ojas. These Dhatu are formed weeks after the Poshaka Rasa.

Yapana Basti is extensively used in various disorders such as Pakshaaghata, Sira-gata Vata, Snayu-gata Vata, Mamsa-gata Vata, Asthi-gata Vata, Majja-gata Vata, Shukra gata Vata, Sarvanga Vata and Ekangavata. Yapana Basti can be administered at the OPD level without any specific restrictions, and hence it can be considered as an ideal remedial modification of Basti therapy for the present era.

#### **Probable mode of action of Rajyapana Basti**

Rajyapana Basti is particularly effective in relieving Vata obstruction by reducing Samakapha. This could be attributed to its actions as a Vata-normalizing agent, a cleanser of channels (Srotoshuddhi), and its rejuvenating properties.

Rajayapana therapy also demonstrates significant enhancements in conditions such as Stambha, Gatisanga, Vakvikriti and

Smriti. The observed improvement in stiffness could be linked to the enhanced functioning of Prana, Udana, and Vyana, indicating Basti's impact on sensory organs and their regulating factors. Additionally, the betterment in speech, hand, and foot movements suggests the rejuvenating effect of Basti, which helps regulate tissue metabolism. This may have contributed to the normalization of tissue metabolism factors such as Majjagni, as evidenced by the improved digestion and alleviation of constipation.

RajayapanaBasti, containing Rasayana, Balya, and Dhatu Vriddhikara properties, likely enhances colon excretory function. The colon's ability to regulate blood flow under various conditions is a distinctive feature of its mucosa (Kvietys 1980). Basti might stimulate several intraluminal, luminal, and systemic functions. The colon produces regulatory peptides like serotonin, enteroglucagon, and vasoactive intestinal polypeptides (VIP). Administering medication in liquid or lipid-soluble form into the rectum stimulates it via distension or systemic absorption through the mucous membrane. This allows drugs to act directly on neurons or reflexively through afferent impulses to the central nervous system. YapanaBasti's properties can also influence nutrition due to its Balya, Brimhana, and Rasayana qualities [7].

#### **Other view related to mode of action of**

**Mustadi Rajyapana Basti**

Mustadi Rajyapana Basti exhibits Vata Shamaka, Rasayana, and "Sadyo-Balajanana" qualities, which enhance strength. Thikta Rasa may help with cell implantation and slow down Majja and Asthi's degeneration. Hence, Mustadi Rajyapana Basti is beneficial for neurological conditions and weakened muscles. According to Susrhuta, when Basti is taken as directed, it stays in the large intestine, pelvis, and below the umbilicus for a while before the strength of the ingredients distributes throughout the body through the channels and beginning to work quickly. So, Mustadi Rajyapana Basti's Sadyao-Balajanana and Rasayana effects allow for the easy and quick nourishment of the enormous number of nerves found in the enteric nervous system [8].

**Utsadana**

Udvardana refers to the procedure of massaging the entire body below the neck in a direction opposite to the hair growth, applying some pressure. According to Charakacharya, Snigdha Udvardana, also known as Utsadana, is a specific type of Udvardana. Utsadana is recommended for individuals who are thin and require a reduction in body fat but have low physical strength. This form of Udvardana involves using oils or greasy substances during the massage to not only eliminate blockages but also to provide stability and strength to the

body.

In this patient for utsadana yava churna, kottamachukadi taila is used because yava churna has ruksha, laghu, ushna, deepaniya, and amahara quality and kottamachukadi taila, indicated mainly in upastambhita vatavyadhi to remove Avarana [9, 10].

**Abhayanga**

Sarvanga Abhyanga with Ksheerbala Taila was administered after completion of 1st Phase of treatment. In the general line of treatment of all types of Vata Vyadhi and the specific treatment of Pakshaghata, the Snehana i.e. Abhyanga was mentioned. The Ksheerbala Taila has properties like Snigdha, Guru, Brumhana, Vata Pittahara, Raktaprasadana, Balya, and it is mainly indicated in Pakshaghata and Vata Vyadhi [11, 12].

**Nasya Karma**

During Nasya karma, medication administered through the nasal passage reaches the crucial Shringataka Marma located at Sheeras of Shiras. This Marma, comprised of the vital vessels of the nose, eyes, throat, and ears, facilitates the spread of the medication. The medication effectively dislodges and eliminates the accumulated imbalances of the upper body, specifically targeting the region above the jatru Pradesh [13].

Shadbindu taila, a specific oil formulation, is employed to alleviate blockages in the upper respiratory tract during this process

[14].

### **Patra Pinda Swedana**

Patra Pinda Swedana generally indicated in Vata kapha vikars like Gridhrasi, Sandhivata, Pravruddha Amavata, Pakshaghata, Avabahuka etc.

Patrapinda Swedana raised the skin temperature and will enhance the transdermal delivery of various drugs by increasing skin permeability, drug solubility. External heating will dilate and increase the penetration pathways in the skin

[15].

### **Matrabasti**

Matrabasti given with Murcchita tila taila, because of above mentioned taila is directly indicated in vatavyadhi and especially in the condition like upstambhita vatavyadhi, which pacifies vata and simultaneously does Bruhmana of the sharira, and strengthen the Kandara and siras [16].

### **Sastika Shali Pinda Swedana**

Shashtika Shaali Pinda Sveda was administered immediately after Abhyanga, which is directly indicated in all types Vata Vyadhi specifically in Anupstambhita Vata Vyadhi and in the disease like Sandhigata Vata, Pakshagata, Avabahuka, Gridhrasi, etc. The Shashtika Shali has a property like Snigdha, Sthira, Balavardhana Dehadardhyakrita. Swedana Karma does Vasodilatation which helps in proper blood circulations, in turn, it helps in tissue re-growth, and its does removal of waste

material from the body which facilitates free movement of Vata Dosha in the body leading to reduced stiffness in the body and brings Mardavata in Sharir [17].

### **Palsineuron capsule**

Palsineuron capsule is a proprietary Ayurvedic medicine, which contains Mahavata vidhwams rasa, Sameer pannag rasa, Ekangveer rasa, Sootshekhar rasa, khurasani ova, and lajjalu each of contains are in equal quantity (60mg), and mainly indicated in Neuro-muscular disorders of CNS, Hemiplegia etc. [18].

### **Tapyadi loha**

Tapyadi loha is herbo-mineral combination of drug, and key ingredient is mandura bhasma, triphala, trikatu etc. and other drugs and it mainly indicated in anemia, inflammatory condition to provide fast healing was prescribed.

### **Yogaraja Guggulu**

Yogaraja guggulu is combination of various drugs and mainly indicated in shoolapradhana Vyadhi, because it having excellent result in vata shamana and shoolaprashamana. It is indicated in Amavata, Dushtavrana, vatavyadhi and many others [19].

### **Shankh vati**

Shankh vati is mainly indicated in Agnimandhya related disease, because it is excellent combination of pancha lavana and other deepaniya pachaniya drugs, which

helps in correction of jatharagni as well as dhatwagni and helps in elimination ama from the sharira and pacifies vata also [20].

#### **Ajamodadi churna**

Ajamodadi churna is powder of herbal drugs, which are mainly helps in elimination of kapha Vataja janya shoola and because of its ushna Tikshna quality of drug combination it helps in elimination of Avarana and Amapachana as well [21].

#### **Dashamoola and Musta Kashaya**

Combination of dashamoola and musta as Kashaya yoga is very beneficial for vata anulomanartha and Agni deepanartha as well as pacifies vata and to normalised vata functions [22, 23].

#### **Physiotherapy**

Physiotherapy is one of the best supportive therapy for the diseases like Hemiplegia. It is very useful for rehabilitation. The main aim of physiotherapy is to treat, correct, prevent and to prepare the patient to adjust with their disabilities and deformities happened. In all kinds of Pakshaghata, the physiotherapy is given for the better movements of limbs, fingers and toes.

#### **CONCLUSION**

This case study highlights the potential effectiveness of Ayurvedic treatments, particularly Panchakarma therapies in that of Yapana Basti, in improving the quality of life for patients recovering from CVA stroke. While drawing definitive conclusions from a single case can be

challenging, this study serves as a valuable starting point for future research endeavors aimed at exploring the role of Ayurvedic interventions in managing Pakshaghata. Further investigations within a research framework are warranted to elucidate the broader impact and efficacy of these treatments in stroke rehabilitation

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