



MANAGEMENT OF CEREBROVASCULAR ACCIDENT THROUGH AYURVEDA - A CASE REPORT

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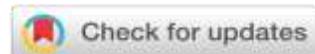
<https://doi.org/10.46607/iamj2611052023>

(Published Online: May 2023)

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Article Received: 07/03/2023 - Peer Reviewed: 22/03/2023 - Accepted for Publication: 09/05/2023.



ABSTRACT

Cerebrovascular accidents are the leading cause of morbidity and mortality across the world. The third leading cause after heart disease and cancer. **CVA** to the general public means a weakness either permanent or transient on one side often with loss of speech. The leading cause of Ischaemic stroke is hypertension, whereas clotting disorders, carotid dissection, and illicit drug abuse are common causes in the younger population. The present study is a case report on the management of stroke of a female patient aged 40 years with the chief complaint of being unable to sit, walk & stand along with loss of functioning of the left upper & lower limb. She was diagnosed case of a stroke on the basis of clinical presentation & MRI Brain Scan. The case treated with Ayurveda medication was found to be effective in providing relief in a chief complaint with the improvement of the overall health of the patient. The treatment protocol was *snehan*, *swedan*, *Bastikarma*, and *shirodhara* along with internal medication which is mentioned by *Acharya Sushruta*. Before treatment, **NIH Score** was 14 & providing symptomatic relief. This revealed that Ayurveda treatment modalities play a significant role in the treatment of stroke (*Pakshaghat*).

Keywords: Pakshaghata, Bastikarma, Abhyanga, Swedana, Shirodhara

INTRODUCTION

A Stroke or Cerebrovascular accident is an emergency medical condition characterized by an acute compromise of cerebral perfusion or vasculature. It is defined as a focal neurological deficit due to a vascular lesion lasting longer than 24 hours.¹ **Hemiplegia** following middle cerebral arterial thromboembolism is a typical example, stroke is a sudden death of some brain cells due to lack of oxygen when the blood flow to the brain is lost by blockage or rupture of an artery to the brain.² The most common symptom of a stroke is sudden weakness or numbness of the face, arm or leg, most often one side of the body.³

In Ayurveda signs & symptoms of CVA can be correlated with **Pakshaghata**. The condition in which *vayu* affects *sira* (Vascular Structure) & *snayu* (tendons & ligaments) of half of the body & causes loss of movement, pain & loss of speech.⁴

CASE REPORT

Introductory history- Date of admission – 5/7/2022, IPD Admission no.- 20221440, Age/sex- 40 / female, Marital status - Married.

Past History

Hypothyroidism - for 5 years
Diabetes Mellitus- for 2 months
Hypertension- Newly detected

Chief Complaint Duration

Unable to sit, stand & walk for 1^{1/2} months.
Loss of function of left upper & lower limb 1^{1/2} month
Incontinence of stool 15 Days
Fissure in Ano 15 days

Associated Complaint- Insomnia

Loss of speech
Constipation

Treatment History- Allopathic remedies

History of present illness- Complete loss of strength in the left half of the body since 11/2 mon. Initial history revealed that the patient developed raised blood pressure before the stroke followed by difficulty in movement (lf>rt) & uncontrolled bladder & bowel movement which remains for 15 days.

Physical examination

Blood pressure - 140/100mmhg

Pulse - 76/min

Pallor - No

Temp. – Afebrile

Resp. rate - 20/min

Icterus - No

Clubbing - No

Systemic examination

Nervous system

Consciousness- conscious

Higher function

Mental status

Cranial nerve examination: Facial nerve -dribbling of saliva left upper motor neuron facial weakness. (Rest of cranial nerve status normal)

Motor examination- (Diminished left upper & lower limb)

The tone of the muscle –is spastic

Strength of muscle- 2/5

Reflex –

Superficial –left biceps jerk reflex- 1+

Left triceps – 1+

Left supinator- 0.

Left knee joint- 0.

Left planter jerk- 0.

Tendon reflex grading scale-

Grade description

0- Absent

1- present

2- brisk

3- very brisk

4- clonus

Clinical findings

Objective finding

Color Doppler date 16/05/22 intima –medial thickness of carotid, right cca -0.86mm

Left cca- 0.87mm thickened suggestive of atherosclerotic changes in bilateral carotid arteries.

MRI brain -date 15/05/22

Cutting of A3 segment of right ACA suggestion of thrombosis.

Multiple small foci of hyperacute infarcts. chronic micro-haemorrhagic foci in the parietal lobe. Minimal chronic small vessel white matter ischemic changes.

Subjective finding-

Symptoms of *Pakshaghat-*

1. Vamasandhibandhanvimakhyana- present
2. Dakshida- absent
3. Chestanivritti- present
4. Ruja- present

5. Vakstambha-absent

6. Achetam- absent

Diagnosis-on the basis of clinical presentation and CT scan of the brain it was diagnosed case of stroke (*pakshaghata*)

Table NO 1: NIH stroke scale- (NIH)

Level of consciousness (loc)	0 to 3	0	0
1a.Loc questions	0 to2	1	0
1b. Loc commands	0 to 2	1	0
2.Best gace	0 to 2	1	0
3. Visual	0 to 3	0	0
4. Facial palsy	0 to 3	1	
5. Motor arm			
5a. left arm	Lt 0 to 4	4	1
5b.Rt arm	Rt 0 to 4		
Motor leg			
6a.lt leg	Lt 0 to 4	3	1
6b.Rt leg	Rt 0 to 4		
Limb ataxia	0 to 2	1	1
Sensory	0 to 2	0	0
Best language	0 to 3	1	0
Dysarthria	0 to 2	1	0
Extinction & inattention (formerly ne gledes)	0 to 2		

Table No 2: Shaman drug

S.No.	Drug	Dose	Anupan	Duration
1.	Dashmoolarishta	10ml BD	Lukewarm water	30 days
2.	Ashwagandharishta	10 ml BD	Lukewarm water	30 days
3.	vatari guggulu	250mg BD	Lukewarm water	30 days
4.	Rasnasaptak kwath	20ml BD		30 days

Treatment regimen *Panchkarma* procedure adopted

Table No 3:

S.No.	procedure	drug	dose	duration
1.	Sarvang Abhyang swedan	Vatshamak tail		2 months
2.	Matra basti	Mahanarayan tail	40 ml	30 days
3.	Kala basti Anuvasan basti Niruha basti	Shacharadi tail Erاندmooladi kwath	100 ml 350ml	16 days
4	Shirodhara	Jatamansi kwath	43 mins	30 days

DISCUSSION

CVA or stroke is defined by this abrupt onset of a neurological deficit which can be ischemic or haemorrhagic. The present case was a typical example of ischaemic stroke caused by thrombosis of Rt ACA hyperacute tiny infarcts Rt and Lt ACA territory. **Acharya charak** has described **Pakshaghata in Vata nanatmaja vyadhi** and **Acharya sushrut** has mentioned it in **Mahavat vyadhi**. In Ayurveda treatment protocol follows processes **snehan, swedan, Bastikarma, Murdhanitail**. Accordingly, treatment was planned for this patient. The patient was admitted on 5/7/22 in Ipd of Pt kls. The patient showed symptoms like weakness of the left side of the body stiffness, and difficulty in walking and standing. **Sarvanga abhyanga swedan** leads to Mridutva thus relieving stiffness and pain. It also promotes blood circulation thus providing proper nutrition to the affected part. **Matrabasti** with **Mahanarayan tail** can act as **vatahara, shoolhara, shothhara shrotoshodhaka, and rasayana**. Our Acharya has considered the rectum (guda) as the root of the body (mula of sharir), The action of **Basti**, Vagbhatt says the virya of **basti** is conveyed to **apana** and then to **saman vata** which regulates the function of Agni. The veerya (active principles) of **basti** gets absorbed and then through the general circulation reaches the site of the lesion and relieves the disease. In the present study, **Erandsmooladi basti** was used. Erandamoola and most of its contents have basically ushna vata-kaphashamak, shothhara, Vednasthapana, and deepan properties. **Jatamansi kwath** has been used for shirodhara, it acts as a brain tonic and helps to improve memory and brain functions by preventing cell damage due to its antioxidant property. **Vatari Guggulu** contains Erand tail, shudha Gandhak, shudha guggulu, haritaki, bibhitaki, and amalki in which maximum drugs have Ushnaveerya and Katu-vipaka. Also, it has dominant tikta, katu, and kashaya rasa, vata-kaphashamak, rasayan, and antioxidant, Aampachan by properties of tikshna guna and Ushnaveerya. **Dashmoolarishta** helps to control the aggravation of vata and restore energy levels and

optimum health because of vata balancing and balya properties.

Result

The patient didn't take any contemporary medicine and he got symptomatic relief after 60 days of Ayurvedic treatment. After 10 days of the treatment, improvement was seen in sitting with support, and stiffness of the left upper limb, constipation, and insomnia was reduced after 15 days of treatment. After 30 days of treatment, the power improvement in the left upper limb, sitting without support and reduced pain in the left upper limb and lower limb. After the basic process was completed, the patient was able to stand and walk with support. After that, he was discharged and advised to continue internal medicine for 15 days.

CONCLUSION

On the basis of results observed in this case, it can be said that Ayurvedic management along with shaman drugs and panchkarma procedures like abhyanga, Vashpa swedan, anuloman, and shirodhara along with oral Ayurveda meditation is effective in the management of pakshaghata. whilst there is enormous scope for further research but still it proves that with proper diagnosis and proper treatment protocol, Ayurveda can be beneficial in such cases of CVA. recovery in the present case was promising and worth documentation.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Preeti Rathor et al: Management of Cerebrovascular Accident through Ayurveda- A Case Report. International Ayurvedic Medical Journal {online} 2023 {cited May 2023} Available from: http://www.iamj.in/posts/images/upload/1174_1177.pdf