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# Ayurvedic Management of Acute Cerebrovascular Accident – A Case Study

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## ABSTRACT

Cerebro vascular accident (CVA) is the third leading cause of death in developing countries. This disease has posed a great problem to the medical field as far as its treatment is concerned. *Ayurveda* can offer a lot in such conditions. This is a case study of an acute CVA. An acute CVA case was admitted on 23/05/2016 at 7.30 pm, with the complaints of loss of strength in the right side of the body, loss of speech, drowsiness since 2 days. On examination Glasgowcoma scale was 8/15 (E - 2, M- 1, V-2). Investigation i.e., Computed Tomography (CT) scan of head showed on 24/05/2016: Lacunar infarcts in the Right Frontal White matter and in the Pons at the Midline. It was diagnosed as *Pitta Kapha Avruta Vataja Pakshaghata (Vaama)*. In this case various treatment procedures like cold water pouring over forehead, application of medicated paste on anterior frontanallae, application of *Shathadhouta Ghrutha* all over the body, nasal instillation etc. with oral medicines were adopted at various condition of the disease. There was a remarkable improvement in the subjective and objective clinical features.

**Key words:** *Pakshaghata*, Acute cerebrovascular accident, *Avruta Vata*.

## INTRODUCTION

The global burden of stroke is high, inclusive of increasing incidence, mortality and economic impact, particularly in low and middle income countries. Many researches are being conducted in the field of *Ayurveda* as well as in contemporary fields for achieving the better line of management for CerebroVascular Accident (CVA). The present case

study is an additional drop in the ocean of researches in *Ayurveda*.

Here is a case study of Acute CVA, which has shown remarkable improvement with *Ayurvedic* treatment.

## CASE HISTORY

A 72 years aged female patient brought by his relatives to casualty section on 23/05/2016 at 7.30 pm, with the history of drowsiness, loss of strength in the right side of the body, heaviness since 2 days on 21/05/2016 around 5.00 am. On asking details of the same, the patient's relative revealed – suddenly patient fell down due to giddiness at around 7.30 pm on 23/05/2016 she was unconscious for around 5 minutes. After recovering from unconsciousness, she was unable to lift his left hand and left leg associated with drowsiness. She is hypertensive and diabetic since 5 years and she is on irregular medication (Amlodipine 5 mg OD).

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On examination, she was drowsy occasionally responds to verbal commands, had pulse rate of 66/min, blood pressure of 130/90 mm of Hg. Glasgow coma scale was 8/15 (E – 2, M – 1, V - 2), muscle tone was hyper, muscle strength was zero, tendon reflexes were exaggerated, coordination tests (finger nose test – positive, and knee heel test - positive) in left hand and left leg. Higher functions i.e., mental symptoms – oftenly disoriented, consciousness – drowsy, arousable to painful stimulus. Symptoms of raised intra cranial pressure like head ache and vomiting were absent.

She was subjected to various routine laboratory investigations. Computed Tomography (CT) scan of head showed on 24/05/2016: Lacunar infarcts in the Right Frontal White matter and in the Pons at the Midline.

Clinical features for *Pittavruta Vata* were *Mada* (drowsiness), *Moorcha* (loss of consciousness), *Santapa* (temperature) and *Kaphavruta vata* shows *Sheeta* (cold in touch), *Guruta* (heaviness), *Stambha* (stiffness).<sup>[1]</sup> *Pakshaghata* clinical features were loss of strength in left hand & left leg,. Through Ayurvedic perspective, this patient showed *Mada* (drowsiness), *Minminatva* (slurred speech), *Pakshaghata* (loss of strength in the right side of the body) and *Guruta* (heaviness). So, this was diagnosed as *Pitta Kaphaavruta Vatajanya Pakshaghata* (Acute CVA), prognosis was *Kruchra Sadhya* (difficulty to cure).

### TREATMENT AND RESULTS

Adopted treatment of *Pittakapha Avruta Aaata Chikitsa* in *Vyatyasa* method and *Nirupastambhita Vaata Chikitsa* subsequently. Details are as follows-

Date: 23/05/2016 to 25/05/2016	
Clinical features	Treatment
Drowsy, responds to verbal commands occasionally, loss of strength & Heaviness, in right side of body,	<ol style="list-style-type: none"> <li>1. <i>Shirodhara</i> with <i>Hima Jala</i> (pouring cold water to forehead ) - Thrice daily - for 20 minutes</li> <li>2. <i>Nasya</i> (errhine therapy) with <i>Lashuna Swarasa</i> (<i>Allium sativum</i> juice) - 5 drops thrice daily, after <i>Shirodhara</i></li> <li>3. <i>Kavala</i> (gargling) with <i>Trikatu</i> +</li> </ol>

	<p><i>Triphala + Madhu</i> (honey) - thrice daily after <i>Nasya</i></p> <ol style="list-style-type: none"> <li>4. <i>Shirothalam</i> (application of medicine over anterior frontanallae) - with <i>Manjishtadi Choorna</i> (<i>Rubia cordifolia</i> powder) + <i>Shathadhouta Ghritha</i>- once daily</li> <li>5. <i>Kalyanaka Ghritha</i> - 3 teaspoon 1hr before food in morning.</li> <li>6. <i>Shuntijala</i> (<i>Zingiber officinale</i> decoction) – 50 ml + <i>Madhu</i> 2 teaspoon- Thrice daily before food</li> <li>7. <i>Kamadughdha</i> with <i>Muktha</i> 1 tds before food</li> <li>8. <i>Ananda bhairava Rasa</i> 2 tds after food</li> <li>9. <i>Chandra Prabha Vati</i> 1 after food</li> <li>10. <i>Maharasnaadi Kashaya</i> 3 teaspoon thrice daily after food</li> </ol>
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### Observation

After 3 days, consciousness improved, observed movement in left upper limb, left lower limb, GC scale – 15/15 (E-4, M-6, and V-5)

### Muscle Power

Upper Limb - Left side - 1/5 and Right side - 5/5

Lower Limb - Left side - 0/5 and Right side - 5/5

Date: 26/05/2016 to 31/05/2016	
Clinical Features	Treatment
Heaviness, & loss of strength in right hand & right leg.	<ol style="list-style-type: none"> <li>1. <i>Sarvanga Abhyanga</i> (full body oil massage) with <i>Sarshapa Thaila</i> &amp; <i>Baspa Sweda</i> (fomentation) - once daily</li> <li>2. <i>Shirothalam</i> with <i>Manjishtadi Choorna + Shathadhouta Ghritha</i> - once daiy</li> <li>3. <i>Shunti Jala</i> – 50 ml + <i>Madhu</i> 2 tsf - Thrice daily before food</li> <li>4. <i>Kamadughdha</i> with <i>Muktha</i> 1 before food</li> <li>5. <i>Chandra Prabha Vati</i> 1 after food</li> <li>6. <i>Maharasnaadi Kashaya</i> 3 teaspoon thrice daily after food</li> </ol>

**Observation**

Heavyness reduced - 75%

**Muscle power**

Upper Limb - Left side - 1/5 Right side - 5/5

Lower Limb - Left side - 1/5 Right side - 5/5

**Observation**

**Muscle power**

Upper Limb - Left side - 2/5 Right side - 5/5

Lower Limb - Left side - 3/5 Right side - 5/5

**DISCUSSION**

This was diagnosed as *Pittakapha Avruta Vataja Pakshaghata* (Acute CVA). In *Pittakapha Avruta Vaata*, initially treatment, importance should be given for *Pitta, Kapha* and then for *Vata*.<sup>[2]</sup> Here *Mada* (semiconscious) showed as the *Pittaja Lakshana*, so first preference should given for *Mada*. Simultaneously oral medication was given for *Kapha* and *Vata*. *Mada Chikitsa* (management of semiconscious) – *Shirodhara* with cold water (pouring cold water to forehead), *Nasya* (errhine therapy) with *Lashuna Swarasa, Kavala* (gargling) with *Trikatu, Triphala, Madhu; Shirothalam* (application of medicine over anterior frontanallae) with *Manjishta Choorna* and *Shatadhoutha Ghrutha*.<sup>[3]</sup> *Jwarahara*<sup>[4]</sup> treatment adopted orally with *Kamadugha* with *Mukta*,<sup>[5]</sup> *Shunti jalapana*, and *Anandabhairava Rasa*<sup>[6]</sup> are done for managing *Pitta/Mada; Sarshapa Thaila*<sup>[7]</sup>, *Maharasnaail Kashaya*,<sup>[8]</sup> *Chandraprabha Vati*<sup>[9]</sup> and *kalyanaka Ghrutha*<sup>[10]</sup> for managing *Kapha* and *Vata*. *Pittahara Chikitsa, Kaphahara Chikitsa* and *Vatahara Chikitsa* respectively adopted, according to the clinical features<sup>[1]</sup>. After 3 days of treatment, patient’s conscious level improved, then *Kapha– Vatahara Chikitsa* was continued. Then, *Kevala Vataja Pakshaghata Chikitsa – Snehana* as *Sarvanga Abhyanga*(full body oil massage), *bashpa swedana baspasweda* (fomentation) as *Sweda* and *Snigdha Virechana* (purgation) with *Gandharva Hasthaadi Taila*<sup>[11]</sup> and followed by modified *Mustadi Yapana*<sup>[12]</sup> *Yogabasti* (medicated enema) - were given.

**CONCLUSION**

As acute CVA can be correlated as *Pittaavruta Vataja Pakshaghata*. Because of *Pitta Avruta, Pittahara* treatment should be adopted first and then *Vatahara* treatment, i.e. *Pitta–vatahara Chikitsa* in *Vyatyaasakrama*, and then *Kapha – Vatahara Chikitsa*. Then adopt *Kevalavataja Pakshaghata*

Date: 1/06/2016	
Clinical features	Treatment
Loss of strength & , pain in right hand & right leg, <i>Agnivruddhi</i> (appetite increased)	1. <i>Sadyo Virechana</i> (purgation) with <i>Gandharva Hastadi Thaila 40 ml + Amruta Saara 30 ml</i>
Date: 2.06.2016 To 06.06.2016	
	<ol style="list-style-type: none"> <li>1. <i>Sarvanga Abhyanga</i> with <i>Mahanarayana Thaila &amp; Baspa Sweda</i></li> <li>2. <i>Yoga Basti</i> ( medicated enema schedule) - Modified <i>Mustadi Yaapana Basti</i> (mentioned below)</li> <li>3. <i>Shunti Jala</i> – 50 ml + <i>Madhu</i> 2 tsf - Thrice daily before food</li> <li>4. <i>Kamadughdha</i> with <i>Muktha</i> 1 before food</li> <li>5. <i>Chandra Prabha Vati</i> 1 after food</li> <li>6. <i>Maharasnaadi Kashaya</i> 3 teaspoon thrice daily after food</li> </ol>

**Adopted modified Yoga Basti**

*Anuvasana Basti* (medicated enema) with *Manjishtadi Taila* 30 ml and *Ashwagandha Ghritha* 30 ml. *Nirooha Basti* (medicated decoction enema) with *Mustaadi Kashaya* 300 ml, *Mamsarasa* 100 ml, *Ksheera* 50 ml, *Madhu* 60 ml, *Saindhava* 10 gm, *Manjishtaadi Taila* 60 ml as *Sneha* and *Kalka* prepared from *Ashwagandha, Manjishta, Rasna* of 15gm each.

2.06.2016	3.06.2016	4.06.2016	5.06.2016	6.06.2016
A	N	N	N	A
	A	A	A	
A - <i>Anuvasana Basti</i> , N - <i>Niruha Basti</i>				

treatment. This treatment protocol proved beneficial in acute CVA patient.

## REFERENCES

1. Dalhana. Vata Vyadhi Nidana. In: Acharya, Y.T (ed.) Susrutha Samhitha. Varanasi: Chaukambha Orientalia; 2002:263.
2. Agnivesha. Vata Vyadhi Chikitsa. In: Acharya, Y.T (ed.) Charaka Samhitha. Varanasi: Chaukambha Publications; 2001:624.
3. Dalhana. Moorcha Pratishedham. In: Acharya, Y.T (ed.) Susrutha Samhitha. Varanasi: Chaukambha Orientalia; 2002:740.
4. Dalhana. Moorcha Pratishedham. In: Acharya, Y.T (ed.) Susrutha Samhitha. Varanasi: Chaukambha Orientalia; 2002:741.
5. Hari Prapannaji, V.P. Rasayogasara. Varanasi: Chaukambha Krishnadas Academy; 2010.
6. Sen K.S.G.D. Jwaraatisaara Chikitsa Prakarana. In: Dr. G Prabhakar Rao (ed.) Bhaishajyaratnavali. Varanasi: Chaukambha Orientalia; 2014:257.
7. Vagbhatta. Dravadravya Vijnaneeya. In: Hari Sadashiva Shastri Paradakara (ed.) Ashtanga Hridaya. Varanasi: Chaukambha Samskritha Sansathan; 2011:79.
8. Sen K.S.G.D. Amavata Chikitsa Prakarana. In: Dr. G Prabhakar Rao (ed.) Bhaishajyaratnavali. Varanasi: Chaukambha Orientalia; 2014:821.
9. Sen K.S.G.D. Arshoroga Chikitsa Prakarana. In: Dr. G Prabhakar Rao (ed.) Bhaishajyaratnavali. Varanasi: Chaukambha Orientalia; 2014:414.
10. Agnivesha. Unmada Chikitsa. In: Acharya, Y.T (ed.) Charaka Samhitha. Varanasi: Chaukambha Publications; 2001:472.
11. Agnivesha. Vatavyadhi Chikitsa. In: Acharya, Y.T (ed.) Charaka Samhitha. Varanasi: Chaukambha Publications; 2001:621.
12. Agnivesha. Uttarabasti Siddi. In: Acharya, Y.T (ed.) Charaka Samhitha. Varanasi: Chaukambha Publications; 2001:721.

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