



CASE REPORT

MANAGEMENT OF ACUTE CEREBROVASCULAR ACCIDENT THROUGH AYURVEDA – A CASE STUDY

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Summary:

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). This is a case study of an acute CVA. An acute CVA case was admitted on 18.12.2013, with the complaints of loss of strength in the right side of the body, loss of speech, drowsiness since 5 hrs. On examination Glasgowcoma scale was 8/15 (E - 3, M- 4, V-1). Investigation i.e., Computed Tomography scan of head suggested - large acute infarct at left fronto-temporal region involving basal ganglia (middle cerebral artery territory), lipid profile suggested–hyperlipidemia. It was diagnosed as *pittakaphaavrutavatajapakshaghata (dakshina)*. In this case various treatment procedures like cold water pouring over forehead, application of medicated paste on anterior frontanallae, application of *shathadhoutagrutha* 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.

Keywords: *Ayurveda, pakshaghata, acute cerebrovascular accident, acute management, avruta vata.*

Key message: Acute CVA can be correlated as *pitta kaphavrutavatajanya pakshaghata avrana chikitsa* concept can be adopted in this condition.

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INTRODUCTION:

As a physician it is to be benefitted to the patient, no matter how grave disease may be. Many diseases still hold a challenge to the modern medical researchers and so a constant research for drugs that could fight against such diseases is necessary.

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

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.

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

CASE HISTORY:

A 52 years aged male patient brought by his relatives to casualty section on 18.12.2013 at 11 am, with the history of drowsiness, loss of strength in the right side of the body, loss of speech, heaviness since 5 hours. On asking details of the same, the patient's relative revealed – suddenly patient fell down due to giddiness at around 6 am on 18.12.2013; he was unconscious for around 5 minutes. After recovering from unconsciousness, he was unable lift his right hand and right leg associated with loss of speech and drowsiness. He is chronic smoker - 20 cigarettes per day

since 15 years and chronic alcoholic - 100-150 ml - twice weekly since 15 years.

On examination, he 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 – 3, M – 4, V - 1), muscle tone was hyper, muscle strength was zero, tendon reflexes were exaggerated, coordination tests (finger nose test – positive, and knee heel test - positive) - in right hand and right leg. Higher functions i.e., mental symptoms – oftenly disoriented, speech disturbance – present – aphonic, consciousness – drowsy, easily arousable to verbal command. Symptoms of raised intra cranial pressure like headache and vomiting were absent.

He was subjected to various routine laboratory investigations. He was found having dyslipidemia with Total Cholesterol – 228 mg/dl and Triglycerides – 185 mg/dl. Bilateral extra cranial carotid and vertebral arterial doppler study revealed: intima – medial wall thickening seen in bilateral carotid system, mild less than 20 % diameter reduction at left carotid bulb and bilateral vertebral arteries reveal antegrade flow. Computed Tomography (CT) scan of head showed: large acute infarct at left fronto-temporal region involving basal ganglia (Left Middle cerebral artery territory (MCA) territory).

Clinical features for pittavruta vata were *mada* (drowsiness), *moorcha*(loss of consciousness), *santapa*(temperature) and *kaphavrutavata* shows *sheeta*(cold in touch), *guruta* (heaviness), *stambha*(stiffness)^[1]. *Pakshaghata* clinical features were loss of strength in right hand & right leg, loss of speech. 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 *aspittakaphaavrutavatajanyapakshaghata* (Acute CVA), prognosis was *kruchra sadhya* (difficulty to cure).

TREATMENT AND RESULTS:

Adopted treatment of pittakaphaavrutavaata Chikitsa in Vyatyaasa method and nirupastambhitavaata chikitsa subsequently. Details are as follows-

Date	Clinical features	Treatment
18.12.2013 to 20.12.2013	Drowsy, responds to verbal commands occasionally, loss of strength & Heaviness, in right side of body, slurred speech	<ol style="list-style-type: none"> 1. <i>Shirodhara</i> with <i>hima jala</i> (pouring cold water to forehead)- Thrice daily - for 20 minutes 2. <i>Nasya</i> (errhine therapy) with <i>lashuna swarasa</i> (<i>Allium sativum</i> juice)- 5 drops thrice daily, after <i>shirodhara</i> 3. <i>Kavala</i> (gargling) with <i>trikatu+ triphala + madhu</i> (honey)- thrice daily after <i>nasya</i> 4. <i>Shirothalam</i> (application of medicine over anterior frontanallae) - with <i>manjishtadi choorna</i> (<i>Rubia cordifolia</i> powder) + <i>shathadhoutagritha</i>- once daily 5. <i>Kalyanaka ghritha</i>-3teaspoon-0-0 (1hr before food) 6. <i>Shuntijala</i> (<i>Zingiber officinale</i> decoction)- 50 ml + <i>madhu</i> 2 teaspoon- Thrice daily before food 7. <i>Kamadughdha</i> with <i>muktha</i> 1-1-1 before food 8. <i>Ananda bhairava rasa</i> 2-2-2 after food 9. <i>Chandra Prabha vati</i> 1-1-1 after food 10. <i>Maharasnadi kashaya</i>

		3teaspoon thrice daily after food
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Observation -

After 3 days, consciousness improved, Muscle Power Upper Limb - Right side - 1/5 and Left side - 5/5
observed movement in right upper limb, right side - 1/5 and Left side - 5/5
lower limb, GC scale – 12/15 (E-4, M-6, and V-2) Lower Limb - Right side - 2/5 and Left side - 5/5

Date	Clinical Features	Treatment
21.12.2013 to 26.12.2013	Heaviness, & loss of strength in right hand & right leg, loss of speech	<p>1.Sarvanga abhyanga (full body oil massage)with sarshapa thaila & baspa sweda (fomentation)- once daiy</p> <p>2.Shirothalam with manjishtadi choorna + shathadhoutaghritha- once daiy</p> <p>3.Shuntijala – 50 ml + madhu 2 tsf- Thricedaily before food</p> <p>4.Kamadughdha with muktha- 1-1-1 before food</p> <p>5.Chandra Prabha vati 1-1-1 after food</p> <p>6.Maharasnaadi kashaya 3 teaspoon thrice daily after food</p>

Observation

Heavyness reduced - 75%, Lower Limb- Right side - 2/5, Left side - 5/5
Muscle power; Upper Limb - Right side 1/ Left side- 5/5;

Date	Clinical features	Treatment
27.12.2013	Loss of strength & , pain in right hand & right leg, loss of speech, agnivruddhi (Appetite increased)	1.Sadyovirechana (purgation) with gandharva hastadi thaila 40 ml + amruta saara 30ml
28.12.2013 To		1.Sarvanga abhyanga with mahanarayana thaila & baspa sweda

1.1.2014		<p>2. <i>Yoga basti</i> (medicated enema schedule) - Modified <i>mustadi yaapana basti</i> (mentioned below)</p> <p>3. <i>Shuntijala</i> – 50 ml + <i>madhu</i> 2 tsf- Thrice daily before food</p> <p>4. <i>Kamadughdha with muktha</i>- 1-1-1 before food</p> <p>5. <i>Chandra Prabha vati</i> 1-1-1 after food</p> <p>6. <i>Maharasnaadi kashaya</i> 3teaspoon thrice daily after food</p>
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Adopted modified *yoga basti - anuvasana basti* (medicated enema) with *Manjishtadi taila* 30 ml and *ashwagandha ghritha* 30 ml. *Nirooha basti* (medicated decoction enema) with *mustadi 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.

28/ 12/ 2013	29 /12/ 2013	30/12/ 2013	31/12/ 2013	1/1/2014
A	N	N	N	A
	A	A	A	

A-Anuvasana basti N-Niruha basti

DISCUSSION –

This was diagnosed as *pittakaphaavrutavatajapakshaghata* (Acute CVA). In *pittakaphaavrutavaata*, initially treatment importance should be given for *pitta,kapha* and then for *vata*^[2]. Here *mada* (semiconscious) showed as the *pittajalakshana*, so first preference should be given for *mada*. Simultaneously oral medication was given for *kapha* and

vata. *Madachikitsa* (management of semiconscious)– *shirodhara* with cold water (pouring cold water to forehead), *nasya* (errhine therapy) with *lashunaswarasa*, *kavala* (gargling) with *trikatu, triphala, madhu; shirothalam* (application of medicine over anterior frontanallae) with *manjishtachoorana* and *shatadhouthagrutha*^[3]. *jwarahara*^[4] treatment adopted orally with *kamadughawith mukta*^[5], *shuntijalapana*, and *anandabhairavarasa*^[6] are done for managing *pitta/mada*; *sarshapathaila*^[7], *maharasnaadikashaya*^[8], *chandrprabhavati*^[9] and *kalyanakagrutha*^[10] for managing *kapha* and

vata.Pittaharachikitsa, kaphaharachikitsa and *vatahararachikitsa* respectively adopted, according to the clinical features^[1]. After 3 days of treatment, patient's conscious level improved, then *kapha- vatahararachikitsa* was continued. Then, *kevalavatajapakshaghatachikitsa- snehanaas sarvangaabhyanga* (full body oil massage), *bashpa swedana baspasweda* (fomentation) as *sweda* and *snigdhavirechana* (purgation) with *gandharvahasthaaditaila*^[11] and followed by modified *mustadiyapana*^[12] *yogabasti* (medicated enema) - were given.

CONCLUSION:

As acute CVA can be correlated as *pittaavrutavatajapakshaghata*. Because of *pitta avruta*, *pittaharatreatment* should be adopted first and then *vatahara* treatment, i.e. *pitta - vata hara chikitsa* in *Vyatyasaakrama*, and then *kapha - vata hara chikitsa*. Then adopt *kevalavatajapakshaghata* treatment. This treatment protocol proved beneficial in acute CVA patient.

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