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 Glasgow coma 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).
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 heal 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). 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 Aata Chikitsa in Vyatyaasa method and Nirupastambhita Vaata Chikitsa subsequently. Details are as follows-

<table>
<thead>
<tr>
<th>Date: 23/05/2016 to 25/05/2016</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Drowsy, responds to verbal commands occasionally, loss of strength &amp; Heaviness, in right side of body,</td>
<td>1. <strong>Shirodhara</strong> with <strong>Hima Jala</strong> (pouring cold water to forehead) - Thrice daily - for 20 minutes 2. <strong>Nasya</strong> (errhine therapy) with <strong>Lashuna Swarasa</strong> (<em>Allium sativum</em> juice) - 5 drops thrice daily, after <strong>Shirodhara</strong> 3. <strong>Kavala</strong> (gargling) with <strong>Trikatu</strong> + <strong>Triphala + Madhu</strong> (honey) - thrice daily after <strong>Nasya</strong></td>
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<tr>
<td>4. <strong>Shirothalam</strong> (application of medicine over anterior frontal area) - with <strong>Manjishtadi Choorna</strong> (<em>Rubia cordifolia</em> powder) + <strong>Shathadhotu Ghritha</strong> once daily</td>
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<tr>
<td>5. <strong>Kalyanaka Ghritha</strong> - 3 teaspoon 1hr before food in morning.</td>
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<tr>
<td>6. <strong>Shuntijala</strong> (<em>Zingiber officinale</em> decoction) – 50 ml + <strong>Madhu</strong> 2 teaspoon- Thrice daily before food</td>
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<tr>
<td>7. <strong>Kamadughdha</strong> with <strong>Muktha</strong> 1 tds before food</td>
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<td>8. <strong>Ananda bhairava Rasa</strong> 2 tds after food</td>
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<td>9. <strong>Chandra Prabha Vati</strong> 1 after food</td>
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<tr>
<td>10. <strong>Maharasnadi Kashaya</strong> 3 teaspoon thrice daily after food</td>
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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

<table>
<thead>
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<th>Date: 26/05/2016 to 31/05/2016</th>
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<tr>
<td><strong>Clinical Features</strong></td>
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<td>Heaviness, &amp; loss of strength in right hand &amp; right leg.</td>
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<td>6. <strong>Maharasnadi Kashaya</strong> 3 teaspoon thrice daily after food</td>
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</table>
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

Date: 1/06/2016
Clinical features Treatment
Loss of strength & pain in right hand & right leg, Agnivruddhi (appetite increased) 1. Sadyo Virechana (purgation) with Gandharva Hastadi Thaila 40 ml + Amrutha Saara 30 ml

Date: 2.06.2016 to 06.06.2016
1. Sarvanga Abhyanga with Mahanarayana Thaila & Baspa Sweda
2. Yoga Basti (medicated enema schedule) - Modified Mustadi Yaapan Basti (mentioned below)
3. Shunti Jala – 50 ml + Madhu 2 tsf - Thrice daily before food
4. Kamadughdha with Muktha 1 before food
5. Chandra Prabha Vati 1 after food
6. Maharasnaadi Kashaya 3 teaspoon thrice daily after food

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, Manjishtadi Taila 60 ml as Sneha and Kalka prepared from Ashwagandha, Manjishta, Rasna of 15gm each.

Adopted modified Yoga Basti

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A - Anuvasana Basti, N - Niruha Basti

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. 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 Manjistha Choorna and Shatadhoutha Ghrutha.

Jwarahara treatment adopted orally with Kamadugha with Mukta, Shunti jalapana, and Anandabhairava Ras and Pittahara Chikitsa, Kaphahara Chikitsa and Vatahara Chikitsa respectively adopted, according to the clinical features. After 3 days of treatment, patient’s conscious level improved, then Kapha– Vatahara Chikitsa was continued. Then, Kevala Vataja Pakshaghata Chikitsa – Sneha as Sarvanga Abhyanga(full body oil massage), bashpa swedana baspasweda (fomentation) as Sweda and Snigdha Virechana (purgation) with Gandharva Hasthaadi Taila and followed by modified Mustadi Yapana Yogabasti (medicated enema) - were given.

CONCLUSION
As acute CVA can be correlated as Pittavruta Vataja Pakshaghata. Because of Pitta Avruta, Pittahara treatment should be adopted first and then Vatahara treatment, i.e. Pitta–vatahara Chikitsa in Vyatyasaakrama, and then Kapha – Vatahara Chikitsa. Then adopt Kevalavatataja Pakshaghata
treatment. This treatment protocol proved beneficial in acute CVA patient.

REFERENCES


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