

11.19. Differentiate between the various types of Strokes and apply the treatment principles of Vatavyadhi and Pakshaghata in its management

1. "Stroke" at a glance - biomedical taxonomy vs. classical language

Biomedical category	Usual mechanism	Hall-mark features	Mārgavarodha / Doṣa picture*	Closest classical label**
A. Ischaemic				
• Thrombotic (large artery)	Vessel lumen blocked → focal brain infarct	Sudden hemiparesis ± cortical signs; CT = "dark"	Vāta-āvaraṇa by Kapha-āma / Rakta-sludge ; later kevala Vāta (dhātu-kṣaya)	<i>Pakṣāghāta</i> of Kapha-āvṛta-Vāta origin, then <i>nirupastambhita</i> Vāta stage
• Embolic (cardiac → MCA, etc.)				
• Lacunar (small-vessel)				
B. Haemorrhagic	Ruptured arteriole / berry aneurysm → parenchymal or cisternal bleed	Sudden worst headache, vomiting, rapid LOC, CT = "bright"	Violent Pitta-Rakta surge → compressive Vāta-rodha	<i>Raktapitta-samsṛṣṭa</i> <i>Pakṣāghāta</i> ("rudhirāvaraṇa Vāta")
C. TIA / Minor stroke ("brain angina")	Micro-embolus with rapid lysis	Neuro-deficit < 24 h, DWI MRI –	Vāta kopa with fleeting Kapha plug; srotas reopen quickly	<i>Kasāyakṣaya-samjāta Abhijāta-Pakṣmāghāta</i> (early, reversible Vāta movement disorder)

* "Doṣa picture" is an Ayurvedic construct that helps decide whether to begin with **laṅghana-pācana / rūkṣa-sweda** (if Kapha-āvaraṇa) or with **snehana-swedana** (if pure dry Vāta).

** Pakṣāghāta = classical half-body paralysis; the same Vatavyādhi framework is extrapolated to focal or diffuse strokes.

2. Mapping stroke phases on to Vatavyādhi-Pakṣāghāta management logic

Acute window (0-48 h)

- **Modern priorities:** FAST recognition, CT, t-PA ≤ 4.5 h (ischaemic), neuro-ICU, BP & ICP control, reversal agents (haemorrhage).
- **Ayurveda check-list**
 - Rule out Pitta-rakta heat before applying oil.
 - If tongue heavily coated, limb cold → short **rūkṣa-sweda** (hot sand) around neck and limb.
 - **Absolutely NO full external oil bath** yet

Early sub-acute (Day 3-14)

- Vasogenic oedema subsides; risk of spasticity begins.
- Kapha plug usually melted → **Sneha-Svedana become safe & mandatory.**
 - Internal **Kṣirabala 101 tāila** 5-10 ml b.i.d.
 - **Abhyanga** with Mahānārāyaṇa tāila, followed by *Patra-piṇḍa sweda*.
 - **Nasya** (Bala tāila 6 drops).
 - Start gentle passive ROM / bedside physio.

Late sub-acute → Chronic (> 2 wk)

- Goal = neuro-plasticity & contracture prevention.
 - **Yoga-basti** 8- or 15-day cycle; Nirūha = Daśamūla-Balā-kvāṭha; Anuvasana = Kṣirabala 60 ml.
 - Weekly **Śiro-basti / Śiro-dhārā** 30 min.
 - **Rasāyana:** Aśvagandhā-lehya, Brahmi-ghṛta, Śilājatu 250 mg b.i.d.
 - Task-oriented rehab, gait training, pranayama.

3. Chikitsā-sūtra distilled

1. **Āvaraṇa-mukta karaṇa** – "First unblock, then oil."
2. **Snehana → Swedana → Basti** is the backbone once obstruction cleared.
3. **Nasya & Śiro-basti** route medicines to cortical-cranial axis (indicated in hemiplegia).
4. **Majjā-bṛhmaṇa Rasāyana** and **physiotherapy** secure long-term recovery.

4. Prototype 45-day Chikitsā-yojanā (post-ischaemic MCA infarct, Day 3 onwards)

Day	Morning	Mid-day	Evening	Key purpose
3-5	Dry hot <i>Valuka-sweda</i> 10 min neck/shoulder	Laghu-yavāgu, Trikatutakra	Castor-oil 15 ml (mild virechana)	Melt Kapha + open gut
6-12	10 ml Kṣīrabala taila p.o.; Abhyanga + Patra-piṇḍa sweda	Mahārasnādi kwātha 40 ml	Nasya 6 drops	Sneha-Sweda core
13-20	Yoga-basti (alt. Daśamūla Nirūha / Kṣīrabala Anuvasana)	Same kwātha	Passive → active physio	Root-Vāta pacified
21-45	Rasāyana stack - Aśvagandhā-lehya 10 g h.s.; Gudūcī-satva 500 mg b.i.d.; Brahmi-ghṛta 5 ml a.m.	Normal warm diet + ghee	Gait & hand-task training	Plasticity & strength

(Doses titrated to **bala / agni**; in haemorrhagic stroke use *Tikta-ghṛita* instead of *Kṣīrabala* during weeks 1-2.)

5. Rasāyana quick-chart

Rasāyana	Why after stroke?	Typical daily
Aśvagandhā-lehya	Axonal sprout, muscle mass	10 g hs
Brahmī-ghṛta	Cognitive recovery, sleep	5 ml am
Gudūcī-satva	Anti-oxidant, immuno-mod	500 mg × 2
Śilājatu (śuddha)	Mineral & nerve conduction	250 mg × 2

6. Pathyā / Apathyā

□ Do

Warm ghṛita-yukta mung soup, barley; garlic-milk at night
Gentle oil massage limbs daily
Split meals, plenty of lukewarm water
Early sleep, stress-free rehab mindset

□ Avoid

Deep-fried, cold, re-heated foods; red chilli
Direct fan/AC blast; cold baths
Constipating diet, long fasting
Night-vigils, emotional outbursts

7. Summary pointers for viva

- **Ischaemic** = Kapha/Rakta plug; **Haemorrhagic** = Pitta/Rakta eruption; treatment begins accordingly.
- **Sneha BEFORE clearance is harmful** in any āvaraṇa type stroke.
- **Basti equals half the cure** once patient stabilises (> first week).
- **Long-tail Rasāyana + physiotherapy** are indispensable to translate regained neuronal wiring into functional independence.