

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) • Embolic (cardiac → MCA, etc.) • Lacunar (small-vessel)	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 Vāta</i> stage
B. Haemorrhagic • Intracerebral • Sub-arachnoid	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-saṃsrṣṭa Pakṣāghāta</i> (“rudhirāvarita 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-saṃjāta 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)	Early sub-acute (Day 3-14)	Late sub-acute → Chronic (> 2 wk)
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Vasogenic oedema subsides; risk of spasticity begins. • Kapha plug usually melted → Sneha-Svedana become safe & mandatory. - Internal Kṣīrabala 101 taila 5-10 ml b.i.d. - Abhyanga with Mahānārāyaṇa taila, followed by <i>Patra-piṇḍa sweda</i>. - Nasya (Bala tāila 6 drops). - Start gentle passive ROM / bedside physio. 	<ul style="list-style-type: none"> • Goal = neuro-plasticity & contracture prevention. - Yoga-basti 8- or 15-day cycle; Nirūha = Daśamūla-Balā-kvātha; Anuvasana = Kṣīrabala 60 ml. - Weekly Śiro-basti / Śiro-dhārā 30 min. - Rasāyana: Aśvagandhā-lehya, Brahmī-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-br̥mhaṇa 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, Trikatu-takra	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.; Brahmī-ghṛta 5 ml a.m.	Normal warm diet + ghee	Gait & hand-task training	Plasticity & strength

(Doses titrated to **balā / agni**; in haemorrhagic stroke use *Tikta-ghṛta* 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	Avoid
Warm ghṛta-yukta mung soup, barley; garlic-milk at night	Deep-fried, cold, re-heated foods; red chilli
Gentle oil massage limbs daily	Direct fan/AC blast; cold baths
Split meals, plenty of lukewarm water	Constipating diet, long fasting
Early sleep, stress-free rehab mindset	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.