

WHERE CLASSICAL WISDOM MEETS INTELLIGENT LEARNING

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-āvaraņa by Kapha-āma / Rakta- sludge; later kevala Vāta (dhātu-kṣaya)	Pakṣāghāta of Kapha-āvṛta- Vāta origin, then nirupastambhita Vāta 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	Raktapitta-saṃsṛṣṭa Pakṣāghāta ("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	Kasāyakṣaya-saṃjāta Abhijāta- Pakṣmāghāta (early, reversible Vāta movement disorder)

^{* &}quot;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).

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 **Kṣīrabala 101 taila** 5-10 ml b.i.d.
- Abhyanga with Mahānārāyaṇa taila, 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-kvātha; Anuvasana = Ksīrabala 60 ml.
- Weekly **Śiro-basti** / *Śiro-dhārā* 30 min.
- Rasāyana: Aśvagandhā-lehya, Brahmīghṛta, 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-bṛṃhaṇa Rasāyana and physiotherapy secure long-term recovery.

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

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

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Day	Morning	Mid-day	Evening	Key purpose
3-5	Dry hot Valuka-sweda 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 **bala / agni**; in haemorrhagic stroke use Tikta-ghṛita instead of Kṣīrabala during weeks 1-2.)

5. Rasāyana quick-chart

Why after stroke?	Typical dail
Axonal sprout, muscle mass	10 g hs
Cognitive recovery, sleep	5 ml am
Anti-oxidant, immuno-mod	500 mg × 2
Mineral & nerve conduction	250 mg × 2
	Axonal sprout, muscle mass Cognitive recovery, sleep Anti-oxidant, immuno-mod

6. Pathyā / Apathyā

Do Avoid

Warm ghṛita-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.

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