

## 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**
<b>A. Ischaemic</b> <b>• Thrombotic</b> (large artery) <b>• Embolic</b> (cardiac → MCA, etc.) <b>• Lacunar</b> (small-vessel)	Vessel lumen blocked → focal brain infarct	Sudden hemiparesis ± cortical signs; CT = “dark”	<b>Vāta-āvaraṇa by Kapha-āma / Rakta-sludge</b> ; later kevala Vāta (dhātu-kṣaya)	<i>Pakṣāghāta</i> of <b>Kapha-āvṛta-Vāta</b> origin, then <i>nirupastambhita Vāta</i> stage
<b>B. Haemorrhagic</b> <b>• Intracerebral</b> <b>• Sub-arachnoid</b>	Ruptured arteriole / berry aneurysm → parenchymal or cisternal bleed	Sudden worst headache, vomiting, rapid LOC, CT = “bright”	Violent <b>Pitta-Rakta</b> surge → compressive <b>Vāta-rodha</b>	<i>Raktapitta-saṃsrṣṭa Pakṣāghāta</i> (“rudhirāvarita Vāta”)
<b>C. TIA / Minor stroke</b> (“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"> <li>• <b>Modern priorities:</b> FAST recognition, CT, t-PA ≤ 4.5 h (ischaemic), neuro-ICU, BP &amp; ICP control, reversal agents (haemorrhage).</li> <li>• <b>Ayurveda check-list</b></li> <li>- Rule out Pitta-rakta heat before applying oil.</li> <li>- If tongue heavily coated, limb cold → short <b>rūkṣa-sweda</b> (hot sand) around neck and limb.</li> <li>• Absolutely <b>NO full external oil bath</b> yet</li> </ul>	<ul style="list-style-type: none"> <li>• Vasogenic oedema subsides; risk of spasticity begins.</li> <li>• Kapha plug usually melted → <b>Sneha-Svedana become safe &amp; mandatory.</b></li> <li>- Internal <b>Kṣīrabala 101 taila</b> 5-10 ml b.i.d.</li> <li>- <b>Abhyanga</b> with Mahānārāyaṇa taila, followed by <i>Patra-piṇḍa sweda</i>.</li> <li>- <b>Nasya</b> (Bala tāila 6 drops).</li> <li>- Start gentle passive ROM / bedside physio.</li> </ul>	<ul style="list-style-type: none"> <li>• Goal = neuro-plasticity &amp; contracture prevention.</li> <li>- <b>Yoga-basti</b> 8- or 15-day cycle; Nirūha = Daśamūla-Balā-kvātha; Anuvasana = Kṣīrabala 60 ml.</li> <li>- Weekly <b>Śiro-basti / Śiro-dhārā</b> 30 min.</li> <li>- <b>Rasāyana:</b> Aśvagandhā-lehya, Brahmī-ghṛta, Śilājatu 250 mg b.i.d.</li> <li>- Task-oriented rehab, gait training, pranayama.</li> </ul>

### 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 <b>Kṣīrabala taila</b> p.o.; <b>Abhyanga + Patra-piṇḍa sweda</b>	Mahārasnādi kwātha 40 ml	<b>Nasya</b> 6 drops	Sneha-Sweda core
13-20	<b>Yoga-basti</b> (alt. Daśamūla Nirūha / Kṣīrabala Anuvasana)	Same kwātha	Passive → active physio	Root-Vāta pacified
21-45	<b>Rasāyana stack</b> – 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
<b>Aśvagandhā-lehya</b>	Axonal sprout, muscle mass	10 g hs
<b>Brahmī-ghṛta</b>	Cognitive recovery, sleep	5 ml am
<b>Gudūcī-satva</b>	Anti-oxidant, immuno-mod	500 mg × 2
<b>Śilājatu (śuddha)</b>	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.