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Case Study

HEALING OF MIND STROKE: AYURVEDIC MANAGEMENT OF POST STROKE DEPRESSION (PSD)

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ABSTRACT

Stroke, a major neurological condition is frequently linked to long-term neuropsychiatric complications, one of which is post-stroke depression (PSD), which severely hinders recovery and quality of life. The 54-year-old male patient in this case study experienced depressive symptoms after suffering a cerebrovascular accident that left him with right-sided hemiplegia. Following initial neurological stabilization, the patient showed signs of functional dependency, decreased appetite, poor sleep, hopelessness, irritability, and passive suicidal ideation. Severe depression was confirmed by clinical evaluation using the Hamilton Depression Rating Scale (HAM-D) and Mental Status Examination. According to Ayurveda, the illness was seen as an expression of *Pakshaghata* associated to *Avasada*. *Samshodhana* therapies (*Sarvanga Abhyanga, Swedana, Matra Basti*, and *Shirodhara*), *Shamana Aushadhi (Kalyanaka Ghrita, Manasmitra Vatakam, Unmadagaja Kesari Rasa, Brihat Vata Chintamani Rasa),* and *Satvavajaya Chikitsa* (reassurance and supportive psychotherapy) were used to treat the patient. After 15 days of treatment, there was a noticeable improvement, with the Barthel Index rising from 35 to 80 and the HAM-D score falling from 50 to 11, indicating improved psychological well-being and functional independence. This case demonstrates on how a complete Ayurvedic management plan can help with both the physical and emotional aspects of post-stroke depression (PSD).

INTRODUCTION

Stroke is characterized by an interruption of blood flow to critical regions of the brain, leading to irreversible damage and long-term effects on the nervous system. The emergence of neuropsychiatric diseases is one of the main causes of stroke-related impairment. Anger tendency, emotional incontinence, despair, anxiety, and exhaustion are examples of emotional and mood disorders that can develop after a stroke[1]. Patients' clinical outcomes are adversely affected by these emotional problems. Following a stroke, depression impairs functional recovery, lowers quality of life, results in less effective use of rehabilitation services, and raises mortality[2].

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According to longitudinal research, post-stroke depression (PSD) significantly hinders cognitive recovery and is more common in the initial weeks after a stroke. Remarkably, persistent depression develops in almost half (53%) of individuals with early-onset PSD (during the first three months following the stroke)[3].

According to Ayurveda, mental health is a state of sensorial, mental and spiritual wellbeing. Primary psychological imbalances are caused merely by *Manasdosha*, i.e., vitiated *Rajas and Tama* developing *Kama, Krodha, Moha, Shoka, Irshya, Vishada,* etc. Moreover, other psychiatric conditions are also described in the classical literature caused by mixed *Samprapti* including both *Sharirika* and *Manasik dosha*. *Manasa doshas* are *Rajas* and *Tamas*, *Sattva* is not considered as *Dosha*, because it is a factor of equipoise, transparency and knowledge. On the other side of the soma, the *Tridosha*, are when in state of unbalanced leads to ill health. An imbalance of the equilibrium of both the *Manasika* (psychic) and *Sharirika* (somatic) doshas are caused by three fundamental causes of

diseases. According to *Acharya Charak vimansthan*, these *Dosas* (*Shareera* and *Manasa*) interact between each other and cause psychosomatic diseases like, *Kama jwara, Bhayaj* and *Shokaj Atisara* etc. Acharya Charak also described in *Sutra sthan* that the person suffering from prolonged stress, anxiety depression, can aggravate the disease condition and physician unable to treat somatic disease without treating the *Manas* disturbance[4]. There are no direct descriptions in classics in the context of *Pakshaghata* regarding the emotional changes, or a condition which can be correlated to PSD. There is description of the disease *Pakshaghata* and *Avasada* under eighty *Nanatmaja Vata Vikaras*[5]. Therefore, management principle largely follows that of *Vata* disorder.

Patient Information

A 54-year-old male patient of middle socio-economic status with of occupation of teacher from Deoria, Uttar Pradesh, was brought to the outpatient department (OPD) by his son. According to patient attendant, the patient was asymptomatic before 5 months. Then he suddenly developed weakness in the right upper and lower limbs, altered sensorium, slurred speech, and difficulty in swallowing. So, the patient was rushed to emergency department. After receiving initial emergency management for two days, the patient was brought to our OPD with a Glasgow Coma Scale (GCS) score of E2V2M3. For the period of 10 days, Standard care of treatment was given, and the patient showed clinical improvement with a GCS of E4V3M6 and was discharged. At 1-month follow-up, the patient showed continued neurological recovery. However, over the past 2 months, patient complained of persistent sadness, constant weeping, feelings of guilt related to his illness, and particularly his inability to resume to work. As the only bread winner of the family with two school-going children, he expressed intense worry about their future. As the effected part was on right side, the patient was unable to do his daily activities and occupation. Psychological symptoms have worsened over time, including irritability, feelings of helplessness and hopelessness, frequent crying spells, and passive suicidal ideation. Additionally, he reports somatic complaints such as reduced appetite, poor sleep, and a sensation of incomplete bowel evacuation. In view of these ongoing symptoms, the patient has been admitted to our ward for further evaluation and management.

Clinical Findings

The general physical examination revealed a pulse rate of 78/min, heart rate of 70 beats/min, blood pressure of 134/80 mmHg, respiratory rate of 18/min, and weight of 60 kg with BMI 26.4kg/m^2. Blood and urine routine investigations were within the normal limits. In systemic examinations no abnormalities were detected. In nervous system, higher mental functions like attention and concentration were slightly impaired, abstract thinking was impaired and the dimensions of speech like intensity and speed were reduced. The patient was assessed on the basis of *Dashavidha pareeksha* (tenfold examination), which revealed her *Sharirika prakriti* (physical constitution) as *Vata-kaphaj* and *Manasika prakriti* (mental constitution) as *Tamasa.* In *Vikriti* (pathology), *Doshas* involved was *Kapha pradhan tridoshaj* and *Srotas* (channel involved) were *Rasavaha, Manovaha*. Saara is *Madhyama* with *Meda Saara*, and *Samhanana* is also *Madhyama*. *Vyayama Shakti* (physical power) of patient was Avar. Patient was of *Madhyama Vaya* (age).

The patient was also assessed on the basis of *Ashtasthana Preeksha*. On examination, the *Nadi* was 76/min and *Kapha pradhan*. *Mala* was *Saama*, while *Mutra* showed *Samyak pravritti*. The *Jihva* appeared coated. *Shabda* was *Aspasht* and *Sparsh* was *Anushnsheeta. Drik* was *Samanya* and overall, *Akriti* was *Madhyama*. Further Mental Status Examination (MSE), and *Ashtavibhrama Pareeksha* are tabulated.

Diagnosis and assessment

Table 1: Mental Status Examination

General appearance and behaviour	▪ Average built and normal posture ▪ He was properly groomed and dressed ▪ Hygiene was adequate ▪ Eye to eye contact not established ▪ Rapport not maintained ▪ Psychomotor activity – Decreased
Speech	▪ Rate- Normal ▪ Volume- Decreased ▪ Flow - Disturbed ▪ Tone - Decreased ▪ Rhythm- Normal

Cognition	▪ Conscious and oriented to person place and time. ▪ Attention and concentration- Mildly impaired ▪ Memory- Intact ▪ Intelligence- Intact
Thought	Stream of thought- Thought block Content of thought- Hopeless, helpless, suicidal ideas.
Mood and affect	▪ Mood: Sad ▪ Affect: Dysthymic
Perception	No any hallucination present
Insight	Present
Judgement	Good

Table 2: *Ashtamanovibhrama Preeksha*

Mana (mind) – Impaired	*Bhakti* (desire)- Impaired
Buddhi (wisdom/intelligence) –Impaired	*Sheela* (habits and temperament) – Impaired
Sangyagyana (orientation and responsiveness)- Not impaired	*Cheshta* (psychomotor activities) – *Manda cheshta*
Smriti (memory) – Remote memory impaired	*Aachar* (conduct)- Not impaired

Table 3: Therapeutic Intervention

Procedure	**Duration**
Sarvang abhyanga with *Mahanarayan taila*	1 to 15 days
Nadi Sweda	1 to 7 days
Matra Basti *Kalyanaka Ghrita* (30ml) + *Ksheerbala taila* (30ml)	8 to 15 days
Shirodhara with *Medhya Kashaya*	1 to 7 days
Satvavajaya Chikitsa • *Ashwasana chikitsa* – Reassurance • *Dhee Dhairya Atmadi Chikitsa* – Motivational enhancement therapy • Supportive psychotherapy	1 to 15 days
Shamana Aushadhi *Kalyanaka Ghrita* – 10 ml - BD *Manasmitra vatkam* – 500mg- BD *Unmadagaja kesari Rasa* – 125mg BD *Brihat vata chintamani Rasa* – 125mg BD Tab. Nicardia (20R) – 1 BD	

Table 4: Barthel Index Activity

Activity	**Before**	**After**
Feeding	5	10
Bathing	0	5
Grooming	0	5
Dressing	5	10
Bowels	5	5
Bladder	10	10
Toilet Use	0	10
Transfers (Bed to chair and back)	5	10

Mobility (Level surfaces)	5	15
Stairs	0	5
Total score	35	80

Table 5: Hamilton Depression Rating Scale

S.N.	HAM-D Item	Before Treatment	After Treatment
1	Depressed mood	4	0
2	Feelings of guilt	3	1
3	Suicide	3	1
4	Insomnia – Early	2	0
5	Insomnia – Middle	2	0
6	Insomnia – Late	2	0
7	Work and activities	4	1
8	Psychomotor retardation	4	1
9	Agitation	4	2
10	Anxiety – Psychological	4	1
11	Anxiety – Somatic	4	1
12	Somatic symptoms – GI	2	1
13	Somatic symptoms – General	2	0
14	Genital symptoms	2	1
15	Hypochondriasis	4	1
16	Loss of weight	2	0
17	Insight	2	0
	Total Score	50	11

DISCUSSION

A complex picture is emerging in which the sequence of causality seems to spiral on itself as the medical science is learning more about the interaction between depression and cerebrovascular disease (CVD)[1]. Progressive brain damage, impaired cognition, depression, dementia, and cardiac disorders, all seem to be responsible to lead to one or another. Depression is an important poststroke complication, which influence on persons quality of life, because it is associated with general disability and mortality[2]. In Ayurveda the word stroke can be interrelated with *Pakshaghata*. The person who had a *Pakshaghata* may have to come to terms with the loss of many of their hopes and plans for the future, as well as having to adapt to a changed role in the family, and possibly the loss of a career. As many of us value ourselves through everyday activities like bathing etc., the impact of a *Pakshagata* can result in loss of confidence and lowered feelings of self-worth.

Physiological and pathological aspect of *Vata*, *Pakshaghata* and *Avasada* both have been listed under eighty *Nanatmaj Vata Vikaras*. All Acharyas have emphasized in their *Samhitas* that *Vata* is the predominant *Dosha* in the manifestation of this disease. The natural attributes of *Vata* are motion, sensation and power of imparting that motion and sensation to other bodies along with initiation and enthusiasm. As described in *Charaka Samhita Mana* is under control of *Vata*, if *Vata* is vitiated than both body and mind also get disturb. So, from the text it is clear to be involvement of *Vata* in *Pakshaghata* and *Avsada. Mastishka* is described as *Shirastha majja* (Ch. Si. 9/79 *Chakarapani)*. Charaka mentions that *Shiromarma-bhighata* leads to *Cheshtanasha, Sangyanasha*, etc. (Ch. Si.9/6). While describing the treatment of *Pakshaghata,* Acharya Sushruta has specified the use of *Mastishkyashiro basti* (Su. Chi. 5/19). *Manobhighaata, Hina* and *Madhyama Sattva* vitiates *Sharira* as well as *Maanasa Dosha* (*Rajas Tamas* vitiation) resulting in the *Bhaya, Shoka-(Vaayu) Krodha- (Pitta) Shiras Harsha-(Kapha)* which are the hall mark presentation sequel to post-stroke depression[6].

Dukkhatvam (sadness or depression), *Atmanoasaktata* (loss of self-confidence), *Nidra vaishamya* (disturbed sleep), *Dainya* (miserability and helplessness), *Daurbalya* (weakness*), Nairashya* (hopelessness), *Smritihrassa* (memory loss), *Apraharsha* (anhedonia or lack of pleasure), *Shoka* (excessive grief), (lack of energy), *Kampa* (tremors), etc. Ayurvedic theories state that *Vata Dosha* is the

primary cause of many bodily ailments, including and *Awasada*. Since *Vata* is the key *Dosha* that controls neuropsychological processes, alterations are more noticeable in the nervous system and manifest as neurological and psychological ailments and dysfunctions. All this atypical presentation reflects *Khavaigunyata* of *Vata Dosha*. The most important sign of depression in the form of psychomotor retardation and sadness of mood is usually observed in post-stroke depression. In above description it is clear that *Avasada* is caused by *Dushti* of *Vata* and disturbance of mind[7].

Acharya Charak claims that *Vayu* is mostly found in *Sparshanendriya* and is situated in *Twak*. Thus, *Abhyanga* stimulates the peripheral nerve system through the activation of *Sparshanendiya*, which in turn stimulates the muscular system and vessels[8]. The *Vayu*, whose *Ruksha* and *Shita Gunas* cause rigidity and contracture, is pacified by *Swedana* through its *Ushna Guna*. Additionally, *Swedana* can raise *Dhatvagni*, which breaks down *Aama Dosha.*[9] *Shashtika shali pinda Sweda* aids in improving movements and nourishing muscles. It is a kind of *Brimhana Sweda* (nourishment) with the properties of *Balya* (strength promoter) and *Vatahara* (*Vata* alleviating) [10].

Rasa Panchaka can be used as a basis for evaluating *Kalyanaka Ghrita*. The majority of drugs contain *Laghu* and *Ruksha Guna, Katu Vipaka, Ushna Virya, Kashaya, Katu*, and *Tikta Rasa*, all of which affect the body's *Sadhaka Pitta*. Because *Ushna Virya is Kapha-Vata Dosha Shamaka*, its psychological counterparts, *Tamas* and *Rajas Gunas*, may be subdued; therefore, *Satva Guna's* dominance may impact *Medha* (intelligence)[11]. Moreover, the most important cause of *Vishada* is described as *Heena Satva*. This depletion can be compensated by *Ghrita*. *Vata Dosha* is the controller of the mind and *Medha* (intelligence) is the property of *Pitta Dosha*. So, normalcy of *Pitta* and *Vata* are major concerns in the treatment of psychiatric illnesses like *Unmada* (psychosis), *Vishada* etc. which can be counteracted by the *Vatapittahara* property of *Goghrita*[12].

Shirodhara modulates nerve impulses and promotes relaxation by applying continuous pressure and vibration to the forehead through CSF. When medicated liquid is continuously poured, autonomic nerve endings are stimulated, which releases acetylcholine, lowers blood pressure, and calms the central nervous system. Additionally, it increases brain wave activity, lowers cortisol and adrenaline, and has a calming, anti-stress effect.[13]

The study conducted on *Unmad Gaj kesari Rasa* suggested that the formulation has a significant antidepressant activity as compared to fluoxetine hydrochloride[14]. The ingredients of *Manasa Mitra Vatakam* and *Brihat Vata Vajradi Vati* was studied to possess antioxidant, tonic, neuroprotective and neurostimulator effect[15,16].

Satvavajaya chikitsa implies restraining the mind from desires for unwholesome objects by increasing the *Sattva guna* (good quality of the mind). It also implies achievement of balance between *Sattva, Rajas* and *Tamas* that are the controlling factors of mind. In comparison with modern sciences, *Satvavajaya chikitsa* is equivalent to cognitive behaviour therapy[17]. In the present study, initially the *Ashwana chikitsa* was essential to generate awareness and acceptance of the physical loss of function. The Dhee *Dhairyadi chikitsa* encouraged the patient to learn the skills and overcome deficit. Ultimately, the regular supportive psychotherapy helped enhance the existing psycho-motor functions.

CONCLUSION

Post-stroke depression is a debilitating illness that can slow recovery, hinder independence, and lower quality of life. This case illustrates that an integrative Ayurvedic method can effectively tackle both the brain-related and emotional sides of the problem. By viewing PSD as a result of *Pakshaghata* linked to *Avasada*, the treatment aimed at pacifying *Vata* and restoring mental balance through *Samshodhana chikitsa*, internal medications, and *Satvavajaya Chikitsa*. The demonstrable decrease in depressive symptoms and clear improvement in daily functioning highlight Ayurveda's potential in treating complex mind-body conditions. Therapies like *Abhyanga, Basti*, and *Shirodhara* not only addressed physical issues but also promoted mental calmness and emotional balance. This case emphasizes the need for a holistic, patient-focused approach in stroke recovery. More clinical studies with larger groups are essential to confirm these results and develop standardized treatment plans for post-stroke depression.

Patient perspective

At the end of treatment, the patient is able to walk with support, speech, sleep and appetite has been improved. The patient is satisfied with the intervention for the reason that he is able to restart and sustain the regular mood and develop back his social and personal vigor and live a peaceful social life apart from doing the daily routine activities and ultimately resumed his work.

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