



Case Study

## A CASE REPORT ON RECURRENT ISCHEMIC STROKE INDUCED BLINDNESS W.S.R. TO LINGANASHA

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### ABSTRACT

Strokes have a high chance of developing vision related problems. Mostly it leads to cortical blindness due to blocked blood flow to the occipital lobe, leading to vision loss without any inherent eye problem or ischemic optic neuropathy from lack of blood to the optic nerve. As per *Sushruta Acharya*, this can be co-related with *Chaturtha Patalagata Dosha*. In which *Dosha* obstructs the normal visual pathway and causes *Linganasha*. *Linga* means the power of eye i.e., Visualization function. It gets hampered in *Linganasha*. **Clinical Case:** A 62-year-old male has suffered from the recurrent ischemic stroke with bilateral PCA territory infarct f/b which he has developed significant vision loss and Cortical blindness along with the Hypertension. He has the history of uncontrolled type 2 DM since 7 years. **Result:** He took allopathy treatment for a year for the same but no improvement in vision happened. After 5 months of the Ayurvedic treatment he can able to recognize faces from the 4m distance also he can perform all his routine activity by his own. The patient was treated by *Nasya, Tarpana, Shiropichu, Tikta Ksheer Basti* was given with the oral medications. **Conclusion:** Ayurved treatment may become very effective in the new cases of stroke induced blindness.

### INTRODUCTION

Blindness is the partial or total loss of vision, ranging from severe to low vision to complete sightlessness caused by diseases (cataract, glaucoma, diabetes, stroke), injuries, infection or genetics. Many cases being preventable or treatable through early eye care, surgery, *Panchakarma, Kriyakalpa* and through medications.

To prevent the recurrent attacks of stroke it is necessary to control hypertension, diabetes mellitus, smoking habits, hyperlipidemia. Also, lifestyle management such as reduce weight, increase physical activity, avoid other *Vatavyadhi Nidana*.

This can be correlated with *Linganasha* i.e. *Chaturthapatalagata Dosha Dushti*. In this *Avastha* when *Dosha* invades the 4<sup>th</sup> *Patala* patient unable to visualize objects and causes loss of vision from all


sides, but can able to see the celestial objects like the Sun, Moon, Lightening etc. It indicates that perception of the light is still present which is the important retinal function. This is also known as *Nilika* or *Kacha* by *Acharya Sushruta*.<sup>[1]</sup> Word *Linganashaa* suggests there may occur complete loss of vision i.e., *Chakshu Indriyanasha* which is seen in initial condition of the patient after stroke attack and perception of light shortly achieved by the patient in initial days of treatment.

### MATERIALS AND METHODS

The patient was selected from OPD of G. J. Patel Institute of Ayurved and Research Hospital, New Vidyanagar.

#### Case report

A 62-year-old male patient with the complaint of unable to visualize things since 2 months, came to Shalakyatantra department OPD at GJPIASR, New Vidyanagar, having OPD No 11544. The patient was treated in for 5 months and got complete relief. Patient has given their informed consent for the case report to be published.

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**Chief complaints**

Bilateral DOV (Diminution of Vision)– distant and near, sudden after stroke since 1 year

**Associated complaints**

Mild headache sometimes

**History of present illness**

Patient was asymptomatic before 1 year. On 25/1/2025 he woke up in the morning and was normal at that time. After some time, he developed sudden loss of vision in both eyes, imbalance in walking, also history of falling down while trying but caught by wife. Again, for a few seconds he thought he could see and started walking normally. 2 hours after to it again he started developing double vision f/b loss of vision, slurred speech, imbalance and headache. For that complaint he was taken to nearby hospital and diagnosed as parieto-occipital lobe gliosis and hypertension. For the same he was treated with LMWH, anti-platelet, statin drugs. Also consulted to ophthalmologist. Currently patient's speech is improved only mild slurring, patient can walk by himself, but there was no any improvement in vision. So, he came to our hospital for better treatment.

**Past medical history**

H/O/DM since 7 years, on medication.

H/O/HTN diagnosed when had CVA before 1 year.

H/O/ stroke attack, before 1 year- Diagnosed as Left UMN palsy, large vessel disease.

H/O/ Depression after stroke

H/O/Vision loss after CVA (25 Jan, 2025)- Cannot recognize faces – as per patient

**Family history**

Dyslipidemia – Father

PVD – Son, brother

**Personal History**

• *Ahar*: Vegetarian

• *Vihar*: *Pravata sevana, Shitasthana*

• *Nadi*: 78/min

• *Malpravritti*: 1 time/day, *Savibandha*

• *Mutrapravritti*: 5-6 times/day

• *Nindra*: 6 hours/day, sound

• *Vyasana*: Tobacco chewing before 1 year, for 30 years, 1 packet/day

**Ashtavidha pariksha**

• *Nadi*: *Pitta-Kapha*

• *Mala*: *Sama*

• *Mutra*: *Pittabbha Shweta*

• *Jihva*: *Sama*

• *Shabda*: slightly slurred

• *Sparsha*: *Sheeta*

• *Druka*: *Prakruta*

• *Akruti*: *Vikruta*

**General examination**

• *Agni*: *Mandagni*

• *Bala*: *Alpa*

• Blood pressure: 130/80 mm/Hg

• Pulse rate: 78/min

• Respiratory rate: 23/min

• Chest – B/L clinically clear

• CVS– S1+S2 heard

**Systemic examination**

Conscious, oriented

**Investigations**

**HBA1c** – (1/8/2025) – 7.3

**MRI** – Non-acute non-hemorrhagic infarct, involving bilateral parieto-occipital lobe, bilateral cerebellar hemisphere

**Echo** – LVEF 60%

Mild PAH

**Urine Routine** – Sugar – Present ++

**Urine Micro** –h.p.f – 2-3, Mucus – Present

**Table 1: Specific examination (01/08/2025)**

Ocular Examination:		
PL +	<b>Distant vision</b>	PL doubtful
Faulty	<b>PR</b>	No any
Absent	<b>Near vision</b>	Absent
central, reactive, no RAPD	<b>Pupil</b>	Central, reactive, no RAPD
Normal	<b>Ant chamber</b>	Normal
15 mmHg	<b>IOP</b>	17 mmHg
Not possible	<b>Colour vision</b>	Not possible

Not possible	<b>Contrast vision</b>	Not possible
Immature senile cataract	<b>Ant. Seg.</b>	Immature senile cataract

**Table 2: Fundoscopy findings**

<b>01/08/2025</b>		
<b>No disc edema or atrophy</b>		
Slight hazy, temporal cataract, temporal margin clear, NS1 Early cortical cataract	<b>Media</b>	Slight hazy, temporal margin clear, NS1 Early cortical cataract
0.2	<b>CDR</b>	0.2
Normal	<b>OD</b>	Normal
NFR	<b>Macula</b>	Dull
Not seen	<b>FR</b>	Not seen
Enlarged microaneurysms	<b>BV</b>	Enlarged microaneurysms
Tessellated, cotton wool appearance	<b>GF</b>	Tessellated

**Note:** Despite patient came for the treatment in a very late situation, Fundoscopy findings and Pupillary reaction suggests few chances of improvement in the condition.

**Samprapti**

Vitiated *Apana Vata* travels upwards and established at *Netrapradesh*. Disturbs the local *Teja mahabhuta* of *Netra*. *Chakshu indriyaupaghata* by these which hamper vision of both eyes

**Chikitsa Siddhanta (Treatment Principle)**

Considering the *Vata-pradhanaVatavyadhi* with involvement of *Asthi-Majja Dhatu*, the line of treatment adopted was *Vatashamana, Brumhana, Rasayana, and Chakshushya* chikitsa, along with management of *Madhumeha*.

**Table 3: Internal medicine had been given as below**

No.	Medicine / procedure	Dose/Time	Anupana	Duration
1	<i>Chitrakadivati</i>	1 BD	w.w	1 month
2	<i>Vijaysaradikashaya</i>	10ml with 20ml of water - BD, BF	w.w	4 months
3	<i>Vasant kusumakar rasa</i>	1 BD	w.w	4 months
4	<i>Saptamruta Loha</i>	2 BD	<i>Ghruta &amp; Madhu</i>	4 months
5	<i>Rasayana Vati</i>	2 BD	w.w	4 months
6	Cap. Palsineuron	1 BD	w.w	2 months
7	Netrasudha eyedrops	1 drop, twice a day		3 months
<b>Therapy</b>				
1	<i>Marsha Nasya</i> with <i>Anu taila</i>	8 - 10 - 12 drops		5 sittings of 7 days
2	<i>Tiktaksheerbasti</i>	150ml	-	1 sitting
3	<i>Matra basti</i> with <i>Balaashwagandhataila</i>	60ml	-	1 sitting
4	<i>Shiropichu</i> with <i>Tilataila</i>	Quantity required	-	4 sitting
5	<i>Tarpana</i> with <i>Triphalaghrita</i>	Quantity required	-	4 sitting

**Pathya-Apathya**

Patient was advised to take *Shrutashitajala* for whole day. Advise to use *Go-ghruta, Go-ksheera* and *Tiktashaka* regularly.

**OBSERVATION AND RESULT****Table 4: Assessment of signs**

Complains	Before treatment		After 2 months		After 4 months of treatment	
	Right	Left	Right	Left	Right	Left
Loss of vision (Left >Right)						
DVN	PL +	PL	FC	HM	5/60	FC faulty
PH	-	-	-	-	-	-
NVN	-	-	N60	N60(P)	N/36(P)	N/36(P)

Patient can identify face, objects, colour – from 3m clearly

**Table 5: Assessment of symptoms**

Complains	Before treatment	After 2 months	After 4 months of treatment
Not able to see light	-	Able	Able
Not able to recognize face	As it is	As it is	Able to recognize
Headache	Recurrent mild headache	Cured	Cured

**DISCUSSION****Panchakarma and Local Therapies**

- *Tikta Ksheera Basti* was administered for 7 days, as it is specifically indicated in *Asthi-Majjavaha Srotas Vyadhi*. *Tikta rasa* possesses *Amapachana* and *Dhatvagnivardhaka* properties, while *Ksheera* and *Sneha* provide *Vatashamana* and *Brumhana* effects. The formulation containing *Chirayata*, *Patola*, and *Guduchi* helped pacify aggravated *Vata* and nourished *Asthi-Majja Dhatu*.<sup>[2]</sup>
- *Sthanik Abhyanga* and *Swedana* were given to enhance circulation and relieve *Vata*-induced stiffness.
- *Matra Basti* with *Ksheerbala Taila* was administered for its *Balya*, *Brumhana*, *Vatanulomana*, and *Vata-Rakta shamaka* effects.
- *Nasya* with *Anu Taila* was performed to manage *Urdhvajatrugata Roga*, particularly *Vata-Pitta* dominant disorders affecting the head and sense organs.<sup>[3]</sup>
- *Tarpana* with *Triphala Ghrita* provided *Chakshushya*, *Brumhana*, and *Vata-shamana* effects, aiding in rejuvenation and protection of ocular tissues, especially the retina. It also contributed to vasoprotection and healing of degenerative retinal changes.
- *Shiropichu* with *Tila Taila* helped in *Vata shamana*, nourishment of *Shirogata Majja*, and regeneration of damaged nervous tissue.<sup>[4]</sup>
- *Netrasudha* eye drops were used to relieve itching, irritation, and ocular fatigue.

**Internal Medications**

- *Chitrakadi Vati* (2 BD) was prescribed for *Agni Deepana* and *Ama Pachana*.<sup>[5]</sup>

- *Vijaysaradi Kashaya* helped in reducing elevated blood glucose levels due to its *Tikta-Kashaya Rasa* and *Katu Vipaka*.
- *Vasant Kusumakar Rasa* was administered for its *Balya*, *Rasayana*, *Pramehaghna*, and *Ayushyakar* properties.
- *Saptamruta Loha* was given for its efficacy in *Timira*, *Kacha*, *Netrapatalagata Roga*, and other *Urdhvajatrugata* disorders, owing to its *Chakshushya* effect.<sup>[6]</sup>
- *Rasayana Vati* supported rejuvenation and recovery of damaged tissues.
- *Palsinuron Capsule* was used to manage degenerative neuromuscular conditions. It supports CNS and PNS function, enhances neuromuscular transmission, improves tissue oxidation, regulates blood supply, and promotes regeneration of damaged nerves and blood vessels.<sup>[7]</sup>

Explanation of *Samprapti-ghatak* and *samprapti* as below:

We made an effort to break the pathogenesis of the disease and the patient got complete relief with eradication of the disease.

**Samprapti-Ghataka**

- *Dosha: Vata (Pradhana)*, associated *Pitta*
- *Dushya: Rasa, Rakta, Asthi, Majja*
- *Srotas: Asthivaha, Majjavaha, Raktavaha*
- *Srotodushti: Sanga and Kshaya*
- *Agni: Dhatvagni Mandya*
- *Udbhava Sthana: Pakvashaya*
- *Adhisthana: Netra (Chakshurendriya)*
- *Vyakti Sthana: Retina*
- *Roga Marga: Madhyama*
- *Swabhava: Chirakari (chronic, degenerative)*

**Nidana**

- Ruksha, Shita, Abhishyandi, ApakvaAhara
- Pravata sevana
- Manasa Santapa
- Vibandha

**Poorvarupa**

Avyakta

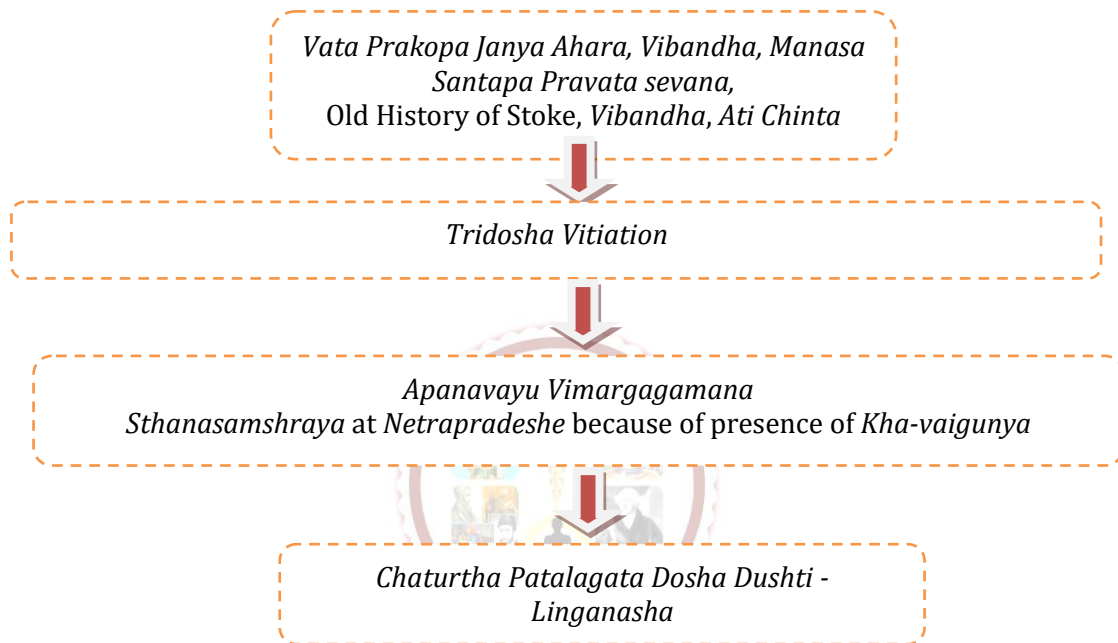
**Rupa**

Drashti hani

**Samprapti**

The patient had a long-standing habit of consuming dry food items, salads, cold food, and cold water, along with continuous exposure to a cold

environment. These dietary and lifestyle factors led to *Vata Dosha prakopa*. The aggravated *Vata Dosha* vitiated the *Chakshurendriya*, resulting in ocular pathology. In addition, the patient had a long history of *Madhumeha* (diabetes mellitus), which further contributed to *Dhatu kshaya* and *Dhatvagnimandya*, thereby accelerating degenerative changes, particularly in the ocular tissues. Thus, the disease manifested due to *Vata-pradhanatridoshaja* involvement, with predominance of *Vata*, affecting *Asthi-Majja Dhatu* and *Chakshurendriya*, leading to degenerative retinal pathology.



**Chart 1: Explaining Samprapti of the disease formation**

**RESULT**

Patient has significant improvement in the blindness. Patient was unable to perceive the light before which was improved up to the identification of the things 3m around him.

**DISCUSSION**

Patient was tired of so many treatments received before but there was no any improvement noted in the vision. But he has strong will power to get cured. He has followed all the line of treatment properly. His wish is that he can do his own work by himself. After receiving the 5 months of rigorous treatment he can see things close to him, can identify faces from 4m distance. Now he has not fear of falling down while walking, he can walk alone in the home without the guidance of another person. But still patient unable to see faces as clearly as before the CVA also he can't see objects as far as 6m distance. This case is difficult to get treated completely due to chronicity of the stroke condition as he came to us after 1 year of the occurrence of condition. Increased

age of the patient, diabetic changes on the retina which even worsening the current condition. Because of the *Lakshana* it can be correlated with *Chaturtha patalagata Dosha Dushti* i.e. *Linganasha*. But exact correlation of this condition was not possible so it was treated for *Vata-Pittashamaka*, *Vatashamaka chikitsa*, *Chakshushya chikitsa* turned to be beneficial here.

**Scope of the Research**

If such cases come in the early stage of diseased condition there may chances of good prognosis and fast recovery of the condition.

**CONCLUSION**

In ischemic stroke there may be structural changes occur in the cortical brain- occipital lobe, thinning of the retinal nerve fiber layer, Microvasculature alteration. These changes making it difficult to regain the original condition as neurons are getting damaged because of the ischemic condition. *Vatashamaka Chikitsa* and all other given treatment

help in restoring degenerative changes occurred after ischemic stroke induced blindness at retinal and brain level. So, in such conditions where neurons and brain cells are involved if patient comes in the early stage, it can be revived before all the neurons of the segment goes into the changes of irreversible damage. There may be chances of recovery at the level of axons, dendrites, forming new connections with other neurons for their survival if patient gets the on-time treatment and the major visual field damage can be prevented.

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