CEREBRO-VASCULAR ACCIDENTS

by
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(CVA, Cerebral Infarction, Cerebral Hemorrhage, Ischemic Stroke, Hemorrhagic Stroke)

Cerebro-vascular accident or a stroke happens when blood flow to a part of the brain stops. A stroke is sometimes called a "brain attack."

The human brain is still largely a mystery to modern science. With more than 10 million nerve cells, it is the home of all that we know and feel, it is the generator of every physical action and response. Yet, unlike other cells in the body, brain cells once damaged are not good at repairing themselves. And they can be damaged quite easily – by infection, injury, or oxygen starvation. Should any part of the brain go without oxygenated blood for more than a few minutes the affected cells will pack up permanently and the body suffers a Brain Stroke.

There are two major types of stroke: Ischemic stroke and Hemorrhagic stroke.

ISCHEMIC STROKE:

Ischemic stroke occurs when a blood vessel that supplies blood to the brain is blocked by a blood clot.

This may happen in two ways.

A clot may form in an artery that is already very narrow. This is called a thrombotic stroke

A clot may break off from another place in the blood vessels of the brain, or from some other part of the body, and travel up to the brain. This is called cerebral embolism, or an embolic stroke.

HEMORRHAGIC STROKE

A hemorrhagic stroke occurs when a blood vessel in part of the brain becomes weak and bursts open, causing blood to leak into the brain. Some people have defects in the blood vessels of the brain that make this more likely to suffer a hemorrhagic stroke.

CAUSES

Ischemic strokes are caused by clogged arteries. The arteries become blocked over the years and this produces slow blood flow to the brain. Fat, cholesterol, and other substances collect on the artery walls, forming a sticky substance called plaque obstructing the blood flow.

Cerebral haemorrhages usually occur as a result of weak arteries or aneurisms in the brain that rupture. High blood pressure is the cause of weak arteries in most cases.

SIGNS AND SYMPTOMS

Luckily, our brain cells have so many connections between them that healthy cells can often take over the function of damaged cells, so that we hardly know that anything has gone wrong. Half of stroke survivors return to full health, but much depends on how much damage has been done to the brain, as well as on the aftercare provided.

The signs of a stroke vary a great deal, depending on which part of the brain has been damaged, but symptoms range from a sudden loss of speech or movement to dizziness, blurred vision, confusion, and unconsciousness.

One may have Abrupt loss of Vision, Energy, Coordination, Sensation, Slurred or garbled speech, Weaknesses or Paralysis down one side of the body, Loss of Balance or coordination, Sudden and Severe Headache, Confusion, trouble understanding, Trouble walking, dizziness.

Symptoms vary depending on whether the stroke is caused by a clot or bleeding. The location of the blood clot or bleeding and the extent of brain damage can also affect symptoms.

A few strokes last only a few hours: this is called a Transient Ischemic Attack (T.I.A.). If the symptoms don't disappear, this is a full-scale stroke.

EARLY DETECTION

It is imperative that you recognize stroke symptoms quickly in order to get the victim the help they need as soon as possible. Brain cells begin to die as soon as a stroke occurs. The faster a doctor attends the patient, the more likely the stroke sufferer will survive and recover.

FAST is an easy acronym to remember and will help you identify symptoms quickly.

F -(Face). Ask the person to smile for you. If one side of the face droops.
A -(Arms). If the person cannot raise both arms, or one arm flops downward, there may have been a stroke.
S -(Speech). If the person cannot repeat a simple phrase, or their voice slurs or sounds strange.
T -(Time). If you see any of the signs listed above, it is an emergency

INVESTIGATIONS

Apart from the clinical symptoms as discussed above, medical history of the patient certain Laboratory Investigations are also required such as Pathological Blood Test, Biochemistry, CT Scan, MRI Scan, EMG, etc. to confirm the diagnosis of Brain Stroke for the patient

As one side of the brain controls the opposite side of the body, a stroke affecting one side will result in neurological complications on the side of the body if affects.

RISK FACTORS

PERSONS LIFE STYLE: Smoking, Alcoholism, sedentary life style and lack of exercise.

PREVIOUS DISEASES: Diabetes, Hypertension, Obesity, Head Injury, Prior stroke,
TIA or heart attack

AGE: The chances of having a stroke approximately double for each decade of life after the age 55. Stroke is common among the elderly

HEREDITY: Risk is greater if a parent, grandparent, sister or brother has had a stroke.

RACE: African Americans have a much higher risk of death from a stroke because blacks have higher risks of high blood pressure, diabetes and obesity.

SEX: Brain Stroke is more common in men than in women.

DIET:

To prevent strokes, diet should be rich in potassium, magnesium, vitamin E, and the essential fatty acids contained in fish oils. Some studies suggest that selenium may also protect against stroke. Fresh fruit and vegetables are advisable.

A low fat, salt and cholesterol diet, regular exercise should be advised

Advise to maintain ideal weight, regular blood pressure monitoring and regular checkup of lipids.

Advise to avoid alcohol and smoking. Patients with stroke need careful handling because cases may take long time to recover. First 48 to 72 hrs are very crucial which decides the fate of the patient. Awareness regarding the factors predisposing Stroke can minimize the occurrences and if at all it occurs timely treatment can safe guard the fatal casualty.

HOMOEOPATHIC APPROACH TO THE DISEASE

Can homeopathy help stroke patient?

A question routinely asked to a homoeopath. And my answer is YES.

Homoeopathy has a very effective role in treating the cases of Stroke and Paralysis. Physiotherapy as an accessory therapy is very helpful.

Conventional medicine believes that the symptoms of cerebrovascular accident or stroke are alike or common in all people.

Homeopathy, however, makes us understand that the symptom picture in any disease is unique to the individual and must be observed very carefully.

From a homeopathic perspective the symptoms actually represent the attempt of a person's "vital force," or guiding energy, to correct the imbalance which has resulted in the state.

Observing and following the individual symptom picture will lead the homeopath to prescribe the remedy most "similar" to the CVA. The patient should then be on the way to recovery from the energetic imbalance in a shorter time than if treated by conventional methods.

MIASM

If we peep into the Miasmatic aspect of this deranged condition, the principle miasm in

HEMORRHAGIC STROKE: SYPHILIS

ISCHEMIC STROKE: SYPHILIS WITH A PREDOMINANCE OF SYCOSIS

HOW TO TAKE UP THE CASE

In cases of cerebro vascular accidents where we have to act swiftly for prompt recovery of the condition. We have to take note of the following two aphorisms where in Dr.Hahnemann has described how the physician should act.

Aphorism: 92

But if it be a disease of a rapid course, and if its serious character admit of no delay, the physician must content himself with observing the morbid condition, altered though it may be by medicines, if he cannot ascertain what symptoms were present before the employment of the medicines,—in order that he may at least form a just apprehension of the complete picture of the disease in its actual condition, that is to say, of the conjoint malady formed by the medicinal and original diseases, which from the use of inappropriate drugs is generally more serious and dangerous than was the original disease, and hence demands prompt and efficient aid; and by thus tracing out the complete picture of the disease he will be enabled to combat it

with a suitable homeopathic remedy, so that the patient shall not fall a sacrifice to the injurious drugs he has swallowed.

Aphorism: 176

There are, however, still a few diseases, which, after the most careful initial examination (§84-98), present but one or two severe, violent symptoms, while all the others are but indistinctly perceptible.

From the above two aphorisms we are made to understand that in fast progressing fatal destructive disease, take whatever is available and prescribe. Do not search for constitutional remedy. These diseases where there are one or two violent symptoms while all others are indistinctly perceptible, take only these symptoms and prescribe.

Their fore I suggest Aconite 30c as a remedy when administered immediately after a stroke is detected, makes a miraculous recovery from stroke many of the times. This drug stimulates the adrenal gland and helps the body to repair itself very swiftly.

After a stroke a constitutional remedy has to be prescribed for complete recovery and to bolster general health. Beyond that there are many homeopathic remedies mainly the snake and spider poison remedies which relate to paralysis and bleeding.

CONSTITUTIONAL APPROACH

After a careful case taking, and also considering the observations and information provided by the attendants specially those who live with the patient, we shall derive at the following for an effective analysis of the case to achieve a constitutional similimum.

BASIS FOR REPERTORISATION

From the chief complaints and associated complaints, make a note of any PQRS physical general symptom and/or physical particular symptom.

ASSCESS: Sphere of action with speed of the disease

MIASM: From the above two parameters and with the help of the mind arrive on a predominant miasm.

JOURNEY OF THE DISEASE: Any recurrent illnesses in the past or suffered from any major illness or any h/o suppressions. Trace the progress of psora -> sycosis -> syphilis.

GENERALS: Thermals, thirst, side, speed of the patient, perspiration, sleep, physical sensitivity to sun, noises, odor, light, tight clothing, touch etc .

CIRCUMSTANCIAL ANALYSIS: “Ailments from” has a importance in assessing of cerebro-vascular accident cases, like ailments form shock, anger, grief etc. But the cause should be recent and related. If the miasm has bloomed then the cause is not so important (as described in foot note of aphorism 120).

MIND AND DISPOSITION: arrive at a disposition of the pt. angry / mild / yielding / weeping / haughty / timid / sarcastic / loquacious / contemptuous / quite / contented / discontented / quarrelsome / fighter / revolter/ indifferent / apprehensive/ fearful / taciturn / affectionate / vivacious / effeminate / mannish women / hurried / morose / graceful etc.

TOTALITY: The analytical point in the case should always be in correspondence to the miasm i.e., a strong rubric suitable to the miasm with other combined mental basic rubrics covering the other miasms of the patient for tri-miasmatic picture of a constitutional similimum.

So repertorise with a strong rubric suitable to miasm, with other combined rubrics and any characteristic physical general of physical particular symptom along with generals. Differentiate the remedies according to present disposition. Basis of prescription should not be the general symptoms or traits of the miasm. Select the symptom of the constitution.

But from our experience and our art of perception and application, I suggest that for repertorisation which ever method you adopt, we have to have the set of symptoms which represents the totality of the diseased person.

We have to attach great importance to the mental symptoms while treating cases of cerebrovascular accidents.

Uncommon and peculiar symptoms denote the individuality of the patient and should be the basis of homeopathic prescription.

<u>DRUGS HAVING AFFINITY FOR CURING STROKES</u>

Aconite nap, Arnica mont, Aurum met, Baryta carb, Bothrops lanc, Cuprum met, Lachesis, Opium, Plumbum met, Strontia carb, Zincum met, Arsenicum alb, Belladona, Glonine, Gelsimium, Natrum mur, Crategus oxy, Rauwalfia ser, Arjuna terminalia.

<u>A case of sub arachnoid hemorrhage</u>

Ct scan before treatment

SKS NEURO
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ID No. : EP-220683 Bill No. :

Name : Mr. NARSING RAO G IP/OP No :

Age: 58 Years Sex: Male

Ref. by Dr. : Dr. SRINIVAS T V Report Date : 21/11/2009

SPIRAL C. T. SCAN OF BRAIN PLAIN STUDY

TECHNIC :

C.T. Scan brain done with out I.V. Contrast.
5mm axial slices in posterior fossa and area of interest.
10mm axial slices of supratentorial region obtained.

RESULT :

- Both lateral and third ventricles are mildly dilated.
- Bleed noted in third and left lateral ventricles.
- Tiny hypo densities in thalamii.
- Subtle hypo densities in centrum semi ovale and peri ventricular white matter.
- Rest of the cerebral parenchyma appear normal.
- Sella and para sellar regions appear normal.
- Sulci and sub arachnoid spaces appear normal.
- Rere of the centricular system is normal.
- No evidence of mid line shift.
- Brain stem and cerebellum are normal.
- Skull vault is normal.

IMPRESSION

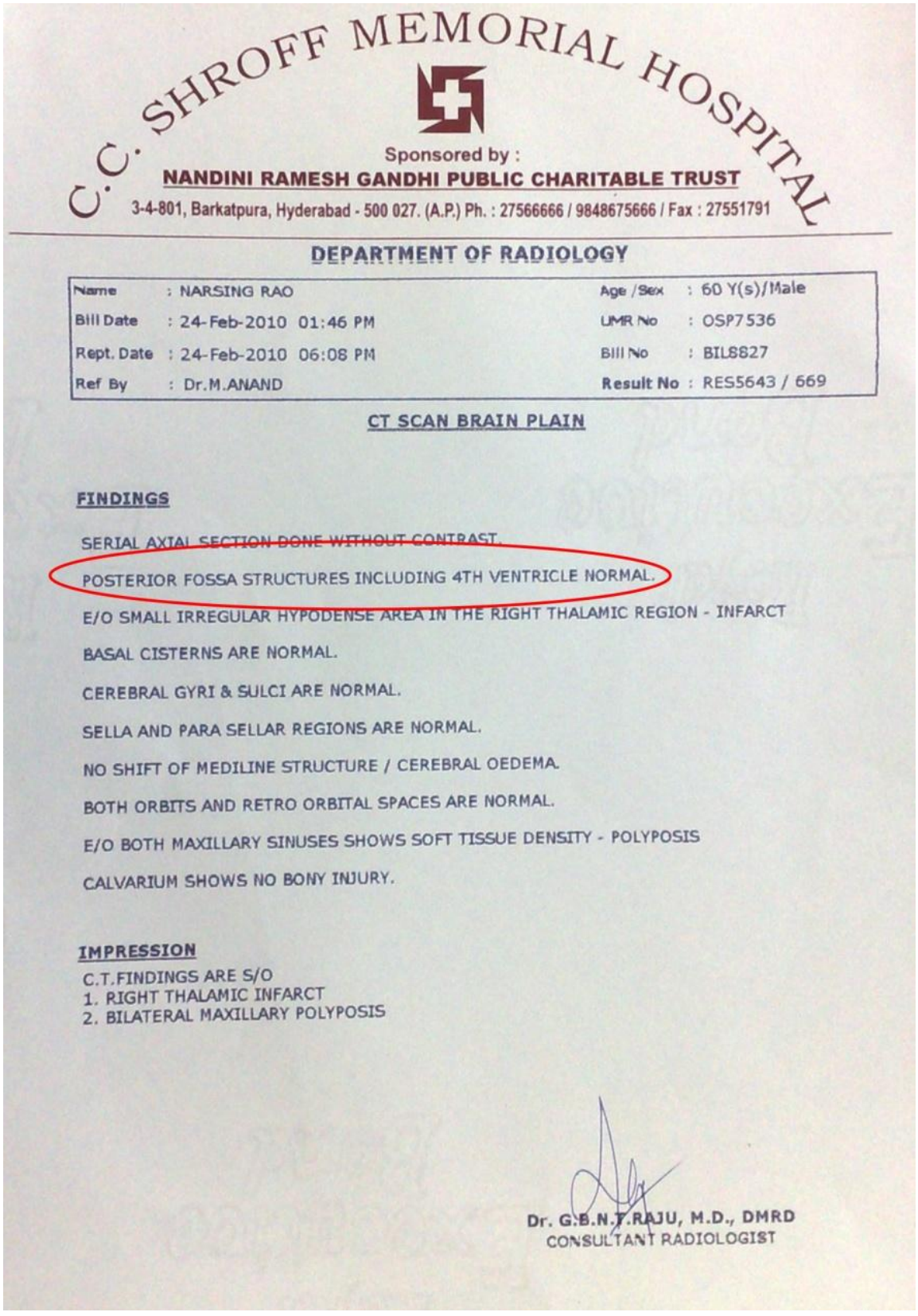
Minimal bleed / sub arachnodi haemorrhage in third and left lateral ventricles.
- Tiny infarcts in thalamii.
- Subtle changes of ischaemia in centrum semi ovale and peri ventricular white matter.

For clinical correlation.

DR.M.KRISHNA M.D.

RADIOLOGIST

CT scan after treatment



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DEPARTMENT OF RADIOLOGY

Name	: NARSING RAO	Age /Sex	: 60 Y(s)/Male
Bill Date	: 24-Feb-2010 01:46 PM	UMR No	: OSP7536
Rept. Date	: 24-Feb-2010 06:08 PM	Bill No	: BIL8827
Ref By	: Dr.M.ANAND	Result No	: RES5643 / 669

CT SCAN BRAIN PLAIN

FINDINGS

SERIAL AXIAL SECTION DONE WITHOUT CONTRAST.

POSTERIOR FOSSA STRUCTURES INCLUDING 4TH VENTRICLE NORMAL.

E/O SMALL IRREGULAR HYPODENSE AREA IN THE RIGHT THALAMIC REGION - INFARCT

BASAL CISTERNS ARE NORMAL.

CEREBRAL GYRI & SULCI ARE NORMAL.

SELLA AND PARA SELLAR REGIONS ARE NORMAL.

NO SHIFT OF MEDILINE STRUCTURE / CEREBRAL OEDEMA.

BOTH ORBITS AND RETRO ORBITAL SPACES ARE NORMAL.

E/O BOTH MAXILLARY SINUSES SHOWS SOFT TISSUE DENSITY - POLYPOSIS

CALVARIUM SHOWS NO BONY INJURY.

IMPRESSION

C.T.FINDINGS ARE S/O
1. RIGHT THALAMIC INFARCT
2. BILATERAL MAXILLARY POLYPOSIS

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Their fore, like all other mathematical problems, we must start with the right premises and follow certain axioms, in order to arrive at the correct solution. Thus if the logic of our symptom analysis is correct, if the technique of selection be without a flaw, the choice of the remedy must be mathematically certain.