

# Siddha Management of Post-Hemorrhagic Stroke Hemiplegia — A Single Case Report

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**Abstract-** A 49-year-old female patient presented with post-operative right-sided hemiplegia following a hemorrhagic stroke and frontotemporoparietal decompressive craniotomy. Clinical examination revealed weakness in the right upper and lower limbs, aphasia, and progressive right shoulder pain. Siddha internal medicine and external therapies, including Podi Thimirthal and insomnia management, were administered. Notable symptomatic improvement was observed with the intervention. This case highlights the potential efficacy of Siddha medicine in neuro-rehabilitation.

**Keywords-** Siddha Medicine, Hemiplegia, CVA, Kapha Vatha Noi, External Therapy, Podi Thimirthal

## INTRODUCTION

Cerebrovascular accident (CVA), commonly known as stroke, is a significant contributor to disability worldwide. In Siddha medicine, this condition correlates with Vatha diseases, particularly those involving Kapha derangement. The sudden disruption in blood circulation leads to paralysis, aphasia, and other neurological deficits. Siddha's holistic approach addresses the underlying humoral imbalance through internal and external treatments. This case report highlights Siddha medicine's supportive role in a post-operative hemiplegia patient.

### Case Presentation

49-year-old female housewife with right-sided hemiplegia following hemorrhagic stroke and craniotomy.

### Envagai Thervu & Neikuri

Parameter	Finding
Naadi	Kapha Vatham
Sparisam	Warmth
Naa	Glossitis

Niram	Normal
Mozhi	Aphasia
Vizhi	Normal
Malam	Normal
Moothiram	Normal
Neikuri	Kapha Vatham
Manikkadai Nool	11 virarkal

### Diagnosis

Kapha Vatha Noi (Post-CVA Hemiplegia)

### Treatment Details

Internal Medicines: Anda Thailam + Chandamarutha Chendooram on tongue, Thiriphala Choornam 1g, Muthu Parpam 50mg, Sirungi Parpam 150mg (after food with ghee), Nandhi Mezhugu 0.5g (after food with jaggery). Chandamarutha Chendooram for 15 days with 7-day drug holiday.

### External Therapies

Podi Thimirthal, Brahmi Nei, and kothandaadangal for sleep management, Varmam points (Thilartha Kalam, Pidari Kalam), Thokkanam.

### Before & After Treatment Comparison

Parameter	Before Treatment	After Treatment
Muscle Strength (Right limbs)	1/5	3+/5
Aphasia	Present	Improved
Right Shoulder Pain	Severe	Mild
Sleep Pattern	Disturbed	Normal
Naadi (Pulse)	Kapha Vatham	Balanced

## DISCUSSION

In Siddha medicine, post-stroke hemiplegia is classified under Vatha diseases (Vatha Noi), where

sudden derangement of Vatha humor impairs neural function, resulting in paralysis. The involvement of Kapha humor obstructs the flow of Vatha, compounding the condition. Hemorrhagic stroke, leading to intracerebral hematoma, corresponds to Vatha Kaphaja Udali Noigal. Siddha therapeutics aim to pacify aggravated Vatha, clear Kapha obstruction, and restore circulation and nerve conduction. *Podi Thimirthal*, a dry medicated powder massage, promotes local blood flow, reduces muscle stiffness, and stimulates nerve endings. The selection of internal medicines like Chandamarutha Chendooram, Sirungi Parpam, and Nandhi Mezhugu targets the deranged humors and supports tissue regeneration. Management of Thookam Varama (insomnia) is crucial as disturbed sleep elevates Vatha further. Therapies like Brahmi Nei, Sambirani Thoothu, and Varmam manipulations calm the mind, regulate Vatha humor, and enhance neural recovery. Thus, integrating internal and external Siddha therapies effectively addresses the neurological, musculoskeletal, and psychological dimensions of post-stroke hemiplegia. This comprehensive Siddha approach demonstrates promising potential in neuro-rehabilitation through humoral rebalancing and functional restoration.

### CONCLUSION

This single case study demonstrates the potential role of Siddha medicine in the management of post-hemorrhagic stroke hemiplegia. The integration of internal medicines with external therapies such as *Podi Thimirthal*, *Thokkanam*, and Varmam interventions led to measurable improvements in muscle strength, reduction of pain, recovery from aphasia, and normalization of sleep. By addressing both humoral imbalance and functional deficits, Siddha therapeutics offer a holistic approach to neuro-rehabilitation. Although further large-scale clinical studies are needed to substantiate these findings, this case highlights the promising efficacy of Siddha management in enhancing quality of life and functional recovery in post-stroke patients.

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