

A Case Study on *Ekangavata* (Monoplegia)

Dr.G.S.Badarinath*

Professor & HOD, Department of Panchakarma, Svm Ayurvedic Medical College & PG Research Centre, Mahanth Gangotri Campus, Ilkal, Bagalkot District, Karnataka, India

***Corresponding Author**

Email: sastrybg.2010@gmail.com

ABSTRACT

A female patient of 56yrs old was admitted to IPD with complaints of having weakness and unable to lift her left hand, slight deviation of mouth and slurred speech since 2 months. It was diagnosed as *Ekangavata* (Monoplegia). It is one among *nanatmaja vatavyadhi* explained by our Acharyas. Due to vitiation of vata in hand it causes loss of movements and numbness¹. Monoplegia is a type of paralysis that impacts one limb, such as an arm or leg on one side of your body [2], mostly upper limb is more common. We can treat this disease with *Vatahara chikitsa* giving *Snehan*, *Swedan*, *Vasti*, *Brumhana* and *Rasayana* therapy.

Observation: *Sarvanga abhyanga* with *Prasarini* tail along with *Sarvanga Sweda*, *Dashamoola Eranda Niruha Vasti*, *KsheeraBala taila Anuvasana Vasti* & *Pratimarsha Nasya* with *KsheeraBala 101* given as *Shodhan* and *Shaman*. *Oushadhis* along with *Vacha Jihwa Pratisarana* gave excellent result in muscle weakness of left hand reduced, able to lift left hand, power grade increased (4/5), muscle tone increased, speech improved.

Conclusion: -*Shodhana chikitsa* like *Sarvanga abhyanga*, *Sarvanga swedana*, *Vasti karma*, *Pratimarsha Nasya* along with *Shamana oushadha* and *Vacha jihwa Pratisarana* gives an excellent result in sign and symptoms in *Ekangavata*.

Key Words: *Ekangavata*, *Shodhana*, *Shamana*, *Vasti*, *Nasya*, *Pratisarana*, *Monoplegia*.

INTRODUCTION

Ekangavata is a disease of *vata vyadhi* where one of the organ becomes *karma kshaya* and *shoola* due to *Sira* and *Snayu shosha* [3]. In modern we can compare with Monoplegia. It is paralysis of single limb, more common upper limb. There are symptoms like weakness, numbness, paralysis and pain in affected limb [4]. The treatment for this disease is to do *Vatahara chikitsa* which includes *Shodhan* procedures like *Snehan*, *Swedan*, *Vasti karma*, *Nasya* and *Shamana chikitsa* includes *Brumhana*, *Rasayana* and *Vatahara* drugs along with *pathyas* and *apathyas*. As compared to modern line of treatment *Ayurvedic chikitsa* has a dominant role in complete cure of the disease.

MATERIAL AND METHODS

Study Type: - A single case study.

Clinical Interventions: A female patient of 56yrs old was admitted to IPD with complaints of having weakness & unable to lift her left hand, slight deviation of mouth and slurred

speech since 2 months was admitted in our hospital. She was suffering from Hypertension since 8yrs and is on anti hypertensive drugs.

Associated Complaints: No specific symptoms are seen.

History of Present Illness: 2 months back patient was healthy. One day patient suddenly was complaining of weakness & unable to lift her left hand, slight deviation of mouth towards right side and with slurred speech. She was immediately taken to private hospital. MRI was taken and diagnosed as acute infarct in brain at right basal ganglia and right corona radiata. She was admitted for 1 day and later discharged on medical advice. She came to our hospital for same symptoms and was admitted.

Family History: Not significant.

General Examination

Pulse: 86/min

Clubbing: -ve

Cynosis: -ve

Blood Pressure: 150/90mmhg

Temp.: 98.7⁰ F

Pallor: +

Icterus: -ve

Oedema: -ve

Sleep: disturbed

Bowels: regular, 1/2

Urine: Normal, 3/4

SYSTEMIC EXAMINATION

Central Nervous System

Mood: Normal

Speech: Slurred

Orientation: Good

Memory: Normal

Concentration: Normal

Judgement: Normal

Reasoning: Normal

Motor Functions of Left Upper Limb

Muscle Wasting: not present

Fasiculations: absent

Tone: pasticity - +

Power Grade: - 1/5

Deep Tendon Reflex

Right hand ----- Supinator Jerk - 2/4 Biceps Jerk – 2/4 Triceps Jerk – 2/4

Left hand ----- Supinator Jerk - 0/4 Biceps Jerk – 0/4 Triceps Jerk - 0/4

Sensory Functions: Slightly diminished

Cardio Vascular System: S1&S2—Normal, No murmurs.

Respiratory System: Normal abnormal detected.

Per Abdomen: Soft.

INTERVENTIONS

The patient was under gone for both *Shodhan and Shaman chikitsa* for a period of 12 days.

Shodhan Chikitsa

- 1) *Sarvanga Abhanga with Prasarani taila* for 12 days.
- 2) *Sarvanga Swedan* for 12 days.
- 3) *Yoga vasti* for 8 days.

Niruha Vasti

<i>Makshika</i> -----	100 ml
<i>Saindhav Lavan</i> -----	10 gms
<i>Ksheera bala taila</i> -----	150 ml
<i>Ashwagandha Kalka</i> -----	50 gms
<i>Dashamoola Eranda Kwatha</i> -----	200 ml
Total -----	510 ml

Anuvasana Vasti

<i>Ksheera bala tail</i> -----	100 ml
<i>Makshika</i> -----	20 ml
<i>Saidhav Lavan</i> -----	10 gms
<i>Shatahva</i> -----	20 gms
Total -----	150 ml

- 1) ***Pratimarsha Nasya with Ksheerabala 101 drops*** : 2 drops in each nostrils for 12 days
Morning and Evening.
- 2) ***Jihva Pratisarana with Vacha choorna 5 gms and Madhu***: Morning & Evening for 12 days.

Shamana Chikitsa

- 1) Tab. *Bruhatvata Chintamani Ras* 125 mg 1 tab at 6 am with water.
- 2) Tab. *Yogaraj Guggul* 250 mg 2 tab. BD 1/2 hr. before meals with luke warm water.
- 3) Cap. *Palsineuron* 300 mg 1cap. TDS after meals with water.
- 4) 4. Syr. *Dashmoolarista* + Syr. *Maharasnadi khada* 20 ml +20ml water Tds after meals.

OBSERVATIONS

Shodhan and Shaman chikitsa for this case of *Ekangavata* had given good result in signs & symptoms after 12 days of treatment. *Anidra* was relieved within one day of treatment and patient had sound sleep. Within 3 days of treatment the patient was telling about gaining strength in her left hand and the power grade increased from 1/5 to 2/5. With in 7 days of treatment the patient was telling deviation of mouth was slightly reduced and speech was becoming clear. After treatment the patient is able to lift her left hand, weakness of hand escaped, deviation of mouth is also completely reduced, and speech became normal. Deep tendon reflexes changed from 0/4 to 2/4 and power grade changed from 1/5 to 4/5. Thus, marked improvement was noticed in this case.

DISCUSSIONS

Ekanga vata is one type of *nanatmaja vata vyadhi* where *vata dosha* vitiates one organ causing *karma kshaya*. Here a case of *Ekanga vata* is diagnosed and treatment was given on basis of *vata vyadhi chikitsa*.

Sarvaga Abhyang

Sarvaga abhyanga was done with *Prasarini taila* 30 minutes each day for 12 days which is acting as *vata hara*, increases circulation, relieving the muscle weakness and tonicity of muscles.

Sarvanga Swedan

Sarvanga Swedana was done for 12 days until *samyak svinna lakshanas* seen which is acting as *vata hara*, *stambhahara* and improves circulation of affected organ.

Yoga Vasti

Yoga vasti was given for 8 days of which *Dashamoola-Eranda Niruha vasti* and *Ksheerabala taila Anuvastana vasti* was given which acts as *parama vata hara*. It has broader therapeutic action on almost all tissues of the body and have rejuvenative, curative, and preventive and health promotive actions.

Pratimarsha Nasya

Pratimarsha nasya was done with *Ksheerabala* 101 drops morning 6am & evening 6pm, 2 drops each nostril. It is giving *tarpana* to *mastishka*, strengthens face muscles.

Pratisarana

Jihva pratisarana was done by mixing *Vacha choorna* 5 gms and *Madhu* morning and evening. It acts as *Medhaya, vakpravartaka*, stimulates Hypo glossal & Glossopharangeal nerve for clear speech.

Shaman Chikitsa

Shaman chikitsa as mentioned above was prescribed for 12 days. In combination it works as *Vata hara, Brumhana, Rasayana* and alleviates the vitiated doshas.

CONCLUSION

This patient of *Ekanga vata* was diagnosed and treatment was given according to Ayurvedic classics with *Shodhana and Shamana chikitsa*. The response was very good in controlling the weakness of hand, able to lift hand, deviation of mouth was rectified, slurred speech became clear, reflexes and power grade became normal.

REFERENCES

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