

## AYURVEDIC MANAGEMENT OF EKANGAVATA: A CASE REPORT

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## ABSTRACT

Ekangavata is a type of Vatavyadhi categorized under Pakshaghata involving symptoms like karma kshaya and shoola in affected limb. Ekangavata can be correlated with Monoplegia. Monoplegia is a type of paralysis that affects one limb. Lumbar radiculopathy is a diffuse disease process that affects more than one underlying nerve root, causing pain, loss of sensation and motor dysfunctions in affected parts which usually needs to be corrected surgically. A 66 years old male patient presented at PDEA's Ayurveda Rugnalaya with Atyayika symptoms of Ekangavata involving dakshin Paad karmakshaya, chimchimayana, chankramana asamarthata. Ayurvedic Shamana chikitsa along with Shodhan and Bruhan Basti showed significant results and patient could walk within 20 days. As a result, excellent outcomes from Ayurvedic treatment prevented the need for surgical intervention.

**KEYWORDS:** Ekangavata, Vatavyadhi, Monoplegia, Lumbar radiculopathy, Panchakarma treatment, Pinda swedan, Bruhan basti.

## INTRODUCTION

Ayurved chikitsa mainly involves the management of vitiated dosha in the body. Among the three doshas describe in Ayurved Vatadosha is plays vital role manifesting diseases as it has capability to transport rest of the doshas and dushyas in disease process.<sup>[1]</sup> So as we know there is a separate place for Vatavyadhi in our samhitas. Ekangavata is type of vyadhi explained under Vatavyadhi<sup>[2]</sup> it is a type of Pakshaghata which involves symptoms like Karmakshaya and shola in affected limb. Vata gets vitiated by 2 type of sampraptis viz. Dhatukshayajanya and Margavarodhjanya is applicable in case of Ekangavata also.

Lumbar radiculopathy is a diffuse disease process that affects more than one underlying nerve root, causing

pain, loss of sensation and motor dysfunctions in lower limb. It is one of the common cause for paraplegia or lower limb monoplegia as a result of LMN lesion.

This is a case of 66 years old male patient admitted (from 26/12/2022- 16/01/2023) at PDEA's Ayurved Rugnalaya with symptoms of Ekangavata. MRI LS spine showed Lumbar radiculopathy causing loss of sensation in Right lower limb. Modern orthopaedic gave opinion for surgery but patient opted Ayurveda for conservative management. Considering hetus it was a clearly case of Dhatukshayajanya vatavyadhi hence given initial pachan chikitsa followed by Bruhan chikitsa. Initial Yoga basti kram followed by Ksheera basti and Shalishashtik pinda swedan gave significant effect and patient achieved complete result in lakshanas of Ekangavata.

## Patient details

A 66 years old male patient came to OPD No 117, PDEA's Ayurved Rugnalaya on 26/12/2022 with following complaints-

Lakshana	Duration
Kriyakshamata of dakshin Paad	Since 2 days
Ubhay Paad Chimchimayana	Since 2 days
Ubhay Paad Shool	Since 2 days
Chankramana asamarthata	Since 2 days
Katishoola	On and off since 2-3 years

**History of illness**

Patient was having history of Katishoola intermittently since last 2-3 years has not taken any treatment for the same as Shool was bearable. Before 1 day in the morning while coming from toilet after defecation patient suddenly noticed loss in the power in his Right leg. patient was unable to walk as there was sensory loss in the Right leg. Katishool was aggravated along with ubhay paad chimchimayana and shool. Patient visited nearest general practitioner, he has advised to visit Multispecialty hospital for further management. Modern orthopaedic expert diagnosed Lumbar radiculopathy and advised surgical management for the same but as patient is not willing to undergo any surgical intervention he approached our OPD for further Ayurvedic management.

**General history**

No history of any serious disease or Hospitalisation noted

No history of Hypertension, Diabetes mellitus

No History of COVID-19, Vaccinated 2 doses for COVID-19

History of Katisool episodes on and off since 2-3 years noted

**General examination**

Ashtavidha pariksha

Naadi- Vegavati, chanchal, Sarpa gati

Mootra- Samyaka

Mala- Grathita

Jivha- Ishat sama

Shabda- Spashta

Sparsha- Ruksha twacha

Druk- Spashta

Akruti- Madhyam

Udar parikshana- alpa kathinya at vama kukshi Pradesh

Ura parikshana- Avishesh

P- 76/min

BP- 130/80 mm hg

Weight- 65 Kg

Height- 5'7" Ft.

BMI- 21.5

Satva- Heena Satva

**Nidana panchak****Hetu**

Hetu	Parinam
Vruddhavastha	Vata prabalya
Occupation farming more than 40 years - Even working at current age - Prolonged standing, walking and forward bending during work	Vata prabalya and Sthana vigunata
Prolonged fasting during 2 meals (Upavasa)	Vata prabalya
Atyadhik katu rasa sevan	Rukshata, Pitta vruddhi
Lack of Ghruta seval in ahara	Rukshata vridhhi
Tambakhu sevan daily	Pitta- Rakta dushti and Gara visha sanchiti
Kala-Shishir Rutu	Rukshata vruddhi

**Purvaroop**

Avyakta poorvaroop for Ekangavata

Prakruti- Vaat pradhan Pitta anubandhi

**MPG**

Limb/ side	Right	Left
Upper	5/5	5/5
Lower	2/5	5/5

**Reflexes**

Reflex	Response
Right Knee	Diminished
Right ankle	Diminished
Right plantar	Absent
Left Knee	Normal
Left ankle	Normal
Left plantar	Normal

**Investigations****MRI Brain (26/12/2022)**

Few tiny chronic ischemic foci in B/L Periventricular regions – (Fazekas Grade 1)

Rest NAD

**MRI LS Spine (26/12/2023)**

Scoliosis of Lumbar spine with convexity towards Lt side

Lumbar spondylosis with disc degeneration

Post central disc protrusion at D12 - L1

Diffuse disc bulging with central, right paracentral, Rt foraminal protrusion at L2 – L3, with ligamentum flavum thickening, facetar arthropathy causing moderate thecal sac stenosis, Rt foraminal stenosis, B/L traversing and Rt L2 existing nerve root compression.

Diffuse disc bulging with central, Rt paracentral, Rt foraminal protrusion at L3 – L4, with ligamentum flavum thickening, mild Rt L3 nerveroot stenosis L4 – L5 – Diffuse disc bulge, mild B/L traversing, L4 nerve root compression

**Blood investigations on admission**

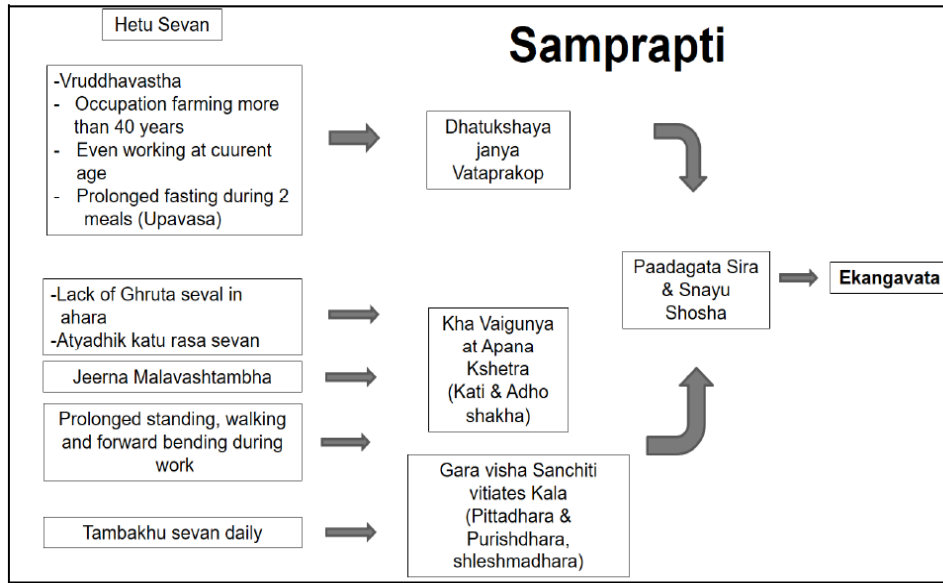
CBC, BSL –F, PP, RFT, Lipid Profile, Sr. Vit B12 – WNL

But Intermittent Katishoola denoting sthana vaigunya lakshana

**Lakshanas**

Lakshana	Duration
Kriyakshamata of dakshin Paad	Since 2 days
Ubhay Paad Chimchimayana	Since 2 days
Ubhay Paad Shool	Since 2 days
Chankramana asamarthata	Since 2 days
Katishoola	On and off since 2-3 years

**Upashaya-** Anupashaya- Relief after hot fomentation.

**Samprapti****Chikitsa plan**

Shaman chikitsa	Shodhan chikitsa
Pachan	Snehan, Swedan
Anuloman	Kala Basti- Vatashaman
Vatashamak, Balya	Shalishashtik Pinda swedan
Rasayana	Ksheera Basti with panchatikta & Ashwagandha

**Chikitsa**

Treatment plan	Principle	Observations
<b>26/12/2022- 4/1/2022</b>		
1. Ehangvir Ras <sup>[3]</sup> 250mg Vacha 250mg Rasna 250mg Guduchi 250mg Erandmul 250mg Sariva 250mg Sutshekhar Ras (sadha) <sup>[4]</sup> 250mg <b>Orally, Vyanodaan 1-----1 Pudi</b>	- Pachan - Vatashaman - Ehangvir Rasa- Srotoshodhan, Pachan, Vata-kaphahara, Rasayan, Balya - Sutshekhar Ras- Amashayagat Samata pachan	- Within 2 days -Naadi becomes Laghu, - Jivha turns Nirama  - Ubhay Paada Laghavata achieved within 5 days
2. Sarivadyasava <sup>[5]</sup> <b>Orally, Vyanodaan 10-----10 ml</b>	- Rakta prasadak - Seera, Sanyu shosha hara - Sariva- Pachan as well as Pitta-Rakta shamak	- Seera Balya effect relieved Chimchimayana gradually
3. Aragwadha kapila vati (250 mg) <b>Orally, Nishi 1 tab</b>	- Anuloman - Mrudu virechak	- Dosha pachan - Relieved Malavashtambha promptly - Initially 2 loose motions per day for 2 days, later one episode of loose stool daily

<p>4. <b>Sarvanga Snehan</b> with Kottamchukkyadi<sup>[6]</sup> (2 parts) + Himasagara tailam<sup>[7]</sup> (1 parts)</p>	<p>Kottamchukkyadi taila- Vatashamak, Stambhahara, Srotorodhnashak, Vedanasthapan Himasagar Tail- mainly contains Balya Dravyas like Shatavari, Vidari, Kushmand, Gokshur, Amalaki etc.</p>	<p>- Ubhay Paad laghavata initiated - Relieved Sandhi and Snayu Graha leading to free movement - Started reliving shoola by Stambhahara property - Paadagata Snayu Balvardhan - Increased strength for standing - Started Relieving Kati and Paada shoola</p>
<p>5. <b>Sarvanga Nadi Swedan</b></p>	<p>- Type of Agni Sweda - Vatashaman by Relieving Stambha</p>	<p>-Due to the restricted movement of patient Naadi swedan is preferred - Avoided Ruksha swedan considering Kshayajanya Samprapti - Relieved Paada Gaurav and restricted movements</p>
<p><b>From 28/12/2022 Added</b></p>		
<p>1. Brihat Vata Chintamani<sup>[8]</sup> 25mg Guduchi 250mg Bala 250mg Ashwagandha 250mg Rasasindoora<sup>[9]</sup> 40mg <b>Orally, Rasayana kal.....1 pudu</b></p>	<p>Brihat Vata Chintamani - - Indiated in Kshayajanya Vatavyadhi - Balya, Ojovardhak, Shoshanashak Rasasidoora- Yogavahi</p>	<p>- started Improving Strenght in Paada - Shoolaprashaman</p>
<p><b>Yog Basti- Anuvasana Basti</b> (D 1,2,4,6,8)- Balaguduchyadi Tailam<sup>[10]</sup> (60 ml)+ Til Tailam (60 ml) <b>Niruha Basti</b> (D 3,5,7)- Kwath - 400ml (Bala, Devdar, Sahachar, Erandamool) Madhu – 30ml Saindhav – 10gm Til Tailam – 40ml</p>	<p>- Balaguduchyadi tail – Balya, Vata shamak as well as Rakta prasadak - Effective in Dhatukshaya janya avastha  Dravyas in the Niruha dravyas- Devdaru- Shleshma-vatahar, vibandhhara Bala- Balya, vata, pitta, Rakta shamak Sahachara- Balya, Vata-Rakta hara, Graha nashak Erandmool- Apan vayu anulomana, Vatashamak, Shool shamak</p>	<p>- Initiated Vatanulomana - Mala vibandha nashan - Basti dharana kala improved gradually Day 1 Anuvasana Dharan kal- 2 Mins Last Day Dharan kal- 30 Mins</p>
<p><b>Treatment Changed on 5/1/2023- 16/1/2023</b></p>		
<p>1. Brihat vata chintamanai<sup>[8]</sup> 20mg Trayodashang Guggul<sup>[11]</sup> 30mg Bala 250mg Ashwagandha 250mg Guduchi 250mg <b>Orally, Vyanodaan 1-----1</b></p>	<p>Trayodashang Guggul - Contains ingredients like Abha, Ashwagandha, Shatavari, gokshura etc. - Sandhaniya, Balya, Shoolahara property -Especially indicated for Katigraha and Paada shola</p>	<p>- Improved grip of legs while walking - Initially patient was dragging his leg while walk which was improved later on within 2 days of Brihat vata Chintamanai.</p>
<p>2. Kwathpana – Nirgudi, Shunthi, Devdar, Rasna, Sahachar <b>Orally, Vyanodaan 30 ml-----30 ml</b></p>	<p>- Vedanasthapan, Srotorodhanashan property</p>	<p>- Kati and Pada shool reduced significantly.</p>
<p>3. Kalyanaka Ghruta<sup>[12]</sup> Capsule <b>Orally, Vyanodaan 1-----1</b></p>	<p>- Balya, rasayana - Srotoshuddhikara janya</p>	<p>-Builds confident in patient - Rasayana, balavardhan,</p>

	Balavruddhi - Indicated in Manodainyavastha - Indicated in Gara visha (As patient had history of Tobacco chewing habit )	Apunarbhava
4. <b>Sarvanga Snehan with</b> Himasagara Taila <sup>[7]</sup> (1 part)+ Balaguduchyadi Taila <sup>[10]</sup> (1 part)	Balaguduchyadi tail – Balya, Vata shamak as well as Rakta prasadak - Effective in Dhatukshaya janya avastha Himasagar Tail- Balya, Shoshahara	- Improvement in gait - Muscle strength improved
5. <b>Pinda Sweda =</b> Shalishashtik – Bala, Ashwagandha, Devdar, Shunthi	- Saagni, Snigdha swedan - Bruhanatmak Swedan type - As there was some Gaurav in kati and Paad so added Ashwagandha, Devdar and Shunthi along with Bala	- Paad and Kati stambha relieved - laghavata in Kati and legs - Improved muscular tone in legs
6. <b>Basti –</b> <b>Tikta Ksheera Basti</b> Panchatikta Bharad + Ashwagandha Ksheerpaak (80ml)+ Madhu (20 ml) + Panchatikta Ghruta (40 ml)	- Bruhan and Rasayana type of Basti - Tikta ksheera basti indicated in Astivaha srotas chikitsa. - Considering vyadhimoola at kati sandhi selected Tikta ksheera basti. To improve muscle power and strength added Ashwagandha	- Relieved Katishoola significantly after Ksheera basti - Walking speed improved after basti

## RESULT

### Lakshanik upashaya

Lakshana	Before treatment (Day 1)	After treatment (Day 22)
Kriyakshamata of dakshin Paad	+++	Complete Upasham
Ubhay Paad Chimchimayana	+++	Complete Upasham
Ubhay Paad Shool	+++	+
Chankramana asamarthata	+++	Complete Upasham
Katishoola	+++	+

### MPG

	Before treatment (Day 1)	After treatment (Day 22)
Right Lower Limb	2/5	5/5

### Reflexes

Reflex	Before treatment (Day 1)	After treatment (Day 22)
Right Knee	Diminished	Normal
Right ankle	Diminished	Normal
Right plantar	Absent	Normal

## DISCUSSION

- Patient presented with complaints of ekangavata, symptoms can be correlated with Monoplegia which was due to lumbar radiculopathy as a result of LMN lesion.
- The patient was recommended surgical intervention when consulted the orthopaedic surgeon.
- According to Ayurveda, the present complaints denoted ekangavaat due to seera & snayu shosha which was a result of Dhatukshajanya hetus.
- In this case Shaman chikitsa along with Shodhan chikitsa was implemented which showed significant improvement in reverting slakshanas of Ekangavata completely within 20 days.
- Initially for 10 days, Pachak, Deepak, Srotoshuddhikara chikitsa was given which shows results like Vedanashaman, Laghavata, sensory improvement & vatashamana action. Later Dhatubalya, Bruhan, Rasayana chikitsa was given which leads to further strengthening action on Seera-snyu and improved stability of lumbar spine relieving pain and weakness symptoms.
- No Vyapadas were observed during and after treatment

- Also, there is no recurrence in symptoms of Ekangavata, katigata lakshanas were also reduced gradually within 2 months of treatment.

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## CONCLUSION

Ayurvedic Shaman chikitsa along with yoga basti, ksheer basti, and Shalishashtik pinda swedan cumulatively gave complete recovery in ekangavaat patient without any vyapadas and recurrence.

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