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Case Report

Diabetic Amyotrophy and its Ayurvedic Management – A Case Study

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Abstract

Diabetic Amyotrophy is a distinctive from of Diabetic neuropathy. It is characterized by unilateral weakness and wasting of lower limb muscles usually in hips and thighs associated with Sensory impairment, leading to difficulty in walking and standing. In Ayurveda, it can be correlated with Ēkāᅅgavāta (Mono neuropathy).

A 64 years old male patient come to O.P.D. of S.B.M.N. Ayurved College, Asthalbohar, Rohtak, who is suffering from diabetes mellitus for last 5 years and suddenly observed lower limb weakness and numbness on the Right side of leg, which subsequently led to limitation in walking.

This patient was treated by Madhutailik Basti and Sahachartaila Anuvāsana Basti for 21 days in Karma Basti Schedule along with some oral medicine. Here 2 such schedules were performed. After 2½ months of the completion of study, all sign-symptoms of Diabetic Amyotrophy were diminished. Patient started to walk freely without any support. Further study should be carried out in large sample to establish the role of said therapy on this particular disease.

Key words: Diabetic Amyotrophy, Ēkāᅅgavāta, Basti therapy

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INTRODUCTION

Diabetes Mellitus has now become most common among all the disease in present era. In India this disease is increasing very fast and it seems that India is going to be capital of Diabetes in next coming year. Diabetes Mellitus have so many complications, among of them Diabetic Amyotrophy is a common complication. Diabetic Amyotrophy is predominantly a motor condition that involves various elements of lumbosacral plexus, particularly these related to the femoral nerve. It usually presents actually as Unilateral thigh pain followed by weakness and later wasting in the anterior thigh muscles. Diabetic Amyotrophy typically occurs in older patients with Type-2 Diabetes mellitus^[i].

Here weakness begins unilaterally but gradually spread bilaterally. The weakness is usually most pronounced in quadriceps group of muscles, though it may involve other muscles in leg, hip and foot. ^[ii] Diabetic Amyotrophy is thought to be caused by an abnormality of the immune system, which damages the tiny blood vessels which supply the nerves to the legs. This process is called Microvasculitis. ^[iii]

In Ayurveda, it can be co-related with Ēkāṅgavāta. This vāta caused due to Pramēha (Diabetes) cannot be treated alone with Vātanāśaka Chikitsa, because of the involvement of Meda-dhātu and Bahau dravashleshma. Thus in this clinical condition treatment should be directed in such way so that it may not aggravate Kapha and Meda and also reduces vāta. Hence Madhutaik Nirūha and Sahachar taila Anuvāsana Basti were selected.

CASE STUDY

A 64 years old Male patient with past history of Diabetes Mellitus came to OPD in Shree Baba Masnath Ayurved College, Harayana, with loss of pain sensation and restriction of movement of Right lower extremity since 1 year. The patient was suffering with Diabetes Mellitus and was on hypoglycemic drug (Metformin 500 mg). during the course of illness, he spontaneously felt profound weakness in his Right lower limb. Gradually he became unable to walk or climb upstairs due to subsequent wasting of muscles of Right lower limb. Additionally, he also developed associated sensory impairment with numbness in the proximal part of Right upper limb and tingling sensation in the distal part of the same limb. The weakness was more pronounced in the quadriceps though other muscles of hip, leg and foot were also involved. He had weak flexion of hip and was unable to extend knee against gravity. Knee jerk was absent in the Right leg, Ankle jerk (Rt) was diminished.

Past History: History of Diabetes Mellitus.

Drug History: Patient is taking tab Metformin (500 mg) twice daily.

Family History: Diabetes Mellitus run in family.

Investigation:

- Blood sugar level at the time of admission were –
Fasting = 180 mg/dl P.P.B.S = 240 mg/dl.
- MRI of L – S Spine → Normal
- Nerve Conduction Study → Sensory nerve conduction of median, ulnar nerve were diminished in Right side. Bilateral posterior tibial nerve was normal. But common peroneal nerve and motor nerve conduction were diminished in Right side of leg.

Diagnosis:

Clinical features + Past History + Blood report + Nerve Conduction study suggest that it is a case of Diabetic Amyotrophy.

TREATMENT PLAN

Madhutaik Basti along with Sahachartaila Anuvāsana Basti were given in Karma Basti schedule for 21 days along with Tab. Vasant Kusumakar Rasa (125 mg) and Chandraprava vati (250 mg) twice daily along with Guduchi Swaras. There was 15 days' gap in between 2 Basti therapy. After 2nd schedule of Basti therapy, patient was advised to take oral medicine for another 15 days.

Preparation of Basti

	Ingredients	Quantity
Madhutaik Nirūha ^[iv]	Mākṣikā	150 ml
	Lavaṇa	15 gm
	Daśamūla taila	150 ml
	Śatva Kalka	30 gm
	Eranda Mūlādi-Kaṣāya	450 ml
	Total	800 ml. (approx.)
	Sahachar-taila Anuvāsana ^[v]	Sahachar taila
Lavaṇa		5 gm
Date of Initiation	01.12.2016	
Date of Completion	14.02.2017	

RESULTS

After 1st phase of Basti therapy (23.12.2016) tingling sensation pain and numbness of Rt lower limb was diminished. But muscle power was poor. He was unable to walk.

Follow Up:

Muscle power and movement of lower limbs and tonicity of muscles increasing day by day. Patient was also advised to take all oral medicine as directed before.

Final Result:

After completion of 2 schedule of Basti therapy, patient felt 70% relief from all symptoms. Patient is now able to walk with the help of stick slowly. His blood sugar level at the time of discharge was –

Fasting: 110 mg/dl P.P.B.S sugar = 180 mg/dl.

DISCUSSION

According to Ayurved, the Ēkāṅgavāta is a disease which produces various symptoms like Chesta Nivritti, Rujā, Pāda Sankocha, Toda, Sira-Snāyu Sankocha^[vi]. So this disease is specially vāta-pradhāna. But patient is suffering from Pramēha for last 5 years. According to Charak, Pramēha is Kaphapradhanvyadhi which vitiates Medadidhātu. So in this cases vātanāśaka and kapha-Medaharachikitsa should be needed.

Here Madhutailik Basti was selected. Main ingredient of Basti are Madhu and Daśamūla taila. Madhu is kaphanāśaka and Daśamūla taila having vātakapha śāmak property. It contains also Eradamūlādi Kaṣāya which is vātahara, Āmahara and effective in reducing Meda^[vii].

Mode of Action of SahacharTaila:

It is samaśīthoṣaṇavīrya and vāta-kapha śāmak. It is specially uses in wasting disorder of muscles especially lower limbs.^[viii]

Mode of Action of Vasant Kusumakar^[ix]

Main ingredient of this drug are praval pisti, Rasa sindur, Moti pisti, Abhra bhasma etc. It is especially ideal for Madhumeha Roga along with complications. It also increases the immune system of body.

Mode of Action of Chandraprava vati^[x]

It is kapha-vātahara, lekhan and medahara.

CONCLUSION

It can be concluded from current research project that:

1. Diabetic Amyotrophy can be efficiently and effectively managed by Ayurvedic basti therapy along with medication.
2. Study has not shown any side effect.

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