

MANAGEMENT OF ASTHIKSHYA W.S.R. AVASCULAR NECROSIS THROUGH  
AYURVEDA – A CASE REPORTDr. Neeraj Kumar Pathak\*<sup>1</sup>, Dr. Devendra Singh Chahar<sup>2</sup>, Dr. Rameshwar Lal<sup>3</sup> and Dr. Sankalp Sharma<sup>4</sup><sup>1</sup>PG Scholar PG Department of Panchkarma PGIA Jodhpur India.<sup>2,3,4</sup>HOD and Associate Professor, Assistant Professor, Assistant Professor PG Department of Maulik Siddhant PGIA Jodhpur India.

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## ABSTRACT

**Introduction:** Avascular necrosis (AVN) of head of the femur is one of the growing condition seen in musculoskeletal clinics. It is basically an osteonecrosis caused due to an injury or any occlusion in the blood vessels nourishing the bone tissue. It is linked to long-term usage of high-dose steroid drugs and binge drinking. This condition is usually asymptomatic in the early stages, but as it progresses, patients experience persistent discomfort that interferes with their day-to-day activities. Avascular necrosis of the femoral head is not directly associated in Ayurveda, however it can be correlated with the Lakshanas of *Asthi Majjakshya*, *Asthimjjagata Vata*, and *Ubhyashrita Vatarakta*. This case report describes the clinical presentation, diagnostic evaluation, and management of a 49 year old male patient presented with complain of pain and stiffness in left anterior hip to knee region since 1 year. This case was managed with Panchkarma procedure – *Matra Basti* and *Nitambha Basti* with *shamana chikitsa* were given for the duration 16 days. **Conclusion:** Due to its prophylactic, promotional, and preventative, *Panchkarma* is a very unique therapeutic method with restorative, renewing, and delivering a drastic solution.

**KEYWORDS:** *Asthi kshaya*, Avascular necrosis, *Matra basti*, *Nitambha Basti*.

## INTRODUCTION

Avascular necrosis (AVN), sometimes referred to as osteonecrosis, aseptic necrosis, bone infarction and ischemic bone necrosis, is a gradual degenerative disorder of the bone caused on by a disruption in the blood supply. Although AVN can affect any bone, it is most frequently found in the hip joint. Now a days the majority of those affected are between the age of 20 and 50, with a disease prevalence rate of 0.135% per 1000 people.<sup>[1]</sup>

This leads to the lack of nourishment to femoral head resulting in necrosis. It may be asymptomatic in the beginning but later, mild to severe degree of pain is seen along with change in the gait.<sup>[2]</sup>

This leads to the lack of nourishment to femoral head resulting in necrosis. It may be asymptomatic in the beginning but later, mild to severe degree of pain is seen along with change in the gait.<sup>[2]</sup> AVN of the femoral head affects men more frequently than women. The outcomes of vascularized bone grafts, biological agents and joint-salvaging techniques such core decompression vary and hip arthroplasty—which carries a number of risks—is

eventually required for many patients. Here, we report a case of AVN of both hip joints that was managed.

In contemporary medicine, therapeutic options include total joint arthroplasty, bone grafting, core decompression and NSAIDS, each of which has a high risk of complications and a dismal prognosis. In order to better comprehend AVN of the femoral head as *Vatavyadhi* in *Ayurveda* and its treatment by *Panchkarma*, this article will clarify according to *Ayurvedic* principles. After a protracted follow-up, the patient's symptoms improved and the disease's radiological grade also declined. *Asthimajagata-Vata*, a condition caused by vitiation of the *Vata Dosha* in bone and bone marrow tissues, was diagnosed in this case.<sup>[3]</sup>

## MATERIALS AND METHODS

**Case report-** A 49 years old male patient computer operator to the out patient department of *Panchkarma* PGIA Jodhpur INDIA with complains of pain and stiffness in left anterior hip to knee region since 1 year. which was associate with difficulty in doing normal daily activities such as walking , taking bath etc. aggravating

factors were cold weather, gastric upset and supine posture.

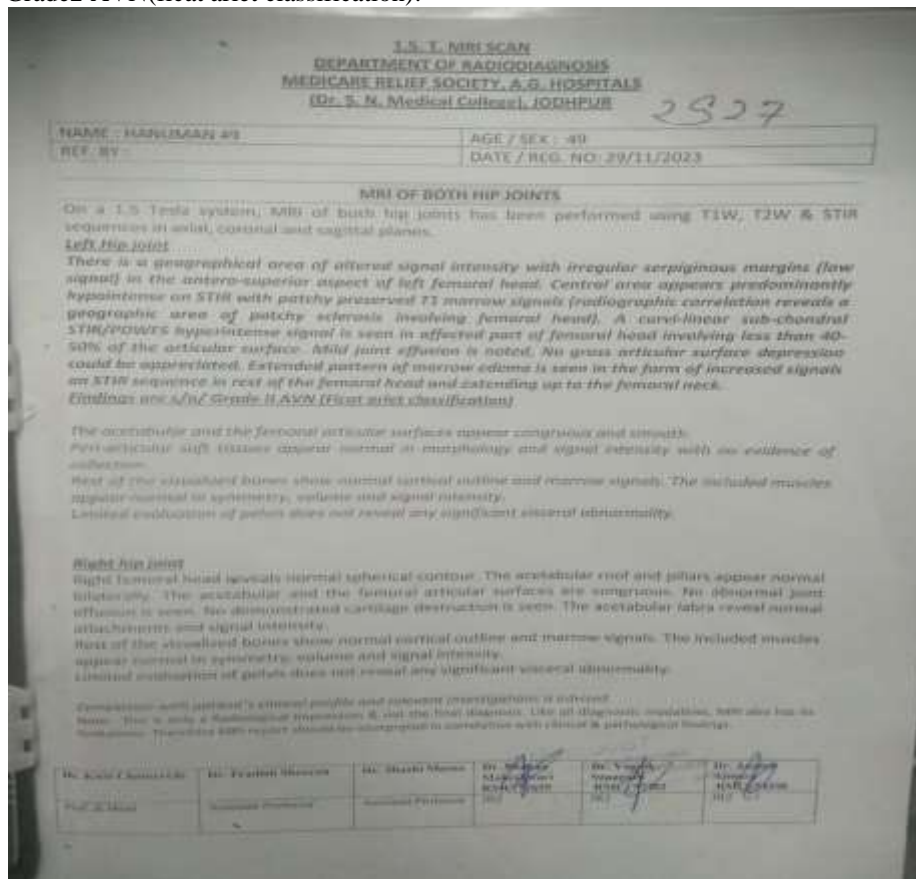
**Past History-** The patient claimed to be apparently healthy before 1 year, then he developed the pain in left hip joint gradually. The pain was constant throughout the day and aggravated during cold weather. The patient was diagnosed with AVN of right femoral head with aid of MRI by orthopaedic surgeon.

Patient had no H/o alcohol consumption or any trauma or accidental injury.

Findings are s/o/Grade 2 AVN(ficat arlet classification).

**INVESTIGATION  
MRI (29/11/2023)**

A curvi-linear sub-chondral STIR/PDWFS hyperintense signal is seen in affected part of femoral head involving less than 40-50% of the articular surface. Mild joint effusion is noted, no gross articular surface depression could be appreciated. Extended pattern of marrow edema is seen in the form of increased signals on STIR sequence in rest of the femoral head and extending up to the femoral neck.



**Treatment**

Table no 1 shows Panchkarma Procedure.

Sr.No.	Treatment	Drug used	Duration
1	Nitambh basti	Mahamasha taila+Murrivennum taila	16 days
2	Matra Basti	Panchatikkat grhat 60ml after meal	16 days

Table No. 2: Shows Shamana Chikitsa.

Sr.no.	Drug	Dose	Anupana	Duration
1	Lakshaadi guggulu	2 Bd	Luke warm water	2 weeks
2	Cap. Gandh tail	1 Bd	Luke warm water	2 weeks
3	Cap.Kshirbala 101	1BD	Luke warm water	2 weeks
4	Avippatikar churna- 3gm Kamdudha rasa- 250mg Godanti- 250mg	1x2	Luke warm water	2 weeks
5	Panchasakar churna	5gm BD	Luke warm water	2 weeks

### Assessment Criteria

Range of movement of hip joint i.e. Abduction, Adduction, Extension, Flexion, Internal rotation, External rotation was measured by Goniometer.

### OBSERVATION

**Table No. 3: Shows Range of movement of hip joint.**

Sr. No.	Sign and symptoms	BT	AT	Normal Range
1	Flexion of hip joint	30*	80*	110*-120*
2	Extension of hip joint	5*	10*	10*-15*
3	Abduction of hip joint	15*	30*	30*-50*
4	Adduction of hip joint	10*	25*	20*-30*
5	Medial rotation	5*	25*	30*-40*
6	Lateral rotation	15*	25*	20*-40*

### RESULTS

**Table No 4 shows Improvement in Oxford Hip Score**

Before Treatment	After Treatment
20	37

**Table No 4 Shows of Grading for the Oxford Hip Score.<sup>[4]</sup>**

Score 0 to 19	May indicate severe hip arthritis. It is highly likely that you may well require some form of surgical intervention, contact your family physician for a consult with an orthopaedic surgeon.
Score 20 to 29	May indicate moderate to severe hip arthritis. See your family physician for an assessment and x-ray. consider a consult with an orthopaedic surgeon.
Score 30 to 39	May indicate mild to moderate hip arthritis. Consider seeing your family physician for an assessment and possible x-ray. You may benefit from non-surgical treatment, such as exercise, weight loss, and/or anti-inflammatory medication
Score 40 to 48	May indicate satisfactory joint function. May not require any formal treatment

### DISCUSSION

After the completion of prime treatment i.e. *Basti Karma* symptoms were evaluated. It was observed that there was significant relief in pain after 5<sup>th</sup> day of *Matra Basti* and *Nitambha Basti*. Also stiffness was reduced along with pain. the range of movement was also clinically improved. As a result, this study showed positive results and is suitable for use as a treatment approach for femoral head AVN. Here treatment to AVN may be according to *AsthiMajjagata Vata* where *Bahyaabhyantara Sneha* (external and internal oleation) like *Nitambha Basti*, *Abhyanga* (oil anointing), *Snigdha Pinda Swedana*, *Shastika Shali Pinda Swedana* (a type of sudation therapy) and internal oleation with different *Basti* like *Matra Basti*, *Ksheera Basti*, *Yapana Basti* (therapeutic enemas) can be useful.<sup>[5]</sup>

*Nitambha Basti* is a procedure of applying *Snehan* and *Swedan* simultaneously to the gluteal region by retaining warm medicated oils, which are specially formed on that area.

Whereas *Swedana* produces *Mriduta* with in body parts and relieves stiffness. *Shool Shanti* is one of the *Samyak Lakshana* of *Swedana Karma*. *Swedana* also having its vasodilation effect which helps in improving the blood circulation to the affected joint.<sup>[6]</sup>

The *Matra Basti* promotes strength without requiring a rigid eating plan and facilitates the simple removal of *Mutra* and *Mala*. It performs the *Vatavyadhi*-curing function of *Brimhana*.<sup>[7]</sup>

*Lakshadi Guggulu* has been mentioned in the treatment of *Asthi Bhagna* by the *Acharyas* in *Chakradatta* and *Bhaishajaya Ratnawali*. AVN can be considered as the pre stage of fracture. Properties of *Laksha Guggulu* are *Vatakaphanashaka*, *Deepan*, *Shothghana*, *Vedanashamaka* and *Shoolaprashamaka*. the collective properties of ingredients are cardio-protective, anti-inflammatory, analgesic, anti-bacterial, anti-aging, anti-stress, fibrinolytic, fracture healing, anti-tumour, hypo-lipidemic, immune-modulator, psychotropic, hepato-protective and cytoprotective etc.<sup>[8]</sup>

*Gandha Taila Cap* by Kalp is an *Ayurvedic* medicine. It is very beneficial for the health of bones. It can be used both internally as well externally. It acts in both way to improve the health of bone, joints and other joint structures. taking these herbal capsules can relieve pain and promote a speedy recovery.

*Ksheerabala 101 Tailam cap.* is a very good rejuvenating medicine that can strengthen the bones and joints. In wear and tear caused due to osteoarthritis, in elders, if

can improve joint flexibility and movement and reduce pain.<sup>[9]</sup>

### CONCLUSION

Avascular necrosis is a complex disease. Preventing the etiological causes is crucial in order to stop the disease from getting worse. *Ayurveda*, as a comprehensive therapy, can demonstrate a significantly superior management through *Panchkarma* by providing AVN patients with significant pain relief, improved range of motion, and a longer life rate. This study concluded that *Nitambha Basti* and *Matra Basti* in AVN showed significant result to gain symptomatic relief.

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