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CASE STUDY

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AN AYURVEDIC PERSPECTIVE TOWARDS AVASCULAR NECROSIS: A CASE STUDY

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ABSTRACT:

Avascular necrosis (AVN) is a progressive disorder with surgical intervention as the prime choice. AVN is a condition affecting different bones as a result of transient / permanent loss of blood supply to the bones. Eventual collapse of the bone tissue and its death is the resultant of the ischemia along with its overlying joint surface. Necrosis is caused due to arterial occlusion and femoral head is the most commonly affected area. Progressive increase of the pain worsens with time and patient experiences pain on rest associated with stiffness.

Methods: In current study a single female patient of 35 yrs of age having signs and symptoms of AVN and MRI left hip showing AVN of femoral head was selected and pancha karma treatment was administered in 3 sessions of 21 days for 1 year.

Result: Highly significant result was observed and there was improvement in cardinal symptoms of AVN. It also provide highly significant results in improving range of movements and pain intensity.

Conclusion : This line of treatment provided a good clinical improvement in a patient with Avascular Necrosis.

Key words :AVN, Panch tikta ksheer basti , Sarvanga Snehana, Sarvanga Swedan

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INTRODUCTION

Avascular Necrosis (AVN) in which there is cellular death of bone tissue due to interruption of the blood supply due to injury or any occlusion in the blood vessel nourishing the bone tissue .

Avascular Necrosis of femoral head is most common type of necrosis affecting the bones. The arteries supplying the femoral head are very narrow & hence are easily liable to injury. Other causes include chemotherapy, alcoholism, excessive steroid use, arterial embolism, thrombosis, sickle cell anemia, rheumatoid arthritis & Lupus.

AVN may be asymptomatic in the beginning but later mild to severe degree of pain is seen along with change in gait. Management is not an easy task, the objectives of treatment includes the preservation of structure & function & relief of pain .Many surgical procedure

like core decompression by drilling the hole in the bone & implantation of living bone chip & an electric device to stimulate new vascular growth .And vascular fibular graft is carried out .All these procedures are cost effective & prognosis is very poor. In above case Ayurvedic Therapy (Ayurvedic formulation & Basti karma) has been very successful by reversing the main pathology by improving and normalizing the blood circulation to the head of hip joint. Also this therapy is very successful in treating the symptoms such as pain, impaired mobility, stiffness. Above therapy has given for about 21 days for every 3 months for 1 year.

CASE REPORT

A 35 year old female from Pen Tal- Panvel ,Dist- Raigad.Maharashtra. Presented with pain in left groin ,hip(grade of 10 scale)&knee and the MRI hip shows left hip AVN with changes causing distortion & subarticular irregularity seen in left femoral head with mild joint effusion came in opd no 1 of Y.M.T. Ayurvedic College Kharghar ,Navi Mumbai.

Patient complains of intermittent pain in left groin, hip & neck for past 8 months following trauma to hip, *gamankashtata* (Grade 3) ,disturbed sleep due to pain ,stiffness at left hip region (Grade 2), hip joint tenderness (Grade 3).

On examination range of motion of left hip was limited & painful in all range.

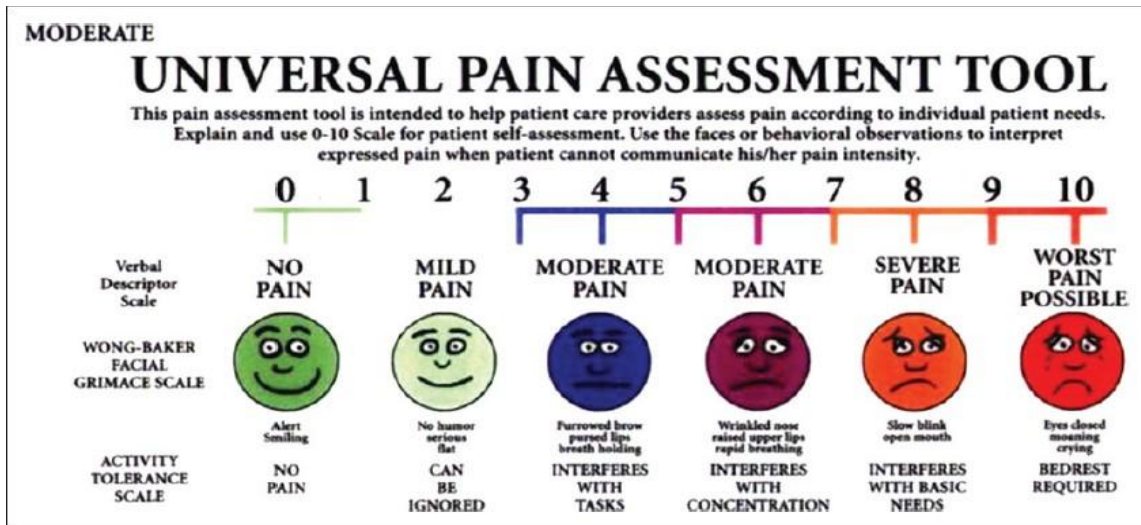
INVESTIGATION

- 1.CBC- within normal limit
2. MRI- Left hip AVN with distortion & subarticular irregularity in left femoral head.

ASSESSMENT CRITERIA

1. Universal pain assessment tool

CHART NO. 1 - UNIVERSAL PAIN ASSESSMENT TOOL



2. GRADATION OF SYMPTOMS

5- *Gamankashtata* (Walking distance with pain)

1. *SandhiGraha* (Stiffness)

- 0- No stiffness
- 1- Stiffness for 30 min
- 2- Stiffness after sitting & walking for long time
- 3- Stiffness whole day or whole night

- 0- No pain while walking
- 1- Mild pain while walking
- 2- Moderate pain while walking
- 3- Severe pain while walking

3. *Sparshasahyata* (Tenderness)

- 0- No tenderness
- 1- Pain on pressure
- 2- Patient winches on pressure
- 3- Patient winches & withdraws the affected part.

The whole treatment protocol has divided in to 3 sessions, with interval of 3 months in between sessions. The same following treatment has given in each session.

Patient has been admitted for same treatment every time.

4.-*AkunchanPrasaranjanyaVedana* (Restricted movements of joints)

- 0- No Restriction
- 1- Partially Restriction
- 2- Fully Restricted

1. *Deepan* and *Pachan* treatment was adapted by administration of *Hingwashtakchurna* for 2 days to relieve *ama* symptoms.

2. *Sarvanga snehan, sarvanga swedan* and *Yoga basti karma* for 8 days.
3. From 9th day *Sarvangasnehan, sarvanga swedan* and *Panchatikta ghrith ksheera basti* for 14 days.

OBSERVATION & RESULT

After 1st session

Groin pain has shifted to lower grade (7-9 scale i.e .severe pain), Stiffness grade shifted to grade 1, but there is no changes

in tenderness (grade- 4), *gamankashtata* (grade -3), restricted movements(grade-2).

After 2nd session moderately groin pain had relieved (5-7 scale), no stiffness, tenderness (grade-3), *gamankashtata* (grade-3), restricted movements (grade-1).

After 3rd session markedly pain relieved (3-5 scale), *gamankashtata* (grade- 2), No restricted movement ,no stiffness.

DISCUSSION

Avascular necrosis can be correlated with *Asthi –majjagat vata* ,Ayurvedic pathogenesis of AVN is as follows-

Rakta dhatu supply to the femoral head is decreased .It leads to decreased nutrition supply to that part and reduction in density (*asthi dhatu kshay*).As *majja* resides in *asthi dhatu* ,it may further results in *majjdhatu kshay*.

*Hingwashtakchurna*³ was administered to increase the appetite as it contain *hingu, trikatu, ajmoda, saindhav, jirak, krushna jirak* which is *katurasatmak, ushnaviryatmak*, these qualities increase *jatharagni* and help to regulate *apanvayu*, as the *Kati, Sakthi* are mentioned as site of *Apan Vayu* .

Treatment was started with *Yogbastikrama* for the purpose of whole body *shodhan*.

As Charakacharya had explained in *sutrasthan* about *asthigat roga chikitsa* is *tikta dravya siddha ghrith ksheer basti*⁴ *Panchatikta ghrith ksheer basti* was planned for strengthening of *asthi dhatu*. *Tiktarasa* has predominance of *Vayu* and *Akash mahabhautiktatva*. All the ingredients of *panchatikt* (*Nimba, Patol, Kutaki, Guduchi, Kantakari*)have *tiktarasa, ushnavirya, madhur & katuvipak* favors normal functioning of *dhatvagni*, facilitating increased nutrition of *asthidhatu*. As a result, degeneration of *asthi* and *majjadhatu* reduced as this treatment helped their regeneration.

Ghrith is *vata-pittashamak, balya, agnivardhak*, improves the

dhatuupachay. *Ghrit* also contain vitamin D plays an important role to utilize calcium and phosphorous from blood and helps in bone formation.⁵

Ksheer has *madhur* and *snigdha* properties which help in control of *vata* and acts as *bruhan* (nourishing). Research studies on *Kshirbasti* proved to be efficacious in *asthikshay*.⁶

At the end of treatment, patient had complete relief from stiffness, pain

intensity reduced and graded as 3-4 scale, increased strength and range of movements and walking witnessed without support .

MRI left hip was repeated after one year of treatment but there was no improvement in the MRI as compared to the previous MRI findings. On the other hand there was no further structural damage to the left hip joint.

CONCLUSION

This case study discussion support the Ayurvedic textual reference i.e. *Asthi vaha* and *Majjavaha Srotas Chikitsa* .

It states the use of *Tikta rasa* ,*ghrita ksheer* in *Asthi* and *Majjavaha Srotas dushti* .After the above symptoms were relieved and no side effects were seen .

Above all, MRI finding after treatment does not reveal further damage which suggests that this treatment helped to limit the disease. If same treatments is given to patient for few more years, we could find improvement in MRI also.

REFERENCES

1. Schoensta dt A. Avascular Necrosis (Last updated /reviewed on July 09 ,2013)Available from : <http://www.emedtv.com/vascular-necrosis.html>.
2. Aldridge JM,^{3rd} ,UrbaniakJR. Avascular necrosis of the femoral head :Etiology, Patho-physiology ,classification ,and current treatment guidelines .AM J Orthop(Belle Mead NJ)2004 ;33;327(Pubmed)
3. Shastri S A. VaranasiLChaukhamba Sanskrit Samsthan;Commentator.”10thadhyay 59thshloka”BhaishajyaRatnavali .Hindi Translation;p.242.
4. 27thshloka.Sutra sthan.,28th Ch. Chaukhambha Bharati

Academy2001.Charak Samhita part 1 by
Sri Satya Narayan Shastri.

5. Aktar B ,Mahto PR,Dave AR, ShuklaVD.
Clinical study on Sandhigat Vata w.s.r.to
Osteoarthritis and its management
Panchatikta Ghrit
Guggulu.Ayu.2010;31:53-7.(Pubmed).
6. Sanjay K,Subbangouda PG .Clinical
evaluation of the role of Tikta ksheer basti
and Ajasthi Bhasma in the management of
Asti Kashay vis-à-vis
osteoporosis.Ayu.2009;30;131-41.

