

## **AYURVEDIC MANAGEMENT OF AVN (AVASCULAR NECROSIS OF FEMORAL HEAD) ANUKTA VYADHI-A CASE STUDY**

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### **ABSTRACT**

**Aim:** A case study had been done to find the effective management for AVN. AVN of femoral head is the most common type of necrosis affecting the bone. A 25 years old patient admitted in IPD, Government Ayurved Hospital, Nagpur was suffering from AVN with bilateral femoral head had been given Ayurvedic medicine as well as *Panchkarma* shown encouraging results. **Conclusion:** Patient was observed for symptomatic improvement based on assessment done by questionnaire, also observed for clinical examination and radiological finding. Patient was also observed for complication during whole course of treatment, untoward complications were not seen. Conservative management of AVN through *Ayurvedic* principles provide significant relief and improves quality of life.

**Keywords:** A V N, *Anuktavyadhi*, *Panchkarma*.

### **INTRODUCTION**

#### **BACKGROUND OF AVASCULAR NECROSIS OF FEMORAL HEAD:**

Avascular necrosis (AVN) is osteonecrosis (dead bone) also called Chandler's Disease in young adults with 60% of the cases being bilateral. AVN is caused due to the injury or any occlusion in the blood vessels nourishing the bone tissue. AVN of femoral head is the most common type of necrosis affecting the bones. AVN of femoral head may be classified mainly into two types: 1) Post traumatic 2) Idiopathic.

The arteries supplying the femoral head are very narrow and hence are easily liable to injury followed by mere dislocation or a sub capital fracture (near the head) of femoral neck. This leads to the lack of nourishment to femoral head resulting in necrosis. In the other, the arteries become occluded for which the reason is not known. It may be asymptomatic in the beginning but later mild to severe degree of pain is seen along with change in the gait. *Ayurved* has been playing

the vital role in curing chronic and untreatable conditions of AVN. But principles of *Ayurvedic Chikitsa* must be applied clinically to Diseases which are not described in *Ayurvedic* texts but we find today termed as *Anukta Vyadhi*. An effort was made to evaluate the efficiency of *Ayurvedic* formulations in the conservative managements of AVN of the femoral head against painful surgical procedures prescribed by modern science. On the basis of this concept a case of AVN was treated and outcome of the treatment is as follows.

#### CASE REPORT:

A 25 yrs male patient (dated 12/01/2016 OPD NO.3826) reported to Government Ayurved Hospital, Nagpur with complaints of pain and stiffness in bilateral hip region since 3months which was associated with difficulty in doing normal daily activities such as walking, sitting, squatting etc.

Aggravating factors were; cold weather, gastric upset and supine posture. Alleviating factors were; warm food and warm weather.

#### PAST HISTORY:

The patient claimed to be apparently healthy before 3months, then he developed the pain and stiffness gradually. The pain was constant throughout the day and aggravated during the night hours. He consulted a doctor for relief from these symptoms. He was referred to the department of Neurology of a well-known hospital further to Orthopedic department diagnosed his problem as AVN of bilateral femoral head with aid of MRI. The Orthopedic surgeon recommended surgical intervention but the patient was reluctant and he approached out hospital for conservative and alternative treatment.

NoH\o alcohol consumption.

No H\o any trauma or accidental injury

#### INVESTIGATION:

1)MRI (dated 05/01/2016):

Grade III avascular necrosis of left femoral head with reactive marrow edema in left femoral neck and mild left hip joint effusion.

Grade II avascular necrosis of right femoral head suggestive of AVN of femoral head.

2) Sickling: Positive (AS Pattern)

3)HbsAg: Negative

#### Table A: Examination of Patient:

##### Ashtvidhapariksha:

1)	<i>Nadi</i>	80/min,regular
2)	<i>Mutra</i>	<i>Samyak</i>
3)	<i>Mala</i>	<i>Samyak</i>
4)	<i>Jivha</i>	<i>Niram</i>
5)	<i>Shabd</i>	<i>Spasta</i>
6)	<i>Sparsh</i>	<i>Samshitoshn</i>
7)	<i>Druk</i>	<i>Spasta</i>
8)	<i>Aakruti</i>	<i>Krush</i>

##### Table B: Aturbalpramanpariksha:

1)	<i>Prakruti</i>	<i>Vatapradhan pitta, Rajas</i>
2)	<i>Sarata</i>	<i>Madhyam:Ras,rakta, mansa</i>
3)	<i>Sauhanan</i>	<i>Asauhat</i>
4)	<i>Praman</i>	<i>Wt.40kg Ht.5feet</i>
5)	<i>Satmyataha</i>	<i>Madhyam</i>
6)	<i>Satva</i>	<i>Uttam</i>
7)	<i>Aharshakti</i>	<i>Abhyavaharan : Mdhyam</i>
		<i>Jaran : 5-6 hrs.</i>
8)	<i>Vyayamshakti</i>	<i>Avar</i>
9)	<i>Vaytah</i>	<i>Yuvavastha</i>
10)	<i>Deshtaha</i>	<i>Sadharan</i>

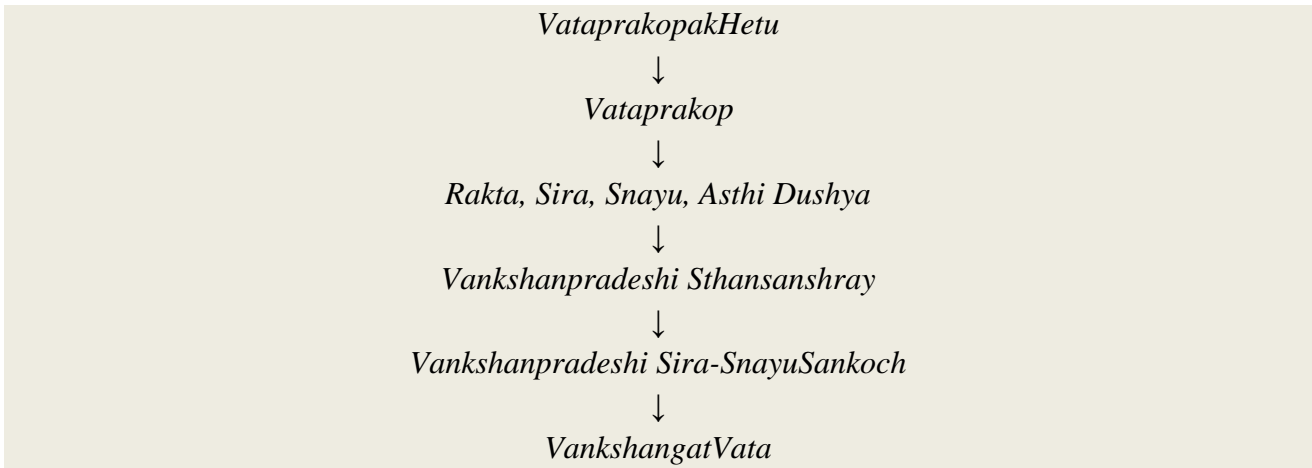
\**Dosh: Vata*

\**Adhistan: Pakvashay*

\**Dushya: Rakta, Sira, Snayu, Asthi*

**\*Sthansanshray: Vankshanpradesh**

**\*Samprapti**



**AYURVEDIC MANAGEMENT:**

**Table No. 1:** Intervention

Date	Medicine	Dose	Frequency
12/01/2016	1) <i>Kanchnar G.</i>	2Tb	Thrice a day
	2) <i>SaptamrutLauha</i>		Thrice a day
	3) <i>Kaishor.G.(10Gm)</i> + <i>Mahavatvidhvans(20Tb)</i> + <i>ChopchinyadiChurna(50Gm)</i> + <i>JasadBhasma(10Gm)</i>	1.72Gms	Twice a day
	4) <i>MaharasnadiKwath</i>	15ml	Twice a day
	5) <i>Punarnavasav</i>	15ml	Twice a day
	6) <i>Tb.Folic Acid</i>	1Tb	Once a day
14/01/2016	1) <i>Kalabasti</i> for 30 days	25ml	Once a day
	2) <i>Pishinchil</i> for 21 days		
23/01/2016	1) <i>T.Calcipral</i>	1Tb	Twice a day
	2) <i>Nasya</i> with Anutail		Twice a day
27/01/2016	1) <i>AgnitundiVati</i>	2TB	Twice a day
04/02/2016	2 <sup>nd</sup> Dose: <i>KaishorG.(10Gm)+</i> <i>Mahavatvidhvans(20Tb)+</i> <i>ChopchinyadiChurna(50Gm)+</i> <i>JasadBhasma(10Gm)</i>	1.72Gms	Twice a day
05/02/2016	1) <i>PanchtiktaKshiraBasti</i> for 16 days		Once a day

**Table 2: Observation**

	Sign and Symptoms	Before Treatment	After Treatment
1)	Flexion of Hip Joint	No	Yes
2)	Extension of Hip Joint	No	Yes
3)	Abduction of Hip Joint	No	Yes
4)	Adduction of Hip Joint	No	Yes
5)	Medial Rotation	No	Yes
6)	Lateral Rotation	No	Yes

**Table No.3: Lakshanas**

	Lakshanas	0Day	15 <sup>th</sup> Day	30 <sup>th</sup> Day	45 <sup>th</sup> Day	60 <sup>th</sup> Day
1)	VamVankshanSandhiShul	Yes	Yes	Yes	Mild	Mild
2)	DakshinVankshanSandhiShul	Yes	Yes	No	No	No
3)	DakshinAnssandhiShul	Yes	No	No	No	No
4)	UbhayJanuSandhiShul	Yes	Mild	No	No	No
5)	SakshataUthapan and Utktasan	Yes	Mild	No	No	No
6)	SakshataChankraman	Yes	No	No	No	No
7)	SadharChankraman	Yes	No	No	No	No

**Table 4: Vas Numerical Pain Distress Scale:**

	Lakshanas	0Day	15 <sup>th</sup> Day	30 <sup>th</sup> Day	45 <sup>th</sup> Day	60 <sup>th</sup> Day
1)	VamVankshanSandhiShul	High	High	Moderate	Moderate	Low
2)	DakshinVankshanSandhi Shul	High	Moderate	Moderate	Low	Low
3)	Dakshin AnssandhiShul	High	Low	No	NO	No
4)	Ubhay JanuSandhiShul	High	Moderate	Moderate	Moderate	Low
5)	SakshataUthapan and Utktasan	High	Moderate	Low	NO	NO
6)	SakshataChankraman	High	Moderate	Low	NO	NO

## DISCUSSION

Considering the history and examination of the patient treatment was planned with a *Chikitsakarma*. Presentation of the patient with pain and stiffness in bilateral hip to knee region showed the involvement of *VataDosh* associated with *Asthivaha Strotas*. Hence the *Basti karma* planned in schedule of *Kala Basti*<sup>(1)</sup>In this *Kala Basti* schedule *Panchtikta Kshira Basti*<sup>(2)</sup>with internal administration of *Kaishor Guggulu*<sup>(3)</sup> +

*Mahavatvidhvance* +*Jasad Bhasma* +*Chopchinyadi Churna*, *Maharasnadi Kwath*, *Punarnavasav*.

AVN is a cause of a bone necrosis which is progressive in nature, due to lack of blood supply to the particular part of bone due to injury or any occlusion in the blood vessels nourishing the bone tissue. Main role of *Rakta Dhatu* is *Jeevan* that is giving life. It is the vehicle for *Prana* which carries it through the body.

According to Ayurvedic point of view there is no direct co-relation with avascular necrosis but on their clinical presentation there is dominance of *Vata Dosh* and *Vikruti* (vitiation) of *Asthi Dhatu*, in AVN the blood (*Rakta Dhatu*) supply to the femoral head is decreased due to any type of *Margavrodh* (occlusion of blood vessels) ultimately leads to necrosis. *Margavrodh* is also responsible to aggravate *Vata Dosha* and increase *Vata Dosha* finally resulting into loss of *Asthi Dhatu*. In advance stage, due to continuous *Vata Dosha* (due to necrosis) imbalance it further responsible for vitiation of *Pitta* and *Kapha*. So here *Basti* is a choice of treatment for AVN, in all *Panchakarma* procedures because *Basti* is first line of treatment<sup>(4)</sup> of *Vata Dosha* as well as *Pitta, Kapha Dosha* and *Rakta* also<sup>(5)</sup>.

Probable mode of action of *Panchatikta Kshira Basti*:

*Panchatikta Kshira Basti* is very effective treatment for AVN. The decoction made in *kshira* which having *Madhura* and *Snigdha* properties which help to control *Vata Dosh* and due to *Sukshma Gun* of *Saindhva* it reaches up to micro channel of the body<sup>(6)</sup> and helps to open fresh blood supply to the bone tissue. In this *Basti Tikta Dravyas* are having *Tikta Rasa, Ushana Virya, Madhura* and *katu Vipaka* favours normal functioning of *Dhatvagni* (metabolic stage) facilitating increased nutrition to the *Asthi Dhatu*.

*Ghrta* is *Vatashamak, Madhura, Shita Virya*. Thus, it pacifies *Vata*, improves the *Dhatu Upachaya* (metabolism of the tissue) and acts as a *rejuvenator* of the body. *Ghrta* has the properties of *Sanskarasya Anuvartana*

(that which inherits the properties of other drugs without altering itself) precipitating bio-availability of other drugs. Hence, helps in *Samprapti Vighatana* (breaking down of pathology) of the *Asthi Kshaya*<sup>(7)</sup>. *Kaishor Guggulu* is a drug of choice in *Vatarakta* in which obstruction in blood vessels is main pathology. So, here it is very useful for improvement of blood circulation. *Chopchini* is *Raktaprasadan* and able to carry drugs in *Sukshma Srotasa*. *Jasad Bhasma: Zn Oxide* is used in Sickle Cell Disease. According to *Ayurved Jasad* can be correlated with *Zn Oxide*

## CONCLUSION

On the basis of this single case study it can be concluded that *Panchatikta Kshira Basti* along with certain palliative medicine is effective in management of avascular necrosis of neck of femur.

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