

ASSESSMENT OF EFFICACY OF PANCHTIKTA KSHEER BASTI IN THE CONSERVATIVE MANAGEMENT OF AVASCULAR NECROSIS OF THE FEMORAL HEAD - A CASE STUDY

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ABSTRACT

Avascular necrosis of the femoral head is the most common type of necrosis affecting the bones. Management of avascular necrosis aims at the preservation of structure, function, and relief from pain. Surgical interventions include insertion of bone grafts, drilling, modified Whitman and Colonna reconstruction, insertion of prosthetics. These procedures are costly and cannot be afforded by everyone. The prognosis can be related to “*Astivahastroto Dushtivikar*” (disorders of muscular skeletal origin) and can be consider with “*Gambhiravastha*” (chronic stage). An effort has been made in the present study to evaluate the efficiency of ayurvedic formulation in the conservative management of avascular necrosis of the femoral head. Patient has been observed for complication during whole course of treatment and no complication was seen. Patient was observed for symptomatic improvement based on assessment done by the questionnaire over graded sign and symptoms before and after treatment, the result was encouraging. During this therapy it was observed in patient marked relief from pain, tenderness, stiffness and there was improvement in his gait. Conservative management of the avascular necrosis through ayurvedic principles provided significant relief from the condition before the treatment, overall signs and symptoms were reduced thus improving the health of the patient.

Keywords: Avascular Necrosis, *Astivahastrotodusthivikar*, *Gambhir Avastha*.

INTRODUCTION

Avascular necrosis (dead bone) and is also called osteochondritis in young adult with 60% of the cases bilateral. The condition is one of the most challenging problems faced by orthopedic surgeons. The objective of the treatment includes the preservation of the structure, function, and relief from pain. Many surgical procedures such as drilling, insertion of the bone graft, modified Whitman or Colonna reconstruction and in-

sertion of prosthesis are carried out to the remedy this condition. Initially patient was asymptomatic, but in time AVN it leads to joint distraction, requiring surgical treatment and in later stage, total hip replacement (THR) [2]. This condition can be clinically correlated with *Asthimajjjapradoshajvikara* (Osteoarthritic disorder) and with the clinical features of *Asthipradoshajvikara* (osteoporosis) such as *Asthi-Shool*

(Pain in Bone tissue) and Asthi-Bheda (Breaking of bone) which directly co-relates with symptoms of AVN [3]

Case Report-

A 34years old male Railway ticket collector, reported to the outpatient department of Shalyatantra, YMT College of Ayurvedic and Hospital, Kharghar, NaviMumbai with complaints of pain and stiffness in right hip to knee region since six to seven months, which was associated with difficulty in doing normal daily activity such as walking, taking bath, etc. The patient claimed to be apparently healthy one year earlier

with pain and stiffness developing gradually. The pain was constant throughout the day and aggravated during the night hours. He was referred to the department of neurology and advised pain killers, which did not relieve the symptoms. Thereafter, the doctor at the orthopedic department diagnosed his problem as avascular necrosis of right neck of femur with the aid of MRI. Then orthopedic surgeon advised surgical intervention, but patient was reluctant, and he approached the hospital for conservative treatment. The condition of the patient during first visit was Pain, Stiffness and heaviness in right lower limb, Disability to perform regular activities.

Table 1: On General Examination-

Sr No	Parameter	Observed value
1	Blood Pressure	130/80 mmHg
2	Pulse	72/min
3	Pallor	Nil
4	Respiratory Rate	18/min
5	Temperature	Afebrile
6	Lymph node	Not palpable

Subjective-Objective Criteria

Visual analogous scale-

- Straight leg rising test-45 degree in right lower limb
- The ROM was flexion -45 degree
- Backward extension-5 degree
- Adduction -15 degree
- Abduction-25 degree

This presentation was correlated *Aasthi-Majjagataavata* (musculoskeletal disorders) and was treated accordingly.

Material and Method

Treatment-

- *Basti Karma (Medicated enema)-Panchatikta Ksheera Basti*
- *Purvakarma (Precursors)*

- *Sarvanga abhyanga (oilation therapy)with murchitaitala*
- *Sarvangaswedan (Formentation) by Dashmoolaand Erandamula kwatha*
- *Panchtiktaksheerbasti (Medicated Enema of 5 Bitter rasa dravya and Milk) was given for 21 days.*
- *The Shaman aushdhi (Pacifying Medicine) used were*
- *Chopchinichurna 5 gm twice a day orally with lukewarm water for 21 days*
- *Kaishorguggula (250mg) 2 tablet thrice a day orally*
- *Mahavataavidhwans Rasa (250mg) 2 tablet thrice a day orally.*

Result: Outcome and follow up-

On observation and examination before treatment, after completion of Panchkarma procedure and after follow up of 2 and half month the result was given as following

Table 2:

Parameters	Before treatment	After treatment	After follow up
VAS	6	5	3
SLR Test	40	60	70
Flexion	45	60	80
Extension	5	10	15
adduction	15	15	20
abduction	25	25	30

DISCUSSION

Patient had history of trauma over hip joint that is specific case of *Asthi* (Bone) and *Majjapradoshajvikar* (Bone marrow disorder)[3]. Patient gradually developed sign and symptoms of *Asthishoo* (Pain in Bone) and *Asthibheda* (Breaking of Bones) due to its which was similar to *Asthipradoshajvikar* in *Asthimajjagatavata* particular to *Vatavyadhi* (Disease caused due to vata)[4,5]. Occupational history of patient suggested long hours of standing which triggered the past *As-thighatajanyanidan* (Traumatic injury to bone). As a result, *Vyadhi* (disease) was developed, after *Nirama-vastha* (Corrected stage of Metabolism) *Panchtikta-ksheerbasti* was planned.

Line of treatment for *Asthimajjagatavata* (Musculo Skeletal disorder) includes *Bahyaabhyantarsneha* (External internal oleation therapy) [6]. Basti Karma is mentioned as the best treatment for *Vatadosha*. Acharya Charak specified that in the disease related to *asthi*, we should give Basti using *Tiktarasatmak-ashdhidravya* (Drug predominant in bitter taste) along with *Ghrita* and *Ksheer* (Milk) that is *Sanghritatiktak-sheerbasti* (Medicated enema prepared with milk ghee and 5 bitter drugs). *Tiktaraasis* (Bitter rasa) dominant in *Akash* and *Vayumahabhut* (Ether and Earth element). So, we planned for *Panchtikta-ksheerbasti*. *Panchtiktaguggula* mainly indicated in *Asthi*, *Sandhi*, *Majjagatavikar* (Bones, joint, disease of bone Marrow). It also contains *Tikta rasa Pradhan dravya* and possess *Prutvimahabhuta* (Earth element) which helps in bone formation and nourishment hence adminis-

tered as *Snehabasti* (oleation enema). It has *Snigdghuna* (unctuous), *Balya* (Body Strenght) and *Bruhan* (Nourishing) action. *Chopchinichurna* was used with Lukewarm water. *Chopchini is Vedanahara* (Pain relieving), *Shoth hara* (Capacity to reduce edema) and is able to carry drug in *Sukshamastrotas* (Fine elements carried to pours). *Kaishor guggul* 2 tablet thrice a day regularly was used to reduce edema. *Mahavatavidhwansa rasa* 2 tablet thrice a day daily As *Kshobhnashak* (Curing Irritation) and *Shulaghna* (Pacification of Pain). During follow up patient was presented with a significant improvement by subjective assessment.

CONCLUSION –

Ayurveda Panchkarma management of AVN of the femoral head showed significant result in this case. Moderate improvement was found in pain and stiffness, range of movement of hip joint and difficult in walking. This case study suggested that *Basti Karma* may provide a significant result in *Asthimajjagatavata* i.e. AVN.

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