



## AN APPROACH TO AVASCULAR NECROSIS BY AYURVEDIC MANAGEMENT

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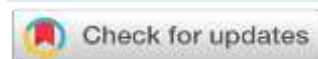
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## ABSTRACT

- Avascular necrosis (AVN) is the cellular death of component of bone due to impaired blood supply. It is associated with long term steroid use and alcohol consumption in large volume. AVN of femur head is most common type of necrosis because the artery supplying to the area is very narrow which easily gets injured followed by mere dislocation or a sub capital fracture which leads to lack of nourishment resulting in necrosis. In conservative science no specific treatment rather than surgery is available. Moreover, it is expensive and has poor prognosis too.
- A 42 year male patient presenting with pain & stiffness in bilateral hip joint more severe in left, difficulty in walking reported in SSNJ *Ayurved Rugnalaya*, Solapur. Diagnosed as avascular necrosis by orthopedic surgeon.
- In *Ayurveda*, wide range of treatment have been mentioned which is effective in such manifestation. This case was treated with *Tiktaksheerbasti Basti*, *Anuvasana Basti*, along with *Shaman Aushadhi*.
- From this study it can be concluded that AVN can be successfully treated with *Ayurvedic* treatment.

**Keywords:** AVN, *Asthimajagata Vata*, *Tiktaksheer Basti*, Case Report

## INTRODUCTION

Avascular necrosis (AVN) is osteonecrosis and is also called as Osteochondritis. AVN of femoral head is classified mainly into 2 types – 1) Post Traumatic 2) Idiopathic. The arteries which supply the femoral head area are very tiny & thus area is simply susceptible to injury followed by mere dislocation or a sub capital fracture (near the head) of femur. There is a degenerative change of femoral bone which is progressive in nature, caused due to interruption to blood supply. It may be asymptomatic in the early stage, later severity increases in conjugation with change in gait. AVN of femoral head presents with groin pain that radiates down towards anteromedial thigh. Also there is change in range of motion i.e. abduction, adduction, flexion, extension are found. In conservative science no any specific treatment rather than surgery is available. Moreover, it is expensive and has poor prognosis too. In *Ayurveda*, wide range of treatment have been mentioned which is effective in such manifestation. The present case aimed at the conservative management of avascular necrosis of femur head.

In *Ayurveda* AVN can be correlated the *Asthi-Majjagata Vata*. Its symptoms are *Bhedoasthiparvanam*(braking type of pain in bone & joint), *Sandhishoola*(joint pain), *Mamsakshaya* *Balakshaya*(muscular wasting), *Sandhi Shaithilyam*(laxity of joint), *Aswapanasantat Ruka*(sleeplessness due to continuous pain), *Shiryantiva Cha Asthinidurbalani*(destruction of bony tissue causing generalised weakness)<sup>[1]</sup>. *Vata, Pitta, Rakta Dosha* plays important role in pathogenesis of AVN along with *Asthi & Majja Dhatu*.

Patient Information -

- A 42 years old male electrical shopkeeper, non-diabetic and non-hypertensive who presented

with pain & stiffness in bilateral hip joint more severe in left, difficulty in walking since 2019. He was consulted too many orthopedic surgeon but he discontinued the treatment in between. He was recommended for surgical intervention. But the patient was not willing for surgery and in search of better option he approached to *Ayurvedic* treatment. Then he came to OPD of our institute with same complaints associated with both knee joint pains since six month & admitted in IPD of *Kaychikitsa* Department.

- Past History - The patient claimed to be apparently healthy before 3 years, and then he developed the pain in left hip joint gradually. The pain was constant throughout the day and aggravated during the night hours. The patient was diagnosed with AVN of bilateral femoral head with aid of MRI by an orthopedic surgeon and had recommended surgical intervention but patient was not willing for surgery. He approached the *Ayurvedic* treatment facility for conservative and alternative treatment.
- Patient had history of alcohol consumption and accident injury (Heavy weightlifting). Personal history revealed *Vidahi Ahara*(Non veg, Spicy food) consumption, normal appetite, no bowel disturbance, disturbed sleep due to pain.

Clinical Findings –

The general and specific examination of the patient was conducted as per *Ayurveda* and modern as follows –

### *Asthavidha Pariksha:*

1	<i>Nadi</i> (pulse)	76/minute, Regular
2	<i>Mala</i> (stool)	<i>Samyaka</i>
3	<i>Mutra</i> (urine)	<i>Samyaka</i>
4	<i>Jivha</i> (tongue)	<i>Nirama</i>
5	<i>Shabda</i> (sound)	<i>Spashta</i>

6	<i>Sparsha</i> (touch)	<i>Samsheetoshna</i>
7	<i>Drika</i> (eye)	<i>Spashta</i>
8	<i>Aakriti</i> (built)	<i>Madhyama</i>

**Physical examination:**

On physical examination, stiffness, movement restriction, and painful rotation of both hip joints more severe on left side.

Straight Leg Rising Test (SLRT) - 30 positive on both sides.

Lower limb neurological testing revealed normal reflexes.

Gait – Trendelenburg Sign was positive.

**Investigation -**

- X – Ray Pelvis with both Hips (5/8/2020) - Sclerotic & lytic lesions are noted in head of Rt femur. Subtle lytic lesions are noted in head of Lt Femur? AVN.
- MRI of PBH Joints (28/9/2020) - Bilateral femoral head AVN, Grade 3 on either side (Lt>Rt) Bilateral mild to moderate hip joint effusion

**Therapeutic Intervention –**

Table no 1 - *Shamana Aushadhi* (Oral Ayurvedic Medication)

Sr. No.	Drug	Dose	Anupana	Aushadhi sevana kala	Duration
1	<i>Mahayogaraja Guggulu</i>	500mg	<i>Koshna jala</i> (luke-warm water)	<i>Pashchatbhata</i> (after food)	10 days
2	<i>Panchtikta Ghrita Guggulu</i>	500mg	<i>Koshna jala</i> (luke-warm water)	<i>Pashchatbhata</i> (after food)	10 days
3	<i>Gandharva Haritaki</i>	1.5gm	<i>Koshna jala</i> (luke-warm water)	<i>Nishakali</i> (at night)	10 days

Table no 2 - *Panchakarma* therapies

Sr. No.	Treatment	Drug used	Dose	Duration	
1	<i>Sthanika Abhyanga</i>	<i>MahanarayanaTail</i>	Q.S	10 days	
2	<i>Nadi Sweda</i>	<i>Dashmoola Kwatha</i>	Q.S	10 days	
3	<i>Vakshana Pichu</i>	<i>BalaguduchyadiTail</i>	Q.S	7 days	
4	<i>Kaal basti</i>	<i>Niruha Basti</i>		<i>Anuvasana Basti</i>	
		Content	Dose	Content	Dose
		<i>Madh</i>	20 ml	<i>BalaguduchyadiTail</i>	60 ml
		<i>Ghrita</i>	40 ml	<i>Saindhava Lavana</i>	2 gm
		<i>Panchtikta Kalka</i>	10 gm		
		<i>Panchtikta Kwatha</i>	150 ml		
		<i>Goksheer</i>	150 ml		

Outcome – Patient was assisted using Visual Analogue Scale (VAS) from 0 to 10. VAS was 8(Lt Hip), 7 (Rt Hip) before treatment & it come down to 4 (Lt Hip), 3 (Rt Hip) after the treatment. Improvement in range of motion (ROM) of hip joint, flexion, extension, adduction, abduction, internal rotation, external rotation after treatment. Straight Leg Rising Test be-

comes negative after treatment. There was significant clinical improvement in the range of hip joint and pain, gait after treatment.

**DISCUSSION**

According to Ayurveda, there is *Vata* Dominancy & *Vikruti* of *Asthi Dhatu* in avascular necrosis. In this

case there was history of trauma, Alcohol consumption which may reduce bone composition. So, *Basti* is first line of treatment of *Vata Dosh*. *Tikta Dravya Siddha Basti* is specially indicated in *Asthi kshaya Vikara*<sup>[2]</sup>. *Tikta Dravyas* are having *Tikta Rasa*, *Ushna Virya*, *Madhur* & *Katu Vipaka* favors normal functioning of *Dhatvagni*, facilitating increased nutrition to *Asthi Dhatu*. The decoction made in *Ksheera* which have *Madhura* and *Snigdha* properties helps to control *Vata Dosh*. *Ghrita* is *Vatashamak*, *Madhura*, *Shita Virya*. Thus, it pacifies *Vata*, improves the *Dhatu upachaya* and acts as a rejuvenator of the body. Also, *Ghrita* has properties of *Sanskarasya anivartana* (that which inherits the properties of other drugs without altering itself) precipitating bioavailability of other drugs. Hence helps in *Samprapti vighatana* of the *Asthi kshaya*. *Bala Guduchyadi Tail* was used for *Anuvasan Basti* & local application. The drug of *Balaguduchyadi Tail* has *Ushna Virya*, *Snigdha Guna*, which may help to pacify vitiated *Vata Dosh*. Also, it helps to improve local blood & lymphatic circulation.

*Mahayogaraja Guggulu* has *Tikta*, *Katu Rasatmaka*, *Ushna Virayatmaka* Drugs which relieve *Magravavrodha* and act as *Vedanasthapaka*, thus producing significant relief in pain. *Panchtikta Ghrita*

*Guggulu* is specifically indicated for disease of *Asthi* & *Sandhi*. It has *Vedanastapak* & *Raktashodaka* properties. *Gandharva Haritaki* is given for *Vatanulomana*.

## CONCLUSION

As there is no permeant cure for AVN. Usually its treatment ends with surgery. Here, in this case study the *Ayurvedic* treatment shows improvement in pain, stiffness & gait also improves quality of life. *Ayurvedic* treatment was safe & cost effective. So *Ayurvedic* formulation shows significant role in conservative management of AVN.

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