



## ROLE OF MANJISTHADI KSHARA BASTI IN MANAGEMENT OF AVASCULAR NECROSIS OF FEMORAL HEAD – CASE REPORT

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### ABSTRACT

Avascular necrosis (AVN) of femoral head is the most common type of necrosis affecting the bones. Avascular necrosis of the bone is the death of osteocytes due to impaired blood supply. It usually affects people between 30-50 years of age. It is associated with long term use of steroids, medications and excessive use of alcohol. It will be asymptomatic in early stages, as the condition progresses there will be gradual increase in pain and restricted range of movement of hip joint in end stage total joint destruction resulting in only surgical treatment. AVN treatment management aims at preserving the structural-functional integrity of bone and relief from the pain. Treatment modalities include administration of pain killers, anti-inflammatory medications (NSAIDs), core decompression (bone graft), modified Whitman or Colonna reconstruction, insertion of prosthesis and total joint replacement surgery are carried out as a treatment but causes financial burden and poor prognosis. Here we present a case of 19 years old male diagnosed with AVN of left hip joint. Clinical features in this case of AVN was merely correlated with *Ash-tivahasrotodushti* (Bone channel-musculoskeletal system) and *Majjagatavata* and treated with different treatment

modalities explained in the context of *Majjagatavata* and *Gambeeravatarakta* such as *Virechana* and *BastiChikitsa* and treatment outcome was found to be encouraging in the terms of pain relief, relief from tenderness stiffness, flexible hip movement (improved gait) and no reoccurrence after 2 years in MRI.

**Keywords:** Avascular necrosis of hipbone, *Majjagatavata*, *Gambeeravatarakta*, *Basti*, *Chikitsa*, Ayurveda

## INTRODUCTION

AVN is a condition effecting different bones as a result of transient or permanent deterioration of blood supply to the bones. Avascular necrosis (AVN) is osteonecrosis (dead bone) also known as Osteochondritis, Dissecans/ Chandlers Disease in young adults with 60% cases being bilateral presentation<sup>1</sup> it occurs in 3 to 4% of patients receiving corticosteroids with most common site of involvement being femoral head, resulting in morbidity. AVN is one of the challenging hurdles being faced by orthopedic surgeons now days. It is a progressive disorder with surgical intervention as a prime treatment. *Asti-Majjagata Vata*, *Vatavyadhi* occurs due to vitiation of *Vata Dosha* present in *Asthi Dhatu* and *Majja Dhatu*. It presents with clinical features as *Bhedo Asthi Parvarnam* (breaking type of pain in bone), *Sandhishoola* (Joint pain), *Satata Ruk* (Continuous nature of pain) etc. which co-relates with symptoms of AVN. *Basti* being a prime line of treatment in *Vata Vikaras*, *Manjistadi Kshara Basti* was administered in below case.

### Case Report:

In December 2017, 19-year-old male student patient reported to Suraksha Ayurveda Chikitsalaya Ghataprabha, Karnataka, India with the complaints of pain and stiffness in left hip region which was associated with difficulty in doing daily normal activities. Pain would increase during cold climate, increased physical activities for which he previously October 2017 underwent consultation at neurology department KLE hospital Belagavi and oral medications were advised but no relief was seen. Further in same Hospital on 10<sup>th</sup> November 2017 imaging diagnostic tool MRI of left hip joint revealed grade II avascular necrosis of left femoral head and further hip replacement was advised. Due to poor financial conditions patient refused surgery.

On examination in December 2017 patient presented with

- Gait: Trendelenburg sign was positive
- Third degree tenderness over left thigh
- Unable to lift the left limb
- Movements:
  - Pain on the movement of left limb during flexion extension and lateral rotation
- Motor system:
  - Crepitus: Absent
  - Attitude of limbs: Flexed
  - Nutrition: Moderate
  - Tone: Hypotonic in left limb
  - Power: Normal
  - Involuntary movements: Absent
- Investigation:
  - MRI of bilateral Hip Joint: Mentioned Subchondral sclerosis and focal geographical defect involving the head of left femur suggestive of GRADE II Avascular necrosis of Left Femoral Head.

## RESULTS AND DISCUSSION

Considering the above history, clinical presentation and radiological findings treatment protocol was designed on principles of *Ashtimajjagat vata*<sup>2</sup> and *gambeeravataraktaChikitsa*<sup>3</sup>. Complaint of painful and restricted range of movement of left limb indicates presence of *Vata and Kaphadushti in ashtivahasrotas*<sup>4</sup> (musculo-skeletal system) and hence *ManjisthadiKshara basti*<sup>5</sup> and drugs containing *Tikta*, *Kashaya*<sup>6</sup>, *Raktashodhak*<sup>7</sup>, *Ash-tiposhakgunas* were administered accordingly. Since there is presence of *Raktadushti* in form of obstruction of blood supply to femoral head classical *Virechan* with *Trivrutlehya* was done. *Basti* is one among the *Panchakarmas* which clearly shows its efficacy in chronic conditions.

With first course of *Manjisthadiksharbasti* pain relived 80% and limping was reduced indicating presence of revascularization of blood flow to femoral head. Further administration of *TiktaRasayana* oral *Dravyas* might have helped in bone nourishment. With this treatment patient showed overall well being physically in

terms of relief in pain, stiffness and free range of movement and radiological evidence of absence of AVN in report in November 2018. And there is no evidence of pain or reoccurrence of any symptoms related to left hip joint till date.

**Table 1:** Treatment protocol

Sl.no	Treatment administered	Duration
1.	Oral medications	1 year
2.	<i>Shodhan – Virechan</i>	Once
3.	<i>Manjisthadiksharbasti</i>	Twice at the interval of 5 months

**Table 2:** *Manjisthadi Ksharbasti* ingredients

Drug	Quantity
Salt	5grams
Honey	80ml
<i>Murchitatilataila</i>	60ml
<i>Kalka</i>	40gms
<i>Gomutra</i>	100ml
<i>Kwatha– Manjisthadikwath</i>	100ml
<i>Amla kaanji</i>	100ml

**Table 3:** Oral medications

Sl.no	Name of the formulation	Dosage
1	<i>Manjishthadikwath</i>	15 ml thrice in a day
2	<i>Kaishoreguggulu</i>	1 tab thrice in a day
3	<i>Arogyavardini Rasa</i>	2 tabs thrice in a day
4	<i>Brihatvatachintamani</i>	1 tab twice in a day
5	Capsule. Flexy	1 capsule thrice in a day

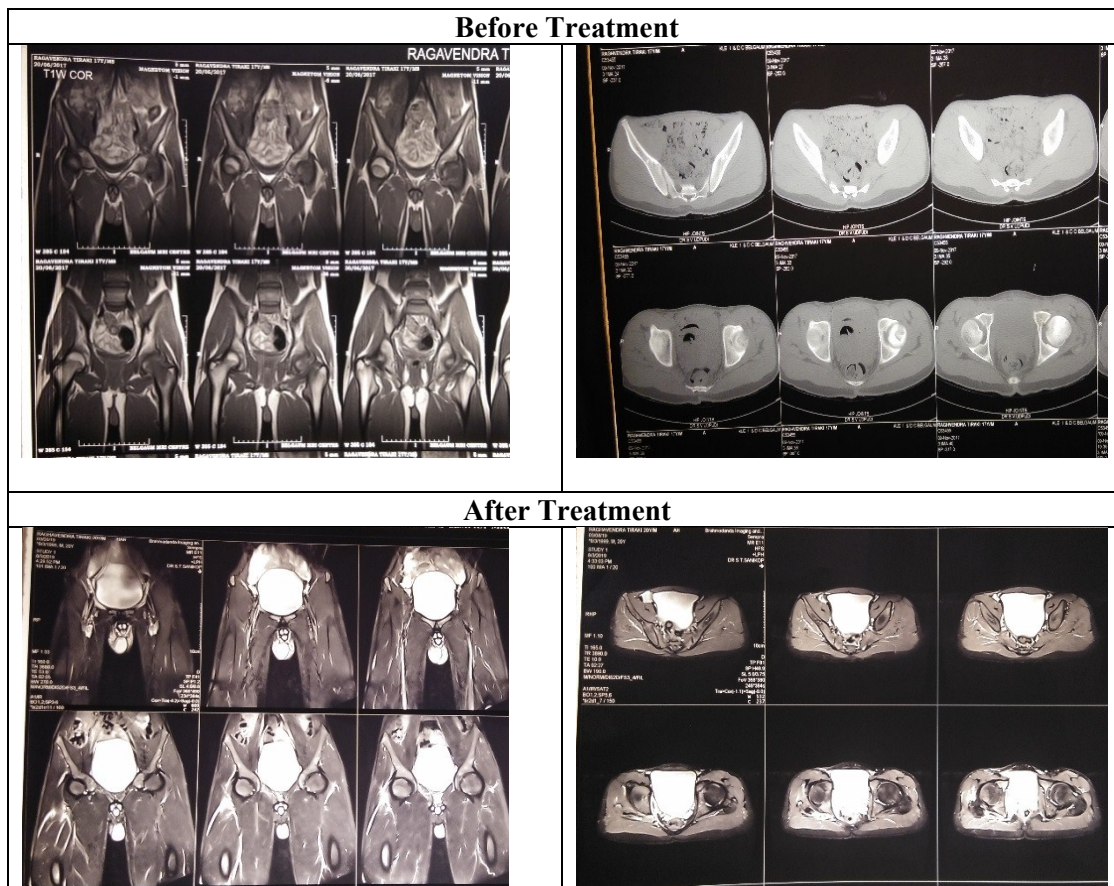
## CONCLUSION

An Ayurvedic science has its own scientific principles of discipline of life and treatment principles. If one follows proper guidelines mentioned in literature one can find solutions for every disease which is difficult to manage with modern science. *Manjisthadikshar Basti* has got antagonist qualities towards *Kapha* due to *Gomutra*. *Manjistha* does the *Raktaprasadana Karma* due to its virtue of *Tikta* and *Katurasa* and *Ushaguna*. So, one can use *Manjisthadikshar Basti* along with oral drugs in the management of Avascular Necrosis. Further studies have to be conducted on large scale to know mode of action of *Manjisthadi Kshara Basti* in cases of Avascular necrosis.

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**Before Treatment Report**

Name: RAGHAVENDRA TIWARI  
 Referred By: [Redacted]  
 Age/Sex: 17 YRS/M  
 CT Scan No.: 53455

**C.T. SCAN PELVIS WITH HIP JOINTS**

Preliminary AP scanogram of the pelvis was obtained. Contiguous axial scans of slice thickness 10mm were obtained with 5 mm slices in areas of interest.

There is subchondral sclerosis and a focal geographical defect involving the head of left femur. No obvious cortical irregularity/ focal collapse.

Rest of the visualized bones of the pelvis show normal appearance.

Right hip joint and bilateral sacro iliac joints show normal CT anatomy.

The sacrum and coccyx show normal appearance.

No evidence of fracture / dislocation.

Right proximal femur and its trochanter show normal appearance.

**IMPRESSION:**

- FEATURES SUGGESTIVE OF GRADE IIB AVASCULAR NECROSIS OF LEFT FEMORAL HEAD.

**After Treatment Report**

Name: Raghavendra Tiwari  
 REP by: [Redacted]  
 AGE/SEX: 20Yr/M  
 DATE: 03/08/2019

**MRI PELVIS**

- Multiphase multi echo mr imaging of pelvis was performed.
- Soft tissue oedema noted along the proximal part of right semimembranosus, semitendinosus, adductor magnus, vastus lateralis & obturator internus muscles.
- Marrow oedema noted in proximal shaft of the femur. There is minimal periosteal thickening noted along the anteromedial aspect of proximal femur.
- Rest of the bones show normal signals. No e/o focal lesion.
- Both hip joints show normal appearance. No e/o focal lesion, effusion/synovial thickening. The joint space and articular surface are normal.

**IMPRESSION**

- NO SIGNIFICANT ABNORMALITY DETECTED IN PELVIS.
- NO EVIDENCE OF AVN.
- SOFT TISSUE OEDEMA ALONG THE PROXIMAL PART OF RIGHT MEDIAL/POSTERIOR/ANTERIOR COMPARTMENT MUSCLES AS DESCRIBED ABOVE.
- MARROW OEDEMA IN PROXIMAL SHAFT OF THE FEMUR.
- -POST TRAUMATIC AETIOLOGY.

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**Conflict of Interest: None Declared**

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