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# AYURVEDIC MANAGEMENT OF AVASCULAR NECROSIS OF FEMORAL HEAD – A CASE REPORT

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## ABSTRACT

Avascular necrosis describes the death of bone due to impairment of its blood supply. Non-traumatic or idiopathic osteonecrosis is thought to be the result of an ischemic episode affecting the bone and marrow tissue and may cause a progressive collapse of the femoral head in young adults. Treatment is usually surgical and is determined by the stage and extent of the disease. Here is the case of a 26-year-old male who was diagnosed with avascular necrosis 9 months ago and was admitted with chief complaints of aggravating pain in the right hip. He was given *Manjishtadi ksheera basti*, *Jalaukavacharana*, and oral medicines. After the treatment, the pain decreased, and walking difficulty and pain while climbing steps were reduced. This case shows that *Ayurveda treatment* is help-ful in the management of avascular necrosis and helps in improving the quality of life.

Keywords: Avascular necrosis, Manjishtadi ksheera basti, Jalaukavacharana.

#### INTRODUCTION

Avascular necrosis (AVN) or osteonecrosis of the femoral head occurs because of an interruption in the blood supply to the femoral head, which causes bone death. The most common cause is trauma, and, of the non- traumatic causes, excessive alcohol intake and the use of systemic steroids are the most common.<sup>[1]</sup> The patient is frequently asymptomatic in the early stages of the disease process and therefore a high index of suspicion is required for initial diagnosis. However, as the disease progress, the patient may complain of an ache in the groin and clinical examination may reveal an effusion, a limp, and limitation of movement. The appropriate treatment of patients with AVN is dependent on the stage of the disease. Broadly, the seven stages can be divided into two groups: pre - collapse and collapse. In the pre- collapse group, the principle is to preserve and preferably revascularize the femoral head, whereas in the collapsed group the aim is to replace the femoral head. Conservative treatment in AVN usually leads to poor results and is therefore not recommended. The diseases which are not described in Avurveda texts are termed ANUKTHA VYADHI. Hence an effort was made to evaluate the efficiency of Ayurvedic conservative management of AVN of the femoral head.

#### **CASE REPORT**

#### PATIENT INFORMATION

A male patient aged 26 years, diagnosed case of AVN of the right femoral head came to OPD of SDM Hospital, Hassan was admitted under IPD NO 0036888 YAC with chief complaints of pain and stiffness in the right hip joint for 9 months, associated with difficulty in the walking and climbing steps. The pain aggravates during prolonged walking, standing, and climbing steps. Pain mildly relieved on **TIMELINE** 

Table 1: Timeline of case

taking rest. Occasionally he was unable to sleep properly due to pain.

#### HISTORY OF PRESENT ILLNESS

The patient was apparently healthy before 9 months. During the visit abroad as a part of his study purpose, he noticed pain in his right leg while prolonged walking and relieved after rest. After coming back to India, the pain remained the same. Then he gradually developed pain and stiffness in the right hip associated with difficulty in walking and climbing steps. The pain was constant throughout the day and gradually began to disturb my sleep. No H/o trauma and Steroid medication. He consulted a physician for relief from these symptoms. He was referred to the orthopedic department and diagnosed his problem as AVN of the right femoral head- Stage 2 with aid of an MRI. He recommended surgical intervention, but the patient was not willing, and he opted for Ayurveda treatment.

#### **CLINICAL FINDINGS**

**General examination:** The general condition of the patient was fair, and his vital signs were normal. His sleep was disturbed due to pain.

**On examination:** LOCOMOTOR SYSTEM: limping gait observed, On examination of the right hip joint-No discoloration and no swelling. Joint movements were painful and restricted (flexion, extension, abduction, external rotation).

Date	Relevant medical history		
January 2022	Gradual onset of right hip joint pain and stiffness		
	Disturbed sleep		
	Difficulty in walking, climbing steps		
Consulted physician and referred to orthopedic surgeon			
	MRI suggested and diagnoses as AVN stage 2 of Right hip joint		
September 2022	Complaints increased and consulted in OPD and planned for admission		

# DIAGNOSTIC ASSESSMENT INVESTIGATIONS

MRI Hip joints (31/1/2022) Suggestive of right femoral head avascular necrosis- stage 2 **Diagnosis: -** AVN of Right femoral head

#### THERAPEUTIC INTERVENTION

Date	Oral medication/ procedure	Dose
9/8/22	1. Dhanwantaram vati	2-2-2 b/f
	2. Jerrakadyarista	20 ml-20 ml-20ml a/f
	3. Anuloma ds	0-0-1 a/f
	4. Sarwang udwartana with kola kuluthadi choorna	
	Followed by dashamoola kwatha parisheka.	
10/8/22	1,2,3,4	
11/8/22	1,2,3,4	
12/8/22	1,2,3,4	
	5. modified kala basti schedule	
	a. Anuvasana basti- guggulu tiktaka gritha	80 ml
	b. Niruha basti –Manjishtadi ksheera kashaya	780 ml
	6. Jalaukavacharana to right hip	
13/8/22	1,2,3,5	
14/8/22	1,2,3,5,6	
	7.Mahamajishtadi kashaya	15ml-15ml-15ml a/f
	8.Kaishora guggulu	2-2-2 a/f
15/8/22	1,2,3,5,7,8	
16/8/22	1,2,3,5,6,7,8	
17/8/22	1,2,3,5,7,8	
18/8/22	1,2,3,5,6,7,8	
19/8/22	1,2,3,5,7,8	
	9. Zanosto tablet	1-1-1 a/f
20/8/22	1,2,3,5,6,7,8,9	
21/8/22	1,2,3,5,7,8,9	
22/8/22	1,2,3,5,6,7,8,9	
23/8/22	1,2,3,5,7,8,9	
24/8/22	1,2,3,5a,6,7,8,9	
	10. ksheera bala capsule	1-1-1 a/f
25/8/22	1,2,3,5a,7,8,9,10	
26/8/22	1,2,3,5a,6,7,8,9,10	
27/8/22	1,2,3,5a,7,8,9,10	
28/8/22	1,2,3,5a,6,7,8,9,10	
29/8/22	1,2,3,5a,7,8,9,10	
30/8/22	Discharged with the following medicines	
	Dhanwantaram vati	2-2-2 b/f
	Mahamanjishtadi kashaya	15ml-15ml-15ml a/f
	Zanosto tablet	1-1-1a/f
	Ksheerabala capsule	1-1-1a/f
	Anuloma ds	0-0-1 a/f

Manjishtadi ksheera basti ingredients: Anuvasan basti- Guggulu tiktaka gritha 80 ml

Niruha basti-

Honey 60 ml

Saindava 8gm

Manjishtadi taila 80 ml

#### Manjishta kalka 30 gm Manjishta kashaya 500 ml Ksheera 100 ml OUTCOMES AND FOLLOW UP

Table No3: -

Clinician assessed outcome	Patient assessed outcome	BT	AT
Gait	-	Limping gait	Gait improved
Range of movements- hip joint		Painful and restricted	Possible without pain
	Pain in the right hip joint	+++	+

#### DISCUSSION

The main intention of the treatment was conservative management and to improve the quality of life of the patient. The main complaint of the patient was pain and stiffness in the right hip joint, which indicates involvement of Vata dosha in Asthivaha srotas. AVN is caused due to lack of blood supply to a particular part of the bone. Due to the Marga avarodha of vayu, the blood supply to the femoral head is reduced. Increased Vata dosha finally resulted in the Kshaya of Asthi Dhatu. Hence considering the vata involvement and Rakta prasadaka and Asthiposhaka concept Jalaukavacharana, which is indicated for vascular diseases, and Manjishtadi ksheera basti treatment were planned.

Acharya Charaka mentioned that the line of treatment for Asthi kshya is Panchakarma chikitsa, especially Basti with Ksheera, gritha, and Tikta dravyas [2]. Manjishtadi ksheera basti ingredients are mainly Tikta, Kashaya rasa Raktashodaka and Guggulu tikta gritha improves Dhatu upachaya. Ksheera is Jeevaniya and Brimhaniya. Hence the Marga ava*rodha of Vayu* leading to vascular obstruction can be overcome by the administration of *basti*. Oral medications like *Mahamanjishtadi kashaya* and *Kaishora guggulu* are the drug of choice in improving blood circulation.

#### CONCLUSION

Based on this single case study, it can be concluded that *Manjishtadi ksheera basti* and *Jalaukavacharana* along with oral medications are effective in the management of AVN. This study is based on a single case. So further large sample size study is required to know the better results.

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