Case Report

ISSN: 2320 5091

Impact Factor: 5.344

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 “Astivahastrotosthushtivikar” (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, Astivahastrototodusthivikar, 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 insertion 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 Asthimajjapradoshajvikara (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 34 years 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-

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Parameter</th>
<th>Observed value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Blood Pressure</td>
<td>130/80 mmHg</td>
</tr>
<tr>
<td>2</td>
<td>Pulse</td>
<td>72/min</td>
</tr>
<tr>
<td>3</td>
<td>Pallor</td>
<td>Nil</td>
</tr>
<tr>
<td>4</td>
<td>Respiratory Rate</td>
<td>18/min</td>
</tr>
<tr>
<td>5</td>
<td>Temperature</td>
<td>Afebrile</td>
</tr>
<tr>
<td>6</td>
<td>Lymph node</td>
<td>Not palpable</td>
</tr>
</tbody>
</table>

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-Majjagatavata (musculoskeletal disorders) and was treated accordingly.

Material and Method

Treatment-
- Basti Karma (Medicated enema)-Panchatikta Ksheera Basti
- Purvakarma (Precursors)
- Sarvanga abhyanga (oilation therapy) with mur-chitataila
- Sarvangaswedan (Fermentation) by Dashmoolaaadand Erandumula 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
- Mahavatavidhwans 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>
<thead>
<tr>
<th>Parameters</th>
<th>Before treatment</th>
<th>After treatment</th>
<th>After follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAS</td>
<td>6</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>SLR Test</td>
<td>40</td>
<td>60</td>
<td>70</td>
</tr>
<tr>
<td>Flexion</td>
<td>45</td>
<td>60</td>
<td>80</td>
</tr>
<tr>
<td>Extension</td>
<td>5</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>adduction</td>
<td>15</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>abduction</td>
<td>25</td>
<td>25</td>
<td>30</td>
</tr>
</tbody>
</table>

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 Asthibhedha (Breaking of Bones) due to its which was similar to Asthipradoshajvikar in Asthimagajagatavata particular to Vatavyadhi (Disease caused due to vata)[4,5]. Occupational history of patient suggested long hours of standing which triggered the past Asthigatajayanidan (Traumatic injury to bone). As a result, Vyadhi (disease) was developed, after Nirama- vastha (Corrected stage of Metabolism) Panchtiktaksheerbasti was planned.

Line of treatment for Asthimajagatavata (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- aushhdhiravaya (Drug predominat in bitter taste) along with Ghrita and Ksheer (Milk) that is Sanghratitkaksheerbasti (Medicated enema prepared with milk ghee and 5 bitter drugs). Tiktaaraasis (Bitter rasa) dominant in Akash and Vayumahabhut (Ether and Earth element). So, we planned for Panchtiktaksheerbasti. Panchtiktigjaggula mainly indicated in Asthi, Sandhi, MajjaGatavika (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-

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 Asthimajagatavata i.e. AVN.

REFERENCES
1. Available From; Http://Emedicine.Medscape.Com/Article/386808 (Updated On 2008 August 1.)


Source of Support: Nil
Conflict of Interest: None Declared