



## ROLE OF DASHMOOLADI MAJJA SNEHA (THERAPEUTIC ENEMA) IN AVASCULAR NECROSIS: A CASE STUDY

### Ayurveda

<b>Jakra Priyanka*</b>	Post Graduate Scholar Final year Panchakarma, Pt. Khushilal Sharma Govt.(Auto.) Ayurveda College and Institute, Bhopal, Madhya Pradesh, India. *Corresponding Author
<b>Mishra Meenu</b>	Post Graduate Scholar Final year Kayachikitsa, Pt. Khushilal Sharma Govt.(Auto.) Ayurveda College and Institute, Bhopal, Madhya Pradesh, India.
<b>Soni Kamini</b>	Reader & HOD Department of Panchakarma, Pt. Khushilal Sharma Govt.(Auto.) Ayurveda College and Institute, Bhopal, Madhya Pradesh, India.

### ABSTRACT

**Introduction:** Avascular necrosis is also known as aseptic, osteonecrosis and ischaemic necrosis of bone. There are a multitude of risk factors but over 80% of cases are attributed to glucocorticoid treatment or alcohol excess. Avascular Necrosis of femoral head is the most common type of necrosis, because the artery supplying to neck of femur is very narrow which easily gets injured. In modern medicine there is no specific treatment rather than surgery. In Ayurveda avascular necrosis can be correlated with *Asthimajjagatvata*. **Aim:** To assess the efficacy of *Dashmooladi Majja Sneha* in the management of avascular necrosis. The objective of the treatment includes the preservation of structure and function of hip joint with symptomatic relief. **Materials & Methods:** The present case study is upon a 32 year old, diagnosed case of avascular necrosis of femoral head with complaints of pain in bilateral sacroiliac joint since one and half years which was associated with difficulty in doing normal daily activities such as walking, sitting, squatting along with change in the gait, at the *Panchakarma* OPD of Govt. *Ayurvedic* hospital Bhopal. The patient of idiopathic AVN of femoral head was treated with *Dashmooladi Majja Sneha*, *Brihatvata Chintamani Rasa*, *Amritarishta*, *Panchtikta Ghritha Guggulu* and *Shastik Shali Pind Swedan* have done as per the classical method for 30 days. Assessment was done after treatment and follow up after 15 days for 2months. **Observations:** The *Ayurvedic* therapies and oral medicines yielded complete symptomatic relief from pain, general debility and improvement in the gait. **Conclusion:** On the basis of the results obtained it can be concluded that *Dashmooladi Majja Sneha*, *Shastik Shali Pind Swedan* and some oral medicines can be used as an effective treatment in the management of Avascular Necrosis.

### KEYWORDS

Avascular Necrosis, Ashtimajjagatvata, Dashmooladi Majja Sneha.

### INTRODUCTION

Avascular necrosis usually occurs in young adults with 60% of the cases being bilateral. It is caused due to the injury or any occlusion in the blood vessels nourishing the bone tissue and about 16,000 people develop avascular necrosis of femoral head every year in India. AVN of femoral head is the most common type of necrosis affecting the bones. The arteries supplying to the femoral head are very narrow and hence are easily liable to be injured followed by mere dislocation or a sub capital fracture of femoral neck. This leads to the lack of nourishment to femoral head resulting in necrosis. It may be asymptomatic in the initial stage but later, mild to severe degree of pain is seen along with change in the gait. It occurs in adults between the ages of 20 – 40 years.<sup>2</sup> *Ayurveda* has been playing the vital role in curing chronic and untreatable conditions of AVN. In *Ayurveda* avascular necrosis has a high resemblance with *Asthimajjagatvata*. According to *Acharya Charaka* symptoms of *Asthimajjagatvata* are breaking pain in bones and joints, Piercing pain in joints, loss of flesh and strength, sleeplessness and continuous pain.<sup>3</sup> In modern medicine treatment of AVN includes NSAID, bone grafting, joint replacement and physiotherapy, which is not satisfactory in long term. In this paper an approach to evaluate an effective *Ayurvedic management (Dashmooladi Majja Sneha, Brihatvata Chintamani Rasa, Amritarishta, Panchtikta Ghritha Guggulu and Shastika Shaali Pind Swedana) for AVN.*"

### MATERIALS & METHODS

#### CASE REPORT

A 32 years old male patient visited *Govt. Ayurvedic Hospital Bhopal* dated 29/01/2021 OPD no. – 20210003229 IPD no. 202192 with chief complaints of severe pain in lower back and bilateral sacroiliac joint with stiffness, weakness in bilateral lower limbs and difficulty in walking, sitting and squatting etc.

### HISTORY OF PRESENT ILLNESS –

Patient was healthy before two and half month, then gradually started pain in bilateral Sacroiliac joint, the pain was constant throughout the day then he consulted a indoor physician, he was referred to the Department of Neurology of well known hospital further to orthopedic department diagnosed his problem as AVN of bilateral femoral head with aid of MRI. The orthopedic surgeon recommended for hip replacement but patient was reluctant and he approached out for ayurvedic treatment for AVN patient have migraine since severe years.

### HISTORY OF PAST ILLNESS –

No H/o Trauma, HTN, DM, Stroke, TB major surgery and steroid therapy there used a history of facial palsy in July 2020. Patient had COVID -19 in Sep 2020. There was a history of sudden onset of swelling in left foot before some days appearing symptoms of AVN.

### Personal History-

Marital status – Married  
Occupation – bank manager (long sitting job since 7 years)  
Addiction – no  
Allergy – Nil  
Sleep – Normal  
Bowel and bladder – Normal

### GENERAL EXAMINATIONS –

Bp - 130/80 mm hg  
Pulse - 70/m  
RR - 15/m  
Spo2 and all vitals are stable  
Pallor, Icterus, Cyanosis, Clubbing and Edema are absent.

### Systemic Examination-

CNS, PS, CVS, GIT – NAD  
Locomotor System -  
Inspection -  
Limping gait is seen  
Displacement of the left hip joint laterally  
Shortening of left lower limb  
Palpation -  
Acute tenderness elicited at the hip joint  
Joint movements are painful and restricted (extension, abduction external rotation)

### INVESTIGATION –

- 23/01/2021  
MRI pelvis with hip joints Mitchell's stage with Avascular necrosis of bilateral femoral represents bone marrow edema, effusion in right hip joint.
- 28/01/2021
  - MRI Lumbo-Sacral Spine - NAD
  - f lumbar spine scan and left hip scan – Osteopenia
  - Lipid profile is raised, fasting blood sugar, Vit -B<sub>12</sub>, Hba<sub>1c</sub>, RFT, LFT, CBC are normal.

**Table No.-1 treatment Administered:**

S.No.	Treatment	Dose	Frequency	Duration
1.	<i>Tab. Brihat Vata Chintamani Rasa</i>	125mg	Twice daily	30 days
	<i>Amritaristha</i>	20 ml	Twice daily	
	<i>Panchtikta Guggulu Ghrita</i>	2 tab	Twice daily	
2.	<i>Dashmooladi Siddha Majja Sneha</i>	100 ml	Once daily	15 days
3.	<i>Shastikshali Pind Swedana</i>	Q.S.	Once daily	15 days

**Table No.-2****OBSERVATION –**

Post treatment changes were noted in respect to range of hip joint movements and pain was assessed

S.NO.	Joint movements	Before treatment	After Treatment
1.	Flexion of hip joint	No	Yes
2.	Extension of hip joint	No	Yes
3.	Abduction of hip joint	No	Yes
4.	Adduction of hip joint	No	Yes
5.	Median rotation	No	Yes
6.	Lateral rotation	No	Yes

**Table No.-3****Lakshana (symptoms)-**

s.no.	Lakshana	0 day	10 day	20 day	30 day
1.	<i>Asthi parva bheda</i> (stabbing pain )	Severe	Moderate	Mild	No
2.	<i>Sandhi shool</i> (pricking pain )	Severe	Moderate	Mild	No
3.	<i>Satatam cha ruka</i> (Severe and long lasting pain)	Severe	Moderate	Moderate	Mild
4.	<i>Stabdghata</i> (stiffness)	moderate	Mild	Mild	No

**DISCUSSION**

According to *Ayurveda* perspective there is no direct co-relation with Avascular Necrosis but clinical presentation indicate towards dominance of *Vata Dosh* and *Dushita* (vitiation) *Asthi Dhatu* (bony tissue). So AVN can be correlated with *Asthimajjagatvata* in *Ayurveda*. *Basti* is first line of treatment of *Vata Dosha* as well as *Asthi kshayaja Vikara* (disorders caused by decrease of *Asthi Dhatu*).<sup>4</sup> *Acharya Charaka* while explaining about treatment for *Asthimajjagatvata*, emphasizes to consider both *Asthi* and *Majja* for treating through *Snehana* in both *Bahya* (external) and *Avhyantara* (internally). According to *Acharya Charaka* "*Sarvada Sarva Bhavanama Samnayam Vridhhi Karanama*"<sup>5</sup> means substances are always increased by consuming similar things. In order enhance *Majja Dhatu* (bone marrow), one should consume *majja* (bone marrow) in any form which has similar properties as *majja*. So in this AVN patient we planned for *Dashmooladi Majja Sneha*<sup>6</sup> (processed bone marrow enema), which improved and nourished the bone tissues, blood and bone marrow of femoral head. *Shastika Shali Pind Swedan* helped to improve circulation, nourishment and strength of the tissues of bones & muscles. It pacifies the morbidity of *Vata*, *Pitta* and *Rakta* in the skin, afflicted joints muscles and soft tissues. It also improves the movement of joints and enhances the flexibility of the body, soothes the nerves and improves blood circulation. *Brihatvata chintamani rasa*, *Amritaristha* and *Panchtikta Ghrita Guggulu* are given as oral medicines. These drugs are bitter in taste, hot in potency and have pungent taste after metabolic conversion that helps in balancing the aggravated *Vata Dosha* and supports normal function of *Dhatvagni* (*Asthi* and *Majja Agni*) which increased nutrition to bone tissues and bone marrow.<sup>7</sup>

**CONCLUSION**

On the basis of this case study it is concluded that *Dashmooladi Majja Sneha* and *Shastik Shali Pinda Swedan* along with certain oral medicines are effective in management of avascular necrosis of femoral head. The recovery in the present case was promising and worth documenting.

**REFERENCES**

1. Payal P. Suryawanshi, G.H. Kodwani, M.A. Aurangabadkar. Ayurvedic management of Avn (avascular necrosis of femoral head) anukta vyadhi case study. IAJM.2107;5(2):2320-5091
2. Maheshwari J. Essential orthopedics, Miscellaneous Affections of the Bone. 3rd ed.

New Delhi: Mehta Publishers; 2003. p.270

3. Shastri Kashinath & Chaturvedi Gourakha Nath, edited Charak Samhita of Agnivesh, revised by Charak and Dridhbala, Part-2,Chaukhambha Sanskrit Sansthan, Varanasi Reprint 2017; Chikitsasthana 28, verse 33, page no. 782.
4. Patil, Vasant. Principles & Practice of Panchakarma (A Comprehensive Book For UG,PG, Researchers & Practitioners); 4th ed. New Delhi: Chaukhamba Publication; 2014. p.497
5. Shastri Kashinath & Chaturvedi Gourakha Nath, edited Charak Samhita of Agnivesh, revised by Charak and Dridhbala, Part-1,Chaukhambha Sanskrit Sansthan, Varanasi Reprint 2017; Sutrasthana 1, verse 44, page no. 15.
6. Shastri Kashinath & Chaturvedi Gourakha Nath, edited Charak Samhita of Agnivesh, revised by Charak and Dridhbala, Part-2,Chaukhambha Sanskrit Sansthan, Varanasi Reprint 2017; Chikitsasthana 28, verse 124-127, page no. 799-800.
7. Shastri RD, editor. Charaka Samhita of Agnivesha, Sutra Sthana. 1st ed. Ch. 26, Ver. 5. Varanasi: Chaukhamba Sanskrit Sansthana; 2009. p. 144. [Google Scholar]