



ORIGINAL RESEARCH PAPER

Ayurveda

A CASE STUDY ON AVASCULAR NECROSIS THROUGH PANCHKARMA

KEY WORDS: Avascular necrosis, Asthimajjavruta vata, basti.

Dr. R.N Garg

Panchkarma Vaidhya, ch. Brahm Prakash Ayurved Charak Sansthan New Delhi -73

Dr. Rajendra Kumar Soni

Assistance Professor, ch. Brahm Prakash Ayurved Charak Sansthan New Delhi -73

ABSTRACT

In the case of Avascular necrosis the bone tissues dies and bone collapses due to the disruption of the blood supply which results of cellular death of bones. Normally the Avascular necrosis found in the age of 35 to 45 years. In AVN the healing process is comparatively slower than the breaking of bone tissues. In this case study to overcome these factor authors suggested a blend of Ayurvedic medicines and procedure of panchkarma therapy like basti which is helpful to clutch further necrosis and rejuvenate the bones.

Conclusion: in this study drastic improvement has been observed by using a structured questionnaire and clinical examination. It has been found during treatment that the disease progression was getting slow down.

Introduction:

Avascular necrosis (AVN) occurs during the age of 35 to 45 of a person due to temporary or permanent disruption of blood supply which results of cellular death of bones. Avascular necrosis (AVN) is also named as osteonecrosis it causes the crumple and death of the bone tissue in its overlying joint surface.

The femoral head is commonly influenced by this disease. Usually, the patients are in their third, fourth or fifth decade of life at the time of diagnosis. Men are more prone to this disease than women. Initially, patients are asymptomatic, but, in time, AVN leads to joint destruction, requiring surgical treatment and in latter stages, total hip replacement.

Avascular necrosis (AVN) patients are normally treated by widely accepted system. it can be diagnose earlier by using MRI and more aggressive surgical management. if it is not being diagnosed in early stage than only the hip replacement therapy is rest for the patient. the clinical features of *Asthimajjagata vata* expressed as *bhedo-asthiparvanam* (breaking type of pain in bones), *sandhishula* (joint pain), *satata ruk* (continuous in nature), *mamsabalakshaya* (loss of strength and muscles weakness) and *asvapna* (disturbed sleep), which can correlate with the symptoms of AVN.

Case Report:

A 61 years old male (dated 27/5/2016) patient brought to panchkarma OPD no.52013 of ch. Brahm prakash ayurved charak sansthan khara dabar New Delhi with the complaints of severe pain in right hip, lumbar region radiating to lower limbs. He was not able to walk, sit or even lie on either of the side and difficulty in forward bending since two years. He felt comfortable in supine position. On history taking, he had mild tingling sensation of lower limb. Transient relief was found with traditional treatments. Thereafter his condition gradually worsened and he developed inability to walk without support.

MRI of both hips showed avascular necrosis of the right hip joint, stage III, (krystal mri scan & diagnostic centre dated 25/02/2016). Second MRI of lumbo sacral spine reveals that posterior disc bulge with posterior annular tear is seen at L4-5 and L5-S1 levels leading to mild compression over bilateral traversing nerve roots, (krystal mri scan & diagnostic centre dated 25/02/2016). He was advised surgical intervention but patient was not willing so he adopted for Ayurvedic treatment

The prakriti of the patient was kaphavataja, had krura kostha, avar bal (poor physical strength) madhayama satva (psychological strength). Personal history revealed mixed diet and disturbed sleep (due to pain). He had no any habit.

Table A: Examination of Patient:

Ashtvidhpariksha:

1.	Nadi	76/minute
2.	Mutra	samyak(pale yellow)
3.	Mala	Samyak(niram)
4.	Jivya	Clear(niram)
5.	Shabd	Clear
6..	Spars	Sheeta
7.	Druk	Spasta
8	Akruti	Madhyam

Table B: Aturbalaprmana Pariksha

1.	Prakriti	Vatakaphaja pradhan
2.	Vikriti	
3.	Sara	Madhayam
4.	Sanghanan	Madhayam
5.	Pramana	Sampraman
6.	Satyamaha	Avar
7.	Satva	Uttam
8.	Aharshakti	Madhayam
9.	Vyayamshakti	Madhayam
10.	Vaya	Vradda

Systemic Examination:

Systemic examination of respiratory, cardiovascular, G.I.T. were in normal limits.

There was significant loss of movement of right lower limb (both active and passive). Muscle and tone of bilateral lower limb was normal.

Ayurvedic Management: Table C:

Date	Medicine	Dose	Frequency
01	Keshor guggulu	2tab	Twice a day
02	Punarnava mandoor	2tab	Twice a day
03	Shilajativadi loha	2tab	Twice a day
04	Godanti	500mg	Twice a day
05	Sanshamni vati	2tab	Twice a day
06	Amritarist	20ml	Twice a day
07	Mahatikta ghrit	20ml	Twice a day
08	Dasmool kwath	40ml	Twice a day

Panchkarma Treatment

PPPS - Balaguduchayadi Tail 40 Minute for 15 Days
 KALA BASTI – Anuvashana –Balaguduchyadi Tail 45 MI
 +
 Guggaltiktakam Ghritam 45 MI
 NIRUHA BASTI – Panchtikta Kwath 400 MI
 Madhu 50 MI
 Saindhava 7 Gm

Soya Kalka 30gm
Guggaltiktakam Ghritam 60 MI

SUMMARY:

Avascular necrosis (AVN) or osteonecrosis of the femur head, a disease with many etiological factors, affects young population and if not managed timely, leads to the collapse of femur head eventually requiring hip arthroplasty. Although treatment has been facilitated by using a widely accepted international classification system, effective earlier diagnosis using MRI and more aggressive surgical management, no universally satisfactory therapy has been developed, even for early disease. The features of *Asthimajagata vata* can be correlated with Avascular necrosis. During the study it has been found that AVN can be diagnose earlier by using MRI and more aggressive surgical management. in later stage the hip replacement therapy is only option to treat the Avascular necrosis.

It has been found that, to overcome Avascular necrosis the blend of Ayurvedic medicines and procedure of panchkarma therapy is helpful. It has also been found during treatment that the disease progression was getting slow down.

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