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“EFFECT OF AYURVEDIC MANAGEMENT IN THE ASTHI MAJJAGAT VAT (अस्थि मज्जागत वात) WSR AVN - A SINGLE CASE STUDY”

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ABSTRACT:

Avascular necrosis (AVN) is the condition where an interruption of the subchondral blood supply leads to the death of cellular components of the bone, particularly of the epiphyseal region of weight-bearing joints. [1] A 60-year-old male patient who had been suffering from AVN for the last 2 years was admitted under kaychikitsa IPD in L K Ayurveda Rugnalaya. He was diagnosed as a case of avascular necrosis of the neck and femur based on X-ray reports. As per Ayurveda, the patient was diagnosed as a case of Asthi Majja Gata Vata (Vata disorder involving bone and bone marrow). The patient was treated with Ayurvedic drug formulation and Panchakarma procedure such as local massage and fomentation, Yog Basti (Anuvasan basti with Dhanvantar guduchyadi tailam and Niruh basti with Eranmool bharad churna) as per Yog Basti schedule (8 days regime of purification and oleation enema) and oral medication as a combination of Yograjguggulu+Punarnavaguggulu 1gm twice a day, Arogyavardhini vati +Ekangvir rasa+Vatvidhvansa rasa 750mg twice a day, Dashmool Bharad Kwath 30ml twice a day, a combination of Dashmool (Powder of Smilax glabra) 1gm, Rasna churna 1gm (Powder of Glycyrrhiza glabra), Ashwagandha 1gm (Powder of Withania somnifera), Punarnava (Powder of Boerhavia diffusa) 1 gm twice a day, Swadisht virechan churna 3gm at bed time for 1 month. Before treatment, the patient was complaining of severe pain in the left hip joint and thigh region and difficulty walking. After completion of treatment, the pain in the left hip joint and thigh regions decreased, the range of movement of the left hip joint improved, difficulty in walking was much reduced, and walking distance also improved. This case shows that Ayurveda treatment can prove helpful in the management of avascular necrosis of the neck and femur.

KEY WORDS:- AVN, Asthimajjagata Vata, Yoga Basti, Patra Pinda Sweda

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INTRODUCTION

Avascular necrosis (AVN) is a condition caused by a loss of blood supply to the bone, resulting in bone tissue cellular death. [2] In young adults, avascular necrosis (AVN), also known as ischaemic bone disease, osteochondritis dissecans, or Chandler's disease, is osteonecrosis, with 60% of cases being bilateral. [3] AvN of the femur head is the most typical type of necrosis of the bones. It typically affects the femur's head. Any injury or occlusion in the blood vessels, which provide circulation to the bone tissue, causes AVN. [4] Similar signs and symptoms allow for a correlation with Asthi Majjagata Vata. In the early stages, the patient will have no symptoms other than mild pain around the hip joint. In the later stage, the patient will experience severe pain in the hip, buttocks, groin, and thigh, and all hip joint movements will be restricted. This issue is one of orthopaedic surgeons' biggest challenges. So the objectives of this treatment are to preserve structure, function, and relieve pain. All the treatments for AVN are costly, and the prognosis is poor for this disease. The primary goal of the treatment is to minimise bone damage. Therefore, the current case focusses on the conservative management of vascular necrosis of the femur head, utilising Ayurvedic remedies to significantly alleviate signs and symptoms and enhance the patient's quality of life.

In this instance, the diagnosis was AVN, and the Ayurvedic treatment of Asthi-majjagata Vata resulted in a favourable outcome.

MATERIAL AND METHOD :

Method : Single case study.

Type : Prospective study, Single case study

Place : PG department of *Kayachikista* Laxmanrao Kalaspurkar Ayurvedic Hospital Yavatmal, affiliated with D. M.M Ayurved College Yavatmal.

Duration : 1 month

A CASE REPORT : A 60-year-old male patient presented with the complaint of pricking type of pain in the left hip joint, left thigh region, and difficulty in hip joint movements since 2 years. The patient claimed to be apparently healthy two years earlier, with the pain and stiffness developing gradually. The intensity of pain was severe while walking or any other activity and relieved after taking the rest. Only symptomatic relief was gained with allopathic treatment. Eventually his condition worsened, and he needed support for walking and other daily routine work. As the condition worsened, he was advised to undergo surgery, but he refused and opted for Ayurvedic management. The patient was consulted in the *Kaychikitsa* Department of Laxmanrao Kalaspurkar Ayurvedic Hospital Yavatmal and diagnosed to suffer from AVN. The patient's history and examination informed the treatment plan, which was based on the six principles of *vidhopakarma*.

EXAMINATION -**Past History:**

There was no significant family history.
 He had no history of hypertension or diabetes mellitus or any other illness.
 He had no history of addiction.
 He had no history of trauma.
 He had no history of any allergy

HISTORY OF PRESENT ILLNESS

Patient is normal before 2yr then gradually developed symptoms like pricking type of pain in left hip joint, left thigh region and difficulty in hip movements. The patient took allopathic treatment. He had no relief so he was admitted in L. K. Ayurved Hospital Yavatmal on 22/07/2024 for further management.

Rugna Pariksha :

Nadi-65/min
 Mal - Samyak
 Mutra-Samyak
 Jivha – Alpasaam
 Shabda – Spashta
 Sparsh – Samshtitoushna
 Drika– Prakrut
 Akrti-Madhyam

EXAMINATION –

BP – 130/90 mmofmg

Pulse-65/min

Wt-53.95 kg

BMI – 19.11

S/E

RS – B/L Clear

CVS – S1 S2 Normal

CNS – Conscious Oriented

P/A – Soft

Locomotory system examination :

- 1) Restricted movements of left hip joint.
- 2) Incomplete extension, flexion of left hip joint.
- 3) Tenderness was present in left hip joint and left thigh region.
- 4) No muscular wasting observed.

Investigation :

22 /07/24 : CBC-

Hb-12,WBC – 8730,PLT–343000,

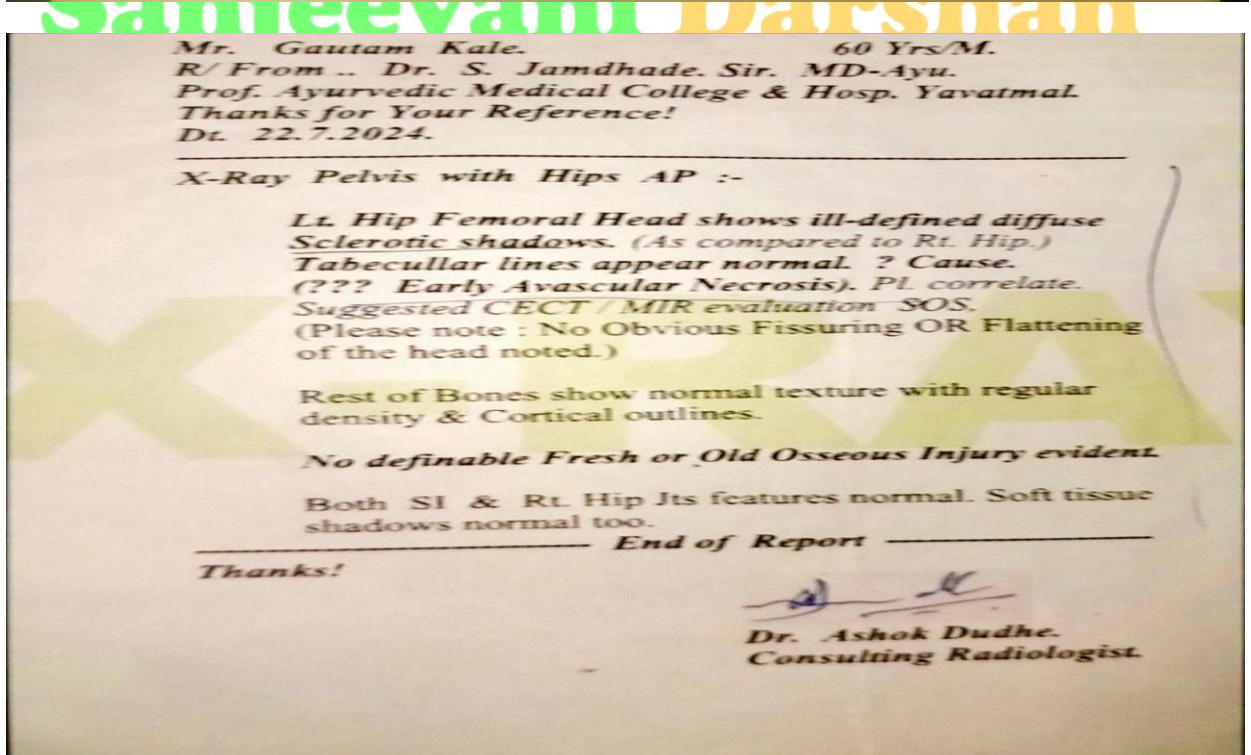
ESR– 52mm/hr,

Sr.uric acid – 5.28,

RAtest–Negative, CRP – Negative

X-ray Pelvis with Hips AP :-

Lt. Hip Femoral Head shows ill-defined diffuse Sclerotic shadows. (As compared to Rt. Hip.)
 Tabecular lines appear normal. ? Cause. (??? Early Avascular Necrosis)



Samprapti Ghatak:

- Dosh: Vaat,kapha
- Dushya : Asthi –Majja
- Strotas :Asthi- Majjavaha
- Strotodushti : sang
- Udhabhavsthan - pakvashaya
- Aam : malasanchay
- Adhishtan : Vankshan Sandhi
- Vyadhimarga : Marmasthisandhi
- Prabhav : Kashtasadhy

Diagnosis:

The patient was diagnosed with AVN and for Ayurvedic diagnosis, it was diagnosed as Asthi-majja gata vata. The clinical features of Asthi Majja Gata Vata are Bhedoasthiparvanam (breaking type of pain in bones), Sandhishoola (joint pain), Satata ruk (continuous in nature), Mamsabalaksaya (loss of strength and muscles weakness) and Asvapna (disturbed sleep)[5], which can be very well correlated with symptoms of AVN.

Treatment –

- **Sthanik chikista :**

1. **Snehan -Swedan** ^[6] – It was done with *Mahanarayan taila* and *nadisweda* was given.
2. **Patra Pinda Sweda** – It was done from 24 /07/2024 to 30/07/24
3. **Lepa** : *Dashang Lepa*

- **Abhyantar chikista :**

Dravya	Dose	uration	Anupan
A combination of Yograjuggulu+Punarnavaguggulu (1gm) Arogyavardhini vati +Ekangvir rasa+Vatvidhvansa rasa (750mg)	1.75gm Vyanodane	15 days	Koshanajala
A combination of Dashmool +punarnava +Rasna +Ashwagandha (1 gm each)	1 gm each Vyanodane	15 days	Koshanajala
Dashmool Bharad kadha	30ml-30ml	1 month	
Swadishtavirechan	3gm Nishakali	1 month	Koshnajala
Dashang lepa	LA	1 month	

- **Shodhan Chikitsa : Yog basti**

Result

Before treatment, the patient was complaining of severe pain in left hip joint and thigh region. Also there was tenderness in thigh and difficulty in walking. After completion of treatment, the pain in left hip joint and thigh regions decreased, range of movement of left hip joints improved, difficulty in walking was much reduced and walking distance also improved.

DISCUSSION

It is observed that there is a predominance of Vata Dosha and Vikruti (vitiation) of Asthi Dhatu, despite the fact that there is no direct mention of avascular necrosis in texts, according to the Ayurvedic point of view. These two elements, Vata and Kapha, are the fundamental causes of Asthimajjagata Vata. As a result of Margavrodha, which is the obstruction of blood vessels, or Abhighata, which is trauma, patients with AVN experience a reduction in the amount of blood (Rakta Dhatu) that is supplied to the femoral head, which ultimately results in necrosis. Patra Pinda Swedana was planned in order to alleviate the pain, stiffness, and oedema that were present in the patient. This is because the primary complaint was pain, which is seen in many cases of Asthimajjagata Vata. Patra that are utilised for this purpose also possess Vatahara property as a result of Ushna Virya, Snigdha, and Sukshma Guna relationships. [7]: Considering that Basti is considered to be the initial treatment for Vatashamana, [8] Yoga Basti was devised in accordance with this description. When it comes to the therapy of AVN, Yoga Basti is one of the options available.

Yoga Basti – Yoga basti was planned as it is indicated as a treatment modality in Vata vikaras. It has proven to be very effective in treatment for avascular necrosis. Anuvasan and Niruh Basti were given for the regime of 8 days. For Anuvasan Basti, Dhanvantarguduchyadi Taila was used. Niruha Basti was prepared by using Makshik, Saindhav, Erandmool bharad [9], Shatpushpa kalka [10], and Dhanvantarguduchyadi Taila as a Sneha.

Guduchi- Guduchi (*Tinospora cordifolia* (willd.) Hook.F. &thoms.) churna (powder) is indicated for Vatarakta and Vataja disorders . [11]

Yograj Guggulu - Yogaraja guggulu has main therapeutic action as vedana sthapaka and shothahara which is attributed by the presence of guggulu as the major ingredient. Guggulu due to its lekhana property and Ushna guna scraps away the aamatva and brings back the vitiated vata into normalcy. Triphala helps to nullify the ushnata and ugrata of Guggulu. The drugs in these combination also act as vedana sthapaka, nadi balya, shulashamaka and shothahara.[12]

Vatvidhvansa rasa - Most of the drugs are ushna virya; katu ,tikta rasa and vata kapha shamaka^[13] .The main ingredient vatsanabh^[14];is having Shoolaghna and yogvahi property.

Arogyavardhini vati- It overall works on functioning of Grahani and pakvashaya and makes it smooth and fine.^[15]

Punarnava – Due to its ushna virya and katu vipak it balances vata and kapha. It also has Shothaghna property.^[16]

Ashwagandha- (*Withania somnifera* Dunal) possesses Rasayana and Bruhmana (anabolic) properties, so it is useful in all types of Dhatukshya.^[17]

Dashamula Kvatha – It is Tridosahara, Vedana sthapak and Sroto Shodhaka; so in the condition of AVN, it gives relief in signs and symptoms of disease and in breaking down the Samprapti (pathogenesis) of the disease.^[18]

Lepa : Dashang lepa is given which helps to relieve pain and swelling.

This case study showed that Ayurvedic treatment is effected in the management of AVN.

CONCLUSION

As there is no permeant cure for AVN, core decompression in the initial stage and joint substitution in later stages are the only treatments left, which have their own impediments. In this case study, the *Ayurvedic* treatment for AVN shows positive outcomes as it helps to improve the range of movements of the hip joint, which helps to forestall further deterioration and improve the capacity of the influenced part of the bone. The treatments given to the patient are cost-effective and non-invasive procedures. To build up the Ayurveda treatment protocol for avascular necrosis of the head of the femur, further examination on a large sample size is required.

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