



Role of a Panchatikta Ksheer Basti and Pipplayadi Anuvasna Basti on Conservative Management of Avascular Necrosis of the Bilateral Femoral Head (Asthi Majja Gata Vata)

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Case Report

Volume 7 Issue 3

Received Date: July 07, 2023

Published Date: August 07, 2023

DOI: 10.23880/jonam-16000408

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Abstract

The most typical form of bone necrosis is avascular necrosis (AVN) of the femoral head. The goals of AVN treatment are to maintain structure, function and pain alleviation. Numerous surgical techniques are used to treat the problem, but they are all expensive and have a bad prognosis. These procedures include drilling and inserting bone grafts, performing modified Whitman or Colonna reconstructions and inserting prostheses.

Avascular necrosis symptoms are more comparable to *Asthivha Srotodusti Vikara* (musculoskeletal origin illnesses) and can be taken into consideration with *Gambhir Avastha* (chronic stage). The goal of the current case study was to assess the effectiveness of the Ayurvedic system in the conservative management of AVN. In the current instance a 34 yrs male was diagnosed with AVN of bilateral hip joint and was treated with *Panchtikta Ksheera Basti*, *Pipplayadi Anuvasna Basti* and other drugs. Based on the patient's sign and symptoms both before and after treatment we looked for symptomatic improvements. The gait, discomfort, tenderness and range of movement were significantly improved as a result of the therapy. *Ayurvedic* principles conservative therapy of AVN significantly reduced signs and symptoms while enhancing quality of life.

Keywords: Avascular Necrosis; Asthivha Srotodusti Vikara; Panchtikta Ksheera Basti; Pipplayadi Anuvasna Basti

Abbreviations: AVN: Avascular Necrosis; HBOT: Hyperbaric Oxygen Therapy.

Introduction

Osteonecrosis is a degenerative bone disorder marked by the death of bone cellular constituents as a result of the subchondral blood supply being cut off [1]. It is also referred

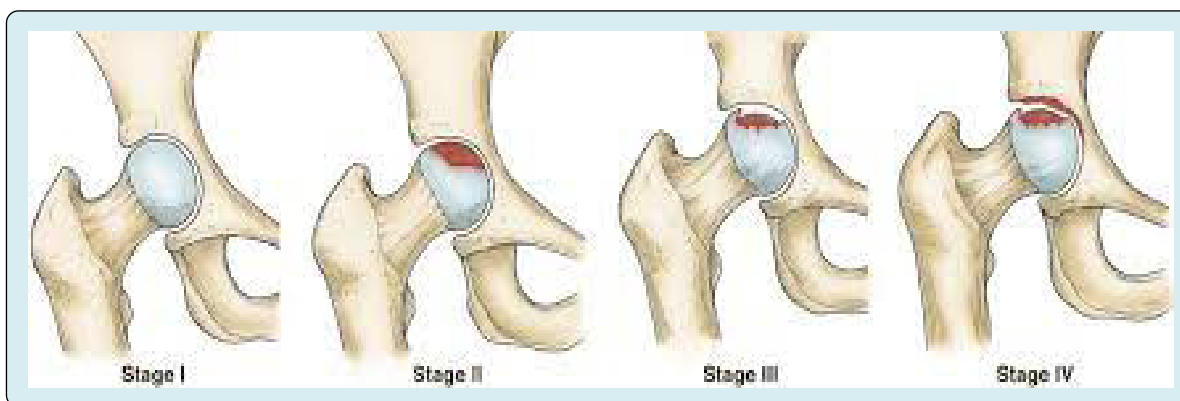
to as ischemic bone necrosis, aseptic necrosis and avascular necrosis. Epiphysis of long bones at weight-bearing joints are typically affected. In severe Circumstances a joint may completely collapse or subchondral bone may be destroyed. The most common kind of bone necrosis is AVN of the femur head because the arteries that supply the femoral head area are so small, the area is easily injured, leading to a simple dislocation or a sub capital fracture of the femur [2]. Trauma

blood vessel obstruction and other factors can all contribute to this. Typically, people between the ages of 30 and 50 are affected [3]. Usually, it affects the head of the femur. Except for minor soreness near the hip joint, the patient won't exhibit any symptoms in the early stages. Later on there will be severe hip, buttock, groin and thigh discomfort as well as restrictions on all hip joint movements.

AVN can be correlated in *Ayurveda* with *Asthi-Majja Gatha Vata*.

Symptoms

Bhedoasthiparvanam - Breaking pain in bones and joints
 Sandhishoola- Joint pain
 Mamsakshaya - Muscular wasting
 Balakshaya- Weakness
 Sandhi Shaithilayam - Laxity of joints
 Aswapanasantat Ruk- Sleeplessness due to continuous pain
 Shiryantiva Cha Asthinidurbalani - Destruction of bony tissue causing generalized weakness [4].



Case Report

A 34 yrs old male came to the Out Patient Department of Panchkarma, Rishikul Ayurvedic College, Haridwar, India with complaints of pain and stiffness in bilateral anterior hip since one year. Pain aggravated with prolonged inactivity, he was asymptomatic 2 years ago, in 2021 he was covid positive and treated with steroidal drugs, and also having history of migraine from last 10 yrs. In 2022 he suddenly started having pain in bilateral hips the pain was less in starting days but gradually it got worsen with time and the pain was referred to bilateral knees. The pain was constant throughout the day and intense during the night hours. He consulted Prem hospital in Ranipur Mor, Haridwar and advised analgesics but didn't get any significant relief. Than he consulted AIIMS Rishikesh and in 14th Feb, 2023 he was diagnosed with AVN Bilateral hips - Ficat Ariet grade 3 on both sides. {MRI} And

also diagnosed with disc degenerative changes at L5-S1 with no compressive neuropathy. For AVN he underwent Hyperbaric oxygen therapy {HBOT} [5] treatment for about 45 days. By increasing the oxygen flow to joint, hyperbaric oxygen [HBO], a type of therapy in which patients Breathe only oxygen may help AVN. At this time, its primary function in AVN is to manage joint discomfort, enhance range of motion and postpone joint loss [6]. According to certain investigation, HBO helped AVN stages 1 and 2 radio graphically. However, HBO has not previously reported the full resolution of stage 2 AVN.

On Examination:

Inspection: Front- no scars, asymmetry, pelvic tilt, quadriceps wasting

Back- gluteal wasting, pelvic tilt

Gait- Antalgic, Trendelenberg sign [7] was positive

Movements of Hip Joint

Range of movement	Right leg(in degrees)	Left leg(in degrees)
Abduction	12	11
Adduction	11	12
Flexion	55	65
Extension	15	20
Internal rotation	25	25
External rotation	22	22

Treatment was prepared using Chikitsa Krama (treatment plan) based on the principles of Shadvidhupakarma.

Indications for treatment included Pippalyadi Anuvasna Basti, Panchtikta Ksheera Basti. (Kala basti).

Panchtikta Ksheera Basti [8]

Sr. No.	Drugs	Quantity
1	Ksheerpaka dravyas: Guduchi	40 grams + godugdha(300ml)+ water (1200ml)= reduced to Ksheeravashesha (500ml-600ml)
	Vasa	
	Nimba	
	Patola	
	Kantkari	
2	Madhu	60ml
3	Saindhava	5gm
4	Sneha- Panchtikta Ghrita	120ml
5	Kalka - shatpushpa	20gms
6	Panchtikta ksheerpaka	500ml-600ml

Pipplayadi Anuvasna Basti [9]

Pipplayadi Taila- 60ml

Method

Form of Basti-Ksheera Basti

Dosage- 480ml

Kala - pratah (8am-10am)

Duration of trial -16 days

Route of administration - per rectal

Study Design: Kala Basti [10]

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	A	N	A	N	A	N	A	N	A	N	A	N	A	N	A	A

First two days Anuvasna Basti is given, than from third day Ksheerbasti is given in the morning (8am to 10am) empty stomach as Niruha Basti and alternate day Pipplayadi Anuvasna Basti is given for next 12 days, last 2 days Pipplayadi Anuvasna Basti is given to the patient. This Basti is given for 16 days known as Kala Basti.

Discussion

Osteonecrosis is a degenerative bone disorder marked by the death of bone cellular constituents as a result of the subchondral blood supply being cut off. It is also referred to as ischemic bone necrosis, aseptic necrosis and avascular necrosis. AVN can be correlated in Ayurveda with Asthi-Majja Gatha Vata. Panchtikta ksheera basti and Pipplayadi Anuvasna Basti is planned as Kala Basti for the line of treatment.

Properties of constituents of Panchtikta Gana , Rasa- predominantly Tikta, Anu Rasa- Katu or Kashaya, Vipaka - Katu , except Guduchi - Madhur Vipaka , Guna- Ruksha , Laghu. Basti karma is mentioned as the best for vata Dosha. Acharya Charak said that in diseases related to Asthi, we should give Basti using Tikta Rasatmaka Aushadhi Dravya along with Ghrut and Ksheer that is Tikta Ksheer Basti. Tikta Rasa is having Akash and Vayu Mahabhut. So we have given Panchtikta Ksheer Basti and Pipplayadi Anuvasna Basti. It also contains Tiktaprasadan Dravyas, having Prithvi Mahabhuta which helps in bone formation and nourishment. Panchtikta Ghrut has snigdha Guna, Balya and Brimhna actions. Anuvasana Basti with Pipplayadi Taila is Vatashamak. Patient showed a considerable improvement by subjective assessment during follow-up.

Conclusion

Ayurveda in this instance, Panchkarma treatment of the femoral head AVN produced notable results. There was a moderate improvement in the hip joint's range of motion, walking difficulty, and discomfort and stiffness. According to this case study, bastikarma might have a substantial impact on Asthi Majja Gat Vata.

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