



CLINICAL EFFICACY OF MURIVENNA OIL PARISHEKA IN THE MANAGEMENT OF SOFT TISSUE INJURY W.S.R. TO ACHILLIS TENDINOPATHY - A CASE STUDY

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ABSTRACT

Background: A soft tissue injury most likely to be experienced with sprains, strains, contusions, tendonitis and bursitis. It results in more pain and stiffness of concerned area that hampers patient's routine activity. If such cases managed improperly that result in more deformities so it requires proper and early management. Early management of STI (soft tissue injury) is described in Ayurveda classics and provide better functional restoration. *Murivenna* oil is traditionally practiced in traumatology by Ayurveda practitioners. **Method:** A 30 year female patient diagnosed of Achillis tendinopathy was managed with *Murivenna* oil (Ayurveda medicament) *Parisheka* (pouring oil on affected part) procedure performed daily for 10 minutes followed by simple bandaging with gauze for 4 weeks. Variables like pain, stiffness and ROM (range of movement) along with disability index were assessed before and after treatment. **Result:** *Murivenna* oil *Parisheka* revealed tremendous results in improving pain, stiffness and movement of part. **Conclusion:** The active principle in *Murivenna* oil provides synergistic action in relieving the symptoms of soft tissue injuries.

KEYWORDS: Ayurveda, *Murivenna* oil, Soft tissue injury, Tendinitis.

INTRODUCTION

Soft Tissue Injuries (STI) are most visible in form of sprains, strains, contusions, tendonitis and bursitis. Soft tissue of body includes muscles, tendons, ligaments, fascia, nerves, fibrous tissues, fat, blood vessels and synovial membranes. Sports injuries reduce soft tissue function and increase pain and functional disability which have a negative impact on maintaining one's optimal conditioning. The Achilles tendon is the strongest and thickest tendon in the body. The tendon starts in the middle of the calf and extends approximately 15 centimetres in length, down to the heel and passes vertically down, behind the ankle. This Achilles tendon injury is most commonly due to overuse of the foot in sports.

The diagnosis of Achilles tendinopathy is mainly based on history of injury and local examination. It requires excellent different diagnosis of lower leg pain because of close to several structures (sural nerve, posterior ankle structures, bursae, etc.). The history is classic for both acute and overuse tendon injury and inflammation of the peritendinous tissues. The Achilles tendon is the only major tendon that must tolerate almost full range of movement including stretch immediately on rising in the morning. Hence, morning pain is a hallmark of Achilles tendinopathy. The degree and time of stiffness are

considered good indicators of tendon health and recovery from injury.

The VISA-A (Victorian Institute of Sport Assessment-Achilles Questionnaire.) scale is a subjective rating scale that quantifies the symptoms and dysfunction in the Achilles tendon.^[1] This assessment tool is very useful to rate Achilles tendons and to assess progress of recovery during rehabilitation. Other clinical tests and questionnaires have also been used to evaluate treatment outcomes.^[2] The aim to manage tendinopathy is to decrease pain and improve tissue function. The initial conservative management depends on aetiological factors or which provides relief in symptoms. The strategies include avoid the activities that increase the pain foot mal-alignments and muscle weakness.^[3]

In acute phase cryotherapy,^[4] therapeutic ultrasound^[5] and deep friction massage^[3] are some useful interventions imparting analgesic effect. Reduced ankle movement and rest are recommending for symptomatic relief. Peri-tendinous injections of corticosteroids are controversial and there are no good scientific reasons to support their use. In chronic cases, deep friction massage should be accompanied by stretching to restore tissue elasticity and reduce the strain. Rest, physiotherapeutic interventions,^[6] and eccentric exercise^[2] are initials

conservative management. Use of Orthotics can alter the biomechanics of the foot and ankle and relieve heel pain. All these treatment options are having their own limitations.

In Ayurveda classics this condition can be correlated with *Snayugata vata* and it can be managed with *Sneha parisheka* followed by *Bandhana karma* [Fig.1 and Fig.2]. In *Sushruta Samhita* [7] this traumatic injury (*Kshataja Vrana*) in which *Vata Dosha* aggravates hence should be managed with *Sneha-pana*, *Parishek*, *Veshavara*, *Krishara*, *Snigdha-Upanaha*, *Dhanya-Sweda*, *Snigdha-Aalepa* etc. are indicated. In *Snayu* or *Sandhigata vata* treatments like *Sneha-Upanaha*,

Agnikarma, *Bandhana*, *Mardana* are indicated. Traditional practitioner of Kerala use *Murivenna* oil as a drug of choice for *Abhigataj shool* in the form of external application. It is mainly practised for the management of *Sandhi Mukta*, *Sadyovrana*, *Dagdha Vranas*, *Bhagna* and *Shopha*. *Murivenna* oil is an *Anubhuta Yoga* that is mentioned in Pharmacopeia of Govt. Ayurveda college pharmacy Trivandrum, Kerala. There are so many preparations with the same name – *Murivenna* in Tamil Marma Shastra. This herbal oil preparation is used in the form of *Dhara*, *Pichu*, *Tailadroni* and *Bandhana*. So considering this *Murivenna* oil was used the management of soft tissue injury w.s.r. to Achillis tendinopathy and found very effective.

Ingredients of *Murivenna* oil are shown in the table 1.

Sr. No.	Plant Name	Latin Name	Family	Useful Part
1	Karanja	<i>Pongamia pinnata</i> (L.) Pierre	Leguminosae	Bark
2	Kumari	<i>Aloe vera</i> Linn.	Liliaceae	Leaves
3	Tambul	<i>Piper betel</i> Linn.	Piperaceae	Leaves
4	Shigru	<i>Moringa oleifera</i> Linn.	Moringaceae	Leaves
5	Kinshuka	<i>Butea monosperma</i> Lam.	Papilionoideae	Leaves
6	Vasukam	<i>Spermococe hispida</i> Linn.	Rubiaceae	Whole plant
7	Palandu	<i>Allium cepa</i> Linn.	Liliaceae	Bulb
8	Shatavari.	<i>Asparagus racemosus</i> Willd.	Liliaceae	Rhizome

CASE HISTORY

A 30 years female patient suffering from heal pain of right foot since 1 year consulted at IPGT&RA Hospital for Ayurved management. Patient reported history of injury on tendino achillis due to road traffic accident (RTA). As patient was previously affected from injury in form of open wound over the insertion of Achillis tendon. Initially the patient was treated for wound and it was healed within 2 months with hard scar tissue at. Even after receiving treatment for wound, persisted heel pain intermittently that affects her daily routine and some time she used to take analgesics for pain relief. Hence she visited the Ayurveda Hospital to get relief from suffering symptoms.

During examination of foot the mild swelling, stiffness and tenderness was present on the point of Achillis tendon insertion. X-ray foot was done and there was no bony lesions involvement. On inspection a healed scar was found without any superficial discolorations or marked deformity. Mild swelling was present on posterior aspect of heel. On palpation tenderness (grade 2)^[8], swelling (soft in consistency) was elicited. Planter flexion, inversion and eversion were observed in normal limit but painful dorsiflexion was noted. After complete examination of foot; final diagnosis was approached to Achillis tendinoapthy and managed by a noble approach with *Murivenna* oil *Parisheka* for a period of one month.

METHODOLOGY

Murivenna oil *Parisheka* is the method of pouring the oil on affected part from 10 inch distance for 10 minute. [Fig-1] This *Parisheka* was followed in regular interval

and pattern for 4 weeks followed by simple bandaging with gauze. [Fig-2]. Before *Parisheka* procedure oil was heated up to 40-50°C. Uniform *Parisheka* was done daily about 10 minutes in the morning. *Abhayanga* was incorporated intermediately during *parisheka*. *Rasnasaptka kwatha* (20 ml BD) and *Yogaraj guggulu* (1gm three times a day); prepared in the Pharmacy of Gujarat Ayurved University, Jamnagar; were given internally as a supplement for *Snayugata vata*.

ASSESSMENT: On FADI (The Foot & Ankle Disability Index)^[9] score; before treatment was recorded 58.7 and after treatment was 71. This scoring pattern shows a better improvement in functional ability of foot.

DISCUSSION

In acute soft tissue injury, sign and symptoms occur rapidly and occur from a known or unknown incident. Pain was the main symptom which was due to inflammation of the tendon. It was minimized after 15 days and completely relieved within one month. Stiffness was completely relieved after 15 days. Complete Range of planter flexion, dorsiflexion, inversion and eversion were achieved within one month of procedure. Simple bandaging with gauze after procedure helped to retain the oil at the site for further hours. The Skin is part of soft tissue composed of epidermis, and dermis. Hydrated skin is more permeable than dry skin. It has been scientifically proven that vegetable oil act as permeatic enhancer.

Coconut oil which is the base of *Murivenna* oil increases the permeability of skin and in turn increases the

bioavailability of the drugs. The active principle in *Murivenna* provides synergistic action in relieving the symptoms of soft tissue injuries. Individual anti-inflammatory properties present in the ingredient of

Murivenna when mixed together, these topical agents enhanced anti-inflammatory properties which helped in treating soft tissue injuries.



Figure 1: Process of oil *Parisheka*



Figure 2: Bandaging after oil *Parisheka*

CONCLUSION

External application of *Murivenna* oil in the form of *Parisheka* is said to be effective in the management of soft tissue injuries specifically in Achilles tendinopathy and improve functional activity of foot.

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