

**A CASE DISCUSSION ON AVASCULAR NECROSIS (ASTHI-MAJJAGATA VATA) W.S.R.
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ABSTRACT

Avascular necrosis (AVN) of head of femur is pathologic process result from interruption of blood supply to bone. AVN of hip joint is poorly understood but finally comes in pathway of traumatic or non traumatic factors. It is an increasing cause of musculoskeletal disability. This disease is commonly seen among young especially between 30-50 years of age where men are more commonly affected. In *Ayurveda*, involvement of *vata dosha* is important, as all *vyadhi* contains *vata dosha* primarily. *Pitta* and *kapha* are inert without *vata dosha*. A male patient of 35 years old came to our opd with complaint of low back-ache, right sided radiating pain towards right leg, difficulty in walking, generalized weakness. Patient had an x-ray of hip joint, suggesting of Avascular necrosis (AVN) of right femur head. It was treated as *Asthimajjagata vata ayurvedic* treatment given *Stanik snehana-swedana*, *Lakshadi Guggul Vati Angikarma* for a period of one month, *Panchatikta ksheer basti for 21 days*. The case represent original study.

INTRODUCTION

Avascular necrosis (AVN) of femoral head is a pathological process resulting from interruption of blood supply to bone. AVN is also called as Osteonecrosis. Ischemia results in death of bone marrow and osteocytes resulting in collapse of necrotic segment. ¹ In India there are 16,000 cases of avascular necrosis found in every year ²

This Case Report consist a study of case of *Asthi majja gata Vata*, in which *Panchatikta Ksheerghrita Basti* was administered for 21 days. *Sthanik Katibasti*, *Agnikarma & Lakshadi Guggul Vati* was given for 30 days.

Patient name – XYZ

Age - 35 yr

Present complaint

Pain at low back region, (since 12 years)
Continuous radiating pain in right leg (since 12 years)
Difficulty to walk (since 12 years)
Sleeplessness (Insomnia) since 5 month

PAST HISTORY

Patient had taken Analgesic & Anti inflammatory medication from private hospital before coming to our hospital. He was advised hip joint replacement, but was unable to afford the treatment. Patient was thoroughly examined and detailed history was taken. He was Hotel worker (Waiter) by occupation. Patient did not have history of any major illness/ Trauma.

On examination

O/E: General condition - moderate, afebrile,
PR - 80/min, regular
BP – 120/80 mm of Hg
RR – 18/ min, regular
No pallor, no icterus was present.

S/E: RS - clear. AEEBS

CVS – S₁S₂ Normal

CNS – conscious, oriented

Local examination of patient was having

	Right Leg	Left Leg
Crepitations	Present	Present
Swelling	Absent	Absent
Tenderness	Absent	Absent
Flexion and extension	Painful	Painful

INVESTIGATION

Routine investigation such as CBC, Random Blood Glucose, Urine routine & microscopic were in normal range.

HB % - 10.5gm/dl

BSL Random – 110 mg/dl

RA test – Non reactive

Urine Albumin - Nil

Sugar- Nil

RA test, Uric acid were found to be Non significant.

X-ray of Lumbosacral region (Pelvis) Anteroposterior view revealed impression of Bilateral acetabular subcondral sclerosis noted with Osteophytes. Suspicious crescent sign in right femoral head.

Significance of Avascular Necrosis of Right Hip joint with secondary Osteoarthritis changes.

Parameter

Pain.

No pain	0
Mild pain (exaggerated by movement and subside by rest)	1
Moderate pain (not relieved by rest but not disturbing sleep)	2
Severe pain (disturbing sleep and other routine activities Relief by analgesic.)	3

Tenderness.

No tenderness	0
Mild tenderness	1
Moderate tenderness (Complaint of pain and on touch withdraw joint)	2
Severe tenderness (Patient does not allow to touch the joint)	3

Low Back pain.

Absent	0
Mild	1
Moderate	2
Severe	3

Distance walked by patient within 10 minutes.

90 feet	0
60 feet	1
30feet	2
Less than 30 feet	3

SLR test.

80- 90 degree	0
70- 80 degree	1
40-60 degree	2
0-30 degree	3

Observations in present case.

Examination	Before treatment	After treatment	Relief
Pain	3	1	66.67 %
Tenderness	2	1	50 %
Low Back pain	3	1	66.67 %
SLR Test	3	2	33.34 %
Distance walked by patient 10 minute	3	2	33.34 %

Over all assessment

Cured	-	91-100 %
Marked improvement	-	70 - 90 %
Moderate improvement	-	50 - 69 %
Mild improvement	-	25 - 49 %
Unchanged	-	> 25 %

Treatment

As *Asthimajjagata vata* is one of the type of *Vatavyadhi* so the line of treatment is *Snehana Swedana*, *Bastichikitsa* and *agnikarma* was also performed.

The treatment was planned as below:

1. *Sthanik Katibasti* for 15 days.
2. *Panchatikta Ksheerghrut Basti* for 21 days -
3. *Lakshadi Guggul Vati* for 30 days
4. *Agnikarma* along painful areas, in 5 settings

Contents of Katibasti

Tiltail 200 ml
Udad dal ata -500 gm

Katibasti done for 20 minute

Contents and procedure of *Panchatikta Ksheerghrita Basti*

130 ml Decoction (*Kwatha*) of *Panchatikta Dravyas* was made.

130 ml of *Godugdha* was added and the *Siddha Kshir* was prepared.

Preparation of *Basti:Madhu* (5ml) + *Lavan* (5gm) + *Panchtiktaghrita* (20 ml)+*Siddhaksheer*(130ml).

Basti was administered & *Bastipratyagaman Kala* was noted. Total 150 ml of *Panchatikta Ksheerghrita Basti* was given daily for 21 days.

Bastipratyagaman Kala was found to be 5 to 7 hrs.

Lakshadi Guggulu Vati: 250mg 4 tablets TDS/day

Benefits of Agnikarma

क्षारादग्निर्गरीयान् क्रियासु व्याख्यातः, तद् दग्धानां

रोगाणामपुनर्भावाः

भेषज शस्त्र क्षारौरसाध्यानाम् तद् साध्यत्वाच्च ॥

सु. सं. सू. १२/३^[3]

- 1) *Agnikarma* is highly effective in terminating the chance of recurrence of disease. As in few cases, recurrence of tumor is found. By using this reference *agnikarma* can be performed to avoid the chances of recurrence.
- 2) No infection.
- 3) No secondary complications if done properly.
- 4) It is highly potential procedure than *bheshaja*, *shastra* and *ksharkarma*.

Agnikarma indications^[4]

- 1) Painful conditions of musculoskeletal disorders.
- 2) Hard, elevated and desensitized vrana or ulcer.
- 3) *Granthi*, *Arsha*, *Bhagandara*, *Arbuda*, *Sleepada*, *Charmakeela*, *Antravridhi*.
- 4) Severe bleeding conditions.

Agnikarma contra indications^[5]

- 1) Pitta prakruti
- 2) Antah Shonita (internal bleeding)
- 3) Bhinna kosta (ruptured visera)
- 4) Nuddhrita shalya (presence of foreign body)
- 5) Durbala (emaciated)
- 6) Bala (Children)
- 7) Vriddha (old aged)
- 8) Bheeru (Coward)
- 9) Aneka vrana peedita (multiple wound)

Material required for agnikarma

- 1) *Shalaka*
- 2) Marker
- 3) Gas stove, lighter
- 4) Gloves
- 5) Surgical spirit
- 6) Cotton gauze
- 7) *Haridra churma* (turmeric)
- 8) Aloe vera pulp

Pre-operative procedure

- 1) Explain procedure to patient
- 2) Obtain written consent of the patient
- 3) Ask the patient to satisfy natural urges
- 4) Check vitals
- 5) Patient should not be empty stomach, *picchila anna* should be given.^[6]

Procedure

- 1) Patient allowed in comfortable position exposing the site.
- 2) Keep *shalaka* on gas for heating.
- 3) Wear surgical gloves.
- 4) Clean the site with surgical spirit.

- 5) Mark the point.
- 6) Ensure *shalaka* is red hot.
- 7) Hold red hot *shalaka* strongly in hand and touch the marked point for 2-3 seconds.

Post operative procedure

- 1) Keep *shalaka* in specific place
- 2) Apply aloe vera pulp over *agnikarma* site
- 3) Apply *haridra churma* with cotton

Mode of action

Agnikarma procedure is coagulative necrosis on surface layer of skin causing self healing. There is no need of post procedural medication locally or orally.

Effects of agnikarma^[7]

- 1) Increase metabolism.
- 2) Increase blood circulation.
- 3) Decrease pain.
- 4) Decrease infection.
- 5) Decrease joint stiffness and inflammation.
- 6) Relaxation to muscles.
- 7) Exciting / stimulating nerves.

Application and Duration

Application depends on site and disease, 2-5 sec.
In case of corn, callosity > 2-5 sec.

RESULT AND DISCUSSION

In above case study patient got **50 % relief** in above symptoms of *Asthi Majja Gata vata*. In above case which *Asthi & Majja dhatu dushti* was present which means. As the vitiated *Doshaj* circulate in the body and where they found the "*Kha-vaigunya*" i.e. *Sandhi*, they lodged there to produce the disease.^[8] It is parasurgical procedure, in case to avoid recurrence of disease or tumor.

CONCLUSION

In this Case study we got good results of *Panchakarma* & *Ayurvedic* medicines. The treatment given for *Asthimajja gata vata* was *Snehana*, *Swedana*, and *Basti* which helped in *Vatadosha Shaman*. Relief in symptoms of disease and also an attempt to provide safe and effective treatment to the patient. *Agnikarma* showed significant role in this case.

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