

Effect of Panchtikta Ksheer Basti, Shali Shashtik Pinda Swedan and Panchtikta Ghrita Gugullu on Avescular Necrosis of Femoral Head

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Abstract

AVN is the death of bone tissue due to loss of blood supply. Treatment include surgical intervention, NSAID and Physiotherapy. There is no such cost effective and complete cure of the disease and prognosis is also poor. Hence we plan ayurvedic management of AVN which already described in ayurveda text. Rectal administration of medication or medicated oil decoction is called as basti. Basti is very effective to encounter of the Vatadosha which is the main aetiological factor for the manifestation of disease. panchtikta ksheer basti basically vatashamka due to its principle rasa, vipaka, virya also ksheer is snigdha, madhur, vatapittghan. ghrita is also pitta and anilhar properties. Saindhav is tikashna, ushna, Sukshma and vatavikarnashak.

Keywords: AVN, panchtikta ksheer basti, shalishastik pinda swedan, vatvyadhi

Introduction

Avascular necrosis of femoral head a pathological condition which affect long bones especially femour head AVN of the femoral head is a result intruption of blood supply to the bone. Its called osteonecrosis. AVN is caused due to joint or bone trauma such as dislocated joint might damage nearly blood vessels fatty deposits in blood vessels. Medical condition like gauchers's disease and certain medication lile steroids ^[1].

AVN is always progressive nature and ultimately leading to joint distruction. the condition is most common in people between the ages of 30 and 50. Some people have no symptoms in the early stage of AVN. Pain can be mild or severe and symptoms get worsen within time. Pain assessment with AVN is hip and groin, thigh and buttock and knee can be affected.

Management is later stage require surgical intervention total hip joint replacement and in early stage core decompression with or without bone graft is typically considered.

Ksheer and ghrita are snigdha in nature are advise to be used with tikta dravya in form of kheerbasti which which repair degeneration of bones and cartilages. ksheer basti acts as sodhan as well as snehan ksheera basti ^[2] produces brimhana effect tikta rasa increase the dhatavgni and when dhatvagni is increased neutrition of all dhatus and majja dhatu may get normal condition and asthimajja kashya will be decreased hence degeneration of asthi dhatu may not be occure frequently. Ghrita is also vatapittahar, balya, madhur, sheeta and sodhana and vyasthapan also it acts as rejuvenator of body ghrita is also contained vit D3 while play as an importent role to utelize calcium and phosphorus in blood and bone building Panchtikta ghrita gugullu was used as an oral medication for asthi and majjagat vata and brihatvatachintamani rasa a compound minral prepration ^[3, 4], widely used in asthiimajjagat vikar. It contains bhasma gold, iron, mica, silver calcium amd pearl and mercuric sulphate. The ingrediants having anti-inflammatory, anti oxident and used in degenerative condition. Brihatvatchintamani rasa having properties like madhura rasa, sheeta virya and madhura vipaka which effect of ojovardhak, vatashamka, hridya balya, rasaya and saptadhatu vardhak.

Shali shastik pinda sweda increased blood flow in ischemic part of bone and allow to joint increasing range of movement. shali shastik pinda sweadan is a brimhaniya snehika sudation therapy included snigdha, guru, sthira and sheeta properties it has brihmana guna.

Case History

This is a case report of 35 yr old female who is non diabetic and non HTN presented with pain in right hip joint with reduced range of motion of right lower limb since of motion of 1 year. The pain was continuous in nature and radiated towords thigh and lower back region. Her condition gradually worsened and she was advised for surgical management which the patient was refused and came to pandit khushilal hospital in the department of panchkarma.

Treatment Administered

| S. no | Procedure | Dose | Duration |
|-------|---------------------------|--|----------|
| 1. | kaal basti plan | Niruha basti-Honey- 60 ml satapushpa kalka-30gm saindhav-5gm guggulutiktak ghrita- 75ml panchtikta kwath-140ml | |
| | | ANUVASAN BASTI Ksheerbala tail-60ml | 16 days |
| 2. | Shali shashtik Swedan | Balamoola-3kg shasthik shali-3kg Satavari-1. 5kg aswagandha-1. 5kg cow's milk-2 liter | 16days |
| 3. | Brihatvatachintamani rasa | 125mg-BD | 21 days |
| 4. | Panchtikta ghrita gugullu | 500mg-BD | 21 days |

Discussion

Panchtikta ksheer basti is very effective and usefull treatment for avascular necrosis. in panchtiktikta ksheera basti most of the content of basti is tikta rasa pradhan which having prodominence of vayu and aakash mahabhuta, hence it resemble more like to asthi dhatu constitution panchtikta ksheera basti is mridu Niruha basti functionally it acts as a vata dosha shaman and brihmana effect it is mainly indicated by acharya chraka in asthipradosaj and majjawaha srotovikara. panchtikta ksheer basti nourishes the asthi dhatu and there by pacifies and there by pacifies its ashryaee vata dosha. Ksheer possess the properties of madhur, sheeta, snigdha, shlakshan and picchila guna it contains rukshta of asthi dhatu thus increases shleshmaka kapha in the joint.

Conclusion

There is no permanent treatment for AVN. The goal of treatment is to preserve the joint for as long as possible. The management of osteonecrosis include non-surgical management and procedure to prevent joint collapse this case shows improvement in range of motion, stiffness and pain of affected joint. Despite of fact that it didn't complete cure as anatomical changes can't be turn around yet panchtikta ksheer basti, shalishastika panda swedan and panchtikta ghrita gugullu, brihatvatachintamani rasa is effective in the management of AVN.

Past History

The patient was healthy before 1 year than she suffered mild hip joint pain and gradually feel difficulty while walking and intensity of pain is increased. she was diagnosed by physician in AIIMS AVN-II grade after undergone MRI and X-ray of hip joint and suggested surgical intervention.

Investigation

| MRI B/L HIP Joint | GRADE-II avascular necrosis of right hip joint with mild right hip joint effusion. Early degenerative change in the form of few marginal osteophytes and subchondral cyst measuring 6x 5 mm | |
|-------------------------|---|--|
| X-RAY Cervical Spine | Posterior disc osteophytes comlex at C4-C5, C5-C6, C6-C7 level with ventral thecal sac | |
| Random Blood Sugar | 102. 2mg/dl | |
| ESR | 17/hr | |
| HB | 11. 7gm | |

Medical History

Patient was taing medication such as tabandronate, tab improve-DSR and tab. diwot prescribed by physician. no such history of taken any type of steroids

 Table 2: Assessment criteria-observation in range of movement of hip joint

| Range of Movement | | Before treatment | After treatment |
|----------------------|-----------|------------------|-----------------|
| Adduction | Right leg | 12 | 24 |
| Abduction | Right leg | 20 | 30 |
| Flexion | Right leg | 66 | 95 |
| Extension | Right leg | 36 | 45 |
| Internal rotation | Right leg | 33 | 46 |
| External rotation | Right leg | 25 | 50 |

Table 3: Showing improvement in oxford hip joint

| Before Treatment | After Treatment |
|------------------|-----------------|
| 17 | 39 |

The Oxford Hip Score

0 to **19**: May indicate severe hip arthritis. It is highly likely that you may well require some form of surgical intervention **Score 20 to 29**: May indicate moderate to severe hip arthritis. **Score 30 to 39**: May indicate mild to moderate hip arthritis. Consider seeing you family physician for an assessment and possible x-ray. You may benefit nonsurgical treatment.

Score 40 to 48: May indicate satisfactory joint function. May not require any formal treatment

IJRAW

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