

“A case study on ayurvedic management of asthimajjagat vata w.s.r. to avascular necrosis.”

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Abstract:

Ayurvedic description of *Asthimajjagat vata* closely resembles with Avascular necrosis of modern medicine. *Asthimajjagat vata* is characterized by *Bhedanvat pida* at *asthi* and *parva*, *Sandhishoola*, *manasbalakshay*, *nidranash*, *santat ruk*. The patient came to us with severe pain at right thigh, Pain at both hip joint, pricking sensation at right thigh, difficulty in walking, Insomnia. In Ayurveda *basti chikitsa* is considered to be half the treatment for *vata* dominated disease. *Vata dosha* is predominately present in *Asthi dhatu* and *Sandhi*. So *Tiktaksheer basti* along with Goat's *Majja* and *shaman chikitsa* was selected for the present case. *Tiktaksheer basti* along with *Majja* has given very effective result in the patient.

INTRODUCTION-

Asthimajjagat vata is mentioned as one of the *Vatavyadhi* in *Charak Samhita*¹. Owing to distracting nature and difficult management. Due to change in life style like unsuitable sitting, sleeping, bike riding, standing, Alcohol consumption, low nutritional value food as the junk food *Asthimajjagat vata* has emerged in society as prominent disease. During the process of pathogenesis, when the vitiated *vata* gets into *Asthi*, then due to inverse relationship in *Asthi* and *Vata*², As *vata* increases *Asthi* decreases i.e. *Asthikshaya*. Causing pain, tingling sensation, numbness. Avascular necrosis is a disease resulting from a temporary or permanent loss of blood supply to the bones. It generally affects people between the ages of 30 and 50 years of age. This disease is also known as osteonecrosis, aseptic necrosis and ischemic bone necrosis. Today the modern science deals with these kind of diseases with analgesics and steroids but their side effects hampers the physiology more³. In Ayurveda text *Tiktaksheer basti* is indicated in all types of *asthigat vikar*. *Tikta ras* has tendency to go towards *Asthi dhatu* after assimilation in the body due to dominance of *Aakash* and *Vayu mahahuta*⁴. Which can help to nourish the *Asthi dhatu*. *Majja* nourishes the *Majja dhatu* as per *Samanya Sidhanta*⁵. Hence we decided to study the effect of *Tiktaksheera basti* along with Goat's *Majja* and *shaman chikitsa* in *Asthimajjagat vata*.

CASE REPORT

PATIENT DESCRIPTION & HISTORY EXAMINATION-

- A 35 year old male suffered from severe Right leg pain especially at

Right Thigh region pricking sensation, Both Hip joint pain specially in Right hip joint with difficulty in walking.

- These symptoms of insidious onset 1 month prior had caused patient to cease his daily activity e.g. walking, household work sleeping.
- H/O – Previous illness about same complaints 2 years ago.

Patient taking allopathic treatment.

- Personal history- Alcohol consumption daily.
Bike riding.
- Family history- Past family medical history was noncontributory.

GENERAL EXAMINATION-

P.R.- 80/min. regular

B.P.- 130/90mmHg

Weight- 64 kg

P/A- Soft

LOCOMOTOR EXAMINATION-

Hip joint-

1. Redness – absent
2. Swelling – absent
3. Temperature – normal
4. Tenderness – absent
5. Movement – all movements were restricted.

AVN is classified by five stages through the use of normal radiological clinical findings. Each stage identifies and explains the pathological progress and the severity of the disease.

- Stage 1 – Cell death; undetectable by plain films.
- Stage 2 – Cell modulation; characterized by localized osteoporosis

- Stage 3 – Development of the margin of dead bone; appears sclerotic.
- Stage 4 – Margin increases; takes on a crescent shape.
- Stage 5 – Total destruction and possible collapse of the bone.

INVESTIGATION –

- MRI of both hip joint –
 - i. Findings suggestive of bilateral avascular necrosis of the Femoral head (more on right).
 - ii. Acute bone marrow edema in right femoral head and neck.
 - iii. Grade 3rd on right side and Grade 2nd on left side.

ASTHAVIDH PARIKSHA-

1. Nadi- Vata Pradhan pitta
2. Mal- once a day
3. Mutra- 4-6 time /Day
4. Shabda- Prakrut
5. Jiva- sama
6. Sparsha- prakrut
7. Druka- prakruta

RESULT-

Sr. no.	Subjective/ objective parameter	Before treatment	7 th day	14 th day	21 th day
1	Hip joint pain	10	9	6	4
2	Pricking pain	10	9	6	3
3	Difficulty in walking	10	9	6	4
4	Stiffness	9	7	4	3

The assessment was done before and after the completion of treatment. Patient got 60% relief in 3 parameters and 50% relief in one parameter within span of 21 days of treatment. The right hip joint pain which was pricking in nature was found

8. Akruti- madhyam

INDRIYA PARIKSHAN-

Dnyanendriya – prakrut

Karmendriya – prakrut

STROTAS PARIKSHAN –

1. Asthivah strotas – pain at right thigh region, Balakshay
2. Majjavah strotas – hip joint pain, pricking sensation, loss of sleep.

DIAGNOSIS – Asthimajjagat vata

TREATMENT –

- ❖ Sarvang Snehana with Abhyanga taila for 21 days.
- ❖ Sarvang swedan- Avgah swedan with Nirgudi kwath for 21 days.
- ❖ Tiktaksheera basti along with majja for 21 days
- ❖ Jalaukaavacharan at Right hip joint
- ❖ Oral medication – Mahayograj guggulu 2 tab. Twice a day
Rasnaghana vati 2 tab. Twice a day
Shallaki plus tablet 1 tab. Twice a day

to be reduced remarkably and in the VAS score has come to 5 from 10. Difficulty in walking and stiffness of the joint also reduced by 60%.

DISCUSSION -

Asthimajjagat vata is mainly degenerative disease. In *Asthimajjagat vata* there is involvement of *Vata*, *Asthi*, *Majja* and *Sandhi dushti*. Hence this disease was considered as *Madhyam marga roga*.⁶ Ayurvedic description of *Asthimajjagat vat* closely resembles with Avascular necrosis of modern medicine. AVN is primarily due to the lack or loss of blood supply. The treatment strategies for aggravated *Vata* includes *sarvang snehan* and *Swedan*. Among of all therapies, *Basti* is the excellent therapy for *Vatashaman*.⁷ In this case we administered *Tiktaksheer Basti* along with *majja* so as to promote the *Asthi & Majja dhatu*. Acharya Charaka & Vagbhata mention the use of *basti* prepared with *Tikta dravya*, *ksheera*, *ghrita* as the treatment⁸ of *Asthikshaya* along with use of *Swayoni dravyas*. Also we used *Avgah swedan* by *Nirgundi kwath* gives soothing effect on body. It increases vasodilation which leads to improve in blood circulation. Regarding *Tiktaksheera basti*, *Arundatta* says that the combination of *Snigdha & Shoshna* property produces *Khara* property which is also the *Guna* of the *Asthi*. This nourishes the *Asthi* as per *Samanya Sidhanta*.⁵ We used *Majja* in preparation of *Tiktaksheera Basti*. So *majja* also nourishes the *Majja dhatu* as per *Samanya Sidhanta*.⁵ If we analyze the *Panchbhautika* composition *Tiktaksheera basti* having predominance of *Vayu & Aakash Mahabhut* hence it can enter any part of the body specially the part having the similar *Mahabhuta* predominance like *Asthi dhatu*. Hence, it can be said that *Tiktaksheera basti* has ability to repair degenerative changes in bone & cartilage. *Tikta dravyas* has properties of *Deepana*, *Pachana*, *Stanya shodhana*, *Lekhana*, *Kled-Med-Vasa upshoshanam*.⁹ Which

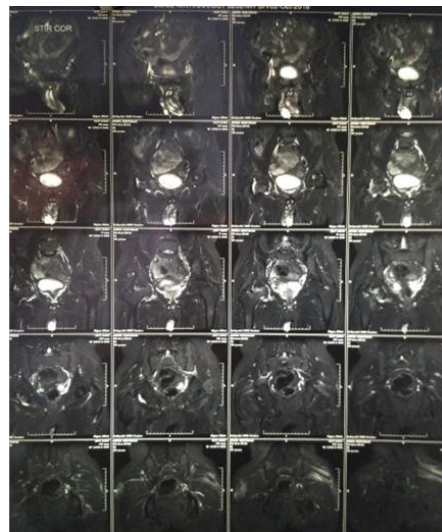
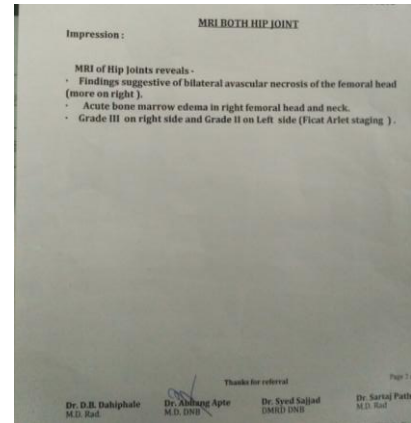
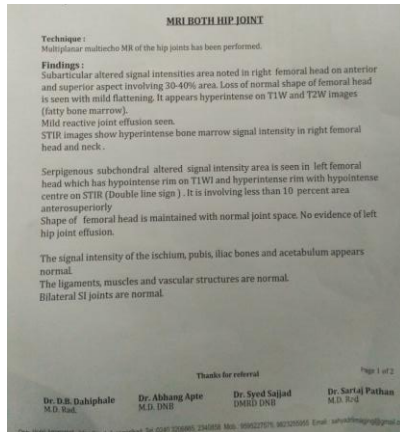
can help to reduce *Medodushti* & helps in aggravation of *agni* of *meda dhatu* which is indirectly helping to proper formation of *Meda dhatu & utarottar dhatu* i.e. *Asthi, Majja* etc. By *Jalaukaavcharan* the vitiated blood was removed and its place was taken by fresh oxygenated blood and its made the movement of *dosha* free. *Mahayograj Guggul* is mentioned by *Sharangdhar samhita*. In *Phalashruti* it is said that it can be used in all types of *vata vikara*.¹⁰ *Guggul* also helps to relieve pain. *Rasnaghanvati* act as *Vatashamak*.¹¹ Tablet *Shallaki Plus* contains *Boswellia serrate* extract and *Vitex negundo*. *Shallaki* supports the prevention of excessive joint wear and tear by inhibiting glycosaminoglycan degradation. *Boswellic acid* an important active constituent in *shallaki*, helps in suppressing joint inflammation and pain by targeting key enzymes that facilitate the release of pro inflammatory chemicals in the joints. This can help to breakdown chain of reaction occurring in the form of *Samprapti* at one hand and arrest the progress of disease on the other hand in addition to producing subjective improvement in patient.

CONCLUSION-

The present case study signifies the role of *Tiktaksheer basti* along with *majja* and *shaman chikitsa* in the treatment of *Asthimajjagat vata*. The patient can make significant gains in sign & symptoms in relatively short periods of time. A wholistic approach to the patient with further modifications in the diet pattern which is promoting the *asthi majja dhatus*, daily intake of milk and ghee, with the healthy life styles, administering adequate medicines and *panchakarma* therapy can further yield a better result in such similar cases.

REFERENCES

1. Agnivesha, Charaka Samhita, Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, edited by Vaidya Yadavaji Trikamaji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, 2017, Chikitsasthan Adhyay 28, shloka 33, Page no. 617.
2. Vagbhat, Ashtang Hridaya, with the commentaries Sarvangsundara of Arundatta and Ayurvedarasayan of Hemadri, edited by Hari sadashivs shatri, Chaukhambha Sanskrit Sansthan, Varanasi, 2011, Sutrasthan Adhyay 11, Shloka 26 & 27, Page no. 165.
3. Tripathi k. Editor Essential of medical Pharmacology. 6th Edition, New delhi: Jaypee brothers medical publisher, 2008, 189-205.
4. Agnivesha, Charaka Samhita, Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, edited by Vaidya Yadavaji Trikamaji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, 2017, Sutrasthan Adhyay 26, Shloka 40, Page no. 143.
5. Agnivesha, Charaka Samhita, Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, edited by Vaidya Yadavaji Trikamaji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, 2017, Sutrasthan Adhyay 1, Shloka 44, Page no. 9.
6. Agnivesha, Charaka Samhita, Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, edited by Vaidya Yadavaji Trikamaji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, 2017, Sutrasthan Adhyay 11, Shloka 48 & 49, Page no. 77.
7. Agnivesha, Charaka Samhita, Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, edited by Vaidya Yadavaji Trikamaji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, 2017, Sutrasthan Adhyay 25, Shloka 40, Page no. 132.
8. Agnivesha, Charaka Samhita, Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, edited by Vaidya Yadavaji Trikamaji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, 2017, Sutrasthan Adhyay 28, Shloka 27, Page no. 180.
9. Agnivesha, Charaka Samhita, Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, edited by Vaidya Yadavaji Trikamaji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, 2017, Sutrasthan Adhyay 26, Shloka 42, Page no. 144.
10. Sri Bhavmishra, Bhavprakash Uttarardha, Edited with the Vidyotini Hindi commentary by Bhisagratna Pandit Sri Brahma Sankara Misra, Chaukhambha Sanskrit Sansthan, Varanasi, Fifth edition, 1988, Vatvyadhivikara 24, Page no. 270.
11. Bhavprakash Nighantu of Sri Bhavamisra, Commentary by Dr. K.C. Chuneekar, Edited by Dr. G.S. Pandey, Chaukhambha Bharati Academy, Varanasi, Ninth edition, 1993, Haritkyadivarga, Shloka no. 163 & 164, Page no. 76.



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