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**13. A case study of role of Pancha tikta ghruta kshira basti in  
Avascular Necrosis of head of femur.**

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**Abstract**

**Aim:**

To evaluate the role of panchatikta ghruta kshira basti in Avascular Necrosis of head of femur

**Objectives:**

1. To evaluate the role and mechanism of action of Pancha tikta ghruta kshira basti in AVN.

**Observation:**

Follow up was taken after every week in Karma basti karma given to the patient for seven days.Observations were noted in the form of improvement in clinical parameters.

**Conclusion:**

Conclusion was drawn from above data.

**Introduction:**

Avascular necrosis is a rare entity.In which there is cellular death (necrosis) of bone components due to interruption of the blood supply. Without blood, the bone tissue dies and the bone collapses.If avascular necrosis involves the bones of a joint, it often leads to destruction of the joint articular surfaces.

The sites involved are femoral head, scaphoid bone, lunate bone, talus, lower 1/3<sup>rd</sup> of tibia, rarely head of humerus. Out of these AVN of head of femur is commonly seen.

Exact etiology of this not known but the predisposing factors are, chemotherapy, alcoholism, excessive steroid use, post traumatic. Other rare causes are sickle cell

anaemia, hypertension, vasculitis, arterial embolism and thrombosis, damage from radiation, bisphosphonates.

In this case study cause was found to be trauma after RTA and H/O fracture of neck of femur.

Treatment of this AVN depends upon the bone involved in it. But mostly its surgical medicinal treatment is hardly effective in improving patient's condition. In case of upper limb usually limb shortening is done, and in case of lower limb reconstructive procedures are preferred.

In case of AVN of head of femur THR i.e. Total hip replacement is done but, THRs have a number of downsides including long recovery times and short life spans. Instead hip resurfacing or metal on metal (MOM) resurfacing is used now days. But these surgical procedures are costly affairs and in our country everyone can not afford it. Besides it does not replace the function of the joint to its original state, patients movements are restricted.

Thus in this case study alternative method for treating AVN was tried.It is not only very effective but also supported by the fundamentals and basic principals in Ayurveda. Thus it can prove as a ray of hope to the patients suffering from this and those not willing for surgery.

**Materials and Methods Material Used:**

Panchatikta bharad, Go-dugdha, Panchatikta Ghrita, Madhu, Glucrine syringe, Simple rubber catheter.(Ref Cha. Su. 28/ 27,)

### Preparation Method :

Kshira-paka of panchatikta bharad was made by proportion Bharad : Go-dugdha : Water

as 1 : 16 : 16 .And it was boiled till only milk remains. Then vastra galita kshira-paka was obtained. (Ref : Dravyaguna sangraha by Yadavji trikamji Acharya).

Then from this **Pancha-tikta Ghrita-kshira basti** was prepared from this by mixing the above contents in following sequence and quantity:

1. Madhu 10 ml
  2. Panchatikta Ghrita 20 ml
- This was mixed thoroughly till ghrita particles are mixed completely with madhu.
3. Panchatikta Kshirapaka 100 ml. (Ref Ah. Hru.Su. 19/ 45)

Then this basti was given to the patient by giving him left lateral position by using glycerine syringe and catheter.

Matra of basti was increased by 50ml every 3<sup>rd</sup> day till it was 250 ml then this matra was continued for the remaining days. As this was retained for 8 to 12 hrs and patient did not have any complaints.

### Case Study

A male patient came to SOPD of age 37 year. OPD reg. no was 6378. With following complaints

C/O : Pain in both lower limbs & gion ....since 1 year

Both lower limb weakness.....since 1 year

Difficulty in walking.....since 1 year

Pain in lower abdomen.....since 1 year

H/O : h/o fall from two-wheeler 5-6 months back. There was no evidence of fracture.

P/M/H : H/O malaria and enteric fever 8 months back.

No h/o DM/ HTN/ BA/ Kochs.

No h/o any drug allergy.

P/S/H : No evidence of any major surgery.

Ashtavidha Parikshana :

Nadi - 78/ min

Shabda - spashta

Mala - malavshthamba

Sparsha - anushna-sheeta

Mutra - prakrut

Druka - prakruta

Jivha - alpa-sama

Aakruti - madhyam

O/E : Pulse : 78/ min

B.P: 130/ 70 mmhg

G.C. fair

P/A: tenderness in hypogastric region.

Strotas Parikshana :

Rasavaha Strotasa : Aruchi, daurbalya.

Asthivaha Strotasa : Asthi shoola(ubhaya vamkshana sandhi shoola)

L/E:

Numbness in both lower legs +++

SLRT: Rt : 65° Lt : 70°

Movements of B/ L hip joint: flexion, extension, rotation – painful during walking and sitting.

Investigations:

MRI of B/L hip joint (done 8 months before starting treatment) showed

Features suggestive of Avascular Necrosis of B/L femoral heads. (Modified ficat's grade 3 in Right side and Grade 2 on Left side).

### Treatment given:

#### Aushadhi Chikitsa :

- 1) Hingvashtak Churna 3gm B.D. before food with warm water. (Initial 5 days for pachan)
- 2) Lakshadi Guggul 3 tablets BD after meals i.e. Vyanodan kal.
- 3) Asthimajjapachak Kwatha BD after food i.e. Vyanodan kal.

#### Panchakarma Chikitsa :

1. Sarvanga snehan swedan.
2. Panchatikta-Ghruta-Kshira Basti (starting from 100 ml to 250 ml) for 30 days i.e. karma basti krama.

#### Pathya-Apathya :

Patient was told to avoid his addiction of chewing tobacco, Viruddha ahara, also

vataprakopak ruksha ahar.He was adviced to take intake of Godugdha everyday.

**Results;**

Rt Lower Limb :

Follow up date	SLRT	Movements (Pain gradations)					
		Flexion	Extension	Rotation		Abduction	Adduction
				External	Internal		
2-11-11	55°	+++	+++	+++	+++	+++	+++
9-11-11	60°	+++	+++	+++	+++	+++	+++
15-11-11	60°	+++	+++	+++	+++	+++	+++
22-11-11	70°	+++	++++	++++	++++	++++	++++
29-11-11	80°	++++	++++	++++	++++	++++	++++
2-1-12	80°	++++	++++	++++	++++	++++	++++

Lt Lower Limb :

Follow up date	SLRT	Movements (Pain gradations)					
		Flexion	Extension	Rotation		Abduction	Adduction
				External	Internal		
2-11-11	70°	++++	+++	+++	+++	+++	+++
9-11-11	70°	++++	+++	+++	+++	+++	+++
15-11-11	80°	++++	+++	+++	+++	+++	+++
22-11-11	80°	++++	++++	++++	++++	++++	++++
29-11-11	80°	+++++	++++	++++	++++	++++	++++
2-1-12	85	+++++	++++	++++	++++	++++	++++

Along with this his limping while walking was completely relieved and he was able to walk without limping at least for 30 to 45 mins.According to the patient his complains were relived satisfactorily and he had 70 -80 % relief.

**Grade Evaluation for Joint movements:**

Grade 1 : No movement possible.

Grade 2 : Movement by appropriate postural adjustment.

Grade 3 : Movement against gravity but not against external resistance.

Grade 4 : Movement against gravity and against some resistance.

Grade 5 : Normal Movement .

**Discussion:**

Here in this patient trauma after bike accident was the hetu for asthivaha strotas dushti.As told by Acharya charaka ‘Astnam cha ati-

vighattanat’,this lead to Asthi-vaha strotas dushti.(Ref : Cha. Viman 5/17)

Thus Chikitsa for asthivaha strotas dushti was given i.e.Panchatikta Ghrita-Kshira Basti(Ref : Cha Su 28/27),thus lakshadi guggul was also given for asthi vruddhi at the necrosed bone site of femoral head.Asthi majjapachak yog(Ref :Cha Chi 3/202) was given for pachan and it also acts as vehicle and helps other contents of aoushadhi chikitsa to reach upto asthi dhatu.

Besides this according to Acharya Dalhana ‘Asthi-dhara kala’ is also called as ‘Purish-dhara kala’which is situated in ‘Pakwashaya’.Thus basti given in Pakwashaya directly acts on Asthi-dhara-kala,ultimately leading to poshana of asthi dhatu.(Su sha. 4/16)

**Conclusion:**



Thus this was a genuine attempt to treat the patient of AVN with help of Ayurveda, which was successful in improving general condition of the patient without going for the surgery. He was able to carry his daily activities without

botheration of his pain. This can be ray of hope on this path. This needs can be a research topic having positive angle, so more work can be done in this direction.

### **References:**

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