“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, Sandhisthoola, 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 predominatly 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. Owing to distracting nature and difficult management. Due to change in life style like unsuitable sitting, sleeping, bike riding, standing, Alcohol consumption, low nutrional 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, 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 more. In Ayurveda text Tikta kshera basti is indicated in all types of asthi vikar. Tikta kshara has tendency to go towards Asthi dhatu after assimilation in the body due to dominance of Aakash and Vayu mahahuta. Which can help to nourish the Asthi dhatu. Majja nourishes the Majja dhatu as per Samanya Siddhanta. Hence we decided to study the effect of Tikta kshera 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-

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Subjective/ objective</th>
<th>Before treatment</th>
<th>7th day</th>
<th>14th day</th>
<th>21th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hip joint pain</td>
<td>10</td>
<td>9</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Pricking pain</td>
<td>10</td>
<td>9</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Difficulty in walking</td>
<td>10</td>
<td>9</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Stiffness</td>
<td>9</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

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 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%.

8. Akruti- madhyam

INDRIYA PARIKSHAN-

Dnyanendriya – prakrut
Karmendriya – prakrut

STROTAS PARIKSHAN –

1. Asthivah strotas – pain at right thigh region, Balakshay

DIAGNOSIS – Asthimajjagat vata

TREATMENT –

- Sarvang Snehan with Abhyang 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
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. Ayurvedic description of Asthimajjagat vata 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. 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 treatment 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 Tiktsheera 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. We used Majja in preparation of Tiktsheera Basti. So majja also nourishes the Majja dhatu as per Samanya Sidhanta. If we analyze the Panchbhautika composition Tiktsheera 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 Tiktsheera basti has ability to repair degenerative changes in bone & cartilage. Tikta dravyas has properties of Deepana, Pachana, Stanyu shodhana, Lekhana, Kled-Med-Vasa upshoshanam. 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 vikeya. Guggul also helps to relieve pain. Rasnaghanvati act as Vatashamak. Tablet Shallaki Plus containts 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 helps 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 peroids 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


