

Efficacy of Panchatikta ksheerbasti in the Management of Anuktavyadhivankshanagatavata(Avascular necrosis) - A single Case Study

Ankush D Dikondwar *

Department of Rognidan and Vikriti, Government Ayurved College, Nagpur,India

Corresponding author: Dikondwar AD, Department of Rognidan and Vikriti, Government Ayurved College, Nagpur,India, E-mail: mentorscarepublication@gmail.com

Abstract

Avascular necrosis is the pathological process encounters due to hampering in blood supply to the bone (Death of the bone tissue). Avascular necrosis is also called as Osteonecrosis or Bone Infarction. Most commonly hip joint (Head of Femur) is involved but avascular necrosis of hip joint is poorly understanding. But this process is the common pathway of traumatic or non-traumatic factor that comprise the already precarious circulation of the femoral head. Long term use of steroid medication and heavy intake of alcohol can lead to avascular necrosis. Clinical picture of avascular necrosis is quite similar to Vankshanagata Vata but in Ayurveda classical text it is called as Anukta Vyadhi as this disease is not clearly mentioned in the Ayurveda classical text. Rectal administration of medications or medicated oils or decoction is called as Basti. Basti is very elite to encounter the aggravated Vatadosha which is the main aetiological factor for the manifestation of disease. Asthi is an important site of Vata Dosha. Hence medication given rectally affects all the tissue up to bone tissue that's why Basti is selected for the present case; along with Basti Panchakarma treatment patient was on oral Ayurvedic medication and physiotherapy. Patient was hospitalized for duration of 2 months 18 days and showed substantial improvement.

Keywords:

Anuktavyadhi; Vankshanagata vata; Panchatikta ksheer basti; Avascular necrosis

Introduction

Ayurveda is the most ancient healing science present on this planet. Ayurveda deals with the health of wellbeing.

Ayurveda has a holistic approach towards the life of individual. In Sanskrit language Ayurveda means 'The science of life'.

Main motto of Ayurveda is to keep healthy individual healthier and to improve the quality of life of an individual and treatment of diseased one with help of medicinal herb and Panchakarma procedure which one is suitable as per the sign and symptom of the disease.

Ayurveda classical text was written in Sanskrit language in which many diseases are explained in detail with their treatment [1]. According to Ayurveda the three principle energies of life is called as Tridosha or three pillars of life. Vata Dosha, Pitta Dosha,

Kapha Dosha. Vata Dosha is subtle energy associated with movement. Pitta Dosha expresses the body metabolic system where as Kapha Dosha is the energy that forms the body structure.

Balanced condition of three Doshas reflects good health. But any vitiation in any one of above Doshas due to Hetu leads to disease condition. Ayurveda classical text includes Charaka Samhita, Sushruta Samhita, Vagbhata Samhita out of which Charaka Samhita is Chikitsa oriented granth in which Acharya Charaka describes Vata vyadhi in detail along with treatment. Acharya Charaka describe two types of Vyadhi i.e. Nanatmaja and Samanyaja Vyadhi. Out of which 80 Vyadhis are of Vata Dosha, 40 Vyadhis are of Pitta Dosha, 20 Vyadhis are of Kapha Dosh.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

How to cite this article: Ankush D Dikondwar .. Efficacy of Panchatikta ksheerbasti in the Management of Anuktavyadhivankshanagatavata(Avascular necrosis) - A single Case Study. AMHSR. 2021;11:1-5

In the present study Avascular necrosis of femoral head; more common and most important symptom is VankshanaSandhishool(Predormal symptom of Vata vitiation).[2]Avascular necrosis means death of Bone tissue due to impairment in the blood supply due to trauma (joint and bone marrow), fatty deposits in the vessels, due to underlying medical condition such as sickle cell anemia, Gaucher's disease can cause diminished blood flow to the bone tissue. In 25% of cases cause is unknown. Anyone can be affected but the condition is more common between the age group from 30 to 50 years. Steroid use, excessive heavy intake of alcohol, Biphosphonate use (Long term use to improve bone density), Certain medical treatment modalities such as radiation therapy for the cancer patient, organ transplant especially kidney transplant are at higher risk to develop Avascular necrosis.

Many people have no sign and symptoms in early stage of Avascular necrosis as it develops gradually. As the condition worsen patient's affected joint might hurt only when you put weight on it. Eventually patient might feel pain even on lying down. Pain can be mild or severe and increase gradually. Pain associated with avascular necrosis of the hip joint might center on the groin, thigh or buttock. Besides the hip, the areas likely to be affected are shoulder, knee, hand, foot. Some people develop avascular necrosis on both sides (bilaterally) such as hips or knee. However, there is no disease explained or found in Ayurveda classical texts resembling avascular necrosis such a Vyadhi are termed as Anuktyavyadhi. But according to Ayurveda principle stated by Acharya Charaka physician can diagnose on basis of Hetu (Cause), Sthan (Place) and also treat the disease condition. In VankshanagataVatavitiation of VataDoshaooccurs as per Ashrayashrayi Bhava Asthi are Ashraya [3]. According to Acharya Charaka for the treatment of AsthiAshrayiVyadhi's physician can administer Bastias Panchkarma procedure in addition to this Ksheer and Ghrit can be use which is made up of TiktaRasatmak herbs. So according to principle stated by Acharayacharaka patient received PanchatiktaKsheerBastiand got relief from pain and the main aim of study is to explain the efficacy of PanchatiktaKsheerBastiin VankshanagataVata. A 45 years male patient was fit, fine and healthy before 2.5 years then he went to private hospital for the treatment of complaints which he was encountering includespain in both hip joints, pain in both knee joints for the same complaint he went under the routine investigation, MRI and diagnosed as Avascular Necrosis of both femur. After treatment for avascular necrosis got some relief from pain but symptoms relapse after 1-2 months period with more intensity and addition of difficulty in walking, difficulty in movement of hip joints, pain during movements for which he took treatment from private hospital but didn't get relief so he came and admitted in the Ayurveda Hospital.

Discussion

In this present case as per the sign and symptoms of this patient, we can correlate

AnuktyavyadhiVankshangataVatawith Avascular necrosis of femur. Vankshangata VataVyadhi falls under the heading of VataVyadhibecause vitiation of VataDoshha occurs due to Hetusewan (MitthyaAhar) and occupies the RiktaSrotas of body which is the main factor for manifestation of disease (VankshangataVata). SrotasRukshata and Parushata observed due to increased RukshaGuna of VataDoshahwhich is the key point of Pathogenesis of VataVyadhi. So, to redress the RukshaGuna of VataVyadhiwe used Snehan.Snehan should have to be used in form of Basti. Basti is one of the Panchakarmaprocedure have capability to eradicate the VataDoshha completely at the same time provides nutrition to tissue also. VataDoshha is mainly located in Pakwashaya (Colon) but bone tissue (Asthi) is also site of Vata. Hence medication administer rectally effects AsthiDhatu [4].

As stated, earlier VankshangataVata is not clearly mentioned the Ayurveda classical texts but Vankshan Sandhi Shool is the main and common symptom of the patient. We can also say that this is AsthiashrayiVyadhi so to treat the root cause we can use Panchakarmaprocedure (Basti), Ksheer, Sarpi made up of TiktaRasayuktaDravyas. In PanchatiktaKsheerBasti, there are 5 herbs which have principle Rasa as a Tikta Rasa, KatuViapaka, UshanaVirya areGuduchi, Vasa, Patol. Nimb, Kantkari.

PanchatiktaKsheerBastiis basically Vatashamaka due to its principle Rasa,Vipaka, Virya also ksheer is Snigdha,Madhur,Vatapittaghna.Ghrit is also Pittanilahara and Balawardhan.Saindhav is Tikshna, Ushna, Sukshma and Vatavikarnashak. A number of studies related on this iproblem were reported [5]. Some studies from global burden articles and other sources were reviewed. From all angles the contents of PanchatiktaKsheerBastiare VataDoshahar which is the main factor in the manifestation of VataVyadhi. Also due to the SukshmaGuna of Saindhav and Snehgunyuktata of Ghritthis SnehanBasti (PanchatiktaKsheerBasti)reaches VankshanSandhi and AsthiDhatu and effectively reduce intensity of Shool (Pain) which is due to aggravatedVataDoshha of that region.VataDoshha is mainly located in Pakwashaya (Colon) but bone tissue (Asthi) is also site of Vata. Hence medication administer rectally effects AsthiDhatu (Table 1,2,3,4 and Table 5).

Result

Past History

- No H/O Hypertension, Diabetes Mellites, Bronchial Asthma, Pulmonary
- No H/O Thyroid, Malaria, Dengue, Jaundice.
- No H/O Fall, Trauma, RTA
- No H/O Any Surgery
- No H/O Blood Transfusion
- No H/O Any drug allergy

On Examination

- GC Moderate Weight -58Kg

- Temp Afebrile
- Pulse- 80/Min
- BP- 130/80 mm of Hg
- No signs of inflammation
- No Oedema observed
- No dislocation

Clinical Examination

- Inspection of Hip Joint

Table 1: Range of motion of Hip joint examination (Before Treatment).

Joint	Flexion	Extension	Abduction	Adduction	Internal Rotation	External Rotation
Right Hip Joint	100 Painful	00Painful	150Painful with Support	150Painful with Support	Absent	Absent
Left Hip Joint	900 Painless	150	400	200	Normal	Normal

- Gait
- Limping Gait
- Walk with Support of Stick
- MRI Impression
- F/S/O B/L Avascular Necrosis both Femoral head, Gr III on Right side and Gr ii on Left side.
- Right Hip joint effusion noted with minimal volume.
- ChopchinyadiChurna 40gm (Cow Milk)
- MaharasnadiKwath 20ml BID with Koshnajaal
- AbhaGuggulu 10gm (40 Tabs) 42 Packets
- Tab. Calcipral 10gm (40 Tabs) 1 Pack. BID
- KukkutandtwwakBhasma 10gm Koshnajaal

Medicinal Treatment

- KaishorGuggulu 10gm (40Tabs) 42 Packets
- Mahavatavidwansa Rasa 05gm (20Tabs) 1 Pack. BID
- GulwelSatwa 10gm with Dugdha

Panchakarma Treatment

SarvangSnehan

SarvangNadiswedan

PanchatiktaksheerBasti (16 basti in 1Set)

Table 2: Intervention.

Date	Medicine	Dose	Freq
43668	A. KaishorGuggulu 10gm (40Tabs) 42 Mahavatavidwansa Rasa 05gm (20 Tabs) Pack GulwelSatwa 10gm ChopchinyadiChurna 40gm	1 Pack. With Dugdha (Cow's Milk)	BID
	B. MaharasanadiKwath	20ml	BID
	C. SarvangSnehan		OD
	D. SarvangNadiswedan		OD
43674	PanchatiktaksheerBasti (1st Set.)	125 ml / Daily	OD
43690	PanchatiktaksheerBasti (2nd Set)	125 ml / Daily	OD
43692	SunthisidhhaErandsneha	5ml	HS

43710	PanchatiktaksheerBasti (3rd Set) (With Addition of Physiotherapy ,Exercise, Cycling)	125 ml / Daily	OD
43714	AbhaGuggulu 10gm (40 Tabs) 42 Tab. Calcipral 10gm (40 Tabs) Pack KukkutandtwakBhasma 10gm AmalakiRasayan 50gm	1 Pack with Koshnajala	BID

Table :3 Observation after Intervention.

	On Admission 22/7/19	After 1st Set of Basti 12/8/19	After 2nd Set of Basti 28/8/19	After 3rd Set of Basti 17/9/19
Pain in Right Hip Joint	+++	++	+	Slight pain
Pain in Left Hip Joint	++	+	+	Relief
Pain in Both Knee Joint	++	Relief	Relief	Relief
Difficulty during movements of Hip Joint	+++	+++	Sit without pain	Relief
Difficulty during sitting	++	++	Sit without pain	Sit without pain
Walking with support	+ With Stick	+ With Stick	Walk without support	Walk without support

Table: 4 showing changes in gait.

Gait of patient	
Early stage without treatment	Painful walking with help of stick
After 1st set of Basti	Pain reduce walk with support of stick
After 2nd set of Basti	Walk without stick
After 3rd set of Basti	Can walk Staircase

Table: 5 Showing AT and BT changes of range of motion of Hip joint.

Materials and Methods

In this present case we are using one of the finest procedures amongst Panchakarma. Basti (Rectal Administration of Medicated decoction or medicated Ghrit). In this case we are giving PanchatiktaksheerBasti. For the preparation of this Basti Physician needs Panchatikta.

PanchatiktaDravya

- Guduchi (Tinosporacordifolia)
- Vasa (Adhatodavasaca)
- Nimb (Azadirachta indica)
- Patol (Trichosanthes dioica Roxb)
- Kantkari (Solanum surratense Burm.)
- Ghrit
- Ksheer (Cow's Milk)

- Madhu (Honey)
- Saindhav (Salt)
- Basti pot (Enema pot)
- Rubber Catheter No 10.

Preparation of PanchatiktaksheerBasti

Take 5ml Madhu and 1 pinch of Saindhav, mix it properly up to 5-10 mins. (Till those two substances become one). Add 20ml Ghrit in the above mixture again stirrer properly. Add 50 ml Ksheer after proper mixing addition of 50 ml Kwath in it.

Administration of PanchatiktaksheerBasti

Basti is administer rectally when patient was on left lateral position with right leg folded in knee near abdomen. Total 125 ml of PanchatiktaksheerBasti was administered to patient.

Conclusion

In this present case on the basis of observation and assessment we can conclude that PanchatiktaksheerBasti play effective role in the management of Avascular Necrosis.

References

1. Bone RC. Toward an epidemiology and natural history of SIRS (Systemic Inflammatory Response Syndrome). *JAMA*. 1992; 268(24):3452–3455.
2. Bone RC. Sir Isaac Newton, sepsis, SIRS, and CARS. *Crit Care Med*. 1996; 24(7): 1125-1128.
3. Bone RC. Toward a theory regarding the pathogenesis of the systemic inflammatory response syndrome: What we do and do not know about cytokine regulation. *Crit Care Med*. 1996(1); 24:163-172.
4. Marshall JR, Aarts MA. From celsus to galen to bone: The illnesses, syndromes and diseases of acute inflammation. *Year of intensive care and emergency medicine*. 2001.
5. Seymour CW, Liu VX, Iwashyna TJ, Brunkhorst FM, Rea TD, Scherag A, et al. Assessment of clinical criteria for sepsis: For the third international consensus definitions for sepsis and septic shock (Sepsis-3). *JAMA*. 2016; 315(8): 762-774.