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Multifaceted Approach in Ayurvedic Management of Avascular
Necrosis – A Case Report

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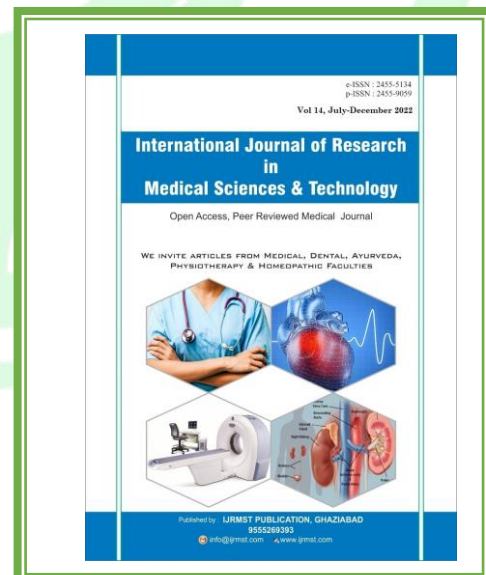
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ABSTRACT

In post covid era avascular necrosis has emerged as a new curse which imposes a physical disability in the society with no much conservative remedy for the same and the most common cause behind this disease is steroidal abuse although many other causative factors such as physical trauma, alcohol abuse, cigarette smoking ,other iatrogenic causes may be there but in post covid era the most common cause is steroidal abuse and in modern counterpart surgical intervention is the sole remedy and if we see upon the diagnosis aspect of this disease in early stages i.e. stage I and stage II it is detected only in MRI and x- ray findings do not reveal any anatomical changes only some sign and symptoms such as radiating pain in medial aspect of thigh is observed which radiates upto the knee joint. Severe pain around hip joints in squatting position or during flexion of hip joints. Thereby to avoid surgeries many of the patients approached to ayurveda for the remedy and with multifaceted approach in Ayurvedic management we can provide much of relief to the AVN effected community.

INTRODUCTION

– Uniqueness of this case is that after eight months of vigorous treatment patient is free from all sign and symptoms although in post treatment MRI anatomical deformities are not changed i.e. neither increased nor decreased and patient can perform all her routine work without any discomfort.

PATIENT INFORMATION

Patient is a female named X age 31 years is a home maker by profession Hindu by religion Weight 48 kgs Height 5 ft 1 inch married for 7 years has a 5 year male child lives in Ujjain, Madhya Pradesh.

X approached in Panchakarma op of Govt. Dhanvantari Ayurveda College and

Hospital on 06/08/2021with complaint of gradual pain in inner aspect of thigh radiating from hip joint to knee joint with mild stiffness since five to six month so visited to allopath doctor but there was no significant relief there she was advised X-ray bilateral hip joint but no significant abnormality was diagnosed then she was advised MRI bilateral hip joints which revealed grade III AVN then she was advised for hip joint replacement which she refused. Pain aggravated during Squatting position and during flexion of Hip joints. Sign and symptoms were worsening day by day.

So MRI bilateral hip joints was again advised which revealed lesion in right femoral head AVN (Stage III). On history

taking patient revealed that she was infected with covid 19 in May 2020 and took allopath treatment for around one month in which steroids were also prescribed. Maybe Steroidal overuse triggered the pathology.

She is also on antiepileptic treatment for 3 years.

CBC Urine routine microscopic CRP ESR was advised by me to rule out any infective pathology. All these parameters were within normal limits.

THERAPEUTIC INTERVENTION

Stage	Treatment given	Dose	Follow up outcomes	Duration
First	Sahastraputi abhraka bhasma ¹ Swarna Sameerapannaga rasa ² Shilajatwadi lauha ³ Sootasekhara rasa ⁴ Pushkaramoola Churna ⁵ Above combination Bilwadi Gutika Lakshadi guggulu ⁷ Mahamanjishthadi kwatha ⁸ Hareetaki Churna ⁹ Panchaguna Taila ¹⁰	65 mg 50 mg 125 mg 250 mg 2 gm BD dose 250 mg bd 2 bd 20 ml bd 5 gm HS External Application	mild relief in pain Stiffness was persisting as such Walking distance without pain was improved a bit i.e. she can walk upto 10 – 15 steps without pain Degree of flexion and extension of hip joint was improved a bit	30 days
Second	Anuvasana with Sahacharadi taila ¹¹ Niruha with Erandamooladi kwatha ¹² Anuvasana was given for 3 days followed by 1 Niruha Hareetaki churna Bilwadi gutika Lakshadi guggulu Mahamanjishthadi kwatha	60 ml 600 ml 6 gm HS 2 bd 2 bd 20 ml bd	Moderate relief in pain Significant relief in Stiffness Walking distance without pain was increased to a greater extent i.e. she can walk upto 70- 80 steps without any pain Range of flexion and extension of hip joint was also improved to a greater extent.	30 days
Third	Sahastraputi abhraka bhasma Swarna Sameerapannaga rasa Shilajatwadi lauha Sootasekhara rasa Pushkaramoola Churna Lakshadi guggulu Panchatikta ghrta	65 mg 50 mg 125 mg 250 mg 2 gm 2 bd	Significant relief in pain Complete relief in Stiffness Walking distance without pain was increased to a greater extent i.e. she can walk upto 200 steps without	30 days

	Gandharvahastyadi kwatha ¹³	10 ml before lunch 20 ml	any pain Range of flexion and extension of hip joint was also improved to a greater extent.	
Fourth	Matra basti with Mahasneha ¹⁴ 40 ml was given followed by Panchatikta siddha ksheera basti ¹⁵ every 4 th or 5 th day In Abhyantara prayoga Lakshadi guggulu Mahamanjsthadi kwatha Gandharvahastyadi kwatha	40 ml 150 ml 2 bd 10 ml bd 10 ml bd	Complete relief in pain Complete relief in Stiffness Patient X can walk now without any pain. Range of flexion and extension of hip joint was normal without any pain and stiffness.	30 days

MRI OUTCOME

MRI was again advised and to a greater surprise same status was maintained i.e. Grade III AVN neither any progress nor any deteriorate was found.

DISCUSSION

As the prognosis of disease is of Kricchrasadhya nature a vigorous treatment regimen was planned and after good response to the patient treatment regimen plan was extended to a longer duration.

Sahastraputi Abhraka Bhasma – due to 1000 times processing with puta it has the capacity to penetrate to nano level of micro channels and thereby providing the nutrition to the necrosed part and also acts as a vehicle for other drugs to act.

Swarna Sameerapannaga rasa – Anti-inflammatory and analgesic action

Shilajatwadi lauha – By its lekhana karma it removes the obstruction of blood vessels and nourishes the nutrition deprived cells.

Sootasekhara Rasa – Pitta kapha shamaka in nature so balances the gastric mucosa irritation produced by above drugs and also have some vatasamaka property.

Pushkaramoola churna – Due to its Vasodilatory action it aids in restoring the blood supply to blood deprived tissues.

Lakshadi Guggulu – Provides nutrition the bones.

Mahamanjsthadi kwatha – By its Pitta kapha samaka action it breaks the samprapti of kapha avruta rakta and aids in restoring the blood supply.

Bilwadi gutika – Acts as a Dushivishari Agada and counteracts over ill effects of steroidal accumulation.

Erandamooladi Niruha – Pacifies the dushta ApanaVayu which is the main culprit in the pathogenesis of disease and in phalasaruti of erandamula niruha it is mentioned jangha uru pada trika pristha shoolam kaphavruttim maruta nigraham.

Sahachara Taila – vatakapha samaka in nature.

Mahasneha – it contains ghrita, taila, vasa and majja thus it provides nutrition faster as compared other sneha.

Panchatikta siddha ksheera basti – according to Charaka asthi asrita vyadhis should be treated tikta dravya sadhita ksheera basti.

Panchaguna taila – by its counterirritant action it provides some relief in pain.

Gandharvahastyadi Kashayam – does the Vata Anulomana action and channelizes the dushta Apana Vayu.

Hareetaki Churna – By its Anulomana action it helps in pacifying dusta Apana Vayu and also aids in better functioning of Basti and other drug.

CONCLUSION

Finally we can conclude that above mentioned multistage regimen is effective in subjective parameters but in MRI there

are no changes so in objective parameters there are no significant changes observed . Patient took treatment for nearly 4 to 5 months and even now even after 8 months of follow up she is having no signs and symptoms and she is now doing all her daily routine work without any previous complaints. This in itself proves the efficacy of treatment. So on the basis of this single case study further detailed study can be done to tackle this burning issue.

Conflict of Interest: None

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