

ROLE OF *PANCHTIKTAKSHEER BASTI* IN THE MANAGEMENT OF *VANKSHANGAT VATA* W.S.R TO AVASCULAR NECROSIS – A CASE REPORT

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ABSTRACT

Avascular necrosis (AVN) of the femoral head is the pathological process that results from interruption of blood supply to the bone i.e death of bone tissue. AVN of the hip is poorly understood, but this process is the final common pathway of traumatic or non-traumatic factors that compromise the already precarious circulation of the femoral head. It is also associated with long- term use of high-dose steroid medications and excessive alcohol intake. *Vankshangat vata* is not clearly mentioned in *Ayurvedic* text. But symptoms present in Avascular necrosis are quite similar to *Vankshangat vat. Basti* is the

ultimate route of administration for obtaining both systemic and local effect in *vatvyadhi*. *Vankshangat vata* is one of the *vatvyadhi* hence *basti* is selected for present case. At the same time he was also on medication with physiotherapy. Patient was in our hospital for 1 month 26 days and showed substantial improvement. The recovery in the present case was promising and worth documenting. All the details of case will be presented during paper presentation.

KEYWORDS: *Vankshangat vata*, Avascular Necrosis, *Panchatiktaksheerbasti*.

INTRODUCTION

Ayurveda is an ancient science which deals with health of wellbeing and treatment of diseased one. It has noble aim of healthy body and healthy mind of each and every individual. In *Ayurveda* many diseases are explained in detail with their treatment.

Tridosha i.e. *Vata*, *Pitta* and *Kapha* are the tripod of life and their harmony result in good health but if any *Dosha* get vitiated, it leads to disease. *Acharya Charaka* has described *Nanatmaja* and *Samanyaja* two types of *Vyadhi* in which 80 *vyadhis* of *Vata*, 40 *vyadhi* of *Pitta* and 20 *vyadhi* of *Kapha dosha*. In Avascular Necrosis of femoral head *Vankshan Sandhishool* is one of the main symptom. Avascular Necrosis also called osteonecrosis or bone infarction, it is a death of bone tissue due to interruption of the blood supply which can result from trauma (femoral neck fracture or hip dislocation), Sickle cell anemia, abnormalities of fat metabolism (associated with alcoholism, lipid storage disease and corticosteroids), and can also be idiopathic.

Avascular Necrosis may be asymptomatic and gradually joint pain may develop which may limit the ability to move. Avascular Necrosis of the femoral head is now recognized as a major musculoskeletal problem, mostly affecting the young people in their productive years of life. In 5% to 18% of total patients undergoing total hip replacement in US. Although there is no any reference found about any disease resembling to Avascular Necrosis in *Ayurveda* but *Acharya Charaka* explained that on the basis of *Hetu*(causes), *Sthana*(places) we can diagnose the disease and also give treatment. In the treatment of *Ashtivaha srotasa vyadhi Panchatiktaksheerbasti* was mentioned by *Acharya Charaka*. So in this case we gave *Panchatiktaksheerbasti* for 16 days and patient got effective relief. So aim of this study is to highlighten the role of *Panchatiktaksheerbasti* in *Vankshangat vat*.

CASE REPORT

A 49 yrs old male patient was healthy one and half year ago, then he went to private hospital with the complaints of pain in both hip joint, pain in both knee joint for which they advised routine investigations and MRI and diagnosed as Avascular necrosis of both the femur and consecutive treatment was given. Patient had got a slight relief in pain for time being. Then after 1-2 months symptoms get aggravated with another complaints of difficulty in walking, difficulty in movements of hip joint, pain during movements for which he took treatment at private hospital but did not get any relief so he came to Govt Ayurved College, Nagpur and was admitted on[22/2/ 2019].

Past History

- No H/O HTN, DM, Bronchial Asthama
- No H/O typhoid, malaria, dengue, jaundice etc
- No H/O any fall, trauma, RTA
- No H/O any surgery
- No H/O any drug allergy
- No H/O blood transfusion

On examination

General Condition – Moderate

Afebrile

Pulse – 84/min

BP – 120/70 mmHg

Weight – 59 Kg

Clinical Examination

Inspection of hip joint

No inflammation,

No swelling,

No dislocation

Table No. 1: Range of motion of Hip joint examination.

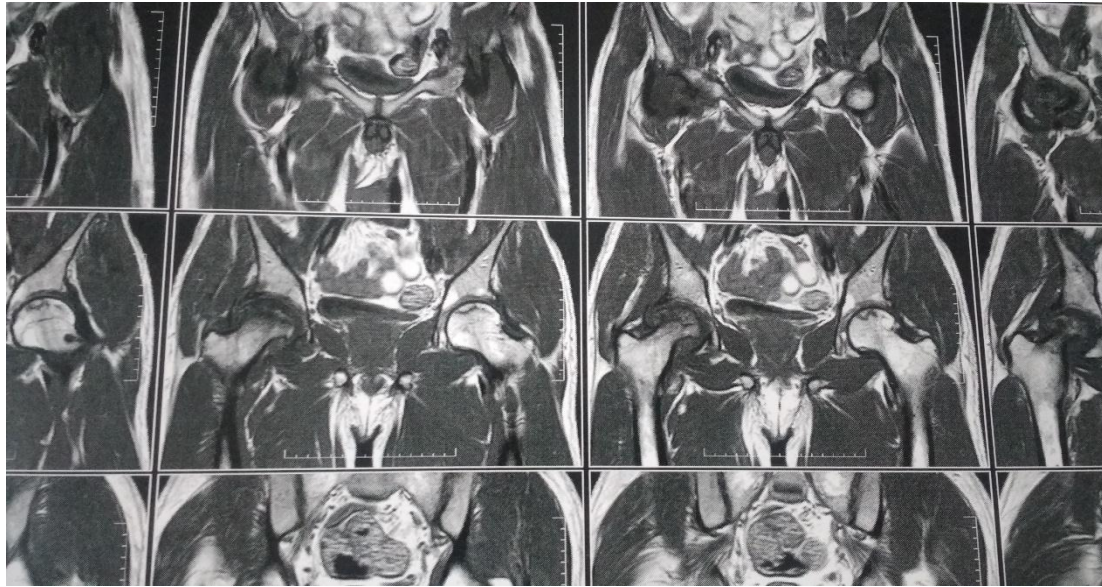
Joint	Flexion	Extension	Abduction	Adduction	Internal rotation	External rotation
Right hip joint	10 ⁰ Painful	0 ⁰ Painful	15 ⁰ with support painful	15 ⁰ with support painful	Absent	Absent
Left hip joint	90 ⁰	15 ⁰	40 ⁰	20 ⁰	Normal	Normal

Gait : Limping gait walk with support of stick.

- **MRI OF BOTH HIP JOINT 16 AUG 2018**

IMPRESSION

- Features of bilateral avascular necrosis both femoral heads, grade III on right side and grade II on left side.
- Minimal volume right hip joint effusion noted



X-ray Hip joint: 30 Aug 2018



I. Medicinal treatment

- | | | |
|---------------------------------------|---|------------------|
| 1. <i>Kaishor guggul 10g</i> | } | <i>42 packet</i> |
| <i>Mahavatvidhvansa rasa 20tabs</i> | | |
| <i>Gulvel satva 10g</i> | | |
| <i>Chopchinyadichurna 50g</i> | | |
| <i>1-----1 packet with koshanajal</i> | | |
| 2. <i>Maharasnadi kadha 4 tsf BD</i> | | |
| 3. <i>Abha guggul 10gm</i> | } | <i>42 packet</i> |
| <i>tablet calcipral 10gm</i> | | |
| <i>kukutandtvak bhasma 10gm</i> | | |
| <i>Amalaki rasayan 50gm</i> | | |

1-----1 packet with koshanajal

II. Panchakarma Treatment

1. Sarvang Snehana
2. Sarvang Nadi Swedan
3. Panchatiktaghsheer basti (16 basti in One cycle)
4. Shadbindutail nasya 0.5 ml in each nostril once a day

Table No. 2: Intervention.

Date	Medicine	Dose	Frequency
22/2/19	1.Kaishor guggul mixture	(1st Dose)	BD
	2.Maharasnadi kadha	4tsf	BD
	3.Sarvang snehana		OD
	4.Sarvang Nadi swedan		OD
	5.Shadbindutail nasya	0.5 ml/nostril	OD
28/2/19	6.Panchatiktaghrhitsher basti (1st cycle)	180ml/daily	OD
16/3/19	Panchatiktaghrhitsher basti (2nd cycle)	180ml/daily	OD
18/3/19	7.Sunthisidhha erandsneha	1tsf HS	HS
2/4/19	Panchatiktaghrhitsher basti (3 rd cycle)	180ml/daily	OD
	Exercise and Cycling		Daily
13/4/19	1 Abha guggle mixture	1 pkt 2g each with milk	BD
	2.Ashwagandh+ shatavari churna		
	3,4,5,6 and 7 as above		
17/4/19	Panchatiktaghrhitsher basti 3rd cycle completed		

Table No. 3: Obsevation after treatment.

On admission 22.02.19	After 1 st cycle of basti 15.03.19	After 2 nd cycle of basti 31.04.19	After 3 rd cycle of basti
1)Pain in Rt hip joint +++	++	+	Slight pain
2) Pain in Lt hip joint ++	+	+	Relief
3) Pain in both knee joints+	Relief	Relief	Relief
4) Difficulty during movements of hip joint	Same	Sitting movements without difficulty or pain	Relief
5) Difficulty during sitting	Same	Same	Same
6) Walking with support	Same	Walking without support	Walking without support

Table No. 4: Patient showing changes in gait.

	Gait of patient
Early stage without treatment	Painful walking with stick (limping gait)
After 1 st cycle of basti	Pain decreased, walk with stick
After 2 nd cycle of basti	Walk without stick
After 3 rd cycle of basti	Can walk staircase

Table No. 5: Range of motion of Hip joint examination.

Joint	Flexion	Extension	Abduction	Adduction	Internal rotation	External rotation
Right hip joint	10 ⁰ Painful	0 ⁰ Painful	15 ⁰ with support painful	15 ⁰ with support painful	Absent	Absent
Left hip joint	90 ⁰	15 ⁰	40 ⁰	20 ⁰	Normal	Normal
After Treatment : 21.04.19						
Right hip joint	45 ⁰ Painless	10 ⁰ Painless	40 ⁰ painless	10 ⁰ Painless	Painful	Painful
Left hip joint	90 ⁰	15 ⁰	40 ⁰	20 ⁰	Normal	Normal

DISCUSSION

According to symptoms present in this patient, we can correlate *Vankshangat vata* with Avascular Necrosis of femur. In this vyadhi, vitiation of *Vata dosha* takes place due to indulgence of various diet and unprescribed drugs and occupies the *rikta srotasa* in the body and produce *vankshangat vata* which can be include in *vatavyadhi*. Increasesd *Ruksha Guna* of *Vata* causes *Rukshata & Parushata* in *Strotasa* which is the key point in pathogenesis of *Vatavyadhi*. So to compensate *Ruksha Guna* of *Vata* we used *Snehan* in the form of *Basti*. According to *Acharya Charaka* there is no cause greater than *vata* in the manifestation of disease and there is no better remedy other than *Basti*. *Basti* is the most important constituent of the *panchakarma* due to its multiple effects. *Basti* eradicates morbid *vata* from the root along with other *dosha* and in addition provides nutrition to the body tissue. *Pakwashaya* is the place of *Purishadhara kala*, also taken as *Asthidhara kala*, so it nourishes *Asthi* also.

In *Panchtiktsheerbasti*, five *tikta rasatmaka dravya*, *Ksheera*(cowmilk), *Ghrita*, *Madha*(Honey) and *Saindhava*(salt) were taken. *Tikta rasa* is mainly *Vayu* and *Akasha mahabhuta pradhana Dravya*. It increases the *shoshana guna* of *Asthi Dhatu* which also increases the *Khara Guna*. *Ksheera* is *Mdhura rasatmaka, Brihan-karma, Vrushya, Medhya, Balavardhaka, Jivaniya, Shaktivardhaka, Bhagna sandhankar*. *Ghrita* is also *Madhura, sheeta virya, Snigdha Gunatmaka, Vata pitta shamak*. According to *Acharya Arundutta*, the *Tikta rasa* is mainly *Vayu* and *Aakasha Mahabhutapradhana Dravya*. Its property is mainly to increase the *shoshan guna* of *Asthi dhatu*. *Dugdha* and *Ghrita* are mainly *Snigdha Dravya*, this property will decrease *shoshan guna* of *tikta rasa*. Due to *Sukshma guna* of *Ghrita* the *Snehana basti Dravya* reaches to *Vankshan sandhi* and *Asthi* (femur) *dhatu* and prevents *shoola* (pain) of that region.

CONCLUSION

On the basis of above observations it can be concluded that *Panchatiktakheera basti* has very effective role in the management of *Vankshangata Vata* with special reference to Avascular Necrosis.

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