



ROLE OF MANJISHTHADI MAJJA BASTI IN THE MANAGEMENT OF AVASCULAR NECROSIS (AVN) OF FEMORAL HEAD: A CASE STUDY

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ABSTRACT

Disruption or loss of blood supply to a bone causes the bone to die this condition is known as Avascular necrosis (AVN) also known as osteo, aseptic, or ischemic bone necrosis. Loss of blood supply causes a progressive degenerative condition in bone ultimately leading to cellular death of bone tissue causing the bone to collapse. This results in pain, bone destruction, and loss of joint function. Patients are initially asymptomatic, with the elapsing time, AVN prompts joint destruction, which requires surgical treatment, and in subsequent stages, total hip replacement maybe required. It is more common in the hip joint i.e., the head of the femur but it can occur in any bone. Usually, men are more prone to avascular necrosis then women. Here is the case of a 23-year-old male who was diagnosed with avascular necrosis 2 years back was admitted with chief complaints of aggravating pain in both hip joints. He was given *Manjishtadi Majja Basti* along with other *Panchakarma therapies* and oral medicines. After the treatment, the pain decreased, range of movement of both hip joints improved. This case shows that *Ayurveda* treatment is helpful in the management of avascular necrosis and helps in improving quality of life.

Keywords: Avascular necrosis, *Ashthi Majja Gata Vata*, *Manjishtadi Majja Basti*

INTRODUCTION

Avascular necrosis (osteonecrosis) is a progressive disorder where the cellular death of bone components due to the interruption of the blood supplies to the bone transiently or permanently. [1] The diminished or interrupted blood flow to the bone especially the femur head can be due to any trauma to a bone or joint, certain diseases, deposits in a blood vessel supplying the joint or bone, excessive workout, long term use of high dose steroidal medication, excessive alcohol intake.

In contemporary science treatment of AVN differs remarkably and may include administration of NSAIDS, core compression, total joint replacement surgery and physiotherapy, use of steroids which have their own complications and adverse effect in the future, but the main aim is to avert the collapse of joint or bone.

On the contrary *Ayurvedic* treatment hinders the progression of the disease and provides extended relief unaccompanied by side effects. Treatment can be done by considering *Dosha* and *Dushya* of the disease as described by Charaka acharya. [2] Predominant *Dosha* in *Ayurvedic* Management of Avascular Necrosis initially is *Vata*, and *Dushya* mainly is *Asthi* involving *Majja* too, in the chronic stage *Vata Pradhan Tridosha* involvement is seen.

The clinical features of *Asthi Majja Gata Vata* or *As-thikshaya* are

- 1) *Bhedo asthi Parvanam*
- 2) *Sandhi shoola*
- 3) *Satata Ruka*
- 4) *Mamsa Balakshaya*
- 5) *Aswapna*
- 6) *Sandhi Shaithilyam*
- 7) *Shiryantiva iva cha asthini durbalani*
- 8) *Pratata vata rogini* etc. [3]

There are no signs and symptoms in the early stage, in later stages, the bone collapses. Usually, pain starts from the groin radiates to the buttocks, anteromedial thigh, and aggravates by bearing weight. If untreated, delicate to severe degree of pain can be seen with change within the gait (limping) pain may progres-

sively worsen with time and use and increases at rest. Change within the range of motion are found.

CASE REPORT

Male patient age 23 years, diagnosed and the non-operated case of Avascular Necrosis bilateral head of the femur (Lt>Rt) came to OPD of Pt. Khushilal Sharma Govt. Ayurveda Institute, Bhopal admitted under UHID 20210042952 with chief complaints of pricking type of pain in both hip joint, the pain aggravates while walking or any other activity and mildly relieved after taking the rest with difficulty in long-standing position pain worsens in the night so he was unable to sleep properly and was associated with morning stiffness, so he had to do light exercise to get rid of the stiffness.

PAST HISTORY

The patient was well two years back at the end of 2017 then he had some fungal infection in his face which gradually developed oedema all over his body for which he had taken allopathic t/t which included the use of steroids. After some months he started feeling pain during walking and sitting.

When his condition got worsened, he consulted for allopathic treatment where an MRI was done which suggested he has developed AVN of the bilateral femoral head (Lt>Rt). He was advised to undergo surgery, but he opted for *Ayurveda* treatment.

VITALS:

General Consciousness – Fair

CNS, CVS – NAD

Pulse – 72/min

B.P. – 124/78 mmHg

On Examination:

1. Temperature – Raised mildly.
2. Swelling (mild) – over B/L Hip joint
3. Range of movements – Decreased and painful.
4. Tenderness over hip joint and groin – present.
5. Morning stiffness – 30 Minutes

He had *Vata Pitta Prakriti* with *Madhyama Vayah, Satwa, Sara, Satmya, Sama Pramana, Avara Vyayama Shakti, Madhyam Ahara Shakti* and *Avara Jarana Shakti, Asthi, Majja Vaha Srotodusti*.

Table 01: Blood investigation dated December 14, 2021,

01	Hb %	13.7 gm%
02	ESR	10/hr
03	F.B.S.	101.6 gm/dl
04	Blood urea	26.7 mg/dl
05	Serum Creatinine	0.9 mg/dl
06	Serum Uric Acid	4.9 mg/dl

Serum electrolytes, lipid profile, LFT, and urine examination were within normal limits.

Radiological Examination:

MRI report dated 23/07/2018 reveals Stage III changes in bilateral hip joints with minimal joint effusion.

X-Ray report: Sclerotic changes, mild flattening, and subchondral radiolucent lines seen in femur head.



Assessment Criteria: The range of movement of a hip joint i.e. Abduction, Adduction, Extension, Flexion, Internal rotation, external rotation was measured. Harris Hip Score was used to assess overall improvement in quality of life.

Treatment Plan

Udavartana, Vashpa Swedan, Kati Basti, Patrapinda Sweda, Pishinchal, and administration of *Karma Basti* was planned along with oral medication given for two months according to *Dosha* and *Dushya*.

Table 03: Oral Medication Given

S. No	Drug	Dose
01	<i>Chitrakadi Vati</i>	2 Twice a day
02	<i>Kaishor Guggulu</i>	2 Thrice a day
03	<i>Kanchnar Guggulu</i>	2 Thrice a day
04	<i>Mahavata Vidhwansaka Rasa</i>	125mg Twice a day
05	Rheumat90	25ml - Twice a day
06	<i>Eranda Tail</i>	30 ml At Night SOS
07	<i>Amalaki Rasayana</i>	1 TSF in the morning
08	<i>Sallaki 600</i>	1 Twice a day
09	Cap. Amyron	1 Twice a day

Table 04: Panchakarma Therapy Given

S. no	Procedure	Drug used	Quantity	Days
01	<i>Udavartana</i>	<i>Triphala Choorna</i>		07 days
02	<i>Vashpa Swedan</i>	<i>Dashamoola Kwath</i>		07 days along with <i>Udavartana</i>
03	<i>Patra Pinda Swedan</i>	<i>Eranda Patra, Nirgundi Patra, Shigru Patra, Ark Patra, Lemon, Harida, Coconut</i>		Next 10 days
04	<i>Pishinchil</i>	<i>Ksheerbala + Tila Oil</i>		Next 13 days
05	<i>Kati Basti</i>	<i>Prasarini + Kottamchukadi oil</i>		15 days
06	<i>Manjishthadi Majja Basti</i>	<i>Anuvasana basti Guggul tikta ghrit Majja</i>	40 ml 40ml	18 days

(Karma Basti)	Sahacharadi Tail	50ml	12days
	Satpushpa kalka	20gm	
	Saindhav	5gm	
	NIRUHA BASTI		
	Manjishthadi Kwath	200ml	
	Majja	40ml	
	Guggul tikta Ghrita	40ml	
	Satpushpa kalka	30gm	
	Saindhav	5gm	
	Madhu	60ml	

Table 05: Observation in Range of Movement of Hip Joint

Range of Movement		Before Treatment	After Treatment
Abduction (30°-50°)	Right Leg	40	50
	Left Leg	20	35
Adduction (20°-50°)	Right Leg	30	40
	Left Leg	20	25
Flexion (110°-120°)	Right Leg	100	120
	Left Leg	90	100
Extension (10°-15°)	Right Leg	10	15
	Left Leg	10	10
Internal rotation (30°- 40°)	Right Leg	20	30
	Left Leg	10	20
External Rotation (40°-60°)	Right Leg	30	50
	Left Leg	20	40

Table 05: Harris Hip Score

Assessment criteria	Right Leg		Left Leg	
	BT	AT	BT	AT
Pain	40	44	30	40
Limp	11	11	11	11
Support	11	11	11	11
Distance walked	8	11	5	8
Sitting	3	5	3	5
Enter public transportation	1	1	1	1
Stairs	2	4	2	4
Put on Shoes and Socks	4	4	2	4
Absence of Deformity	0	0	0	0
Range of Motion				
Flexion (140°)	3	3	3	3
Abduction (40°) Adduction (40°)	0	0	0	0
External Rotation (40°) Internal Rotation (40°)	0	0	0	0
	0	0	0	0
	0	0	0	0
	83	94	68	87

Scoring of Harris Hip Score

< 70 – Poor condition of Hip

70 – 79 – Fair condition of Hip

80 – 89 – Good condition of Hip

DISCUSSION

UDAVARTANA: This was done using *Triphala choorna* which is *Haritaki*, *Vibhitaki* and *Amalaki* have *Ruksha* and *Tridosahara guna* (reduces three Doshas), *Haritaki* and *Vibhitaki* have *Laghu guna* and *Ushna veerya*, these drugs have opposite qualities of *Kapha* and *Meda* acts as *Kapha Medahara* which helps in removing *Avarana*. **VASHPA SWEDANA:** *Swedana* drugs are having *Ushna* and *Tikshna guna* which are capable of penetrating the microcirculatory channels i.e., *Srotas*, relieving *Stambhata*, *Gaurava*. *Dashmool* is having analgesic and anti-inflammatory properties. *Dashmoola Kwath Swedana* helps in relieving pain and removing avarodh which helps in the proper circulation of blood. **PATRA PINDA SWEDAN:** It relieves stiffness, pain, and swelling improves the range of movements associated with painful conditions of joints, improves blood circulation in the body and soothes nerves, and provides relief from pain. **PIZHICHIL:** It is the *Brihana* type of *Snigdha Swedana* where *Snehana* and *Swedana* occur concurrently. *Ksheerbala Taila* and *Tila Taila* were used in the procedure. *Bala* has *balya* property having *Vata*, *Pitta Hara* property it provides strength to the body (muscles, joints, bones). *Tila tail* also has *Brihana* and *Balya* qualities which increases the strength of the body. **BASTI:** *Asthi* and *Majja* are the main involved *Dhatus* in AVN. *Tikta Rasa* has predomination of *Akasha* and *Vayu Mahabhuta*, it is similar to body tissue like *Asthi* hence it is used in

both *Anuvasana* and *Niruha basti*. *Majja* helps strengthen *Majja dhatu* which in turn nourishes *Ashti Dhatu*. *Manjishthadi Kwatha* is *Tikta, Katu Rasa Pradhana* and *Ushna Virya* which is *Tridosahara* and *Raktaprasadaka* as there is poor supply of *Rakta Dhatu*. Overall *Basti* acts as a rejuvenator of the body and helps in body metabolism.

CONCLUSION

As this disease affects the quality of individuals more surveillance should be done on the prevention of the disease creating awareness among the population. The use of *Manjishthadi Majja Basti* along with other *Panchakarma* therapies and oral medicines showed phenomenal relief in the symptoms of AVN. Moreover, these procedures also helped in hindering the further progression of the disease.

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