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RESEARCH ARTICLE

MANAGEMENT OF AVASCULAR NECROSIS THROUGH PANCHTIKTA KSHEER BASTI: PILOT STUDY

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Abstract

Avascular necrosis is the death of bone tissue due to a lack of blood supply. Also called osteonecrosis, it can lead to tiny breaks in the bone and cause the bone to collapse. The process usually takes months to years. A broken bone or dislocated joint can stop the blood flow to a section of bone.

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Introduction:-

Avascular necrosis (AVN), also known as osteonecrosis, is a painful bone condition that occurs when bone tissue dies due to a lack of blood supply. It can cause tiny breaks in the bone. In early stages there are no symptoms but in advance stage patient suffer from severe pain and dysfunction of affected joint^[1]. The process is almost always progressive without treatment, which leads to the joint destruction within five years^[2]. This particular case was correlated with Asthimajjagata Vata^{[3][4]} and treated accordingly. So the treatment plan of this disease is according to Dosha and Dushya^[5].

Basti chikitsa is found to be the half the treatment for Vata dominated diseases as described in the Samhitas. Basti is declared as Param Aushadh for Vata. Vata Dosha is predominantly present in Asthi and Sandhi (joints). Since Tikta rasa has tendency to assimilate towards Asthi and Sandhi, it was decided to evaluate the efficacy of Tikta-ksheera Basti in Asthimajjagata Vata. Patients were first provided by Deepana and Pachana followed by TiktaKsheerabasti (medicated enema prepared with milk and ghee) was administered for 16 days. There was relief of pain, moderate improvement was found in all signs and symptoms, pain and stiffness were reduced.

Aim and Objective:-

To evaluate the efficacy of PanchatiktaKsheer Basti in the management of Avascular Necrosis.

Materials and Methods:-

1. Random selection of patients irrespective of their sex, education etc. from O.P.D and I.P.D of Govt. Ayurvedic Medical College, Akhnoor, Jammu.
2. Sample size = 07
3. Study duration 16 days
4. Single group study.

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Table 1:- General Examination of Patients.

1.	Joint Pain	4 patients
2.	Limited Range of Motion	All patients
3.	Limping	5 patients
4.	Groin Pain	All patients
5.	Difficulty in overhead Movement	5 patients

Table 2:- SampraptiGhataka.

CONTENT	AMOUNT
Madhu	60gm
Saindhava Lavana	5gm
Guggulutiktaghrita	90ml
PanchatikataKwath	240ml
Putoyavanyadi Kalka	30gm
Kshira	240ml

Treatment Plan –

First of all, Deepana and Pachana treatment was adapted, for this Trikatuchurna 3 gm twice a day with Luke warm water and Shunthichurnasidhhajala for whole day was administered for 5 days. Sarvang Abhyang with Bala Taila and VashpSvedana was done followed by Panchtikaksheer Basti. The whole process was continued for 16 days and no other medication was given during the basti. In Niruha Basti, PanchtiktaKsheer was used as Kwath, and Yasthimadhu Taila^[6] was used in Annuvasana Basti. After completion of 16 days basti, Shamana chikitsa was given which includes KaishorGuggulu^[7]-2 pills (500 mg) with Rasna Saptak Kwatha – 50 ml BD before meal and combination of Ashwagandha Churna – 3 g + Chopachini – 500 mg + Shatavari Churna– 2 g BID with milk after meal and TriphalaChurna – 5gms at night.

Table 3:- Contents of PanchtiktaKshira Basti^[8]

Day	Dose in ml
1	80
2	600
3	600
4	600
5	80
6	600
7	600
8	600
9	80
10	600
11	600
12	600
13	80
14	600
15	600
16	80

Observation:-**Table 4:-** Plan of Basti.

Patients	Lakshana	Before Treatment	After treatment
Patient 1	Limited Range of Motion	Present	Improved
	Joint pain	Severe	Mild Present
	Groin pain	Severe	Mild Present
	Limping	Present	Improved
Patient 2	Limited Range of Motion	Present	Improved

	Joint pain Groin pain Difficulty in overhead movement	Severe Present and painful Present	Mild Present Mild Present Mildly present
Patient 3	Limited Range of Motion Groin pain Difficulty in overhead movement Limping	Present Severe Present Present	Improved Mild Present Mild Present Improved
Patient 4	Limited Range of Motion Joint pain Groin pain Limping	Present Severe Severe Present	Improved Present but not severe Mild Present Improved
Patient 5	Limited Range of Motion Joint pain Groin pain Difficulty in overhead movement	Present Severe Present and painful Present	Improved Mild Present Mild Present Mildly present
Patient 6	Limited Range of Motion Groin pain Difficulty in overhead movement Limping	Present Severe Present Present	Absent Improved Absent Improved
Patient 7	Limited Range of Motion Groin pain Difficulty in overhead movement Limping	Present Severe Present and painful Present	Improved Mild Present Mild Present Mildly present

Result:-

Patients were treated with Panchakarma treatment particularly with PanchtikKsheer Basti for a duration of 16 days and at the end of treatment there was much relief in the symptoms of the patients.

Discussion:-

According to Ayurvedic point of view there is no direct co-relation with avascular necrosis but on their clinical presentation there is dominance of Vata Dosha and Vikruti (vitiation) of Asthi Dhatu. In AVN the blood supply to the femoral head is decreased due to any type of Margavrodha or Abhighata and ultimately leads to necrosis. It was advised that Ksheera, Ghrit and Tiktadravyas should be used together in the form of Ksheera Basti. Hence it can be said that TiktaKsheerbasti has ability to repair degeneration of bones and cartilage. Since Asthi was the main involved Dhatu; Tiktadravya siddha vasti was selected^[9]. So, Ksheera, Ghrit and Tiktadravyas will act on the site of lesion in Asthimajjagatavata.

Conclusion:-

Necrosis is a condition wherein cellular death occurs thus the aim was to check the progression of the disease to bring about symptomatic relief in the subject. Tiktaksheera Basti provided marked relief from pain, tenderness, general debility and improvement in the gait. Tiktaksheera Basti can provide significant results in Asthimajjagatavata. Thus, it can be effectively used in management of Asthimajjagatavata. This was a pilot study to evaluate the efficacy of Panchakarma in the management of AVN.

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