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CASE REPORT ON ASTHIMAJJAGATA VATA

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ABSTRACT

Asthimajjagata Vata is also known as Osteonecrosis, it is a condition that occurs when blood flow to bone is interrupted or reduced causing bone tissue to die. Over time this can lead to collapse of the bone particularly at the joints. Non-surgical treatment includes Medication- NSAIDS, Physiotherapy, Rest and Reduced weight bearing. Surgical treatments are Core Decompression-Removing part of the inner layer of bone, Bone Graft, Osteotomy, Joint replacement. In this case 31year old male was diagnosed with Avascular necrosis (AVN) of bilateral hip joint, it was managed with *Sarvanga Dhara* along with *Panchatikta Ksheera Basti*, *Shashtikashali Pinda Sweda* and internal medications. Patient was observed for symptomatic improvements based on signs and symptoms before and after treatment. The treatment provides marked improvements in the pain, stiffness, range of movements. Conservative management of Avascular necrosis (AVN) through *Ayurveda* principles of treatment resulted in substantial relief from symptoms and enhanced overall quality of life.

KEYWORDS: *Asthimajjagata Vata, Panchatikta Ksheera Basti, Sarvanga Dhara, Shashtikashali Pinda Sweda, Panchakarma,* Avascular necrosis.

INTRODUCTION

Avascular necrosis (AVN) also known as osteonecrosis, is a condition where there is the degeneration of bone tissue due to a lack of blood supply. The reduced or interrupted blood flow leads to the destruction of bone cells, resulting in bone collapse, joint pain and possible joint dysfunction. Commonly affected areas include the hip joint, knee, shoulder and ankle.

In *Ayurveda*, *Asthimajjagata Vata* refers to a vitiated condition of the *Vata Dosha* that affects the *Asthi* and *Majja*. The sign and symptoms of *Asthimajjagata Vata* are *Bhedoasthiparvanam* (breaking type of pain in bones), *Sandhishoola* (Joint Pain), *Mamsakshaya* (Muscular Wasting), *Balakshaya* (weakness), *Sandhishaithilyam* (flexity of joints), *Aswapna* (sleeplessness), *Santataruka* (continuous pain), *Shiryanti Cha Asthi-Dourbalyani* (destruction of bony tissue causing generalized weakness).[1] *Vata* is responsible for movement and when it becomes imbalanced it can affect the structure, function and nourishment of the skeletal system. This disorder is primarily related to degeneration and destruction of bone tissue, which shares similarities with conditions like osteoarthritis, avascular necrosis or osteoporosis in modern medicine.

CASE REPORT

A 31-year-old moderately built male presented to the Panchakarma Outpatient Department of Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru, in a wheelchair, with complaints of bilateral hip joint pain. The pain had its onset approximately one year earlier (2022) while cycling, with a history of frequent hiking and trekking activities. In July 2023, the patient developed fever and experienced a collapse while walking, following which he reported significant difficulty in ambulation without support. He subsequently consulted an orthopaedic surgeon and was diagnosed with bilateral avascular necrosis of the femoral heads (Mitchell's stage A). In 2023, he underwent bilateral core decompression along with bone marrow and platelet-rich plasma (PRP) injections. Postoperatively, the patient experienced symptomatic relief for nearly two months; however, the pain gradually worsened, particularly with prolonged sitting and physical activity. Over the subsequent six months, the increasing severity of pain resulted in an altered gait and significant limitation of daily activities, prompting him to seek further management at Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru.

Surgical history

Bilateral Core decompression femoral head + bilateral bone marrow injection+bilateral PRP injection done on 25/07/2023

Medication History

- After Bilateral Core decompression femoral head + Bilateral bone marrow injection + Bilateral PRP injection on 25/07/2023

1. Tab.Altraday(1-0-1) After Food (15days)

2. Tab.Ultracet(0-1-1) After Food (15days)
3. Tab.Dolo 650mg (1-0-1) After Food (15days)
4. Tab.Aspirin75mg (0-1-0) After Food (30days)
5. Tab.Hicium(1-0-0) After Foot (30days)
6. Tab.Alendronate 70mg (once a week Before Food-4 weeks).

Personal History

Bowel – Passes every day

Appetite- Good

Bladder – 5 to 6times a day

Sleep- Disturbed due to pain

Diet- Mixed Diet (Veg & Non-Veg)

Addiction- Alcohol once in 15 days

Occupation- Software engineer

Table 1: *Ashtavidha Pareeksha.*

Nadi	80bpm
Mala	*Prakrita*
Mutra	*Prakrita*
Jihva	*Alipta*
Shabda	*Snigdha*
Sparsha	*Anushna*
Drik	*Prakrita*
Aakriti	*Sthula*

Table 2: *Dashavidha Preeksha.*

Prakriti	*Vata Pitta*
Vikruti	*Vata Kapha*
Sara	*Madhyama*
Samhanana	*Madhyama*
Pramana	Height- 178cm, Weight -99.4 kg, BMI- 31.4 kg/m2
Satva	*Madhyama*
Satmya	*Madhyama*
Ahara Shakti	*Mdhyama*
Vyayama Shakti	*Avara*
Vaya	*Madhyama*

LOCAL EXAMINATION

Examination of Hip Joint

- **Inspection**- Surgical Scar present at bilateral hip joint region, No discharge/ Swelling/Redness,

  Gait- Trendelenburg Gait
- **Palpation**- Tenderness present in bilateral iliac region of bilateral hips.

  VAS Pain Score- 7

Table 3: Harris Hip Score:[2] Before Treatment.

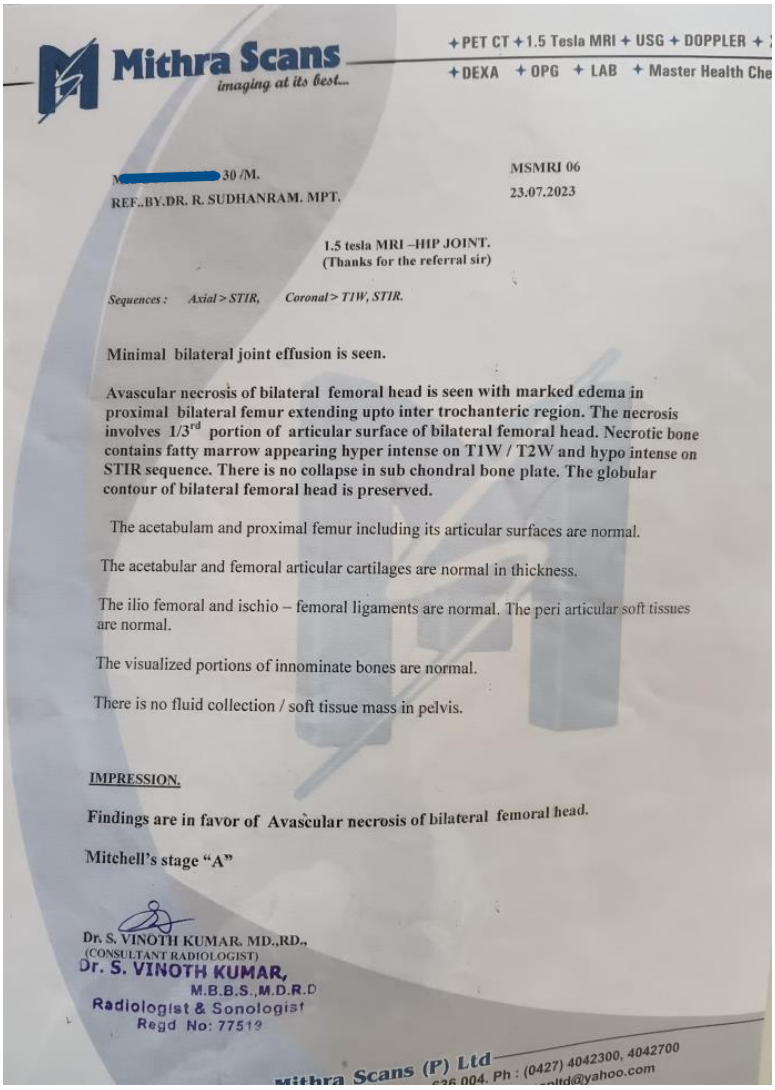
Sl no.	Criteria	Assessment	Right leg	Left leg
1	Pain	Marked Pain, serious limitation of activity's(10)	10	10
2	Limp	Moderate	5	5
3	Support	Cane for long walk	7	7
4	Distance Walked	Two or three blocks	5	5
5	Sitting	Comfortable in ordinary chair for one Hours(5)	5	5
6	Stairs	Normally Using a railing(2)	2	2
7	Put on shoes and socks	With difficulty	2	2
8	Enter public transport	Yes	1	1
9	Absence of deformity	No	0	0
10	Range of motion	Flexion Abduction Adduction External Rotation Internal rotation	1 0 0 0 0	1 0 0 0 0
	Range of motion score	1(31° - 60°)		
	Total Harris Hip Score	**38 B/L Hip-Poor Condition of Hip**		

INVESTIGATIONS

MRI of Bilateral Hip -23/07/2023

- Minimal bilateral joint effusion seen.
- Avascular necrosis of bilateral femoral head is seen with marked oedema in proximal bilateral femur extending upto under trochanteric region. The necrosis involves 1/3rd portion of articular surface of bilateral femoral head.

- Findings are in favour of avascular necrosis of bilateral femoral head. Mitchell's stage "A".



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1.5 tesla MRI –HIP JOINT.
(Thanks for the referral sir)

Sequences : Axial > STIR, Coronal > T1W, STIR.

Minimal bilateral joint effusion is seen.

Avascular necrosis of bilateral femoral head is seen with marked edema in proximal bilateral femur extending upto inter trochanteric region. The necrosis involves 1/3rd portion of articular surface of bilateral femoral head. Necrotic bone contains fatty marrow appearing hyper intense on T1W / T2W and hypo intense on STIR sequence. There is no collapse in sub chondral bone plate. The globular contour of bilateral femoral head is preserved.

The acetabulam and proximal femur including its articular surfaces are normal.

The acetabular and femoral articular cartilages are normal in thickness.

The ilio femoral and ischio – femoral ligaments are normal. The peri articular soft tissues are normal.

The visualized portions of innominate bones are normal.

There is no fluid collection / soft tissue mass in pelvis.

IMPRESSION.

Findings are in favor of Avascular necrosis of bilateral femoral head.

Mitchell's stage "A"

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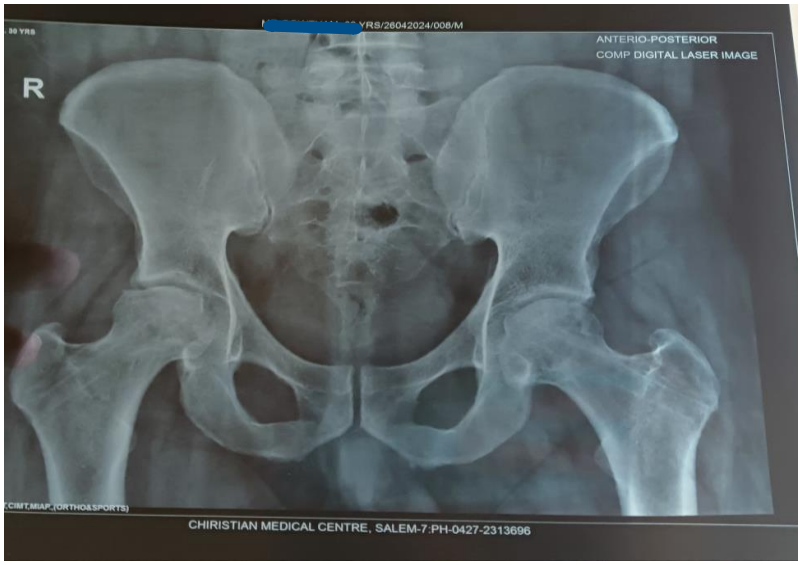

Nidana Panchaka

- *Nidana- Aharaja – Viruddha Ahara, Adhyashana, Madya Sevana.*

Viharaja - Ati Shrama, Mutra Vega Dharana, Atichankramana

- *Purvaroopa- Angamarda, Nidranasha, Sandhishoola*
- *Roopa- Sandhi Shoola, Santata Ruk, Angamarda, Nidranasha*
- *Upashaya* - Rest, Taking Medicine (Tab.Ultracet)
- *Anupashaya*-Walking, Running

Samprapti

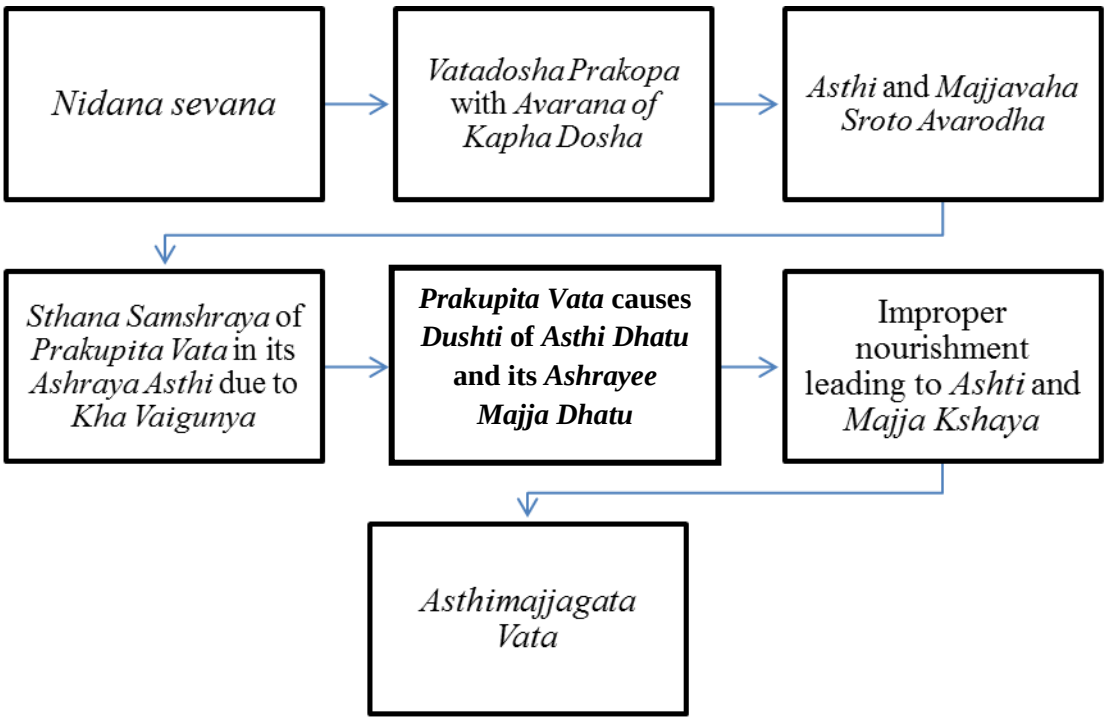

Table 4: *Samprapti Ghataka.*

Dosha	*Vata Kapha*
Dushya	*Rasa, Rakta, Mamsa, Asthi, Majja*
Srotas	*Rasavaha, Raktavaha, Asthivaha, Majjavaha*
Srotodushti	*Sanga*
Udbhavasthana	*Pakwashaya*
Vyaktasthana	*Kati Sakti Pradesha*
Sadhyasadhyata	*Krichrasadhya*

Table 5: Treatment administered during Hospitalisation.

Sl.No.	Treatment Given	Duration
1.	*Sarvanga Dhanyamla Dhara*	2 Days (9/08/2024 and 10/08/2024)
2.	*SadyoVirechana- Gandharvahastadi Erada Taila* 30ml +10ml	9/08/2024

	Go Arka with 100ml Warm water	Total *Vega*-2
3.	*Kala Basti*- ***Niruha Basti***-*Panchatikta Ksheera Basti* (Honey-50ml, *Saindhava lavana*-8g, *Sneha-Panchatikta Ghrita* 60ml, *Kalka Manjishta+Guduchi Churna* 7 g each, *Panchatikta Ksheerakashaya*-450ml) (Total-583ml) ***Anuvasana Basti***-*Panchatikta Ghrita* 72ml	10 Days *Niruha Basti*-6 *Anuvasana Basti*-10
4.	*Sarvanga Taila Dhara* with *Bala Ashwagandha Taila*	4 Days (11/08 to 14/08)
5.	*Saravanga Shashtika Shali Pinda Sweda*	4 Days (15/08-18/08)
6.	*Janu Basti* with *Mahavishagarbha Taila +Karpooradi Taila*	3Days (22/08 to 24/08)

Table 6: *Basti* Pattern.

Date	**10/08/2024**	**11/08/24**	**12/08/24**	**13/08/24**	**14/08/2024**	**15/08/24**	**16/08/24**	**17/08/24**	**18/08/24**	**19/08/24**
Niruha Basti		**N1**	**N2**	**N3**	**N4**	**N5**	**N6**			
Anuvasana Basti	**A1**	**A2**	**A3**	**A4**	**A5**	**A6**	**A7**	**A8**	**A9**	**A10**

N-*Niruha Basti*
A-*Anuvasana Basti*

Internal Medications

1. *Shaddharana Churna* (0-2gm - 2gm) B/F with warm water
2. *Kaishora Guggulu* (1-1-1) A/F with warm water
3. *Raktashodhini Vati* (1-1-1) A/F with warm water

- All medicines given during hospitalisation

Table 7: Assessment- Harris Hip Score after Treatment.

Sl no.	**Criteria**	**Assessment**	**Right leg**	**Left leg**
1	Pain	Mild Pain,No effect on average activities	30	30
2	Limp	Slightly limping	8	8
3	Support	Cane for long walk	7	7
4	Distance Walked	Six blocks	8	8
5	Sitting	Comfortable in ordinary chair for one Hours(5)	5	5
6	Stairs	Normally Using a railing(2)	2	2
7	Put on shoes and socks	With difficulty	2	2
8	Enter public transport	Yes	1	1

9	Absence of deformity	No	0	0
10	Range of motion	Flexion Abduction Adduction External Rotation Internal rotation	3 1 0 0 0	3 1 0 0 0
	Range of motion score	4		
	Total Harris Hip Score	**67 B/L Hip-Fair Condition of Hip**		

Discharge Medications

1.*Shilajitwadi Loha* (2-0-2) After Food

2.*Kaishora Guggulu* (2-0-2) After Food

3.*Tab.Ashwagandha* (1-1-1) After Food

4.*Guduchighana Vati* (1-1-1) After Food

5.*Chopachini Churna* (2g -0-2g) with warm milk After Food

6.*Sahacharadi Kashaya* (10ml) + *Panchatikta Kashaya* (10ml) + *Maha Manjistadi Kashaya* (10ml)

Above 3 together 30ml-30ml-30ml with equal quantity of luke warm water Before Food.

- All medications for 3 months

DISCUSSION

➢ **Rationale behind administered treatment**

❖ ***Sarvanga Dhanyamla Dhara* followed by *Sadyovirechana***

As the *Chikitsa Siddhanta* quotes "*Brimhyastu Mridu langhayet*",[3] even though *Asthi Majjagata Vata* requires *Brimhana* line of management, due to presence of *Kapha Avarana* and *Ama Lakshanas*, prior starting the *Brimhana Chikitsa- Langhana Roopi Dhanyamla Dhara* followed by *Sadyovirechana* was planned with *Gandharvahastadi Eranda Taila*.

❖ ***Sarvanga Taila Dhara***

Taila Dhara being the *Snigdha Sweda* and it is first line management of *Vata Dosha*. It stimulates the cutaneous thermoreceptors and aids in enhanced sympathetic activity leading to vasodilator nerve activity in turn increases blood flow to the tissues, which is one of the major pathologies happening in AVN.

❖ ***Shashtika Shali Pinda Sweda***

It is the best *Snigdha Sweda*, performed with *Brimhana* and *Vatahara Dravya* like *Shashtika Shali, Balamoola Ksheera Kashaya*. It prevents progression of degeneration, reduces inflammation and strengthens joints and cartilages. In the present case it helped for achieving *Vatanulomana* and *Dhatu Pushti*.

❖ ***Panchatikta Ksheera Basti***

Asthimajjagata Vata is a condition where aggravated *Vata Dosha* affects *Asthi* (bones) and *Majja* (bone marrow) leading to degenerative conditions like osteoporosis and osteoarthritis. According to *Ayurveda, Vata* predominantly resides in *Asthi* and *Sandhi* due to *Ashraya-Ashrayi Sambandha.*[4] unlike other *Dosha* and *Dhatu* here, *Vata Vriddhi* leads to *Asthi Kshaya* inturn *Majja Kshaya*. In *Asthimajjagata Vikara Tikta Ksheera Basti's* are employed, because *Tikta Rasa* processed with *Ksheera* enhances the *Khara Guna* of *Asthi Dhatu* which is prime requirement for its formation without aggravating *Vata*. Hence in the current case to do *Samprapti Vighatana Panacha Tikta Ksheera Basti* and *Panchatikta Ghrita Anuvasana* were employed.[5]

CONCLUSION

The present case study demonstrates the significant role of *Panchakarma* in the management of *Asthimajjagata Vata*, with a specific focus on *Panchatikta Ksheera Basti*, *Shashtikashali Pinda Sweda* and *Sarvanga taila Dhara* etc. These treatments helped in pacifying *Vata Dosha*, nourishing *Asthi* and *Majja Dhatu* and improving overall musculoskeletal strength and neurological function and application of Harris hip score assessment helped in understanding the improvement in the patient. When Patient approached our hospital he came with help of wheel chair, after completing the *Panchakarma* treatment his pain got reduced from VAS scale score 7 to VAS scale score 5, also Harris Hip Score of b/l hip before treatment was 38 indicating Poor Condition of hip and after treatment Harris Hip Score was 67 indicating fair Condition of hip. Patient started walking with support at the time of discharge. This reflected good clinical improvement in his condition. Hence, this case reinforces the potential of *Panchakarma* as sustainable approach in managing degenerative and neuromuscular disorders like AVN.

DECLERATION OF PATIENT CONSENT

The authors certify that they have obtained patient consent form, where the patient has given his consent for reporting the case along with other clinical information in the journal. The

patient understands that his name and initials will not be published and efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Nil.

CONFLICT OF INTEREST

There are no conflicts of interest.

REFERENCES

1. Acharya Siddhi Nandan Mishra, Agnivesha, Charaka Samhita, Chikitsasthana chapter 28, verse 33. Varanasi: Chaukambha Sanskrit Sansthan, 2018; 734.
2. Harris WH. Traumatic arthritis of the hip after dislocation and acetabular fractures: treatment by mold arthroplasty. An end-result study using a new method of result evaluation. J Bone Joint Surg Am., 1969 Jun; 51(4): 737-55
3. Dr.Brahmanand tripathi, Ashtanha Hridaya Sutrasthana Chapter14, verse 15. Delhi: Chaukambha Sanskrit Sansthan, 2014; 196.
4. Dr.Brahmanand tripathi, Ashtanha Hridaya sutrasthana chapter11, verse 16. Delhi: Chaukambha Sanskrit Sansthan, 2014; 163.
5. Acharya Siddhi Nandan Mishra, Agnivesha charaka Samhita, Sutrasthana chapter 28, verse 27. Varanasi: Chaukambha Sanskrit Sansthan, 2018; 477.