

**THE MANAGEMENT OF ASTHIMAJJAGATA VATA W.S.R. TO  
AVASCULAR NECROSIS WITH AYURVEDA - A CASE STUDY****\*<sup>1</sup>Dr. Sandeep Rathod, <sup>2</sup>Dr. Vrushali R. Gavit, <sup>3</sup>Dr. Sarika S. Chopade**<sup>1</sup>PG Scholar, Tilak Ayurved Mahavidyalay, Rasta Peth, Pune.<sup>2</sup>PG Scholar (R. A. Podar College, Worli).<sup>3</sup>HOD, Proffesor Tilak Ayurved Mahavidyalaya, Rasta Peth, Pune.Article Received on  
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Accepted on 28 Sept. 2025<https://doi.org/10.5281/zenodo.17277852>**\*Corresponding Author****Dr. Sandeep Rathod**PG Scholar, Tilak Ayurved  
Mahavidyalay, Rasta Peth,  
Pune.**ABSTRACT**

Avascular necrosis (AVN) is a progressive disorder resulting from the disruption of blood supply to bone, most commonly affecting the femoral head. It leads to pain, stiffness, and functional disability. In Ayurveda, its presentation can be correlated with Asthi-Majjagata Vata. Conventional treatment often requires surgical interventions, whereas Ayurveda offers non-surgical alternatives. A 40-year-old female presented with bilateral hip pain radiating to thighs (Rt > Lt), morning stiffness (>30 minutes), restricted movements, disturbed sleep, and difficulty in walking for one year. MRI confirmed bilateral Stage II AVN of the femoral heads. Clinical findings included tenderness, restricted range of motion, positive Trendelenburg sign, and painful internal-external rotation. The patient underwent a combination of

Ayurvedic oral medications (Arogyavardhini vati, Kaishor guggul, Mahamanishtadi kadha, Guduchi ghanavati, Asthiposhak vati, Brahmi vati, and Gandharva Haritaki churna) along with Panchakarma therapies: Sarvang Snehana-Swedana, Patrapottali Sweda, Yog Basti (Balaguduchyadi taila, Erandmuladi basti), Shalishashtik Pinda Sweda, and Panchatikta Kshir Basti for 14 days. Marked clinical improvement was noted at discharge. Pain (VAS) reduced from 7 to 3, morning stiffness decreased from 30 minutes to 3 minutes, Harris Hip Score improved from 75 to 82, and range of motion was restored with reduced pain. This case demonstrates that Basti chikitsa combined with Ayurvedic medications can significantly reduce pain, stiffness, and functional impairment in AVN of the femoral head. Although further research is needed, Ayurveda shows promising potential as a supportive, non-surgical management approach in AVN.

## INTRODUCTION

- Avascular necrosis (osteonecrosis) is a progressive disorder where the cellular death of bone component due to interruption of the blood supplies to the bone in transiently or permanently.<sup>[1]</sup>
- While it can affect any bone, AVN is particularly common in the hip joint. It generally affects people between age of 30 to 50 years. Several factors like trauma, genetic factors, metabolic factors, use of glucocorticoids, diseases that promotes hypercoagulable states are the etiological factors of AVN.<sup>[2]</sup>
- Initially, patients are asymptomatic, but with the passage of time, AVN leads to joint destruction, requiring surgical intervention in latter stages, total hip replacement (THR) is required. It typically affects the epiphysis of long bones at weight-bearing joints.<sup>[3]</sup> The upper arm, knee, and ankle joints are also affected in the case of AVN. Usually, men are more prone than women. Patient of AVN of femoral head is often having pain in hip or groin region radiating to buttocks, thigh or knees, exacerbated by heavy weight and sometimes often by coughing.
- As per the clinical features, this condition can be correlated with Asthi - Majjagata Vata in Ayurveda. 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 Satatruka (sleeplessness due to continuous pain), Shiryantiva Cha Asthi-Dourbalyani (destruction of bony tissue causing generalized weakness).<sup>[4]</sup>

## CASE REPORT

- A 40 years old female patient came to the OPD of having complaints pain in B/L hip joints which radiates to both thigh region (Rt. > Lt.) since 1 yr
- morning stiffness more than 30 minutes
- pain in B\L groin region, pain during prolonged sitting, difficulty in walking, restricted movement of both lower limb, sleeplessness due to pain.

The patient was well before 12 months then gradually pain start in left hip joint with stiffness which radiates in lower limb then after few months her condition become worsened and felt pain in right hip joint too. The pain aggravates during prolonged sitting on the chair or any other activity. The pain was so severe so her gait has been changed.

Moreover, his day-to-day activities were also hampered due to pain and stiffness. The patient had received allopathic treatment for 5-6 months but did not get satisfactory relief. Thus, she approached further for Ayurvedic management.

### LOCAL EXAMINATION

1. Tenderness present in bilateral hip region (Lt > Rt)
2. Significant loss in the range of movement.
3. Gait-Trendelenburg sign positive.
4. Painful internal and external rotation

### Personal History

- Diet - Vegetarian
- Appetite - Normal
- Bowel - Clear
- Bladder – Normal
- Sleep - Disturbed
- Addiction - Not any
- Occupation – Housewife Past illness –
- H/O Covid- 19 (4 yrs ago)
- H/O Fall – (6 yrs ago)
- Family History - Not Significant related to present illness
- Surgical History - Not Significant

### Ashtavidha Parikshan

- Nadi - Vata - Pittaja
- Mutra- Prakrut
- Mala - Prakrut
- Jivha - Saam
- Sparsha - Samasheetoshna
- Drik- Prakrut
- Aakriti -Madhyam
- Shabdha – Spastha

### Dashvidha Parikshan

Prakruti- Vata - Pittaja

Sara -Twaksar

Samhanana- Madhyama

Satmya –Pravar

Satva- Madhyama

Aharashakti- Madhyama

Vyayamashakti- Avara

Vaya- Madhyamavastha

Desha- Aanup

Pramana- Weight - 64kg,

Height - 160cm

### **Samprapti Ghatak**

- Dosha - Vata – Kapha
- Dushya- Asthi, Majja, Sandhi, Rakta, Sira, Snayu
- Srotas - Asthivaha, Majjavaha ,Medovaha
- Rogamarg - Marmaasthisandhi
- Adhishthan - Asthi - Sandhi
- Udhabhavasthan - Aam - Pakwashaya
- Vyakta Sthan - Asthi – Sandhi

### **Investigation**

#### **MRI Pelvis both hip joints (07/11/24)**

Bilateral Stage II Avascular necrosis of femoral heads with moderate marrow edema in head & neck on left side.

#### **X-ray Pelvis & both hip (07/01/25)**

- Sclerotic margins seen in acetabular roof
- Subchondral cyst seen in the head of Rt femur
- Grade II avascular necrosis of bilateral femoral head

### **Treatment administered Oral Ayurveda medicines**

1. Arogyavardhini vati- 2bd - Before meal for 1 week
2. Kaishor guggul- 2bd- After meal for 3 weeks
3. Mahamanishtadi kadha- 20ml bd After meal for 3 weeks
4. Guduchi ghanavati - 2bd - Before meal for 2 weeks

5. Asthiposhak vati - 1bd- After meal for 3 weeks
6. Gandharva haritaki churn- 5 gm hs After meal for 3 weeks
7. Brahmi vati - 2hs- After meal for 3 weeks

### **Panchakarma therapy**

1. Sarvang Snehana Swedan - 14 days<sup>[5]</sup>
2. Patrapottali Sweda - 14 days
3. Yog Basti  
Anuvasan Basti – Sahachar tel<sup>[6]</sup>  
Niruha Basti - Erandmuladi Basti<sup>[7]</sup>
4. Sarvang Snehana Shalishashtik Pindswed - 7 days
5. Panchatikta Kshir Basti – 14 days<sup>[8]</sup>

### **Assessment On Admission**

1. Vas Scale (Pain) – 7
2. SLRT
  - Rt - 45 (Painful)
  - Lt – 80 (Mild pain)
  - B/L – 80 (Mild pain)
3. LFM – 80 (Painful) LEM – 20 (Painful)
4. Morning Stiffness - 30 mins
5. Harris Hip Score - 75

### **On Discharge**

1. Vas Scale (Pain) - 3
2. SLRT Rt – 90 (Mild Pain) Lt – 90 (Painless) B/L – 90 (Mild pain)
3. LFM – 90 (Painless) LEM – 20 (Mild Pain)
4. Morning Stiffness - 3 mins
5. Harris Hip Score – 82

### **DISCUSSION**

**Sarvang Snehana Swedana** is a combined oleation and sudation therapy applied to the whole body. First, medicated oils are massaged (Snehana) to nourish tissues, pacify Vata, and improve flexibility. Then, sudation (Swedana) with steam or heat induces sweating, relieves stiffness, heaviness, and pain, enhancing circulation and detoxification.

**Patra Pottali 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.<sup>[9]</sup>

**Erandmuladi Niruha Basti** is a decoction enema prepared with Erandmoola as the main ingredient along with other Vata-pacifying herbs. It alleviates Vata dosha, reduces stiffness, pain, and improves mobility. It is especially effective in Asthi-Majjagata Vata, sciatica, arthritis, and AVN by cleansing channels, nourishing tissues, and restoring joint function.

**Shalishashtika Pinda Sweda** is a nourishing sudation therapy where a bolus of cooked Shashtika rice processed in milk and decoction is applied over the body with gentle massage. It provides strength, improves muscle tone, reduces stiffness and pain, pacifies Vata-Pitta, and is highly effective in degenerative and musculoskeletal disorders.

**Panchatikta Kshir Basti** is a therapeutic enema prepared with decoction of five bitter drugs (Neem, Patola, Guduchi, Vasa, Kantakari) processed with milk. It pacifies aggravated Vata and Pitta, nourishes Asthi and Majja dhatus, reduces inflammation, pain, and stiffness. It is especially beneficial in bone and joint disorders like AVN.

## CONCLUSION

This case demonstrates that Ayurvedic management, particularly Basti chikitsa in combination with internal medications, can provide significant symptomatic relief in avascular necrosis of the femoral head. The treatment resulted in marked reduction of pain, stiffness, and improvement in range of motion, gait, and overall functional ability. While the findings are encouraging, further large- scale clinical studies are required to validate the efficacy of Ayurvedic protocols in AVN and to establish them as supportive, non-surgical therapeutic options.

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