

**A SINGLE CASE STUDY ON YASHTIMADHU CHURNA IN THE
MANAGEMENT OF ASTHI BHAGNA****Dr. Sumit Bakle^{*1}, Dr. Datta Kumawat² and Dr. Shilpa P. Badhe³**¹PG Scholar, Department of Shalya Tantra, SMBT Ayurved College and Hospital P.G.

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Dhamangaon, Igatpuri,
Nashik.**ABSTRACT**

A logical, comprehensive strategy is necessary for the prudent care of fractures, which are complex pathologies. The main goal of fracture management is to promptly, painlessly, and with few problems return the broken part's structural integrity and physiology to normal or as close to normal as possible. The treatment of these injuries has advanced to a high degree thanks to modern medical knowledge. However, the core ideas of Ayurveda are also mentioned, as they have been embraced by contemporary medicine. Adjuvant therapies, such as oral drugs, panchakarma treatment technique, and food regimen, have been mentioned in addition to the local technical care. Bhagna was specifically noted in Sushruta's description. He clarified that it depends on the type of trauma, the shape of the fracture displacement, the fracture fragment, and whether the fracture has a wound or not. According to Sushruta, a fracture in the bone is referred to as a kand bhagna, or bone fracture. Conservative methods, which take into account the prakruti and nutritional status, include Kushabandha,

Alepa, Chakrayoga, Taila Droni, and Basti. Ayurvedic principles can be effectively applied to manage numerous injuries with low rates of complications. These are essential as adjuvant therapy even for injuries that need surgery. In the present paper an effort has been done to show the efficacy of yashtimadhu churna in distal shaft of radius fracture.

KEYWORDS: Asthi, Bhagna, Bhagna Chikitsa, yashtimadhu churna.

INTRODUCTION

The Latin word *fact*, which denotes a discontinuity in a substance, is where the word fracture originates. Fracture, used literally, means to break or discontinuity. Fracture is the medical term for a break or discontinuity in bone or cartilage. There are several classifications for fractures, and burst fracture is one of them. An injury to the spine where the vertebral body is significantly compressed and crushed in all directions is referred to as a burst fracture. The severity of a compression fracture is significantly higher because to the spreading bony margins, increased risk of spinal cord injury, increased loss of strength, sensation, and reflexes, as well as paralysis of the leg and loss of control over the bowel and bladder.^[1] The majority of fractures are caused by severe falls and car accidents. Two factors increase an individual's risk of fractures as they age: weaker bones and increased falls. Approximately five million new fractures occur annually worldwide. fracture is generally treated with surgery, By these surgeries some complications may observed i.e., bone cement leakage, paralysis, pulmonary embolism, allergic reaction.^[2]

CASE REPORT

On 13 October, 2023 a 38 year old male Patient came for consultation in the shalyatantra OPD, SMBT Ayurved College & Hospital P.G. Research Institute, Nashik. he came with the complaints of pain and swelling at left hand region and wrist region since 2 days. History revealed that patient one day while walking slipped on the floor. he was taken to a nearby hospital and was put on NSAIDs and there was no relief in pain, so he was advised Xray which suggested there is fracture on distal shaft of radius. The radial fracture fragments shows no displacement or overlapping. he was not willing for modern medicines so the patient discontinued the treatment. After 2 day later patient came to us. he got admitted in our hospital and thorough examination was done.

Chief complaints

- Severe pain in the left hand region.
- Swelling and tenderness in the left hand region.
- Unable to hold any object, and unable to do any kind of movements.

Place of study

Shalyatantra OPD, SMBT Ayurved College & Hospital P.G. Research Institute, Nandi Hills
Dhamangaon, Igatpuri, Nashik.

History of past illness

Nothing significant.

Past Medication history

- NUCOXIA-MR BD 2 days
- NERVIGEN-P OD 2 days

Surgical history: Nil.

Central nervous system: NAD.

Musculoskeletal examination

Posture of head and neck-Symmetry

Symmetry of shoulders -Normal

Local Examination**Palpation**

- Tenderness - over left arm region
- Muscle spasm -present
- Swelling-Present

Locomotor examination

SLR- Right side >60degreeand Left side >60degree

Diagnosis

Bhagna- (fracture on distal end of shaft of radius. The radial fracture having no displacement or overlapping).

Treatment

- Yashtimadhu Churna^[3]
(2 Gm BD after meal with milk as Anupana)

Immobilisation

- Patient was made hand immobilize except during the procedure.
- After the treatment advised to wear arm sling pouch belt/ brace.

Assessment

1. Shoola (Pain)

Grade 0-no pain

Grade 1-mild pain

Grade 2-discomfort pain

Grade 3- horrible

2. Sparshasahatva (Tenderness)

Grade 0- no tenderness

Grade 1-mild tenderness without any sudden response on pressure

Grade 2- wincing of face and withdrawal of the affected part on pressure

Grade 3- resist touch due to tenderness

Range of movement

Improved After the treatment patient able to work, hold and lift in left hand without support.

OBSERVATION

After treatment patient had relief from pain and tenderness, he was able to work without any difficulty.

Symptoms	Before Treatment	After Treatment
Shoola	3	1
Sparshasahatva	3	0

DISCUSSION

Yastimadhu contains glycin hizin, isoliquirtin 2.2%, glucose 3.8%, mucilage, which is useful in relieving wasting disorders, degenerative diseases also prevents damage from LDL cholesterol (Bad fat), Discourages clogging plaque formation which can damage heart.^[4] Phyto-estrogens in Liquorice is said to have mild estrogenic effect and has anti-allergic property and highly useful in Blood-purifier, Antipyretic, Promotes fracture healing.^[5]

The ideas of decreasing a fracture have been mentioned by Sushruta and are being followed to this day. He advised the surgeon to elevate depressed fragments or depress elevated

fragments (Peedana) after applying traction from either side of the fragments (Anchana).^[6] Separate manipulation is necessary to bring the far-displaced or overlapping fragments into close contact with one another (Sankshepana).^[7] Prior to complete immobilization, these four principles focus their efforts on achieving appropriate alignment of broken fragments (Bandhana). Sushruta has provided an adequate description of the use of splints in this stage, which is one of the most important procedures in the therapy of a fractured limb. For this reason, he has chosen the barks of several significant trees.^[8]

CONCLUSION

In Ayurvedic prospective there is wide scope for management of bhagna. Age-related decreases in bone mass are caused by osteoporosis, a disease that results in decreased bone density and quality. Because osteoporosis makes fractures more foreseeable, surgical intervention becomes more challenging as people age, leading to the use of alternate treatments.^[9] Surgical intervention is being explored for the ruptured fracture. Any conservative management in another medical system has its share of difficulties. The treatment plan used in this case improved the likelihood of non-surgical management, and the patient was able to resume normal activities without experiencing any pain or discomfort. This demonstrates that the prescribed therapy is successful in treating bhagna (fracture), and that the treatment plan can be used in broad populations to manage the ailment using a conservative approach while also benefiting humanity.

REFERENCES

1. Susruta, sushruta samhita wit Nibandhasangraha commentary of sree dalhana acharya and nyayachandrika panchaka of sri gayadasa acharya and edited by vaidya acharya trikamji yadavaji, chakaumba, kalpastana chapter 4, shloka 40 dalhana, sarpadastavisavgnaniya, 573.
2. Charaka, charaka siddhi stana chapter 01, shloka no 39 kalpana siddhi adhyaya.
3. Sushruta, sushruta samhita chikitsa stana chapter 03, shloka no 54 bhagna chikitsa adhyaya.
4. <https://en.m.wikipedia.org/wiki/-wikipedia>
5. Astanga, astanga hrudaya utara stana 27, shloka no 41 bhagna pratishedha adhyaya.
6. Susruta, sushruta samhita wit Nibandhasangraha commentary of sree dalhana acharya and nyayachandrika panchaka of sri gayadasa acharya and edited by vaidya acharya trikamji

yadavaji, chakaumba, kalpastana chapter 4, shloka 40 dalhana, sarpadastavisavgnaniya, 573.

7. Charaka, charaka sutrastana chapter 01, shloka no 86 dhirganjeevitiya adhyaya.
8. Vruddha vagbhata, astanga sangraha with sasilekha commentary of indu, edited by dr k.p. shreekumari amma, published by govt ayurveda college, tvn, sutrastana, chapter 28 shloka no 2, 380.
9. Agnivesha charakasamhita with ayurveda deepika commentary of chakrapani datta revised by charaka and drudhabala edited by vaidhya y.t. Acharaya, published by chakoumaba publishers, reprint 2013 vimana stana, chapter 5, shloka 8 srotovimaniyadyay, 251.