Alternative treatment of ‘AVN’ of hip joint: 
A case report

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Abstract: This case deals with the Avascular necrosis or osteonecrosis of the femoral head in a 41 year old male presenting in the OPD of Shalyatantra Department, Government akhandanand ayurved hospital, Ahmedabad. In addition to clinical picture, diagnostic imagine should be perfomed to confirm the presence & extent of hip joint avascular necrosis. Here, we performed Agnikarma therapy in AVN of head of femur in that patient & get good result. 

Key Words: Avascular necrosis, Total hip replacement, Osteonecrosis, Hip pain, Agnikarma therapy

Introduction: 
Avascular necrosis characterized by osseous cell death due to vascular compromise. Avascular necrosis of bone results generally from; corticosteroids use, trauma, SLE, pancreatitis, alcoholism, gout, radiation, sickle cell disease, infiltrative disease (e.g. Gaucher’s disease). The most common affected site is the femoral head and patient usually present with hip and referred knee pain. This patient presented with avascular necrosis of left hip with pain referred to left knee. Radiological features of osteonecrosis generally involve collapse of the articular cortex, fragmentation, mottled trabecular pattern, sclerosis, subchondral cysts and/fracture. A bone scan or MRI could also be used to confirm the presence and extent of avascular necrosis. Treatment is mainly surgical and generally involves a total hip replacement or arthroplasty for end stage femoral head osteonecrosis. Using either a cemented or cementless prosthesis.

Here, we had performed Agnikarma therapy as alternative treatment or to avoid THR (surgery) of femoral head avascular necrosis.

A Case Report: 
A 41 year old male presented in the opd of shalyatantra department, government akhandanand ayurved hospital, ahmedabad for ongoing left sided low back, hip & kneepain for past six months. He complained of intermittent pain radiating intp his left groin and anteromedian thigh region. He stated that his symptoms were aggravated by walking and stair climbing. His pain was relieved by sitting and resting.

The pain did not report numbness or paresthesias in his lower extremities. There was no any complains of bowel or bladder and even any fever or chills.

Patient had MRI of both hip and SI joints done, The MRI showed; suggestive of avascular necrosis of head of femur on either side (Lt.>Rt.) with left side synovial effusion and marrow oedema as mentioned.

On physical examination; range of motion of the left hip was severely limited and painful in all ranges with most painful felt in abduction and internal rotation. Pulpation of the hip region revealed extreme tenderness (Lt.>Rt.). muscle palpation revealed tenderness in thigh (Lt.>Rt.) and pelvic musculature. Straight leg raise produced left hip pain (Lt.>Rt.). SI was painful for the left sacroiliac joint. Range of motion of left knee was full & pain free and no effusion was noted. Muscle weakness was noted in the left lower limb when compared to the right.

Impression: 
The patient was suspected as having avascular necrosis of the left hip with differential diagnosis of hip osteoarthritis or healed fracture. He was referred to MRI.

The MRI report shows; suggestive of avascular necrosis of head of femur on either side (Lt.> Rt.) woth left sided synovial effusion & marrow edema as mentioned.

Material & Methods

Material 
For present study materials used are; Loha shalaka, Gas stove, Gauze pieces, Sponge holding
forceps, Tilatailam, Kumari swaras pulp, Haridra churna, Hot water bag.

Method

After taking written informed consent agnikarma was done. The affected part was applied and massage by tilataila & swedana the red hot loha shalaka was applied on affected part (area of hip joint both Lt and Rt with part of lower back and thigh region on both side) everytime shalaka was applied in the area for about 1 sec.

Discussion:

Avascular necrosis is characterised by osseous cell death due to vascular compromise. Avascular necrosis of bone results generally from; Corticosteroidal use, trauma, SLE, pancreatitis, alcoholism, gout, radiation, sickle cell disease, infiltrative disease (e.g. Gaucher’s disease), caisson disease.

The most common affected site is the femoral head and patient usually present with hip and referred knee pain. This patient present with avascular necrosis of left hip with pain referred to left knee. Radiological features of osteonecrosis generally involve collapse of the articular cortex, fragmentation, mottled tubercular pattern, sclerosis, subchondral cyst and/or fracture. A bone scan or MRI could also be used to confirm the presence and extent of avascular necrosis. Treatment is mainly surgical and generally involves a total hip replacement or arthroplasty for end stage femoral head osteonecrosis. Using either a cemented or cement less prosthesis.

Here, we had performed agnikarma therapy as alternative treatment or to avoid THR (Surgery) of femoral head avascular necrosis.

Probable mode of action of agnikarma:

By doing Agnikarma we need to transfer Agni in quantum. This Agni is transferred to ushya (Dhatus). The pathology in Dushya is treated by neutralizing the vitiated Doshas as Agni guna is opposite to vitiated Vatika gunas & Vitiated Kapha gunas directly.

In transferred Agni again used to do the Utkleshana (aggravate) of Dhatvagni which act against vitiated Ama dosha in Dushya by Dosha pachana action. Thus, Sama & Nirama dosha are get neutralized. Hence, samprapti vighatana is completed and the patient become free from symptoms of the disease.

Conclusion:

Whenever a patient present with hip pain secondary to trauma and or other Corticosteroidal use, the clinician must include avascular necrosis as a differential. The diagnosis is confirmed by MRI. After confirmed diagnosis as avascular necrosis of head of femur. We performed agnikarma therapy for that. After various sitting of agnikarma patient got more than 90% relief in complaints. Which is more beneficial than THR in AVN of head of the femur or osteonecrosis of the hip joint.

References:

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