



Research Article

AYURVEDIC MANAGEMENT OF BHAGNA - A SINGLE CASE STUDY

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ABSTRACT

Fracture is a multifaceted pathology and its judicious management requires a rational holistic approach. Principle aim of the management of fracture is to restore the normal or near to normal structural integrity and physiology of the fractured part at the earliest, without complications or with minimal complications. Modern medical science gained excellence in the management of these injuries. But in Ayurveda, also the fundamental principles are mentioned as adopted by the modern medical science. In addition to the local technical management, adjuvant therapies viz, oral medications, panchakarma treatment modality, diet regimen have also mentioned. Sushruta described exclusively mentioned about bhagna. He explained depending upon nature of trauma, shape of fracture displacement, fracture fragment and fracture with or without wound. Sushruta explained if fracture occurs in the bone is called as kand bhagna that is bone fracture. Conservative modalities includes kushabandha, Alepa, Chakrayoga, Taila Droni, Basti, based upon the consideration of the prakruti and nutritional status. By adopting these ayurvedic principles many such injuries can be managed successfully with minimal rate of complications. Even in injuries requiring surgical management these play a crucial role as adjuvant therapy. In the present paper an effort has been done to show the efficacy of Majja basti, Asthishrunkala lepa and Prustabasti in Vertebral burst fracture.

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INTRODUCTION

The word fracture is derived from Latin term fact, which means discontinuity in a substance. Literally fracture means to break or discontinuity. In medical science fracture means to break or discontinuity of bone or cartilage. Fracture have many classification among those burst fracture is one. A burst fracture is a descriptive term for an injury to the spine in which the vertebral body is severely compressed, vertebral body is crushed in all direction. It is much more severe injury than a compression fracture because the bony margins are spreading out in all directions and the spinal card is liable to be injured and causing greater loss of strength, sensation, reflexes, paralysis of the leg and loss of control of the bowel and bladder¹. Burst fracture cause severe pain at level of the fracture site i.e., at low back and also in leg, unable to walk, immediately after injury. Most fractures are crushed by a bad fall, automobile accident. As people age, two factors make their risk of fractures weaker the bones and greater falling. The prevalence of new burst fracture each year is approximately five million worldwide. Burst fracture is maximum at the thoracolumbar junction and it generally treated with surgery i.e., khyoplsty and Vertebroplasty. By these surgeries some complications may observed i.e., bone cement leakage, paralysis, pulmonary embolism, allergic reaction.

In bhagna chikitsa Sushruta coated that Anuvasana basti is given in all types of bhagna² so, Basti is the prime therapy for ashti related diseases. Bastichikitsa considered to be ardh chikitsa³. Vata dosha is predominantly present in asthi dhatu. The treatment of ashtikshaya involves snehana, tikta rasa pradhana ksheera basti in which tikta rasa makes shoshana and kharatva to asthi dhatu as mentioned in Astanga. Sushruta opines that ninth sneha basti is required to reach the asthi and majja.

Case history

On November 27, 2018 a 73 year old female Patient came for consultation in the panchakarma opd, Government Ayurveda Medical College, Bangalore. She was a K/C/O type 2 DM since 15 years on medication, came with the complaints of pain in low back region and bilateral thigh region since 5days. History revealed that patient one day while drawing rangoli she slipped on the floor and she couldn't get up. She was taken to a nearby hospital and was put on NSAIDs and there was no relief in pain, so she was referred to the higher centre and was advised MRI which suggested burst fracture of D12 vertebra and she was advised surgical correction that is, kyphoplasty. she was not willing for surgeries so the patient discontinued the treatment. After discharge from that hospital, 2 days later patient came to us. On 27/11/2018 she got admitted in our hospital and thorough examination was done.

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Chief complaints

Severe pain in the low back and bilateral thigh region. Unable to walk, sit, stand, and unable to do any kind of movements.

Place of study

Department of Pg studies in Panchakarma, Government Ayurvedic Medical College, Bangalore.

History of past illness

Nothing significant.

Past Medication history

- TRIMEGAVOG 2-1-0-0
- GLUCONORM 0.5MG 0-0-1
- NUCOXIA-MR 1-0-1 5days
- NERVIGEN-p 0-0-1 5days

Surgical history: Nil

Central nervous system

1. Higher Mental Function: INTACT
2. Motor and Sensory system: NAD

Musculoskeletal examination

Inspection of the spine -
 Anterior spine: Posture of head and neck-Symmetry
 Symmetry of shoulders -Normal
 Lateral spine: Cervical lordosis-Absent
 Thoracic kyphosis-Absent
 Lumbar lordosis-Present
 Posterior spine-Scars-no scars
 Wasting -no muscle wasting
 Scoliosis-absent
 Gait assessment- Limping gait.

Local Examination

Palpation

Tenderness - over thoracolumbar region
 Para spinal muscle spasm -present
 Swelling-Absent

Locomotor examination

SLR- Right side >60degreeand Left side >60degree
 Extensor hallucis longus-5/5
 Extensor digitorum longus-5/5
 Flexor hallucis longus -5/5
 Flexor digitorum longus- 5/5

Diagnosis

Patita Bhagna

(Burst fracture of D12 vertebra with spinal canal narrowing as described and Cervical spondylosis.)

Table No 1 Treatment

Sl no	Treatment given	Dose	Duration
1.	Lepa with 50gm Sandhaniya lepa Churna +1egg+50 gm Aswagandha churna +50gm Rasna churna +50ml vasa +10ml Murivenna taila.		1-12-18 to 28-12-18
2.	Prustabasti	Vasa 50ml + Murivenna taila 500ml	12-12-2018 to 28-12-2018
3.	Majja basti	60ml	13-12-2018 to 28-12-2018

4.	Adhoshakha abhynga and Patrapindasweda		29-12-2018 to 6-1-2019
5.	Gandha taila capsules ⁴	1-0-1	27-11- 2018 to 6-12-2018
6.	Lakshadi guggulu ⁵	1-0-1	27-11- 2018 to 6-12-2018

Table No 2 Lepa

Sl no	Ingredients	Dose	Action
1.	Asthi shrunkala churna	50gm	It has sandhaniya, dipana, pachana, krimigna, raktastambhaka, rakta shodhaka. It is very useful in asthibhagna abhigataja shotha and raktasrava,
2.	Ashwagandha churna	50gm	It constitutes properties of balya, rasayana, vedanastapana, anti-inflammatory.
3.	Rasna churna	50gm	Vata hara and it relives pain
4.	Saindava lavana	10gm	Tikshna, sukshma, srotoshodhaka.
5.	Murivenna taila	10ml	It is renewed oil for non healing wounds, fractures and sprains. It acts as a anti-inflammatory.
6.	Vasa ⁶	50ml	It pacifies the shoola in sandhi asthi

Table No 3 Prustabsti

Sl no	Ingredients	Dose	Action
1.	Masha churna	200gm	It retains the oil.
2.	Vasa	100ml	It pacifies the shoola in sandhi asthi, it strengthens the bone.
3.	Murivenna taila	500ml	Relives pain and inflammation in fracture

Majjabasti preparation

Majja devoid of blood and bone fragment was collected and heated, 60ml of majja was taken in the khalwa and triturated then 1pinch of shatapushpa and 1pinch of saindava lavana was added and mixed well.

Majja basti was given for 16 days. Retention of basti was there for 9 hours.

Immobilisation

Patient was made immobilize except during the procedure. After the treatment advised to wear thoracolumbar brace.

Table No 4 Shamanoushadhi

Sl no	Name	Action
1.	Lakshadi guggulu	Guggulu has shothahara as well as bhagna sandhanakara due to its anti-inflammatory effect. laksha has properties like bhagna sandhana, vrnaropaka, rakta stambaka it enhance the bone healing
2.	Gandha taila capsules	Asthi stairiyakara, vatahara, shoothahara, shooolagna.

Table No 5 Assessment

Shoola (Pain)

Grade 0-no pain
 Grade 1-mild pain
 Grade 3-discomfort pain
 Grade 4- horrible

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 4- resist touch due to tenderness

Sl no	Before treatment pain	After treatment pain
1.	Grade 4	Grade 0

Sl no	Before treatment tenderness	After treatment tenderness
1.	Grade 4	Grade 0

Range of movement- improved

After the treatment patient can sit, stand, walk without support

Observation

After treatment patient had relief from pain and tenderness, she was able to stand and walk without support.

DISCUSSION

Sushruta has specified that the first sneha basti will produce snigdhatata in the region of basti and vankshana, second sneha basti compacts vitiated vata in the head, third sneha basti enhances strength and colour, and he tells ningsh sneha basti reaches majja and does the poshana of majja.

Charaka opines that chaturvidha sneha can be given in the form of pana, nasya, abyanga and basti⁷On the basis of this, we have taken majja in the form of basti. Acharya Sushruta has mentioned virya of basti drug reaches all over the body through srotas as guda is having mula for all the siras. Anuvasana basti having more retention so more absorption takes place, increased vascularity can increase absorption. the given basti will reach first into the organ named basti⁸ This organ is in direct relation with musk, seevani, stula guda, sukra and mutra vaha nadi⁹The organ related to kati, parshwa, kukshi¹⁰ may be the pakwashaya. Pakwashaya extends from grahani to guda. It is the mulastana of pureeshadhara vaha srotas. grahani is considered as pittadhara kala it is not different from ashtidhara kala So it is clear that basti has direct effect on asthi and majja dhatu. Asthishrunkala having the vata kapha hara, rakta shodhaka and as it is having ushna virya due to which lepa will dilate the peripheral vessels especially there will be venous dilation followed by increased peripheral arterial blood flow. This may be the reason for the reduction of the swelling around fracture area. Ashwagandha also having vedana stapanana, Rasna churna is vata kaphahara helped in controlling the pain. Prustabasti does both snehana and swedana and it pacifies vata. All acharyas have mentioned about usage of Matra basti in Asthi bhagna Chikitsa and also more researches have done on majja basti in osteoporosis, avascular necrosis and it has shown better result.

CONCLUSION

In Ayurvedic prospective there is wide scope for management of gambhiravyadhi. Bone mass declines with ageing, osteoporosis is a disease in which density and quality of bone are reduced, in this condition fracture is more predictable, after ageing surgical intervention is difficult so in this condition we opt for alternative treatment.

The burst fracture is considered for surgical management. There is no any conservative management in other system of medicine. Treatment protocol adopted here increased the chances of non-surgical management and patient returned back to the routine activity, without having any pain and discomfort. This shows the given therapy is effective in Patita bhgna (burst fracture) and this treatment protocol can be applied in large samples to manage the condition in conservative line of treatment and to serve the mankind.

References

1. <https://en.m.wikipedia.org/wiki/-wikipedia>
2. Sushruta, sushruta samhita chikitsa stana chapter 03, shloka no 54 bhagna chikitsa adhyaya.
3. Charaka, charaka siddhi stana chapter 01, shloka no 39 kalpana siddhi adhyaya.
4. Astanga, astanga hrudaya utara stana 27, shloka no 41 bhagna pratishedha adhyaya.
5. Bhaishajya ratnavali, amavata roga dhikara, shloka no 90-95.
6. Astanga hrudaya, sutrastana chapter 16 shloka no 11 snehavidhi adhyaya.
7. Charaka, charaka sutrastana chapter 01, shloka no 86 dhrganjeevitiya adhyaya.
8. Vriddha 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 page 380
9. Agnivesha charakasamhita with ayurveda deepika commentary of chakrapani datta revised by charaka anda drudhabala edited by vaidhya y.t.Acharaya, published by chakoumaba publishers, reprint 2013 vimana stana, chapter 5, shloka 8 srotovimaniyadyay ,p 251
10. 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 page 573

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