

A CASE STUDY OF AVASCULAR NECROSIS OF HIP JOINT WITH HOMOEOPATHIC PERSPECTIVE.

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ABSTRACT

Introduction: This disease usually happens in patients with always confused Aetiology. No one knows why this disease happened in a body, affecting Hip Joints, Ball and Socket joint in particular explaining anatomical structural defect and henceforth functionally disturbed walking. Anyone can be affected. But the condition is most common in people between the ages of 30 and 50 and increasing in severity for further life.

Keywords- Aseptic necrosis, avascular necrosis; Bone infarction; Ischemic bone necrosis; AVN; Aseptic necrosis, ischemic bone, necrosis of bone, irreversible pathological change, structural and functional change, rehabilitation, alternative treatment, bone replacement therapy, cost effective, young age debility, deformation of bone. Brittle bones etc.

Background and Justification- The disease comes under the class of Psoric and Syphilis Miasm in the background, that is to say a complex Miasm state-The tubercular Miasm manifestation, like a burning candle from both the sides. This disease has the manifestation Unilaterally, Bilaterally or depending upon the diathesis of person. Hereby diathesis means disease affection of particular locality, where it can be seen on left or right side of body suggesting weakness of that region due to improper circulation of blood in those parts. The first cause of avascular necrosis being available in scientific literatures is a mechanical cause that is to say trauma and stress has been laid down on this cause only. An injury to the bone especially hip joint injury involving ball and socket joint-the hip joint. Head of the femur is disrupted and then the patient is brought under surgery and life time incapacitation in the field he is working, where there is a need of rehabilitation is required. The sports field, the driver job undergoing injury or any other job fall down from a tree, or mountain climbers due to unwanted circumstance can go hip joint disruption due to fall or collision, suspecting mechanical injury.

Aim and Objectives: The Aim and Objective of This Case Is to Summarize the Available Information, Literature on Avascular Necrosis Of Hip Joint and Homeopathic Medicines, And Their Therapeutics for Treatment. A definite caused is trauma at physical level, a mechanical cause. There are several other causes to be studied producing this condition. Some of the probable causes are-

- a) Excessive alcohol use
- b) Sick cell disease or blood disorders or Thalassemiae, etc.
- c) Dislocation or fractures around a joint-Trauma
- d) Clotting disorders
- e) HIV or taking HIV drugs with opportunistic infections.
- f) Radiation therapy or chemotherapy.
- g) Genetic causes
- h) Familial tendencies,
- i) Excessive loss of semen as vital fluid due to masturbation, indulges in secret vices etc.
- j) Mental and genetic makeup of a person.
- k) Any happening event can become a causative factor for any disease to develop in its character.

Materials And Methods -All available literature in the form of books, scientific data from various databases such as Pub Med, Google Scholar, Medline and Science Direct were used for the Studying Case, Directed towards Treatment of Such Patients with Homoeopathic Remedies.

Conclusion: The conclusion includes the patient to undergo various radiological investigations and costly scanning's, such as CT scanning, MRI reports etc. The available literature suggests that the homeopathic approach has been effective in treating cases of Avascular Necrosis of Hip Joint. The treatment is always an alternative kind

of treatment and not Definitive one. The auxiliary line of treatment is having a vital role to be studied. Homeopathic treatment is one of the cost effective treatment.

Inclusion Criteria: The study of AVN is done in reference with various research publications and authentic literatures. The disease has been studied in relation to homoeopathic point of view. The miasmas were studied and proper simillimum has been established, so as to bring out the recovery of patient. Here by the disease is peculiarly related to the age group of 30 years and above.

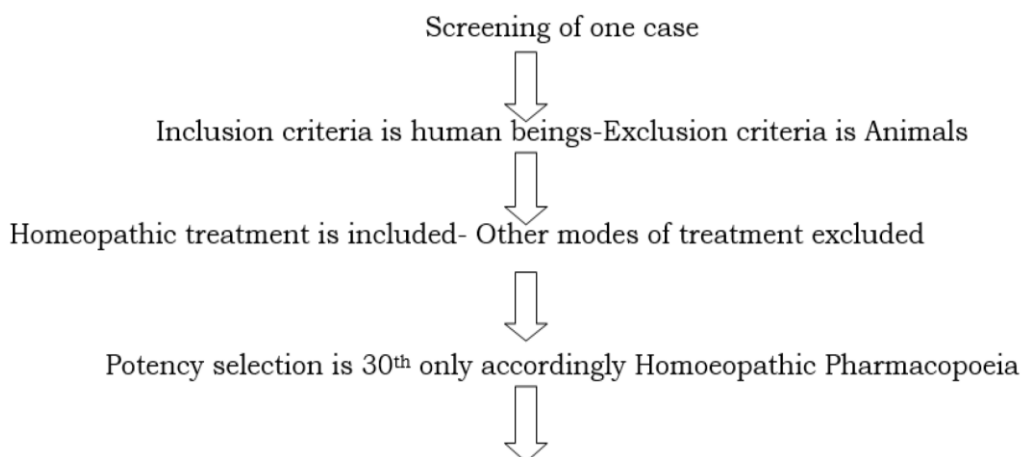
Exclusion Criteria: The observational case study has been done, with study approach of AVN disease only and other studies have been excluded with different mode of treatment. Only homoeopathic approach has been clarified.

Study Selection: A Single Case Has Been studied, and has been worked out with homoeopathic intervention to see if recovery takes place; it is up to which extent in percentage and for how many days. Analysis of the dose of the remedy to be repeated again with proper follow up of patient is evaluated.

Data Items: Data is collected from single patient by taking out the totality of symptoms and signs, with investigatory reports. Hereby analysis and evaluation has been done, Proper Homeopathic remedy with proper potency has been selected following the guidelines of Homoeopathic Pharmacy.

RESULT

Study Selection and Characteristics



Surgical options include:

- A bone graft.
- A bone graft along with its blood supply (vascularized bone graft).
- Removing part of the inside of the bone (core decompression) to relieve pressure and allow new blood vessels to form.

CASE STUDY-

Avascular Necrosis of Hip Joint and Bilateral Osteoarthritis.

This is a case of man aged 42 years and came for the consultation. This man use to run a car garage (four-wheeler garage) and satisfied with his job (Individual business). He is 6 ft. personality with fair complexion. He is cheerful by nature, as he always welcomes customer to his garage with smile and enthusiasm, as I took my car to his garage.

As I acquainted with him and once when I introduced him myself as a Homeopathic physician, he suddenly told me about the disease he is suffering from. I used to watch him every day as the garage lies in between road, where from I used to pass every day to college. I observed his walking pattern; it is not like everyone (Normal human being). He walks somehow with legs apart from each other and balancing himself. There is a kind of painful expression on his face.

And I became restless to know, with what disease he is suffering from. He told me to sit down at chair and asked about- Is there any treatment for the disease from which he is suffering in Homoeopathy? He feels heaviness and intense pain in thighs. Pain in glutei region is there, that radiates to knee.

So I did not give any reply from my side. I thought it is better to listen to him. So after all, he said that he has taken lots of treatment and no one has given relief to him. And now he has no interest in taking any other kind of treatment. As he has lost hope.

At last he told that; now he prepared himself up to such extent that if doctors say for surgery he is ready to cut off his legs and remain handicapped. I suggested him, could we try Homoeopathic medicines, the Homoeopathic treatment, as a last option. It took about 15 - 20 minutes to tell him about Homoeopathic approach. He already spented lots of money over allopathic pain killers, and he agreed to use Homoeopathic medicines once. I asked him to come to my small set up (Homoeopathic Hospital) for consultation.

Consultation Started-

Patient comes to the consultation with all his bunches of reports and investigations. Before starting consultation, I preferred to see the reports.

In one of the reports diagnosis is made; AVASCULAR NECROSIS OF FEMUR OF RIGHT SIDE AND OSTEOARTHRITIS OF BOTH HIP JOINT.

At last he left all the treatments offered by Allopath's.

Chief Complaint-

1] Heaviness in thighs, stiffness in thighs and hip joint.

Right sided more.

Right is more than left.

Drawing type of pain.

Patient is unable to walk.

Jerking type of pain

2] Pain in things and legs.

Aggravated standing from sitting position.

Aggravated turning in bed.

Unable to sit down with legs crossed.

Stands with support.

Aggravation walking long distances.

Aggravation ascending and descending stairs.

Aggravation lifting heavy things.

< Exertions > Rest

Complaint started in 1996, first of right sided avascular necrosis of femur is diagnosed. But six months later, pain in left leg and thigh started and diagnosed as osteoarthritis. Since 7 years patient is not able to drive bicycle, because of the disease.

Complaints ameliorated rubbing.

> Massage.

> Pain killers.

Patient used to carry all movements slowly.

Past History-

1) History of accident and little injury to left eye, but now nothing is the problem.

2] Desires cold drinks³⁺. Patient told me that he used to like cold drinks excessively in past. But some doctor told him not to take it, so he left.

Family History-

1] Father- Died of cancer.

2] Mother- Nothing specific.

3] Brother- Hyperacidity.

4] Sister- Nothing Specific.

Personal History-

Diet - Veg, Non-Veg, Both.

Appetite - Breakfast, 3 chapattis + Rice + Dal at lunch and dinner.

Cravings - Cold drinks³⁺ spicy, eggs¹⁺, sweets³⁺, mutton¹⁺.

Aversion - sour³⁺, eructation starts.

Thirst - 2 Litres/day.

Perspiration - Upon head and nape of neck, after exertion.

Habits - Tea, Acidity after taking milk.

Bowels - Bowel movement regular.

Stools - satisfactory once in morning.

Thermals - fanning dose not tolerate. Stuffed up feeling. Doses not tolerate cold. Covers blanket in summer.

Chilly patient.

Sleep - Refreshing sleep.

Urine - Nothing Specific.

B. P-100/80 mm of Hg

Investigatory Reports-

1] Bilateral hip joint arthritis.

2] Avascular necrosis of hip joint.

3] Abductor and Adductor myofascitis.

Mentals-

I asked about the nature of patient?

He told me that he is shy in nature, when someone comes to the home. But when he becomes familiar, then he gets open up with them.

He told me, most of the time; he likes to remain with friends. He does not keep anything to himself, and he has a strong and good connection with friends.

Patient used to believe in joint family as compared to nuclear family.

Patient desires company and cannot remain alone.

Hobbies:

He wants to become body builder, but his disability lead to leave the gym (Body building centre).

He loves animals, birds etc.

A patient is very conscious to health, but now he become indifferent due to his unrecoverable disease. Patient is totally despair about recovery. Patient told that, he is a nature lover and like to go out with friends to places, such as GOA and other beautiful places. He enjoys traveling and driving car.

Patient told that, he likes to watch TV serials, and then I Ask him:-

When he gets emotional?

His emotional sensitivity is more; He used to weep when some emotional scene comes on television about brother and sisters. Now I decided to close the 'interview, as it already took much time. At last patient himself said that I want to tell u something;

It is my observation and I do not know up to what extent,

It is correct or not?

He said that in the past, he is being 'indulged' is sexual activities very much.

Almost every day two to three times for some years with his girlfriends. Not only one girlfriend, but many of them. And he told me that, doctor I myself sometimes think that this disease occurs me because of excessive sexual indulgence as he thinks so.

Rubrics taken-

1] Complaint aggravated after coition.

< Loss of fluid

2] Pace of disease is fast.

3] Syco-Syphilitic miasma is in background.

4] Craving- cold drinks³⁺, which gives general feeling.

5] Hip joint diseases.

6] Friend remains in contacts with, company desires.

7] Joint family- theme of togetherness.

8] Communication with friends.

9] Despair recovery about.

10] Diffusion- traveling beautiful places, nature lover.

11] Indifferent to disease.

12] Close to brothers and sisters.

13] Hypersexual.

14] Complaint from loss of seminal emissions.

After getting the totality, the close simillimum found is phosphoric acid.

Phosphoric acid 30 is given to the patient.

Follow Up-

After one week, he started feeling generally better. But not so decided improvement is seen. So patient is kept on Sac.Lac given for week. Slight pain reduced. The sexual drive is lowered and now patient is having less pain in legs and thigh.

As two to three doses of phosphoric acid 30 repeated.

RX-

- 1) Phosphoric Acid 30 stat
- 2) Sac.Lac -7 days.