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Case Study

A CLINICAL STUDY OF KNEE JOINT LIGAMENT INJURY WITH AYURVEDIC TREATMENT P Krishna Prasad Bhat^{1*}, K Ravindra Bhat², Waheeda Banu³

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ABSTRACT

Knee is one of the largest and most complex joint of body. The complexity is because where there will be fusion of Lateral femorotibial, Medial femorotibial and Femoropatellar joints. Here a case report of 24 years female while playing had a sudden trauma to right knee with severe pain and swelling. Patient was unable to flex the knee joint. On MRI she was diagnosed with thinning and altered signal intensity of anterior cruciate ligament with partial tear and thickening of the medial meniscus with horizontal tear in posterior horn. By this patient was unable to do day to day activities. Here 2 months of Ayurvedic treatment was followed by patient who provided relief from pain and brought a significant improvement in the movement of knee joint.

INTRODUCTION

The knee is the largest synovial joint in body. It consist of three functional compartments that collectively form a dynamic, specialized hinge joint[1]. It is also a complex joint as the cavity is divided by the Menisci. The knee joint is formed by the condyles of femur, the patella and the condyles of tibia^[2]. The knee joint is supported by the Ligaments such as Fibrous capsule, ligamentum patellae, tibial collateral ligament, fibular collateral ligament, oblique popliteal ligament, arcuate popliteal ligament, anterior cruciate ligament, posterior cruciate ligament, medial meniscus, lateral meniscus and transverse ligament^[3]. Anterior cruciate ligament begins from anterior part of intercondylar area of tibia, runs upwards, backwards and laterally and is attached to the Posterior part of medial surface of lateral condyle of femur. It is taut during extension of knee. Medial meniscus is nearly semicircular, it is wider behind. The posterior fibres of the anterior end are continuous with the transverse ligament. Its Peripheral margin is adherent to the deep part of the tibial collateral ligament^[4]. Janu Sandhi is a Kora Sandhi^[5] which is in the shape of hinge and are



totally mobile in one direction while partially mobile in opposite direction. Acharva Sushrutha mentions that in total human body contain 900 Snayu (ligaments) in which 600 are present in extremities. Further Acharvas explains that 10 Snayu is present in Janu Sandhi^[6]. The ligaments present in extremities are *Pratanavati* types which are broad in shape. Further while explaining the importance of Snayu acharya Sushrutha explains that injury to bone, muscle, veins will not kill the person but injury to ligaments will kill the person[7]. Hence a great importance should be given to cure the disease.

Case Report

4.0

Presenting Complaint

A 24 year old female named X was apparently normal previously, complained of pain and swelling in right knee joint since 2 months.

History of Presenting Complaint

The patient reported of having sudden trauma to right knee while playing. The knee had twisting movement during which she had severe pain and also developed moderate swelling within one hour. Immediately she consulted a physician nearby and took medication for 7 days and had no relief from pain and swelling. This bothered her day today activities. So she was advised MRI of right knee and physician noticed ligament injury in the report, so she was advised to undergo surgery. So patient opted Ayurvedic treatment for better management.

Investigation

X-Ray: There were no fractures detected on right knee. **MRI Right knee:** Thinning and altered signal intensity of anterior cruciate ligament with partial tear and thickening of the medial meniscus with horizontal tear in posterior horn.

Examination of Right Knee

Inspection		
Swelling	Present	
Redness	Absent	
Deformity	Absent	
Bruising	Absent	
Palpation		
Sensation	Intact	
Temperature	Present	
Pain	Severe	
Range of Movements		
Flexion	Limited to 30° with pain	
Extension	Limited to 5° with pain	
Tests		

Anterior drawer test	Positive
Lachman test	Positive
Pivot Shift test	Positive
Patellar tap test	Positive

Treatment Protocol

Internal medications Prescribed in the course of treatment are:

- Lakshadi guggulu
- Gandha taila capsule
- Yogaraja guggulu
- Mustadi marma Kashaya

Procedures followed

- *Lepa*: *Nagaradi Lepa Churna* mixed with *Murivenna* and applied to right knee joint.
- Ianu basti
- Application of *Gandha taila* to right knee joint.

Advice: Rest and minimal essential movements.

Diet: Milk, ghee, *Madhura* and *Amla rasa Dravya*, *Shali, Godhuma*.

Treatment Followed Day Wise

Days	Procedure done	Medicine	Condition of patient
Day 1 - 15	Lepa – Nagaradi lepa churna	Laksha guggulu 1-0-1	Swelling reduced
	mixed with Murivenna and	Gandha taila capsule	Pain - Moderate
	applied to right knee joint at	1-0-1	Movements:
	morning and application of	Y <mark>og</mark> araj <mark>a</mark> guggulu 0-	Flexion – Limited to 30° with pain
	Gandha taila to right knee joint	1-0	Extension - Limited to 5° with pain
	at night.		Tests:
	7	Ar. Jak	Anterior drawer test,
		SHOHA	Lachman test, Pivot Shift test- Positive
Day 16 - 30	Nagaradi lepa to right knee	Laksha guggulu 1-0-1	Swelling – Nil
	joint at morning and Janu basti	Gandha taila capsule	Pain – Mild
	with <i>Kshirabala taila</i> to right	1-0-1	Movements:
	knee joint at evening and	Yogaraja guggulu 0-	Flexion – Possible with pain
	application of <i>Gandha taila</i> to	1-0	Extension - Possible with pain
	right knee joint at night.		Tests: Lachman test- Positive
Day 31 - 45	Nagaradi lepa to right knee	Mustadi marma	Swelling – Nil
	joint at morning and Janu basti	Kashaya	Pain – Nil
	with <i>Kshirabala taila</i> to right	20ml -0-20ml	Movements:
	knee joint at evening and	Laksha guggulu 1-0-1	Flexion and Extension – Completely
	application of <i>Gandha taila</i> to	Gandha taila capsule	possible.
	right knee joint at night.	0-1-0	Tests: Lachman test, Anterior drawer
			test
			Pivot shift test – Negative.
Day 46 - 60	Nagaradi lepa to right knee	Mustadi marma	Swelling – Nil
	joint at morning and Janu basti	Kashaya	Pain – Nil
	with <i>Kshirabala taila</i> to right	20ml -0-20ml	Movements:
	knee joint at evening and	Laksha guggulu 1-0-1	Flexion and Extension – Completely
	Application of <i>Gandha taila</i> to	Gandha taila capsule	possible.
	right knee joint at night.	0-1-0	Tests: Lachman test, Anterior drawer
			test
			Pivot Shift test – Negative.



Application of *Nagaradi lepa* to Right knee joint DISCUSSION

Ligaments are very important structures which hold the bone and helps in proper locomotion. The medial meniscus separates the tibia and femur. It reduces friction between the two bones to allow smooth movement in the knee and distribute load during movement. Injury to this will effect the locomotion of patient. Bagna chikitsa holds good for the injury to *Snayu* and helps in curing the disease. In the course of 60 days treatment we planned Lepa chikitsa for full period and in addition to it after 15 days we added a Janu basti also. Here, firstly for 15 days the *Lepa chikitsa* is followed with *Nagaradi lepa* churna mixed with Murivenna at morning and application of Gandha taila to affected part at night. Nagaradi lepa helps to reduce swelling and reduce pain. Murivenna is also well known for its antiinflammatory, pain reliving, and analgesic property. Overall this *Lepa* helps in rebuilding the weakened and torn ligaments. Gandha taila is suggested for internally as well as for external application, it helps in improving strength of bone, joints and ligaments. After 15 days along with *Lepa chikitsa*, *Janu basti* is followed with Ksheerabala taila. In Janu basti as the name suggests oil is poured and pooled for a fixed duration by constructing a compartment using wet flour. This helps in relieving pain, swelling, improves the movement of knee joint, strengthens the ligament and

helps in overall health of joint. The internal medication such as *Laksha guggulu*, *Mustadi marma Kashaya* has good effect in ligament and bone injury as it has anti-inflammatory activity and has a capacity to heal the injured ligament and *Laksha guggulu* contains calcium which helps in improving ligament health. The *Yogaraja guggulu* is useful to reduce pain and to improve the joint health. Thus 60 days of treatment was done and patient was completely recovered from swelling, pain and was able to walk freely and to do all the normal movements of knee.

CONCLUSION

When conservative management is effective to cure the disease one should adopt it rather than opting surgery. If conservative management fails then one can opt surgery. Here the ligament injury is cured through Ayurvedic treatment and patient was advised strict rest and not to involve in twisting movements. Along with medication rest and Proper *Vihara* of patient can cure the disease faster.

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