



MANAGEMENT OF HANUMOKSHA WITH KARNAPURANA W.S.R. ARTHRITIC TEMPOROMANDIBULAR JOINT DISORDER: A CASE REPORT

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Abstract

Temporomandibular (TMJ) disorders are the disorders that affect temporomandibular joints structurally and functionally. American Dental Association adapted classification of these disorders proposed by Weldon Bell with some modifications. According to which these disorders are categorized in 4 Groups and one of the subtype of temporomandibular joint disorders is disorder due to arthritis. Such symptoms were explained by Charakacharya in Vatavyadhi under Hanumoksha in which locking as well as dislocation of TMJ is explained along with treatment. In the present study we have discussed a case of a 50 year old woman who came to OPD with complaints of TMJ disorders for 1 month. X - Ray of lateral view of TMJ showed arthritic changes with mild inflammation at both the TMJ. First Ayurveda treatment of TMJ disorder with three settings of Karnapurna by Bilwadi Taila given. After that the patient had complete and free movement of TMJ observed. X -ray showed no inflammation and arthritic changes. Follow up taken after a month and assessment done but the patient doesn't have any complaints. Restriction and pain was due to arthritic inflammatory changes at TMJ which was recovered by Karnapurana. Locking of TMJ is extremely painful and affects activities like mastication and talking severally. With this study we can cure this type of Hanumoksha cases without painkillers and surgical aid to live their life in a better way.

Keywords: Temporomandibular Joint disorders, Hanumoksha, Karnapurana, Bilwadi Taila

INTRODUCTION

Temporomandibular joint normality is of utmost importance for mastication and communication in all age groups.

Temporomandibular disorder (TMD) is a common type of musculoskeletal disorder in the orofacial region involving the masticatory muscles, temporomandibular joint (TMJ) and associated structures.

The typical features are pain in the TMJ, restriction of mandibular movement, TMJ, and facial deformities. This activity will review the importance of the interprofessional team in the diagnosis and management of this condition.¹ The overall prevalence of both TMJ disorders was 51%. Females had higher prevalence (57.1%) when compared to males (43.2%)⁽¹⁾

CAUSES:

TMD etiology is multifactorial. Various theories, such as mechanical displacement, trauma, biomedical, osteoarthritis, muscle theory, neuromuscular, psychophysiological, psychosocial theory, have been proposed to cause TMD.^{[2][3][4]} Several factors, either alone or in combinations, are responsible for TMD.^{[4][5]} Due to multifactorial etiology, the most

common factors are:

Predisposing factors -The factors that increase the risk of TMD or orofacial pain. It further subdivides into systemic, psychological, structural, and genetic factors.

Initiating factors -The factors that cause the onset of disorder such as trauma, overloading of joint structure such as parafunctional habits.

Perpetuating factors -The factors that interfere with healing or complicate management such as mechanical, muscular stress, and metabolic problems.

The factors can influence each other or act together.

CLASSIFICATION^(x)

- 1) Masticatory Muscle Disorders
- 2) Temporomandibular Joint Disorders
Subclassification in 3 as follows.
 - a) Derangement of condyle-disc complex
 - Disc Displacement
 - Disc dislocation with reduction
 - Disc dislocation without reduction
 - b) Structural incompatibility with articular surfaces
 - Deviation in the form
 - Adherence
- 3) Chronic mandibular hypomotility
- 4) Growth Disorders.

EXAMINATION OF TM Joint

As like other joints there are subjective and objective methods for examination of TM Joint

Subjective Examination ⁽⁶⁾:

- Location and onset of symptoms
- Severity of symptomology
- Aggravating and easing factors
- Joint crepitus, clicking or locking
- Significant history (previous fractures or trauma, dental history, bruxism, etc.)
- Timing of symptoms

Objective Examination ⁽⁶⁾

A) Observation

- Facial symmetry
- Swelling or deformation
- Occlusion
- Muscle bulk
- Jaw position at rest
- Swallow
- Audible joint noise
- Cervical spine disposition

B) Range of motion

- Compare all motions of the TMJ left to right and active to passive.
- Therabite tool to measure can be used.
- If indicated assess cervical spine including combinations of TMJ range of motion

C) Palpation:

- Areas of tenderness and or swelling
- Sensitivity and distribution of symptoms
- Muscular assessment
- Cervical spine screening⁽⁶⁾

CASE DESCRIPTION:

Date:23/07/2019

Age: 58 years

Sex: male

Occupation: Housewife Place: Sakur, Nashik

Chief complains:

Difficulty in opening mouth+++

Pain at TM joint ++

Crepitus+

History of Present illness:

Patient is 58 years female having history of Arthritis since 5 years was experiencing above complaints from 8 – 10 days and hence visited to OPD of Shalakyta Tantra Department of SMBT Ayurved College , Dhamangaon

History of Past illness:

No any past history found other than ARTHRITIS

Family History:

Mother has Arthritis

Clinical Findings:

TM Joint Examination:

· Subjective Examination:

- 1) Pain +++
- 2) Difficulty in Movement +++
- 3) Crepitus ++
- 4) Pain aggravates while mastication and chewing hard food++
- 5) Pain increases at evening time ++

· Objective Examination :

1)Observation:

-Swelling at TM joint

-Noise at Joint

-Jaw position normal at rest

2) Range of Motion:

With the help of Vernier Caliper distance between 1st Incisors lower border of upper jaw and upper border of 1st incisor of lower jaw measured and it found 35mm indicating sever locking at TM joint

Lateral, excrusion was 7mm measrused from central line, protrusion was 7mm and retrusion was 1.5mm

3) Palpation

Tenderness at TM joint of both the sides were observed.



General Examination:

- Weight-61 Kg
- Height-154cm
- Pulse rate-78/min
- BP-110/80 mmHg

Personal History:

- Diet: Vegetarian
- Appetite: Good at times
- Bowel: Regular
- Micturition: Normal
- Sleep: Disturbed

Line of Management ⁽⁷⁾:

The patient was given Ayurveda treatment with holistic approach i.e. *Sthanic Kriyakalpa* treatment with *Pathya Apathya*. As described by Vagbhata Hanusransa has synonym of Hanugraha and no specific treatment for Hanugraha mentioned. But in benefits of Karnapurana it is mentioned that Karnapurana is helpful in manya as well as Hanu Sangraha. Taking into consideration treatment prescribed as following

Table 1:

N o.	Treatment	Medicine	Mode of administration	Duration
1	Karnapurana	Bilwadi Taila	Approx. 24-26 drops (1ml) For 7 days and gap of 7 days . Such 2 Cycles	1 month
2.	Oral medicine	Maha Yograj Guggulu Vati	1 vati of 250mg thrice a day with luke warm water after meal.	1 month continuously.

Pathya – Apathya⁽⁸⁾

Table 2:

<i>Pathya</i>	<i>Apathya</i>
Laghu , Alpa Sneh Aahar	Danta Kashtra
Swalpa Vyayam	Sirahsnaana
Brahmacharya	Kanduyana
Akatthana	Tushaara
Mansarasa	Shoka
Mrudu Shaiya	Shrama
	Ruksha Kashaaya Bhojana

RESULTS

After 01 month of treatment patient achieved excellent result in subjective criteria as well as objective criteria .

Subjective Criteria:

Symptoms	0 Day	After 1 st Cycle	After 2 nd Cycle	1month
1)Pain +++	+++	++	+	0
2)Difficulty in Movement +++	+++	++	+	0
3)Crepitus ++	++	+	0	0
4)Pain aggravates while mastication and chewing hard food++	++	0	0	0
5)Pain increases at evening time ++	++	0	0	0

Objective Criteria

Range of Motion	0 Day	After 1 st Cycle	After 2 nd Cycle	1month
1)Vertical	35mm	39mm	44mm	54mm
2)Lateral Excrusion	7mm	10mm	11mm	14 mm
3) Protrusion	7mm	8mm	9mm	9mm
4) Retrusion	1.5mm	1.8mm	2mm	3mm

Discussion

Hanugraha is so common entity and also treatment measures for the same in Ayurveda context are mentioned in accordance with references.

TM joint locking treatment measure are very much less and controlled with only physiotherapy and pain killers. If we learned details measures available in Ayurveda Kriyakalapa i.e. local treatment remedies helps more for symptomatic relief. Karna Purna is proved that it does not have effect only on the ear but its effects helps in manya as well as hanu graha. The effect occurs as Karnapurana helps to reduce the inflammation at TM joint by its mode of action and according to Ayurveda Karna is Vata Sthana treatment of Dushta sthana relieves the Symptoms produced by vitiation and same happened with the lady.

Conclusion:

Various entities are coming forward due to advancement of life of human beings but Ayurveda has solution for all ,what we need is vision to find out solution mentioned in context by various Acharya. Karnapurana and all Kriyakalpas will become less expensive , no side effect therapy for all Urdhvajatrugata rogs which are still Anukta.

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कुपितो हनुमूलस्थस्त्रंसयित्वा :Sनिलो हनुम् II

करोति विवृतास्यत्वमथवा संवृत्तास्यताम् I

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