



CASE REPORT

AN APPROACH TO APPLICATION OF *BASTI* IN *PRAMEHA*: A SUCCESS STORY

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ABSTRACT

Diabetes mellitus, once regarded as a single disease entity, is now seen as a heterogeneous group of diseases, characterized by a state of chronic hyperglycemia, resulting from diverse of etiologies, environmental and genetic, acting jointly. Currently the number of cases of diabetes mellitus worldwide is estimated to be 150 million. A male patient aged 45 years hailing from Mysore, Karnataka state, India working as a professor in an engineering college, a known case of DM II since 15 years, complained of uncontrolled blood glucose level even when on regular “oral hypoglycemic drugs”. Also his Lipid profile showed dyslipidemia. The case was managed successfully by administering Sadyo virechana initially followed with asthapana basti.

Key words: Ayurveda, Prameha, Sadyo Virechana, Diabetes Mellitus II, Basti, Surasadi Gana.

Key messages: Basti can be an effective treatment modality in managing DM II (Diabetes Mellitus II) and dyslipidemia. A proper understanding of combination of Basti Dravya and its proper utilization can help improve the health status of diabetics.

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INTRODUCTION

Diabetes mellitus, once regarded as a single disease entity, is now seen as a heterogeneous group of diseases, characterized by a state of chronic hyperglycemia, resulting from diverse of etiologies, environmental and genetic, acting jointly¹. Currently the number of cases of diabetes mellitus worldwide is estimated to be 150 million. This number is predicted to double by 2025, with the greatest number of cases being reported in China and India². This condition is usually correlated with *Madhumeha* which is a type of *prameha*. Ayurveda, the ancient science of life classifies *prameha* as a group of 20 conditions. *Prameha* is because of *tridosha* and majorly *medo dhatu dushti* with other *dhatu's* gets involved as time passes. As a chronic disease, it causes a huge burden on quality of life, economic status, social and personal life.

CASE REPORT:

A male patient of 45 years hailing from Mysore, Karnataka state, India working as a professor is suffering from DM II since 15 years, complained of uncontrolled blood glucose levels, even when on oral hypoglycemic drugs, with a lipid profile showing increased values suggestive of Dyslipidemia.

Clinical Examination:

Prakriti – Shleshmala

Vikruti: Doshā – kapha pradhaana tridosha;

Dushya – medas , shareeraja kleda.

Bhumi – saadharana

Kala – chirakaaleena

Vyadhi prakruti – yapyā

Saara - Madhyama

Samhanana – Madhyama

Pramana - Madhyama

Satmya - Madhyama

Satva - Pravara

Aaharashakti - Pravara

Vyayama Shakti - Madhyama

Vaya - Madhyama

Causes elicited with one to one interview:

- Carbohydrate rich food viz., Dosa, beaten rice, rice preparations, heavy meal, sweets;
- Activities viz., day sleep, lazing around in day time.
- Though he did exercises daily like walking for four kilometers in moderate speed and *Suryanamaskaram* every day, it did not match with the *Ahara Rashi* (caloric intake) of the patient.

Diagnosis: Avaranajanya Madhumeha

Treatment plan:

On admission, patient was treated with *Sadyo virechana* (purificatory therapy)³ with 25 grams of *Avipatti Choorna*⁴ in hot water. During the day of *virechana*, rice gruel as diet was administered when the patient felt hungry once the *Vega* got stopped. From second day *abhyanga* with *kottamchukkadi thailam*⁵ and

*Aragwadhadi gana kashaya dhara*⁶ for next three days was administered. This was followed *Kala Basti*.

In Basti, for the *anuvasana basti* – *Dhanwantara ghrita*⁷ 50 ml was used and for *asthapana basti*; honey (60 gms), *saindhava lavana* 6 gm, *Dhanwantaram ghritam* 50 ml, *shatapushpa* (anethum sowa) paste 12 gm and decoction (400ml) is prepared by using drugs from *Surasadi gana*⁸ (*Surasadi* group) viz. *rama tulasi* (*Ocimum sanctum*), *krishna tulasi* (*Ocimum tenuiflorum*), *shveta tulasi*, *maricha* (*piper nigrum*), *vidanga* (*embelia ribes*), *musta* (*cyperus rotendus*). All the drugs in the group were not available, hence drugs which are mentioned above was taken for the

Laboratory Investigations:

Table 1. effect of treatment on Laboratory parameters

Parameters	BT (17.5.2016)	AT (30.5.2016)
F.B.S	210 mg/dl	130 mg/dl
P.P.B.S	290 mg/dl	170 mg/dl
HbA1c	8.2%	
T.C	290 mg/dl	180 mg/dl
TG	360 mg/dl	140 mg/dl
LDL	170 mg/dl	100 mg/dl
HDL	40 mg/dl	44 mg/dl
Total cholesterol/HDL ratio	7.25 %	4.09 %

(F.B.S – Fasting Blood Sugar, P.P.B.S – Post Prandial Blood Sugar, Hba1c – Glycosylated Haemoglobin, T.C – Total Cholesterol, TG – Triglycerides, LDL- Low Density Lipoproteins, HDL – High Density Lipoproteins)

DISCUSSION:

preparation of *kashaya*. During the procedure of *basti* routine diet devoid of fatty, deep fried and carbohydrate rich food was followed. No internal medications were given during the basti procedure.

Laboratory findings before & after the treatment are given in table no 1.

During discharge patient was advised with internal medicine as follows:

1. *Nisha Kathakadi Kashaya*⁹ (15ml with 60 ml of warm water) consumed with
2. *Shilajith Vati*¹⁰ (1) at morning 7 am and 7 pm before one hour of breakfast and dinner.
3. *Ayaskriti*¹¹ – 15 ml with 15 ml of water after breakfast and dinner.

Prameha is a *kapha, meda, kleda pradhana vyadhi*¹². *Kledana* is the property of *Sneha*¹³, and this patient was considered as *atisnigdha*, inferring from his dietary habits and laboratory reports showing increased blood glucose and cholesterol. *Atisnigdha* person is contraindicated in both *Anuvasana & Asthapana Basti*¹⁴, as it may cause complication like edema, delirium, or ascitis¹⁵. Therefore *Kleda Nirharana* has to be done by *Vamana* and *Virechana*¹⁶. In this patient *Asneha Purvaka* (without oleation) *Virechana* (purgation) was administered using *Avipatti Choorna*.

Abhyanga and *Sveda* are done during the resting period, using the medication mentioned above. So that the *Srotas* gets open up because of *Sneha* and *Sveda*.

Dhanwantaram ghritam, which contains *Dashamula*, *Shati* (*Hedychium spicatum*), *Danti* (*Baliospermum montanum*), 2 types of *Punarnava* (*Boerhaavia diffusa*), *Snuhi* (*Euphorbia neriifolia*), *Arka* (*Calotropis procera*), *Hareetaki* (*Terminalia chebula*), *Bhallataka* (*Semecarpus anacardium*), *Karanja* (*Pongamia pinnata*), *Varunamula* (*Crataeva nurvala*), *Pippali Moola* (long pepper root), *Pushkaramula* (*Inula racemosa*), *Yava* (*Horedum vulgare*), *Kola* (*Zizyphus jujube*) *Kulattha* (*Dolichos biflorus*) is been explained in the context of *Prameha chikitsa*¹⁷. Same *Ghrta* is used as *Sneha Dravya* in *Asthapana*

Basti. Most ingredients of this ghee are with hot potency (*Ushna Veerya*) and therefore will reduce the *Kapha* and *Meda* in the patients. *Surasadi Gana Kashaya*, which was used for *Asthapana Basti*, is indicated in *Prameha Chikitsa*¹⁸, in which there is a condition of *Kapha* and *Meda Samsrishta*¹⁹.

CONCLUSION

Prameha is one of the *Ashta Mahagada* (eight great diseases), which requires multiple approaches in management. Ayurveda can offer a very good treatment for long-term management of this disease. Though *basti* is contraindicated in *Prameha Chikitsa*, if the modality is utilized judiciously and cautiously, it can give a good care for the sufferers. If *Basti* in person with *Prameha/Madhumeha* is administered without removing the *Kleda* (moisture/) in the body, it might cause abscess and carbuncles and therefore one must remove the excess of *Kleda* by purificatory procedures. Hence *Yukti* (intelligence to apply) plays a role in diagnosing the *Dosha Dushya Sammurchana* and there by planning the apt treatment.

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- Cite this article as:** Shreesha, M B Kavita, Chetan M. An approach to application of *Basti* in *Prameha*: a success story. *J of Ayurveda and Hol Med (JAHM)*.2017;5(4):106-110
- Source of support: Nil
- Conflict of interest: None Declared.