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 etiologies, environmental and genetic, acting jointly. 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 India. 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: Dosha – kapha pradhaana tridosha;
Dushya – medas, shareeraja kleda.
Bhumi – saadharana
Kala – chirakaaleena
Vyadhi prakruti – yapya
Saara - Madhyama
Samhanana – Madhyama
Pramana - Madhyama
Satmya - Madhyama
Satva - Pravara
Aaharashakti - Pravara
Vyyamam 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) with 25 grams of Avipatti Choorna 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 and
Aragwadhadi gana kashaya dhara\textsuperscript{6} for next three days was administered. This was followed Kala Basti.

In Basti, for the anuvasana basti – Dhanwantara ghrita\textsuperscript{7} 50 ml was used and for asthapana basti; honey (60 gms), saindhava lavana 6 gm, Dhanwantaram ghrtam 50 ml, shatapushpa (anethum sowa) paste 12 gm and decoction (400ml) is prepared by using drugs from Surasadi gana\textsuperscript{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 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*\textsuperscript{9} (15ml with 60 ml of warm water) consumed with
2. *Shilajith Vati*\textsuperscript{10} (1) at morning 7 am and 7 pm before one hour of breakfast and dinner.
3. *Ayaskriti*\textsuperscript{11} – 15 ml with 15 ml of water after breakfast and dinner.

**Laboratory Investigations:**

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


**DISCUSSION:**
Prameha is a kapha, meda, kleda pradhana vyadhi\(^2\). Kledana is the property of Sneha\(^3\), 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\(^4\), as it may cause complication like edema, delirium, or ascitis\(^5\). Therefore Kleda Nirharana has to be done by Vamana and Virechana\(^6\). 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\(^7\). Same Ghrita 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\(^8\), in which there is a condition of Kapha and Meda Samsrishta\(^9\).

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.

REFERENCES


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