

**EFFECT OF BASTI IN MADHUMEHA- A CASE STUDY**

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**ABSTRACT**

Diabetes mellitus; a life style disorder with rising incidence rate worldwide affecting normal state of well-being. It is a metabolic disorder showing elevated fasting & post meal blood sugar levels with symptoms like polydipsia, polyphagia, polyurea etc. Insulins & some oral antidiabetic drugs are available for managing such patients along with strict diet restrictions & physical exercises. Madhumeha according to Charak can be treated by Shodhan & Shaman forms of Chikitsa. Patients having elevated Dosha Bala, Dushya Bala & Sharir Bala i.e. Sthula Madhumehi are to be managed by Shodhan Chikitsa while Krisha Madhumehi are to be treated with Shaman Chikitsa. A

patient with known history of diabetes since more than two years but was not taking any treatment for the same came to us with post meal blood sugar 514 mg/dl having B.M.I. 29.9 kg/m<sup>2</sup>. She was a known case of hypertension too & was on antihypertensive drug for two years. So, applying the Ayurvedic concept of management of Madhumeha, Basti was planned with some oral Ayurvedic preparations along with strict dietary planning. Kaalbasti was given to the said patient comprising of drugs of Saal-Saradi Gana for Niruha & Dhanvantar Tail for Anuvasan. Clinical improvement that achieved after completion of course was encouraging in addition to very good control in blood sugar levels. The complete observations & results of this case will be presented in full paper.

**KEYWORDS:** Madhumeha, Diabetes mellitus, Basti, Saal-Saradi Gana & Dhanvantar Tail.

**INTRODUCTION**

Diabetes mellitus(DM) comprises a group of common metabolic disorders. Several distinct types of DM exist and are caused by a complex interaction of genetics, environmental factors,

and life-style reduced insulin secretion, decreased glucose usage, and pathophysiology changes in multiple organ system. Recently DM founds to be the leading cause of end-stage renal disease, nontraumatic lower extremity amputations, and adult blindness. With an increasing incidence Worldwide, DM will likely continue to be a leading cause of morbidity and mortality for the foreseeable future.

“Diabetes currently affects more than 62 million Indians, which is more than 7.1% of the adult population. The average age on onset is 42.5 years. Nearly 1 million Indians die due to diabetes every year.”

Globally, an estimated 422 million adults are living with diabetes mellitus, according to the latest 2016 data from the World Health Organisation (WHO).

Diabetes is a disease that affects your body's ability to produce or use insulin. Insulin is a hormone. When your body turns the food, you eat into energy (also called sugar or glucose), insulin is released to help transport this energy to the cells. As it is autoimmune disorder autoantibodies of the person destroys the insulin forming cells i.e.  $\beta$  cells of islets of Langerhans. When this conversion of glucose doesn't occur due to lack of insulin secretion person lands up into hyperglycaemia i.e. diabetes mellitus. And hence it is managed by insulin injections and oral hypoglycaemic drug, dietary changes, exercise and weight reduction in obese patient.

Polyuria -often at night (nocturia), polydipsia, polyphagia, dry skin, fatigue, recurring or slow healing infections, blurred vision, tingling in the hands or feet, UTI, Weight loss (usually with high blood sugars  $>300$  mg/dl), Acanthosis nigricans (In type 2 diabetes, a skin disorder with dark, thick, velvet-textured skin in body folds) are the common symptoms seen.

Diabetes mellitus according to Ayurveda can be closely correlated with Madhumeha. Management of Prameha or Madhumeha has to be done according to Sharir Bala and intensity of vitiation of Dosh and Dushya. So Shodhan and Shaman Chikitsa had been depicted by Charak depending on the weight of the patients. Shodhan Chikitsa for Sthula patients while Krishna Madhumehi are to be treated with Shaman Chikitsa. Here in this case BMI of the patient was more along with elevated blood sugar levels in addition to chronic constipation that insisted us to focus on Basti Chikitsa. 16 days of Kaalbasti was given to the

said patient which gave very good control in blood sugar levels, reduction in BMI and dropping in clinical features.

### **A Case Profile**

A 45 years female residing at Nagpur having DM since 2 years but was not taking medicine for diabetes came to us with extremely raised blood sugar level (post prandial 514 mg /dl).

She had chief complaints of polyuria, profuse sweating, dyspnoea on exertion, puffiness on face for 1 year. Chronic constipation with associated complaints of dryness of mouth, increase in hunger, pain in all joints for 6-8 months. Headache and cervical pain for 2-3 days.

Patient had past history of HTN since 2 years & was on tab Aten 50 mg OD in morning but on admission her BP was 200/120 mm of hg so she was shifted on tab Amlkind-AT one-tab BD. H/O Bronchial Asthma before 1 year for which treatment was taken At GMCH Nagpur. H/O Chickengunia in 2005. H/O- Filariasis (was on treatment from private hospital).

Family history – Mother was known case of HTN and Filariasis. Rest was non-specific.

Vyayaktik Vrittant – (Aahar): Paryushit Aahar Sevan.

(Vihar): Labourous work for 6-7 hours daily.

(Vyasan): None.

Ashtavidh Parikshan: Her pulse was 78/min, regular; Jivha- Saam, Shabda- Kshina, Sparsha- Prakrit, Drika- Drishtimandya, Aakriti- Sthula (BMI-29.9 kg/m<sup>2</sup>). Mutra- Aadhikya with urgency, Mala- Badhhata.

Urah Parikshana: NAD & Udar Parikshan: Aadhmana with no organomegaly.

Investigations: BSL Fasting- 323 mg/dl & Post meal- 454 mg/dl. HbA1c was 8.9%.

Urine sugar- 3% & specific gravity 1.025.

Triglycerides level was 220 mg/dl rest of the lipids were WNL.

KFT, LFT & TSH were WNL.

### **Management**

Initially Niruha basti was given immediately after hospitalization which brought down her blood pressure & relieved constipation along with slight reduction in clinical features. Dipan-Pachan & Anulomana was given for next 5 days. Then from next day classical Kaal Basti was given for 16 days. Quatha of drugs of Saal-Saradi Gana was used for Niruha Basti & Dhanvantar Tail was selected for Anuvasan Basti. Metformine 500 mg bd and some

Ayurvedic anti-diabetic drugs (Daruharidradi Quatha 40 ml BD & Tab. Karnim 1 BD) were also administered orally during this course of management. Strict diet restrictions along with few exercises were also advised to the patient.

Niruha Basti- Quatha of Saal-Saradi 750 ml, Saindhav 5 gm, Tila Tail 30 ml

Anuvasan Basti- Dhanvatar Tail 60 ml, Saindhav 5 gm

## OBSERVATIONS AND RESULTS

**Table 1: Table Showing Effect of Therapy on BSL.**

Parameter	Before treatment	After treatment
BSL- Fasting	323mg/dl	115mg/dl
BSL- Post meal	454mg/dl	162mg/dl

**Table 2: Table Showing Effect of Therapy on BMI.**

Parameter	Before treatment	After treatment
BMI	29.9 kg/m <sup>2</sup>	28.13 kg/m <sup>2</sup>

**Table 3: Table Showing Effect of Therapy on Urine.**

Parameter	Before treatment	After treatment
Urine sugar	3%	Nil
Specific gravity	1.025	1.008

Above observations shows the reduction in BSL Fasting from 323 mg/dl to 115 mg/dl and reduction in post meal from 454 mg/dl to 162 mg/dl, the reduction in BMI from 29.9 kg/m<sup>2</sup> to 28.13 kg/m<sup>2</sup>. Urine sugar which was 3% before treatment was noted down to nil and specific gravity of urine which was 1.025 initially drops to 1.008 after treatment.

## DISCUSSION

In Madhumeha, Tridosha is vitiated along with Dushya (Ras, Rakta, Masa, Meda, Majja, Shukra, Kleda, Vasa, Lasika & Oja). The patient was having known history of Madhumeha since last two years along with chronic constipation. In this case mainly Vata, Kapha, Meda and Kleda were vitiated due to which Medadhikya in addition to elevated blood sugar might have been resulted due to these metabolic derangements. The concepts of management of Prameha & Madhumeha throws light on Shodhan and Shaman Chikitsa depending upon Dosh-Dushya Vridhhi along with Sharir Bala of the patient. Considering the foresaid concept Kaalbasti was planned having drugs which are useful in Madhumeha. Saal-Saradi Gana is known to reduce elevated Kapha & Meda which is critically important while managing the patient of Sthula Madhumeha.

**CONCLUSION**

So the combination of Basti, Metformine, Ayurvedic Pramehaghna drugs and diet restriction along with exercises are useful in reduction in BSL & BMI in addition to clinical improvement of this patient. However, these results are achieved in only one patient and the results can be confirmed and established if the study is carried out in huge number such cases.

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