



ROLE OF PANCHATIKTA PANCHAPRASRUTIK NIRUH BASTI IN PRAMEH: A CASE REPORT

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ABSTRACT

Diabetes mellitus is the most common chronic metabolic disorder globally, affecting 77 million people above the age of 18 years in India. It causes life threatening complications like Neuropathy, Nephropathy, Retinopathy and myocardial problems and cerebrovascular accidents. It is most appropriate disease resembling pathology and characteristics of Madhumeha. In ayurveda, madhumeha is described as a type of Prameha further explained under the type Vataj type of prameha. Acharya Sushruta stated that the most of the prameha gets converted into madhumeha if not treated timely. Neglecting the basic principles of Dincharya and Ritucharya and adaptation of Sedentary lifestyle, excessive intake of sweet, non veg diet, dairy products are some causative factors. It can be managed well by Ahar-Vihar, Shodhan karma and some ayurvedic formulations. The aim of this study was to observe the efficacy of Panchatikta Panchaprasutik Niruha Basti enema including Palliative treatment in diabetes. Methods: It is a single case study of 47 years old female patient who was diagnosed with diabetes correlated as Prameha from 1 year approached to Ayurvedic hospital and was treated Panchatikta Panchaprasutik Niruha Basti. The treatment was continued for consecutive 15 days. Results: After 15days changes were observed in symptoms as well as reduction was seen in blood and urine sugar level and overall quality of life of patient was improved. Conclusion: Patient got satisfactory relief in symptoms as well as objective parameters after 15 days.

Key Words: Diabetes, Prameha, Panachatikta Panchaprasrutika Niruha Basti

Introduction

In India, there are estimated 77 million people above the age of 18 years are suffering from diabetes (type 2) and nearly 25 million are prediabetics (at a higher risk of developing diabetes in near future (1). Rapid urbanisation and industrialisation have produced advancement on the social and economic front in developing countries such as India which have resulted in dramatic lifestyle changes leading to lifestyle related diseases. The transition from a traditional to modern lifestyle, consumption of diets rich in fat and calories combined with a high level of mental stress has compounded the problem further. The so called “Asian Indian Phenotype” refers to certain unique clinical and biochemical abnormalities in Indians which include increased insulin resistance, greater abdominal adiposity i.e., higher waist circumference despite lower body mass index, lower adiponectin and higher high sensitive C-reactive protein levels. This phenotype makes Asian Indians more prone to diabetes and premature coronary artery disease (2). At least a part of this is due to genetic factors. The changing life style, lack of exercise, fast foods, sedentary habits, stress and tension are major reasons for causing fresh disease and aggravating an existing condition. So the essential need of today’s era is to provide welcoming effects to improve the overall health status of diabetic patient.

In Ayurvedic compendium Prameha is defined to be characterized with excessive urination (both in frequency & quantity) and turbidity (3). Prameha is a Tridoshaj Kapha predominant disease (4). Which is included in Ashtamahagada (eight types of major diseases) by Acharya Charaka, Sushruta and Vagbhata .

Today’s eating habits, sedentary lifestyle and genetics can also play role for putting disturbances on the usual health. Shodhana Chikitsa (purificatory treatment) is the best choice of treatment for Kledaharana since Prameha is Bahudoshavastajannya Vyadhi (5). Vagbhata has mentioned about 5 types of Shodhana (Purgative) treatment modalities which are known as Panchashodhana (five penta bio purificatory

procedure). Niruha Basti (decoction enema) is one of them (6). Among Panchakarma, Basti is such an invasive therapy having multidimensional effect. For the treatment of Madhumeha, Acharya Charaka has mentioned Panchatikta Panchprasrutik Basti as an intervention (Charaka Samhita -Siddhi Sthana 8 th chapter)

Panchatikta Panchprasrutik Niruha Basti is specially narrated for the management of Prameha (7). which has cardinal signs and symptoms e.g. Prabhut Mutrata (excessive urination), Ghanangata (heaviness of body) Atiswedapravriti (excessive sweating), Karapada Daha (burning sensation in hands and feet) (8).

In this case, a 47 years old lady presented with prameha lakshanas, was prescribed panchatikta panchprasrutik Niruha basti along with specific palliative treatment, which showed excellent result as improvement in symptoms as well as reduction in Blood and urine sugar levels.

Material and Methods It is a single case study. Informed consent was taken from the patient in her own language.

History of present illness: A 47 year old female having Demographic detail mentioned in Table 1. She was apparently well before 2 years. Considering all clinical symptoms like Prabhut Mutrata (excessive urination) from 1 year, Ghanangata (heaviness of body) since, 2 year, Ati Swedapravriti (excessive sweating) present in that patient since 1year, Karapada Daha (burning sensation in hands and feet) since, 6 months which are mentioned in Table 2. She had associated symptoms of weight gain since, 6-7 years, distention of abdomen since, 1-2 years and itching over inguinal region from 6 months, for Ayurvedic Treatment she approached to Panchakarma OPD, at Seth Tarachand Ramnath Dharmarth Ayurvedic Rugnalaya, Rastapeth, Pune, Maharashtra, India. Panchatikta Panchprasrutik Niruha Basti (540ml) was administered to her along with specific palliative treatment (Sutshekhar Vati, Chandraprabha Vati, Asnad Vati with Anupan -freshly prepared Triphala kadha was prescribed, Ashtavidha Pariksha with vitals examinations are mentioned in Table no. 3.

Demographic Details table no.1

Table no. 3 Ashtavidha Pariksha

Name	Xyz
Age	47 yrs
Sex	Female
Adress	Khadakmal, Pune
Opd no	21366
Occupation	House wife
Marital status	Married
Social class	Middle class
Weight	73kg
Height	5 ft 3 inches

Table no. 4: Vitals examination

Nadi (Pulse)	72/ min
Mala (Stool)	Saam
Mutra (Urine)	Asamyak
Jeevha (Tongue)	Alpasaam
Shabda (Speech)	Spashta
Sparsha (Skin)	Anushanasheeta
Druka (Eyes)	Prakruta
Aakruti (Posture)	Sthool

Table no.2: Chief Complaints with its duration

A.	Chief complaints	Grade	Duration
1.	Excessive urination	1 (+)	1 year
2.	Heaviness of Body	4(+)	1 year
3.	Excessive sweating	2(+)	1 year
4.	Burning sensation in hands and feet	2(+)	6 months
B	Associated complaints	Grade	Duration
1.	Weight gain	3 (+)	6-7 years
2.	Distension of abdomen	4(+)	1-2 years
3.	Itching over inguinal region	3(+)	6 months

Blood pressure	140/80 mm hg
Pulse	68/min
Respiratory Rate	18/min

Past History

Patient was also known case of hypertension Since, 10 years with its regular treatment.

Medication History

- Tablet Amlodipine 5 mg daily once for 10 years.

Personal history

- Food habits: mixed diet, craving for Sweet, salty and pungent food items
- Sleep: sound
- Addiction: Mishri (twice a day)

Family History

- Father was known case of DM and sibling was obese.

Nidan Panchak (Etiopathogenesis of Prameha Poorvaroopta in Ayurveda)

- Hetu (etiology or causative factors)
- Ahara: Madhur, Lavana, Katu Rasatmak Ahar (Sweet, salty, and spicy food items)
- Vihara: Asayasukham (Habituation to sitting on soft cushions for long periods), Swapnashayan (excessive sleeping), Diwaswap (day sleep) (9)

- Roopa (Manifestation): Excessive urination, heaviness of body, excessive sweating, burning sensation in hands and feet (9).

- Samprapti (patho-physiology of the disease): Due to above factors leads to aggravation of Tridosha, Saptadhatu and Mansik Dosha and forms the symptoms of Prameha Poorvaroopta (10).

Investigations done

- Blood sugar level
- Urine sugar
- Fasting and Post prandial

Diagnosis

Prameha

Treatment Advised

By analysing the above pathogenesis of disease in this patient, medicated enema and palliative treatment was prescribed which are shown in table no. 5 and 6 respectively.

Table no. 5 Shodhan Chikitsa

Shodhan chikitsa	Drugs			Duration
Abhyanga	Sahcharadi tail			15 days
Nadi sweda	Dashmula kwath			15 days
Panchatikta panchaprasrutik niruha basti	-Patol (Trichosanthes dioica. Roxb.) -Nimba(Azadiracta indica.Juss.) - Bhunimba(Andrographis paniculata.Linn.) -Rasana (Pluchelanceolata.C.B.Clarke) - Saptaparna(Alstonia scholaris.R.Br.) -Saindhava – 10gm -Madhu – 15ml -Goghrita – 80m	}	540 ml kwath	Kala Basti

Table no. 6 Shaman Chikitsa

Drugs	Dose	Time of Administration	Anupana	Duration
Sutshekhar Ras	250mg	After food	Triphla kwath 20ml+40ml lukewarm water	15 Days
Chandraprabha Vati	250mg	After food	Triphla kwath 20ml+40ml lukewarm water	15 Days
Asnad vati	250 mg	After food	Triphla kwath 20 ml+ 40 ml lukewarm water	15 Days

Observation and Results

After treatment, the patient had found significantly relief symptoms such as excessive urination, heaviness of body, excessive sweating and burning sensation in hands and feet and. There was significant result that 3 kg weight loss was observed after treatment. Assessment of the patient was carried out by reduction in gradation (12) of clinical symptoms and reduction in blood and urine sugar levels (Fasting and post prandial) on the day of primary assessment and on 15th day. Shown in Table 7.

Table no. 7: Assessment on the basis of subjective and objective criteria

Types of Assessment	Before treatment	After treatment
A) Subjective criteria	1(+)	0
Excessive urination		
Heaviness of body	4(+)	1
Excessive sweating	2(+)	0
Burning sensation in hands and feet	2(+)	0
Weight gain	3(+)	1
Distention of abdomen	3(+)	1
Itching over inguinal region	3(+)	0
B) Objective Criteria		
1) Blood sugar level		85mg%
• Fasting	148mg%	130 mg%
• Post prandial	265mg%	
2) Urine sugar	Present	Absent

Discussion

Considering all factors involved in the pathogenesis of Prameha, the main treatment principle is to remove Kleda in this case and Basti Karma was already told by Acharya Charaka as it corrects the vitiation of Vata to stabilize its normal functions and also counteracting the vitiated Kapha, Kleda, and Meda by using specific drugs. So specially prepared medicated enema was prescribed in this case followed by palliative therapy. After 15 days, patient got significant relief clinically as well as improvement were observed in blood and urine sugar level shown in Table 7. Given treatment protocol mainly comprises of Kledaharana, which helps the breakdown of pathogenesis of diabetes in this patient. Probable mode of action of all interventions are given below:

Shodhan Chikitsa

Abhyanga (Local massage – From lumbar to both feet) with Sahcharadi Taila followed by Nadi Sweda (sudation) – Before administration of Niruha Basti, local Snehana and Swedana given to the patient as a preprocedural protocol of Basti. Local Snehana helps to pacify Vata, softness of the body, removes Mala and local Swedan relieves stiffness, toughness, coldness and improves local blood circulation due to dilation of the blood vessels (12). Sahcharadi Taila balances vata in and it nourishes tissues, gives strength to joints, increases Agni (13).

Nadi Sweda- with the decoction of Dashmool is a kind of sudation in which medicated steam is applied to the patient's body. Dashmool contents has Vatahara, Shoolhara property (14). It relieves the pain and stiffness. But in this is case, both of the treatments are applied as a part of protocol & to increase blood circulation with enhancement of effect of Niruha Basti.

Panchatikta Panchaprasutik Niruha Basti – Panchatikta Basti is specially prescribed for Prameha in Charaka Samhita (9) in Kaphaja Prameha, being an Abhishyanda Pradhana disease. Prameha is the perfect indication for the use of this type of Kledahara & Shodhana Basti. It is also a disease with a large Dushya

Sangraha involved in its Samprapti(pathogenesis)(15).

All the contents of this Basti are Tikta Rasatmak, Katu Vipaki and Ushna Viryatmak so Deepan Pachan, Anulomak and Krumighna in Nature (16).

• **Patol** - It is Dushta Kaphanashaka Dravya and useful in Agnimandya and Yakritvikar. It dilates opening of minute channels associated with Pakwashaya and expels dosha in the form of loose motion hence it should be used in Udar and Prameha Vikar for excretion of Kleda(17).

• **Nimba** - Digest and absorb Drava, Kapha and Kleda present in various Dhatus by its Tikta and Ruksha Gunas and controls Bahumutrata (18).

• **Bhunimba** - Bhunimba is useful in Yakrit Pleeha Vikar, Vibandha and Agnimandya(19)

• **Rasna-** It is Vatakaphagna in nature so act in Prameha and Udar Vikar (20).

• **Saptaparna** - Useful in liver debility as liver stimulant due to Tikta Rasa. Since Tikta Rasa, it liquefies Kapha and eliminates it. Also acts as a Krimighna. It should be used in Hridayroga and vitiation of blood being Hridaya and alternative due to Tikta and Kashaya Rasa so, it is used in this case (21).

• **Sarshpa Kalka** - Used in the Basti due to its Kaphavataghna, Deepan and Krimighna property. It is especially useful in reduce Pleehavridhi hence it is best medicine for enlargement of spleen according to Acharya Kashyapa. Also hridayouttejak and useful in Mutraghata, Mutrasanga and Kushtha (22).

• **Saindhava (Rock salt)** - It has properties such as Vishyandi, Sukshma, Tikshna, Ushna, and Vatghna encourages the evacuation of bladder and rectum Besides this, Sandhava kills the properties of Picchila, Bahula and Kashaya of Madhu, and it is closely related to form a homogeneous mixture. The use of rock salt is useful in the correction of electrolyte imbalance also (23).

Properties of contents in Panchatikta Panchaprasrutika basti

Drug	Rasa	Guna	Virya	Vipaka	Doshagnata
Saindhav Lavana	Lavana, Madhura	Laghu,snigdhdha,Tikta,Sukshma	Sheeta	Madhura	Tridoshahara
Tila tail	Madhura, Katu, Tikta, Kashaya	Guru, Snigdha	Ushna	Madhura	Vatashamak, Kapha- Pittashamal
Go-ghrita	Madhura	Guru, Snigdha, Mrudu	Sheeta	Madhura	Vata-Pittahara and Tridoshahara
Sarshapa	Tikta, Katu	Snigdha, Tikshna	Ushna	Katu	Kapha- Vatashamak
Rasna	Tikta	Guru	Ushna	Katu	Kapha- Vatashamak
Nimba	Tikta, Kashaya	Laghu	Sheeta	Katu	Kapha- Vatashamak
Patol	Tikta	Laghu, Ruksha	Ushna	Katu	Tridoshshamak
Saptaparna	Tikta, Kashaya	Laghu, Snigdha	Ushna	Katu	Kapha- Pittashamak
Chirayata	Tikta	Laghu, Ruksha	Ushna	Katu	Tridoshshamak

• **Madhu (Honey)** – which has a prebiotic index of 6.89, due to its oligosaccharides (22). With this, honey helps grow a healthy microbial flora. Fructose and glucose, the main carbohydrate in honey, have same molecular formula, but different structural formula (24). Fructose helps to reduce the amount of hyperglycaemia or obesity in these patients (25).

• **Go Ghrita** - Due to the lipid soluble nature, Basti Dravyas mixed with ghee are readily absorbed into the rectum. As the rectum has a rich supply of blood and lymph (26).

Shaman Chikitsa

1.Chandraprabha Vati– It cures the twenty varieties of Prameha. It relieves Vata, Pitta and Kapha. Due to an increase in the frequency of urination, abdomen distention and Itching purpose, Chandrapra Vati prescribed in this patient (27).

2. Asnad vati- Asanad Vati is a polyherbal proprietary Ayurvedic medicine from Ayurveda Rasashala. It is used in management of blood sugar level. This medicine has anti-diabetic, anti-oxidant and immunomodulatory properties and controls diabetes and its complications (28).

3. Sutshekhar Ras- Sutshekhar Ras helps to reduce the saam pitta. It also acts on VATA DOSHA and helps in all diseases occurring due to aggravation of Vata and Pitta together. (29)

Anupan – Triphla Kwath (30)

Triphla balances the three doshas.

Pachana: Toxin digester

Deepana: Appetiser

Rasayana: Rejuvenative

Anulomana: Mild laxative, redirects the flow downwards

Netrarogaghna: Treats eye disorders

Pramehaghna: Alleviates diabetes

Conclusion: The overall effect of above mention therapy reveals that diabetes can be cured effectively with collaborative approached including Panchatikta Panchaprasrutik Niruha Basti and Palliative treatment without causing any adverse effect. It can be alternative therapy in current era for diabetes. Now it is a need of hour to conduct trial with similar intervention in large sample size because it is a single case study to establish specific guidelines for the management of prediabetes & to generate evidence based research for upcoming researchers in future.

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