



**A CASE STUDY ON PANCHATIKTA PANCHAPRASRUTIKA BASTI
IN STHOOLA MADHUMEHA**

NARABOLI PV^{1*} AND DESHPANDE V²

1: Ph.D Scholar, Department of Panchakarma, Parul Institute of Ayurveda, Vadodara,
Gujarat 391760, India

2: Professor, Department of Kayachikitsa, Parul Institute of Ayurveda and Research,
Vadodara, Gujarat 391760, India

***Corresponding Author: Dr. Prakash V Naraboli**

Received 12th Dec. 2021; Revised 14th Jan. 2022; Accepted 7th Feb. 2022; Available online 5th March 2022

<https://doi.org/10.31032/IJBPAS/2022/11.3.1102>

ABSTRACT

Madhumeha is enlisted as one of the Ashtamahagada, which denotes it as a dreadful disorder having bad prognosis or difficult to treat resulting in extreme morbidity and mortality. It is also a type of Vataja Prameha. Sthoola Madhumeha is Tridoshajanya, Atisantarpanajanya, Keldaudbhajanya, Yapyia Vyadhi. It is alarming that more and more people are becoming susceptible to this disease. Bahvashi, snigdha, shayyasana svapna sheelaha are the special features of sthoola mehi along with other symptoms which include Prabhoota-avila mootra pravrutti, Pipasa, Kshuda, Atisweda, Alasya, Karapadadaha, Karapadasupti etc. Type 2 diabetes with similar etiology, signs and symptoms may be correlated with Sthula Madhumeha. The treatment principle of Sthula mehi includes Apararpana in the form of Shodhana, Vyayama and Tikta, Katu rasa pradhana dravya prayoga. Basti chikitsa, a Shodhana Vidhi has been mentioned as the best treatment modality in Sthula Madhumeha which is a Vataja Vikara. Panchatikta Panchaprasrutika Basti is one such Basti combination mentioned by Acharya Charaka, Vagbhata and Sharangadhara to treat Sthula Mehi.

Keywords: Shodhana, Type 2 diabetes, Panchakarma, Sthoola Madhumeha

INTRODUCTION:

Madhumeha is enlisted as one of the Ashtamahagada [1], which denotes

it as a dreadful disorder having bad prognosis or difficult to treat resulting in extreme morbidity and mortality. It is also a type of Vataja Prameha. Sthoola Madhumeha is Tridoshajanya, Atisantarpanajanya, Keldaudbhajanya Vyadhi. It has been mentioned as Yapya Vyadhi, which means, it cannot be cured, but which may be managed, due to involvement of Sapta dushyas and Aparajanya. [2, 3, 4]

Madhumehi is of two types, Krishna (lean built) due to inheritance and sthula (obese) acquired because of food and sedentary life style. Bahvashi, snigdghata, shayyasana svapna sheelaha are the special features of sthula mehi [5] along with other symptoms which include Prabhoota-avila mootra pravrutti, Pipasa, Kshuda, Atisweda, Alasya, Karapadadaha, Karapadasupti etc. Thus, Sthula Madhumeha is atisantarpanotta, tridoshajaja, kleda pradhana vyadhi [6, 7, 8]. In contemporary science, Sthula Madhumeha may be correlated to Type 2 Diabetes Mellitus.

Diabetes Mellitus is a clinical syndrome characterized by hyperglycemia which is due to absolute or relative deficiency of insulin. Lack of insulin affects the metabolism of carbohydrate, protein and fat, and can

cause significant disturbance of water and electrolyte homeostasis. Mortality may occur from acute metabolic decompensation. Long standing metabolic derangement is associated with functional and structural changes in many organs, particularly those of the vascular system, which lead to the clinical 'complications' of diabetes. These characteristically affect the eye, the kidney and the nervous system. The incidence of type 2 diabetes is increasing day by day. It is estimated that, during 2000, 171 million people had diabetes, and this is expected to double by 2030. This global pandemic is associated with obesity, unsatisfactory diet, sedentary lifestyle and increasing urbanisation. [9]

Type 2 Diabetes is characterised by insulin resistance in liver and muscle together with impaired pancreatic β -cell function leading to 'relative' insulin deficiency. Polyuria, Nocturia, Tiredness, fatigue, lethargy, thirst, dry mouth, change in weight, Blurring of vision, Pruritus vulvae, Hyperphagia, craving for sweet foods are the common symptoms. [10]. Diagnostic tools include testing of glucose, ketones, protein in urine, blood glucose levels. In general, venous plasma values are more reliable, while Glycated haemoglobin

provides an accurate and objective measure of glycaemic control over a period of weeks to months. [11] The methods of treatment of diabetes include dietary/lifestyle modification, oral anti-diabetic drugs and injected therapies. [12] In diabetic patients, weight management is a key factor, as most of them are either over weight or obese, also many anti diabetic drugs including insulin causes weight gain. [13] Reporting of several therapeutic side effects of these treatment modalities have made the world to look into holistic approaches to manage this complex disorder.

Ayurvedic classics elaborate various treatment modalities to treat this entity based on involvement of doshas, dhatus and constitution of the person. The treatment principle of Sthula mehi includes Apatarpana in the form of Shodhana, Vyayama and Tikta, Katu rasa pradhana dravya prayoga. [14] Basti chikitsa, a Shodhana Vidhi has been mentioned as the best treatment modality in Sthula Madhumeha which is a Vataja Vikara. Panchatikta Panchaprasrutika Basti is one such Basti combination mentioned by Acharya Charaka, Vagbhata and Sharangadhara to treat Sthula Mehi [15,16,17].

CASE REPORT:

A female patient, aged 50 years, who has been diagnosed with Type 2 diabetes for 4 years, attended the Panchakarma OPD Unit of BVVS Ayurved Medical College and Hospital, Bagalkot on 04/03/2021. She presented with complaints of increased frequency of micturition since 4 years, lethargy, increased hunger and thirst, weakness, and increased body weight since 2 years. Her personal history revealed irregular food habits, regular intake of rice, curds, oily food, and day sleep. No significant past history and family history.

General examination revealed pulse rate of 84b / min, blood pressure of 120/80 mm Hg, body weight of 70 kgs, height of 150 cms and BMI of 31.1 kg/m². No significant abnormality was detected during Systemic examinations. Investigation reports as on 5/3/21 revealed : FBS - 138 mg/dl, PPBS - 213 mg/dl, HbA1C - 8.7%. She was diagnosed with Sthula Madhumeha and Basti chikitsa along with Vyayama and Pathya ahara was planned.

INTERVENTION:

Panchatikta Pancha Prasrutika Niruha Basti 680 ml and Saindhavadi Taila Anuvasana Basti 120 ml were administered in Yoga Basti pattern for 8 days from 05/3/21 to 12/3/21.

1. Poorva karma -

Preparation of Panchatikta Pancha Prasarutika Basti
Preparation of Patient: Sthanika Abhyanga with Murchita Tila Taila Sthanika Swedana using Nadi Sweda

2. Pradhana Karma – Administration of Panchatikta Pancha Prasarutika Basti (680ml)
3. Paschat Karma – Basti pariharya vishaya followed for 24 days (Basti parihara Kala)

RESULTS:

Patient was assessed on 8th day (on the day of completion of Basti), on 25th day (Basti parihara Kala), on 91st day (after 3 months to evaluate HbA1C). The following subjective and objective parameters were used for assessment. Patient noticed reduction in the presenting complaints and significant change in the objective parameters were noted at the end of the study.

Table 1:

Assessment criteria	Parameter	Day 0	Day 8	Day 25	Day 91
Subjective	1.Prabhuta mootra pravrutti	4	4	2	1
	2. Ati Kshudha -pipasa	3	1	1	0
	3. Ati sweda	4	2	1	0
	4. Alasya	3	1	1	0
	5. Dourbalya	4	3	1	1
Objective	1. FBS	138 mg/dl	135 mg/dl	128 mg/dl	115 mg/dl
	2. PPBS	213 mg/dl	200 mg/dl	180 mg/dl	140 mg/dl
	3. HbA1C	8.7	-	-	6.5
	4. BMI	31.1	30.5	30	28

DISCUSSION:

Sthoola Madhumeha occurs due to excessive santarpana (nourishment), due to which, there is increase in kleda leading to aggravation of drava doshas kapha and pitta which cause avarana of Vata, leading to Madhumeha lakshanas. It is noticed that Type 2 diabetes, or its antecedent impaired glucose tolerance, is often associated with other disorders, particularly central (visceral) obesity, hypertension and dyslipidaemia. It has been suggested that coexistence of this cluster of conditions, all

of which predispose to cardiovascular disease, is a specific entity (the ‘insulin resistance syndrome’ or ‘metabolic syndrome’), with insulin resistance being the primary defect and the presence of obesity being a powerful amplifier of the insulin resistance.[18] Epidemiological studies show that type 2 diabetes is associated with overeating, especially when combined with obesity and underactivity. Middle-aged people with diabetes eat significantly more and are fatter and less active than their non-diabetic siblings. The

risk of developing type 2 diabetes increases tenfold in people with a body mass index (BMI) > 30kg/m² [19]. These facts have been explained by our Acaryas very well in the Samprapti of Sthula Madhumeha along with the signs and symptoms and complications. Also, very much evident in the case study.

Shodhana chikitsa over weighs Shamana chikitsa in terms of evacuation of vitiated doshas and bringing balance. Basti chikitsa, one among the Shodhana chikitsa, has been selected here to treat Sthula Mehi. Basti is considered as Ardha Chikitsa and the best treatment for diseases of Vata. It is safe to use from bala to vrudha rogi. As the patient had severe debility, Basti was preferred rather than other Shodhana Chikitsas. Drugs used in Panchatikta Panchaprasrutika Basti are aimed at Samprapti Vighatana. The combined effect of them produce Kapha-medohara action, removes obstruction to movement of Vata, thus helps impaired metabolic condition by impacting equilibrium state of dosha, nourishing the dhatu.

CONCLUSION:

Sthoola Madhumeha or Type 2 diabetes is a dreadful disease leading to several complications, affecting the physical and mental health of an individual, eventually leading to early cause of death. Basti Chikitsa, which is a part of the seasonal

regime if practiced judiciously, offers the best healing method. Pancha tikta pancha prasrutia basti used in this study to treat Sthoola Madhumeha has a promising result which may be carried out in a larger population.

Ethical clearance has been obtained from the Institution Conflict of interest: Nil

REFERENCES:

- [1] Acharya Agnivesha, Charaka Samhita, Yadavji trikamji acharya, Chaukamba Subharati Prakashan, 5th Edition 2001, Indriya Stana 9th Chapter ,Pg No-368.
- [2] Acharya Agnivesha, Charaka Samhita, Yadavji trikamji acharya, Chaukamba Subharati Prakashan, 5th Edition 2001, Nidana Sthana 9th Chapter ,Pg No-242.
- [3] Acharya Sushruta, Sushruta Samhita, Kaviraj Ambikadutta Shastri, Chaukamba Orientalia Publications, 1st Edition 2014, Nidana Sthana 6th Chapter, Pg No - 326
- [4] Acharya Vagbhata, Astanga Hrudaya, Sadashiva Shastri, Chaukamba Publications, 2nd Edition 2012, Nidana Sthana 10th Chapter, PG No 502
- [5] Acharya Sushruta, Sushruta

- Samhita, Kaviraj Ambikadutta Shastri, Chaukamba Orientalia Publications, 1st Edition 2014, Chikitsa Sthana 11th Chapter, Pg No - 451
- [6] Acharya Agnivesha, Charaka Samhita, Yadavji trikamji acharya, Chaukamba Subharati Prakashan, 5th Edition 2001, Nidana Stana 9th Chapter ,Pg No-245.
- [7] Acharya Sushruta, Sushruta Samhita, Kaviraj Ambikadutta Shastri, Chaukamba Orientalia Publications, 1st Edition 2014, Nidana Sthana 6th Chapter, Pg No – 326.
- [8] Acharya Vagbhata, Astanga Hrudaya, Sadashiva Shastri, Chaukamba Publications, 2nd Edition 2012, Nidana Sthana 10th Chapter, PG No 502
- [9] Davidson`s Principles and Practise of Medicine, Ed. by Brian R. Walker, Nicki R. Colledge, Stuart H. Ralstonr, Churchill Livingston, 21st Edition 2010, PG No 798
- [10] Davidson`s Principles and Practise of Medicine, Ed. by Brian R. Walker, Nicki R. College, Stuart H. Ralstonr, Churchill Livingston, 21st Edition 2010, PG No 806.
- [11] Davidson`s Principles and Practise of Medicine, Ed. by Brian R. Walker, Nicki R. Colledge, Stuart H. Ralstonr, Churchill Livingston, 21st Edition 2010, PG No 805
- [12] Davidson`s Principles and Practise of Medicine, Ed. by Brian R. Walker, Nicki R. Colledge, Stuart H. Ralstonr, Churchill Livingston, 21st Edition 2010, PG No 807.
- [13] Davidson`s Principles and Practise of Medicine, Ed. by Brian R. Walker, Nicki R. Colledge, Stuart H. Ralstonr, Churchill Livingston, 21st Edition 2010, PG No 820
- [14] Acharya Sushruta, Sushruta Samhita, Kaviraj Ambikadutta Shastri, Chaukamba Orientalia Publications, 1st Edition 2014, Chikitsa Sthana 11th Chapter, Pg No - 451
- [15] Acharya Sushruta, Sushruta Samhita, Kaviraj Ambikadutta Shastri, Chaukamba Publications, 5th Edition 2014, Chikitsa Sthana 11th Chapter, Pg No -75
- [16] Acharya Vagbhata, Astanga Hrudaya, Sadashiva Shastri, Chaukamba Publications, 2nd Edition 2012, Chikitsa Sthana

-
- 12th Chapter, PG No 678
- [17] Acharya Sharangadhara, Sharangadhara Samhita, Prof K R Shrikantha Murthy, Chaukamba Publications, 1st Edition 1997, Uttara Sthana 6th Chapter, Pg No - 219
- [18] Davidson`s Principles and Practise of Medicine, Ed. by Brian R. Walker, Nicki R. Colledge, Stuart H. Ralstonr,Churchill Livingston, 21st Edition2010, PG No 802
- [19] Davidson`s Principles and Practise of Medicine, Ed. by Brian R. Walker, Nicki R. Colledge, Stuart H. Ralstonr,Churchill Livingston, 21st Edition2010, PG No 115