

BASTI CHIKITSA AS A SUPPORTIVE INTERVENTION IN PRAMEHA MANAGEMENT: A CASE STUDY

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ABSTRACT

Diabetes Mellitus is a major global health challenge of the 21st century. Persistent symptoms, long-term complications, and adverse effects associated with conventional therapy often encourage patients to seek complementary and alternative treatment approaches. In *Ayurveda*, *Basti* (therapeutic enema) is regarded as *Ardha Chikitsa* and is considered one of the most important procedures among *Panchakarma* therapies. Although *Basti* is generally contraindicated in *Prameha*, classical Ayurvedic literature describes certain specific forms of *Basti* that may be beneficial in selected conditions. The present case study was undertaken to evaluate the therapeutic potential of *Madhutailik Basti* in the management of *Prameha* corresponding to diabetes mellitus. A 34-year-old male patient with a two-year history of diabetes mellitus, on Metformin 500 mg twice daily, presented with complaints of polyuria, excessive thirst, burning sensation and numbness in upper and lower limbs, weakness, cramps, and fatigue. Laboratory investigations revealed uncontrolled glycemic status with HbA1c of 10.5%, fasting blood sugar of 131 mg/dl, and postprandial blood sugar of 168 mg/dl. The patient was administered *Madhutailik Basti* regimen for a duration of three months. Following completion of therapy, marked improvement was observed in symptoms such as *Prabhuta Mutrata* (polyuria), *Pipasa* (excessive thirst), *Kshudhadhikya* (Polyphagia), *Karapadatal Daha* (burning sensation in palm and sole), *Karapada Supti* (numbness in upper and lower limbs) and *Daurbalya* (fatigue). Significant reduction in glycemic parameters was also noted, with HbA1c decreasing from 10.5% to 7.3%, approaching near-normal levels. Fasting and postprandial blood glucose values also showed considerable improvement after therapy.

KEYWORDS: *Prameha*, *Basti*, diabetes, *Madhutailik*, *Madhumeha*.

INTRODUCTION

Diabetes is a major cause of death, illness, and rising healthcare costs across the world. In *Ayurveda*, diabetes is clearly explained under the term *Prameha*. The traditional management of *Prameha* is planned according to the patient's individual body constitution and disease condition. Diabetic patients with aggravated *Doshas* and adequate physical strength are advised to undergo *Shodhana Chikitsa* (purification therapy) through *Panchakarma* procedures. *Acharya Charaka* classified *Prameha* into two categories: *Sthula Pramehi* (obese

diabetic patient) and *Krisha Pramehi* (lean or underweight diabetic patient).^[1]

Prameha is further categorized as *Santarpanotha Prameha* (originating from overnutrition) and *Apatarpanotha Prameha* (resulting from undernutrition) in various Ayurvedic texts. These conditions can be compared with the classification described by *Acharya Vagbhata* as *Dhatukshaya Janya Madhumeha* (diabetes caused by depletion of body tissues) and *Avaranajanya*

Madhumeha (diabetes produced due to obstruction in body channels) respectively.^[2]

Basti (medicated enema therapy), one of the major procedures of *Shodhana Chikitsa*, is regarded as the most effective therapy for balancing aggravated *Vata Dosha* along with disturbed *Pitta* and *Kapha Doshas*, thereby acting on all the three *Doshas* simultaneously. *Basti* is easy to administer, well tolerated by patients, and highly beneficial in the management of several diseases; hence, it is honored as *Ardha Chikitsa*.^[3]

The etiological factors responsible for aggravating *Vata Dosha* directly contribute to *Apatarpanajanya Madhumeha* (diabetes caused by deficient nourishment), whereas factors increasing *Kapha* and *Pitta Doshas* are responsible for *Santarpanajanya Madhumeha* (diabetes caused by excessive nourishment). In *Avaranajanya Madhumeha* (diabetes due to obstructive pathology), *Kapha* acts as the dominant *Dosha*, while *Meda* (fat tissue) and *Kleda* (fluid components of the body) are the chief *Dushyas* involved. The aggravated *Kapha* and *Pitta* obstruct the normal movement of *Vata*, leading to its further aggravation. Although *Basti* therapy is generally contraindicated in *Prameha* (diabetes), Ayurveda describes several specific forms of *Basti* that can be used under special clinical conditions. *Madhutailik Basti* refers to a therapeutic formulation prepared with a combination of herbs known for their effectiveness in managing particular disorders, which can be administered in the form of *Basti*. *Madhutailik Basti* is recommended in *Prameha*.^[4] As a specialized type of

Basti therapy, the duration, dosage, and sequence of administration of *Matra Basti* (oil-based therapeutic enema) and *Madhutailik* (decoction-based therapeutic enema) may be adjusted according to the patient's condition and therapeutic requirements.

AIM AND OBJECTIVE

To evaluate the efficacy of *Madhutailik Basti* as an adjunctive therapy to oral hypoglycemic agents in the management of *Prameha* (Type 2 Diabetes Mellitus) when administered for seven days per month over three consecutive months.

MATERIAL AND METHOD

Case Report

A 34-year-old male, a known case of diabetes, visited the Out Patient Department (OPD) of *Panchakarma* on 3/11/2025 with complaints of *Pipasa* (polydipsia), *Prabhuta Mutrata* (polyuria), *Karapadatal Daha* (burning sensation in palm and sole), *Karapada Supti* (numbness in upper and lower limbs) *Pindikodvesthana* (cramps), and *Daurbalya* (generalized weakness), which had worsened over the previous three months.

History of present illness- Despite being treated with oral hypoglycemic drugs by a private practitioner for the past two years. The patient approached the *Panchakarma* OPD seeking alternative therapy for diabetes management.

Past history- No history of hypertension or any other major illness.

Table no. 1: Examination.

On examination	<i>Ashtavidha parikshan</i>	<i>Dashavidha parikshan</i>
BP- 120/70 mmhg	<i>Nadi- Kaphavataj</i>	<i>Dushya- Meda, Mans, Rasa</i>
P-80/min	<i>Mala-Samyak</i>	<i>Desha-Sadharan</i>
CNS-conscious & oriented	<i>Mutra-Samyak</i>	<i>Bala- Madhyam</i>
CVS- S1 S2 Normal	<i>Jivha-Alpa sama</i>	<i>Kala- Visarg</i>
RS-AEBE clear	<i>Shabda- Prakrut</i>	<i>Agni- Visham</i>
P/A- soft, no tenderness	<i>Sparsha- Anushnasheet</i>	<i>Prakruti- Kapha vatanubandhi</i>
	<i>Druka- Prakrut</i>	<i>Vaya- Madhyam</i>
	<i>Akruti- Madhyam</i>	<i>Satva- Madhyam</i>
		<i>Satmya- Shadaras</i>
		<i>Ahara- Mishra ahar</i>

Family history- No significant history.

Table no. 2: *Strotas parikshan*.

<i>Strotas</i>	<i>Lakshan</i>
<i>Udakvaha</i>	<i>Pipasa, Mukha shushkata</i>
<i>Mutravaha</i>	<i>Prabhut mutrara</i>
<i>Medovaha</i>	<i>Hastapadatal daha, Prameha</i>
<i>Swedovaha</i>	<i>Atisveda pravrutti</i>

Treatment Plan

Madhutailik Basti regimen was scheduled for the patient for a duration of three months. As part of this treatment protocol, *Basti* was administered to the patient for 7

consecutive days each month over a period of 3 months. In every monthly treatment cycle, the 1st and 7th *Basti* were given as *Matra Basti* (oil enema) using *Tila Taila* (sesame oil), while the remaining 5 *Basti* were administered as *Madhutailik Basti*.

The patient was maintained on a normal diet and continued daily Metformin therapy throughout the treatment period. Blood glucose levels were monitored using a glucometer before and after each regimen, and HbA1c levels were assessed before the initiation and after the completion of therapy.

Formulation of Madhutailik Basti^[5]

Kashay (decoction) preparation- Coarse powder of *Erandmool* one part (60 gm) was added with 16 parts of water (960 ml), boiled on the low flame and reduced upto 1/8 parts (240 ml). The prepared decoction was first filtered and kept aside. In another container, 120 g of honey and 5 g of powdered rock salt were mixed thoroughly until a uniform blend was formed.

Subsequently, 120 ml of sesame oil was added and stirred well to obtain a homogenous mixture. Then, 20 g of *Shatapushpa* (*Anethum sowa L.*) was incorporated as *Kalka Dravya* and mixed properly. Finally, 240 ml of the prepared *Kashaya* (decoction) was added gradually with continuous stirring to ensure uniform consistency. In this way, a total of 480 ml of *Basti* preparation was obtained.

Table no. 3: Madhutailik Basti regimen.

	<i>Matra Basti</i>	<i>Madhutailik Basti</i>
Dose (ml)	60	Upto 480 ^[6]
Route	Per rectum	Per rectum
<i>Kala</i>	In the morning after meal	In the morning (empty stomach)
Days of administration	1 st and 7 th	2 nd , 3 rd , 4 th , 5 th and 6 th

Pre-Basti Management

For *Pachana* (digestion of Ama), 2 g of *Musta churna* (powder of *Cyperus rotundus L.*) was administered twice daily for three days during *Vyanodankala* (after meals). On the day of *Basti*, *Sthanika Snehana* (local external oleation) using sesame oil and *Sthanika Nadi Swedana* (localized steam sudation) were performed over the abdomen and gluteal region. For *Madhutailik Basti*, the patient was advised to remain on an empty stomach before the procedure, whereas *Matra Basti* was administered after breakfast or meals.

Procedure of Basti

The patient was asked to lie on the table in the left lateral position, with the left leg extended straight and the right leg flexed at the hip and knee towards the chest. For *Madhutailik Basti*, a *Basti Netra* (simple rubber catheter no. 12) was connected to the *Bastiputaka* (enema pot). The catheter was then filled with *Bastidravya* (prepared mixture), ensuring complete removal of air. Sesame oil was applied to the anal opening and the catheter tip for proper lubrication. Around four fingers length (4–6 inches) of the rubber catheter was carefully inserted into the rectum. The patient was instructed to take a deep breath during the procedure.

After this, the enema pot was raised upward to allow the *Basti* fluid to flow into the rectum, leaving a small amount of liquid in the pot. *Matra Basti* of *Tila Taila* was administered on the 1st and 7th day using a *Basti Netra*

(simple rubber catheter no. 10) attached to a 100 ml glycerin syringe.

Post Basti management

Sphikatadan (gentle tapping over the gluteal region) was performed after the administration of *Basti*. Subsequently, the patient was instructed to lie comfortably in supine position. In the case of *Matra Basti*, this position was maintained for about 10 minutes, whereas in *Niruha Basti*, patient remained in the same position until *Basti Pratyagaman* (expulsion of *Basti*). The occurrence of *Basti Pratyagaman* was monitored through *Prashna Pariksha* (clinical questioning).

After *Basti Pratyagaman*, the patient was advised to bath with warm water and consume a light diet. Throughout the *Basti* treatment regimen, certain dietary and lifestyle restrictions were recommended, including intake of *Ushna Jala* (warm water) and easily digestible food. The patient was also advised to avoid *Atyasana* (prolonged sedentary habits), *Asthana Asana* (sitting in inappropriate posture or place), *Ativachana* (excessive talking), *Divaswapa* (daytime sleep), *Yana* (traveling), *Atapasevana* (excessive sun exposure), *Shoka* (mental stress or grief), *Krodha* (anger), *Ahitabhojana* (unwholesome food intake), *Vegavarodha* (suppression of natural urges), and *Akala Bhojana* (untimely meals).

Timeline: The patient underwent three regimens of *Madhutailik Basti* therapy over a period of 90 days. The detailed treatment timeline is presented in table no. 4.

Table no. 4: Treatment regimen.

First regimen on day 1st to 7th day (1st month)

Sr. no.	Date	<i>Bastidana Matra</i>	<i>Pratyagaman Kala</i>	<i>Lakshana</i>
1	5/11/25	<i>Matra</i> - 60ml	3.20hr	along with <i>Sneha</i> , <i>Purish</i> , <i>Vata</i>
2	6/11/25	<i>Niruha</i> - 480ml	3 min	along with <i>Sneha</i> , <i>Purish</i> , <i>Vata</i>
3	7/11/25	<i>Niruha</i> - 480ml	4 min	along with <i>Sneha</i> , <i>Purish</i> , <i>Vata</i>
4	8/11/25	<i>Niruha</i> - 480ml	4 min	along with <i>Sneha</i> , <i>Purish</i> , <i>Vata</i>
5	9/11/25	<i>Niruha</i> - 480ml	3 min	along with <i>Sneha</i> , <i>Purish</i> , <i>Vata</i>
6	10/11/25	<i>Niruha</i> - 480ml	5 min	along with <i>Sneha</i> , <i>Purish</i> , <i>Vata</i>
7	11/11/25	<i>Matra</i> - 60ml	4 hr	along with <i>Sneha</i> , <i>Purish</i> , <i>Vata</i>

Second regimen on day 31st to 37th day (consecutive 2nd month)

Sr. no.	Date	Bastidana Matra	Pratyagaman Kala	Lakshana
1	5/12/25	Matra- 60ml	3 hr	along with Sneha, Purish, Vata
2	6 /12/25	Niruha- 480ml	4 min	along with Sneha, Purish, Vata
3	7/12/25	Niruha- 480ml	4 min	along with Sneha, Purish, Vata
4	8/12/25	Niruha- 480ml	3 min	along with Sneha, Purish, Vata
5	9/12/25	Niruha- 480ml	4 min	along with Sneha, Purish, Vata
6	10/12/25	Niruha- 480ml	2 min	along with Sneha, Purish, Vata
7	11 /12/25	Matra- 60ml	4 hr	along with Sneha, Purish, Vata

Third regimen on day 61st to 67th day (consecutive 3rd month)

Sr. no.	Date	Bastidana Matra	Pratyagaman Kala	Lakshana
1	7/1/25	Matra- 60ml	2.45 hr	along with Sneha, Purish, Vata
2	8 /1/25	Niruha- 480ml	2 min	along with Sneha, Purish, Vata
3	9/1/25	Niruha- 480ml	4 min	along with Sneha, Purish, Vata
4	10/1/25	Niruha- 480ml	3 min	along with Sneha, Purish, Vata
5	11/1/25	Niruha- 480ml	3 min	along with Sneha, Purish, Vata
6	12/1/25	Niruha- 480ml	4 min	along with Sneha, Purish, Vata
7	13 /1/25	Matra- 60ml	4 hr	along with Sneha, Purish, Vata

OBSERVATION AND RESULT

The patient was evaluated on day 0 and again after 90 days by assessing changes in the signs and symptoms of the disease using both subjective and objective parameters. These included the symptom score for *Prameha* [Table 5]. The patient showed significant symptomatic improvement, along with a reduction in HbA1c and blood sugar levels. These findings indicate that *Madhutailik Basti* may have a promising therapeutic effect in the management of diabetes mellitus.

Table no. 5- Assessment of effect of therapy on subjective criteria.^[7]

Assessment criteria	0 day	90 th day
<i>Prabhuta mutrata</i> (polyuria)	2	1
<i>Pipasa</i> (polydypsia)	3	0
<i>Kshudhadhikya</i> (polyphagia)	1	0
<i>Kara-pada -daha</i> (burning) sensation in both hands and feet)	1	0
<i>Kara-pada -tala-supti</i> (altered sensation in both hands and feet)	1	1
<i>Avila mutrata</i> (turbid urine)	0	0
<i>Pindiko -udveshatan</i> (cramps)	3	1
<i>Klaibya</i> (loss of libido)	0	0
<i>Daurbalya</i> (generalized weakness)	3	1

OBJECTIVE CRITERIA

Day	Fasting	Post prandial
0 day	130	178
7 th day	136	180
31 st day	122	168
37 th day	130	162
61 st day	116	140
67 th day	109	140

Table no. - 6.1-Blood sugar level (mg/dl)**Table no. 6.2- HbA1c (%)**

Day	HbA1c
0 day	10.5
90 th day	7.3

DISCUSSION***Samprapti Bhanga* by treatment**

In the present case study, the *Basti* possibly acted through various mechanisms to break the pathogenesis of *Prameha*.

Madhu, due to its *Yogavahi* property facilitated the transportation of the medicinal components into the *Sukshma Srotasa* and enhanced the overall efficacy of the *Basti* formulation. *Tila Taila*, having *Ushna*, *Madhura* and *Snigdha* qualities, probably helped in alleviating aggravated *Vata Dosha* by reducing its *Ruksha* and *Laghu* properties. *Saindhava*, because of its *Laghu* and *Snigdha* Guna, may have aided in better absorption and smooth action of the formulation. *Erandamoola*, possessing *Vata-Kaphahara* properties, likely penetrated the microchannels, liquefied the vitiated *Doshas*, and facilitated their expulsion. Since most of the ingredients of *Madhutailik Basti* are predominantly *Vata-Kaphahara*, the therapy probably acted effectively on the basic pathology of *Prameha*.

The *Basti* may also have nourished different *Dhatu*s such as *Mamsa*, *Majja*, and *Shukra* while protecting *Ojas* by preventing *Dhatupaka*.

Madhutailik Basti showed considerable improvement in symptoms such as *Prabhuta Mutrata*, *Avila Mutrata*, *Pipasa*, and *Daurbalya* in the patient with *Prameha* (Type II Diabetes Mellitus).

CONCLUSION

According to this case study, a three-month regimen of seven days of *Madhutailik Basti* administered monthly was found to be effective in the management of diabetes and in preventing further complications. The patient experienced significant relief in symptoms such as *Prabhuta Mutrata* (excessive urination), *Pipasa* (excessive thirst), *Karapada Daha* (burning sensation in hands and feet), *Karapada Supti* (numbness in hands and feet), *Pindikodveshtan* (cramps in calf), and *Daurbalya* (general weakness) following completion of the therapy.

Notable improvements were also observed in HbA1c, fasting blood sugar (FBS), and postprandial blood sugar (PPBS) levels, which were encouraging. The therapy was administered concurrently with Metformin, and no drug interactions were reported during the treatment period. Therefore, it may be concluded that *Madhutailik Basti*, when used as an adjunct to conventional antihyperglycemic therapy, showed beneficial effects on the clinical signs and symptoms of diabetes.

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