

Study of role of *Panchatikta Basti* in *Abhishyanda Pradhana Prameha*

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Abstract:

Aims: To study effect of *Panchatikta-Basti* in *Abhishyanda-Pradhan-Prameha*.

Settings and Design: *Panchatikta-Niruha-Basti*(medicated enema) has been administered in a dose of 430 ml for 4 consecutive days and on fifth day *Sarshapa-Taila*(Mustard-oil) 60ml *Anuvasan* given which is least amount of *Sneha*(oil).(4+1=1cycle x 3cycle).

Methods and Material: 30 patients were selected for the study. *Pachana* medicine i.e. *Hingvashtak-Churna* is given 1gm with lukewarm water, just before 2meals/day for 5days. *Purvakarma*:- *Snehana- Bahya-Sarvang* with ***Tila-taila* and *Svedana*(sudation):** *Bashpa Peti* (Mild). *Panchatikta-Niruha-Basti* has been administered accordingly.

Statistical analysis used: Data displayed as Mean \pm SD in case of normally distributed data and Median (Range) in case of data not distributed normally, for quantitative data Paired t test and for qualitative data Mann Whitney test has applied.

Results: As per statistical analysis – *Abhishyanda-Pradhan* signs have shown significant results i. e. *Prabhutamutrata* (excess-urination), *Avilamutrata* (turbid-urination), *Asyamadhuryata* (sweet taste in the mouth), *Alasya* (laziness), *Tandra* (drowsiness), *Nidra* (excess sleep), *Svedoangandha* (foul smell of sweat), *Shitapriyatva* (desire to cold), *Gurugatrata* (heaviness in the body), *Jihvaupadeha* (white coated tongue), *Hastapadataladaha* (burning sensation of both palms and sole), *Shithilangata* (lack of compactness of body tissue), *Amlika* (hyperacidity), *Shula* (pain) *Badhapurishtva* (constipation), *Pratishyaya* (coryza), *Daurbalya* (generalised weakness), *Kaphapraseka* (excessive moisturization of oral cavity) has shown satisfactory results. Significant results - BSL-F and PP, URINE-SUGAR. Satisfactory results have been seen in Weight and waist circumference.

Conclusions: *Panchatikta Basti* is significantly effective in *Abhishyanda Pradhana Prameha*. In this clinical study not a single patient out of 30 patients was complained about any type of *Vataprakopa*. This *Basti* is significantly effective in elevated sugar level in blood and urine, excess urination and weigh-gain.

Keywords: *Abhishyanda, Basti, Prameha, Panchatikta-Basti*.

I. Introduction:

Prameha may be equated with the DM. *Charaka* explains it as a life-style disorder, due to over indulgence in heavy and richly nutritious food, day-time sleep, lack of exercises, other sedentary habits and not doing seasonal purifications.^[1] All these etiological factors are responsible for formation of *Vitiated Kleda* (*deliquesce*) i.e. *Abhishyanda*. The term *Abhishyanda* is found in Ayurvedic texts in different contexts. It is traced as a cause of diseases like --*Hikka, Shvasa, Visarpa, Kushtha, Prameha, Alasaka* etc. The practical utility of *Abhishyanda* (excessive dampness) is important in treating patients. While referring to the meaning of *Abhishyanda*, a very meaningful explanation is found in *Chakrapani* commentary *Abhishyanda* is *vitiated Drava* dominant *Kapha Dosh*.^[2] With these thoughts, the Scholar has studied *Prameha Chikitsa* and found *Panchatikta Basti* especially prescribed for *Meha-Abhishyanda*.^[3] According to *Ashatangsamgraha*, root cause of *Prameha* is *Abhishyanda*.^[4] This gives a clear idea about the root cause of *Prameha* i.e. *Abhishyanda*. The physician must take due cognition of *Abhishyanda* status of various body factors while treating various diseases and especially treating *Prameha*, for better success in treatment.

Aim and objectives:

To study effect of *Panchatikta Basti* in *Abhishyanda Pradhan Prameha*.

II. Subjects and Methods:

A total of 30 patients of *Prameha* (DM type 2) were registered on the basis of symptomatology and relevant blood and urine test, irrespective of their sex, religion, etc. Written consent was taken from each patient

after giving him/her detailed information about the *Basti* treatment. Ethical clearance was also obtained from the Institutional Ethics Committee.

Drug, dose and duration

Methodology:-

- 1) Previous medications were stopped.
- 2) *Pachana* medicine i.e. *Hingvashtak-Churna* is given 1gm with lukewarm water, just before 2meals/day for 5days.
- 3) *Purvakarman*:- *Snehana- Sarvang Bahya Snehana* with *Tila taila*.
Svedana: Bashpa peti Sweda (Mild sudation).

SOP of Basti - A *Niruha Basti* (medicated enema for evacuation of abnormal Dosha) has been given in a condition of empty stomach and *Anuvasana* (a type of medicated enema of medicated oil) has given immediately after food. *Basti Dravya* has been given by anal route by simple rubber catheter in left lateral position having right leg flexed towards abdomen and left leg extended.

Anuvasana Basti is contraindicated in *Prameha Vyadhi*.^[5] Whereas *Asthapana (Niruha) Basti* are specially advised for *Prameha* as it is *Snigdha Kleda* dominance disease.^[6]

Dalhana mentioned that dose of *Niruha Basti* should be 1/3rd or ½ less than that of routine dose of *Niruha* in *Snigdha Rugna*.^[7]

Dose of *Panchatikta Basti* is 430ml & it correlates with above calculation.

Chakrapani stated that for aggravated *Kapha – Pitta*, *Anuvasana Basti* should be given on 5th day after *Niruha Basti*.^[8] The dose of *Sarshapa Anuvasana* is 60ml which is least amount of *Sneha Basti*.

III. Design Of Basti Treatment

Anuvasana is contraindicated and *Asthapana* is specially advised in *Prameha*.^[9]

Dose of *Basti* - - In *Snigdha Rugna, Niruha* should be given 1/3rd or ½ less than that of routine dose of *Niruha*.^[10] So dose of *Panchatikta Basti* is 430ml which correlates above calculation.

[Table no 1]

Name of drug	Part to be used	Form of medicine	Quantity
Patola Tricosanthus Cucumerina	Leaf, stem	decoction	} 320ml
Rāsna Alpinia galanga	Rhizome	decoction	
Bhunimba Andrographis paniculata	Whole plant	decoction	
Saptaparna Alstonia scholaris	Stem bark	decoction	
Nimba Azadirachta indica	Stem bark	decoction	
Sarshap Brassica campestris	Seed	Paste	30gms
Goghruata			80ml Total=430ml

Contents of Panchatikta Basti (Table No 2)

Name of drug	Guṇa	Rasa	Veerya	Vipak	Doshaghñata
Patol Tricosanthus Cucumerina	Laghu, Snigdha	Tikta	Ushṇa	Madhura	Tridoshaghñata
Rasna Alpinia galanga	Gurū	Tikta	Ushṇa	Katu	Kapha Vātahar
Bhunimba Andrographis paniculata	Laghu, Rūksha	Tikta	Ushṇa	Katu	Kapha Pittaghñata
Saptaparna Alstonia scholaris	Laghu, Snigdha	Tikta kashaya	Ushṇa	Katu	Kapha Vātaghñata
Nimba Azadirachta indica	Laghu	Tikta Kashaya	Śīta	Katu	Pitta Kaphaghñata
Sarshap Brassica campestris	Snigdha, Tikshna	Katu Tikta	Ushṇa	Katu	Kapha Vātaghñata
Goghruata		Madhura	Śīta	Madhura	Pitta Vātaghñata

Logic Behind The Sequence Of Basti (4+1 ×3 CYCLE) – [11]

Chakrapani stated that in aggravated Kapha-Pitta, Anuvasana Basti should be given on 5th day, it's clear from above verse that 4 Niruha Basti have to be administered consecutively and to avoid Vataprakopa, on 5th day Sarshapa Sneha in 60 ml which is a least amount and is advised in Prameha.^[12]

Criteria For Primary End Point

Minimum one cycle 4+1 & max 3 cycles (4+1) has been administered until Lakshanatmaka Upashaya (symptomatic relief) is achieved. Basti administration has been stopped with Sarshapa Sneha Basti.

[Table No 3]

Cycle	1	2	3
Basti	N N N N A	N N N N A	N N N N A
Days	1 2 3 4 5	6 7 8 9 10	11 12 13 14 15

(N = Niruha , A= Anuvasan Basti)

With these guidelines, following Basti treatment is planned.

This (4+1 ×3)cycle has been given according to signs and symptoms of patient. Minimum one cycle of Basti (4+1) and maximum 3 cycles of

(4+1)has been administered.

The drugs for Basti were self collected, and authenticated.

Inclusion criteria

Patients having symptoms of Prameha according to Brihatrayi irrespective of sex, BSL.

Patients having DM-TYPE 2 with symptoms of classical Prameha Vyadhi & essentially urine sugar traced.

Exclusion criteria

Age - below 20 and above 60 years.

Patients with Vata dominance (Ati Apatarpan).

Assessment criteria

A change in severity index of sign and symptoms has been prime criteria of assessment.

Haematological and urine investigation related with DM has been advised before and after treatment.

Criteria for assessment

Improvement observed in patients was assessed mainly on the basis of change in severity index of sign and symptoms of Prameha.

Urine for Sugar, blood sugar level (BSL)

Subjective parameters like changes in weight, waist circumference.

Statistical Analysis

The data obtained in the study was subjected to statistical tests.

The effect of the Basti on anthropometric measurements and other investigations are shown in the following table:

[Table No 4]

Parameter	Pre-treatment	After completion of treatment
Weight (Kg)	71.86 ± 7.39	69.58 ± 6.61***
Waist circumference (cm)	39.68 ± 1.77	37.96 ± 1.49 ***
FBS (mg/dl)	191.08 ± 63.35	105.36 ±18.63 ***
PLBS	260.63 ± 55.63	157. 79 ± 27.72***
Urine sugar	3 (2-5)	0 (0-1) ^{@@@}

Data displayed as Mean ± SD in case of normally distributed data and Median (Range) in case of data not distributed normally, ***p<0.001 as compared to pre-treatment using Paired t test, @@@ p<0.001 as compared to pre-treatment using Mann Whitney test.

The effect of the Basti on Abhishyand predominance symptoms are shown below:

[Table No 5]

Symptoms	Pre-treatment	After completion of treatment
Prabhut Mutrata	7 (5-8)	1 (0-5) ^{@@@}
Avil Mutrata	7 (0-8)	1 (0-4) ^{@@@}
Aasya madhurya	7 (0-8)	1 (0-3) ^{@@}

Alasya	7 (0-8)	0 (0-3) ^{@@@}
Tandra	7 (0-8)	0 (0-2) ^{@@}
Nidra	0 (0-8)	0 (0-2)
Saad	7 (0-8)	0 (0-4)
Kaychidreshu updeha	0 (0-8)	0 (0-3)
Swedonga gandha	5 (0-9)	0 (0-3) [@]
Guru gatrata	7 (0-9)	1 (0-2) ^{@@@}
Jivha updeha	5 (0-8)	1 (0-2) ^{@@}
Shithilangata	7 (0-8)	3 (0-4) ^{@@}

Data displayed as Median (Range), [@] p<0.05, ^{@@} p<0.01 ^{@@@} p<0.001 as compared to pre-treatment using Mann Whitney test.

IV. Results:

After giving consequent 4 *Niruha Basti* not a single symptom of *Vataprokopa* has been noted.

Abhishyanda dominance signs have shown significant results i.e

Prabhutamutrata (excess-urination), *Avilamutrata* (turbid-urination), *Asyamadhuryata* (sweet taste in the mouth), *Alasya* (laziness), *Tandra* (drowsiness), *Nidra* (excess sleep), *Svedoangandha* (foul smell of sweat), *Shitapriyatva* (desire to cold) *Gurugatrata* (heaviness in the body), *Jihvaupadeha* (white coated tongue).

Hasatapadataladaha (burning sensation of both palms and sole), *Shithilangata* (lack of compactness of body tissue) *Amlika* (hyperacidity), *Shula*(pain) *Badhapurishtva* (constipation), *Pratishyaya* (coryza).

Daurbalya (generalised weakness), *Kaphapraseka* (excessive moisturization of oral cavity) - have shown satisfactory results.

Significant results have been seen in BSL-F, BSL-PP, and urine-sugar.

Satisfactory results have been seen in Weight and waist circumference.

The symptoms such as *Arocaka*(tastelessness), *Kasa*(cough) are insignificant statistically but clinically these symptoms are significant.

Niruha Basti has to be administered consequently up to 4 *Basti* in the *Kapha-Pitta* dominance condition.

Being *Yapya* disease, repetition of this *Basti* has to be carried out periodically as once in year.

V. Discussion:

Panchatikta Basti is specially prescribed for *MehaAbhishyanda* in *Caraka Samhita*. *Kaphaja Prameha*, being an *Abhishyanda Pradhana Prameha* is a perfect indication for administration of this *Basti*. Furthermore, it is a disease which has a vast *Dushya Sangraha* involved in its *Samprapti*(pathogenesis). Considering this, it is decided to access efficiency of *Panchatikta Basti* as '*Meha-Abhishyanda*' or '*Abhishyanda Pradhana Prameha*'. All the contents of this *Basti* are *Tikta*(bitter), *Katu*(spicy) and *Kashaya*(astringent) Rasa dominant in nature, *Kapha-Pittaghna*. Almost all ingredients of this *Basti* have *Kledahara* action which depletes *Abhishyanda* and leads to cleansing of micro pore as well as macro pores of various channels. Consequently, proper secretions and circulation can take place in the *Annavaha-Srotas*(elementary canal) as well as in the peripheral organs. Following *Abhishyanda* dominance symptoms,

Such as –

Prabhutamutrata , *Avilmutrata*, *Asyamadhuryata*, *Alasya*, *Tandra*, *Nidra*, *Svedoangandha*, *Shitapriyatva* *GuruGatrata*, *Jihva upadeha*.

Abhishyanda is adherent and stagnated in various parts of body and is responsible for above symptoms.

These symptoms are relieved after administration of this *Basti* (ref table no 4 & 5), due to the expulsion of vitiated *Kleda* i.e. *Abhishyanda* from micro as well as macro channels and *Dhatu*. This leads to enhance the strength of *Dhatu*.

As this *Basti* eradicates the root cause of *Prameha* i.e. *Abhishyanda*, results into strengthening the *Srotas* (channels). This leads to strengthening of body.

The impurities (*Mala*) are drained out of the body with this *Basti*. So the progress of Pathogenesis of *Prameha* is lowered down which results in reducing probability of complications. Consequently *Yapana* of *Prameha* is achieved.(*Yapana* = a treatment modality which keeps *Dosha*, *Dhatu* and *Mala* in equilibrium state)

VI. Conclusion:

Panchatikta Basti is significantly effective in *Abhishyanda Pradhana Prameha*. In this clinical study not a single patient out of 30 patients was complained about any type of *Vataprakopa*. This *Basti* is significantly effective in sugar, urine and weight.

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References:

- [1]. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Chikitsa Sthana, Prameha Chikitsa, 6/4, Brahmanand Tripathi editor. Reprint ed. Chaukhamba Surbharati Prakashan, Varanasi, 2006; 279
- [2]. Chakrapanidutta, Commnetator. Charaka Samhita, Sutra Sthana, Sneha Adhyaya, 13/55-56, Reprint ed. Jadavaji Trikamji Acharya, editor. Chaukhamba Prakashan, Varanasi, 2009; 85.
- [3]. Ibidem Chakrapanidutta, Commnetator. Charaka Samhita, Siddhi Sthana,Prasrutayogiya Adhyaya, 8/8;713.
- [4]. Indu commentator , Ashtangsangraha, Chikitsa Sthana, Prameha Chikitsa 14/2, Dr.jyotimitra Acharya,editor- Dr Shivprasad Sharma. 3rd ed. Chowkhamba Sanskrit series, Varanasi, 2008; 512.
- [5]. Ibidem, Charaka Samhita, Siddhi Sthana, Panchakarmiya siddhi Adhyaya, 2/17; 1184.
- [6]. Dalhana, Commnetator Sushruta, Susruta Samhita, Chikitsa Sthana, Netrabastipraman Pravibhaga Chikitsa, 35/22, Vaidya Yadav Ji Trikam Ji and Narayan Ram Acarya Chowkhamba Surbharti Prakashan, Varanasi,Reprint Edition 2012;527.
- [7]. Ibidem Dalhana, Commnetator. Susruta Samhita, Chikitsa Sthana, AnuvasanottarBasti Chikitsa Adhyaya, 37/80,536.
- [8]. Ibidem Chakrapanidutta, Commnetator. Charaka Samhita, Siddhi Sthana,Kalpna Siddhi Adhyaya, 1/23-24 ; 681
- [9]. Ibidem, Dalhana, Commnetator Susruta Samhita, Chikitsa Sthana, Netrabastipraman Pravibhaga Chikitsa, 35/22; 527.
- [10]. Ibidem,Dalhana,Commnetator. Susruta Samhita, Chikitsa Sthana, AnuvasanottarBasti Chikitsa Adhyaya, 37/80; 536
- [11]. Ibidem, Dalhana, Commnetator. Susruta Samhita, Chikitsa Sthana, AnuvasanottarBasti Chikitsa Adhyaya, 37/78; 536
- [12]. Ibidem, Chakrapanidutta, Commnetator. Charaka Samhita, Siddhi Sthana,Kalpna Siddhi Adhyaya, 1/23-24 ; 681