

MANJISHTHADI KSHARA BASTI IN THE MANAGEMENT OF PERIPHERAL ARTERIAL DISEASE A CASE STUDY

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ABSTRACT

Venous disorders are affecting the lower limb especially. In total 20% of the populations suffer with various veins and 2% have skin changes that may precede venous ulceration. Peripheral arterial occlusive diseases (PAD). A common form of peripheral vascular disease, results from atherosclerosis of the arteries that supply the lower extremities. That is abdominal aorta, iliac, femoral, popliteal, tibial. Erectile dysfunction is one of the risk factor and also an indicator of vascular disease. The symptomatology of peripheral arterial diseases has striking similarities with those explained in *Vatarakta*. A patient with occlusion of femoral and other arterial was selected to *Manjishthadi Kshara Basti chikitsa*. First *Yoga Basti* course was given and remaining two *Kaal Basti* courses were administered to the patient, showed significant improvement.

Keywords: Peripheral Arterial Disease, *Vatarakta*, *Manjishthadi KsharBasti*

INTRODUCTION

Our body comprises of many cells & tissues for their natural functioning. They required adequate supply of nutrients. This transport of nutrients is mainly carried out by proper circulation of blood through vessels. Impairment of this flow of blood through vessels is term as ischemia, when such impairment takes place in peripheral arteries it is called as peripheral arterial disease. A common form of peripheral vascular disease results from atherosclerosis of arteries that supply the lower extremities. *Vatarakta* as the name itself suggests that is a disease produced by the vitiation of *vata* & *rakta*. As such in *vatarakta* there is obstruction to the normal flow of *vata* by *rakta* manifesting many clinical symptoms starts

mainly from *paada* and *hasta*.¹ The symptomatology of peripheral arterial diseases has striking similarities with those explained in *vatarakta*. According to classics, *shodhana* therapy is one of the means of management of *avaranajanya vyadhis*. As *vatarakta* is an *avaranajanya vyadhi*, *basti* is efficacious in the management.² *Kshara Basti*³ which is mentioned by *Chakradatta* and *Manjishthadi Kwatha*⁴ which is mentioned by *Sharangdhara*. Based on these views *manjishthadi kshara basti* was considered for the treatment.

CASE STUDY

A male patient having aged about 34 yrs, from Bangalore came to hospital with the chief complaints of Blackish discoloration

of both great toe and dorsal aspect of foot region – since 16 yrs, Pain in calf region while walking some distance along with burning sensation - since 15 yrs, Hair loss on both foot regions – since 12 yrs.

History of present illness: Patient was apparently normal 16 years back. Then he gradually developed blackish spots on dorsal surface of both feet. It first started on the greater toe of both feet then it spread to the dorsal aspect of the foot region of both the legs. Then after 6 months he felt pain along with burning sensation in both calf regions of the leg after walking for some distance. Pain was excruciating in character. Pain got reduced and patient felt better when he stopped walking. Then after some years patient came to know about loss of hairs on dorsal aspect of both feet. For above said complaints patient went to a local consultant and took treatment. Patient didn't get relief so he came to our hospital for further management.

Past History: No H/O – HTN, DM, Trauma & Injury

Personal History: Appetite – Good, Sleep – Reduced, Bowel – Normal, Micturation – Normal No H/O – Tobacco chewing, smoking & Alcohol

Family History: All family members said to be healthy

Examinations: Vitals – BP – 130/80 mm of Hg on supine position, Pulse – 78/min regular, RR – 20/min, Temp. – 98.6 f, Systemic – CNS – conscious oriented, RS – AEBE, CVS – S1, S2 Normal No added sound, P/A – soft & Normal, GUS – Normal

Local:

1. Inspection – Appearance - Blackish discoloration & Thinning of skin, Burger's Test - Positive below 30 degree

2. Palpation – Skin Temp. - Skin patches were colder than normal skin. Peripheral pulses - Femoral, Popliteal were normal, Tibial Anterior & Posterior were feeble, Dorsalispedis was feeble

INVESTIGATION

Arterial Doppler study of both lower limbs:

04.07.02

1. Long segment PTA (posterior tibial artery) stenosis with spiral configuration to Artery.
2. Possible TAO (Thromboangiitisobliterans)

14.04.07

1. Diffuse narrowing of the anterior & posterior tibial arteries with mildly decrease flow distally.

DIAGNOSIS - Peripheral arterial disease. (PAD)

ASSESSMENT CRITERIA

Subjective	Objective
1. Pain	1. Local color changes
2. Burning sensation	2. Claudication
3. Sleep	3. Peripheral pulses
4. Burger`s test	

TREATMENT

The patient was advised for treatment of *Basti karma* in 3 settings. First according to *Yoga* and the remaining two were according to *Kaal Basti krama*. For *Yoga Basti-Manjishthadi Kshara Niruha* and *Matra Basti* were given alternatively for 8 days. In which *Manjishthadi Niruha* was given 480 ml on empty stomach in the morning and *Matra Basti* with *Dhanwanter Taila* about 60 ml was given in afternoon after meals. whereas for *Kaal Basti Manjishthadi Kshara Basti* was given in the morning on empty stomach, followed by *Matra Basti* on the same day in the afternoon after meals for 8 days.

15.06.2007

Manjishthadi Kshara Basti (Yoga Basti) for 8 days.

08.08.2007 Manjishthadi Kshara Basti (Kal Basti) for 8 days.

03.10.2007 Manjishthadi Kshara Basti (Kal Basti) for 8 days.

COURSE OF THE BASTI

Table No – 01 Yoga Basti

Days	1	2	3	4	5	6	7	8
Basti	M	MK	M	MK	M	MK	M	M

M – Matra Basti with Dhanwanter Taila
60 ml

MK – Manjishthadi Kshara Niruha Basti
480 ml

Table No- 02 Kaal Basti

Days	1	2	3	4	5	6	7	8
Morning	-	MK	MK	MK	MK	MK	MK	M
Afternoon	M	M	M	M	M	M	M	M

M – Matra Basti with Dhanwanter Taila
60 ml

MK – Manjishthadi Kshara Niruha Basti
480 ml

Manjishthadi Kshara Basti: Manjishthadi Kwatha Drugs – Manjishtha, Triphala,

Katuki, Vacha, Daruharidra, Guduchi, NimbaTwak

Manjishthadi Kalka Drugs - Manjishtha, Triphala, Guduchi, NimbaTwak, Shatapushpa

Ingredients – Table No -03

SaindhavLavana	05 gm
Manjishthadi Kalka	40 gm
MurchitaTilaTaila	60 ml
Madhu	80 ml
ManjishthadiKwath	100 ml
Gomutra	100 ml
Kanji	100 ml
Total	480 ml

OBSERVATIONS

1. Previously the pain was moderate, after treatment it got reduced to mild.
2. Before treatment sleep was disturbed, after treatment it was slightly improved.
3. Burning sensation which was moderate previously got reduced to mild.
4. There were moderate color changes of skin which turned to mild after treatment.
5. Regarding claudication distance, previously the patient would have to take rest

- which got converted to pain only after walking a distance or on exercise.
6. Peripheral pulses which were feeble got converted to less volume after treatment.
7. Burger`s test was positive at 30 ° before was 70 ° after treatment.

Table No: 04

Table No.04: Investigation before & after Treatment Arterial Doppler study of both lower limbs

Before Treatment - 14.04.2007	After Treatment - 06.10.2007
Diffuse narrowing of the anterior & posterior tibial arteries with mildly decrease flow distally	Mild diffuse narrowing of the anterior and posterior tibial arteries with maintained Flow up to the distal branches.

CONCLUSION

An attempt was made to treat a surgical condition with medical management. As peripheral arterial disease (PAD) is one of the surgical condition which may require amputation if complications occur. The symptoms of PAD are well correlated with *Vatarakta*. *Kshara Basti* which is mentioned by *Chakradatta* and *Manjishthadi Kwatha* which is mentioned by *Sharangdhara* was tried here and has shown significant results. *Manjishthadi kshara Basti* has got antagonistic qualities towards *kapha* due to *gomutra* and to *pitta* as well as *rakta* as it contains *manjishthadi kwatha* which is having *tikta*, *katu rasa* and *ushna guna* which acts as *raktaprasadaka* & *tridoshahara*. Hence PAD can be effectively managed by *Manjishthadi Kshara Basti*.

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