ROLE OF LEKHAN BASTI IN MEDOROGA- A CASE REPORT

1Watkar Deepali Prakash, 2Gahukar Dhanraj
1PG Scholar (Rasashatra and Bhaishajya Kalpana) Bhausaheb mulak mahavidhyalaya, Nandanwan, Nagpur
2MD Rasashatra Dr. Gahukars Ayurved Dham Hospital, Wardha Road, Shankarpur, Nagpur.

ABSTRACT

Sthaulya is an alarming health problem of modern society. It is a predominant metabolic disorder and described by Acharya Charak in Ashtaunindita Purusha. Many theory and medicament put toward us for the management of the disease but till now perfect remedy for this problem is not found in modern medicine also so people are expecting solution from ayurveda. It is mentioned among santarpana janita vyadhi in ayurvedic text. In sthaulya etiological factors mainly vitiate Meda-Kapha and Vata get avarita by excessive Meda. Thus if we used only aptarpaka Dravya, it increases the vitiated vata. Therefore treatment should be planed considering vitiated vata, meda and kapha. Panchakarma is the prime tool of Ayurvedic therapies. It mainly consider as Shodhana therapy. Acharya Charaka quoted that there is a chance of recurrence in disease treated by shaman therapy but Shodhana therapy cures the disease from its root and there is no chance of recurrence. Myocardial infarction ischemic heart diseases, atherosclerosis, hypertention, diabetes, osteoarthritis, impotency and mental disorder are some of the complication which are seen to have serious effect on the disease itself. Several studies were done in ayurveda and modern medicine. For the control of obesity (Sthoulyaroga). In ayurveda lekhan basti has a very important role to play in management of sthoulyaroga.

Keywords: sthaulya, meda, lekhan basti.

INTRODUCTION: The word basti is named so because the urinary bladder of animals (Cow, Buffalo, Goat and Sheep etc.) is used to inject or administration of medicated oils or decoctions into the rectum of the body to produce some effect. Sthoulyaroga is the most common metabolic disorder and is one of the oldest documented vyadhis. An individual whose increased medo and mansa dhatu makes his hips, abdomen and breasts pendulous and whose vitality is much less than his body size is obse. Sthoulyaroga is due to alimentary factors like overeating, heavy eating, sweet, oily foods, having cold potency lack of exercise, sleeping during daytime, leading life, which is without any stress and strain and hereditary predisposition. It can be due to other disorder of pituitary, thyroid, adrenals, gonads, pancreas and hypothalamus. Derangement of agni or digestive power leads to production of aama, which disturbs dhatu agni of med dhatu and blocks the proper formation of further dhatu. Improperly formed med dhatu accumulates in the body causing Sthoulyaroga. Accumulated med causes disturbance to the movement of vata, which in turn increases appetite. Patients therefore eat more and the entire food is than converted into improper med dhatu. Creating a vicious circle. Accumulation of medodhatu on the abdomen, dyspnea on execution (Shwaskashta), lethargy and perspiration apart from the sign. Such person develops excessive hunger (Suddha Aaddhiyaka) and thirst, weakness, loss of vitality, loss of sexual power (maithun ashamartha), excessive sweating with bad or foul smelling odor, and dyspnoea on mild execution. All the dhatu in the body are not properly formed which result in reduction of longevity, premature aging and mental confusion.

The deposition of excess med takes place on the abdomen and breasts of women, hence they become big and move during walking. Due to excess weight such people
suffer from lethargy and loss of strength. If
the condition of *sthoulyaroga* is not
properly treated, various kinds of
complication like ischemic heart diseases,
hypertension, hyperlipidemia, diabetes,
arthritis, fistula, hyperacidity and kidney
infection are produced.  

**MATERIAL & METHODS:**

**Basti karmukatv:** Basti is one of the good
treatment. Basti works not only at
*pakvashaya* and not limited upto *shodhan*
but also it works *sarvdehi*.

If *Samyak* amount of Basti is given it
stable at basti, Pakvashaya, Shroni and
Nabhi and Basti dravya with the help of
veerya *strotas* it spread all over the body.  

**CASE REPORT**

**Patient name:** XYZ  
**OPD NO:** 56211  
**Gender:** Female  
**Age:** 55  
**Date of first visit:** 23/07/2013  
**Chief complaints:**  
*Ubhaya Janu Shul*  
*Kati Shul*  
*Bhar Vrudhi*  
*Sakashtachankraman*  
*Shwaskashataka*  
**Diagnosis:** *stholya*  
**Date of admission:** 23/07/2013  
**Date of discharge:** 07/08/2013  
**Principle of treatment:** Reduce the weight

**Criteria of assessment for observation:**  
Gradation of symptoms: Following
scoring pattern will be adopted for the
assessment of sign and symptoms.

1. **Atikshudha:** *(Excessive Hunger)*
   - Person not at all taking food -  
   - Person taking food in less quantity once a day +  
   - Person taking food in moderate quantity twice in a day ++  
   - Person taking food in normal quantity twice in a day +++  
   - Person taking food in excessive quantity twice or thrice ++++

2. **Kshudraswasa:** *(Breathlessness)*
   - Dyspnoea after heavy work but relieved soon & upto tolerance -  
   - Dyspnoea after moderate work but relieved later & upto tolerance +  
   - Dyspnoea after little work but relieved later & upto tolerance ++  
   - Dyspnoea after little work but relieved later & beyond tolerance +++  
   - Dyspnoea in resting condition ++++

3. **Gatrasada**
   - No fatigue -  
   - Little fatigue in doing hard work +  
   - Moderate fatigue in doing routine work ++  
   - Excessive fatigue in doing routine work +++  
   - Excessive fatigue even in doing little work ++++

4. **Daurgandhya:** *(Excessive Body Odour)*
   - Absence of bad smell -  
   - Occasional bad smell in the body removed after bathing +  
   - Persistent bad smell limited to close areas difficult to suppress with deodorants ++  
   - Persistent bad smell felt from long distance is not suppressed by deodorants +++  
   - Persistent bad smell felt from long distance even intolerable to the patient himself ++++

5. **Swedadhikya:** *(Excessive Sweating)*
   - Sweating after heavy work & fast movement or in hot season -  
   - Profuse sweating after moderate work and movement +  
   - Sweating after little work and movement ++  
   - Profuse sweating after little work and movement +++
• Sweating even at rest or in cold season ++++

6. Atipipasa: (Excessive Thirst)
• Normal thirst -
• Upto 1 litre excess intake of water +
• 1 to 2 litre excess intake of water ++
• 2 to 3 litre excess intake of water +++
• More than 3 litre of water ++++

7. Daurbalya : (Weakness)
• Can do routine exercise -
• Can do moderate exercise without difficulty +
• Can do only mild exercise ++
• Can do mild exercise with very difficult +++
• Cannot do even mild exercise ++++

8. Alasya : (Laziness)
• No alasya (doing work satisfactory with proper vigour in time) -

• Doing work satisfactory with initiation late in time +
• Doing work unsatisfactory with lot of mental pressure & late in time ++
• No starting any work in his own responsibility doing little work very Slowly +++
• Does not have any initiation & not wants to work even after pressure ++++

9. Nidradhikya: (Excessive Sleepiness)
• Normal sleeps 6-7 hrs. Per day -
• Sleep upto 8 hrs. /day with Angagaurava +
• Sleep upto 8 hrs. /day with Angagaurava and Jrimbha ++
• Sleep upto 10 hrs. /day with Tandra +++
• Sleep more than 10 hrs. /day with Tandra and Klama ++++

Table 1.Shaulya vyadhijanya Lakshnik Sarani Clinical Assessment

<table>
<thead>
<tr>
<th>No</th>
<th>Lakshana</th>
<th>5th day</th>
<th>10th day</th>
<th>15th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Atikshudha</td>
<td>+++</td>
<td>+++</td>
<td>++++</td>
</tr>
<tr>
<td>2</td>
<td>Kshudraswasa</td>
<td>++</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gatrasada</td>
<td>++</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Daurgandhya</td>
<td>++</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Swedadhikya</td>
<td>+++</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>6</td>
<td>Atipipasa</td>
<td>++</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Daurbalya</td>
<td>++</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Nidradhikya</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Alasya</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
</tbody>
</table>

Total treatment schedule for 15 days snehan and swedan chikitsa.
1 Sarvang Snehan, Swedan – Daily during the course of Basti.
2 basti chikitsa
Anuvasan basti(Murchit til tail (200ml) and lekhan basti (500ml) alternate days
3 yoga: surya Namaskar etc.

During the above course of treatment oral medication was taken.

Date of discharge: 7/08/2013
Follow up: After 8th day & 15th day same medicinal treatment given.

DISCUSSION:
The basti is one of the best treatments. It not only works upto the pakwashaya but also it work all over the body.
1. If *basti* is given in proper quantity it is stable at *pukwasha*, *shroni* and lower lesion of *nabhi*. *basti* *dravya* spread all over the body by its *virya* along with *strotas* and *shamanadhi karm* done by *virya*.

2. Work of *basti*: The *basti*, which returns from the work of the *apanadi vayu*, cleanses them by pulling all the flaws from the legs to the head through *virya*.

3. *Lekhan basti*:  
   1) main ingredient *churna yukta kwath*  
      *matra uttam* - 750 ml  
      *madhyam* - 500 ml  
      *hina* - 350 ml  
   2) In this, the bowel is transmitted before being more than just the amount of matter. Then there is the *basti* of habitation by contracting with rebound action.  
   3) The components contained in this are *ushna, tikshna, laghu, vyavayi, vikasi*, *ashukari* properties.  

In *lekhan basti*:  
*Kwatha* - More than just helps in bowel movement  
*sneha* - Merges the stool  
*saidhava* - Good absorption  
Does not exploit. Pulls out flaws  
*madhu* -Does *lekhan*  
*Gomutra* and due to the warm sharp skin of the *yavakshar*, there is spatial inflammation in the bowel. The *basti* is absorbed in the system due to the developmental properties of the portal, spreading through the portal through the spread of the whole body. The given habitat containing all the materials is the first of all, due to the presence of the arteries; the air is transmitted due to the excessive amount of heat. By which endocrine glands are encouraged and flows from them. Whereby does this circular level work. Better mesentery veins in the absorption system, then from the portal vein to the liver, the heart is again. And after we give the 8,15 *basti*, the irritable center is very excited they are proposed together and (4 to 5 motion done). This is the *bruhudda shudhi* due to this stop the process of *basti* then *sadharan virechan*.

CONCLUSION: The study concludes that the factors responsible for this are lack of *Aahar, Vihar* & today’s lifestyle. *Lekhan basti* is more effective, safe & economically best manager of *sthaulya*. In Group a gradation of relief noted in symptom *Atikshuda* was ++++, in *Kshudraswas* relief was noted as ++, + in *Gatrasad*, + in *Durgangh*, ++ in *swedadhikya*, + in *Atipipasa*, ++ in *Daurbalya*, + in *nidradiky* and - in *Alsya* respectively.

According to Acharya *sushrut* reference (su.chi. 38-81) described *Sthaulyadhikar* the treatment *Lekhan basti* is best medicine for *sthaulya*. *Lekhan basti* has given very good result in this session the patient was admitted for total 15 days. *Lekhan basti* provide very
good result for reducing weight. *Lekhan basti* provided very good significant result on sign and symptom’s of *sthoulyaroga*. This is our one of best case of recovery of this kind. The result replicated the original study. And showed substantial improvement for the patient as she reduces her weight and increase her body function.

**ACKNOWLEDGEMENT:**
It’s my duty to give a sincere vote of thanks to them who helped me to complete this work. I express my profound sense of gratitude, sincere regards and humble thanks to respected Dr. Dhanraj Gahukar Sir & Dr. Anand Tekade

**REFERENCES:**
3) Bramhananda Tripathi, Astanga Hriday, Sutrasthana, 19/63-64, Chowkambha Sanskrit Sansthan, Varanasi, Reprint; 2000. p. 83
4) Bramhananad Tripathi, Charak Samhita, Sutrasthana, 21/9, Choukhamba Surbharati Prakashan, Varanasi, Reprint; 2006. p. 401.

**Corresponding Author:**
Dr. Watkar Deepali Prakash, PG Scholar (Rasashatra and Bhaishajya Kalpana) Bhausaheb mulak mahavidhyalaya, Nandanwan, Nagpur
E-mail: deepalighawade23@gmail.com

**Source of support:** Nil
**Conflict of interest:** None
**Declared**

**Cite this Article as:** Watkar Deepali Prakash et al: Role of Lekhan Basti in Medoroga- A Case Report [www.ijaar.in : IJAAR VOLUME IV ISSUE III JUL – AUG 2019 Page No: 162-166]