

CLINICAL AND BIOCHEMICAL EVALUATION OF MANJISTHADI KSHARA BASTI IN THE MANAGEMENT OF VATARAKTA: A CASE SERIES

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ABSTRACT

Background: Vatarakta, a condition described in Ayurveda, correlates clinically with gout and varicose vein-related complications. Elevated serum uric acid and symptoms such as pain, swelling, and discoloration are characteristic. **Objective:** To evaluate the efficacy of Manjisthadi Kshara Basti in three patients with Vatarakta. **Methods:** Three male patients aged 61, 42, and 52 years presenting with pain, swelling, and blackish discoloration of the lower limb were treated with Deepana-Pachana, Shodhana procedures, and Manjisthadi Kshara Basti according to Karma Basti pattern along with Shamanaushadhis. Subjective and objective parameters were assessed before and after treatment. **Results:** All cases demonstrated significant improvement in swelling, discoloration, burning sensation, and pain. Serum uric acid levels reduced from 7.3, 6.7, and 8.8 mg/dl to 5.5, 5.2, and 5.9 mg/dl respectively. **Conclusion:** Manjisthadi Kshara Basti along with Shamanoushadhis showed promising results in reducing both subjective symptoms and objective biochemical markers in Vatarakta.

KEYWORDS: Vatarakta, Manjisthadi Kshara basti, Karmabasti, Shamanoushadhi.

INTRODUCTION

Vatarakta is a classical Ayurvedic disease entity resulting from vitiation of Vata and Rakta.^[1] Clinically, it resembles gout and varicose vein pathology. Vitiated Vata obstructs the Raktavaha Srotas, causing Gati Avarodha^[2] and manifesting Vatarakta. Pathology may advance rapidly due to aberrant dietary, lifestyle, and environmental pollutants created by ingestion of Lavana, Amla, Katu, Kshara, Mamsa, Masha, Shakha, and Dadhi Atisevana^[3] causes excruciating pain, stiffness, edema, and burning in the small joints.^[4] Raktavruta Vata understands its pathology. It causes sporadic, severe joint pain and swelling and is generally associated with gouty

arthritis. High levels of urate flare up in joints induce gout⁵. Globally, the prevalence of gout has increased by 70%, or 2–6 people per 1000.^[6] Males are three times as likely than females to have it. Modern management often relies on uric acid-lowering agents, but Ayurveda emphasizes detoxification (Shodhana) and pacification (Shamana). This case series explores the role of Manjisthadi Kshara Basti, a medicated enema therapy, in managing Vatarakta.

CASE PRESENTATION

Case 1

- **Patient:** 61-year-old male

- **Symptoms:** Pain, blackish discoloration, itching in right lower limb
- **Investigations:** Serum uric acid 7.3 mg/dl
- **Treatment:** Manjisthadi Kshara Basti with retention times ranging 4 minutes–12 hours

Case 2

- **Patient:** 42-year-old male
- **Symptoms:** Blackish discoloration, prominent veins, pain and swelling in right leg
- **Investigations:** Serum uric acid 6.7 mg/dl

- **Treatment:** Manjisthadi Kshara Basti with retention times ranging 2 minutes–10 hours

Case 3

- **Patient:** 52-year-old male
- **Symptoms:** Blackish discoloration, joint pain aggravated by walking
- **Investigations:** Serum uric acid 8.8 mg/dl, RBS 239.2 mg/dl
- **Treatment:** Manjisthadi Kshara Basti with retention times ranging 5 minutes–10 hours

Table-01: Case-wise Clinical and Biochemical Analysis.

Parameter	Case 1	Case 2	Case 3
Age/Sex	61 / Male	42 / Male	52 / Male
Location	Gadag	Gadag	Gadag
Duration of Illness	1 year	1 year	2 years
Chief Complaints	Pain, blackish discoloration, itching in right lower limb	Blackish discoloration, prominent veins, pain & swelling in right leg	Blackish discoloration in right lower limb, joint pain aggravated by walking, swelling
Pulse Rate (bpm)	74	78	78
Blood Pressure (mmHg)	110/70	140/80	130/80
Respiratory Rate (cpm)	18	18	12
Weight (kg)	87	78	74
Temperature (°F)	97.0	98.7	97.2
Hemoglobin (g/dl)	13.9	14.6	15.5
WBC (cells/cumm)	7800	6500	6200
Platelet Count (lakhs/cumm)	2.68	2.32	2.26
Total Bilirubin (mg/dl)	1.1	0.8	1.14
Direct Bilirubin (mg/dl)	0.3	0.2	1.04
SGOT/AST (U/L)	15.6	13.5	27
SGPT/ALT (U/L)	21.3	16.5	31
Alkaline Phosphatase (U/L)	106	111.9	138
Total Protein (g/dl)	6.9	6.7	7.6
Albumin (g/dl)	3.8	4.0	4.9
Serum Uric Acid (mg/dl)	7.3	6.7	8.8
RBS (mg/dl)	96	74.2	239.2
Urine Sugar (%)	Nil	Nil	2.0
Albumin (Urine)	Absent	Absent	Absent
Pus Cells (Urine)	4/hpf	3/hpf	4–5/hpf
AEC (cells/cumm)	510	280	490
Clinical Impression	Moderate hyperuricemia with vascular irritation	Mild hyperuricemia with venous prominence	Hyperuricemia with diabetic tendency
Diagnosis (Ayurvedic)	Vatarakta	Vatarakta	Vatarakta

RATIONALE: This consolidated analysis reveals a consistent pattern of Vatarakta manifestation with elevated uric acid and vascular symptoms, responding positively to Ayurvedic basti therapy.

Methods

- Pre-treatment: Deepana-Pachana, Swadishtavirechana Churna, Sarvanga Abhyanga, Sarvanga Nadi Sweda
- Main intervention: Manjisthadi Kshara Basti (composition: Madhu 10 g, Lavana 5 g, Sneha 30 ml, Kalka 10 g, Kwatha 250 ml)

Follow-up medications: capsule Viscovas, Chandraprabhavati Vati, Vaishnavara Churna, Chandraprabhavati Vati, Vatajankusham.

TREATMENT

Deepana Pachana for 1 week
Amapachaka Vati Tab 1 BD/AF
Swadishtavirechana churna 5gm with milk HS

Shodhana

- Sarvanga Abhyanga with **Mahanarayana Taila**
- Sarvanga Nadi Sweda
- Anuvasana basti with Sahacharadi Taila (60 ml)

- Niruha Basti – Manjisthadhi kshara Basti with Manjistha Kwatha Churna (According to karma Basti pattern)

Niruha Basti composition

- Madhu-10gm
- Lavana – 5gm
- Sneha- 30ml
- Kalka – 10gm
- Kwatha- 250ml

Manjisthadi Kwatha Preparation

100gm Manjistha kwatha Churna + 1 litre Water →
Reduce to 250 ml.

Basti Procedure

Purva Karma

Selection of the Patient, Examination of the Patient, Preparation of the Basti

Preparation of the Patient – After passing faeces, urine and flatus, the patient on empty stomach should be prepared with abhyanga and svedana. However, the patient should not be very hungry.

Pradhana Karma

The Couch/Bed for Basti- The Patient Should lie on it with his head towards east and cover himself with a white sheet.

Time of Administration of Basti – Niruha basti should be administered in the empty stomach, Anuvasana Basti administered after taking food.

Position of the Patient – The patient is asked to lie down comfortably on his left side and to keep his head on his arms in the front of the pillow while keeping the body straight and relaxed. Then the patient is asked to flex his right leg over his fully extended left leg.

Introduction of basti netra

Basti peedana

Position after Basti administration- After administration of Basti, patient is allowed to lie on his back comfortably on the bed with his body in raised position by means of a pillow in such a way that the virya (active principle) of the basti may spread throughout the body.

OBSERVATION

- Basti pratyagamana
- Samyak, Atiyoga and ayogya Lakshana
- Vyapad if any.

Paschat karma

Niruha Basti - After proper evacuation of Niruha basti patient is allowed to take warm water bath and diet comprising of Shali variety of rice mixed with soup of meat or pulses. After the administration of Niruha basti, Mala will get dislodged and starts moving, which in turn may lead to disease. Ushnajaala Snana and diet is prescribed as per the Dosha avastha so that it will get pacified.

Anuvasana Basti - If the person has good digestive fire and administered Sneha comes out, light food can be given in the evening.

Table-02 - Case 1: Manjisthadi Kshara basti according to Karma basti pattern along with BRT [Basti Retention Time]

Date	25/8/23	26/8/23	27/8/23	28/8/23	29/8/23	30/8/23	31/8/23	1/9/23	2/9/23
Basti	A	A	A	N	A	N	A	N	A
BRT	6hrs	5hrs	4hrs	4mints	5hrs	10mints	6hrs	12mints	7hrs
Date	3/9/23	4/9/23	5/9/23	6/9/23	7/9/23	8/9/23	9/9/23	10/9/23	11/9/23
Basti	N	A	N	A	N	A	N	A	N
BRT	10mints	8hrs	10mints	7hrs	12mints	9hrs	15mints	8hrs	18mints
Date	12/9/23	13/9/23	14/9/23	15/9/23	16/9/23	17/9/23	18/9/23	19/9/23	20/9/23
Basti	A	N	A	N	A	N	A	N	A
BRT	9hrs	10mints	10hrs	15mints	9hrs	20mints	12 hrs	16mints	11 hrs
Date	21/9/23	22/9/23	23/9/23						
Basti	A	A	A						
BRT	12hrs	9hrs	10hrs						

Table-03 - Case 2: Manjisthadi Kshara basti according to Karma basti pattern along with BRT [Basti Retention Time]

Date	1/4/25	2/4/25	3/4/25	4/4/25	5/4/25	6/4/25	7/4/25	8/4/25	9/4/25
Basti	A	A	A	N	A	N	A	N	A
BRT	3hrs	5hrs	3hrs	2mints	6hrs	15mints	8hrs	15mints	7hrs
Date	10/4/25	11/4/25	12/4/25	13/4/25	14/4/25	15/4/25	16/4/25	17/4/25	18/4/25
Basti	N	A	N	A	N	A	N	A	N
BRT	10mints	6hrs	15mints	6hrs	10mints	8hrs	20mints	6hrs	10mints
Date	19/4/25	20/4/25	21/4/25	22/4/25	23/4/25	24/4/25	27/4/25	26/4/25	27/4/25
Basti	A	N	A	N	A	N	A	N	A
BRT	10hrs	8mints	8hrs	15mints	10hrs	15mints	9hrs	20mints	8hrs

Date	28/4/25	29/4/25	30/4/25						
Basti	A	A	A						
BRT	6hrs	9hrs	10hrs						

Table 4 - Case 3: Manjisthadi Kshara basti according to Karma basti pattern along with BRT [Basti Retention Time]

Date	27/8/25	28/8/25	29/8/25	30/8/25	31/8/25	1/9/25	2/9/25	3/9/25	4/9/25
Basti	A	A	A	N	A	N	A	N	A
BRT	4hrs	6hrs	5hrs	5mints	7hrs	10mints	6hrs	15mints	8hrs
Date	5/9/25	6/9/25	7/9/25	8/9/25	9/9/25	10/9/25	11/9/25	12/9/25	13/9/25
Basti	N	A	N	A	N	A	N	A	N
BRT	10mints	5hrs	8mints	8hrs	15mints	7hrs	12mints	9hrs	10mints
Date	14/9/25	15/9/25	16/9/25	17/9/25	18/9/25	19/9/25	20/9/25	21/9/25	22/9/25
Basti	A	N	A	N	A	N	A	N	A
BRT	8hrs	9mints	10hrs	15mints	8hrs	10mints	10hrs	20mints	8hrs
Date	23/9/25	24/9/25	25/9/25						
Basti	A	A	A						
BRT	7hrs	10hrs	9hrs						

Shamanoushadhis [Same for all 3 cases]

Vaishnavara Churna 5gm BD/AF with luke warm water
 Cap Viscovas 1BD/AF luke warm water
 Chandraprabhavati Vati 1BD/AF luke warm water
 For 1month-1st follow up

Cap – Viscovas 1BD/AF with luke warm water
 Chandraprabhavati Vati 1BD/AF luke warm water
 Vatagajankusham Tab 1BD/AF luke warm water
 Mahanarayana Taila For Abhyanga
 For 1 month -2nd follow up

Table-05: Gradation of symptoms according to WHO Scoring pattern⁶

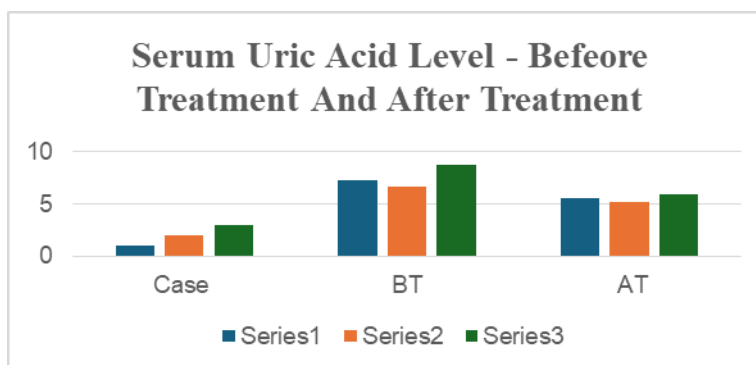
Symptom	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
Swelling	No swelling	Slight swelling	Moderate swelling	Severe swelling	
Discoloration	No coloration	Near to normal which looks like normal to distinct observer	Reddish coloration	Slight reddish black discoloration	Blackish discoloration
Burning sensation	No burning	Mild burning	Moderate burning	Severe burning	
Pain	No pain	Mild pain	Moderate pain but no difficult in moving	Slightly difficult in moving due to pain	Much difficulty

Table-06: Parameter, Trend across cases and Interpretation.

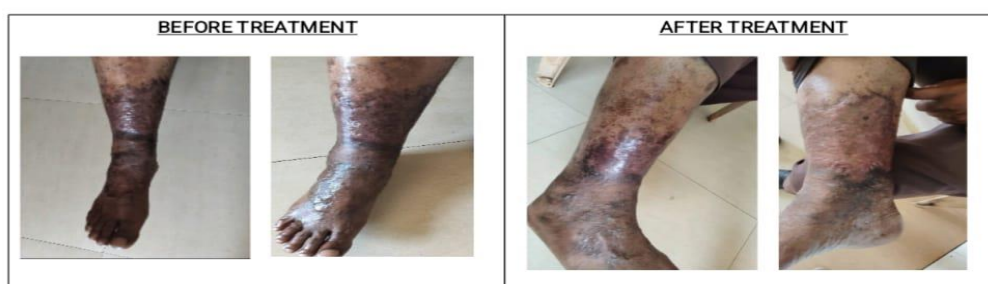
Parameter	Trend Across Cases	Interpretation
Age Range	42–61 years	Middle-aged to elderly males predominantly affected
Common Symptoms	Pain, swelling, blackish discoloration	Indicative of Vata-Rakta Dushti
Serum Uric Acid	6.7–8.8 mg/dl	Elevated in all cases, confirming gout-like pathology
Blood Pressure	110–140/70–80 mmHg	Within normal limits; no hypertensive influence
Liver Function Tests	Mildly elevated in Case 2	Suggests metabolic involvement
RBS Levels	Normal in Case 1, high in Case 2	Diabetic comorbidity in Case 2
Treatment Response	Significant improvement in all	Manjisthadi Kshara Basti effective in symptom reduction

Table-07: Objective Parameter (Serum Uric Acid)

Case	Before Treatment	AT
1	7.3mg/dl	5.5 mg/dl
2	6.7 mg/dl	5.2 mg/dl
3	8.8 mg/dl	5.9 mg/dl



CASE 1



CASE 2:



CASE 3:



DISCUSSION

The results indicate that Manjisthadi Kshara Basti significantly reduced both subjective symptoms and serum uric acid levels. The retention time (Basti Retention Time, BRT) appears to influence therapeutic

outcomes, with longer retention correlating with better symptom relief.

The anti-inflammatory and detoxifying properties of Manjistha and the synergistic effect of Kshara Basti may explain the reduction in uric acid and improvement in

vascular symptoms. These findings align with previous Ayurvedic literature suggesting basti therapy as the prime treatment for Vata disorders.^[7]

Mode of action of Deepana and Pachana

Amapachaka Vati acts as Deepana and Pachana, srotoshodana, vatanulomana and reduces shotha and ruja. Swadisthavirechana churna – It acts as virechana, Mala-pitta/Rakta-related dosha elimination, Srotoshodana, Vatanulomana and Shotahara.

Mode of Action of Panchakarma

Abhyanga - Mahanarayana Taila relieves Vatarakta by pacifying aggravated vata dosha, reduces pain and inflammation, ingredients like Bala, dashamoola and milk possess natural analgesic and anti-inflammatory properties, they calm the burning sensation and swelling caused by affected Rakta. Nourishes joints and tissue and Srotoshodana.

Nadi Sweda – Due to ushna and teeksha guna the hot steam counters the sheeta and stambha properties of aggravated vata, relieving localized pain and joint rigidity, and also act as srotoshodana and Vatanulomana.

Anuvasana Basti- Sahacharadi Taila relieves Vatarakta by pacifying vata sahacharadi taila possesses deep penetrating and anti-inflammatory qualities that clear micro-channels, it also act as brimhana nourishing depleted deeper tissues like Asthi and Majja to restore joint stability, also alleviate localized pain, swelling and stiffness in extremities.

Niruha Basti – Raktashodhaka, Manjistha neutralize toxins and purify the blood. Srotoshodaka-The Kshara and teekshna nature of the basti break down sticky, stagnant waste and clears Sukshma srotas. Vatanulomana- It restores the downward and smooth movement of colon.

Mechanism of Action of Basti

Breaking the Pathology (Samprapti Vighatana): The formulation targets the Avarana (covering/obstruction) caused by Kapha and Medas over Vata and Rakta, relieving joint inflammation, swelling, and severe pain.

Enteric and Systemic Stimulation: Administered rectally, the active principles interact with the mucosal lining and stimulate the enteric and central nervous systems, yielding a whole-body anti-inflammatory response without requiring full digestion.

Toxin Elimination (Dosha Nirharana): By virtue of its potency, the Basti draws morbid doshas from deep tissues (Shaka) towards the gut (Koshta) for safe elimination via the bowel.

Mode of Action of Shamanoushadhi

Vaishnavara churna act as Deepana and pachana, Vatanulomana and Shothaprashmana and

vedanasthapana (Anti-inflammatory and Analgesic). Viscovas and chandraprabhaati acts as Vata shamana, Rakta prasada, Amapachana, Shotahara, Vedanasthapana and Srotoshodana. Vatajankusha Rasa acts as Vata shamaka and Vedana sthapana, Vata rakta balance, Shothahara and vedanasthapana and reduces pain, swelling and stiffness and improve joint function.

CONCLUSION

This case series demonstrates that Manjisthadi Kshara Basti is effective in managing Vatarakta, improving both clinical symptoms and biochemical markers. Larger controlled trials are warranted to validate these findings.

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