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MANAGEMENT OF MULTIPLE DISORDERS THROUGH YOGA BASTI PANCHAKARMA THERAPY: A CLINICAL CASE STUDY

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ABSTRACT

Background: sedentary lifestyles, occupational stress, and incompatible dietary habits *(viruddha ahara)* impair *jatharagni*, leading to *mandagni* and the formation of ama. Accumulated ama obstructs bodily channels (*srotas-avarodha)*, resulting in *vata dosha* vitiation and the manifestation of both musculoskeletal and visceral disorders. *Basti karma* is regarded in ayurveda as Ardha chikitsa and is considered the most effective therapy for *vata* related diseases. **Case presentation:** a 20-year-old male presented with a two-month history of lower back pain, bilateral hip pain, cervical stiffness, generalized muscle spasms, anxiety, and chronic constipation. Clinical examination revealed marked restriction of cervical and lumbar movements. Ultrasonography demonstrated active colitis, congestive non-infectious prostatitis, mild cystitis with increased post-void residual urine volume, and mild splenomegaly. Management: treatment was conducted in two phases. *Deepana-pachana* therapy was administered for three days using *Hingvashtaka churna, Sutshekhar rasa*, and Gandharva *Haritaki churna*. This was followed by an 8-day classical *Yoga basti* regimen comprising alternating *anuvasana basti* with *Sahacharadi taila* and *Niruha basti prepared* with *Erandamooladi kwatha.* **Results:** significant clinical improvement was observed following treatment. Cervical and lumbar mobility normalized, muscle spasms resolved, and bowel habits returned to normal. Follow-up ultrasonography

confirmed complete resolution of colitis, cystitis, prostatitis, and splenomegaly, with normalization of post-void residual urine volume. **Conclusion:** this case suggests that a classical *yoga basti* protocol may effectively manage concurrent musculoskeletal and visceral manifestations of *vata* imbalance, resulting in substantial clinical and radiological recovery.

KEYWORDS: Multiple disorders, Vata Vyadhi, Basti, Sahacharadi Taila, Erandamooladi Kwatha, Pakwashaya.

INTRODUCTION

Modern sedentary lifestyles, psychological stress, and the frequent consumption of incompatible foods *(Viruddha Ahara)* contribute to impaired digestive and metabolic function. According to Ayurveda, weakened *Jatharagni* leads to *Mandagni* and the formation of Ama, a toxic metabolic byproduct that obstructs bodily channels *(Srotas)*, resulting in *Srotas-Avarodha*.[1,2] Such obstruction disrupts the normal movement of Vata Dosha, the principal regulator of physiological activities, leading to a pathological condition known as *Avarana-janya Vata Vyadhi*.[3]

Vata governs both musculoskeletal and visceral functions through its various subdivisions, its vitiation may manifest as spinal pain, stiffness, constipation, and pelvic organ dysfunction. Basti Karma is considered the foremost treatment for Vata disorders and is described as Ardha Chikitsa in classical Ayurvedic texts.[4] Acting primarily on the *Pakwashaya*, the principal seat of Vata, Basti helps restore systemic physiological balance. This case report highlights the effectiveness of a classical Yoga Basti protocol in managing concurrent musculoskeletal and visceral disorders.

CASE PRESENTATION

A 20-year-old male patient presented to the Panchakarma Outpatient Department (OPD) reporting a 2-month history of lower back pain, bilateral hip pain, severe cervical stiffness, generalized muscle spasms, anxiety, and severe chronic constipation. Prior to this visit, the patient had sought conventional medical care. An abdominal and pelvic ultrasonography (USG) scan revealed active colitis, congestive non-infectious prostatitis, and mild cystitis accompanied by a significantly high post-void residual urine volume (PVRV), along with mild splenomegaly.

Modern physical and orthopedic examination: Before beginning treatment, the patient's cervical and lumbar ranges of motion were quantitatively measured using standard

goniometry and validated orthopedic test maneuvers to establish objective physical baseline metrics. General examination and systemic examination were in normal limit.

Therapeutic protocol

The clinical strategy was split into two sequential phases: an oral pre-procedural phase to correct digestion *(Deepana-Pachana)* and a primary enema phase *(Yoga Basti)* to eliminate systemic blockages. Table.no.1

Table 1: Pre-procedural oral medication protocol (days 1–3).

Sr. No	Formulation	Dosage	Timing of Administration	*Anupana* (Vehicle)	Pharmacological Intention
1	*Hingvashtaka Churna* [17]	500 mg	*Abhuktantara* (with first bite, lunch & dinner)	5 ml Warm Cow's Ghee	Carminative; stimulates and digests localized gastrointestinal Ama.[1]
2	*Sutshekhar Rasa* [16]	250 mg	Thrice daily, 30 min before meals)	Lukewarm water	Calms Pitta, reduces mucosal inflammation, addresses visceral hypersensitivity.[16]
3	*Gandharva Haritaki Churna* [15]	1.0 g	*Nisha* (at bedtime)	Lukewarm water	Promotes mild *Anulomana* (downward regulation of Vata) to clear impacted stool.[15]

Table 2: Composition and sequence of the 8-day yoga basti (days 4–11).

Day 4 (A1)	*Anuvasana Basti [Oil enema]*	*Sahacharadi Taila* [11,12]	120 ml
Day 5 (N1)	*Niruha Basti [Decoction enema]*	*Erandamooladi Niruha* [8]*: Madhu 40 ml, Saindhava Lavana 10 g, Nimba Taila 50 ml, Shatapushpa Kalka 10 g, Erandamooladi Kwatha 400 ml.*	520 ml
Day 6 (A2)	*Anuvasana Basti*	*Sahacharadi Taila*	120 ml
Day 7 (N2)	*Niruha Basti*	*Erandamooladi Niruha Emulsion*	520 ml
Day 8 (A3)	*Anuvasana Basti*	*Sahacharadi Taila*	120 ml
Day 9 (N3)	*Niruha Basti*	*Erandamooladi Niruha*	520 ml
Day 10 (A4)	*Anuvasana Basti*	*Sahacharadi Taila*	120 ml
Day 11 (A5)	*Anuvasana Basti*	*Sahacharadi Taila*	120 ml

FOLLOW UP AND OUT COME

Following the completion of the 11-day therapeutic regimen, clinical reassessments were performed on Day 12. The patient reported immediate, substantial relief from spinal rigidity, abdominal distress, and urinary hesitancy. To evaluate long-term efficacy and safety, the patient was observed over a 3-month post-treatment follow-up period.

During the follow-up assessments at Week 4, Week 8, and Week 12, the patient demonstrated sustained clinical improvement. There was zero recurrence of lower back pain, cervical

stiffness, or pelvic discomfort. Bowel movements remained regular, soft, and well-formed without the use of oral laxatives. Quantitative measurements of spinal mobility and repeat objective radiological imaging confirmed complete, stable physiological resolution.

Table 3: Pre- and post-treatment cervical spine goniometric data.

Cervical Range of Motion (ROM)	Pre-Treatment Baseline	Post-Treatment Status (Day 12)	Net Improvement	Assessment
Flexion	25°	45°	+20°	Complete Normalization
Extension	20°	42°	+22°	Pain-free full range
Right Lateral Flexion	25°	45°	+20°	Complete Normalization
Left Lateral Flexion	20°	44°	+24°	Complete Normalization
Right Rotation	45°	75°	+30°	Fluid and pain-free
Left Rotation	40°	75°	+35°	Fluid and pain-free

Table 4: Pre- and post-treatment lumbar spine orthopedic test outcomes.

Lumbar Orthopedic Indicator	Pre-Treatment Baseline	Post-Treatment Status (Day 12)
Straight Leg Raise (SLR) – Right leg	Positive at 45°	Negative (Achieved 85°)
Straight Leg Raise (SLR) – Left leg	Positive at 50°	Negative (Achieved 85°)
Lasegue's Sign	Positive	Negative
Modified Schober's Test	2.8 cm spinal expansion	5.4 cm spinal expansion
Bowstring Test	Positive	Negative

Table 5: Transformation of stool morphology (purisha pariksha).

Timeline Reference	Bristol Stool Score[19]	Morphological Presentation
Baseline (pre-Basti)	Type 1	Separate hard lumps, like nuts; highly difficult to pass.
Mid-Treatment (Day 6)	Type 3	Like a sausage-shape but with cracks on the surface.
Post-Treatment (Day 12)	Type 4	Like a sausage or snake; smooth, soft, passed easily without straining.

Table 6: Comparative pre- and post-treatment ultrasonography (usg) matrix.

Targeted Visceral Organ	Baseline Pre-Treatment USG Assessment	Post-Treatment USG Evaluation

Large Intestine (Colon)	Edematous thickening of the colonic mucosal wall (8 mm); features of acute Colitis.	Normal wall thickness throughout the colon; complete resolution of inflammatory changes.
Prostate Gland	Echo-texture changes consistent with active congestive Prostatitis (28 x 36 x 33 mm, Vol: 18 cc).	Normal prostatic volume, uniform echo-pattern; resolution of congestive features.
Urinary Bladder	Diffuse mucosal wall thickening (5 mm) indicating Mild Cystitis; high post-void residual urine volume (PVRV: 47 cc).	Smooth bladder wall with normal thickness; complete post-void bladder emptying with normal physiological residual volume (<10 cc).
Spleen	Mild Splenomegaly (long axis border enlargement measuring 12 cm).	Normal splenic size (<11 cm), contours, and echo-texture.

DISCUSSION

The present case demonstrates the successful management of concurrent musculoskeletal and pelvic visceral disorders through a classical Yoga Basti protocol. The patient presented with lower back pain, cervical stiffness, generalized muscle spasms, chronic constipation, anxiety, and ultrasonographic evidence of colitis, prostatitis, cystitis, and mild splenomegaly. According to Ayurveda, such multi-system involvement can be understood as a consequence of *Mandagni* leading to the formation of Ama, which obstructs bodily channels *(Srotas)* and aggravates Vata Dosha.[1,2]

The patient's dietary history revealed regular consumption of dry, processed, and incompatible foods *(Viruddha Ahara),* which likely contributed to impaired digestive function and Ama accumulation.[1,2] Chronic constipation suggested dysfunction of *Apana Vayu,* whose primary seat is the *Pakwashaya.*[3,4] Obstruction of *Apana Vayu* can disturb the normal movement of *Vata,* resulting in pain, stiffness, restricted mobility, and altered physiological functions.[3] The marked limitations in cervical and lumbar movements observed in this case may therefore be attributed to systemic *Vata* aggravation affecting the musculoskeletal system.

The ultrasonographic findings of colitis, cystitis, and prostatitis indicate involvement of multiple pelvic organs. Modern research suggests that these organs share common neural pathways through the pelvic splanchnic nerves and lumbosacral spinal segments.[5,6] Persistent colonic inflammation and fecal retention may trigger pelvic organ cross-sensitization, whereby pathology in one organ produces functional disturbances in adjacent organs.[5,6,7] This mechanism may explain the coexistence of gastrointestinal, urinary, and musculoskeletal symptoms in the present case.

The treatment protocol was designed to address both digestive impairment and Vata imbalance. *Deepana-Pachana* therapy was initially administered using *Hingvashtaka Churna,*[17] *Sutshekhar Rasa,*[16] *and Gandharva Haritaki Churna*.[15] These interventions aimed to improve *agni*, digest *ama,* facilitate bowel evacuation, and prepare the body for *Basti* therapy.[1,2]

Subsequently, an eight-day yoga basti regimen consisting of alternating *Anuvasana and Niruha Basti* was administered.[10] *Basti* is considered the most effective treatment for Vata disorders because it acts directly on the *pakwashaya,* the principal seat of *vata dosha.*[4,9] *Sahacharadi Taila* used in *Anuvasana Basti* possesses *vatahara* and anti-inflammatory properties, while the unctuous nature of tila taila helps counteract the dryness associated with aggravated *vata.*[11,12] *Erandamooladi Kwatha* used in *Niruha Basti* is traditionally indicated for pain, stiffness, and pelvic disorders due to its Vata-pacifying and anti-inflammatory actions.[13,14]

Significant clinical improvement was observed following treatment. Cervical and lumbar mobility normalized, muscle spasms resolved, and bowel habits returned to normal.[19] More importantly, follow-up ultrasonography demonstrated complete resolution of colitis, cystitis, prostatitis, and splenomegaly, along with normalization of post-void residual urine volume. The simultaneous improvement in musculoskeletal symptoms and pelvic organ pathology suggests that correction of *vata* imbalance at its primary site can produce systemic therapeutic effects.[4,18]

This case highlights the potential of *Yoga Basti* as an effective therapeutic approach for managing complex disorders involving both musculoskeletal and visceral systems. Further clinical studies are needed to validate these findings and explore the underlying mechanisms of action.[18]

CONCLUSION

This case demonstrates that a classical Yoga Basti protocol effectively managed concurrent musculoskeletal and visceral disorders. Significant clinical improvement, restoration of spinal mobility, normalization of bowel function, and resolution of ultrasonographic abnormalities were observed. These findings support the role of Basti Karma as an effective therapeutic

approach for Vata-dominant multi-system disorders. However, as this is a single case report, the findings cannot be generalized.

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