

# Rasnadi Niruha Basti as an Ayurvedic intervention for Prameha - A Case Report

Dr. Bidushi Mishra<sup>1</sup>, Dr. Santosh Eknath Chavan<sup>2\*</sup>, Dr. Mallika Jandara<sup>3</sup>, Dr. Riya Patil<sup>4</sup>

<sup>1</sup>PG Scholar, Department of Panchakarma, Bharati Vidyapeeth College of Ayurved and Hospital, Pune-411043, India

Email: [mishrabidushi335@gmail.com](mailto:mishrabidushi335@gmail.com)

<sup>2\*</sup>B.A.M.S., M.D., PhD, Professor & H.O.D., Department of Panchakarma, Bharati Vidyapeeth, College of Ayurveda & Hospital, Pune, Maharashtra, India 411043

Email: [drsantoshchavan5@gmail.com](mailto:drsantoshchavan5@gmail.com)

<sup>3</sup>PG Scholar, Department of Panchakarma, Bharati Vidyapeeth, College of Ayurved, Pune, Maharashtra

Email: [mallikajandara.mj@gmail.com](mailto:mallikajandara.mj@gmail.com)

<sup>4</sup>PG Scholar, Department of Panchakarma, Bharati Vidyapeeth, College of Ayurved & Hospital, Pune, Maharashtra, India 411043

Email: [riyapatil021@gmail.com](mailto:riyapatil021@gmail.com)

Corresponding contributor: Dr. Santosh Eknath Chavan

## ABSTRACT

**Background:** Prameha is one of the common lifestyle disorders at present perspective throughout the world. In Ayurveda, the disease described as Santarpanajanya Vyadhi. It can be connected with Diabetes mellitus, related to main clinical features. The number of cases of diabetes in India has increased from 7.1% in 2009 to 11.4% in 2023 with 15.3% being pre-diabetic. The estimate mainly aiming that the diabetic increase will go up to 152 million by 2045 in India. Diabetes mellitus is becoming a dangerous disease. Ayurveda emphasizes Shodhana Chikitsa, particularly Basti (therapeutic enema) known as Ardha chikitsa. Charaka Samhita has suggested the use of Rasnadi Niruha Basti in the management of Prameha.

**Clinical Findings:** A fifty-two-year-old male patient with a known history of Diabetes mellitus for the past 3 years came to our OPD with complaints of repeated urination, excessive thirst, excessive hunger, burning sensation of palms and soles, weakness, and fatigue for seven months.

**Intervention:** The patient was given Deepana-Pachana with Hingwastak churna followed by Sthanik Snehana with Tila Taila and Nadi sweda as Purvakarma. Subsequently, Kala Basti planned as the main line of management. The schedule of Kala Basti consisted of a combination of Rasnadi Niruha Basti and Anuvasana Basti with Tila Taila. The total treatment duration was 19 days with a one-month follow-up period.

**Outcome:** After completion of the 19-day treatment protocol, significant improvement was observed in both clinical and laboratory parameters. There was a reduction in the frequency of urination, excessive thirst, and weakness. Blood glucose levels (FBS and PPBS) and HbA1c showed improvement. No side effects were reported during the treatment protocol.

**Conclusion:** This case study suggests that Rasnadi Niruha Basti may have therapeutic benefits in the management of Prameha. It demonstrates potential in improving metabolic parameters and quality of life by addressing underlying Dosha imbalance.

**Key words:** Ayurveda, Case Report, Kala Basti, Mutravaha Srotas, Prameha.

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## 1. INTRODUCTION

'Prameha' is one among the 'Ashtamahagada'. [1] Various *Dooshyas* associated with all three *Dosha*'s are involved in the different stages of *Prameha Samprapti*. It is generally *Kapha*-dominant, characterized by passing of '*Prabhutaavila Mutra*' (large quantities of turbid urine) *Prameha* is caused due to excessive sleep, use of curd in large quantities, products of jaggery and all other *Kapha Prakopaka Nidanans* serve as causative factors of *Prameha* as stated in ayurvedic treatises, which

directly serve as a pathophysiological basis for Diabetes mellitus (DM). [2]

Clinical features of *Prameha* correlate with DM, which contributes significant burden to the global population as it is a leading cause of morbidity and mortality worldwide. It is chronic, metabolic disease characterized by elevated levels of blood glucose which leads to serious damage to the heart, blood vessels, eyes, kidneys, nerves. The most common type observed among all the patients of DM is type 2. [3]

Number of cases and rate of diabetes have been rapidly increasing over the past few years. About

422 million people in the world wide have diabetes, majority of them living in low-and middle-income countries and 1.6 million deaths are directly linked to diabetes each year.[4] According to WHO DM is a mixed metabolic disorder described a common feature of hyperglycemia with imbalance of carbohydrate, fat and protein metabolism.[5]

Management of *Prameha* in *Ayurveda* involves both *Shamana* and *Shodhana Chikitsa*. Among the *Shodhana* therapies, *Basti Karma* is considered the most effective treatment for *Vata Dosha* and plays a crucial role in systemic detoxification and metabolic correction.[6] *Charaka* in *Siddhisthana*, has recommended *Rasnadi Niruha Basti* as an effective therapeutic intervention for the management of *Prameha Vyadhi*. [7]

While several clinical studies have documented the *Ayurvedic* management of *Prameha*, there was limited evidence regarding the metabolic and clinical outcomes of *Rasnadi Niruha Basti*. Findings of this case study suggest that this classical *Panchakarma* intervention may contribute to symptomatic relief and improvement in metabolic parameters, supporting its potential use as part of an integrative approach to diabetes.

## 2. CASE REPORT

### a. Clinical Findings:

A 52-year-old male with a known case of Type 2 DM since 2022 presenting with complaints of polyuria, polydipsia, burning sensation of the palms and soles, generalized weakness and loss of appetite for the past seven months, without any other associated medical conditions has visited the Outpatient Department (OPD). The patient was asymptomatic until seven months ago. Gradually he noticed weakness, loss of appetite, excessive urination. His blood sugar levels were within the normal range during this period.

### Past History:

The patient was a known case of Type 2 DM since 2022, He had previously been treated with *Ayurvedic* medications along with dietary and lifestyle modifications advised by an *Ayurvedic* physician, however, not much improvement was noticed. By this time, no Oral Hypoglycemic Agents (OHA) had been started by the patient. With no satisfactory improvement in his condition, he visited the *Panchakarma* OPD on November 01, 2025. Personal history revealed constipation and moderately reduced appetite. Urinary frequency was increased, whereas sleep patterns were normal. He had no history of smoking, alcohol, or any other substance abuse. No positive family history of DM was reported by the patient.

### Ayurvedic Clinical Assessment:

The patient showed *Kapha* predominance with *Vata Anubandha*, and *Mandagni*. *Kostha*, *Sara*, *Satwa* and *Samhanana* were *Madhyama*. *Astavidha Pariksha* revealed, *Kapha-Vata* dominant *Nadi*,

coated *jiwha*, mild constipation, increased *Mutra* and *Sthula Akriti*.

### Modern Examination:

During examination, the patient was average built and overweight. Vital parameters were within normal limits, with pulse rate of 78 bpm, blood pressure of 130/84 mm of Hg, respiratory rate of 18/min, and body temperature of 98° F. His height measured 168 cm with weight 78 kg, making BMI 27.6 kg/m<sup>2</sup>. No problem was found on clinical examination of the respiratory, cardiovascular, gastrointestinal and central nervous systems.

**Table No 1: Timeline of Events**

| Date                           | Clinical Events   | Intervention  |
|--------------------------------|---|---|
| The year 2022                  | The patient was diagnosed as Type 2 DM  | He was taking <i>Ayurvedic</i> medicine from a local physician and his blood sugar level was normal   |
| November 01, 2025              | The patient came to OPD with Chief complaints of polyuria, polydipsia, polyphagia associated with a burning sensation of the palms and soles, general weakness for the past 7 months. | He was taking <i>Ayurvedic</i> medicine but didn't get relief, then investigations like FBS, PPBS, HbA1c. On the basis of symptoms and detailed history, he was diagnosed as <i>Prameha</i> |
| November 01- November 03, 2025 | The patient was admitted to the inpatient department (IPD)  | <i>Deepana</i> and <i>Pachana</i> for 3 days  |
| November 04- November 19, 2025 |   | <i>Snehan</i> and <i>Swedana</i> followed by <i>Kala Basti</i>  |
| November 19, 2025              | Discharge from the Hospital   | Advise <i>Pathya Ahara</i>  |
| December 01, 2025              | Follow up after one month   | Marked improvement were observed in symptoms and glycemic parameters  |

### Diagnosis

**Table No 2: Differential Diagnosis:**

| Sr No | Condition | Inclusion Factors | Exclusion Factors |
|-------|-----------|-------------------|-------------------|
| .     |           |                   |                   |

|   |                         |  |  |
|---|-------------------------|--|--|
| 1 | <i>Sthaulya</i>         | Symptoms like <i>Meda Vriddhi, Kshudhadhikya, Mandagni</i> | No <i>Prabhuta Mutrata</i>                                   |
| 2 | <i>Pandurog a</i>       | Weakness, Fatigue  | Blood Sugar Profile normal<br>Hb ↓(Anemia)                   |
| 3 | Urinary tract infection | Frequency of urination                                     | Urine routine- pus cells present, Blood Sugar Profile normal |

**Diagnostic Assessment:**

Based on clinical signs and tests, the patient was diagnosed with Type 2 DM. Laboratory investigations, including fasting blood sugar (FBS) and following meals blood sugar (PPBS) levels, were assessed and found to be 182 mg/dl and 268 mg/dl, respectively. Glycated hemoglobin (HbA1c) was recorded at 8.4 %.

**Gradation For subjective criteria:[8]**

- 1. Polyuria (Prabhutamootrata)**
  - a. Frequency of urine 4-6 times/24 hrs-0
  - b. Frequency of urine 7-9 times/24 hrs-1
  - c. Frequency of urine 10-12 times/24 hrs-2
  - d. Frequency of urine > 13 times/24 hrs-3
- 2. Polydipsia (Pipasaadhikya)**
  - a. Absent (taking 8-10 glass of water/day)-0
  - b. Taking 10-15 glass of water/day-1
  - c. Taking 15-20 glass of water/day-2
  - d. Unable to have sound sleep due to thirst-3
- 3. Polyphagia (Kshudhaadhikya)**
  - a. 2 Chapati/meal-0
  - b. 3-4 Chapati/meal-1
  - c. 4-5 Chapati/meal -2
  - d. > 5 Chapati/meal-3
- 4. Burning sensation of soles and palms (Karapadadaha)**
  - a. Absent-0
  - b. Occasional-1
  - c. Continuous-2
  - d. Continuous and require medication-3
- 5. Polyneuritis (Karapadasuptata)**
  - a. Absent-0
  - b. Occasional-1
  - c. Continuous-2
  - d. Continuous and require medication-3

**b. Therapeutic Intervention:**

**Table No 3: Treatment Protocol:**

| Date | Treatment | Medicine | Dose/Schedule | Duration | Route |
|------|-----------|----------|---------------|----------|-------|
|------|-----------|----------|---------------|----------|-------|

|                                    |   |                              |  |                         |          |
|------------------------------------|---|------------------------------|--|-------------------------|----------|
| Nov emb er 01- Nov emb er 03, 2025 | <i>Deep ana-Pach ana</i>  | <i>Hingwa staka Churna</i>   | 3 gm Twice daily with lukewarm water before food | 3 days                  | Oral     |
| Nov emb er 04- Nov emb er 19,2 025 | <i>Sthan ika Snehana</i>  | <i>Tila Taila</i>            | 100 ml   | 16 days                 | External |
| Nov emb er 04- Nov emb er 19,2 025 | <i>Sthan ika Swedan</i>   | <i>Nadi Sweda</i>            | 10-15 min  | 16 days                 | External |
| Nov emb er 04- Nov emb er 15,2 025 | <i>Anuv asan Basti</i>  | <i>Tila Taila</i>            | 80 ml  | 12 days (Alternate day) | Rectal   |
| Nov emb er 04- Nov emb er 15,2 025 | <i>Niruha Basti</i>   | <i>Rasna di Niruha Basti</i> | 760 ml   | 12 days (Alternate day) | Rectal   |
| Nov emb er 16- Nov emb er 19,2 025 | <i>Anuvasan Basti</i> will be administered for the last four days |                              |  |                         |          |

**b. Concurrent Medications:**

During the intervention period, no concurrent anti-diabetic medications such as oral hypoglycemic agents or insulin were prescribed.

**d. Follow-up and Adherence**

The patient was followed up for a period of one month after fulfilment of therapy. The clinical improvements were sustained, with no return of major symptoms. The patient was advised to continue suitable dietary routine and lifestyle modifications to maintain the therapeutic benefits. The patient adherence to the treatment was monitored by asking him to visit regularly during follow up period by repeated reminders through phone call and messages.

**Tolerance-**

The *Basti Karma* was well tolerated by the patient. The procedural compliance form was provided to the patient to check regularity and also tolerance of treatment in terms of increase and decrease in the symptoms.

**Adverse effects-**

No adverse events were encountered during the treatment and follow up period.

**3. RESULTS**

After completion of the 19-day treatment protocol, the patient demonstrated noticeable improvement was observed in both clinical and laboratory parameters. A reduction in the patients presenting complaints like polyuria, polyphagia, polydipsia and burning sensation in palms and soles, was observed after completion of the intervention. Treatment outcomes were evaluated through clinical symptom grading and analysis of diabetic profile parameters, including Fasting Blood Sugar (FBS), Postprandial Blood Sugar (PPBS) and HbA1c. Assessments were performed at baseline and during follow-up on the 30 days. The findings indicated improvement in both subjective and objective parameters following the treatment, as presented in Table No 4.

**Table No 4: Assessment on the basis of Subjective and Objective Parameters**

| Subjective                           |                   |                   |
|--------------------------------------|-------------------|-------------------|
| Paramete                             | Before Treatment  | After Treatment   |
| Parameter                            | November 01, 2025 | December 01, 2025 |
| Polyuria                             | 3                 | 2                 |
| Polydipsia                           | 2                 | 1                 |
| Polyphagia                           | 2                 | 0                 |
| Burning sensation of soles and palms | 2                 | 0                 |
| Polyneuritis                         | 2                 | 1                 |
| Objective                            |                   |                   |
| Parameter                            | Before Treatment  | After Treatment   |
| Objective Parameter                  | November 01, 2025 | December 01, 2025 |
| FBS                                  | 182 mg/dL         | 118 mg/dL         |

|       |           |           |
|-------|-----------|-----------|
| PPBS  | 268 mg/dL | 156 mg/dL |
| HbA1c | 8.4 %     | 7.1 %     |

**4. DISCUSSION**

The present case report highlights the clinical application of *Rasnadi Niruha* as a *Kala Basti* in a 52-year-old male patient diagnosed with *Prameha*, correlated to Type 2 DM which was managed by *Ayurvedic* treatment protocol, as illustrated in Table No 3. *Prameha* is a *Chirakari*(chronic) and *Anushangi Vyadhi* (secondary diseases) which needs both *Samshodhana* and *Samshamana* depending upon the *Rogabala* and *Rogibala*. Each stage of *Prameha Amshamsha ghatakas* (component-wise factors) should be considered before treatment. The line of treatment varies according to the body constitution of the *Pramehi* i.e., *Sthula Pramehi* and *Krisha Pramehi*. Patients who are *Krisha* (thin body constitution) and *Durbala* (weak), needs *Samshamana* and *Santharpana Chikitsa*, which are nourishing in nature and imparts strength. *Sthula* patients who are *Balavan* (strong) and who are having *Bahudosh*, *Shodhana Chikitsa* must be carried out based on *Dosha* predominance.[11] *Basti* is said to be effective in eliminating metabolic waste. It helps to increase the *Agni* and to normalize the function of *Rasavaha*, *Medovaha*, *Mutravaha Srotas*. There are many studies which are available on the management of *Prameha* which *Niruha Basti* like *Somavalkala Kashaya siddha Basti*, *Panchaprasrutika Niruha Basti*, *Gokshura-Punarnavadi Basti*. One such study showed good outcome with *Somavalkala Kashaya Siddha Basti* in the management of Diabetes Mellitus, with significant improvement observed in symptoms like *Pipasa*, *Kshudha*, *Avila Mutrata*. [12] Another study with *Panchaprasrutika Niruha Basti in prediabetes*, in this study *Panchaprasrutika Basti* administered in the form of *Kala Basti* for 15 days and shown good results that was reduction of the symptoms like itching over inguinal region, excessive sweating, heaviness of body.[13] *Gokshura-Punarnavadi Basti* in the management of microalbuminuria in diabetes mellitus, in this clinical study a total 100 patients were treated with *Gokshura-punarnava Basti*, administered in the form of *Yoga Basti* for 8 days, the intervention showed good results in reducing symptoms as well as blood glucose level.[14]

In present case, the patient was administered *Rasnadi Niruha Basti* according to the classical *Kala Basti* schedule of 16 days, comprising a combination of *Niruha* and *Anuvasana Basti*. The intervention was carried out over a 19-day treatment period. Initially, *Deepana-Pachana* was administered with *Hingwastak Churna* to improve digestive capacity and metabolic function. Prior to the administration of *Basti*, *Sthanik Snehana* (local massage-from lumbar to both feet) with *Tila Taila* followed by *Nadi Sweda* (sudation) was performed. *Local Snehana*

helps to pacify *Vata Dosha*, softness of the body, removes *Mala* and local *Swedana* relieves stiffness, coldness and improves local blood circulation due to dilation of the blood vessels.[9] Generally, *Tila Taila* (sesame oil) is considered as best among all *Tailas* in *Ayurveda* because it is *Tridoshaghna* (subside all three *Doshas*) in nature and it nourishes tissues, give strength and increases *Agni*. [10] *Nadi Sweda* with the decoction of *Nirgundi Patra* is a kind of sudation in which medicated steam is applied to the patient's body. *Nirgundi Patra* has *Vatahara*, *Shoolahara* property.[15] It relieves the pain and stiffness. The preparation of *Niruha Basti* follows a standardized sequence of mixing ingredients, which plays an important role in therapeutic action.

Honey possesses ambiphilic (lipophilic and hydrophilic) properties. Which can dissolve both water as well as lipids in it. Salt reduces surface tension and also converts viscous form of honey to soluble form. This facilitates proper blending of oil with the preparation. *Kalka Dravya* will dissolve easily and will give potency to *Basti Dravya*, while *Kwatha Dravya* will increase surface area for absorption along with its other actions. Continuous stirring and maintenance of optimum temperature will facilitate the above reactions. The final formulation acquired a colloidal form that may facilitate the transfer of active constituents between the large intestinal lumen and systemic circulation through semi permeable membrane. Absorption of these components through the gastro intestinal mucosa may occur through the mechanisms such as active transport and passive diffusion. Moreover, due to its hyperosmotic properties *Niruha Basti* may contribute to the elimination of morbid factors including endo toxins, through osmotic and detoxifying actions. On the other hand, the comparatively hypoosmotic property of *Anuvasana Basti* may improve absorption of active principles into the blood.

The formulation of *Rasnadi Niruha Basti* includes *Kalka dravya* like *Madanaphala*, *Yashtimadhu*, *Musta*, *Pippali* etc. *Kwatha dravya-Rasna*, *Eranda*, *Guduchi*, *Nimba*, *Dashamoola* etc, and *Avapa dravya* as *Gomutra*. These all *Dravya* are having *Kapha Vata Shamaka*, does *Kostha Shuddhikara*, *Mrudu Rechak*, some having *Tikta Kashaya Rasa Pradhana*, *Ushna Veerya*, *Laghu Ruksha Guna*, does *Kapha Shamana*, *Agni sandeepana*. It is indicated in conditions like *Krimi Roga*, *Prameha*, *Bradhna*, *Udara*, *Ajeerna* and *Kaphaja Vikara*. [7]

At the end of the one-month follow-up period, the patient showed a progressive reduction in symptom grades was noted. Polyuria reduced in frequency and volume, indicating improved bladder regulation and decreased osmotic diuresis. Polydipsia gradually subsided, indicating restoration of fluid balance and decreased compensatory thirst response. Generalized weakness improved significantly, reflecting better energy metabolism and reduced

catabolic state. Burning sensation in palms and soles also reduced, indicating improvement in peripheral nerve function and microcirculation. Objective parameters also showed considerable improvement, with Fasting Blood Sugar (FBS) decreasing from 182 mg/dl to 118 mg/dl, Post-Prandial Blood Sugar (PPBS) reducing from 268 mg/dl to 156 mg/dl and Glycated hemoglobin (HbA1c) reducing from 8.4% to 7.1%. These findings indicate a better glycemic control, which may be attributed to the improvement of *Agni*, reduction of *Ama* and *Kleda* and restoration of *Dosha* balance.

However, as this is a single case report, the findings should be interpreted cautiously. The clinical improvement observed may also be attributed to concurrent interventions such as dietary regulation, lifestyle modifications all of which are known to contribute to better glycemic control.

Therefore, shows potential benefits in both clinical symptoms and objective parameters in *Prameha*. However, larger randomized controlled trials with standardized grading systems and longer follow-up periods are essential to validate these findings.

#### LIMITATIONS

This study is limited by its single-case report, which restricts generalizability of the findings. The duration of follow-up was relatively short, limiting evaluation of long-term sustainability of therapeutic benefits and prevention of complications.

#### CONCLUSION

According to this Case Report *Rasnadi Niruha Basti* was administered as a 19-day Ayurvedic intervention. The main components of *Rasnadi Niruha Basti* predominantly possess *Katu* and *Tikta Rasa*, *Katu Vipaka* and *Ushna Virya*, which are considered effective in reducing vitiated *Kapha Dosha*, a key contributor in the development of *Prameha*. By pacifying *Kapha*, the intervention acts on *Rasa*, *Udaka*, *Mamsa*, and *Meda Dhatu* and helps maintain the normal functioning of *Udakavaha* and *Mutravaha Srotas*. During the one-month follow-up period, persistent improvement in the patient's clinical condition was observed. The therapeutic outcomes noted may be associated with improved metabolic regulation, enhanced insulin sensitivity, better cellular utilization of glucose and regulation of fluid balance. These changes may have contributed to the reduction in symptoms such as polyuria, polydipsia, polyphagia, burning sensation in the palms and soles resulting in an overall improvement in the patient's clinical status and quality of life.

Key message- *Rasnadi Niruha Basti* administered as *Kala Basti* is a useful therapeutic modality for the management of *Prameha*.

#### 5. Patient's Perspective

The patient showed major relief in symptoms after completion of therapy. There was a visible reduction

in frequency of urination and excessive thirst, along with improvement in energy levels and overall well-being.

The patient showed satisfaction with the treatment, mainly highlighting the improvement without any side effects. The patient also reported better sleep and improved quality of life after treatment.

#### **6. Declaration of patient consent**

Written informed consent was received from patient prior to start of treatment and for publication of clinical details. The patient was assured that confidentiality and anonymity would be maintained throughout the study and publication process.

**8.Conflicts of interest-** no conflict of interest.

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