

Efficacy of *Guduchyadi Ksheera Basti* and *Yashtimadhu Taila Matra Basti* in the Management of Recurrent Gouty Arthritis (*Vatarakta*): A Case Report

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Abstract

Background: Gouty arthritis is a metabolic disorder characterized by chronic hyperuricemia leading to the deposition of monosodium urate crystals in the joints. In *Ayurveda*, this presentation closely mirrors *Vatarakta*. Conventional management relies heavily on xanthine oxidase inhibitors like Allopurinol; however, recurrent flare-ups remain a clinical challenge for many patients.

Case Presentation: A 30-year-old male presented with sharp pain, tenderness, and inflammation in the ankle joint. He had a history of recurrent gouty attacks every 3 months despite regular compliance with Allopurinol. Baseline investigations revealed a significantly elevated Serum Uric Acid level of 10.7 mg/dL.

Intervention: The patient was managed with a Yoga Basti regimen consisting of *Guduchyadi Ksheera Basti* (360 mL) as *Niruha* and *Yashtimadhu Taila Matra Basti* (60 mL) as *Anuvasana*.

Results: Post-treatment biochemical analysis demonstrated a remarkable reduction in Serum Uric Acid to 5.7 mg/dL. Long-term follow-up up to March 2026 revealed complete resolution of clinical symptoms with zero recurrence of gouty episodes.

Conclusion: The combined administration of *Guduchyadi Ksheera Basti* and *Yashtimadhu Taila Matra Basti* provides a highly effective, sustainable, and safe alternative for managing refractory hyperuricemia and preventing recurrent gouty arthritis.

Keywords : Gout, Hyperuricemia, *Vatarakta*, *Guduchyadi Ksheer Basti*

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Introduction

Gout is a painful metabolic arthropathy driven by hyperuricemia—defined as the oversaturation of serum uric acid levels beyond physiological limits.

¹When uric acid production exceeds renal excretion, monosodium urate (MSU) crystals precipitate within the synovial fluid of peripheral joints, triggering a cascade of inflammatory cytokines. This manifests as acute, excruciating pain, erythema, and functional

limitations, most commonly localized to the first metatarsophalangeal or ankle joints. In India, hyperuricemia is an emerging public health concern, with an estimated prevalence ranging from 10% to 30% in the general population, while studies have reported prevalence rates of approximately 22.5%–25.8% among high-risk groups such as individuals with hypertension and diabetes. ²

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Standard conventional management utilizes NSAIDs, colchicine, and urate-lowering therapies (ULT) such as Allopurinol. While ULT is effective for many, a subset of patients experiences frequent breakthrough recurrences and potential adverse reactions, highlighting the need for holistic, root-cause interventions.

In Ayurvedic jurisprudence, this clinical presentation is classified under *Vatarakta* (specifically *Vatadhika* or *Uttana-Gambhira Vatarakta*). The etiology involves the mutual vitiation of *Vata Dosha* and *Rakta Dhātu*, leading to a pathway obstruction (*Margavarana*) within the joint spaces.³ Classic texts advocate *Basti Karma* (medicated enema therapy) as the premier treatment modality for *Vatarakta*, as it acts directly on the primary seat of *Vata* while simultaneously purifying the circulating blood tissue (*Rakta Shodhana*).⁴ This case study documents the successful management of chronic, recurrent gouty arthritis using specialized Ayurvedic *Basti* protocols.

Methods

Patient Information & Clinical Presentation

A 30-year-old male patient presented to our outpatient clinic with severe, sharp pain, localized swelling, heat, and restricted mobility in his right ankle joint. The patient had been diagnosed with gouty arthritis two years prior and suffered acute exacerbations approximately every 3 months, despite being on a steady maintenance dose of Allopurinol.

Diagnostic Assessment & Baseline Data

The diagnosis was established based on clinical features and confirmed via biochemical screening.

Date of Baseline Assessment: December 6, 2024

Serum Uric Acid: 10.7 mg/dL (Refer. Range: 3.4 – 7.0 mg/dL)

Hemoglobin: 12.2 gm%

HbA1c: 5.4% (Normal/Non-diabetic status)

Therapeutic Intervention

Allopurinol was gradually tapered off, and the patient was put on a *Yoga Basti* schedule (an 8-day structured enema cycle) under strict clinical monitoring:

Niruha Basti (Decoction Enema) with *Guduchyadi Ksheera Basti* (360 mL) Administered on an empty stomach in the morning

Matra Basti (Oil Enema) with *Yashtimadhu Taila* (60 mL) Administered post-prandially (after meals)

To prepare exactly 360 mL of *Guduchyadi Ksheera Basti*⁷ (a medicated milk-based enema), the traditional five-part compounding ratio (*Madhu*, *Saindhava*, *Sneha*, *Kalka*, and *Ksheerapaka*) is scaled to achieve the exact target volume.

The standard ingredient breakdown scaled for a 360 mL final emulsion is organized below

1. **Madhu** (Honey)

Functional Role: *Yogavahi* (Bio-enhancer / Catalyst)

Quantity Required: 60 mL

Description: Acts as a potent bio-enhancer and catalyst to improve the absorption and targeted bioavailability of the active principles within the formulation.

2. **Lavana** (*Saindhava Lavana* / Rock Salt)

Functional Role: *Vibhajaka* (Solubilizer & Dispersant)

Quantity Required: 5 grams

Description: Serves as a critical solubilizer and dispersing agent, assisting in the proper breakdown and homogenous mixing of lipid and aqueous phases.

3. **Sneha** (Medicated Ghee or Oil)

Specific Item: e.g., *Tikta Ghrita*

Functional Role: *Snehana* (Lubrication & Lipid Carrier)

Quantity Required: 60 mL

Description: Provides necessary lubrication and acts as the essential lipophilic carrier, facilitating the delivery of fat-soluble phytochemical components into deep tissues.

4. **Kalka** (Herbal Paste)

Specific Item: e.g., *Guduchi*, *Shatapushpa*

Functional Role: *Prapaka* (Main Pharmacological Active Base)

Quantity Required: 20 grams

Description: Comprises the core therapeutic herbs ground into a smooth paste, supplying the primary active pharmacological load to the formulation.

5. **Ksheerapaka** (Medicated Milk Decoction)

Specific Item: *Guduchi Siddha Ksheera*

Functional Role: *Drava Dravya* (Liquid Medium & Nourishment)

Quantity Required: 216 mL

Description: Serves as the primary liquid medium, base for the final emulsion, and nutrient-rich vehicle for the entire compound.

Compounding Method Note: In Ayurvedic pharmacy, the mixing order is strict to ensure a stable emulsion. The honey and rock salt are blended first, followed by the slow incorporation of the lipid (*Sneha*). The herbal paste (*Kalka*) is mixed in next, and the warm medicated milk (*Ksheerapaka*) is slowly whisked in last until a perfectly smooth, uniform liquid is achieved.

Dietary Regimen: The patient was advised to follow a *Vata-Rakta* pacifying diet, avoiding purine-rich foods (e.g., lentils, red meat, alcohol), sour ferments, and excessive salt, while consuming lukewarm water throughout the day.

Results

The patient responded remarkably well to the 8-day *Yoga Basti* course. Pain and localized ankle inflammation subsided substantially by the end of the treatment cycle.

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Biochemical Re-evaluation

A follow-up laboratory analysis was conducted to monitor metabolic changes:

Date of Post-Treatment Assessment: December 20, 2024

Serum Uric Acid: 5.7 mg/dL (Reference Range for Males: 3.5 – 7.2 mg/dL)

Method of Analysis: Uricase - PAP

The post-treatment report verified a significant drop of 5.0 mg/dl in serum uric acid levels, bringing the patient completely within the normal physiological range.

Long-Term Follow-Up

The patient was followed up periodically for over 15 months. By March 2026, the patient reported being completely healthy, fit, and fine. Most notably, the recurrent cyclical pattern of gouty attacks every 3 months was entirely broken, with zero recurrences recorded post-intervention.

Discussion

The clinical success of this protocol lies in its targeted *Samprapti Vighatana* (disruption of disease pathogenesis) through the synergistic actions of *Guduchyadi Ksheera* and *Yashtimadhu Taila*.

Guduchyadi Ksheera Basti: *Guduchi* (*Tinospora cordifolia*) is widely acknowledged as the drug of choice (*Agraya Aushadha*) for *Vatarakta*. It possesses potent immunomodulatory, anti-inflammatory, and uricosuric properties. Processing *Guduchi* with milk (*Ksheera Paka*) yields a highly nourishing, Vata-Pitta soothing medium that acts on *Gambhira Dhatu* levels, facilitating the clearance of metabolic wastes from the vascular system.⁵ In *Ayurveda*, hyperuricemia is correlated with *Vatarakta*, where aggravated *Vata* and vitiated *Rakta*, along with impaired metabolism (*Agnimandya*), lead to the accumulation of pathogenic substances. *Guduchyadi Ksheera Basti* acts by pacifying *Vata*, purifying *Rakta*, reducing inflammation, and promoting proper metabolism. The milk base nourishes tissues, alleviates dryness, and enhances the *basti's Vata-shamaka* effect, while *Guduchi* (*Tinospora cordifolia*) possesses anti-inflammatory, antioxidant, and immunomodulatory properties that help reduce joint inflammation and support uric acid homeostasis. By correcting the underlying *doshic* imbalance and improving systemic metabolic function, *Guduchyadi Ksheera Basti* not only relieves pain, swelling, and stiffness but also contributes to the long-term management of hyperuricemia and its associated clinical manifestations.

Yashtimadhu Taila: *Yashtimadhu* (*Glycyrrhiza glabra*) exhibits distinct anti-inflammatory actions comparable to mild corticosteroids without the corresponding side effects. Administered as a *Matra*

Basti, it lubricates the *Purishadhara Kala* (which shares an anatomical and physiological relationship with *Asthi-Sandhi* or bone-joint structures according to *Ayurveda*), effectively checking the hyper-reactivity of *Vata Dosha* and preventing future inflammatory flare-ups.⁶

By routing these herbs rectally via *Basti*, the first-pass hepatic metabolism is bypassed, allowing direct systemic absorption via the hemorrhoidal veins and lymphatic pathways. This corrects the underlying metabolic dysfunction, which explains why the patient remained free of recurrences through March 2026 even after stopping conventional xanthine oxidase inhibitors.

Conclusion

This case demonstrates that a structured *Yoga Basti* regimen using *Guduchyadi Ksheera Basti* and *Yashtimadhu Taila Matra Basti* is highly effective in treating hyperuricemia and recurrent gouty arthritis. It not only successfully lowers serum uric acid levels to a normal physiological range but also offers sustained protection against the recurrence of acute arthritic attacks, thereby vastly improving the patient's long-term quality of life.

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AGE & SEX : 30 Years Male	Accession Date : 6-Dec-2024
Collected At :	Report Date : 6-Dec-2024
Referred By : SELF	Report Status : Final

REPORT OF BIOCHEMISTRY

TESTS	RESULT	UNITS	REFERENCE RANGE
Serum Uric Acid	: 10.7	mg/dl	3.4 - 7.0

REPORT OF HAEMATOLOGY

Hemoglobin	: 12.2	gm%	13 - 17
GLYCOSYLATED HEMOGLOBIN (HBA1C)			
HBA1C	: 5.4		<5.7: NORMAL 5.7-6.4: Prediabetets ≥6.5: Diabetes

Interpretation	
As per American Diabetes Association (ADA)	
Reference Group	HbA1C in %
Non Diabetic adults ≥18 Yrs	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	≥6.5
Therapeutic goals for glycemic control	Age > 19 yrs
	. Goal of therapy : < 7.0
	. Action suggested : > 8.0
	Age < 19 yrs
	. Goal of therapy : < 7.5
Note 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1C. Converse is true for a diabetic previously under good control but now poorly controlled.	
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.	

Age / Gender:	[30] / [male]	Reported Date/Time:	20/12/2024 04:00 PM
Referred By:	[self]	Sample Type:	Serum
Lab Ref No:	NP/2025/122001	Barcode:	98374829

BIOCHEMICAL ANALYSIS

TEST PARAMETER	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
SERUM URIC ACID	5.7	mg/dL	Male: 3.5 — 7.2 mg/dL Female: 2.6 — 6.0 mg/dL	Uricase - PAP



Clinical Interpretation & Notes:

- **Serum Uric Acid:** Uric acid is the end product of purine metabolism in the human body.
- **Result Analysis:** The observed value of 5.7 mg/dL falls within the standard normal physiological reference range for both adult males and females.
- **Clinical Correlation:** As an isolated finding, this indicates normal purine clearance and renal excretion. Kindly correlate clinical manifestations with these values.

End of Report

Checked & Validated By:

Chk

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Consultant Pathologist