Role Of Basti And Shamana Chikitsa In Gulma (Chronic Pancreatitis):A Single Case Study

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ABSTRACT
Gulma is considered as one among Ashta Mahagadha explained by Acharya Charaka in Nidana Sthana. It is also included in Vata Nanatmaja Vyadhi. The term 'Gulma' refers to a hard, localized swelling or mass in the abdominal region, causing discomfort and functional disturbances1. This case report presents the successful Ayurvedic management of a 42-year-old male patient who complained of frequent loose stools, reduced appetite and recurrent dull aching abdominal pain. Based on detailed clinical assessment, the condition was diagnosed as Chronic Calcific Pancreatitis and was correlated with Gulma from an Ayurvedic perspective. The patient underwent a comprehensive treatment regimen consisting of Yoga Basti, appropriate Shamana Aushadhis and Anubhuta Yoga formulations, with the objective of addressing Vata predominance, restoring digestive function and resolving the underlying pathology.
Marked clinical improvement was observed throughout the treatment period, evidenced by substantial relief from abdominal pain, normalization of bowel movements, enhancement of appetite and overall improvement in quality of life. The intervention was well tolerated and no adverse events were reported. Complete remission of presenting symptoms was achieved by the end of the treatment course, highlighting the potential role of Ayurvedic therapeutic modalities in the management of Chronic Calcific Pancreatitis interpreted as Gulma.
Keywords Gulma, Chronic Pancreatitis, Pancratopathies, Yoga Basti
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INTRODUCTION

Gulma is considered as Vata Pradana Tridoshaja Vyadhi. The Pratyatma Lakshana of Gulma is Shula and Shotha. When the aggravated Vata is localized in the abdomen this causes swelling associated with Shula 2.The provoked Vata takes out Kapha and Pitta from their sites and in turn gets blocked its own passage by them. Thus, blocked Vata is unable to move properly leading to pain in the regions of Hridaya, Nabhi, both Parshwa and Basti3Pancreas is a unique gland bearing both endocrine and exocrine functions4. The cardinal symptom of pancreatitis is pain abdomen. Chronic pancreatitis (CP) is characterised by pancreatic inflammation and fibrosis, the end point of which is destruction of pancreatic parenchyma with eventual loss of exocrine and endocrine functions5 togther known as pancratopathies. Leading to digestive and metabolic disturbances.The pain is aggravated by lying down and is relived to some extend by sitting and stooping forward6.The prevalence of chronic pancreatitis is 10 to 15/100,000 population in western countries but is much higher in India at 125/100,000 population7.

CASE STUDY

The present case study deals with 42 years old male patient presented with history of frequent loose stools, loss of appetite, recurrent dull, aching pain abdomen since 8 years associated with considerable weight loss. On examination Nutritional deficiencies where observed such as protein deficiency, electrolyte imbalance, and calcium deficiency are observed.

HISTORY OF PRESENT ILLNESS

Patient was apparently healthy before 8 years. Gradually he developed frequent loose stools, loss of appetite, recurrent dull aching abdomen pain. On examination tenderness was noted in epigastric region radiating to lower back region. Patient was treated conservatively at Allopathic Hospital. But he did not get any satisfactory relief. Later he was admitted in Ayurveda Mahavidyalaya and Hospital, Hubballi for further management.

HISTORY OF PAST ILLNESS

Patient was not a known case of Type 2-Diabetes, Hypertension.
There was no Surgical history.

Personal history

- Food habit: Mixed diet (Non-veg –Weekly twice)
- Sleep: Disturbed due to itching.
- Bowel: Constipated
- Micturition: 5-6 times/day, 1 time/night.

▪ Family history: All Family members are said to be healthy.

VITAL EXAMINATION
Pulse Rate: 78 bpm
Respiratory Rate: 18cpm
Heart Rate: 72bpm
Blood pressure: 130/90 mmHg

NIDANA PANCHAKA
Nidana - Atisevana of Ruksha , Sita, Laghu Ahara, Vishamashana, Adyasana,alushita akara.
Purvarupa - Antra-kujana, Admana , Agnimandya , Alpashula
Rupa - Shula, Admana , Vibhanda , Anaha
Upashaya - Ushna Snigdha Ahara
Anupashaya - Upavasa , Ruksha Ahara, Kshuda Vega Nirodha
Samprapti
Nidana sevana → Vata prakopa
- Vata gets avarita by Pitta/Kapha/Rakta/Anya dhātu
- Sanchita Vata localizes in udara
- Leads to formation of Granthi-Rupa Gulma with Sula .

SAMPRAPTI GHATAKA
Dosa - Vata Pradhana Tridosa
Dushya- Rasa, Rakta, Purisha, Kleda
Adhisthan- Hridaya, Nabhi, Basti, Parswa, Amashaya, Pakwashaya
Agni- Jatharagni, Dhatwagni
Agnidusti - Visamagni, Mandagni
Srotas- Annavaha, Purishavaha
Srotodusti- Sanga, Vimargagaman, Atipravritti
Sancarasthana- Mahasrotas
Vyaktasthana-Hriday, Nabhi, Basti, Parswa, Amashaya, Pakwashaya, Garbhashaya
udbhavasthana- Amasayottha, Pakvasayottha
Swabhava- Asukari, Chirakari
Prabhava- Ekadoshaja-Sadhya Tridosaja- Asadhya
Roga Bheda- 5 types

ASHTA STHANA PARIKSHA
1. Nadi - Pittaja (78bpm)
2. Mala -Vibandha
3. Mutra - Prakrita
4. Jihwa - Ishat Liptata
5. Shabda - Prakrita
6. Sparsha - Anushna Sheetha
7. Druk - Prakrita
8. Akriti - Madhyama

DASHAVIDHA PARIKSHA
1. Prakruti - Vata-Pitta
2. Vikriti -Tridosha+Rakta
3. Sara - Madhyama
4. Samhanana - Heena
5. Pramana - Madhyama
6. Satwa - Heena
7. Satmya - Shadrasa
8. Aharashakti - Heena
9. Vyayamashakti - Avara
10. Vaya - Madhyama

SYSTEMIC EXAMINATION
▪ Respiratory System: Normal Vesicular Breath Sound heard.
▪ Cardiovascular System: S1 S2 heard, No added sound heard.
▪ Central Nervous System: Patient is conscious and oriented to time, place and person.
▪ Gastro-Intestinal Tract: Soft and tenderness is noted in epigastric region radiating to low back region.

INVESTIGATIONS
CBC
Liver function test
Thyroid profile
Platelet count
Serum creatinine
Serum amylase
Serum lipase
Ultrasonography of Abdomen

MATERIALS AND METHOD

Oral medication	**DOSAGE**
1.Elajamojarasayanam	1tsp twice daily
1.Shankha vati + Jambeera Swarasa	1Tablet twice daily
2.Vayu Gulika/ Kasturyadi gulika	1Tablet twice daily
3.Nayopayam kashaya	10ml twice daily

4.Bala Jeerakadi Kashaya	10ml twice daily
5. • *Kamadugha Rasa* • *Sutashekhara Rasa* • *Guduchi Satva* • *Pravala Bhasma* • *Mayura Chandrika Bhasma* • *Yashtimadhu*	1gm with Honey twice daily
BASTI ***Anuvasana Basti*** *Sukumara Ghrutam = 60 ml* ***Niruha Basti*** *Saindava Lavana - 5 gms* *Honey - 60 ml* *Sukumara Ghrutam- 100ml* *Shatahva Kalka - 15gms* *Bala jeerakadi Kashaya -300 ml* *Kalashakadi Kashaya-300 ml*	<table><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr><tr><td>A</td><td>N</td><td>A</td><td>N</td><td>A</td><td>N</td><td>A</td><td>A</td></tr></table>
Advice on Discharge *Manibadra Lehyam* *Dadimashtaka choorna* *Shalmali Rasayana* *Dadimavalehya* *Cap Siddamruta ras* *Tab Amlaparimala*	On alternate days Once a day Twice daily Twice daily Twice daily Once a day

RESULTS

Date	AMYLASE	LIPASE
28/08/25	114.12 U/L	48.1 U/L
19/10/25	105.09 U/L	
16/11/25	94.17 U/L	15.5 U/L

The patient showed marked improvement in abdominal pain, appetite, bowel regularity, and general wellbeing after completion of therapy.

FINAL DIAGNOSIS

The diagnosis suggests Chronic Calcific Pancreatitis.

A key question in such cases is whether there is calculus formation in the pancreatic duct. Imaging and biochemical investigations, including pancreatic enzyme levels (especially pancreatic amylase), help in confirmation. Chronic inflammatory changes and calcifications are structural findings commonly seen in advanced cases.

Pancreatic Enzymes and Their Functions

The pancreas secretes important digestive enzymes: Lipase does fat metabolism , Trypsin and Chymotrypsin does protein digestion , Amylase does carbohydrate digestion.

When pancreatic amylase and other enzymes are reduced, carbohydrate conversion and proper metabolism become impaired. This leads to malabsorption , loose stools, and weight loss. Carbohydrate metabolism is also closely related to

insulin secretion from beta cells of the pancreas. Chronic pancreatic damage may affect beta cells, potentially leading to diabetes mellitus.

Chikitsa

The chikitsa sutra of Gulma emphasis Snigdha Bhojana, Abhyanga, Snehapana, Niruha, Anuvasana Basti and Swedana Karma8.

DISCUSSION

There is involvement of Dosha–Dhatu imbalance, particularly affecting Rasa and subsequent Dhatus. Improper digestion at the level of Bhutagni leads to inadequate nutrient transformation. Symptoms such as Kshaya (emaciation), Daurbalya (weakness), and digestive disturbances are prominent.

PATHOPHYSIOLOGY

In chronic pancreatitis:

- Structural damage occurs due to long-standing inflammation.
- Calcifications develop in the pancreatic tissue or ducts.
- Enzyme secretion reduces.
- Nutrient conversion at the enzymatic level becomes insufficient.
- Protein, fat and carbohydrate metabolism are impaired.

This results in malnutrition and systemic weakness.

From an Ayurvedic perspective, this condition can be correlated with Dhatu paka , Bhutagni Mandya , Gulma. Management of Gulma with Deepana–Pachana and Vatanulomana Approach.

Gulma is predominantly a Vata-pradhana Vyadhi characterized by symptoms such as Adhmana (abdominal distension), Atopa (gurgling sounds), Vibandha (constipation), Shula (pain), Arochaka (loss of appetite) and a feeling of fullness even after minimal intake of food. The pathology mainly involves derangement of Samana Vata and Apana Vata along with impairment of Agni, leading to Ama formation and obstruction in the Koshta.

1. Elajamojarasayanam
मेहगुल्मक्षयव्यधिपाण्डुरोगभगन्दरान् ॥9

The primary line of management includes Deepana and Pachana Dravya Samyoga to stimulate Pachakagni and digest Ama. Formulations in Avaleha form are particularly effective because they remain in contact with the oral cavity for a longer duration, stimulating salivary secretion and acting on Mucopolypeptides and Bodhaka Kapha. This enhances digestion and absorption.Because of their prolonged availability in the gastrointestinal tract, symptomatic relief becomes significant due to improved absorption and sustained action.

Formulations possess Deepana, Pachana, Vatanulomana (regulation of Vata), Shoolaprashamana , Agneya and Ushna properties.

2. Shankha Vati with Jambira Rasa
सर्वशूलं हरेद् गुल्ममजीणं परिणामजम्|10

Shankha Vati administered along with Jambira Rasa is indicated due to its Kshara quality and Agnideepaka action.The Agneya and Amla properties help in stimulating digestive fire and rectifying impaired metabolic activity.

- Reduces shoola through Vatanulomana.
- Corrects Sama Pitta in the Koshta.
- Balances Samana and Apana Vata.
- Relieves Vibandha.
- Improves appetite and digestion.

3.Vayu Gulika

Vayu Gulika11 mentioned in Sahasra Yoga Gulika Prakarna is beneficial in conditions presenting with Adhmana, Atopa, Vibandha, and Shula. It possesses Deepana, Pachana, Vatanulomana properties.It helps in Ama pachana, Regulation of Udana Vayu and Avalambaka Kapha ,Balancing Samana and Apana Vata ,Maintaining bowel regularity , Stimulating gastrointestinal functions.

4.Classical Herbo-Mineral Combinations

As referenced in classical compilations such as Rasatantrasara Sangraha i.e, Siddha Prayoga Sangraha, the following formulations are useful:

- Kamadugha Rasa
- Sutashekhara Rasa
- Guduchi Satva
- Pravala Bhasma
- Mayura Chandrika Bhasma
- Yashtimadhu
- Madhu

These drugs help in Shoolaprashamana, Regulation of HCl secretion, bile secretion and pancreatic secretions, Enhancing gut absorption, Managing chronic inflammatory conditions, Relieving Adhmana, Atopa, Vibandha, Gulma shosha and Gulma shotha.

5.Sneha Virechana and Basti Chikitsa

Sneha Virechana using suitable Sneha preparations, here Capsule Mishraka Sneha is administered in cases associated with Sthanika shula and Gulma.

Since Gulma is a Vata-pradhana condition, Basti plays a central role in management. A schedule of Niruha Basti in the form of Kala Basti pattern is advised.

Basti Dravya

- Balajirakadi Kashaya and Kalashakhadi kashaya
- Kalka: Shatahva Kalka

- Madhu
- Saindhava Lavana

• Sukumara Ghrita - Helps in Vatanulomana, Mridu Virechana ,Deepana ,Pachana and Brumhana.

Actions

Acts on Pachaka Pitta, Regulates gallbladder and pancreatic secretions, Vatanulomana, Shoolahara, Neutralizes inflammatory processes acts locally in the Adhonabhi pradesha.

Thus, through Deepana, Pachana, Vatanulomana and Basti Chikitsa, the pathogenesis of Gulma is addressed at multiple levels, ensuring correction of Agni, regulation of Vata, removal of Ama, and relief of abdominal pain and distension.

CONCLUSION

Sula and Sotha are considered the prominent clinical manifestations of Gulma, which may develop in any part of the gastrointestinal tract. In Ayurveda, the primary objective of Cikitsa is Samprapti Vighatana, meaning the disruption of the disease process at its root level. In the present case, this goal was attained through a comprehensive therapeutic approach that included internal medications along with Snehana, Swedana and Basti Karma. The treatment protocol integrated both Samana and Sodhana, which represent the fundamental therapeutic principles of Ayurveda. The clinical outcome observed in this single case indicates considerable improvement with this combined approach. The Ayurvedic management strategy may therefore be effective in managing chronic pancreatitis with calcification, not only during acute episodes but also in minimizing the risk of complications.This case demonstrates the potential efficacy and safety of Ayurvedic interventions, particularly Yoga Basti and supportive oral therapies, in the management of chronic Calcific pancreatitis conceptualized as Gulma. The findings suggest that a tailored Ayurvedic treatment approach may offer a promising, holistic, and non-invasive option for improving patient outcomes in such chronic gastrointestinal disorders.

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