



Research Article

EFFICACY OF VACHA HARIDRADI GANA BASTI IN THE MANAGEMENT OF PRAMEHA W.S.R. DIABETES MELLITUS

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ABSTRACT

Prameha in Ayurveda is a chronic metabolic disorder marked by excessive and turbid urination due to vitiation of *Kapha, Meda, and Kleda*. It closely correlates with Type 2 Diabetes Mellitus, characterized by persistent hyperglycemia. This study evaluated the efficacy of *Vacha Haridradi Gana Basti* in five patients aged 30–60 years on metformin. A 16-day regimen of alternating *Niruha* and *Anuvasana Basti* was administered. Assessment included subjective symptoms and blood glucose levels. Results showed significant improvement in symptoms and glycemic control, with no adverse effects, indicating that *Vacha Haridradi Gana Basti* is a safe and effective management option for *Prameha*. The therapeutic effect can be attributed to the *Deepana-Pachana, Kledashoshana, and Medohara* properties of *Vacha Haridradi Gana*, along with the systemic action of *Basti* in eliminating vitiated *Doshas* and restoring metabolic balance. Thus, *Vacha Haridradi Gana Basti* appears to be a safe and effective treatment modality for the management of diabetes mellitus type 2, especially in early and moderately controlled cases.

INTRODUCTION

Prameha is a major metabolic disorder described in Ayurvedic classics, characterized by excessive and turbid urination. It is primarily caused by vitiation of *Kapha Dosha* along with *Meda, Mamsa, and Kleda*^[1]. In chronic stages, *Vata* involvement leads to complications.

In modern medicine, *Prameha* can be correlated with diabetes mellitus type 2, a global health concern with increasing prevalence due to sedentary lifestyle, improper diet and stress. It manifests with classical symptoms such as polyuria, polydipsia, and polyphagia.

Ayurveda emphasizes *Shodhana* therapy, especially *Basti*, as the best treatment for systemic disorders involving *Vata* and metabolic imbalance.

Vacha Haridradi Gana, described in classical texts, possesses *Kapha-Medohara, Kledahara, and Deepana-Pachana* properties^[2].

Basti therapy acts at the level of *Pakwashaya* and influences systemic metabolism, making it highly effective in diseases like *Prameha*. This study aims to evaluate the efficacy of *Vacha Haridradi Gana Basti* in managing *Prameha* with special reference to Type 2 Diabetes Mellitus.

Thus, *Vacha Haridradi Gana Basti* can be considered a safe and effective Ayurvedic approach for managing Diabetes Mellitus Type 2, especially in early and moderately controlled cases.

AIM AND OBJECTIVES

Aim

To study the role of *Vacha haridradi gana basti* in *Prameha w.s.r* to (Diabetes mellitus Type 2).

Objectives

1. Literature review of *Vacha haridradi gana basti*.
2. Standardization of the method of preparation and administration of *Vacha haridradi gana basti, Vacha haridradi gana Taila Anuvasan Basti*.

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- To observe if any adverse reaction occurs during the *Basti* process.

MATERIALS AND METHODS

Materials needed for *Basti* procedure

- Til taila* for *Bahyasnehan* before *Basti*
- Nadiswedanyantra* for *Swedan*
- Freshly prepared *Vacha haridradi gana kwath*
- Vacha haridradi gana Taila*
- Enema apparatus
- Glycerine syringe
- Rubber catheter
- Disposable glove

Method of *Kwath* (decoction) Preparation

The *Kwath* was prepared as per the procedure described by Sharangdhara. 1 *Pala vacha haridradi gana bharad* is mixed with 16 times water and it is reduced to 1/8th part to get the *Kwath*^[3]. The preparation of *Asthapana (Niruha)* Basti follows a specific sequence for mixing its ingredients, as described in the *Ashtanga Hridaya* ^[4].

First of all, *Saindhav* was added to *Madhu* and mixed properly. Then *Til taila* was added and mixed, followed by *Kalka* and finally the *Kwath* was added. The whole mixture was mixed thoroughly and was heated to body temperature in a water bath.

Basti Dosage: For an adult person, the standard *Basti* dosage fixed by Charak is 12 *Prasruta*, which comes out to be 960ml.

Sharangdhara has fixed *Basti matra*^[5] as follows-

- Uttam matra* - 80 Tola (800ml)
- Madhyam matra*- 64 Tola (640ml)
- Hina matra* - 48 Tola (480ml)

In this study the *Uttam matra* told by Sharangdhara was taken i.e., 800ml. The quantity of *Sneha* in *Niruha basti* in *Kaphapradhanvyadhi* is 1/8th of total *Basti dravya* quantity. So, the quantity of *Basti dravyas* was taken as follows.

Kwath = 550ml

Sneha = 100ml

Kalka = 20gm

Saindhav = 10gm

Madhu = 100gm

Gomutra arka = 20 ml

Method of Preparation of *Vacha haridradi gana Taila*

Vacha haridradi gana Taila, used for *Anuvasan basti*, was prepared according to the following method. The *Kwath* used of *Vacha haridradi gana*, while *Til taila* was used as *Sneha dravya*. The ingredients with their proportion used for the preparation of *Vacha haridradi gana Taila* is as given ^[6] below:

Vacha haridradi gana bharad - 1 part

Til taila - 4 parts

Vacha haridradi gana kwath - 16 parts

Procedure

- The *Kwath* was prepared according to reference of Sharangdhara as given above.
- Now, the *Kwath* was mixed with the *Til taila* along with the *Vacha haridradi gana kalka* in above mentioned proportion and subjected to heat.
- This mixture was heated till the *Sneha siddhi lakshanas* were observed.
- The *Vacha haridradi gana taila* thus prepared was then cooled and stored for further use.
- Clinical Study:** The patients were diagnosed on the basis of sign and symptoms of *Prameha* (Diabetes mellitus type 2) as per Ayurvedic and modern diagnostic methods.

Diagnosis was made with the help of following parameters:

Subjective parameters

- Polyuria (*Prabhutmutrata*)
- Polydipsia (*Pipasaadhikya*)
- Poyphagia (*Kshudhadhikya*)
- Burning sensation (*Karpadadaha*)

Objective parameters

Blood sugar- Fasting 120 mg/dl – 200 mg/dl and Post Prandial 160 mg/dl - 300mg/dl

Inclusion criteria

- Age between 30-60 years.
- Recently diagnosed cases of Diabetes mellitus Type II.
- Patients with Fasting blood glucose 120mg/dl-200mg/dl and PP blood glucose 160mg/dl-300mg/dl
- Patient taking metformin (OHA) as regular treatment.

Exclusion criteria

- Age below 30 and above 60 years.
- Jataha Prameha*.
- Other associated complications like hypertension, any other CVS or CNS disorder.
- Pregnant or lactating women.
- Patients taking Insulin or any OHA other than metformin as regular treatment.

Administration of *Basti*

Asthapan basti of *Vacha haridradi gana kwath* was administered. We cannot apply one type of *Basti* i.e., *Niruha* or *Anuvasana* continuously. If we apply *Anuvasana Basti* continuously it aggravates morbid matter and reduces the *Agni* i.e., digestive power and if we use *Niruha Basti* then it causes provocation of *Vata*. Thus, *Niruha* after *Anuvasana* or vice versa are very

much important to restore the body normalcy and to pacify the diseases.

So, *Vacha haridradi gana taila* was used for the *Anuvaasan basti* which was given after 3 consecutive *Asthapana basti*^[7].

Poorva karma

Proper examination of the patient was carried out regarding the state of aggravated *Doshas, Agni, Bala, Satmya* etc. Blood pressure, pulse, respiration

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
N	N	N	A	N	N	N	A

9 th	10 th	11 th	12 th	13 th	14 th	15 th	16 th
N	N	N	A	N	N	N	A

Niruha Basti (N)- *Vacha haridradi gana kashaybasti* (800ml).

Anuvaasan basti (A)- *Vacha haridradi gana taila* (80ml).

- Ideally, *Anuvaasan basti* should be retained for 12hrs. And *Niruhabasti* should be retained for 48 minutes. It is then allowed to come out along with faecal matter and excess *Pitta* and *Kapha*.
- The patients were instructed to evacuate bowel when there is urge of passing stools. Patients were instructed not to strain or pass motion forcibly or retain forcibly.

Paschaat karma

Anuvaasan basti- *Sphikatadana, Utkshepana*-3 times.

Niruhabasti: Supine position was given to the patient and pillow was placed below the lower back region. Advice given after the procedure

rate was recorded before the procedure. *Sthanik mridu abhyang* with *Tila taila* was done on *Udar-kati Pradesh* of the patient^[8]. *Mridu nadiswedan* was done on the *Abhyang* parts till the *Samyak swedan lakshanas* were observed.

Pradhan Karma

The *Niruhabasti* and *Anuvaasan basti* were administered to the patients as per the schedule for 16 days.

1. To take hot water bath after *Basti Pratyagamana. Anuvāsana Basti pratyagamana kaal- 3 Yama*^[9] *Niruha basti pratyagamana kaal - 1 Muhurta*^[10]
2. To take normal diet, but less in quantity and avoid spicy food.
3. To avoid heavy work, walking, running, day sleep, exercise etc.

After the administration of *Basti*, the observations were recorded in the *Basti* record chart every day. The data thus collected was then subjected to statistical analysis at the end of the clinical trial. Following symptom score will be adopted for the assessment.

- 0- Completely relieved
- 1- Mild symptoms present
- 2- Moderate symptoms present
- 3- Severe symptoms present

Polyuria (Prabhutmootrata)

Score	Frequency of urine
0	Frequency of 4-6 times/24 hrs
1	Frequency of 7-9 times/24 hrs
2	Frequency of 10-12 times/24 hrs
3	Frequency of > 13 times/24 hrs

Polydipsia (Pipasaadhikya)

Score	Assessment criteria
0	Absent (taking 8-10 glass of water/day)
1	Taking 10-15 glass of water/day
2	Taking 15-20 glass of water/day
3	Unable to have sound sleep due to thirst

Polyphagia (Kshudhaadhikya)

Score	Assessment criteria
0	2 Chapati/meal
1	3-4 Chapati/meal

2	4-5 Chapati/meal
3	>5 Chapati/meal

Burning sensation of soles and palms (*Karapadadaha*)

Score	Assessment criteria
0	Absent
1	Occasional
2	Continuous
3	Continuous and require medication

OBSERVATIONS AND RESULT**Subjective Assessment**

S.No.	Polyuria (<i>Prabhutmootrata</i>)		Polydipsia (<i>Pipasaadhikya</i>)		Polyphagia (<i>Kshudhaadhikya</i>)		Burning sensation of soles and palms (<i>Karapadadaha</i>)	
	BT	AT	BT	AT	BT	AT	BT	AT
Patient 1	3	1	3	1	2	1	3	1
Patient 2	2	1	2	1	2	1	2	1
Patient 3	2	1	2	1	3	1	1	1
Patient 4	1	0	2	1	1	1	0	0
Patient 5	2	1	2	1	1	0	0	0

Objective Assessment

S.No.	Fasting sugar		Post Prandial sugar	
	BT	AT	BT	AT
Patient 1	163	95	221	180
Patient 2	143	108	190	152
Patient 3	144	93	198	125
Patient 4	132	95	163	117
Patient 5	147	95	160	116

DISCUSSION

The present study evaluates the effect of *Vacha Haridradi Gana Basti* in the management of *Prameha* (Type 2 Diabetes Mellitus). The observed results show improvement in both subjective symptoms (polyuria, polydipsia, polyphagia, burning sensation) and objective parameters (fasting and postprandial blood sugar levels).

The probable mode of action can be understood as follows:

Drug action (*Vacha Haridradi Gana*)

The ingredients predominantly possess *Katu, Tikta, Kashaya rasa* and *Ushna veerya*, which help in:

Deepana-Pachana → Improves *Agni* and reduces *Mandagni*.

Kledashoshana → Reduces excessive body fluid and turbidity.

Medohara → Reduces abnormal fat metabolism.

Srotoshodhana → Clears microchannels and improves metabolic transport.

Drugs like *Vacha, Shunthi, Mustaka* act on *Ama pachana*, while *Haridra* and *Daruharidra* act as *Pramehaghna* and improve glucose metabolism.

Action of *Basti* therapy

- *Niruha Basti* mainly performs *Shodhana*, eliminating vitiated *Kapha, Meda* and *Kleda*, thus breaking the *Samprapti* of *Prameha*.
- *Anuvasana Basti* pacifies *Vata*, especially important in chronic stages and prevents *Dhatu Kshay*.
- The combination therapy works on:
- Root cause (*Dosha* imbalance), Metabolic correction & symptomatic relief.
- The improvement in blood sugar levels indicates that *Basti* not only acts locally in *Pakwashaya* but also has a systemic metabolic effect.

- Absence of adverse effects suggests that the therapy is safe and well tolerated.
- Small sample size (only 5 patients)
- Short duration
- Lack of control group

However, the study has limitations:

Mode of Action of Drug

<i>Vacha</i> (<i>Acorus calamus</i>)	<i>Katu-tikta rasa, Ushna veerya; Kapha-medohara</i> , clears <i>Srotorodha</i> , improves <i>Agni</i> and reduces <i>Kleda</i>
<i>Mustaka</i> (<i>Cyperus rotundus</i>)	<i>Tikta-kashaya rasa; Deepana-pachana, Kapha-pitta shamaka</i> , reduces excessive <i>Kleda</i> and <i>Mutrata</i>
<i>Devadaru</i> (<i>Cedrus deodara</i>)	<i>Katu-tikta, ushna; Kapha-vatahara, Medohara</i> , removes <i>srotodushti</i> and acts as <i>Lekhana</i>
<i>Shunthi</i> (<i>Zingiber officinale</i>)	<i>Katu rasa, ushna; potent Deepana</i> , corrects <i>Mandagni</i> , digests <i>Ama</i> and reduces <i>Kapha-meda</i>
<i>Ativisha</i> (<i>Aconitum heterophyllum</i>)	<i>Tikta-katu; Ama-pachana, Deepana</i> , useful in <i>Kapha-prameha</i> by reducing <i>Dourgandhya</i> and <i>Kleda</i>
<i>Haritaki</i> (<i>Terminalia chebula</i>)	<i>Kashaya pradhana; Tridosahara</i> , mild <i>Rechaka</i> , cleanses <i>Srotas</i> and regulates <i>Meda dhatu</i>
<i>Haridra</i> (<i>Curcuma longa</i>)	<i>Tikta-katu, Ruksha; Kapha-medohara, Kledashoshaka</i> , improves <i>Varnya</i> and acts as <i>Pramehaghna</i>
<i>Daruharidra</i> (<i>Berberis aristata</i>)	<i>Tikta-kashaya; Pitta-kapha shamaka, Rakta-prasadaka</i> , reduces <i>Kleda</i> and corrects <i>Mutravaha srotas</i> .
<i>Yashtimadhu</i> (<i>Glycyrrhiza glabra</i>)	<i>Madhura; Pitta-shamaka, Rasayana</i> , nourishes <i>Dhatu</i> and prevents complications of <i>Prameha</i>
<i>Prushniparni</i> (<i>Uraria picta</i>)	<i>Madhura-Tikta; Balya, Brimhana</i> , supports <i>Dhatu kshaya</i> seen in chronic <i>Prameha</i>
<i>Kutaja</i> (<i>Holarrhena anti-dysenterica</i>)	<i>Tikta-kashaya; Kapha-pitta shamaka, Kledahara</i> , stabilizes <i>Mutra Pravritti</i> and improves <i>Grahani</i>

Mode of action of Basti

Vacha-Haridradi Niruha Basti - It is *Katu-Tikta-Kashaya pradhana*, hence performs *Kapha-Medohara* and *Kledashoshana*. *Vacha, Shunthi, Ativisha* act as *Deepana-Pachana*, digest *Ama* and correct *Mandagni*. *Mustaka, Kutaja* provide *Grahana* and regulate *Atisara* and *Mutra vriddhi*. *Devadaru, Haridra, Daruharidra* perform *Lekhana* and *Srotoshodhana*, reducing *Meda vriddhi* and *Srotorodha*. *Haritaki* ensures *Anulomana*, facilitating proper expulsion of vitiated *Doshas*. Thus, *Niruha Basti* mainly does *Shodhana* of *Kapha, Meda, Kleda* and *Ama*, breaking *Prameha samprapti*.

Vacha-Haridradi Anuvasana Basti - *Sneha* component pacifies *Vata*, which is predominant in chronic stages of *Prameha*. Due to drug processing, *Taila* gains *Kaphahara, Medohara* and *Lekhana guna*, unlike plain oil. *Yashtimadhu, Prushniparni* provide *Brimhana* and *Rasayana*, preventing *Dhatu kshaya*.

CONCLUSION

Vacha Haridradi Gana Basti is an effective and safe Ayurvedic treatment modality for the management of *Prameha* (Type 2 Diabetes Mellitus). It significantly reduces classical symptoms like polyuria, polydipsia and burning sensation.

It also shows notable improvement in blood glucose levels. The therapy works through *Deepana-Pachana, Kledashoshana, Medohara, and Srotoshodhana* mechanisms along with systemic action of *Basti*.

Thus, it can be considered especially useful in:

- Early-stage diabetes
- Moderately controlled cases
- As an adjunct to conventional therapy (like Metformin)
- Further large-scale and controlled clinical trials are recommended to validate these findings.

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