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Management of Prameha Pidaka with Manjishtadi Kshara Basti and Dressing: A Case Study

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ABSTRACT

Introduction: Prameha Pidaka is described in Ayurveda one of the complication of Prameha, closely resembling modern diabetic carbuncle. It presents with swelling, suppuration, foul smell, sloughing, and delayed granulation. Basti is considered the prime therapy for Vata-related and deep-seated pathologies, while Kshara supports slough removal, Kapha-Medohara action, and wound cleansing. Manjistha, the key drug in Manjisthadi Basti, is known for its Rakta-prasadana, anti-inflammatory and wound-healing properties. Previous research on Manjisthadi Kshara Basti has shown its usefulness in chronic vascular conditions and ulcers. This study evaluates its role in managing Prameha Pidaka.

Aims And Objectives: To evaluate the efficacy of Manjishtadi kshara basti in wound healing (prameha pidaka).

Materials And Methods: A 37 years old female patient with clinically diagnosed Prameha Pidaka on the left posterior part of thigh was selected for this case study. Management included Manjisthadi Kshara Basti, administered according to therapeutic Basti protocol, along with daily local Ayurvedic dressing using appropriate Shodhana and Ropana agents. Clinical parameters assessed weekly included wound size, slough, discharge, odour, pain score, granulation tissue formation, and photographic documentation.

Results And Conclusion: The intervention resulted in a marked reduction in slough, discharge, odour, and pain within the early weeks of treatment. Healthy granulation tissue developed progressively, and the wound size reduced significantly. Moderate improvement in glycaemic control was also observed. **Discussion**: Manjisthadi Kshara Basti appears to support Prameha Pidaka healing through Shodhana, Lekhana, and Kapha-Medohara actions. The Kshara component facilitates slough removal and reduces Kapha-Meda obstruction, while Manjistha enhances microcirculation and tissue repair. **Conclusion**: Manjisthadi Kshara Basti with regular local Ayurvedic dressing proved effective in cleansing and accelerating healing in a case of Prameha Pidaka. The therapy was well tolerated.

KEYWORDS: Prameha pidaka, Manjistadi Kshara basti, Diabetic carbuncle

INTRODUCTION

Prameha is a group of metabolic and urinary disorders described extensively in the classical Ayurvedic texts and is characterized by derangement of Dosha and Dushya, particularly involving Meda, Kleda, Mamsa and other Dhatus. With chronicity and progression of the disease, various complications may develop. Among these, Prameha Pidaka is an important complication described in the context of Prameha.

Acharya Sushruta has described ten varieties of Prameha Pidaka, including Sharavika, Sarshapika, Kacchapika, Jalini, Vinata, Putrini, Masurika, Alaji, Vidarika and Vidradhika. These lesions are described as occurring predominantly in tissues rich in Meda and Mamsa and may be associated with significant local inflammation, suppuration and tissue destruction.[1]

Prameha Pidaka has considerable clinical relevance because its characteristic features, particularly deep-seated swelling, suppuration, discharge, pain, sloughing and delayed healing, show close clinical resemblance to diabetic carbuncle and other chronic infected diabetic wounds. Modern literature recognizes that diabetes-associated wounds are difficult to heal because of a complex interplay of hyperglycaemia, impaired immunity, microvascular dysfunction, tissue hypoxia, neuropathy and persistent inflammation. These factors interfere with the normal inflammatory, proliferative and remodelling phases of wound healing and increase the risk of infection and chronicity.[2,3]

Classical Ayurvedic management of Prameha Pidaka emphasizes management of the underlying Prameha along with appropriate local and systemic measures according to the stage and Dosha involvement. Sushruta has described specific surgical and therapeutic measures for Prameha Pidaka, including procedures aimed at evacuation, cleansing and management of the affected tissue.[1,4] In the context of Vrana management, Shodhana is essential for removal of slough, unhealthy tissue and exudates, whereas Ropana facilitates the subsequent process of tissue repair and wound healing. Thus, a therapeutic approach combining systemic correction with appropriate local wound care becomes particularly relevant in chronic wounds associated with Prameha.

Basti is regarded as an important therapeutic modality in Ayurveda, particularly in disorders involving Vata and in conditions involving deeper tissues and Srotas. Its systemic therapeutic action is traditionally attributed to the ability of the administered formulation to influence Dosha and Srotas beyond the local site of administration. Kshara, owing to its Tikshna, Ushna, Lekhana and Shodhana properties, is traditionally utilized for the removal of unhealthy tissue and obstruction and may therefore have relevance in wounds associated with slough and excessive exudation. The combination of Kshara with Basti may consequently provide a therapeutic rationale for addressing both systemic Dosha-Dushya imbalance and local wound pathology.

Manjistha (Rubia cordifolia Linn.) is an important Ayurvedic drug traditionally described for its Rakta-prasadana and Srotoshodhana actions. Its pharmacological profile has been investigated for anti-inflammatory, antioxidant and wound-healing activities, providing a possible basis for its use in conditions involving inflammation and impaired tissue repair. Manjisthadi formulations have also been explored in Ayurvedic management of chronic vascular disorders and ulcers. A published conceptual study has specifically discussed the rationale of Manjisthadi Kshara Basti in thromboangiitis obliterans, while clinical reports have described its use as part of an integrated Ayurvedic approach in diabetic ulcer management.[5,6]

Although wound management in diabetes remains a therapeutic challenge, evidence regarding the role of Manjisthadi Kshara Basti specifically in Prameha Pidaka is limited. The classical description of Prameha Pidaka, together with the Shodhana, Lekhana and Kapha-Medohara attributes of Kshara and the Rakta-prasadana and tissue-supportive properties attributed to Manjistha, provides a rational basis for further clinical exploration. Therefore, the present case was undertaken to document the clinical response of Manjisthadi Kshara Basti along with local Ayurvedic wound dressing in a patient with Prameha Pidaka, with particular emphasis on wound cleansing, reduction in slough and discharge, pain relief, development of healthy granulation tissue and reduction in wound size.

PATIENT INFORMATION

A 44-year-old female patient presented to the outpatient department with complaints of pain and swelling over the posterior aspect of the left thigh for one week, associated with blackish discoloration of the overlying skin. The patient was a known case of Diabetes Mellitus and Hypertension for the past 15 years. She was on regular medication, including Tab. Telmisartan 20 mg, Tab. Glycomet GP1, and Tab. Dapagliflozin 10 mg.

On local examination, a single, round swelling measuring approximately 7.5 × 6.5 cm was observed over the posterior aspect of the thigh. The margins of the swelling were round, and the overlying skin appeared tense and inflamed with blackish discoloration. On palpation, the local temperature was raised, tenderness was present, and marked induration of the surrounding tissues was noted.

Based on the clinical presentation and examination findings, the lesion was clinically diagnosed as Prameha Pidaka. The patient was subsequently managed with Manjisthadi Kshara Basti along with local Ayurvedic wound dressing comprising Shodhana and Ropana measures. The patient was followed up periodically to assess the progression of wound healing using clinical parameters such as wound size, slough, discharge, odour, pain, and granulation tissue formation.

CLINICAL FINDINGS

GENERAL EXAMINATION

Decubitus – Sitting
Nourishment – Well nourished
Appearance – Normosthenic
Pallor – Absent
Icterus – Absent
Cyanosis – Absent
Clubbing – Absent
Lymphadenopathy – Absent
Height – 5’3”
Weight – 71.5Kg

VITAL SIGNS

Blood pressure	: 110/70 mmHg
Temperature	: 98.4 F
Respiratory rate	: 20 rpm
Pulse	: 78 beats per minute

SYSTEMIC EXAMINATION

R/S: B/L NVBS Heard
CVS: S1 S2 Heard, no added sounds, no murmurs
CNS: conscious and well oriented to time and place

PERSONAL HISTORY

Appetite: Normal
Sleep: Disturbed
Bowel Movements: Clear
Bladder: Clear
Addiction: None
Diet: Vegetarian

INVESTIGATION:

FBS- 198mg/dl
PPBS- 286 mg/dl
HBA1C- 9.8%
ESR- 40

TIMELINE

The patient was advised for Incision and drainage followed by a course of Manjastadi kshara basti for 8 days , dressing and Shamana aushadhi for 6 days.

METHOD OF PREPARATION AND ROUTE OF ADMINISTRATION OF BASTI

Step	Ingredients	Quantity	Procedure
Anuvasana Mixture	Manjisadi Taila + Sahacharadi Taila	40 ml + 40 ml	Mix both oils thoroughly to form a uniform blend.
Niruha Base	Makshika, Saindhava	80 ml, 10 g	Add into a clean vessel and mix well.
Taila Addition	Manjisadi Taila + Sahacharadi Taila	40 ml + 40 ml	Incorporate into the base mixture, stir until homogenous.
Kalka Preparation	Manjistadi Kshara Kalka	40 g	Add to the mixture and blend evenly.
Kwatha Integration	Manjistadi Kwatha	250 ml	Pour gradually while stirring to maintain smooth consistency.
Final Addition	Gomutra	100 ml	Add last, mix thoroughly to obtain uniform emulsion.
Completion			The formulation is ready for administration as per classical guidelines.

Step	Ingredients	Quantity	Procedure
Route Of Administration			Rectal route/ Gudha marga

DAY	1	2	3	4	5	6	7	8
BASTI	**A**	**N**	**A**	**N**	**A**	**N**	**A**	**A**

SCHEDULE OF ADMINISTRATION

1. Anuvasana basti – 80 ml
2. Niruha basti – manjastadi kshara basti – apprx 450 ml
3. Dressing with *jatyadi taila*
4. Shamana chikitsa: Triphala Guggulu 1-1-1 A/F
5. Gandhaka Rasayana 1-1-1 A/F

Clinical findings :

Day -1

Inspection:

Site- Posterior aspect of the thigh

Number- 1

Shape- Round

Size- Around 7.5x6.5cm

Margin- Round

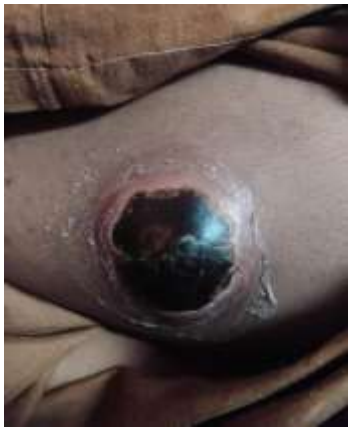
Skin over the swelling- Tense, inflamed with blackish discoloration

Palpation:

Local Temperature- Raised

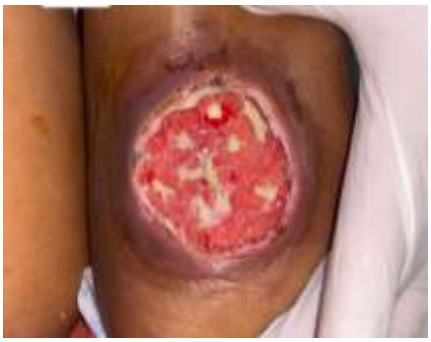
Tenderness- Present

Induration- Marked induration of surrounding tissues



After treatment

Day -2 (after incision and drainage)



Day 15 (after a course of yoga basti and shamana chikista and wound dressing)

- The wound healed significantly in terms of size i.e, 1.2x1.7cm
- Edge - sloping
- Floor- healthy granulation tissue
- Induration- Reduced
- Pus discharge and foul smell - Absent.

OUTCOME

Following the initiation of treatment, the patient showed progressive clinical improvement in the local features of Prameha Pidaka. The initial presentation was characterized by marked Shotha (swelling), Vedana (pain/tenderness), Daha and inflammatory changes, marked Kathinya/Induration of the surrounding tissues, blackish discoloration of the overlying skin, purulent discharge, and Daurgandhya (foul smell). Incision and drainage facilitated evacuation of the accumulated pus and removal of the infected contents, thereby providing a favourable environment for subsequent wound healing.

The patient was subsequently managed with Yoga Basti, consisting of Manjishthadi Taila Anuvasana Basti (80 mL) and Manjishthadi Kshara Niruha Basti (approximately 450 mL). The intervention was aimed at addressing the underlying Dosha-Dushya Sammurchana, particularly the involvement of Kapha, Pitta and Vata along with Meda and Mamsa Dhatu in the pathogenesis of Prameha Pidaka. Kshara is traditionally attributed with Lekhana, Kledahara, Shodhana and Kapha-Medohara properties, which may support removal of slough and excessive wound secretions. Manjishtha, being Raktashodhaka and Varnya in Ayurvedic description, was used with the intention of supporting purification of the affected tissues and promoting healthy wound healing.

Local wound management with Jatyadi Taila was continued to facilitate Vrana Shodhana and Vrana Ropana. The formulation is traditionally used in the management of wounds and is considered beneficial in promoting healthy granulation and epithelialization. Triphala Guggulu and Gandhaka Rasayana were

administered as Shamana Chikitsa, with the therapeutic intention of supporting Shodhana, reducing inflammatory changes, controlling Kleda, and promoting Vrana Ropana.

On subsequent assessment, significant reduction in wound dimensions was observed, with the wound size decreasing from 7.5 × 6.5 cm to 1.2 × 1.7 cm. The wound edges became sloping, and the floor showed healthy granulation tissue, suggesting progression from the inflammatory phase towards the proliferative and healing phase. The previously marked surrounding induration was considerably reduced, indicating reduction in local inflammatory and tissue changes. Importantly, pus discharge and foul smell (Daurgandhya) were completely absent, suggesting effective control of local infection and Kleda.

From an Ayurvedic perspective, the observed improvement can be understood as a gradual reduction in Kleda, Kapha-Pitta Dushti and local Dhatvagni impairment, followed by restoration of the wound-healing process through Shodhana and Ropana. The combined approach of Vrana Shodhana, Kledahara, Lekhana and Vrana Ropana provided a comprehensive therapeutic strategy for the management of the lesion.

Thus, the treatment resulted in marked wound contraction, healthy granulation tissue formation, reduction of induration, cessation of purulent discharge and resolution of foul smell, indicating satisfactory clinical improvement and progression towards wound healing in the case of Prameha Pidaka.

DISCUSSION

Prameha Pidaka is described as a complication of Prameha and can be understood in relation to the vitiation of Kapha, Pitta and Vata, along with involvement of Meda, Mamsa, Rakta and Kleda. Excessive Kleda and derangement of tissue metabolism in Prameha may predispose to the development of Pidaka, suppuration and delayed wound healing. Classical Ayurvedic descriptions of Prameha Pidaka include features such as swelling, suppuration, discharge and difficulty in healing, which show clinical resemblance to complicated diabetic skin and soft-tissue infections.[7,8]

In the present case, the lesion was situated over the posterior aspect of the thigh and presented as a large, round swelling measuring approximately 7.5 × 6.5 cm, associated with raised local temperature, tenderness, marked induration, tense and inflamed overlying skin, blackish discoloration, pus discharge and foul smell. These findings indicate significant local inflammatory and suppurative pathology. From the Ayurvedic perspective, Kapha and Kleda may contribute to accumulation and persistence of exudate, Pitta to Paka and inflammatory changes, and Vata to Vedana and impairment of normal tissue repair.[7,9]

The initial management with incision and drainage was essential for evacuation of the purulent collection. In an established abscess, adequate drainage is a fundamental component of management because removal of purulent material reduces the local microbial burden and facilitates subsequent wound healing.[10] From the Ayurvedic perspective, this intervention may be correlated with the principle of Vrana Shodhana, wherein removal of Dushta Srava, necrotic material and other pathological contents is considered necessary before progression towards Vrana Ropana.[8]

Following drainage, Yoga Basti was administered with Manjishthadi Taila as Anuvasana Basti (80 mL) and Manjishthadi Kshara Basti as Niruha Basti (approximately 450 mL). Basti is considered the principal therapy for disorders involving Vata Dosha and is also described as having systemic effects through its influence on Dosha and Apana Vayu.[11] In the present case, the use of Anuvasana Basti may be interpreted as providing Snehana and Vata Shamana, whereas the Kshara-containing Niruha Basti was intended to address Kleda and Kapha-Meda Dushti through its traditionally described Lekhana, Kledahara and Shodhana properties.[8,11]

Manjishtha (Rubia cordifolia) is traditionally described in Ayurveda as a Raktashodhaka drug and is used in disorders involving Rakta Dushti, inflammatory skin conditions and impaired tissue integrity.[12] Its incorporation into the Basti regimen was therefore considered relevant to the inflammatory and tissue-related manifestations observed in the present case. The Kshara component, owing to its classical Lekhana and Shodhana actions, may have supported removal of unhealthy tissue and excessive wound secretions.[8] Local wound care was continued with Jatyadi Taila. Jatyadi Taila is traditionally indicated for Vrana Shodhana and Vrana Ropana and is widely utilized in Ayurvedic wound management.[13] The objective of local application was to maintain a favourable wound environment and support the transition from wound cleansing towards healthy granulation and epithelialization. Modern wound-healing principles similarly emphasize adequate wound-bed preparation, control of infection and maintenance of an environment conducive to granulation and tissue repair.[14]

Triphala Guggulu and Gandhaka Rasayana were administered as Shamana Chikitsa. Triphala Guggulu is traditionally used in conditions associated with Shotha, Kleda and wound pathology, while Gandhaka Rasayana is described in relation to Rasayana and Kushtaghna actions.[15],[16] Their use in the present case was intended as supportive internal therapy for reducing inflammatory and infective manifestations and promoting tissue recovery.

A significant improvement was observed following treatment. The wound size reduced from 7.5 × 6.5 cm to 1.2 × 1.7 cm, demonstrating marked wound contraction. The wound edges changed to sloping margins, while the floor showed healthy granulation tissue, indicating progression towards the proliferative phase of wound healing.[14] The previously marked induration was reduced, and pus discharge and foul smell (Daurgandhya) were absent on follow-up. These findings suggest effective control of the suppurative component and progression from a contaminated/inflammatory wound towards a healthy healing wound.

The improvement can be interpreted according to the Ayurvedic principles of Vrana Shodhana and Vrana Ropana. Initial evacuation of pus through incision and drainage, followed by the Shodhana, Kledahara and Lekhana components of the treatment, may have contributed to establishment of a cleaner wound bed. Subsequently, the use of Jatyadi Taila and supportive Shamana therapy may have facilitated the development of healthy granulation tissue and wound contraction. The overall therapeutic approach therefore addressed both the local Vrana and the systemic Dosha-Dushya factors associated with Prameha Pidaka.[8],[13]

The disappearance of Daurgandhya and purulent discharge may be considered an important indicator of improvement in Dushta Vrana characteristics. The reduction in wound dimensions and induration, together with development of healthy granulation tissue, further indicates progression towards Ropana. Thus, the sequential approach of Shodhana → Kledahara/Lekhana → Ropana provides an Ayurvedic rationale for the observed clinical improvement.

Nevertheless, the present observation should be interpreted cautiously because it represents a single case. Wound healing may have been influenced by incision and drainage, routine wound care, glycemic status, nutritional factors and the natural healing process in addition to the Ayurvedic interventions. Therefore, the observed improvement demonstrates a temporal association with the integrated treatment protocol but cannot establish definitive causality. Further controlled clinical studies with standardized wound assessment parameters, glycemic monitoring and longer follow-up are required to evaluate the efficacy of this treatment approach in Prameha Pidaka.

Overall, the present case highlights the potential utility of an integrated management approach combining surgical drainage with Ayurvedic principles of Vrana Shodhana, Kledahara, Dosha Shamana and Vrana

Ropana. The marked reduction in wound size, resolution of purulent discharge and foul smell, reduction in induration and development of healthy granulation tissue suggest satisfactory progression of wound healing following the treatment protocol.

CONCLUSION

The present case demonstrates the potential role of an integrated Ayurvedic approach in the management of Prameha Pidaka, particularly when combined with appropriate surgical intervention. Incision and drainage provided effective evacuation of the purulent collection, while subsequent administration of Manjishthadi Taila Anuvasana Basti, Manjishthadi Kshara Niruha Basti, Jatyadi Taila dressing, Triphala Guggulu and Gandhaka Rasayana was aimed at addressing both the local wound pathology and the underlying Dosha-Dushya involvement.

The treatment approach was based on the Ayurvedic principles of Vrana Shodhana, Kledahara, Lekhana, Dosha Shamana and Vrana Ropana. Clinically, significant improvement was observed, with reduction in wound size from 7.5 × 6.5 cm to 1.2 × 1.7 cm, reduction in surrounding induration, development of healthy granulation tissue, and complete absence of pus discharge and Daurgandhya. The change in wound characteristics suggests satisfactory progression from the inflammatory and suppurative stage towards healthy wound healing.

Thus, the present case suggests that an integrated approach combining surgical drainage with Ayurvedic systemic and local therapies may be beneficial in promoting wound cleansing, reducing Kleda and inflammatory manifestations, and facilitating Vrana Ropana in Prameha Pidaka. However, as this is a single case observation, the findings cannot establish definitive efficacy. Further well-designed clinical studies with standardized wound-healing parameters and appropriate controls are required to validate this therapeutic approach.

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