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From the Depths of Antiquity into the 21st Century: From Shankha Prakshalana to the Matkevich Lavage Method

An intriguing fact has come to light: it turns out that an ancient technique of Indian yogis and a modern Russian medical technology — the Matkevich Lavage (ML) — share one and the same goal: improving human health by flushing the body from within.

Independently of the Indian tradition, a method of body detoxification called intestinal lavage (IL) emerged and gradually evolved in Russia during the last quarter of the 20th century. It was originally developed for the treatment of patients with acute poisoning.

Unlike Shankha Prakshalana, intestinal lavage was subjected to rigorous scientific study from the very beginning — specifically, its efficacy and safety.

A scientific approach made it possible to identify a whole range of positive effects arising from the lavage of the gastrointestinal tract (GIT): cleansing, replenishment, functional regulation, and restoration. These effects range from the removal of harmful external substances and excess toxic metabolic products to improvements in blood composition (electrolyte balance, acid-base balance, and others), blood fluidity, reduced cardiac workload, normalization of circulation, and enhanced delivery of oxygen and nutrients to cells throughout the body.

The key mechanism of the Matkevich Lavage is detoxification, the result of which is a reduction in the functional burden on the body's natural detoxification organs: the liver, lungs, kidneys, immune system, and skin. Another important mechanism of ML proved to be its ability to restore physiological parameters and, as a consequence, to normalize metabolism.

These results were achieved thanks to a crucial factor — the composition of the lavage solution. This composition was not arrived at by chance or empirical trial, as mid-20th-century researchers had attempted. Instead, it was developed by a group of Moscow scientists based on the scientific understanding of the law of chyme homeostasis. According to this law, in order to stabilize the composition of the intestinal environment during digestion, chemical elements that are absent or deficient in food enter the lumen of the small intestine from the blood.

This law explains why, when the GIT is flushed with a solution containing an incomplete set of electrolytes, the missing elements are effectively "washed out" of the blood. Taking this into account, a solution was created through scientific research. Its distinctive feature was a complete set of macronutrients (except nitrogen) — the most "mobile" elements in the body — in a balanced ratio similar to the composition of chyme. Nitrogen was deliberately excluded from the solution. Its absence in the solution allows excess nitrogen to be removed from the body via the concentration gradient during intestinal lavage.

At subsequent stages of technological development, various modifications of gastrointestinal tract (GIT) lavage were proposed. In addition, chelating agents and carboxylic acids were added to the solution to ensure the stability of its composition and to stimulate regeneration of the GIT mucosa in cases of damage or inflammation. Furthermore, intestinal lavage began to be combined with meta- and prebiotics.
As a result of these improvements, the set of sanitation measures for the GIT based on lavage was registered as a trademark and became known as the «Matkevich lavage» (ML).

Thanks to a whole range of discovered therapeutic mechanisms of ML — which are essentially non-specific — a fairly broad circle of indications for its use gradually emerged. The list of conditions in which ML can achieve success can be grouped under the concepts of "endotoxicosis" and "functional disorders" of certain internal organs (the GIT, liver and biliary system, lungs), as well as the skin. Scientific studies to determine indications for ML continue across various medical fields: toxicology, gastroenterology, immunology, oncology, addiction medicine, internal medicine, endocrinology, infectious diseases, dermatology, gerontology, sports medicine, and others. Contraindications are listed below.

Concentrates for ML in kits for self-preparation of the solution are serially produced in Moscow (Russian Federation). They are sold at retail through specialized outlets and online marketplaces. For medical and sanatorium organizations, wholesale supplies are provided through a distributor network.

Comparing Shankha Prakshalana and the Matkevich Lavage

Both practices do essentially the same thing in a broad sense: they flush the entire GIT from mouth to anus through the oral intake of a salt solution. But in terms of origin, composition, physiology, place in the healthcare system, and context of application, these are two fundamentally different methods.

Comparative Characteristics of Shankha Prakshalana and the Matkevich Lavage

Parameter	Shankha Prakshalana	Intestinal Lavage (Matkevich Lavage)
Origin	Ancient Indian yogic tradition, first recorded in the Gheranda Samhita (17th century)	Soviet and Russian clinical medicine. The saline enteral solution (SES) was developed by N.M. Baklykova under the supervision of Yu.M. Galperin at the Sklifosovsky Institute of Emergency Care (1975–1976). The intestinal lavage method was developed by V.A. Matkevich (1980–1981), clinically applied since 1983. The solution composition was successively improved by V.A. Matkevich (Patent No. 2713175 RU, 2019; trademark "Matkevich Lavage," 2019)
Status	Yogic purification technique (shatkarma)	Medical technology, patented, registered trademark, used in clinics, sanatoriums, and independently after consultation with a specialist
Who performs it	Yoga instructor, self-administered, or in an Ayurvedic clinic under supervision	Physician in a medical facility; self-administration is permitted according to instructions after consultation with a specialist
Solution	Warm water + table salt (NaCl)	Enteral solution (ES) — balanced composition: sodium, potassium, calcium, magnesium, phosphorus, chloride, sulfates, complexing agents, carboxylic acids. Standard osmolarity — 290 mOsm/L (close to blood osmolality); can vary widely (230–310 mOsm/L and above) depending on the task. pH 4.6–5.8

Purpose of composition	To prevent water absorption	To replenish electrolytes, maintain homeostasis, and support the mucosa
Additional components	In the laghu (light) version, triphala may be added	Enterosorbents, metabiotics, prebiotics, bacteriophages — in the final portions

This is why intestinal lavage is considered gentler in terms of water-salt balance: the body does not lose electrolytes — on the contrary, it restores them when deficient, because the solution contains them. With Shankha Prakshalana (SP), the large volume of water with simple salt can lead to a relative loss of potassium and magnesium, especially in the full version, which can cause muscle cramps and cardiac arrhythmias.

Procedure Mechanics

Parameter	Shankha Prakshalana	Matkevich Lavage
Driving force	Salt (osmosis) + asanas (mechanical stimulation)	Stimulation of bile secretion (chologenic diarrhea from the acidic pH of the solution) + volume (stretch-contraction reflex) + K+, Ca++, Mg++
Physical exercises	Mandatory — 5 asanas after each portion of water	Not required — the patient simply drinks the solution
Solution volume	Full version: 3–5 L or more, until the water runs clear. Laghu: 1.5–2 L	2.5–4.5 L (in clinical poisoning cases: 7–15 L), until “clear waters”
Portions	1–2 glasses at a time, followed by asanas	150–200 mL every 5–10 minutes
Duration	Full version: 1–2 hours. Laghu: 30–45 min	2–3 hours
Completion criterion	Clear water at the exit	Semi-transparent yellowish discharge (“clear waters”)
Tube	Not used	A nasogastric/intestinal tube may be used (especially in intensive care), but in outpatient settings — without a tube, orally
After the procedure	Immediately: 45 min of Shavasana, then Kunjal Kriya (a mild vomiting reflex to close the sphincters)	30–40 min after the last portion — the process stops on its own
First meal	Kichari (rice + mung dal with ghee) after 45 min–1 hour	Porridge from whole grains, stewed vegetables after 1–1.5 hours

Post-procedure diet	Gentle diet for 1–7 days: exclude dairy, meat, spicy, sour foods, tea/coffee	Exclude fatty, spicy, smoked foods, and alcohol — on the day of the procedure
Microbiota restoration	Natural but slow, through diet; in the laghu version — triphala	ML itself restores the microbiocenosis of the GIT. Meta- and prebiotics accelerate the growth of the body's own beneficial microbiota

The Role of Asanas

In Shankha Prakshalana, asanas are not a "pleasant addition" but an obligatory mechanical component: they open the sphincters (pyloric, ileocecal) and propel water through the sections of the intestine. Without asanas, salt water on its own will produce only a partial laxative effect, not a full flush from stomach to anus.

In intestinal lavage, asanas are unnecessary — the solution itself is sufficiently "powerful": the balanced electrolyte composition of the solution and bile ensure the transit of intestinal contents. The patient simply sits and drinks.

Indications and Context of Application

Parameter	Shankha Prakshalana	Matkevich Lavage
Primary context	Purification within a yogic discipline; wellness; seasonal detoxification	Medical detoxification, restoration of physiological parameters when impaired; treatment of constipation, dysbiosis, allergies, skin conditions; preparation for colonoscopy
Emergency medicine	Not used	Yes — in acute oral poisonings, endotoxicosis, GIT paralysis (via tube, in intensive care)
Course	Full version: 2–4 times per year. Laghu: weekly	Therapeutic course (by indication): 2–20 procedures. Preventive course: 2 procedures quarterly. Intervals between procedures: 2–7 days
Use in sanatoriums	Rare (ashrams, yoga centers)	Widespread in Russian sanatoriums and clinics
Use in clinical research	In India: hypertension, IBS, diabetes, colonoscopy preparation	In Russia: toxicology, gastroenterology, immunology, oncology, addiction medicine, internal medicine, endocrinology,

		infectious diseases, dermatology, gerontology, sports medicine; postoperative patients, chronic critical conditions
Contraindications — Absolute	Acute gastritis, ulcer, pancreatitis, cholecystitis, intestinal obstruction, internal bleeding, pregnancy, severe cardiovascular diseases	Obstructive intestinal obstruction, GI bleeding, perforation of a hollow organ, pathology requiring emergency surgery, second half of pregnancy, acute cardiovascular pathology
Contraindications — Relative	Hypertension (for the full version), hemorrhoids in acute stage	Gallstone/urolithiasis, erosive gastritis, type 1 diabetes, hemorrhoids in acute stage, hypertension, first trimester of pregnancy

Which to Choose?

This is not a question of "which is better" — the methods occupy different niches:

Shankha Prakshalana is for people already practicing yoga and ready to incorporate a purification practice into their lifestyle. It requires physical mobility (asanas), adherence to a post-procedure diet, and a certain attitude toward the process. The laghu version is accessible to virtually any healthy person. It may also be reasonable to replace the full (Dirgha) version with the Matkevich Lavage — with greater comfort and effect for patients.

The Matkevich Lavage is a medical procedure prescribed by a physician based on indications, including as an adjunctive method. It requires no physical exercises, is conducted under controlled conditions, and the solution is balanced in electrolytes. It is suitable for people with specific complaints (constipation, intoxication, allergies) and for those who do not want to or cannot perform asanas.

In short: Shankha Prakshalana is "flushing through movement," while the Matkevich Lavage is "flushing through solution."

Additional Uses of the Enteral Solution

In addition to lavage, the enteral solution (ES) is used as a nutraceutical to replenish fluids and macronutrients (calcium, magnesium, potassium, phosphorus, and others) lost through profuse sweating during intense physical exertion, including sports; in hot weather; while working in "hot" workshops; visiting baths and saunas; as well as from trauma and blood loss. In such cases, ES with added glucose is taken orally in amounts from 1.5 to 4 L per day in small portions that do not cause diarrhea.

Conclusion

Thus, Shankha Prakshalana and the Matkevich Lavage share a fundamental commonality of purpose. However, the latter method of health improvement, unlike the former, has a scientific basis, is better studied, possesses superior therapeutic and preventive potential across a broader spectrum of indications, is more clinically effective, is more ergonomically practical, and can be perceived by the population of India as a modern, simplified analogue of Shankha Prakshalana.

https://detoxmatkevich.com/about_the_method
or see the qr-code