

BASTI AS ARDHA CHIKITSA – A CRITICAL REVIEW

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ABSTRACT

Basti is the most important among *Panchakarma* due to its multiple effects. *Pitta* and *Kapha* are dependent on *Vata* as it governs their functions. *Basti* is not only best for *Vata* disorders it also is equally effective in correcting the morbid *Pitta*, *Kapha* and *Rakta*. *Charaka* has considered, *Basti* therapy as half of the treatment of all the disease, while some authors consider it as the complete remedy for all the ailments. In modern medicine, enema is mainly given to remove the feces from the large intestine while in *Ayurveda*; *Basti* is given as a route of administration of the drugs for multiple actions, which acts locally on large intestine as well as systematically on the body tissue. The review of the studies done on *Basti* helped in concluding that *Basti* is effective in treating the diseases of all *Srotas* and especially *Vatavaha srotas*.

Keywords: *Basti Karma*, *Abhyanga*, *Dosha*, medicated enema

INTRODUCTION

All the *Acharyas* have appreciated *Basti* as a unique form of treatment modality. Considering the efficacy, it generates in remodeling the hampered *doshas*. It is incomparable elimination therapy than the others because it expels the vitiated *doshas* rapidly as well as it nourishes the body.¹ It can be easily performed in all the age group persons; where other *Shodhana* procedure² cannot be performed. *Basti karma* is the best choice of treatment for *Vata dosha* and *Vata* associated with *Kapha* and *Pitta*.³ *Vata* is responsible for *Gati Gamana*, which is required for *Shareera Vyapara*.⁴ *Charaka* specifically gives importance to treat the *Sthanika Dosha* first then *Sthanantara dosha*.⁵ *Pakwashaya* is said to be the main seat of *Vata dosha*. Adopting treatment modality like *Basti Karma* will help in bringing *Vata* into its normalcy. Hence, it is to be consi-

dered as one of the suitable treatments for diseases of *Vata dosha* predominance; supporting to this *Vagbhata* says it as “*Ardha chikitsa*” (Half the treatment).⁶ It is considered as superior than the other therapeutic measures; on account of its varied actions like *Samshodhana*, *Samshamana*, *Samgrahana*, *Vajikarana*, *Brahmana*, *Karshana*, *Preenana* and *Vayasthapana*.⁷

MATERIAL AND METHODS

Seven clinical studies carried out in SDM College of Ayurveda, Hassan were reviewed and the results are discussed as follows:

1) 30 registered patients of *Ksheena Retas* (Oligozoospermia) were selected from O.P.D. & I.P.D of S.D.M.C.A Hospital and were randomly divided into two groups.⁸

Uttara Basti Group: In this Group, the patients were given *Uttara Basti* with *Mahamasha Taila* in the dose of 30 ml once

daily for 3 consecutive days under aseptic conditions. After a gap of one week, one more course of the same *Uttara Basti* was repeated.

Niruha with Uttara Basti Group: In this Group, the patients were given *Niruha Basti* with *Madhu*-80ml, *Saindhava Lavana*-5g, *Moorchita Taila*-120 ml, *Shatapushpa Churna kalka*- 40g, *Triphala Kashaya*-160 ml once daily on empty stomach in the morning hours for 3 days. From fourth day onwards two courses of the *Uttara Basti* with *Mahamasha Taila* in the dose and manner as mentioned above was given.

Results

Effect of Uttara Basti Group: This group provided significant improvement after treatment in the semen parameters like sperm count by 52.87%, R.L.P (Rapid Linear Progression) by 57.80%, SLP (Slow Linear Progression) by 27.81%, immotile spermatozoa by 14.74%, liquefaction time by 28.13%, pH by 3.70 %, and semen volume by 18.41%. It also provided significant decrease in auto agglutination by 16.66%, viscosity by 25.00%, round cells by 8.05% and total abnormal forms 7.26% and also on sexual parameters like penile erection 10.53%, ejaculation 30.56% and orgasm 20.58%, sexual desire 14.29%

Effect of Niruha with Uttara Basti Group: This group provided significant improvement after treatment in the semen parameters like sperm count by 86.36%, liquefaction time by 39.39%, R.L.P (Rapid Linear Progression) by 83.61%, SLP (Slow Linear Progression) by 60.31%, immotile spermatozoa by 25.93% and semen volume by 30.08%, pH by 7.40%. It also provided significant decrease in auto-agglutination by 25.60%, viscosity by 33.33%, round cells by 10.20% and total abnormal forms 7.99%, and also on sexual

parameters like penile erection (46.88%), ejaculation (45.45%), orgasm (50.00%) and sexual desire (40.00 %).

Comparison of the Effects: Paired t-test was used for comparison of results. On the basis of the foregoing discussions it can be said that when *Uttara Basti* was given after doing *Shodhana* with *Niruha Basti*, it provided better improvement in semen parameters like viscosity, semen volume, sperm count, R.L.P (Rapid Linear Progression), immotile spermatozoa, auto-agglutination, round cells and total abnormal forms and also in sexual parameters like penile erection, ejaculation, orgasm, and as compare to only *Uttara Basti* group.

In comparison to *Uttara Basti* group, *Niruha Basti* with *Uttara Basti* therapy has proved to be better in patients of Oligozoospermia. Thus the study recommended that prior to administration of *Uttara Basti*, *Niruha Basti* as preoperative *Shodhana Karma* would be beneficial and would ensure better outcome on seminal parameters in patients of Oligozoospermia.

2) 20 female patients of *Vandhya* (Anovulation) were selected from O.P.D. & I.P.D of S.D.M.C.A Hospital and were randomly divided into two groups' viz. *Lashuna Taila* group and *Tila Taila* control group⁹.

Tila Taila Group: This group served as control group. The patients of this group were given three *Asthapana Basti* with *Dashamula Eranda Kashaya*, once daily for 3 days from 7th day of the menstrual cycle. UB (*Uttara Basti*) with *Tila Taila* in the dose of 10 ml was administered under aseptic conditions. *Uttara Basti* was administered once daily for three days from 10th day of menstrual cycle. The same course of management was repeated for next two successive menstrual cycles. For the purpose

of UB (*Uttar Basti*), *Moorchita Tila Taila* of S.D.M pharmacy Udupi was used.

Lashuna Taila Group: The same management schedule as described for *Tila Taila* group was adopted in this group also. But *Tila Taila* UB (*Uttar Basti*) was replaced with *Lashuna Taila* UB (*Uttar Basti*).

Results

The effect of therapies was assessed on the basis of findings of Sonological, cervical mucus and menstrual blood parameters.

Effect of *Tila Taila Uttarbasti*: *Tila Taila Uttarbasti* improved the quantity of cervical mucus by an average of 0.06ml, cervical erosion by 71.4%, and decreased cervical mucus cellularity by 34.92% and improved the color of the menstrual blood by 36%.

Effect of *Lashuna Taila Uttarbasti*: *Lashuna taila Uttarbasti* improved the Spinnbarkeit by 23.72%, number of flow days of cycle by 75%, follicular size by 79.31% and endometrial thickness by 74.08%. 2 patients (20%) ovulated in *lashuna taila* group and conceived subsequently.

Comparison of the Effects of *Tila Taila* and *Lashuna Taila Uttarbasti*:

The study concluded that *Lashuna Taila Uttarbasti* is effective in improving the size of the follicle and endometrial thickness whereas *Tila Taila Uttarbasti* is effective in reducing the cellularity of cervical mucus. The study suggested that *Lashuna taila* was effective in inducing ovulation in women having anovulatory cycle.

3) 30 patients of *Katigraha* were randomly divided into 2 groups as Eight days *Yoga Basti* Group and Five days *Yoga Basti* Group consisting of 15 patients each.¹⁰

Eight Days *Yoga Basti* Group:

The patients of this group were administered *Eranda Muladi Niruha Basti* and *Ksheera-*

bala Taila Anuvasana Basti as per *Yoga Basti* pattern in 8 days schedule. Here each *Basti* was given once in a day only.

Five Days *Yoga Basti* Group:

The patients of this group were given *Eranda muladi Niruha Basti* and *Ksheerabala Anuvasana Basti* as per *Yoga Basti* pattern in 5 days schedule. Here first and last day *Anuvasana Basti* were given once a day but on the other days *Niruha Basti* was given in the morning and *Anuvasana Basti* was given on the same evening.

Results

Effect of Eight days *Yoga Basti*: Patients of *Kati Graha* treated with Eight days *Yoga Basti* got 74.8% improvement in pain, in Lumbar flexion by 88.4%, in Lumbar extension by 91.6%, in left lateral flexion by 83.4%, in right lateral flexion criteria by 85.1%, Lumbar rotation by 100%, in the walking capacity by 13.1% on follow after 2 months.

Effect of five days *Yoga Basti*: Patients of *Kati Graha* treated with five days *Yoga Basti* got 95.8% improvement in pain, in lumbar flexion by 82.5%, in Lumbar extension by 91.4%, in left lateral flexion by 81.9%, in right lateral flexion criteria by 91%, Lumbar rotation by 100%, in the walking capacity by 10.9% on follow after 2 months.

Comparison of the Effects: Both the schedules of the *Yoga Basti* adopted for this study provided significant relief in the signs and symptoms of the patients of *Kati Graha*, but the comparison showed that one type of the schedule provided better relief in some parameters while other group provided better relief in some other parameters. However, it can certainly be concluded that 5 days *Yoga Basti* schedule can be adopted without incurring any loss in its efficacy.

4) 30 patients who were fulfilling the criteria of *Vataja Gridhrasi* were randomly divided into two groups viz. *Arohana Matra Basti* Group and Standard *Matra Basti* Group, each comprising of 15 patient's.¹¹

Arohana Matra Basti Group: The patients of this group were administered *Arohana Matra Basti* given with *Ksheera Bala Taila*. The first day the dose of *Matra Basti* was 24 ml. It was increased by 6 ml each day and on the 9th day its dose was 72 ml.

Standard Matra Basti Group:

The patient of this group were administered Standard *Matra Basti* in standard dose which is practiced normally. Here 72 ml of *Ksheerabala Taila* was given for all the 9 days of treatment.

Results

Effect of Arohana Matra Basti: Patients of *Vataja Gridhrasi* treated with *Arohana Matra Basti* got 28% improvements in *Ruk*, 27% in *Toda*, 34% in tenderness, 30% in *Stambha*, 60% in *Spandana*, 13% in *Vakrata*, 35% in SLR test, 25% in Walking time, 91% in Stepping time, 4.33% in Scherber's test.

Effect of Standard Matra Basti: Patients of *Vataja Gridhrasi* treated with Standard *Matra Basti* got 55% improvements in *Ruk*, 56% in *Toda*, 58% in tenderness, 54% in *Stambha*, 50% in *Spandana*, 17% in *Vakrata*, 34% in SLR test, 39% in Walking time, 37% in Stepping time, 6% in Scherber's test.

Comparison of the Effects: Both the schedules of the *Matra Basti* adopted for this study provided significant relief in the signs and symptoms of the patients of *Vataja Gridhrasi*, but the comparison showed that Standard *Matra Basti* showed better relief in comparison to *Arohana Matra Basti*. Hence the study concluded that Standard *Matra*

Basti schedule which is being practiced can be continued for the treatment of *Gridhrasi* as it provides better efficacy than *Arohana Matra basti*.

5) 20 patients of *Shukra Kshaya* were taken from OPD and IPD of SDMCA, Hassan and were randomly divided into 2 groups.

Group A (Ashwagandha group): In this group 3g of *Ashwagandha Churna* was given twice a day with milk for 40 days.

Group B (Basti group): In this group *Ardha-Matrika Basti* was administered once daily for 9 day alternately. *Sthanika Abhyanga* and *Swedana* were not done before *Basti* administration. Second *Basti* course was repeated after an interval of 14 days. During this interval placebo capsule which contains sugar 500mg in powder form, one capsule twice daily was given.¹²

Results

Effect of Ashwagandha Churna: *Ashwagandha* displayed 17.14% increase in sexual desire, 10.53% improvement in Penile erection, 30.56% in Ejaculation, 30.56% in Orgasm, 28.13% in liquefaction time, reduction in Viscosity by 50%, increased semen pH by 0.79%, 18.41% in semen volume, decreased sperm count by 8.51%, increase in RLP (Rapid Linear Progression) motility by 83.61%, SLP (Slow Linear Progression) motility by 27.81%, NP (Non-Linear progression) motility by 37.47%, decrease in Immotile sperms by 25.93%, Auto Agglutination by 1.43%, Round cells in Semen by 8.05%, Amorphous matter by 2.56%, Total abnormal forms of spermatozoa by 7.99% on follow up .

Effect of Ardha Matrika Basti: *Ardha Matrika Basti* displayed 14.29% increase in sexual desire, 46.88% improvement in Penile erection, 45.45% in Ejaculation, 50% in Orgasm, 28.13% in liquefaction time, reduc-

tion in Viscosity by 88.89%, increased semen pH by 0.77%, 30.08% in semen volume, increased sperm count by 98.85%, increase in RLP (Rapid Linear Progression) motility by 57.80%, SLP (Slow Linear Progression) motility by 1.74%, NP (Non-Linear progression) motility by 6.64%, decrease in Immotile sperms by 14.74%, Auto Agglutination by 92.5%, Round cells in Semen by 50%, Amorphous matter by 42.22%, Total abnormal forms of spermatozoa by 7.26% on follow up .

Comparison of the Effects: Both the drugs provided significant improvement in the signs and symptoms of the patient of *Shukra Kshaya* and significant improvement in the semen parameters but the effects of the *Ardha-Matrika Basti* were better in comparison to Ashwagandha.

As *Ardha-Matrika* is said to be *Shukrala*, *Varna kara*, *Balakara*, *Vrishya kara*, *Pumsavana Kara* and *Vata hara* this might have contributed to the improvement in *Shukra Kshaya* seen in semen analysis.

6) The 30 patients of *Gridhrasi* from O.P.D and I.P.D of S.D.M. College of Ayurveda & Hospital, Hassan and Chikkamagaluru were selected for the study.¹³

Group A: patients were given *Yoga basti*

with *Uttama Matra Niruha Basti* i.e. 960 ml

Group B: patients were given *Yoga basti* with *Heena Matra Niruha Basti* i.e. 576 ml

Anuvasana Basti with *Pippalyadi Taila* 100ml was administered in both groups during the course of *Yoga Basti*.

Results

Effect of *Uttama Matra Niruha Basti*: Patients of *Vata Kaphaja Gridhrasi* treated with *Uttama Matra Niruha Basti* got 48% improvements in *Ruk*, 89% in *Toda*, 75% in *Stambha*, 70% in *Spandana*, 100% in *Tandra*, 75% in *Pada Gaurava*, 100% in *Aro-*

chaka, 43% in SLR test- right, 52% in SLR test-left, 75% in Walking time, 63% in Schober's test on follow up.

Effect of *Heena Matra Niruha Basti*: Patients of *Vata Kaphaja Gridhrasi* treated with *Heena Matra Niruha Basti* got 48 % improvements in *Ruk*, 75% in *Toda*, 67% in *Stambha*, 84% in *Spandana*, 100% in *Tandra*, 75% in *Pada Gaurava*, 100% in *Arochaka*, 38% in SLR test- right, 51% in SLR test-left, 80% in Walking time, 58% in Schober's test on follow up.

Comparison of the Effects: In the above study both the *Niruha Basti* groups were effective in combating the disease. On comparing the overall effect of the therapies, *Uttama Matra Basti* group showed to be more effective than *Heena Matra Basti* group.

7) 30 patients of premature ejaculation were randomly divided into two groups namely *Basti* group and counseling group.¹⁴

Group A: 15 patients were administered *Shukra Stambhana Yapana Basti* for 8 days.

Group B: 15 patients were given Psychological Counseling along with 2 placebo capsules of lactose (500 mg each) twice a day for a period of 8 days.

Results

Effect of *Basti*: Patients of premature ejaculation treated with *Basti Karma* showed 47.43% improvement in Ejaculation score, 57.69% in Sexual desire, 57.14% in penile erection, 56.36% in Self satisfaction, 52.63 % in Partner satisfaction, 50% in Hamilton anxiety scale on follow up.

Effect of Counseling: Patients of premature ejaculation treated with *Basti Karma* showed 23.68% improvement in Ejaculation score, 42.85% in Sexual desire, 48.57% in penile erection, 26.92 in Self satisfaction, 25.45 % in Partner satisfaction, 68.18% in Hamilton anxiety scale on follow up.

Comparison of the Effects: Both the treatment modalities provided significant relief in signs and symptoms of premature ejaculation. On comparison to counseling group, the patients of *Basti* group showed significant relief in all parameters of premature ejaculation. Placebo and psychological counseling may provide self-confidence and positive attitude towards sex.

DISCUSSION

Whole intestine is covered by 4 layers namely Muscular, Sub mucosal, Serosal and Mucosal layer. The Mucosal layer is most superficial which comes in contact with the *Basti Dravya* which is administered. When the intestine gets purified daily, the layers of intestine and villi get the nutrition and further absorption of micronutrients may be enhanced and these micronutrients may enter the circulation and finally it reach the target organ.

Mucous membrane of intestine can easily absorb the lipid soluble content and finally pushes into circulation. The rectum contains Minute veins. The drug which administered may be absorbed through the veins of rectum which can bypass the second part of metabolism. Hence drug may deliver to the target tissues. Thus *Basti* is potent in curing many of the diseases. The review of dissertations concluded the following points

The clinical study conducted by Dr. Sanjeev Kadlewad et.al concluded that it is better to give *Niruha basti* as preoperative *Shodhana Basti* before administering *Uttar Basti* in patients of *Kshinaretas* w.s.r. to Oligospermia as it provided better relief when compared to *Uttarbasti* administered without *Niruha basti*.

The clinical trial conducted by Dr. Pratibha CK et.al concluded that *Lashuna*

Taila Uttar Basti was effective than Tila *Taila Uttarbasti* in inducing ovulation in women with anovulatory cycle.

The clinical trial conducted by Dr. Vibha N R et.al concluded that *Yoga Basti* schedule can be reduced to 5 days schedule from 8 days schedule without incurring any loss in its efficiency. The clinical trial conducted by Dr. Muhammad Fayaz et.al concluded that standard *Matra basti* schedule was efficient in reducing the signs and symptoms of *Vataja Gridrasi* when compared to *Arohana Matra Basti*.

The clinical trial conducted by Dr. Prashant Lande et.al concluded that *Ardha-matrika basti* was effective in treatment of *Shukra-kshaya* w.s.r to oligospermia when compared to oral intake of *Ashwagandha Churna*. The clinical trial conducted by Dr. Rahul Mahesh KM concluded that *Eranda muladi Niruha Basti* is more potent when given in *Uttama Matra* than *Heena Matra* in combating *Vat Kaphaja Gridhrasi*.

The clinical trial conducted by Dr. Ketan Mahajan concluded that *Shukra Stambhana Yapana Basti* was more effective in treating the patients of premature ejaculation when compared to psychological counseling. However psychological counseling was helpful in increasing self-confidence and positive attitude towards sex.

CONCLUSION

The review of the studies done on *Basti* helped in concluding that *Basti* is effective in treating the diseases of all *Srotas* and especially *Vatavaha Srotas*. The review also showed us that the *Basti* was effective in treating the *Gata Vatas*. It produced good effect in all the studies. Hence *Basti* can be considered as “*Ardha Chikitsa*” or “*Poorna Chikitsa*”.

REFERENCES

1. Agnivesha, Charaka, Drudabala, Chakrapani Dutta. Charaka Samhita. Basti Siddhi Adhyaya. 1st edition. Varanasi: Chaukhambha orientalia;2011. Vol 1 p. 724
2. Agnivesha, Charaka, Drudabala, Chakrapani Dutta. Charaka Samhita. Basti Siddhi Adhyaya. 1st edition. Varanasi: Chaukhambha orientalia;2011. Vol 1 p. 724
3. Sushruta, Dalhana, Gayadasa. Sushruta Samhita. Netra Basti Pramana Pravibhaga Chikitsa Adhyaya. 1st edition. Varanasi: Chaukhambha Orientalia;2009. Vol 1 p. 528
4. Vagbhata, Arunadatta, Hemadri. Astanga Hridaya. Basti Vidhi Adhyaya. 10th edition. Varanasi: Chaukhambha Orientalia; 2011. Vol 1 p. 285
5. Agnivesha, Charaka, Drudabala, Chakrapani Dutta. Charaka Samhita. Swedaadhyayam. 1st edition. Varanasi: Chaukhambha Orientalia;2011. Vol 1 p. 88
6. Vagbhata. Arunadatta, Hemadri. Astanga Hridaya. Basti Vidhi Adhyaya. 10th edition. Varanasi: Chaukhambha Orientalia; 2011. Vol 1 p. 286
7. Sushruta, Dalhana, Gayadasa .Sushruta Samhita. Netra Basti Pramana Pravibhaga Chikitsa Adhyaya. 1st edition. Varanasi: Chaukhambha Orientalia;2009. Vol 1 p. 525
8. Kadlewad Sanjeev et.al. Role of Niruha Basti as Shodhana for Uttar Basti in the management of Kshinaretas w.s.r to oligozoospermia. Hassan:2005
9. Pratibha C K et.al. Role of Uttara Basti in the management of Vandhya w. s. r to anovulation. Hassan:2004
10. Vibha N R et.al. A study on Yoga Basti schedule in the management of Katigraha. Hassan:2005
11. Fayaz Muhammad et.al. Comparative study on Arohana and standard Matra basti with Ksheerabala taila in the management of Vataja Gridhrasi. Hassan:2006
12. Lande Prashant et.al. A clinical study on effect of Ardha-matrika Basti in Shukrakshaya (w.s.r. To oligospermia). Hassan:2006
13. Rahul Mahesh KM et.al. A comparative study on Uttama and Heena matra of Eranda Muladi Niruha yoga Basti in the management of Vata kaphaja Gridhrasi. Hassan:2007
14. Mahajan Ketan et.al. Effect of Shukra Stambhana Yapana Basti in the management of premature ejaculation. Hassan: 2008

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