

## Basti Karma: Standard Guidelines of Good Practice

**Prof. R.H. Singh**

Distinguished Professor, Department of Kayachikitsa,  
Faculty of Ayurveda, Institute of Medical Sciences  
Banaras Hindu University, Varanasi  
*rh\_singh2001@yahoo.com*

Ayurveda, the ancient Indian system of medicine, gives fundamental importance to the integrity of the inner transport system of the human body classically described as *Srotas – Srotomayam hi Shariram*. The *Srotamsi* are inherently exposed to internal and external morbid factors and are likely to lose their integrity due to the day to day wear and tear, process of aging, impending disease and environmental pollution. Hence it is imperative to plan a periodical cleansing and bio purification of the *Srotamsi* to ensure their structural and functional integrity. It is in this perspective that Ayurveda postulates the concept of *Samshodhana* therapy both for promotive-preventive as well as for curative purposes. Popular *Panchakarma* therapy is essentially the therapeutic technology of *Samshodhan Karma*.

*Panchakarma* ie. the Five-fold therapies are 1. *Vamana*, 2. *Virechana*, 3. *Basti (Anuvasana & Asthapana)*, 4. *Nasya*, 5. *Rakta moksana*. *Basti Karma* is one of the most important components of *Panchakarma*. Although *Basti* purifies the whole body, it is claimed to be specific to *Vata Dosha* which is the master component of *Tridosha* doctrine. *Basti* is administered into the *Pakwashaya* ie. rectum and colon through anus following an intensive consideration of a range of therapeutic factors, indications, contraindications, doses and dosage forms etc. after a regimen of *Purvakarma*

It has always been intriguing to reach a contemporary meaning of classical descriptions of Ayurveda suggesting *Pakwashaya* as the principal seat of *Vata Dosha* on the face of the fact that the entire spectrum of *Vatik* attributes

fall into the realm of neural activity and nervous system. *Basti*, which is administered through the rectum and colon, purifies and rectifies the *Vata Dosha* morbidity and hence is claimed to be the full treatment of *Vatavyadhi*.

Recent modern discoveries about the existence of ‘gut brain’ and enteric nervous system (ENS) located in colon remotely connected with ANS and CNS, and the neurotropic role of enteric bacterial flora through endogenous synthesis of cyanocobalamin – appear showing logical scientific basis of the early Ayurvedist’s consideration of *Pakwashaya* as the principal seat of *Vata Dosha* and their consideration of *Basti* as the principal treatment of *Vata vyadhi*. However there are still no definite links to suggest that *Basti* therapy really influences the gut brain locally on one hand, and strengthens the neural elements through endogenous cyanocobalamin mechanism, on the other. *Basti* might be working through some other unknown mechanism besides the above mentioned interim speculations, warranting newer approaches of translational research in this important subject of fundamental significance.

Besides the above mentioned conceptual intricacies the practice of *Basti Karma* as prevalent today is facing divergent views and practices and there is a great need to standardize the procedures to ensure its good practices, safety and efficacy. The following are the main issues to be addressed while planning standardization of *Basti* therapy for setting standards of its good practice.

### Required Standards :

1. To identify specific and rational indications and

## Singh R.H. : Basti Karma : Standard Guidelines....

- contraindications for *Basti* therapy, both for promotive-preventive as well as for the therapeutic applications.
2. To standardize the quality, proportion and sequence of mixing the constituents of the *Basti* materials eg. honey, salt, oil, *kalka* and *kwatha* etc.
  3. To ensure the desired homogenous character, fineness, hygiene and aseptic standards and other safety precautions as regards the *Basti* material to be used.
  4. To standardize the doses and dosage forms in relation to age, sex, body weight, season, *Prakriti*, and *Vikriti*.
  5. To fix appropriate and rational timings for administering *Basti* including relationship with meals and other allied considerations.
  6. To fix the standard procedure of administration of *Basti* viz. posture and positioning of the patient during *Basti*, instrumentation (*Basti netra* and *Basti putak*) and its sterilization.
  7. To set right norms of *Purva karma* for *Basti* (both for sequential and solitary practices) and *Pascata karma* precautions and care.
  8. To standardize the number of *Basti* to be given in a sequence and to identify the denominators to be routinely used to fix the number of *Bastis* in different cases.
  9. To fix norms and standard guidelines for prescribing the rational combination/sequence of *Anuvasana* vs *Asthapana Basti* in different cases even beyond the *Shastra*.
  10. To identify realistic and rational *Pratyagam kala* / retention time for different *Bastis*.
  11. To ascertain the parameters of standardization of *Basti* material on one hand and to analyze the expelled *Basti* wastes in the end of the therapy to examine its biophysical and biochemical nature in order to assess the therapeutic impact and *Samshodhana* index.
  12. To fix the criteria to assess the rate of success and failure of *Basti* therapy in a patient's clinical perspective viz relief / remission of the disease state and changes in health status.
  13. To identify the possible complications of *Basti karma* and their management.
  14. Case studies and exchange of multicentre experiences.
  15. Costing of individual and institutional expenditure on *Basti Karma* at different levels of professional practice such as, at the level of private clinics, Governmental dispensaries and PHCs, general hospitals and teaching hospitals.

### Suggested R & D Support:

Biomedical Research on *Basti karma* should be concentrated to evaluate:

1. Effect of *Basti* on Enteric Nervous System.
2. Pro-biotic effect of *Basti* on enteric bacterial flora & its neuro bio-attributes.
3. Biophysical effect of *Basti karma* on colon-rectum viz. intracolonic pressure, changes in viscosity, pH, rectocolonic reflexes etc.
4. Osmosis / dialysis of toxins and medicaments.
5. Immunoglobulin status, free radical estimations, neurotransmitters etc.
6. Other disease specific biochemical analyses.
7. Developing indicators and biomarkers for technical accuracy viz. monitoring the retention

time of *Basti* and analysis of expelled *Basti* material and its comparison with the *Basti* material initially administered as well as interrelationship of such changes with systemic changes in patient's body-mind system and recovery from a disease state.

### **BHU Model of Basti Karma:**

The author of this communication in his hospital based practice adopts the following standards:

1. Indication - *Vata Prakriti* individuals, *Varsa Ritu*, *Vata Vyadhis* particularly degenerative neurological diseases besides some special therapeutic *Bastis* viz *Piccha Basti* in Ulcerative colitis and *Lehkan Basti* in Metabolic Syndrome.
2. Contraindication – *Raktarsa*, *Baddhagudodara*, *Ksatodara*, *Atisara*, *Nava Jwara*. etc.
3. Forms of *Basti* – *Asthapana- Anuvasana* alternately or an uniformly designed standard *Basti* or a *Matra Basti* suitably medicated as per therapeutic need.
4. Number of *Bastis* in a sequence – generally 16 *Bastis* in one sequence, may be repeated 2-3 times in a year.
5. Dose and dosage forms – 500-750 ml. mixture of *kwath*, *kalka*, *sneha*, salt ,honey in prescribed proportion (*Kalka-1,sneha-4,kwath-8*) for *Niruha Basti*. *Sneha Basti*, *Anuvasana Basti* and *Matra Basti* are given in the dose of 300 ml, 150 ml and 75 ml respectively.
6. *Purvakarma* – *Deepan-pachan* by *Chitrakadi vati* two pills twice a day after meals for five days. *Snehan* by *triphala ghrta* 25 ml twice a day with warm milk and *Abhyanga* and *Sarvanga waspa sweda* for 5-7 days.
7. *Pascat karma* – normal vegetarian light diet with

plenty of vegetable soups. Only two meals a day for one week.

8. Timings of *Basti* – *Niruha Basti* is given on empty stomach in the morning 7-8 AM. *Anuvasan Basti* is given preferably one hour after light diet.
9. The retention time - It varies widely in different cases and is related with the volume of *Basti* material introduced as well as with the proportion of its oil/non oil constituents.
10. Analysis of fresh *Basti* material and the expelled *Basti* wastes includes its volume, pH, Specific gravity, mucus, blood cells, pus cells, bacteria , parasites, sugar, protein, fat contents, blood urea, serum creatinin, serum electrolytes etc .
11. Evaluation of the health status and disease remission pattern in individual cases.
12. Follow up and record keeping. The model is freely flexible as per therapeutic needs.

### **Conclusion**

*Panchakarma* therapy is the therapeutic technology of *Samshodhana karma* which is classically designed to purify the body and the milieu interior and its inner transport system based on the concept of *Srotovijnana* of Ayurveda. The inner transport system operating through innumerable channels called *Srotamsi* is always prone to get vitiated and blocked by endogenous and exogenous pollutants and need periodical cleansing with the help of *Panchakarma* procedures. *Basti* is one of these procedures. The present communication aims to set standards for good practices in *Basti* therapy.

### **References**

1. Caraka, Caraka Samhita, sutra sthana 1-4, 13-16, 21-24; Siddhi sthana 1-12; Kalpa sthana 1-12. Choukhamba Surbharati Pub. Varanasi.
2. Kasture, HS (2000), Panchkarma

**Singh R.H. : Basti Karma : Standard Guidelines....**

- Chikitsa, Published by Shri Baidyanath Ayurveda Bhawan, Nagpur, Maharashtra.
3. Singh, Ram Harsh (2015) : Swasthvritta-Vjnana.2015 Ed. Chapter 03- Samshodhana and Samshamana. Pub.Chaukhamba Surbharati, Varanasi/Delhi.
4. Singh, Ram Harsh (2016):Kayachikitsa 2016 Ed. Vol-1, Chapter on Pancha karma, Pub.Chaukhamba Surbharati. Varanasi/Delhi.
5. Singh, Ram Harsh (2015). Ayurvediya Nidana-chikitsa – Sddhanta Avam Prayoga 5th edition .Part-1, Chapter 06. Pub.Chaukhamba Amarabharati,Varanasi
6. Singh, RH Singh (2013), The Holistic principles of Ayurvedic medicine. Edition 2013, Chapter 07. Pub.Chaukhamba Surbharati,Varanasi/Delhi
7. Singh. RH (2008). Panchakarma Therapy. Pub. Chaukhamba Sanskrit series Publication, Varanasi/Delhi.
8. Singh, RH (2001), Ayurveda in India today. Proc. International Symposium on Traditional Medicine. WHO publication, Kobe center Japan.
9. Singh, R.H. (2008) The Principles of Ayurvedic Cure. In Sowarigpa and Ayurveda. Proc. of National Seminar. Pub. By Central University of Higher Tibetan Studies, Saranath 189-199.
10. Udupa, KN and Singh, RH, Science and Philosophy of Indian Medicine. Pub by Shri Baidyanath Ayurveda Bhawan, Nagpur.

**Source of Support : Nil**  
**Conflict of Interest : None**