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
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.


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, Varsha 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, Anuvasa 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 ghrita 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.

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