Basti: Does the equipment and method of administration matter?

Manohar S. Gundeti, Ashwinikumar A. Raut¹, Nitin M. Kamar²

RRA Podar Ayurveda Cancer Research Institute, Under Central Council for Research in Ayurvedic Sciences, Department of AYUSH, GOI, Mumbai, ¹Clinical Research and Integrative Medicine, ICMR Advanced Centre for Reverse Pharmacology in Traditional Medicine at Medical Research Centre-Kasturba Health Society, Mumbai, ²Department of Kayachikitsa, Ayurveda Mahavidyalaya, Sion, Mumbai, India

A B S T R A C T

Basti is one of the five procedures of panchakarma in Ayurveda. Classically, it is advocated in the diseases of vata. It is mainly of two types viz. asthapana and anuvasana. According to the classical texts basti administration is done with the help of animal bladder (bastiputaka) and specially prepared metal/wooden nozzle/catheter (bastinetra), the whole assembly is called as bastiyana. Nowadays, except in some of the Vaidya traditions in Kerala, basti administration is often done using enema-can or douche-set. In the aforesaid classical procedure active pressure is expected to be given on the bastiputaka whereas, in conventionally used enema-can only passive or gravitational force plays a role. This is important in the context of 'basti danakala or pidanakala i.e. time for basti administration'.

Key words: Basti, basti pidanakala, bastiputaka, colon, enema-can

INTRODUCTION

Basti, the prime treatment in shodhana is considered as one of the most important treatments for many diseases according to Ayurvedic classical literature. It is the best treatment modality for all types of vata diseases. The type of basti where decoction is the major part is called as asthapana basti or niruba basti and the basti in, which major part is oil or other sneha (oleaginous substance) is called as anuvasa.¹¹ The desired effect of basti depends on several determinants and basti-danakala is one of the important determinant variables. In this study, we have addressed this basti-danakala determinant with the help of barium contrast to assess the difference in administration time and reach of bastidravya in the colon with two different methods of - (1) bastinetra with bastiputaka method (classically used) and (2) enema-can method (commonly used).

MATERIALS AND METHODS

Two apparently healthy male adult individuals (Subject-A and B) who had matra basti on previous day and with prior sneha-sveda in the morning were administered niruba basti comprising of Makshika (honey) 150 ml, Saindhava (rock salt) 15 g, Tila taila 150 ml, kalka (paste of fresh herbs or dried powders) 30 g, added to Erandamula kvatha (decoction of castor roots in water) to make total 960 ml with classical method and with conventional enema-can method respectively, after taking written informed consent.

Barium sulphate B.P (Microbar HD) 25 g were added in both the niruba bastidravya after its preparation. In subject-A, the Vaidya administered basti with uniform pressure and gradual squeezing of the bastiputaka. In the subject-B the enema-can was kept hanging on a stand four feet above the bed. Basti administration was done on the X-ray table and radiographs were taken immediately after the administration.

OBSERVATIONS

The basti administration time in the subject-A was about 60 s where stipulated amount of bastidravya entered in the colon homogenously with uniform positive pressure. The
radiograph of subject-A [Figure 1] shows complete filling of sigmoid colon and further propelling of the bastidravya through colon towards Ileo-caecal (IC) junction where it has almost filled the ascending colon.

In subject-B it took about 10 min for administration of bastidravya with interruption. The radiograph of subject-B [Figure 1] shows added filling of sigmoid colon, propelling the bastidravya through colon, reaching the IC junction but the amount of bastidravya is less at that point in comparison to subject-A.

**DISCUSSION**

The term basti/vasti comes from usage of animal urinary bladder for administration of the bastidravya.[2] In the absence of bladder artificial bastiputaka prepared by thin skin of aquatic bird/goat or a wax coated cotton bag may be used.[3] The purpose of using bladder is “uniform contractility with uniform flow.” The minimum positive pressure on bladder filled with bastidravya will contract uniformly and pour out with uniform flow within a short-time.

Niruha basti has uniqueness in the preparation of bastiyantra, bastidravya and its administration. “Bastidravya” is prepared by adding ingredients like makshika, lavana, sneha, kalka and kvatha together in a sequence,[4] which forms a homogenous oil in water (O/W) emulsion.[5]

Usage of animal bladder for preparation of bastiputaka was possible and justified in earlier days, however, is not feasible and practical today. As an alternative, a plastic bag of 50 microns thickness and having 1.5 l capacity is used as bastiputaka, and is disposed of after single use.[6] It is filled with bastidravya, and tied with metal bastinetra to form bastiyantra [Figure 2]. Bastinetra is a tubular structure usually made up of brass, having tapering end and wider base, which resembles cow’s tail. It has three rings on external surface called as karnika (ridges), the last two at the bottom are used to tie the bastiputaka with netra.[7]

Commonly, at many places, basti is administered using enema-can/douche-set instead of classical bastiyantra due to its easy availability and handling. This set consists of plastic/metal can and attached plastic tube with nozzle having lock (to which sometimes the simple rubber catheter is attached) [Figure 3]. The enema-can is held to the stand approximately four feet above the patient. Here, only gravitational force plays the role through passive pressure.[8] In this method, at times kalka material blocks the tube causing stagnation of flow of bastidravya and delay in administration. This delay causes separation of homogenous emulsion of bastidravya in the enema-can into unctuous/oil, aqueous/decoction and kalka component.

Sometimes, kalka does not enter in the colon at all. The delay in administering the bastidravya in colon is a bastidosha called ativilambita, which is not desirable.

According to, the classical text of Ayurveda basti-pidanakala/ basti-danakala for niruha basti is 30 matra. There are different
traditional methods of measuring a matra. In the context of basti-danakala, Sharangadharas describes one shotiKA as one matra.[9] A matra is also one “single eye closure.” In general, the calculation of thirty matra according to, Ayurvedic Formulary of India Part-I, comes around 46 s.[10] However, in the context of niruba basti Nampoothiri et al. have estimated basti-danakala to 60 s.[11] In the subject-A stipulated quantity of bastidravya as a homogenous emulsion entered into the colon within 60 s, which required positive pressure by the Vaidya/Administrator [Figure 4]. In the subject-B the procedure took nearly 10 min, which was devoid of positive pressure. The homogenous emulsion in subject-B entered in colon in three phases namely water (decoction), oil, and kalka component in that order. It serves only for filling the colon with bastidravya, which probably would not help to attain desired effect of basti. The retention time of the basti for subject-A was 5 min and for subject-B it was 15 min, although, both had madyama-kosha.

The classical texts of Ayurveda have given liberty to the Vaidya to think and modify the instruments, line of treatment and modality wherever required, without losing its core principles.[12] Here, in the subject-A, niruba basti is administered with the classical plastic bag but the bastiyaNTRA is modified wherein disposable plastic bag is used instead of the animal bladder/leather bag. When the homogenous emulsion of bastidravya enters the colon with “uniform positive pressure” within short-time, it reaches up to proximal colon, i.e. nearer to caecum and probably exerts procedure effect.[13]

Human colon is supposed to be sluggish in absorption and motility. It is involved in various functions, including absorption of water and electrolytes, transport of intraluminal contents, and production of short-chain fatty acids (SCFA). SCFAs (butyrate, propionate, and acetate), which have an integral position in colonic health are principally synthesized in more acidic environment of the proximal colon. The salvage of water and electrolyte is primarily accorded to the proximal colon although, distal colon and rectum contribute to this task but to a lesser extent.[14] Butyrate promotes the absorption of water, sodium, and chloride from the proximal colon.[15] The ICCsM (Interstitial Cells of Cajal in sub-mucosal surface of the circular muscle), the primary pacemaker cells are solely present in proximal portion of colon.[16] Loss of ICC in animals due to infection, surgical treatment and treated with chemicals correlated with loss of pacemaker activity, propagation defects, reduced neurotransmission, and loss of response to stretch.[17] The parasympathetic supply to the proximal colon i.e., the intestinal branches originate from the posterior division of the vagus nerve, which are secretomotor to glands and motor to muscular coats of gut.[18] Thus proximal colon has significant role in colonic motility and absorption.

We assume that due to uniform positive pressure homogenous emulsion of bastidravya reaches quickly to proximal colon where it probably stimulates ICCsM, which in turn initiates colonic propagating activity and chain of reactions like churning of contents in proximal colon and production of SCFA, absorption of electrolytes, water and other active principles through carrier mediated transport mechanism. Other factors like luminal distention and chemical stimuli by niruba-bastidravya contribute to this process. This can happen with the classical method and not by the adopted conventional method in which the tube and can cannot give sufficient pressure for bastidravya to reach proximal colon as a homogenous emulsion.

The reach of the bastidravya and its retention time in colon may differ due to the factors such as tasya (age), prakriti (bodily constitution), bala (strength), satva (psyche), agni (digestive capacity), koshta (inherent condition of the digestive system), desha (region), satnya (compatibility) of the subject to basti procedure and bastidravya, kala (season/time of administration of basti, i.e., morning or evening, particular day during the course of yoga/lakarta/kala basti), total quantity of the bastidravya, ratio of ingredients used in the basti (naksbika, saindhatva, sneha, kalka, kvthata), herbs used for decoction and kalka, besides skill and positive pressure used by the administrator.

CONCLUSION

Niruba basti is an active panchakarma procedure, which has to be performed by a skilled Vaidya with an optimum uniform positive pressure, while maintaining stipulated time of basti-danakala so as to reach the bastidravya as homogenous emulsion up to the proximal colon. It would be interesting further to study, the impact of niruba basti by

Figure 4: Basti administration with bastimetra and putaka method
the classical method on proximal colon in terms of colonic motility, its central nervous influences, SCFA production, transportation of gut contents, and absorption of water and electrolytes. The message is loud and clear that while adapting to novel methods of technology we need to have the fidelity to classical principles and practices of Ayurveda.[19]

ACKNOWLEDGMENT

The authors acknowledge Dr. Madhav Gundeti for providing a facility to do the study. The authors are thankful to Dr. A. B. Vaidya, Research Director, MRC-KHS, Mumbai for his direction and final reading of the manuscript.

REFERENCES


How to cite this article: Gundeti MS, Raut AA, Kamat NM. Basti: Does the equipment and method of administration matter?. J Ayurveda Integr Med 2013;4:9-12.

Source of Support: Dr. Madhav Gundeti, Gundeti Hospital formerly Gundeti Nursing Home, Solapur, Maharashtra provided facilities for conducting the procedure. Conflict of Interest: None declared.

Author Help: Reference checking facility

The manuscript system (www.journalonweb.com) allows the authors to check and verify the accuracy and style of references. The tool checks the references with PubMed as per a predefined style. Authors are encouraged to use this facility, before submitting articles to the journal.

- The style as well as bibliographic elements should be 100% accurate, to help get the references verified from the system. Even a single spelling error or addition of issue number/month of publication will lead to an error when verifying the reference.
- Example of a correct style
- Only the references from journals indexed in PubMed will be checked.
- Enter each reference in a new line, without a serial number.
- Add up to a maximum of 15 references at a time.
- If the reference is correct for its bibliographic elements and punctuations, it will be shown as CORRECT and a link to the correct article in PubMed will be given.
- If any of the bibliographic elements are missing, incorrect or extra (such as issue number), it will be shown as INCORRECT and link to the article in PubMed will be given.
- If any of the bibliographic elements are missing, incorrect or extra (such as issue number), it will be shown as INCORRECT and a link to the correct article in PubMed will be given.