

Basti Karma

Unit 8. Basti Karma (Therapeutic Enema)

1. Introduction

Basti Karma is the administration of medicated liquids through the anal route (and in special contexts, urethral or vaginal) for **śodhana (evacuation/cleansing)** and **śamana-br̥ṃhaṇa (pacification-nourishment)**, with **Vāta** (principle of movement) as the prime target. Classics open Basti-vidhi by declaring its primacy in Vāta and Vāta-dominant disorders:

“वातोल्बणेषु दोषेषु वाते वा बस्तिरिष्यते ।
उपक्रमाणां सर्वेषां सोऽग्रणीस्त्रिविधस्तु सः ।
निरूहोऽन्वासनं बस्तिरुत्तरः ॥” — *Aṣṭāṅga Hr̥daya, Sūtrasthāna 19/1-2.*

Take-home: Basti is **threefold**—**Nirūha/Āsthāpana** (decoction enema), **Anuvāsana** (unctuous enema), and **Uttara-basti** (urogenital route; beyond scope here). You will learn instruments (yantra), doses (mātrā), indications/contraindications, exact procedures, mechanisms, classical formulations, and application principles in specific diseases.

2. Basti Yantra and Mātrā

2.1 Classical apparatus (Basti yantra)

- **Basti-netra (nozzle):** Metal/horn/bone; **length & bore proportional to age and anal canal; three rings (kaṇṭikā)**—one ¼-aṅgula from the tip to limit entry; **two at the base** to tie the bag’s mouth. Tip smooth, straight, and finger-breadth-matched to patient. Key verses detail measures and construction.
- **Basti-putaka (bag):** Processed animal bladder (e.g., cow/deer/boar) or robust cloth/substitute, **clean, odorless, soft, veinless, well-washed**; well tied to netra.
- **Modern equivalents:** Sterile disposable enema cans/syringes with catheters replicate flow control, sterility, and safety standards (accepted as contemporary substitutes).

2.2 Dose (mātrā)

- **Nirūha (decoction):** *Age-based prasrita schedule.* Start with ½-1 **prasrita** in infancy, increasing stepwise each year; by adolescence the **upper adult dose ≈ 12 prasrita** (text-standard ladder). Elderly and children receive **mṛdu** dosing.
- **Anuvāsana (oil/ghee):** Usually **smaller than Nirūha**, individualized by **koṣṭha (bowel responsiveness), bala (strength), agni**, and disease context; in **Mātrā-basti** (a daily, gentle Anuvāsana variant) the dose is **small, easy to retain** and safe for **bāla-vṛddha-kṛśa** etc.

Classical caution for success:

“समीक्ष्य दोषैषधदेशकालसात्म्याग्निसत्त्वादिवयोबलानि ।
बस्तिः प्रयुक्तो नियतं गुणाय स्यात् सर्वकर्माणि च सिद्धिमन्ति ॥६॥”
(Basti succeeds when planned after examining doṣa, drug, habitat, season, satmya, agni, sattva, age, strength, etc.) — *Cāra ka Saṃhitā, Siddhisthāna 3/6.*



3. Anuvāsana- and Āsthāpana-opaga Dravya (Adjuncts)

- **Anuvāsana (Snaihika) dravya:** Taila/Ghṛta as the base; Jīvanīya, Vātahara, Bṛmhaṇa herbs for cooking/processing (e.g., Bala, Aśvagandhā, Daśamūla, Rasnā).
- **Anuvāsanaopaga** (helpers): Saindhava (improves spread/penetration), Madhu (vehicle, adsorbent), calming dhūmapāna, uṣṇa-jala.
- **Āsthāpana/Nirūha dravya: Pañca aṅga (mixing order)—Madhu → Saindhava → Sneha → Kalka (paste) → Kaṣāya (decoction);** sometimes Avapa (additives like milk, meat soup) as per disease.

4. Indications & Contraindications of Anuvāsana Basti

4.1 Indications

- **Vāta-pradhāna** states with rukṣatā, emaciation, post-śodhana convalescence, udāvarta, habitual exercise, pradīpta-agni (good appetite), dry gut/krūra-koṣṭha; sequencing after Nirūha in Yoga-basti schedules.

4.2 Contraindications / avoid or postpone

- Āma/ajīrṇa, nava-jvara (acute fever), kamalā, pāṇḍu, prameha in acute derangement, severe kapha-āvaraṇa, diarrhoea, very full stomach, or when retention is unlikely. (Classical cautions summarized from Siddhi-sthāna and clinical reviews.)

5. Pūrva Karma of Anuvāsana

1. **Assessment:** doṣa-duṣya, āma-nirāma, agni, koṣṭha, bala, vitals.
2. **Diet/day of procedure:** light, warm, non-abhīṣyandī; bladder-bowel emptied.
3. **Local prep:** Abhyanga to abdomen-lumbosacral area + mild svedana to promote relax-anulomana.
4. **Set-up:** left lateral (Sims') position; sterile instruments, warmed sneha.

6. Pradhāna Karma of Anuvāsana (How to administer)

- Warm sneha measured to mṛdu dose; lubricate netra & anus.
- Insert ¼ of netra length under steady guidance; deliver sneha slowly with gentle constant pressure; ask to retain.
- Instruct no strain, no cough; offer lukewarm water sips if needed.
- Observe for samyak-anuvāsana: lightness, soft evacuation later, vāta-anulomana, comfort.

7. Paścāt Karma of Anuvāsana

- **Rest** in a warm, draft-free room; encourage retention as long as comfortable.
- **Diet:** light, warm gruels/odana; avoid heavy, fermented, very cold items on the day.
- **Next steps:** In Yoga-basti sequences, plan next Nirūha the following morning; monitor sleep, appetite, bowel pattern.



8. Indications & Contraindications of Nirūha (Āsthāpana) Basti

8.1 Indications

- **Vāta** and **Vāta-Kapha/Pitta** disorders with **āma/śleṣma/mala accumulation**; abdominal distension, low back-limb pains, constipation with mucus, many **rheumatic/neurologic** conditions when **nirāma**. Classical texts extol Nirūha as superior to simple purgation in Vāta disorders.

8.2 Contraindications

- **Bāla-vṛddha** if debilitated, **pregnancy**, **āma**, **after full meals**, **severe dehydration**, **active bleeding**, **acute fever**, **severe diarrhoea**, immediately after **Vamana/Virechana** without recovery. (Compiled from Siddhi-sthāna guidance.)

9. Pūrva Karma of Nirūha

- **Eligibility**: ensure **nirāma**, assess agni, koṣṭha, bala.
- **Dīpana-Pācana** 1-3 days if needed; **abhyānga + svedana** same morning.
- **Bowel-bladder empty**; counsel, consent, baseline vitals.
- **Prepare Basti-yoga** fresh and warm.

10. Preparation of Basti Dravya (Nirūha)

Mixing order (very important): Madhu → Saindhava → Sneha → Kalka → Kaṣāya; churn well, ensure a **homogeneous, bubble-free** mixture; tie bag firmly; remove air; check flow. **Representative verse-set:**

“...गुडात् पलं द्विप्रसृतां तु मात्रां स्नेहस्य युक्त्या मधु सैन्धवं च ॥
...प्रक्षिप्य बस्तौ मथितं... निर्वलीकम्...” — C.S. Siddhi 3 (Bastisūtrīyam).

Proportions by doṣa (for the composite): Kaṣāya 5 parts; Sneha 1/6 (Pitta); Sneha 1/4 (Vāta ↑); Mātrā less (1/8) in Kapha formats.

11. Pradhāna Karma of Nirūha (Stepwise procedure)

1. **Position**: Left lateral; flex right thigh; support head/shoulder.
2. **Lubricate** anus and $\frac{1}{4}$ **length** of netra; insert gently along sacral curve; avoid jerks.
3. **Instill** steadily (not too fast/slow).
4. **Withdraw** netra smoothly; **massage abdomen** clockwise to aid distribution.
5. **Urge & evacuation**: Patient sits when urge develops; note **vega (bouts)**, contents, relief.
6. **Complication management**: If **pain, tenesmus, giddiness** → rest, warm fomentation, adjust hydration; if **premature expulsion**—review mixing order/temperature; **no flow**—check kinks/position (classical cautions also describe flow/heat errors).

12. Paścāt Karma of Nirūha

- **After-return** of basti: give suitable **pathya**—e.g., **meat soup (Vāta)**, **milk (Pitta)**, **alkaline/thin gruels (Kapha)** in small quantities, then **odana**.
- **Restraints**: day sleep, cold exposure, sex, heavy exertion, fermented/heavy foods for 1-2 days.
- **Sequencing**: In **Kālā/Yoga-basti, Nirūha** in mornings on planned days; **Anuvāsana** on alternate days or

evenings per classical schedules.

13. Nirūha Basti Karmukata (Mode of Action)

- **Classical:** The mixture's **madhu-saindhava-sneha-kalka-kaṣāya** synergy **dislodges (utkleśa)** and **liquefies** morbid doṣas in the colon, **anulomana** of Vāta, **śodhana** via timely evacuation; **srotas-śodhana** and **agni-dīpana** restore function.
- **Modern correlation:** Rectally administered solutions **influence motility, bile flow, mucosal secretions**, and **systemic absorption** via portal/systemic routes; appropriate composition and technique strongly determine clinical response.

14. Anuvāsana Basti Karmukata

- **Classical:** **Snigdhatā** (unctuousness) **lubricates srotas**, pacifies **Vāta**, softens stool, relieves **udāvarta/colic**, nourishes **dhātu** (br̥mhaṇa), and improves **vyāna-apāna** coordination.
- **Modern correlation:** Retained lipophilic medicaments confer **local anti-spasmodic, anti-inflammatory** action and **systemic trophic** effects via absorption; **dose-retention** governs efficacy. Clinical research also supports **Anuvāsana up-titration** as an alternative to internal snehapāna in selected candidates.

15. Basti Formulations (exam-relevant snapshots)

Formulation (classical cue)	Core composition (memory-pegs)	Key use-notes
Dvipañcamūlādi Nirūha	Decoction of two Pañcamūla groups ± goat meat soup , with tri-sneha ; madhu-saindhava ; appropriate kalka	Pravara Nirūha —broad Vātavyādhi spectrum; strength-promoting; visualise “deep-acting with mamsa-rasa”.
Eraṇḍa-mūla Nirūha	Eraṇḍa-mūla , Rasnā, Aśvagandhā, Guḍūcī, etc., with madhu-saindhava-sneha	Lower-limb-low back pain , flatulence, ānāha, grahaṇi, mūtra/viṇ-graha —“painful, gassy, stiff” phenotypes.
Kaliṅga-Pāṭhādi Nirūha	Kaṣāya with Triphala + Bilva, gomūtra, kṣāra , taila; kalka of Kaliṅga, Pāṭhā, Mustā	Kapha-pradhāna disorders (coating, heaviness, ālasya), Pāṇḍu, āmadoṣa ; strong lekhana-śodhana.
Mātrā-basti (Anuvāsana)	Small, retainable sneha (taila/ghṛta) often jivaniya-vātaśāmaka	Daily/gentle Vāta pacification in bāla-vṛddha-kṛśa , athletes, and dry gut ; safe & nourishing when nirāma .

16. Principles of Practice (Clinical mini-protocols)

a) Nirūha in Gridhrasī (Sciatica) & Āmavāta (RA-spectrum)

Gridhrasī (Vāta-Kapha; often rukṣa-stabdha-śūla radiating):

- **Pūrva:** Dīpana-Pācana (Trikaṭu class), **abhyanga + sveda** (rūkṣa-uṣṇa).
- **Yogas:** **Eraṇḍa-mūlādi, Daśamūla-Rasnā-Guḍūcī**-based Nirūha; add **saindhava-kṣāra** if kapha-āvaraṇa prominent.
- **Course:** **Kālā-basti** or **Yoga-basti** sequences (e.g., 8 or 5-day), alternating **Nirūha** (mornings) with **Anuvāsana** (evenings/alternate days).
- **Targets:** Pain relief, nerve-muscle relaxation, stool/mucus clearance, improved SLR; follow by **Br̥mhaṇa-snehana** and **physiotherapy** drills.



6. A strong **Kapha** patient receives Nirūha with: a) More sneha b) **Less mātrā / more lekhana** c) No saindhava d) Cold dravya
7. **Immediate contraindication** for Anuvāsana: a) Dry constipation b) Vāta insomnia c) **Nava-jvara/ajirṇa** d) Post-nirūha day
8. **Best posture** during Basti administration: a) Prone b) **Left lateral** c) Right lateral d) Supine
9. A lekhana-type Nirūha useful in Āmavāta is: a) Dvīpañcamūlādi b) **Kaliṅga-Pāṭhādi** c) Jīvaniya-siddha ghr̥ta d) Mātrā-basti
10. After Nirūha, pathya **first** includes: a) Cold curd b) **Light gruels/meat soup/milk as per doṣa** c) Raw salad d) Fried snacks

Answer key: 1-a, 2-b, 3-c, 4-c, 5-b, 6-b, 7-c, 8-b, 9-b, 10-b.

60-Second Revision

- **Basti = prime Vāta therapy;** types **Nirūha/Anuvāsana/Uttara**. **Quote:** “वातोल्बणेऽु... बस्तिरिष्यते...” (A.H. Sū. 19/1-2).
- **Yantra:** netra + putaka; **karṇikā** safety rings; **left lateral;** warm, bubble-free dravya.
- **Nirūha mixing order:** Madhu → Saindhava → Sneha → Kalka → Kaṣāya; adapt **sneha fraction** to doṣa.
- **Doses:** Age-graded **prasrita** ladder for Nirūha; **Mātrā-basti** for daily gentle Vāta-pacification.
- **Applications:** Gridhrasī/Āmavāta → Nirūha (Eraṇḍa-mūla or lekhana yogas). **Kaṭi-graha** → Anuvāsana/Mātrā-basti with vātaśāmaka taila.
- **Success mantra:** Plan after **doṣa-deśa-kāla-satmya-agni-bala** review. **Quote:** “समीक्ष्य दोष... बस्तिः प्रयुक्तो...” (C.S. Siddhi 3/6).