



WWW.IJAPC.COM

IJAPC
Vol 13 Iss 2

2020

G.G.P





Comparison of *Asthapana* and *Anuvasana basthi* with Evacuation and Retention Enema – A Review

Radhika Bhat^{1*} and Sushmitha VS²

^{1,2}Dept of Rasashastra and Bhaishajyakalpana, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Udupi, KA, India

ABSTRACT

Introduction

Integrative medicine is talk of the hour. Integrative health care often brings conventional and complementary approaches together in a coordinated way. For bringing about this kind of approach there is a need to understand the developments that are ongoing in both the branches. Here in this article the differences and similarities between basthi treatment in Ayurveda and enema in contemporary medicine are compared.

Materials and methods:

Many different articles and books were taken into account by using appropriate key words. They were inferred and interpreted in a unique way to blend to the topic of interest and understanding in a different light which can be used for the further review and practical approaches.

Results and Discussion:

Different types of enema in contemporary medicine are compared with that of basthi treatment in Ayurveda. Its advantages, differences and similarities were analyzed. This shows how better they can be understood and chosen for the treatment. Also, this can help in the development of the streams of medicine.

Conclusion:

Different types of enema explained in contemporary system of medicine and basthi in Ayurveda can be easily correlated. But mode of action and indication of basthi as per Ayurveda is far stretched. Also, number of diseases are being treated in Ayurveda by basthi. Hence an integrated approach on its usage and more researches on this aspect can be a boon to mankind.

KEYWORDS

Integrated, Basthi, Enema



Greentree Group Publishers

Received 16/06/2020 Accepted 15/07/2020 Published 10/09/2020



INTRODUCTION

The word Panchakarma means five actions or five treatments. It is a method of cleansing the body that is affected by accumulation of unwanted waste. The five treatments are given highest importance as all the diseases can be controlled by carefully administering these. They are very unique to the system of Ayurveda. The regulatory rules and precautions to be taken, medicament administered and the results expected are unique to our science. The five treatments mainly are Snehana, Swedhana, Vamana, Virechana, Nasya and Basthi.

Basthi literally means bladder. In ancient times, bladders of different animals were used to conduct this procedure. Hence the treatment is named as Basthi karma. It includes introduction of different medicaments in the form of thaila or Kashaya. For this, instruments called basthinetra and bladder of animals were used which was customized to each patient according to their age. Basthi karma, for understanding purposes has been correlated to enema. Enema is a procedure in which liquid is injected into rectum through anal canal, to expel its contents or introduce drugs or permit X- ray imaging. This route

of administration is being further explored by contemporary science. In this article an attempt is made to show how Basthi and Enema are similar and how are they different in different angles. On a deeper note, comparison of asthapanana and anuvasana types of basthi with evacuation and retention enema, respectively.

Types of Basthi:

There are various types of basthi in Ayurveda and they are classified in different context under different headings.

As per the route of administration¹:

1. Pakwashyagatabasthi,
2. Mutrashayagatabasthi,
3. Garbhashayagathabasthi,
4. Vranagatabasthi

As per the material being used²:

1. Kashayabasthi/ Asthapanabasthi/ Niruhabasthi
2. Snehabasthi / Anuvasanabasthi

As per number of basthi being administered the types³ are given in is given in table 2:

Table 1 Types of basthi as per the number of basthi to be given

Name	Number
Karma Basti	18 Anuvasana + 12 Niruha = 30
Kala Basti	9 Anuvasana + 6 Niruha = 15
Yoga Basti	8 Anuvasana + 3 Niruha = 8

As per the therapeutic action, different authors have given different types of basthi as per table number 2.

Table 2 Types of basthi as per its therapeutic action:

Sushruta ⁴	Vagbhata ⁵	Charaka ⁶	Sharangadhara ⁷
Shodhanabasti	Uthkleshanabasti	Vatagnabasti	Utkleshanabasti
Lekhanabasti	Doshaharabasti	Pittagnabasti	Shodhanabasti



Brimahanabasti	Shamanabasti	Kaphagnabasti	Shamanabasti
Snehanabasti			

Table 3, gives the name of different types of enema as per contemporary science⁸. It is broadly divided into two types Evacuation enema and retention enema. Evacuant enema is further divided into simple evacuant enema, medicated enema and cold

enema. Medicated enema is again divided into 5 different types. Retention enema is divided into 5 different enemas. These are mainly divided depending on the therapeutic action that is expected.

Table 3 Types of enema as per contemporary science

Evacuant enema	Simple Evacuant enema	
	Medicated evacuant enema	<ul style="list-style-type: none"> • Oil enema • Purgative enema • Astringent enema • Anhelmenthic enema • Carminative enema
Retention enema	Cold edema	
	Stimulant enema	
	Nutrient enema	
	Emollient enema	
	Sedative enema	
	Anesthetic enema	

Evacuant enema:

It is an enema administration technique used to stimulate stool evacuation and used to relieve severe constipation. For simple evacuation purpose, solution of soap and water, i.e soap 50 ml in 1 liter of water is used. Normal saline with sodium chloride - 1 teaspoon to half liter of water can also be used or sometimes just tap water can be used. In adults about 500 to 1000ml may be required. For children 250 to 500 ml and in infants less than 250 ml of solution can bring about the simple evacuation⁸.

In Ayurveda there are many examples that have action of simple evacuant enema. It is general line of treatment of

Purishaavarodha⁹ where Acharya has explained the treatment of vegadharana. Basthi like erandamoola niruhabasthi¹⁰ is mainly given for this purpose. Indication of this basti is pain in thigh (janga – uru), feet (pada), Hip region (trika) or back (prusta) and if the pain is like kaphavrutha where the person feels heaviness in these regions which has happened due to nigraha of vata,(flatus), vit (feces). In cases clearly indicating the constipation signs where the symptoms of pain and bloating of abdomen is seen, erandathaila niruhabasthi is to be given.

Purgative enema:



This is given so that the intestines evacuate its contents by contraction. It acts by irritation effect on mucus lining and stimulation of peristalsis by the stretching of intestines which causes the intestine to stretch and contract resulting in evacuation of bowel. Here, pure glycerine or glycerine mixed with water or sometimes glycerin with castor oil is being used. Also magnesium sulphate with sufficient amount of water can be used as irritant to mucus membrane causing evacuation of bowel¹¹.

In Ayurveda we come across different drugs used for the purishaavaroda or impacted stool. Importantly, there are Pakvashayashodakabasthi¹² explained in Charaka Siddhi Sthana. Here a group of drugs are mentioned like jeethmuthakaphala, ekshvaku, damargavaa, danthi, dravanthi, kampillaka etc which has to be made into liquid form by using gomuthra which is teekshana in nature and basthi is given. Thus this will have irritation action to the mucus membrane and basthi dravya itself will trigger the intestines for evacuation.

Oil Enema:

This type of enema is given to soften the bowel matter before the evacuation. This can avoid the straining and injury to membranes of anal canal. Here the drug is to be retained for half an hour to one hour to soften the feces, later washed by a soap

and water enema to open the bowels. Solutions such as olive oil, gingelly oil, castor oil can be used. Dose is 115 to 175ml¹³.

Sneha or mathrabasthi is explained by our Acharyas in Ayurveda. In Charaka Siddhi there is reference of its uses where it is clearly mentioned along with many other unique uses like bruhmana (nutritive), relieving the vatadosha it also renders a sukha, srustavarcha i.e., easy evacuation of well formed stool¹⁴.

Carminative enema:

Carminative enema¹⁵ is also called as anti-spasmodic enema. These are given to relieve gaseous distention of the abdomen by causing peristalsis and expulsion of flatus and feces. The mode of administration is same as that of simple evacuant enema. The solutions used are Turpentine 8 to 16 ml mixed with 600 to 1200 ml of soap solution. Also milk and molasses mixture can be administered.

In Ayurveda there is Pancha Prasratika basthi¹⁶ which can be used to obtain similar action. Here milk, honey, oil, ghee is used for the basthi and gives the benefit of vatanashana and bala along with the added benefit of increase in the skin tone.

Astringent enema¹⁷:

This enema contracts the tissues and blood vessels and thus checks on the bleeding and inflammation. This lessens the amount of



mucus discharge and gives a local relief in the area temporarily. It is given when there is colic abdomen and dysentery. The solution is allowed to run slowly and return quickly to avoid distension, pain and irritation of the inflamed area. Sometimes it is also preferred to be given in luke warm temperature. The solution of tannic acid, 2 grams in 600 ml of water or alum 30 grams in 600 ml of water or silver nitrate 2 % dissolved in distilled water is given for this purpose.

In Ayurveda, there is a description of picchabasthi¹⁸ in Charaka chikithsasthana. This is mainly given in the cases where there is raktha along with the puresha.

Anthelmintic enema¹⁹:

As the name suggests, this enema is given to destroy and expel the worms from the intestines. Before this enema is given bowel should be cleansed by soap water enema so that the drug may come in the direct contact with the worms and the lining of the intestine. Here the infusion of Quassia or hypertonic saline solution is drug of choice for enema.

There are many examples of basthi being used for the removal of krimi in Ayurveda. Vidangadithailabasthi²⁰,

Rasnadiniruhabasthi²⁰ are the basthi that are indicated for the krimi

Cold enema²¹:

This enema is given to decrease the body temperature during heat stroke. It is given in the form of colonic irrigation. One has to be careful while giving this type of enema as it can cause hypothermia or abdominal cramps.

Sheethalabasthi²² is told in Ayurveda. This is mainly indicated in vishamajwara and daha (burning sensation).

Retention enema²³:

This type of enema is used to provide nourishment and medication. The fluids do not stimulate peristalsis. The dose for enema is also small that is about 100 to 250 ml in adults. The time for retention is about 30 minutes. It is further of many varieties. Stimulant enema is given for the treatment of shock or collapse or sometimes in cases of poisoning. Here the medicines like coffee or brandy in a dose of 180 to 200 ml is given in the form of basthi. Sedative enema is yet another retention enema which will be containing a sedative drug like paraldehyde, chloral hydrate, potassium bromide. Also, there is anesthetic enema with anesthetic drug like Avertin in a dose of 150 to 300 mg per kg body weight is given. Emollient enema is introduction of bland solution into rectum for the purpose of checking diarrhea or smoothening and relieving inflammation of mucus membrane of rectum and anus. For this purpose drugs like starch and opium or



sometimes starch alone can be used. Nutrient enema as the name suggests provides nutrition. It is a retention enema to supply food and fluids to the body. The solution is selected such that it can be absorbed from the colon area. Such is useful in cases of hemophilia which makes IV infusion undesirable. Normal saline, 2 to 5% glucose, peptonized milk can be used for the purpose.

In Ayurveda most of the basthi, the asthapanabasthi or anuvasanabasthi are to be retained for a specific period of time and then evacuated. Bruhmana basthi can be correlated to the nutrient enema. Also every other basthi is having medicinal property and any basthi as per the classics gives a number of advantages other than just evacuation of bowel or local action.

General uses of Basthi / Enema

In Charaka siddhi sthana the first and foremost use of basthi is said to be relieving

of shakruth i.e. the feces that is impacted.²⁴

It will lubricate the area and bring out the stools in a well formed and easy manner. In Astangahrudaya, Acharyavagbhata says when the vatadosa which in its sthana or place is increased, the best treatment would be basthi.²⁵ Later he elaborates the uses and says that it can be used for the removal of impacted stools by stimulating defecation and thus treats the constipation. Basthi can be used to protect and soothe the mucus membrane of the intestine and check on diarrhea. It can also relieve the gaseous distension. Basthi can also be helpful in administration of fluid and nutrients.

In Contemporary science when we try to jot down different points of usefulness of enema, there are broad spectrum uses. The different uses have been tabulated in table number 4.

Table 4 Uses of enema as per contemporary science

Use	Type of enema used
To stimulate defecation and to treat constipation	Simple evacuate enema
To soften hard fecal matter	Oil enema
To administer medication	Sedative enema
To protect and soothe the mucus membrane of intestine and check diarrhea	Emollient enema
To destroy intestinal parasites	Anthelmintic enema
To relieve the gaseous distention	Carminative enema
To administer fluid and nutrients	Nutritive enema
To relieve inflammation	Astringent enema
To induce peristalsis	Purgative enema
To stimulate a person in shock or collapse	Stimulant enema
To reduce temperature	Cold enema
To clean bowel prior to X – ray studies or delivery of baby	Saline enema
To make diagnosis	Barium enema
To induce anesthesia	Anaesthetic enema



Reason for broad spectrum use of basthi unlike enema:

Enema is used mostly for local action i.e., for the healing of the wound or discontinuation in the mucus membrane or sometimes inflammation in the area. The other main purpose is for the evacuation of the bowel. Very less of nutrition or anesthetic action is being attributed to enema. This may be due to the form of medication or formulation that is being used which may not be compatible enough for such nutritive or medicinal actions. The medication should be such that it should be non irritative, stable and should not become inactive in the environment it is being administered. It should have the capacity to get absorbed through the layers of mucus membrane in the area. Also it should be have the capacity to be able to carry the active ingredient throughout the body where ever the target site is, after getting absorbed. A Form of medication to achieve all these property is yet to be established.

In Ayurveda there is a standard method for preparation of basthi medication. For basthi preparation, Madhu, Saindavalavana, kalka of medicinal drugs, kwatha of medicinal drugs should be added one by one in the same order and mixed thoroughly to get basthi dravya²⁶. This forms an emulsion. This specially prepared emulsion may be responsible for desired systemic action.

Here honey acts as emulgent and helps in stabilization of emulsion. This form helps in the activation of active ingredients of the medicine as well as it facilitates the absorption because of anustrothogami i.e penetration through small cannels; property of Saindava lavana. It does not cause irritation or harm to the human cells. Saindavalavana in the formulation also helps in the prevention of loss of sodium and chloride preventing the water intoxication. This emulsion facilities the shodana by generation of osmotic pressure. The active principles in the drugs which with kashaya and kalka are prepared will be infused into emulsion. This too gets easily absorbed and show action on many diseases.

CONCLUSION

When we compare the asthapanana and anuvasanabasthi with evacuation and retention enema we can see that they don't differ in the main principle. But however it is different in the way the two streams of sciences have explained the mode of action. Ayurveda highlights the systemic action of the basthi as it is indicated in vast range of diseases. Its indications are of vast range on diseases whereas the enema is mainly used for treating locally with minimal systemic actions. When both the approaches are



integrated and advanced researches can bring out very efficient and unique approach, promising cure to many diseases.



REFERENCES

1. Sushrutha, A. (2013). *Shushrutha Samhita*. (A. P. Sharma, Ed.) (1st ed., Vol. 2). Varanasi: Chaukambha Surbharathi Prakashan.
2. Agnivesha, A., & Takur, A. V. (2011). *Charaka Samhitha* (1st ed., Vol. 1). Varanasi: Chaukambha Orientaliya.
3. Agnivesha, A., Shukla, V., & Tripathi, R. (2013). *Charaka samhitha* (1st ed., Vol. 2). Delhi: Chaukambha Sanskrith Prathistana.
4. Sushrutha, A. (2013). *Shushrutha Samhita*. (A. P. Sharma, Ed.) (1st ed., Vol. 1). Varanasi: Chaukambha Surbharathi Prakashan.
5. Vagbhatta, A. (2011). *Ashtanga Hrudaya* (3rd ed., Vol. 2). Thrissur, Kerala: Harisree Hospital.
6. Agnivesha, A., Shukla, V., & Tripathi, R. (2013). *Charaka samhitha* (1st ed., Vol. 2). Delhi: Chaukambha Sanskrith Prathistana.
7. Sharangadhara, P., & Shastri, P. P. (2016). *Sharangadhara Samhitha*. Varanasi: Chaukambha Orientaliya.
8. N.R.Publication house. (2016). *Principles and Practice of Nursing* (6th ed., Vol. 1). Indore.
9. Agnivesha, A., & Takur, A. V. (2011). *Charaka Samhitha* (1st ed., Vol. 1). Varanasi: Chaukambha Orientaliya.
10. Agnivesha, A., Shukla, V., & Tripathi, R. (2013). *Charaka samhitha* (1st ed., Vol. 2). Delhi: Chaukambha Sanskrith Prathistana.
11. N.R.Publication house. (2016). *Principles and Practice of Nursing* (6th ed., Vol. 1). Indore.
12. Agnivesha, A., Shukla, V., & Tripathi, R. (2013). *Charaka samhitha* (1st ed., Vol. 2). Delhi: Chaukambha Sanskrith Prathistana.
13. N.R.Publication house. (2016). *Principles and Practice of Nursing* (6th ed., Vol. 1). Indore.
14. Agnivesha, A., Shukla, V., & Tripathi, R. (2013). *Charaka samhitha* (1st ed., Vol. 2). Delhi: Chaukambha Sanskrith Prathistana.
15. N.R.Publication house. (2016). *Principles and Practice of Nursing* (6th ed., Vol. 1). Indore.
16. Agnivesha, A., Shukla, V., & Tripathi, R. (2013). *Charaka samhitha* (1st ed., Vol. 2). Delhi: Chaukambha Sanskrith Prathistana.
17. N.R.Publication house. (2016). *Principles and Practice of Nursing* (6th ed., Vol. 1). Indore.
18. Agnivesha, A., Shukla, V., & Tripathi, R. (2013). *Charaka samhitha* (1st ed., Vol. 2). Delhi: Chaukambha Sanskrith Prathistana.
19. N.R.Publication house. (2016). *Principles and Practice of Nursing* (6th ed., Vol. 1). Indore.
20. Agnivesha, A., Shukla, V., & Tripathi, R. (2013). *Charaka samhitha* (1st ed., Vol. 2). Delhi: Chaukambha Sanskrith Prathistana.
21. N.R.Publication house. (2016). *Principles and Practice of Nursing* (6th ed., Vol. 1). Indore.
22. Agnivesha, A., Shukla, V., & Tripathi, R. (2013). *Charaka samhitha* (1st ed., Vol. 2). Delhi: Chaukambha Sanskrith Prathistana.



23. N.R.Publication house . (2016). *Principles and Practice of Nursing* (6th ed., Vol. 1). Indore.
24. Agnivesha, A., Shukla, V., & Tripathi, R. (2013). *Charaka samhitha* (1st ed., Vol. 2). Delhi: Chaukambha Sanskrith Prathistana.
25. Vagbhatta, A. (2011). *Ashtanga Hrudaya* (3rd ed., Vol. 2). Thrissur , Kerala: Harisree Hospital .
26. Agnivesha, A., Shukla, V., & Tripathi, R. (2013). *Charaka samhitha* (1st ed., Vol. 2). Delhi: Chaukambha Sanskrith Prathistana.