



ISSN 2456-3110

Vol 8 · Issue 11

November 2023

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Clinical evaluation of *Nirabhishankita Basti Karma* administered by three piecemeal *Putak* - A Pilot Clinical Study

Harsha Gupta¹, Preeti Chaturvedi²

¹Post Graduate Scholar, Department of Panchkarma, Pt. Khushilal Sharma Govt. Ayurveda College & Institute, Bhopal, Madhya Pradesh, India.

²Reader, Department of Panchakarma, Pt. Khushilal Sharma Govt. Ayurveda College & Institute, Bhopal, Madhya Pradesh, India.

ABSTRACT

Background: Pain has globally become an attention problem which causes discomfort by affecting the body as well as the mind. Pain (*Ruja*) is the cardinal feature of most of the musculoskeletal disorders and it can be affect the quality of life. In *Ayurveda* all types of pain are under the umbrella of *Vata* which is the prime for generating and spreading the pain. *Basti* is given more importance because it directly pacifies the vitiated *Vata Dosha*. **Aim and Objective:** To evaluate the efficacy of *Nirabhishankita Basti Karma* administered by three piecemeal *Putak*. **Materials and Methods:** Randomly selected 5 patients were examined on the ground of *Astavidha Pariksha* (eight-fold examination) and specially prepared data research questionnaire. Selected subjects were administered with three piecemeal *Putak Basti* for 3 days and it was followed up of 15 days. Assessment was done through various variables like pain, stiffness, numbness, tingling, and gait. **Results:** The study showed that *Nirabhishankit Basti* produced an extremely significant improvement in pain and gait with 85.7 & 90 percentage reliefs while very significant in stiffness, numbness and tingling. **Conclusion:** *Nirabhishankit Basti* is found to be effective in musculoskeletal pain.

Key words: *Nirabhishankita Basti*, three piecemeal *Putaka*, *Ruja*, Pain, *Niruha Basti*

INTRODUCTION

Pain is a major symptom in many medical conditions and it is the most common reason for physician consultation. It interferes the person's quality of life and general functioning. Pain can present in various ways as throbbing pain in toothache, colic pain which comes with spasm as in renal calculi, muscular pain as

in sprain, sport injury and joint pain due to inflammatory condition and many more.

In today's era musculoskeletal and neuromuscular pain like pain of arthritis, sciatica, lumber spondylosis, etc. are very common. According to the World Health Organization (WHO), 20-33% of the world's population has some form of chronic musculoskeletal pain, translating to 1.75 billion people globally.^[1] Musculoskeletal pain is defined as acute or chronic pain that affects bones, muscles, ligaments, tendons, and even nerves, and the pain associated with musculoskeletal (MSK) disorders is a common medical and socioeconomic problem worldwide.^[2] *Acharya Sushruta* has explained various causative factors of pain, i.e., *Sharirika* (body), *Manasika* (mind) and *Agantuja* (External) which makes the patient feel destitute even after being delimited by many means of emotional aids.^[3] To relieve this pain every person seeks such a treatment which has minimum side effect and maximum benefit. *Ayurvedic Panchakarma*

Address for correspondence:

Dr. Harsha Gupta

Post Graduate Scholar, Department of Panchkarma, Pt. Khushilal Sharma Govt. Ayurveda College & Institute, Bhopal, Madhya Pradesh, India.

E-mail: harshagupta933@gmail.com

Submission Date: 14/09/2023 Accepted Date: 22/10/2023

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: [10.21760/jaims.8.11.6](https://doi.org/10.21760/jaims.8.11.6)

procedures seem to be more effective. *Ayurveda* explains the origin of pain due to vitiated *Vata Dosha* and once *Vata Dosha* is treated efficiently, the pain subsides automatically. In contemporary system of medicine only one type of medicine for every type of pain like - Analgesic, Anesthetics but it has some hazardous effects on body. *Panchakarma* therapies involve bio purification of body channels as well as immune stabilization and management of psyche, strengthen and enhance the body own healing process and do not have adverse effects, if given in proper dose according to the fundamental principles of *Ayurveda*.

According to *Ayurveda* *Vata* is the main factor in causation of pain related diseases and *Basti* treatment is the best treatment for degenerated *Vata*. To show the importance of *Basti Chikitsa* Acharya Charaka has called it as “*Ardha Chikitsa*” of *Ayurveda*.^[4] *Nirabhishankita Basti* is distinguished definitive therapy for aggravated *Vata* and *Vatapradhan Vyadhi*.^[5] Here *Basti* because of its unique effects and benefits is considered as king of treatments. *Basti* travels from *Nabhi*, *Kati*, *Parshwa*, *Kukshi* and removes *Doshasangata* of that part and eliminates the *Purisha* along with the vitiated *Doshas*.

AIM AND OBJECTIVE

To evaluate the efficacy of *Nirabhishankita Basti Karma* administered by three piecemeal *Putaka*.

MATERIAL AND METHODS

Study Design: A single group clinical pilot study

Source of data: A total of 5 patients were selected through simple purposive sampling technique for this study from Pt. Khushilal Sharma Govt Ayurveda College and hospital Bhopal Madhya Pradesh, India. .

Inclusion criteria

- The patients of either sex between the ages of 30 and 70 years were selected for this study.
- Patients with classical signs & symptoms of musculoskeletal pain.
- Patients fit for *Basti Karma*.

Exclusion criteria

- Patients with serious illness and other systemic involvement like diabetes mellitus, renal disorders, and hepatic disorders.
- Endocrine systemic disorders and hypertensive heart disease.
- Pregnant women and Lactating mother
- Unwilling to sign written consent were excluded from the Study.

Screening methods

All patients were examined on the basis of specially prepared the data research questionnaire. Laboratory investigations like random blood sugar (mg/dl), CBC, ESR, and routine urine examination were done to all the patients.

Method of preparation of *Nirabhishankit Basti*

Kwatha Dravyas: *Bilva*, *Agnimantha Shyonak*, *Patla*, *Gambhari*, *Shaliparni*, *Prashnparni*, *Brihati*, *Kantakari*, *Gokshura*

Kalka Dravyas: *Vacha*, *Madanphala*, *Rasna*, *Pippali*, *Shatpushpa*

The decoction was thoroughly mixed with following drugs in the quantity and sequence given below-

Makshika + Saindhava Lavana



Gradually adding of *Sneha (Prasarini Taila + Dashmoola Taila)*



Adding of *Kalka Dravya*



Adding of *Kwatha Dravya*



Adding of *Gomutra* and *Kanji*

Chart 1: Method of mixing of *Nirabhishankita Basti*

Table 1: Additive of Nirabhisankit Basti and quantity.

SN	Additive of Nirabhisankita Basti	Quantity
1.	Madhu	100 ml
2.	Saindava Lavan	10 gm
3.	Prasarini Taila	65 ml
4.	Dashmool Taila	65 ml
5.	Kalka	20 gm
6.	Kwatha	340 ml
7.	Kanji	100 ml
8.	Gomutra	100 ml
	Total	800 ml

Poorva Karma:

Preparation of the patient: The patient was clearly explained about the procedure and treatment was started only after he/she was convinced about the treatment.

Sarvanga Abhyanga with Dashmool taila followed by Vashpaswedana were performed

Pradhana Karma:

After performing Abhyanga and Swedana, the patient was asked to lie down comfortably on the Basti table in the left lateral position. The patient's left hand was folded under the head like a pillow, the right leg was asked to be bent at the knee joint, the left leg was kept completely straight. Basti was administered when the patient had symptoms of Jirna Ahara and did not have very much hunger. All in 5 patients administration of Nirabhisankita Basti is administered in three piecemeal Putaka in fixed dose (table no. 2). Proper observation was done.

Table 2: Three piecemeal Putaka dose of Nirabhisankita Basti

SN	Day	Basti Dose
1.	1st	400 ml 200 ml 200 ml
2.	2nd	400 ml

		200 ml 200 ml
3.	3rd	400 ml 200 ml 200 ml

Paschat Karma:

After this the patient is asked to lie in a comfortable position with a pillow below the hips till, he gets the urge for defecation and when he/she gets the urge ask him/her to sit in Utkatasana and pass the urge.

The patients were advised to avoid talking loudly, travelling, walking long distance, sitting in a single posture for long duration, eating unwholesome food, sleeping in day time and sexual activities.

Criteria for assessment

Assessment of signs and symptoms before and after the treatment was main criteria in the current research program. Clinical assessment is made for the severity of the disease and for the clinical improvement regarding the severity of individual symptoms assessment. Subjective parameters of baseline data to post therapy data is compared for assessment of the final results.

Subjective parameters

- Pain
- Stiffness
- Numbness
- Tingling
- Gait

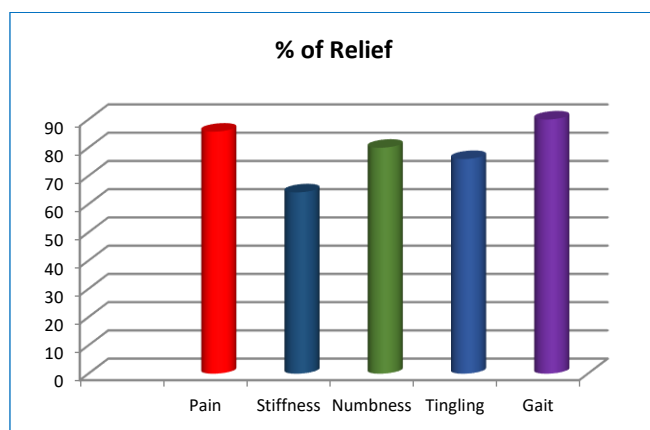
Gradation of parameters**Table 3: Gradation of parameters**

SN	Parameters	Gradation
1.	Pain No pain Mild pain but no difficulty in walking Moderate pain and slight difficulty in walking	0 1 2

	Severe pain with severe difficulty in walking	3
2.	Stiffness	
	No stiffness	0
	Some time for 5-10 minutes	1
	Daily for 10-30 minutes	2
	Daily for 30-60 minutes/more than 1hrs	3
3.	Numbness	
	No numbness	0
	Occasionally once in a day for 5-10 minutes	1
	Daily once in a day for 10-30 minutes	2
	Daily for more than 30-60 minutes	3
4.	Tingling	
	No tingling	0
	Occasionally once in a day for 5-10 minutes	1
	Daily once in a day for 10-30 minutes	2
	Daily for more than 30-60 minutes	3
5.	Gait	
	Walks without support	0
	Walks with support like stick, wall etc.	1
	Walks with slight help	2
	Bed ridden	3

5.	Gait	2.0	0.2	1.8	0.44	0.20	90	9.00	0.0008 ES
----	------	-----	-----	-----	------	------	----	------	-----------

ES= Extremely Significant, VS=Very Significant



In present pilot study, the effect of therapy was analyzed by computed statistically using Paired t-test for subjective parameter the obtained result was interpreted as follow-

Pain:

Table no. 4 shows that the mean score of pain in this study, before treatment was 2.8 and after treatment it was reduced to 0.4. So, the mean difference was 2.4, with percentage relief of 85.7% which was statistically extremely significant (P=0.0006).

Stiffness:

Table no. 4 shows that the mean score of Stiffness in this study, before treatment was 2.8 and after treatment it was reduced to 1.0. So, the mean difference was 1.8, with percentage relief of 64.2% which was statistically very significant (P=0.008).

Numbness:

Table no. 4 shows that the mean score of Numbness in this study, before treatment was 2.0 and after treatment it was reduced to 0.4. So, the mean difference was 1.6, with percentage relief of 80% which was statistically very significant (P=0.0028).

Tingling:

Table no. 4 shows that the mean score of Tingling in this study, before treatment was 2.6 and after treatment it was reduced to 0.6. So, the mean

Result

Table 4: Showing effect of therapy in symptoms

S N	Symptoms	Mean		M D	SD	SE	% of Relief	t	P & significant
		B T	A T						
1.	Pain	2.8	0.4	2.4	0.54	0.24	85.7	9.79	0.0006 ES
2.	Stiffness	2.8	1.0	1.8	0.83	0.37	64.2	4.81	0.008 VS
3.	Numbness	2.0	0.4	1.6	0.54	0.24	80	6.53	0.0028 VS
4.	Tingling	2.6	0.6	2.0	0.70	0.31	76	6.32	0.0032 VS

difference was 2.0, with percentage relief of 76% which was statistically very significant (P=0.0032).

Gait:

Table no. 4 shows that the mean score of pain in this study, before treatment was 2.0 and after treatment it was reduced to 0.2. So, the mean difference was 1.8, with percentage relief of 90% which was statistically extremely significant (P=0.0008).

Adverse Effects: There were no any adverse effects or adverse drug reaction was noted during and after the study duration.

DISCUSSION

Pain (*Griha*) is common complaint of many diseases. It can range from a mild to severe. The international Association for the study of pain (IASP) defines pain as “an unpleasant sensory and emotional Experience associated with actual or potential tissue damage or described in term of such damage”. Today, this piece of note is an effort to focus on the chapter of musculoskeletal pain (i.e. *Janugriha*, *prishthagriha*, *Katigriha*, *Parshwagriha* etc.) and its management by *Nirabhishankita Basti Karma*. Being subjective feeling intensity of pain differs from individual to individual, time to time, site to site. It depends greatly upon susceptibility of Mind. In *Ayurveda* all types of pain are considered under *Vata* aggravation. *Vata* is the main *Dosha* Involved in pain. It is the main factor for generating and spreading the pain. This vitiation of *Vata* occurs in two ways, *Dhatukshya Janya Vata Prakopa* and *Margavarodhajanya Vata Prakopa*. Here, *Margavrodhajanya Vata Prakopa* is seen which is due to obstruct of *Kapha Dosha*. So, in that case removal of *Avarana* of *Kapha Dosha* and *Vatanuloman* is the main aim of treatment.

Probable mode of action of Nirbhishankita Basti

Basti therapy considered as “*Chikitsardham*” among all therapeutic major. *Basti* is distinguished Definitive therapy for aggravated *Vata* and *Vatapradhan Vyadhi*. Pain (*Griha*) is a symptom in which vitiation of *Vata Dosha* occurs and obstruction of *Kapha Dosha* takes place in the *Janu*, *Jangha*, *Kati*, *Parshwa*, *Prashtha*. *Nirabhishankita Niruha Basti* mentioned by *Acharya*

Bhavmishra in *Bhavprakash* in the context of *Meharoga*, *Prashthaparshgraha*, *janugraha*, *Katigraha*, *Bhagnaroga*, *Sarvavatavikara* because of pathogenesis of all these conditions are is similar to musculoskeletal pain. *Griha* is due to *Avarana* of *Kapha Dosha* in which obstructs the pathway of *Vata Dosha*. *Basti* has a specific role to counteract the *Srotarodha* and *Avaranajanya Samprapti*. *Nirabhishankit Basti* Is a type of *Ushna*, *Tikshna Niruha Vasti* which has *Shodhan* properties. *Ushna*, *Tikshna Guna* of *Basti Dravya* has capacity to purify the aggravated *Kapha Vata Dosha*. *Virya* of this *Basti* not only remove accumulated *Doshas* but also at the same time it reaches all over the body through micro channels like water being poured at root transported to all branches of the plant. It shows the systemic action of *Basti*. Thus, it is clear that *Basti* is not given merely to draw out the impacted faeces from the colon but it is one of the routes of drug administration for the systemic action in *Griha*. *Acharya Charaka* has said that *Teekshna Niruha Basti* prepared with *Katu*, *Ushna Dravya* and *Gomutra* should be given in *Kaphajanya Vikaras*. Here *Nirbhishankita Basti* was prepared by the combination of *Prasarini Taila*, *Dashmool Tail*, *Madhu*, *Gomutra*, *Lavana*, and *Kanji* like *Ushna* and *Tikshna Gunayukta Dravyas*. *Tikshna Guna* of *Basti* breaks the *Srotosanga* so that the *Veerya* of drugs can reach up to cellular level. Where it breakdown the *Avaranajanya Samprapti* and regularize the movement of obstructed *Vata* thus pain gets subsides.

CONCLUSION

Avaranajanya Samprapti Vighatana by administration of *Nirabhishankita Basti* in three piecemeal *Putaka* for 3 days. *Basti* procedure balances vitiated *Dosha*, facilitate evacuation of toxins, improves circulation, relaxes muscles, boosts nutritional supply and imparts calming effects therefore help to reduces pain, swelling, tenderness, stiffness and joint inflammation. Main aim of the treatment is to pacify vitiated *Vata Dosha*. The result shows that *Nirabhishankita Niruha Basti* was found extremely significant in pain and gait while very significant in stiffness, numbness and tingling. Thus, it can be said that *Nirabhishankita Niruha Basti* works as a curative as well as purifying

measure. However, further work should be done on large samples to draw the final conclusion.

REFERENCES

1. WHO. Musculoskeletal Conditions. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions>. Published 2019. Accessed July 17, 2020.
2. Smith E, Hoy DG, Cross M, et al. The global burden of other musculoskeletal disorders: estimates from the Global Burden of Disease 2010 study. *Ann Rheum Dis*. 2014;73:1462–1469.
3. Acharya Sushruta. In: Susruta samhita. Shastri K., editor. Chaukhambha Sanskrit sansthana; Varanasi: 2014. Sutrasthana;
4. Shastri Kashinath, Chaturvedi Gorakhnath edited Charak Samhita of Agnivesha, revised by Charaka and Dridhbala; Siddhi sthana, ch.1, verse 39, vol. 2, Varanasi; Chaukhambha Bharati Academy, Reprint Ed.; 2018; p.971
5. Bhavaprakasha samhita, Madhyam khanda ed. Shastri Girijashankar Mayashankar, Sastu Sahitya, Ahamadabad, Edition 1982.
6. Subina et. al. Understanding the mode of action of bastikarma (medicated enema). *AAMJ* 2015; 1: 267-74
7. Hannibal KE, Bishop MD. Chronic stress, cortisol dysfunction, and pain: a psychoneuroendocrine rationale for stress management in pain rehabilitation. *Phys Ther*. 2014 Dec;94(12):1816-25. doi: 10.2522/ptj.20130597. Epub 2014 Jul 17. PMID: 25035267; PMCID: PMC4263906.
8. McBeth J, Chiu YH, Silman AJ, Ray D, Morriss R, Dickens C, Gupta A, Macfarlane GJ. Hypothalamic-pituitary-adrenal stress axis function and the relationship with chronic widespread pain and its antecedents. *Arthritis Res Ther*. 2005;7(5):R992-R1000. doi: 10.1186/ar1772. Epub 2005 Jun 17. PMID: 16207340; PMCID: PMC1257426.

How to cite this article: Harsha Gupta, Preeti Chaturvedi. Clinical evaluation of Nirabhishankita Basti Karma administered by three piecemeal Putak - A Pilot Clinical Study. *J Ayurveda Integr Med Sci* 2023;11:48-53. <http://dx.doi.org/10.21760/jaims.8.11.6>

Source of Support: Nil, **Conflict of Interest:** None declared.
