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"BASTI KARMA (MEDICATED ENEMA) IN AYURVEDA: CLASSICAL CONCEPTS AND A REVIEW OF RECENT CLINICAL EVIDENCE"

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ABSTRACT:
Background: Basti Karma, the administration of medicated decoctions or oils through the rectal route, is regarded in classical texts as the foremost Panchakarma procedure, particularly for Vata disorders. **Objective:** To review the classical concepts of Basti and to summarise recent clinical and mechanistic studies. **Methods:** Narrative review based on a PubMed search and classical texts. **Findings:** Studies of Basti in rheumatoid arthritis (Amavata) report symptomatic and laboratory improvement, including a randomized comparison of 118 patients in which adding Matra Basti to Vatari Guggulu gave better relief than the drug alone. A randomized open-label study of 70 patients with chronic heart failure reported improved functional capacity with a Panchakarma-based add-on programme that included Basti, with seven mild treatment-emergent events. A pilot proteomic study of Lekhana Basti in obesity identified changes in eight hub proteins in urinary exosomes. Protocols for trials in hypothyroidism and knee osteoarthritis are registered. **Conclusion:** Basti is a versatile procedure with promising preliminary data. Most studies are small, open-label or uncontrolled. Future trials should specify Basti type, dose and duration and should report safety systematically.

KEYWORDS: Basti, Niruha, Anuvasana, Matra Basti, Panchakarma, Ayurveda

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INTRODUCTION:

Basti Karma involves the introduction of medicated liquids into the colon. Two principal forms are described: Niruha (Asthapana) Basti, in which decoction-based preparations are used, and Anuvasana Basti, in which oil or other fat preparations are given; variants include Matra Basti (low-dose oil enema) and Uttara Basti (administration through the genitourinary route).[1-3] In the Charaka Samhita, Basti is accorded great importance, and the text describes it as covering a large part of, or even the whole of, therapeutics.[1]

Basti is relevant to modern practice because of its reported use in musculoskeletal, metabolic, gynaecological and cardiovascular conditions. This review outlines classical concepts and then examines recent clinical and mechanistic studies.

MATERIALS AND METHODS:

This narrative review was prepared using a structured but non-systematic literature search. PubMed was searched on 6 November 2026 using combinations of the terms Basti, Niruha Basti, Anuvasana Basti, Matra Basti, Kshara Basti, Lekhana Basti, Panchakarma and enema. Records were screened by title and abstract, and articles were retained when they described the procedure, its classical rationale, its safety, or clinical outcomes. Classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya) were consulted for conceptual and procedural descriptions. The included studies were heterogeneous (case reports, uncontrolled pilot studies, randomized trials and trial protocols), so no formal risk-of-bias assessment or meta-analysis was undertaken and the findings are synthesised narratively. The review does not claim exhaustive coverage of the literature.

OBSERVATION AND RESULTS:

1. Classical Concepts

The Charaka Samhita deals with the principles and the practice of Basti in Siddhisthana (notably chapters 1 and 3), and Ashtanga Hridaya describes the procedure in Sutrasthana 19.[1,3] Classical accounts emphasise that Basti acts primarily on the colon, regarded as the principal seat of Vata, and through this route influences the whole body.[1] Niruha Basti is described as eliminating Doshas, while Anuvasana Basti is nourishing and pacifies Vata.[1,3]

Preparation for Basti typically includes Abhyanga and Swedana, and post-procedure care includes diet and rest.[1,3] A pilot study suggested that Anuvasana Basti in escalating doses could substitute for oral Snehapana as a preparatory step before Vamana or Virechana in patients with poor compliance, with the characteristic signs of oleation observed in ten patients.[4]

2. Clinical Evidence by Condition

Rheumatoid arthritis (Amavata): In a randomized study of 118 patients, those given Matra Basti with Brihat Saindhavadi Taila along with Vatari Guggulu (n = 50) had better relief in most cardinal signs and symptoms than those given Vatari Guggulu alone (n = 53), although both groups improved.[5] In a study of Kshara Basti in Kala Basti format with Nirgundi Ghana Vati, 45 of 50 registered patients completed treatment, with statistically significant improvement in erythrocyte sedimentation rate (ESR) and rheumatoid factor, but without a control group.[6] A randomized open study of 30 patients reported that adding Vaitarana Basti to Alambushadi Ghana Vati gave better relief than the drug alone.[7] A case report described niruha Basti with Shamana treatment in ankylosing spondylitis.[8]

Cardiovascular conditions: In an open-label randomized study of 70 patients with chronic heart failure, a heart failure reversal therapy that included Snehana, Swedana, Hrudaydhara and Basti, given twice weekly for six weeks as an add-on to standard treatment, produced greater improvements in metabolic equivalents and peak oxygen uptake than standard treatment alone; seven mild treatment-emergent adverse events were reported in the intervention arm.[9] The multimodal design does not isolate the effect of Basti.

Obesity and metabolic conditions: In a pilot study of six participants with a body mass index above 30 kg/m2, urine exosome proteomics during Lekhana Basti treatment identified eight hub proteins associated with obesity, of which six were reduced and two increased after treatment.[10] The authors regarded these as a preliminary biomarker signature, and the very small sample limits interpretation.[10]

Endocrine and gynaecological conditions: A randomized controlled trial protocol will compare Kshar Basti plus Kanchanar Guggul with levothyroxine in 90 patients with hypothyroidism, using serum TSH as the primary outcome.[11] A comparative pilot study of 22 patients with uterine fibroids evaluated Ayurvedic medicines with intrauterine enema therapy and reported fibroid

resolution or reduction in some patients of the trial group, while the control group did not experience comparable relief.[12] The very small size of that study limits inference.

Neurological pain: A case report of post-traumatic trigeminal neuropathy that included Matra Basti within a regimen of Virechana, Swedana, Nasya and Shirodhara described a fall in pain intensity from six to one on a numerical rating scale.[13] A multimodal Ayurveda regimen whose components, as indicated by its keywords, include Matra Basti and Janu Basti is also being tested in a randomized trial in knee osteoarthritis.[14]

DISCUSSION:

The evidence reviewed indicates considerable clinical interest in Basti across systems, but the quality of evidence is limited. Several studies were uncontrolled, open-label or very small, and many tested Basti as part of a package.[6,9,10,12] The randomized comparisons in Amavata are encouraging but are drawn from single-centre studies with relatively short follow-up.[5,7] A systematic review of Ayurvedic interventions for osteoarthritis found that for non-pharmacological interventions such as massage, steam therapy and enema, evidence of significant effects was not demonstrated once bias was considered, although no severe adverse events were observed in the included trials.[15]

Standardised reporting of Basti type, base medium, dose, number of sittings and retention time would improve comparability. Safety reporting should be systematic, as exemplified by the adverse-event reporting in the heart failure study.[9] Mechanistic work, such as urinary exosome proteomics, is novel and merits replication in larger samples.[10] Limitations of this review include its narrative design and single-database search.

CONCLUSION:

Basti is classically central to Panchakarma and has attracted a diverse range of contemporary studies. Present evidence is preliminary: results are generally favourable but come from small, open-label or multimodal designs. Rigorous, adequately powered trials that specify the Basti protocol and use validated outcomes are the next step.

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