TO STUDY RETENTION TIME OF ANUVASANA BASTI BETWEEN ANCIENT AND RECENT PRACTICE OF KAAL BASTI IN MANAGEMENT OF PAKWASHAYA GATA VATA

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ABSTRACT

Pakwashaya gata vata can be understood by its occurrence in patient by reviewing history of patient, as pakwashaya gata vata us totally subjective and no “vata” or “gata” can be assessed by any laboratory test. Every patient of pakwashaya gata vata may present 4-5 out of 6 symptoms. That means, the incidence of this disease already been flooding in population. Inadequate bowel evacuation is the major symptom of pakwashaya gata vata. Even any connective tissue disease might start from pakwashaya gata vata. Basti is treatment for connective tissue disease or vata dosha in Ayurveda. But there are pros and cons in ancient and recent panchakarma practice. Addition of honey with rock-salt suspension during anuvasana basti is becoming trend protocol of basti therapeutics. But ancient methodology of anuvasana basti i.e. use of tila taila as unctuous ingredient has more retention time over the use of honey with rock-salt suspension in tila taila. And pakwashaya gata vata also has good subjective relief by administering the ancient practice of kaal basti.

KEYWORDS: pakwashaya gata vata, anuvasana basti.

INTRODUCTION

Pakwashaya gata vata is a condition in which Vata is in vitiated state and responsible for many pathological conditions. It is not just mere vitiation of vata but it is an avastha of each and every disease that may come across in day to day patients. Vata is present all over the body, and it is controlled centrally by the brain but it has variation in its Karmas according to
its special *Sthana* to the subdivision of *Vata*, i.e. as per an organ or system in which it is present.

Pakwashaya gata vata being one among five sub division of Vata has more importance as its *Sthana* is in Pakwashaya, which itself is the capital of Vata. On the basis of it, any vitiation in the normal state of Apana Vata or the Pakwashaya leads to the vitiation in the normal physiological functions of the other subdivision of Vata.

Basti is the said to be the treatment of vata dosha. By its mode of action, basti makes vata dosha to pacify in its own governing place and prevents probable disease which could cause by the vata dosha. Basti consisting of nīruha and anuvasana basti. Anuvasna basti is supposed to be only of sneha basti, but it contains avapa and pratīvapa dravya with respect to the chronic and obstinate condition of the disease. The word gata vata does not mean only Vruddhi or Kshaya, but also pertaining to the qualitative and quantitative disturbances of the Vata in seat of pakwashaya, by means of symptoms which are described in chikitsasthan. Pakwashaya gata vata is a chronic and obstinate condition of any chronic degenerative connective tissue disease, in which symptoms of pakwashaya gata vata are very common. i.e. antrakuj, nabhisool, aanah, krichchu-mutrata, krichchh-purishata, trikvedana. For treating vata dosha basti is prime mode of treatment. It is also very clear that by means of basti treatment chornic degenerative connective tissue refrain from degeneration. But there are lacunae ‘what the text says and what the practice do’[citation needed]

So by means of basti the vata dosha supposed to be pacify, but there are some practices of panchakarma maestro that anuvasana basti consisting of sneha and some other powder or other drug in it. Classics have mentioned to use it. But on practical aspect how could this stands on, is the question? To study retention time of anuvasana basti between ancient and recent practice of kaal basti in management of pakwashaya gata vata. Kaal basti is alternate nīruha and anuvasana basti given for 16 days. This study not only assess the pakwashaya gata vata but it also aims to evaluate the ancient and present panchakarma basti practice.

**METHODS**

For the clinical part of the present study, 60 patients suffering from pakwashaya gata vata were randomly selected from OPD and IPD of ayurveda institution. These 60 patients were divided into two groups and were subjected to following therapeutic regimen.
Group A: In this group, course of Kala Basti (16 days coursed) with the selected combination of niruha and anuvasana basti, as group A has been intervened anuvasan basti with madhu-saindhav mixed in tila taila. And no other ayurvedic shaman chikitsa has been given in due course of kala basti.

Group B: In this group, course of kala basti (16 days coursed) with the selected combination of niruha and anuvasana basti, as group B has been intervened anuvasana basti with tila taila. And no other ayurvedic shamana chikitsa has been given in due course of kala basti.

GRANTHOKTA METHOD OF NIRUHA PREPARATION
For the present basti therapeutic study following drugs were taken for preparation of basti. For the preparation of dashamool niruha, 200 gms of dashamoola bharada was boiled with 3200 ml of water to remain 800 ml of dashamoola kwatha.

Total quantity of niruha basti – 960 ml
✓ Kwath – 800 ml
✓ Madhu – 60 gm
✓ Kalk – 40 gm
✓ Sneha – 60 ml
✓ Sanidhav – 5 gm

So the total quantity of the above basti is 960 ml. this quanity of basti is of niruha type. And this niruha basti was kept CONSTANT for Group A and Group B.

And for **ANUVASANA BASTI** following drugs were taken as per group wise study

**Group A.**
Total quantity of Anuvasana basti – 120 ml
✓ madhu (honey) 2 gm
✓ Saindhava (rock-salt) 0.5 gm
✓ Tila taila (sesame oil) 120 ml

**FOR THE PREPARATION OF ANUVASANA BASTI**
madhu and saindhava are taken and mixed it thoroughly to form a homogeneous suspension of rock-salt in honey. Then it is mixed with warm sesame oil and churn with the help of churner in hot water bath, till homogenous mixture of madhu-saindhav-tila tila formed.
Group B
Total quantity of Anuvasa basti – 120 ml
✓ tila taila (sesame oil) 120 ml.

PRECAUTIONS WERE TAKEN AS
Basti with excessive salt causes parisrava, daurbalya, anagasad. After preparing the basti dravya, it is filled in basti pot which is clean & devoid of dosha, then the bastinetra (catheter) which is clean and devoid of dosha is attached to the basti pot in such a way that air will not enter.

Excess amount of salt causes loose motions, so it was taken in optimum quantity. It was taken with respect to amount in niruha basti. In present study, dose of madhu and saindhav was given through basti to Group A patients. And taking view of recent method of practice of panchakarma by other vaidyas, madhu and saindhav were used in anuvasan.

CRITERIA FOR SELECTION OF PATIENTS
INCLUSION CRITERIA
1) Patients having textual symptoms of pakwashay gata vata will be taken to study.
   Minimum 4 and maximum all symptoms will be taken for study
2) Sex: Male & Female
3) Age: 20 to 70 Years.
4) Patient ready to give written consent.

EXCLUSION CRITERIA
1) Patients any structural deformities and who needs surgical care will be excluded.
2) Patients having major illness for a longer period and systemic pathogenesis eg. Cardiac disorders, chronic renal failure will be excluded.
3) Patients not willing for clinical trial.
4) Patients of neoplastic condition
5) Patients in whom basti is contraindicated
6) Age less than 20 and more than 70

Poorvakarma
a). Food: Kulattha soup was advised in the food. Evacuation of bowel and bladder: after the meals and the light exercise the patient was asked to evacuate the bowel and bladder
✓ Abhyanga
Oil is applied to the low back, pelvic region and lower abdomen. This is followed by swedana treatment.

✓ Heating the oil
The tila taila to be administered is heated in the water bath to make it lukewarm.

✓ Filling the oil into the syringe
Lukewarm oil is filled into the syringe. The piston is then fixed to the syringe, any air in the syringe is cleared by pushing the piston. The rubber catheter is fixed to the nozzle of the syringe.

**Pradhana karma: administration of basti**
1) Introduced cantheter into the anal canal in the direction of the spine for about 4 to 6 inches.
2) Oil syringed into the rectum, simultaneously patient was encouraged to take deep inspiration.
3) When the oil is pushed into the rectum the catheter is gently pulled out.

**Pashchat karma**
To prevent the early evacuation of the basti, the patient was placed in the supine position and then the buttock of the patient may be elevated by placing a pillow beneath the buttock. Or else the foot end of the table is elevated. Immediately after the basti, gentle strokes are placed on the patient buttocks. The patient is asked to briskly rub his palms against each other.

**Procedure of 16 days coursed kala basti karma.**

<table>
<thead>
<tr>
<th>Days:</th>
<th>1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt;</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt;</th>
<th>4&lt;sup&gt;th&lt;/sup&gt;</th>
<th>5&lt;sup&gt;th&lt;/sup&gt;</th>
<th>6&lt;sup&gt;th&lt;/sup&gt;</th>
<th>7&lt;sup&gt;th&lt;/sup&gt;</th>
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<td>Format:</td>
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<td>N</td>
<td>A</td>
<td>N</td>
<td>A</td>
<td>N</td>
</tr>
<tr>
<td>Days:</td>
<td>9&lt;sup&gt;th&lt;/sup&gt;</td>
<td>10&lt;sup&gt;th&lt;/sup&gt;</td>
<td>11&lt;sup&gt;th&lt;/sup&gt;</td>
<td>12&lt;sup&gt;th&lt;/sup&gt;</td>
<td>13&lt;sup&gt;th&lt;/sup&gt;</td>
<td>14&lt;sup&gt;th&lt;/sup&gt;</td>
<td>15&lt;sup&gt;th&lt;/sup&gt;</td>
<td>16&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>A</td>
<td>N</td>
<td>A</td>
<td>N</td>
<td>A</td>
<td>A</td>
</tr>
</tbody>
</table>

Format is *A – Anuvasana basti
*N – Niruha basti

**Criteria for assessment**

**Subjective parameter:** Patients having textual symptoms of pakwashay gata vata of minimum 4 and maximum all symptoms taken for study. The subjective parameter is totally qualitative and were assessed by simple self-designed grading in account with symptoms.
Majgaonkar et al. 

- **Nabhishool**
  - No pain 0
  - Mild pain patient cannot sit properly 1
  - Moderate Pain in abdomen that patient lie down 2
  - Severe pain in abdomen that patient lie down both legs flexed 3

- **Antrakujan**
  - Antrakujan absent 0
  - Antrakujan mild 1
  - Antrakujan moderate not irritable to patient 2
  - Antrakujan severe irritable to patient 3

- **Kruchcha-purishata**
  - Normal evacuation of rectum 0
  - Stool not easily passed require pressure 1
  - Stool passed with use of mild laxative 2
  - Stool passed require strong purgative 3

- **Aanah**
  - No abdominal distension 0
  - Mild abdominal distension 1
  - Abdominal distension with fullness of stomach 2
  - Abdominal distension and fullness of stomach with pain in abdomen 3

- **Dharan kaal of Basti**
  
  It is Time in minutes: period of retention of basti will be noted in patients.  
  
  The unctuousness of enema tends to be act as a retention enema. The sneha basti can be act more precisely or specifically on *vata dosha* by *dharan* of *sneha* in pakwashaya. So *dharan kala of basti* may be assessed in minutes as one of the objective criteria for *snehan karya*.

**Criteria for assessment**

Detailed case record form will be prepared and finding will be recorded for subjective criteria. Objective criteria for assessment of results include abdominal girth and *dharan kala* of *anuvasana basti*. 
Statistical assessment

For clinical parameter non parametric test is applied since it is qualitative data. For subjective parameter Wilcoxon-matched pair signed rank test was applied. And for objective parameter paired t test was applied.

RESULTS

The effect of basti before and after treatment on both groups assessing the retention time.

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Group</th>
<th>Therapeutic used</th>
<th>8th day average</th>
<th>16th day average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Group A</td>
<td>Madhu-saindhav yukta anuvasa basti</td>
<td>84.83</td>
<td>64</td>
</tr>
<tr>
<td>2</td>
<td>Group B</td>
<td>Tila taila anuvasa basti</td>
<td>161.83</td>
<td>227.33</td>
</tr>
</tbody>
</table>

Showing effect of both group A and group B on dharana kala. The dharana kala (retention time) measured in minutes. So the average retention time in group A on 8th day was 84.83 minutes, and that on 16th day was 64 minutes. The average time in group A on 8th day was 161.83 minutes and that on 16th day was 227.33 minutes.

Comparison between two groups with respect to retention time of basti by paired ‘t’ test:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Objective assessment</th>
<th>Mean ± S.D. 8th day</th>
<th>Mean ± S.D. 16th day</th>
<th>Mean of diff. ± S.D.</th>
<th>S.E.d</th>
<th>‘t’ value</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Group A</td>
<td>84.83±57.12</td>
<td>64.0±47.89</td>
<td>20.83±21.01</td>
<td>3.83</td>
<td>5.431</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Group B</td>
<td>161.3±131.1</td>
<td>290.8±188.3</td>
<td>129.5±106.2</td>
<td>19.4</td>
<td>6.675</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Statistical analysis of the effect of therapy on objective assessment of both groups by paired ‘t’ test:
Dharana kala – the dharana kala of anuvasaana basti of group A was 20.83±21.01. paired ‘t’ was 3.83. p<0.0001, which is statistically extremely significant. In case of group B, the dharana kala was changed by -129.5±106.2. paired ‘t’ was 6.675. p<0.001, which is statistically significant.

![Graph A](image1.png)

**gr. A: madhu-saindhav yukta tila taila**

![Graph B](image2.png)

**gr. B: tila taila anuvasaan basti**

Showing effect on symptoms of pakwashaya gata vata on 30 patients of group A by Wilcoxon-matched-pair-signed-rank test.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Mean</th>
<th>S.D.</th>
<th>S.E.</th>
<th>Sum of all signed ranks</th>
<th>No. of pairs</th>
<th>Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antrakujan</td>
<td>B.T.</td>
<td>2.300</td>
<td>0.7022</td>
<td>198</td>
<td>28</td>
<td>2.25</td>
<td>0.013  &lt;0.05</td>
</tr>
<tr>
<td></td>
<td>A.T.</td>
<td>1.800</td>
<td>0.8469</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nabhisool</td>
<td>B.T.</td>
<td>1.633</td>
<td>0.6687</td>
<td>45</td>
<td>29</td>
<td>0.48</td>
<td>0.586  &gt;0.05</td>
</tr>
<tr>
<td></td>
<td>A.T.</td>
<td>1.533</td>
<td>0.5074</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Krichchh-purishata</td>
<td>B.T.</td>
<td>1.600</td>
<td>0.6215</td>
<td>185</td>
<td>29</td>
<td>2.24</td>
<td>0.032  &lt;0.05</td>
</tr>
<tr>
<td></td>
<td>A.T.</td>
<td>1.133</td>
<td>0.9732</td>
<td></td>
<td></td>
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<tr>
<td>Aanah</td>
<td>B.T.</td>
<td>1.467</td>
<td>0.7761</td>
<td>154</td>
<td>27</td>
<td>1.85</td>
<td>0.035  &lt;0.05</td>
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<tr>
<td></td>
<td>A.T.</td>
<td>1.100</td>
<td>0.7589</td>
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</table>

Showing effect on symptoms of pakwashaya gata vata on 30 patients of group B by Wilcoxon-matched-pair-signed-rank test.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Mean</th>
<th>S.D.</th>
<th>S.E.</th>
<th>Sum of all signed ranks</th>
<th>No. of pairs</th>
<th>Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antrakujan</td>
<td>B.T.</td>
<td>1.767</td>
<td>0.8172</td>
<td>186</td>
<td>30</td>
<td>1.91</td>
<td>0.0294 &lt;0.05</td>
</tr>
<tr>
<td></td>
<td>A.T.</td>
<td>1.367</td>
<td>0.9279</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nabhisool</td>
<td>B.T.</td>
<td>1.6</td>
<td>0.6747</td>
<td>108</td>
<td>26</td>
<td>1.37</td>
<td>0.1292 &gt;0.05</td>
</tr>
<tr>
<td></td>
<td>A.T.</td>
<td>1.33</td>
<td>0.8841</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Krichchh-purishata</td>
<td>B.T.</td>
<td>1.76</td>
<td>0.8172</td>
<td>279</td>
<td>30</td>
<td>2.86</td>
<td>0.0011 &lt;0.001</td>
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<tr>
<td></td>
<td>A.T.</td>
<td>1.16</td>
<td>0.8339</td>
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<tr>
<td>Aanah</td>
<td>B.T.</td>
<td>1.8</td>
<td>0.7144</td>
<td>195</td>
<td>29</td>
<td>2.10</td>
<td>0.016  &lt;0.01</td>
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<tr>
<td></td>
<td>A.T.</td>
<td>1.36</td>
<td>0.7649</td>
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</table>
Statistical analysis of the effect of therapy on symptoms of pakwashaya gata vata of group A by Wilcoxon-matched-pair-signed-ranks test.

DISCUSSION
Pakwashaya gata vata is considered to be one of the health ailment which have become quite common these days. Abdominals distension, belching and flatulence are commonest symptoms related reason seeing any general physician. It has also seen that it can occurs in any of individual in their life time regardless of their other chronic health problem. Symptoms are antrakujana, nabhisshool, kruchhh-mutrata, kruchchh-purishata, aanah and trikvedana. Although the symptoms may found regardless of any age, the symptoms of pakwashaya gata vata gets worsen after middle age of life may be after 30 yrs or 40 yrs. Desk bounded lifestyle, mental and emotional stress, psychological situation, extended work hours and physical and mental stress causes symptoms of pakwashaya gata vata which ultimately leads to disturbed metabolism.

These chronic patients visited to many physicians and experts for their chronic symptoms and usually had prescribed laxatives, stool softener or patient itself takes medicine over the counter of the chemist shop. But mild laxative, antacids and all other drugs of acid peptic disorder allow temporary relieve to symptoms of pakwashaya gata vata but the patients may get habitual to the medicines and then patient won’t respond to the medicine and the physiological homeostasis of large intestine gets disturbed. Usually flatus tube may be used for distended abdomen to relieve discomfort of patient but this therapy would not be sufficient for permanent relief.

Ayurvedic physicians also prescribe anulomana medicine to relieve the tense abdomen and makes vayu-anulomana chikitsa but still patient depends on that medicine only. No medicine reach 100% to the pakwashaya except basti therapy. In basti, we can directly put all the medicine that we want to and bypass all other obstacle that come across during oral medication. Rectal route of administration has all the benefits over oral route except social stigma that relation of basti to enema.

According to concepts of Ayurveda, Pakwashaya region is the site of vata. Pakwashaya gata vata mostly related with constipated abdominal distension with mild low back pain. The vitiated vata is the main causative factor of this pathology. Because of nidan (hetu), vata aggravation occurs in pakwashaya and because of increase in ruksha gun and suppression of
urine and stool urges the metabolic function of pakwashaya and peristaltic movement gets disturbed. And thus basti plays important role in elevate vitiated vata and that too anuvasana basti may help directly to compensate ruksha guna of vata and unctuousness in pakwashaya may help the deranged peristalsis of pakwashaya into well manner fashion.

The standard protocol of basti vidhi consist of niruh and anuvasan basti of which anuvasan contains sneha dravya. Tila taila is used frequently for anuvasan basti during basti karma. Primarily aimed at evaluating the efficacy of anuvasana basti. As anuvasana basti has been said to be retention enema. And produce no harms to body in spite it acts on aggravated vata dosha.

As we know, pakwashaya gata vata can be diagnosed on purely clinical basis. There is no such investigative role of detection of vata dosha in modern science. Although, the effect of vayu on individual can be seen. assessing retention time of basti as one of the parameter to analyse the pacification of vayu dosha in its own governing place i.e. said to be pakwashaya gata vata.

Dharana kala –
The dharana kala of anuvasana basti of group A was 20.83±21.01. paired ‘t’ was 3.83. p<0.0001, which is statistically significant. In case of group B, the dharana kala was changed by 129.5±106.2. paired ‘t’ was 6.675. p<0.001, which is statistically significant.
From the above statistical analysis, it can be said that the objective assessment in Group A was better than Group B.

Pakwashaya gata vata and its treatment
Pakwashaya gata vata and entrapment of apana vayu (udavarta) can be correlate according to their perseverance of causative factor. It was stated two independent diseases in classics, but, the pakwashaya gat vat is the presentation of vitiated apana vayu only in its own ashaya i.e. pakwashaya, thereby presenting its symptoms clinically.

Dvividha vriddhi (two kinds of increase)1 [ash.sang.12/16]
Vriddhi (increase of dosha) is of two kinds viz. Chaya and prakopa; ruksha (dryness and other qualities of vata), associated with ushna (heat) bring about vata sanchaya; associated with shita (cold) they cause vata prakopa; snigdha (unctuousness) and other qualities associated with ushna (heat) bring about vata prashama (mitigation).
Out of general etiology of vatavyadhi the following is associated with increase of dosha in koshtha -

Ruksha etiology with ushna in vatavyadhi are:

- Intake of un unctuous, light food
- Remaining awake at night in excess
- Keeping fast in excess
- Excessive sexual indulgence

These factor associated with ushna bring about sanchay and this ushnatva is more predominant in the region of Mumbai, as more of humidity brings natural sweating of the body. People did not follow a course of live conducive to the maintenance of good health, and got susceptible to the prakopa of vayu. The atmosphere in the Mumbai coastal region had cold air so that, sanchaya in day time brought by having dryness and other qualities of vata associated ushna causes the vata prakopa by association of shita propeties. So that we can also state that pakwshaya gata vata is a sort of entrapment of apana vayu. In charak Samhita, vatavyadhi treatment are of two types.

ANUVASANA BASTI IN PAKWASHAYA GATA VATA

- Anuvasana is the one which contains only sneha (fatty materials like oil, ghee etc.sha.sam.ut.kh.5/2]
- After some reasonable time the enema material will come out, preceded by flatus and faeces and finally the oil. [sha.sam.ut.kh.5/31]
- If the oil of the enema comes out immediately after administration, he should be given another dose quickly, for oleation will not have taken place if it comes out soon. [sha.sam.ut.kh.5/41]
- If at any time a quantity of the sneha injected into the bowels in the manner of anuvasana enema (basti) is instantly driven back by the pressure of the incarcerated abdominal vayu, or the vayu (air) of the basti or by excessive heat, keenness (in potency), or an over dose of the medicines (subsequently) added thereto. Since unretained sneha in the abdomen fails to produce any emulsive effect. [su.chi.37/64-65]

Discussion on anuvasana basti therapy of both groups

From above classical reference anuvasana basti is the sneha basti consisting of fatty material like oil, ghee etc. supposed to stay in pakwashaya for a time. Also the defecated material is oil which came out lastly, as mentioned in sharangadhar. Firstly, the faecal matter along with
some oil came out. So the retention of the oil supposed to be more for emulsive action of anuvasana basti. For which the dharana kala taken as objective parameter and noted, time in minutes to assess the oil retention in pakwashaya. The retention time of the anuvasana basti differs in both group as group A was having more dharana kala at 8th day (84.83±57.12) and less at 16th day (64.0±47.89) whereas group B was less at 8th day (161.3±131.1) and more on 16th day (227.8±188.3). The value is in minutes.

Anuvasana basti used in both groups are madhu-saindhav yukta anuvasana basti and tila tila anuvasana basti. But the basti therapeutic should not be used as a single element, or in other words it is used as alternate of niruha and anuvasana. From the classics, reference is very clear that the quantity of madhu and saindhav is not confirmed in the basti dravya, but it should be used with respect to prakriti, vaya, satva, satmya etc. so the recent practice of Ayurveda Panchakarma may not be feasible to each and every individual of the population but it should be used taking account of ashtavidha or dashavidh parikshya bhava.

Madhu and saindhav mixed suspension should be added in optimum quantity to basti dravya. The present therapeutic trial was to evaluate the efficacy of this anuvasana basti in pakwashaya gata vata by assessment of symptoms of pakwashaya gata vata and dharana kala of anuvasana basti for which anuvasana is meant to. The expulsion of anuvasana basti is flatus, faeces and oil, one after other in sequential manner. It means retention of oil is much extensive in tila taila anuvasana basti; while in case of madu-saindhav yukta tila taila oil is first to expel while lastly faeces after some time. That means it is a shodhan type unctuous enema. So that what could Ayurveda, charak Samhita suggests as madhu-saindhav should be used in chronic and obstinate condition of disease might be true.

RESULT

From the classics, reference is very clear that the quantity of madhu and saindhav is not confirmed in the basti dravya, but it should be used with respect to prakriti, vaya, satva, satmya etc. The present therapeutic trial was to study retention time of anuvasana basti in pakwashaya gata vata by assessment of symptoms of pakwashaya gata vata and dharana kala of anuvasana basti for which anuvasana is meant to. The retention time in group A for which madhu-saindhav yukta anuvasana was used has much lesser than that of group B tila taila anuvasana basti. Classics said that unctuous enema consist of any lipid material that from plant or animal origin should be used as it is. So ancient practice of kaal basti said to be greater retention time that of recent practice.