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Review Article

Literary review of Sneha Basti Vyapad

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ABSTRACT:

Panchakarma is adopted to maintain the health of a healthy person as well as to treat the disease caused by vitiated *doshas*.

Basti is one among the 'Panchakarma' procedure. Basti is prime modality of treatment and called as ardha chikitsa of ayurveda. A basti in which oil or ghrita is the main medicine is called anuvasana basti.

If *basti* procedure is not done carefully then various complications may occur. The complications occurring due to inappropriate administration of *sneha basti* are known as *sneha basti vyapad*.

In the present article literary review of *sneha basti vyapad* from various *samhita* is done.

KEY WORDS: Basti, Sneha basti, vyapada

INTRODUCTION:

Panchakarma is a set of 5 procedures namely, Vamana Virechana, Anuvasana Basti, Niruha Basti, and Shirovirechana adopted to maintain the health of a healthy person as well as to treat the disease caused because of vitiated doshas. For vitiated vata dosha niruha and anuvasana basti are the prime modalities of treatment¹. Basti is one among the 'Panchakarma'. In this procedure, medicated fluid which is either decoction or oil or ghrita is administered into the body through anal canal. It is the therapy which while moving in the Nabhi, Kati, Parshva and Kukshi Pradesha churns up the stool including all other morbid material located there and properly nourish them with ease after nourishing the body is called as 'Basti'². It is considered as 'Pradhanatama'chikitsa. Basti is considered as ArdhaChikitsa for Vata dosha.³ It is also known as best vata palliative treatment. Along with these if *basti* procedure is not done carefully then various complications occur.

Mainly 4 basic elements i.e., vaidya, atur, aushadh, upasthata. are responsible for basti vyapad.

According to Amarkosh, vyapad is a ruin or destruction or complication. The untoward circumstances may be minor or even as severe as fatal. In this regard every vaidya must know the possible complications which may arise after the accomplishment of the procedure.

Acharyas has given importance to the basti vyapad that chapter in the charaka samhita siddhi sthana 4- snehavyapad siddhi adhaya is dedicated for the vyapad due to improper administration of anuvasana basti and their management. The vyapad may be appreciated during the procedure or immediately after the procedure or in later days. The Vaidya should deeply observe the patient during anuvasana basti to assess the signs and symptoms which the patient produces while expelling the doshas.

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All these *vyapad* have their own causative factor, pathology, symptoms and treatment. Further, each *vyapad* will be dealt in detail with the possible interpretation. Efforts have been made in this to review the details of *Anuvasana Basti Vyapad in* Brihattrayi and laghutrayee

Aim - To review the *sneha basti vyapad* in detail.

Objectives-

1. To review in detail about *Sneha basti vyapad*.

2. To review the *hetu*, *lakshana* and *chikitsa* of *sneha basti vyapad*.

Definition-

Snehabasti- A basti in which *sneha* is the main *dravya* is called *anuvasana basti*.

Sushruta has mentioned it as *snaihik basti*⁴

Vyapad - According to Amarkosh, vyapad is a ruin or destruction or complication. A complication is an unwanted situation that arises unexpectedly leading to a harder situation.

Table No. 1: Senha Basti Vyapad according to acharya Charak, Sushrut and Vaghbat.

Charak	Sushruta	vagbhata
Vataavrutta	Vatabhibhuta	Vata avrita
Pittavrita	Pittabhibhuta	Pitta avrita
Kaphaavrita	Kaphabhibhuta	Kapha avrita
Atyadhik bhojan	atyashan	Atyashan avrita
Malavrita	Ashuddha	Vidavrita
abhukta	Shudda	Abhukta
	Aswinna	Apakwa sneha prayukta
	alpaguna	
	anivrutti	

Vata avrita' – mentioned by acharya charak, acharya sushruta, acharya vagbhat.

Hetu- administration of *shita or alpa matra* basti while vata doshadhikya

Lakshana- angamarda, jwara prachiti, shaitya, stambha, urupidan, parshwaruka, veshtan.

According to sushruta - mukhakashayta, jrumbha, vataruka, kampa, visham jwar.

Chikitsa- according to charak and vagbhata niruha *basti* with *snigdha*, *amla*, *lavan*, *ushna medicines* and *rasna* and *pitadru oil*. And *anuvasan* at *nishi kala* with *rasna* and *pitadru oil*. ⁵

Pitta avrit - mentioned by acharya charak, acharya sushruta, acharya vagbhat.

Hetu- administration of ushna basti in pitta doshadhikya

Lakshana- daha, raga, trishna, moha, tamak shwas, jwar. Addition to this

According to vagbhat- vaivarnya,

according to sushruta – mukhasya katuta, sweda, netra, mutra, anga pitata.

Chikitsa- according to charak and vagbhata niruha basti containing Madhur and tikta rasa medicine⁶

Kaphavrita - mentioned by acharya charak, acharya sushruta, acharya vagbhata

Hetu -administration of mridu basti in kapha doshadhikya

Lakshana- tandra, shita jwara, alasya, prasek, aruchi, gaurav, murcha, glani,

according to sushruta- madhurasyata, vaman, kruccha uchhwasa, shita.

Chikitsa- according to *charak* and *vagbhata* kashay, *katu, tikshna* and *ushna gunayukta*, *sura, gomutra, samla niruha basti* ⁷

According to sushrut – administration doshahar kashay and sanshodhan dravya containing niruha basti according to respective dosha aggrevation.

Atyadhik bhojan - mentioned by acharya charak, acharya sushruta, acharya vagbhata

Hetu -administration of guru basti.

Lakshana- vaman, murcha, aruchi, glani, shula, nidra, udarshool, angamarda, amadosha lakshan, daha.

According to sushruta- guru amashay, shula, vayu prati sancharan, hritpida, mukhavairasya, shwasa, bhrtama, aruchi.⁸

Chikitsa- charak and vagbhata- pachan with katu and lavan rasa containing decoction and churna, mridu virechan, and aam vikar line of treatment.

Sushrut- dipan dravya use

Mala avrita - mentioned by acharya charak and acharya vagbhat

Hetu -administration of alpa balayukta basti.

Lakshana- obstruction of vit mutra anil, arati, adhman, hridgraha.

Chikitsa- charak and vagbhat - *phalavarti* after snehan swedan, nishoth, bilwadi dashmool siddha niruha and anuvasan, line of treatment mentioned in *udavarta*.⁹

Abhukta - mentioned by acharya charak and acharya vagbhat

Hetu- administering basti without eating anything.

Lakshana- in an obstructed strotas basti dravya travels in upward direction and comes out through *kantha* and *nasa*.

Chikitsa- charak and vagbhat- gomutra, shyama and trivrutta decoction. yava, kola, kulattha kalka siddha niruha and anuvasan basti.

When basti dravya comes out through *kantha* and *nasa* then pouring or sprinkling of cold water, *stambha kanthagraha*, *virechan*, *vaman nashak chikitsa*. ¹⁰

Ashuddha - mentiond by acharya Sushruta

Hetu - administering *basti* without doing *vaman virechan* etc purifying procedures.

Lakshana- adhman, angasada, shwasa, shula, pakwashay gurutwam.

Chikitsa- niruha basti and tikshna anuvasan.

Shuddha - mentioned by acharya Sushruta.

Hetu -administering *basti* after *vaman*, *virechan* etc purifying procedures.

Lakshana- sarva indriyanam upalepa, awasada, sneha gandhi mukha, shwasa, kasa, arochak.

Chikitsa- niruha basti prayoga, chikitsa according to basti ati pidan

Aswinna - mentioned by acharya Sushruta.

Hetu -administering shita, mrudu, alpa matra basti.

Lakshana- vibandha, gaurava, adman, pakwashay shula.

Chikitsa- administering first asthapan and then anuvasana basti.

Alpaguna - mentioned by acharya Sushruta.

Hetu -administering manda guna and alpa matra basti to a person who has taken meal in very little quantity.

Lakshana- klama, utklesha, bhrunsha.

Chikitsa- shodhaniya asthapan and shodhaniya sneha anuvasana basti.

Anivrutti- mentioned by acharya Sushruta

Hetu- if *upadrav yukta sneha basti* doesn't expel out in *ahoratra*

Lakshana- basti dravya doesn't expel out

Chikitsa- shodhan basti. 11

Apakwa sneha prayukta- mentioned by acharya Vagbhat

Hetu- administering apakwa sneha basti.

Lakshana- trushna, moha, kandu, shofa,

Chikitsa- tikshna basti prayog, arka patra siddha taila anuvasan. ¹²

Acharya charak has mentioned some factors which can lead to *basti vyapad*.

When basti dravya is given *shita* it neither carry out its action nor expel out. When basti dravya is *adhik ushna* it leads to *daha* and *murcha*. *Atisnigdha basti dravya* leads to *jadya*. Excessive *bastimatra* produces atiyoga, and ayog occurs when sneha is in alpa matra. as well as saindhav matra less than its necessary quantity. Saindhav in excess quantity will be responsible for daha and atisara. ¹³

Acharya charaka has prescribed *dhanyaknagar* siddha water or only ushnodak to drink next to the snehabasti given day because it digests sneha jirna destroys kaphavikara and carry out vatanuloman.¹⁴

Acharya sushruta has mentioned that giving snehabasti should be prohibited in empty stomach ignoring such can produces upward direction of *sneha*. *Snehabasti* should be given right after food intake which is called *ardrapaninam*. If we administer *anuvasana basti* in *bhojan vidagdha kala it leads to jwara*. Also, snehabasti after *ati snigdha bhojan* is prohibited as it produces *mada* and *murcha*. *Snehabasti* after *ruksha bhojanis bala* and *varna hanikar* ¹⁵

Acharya kashyap has mentioned that if *sneha* basti is administered repeatedly it causes strotas jadatva and can be cured by asthapana basti. 16

DISCUSSION:

In our ancient literature every acharya has mentioned treatment plan with definite dosage its time and condition of administration according to the alpa, madhyam and uttama roga rogi bala. In Ayurveda treatment plan cannot be same for every patient it changes according to the dashvidh pariksha bhav even if disease condition is same. When there excessive snigdhata in body then one must go with ruksha medicines and vice versa. When obstruction is there then stambhahar treatment and vice versa. Basti dravya should not be excessive in quantity as well not very little in quantity it should be decided according to the rogi and roga examination. With an insight of above vyapad, the patient must be examined on each day of procedure.

CONCLUSION:

To avoid these complications, sneha basti should administered only after examination of agni, koshtha, dosha pradhanya, Rugna bala from the first day to last day of treatment these will minimize the complications at definite level.

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