Role of Choorna Basti in Pain Management; A Conceptual Study

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Abstract

Today’s society looking towards advanced pain management and it is universal requirement in health care. Ineffective pain management can lead to marked decrease in desirable clinical and psychological outcomes and patients overall quality of life. Panchakarma therapies play an important role in reliving the pain very effectively. The modalities like Abhyanga, Sweda and Basti are used to treat the pain in various diseases and conditions. In OPD of the practioners 80% of the prescriptions are on only pain management. doctors prescribes NSAIDS, some of steroids and anti-inflammatory analgesics but these have many complications, The concept of pain management is a big domain so the treatment protocol varies accordingly. Some may get relived with internal medications but some with external therapies some type of pain persist for a long time but some other may relived fastly. Ayurveda commits the better pain reliving modalities one of them is Basti. Acharya Chakrapani has given very small preparation( panchakarma procedure) i.e. Choorna Basti specially on Shoola rog . Shoola has many synonyms like vedana, ruja, ruk, that to be considered as unwanted phenomena or feeling to body and mind that is nothing but pain. Charakacharya has described number of Kashaya Basti Preperations but this is one of the different with Choorna and Indications also the same. By taking this in mind which Shoola is pacifies the choorna basti the concept is discussed here.

Key words: -Pain-shoola-Basti-Choornabasti.

Introduction:

Acharya Charak described the conditions to give the choorna basti for the purpose of
1) Vajikaran (Avaji vaji kurute eti ).
2) Rakta-Pitta Prakopa Avastha.
3) Kapha-Vayu Dosh Prakop or Vruddhi.

All above conditions are huted to the person which arises to shula mainly list is given by bhavprakash. The causes stated by Acharya Bhavprakash are 
1) Ati yaayaama (Excessive Exercise).
2) Ati yaana (Excessive travelling),Ati maithun (Excessive Coitus), Pra jaagar (Night Sleeplessness),
3) Shit jalpana (Excessive cold water drinking), kulath (Pea nut food), madag (Greengram), adraki (chick peas), rukshal (Excessive dry food ingestion)

Abhight (Trauma), kashay, tikt virudhann (Having Exess of Pungent- sour-dry vegetables in daily food),vit, shukra, mutra, anil avrodi ,shok, (To avoid the natural urges) leading the shool roga, i.e. The pain will be found in regions of heart ,back side of chest Lumbosacral region, and hypogastric region. All the parts having different sympotms.
The treatment described as swedan abhyang, snigdhoshan bhojanam etc,and comemtary on it by Chakrapanidatta is Tatra shal deshmahm hradasishu tatar hradhlasya pratipi lakshnam pathati.

Choorna basti explained like rasyonitwam drawsambndhad amlindnasu pnam, anye tu jalmushn pratiniyetan choorna bastiwewchanti.

And different treatment modalities. The name Choorna basti is- 1st Jala or Water is mixed with Amla Dravya
2nd only Ushna jala is used and
3rd is some drugs are used like Rasna,Vacha, Bilva,Shataya,Elad,Putika,Krushnafal, Surdaru and Kusta with Saindhav and Taila For Shoolaghna Effect.

All above three types of Catagorised drugs are pacifies the vayu Doshha mainly. Vayu has the predominant species of colon (Pakwashay), in Ayurved Basti involves introduction of herbal substances in liquid medium and in Astang Hriday there is Refference of ‘vaatad / to nasty ruja’ so Basti is the main treatment of Vat diseases (Saula) many enemas over the prescribed period of time are usually required.
Age wise Incidence and Prevalence Rate of Pain:

- Toddlers 3to5 years ---Very Rare
- Children 6to13 years---Common
- Teenagers 14 to 18 Years---Common
- Young Adults 19 to 40 Years---Very common
- Adults 41 to60 years ----Very Common
- Seniors 60 + Years Very common

The prevalence of chronic pain in older people living in residential care is much higher and ranges from 83.0% to 93.0% worlds population aged >65 is likely to double in the next 40 years ,treatment needs to take cognisance of pain related co morbidities and polypharmacy.

Prevalence of Acute pain is low i.e.20.3 due to trauma and injuries.

The factors like Occupation leads to musculoskeletal pain, such as high job demands, job insecurity, Sedentary work position, Job desatisfaction, low levels of social support in the work place and whole body vibration.

The management of pain should be based on all these characters like frequency, location, age, duration, intensity, and also the associated symptoms.

Chakrapanidatta comments on shoola:
- Shoola is classified as Swatantra shoola and partentra shoola.Partantra shoola is considered as Upadrava of disease. Swatantra shoola is defined as vyadhi itself.

Purpose of study to reliese the pain of the person with cost effective and safe ayurvedic procedure.

Aims and Objectives:
1) To find the Role of Choorna basti in Pain management.
2) To prepare Standard Mixture of Choorna basti In pain management.
3) To study the effect of choorna basti in Udarshula /Katishula.

Review of Literature:
Extensively all about the title, drugs, disease can be undertaken to study and understand it in details. Modern literature on pain and Enema also can be collected and studied.

Materials: Plane water -It contains many types of minerals ,metabolic wastes such as uric acid or urea there is high level of ca2+, mg2+ and little Na+.

- Water with Amla dravya balances vat dosha because properties are liquid and slight oily.
- Rasna- Latin name-Pluechea lanceolata. It reduces joint pain i.e.(rasnna vaathra Naama ). Alleviates dryness in joints and can treat many neurological diseases,it has anti tumor property.
- Vacha- Latin name-Acorus calamus. treat headache, stress,Laziness and emotional imbalance.
- Bilva- Latin name-Aegle marmeolos. It has Vat kapha alleviating Property.
- Shatava-Latin name-Antheum sowa. May help to reduce menstrual cramps,help to reduce depression,lowers cholesterol,may treat epilepsy.it may used as antimicrobial and against free radicals.
- Ela- Latin name-Cardamomum elettaria It is used as anti spasmodic.
- Putika- Latin name-Heloptela Integrifolia. It pacifies Vitiated kapha and pitta dosha ,it has anti inflammatory and anti convulsant action, may useful in fever,tonsil enlargement,Bronchitis,Infertility,UTI,Sinusitis,Head ache,liver spleen and bleeding disorders.
- Krushnafal- Latin name-Carum carvi. It is Vayu dosh shamak, Anti spasmodic and anti inflammatory.
- Surdaru- Vayu doshhar
- Kushtha- Latin name- Saussurea lappa. It is used to treat goutTilataila-

It contains fatty acids, linoleic acid, oleic acid, palmitic acid, stearic acid, Vitamin E, vitamin K, Vitamin C and fat100.00gm

Uses-Improves hair & skin health help in bone growth,reduce blood pressure, maintain good heart health,manage mental health,protect infant health, prevent cancer, improve digestive process and lowers inflammation.

Ghee- It is also the multimineral contained compound mainly potassium and fat 62.0gm.

Honey-It contains vitamin,Riboflavin,Niacin,Folic acid, pantothenic acid and vitamin B6. It also contains Ascorbic acid,Vitamin C and the minerals calcium,iron,zinc,potassium,phosphorus,magnesium, selenium,chromium and magnese.
Uses-Honey is common natural healing agent as a topical antibiotic on wounds and acne. It is also used as antibacterial, skin diseases, respiratory disorders etc.

Urine – It contains sodium, nitrogen and sulphur, Vitamins like A, B, C, D, E, minerals like magnesium, iron, silicon, chlorine, magnesium, citric, succinic, calcium, salts, phosphate, lactose, carboxylic acid, enzymes, creatinine and harmones.

Used with triphala to treat anaemia, Gomutra and Daruharidra are used to treat epilepsy, even it also used in patients of cancer as a folk medicine.

All the systemic effect of basti are due to its control over Vayu dosha, Vayu is mainly responsible for all the normal and abnormal functions of the body. Hence Asthapan and Anuvasan are the main therapeutic measure to keep vayu dosha under control.

Methodology:

It includes selection of patient and drugs for bastikarma, including its doses, duration and schedule (Reference ch. sti: Adhaya3)

1) Preparation of Patient-

It includes Snehan and Swedan for Snehan Abhyantar Snehanpan is contraindicated and it is done with administrating Anuvasan basti one day prior to Niruha basti.

Practically to those who are fit for Anuvasan basti if the patient is having more Rukshata then initially 2-3 Anuvasan basti can be given but if he is not fit for Anuvasan or having more snigdhatra in the body then Niruha can be given directly after doing Abhyanga and Swedan to him.

For Swedan Bashpa sweda can be given as Sarvanga sweda. It plays significant role in getting excellent result.

2) Preparation of Basti-For mixing of Basti dravya-

The Basti Dravya should be taken in required quantity (Avara matra is 480ml) and should be mixed in order of Madhu-Saindhav-Sneha-Kalka-Kwath one by one gradually till it become a homogenous mixture, should be Churned to make it more fine. Before administration it should be Sukhoshna i.e. Near to Body temperature (Reference Charak Siddhisthan 3/23-24). After The Basti Dravya is Ready it should be loaded in Bastiputak or Enemapot which should have any Putak Dosha and Basti netra is attached devoid of Netra dosha.

Pradhan Karma-

It includes advice to the patient, Basti Pranidhan, Bastipratyagaman and observation of samyak yogadi lakshane.

Advice to the Patient-

The patient is to be advised to pass his natural urges before Basti administration and not to laugh, sneeze, cough or yawning while the process is on.

Basti Pranidhana-

It should be administrated when the patient is having the symptoms of jeerna ahara, after sarvang snehan& swedan should sleep in left lateral position with the left leg extended and the right one flexed at knee. Then the Anal region and the basti netra should be lubricated with sneha and introduced in to the rectum the netra should be pushed slowly and steadily then press the putaka so that the basti dravya is pass inside. One thing should be clear that the putak should not be empty totally because then Vayu may also enter inside lead to complication.

After that the patient is asked to sleep in supine position and gentle tapping is done in glutelal region finally he is asked to sleep in comfortable position till get urges for defecation.

Bastiaapratygaman-

Normally one muhurta(48 minutes) is the time for Pratayagaman of Niruha and if it does not occur then may create complication. (Practically it is observed 10-15 minutes.)

But for Anuvasan it is 12 hours and may wait up to 24 hour if not passed then measures should be taken. (practically it is observed 11/2-3 hours).

Paschyat Karma-

It includes Basti uttar vichar Anya, Basti vichar, parihar, Pathyadi vichar, Bastivyapad and pratikar.

Discussion-

To assume the mode of action of basti or Ardh Chikitsa in Ayurved is it difficult to prove. Among three dosha vayu is main because others are known to be Pangu only Vat dosha can move from one place of body to another. Therefore it is responsible for all diseases either Sakhagat, Kosthagat, Marmagat, Urdhwagat, Adhogat, Sarva Ava...
yavag. Basti is considered as the most important treatment for vata. When Basti is given, it will reach Nabhipradesha, Kati, Parshwa, and kukshi region from these areas. The veerya of Basti reaches all over the body and churn the dosha sanghat and eliminate the vitiated doshas along with pureesha. By facilitating these symptoms the basti is considered as sanyakkritabasti. So the organs which are in close relation to Bastikarma are Guda, Nabhi, Pakwashaya, Kati Parshwa, Kukshi and Basti. So we have to closely check the vitality of these organs which are responsible for making the basti as a unique one.

**Sections Of Colon (Pakwashay) Are:**

The ascending colon including Caecum and Appendix.

The Transverse colon including the colic flexures and transverse mesocolon. The descending colon. The sigmoid colon is the v-shaped region of large intestine.

**Blood Supply:** Arterial supply by branches of: Superior mesenteric artery (SMA). Inferior mesenteric artery (IMA). Venous drainage by: Superior mesenteric vein, Inferior mesenteric vein, Inferior mesenteric vein drains in to the splenic vein and the superior mesenteric vein joining the splenic vein to form the hepatic portal vein that then enters the liver.

**Nerve Supply:** By Sympathetic and parasympathetic nerves. By the vagus nerve.

**Lymphatic Drainage:** UPPER HALF: Via Pancreaticoduodenal nodes to the gastroduodenal nodes finally the celiac nodes.

LOWER HALF: Via Pancreaticoduodenal nodes to the superior mesenteric nodes around the origin of the superior mesenteric artery.

Now the question is Basti administered in pakvasay, how it cures the diseases in all over the body?

**Ayurvedic view:**

Acharya Sushruta has told that the virya of basti dravya reaches vall over the body through the srotas in the same way as the water poured at the root of the plant reaches up to leaves. He has further explained that even though basti dravya quickly comes out with mala and their virya acts all over the body byb the action of aparna vayu and other vayu.

The action takes place just sun draws moisture from earth.

Acharya Parashara had highlighted the importance of guda, by saying the guda is mula for all the sira in the body, hence the medicine administered through guda reaches up to head and nourishes the body.

**Modern View:** By Enteric nervous system (ENS)

The enteric nervous system or intrinsic nervous system is one of the main division of the nervous system and consist of a mesh like system of neurons that governs the function of the GIT system. During embryonic development, the ENS is formed from the same chunk of tissue from which the CNS is formed. this tissue is called the neural crest. The fact that these two system share the same origin makes it less surprising to find that they contain some of the same type of cells, neurotransmitters, brain proteins and that one affects the other. It is now usually referred to as separate from the autonomic nervous system since it has its own independent reflex activity. ENS consist of some 500 million neurons so called as second brain. The enteric nervous system is embedded in the linning of the GIT system, beginning in the oesophagus and extending down to the anus.

The neurons of the ENS are collected into two types of ganglia:

1. Mysentric (Auerbsch’s plexus), 2. Submucosal (Meissner’s plexus)

The ENS is capable of autonomous functions such as the coordination of reflexes; although it receives considerable innervations from the autonomic nervous system so it can do and operate independently of brain and spinal cord. It possesses neurotransmitters and proteins that zap message between neurons.

Major neurotransmitters like serotonin, dopamine, glutamate, norepinephrine and nitric oxide are found in the gut.

Also two dozen small brain proteins called neuropeptides are there along with the major cells of immune system.

The brain sends signal to the gut by talking to a small number of command neurons which inturn sends signals to the gut interneuron.
Both command neurons and interneurons are spread throughout the two layers of the gut. ENS works in synergism with the CNS.

Stimulation of basti either by chemo or mechano receptors may lead to activation of concerned part of CNS which precipitates result accordingly.

Again it is not mandatory for a drug to stay in long time contact to the receptor e.g. like in proton pump inhibitor where drug interacts and flush out from circulation, it is known as HIT & RUN MODULE of pharmacodynamics.

Same module of pharmacodynamics may be hypothesized for Niruha basti.

**Chemical And Mechanical Stimulation**

Niruha basti is a hyperosmotic solution which causes movement of solvent from cells of colon to the lumen.

It facilitates the absorption of endotoxin and produce detoxification during elimination.

Kalka used in basti has got irritant property along with other ingredients which may induce colonic distension.

The distension stimulates pressure which produces evacuatory reflex.

The sigmoidal, rectal, and anal region of large intestine are considerably better supplied with Parasympathetic fibers than other part of intestine.

They are mainly stimulatory in action and function especially in defecation reflexes.

A volume of about 100cc of gas is estimated to be present in the tract which readily expelled by basti.

Even though the basti given is expelled out immediately as such or mixed with faeces, the virya of basti is spread throughout the body by the vat.

**Portal Venous System**

The portal venous system is responsible for directing blood from parts of GIT to the liver. The upper 1/3rd of the rectum is drained in to the portal vein while the lower 2/3rd are drained in to the inferior iliac vein that goes directly in the inferior vena cava (thus bypassing the liver). So by giving medicine through anus we can bypass the liver, not only stomach and duodenum. Then medicine will work with its undisturbed virya and help to cure the disease in most effective way.

**Absorption Of Basti Dravya:**

Drugs can be absorbed well from intestine than from stomach because of large surface area. Increased vascularity can increase absorption. Absorption of drug s from gut occurs by passive diffusion. Passive diffusion is a movement of ions and other atomic or molecular substances across cell membrane without need of energy input unlike active transport. Drug which are lipid soluble are mostly transferred by passive diffusion. A basti dravya is prepared by mixing of snehas with other ingredients up to homogenous mixture So this concludes that basti dravya absorbed in gut by passive diffusion.

**Research Plan**

All the basti dravyas were standerdised as described in The Ayurvedic samhitas for the purpose of identification all the materials were identified by the Ayurvedic dravyagunvigyan experts of institute. Clinical trial can be done on the patient. Clinical trial includes Inclusion criteria, Exclusion criteria, Drug administration, Dosage, Treatment protocol, Follow up and assessment chart like Wong baker pain scale or Visual analogue pain scale or Subjective and objective parameter chart.

**Conclusion**

Many basti preparation are mentioned in the classic but this Choorna basti will be cost and time effective. It may help to reduce weight, constipation, indigestion etc.

Acharya Chakrapani given the different aim to treat the pain with RASA i.e. Water used in this Basti. Basti according to disease, person kala and with proper medicine can treat any disease and will make a person healthy.

**Summary**

From above description regarding the basti it is truly found that Basti eliminates dosha and malas out of the body regulates the vat dosha clears the channels and enhances the tissue growth.

**References**

1. Charak samhita by agnivesha revised by charak and dridhbala with the ayurved dipika commentary of chakrapanidatta edited by vd. yadavji trikamji acharya.
2. 72nd year ayurvidya magazine published in 1st may 2009 by ayurved rashala pune.
3. international ayurvedic medical journal (issn2320 5091) aug 2017 5(8)
6. charaka samhita - vidyotini: by chakrapanidatta - 1983
7. Charaka samhita - charaka; by agnivesha with ayurved dipika commentary published by chaukhamba sanskrit sansthan.
8. clinical methods in surgery: by k. das
9. clinical and diagnostic methods in surgery: a manual by k. m. lakshmana rao – 1993
11. astang sangraha - uttarardha: by pandit shri. lalachanda shastri - 1988
12. a synopsis of surgical anatomy: by me. gregor a.l. and plissis du. d. s. 1969
14. an introduction to the symptoms and signs of surgical diseases: by norman l. browse lind edition 1991
16. ayurved ka brihat itihas : by atridev vidyalankar