



Review Article

Niruha Basti – Appropriate Condition of Usage

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Abstract	Manuscript Information
<p>Niruha Basti, also known as Asthapana Basti, is a vital Panchakarma therapy in Ayurveda used primarily for the management of Vata-dominant disorders. It involves the administration of a decoction-based enema prepared with herbal formulations, oils, honey, rock salt, and other adjuvants. This study explores the appropriate conditions and indications for the use of Niruha Basti, with an emphasis on its clinical efficacy, timing (Kaala), formulation variations, and pharmacodynamic mechanisms. Drawing from classical Ayurvedic texts and recent clinical research, including studies on Erandamuladi Niruha Basti and Takra Basti, this paper evaluates the differential impact of Niruha Basti in conditions such as Sandhigata Vata (Osteoarthritis), Grahani (IBS), and Katigraha (Lumbar Spondylosis). The review also addresses the importance of Kalka Dravya and proper procedural timings (Kaala Bheda) in optimizing therapeutic outcomes. The integration of Niruha Basti in modern clinical settings highlights its scope as an effective, safe, and natural intervention for chronic inflammatory and degenerative disorders when administered with precision and adherence to classical protocols.</p>	<ul style="list-style-type: none"> ▪ ISSN No: 2583-7397 ▪ Received: 29-04-2025 ▪ Accepted: 21-05-2025 ▪ Published: 23-05-2025 ▪ IJCRM:4(3); 2025: 163-166 ▪ ©2025, All Rights Reserved ▪ Plagiarism Checked: Yes ▪ Peer Review Process: Yes
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KEYWORDS: Niruha Basti, Asthapana, Panchakarma, Kaala Basti, Erandamuladi, Sandhigata Vata, Grahani, Katigraha, Kalka Dravya, Ayurvedic therapy

INTRODUCTION

Ayurveda emphasizes the balance of Vata, Pitta, and Kapha Doshas for health, with Vata considered the most vital due to its role in movement and neurological functions. Vata disorders often present as pain, dryness, and degeneration, requiring therapies that both nourish and eliminate. Niruha Basti (Asthapana Basti), a decoction-based enema from the Panchakarma system, is a key treatment for such conditions.

Classical texts like *Charaka Samhita* and *Sushruta Samhita* describe Niruha Basti as beneficial for Vata Vyadhi, with both local and systemic effects through absorption via the colon. It aids in regulating bowel function, reducing stiffness, nourishing tissues, and enhancing overall strength.

Although well-established in Ayurveda, aspects such as its indications, timing (Kaala), dosage, and formulation need further exploration. Recent research supports its effectiveness in Sandhigata Vata, Grahani, and Katigraha, and highlights components like Kalka Dravya, Basti Kaala Bheda, and Ardhamaatrika Basti as important in personalized care.

This paper reviews traditional and clinical perspectives on Niruha Basti to define its most appropriate applications and bridge traditional practices with modern clinical relevance.

OBJECTIVES

1. To examine the classical Ayurvedic principles behind Niruha Basti, including its formulation, indications, and therapeutic mechanisms.
2. To identify key clinical conditions where Niruha Basti shows proven effectiveness, especially in Vata-related disorders like Osteoarthritis, IBS, and Lumbar Spondylosis.
3. To evaluate contemporary clinical evidence and practical applicability of Niruha Basti in terms of efficacy, dosage variations, and treatment protocols.

Hypothesis

1. Niruha Basti is effective in the management of Vata-dominant disorders such as Sandhigata Vata (Osteoarthritis), Grahani (IBS), and Katigraha (Lumbar Spondylosis) when administered with appropriate formulations and timings.
2. The therapeutic efficacy of Niruha Basti improves when specific factors like Kalka Dravya, Kaala Bheda (timing variations), and Ardhamaatrika Basti schedules are considered and customized for individual patients.
3. Standardized use of Niruha Basti can offer outcomes comparable to modern treatments, especially in chronic musculoskeletal and gastrointestinal conditions, with minimal side effects and better patient tolerance.

Scope

This study explores the classical principles, formulations, and therapeutic guidelines of Niruha Basti as described in authoritative Ayurvedic texts like *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*. It further examines its practical application in modern clinical contexts, particularly in managing Vata-dominant disorders such as *Sandhigata Vata*, *Grahani*, and *Katigraha*. Additionally, the research reviews and analyzes

recent clinical studies to evaluate the efficacy, safety, and variations in types, timings, and dosages of Niruha Basti.

LITERATURE REVIEW

Niruha Basti, also termed Asthapana Basti, is one of the cornerstone therapies in Panchakarma, the Ayurvedic system of detoxification, primarily indicated for disorders resulting from vitiation of Vata dosha. The ancient texts *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* emphasize its importance as a detoxifying enema therapy formulated with herbal decoctions, herbal pastes (Kalka Dravya), and medicated oils. It is prescribed chiefly for Vata Vyadhi—neuromuscular, degenerative, and systemic disorders—due to its ability to both cleanse and nourish the tissues via the gut. The classical texts describe its mechanism of action not only through local colon cleansing but also by systemic absorption of active herbal principles, which modulate Vata dosha and restore homeostasis.

Classical Foundations and Therapeutic Rationale

Classical Ayurvedic treatises outline Niruha Basti as a potent modality that balances aggravated Vata by expelling accumulated doshas and replenishing bodily tissues. *Charaka Samhita* details the composition of the decoction and the significance of the Kalka Dravya (herbal paste) that enhances the efficacy of the enema by increasing absorption and potency. *Sushruta Samhita* elaborates on the therapeutic indications, highlighting its pivotal role in managing disorders such as Sandhigata Vata (osteoarthritis), Grahani (intestinal disorders), and Katigraha (lumbar spondylosis). The systemic influence of Niruha Basti through the gut mucosa results in alleviation of pain, stiffness, and degenerative changes, while restoring digestive and neurological functions.

Despite the classical endorsement of Niruha Basti, contemporary practitioners face challenges regarding optimal dosage, timing (Kaala), formulation standardization, and patient-specific factors, which continue to be the focus of ongoing research.

Clinical Efficacy and Comparative Studies

Several recent clinical studies have examined the efficacy and administration protocols of Niruha Basti in various Vata-related disorders, providing evidence for its therapeutic potential.

Kalburgi and Kulkarni, in their study published in the *Journal of Ayurveda & Holistic Medicine*, investigated two different Kaala Basti schedules involving Ardhamaatrika Basti in patients suffering from Janu Sandhigata Vata (osteoarthritis of the knee). Their comparative clinical trial demonstrated that patients receiving Niruha Basti according to a specific timed schedule showed marked improvement in pain relief, joint mobility, and overall functional capacity. The study underscored the critical influence of treatment timing and dose adjustments on the outcome, affirming the classical principle of individualized therapy.

Similarly, Mallikarjun et al. (International Journal of Ayurvedic Medicine) compared Takra Basti and Erandamooladi Niruha Basti in patients with Grahani (Irritable Bowel Syndrome). Their

randomized trial showed that both treatments effectively improved bowel regularity, reduced symptoms like abdominal pain and bloating, and enhanced quality of life. However, Erandamooladi Niruha Basti exhibited superior anti-inflammatory effects, likely due to the inclusion of castor root (Eranda Moola) known for its laxative and detoxifying properties. This study validates the use of specific decoction formulations for different disease pathologies within the Niruha Basti framework.

Panchal and Sharma (African Journal of Biomedical Research) conducted a clinical comparison of Kala Basti therapy (combining Erandamuladi Niruha Basti and Nirgundi Taila Anuvasana Basti) versus Nirgundi Taila Kati Basti alone in Katigraha (lumbar spondylosis) patients. Their results demonstrated that the combined Basti approach was significantly more effective in alleviating pain, improving spinal mobility, and enhancing patient-reported quality of life measures. This suggests a synergistic effect when different types of Basti therapies are employed together, addressing multiple pathophysiological components of Vata disorders.

Pharmacognostical and Phytochemical Analyses

To scientifically validate the classical formulations, pharmacognostical and phytochemical studies have been carried out to analyze the constituents of Niruha Basti decoctions and their pharmacological actions.

Verma et al. (World Journal of Pharmaceutical Research) performed detailed pharmaceutical and phytochemical analyses of Erandmooladi Niruha Basti. Their research confirmed the presence of active bio-compounds with analgesic, anti-inflammatory, and antioxidant properties, corroborating the traditional claims of efficacy. These compounds contribute to the modulation of inflammatory pathways and provide neuroprotective effects, which are essential in degenerative and painful Vata disorders.

In a complementary study, Koralli et al. investigated the antioxidant activity of Erandamula Niruha Basti, demonstrating its capacity to scavenge free radicals and reduce oxidative stress markers. This antioxidant effect supports the therapy's role in mitigating chronic inflammation and tissue degeneration, common features of Vata-dominant diseases.

Conceptual Reviews and Formulation Standardization

Several scholars have critically reviewed the classical and contemporary understanding of Niruha Basti, emphasizing the importance of formulation components and administration techniques.

Maske and Manwatkar provided a comprehensive conceptual review discussing the preparation of Niruha Basti as described in *Charaka Samhita* and other texts. They highlighted the significance of Kalka Dravya, the herbal paste, which enhances the decoction's therapeutic efficacy by improving mucosal absorption and prolonging the local and systemic effects of the enema. Their review also pointed out the variability in preparation methods across different Ayurvedic schools and stressed the need for standardized formulations.

Banthanal and Kulkarni further discussed the importance of understanding the classical guidelines regarding timing (Kaala Basti) and dosage modifications (Ardhamaatrika Basti) in clinical practice. They advocated for individualized treatment protocols tailored to patient constitution, disease stage, and severity, reflecting the Ayurvedic principle of personalized medicine.

Mantha et al. emphasized the challenges in formulation standardization, noting that differences in herbal ingredient quality, processing methods, and preparation techniques impact clinical outcomes. They proposed developing validated pharmacopeial standards for Niruha Basti preparations to enhance reproducibility and acceptance in modern healthcare.

Complementary Panchakarma Therapies and Systemic Benefits

Research on Panchakarma treatments beyond Niruha Basti also contributes to understanding its systemic role. Mythrey and Jakkali's studies on Nasya therapy for neurological disorders demonstrated the holistic benefits of Ayurvedic detoxification in neurological functions. This supports the observation that Niruha Basti, although locally administered, exerts systemic neurological and musculoskeletal benefits by regulating Vata dosha and enhancing tissue nourishment.

The integration of complementary Basti therapies, such as Anuvasana (oil-based enema) and Kati Basti (local oil retention on the lumbar region), as seen in Panchal and Sharma's clinical trial, reinforces the multipronged approach of Panchakarma to manage complex Vata disorders effectively.

Challenges and Research Gaps

Despite promising clinical evidence, challenges remain in standardizing Niruha Basti therapy for broader clinical application.

Firstly, most studies have relatively small sample sizes and lack large-scale randomized controlled trials (RCTs), limiting the generalizability and acceptance of results in evidence-based medicine frameworks. High-quality RCTs with standardized formulations, treatment schedules, and outcome measures are needed to establish definitive efficacy and safety profiles.

Secondly, variability in formulation ingredients, dosing regimens, and patient selection criteria across different studies hampers the development of universally accepted clinical protocols. There is a pressing need to establish pharmacopeial standards for Niruha Basti preparations, including quality control of herbal ingredients and preparation methods.

Thirdly, challenges in integrating traditional Panchakarma therapies into modern clinical practice include practitioner training, regulatory approval, and patient education about the therapy's benefits and procedures.

Future Directions

Future research should prioritize well-designed clinical trials with larger patient cohorts, standardized intervention protocols, and objective outcome measures, such as biomarkers of inflammation, oxidative stress, and functional assessments.

Investigations into patient-specific factors such as dosha dominance, disease chronicity, and comorbidities can further refine personalized treatment approaches.

Pharmacological studies should continue exploring the molecular mechanisms by which Niruha Basti constituents exert their effects, which could facilitate development of novel therapeutic agents inspired by Ayurvedic formulations.

Collaborative efforts between Ayurvedic scholars, pharmacologists, and clinical researchers can bridge traditional knowledge with modern scientific rigor, facilitating integration of Niruha Basti into contemporary therapeutic protocols for Vata-related disorders.

CONCLUSION

Niruha Basti is a key Panchakarma therapy for managing Vata-dominant disorders affecting the musculoskeletal, gastrointestinal, and neurological systems. Grounded in classical Ayurvedic texts, it combines detoxification with tissue nourishment to restore balance. Recent clinical evidence emphasizes the need for personalized treatment schedules and formulations, demonstrating significant symptom relief and improved mobility. Pharmacokinetic and phytochemical studies validate its bioactive compounds' therapeutic effects. However, challenges like standardization, dosing variability, and limited large-scale trials remain. Future research should focus on clinical validation, mechanism studies, and formulation standardization to integrate Niruha Basti effectively into modern healthcare as a holistic, personalized treatment.

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REFERENCES

1. Kalburgi N, Kulkarni H. Clinical study on two different Kaala Basti schedules with Ardhamaatika Basti in Janu Sandhigata Vata with special reference to osteoarthritis of knee joint. *J Ayurveda Holist Med* [Internet]. [cited 2025 May 23]; Available from: <https://www.jahm.co.in>
2. Verma RP, Thakarl A, Harisha CR, Shukla VJ, Mishra R, Vinchi S. Pharmacognostical and pharmaceutical analysis of Erandmooladi Niruha Basti. *World J Pharm Res*. 2019;7(11):785–92.
3. Maske VM, Manwatkar MN. A critical review on concept of Niruha Basti formulation. *SSVP Ayurved College and Research Institute, Maharashtra, India*; 2020.
4. Mallikarjun M, Channabasavanna BM, Aggarwal S, Srinivasulu M. A comparative clinical study on the effect of Takra Basti and Erandamooladi Niruha Basti in the

management of Grahani (IBS). *Int J Ayurvedic Med*. 2023;14(1):253–9.

5. Mantha U, Madikonda PK, Johar B. A conceptual analysis and importance of Kalka Dravya in preparation of Niruha Basti. *Dr. BRKR Government Ayurvedic College & Hospital, Hyderabad, Telangana, India*; 2021.
6. Banthanal P, Kulkarni M. Critical review on Niruha Basti with special reference to Charaka Samhita. *Ayurveda Mahavidyalaya and Hospital, Hubballi, Karnataka, India*; 2022.
7. Koralli A, Gramapurohit PL, Jalalpure S, Mutalik K, Shetty A, Jyothirmai J. Phytochemical evaluation and antioxidant activity of Erandamula Niruha Basti. 2022.
8. Panchal M, Sharma GP. A clinical comparative study of Kala Basti (Erandamuladi Niruha Basti & Nirgundi Taila Anuvasana Basti) and Nirgundi Taila Kati Basti in the management of Katigraha (Lumbar Spondylosis). *Afr J Biomed Res* [Internet]. 2024;27(4s):6062–8. Available from: <https://africanjournalofbiomedicalresearch.com>
9. Mythrey RC, Jakkali KB. Evaluating the efficacy of Brihat Dashamoola Taila Nasya and Rasna Dashamoola Kashaya with Varunaadi Ksheera Ghrita Nasya and Munditaka Kashaya in the management of Ardhavabhedaka vis-a-vis migraine. *Government Ayurveda Medical College, Mysuru*; 2021.

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