Clinical Research

Clinical evaluation of Basti administered by Basti Putak (Pressure method), Enema pot method (Gravity fed method), and syringe method in Kshinashukra (Oligozoospermia)

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Abstract

The objective of this study was to determine which method of administration of Basti is more efficacious. The study design was open randomized clinical trial and main outcome measures are Administration time, Retention time, Pervasion of Basti, Semenogram study, and Sexual parameters. The result: Sperm count was increased by 70.75% in Basti putak group and 54.07% in Enema pot group. Overall average retention time of Asthapana Basti and Anuvasa Basti was 1.5 times more in Basti putak group than the Enema pot group. The conclusion of this study was that Basti putak is more efficacious than Enema pot method.

Key words: Anuvasa Basti, Asthapana Basti, Basti, Basti Putak, Enema pot, Kshinashukra, oligozoospermia

Introduction

As the sphere of science has evolved down the ages, we the mankind have seen revolutionary changes, owing to the advent of discoveries and new theories which gave the modern world a whole new look. Ayurveda, though a science with a very rich legacy, somewhere lacked the communication to convince the masses. One of such very less explored theories is that of Basti. It is supposed to be the best treatment for most of the Vata Vyadhi as quoted by Maharshi Charaka that “Basti Vataharanam Shreshtham”[1] and also claimed as the main radical aspect of chikitsa seeking the absolute cure of disease, by eliminating its root cause.[2] Almost all the Acharyas consider Basti as half or whole of the entire therapeutic measures[3] and advocated best and quickest way to provide strength and immunity to even children and old people.[4] But even then, there is neither proper acceptance nor precise scientific reasoning for the Basti procedure being established. Also, there is a lot of discrepancy found in the whole process, such as many instruments are being used to administer Basti such as enema can be done with nozzle or rubber catheter or enema syringes, etc., including Classical Basti putak method. From Ayurvedic point of view, the speed of liquid during the administration of Basti is very important because it should be neither rapid nor slow. The pressure given on Basti putak is also important. The pressure of gravity differs upon height of enema where it is kept during the administration of Basti. So, it is necessary to evaluate the standard, effective, and reliable procedure for the administration of Basti. Sushruta has also explained the same, i.e., if Basti is administrated absolutely on the classical methods followed by the rules and regulations mentioned in Aturvedavedyaadhyaya, it will make an individual to look like or posses the strength of elephant and speed and semen of horse with a heavenly luster and complexion, devoid of all the diseases.[5]

Aims and objectives

1. To compare the efficacy of Asthapana Basti by both the methods of administration, i.e., classical putak method and Enema pot method.
2. To compare the efficacy of Anuvasa Basti by classical putak method and Anuvasa Basti by Syringe method.
3. To evaluate the efficacy of Basti by both the methods of administration in the management of Kshinashukra.

Materials and Methods

Patients attending the O.P.D. and I.P.D. of I.P.G.T. and R.A., Hospital, Jamnagar, fulfilling the inclusion criteria of the disease were selected and randomly distributed into two groups irrespective of their age, religion, etc.

Ethical clearance

The study was cleared by the Institutes Ethics Committee. Written consent was taken from each patient willing to participate before the start of the study. Patients were free to
withdraw their name from the study at any time without giving any reason.

**Grouping**
The diagnosed patients were randomly divided and studied under the following two groups:

**Group A**
In this group, patients were administered Asthapana Basti and Anuvasana Basti by Classical Basti Putak method.

**Group B**
In this group, patients were administered Asthapana Basti by Enema pot method and Anuvasana Basti by Syringe method.

**Criteria for selection**

**Inclusion criteria**
- Belonging to age group 18 to 60 years.
- Patients with clinical presentation of Kshinashakra.
- Patients having sperm count <40 million/ml.

**Exclusion criteria**
- Age below 18 years and more than 60 years.
- Varicocele, accessory sex gland infection, testicular mal descent, previous reproductive surgery, Sexually transmitted diseases.
- History of mumps, orchitis, trauma, addictions, and acute febrile illness.
- Hereditary and congenital diseases.

**Investigations**
- Detailed study of semenogram from Ayurvedic as well as modern point of view was carried out to assess the status of Shukra.
- Routine hematological, urine, and stool examination was carried out to assess the present status of the patient and to exclude other pathology.
- Barium meal/Dye X-ray of the abdomen to see the pervasion of Basti in Gastro intestinal tract.

**Drug, dose, and duration**

*Anuvasana Basti:* Eranda taila (Castor oil) + Saindhava lavana (Rock salt)

Dose: In Group A, 120 ml of oil by Basti putak method and in Group B, 100 ml of oil by Syringe method.

Duration: According to regime of Kala Basti,[8] i.e., Ten Asthapana Basti.

*Putak:* Polythene bag measuring $18 \times 12 \text{ cm}$ size for Anuvasana Basti by Putak method.

*Asthapana Basti: Baladi Yapana Basti*
Baladi yapana basti[9] was administered for Asthapana basti.

Dose: As per Prasrita-Yogiya Siddhi chapter[10] ratio of different ingredients of Basti is $1:2:3:4 = \text{Kalka:Guda (Jaggery):Snehad decoction}$, respectively, taken in this study. Total amount of Asthapana Basti was 500 ml for Enema pot group and 550 ml for Basti Putak Group.

Duration: According to the regime of Kala Basti, i.e., of sixteen days, six days Asthapana Basti was administered.[8]

*Putak:* Polythene bag measuring $26 \times 19 \text{ cm}$ for Asthapana Basti by Putak method.

Height of the enema pot from Basti table: 55 inches.

Season for treatment: *Varsha and Pravrit Ritu* (Rainy season) was selected for administration of Basti.

In both the groups, a capsule filled with 250 mg roasted wheat powder was administered in the dose of two capsules twice a day to the patient for the duration of 30 days (during follow-up period) to avoid drop out from the study.

**Criteria for assessment of clinical results**
- Relief in sign and symptoms produced by patient before and after treatment.
- Seminal parameters.
- Sexual health Parameters.

**Criteria for assessment of method of administration of Basti**
- Time elapsed in administration of Basti
- Retention time of Basti
- Level up to which Basti reach in the intestine by Ba-meal/dye X-ray
- For X-ray in Asthapana Basti, 100 to 200 ml Ba-meal or 20 ml Diatrizoate Meglumine and Diatrizoate sodium injection dye was added to 500 ml of Basti, and
- In Anuvasana Basti, 50 or 10 ml dye (Diatrizoate Meglumine and Diatrizoate sodium injection) was added in it.

**Formulae used for calculation in both groups**

1. Average administration time for each patient = total time of administration of six Asthapana Basti (in each patient)/6.
2. Overall Average administration time for six patient = total of average administration time of Asthapana Basti in six patients/6.
3. Average administration time for each patient = total time of administration of 10 Anuvasana Basti in each patient/10.
4. Overall average administration time for six patient = total of average administration time of Anuvasana Basti in six patients/6.
5. Average retention time for each patient = total time of retention of six Asthapana Basti (in each patient)/6.
6. Overall average retention time for six patient = total of average retention time of Asthapana Basti in six patients/6.
7. Average retention time for each patient = total time of retention of 10 Anuvasana Basti in each patient/10.
8. Overall average administration time for six patient = total of average retention time of Anuvasana Basti in six patients/6.

**Results and Observations**

**Comparative effect of Basti on semen analysis of both groups**

*Basti Putak* method increased the sperm count by 70.75%, increased the motility by 18.14%, rapid linear progressive (RLP) increased by 12.82%, slow linear progressive (S.L.P) reduced...
by 7.14%, reduced the non progressive (NP) by 5.16%, Immotile (IMM) reduced by 15.99%, reduced the viscosity in abnormal specimens by 71.42%, volume of semen also reduced by 1.06%, and reduced the liquefaction time by 18.5%, while Enema pot method significantly increased the sperm count by 54.07%, increased the motility by 18.97%, RLP increased by 19.02%, SLP increased by 17.24%, reduced the NP by 20.19%, IMM reduced by 17.74%, increased the volume of semen by 10.25%, reduced the liquefaction time by 20%, and reduced the viscosity in abnormal specimens by 50% [Table 1].

**Comparative effect of Basti on sexual parameters of both groups**

*Basti Putak* method improved the erectile function by 75%, sexual desire by 73.33%, ejaculatory function 72.22%, frequency of coitus by 60%, and duration of coitus by 35%, while Enema pot method improved the erectile function by 53.33%, sexual desire by 68.75%, ejaculatory function 52.65%, frequency of coitus by 45.45%, and duration of coitus by 25.64% [Table 2].

**Overall effect of therapy**

The above table shows overall effect of regimen on *Kshinashukra* patient under study. In group A, complete remission was observed in one patient only (16.67%), marked improvement in four patients (66.67%) after the therapy, and unimproved in one patient (16.67%). However, in group B, only one patient was able to conceive his wife (16.67%), marked improvement in four patients (66.67%) after the therapy, and one patient remain unimproved [Table 3].

**Average administration time (in seconds) of Asthapana Basti in Basti putak and enema pot method**

In group A, maximum average administration time of administering the *Asthapana Basti* was 39.67 seconds, while minimum average administration time of administering the *Basti* was 30.67 seconds and in group B, maximum average administration time of administering the *Asthapana Basti* by enema pot method was 283.33 seconds, while minimum average administration time of administering the *Basti* was 230.33 seconds [Table 4].

**Average administration time (in seconds) of Anuvasana Basti in Basti putak and enema pot method**

In group A, maximum average administration time of administering the *Anuvasana Basti* was 17.9 seconds, while minimum average administration time of administering the *Basti* was 19.1 seconds and in group B, maximum average administration time of administering the *Anuvasana Basti* by enema pot method was 12 seconds, while minimum average administration time of administering the *Basti* was 10.66 seconds [Table 5].

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**Table 1: Comparative effect of Basti on semen analysis of both groups**

| Semen analysis          | Group A (%) | Group B (%) |
|-------------------------|-------------|-------------|
| Sperm count             | 70.75↓      | 54.07↓      |
| Motility                | 18.14↓      | 18.97↓      |
| RLP                     | 12.82↓      | 19.02↓      |
| SLP                     | 7.14↓       | 17.24↓      |
| NP                      | 5.16↓       | 20.19↓      |
| IMM                     | 15.99↓      | 17.74↓      |
| Viscosity               | 71.42↓      | 50↓         |
| Volume                  | 1.06↓       | 10.25↓      |
| Liquefaction time       | 18.5↓       | 20↓         |

RLP - Rapid linear progressive, SLP - Slow linear progressive, NP - Non progressive, IMM - Immotile, ↓ - Increase, ↑ - Decrease

**Table 2: Comparative effect of Basti on sexual parameters of both groups**

| Sexual parameters         | Group A (%) | Group B (%) |
|---------------------------|-------------|-------------|
| Sexual desire             | 73.33       | 68.75       |
| Erection                  | 75.00       | 53.33       |
| Ejaculation               | 72.20       | 52.63       |
| Duration                  | 35.00       | 25.64       |
| Frequency                 | 60.00       | 45.45       |

**Table 3: Overall effect of therapy**

| Assessment               | Group A | Group B |
|--------------------------|---------|---------|
|                          | No.     | %       | No. | %       |
| Wife conceived           | 0       | 0       | 1   | 16.67   |
| Complete remission       | 1       | 16.67   | 0   | 0       |
| Marked improvement       | 04      | 66.66   | 04  | 66.66   |
| Mild improvement         | 0       | 0       | 0   | 0       |
| Unimproved               | 1       | 16.67   | 1   | 16.67   |

**Table 4: Average administration time (in sec.) of Asthapana Basti in Basti putak and Enema pot method**

| Patient | Average administration time |
|---------|----------------------------|
| I       | 30.67 sec.                 |
| II      | 30.67 sec.                 |
| III     | 32.67 sec.                 |
| IV      | 35.17 sec.                 |
| V       | 39.67 sec.                 |
| VI      | 33 sec.                    |

**Table 5: Average administration time (in sec.) of Anuvasana Basti in Basti putak and Enema pot method**

| Patient | Average administration time |
|---------|----------------------------|
| I       | 17.9 sec.                  |
| II      | 18.4 sec.                  |
| III     | 19.1 sec.                  |
| IV      | 18.3 sec.                  |
| V       | 19.1 sec.                  |
| VI      | 18.1 sec.                  |
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Overall average administration time

Overall average administration time of administrating the Asthapana Basti by Basti putak method was 33.64 seconds, while through enema pot method was 254.78 seconds and In Anuvasana Basti, overall average administration time through Basti putak method was 18.48 seconds, while by enema pot method was 11.28 seconds [Figure 1].

Average retention time (in minutes) of Asthapana Basti in Basti putak and enema pot method

In group A, maximum and minimum average retention time of administrating the Asthapana Basti by Basti putak method was 28.67 minutes and 10.83 minutes, respectively, while in group B, maximum average retention time of administrating the Asthapana Basti by enema pot method was 15 minutes, while minimum average administration time of administrating the Basti was 10.67 minutes [Table 6].

Average retention time (in hours) of Anuvasana Basti in Basti putak and Enema pot method

In group A, maximum and minimum average retention time of administrating the Anuvasana Basti by Basti putak method was 12.4 hours and 4.65 hours, respectively, while in group B, maximum and minimum average retention time of administrating the Anuvasana Basti by enema pot method was 6.75 hours and 5.15 hours, respectively [Table 7].

Overall average retention time

Overall average retention time of administrating the Asthapana Basti by Basti putak method was 18.69 minutes while through enema pot method was 8.1 minutes and In Anuvasana Basti, overall average retention time through Basti putak method was 12.87 hours, while by enema pot method was 5.48 hours [Figure 2].

Comparison of both the method (pervasion of Asthapana Basti in the intestine) by X-ray study

From the table, it can be stated that in group A, maximum pervasion of Asthapana Basti was up to ileocecal junction and minimum was up to Hepatic flexure by Basti putak method. However, in group B, maximum Asthapana Basti can reach maximum up to ileocecal junction and minimum up to splenic flexure by enema pot method [Table 8] [Figures 3 and 4].

Comparison of both the method (pervasion of Anuvasana Basti in the intestine) by X-ray study

From the table, it can be stated that in group A, maximum pervasion of Anuvasana Basti was up to Sigmoid colon and minimum was up to Rectum by Basti putak method, while in group B, Anuvasana Basti can reach only up to Rectum by enema pot method [Table 9] [Figures 5 and 6].

Discussion

Rationale behind selecting the topic was that in practice, Ayurvedic physicians are using Enema pot for administration of Basti colloid without giving the due importance to Basti Doshas which is very deliberately explain by the Acharyas.9,10

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**Table 6: Average retention time (in min.) of Asthapana Basti in Basti putak and Enema pot method**

| Patient | Group A | Average retention time | Group B | Average retention time |
|---------|---------|------------------------|---------|------------------------|
| I       | 28.67 min. | I                      | 13.33 min. |
| II      | 21.67 min. | II                     | 12.55 min. |
| III     | 22.33 min. | III                    | 15 min.   |
| IV      | 10.83 min. | IV                     | 10.67 min. |
| V       | 14 min.    | V                      | 11.5 min. |
| VI      | 14.67 min. | VI                     | 14.17 min. |

**Table 7: Average retention time (in hrs.) of Anuvasana Basti in Basti putak and Enema pot method**

| Patient | Group A | Overall average retention time | Group B | Overall average retention time |
|---------|---------|-------------------------------|---------|-------------------------------|
| I       | 12.4 hrs. | I                             | 5.95 hrs. |
| II      | 9.2 hrs.  | II                            | 5.7 hrs.  |
| III     | 8.25 hrs. | III                           | 5.25 hrs. |
| IV      | 5.5 hrs.  | IV                            | 6.75 hrs. |
| V       | 4.65 hrs. | V                             | 4.05 hrs. |
| VI      | 8.65 hrs. | VI                            | 5.15 hrs. |

**Table 8: Comparison of both the method (pervasion of Asthapana Basti in the intestine) by X-ray study**

| Patient | Group A | Group B |
|---------|---------|---------|
| I       | Upto illeo cecal junction | Upto illeo cecal junction |
| II      | Upto illeo cecal junction | Upto trasverse colon |
| III     | Upto Hepatic flexure | Upto Hepatic flexure |
| IV      | Upto Ascending Colon | Upto Ascending Colon |
| V       | Upto illeo cecal junction | Upto splenic flexure |
| VI      | Upto illeo cecal junction | Upto illeo cecal junction |

**Table 9: Comparison of both the method (pervasion of Anuvasana Basti in the intestine) by X-ray study**

| Patient | Group A | Group B |
|---------|---------|---------|
| I       | Up to rectum | Up to rectum |
| II      | Up to rectum | Up to rectum |
| III     | Up to sigmoid colon | Up to rectum |
| IV      | Up to rectum | Up to rectum |
| V       | Up to sigmoid colon | Up to rectum |
| VI      | Up to rectum | Up to rectum |
Results of clinical study
As the study was designed to see the effect of classical Basti putak method and Enema pot method on seminal parameters w.r.t. to the disease Kshinausaha, that is why the drug taken for both the group is same, i.e., Baladi Yapan Basti for Asthapan and Eranda taila (castor oil) for Anuvasa Basti, thus the result obtained differ only due to difference in administration of Basti method, i.e., Basti Putak method increased the sperm count by 70.75%, increased the motility by 18.14%, RLP increased by 12.82%, SLP reduced by 7.14%, reduced the NP by 5.16%, IMM reduced by 15.99%, reduced the viscosity in abnormal specimens by 71.42, volume of semen also reduced by 1.06%, and reduced the liquefaction time by 18.5%.

Enema pot method significantly increased the sperm count by 54.07%, increased the motility by 18.97%, RLP increased by 19.02%, SLP increased by 17.24%, reduced the NP by 20.19%, IMM reduced by 17.74%, increased the volume of semen
by 10.25%, reduced the liquefaction time by 20%, and reduced the viscosity in abnormal specimens by 50%.

Thus, in Basti Putak method, excellent result was observed in sperm count and viscosity, while in Enema pot group, good results were observed in RLP, SLP, NP, IMM, and volume in seminal parameters of patients and in sexual parameters such as sexual desire, erection, etc., better results obtained in Basti putak group. This difference in result may be due to the large pressure difference in administration of Basti in both the methods, which causes the increase of administration time in Enema pot method than Basti putak method. As administration time increases in Enema pot method, the catheter stay in the rectum for longer duration of time which causes the local nerve irritation and also increases the peristalsis movement of intestine against catheter, which may further decrease the retention time of Basti. Thus affect the absorption of drug as minimum the retention of Basti colloid in the intestine, minimum the absorption and efficacy of drug in the body.

Assessment of method of administration of Basti

- Overall average administration time of Asthapanas Basti in Group-A was 33.64 seconds, while in Group-B, it was 254.78 seconds. It reveals that by enema pot, administration time is 7.5 times higher than the Basti putak, due to which patient has to feel more distress in enema pot group as catheter is kept in the rectum for longer duration of time.
- Overall average administration time of Anuvasana Basti in Group-A was 18.48 seconds, while in Group-B, it was 11.28 seconds. It reveals that by syringe method, administration time is earlier than the Basti putak, which was 1.5 times earlier. As mentioned by Acharya Sharangadhara (Sh.U 5/27), ideal administration time for Anuvasana Basti was Trishnamatra, i.e., equivalent to 18-22 seconds and may be considered as one of the Basti Data dosha, i.e., Atidruta (pushing the Basti colloid too rapidly) causes early ejection and thus reduces retention time.
- Overall average retention time of Asthapanas Basti in Group-A is 18.69 minutes, while in Group-B, it was 12.87 minutes. It reveals that by enema pot, retention time is decreased by 1.5 times than the Basti putak, which further decreased the absorption of Basti as it stayed for short duration. As in enema pot group, catheter stays in the rectum for longer duration of time (as administration time is larger than pot group), it causes local nerve irritation and peristalsis movement of intestine which may further decrease the retention time.
- Overall average retention time of Anuvasana Basti in Group-A was 8.1 hours, while in Group-B, it was 5.48 hours. It reveals that by syringe method, the retention time is decreased by 1.5 times than Basti putak method, which might have decreased the absorption of Basti as it stayed for short duration. Basti putak, as it is one of the Basti Data dosha, i.e., Atidruta (pushing the Basti colloid too rapidly), causes early ejection and thus reduces retention time.
- From this table, one can assert that there is very little difference in pervasion of Basti colloid as only in two patients Basti given by pot method does not reach up to the putak level of pervasion but from the X-ray, one can depict the narration of Acharyas, i.e., Nabhipradeshae (Umbilicus region) anatomically equivalent to transverse colon, Kati parshva anatomically equivalent to descending and ascending colon and splenic and hepatic flexures. Thus, they clearly narrated the pervasion of Basti and is exactly seen in the X-ray films.
- In the Anuvasana Basti, there is not much difference in pervasion, but during the X-ray, one thing was noticed that where Basti reaches by Basti putak method, that is reached by enema pot method in after 1 to 2 hours as in X-ray taken repeatedly and even after 6 to 8 hours, Basti colloid did not move further in any of the methods.

Conclusion

- Baladi Yapan Basti provided good results on Kshinashakra (Oligozoospermia), both qualitatively and quantitatively.
- Classical Basti putak proved more efficacious than enema pot method in the present study because in classical method, retention time was more in both Asthapana as well as Anuvasana Basti. Thus, absorption was more in classical method.
- Ideal administration time for Asthapanas Basti was 30 to 35 seconds for 550 ml Baladi Yapan Basti, which is not mentioned by Acharyas as administration time for Anuvasana Basti in this study was equal to the time mentioned by Acharya Vaghbatha and Sharangdhara, so vice versa was also true, i.e., administration time in Asthapanas Basti by classical method in this study was also ideal.
- X-ray study indicated that pervasion of Asthapanas Basti was maximum up to ileocecal junction and Anuvasana Basti was up to sigmoid colon.

References

1. Agnivesh, Charaka samhita. Ayurveda Dipika Commentary of Cakrapanidatta, edited by Vaidya Jadayu Trikamji Acarya. 1st ed. Sutra Sthana, 25/40. Varanasi: Chaukhamba Sanskrita Sansthana; 2001. p. 131.
2. Agnivesh, Charaka samhita. Ayurveda Dipika Commentary of Cakrapanidatta, edited by Vaidya Jadayu Trikamji Acarya. 1st ed. Siddhi Sthana, 1/28. Varanasi: Chaukhamba Sanskrita Sansthana; 2001. p. 682.
3. Agnivesh, Charaka samhita. Ayurveda Dipika Commentary of Cakrapanidatta, edited by Vaidya Jadayu Trikamji Acarya. 1st ed. Siddhi Sthana, 1/40. Varanasi: Chaukhamba Sanskrita Sansthana; 2001. p. 683.
4. Vaghbatha, Asthanga sangrahag with hindi commentary by Kaviraj Atigeva Gupta. KalpaSthana, Vol. 2, 7/35. Varanasi: Chaukhamba Krishna Bharti Prakashan; 2005. p. 167.
5. Sushruta, Sushruta Samhita Nibandhasangraha. Commentary of Shri Dalhanacarya, Edited by Jadavaji Trikamji Acarya. Chikitsa Sthana, 37/75. Varanasi: Chaukhamba Krishna Bharti Prakashan; 2005. p. 535.
6. Agnivesh, Charaka samhita. Ayurveda Dipika Commentary of Cakrapanidatta, edited by Vaidya Jadayu Trikamji Acarya. 1st ed. Siddhi Sthana, 1/47 8 Varanasi: Chaukhamba Sanskrita Sansthana; 2001. p. 684.
7. Agnivesh, Charaka samhita. Ayurveda Dipika Commentary of Cakrapanidatta, edited by Vaidya Jadayu Trikamji Acarya. 1st ed. Siddhi Sthana, 5/4. Varanasi: Chaukhamba Sanskrita Sansthana; 2001. p. 713.
8. Agnivesh, Charaka samhita. Ayurveda Dipika Commentary of Cakrapanidatta, edited by Vaidya Jadayu Trikamji Acarya. 1st ed. Siddhi Sthana, 8. Varanasi: Chaukhamba Sanskrita Sansthana; 2001. p. 702.
9. Sushruta, Sushruta Samhita Nibandhasangraha. Commentary of Shri
क्षीण शुक्र में बस्ति पुटक, एनीमा पाट एवं सिरीज विधि द्वारा बस्ति चिकित्सा के प्रभाव का आँकलन

यशवंत एम. जुनेजा, अनूप बी. ठाकर

इस अध्ययन का उद्देश्य बस्ति प्रणिधान की कोन सी विधि चिकित्सकीय दृष्टि से ज्यादा उपयुक्त एवं प्रभावी है। इस अध्ययन में सरल यथार्थ निदर्श विधि का प्रयोग किया गया था। इस अध्ययन में मुख्य परीक्षा भाव: प्रणिधान काल, प्रयागमन काल, वृहद आंत्र में बस्ति की व्यापता, शुक परीक्षा, लेखिक परीक्षा। इस अध्ययन का परिणाम बस्ति पुटक वर्ग में 70.65% एवं एनीमा पाट वर्ग में 54.07% श्रुकायाँ की संख्या में वृद्धि हुई। सभी रोगियों का औसत प्रयागमन काल बस्ति पुटक वर्ग में एनीमा पाट वर्ग से 9.5 गुना ज्यादा था। अतः बस्ति पुटक, एनीमा पाट से ज्यादा उपयुक्त एवं चिकित्सकीय दृष्टि से ज्यादा प्रभावी है।

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