

Therapeutic Effect of Yog Basti with Chandanadi Niruha Basti in the Management of Amlapitta: A Case Series

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ABSTRACT:

Amlapitta is one of the most common gastrointestinal disorders described in Ayurveda, resulting from the vitiation of Pachaka Pitta along with Agnimandya. Modern dietary habits, stress, irregular lifestyle and excessive intake of spicy, oily and incompatible foods contribute significantly to its prevalence. Clinically, it presents with symptoms such as Tikta/Amlodgara, Hritkantha Daha, Utklesha, Aruchi, Avipaka, Klama and Gaurava. The aim of this case series was to evaluate the efficacy of Chandanadi Niruha Basti in the management of Amlapitta. A case series of six patients diagnosed with Amlapitta was conducted at the Panchakarma OPD of M. A. Podar Hospital, Mumbai. Patients aged between 20 and 60 years presenting with classical symptoms of Amlapitta were selected. Chandanadi Niruha Basti (480 ml) along with Chandanbalalakshadi Taila Anuvasana Basti (80 ml) was administered according to Yog Basti Krama for 8 days. Assessment was carried out on Day 0 (before treatment), Day 8 (after treatment) and Day 16 (follow-up) using subjective parameters including Tikta/Amlodgara, Daha, Aruchi, Utklesha, Avipaka, Klama and Gaurava. Significant improvement was observed in all assessed parameters following treatment and during follow-up. Reduction in the frequency and severity of Tikta/Amlodgara, Daha, Utklesha, Aruchi, Avipaka, Klama and Gaurava indicated effective pacification of aggravated Pitta Dosha and improvement in digestive function. Chandanadi Niruha Basti administered with Chandanbalalakshadi Taila Anuvasana Basti proved to be a safe and effective therapeutic approach for Amlapitta. The therapy improved Agni, reduced symptoms and restored physiological balance. Further studies with larger sample sizes are recommended to validate these findings.

KEYWORDS: *Amlapitta, Chandanbalalakshadi Taila, Chandanadi Niruha Basti, Panchakarma.*

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INTRODUCTION:

Amlapitta is one of the most common gastrointestinal disorders affecting a large population due to the fast pace of modern life, psychological stress, faulty dietary habits and irregular lifestyle practices. Increased consumption of spicy, oily, junk, fermented and incompatible foods along with improper meal timings, day sleep, suppression of natural urges, alcohol intake and sedentary habits have significantly contributed to the rising incidence of Amlapitta^[1]. In Ayurveda, Amlapitta is considered a disorder of Annavaha Srotas and is characterized by symptoms such as Hritkantha Daha (burning sensation in chest and throat), Tikta-Amla Udgara (sour and bitter belching), Utklesha, Chardi (vomiting), Avipaka (indigestion), Aruchi (loss of appetite), Gaurava (heaviness), Shiroruka (headache) and Klama (fatigue)^[2].

According to Ayurvedic classics, vitiation of Tridosha, predominantly Pachaka Pitta along with Samana Vayu and Kledaka Kapha, leads to Agnimandya and formation of Ama, which are considered the root causes of Amlapitta. Impaired digestion and metabolism result in Vidagdhajirna and manifestation of the disease. Samana Vayu plays an important role in digestion and assimilation, while Kledaka Kapha protects the gastric mucosa from the corrosive action of Pachaka Pitta. Disturbance in the equilibrium of these Doshas leads to increased Amlata and Dravata of Pitta, ultimately producing the clinical features of Amlapitta.

Basti Chikitsa is considered one of the most important treatment modalities in Ayurveda. Among various types of Basti, Niruha Basti and Anuvasana Basti play a significant role in maintaining the balance of Doshas and improving systemic health. Chandanadi Niruha Basti mentioned in classical Ayurvedic texts is predominantly Pittashamaka in action due to the presence of drugs having Sheeta, Madhura and Tikta properties. It is useful in diseases associated with Pitta aggravation such as Daha, Trishna, Pittaja disorders, Raktapitta and Amlapitta^[3]. The ingredients of Chandanadi Niruha Basti possess cooling, anti-inflammatory and soothing properties which help in pacifying aggravated Pitta Dosha. Along with Niruha Basti, Anuvasana Basti administered with Chandanbalalakshadi Taila provides Snigdha and Brimhana effects to the body. Chandanbalalakshadi Taila is known for its Vatapittashamaka, Balya and Rasayana properties^[4]. The combination of Niruha and Anuvasana Basti acts synergistically to eliminate morbid Doshas while nourishing body tissues. This combined therapy helps in restoring Agni, improving Dhatu nourishment and maintaining the equilibrium of Doshas. In present-day clinical practice, stress, irregular diet and lifestyle contribute significantly to Pittaja Vyadhis. Therefore, Ayurvedic Panchakarma therapies like Chandanadi Niruha Basti with Chandanbalalakshadi Taila Anuvasana Basti offer a holistic and effective approach for managing such conditions. The therapy not only provides symptomatic relief but also

addresses the root cause of disease according to Ayurvedic principles.

Aim and Objectives

Aim

To evaluate the role of Chandanadi Niruha Basti in the management of Amlapitta.

Objectives

To assess the effect of Chandanadi Basti on the symptoms of Amlapitta.

MATERIALS AND METHODS

A total of 6 patients having classical symptoms of Amlapitta attending the OPD of Panchkarma department of M. A. Podar Hospital, Worli, Mumbai, were selected irrespective of sex, caste, religion etc., taking due considerations of inclusion and exclusion criteria.

Study Design: A single group clinical study

Inclusion criteria

- Patients aged between 20 and 60 years having signs and symptoms of Amlapitta such as Amlodgara, Daha, Chardi & hrullas, Aruchi, Klama, Bhrama were selected. Diagnosis of Amlapitta was purely decided only by considering the above-mentioned signs and symptoms present in the patients.

Exclusion criteria

- Patients of age below 20 and above 60 years . Patients already diagnosed with or having any history of other systemic diseases such as cardiovascular, nephropathic, neuropathic and any type of malignant disorders were excluded.

Method of Administration

Duration of therapy- 8 days as mentioned in table-1

A- Chandanbalalakshadi tel 80 ml
N –Chandanadi Niruha Basti 480 ml

Administration of Basti

Asthapana Basti with Chandanadi niruha basti dravya was administered according to the prescribed schedule. Continuous administration of only one type of Basti, either Niruha or Anuvasana, is not recommended. Repeated administration of Anuvasana Basti alone may aggravate morbid Doshas and diminish Agni (digestive power), whereas continuous use of Niruha Basti may lead to aggravation of Vata Dosha. Therefore, the alternate administration of Niruha and Anuvasana Basti is considered essential for maintaining physiological balance and alleviating disease conditions^[5]. Hence, Chandanbala lakshadi Taila was selected for Anuvasana Basti, which was administered after Asthapana Basti.

Poorva Karma

- Detailed examination of the patient was carried out with respect to the condition of aggravated Doshas, Agni, Bala, Satmya and other relevant parameters.
- Blood pressure, pulse rate and respiratory rate were recorded before the procedure.
- Sthanik Mridu Abhyanga with Tila Taila was performed over the Udar, Kati, Nitamba, Jangha, Janu and Pada regions.
- Mridu Nadi Swedana was administered over the Abhyanga-treated areas until the appearance of Samyak Swedana Lakshanas.

Pradhana Karma

Niruha Basti and Anuvasana Basti were administered to the patients according to the treatment schedule for 8 days.

Basti Dosage: For an adult person, the standard Basti dosage fixed by Charak is 12 Prasruta, which comes out to be 960 ml. Sharangdhara has fixed Basti matra^[6] as follows-

- Uttam matra - 80 Tola (800ml)
- Madhyam matra- 64 Tola (640ml)
- Hina matra - 48 Tola (480ml)

In this study the hina matra told by Sharangdhara was taken i.e., 480ml.

- Niruha Basti: Chandanadi Niruha Basti (480 ml)
Madhu – 80 ml
Saindhav – 5 gm
Ghrut – 40 ml
Kshirpak – 350 ml
Kalka – 5 gm
- Anuvasana Basti:
Chandanbalalakshadi Taila (80 ml)

Ideally, Anuvasana Basti should be retained for approximately 12 hours, while Niruha Basti should be retained for about 48 minutes. Thereafter, the Basti is expelled along with fecal matter and aggravated Pitta Doshas. Patients were instructed to evacuate the bowel only when the natural urge appeared and were advised neither to strain forcibly nor to suppress the urge for defecation.

Paschat Karma

For Anuvasana Basti, Sphikatadana and Shayya Utkshepana were performed three times. After Niruha Basti, the patient was advised to lie in the supine position and a pillow was placed beneath the lower back region.

Advice after the Procedure

1. Hot water bath was advised after Basti Pratyagamana.
 - Anuvasana Basti Pratyagamana Kala – 3 Yama^[7]
 - Niruha Basti Pratyagamana Kala – 1 Muhurta^[8]
2. Patients were advised to consume a normal but light diet in smaller quantities and to avoid spicy foods.
3. Heavy physical work, excessive walking, running, day sleep and strenuous exercise were prohibited.

Method of Assessment

A case series of 6 patients diagnosed with Amlapitta presenting with Tikta/Amlodgara, Daha, Aruchi, Utklesh, Avipaka, Klama, Gaurava was undertaken. Basti was administered for 8 consecutive days. Assessment was carried out on Day 0 (Before Treatment), Day 8 (After Treatment), and Day 16 (Follow-up). Evaluation was done based on subjective parameters Amlodgara, daha, Gaurava, Utklesha, Avipaka, Agnimandya.

Table-1: Basti Schedule:

1 st day	2 nd day	3 rd day	4 th day	5 th day	6 th day	7 th day	8 th day
A	N	A	N	A	N	A	A

Table-2: Symptoms of 6 patients

Case No.	Age/Sex	Duration	Tikta/Amlodgara	Daha	Aruchi	Utklesh	Avipaka	Klama	Gaurav
1	42yrs/M	1 yr	Present	Absent	Present	Present	Absent	Present	Present
2	55yrs/F	3 yrs	Present	Present	Present	Present	Present	Present	Absent
3	56yrs/F	10 yrs	Present	Present	Present	Present	Present	Present	Present
4	47yrs/F	1 yr	Present	Absent	Absent	Absent	Present	Present	Present
5	39yrs/F	2 months	Present	Present	Present	Present	Absent	Present	Absent
6	60yrs/M	1 yr	Present	Present	Absent	Absent	Absent	Present	Present

Assessment Criteria

Assessment was done at:

- **Day 0** – Before Treatment (BT)
- **Day 8** – After Treatment (AT)
- **Day 16** – Follow-up (FU)

Assessment was based on **Subjective parameters**.

Table-3: Subjective Criteria

S. N.	Features	Gradation	parameter
1	Tikta/Amlodgara	0	No Tikta/Amlodgara
		1	Once in 15 to 30 days
		2	Once in a Week
		3	Once in 2 to 3 days
		4	Every day
2	Hrit-kanthadaha	0	No Hrit-kanthadaha
		1	Once in 15 to 30 days
		2	Once in a Week
		3	Once in 2 to 3 days
		4	Every day
3	Utklesh	0	No Utklesh
		1	Once in 15 to 30 days
		2	Once in a Week
		3	Once in 2 to 3 days
		4	Every day
4	Aruchi	0	No Aruchi
		1	Occasionally
		2	Mild

		3	Moderate
		4	Severe
5	Avipaka	0	No Avipaka
		1	Occasionally
		2	Mild
		3	Moderate
		4	Severe
6	Klama	0	No Klama
		1	Occasionally
		2	Mild
		3	Moderate
		4	Severe
7	Gaurav	0	No Gaurav
		1	Once in 15 to 30 days
		2	Once in a Week
		3	Once in 2 to 3 day
		4	Every day

Table-4: Observations

PT		Tikta/ Amlodgara	Daha	Aruchi	Utklesh	Avipaka	Klama	Gaurav
1	BT	3	0	2	2	0	3	2
	AT	2	0	2	1	0	1	1
	FU	1	0	0	0	0	1	1
2	BT	4	4	2	3	3	2	0
	AT	3	2	1	3	2	1	0
	FU	1	1	1	2	1	0	0
3	BT	4	4	2	2	2	2	2
	AT	3	2	1	1	2	2	1
	FU	1	1	1	1	1	1	1
4	BT	3	0	0	0	2	1	3
	AT	2	0	0	0	1	1	2
	FU	1	0	0	0	0	1	2
5	BT	4	4	4	3	2	1	2
	AT	2	1	3	2	2	1	1
	FU	2	1	2	2	1	0	0
6	BT	3	4	0	0	0	3	2
	AT	1	2	0	0	0	1	2
	FU	0	1	0	0	0	0	1

Table-5: Properties of ingredients of Chandanadi Niruha Basti^[9]

<i>Chandan</i> (Pterocarpus santalinus)[P.N.598]	<i>Rasa: Tikta, Madhura</i> <i>Virya: Sheeta</i> <i>Guru, Ruksha, Kapha - Pittashamaka, Daha-prashamana</i> Reduces gastric burning, hyperacidity and inflammation.
<i>Yashtimadhu</i> (Glycyrrhiza glabra)[P.N.560]	<i>Rasa : Madhura</i> <i>Virya : Sheeta</i> <i>Vata – Pittashamaka, Dahashamaka</i> Possesses gastroprotective and ulcer-healing properties. Enhances mucosal defense and reduces irritation of gastric mucosa.
<i>Rasna</i> (Inula Racemosa)[P.N.600]	<i>Rasa : Tikta</i> <i>Virya : Ushna</i> <i>Guru, Kapha – Vatashamaka, pachana</i>
<i>Shaliparni</i> (Desmodium Gangeticum)[P.N.644]	<i>Rasa : Madhur, Tikta</i> <i>Virya : Ushna</i> <i>Guru, Snigdha, Tridoshashamak, Deepana</i>
<i>Prushniparni</i> (Uraria picta) [P.N.518]	<i>Rasa : Madhur, Tikta</i> <i>Virya : Ushna</i> <i>Tridoshashamak, Deepana, Anulomana</i>
<i>Bruhati</i> (Solanum Indicum) [P.N.528]	<i>Rasa : Katu, Tikta</i> <i>Virya ; Ushna</i> <i>Kaphavatashamak, Deepana, Pachana, Grahi</i>
<i>Kantakari</i> (Solanum xanthocarpum)[P.N.300]	<i>Rasa : Tikta, katu</i> <i>Virya : Ushna</i> <i>Kaphavatashamak, Deepana, Pachana, Rechana</i>
<i>Gokshur</i> (Tribulus Terrestris)[P.N.377]	<i>Rasa : Madhur</i> <i>Virya : Sheeta</i> <i>VataPittashamak, Anulomana</i>
<i>Trunapanchmoola</i> [P.N.168]	<i>Pittashamak, RaktaPittashamak</i>
<i>Lodhra</i> (Symplocos racemosa)[P.N.610]	<i>Rasa : Kashaya</i> Helps reduce mucosal congestion and irritation.
<i>Manjistha</i> (Rubia cordifolia) [P.N.586]	<i>Rakta-prasadana and Pittahara.</i> Reduces inflammatory changes associated with aggravated Pitta.
<i>Anantamoola</i> (Hemidesmus indicus)[P.N.673]	<i>Virya : Sheeta virya</i> <i>Pittashamaka.</i> Alleviates burning sensation and excessive heat.
<i>Bala</i> (Sida cordifolia) [P.N.522]	<i>Balya and Brimhana.</i> Restores tissue strength weakened by chronic Amlapitta.

<i>Shatavari</i> (Asparagus racemosus)[P.N.635]	Excellent <i>Pittashamaka</i> and <i>Rasayana</i> . Demonstrates anti-ulcer and mucosal protective effects.
<i>Vidarikanda</i> (Pueraria tuberosa)[P.N.630]	<i>Virya : Sheeta</i> <i>Rasa: Madhura</i> Counteracts excessive gastric acidity and supports tissue nourishment.
<i>Rakta Kamala</i> (<i>Nymphaea rubra</i>)[P.N.312]	Cooling and <i>Pitta</i> -pacifying. Relieve burning sensation and internal heat.
<i>Nagakeshara</i> (Mesua ferrea) [P.N.467]	<i>Grahi and Pittashamaka</i> . Improves digestion while reducing excessive <i>Pitta</i> secretion.

DISCUSSION:

Probable Mode of Action:

Amlapitta is predominantly a Pitta-pradhana disorder associated with Agnimandya, Vidagdha Pitta and vitiation of Annavaha Srotas. Clinical manifestations such as acid regurgitation, burning sensation, nausea, indigestion and sour belching are mainly due to aggravated Pitta and impaired digestive function.

Action of Basti as a Panchakarma Therapy

Basti is considered "Ardha Chikitsa" and acts on the entire body through the Pakwashaya. Although Niruha Basti is mainly indicated for Vata disorders, when formulated with Pitta-shamaka drugs, it effectively pacifies aggravated Pitta.

The colon possesses extensive vascular and neural networks that facilitate systemic absorption of medicinal constituents. Basti helps in the elimination of accumulated Doshas and restores normal Agni and Srotasa function. By regulating Apana Vayu, it normalizes the movement of Samana Vayu and Pachaka Pitta, thereby

improving digestion and reducing acid-related symptoms.

Role of Milk (Ksheera) :

Milk possesses Madhura Rasa, Sheeta Virya and Pittashamaka properties. Neutralizes excessive Pitta. Provides soothing and protective action on the gastrointestinal mucosa. Acts as a nourishing medium enhancing the efficacy of the drugs.

Role of Madhura, Tikta and Kashaya Dominant Drugs :

The formulation predominantly contains:

Madhura Rasa → Pitta-shamana, tissue healing, mucosal protection.

Tikta Rasa → Pachana of vitiated Pitta and anti-inflammatory action.

Kashaya Rasa → Stambhana, reduction of irritation and inflammation.

This combination directly counteracts the Amla, Ushna, Tikshna qualities of aggravated Pitta in Amlapitta.

Probable Overall Mechanism in Amlapitta

- Pacifies aggravated Pachaka Pitta.
- Reduces gastric hyperacidity and burning sensation.

- Corrects Apana Vata and Samana Vata dysfunction.
- Removes accumulated Doshas through Niruha action.
- Provides Rasayana and tissue-repair effects.
- Restores normal digestive physiology and prevents recurrence.

CONCLUSION:

Chandanadi Niruha Basti along with *Chandanbalalakshadi Taila Anuvasana Basti*, administered according to *Basti Krama*, showed considerable improvement in the symptoms of *Amlapitta*. The therapy may act through *Pittashamana*, *Agnideepana* and *Dosha-balancing* effects, thereby improving digestive function. These findings suggest that the combined *Basti* therapy may be a useful Ayurvedic approach for *Amlapitta*; however, larger studies are required to validate these observations.

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