AN ANALYSIS OF FORMULATION OF VAITARAṆA [BASTI] ON THE BASIS OF AYURVEDIC TEXTS AND COMMENTARIES

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(Received 16 October 2008; revised 17 November 2008)

The paper is an attempt to show the relevance of textual studies in tracing the root of Vaitaraṇa–basti, a commonly practiced basti formulation in Kerala. The different formulations and current variance noticed in the Ayurvedic clinical practices reflect how these practices have jerked out from the theoretical framework. The clinical practices are examined from the perspective of an ordinary physician and from a strict diachronic aspect.

Key words: Pañcakarma, Vaitaraṇa [basti]

The Carakasamhitā, the magnum opus of Ayurvedic clinical practice, at its very onset itself advocates the superiority of the treatment methods based on therapeutic procedures. According to Caraka, the ayurveda is not mere acquaintance of the healing properties of medicinal herbs\(^1\), it is the śodhanacikīstā or elimination therapies that form the basis. On the history of Indian medical literary tradition, G.J. Meulenbeld reports only two texts on pañcakarma namely the Pañcakarmavicāra and Pañcakarmavidhi\(^2\). There is another manuscript namely Pañcakarmādhikāra in the collection of the Asiatic Society, Kolkata\(^3\). The deterioration of practices in pañcakarma as revealed in these texts, created a new scenario where the procedure alone created many complications (pañcakarmacābhavarogā\(^4\)). Basti, a part of the elimination procedure, has been given special status from the classical period. Todaramalla’s Āyurvedasaukhyaṃ refers to school of thought, propounded by Atri, which deams basticikitsā\(^5\) or agadā\(^6\) as an independent ninth branch of Āyurveda. He explains that basticikitsā

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is included under kāyacikitsā branch of Caraka and Suśruta7. This shows the importance of basti in Āyurvedic clinical practices.

The legacy handed down to us by Kerala Āyurvedic physicians is a vibrant clinical practices well rooted in the fundamental principles. Even a cursory examination of Kerala’s rich Āyurveda literary tradition on the fundamental principles as well as clinical application go in favour of this basti tradition. Though Kerala commentaries (especially on Aṣṭāṅgahṛdaya), the treatises on viṣacikitsā, bā lacikitsā, and many hand books on clinical practices (written in both Sanskrit and Manjpravalai) are known, the Āyurveda pedagogy of Kerala does not contribute much to the schemata of śodhanacikitsā. This reminds us of Cakrapāṇidatta’s statement which points towards the declining importance of basti in the Āyurveda practices during his period9.

In the recent history of Kerala’s Āyurvedic practice, especially in the erstwhile princely state of Travancore, laudable contributions are made in area of drug study, clinical researches and its publication, by the physicians of Certhala taluk10. Their field of interest also include śodhanacikitsā, which resulted in the publication of many pioneering works in the field of pañcakarma like bastipradī paṇḍ by Paṇāvalli C. Kṣpenvaidyan11 and Pañcakarma athavā śodhanacikitsā by Manakoḍam Keśavanvaidyan.12 The existence of uninterrupted Aṣṭāvaidya lineage which preserved and enhanced the Vāgbhata’s clinical treatises and the pioneering works of these physicians gave a fresh lease of life to the speciality of śodhanacikitsā.

The publication of basic textual literature13 related to the specialised treatment procedures of Kerala probably started in 1913 with the publication of dhāraṇkalpa14. This was followed by P. RamanMenon’s Śriśiraśekāvidvidhi15, N.S. Mooss’s monograph on specialised treatment procedures of Kerala16, and Aryavaidyan S. Raghunatha Iyer’s Sanskrit work on specialised therapies17. All these rekindled the interest in the specialised treatment procedures including the śodhanacikitsā in the Āyurveda practice within and outside the state of Kerala.

Vaitaraṇabasti, a basti formulation, popular among the current generation of Āyurveda clinicians, is not mentioned in the above said works related to basti18. Kṣārabasti and vaitaraṇabasti were not common in the routine clinical practice of Aṣṭāvaidya tradition.

This paper is as attempt to trace various formulations of vaitaraṇabasti mentioned in Āyurvedic texts19. Vaitaraṇabasti became popular after the research
work by P. Sankarankutty, M. R. VasudeavaNamboodiri and V. K. Sasikumar at Govt. Ayurveda College, in 1991\(^\text{20}\), which was inspired by the compilation work on \textit{basti}yoga-s by Dr. K. Rajagopalan. The practice of this \textit{basti} vary considerably from one institution to another and from individual to individual. This demands a thorough scrutiny of textual references related to its formulation\(^\text{21}\).

The \textit{basti} formulation in \textit{Vaṅgasena’s Cikitsāśārasaṃgraha} was subjected to study in the above mentioned research. The formula in text reads: 

- \textit{sindhujanma} or \textit{saindhavalavaṇa} (rock salt) — one \textit{karpa};
- \textit{gud}a (jaggery) — half \textit{pala};
- \textit{amlīka} (\textit{Tamarindus indica}. Linn.) — one \textit{pala};
- \textit{iṣat} \textit{taila} (little quantity of oil); and
- \textit{surabhipayāḥ} (cow’s milk) — one \textit{kuṭava} (240ml)\(^\text{22}\).

The research paper lacks survey on textual data regarding this formulation. Also the formula was modified by increasing the quantity of milk to two \textit{kuṭavas}. The paper explains that this increase in quantity of milk was done to reduce the consistency of the \textit{basti} so that it can be administered very easily\(^\text{23}\). The oil taken was 120 ml or approximately two \textit{palas}.

The concept of \textit{vasti} formulation is confused to some extent when one refers to Lālā Sālígrāmavaidya’s Hindi translation of \textit{Vaṅgasenasāṃhitā}, which includes \textit{gomūtra} instead of milk as a constituent. This may be due to the influence of references in the former treatises like \textit{Vṛṇḍa} and Čakradatta\(^\text{24}\). The research monograph is also silent on this issue. This ambiguity created two sections with in the physicians based on their choice for one of the liquid ingredient i.e., those who prefer \textit{gomūtra} or cow’s urine and the others who prefer \textit{kṣīra} or milk.

The first reference regarding \textit{vaitaranaḥbasti} is probably found in the \textit{Siddhayogāḥ or Vṛṇḍamādhava} (chapter 75.3). \textit{kṣīraṁ (kṣūraṁ) na cedvaitaranam prādāya dvayahe trayaye vā apy anuvāsaniyah}\(^\text{25}\). The placement of this \textit{basti} in text of \textit{Vṛṇḍamādhava} is also worth mentioning. The \textit{vaitaranaḥ [basti]} is explained as a separate section after the \textit{nirūha adhikāra} in the Ānandaśrama edition of \textit{Vṛṇḍamādhava}, edited by Śrī Mahādeva Cimāṇā ji Āpte\(^\text{26}\) as this formulation does not satisfy the common pattern of combination observed in the preparation of \textit{nirūha/basti} i.e., \textit{māksikaṁ, lavanaṁ, snehaṁ, kalkaṁ, and kvātaṁ}\(^\text{27}\) and is lesser in quantity.
The formulae given by Vṛṇḍa is having saindava (one kārṣṇa), guḍa (one śuktī), amlīka (one palaṇ), and gomūtra (one kuḍava)\(^{38}\). The indications of basti formulation are śula, anāha, and āmavāta. The critical edition of Vṛṇḍa Mādhava by P.V. Tivari and Ashakumari reports a variant reading where guḍa is replaced by hiṅgu\(^{29}\). Todaramalla’s Āyurvedasaukhyam describe the formula of vaitaraṇa [basti] using similar verses as in Vṛṇḍamādhava.\(^{30}\) Cakrapāṇidatta also accepts the same formula of Vṛṇḍa.\(^{31}\) The Niścalakāraṭīkā omits the term iṣat and reads tailayuto ‘yaṇ but Niścalakara seems to accept the reading iṣattailayuto ‘yaṇ as he comments the term iṣat. While commenting this section Niścalakara furnishes another formula of vaitaraṇa[basti] from Acyuta’s A yurvedasāra.\(^{32}\) The formula accepted here comprise: one aksa of saindava, one pala each of guḍa, ciṅcā, and taila, and one kuḍava of gomūtra.

The commentators furnish certain important clues regarding the composition of this basti formulation. Śrikaṇṭhadatta and Śivadāsasena explain that even though in the case of basti the measurement is taken as explained in the formulae, here double the quantity of gomūtra is taken as per the paribhāṣā of drava and gomūtra is having the quantity of kuḍava or more\(^{34}\). Niścalakara and Śivadāsasena stipulate the quantity of taila as one pala on the basis of existing clinical tradition (Vṛṇḍhavaidyasa- mmatā)\(^{35}\). Tatvacandrikā tīkā presents the practice of adding one madanaphala\(^{36}\) to vaitaraṇabasti which is (usually) added to every nirūhabasti.\(^{37}\) This tradition seems to be a conscious effort to grant the status of nirūha [basti] to vaitaraṇa[basti]\(^{38}\).

Before going to the [basti] formulation of Vaṅgasena we shall go through the usage of the term vaitaraṇa in Āyurveda classics. The term Vaitaraṇa is used as a proper name associated with a śalyatantrācārya (or preceptor of surgery) in Suśrutaśaṃhitā\(^{39}\), so many argue that the name in Vaṅgasena refers to this Ācārya Vaitaraṇa. Few references regarding the works of Vaitaraṇa are seen in the commentaries of Dāsapaṇḍita\(^{40}\) and Cakrapāṇidatta.\(^{41}\) The extrapolation of Ācārya Vaitaraṇa to the context of the basti will not serve much in its understanding. The term vaitaraṇa seems to be coined by Vṛṇḍa as a ‘technical term’ or pāribhāṣīkasamajnā.\(^{42}\) Vaṅgasena seems to be making an obvious reference to the vaitaraṇa[basti] mentioned in previous treatises like Vṛṇḍamādhava, with the words vaitaraṇokta guṇa gaṇa yuktam vigraha (analysis of a word capable
of separation) of the term vaitaraṇokta should be as vaitaraṇāyā ukaṃ in caturṭhi vibhakti (dative case)- instead of vaitareṇe uktam in tṛtiyā (instrumental case) and the adjective of suvikhyāta in the verse is also an acknowledgement of its time tested usage and its acceptance of this [basti] formulation among the physicians. With this adjective suvikhyāta Vaṅgasena seems to convey to the physicians, that his substitution of gomūtra, which is having kaṭurasā and rūkṣagunā, with gokṣīrā (milk), which is madhura and snigdha, will not alter the clinical efficacy of the popular vaitaraṇabasti. This modification seems to be done in order to suit the patient, who is in a state where rūksāta predominates and bala(strength) is inferior. Candrāṣṭa advises to perform rukṣabasti in cases associated with āvaraṇa and in nirāvaraṇa conditions basti is done by adding one pala of taila.43

Ādhamalla, who closely follows Vaṅgasena, refers to the basti preparation as kṣīravaitaraṇaṇa.44 It is interesting to note that Ādhamalla closely follows Śrīkaṇṭhadatta, replaces term vaitaraṇa with kṣīravaitaraṇa. This substantiates the hypothesis of modification of vaitaraṇabasti, by Vaṅgasena, by substituting gomūtra with gokṣīrā.

Formulations of vaitaraṇa[basti] available from various treatises and commentaries:

1) As per the reading of Vṛṇdamadhava, Čakrādatta and Toḍarmalla’s Āyurvedasaukhyam: the ingredients are saṁdhava (one karṣa), guḍa (one śukti), amlika (one pala), taila (iṣat) and gomūtra (one kuḍava).

2) As per the variant reading of Vṛṇdamadhava: saṁdhava (one karṣa), hiṅgu (one śukti), amlika (one pala), taila (iṣat) and gomūtra (one kuḍava). Here guḍa is replaced by hiṅgu.

3) The formula according to Āyurvedasāra of Acyuta: saṁdhava (one karṣa), guḍa (one pala), amlika (one pala), taila (one pala) and gomūtra (one kuḍava).

We can stipulate the quantity of taila as one pala on the basis of Niścalakara and Śivadāsa. Regarding the quantity of gomūtra Niścalakara is silent but both Śrīkaṇṭhadatta and Śivadāsa take it as aṣṭapala-s by sticking to the paribhāṣā of dravadvaigunya (The rule that prescribes to take double the quantity of liquid ingredients).

4) Formula (1) is further modified by Śivadāsa by adding one madanaphala to the basti formulation in line with the tradition.
5) In the compendium of Vaṅgasena\(^45\), where the *gomūtra* is replaced by *gokṣīra*.

In our clinical experience we observed that by using *one pala* of *taila*, rather than the current practice of taking *two palas* of *taila* yields better results\(^46\). This demands a well designed study of various formulations of *vaitaraṇabasti* for establishing its relative clinical efficacy and there by standardising the formula of the *vaitaraṇabasti*.

**Time of administration**

Vṛṇḍa and Vaṅgasena explain that *vaitaraṇabasti* can be administered to all types of patients\(^47\). It can be given even after taking food which deviates from the general norm of administering *nirūhabasti*\(^48\). It can be given even at evening times. If the strength of the patient is good the *vasti* can be given even in empty stomach. Though all authorities favour the administration of *vaitaraṇabasti* even after taking food it should be understood as an exceptional rule and should be administered in special cases where the patient is too weak to withstand the strength of the *basti*\(^49\).

**Indication**

<table>
<thead>
<tr>
<th>Sl. no</th>
<th>Indication</th>
<th>Vṛṇḍa/toḍāra</th>
<th>Cakra</th>
<th>Ayurvedasāra</th>
<th>Vaṅgasena</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><em>sūla</em></td>
<td>+</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><em>anāha</em></td>
<td>+</td>
<td>+</td>
<td></td>
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<tr>
<td>3</td>
<td><em>āmavāta</em></td>
<td>+</td>
<td>+</td>
<td>+</td>
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</tr>
<tr>
<td>4</td>
<td><em>śotham</em></td>
<td></td>
<td></td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td><em>mandāgnitām</em></td>
<td>+</td>
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<tr>
<td>6</td>
<td><em>gṛhṇāśi</em></td>
<td>+</td>
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<tr>
<td>7</td>
<td><em>jānusāṅkośa</em></td>
<td>+</td>
<td></td>
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<tr>
<td>8</td>
<td><em>sāṃstambham</em></td>
<td>+</td>
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<tr>
<td>9</td>
<td><em>viṣamājvaram</em></td>
<td>+</td>
<td></td>
<td>+</td>
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<tr>
<td>10</td>
<td><em>kātyūrṇaṣṭhāsothan</em></td>
<td>+</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11</td>
<td><em>śīrābhavamūrṣtambham</em></td>
<td>+</td>
<td></td>
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</tr>
<tr>
<td>12</td>
<td><em>klaibyaṃ</em></td>
<td>+</td>
<td></td>
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</tbody>
</table>

The number of conditions where *vaitaraṇa vasti* is indicated increases in the subsequent texts. We can see a similar increase in conditions indicated in the case of *vyāghryādikvātha*\(^50\).
CONCLUSION

In Niruktā, Yāska raises the query that, when the direct seers of the hymns or mantras passed way, the people approached the gods (devās), enquired them about the way to fill the void created by the absence of the seers. Then he himself answers that Niruktā or tarka was transmitted to them by the gods to fill the void. If the mantras are grasped in the light of Niruktā, then it would be unveil the sense of the mantras as they have been communicated to the original seers. Niruktā provides the missing link and the creative organization of students of Vedas and it is hailed as iha-brahma. Similarly Kharanādā explains that when specifics are not mentioned in the texts one must rely on the clinical experience of learned physicians, and take appropriate quantities of drugs after proper assessment of doṣa and observable variables. By combining these two ideas we can design novel paradigms in our researches and clinical practices and move forward in new and right direction.

The textual criticism of Āyurvedic clinical practices should necessarily involve the practitioners along with Indologist, historians, linguists and philosophers to appreciate the exact appreciation. We can move forward in direction of standardising the formulation of vaitaraṇa basti by doing a rigorous clinical research based of the available textual data.

ACKNOWLEDGEMENTS

I offer my greatest regard to Dr. K. Rajagopalan for giving back to this highly effective vaitaraṇa basti to Āyurveda community. I also express my sincere gratitude to Dr. P. Rammanohar and Aryavaidya Pharmacy Coimbatore for providing me an opportunity to present this paper.

NOTES

1. Narasimhabhaṣya, the unique bhāṣya or commentary on Rasavaiśeṣikasūtra retrieved from Kerala, left a great impact on the Āyurveda fraternity of Kerala. Interestingly Narasiṃha deems his bhāṣya as vārttika.

In general this bhāṣya will serve as a vārttika for the eight fold Āyurveda, and specifically to the branch of internal medicine or kāyacikitsā. The bhāṣya reveals the special status enjoyed by kāyacikista branch due to the inclusion of pañcakarma or the elimination therapies in this branch. Śodhana cikitsā or pañcakarma (elimination therapy) was regarded in high esteem. All branches of Āyurveda were utilising the śodhanacikitsā. (evam vārttikaprayogamānapati dhyataṁ bhatā viśeṣārthapraṇā

3. Vaidyaka Manuscripts in the Library of Asiatic Society Calcutta Accession No.IE 45

4. hiṇamithyātyogena bhedaiḥ pañcadaśoditāḥ. pañcakarmabhadvā rogā rogōṣeveva prakī rtītāḥ. Sa.S.P. 7.194

5. atrminate navaparakārikā cikitsā carakasaṃrutadībhivīcārapāśamanartham yā agadā nāma kriyā proktā sauvātīnā basticikitsā kṛtā. Ayurvedasaukhyaṁ Ch1- 37. gudāmāyānām yā bastīh eamanām ca nirūhām āsthāpanānvāsasa cāgadām nāma kathaye. Ayurvedasaukhyaṁ Ch1- 38

6. agada is branch which specialised with the management of toxins in Caraka and Susruta

7. sūsṛutadī nām mate basticikitsā kāyacikitsāntarbhūtaiva.ato tra mayā na aśāṅgīkā raḥkṛtah 39 Toaramalla series No.2.

8. For example, in Yōgāṁṛta, (15-17 AD )a hand book for clinical practice, only in six instances vasti is used as a therapeutic tool: (1) udāvarta, where constipation is experienced even after doing abhyaṅga, piṅga sveda and applying guḍa vartī, vasti has to be carried out (17/40).(2) When añtrendraḥ encroaches groins, it is not curable, but can be maintained at yāpya or palliable state by treatments which also includes vasti (29/16). (3) The pakvasayagata gulma is treated by vasti (30/1, 6). (4) Vasti karma is indicated in pakṣāgātha and aṅkupeka (40/18, 21). (5) In kāmipṛṣṭa gata vātā, predominated by pain, vasti is indicated (40/46, 48, 49).(6) Vasti karma is also indicated in śūla (43/17).

9. “carakādyo samuddiṣṭaḥ bastayo ye sahasraśaḥ vyavahāro na taṅkā prāyō nibaddhā nā tra tena te.” CD 71.34. A large number of formulae for the preparation of vasti which are available in compendia of Caraka and other preceptors were not elaborated in this treatise as they were no longer utilised in the routine clinical practice by that time. Śīvadasasena and Niścalakara explain the word ‘prāyō’ as suggestive of the clinical utilisation, in appropriate conditions, from the list of vastivogaḥ enumerated in the classical treatises.10 This statement of commentators does not negate the importance of Cakrapāṇi’s observance regarding vasti. This bold admission by Cakrapāṇidatta does not mean that later treatises do not add any novel formulae, on vasti, to the existing one. In Vṛndamādhava or Siddhayogam the newer vasti formulations of kṣāra-basti, vaitaranabasti etc were introduced. Candraśāstra sfatānānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsāvānāsাতা to introduce newer and safer bastis in place of traditional formulation also goes in line with Cakrapāṇi’s observation.
10. Emmi Acyutan a physician hailing from Certhala Taluk contributed significantly to the compilation of historic work *Hortus Malabaricus* of Van Rheed


13. Vaidyaratnam P. Varier’s published articles on *dhārā* in 1906 in the journal *Dhanvantari*.


18. Manalodaṃ Keśavanvaidya and PāṇḍavaḷalaiKṛṣṇa vaidyan are not mentioning this *vastī*.

19. Though utmost precaution is taken to present the facts at an objective level, due to the absence of a systematic codification of clinical researches the paper may carry some factoids regarding the practice of *vaitaranabasti*.


21. For instance the formulation used for performing *vaitaranavasti* in Govt. Ayurveda College, Thiruvananthapuram, is as follows: *saindhava*-15g, guḍa – 30gm, amlika- 60gm, *taila* – 120 ml and *gomūra* or *kṣīra* -240ml. In the Central Institute of Pañcakarma, Cheruthuruthy, 450ml of *kṣīra* or *gomūra* is taken, while the measurements for the rest is the same.

22. *sindhūbhavasyakarṣamaṃḷīkāyāḥpalaṃ guḍaṛddhapalaṃsurabhīpayaśaḥ kuḍavāḥ sarvārṣreśth kṛto bastihī. iṣṭācīlayuthoḥ bhukte date nihanti rogaṇāṇi. kamṣeṣṭhaśotham śālaṃ śaṁāṇilam ghoram. ciraḥbhavamūrṣtamabhaṃ ghireśirogaṃ ca jānusmakoṣaṇi viṣajamāvarṇi ghoram klaśbyaṅca viṇaśatāyauḥ. bastivaitaranokto guṇa gaṇayuktaṃ svuṣikhyataḥ bhujayīva ca sāyāhne sarvayaṃ yaṃ praśasyate. atha cedbalavāṃ jantarabhuktvāpi tadā kvaśic. (Vangasena basthiprakaranā, 186-190).


25. Commenting on this Śri Kantadatta explains “yasya virecanāṁ nocitaṁ samcitāṁ ca malamastī tasya tamālāpapagamārthaṁ kṣāraṁ vaitaraṇāṇi vā bastiṁi dattvā'nuvā sānaṁ deyāṁ viśuddhāsya snehabasthyupadesāt

26. The critical edition of the text by Dr. Premvati Tiwari explains it in the nirūha adhikāra verses 43-44.

27. mākṣikāṁ lāvaṇāṁ snehāṁ kālkaṁ kvaatamītī kramāt. āvapeta nirūhāṁ āmeča samyojene vidhi%. A.H.Su.19.46.

28. Palāśukīkārsakuavairamākāgudāsindhujānmangomūtra. īśattīlayutoyaṁ bastiṁiśā lānāhāmavatāharaḥ. bhajayītvā tu sātvāne sarvasvāyaṁ praśasyate. atha cet balavājanturabhuākivāi tādākvacit. VM 74.43-44


30. Todiṇamallā’s Āyurvedasaukhyāṁ vol.3 chapter 14.62-63

31. palāśukīkārsakuauairamākāgudāsindhujānmangomūtra

iśattīlayutoyoṁ bastiṁisālānāhāmavatāharaḥ,vaitaraṇāṁhākcarabhibhucatāpapradīyate. (Cakradattaḥ 71-30,31)

32. gomūtrākudavāścaikīśīnāṅgudapalāpamāpalam.
satālāṁ saindhavasyaṅkṣametervaitaranāḥbhayaḥ.

kṛte bhukte prayukto‘ayaṁ śoḥaṁ mandāgnitāṁ jayet. gdhraśijā


33. gomūtrāsya kuavoŚtāu palāṇī dravādviṅgṛyāt. nīruhetu rasaśīnam pramaṇoṁ tu yathāśrutiti parībhāṣāṁ punardravādviṅgṛyaniṣṭhitakām nā dhriyante. Vāyāhyā kusumavallī mīkā.

34. mūtrākudavādītāyām gomūtrāsyaśtāupalāṇī dvīغني aparībhāṣātra kuavādviṅgrhaṁ kriyata iti. Candraṭha on Citikṣākalika 82; dvīغني aparyayaḍdṛṣṭa kuvaṉādviṅgṛyām dhāvāṁ tathā dvaram. A.H.K.6.23.

35. īśattailamītī palamīti vyavaharantī vṛddhaḥ. Ratnaprabhātīkā, C.D.71.30-31; īśat śabdena taimapalāmītī vyavaharantī vṛddhaḥ. Tatvacandrikaṭikā, ibid.

36. nīruḥyogām madan∀kālānca īlukatwaṁ

एकं madan∀kālām āgaṁ karatvaṁ

nīruḥa yoge madanaphalaḥca ityuktavat ekam madanaphalamapayatra vṛddhairdiyate. ibid.

37. aṁ tāṁ bhavāyāṁ nīruḥyogacālaṁkālaṁ

ḥīdaśavālaṁkālānca ṭalavanācālaṁkālaṁ. Saṁvādāy nīruḥyogena madanāḥ ca prakṛtyādavati. Saṁvādāy nīruḥyogena madanāḥ ca prakṛtyādavati caṇeva gṛṅdha māṣaktān ca ṭalavanācālaṁkālaṁ yatam yavunātāṁ.
ata tirdham pravakṣyāmi nirūhasya prakalpanaḥ dvādaśaprasrāṇadhe tato 'nyā
nisti prakalpayet/sarveceva nirūheṣu madanaḥ ca prakalpayet/snehaḥ guṇaḥ mā
kṣīkaḥ ca lavaṇaḥ cāpi yuktāḥ//

38. nirūha yoge madanatphalāmca ityuktavāt ekāṃ madanaphalamapayatra
vyddhīr diyate. ibid.


40. Śrīdāsapaṇḍita on Aṣṭāṅgahṛdaya sūtrasthāna 1.14- vaitaranaṇaḥpyuktam-
praninām mulaṃkāraḥ sārīropacayasya. sa rasecu sadāyatto rasā dravyaśrītāḥ
śrītāḥ’ and he also quotes a vitaranaṇa in sūtra 20-16 uktam ca vitaranena-
rañkapattivikā
reṣu ātāppiktṛtye tathā. kāle śoṣñae viśeṣṇa vinā svedam prayojayet.


42. paribhāṣaśaṃjītā is a term directly refers to an object and has neither a generic
feature (jāti) nor an attribute (upādhi) as the attribute of reference.

43. sāvaraṇe rākṣam| nirāravandare tailapalānvitam Candrama on Cikitsākalikā 83.

44. yasya ca virecanam nocitaṃ sāmbīm ca mālaṃ basthi tasya ca tanmalapagamārthān
kṣiravitaranaṃ vā basthīṁ dattaṃ uvanvāsanaṃ deyaṃ trieuddhāsyā
snehabhūtpadeśāt.’ Amala on Śrāṇgadharaśaṃhitā Uttarakanda 3.

45. Vaṅgasena is not explicity labelling his bastī formulation as vaitaranaṇa, though modern
translators and Ādīmalla’s commentary prefers the name vaitaranaṇa for it.

46. Evidence based clinical practice – Challenges and Scopes in Āyurveda – with special
reference to effect of Vaitaraṇavastī in Low back ache – Dr. G. Syamakrishna et al.(work
in progress)

47. bhojayitvā ca sāyāhne sarvasyāṇāṃ prāsasyate. atha cedavaṃ janturabhuktāvike
tada kvacit. VS: bhojayitvā tu sāyāhne sarvasyāṇāṃ prāsasyate. atha cet balava
ṇānturabhuktāvike tadāvocit. VM 74.43-44

48. vaitaraṇaḥkṣarabastibhukteca paryadiyate. (Cakradatta 71-30,31)

49. basthidvayamidhaṃ bhuktepi diyata ityāḥ vaitaranaṇa ityādi. etavaddavasthikaṃ vidhā
naṃ na tvāsargikāṃ, bhukte nirūhasyetai dosakaritvāt. Kintu bhukte kṣarabasthiraṃ
punāscharati vaitaranaṇa punah svasthāvasthāyanām praracitave. Raitnaprabhamikā.
C.D.71.30-31; atyantaśālapidāyaṃ basthidvayamidhaṃ bhuktepi diyata ityāḥ
vaitaranaṇa ityādi. etavaddavasthikaṃ vidhānaṃ na tvāsargikāṃ bhukte
nirūhasyetai dosakaritvāt. Tatvandrikāmika.iibid.

50. Vāgbhata mentions vatakaphajvara, śvāsa, kāsa, piṇasa, śula as indications. Cakra,
Śrāṇgadhara adds ardita, jiṛṇāvara, aruci, vaisvaryaṇa, ajirana. Govindadāsa adds
rātrīvara. Niścalakara reports its high efficacy in purāṇapīṇāsa.

51. manasja va ṣṛṣṭukrāntasudēvānabruvān ko na ṣṛṣṭhahisyātīti tebya etaṃ
tarkamṛṣiṃ prāyacchana mantrārthacicintābhūyāhamabhūyāhambhūyāhambhūyāhānti tasmād
yadevaṃ kīmēṃcānāno ṣhūyāhāyārcaṃ tadbhavati. (Niruktā chapter 13)
52. idaṁ niruktāsāstraṁ uhabrahma yecāṁsti te śabdārthavipratipattāvapratibodhyamānāt atikramyā vidvāṁsaṁ vi- viśeccaḥ caranti tveke. tasmāt mantrārthacintiābhyya ho'pi brahmaiveti nirgalito 'rthāḥ. (ibid. Durgācāryavṛtti).

53. yasminnirāhe nirdiśmāṁ pramānasya ca kīrtitam| tasmin dosādhikam drymya yuktā saṁvibhajedbhāṣaṁ madānānāṁ vimṛḍyāṁśaṁ kvātham kārasādīcu śastraprāpta vīvāsam kalpayet guru śīkṣayā. Kharanātīa quoted by Candraṭa.Cikitsākalika 83.s

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