# Traditional and Complementary Medicine Practice Guidelines on

# *External Basti Therapy*

**Kati Basti | Greeva Basti | Janu Basti**

TRADITIONAL & COMPLEMENTARY MEDICINE DIVISION
MINISTRY OF HEALTH MALAYSIA

# EXTERNAL BASTI THERAPY

***(Kati Basti / Greeva Basti / Janu Basti)***

Traditional & Complementary Medicine
Practice Guidelines for T&CM Units

Ministry of Health Malaysia.

Traditional And Complementary Medicine Division

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## 1. INTRODUCTION

**External *Basti* therapy** is one of the modalities of Panchakarma therapy under Ayurvedic healing system that will be introduced into T&CM Units in the Port Dickson Hospital, Negeri Sembilan and Cheras Rehabilitation Hospital, Kuala Lumpur. A practice guideline will be drafted for all T&CM modalities including external *Basti* therapy, prior to offering them in T&CM unit.

***Kati Basti, Greeva Basti and Janu Basti*** are the components of poorva karma (preparatory therapy) of Panchakarma. These procedures are known to be special external treatments of Panchakarma[1]. In these external *Basti* therapy, warm medicated oil is retained within a boundary made by dough and is kept for a certain period of time over the lumbar region ***(Kati Basti)***, cervical region (***Greeva Basti)*** and knee joint (***Janu Basti)*** [2].

There are some clinical evidences show the effects of the external *Basti* therapy which are largely from South Asia. Avaneesh K.D and Ajay K.S (2015) reported that there was moderate clinical improvement among patients with *Gridhrasi Roga* (Sciatica) after received ***Kati Basti***. They also mentioned that the best result can be observed in the same group of patients who have received ***Kati Basti*** combined with *Parijat Patra Ghana* capsule (Herbal preparation)[3.] Shettar RV and Bhavya BK (2013) documented that combined effect of ***Greeva Basti***, *Patra Pottali Sweda* (specialized massage therapy using herbs) and *Nasya* (nasal therapy) can reduce symptoms of cervical spondylosis[4]. In 2015, Prasanth et al. indicated that ***Janu Basti*** may relieve symptoms of Janu Sandhigata Vata (similar with osteoarthritis) [5]. However, there were limitations in most of these trials with regards to the trial design or methodological transparency.

Furthermore, the introduction of ***Kati Basti, Greeva Basti and Janu Basti*** into T&CM unit in public hospitals / public health care facilities allows T&CM services to be expanded without increasing financial burden to the Malaysian Government. Medicated oil which are currently used for *Shirodhara* service* can also be utilised for external *Basti* therapy by the existing Ayurvedic physician.

*Shirodhara* service was introduced in T&CM unit in the year 2011. Guideline for *Shirodhara* had been prepared prior to offering the service in Port Dickson Hospital and Cheras Rehabilitation Hospital.

## 2. OBJECTIVES

The main objective of this guideline is to monitor the practice. This will ensure a safe, quality and standardised practice of ***Kati Basti, Greeva Basti*** and ***Janu Basti*** in T&CM Units in the public hospitals.

## 3. DEFINITIONS

i. **Traditional Medicine**

Traditional medicine is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness[6].

ii. **Traditional Indian Medicine**

The system of medicines which are considered to be Indian in origin or the systems of medicine, which have come to India from outside and got assimilated into Indian culture[7].

iii. ***Kati Basti / Greeva Basti / Janu Basti***

In Sanskrit, ***Basti*** means holding or retaining, ***Kati*** means lumbar region, ***Greeva*** means cervical region or neck, and ***Janu*** means knee.

## 4. TREATMENT CONCEPT

***Kati Basti, Greeva Basti and Janu Basti*** are being offered as a complementary therapy to the conventional treatment in public hospitals in Malaysia. It helps to maintain patient's well being by:

a) Improving blood circulation;
b) Building strong muscles and connective tissues[8];
c) Reducing pain and;
d) Lubricating the joints.

## 5. TREATMENT CRITERIA

### 5.1 Patient Selection

i. Age limit

The minimum required age for patient receiving external *Basti* therapy is 15 years old. This is to ensure that the patient could follow instructions especially to lie still for a period of time.

ii. General physical & mental status of the patient:

a. Clinically stable (normal vital signs, no acute illness);
b. Not bedridden;
c. Able to understand and follow instructions properly; and
d. Not intellectually challenged.

### 5.2 Indications[2]

Patients who seek for external *Basti* therapy in the T&CM Units should be referred by a registered medical doctor, after a definitive diagnosis has been made. As mentioned earlier, this external *Basti* therapy shall be used as a complementary therapy to the existing conventional treatment in fastening the disease recovery or relieving the chronic pain with fewer side effects.

In general, external *Basti* therapy addresses conditions which are **long standing in nature**.

**For *Kati Basti*** [3, 9-11]

i. Lumbago (low back ache)
ii. Lumbar spondylosis
iii. Inter-vertebral disc prolapsed
iv. Sciatica

**For *Greeva Basti*** [4, 12]

i. Neck stiffness and pain
ii. Cervical spondylosis

**For *Janu Basti*** [5, 13]

i. Stiffness and pain in knee joint
ii. Osteoarthritis of knee joint

## 5.3 Contraindications[8]

Patient who wish to undergo external *Basti* therapy in T&CM unit should be screened and assessed by medical personnel prior to treatment session. Below are the contraindications for external *Basti* therapy:

i. Fever
ii. Pregnancy
iii. Acute Sinusitis
iv. Acute alcohol intoxication
v. Alcohol withdrawal syndrome
vi. Central or peripheral neuropathy
vii. Peripheral arterial disease
viii. Conditions of the lumbar, neck and knee region:
    a. Recent injury (fracture and dislocation)
    b. Open wound over the treatment area

c. Inflammation over the treatment area
d. Cancer
e. Tuberculosis of spine

## 5.4 Precautions

Certain precautions need to be taken before and during external *Basti* therapy:

i. The patient should be positioned properly.
ii. Ensure that the bed and head rest are well padded to prevent pressure injury if the patient is in a supine or prone position.
iii. Support the patient's limbs throughout the treatment session.
iv. Provide adequate protection against excess heat or cold.
v. The dough should be prepared correctly and fixed properly at the selected region (lumbar/ neck/ knee) to prevent leakage of medicated oil.
vi. The oil should be glided over into the ring of the dough and should not be poured from height.
vii. An extra care should be taken while taking out or pouring the heated oil from the dough. This is to prevent burn injuries from direct contact of the oil with the skin.
viii. The temperature of the oil should be checked regularly and patient should be enquired about excess heat.
ix. Throughout ***Kati Basti, Greeva Basti*** **and** ***Janu Basti*** procedure, temperature of the oil should be monitored and maintained at 39°C ±2°C.
x. Patients should be observed for any signs of complications or distress during the procedure.

### 5.5 Adverse Events

Adverse events that may occur during ***Kati Basti, Greeva Basti and Janu Basti*** are related to the prolonged lying on the same position and the contact with the warm medicated oil during the procedure. The following are the adverse events for external *Basti* therapy:

i. Discomfort over the occipital region
ii. Headache and neck pain
iii. Light-headedness and vertigo from prolonged lying down
iv. Blisters and burns due to inappropriate oil temperature used (example: overheating)
v. Allergic reaction to the oil used

## 6. TREATMENT PROCEDURES

Before the commencement of the procedure, the patients must be adequately explained on the procedure and the potential adverse events that might occur. Written consent must be obtained prior to starting any procedure.

### 6.1 Procedures and Technique

i. Patient's Position

In ***Kati Basti and Greeva Basti,*** patient must lie down in prone position. They have to expose lumbo-sacral area and cervical area respectively. In ***Janu Basti,*** patient must lie down in supine position with exposed knee area. The patient's head shall be supported with a roll of towel or a pillow. Apart from that, ***Janu Basti*** also can be performed in sitting position with both legs extended.

ii. Method of dough preparation[8]

Dough is made of black gram (Masha) powder. It is fixed in such a way that the shape resembles a circular well. The height of the wall measures at least 5cm over the lumbar region, cervical region and knee joint for ***Kati Basti, Greeva Basti and Janu Basti*** respectively. The diameter of the circular ring should be at least about 12cm

The consistency of the dough should not be too soft or too hard, it should be of semisolid in nature. If the dough is too soft or watery then it will be difficult to make a ring out of it and it will be difficult to remove the ring because of its stickiness. If the dough is too hard then the roll will break while making a ring out of it. The ring will not stick properly and there are chances of leakage of the medicated oil.

iii. Medicated Oil

The selected medicated oil is heated. After that, the warmed oil is glided over into the encircled area gently. When the temperature of the oil decreases, some of the oil is removed using a sponge and more warmed oil is added into the existing oil in the encircled area to maintain the temperature throughout the procedure.

The same oil can be collected, warmed and reused for the same patient for the next treatment session. Used oil will not be applied to other patient.

iv. The ***Kati Basti, Greeva Basti*** **and** ***Janu Basti*** procedure would be followed by a gentle massage on selected area.

v. Patients are required to rest or remain on the treatment table for 10 to 15 minutes after completion of the procedure. During this time, adverse events or complications might be noted and appropriate measures could be taken.

vi. Before leaving the treatment table, remaining oil and dough on the selected area should be wiped off with a clean towel.

### 6.2 Equipments

i. *Droni - Abhyangam* or oil massage table.
ii. Heating system with temperature monitoring.
iii. Oil collection and filtration system, if the oil is reused in one session.
iv. Clean towels and linen.

### 6.3 Types of Oil

For each treatment procedure, about 150-200ml or more of oil can be used. The oil should meet the standards of Good Manufacturing Practices (GMP) and be registered with the National Pharmaceutical Control Bureau (NPCB).

Types of oil that can be used for ***Kati Basti, Greeva Basti*** **and** ***Janu Basti*** are mainly of herbal processed sesame oil such as:

i. Ksheerabala Thailam
ii. Ashwagandhadi Thailam
iii. Nirgundi Thailam
iv. Sahacharadi Thailam
v. Bala Thailam
vi. Bala ashwagandha Thailam
vii. Maha Narayana/narayan Thailam
viii. Prasarni Thailam
ix. Dhanwantram Thailam
x. Karpooradi Thailam

### 6.4 Treatment Regime

i. Each treatment session would last for 45 to 60 minutes.
   a. external *Basti therapy*: 30 minutes
   b. Massage of the selected region: 5 to 10 minutes
   c. Rest after external *Basti therapy*: 10 to 15 minutes

ii. Treatment provision would be based on the patient's health status.

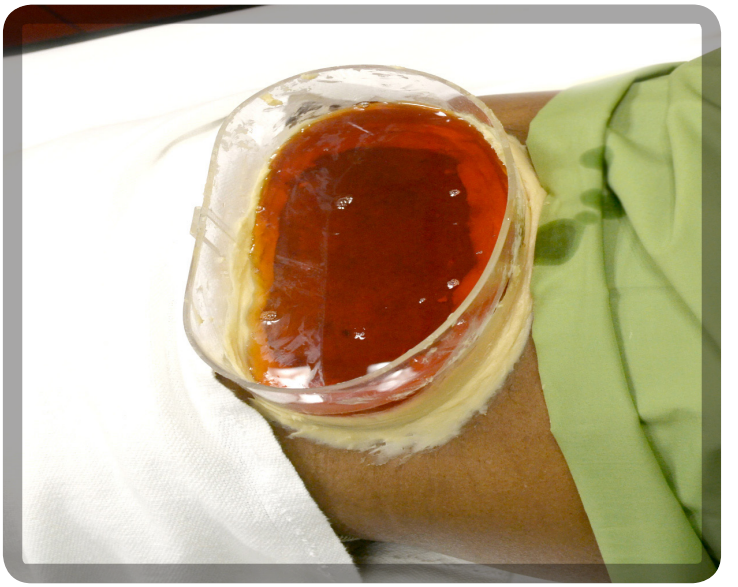
| **Treatment** | ***Kati Basti, Greeva Basti and Janu Basti*** |
|---|---|
| Number of session | 7 sessions |
| Frequency | Daily for 7 days |
| Assessment for effectiveness | Will be done on the 7$^{th}$ session |
| Maximum sessions given in the unit | 21 sessions |

Table 2: Treatment regime for ***Kati Basti, Greeva Basti*** **and** ***Janu Basti.***

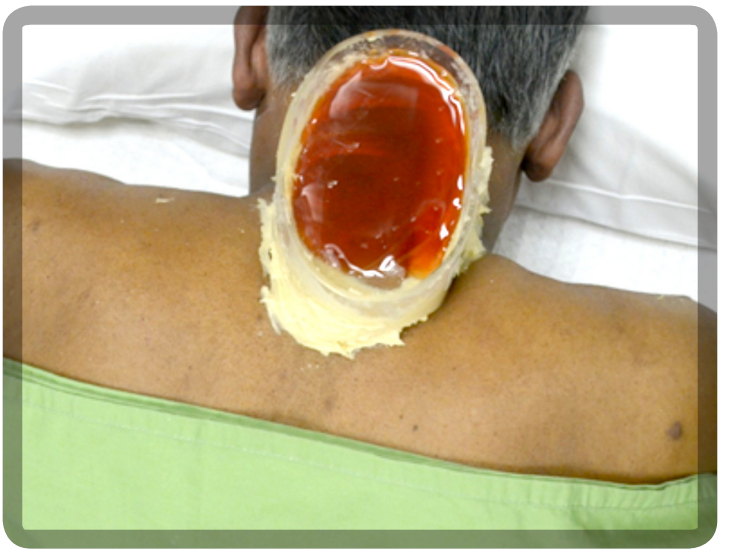
### 6.5 Monitoring and Follow-up

The patient's response to therapy should be monitored at each follow-up visit and through periodic assessments. Any exacerbation of symptoms or new symptoms (especially neurologic) may necessitate immediate reassessment. After-care advice should be given to patients after each session to avoid complication and to maximise the benefit of the therapy. Patients are advised to[5]:

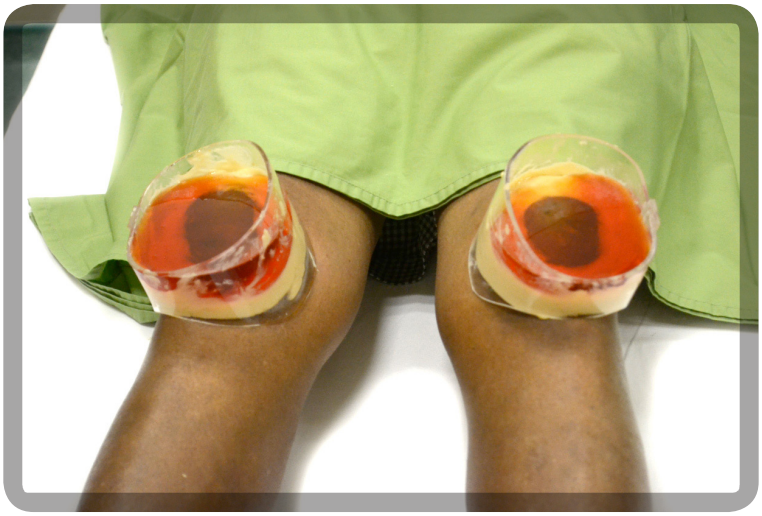
i. Have light meals and rest for the remainder of the day
ii. Lukewarm bath 1-2 hour after the therapy
iii. Avoid exercise for the day.



PICTURE 1: KATI BASTI (OVER LUMBAR AREA)



PICTURE 2: GREEVA BASTI (OVER CERVICAL OR NECK AREA)



PICTURE 3: JANU BASTI (OVER BILATERAL KNEE AREA)

## 7. STANDARDS OF PRACTICE

### 7.1 Practice Facilities

i. Treatment room

a. A dedicated treatment room should be available and well equipped with a treatment bed and proper disposal area for disposal of used oil and linen.

b. Treatment rooms should be well lit and ventilated.

c. There should be a regular cleaning schedule which is diligently adhered to keep the environment clean and safe.

d. There should be a changing area. Clean wet towels should be provided for patients to clean themselves up.

e. The room temperature should be maintained between 25-29°C during procedure.

ii. Equipments

a. The treatment table should be well padded and draped. Adequate and appropriate padding would prevent pressure injury and minimise discomfort.

b. The oil collection, heating and filtration system should have a regular maintenance and servicing schedule, which is diligently adhered to ensure well-functioning equipment.

iii. Cleanliness

a. All practitioners must always maintain good personal hygiene.

b. All practitioners should wash his or her hands prior to the examination of patients and starting the treatment (Appendix 4).

c. The premise and equipments used should be cleaned regularly and after each treatment session.

d. Opened bottles or containers of oil should not be left exposed for prolonged periods of time.

e. There should be a proper management for the spillage, soiled or contaminated linen as well as used oil and clinical waste disposal.

f. Practitioners are required to take appropriate measures for infection prevention and promoting the proper hand hygiene practice.

### 7.2 Documentations

i. Patients' records must be typewritten or written in a legible handwriting, either in Bahasa Melayu or English in the screening form (Appendix 1) and clerking form (Appendix 2).

ii. Entries should not be backdated, erased or altered with correction fluid/ tape or adhesive labels.

iii. Patients' records should be kept confidential.

iv. Consent must be obtained prior to the commencement of therapy (Appendix 3). Patients should be competent to give consent of treatment. In cases of minors (aged 18 years and below) and mentally

challenged adults, practitioners are required to seek the consent from a guardian.

### 7.3 Ethics and Professionalism

At all times during the provision of treatment to the patient, the T&CM practitioner should:

i. Adhere to the guideline for ethical conduct.[14]
ii. Maintain clinical boundaries during the treatment through appropriate draping and communication with the patient.
iii. Demonstrate responsibility and caring concern for the patient.
iv. Respond appropriately to the patient's emotional reaction towards treatment given.
v. Elicit patient's feedback on the treatment progress based on clinical outcomes and provide the patient with appropriate education on ongoing care.
vi. Maintain an updated documentation on the treatment provided to the patient.
vii. Maintain communication with the referring clinician or other healthcare professional as appropriate.

### 7.4 Emergency Protocol

Emergency medical services must be contacted **immediately** in the event of cardiorespiratory collapse.

i. Patients should be referred to the emergency department in the event of occurrence of complications or adverse events. Adequate information accounting the events and procedures performed should be given to the emergency team.
ii. Appropriate measures should be taken whilst awaiting the arrival of medical assistance (e.g. provision of basic life support or first aid, or call for help).

## 8. CONCLUSION

This document is intended to serve as a guide and a standard reference for practitioners practising ***Kati Basti, Greeva Basti*** **and** ***Janu Basti*** in the T&CM Units. Ultimately, the judgment regarding the appropriateness or suitability of therapy must be made by the practitioner based on a case by case basis.

***Kati Basti, Greeva Basti and Janu Basti*** have showed the effectiveness in treating certain illnesses. There is still room for high quality and scientifically sound research to determine the effectiveness and safety of this therapy.

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## Appendix 1: Screening Form.

KEMENTERIAN KESIHATAN MALAYSIA
*(MINISTRY OF HEALTH MALAYSIA)*
UNIT PERUBATAN TRADISIONAL DAN KOMPLEMENTARI
*(TRADITIONAL & COMPLEMENTARY MEDICINE UNIT)*
HOSPITAL ……

BORANG SARINGAN
(SCREENING FORM)

<table>
<tr><td colspan="2">Nama (Name):</td><td>No. K/Pengenalan<br>(NRIC):</td><td>R/N:</td></tr>
<tr><td colspan="2" rowspan="2">Alamat (Address) :</td><td>Tarikh Lahir (D.O.B) :</td><td>Jantina (Sex):</td></tr>
<tr><td>Umur (Age) :</td><td>Tarikh (Date):<br><br>Masa (Time):</td></tr>
<tr><td colspan="4">Diagnosa Pesakit (Patient's Diagnosis):</td></tr>
<tr><td colspan="4">Aduan Pesakit (Chief Complaints):</td></tr>
<tr><td colspan="2">Sejarah Perubatan yang lalu (Past Medical History):<br><br>
<table>
<tr><td>Darah tinggi (Hypertension)</td><td></td></tr>
<tr><td>Kencing manis (Diabetes Mellitus)</td><td></td></tr>
<tr><td>Penyakit jantung (Heart Disease)</td><td></td></tr>
<tr><td>Sawan (Epilepsy)</td><td></td></tr>
<tr><td>Lelah (Asthma)</td><td></td></tr>
<tr><td>Barah (Cancer)</td><td></td></tr>
<tr><td>Lain-lain:<br>……..</td><td></td></tr>
</table></td><td colspan="2">Sejarah Pembedahan yang lalu<br>(Past Surgical History):<br>……<br>……<br>……<br>……</td></tr>
<tr><td colspan="2" rowspan="2">Keputusan Ujian jika ada<br>(Investigations Results if available):</td><td colspan="2">Sejarah Pengambilan Ubat-ubatan:<br>(Medication History):</td></tr>
<tr><td colspan="2">Alahan (Allergy):</td></tr>
</table>

| **Tanda Vital** *(Vital Signs)* | |
|---|---|
| **Pemeriksaan Fizikal** *(Physical Examination):*<br>Tekanan Darah : _____mmHg<br>*(Blood Pressure)*<br>Kadar Denyutan Nadi : _____per minit<br>*(Pulse Rate)* | Suhu Badan : _____°C<br>*(Temperature)*<br>Dextrostix : _____mmol/dL<br>(untuk kes Kencing Manis)<br>*(For Diabetic Case)* |

**Kontraindikasi untuk Rawatan Perubatan Tradisional dan Komplementari**
*(Contraindications for Traditional & Complementary Medicine)*

| ***Kati Basti/ Greeva Basti/ Janu Basti***<br>*(Kati Basti/ Greeva Basti/ Janu Basti)* | **Ya**<br>*(Yes)* | **Tidak**<br>*(No)* |
|---|---|---|
| • **Demam** *(Fever)* | | |
| • **Mengandung** *(Pregnancy)* | | |
| • ***Acute Sinusitis*** | | |
| • ***Acute Alcohol Intoxication*** | | |
| • ***Alcohol Withdrawal Syndrome*** | | |
| • **Neuropati (kehilangan deria rasa pada tempat yang terlibat)** *(Neuropathy)* | | |
| • ***Peripheral Arterial Disease*** | | |
| • **Keadaan yang Melibatkan Bahagian Lumbar, Leher dan Lutut** *(Conditions of the Lumbar, Neck and Knee region)* **:**<br>○ **Kecederaan yang baru** *(Recent injury)*<br>○ **Terdapat luka atau keradangan kulit** *(Presence of an open wound or inflammation)*<br>○ **Barah** *(Cancer)*<br>○ ***Tuberculosis of spine*** | | |

**Kesesuaian untuk Rawatan** *(Suitability for Treatment)*

| | |
|---|---|
| ☐ **Ya** *(Yes)*<br>☐ **Tidak** *(No)* | ☐ **Rujukan daripada / kepada**<br>*(Referral from/to) :*<br>_____ |

**Nama Pegawai** *(Officer's Name):*

**Tarikh** *(Date) :* **Tandatangan** *(Signature):*

## Appendix 2: Clerking Form.

**TRADITIONAL & COMPLEMENTARY MEDICINE UNIT**

**_____ HOSPITAL**

| **PATIENT INFORMATION** | | |
|---|---|---|
| **Name:** | **NRIC:** | **Registration No:** |
| **Address:** | **Age:** | **Gender:** |
| **Postcode:** **State:** | **Tel. No:** | **Race:** |
| **Referring Physician/ Department:** | | |
| **Diagnosis by Referring Physician: (to include Grading of Osteoarthritis/Type of Intervertebral Disc Prolapsed)** | | |

| **VITAL SIGNS** | | |
|---|---|---|
| **Weight (kg):** | **Blood Pressure (mmHg):** | **Temperature (°C):** |
| **Height (cm):** | **Pulse Rate (per minute):** | **Pain Score (1-10) :** |

| **HISTORY** | |
|---|---|
| **Chief Complaint:** | **Other Symptoms: (Stiffness/Disability/Weakness)** |
| **Past Medical and Surgical History:** | **Treatment History:** |
| | **Allergy:** |

**PATIENT ASSESSMENT**

**Physical Examination: (Tenderness/Range of Movement/Straight Leg Raising Test)**

**CONCLUSION**

***Please tick ✔ at the appropriate box***

**Contraindications:**

| Diseases/conditions | Yes | No |
|---|---|---|
| Fever | | |
| Pregnancy | | |
| Acute Sinusitis | | |
| Acute alcohol intoxication | | |
| Alcohol withdrawal syndrome | | |
| Neuropathy (central/peripheral) | | |
| Peripheral Arterial Disease | | |

| Diseases/conditions | Yes | No |
|---|---|---|
| **Condition over Lumbar/ Neck/ Knee Area:** | | |
| • Recent injury | | |
| • Open wound | | |
| • Inflammation | | |
| • Tumor | | |
| • Tuberculosis of Spine | | |

☐ Suitable for *Kati/ Greeva/ Janu Basti* *  ☐ Not suitable for *Kati/ Greeva/ Janu Basti* *

**Ayurvedic Diagnosis:**

**TREATMENT PLAN**

**Treatment regime:**

**Duration of Treatment:**

**Practitioner's name:**

**Signature:** **Date:**

***please underline the selected treatment**

## Appendix 3: Consent form (Bahasa Melayu)

**BORANG KEIZINAN *KATI BASTI/GREEVA BASTI/JANU BASTI***

Sila baca maklumat ini dengan teliti. Rujuk kepada pengamal anda jika terdapat perkara yang tidak anda fahami.

**Apakah itu *Kati Basti/ Greeva Basti/ Janu Basti*?**

***Kati Basti/ Greeva Basti/ Janu Basti*** merupakan satu teknik perawatan atau terapi yang menggunakan minyak panas/suam yang diletakkan di atas kawasan lumbar/ leher/ lutut untuk tempoh masa tertentu. Minyak panas/ suam itu diletakkan dalam kawasan yang dikelilingi oleh doh. Ia merupakan salah satu daripada terapi persediaan sebelum rawatan *Panchakarma* dilakukan.

**Adakah ianya selamat?**

Secara amnya, terapi basti ini merupakan satu prosedur yang selamat.

**Adakah ianya mempunyai kesan sampingan?**

Anda perlulah mengetahui bahawa:

- Pening selepas rawatan dilakukan boleh terjadi kepada sebilangan kecil pesakit. Sekiranya ia berlaku, anda dinasihatkan supaya berehat seketika sebelum meninggalkan klinik atau memandu.
- Anda mungkin berasa tidak selesa di bahagian bawah kepala dan leher.
- Anda juga mungkin akan berasa sakit di bahagian kepala dan leher ketika rawatan. Ini kerana prosedur ini memerlukan pesakit berbaring dalam satu posisi untuk tempoh yang agak lama.

**Risiko-risiko yang mungkin berlaku:**

- Alahan terhadap minyak yang digunakan.
- Melecur sekiranya suhu minyak yang digunakan adalah terlalu panas.

**Adakah terdapat maklumat-maklumat lain yang perlu dimaklumkan kepada pengamal?**

Selain daripada maklumat perubatan yang biasa, adalah amat penting bagi anda memberitahu pengamal sekiranya anda:

Sila tanda ( ✔ ) pada kotak yang berkaitan

| **Keadaan** | **Ya** | **Tidak** |
|---|---|---|
| Demam | | |
| Mengandung | | |
| *Acute Sinusitis* | | |
| Ketagihan alkohol | | |
| Kurang deria rasa terutama di bahagian lumbar/ leher/ lutut | | |
| Kecederaan pada lumbar/ leher/ lutut | | |
| Masalah kulit pada bahagian lumbar/ leher/lutut | | |
| Alahan terhadap minyak/herba | | |

**PERAKUAN KEIZINAN**

Saya faham bahawa saya boleh bertanya sebarang soalan berkenaan rawatan saya sebelum menandatangani borang ini. Saya juga boleh menarik balik keizinan yang saya berikan daripada meneruskan rawatan ini pada bila-bila masa sahaja. Prosedur ini dan risiko-risko yang mungkin berlaku telah dijelaskan kepada saya, dan saya faham atas penjelasan yang diberikan. Dengan ini, saya secara sukarelanya bersetuju untuk menjalani prosedur di atas. Saya juga memahami bahawa satu rekod perkhidmatan kesihatan saya akan disimpan. Rekod ini adalah sulit dan tidak akan didedahkan kepada sesiapa melainkan sekiranya ia diarahkan oleh wakil saya, atau diri saya sendiri, atau sebarang cara lain yang dibenarkan atau atas arahan mahkamah.

**PESAKIT/ PENJAGA/ AHLI KELUARGA**

Tandatangan: ……

Nama Penuh: ……

No. Kad Pengenalan: ……..

Hubungan dengan Pesakit: ……

**SAKSI***

Tandatangan Saksi: ……..

Nama Saksi: ……

No. Kad Pengenalan: ……..

**PENGAMAL**

Nama Penuh: …… Tandatangan: ……

**Tarikh:**

*Saksi hendaklah daripada kakitangan Unit PT&K sahaja

## Appendix 3: Consent form (English)

**CONSENT FORM FOR KATI *BASTI/GREEVA BASTI/JANU BASTI***

Please read the following information carefully. Kindly please refer to your practitioner if there is enquiry to be clarified.

**What is *Kati Basti/ Greeva Basti/ Janu Basti*?**

***Kati Basti/ Greeva Basti/ Janu Basti*** is an external procedure or therapy which warm medicated oil is retained within a boundary made by dough for a certain period of time over the lumbar/ cervical/ knee area. This therapy is one of the components of preparatory therapy of *Panchakarma*.

**Is it safe?**

This external *Basti* therapy is regarded as a relatively safe procedure.

**Does it have any adverse effects?**

Listed below are the adverse events that can arise from this therapy:

- Light-headedness and vertigo. If this happen, you should rest for a while before leaving the clinic or driving.
- Discomfort over the occipital and neck area
- Headache and neck pain
- Blisters and burns if the oils used is too hot
- Allergic reaction to the oil used

**What should I inform my practitioner prior to the therapy?**

You should let your practitioner know if you are suffering from any medical conditions such as listed below:

Please tick ( ✔ ) at the relevant box

| **Conditions** | **Yes** | **No** |
|---|---|---|
| Fever | | |
| Pregnancy | | |
| Acute sinusitis | | |
| Acute alcohol intoxication | | |
| Alcohol withdrawal syndrome | | |
| Loss of sensation over lumbar/ neck/ knee area | | |
| Recent injury over lumbar/ neck/ knee area | | |
| Skin problem over lumbar/ neck/ knee area | | |
| Allergy to oils/herbs | | |

**CONSENT FOR TREATMENT**

I understand that I can ask any questions pertaining to the therapy before signing this form. I could, if the need arises, withdraw my consent to stop the therapy at any time throughout the procedure. The procedure, its risks and benefits have been explained to me, and I understand the explanation given. I hereby agree for the therapy to be carried out on me. I also understand that a record of the therapy given shall be kept. This record is confidential and will not be disclosed to an outside party, unless has been authorised by me, or my representative, or as ordered by the court of law to do so.

**PATIENT/ LEGAL GUARDIAN/ FAMILY MEMBER**

Signature: ……..

Full Name: ……..

Identity Card Number: ……..

Relationship with Patient: ……..

**WITNESS***

Signature: ……..

Witness: ……..

Identity Card Number: ……..

**PRACTITIONER**

Full Name: ……  Signature: ……

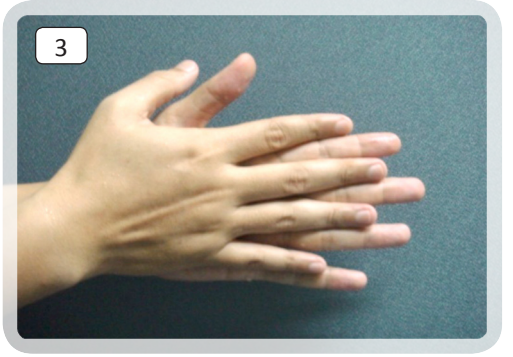
**Date:**

*Witness must be from T&CM Unit staff

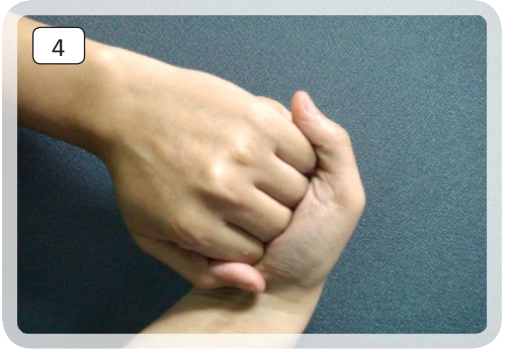
## Appendix 4: Hand Washing Techniques.


Palm to palm.


Right palm over left hand and vice versa.

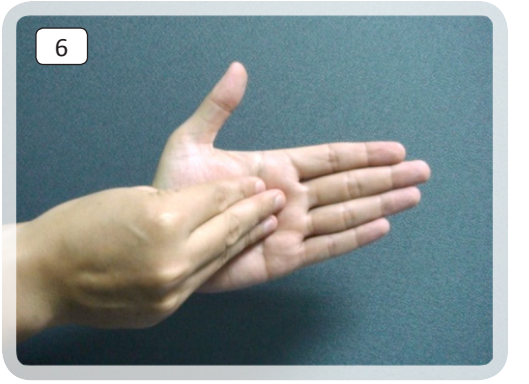



Palm to palm, fingers interlaced.




Back of finger to opposing palms with fingers interlocked.


Rotational rubbing of right thumb clasped in left palm and vice versa.




Rotational rubbing, with hand in left palm and vice versa.

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