

भारतीय मानक मसौदा  
प्राकृतिक चिकित्सा पूर्ण मिट्टी स्नान – रीति संहिता

*Draft Indian Standard*  
**NATUROPATHY FULL MUD BATH THERAPY — CODE OF PRACTICE**

ICS 11.120.10

**Naturopathy Sectional Committee - AYD 03**

**Last Date of Comments: 25 September, 2025**

**FOREWORD**

*(Formal clause shall be added later on)*

Naturopathy is a form of medicine that employs therapeutic qualities of soil, water, sunlight, air, space (emptiness), food, rest and exercise to treat and prevent diseases as well as to promote overall well-being. The therapeutic techniques involved in naturopathy are based on the customs and culture of the Indian sub-continent documented in the *Upanishads*, *Purāṇās* and other ancient Indian Scriptures.

Mud therapy is a branch of Naturopathy that involves therapeutic application of mud directly or indirectly to localized areas or to whole body to treat and prevent various ailments and promote wellness. Full mud bath is a therapy wherein a health-seeker's/individual's whole body is applied with naturally treated mud directly. Full mud bath provides thermoregulatory and exfoliating effects and improves peripheral circulation.

Availability of multiple unstandardized methods of Full mud bath therapy application necessitate a standardized procedure for this Standard stipulates the Code of Practice of Full Mud Bath therapy.

The inputs for formulation of this standard are derived from the information available in various sources such as print and electronic media including authoritative books on Naturopathy published by National Institute of Naturopathy, Ministry of Ayush, Govt. of India. Technical inputs from subject matter experts are used in formulating the standard.

For the purpose of deciding whether a particular requirement of this standard is complied with, the final value, observed or calculated, expressing the result of a test, shall be rounded off in accordance with IS 2 : 2022 'Rules for rounding off numerical values (*second revision*)'. The number of significant places retained in the rounded off value shall be the same as that of the Specified value in this standard.

## *Indian Standard*

# **NATUROPATHY FULL MUD BATH THERAPY – CODE OF PRACTICE**

## **1 SCOPE**

This standard provides procedure and requirements for Naturopathy full mud bath therapy in Naturopathy used for the treatment of several health conditions and also maintaining general well-being.

## **2 REFERENCES**

The standard given below contain provisions which, through reference in this text, constitute provisions of this standard. At the time of publication, the edition indicated was valid. All standards are subject to revision and parties to agreements based on this standard are encouraged to investigate the possibility of applying the most recent edition of the standard indicated below:

<i>IS No.</i>	<i>Title</i>
IS 19136 : 2025	Naturopathy — Glossary of Terms

## **3 TERMINOLOGY**

For the purpose of this standard, the terms and definitions given in IS 19136 shall apply.

## **4 REQUIREMENTS**

### **4.1 Therapy Section**

The therapy room for Naturopathy full mud bath therapy shall fulfil the following requirements:

**4.1.1** The therapy room for Naturopathy full mud bath therapy shall have ample sunlight with a non-skid floor and an attached bath area.

**4.1.2.** Code of Practice of Naturopathy full mud bath therapy shall be displayed in the therapy room.

### **4.2 Requirements for number of articles and Human Resources**

The requirements for Naturopathy full mud bath therapy are mentioned below in Table 1.

**Table 1 Requirements for number of articles and Human Resources for Full Mud Bath Therapy**  
(Clause 4.2)

<b>SI No.</b> (1)	<b>Particulars</b> (2)	<b>Requirements</b> (3)
i)	Naturally treated Mud	As required
ii)	Mud Container	1 No.
iii)	Drinking water	As prescribed
iv)	Tumbler	1 No.
v)	Natural Moisturizer	As required
vi)	Stopwatch	1 No.
vii)	Alarm Bell	1 No.
viii)	Disposable Hand Gloves	1 pair
ix)	Waterproof Apron	1 No.
x)	Naturopathy Therapist	1 person

### **4.3 Pre-procedure**

The therapist shall ensure the following before initiating procedure of full mud bath therapy:

- a) The mud containers shall be clean;
- b) The therapist shall wear disposable hand gloves and waterproof apron;
- c) Procedure room shall have facility adequate ventilation with clean, non-skid floor and fresh odour;
- d) The therapist shall explain the therapy procedure to the individual before administering the therapy;
- e) A visor shall be kept on hand in case of intense sunlight;
- f) Monitor and ensure the individual's comfort, privacy and safety; and
- g) Ensure the stopwatch and alarm bell are fully functional.

#### **4.4 Precautions**

The following precautions shall be adhered to during the procedure:

- a) Full mud bath therapy shall be administered by a Naturopathy therapist under the supervision of a Naturopathy physician;
- b) In case of any emergency, the therapy shall be immediately discontinued and reported to a Naturopathy physician for further management;
- c) The individual consumes adequate water prior to the procedure;
- d) The individual does not use soap or shampoo during the shower;
- e) The mud stays out of the individual's eyes, ear, nose and mouth;
- f) The remaining mud in the container shall not be reused; and
- g) The individual refrains from rubbing their skin while bathing after the therapy.

### **5 PROCEDURE**

#### **5.1 Therapy Sequence**

The therapy sequence consists of two phases as follows:

##### **5.1.1 Phase 1 – Preparation of Therapy Section and Therapy Equipment**

The therapist shall ensure the procedure as mentioned below:

- a) Pour the necessary amount of mud paste into a container;
- b) Ensure the consistency and quality of mud paste (it shall not be coarse); and
- c) Ensure the availability of drinking water.

##### **5.1.2 Phase 2 – Naturopathy Full Mud Bath application procedure**

- a) The therapist shall ensure the Naturopathy full mud bath therapy procedure as mentioned below:
  - i) Explain the procedure to the individual and get written informed consent as per Annex A;
  - ii) Escort the individual into the therapy room;
  - iii) Ensure that the individual drinks necessary amount of water;
  - iv) Therapy shall begin by applying a mud paste, starting at the soles of the feet and moving upward to the head (that is, from lower extremities to the upper part of the body and ending at the head region); and
  - v) Ensure the mud is applied uniformly and smoothly, with approximately half half-inch thickness;
  - vi) The duration of the mud bath therapy shall be as per the physician's prescription; and
  - vii) The individual shall then be instructed to take a shower and apply a natural moisturizer as per the physician's advice.

#### **5.1 Disposal, Sanitization and Maintenance**

The therapist is responsible for the disposal, sanitization, and maintenance of material used in the therapy. The used mud shall be disposed of appropriately. After the therapy, the mud container shall be cleaned and dried properly. The mud therapy area shall be cleaned as per standard guidelines.

**Annex A**  
[Clause 5.1.2, (ii)]

**INFORMED CONSENT FORM FOR NATUROPATHY FULL MUD BATH THERAPY**

I (Name of Patient / Individual) ..... hereby permit (Name of Attending Physician) ..... his/her Associate Attending Physician of the same service, and assistants as may be selected and supervised by him/her to Naturopathy full mud bath.

The procedure has been explained to me and I have been told the reasons why I need the procedure. The risks of the procedure have also been explained to me. In addition, I have been told that the procedure may not have the result that I expect. I have also been told about other possible treatments for my condition and what might happen if no treatment is received. I understand that in addition to the risks described to me about this procedure there are risks that may occur with any naturopathy and yoga procedures.

I have had enough time to discuss my condition and treatment with my health care providers and all of my questions have been answered to my satisfaction. I believe, I have enough information to make an informed decision and I agree to have the procedure. If something unexpected happens and I need additional or different treatment (s) from the treatment I expect, I agree to accept any necessary treatment.

**Signature of Patient or Parent/Legal Guardian of Minor Patient**

Date:

**FOR PHYSICIAN PURPOSE**

I ..... explained the risks, benefits and alternatives of the Naturopathy full mud bath to the above-named patient. I provided the above-named patient with the opportunity to ask questions. I have answered the questions asked and it is my professional opinion that the patient understands what I have explained

**Signature of Attending Physician or Authorized Health Care Provider**

Date: