

**ORIGINAL ARTICLE****Importance of Vardhamana Matra of Anuvasana Basti in The Management of Vata-Vyadhi W.S.R. To Vataja Ghridhasi****Jay Patel, Pushkar Rai, Mahesh Parappagoudra\* and Kavita Ishrani<sup>1</sup>**

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**Corresponding Author:** [jaypatel98258@gmail.com](mailto:jaypatel98258@gmail.com)**ABSTRACT**

*Vataja Gridhrasi, commonly associated with sciatica in modern medicine, is a prevalent neurological condition characterized by pain radiating along the sciatic nerve. According to Ayurveda, it is primarily a Vata-dominant disorder. Gokshuradi Taila Anuvasana Basti, an Ayurvedic treatment known for its Vata-pacifying properties, has shown potential in managing this condition effectively. This study evaluated the efficacy of Gokshuradi Taila administered as Anuvasana Basti in Vardhamana Matra (incremental dosage) for treating Vataja Gridhrasi. A total of 30 patients clinically diagnosed with Vataja Gridhrasi were included in the study. The treatment protocol involved administering Gokshuradi Taila in Vardhamana Matra as Anuvasana Basti over 9 days. The effectiveness of the therapy was assessed using the Visual Analog Scale (VAS), Oswestry Disability Index (ODI), and straight leg raise (SLR) test to evaluate pain, stiffness, functional mobility, and overall improvement. The results indicated significant improvement in pain relief, functional mobility, and quality of life. The VAS scores demonstrated a substantial reduction in pain intensity, while ODI scores showed marked improvement in physical function. The improvement in the SLR test suggested reduced nerve compression and better nerve function. This study concludes that Gokshuradi Taila Anuvasana Basti (Vardhaman Matra) is an effective and safe therapy for managing Vataja Gridhrasi, offering significant relief in pain and enhancing functional mobility and nerve function. It provides a non-invasive, long-term treatment option for patients suffering from sciatica due to Vata aggravation. Thus, this Ayurvedic approach emerges as a promising alternative for the effective management of Vataja Gridhrasi, improving the overall quality of life for patients.*

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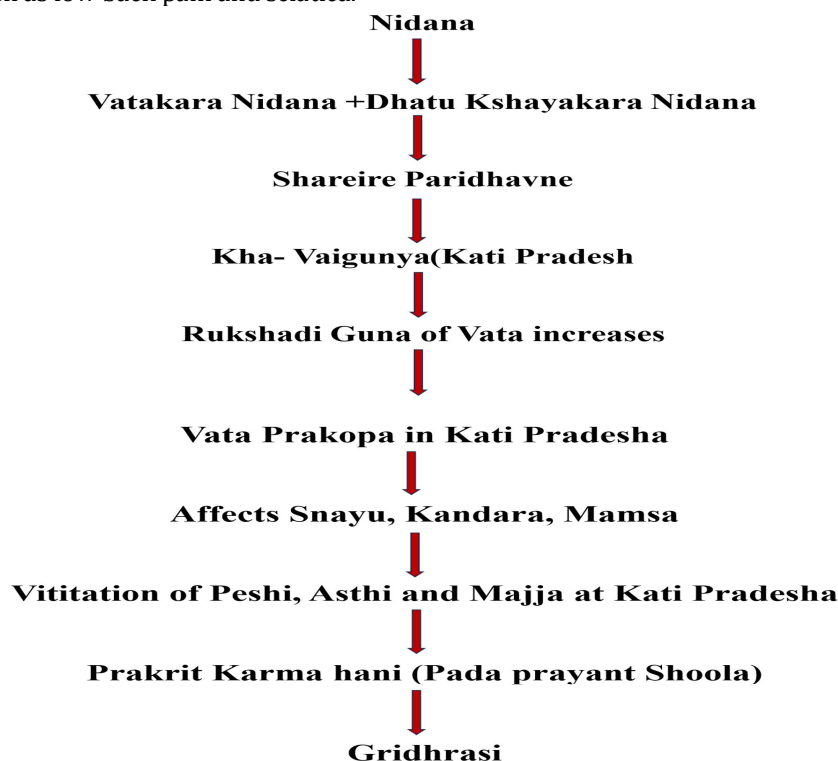
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**INTRODUCTION**

Basti Karma is one of Ayurveda's most effective treatments for Vata Vyadhi (disorders caused by aggravated Vata dosha). All disorders induced by vitiation of Vata, including Shakha, Kostha, Marma, Urdhva, and Sarvavayava Anga, are cured by Basti. According to Acharya Charaka Basti is the Ardha-chikitsa (half treatment) [1]. The Basti Dravya reaches up to the Nabhi Pradesh, Kati, Parshva, and Kukshi, it churns the accumulated Dosha and Purisha, spreads the unctuousness (potency of the drugs) all over the body, and easily comes out along with the churned Purisha and Dosha. [2] Two primary types of Basti are Niruha Basti (decoction enema) and Anuvasana Basti (oil enema). Anuvasana Basti is a type of Sneha Basti in which the primary ingredient used for the enema is medicated oil or ghee (ghrita). It is the preferred treatment for Vata Vyadhi [3]. Acharya Sushruta has also referred to it as 'Snehika Basti.' Anuvasana Basti is defined as a type of enema that can be administered daily without causing any adverse effects, even when retained in the body. It is classified into Sneha Basti, Anuvasana Basti, and Matra Basti based on the dosage of Sneha [4]. According to Vrunda Madhava and Chakrapani the three matra of Anuvasana Basti, Jyeshtha, Madhyama, and Kaniyasi, are six pala, three pala, and one and a half pala respectively. In the first (Jyeshtha), administer two pala initially, then gradually increase by half a pala. In the second (Madhyama), start with one pala and increase by one karsha. In the third (Kaniyasi), begin with two karsha and increase by 8 masha at a time [5]. In today's globalized world, people from diverse

countries and cultures are coming closer together, leading to lifestyle changes that disrupt biological harmony. Disorders affecting the locomotor system have become increasingly prevalent in modern times. The demands of a busy professional life often subject individuals to a hectic, competitive, and stressful routine. This lifestyle places significant strain on the spine and lower pelvic region, contributing to conditions such as low back pain and sciatica.



**Figure 1: Schematic representation of Vishesha Samprapti of Gridhrasi**

Consequently, these conditions have become a growing concern, particularly among the working population. Gridhrasi, described in Ayurveda as one of the Nanatmaja Vata Vikaras, is a condition characterized by radiating pain that starts in the lower back (Kati) and extends through the buttocks (Prista), thigh (Uru), knee (Janu), calf (Jangha), and foot (Pada). Since it primarily causes pain and affects leg movement (Chesta of the Sakthi), the role of Vata dosha in its development is clear. This condition not only causes discomfort but also restricts mobility, often making individuals dependent on others for their daily activities. Based on its signs and symptoms, Gridhrasi is comparable to sciatica in modern medicine - a condition caused by irritation of the spinal nerves. Sciatica manifests as pain along the sciatic nerve, beginning in the buttock and radiating down the back of the thigh, calf, and the outer border of the foot. While contemporary medicine has made significant advancements in managing low back pain and related disorders, no single treatment, medication, exercise regimen, or technique provides a complete cure or recovery for all patients. To address this challenge, a study was conducted on 30 patients diagnosed with Vataja Gridhrasi. The patients were treated with Gokshuradi Taila [6] administered through Anuvāsana Basti [7] over nine days, following the Vardhamana Matra protocol. Gokshuradi Taila is recognized for its Vatahara (Vata-balancing) [8] and Brihmana (nourishing) properties, offering a promising approach to managing this condition.

## **MATERIAL AND METHODS**

The present clinical study was done with 30 patients of *Vataja Gridhrasi*, attending the O.P.D. and I.P.D. of Parul Institute of Ayurveda and hospital, Vadodara, were selected randomly irrespective of their age, sex, religion, caste, occupation, etc. The clinical trial was carried out after obtaining the Institutional Ethics Committee of the institute clearance (PU/PIA/IECHR/2017 – 32/PK/005; IEC). The trial was registered in Clinical Trial Registry of India VID (CTRI/ 2018/03/012484). Patients were subsequently selected according to their visits to OPD, and 30 patients were selected for the present study.

**Diagnostic Criteria:** Patients with classical features of *Vataja Gridhrasi* having the *Lakshana* like; *Ruka* on *Sphikpoorva*, *Kati*, *Prishta*, *Uru*, *janu*, *Jangha* and *Pada paryanta vedana* (Pain radiates from low back and radiates down to the legs), *Toda* (Pricking sensation), *Stambha* (Stiffness), *Spandana* (Fasciculation), Straight Leg Raising test

**Inclusion Criteria:** In this study, patients aged between 25 and 70 years, exhibiting classical signs and symptoms of *Vataja Gridhrasi* with an emphasis on sciatica symptoms, and those eligible for *Anuvasana Basti*, were included. Patients of both genders were considered.

**Exclusion Criteria:** Suffering from any other chronic systemic diseases like TB, AIDS, DM, Malignancy, etc. *Anuvasana Basti Ayogya* person. Chronic cases of *Gridhrasi* with the history of 5 years. Any trauma, evidence of congenital anomalies of the spine, Traumatic fracture, Epidural abscess.

## METHODS

**Poorva Karma:** The patient's consent was taken after proper counselling and then was subjected to local Abhyanga with Luke warm Tila Taila & followed by Mrudu Sweda by Nadi Sweda as Poorva karma before administration of *Anuvasana Basti*.

**Pradhan Karma:** Gokshuradi Taila *Anuvasana Basti* was administered as per the decided dose after instructing the patient to have a light diet.

**Pashchat Karma:** After the administration of Taila Basti, the Patient was advised to turn to a supine position, then tap over the buttocks and back were done followed by lifting of the leg 3 to 4 times, and then was asked to rest for 100 sec. Basti Pratyagamana Kala was noted.

**Study Design:**

In the present study, one formulation was chosen for the trial study. The Kalpana used was in the form of Taila – Gokshuradi Taila (used as *Anuvasana Basti*) This Taila was administered as *Anuvasana Basti* for 9 days in Madhyam Matra by following the Poorva, Pradhan & Pashchat Karma. The Matra of *Anuvasana Basti* was decided as per Vardhaman Matra (Arohana Krama).

**Table 1 : Vardhamana Madhyama Matra of Anuvasana Basti were selected according to Vrunda Madhava.**

Formulation	Taila Matra
Gokshuradi Taila <i>Anuvasana Basti</i>	Madhyama 1st day – 1 pala 2nd day to 9th day – 1 aksha to be increased every day

**Table 2 : Gradual Increase in the Dose of Vardhamana Madhyama Matra of Gokshuradi Taila for Anuvasana Basti (in ml).**

Day	1	2	3	4	5	6	7	8	9
Quantity of <i>Gokshuradi Taila</i> in (ml)	48	60	72	84	96	108	120	132	144

**Study Duration:** 30 days

**Duration of treatment:** 9 days

**Follow up:** After 18 days of *Anuvasana Basti*

## ASSESSMENT CRITERIA

The improvement was assessed based on relief found in the cardinal features of the disease. To assess the effect of therapy all the signs and symptoms were assigned scores depending on their severity as elaborated below:

The subjective criteria included symptoms such as *Ruk* (pain), *Toda* (pricking sensations), *Stambha* (stiffness), and *Spandana* (twitching). The objective criteria comprised assessments such as the Straight Leg Raise (SLR) test, foot pressure measurements, Lasague's sign, walking distance, and joint angle measurements using a goniometer.

**Investigations:** Following laboratory investigations were carried out before & after treatment. CBC, ESR, Urine – Routine & microscopic, RBS, X-ray of lumbar-sacral spine- AP & Lateral view.

## OBSERVATION

In this clinical study, 40% of patients were within the 55-70 age range, and the majority, 60%, were male. Socioeconomic data showed that 53.3% belonged to the upper-middle class, while 33.3% were unemployed. Additionally, 60% of participants resided in rural areas.

The history of present illness revealed that all patients (100%) had a gradual onset of disease. Among aggravating factors, 60% reported increased pain with heavy lifting, while 63.3% found relief with a hot water bath. In terms of treatment history, 50% had previously used allopathic medicine.

Personal histories indicated that 36.7% of patients engaged in labour - intensive work, and a significant 76.7% experienced regular physical strain. In the locomotor system examination, 93.3% had an abnormal gait, while 53.3% demonstrated a Straight Leg Raise (SLR) between 31-50 degrees. All patients (100%) had a positive Lasague's Test, and 56.7% exhibited foot pressure between 10-15 kg.

Assessment of body strength during treatment showed peak improvement by Day 9, with 100% of patients achieving maximum strength. *Anuvāsana Basti* retention times were also measured, with the majority holding the treatment for 3-5 hours across the observation days.

## RESULT

The study evaluates various clinical parameters in a sample of 30 patients, assessing their mean scores at different time points: Before treatment (BT), 5th Day, After Treatment (AT), and After Follow-up (AFT). Significant improvements were observed across all parameters, as evidenced by reductions in mean scores over time. For *Ruka* (Pain), the mean score decreased from 3.63 (BT) to 1.07 (AFT), with a Chi-square value of 86.374 and a P-value of 0.000, indicating highly significant results. Similarly, *Toda* (Pricking Sensation) improved from 2.47 (BT) to 0.80 (AFT), with a Chi-square of 78.679. *Stambha* (Stiffness) saw a decline from 2.23 (BT) to 0.73 (AFT), supported by a Chi-square value of 76.277, while *Spandana* (Twitching) scores reduced from 2.53 (BT) to 0.87 (AFT) with a Chi-square value of 73.519.

**Table 3: Friedman Test results for Subjective Parameter**

Parameter	No. of patient	Mean Score				Chi-Square (X <sup>2</sup> )	P value
		BT	5's day	AT	AFT		
<i>Ruka</i>	30	3.63	2.60	1.37	1.07	86.374	0.000
<i>Toda</i>	30	2.47	1.43	0.87	0.80	78.679	0.000
<i>Stambha</i>	30	2.23	1.40	0.90	0.73	76.277	0.000
<i>Spandana</i>	30	2.53	1.47	1.00	0.87	73.519	0.000

**Table 4: Wilcoxon Signed-Ranks Test results for subjective Parameter**

Parameter	Interval	Z Value	P Value	Remark
<i>Ruka</i>	BT-5th day	-5.396	0.000	S
	5th day-AT	-4.944	0.000	S
	AT-AFU	-2.714	0.007	S
	BT-AFU	-4.940	0.000	S
<i>Toda</i>	BT-5th day	-5.231	0.000	S
	5th day-AT	-3.900	0.000	S
	AT-AFU	-1.000	0.317	NS
	BT-AFU	-4.890	0.000	S
<i>Stambha</i>	BT-5th day	-5.000	0.000	S
	5th day-AT	-3.873	0.000	S
	AT-AFU	-2.236	0.025	S
	BT-AFU	-4.930	0.000	S
<i>Spandana</i>	BT-5th day	-5.166	0.000	S
	5th day-AT	-3.742	0.000	S
	AT-AFU	-1.633	0.102	NS
	BT-AFU	-4.748	0.000	S

The Wilcoxon Signed-Ranks Test results for subjective parameters showed significant differences in "*Ruka*" between BT and the 5th day ( $p = 0.000$ ), 5th day and AT ( $p = 0.000$ ), AT and AFU ( $p = 0.007$ ), and BT and AFU ( $p = 0.000$ ). For "*Toda*," differences were significant between BT and the 5th day ( $p = 0.000$ ), 5th day and AT ( $p = 0.000$ ), and BT and AFU ( $p = 0.000$ ), but not between AT and AFU ( $p = 0.317$ ). "*Stambha*" showed significant changes across all intervals ( $p \leq 0.025$ ). For "*Spandana*," differences were significant between BT and the 5th day ( $p = 0.000$ ), 5th day and AT ( $p = 0.000$ ), and BT and AFU ( $p = 0.000$ ), but not between AT and AFU ( $p = 0.102$ ).

**Table 5: Friedman test results for Objective Parameter**

Parameter	No. of patient	Mean Score				Chi-Square ( $\chi^2$ )	P value
		BT	5's day	AT	AFT		
SLR test	30	3.00	2.07	1.23	1.00	82.012	0.000
Goniometer	30	3.00	2.07	1.23	0.97	81.880	0.000
Lasegue's sign	30	1.00	0.90	0.50	0.37	41.548	0.000
Walking Distance	30	2.40	1.50	0.93	0.83	72.479	0.000
Foot pressure	30	1.80	1.20	0.77	0.73	61.656	0.000

The Friedman test results for the objective parameters indicate statistically significant differences in the measurements across different time points (Before Treatment, 5's Day, After Treatment, and After Follow-up) for all the parameters tested. For the SLR test, the chi-square value was 82.012 with a p-value of 0.000, indicating a significant change over time. Similarly, for the Goniometer, the chi-square value was 81.880 with a p-value of 0.000, showing a significant difference in the scores. The Lasegue's sign showed a chi-square of 41.548 with a p-value of 0.000, also indicating a significant change. The Walking Distance parameter had a chi-square value of 72.479 with a p-value of 0.000, confirming a significant difference in walking distance across the time points. Lastly, the Foot Pressure test yielded a chi-square value of 61.656 with a p-value of 0.000, further supporting the conclusion of significant changes over time. In all cases, the p-values were less than 0.05, indicating that the observed differences were statistically significant.

**Table 6 : Wilcoxon Signed-Ranks Test Results for Objective Parameter**

Parameter	Interval	Z Value	P Value	Remark
<b>SLR Test</b>	BT-5th day	-5.112	0.000	S
	5th day-AT	-4.811	0.000	S
	AT-AFU	-2.646	0.008	S
	BT-AFU	-4.886	0.000	S
<b>Goniometer</b>	BT-5th day	-5.112	0.000	S
	5th day-AT	-4.811	0.000	S
	AT-AFU	-2.828	0.005	S
	BT-AFU	-4.873	0.000	S
<b>Lasegue's Test</b>	BT-5th day	-1.732	0.083	NS
	5th day-AT	-3.307	0.001	S
	AT-AFU	-1.633	0.102	NS
	BT-AFU	-4.359	0.000	S
<b>Walking Distance</b>	BT-5th day	-5.396	0.000	S
	5th day-AT	-4.944	0.000	S
	AT-AFU	-2.714	0.007	S
	BT-AFU	-4.940	0.000	S
<b>Foot Pressure</b>	BT-5th day	-4.240	0.000	S
	5th day-AT	-3.600	0.000	S
	AT-AFU	-0.577	0.564	NS
	BT-AFU	-4.720	0.000	S

The Wilcoxon Signed-Ranks Test showed significant improvements ( $P \leq 0.008$ ) in the SLR Test, Goniometer, Walking Distance, and Foot Pressure across most intervals, except for Lasegue's Test (NS at BT-5th day and AT-AFU) and Foot Pressure (NS at AT-AFU). Key significant intervals included BT-5th day, 5th day-AT, and BT-AFU for all measures.

**Table 7 Over All Effect of Therapy**

Improvement	Trail group	
	Number of patients	%
Complete cure (> 75%)	-	-
Marked Improvement (51 – 75%)	27	90
Moderate Improvement (26 – 50%)	3	10
No relief (< 25%)	-	-

The evaluation of the overall impact of *Gokshuradi Taila Anuvasana Basti* on *Vataja Gridhrasi* patients revealed that the majority of patients showed notable improvements after the therapy. Of the total number of patients in the trial, 90% experienced marked improvement (51-75%), while 10% experienced

moderate improvement (26-50%). Notably, no patients reported a complete cure with more than 75% relief.

## DISCUSSION

Ayurveda recommends specific treatments for *Vata* disorders such as *Snehana* (oleation), *Swedana* (fomentation), and *Mridu Shodhana* (mild purgation). [9] *Anuvasana Basti* is a preferred method for its ability to nourish and lubricate the Dhatus, targeting *Vata* disturbances directly. In this study's formulations, *Gokshuradi Taila* has the ability to normalise *Vata*'s function and pacify vitiated *Vata* [10][11], which are particularly beneficial in *Gridhrasi*. *Charaka* emphasized that drugs with *Snehana* and *Vedanasthapaka* qualities are suitable for treating *Vatavyadhi*, making *Gokshuradi Taila* an ideal choice. *Gokshuradi Taila* was chosen which was administered as *Anuvasana Basti*. Its *Rasapanchaka* properties - *Madhura Rasa*, *Snigdha Guna*, *Sheeta Virya*, and *Madhura Vipaka* - target *Vata dosha*, alleviating symptoms like pain, stiffness, and restricted movement. *Tila Taila*, with *Ushna*, *Snigdha*, and *Sukshma* qualities, penetrates deep tissues, providing analgesic, nourishing, and rejuvenative effects. This therapy balances *Vata* at its seat, restoring normal function and addressing both the disease's root cause and symptoms effectively.

### Concept of Vardhman Matra in Ayurveda:

The *Brihatrayi* texts don't specifically mention *Vardhman Matra* but it does support the idea of dosage increase. For example, the *Charaka Samhita* allows practitioners to adjust the strength and duration of treatment based on the patient's response and the severity of the illness, especially in therapies like *Basti* (enema) and *Sneha* (oleation).

According to *Vrinda Madhava* and *Chakrapani*, the three *matras* of *Anuvasana Basti* - *Jyeshtha*, *Madhyama*, and *Kaniyasi*—are six *pala*, three *pala*, and one and a half *pala* respectively. In the first *Jyeshtha matra*, administer two *pala* initially, then gradually increase by half a *pala*. In the second *Madhyama matra*, start with one *pala* and increase by one *karsha*. In the third *Kaniyasi matra*, begin with two *karsha* and increase by 8 *masha* at a time. [12][13]

### Importance of Vardhman Matra

*Vardhman Matra* in *Anuvasana Basti* is essential for effective treatment, particularly in conditions like *Vata vyadhi*. Which increases retention time which in turn increases the therapeutic effect. This approach is particularly effective when the patient has a high tolerance and needs to adapt to higher doses progressively.

In the present study, gradual increases in dose (from 48 ml to 144 ml) led to significant improvements in the patient's strength (*Bala*) and lightness (*Laghuta*), reaching optimal levels by Day 9.

### Mechanism of Action of Basti

Therapeutic oils are absorbed and distributed throughout the body's channels (*Srotasa*) by *Basti*, an essential internal administration route for *Sneha*. By day eight or nine, when the oil is administered rectally, it has moved to subtle passageways and reached the *Asthi* (bone) and *Majja* (bone marrow). [14] According to *Acharya Sushruta*, this procedure is comparable to feeding a plant by its roots. [15]

### Discussion on results

The study highlights the efficacy of *Gokshuradi Taila Anuvasana Basti* in managing *Vataja Gridhrasi* (sciatica), with statistically significant improvements ( $p < 0.05$ ) observed across all parameters. Pain (*Ruk*) was reduced by 70.52%, attributed to the *Snigdha* (unctuous) and *Ushna* (hot) properties. *Toda* (pricking sensation) decreased by 67.61%, due to the therapy's ability to pacify vitiated *Vata* along the sciatic nerve. *Stambha* (stiffness) showed a 67.26% reduction, facilitated by the *Ushna* and *Snigdha* properties counteracting *Vata's Sheeta Guna* (cold nature). *Spandana* (twitching) was reduced by 65.6%, as the therapy enhanced *Snigdha* (unctuousness) and reduced *Vata's Chala Guna* (movement quality). The Straight Leg Raise (SLR) test and Goniometer range demonstrated improvements of 66.6% and 67.6%, respectively, reflecting enhanced joint mobility and sciatic nerve function due to the *Shoolaghna* (pain-relieving) and *Shothaghna* (anti-inflammatory) properties. Lasegue's sign improved by 63%, indicating reduced nerve compression and pain. Walking distance and foot pressure improved by 65.4% and 59.4%, respectively, due to the *Balya* (strengthening) and *Snigdha* effects promoting stability, strength, and proper posture. Overall, *Gokshuradi Taila Anuvasana Basti* effectively alleviates *Vataja Gridhrasi* symptoms by targeting vitiated *Vata Dosha* through its nourishing, pacifying, and pain-relieving properties.

### Discussion on overall therapy:

The results indicate that *Gokshuradi Taila Anuvasana Basti* is highly effective in managing *Vataja Gridhrasi*, as evidenced by the 90% of patients reporting marked improvement. This suggests that the

therapy provides significant relief from the common symptoms of sciatica, such as pain, stiffness, and limited mobility. The moderate improvement observed in 10% of patients further reinforces the potential benefits of this treatment. However, the absence of complete cures in the trial highlights that while the therapy is beneficial for symptom management, it may not fully resolve the condition for all patients. This suggests that the treatment is effective in improving quality of life, but long-term or combined approaches may be required to achieve total recovery in some individuals.

**Table 8: Assessment Parameter**

Parameter	Description	Score
RUKA (Pain)	No Pain	0
	Occasional pain	1
	Mild pain but no difficulty in walking	2
	Moderate pain and slight difficulty in walking	3
	Severe pain with severe difficulty in walking	4
TODA (Pain Frequency)	Absent	0
	Occasional	1
	Mild	2
	Moderate	3
	Severe	4
STAMBHA (Stiffness)	No stiffness	0
	Sometimes for 5–10 min	1
	Daily for 10–30 min	2
	Daily for 30–60 min	3
	Daily more than 1 hour	4
SPANDANA (Twitching)	No Twitching	0
	Sometimes for 5–10 min	1
	Daily for 10–30 min	2
	Daily for 30–60 min	3
	Daily more than 1 hour	4
SLR Test	More than 90 degrees	0
	71–90 degrees	1
	51–70 degrees	2
	31–50 degrees	3
	Up to 30 degrees	4
Foot Pressure	21–25 kg	0
	16–20 kg	1
	10–15 kg	2
	Less than 10 kg	3
Lasegue's Sign	Negative	0
	Positive	1
Distance of Walking	Up to 20 sec	0
	21–40 sec	1
	41–60 sec	2
	More than 60 sec	3
Goniometer	More than 90 degrees	0
	71–90 degrees	1
	51–70 degrees	2
	31–50 degrees	3
	Up to 30 degrees	4

## CONCLUSION

The study highlights the effectiveness of *Ayurvedic Anuvasana Basti* with *Gokshuradi Taila* in *Vardhman Matra* for treating *Vataja Gridhrasi* (sciatica). Gradual dosage increases improve the oil retention time and efficacy, addressing *Vata* imbalances and targeting deep tissues. The therapy significantly alleviates symptoms like pain, stiffness, and pricking sensations, while improving joint mobility, walking distance, and nerve function, as shown by improved SLR test results and Lasegue's sign.

The study also found that prevents premature expulsion, enhancing therapeutic outcomes like muscle power (*Bala*) and lightness (*Laghuta*). Statistically significant results ( $p < 0.05$ ) validate its effectiveness,

with 90% of patients showing marked improvement. However, the therapy is more effective for symptom management than as a standalone cure, highlighting the need for long-term or integrative approaches.

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