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Research Article

# CLINICAL EVALUATION OF MULTIPLE VERSUS SINGLE *PUTAKA GANDHARVAHASTADI RUKSHA VASTI* IN *KATIGRAHA*

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## ABSTRACT

*Vasti Karma* is regarded as foremost among *Panchakarma* therapies because of its diverse therapeutic actions. Among various *Vasti* techniques, *Churnavasti*, described by *Chakrapani* in his commentary on the *Charaka Saṃhita*, is predominantly *Rukshana* in action and is known as *Ruksha Vasti*. Conventionally administered as a single *Putaka*, attainment of *Samyak Niruha Lakshana* may be inadequate. *Ashtanga Hrdaya* recommends repeated administration when *Vasti* is expelled spontaneously until *Samyak Niruha Lakshana* is achieved. Based on this principle, the present study compared multiple *Putaka* with conventional single *Putaka* administration of *Gandharvahastadi Ruksha Vasti* in *Kattgraha*. **Methods:** A pragmatic randomized controlled trial was conducted among 42 participants with *Kattgraha*, randomly allocated into two groups. The trial group received *Gandharvahastadi Ruksha Vasti* through multiple *Putaka* for a maximum of 3 days, while the control group received single *Putaka* administration for up to 7 days. Outcomes included *Samyak Niruha Lakshana*, *Samyak Ruksha Lakshana*, Visual Analogue Scale (VAS), and Oswestry Disability Index (ODI). Data were analyzed using Wilcoxon Signed Rank and Mann-Whitney U tests. **Results:** The trial group showed statistically significant attainment of *Samyak Niruha Lakshana*, including *Antikt*, *Prasṛshta*, *Aśaya Laghava*, *Laghuta*, *Gatra Mardava*, and *Agni–Ruci*. Although the control group demonstrated greater cumulative attainment of *Samyak Ruksha Lakshana*, these features appeared earlier in the trial group. Both groups showed significant improvement in VAS and ODI scores, without significant intergroup differences. **Conclusion:** Multiple *Putaka* administration was superior to single *Putaka* in achieving *Samyak Niruha Lakshana*, while both approaches were comparable in *Samyak Ruksha Lakshana*, pain, and disability outcomes.

## INTRODUCTION

*Kattgraha* is one of the most commonly encountered disorders among the *Vatavyadhis* and can be correlated with several clinical presentations of low back pain (LBP). It is characterised by the vitiation of *Vata* associated with *Kapha* and *Ama*, manifesting predominantly as *Sula* (pain), *Graha/Stambha* (stiffness), and restricted movements of the lumbosacral region (*Kati pradeśa*). Since the pathogenesis involves *Ama*, *Kapha*, and *Avarana* (obstruction) of *Vata*, *Rukshana* therapy plays a pivotal role in its management.[1]

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Therefore, *Ruksha Vasti* may be considered an effective first-line therapeutic intervention for the management of *Kattgraha* associated with *Ama*.

*Acarya Chakrapani*, in his commentary on the *Charaka Saṃhita Siddhi Sthana*, described a specialized form of *Vasti* known as *Churna Vasti*.[2] Its primary objective is to induce *Rukshata* (dryness); therefore, it is also referred to as *Ruksha Vasti*. Owing to its *Rukshana* action, it is indicated for conditions characterised by excessive *Snigdhata*, *Kapha*, and *Amavastha*. In addition to the classical *Churna Vasti*, several *Ruksha Vasti* formulations are currently employed in clinical practice for the management of disorders in which *Rukshana* therapy is considered essential.

Among the various formulations used for *Ruksha Vasti*, *Vaiśvanara Curna* and *Gandharvahastadi Kashaya* were selected because of their

complementary actions on *Vata* and *Ama*, the principal pathological factors involved in *Kattgraha*. *Vaiśvanara Curna*, with its predominant *Ushna*, *Tikshna*, and *Ruksha guna*, acts as an effective *Agnidtpaka*, *Pacaka*, and *Vatanulomaka*. By correcting *Agnimandya* and promoting *Amapacana*, it relieves *Srotorodha* and restores the normal movement of *Vata*.[3]

*Gandharvahastadi Kashaya* possesses *Vata-Kaphahara*, *Amapacana*, and mild *Anulomana* properties, thereby alleviating pain, stiffness, and heaviness associated with *Kattgraha*. The combination of these drugs in *Ruksha Vasti* provides both *Rukshana* and *Vatanulomana* effects, making it particularly suitable for conditions in which *Ama* and *Kapha* obstruct the normal functioning of *Vata*.[4]

Several studies have evaluated the therapeutic role of *Ruksha Vasti* in conditions such as *Amavata*, *Kattgraha*, demonstrating its effectiveness in promoting *Amapacana*, reducing excessive *Snigdhata*, and alleviating *Vata-Kapha* predominant disorders. However, most studies have used comparatively small, non-standardized doses and have not assessed the attainment of *Samyak Niruha Lakshana*, raising questions regarding the adequacy of the administered dose.

*Acharya Vagbhata* states that when *Vasti* is expelled prematurely without producing the desired therapeutic effect, repeated administration may be performed until *Samyak Niruha Lakshana* is achieved.[5] Based on this principle, the present study evaluated the effectiveness of multiple *Putaka Ruksha Vasti* in attaining *Samyak Niruha Lakshana*. Additionally, *Samyak Ruksha Lakshana*, an important indicator for planning subsequent treatment, was assessed, as previous studies have not adequately evaluated this outcome. The study further investigated whether *Multiple Putaka Ruksha Vasti* facilitates earlier attainment of *Samyak Niruha Lakshana* and *Samyak Ruksha Lakshana*, thereby reducing the overall duration of treatment compared with single *Putaka Ruksha Vasti*.

## AIMS AND OBJECTIVES

### Aims

- To underscore the significance of employing multiple *Putaka* in *Rukshavasti.*
- To Study the importance of monitoring both *Samyak niruha* and *Samyak ruksha lakshana* while administration of *Rukshavasti*.

### Objectives

### Primary objectives

- To test the effectiveness of *Gandharvahastadi ruksha vasti* administered as multiple *Putaka* in comparison with *Gandharvahastadi ruksha vasti* administered as single *Putaka* for attaining *Samyak ruksha lakshana.*
- To test the effectiveness of *Gandharvahastadi ruksha vasti* administered as multiple *Putaka* in comparison with *Gandharvahastadi ruksha vasti* administered as single *Putaka* for attaining *Samyak Niruha lakshana*

### Secondary objective

- To test the effectiveness of *Gandharvahastadi ruksha vasti* administered as multiple *Putaka* in comparison with *Gandharvahastadi ruksha vasti* administered as single *Putaka* in reducing sign and symptoms of *Katigraha*

## MATERIALS AND METHODS

The study was conducted in the inpatient department (IPD) of VPSV Ayurveda College Hospital, Kottakkal. The raw materials required for the preparation of *Kashaya* and *Curna* were procured from a GMP-certified manufacturer. A total of 42 participants aged 20–60 years diagnosed with *Kattgraha* were enrolled, with 21 participants in each group. The trial group received *Gandharvahastadi Ruksha Vasti* administered as multiple *Putaka* for a maximum of 3 days, while the control group received single *Putaka Gandharvahastadi Ruksha Vasti* for a maximum of 7 days. Written informed consent was obtained from all participants before enrolment, and participants were free to withdraw from the study at any stage without providing a reason. Participants were recruited using consecutive sampling and randomly allocated into two groups by block randomization. Allocation concealment was ensured by maintaining the randomization sequence with the research guide, while blinding was not performed.

### Ethical Consideration

Ethical clearance was obtained from the Institutional Review Board (IRB), and the study synopsis was approved under IRB No. IRB/CL/19/24, dated 27/05/2024.

### Informed Consent

A structured informed consent form approved by the Institutional Ethics Committee was provided to all participants, and written informed consent was obtained before enrolment. A pre-designed Case Record Form (CRF) was maintained to systematically document demographic details, clinical findings, intervention details, and outcome assessments.

### Diagnostic Criteria

Patient having pain in *Kati* region, plus one of following test positive

- Genslen‘s test
- Gillis test
- Pump-handle test
- Fabers test

**Inclusion Criteria**

- Participants eligible for *Vasti.*
- Participants who had *Bala* after first *Putaka*.
- Participants satisfied diagnostic criteria.
- Age -20-60 years
- Presence of *Ama Avastha* on *Ama* assessment scale.
- Participants with severe and moderate categories as per Oswestry Disability Index for low back pain.
- Participants given informed consent.

**Exclusion Criteria**

- Known case of fracture or dislocation of vertebrae.
- TB spine
- Deformities or congenital defects.
- Known case of uncontrolled hypertension and Diabetes mellitus.
- (HTN>160/100 mm of hg, FBS >126 mg/dl)
- Known case of neoplasm
- Known case of renal disorders
- Pregnant and lactating women
- Known case of Haemorrhoids

**Investigations (for screening)**

- Blood pressure
- FBS
- X – ray – lumbosacral spine AP/L view

**INTERVENTION**

Eligible participants were randomly allocated into trial and control groups. Both groups received identical *Purvakarma* and *Ruksha Vasti* formulations; the only difference was the method of administration. The trial group received multiple *Putaka Gandharvahastadi Ruksha Vasti*, whereas the control group received single *Putaka Gandharvahastadi Ruksha Vasti*. The treatment protocol followed in both groups is summarized below.

**Table 1: Intervention**

| Particulars | Trial group | Control group |
|---|---|---|
| Sample size | 21 (2 Drop Outs) | 21 (2 Drop Outs) |
| Procedure | *Ruksha vasti* | *Ruksha vasti* |
| Ingredients | *Gandharvahastadi Kashaya* 400ml and *Vaishwanara choorna* 30g | *Gandharvahastadi Kashaya* 400ml and *Vaishwanara choorna* 30g |
| Time of Administration | 10:00am – 12:00 am | 10:00am – 12:00 am |
| *Poorvakarma* | Localised *Naadi sweda* | Localised *Naadi sweda* |
| *Pradhanakarma* | Multiple *Putaka Gandharvahastadi Ruksha vasti* was administered | Single *putaka Gandharvahastadi Ruksha vasti* was administered |
| Period | Till attaining *Samyak ruksha lakshana* (upto 3 days) | Till attaining *Samyak ruksha lakshana* (upto 7 days) |

**Assessments**

***Ama* assessment:** *Ama* assessment was carried out prior to the initiation of treatment to determine the baseline *Ama avastha* of the participants.[6]

***Bala* assessment:** Clinical assessment of *Bala* was carried out using a standardized scoring system.[7] *Bala* was assessed before (BT) and after (AT) each *Putaka* of *Vasti* on every day of intervention to determine the requirement for subsequent *Putaka* administration.

**Outcome measurements**

Effectiveness of multiple *Putaka ruksha vasti* assessed based on:

**For Primary Objective**

- *Samyak niruha lakshana* Assessment: Every day after administration of each *Putaka* of *Vasti.*
- *Samyak ruksha lakshana* Assessment: On evening of each day of *Vasti.*

**For Secondary objective**

- Visual Analogue Scale: 0$^{th}$ and last day of *Vasti.*
- Oswestry Disability Index: 0$^{th}$ and last day of *Vasti.*

**Data Analysis**

Data was compiled and coded using a Microsoft Excel spreadsheet. Statistical analysis of data was done using SPSS 27.

**Statistical analysis**

As the data did not follow normal distribution, within-group analysis was performed using the Wilcoxon Signed Rank Test, while between-group comparison was carried out using the Mann–Whitney U Test. The level of significance was fixed at 5%. Two dropouts occurred in each group, and intention-to-treat analysis was performed.

**OBSERVATIONS**

**Effect of Therapy on *Samyak Niruha Lakshana***

Major symptoms included *Antiki* (details of the last *Vega*), *Prasṛshta vit-mutra-samtrana* (easy evacuation of faeces, urine, and flatus), *Aśayalaghava* (lightness in the abdomen), and *Laghuta* (a sense of lightness in the body). Minor symptoms comprised

*Gatra mardavam* (reduction in stiffness or spasm of the body), *Indriya prasannata* (clarity of the senses), and *Agni* along with *Ruci* (appetite and taste perception). Each of these symptoms was assessed using an ordinal scale ranging from 0 to 4.

**Table 2: *Samyak Niruha Lakshhana* - within Group Comparison (Trial)**

| **Wilcoxon Signed-Rank Test for *Samyak Niruha Lakshana* (N1P1 vs N3P2 – Trial Group)** | | | | | | |
|---|---|---|---|---|---|---|
| **Variable** | **N** | **Negative Ranks** | **Positive Ranks** | **Ties** | **Z value** | **p-value** |
| *Antiki* | 21 | 0 | 19 | 2 | -4.061 | <0.001 |
| *Prasṛshta vit-mutra-samtrana* | 21 | 0 | 19 | 2 | -3.934 | <0.001 |
| *Aśaya Laghavam* | 21 | 0 | 19 | 2 | -3.963 | <0.001 |
| *Laghuta* | 21 | 0 | 19 | 2 | -3.919 | <0.001 |
| *Gatra Mardavam* | 21 | 0 | 19 | 2 | -3.923 | <0.001 |
| *Indriya Prasannata* | 21 | 0 | 4 | 17 | -2.000 | 0.046 |
| *Ruchi & Agni* | 21 | 1 | 17 | 3 | -3.573 | <0.001 |

The change in *Samyak Niruha Lakshana* parameters from the first *Vasti* (N1P1) to the final *Vasti* (N3P2) in the trial group was analyzed using the Wilcoxon signed-rank test.

All major parameters- *Antiki*, *Prasṛta*, *Aśaya Laghava*, *Laghuta*, *Gatra Mardava* and *Ruci* and *Agni* showed significant improvement in all participants ($p$<0.001). *Indriya Prasannata* also improved significantly ($p$=0.046)

**Table 3: *Samyak Niruha Lakshhana* – within Group Comparison (Control Group)**

| **Wilcoxon Signed-Rank Test for *Samyak Niruha Lakshana*** | | | | | | |
|---|---|---|---|---|---|---|
| **Variable** | **N** | **Negative Ranks** | **Positive Ranks** | **Ties** | **Z value** | **p-value** |
| *Antiki* | 21 | 13 | 4 | 4 | -1.789 | 0.074 |
| *Prasṛshta vit-mutra samtrana* | 21 | 11 | 4 | 6 | -0.383 | 0.702 |
| *Aśaya Laghavam* | 21 | 15 | 4 | 2 | -1.616 | 0.106 |
| *Laghuta* | 21 | 14 | 4 | 3 | -1.393 | 0.164 |
| *Gatra Mardavam* | 21 | 14 | 4 | 3 | -1.661 | 0.097 |
| *Indriya Prasannata* | 21 | 15 | 1 | 5 | -3.843 | <0.001 |
| *Agni & Ruchi* | 21 | 15 | 4 | 2 | -1.120 | 0.263 |

Most parameters, including *Antiki*, *Prasṛta*, *Aśaya Laghava*, *Laghuta*, *Gatra Mardava*, and *Agni-Ruci*, did not show statistically significant changes ($p$>0.05). *Indriya Prasannata* was the only parameter that demonstrated a statistically significant change ($p$<0.001).

Most of the *Samyak Niruha Lakshana* parameters showed statistically significant improvement in the trial group, whereas the corresponding parameters in the control group were not statistically significant. Since most outcome measures in the control group did not demonstrate significant within-group improvement, between-group analysis was not considered appropriate for these parameters. Based on the within-group findings, the trial intervention (multiple *Putaka Gandharvahastadi Ruksha Vasti*) was considered superior to the conventional single *Putaka* regimen in attaining *Samyak Niruha Lakshana*.

**Effect of Therapy on *Samyak Ruksha Lakshana***

The comparison is done between total cumulative score of *Samyak ruksha lakshana* and number of days it is attained.

The comparison of total SRL score between the Trial and Control groups using the Mann–Whitney U test showed a statistically significant difference between the two groups. The Control group had a higher mean rank (26.61) compared to the Trial group (12.39), indicating a significantly higher difference SRL score in the Control group.

**Table 4: Comparison of Total *Samyak Ruksha Lakshana* Score Between Groups (Mann–Whitney U Test)**

| Group | N | Mean Rank | Sum of Ranks |
|---|---|---|---|
| Trial Group | 21 | 12.39 | 235.50 |
| Control Group | 21 | 26.61 | 505.50 |

| Test Statistics | |
|---|---|
| **Test** | **Value** |
| Mann–Whitney U | 45.500 |
| Z value | -4.280 |
| p-value | 0.000 (p < 0.001) |

The comparison of the average day of attainment of *Samyak Ruksha Lakshana* between the Trial and Control groups was carried out. The results revealed statistically significant difference between the two groups The mean rank of the Trial group (10.00) was markedly lower than that of the Control group (29.00), indicating that the Trial group attained the *Lakshana* significantly earlier than the Control group.

**Table 5: Comparison of Average Day of Attainment Between Groups**

| Group | N | Mean Rank | Sum of Ranks | Mann–Whitney U | Z value | p-value |
|---|---|---|---|---|---|---|
| Trial Group | 21 | 10.00 | 190.00 | 0.000 | -5.276 | 0.000 (p<0.001) |
| Control Group | 21 | 29.00 | 551.00 | | | |

**VAS – Between Group Comparison**

**Table 6: Mann–Whitney U Test for Vas Change (Between Groups)**

| Group | N | Mean Rank | Sum of Ranks | U value | Z value | p-value |
|---|---|---|---|---|---|---|
| Trial Group | 21 | 21.10 | 443.00 | 212.00 | -0.225 | 0.822 |
| Control Group | 21 | 21.90 | 460.00 | | | |

The mean rank of VAS change scores in the Trial group (n=21) was 21.10, while in the Control group (n = 21) it was 21.90, indicating comparable distributions in both groups. The test revealed that the difference between the two groups was not statistically significant (U=212.00, Z = -0.225, p=0.822).

**Oswestry Disability Index (ODI)**

**Table 7: Mann–Whitney U Test for ODI Change (Between Groups)**

| Group | N | Mean Rank | Sum of Ranks | U value | Z value | p-value |
|---|---|---|---|---|---|---|
| Trial Group | 21 | 21.36 | 448.50 | 217.50 | -0.090 | 0.928 |
| Control Group | 21 | 21.64 | 454.50 | | | |

The mean rank of ODI change scores in the trial group (n=21) was 21.36, while in the control group (n=21) it was 21.64, indicating nearly identical distributions of improvement in both groups. The Mann–Whitney U test showed that the difference between the two groups was not statistically significant (U=217.50, Z=-0.090, p=0.928).

**DISCUSSION**

**Discussion on *Samyak Niruha Lakshana***

*Samyak Niruha Lakshana* indicates the adequacy and effectiveness of *Niruha Vasti*. In the present study, multiple *Putaka* administration showed better and more consistent attainment of these features than single *Putaka* administration.

***Antiki***

*Antiki* reflects the adequacy of *Dosha nirharana*. The trial group showed better attainment during successive *Vasti*, particularly in the later stages. This may be due to initial evacuation of *Mala* followed by enhanced *Dosha* mobilization and elimination with repeated administration. Similar progressive effects have been reported in previous studies.

***Prasṛshta Vit–Mutra–Samirana***

This reflects smooth evacuation through proper functioning of *Apana Vata*. The trial group showed better and more consistent improvement, especially during later *Vasti*. Repeated administration may enhance *Apana Vata* regulation and facilitate efficient elimination.

***Aśaya Laghava***

*Aśaya Laghava* indicates abdominal emptiness and lightness after evacuation. The trial group showed greater improvement during later *Vasti*. This may be attributed to progressive elimination of *Pakvaśayagata dosha*, particularly *Kapha*, along with restoration of normal *Vata* function.

***Laghuta***

*Laghuta* denotes overall bodily lightness following satisfactory *Dosha nirharana*. Greater improvement was observed in the trial group during successive *Vasti*, particularly in the later stages. This suggests a cumulative effect of repeated administration through enhanced *Dosha* elimination and *Vata* regulation.

***Gatra Mardava***

*Gatra Mardava* reflects reduction in stiffness and improved mobility. The trial group demonstrated greater improvement during the intermediate and later stages. This may be related to *Srotośodhana* and *Vatanulomana*, resulting in improved movement and reduced *Kapha*-associated obstruction.

***Indriya Prasannata***

*Indriya Prasannata* reflects freshness and clarity of the senses. Although early responses were comparable, the trial group showed better improvement during the final stages. Since most participants had no major baseline sensory disturbances, this parameter may primarily reflect overall systemic well-being.

***Ruci* and *Agni***

*Ruci* and *Agni* represent appetite and digestive capacity. The trial group showed better improvement across successive *Vasti*. This may be attributed to the *Dtpana*, *Pacana* and *Vatanulomana* effects of the administered formulations and *Niruha Vasti*, resulting in improved digestive function.

Overall, multiple *Putaka* administration demonstrated better attainment of *Samyak Niruha Lakshana* than single *Putaka*. The initial *Putaka* primarily facilitates *Mala* evacuation, while subsequent administrations enhance *Dosha nirharana*, *Srotośodhana* and *Vatanulomana*. Thus, repeated *Putaka* administration appears to produce a cumulative therapeutic effect and superior attainment of *Samyak Niruha Lakshana*.

**Discussion on *Samyak Ruksha Lakshana***

The comparison of total *Samyak Ruksha Lakshana* scores between the groups revealed a statistically significant difference, with the Control group demonstrating a higher cumulative score. This indicates that although both groups successfully attained *Samyak Ruksha Lakshana*, the overall extent of *Lakshana* manifestation was greater in the Control group.

However, this finding should be interpreted in light of the temporal pattern of attainment. The Trial group exhibited earlier onset of most *Lakshanas*, suggesting a faster therapeutic response, likely due to the enhanced *Rukshana* effect produced by multiple *Putaka* administration. Early correction of *Agni*, faster *Mala anulomana*, and quicker relief of symptoms in the Trial group support this observation.

In contrast, the Control group showed a more gradual progression of *Rukshana*, leading to the attainment of a greater number of *Lakshanas* over an extended duration. The prolonged course of therapy may have allowed for more complete expression of classical *Lakshanas*, thereby contributing to a higher cumulative SRL score.

Thus, while the Control group reflects a more extensive attainment of *Samyak Ruksha Lakshana*, the Trial group demonstrates superior efficiency in terms of rapid onset of action. This highlights an important clinical distinction between the extent and speed of *Rukshana*, both of which are relevant in therapeutic decision-making depending on the clinical condition and treatment objectives.

**Effect on VAS (Visual Analogue Scale)**

All participants in both groups showed a significant reduction in VAS scores after treatment, indicating effective pain relief. Between-group analysis showed no significant difference, suggesting comparable overall effectiveness. However, the Trial group achieved pain reduction earlier, indicating a faster therapeutic response. This may be attributed to the *Vata-Kapha hara*, *Vatanulomana*, *Agnidtpana*, *Pacana*, and *Ama*-reducing actions of *Vaiśvanara Curna* and *Gandharvahastadi Kashaya* administered through *Ruksha Vasti*. These effects may help correct *Apana Vata*, reduce *Śula* and *Stambha*, and thereby interrupt the *Saṃprapti* of *Kattgraha*. Previous studies have also reported significant pain reduction with *Ruksha Vasti*. Thus, multiple *Putaka* appears to provide a faster onset of pain relief, although the overall outcome was comparable to single *Putaka*.

**Effect on ODI**

Both groups demonstrated significant improvement in ODI scores following treatment, indicating reduced disability and improved functional capacity. Between-group analysis showed no significant difference, suggesting comparable effectiveness of both interventions. The improvement may be attributed to reduction in pain, tenderness, stiffness, and associated symptoms, resulting in better mobility and daily functioning. Previous studies have similarly reported improvement in disability following *Ruksha Vasti* in *Kattgraha*. Thus, both interventions were effective in improving functional outcomes, with no clear superiority between groups.

**Mode of Action of *Ruksha Vasti* with the Effect of Multiple *Putaka* Administration**

Administration of *Ruksha Vasti* introduces hyperosmotic and drying (*Ruksha*) substances into the *Pakvaśaya*, creating a high osmotic environment within the colon lumen. Due to the increased solute concentration of the *Vasti dravya* compared to the surrounding intestinal tissues, an osmotic gradient is established. This gradient facilitates reverse osmotic movement, whereby water shifts from the intestinal mucosa, interstitial spaces, and capillary beds into the colon lumen. As a result, local dehydration of the intestinal mucosa and adjacent tissues occurs, producing a drying effect and reducing excessive *Snigdhata* within the system.

The osmotic and mechanical stimulation generated by the *Vasti* activates multiple physiological forces, including concentration gradients, intra-intestinal pressure changes, plasma osmotic shifts, and electrophysical ion movements. These mechanisms collectively enhance local absorption, mobilize accumulated fluid, and support systemic redistribution of metabolites. Consequently, there is reduction of *Kapha* and *Medas*, clearance of *Ama*, and removal of *Srotorodha*, thereby facilitating channel purification and restoration of physiological balance.[8]

The repeated administration of multiple *Putaka* further potentiates these effects. The first *Putaka* stimulates the *Pakvaśaya*, activates enteric reflexes, and initiates mucosal permeability changes. Once the intestinal environment becomes physiologically activated, subsequent *Putaka* encounter a comparatively more receptive mucosal surface with enhanced vascular perfusion and altered epithelial transport dynamics. This may promote greater absorption and deeper tissue penetration of the administered *Dravyas*.

In addition, repeated *Putaka* administration sustains osmotic activity and prolongs contact between the therapeutic substances and the intestinal mucosa. Continuous stimulation of enteric nervous pathways and local circulation may amplify *Rukshana* effects, facilitate more effective depletion of excess *Kleda* and *Meda*, and enhance evacuation of morbid *Doshas*. Through cumulative action, multiple *Putaka Ruksha Vasti* may therefore produce stronger systemic *Rukshana*, improved *Laghava*, stimulation of *Agni* and *Ruci*, and better therapeutic outcomes compared to a single *Putaka* administration.[9]

**CONCLUSION**

The present study demonstrated that multiple *putaka* administration of *Gandharvahastadi Ruksha Vasti* was superior to single *Putaka* in achieving *Samyak Niruha Lakshana*, with consistent improvement across the assessed parameters, whereas the control group showed comparatively less consistent responses. For *Samyak Ruksha Lakshana*, the control group showed greater cumulative attainment; however, the trial group achieved the *Lakshanas* earlier, indicating a faster onset of *Rukshana*. Both groups were equally effective in reducing pain, as evidenced by comparable changes in VAS scores, with no significant between-group difference. Similarly, both interventions produced significant improvement in disability assessed by ODI, but neither demonstrated superiority over the other. Thus, multiple *Putaka* administration may be considered a clinically efficient approach in *Kattgraha*, particularly for achieving *Samyak Niruha Lakshana* and attaining therapeutic effects within a shorter duration.

**Limitations**

The study was limited by the predominantly subjective nature of the assessment, with possible observer and participant response bias. The absence of a standardized assessment scale for *Samyak Ruksha Lakshana* may have affected uniformity of evaluation. Additionally, reduced *Bala* in some participants necessitated fewer *Putaka* administrations, which may have influenced the overall outcomes.

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