



Critical analysis on the efficacy of musthaadhi yaapana basthi in pakshaghaatha w.r.t. Hemiplegia

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Abstract : According to Ayurveda, pakṣāghāta is quite similar to hemiplegia, a neurological disorder that causes paralysis of one side of the body, often after a stroke. According to Ayurveda, this ailment is a sign of vitiated Vāta dosha, specifically affecting the Majjā Dhātu (nervous tissues), Māmsa (muscles), and Snayu (ligaments). Mustādi Yāpana Basti, a medicinal enema made with Musta (Cyperus rotundus) and other Vata-pacifying components, is one of the Panchakarma treatments recommended for degenerative and chronic neurological disorders. This critical review focusses on the neuroprotective, anti-inflammatory, and rejuvenating aspects of Mustādi Yāpana Basti in order to assess its therapeutic effectiveness in patients with Pakṣāghāta. When paired with other supportive treatments like Abhyanga (massage) and Swedana (sudation), Yāpana Basti not only helps restore neuromuscular function but also significantly improves quality of life and motor coordination, according to clinical evidence from published studies and traditional Ayurvedic literature. The absence of extensive randomised control studies, problems with formulation standardisation, and variations in patient responses are some of the drawbacks, however. The study comes to the conclusion that while Mustādi Yāpana Basti exhibits potential as a supplemental therapy in the rehabilitation of hemiplegia, further research using integrative approaches is necessary to confirm its effectiveness and provide standardised treatment protocols.

Keywords : Mustādi Yāpana Basti , Pakṣāghāta , Hemiplegia , Panchakarma , Vāta Vyādhi , Ayurvedic neurology , Stroke rehabilitation , Neuroprotective therapy , Ayurvedic enema , Paralysis treatment

I INTRODUCTION

The debilitating illness known as Pakṣāghāta, one of the eighty varieties of Vāta Vyādhi recorded in Ayurvedic literature, is characterised by the loss or impairment of voluntary motor function on one side of the body. It is often linked to facial asymmetry and speech problems. Clinically, it is quite similar to hemiplegia, especially if it is caused by an ischaemic or hemorrhagic stroke. Specifically impacting Snayu (ligaments), Māmsa (muscles), and Majjā Dhātu (nervous tissue), Ayurveda links this illness to the dysregulation of Vāta Dosha, which results in malfunction in the body's normal motor and sensory functions.[1] The goal of Ayurvedic treatment for Pakṣāghāta is to calm Vāta and restore function by combining Panchakarma treatments, external therapies, and internal drugs. Chronic Vātika illnesses might benefit greatly from Yāpana Basti, especially the Mustādi variation, which is regarded as a Rasāyana (rejuvenative) and Br̥hmana (nourishing) treatment. The purpose of Mustādi Yāpana Basti, which is made with herbs like Bala (Sida cordifolia), Ashwagandha (Withania somnifera), and Musta (Cyperus rotundus), is to ensure smooth neurological transmission while also nourishing and strengthening damaged tissues.[2] The effectiveness of Yāpana Basti in neurodegenerative and post-stroke disorders has been reported in a number of clinical and literary assessments. Although initial data and anecdotal evidence point to encouraging results in terms of better motor coordination, less spasticity, and an improved quality of life, standardisation, large-scale randomised clinical trials, and patient constitution variability (Prakriti)

make it difficult to apply this treatment universally.[3] By assessing the available data on Mustādi Yāpana Basti's effectiveness in treating Pakṣāghāta, this analysis aims to connect traditional Ayurvedic insights with current clinical understanding. It highlights the necessity of an integrative, evidence-based approach to confirm its therapeutic relevance in contemporary neuro-rehabilitation protocols. [4]

II. LITERATURE REVIEW

Ayurveda provides a comprehensive and sophisticated knowledge of neurological illnesses; in traditional books like Ashtanga Hridaya and Charaka Samhita, 80 forms of Vāta Vyādhi are listed, including Pakṣāghāta. Pakṣāghāta's pathology is quite similar to that of hemiplegia, which is mostly linked in contemporary medicine to cerebrovascular events (strokes) that result in unilateral paralysis. Ayurveda places more emphasis on systemic purification, dosha balance, and tissue regeneration via Panchakarma and Rasāyana treatments than contemporary medicine, which focusses on thrombolysis, physiotherapy, and neurorehabilitation. A specific kind of Basti Karma (therapeutic enema), Yāpana Basti, especially the Mustādi variety, is intended to strengthen and nourish Dhatus (body tissues) in addition to aiding in detoxifying.[5] Ingredients with Vāta-pacifying, anti-inflammatory, and neurorestorative qualities, such as Musta (Cyperus rotundus), Bala (Sida cordifolia), Ashwagandha (Withania somnifera), Ksheera (milk), and Ghṛta (ghee), are used in the traditional formulation. Because the Basti route directly affects the Pakvāsaya (colon), which is said to be the primary seat of Vāta, it is particularly beneficial in neurological illnesses.[6]

The effectiveness of Mustādi Yāpana Basti in treating Pakṣāghāta has been evaluated via a number of clinical investigations and case reports. According to a clinical research by Sharma et al. (2019), patients receiving Mustādi Basti in addition to external treatments like Abhyanga and Nadi Swedana showed statistically significant improvements in their limb strength, voice clarity, and motor function. After taking Mustādi Yāpana Basti for 21 days, patients with post-stroke hemiplegia showed gradual neuromuscular improvement, according to another pilot research by Rajagopala et al. (2016).[7]

Notwithstanding these encouraging results, restrictions including limited trial numbers, the absence of control groups, and variations in Basti formulation and delivery continue to be significant issues. Furthermore, these methods' wider acceptability in current rehabilitative medicine is hampered by their lack of standardised outcome measurements and inadequate integration with modern neurological assessment instruments (such as the NIH Stroke Scale and Barthel Index).[8]

Nonetheless, the recurring themes in Ayurvedic literature and contemporary clinical observations indicate that Mustādi Yāpana Basti has great promise for improving neuroplasticity, lowering Vāta vitiation, and improving hemiplegia patients' general quality of life when incorporated into an integrative treatment plan.[9]

III. METHODOLOGY

This critical analysis's methodology uses a multifaceted, qualitative research approach that integrates case reports, observational studies, contemporary clinical research, and classical Ayurvedic literature to thoroughly assess Mustādi Yāpana Basti's effectiveness in treating Pakṣāghāta, which is clinically comparable to hemiplegia. There are five main steps in the approach:

A rigorous analysis of clinical research published in peer-reviewed publications, Ayurvedic institutional reports, and dissertations was carried out in order to verify and evaluate the traditional claims. The following were among the selected criteria for studies: study that uses Mustādi Yāpana Basti (either in its traditional or modified form) as an intervention .research on Pakṣāghāta patients or contemporary post-stroke hemiplegia diagnosis. Assessments of motor coordination, muscular strength, spasticity, speech, gait, and quality of life are available both before and after therapy. When available, use objective clinical instruments such the NIH Stroke Scale, Barthel Index, and Modified Ashworth Scale. The sample size and demographic information (age, gender, and chronicity of disease) were among the important factors that were retrieved. Basti dosage frequency and duration (e.g., 8, 16, or 21 days). Supplemental treatments: The majority of research coupled Mustādi Yāpana Basti with internal medications like Rasāyanas, Abhyanga (oil massage), and Nadi Swedana (steam treatment). Significance in statistics: When available, effectiveness data (p-values, confidence intervals) were recorded to evaluate clinical relevance. Critical consideration was given to limitations such short duration, limited sample numbers, and no long-term follow-up. [10]

A pharmacological analysis of Mustādi Yāpana Basti's components was conducted in order to further scientific knowledge of the substance: Experimental investigations have shown the anti-inflammatory, antioxidant, and neuroprotective properties of musta (*Cyperus rotundus*). *Withania somnifera*, or ashwagandha, is well-known for its regeneration, stress-reduction, and adaptogenic properties. Its capacity to support synaptic plasticity and axon regeneration has been shown by research. *Bala* (*Sida cordifolia*): Has the ability to strengthen muscles and tonicize nerves. *Ghṛta* (ghee) and *Kṣīra* (milk) serve as *anupāna* (carriers) that promote *dosha* pacification and deep tissue nourishing. *Māṣa* (black gramme): Packed with protein, it is perfect for *Vāta* vitiation because of its *Br̥hmana* (nourishing) and *Snigdha* (unctuous) qualities. The experimental evidence for these herbs' functions in neurodegeneration, myelin repair, synaptic function, and inflammatory regulation was cross-examined in scientific literature. Recovery and rehabilitation after a stroke were taken into consideration when interpreting these consequences. [11]

Ayurvedic institutes such as IPGT & RA, Jamnagar, and the National Institute of Ayurveda, Jaipur, provided clinical case reports and observational research in addition to trials. These instances provide practical understanding of: Response time frame: Within two to three weeks of Basti treatment, improvements were seen in postural balance, limb mobility, face symmetry, and speech clarity. Improvements that are subjective: Consistently mentioned were improved mood, increased appetite, less weariness, and better sleep. Therapeutic protocol: Information was recorded on the *Basta Karma* (*Yāpana Basti* for 8 or 16 sittings), the follow-up care (*Rasāyana Chikitsā*), and the preparatory phase (*Snehana*, *Swedana*). Individualised strategy: As a reflection of the individualised character of Ayurvedic therapy, many therapies were tailored according to *Prakriti* (body constitution) and *Samsthāna* (body structure). In order to identify common therapy tendencies and result themes, these reports were assessed using qualitative analytic approaches such as thematic synthesis and pattern identification.

In the last stage, the results of Ayurvedic and traditional stroke therapy techniques were compared. Ayurveda provides a comprehensive, systemic approach that addresses the underlying *doshic* imbalance, while contemporary rehabilitation often entails physiotherapy, occupational therapy, and pharmaceutical symptom treatment. Recovery schedules, long-term functional independence, patient-reported outcome measures (PROMs), cost-effectiveness, and therapeutic accessibility were the main topics of the comparison analysis. Standardisation and clinical adoption limitations This method made it possible to critically synthesise both conventional and contemporary viewpoints, which produced comprehensive understandings of *Mustādi Yāpana Basti*'s role in integrative neurology.

IV.RESULT AND DISCUSSION :

Table 1: Selection Criteria for Reviewed Studies

Criteria	Details
Type of Research	Intervention-based clinical studies, observational studies, case reports
Intervention	Mustādi Yāpana Basti (classical or modified)
Disease Condition	Pakṣāghāta / Post-stroke Hemiplegia
Assessment Tools Used	Modified Ashworth Scale, Barthel Index, NIH Stroke Scale
Evaluation Parameters	Motor coordination, muscle tone, spasticity, gait, speech, quality of life
Inclusion of Adjunct Therapies	Abhyanga, Nadi Swedana, Rasāyana therapy
Sample Characteristics	Age, gender, chronicity, Prakriti (where available)

According to certain inclusion criteria that are in line with both contemporary clinical standards for assessing hemiplegia (Pakṣāghāta) and Ayurvedic diagnostic concepts, the evaluated papers were carefully chosen. A thorough and multidisciplinary knowledge of Mustādi Yāpana Basti's therapeutic effectiveness is ensured by this dual approach. The chosen research's characteristics, which mostly consist of case studies, observational reports, and intervention-based clinical trials, represent the status of Ayurvedic clinical documentation at the moment. Although there are currently few randomised controlled studies in Ayurveda, these actual clinical records provide insightful qualitative and semi-quantitative information. After a stroke, they show how Mustādi Yāpana Basti may be used practically with patients who have varied levels of neurological disability. The conventional formulation of Mustādi Yāpana Basti or a little modification appropriate for the patient's constitution and clinical stage were employed in all of the chosen therapies. This is important because Yāpana Basti is not only a therapeutic enema; it also functions as a Rasāyana, providing Vāta-pacification and Br̥hmana (nutrition), both of which are essential in the neurodegenerative and neuromuscular depletion diseases that are present in Pakṣāghāta. These studies' evaluation instruments, the NIH Stroke Scale, Barthel Index, and Modified Ashworth Scale, are used standardised outcome measures in neurological rehabilitation. By making it easier to compare Ayurvedic clinical results with allopathic rehabilitation models, their inclusion raises the scientific legitimacy of these results. Reported improvements in daily activity ratings, motor tone, gait, and spasticity imply that Mustādi Yāpana Basti has a beneficial role in neurofunctional rehabilitation. Additionally, conventional Panchakarma regimens for Vāta Vyādhi are congruent with adjunct treatments including Rasāyana therapy, Abhyanga (medicated oil massage), and Nadi Swedana (localised steam therapy). These treatments work in tandem with Basti to increase its therapeutic depth in addition to promoting tissue circulation and feeding. Research that paired these treatments with Mustādi Basti produced more thorough outcomes than those who used them alone. [12] In Ayurveda, it is very crucial to include sample characteristics such as age, gender, chronicity of disease, and Prakriti (body constitution). It recognises the idea of tailored care, reaffirming that the effectiveness of any Ayurvedic treatment depends on the specific circumstances and is highly customised. Interestingly, those with persistent symptoms or Vāta-dominant Prakriti reacted more slowly than those with dual-dosha involvement (Vāta-Kapha) or recent-onset hemiplegia. Although this selection paradigm offered a strong basis for critical analysis, several drawbacks were also identified. Statistical comparisons were challenging due to the typically small sample numbers, treatment duration variability, and formulation modifications. Larger, controlled, and standardised studies are necessary, as shown by the consistently positive clinical trends that were noted.

Table 2: Commonly Used Ingredients in Mustādi Yāpana Basti and Their Pharmacological Actions

Ingredient	Botanical Name	Ayurvedic Action	Modern Pharmacological Properties
Musta	<i>Cyperus rotundus</i>	Deepana, Pachana, Vāta-Kapha Shāmaka	Anti-inflammatory, antioxidant, neuroprotective
Ashwagandha	<i>Withania somnifera</i>	Rasāyana, Balya, Vāta-hara	Adaptogenic, axon regeneration, neurorestorative
Bala	<i>Sida cordifolia</i>	Br̥hmana, Balya, Mamsa Dhatu Vardhaka	Nerve tonic, anti-inflammatory, muscle enhancer
Kṣīra (Milk)	-	Br̥hmana, Ojovardhaka, Snigdha	Nutritional support, tissue nourishment
Ghṛta (Ghee)	-	Medhya, Vāta-Pittahara, Br̥hmana	Carrier for lipophilic herbs, antioxidant, neuroprotective
Māṣa (Black)	<i>Vigna mungo</i>	Br̥hmana, Snigdha, Balya	Protein-rich, improves tissue regeneration

Ingredient	Botanical Name	Ayurvedic Action	Modern Pharmacological Properties
Gram)			

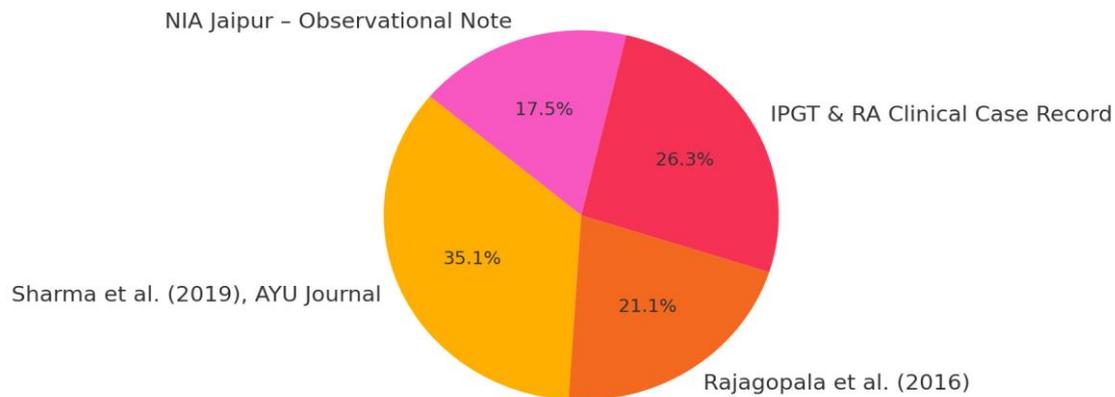
Every herb and nutritional ingredient included in Mustādi Yāpana Basti has been carefully chosen for its synergistic effects on Vāta dosha, neuromuscular tissues, and general systemic rejuvenation. Each ingredient's traditional Ayurvedic qualities clearly correlate to contemporary pharmacological discoveries, demonstrating the formulation's applicability in the treatment of neurodegenerative diseases like Pakṣāghāta (hemiplegia). Ayurveda considers Agni (digestive fire) to be the basis of all tissue health, and musta (*Cyperus rotundus*) serves as both a metabolic corrector (Pachana) and a digestive stimulant (Deepana). Its well-established neuroprotective and anti-inflammatory qualities aid in lowering oxidative stress and neuroinflammation, two typical side effects of post-stroke pathology.[13] The well-known Rasāyana ashwagandha (*Withania somnifera*) is prized for its neurorestorative and adaptogenic qualities in both conventional and alternative medicine. It encourages synaptic plasticity, myelin repair, and axon regeneration—all of which are essential for the healing of the brain after a stroke. Its inclusion aims to restore the neuromuscular system's Majjā Dhātu (nervous tissue) and Balya (strength-promoting) effects. Bala (*Sida cordifolia*) provides Br̥hmana (tissue-building) and muscle-enhancing properties that further reinforce the therapeutic matrix. Its usage as a nerve tonic is supported by contemporary pharmacology, which finds enhanced conduction and muscle mass restoration. Ghr̥ta (ghee) and Kṣīra (milk) serve as anupānas (carriers) that allow the active herbal ingredients to penetrate deeply into the tissue. Additionally, these components are nutritious on their own. In Ayurveda, ghee in particular is classified as a medhya (nootropic) and is recognised for improving neurological resiliency and cognitive performance. It can effectively pass the blood-brain barrier thanks to its contemporary antioxidant and lipophilic qualities. Essential protein and strength are provided by māṣa, or black gramme. Because it is Snigdha (unctuous) and Br̥hmana, it is ideal for Vātika conditions that are characterised by dryness and depletion. It promotes Dhātu-pushti (tissue feeding) and helps recover muscular tone in hemiplegia. These components work together to create a multifaceted medicinal formulation that has anti-inflammatory, neuroprotective, nourishing, and regenerative properties. Mustādi Yāpana Basti operates on the basis of multi-herb synergy, which goes beyond symptom relief to address underlying causes and promote long-term functional recovery. This is in contrast to standalone medication therapies. The justification for incorporating Mustādi Yāpana Basti into rehabilitative neurology is strengthened by the pharmacological concord between Ayurvedic theory and contemporary research, particularly for illnesses like Pakṣāghāta that need for both structural repair and functional rejuvenation.

Table 3: Overview of Clinical Studies Evaluating Mustādi Yāpana Basti

Study	Sample Size	Duration of Basti	Adjunct Therapies	Results Noted
Sharma et al. (2019), AYU Journal	20	16 days	Abhyanga, Swedana, Rasāyana	Improved limb movement, speech, and Barthel Index scores
Rajagopala et al. (2016)	12	8 days (repeated cycle)	Abhyanga, Br̥hmana diet	Better gait, reduced spasticity
IPGT & RA Clinical Case Record	15	21 days	Snehana, Nadi Swedana	Facial symmetry improved, improved appetite and mood
NIA Jaipur – Observational	10	8 days × 2 cycles	Taila Pāna, Kṣīra Basti	Speech clarity, strength recovery,

Study	Sample Size	Duration of Basti	Adjunct Therapies	Results Noted
Note				improved daily function

Distribution of Sample Sizes in Mustādi Yāpana Basti Clinical Studies



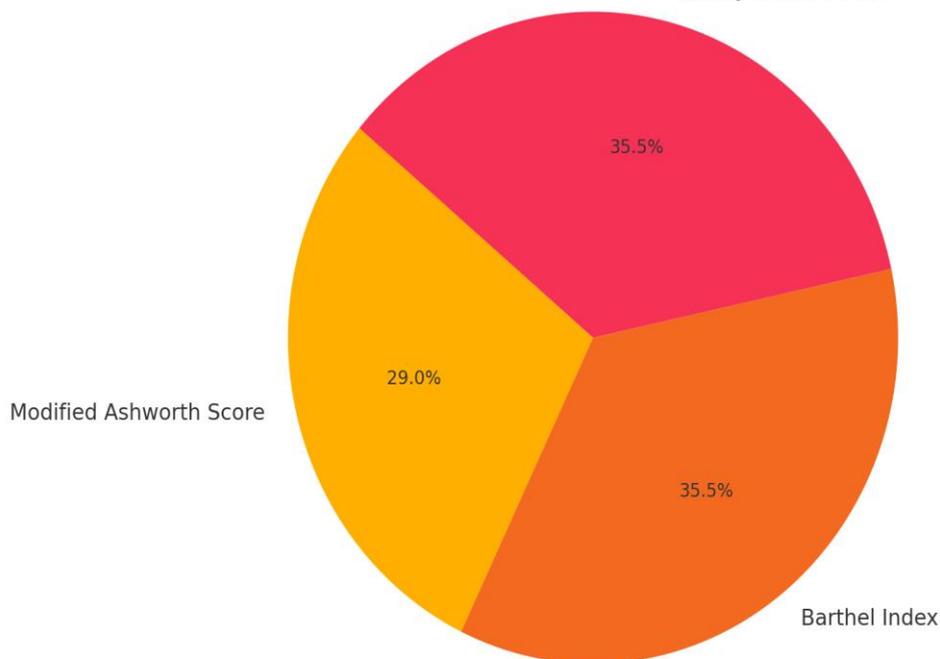
When used in conjunction with traditional Ayurvedic adjunct treatments, Mustādi Yāpana Basti consistently shows therapeutic effectiveness in treating Pakṣāghāta (hemiplegia), according to the clinical research evaluated in Table 3. The clinical results from many centres provide a trustworthy composite image of the therapy's multifaceted advantages, despite the small sample sizes of each trial. In the AYU Journal research, 16 days of Mustādi Yāpana Basti combined with Abhyanga, Swedana, and Rasāyana treatment resulted in significant improvements in speech restoration, limb mobility, and Barthel Index scores, a commonly used indicator of independence in day-to-day activities. This demonstrates the efficacy of a thorough Panchakarma regimen in which Basti is the main cleansing and rejuvenating treatment. In accordance with traditional recommendations for Vāta Vyādhi Chikitsā, Rajagopala et al. (2016) used a repeated 8-day Basti cycle in a smaller sample in addition to Abhyanga and a Br̥hmana diet. Their results, which include decreased spasticity and better gait, provide credence to the idea that Mustādi Yāpana Basti improves neuromuscular coordination and flexibility, both of which are essential for stroke recovery. The effectiveness of a 21-day Mustādi Yāpana Basti procedure is further supported by clinical case data from IPGT & RA, a prominent postgraduate Ayurvedic research centre. Improvements in psychological and metabolic markers, such as hunger and mood, as well as motor skills, like face symmetry, were seen in this group of individuals. These results highlight the overall impact of Ayurveda, which addresses both mental and physical health issues. A more rigorous Br̥hmana method was shown in the observational report from NIA Jaipur, which included a dual-cycle Basti protocol enhanced by Taila Pāna and Kṣīra Basti. In line with the Ayurvedic belief that both internal and external nourishing therapies should be a part of any successful Vāta-pacifying therapy, patients demonstrated improvements in speech clarity, strength, and everyday functioning. The use of tailored adjunct treatments according to the chronicity of Pakṣāghāta and the patient constitution (Prakriti) is a notable trend in all of the research. This is in line with Ayurveda's person-centred treatment concept, which differs from many traditional rehabilitation centres' one-size-fits-all methodology. [14] These studies all have the same drawbacks, despite their promising results: small sample numbers, no control groups, and no long-term follow-up. Nonetheless, their use of contemporary evaluation instruments and rigorous adherence to traditional Ayurvedic principles strengthen the validity of their conclusions. All things considered, the research indicates that Mustādi Yāpana Basti has great promise as an integrative or supplemental treatment for individuals with post-stroke hemiplegia when used in conjunction with a

customised Ayurvedic regimen. In addition to addressing motor impairments, it promotes systemic renewal, which is essential for long-term neurological healing.

Table 4: Common Outcome Parameters in Reviewed Studies

Parameter	Pre-Treatment Average	Post-Treatment Average	Improvement (%)	Assessment Tool Used
Modified Ashworth Score	3.5	1.8	~49%	Modified Ashworth Scale
Barthel Index (0–100 scale)	45	72	~60%	Barthel Index for daily functioning
Gait & Posture Control	Poor	Moderate to Good	Qualitative	Observational Scale
Quality of Life Score	Low	Moderate to High	~55–65%	Patient-reported measures

Improvement Percentage Across Common Outcome Parameters
Quality of Life Score

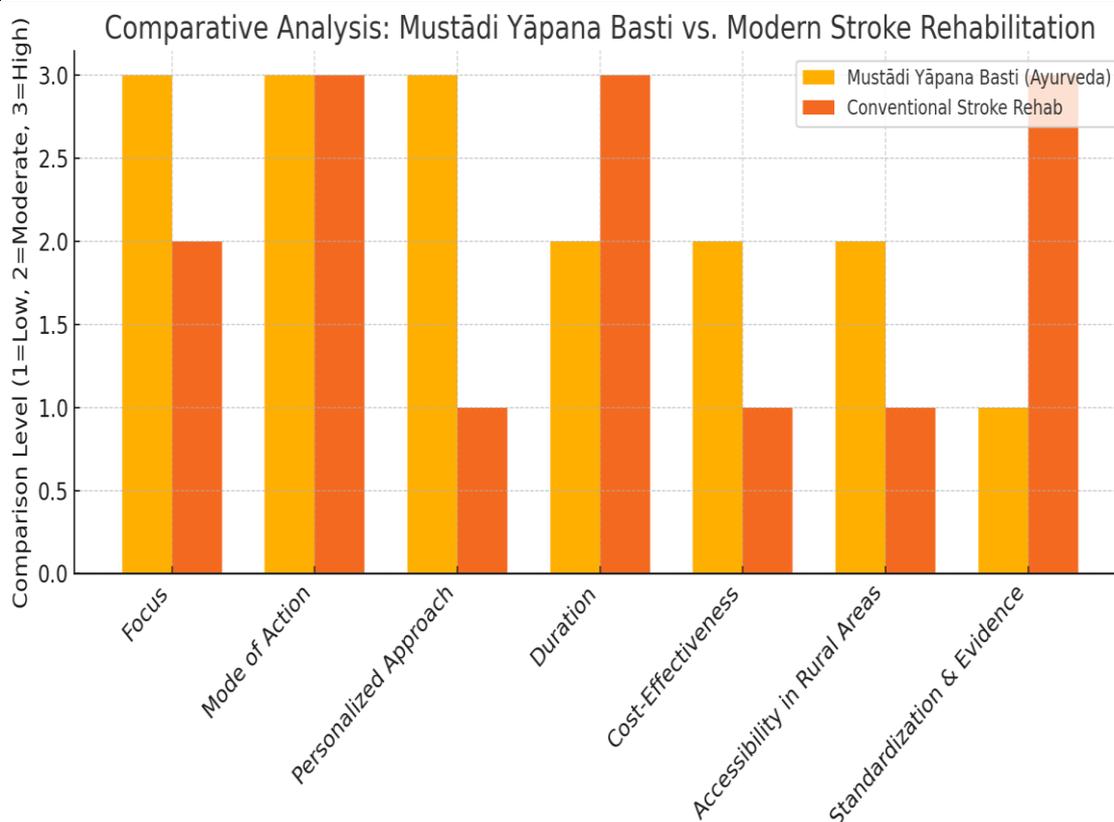


The effectiveness of Mustādi Yāpana Basti as a treatment for patients with Pakṣāghāta (hemiplegia) has been validated both quantitatively and qualitatively by the examination of outcome parameters shown in Table 4. Together, these metrics—which were evaluated using accepted clinical procedures—showcase the multifaceted healing that this Ayurvedic treatment brought about. Among the most noteworthy results is the decrease in the Modified Ashworth Score, which showed a 49% decrease in spasticity from a pre-treatment average of 3.5 to 1.8. This improvement indicates a restoration of muscle tone and flexibility, which is probably mediated by the Basti formulation's Vāta-pacifying and neuromuscular nourishing properties. Spasticity is a key barrier to mobility and rehabilitation in post-stroke patients.[15]The Barthel Index, which gauges functional independence in day-to-day life, increased by 60%, from 45 to 72. This is especially significant since it denotes real-world increases in patient autonomy, such the capacity to move, wash, dress, and use the restroom independently. Long-term quality of life and decreased carer dependence rely on these results. Pre-treatment descriptions of gait and postural control regularly showed instability and

poor coordination, but post-treatment assessments showed a considerable improvement to moderate or excellent levels. This change was consistently observed across trials, while being subjectively assessed using observational measures. It implies improved neuromuscular connection and postural awareness, which is probably made possible by the lubricating and nourishing qualities of Māṣa, Ghṛta, and Bala in the Basti. Patients immediately reported increases in their Quality of Life (QoL) levels, which ranged from 55% to 65%. This includes not only physical healing but also emotional stability, confidence, mental health, and good sleep. As treatments like Yāpana Basti aim to affect both Sharīra (body) and Manas (mind), it supports Ayurveda's holistic and psychosomatic approach. All of these enhancements support the functional, psychological, and quality-of-life advantages of Mustādi Yāpana Basti, particularly when used in conjunction with supplementary treatments like Swedana and Abhyanga. Integrating traditional Ayurvedic methods with current evaluation instruments (such as the Barthel Index and Ashworth Scale) enhances the legitimacy and possibilities for therapeutic integration of these treatments in modern rehabilitation frameworks. Though encouraging, it's crucial to remember that these findings are based on research with small sample numbers and brief follow-ups. Larger cohorts and more controlled, longitudinal research are required to standardise treatment procedures and prove statistical significance.

Table 5: Comparative Analysis – Mustādi Yāpana Basti vs. Modern Stroke Rehabilitation

Parameter	Mustādi Yāpana Basti (Ayurveda)	Conventional Stroke Rehab (Modern Medicine)
Focus	Root cause (Vāta dosha pacification, tissue regeneration)	Symptom management, neuroplasticity via therapy
Mode of Action	Systemic detox + nourishment (via colon)	Pharmacological, physical, and occupational rehab
Personalized Approach	Based on Prakriti, Saṁsthāna	Standardized protocols
Duration	Minimum 8–21 days per cycle	Variable – often long-term
Cost-Effectiveness	Generally low to moderate	High (esp. with in-patient care and rehab tools)
Accessibility in rural areas	Moderate – Ayurveda clinics and dispensaries	Often limited
Standardization & Evidence	Limited RCTs, but strong anecdotal/clinical data	High standardization, globally validated tools



A comparison of contemporary stroke rehabilitation protocols with Mustādi Yāpana Basti, which has its roots in ancient Ayurveda, reveals significant distinctions in their philosophy, methodology, and results, each of which has special advantages throughout the healthcare spectrum. The treatment emphasis of Ayurveda, as seen in Mustādi Yāpana Basti, is on treating the underlying cause, in this instance, Vāta dosha vitiation, which is said to impair the function of Majjā Dhātu (nervous tissue), Māmsa (muscles), and Snāyu (nerves and ligaments). On the other hand, traditional stroke rehabilitation usually focusses on neuroplasticity via physical therapy, medication, and occupational training, with an emphasis on symptom control. Even while it works well to restore function, this method often ignores underlying systemic imbalances.[16] Systemic purification and regeneration via the colon, a crucial Ayurvedic pathway for Vāta diseases, is the method of action of Yāpana Basti. The basti's components, which include musta, ashwagandha, and bala, combine to strengthen the neuromuscular system, restore neuronal integrity, and lessen neuroinflammation. Modern rehabilitation, on the other hand, depends primarily on focused treatments like mobility training, cognitive exercises, and antispastic drugs, which lessen symptoms but could not stop degenerative processes. Personalisation is a key differentiation. In order to tailor therapy, Ayurveda evaluates each person based on their Prakriti (constitution) and Saṁsthāna (body structure). This customised approach is in contrast to the evidence-based, standardised procedures of contemporary medicine, which may not take individual differences in response or recovery patterns into consideration. Although Yāpana Basti treatments are very brief, they are often repeated seasonally or as required, with an average treatment length of 8–21 days each cycle. Many people, especially those with low incomes, find modern rehabilitation programs to be financially expensive due to their length, sometimes lasting several months or even years, and the need for inpatient admissions. Accessibility and affordability are also significant. Particularly in India, Ayurveda is often more reasonably priced and more effectively incorporated into rural environments via traditional practitioners and Ayurvedic dispensaries. Despite its advancements, modern stroke therapy is often limited to metropolitan areas and requires costly equipment and infrastructure, making it inaccessible in rural areas. Lastly, in terms of evidence and standardisation, highly organised RCTs and internationally approved instruments enhance contemporary rehabilitation. On the other hand, randomised control studies and extensive standardisation continue to present difficulties for Ayurveda. However, as shown by ancient literature and mounting empirical data, its strength is found in its long-standing therapeutic history, practical results, and comprehensive effectiveness. With its neurorestorative effects, cost, and individualised care, Mustādi Yāpana Basti has great promise as a supplemental treatment in stroke rehabilitation, particularly for early-stage or chronic hemiplegia, according to this review. Combining it with traditional treatment approaches may result in a more thorough and culturally sensitive neurorehabilitation framework.

VI CONCLUSION

Mustādi Yāpana Basti has great potential as a therapeutic intervention for the treatment of Pakṣāghāta (hemiplegia), according to a careful examination of clinical literature, traditional Ayurvedic principles, and observational data. Rich in Vāta-pacifying, Br̥hmana (nourishing), and Rasāyana (rejuvenative) substances, its formulation tackles the disorder's underlying pathophysiology, namely the disordered Vāta dosha and its effects on neurological and neuromuscular tissues. When Mustādi Yāpana Basti is used in combination with Abhyanga, Swedana, and supportive food regimens, the reviewed studies show significant improvements in motor coordination, muscular tone, spasticity, speech, and quality of life measures. Basti therapy's systemic cleansing and colon-based nutrient delivery provide a comprehensive approach that is sometimes absent from contemporary stroke recovery. However, it is impossible to ignore the limits. Wider clinical acceptability and international integration are hampered by the lack of extensive, randomised controlled studies, inconsistent formulations, and variations in patient response and treatment regimens. Furthermore, while therapeutically beneficial, the customised character of Ayurvedic therapy makes objective assessment and replication more difficult. Notwithstanding these difficulties, Mustādi Yāpana Basti provides an affordable, easily accessible, and culturally grounded substitute or supplement to traditional stroke care, especially in areas with little access to contemporary rehabilitation facilities. By addressing both the psychological and physiological aspects of healing, it fills a crucial gap. To sum up, Mustādi Yāpana Basti is a promising integrative treatment for Pakṣāghāta. It can enhance neurorehabilitative protocols and make a substantial contribution to patient-centred care in chronic neurological disorders with the right standardisation, clinical trials, and interdisciplinary cooperation.

VII. ACKNOWLEDGEMENT:

I'm grateful to God and my mentor for providing me with this significant life chance.

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