

Scientific Understanding of *Prustha Basti* and Its Application in Degenerative Disc Diseases by Oil Pulling: A *Panchakarma* Therapy

Kanji Poriya^{1,*}, Vipin Kumar², Sonu³, Hardik Chudasama⁴

¹Department of Panchakarma, Panchakarma Consultant, Shree Swaminarayan Gurukul, Jamnagar, Gujarat, INDIA.

²Department of Panchakarma, National Institute of Ayurveda (Deemed University), Jaipur, Rajasthan, INDIA.

³Department of Striroga and Prasuti Tantra, National Institute of Ayurveda (Deemed University), Jaipur, Rajasthan, INDIA.

⁴Department of Kriya Sharir, J.S. Ayurveda Mahavidhyalaya, MAM University, Nadiad, Gujarat, INDIA.

ABSTRACT

Background/Aim: *Prustha Basti* is an external Panchakarma procedure in which warm medicated oil is retained over the spinal region using a dough ring made of black gram flour. Degenerative Disc Disease (DDD) is a progressive condition commonly associated with Vata aggravation, leading to chronic pain, stiffness, and reduced spinal mobility. This review aims to understand the scientific basis and clinical relevance of *Prustha Basti* in the management of DDD, with supportive benefits from oil pulling therapy. **Materials and Methods:** The therapy involves the controlled application of warm oil for 45-50 min over the spine to facilitate deeper tissue penetration and promote local circulation. The oil is kept consistently warm by intermittent replacement. Classical Ayurvedic principles, along with published clinical evidence, were reviewed to analyse therapeutic effects. Focus was given to the mechanism of action, procedure protocol, safety measures, and outcomes related to musculoskeletal and neurological benefits in DDD. **Results:** Findings indicate that *Prustha Basti* effectively reduces pain, stiffness, swelling, and muscle spasms commonly associated with degenerative spinal conditions. The therapy nourishes vertebral structures, decreases inflammation, and supports nerve function by pacifying aggravated *Vata Dosha*. Improved mobility, reduced discomfort, and better quality of life are noted after treatment sessions. Oil pulling may offer additional systemic benefits by reducing oxidative stress and supporting musculoskeletal balance. **Conclusion:** *Prustha Basti* is a safe and beneficial Panchakarma therapy for degenerative disc disorders. It provides symptomatic relief and helps restore spinal function through its combined anti-inflammatory, analgesic, and strengthening effects. Integrating *Prustha Basti* with supportive Ayurvedic measures, such as oil pulling, may enhance therapeutic efficacy and contribute to holistic spinal care.

Keywords: Ayurveda, Oil pooling, *Prushta Basti* (~Spine Region), Temperature.

Correspondence:

Dr. Kanji Poriya

Department of Panchakarma,
Panchakarma Consultant, Shree
Swaminarayan Gurukul, Jamnagar,
Gujarat, INDIA.
Email: kanjiporiya95@gmail.com

Received: 18-08-2025;

Revised: 23-10-2025;

Accepted: 04-12-2025.

INTRODUCTION

Prushta Basti, also known as *Bahya Sthanik Basti*, is an external therapeutic method that involves applying warm, medicated oil to the spine and surrounding area for a specified period using a specially crafted frame ring made from black gram powder. The term "*Prustha*" encompasses the entire region of the spine, while "*Basti*" means the act of holding, retaining, or pooling. In this case, therapeutic oil is retained/pooled inside a frame over the spine. It is considered to be a type of *Swedana* (i.e., fomentation), a method

of applying mild to moderate heat to a specific area, either in the form of steam or by direct contact with heated substances. The oils are often warmed and then applied to the affected region/area at a temperature that is bearable to the patient (*Sukhoshana*). There are several different types of local *Basti* treatments being practiced, including *Kati Basti*, *Greeva Basti*, *Janu Basti*, *Shiro Basti*, and *Uro Basti*. *Prustha Basti* is an exceptional therapy for alleviating painful ailments primarily produced by *Vata Dosha*, typically associated with degenerative disorders. It is primarily utilized for alleviating pain and stiffness commonly related to bone, joint, and musculoskeletal discomfort. This study was conducted to examine the notion of *Prustha Basti* and gain a comprehensive understanding of the usual method involved in *Prustha Basti*.



ScienScript

DOI: 10.5530/ajbls.20250061

Copyright Information :

Copyright Author (s) 2025 Distributed under
Creative Commons CC-BY 4.0

Publishing Partner : ScienScript Digital. [www.scienscript.com.sg]

REVIEW OF PRUSTHA BASTI

References about *Prustha Basti* are not given in any Ayurvedic textbooks. To date, no research articles or previous studies have been published or compiled. The concept and practice of *Prustha Basti* were thoroughly examined.

MATERIALS AND METHODS

Literature from Ayurvedic classics and relevant clinical studies was reviewed to understand the therapeutic efficacy of the procedure. Warm medicated oil was retained on the spinal region for approximately 45-50 min to ensure optimum absorption and improved microcirculation. The temperature of the oil was maintained by periodically replacing it with freshly warmed oil. Emphasis was placed on the physiological impact, standardized method of administration, precautionary measures, and its role in improving spinal musculoskeletal and neural functions in Degenerative Disc Disease (Table 1).

Table 1: Materials and Manpower Required for Prustha Basti.

Category	Item	Quantity
Equipment	Panchkarma Table	1
	Vessels	3
	Spoon	1
	Cotton/Sponge	Quantum Sufficit (QS)
	Hot water for bath	1
Materials	Medicated oil (like Dashmoola Taila, Bala Taila, Dhanvantara Taila, Mahanarayala Taila, Masha Tail etc.)	400-500 mL
	Black gram powder	1 Kg
Manpower	Ayurvedic physician	1
	Panchkarma Therapist	2

Ethical Statement

This article is based on a review of the literature. No human participants or animals were involved in the study; therefore, ethical approval were not required.

PATIENT PREPARATION

The patient undergoes a comprehensive examination. The *Prakriti*, which refers to the fundamental constitution, and *Vikriti*, which pertains to the specific details of illness, are thoroughly described. The sickness is also investigated. A comprehensive description of the treatment regimen, materials, and medications that need to be utilized is provided. The patient is urged to refrain from suppressing natural urges to urinate or defecate, if present. The patient is also instructed to remove their clothing and expose the

Prustha area. The patient is instructed to assume a prone position by lying down on the table. Typically, it is performed in the morning to accommodate the patient's convenience. The patient is instructed to arrive for the treatment on an empty stomach, as they will need to lie face down (prone position) during the procedure.

MODE OF ADMINISTRATION/PROCEDURE

Black gram powder is to be mixed with sufficient quantity of water to make a thick paste (dough). It is then rolled into a flat slab-like structure having a length of about 50 to 55 cm, a thickness of 2-3 cm, and height of 4 *angulas* (~8 cm). Patient is advised to lie down in the prone position. The prepared dough is to be fixed on the spine area in a rectangular shape, taking care not to cause any leakage of oil.

The oil should be heated up to a warm temperature over the water bath and poured slowly inside the ring with motion (so as the oil is not poured over a specific area as this might cause burn) by squeezing a sponge dipped in oil. The therapist must ensure that the oil temperature is comfortable for the patient. To check this, the therapist dips their little finger into the oil before applying it within the frame. After pouring the oil, the therapist should gently glide their thumb along the spine in a linear motion, using soft yet steady pressure. It is important to maintain a consistent oil temperature throughout the procedure by periodically replacing it with warm oil. Depending on the individual's condition and the season, the oil should be retained for approximately 45 to 50 min (Figures 1 and 2).

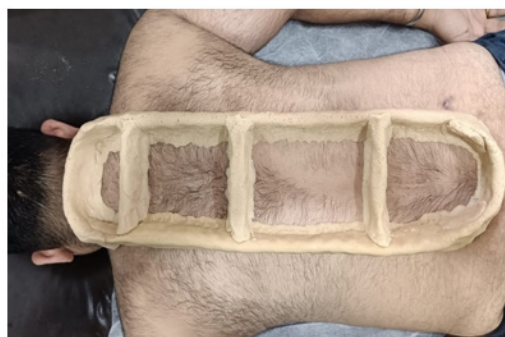


Figure 1

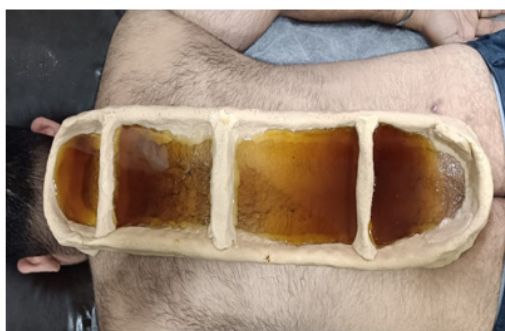


Figure 2

Figures 1 and 2: Prustha Basti in a Patient of Spinal Disc Problems.

Once the specified duration is complete, the oil should be removed using cotton or a sponge, which is dipped and squeezed into a container. After the oil is collected, the dough boundary can be taken off, and the area should be gently wiped and cleaned with cotton. The patient is then advised to rest. The used oil, after proper filtration, can be reused for the next two days. Since some oil is lost during the procedure, it is recommended to replenish it with fresh oil. On the fourth day, entirely fresh oil should be used.

PRECAUTIONS

- Care should be taken to prevent excess heating of the oil since it may cause burns.
- Paste the dough well to avoid leakage and avoid movements during the procedure.

COMPLICATIONS AND MANAGEMENT

- Burn due to accidental use of hot oil.- Apply *Madhu* (Honey), *Ghrita* (Ghee), *Ghritakumari* (Aloe vera), *Shatdhauta Ghrita* and other suitable treatment.
- Discomfort due to prolonged lying.

INDICATIONS

- Ankylosing spondylitis,
- Back Injuries,
- Back Pain,
- Scoliosis,
- Spinal disc problems,
- Spina stenosis,
- Spondylolisthesis,
- Upper back (Thoracic) pain,
- Low back pain (lower back pain/lumbago),
- Lumbar spondylosis,
- Sciatica etc.

CONTRAINDICATIONS

- Acute fever,
- Acute stage of Rheumatoid arthritis,
- Inflammatory or infective conditions,
- Hemorrhagic disease.

RESULTS

Literature evidence suggests that *Prustha Basti* leads to notable improvement in symptoms associated with Degenerative Disc Disease. Patients undergoing therapy experience a reduction in pain intensity, spinal stiffness, localized swelling, and muscle tension. The continuous exposure of medicated oil over the spine promotes nourishment of vertebral tissues, supports nerve health, and enhances regional circulation, contributing to better spinal flexibility and comfort. Overall, the therapy has shown positive outcomes in restoring mobility and improving the general quality of life in individuals with degenerative spinal conditions. Supplementing this approach with oil pulling may further provide systemic strengthening benefits conducive to musculoskeletal wellness.

DISCUSSION

In Ayurveda, *Prustha* denotes the posterior aspect of the body, specifically the spinal region. In contemporary anatomical language, this includes the cervical, thoracic, lumbar, sacral, and coccygeal segments of the vertebral column. In cases of vertebral dislocation within these areas, therapeutic approaches such as cold water sprinkling and the application of medicated pastes are traditionally utilized. Following appropriate management, the displaced vertebra typically returns to its normal alignment and function.^[1]

Classical Ayurvedic literature extensively references *Prustha* in relation to spinal health. *Acharya Sushruta* discusses it in the *Bhagna Chikitsa Adhyaya* (chapter on fracture management), specifically addressing dislocation of spinal joints, termed *Prustha Bhagna-Sandhi Moksha*.^[2] *Acharya Charaka* also mentions *Prustha* in various pathological contexts, such as *Bahira Ayama*^[3] (opisthotonos), *Dandaka*^[4] (bamboo spine), and *Gridhrasi*^[5] (sciatica). In conditions where *Vayu* (the air element) vitiates the bones and bone marrow, *Charaka* advocates for both internal and external *Snehana* (oleation therapy) as part of the treatment strategy.^[6]

Furthermore, *Sushruta* categorizes *Prustha Marma* (vital points of the back), identifying seven distinct types, each present bilaterally,^[7] resulting in a total of 14 *Prustha Marmas*.^[8] These vital points are considered critical in diagnosis and therapeutic interventions concerning the spine.

KATIKATARUNA MARMA

These are 2 in number. It is classified under i. *Prushtha Marma*, as it is located on either side of *Prushtha Vansha* (Spine) over the *Shoni Kaandas* (Pelvic bone) ii. *Asthi Marma*^[9] as the main constituent is said to be *Asthi* and iii. *Kalantara Marma*,^[10] as injury to *Katikataruna*, causes loss of complexion and debilitation from blood loss, which can even lead to death over a period of time.^[11] Regional anatomy of this *Marma* structure is related to

the Posterior aspect of the Ilium, lumbo-sacral joint, Bifurcation of the common iliac vessels, and Sacro-iliac joint. Specifically, the *Katikataruna Marma* is located near the greater sciatic notch, which lies between the posterior inferior iliac spine above and the ischial spine below. The sacrospinous ligament converts this notch into an opening known as the greater sciatic foramen. Injury to this region can cause rupture of the vessels and nerves passing through, which may have fatal consequences.^[12] Thus, the *Katikataruna Marma* can be correlated with the sciatic notch and the sciatic foramen.

KUKUNDARA MARMA

These are 2 in number, classified as i. *Prushtha Marma* is due to its location on the *prushtha*. ii *Sandhi Marma*^[13] as it is located on either side of the vertebral column (*Prushthavamsha ubhayataha*), on the outer aspect of the gluteal region (*Jaganah bahir bhaga*). iii. *Vaikalyakar Marma*^[14] as injury to this *Marma* leads to *Adha kaaya chesta upghata*, i.e., loss of sensation and function of the lower part of the body.^[15] Anatomically, the *Prushthagata Kukundara Marma* is situated on the outer aspect of the gluteal region on both sides of the vertebral column. Therefore, this area is associated with the sandhi, or joint structures, with the sacroiliac joint being the most likely primary structure involved. Injuries to the structures (Gluteal vessels, Gluteal nerves, and Sciatic nerve) around this joint can result in loss of sensation and function in the lower limb. Often trauma to the sciatic nerve results in paralysis of these muscles results in impairment of thigh extension and leg flexion as it innervates the muscles in the posterior compartment of the thigh and the hamstrings.^[16] Hence, *Kukundara Marma* can be correlated with the sacroiliac joint.

NITAMBA MARMA

These are 2 in number, and is classified under I. *Prushtha Marma* II. *Asthi Marma*,^[17] and iii. *Kalantara Marma*.^[18] They are located one on either side of the lower part of the *Prushtha Vamsha* (spine), exactly above *Shroni Kaandas* (pelvic bones), covering the internal organs (*mutrashaya* i.e., kidneys/ bladder and are also part of the abdominal cavity, consisting of *ashayas* or visceral organs, and are attached to the flanks. When it is injured, it causes debility due to wasting of the lower body or even death over time.^[19] Regional anatomy of this *Marma* is closely associated with the Ala of the ilium. Floating ribs, Lumbar plexus, and other important structures are located nearby. The ilium, the largest component of the hip bone, contributes to the superior aspect of the acetabulum. It features robust medial columns for weight-bearing and thin, wing-like alae for muscle attachment. The lateral surface of the ala displays three rough gluteal lines for the attachment of gluteal muscles, while the iliac fossa medially provides attachment for the iliocostalis muscle. Posteriorly, the ilium's auricular surface and iliac tuberosity articulate with the sacrum at the sacroiliac joint. Injury to the Ala can compromise the protective structures of the abdomen and affect nerves in this

region. Such damage can impair neuro-muscular function in the lower body, leading to muscle atrophy, weakness, and disrupted locomotion.^[20] Hence, *Nitamba Marma* can be correlated with the ala of the ilium.

PARSVA SANDHI MARMA

These are 2 in number and classified under i. *Prushtha Marma* ii. *Sira Marma*^[21] as it is predominantly made up of *Siras* i.e., Veins. iii. *Kalantara Marma*^[22] as it produces death over a period of time, gradually due to *lohita koshtha* i.e. blood-filled cavities.^[23] *Parshva Sandhi Marma* is described in Ayurvedic texts as being located in the *Jaghana Parshva Madhya* region, which corresponds anatomically to the area between the lateral and medial aspects of the hip bone on both sides. In modern anatomical terms, this *Marma* is closely associated with key vascular structures, including the common iliac arteries, the renal arteries branching from the abdominal aorta, and the renal veins. Topographically, it lies between the highest point of the iliac crest and the subcostal region, where the floating ribs are found. Nearby vital structures include the inferior aspect of the liver on the right, the spleen on the left, the hilum of both kidneys, the abdominal aorta, and the inferior vena cava. The descending aorta and the inferior vena cava are especially significant due to their central roles in systemic circulation. Injuries to the *Parshva Sandhi Marma* region can result in trauma to major blood vessels like the renal vessels and common iliac arteries, potentially causing life-threatening internal hemorrhage. Understanding the proximity of these critical anatomical structures is essential in assessing the severity and prognosis of trauma to this vital point.^[24] Thus, *Parsva Sandhi Marma* can be correlated with the renal vessels and common iliac vessels.

BRIHATI MARMA

These are 2 in number and classified under i. *Prushtha Marma*, ii. *Sira Marma*^[25] iii. *Kalantara Marma*.^[26] It is present in the same straight line from the fatal spot, *Stanamula*, on both sides of the vertebral column, and when it is injured, it causes death from complications due to profound hemorrhage.^[27] *Sthana Moola Marmas* are located at the base of the *sthanas* (breasts). From these *Marmas*, when we extend towards the back in the same line, we find *Bruhati Marmas*. The right one falls in line with the liver, and the left one falls in line with the spleen. Therefore, the regional anatomy of this *Marma* can be related to the subscapular and transverse cervical arteries, along with the following structures: a) The vessels at the hilum of the liver. b) The vessels at the hilum of the spleen. This *Marma* is situated at the base of the lungs and diaphragm, extending to the bare area of the inferior angle of the scapula. It lies posterior to the pleura, near the intercostal spaces where the intercostal vessels are found. Trauma to any of these areas can result in severe and potentially life-threatening conditions if not promptly and effectively managed.^[28] Hence,

Brihati Marma can be correlated with the Hilum of the liver and spleen, subscapular and transverse thoracic arteries.

AMSAPHALAKA MARMA

There are 2 in number, and classified under i. *Prushtha Marma* ii. *Asthi Marma*,^[29] and iii. *Vaikalyakar Marma*.^[30] The *Amsaphalaka Marma* is located in the upper back region on either side of the vertebral column, near the *Trika*-the anatomical junction of the neck, shoulder, and upper back. Injury to this *Marma* can result in loss of tactile sensation and muscular wasting of the arms.^[31] Anatomically, the *Amsaphalaka Marma* corresponds to the region of the scapula situated above the spine of the scapula. This area encompasses critical structures, including the suprascapular nerve and muscular attachments, which are essential for shoulder movement. The scapula, a flat, triangular bone, serves as a dynamic platform for upper limb mobility. It rests against the thoracic wall, providing a broad surface and defined borders for the attachment of multiple muscles. These muscles perform two primary functions: (1) Facilitating the movement of the scapula along the thoracic wall at the physiological scapulothoracic joint, and (2) Connecting to the proximal humerus to support the stability and mobility of the glenohumeral joint. Injuries involving the scapula may disrupt the associated nerves and musculature, leading to impaired sensation and progressive muscle atrophy in the upper limbs.^[32] Therefore, the *Amsaphalaka Marma* can be correlated with the spine of the scapula.

AMSA MARMA

There are 2 in number, and classified under i. *Prushtha Marma* ii. *Snayu Marma*,^[33] and iii. *Vaikalyakar Marma*.^[34] It is situated between the arms, head, and neck, which bind the shoulder blade and shoulder, and when it is injured, it causes a loss of function of the arms.^[35] Regional anatomy of this *Marma*, can be considered the ligaments of shoulder joint and trapezius muscle, as it is a *Snayu Marma*. The following structure are related to this area - a) Coraco clavicular ligaments b) Conoid ligament c) Trapezoid ligament d) Superior acromioclavicular ligament e) Coraco-acromial ligaments. All ligaments associated with the shoulder joint are considered integral to the *Amsa Marma*. This includes key supportive structures such as the acromioclavicular, coracoclavicular, and coracoacromial ligaments, which are also encompassed within the scope of this *Marma*.^[36] Hence, *Amsa Marma* can be correlated with the ligaments of the shoulder joint. Based on the above description, it can be inferred that *Prushtha Basti* encompasses all the *Marmas* (vital points) located in the *Prushtha* or back region. It serves as a highly effective therapeutic approach for managing disorders associated with these vital points and the spinal area. *Prushtha Basti* synergistically integrates the classical Ayurvedic principles of *Snehana* (oleation) and *Swedana* (sudation).

The very definition of *Sneha* emphasizes its quality of *Vishyandana*-meaning liquefaction or dissolution. *Snehana* helps to soften and mobilize the *Doshas* (vitiated bio-energies), making them more amenable to elimination. It increases their fluidity, promoting smooth movement through the *Srotas* (body channels), much like honey flows more easily in a greased vessel. This prepares the body for effective detoxification. Following oleation, *Swedana* is administered to counteract symptoms such as *Stambha* (rigidity), *Gaurava* (heaviness), and *Sheeta* (coldness). *Swedana*, through its *Ushna* (heat), *Sara* (fluidity), and *Sukshma* (subtle penetration) qualities, elevates body temperature by 2-3°C, promoting perspiration. This facilitates the expulsion of liquefied doshas through skin pores, further enhancing detoxification and relaxation. The combined effect of *snehana* and *swedana* in *Prushtha Basti* alleviates discomfort, rigidity, and inflammation in the spine, adjacent areas, and lower extremities. It reduces stiffness, oedema, and inflammation in these areas, pacifies imbalances of *Vata*, *Pitta*, and *Kapha* doshas in the affected joints and tissues, and enhances mobility and function. Additionally, *Prushtha Basti* improves blood circulation in the applied region, enhances musculoskeletal integrity, alleviates nerve irritation, and fosters overall agility and vitality in the back and limbs.

CONCLUSION

Prushtha Basti is widely recommended for managing conditions such as chronic upper and lower back pain, arthritis, joint stiffness, and muscular discomfort. This therapy plays a significant role in improving blood circulation in the targeted area, correcting imbalances of the *Doshas*, and enhancing muscle tone and strength. It also supports the elimination of accumulated toxins (*Ama*) and helps reduce localized inflammation. Furthermore, *Prushtha Basti* contributes to the reinforcement of musculoskeletal structures and improves the functional efficiency of the underlying tissues, promoting overall spinal and back health.

ACKNOWLEDGEMENT

The authors express their sincere gratitude to the Assistant Professor, Department of Panchakarma, NIA, Jaipur, for providing constant guidance, clinical support, and necessary facilities for this work. We also acknowledge the cooperation of the other co-authors who contributed to the successful completion of this article.

ABBREVIATIONS

DDD: Degenerative Disk Disorder.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

INFORMED CONSENT

Informed consent was obtained from all individuals included in this study, or it was not applicable.

DATA AVAILABILITY

All data generated or analyzed during this clinical study are available from the corresponding author upon reasonable request.

DECLARATION OF AI USAGE

The authors have thoroughly reviewed and validated the manuscript to ensure its accuracy and originality. No artificial intelligence tools were employed for data analysis, result interpretation, or scientific conclusions. The authors assume complete responsibility for the authenticity and integrity of the content.

AUTHOR CONTRIBUTIONS

All the authors have accepted responsibility for the entire content of this manuscript and approved the submission.

SUMMARY

- *Prustha Basti*, a controlled warm oil-retention procedure over the spine, facilitates enhanced tissue perfusion and deep musculoskeletal nourishment in patients with Degenerative Disc Disease (DDD).
- The 45–50-minute application demonstrates significant reductions in pain, stiffness, oedema, and paraspinal muscle spasm through effective pacification of aggravated “*Vata Dosh*”.
- Therapeutic outcomes suggest improved spinal mobility, decreased inflammation, and better neuromuscular function, contributing to functional recovery in DDD.
- Analysis of classical Ayurvedic principles and available clinical evidence indicates consistent symptomatic improvement and quality-of-life enhancement.
- Adjunctive oil-pulling practices may further reduce oxidative stress and support systemic musculoskeletal balance, thereby strengthening the overall therapeutic efficacy.

REFERENCES

1. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Chikitsa Sthana, 3/20-21). reprint ed. Chaukhambha Publications; 2022. p. 294.
2. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Chikitsa Sthana, 3/50). reprint ed. Chaukhambha Publications; 2022. p. 299.
3. Sharma RK, Dash B, editors and translators. Charaka Samhita (Vol. 5, Chikitsa Sthana, 28/45-48). Chaukhambha Publications; 2009. p. 32-3.

4. Sharma RK, Dash B, editors and translators. Charaka Samhita (Vol. 5, Chikitsa Sthana, 28/51-52). Chaukhambha Publications; 2009. p. 34.
5. Sharma RK, Dash B, editors and translators. Charaka Samhita (Vol. 5, Chikitsa Sthana, 28/56). Chaukhambha Publications; 2009. p. 35.
6. Sharma RK, Dash B, editors and translators. Charaka Samhita (Vol. 5, Chikitsa Sthana, 28/93). Chaukhambha Publications; 2009. p. 49.
7. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/6). reprint ed. Chaukhambha Publications; 2022. p. 185.
8. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/5). reprint ed. Chaukhambha Publications; 2022. p. 185.
9. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/7). reprint ed. Chaukhambha Publications; 2022. p. 186.
10. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/10-13). reprint ed. Chaukhambha Publications; 2022. p. 187.
11. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/26). reprint ed. Chaukhambha Publications; 2022. p. 193.
12. Pathak AK, Awasthi HH 2014. Anatomy of Marma (1st ed., Chap. 6, pp. 128-129). Chaukhambha orientalia.
13. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/7). reprint ed. Chaukhambha Publications; 2022. p. 186.
14. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/10-13). reprint ed. Chaukhambha Publications; 2022. p. 187.
15. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/26). reprint ed. Chaukhambha Publications; 2022. p. 193.
16. Pathak AK, Awasthi HH 2014. Anatomy of Marma (1st ed., Chap. 6, pp. 125-127). Chaukhambha orientalia.
17. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/7). reprint ed. Chaukhambha Publications; 2022. p. 186.
18. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/10-13). reprint ed. Chaukhambha Publications; 2022. p. 187.
19. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/26). reprint ed. Chaukhambha Publications; 2022. p. 193.
20. Pathak AK, Awasthi HH 2014. Anatomy of Marma (1st ed., Chap. 6, pp. 130-132). Chaukhambha orientalia.
21. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/7). reprint ed. Chaukhambha Publications; 2022. p. 186.
22. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/10-13). reprint ed. Chaukhambha Publications; 2022. p. 187.
23. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/26). reprint ed. Chaukhambha Publications; 2022. p. 193.
24. Pathak AK, Awasthi HH 2014. Anatomy of Marma (1st ed., Chap. 6, p. 133). Chaukhambha orientalia.
25. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/7). reprint ed. Chaukhambha Publications; 2022. p. 186.
26. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/10-13). reprint ed. Chaukhambha Publications; 2022. p. 187.
27. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/26). reprint ed. Chaukhambha Publications; 2022. p. 193.
28. Pathak AK, Awasthi HH 2014. Anatomy of Marma (1st ed., Chap. 6, pp. 134-135). Chaukhambha orientalia.
29. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/7). reprint ed. Chaukhambha Publications; 2022. p. 186.
30. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/10-13). reprint ed. Chaukhambha Publications; 2022. p. 187.
31. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/26). reprint ed. Chaukhambha Publications; 2022. p. 193.
32. Pathak AK, Awasthi HH 2014. Anatomy of Marma (1st ed., Chap. 6, pp. 136-137). Chaukhambha orientalia.
33. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/7). reprint ed. Chaukhambha Publications; 2022. p. 186.
34. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/7). reprint ed. Chaukhambha Publications; 2022. p. 186.
35. Sharma PV, editor and translator. *Sushruta Samhita* (vol. 2, Sharira Sthana, 6/26). reprint ed. Chaukhambha Publications; 2022. p. 193.
36. Pathak AK, Awasthi HH 2014. Anatomy of Marma (1st ed., Chap. 6, pp. 138-139). Chaukhambha orientalia.

Cite this article: Poriya K, Kumar V, Sonu, Chudasama H. Scientific Understanding of *Prustha Basti* and Its Application in Degenerative Disc Diseases by Oil Pulling: A *Panchakarma* Therapy. Asian J Biol Life Sci. 2025;14(3):703-8.