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A CROSS-SECTIONAL STUDY TO ASSESS KNOWLEDGE, ATTITUDE AND PRACTICE OF *ANAGNI SWEDA* AMONG *AYURVEDA* PRACTITIONERS OF KERALA

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Abstract

Anagni Swedana is a non-fire-based *Ayurvedic* sudation therapy used for relaxation, pain relief, and restoring balance according to *dosha*, disease and patient strength.

Methods: A three-phase study was conducted. First, classical *Ayurvedic* texts were reviewed to identify descriptions of *Swedana* and *Anagni Swedana*. Next, the techniques were critically analyzed and classified into eight domains. Finally, a validated questionnaire survey was conducted among 104 senior *Ayurveda* practitioners in Kerala to assess their knowledge, attitude, and practice about *Anagni sweda*.

Results: The review established both similarities and discrepancies in textual descriptions of *Anagni Swedana*. Practitioners demonstrated strong theoretical understanding but varied in actual clinical use. The survey highlighted inconsistencies in application regarding dosha, disease strength, patient condition and other contextual factors.

Keywords: *Anagni Swedana,* Knowledge Attitude Practice survey.

Introduction

Ayurveda, the time-honored system of medicine, emphasizes a holistic approach to both health maintenance and disease management. Among its diverse therapeutic techniques, *Swedana*, or sudation therapy, plays a crucial role in detoxifying the body by eliminating *Ama*, a toxic byproduct of improper digestion, and in alleviating disorders associated with the *doshas* of *Kapha* and *Vata*. A specific form of this therapy, known as *Anagni Sweda,* falls under the category of *Niragni Sweda*, which involves inducing sweating without the application of direct heat[1]. This can be achieved through various methods such as engaging in physical exercise (*vyayama*), basking in sunlight (*atapasevana*), or wearing heavy clothing and coverings *(guru vastra*) [2]. These techniques not only promote perspiration but also enhance circulation and metabolic processes, thereby contributing to overall well-being and the effective management of specific health conditions [3]. *Anagni Sweda*, despite its rich classical heritage and therapeutic potential, remains significantly underused in contemporary clinical settings, often eclipsed by *Agni Sweda*, which focuses on heat-based sudation therapies.

Though studies have collectively examined various references related to *Anagni Sweda*; however, they have not delved into a focused investigation regarding the knowledge, attitudes, and practices surrounding *Anagni Sweda* among Ayurveda practitioners. This gap in research highlights the need for a more targeted inquiry into how these practitioners understand and implement this therapeutic technique. The current study aims to address this deficiency by exploring the specific perspectives and experiences of Ayurveda practitioners with *Anagni Sweda,* thereby contributing valuable insights to the field and enhancing the overall understanding of this traditional practice. Through this investigation, we hope to shed light on the practitioners' familiarity with *Anagni Sweda*, their attitudes towards its efficacy, and the practical applications they employ in their therapeutic routines.

Outline of research work

This research was conducted in three distinct phases to achieve a thorough understanding of *Anagni Sweda.* The initial phase focused on an extensive literary review, drawing insights from classical texts such as the *Brhattrayi*, *Sarngadhara Samhita,* and *Bhela Samhita*, which provided valuable references on the concepts of *Swedana* and *Anagni Swedana*. In the second phase, a critical analysis of the gathered references was performed, resulting in the categorization of *Anagni Sweda* into eight specific domains. The final phase involved a survey targeting 104 Ayurveda practitioners in Kerala having more than 10 years of clinical experience, aimed at evaluating their knowledge, attitudes, and practices (KAP) related to *Anagni Sweda.*

REVIEW OF LITERATURE

Concept Of *Swedana* In Ayurveda

Swedana is a therapeutic practice designed to promote sweating as a means of detoxification and healing. It serves as an essential element in the preparatory phase of *Panchakarma*, significantly aiding in the removal of deeply embedded toxins from the body.[4] The term "*Swedana*" is derived from the Sanskrit word *"swid,"* which translates to "to sweat[5]." This technique effectively loosens and eliminates accumulated toxins, known as *ama*, from the body's tissues and channels. By facilitating the opening of the *srotas* or channels, *Swedana* helps to liquefy these toxins and soften the surrounding tissues, thereby preparing the body for a thorough purification process. This not only enhances the efficacy of toxin removal but also contributes to overall health and well-being.

Types Of *Swedana*

a) **Based On Medium**

Table 1 – Divisions Of *Swedana* based on medium used [6]

Type Of *Swedana*	Media used	Benefits/Actions	Suitable for	Examples
Snigdha Swedana	Oily/moist heat(medicated steam, herbal	Nourishes tissues, relieves stiffness, dryness and muscle pain	*Vata* Or *Vata-Pitta* conditions	Herbal Steam Bath, Pinda Sweda
Ruksha Swedana	Dry heat without oil moisture	Reduces excess fat, water retention, heaviness, congestion	*Kapha* or *Kapha-Pitta* conditions	Sand *pottali*

b) **Based on Area of Application**

Swedana can be classified into two types based on the area treated:

Table 2- Type of *Swedana* based on area of application[7]

Type Of Swedana	Area Treated	Uses/Benefits	Examples
Sarvanga Swedana	Entire body	Overall detox, relaxation, improve blood circulation	*Bashpa Sweda (*Herbal Steam Bath)
Ekanga Swedana	Specific body parts (back, knees, shoulders etc.)	Targeted pain relief for joints and muscles	*Nadi Sweda(*directed steam therapy)

c) **Based On Source Of Heat**

Anagni Sweda and *Agni Sweda*

Swedana, the practice of inducing sweating, is classified into *Agni Swedana* and *Anagni Swedana. Agni Swedana* uses external heat sources like fire, steam, or heated materials, with techniques such as *Bashpa Sweda* (herbal steam bath), *Nadi Sweda* (tube-administered steam), and *Pinda Sweda* (heated herbal boluses), which are especially useful in relieving *Vata* and *Kapha* imbalances marked by coldness, stiffness, and heaviness. In contrast, *Anagni Swedana* promotes sweating without heat, through activities like exercise, sun exposure, fasting, emotional stimulation, or spicy food intake, making it suitable for weaker individuals. Both

methods help open bodily channels, eliminate toxins, improve circulation, and prepare the body for deeper detoxification like *Panchakarma*, while also enhancing relaxation and rejuvenation [8].

Table 3 – Divisions Of Swedana based on source of heat

Type	Meaning	Heat source	Common use
Agni Sweda	With Fire/Heat	Fire/Steam/Heat	*Kapha-Vata* Issues
Anagni Sweda	Without Fire/Heat	Natural Activities	Same but, heat sensitive cases

Swedana Karma is broadly classified in the *Bṛhattrayis* into *Agni (Saagni) Sweda* and *Anagni (Niragni) Sweda*, based on the use of heat. *Agni Sweda* employs fire or heat-based methods such as *Bashpa Sweda* (steam), *Nadi Sweda* (tube steam), *Avagaha* (sitz bath), and *Piṇḍa Sweda* (herbal bolus), and is particularly effective for *Vata- and Kapha*-related disorders like *Amavata*, *Sandhivata*, and *Katishula*, where heaviness (*gaurava*), pain (*vedana*), and stiffness (*stambha*) are prominent. In contrast, *Anagni Sweda* uses natural, non-thermal methods such as *Vyayama* (exercise), *Atapa sevanam* (sun exposure), and *Guru-pravaraṇa* (heavy garments), making it suitable for the weak, elderly, children, and those with *Pitta* predominance. While *Agni Sweda* is *tikṣṇa* (intense) and effective in eliminating *doṣa sara, Anagni Sweda* is *mṛdu* (mild), *sulabha* (easy), and *nirupadrava* (safe). In practice, the choice between the two depends on *roga bala, rogi bala, doṣa prakṛti, and kala (*time)[9].

Table 4– Difference between *Agni Swedana* and *Anagni Swedana*

Parameter	***Anagni Sweda***	***Agni Sweda***
Meaning	*Swedana* without use of fire or direct heat	*Swedana* with the use of fire or external heat
Etymology	*Anagni* = Without *Agni* (fire)	*Agni* = With fire
Type	*Niragni Sweda*	*Saagni Sweda*
Nature of therapy	Mild, natural, physiological	Intense, therapeutic, externally applied
Method	Indirect induction of sweat	Direct application of heat to the body
Examples	*Vyayama, Atapa Sevanam, Guru Pravarana, Uṣṇa Jala Pana*	*Bashpa Sweda, Nadi Sweda, Piṇḍa Sweda, Avagaha Sweda*
Source of Heat	Internal body heat, environment	Artificial/external heat
Dosha suitability	*Pitta-pradhana,Bala-hina, Balisa, Jirna roga*	*Vata-Kapha pradhana vyadhi, Ama avastha*
Intensity	*Mṛdu* (mild)	*Tikṣṇa* (intense)
Indications	General wellness, earlystage disease, *Pitta* conditions, mild stiffness	*Amavata,Sandhivata, Grdhrasi, Katisula, Kapha-Vata disorders*
Contraindications	Rare; generally safe in most conditions	*Pittaja roga, Raktapitta, Dehabala hinatva*, exhaustion
Equipment needed	No special tools required	Requires setup: steam chamber, boluses, heat source

Application site	Whole body via systemic action	Local or full body, depending on type
Setting	Can be done at home or outdoors	Requires clinical or therapy setup
Therapist involvement	Self-administered or minimal support	Supervision and application by therapist needed

Anagni Sweda* In *Ayurveda Samhitas

References to *Anagni Sweda* can be found in classical literature such as the *Caraka Samhita, Susruta Samhita, Ashtanga Hridaya, Ashtanga Sangraha, Sarangadhara Samhita,* and *Bhela Samhita.*

Anagni Swedana* In *Brhattrayi

Charaka has explained 10 *Anagni Sweda* methods. [10] *Vyayama* (exercise), *Ushma Sadana* (residing in a thick walled and closed warm room), *Guru Pravarana* (wearing of heavy clothes), *Kshuda* (hunger), *Bahupana* (excessive drinking of alchohol), *Bhaya*(fear), *Krodha*(anger), *Upanaha* (application of poultice), *Ahava*(war/wrestling), *Atapa* (exposure to sunlight.

The classification of *Swedana* discussed in *Sushruta Samhita* as various methods of inducing sweat [11] which include *Nivata*, *Atapa, Guru Pravarana, Niyuddha, Adhwa, Vyayama, Bharahara*na and *Amarsha* These techniques fall under *Niragni Sweda*, as they promote sweating without utilizing direct heat or fire. *Susrutha* clarifies that when vayu relates to *kapha* and *medas*, sweating occurs through conditions such as being in a sheltered environment, exposure to sunlight, wearing heavy garments or blankets, engaging in wrestling, walking, exercising, carrying loads and experiencing intense emotions.

Vagbhata provides a concise overview of *Anagni Sweda,* resembling those of *Charaka*, with minor variations in nomenclature.[12] They are *Nivata Gruha* (Airtight/closed room - staying in a place without air circulation induces sweat), *Avaasa* (Physical exertion and activities like running or heavy labour cause sweating), *Guru Pravarana* (Covering with heavy blankets which traps body heat and induces sweating), *Bhaya* (Fear), *Upanaha* (Bandaging or application of poultices or wraps generate localized heat), *Ahava* (Fighting or Physical combat like boxing or wrestling produces body heat and sweat). *Krodha* (Anger), *Bhuri Pana* (Heavy drinking of wine or Alcohol dilates blood vessels to produce sweating), *Kshudha* (Hunger) and *Atapa* (Direct exposure to sunlight generates natural sweating). Similarly ten *Anagni Sweda* techniques are outlined in *Ashtanga Sangraha* [13]also.

Anagni Sweda* in other *Samhita

Sarangadhara has detailed seven techniques for the application of non-sudation [14] They are *Vyayama*, *Ushna Sadhana* [Staying in a naturally warm environment or atmosphere which gradually induces sweating], *Guru Pravarana*, *Yuddha*, *Atapa*, *Chinta* [Excessive worrying resulting in emotional or stress-induced sweating], *Adhvagamana* [Long-distance walking or travel. *Acharya Bhela* has outlined nine therapeutic approaches classified as *Anagni Sweda* [15] which include the following *Ushna Sadhana, Guru Pravarana, Kshudha, Trishna, Bhaya, Krodha,Yuddha, Atapa, and Adhwa gamana.*

Anagni Sweda* In *Chikitsa Manjari

Chikitsa Manjari, an acclaimed Ayurvedic scripture from Kerala, provides comprehensive accounts of different *Swedana* (sudation) treatments Although it does not specifically label treatments as "*Anagni Sweda*" (which refers to non-heating sudation methods), it includes practices that are in harmony with this idea. Practices of *Swedana* described in *Chikitsa Manjari* [16] are *Avagaha Sweda, Upanaha* and *Dhara*. *Avagaha sweda* process requires submerging the body in a warm herbal solution. The information outlines how to prepare, the length of time required, and the indicators of effective sweating (*Samyak Lakshana*) for this treatment. *Upanaha Sweda* technique involves the use of therapeutic poultices placed on certain areas of the body to create localized sweating. *Chikitsa Manjari* examines how different herbs are used to create poultices that are customized for specific health issues. *Dhara* Therapy involves the steady application of warm liquids, such as milk or medicinal oils, onto the body. This process can promote sweating and is especially helpful in treating ailments like *Vatavyadhi*. Although these approaches utilize heat, they are seen as gentler types of sweating and can be modified for individuals who cannot tolerate high-heat treatments. Thus, while *Chikitsa Manjari* does not specifically refer to

these as "*Anagni Sweda,*" it includes methods that are consistent with the idea of promoting sweating without the use of intense or direct heat.

Anagni Swedana in relation to Vyādhyavasthā kāla, Rogabala and Dehabala

Anagni Swedana, described in *Caraka Samhita, Susrutha Samhita, Ashtanga Hridaya, and Saranghdhara Samhita*, refers to sudation therapies without direct heat, advised when *Agni Swedana* is unsuitable. Its application depends on three key factors.

*Vyadhyavastha kala(*disease stage): In the *ama* and early *pachyamana* phases, high heat aggravates symptoms, so mild forms like *Upanaha, Parisheka, and Pradeha* are recommended.

Rogabala (disease strength): For mild to moderate *Vata–Kapha* conditions such as early arthritis or non-suppurative swelling, gentle methods like *Avagaha* or *Parisheka* are preferred over intense heat.

Dehabala (patient strength): In the weak, elderly, children, or chronically ill, *Agni*-based therapies may cause harm; instead, safer options like *Upanaha* and *Pradeha* are advised.

Thus, *Anagni Swedana* is closely aligned with disease stage, severity, and patient vitality, reflecting Ayurveda's individualized and context-specific therapeutic approach.

Difference in number of *Anagni Swedana* among classical textbooks

Classical Ayurvedic texts differ in their categorization of *Anagni Sweda*, reflecting diverse clinical perspectives. *Charaka Samhita, Astanga Sangraha, and Astanga Hridaya* list 10 types, while *Sharangadhara Samhita* mentions 7, *Sushruta Samhita* 8, and *Bhela Samhita* 9, the latter often considered incomplete but still significant for comparison. These variations may stem from differing clinical experiences, regional practices, or the specific focus of each text, showing the evolving nature of Ayurvedic knowledge. Certain types, such as *Chinta, Adhvagamana, and Bharaharana,* appear inconsistently—*Chinta* in four texts and *Bharaharana* in three—indicating selective usage. Exercise, however, is consistently emphasized as a natural sudation method. Overall, *Charaka* and *Bhela* provide the most comprehensive accounts, while *Sharangadhara* adopts a more concise approach, highlighting textual diversity in Ayurvedic sudation therapy

Specific Methods Of *Anagni Swedana*

Among the various techniques of *Anagni Swedana*, a few methods are frequently cited for their clinical relevance and natural physiological basis:

1. *Vyayama* (Exercise):

This is one of the most consistently mentioned forms of *Anagni Swedana* across classical texts like *Charaka Samhita, Ashtanga Sangraha, and Ashtanga Hridaya*. It involves deliberate physical exertion to generate internal heat and induce sweating. *Vyayama* is especially indicated in *Kapha*-dominant conditions, obesity, and musculoskeletal stiffness. It is easy to perform and aligns well with modern therapeutic exercise protocols.

2. *Guru Pravarana* (Covering with Heavy Cloths):

Described in all major texts, *Guru Pravarana* promotes sweating by trapping the body's heat through the use of thick or heavy coverings. This method is mild and suitable for weak or elderly patients where active or intense *Swedana* may not be advisable. It's particularly used as a preparatory measure before *Panchakarma* in cold or damp climates.

3. *Upanaha* (Poultice Application):

Referred to in *Charaka* and *Ashtanga Sangraha*, *Upanaha* involves applying warm herbal pastes to affected areas, typically covered with leaves and bandages. This method provides sustained local warmth without external fire. It is commonly used in conditions like *Sandhigata Vata* (osteoarthritis), where localized pain and stiffness are present.

These methods highlight the diversity and adaptability of *Anagni Swedana* techniques, which remain clinically relevant for individualized patient care.

KAP Survey among *Ayurvedic* practitioners

To derive specific impressions on knowledge, attitude, and practice of *Anagni Sweda*, a KAP survey was conducted among A class registered *Ayurveda* practitioners of Kerala those who are willing to participate in the study.

- Development of the questionnaire
- Validation process
- Conduct of survey
- Statistical analysis

Development of the questionnaire

Item devising

A questionnaire consisting of 18 questions was developed following discussions in the department of Samhita, Sanskrit, and Siddhanta, VPSV Ayurveda College, Kottakkal.. Questions were arranged in a logical sequence and structure. The questions fell into three categories: knowledge, attitude, and practice

Item selection

Following conversations with specialists, the total number of items was restricted to 15 to ensure that the aforementioned categories were effectively represented and the questions would gather enough information concerning the areas.

The survey questionnaire on preliminary knowledge, attitude, and practice was discussed with five experts from various departments of VPSV Ayurveda College, Kottakkal each possessing over 10 years of clinical experience.

Validation process

Validity refers to the extent to which researchers have accurately measured what they intended to assess. Once the questionnaire was created, it was crucial to understand the knowledge, attitude, and practices of *Anagni Swedana* among Ayurveda practitioners in Kerala. In this study, we evaluated two different types of validity:

Face validity

It relates to what it seems to measure at first glance rather than what the test accurately assesses. The questionnaire was administered to assess the overall skills of the survey to implement needed adjustments.

Content validity

Content *validity* assesses the extent to which a measure encompasses all aspects of the concept. Content validity involves engaging acknowledged experts in the field to assess if the test questions adequately measure the specified content. Five experts, each with over 10 years of clinical experience, were provided with the questionnaire. The evaluation was conducted by completing a Google form that included a content validity assessment sheet. It was completed for clarity, simplicity, relevance and to avoid ambiguity.

Finalization of the questionnaire

At first, there were 18 questions. Based on the recommendations from the experts, a few questions were reworded and three questions were removed. The total number of questions was 15. The calculation of the content validity index was completed. Based on the CVI, two additional questions were removed. The results from the validation process are provided in the observation section of this report. *(See the attached questionnaire in Annexure 2)*

Observation on the validation process

The process of validating the questionnaire proved to be difficult because of its subjective characteristics. A classical validation process was implemented to guarantee its effectiveness, which involved conceptualizing, creating items, selecting items, and evaluating face and content validity through descriptive statistics. After finishing these steps, the questionnaire has been validated and is now ready for use in future research or can be adjusted for different topics of interest.

Table 5- CVI of each question

Item	Content Validity Index (CVI)
Item 1	0.95
Item 2	0.75
Item 3	0.85
Item 4	1
Item 5	0.9

Item 6	1
Item 7	0.95
Item 8	1
Item 9	0.8
Item 10	0.85
Item 11	0.8
Item 12	0.9
Item 13	0.9
Item 14	0.75
Item 15	1

Since two questions had CVI less than 0.8, those two questions were eliminated from the final questionnaire.

Scale Content Validity (SCI) = 0.897. Since the average CVI is above 0.8,it satisfies the content validity.

Nature of questionnaire

The survey included 13 questions, a quantity deemed effective for collecting important data while avoiding overloading the participants. The survey was created to be brief, requiring approximately 5-10 minutes for completion. The questions were divided into three categories: Knowledge, Attitude, and Practice, in order to evaluate various facets of the respondents' comprehension. Certain questions belong to multiple areas, showing how these aspects are related to one another. The survey was conducted online using Google Forms, which allowed for easy access.

Conduct of survey

The survey was conducted among 125 Ayurvedic Practitioners of Kerala having more than 10 years of clinical experience and who were willing to participate in the study. An online survey with 13 questions was carried out using Google Forms. The sample size determined was 104. Because this is an online survey, and anticipating a greater number of participants dropping out, it was conducted with 125 Ayurvedic practitioners across Kerala using stratified random sampling. The survey took place from March 25 to April 30, 2025. Among 125 participants, 111 provided valid responses. The questionnaire was prepared as a Google form and sent to 125 participants. All 125 participants' contact numbers were gathered. The chosen participants received a request form and a short overview of the study after being contacted via their mobile numbers, along with the Google form.

As anticipated, the initial response was minimal. The most significant challenge encountered during the survey process was achieving the desired sample size. The response was obtained by reaching out to the participants several times via mobile phones. However, a few of the participants did not reply. As a result, gathering the necessary number of responses took about one month. The process that took the most time throughout the entire study was this one.

Nature of the Respondents

The practitioners included in the survey had to possess over 10 years of clinical experience, as their expertise was necessary for providing dependable answers to the questions. Onethird of all respondents were medical officers, while two-thirds were private practitioners from various areas. The number of private practitioners in our community exceeds that of medical officers, which supports this natural distribution. In the group of post-graduates, although there was no specific selection based on specialty during the random assignment, nearly every department was represented in the chosen sample. All these elements indicate that the sample was made to be as natural as it could be.

Statistical analysis was done by calculating content validity index, Chi-square test, model summary.

OBSERVATIONS, DISCUSSION AND RESULTS

Observations from Survey

The responses to the 15 questions are as shown below.

Q1 Which of the following is the source of your knowledge about *Anagni Sweda*?

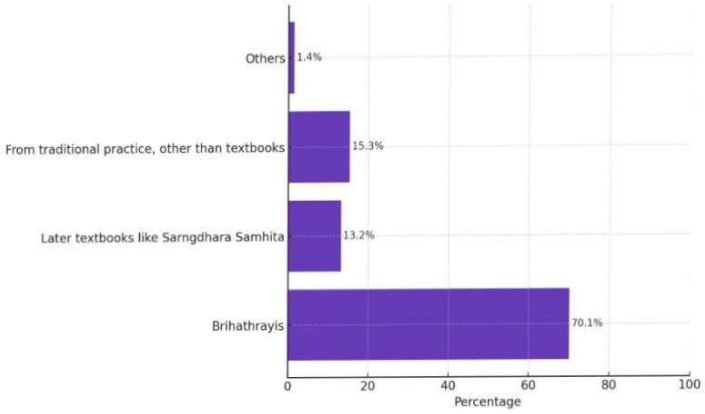

Figure 1: Responses to Q1

The participants could opt multiple choices for this. 70.1% of the participants mentioned their source of knowledge of *Anagni Sweda* as *Brhat-trayi*. While 13.2% mentioned later textbooks like *Sarnghadhara Samhita* etc. 15.3 % of the respondents marked traditional practice as their source of knowledge. Only 1.4% of the participants mentioned others, such as published articles etc.

Q 2 What is your knowledge about difference between various Samhitas regarding *Anagni Swedana* ?

85.7% of the participants opined that, there is only a minor difference and 10.5% of the participants mentioned that, there is a major difference in *Anagni Swedana* between various Samhitas. 3.8% of the participants marked their opinion as there is no difference between Samhitas.

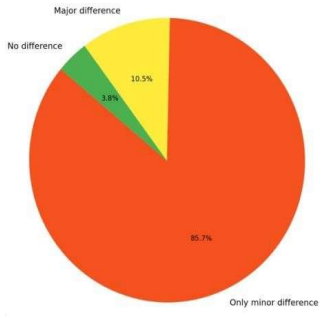

Figure 2: Responses to Q2

Q3 If yes, are these differences clinically relevant?

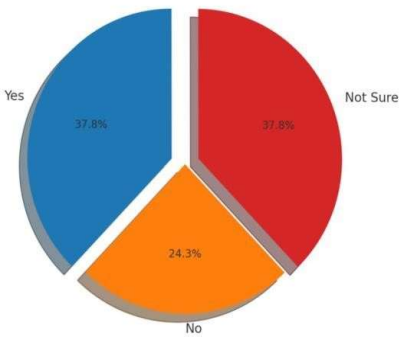

Figure 3 : Responses to Q3

All participants responded to this question. 37.8% of the participants have no clear-cut answer to this question (Not sure). While same percent of the participants opined that, the differences are clinically valid. 24.3% of the participants mentioned that, the differences are not clinically relevant.

Q4 If yes, please explain.

Many of the participants answered this question.But all the answers indicate the clinical importance of *Anagni Swedana* , not the clinical relevance of the difference in *Anagni Swedana* between Samhitas.

Source of knowledge on *Anagni Swedana* and difference in *Anagni Swedana* between Samhitas The results of the survey indicated that a substantial majority of participants (70. 1%) depended on Brhat-trayi as their main source of information regarding Anagni Swedana. This is probably because of its significance in the education and practice of Ayurveda. Conversely, a lesser percentage of participants (13. 2%) mentioned using different textbooks such as Sarngdhara Samhita to grasp the concept of Anagni Swedana. An overwhelming 85. 7% of participants felt that the differences in Anagni Swedana across various samhitas were quite small. This conclusion aligns with the literature review, which showed that classical textbooks provide a consistent description of Anagni Swedana without significant differences. A small fraction of those surveyed (3. 8%) did not recognize these similarities and differences, showing that more explanation is necessary.

Q5 What is your opinion about importance of *Anagni Sweda* in clinical practice?

A majority, 39.0%, believe that most of these methods are equally important, while 34.3% consider all methods to be equally significant. Additionally, 26.7% think that only a few methods hold equal importance. Notably, none of the respondents felt that the *Anagni Sweda* methods were entirely unimportant (0.0%).

These findings indicate a strong overall recognition of the value of *Anagni Sweda* methods, with most respondents attributing at least some level of importance to them.

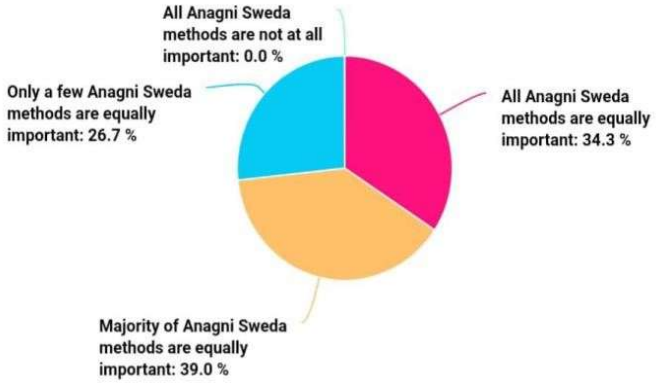

Figure 4: Responses to Q5

Q6 Do you follow *Anagni Sweda* as per classical references in your clinical practice?

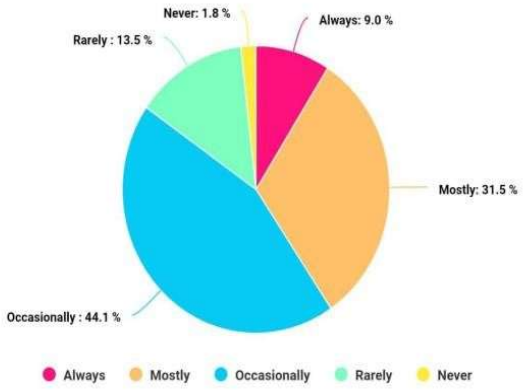

Figure 5: Responses to Q6

A significant proportion, 44.1%, reported that they occasionally follow classical guidelines, suggesting flexible or situational use. This is followed by 31.5% who stated they mostly adhere to traditional references, showing a strong but not rigid commitment to classical practice.

Meanwhile, 13.5% of practitioners reported rarely using classical references, and 9.0% indicated that they always follow them strictly. A very small fraction, 1.8%, claimed they never follow the classical guidelines.

Q7 Which of the following *Anagni Sweda* methods will you prescribe in your clinical practice?

Practitioners' responses regarding the Anagni Sweda methods they prescribe in clinical practice show that *Vyayama* (91.3%) and *Krodha* (81.7%) are the most widely recommended, highlighting their clinical relevance and applicability. Other frequently chosen methods include *Atapa* (56.7%), *Kshudha* (46.2%), and *Guru Pravarana* (43.3%), suggesting that a variety of non-thermal approaches are integrated in practice depending on patient needs. Less commonly employed methods were *Ushma Sadhana* (27.9%), *Bahupana* (5.8%), *Aha* (3.8%), and *Bhaya* (1.9%), while only 1% reported using other techniques. This reflects that although multiple options exist, a few specific methods dominate current clinical application.

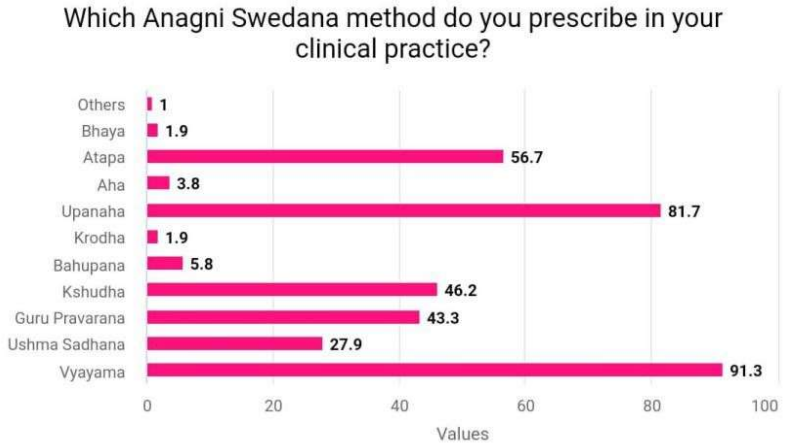

Figure 6: Responses to Q7

Q8 The Most Frequent *Anagni Sweda* that you prescribe in your clinical practice is ?

When asked about the most frequent method of Anagni Sweda used in practice, practitioners identified *Vyayama* (85.6%) and *Upanaha* (70.2%) as the leading choices, emphasizing their consistent therapeutic value. Secondary preferences included *Atapa* (28.8%), *Guru Pravarana* (27.9%), and *Kshudha* (22.1%), while fewer practitioners favored *Ushma Sadhana* (12.5%) or *Bahupana* (3.8%). The least reported were *Krodha* (2.9%), *Aha* (1.9%), and *Bhaya* (1%). These findings highlight that while practitioners draw from a wide range of classical techniques, only a select few are applied most frequently in day-to-day practice.

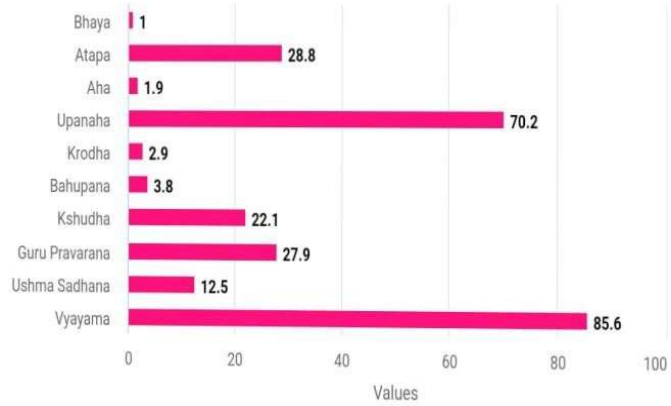

Figure 7: Responses to Q8

Q9 Do You Feel That You Get Better Results By Incorporating Specific *Anagni Sweda* Methods As Mentioned In Classics?

Practitioners' perceptions regarding the effectiveness of incorporating *Anagni Swedana* methods in clinical practice reveals a majority, 50.5%, of the respondents believe that they mostly achieve better results by using these methods, highlighting a strong positive clinical impact. Furthermore, 24.3% indicated they occasionally see better outcomes, suggesting that benefits may vary depending on case specifics or method application.

Notably, 18.7% of practitioners always observed improved results, underscoring the method's potential when implemented consistently and appropriately. A small segment, 6.5%, reported rare improvements, and none of the participants stated never achieving better outcomes, which reflects a generally favorable perception of *Anagni Swedana.*

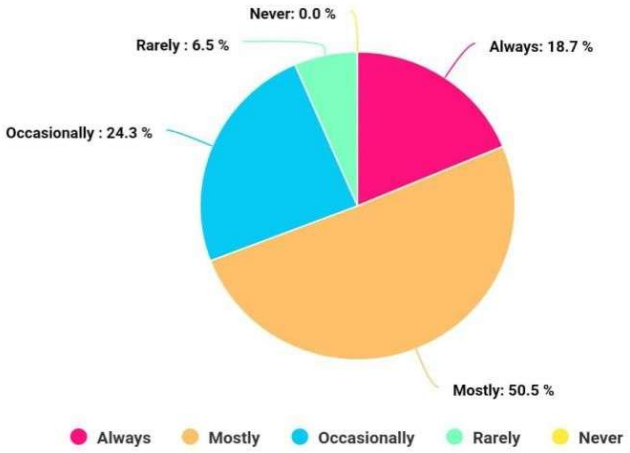

Figure 8 : Responses to Q9

Q10 According To Your Opinion What Factors Might Have Been Considered By Acharyas While Establishing *Anagni Sweda* As A Clinical Practice?

Observations reveals that 85% of participants identified the *bala* (strength) of the patient as a key factor influencing *Anagni Sweda* administration, followed by *prakriti* (75%) and *rogabala* (70%). *Dosha* predominance was noted by 65%, while 60% emphasized the stage and site of the disease. Additionally, 55% considered contraindications to *Agni Sweda*, 50% mentioned ease of administration, and 45% highlighted patient convenience. Costeffectiveness (40%), availability of resources (35%), and specific clinical conditions like *ama* and *kapha* dominance (30%) were also reported as influencing factors

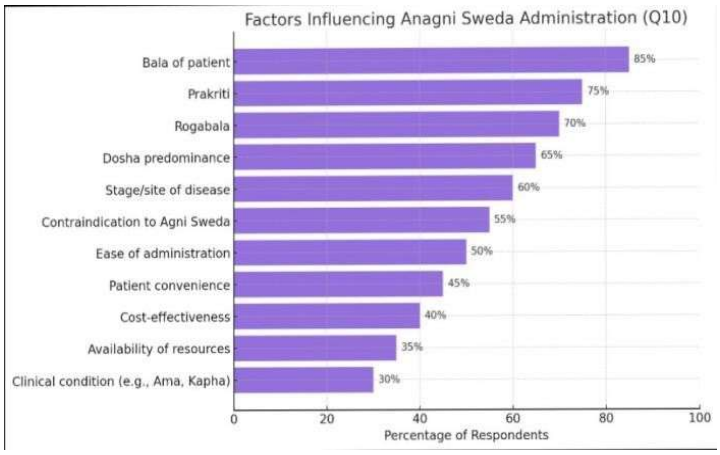

Figure 9: Response to Q 10

Q11 Which are the factors/parameters do you personally consider to be the most important in deciding *Anagni Sweda*?

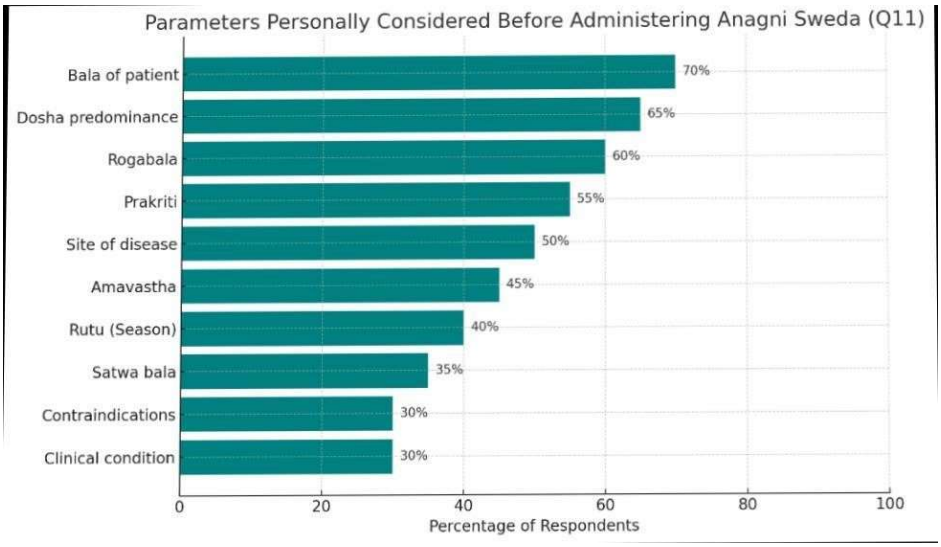

Figure 10 : Responses to Q 11

An analysis of responses to indicates that 70% of participants personally assess the *bala* (strength) of the patient, while 65% consider *dosha* predominance. *Rogabala* (intensity of disease) was mentioned by 60%, followed by *prakriti* (55%) and site of disease (50%). Around 45% evaluate *amavastha* (presence of toxins), and 40% consider *rtu* (seasonal influence). Other factors such as *satwa bala*, contraindications, and clinical condition were noted by 30–35% of respondents. These findings suggest that practitioners follow a holistic and individualized approach while determining *Anagni Sweda* methods.

Clinical relevance on the difference between *Brhat- trayis* and later textbooks like *Sarngdhara Samhita*

Regarding the inquiry on the clinical importance of the variation in *Anagni Swedana*, an equal number of participants indicate uncertainty about its relevance in a clinical setting. In response to the follow-up question, which asked for an explanation if the answer was yes, many of the replies were unclear and unrelated. Many of the answers did not correspond to the question. Most of the respondents addressed the factors determining the application of *Anagni Swedana*, but they did not connect it to its clinical significance. Consequently, reaching a conclusion about this became unfeasible.

Q12 Are you aware that, among *Tridosha*, diseases of Both *Vata* and *Kapha* are considered in designing *Anagni Sweda* in classical literature?

90.5% of respondents agreed that *Anagni Sweda* is used in the management of *Vata* and *Kapha* disorders, while only 9.5% disagreed. This strong majority indicates that most individuals recognize the classical Ayurvedic basis for using *Anagni Sweda* in conditions involving these two *doshas*. It reflects a clear understanding and acceptance of traditional principles among the respondents.

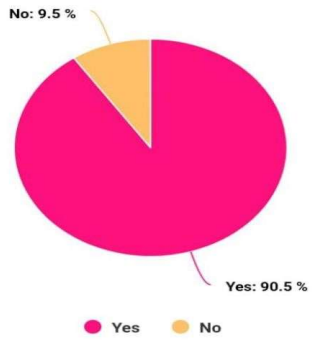

Figure 11: Responses to Q12

Q13 What is your opinion about modification of *Anagni sweda* as per present clinical needs like emerging diseases?

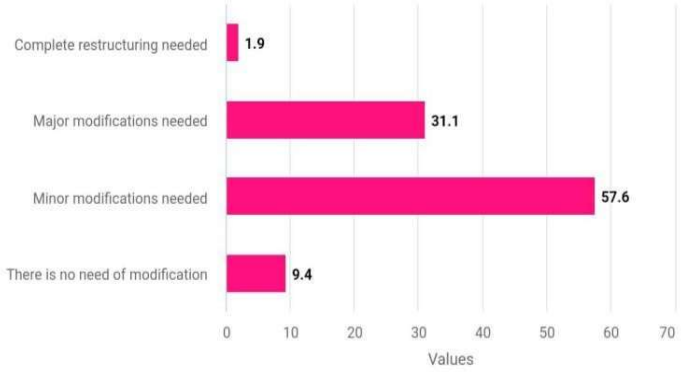

Figure 12 : Responses to Q13

Regarding the modification of *Anagni Sweda,* the majority opinion (57.6%) leans toward minor modifications, followed by 31.1% for major modifications, while only a small percentage (1.9%) supports complete restructuring, and 9.4% sees no need for modification.

Statistical Analysis By Chi-square Test

Table 6 : Association Between Following *Anagni Sweda* as per Classical References and Opinion About Its Importance in Clinical Practice (n = 104)

Follows *Anagni Sweda*	All Methods are equally important	Majority important	Only a few are important	Total
Always	9	5	2	16
Mostly	24	23	7	54
Occasionally	12	14	9	35
Rarely	1	3	5	9
Total	46	45	23	104

Chi-square value (χ^2): 12.86, p-value: 0.045

Since the p-value is less than 0.05, there is a statistically significant association between how often practitioners follow *Anagni Sweda* according to classical references and their opinion about the importance of various *Anagni Sweda* methods in clinical practice.

Table 7: Chisquare for association between "follow *Anagni Swedana* as per classical reference" and "do you feel that, you get better results by incorporating *Anagni Swedana* as mentioned in classics"

Getting Better Results by incorporating *Anagni Swedana* as mentioned in classics	Always	Mostly	Occasionally	Rarely	Total
Follow *Anagni Swedana* as per classical referencs in your practice- Always	20	11	1	0	32

Follow *Anagni Swedana* as per classical referencs in your practice-Mostly	12	36	7	1	56
Follow *Anagni Swedana* as per classical referencs in your practice-Occasionally	2	7	5	1	15
Follow *Anagni Swedana* as per classical referencs in your practice-Rarely	0	0	0	1	1

Chi-square value (χ^2): 59.24 p-value <0.001

The calculated Chi-square value is 59.24 with p value <0.001. So there is a significant association between the two responses.

Table 8: Model Summary

Cox and Snell	0.059
Nagelkerke	0.079
McFadden	0.044

Here, the maximum Pseudo R-square value is 7.9. This implies that the logistic regression model based on the responses to the KAP questionnaire on *Anagni Sweda* can explain approximately 7.9% of the variability in whether respondents find textual differences clinically relevant. Although this predictive power is modest, it reflects initial trends in knowledge and interpretation based on designation and understanding of Samhita differences.

Since this is an exploratory study, the relatively low Pseudo R-square values are acceptable, highlighting the scope for including more diverse variables or refined constructs in future studies to improve model fit. Further studies on *Anagni Sweda* should consider expanding the questionnaire scope and structure to enhance its predictive value, i.e., Pseudo R-square.

Theoretical base of *Anagni Swedana*

Upon examining the various *Anagni Swedanas*, it becomes clear that they are created according to factors such as the disease, the strength of the patient, imbalance of *doshas*, advantages and uses, specific techniques involved, the area of application, and the heat produced through the use of different materials, among other aspects. The results of the survey align with the suggestions noted during a thorough evaluation.

Importance of *Anagni Swedana* in Clinical Practice

The results of the survey showed that a majority of practitioners consider *Anagni Sweda* techniques to be significant in clinical practice. Of the 104 people surveyed, 73. 3% indicated that all or most of the *Anagni Sweda* techniques are beneficial, and there was no participant who believed these methods hold no significance whatsoever. This demonstrates a highly favorable perspective on the effectiveness of *Anagni Sweda* for patient treatment. In clinical settings, the situation tends to differ when it comes to practical application. A total of 40. 5% of those surveyed indicated that they frequently refer to classical sources for *Anagni Sweda*, either always or most of the time. Approximately 44. 1% reported that they utilize these methods just from time to time, while a lesser number indicated that they seldom or never employ them based on traditional literature.

The difference between understanding and applying knowledge indicates that even though practitioners acknowledge the significance of *Anagni Sweda*, they might lack the necessary resources, time, or training to implement it correctly according to traditional standards. This might also suggest that contemporary clinical environments sometimes fail to fully enable the execution of traditional techniques. To enhance the application of *Anagni Sweda* in practice, it is essential to provide more education, practical training, and support so that practitioners can apply these effective therapies confidently and consistently in their routine clinical work.

Conclusion

The research named "**A Cross-Sectional Survey to Assess the Knowledge, Attitude, and Practice of *Anagni Swedana* among *Ayurvedic* Practitioners of Kerala**" successfully achieved its goal of enhancing the comprehension of *Anagni Swedana*. The evaluation was based on a Knowledge, Attitude, and Practice (KAP) survey, providing an evidence-based assessment of existing clinical views and practices.

A significant accomplishment was the important categorization of *Anagni Swedana* into eight separate areas: involvement of *dosha,* condition of the disease, *dehabala* (strength of the patient), *rogabala* (severity of the disease), *kala* (season or time), *desha* (location), the patient's age, and *upakrama* (method of treatment). This classification acts as a thorough framework for grasping both the traditional and contemporary uses of the therapy.

Additionally, the research revealed a significant disparity between traditional references and modern clinical approaches, particularly among those practitioners who have over a decade of experience. Understanding these insights is key to identifying the gap that exists between what is learned theoretically and how it is applied in real life.

The potential for future efforts is focused on closing this gap. The research encourages further investigation that seeks to align traditional teachings with modern clinical requirements. It highlights the importance of revising and modernizing *Anagni Swedana* techniques to ensure they fit with contemporary healthcare methods while maintaining their traditional integrity.

The results of this survey revealed several areas of ambiguity that require further exploration, particularly concerning the differences between traditional and modern practices, the practical applications of *Anagni Sweda*, and the urgent need for updates and standardization in its implementation..

Ethical consideration

The Institutional Ethics Committee of our college reviewed the study synopsis and the request form for participation in the online survey. Following different stages of review and the adjustments made in response to feedback, the complete study plan received approval from the Institutional Ethics Committee (IEC) and ethical clearance was granted with Approval number IRB/Doc/PR/2/25; dated 06/02/2025

Conflict Of Interest

The authors declare that there is no conflict of interest related to this research work. The study was conducted solely for academic and research purposes, without any financial, institutional, or personal interests influencing its design, methodology, analysis, or conclusions.

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