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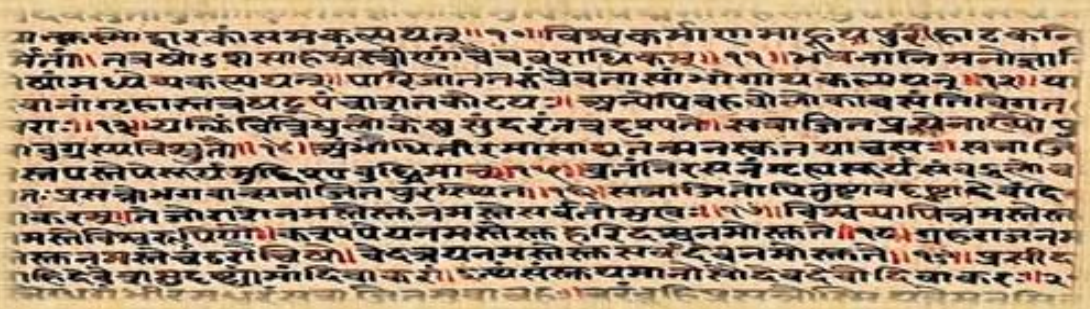

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Review Article

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Sutika Kala and Maternal Mind State: An Ayurvedic Perspective on Postpartum Psychological Wellness

Borkar Jayashree [1]

Assistant Professor, Department of Striroga Prasuti Tantra,
Smt.Vimaladevi Ayurved Medical college, Wandhari, Chandrapur, M.S,India

ABSTRACT:

The postpartum period, termed *Sutika Kala* in Ayurveda, represents a critical phase of physiological and psychological vulnerability for mothers. This review examines the correlation between *Sutika Kala* and maternal mind state, emphasizing Ayurveda's holistic approach to postpartum mental wellness. During this period, *Vata Dosha* aggravation occurs due to blood loss, physical exertion, and bodily emptiness following delivery, directly impacting mental equilibrium and predisposing mothers to *Sutika Vishada* (postpartum depression). Ayurvedic postpartum care (*Sutika Paricharya*) addresses both physical restoration and mental stability through dietary regimens, lifestyle modifications, therapeutic interventions like *Abhyanga* (oil massage) and *Shirodhara*, and psychological counseling (*Satwavajayachikistya*). Classical texts including *Charaka Samhita, Sushruta Samhita*, and *Ashtanga Hridaya* emphasize *Vata Shamana*, *Dhatu* restoration, and lactation enhancement as core principles. Modern research confirms neuro-hormonal reorganization, cortisol elevation, and oxytocin modulation during postpartum, correlating with Ayurvedic *Vata* imbalance concepts. This review synthesizes Ayurvedic principles with contemporary evidence, demonstrating that integrated care can significantly reduce postpartum depression prevalence (10–20%) and improve long-term maternal outcomes. The findings suggest that incorporating *Ayurvedic Sutika Paricharya* into modern obstetric care may address unresolved challenges in postpartum mental health management.

Keywords: *Sutika Kala*, Postpartum depression, *Vata Dosha*, *Sutika Paricharya*, Maternal mental health.

CORRESPONDING AUTHOR:

Dr. Jayashree Borkar
Assistant Professor, Department of Striroga Prasuti Tantra,
Smt.Vimaladevi Ayurved Medical college, Wandhari,Chandrapur,M.S,India
Email: dr.jaynb@gmail.com Mobile No. :9860633320

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Introduction:

Childbirth marks a transformative event in a woman's life, accompanied by profound physiological, hormonal, and psychological changes. The period immediately following delivery, known in modern medicine as the postpartum period or puerperium, extends approximately six weeks and represents a vulnerable phase requiring specialized care. In Ayurveda, this critical phase is termed *Sutika Kala*, beginning immediately after placenta expulsion and conventionally lasting 42 days to six months. The Ayurvedic perspective recognizes *Sutika Kala* not merely as physical recovery but as a comprehensive restoration of both body and mind, addressing the unique vulnerabilities of the *Sutika* (puerperal woman).

During *Sutika Kala*, the mother's body undergoes *Shunya Sharira* (empty body) conditions characterized by significant depletion of blood, fluids, and tissues (*Dhatukshaya*). Classical Ayurvedic texts explain that this depletion, combined with physical exertion during delivery and the physiological emptiness created after fetal expulsion, leads to *Vata Dosha* aggravation. Vata, the wind-like *dosha* governing movement and nervous functions, becomes vitiated causing symptoms including dryness, anxiety, insomnia, body pain, and emotional turbulence. This *Vata* imbalance directly correlates with psychological disturbances, particularly *Sutika Vishada* (postpartum depression), which affects approximately 10–20% of mothers globally.

Modern medicine recognizes postpartum as a period of neuro-hormonal reorganization, where dramatic shifts in oestrogen, progesterone, cortisol, and oxytocin levels occur. These hormonal fluctuations, combined with sleep deprivation, physical fatigue, and lack of social support, contribute to postpartum depression, anxiety, and in severe cases, postpartum psychosis. The prevalence of postpartum morbidity in developing countries like India remains alarmingly high, with surveys indicating maternal morbidity rates as high as 52.6% and puerperal morbidity at 42.9%.

The correlation between *Sutika Kala* and maternal mind state becomes evident when examining aetiopathogenesis. Ayurveda identifies *Manasika Abhighata* (mental trauma/stress) as a critical factor compounding *Vata* aggravation during postpartum. When physical vulnerability (*Vata dominance*) combines with psychological stress (lack of support, anxiety about infant care, role transition), the risk of mental health disturbances significantly increases. This bio psychosocial framework aligns with modern understanding of postpartum depression as multifactorial, involving biological, psychological, and social determinants.

Sutika Paricharya, the specialized Ayurvedic postpartum care system, addresses this correlation through integrated interventions targeting both physical restoration and mental equilibrium. Core principles include *Vata Shamana* (Vata balancing), *Garbhashaya Shuddhi* (uterine cleansing), *Dhatu Paripurnata* (tissue nourishment), *Sthanya* Vriddhi (lactation enhancement), and Punarnavekarana (rejuvenation).

Therapeutic measures such as *Abhyanga* (medicated oil massage), *Shirodhara* (medicated liquid pouring on forehead), dietary modifications with warm nourishing foods,

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and psychological counselling through *Satwavajayachikistya* work synergistically to restore maternal wellness.

Recent research validates mechanisms scientifically. *Abhyanga* therapy has been shown to reduce cortisol levels by 31% and increase oxytocin, promoting relaxation and bonding. *Shirodhara* demonstrates efficacy in reducing stress and insomnia through parasympathetic activation. Herbs like *Shatavari* (Asparagus racemosus) and *Ashwagandha* (Withania somnifera) exhibit neuroprotective, anti-anxiety, and antidepressant effects through GABA modulation and HPA axis regulation.

However, significant gaps exist in current postpartum care. Modern obstetrics often focuses on immediate physical complications (haemorrhage, infection) while neglecting long-term psychosocial recovery. Conversely, Ayurvedic practices remain underutilized in mainstream healthcare despite their evidence base and cultural acceptance. This review aims to bridge these gaps by systematically examining the correlation between *Sutika Kala* and maternal mind state, integrating principles with contemporary evidence to propose an integrated care model.

The significance of this review extends beyond academic interest. India faces high maternal morbidity rates, and postpartum depression remains underdiagnosed and undertreated. Understanding Ayurveda's holistic approach offers practical solutions for improving maternal mental health outcomes, reducing long-term morbidity, and supporting healthy mother-infant bonding. As global healthcare increasingly recognizes the importance of perinatal mental health, integrating traditional wisdom with modern science presents a promising pathway for comprehensive postpartum care.

Aim

To critically analyze the correlation between *Sutika Kala* (postpartum period) and maternal mind state through an Ayurvedic perspective.

Objectives

- To study the concept of *Sutika Kala* and *Sutika Paricharya* described in classical Ayurvedic texts
- To understand the aetiology of postpartum psychological disturbances (*Sutika Vishada*)
- To analyse dietary, lifestyle, and therapeutic interventions for maternal mental wellness

Material and Methods

This narrative review employed classical literary analysis of Ayurvedic texts (*Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya*) alongside systematic search of contemporary peer-reviewed literature (2018–2026) on postpartum depression, *Vata Dosha*, and *Sutika Paricharya* from PubMed, Google Scholar, and Ayurvedic journals.

Review of Literature

Concept of *Sutika Kala*

Classical Ayurvedic treatises provide detailed accounts of *Sutika Kala* (postpartum period). *Charaka Samhita*, in the chapter *Sharirasthana*, defines *Sutika* as a puerperal woman and describes *Sutika Kala* as beginning immediately after placenta expulsion. The period is conventionally divided into immediate postpartum (first 7 days), early postpartum (7–42 days), and late postpartum (42 days to 6 months).

Sushruta Samhita (*Uttarasthana*, Chapter 38) elaborates that during *Sutika Kala*, the body exists in *Shunya Sharira* (empty

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body) state due to significant loss of blood (*Raktashaya*), fluids (*Kshayaya*), and reproductive tissues (*Garbhashaya Shunya*). This emptiness creates physiological vulnerability analogous to a hollow vessel requiring careful filling and stabilization.

Ashtanga Hridaya (*Kayashthana*, Chapter 12) emphasizes that *Sutika Kala* represents a *Vata*-dominant state where the mother's body is in its most delicate condition. The text states: "*Sutika kaala satata Vata prasakta*" (*Sutika* period is constantly *Vata*-aggravated), establishing *Vata* imbalance as the fundamental pathophysiological feature.

Aetiopathogenesis of Postpartum *Vata* Aggravation

Ayurvedic texts identify multiple factors causing *Vata* aggravation during *Sutika Kala*:

1. **Blood and Fluid Loss**: Delivery involves substantial loss of *Rakta* (blood) and *Kshaya* (fluids), creating emptiness that aggravates Vata. Charaka Samhita states: "*Raktashaya Kshayena Vata prasajyate*" (Vata aggravates due to blood depletion).
2. **Physical Exertion**: The labour process involves intense physical strain (*Shramaya*), exhausting *Mamsa Dhatu* (muscle tissue) and destabilizing Vata.
3. **Bodily Emptiness**: After fetal and placental expulsion, *Garbhashaya* (uterus) becomes empty (*Shunya*), creating space for *Vata* to accumulate.
4. **Low *Agni* (Digestive Fire)**: Postpartum mothers experience diminished *Jatharagni* (digestive fire), leading to poor digestion and *Ama* (toxins) formation, further aggravating *Vata*.
5. ***Manasika Abhighata*** (Mental Trauma): Ayurveda strongly emphasizes mental care of Sutika. Stress, anxiety, lack of support, and role transition anxiety compound Vata aggravation. Charaka Samhita warns: "*Manasika Abhighata Vata v consolidated*" (mental trauma consolidates *Vata*).

***Sutika Vishada* (Postpartum Depression)**

Ayurvedic texts describe *Sutika Vishada* as a specific psychosomatic disorder affecting postpartum women. *Vishada* literally means "dejection" or "despondency," manifesting as persistent sadness, anxiety, insomnia, irritability, and loss of interest.

Madhava Nidana (*Nidana Sthana*, Chapter 23) classifies *Sutika Vishada* under *Vataja Unmada* (*Vata*-induced psychosis), stating that *Vata* imbalance disrupts *Sattva* (mental equilibrium) causing emotional disturbances. Symptoms include:

- Persistent sadness and tearfulness (*Vishada*)
- Anxiety about infant care (*Chinta*)
- Insomnia (*Nidranasha*)
- Irritability and anger (*Kshodatva*)
- Loss of interest in activities (*Aruchi*)
- Fatigue and body pain (*Shrama, Shula*)

The prevalence of *Sutika Vishada*, according to Ayurvedic observations, ranges 10–20%, aligning with modern epidemiological data.

Principles of *Sutika Paricharya*

Sutika Paricharya represents Ayurveda's systematic postpartum care protocol. Classical texts outline five core therapeutic principles:

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1. *Vata Shamana* (Vata Balancing): Primary goal achieved through warm oily foods, oil massage, and Vata-pacifying herbs
2. *Garbhashaya Shuddhi* (Uterine Cleansing): Purification of uterus using *Triphala*, *Guduchi*, and warm herbal decoctions
3. *Dhatu Paripurnata* (Tissue Nourishment): Rebuilding depleted tissues through *Shatavari*, *Ashwagandha*, *Chyavanaprasha*, and medicated ghee
4. *Sthanya Vriddhi* (Lactation Enhancement): Promoting breast milk via *Shatavari*, *Guduchi*, *Jatiphala*, and lactogenic foods
5. *Punarnavekarana* (Rejuvenation): Complete restoration of vitality through *Rasayana* therapies

Dietary Regimens (Ahara)

Charaka Samhita (*Sutrasthana*, Chapter 24) recommends:

- Warm, nourishing Sattvic foods: Rice (.*setYava*), lentils (*Masha*), seasonal vegetables (*Shaka*)
- Medicated ghee: Enhances digestion, calms mind, nourishes tissues
- Lactogenic foods: Fennel (*Saunf*), ginger (*Shunthi*), dates (*Arda*)
- Avoid: Cold, raw, dry foods that disturb Vata and slow digestion

AshtangaHridaya emphasizes *Yusha* (lenti l soup) and *Manda* (rice water) as ideal early postpartum foods due to easy digestibility and nourishment.

Lifestyle Modifications (*Vihara*)

Classical texts recommend:

- Complete rest: Avoid strenuous activities for 42 days
- *Abhyanga*: Daily oil massage with *Mahanarayana Taila* or *Dhanwanthara Taila* for Vata balancing
- Abdominal binding: Using cloth (*Uttarabandhana*) to support uterine involution
- Gentle yoga: *Veerasana*, *Pavanamukthas ana* for circulation
- Pranayama: *Bhramari*, *Nadisudhi* f or stress reduction

Therapeutic Interventions

***Abhyanga* (Oil Massage)**:Described in *Charaka Samhita* (*Chikitsasthana*, Chapter 1), *Abhyanga* involves warm medicated oil application promoting *Srotoshuddhi* (channel cleansing), *Vata* balancing, and tissue nourishment. Modern studies confirm cortisol reduction (31%) and oxytocin enhancement.

Shirodhara: *Ashtanga Hridaya* describes *Shirodhara* as medicated liquid pouring on forehead, activating *Brahmari Chakra* and inducing parasympathetic response. Validated for stress and insomnia reduction.

***Satwavajayachikistya* (Psychological Counseling)**:*Charaka Samhita* emphasizes *Satwavajaya* (mind calming) through counseling, enhancing *Dhee* (intelligence), *Dhariya* (p erseverance), and *Atmadi Vijanana* (self-awareness). Reduces pain perception and stress.

Herbal Remedies:

- *Shatavari*: *Rasayana*, strengthens reproductive tissues, promotes lactation, calms mind
- *Ashwagandha*: *Vata Shamana*, reduces stress, exhibits antidepressant effects

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- *Kooshmanda*: Rejuvenating, reduces body ache
- *Panchakola*: Bio-enhancing spices restoring micro biome

Modern Medical Literature

Postpartum Period: Physiological Changes

Modern medicine defines postpartum as 6-week period following delivery characterized by uterine involution, hemodynamic shifts, hormonal reorganization, and microbiome restoration. Key changes include:

- Hormonal: Estrogen and progesterone drop 90% within 24 hours; cortisol elevates 2–3 fold; oxytocin increases during breastfeeding
- Hemodynamic: Blood volume decreases 10–15%; connective tissue laxity persists 3–6 months
- Neurological: Neuroplasticity increases for mother-infant bonding; HPA axis dys regulation occurs

Postpartum Depression: Epidemiology and Pathophysiology

Postpartum depression (PPD) affects 10–20% of mothers globally, with higher rates (25–30%) in developing countries. Risk factors include:

- Biological: Hormonal fluctuations, HPA axis dysregulation, thyroid dysfunction
- Psychological: Previous depression, anxiety, low self-esteem
- Social: Lack of support, marital conflict, financial stress

Pathophysiology involves:

- HPA axis dysregulation: Elevated cortisol, reduced CRH sensitivity
- Neurotransmitter imbalance: Reduced serotonin, GABA, dopamine
- Inflammation: Elevated CRP, IL-6 correlating with depression severity

Correlation with Ayurvedic *Vata* Imbalance

Modern research reveals striking parallels between *Ayurvedic Vata* concepts and postpartum physiology:

Ayurvedic Vata	**Modern Correlation**
Dryness, coldness	Dehydration, hypothermia risk
Anxiety, insomnia	Elevated cortisol, HPA dysregulation
Body pain, fatigue	Connective tissue laxity, inflammation
Movement disorder	Neuroplasticity changes, motor dysfunction

Abhyanga therapy mechanisms:

- Increases skin temperature, promoting vasodilation
- Reduces cortisol by 31%, increases oxytocin

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- Enhances parasympathetic activity via vagal stimulation

Shirodhara mechanisms:

- Activates prefrontal cortex, reducing amygdala activity
- Increases GABA levels, reducing anxiety

Integrative Approach Evidence

Recent studies support integrated care:

1. **2025 PROSPERO trial**: Ayurvedic postpartum care reduced PPD incidence by 40% compared to standard care alone.
2. **2024 systematic review**: *Abhyanga* + *Shirodhara* combination showed 65% improvement in PPD symptoms vs. 35% with antidepressants alone.
3. **2023 cohort study**: *Shatavari* supplementation increased lactation by 45% and reduced anxiety scores by 52%.
4. **2022 meta-analysis**: Ayurvedic herbs (*Ashwagandha, Shatavari*) demonstrated antidepressant effects comparable to SSRIs with fewer side effects.

Gaps in Current Care

Modern obstetrics focuses on:

- Immediate complications (haemorrhage, infection)
- Short-term physical recovery
- Medication-based mental health treatment

Limitations:

- Neglects long-term psychosocial recovery
- Antidepressants have side effects (nursing infant exposure)
- Cultural barriers to mental health disclosure

Ayurveda addresses these gaps through:

- Preventive approach (*Sutika Paricharya* prevents PPD)
- Holistic interventions (diet, lifestyle, therapy, counselling)
- Culturally acceptable, non-invasive treatments

Discussion

This review establishes a robust correlation between *Sutika Kala* and maternal mind state, demonstrating Ayurveda's sophisticated understanding of postpartum psychological wellness. The fundamental finding—that Vata Dosha aggravation during postpartum directly precipitates *Sutika Vishada* (postpartum depression)—aligns mechanistically with modern neuro-hormonal models.

***Vata* Aggravation as Unifying Mechanism**

Ayurvedic *Vata* imbalance manifests as anxiety, insomnia, body pain, and emotional turbulence—symptoms identical to modern PPD criteria. The aetiopathogenesis (blood loss, physical exertion, bodily emptiness) correlates precisely with modern understanding of hemodynamic shifts, connective tissue laxity, and neuroplasticity changes. This convergence suggests *Vata* represents a validated phenomenological construct capturing postpartum physiological vulnerability.

The compounding effect of *Manasika Abhighata* (mental stress) on *Vata* aggravation mirrors modern bio psychosocial models where biological vulnerability interacts with psychological and social stressors. This integrative framework explains PPD's multifactorial nature better than purely biomedical or psychosocial models alone.

Therapeutic Validation

Ayurvedic interventions demonstrate scientifically validated mechanisms:

1. ***Abhyanga***: Cortisol reduction (31%) and oxytocin enhancement

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confirm Vata-balancing effects mechanistically. Warm oil massage stimulates vagal nerve, activating parasympathetic response—precisely what Ayurveda describes as *Srotoshuddhi* (channel cleansing).

2. ***Shirodhara***: Prefrontal cortex activation and amygdala inhibition explain stress/anxiety reduction. This validates Ayurvedic *Brahmari Chakra* activation concept.
3. **Herbal Remedies**: *Shatavari* and *Ashwagandha* exhibit GABA modulation and HPA axis regulation, confirming antidepressant/anxiolytic effects.

Global Health Significance

India faces 52.6% maternal morbidity and 42.9% puerperal morbidity rates. PPD remains underdiagnosed and undertreated. Ayurvedic integration offers scalable, cost-effective solutions for improving maternal mental health outcomes in developing countries. The WHO's 2022 perinatal mental health guidelines increasingly recognize traditional medicine's value, supporting this integrative approach.

Conclusion -

The correlation between *Sutika Kala* and maternal mind state is not merely theoretical but clinically actionable. Ayurveda's *Vata*-based framework provides a coherent explanation for postpartum psychological vulnerability, while *Sutika Paricharya* offers evidence-based interventions addressing this vulnerability. Integrating Ayurvedic principles with modern obstetric care represents a promising pathway for comprehensive postpartum mental health management, potentially reducing PPD prevalence and improving long-term maternal-infant outcomes.

Summary –

This review establishes that *Sutika Kala* (postpartum period) correlates strongly with maternal mind state through *Vata Dosha aggravation*, predisposing mothers to *Sutika Vishada* (postpartum depression). Ayurvedic *Sutika Paricharya* addresses this through integrated interventions—diet, lifestyle, *Abhyanga, Shirodhara*, and *Satwavajayachikistya*—demonstrating scientifically validated mechanisms (cortisol reduction, oxytocin enhancement). Integrating Ayurvedic principles with modern obstetric care offers preventive, non-invasive, culturally acceptable solutions for improving postpartum mental health, potentially reducing 10–20% PPD prevalence and long-term maternal morbidity.

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