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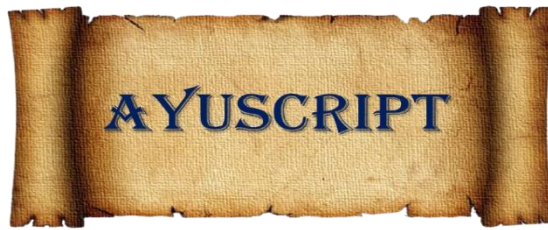
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A CASE STUDY: AYURVEDIC INTERVENTION ON A MENTAL DISORDER

Kaser N.¹, Diwan R.², Verma A.³, Sinha C.⁴

- 1.MD Scholar, Dept. of Kayachikitsa, Shri Narayan Prasad Awasthi Govt. Ayurveda College Raipur C.G. India.
- 2.Lecturer, Dept. of Kayachikitsa, Shri Narayan Prasad Awasthi Govt. Ayurveda College Raipur C.G. India.
- 3.Reader, Dept. of Kayachikitsa, Shri Narayan Prasad Awasthi Govt. Ayurveda College Raipur C.G. India.
- 4.Lecturer, Dept. of Kayachikitsa, Shri Narayan Prasad Awasthi Govt. Ayurveda College Raipur C.G. India.

ABSTRACT:

Introduction: OCD is a co-occurring disorder that co-occurs with other mental health conditions like depression and anxiety. It is typified by intrusive obsession with thoughts without a compulsion, obsessions with contamination that are followed by washing or combined with obsessive avoidance of the allegedly contaminated object, or obsessions with doubt that are followed by a compulsion to check. Ayurveda offers a wide range of treatments that may be beneficial in the treatment of this kind. OCD is comparable to a number of the conditions mentioned in Ayurvedic writings. Ayurveda benefits much from treatment. Through cooperative use of therapy, promising outcomes were demonstrated in an OCD case study. **Aim:** To study the efficacy of Ayurvedic treatment in the management of OCD. **Material and method:** A 46-year-old female patient came into the outpatient department (OPD) with a history of frequent hand washing and cleaning, unexplained fear, insomnia, and depression. Palliative care began with dietary restrictions followed by spiritual therapy, and Panchakarma therapy like Shirodhara, which breaks the pathophysiology of OCD. **Observation and result:** The patient's unexplained fear subsided, and there was a noticeable improvement in her sleep patterns, reduction in hand washing frequency, and depression. **Conclusion:** Ayurvedic principles combined with conservative management offer substantial alleviation from unexplained anxiety and panic, trepidation and fear, insomnia, concern, and other related symptoms. The patient improved quality of life, weight reduction, anorexia, and unclear feelings.

KEY-WORDS: Obsessive-compulsive disorder, Manas Vikara, Atattvabhinevesh, Panchakarma, Shamana, Sattvavajaya Chikitsa, Shirodhara, Nasya....

CORRESPONDING AUTHOR:

Dr. Nitesh Kumar Kaser

MD Scholar, Kayachikitsa Department,

Shri Narayan Prasad Awasthi Govt. Ayurveda College Raipur C.G. India.

Email Id – Kasernitesh@Gmail.Com Phone No. - 9301422584

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INTRODUCTION:

People with obsessive-compulsive disorder (OCD) suffer unwanted, repetitive thoughts and actions that can interfere with day-to-day functioning.

OBSESSION: Unwanted, bothersome, and persistent ideas, visions, or impulses
COMPULSION: excessive, ritualistic, and repetitive actions that can be upsetting and time-consuming. Even though they are aware that their compulsions and obsessions are excessive and illogical, people with OCD often struggle to manage them. All genders are susceptible to OCD, which can manifest as early as age 6, though it typically starts in adolescence or the early stages of adulthood. Although there is no cure for OCD.

EPIDEMIOLOGY: - According to a study, there are gender differences in the average age at which OCD manifests itself, with male children showing an average age of onset of 9.6 and female children showing an average age of 11.0. 38 Other mental illnesses like ADHD, depression, anxiety, and disruptive behavior disorder are frequently present in children with OCD. Children are more likely to consistently struggle academically and have social anxiety. According to a study, the average age of onset for adults and children was determined to be 21 years old for men and 24 years old for women. Some research has demonstrated that OCD that manifests early in life is linked to a higher severity; however, other studies have not been able to corroborate this finding. OCD is a disorder with various symptoms, often clustered together as dimensions or clusters. The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) has 13 predefined categories of symptoms, which

can be grouped into three to five groups. A meta-analytic review found a four-factor grouping structure most reliable: symmetry factor, forbidden thoughts factor, cleaning factor, and hoarding factor. Some OCD subtypes have been associated with improvement in certain tasks, such as pattern recognition and spatial working memory. However, neuroimaging findings and treatment responses have not been comprehensive enough to conclude. The hoarding subtype has consistently been least responsive to treatment. OCD is considered a homogeneous disorder, but many symptoms may be the result of comorbid disorders. For example, adults with OCD have more symptoms of ADHD and ASD than those without OCD. In one study, 29% of patients reported an environmental factor as the cause of their illness, primarily related to increased responsibility.

OBSESSION: Obsessions are stress-inducing thoughts that persist despite attempts to ignore or confront them. People with OCD often perform tasks or compulsions to seek relief from these anxiety-related thoughts. Initial obsessions can range from a general sense of disarray to intense obsessions related to family members or relationships. Other common obsessions include scrupulosity, a pathological guilt or anxiety about moral or religious issues, and mysophobia, a pathological fear of contamination and germs. Some people with OCD experience sexual obsessions, including sexual contact with others. These thoughts can be normal at times but can be significant, leading to self-criticism or self-loathing. Despite understanding that their thoughts do not correspond with reality, many people with

OCD feel they must act as though these ideas are correct or realistic.

COMPULSIONS: Obsessive-compulsive disorder (OCD) is a condition where individuals perform compulsive rituals to alleviate anxiety and prevent or push dreaded events from their thoughts. These behaviors can be idiosyncratic or distorted, causing distress for the affected individual and others. Common compulsions include hand washing, cleaning, checking locks, repeating actions, ordering items, and requesting reassurance. These behaviors are not necessarily compulsions but can be influenced by memory distrust, insecurity in perception, attention, and memory. Compulsions are different from tics and stereotyped movements, which are not as complex and not triggered by obsessions. About 10-40% of people with OCD also have a lifetime tic disorder. Compulsions can be related to the obsession or unrelated, and they can cause anxiety and fear. People with OCD often use rationalizations to explain their behavior, but these rationalizations do not apply to the behavioral pattern but to each individual occurrence.

VIDEO GAME ADDICTION: A systematic review of 24 studies examining the relationships between internet gaming disorder (IGD) and different psychopathologies was published in April 2018 in the International Journal of Environmental Research and Public Health. Three out of four studies found a significant correlation between IGD and symptoms of obsessive-compulsive disorder.

PEDIATRIC OCD: Obsessive-compulsive disorder (OCD) affects 1-2% of children, with a high familial heritability. Symptoms develop more frequently in children aged 10-14, with males showing symptoms earlier and more severe. Symptoms can be grouped into four types. The Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) is the gold standard for pediatric OCD assessment. The CY-BOCS Total Severity score is a monitoring tool for pharmacotherapy and psychotherapy. CBT is the first line treatment for mild to moderate cases, while medication plus CBT is recommended for moderate to severe cases.

ASSOCIATED CONDITIONS: OCD is a condition that can be comorbid with other conditions such as obsessive-compulsive personality disorder, major depressive disorder, bipolar disorder, generalized anxiety disorder, anorexia nervosa, social anxiety disorder, bulimia nervosa, Tourette syndrome, transformation obsession, ASD, ADHD, body dysmorphic disorder, and trichotillomania. Over 50% of people with OCD experience suicidal tendencies, and 15% have attempted suicide. Severe OCD symptoms are associated with greater sleep disturbance, and drug addiction is linked to OCD. Depression is also extremely prevalent among OCD populations, possibly due to feeling "out of control." OCD often occurs comorbidly with both bipolar disorder and major depressive disorder, with comorbidity rates ranging from 19 to 90%. OCD is also associated with anxiety disorders, with lifetime comorbidity rates for specific phobia, social anxiety disorder, panic disorder, and generalized anxiety disorder reaching up to 51%.

AYURVEDIC POINT OF VIEW: - In Ayurveda, OCD is compared with *Atattvabhiniवेशा*, which is known to be *Mahagada* i.e. difficult to treat and is only explained in *Charak Samhita. Buddhi vibhransha* (Loss of intellect) is its predominant symptom. *Atattvabhiniवेशा* is a type of *Manas vyadhi* in which there is a *Vikriti* in *Mana* as a result of it a person cannot able to differentiate Right and Wrong things and also suffer from uncontrolled thoughts.

Nidan –

- Excess intake of *Malina, Apavitra, Apathyakara Ahara,*
- Intake of polluted food.
- Controlling natural urges (*Adharaniya vega*)
- Stress, Jealousy, Grief, Anger etc. *Manasik bhavas.*
- Fearful situation
- *Ratrijagaran* and *Divashayan*
- Imbalance of *Sharirik Dosh* that causes *Vikriti* in *Manasik Doshas (Raja and Tama).*

Pathogenesis of *Atattvabhiniवेश* – Disturbances (*vibhrama*) in memory, orientation, reasoning, intellectual qualities, preferences, habits, and behavior and psychomotor activity are what Ayurvedic psychiatric diseases are known

O.P.D NO.	-	20240022558
NAME	-	xyz
AGE	-	46 Yr.
SEX	-	Female
RELIGION	-	Hindu
EDUCATION	-	Highly educated
MARITAL STATUS	-	Married
SOCIO-ECONOMIC STATUS	-	Upper Middle Class
ADDRESS	-	Raipur (Chhattisgarh)
OCCUPATION	-	Housewife
TYPE OF LIVING	-	Nuclear family
HABITATION	-	Urban

for. Cognitive functions, behavior, psychomotor activities, and thinking are frequently disrupted in OCD patients. Ayurvedic disease *Atattvabhiniवेशा* is regarded as *Mahagada*, or a difficult-to-treat condition that is comparable to OCD. In the *Tridoshaja Vyadhi Atattvabhiniवेशा*, *Tamodosha* causes *Aavarana* to *Buddhi* and *Manovaha srotas*, which results in the *visham avastha* of *Buddhi* and *Mana*. Consequently, the individual loses the ability to distinguish between *Nitya* (existing) and *Anitya* (non-existent), and interprets *Ahita* (unwholesome) as wholesome. As a result, the person experiences extreme stress and turns to repeating the same acts as a coping mechanism. Since *Tridoshaja* is the sickness, *Mano-buddhi vaishamy* is the result. The *Satvavajaya Chikitsa*, the *Medhya Rasayana*, and the *Shodhana* (purificatory methods) in *Atattvabhiniवेशा*, there is a special function for (counselling approaches).

CASE REPORT: - A 46-year-old Female patient visited *Kayachikitsa* OPD of Ayurvedic Hospital of Shri Khudadad Dungaji Government Ayurveda Hospital Raipur (C.G.) with the following details –

CHIEF COMPLAINTS: - Unexplained fear and anxiety, insomnia, worry, a sense of uncertainty, a persistent sense that something is wrong, diminished strength, a depressed mood, and lack of interest for four years.

ASSOCIATED COMPLAINTS: - These symptoms were associated with reduced appetite, gaseous distension of the abdomen, constipation, and general weakness from six months.

HISTORY OF PRESENT ILLNESS: - A 46-year-old married woman from an upper-middle-class family arrived at the Kayachikitsa OPD of the Shri Khudadad Dungaji Government Ayurveda Hospital in Raipur, Chhattisgarh, with persistent complaints of unexplained fear and anxiety, insomnia, worry, and a sense of uncertainty; a persistent sense that something is wrong, a lack of confidence in the completion of a task, diminished strength, a depressed mood, lack of interest, and excessively slowdown in all activities for four years. before the last four years, she seemed normal. She gradually acquired a practice of often washing and

drying her hands, as well as experiencing unexplainable worry and apprehension. She used to wash and clean her hands for two to three hours every day on average. She was too distressed by the compulsions or the obsessions because she was not able to resist and exert control over them. She was finding it difficult to socialize with others due to her shy personality, therefore she was spending more time by herself at home and showing no interest in any activities. She also exhibited symptoms of despondency, worthlessness, decreased excitement, decreased interest in daily tasks, and an extremely high threshold for irritation, even over little things.

Past History: - She has neither traumatic nor any other past medical and surgical history. Due to Insomnia, she consulted a doctor and was advised to take Medicine for Better Sleep.

Family History: - None of the family members had a history of diabetes, Hypertension, or any other disease.

Menstrual History: -Regular Menses but with more pain.

PERSONAL HISTORY: -

- Diet - Vegetarian
- Appetite - Good
- Bowel Habit - Irregular / Constipation (Twice a day)
- Urine Habit - Regular (5-6 times a day and 0-1 time at night)
- Frequency - Normal
- Burning micturition - Absent
- Painful Micturition - Absent
- Habit - Tea
- Sleep - Disturbed
- *Koshtha* - *Madhyam*
- Physical exercise - No Exercise

GENERAL EXAMINATION: -

- B.P. - 120/80 mmhg.
- Pulse rate - 70/min.
- Temp - 98.6° F
- Height - 5 Feet 5 Inch
- Weight - 60 kg.
- Pallor - Absent
- BMR - 1240 calorie/day
- BMI - 22 kg/m²

ASTAVIDHA PARIKSHA: -

- *Nadi* (Pulse) - *Vata-Kaphaj*
- *Mutra* (Urine) - Normal (5-6 times a day and 0-1 time at night)
- *Mala* (Stool) - *Malbaddhata*
- *Jihva* (Tongue) - *Clear/Alipta*
- *Shabda* (voice) - *Prakrit*
- *Sparsh* (Skin) - *Sheet*
- *Drika* (Eye) - *Samanya*
- *Akriti* (General Appearance) - *Madhyam*

DASHVIDHA PARIKSHA: -

- *Prakriti* - *Vata-Kaphaj*
- *Vikriti* - *Dosha – Vata-Kapha*
- *Dushya* - *Manovaha*
- *Sara* - *Madhyam*
- *Samhanana* - *Madhyam*
- *Pramana* - *Madhyam*
- *Satmya* - *Madhyam*
- *Satva* - *Avara*
- *Ahara Shakti* - *Madhyam*
- *Abhyavaharana Shakti* - *Madhyam*
- *Jaran Shakti* - *Madhyam*
- *Vyayam Shakti* - *Madhyam*
- *Vaya* - *Madhyam*

INVESTIGATIONS: - The results of hematological tests were normal.

DIAGNOSIS: - The diagnosis was established using the OCD diagnostic criteria. Mild depression combined with obsessive-compulsive disorder (obsession with contamination). According to

Ayurveda, this condition is called *Atattoabhinivesha*.

CRITERIA OF ASSESSMENT: -

The assessment was conducted using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), a five-point rating system that indicates the intensity of an individual's

obsessions and compulsions. Before starting therapy and on the fifteenth day of each regimen, assessments were conducted. In addition to the oral drug, weekly reassurance-based basic therapy was provided.

TREATMENT: -

The following formulations were prescribed

1. Tab. *Manasa-mitra vatak* – 1 TID
2. Combination of 4 drugs namely
 - a) *Shankhapushpi* (*Convolvulus pluricaulis*) Churna – 1 part

- b) *Sarpagandha* (*Rauwolfia serpentina*) Churna – 1 part
- c) *Yashtimadhu* (*Glycyrrhiza glabra*) Churna – 1 part
- d) *Jatamansi* (*Nardostachys jatamansi* DC) Churna – ½ part 2 gm TID with cow's ghee before food
- e) *Giloy* (*Tinospora cordifolia*) *Satva* – 1 Part
3. *Saraswatarishta* – 15 ml TID after food
4. *Kapikachchu* (*Mucuna prurita*) *churna* - 2.5 gm BD
5. *Shirodhara* with *Mansyadi kwath* for 15 days
6. *Sattoavajaya Chikitsa* – *Ashwasan*
7. *Daiwaavyapashraya Chikitsa* – *Hom, Mantra Jap, Niyam, Omkar*

OBSERVATION: -

OBSESSION:

No.	Obsession	Before Treatment	After Treatment (Day wise)			
			15 th	30 th	45 th	60 th
1	Time Spent on Obsessions	3	3	2	1	1
2	Interference From Obsessions	2	2	2	1	1
3	Distress of Obsessions	3	3	2	1	1
4	Resistance	1	1	2	3	3
5	Control Over Obsessions	1	1	2	3	3

COMPULSION:

No.	Compulsion	Before Treatment	After Treatment (Day wise)			
			15 th	30 th	45 th	60 th
1	Time Spent on Compulsion	3	3	2	1	1
2	Interference From Compulsion	3	2	2	1	1
3	Distress of Compulsion	3	3	2	1	1
4	Resistance	1	1	2	3	3
5	Control Over Compulsion	1	1	2	3	3

RESULT: - As the patient restored physical & mental balance, she reported freedom from symptoms of anxiety after completion of the whole treatment. This case study revealed that the two-month duration of *Shaman* and *Shodhan Chikitsa* reduced stress and attenuated anxiety,

Depression, and attention in the patient without any side effects.

DISCUSSION:

The body-mind relationship is crucial to managing OCD because it is a psychological and anxiety-related condition. Obsessions and recurrent

compulsive behaviors are said to stem from an imbalanced or elevated *Vata dosha*, according to Ayurvedic pathophysiology. *Vata-Kaphahara* medications were given with higher expectations of success in this case because the *kapha dosha* was also implicated. These medications were chosen for the following reasons:

Shaman Chikitsa:

Tab. Manasa-mitra vatak - Tab. *Manasa-mitra vatak* helps support mental well-being and promotes a healthy sleep cycle. This is a soothing Ayurvedic formula for the *Manovaha srotas*. It helps balance the mind and soothes the brain. It contains superior ingredients that help calm the agitated mind by balancing the deranged *Vata* and *Pitta Dosha*. It helps reduce stress and promotes sound restful sleep.

Shankhapushpi – *Shankhapushpi* is an Ayurvedic medicine used for enhancing cognitive function, slowing brain aging, and treating Hypertension, Diabetes. It has Anti-oxidant and Anti-inflammatory effects. It is also used for Stress, anxiety, mental fatigue, neuroprotection, insomnia, infections, and psychoneurosis.

Jatamansi – *Jatamansi* is useful for managing the symptoms of anxiety as it has the property of *Tridosha* balance and a unique *Medhya* effect. *Jatamansi* is useful to induce sound sleep because of its unique *Nidrajanan* effect. *Jatamansi* helps in managing the symptoms of memory loss when used on a regular basis.

Sarpagandha – *Sarpagandha* is beneficial for Neurological disorders like Mania, epilepsy, and insomnia. Consuming the root powder can help calm the nervous system and promote better sleep.

Yashtimadhu – *Yashtimadhu* is known to be a *Medhya Rasayan*, which helps reduce stress and depression by controlling stress

hormones. It also acts as a memory enhancer and mental rejuvenator. It is a powerful Anti-oxidant to protect the heart. Bioactive compounds in *Yashtimadhu* boost brain function and aid Diabetes treatment.

Kapikachhu- *Kapikachhu* helps in mood enhancement and elevates alertness. In addition to its aphrodisiac qualities, it includes levodopa, which is why Parkinson's disease adjuvants utilize it.

Saraswatarishta - Excellent nervine tonic that supports the neurological system, relieves depression and treats sleeplessness. It is an enhancer of cognition and intelligence. Its components support the process of improving memory by combining immune-stimulating, anti-inflammatory, and antioxidant properties.

SHODHAN:

SHIRODHARA – *Shirodhara* is a traditional therapy that involves a continuous stream of herbal oil or other liquids poured gently onto the forehead. According to Ayurveda, it is a condition of imbalanced *Prana Vayu*, *Sadhak Pitta*, and *Tarpak Kapha*. By restoring the functional integrity amongst these three *Doshic* subtypes, *Shirodhara* aids in stress relief. *Mansyadi kwath* is an Ayurvedic formulation that may help to deal with psychological disorders. It may improve Mental wellness and enhance mood. The ingredients may help to manage seizures. It acts as a potent anti-stress tonic and may relieve stress and anxiety. It is a purely herbal product that does not contain harmful substance and is safe for usage. This formulation has the following constituents in an 8:4:1 ratio: *Jatamansi* (*Nardostachys Jatamansi*), *Ashwagandha* (*Withania Somnifera*), and *Khurasani Ajwain* (*Hyoscyamus Niger*). In experimental models, the test drug's

antidepressant efficacy was examined. *Shirodhara* of *Mansyadi kwath* helps in following ways:

- **Stress relief** - The oil's pressure causes vibration on the forehead, which can help lower stress hormone levels and release anxiety.
- **Improve Mental Health** – *Shirodhara* can help release stress disorder and *Vata*-related diseases.
- **Improve Blood Flow** – The oil increases blood flow to the brain, which can help dilate channels.

CONCLUSION:

Nowadays Depression and Anxiety are the major causes of diseases that affect mental as well as physical well-being. In the above study, the patient is suffering from OCD, in which common symptoms such as anxiety, depressed mood, insomnia, cleaning and washing hands, and obsessive and compulsive behavior which is similar to *Atattoabhinivesha* as per Ayurveda. Hence in this patient, we followed Ayurvedic integrative protocols such as *Tab. Manasa-mitra vatak*, *Medhya Dravya* (*Shakhapushpi*, *Yashtimadhu*, *Sarpagandha*, *Yashtimadhu*, *Jatamamsi Churna*) *Shirodhara* with *Mansyadi kwath* that helped balance *Tridosha*, treat insomnia and restructuring *manas bhava*. Hence all medications are effective in treating OCD by subsiding all their symptoms and thus curing anxiety

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Conflict of interest: Nil

disorder or obsessive-compulsive disorder.

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