

International Journal of Ayurveda and Pharma Research

Research Article

A CLINICAL STUDY OF CUMULATIVE EFFECT OF *SHWADANSTRADI TAIL MANYABASTI* AND *NASYA* IN THE MANAGEMENT OF *MANYASTAMBHA* WITH SPECIAL REFERENCE TO CERVICAL SPONDYLITIS

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Article info Article History: Received: 11-01-2025 Accepted: 17-02-2025 Published: 07-03-2025

KEYWORDS: Manyastambha, Manya Basti Nasy

Manya Basti, Nasya, Shwadanstradi tail, Cervical Spondylitis.

ABSTRACT

Manyastambha is a clinical condition of the neck region and is one of the prone disorders caused by vitiated Vata in working mid-aged population. Acharya Charak describes Manyastambha in eighty Nanatamaj vatavyadhis. However, As per modern science, Manyastambha can be correlated to cervical spondylosis. It is a common health problem encountered in practice whose prevalence increases with age, and is estimated to be around 95% by age 65. In this single arm pre-post experimental clinical study, without regard to sex, religion, or other factors, a total of 30 individuals with the defining signs and symptoms of Manyastambha were chosen for this research trial (cervical spondylitis). In the current study, Shwadanstradi Tail Manya Basti and Nasya as described by Acharya Charak in *Chikitsa sthana* were administered for 14 days, with a regular follow up of 8th, 14th and 21st days respectively without any internal medications and alteration in diet and lifestyle. Results showed that pain was reduced by 79.33% (VAS Scale), Stambha/stiffness 57.47%, and total neck mobility by 56.44% which were statistically significant. Statistically very significant results were also found in neck flexion (64.13%), neck extension (52.38%) and passive neck flexion (52.27%). Thus, conservative cumulative management of Manyabasti and *Nasya* of *Shwadanshtradi Tail* for a specific period when administered with proper duration dose and time relieves the clinical signs and symptoms of *Manyastambha* (cervical spondylitis) along with no side effects. Shwadanstradi Tail in the Matra of 100ml for Basti and 1 Bindu (8 drops) for Nasya found to reduce pain, neck stiffness, tenderness, radiation of pain and numbness.

INTRODUCTION

Manyastambha is a clinical condition occurring in an individual where *Vata* gets localized in the neck region and is one of the prone disorders caused by vitiated *Vata*^[1] in mid-aged population. The condition involves neck stiffness with restricted movements of neck along with pain and tenderness during movements especially internal and external rotatory movements of neck.



As per Ayurvedic classics, Acharya Charak Manyastambha in eighty Nanatamaj describes vatavyadhis.^[2] The condition is mainly because of Vatakaphaj dosha. However, As per Acharva Sushruta, sleeping during daytime, improper posture while sitting or standing, continuous looking upwards leads to the disease called *Manyastambh*.^[3] As per modern science, the effects of ageing become visible in all types of tissues in the body, and one such disorders hitting the middle age is cervical spondylitis. The prevalence of cervical spondylitis increases with age and is estimated to be around 95% by age 65.^[4] People in the 4th and 5th decades of life suffer more from this degenerative condition, but to the surprise working population in the 20's is no way an exception. Manya refers to the back of the neck or the area below the

head; *Manya* and *Greeva* are synonymous terms. The word "*Stambha*" conveys the idea of halting or delaying neck functions, or the inability to move the neck.^[5] Looking into the signs and symptoms of cervical spondylitis, which include suboccipital pain and headache, neck and shoulder discomfort, and radicular symptoms^[6] it can be co-related to that of *Manya Stambha*.

In today's westernized life, people have started working on computers, spend lots of time watching mobile phones or laptops for long that too in improper position, stays awake till late night and sleep during daytime, also they use high pillows while sleeping. All these result in rise in neck pain and neck stiffness. As per Ayurveda, *Manyastambha* is painful condition but it is not life threatening^[5] *Panchakarma* therapy is an Avurvedic treatment which deals with the purification of the accumulated *Dosha* from the body through the nearest possible route. Treatment of vitiated Vata Dosha includes administration of therapies such as Snehan (oleation), Swedana (sudation), Abhyanga (massage). *Basti* (medicated enema)^[6]. As per Aacharva Charak, the person's indicated for Swedan are those suffering from *Manyashool* (neck pain)^[7] Stambh (stiffness) and Gaurav (heaviness).^[8] Manyabasti is one of the type of Snehayukta swedan.^[7] Also, *Nasya* is considered to be the best procedure for Usdhwajatrugat Rogas. Hence, one such efficient and trustworthy drug described in *Charak chikitsa sthan* is Shwadanshtra (Gokshura) which can be utilized in Paan (ingestion), Abhayanga (oleation), Basti (drug pooling) and *Nasya* (nasal installation) for *Vataj* Vikaras.^[9] Thus, out of the four procedures, two important procedures of *Manvabsti* and *Nasva* are considered here for research trial. Now considering all the facts, study has been planned to assess the efficacy of Shwadanshtradi taila Manyabasti and Nasya in management of Manyastambha.

MATERIALS AND METHODS

The study is pre-post experimental single arm clinical trial. Total 30 patients registered in the study as per the inclusion and exclusion criteria.

Selection of Patients

The study participants are being enrolled from the Outpatient Department (OPD), Department of Panchakarma of the institute. There was no random selection of the case's gender, occupation, or socioeconomic status. For the objective of maintaining a regular record of each patient's evaluation, a proforma was developed (CRF Form)

Inclusion Criteria

Patients of any gender, between age 30 and 60 years, with persistent neck pain and difficulty rotation, morning stiffness under 30 mins. Also, who are not taking regular anti-inflammatory/analgesic drugs or are not finding satisfactory relief with conventional treatments, are included in the study.

Exclusion Criteria

Patients with history of fracture or dislocation of cervical region. Patients with diabetes and cardio vascular diseases, traumatic, infective, neoplastic spine. Pregnant women, tuberculosis of spine, patient having automotive deformities like ankylosing, spondylitis, spinal cord abscess, rheumatoid arthritis as well as congenital structural disorder will be excluded. Traumatic disorders like cervical strain, injuries to intervertebral joints ligaments and muscles, compression factors vertebral process fracture and ruptured disc. Patient with other joints disorder which are not relates to *Manyastambha* will be excluded.

Criteria for Withdrawal

- 1. During the course of trail if any serious condition or any serious adverse effects occur which require urgent treatment.
- 2. Patient himself/herself wants to withdraw from the clinical trial.

Drug and Posology

Drug for Intervention- Shwadanshtradi Taila^[10]

This is an medicated oil formulation prescribed long years back in the classical text *Charak Samhita*, *Chikitsa Sthana* chapter 28 verse 148.^[11] The major ingredients in this oil are *Tribulus terrestris* L. and *Zingiber officinale* Roscoe.^[12] For preparation of this oil, the sesame oil is cooked with the paste of these two herbs, jaggery and cow milk as described in the classical texts.

No	Drugs ^[13]	Latin Name	Rasa	Virya	Vipak	Doshganata	
1.	Gokshur	Tribuls Terrestris	Madhura	Sheeta	Madhura	Tridoshghna	
2.	Aardrak	Zingiber Oficanale	Katu	Ushana	Katu	Kapha-Vataghna	
3.	Gud	Saccharum Officinarum	Madhura	Ushna	Madhura	Tridoshghna	
4.	Tila	Sesamum Indicum linn	Madhura	Ushna	Madhura	Tridoshghna	
5.	Ksheera i.e., Go-dugdha		Madhura	Sheeta	Madhura	Vata- Pittaghna	

The oil has been manufactured at a GMP certified reputed pharmacy and checked for quality as per available standards.

Duration of the study /Course of treatment: 14 days and 1 week follow-up.

Standard Operating Procedure (SOP) for Manya basti and Nasya

- 1. Patients having symptoms of *Manyastambha* based on inclusion and exclusion criteria were recruited for the study.
- 2. A written informed consent was obtained from each patient in the best understood language and were considered for initial assessment.

Purvakarma

- Bahya Abhyanga- Til tail (Shir, Lalata (forehead) and Manya)
- Sudation Therapy- Sthanik Taap Sweda by Hasta Sweda
- > Manya Basti and Nasya-Shwadanshtradi Tail

Pradhan Karma

Manya Basti

- Patients recruited were asked to lie down in a comfortable prone position with head tilted to one side and palms facing towards the sky.
- A pool of oil is created with the help of dough (black gram) or any/oil pooler or Manya holder.
- The oil pool is allowed to rest which helps to lubricate the neck joint and relax the muscles of the neck.
- Slowly, the oil is withdrawn back with the cotton plugs.

- The entire procedure is repeated for 2-3 times, and every time, the oil withdrawn seems less than that of oil inserted.
- A total amount of 100ml oil is utilized every time in the procedure.

Nasya Procedure

- Patients recruited were asked to lie down in a comfortable supine position one and a head low position was made with the help of the pillow. A 30-60 degrees extension was made at the time of nasal oil administration.
- Installation of 1 Bindu^[14] or 8 drops of Shwadanshtradi tail was done respectively in each nostril. It was made sure that one nostril remains closed at the time of oil insertion in another nostril.
- Patient was asked to lie down for 100 Matra kala and asked to spit out the secretions reaching the mouth and not to swallow it.

Paschat Karma

Manya basti

- After 30 to 45 minutes, oil is removed totally from pool and the patients back is cleaned with warm water or cloth dipped in warm water.
- Nadi-Swedana performed for 5-10 mins.
- Advised rest to patient for 15 mins after the procedure

Nasya

- Mrudu Abhyanga and Taap Sweda by Hasta was done on the forehead, cheeks and neck.
- After the procedure, patient was examined for pulse and blood pressure.
- He/she was also observed for any Asamyak lakshans and Vyapad if any and the data was recorder in the CRF form.

S.No	Parameters	
1	Duration	14 days
2	Sample	30
3	Interventional drug	Shwadanshtradi Tail
4	Dose and duration <i>Manya Basti</i> - 100ml oil once a day for 1 st 7 days.	
		<i>Nasya</i> - 8 Drops in each nostril (1 <i>Bindu</i>) once a day for 14 days ^[14]
5	Route	Nasal installation
	Procedure	Manya Basti and Nasya
7	Assessment days	On day 7 and at the end of day 14
8	Follow up Day 0, day 7 and day 14 and day 21	

Table 1: Showing the Treatment plan and Follow up of the Trial



Fig 1- Nasya Karma

Assessment Criteria

Both subjective and objective parameters were considered for assessing the response.

- 1. Objective Criteria- Pain assessment by VAS (Visual Analogue Scale).^[15]
- 2. Subjective Criteria- *Lakshanas* of *Manyastambha* as per classics.^[16]

Pain (VAS Score)

The method used for pain assessment was Visual Analogous Scale (VAS). It is a scale of 10cm was drawn on a paper and the patient was instructed to mark against the reading relating to his or her pain severity before treatment, which was considered to be the initial pain scale reading.

Pain reading was graded as follows

- ➢ 0: Nil
- ➤ 1-3: Mild
- ➢ 4-6: Moderate
- ➢ 7 and above: Severe tenderness

Stambha (Stiffness)

- ➢ Grade 0: Full range
- ➢ Grade 1: Up to 75% of movement
- ➢ Grade 2: Up to 50% of movement
- ➢ Grade 3: Up to 25% of movement
- ➢ Grade 4: No movement

Neck Flexion

- Grade 0: Full range of neck movement without pain.
- Grade 1: Full range of neck movement with pain and stiffness.
- ➤ Grade 2: Restricted movement of neck with pain.



Fig 2- Manya Basti

Grade 3: Neck stiffness and pain restricting movement of neck.

Neck Extension

- Grade 0: Full range of neck movement without pain.
- Grade 1: Full range of neck movement with pain and stiffness.
- ➢ Grade 2: Restricted movement of neck with pain.
- Grade 3: Neck stiffness and pain restricting movement of neck.

Lateral flexion

- Grade 0: Full range of neck movement without pain.
- Grade 1: Full range of neck movement with pain and stiffness.
- ➢ Grade 2: Restricted movement of neck with pain.
- Grade 3: Neck stiffness and pain restricting movement of neck.

Rotation

- Grade 0: Full range of neck movement without pain.
- Grade 1: Full range of neck movement with pain and stiffness.
- Grade 2: Restricted movement of neck with pain.
- Grade 3: Neck stiffness and pain restricting movement of neck.

Passive neck flexion

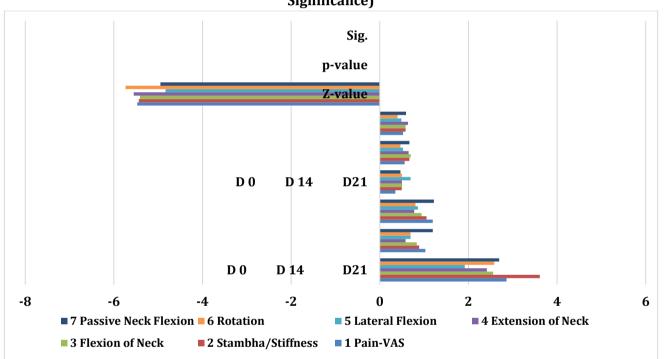
- Grade 0: Without any difficulty
- ➢ Grade 1: With some difficulty
- ➢ Grade 2: With much difficulty
- Grade 3: Unable to do

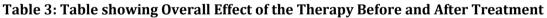
OBSERVATIONS AND RESULTS

Table 3: Table showing Comparative before and After Treatment Values at Different Follow-ups Day 0, Day14 and Day 21st follow up

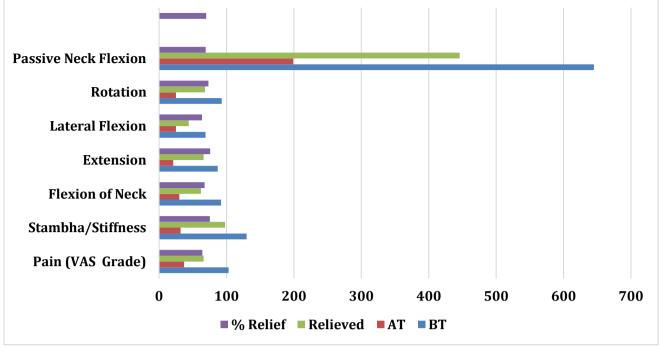
S. No Parameters		Mean			SD			Z-	p-	Sig.
	Assessed	D 0	D 14	D21	D 0	D 14	D21	value	value	
		(BT)	(AT)	(AT)	(BT)	(AT)	(AT)			
1	Pain-VAS	2.8611	1.028	1.194	0.3507	0.56	0.525	-5.472	0.0001	HS
2	Stambha/Stiffness	3.611	0.889	1.056	0.494	0.667	0.583	-5.436	0.0001	HS
3	Flexion of neck	2.556	0.833	0.944	0.504	0.697	0.583	-5.412	0.0001	HS
4	Extension of neck	2.417	0.583	0.778	0.5	0.649	0.637	-5.553	0.0001	HS
5	Lateral flexion	1.917	0.694	0.861	0.692	0.525	0.487	-4.835	0.0001	HS
6	Rotation	2.583	0.694	0.806	0.5	0.467	0.401	-5.738	0.0001	HS
7	Passive neck flexion	2.694	1.194	1.222	0.467	0.668	0.591	-4.949	0.0001	HS

(VAS- Visual Analogue scale, SD- Standard Deviation, T- Before Treatment, AT- After Treatment Sig-Significance)





Tuble of Tuble showing over an interval prove and interval							
Symptoms	BT	AT	Relieved	% Relief			
Pain (VAS Grade)	103	37	66	64.08			
Stambha/stiffness	130	32	98	75.38			
Flexion of neck	92	30	62	67.39			
Extension	87	21	66	75.86			
Lateral flexion	69	25	44	63.77			
Rotation	93	25	68	73.12			
Passive neck flexion	645	199	446	69.15			
		69.82					



DISCUSSION

Demographic Data

In this study, the maximum number of patients i.e., 61.18% belonged to the 31-40 years. Maximum no. of patients i.e., 74.12% were belonging to the Hindu religion. They mostly belonged to lower middle class (45.83%), had graduate level education (37.65%), and were having an occupational status of official and sedentary work. (39.55%). 65.59% had a mixed diet consumption with intake of more amount of *Amla* and *Lavana Rasa*, and 97.75 patients consumed *Katu Rasa*. The maximum number of patients had *Vishamagni* (65.05%) and 43.18% patients were addicted to alcohol having a *Kapha Vata Prakruti* (54.17%). Majority of patients 57.65% had disturbed sleep and practiced *Vegadharana* (suppression of urges) in 83.33%.

Experimental Work-Objective and Subjective Assessment

VAS Scale- before commencement of the trial, maximum patients were belonging to grade 4-6 and even 7, but the therapy decreased the grade upto 2 (69.5%) and p< 0.005. Thus, a significant result was obtained in case of VAS Score. Similarly in case of neck mobility score, flexion, extension, rotation, lateral rotation and passive neck flexion, a significant change was observed looking into the before and after values. As p<0.005 and grade was decreased from 3 to 2 and even 1 in some cases. Thus, the cumulative effect produced by both the therapies performed even for a few periods can be considered depending upon the Mode of action, duration and also the choice of the drug used in the trial.

Mode of Action of Manya Basti

Manya Basti is a traditional Ayurvedic treatment used to manage cervical spondylosis (*Manyastambha*).

- **Anti-inflammatory effect**: Many *Basti* contains herbs like *Dashmool, Eranda,* and *Rasna,* which have anti-inflammatory properties. These herbs help reduce inflammation and pain in the cervical region.^[17]
- **Muscle relaxation**: The treatment involves the administration of a medicated enema, which helps relax the muscles in the cervical region. This relaxation reduces muscle spasms and pain.^[18]
- **Nourishment and Rejuvenation**: Many *Basti* is believed to nourish and rejuvenate the tissues in the cervical region, promoting healing and repair.^[19]
- **Improving blood circulation**: The treatment is thought to improve blood circulation in the cervical region, which helps to reduce pain and inflammation.^[20]

Mode of Action of Nasya

Nasya gives stimulation to the brain through the olfactory pathway thus inducing the production of neuro peptides which act as pain relievers. The *Paka* of the Taila used for Nasya is Mridu, which retains the water-soluble principles along with lipid soluble particles at an optimum level.^[21] Moreover Avartana concentration of increases the fat soluble phytoconstituents. The peripheral processes of the olfactory cells respond to volatile, water soluble and lipid soluble odorless chemical substances.^[22] The drug used for Nasya is of Shwadanshtradi tail which develops a Mridu Paka which maintains the water solubility for diffusing through the olfactory epithelium and lipid solubility for interacting with the

lipids of the membranes of olfactory receptors.^[23] All these factors contribute well for the specific ability of *Sneha Nasya* in stimulating the brain through olfactory area.

Shwadanshtradi Tail

In Shwadanshtradi Taila, most of the drugs are Madhura Rasa, Madhura Vipaka, Ushna Virva and Snigdha, Guru Guna which acts as Vata Pradhana Tridoshashamaka. The ingredient like Aadraka, Guda and *Gokshura* are *Deepana–Pachana*^[24] in nature and helps to convert Samata into Niramata by improving *Jatharagni.* While the *Ksheera* act as *Bruhana* which correct the degenerative changes of the disease and Vatashamaka.^[25] acts as In this wav the Shwadanshtradi taila have Vatashamaka property and breakdown the pathogenesis of helps to Manyastambha.

CONCLUSION

- 1. Conservative cumulative management of *Manyabasti* and *Nasya* of *Shwadanshtradi Tail* for a specific period when administered with proper duration dose and time relieves the clinical signs and symptoms of *Manyastambha* (cervical spondylosis) along with no side effects.
- 2. The trial drug used here reduces pain, neck stiffness, tenderness, radiation of pain and numbness and improves the range of movements of the cervical spine more effectively.
- 3. Especially *Nasya* can decrease the rate of degeneration. Analysis of various parameters before and after therapy (*Basti* and *Nasya*) proved the specific efficacy of reducing the pain, stiffness, rotational pain and radiation of pain. More future clinical comparative trials are expected to increase the scope of the study.

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Cite this article as:	*Address for correspondence
Pooja Chheniya, Lalit R Kukde, Sonal D Wankhede. A Clinical Study of Cumulative	Dr. Pooja Chheniya
Effect of Shwadanstradi Tail Manyabasti and Nasya in the Management of	Associate Professor,
Manyastambha with special reference to Cervical Spondylitis. International	Dept. of Swasthavritta,
Journal of Ayurveda and Pharma Research. 2025;13(2):126-133.	Rajiv Gandhi Ayurved College and
<u>https://doi.org/10.47070/ijapr.v13i2.3550</u>	Hospital, Bhopal, MP.
Source of support: Nil, Conflict of interest: None Declared	Email: <u>drpoojakukde@gmail.com</u>

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