



Review Article

NON POPULAR PRACTISES OF *STHANIK CHIKITSA* IN DIFFERENT GYNAECOLOGICAL DISORDERS**Gopal M Jadhav**

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KEYWORDS: *Yonivyapad*, *sthanik chikitsa*.**ABSTRACT**

Women health is always at risk due to her socio economic secondary status in Indian society. External opening of her reproductive system is surrounded by the infection prone zones like anal and urethral openings. Also her involvement in reproductive and sexual acts leads to many infectious disease. This entire course along with many anatomical deformities results in various pathophysiological conditions of reproductive system affecting her health. Such conditions are called as *Yonivyapad* i.e. diseases of female reproductive system in *Ayurved* texts. Puberty, menarche, sexually active and reproductive period, antenatal period, peripartum, use of various contraceptive aids, menopausal time and various gynaecological diseases are common events of her life. Twenty *Yonivyapada* are described by all major *Ayurved Sanhita*. Causes for many of them are local factors and rest are due to complications of major systemic illness. *Doshas* are major causative factor in *yonivyapada*. Various local remedies called as *Sthanik Chikitsa* are available which can give relief at most extent in certain *Yonivyapda*. Local modalities like *Basti*, *Uttarbasti*, *Varti*, *Kalka Dharan*, *Kshar Pratisaran*, *Yoni Dhupan*, *Sek*, *Abhyang*, *Pichu*, and *Yonidhavan* are much effective than any modern remedies. But these therapies are practised at institutional levels only. They are not even popular in upcoming generation of Ayurved practitioners. Promotion of these therapies at small set ups is essential to establish good clinical outcome in the management of gynaecological disorders by Ayurved therapy. Their simple techniques, importance, efficacy and cost effectiveness are more favourable aspects to implement them conveniently. Wide use and large scale acceptance can result into implementation of *Sthanik chikitsa* in the government public health centres in future.

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INTRODUCTION

Health issues of Indian women life are usually neglected by the family until it reaches to worst condition. In changing scenario women are showing more success in social, educational, sports and many other fields but health related issues are still seems to be secondary. In spite of advancement of health services, prevalence rates, mortality and morbidity are still unchanged for women. Faulty lifestyles, stress, working patterns, resistance to antibiotics, exposure to cosmetics and sexual/reproductive life are more additional causes for her pathological conditions. There is no availability of

cent per cent safety measure in modern health system for morbidity correction for women in many gynaecological disorders and to prevent its recurrence. A large population of women around the world is living secondary quality life which affecting their physical mental and social health. Health system is in search of some good options but covenant and effective methods of Ayurved, Yoga and other traditional therapeutic methods are still not involved in routine health care system. Pubertal, midlife, peri-menopausal issues in gynaecological and obstetrical science have a wide

range of therapeutic options where modern allopathic science has their own limitations in many cases. Description of *Yonivyapad chikitsa* i.e., management of disorders of female reproductive system is one of the major contribution for women health seen in almost all ancient texts of ayurved samhitas.

Vulvo-vaginal septic conditions and other clinical entities are not uncommon in rural as well as urban women. It shows wide prevalence in general population affecting from puberty to geriatric life. These include various infections, anatomical defects, growths and inflammatory conditions. These pathologies resembles with references in *Ayurveda* texts under the title of *Yonivyapada* i.e. diseases of female genital tract. Various oral remedies and local therapies called *Sthanik chikitsa* are available for it. Out of these oral remedies are being used in clinical practice but more effective local therapies like *Dhavana, Pichu Dharana, Uttarbasti, Kalka Dharana, Kshar pratisaran Dhupan, Lepa, Parisheka, Abhyanga, Varti* etc are not used in routine practice. The possible reasons for it may be the lack of knowledge about these therapies to non -OBGY graduates and tendency of OBGY post graduates towards surgical and obstetrical work only. Hence unfortunately these therapies are non-popular in patients as well as Ayurved practitioners. Easy and convenient modalities can be used for correction of *Yonivyapadas* which will ultimately help in management of diseases without unnecessary surgical interference. On one side we are dreaming to merge into national health policies and on other side our own therapies are being neglected by our own professionals. This is the correct time to explore effectiveness and application of *Sthanik chikitsa* and their implementation at ground level practises.

AIMS AND OBJECTIVE

1. To review *Ayurved* literature of *Yonivyapad*.
2. To review complete literature of *Yonivyapad chikitsa* and specially *Sthanik chikitsa* related to gynaecological conditions.

MATERIAL

Classical texts which were available in the library of Government *Ayurved* College were reviewed. Also previous research used as reference material.

METHODOLOGY

Collection, review and interpretation of data have been done systematically to elaborate ancient descriptions with current modern views.

Discussion on Literature

Stree Sharir (Anatomy of female reproductive system)

Female reproductive system is made up of *Yoni, Garbhashaya, and Artavvahi strotas*.

1. Yoni ^[1]: It is shell conch (*Shankha nabhi*) like structure having three circular compartments called *Avartas* one around another. Meaning of these compartments should be considered as three parts of entire female reproductive system. In texts, explanation of first, second and third *Aavarta* is not mentioned clearly. While explaining the meaning of three *Aavartas* it seems to be three layer coating of vaginal canal^[2] which excludes *Garbhashaya*. *Garbha* lies in the uterus and according to texts *Garbhashayya* is place of *Garbha*. Hence we can understand uterus as third *Aavarta*. Suitable explanation of three *Avartas* should be as follows. ^[3]

a) First avarta contain tubular, hollow structure made up of fibro muscular tissues which is organ of collection of *Shukra* and outlet for menstrual and products of conception. It resembles with organ vagina in modern texts.

b) Second aavarta refers to *Garbhashya mukha* or cervix which is connecting part lies between first and third *Aavarta*.

c) Third Aavarta is most important and extensively described part of yoni which contains *Garbhashayya* i.e. bed for fetus. It clearly denotes uterus and endometrium.

2) Garbhashaya i.e., uterus, is defined as the organ which is internally coated with *Jarayu*.^[4] Though *Vagbhata* states meaning of *Jarayu* as placenta ^[5] but term *Apara* is more correct term for placenta. Hence *Jarayu* resembles with amnion and chorion which is attached internally (*Parivitam*) to uterus. As uterus plays its significant role during gestational period it has been described in the texts according to it. *Garbhashaya* is also called as *Dhara* or *Kukshi*. *Garbhashaya* is like mouth of *Rohiat* fish and it is internally a hollow structure. It lies in between gall bladder and intestine, situated below pubic part, either side to urinary bladder. This description seems to be more correct considering gestational period where uterus has maximum size and distension.

3) Artav vaha strotas: *Strotasa* are structurally very minute channels typically designed for secretion, absorption, storage and transportation of basic and essential body contents. *Strotas* designed for process of menstruation and ovum formation is called as *Aartav vah strotas*. It is made up of *Garbhasaya* and *Aartav vahi dhamanya* (vessels carrying *Aartava*). *Artava* has two meanings i.e.

menstrual blood and ovum. Uterus is *Mulsthana* of *artava* while conduction of ovum through oviducts can be taken in consideration. Other opinions consider uterine arteries as *Artva vah srotas* but it cannot be co relate with entire description of *Artava*. Also there is difference in vascular blood and menstrual blood hence uterine artery is not place of *Aartav srotas*. This way function of *Aartav vaha srotas* can be understood.

Yonivyapad

It states disorders of yoni i.e. entire female reproductive system. Almost all ancient *Ayurved* texts describe *Yonivyapad* and number of diseases is twenty. Description of *Charak samhita* is accepted by others except some of them are named with different term. But symptomatically both conditions looks like same and hence while treating them no major change in protocol has been seen. Common symptoms of these *Yonivyapads* vary from menstrual irregularities, abnormal discharge, pain, growth to sub fertility and labor complications.

Common causes of Yonivyapada [6]

1. Faulty diet and lifestyle
2. Abnormal *Aartava*
3. *Beej dosha* i.e., genetical factors
4. Fortune of patient (*Daiva*) or explanatory causes.

Shushruta [7] additionally explained about use of excess coital activities by female can be a cause of female disorders of female genital system. While *Ashtang sangrah* states that use of adulterated and faulty food and habits of abnormal positions, posture while sitting, sleeping and coital acts leads to *Yonivyapadas*. Use of *Apravyas* (metallic instruments appears like male penis) also can be a cause of *Yonivyapadas*.

Over view of various Yonivyapadas in current practise

1 to 4: Vataj, Pittaja, Kaphaj, Sannipataj Vyapad:

[8] these are various types of abnormal vaginal discharges with various colour shades, lower abdominal pain, offensive smell, itching and some additional features as per involvement of *Doshas*. These are clinically similar to various genito-urinary infection like fungal, bacterial and viral. These can be cured with oral medicines as well as local therapies like *Sek, Abhyanga, Pichu, Dhavan varti* etc.

5. Aasruja/ Lohitkshara:[9] It is condition in which heavy painful menstruation seen. Such patient can bleed heavily during pregnancy also. It can be compared with adenomyosis, AUB, or fibroid uterus. Inclusion of word *Garbha* can be considered cases of implantation bleeding or cases of

threatened abortions. Treatment should be done very carefully by ruling out definite cause of bleeding. Surgical help should be accepted.

6. Arajaska/Lohitkshaya:[10] It is oligo or amenorrhoea caused due to vitiation of *Pitta* and *vata* results in burning pain and weight loss. It may be clinically co related with endometrial tuberculosis, severe anaemia, uterine malformations or anorexia nervosa, PCOD, hypo thyroid and premature ovarian failure.

7. Acharana: It is caused due to unhygienic conditions and associated with germ formation represent significant itching. It is similar to vaginal candidiasis and very commonly found in all type of population. It is best condition where local therapies can be used on wide range provided no involvement of major condition.

8. Aticharana:[11] Lady having frequent and over use of coital acts undergoes *Vata prakopa* and causes vaginal pain. It can be considered as traumatic inflammatory reaction or honeymoon cystitis.

9. Prakcharana:[12] It is type of *Vyapad* in which a small age girl who has participated in coital act leads to backache, low backache, inguinal and thigh muscle pain. It is called as *Prakcharana vyapad*. It can be considered as rape victim in early age or sexual abuse case.

10. Upapluta:[13] Lady who practises *Kapha* dominant diet and prohibits urge of vomiting in pregnancy status suffers from white discharge with throbbing pain in genital organs is called as *Upapluta*, it may be specific or non -specific vaginal discharge in pregnancy,

11 Paripluta: Condition is due to vitiation of *Pitta dosha* and represents with severe tenderness of genital region and specially dyspareunia.

12. Udavarta:[14] It is severe dysmenorrhoea which resembles with endometriosis which shows spontaneous pain relief after cessation of menses.

13 Karnini: It is polypoidal /conical growth due to early bear down efforts by parturient women. Generally it is considered as cervical erosion which is very common clinical condition but the cause mentioned for it in the text is suspicious.

14 Putraghni: It is condition in which patient shows stillborn babies in each labour. It may be some genetical disorder or TORCH infection complication.

15. Shandhi: It is congenital disorder in which women fails to develop secondary sex characters and it is non -curable condition. Congenital absence of ovaries, anorexia nervosa and various syndrom may be the cause.

16. Vandhya: Condition in which premature or timely cessation of menstrual cycle and failure of ovulation.

17. Vamini: Is a condition in which evidence of discharge of products of conception before conversion into embryo.

18. Antarmukhi:^[15] Lady who sleeps in faulty position after ingestion of heavy meal leads to change in position of yoni *Mukha* (probably cervix) and it is associated with dyspareunia and abdominal pain called as *Antarmukhi*. Condition is similar to retro verted uterus.

19. Shushka Yonivyapad:^[16] According to *vagbhta*, suppression of natural ergs during *Rutukal* i.e., fertile period may leads to dryness of vagina and shows severe pain called *Shushka yonivyapad*.

20: Mahayoni Vyapad:^[17] Practise of faulty positions of sitting and sleeping leads to vitiation of *vata* and leads to herniation of uterus into vaginal canal. it is associated with severe pain in thighs and extremities.

Some clinical entities as per modern science seen in routine practise:

1. Fibroids/Arbuda: Charaka has mentioned repeatedly to refer cases of *Granthi, Arbud, Apache, Galgand* to *Dhanvantari sampradaya* for surgical correction as it can -not be controlled by *Shaman chikitsa*. Hence we Ayurved experts should not stuck up only with *Shaman chikitsa* and give equal importance to surgical therapy also as *Shalya tantra* is important branch of Ayurveda. Fibroids of larger size, malignancy, adenomyosis, large polyp, vaginal and uterine septum and any other anatomical defects beyond medicinal management must referred for surgery.

2. Infertility/Vandhyatva: As *Dushit yoni* is one of the cause of infertility mentioned in texts we should judge different conditions like ovulation defect, tubal defect, anatomical defect or existence of any general disease and treat case accordingly. Selection of local modalities must be on the basis of cause and correction expected.

3. PCOD: No exact term available for it in Ayurved texts but we can correlate it with *Arajaska, Aartavkshya* etc., condition. It is a syndrome and should not be diagnosed on basis of single finding. It is a condition in which formation of *Aartva* not takes place from *Ras dhatu* and we should treat *Ras dhatu* by *Langhan* and *Pachan chikitsa*. Treatment should be concerned with or without fertility issue.

4. Endometriosis: It is condition where abnormal growth of endometrium seen beyond uterine cavity. Diagnosis is not possible with simple tools like USG and pathological investigations. It causes

dysmenorrhoea, constipation, irregular menstruation and infertility. It can be correlated with *Vata* and *Pitta dushti* disease and should be treated accordingly.

Yonivyapad Chikitsa

As stated earlier vitiation of *Doshas* and various other causes are responsible for these conditions hence treatment of basic pathology is very important aspect. Treatment of cause and symptom should be done at same time. Treatment can be done by keeping all aspects of *Chikitsa* like^[18] *Aahar Chikitsa, Vihar Chikitsa, Abhyantar aushadhi* and local modalities It is said by *Madhav Nidana* in *Madhukosh Tika*^[19] that all types of pains are derived from irritation of *Sandnyavaha Nadi* and *Vata* is chief cause behind any type of pain. Further he stated that all type of *Yoniyapadas* should be treated with *Panchkarma treatment* ^[20]. If it is not responding *Panchkarma* can be performed for complete relief.

2. Local Modalities: These are special therapeutic methods which are described in the management of gynaecological disorders. These are *Yonidhavana, Pichu dharana, Kala purana, Varti chikitsa, Parishek, Sek, Abhyanga, Dhupan, Kshar pratisarana* and *Uttarbasti*. Their indications and contraindications are to be judged before its implementation.

Yonidhavana and Yoni parishek:^[21-23] It is vaginal douche by use of medicated decoction which is having lukewarm temperature which will help to reduce the pain by hot fomentation as well it reduces the inflammatory conditions which again helps to reduce pain factor. Douching vaginal canal helps to wash out fluid and discharge and acidic properties of decoction (*Triphala*) helps to restore vaginal acidic pH. Antimicrobial property of *Triphala* also helps to subside vaginal infections, various decoctions like *Triphala, Panchwalkal, Guduchyadi Quatha*, mixture of *Triphala-Takra-Gomutra* are much effective remedies and are being used at institutional levels. Cases of genital infections, unexplained infertility, *Karnini yonivyad, Paripluta, Acharana, Aticharana* etc can be treated with this therapy. Recurrence of disease can be avoided with these methods. *Triphala quath yonidhavan* and *Madhuyukta varti* in cases of *Shweta pradara*. 99.5% cases got relief from *Shweta pradara* and 97.86 % cases found relief vaginal itching.^[24]

Parishek is pouring of medicated decoction on external lesions around genital tract. it can be used for unmarried cases/*Prakcharana* also where intra vaginal procedures are contraindicated. *Parishek* by lukewarm decoction can attain pain

relief very easily in viral conditions. It can be used for post episiotomy vaginal and wound cleaning.

Kalkadharana:^[25] Use of *Hinsra/Kantkari kalka* in *Vataja yonivyapad* gives relief to pain. Putting medicated paste inside vagina, it is more beneficial than vaginal douche as it acts for longer time than douche method, hence prolong action of drugs will occur on local pathogens and more efficacy can be achieved. Use of *Hinsra/Kantkari kalka* in *Vataja yonivyapad* gives relief to pain, while *Karanj kalka* reduces itching, *Nimba kalka* improves offensive smell. *Kalka dharana* also helps to minimise pelvic congestion.

Pichu Dharan:^[26] Keeping tampon of lukewarm *Chandan jala* after proper oiling inside vaginal canal will reduce *Yonidaha*. It is useful to remove discharge from lower abdomen and pouch of Douglas by osmosis phenomenon. Also it improves vaginal flora and helps to reduce growth of anaerobic bacteria due to oil. Use of *Rohitak kashaya pichu* in cases of *Acharana yonivyapad* gives 96.66% relief for *Shwetpradara* while 100% relief in vaginal itching.^[27]

Dhupan Chikitsa: It is fumigation of genital part specially done in puerperal cases for healing of episiotomy wound and also to reduce pain at perineum, *Rala, Guggulu, Agar, Jatamansi, Guggulu* etc drugs can be used for *Dhoopan chikitsa*.

Basti Chikitsa:^[28] It is very much effective in many of the gynaecological disorder oriented pain, menstrual irregularities and pelvic congestion. Much time white discharge seen due to complication of chronic constipation. *Basti* relieves constipation and results into relief from white discharge. As bowel bladder and uterus are supplied by same parasympathetic nerve roots. Suppressing irritation of one organ can help to reduce irritation of neighbour organ. Use of *Dashmul siddha kshirbasti* in *Udavarta yonivyapad* 98.5% cases shows 98.5% spasmodic pain relief in post treatment cycles. 94.66 % cases shown relief in low backache.^[29]

Uttarbasti:^[30] It is a magical therapeutic method which is not seen in any other branch of medicine of the world in present era, instillation of medicated oil or ghee inside the uterine cavity and tubes is the principal of this treatment. It should be done by expert clinician who has practice of it. *Uttarbasti* can be very good solution for various gynaecological disorders like irregular menstruation, dysmenorrhoea, scanty menses, tubal block, *Shushka yonivyapad, Kshetra chikitsa* of infertility. Only care should be taken that it cannot be given in unmarried, menstruation, *Garbhini* cases

and in cases where some sort of vaginal infections are present, it cannot be administered in cases of erosion, polyp, cervical fibroid etc. *Uttarbasti* can be given in *Rutukala* only. Use of *Kashmari kutaj ghrita uttarbasti* in cases of *Asruja yonivyapad* shows 92.34% reduced blood flow after therapy, while 96.26% pain relief during menses.^[31]

Kshar pratisaran: It is like chemical cautery of cervix. But the chemical material is in very simple form. *Yavakshara, Sajjikhsra, Apamarhga kshara, Palash kshara* can be used in cases of cervical erosion to heal ectropion. Only it needs additional help of *Yonidhavan* to remove additional *Kshar* (alkali) by use of acidic decoction. PAP smear rule out for any growth must be done before.

OBSERVATIONS

1. *Yonivyapadas* are of various types and it may affect women health to large scale.
2. Various medicinal and local remedies available for correction of *Yonivyapadas*.
3. *Sthanic chikitsa* are seems to be more effective but are not seen in general Ayurved practise.

CONCLUSION

Local modalities have a wide range of options and are easy to use so can be implemented on large scale at primary health care units. Use of these therapeutic aids will help in the correction of various gynaecological disorders and will add a non-hazardous therapeutic solution to current medical practise.

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