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**Read, think, analyze, write and Publish Ayurveda and enrich the heritage
of Ayurveda in today's context.**

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Subjective and Indescribable Outlook on *Bharatiya Ayurvedigyan Parampara* (India's Tradition of Health Science) - Primordial, Prehistoric and Headway in Modern Time

From Editorial Desk: Dr. Deveshwari Raut and Dr. Swapnil C Raskar

Physician Daksha Ayurveda Clinic and Panchakarma Centre Vadodara Gujarat Bharat 390024

Human Civilization history is very complex and multifaceted. Humans evolve through the primitive animal phase to today's tech based *Homo sapiens sapiens*, through different stages of encounters and experiments. During all these phases humans faces the major challenge for survival through teething trouble diseases. Whole human race across the planet was in search of survival and health against the diseases to sustain on the planet. Different human races and cultures on the earth find different solutions according to geographical conditions and availability of the natural resources. Majority of land was obscured with water and snow in Stone Age of human history, except the tropical and meditarian sea costs. In *Prachina Akhanda Bharat* (Today's India and Indian subcontinent - topical countries) the main land was fertile yielding innumerable flora of plants and crops, and there was abundant supply food and medicines for survival. All these conditions of *Prachina Bharat* (Ancient India) are favorable to survive, grow and to develop, ultimately there is progressive level of knowledge and hence absolute scientific literature was generated in ancient India.

Veda, are those supreme levels of endowment of knowledge and wisdom and hence are considered as *Apaurusheya* (Diety/Almighty/God/divinity/spirit) in *Sanatana* Culture [Ancient Indian culture]. *Veda* (*Chaturveda* viz. *Rig-Veda*, *Yajurveda*, *Samaveda*, and *Atharvaveda*) specifically are said to be the root of all *Bharatiya Gyana Parampara* including *Upanishad*, *Purana*, etc (Indian Knowledge System-IKS) and hence the *Bharatiya Samskriti* [Indian culture] is termed as the *Vedic* or the *Sanatana* culture and this culture is supposed to be at the peak of developments amongst the all other ancient cultures of the world. It is believed that, all other cultures were influenced by Vedic culture of ancient India. *Chaturveda* are the basic foundation of these ancient cultures of India. All the customs and traditions of India have their roots in *Chaturveda*. If one goes through the literature of ancient India, one will find that Indian traditions looks toward the human life with different angle like economic, social, ethical, spiritual, medical etc. *Rig-Veda* is the ancient most creation and has a description of the different *Mantra*, *Sukta*, *Stotra* and prayers of different spirits and

deities. Most part is concerned with spirituality and mindfulness. *Yajurveda* narrates about the different methodologies to adapt for religious rituals and *Yagya* or *Homa*. The procedures are concern with the *Atmashuddhi* and *Prayaschitta* (Self-realization and improvisation). *Sama-Veda* defines the science to produce the sound [vocal and instrumental] which creates the harmony, peace, love and spirituality in the soul. It's the base of all the musical notes and *Bharatiya Sangeeta Shastra*. *Atharva-Veda* defines the use of different herbal plants along with the different holy and sacred *Mantras* for healing of different diseases.



Image 1: Schematic Presentation of *Chaturveda* and its connectedness with Human life, health and salvation

AYURVEDA: *Ayurveda* is the descendent scientific heritage of *Atharvaveda*, few ancient Acharya's consider Ayurveda as descendant literature of *Rugveda*; while few considered it as an independent literature and scientific heritage apart from the basic 4 *Veda*. Irrespective of these different belief and assertion, Ayurveda is the fundamental base for the Indigenous system of Indian Medicines. In fact, Ayurveda is one among all the parental science for different health care system across the globe today. Ayurveda classified the health care system into eight major or fundamental domains. *Kaya chikitsa* (General Medicine), *Bala Chikitsa* or *Kaumarbhritya Tantra* (Pediatric medicine), *Graha Chikitsa* (Psychiatry and Psychology Medicines), *Urdhvanga Chikitsa* (ENT and Ophthalmic Medicines), *Shalya Chikitsa* (Surgical and Parasurgical sciences), *Danshtra Chikitsa* (Forensic medicine and toxicology), *Jara Chikitsa* (Geriatric Medicines), *Vrusha* (Male and female Infertility/sterility medicines).

History of Ayurveda from Primordial time to Headway in Modern Time of cutting edge technology - Briefing at a glance (Table 1)

Table No.1: History of Ayurveda from Primordial time to Headway in Modern Time of cutting edge technology

Era/Historic period	<i>Acharya /Guru / Shishya</i>	Role/Contribution/Influence
5000 BC	Atreya Punarvasu	One of the Primary Acharya of Ayurveda on the canvas of human race defining the fundamental depth of Ayurveda science and start the <i>Guru Parampara</i> (Authenticated tradition of Classical learning) in Ayurveda.
	Kashiraj Divodasa [Dhanvantari]	One of the primary Acharya of Ayurveda defining the fundamental depth of surgical science and start the <i>Guru Parampara</i> (Authenticated tradition of Classical learning) in surgeries and wound management in Ayurveda.
2000 BC	Charaka Samhita	One of the chief physicians of ancient Bharat propagating the principal of Ayurveda medicine across the continent (<i>Bharatiya Upakhanda</i>). Defining the prime importance of Gut and gut associated health related principles of Ayurveda in clinical medicines.
2 Century	Sushruta Samhita	One of the chief surgeons of ancient Bharat propagating the principal of Ayurveda surgery and para-surgery across the continent (<i>Bharatiya Upakhanda</i>). Defining the prime importance of wound and associated principles of Ayurveda in clinical surgery.
6 th Century	Vagbhata	One of the prime Indian Philosopher, Scientist, Ayurveda Scholar, practitioner and researcher of Bharat of pre modern time, propagating the all fundamental principal of Ayurveda along with important of specialties in eight primary branches. Reconstruct and concise the vast Ayurveda fundamentals of learning and practice into single authenticate, and time tested literature without alternating the basic core of Ayurveda fundamentals; which is useful for all future generations to come.
7 th Century	Madhava	One of the prime Ayurveda Scholar, and practitioner of Bharat of pre modern time, reconstruct the Ayurveda fundamentals of diagnosis of timeworn and newer disease into single, authenticate, time tested compilation; which is useful as Ayurveda diagnostic guide in many diseases.
13 th Century	Sharangadhara	One of the prime Ayurveda researcher and pharmacist of Bharat of modern time, defining the all different methods of medicine preparation which are very unique in regards with Standard Operating procedure [SOP], Dose fixation of drugs and refining and updating of different procedures of Ayurveda drug and pharmaceuticals.
16 th Century	Bhavaprakasha	One of the prime Ayurveda researcher and ethno botanist of Bharat of modern time, defining the all different types and subtypes of plant available in subcontinent along with its uses, and practical application of drug. Categorization of herbal plants on the basis of vegetation and its clinical uses, and treatment of diseases. It's a primordial model for today's Ayurveda Pharmacopeia of India.
6-20 th Century	<i>Rasagrantha</i>	The era of Indian medical history having drastic transformation and use of different metallic ailments in medicinal use. In this era of Alchemic transformation, there is magnificent range of formulations developed and designed and even tested in human subjects for therapeutic safety and efficacy.
19 th Century	<i>Bhaishajya Ratnavali</i>	One of authenticate formulatory of Ayurveda medicine in modern history of Ayurveda science, compiling a wide range of therapeutics formulations of herb-mineral compounds. All modern day Ayurveda physicians and pharmacist use it as therapeutic index and guidelines for clinical practice and drug preparations.

18-21 st Century	<i>Vridhdha Vaidya Parampara</i>	Different Vridhdha Vaidaya across the nation is practicing the Ayurveda and following the traditional methods of diagnosis (e.g. <i>Nadi Pariksha</i>) and traditional methods of drug preparation (e.g. Classical preparation of <i>Kupi-Pakwa Rasayana</i>) to cure the lethal diseases like cancer and producing good clinical outcomes.
21 st Century	Modern Ayurveda Practitioners and Scholars	Use of technologies and Internet on things (IOT) based applications helps to organize vast data collectively in synchronized manner. This helps today's Ayurveda students for easy learning and developing the quick system of diagnosis and understanding. <i>Nadi Tarangini</i> instrument is one of the examples for same.
21 st Century from 2 nd decade onwards	Cutting age technology era: Computer based data generation and analytical tools like Artificial Intelligence (AI) Based real time and analytical tech like Network pharmacology and OMIC based studies	Rapid development of AI technologies helps to manage enormous level of data base with wide range of variables. This functional autonomy of AI technology is highly useful for Ayurveda where there is large numbers of variables need to be taken into consideration (<i>Prakruti, Sattva, Sara, Satmya, Dosha, Avastha, Dushya</i> etc.). With the help of AI based data analysis new Ayurveda diagnosis of modern diseases are possible. (E.g. Autoimmune disease and there accurate Ayurveda <i>Nidana Panchaka</i>). AI driven tech along with DNA fingerprinting and morphological, pharmacognostical data base will help to identify the <i>Rasa Panchaka</i> of new herbal and dietary plants; which in turn help to decide therapeutic effects on the basis of Ayurveda <i>Dravya-Guna Vigyana</i> . AI with Network pharmacology and OMIC based studies finds the future in quick analysis of drug drug interaction (DDI) and pharmacokinetic of Ayurveda drugs. These may help to reintroduce the concept of <i>Prakriti Sama Samavaya</i> and vice versa.
Head way	Integrative medicines, AI driven and Robotic <i>Panchakarma</i> and surgical procedures in Ayurveda.	With evolution of time there is excellent scope for remarkable drug developments, for newer disease like Autoimmune and mental diseases. Integrative medicines along with Ayurveda <i>Panchakarma</i> and <i>Dinacharya-Ritucharya</i> will help to conquer many difficult health conditions in upcoming future.

Ayurveda evolved continuously with different pace at different point of time, of modern Indian history. The creation of *Nighantu Grantha* [compilation of plants and flora used for medicinal use in ancient India] and *Rasa Grantha* was the fundamental revival stage for Vaidya and Ayurveda practitioner. Now with the integration and synchronization of technology and use of *Agama Parampara* (traditions) of Ayurveda we can establish the scientific and time tested fundamentals and treatment protocols for modern diseases.

Uniqueness of Ayurveda: Ayurveda fundamentals are eternal and highly time tested. Ayurveda have provision of treatment in both direction of anti and homeostatic mechanism. It's highly unique in tissue preservation and tissue rejuvenation. Fundamental balancing of mind, brain, body, and soul (spirituality) is at core of treatment of each disease in Ayurveda. All these make the system of Ayurveda eternal and scientific over the time.

Ayurveda as a *Sarvabhaumik Darshana* (Inclusive and holistic science/philosophy):

Ayurveda is highly applied life science incorporating all philosophical and fundamental thought process of human civilization and applying all these fundamentals in treatment of disease and to improve the longevity to achieve the salvation (*Moksha*), the ultimate goal of human life. Ayurveda always emphasized on the *Chaitanya Samgraha* (Consciousness) to make human life fruitful and with the full of pleasure. All this approach towards human life and society make Ayurveda Inclusive and holistic and one among the top most of all the health and life sciences.

Roles and Responsibilities of next Generation Ayurveda scholars, practitioners, researchers and well-wishers and Indian citizens

World is looking for complimentary and safe therapeutics for management of the diseases. Ayurveda and Yoga have built the faith in different countries as scientific way of living. Bharat is the origin of both these ancient sciences and therefore the primary source of the knowledge of these two systems. It is primary moral responsibilities of Ayurveda scholars and physicians/clinicians to propagate the true and scientific Ayurveda in scientific and global communities. Robust and time tested researches and research design to

authenticate and bridge the gap of knowledge are needed. Though cutting edge technology help to create and analyse the different data; the authentication and validation of the analysis of data is ultimately require scientific and classical base of Ayurveda knowledge and expertise. Therefore all scholars, academicians, physicians and clinicians, pharmacist need to be expertise in their Ayurveda specialities and be honest and ethical in their job.

In our country, Ayurveda drugs are widely consumed as Over-the-Counter (OTC) medicines and are available in various medical stores. However, many of these stores are operated by personnel who do not possess a degree in Ayurveda or Ayurvedic pharmacy, leading to a misconception that Ayurvedic remedies are merely traditional home-based treatments (*Nuskhal Batwa*), rather than a scientifically grounded system of medicine. Furthermore, practitioners of other medical disciplines often use classical and proprietary Ayurvedic medicines without understanding the fundamental principles behind them, sometimes even questioning their mode of action and safeguard as heavy metals. Therefore, it is the moral responsibility of all qualified Ayurveda practitioners and degree holders to safeguard the fundamental right to prescribe Ayurvedic medicines. **"This right should be reserved exclusively for**

Ayurveda doctors and not for unqualified medical store personnel, self-proclaimed healers (quacks), or practitioners of other medical systems (including ALLOPATHY)." To achieve this, Ayurveda professionals must consistently educate patients and society about the scientific foundation of Ayurveda, emphasizing that it is a well-established medical science rather than just a collection of traditional herbal remedies. Constant advocacy and awareness efforts can help preserve the authenticity and integrity of Ayurvedic healthcare. **Finally the documentation and publication of good data is essential for reproducibility**

and utility of knowledge in generation ahead.

This article is editorial overview on Ayurveda *Gyana Parampara* and need of scientific writing on Ayurveda fundamentals to preserve the heritage of Indian knowledge system with the following key message-

"Read, think, analyse, write and Publish Ayurveda and enrich the heritage of Ayurveda in today's context."

We are extending our best wishes to Ayurveda scientific community and inviting to publish their scientific Ayurveda research papers in Journal of Bharatiya Ayurvedigyaana.

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DAY TO DAY AYURVEDA INTERVENTION: A COMPREHENSIVE APPROACH ON WOMEN HEALTH

Dr. Deveshwari Raut Raskar

Ayurveda Physician - Daksha Ayurveda Clinic and Panchakarma Centre, Vadodara, Gujarat, Bharat

ABSTRACT:

Indian women are facing multidimensional challenges and struggling to maintain their health, progeny and longevity. Persistent stress, fear, anxiety, social and family responsibilities makes them susceptible and vulnerable for different health issues including menstrual and hormonal health. There is high upsurge in women health conditions like hypothyroidism, polycystic ovarian disease, dysmenorrhea, postpartum psychosis and other somatic disorders like rheumatism, menopausal symptoms, and post-menopausal osteoporosis, fractures etc. Ayurveda *Dinacharya* (Ayurveda daily regime), *Rutucharya* (Seasonal regime), *Rajaswala Paricharya* (Dos and Don'ts during menstruation), *Garbhadhana Purva Beejashuddhi* (pre-conception detoxification and rejuvenation therapies), *Garbhini Paricharya* (Ayurveda Antenatal care), *Sutika Paricharya* (Ayurveda post-partum care) and post-menopausal *Rasayana* therapies are highly scientific and clinically proven. Systematic administration of all these regimes under the supervision of Ayurveda physician is need of hour to improve the status of health of Indian women and maintenance of good progeny for building a strong and healthy nation. This article highlights few important points of all Ayurveda regimes for women health at different age groups according to change in their general, hormonal and reproductive physiology.

Key Words: *Garbhini, Menopause, Paricharya, Sutika, Women health.*

1. INTRODUCTION: There are drastic changes in life style of Indian women with increased level of career stress, family responsibilities, social stigmas, burden of child bearing and rearing, busy family and professional schedules, lack of exercises, poor post-partum care forces them into nutritional and micronutrient deficit along with hormonal imbalance and crisis. Therefore there is alarmingly high rise in prevalence of gynaecological diseases (Physical, psychosomatic, psychological, hysteric etc).

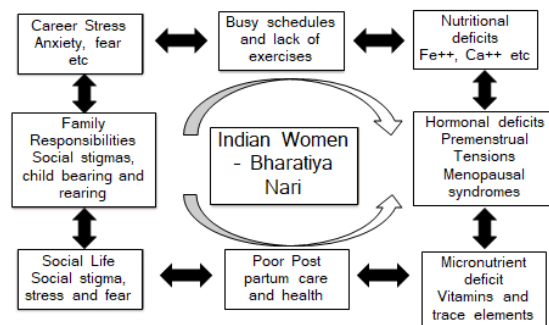


Image 1: Etiological factors affecting Indian women health

Ayurveda emphasized on the daily regime, seasonal regime, menstrual regime, gestational regime, post-partum regime and menopausal regime and geriatric regime

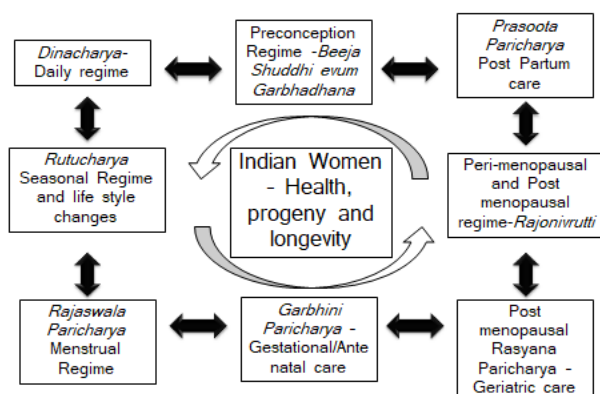


Image 2: Ayurveda health solutions for women health

2. MATERIALS AND METHODS:

Source texts:

Methodology: Ayurveda Classical textual analysis, including:

- Identification of relevant verses.
- Philological study of key terms.
- Cross-referencing of different Ayurvedic treatises (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya).
- Comparative analysis with modern pathophysiology stages.

3. DISCUSSION:

Table 1: Timeline showing dynamic changes in the life of women**

Age (Timeline)	<i>Dosha</i>	<i>Dhatu</i>	Phenotypically changes	Diseases and unhealthy conditions
0-8 Years	Predominance of <i>Kapha Dosha</i>	<i>Vardhamana Avastha</i> - Fast growing tissues (<i>Rasa Dhatu</i>) Paediatric age	Exponential growth of Somatic tissues (body fluids, myocyte, osteocyte, and adipose tissues)	Growth retardation, malnutrition delayed development of secondary sexual characters.
8-12 Years	Along with <i>Kapha Dosha</i> , <i>Pitta Dosha</i>	Fast growing somatic tissues along with influential growth of	Increased growth of Somatic tissues (myocyte, osteocyte,	Malnutrition, iron deficiency, protein deficiency and

Ayurveda fundamentals defines the body is composed of *Dosha*, *Dhatu* and *Mala* as primordial anatomical and functional elements. *Dosha* (functional units) are responsible for all physiological and biochemical reactions; *Dhatu* (tissues/anatomical blocks) are fundamental structures forming organs and are the primary sites for all biological reactions and livingness, while *Mala* (waste products) are the end waste product after all the physiological and biochemical reactions. Over a period of aging process there is dynamic anatomical and functional shift in all *Dosha*, *Dhatu* and *Mala* of human body. Women have to face additional anatomical and functional shift in all *Dosha*, *Dhatu* and *Mala* due to their different reproduction mechanism affecting neuro-hormonal balance differently at different ages of life and hence faces different health issues at different decades of life.

	start to dominate	reproductive system and hormones (<i>Rasa, Rakta, Mamsa, Asthi Dhatu Vruddhi</i>)	and adipose tissues) along with gonadal tissue growth and secondary sexual characters - Menarche (Starting of menstrual flow)	delayed puberty
12-18 years	<i>Kapha -Pitta</i> equivocal balance	<i>Rasa, Rakta Mamsa, Asthi, Majja Dhatu Vruddhi</i> (hassle-free somatic growth), <i>Shukra Dhatu Abhivyakti</i> (Expression of reproductive and sexual capabilities)	Second exponential muscular-skeletal growth along with complete expression of all sexual characters - Absolute ovulation with sufficient oestrogen and progesterone levels. Capable for conception.	Delayed Puberty, Polycystic ovaries and ovarian syndrome.
18-21 years	<i>Pitta Dosha</i> Predominance	All <i>Dhatu</i> are tend to attend dynamic equilibrium with complete reproductive potential and functioning	Absolute fertile period for women with optimum sexual and reproductive capacity	Amenorrhea, anovulation, PCOD, hypothyroidism, obesity, Psychological issues like Anxiety, Depression, Fear etc.
21-35 years	<i>Pitta Dosha</i> Predominance with start of <i>Vata Dosha</i> dominance	All <i>Dhatu</i> are in dynamic equilibrium with optimum somatic and reproductive functioning	Ideal for child bearing and pregnancy. Women capable for self and fetal growth. Absolute age for healthy progeny.	Dysmenorrhea, Metrorrhegea, nutritional deficiency, postpartum psychosis, hypothyroidism
35-45 Years	<i>Pitta -Vata</i> equivocal balance	All <i>Dhatu</i> are in dynamic equilibrium with slight decrement in somatic and reproductive functioning	Reduction in level of hormones (Oestrogen and Progesterone) along with reduction in Graafian follicles causes chances of congenital and	Dysmenorrhea, metrorrhegea, nutritional deficiency, postpartum psychosis, Uterine fibroids, tumours

			chromosomal anomalies in fetus. Starting of climacteric or peri-menopausal phase	etc, Menopausal syndrome. Cervical cancers, dyspareunia
45-55 years	Gradual loss of <i>Pitta Dosha</i> Predominance and increase in <i>Vata Dosha</i> dominance	All <i>Dhatu</i> are starting to deplete and loss the capacity to repair and regenerate with increased decrement somatic and loss of reproductive functioning and capacities. <i>Rasa-Rakta Kshaya</i> and <i>Mamsa Shaithilya</i>	Menopausal time for almost all women. Tissue degenerative changes are at pick. Accelerated degeneration of osteocyte, keratin and collagen forming tissues	Osteoporosis, hair loss, weakness, urinary incontinence, vaginal and rectal prolapse, haemorrhoids
55-70 years	<i>Vata Dosha</i> dominance	Degenerative processes in <i>Dhatu</i> are hasten and there is loss of tissue function, vitality (Geriatric age)	Women adapted with all menopausal changes and there is geriatric life ahead.	Osteoarthritis, vesico-vaginal prolapse, other geriatric diseases like Hypertension

** This age classification is made with Considering the variation in *Dosha*, *Dhatu* modification in the age classification and *Mala* over age of women, Ayurveda described in Harita Samhita^[1]. Modification regimes are highly useful in the promotion based on today's clinical observation in of women health. gynaecological practices.

Table 2: Use of different Ayurveda regimes for women health at different age

Ayurveda <i>Paricharya</i> (Regime)	Dos and Don'ts in Regime	Benefits/scientific backgrounds
<i>Dincharya</i>	<i>Abhyanga</i> , <i>Ushnodaka Snana</i> , <i>Kalabhajana</i>	Helps to alleviate the <i>Vata Dosha</i> and improves tissue nourishment essential to maintain the biological and hormonal rhythm (diurnal) for appropriate tissue metabolism and endocrinal health
<i>Rutucharya</i> ^[2]	Seasonal changes in diet (calorie intake), exercise (calorie depletion), life style and changes in living pattern according to season	Helps to correct the metabolism according to season. (In Summer body have poor metabolic rate needs juicy, rehydrating diet; while in winter have good metabolic rate and need diet with increased solid contents). Ayurveda diet and life

		style regime according to seasons helps to maintain the immunity, strength throughout the year.
Rajaswala Paricharya	Avoid exertion, spicy food and coitus during menstruation. Consumption of low calorie diet with appropriate energy recommended during menstruation	Diet and rest during <i>Rajaswala Paricharya</i> helps to sheds off endometrium completely with ease without complication and illness. Additionally it helps to maintain hormonal balance during menstruation.
Preconception Regime - Beejashuddhi ^[3]	Couple wants to go for progeny should undergo the <i>Sharira Shuddhi (Panchakarma)</i> i.e. body detoxification and <i>Beeja Shuddhi (Rasayana and Vajikarana</i> - Rejuvenation and aphrodisiac medicines)	Helps to improve tissue metabolism and rejuvenation. In turn helps to improve the hormonal balance and reproductive health. Reduce the chances of pre and peri conception disorders.
Garbhini Paricharya ^[4,5] (Antenatal regime/care)	Avoid non congenial food (<i>Apathya Ahara</i>) ^[6] , <i>Ayasa</i> (exertion and hard exercises). Follow staple food with calorie and nutritional balance.	Ayurveda <i>Garbhini Paricharya</i> helps to improve maternal nutrition ^[7] , adaptability and fetal nutrition ^[8] . Use of diet regime helps to balance protein and calorie intake for optimal fetal growth ^[9] . Reduces the complication like hyperemesis gravidum ^[10] . <i>Garbhini Paricharya</i> aimed to preserve maternal health and healthy progeny without anomalies and natal complication
Sutika Paricharya ^[11,12] (Post-partum care)	Avoid <i>Ayasa</i> , <i>Purovata</i> (direct wind/air draft) and strict diet regime to avoid metabolic derangement which can affect the lactation and neonatal health.	Ayurveda <i>Sutika Paricharya</i> helps to restore the maternal physiology after delivery and reduces the chances of post-partum illnesses like rheumatism, haemorrhoids, varicose vein,
Menopausal care ^[13,14]	Avoid stress, anxiety, dry and spicy diet, extra and hard exercise, coitus	Ayurveda <i>Abhyanga</i> (oil massage), <i>Shirodhara</i> (pouring decoction/oil on head in systemic oscillatory manner), <i>Bhramari Pranayama</i> , <i>Omkara</i> Chanting, meditation and use of <i>Shatavari</i> helpful to maintain hormonal balance and reduces the anxiety and stress during menopause.
Geriatric Care	Regular nutritive and calorie conscious diet along with mediation is key	Ayurveda <i>Rasayana</i> including <i>Swarna Kalpa</i> and <i>Yapana Basti</i> are highly useful to control the tissue degeneration and geriatric disorders

4. CONCLUSION: Ayurveda defines women health and different etiological factors affecting their health at different age bars and at different stages of reproductive health

(Antenatal, postnatal). Administration of Ayurveda principles of life style (*Dinacharya*, *Rutucharya*), menstrual health (*Rajaswala Paricharya*), Pre-conception care (*Beejashuddhi* and *Garbhadhana*), Antenatal care (*Garbhini Paricharya*), postpartum care (*Sutika Paricharya*), Menopausal and post-menopausal antioxidant and rejuvenation therapies (*Rasayana Chikitsa*) is key for

Indian women health at different age groups according to change in their general, hormonal and reproductive physiology

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5. INFORMED CONSENT: Written permission for the intervention and publication of this study was obtained from patient.

6. CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

7. DECLARATION OF USAGE OF AI: AI is used only to improve grammar and readability

8. SOURCE OF FUNDING: Nil

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**AYURVEDA PERSPECTIVES ON NON-PHARMACEUTICAL STRATEGIES FOR
COMPREHENSIVE HEALTH: INSIGHTS FROM *CHAITANYA SANGRAHA* (DIVINE
CONSCIOUSNESS)**

1.Dr. Shivam G Joshi, 2.Dr. Swapnil C Raskar

¹Chief Physician - Trimarma Ayurved Chikitsalaya Amreli Gujarat

²Child physician - Daksha Ayurveda Clinic Vadodara Gujarat

Abstract: *Panchamahabhuta* (Five basic elements), *Panchatanmatra* (Five basic sensation human senses can perceive), *Panchagyanendriya* (five basic sensory organs of perceiving knowledge) are Ayurveda fundamentals of human life and its different entity. Basic five elements composed into three basic functional units viz. *Vata* (Neuromotor and neurobehavioral), *Pitta* (endocrinal, metabolic and biochemical reactions), and *Kapha* (tissue architecture and sustenance). These three functional units define three vitals *Prana*, *Agni* and *Oja*. Uninterrupted functioning of these three vitals is highly essential to maintain life and health. Psychological behaviours strongly affect these three vitals ultimately affecting the consciousness (*Chaitanya*) of individual and ultimately affect the health and longevity. *Satmendriyarth Samyoga* (engaging the mind and senses in productive and spiritual tasks, *Sattvika Ahara* (Diet with purity of mind), *Pranayama* (breath holding exercises), concentration and *Dhyana* (meditation) helps to balance our vitals (*Prana*, *Agni*, *Oja*), improves function of *Dosha* (*Vata-Pitta-Kapha*), increases the *Chaitanya* (Divine consciousness) is and ultimately imparts health and longevity to individual.

Key Words: *Agni, Chaitanya, Oja, Prana, Pranayama*

1. INTRODUCTION: Acharya Charaka science view point consciousness is describes the life as union of *Sharira* neuronal in origin and based one global (physical body), *Indriya* (sensory organs), workplace theory of neurons. In this article *Sattva* (mind, memory and psychological we have described *Chaitanya Samgraha* determinants), and *Atma* (soul/divine with focused on the concept of force/consciousness). Different studies have *Panchamahabhuta*, *Panchatanmatra*, *Panchagyanendriya*. Additionally impact of diet, behaviour, thought pattern and ego on vitals (*Prana*, *Agni* and *Oja*)/vitality and its correlation with *Manas Bhava* is explained in subsequent paragraphs.

2. AIMS AND OBJECTIVES

- Review and understanding (observation) the context of *Chaitanya* (consciousness) from different Ayurveda texts
- Understanding practical application of *Chaitanya* or *Prana* (vital force to breath

and living) and correlate it with contemporary science

3. OBSERVATION:

Panchmahabhuta (Fundamental five elements) and *Chetana* (soul with consciousness) creates *Purusha* (Live human).^[1]

Table 1: *Panchmahabhuta* qualities and its relation with Senses (Sensory Organs)

<i>Panchmahabhuta</i>	<i>Tanmatra</i>	<i>Gyanendriya</i>	<i>Guna</i>
<i>Akash</i>	<i>Shabda</i>	<i>Karna</i>	<i>Vichar shunya vani</i> (concentration)
<i>Vayu</i>	<i>Sparsh</i>	<i>Twacha</i>	<i>Vishwasa</i> (trust)
<i>Agni</i>	<i>Rupa</i>	<i>Ankh</i>	<i>Samaj</i> (understanding)
<i>Jala</i>	<i>Rasa</i>	<i>Jihva</i>	<i>Ashwasana</i> (assurance)
<i>Pruthvi</i>	<i>Gandh</i>	<i>Nasa</i>	<i>Kshama</i> (forgiveness)

1. *Akasha Mahabhuta* is directly connected with brain (neurological action) and ear, if any same disease person activate *Vichar*

Shunya Vani Guna - relevant thoughts and talk / proper concentration then one can reverse neurological functions easily along with or without medicine or procedure.

2. *Vayu Mahabhuta* is directly connected with respiration and skin, if any same disease person activates *Vishwas Guna* (trust/ confidence/ rhythmic breathing) then one can improve in respiration and skin.

3. *Agni Mahabhuta* is directly connected with digestion and eyes; if any same

disease person activates self-understanding then one can reverse digestion and eye functions.

4. *Jala Mahabhuta* is directly connected with urine system and tongue, if any same disease person activate assurance (background positive commentary) then one can maintain urine functions and tongue related disease.

5. *Pruthvi Mahabhuta* is directly connected with spinal cord, lower body and nose, if any same disease person activates forgiveness then one can maintain spine, lower extremity, nose related disease.

Table No 2: *Mahabhuta* and its correlation with *Dosha* and modern physiology

<i>Mahabhuta</i> (constituent)	<i>Sharira Bhava</i> (Physical characteristic) - Vitality	<i>Dosha</i> Predominance and its modern perspective
<i>Akasha</i> and <i>Vayu</i>	<i>Prana</i>	<i>Vata Dosha</i> - Respiration (Vital force lead to breath and oxidation)
<i>Tejal Agni</i>	<i>Agni</i>	<i>Pitta Dosha</i> - Metabolism (Vital force lead to digestion and tissue metabolism)
<i>Jala</i> and <i>Prithvi</i>	<i>Oja</i>	<i>Kapha Dosha</i> (Vital force lead to immunity and vitality)

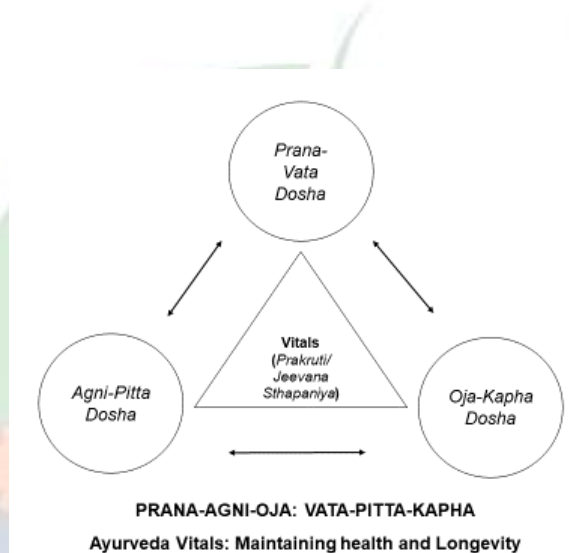


Figure 1: Schematic presentation of Ayurveda Vitals (*Prakruti/Jeevana Sthapaniya*) depicting correlation with *Dosha*

4. DISCUSSION:

Individual self-care is mandatory to maintain overall health. *Prana* (proper *Vayu* / proper sound - rhythmic breath), *Teja* (proper pitta / proper visual judgement {*Darshan*} - digestion), *Oja* (proper *Kapha* / *Dhatu Sara* - positive/ creative energy immunity) are vitality indicating base form for every individual.

Composition of *Sharira* (body), *Indriya* (senses), *Sattva* (mind), and *Atma* (soul) called *Dhari, Jivitam* ^[2] and depends upon *Hridaya*.^[3] *Ojas* connected with *Hridaya*. Person is made of *Panchamahabhuta* and *Chetna* and overall health definitely depends on *Chaitanya* (consciousness) *Sangraha* (stage / level / deposit).



Base organ called *Trimarma*, *Shira*, *Basti* (*Nabhi*) and *Hridaya* directly related with *Prana* (*Shira*), *Teja* (*Nabhi* - *Basti*), *Oja* (*Hridaya*).

For *Prana Sthapana* primarily two way,

- (1) *Prasanna Snigdha Swara* (Creatively sound) ^[4]
- (2) *Lay Baddha Shwasa* (Rhythmic breathing)

As per classics, *Ahimsa Bhava* (nonviolence attitude) is excellent theme for receive *Prana* from nature. Practical meaning of *Ahimsa* may take as cooperation (positive response) to self and others. For example, in classroom student do not concentrate in study once and teacher ask to take 5 minute break and then suggest to study carefully it seems teacher *Ahimsa Bhava* but without understanding the situation of student, teacher take actions against student then it consider as *Himsa Bhava* of teacher. Adverse effect of *Himsa Bhava* is mainly having complaint and destructive sound frequency and causes disturbance of breath rhythm in atmosphere.

Detrimental or hazard to *Prana* may effect on ten (10) *Prana Sthana*,^[5] and causes *Trimarmiya Vyadhi*.

So in order to maintain *Prana Tattva* in body and ultimately to maintain *Chaitanya*, one should practice for creative sound which response and feel positive emotions in heart and results of rhythmic breathing. If any

take care of rhythmic breathing then maintain *Agni* and overall health naturally. As per observation, when person with proper concentration, happy emotions, one has below 12 breath per minute naturally. Acharya Charaka described creative sound as *Vachana Sukhanubandh*^[6] and *Prasanna Snigdha Swara* as *Shukra Sara Lakshana*.^[7]

For *Teja* (*Agni Sandhushan*),

Maintain *Teja*, *Prana Sthapana* care is mandatory means practice of sound and breath. *Teja* is directly connected with *Pitta* and *Darshan* is *Prakrut Karma* for *Prakrut Pitta*. So, *Darshan* (*Alochak Pitta* - *Akshi Sthana*) is visual judgement. If any person judge negative then heart feels negative and *Hridaya Ashuddha* disturbs *Prana* and *Agni*, causes *Sharira* and *Mano Vyadhi* mainly *Hridaya*, *Nabhi Gata Vyadhi* like *Grahani* and *Unmada*, *Apasmara*. As conclusion, should matter proper visual connection (*Grahana*). For example, two unknown person argue in public place, non-connection person receive negative judgement for those person and *Ashuddha Hridaya* may cause disturb *Prana* and *Teja* results as *Aswasthata* or *Vyadhi*. So, one should practice for proper perception. Acharya also described *Satmaya Indriyarth Samyoga* as a part of treatment.

As per observation, if any person with fear (*Prana* disturbance) or anger (*Teja*

disturbance), may effect increase *Nimesh* and *Unmesh* (eye blinking) more than 18 per minute. Heart valve blood flow and eye blinking are directly connected. So, Practice of control *Nimesh* and *Unmesh* below 12 per minute, help to concentrate, sustain *Prana* (natural breath focus) and *Teja* (*Nabhi Agni Sandhushan*)

For maintain *Teja*,

1. Creative sound
2. Rhythmic breathing
3. Proper visual judgement
4. Eye blinking practice below 12 per minute

For *Oja*,

Ojas is called as *Sapta Dhatu Sara*. For *Dhatu Samyata*, Maintenance of *Prakrut Prana*, *Teja* and *Oja* is mandatory protocol. *Rutujanya Kopa* is primarily cause for *Oja Kshaya* [8], it seems one should avoid *Paryushita Bhojan* and *Virruddh Bhojan*. Proper diet and lifestyle is beneficial for *Oja Vruddhi*. One should take food as per *Dosha Sanchaya* and *Prokopa Avastha* in each *Ritu* to maintain *Oja*.

As per concept of *Samanya Vruddhi Karanam*, 3 minute orange sunrays at sunrise create *Ojas* in heart. By seeing orange rays in cloud, activate *Alochaka Pitta*, *Sadhaka Pitta*, *Pachaka Pitta*, *Ranjak Pitta* and *Bhrajak Pitta* respectively.

Person should maintain peace through positive emotions. One observation for maintain peace to avoid irrelevant inquiry and suggestions to anyone.

Self-understanding is self-care for maintaining peace and happiness in heart, ultimately creates *Oja*. Person should follow self-understanding, should ignore other person's irrelevant behaviour if we have no any effect or we can't change situation.

For maintaining *Oja*,

1. Diet care mostly avoid *Paryushita* and *Virodhi Bhojana*
2. Orange sun rays for 3 minute at sunrise
3. Peace through avoiding irrelevant inquiry and suggestions
4. Self-understanding

The path to connect with nature *Chaitanya* (Cosmic consciousness):

1. *Panchmahabhuta/Gyanendriya Guna Sthapana*
2. For *Prana* : creative sound and rhythmic breathing (at the rate of less than 12 respiration per minute)
3. For *Teja* : proper visual judgement, eye blinking below (at the rate of less than 12 blinking per minute)
4. For *Oja*: diet care (avoid *Paryushita* and *Viruddha Bhojana*), Visual connection with Morning orange sun rays in clouds at sunrise for 3

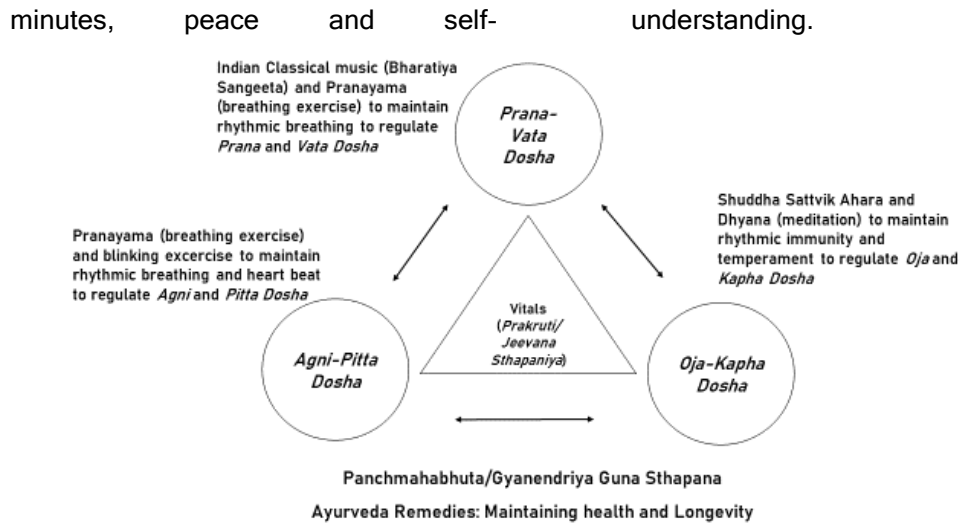


Figure 2: Schematic presentation of Ayurveda remedies (*Prakruti/Jeevana Sthapaniya*) for Gyanendriya Guna Sthapana (sense organ) for mental health and longevity

5. CONCLUSION: *Chaitanya Sangraha* is fundamental concept of Ayurveda closely connected with the health, vitality and longevity of individual. *Satmendriyarth Samyoga* (engaging the mind and senses in productive and spiritual tasks, *Sattvika Ahara* (Diet with purity of mind), *Pranayama* (breath holding exercises), concentration and *Dhyana* (meditation) helps to balance our vitals (*Prana, Agni,*

Oja), improves function of *Dosha* (*Vata-Pitta-Kapha*) and ultimately imparts health and longevity to individual.

6. CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

7. DECLARATION OF USAGE OF AI: AI is used only to improve grammar and readability

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A SINGLE CASE STUDY ON THE THERAPEUTIC EFFECT OF *BHALLATAKA AVALEHA* IN HEMORRHOIDS

1. Dr. Chintamani Kodollikar

¹ Medical Director and Professor, Dept of Samhita Siddhant, Dr. Ravi Patil Ayurvedic Medical College, Hospital and Research Centre, Honaga, Belagavi - 591156.

Abstract

Hemorrhoids are a common anorectal disorder characterized by swollen vascular structures in the anal canal. In Ayurveda, they are correlated with *Arsha*, which results from vitiation of *Vata*, *Pitta*, and *Kapha*. This case study evaluates the therapeutic efficacy of *Bhallataka Avaleha*, a classical Ayurvedic formulation, in the symptomatic management of Grade I hemorrhoids in a single patient over four weeks.

Key Words: *Arsha*, *Avaleha*, *Bhallataka*, Hemorrhoids.

1. INTRODUCTION

Hemorrhoids affect nearly 40% of adults and can significantly impair quality of life due to pain, bleeding, pruritus, and prolapse. Modern management includes dietary fibre, topical agents, and surgical procedures for advanced stages. Ayurveda offers herbal formulations that target the underlying dosha imbalance and improve anorectal function.^[1]

Bhallataka (*Semecarpus anacardium*) is described as *Katu*, *Ushna*, *Teekshna*, and has *Deepana*, *Pachana*, *Shothahara*, and *Arshoghna* properties. *Bhallataka Avaleha* is indicated in digestive disorders, piles, and inflammatory conditions. However, documented clinical evidence in hemorrhoids remains limited.^[2,3] This case study aims to evaluate its effectiveness in relieving symptoms of Grade I haemorrhoids.

2. METHODOLOGY

2.1 Patient Information

A 36-year-old male patient presented with complaints of Bright red bleeding during defecation, Painful defecation for 10 days along with history of Constipation and Occasional prolapse of hemorrhoidal tissue (self-reducible). Patient is diagnosed with Grade II internal haemorrhoids.

No past history of inflammatory bowel disease, fissure, or prior anorectal surgery.

Clinical Findings: Patient was alert and oriented. Vital sign were stable: BP - 120/70 mmHg, RR -28/min, PR - 82/min. cardiac and respiratory examination were normal. Abdominal was soft, non-tender, with no organomegaly.

2.2 Assessment Criteria

Diagnostic assessment:

Table 1: Symptoms were assessed on Day 0, Day 14, and Day 28 using a simple scoring scale:

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
Bleeding	None	Occasional	Frequent	Continuous
Pain	None	Mild	Moderate	Severe
Constipation	None	Mild	Moderate	Severe
Prolapse	None	On straining	Frequent	Persistent

2.3 Therapeutic Intervention

The patient was administered:

Bhallataka Avaleha

Dose: 5 g twice daily

Anupana: Warm water

Duration: 28 days

Supportive Ayurvedic Measures:

Triphala churna 3 g at bedtime

Warm water sitz bath twice daily

High-fibre vegetarian diet with adequate hydration

2.4 Safety Monitoring

Due to the potent nature of *Bhallataka*, the patient was monitored weekly for:

Burning sensation

Oral ulcers

Skin reactions

No adverse effects were reported.

3. Results

Follow up and Outcome:

Table 2: Symptom Score Progression

Symptom	Day 0	Day 14	Day 28
Bleeding	2	1	0
Pain	2	1	0
Constipation	2	1	0
Prolapse	1	0	0

Clinical Findings

Bleeding stopped completely by Day 18.

Pain significantly reduced by Day 14, disappeared by Day 28.

Constipation improved with combined regimen.

No prolapse observed after Day 10.

No adverse reactions occurred.

Overall Outcome

Marked improvement with complete symptomatic relief by the end of treatment.

4. DISCUSSION

The favourable response suggests the potential role of *Bhallataka Avaleha* in the

management of Grade I hemorrhoids.^[4] Its *Deepana-Pachana* action likely improved digestion and reduced constipation, a major contributing factor for hemorrhoids. ^[5,6] The *Shothahara* and *Vedanasthapana* properties may have contributed to reduction in inflammation and pain. ^[7,8]

The absence of adverse effects indicates that *Bhallataka*, when properly processed and administered, is safe under supervision. However, findings from a single case cannot be generalized. Larger controlled studies are needed to validate these preliminary observations.^[9,10]

5. CONCLUSION

This single case study demonstrates that *Bhallataka Avaleha* can be effective in reducing symptoms of Grade II hemorrhoids without causing adverse effects. The

formulation may be considered as a supportive therapeutic option in Ayurvedic management of Arsha.

6. INFORMED CONSENT:

Written permission for the intervention and publication of this study was obtained from patient.

7. CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

8. Declaration of usage of AI: AI use only to improve grammar and readability

9. Source of Funding: Nil

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The Potential Role of *Mangifera indica* in Obesity Management: A Review

1 Dr. Umakant N Rabb.

¹Professor Dept of Dravyaguna Vijnana. Neelaganga Ayurvedic Medical College
Hospital and Research center Basavakalyan Bidar Karnataka

ABSTRACT

Obesity is a major global health concern associated with metabolic disorders such as type 2 diabetes, dyslipidemia, and cardiovascular disease. *Mangifera indica* (mango), a widely consumed tropical fruit, contains bioactive compounds with potential anti-obesity effects. This article reviews existing scientific evidence regarding the mechanisms, efficacy, and limitations of *M. indica* in obesity management. Pharmacological studies indicate that mango leaf extracts, seed kernels, and certain fruit constituents may reduce adipogenesis, improve lipid metabolism, and modulate inflammation. However, clinical evidence is still limited. Further well-designed trials are needed to validate these effects.

1. INTRODUCTION

Obesity is a chronic metabolic condition characterized by excessive accumulation of adipose tissue. Its prevalence continues to rise globally due to sedentary lifestyles, high-calorie diets, and genetic predispositions. Conventional treatments—including lifestyle modification, pharmacotherapy, and bariatric surgery—often have limitations related to adherence, cost, or adverse effects. Phytochemicals derived from medicinal plants have gained attention as potential adjunct therapies for weight management. *Mangifera indica* (mango), from the family Anacardiaceae, is traditionally used in Ayurvedic and folkloric medicine for its anti-inflammatory, antioxidant, antidiabetic, and lipid-lowering properties. Mango leaves, bark, fruit peel, and seed kernels are particularly rich in bioactive compounds such as mangiferin,

phenolic acids, flavonoids, and dietary fiber. Emerging research suggests that these components may influence metabolic pathways associated with obesity.

This study aims to review the available scientific literature on the anti-obesity properties of *M. indica*, highlight mechanisms of action, and assess the strength of current evidence.

2. METHODS

A narrative review approach was used. Articles were searched in scientific databases including PubMed, Google Scholar, Science Direct, and Scopus. Keywords used were: *Mangifera indica*, mango, mangiferin, obesity, anti-obesity, adipogenesis, lipid metabolism, metabolic syndrome. Both in-vivo (animal) and in-vitro studies were included, along with any available clinical trials.

Inclusion criteria:

Studies evaluating anti-obesity, antihyperlipidemic, or metabolic effects of *M. indica* or its constituents
Peer-reviewed scientific articles
Publications in English

Exclusion criteria:

Non-scientific reports or anecdotal evidence
Studies not directly related to obesity or metabolic outcomes
Data were extracted and summarized under mechanisms of action, experimental results, and clinical relevance.

3. RESULTS

3.1 Phytochemical Composition

M. indica contains several bioactive agents that contribute to metabolic health ^[1]:

Mangiferin (a xanthone) - potent antioxidant and anti-inflammatory

Catechins, quercetin, kaempferol - flavonoids with lipid-regulating properties

Phenolic acids - gallic acid, protocatechuic acid

Dietary fibre - improves digestion and satiety

Vitamins A, C, and E - support metabolic regulation ^[2]

3.2 Effects on Adipogenesis and Lipid Metabolism

Mango leaf extracts significantly reduced lipid accumulation in adipocytes in several in-vitro studies.

Animal studies demonstrated reductions in body weight, fat mass, LDL cholesterol, and triglycerides when supplemented with mangiferin or seed extracts. ^[3]

Extracts improved the activity of lipid-metabolizing enzymes, including lipoprotein lipase and AMP-activated protein kinase (AMPK). ^[4]

3.3 Glycemic Control

Mangiferin enhanced insulin sensitivity and lowered fasting blood glucose in diabetic and obese rodent models.

It reduced oxidative stress in pancreatic tissue, promoting better glucose homeostasis. ^[5]

3.4 Anti-inflammatory and Antioxidant Effects

Mango leaf and bark extracts decreased inflammatory cytokines including TNF- α and IL-6.

Antioxidant properties prevented oxidative stress associated with obesity-related metabolic dysfunction. ^[6]

3.5 Human Clinical Studies

Limited clinical trials exist.

Some small-scale studies showed reductions in body fat percentage and improved lipid profiles after consuming mango peel or leaf extract supplements.

Evidence remains insufficient to recommend mango extracts as a standalone obesity treatment.

Table 1: Mode of Action ^[7,8]

Constituent	Pharmacological Effect	Mode of Action	Disease/Condition
Mangiferin (xanthone glycoside)	Antioxidant, anti-inflammatory, antidiabetic, anticancer	<ul style="list-style-type: none"> Scavenges free radicals Inhibits NF-κB pathway (reduces inflammation) Enhances glucose uptake 	Diabetes, cancer, cardiovascular diseases, inflammatory disorders

		via GLUT4 activation • Induces apoptosis in cancer cells	
Quercetin (flavonoid)	Antioxidant, anti-inflammatory, antiviral	• Inhibits lipid peroxidation • Suppresses pro-inflammatory cytokines (IL-6, TNF- α) • Blocks viral replication enzymes	Viral infections, arthritis, cardiovascular diseases
Catechins & Gallic acid (polyphenols)	Antimicrobial, hepatoprotective, anticancer	• Disrupt bacterial cell walls • Protect hepatocytes from oxidative stress • Induce apoptosis in tumor cells	Liver disorders, bacterial infections, cancer
β -Carotene & Vitamin C (fruit pulp)	Antioxidant, immune booster	• Neutralizes reactive oxygen species • Enhances immune cell function	Nutritional deficiencies, immune suppression, oxidative stress-related diseases
Ellagic acid & Kaempferol (phenolics)	Anti-inflammatory, anticancer	• Downregulates COX-2 and iNOS • Induces cell cycle arrest in tumor cells	Cancer, inflammatory diseases
Triterpenes (lupeol, β -amyrin)	Anti-inflammatory, anti-ulcer, hepatoprotective	• Inhibits prostaglandin synthesis • Enhances gastric mucosal defense • Stabilizes liver enzymes	Gastric ulcers, liver disorders, arthritis

4. DISCUSSION

The findings suggest that *Mangifera indica* possesses several biological activities that may aid in obesity management.^[9] Mangiferin, a primary bioactive compound, plays a central role by inhibiting adipocyte differentiation, enhancing fat oxidation, and reducing inflammation. Dietary fibre in mango fruit increases satiety and can contribute to reduced caloric intake.^[10] However, much of the current evidence is based on in-vitro and animal studies, which may not fully translate to humans. Dosage,

formulation (leaf extract, seed kernel, peel, whole fruit), and long-term safety data are not yet standardized. Additionally, mango fruit contains natural sugars, and excessive consumption could counteract weight-loss efforts.^[11,12]

Therefore, *M. indica* should be considered an adjunct to—not a substitute for—healthy diet and physical activity. More rigorous clinical trials are necessary to confirm its effectiveness in humans, determine optimal dosing, and evaluate long-term effects.^[13]

5. CONCLUSION

Mangifera indica demonstrates promising anti-obesity potential through its effects on lipid metabolism, inflammation, oxidative stress, and glycemic control. While preclinical data are strong, human evidence

remains limited. Mango extracts, particularly mangiferin-rich formulations, may be effective supportive agents in obesity management, but further large-scale clinical studies are essential to establish their therapeutic value.

6. CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

7. DECLARATION OF USAGE OF AI: AI is used only to improve grammar and readability

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Efficacy of Ayurveda in the management of *Pittaja Grahani* with special reference to Gastro-duodenitis - Case report

1. Dr. Aboli Patil

¹Professor and Head Department of Kayachikitsa S.S.Agrawal Institute of Ayurveda, Navsari, Gujarat

ABSTRACT

Gastro-duodenitis is a common gastro enteral disorder characterized by hyperacidity, dyspepsia and vomiting. In Ayurveda, they can be correlated with *Parinamaja Shoola*, *Amlapitta* and *Pittaja Grahani*. In this case study I have considered the Ayurveda diagnosis as *Pittaja Grahani*. This case study evaluates the therapeutic efficacy of *Pittarechana* and *Pittashamaka Chikitsa*, in the symptomatic as well as comprehensive management of gastro-duodenitis in a single patient over twelve weeks. *Pachana*, *Samshamana* and *Mrudu Virechana chikitsa* is at core of the management of this treatment. In this case study *Chandrakala Rasa*, *Kamdudha Rasa* was used in first line of treatment for *Pitta* and *Daha Prashamana*. *Laghumalini Vasanta Rasa* was administered in second phase for *Dhatuvruddhikara* and *Rasayana*. While *Hingwashtaka churna* was administered for long term relief and prevention of relapse.

Key Words: *Chandrakala Rasa*, Gastro-duodenitis, *Kamdudha Rasa*, *Pittaja Grahani*.

1. INTRODUCTION

In 2021, approximately 27.20 million individuals globally had gastritis and duodenitis, with an age-standardized rate of 323.24 per 100,000. The prevalence was higher in females and increased with age, peaking in the fifth decade of life ^[1] and can significantly impair quality of life due to pain, vomiting, dyspepsia, and malnutrition. Modern management includes antacids, proton pump inhibitors, and surgical procedures for advanced stages. Ayurveda *Grahani Chikitsa* is focused on *Pachana* and *Samshamana* of *Sama Pitta* and *Mrudu Virechana* ^[2]

2. PATIENT INFORMATION:

A 50-year female patient weighing complaining of pain at epigastric region after 2-3 hours of taking food, burning sensation in abdomen, constipation and loose motion intermittently, loss of appetite and weight loss. She was suffering with this for 22 years. No any reflux or regurgitation experienced. The symptoms aggravate after eating spices so patient avoided consuming it but still the symptoms persist. She started consuming curd daily by assuming it is cold for 2-3 years daily twice a day. She consulted many gastro-enterologists. Upper GI endoscopy revealed it as Gastro-duodenitis. She took allopathic medicines for long period but due to symptomatic relief she

consulted another expert and the second Gastroscopy report shows presence of moderate gastritis. She again took medications for some days but due to less improvement she sidestepped all the medicines for some years. In 2025 she received my reference from her family friend and she contacted me via telecommunication.

On brief history taking about the disease and treatment taken, the symptoms resemble with *Pittaja Grahani*.^[3,4]

3. CLINICAL FINDINGS:

The patient was alert and oriented. Vital signs were stable: BP 120/70 mmHg, pulse 82/min, respiration 20/min. Cardiac and respiratory examinations were normal.

Abdomen was soft, tenderness in epigastric region, with no organomegaly. Mild muscular atrophy was noted in the thighs and shoulders. Tone and reflexes were normal, with slight reduces muscle strength in the extremities.

4. DIAGNOSTIC ASSESSMENT:

4a. USG: USG andomen and pelvis: Changes of Gastritis with degenerated antral cells?

4b. Upper GI endoscopy revealed it as Gastro-duodenitis

4c. Laboratory Investigations: CRP increased slightly (16 mg/dl) on May 6, 2024, and 15 mg/L on September 18, 2024, and HRCT abdomen scan on June 6, 2024, revealed early gastritis.

Table 1: Symptoms were assessed on Day 0, Day 14, and Day 28 using a simple scoring scale:

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
Per abdominal Burning	None	Occasional	Frequent	Continuous
Per abdominal Pain	None	Mild	Moderate	Severe
Appetite	None	Mild	Moderate	Severe
Weakness	None	After doing extra work	After mild exertion	On day to day activity

5. TIMELINE:

Table No. 2 - Timeline of events

Health event	Timeline
Occurrence of the first symptom	March 9, 2003 (hyperacidity with vomitting)
Diagnosis of Gastro duodenal ulcer	February 8, 2009 (endoscopy)
First Ayurveda consultation	May 15, 2025
Follow-up 1 after 2 weeks	June 2, 2025
Follow-up 2 after 2 weeks	June 20, 2025
Follow-up 3 after 8 weeks	August 21, 2025



6. THERAPEUTIC INTERVENTIONS:

Table No. 3 - Ayurveda Medicines: Therapeutic Interventions

Sr. No	Follow-up/ visits (Duration)	Medicine/ Treatment	Dosage/ Frequency and Anupana (Adjuvant)	Observations
1	15/05/2025 - Baseline Visit	Tablet <i>Chandrakala Rasa</i> (CKR) ^[5] (200mg)	1-tab Twice a day Orally after food with warm water	There was pain in epigastric region, loss of appetite, weakness, burning sensation in abdomen after food
		Tablet <i>Kamdudha Rasa</i> (KMD) ^[6] 350mg	1-tab Twice a day Orally after food with Ghee (<i>Goghrita</i>)	
		<i>Avipattikara Churna</i> (AVP)	2 g Orally with warm water at bed time	
2	02/06/2025	Tablet <i>Chandrakala Rasa</i> (CKR) (200mg)	1-tab Twice a day Orally after food with warm water	Complete cure burning sensation in abdomen after food, loss of appetite, weakness still persist, slight reduction in pain in epigastric region,
		Tablet <i>Kamdudha Rasa</i> (KMD) 350mg	1-tab Twice a day Orally after food with Ghee (<i>Goghrita</i>)	
		<i>Avipattikara Churna</i> (AVP) ^[7,8]	2 g Orally with warm water at bed time	
		T. <i>Laghuvasant Malati Rasa</i> (LMV) 150 mg	1 tab twice a day orally after food with Ghee (<i>Goghrita</i>) and <i>Khandasita</i>	
3	20/06/2025	T. <i>Laghuvasant Malati Rasa</i> (LMV) 150 mg	1 tab twice a day orally after food with Ghee (<i>Goghrita</i>) and <i>Khandasita</i>	No pain or burning in abdomen, weakness reduced, appetite moderate
		<i>Hingwashtaka Churna</i> 2 gm ^[9] (HWS)	Twice a day before food with freshly prepared buttermilk.	
4	21/08/2025	<i>Pathya Ahara</i> - Curd avoided		Complete Relief

7. RESULTS: FOLLOW-UP AND OUTCOME

Table 4: Symptom Score Progression

Symptom	Day 0	Day 14	Day 28
Per abdominal Burning	2	1	0
Per abdominal Pain	2	1	0
Appetite	2	1	0
Weakness	1	0	0

8. OVERALL OUTCOME: Marked symptomatic relief by the end of improvement with complete treatment

9. DISCUSSION: *Pittaja Grahani* is one of the primary disease occurred due to increased consumption of spicy food stuffs and *Ushna Virya Dravya* like Curd. In this case spicy diet, *Ajeernashana* (consuming diet even having indigestion), and persistent use of curd is primary etiological factors causing symptoms. Treatment focuses on the *Pachana* (metabolic corrections) of *Sama Pitta Dosha* (increased and highly acidic gastric juices), followed by *Pitta Rechana*

(removal of bile and other gastrointestinal (GI) secretions through laxation) and *Pitta Shamana* (reducing the increased secretions from GI tract. Therefore treatment was planned in 3 phases of *Pachana*, *Samshamana* and *Rechana* followed by *Dhatupushtikara* and *Rasayana* therapy followed by *Agnivriddhikara* (carminatives) *Dravya* for long term metabolic corrections and prevention of relapse (*Apunarbhava Chikitsa*).

Table 5: Ayurveda medicines mode of action and rationale

Phase of treatment	Treatment	Rationale
1	CKR	<i>Pittashamana</i> (<i>Gunatah</i> - Qualitatively) and <i>Pitta Rechana</i> - removes aggravated <i>Pitta</i> through urine and stool
1	KMD	<i>Pittashamana</i> (<i>Dravyatah</i> -Quantitatively) and <i>Sangrahana</i> (absorption of excess <i>Pitta</i> in <i>Mahasrotasa</i>)
1	AVP	<i>Pitta Rechana</i> - removes aggravated <i>Pitta</i> through urine and stool
2	LMV	<i>Dhatupushtikara</i> and <i>Rasayana</i> - antioxidant and rejuvenation
3	HWS	<i>Anagnivriddhikara</i> , <i>Vata Shamaka</i> - helps to corrects the metabolism

5. CONCLUSION

This single case study demonstrates that Ayurveda management can be effective in reducing symptoms of Gastro-duodenitis without causing adverse effects. The formulation may be considered as a supportive therapeutic option in Ayurvedic management of *Pittaja Grahani*.

6. INFORMED CONSENT: Written permission for the intervention and publication of this study was obtained from patient.

7. CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

8. DECLARATION OF USAGE OF AI: AI is used only to improve grammar and readability

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