



ISSN 2456-3110

Vol 6 · Issue 1

Jan-Feb 2021

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Charaka
Publications

Indexed

Effect of *Virechana* along with *Shamana Aushadhis* in the management of *Gulma* - A Case Study

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ABSTRACT

Gulma is a disease of *Mahasrotasa* where there is marked vitiation of *Vatadosha*. It is named *Gulma*, because its shape resembles Shrub or Bush. In the case of *Gulma*, all the measures for pacification of *Vata* should be administered properly because after *Vayu* is controlled over, other aggravated *Doshas* can be alleviated easily. In present article case of *Vatapittaja Gulma* treated with *Virechana* along with *Shamana Chikitsa* is discussed. Patient has got significant relief in all her symptoms in the span of one month only.

Key words: *Vatapittaja Gulma*, *Lakshanika Chikitsa*, *Virechana*, *Shamana Aushadhi*.

INTRODUCTION

Gulma is a disease of *Mahasrotasa* where *Vatadosha* vitiation is mainly observed.^[1] Because of its shape like *Gulma* (Shrub or Bush) disease is named as *Gulma*.^[2] *Charaka* describes *Gulma* as vitiated *Vatadosha* taken *Sthanasamshraya* in *Gulmasthan* and manifested symptoms like *Shopha* (swelling) and *Shoola* (pain) is called as *Gulma*.^[3] *Gulma* is abdominal lump which is caused due to aggravation and encapsulation of *Vatadosha* which spreads widely like the shrubs and having basic pathogenesis of *Shotha* and cardinal symptom *Shoola*. *Acharya Charaka* described five types of *Gulma* viz. *Vatagulma*, *Pittagulma*, *Kaphagulma*, *Nichayagulma* and *Raktagulma* in all these types *Vatadosha* is the first

aggravated factor, so in the case of *Gulma*, all the measures for pacification of *Vata* should be administered properly because after *Vayu* is controlled over, other aggravated *Doshas* can be alleviated even with small remedies.^[4] Present case was having *Katurasa Atisevana*, *Ruksha Ahara Sevana*, *Atishrama*, *Atapa Sevana* and *Bharwahan* (weight lifting) these *Hetus*, and had severe lower abdominal pain (*Adhoudarshoola*) with local tenderness (*Sparshasahatwa*) and low back pain (*Katishoola*). As *Shoola* and local tenderness was there she was diagnosed with *Vatapittaja Gulma*. So, the case was treated by *Virechana* along with *Shamana Chikitsa* which is discussed. Patient has got significant relief in all her symptoms in the span of one month only.

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Submission Date: 13/01/2021 Accepted Date: 08/01/2021

Access this article online

Quick Response Code



Website: www.jaims.in

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MATERIAL AND METHODS

A clinical case study at Government Ayurveda Hospital, Nanded, Maharashtra. *Virechana* along with *Shamana Aushadhis* were given to the patient having sign and symptoms of *Vatapittaja Gulma*.

CASE REPORT

Primary data

Patient name - XYZ

Age /sex - 19 years / female

OPD/IPD No. - 54931/2787

Date of admission – 31st December 2020

Address - Mukhed, Nanded, Maharashtra.

Occupation - Student and farming

Table 1: Present complaint with duration

SN	Present complaints	Duration
1.	<i>Adhodarshoola</i> (lower abdominal pain)	4 month
2.	<i>Sparshasahatwa</i> (Local tenderness)	4 month
3.	<i>Katishoola</i> (low back pain)	4 month
4.	<i>Aniyamit Rajapravartan</i> (irregular menses)	4 month
5.	<i>Anannaabhilasha</i>	2 month

Past history of illness

No H/O DM/ HTN/ Bronchial asthma

H/O jaundice - 2 times since 5years ago

H/O Chikungunya - before 7 years

H/O recurrent tonsillitis - 3 years back

Menstrual history

Irregular (after each 40-45 days, 5 days menstrual flow), painful, heavy bleeding.

Present history

A 19-year female patient was apparently healthy before 4 months. Gradually she observed symptoms like irregular menstruation and abdominal pain during menses. But after some days her symptoms increased and there was continuous *Adhodarshoola* (lower abdominal pain), *Sparshasahatwa* (local tenderness), *Katishoola* (low back pain), *Aniyamit Rajapravartan* (irregular menses). For this she consulted the general physician where she was treated with modern medicines and hormonal pills for 1 months due to which she got temporary relief in symptoms. When she stopped medicine, symptoms reappeared. So, she came to OPD of Government Ayurveda Hospital Nanded, Maharashtra, where she was diagnosed with *Vatapittaja Gulma* and to rule out any acute pathology ultrasonography was suggested which revealed F/S/O right ovarian cyst. Mostly S/O

hemorrhagic cyst. Non obstructing calculus in left kidney. Keeping in mind the main symptoms and history she was treated according to the *Chikitsa Siddhant* for *Vata* and *Pitta Dosh*.

Table 2: Samanya Parikshana

1.	<i>Nadi</i>	84/min
2.	<i>Mala</i>	1 veg / day complete bowel evacuation
3.	<i>Mutra</i>	4-5veg/ day
4.	<i>Jivha</i>	<i>Saam</i>
5.	<i>Shabda</i>	<i>Spashta</i>
6.	<i>Sparsha</i>	<i>Samshitoshna</i>
7.	<i>Drik</i>	<i>Samyaka</i>
8.	<i>Aakruti</i>	<i>Krusha</i>

Table 3: General physical and systemic examination

General condition	Good
Fever	Afebrile
Blood pressure	110/70mmHg
Pulse	84/min
RS	Air entry B/L equal and clear
CVS	S ₁ S ₂ Normal
CNS	Conscious and oriented to time, place and person
P/A	Tenderness in right iliac fossa

Srotas Parikshana

- *Annavahsrotas* - *Anannaabilasha*
- *Mahasrotasa* - *Adhodarshoola* (lower abdominal pain), *Sparshasahatwa* (local tenderness)
- *Artavavahashrotas* - *Aniyamita Rajapravartan* (irregular menses), *Katishoola* (low back pain)

Nidana Panchaka

- *Hetu* - *Katurasaatisevan*, *Ruksha Ahara Sevana*, *Atishrama* and *Bharwahan* (weight lifting)
- *Purvarooopa* - irregular menstruation and abdominal pain during menses
- *Rupa* - *Adhodarshoola* (lower abdominal pain), *Katishoola* (low back pain), *Aniyamitrajapravartan* (irregular menses), *Anannabhilasha*
- *Upashaya* - *Upashayanugami*

Samprapti

Nidana Sevana like *Katurasaati Sevana*, *Rukshaahara Sevana*, *Atishrama*, *Atapasevan* and *Bharwahan* (weight lifting) → *Vata* and *Pitta Dosha Vridhhi* → *Vata* and *Pitta Dosha* takes *Sthanasamshraya* in *Mahasrotasa* → *Hardens (Kathinya)* due to dryness (*Rukshaguna*) and causes inflammation due to *Pitta Dosha* which form mass in *Vatashtana* → *Lakshanotpatti (Shoola)* → causes *Vatapittaja Gulma*

Samprapti Ghataka

- *Dosha* - *Vata* and *Pitta*
- *Srotas* - *Mahasrotas*, *Annavahsrotas* and *Artavavaha Srotas*
- *Srotodusti Prakara* - *Granthi Utpatti*
- *Adhisthana* - *Mahasrotas*
- *Rogamarg* - *Abhyantara*
- *Sadhyasadhyatva* - *Sukhasadhya*

Treatment plan

1. *Nidanaparivarjan*
2. *Lakshanikachikitsa*
3. *Virechana*
4. *Shamanaushadhis*

1. Nidanaparivarjana

Patient was advised to avoid *Katurasaati Sevana*, *Rukshaaharasevana*, *Atishrama*, *Atapasevana* and *Bharwahana* (weight lifting).

2. Lakshanika Chikitsa

As patient was complaining severe abdominal pain and low back ache so to subside pain *Lakshanika Chikitsa* was given.

Table 4: Lakshanika Chikitsa

SN	Drug	Dose	Anupana
1.	<i>Kuberaksha Vati</i> [5]	250 mg twice daily	Warm water
2.	<i>Danwanter Gutika</i> [6]	250 mg twice daily	Warm water
3.	<i>Devadar (Cedrus deodara)</i> [7] and <i>Shunthi (Zingiber officinale)</i> [8] Lepa on <i>Udarpradesha</i> followed by hot water bag fomentation.	Twice daily	-
4.	<i>Gandharva Haritaki</i> [9]	5gm HS with warm water	Warm water

3. **Virechana** - There was *Vata* and *Pitta Dosha* were mainly vitiated, *Virechana* was given as it is common *Shodhana Upakrama* for both of them.

Table 5: Virechana

Karma	Days	Treatment modality	Drugs used	Details
<i>Purvakarma</i>	Day 1-6	<i>Snehapana</i> D1 - 30ml D2 - 45ml D3 - 60ml D4 - 75ml D5 - 120ml D6 - 170ml	<i>Dadimadya Ghruta</i> [10]	<i>Sharira Snehana</i> and <i>Gulma Nashana</i>
	Day 7 th and 8 th day	<i>Snehavirama</i>	-	-
<i>Pradhana Karma</i>	9 th day	<i>Sarvanga Snehana</i> <i>Sarvanga Nadi Sweda</i> <i>Virechana Yoga</i>	<i>Trivrutta Avaleha</i> [11] 40gm given empty stomach at morning	<i>Hridyam Virechan</i> <i>Virechanvega - Total 17</i> <i>Bruhatvega - 9</i> <i>Madhyamvega - 8</i>
<i>Paschat Karma</i>	Day 10 to	<i>Sansarjana Krama</i>	Day - 1 Evening -	<i>Agni Sandhuksh</i>

12 th	given for 3 days ^[12]	Akruta Mudga Yusha Day - 2 Morning - Akruta Mudga Yusha Evening - Akruta Krushara made with Mudga and Rice Day - 3 Morning – Akruta Krushara made with Mudga and Rice Evening - Sakruta Krushara made with Mudga and Rice Day - 4 Normal diet	anartha
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Basma ^[17] 250mg + Shouktik Bhasma ^[18] 250mg		
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RESULTS

There was significant relief in symptoms like *Adhoudarshoola* (lower abdominal pain), *Sparshasahatwa* (local tenderness), *Katishoola* (low back pain). There were significant changes in ultrasonography of abdomen and pelvis.

USG Report Before treatment

USG: ABDOMEN & PELVIS
 LIVER: Liver is measuring 13.6 cm normal in size, shape and echotexture. No focal lesion is seen. Intrahepatic biliary radicles are normal. Portal vein appears normal.
 GALL BLADDER: Well distended. Wall thickness is normal. No calculus / mass lesion is seen. CBD is normal in caliber.
 PANCREAS: Normal in size and echotexture. Pancreatic duct is normal in diameter.
 SPLEEN: Normal in size and echotexture. Splenic vein appears normal at hilum.
 KIDNEYS: Both kidneys are normal in size, shape and echotexture. Right kidney measures 9.0 X 4.0 cm. Left kidney measures 9.3 X 4.3 cm. Cortical thickness & cortico-medullary differentiation is maintained on both sides. No hydronephrosis is seen on both sides. Evidence of non obstructing calculus of size 4.6 mm is seen in mid pole calyx of left kidney.
 RETROPERITONEUM AND LNS: There is no evidence of enlarged coeliac, mesenteric, portal, pre and para aortic lymph nodes. The great vessels namely aorta and IVC and its visualized branches are normal.
 URINARY BLADDER: Well distended. Wall thickness is normal. No calculus / mass lesion is seen. Visualized bowel loops appears normal in caliber, peristalsis and wall thickness. No free fluid seen in abdomen and pelvis.
 UTERUS AND ADENEXA: Uterus is normal in size 6.6 X 3.8 X 3.5 cm antverted. No obvious focal lesion. Endometrial thickness 6.7 mm normal. Left ovary is normal in size, shape and echotexture. Left Ovary is 31 x 20 mm. Evidence of well defined anechoic cystic lesion of size 32 X 18 mm with isoechic echoes in it and few septations in it seen in right adnexa, right ovary is not seen separate from itS/O Right ovarian cyst. Mostly s/o hemorrhagic cyst.
 IMPRESSION: F/S/O right ovarian cyst. Mostly s/o hemorrhagic cyst. Non obstructing calculus in Left kidney.
 Adv. Clinical correlation. Thanks for the reference.
 DR. APARNA DSHDE (TATAWAR) Consultant Radiologist
 DR. M.W. SALEEM Consultant Radiologist
 DR. R. M. MUSANDE Consultant Radiologist

USG Report After treatment

US OF ABDOMEN:
 LIVER: Liver appeared normal in size, shape & echotexture. No any focal lesion seen. Liver vasculature appeared normal. Portal vein appeared normal.
 BILIARY SYSTEM: CBD is physiologically distended. The gall bladder is normal in size with a normal wall thickness & there are no calculi seen in it. No any cholelithiasis. CBD & the hepatic venous radicles and intrahepatic biliary tree appeared normal.
 PANCREAS: Pancreas appeared normal in size and echotexture. No any S/O. Main pancreatic duct appeared normal.
 KIDNEYS: R.K. measured 8.7 x 3.4 cms. L.K. measured 8.6 x 4.5 cms. Both kidneys appeared normal in size, shape & echotexture. There is no hydronephrosis or calculus seen on either side. Cortico-medullary differentiation is normal.
 OTHER ORGAN: No masses. No adenopathy. No mass lesion seen. Spleen appeared normal. No abnormal fluid collection seen.
 MID EXEMA OF COLONIC LOOPS NOTED IN LEFT ILIAC REGION. Mild exema of ileal loop noted with small lymph nodes in RIF s/o entero colitis. Inflamed appendix not visualized.
US OF PELVIS:
 The urinary bladder distends well and is normal in shape & contour. No intrinsic lesion or calculus is seen in it. The bladder wall is of normal thickness.
 Uterus is antverted. measured 6.2 x 2.8 x 4.0 cms. Uterus appeared normal in size & echotexture. Cervix & endometrial echoes are normal. Endometrium measured 6 mm.
 Both ovaries appeared normal in size, shape & echotexture. No adnexal mass. No fluid in pouch of Douglas. No other abnormality seen.
CONCL:
 • MILD EDEMA OF COLONIC LOOPS NOTED IN LEFT ILIAC REGION.
 • MILD EDEMA OF ILEAL LOOP NOTED WITH SMALL LYMPH NODES IN RIF S/O ENTERO COLITIS.
 Dr. Shiram
 Consulting Radiologist

4. *Shamana Aushadhis* - Given for 15 days after *Sansarjana Krama*.

Table 6: *Shamana Aushadhis*

SM	Drug	Dose	Sevana Kala
1.	<i>Bala Taila</i> ^[13]	As per required for <i>Sarvanga Abhyanga</i>	At morning/ evening
2.	<i>Kshirashatapala Ghruta</i> ^[14]	30 ml with warm water	<i>Rasayanakali</i>
3.	<i>Varunadi Kashayam</i> ^[15]	15 ml twice a day	<i>Apanakali</i>
4.	<i>Devadaru Shunthi Lepa Udarpradesha</i>	Twice a daily	-
5.	<i>Sutashekhara Rasa</i> ^[16] 500mg + <i>Shankha</i>	Trice a day	<i>Bhojanottara</i>

Table 7: Changes in signs and symptoms

S N	Symptoms	Before treatment	After Lakshana Chikitsa	After Virechana with Sansarjana Krama	After 7 days of Shamana Aushadhi	After 15 days of Shamana Aushadhi
1.	<i>Adhoudars hoola</i> (lower abdominal pain)	++++	+++	++	+	-
2.	<i>Sparshasah atwa</i> (local tenderness)	++++	++++	+	-	-
3.	<i>Katishoola</i> (low back pain)	++++	++++	++	+	-
4.	<i>Aniyamita Rajapravartan</i> (irregular menses)	++	++	++	++	+
5.	<i>Anannabhilasha</i>	++	++	-	-	-

(++++)- Severe presentation of symptom, (+++) – Moderate presentation of symptom, (++)- Mild presentation of symptom, (+)- least/sometimes presentation of symptom, (-)- no symptoms.

DISCUSSION

When patient came to our institute, she was having severe lower abdominal pain (*Adhoudarshoola*), low back pain (*Katishoola*). She also had irregular menses, *Sparshasahatwa* (local tenderness) and *Anannaabhilasha*. As she was suffering from pain so first *Shoolaghna Chikitsa* was given by which she got mild relief in lower abdominal pain only. But after *Virechana* there was significant relief in most of symptoms. Then she was treated with *Samana Aushadhis* to normalize the *Doshas* left behind after *Shodhana*.

Table 8: *Lakshanik Chikitsa*

Drug	Composition	Mode of action
<i>Kuberaksha Vati</i>	<i>Latakaranja, Rason, Hinga, Shunthi</i>	<i>Kaphavatashamak, usnatikshna, vedanasthapana, artavajanan and uttejaka</i>
<i>Dhanwanter Gutika</i>	<i>Ela, Abhaya, Ajaji, Bruhati, Jeeraka, Kankola, Bhunimba, Rudraksha, Devadaru, Karpoora; Jiraka Kashaya, Rosa centifolia</i>	<i>VataAnuloman</i>
<i>Devadar (Cedrus deodara), Shunthi (Zingiber officinale) Lepa</i>	<i>Devadar Churna, Shunthi Churna</i>	<i>Shoolaghna, vatanuloman, vibandahara</i>
<i>Gandharva Haritaki Churna</i>	<i>Haritaki, Erand Tail, Sunthi Saindhav, Pippali</i>	<i>Vatanuloman, mild laxative</i>

Snehapana

Dadimadyagruta - *Dadimadyagruta* was used for Oleation of body (*Sharira Snehana*) with *Abhyantar Snehapan* before *Shodhana*. As *Acharya Charaka* has described *Dadimadyagruta* as *Gulmanashan*.

Virechana

Trivrutta Avaleha - as in *Vatadosha Chikitsa Upakrama Acharya Vagbhata* told that *Vatadosha* requires *Mruddu Samshodhana* (mild purification) because excess *Shodhana* might leads to vitiation of *Vatadosha*.^[19] And *Virechana* is most effective mode of management for *Pitta Dosh*.^[20] So *Trivrut Avaleha* was used as *Virechana Yoga* which is mild and *Hridayam*.

Sansarjana Krama

After *Shodhana* procedure there is occurrence of *Jatharagnimandya*, so to stimulate and maintain *Jatharagni*, *Sansarjankram* was advised, patient had

Madhyam Shuddhi so *Sansarjankram* was given for three days.

Shamana Aushadhi

1. *Bala Taila Abhyanga* - *Balataila* is excellent curative of *Vata* disorders, so it was used for *Sarvanga Abhyanga*.
2. *Shatapala Ghruta* - *Shatapalaghruta* is described as *Gulmnashana* and it normalises *Jatharagni* by *Acharya Charaka*. It also overcome the vitiated *Vata* and *Pittadosha*. So, it was used as *Shamana Sneha*.
3. *Varunadi Kashayam* - *Varunadi Kashaya* is *Gulmnashana* and *Antavidhradhi Nashana* as described by *Acharya Vagbhata*.
4. *Sutashekhsar Rasa 500mg + Shankhabasma 250mg + Shouktika Bhasma 250mg* is used as *Vatapittanashana* and works on *Grahani* to improve function of *Jatharagni*.

CONCLUSION

Vatapittaja Gulma can be successfully managed with Ayurvedic treatment. In present case study *Snehanana* followed by *Virechan* and *Shamana Aushadhis* was given to treat *Vatapittaja Gulma* which gave significant relief to patient with remarkable changes in ultrasonography report.

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How to cite this article: Vd. Rohini A. Kathale, Vd. Sharmili V. Suryavanshi, Vd. Prasad V. Kulkarni. Effect of Virechana along with Shamana Aushadhis in the management of Gulma - A Case Study. J Ayurveda Integr Med Sci 2021;1:319-325.

Source of Support: Nil, **Conflict of Interest:** None declared.

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