



Case Study

INTEGRATED MANAGEMENT WITH AYURVEDA, YOGA AND COUNSELLING IN GENDER DYSPHORIA WITH CONDUCT DISORDER

Subhash M^{1*}, Jithesh M², Rahmath P K³, Anjali A⁴

*1PG Scholar, Manovigyan evum Manasaroga, ²Professor and HOD, Department of Kayachikitsa, ³PGD Scholar, Manasika Swasthyavigyan, VPSV Ayurveda College, Kottakkal, Malappuram, Kerala, India.

⁴Medical Officer, Government Ayurveda Research Institute for Mental Health and Hygiene (GARIM), Kottakkal, Kerala, India.

Article info

Article History:

Received: 19-11-2023

Accepted: 11-12-2023

Published: 05-01-2024

KEYWORDS:

Ayurveda, Gender dysphoria, Unmada, Samana, Sodhana, Yoga.

ABSTRACT


Sex is assigned at birth on the basis of external genitalia while gender is sense of being male, female or an alternative. It may or may not correspond to sex assigned at birth. In transgender, gender identity and gender expression do not match with sex assigned at birth. global prevalence of transgender is 0.3% to 0.5%. In DSM-5, gender dysphoria is the term used to refer the distress due to gender incongruence between sex assigned at birth and gender experienced. In *Charakasamhita*, *Vyamisra linga* is used to denote third gender. Even though there are few contexts to mentioning about diversities in attitude, feeling and behaviours connected with sex, no observations in Ayurveda on gender dysphoria. A 16 year old patient of assigned female gender admitted through the reference from children home authorities in the IPD of Government Ayurveda Research Institute for Mental Health and Hygiene (GARIM), Kottakkal, with disturbed sleep, increased fear, decreased food intake, increased anger, telling lies, stealing, reduced mingling with others, tendency of drawing male faces and smoking. Dress and hair style of the patient was like males. History of child abuse, running away from home and truancy were also reported. Patient was diagnosed with gender dysphoria and conduct disorder as per DSM-5 criteria which resemble *Vatika Unmada* with *Pithanubandha*. *Sodhana* and *Samana* modalities of treatments along with Yoga and counselling were given. Assessments done before and after treatments at GARIM and follow up after one month revealed remarkable relief from the symptoms presented. The Ayurvedic protocol was found effective and it highlights the scope of Ayurveda in managing gender dysphoria and associated conditions.

INTRODUCTION

Sex is a person’s biological status and it is normally assigned at birth on the basis of external genitalia. But, gender is the sense of being male, female or an alternative. It may or may not correspond to sex assigned at birth or sexual characteristics. Gender identity may not be observable by others. It is an internal experience^[1].

Communication of a person’s gender in a given culture is through gender expression which includes dressing, communication patterns and interests. If gender identity and gender expressions are not matched with the sex assigned at birth, the person is called transgender. Global prevalence of transgender is 0.3% to 0.5%^[2]. 48 lakhs of transgenders are reported in India as per population census in 2011^[3]. Number of transgenders in Kerala estimated as 25000^[4]. Gender Identity Disorder (GID) in DSM - 4 is replaced by Gender dysphoria in DSM - 5^[5].

Gender dysphoria is referred as distress that may be developed from incongruence between one’s experienced gender and assigned gender^[5]. The main element of gender dysphoria is this discrepancy. The

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ayushdhara.v10i6.1448
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

experienced gender may be alternative to non binary gender identities. Manifestations of gender dysphoria are different in various age groups^[5]. Pre-pubertal natal girls with gender dysphoria may develop a wish to become a boy and prefer clothing and hair style of boys. They like to be called by male names. They may show observable cross gender identifications in role play, dreams and fantasies. In pre pubertal natal boys the wish developed is to become a girl and their dressings, hairstyle, role play, fantasy etc are stereo typical to women. In young adolescents, the clinical features are similar to children and adults depending on the developmental changes. In adults, the incongruence may be very often with the experienced gender and physical appearance. They want to get rid of the present primary and secondary sexual characteristics and acquire that of experienced gender.

In *Charaka Samhita*, the term *Vyamisra linga* is mentioned to denote the third gender while discussing the context of embryological development^[6]. There are descriptions on diverse attitude, feelings and behaviour which are incompatible with cultural expectations associated with biological sex. But, no references on incongruence between assigned and experienced gender and gender dysphoria in Ayurvedic parlance.

A case diagnosed with gender dysphoria and a comorbid conduct disorder undergone treatments at Government Ayurveda Research Institute for Mental Health and Hygiene (GARIM), Kottakkal, is discussed here.

16 year old patient of assigned gender female with escaping tendency brought to GARIM by parents as per the reference from children home authorities in June 2023. The information was reliable but not adequate. The presenting complaints according to patient were disturbed sleep and increased fear since last 5 years. According to the informants, the patient had decreased food intake, increased anger, fear, telling lies, reduced mingling with others, tendency of drawing faces of males, wearing male dresses and accessories, hate to wear ornaments of women and acting like boys since last 5 years.

She is the third child of non consanguineous parents born through full term normal delivery. Developmental mile stones were normal and schooling started at the age of 3. She was introvert in nature and

started to dress and cut hair like boys since childhood. Began smoking cigarette and had stolen cigarette from shops. She had an incident of sexual abuse from father’s friend at the age of 10 and because of the fear didn’t disclose it to others. After the incident she showed behavioural problems such as increased anger, disobedience to the parents, decreased sleep and interaction with others.

At the age of 14, the same person tried to abuse her again. This made her very afraid and changes in behaviours such as cutting hair and dressing in gent’s fashion, wear loose shirts or more than one shirt to hide breast, colouring hair, withdrawal from family members etc was observed. This made the school authorities to arrange a counselling and afterwards the culprit was arrested. She was then transferred to a shelter home for 6 months. A love affair developed with a girl there and she felt comfortable at shelter home. After 6 months, she was released from shelter home. Fear, reduced interest to stay at home, frequent drawing of male faces, decreased sleep, decreased mingling with family members etc started. Lack of interest in studies was also noticed. She continued smoking cigarettes by stealing it from shops. She had completed her high school with average scores and was seeking admission for higher secondary education. One day she ran away from home and returned home next day morning. She repeated the same after few weeks and parents found out her next day from railway station with the help of police and were sent to Children’s home. As per the reference from Children’s home authorities, parents brought her to GARIM for consultation and management.

Family History

Patient is living with father, mother, elder brother and sister. Father and mother are daily wage workers and financial situation was not good. They were living in a rented house. Due to the sexual abuse experienced by her, they shifted to another house and their own house is under construction. Paternal aunt of the patient had committed suicide 5 years back. No other psychiatric issues in family.

Personal History

Patient was having pulse rate 64/min, heart rate 64/min, respiratory rate 14/min and blood pressure 80 / 110 mm of Hg.

Table 1: Mental Status Examination

General appearance	Moderately built, dressing and hair style like boys	Perception	Normal
Attitude towards examiner	Co-operative	Thought	
Touch with the surroundings	Maintained	Form and stream	Continuous and goal oriented

Comprehension	Intact	Content	Fearful
Gait and posture	Normal	Cognition	
Motor activity	Normal	Consciousness	Alert
Mannerisms	Absent	Orientation	Time, place and person - Intact
Eye contact	Normal	Attention and concentration	Impaired (couldn't do digit span test - Forward 5 digit, backward 3 digit and 100 - 7 test)
Rapport	Established	Memory	Intact
Speech		Intelligence	Intact
Rate and quantity	Normal	Abstract thinking	Impaired (failed in proverb test and similarity and difference between object test)
Volume and tone	Normal	Reading and writing	Intact
Reaction time	Normal	Visuo spatial ability	Intact
Relevance and coherence	Relevant and coherent	Insight	Grade 4, aware of illness but reason unknown
Mood and Affect		Judgement	Intact
Mood	Sad	Impulsivity	Absent
Affect	Anxious and fearful		

Table 2: Ayurveda Psychiatric Examination

Vibhrama	Lakshna
Manas	Stealing tendency, increased anger and distress due to gender incongruence.
Buddhi	Increased gender incongruence, fear and lying.
Samja njana	Absent
Smrthi	Absent
Bhakthi	Changing likes and dislikes on body characteristics, dresses and hair style.
Seela	Disturbed sleep, smoking, stealing, runs away from home and truancy.
Cheshta	Behaving like boys.
Achara	Disobedience to parents.

Dasa vidha pareeksha

The *Dosha* involvement in patient was *Vata* and *Pitta* and *Rasa Dhatu dushti* was observed. *Agni* was *Vishama*. *Deha prakriti* and *Manasa prakriti* were *Vata Pitta* and *Rajasa Tamasa* respectively. *Bhoomi desa* was *Sadharana* and *Deha desa* was *Sarva sareera* and *Manas*. *Vayas* was *Balya* and *Satva* assessed was *Avara*. *Roga bala* was *Pravara* and *Rogi bala* was *Madhyama*. *Kshanadi kala* was *Varsha* and *Vyadhyavastha* was *Purana*. Patient had *Sarva rasa satmya*. *Abhyavavaharana sakti* and *Jarana sakti* were *Madhyama*.

Diagnosis

The symptoms present in the patient and the history of presenting symptoms satisfies the diagnostic criteria of gender dysphoria along with conduct disorder. As per DSM - 5, Criteria A of for gender dysphoria in adults and adolescents states that the incongruence between assigned and experienced gender should be present for at least 6 months^[5]. Presented case is manifested with clear incongruence

between experienced gender and sexual characteristics. She is having a strong desire to lose primary and secondary sexual characteristics of female gender and want to have primary and secondary characteristics of desired male gender. Patient wished to be treated as a member of male gender.

As per the criterion B of gender dysphoria, a clinically significant distress in social, educational or in other areas of daily life should be present. Anxiety, depression or substance use may also be resulted by gender dysphoria^[5]. Hence, according to the DSM - 5 criteria the case was diagnosed as gender dysphoria.

A comorbidity was also diagnosed as per the diagnostic criteria of conduct disorder in DSM - 5. For conduct disorder, a persistent and repetitive behaviour includes aggression to people or animals, destruction of property, deceitfulness or theft and serious violation of rules. At least 3 of the 15 items mentioned in these categories within a period of 12 months are required for the diagnosis^[5]. Conduct disorder is manifested in

the present case with presentations such as a repetitive persistent behaviour of shoplifting of cigarettes, habit of lying, running away from home overnight at least twice and truancy which began before the age of 13. These can be included in the symptoms of Conduct disorder and it manifested in the past 12 months and 3 of them were present in last 6 months also^[5].

According to Ayurvedic psychiatric examination, the case can be considered as *Unmada*

with *Vibhramas* in domains of *Manas*, *Budhi*, *Bhakti*, *Seela*, *Cheshta* and *Achara*. The signs and symptoms such as increased fear, disturbed sleep, irregular appetite indicates involvement of deranged *Vata* and increased anger indicate *Pitta* involvement. In order to improve sleep quality, reduce anger and relieve distress due to gender dysphoria, stealing, smoking disobedience and correct the *Vata* and *Pitta* aggravation, intake of internal medications and treatment procedures were planned.

Table 3: Internal Medicines

Medicine	Dose	Anupana	Oushadakala	Rationale
<i>Manasa mitra vataka</i> ^[7]	1-0-1	Lukewarm water	Morning and evening, after food	Anxiolytic, improve quality of sleep
<i>Dhatryadi ghrita</i> ^[8]	5gms	Milk	At bed time	<i>Pitta samana</i> , <i>Unmada samana</i>
<i>Sweta sankhpushpi choorna</i> ^[9] (1.25 gm) + <i>Yashti choorna</i> ^[10] (1.25 gm)	2.5 gm	Lukewarm water	Morning and evening, after food	Anxiolytic, reducing anger and to improve sleep quality <i>Pitta samana</i>
<i>Somalatha choorna</i> ^[11]	5 gm	Lukewarm water	At bed time	Improve sleep quality

Table 4: Treatment procedures

Treatment procedure	Medicine with dose and duration	Rationale	Observations
<i>Kashaya sirodhara</i>	<i>Useera kwatha</i> ^[12,13] - 7 days	<i>Pitha samana</i>	Anger reduced
<i>Virechana</i>	<i>Avipathi choorna</i> ^[14] - 20 gm with lukewarm water in morning empty stomach	<i>Koshtasodhana</i>	6 <i>Vega</i> observed
<i>Rookshana</i>	<i>Gandharvahasthaadi kashaya</i> ^[15] - 90 ml, morning and evening before food for 2 days <i>Tab. Shaddharana</i> ^[16] 2-2-2 before food for 2 days	<i>Vathanulomana</i> <i>Deepana</i> <i>Pachana</i>	Improvement in appetite
<i>Snehapana</i>	<i>Kalyanaka ghritha</i> ^[17] (40 ml-80 ml-120 ml-160 ml-200ml) - 5 days	<i>Snehana</i> <i>Doshotklesa</i> <i>Unmadahara</i>	Increased fatigue, loose bowels <i>Samyaksnigdha lakshana</i> on 5 th day
<i>Abhyanga</i> and hot water bath	<i>Dhanwantharam thaila</i> ^[18] - 2 days	<i>Dosha vilayana</i> , bringing <i>Dhatugatha dosha</i> to <i>Koshta</i>	Increased fatigue
<i>Virechana</i>	<i>Avipathi choorna</i> - 20 gm with luke warm water in morning empty stomach	<i>Koshtasodhana</i> <i>Vathanulomana</i> <i>Buddhi-indriya mano suddhi</i>	6 <i>Vega</i> , lightness to the body and mind
<i>Matra vasthi</i>	<i>Kalyanaka ghrita</i> 70 ml - 5 days	<i>Vatha samana</i> , <i>Unmada samana</i>	Reduction in fear and anxiety, started mingling with others
<i>Thalapothichil (Siro lepa)</i>	<i>Amalaki choorna</i> + <i>Panchagandha choorna</i> ^[19] - 7 days	<i>Vathasamana</i> , improve sleep quality	Sleep quality improved, anger reduced

Pratimarsa nasya	Ksheerabala 7 A ^[20] - 3 days	Vatha samana Improve cognitive functions	Mental relaxation, disobedience toward parents reduced
Yoga	Every day 1 hour Sukshnavyayama Suryanamaskara, Swasana kriya Tadasana, Pavanamuktasana, Sasankasana, Paschimothanasana, Matsyasana, Padahasthasana, Pranayama Relaxation- Savasana		Reduced anxiety, mingling with others in the group, improvement in confidence
Counselling	3 times during the treatment period 45 minutes, once in 7 days		Improvement in confidence, anxiety and fear reduced

At the time of discharge, *Sweta sankhupushpi* and *Yashti choorna* 2.5gm with lukewarm water after breakfast and dinner, *Somalatha choorna* 1gm with lukewarm water at bed time, *Kalyanaka ghritha* 5gm at bed time, *Manasa mitra vataka* 1 tablet with lukewarm water morning and evening after food were prescribed for 1 month.

RESULT

Table 5: Anxiety rating scale HAM - A^[21]

Before treatment (5/06/2023)	22
After treatment (30/06/2023)	16
On review (30/07/202)	18

As per the scale, before treatments, severity of anxiety was mild to moderate (18-24). After treatment, it was assessed with mild severity (<17). On review after one month, the severity was assessed as mild to moderate with a score of 18.

Table 6: Transgender Congruent Scale (TCS) ^[22]

Before treatment (05/06/2023)	14/60
After treatment (30/06/2023)	18/60
On review (30.07.2023)	14/60

Higher scores in TCS indicate higher levels of congruency between an individual's appearance and gender identity.

Table 7: Conduct Disorder Rating Scale - Parent version (CDRS - P)^[23]

Before treatment (05.06.2023)	Moderate problems at school and home
On review (30.07.2023)	Mild problems at school and home

Assessment of patient done by CDRS - P showed significant improvement on review after one month.

Improvement in appetite, sleep and social interactions, reduction in anger, tension and fear and obedience to the parents were also observed.

DISCUSSION

Incongruence between assigned gender and experienced gender, desire to lose primary and secondary sexual characteristics of assigned gender and desire to have primary and secondary sexual characteristics of experienced gender, wish to be treated as the member of desired male gender and distress in social, educational and other functional areas can be diagnosed as Gender dysphoria as per DSM - 5^[5].

According to the diagnostic criteria of DSM - 5, presenting complaints of stealing, truancy, lying, running away from home can be diagnosed as conduct disorder^[5]. In the present case, conduct disorder was diagnosed as a comorbidity.

In Ayurveda, *Unmada* is considered as a disorder with signs and symptoms involved with derangement of functions of psychological domains such as *Manas*, *Budhi*, *Samja Jnana*, *Bhakti*, *Seela*, *Cheshta* and *Achara*^[24]. Patient showed the features of *Unmada* and *Vibhramas* of *Manas*, *Buddhi*, *Bhakthi*, *Seela*, *Chesthta* and *Achara* were observed. Presentations of gender dysphoria and conduct disorder can be discussed under *Vibhramas* of psychological domains. The signs and symptom such as increased fear, decreased sleep and irregular appetite indicated the involvement of deranged *Vata* and increased anger indicated *Pitta* involvement. Hence, the internal medications and treatment procedures prescribed were for mitigating *Vata* and *Pitta*.

Manasa mithra vataka was prescribed for relieving anxiety and improving quality of sleep^[7]. *Dhathryadi ghritha* is of *Pitta samana* and *Unmada samana* property^[8]. Hence it was advised to reduce anger. Cognitive impairments were managed with *Medhya* drugs which are having action on higher mental functions. *Sweta sankupushpi choorna* is having anxiolytic as well as nootropic effect and it was prescribed along with *Yashti choorna* having similar properties for reducing anxiety and improving

cognitive functions^[9,10]. *Somalatha choorna* was prescribed for improving sleep quality^[11].

The treatment procedures started with *Useera kwatha Sirodhara* for 7 days. *Useera* is a *Seetha veerya* drug with *Pitta samaka* property and *Sirodhara* has proven its effect on reduction of tension and anger^[12,13]. *Virechana* with *Avipathi choorna* was done for *Koshtasodhana* and 3 *Vegas* were observed. *Rookshana*, *Vatanulomana*, *Agnideepana* and *Pachana* were the intention for administration of *Gandharva hastadi kashaya* and *Shaddharana gulika*. After two days of administration of *Rukshana* drugs, increase in appetite were observed.

This was followed by *Snehapana* with *Kalyanaka ghritha* in a dose of increasing pattern. *Snehana* was intended for *Doshoklesa* and *Kalyanaka ghritha* is having proven effect on cognitive functions^[17]. *Samyak snigdha lakshana* was obtained by 5 days of *Snehapana* process and it was followed by *Abhyanga* with *Dhanwantharam thaila* and *Ooshma sweda* for two days. *Swedana* was done for *Doshavilayana*. *Virechana* with *Avipathi choorna* was done for elimination of *Doshas* and 6 *Vegas* were observed. *Sodhana* resulted *Vathanulomyatha*, *Indriyaprasada*, *Manaprasada*, *Srotosodhana* and *Laghutha*.

After the *Virechana*, patient became weak but, calm and relaxed^[25]. A set of 5 *Matra vasthi* were administered with *Kalyanaka ghritha*. *Vasti* is considered as the main procedure in *Vata* dominated diseases. It can influence the gut - brain axis and thus correct mood and cognition related impairments^[25]. *Kalyanaka ghritha* is indicated in *Vata - Pitta* deranged *Dosha* states and in impairments of mental faculties. The results observed were reduction in anxiety and fear. Mingling of patient with others also improved.

Thalapothichil or *Sirolepa* was done with *Amalaki choorna* and *Panchagandha choorna* for 7 days to improve the quality of sleep. After the *Thalapothichil*, sleep was improved and anger reduced. *Ksheerabala thaila* (7) was given as *Prathimarsa nasya* for 3 days. *Ksheerabala* is *Vatha Pitta samana*^[20]. It has a calming down effect also. During the treatment period, Yoga sessions were provided to the patient for 1 hour on daily basis. Counselling also was done in three sessions, once in a week basis and 45 minutes per session, during the treatment period. Patient showed improvement in confidence level and increased mingling with others after Yoga and counselling.

The anxiety of the patient was assessed as mild to moderate level before the commencement of treatment and reduced to mild anxiety and on review after one month. It indicates the reduced distress level

of the patient due to gender incongruence. In Conduct Disorder Rating Scale Parental version also improvements were observed and the problems caused by the patient at school and home where changed from moderate level to mild level on the day of review.

CONCLUSION

Distress due to incongruence between assigned gender and experience gender is gender dysphoria. Anxiety, depression and substance use may also have been manifested in gender dysphoria. The present case of Gender dysphoria with a comorbid Conduct disorder managed by Ayurveda treatment procedures and medications along with Yoga and counselling yielded promising outcome. Significant changes were noted in the patient's mood states, sleep quality due to Gender dysphoria and disobedience, frequent lying nature, shop lifting and tendency of running away from home. This indicates the scope of further studies in the areas of Ayurvedic management in gender dysphoria and associated conditions.

REFERENCES

1. Lemma A. Trans-itory identities: Some psychoanalytic reflections on transgender identities. The International Journal of Psychoanalysis. 2018 Sep 3; 99(5): 1089-106.
2. Reisner SL, Poteat T, Keatley J, Cabral M, Mothopeng T, Dunham E, Holland CE, Max R, Baral SD. Global health burden and needs of transgender populations: a review. The Lancet. 2016 Jul 23; 388(10042): 412-36.
3. Transgender/Others - Census 2011 India [Internet]. Census 2011.co.in. Available from: <https://www.census2011.co.in/transgender.php>
4. GO (Ms) No. 61/2015/SJD, Govt. of Kerala, Thiruvananthapuram, dated 22.9.2015 for State Transgender policy and transgender survey 2014-15
5. American psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Arlington, VA: American Psychiatric Publishing, 2013.
6. Sharma RK, Dash B. Caraka Samhita: Text with English translation & critical exposition based on Cakrapani Datta's ayurveda dipika. Vol.II (Sairasthana Chapter 2). Varanasi: Chowkhamba Sanskrit Series Office; 2021.p.357
7. Tubaki BR, Chandrashekar CR, Sudhakar D, Prabha TN, Lavekar GS, Kutty BM. Clinical efficacy of Manasamitra Vataka (an Ayurveda medication) on generalized anxiety disorder with comorbid generalized social phobia: a randomized controlled

- study. The Journal of Alternative and Complementary Medicine. 2012 Jun 1;18(6):612-21.
8. Krishnan K V, Gapalapillai S. Sahasrayogam, (commentary Malayalam) 33rd Alapuzha: Vidyarambham press; p 82
 9. Agarwal, Parul et al. "An update on Ayurvedic herb Convolvulus pluricaulis Choisy." Asian Pacific journal of tropical biomedicine vol. 4, 3 (2014): 245-52. doi:10.1016/S2221-1691(14)60240-9
 10. Pooja Nanda, Jai Kumar Singh, Satya Manav Dayal. Review of Yashtimadhu on Mental health w.s.r to Medhya rasayana. ayush [Internet]. 2019 Nov.25; 6(4): 2325-8.
 11. Indian Medicinal Plants, A Compendium of 500 Species, P. K. Warriar; volume 2, 1993. p.73
 12. Sushruta, Sushruta samhita, Vol 1 (Edited with Ayurveda Tattva Sandipika) by Shastri Kaviraja Ambikadutta, Dravyasangrahaniya adhyaya, 12th ed. Varanasi: Chaukhamba Sanskrit Sansthan 2001, p. 164-170
 13. Rajan S, Shamkuwar MK, Tanwar AK. Impact of Shirodhara on biological markers of stress: A case study. Journal of Ayurveda and Integrative Medicine. 2021 Jan 1; 12(1): 178-81.
 14. Vagbhata, Ashtanga Hridaya Kalpa stana (K.R. Sreekantha Murthy translation English) 1st edition Varanasi; Krishnadas academy; 1999; Volume -II; 2/21-23.
 15. Krishnan K V, Gapalapillai S. Sahasrayogam, commentary Malayalam) 33rd Alapuzha; Vidyarambham press; p82
 16. Susruta, Samhita chikitsa stana (Priyavrat Sharma translation English) 36th series Varanasi: Chaukhamba Orientalia; 2007; Volume -III; 4/3-4.
 17. K R Sreekantha Murthy. Ashtanga Hridaya Cikitsa Sthana. Edition 4. Volume 2. c 2000; p406.14/34.
 18. Bhisagacarya HV, editor. Ashtanga Hridaya composed by Vagbhata with commentaries of Arunadatta and Hemadri. 10th ed. Varanasi: Choukhamba Orientalia; 2011; 383.
 19. Acharya L, Vijayan R. A Study Protocol for Randomized Waitlist-Controlled Trial on the Efficacy of Shirolepa in Adults with Primary Insomnia. Integrative Medicine Reports. 2023 Jul 1; 2(1): 65-71.
 20. Ashtanga Hridaya Chikitsa stana (K.R. Sreekantha Murthy translation English) 1st edition Varanasi; Krishnadas academy; 1999; Volume -II; 22/45-46.
 21. Hamilton M. The assessment of anxiety states by rating. Br J Med Psychol 1959; 32: 50-55.
 22. Kozee HB, Tylka TL, Bauerband LA. Measuring transgender individuals' comfort with gender identity and appearance: Development and validation of the Transgender Congruence Scale. Psychology of Women Quarterly. 2012 Jun; 36(2): 179-96.
 23. Waschbusch DA, Elgar FJ. Development and validation of the conduct disorder rating scale. Assessment. 2007 Mar; 14(1): 65-74.
 24. Yadavji Trikamji (editor). Caraka samhita of nidana sthana, chapter 7, verse no. 51st edition: Varanasi; Chaukhamba prakashan 2017: 223
 25. Watanabe S, Oikawa S, Mibayashi H. Ayurveda treatment (Virechana and Basti) and changes of intestinal microbiota at phyla and species level. Prensa Medica Argentina. 2021; 107(3): 319.

Cite this article as:

Subhash M, Jithesh M, Rahmath P K, Anjali A. Integrated Management with Ayurveda, Yoga and Counselling in Gender Dysphoria with Conduct Disorder. AYUSHDHARA, 2023;10(6):158-164.

<https://doi.org/10.47070/ayushdhara.v10i6.1448>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Subhash M

PG Scholar

Manovigyan evum Manasaroga

VPSV Ayurveda College,

Kottakkal, Malappuram, Kerala.

Email: drsubhashm75@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.