An International Journal of Research in AYUSH and Allied Systems

Review Article

STHAVAR VISHA- NEED OF BALANCE IN TRADITION AND SAFETY

Ved Bhushan Sharma^{1*}, Parul Sharma², Ramesh Chandra Tiwari³

*1Assistant Professor, 3Professor & HOD, PG Dept of Agad Tantra, 2Assistant Professor, PG Dept of Panchkarma, Rishikul Campus, Uttarakhand Ayurved University, Haridwar, India.

Article info

Article History:

Received: 29-05-2024 Accepted: 22-06-2024 Published: 10-07-2024

KEYWORDS:

Sthavar Visha, Inanimate Poison, Ayurveda Vish Chikitsa, visha chikitsa upkrama, Plant toxicity, mineral toxicity.

ABSTRACT

The ancient Indian system of medicine has a long history of using poisonous herbs and minerals, known as Sthavar Visha, which are an integral part of Ayurveda medicines used for therapeutic purposes. It involves a delicate balance between harnessing the medicinal properties of these substances and mitigating their potential risks. These toxic substances can be transformed into beneficial medicines through meticulous processing, while the improper use of Sthavar Visha can lead to significant toxicity and may cause harm instead of causing benefits. This manuscript explores the diversity of Sthavar Visha, the challenges of complex formulations, variability in quality, and the lack of standardized dosages. Case studies on Aconitum ferox (Vatsanabha) and mercury-based preparations highlight the measures of potential dangers along with their solutions. Addressing these risks requires stringent quality assurance, substantial research and clinical trials, effective regulatory oversight, and increased education and awareness. Pharmacovigilance in Ayurveda, although currently underutilized, plays a crucial role in monitoring adverse effects and ensuring the safety of Ayurveda practices. Effective regulatory oversight is crucial for monitoring the use of potentially toxic substances and ensuring compliance with safety standards. Implementing post-marketing surveillance programs and encouraging adverse event reporting can help identify potential safety concerns and take timely corrective actions. Combining traditional knowledge with safety methods is essential for promoting health and ensuring quality treatment in Ayurveda's growing global popularity. A harmonious integration of tradition and safety measures will pave the way for a robust and sustainable future for Ayurveda medicine.

INTRODUCTION

Ayurveda, the ancient Indian system of medicine, has a rich history of utilizing poisonous herbs and natural mineral substances for therapeutic purposes. These are mainly known as *Sthavar Visha* which is poisonous plant and heavy metals. In *Ashtang Ayurveda* is divided in eight branches among which *Agad Tantra* is an important branch, which covers study of poisonous plants and minerals and animal poisons [1]. *Agad tantra* also includes natural poisons and artificial poisons as well while Ayurveda

Access this article online

Quick Response Code

https:

Publi
publi
Attri
Inter

https://doi.org/10.47070/avushdhara.v11i3.1621

Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

herbs are celebrated for their healing properties, poison is which after entering in the body get circulated in very fast and causes sadness [2]. It is essential to acknowledge that not all *Sthavar Visha* are devoid of potential risks. The use of *Sthavar Visha* in Ayurveda requires a delicate balance between traditions and modern which is also important for patient safety. As described in our ancient literature a poison can be converted into a medicine by application of *Yukti* [3] similarly a medicine can be converted into a poison by intention of provider, References regarding *Visha* or poison and poisoning can also be traced in *Vedas* [4]. In *Atharvaveda* (1500 BC) [5], description of two types of *Visha* i.e., *Sthavara* and *Jangama* and their management through *Mantrachikitsa* is narrated. [6]

Diversity of Sthavar Visha

Sthawar (plant and mineral poison) and Jangam Visha (animal poison) are two main category of poisons [7] described in *Agad Tantra*, sites of *Sthawar* and *langam Visha* are sixteen and ten respectively [8] Ayurveda relies heavily on a vast array of herbs and minerals remedies [9], which possess unique medicinal properties. From commonly used herbs like turmeric (Curcuma longa) to lesser-known plants like Vatsanabha (Aconitum ferox), Ayurvedic formulations are diverse and complex [10]. However, this diversity also brings with it the potential for adverse effects, especially when certain Sthavar Visha are not used judiciously [11]. Whenever a formulation is prepared it should be prepared with full precaution as it may cause deleterious effects on human health. but a big problem exist in view of Avurveda academicians and clinicians as whenever such kind adverse effect reports are published, the denial mode is switched on without any acceptance towards facts and few very popular and unacceptable excuses are given like proper doses would not be taken and proper sampling would not be done "and the major point of problem is left behind, although the truth is that any formulation can be toxic with multiple factors like wrong doses etc. and error may be possible with sampling also, but we should understand that formulations containing poisonous ingredients could be toxic even with advised dosed and even on following manufacturing and consumption precautions.[12,13] Toxicity concerns of Ayurveda medicines. Several factors may contribute to the potential toxicity of Ayurveda medicines.

Complex Formulations

Mostly Ayurveda medicines are complex formulations as they contains multiple ingredients [14] and not only complexity lies in terms of multiple plants but these may be herbo-mineral preparations, means which contains plants and mineral indigents and each part have multiple effects and side effects.

Traditional Ayurveda formulations often involve the combination of multiple herbs to enhance therapeutic effects. While these combinations can be beneficial, they may also introduce complexities in understanding the safety profile of each individual herb and mineral these herbominerals are mixed with *Sthavar Visha* and these *Visha* are taken with appropriate caution [15,16].

Variability in Quality

Quality control and standardization of these Ayurveda medicines present challenges in the Ayurveda industry^[17,18]. The popularity of Ayurveda medicines demands its more production but on the same way the quality should be maintained equally but variability in the quality of raw materials and finished

products can impact the consistency and safety of herbal medicines.^[19,20] *Sthavar Visha* are added in such medicine after proper purification which are described in Avurveda literature.^[21,22]

Lack of Standardized Dosages

Unlike contemporary pharmaceutical drugs, Ayurveda medicines may lack standardized dosages, leading to variations in the amount of active compounds administered. This variability can contribute to unexpected side effects or toxicity. The doses mentioned in ancient texts were more appropriate for the time when these texts were written, but now a days when we are not having similar environment and other conditions, these doses need correction, even after untiring efforts of AYUSH Ministry still Ayurveda pharma industries are escaping set parameters for standard formulation, a great change is seen after clinical trials are made compulsory to get a proprietary medicine licence, the big bulls of Avurveda pharma industry manipulates rules and regulation as per their convenience and when things gets worst then it harms Ayurveda first, because these Big Bulls escape the situations by saving their faces.

Case Studies

Several *Sthavra Visha* as the name suggest are basically *Visha* i.e., poisons and toxicity concerns is always associated with *Visha*, the need for caution and awareness is always important in dealing with *Visha*.

Aconitum ferox (Vatsanabha)

Aconitum ferox (Vatsanabha)[23,24] commonly used in Ayurveda formulations and this is used in small problems like fever to severe disease like heart disease, Vatsnabh contains toxic alkaloids and by purification these alkaloids are converted into beneficial forms[25,26]. Improper processing or dosage can lead to severe poisoning, with symptoms ranging from easily treatable nausea to life threatening respiratory failure and even death [27].

Mercury-Based Preparations (Rasashastra)

Mercury is main ingredient of Rasaushidies, *Rasa* means *Parad* which is a metal, and very poisonous in nature, it requires purification techniques by which these toxic metals are used as a medicine

The *Ras aushadhi* involves the use of metals, such as mercury (*Parada*), after purification. While these formulations are believed to have therapeutic benefits, improper processing or excessive dosage can result in mercury toxicity [28,29].

Addressing Sthavar Visha Toxicity

1. Quality Assurance

Emphasizing stringent quality control measures, including testing for contaminants and

standardizing herbal products, can enhance the safety of Ayurveda medicines. [30]

2. Research and Clinical Trials

Encouraging scientific research and clinical trials on Ayurveda medicines can provide valuable insight into their safety and efficacy. Collaborative efforts between traditional knowledge and modern research are essential. [31,32]

3. Regulatory Oversight

Strengthening regulatory frameworks for the production, labelling, and sale of Ayurveda medicines is crucial. This includes monitoring the use of potentially toxic substances and ensuring compliance with safety standards. [33,34]

Education and Awareness

Raising awareness among healthcare professionals, traditional practitioners, and the public about the potential risks and benefits of *Sthavar Visha* is essential for safe usage [35].

Pharmacovigilance in Ayurved [36,37]

Pharmacovigilance in Ayurveda refers to the systematic monitoring, detection, assessment, understanding, and prevention of adverse effects or any other drug-related problems associated with Ayurveda medicines [38,39].

Pharmacovigilance, although a crucial measure implemented by the government, has yet to demonstrate its significance in the AYUSH sector. This is due to the negligible reporting of adverse drug reactions (ADRs), which stems from a lack of awareness, social incompetence, fear of losing patients among AYUSH practitioners, and insufficient knowledge in other groups. Despite the occurrence of numerous ADRs within the AYUSH sector, reporting is not commonly practiced, and concealing such events remains prevalent across all age groups.

It plays a crucial role in ensuring the safety and efficacy of herbal and traditional remedies used in Ayurveda practice. Here are key aspects of pharmacovigilance in Ayurveda:

1. Public Awareness and Education

Increasing public awareness about the potential risks and benefits of herbal medicines is essential. Users should be educated about proper usage, potential side effects, and the importance of consulting healthcare professionals.[40,41] Paramedics an important chain which plays a key role in treatment line, should be properly trained about ADR and other essential aspects of pharmacovigilance.

2. Adverse Event Reporting

Establishing effective mechanisms for reporting and monitoring ADR related to herbal medicine use is crucial for identifying potential safety concerns and taking timely corrective actions. [42-44]

By reporting and monitoring ADR we can reduce no. of adverse drug reactions and can prevent future ADR.

3. Post-Marketing Surveillance

Implementing post-marketing surveillance programs is crucial for monitoring the safety of Ayurveda medicines after they have been introduced to the market. This includes continuous monitoring of adverse events and updating safety information. [45]

This is most important and neglected part of pharmacovigilance in Ayurveda, A misunderstanding among society is that Ayurveda Medicine are safe and free of adverse effects, this is need of time to correct and reconsider this theory which only harm Ayurveda, because as we know even in our ancient literature it is mentioned that nothing is safe even a high dose of water can kill a person.

4. Ethical Considerations

Ethical considerations in medical science were first described in Ayurveda, and a lot of importance is given to ethics on different places in literature [46], adhering to ethical principles in pharmacovigilance ensures the protection of patient rights and confidentiality. Ethical considerations include obtaining informed consent for reporting adverse events and safeguarding patient privacy. [47,48]

In conclusion, pharmacovigilance in Ayurveda is indispensable for maintaining the safety and efficacy of traditional medicines. By addressing the unique challenges associated with Ayurveda formulations and fostering collaboration between traditional and modern medicine practices, pharmacovigilance contributes to the overall improvement of healthcare safety standards.^[49,50]

CONCLUSION

Ayurveda's holistic approach to healthcare, rooted in natural remedies, offers a unique perspective on well-being, However, as the popularity of Ayurveda medicines is growing globally, it becomes imperative to address the potential risks associated with herbal and mineral medicinal toxicity. By combining traditional wisdom with modern scientific rigor, Ayurveda can continue to play a significant role in promoting health while ensuring patient safety remains paramount. A harmonious integration of tradition and safety measures will pave the way for a robust and sustainable future for Ayurveda medicine.

REFERENCES

- 1. Sushruta. Sushruta samhita. Acharya Yadavji Trikamji editor. Varanasi: Chaukhamba Surbharati. Kalpasthana, 569: 3-21.
- 2. Shri Tarkavachaspati. Taranatha Vachaspatvam. Varanasi: Chaukhamba Sanskrit Office, Reprint 2002, khanda 6; p 4926
- 3. Agnivesha. Charakasamhita. Acharya Yadavji Trikamji editor, Varanasi: Chaukhamba Orientalia. Sutrastahana 1/124-126; p 23
- 4. Acharya Priyavrat Sharma. Ayurved ka Vaigyanik Itihas (Samkshipta Samskaran). 4th edition. Varanasi: Chaukhabha Orientalia; 2001; p 21, 367
- 5. Acharya Priyavrat Sharma. Ayurved ka Vaigyanik Itihas Samskaran). 4th (Samkshipta edition. Chaukhabha Orientalia: 2001: p10
- 6. Acharva Priyavrat Sharma. Ayurved ka Vaigyanik Itihas (Samkshipta Samskaran). 4th edition. Varanasi: Chaukhabha Orientalia; 2001; p 21, 367
- 7. Agnivesha. Charakasamhita. Acharya Yadavji Trikamji editor, Varanasi: Chaukhamba Orientalia. Chikitsasthana 23/5; p 538
- 8. Sushrutasamhita. Acharya Yadavji Trikamji editor. Varanasi: Chaukhamba Surbharati. Kalpasthana 2/3; p
- 9. Siddhi Nandan Mishra, translator [Hindi]. Rasa ratna samuchchayah of Vagbhata. 1st ed. Varanasi: Chaukhambha Orientalia: 2011. Chapter 29 (visha kalpa), verse 19. p.652.
- 10. Scientific basis for Ayurvedic therapies / edited by Lakshmi C. Mishra. p. cm. Includes bibliographical references and index. (alk. paper) 1. Medicine, Ayurvedic. I. Mishra, Lakshmi C. (Lakshmi Chandra) [DNLM: 1. Medicine, Ayurvedic. WB 50.1 S416 2003] R605.S376 2003 615.5 3-dc21, p-83
- editor, Varanasi: Chaukhamba Orientalia. Sutrastahana
- 12. Patwardhan K, Pathak J, Acharya R. Ayurveda formulations: A roadmap to address the safety concerns. J Ayurveda Integr Med. 2017 Oct-Dec; 8(4): 279-282. doi: 10.1016/j.jaim.2017.08.010. Epub 2017 Nov 7. PMID: 29122454; PMCID: PMC5747514.
- 13. Chauhan A, Semwal DK, Mishra SP, Semwal RB. Ayurvedic research and methodology: Present status and future strategies. Ayu. 2015 Oct-Dec; 36(4): 364-369. doi: 10.4103/0974-8520.190699.PMID: 27833362; PMCID: PMC5041382.
- 14. Sumantran, Venil & Tillu, Girish. (2011). "Ayurvedic Pharmaceutics and Insights on Personalized Medicine".
- 15. Pandey MM, Rastogi S, Rawat AK. Indian traditional ayurvedic system of medicine and nutritional supplementation. Evid Based Complement Alternat Med. 2013; 2013: 376327. doi: 10.1155/2013/376327. Epub 2013 Jun 23. PMID: 23864888; PMCID: PMC3705899.
- 16. Narayan, Jai. (2018). Synergistic Combination of Ancient Indian Herbal Formulations with Modern Allopathic Prescriptions is Need of the Hour. Synergistic Combination of Ancient Indian Herbal Formulations with Modern Allopathic Prescriptions is Need of the Hour July 2018 Conference: National Conference on

- Ancient Indian Knowledge, Science and Technology At: NCERT, New Delhi Volume: 17: 1-15
- 17. Becker, Christina & Kamath, Madhusudhana. (2020). The Challenges with the Standardization of Ayurvedic Drugs. 8. 55-7.
- 18. Pant, J. and Ripudhaman, (2021) "Review on Standardization of Ayurvedic Medicine", Journal of Pharmaceutical Research International, 33(57A), pp.194-199.doi:10.9734/jpri/2021/v33i57A33 986.
- 19. Wang H, Chen Y, Wang L, Liu Q, Yang S, Wang C. Advancing herbal medicine: enhancing product quality and safety through robust quality control practices. Front Pharmacol. 2023 Sep 25; 14: 1265178. doi: 10.3389/fphar.2023.1265178. PMID: PMCID: PMC10561302.
- 20. Ghosh D. Quality issues of herbal medicines: internal and external factors. Int J Complement Alt Med. 2018; 11(1): 67?69. DOI: 10.15406/ijcam. 2018.11.00350
- 21. Gupta, Trupti & Gupta, Arun. (2020). Literary Review on Sthavar Visha w.s.r. In Avurvedic 10.20959/wjpr20206-18965.
- 22. Dahikar, Gunja & Rathi, Bharat & Phadnis, Radha & Kamble, Sandip. (2023). Concept of Purification w.r.t. Visha Dravya (Poisonous Drugs). 19. 107-117.
- 23. Jadavaji Trikamji Acharya, editor. Charaka Samhita by Agnivesa. New Delhi; Chaukhambha Publications: reprint 2017. Chikitsha Sthana, Chapter 23 (Vishachikitsha), verse 11. p.571
- 24. Jadvji Trikamji Acharya, Narayan Ram Acharya, editors. Sushruta Samhita of Sursruta with Nibadhasangraha Commentary of Sri Dalhana acharya. Varanasi: Chaukhamba Sanskrit Sansthan: reprint ed. 2017. Sthan Kalpa, Chapter 2 (Sthavar-visha-vigyaniya), Verse 5. p.564.
- 11. Agnivesha. Charakasamhita. Acharya Yadavji Trikamji 🔎 25. Siddhi Nandan Mishra, translator [Hindi]. Rasa ratna of Vagbhata. 1st samuchchayah ed. Chaukhambha Orientalia: 2011. Chapter 29 (visha kalpa), verse 18. p. 652.
 - 26. Siddhi Nandan Mishra, translator [Hindi]. Rasa ratna samuchchayah of Vagbhata. 1st ed. Varanasi: Chaukhambha Orientalia: 2011. Chapter 29 (visha kalpa), verse 19. p. 652.
 - 27. Siddhananda Mishra. Rasamanjari bv Shalinanth [Hindi, translation]. Varanasi; Chaukhamba Orientalai; 2015. Chapter 4, verse 10. p. 48.
 - 28. Savrikar SS, Ravishankar B. Introduction 'Rasashaastra' the Iatrochemistry of Ayurveda. Afr J Tradit Complement Altern Med. 2011; 8(5 Suppl): 66-82. doi: 10.4314/ajtcam.v8i5S.1. Epub 2011 Jul 3. PMID: 22754059; PMCID: PMC3252715.
 - 29. A comprehensive and detailed review on Mercury Toxicity, JAIMS, VOL. 8 NO. 11 (2023): November/ Review Article 10.21760/JAIMS.8.11.11
 - 30. Balekundri, Amruta & Mannur, Vinodhkumar. (2020). Quality control of the traditional herbs and herbal products: a review. Future Journal of Pharmaceutical Sciences. 6. 10.1186/s43094-020-00091-5.
 - 31. Patwardhan B. Bridging Ayurveda with evidence-based scientific approaches in medicine. EPMA J. 2014 Nov 1; 10.1186/1878-5085-5-19. 19. doi: 25395997; PMCID: PMC4230501.

- 32. Prema Nedungadi, Sushma Naranappa Salethoor, Rammanohar Puthiyedath, Vinith Kumar Nair, Christian Kessler, Raghu Raman, Ayurveda research: Emerging trends and mapping to sustainable development goals, Journal of Ayurveda and Integrative Medicine, Volume 14, Issue 6, 2023, 100809, https://doi.org/10.1016/j.jaim.2023.100809.
- 33. Ekor M. The growing use of herbal medicines: issues relating to adverse reactions and challenges in monitoring safety. Front Pharmacol. 2014 Jan 10; 4: 177. doi: 10.3389/fphar.2013.00177. PMID: 24454289; PMCID: PMC3887317.
- 34. WHO guidelines on safety monitoring of herbal medicines in pharmacovigilance systems, https://iris. who.int/bitstream/handle/10665/43034/9241592214 _eng.pdf
- 35. Hardani, H. & Suhada, Adriyan & Ulya, Tuhfatul & Pertiwi, Ajeng & Widyan, Rosnalia & Ratulangi, Wulan & Ammaranond, Palanee. (2024). Empowering public health awareness through dissemination of traditional medicine products. Journal of Community Service and Empowerment. 5. 136-146. 10.22219/jcse.v5i1.31929.
- 36. Thatte U, Bhalerao S. Pharmacovigilance of Ayurvedic medicines in India. Indian J Pharmacol. 2008 Feb; 40 (Suppl 1):S10-2. PMID:21369405;PMCID: PMC3038521.
- 37. Nair, Pratibha & Palengara, Vivek & G.N, Sree Deepthi & K S, Rohit. (2018). Need of Pharmacovigilance in Ayurveda: A Review. International Journal of Research in Ayurveda and Pharmacy. 9.103-106.10.7897/2277-4343.094121.
- 38. Ajanal MN, Nayak SU, Kadam AP, Prasad BS. Pharmacovigilance study of Ayurvedic medicine in Ayurvedic Teaching Hospital: A prospective survey study. Ayu. 2015 Apr-Jun; 36(2): 130-7. doi: 10.4103/0974-8520.175539. PMID: 27011712; PMCID: PMC4784121.
- 39. Chaudhary A, Singh N, Kumar N. Pharmacovigilance: Boon for the safety and efficacy of Ayuvedic formulations. J Ayurveda Integr Med. 2010 Oct; 1(4): 251-6. doi:10.4103/0975-9476.74427.PMID: 21731371; PMCID: PMC3117316.
- 40. Sharma, Rohit & Hazra, Jayram & Prajapati, Pradeep. (2017). Knowledge and Awareness of Pharmacovigilance among Ayurveda Physicians in Himachal Pradesh. Ancient Science of Life. 36. 234. 10.4103/asl.ASL_41_17.

- 41. Pharmacovigilance: need and future prospective in herbal and Ayurvedic medicines Pranay Wal, Aradhana Singh, Ridhima Mehra, Saista Rizvi, Rachana Vajpayee, The Pharma Innovation Journal 2014; 3(7): 18-22
- 42. Walji R, Boon H, Barnes J, Austin Z, Baker GR, Welsh S. Adverse event reporting for herbal medicines: a result of market forces. Health Policy. 2009 May;4(4):77-90. PMID: 20436811; PMCID: PMC2700706.
- 43. Ekor, Martins. (2014). The growing use of herbal medicines: issues relating to adverse reactions and challenges in monitoring safety. Frontiers in Pharmacology. 4. 177. 10.3389/fphar.2013.00177.
- 44. Acharya R, Naik R, Rang S, Jani CA, Galib R. Knowledge, attitude and practice towards pharmacovigilance among ayurveda physicians and teachers of Gujarat State: A cross sectional study. J Family Med Prim Care. 2022 Feb; 11(2): 623-632. doi: 10.4103/jfmpc.jfmpc_1091_21. Epub 2022 Feb 16. PMID: 35360810; PMCID: PMC8963644.
- 45. Alomar M, Tawfiq AM, Hassan N, Palaian S. Post marketing surveillance of suspected adverse drug reactions through spontaneous reporting: current status, challenges and the future. Ther Adv Drug Saf. 2020 Aug 10; 11: 2042098620938595. doi: 10.1177/2042098620938595. PMID: 32843958; PMCID: PMC7418468.
- 46. Sushruta. Sushruta samhita. Acharya Yadavji Trikamji editor. Varanasi: Chaukhamba Surbharati. Sutrasthana, 10/9.
- 47. Global Bioethics Enquiry 2017; 5(2) Ganguly: Pharmacovigilance and ethical issues
- 48. Arellano, Ana Lucia & Alcubilla, Pau & Leguízamo, Lina. (2023). Ethical considerations in informed consent. 10.5772/intechopen.1001319.
- 49. Ajanal, Manjunath N & Nayak, Shradda U & Kadam, Avinash & Prasad, B. (2015). Pharmacovigilance study of Ayurvedic medicine in Ayurvedic Teaching Hospital: A prospective survey study. AYU (An International Quarterly Journal of Research in Ayurveda). 36. 130. 10.4103/0974-8520.175539.
- 50. Singh, Shweta; Pamnani, Itika; Rang, Sourav; Malik, Rabia; Punitha, A.; Purkait, Rajib. Pharmaco vigilance initiative for Ayush drugs in India. International Journal of Ayurveda Research 4(2): p 102-106, Apr–Jun 2023. DOI: 10.4103/ijar. ijar_12_23

Cite this article as:

Ved Bhushan Sharma, Parul Sharma, Ramesh Chandra Tiwari. Sthavar Visha-Need of Balance in Tradition and Safety. AYUSHDHARA, 2024;11(3):247-251. https://doi.org/10.47070/ayushdhara.v11i3.1621

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

*Address for correspondence Dr. Ved Bhushan Sharma

Assistant Professor, PG Dept. of Agad Tantra, Rishikul Campus, Uttarakhand Ayurved University, Haridwar.

Email: ved.parul@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