



Review Article

AYURVEDIC CONCEPTUALIZATION OF ADDICTION: A CORRELATIVE STUDY OF PRAJNAPARADHA, TRIGUNA, AND NEUROBIOLOGICAL REWARD PATHWAYS

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ABSTRACT

Addiction is a chronic, relapsing disorder characterized by compulsive substance use despite harmful consequences and is primarily mediated by dysregulation of the brain’s reward circuitry. The present review attempts to correlate the Ayurvedic concept of *Prajnaparadha* (error of intellect) and *Triguna* imbalance with the modern neurobiological understanding of addiction. Classical Ayurvedic texts describe *Prajnaparadha* as impairment of *Dhi* (intellect), *Dhriti* (self-control), and *Smriti* (memory), leading to faulty judgment and repetitive harmful behaviour. This conceptual framework closely parallels executive dysfunction, impaired impulse control, and maladaptive reward learning described in contemporary neuroscience. The mesolimbic dopamine pathway, particularly the ventral tegmental area–nucleus accumbens circuit, plays a central role in reinforcing addictive behaviour through excessive dopamine release. Repeated substance exposure produces neuroadaptations such as tolerance, craving, reduced responsiveness to natural rewards, and weakening of prefrontal cortical control. These changes may be interpreted as disturbances of *Dhi*, *Dhriti*, and *Smriti*, resulting in sustained *Prajnaparadha*. Further, predominance of *Rajas* and *Tamas* gunas corresponds to heightened impulsivity, stress reactivity, emotional instability, and depressive states observed in addiction, whereas *Sattva* represents cognitive clarity and emotional regulation. Ayurveda emphasizes correction of behavioural errors through *Sadvritta*, disciplined lifestyle, and cultivation of mental balance.

INTRODUCTION

Addiction is defined as a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviours that become compulsive and often continue despite harmful consequences^[1].

Addiction, at its core, is a disorder of the brain’s reward system. However, when someone is diagnosed with addiction, families and even clinicians sometimes feel unsatisfied with calling it a condition on its own. They may look for another explanation-

such as depression or anxiety-and assume the addictive behaviour is simply a result of those problems. This is partly because mood and anxiety disorders have more well-known medication options compared to addiction treatment. It is true that some people genuinely experience both addiction and separate mental health conditions. In such cases, disorders like depression or anxiety may have existed before substance use began. But in many situations, it becomes very difficult to separate what came first. Repeated intoxication and withdrawal can themselves cause mood swings, anxiety, poor thinking, irritability, and emotional instability, making it hard to distinguish between a primary psychiatric illness and symptoms caused by addiction.^[2]

Importantly, disorders of the reward pathway are rarely simple. They often affect emotions, thinking patterns, impulse control, self-regulation, and behaviour. This is why addiction can look like many different psychological problems at once-it deeply

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influences how a person feels, thinks, and responds to the world.^[3]

Addiction is a disorder carried on by imbalances in the *Tridoshas* (*Vata*, *Pitta*, and *Kapha*), disturbances in the *Manas* (mind) i.e., *Prajnapradha* and imbalances in *Trigunas*.

According to Ayurveda, mental imbalance and emotional distress arise mainly due to three fundamental causes- *Asatmyendriyarthasamyoga* (improper use of the senses), *Prajnaparadha* (mistakes of intellect or poor judgement), and *Parinama* (the natural effects of time and past impressions). When a person repeatedly exposes the senses to unhealthy stimuli, makes choices against inner wisdom, or fails to adapt to life's changes, the mind gradually becomes unstable.

This instability can eventually lead to addictive behaviours, as individuals seek temporary relief or pleasure through substances or habits. Addiction does not affect only the mind; it disturbs physical health, emotional balance, relationships, and even socioeconomic stability. Over time, it results in both physiological and psychological complications.

Ayurveda offers a practical solution through ***Sadhavritta*** - A code of right conduct. By cultivating self-control, discipline, mindfulness, ethical behaviour, and awareness, a person can regain balance. *Sadhavritta* guides individuals toward healthier habits, stronger willpower, and a more harmonious life, helping them overcome addiction and restore overall well-being.^[4]

Reward Pathway

The brain's reward system was first discovered in the 1950s by Olds and Milner^[5], who found that animals would repeatedly press a lever to receive mild electrical stimulation in certain brain areas. This showed that specific brain circuits produce feelings of reward and pleasure. Later research mapped this system and identified a key pathway called the medial forebrain bundle, which connects important regions such as the ventral tegmental area (VTA), nucleus accumbens, and ventral pallidum. These areas communicate through chemical messengers like dopamine and GABA, forming a three-step reward circuit that motivates behaviour.

Different addictive drugs act on different parts of this circuit. Some drugs stimulate the ventral tegmental area, while others act on the nucleus accumbens, but all ultimately activate the same reward pathway and produce a "high."^[6]

Importantly, this reward system did not evolve for drug use. It developed over millions of years to support essential survival behaviours like eating, drinking, reproduction, parenting, and social bonding.

These behaviours strengthen memory and motivation necessary for survival. Addictive drugs essentially "hijack" this natural system, activating it more powerfully than normal rewards. As a result, the brain begins to prioritize drug-induced pleasure over healthy, meaningful life experiences^[7,8].

MATERIAL AND METHODS

This review involved a systematic compilation of information from Ayurvedic classical texts (*Charaka Samhita*, *Sushruta Samhita*, and commentaries) and peer-reviewed research articles on *Prajnaparadha*, *Trigunas* and related brain reward pathway. Ayurvedic concepts were explored using textual analysis of Sanskrit verses and classical interpretations, while modern correlations were drawn from indexed journals and PubMed searches focusing on memory, cognition, and neurocognitive enhancement. Articles specifically addressing Ayurvedic memory concepts, influencing factors, and therapeutic approaches were included.

Ayurvedic Understanding of Addiction

A. *Prajnaparadha* - The Root Cause

Ayurveda considers three fundamental causes for any disease.

Among the different types of *Hetu* more importance is given to *Trividha hetu* namely *Asatmendriyarthasamyoga*, *Prajnaparadha* and *Parinama*. These are main *Karana* among all types of *Hetus* which play important role in origin of *Shareerika* and *Manasika vyadhies*. Among the *Trividha hetu*, *Prajnaparadha* plays important role in the *Vyadhi uttpathi* in general, it is improper activity of *Sharira* or *manas* due to disturbed *Dhi*, *Dhriti* and *Smriti*.^[9,10]

In Ayurveda, *Prajnaparadha* is considered the root cause of wrong or harmful behaviour, and it literally means an "error of intellect." It occurs when a person goes against their inner wisdom or better judgment. This may happen when someone misunderstands a situation, fails to control their mind or ego even after knowing what is right, or forgets to consider the possible negative consequences of their actions. In simple terms, *Prajnaparadha* is the failure to think clearly, exercise self-control, and act responsibly despite having the knowledge to do so.

Acharya Charak explains *Prajnaparadha* in *Sharira sthana* as:

The term *Prajna* denotes understanding, wisdom, or sharp cognitive ability.^[11] It refers to that higher intelligence which has the capacity to eliminate afflictions and guide an individual toward enlightenment. The term *Aparadha* signifies an error, transgression, or misuse.^[12] When combined, *Prajna* and *Aparadha* form the concept of *Prajnaparadha*,

meaning an error of judgment or intellectual blasphemy.

Prajna is composed of three fundamental faculties-*Dhi* (intellect or discriminative power), *Dhriti* (control or retention), and *Smriti* (memory). When these three components become disturbed or weakened, an individual engages in *Prajnaparadha* through improper actions and decisions.^[13] Such impairment leads to the vitiation of all three *Shareerika Doshas* (bodily humors- *Vata*, *Pitta*, and *Kapha*) as well as the *Manasika Doshas* (mental humors), ultimately giving rise to various physical and psychological disorders.

Ayurveda clearly explains that the body and mind are deeply connected and constantly influence each other. The classical statement "*Shareeramapi Satwamanuvidheeyate, Satwam Cha Shareeram*"^[14] beautifully highlights this inseparable relationship. Whatever affects the body also affects the mind, and disturbances in mental health can in turn disturb physical health. Because of this close connection, unhealthy dietary habits and improper lifestyle practices do not only harm the body but also gradually disturb mental balance.

When diet and lifestyle are not aligned with healthy principles, they impair the higher mental faculties described in Ayurveda as *Dhi* (intellect), *Dhriti* (self-control), and *Smriti* (memory). These three work together to maintain clarity of thought, emotional stability, and appropriate behaviour. If they become disturbed, various psychological disorders may develop, including conditions comparable to psychotic disorders (*Unmada*), seizure disorders (*Apasmara*), and obsessive tendencies (*Atattwabhinivesha*).^[15]

When *Dhi* becomes impaired, a person begins to misinterpret reality. They may perceive what is beneficial as harmful and what is harmful as beneficial. Their judgment becomes distorted, which may manifest as delusions, hallucinations, obsessive thoughts, or confusion in understanding situations correctly.

Dhriti, which normally helps a person control impulse and resist harmful actions, loses its strength when disturbed. As a result, the individual may become unable to regulate desires and behaviours, leading to impulsivity, addictions, behavioural disturbances, or inappropriate actions.

Similarly, *Smriti* supports proper remembrance and learning from past experiences. When memory is affected, decision-making becomes poor and the person may repeatedly make the same mistakes. This disturbance can resemble conditions such as dementia, delirium, and other memory-related disorders.

B. Role of *Rajas* and *Tamas*

Sattva represents balance, clarity, and self-awareness. In the brain, this state is linked with healthy serotonin levels, active prefrontal cortex functioning (responsible for decision-making and emotional control), and calming alpha brain waves. People with dominant *Sattva* usually show emotional stability, ethical thinking, and resilience to stress. Their stress response system (HPA axis) functions in a balanced way, helping them maintain psychological well-being.

Rajas symbolizes activity, ambition, and restlessness. Biologically, it is associated with increased sympathetic nervous system activity (fight-or-flight mode), higher cortisol levels, and dopaminergic stimulation. Such individuals may be highly driven and goal-oriented but are also prone to anxiety, irritability, impulsiveness, and burnout. Beta brain waves are commonly dominant, which supports alertness but may cause stress when persistently elevated.

Tamas reflects inertia, dullness, and withdrawal. Neurophysiologically, it is linked with low arousal states, dominance of slow delta waves, reduced prefrontal cortex activity, and increased inhibitory (GABA) activity. This state resembles depressive patterns, chronic fatigue, low motivation, and poor stress tolerance. The stress response system may become blunted, leading to emotional numbness or apathy.

Table 1: Correlation of Triguna with Neurophysiology

<i>Guna</i>	Psychological Traits	Neurotransmitters / Hormones	Brain Activity	Stress Response (HPA Axis)
<i>Sattva</i>	Calm, clear, compassionate	Balanced serotonin	Alpha waves, active prefrontal cortex	Well-regulated
<i>Rajas</i>	Ambitious, restless, impulsive	↑ Dopamine, ↑ Cortisol	Beta waves dominance	Hyperactive
<i>Tamas</i>	Dull, withdrawn, lethargic	↑ GABA activity	Delta waves, low prefrontal activity	Blunted response

Table 2: Gunas and Psychological Disorders

Dominant <i>Guna</i>	Mental State	Associated Disorders
Excess <i>Rajas</i>	Overactivity, agitation	GAD, OCD, bipolar disorder, burnout
Excess <i>Tamas</i>	Apathy, heaviness, withdrawal	Depression, chronic fatigue, Substance abuse, psychosis
High <i>Sattva</i>	Emotional balance, resilience	Protective against mental illness

Neurobiology of Addiction^[16]

Addiction is not merely a failure of willpower; it is recognized as a chronic yet treatable disorder of the brain. Its development results from a multifactorial interaction between genetic predisposition, environmental influences, personal life experiences, and alterations in brain chemistry. Individuals continue substance use not because they desire negative consequences, but because the neural circuits governing reward and motivation undergo significant modification. Central to this process is the brain’s reward pathway, particularly the mesolimbic dopamine system.

The Brain’s Reward Pathway^[17]

The reward pathway functions as the brain’s “pleasure circuit.” It consists of interconnected regions within the midbrain and forebrain that collaborate to generate feelings of enjoyment and motivate repetition of beneficial behaviors. Whenever a person encounters pleasurable stimuli—such as nutritious food, meaningful social interaction, or personal achievement—this neural system is activated.

The sequence begins in the ventral tegmental area (VTA), where dopamine, a neurotransmitter associated with motivation and pleasure, is released. Dopamine then travels to the nucleus accumbens (NAc), where the sensation of reward is processed and reinforced. Additional brain structures contribute to this experience. The prefrontal cortex evaluates and makes decisions regarding the reward, the hippocampus integrates the event into memory, the amygdala assigns emotional significance, and the striatum converts repeated rewarding experiences into habitual behaviors. Collectively, these regions ensure that pleasurable experiences are remembered, emotionally meaningful, and likely to be repeated.

Effects of Addiction on Brain Function^[18]

- 1. Reduced Prefrontal Cortex Activity** – Addiction decreases activity in the prefrontal cortex, impairing decision-making, judgment, impulse control, and the ability to evaluate consequences.
- 2. Heightened Amygdala Reactivity** – The amygdala becomes more sensitive, leading to exaggerated stress responses and increased emotional instability.

- 3. Long-Term Neural Rewiring** – Persistent changes occur in brain structure and connectivity, reinforcing compulsive substance-seeking behaviors.
- 4. Blunted Natural Reward Response** – The brain’s reward system becomes less responsive to natural pleasures such as food, social interaction, and recreation.
- 5. Increased Sensitivity to Drug Cues** – The brain becomes highly reactive to drug-related triggers, intensifying cravings and increasing relapse risk.
- 6. Overactive Stress Systems** – The stress circuitry becomes dysregulated, causing individuals to use substances to relieve discomfort rather than to experience pleasure.

Dopamine in Addiction^[19]

Dopamine serves as the principal neurotransmitter in reward processing and motivational behavior. It plays a vital role in romantic attachment, social pleasure, and reinforcement associated with addictive substances. Both D1 and D2 receptors are present in the nucleus accumbens, enabling responsiveness to dopaminergic signals originating from the VTA. Although dopamine was identified in the mid-20th century, contemporary imaging techniques such as PET scans have provided deeper insight into its role in drug reinforcement, neuroadaptations in addiction, and vulnerability to dependence.

Beyond neurotransmission, dopamine participates in broader biochemical mechanisms. It acts as a precursor in endogenous morphine synthesis and interacts with nitric oxide (NO) pathways that regulate mitochondrial respiration and ATP production. Under normal conditions, dopamine release during healthy activities reinforces adaptive behaviors. However, addictive substances produce abnormally large dopamine surges—often far exceeding natural levels—strongly reinforcing substance use. Over time, tolerance develops, natural rewards lose their appeal, environmental cues trigger powerful cravings, executive control weakens, and emotional memory circuits strengthen drug-associated learning.^[20]

Table 3: Normal Reward vs Addiction

Feature	Normal Brain Function	Addiction
Dopamine Release	Triggered by natural pleasure	Directly flooded by drugs
Motivation	Encourages healthy repetition	Drives compulsive substance use
Reward Sensitivity	Enjoys normal activities	Reduced pleasure from normal life
Control	Prefrontal cortex regulates impulses	Impaired decision-making
Long-term Effect	Balanced behaviour	Craving, tolerance, relapse

Table 4: Brain Areas Involved in Addiction

Brain Structure	Normal Role	Role in Addiction
Nucleus Accumbens	Processes reward	Reinforces drug-seeking behaviour
Dopamine System (VTA → NAcc)	Motivation & pleasure	Overstimulated by drugs
Prefrontal Cortex	Decision-making, impulse control	Becomes weakened
Amygdala	Emotional memory	Links emotions to drug cues
Hippocampus	Memory formation	Stores drug-related contexts

DISCUSSION

Addiction, when viewed through the integrative lens of Ayurveda and modern neuroscience, emerges as a multidimensional disorder involving cognition, emotion, behaviour, and neurobiology. The present review highlights that the Ayurvedic concept of *Prajnaparadha* (intellectual error) closely parallels contemporary understanding of impaired executive function and reward dysregulation in addiction. In Ayurveda, disturbance of *Dhi* (discriminative intellect), *Dhriti* (self-control), and *Smriti* (memory) leads to faulty decision-making and repetition of harmful behaviours. Modern neuroscience similarly identifies dysfunction of the prefrontal cortex, impaired impulse regulation, maladaptive memory circuits, and exaggerated dopaminergic signaling as core mechanisms underlying compulsive substance use.

The mesolimbic reward pathway, particularly the dopaminergic projection from the ventral tegmental area (VTA) to the nucleus accumbens (NAc), plays a central role in reinforcing addictive behaviour. Repeated exposure to substances leads to neuroadaptations, including tolerance, craving, and diminished response to natural rewards. This neurobiological “hijacking” of the reward circuit can be interpreted in Ayurvedic terms as progressive impairment of *Smriti* (loss of learning from past negative consequences), weakening of *Dhriti* (inability to restrain impulses), and distortion of *Dhi* (misjudgment of harmful acts as pleasurable or beneficial). Thus, addiction may be conceptualized as a sustained state of *Prajnaparadha* reinforced by neurochemical imbalance.

Furthermore, the imbalance of *Triguna*-particularly excess *Rajas* (restlessness, impulsivity) and *Tamas* (inertia, apathy)- offers a psychological

framework corresponding to hyperdopaminergic drive and depressive or withdrawal states observed in substance dependence. Excess *Rajas* may correlate with heightened sympathetic activity, increased cortisol, and impulsive reward-seeking behaviour, whereas dominant *Tamas* reflects reduced motivation, blunted affect, and dependency. In contrast, *Sattva* represents cognitive clarity, emotional regulation, and resilience, functionally comparable to optimal prefrontal cortex activity and balanced serotonergic modulation. Hence, cultivation of *Sattva* may act as a protective factor against addictive tendencies.

The Ayurvedic principle that “*Shareeramapi Satwamanuvidheeyate, Satwam Cha Shareeram*” underscores the bidirectional relationship between body and mind. Chronic substance use not only alters brain chemistry but also disrupts *Doshic* balance, metabolic function, and psychosomatic harmony. Therefore, addiction cannot be addressed solely at the biochemical level; it requires restoration of cognitive clarity, emotional balance, lifestyle discipline, and ethical conduct.

In this context, *Sadvritta* (code of right conduct), disciplined daily routine, dietary regulation, and mind-strengthening practices such as meditation may serve as therapeutic strategies aimed at correcting *Prajnaparadha*. Such measures enhance *Dhi*, strengthen *Dhriti*, and restore *Smriti*, thereby addressing the root cause rather than merely suppressing symptoms.

CONCLUSION

Addiction represents a complex interaction between neurobiological reward dysregulation and cognitive-emotional imbalance. From an Ayurvedic

perspective, it can be fundamentally understood as *Prajnaparadha*- a disturbance of intellect, memory, and self-control- aggravated by *Rajas* and *Tamas* and leading to *Doshic* imbalance. Modern neuroscience supports this view by demonstrating structural and functional impairment of the reward pathway and executive control systems.

An integrative model combining Ayurvedic wisdom and contemporary neurobiology provides a more holistic understanding of addiction. While neuroscience explains the mechanisms of dopamine-driven reinforcement and cortical dysfunction, Ayurveda addresses the deeper cognitive and behavioural roots through restoration of mental clarity and ethical living.

Thus, management of addiction should not be limited to pharmacological detoxification alone but should include strengthening of higher cognitive faculties, cultivation of *Sattva*, correction of lifestyle errors, and reinforcement of self-regulatory capacity. Such a comprehensive approach may offer sustainable recovery, prevent relapse, and promote long-term psychosomatic well-being.

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