



Case Study

AYURVEDIC MANAGEMENT OF PERSISTENT DEPRESSIVE DISORDER (PDD) WITH SPECIAL REFERENCE TO *KAPHAJA UNMADA* WITH *VATANUBANDHA*

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Article info

Article History:

Received: 18-07-2026

Accepted: 15-08-2026

Published: 10-09-2026

KEYWORDS:

Dysthymia,
Unmada, *Virechana*,
Vamana.

ABSTRACT

Persistent Depressive Disorder (PDD), also known as dysthymia, is a chronic and recurrent mood disorder characterized by a persistent low mood lasting for at least two years. Although the symptoms are less severe than major depressive disorder, their long-standing nature significantly impairs quality of life and may lead to disability and substance abuse. Epidemiological data suggest a significant lifetime prevalence of approximately 2.5 to 6 % in India, emphasizing the need for effective management strategies. This case report illustrates the Ayurvedic management of a 36-year-old male patient presents with low depressed mood, reduced energy, sleep disturbances, fatigue, and social withdrawal with a duration of 20 years and can be correlated with *Kaphaja Unmada* with *Vatanubandha*, considering the chronicity of the condition. Symptoms including *Rahapreethi*, *Alpavak*, *Alpachesta*, *Alpaahara*, and *Sauchavidwesh* reflect classical *Kaphaja Unmada Lakshanas*, with *Vata* involvement contributing to disease persistence and management in Ayurveda focuses on *Kapha Shamana*, *Srotoshodhana*, and the restoration of mental faculties through internal medications and therapeutic procedures such as *Snehapana*, *Vamana*, *Virechana*, and *Vasti*. Assessment using Hamilton Depression Rating Scale showed a reduction in score from 12 at baseline to 04 after intervention. Clinically, the patient exhibited improved social smile, mood and social interaction.

INTRODUCTION

Persistent Depressive Disorder (PDD) is a long-lasting and recurrent form of depression that is often under-treated and may lead to increased suicides. It is also known as dysthymia and is characterized by a persistent low mood lasting for at least two years in adults. The symptoms of PDD are generally less severe than major depressive disorder but are more enduring, causing individuals to accept their low mood as a normal part of life. Common symptoms include fatigue, low self-esteem, poor concentration, sleep disturbances, and changes in appetite, along with a

persistent lack of interest in previously enjoyed activities.^[1] Recent data from the United States indicate a past-year prevalence of 1.5% among adults, increasing to 1.9% in females compared to 1.0% in males, with a lifetime prevalence of 2.5%.^[2] In India, approximately 3% of the population may be affected by dysthymia at any given time, with a lifetime prevalence of around 6%.^[3] Management of dysthymia is crucial, as long-standing illness can lead to severe disability, substance abuse, and other complications. Current allopathic management strategies include psychotherapy along with antidepressant medications.

The clinical presentation of long-standing depressed mood, along with decreased energy, sleep disturbances, increased fatigue, and reduced social interaction, may be correlated with *Kaphaja Unmada* with *Vatanubandha*, considering the chronicity of the condition. Symptoms such as *Rahapreethi* (social isolation), *Alpavak* (reduced communication), *Alpachesta* (psychomotor retardation), *Alpaahara*

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v13i4.2902>

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(poor food intake), and *Sauchavidweshya* (poor self-care) can be considered as features of *Kaphaja Unmada Lakshana*.^[4,5] The involvement of *Vata* may also be taken into account due to the chronic nature of the illness. Management principles emphasize *Kapha Shamana*, *Srotoshodhana*, and the restoration of mental faculties through internal medications and procedures such as *Snehapana*, *Vamana*, *Virechana*, and *Vasti*.

Patient Information

A 36-year-old male, presented to the outpatient department with complaints of persistent low mood, reduced energy levels, difficulty in establishing interpersonal relationships, and impaired social interaction since last 20 years. According to the informant, the patient had been consistently withdrawn, appeared low in mood most of the time, and experienced significant difficulty interacting with others for past 18 years.

He was the third child born out of a non-consanguineous marriage and was delivered at full term through normal vaginal delivery. His early developmental history was unremarkable. He was described as active, studious during childhood with minimal close friends from primary school through secondary education. He performed well academically, completing his secondary schooling with distinction. Following transition to higher secondary education (commerce stream), the patient began experiencing marked anxiety during social and performance situations, particularly while interacting with teachers and peers. During classroom question-answer sessions, he reported intense anxiety accompanied by somatic symptoms such as facial pallor, tremulousness, and inability to respond. These episodes led to significant distress and feelings of shame, resulting in avoidance behaviours, including frequent absenteeism. Despite these challenges, he completed his higher secondary education with good academic performance.

Similar difficulties persisted during his undergraduate studies (B.Com), along with reduced energy, low mood, and impaired social functioning. He reported difficulty initiating and maintaining friendships and experienced anxiety even in family gatherings. Over the years, he consulted multiple mental health professionals, adhering to treatment intermittently. He noted transient improvement in mood during treatment periods. In 2016, he underwent brief behaviour therapy at NIMHANS, followed by psychoanalytic psychotherapy in 2019 IMHANS both yielding short-term benefits. Occupationally, he worked as an accountant in four different organizations but experienced persistent

interpersonal difficulties, often leading to discontinuation of employment.

Approximately seven years prior, he took a career break and engaged in animal care and a small-scale vegetable business. Two years ago, he resumed employment in Bengaluru but resigned within two months due to worsening low mood, anergia, and emerging suicidal ideation. He also reported problematic pornography use during this period, which improved with treatment. Due to persistent suicidal thoughts, he later sought care at GARIMH Hospital.

Past medical history- The patient has history of multiple psychiatric consultation with Behavioural therapy at NIMHANS and Psychoanalytic psychotherapy at IMHANS.

Family History- The patient's elder sister had h/o of OCD.

Current Medication

1. Tb. Olanzapine 2.5mg (0-0-1)
2. Tb. Clomiphene 25mg (0-0-1)
3. Tb. Ozepam MD 0.25 (0-0-1)
4. Tb. Rexipra – 15 (0-0-1)
5. Tb. Auvelia (0-0-1)

Clinical Findings

General examination revealed: pulse 76/min, blood pressure 110/70 mmHg, respiratory rate 18/min, and heart rate 76/min. No systemic abnormalities were detected.

Mental Status Examination

The patient was well-groomed, appropriately dressed, alert and cooperative. Speech was reduced in rate, volume, and reaction time, though coherent and relevant. He reported a subjective anxious and depressed mood, which was objectively observed as depressed. Affect was congruent and depressed, without significant fluctuations. Perception was intact, with no hallucinations. Thought form was logical and goal-directed, and content revealed no delusions or abnormal preoccupation.

Cognitive functions were intact, including consciousness, attention, orientation (time, place, person), and memory (immediate, recent, remote). Abstract thinking, intelligence, and visuospatial abilities were preserved. Insight was Grade V. Judgment was intact, and impulsivity was absent.

Ayurvedic Psychiatric Assessment

Psychiatric assessment in Ayurveda was conducted under the framework of *Ashtavibhrama* (eight-fold derangements):

Ashta Vibhrama	Present/Absent	Justification
<i>Manovibhrama</i> (abnormality in <i>Mana</i>)	Present	In <i>Mano vibhrama</i> , the thought process of an individual becomes altered. The patient exhibited disturbed mental functioning with persistent anxiety and depressive symptoms.
<i>Buddhivibhrama</i> (abnormality in <i>Buddhi</i>)	Present	Impaired concentration, indecisiveness, and difficulty in communication seen in patient.
<i>Samijnajnana vibhrama</i> (abnormality in orientation and concentration)	Absent	Orientation to time, place, and person preserved
<i>Smriti vibhrama</i> (abnormality in memory)	Absent	Memory functions intact
<i>Bhakti vibhrama</i> (abnormality in desire)	Present	The patient has reduced interest in social interaction, work, and activities.
<i>Sheela vibhrama</i> (abnormality in temperament)	Present	Low depressed mood.
<i>Cheshta vibhrama</i> (abnormality in psychomotor activity)	Present	Psychomotor slowing and reduced speech during anxious situations in patient.
<i>Achara vibhrama</i> (abnormality in conduct and character)	Present	The patient had impaired social and self-hygiene.

Dasavidha Pareeksha

The case reveals a *Tamas* predominant *Manas Prakriti* with *Avara Satvabala*, indicating poor psychological resilience. The *Dosha* predominance is *Kapha* with *Vata* association, and *Rasa* was the principal *Dushya*. The disease was in *Purana Avastha* with *Manda Agni*.

Diagnosis

Modern diagnosis: Persistent Depressive Disorder.

Ayurvedic diagnosis: *Kaphaja Unmada* with *Vatanubhandha*.

Diagnostic Assessment

The Hamilton Depression Rating Scale (HDRS) is employed to measure the severity of depression symptoms and the score was 12 before treatment.

Management

Internal Medications

S.No	Medicine	Dose	Time of administration
1	<i>Gandharvahastadi kashayam</i>	90 ml with warm water before food	6am, 6pm
2	<i>Hinguvachadi churnam</i>	5g with takram before food	12.30am, 8.30pm
3	<i>Abhayaristam + Amritharistam</i>	25 ml with water after food	1 pm, 9 pm
4	<i>Sweta sankupusphi churnam + Vacha Churnam + Amaya Churnam</i>	0.5g with warm water after food	8.15 am, 8.00 pm
5	<i>Swetasankupushpi churnam + Gokshura Churnam + Sarpagandha Churnam</i>	0.5 g with warm water after food	8 am, 7.30pm
6	Cap. Alert (VASU Pharmacy)	1-0-1 with warm water after food	1 pm, 7.30pm
7	<i>Triphala churnam</i>	5g with warm water after food	10 pm
8	<i>Mahapanchagavya grita</i>	10g with warm water at bed time	10:30 pm

Procedures

Procedure	Days	Medicine	Rationale	Observations
<i>Virechana</i>	One day	<i>Gandharvaeranda tailam</i> 25ml with warm water at 6am	<i>Koshtashodhana</i>	Attained 2 Vegas
<i>Sirodhara</i>	5 days	<i>Kashaya</i> with <i>Purana</i> , <i>Usheera</i> , <i>Guduchi</i>	To improve sleep	Initiation of sleep Improved
<i>Nasyam</i>	5 days	<i>Vilwadi Gulika</i> -1ml each nostril	<i>Ushna- Tikshna</i> and <i>Kaphahara</i>	Attention and concentration got improved
<i>Udwartana</i> and <i>Takrapana</i>	3 days	<i>Udwartana</i> with <i>Kolakulthadi churnam</i> (1kg) and <i>Takrapana</i> (1lt) with <i>Vaiswanara churnam</i> 10gm	<i>Rookshana</i> prior to <i>Snehapana</i>	Improvement in Agni
<i>Snehapana</i>	7days	<i>Mahapaishachika grita</i> and <i>Mahapanchagavya grita</i> - 20ml + 30ml, 45ml +45ml, 60ml+60ml, 80ml +80 ml, 100ml +100 ml, 120ml +120 ml, 150ml+150ml.	<i>Vatakaphahara</i> , <i>Medhavardhaka</i>	Affect – Euthymic Initiated to communicate
<i>Abhyanga</i> with <i>Ushma sweda</i>	2 days	<i>Dhanwantharam Taila</i> - for external application	For <i>Doshavilayana</i>	
<i>Vamana</i>	One day	<i>Madanaphalam</i> - 5 gm, <i>Vacha</i> - 5gm <i>Yashtimadhu</i> - 20gm, honey - 50ml <i>Saidhava</i> -10gm	<i>Kaphashodhanam</i>	Maintained eye contact on interrogation. Affect-happy
<i>Snehapana</i>	2 days	<i>Kalyanaka grita</i> - 50ml, 200ml	<i>Tridosahara</i> and <i>Medhya</i> in action	
<i>Virechana</i>	1 day	<i>Avipatti churnam</i> 25gm with water	<i>Indriyaprasadana</i>	3 Vegas are noted
<i>Yogavasti</i>	8 days	<i>Doshahara vasti</i> - <i>Erandamooladi Kashaya</i> - 480ml, <i>Kalka of Vacha</i> , <i>Satapuspa</i> , <i>Devadaru</i> , <i>Rasna</i> and <i>Hingu</i> - 6gm each, <i>Dhanwantaram mezhukupakam</i> 120ml <i>Madhu</i> -120ml, <i>Saindhava</i> -15gm -3 days <i>Snehavasti-Panchagavya Grita</i> - 75ml-5 days	<i>Vata kapha hara</i> , <i>balavardhaka</i>	Improvement noted in affect, social interaction, sleep and eye contact.

Discharge Medicines

1. *Sweta Sankhapushpi Churna* + *Sarpagandha Churna* + *Gokshura Churna* (0.5g, morning with lukewarm water after food)
2. *Sweta Sankhapushpi Churna* + *Vacha Churna* + *Amaya Churna* (5g twice daily with lukewarm water after food)
3. *Mahapanchagavya Grita* (5g at bedtime) with warm water.
4. *Saraswatarista*- 15ml twice daily with normal water after food
5. *Ksheerbala* 101° - 2 drops over Bregma region at evening
6. Alert Capsule- 1-0-0 with lukewarm water after food
7. *Dhoopana*- *Haridra*, *Daruharidra*, *Kottam*, *Vacha*, *Jadamanchi Churna*- at evening

RESULTS

The Hamilton Depression Rating Scale (HDRS) was used to measure the severity of depression symptoms and the score reduced from 12 to 4 after treatment and showed the same score on follow up on day 30. The Patient demonstrated improvement in eye contact and social interaction. sleep disturbances were reduced, appetite and food intake improved. Patient reported improved mood and exhibited increased interest and participation in daily activities.

DISCUSSION

Persistent Depressive Disorder (PDD) is a chronic mood disorder characterized by persistent depressive symptoms, impaired psychosocial functioning, and reduced quality of life. In the present case, the patient exhibited a long-standing history of

depressed mood, social withdrawal, reduced communication, psychomotor retardation, low energy, impaired interpersonal relationships, and sleep disturbances.

From an Ayurvedic perspective, these clinical manifestations can be correlated with *Kaphaja Unmada* with *Vatanubandha*. Features such as *Rahapreethi* (social isolation), *Alpavak* (reduced speech), *Alpachesta* (decreased psychomotor activity), *Alpaahara* (reduced food intake), and *Sauchavidweshha* (poor self-care) are suggestive of *Kaphaja Unmada Lakshanas*^[5], while the chronic and persistent course of the illness indicates the involvement of *Vata Dosha*.

In current case, patient experienced a chronic course of illness and underwent various conventional treatment approaches including pharmacotherapy, brief behaviour therapy, psychoanalytic psychotherapy with inadequate outcomes. baseline severity of illness evidenced persistent depression. Post intervention with comprehensive Ayurveda treatment reduced HAM-D score progressively with improvements in mood, sleep, eye contact, social interaction, appetite, and overall functional capacity and sustained improvement was noticeable over follow up visits, establishing meaningful clinical recovery.

The patient exhibited *Kapha* predominance associated with *Ama*, *Mandagni*, and impaired *Manovaha Srotas* function. Therefore, the treatment protocol was planned with the objectives of *Kapha Shamana*, *Agni Deepana*, *Srotoshodhana*, and restoration of mental faculties. Both *Shamana* and *Shodhana* therapies were employed to address the underlying *Dosha-Dushya Sammurchana* and to restore normal mental functioning.

The treatment protocol was initiated with *Kosthasodhana* using *Gandharva Eranda* as a preparatory procedure to alleviate vitiated *Vata* and *Kapha dosas*. Subsequently, *Kasayadhara* over the head was administered using *Purana*, *Usheera*, *Guḍuci* promoting local vasodilation and enhancing transdermal absorption of the *Tikta-kasaya* as well as *Seetha* properties of these drugs exerting a calming effect on the central nervous system, thereby reducing sympathetic overactivity. *Vilwadi Nasya*^[6], a *Tiksna-Ushna* formulation, through its nasal drug delivery, facilitates direct access to the brain through the olfactory pathway and influences neuroendocrine functions through its connections with the limbic system and other higher neural centres, contributing to symptomatic improvement. Prior to *Snehapana*, *Rukshana* therapy was performed in the form of *Udwartana* using *Kolakulathadi churnam* and *Takrapana*. *Udwartana* provides mechanical stimulation to cutaneous receptors improving the

peripheral circulation and metabolic activity, while *Takra* acts as a *Deepana-Pacana* agent, enhancing digestive and metabolic functions.

Snehapana was administered with *Mahapanchagavya Grita*^[7,8] and *Mahapaisachika Grita*^[9,10] owing to their *Medhya*, *Tridosahara*, and neuropsychological benefits. *Grita*-based formulations are known to facilitate the delivery of lipid-soluble phytoconstituents across biological membranes and excretes the morbid matters from *Saakha* to *Kosta*. *Swedana karma* is done for *Dosha vilayana*. Thereafter, *Vamana Karma* is performed with *Madanaphala Yashtimadhu* etc., which get quickly absorbed into blood and cross blood brain barrier by its *Tiksna usna vyavayi gunas* for the elimination of aggravated *Kapha*. *Snehapana* with *Kalyanaka Grita* was administered as a preparatory measure for *Virecana*. *Kalyanaka Grita*^[11] possesses *Tridosa samaka*, *Medhya* and *Srotovisodhana* properties, which help in further mobilization of *Dosas*^[8]. *Virecana* which is *Indriyaprasadana* facilitated the elimination of vitiated *Pitta* and associated morbid factors through the lower gastrointestinal tract. Later *Yoga Vasti* was administered, comprising *Eranda muladi Kasaya Vasti* and *Pancagavya Grita Anuvastana Vasti*.^[12] *Vasti* is regarded as the principal therapy for *Vata* disorders. Gut-mediated interventions influence bidirectional communication between the gastrointestinal system and the brain. Thus, *Yoga Vasti* contributed to the symptomatic improvement through modulation of the gut brain axis, along with correction of systemic *Dosa* imbalance.

Internally *Gandharvahastadi Kashayam*^[13], possessing *Vatahara* and *Agni-deepana* properties, was given along with *Hinguvachadi Churna* to balance *Vata* and *Kapha doshas* and restore normal digestive function. *Abhayarishtam*^[14] and *Amritharishtam* were administered to alleviate vitiated *Kapha dosha* and *Ama*, thereby improving *Agni*, *Koshtha*, and *Dhatu Parinama*.

A combination of *Swetasankupushpi*^[15], *Vacha*^[16] and *Amaya* was administered for its *Medhya*, neuroprotective, and cognition enhancing effects. This combination was intended to improve memory, intellect, attention, and higher mental functions while supporting psychological well-being. In addition, a combination of *Swetasankupushpi*, *Gokshura*, and *Sarpagandha* was given to promote emotional stability. *Swetasankupushpi* acts as an adaptogen and cognitive enhancer, *Gokshura* contributes anti-inflammatory and antioxidant effects, and *Sarpagandha* exerts a calming effect by reducing nervous excitability. *Cap Alert* was administered to promote relaxation without causing drowsiness and to support emotional balance. *Mahapanchagavya Grita*, a classical *Medhya* formulation, was prescribed as a cognitive rejuvenator.

CONCLUSION

PDD is one of the prevalent psychiatric conditions and the current management approaches often have a high relapse rate. Alternative medicine is having a valuable role in addressing this issue. This case report provides supportive clinical evidence for the therapeutic potential of Ayurvedic management including *Sodhana*, *Shamana*, *Medhya* formulations and *Kapha-Vata* pacifying therapies in Persistent Depressive Disorder. The management provided excellent result after 30 days follow-up. Further clinical trials can be planned along with longer follow-up to generalize the results and validate such protocols.

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Cite this article as:

Trushna Bhandare, Amritha Babu, Satheesh K, Aparna P M. Ayurvedic Management of Persistent Depressive Disorder (PDD) with Special Reference to Kaphaja Unmada with Vatanubandha. *AYUSHDHARA*, 2026;13(4):502-507. <https://doi.org/10.47070/ayushdhara.v13i4.2902>

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

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