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Research Article

AN OPEN LABELLED SINGLE ARMED PROSPECTIVE CLINICAL STUDY TO EVALUATE THE COMBINED EFFICACY OF *GOKSHURADI GUGGULU* AND *BHUNIMBADI YOGA* IN THE MANAGEMENT OF CHRONIC KIDNEY DISEASE VIS-À-VIS *JIRNA VRUKKA ROGA*

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ABSTRACT

In Ayurveda, chronic kidney disease may be understood in relation to *Jirna Vrukka Roga* and disorders involving *Mutravaha Srotas*. The present study evaluated the combined efficacy of *Gokshuradi Guggulu* and *Bhunimbadi Yoga* in subjects with CKD. **Objective**: To evaluate the combined efficacy of *Gokshuradi Guggulu* and *Bhunimbadi Yoga* on subjective clinical manifestations and objective renal and biochemical parameters in CKD vis-à-vis *Jirna Vrukka Roga.* **Materials and Methods:** An open-labelled, single-arm, prospective clinical study was conducted in 20 subjects who completed the study. Subjects fulfilling the inclusion and exclusion criteria received *Koshta Shodhana* with *Harithakyadi Churna* followed by *Bhunimbadi Yoga* and *Gokshuradi Guggulu* for 90 days. Assessment was performed before treatment and after completion of intervention. Subjective parameters and objective parameters including eGFR, UACR, haemoglobin, serum creatinine, serum electrolytes, proteinuria and blood urea were assessed. Statistical analysis included descriptive statistics and the Wilcoxon matched-pairs test. **Results:** All assessed subjective parameters showed statistically significant improvement. The highest improvement was observed in *Agnimandya* (89.29%), followed by *Aruchi* (80.00%), *Mutra*-related complaints (78.95%) and *Pandu* (76.47%). Among objective parameters, significant improvement was reported in eGFR, UACR, haemoglobin, serum creatinine and blood urea. Sodium, potassium, chloride and proteinuria showed improvement without statistical significance. The overall average improvement was 49.58%. Of 20 subjects, 9 (45%) showed moderate improvement, 9 (45%) mild improvement and 2 (10%) no significant improvement. No adverse drug reactions were reported. **Conclusion:** The combined administration of *Gokshuradi Guggulu* and *Bhunimbadi Yoga* produced appreciable improvement in subjective symptoms and selected objective parameters in the studied subjects and was well tolerated.

INTRODUCTION

Chronic Kidney Disease (CKD) encompasses a spectrum of pathophysiological processes associated with abnormalities in kidney structure and function, characterized by a progressive decline in Glomerular Filtration Rate (GFR). [1] Initially, CKD may manifest as biochemical abnormalities; with progression, there is gradual loss of excretory, metabolic and endocrine functions of the kidneys, leading to clinical manifestations of renal failure collectively referred to as uraemia. [2]

CKD is considered a silent disease because patients may remain asymptomatic during the early stages. If not detected and treated at an early stage, it may progress to End Stage Renal Disease (ESRD);

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therefore, early diagnosis and timely therapeutic intervention are emphasized in the dissertation. [3] Globally prevalence of CKD is of 9.1% (8.5%-9.8%) according to KDIGO guidelines 2024. [4]

From an Ayurveda perspective, CKD can be correlated with *Vrikka Roga/Jirna Vrukka Roga*. The *Vrikka Roga* is described separately in *Bhaishajya Ratnavali*, while descriptions relevant to renal disease are distributed across classical Ayurvedic literature.[5] Clinical features resembling CKD are discussed in relation to conditions such as *Pandu, Shotha, Jalodara, Gulma, Hridroga, Udavarta, Agnimandya, Ajirna* and *Trimarmiya Chikitsa*.

The rationale for the present intervention was based on the properties attributed to *Gokshuradi Guggulu* [6] and *Bhunimbadi Yoga* [7], including *Mutrala*, *Shothahara, Rasayana, Deepana-Pachana* and *Vata-Kaphahara* actions. The study was therefore undertaken to evaluate their combined effect on the clinical manifestations and objective parameters of CKD vis-à-vis *Jirna Vrukka Roga*.

OBJECTIVES

- To evaluate the combined efficacy of *Gokshuradi Guggulu* and *Bhunimbadi Yoga* in the management of chronic kidney disease.
- To assess the effect of treatment on subjective clinical symptoms and objective biochemical and renal-function parameters.
- To study chronic kidney disease in the light of contemporary medical understanding and correlate it with the Ayurvedic concept of *Jirna Vrukka Roga*.

MATERIALS AND METHODS

Study Design and Setting

An open-labelled, single-arm, prospective clinical study conducted using subjects from the OPD and IPD of Government Ayurveda Medical College, Mysuru and Hi-Tech Panchakarma Hospital, Mysuru. A minimum of 20 subjects was selected for the study. Twenty-six subjects were registered and 20 completed the study; six discontinued participations.

Among the six discontinuations, four because of family emergencies, and two did not return for further visits or respond to repeated telephone calls. Final analysis was performed on the 20 subjects who completed the study.

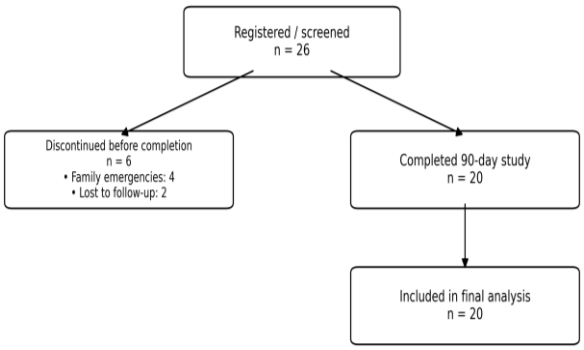


Figure 1. Participant flow through the study

Eligibility criteria

Adults aged 18–70 years with CKD stages 1, 2, 3a or 3b and eGFR >30 to 90ml/min/1.73m [2] were included. Newly diagnosed and follow-up cases receiving standard renal supportive care were eligible. CKD secondary to diabetic or non-diabetic conditions, hypertension and chronic glomerulonephritis were included. Subjects with serum creatinine <5mg/dL and uACR ≥30mg/g were eligible.

Subjects with CKD stage 4, stage 5 or ESRD, serum creatinine >5mg/dL, GFR <30ml/min/1.73m [2], Hb <8mg/dL, pregnancy or puerperium, age below 18 years, HIV positivity, prolonged steroid or immunosuppressive therapy, or serum potassium >5.5mEq/L were excluded.

Intervention

Koshta Shodhana was performed with *Harithakyadi Churna* [8] with a minimum dose of 12gm according to *Koshta*, administered on an empty stomach in the morning with warm water until *Koshta Shuddhi Lakshanas* were achieved.

Bhunimbadi Yoga consisting of Bhiunimba[9] and *Shunti Churna* [10] was administered at 1000mg twice daily, morning and night before food, with 20ml *Punarnava Kashaya*[11] as *Anupana*, for 90 days. *Gokshuradi Guggulu* was administered at 1000mg twice daily, morning and night after food, with warm water, for 90 days. *Punarnava Kashaya* was prepared by boiling one tablespoon of *Punarnava Kwatha Churna* with 160ml water and reducing it to 20ml.

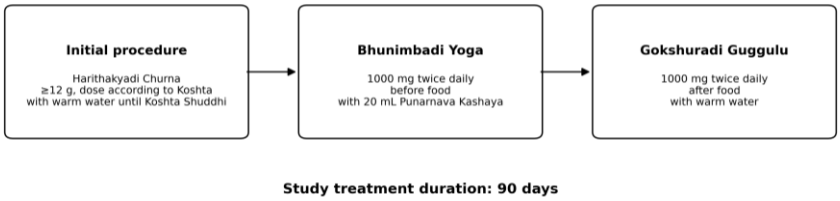


Figure 2: Schematic of the study intervention



Harithakyadi Churna



Bhunimbadi Yoga capsules



Punarnava Kwatha Churna



Gokshuradi Guggulu tablets

Figure 3: Photographs of the study medicines

Outcome Assessment

Subjective parameters included *Dourbalya, Swasakruchrata, Agnimandya, Padashopha, Pandu, Aruchi*, *Mutra Lakshanas* and *Arohana Ayasa*. Objective parameters included eGFR, uACR, haemoglobin, serum creatinine, urine routine, serum sodium, potassium and chloride, proteinuria and blood urea. Assessment was performed before treatment and after completion of the intervention; the dissertation also records monitoring at the fourth and eighth weeks. Grading of subjective parameters, 0–3, where 0 indicates absent/normal and higher grades indicate increasing severity. Objective grading criteria were the eGFR grading includes a fifth grade for 20–29mL/min/1.73 m, although this range was outside the study inclusion criteria was taken for gradings.

Table 1: Subjective and Objective Parameters

Subjective parameter	Grade-wise definition
Dourbalya	0: No tiredness 1: Occasional tiredness on light activity 2: Constant tiredness on heavy activity 3: Tiredness all the time
Swasakruchrata	0: No breathlessness 1: On stairs/quick movement 2: On light physical activity

	3: Breathlessness at rest/in bed
Agnimandya	0: Full diet and proper appetite by next meal 1: Moderate appetite by next meal 2: Delayed moderate appetite 3: Delayed low appetite
Padashopha	0: No oedema 1: Slight 2-mm pitting, rapidly disappearing 2: 4-mm pitting lasting 10–15 seconds 3: Deeper 6-mm pitting
Pandu	0: No pallor 1: Conjunctiva/mucous membrane 2: Conjunctiva, mucosa and skin 3: Includes palmar creases
Aruchi	0: No *Aruchi* 1: Mild without altering eating habits 2: Affects oral intake without weight loss 3: Associated with significant weight loss
Mutrakshaya	0: No *Mutrakshaya* 1: Reduced urine output with less water intake 2: Reduced output despite more water intake 3: Not relieved by medication
Arohana Ayasa	0: None 1: On heavy activity 2: On light activity 3: On all activities
Objective parameter	**Grade-wise definition**
Serum creatinine (mg/dL), male/female	0 Normal: 0.9–1.2 (M) / 0.6–1.1(F) 1 Mild: 1.3–2.0 (M) / 1.2–1.8 (F) 2 Moderate: 2.1–3.0 (M) / 1.9–2.8(F) 3 Severe: 3.1–5.0 (M) / 2.9–5.0 (F)
Haemoglobin	0 Normal: >13 g/dL male, >12 g/dL female 1 Mild: 9–13 male, 8–12 female 2 Moderate: 7–9 male, 6–8 female 3 Severe: <7 male, <6 female
Urine albumin	0 Nil 1 (+) 100mg/dL 2 (++) 200mg/dL 3 (+++) 300mg/dL
Blood urea	0 Normal: 15–30mg/dL 1 Mild: 31–40 2 Moderate: 41–50 3 Severe: 51–60 mg/dL
eGFR (mL/min/1.73 m^2)	0 Normal: >90 1 Mild: 70–89 2 Moderate: 50–69 3: 30–49 4 Severe: 20–29

Descriptive statistics included mean, standard deviation, median, interquartile range and percentile. Inferential analysis included the Wilcoxon matched-pairs test and independent t-test, with statistical analysis performed using SPSS. A p-value <0.05 was considered statistically significant.

RESULTS

Twenty subjects completed the study and were included in the final analysis. The study population was predominantly older: 45% (n=9) were aged 60–70 years, 35% (n=7) were aged 50–59 years, 15% (n=3) were aged 40–49 years and 5% (n=1) were aged 30–39 years. Males constituted 70% (n=14) and females 30% (n=6). Ten subjects (50%) were fresh cases and 10 (50%) were already diagnosed cases. Ten subjects (50%) were receiving standard oral allopathic treatment, one (5%) was receiving Ayurvedic treatment and nine (45%) were not under treatment.

Regarding *Vaya*, 60% (n=12) belonged to *Vriddha Vaya* and 40% (n=8) to *Madhyama Vaya. Vata-Kapha Prakruthi* was predominant (45%), followed by *Pitta-Kapha* (25%), *Vata-Pitta* (20%) and *Kapha-Pitta* (10%).

Table 2: Important observations

Important observation	Finding
Registered / completed	26 / 20
Discontinued	6 (4 family emergencies; 2 lost to follow-up)
Age 60–70 years	9 (45%)
Male participants	14 (70%)
Fresh / previously diagnosed	10 (50%) / 10 (50%)
Standard allopathic treatment / Ayurveda / none	10 (50%) / 1 (5%) / 9 (45%)
Predominant *Prakruthi*	*Vata-Kapha*: 9 (45%)

Effect on subjective parameters

The Wilcoxon matched-pairs analysis demonstrated statistically significant improvement in all subjective parameters. *Dourbalya* improved by 66.67% (Z=3.8230, p=0.0001), *Swasakruchrata* by 66.67% (p=0.0001), *Agnimandya* by 89.29% (p=0.0001), *Padashopha* by 62.50% (Z=3.2958, p=0.0010), *Pandu* by 76.47% (Z=2.9341, p=0.0033), *Aruchi* by 80.00% (p=0.0001), *Mutra*-related complaints by 78.95% (Z=3.2958, p=0.0010), and *Arohana Ayasa* by 58.33% (Z=3.6214, p=0.0003).

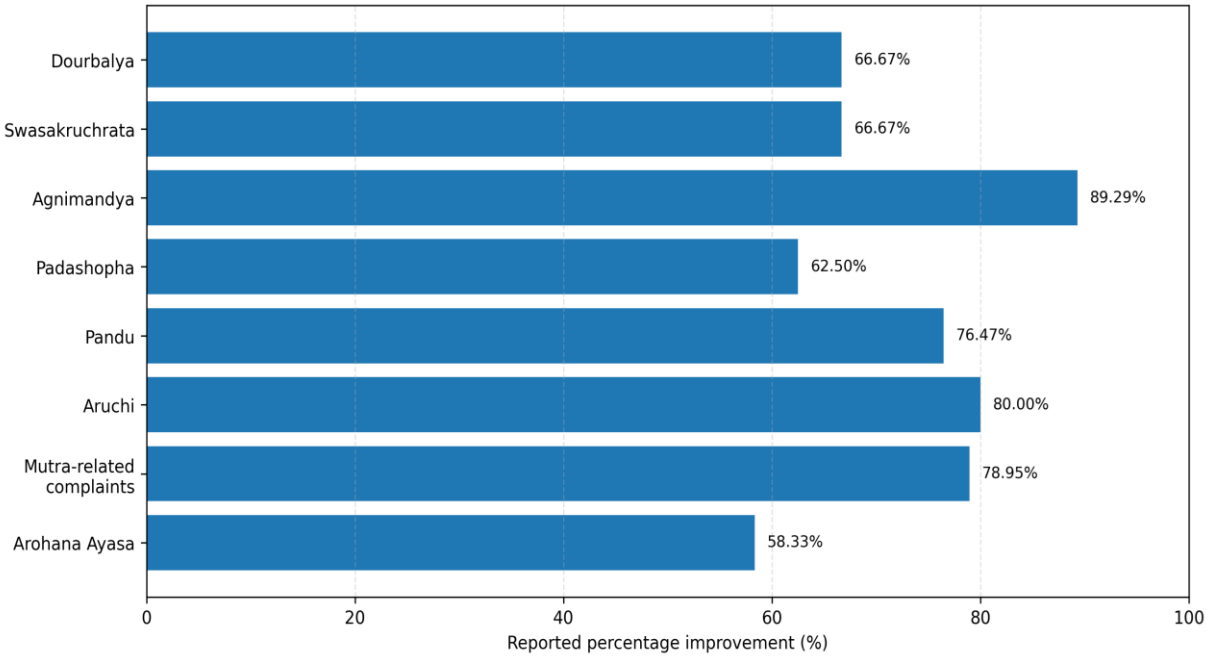


Figure 4: Percentage improvement in subjective parameters after treatment

Effect on Objective Parameters

eGFR showed statistically significant improvement (Z=3.5162, p=0.0004). UACR improved by 16.98% (Z=2.6656, p=0.0077), haemoglobin by 25.53% (Z=2.8031, p=0.0051), serum creatinine by 45.45% (Z=3.0584, p=0.0022), and blood urea by 13.64% (Z=2.1915, p=0.0284). Sodium (Z=0.5964, p=0.5509), potassium (Z=0.2604, p=0.7946), chloride (Z=1.6004, p=0.1095) and proteinuria (Z=1.6773, p=0.0935) showed improvement without statistical significance.

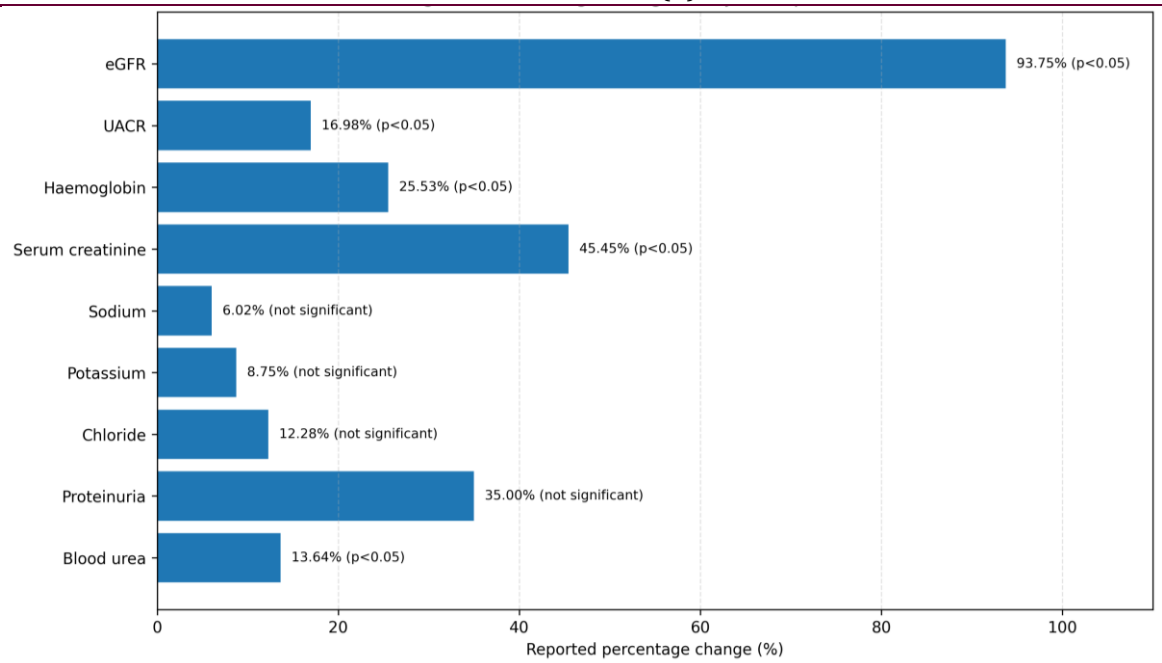


Figure 5: Percentage change reported for objective parameters; p-values are annotated

Table 3: Statistical observations of Subjective & Objective parameters

Subjective parameter	Improvement (%)	Z value	p value
Dourbalya	66.67	3.8230	0.0001
Swasakruchrata	66.67	3.8230	0.0001
Agnimandya	89.29	3.8234	0.0001
Padashopha	62.50	3.2958	0.0010
Pandu	76.47	2.9341	0.0033
Aruchi	80.00	3.8230	0.0001
Mutra-related complaints	78.95	3.2958	0.0010
Arohana Ayasa	58.33	3.6214	0.0003

Objective parameter	Change (%)	Z value	p value	Interpretation
eGFR	93.75	3.5162	0.0004	Significant
UACR	16.98	2.6656	0.0077	Significant
Haemoglobin	25.53	2.8031	0.0051	Significant
Serum creatinine	45.45	3.0584	0.0022	Significant
Sodium	6.02	0.5964	0.5509	Not significant
Potassium	8.75	0.2604	0.7946	Not significant
Chloride	12.28	1.6004	0.1095	Not significant
Proteinuria	35.00	1.6773	0.0935	Not significant
Blood urea	13.64	2.1915	0.0284	Significant

Overall Outcome

The dissertation reports an overall average improvement of 49.58%. Based on the combined assessment of subjective and objective criteria, 9 subjects (45%) showed moderate improvement, 9 (45%) showed mild improvement and 2 (10%) showed no significant improvement, defined as improvement below 10%. No adverse drug reactions or significant complications were reported during the treatment period.

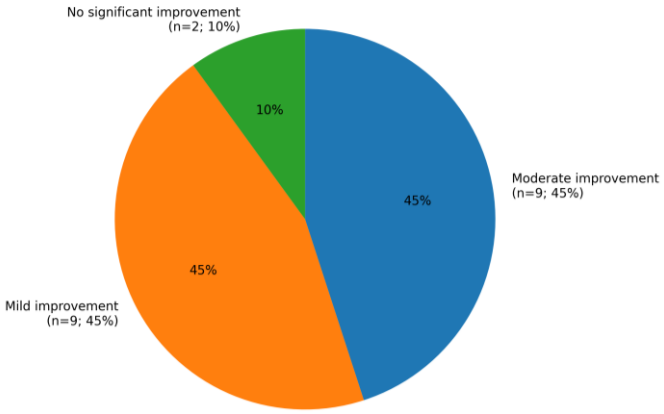


Figure 6: Overall treatment outcome among the 20 subjects who completed the study

DISCUSSION

The present study evaluated the combined administration of *Gokshuradi Guggulu* and *Bhunimbadi Yoga* in subjects with CKD vis-à-vis *Jirna Vrukka Roga*. The intervention was preceded by *Koshta Shodhana* with *Harithakyadi Churna* and followed by 90 days of Shamana therapy. The final analysis included 20 subjects.

A consistent improvement was observed across all subjective parameters. *Agnimandya* showed the highest improvement among the subjective outcomes (89.29%), followed by *Aruchi* (80.00%), *Mutra*-related complaints (78.95%) and *Pandu* (76.47%). *Dourbalya* and *Swasakruchrata* each improved by 66.67%, while *Padashopha* and *Arohana Ayasa* improved by 62.50% and 58.33%, respectively. The dissertation interprets these changes as clinically appreciable relief in the manifestations assessed.

The objective findings showed statistically significant changes in several renal and biochemical parameters. eGFR improved significantly, while UACR, haemoglobin, serum creatinine and blood urea also showed significant changes. The dissertation relates the improvement in eGFR to better renal functional status, the reduction in serum creatinine to improved renal clearance, the increase in haemoglobin to improvement in CKD-associated anaemia, and the reduction in blood urea to improved renal excretory function.

The changes in serum sodium, potassium and chloride were not statistically significant. Proteinuria showed a 35.00% change but did not reach statistical significance. Thus, the response was not uniform across all objective parameters, and the findings support a cautious interpretation of the overall effect.

From the Ayurvedic perspective, *Gokshuradi Guggulu* and *Bhunimbadi Yoga* were selected for their described *Mutrala, Shothahara, Rasayana, Deepana, Pachana*, *Ama Pachana, Srotoshodhaka, Vata-Kaphahara* and *Balya* properties. So that the combined approach helps address urinary manifestations, edema, impaired *Agni* and systemic weakness associated with the clinical picture of *Jirna Vrukka Roga*.

The overall average improvement of 49.58% and the finding that 90% of the completed subjects showed mild or moderate improvement indicate an appreciable response within this single-arm clinical study. However, the study included only 20 evaluable subjects, had no control group and had six discontinuations among the 26 registered subjects. The dissertation therefore recommends larger studies, longer follow-up and comparative clinical designs to establish stronger evidence.

Probable Mode of Action of the Trial Drugs

Gokshuradi Guggulu is described in the dissertation as a multidimensional formulation possessing *Mutrala, Shothahara, Rasayana* and *Lekhana* properties. Its ingredients contribute *Deepana -Pachana, Vata-Kaphahara* and *Srotoshodhaka* actions. The probable combined effect is to improve urinary function, reduce fluid retention and edema, support *Agni* and metabolism, and provide antioxidant, anti-inflammatory, nephroprotective and anti-fibrotic effects.[12,13,14]

Bhunimbadi Yoga, consisting of *Bhunimba* and *Shunti*, is described as having *Deepana, Pachana* and *Shothahara* actions. *Bhunimba* is *Kapha-Pitta Shamaka* and is described as antioxidant, anti-inflammatory, immunomodulatory and cytoprotective, while *Shunti* contributes *Deepana-Pachana* and *Shothahara* effects[15,16] With *Punarnava Kashaya* as *Anupana*, the formulation is proposed in the dissertation to support diuresis and reduce edema [17,18].

Thus, the probable mode of action of the combined intervention may be summarized as correction of *Agnimandya* and *Ama* formation,

Srotoshodhana, promotion of *Mutra* formation and elimination, reduction of *Shotha*, and support of residual renal function. The dissertation proposes that these complementary actions may account for the observed improvement in clinical symptoms and selected renal-function parameters.

CONCLUSION

In this open-labelled, single-arm prospective clinical study, the combined administration of *Gokshuradi Guggulu* and *Bhunimbadi Yoga* after *Koshta Shodhana* produced significant improvement in the assessed subjective manifestations and in selected objective parameters of CKD vis-à-vis *Jirna Vrukka Roga*. The highest subjective improvement was observed in *Agnimandya*, while significant objective changes were reported for eGFR, UACR, haemoglobin, serum creatinine and blood urea. Sodium, potassium, chloride and proteinuria did not show statistically significant changes. The overall average improvement was 49.58%, with 45% showing moderate improvement, 45% mild improvement and 10% no significant improvement. No adverse drug reactions were reported.

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REFERENCES

1. Bargman JM, Skorecki K. Chronic kidney disease. In: Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw Hill; 2022. p. 2309.
2. Conway B, Phelan PJ, Stewart GD. Chronic kidney disease. In: Davidson's Principles and Practice of Medicine. 23rd ed. Elsevier; 2018. p. 415.
3. Krishnadas KV. Textbook of Medicine. 5th ed. New Delhi: Jaypee Brothers Medical Publishers; 2008. p. 1161–1162.
4. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney International. 2024; 105(4S): S117–S314. doi:10.1016/j.kint.2023.10.018. Available from: https://kdigo.org/guidelines/ckd-evaluation-and-management/kdigo-2024-ckd-guideline/
5. Govinda Dasji Bhisagratna. Bhaishajya Ratnavali. Commentary by Ambikadatta Sastri; English translation by Kanjiv Lochan. Vol. 3. Varanasi: Chaukhambha Sanskrit Sansthan; 2009. Adhyaya 93, p. 647–650.
6. Sarangadhara. Sarangadhara Samhita. Translated by K.R. Srikantha Murthy. Varanasi: Chaukhambha Orientalia; 2009. Madhyama Khanda, Chapter 7 Gutika kalpana, verses 84–87, p. 109.
7. Govinda Dasji Bhisagratna. Bhaishajya Ratnavali. Commentary by Ambikadatta Sastri; English translation by Kanjiv Lochan. Vol. 3. Varanasi: Chaukhambha Sanskrit Sansthan; 2009. Adhyaya 93.
8. Agnivesha, Charaka Samhita Chakrapanidhattha virachita, edited by Vaidya Yadavji Trikamji Acharya 1941, Chawkamba Publications, third edition, Sharira sthana, Kathidapurushiyam adhyaya 1st chapter, 101 verse. P.297.
9. Hegde PL, Harini A. A Textbook of Dravyaguna Vijnana. 2nd ed. Vol. 2. Varanasi: Chaukhambha Publications; 2023, p. 344–348.
10. Hegde PL, Harini A. A Textbook of Dravyaguna Vijnana. 2nd ed. Vol. 2. Varanasi: Chaukhambha Publications; 2023, p. 631–640.
11. Hegde PL, Harini A. A Textbook of Dravyaguna Vijnana. 2nd ed. Vol. 2. Varanasi: Chaukhambha Publications; 2023.p – 547-554.
12. Singh R., Kumar A., Sharma P., et al. (2026). Nephroprotective effects of Tribulus terrestris through modulation of Nrf2/NF-κB signaling pathways in experimental diabetic nephropathy. Journal of Ethnopharmacology. 2026;
13. Aggarwal B.B., Shishodia S. (2006). Molecular targets of guggulsterone in cancer prevention and therapy. Biochemical Pharmacology. 2006; 71(9): 1323–1336.
14. Baskaran S., et al. (2015). Nephroprotective and antioxidant activity of Triphala against bromobenzene-induced nephrotoxicity in experimental rats. Journal of Applied Pharmaceutical Science. 2015;
15. Dai Y, Chen SR, Chai L, Zhao J, Wang Y, Wang Y. Overview of pharmacological activities of Andrographis paniculata and its major compound andrographolide. Critical Reviews in Food Science and Nutrition. 2019; 59(Suppl 1): S17–S29. doi:10.1080/10408398.2018.1501657.
16. Almatroodi SA, Alnuqaydan AM, Babiker AY, Almogbel MA, Khan AA, Rahmani AH. 6-Gingerol, a bioactive compound of ginger attenuates renal damage in streptozotocin-induced diabetic rats by regulating oxidative stress and inflammation. Pharmaceutics. 2021; 13(3): 317. doi:10.3390/pharmaceutics13030317.
17. Santhosh S, Pazhani GP, Arathi MS, Manickam S. Nephroprotective role of Boerhavia diffusa in renal disorders: a review. Research Journal of Pharmacy

and Technology. 2023; 16(2): 962–968. doi:10.52711/0974-360X.2023.00161.
18. Gaurav G, Khan MU, Basist P, Zahiruddin S, Ibrahim M, Parveen R, et al. Nephroprotective potential of Boerhaavia diffusa and Tinospora cordifolia herbal combination against diclofenac-induced nephrotoxicity. South African Journal of Botany. 2022; 151: 238–247. doi:10.1016/j.sajb.2022.01.038.

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