



Research Article

A CLINICAL COMPARATIVE STUDY ON THE EFFICACY OF SAHACHARADI KWATH WITH AND WITHOUT MATRA BASTI IN THE MANAGEMENT OF JANU SANDHIGAT VATA W.S.R. TO OSTEO ARTHRITIS

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ABSTRACT

Sandhigat Vata is a *Vata vyadhi* of degenerative nature, and *Basti* is preferred line of treatment for all *Vata vyadhi* as mentioned by *Acharya Charak*. *Matra Basti* is a type of *Anuvasan Basti* which is used for many degenerative diseases. So for present study *Matra Basti* with *Sahachar Tail* was selected. *Acharya Charaka* has mentioned *Sahachar Taila* in the management of the *Vat Vyadhi*. *Acharya Yogratnakar* has mentioned *Sahacharadi Kwath* with *Til Taila* under the context of *Vat Vyadhi*. Here *Sahacharadi Kwath* with *Til Taila* was selected for *Shaman Chikitsa*.

Aims and objectives: To evaluate and compare the effect of *Sahacharadi Kwath* with and without *Matra Basti* in the management of *Janu Sandhigat Vata* w.s.r to Osteo-arthritis.

Material and methods: For present study 30 patients of *Janu Sandhigat Vata* were selected according to the classical signs and symptoms of *Sandhigat Vata* according to Ayurveda as well as modern science, were randomly divided into 2. **Result:** In Group A, total 15 patients were treated. Out of 15 patients 20.0% patients got marked improvement, 73.33% got moderate improvement while 6.67% patients got mild improvement. No patient got complete remission. In Group B, total 15 patients were treated. Out of them 6.67% patients got marked improvement, 40.0% patients got moderate improvement and 46.67% showed mild improvement. One patient remains unimproved. No patient got complete remission.

Conclusion: It is concluded that *Matra Basti* along with *Sahacharadi Kwath* provided better result as compare to only *Sahacharadi Kwath* in the management of *Janu Sandhigata Vata*.

INTRODUCTION

In *Vridhdhavastha Vata Dosha* is in a dominant state and *Rasadi Dhatus* are in a deprived state. This potent combination is responsible for the aged being vulnerable to many diseases. Among them, *Sandhigata Vata* is one of them. When *Vata Dosha* is vitiated and accumulates in *Sandhi* (joint), it is called *Sandhigat Vata*. It is a disease of *Sandhi* (joint) with symptoms of *Sandhishula*, *Sandhishotha*, *Akunchan Prasarnjany Vedana*, *Sandhigrah*, *Sandhi Sphutna*^[1]etc.

The condition is much similar with osteoarthritis in modern medical science. Osteoarthritis is a degenerative joint disorder characterized by degeneration of joint cartilage and adjacent bones that can cause joint pain and stiffness. This is one of such disease commonly affecting a large number of elderly individuals. It clinically presents as joint pain, swelling over the joint, difficulty walking, tenderness and crepitus in the elderly age group. OA stands top in the list of geriatric diseases.

Sandhigat Vata is a *Vata vyadhi* of degenerative nature, and *Basti* is preferred line of treatment for all *Vata vyadhi* as mentioned by *Acharya Charak*. *Matra Basti* is a type of *Anuvasan Basti* which is used for many degenerative diseases. By *Matra Basti* we achieve good result without following strict regime. So for present study *Matra Basti* with *Sahachar Taila* was selected. *Acharya Charaka* has mentioned *Sahachar*

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Taila in the management of the *Vata Vyadhi*. Acharya *Yogratnakar* has mentioned *Sahacharadi Kwath* with *Til Taila* under the context of *Vat Vyadhi*^[2]. Here *Sahacharadi Kwath* was selected for *Shaman Chikitsa*.

The study was conducted on 30 clinically diagnosed and confirmed patients of *Janu Sandhigatvata*. The study was randomly divided into 2 Groups. 15 patients were treated in each group. Group A was given *Matra Basti (Sahchar Taila)*^[3] for 15 days along with *Sahcharadi Kwath* with *Til Taila* orally for 4 weeks while Group B was given *Sahcharadi Kwath* with *Til Taila* orally for 4 weeks.

AIMS AND OBJECTIVES

To evaluate and compare the effect of *Sahacharadi Kwath* with and without *Matra Basti* in the management of *Janu Sandhigat Vata* w.s.r to Osteoarthritis.

Ethical Clearance

Study was started after obtaining Ethical clearance from Institutional Ethical Committee, Vide Certi. No.68 dated 13/07/2016. Govt. Akhandanand Ayurvedic College, Ahmedabad.

CTRI Registration

This clinical trial is registered under CTRI (Clinical Trials Registry of India) with CTRI no CTRI/2017/12/ 010883.

MATERIAL AND METHODS

Criteria for Selection of Patients

Patients of *Janu Sandhigat Vata* were selected according to the classical signs and symptoms of *Sandhigat Vata* according to Ayurveda like *Sandhishula*, *Sandhishotha*, *Akunchan prasarne vedana* etc. as well as modern science like pain in knee, swelling over it, difficulty in walking etc., were randomly divided into 2 groups irrespective of age, sex, caste, religion, profession etc., from the OPD & IPD of Govt. Akhandanand Ayurved Hospital.

Inclusion Criteria

For clinical study, patients having classical signs and symptoms of *Janu Sandhigat Vata* were selected from the OPD and IPD of Govt. Akhandanand Ayurveda hospital, Ahmedabad.

- *Matra Basti Yoga*
- Patients presenting with the classical signs and symptoms of *Sandhi Vata* (OA) like *Sandhishula*, *Sandhishotha*, *Akunchan prasarne vedana* etc.
- Patients of either sex age between 40-70 years were included.

Exclusion Criteria

- *Matra Basti Ayogya*
- Patients below 40 years and above 70 years of age.
- Patients suffering from *Vatarakta*, *Amavata*, Systemic Lupus Erythematosus (SLE), bone TB,

diabetes, psoriatic arthritis and other serious systemic disorders were excluded.

Diagnostic Criteria

Patients having classical signs and symptoms of the *Sandhigat Vata* according to Ayurveda as well as modern science were taken into consideration.

Investigations

Haematological Examination: HB%, TLC, DLC, ESR- To rule out other pathologies.

Urine Examinations: Routine and Microscopic- To rule out other pathologies.

Radiological Assessment: Plain X-Ray AP and lateral view. (For diagnostic purpose)

Informed Consent

Written consent of the patient was taken before starting the intervention.

Design of Group and Management

Study Design: The research study was designed of Open ended parallel clinical trial with Random sampling method. After diagnosis patients were categorized into two groups i.e., Group A & Group B.

Group A: Total 15 *Basti* were administered to each patient in the course of *Matra Basti*. Simultaneously patients were also given *Sahacharadi Kwath* orally for 4 weeks.

Matra Basti

- 15 *Matra Basti* were administered to each patient.
- **Drug & Dose:** *Sahachar Taila*, 60ml
- **Basti pradan kal:** Immediately after meal (at noon)

Shaman

Simultaneously patients were also given *Sahacharadi Kwath* orally for 4 weeks.

- **Drugs & Dose:** *Sahcharadi Kwath*, 40ml twice a day with 5ml *Til Taila*.
- **Time & Duration:** At morning and evening empty stomach for 4 weeks.

Group B: Patients were treated only with *Sahcharadi kwath* orally with *Til Taila* for 4 weeks.

Follow Up

After completion of the treatment, patient was advised to visit weekly for follow up for 4 weeks.

Statistical Analysis

The information gathered on the basis of above observations was subjected to statistical analysis. The Paired t-Test has been carried out for all data to analyze the effect of individual therapy in the both groups. Unpaired t-Test has been used to compare the effect of therapies of the two groups all data. The obtained results have been interpreted as: insignificant $P > 0.05$, significant $P < 0.05$, highly significant $P < 0.001$.

Criteria for Assessment

The indoor patients were examined daily and outdoor patients weekly. Change was observed in signs and symptoms by using proper clinical methods before and after treatment. The detail of score given to each sign and symptom and clinical test carried out is described below.

Gradation for Sandhi Shula

No pain	0
Mild pain	1
Moderate pain but no difficulty in walking	2
Slight difficulty in moving	3
Severe difficulty in walking/ Unable to walk	4

Gradation for Sandhigrah (Joint Stiffness)

Normal flexion/No stiffness	0
Mild restriction	1
Moderate restriction	2
Severe restriction	3

Gradation for tenderness

No tenderness	0
Patient complains of pain	1
Patient complains of pain and winces	2
Patient withdrawal joint on touch	3
Patient doesn't allow to touch the joint	4

Gradation for Sandhi Shotha/ Swelling

No swelling	0
Mild swelling	1
Moderate swelling	2
Severe swelling	3

OBSERVATION**Demographic Profile of the Subject****Table 1: Distribution of 30 Patients according to Age**

S. No.	Age(In Yrs)	No. of Patients		Total	%
		Group A	Group B		
1.	40-50	5	7	12	40
2.	51-60	3	6	9	30
3.	61-70	7	2	9	30
	Total	15	15	30	100%

Table 2: Distribution of 30 Patients according to Occupation

S. No.	Occupation	No. of Patients		Total No. of Patients	%
		Group A	Group B		
1	Housewife	12	7	19	63.33%
2	Service	1	1	2	6.67%
3	Business	-	2	2	6.67%
4	Retired	-	2	2	6.67%
5	Labor	2	3	5	16.67%
	Total	15	15	30	100

Gradation for Aakunchan Prasaranjanya Vedana (pain during flexion & extension)

No pain	0
Pain without winching on face	1
Pain with winching of face	2
Prevent complete flexion	3
Does not allow passive movement	4

Gradation for Sandhisphutana/Crepitus

No crepitus	0
Palpable crepitus	1
Audible crepitus	2

Gradation for Vatpurna Druti Sparsha

Not present	0
Present	1

Criteria for Assessing the Total Effect

Assessment was done by observing clinical improvement in signs and symptoms of the disease as per pro-forma. All the signs and symptoms were given scores depending upon their severity before and after the treatment. The total effect of the therapy was assessed considering the overall improvement in signs and symptoms. For this purpose, following categories were maintained.

<25% Relief	Unchanged
25 - 49% Relief	Mild improvement
50 - 74% Relief	Moderate improvement
75-99% Relief	Marked improvement
100% Relief	Complete remission

Table 3: Distribution of 30 Patients according To Vikrita Dosha

S. No.	Vikrita Dosha	No. of Patients		Total No. of Patients	%
		Group A	Group B		
1	Vataja	5	10	15	50.0%
2	Pittaja	0	0	0	-
3	Kaphaja	0	0	0	-
4	Vata Pittaja	0	0	0	-
5	Pitta Kaphaja	0	0	0	-
6	Vata Kaphaja	10	5	15	50.0%
	Total	15	15	30	100

Table 4: Distribution of 30 Patients according to Pramana

S.No.	Pramana	No. of Patients		Total No. of Patients	%
		Group A	Group B		
1	Sthul	8	7	15	50.00%
2	Madhyama	6	5	11	36.67%
3	Krush	1	3	4	13.33%
	Total	15	15	30	100

Table 5: Distribution of 30 Patients according to Course of the Disease

S. No.	Incidence of Course	No. of Patients		Total No. of Patients	%
		Group A	Group B		
1	Progressive	15	15	30	100%
2	Relapsing	0	0	0	-
3	Stationary	0	0	0	-
	Total	15	15	30	100%

Table 6: Distribution of 30 Patients according To Symptoms

S.No.	Symptoms	No. of Patients		Total No. of Patients	%
		Group A	Group B		
1	Sandhi Shula	15	15	30	100%
2	Sandhi Shotha	15	12	27	90%
3	Tenderness	15	10	25	83.33%
4	Vata Purna Druti Sparsha	11	2	13	43.33%
5	Akunchana Prasaranajanya Vedana	15	14	29	96.67%
6	Sandhigraha	15	12	27	90.00%
7	Sandhi Sphutana	15	14	29	96.67%

Table 7: Distribution of 30 Patients according To Joint Involvement

S. No.	Joint Involvement	No. of Patients		Total	%
		Group A	Group B		
1	Unilateral	2	3	5	16.67%
2	Bilateral	13	12	25	83.33%
	Total	15	15	30	100%

Table 8: Distribution of 30 Patients according to O.A changes as seen in X-ray

S. No.	O.A changes as seen in X-ray	No. of Patients		Total	%
		Group A	Group B		
1	Early (mild) O.A. changes	3	5	8	26.67%
2	Moderate O.A. changes	6	8	14	46.67%
3	Severe O.A. changes	6	2	8	26.67%
	Total	15	15	30	100%

Table 9: Distribution of 30 Patients according To Knee X-ray Findings

S. No.	Knee X-ray Examination	No. of Patients		Total	%
		Group A	Group B		
1	Only medial compartment of TF joint involvement	8	11	19	63.33%
2	Medial & lateral (both) compartment of TF joint involvement	7	4	11	36.67%
3	Both TF and PF joint involvement	5	4	9	30.00%
4	Osteophytes	14	10	24	80.00%
5	Loose bodies	5	3	8	26.67%
6	Osteoporosis	2	0	2	6.67%

(TF= Tibio-femoral, PF = Patello-femoral)

Table 10: Effect of Therapy in Subjective Parameters. (Paired t- test)

Variable	Group	Mean		Mean Diff.	% Relief	SD±	SE±	T	P	S
		BT	AT							
Sandhi Shula	A	3.40	1.40	2	58.22	0.845	0.218	9.165	<0.001	HS
	B	3.87	2.13	1.67	42.67	0.703	0.181	9.539	<0.001	HS
Sandhi Shotha	A	2.60	0.87	1.73	72.22	0.703	0.181	9.539	<0.001	HS
	B	1.60	1.07	0.67	33.64	0.743	0.191	2.779	0.015	S
Tenderness	A	2.40	0.73	1.67	70.11	0.816	0.210	7.906	<0.001	HS
	B	1.20	0.67	0.53	30.00	0.639	0.165	3.228	0.006	S
Vata Purna Druti Sparsha	A	1.20	0.40	0.80	69.44	0.560	0.144	5.52	<0.001	HS
	B	0.33	0.13	0.20	7.78	0.560	0.144	1.382	0.189	IS
Akunchana Prasaranajana Vedana	A	2.60	0.87	1.73	65.56	0.798	0.206	8.404	<0.001	HS
	B	1.67	0.73	0.93	55.95	0.883	0.228	4.09	<0.001	HS
Sandhigraha	A	2.47	0.80	1.67	64.44	0.899	0.232	7.17	<0.001	HS
	B	1.53	0.67	0.87	44.44	0.639	0.165	5.24	<0.001	HS
Sandhi Sphutana	A	2.13	0.73	1.40	68.89	0.507	0.130	10.69	<0.001	HS
	B	1.73	1.13	0.60	33.33	0.736	0.190	3.154	0.007	S

Table 11: Overall Effect of the Treatment

Effect of therapy	Group A	%	Group B	%
Complete remission (100%)	0	-	0	-
Marked improvement (75-99%)	3	20.0%	1	6.67%
Moderate improvement (50-74%)	11	73.33%	6	40.0%
Mild improvement (25-49%)	1	6.67%	7	46.67%
Unimproved (0-24%)	0	-	1	6.67%

Chart 1: Improvement in symptoms of Group A & B

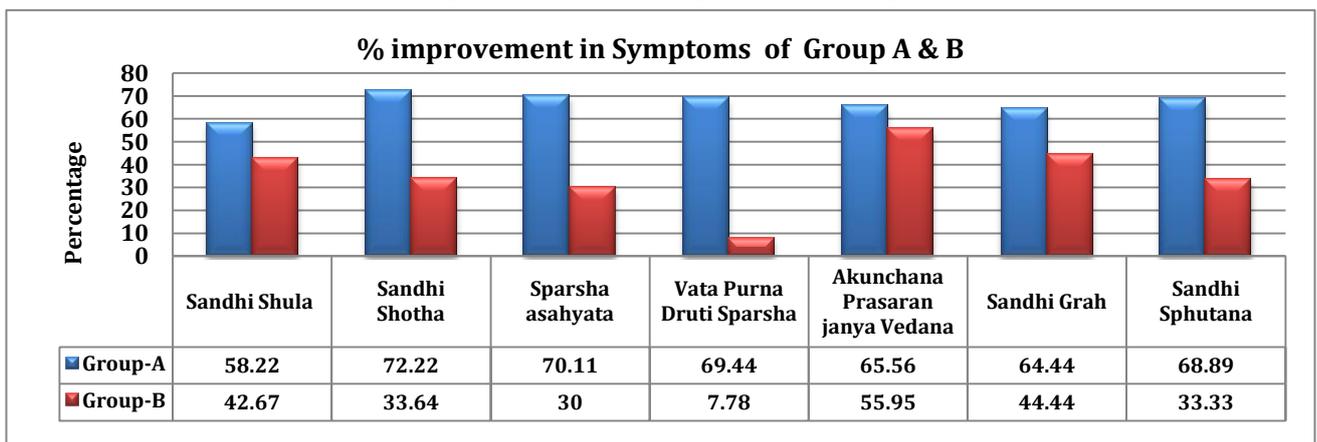


Chart 2: Improvement in Symptoms of Strotodusti

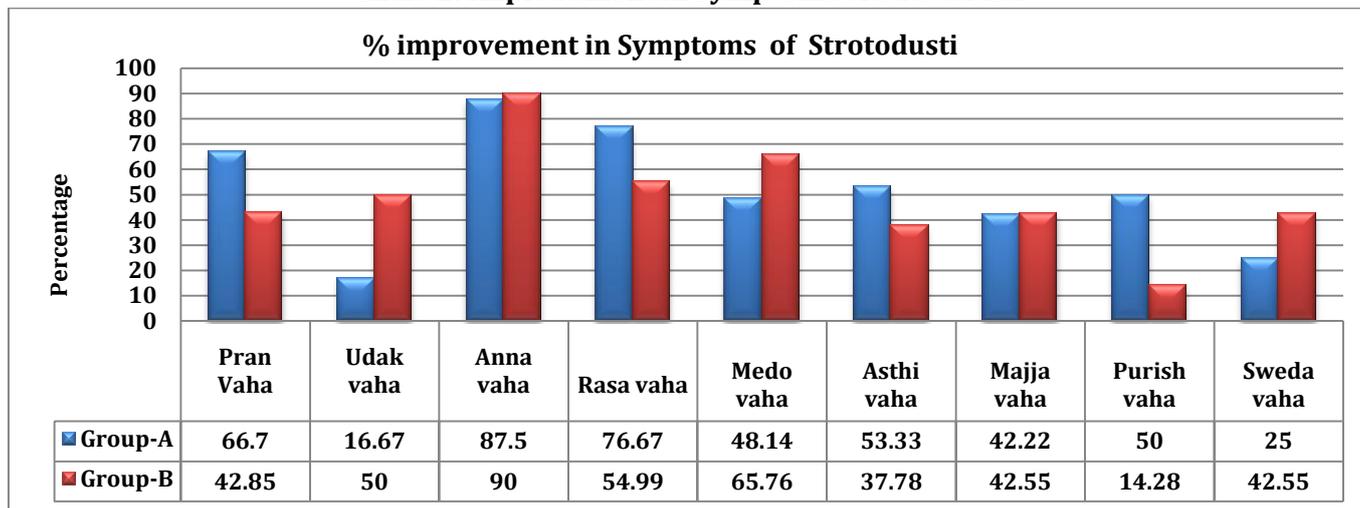
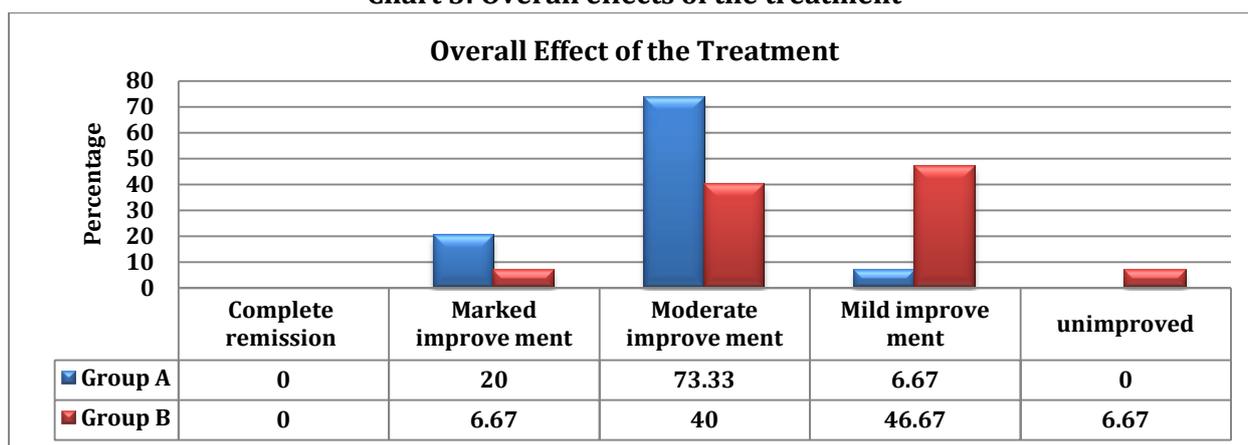


Chart 3: Overall effects of the treatment



RESULT

Effect of therapies

Group A: Matra Basti along with Shaman

In this group patients were treated with *Matra Basti* for 15 consecutive days. Simultaneously patients were given *Sahacharadi Kwath* orally for 4 weeks. (Table 10) This therapy provided highly significant ($P < 0.001$) result in *Sandhi Shula* (58.22%), *Sandhi Shotha* (72.22%), tenderness (70.11%), *Vata Purna Druti Sparsha* (69.44%), *Akunchana Prasarana Janya vedana* (65.56%), *Sandhigraha* (64.44%), *Sandhi Sphutana* (68.89%).

Group-B

15 patients were treated only by *Sahacharadi Kwath* with *Til Taila*. (Table 10) This therapy has provided highly significant relief ($P < 0.001$) in the *Sandhi Shula* (42.67%), *Akunchana Prasarana Janya Vedana* (55.95%), *Sandhigraha* (44.44%). Significant relief ($P < 0.05\%$) was seen in the *Sandhi Shotha* (33.64%), tenderness (30.0%) and *Sandhi Sphutana* (33.33%). Insignificant result was seen in *Vat Purna Druti Sparsha* (7.78%).

Overall effect of Therapies

The (Table-11) depicts total effect of the therapy. In Group-A, In Group A, total 15 patients were treated. Out of 15 patients 20.0% patients got marked

improvement, 73.33% got moderate improvement while 6.67% patients got mild improvement. No patient got complete remission. In Group B, total 15 patients were treated. Out of them 6.67% patients got marked improvement, 40.0% patients got moderate improvement and 46.67% showed mild improvement. One patient remains unimproved. No patient got complete remission.

DISCUSSION

Sandhigata Vata being a *Vat Vyadhi*^[4] is mainly having *Vata* and *Kapha* predominance. In *Samprapti* of *Sandhigata Vata* vitiated *Vata* and *Kapha Dosha* produce symptoms like *Sandhi Shula*, *Sandhi Shotha*, *Vat Purna Druti Sparsa*, *Akunchan Prasaran Jany Vedna*, *Sandhigrah* and tenderness etc.

As *Sandhigata Vata* is considered under *Vatavyadhi*, *Basti* is the best line of treatment. The administered *Basti* reaches the *Pakvashaya* which is the place of *Purishadhara Kala*. *Pakvashaya* and *Asthi* are the main seats of *Vata Dosha*, therefore increased or decreased formation of *Vata* affects all the sites of *Vata* especially *Asthi*. Hence *Purishadhara Kala* is also considered *Asthidhara kala*. So it invariably nourishes the *Asthi* also.

Probable mode of Action of Basti

According to Ayurveda, the *Virya* of ingredients used in the *Basti*, gets absorbed and then through circulation reaches at the side of lesion and relieves the disease. Contents of *Sahchar Taila* are *Sahachara*, *Go-Dugdha* and *Til Taila*. *Sahachara* and *Til Taila* both have *Ushna Virya*,^[5] so they help to pacify *Vata* as well as *Kapha Dosh*. *Go-Dugdha* having *Rasayana*, *Jivaniya* properties which helps to pacifying *Jarajanya Vata Vyadhi*^[6]. So that we can assume that the contents of *Sahachar Taila* helps to pacify *Shuddha Vatika* as well as *Avarana Janit Samprapti* of *Sandhigata Vata*. *Matra Basti* was given by *Sahchar Tail* which is mainly *Vata Shamak* followed by *Pitta Kapha Shamak*. These properties mainly help in the correction vitiated *Vata Dosh* as well as *Kapha Dosh*. *Snigdha*, *Guru* properties by virtue of which it reaches deeper *Dhatu*s like *Asthi* and *Majja* by penetrating through minute channels and pacify the vitiated *Dosh*. *Sahchara* and *Til Taila* both have *Keshy* property and *Kesh is Mala* of *Asthi Dhatu*^[7] so we can conclude that *Sahchara Tail* works till *Asthivaha Strotas*

Probable Mode of Action of Shamana Drug

The drug used for *Shaman* purpose was *Sahcharadi Kwath* which was prepared from *Kwath Vidhi* mentioned by *Acharaya Chakradat*. *Sahcharadi Kwath* is mainly having *Tikta Rasa* followed by *Madhur*, *Katu* and *Kashaya Rasa*; *Ushna Virya*, Dominantly *Katu Vipaka* and *Snigdha*, *Laghu* and *Guru Guna*. *Doshaghnata* is mainly *Vatakaphaghna*. *Vednasthapan*, *Keshya*, *Snehna*, *Shothaghna*, *Shulghna* are the main *Karmas* of drugs used in *Sahcharadi Kwath*. Most of the drugs in *Sahcharadi Kwath* having *Snigdha*, *Guru* and *Laghu Guna*. *Snigdha* and *Guru Guna* having *Vathara* property. Due to its *Laghu Guna*, it acts as *Medohara* drug also, which helps in reducing vitiated *Medodhatu* and body weight. Due to *Tikta*, *Katu*, *Madhur* and *Kashay Rasa* of *Sahcharadi Kwath*, *Vata* and *Kapha Dosh* are brought to normalcy in general and particularly at *Sandhi* region. With the correction of vitiated *Vata*, re-arrangement of *Shleshaka Kapha* may be taken place and thereby improvement of symptoms is observed. Thus we can assume that the properties of *Sahcharadi Kwath* help to reverse the pathological changes in *Sandhigatavata*.

CONCLUSION

It can be concluded that *Matra Basti* with *Shaman* (Group A) with provided better results in *Sthul* as well as *Krishna* patient of *Sandhigata Vata*. Highly significant result was found in all symptoms of *Sandhigata Vata* in Group A. *Sahacharadi Kwath* works excellent in *Sthul* patient of *Sandhivata* (Group B). It didn't give satisfactory result in *Krishna* patients of *Sandhivata*. Highly significant result was found in *Sandhi Shula*, *Akunchana Prasaranajanya Vedana*, *Sandhigraha*. No adverse reaction was reported by patients during treatment. Results of this study are very encouraging but the study was conducted on a small group of patients, so a trial should be conducted on a larger sample size.

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