



**Case Study**

**TRADITIONAL MEDICINE IN THE MANAGEMENT OF ADENOMYOSIS**

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**ABSTRACT**

Adenomyosis is a benign gynecological condition characterized by the presence of endometrial glands and stroma within the myometrium, leading to uterine enlargement and a spectrum of symptoms. Endometrial cells from the lining of endometrial cavity, migrate; most commonly into the posterior side or back wall of uterus, as these cells respond to monthly hormonal change. Severity and symptoms associated with adenomyosis, directly proportional to degree of involvement and penetration of uterine muscle. Untreated adenomyosis can progress to endometriosis, potentially leading to severe complications where hysterectomy may become necessary. Ayurvedic formulations with properties such as *Anulomaka*, *Vatashamaka* and *Rakta Prasadaka* have shown significant benefits. These treatments provide relief from pain and irregular menstrual cycles while enhancing the patient's overall quality of life, offering a non-invasive alternative to conventional approaches. This is a case report of 32 year old female complaining of severe lower abdomen pain during menstruation associated with low back ache and pain during sexual intercourse. In this case treatment focused on *Vata anulomana*, *Soolahara*, *Ama sophahara* and *Rasarakthaprasadana*. *Sthanika karmas* like *Yoni kshalana* and *Yoni Pichu* were adopted for treating the *Sthanika dosha dushti*. After the course of treatment patient got complete relief from symptoms and on investigation adenomyotic changes were found resolved.

**INTRODUCTION**

Adenomyosis is a condition where there is in growth of the endometrium, both glandular and stromal components, directly into the myometrium. It may be diffuse or focal. The cause of such growth is not known.<sup>[1]</sup> It may be related to repeated childbirth, vigorous curettage, or excessive estrogen effect. The prevalence of adenomyosis reported in the literature varies from 5% to 70% and in India it is 23.5%, with 80% of cases occurring in women aged 31–50 years. Adenomyosis is more common in multiparous premenopausal and perimenopausal women.<sup>[2]</sup> It is commonly associated with dysmenorrhea, menorrhagia, and chronic pelvic pain, significantly impacting quality of life.

The treatment of adenomyosis often includes the use of non-steroidal anti-inflammatory drugs (NSAIDs) for pain relief, combined oral contraceptive pills (COCs) to manage heavy menstrual bleeding, the levonorgestrel-releasing intrauterine system (LNG-IUS), and danazol-loaded intrauterine devices. In severe or unresponsive cases, hysterectomy is considered the definitive solution. The estimated prevalence among consecutive hysterectomy patients over the past 50 years has ranged from 8.8% to 61.5%<sup>[3]</sup>. Prolonged use of hormonal medications may lead to adverse effects, raising concerns about their long-term impact on women's health. Ayurveda, a holistic system of healthcare, offers a natural and integrative approach to manage this condition. By focusing on restoring balance within the body and addressing the root cause of symptoms, Ayurvedic treatments may provide a safer and less invasive option compared to conventional therapies, which often carry potential side effects. Although adenomyosis is not directly correlated with any disease in Ayurveda, based on symptoms such as *Toda* and *Vedana*, it mostly simulates *Vatiki yonivyapat*.<sup>[4]</sup> Hence, the treatment approach mainly focuses on

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*Vatasamana*. Attempts have been made in this case study to check the effectiveness of Ayurvedic interventions in Adenomyosis.

### Case Report

A 32 year married female came to OPD of Department of Prasutitantra and Striroga GAVC, Thiruvananthapuram, with complaints of severe lower abdomen pain during menstruation associated with low back ache and pain during sexual intercourse since 1 year.

An apparently healthy woman attained her menarche at the age of 13 years with regular menstrual cycles with duration of 3-5 days and an interval of 26-30 days. At age of 21, she was married to an NCM of 24 years (August 2010). After 1 month of marriage she got conceived. At 8 weeks of gestation USG showed absence of cardiac activity in fetus. So she was advised for termination of pregnancy (MTP done) and D&C was done (November 2010). After 2 months of MTP, she was advised to take an USG pelvis. In that she was diagnosed with PCOS, but only exercise and diet modification was advised, as she was having a

### Menstrual history

Menarche	13 years
Cycles	Regular
Interval	26-30 days
Duration	7 days (5 days bleeding and 2 days spotting)
No of pads /day:	4-5/day (D1-D3)
Night pads	1/night (D1,D2)
Dysmenorrhoea	D1, D2, D3 +++ (Lower abdominal pain and low back ache)
Bleeding	Increased than before on D1, D2 since 1 year
Clots	Present (D1,D2)
Per vaginal discharge	Occasional curdy white discharge
LMP	8/4/2022
PMP 1	7/3/2022
PMP2	4/2/2022

### Marital History

- Married since 12 years (August 2010)
- Female – 21 years
- Male – 24 years
- Non-Consanguineous marriage

### Sexual History

Dyspareunia	Deep ++
PCB	Nil
Vaginismus	Nil
Use of contraceptives: Nil	Nil

regular menstrual cycles. Later in the years 2011, 2013 and 2016, she gave birth to 3 healthy female babies via FTND. In 2018 she again gave birth to a healthy female baby by LSCS (Due to LGA). Along with LSCS, sterilization was done. Her menstrual cycles were regular (interval of 28 days and 3-4 days duration) since her fourth delivery. After 3 years of delivery, she started experiencing severe lower abdominal pain during her menstrual cycles associated with low back ache. Bleeding found to increase than before with duration of 5-7 days. Menstrual interval remained same as 28 days. She also started experiencing pain during sexual intercourse. She consulted allopathic physician but didn't take any medication. Later consulted OPD of Prasuthi and Striroga, GAVC, TVM, and admitted in IPD for better management.

### History of past illness

- H/O PCOS
- Thyroid dysfunction: Hypothyroidism during 3<sup>rd</sup> pregnancy
- GDM during first 3 pregnancies

**Obstetric History**

- P4 L4 A1
- GDM in 1st 3 pregnancies

A1	MTP done (due to absence of cardiac activity) (2010 Nov)
L1	2011; FTND; Female baby
L2	2013; FTND; Female baby
L3	2016; FTND; Female baby
L4	2018; LSCS; Female baby (LSCS due to LGA)
LCB	4 years
PPS	Done

**Personal history**

Appetite	Normal
Bowel	Regular
Micturation	Normal
Sleep	Disturbed
Exercise	Reduced
Addiction	Nil
Allergy	Nil
Occupation	House wife
	Mixed Non-vegetarian Daily intake of fried fish, broiler chicken, red meat Intake of oil fried snacks and packed snacks
Taste preferred	Sweet and pungent (spicy food)
Psychological status	Stress +

**Family History**

Mother – Known case of diabetes mellitus

**Surgical History**

- 1 LSCS with sterilization: in 2018
- D&C done at 8 weeks of gestation (MTP) - 2010

**Investigations**

USG Pelvis (TAS+TVS)	Uterus: 89*55*47mm, bulky and shows adenomyosis ET -7mm thick No focal mass lesion in the wall of uterus R.O:23*21mm L.O: 27*13mm No adnexal mass detected, No collection in POD <b>Impression: Bulky Uterus with features of Adenomyosis</b>
Blood	NAD
Urine	NAD

**General Examination**

Built	Obese
Nutritional status	Nourished
Height	148 cm

Weight	75 kg
BMI	34.34 Kg/m <sup>2</sup>
Pulse	72 bpm
HR	72 bpm
RR	18/min
BP	110/80 mm Hg
Temperature	Afebrile

## Gynaecological Examination

### Inspection

- Vulva: Vulvitis absent
- Labia: Normal
- Hymen: Ruptured
- Discharge: Absent
- Cystocele: Mild
- Rectocele: Absent
- Prolapse of uterus: Absent

### P/S Examination

#### Vagina

- Discharge – Discharge present
- Consistency – Slight curdy
- Odour – Not specific
- Amount – Moderate
- Abnormal growth – Absent

#### Cervix

- Size – Normal, deep
- Mid position
- Cervicitis – Absent
- Erosion – Nil
- Polyp – Absent
- Abnormal growth – Absent
- Ectropion – Absent
- Discharge – Absent

### P/V Examination

#### Uterus

- Size – Enlarged
- Direction – AV
- Mobility – Mobile
- CMT – Negative

## Ayurvedic Management

### Samana Chikitsa

Medicine	Dose	Kala
<i>Gandarvahastadi Kashaya + Rasnerandadi kashayam</i>	90 ml	Twice daily before food
<i>Abhayarishtam + Amritharishtam</i>	30ml	Twice daily after food
<i>Kaisora guggulu</i>	1-0-1	Twice with <i>Kashaya</i>

- Consistency – Normal
- Iliac fossa tenderness – Absent

### Adnexa

- Fornices – Free, tenderness present over left lateral fornix

### Ashtasthana Pareeksha

- *Nadi: Sadharanam*
- *Moothram: Anavilam*
- *Malam: Anavabadham*
- *Jihwa: Anupaliptham*
- *Sabdham: Spashtam*
- *Sparsham: Anushnasheetam*
- *Drik: Sadharanam*
- *Akriti: Sthoolam*

### Dasavidha pareeksha

- *Dooshyam: Rasam, Raktham, Mamsa, Medas, Arthavam*
- *Desam: Deham – Garbhasayam*
- *Bhumi – Sadaranam*
- *Balam: Madyamam*
- *Kalam: Kshanadi – Sarvarithu*
- *Vyadhyavastha – Navam*
- *Analam: Vishamam*
- *Prakriti: Kapha Vata*
- *Vaya: Madhyamam*
- *Sathwam: Madhyamam*
- *Sathmyam: Sarvarasa satmyam*
- *Aharasakti: Abhyavaharana sakti- Madhyamam*
- *Jarana sakti - Madhyamam*
- *Vyayamasakti: Madhyamam*

**Sodhana Chikitsa**

Treatment	Medicine	No of days
Udwarthana	Kolakulathadi choornam	5 days
Vicharana Snehapana	Guggulu tiktaka ghritham + Indukantha Ghritham	
	Day	Dose
	Day 1	25 ml
	Day 2	30 ml
	Day 3	35 ml
	Day 4	35 ml
Day 5	40 ml	
Abhyanga Ushma sweda	Murivenna	3 days
Virechana	Avipatty choornam 25 gm with honey	1 day
Patra potali swedam	Bala tailam	7 days
Virechanam	Avipatty choornam 25 gm with honey	1 day
Vaidharana Vasti		3 days

**Sthanika chikitsa**

Sthanika chikitsa was done after Vaidharana Vasthi

- Yoni kshalana with Panchatikthaka kashayam for 5 days
- Yoni pichu with Murivenna for 7 days

**Discharge Medicines**

- Pachatiktakam ks + Saptasaram ks – 90ml Bd before food
- Avipatty choornam – 25gm (once in 2 weeks)
- Samsamani vati 1-0-1 (A/f)
- Dhanwantharam gulika 2-0-2

**RESULT**

- Pain during menstruation reduced considerably in next cycle after treatment.
- After 1 month of follow up she got complete relief from dysmenorrhea.
- After treatment she has no pain during coitus.
- Bleeding reduced considerably. Duration reduced to 3 days and no. of pads to 2-3/d and no night pads.
- On USG taken after treatment adenomyosis was found resolved.
- Uterus: Normal in size; ET:4.7mm

**DISCUSSION****Nidana and Samprapthi**

While assessing the Nidana of patient, she had an unhealthy food habit and lifestyle. Due to daily intake of Snighda, Guru abhishyandi ahara, Paryushitha putiklinna (stale food), Punarushnikrtha bhojana (reheated food), curd, and regular consumption of Mamsa ahara (chicken, red meat, egg) leads to Kapha dushti and Aama formation. This causes Rasavaha srotodushti, Vishamasanam (irregular and untimely food habits), Anashanam (skipping of meals),

Atichintana (stress), Ratrijagarana (late night sleep) causes Vata kopa. Mutra and Sakrit vegadharana, Ativyavaya and consecutive deliveries also cause Apana vata kopa. Prathiloma gathi of Apana vayu gets Sthanasamsraya in Yoni leading to Lakshanas like Yoni soolam, Todam, Vedana, Stambham and Karkasatha. The symptoms have more convergence with Vatiki Yonivyapat [5]. Due to presence of Ama and Kapha dushti, Arthava vaha srotovaigunyam occurs, leading to Vimarga gamana of Arthava. This causes the deposit of endometrium in myometrium. Due to the excessive intake of Katu, Lavana, Tikсна vidahi bhojana like pickles, spicy fried chicken, fish, junk foods and spicy snacks, Pitta raktha dushti occurs. The Pittarakta dushti leads to Arthava ati pravritti.

**Chikitsa**

Acharya emphasizes that Vata dosha plays a central role in the development of all Yoni rogas. Therefore, balancing and regulating the aggravated Vata dosha is essential for effective treatment. As the patient presented with severe pain during menstruation, treatment mainly focused on Vata anulomana and Soolahara. After the correction of Apana vayu, Chikitsa aimed at resolving the Arthavadushti. Sthanika karmas like Yoni kshalana and Yoni Pichu were also done to reduce the inflammatory changes in the genital tract and promote a healthy vaginal flora.

Udwarthana was done with Kolakulathadi churna. Udwarthana is Kaphamedoharam. Patient was of obese category, for a Meda vilayana and weight reduction Udwarthana was selected. It was also done as a Rookshana before Snehana. Kolakulathadi was the drug of choice. It possesses Ushna, Teekshna, Vatahara, Sulahara, Sothahara, and Vedanasthapana properties.

As the condition is a *Vata* predominant *Avastha* this helps to alleviate the vitiated *Vata*.

After *Rukshana* and correction of *Agni*, *Vicharana snehapana* with a combination of *Guggulutiktaka ghritam* and *Indukantha ghritam* was done. *Guggulu tikthaka ghrita* is indicated for all the aggravated conditions of *Vata*<sup>[6]</sup>. It is also indicated in *Kaphavata dushti* conditions like *Arbuda*. *Indukantha ghritham* is indicated for *Vata Amaya*, *Soola* and *Jwara*<sup>[7]</sup>, which is very apt for the condition. Both the drugs are Anti-inflammatory, which helps to alleviate the inflammatory changes in the myometrium.

*Abhyanga ushma sweda* was done after *Vicharana Sneha pana* as *Bahya snehana*. Drug of choice was *Murivenna*. It is *Vata Shamaka* and *Sothahara*. It helps to reduce inflammation and also aids its penetration in to *Srotas* with its *Sukshma* and *Vyavayi guna*. This helps to prepare the channels before *Sodhana*.

After *Abhyantara* and *Bahya snehana*, *Sodhana* was done. *Virechana* with *Avipatty choornam* was adopted. *Virechana* is mainly *Pitta kapha samana* and *Vatanulomana*. It can enhance *Agni* at *Koshta* and *Dhathu* level. It can also help to removes *Srothorodha* there by corrects lymphatic obstructions. It is *Vatanulomana* which help in the proper movement of *Apana vata*. *Avipatty* was the drug of choice. It is the best drug of choice in *Alpa agni* and also helps in *Raktaprasadana*.<sup>[8]</sup>

*Patrapotali swedam* with *Bala taila* was done after *Virechana*. It is a form of *Sankara sweda*, which helps to relieve the *Gaurava*, *Sthambha* and *Seetha* caused by *Vata*. Patient complained of severe low back ache. *Vatahara patras* used for *Swedana* helps to pacify *Vata* and improves circulation. *Bala tailam* was the drug of choice for *Abhyanga*. It is *Sreshta vataghna aushadha*.<sup>[9]</sup> After completing *Poorva karma* in the form of *Sneha Sweda Sodhana* was done with *Avipatty churna* as *Virechana*.

*Vasthi* being the *Ardha chikitsa* and *Pradhana chikitsa* of *Vata*, it was adopted to pacify the vitiated *Vata*. *Vaidharana vasti* was the choice as it is *Ushna laghu rooksha Sukshma amahara dipana pachana avarana vatahara*, *Sophahara* and *Apanalumona*<sup>[10]</sup>. The anti-inflammatory and *Vatahara* property of *Vaidharana vasti* supports pain relief. *Vasti* stimulates Enteric Nervous System (ENS) and generate stimulatory response on CNS; acts on molecular level and stop secretion of unsaturated arachidonic acid which is a precursor for prostaglandin, It acts as prostaglandin inhibitor, which acts on neural pathways relieving spasm.<sup>[11]</sup>

### **Sthanika Chikitsa**

*Sthanika chikitsa* focuses on targeted treatments for specific areas of the body to address localized imbalances or disorders. *Sthanika chikitsa*

enhances the effectiveness of treatment by concentrating on the *Sthanika dosha dushti* in *Yoni marga*, thereby improving the overall health of female genital tract.<sup>[12]</sup>

*Yoni Kshalana* with *Panchatiktakam kashaya* was done. *Panchatiktaka kashayam* is indicated for *Prabala vataroga*. It is also *Vrana shodana*, *Srava kleda soshana*, *Kandughna*, *Krimighna*. *Prakshalana* with *Panchatikta kashaya* is bactericidal and anti-inflammatory. They remove the debris and unhealthy tissue and promote new tissue growth. So they heal unhealthy vaginal mucosa, maintain normal vaginal flora, remove harmful bacterial growth, maintain normal vaginal pH. *Yoni pichu* was done with *Murivenna*. It is *Vata Shamaka* and *Sothahara*. Due to its *Sukshma* and *Vyavayi guna*, *Taila* penetrates the tissue and also helps in absorption of other drug. Patient had pain during sexual intercourse. *Pichu* remains the medicine in vagina for optimum period for better action; so it helps to normalize *Apana Vata* and helps to remove the congestion.

### **Samana Chikitsa**

Internal administration of *Gandharvahasthadhi Kashayam* normalizes *Vata dosha* and its *Anulomana* property helps in *Vatanulomana* majority of contents possess anti-inflammatory action mainly *Punarnava* (*Boerhavia diffusa*) and *Gandharvahastha* (*Ricinus communis*). *Chirivilwa* (*Holoptelea integrifolia*), *Viswa* (*Zingiber officianlis*) and *Hutaasa* (*Plumbago zeylanica*) reduces *Aamavastha* via their *Deepana* and *Pachana* properties.<sup>[13]</sup> *Rasnerandadi kashayam* which is *Sophahara*, *Soolahara*, *Vataraktahara* by its anti-inflammatory and analgesic effect can help in alleviating the pain during menstruation.

The specific *Ushna*, *Tikshna Guna* of *Arista* formulation increase the *Agni* and help the active principles of drugs to reach the target site. After reaching the site of derangement, the drug may pacify the vitiated *Dosha* and *Dushya* and bring haemostasis in the body. *Abhayarishtam* and *Amritharishtam* were the drugs adopted. *Abhayarishtam* which is *Sophahara*, *Vatahara* and *Agni deepana*, helps to normalize *Apanavata* by its *Vata anulomana* property. *Amritharishtam* which is indicated in *Jwara* has anti-inflammatory and anti-oxidant action that helps to alleviate the inflammatory changes in uterus<sup>[14]</sup>. *Kaisora guggulu* which is indicated for *Sarva Amaya* and in *Avarana janya vyadhi*, helps in *Srothosodhana*. It also acts as *Rasayana*.

A combination of *Panchatiktakam kashayam* and *Saptasaram kashayam* is advised after discharge. *Panchatiktaka kashayam* is indicated for *Vatarogas* and *Sapthasara kashayam* indicated for pain in *Yoni*, *Kukushi*, *Prishta* and *Sroni* helps to alleviate pain during menstruation, low back ache and dyspareunia<sup>[15]</sup>. This also aids in correcting the *Rakta*

and *Arthava dushti*, thereby regularizing the menstrual duration and amount of bleeding. *Dhanwantharam Gulika* which is '*Vishsha maruta anulomani*', helps in *Vata anulomana* and normalizing *Apana vata*. *Samsamani vati*, by its anti-inflammatory and *Jwarahara* property may be effective in reducing the inflammatory changes.

## CONCLUSION

In modern medicine, adenomyosis treatment is primarily limited to hormonal therapies and surgical options, both of which can have significant side effects and impact women's overall health. In contrast, Ayurveda focuses on addressing the root cause of the condition through holistic and natural approaches. This case study highlights the effectiveness of Ayurvedic interventions in managing adenomyosis, demonstrating promising results and the potential to avoid invasive surgical procedures. The positive outcomes suggest that Ayurvedic treatment protocols could serve as a viable alternative for managing adenomyosis in the future.

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