

Ayurvedic Panchakarma Protocol in Vatarakta Demonstrating Symptomatic and Biochemical Improvement: A Case Report

Dr. Vikas^{1*}, Dr. Sangeeta H. Toshikhane² and Dr. Vibhuti P. Rathod³

¹PG Scholar, Department of Panchakarma, Parul Institute of Ayurved,

²HOD and Professor, Department of Panchakarma, Parul Institute of Ayurved, Vadodara, Gujarat, India

³PG Scholar, Department of Panchakarma, Parul Institute of Ayurved,

Corresponding Author: Dr. Vikas, vikaspandit0007@gmail.com

¹vikaspandit0007@gmail.com and ³rathodhinaben99@gmail.com

¹ 0009-0001-4862-4264 and ³ 0009-0005-8365-0811

Received: 14th June, 2026; Revised: 20th July 2026; Accepted: 20th August, 2026; Available Online: 05th September 2026

ABSTRACT

Background: *Vatarakta* correlated with gout in modern medicine, is a *Tridoshaja Vyadhi* primarily affecting *Vata* and *Rakta dhatu*, characterized by hyperuricemia, intense joint pain, burning sensation, swelling, and tenderness, is a chronic metabolic disorder. Despite available conventional therapies, *Ayurvedic Panchakarma* procedures offer holistic management targeting both symptomatic relief and biochemical correction. This case report demonstrates the efficacy of a sequential *Ayurvedic* protocol in managing *Vatarakta*.

Case Presentation

A 57-year-old female presented to Parul Ayurved Hospital with Pain in bilateral ankle joints (severe and throbbing pain) aggravated by prolonged standing and walking and physical exertion, Burning sensation in bilateral great toes, Swelling in bilateral ankle joints associated with Mild tingling sensation in bilateral ankles and Mild numbness in bilateral foot regions, associated with mild tingling and numbness. Serum uric acid was elevated at 8.61 mg/dl, confirming *Gambhira Vatarakta* diagnosis.

Intervention: The patient underwent a structured 11-day *Ayurvedic* protocol: *Sneha Pana* with *Murchita Go-Ghrita* (Days 1-2) for internal oleation, *Siravedhana* (Day 3) for therapeutic bloodletting after *Sarvanga Abhyanga* with *pinda taila* and *Nadi Swedana*, followed by modified *Mustadi Yapan Basti* (Days 4-11) for eight consecutive days (*yoga basti*). Supportive *Pathya-Apathya* (dietary and lifestyle modifications) were implemented throughout the treatment and follow-up period.

Outcomes: Complete symptomatic resolution was achieved. Pain and burning sensation reduced from Grade 3 to Grade 0, swelling from Grade 2 to Grade 0, and discoloration remained absent. Serum uric acid decreased from 8.61 mg/dl (baseline) to 5.40 mg/dl (mid-treatment), 3.30 mg/dl (post-treatment), and 3.50 mg/dl (1-month follow-up). at treatment completion and remained at Grade 0 during follow-up. Serum uric acid levels decreased from 8.61 mg/dl (baseline) to 5.40 mg/dl (mid-treatment), 3.30 mg/dl (post-treatment), and remained at 3.50 mg/dl at follow-up, demonstrating sustained biochemical improvement.

Conclusion: This case report demonstrates the efficacy of classical *Ayurvedic Panchakarma* procedures - *Sneha Pana*, *Siravedhana*, and *Mustadi Yapan Basti* - combined with targeted *Pathya-Apathya* in achieving complete symptomatic relief and biochemical normalization in *Vatarakta*. The protocol offers a safe, holistic alternative for managing hyperuricemia and gout with sustained outcomes.

Keywords: *Vatarakta*, Gout, Hyperuricemia, *Sneha Pana*, *Siravedhana*, *Mustadi Yapan Basti*, *Panchakarma*

How to cite this article: Vikas, Sangeeta H Toshikhane, Vibhuti P Rathod., *Ayurvedic Panchakarma Protocol in Vatarakta Demonstrating Symptomatic and Biochemical Improvement: A Case Report* Int J Drug Deliv Technol. 2026;16(85s): 485-491; DOI: 10.25258/ijddt.16.85s.45

Source of support: Nil.

Conflict of interest: None

INTRODUCTION

Vatarakta, commonly correlated with gout in modern medicine, is a chronic metabolic disorder that significantly impairs joint health and overall wellbeing [1]. In *Ayurveda*, it is described as a *Tridoshaja Vyadhi*, primarily dominated by *Vata dosha* and affecting the *Rakta dhatu*

(blood tissue). The development of *Vatarakta* is attributed to the mutual aggravation and obstruction occurring between vitiated *Vata* and *Rakta*, often triggered by sedentary lifestyle, consumption of high-protein or non-vegetarian diets, excessive alcohol intake, and chronic stress [2].

*Author for Correspondence: vikaspandit0007@gmail.com

The clinical manifestations include intense joint pain, burning sensation, swelling, tenderness, and sometimes blackish discoloration or deformities of affected joints. *Vatarakta* is classified into two main types: *Uttana*, affecting superficial tissues like skin and muscles, and *Gambhira*, involving deeper structures such as bones and joints, sometimes causing numbness or limited mobility[2].

The global prevalence of gout has risen significantly, affecting approximately 1-4% of the population, with higher rates among elderly men and individuals with metabolic syndrome[3]. Modern management primarily relies on NSAIDs, colchicine, and urate-lowering therapies, which often carry adverse effects and require long-term compliance.

Ayurvedic management focuses on balancing aggravated doshas and purifying the body through *Shodhana* procedures (like *Raktamokshana* for *Rakta dushti* and *Basti* for *Vata*) to reduce inflammation, purify blood, and restore joint function[4].

Recent studies on medicinal plants and traditional healthcare practices have further highlighted the therapeutic potential of plant-derived bioactive compounds and the continued use of medicinal plants in traditional systems of healthcare [5, 6, 7].

Despite documented classical approaches, there is limited contemporary clinical evidence demonstrating the sequential application of *Sneha Pana*, *Siravedana*, and *Mustadi Yapan Basti* with objective biochemical markers in *Vatarakta* management. This case report presents a unique protocol with graded symptom assessment and serial serum uric acid monitoring, documenting complete symptomatic and biochemical resolution.

AIM: To evaluate the therapeutic potential of *Siravedana* followed by *Basti* in the comprehensive management of *Vatarakta*.

OBJECTIVE: To study the efficacy of *Siravedana* followed by *Basti* in the management of *Vatarakta*, assessed through subjective symptom grading and objective serum uric acid levels.

CASE PRESENTATION

A 57-year-old female patient visited Parul Ayurved Hospital outpatient department and was subsequently admitted to the Panchakarma IPD ward at Parul Ayurved Hospital. She reported the following:

CHIEF COMPLAINTS

- Pain in bilateral ankle joints (severe and throbbing pain) aggravated by prolonged standing and walking and physical exertion- 6 months
- Burning sensation in bilateral great toes-6 months
- Swelling in bilateral ankle joints-6 months

ASSOCIATED COMPLAINTS

- Mild tingling sensation in bilateral ankles-3 months

- Mild numbness in bilateral foot regions-2 months

HISTORY OF PRESENT ILLNESS

A 57-year-old Female patient presented to the OPD of Parul Ayurvedic Hospital with complaints of Pain in bilateral ankle joints (severe and throbbing pain) aggravated by prolonged standing and walking and physical exertion, Burning sensation in bilateral great toes, Swelling in bilateral ankle joints associated with Mild tingling sensation in bilateral ankles and Mild numbness in bilateral foot regions. She took analgesic medicine but she did not get relief. So, for better treatment she sought Ayurvedic management at parul ayurved hospital.

Past Medical History

No history of hypertension, diabetes mellitus, or other chronic illnesses

Past Surgical History

No any surgical history

Family History

No family history of gout, hyperuricemia, or metabolic disorders

Table No. 1: Personal History

Appetite	Moderate (Madhyam)
Bowel	Regular
Micturition	Regular
Sleep	disturbed sleep due to pain
Addiction	None
Diet	Vegetarian

Table No.2: General Examination

Blood Pressure	124/82 mmHg
Pulse Rate	76/min (regular)
Respiratory Rate	16/min
Temperature	98.5°F
Icterus	Absent
Cyanosis	Absent
Pallor	Absent
Oedema	Bilateral mild pitting oedema in both ankle joints
Clubbing	Absent
Lymphadenopathy	Absent

Table No.3: Asthavidha Pariksha

<i>Nadi</i>	<i>Vata-Pittaja</i>
<i>Mala</i>	<i>Samyak</i>
<i>Mutra</i>	<i>Samyak</i>
<i>Jihva</i>	<i>Alipta</i>
<i>Sabda</i>	<i>Sphastha</i>
<i>Sparsha</i>	<i>Ushna</i>
<i>Drika</i>	<i>Prakruta</i>
<i>Akriti</i>	<i>Prakruta</i>

Table No.4: Dashavidha Pariksha

<i>Prakriti</i>	<i>Vata-Kapha dominant</i>
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<i>Vikriti</i>	<i>Shoola, shotha, Daha</i>
<i>Sara</i>	<i>Madhyam</i>
<i>Samhanana</i>	<i>Madhyam</i>
<i>Pramana</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Madhyam</i>
<i>Satmya</i>	<i>Madhyam</i>
<i>Aahar Shakti</i>	<i>Madhyam</i>
<i>Vyayam Shakti</i>	<i>Madhyama</i>
<i>Vaya</i>	<i>Madhyam</i>

INVESTIGATIONS

Serum Uric Acid (Before Treatment): 8.61 mg/dl

DIAGNOSIS

Based on clinical signs and symptoms—*Sandhi Shool*, *Daha*, *Sotha* and elevated serum uric acid (8.61 mg/dl), the patient was diagnosed with *Vatarakta*, correlated gout.

INTERVENTION

Table No.5: Treatment Plan

Karma	Dravya								Duration
Sadyo Snehapana(Patient was in nirama avastha)	Murchita Go- Ghrita given 50ml								1 day
	Murchita Go- Ghrita given 110ml								2 day
Siravyadhana	For purva karma: Sarvanga abhyanga with Pindataila F/B nadisweda Yavagu 80ml given								3 day
Mustadi Yapana Basti	Modified Mustadi Yapana Basti [8]								4 – 11 days
	Honey						80ml		
	Saindhav-						12gm		
	Sneha		Murchita Go Ghrita				50ml		
	Kalka		Madanphala, Shatapushpa, Kutaja, Priyangu				20gm		
	Ksheerapaka		Mustadi Ksheer Paka = 350ml (Musta, bala, Aragvadha, rasna, manjistha, Punarnava, bibhitaki, bruhati)				350ml		
	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	
	YB	YB	YB	YB	YB	YB	YB	YB	
YB: Yapana basti									

Table No.6: *Pathya-Apathya* (Dietary and Lifestyle Modifications)[9, 10]

<i>Pathya Ahara</i> (Recommended Diet)	<i>Apathya Ahara</i> (Foods to Avoid)
Cereals & Grains: Red rice (<i>Shashtika Shali</i>), barley (<i>Yava</i>), puffed rice (<i>Laja</i>), wheat (<i>Godhuma</i>)	Spicy, pungent foods (<i>Katu Rasa</i>), Sour curd (<i>Dadhi</i>), especially at night
Pulses: Green gram (<i>Moong dal</i>) — light and easy to digest; small quantities of <i>Masoor dal</i>	<i>Ushna</i> Extremely hot and heavy foods (& <i>Guru</i>), <i>Horse gram</i> (<i>Kuluttha</i>)
Water: Warm water (<i>Ushna Jala</i>) throughout the day	Excess salt (<i>Lavana</i>), Sour/tangy foods (<i>Amla</i>)
Milk: Warm cow's milk (<i>Go-Ksheera</i>) or goat's milk at night	Alcohol (<i>Madya</i>), Heavy fried foods and cheese
<i>Pathya Vihara</i> (Recommended Lifestyle)	<i>Apathya Vihara</i> (Lifestyle to Avoid)
Oil massage (<i>Abhyanga</i>) with sesame oil before bath	Sleeping during the day (<i>Diwaswapna</i>)
Warm water application (<i>Parisheka</i>) to affected joints	Excess sun exposure (<i>Atapa sevana</i>)
Mild exercise like walking — avoid overexertion	Overexertion (<i>Ati-vyayama</i>)
Adequate rest with early bedtime	Excess sexual activity (<i>Ati-maithuna</i>)

ASSESSMENT CRITERIA

Table No. 7: Gradation of symptoms according to WHO scoring pattern

Symptom	<i>Shoola</i>	<i>Shotha</i>	<i>Sparshshashatva</i>	Discolouration
Grade 0	No <i>shoola</i>	No <i>shotha</i>	No tenderness	normal skin colour
Grade 1	Mild <i>shoola</i>	Mild <i>shotha</i>	Pt. say tenderness	red colour
Grade 2	Moderate <i>shola</i>	Moderate <i>shotha</i>	Winching of face on touch	brown colour
Grade 3	Severe <i>shool</i>	Severe <i>shotha</i>	Does not allow to touch	black colour

OBSERVATION AND RESULT

Subjective Parameters

Table No. 8: Changes in subjective parameters

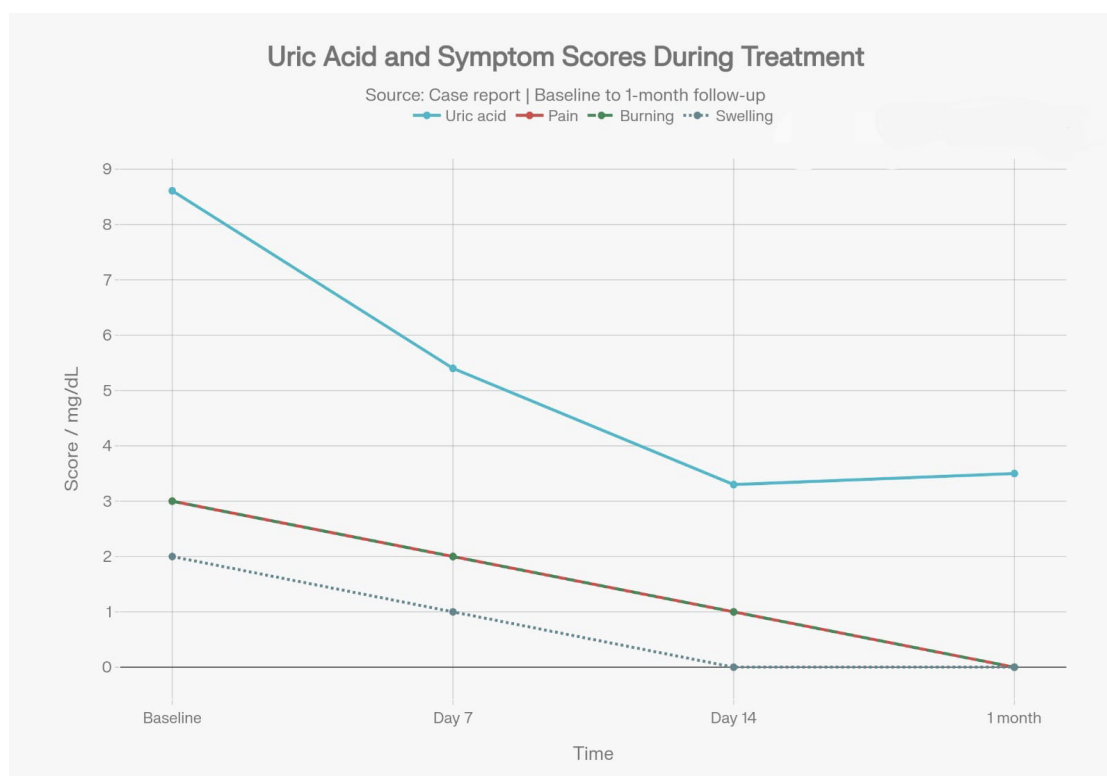
Symptom	Before Treatment(0 day)	Mid Treatment(7 th day)	After Treatment(14 th day)	Follow up (1 month)
Pain (<i>Shool</i>)	Grade 3	Grade 2	Grade 1	Grade 0
Burning (<i>Daha</i>)	Grade 3	Grade 2	Grade 1	Grade 0
Swelling (<i>Sotha</i>)	Grade 2	Grade 1	Grade 0	Grade 0
Discoloration	Grade 0	Grade 0	Grade 0	Grade 0

Interpretation: Complete resolution of all symptoms was achieved by end of treatment and sustained at 1-month follow-up.

Objective Parameters

Table No. 9: Changes in objective parameters (serum uric acid)

Parameter	Before Treatment	Mid Treatment	After Treatment	Follow-up (1 month)
Serum Uric Acid	8.61 mg/dl	5.40 mg/dl	3.30 mg/dl	3.50 mg/dl

Graph No. 1: Gradation and uric acid during treatment


Parul Ayurved Hospital
Parul Ayurved Hospital

Name	Mrs. PRAGNABEN D SONI	Age / Sex	57 / Female
Date	22/07/2025 02:49 PM	Referred By	Dr. Sangeetha Toshkhane
CPO No	PK/20250721/40407/25017004	Department	Panchakarma

Kidney Profile

Investigation	Result	Unit	Range
S. Creatinine		mg/dl	0.52-1.4
S. Blood Urea		mg/dl	13-43
S. Blood Urea		mg/dl	136-146
S. Uric Acid		mg/dl	3.5-5.3
S. Uric Acid	3.50	mg/dl	3.5-5.3

Parul Ayurved Hospital
Department of Roga Nidan
Consultant Sign: *[Signature]*
(Hog Nidan & Vikrut Vajanya Dept.)
(Dr. Ashutosh K.)

Lab Technician
End Of Report
Karmishen B
22/07/25
2:50

Parul Ayurved Hospital
Parul Ayurved Hospital

Name	Mrs. PRAGNABEN D SONI	Age / Sex	57 / Female
Date	29/07/2025 10:16 AM	Referred By	Dr. Sangeetha Toshkhane
CPO No	PK/20250721/40407/25017004	Department	Panchakarma

Kidney Profile

Investigation	Result	Unit	Range
S. Creatinine		mg/dl	0.52-1.4
S. Blood Urea		mg/dl	13-43
S. Blood Urea		mg/dl	136-146
S. Uric Acid		mg/dl	3.5-5.3
S. Uric Acid	3.50	mg/dl	3.5-5.3

Parul Ayurved Hospital
Department of Roga Nidan
Consultant Sign: *[Signature]*
(Hog Nidan & Vikrut Vajanya Dept.)
Dr. Sharmak.

Lab Technician
End Of Report
Karmishen B
29/07/25
10:16

LABORATORY REPORT

Name : PRAGNABEN D SONI
Age / Gender : 57 Yrs / F
Ref By Dr : Katarintha Doshi - M.D.

Registered On : 05/08/2025 10:16 AM
Sample Type : Serum
Sample Status :
Received On : 05/08/2025 21:05:34
Presidential :

Passport No :
Authar No :
Vidhar No : 910778228
Registration No :
C.C. New Unit :

BIO CHEMISTRY

Test	Result	Unit	Ref. Range
S. Calcium	9.10	mg/dL	8.70 - 10.40 mg/dL

RENAL FUNCTION TEST

Test	Result	Unit	Ref. Range
S. Creatinine	0.57	mg/dl	< 1.50 mg/dl
Pt's Age	57.0	Years	
Estimated GFR	119.2	ml/min	> 60 ml/min Normal 60-30 ml/min Moderate 30-15 ml/min Severe < 15 ml/min Dialysis Required

Done By Fully Automated Integrated Analyzer Beckman D 1000 BECKMAN / Reagent P10, CH210

BIO CHEMISTRY

Test	Result	Unit	Ref. Range
Magnesium	1.80	mg/dl	1.80 - 2.60 mg/dl
S. Uric acid	3.30	mg/dl	3.10 - 7.00 mg/dl

VITAMIN EXAMINATION

Test	Result	Unit	Ref. Range
25 OH Vitamin D	79.08	ng/mL	< 20 ng/mL : Deficiency 20 - 30 ng/mL : Insufficiency 30 - 100 ng/mL : Sufficiency > 100 ng/mL : Toxicity

Vitamin D is a group of fat soluble secosteroids. Vitamin D2 (Ergocalciferol) and Vitamin D3 (Cholecalciferol) are two major forms of Vitamin D in human body.
25-OH Vitamin D is a prohormone that is produced in the liver by hydroxylation of Vitamin D by the enzyme cholecalciferol 25-hydroxylase. Then 25-OH Vitamin D is converted to Calcitriol (1,25-(OH)₂D₃) in the kidneys, a secosteroid hormone that is the active form of Vitamin D.
Vitamin D is a multiple function hormone for maintaining body health. It regulates the Calcium and Phosphorus concentration in bone metabolism.
Concentration of 25-OH Vitamin D is considered the best indicator of Vitamin D status.

BHARUCH CLINICAL LABORATORY
(Computerized & Automated)
Basic, Comprehensive Laboratory
Z.N. Contractor
B.No. (Mumun)
C.M.L.T. (Suratkalanda Hosp. Bander)

Name : PRAGNABEN D SONI
Ref By : SELF

Age / Sex : 57 Yrs / F
Date : 21/08/2025
Lab No. : 9

BIOCHEMISTRY ANALYSIS

TEST	RESULT	UNIT	METHOD	REFERENCE INTERVAL
S. Uric Acid	3.50	mg/dl	Dry Chemistry	2.4-5.7 mg/dl

END OF REPORT

Timing : 7:45 A.M. TO 7:30 P.M.

DISCUSSION

This case report demonstrates the successful management of *Vatarakta* (gout) using a classical *Ayurvedic Panchakarma* protocol with complete symptomatic and biochemical resolution. The sequential application of *Sneha Pana*, *Siravedana*, and *Mustadi Yapan Basti* addresses both the immediate inflammatory manifestations

and underlying metabolic dysfunction characteristic of *Vatarakta*.

Sneha Pana (Internal Oleation)

Internal administration of *Murchita Go-Ghrita* serves multiple therapeutic purposes. According to *Ayurvedic* principles, *Sneha Pana* performs *Vatanulomana* (normalisation of *Vata* flow), mobilises *Ama* (metabolic toxins) from deeper tissues (*Shakha to Koshtha*), and

lubricates *Srotas* (channels), facilitating subsequent elimination[11]. The lipophilic nature of *ghee* enables it to penetrate cellular membranes and bind toxins for elimination. Modern research suggests that medium-chain fatty acids in *ghee* may modulate inflammatory pathways and improve tissue perfusion.

Siravedana (Therapeutic Bloodletting)

Siravedana directly targets vitiated *Rakta dhatu*, which in *Vatarakta* becomes the vehicle for spreading aggravated *Vata* throughout the body. Classical texts describe blood as being "heated" (*Ushna*) and "fast-moving" (*Ashukari*), creating the burning sensation and rapid spread of symptoms characteristic of acute gout [12]. By removing approximately 70-80 ml of blood from each upper limb, the procedure achieves immediate reduction in vascular pressure, inflammatory mediators, and uric acid burden at the tissue level. From a modern perspective, therapeutic phlebotomy may reduce circulating pro-inflammatory cytokines (IL-1 β , TNF- α) that amplify gouty inflammation. The immediate symptomatic relief observed (burning reduced from Grade 3 to Grade 2 by mid-treatment) supports the classical indication of *Siravedana* as the primary treatment for *Rakta*-predominant conditions.

Mustadi Yapan Basti (Medicated Enema)

Basti is considered *Ardha Chikitsa* (half of all treatment) in Ayurveda, particularly for *Vata* disorders[13]. The colon is the primary seat of *Vata* (*Pakwashaya*), and *Basti* therapy directly pacifies aggravated *Vata* through both local and systemic mechanisms. The *Yapan* variant specifically provides nutrition (*Brimhana*) to depleted tissues while maintaining *Vata* balance. The trans-colonic absorption of these herbal lipophilic compounds enables systemic distribution, particularly to *Asthi* and *Majja dhatu* (bone and marrow tissues), which are the primary sites of *Gambhira Vatarakta* pathology. Eight consecutive days of *Basti* ensure sustained tissue saturation and lasting therapeutic effect.

Pathya-Apathya (Dietary and Lifestyle Support)

The prescribed diet emphasises *Laghu* (light), *Sheeta Virya* (cooling potency), and easily digestible foods while strictly avoiding purine-rich, heavy, and heating substances. This dietary discipline directly addresses the *Nidana* (causative factors) of *Vatarakta*. Warm water consumption throughout the day maintains *Agni* (digestive fire) while facilitating *Ama* elimination. The lifestyle modifications—*Abhyanga*, mild exercise, and adequate rest maintain *Vata* equilibrium and prevent recurrence.

CONCLUSION

This case report demonstrates the efficacy of a classical *Ayurvedic Panchakarma* protocol comprising *Sneha Pana*, *Siravedana*, and *Mustadi Yapan Basti* in achieving complete symptomatic and biochemical resolution in *Vatarakta* (gout). The sequential application of internal oleation, therapeutic bloodletting, and nourishing medicated enema, supported by strict *Pathya-Apathya* adherence, resulted in reduction of pain, burning

sensation, and swelling from Grade 3 to Grade 0, and normalisation of serum uric acid from 8.61 mg/dl to 3.30 mg/dl reduction sustained at one-month follow-up.

This integrative approach addresses both the acute inflammatory phase and underlying metabolic dysfunction, offering a safe, holistic alternative for *Vatarakta* management. This case highlights holistic *Samprapti Vighatana* (pathogenesis reversal) for *Gambhira*. The protocol merits further investigation through randomised controlled trials with larger sample sizes and extended follow-up periods to establish its broader clinical applicability and long-term efficacy.

PATIENT CONSENT STATEMENT

Written informed consent was obtained from the patient for publication of this case report and accompanying clinical photographs and investigation reports. The patient was informed that her identity would remain confidential, and all identifying information has been removed from the manuscript.

ETHICAL APPROVAL

This case report was conducted in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki Declaration and its later amendments. As this is a single case report documenting routine clinical care, formal ethical committee approval was not required as per institutional policy. However, the patient provided full informed consent for the treatment protocol and publication.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

FUNDING

No external funding was received for this case report.

ACKNOWLEDGMENTS

The authors acknowledge the Department of Panchakarma, Parul Institute of Ayurved, and Parul Ayurved Hospital for providing clinical facilities and support for this case management.

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