

**ISSN**INTERNATIONAL  
STANDARD  
SERIAL  
NUMBER  
INDIA

ISSN No. : 2584-2757

Volume : 02

Issue : 04



Publisher

**ROGANIDAN VIKRUTIVIGYAN PG ASSOCIATION  
FOR PATHOLOGY AND RADIOLOGICAL DIAGNOSIS**

Reg. No. : MAHA-703/16(NAG)

Year of Establishment – 2016

DOI : 10.5281/zenodo.16031899

Impact Factor : 1.013

# INTERNATIONAL JOURNAL OF DIAGNOSTICS AND RESEARCH

## Clinico-Psychological Assessment Of Manasa Sadanam In Vataja-Grahani

Dr.Arvind Kumar Gupta<sup>1</sup>, Dr. Apala Sengupta<sup>2</sup><sup>1</sup>Senior Ayurvedic Medical Officer, Department of Health & Family Welfare, Government of West Bengal.<sup>2</sup>Professor, Department of Rog Nidan & Vikriti Vigyan, I.P.G.A.E & R at S.V.S., Kolkata-9

Corresponding author: Dr.Arvind Kumar Gupta

Article Info: Published on : 15/07/2025

Cite this article as: - Dr.Arvind Kumar Gupta (2025) ; Clinico-Psychological Assessment Of Manasa Sadanam In Vataja-Grahani ; Inter.J.Dignostics and Research 2 (4) 49-60, DOI : 10.5281/zenodo.16031899

### Abstract

The diagnostic and therapeutic approach is basically Psycho-somatic, as it has been clear that the somatic disease is turns into psychological one and vice-versa. Clinical evaluation of *Manasa-Sadanam* (i.e.; Anxiety and Depression) in the patients of *Vataja-Grahani* will be verified by stipulated questionnaires of HAM-A and HAM-D. Indians have shown this condition to be a fairly common G.I. condition, accounting for 30% to 50% of referral to gastroenterology clinics. A drug combating *Vataja-grahani* will be given in one group, on the other group same drug will be administered with a Medhyarasayan and in another group will be treated with a knowledge of *Vataja grahani* as Control group. In a disease found frequently in the clinics presenting the symptoms of anxiety, tension, fear, insomnia, poor memory and depressed mood etc. This features in some extent correlates the symptomatology of Depression. ANOVA test reveals and F-table indicates that the critical value is 3.15 and F-test statistic is greater than 3.15. So, results are statistically significant and mean score of depressed mood symptoms under HAM-A and HAM-D Scale in 3 groups of patients treated with different drugs differ significantly. In the treatise of *Ayurveda* during description of pathogenesis of *Grahani roga*, it is mentioned that dysfunction of *grahani nadi* is the main causative factor for origin of the disease. A total of 90 patients treated at OPD and IPD Level from 2022-24 for restoration of their health. It has been evaluated that *Satva* indicates mental strength of an individual. The haematological tests i.e. ; Hb. %, T.L.C of W.B.C and ESR in first hour and the biochemical tests i.e. Blood sugar (fasting), Serum Bilirubin, SGOT, SGPT, Total Serum Protein, Serum Albumin, Serum Globulin, Serum Amylase and Serum Lipase etc. have showed no significant changes in this study.

**Key words:** *Vataja grahani*, *Manasa sadanam*, HAM-A and HAM-D.

## Introduction:

In the classics of *Ayurveda*, it has been mentioned that *Manasa sadanam* is a distinct feature of *Vataja Grahani*. In the treatise of *Ayurveda*; it has been clearly shows that the somatic disease is turns into psychological one and vice versa<sup>[1]</sup>. In the selected patients the extent of *Manas-sadanam* will be verified by *SatvaPariksha*<sup>[2]</sup>. In the recent era, the term *Manasa sadanam* is classified as depression and anxiety. Incidence of anxiety and depression in irritable bowel syndrome is reported by some authority. They had evaluated the patients through the parameter of HAM-A and HAM-D scores. It had been reported that among the patients at O.P.D and I.P.D Level, Prevalence of Anxiety was 44 % and depression was 84 %. In the present study HAM-A and HAM-D will be measured in the selected patients of *Manasa Sadanam i.e; Avasada*. A drug combating disease will be given along with a *Medhya Rasayan*. Hence, the study will be framed in a group. A routine counseling will be done in a group. *Aaswasana*<sup>[3]</sup> i.e.; Assurance will be given routinely and to describe appraisal in *Chikitsa* and the idea of *Satva Pariksha* also to determine the frequency of patients *Satva Pariksha* and *Avasada* fulfilling HAM-A and HAM-D.

**Concept of *Grahani Dosha*, *Grahani Roga* and *Grahani Gada* :-** Acharya Caraka had mentioned the term *Grahani dosa* during nomenclature of the chapter while during description of the disease termed as *Grahani Gada*. The specific reason for this type of description is clarified by Acharya Chakrapani<sup>[4]</sup>. The term “*Grahani dosa*” implies the malfunctioning of Agni. The Agni is primarily located in the *Grahani*. In the title of the chapter, no distinction is made between the ‘*Aashraya*’ (the substratum i.e.

*Grahani*) & ‘*Aashrayee*’ (the substance i.e. Agni). Thus ‘*Agnidosa*’ is implied by the term ‘*Grahani dosa*’; though in a secondary sense; *Grahani dosa* initiates *Grahani Roga*. Acharya Caraka described; the way of formation of *Grahani roga*. *Durbala Agni* brings about *vidaha* (a part of which is digested the other part remaining without digestion) of *Aahar*; which moves upwards & downwards in gastro-intestinal tract. The *Pakva* (digested food) & *Apakva* (undigested food) *Aahara* rasa moves downwards & this condition is called *Grahani-Gada*<sup>[5]</sup>.

**Concept of *Manasa-sadanam*:** The term *Manasa sadanam* is mentioned in *Charak Samhita* in context to *Vataja Grahani*<sup>[6]</sup>. The term ‘*Mansa sadanam*’ is defined as “*Avasada*”<sup>[7]</sup> by *Vijaya Rakshit* as abnormal mental condition recently compared with the symptom of mental depression. Hence in chronic case of *Vataja Grahani* along with somatic disorders also the psychological condition get disturbed. *Ava-sāda*, as, m. sinking (as of a chair), *Susr.*; the growing faint (as of a sound), *ib.*; failing, ex- *Chaustion*, fatigue, lassitude, *ib.*; defeat, *Malav.*; want of energy or spirit (especially as proceeding from doubtful or unsuccessful love), *L.*; (in law) badness of a cause, *L.*; end, termination, *L.*; (cf. *nir-av.*)<sup>[8]</sup> Mind is a factor for receiving happiness and sadness in an individual. The term *Sadan* implies “*Avasada*”<sup>[9]</sup> i.e; expression of depressive state clinically. This *Hridaya* is also connected with *Dasha Mahamula Dhamani* through which the *Doshas* pervade the heart. Hence, there is exchange of mind & *Dosha*. When *Doshas* get vitiated in excess it effect the mind & vice-versa<sup>[10]</sup>.

**Methodology:** Study is a interventional, prospective, single blind randomized controlled clinical trial with three groups. Clinical evaluation of *Manasa-Sadanam* (i.e.; Anxiety and Depression) in the patients of *Vataja-Grahani* will be verified by *Satva Pariksha* and stipulated questionnaires of HAM-A and HAM-D. A routine counseling along with *Aaswasana* i.e., Assurance will be done in all three groups. Evaluation of HAM-A and HAM-D scores in the selected patients of *Manasa-sadanam* with *Vataja Grahani*. A drug combating *Vataja-Grahani* will be given in one group, on the other group same drug will be administered with a *Medhya Rasayan* and in another group will be treated with a knowledge of *Vataja Grahani* as Control group.

#### **Psychological parameter of *Manasa Sadanam* sequences in *Vataja Grahani*:-**

The very statement of *Caraka Samhita* in *Vataja Grahani* "*Mansa-sadanam*"; reveals the evidence of "*Avasada*" in *Vataja Grahani* patients [11]. According to different *Acharyas*, the following different causative factors of *Avasada* in *Vataja Grahani* is mentioned as follows:-

1. As per view of *Caraka Samhita*, *Asatmedriyaartha samyoga*, *Prajnaparadha* and *Parinama* are considered as general etiological for all diseases [12]. Among these etiological triad *Prajnaparadha* is very specific in the causation of "*Avasada*" in *Vataja Grahani* patient.
2. According to *Maharsi Charaka*; vitiation of *Manasika Dosas* viz *Raja Dosa* and *Tamo dosa*.
3. According to *Maharsi Charak*; Acquired of undesired objects and not getting or loss of

the desired ones as the causes of *Manovikara* [13].

4. According to *Maharsi Susrutha*, *Manobhavas* i.e.; *Krodha*, *Soka*, *Bhaya*, *Harsa*, *Visada*, *Irshya* etc. as the causes of *Mano-Vikara* [14].

5. Besides above causes According to *Maharisi Charaka*, *Avar Satva* (weak psyche) has also been recognized as a necessary predisposing factor for the manifestation of *Avasada* in *Vataja Grahani* patients.

Being associated with the soul, the mind, or *Satva* governs the body. They are classified as exceptional (*Pravara*), mediocre (*Madhyama*), or inferior (*Avara*) based on their level of strength. They are vulnerable to ego, delusion, fear, sadness, and greed. Even stones that describe angry, scared, hostile, terrifying, and nasty situations, or that show them visions of the flesh or blood of humans or animals cause them to crumble [15].

Persons with '*Avar Satva*' are affected with *Manovikara* [16] i.e.; "*Avasada*" in *Vataja Grahani*. In other words, persons with high *Rajas* and *Tamas* and *Avar Satva*, if comes in contact with the causes of *Raja* & *Tama* became sufferer and this leads to recollection of fearful and negative or disturbing memories along with false perceptions, wrong recognition, failure to restrain from negative memories and thoughts.

When the consequences of *Manasa Sadanam* occurs in the patient of *Vataja Grahani*; then it should be assumed that the *Vataja Grahani Roga* is along with *Avasada*. In both the disease, the main responsible factor for initiation of pathogenesis is *Agnimandya*. The *Srota* towards the various

directions of the system containing the *Rasadi Dhatus* gradually get obstructed with the *Ama*. According to *Maharsi Charak*; *Hridaya* is a seat of *Rasa*, *Vatadi*, *Satvas*, *Buddhi*, *Indriya*, *Atma* and *Ojus* also emphasize that the seat of 'Antaramana' is *Hridaya*. In the context of *Trimarmiya*, *Maharsi Charak* mentioned that *Hridaya* is a seat of *Dasa Mahamoola* *Dhamanis*, *Prana*, *Apana*, *Mana*, *Buddhi*, *Chetana* and *Mahabhutani* [17].

**Effect of research drugs on subjective/clinical parameter [18] of Vataja Grahani :** - Drugs effect was evaluated by the percentage relief of the symptoms before and after treatment.

**Table No. 1: - Showing the effects of the research drugs on the subjective parameter of Patients of Vataja Grahani.**

Sl. No.	Subjective criteria	BT (%)	AT (%)	Curability %
1.	<i>Kharangata</i>	89%	33%	74.15%
2.	<i>Kantha aasaya sosa</i>	90%	13%	85.55%
3.	<i>Kshuda</i>	100%	8%	92%
4.	<i>Trishna</i>	100%	8%	92%
5.	<i>Timir</i>	69%	51%	26.08%
6.	<i>Karna savana</i>	59%	41%	30.5%
7.	<i>Parsava-uru-vankshan-griva ruja</i>	100%	10%	90%
8.	<i>Visuchika</i>	71%	12%	83.09%
9.	<i>Hrid pida</i>	69%	11%	84.05%
10.	<i>Karsaya</i>	59%	41%	30.5%
11.	<i>Dourbalyam</i>	100%	5%	95%
12.	<i>Vairasyam</i>	100%	1%	99%
13.	<i>Parikartika</i>	59%	16%	72.88%
14.	<i>Griddhi sarva rasanam</i>	100%	5%	95%
15.	<i>Manasa sadanam</i>	100%	10%	90%

Sl. No.	Subjective criteria	BT (%)	AT (%)	Curability %
16.	<i>Jirne jirjyati ca adhmanambhukte swasthyamupaiti</i>	100%	10%	90%
17.	<i>Sa Vata Gulma Hrid roga pliha sanki ca manava</i>	89%	21%	76.40%
18.	<i>Chirad dukham dravam suskam tanu ama shabda phenavat varca</i>	89%	12%	86.51%
19.	<i>Punah punah srijet varca</i>	100%	0%	100 %
20.	<i>Kasa</i>	19%	2%	89.47%
21.	<i>Swasa</i>	10%	1%	90%

Table No. 1: Shows the effect of Drugs which revealed that 99% curability was achieved in symptoms of "Punaha punaha srijet varca" and "Vairasyam". Next 95% curability achieved in "Dourbalya" and "Griddhi sarva rasanam" and 92% curability was found in "Kshuda" and "Trishna". 90% in "Parsava-uru-vankshan-griva ruja", "Jirne jirjyati ca adhmanambhukte swasthyamupaiti" and Swasa. 89.47 % was found in Kasa" and 86.51 % curability was found in "Chirad dukham dravam suskam tanu ama shabda phenavat varca". 85.55 % curability was found in "Kantha-aasaya sosa" and 84.05% curability was found in "Hrid pida." 83.09 % curability was found in "Visuchika," and 76.4 % curability was found in "Sa Vata Gulma Hrid roga pliha sanki ca manava." 74.15 % curability was found in "Kharangata," and 72.88 % curability was found in "Parikartika". 30.5 % curability was found in "Karna savana" and "Karsaya." 26.08% curability was achieved in "Timir."

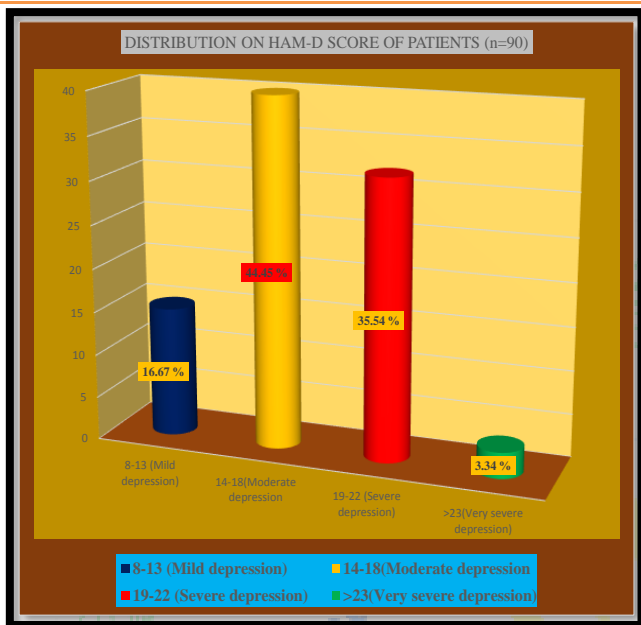




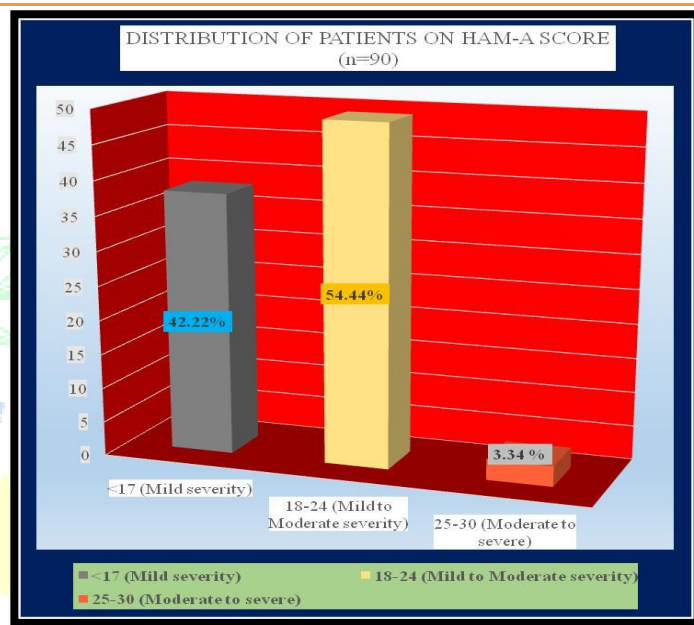
**Table No. 3: Shows the HAM-D Score of 90 patients of Vataja Grahani.**

Sl. No.	HAM-D Score	Patients involved	Percentage (%)
1.	8-13 (Mild depression)	15	16.67%
2.	14-18(Moderate depression)	40	44.45%
3.	19-22 (Severe depression)	32	35.54%
4.	>23(Very severe depression)	03	3.34%

Table No. 3: Shows that the severity of psychic depression symptoms was found in the range of 44.45% patients suffering from moderate depression, 35.5% patients suffering from severe depression, 16.67% patients suffering from mild depression and 3.3% patients suffering from very severe depression.



**Graph 3:** Shows the severity of psychic depression symptoms in 90 patients of *Vataja Grahani*.



**Graph 4:** Shows the severity of psychic anxiety symptoms in 90 patients of *Vataja Grahani*.

**Table No. 4:** Shows the HAM-A Score of 90 patients of *Vataja Grahani*.

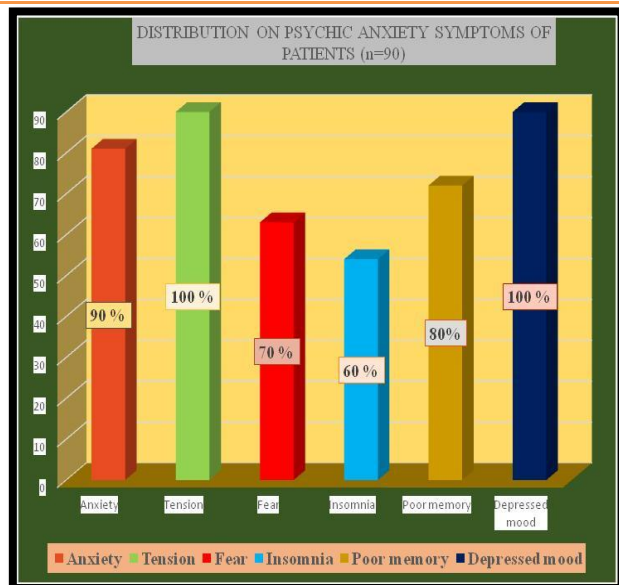
Sl. No.	HAM-A Score	Number of patients	Percentage
1.	<17 (Mild severity)	38	42.22%
2.	18-24 (Mild to Moderate severity)	49	54.44%
3.	25-30 (Moderate to severe)	03	3.34%

Table No. 4: Shows that the severity of psychic anxiety symptoms was found in the range of 54.44% patients suffering from mild to moderate severity of psychic anxiety symptoms, 42.22% patients suffering from mild severity of psychic anxiety symptoms and 3.34% patients suffering from moderate to severe anxiety symptoms.

**Table No. 5:** Shows the incidence of Anxiety symptoms of HAM-A in 90 patients of *Vataja Grahani*.

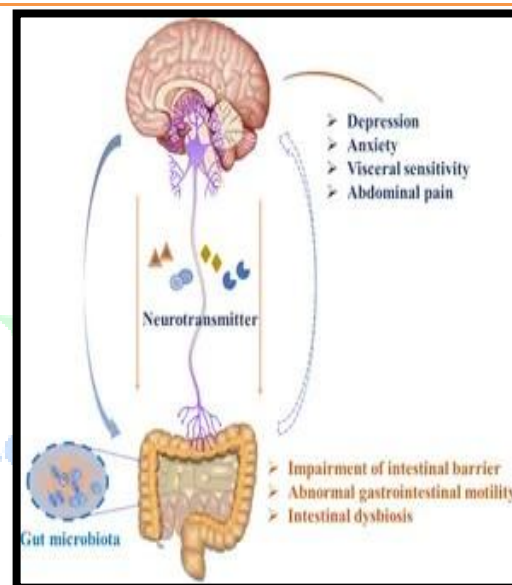
Sl. No.	Anxiety Symptoms	Patients involved	Percentage
1.	Anxiety	81	90%
2.	Tension	90	100%
3.	Fear	63	70%
4.	Insomnia	54	60%
5.	Poor memory	72	80%
6.	Depressed mood	90	100%

Table No. 5: Shows that the severity of psychic anxiety symptoms was found in the range of 100% patients suffering from Tension and Depressed mood, 90% patients suffering from Anxiety, 80% patients suffering from Poor memory, 70% patients suffering from Fear and 60% patients suffering from Agitation.



**Graph 5:** Shows the incidence of psychic anxiety symptoms in 90 patients of *Vataja Grahani*.

**Psychiatric co-morbidity:-** Psychiatric disorders, such as anxiety disorders, depression are more common in patients with IBS; even mildly symptomatic patients. However, stress plays an important role in exacerbating IBS symptoms in IBS patients. In depression; the Hypothalamic-pituitary adrenal axis is hyperactive, as evidenced by a non-suppressed response to the dexamethasone suppressor test. Major depressive disorder is characterized by one or more episodes of idiopathic major depressive syndromes such as Depressed mood, Irritability, Anxiety, Loss of interest or pleasure, Worthlessness, Guilt, Hopelessness, Helplessness, Thought of suicide, Change in appetite or weight, Change in sleep, Decreased libido, Trouble concentrating, Diurnal variation, Ruminative thinking, Somatoform symptoms, Psychotic symptoms. Many be of the anxiety disorders may be understood as inappropriate triggering of the stress response system, which is commonly referred to the “ Fight or Fright ” response [19].



**Figure No. 1:-** Showing Disturbance of Brain-Gut interaction in Irritable Bowel Syndrome.

Patients with IBS frequently demonstrate increased motor reactivity of the colon and small bowel to a variety of stimuli and altered visceral sensation associated with lowered sensation thresholds. These may result from Central Nervous System (CNS) - Enteric Nervous System (ENS) deregulation. Patients with mild to moderate symptoms usually have intermittent symptoms that correlate with altered gut physiology and patients with severe symptoms usually have constant pain and psychosocial difficulties [20]. The psychiatric classification is based on the number of somatic symptoms and associated psychological symptoms such as Hypochondriasis, Somatisation (Somatic presentation of depression and anxiety) and neurosis, Panic attacks are common. Acute psychological stress and overt psychiatric disease are known to alter visceral perception and gastrointestinal motility in both Irritable bowel patients and healthy people [21].

### General Management of IBS Patients:-

**Reassurance:-** Patients should be asked what they are most worried about. Clearly it may be unwise to state categorically that the patient has no disease but it can be emphasized that the probability of having disease is low.

**Explanation:-** Patients need a positive explanation for their symptoms. It is unhelpful to say that symptoms are psychological or 'all in the mind', but useful to describe a plausible physiological mechanism for the symptom that emphasizes the link with psychological factors such as stress and which demonstrates that the symptoms are reversible.

Group A	Group B	Group C	Summation	
$\sum x_A = 63$	$\sum x_B = 55$	$\sum x_C = 45$	$\sum x = 163$	
$\sum x_A^2 = 147$	$\sum x_B^2 = 117$	$\sum x_C^2 = 75$	$\sum x^2 = 339$	
Source	Df	Sum of square	Mean Square	F - Ratio
Groups (Between the group)	3 - 1 = 2	5.43	2.71	6.159
Error (Within groups)	87	38.35	0.44	
Total	89	43.78		

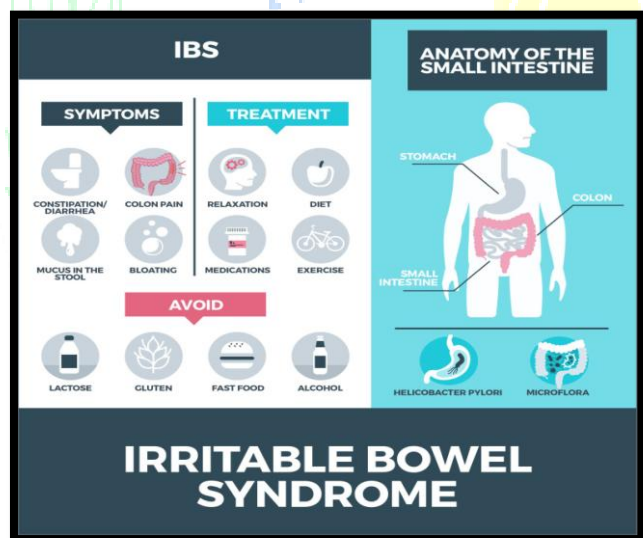


Figure No. 2:- Dietary management of IBS.

**Table No. 6 : - Showing the result of ANOVA [22,23] of the score in Group – A, Group - B & Group - C on the basis of parameter of Depressed mood symptoms of in patients.**

**Table No. 6:** Shows the ANOVA and it reveals that at the degrees of Freedom (Df) 89 the Sum of Squares is calculated as 43.78 and the F- Ratio is inferred as **6.159** at significance level of 0.05, and F-test has 2 numerator and 60 denominator degrees of freedom— $F_{(2, 60)}$ . First step is to locate the F-table for  $\alpha = 0.05$ . Then find the column for 2 numerator DF and the row for 60 denominator DF. The intersection of that row and column contains the critical F-value. The F-table indicates that the critical value is 3.15 and F-test statistic is greater than **3.15**, So, results are statistically significant and mean score of depressed mood symptoms under HAM-A and HAM-D Scale in 3 groups of patients treated with different drugs differ significantly.



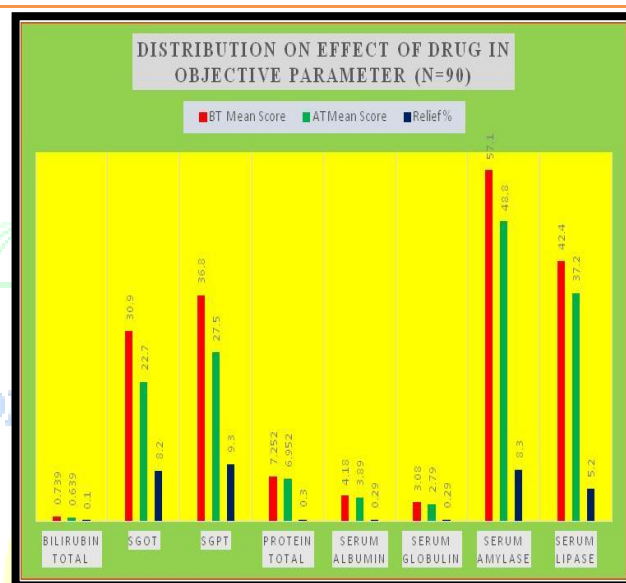
## EFFECT OF DRUG ON OBJECTIVE PARAMETER: -

Drug effect was evaluated by the percentage relief on Biochemical Parameters of before and after treatment.

**Table No. 7: Shows Biochemical Investigations report of Before and After treatment of Research Group (Group – A, N = 30) : -**

Sl. No.	Objective Parameter	Mean Score		Relief %	S.D.	S.E.M	't' Value	'P' Value
		BT	AT					
	Bilirubin Total	0.739 39	0.639 39	0.1 0.1	0.153	0.027	5.925	<0.001
	SGOT	30.9 9	22.7 7	8.2	11.649	2.126	3.808	<0.001
	SGPT	36.8 8	27.5 5	9.3	11.779	2.150	4.301	<0.001
	Protein Total	7.252 52	6.952 52	0.3	0.441	0.080	3.704	<0.001
	Serum Albumin	4.18 8	3.89 9	0.29	0.187	0.034	9.008	<0.001
	Serum Globulin	3.08 8	2.79 9	0.29	0.084	0.015	19.002	<0.001
	Serum Amylase	57.1 1	48.6 8	8.3	3.872	0.706	9.806	<0.001
	Serum Lipase	42.4 4	37.2 2	5.2	3.117	0.569	9.205	<0.001

Table No. 7: Shows that 'P' – Values for Biochemical Investigations report of Serum Bilirubin, SGOT, SGPT, Protein Total, Serum Albumin, Serum Globulin, Serum Amylase and Serum Lipase is found to be less than <0.001 which is inferred to be highly significant.



**Graph 6: Showing the effect of drugs evaluated by the percentage relief on Biochemical Parameters of before and after treatment.**

### Results:

ANOVA test reveals and F-table indicates that the critical value is 3.15 and F-test statistic is greater than 3.15. So, results are statistically significant and mean score of depressed mood symptoms under HAM-A and HAM-D Scale in 3 groups of patients treated with different drugs differ significantly. On looking at Mean score of Depression mood symptoms among three groups, showing that curability of patients treated with drugs are comparable in Group B and Group C but mean curability is highest in the Group A Patients treated with Research Drugs i.e., *Chitraka* and *Sankhapuspi* powder.

### Discussion :

The effect of Group A drugs i.e., *Chitak* and *Sankhapuspi churna* to decrease Depressed mood symptoms in irritable bowel syndrome is very much responsible for difference between three groups. The study shows that 'P' – Values for Biochemical Investigations report of Serum

Bilirubin, SGOT, SGPT, Protein Total, Serum Albumin, Serum Globulin, Serum Amylase and Serum Lipase is found to be less than  $<0.001$  which is inferred to be highly significant.

**Acknowledgements:** I want to sincerely thank Dr. Apala Sengupta, my mentor and principal advisor, who is a professor and head of the Department of Roga Nidāna Avum Vikṛti Vijñāna at the I.P.G.A.E. & R at S.V.S.P. Hospital in Kolkata. It was an immense honour to work and learn under her outstanding direction, oversight, and unwavering support for even the tiniest workplace annoyance.

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ISSN: 2584-2757

DOI: 10.5281/zenodo.16031899

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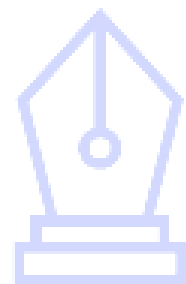
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