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Review Article

ROLE OF *STHANIKA CHIKITSA* IN THE MANAGEMENT OF *VATIKI YONIVYAPAT*

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ABSTRACT

Congestive dysmenorrhea (secondary) is a common menstrual disorder characterized by persistent, dull pelvic pain associated with underlying pelvic pathology, including venous stasis and chronic inflammation. In Ayurveda, this condition closely resembles *Vatiki Yonivyapad*, which is primarily caused by the vitiation and obstruction of *Apana Vata*, leading to pain and functional disturbances in the female reproductive system. This article critically reviews classical Ayurvedic literature and contemporary scientific evidence to evaluate the therapeutic role and mechanism of *Sthanika Chikitsa* (local site-focused procedures) in the management of congestive dysmenorrhea. Conventional management mainly relies on analgesics and hormonal therapies for symptomatic relief, whereas Ayurveda offers targeted local interventions with potential reproductive benefits. *Sthanika Chikitsa* includes procedures such as *Yoni Pichu* (medicated tampon), *Yoni Abhyanga* (local massage), *Swedana* (fomentation), *Uttara Basti* (intrauterine or intracervical administration of medicated oil or ghee), and *Yoni Parisheka/Dhavana* (vaginal douche). These therapies deliver *Snigdha* (unctuous) and *Ushna* (warm) medicinal preparations directly to the affected tissues, counteracting the dry, cold, and mobile qualities of aggravated *Vata*. Their localized action helps soften pelvic structures, reduce vascular stagnation, relieve pressure on pain-sensitive tissues, and restore the normal downward movement of *Apana Vayu*. Furthermore, this approach parallels the modern concept of Vaginal Drug Delivery Systems (VDDS), where lipid-based formulations utilize the rich vascularity of the vaginal mucosa to achieve high local bioavailability while bypassing hepatic first-pass metabolism. Combined with systemic Ayurvedic therapy, dietary regulation, and lifestyle modification, *Sthanika Chikitsa* offers a holistic strategy for managing congestive dysmenorrhea and supporting reproductive health.

INTRODUCTION

The female reproductive system is a complex unit comprising the ovaries, fallopian tubes, uterus, cervix, and vagina. The uterus, with its muscular myometrium and richly vascular endometrium, plays a central role in menstruation. Coordinated cyclical changes in vascular tone and contractility ensure normal endometrial shedding, and disturbances in this balance lead to menstrual disorders, among which dysmenorrhea is one of the most common complaints. Dysmenorrhea affects nearly 50–90% of women of reproductive age, with recent global meta-analyses identifying a pooled prevalence of 71.3%, making it a significant health concern.[1] It is broadly classified into spasmodic (primary), congestive (secondary), and membranous types based on etiology and clinical presentation.[2] Among these, secondary dysmenorrhea accounts for approximately 19–35% of cases and is associated with underlying pelvic pathology and is characterized by dull, dragging pelvic pain that typically begins prior to menstruation and may persist throughout the cycle.[3] The *Yoni* may be understood as the functional female reproductive tract, including the genital passage and structures related to *Garbhashaya*- and is therefore central to

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menstruation and conception. Significant pathology affecting the *Yoni* and *Garbhashaya* may compromise the *Kshetra* required for implantation and healthy embryogenesis. Ayurvedic texts enumerate twenty *Yonivyapads*, a comprehensive clinical grouping that covers most abnormal and unhealthy conditions of the *Yoni*; Based on its clinical presentation, secondary (congestive) dysmenorrhea closely correlates with *Vatiki Yonivyapad*, which is characterized by prominent pain, sensory alteration, and functional disturbances. Given the substantial burden of this disorder and the limitations of some conventional interventions, site-directed Ayurvedic care retains practical relevance. *Sthanika Chikitsa* refers to local, site-focused procedures applied directly to the affected region; its key importance and uniqueness lie in delivering targeted, minimally invasive therapy with potential reproductive benefits, that addresses the local clinical pattern, complements systemic *Shamana* or *Shodhana* therapies when needed, and is adaptable to outpatient practice and low-resource settings. This review therefore evaluates the role of *Sthanika* protocol in the management of *Vatiki Yonivyapad*.

MATERIALS AND METHODS

Methodology primarily includes literature review of Ayurvedic classics and relevant texts of contemporary science which are critically analyzed.

Disease review

Congestive dysmenorrhea, this type occurs when menstrual pain is associated with an underlying pelvic disorder. It is more common in women in their thirties and often affects those who have given birth.[4] It is mainly attributed to pelvic congestion and venous stasis caused by increased vascularity and impaired venous drainage, resulting in pelvic tissue distension and stimulation of pain-sensitive nerve endings. Common causes include endometriosis, adenomyosis, chronic pelvic inflammatory disease, pelvic adhesions, uterine fibroids, and intrauterine contraceptive device usage. Associated inflammation further aggravates pelvic tension and pain. Inflammatory mediators such as prostaglandins and cytokines contribute significantly by promoting localized vasodilation, pelvic vascular engorgement, inflammatory edema, and nerve sensitization. Recurrent inflammation and cyclic microtrauma perpetuate nociceptive signaling, producing the characteristic dull, persistent pain that often responds poorly to antispasmodic therapy. [5]

Clinically, the pain is dull, aching, and deep-seated, involving the lower abdomen, pelvis, and back, typically beginning 3–5 days before menstruation and sometimes persisting beyond the menstrual phase. Unlike primary dysmenorrhea, it is usually non-colicky and may be associated with pelvic heaviness, dyspareunia, menstrual irregularities, infertility, and abnormal vaginal discharge.[4]

Assessment and diagnosis physicians frequently search for an enlarged or sensitive uterus, adnexal masses, or palpable nodules along the uterosacral ligaments, while the results of a physical examination vary depending on the particular underlying condition. Transvaginal ultrasonography (TVS) is always advised as the primary imaging method to determine the precise etiology. Tools like MRI or hysteroscopy can be used selectively to discover complicated masses or intrauterine lesions if more research is required. Nonetheless, diagnostic laparoscopy continues to be the gold standard since it enables surgeons to see and validate diseases such pelvic adhesions or endometriosis. For symptomatic alleviation, conventional treatments consist of hormonal therapy and analgesics; for underlying pelvic diseases, specific etiological medical or surgical care is used.[6]

Ayurvedic Overview

Congestive dysmenorrhea, characterized by pelvic heaviness and persistent menstrual pain, is interpreted in Ayurveda as *Vatiki Yonivyapad*, a *Vedana-pradhana* disorder. The female reproductive system *(Stri racananga)* represents an integrated structural and functional axis comprising the *Garbhashaya, yoni, Artavavaha srotas, Sira*, and *Snayu*. *Artava*, an *Upadhatu* of *Rasa*, reflects the dependence of reproductive physiology on vascular and nutritional integrity. The *Garbhashaya*, regulated predominantly by *Apana* and *Vyana vayu*, maintains uterine circulation, contractility, and cyclical *Artava* expulsion, while the *Sira–Snayu* network provides structural support and coordinated flow dynamics.

Udavartini Yonivyapad, characterized by *Avarodha* of *Apana Vata* with relief following *Artavapravrtti*, resembles primary spasmodic dysmenorrhea.[7] In contrast, congestive dysmenorrhea correlates more closely with *Vatiki Yonivyapad*, where persistent pain results from sustained *Vata* vitiation and may associated with pelvic pathology. Classical features described by Acarya Caraka include *Toda, Stambha, Karkashata, Supti, and Tanu, Ruksha, Phenila, Shabda-yukta artava*.[7] Acarya Sushruta identifies Ruja as the dominant feature,[8] whereas Acarya Vagbhata additionally describes *Yoni vata, Yoni sraṃsa*, and

radiating pain involving the *Vankshana* and *Parshva*.[9]

The cyclical recurrence of symptoms parallels the *Ritu Chakra* and monthly *Doshic* fluctuations influencing menstruation, supporting *Vatiki Yonivyapad* as the classical Ayurvedic correlate of congestive dysmenorrhea. Thus, based on pain predominance, menstrual abnormalities, and associated structural pathology, Ayurveda provides a coherent framework for understanding and managing this condition.

Etiopathogenesis

Etiology *(Nidana)*

- *Mithya Ahara:* Excessive intake of *Ruksha, Shita, Katu, Tikta,* and *Kashaya* predominant foods, irregular dietary habits, junk-food consumption, and nutritionally deficient diet cause *Agni dushti, Ama* formation, and *Rasavaha Srotas dushti*, leading to impaired nourishment of *Artava*.
- *Mithya Vihara: Vegadharana*, sedentary habits, obesity, excessive exertion, disturbed sleep *(Ratri jagarana),* and improper lifestyle practices disturb *Apana Vata gati* and reproductive channel function.
- *Manasika Nidana:* Psychological factors such as Chinta and Shoka aggravate *Vata–Pitta* and disturb psychoneuroendocrine balance.
- *Bija Dosha* and Associated Factors: Genetic susceptibility, environmental toxins, delayed childbearing, and related reproductive stressors create *Khavaigunya* within the uterus, predisposing to pelvic congestion and structural pathology.

Pathogenesis *(Samprapti)*

Dosha Prakopa

Vata undergoes aggravation through *Dhatukshaya*, particularly of *Rasa* and *Rakta*, or through *Margavarodha* caused by channel obstruction. The aggravated *Vata*, dominated by *Ruksha* and *Chala gunas*, becomes unstable and hyperactive.

Sthana Saṃshraya

The vitiated *Vata* localizes in the *Garbhashaya* and *Artavavaha srotas*. Vitiation causes *Gati vaigunya* of *Apana Vata* and irregular forceful uterine activity due to disturbed *Vyana Vata,* resulting in retained or difficult menstrual expulsion *(Krcchra pravrtti).* In congestive pathology, structural abnormalities and *Kapha* predominance produce *Srotorodha* and *Rakta sanga*, leading to obstruction (*Avarodha*) of *Apana Vayu* and pelvic congestion.

Vyakta Avastha

Local/Reproductive Symptoms

- Vaginal Dryness: Reduced lubrication causing irritation and painful intercourse.
- Pelvic Pain: Cramping or radiating pain in the lower abdomen, back, groin, or thighs.
- Menstrual Irregularities: Delayed, scanty, heavy, irregular, or painful menstruation.
- Dyspareunia: Sexual activity may become uncomfortable or painful because of pelvic tenderness and reduced lubrication
- Abnormal Vaginal Discharge: Scanty, watery, frothy, or dark-colored discharge.

General/Systemic Symptoms

- Generalized symptoms: Persistent tiredness, reduced energy, and easy fatigability.
- Psychological Symptoms: Irritability, disturbed sleep, anxiety, and emotional restlessness.
- Musculoskeletal Symptoms: Low back pain, constipation, and diffuse body aches.

Bheda Avastha

Chronic *Vata* aggravation produces *Dhatu vaigunya*, particularly involving *Rasa, Rakta,* and reproductive tissues. Persistent impairment of *Apana Vata* may result in conditions such as *Gulma* and *Vandhyatva* due to uterine and channel dysfunction. Long-standing pain and chronic suffering may additionally lead to *Manasika vikara* including *Chinta* and *Udvega*.

Management

The management of *Vatiki Yonivyapad* fundamentally focuses on normalizing *Apana Vata* to relieve pelvic pain and regulate the menstrual cycle. Treatment begins by avoiding causative factors (*Nidana parivarjana*) and restoring the digestive fire (*Agni*), followed by preparatory systemic oleation (*Snehana*) and fomentation (*Swedana*) to counteract *Vata's* cold and dry qualities and relieve pelvic stiffness. The core therapeutic measures are guided by the classical principle

***"Sneha sweda vastyadi vatalasu anilapaham"* (Cha. Chi. 30/41)**,

Systemic purification (*Shodhana*) is central to this protocol, with medicated enemas (*Basti*) considered the supreme therapy due to their direct, regulative effect on the root of *Apana Vata*, while mild purgation (*Virechana*) may be used if *Pitta* and blood (*Rakta*) are involved. To ensure long-term relief, nourish the tissues, and prevent recurrence, the regimen is completed with pacifying (*Shamana*) oral medications (such as pain-relieving herbs, medicated ghee, and milk preparations),

rejuvenation therapies (*Rasayana*), specific menstrual regimens (*Rajaswala Paricharya*), and strict adherence to a *Vata*-balancing diet and lifestyle.

DISCUSSION

Role of *Sthanika Chikitsa* in *Vatiki Yonivyapat*

Sthanika Chikitsa (local therapies) plays a significant role in the management of *Vatiki Yonivyapat* due to its direct and sustained action on the female reproductive tract. As indicated in classical texts:

***"Vatarthanaṁ cha yoninaṁ sekabhyanga pichu kriya"* (Cha. Chi 61-62)**

Procedures such as *Yoni pichu, Parisheka,* and *Abhyanga* are beneficial in *Vataja yonirogas.*

Rationale for *Sthanika Chikitsa* in *Vata pradhana yonivyapat*

In *Vata*-dominant disorders such as *Vatiki Yonivyapat, Sthanika Chikitsa* is considered highly beneficial because it delivers therapeutic agents directly to the affected pelvic tissues and reproductive organs. Vitiated *Vata* is predominantly associated with *Ruksha, Shita, khara*, and *Cala gunas*, leading to pain, constriction, dryness, stiffness, and disturbed *Apana Vayu* function. Therefore, therapies possessing *Snigdha, Ushna, Vedanasthapana*, and *Vatahara* properties are indicated to restore physiological balance. The localized administration of such therapies enables targeted action at the site of pathology, making them especially useful in conditions associated with pelvic pain and dysmenorrhea.

Mechanism of Action and Therapeutic Relevance

The therapeutic effects of *Sthanika Chikitsa* are predominantly mediated through the *Snigdha* and *Ushna* properties of locally administered therapies, which antagonize the *Ruksha* and *Shita gunas* of aggravated *Vata*. Application of medicated *Taila* and *Ghrta* provides local *Snehana*, improves tissue pliability, nourishes pelvic structures, and alleviates stiffness, constriction, and pain. *Ushna*-based procedures such as *Parisheka* and *Swedana* enhance regional circulation, promote relaxation of musculature, and facilitate unobstructed movement within the pelvic channels, thereby supporting normalization of *Apana Vayu* and proper *Artava pravrtti*.

These effects are particularly relevant in congestive dysmenorrhea, where pelvic venous stasis, vascular engorgement, inflammatory edema, and altered uterine dynamics contribute to chronic pelvic heaviness and dull aching pain. From an Ayurvedic perspective, such changes reflect *Rakta sanga, Srotorodha,* and *Avarana* of *Apana Vayu* in the *Garbhashaya* and *Artavavaha srotas.* Local *Ushna* therapies help dissipate stagnation, improve venous and lymphatic drainage, reduce tissue tension, and relieve pressure over pain-sensitive pelvic structures, thereby mitigating congestion-associated discomfort.

Vitiation of *Apana* and *Vyana Vayu* interferes with the normal *Akuñcana–prasarana kriya* of the *Garbhashaya*, leading to painful and uncoordinated uterine contractions. Procedures such as *Yoni Pichu*, *Abhyanga*, and *Uttara Basti* exert a softening and relaxing influence on pelvic tissues, reduce local spasm, and promote physiological downward movement of *Apana Vayu*. Restoration of coordinated uterine activity, together with improved tissue perfusion, may reduce nociceptor sensitization and autonomic overactivity, thereby contributing to relief of dysmenorrheic pain.

In disorders associated with chronic inflammation and structural pathology, including endometriosis, adenomyosis, and chronic pelvic inflammatory disease, persistent pelvic pain is sustained by inflammatory mediators, prostaglandin excess, and tissue irritation. In such conditions, *Yoni Dhavana* and *Parisheka* employing drugs with *Shothahara, Vedanasthapana*, and *Vrana shodhana* properties aid in reducing inflammation, local tenderness, irritation, and mucosal congestion. Preservation of healthy vaginal microenvironment and pH may further minimize recurrent infection and chronic inflammatory changes.[10]

The pharmacodynamic value of medicated *Taila* and *Ghrta* is further enhanced by their lipid-rich nature, which allows prolonged contact with the cervico-vaginal mucosa and facilitates sustained release of active constituents. Their oleaginous base promotes deeper tissue permeation and localized therapeutic action while limiting systemic exposure. This principle is comparable to contemporary lipid-based vaginal drug delivery systems developed for targeted mucosal therapy and extended drug retention.

Modern Vaginal Drug Delivery Systems (VDDS) [11]

From a modern perspective, the effectiveness of *Sthanika Chikitsa* correlates with principles of Vaginal Drug Delivery Systems (VDDS). The vaginal route offers several pharmacokinetic advantages due to its rich vascularity, extensive venous plexus, large absorptive surface area, and bypass of hepatic first-pass metabolism.

Table 1: Therapeutic Advantages of VDDS

Feature	Therapeutic Advantage
Rich vascularity	Rapid absorption
Extensive venous plexus	High local bioavailability
Large absorptive surface area	Enhanced drug uptake
Bypass of hepatic first-pass metabolism	Reduced systemic adverse effects

Specific Procedures and Their Therapeutic Roles

Yoni Pichu

Yoni Pichu is one of the most important *Sthanika Chikitsa* procedures in *Vatiki Yonivyapat* presenting as congestive dysmenorrhea. Medicated oils such as *Guduchyadi Taila, Saindhava Taila, Bala Taila*, and *Dhatakyadi Taila* are used for *Yoni shula, Yoni karkashata*, and *Apana Vaigunya*. The prolonged local retention of *Sneha* provides *Vatahara*, *Shulahara*, and *Brmhana* effects, helping to relieve uterine spasm, pelvic congestion, dryness, and pain. It also corrects disturbed *Apana Vayu*.

Yoni Abhyanga

Yoni Abhyanga with lukewarm medicated oils or ghrtas are useful in conditions characterized by pelvic pain, stiffness, dryness, and muscular constriction. *Bala Taila, Sukumara Ghrta*, and *Phala Sarpi* are specifically indicated. The procedure improves local circulation, relaxes pelvic musculature, strengthens perineal tissues, and reduces dysmenorrheic pain through its *Snigdha* and *Vatahara* actions.

Swedana / Avagaha

Swedana and *Avagaha* are particularly beneficial in congestive dysmenorrhea associated with pelvic congestion, *Yoni sthabdhata, Yoni karkashata*, and uterine spasm. *Ushna Veshavara, Payasa, Krshara Pottali, Sukhoshna Kshira,* and *Dashamula Kvatha* are used as *Vatahara dravyas*. The fomentation effect produces vasodilation, relieves congestion, reduces muscular spasm, and facilitates normal *Apana Vayu* movement.

Uttara Basti

Uttara basti is a localized therapeutic procedure in which medicated oils or *Ghrita* are administered into the reproductive tract. In *Vata*-dominant gynecological disorders, formulations containing *Vata*-pacifying and nourishing drugs such as *Guduchyadi Taila, Traivrta Sneha*, and preparations processed with *Jeevaniya* herbs are traditionally recommended. Owing to its direct local action, *Uttarabasti* helps alleviate pelvic pain, reduce tissue dryness, improve nourishment of reproductive structures, and support normal menstrual function.

Yoni Poorana

Yoni Poorana is indicated in *Vataja Yonivyapat* and *Yoni shula. Himsra Kalka* and *Veshavara* are specifically mentioned. The prolonged retention of medicated *Kalka* or *Sneha* in the vaginal cavity strengthens pelvic tissues, reduces stiffness, and alleviates pain through sustained *Vatahara* and *Balya* action.

Yoni Lepana

Yoni Lepana is useful in *Yoni shula* associated with *Vatiki Yonivyapat*. Formulations containing *Lasuna*, *Grhadhuma, Vishala, Vayuvidanga*, and *Kantakari* are described. *Lepana* acts as *Vatahara*, *Vedanasthapana*, and *Shothahara*, thereby reducing local pain, inflammation, and tenderness.

Yoni Dhavana / Parisheka

Yoni Dhavana or *Parisheka* is beneficial when congestive dysmenorrhea is associated with inflammatory pelvic pathology or tenderness. Decoctions such as *Guduchi, Triphala, Danti, Panchavalkala,* and *Daśamula* are used. These therapies provide *Shothahara*, *Vedanasthapana*, cleansing, and anti-inflammatory effects while reducing local congestion and discomfort.

CONCLUSION

The conventional management of secondary menstrual disorders typically relies on systemic hormonal therapies and analgesics that provide temporary relief but fail to address the underlying structural and vascular stagnation of pelvic congestion. Viewing this condition through the classical Ayurvedic framework of *Vatiki Yonivyapad* introduces a vital paradigm shift, transitioning the clinical focus toward localized physiological restoration. By utilizing site-directed *Sthanika Chikitsa*, this approach applies lipid-rich and thermal therapies directly to the reproductive tract, effectively softening tissues, resolving vascular engorgement, and restoring the natural downward movement of *Apana Vayu* without the adverse effects of prolonged systemic medication. This classical methodology closely mirrors the advanced pharmacological principles of Vaginal Drug Delivery Systems (VDDS), leveraging the extensive local mucosal vascularity to maximize bioavailability and safely bypass hepatic first-pass metabolism. Ultimately, the integration of these targeted Ayurvedic protocols establishes a highly effective, fertility-sparing, and patient-centric model of care, offering women a sustainable solution to chronic

pelvic distress while laying an evidence-based foundation for integrative gynecological practice.

REFERENCES

1. Arruda GT, Barbosa-Silva J, Driusso P, Pathmanathan C, Armijo-Olivo S, Avila MA. Worldwide prevalence of dysmenorrhea: a systematic review and meta-analysis across 70 countries. Pain. 2026 Jan; 167(1): 1-29.
2. Shamsunder S, editor. Manual of Gynaecology. 1st ed. New Delhi: CBS Publishers & Distributors Pvt Ltd; 2007.
3. Latthe PM, Champaneria R. Dysmenorrhoea. BMJ Clin Evid. 2011; 2011: 0813. PMID: 21718556.
4. Laskar S, Goswami DK. Literary review of Udavartini Yonivyapad with reference to primary dysmenorrhea. World Journal of Pharmaceutical Research. 2025; 14(18): 10-22. doi:10.20959/wjpr202518-38050.
5. Dawood MY. Primary dysmenorrhea: advances in pathogenesis and management. Obstet Gynecol. 2006; 108(2): 428-441. doi: 10.1097/01.AOG.0000230214.26638.0c.
6. Rao KA. Textbook of Gynaecology. India: Elsevier, a division of reed Elsevier India Pvt. Limited; 2008. p. 39.
7. Agnivesha. Charaka Samhita. Revised by Charaka and Dridhabala, with Ayurveda Dipika commentary by Chakrapanidatta. Edited by Acharya YT. Varanasi: Chaukhamba Surbharati Prakashan; 2008. Chikitsa Sthana 30.
8. Yadavji Trikamji Acharya, 9th edition, Sushrut samhita, Choukhamba Prakashan, Varanasi, 2003.
9. Vruddha Vagbhat with Shashilekha Sanskrit commentary by Indu prologue in Sanskrit and English by Prof. Jotir Mishra edited by Dr. Shivprasad Sharma, 4th edition, Chaukhamba Sanskrit Series office, 2016.
10. Muraleedharan A, Unnikrishnan P, Narayan P, Bhatt HSK. Ayurvedic treatment protocol for chronic pelvic pain in endometriosis. J Clin Diagn Res. 2018 Dec; 12(12): KD01-KD03. doi:10.7860/JCDR/2018/37364.12369.
11. Soni A, Singla S, Goyal S. Novel concept in vaginal drug delivery system: an overview. World Journal of Pharmaceutical and Life Sciences. 2018; 4(8): 86-92.

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