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Short Communication

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Jatharagni and *Prakriti* of young Indian adult population: A descriptive cross-sectional study



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ABSTRACT

Agni has an important role to play in the physiological functioning of the body. It varies with the bodily constitution of individuals, season, age, and other factors. The uniqueness of each individual is determined by the *Prakriti* which deals with somatic and psychic development. The *Prakriti* directly impacts *Jatharagni* and determines the type of *Jatharagni*. A descriptive cross-sectional survey was conducted among healthy students from both genders aged between 18 and 30 years. *Jatharagni* and *Prakriti* were evaluated using the *Jatharagni* Assessment Questionnaire (JAQ) and a 62-item self-assessment questionnaire validated in previous study. The results indicate that there is a significant association between the types of *Prakriti* and the types of *Jatharagni* χ^2 (6) = 155.14, (p = .001). The post-hoc analysis revealed that *Vatapitta* is associated with the dominance of *Teekshnagni*, *Vatakapha* is associated with the dominance of *Vishamagni*. The result indicates a statistically significant association between types of *Prakriti* and *Kaphapitta* is associated with the dominance of *Vishamagni*. The result indicates a statistically significant association between types of *Prakriti* and *Jarana Shakthi* (Likelihood Ratio (4) = 27.010, p = .001). The study establishes a significant association between *Agni* and *Dvandvaja Prakriti*. *Vatapitta Prakriti* individuals had *Teekshnagni*, *Vatakapha Prakriti* individuals had *Mandagni* and *Kaphapitta Prakriti* individuals had *Teekshnagni*, the analysis should be done with a larger sample size in different populations.

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1. Introduction

According to the fundamental principles of Ayurveda, *Agni* has an important role to play in the physiological functioning of the body. It is the cause of life, complexion, strength, health, nourishment, lustre, *Oja, Teja* (energy), and *Prana* (life energy) [1–3]. *Agni* is the base of life and one of the ten factors that are noted and examined before initiating the treatment of a patient. The state of *Agni* varies with the bodily constitution of individuals, season, age and other factors. *Agni* is concentrated in the *Jathara* (stomach and duodenum) in the form of *Jatharagni* (Charaka Samhita/Chikitsa Sthana/15/6–8) [4] which determines the fate of the human body and it is the invariable agent in the process of *Paka* (digestion, transformation) [5]. It is also responsible for the duration of life,

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health, valour, *Ojas* (the essence of the *dhatus*), the strength of all the *bhutagni* and *dhatvagni* [6]. The *Jatharagni* also influences the lifespan and health of the individual and it is the central digestive power that represents the metabolic functions of the body [7].

The lifestyle of the Indian population is noticeably changing. These changes include skipping meals, inadequate or excessive food intake, excessive usage of carbonated and alcoholic beverages, irregular rest and sleep, imbalance in familial activities, work, high-stress levels. These habits cause indigestion, physiological and psychological distress. When the *Agni* of an individual is *Sama*, that person would be healthy and lead a long, happy and healthy life. But, if the *Agni* of a person is disturbed, the whole metabolism in his body would be disrupted, resulting in ill health and disease [2]. If *Jatharagni* is too weak, it causes compromised digestion of food and leads to malabsorption and accumulation of toxins (*ama*). If *Jatharagni* is too strong, it burns out associated tissues resulting in tissue degeneration [7].

Ayurveda has an individualistic approach that considers each human being separately, *Prakriti* (phenotype-based Ayurveda

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constitution) is an individual's uniqueness and it deals with somatic and psychic development. According to Acharya Charaka, *Panchamahabhuta* and *Chetana* (soul) join to form *Purusha* and the nature of this is *Prakriti*. *Prakriti* [2] is described in Ayurveda based on the three individual Doshas namely *Vata*, *Pitta* and *Kapha*. Individuals are categorized into *Ekadoshaja* and *Dvandvaja* based on the dominance of one or two *Doshas*. The three *Dvandvaja* Doshas are, namely *Vatapitta*, *Vatakapha* and *Pittakapha*. *Prakriti* directly impacts *Jatharagni* and it determines the type of *Jatharagni* in an individual, namely *Tikshna* in *Vatapitta*, *Mandagni* in *Vatakapha* and *Vishamagni* in *Kaphapitta* [2].

Research based on *Prakriti* still in its infantile stage and attention was not paid to the assessment of *Jatharagni* in various *Prakriti*. Hence, researchers undertook the task to evaluate the status of *Jatharagni* in *Dvandvaja Prakriti* individuals. The objective of the study was to make a standard format to assess *Jatharagni* and evaluate it in *Dvandvaja Prakriti* individuals.

2. Materials and methods

2.1. Ethical consideration

The study was approved by the Institutional Ethics Committee of SDM College of Ayurveda, Hassan. The study processes were explained to the participants, and consent forms were obtained before the data collection.

2.2. Study methodology

A descriptive cross-sectional survey was conducted among 150 healthy students from both genders aged between 18 and 30 chosen from a selected college of Hassan district, Karnataka. Individuals who were suffering from systemic disorders and congenital anomalies were excluded from the study. A selfassessment questionnaire based on the references from Charaka Samhita, developed by Kishore Patwardhan [8], was used to screen the study population and participants were selected and recruited based on the sub-scale analysis. Care was taken in this process as a minimum of 50 participants were recruited to the Vatapitta, Vatakapha and Kaphapitta Prakriti group. The questionnaire had three sub-scales, namely Vata, Pitta and Kapha. The sub-scale analysis was done to find out the dominance of Dosha by comparing the percentage of scores obtained for each Dosha subscale. The three Vata, Pitta and Kapha subscale score percentages were compared and the two highest Dosha percentages were considered for the dominance of Doshas. Based on the dominance of Doshas, the participants were classified and grouped into Vatapitta, Vatakapha and Kaphapitta Prakriti. Vatapitta individuals had dominant percentages of both Vata and Pitta, Vatakapha participants had a dominant percentage of Vata and Kapha, and Kaphapitta participants had a dominant percentage of Kapha and Pitta.

The researchers used a proforma to collect demographic information from the participants. *Jatharagni* was evaluated using the *Jatharagni* Assessment Questionnaire (JAQ) developed by the researchers by reviewing the *Lakshanas* (symptoms) of *Vishamagni*, *Teekshnagni* and *Mandagni* in various *Samhitas*. JAQ is a 51 item fivepoint Likert scale that measures the *Jatharagni* using the responses as 1 = strongly disagree, 2 = disagree, 3 = neither disagree nor agree, 4 = agree, and 5 = strongly agree. Higher scores indicate a higher amount of *Agni*. The JAQ consists of four subscales, namely *Vishamagni* with 11 items, *Teekshnagni* with 14 items, *Mandagni* with 13 items and *Samagni* with 13 items. JAQ also contains two additional three-point Likert scales to assess the *Abhyavaharana Shakti* (food intake capacity) and *Jarana Shakti* (digestive capacity). The sub-scale *Abhyavaharana Shakti* contains five items, *Jarana* Shakthi contains six items and the total scores were classified into three categories, namely Avara or mild (5), Madhyama or moderate (6–10), and Pravara or high (11–15). The content validity index for item-level (I-CVIs) and the scale-level (S-CVI) (0.93) were calculated and found to be valid. The reliability (Cronbach's alpha) was computed for all the sub-scales and the alpha values for Vishamagni, Teekshnagni and Mandagni subscales were 0.782, 0.731 and 0.793, respectively. Descriptive and inferential statistics were computed using SPSS Version 16.

3. Results

3.1. Sample characteristics

The sample characteristics of 150 young adults are described in terms of frequency and percentage. Out of 150 participants, 75 (50.00%) were aged between 18 and 21 years, while 62 (41.33%) were aged between 22 and 25 years. Among the total participants, 111 (74.00%) were females. The majority of the participants, i.e., 120 (80.00%) were Hindus. Concerning the diet, 116 (77.37%) had a mixed diet and 30 (20.00%) were vegetarian. Among the total participants, 24 (16.00%) reported having regular constipation and 19 (12.7%) reported that they regularly had sleep disturbances. Complaints of stress were reported in 14 (9.00%) of participants.

3.2. Characteristics of Agni among Vatapitta, Vatakapha and Kaphapitta participants

Out of the 150 participants, 50 each belonged to Vatapitta, Vatakapha and Kaphapitta. In the Vatapitta group, 39 participants had Teekshnagni, 4 participants had Vishamagni, 3 participants had Mandagni, and 4 participants had Samagni. In the Vatakapha group, 33 participants had Mandagni, 7 participants had Vishamagni, 10 participants had Samagni and no one had Teekshnagni. In the Kaphapitta group, 28 participants had Vishamagni, 2 participants had Teekshnagni, 2 had Mandagni and 18 had Samagni.

3.3. Abhyavaharana Shakti

When analyzing the *Abhyavaharana Shakti* among all participants, 110 (73.33%) had *Madhyama Abhyavaharana Shakti* and five (3.33%) only had *Avara Abhyavaharana Shakti*. When comparing the *Prakriti* groups, 26 (52%) and 23 (46%) of *Vatapittaja* individuals had *Madhyama and Pravara Abhyavaharana Shakti*, respectively. Whereas in the *Vatakapha* group, 45 (90%) had *Madhyama Abhyavaharana Shakti*. Meanwhile, in *Kaphapitta* individuals, 39 (78%) had *Madhyama Abhyavaharana Shakti* and 10 (20%) had *Pravara Abhyavaharana Shakti* (see Table 1).

3.4. Jarana Shakti

The analysis of the data collected from the participants revealed that 87 (58%) of them had *Pravara Jarana Shakthi* and 57 (38%) had *Madhyama Jarana Shakthi*. Only six (4%) had *Avara Jarana Shakthi*. When comparing the *Prakriti* groups, 41 (82%) and eight (16%) of *Vatapitta* individuals had *Pravara and Madhyama Jarana Shakti*, respectively. In the *Vatakapha* group, 16 (32%) had *Pravara Jarana Shakti* and 31 (62%) had *Madhyama Jarana Shakti*. Meanwhile, in *Kaphapitta* individuals, 30 (60%) had *Pravara Jarana Shakti* and 18 (36%) had *Madhyama Jarana Shakti* (see Table 1).

3.5. Association between types of Prakriti and types of Jatharagni

Table 2 indicates a significant association between the types of *Prakriti* and *Jatharagni* $\chi^2_{(6)} = 155.14$, (p = .001). The post-hoc

Table 1		
Frequency and percentage dist	ribution of Abhyavaharana Shakti and J	Jarana Shakti among the participants ($N = 150$).

Prakriti	Abhya	Abhyavaharana Shakti						Jarana Shakti					
	Avara		Madhyama		Pravara		Avara		Madhyama		Pravara		
	F	Р	F	Р	F	Р	F	Р	F	Р	F	Р	
Vatapitta	1	2.00	26	52.00	23	46.00	1	2.00	8	16.00	41	82.00	
Vatakapha	2	4.00	45	90.00	3	6.00	3	6.00	31	62.00	16	32.00	
Kaphapitta	2	4.00	39	78.00	10	20.00	2	4.00	18	36.00	30	60.00	
Total	5	3.33	110	73.33	35	23.33	6	4.00	57	38.00	87	58.00	

analysis revealed that *Vatapitta* is associated with the dominance of *Teekshnagni*, *Vatakapha* is associated with the dominance of *Mandagni* and *Kaphapitta* is associated with the dominance of *Vishamagni*.

3.6. Association between types of Prakriti and Abhyavaharana Shakti

The likelihood ratio has been computed to assess the association between types of *Prakriti* and *Abhyavaharana Shakthi*. The result indicates a statistically significant association between the variable (Likelihood Ratio $_{(4)} = 27.936$, p = .001). The post-hoc analysis revealed that *Prakriti* is significantly associated with *Madhyama Abhyavaharana Shakti*.

3.7. Association between types of Prakriti and Jarana Shakti

The likelihood ratio has been computed to assess the association between types of *Prakriti* and *Jarana Shakthi*. The result indicates a statistically significant association between the variables (Likelihood Ratio $_{(4)} = 27.010$, p = .001). The post-hoc analysis revealed that *Vatapitta* and *Kaphapitta Prakriti* are significantly associated with *Pravara Jarana Shakti*. Meanwhile, *Vatakapha* Prakriti is significantly associated with *Madhyama Jarana Shakthi*. The researchers followed reporting guidelines for the dissemination of the findings [9].

4. Discussion

4.1. Vatapitta Prakriti and Agni

The Samana Vata and Apana Vata (Susruta Samhita/Sootra Sthana/12/8–9) subtypes regulate the gastrointestinal functions such as Viveka (digestion, absorption, and segregation of waste) (Susruta Samhita/Sootra Sthana/15/3) [5,14,15]. Among the Vatapitta individuals, most of them had Teekshnagni even though there was a dominance of Vatagunas. This was because of Pitta Dosha and the Yogavahi property (which accentuates the properties of others) of Vata. Yogavahi can carry the property of other Dosha with which it combines. Here it is the Vata Dosha that has this property. Vayu is exceedingly Yogavahi in nature [10]. When combined with Tejas, it produces a burning sensation and when combined with Soma, it produces a cooling effect. It has been stated that even though Vayu is cold in nature because of Yogavahi property, instead of manifesting its own attributes, it manifests the attributes of the Dosha with which it is combined. It is the property of a Yogavahi substance to accentuate the attributes of the matter to which it is added. *Pitta* Dosha has more of Ushna and Teekshna Gunas. Therefore, based on these, they had signs of Galashosha (dryness of throat), Oshtashosha (dryness of lips), and Daaha (burning sensation) after the intake of food. The person usually can digest a large amount of food because of Teekshna Guna and frequently eat food and may complain of Santapa (heat), Daaha etc. Due to Ushna Guna, this Prakriti individual will feel hunger and thirst frequently. Hence, he drinks more amount of water compared to others. From the above discussion points, it is clear that Vatapitta Prakriti will have Teekshnagni.

4.2. Vatakapha Prakriti and Agni

The Vata individuals have irregular digestion patterns and the Kapha individuals have the least metabolic capacity among the three *Prakriti* types [11,12]. Among the participants of *Vatakapha*, most of them had *Mandagni* though there is a dominance of both Vata and Kapha Doshas. Kapha Gunas such as Stimitha. Guru Guna and *Sheeta Guna* appeared to influence the *Agni* of that individual. Based on these Gunas and the Yogavahi property of Vata, the state of Agni was Manda. Mandagni is the state of Agni in which the digestive power is diminished [13]. It is the property of a Yogavahi substance to accentuate the attributes of the matter to which it is added. In this Vatakapha Prakriti individual, due to the presence of Sheeta Guna, Snigdha Guna, and Mandha Guna; the person takes food slowly, leading to less intake of food and hence suffers from the heaviness of abdomen and head, laziness, vomiting sensation, drowsy feeling, etc. From the points mentioned above, it is clear that Vatakapha Prakriti will have Mandagni.

4.3. Kaphapitta Prakriti and Agni

In this study, out of 50 volunteers, 28 had *Vishamagni*. This may be due to the antagonistic property of *Kapha* and *Pitta*. In *Kaphapitta*

Table 2

Frequency and percentage distribution of *Agni* among *Vatapitta*, *Vatakapha* and *Kaphapitta* participants and Chi-square test computed between *Prakriti* and *Jatharagni*.

Agni	Vishamagni		Teekshnagni		Mandagni		Samagni		χ^2	df	p value
Prakriti	F	P (%)	F	P (%)	F	P (%)	F	P (%)			
Vatapitta Vatakapha Kaphapitta	4 7 28	8 14 56	39 0 2	78 0 4	3 33 2	6 66 4	4 10 18	8 20 36	155.14	6	.001 ^a
Total	39	26	41	27.34	38	25.33	32	21.33			

^a Significant at 0.05 level.

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Prakriti, there is a dominance of Gunas related to both Kapha and Pitta. The Gunas of Pitta are Ushna, Teekshna and Drava Guna and that of Kapha are Sheeta, Guru, Sthira Gunas, which are opposite to each other. According to the Aahara Vishesha, there will be variation in Agni that is sometimes Teekshnagni and sometimes Mandagni. This variation in Agni is nothing but the Vishama state of Agni. For example, if a person of Kaphapitta Prakriti is consuming more Kaphakara Aahara and Vihara there will be Mandagni and if he is consuming more Pittakara Aahara and Vihara, there will be Teekshnagni. In an individual with Kaphapitta Prakriti, there will be a presence of Vata Dosha in a small percentage. This Vata has Anyakopana (doing vitiation of Pitta and Kapha) and Prerakatva property (stimulate Pitta and Kapha). Vata will stimulate both Pitta and Kapha inconsistently, so it also plays a role in the state of Vishamagni [14]. These points declare the dominance of Vishamagni in Kaphapitta Prakriti.

4.4. Variation of Agni with the Prakriti

In the present study, 66% of participants had Agni related to their Prakriti. The rest of the participants showed a variation between their Prakriti and Agni. The variation in Agni may be noticed because of their work habits such as psychological tension, varying sleep patterns, dietary habits such as fast foods, junk foods, not following Aahara Vidhi etc. This is seen more among the younger individuals aged between 18 and 30 years. In the present study, 24 individuals had constipation problems, 19 people complained about sleep disturbance. 14 were stressed and most of the volunteers were following a mixed diet pattern. This may possibly be a reason for the variation of Agni with their Prakriti. Ahita Nidra also leads to Mandagni. Decreased or disturbed sleep will increase Rooksha Guna in the body and it will also affect the state of Agni. Constipation will lead to the vitiation of Apana Vata and cause upward movement of this Vata. It leads to impairment in the Tridoshic equilibrium of Koshta by vitiating Jatharagni. If Mamsashana is not done correctly without following the Ahara Vidhi will lead to impairment in Jatharagni as it is Guru and Shleshmala. Stress hampers Agni. In Ahara Vidhi, there is a description to consume food with the concentration of mind and consciousness of self. When a person is stressed, his mind gets disturbed and may be afflicted by anger, anxiety etc. It, in turn, hampers the Agni.

4.5. Prakriti and Abhyavaharana Shakti, Jarana Shakti

Among the 26 members in Vatapitta group, 45 members in Vatakapha group, and 39 members in the Kaphapitta group had Madhyama Abhyavaharana Shakti, which was statistically significant. In Vatapitta 23 members had Pravara Abhyavaharana Shakti. Out of 150 participants, 49 members in Vatapitta, 31 members in Vatakapha, and 30 members in the Kaphapitta, group had Pravara Jarana Shakti which was statistically significant. One of the reasons behind Pravara Jarana Shakti and Madhyama Abhyavaharana Shakti could be because of the influence of Ritu on Jatharagni [15]. The study was carried out in the Hemantha Ritu that is in November and December. In this season, because of the Sheetala Vayu in the external environment, internal Agni gets stimulated more and Shareerika Bala will be Shreshta. Also, the study was carried out in the Madhyama and Youvana age group individuals. As it is Pitta dominant age, the digestive capacity will be good. Hence, this might be why a maximum number of persons in this study have good digestive power and ingestion capacity irrespective of Prakriti.

4.5.1. Limitations

The study was conducted in a small group of participants and the results should be proven with a larger sample size in different populations. The study does not undertake a gender-based analysis due to a small number of male participants compared to female participants. The study was conducted on young adults and the result cannot be generalized to the middle-aged or older adult population.

5. Conclusion

Agni has a spreading nature and is responsible for all types of transformations in the body. It plays a very important role in the growth, development and maintenance of the body. There is a definite type of Jatharagni for a particular Prakriti and this is predetermined. Understanding one's own Agni and Prakriti helps individuals choose a specific diet and regimes for a healthy life. The study establishes the association between Agni and Dvandvaja Prakriti. It was observed that Vatapitta Prakriti individuals had Teekshnagni, Vatakapha Prakriti individuals had Mandagni, and Kaphapitta Prakriti had Vishamagni. Although the results were promising, they should be proven with a larger sample size in different populations.

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Author contributions

Meera Kuttikrishnan: Conceptualization, Methodology, Investigation.

Rudresh Sridhar: Validation, Writing, Reviewing & Editing. **Elgeena Varghese:** Formal analysis, Original draft preparation.

Conflict of interest

None.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.jaim.2021.04.008.

References

- Charaka. In: Sukumar BS, Shashirekha HK, editors. Charaka Samhita: sutra sthana. Varanasi: Chaukhambha Publications; 2017.
- [2] Caraka Drdhbala. In: Chaturvedi G, editor. Caraka Samhita (Part-1) of agnivesa. Kashinath sasthri. Varanasi: Chaukhambha Bharati Academy; 2019. p. 992.
- [3] Agrawal S, Verma V, Gehlot S. Explication on tissue nutrition in prenatal and postnatal life: an Ayurveda perspective [Internet] J Ayurveda Integr Med 2020;12(1). https://doi.org/10.1016/j.jaim.2020.05.002. Available from: https://www.sciencedirect.com/science/article/pii/S097594761830682X.
- [4] Patwardhan K, Ojha SN, Upadhyaya W, Samant A. Grahani chikitsa adhyaya. In: Singh G, Goyal M, Deole YS, Basisht G, editors. Charak Samhita. 1st ed. Charak Samhita Research, Training and Skill Development Centre (CSRTSDC); 2020. p. 88. 88.
- [5] Agrawal A, Yadav C, Meena M. Physiological aspects of Agni [Internet] Ayu 2010;31(3):395–8. Available from: https://www.ncbi.nlm.nih.gov/pmc/ articles/PMC3221079/#ref1.
- [6] Vagbhata. In: Arunadatta Hemadri, Kunte MA, Navre R, Paradkar H, editors. The astangahridaya: a compendium of the ayurvedic system. Nirnaya-Sagar Press; 1939.
- [7] Rao RV. Ayurveda and the science of aging [Internet] J Ayurveda Integr Med 2018;9(3):225–32. https://doi.org/10.1016/j.jaim.2017.10.002. Available from: https://www.sciencedirect.com/science/article/pii/S0975947617304114.
- [8] Bhalerao S, Patwardhan K. Prakriti-based research: good reporting practices. J Ayurveda Integr Med 2016;7:69–72. https://doi.org/10.1016/j.jaim.2015.08.002. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4910291/.
- [9] Yesodharan R, Renjith V, Jose TT. Improving nursing research reporting: a guide to reporting guidelines. Indian J Public Heal Res Dev 2018 Apr 1;9(4):301–6.
- [10] Baikampady SV. Vata dynamics with special reference to cardiac disorders a cross-disciplinary approach [Internet] J Ayurveda Integr Med 2020;11(4):

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432-9. https://doi.org/10.1016/j.jaim.2020.10.005. Available from: https://pubmed.ncbi.nlm.nih.gov/33218848/.

- [11] Hankey A. A possible basis for ayubacteriomics [Internet] J Ayurveda Integr Med 2011;2(2):96. Available from: https://www.embase.com/search/results? subaction=viewrecord&id=L362079577&from=export.
- [12] Jnana A, Murali TS, Guruprasad KP, Satyamoorthy K. Prakriti phenotypes as a stratifier of gut microbiome: a new frontier in personalized medicine? [Internet] J Ayurveda Integr Med 2020;11(3):360–5. https://doi.org/10.1016/ j.jaim.2020.05.013. Available from: https://www.sciencedirect.com/science/ article/pii/S0975947620300413.
- [13] Singh SK, Rajoria K. Ayurvedic management of chronic constipation in Hirschsprung disease – a case study [Internet] J Ayurveda Integr Med

2018;9(2):131–5. https://doi.org/10.1016/j.jaim.2017.11.004. Available from: https://www.sciencedirect.com/science/article/pii/S0975947617304758.

- [14] Steer E. A cross comparison between Ayurvedic etiology of Major Depressive Disorder and bidirectional effect of gut dysregulation [Internet]] Ayurveda Integr Med 2019;10(1):59–66. https://doi.org/10.1016/j.jaim.2017.08.002. Available from: https://www.sciencedirect.com/science/article/pii/S0975947617302310.
- [15] Tarapure S, Tubaki BR, Khot S. Elastographic liver evaluation of Katukyadi churna in the management of Non-Alcoholic Steatohepatitis (NASH) – a single arm clinical trial [Internet] J Ayurveda Integr Med 2021;12(1). https://doi.org/ 10.1016/j.jaim.2020.12.015. Available from: https://www.sciencedirect.com/ science/article/pii/S0975947621000012.