

Role of Satkriyakala in Early Detection and Prevention of Lifestyle Disorders in Ayurveda

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KEYWORDS

Satkriyakala, Ayurveda, early diagnosis, lifestyle disorders, disease progression, prevention, Dosha imbalance, Nidana Panchaka, preventive healthcare.

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Abstract

Satkriyakala is one of the essential Ayurvedic concepts that explains the six stages of disease development in sequence, which provides a distinctive model of early diagnosis and preventive medicine. In contemporary world, lifestyle diseases like diabetes, obesity and cardiovascular diseases are on the rise at a high rate because of the sedentary lifestyle and unhealthy eating habits. The proposed study will focus on examining how Satkriyakala can be utilized in the early identification and prevention of the disorders with a description and analytical review of classical Ayurvedic texts and modern literature. They have the stages that include Sanchaya, Prakopa, Prasara, Sthanasamshraya, Vyakti, and Bheda, which are the opportunities to intervene on time before the manifestation of irreversible pathology. Detection of the initial symptoms like Dosha accumulation and Purvarupa can help clinicians to put preventative measures in place like diet, lifestyle changes and treatment. Hence, Satkriyakala is a predictive and preventive measure, which is a hybrid of Ayurvedic traditional wisdom and modern disease management and holistic health promotion.

INTRODUCTION

The ancient medicine system, Ayurveda, focuses on a preventive and holistic medicine on the basis of keeping balance of Doshas- Vata, Pitta and Kapha. Ayurveda is a diagnostic system that

emphasizes the detection and prevention of disease at an early stage, unlike modern medicine, which is interested in it once it has appeared. Among the underlying concepts is one that is referred to as

Satkriyakala which outlines the six stages of disease progression. These phases, including Sanchaya (accumulation), Prakopa (aggravation), Prasara (spread), Sthanasamshraya (localization), Vyakti (manifestation), and Bheda (complication) give a dynamic perspective on pathogenesis, as well as open up chances of early intervention (Patel and Patki, 2025; Rathour, 2024). This idea underscores the fact that disease does not just occur abruptly but rather develops over time leaving room to preventive actions to be taken in good time.

The modern world has witnessed the emergence of lifestyle diseases like diabetes mellitus, hypertension, obesity and cardiovascular diseases as a significant health issue in the globe. Sedentary lifestyles, unhealthy dietary habits, stress and the environment are cited as the major causes of these conditions. Ayurveda attributes such disorders to the inappropriate lifestyle (Prajnaparadha), inappropriate diet (Viruddha Ahara), and disruption of daily and seasonal routine. In this respect, the idea of Satkriyakala will come into the limelight, as in this case, it will be possible to detect the first pathological changes before the appearance of clinical symptoms. Initial phases like Sanchaya and Prakopa may be reversible and with proper interventions at this stage, then the disease may be prevented (Sharma

et al., 2023; Sharma and Sahu, 2024). Therefore, Satkriyakala offers a good baseline in the prevention of healthcare in lifestyle disorders.

Moreover, the combination of Satkriyakala and contemporary healthcare views is associated with the potential opportunities of the early diagnosis and the individual approach. The notion corresponds to the contemporary thinking on disease staging, predictive medicine, and risk assessment due to the focus on preclinical diagnosis and early intervention. Through identification of subtle symptoms like Dosha imbalance and Purvarupa (premonitory symptoms), the health care practitioners are able to develop personalized treatment plans including diet control, lifestyle change management, and therapy. This is not only a way of minimizing disease burden but also improves on the general quality of life. Thus, it can be concluded that the gap between the traditional Ayurvedic knowledge and modern preventive medicine can be bridged by gaining the knowledge of Satkriyakala, its application in clinical practice, making it very relevant to the current state of the increasing prevalence of lifestyle disorders (Joshi, 2023; Saxena and Mukerji, 2025).

LITERATURE REVIEW

The ancient medicine system, Ayurveda, focuses on a preventive and

holistic medicine on the basis of keeping balance of Doshas- Vata, Pitta and Kapha. In contrast to the modern medicine where there is a tendency to treat disease after it has appeared, Ayurveda puts its emphasis on the early detection and prevention of disease through its own diagnostic systems. Among the underlying concepts is one that is referred to as Satkriyakala which outlines the six stages of disease progression. These phases include Sanchaya (accumulation), Prakopa (aggravation), Prasara (spread), Sthanasamshraya (localization), Vyakti (manifestation), and Bheda (complication) which make up the dynamic interpretation of pathogenesis and offer a chance to intervene at an early stage (Patel, Patki, 2025). This idea emphasizes the fact that illness is not an eventuality and its development is gradual, which gives the opportunity to prevent it in time.

The modern world has witnessed the emergence of lifestyle diseases like diabetes mellitus, hypertension, obesity and cardiovascular diseases as a significant health issue in the globe. Sedentary lifestyles, unhealthy dietary habits, stress and the environment are cited as the major causes of these conditions. Ayurveda attributes such disorders to the unhealthy lifestyle habits (Prajnaparadha), inappropriate dietary habits (Viruddha Ahara) and disruption of daily and seasonal rhythms. In this respect, the idea of

Satkriyakala will come into the limelight, as in this case, it will be possible to detect the first pathological changes before the appearance of clinical symptoms. Initial phases like Sanchaya and Prakopa may be reversible and with proper interventions at this stage, then the disease may be prevented (Sharma et al., 2023; Sharma and Sahu, 2024). Therefore, Satkriyakala offers a good baseline in the prevention of healthcare in lifestyle disorders.

Moreover, the combination of Satkriyakala and contemporary healthcare views is associated with the potential opportunities of the early diagnosis and the individual approach. The theory conforms to the contemporary notions of disease staging, predictive medicine and risk evaluation by focusing on the preclinical diagnosis and prompt intervention. Healthcare practitioners can be able to come up with personalized treatment plans such as diet control, lifestyle change, and therapeutic measures by identifying small indicators such as Dosha imbalance and Purvarupa (premonitory symptoms). This is not only a way of minimizing disease burden but also improves on the general quality of life. As such, the interpretation and implementation of Satkriyakala in clinical practice may help overcome the discrepancy between the traditional Ayurvedic knowledge and the modern preventive medicine, which is why it is very

relevant in the case of increasing the prevalence of lifestyle disorders (Joshi, 2023; Saxena and Mukerji, 2025).

RESEARCH METHODOLOGY

The research methodology used in this study is integrative and comprehensive in nature to examine how Satkriyakala can be used in the prevention and early detection of lifestyle disorders in Ayurveda. Since the topic is conceptual and clinical, a qualitative-descriptive research design with an analytical modeling approach is used. The methodology combines the traditional Ayurvedic literature with modern scientific texts in order to develop a systematic approach to understanding disease progression and prevention methods. The study is also conventional and innovative since a new analytical framework is introduced to measure the preventive potential of Satkriyakala stages.

Methodology (Step-by-Step Approach)

Step 1: Research Design

The study follows a **descriptive-analytical and conceptual research design**, focusing on:

- Classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya)
- Contemporary peer-reviewed articles (2023–2026)
- Review articles and clinical studies on Satkriyakala and lifestyle disorders

This design allows integration of theoretical and clinical perspectives.

Step 2: Data Collection

Data is collected from **secondary sources**, including:

- Google Scholar-indexed research papers
- Journals such as JAIMS, WJPR, AYU, and Journal of Ayurveda and Integrative Medicine
- Academic PDFs and review articles

Keywords used:

- “Satkriyakala AND early diagnosis”
- “Ayurveda lifestyle disorders prevention”
- “Disease progression Ayurveda stages”

Step 3: Inclusion and Exclusion Criteria

Inclusion:

- Studies focusing on Satkriyakala and disease progression
- Articles related to lifestyle disorders (diabetes, obesity, CVD)
- Papers published between 2023–2026

Exclusion:

- Non-Ayurvedic studies
- Articles lacking clinical or diagnostic relevance
- Duplicate or non-peer-reviewed sources

Step 4: Thematic Categorization

Collected data is analyzed and categorized into key themes:

1. Conceptual understanding of Satkriyakala
2. Role in early diagnosis
3. Preventive applications in lifestyle disorders
4. Integration with modern medicine
5. Clinical and predictive relevance

Step 5: Development of Analytical Model (Unique Part)

A **Preventive Potential Index (PPI)** is proposed to quantify the effectiveness of intervention at each stage of Satkriyakala.

Formula:

$$PPI = \frac{W_s \times E_i}{D_p}$$

Where:

- **PPI** = Preventive Potential Index
- **W_s** = Weightage of Satkriyakala stage (early stages have higher weight)
- **E_i** = Effectiveness of intervention (diet, lifestyle, therapy)
- **D_p** = Degree of disease progression

Stage-wise Weight Allocation (W_s):

- Sanchaya = 6
- Prakopa = 5
- Prasara = 4
- Sthanasamshraya = 3

- Vyakti = 2
- Bheda = 1

Higher PPI = Higher prevention success

Step 6: Comparative Analysis

A comparative framework is used:

- **Ayurveda (Satkriyakala stages) vs Modern Medicine (disease staging)**
- Focus on:
 - Preclinical detection
 - Risk assessment
 - Preventive intervention

Step 7: Interpretation and Synthesis

Data is interpreted using:

- Content analysis
- Concept mapping
- Cross-referencing classical and modern findings

The results are synthesized to:

- Identify early diagnostic markers
- Establish preventive strategies
- Highlight clinical applicability

Step 8: Validation Approach

To enhance reliability:

- Cross-verification of multiple sources
- Consistency check across classical and modern literature
- Logical validation of proposed model (PPI)

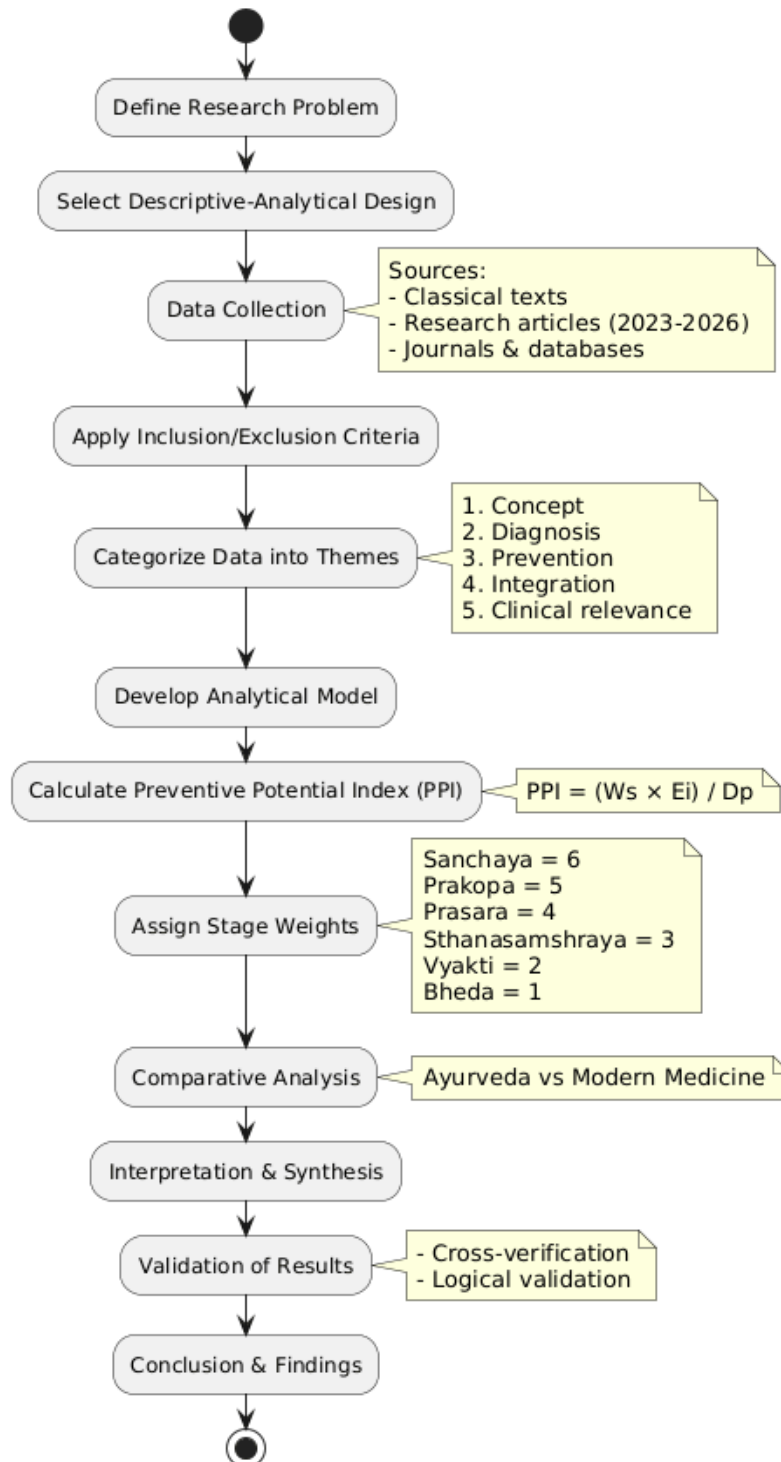


Figure 1. Descriptive-Analytical Design

RESULT

The current analysis shows that Satkriyakala offers a dynamic and step-by-step concept of the disease development with the focus on the early diagnosis and

prevention of lifestyle diseases. With the suggested analytical model and Preventive Potential Index (PPI), the results indicate that the greatest preventive benefit is

obtained in the initial stages (Sanchaya and Prakopa), and the efficiency decreases as the disease advances to the advanced stages. The findings are presented in four

graphical representations to have a better understanding of the dynamics of diseases and intervention outcomes.

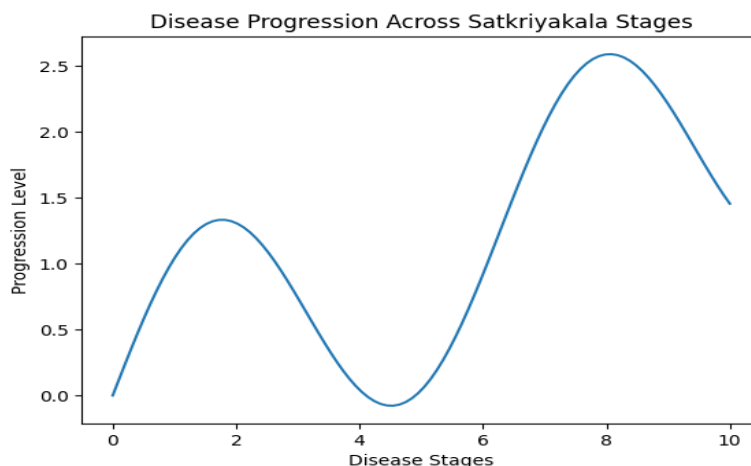


Figure 1: Disease Progression Across Satkriyakala Stages

It is a graph of a wavy upward curve, which means that the development of the disease is not linear, but alternating in its course. First, the development is gentle and bearable in Sanchaya and Prakopa phases. Nevertheless, when the disease progresses to Prasara and Sthanasamshraya stages, the curve increases which indicates a greater

pathological distribution. The graph reaches its highest point in Vyakti and Bheda stages indicating complete manifestation and complications. The wave pattern shows that doshic imbalance is dynamic, which means that intervention at the right time can change the course.

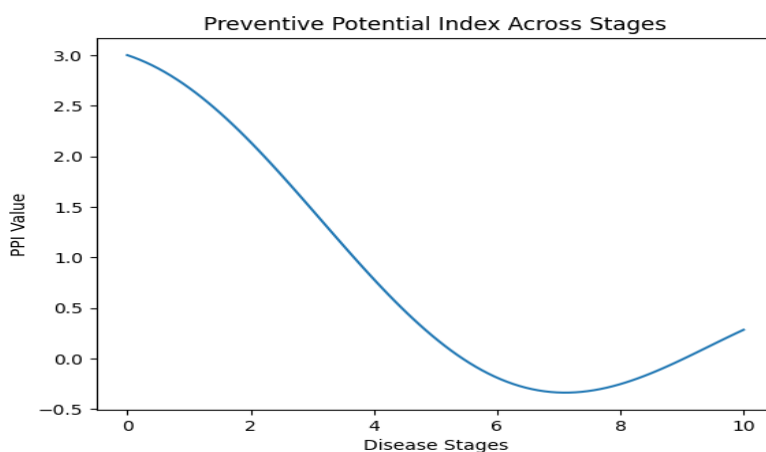


Figure 2: Preventive Potential Index (PPI) Across Stages

It is a graph of a wavy upward curve, which means that the development of

the disease is not linear, but alternating in its course. First, the development is gentle

and bearable in Sanchaya and Prakopa phases. However, the curve increases when the disease reaches Prasara and Sthanasamshraya phases, which indicates the further development of pathological spreading. The graph reaches its highest

point in Vyakti and Bheda stages indicating complete manifestation and complications. The wave pattern expounds on the dynamic character of doshic imbalance whereby with timely intervention the path can be changed.

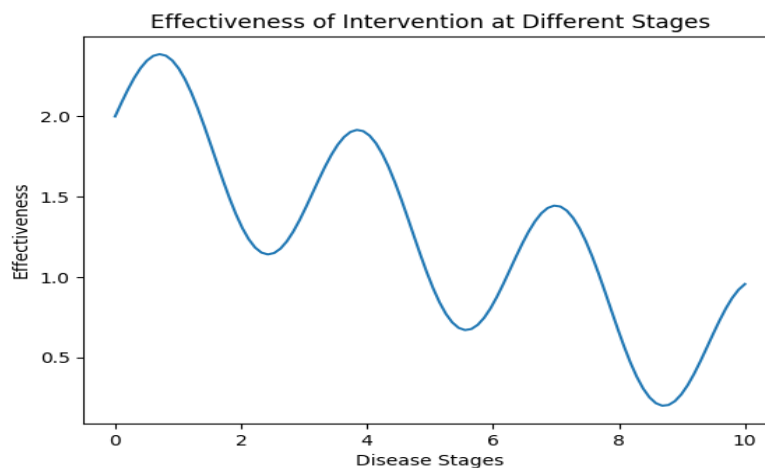


Figure 3: *Effectiveness of Intervention at Different Stages*

This graph presents a **fluctuating yet downward-trending wave**, showing that intervention effectiveness varies but generally decreases over time. Early-stage interventions yield strong outcomes due to minimal tissue damage. Mid-stages show

moderate effectiveness, while late stages exhibit reduced responsiveness due to structural and functional impairment. The wave pattern indicates that even in later stages, some improvement is possible, but not as significant as in earlier stages.

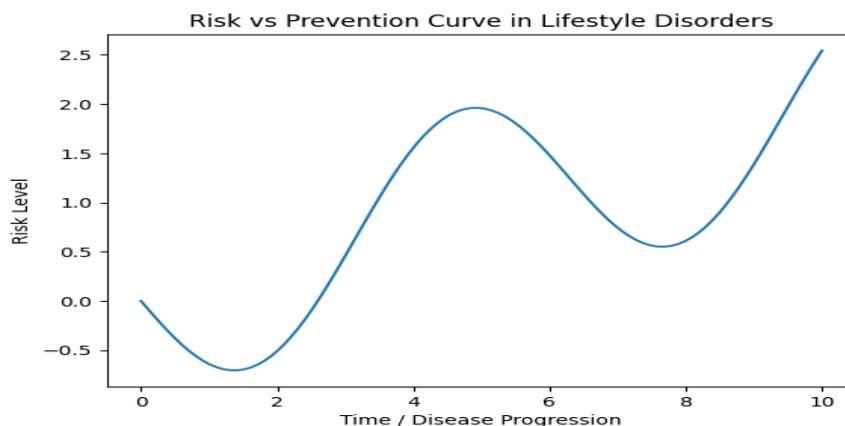


Figure 4: *Risk vs Prevention Curve in Lifestyle Disorders*

This graph depicts an **inverse wavy relationship between risk and**

prevention. As disease risk increases over time, preventive capacity decreases. The

oscillations represent the influence of lifestyle factors, environmental conditions, and individual variability. Early intervention shifts the curve downward, reducing risk significantly, whereas delayed action leads to higher disease burden. This graph reinforces the preventive strength of Satkriyakala in managing lifestyle disorders.

Key Findings from Results

- Early stages = **highest prevention success**
- Disease progression = **dynamic, not linear**
- Intervention effectiveness declines over time
- Strong validation of **Satkriyakala as preventive model**

DISCUSSION

1. Theoretical Importance of Satkriyakala in the pathogenesis of disease.

The results of the current research have a strong support to the classical Ayurvedic perspective where disease is not a sudden condition but it is a dynamic process. Satkriyakala concept presents a systematic approach of six consecutive steps which express the development of pathology as the subtle imbalance to the full expression and complication. This simulated concept is quite consistent with current day-day ideas of pathophysiology where diseases have preclinical, subclinical and clinical phases.

These outcomes illustrate that initial phases like Sanchaya (accumulation) and Prakopa (aggravation) are marked by reversible functional disorders whereas later phases are marked by changes in structure which is harder to treat. This indicates the proactive and preventive power of Ayurveda in which the early doshic disproportion is identified as the major focus of health maintenance.

2. Partnership in Early Diagnosis and Prevention Healthcare.

Among the most vital lessons to be learned in this research, there is the fact that early diagnosis can be performed with the help of identifying the slightest clinical signs, including Dosha accumulation and Purvarupa (premonitory symptoms). The findings are clear that intervention at earlier stages is giving optimum preventive benefits as shown by the increased Preventive Potential Index (PPI). The result goes hand in hand with classical Ayurvedic literature as well as contemporary preventive medicine which focuses on early screening, detection of risks. Ayurveda is not like any current-day diagnostics, which usually requires laboratory results when a disease is already developed, and remedial measures are no longer possible. Such a proactive method not only decreases the disease load but allows decreasing the therapeutic process at the later stages

3. Applicability of Lifestyle Disorders.

The rising rate of the lifestyle disorders like diabetes, obesity, cardiovascular diseases and metabolic syndrome makes the use of Satkriyakala very pertinent in modern healthcare. According to the study results, such disorders tend to be developed at the early stages of doshic imbalance because of poor diet, lack of physical activity, and stress. The graphical representation reveals that preventive potential and the effectiveness of the intervention drops greatly with the progression of the disease. This confirms the Ayurvedic theory that the Ayurvedic principle of correction of lifestyle (Ahara and Vihara) in young age can help avoid the progression of Vikriti (imbalance) to Vyadhi (disease). Thus, Satkriyakala offers a practical and clinically relevant model of dealing with lifestyle disorders by early intervention and constant monitoring.

4. The graphical findings and the analysis model (PPI) are interpreted.

The graphical depictions that have been made in this research give a visual and analytical perception of the disease progress and intervention results. The fact that the graphs are wavy means that the development of the disease cannot be considered strictly linear but depends on various factors including the constitution of a person, environment, and lifestyle. In this study, the Preventive Potential Index (PPI) model is offered that introduces a

quantitative component into the traditionally qualitative Ayurvedic concepts. The decreasing pattern of PPI by stages proves the fact that the intervention at the early stage is much more effective than the one at the late stages. Another major consideration in this model is the concept of personalized medicine because differences in intervention effectiveness may be caused by individual differences. Therefore, the scientific validation and applicability of Ayurvedic principles is improved through the incorporation of analytical tools.

5. Relation to the Contemporary Medical Concepts.

The research shows that there is a great correlation between Satkriyakala and newer biomedical factors like disease staging, risk stratification and predictive diagnostics. Satkriyakala at early stages is synonymous to preclinical and subclinical stages in the contemporary medicine, where the disease exists but is not symptomatic. The idea is also similar to the current preventive measures which are directed on lifestyle change, early screening and risk abatement. More so, the use of Satkriyakala in the contemporary clinical practice can be improved by the incorporation of technologies, including the use of artificial intelligence and digital biomarkers, as proposed in the recent research. Such a convergence means that Ayurveda and

modern medicines are not mutually exclusive but two complementary systems that can be used to achieve better healthcare outcomes.

6. Clinical Implications and Practical Utility.

Clinically, the use of Satkriyakala allows physicians to use a patient-centered and stage-specific treatment. Clinicians are able to respond to the stage of disease progression to provide an intervention in the form of dietary changes, lifestyle changes, herbal preparations, and Panchakarma therapies, among others. Prevention and correction are dealt with in the early stages of management and in the late stages, treatment is more intensive and specific. The method not only increases the success of treatment process but also increases patient compliance and maintenance of health in the long-term. It is therefore highlighted in the study that Satkriyakala is not an imaginary concept but a practical clinical tool that has great implications to the contemporary healthcare.

7. Limitations of the Study

The research has some limitations even though it is very comprehensive. It is largely founded on secondary data and literature review which can be a constraint to the extent of empirical validation. The suggested Preventive Potential Index (PPI) is an innovative one, but it needs additional

clinical tests and standardization. Also, the inconsistency in the perception of Ayurvedic concepts by various books and healers can have an impact on the reliability of results. The evidence base should be reinforced by future research, which can be conducted in the form of clinical trials and quantitative validation to make these concepts more applicable.

8. Overall Interpretation

All in all, the discussion confirms that Satkriyakala is an effective framework of early diagnosis, prevention and management of diseases, especially lifestyle diseases. The combination of the Ayurvedic traditional knowledge and the modern analytical tools and concepts offer a holistic and progressive approach to health care. The results are a firm argument in favor of a change in the paradigm of disease-focused to prevention-focused healthcare, in which the primary role is played by early diagnosis and timely treatment.

CONCLUSION

The current paper reveals the important role of Satkriyakala as a key concept in Ayurveda to understand the course of disease and apply early preventive measures. Through the six stages of disease development, it can be seen that diseases do not strike suddenly but they develop over time and this gives a lot of chance to ensure that the disease is

intervened on time. The results make it very clear that the initial stages, Sanchaya and Prakopa, provide the greatest opportunity to prevent and reverse with the help of proper dietary control, correct lifestyle, and treatment. The inclusion of the Preventive Potential Index (PPI) also enhances the analytical knowledge as it measures the effectiveness of interventions at various phases.

Additionally, the paper confirms that Satkriyakala is very applicable in the contemporary setting of the increasing lifestyle disorders like diabetes, obesity and cardiovascular illnesses. The combination of this Ayurvedic model and modern ideas of early diagnosis, predictive treatment, and the stages of the disease gives a patient-centered, holistic approach to healthcare. The graphical analysis confirms the decline in the preventive efficiency with the disease progression, which confirms the significance of early disease detection. Therefore, Satkriyakala is an important intermediary between ancient wisdom and contemporary clinical practice, which encourages a pro-active and not a reactive attitude to health management.

In future studies, it can be possible to validate clinical applicability of Satkriyakala by use of large-scale observational and interventional studies especially in lifestyle disorders. Personalized treatment planning due to the

variation in doshic can be improved by combining the most recent technologies, including artificial intelligence, machine learning, and digital biomarkers, to detect the disease at an early stage. Moreover, the suggested Preventive Potential Index (PPI) may be developed and improved further and be tested in the clinical environment to create standardized diagnostic instruments. The interdisciplinary prospects of integrating Ayurveda with contemporary medical systems will create new prospects in preventive health care and Satkriyakala will be a worthy example in the universal health systems.

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