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A REVIEW OF *VACHADI GANA KALA BASTI* AND *HARIDRADI GANA KALA BASTI* IN THE MANAGEMENT OF DYSLIPIDEMIA (*SHONITA ABHISHYANDA*)

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ABSTRACT

Dyslipidemia, marked by deranged levels of Total Cholesterol, Triglycerides, LDL, VLDL and HDL, is a rapidly growing metabolic disorder associated with sedentary lifestyle, faulty dietary habits, obesity and insulin resistance, and is an important risk factor for cardiovascular disease. In Ayurveda this condition finds close correlation with *Shonita Abhishyanda*, a *Viruddhaharajanya* and *Santarpanajanya Vyadhi* arising from Excessive *Abhishyandi guna* intake progressive *Kapha-Meda Dushti* superimposed on *Mandagni* and *Ama* formation within the *Raktavaha Srotas*. *Basti*, described by *Acharya Charaka* as *Ardha Chikitsa*, is regarded as the principal *Shodhana* therapy for such *Kapha-Meda* disorders, through its *Lekhana*, *Rukshana* and *Srotoshodhana* actions. *Lekhana* type *Basti* in particular is indicated for conditions of excess *Kapha* and *Medodhatu*. This review compiles and compares two classical *Kala Basti* formulations described together in *Ashtanga Hridaya*, namely *Vachadi Gana* and *Haridradi Gana*, examining their composition, dose, method of preparation, mode of administration, and probable role in the management of Dyslipidemia. *Vachadi Gana*, composed of *Vacha, Musta, Devadaru, Shunthi, Ativisha* and *Haritaki*, carries a predominantly *Deepana, Pachana, Lekhana* and *Kapha-Vata Shamaka* profile, while *Haridradi Gana*, composed of *Haridra, Daruharidra, Yashtimadhu, Prishniparni and Kutaja*, combines *Lekhana* action

with a stronger *Kapha-Pitta Shamaka* and hepato-supportive character. Administered as *Kala Basti* with alternating *Niruha* and *Anuvasana Basti*, both formulations appear to act through correction of *Agni*, reduction of *Ama* and *Kapha-Meda*, and *Srotoshodhana* of the *Raktavaha Srotas*. This review provides a conceptual and pharmacological basis supporting the use of these two *Ganas* as complementary *Shodhana* options in the management of Dyslipidemia.

KEYWORDS: *Ayurveda, Kala Basti, Vachadi Gana, Haridradi Gana, Dyslipidemia, Shonita Abhishyanda.*

1. INTRODUCTION

Dyslipidemia is a metabolic disorder in which the levels of circulating lipids and lipoproteins become abnormal, mainly in the form of increased Total Cholesterol, Triglycerides, LDL-C and VLDL-C, with or without decreased HDL-C. Changes in diet, sedentary habits and disturbed metabolism have contributed to its rising occurrence, and it is closely associated with obesity, insulin resistance and metabolic syndrome, being an important risk factor for cardiovascular disease.[1]

From the Ayurvedic point of view, Dyslipidemia may be understood in relation to *Shonita Abhishyanda*, described under *Santarpanajanya Vyadhi* and involving excessive *Abhishyandana* of *Rakta* along with *Kapha* and *Meda Dushti*.[2] The *samprapti* may be traced from *Viruddhahara* and other *Santarpanajanya Nidanas*, which increase *Kapha* and *Meda* and impair *Jatharagni*.[3] The resulting *Mandagni* favours *Ama* formation and improper metabolism of *Meda Dhatu*, leading to disturbance of *Rasa-Rakta Dhatu* and progressive *Srotorodha* in the *Raktavaha Srotas*, which may advance to *Dhamani Pratichaya* and *Margavarana*. This *Kapha-Meda Dushti* and *Srotorodha* also links *Shonita Abhishyanda* conceptually with *Sthoulya, Prameha and Hridroga*.

Basti is considered by *Acharya Charaka* to be *Ardha Chikitsa*, capable of correcting *Vata* and, through *Vata*, the *Agni* of every *Dhatu* including *Meda*.[4] Among the *Basti* types, *Lekhana, Tikshana* type of *Basti*, built from *Katu-Tikta-Kashaya, Laghu-Ruksha-Ushna Dravyas*, is specifically indicated for *Kapha-Meda* disorders.[5] such as Dyslipidemia. Where the underlying pathology is considered deep-seated, as in *Shonita Abhishyanda*, a single *Basti* is regarded as insufficient, and a *Kala Basti* schedule alternating *Niruha* and *Anuvasana Basti* over a defined period is preferred.

Acharya Vagbhata describes *Vachadi Gana* and *Haridradi Gana* together in the *Shodhanadi Adhyaya* of *Ashtanga Hridaya*, stating that these two *Ganas* destroy *Ama-Atisara* and eliminate the vitiation of *Meda, Kapha, Vata* and *Stanya*.[6]

वचाजलददेवाह्वनागरातिविषाभयाः |हरिद्राद्वययष्ट्याह्वकलशीकुटजोद्भवाः||३५||

वचाहरिद्रादिगणावामातीसारनाशनौ|मेदःकफाढ्यपवनस्तन्यदोषनिबर्हणौ||

(A.H. Su. 15/35-36)

This textual association of the two *Ganas*, together with their shared *Deepana-Pachana-Lekhana* character and their contrasting *Vata*-kindling and *Pitta*-pacifying emphases, forms the basis for the present review, which compiles their composition, dose, preparation, administration and probable therapeutic role in Dyslipidemia (*Shonita Abhishyanda).*

2. MATERIALS AND METHODS

This review was compiled from Vedic and Ayurvedic Samhitas (*Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita and Sharangadhara Samhita)* along with their standard commentaries, Sanskrit dictionaries, contemporary textbooks, peer-reviewed research articles and relevant online scientific databases. Classical references pertaining to *Vachadi Gana, Haridradi Gana, Niruha Basti* and *Anuvasana Basti* were extracted, cross-checked across commentaries, and correlated with contemporary pharmacological literature on the constituent drugs. The *Basti* formulations were prepared using the commonly described components of *Niruha Basti*, with the respective *Vachadi Gana* and *Haridradi Gana* serving as the principal *Kwatha Dravya* component.

Madhu (Honey) provides a soothing and nourishing effect and helps maintain the *Basti* within the colon for an appropriate duration. It may also mitigate the potentially irritating action of *Saindhava*, thereby supporting better retention of the *Basti*. *Saindhava* (Rock Salt) acts as an important facilitator of the *Basti* process. Its osmotic action in the colonic lumen promotes movement and absorption of water along with water-soluble constituents, thereby supporting the absorption and therapeutic action of the *Basti. Murchhita Sarṣapa Taila* (Processed Mustard Oil exhibits *Snigdha* and *Uṣṇa* properties, which may support the delivery and absorption of lipid-soluble constituents of the *Basti* formulation while contributing to its overall therapeutic action. In the formulations reviewed here, *Shatapushpa, Yavani, Bilva, Musta, Pippali* and *Vacha* in equal parts constitute the *Kalka Dravya* common to both groups, based on the classical *Putoyavanyadi Kalka*.[7]

2.1 Composition of the Two *Ganas*

Each *Gana*, when used for *Kala Basti*, is combined with the classical five components of *Niruha Basti*, namely *Madhu* (honey), *Saindhava Lavana* (rock salt), *Sneha (Sarshapa Taila), Kalka* (a fine paste of *Deepana-Pachana* drugs) and *Kwatha* (the respective *Gana* decoction), in proportions modified according to *Dosha*, *Dushya*, *Roga Bala* and the therapeutic objective.[8,9,10]

Table 1: Composition of *Vachadi Gana.*

S. No.	*Drug*	*Latin Name*	*Rasa*	*Virya*	*Karma*
1	*Vacha*	*Acorus calamus Linn.*	*Katu, Tikta*	*Ushna*	*Deepana, Pachana, Lekhana, Srotoshodhaka*
2	*Musta (Jalada)*	*Cyperus rotundus Linn.*	*Tikta, Katu, Kashaya*	*Sheeta*	*Deepana, Pachana, Grahi, Kapha-Pittahara*
3	*Devadaru*	*Cedrus deodara*	*Katu, Tikta, Kashaya*	*Ushna*	*Deepana, Pachana, Kapha-Vatahara*
4	*Shunthi*	*Zingiber officinale*	*Katu*	*Ushna*	*Deepana, Anulomana, Vata-Kaphahara*
5	*Ativisha*	*Aconitum heterophyllum Wall.*	*Katu, Tikta*	*Ushna*	*Pachana, Grahi, Tridoshahara*
6	*Haritaki*	*Terminalia chebula*	*Kashaya, Tikta, Madhura, Katu, Amla*	*Ushna*	*Anulomana, Rasayana, Lekhana*

Source: Ashtanga Hridaya, Sutrasthana 15/35 and associated Drug Review.

Table 2: Composition of *Haridradi Gana.*

S. No.	*Drug*	*Latin Name*	*Rasa*	*Virya*	*Karma*
1	*Haridra*	*Curcuma longa Linn.*	*Tikta, Katu*	*Ushna*	*Lekhana, Kapha-Vatahara*
2	*Daruharidra*	*Berberis aristata*	*Tikta, Kashaya*	*Ushna*	*Lekhana, Krimighna, Kaphahara*
3	*Yashtimadhu*	*Glycyrrhiza glabra Linn.*	*Madhura*	*Sheeta*	*Rasayana, Tridoshahara*
4	*Prishniparni*	*Uraria picta Desv.*	*Madhura,*	*Ushna*	*Grahi, Dipaniya,*

			Tikta		*Tridoshahara*
5	*Kutaja (Indrajau)*	*Holarrhena antidysenterica*	*Tikta, Kashaya*	*Sheeta*	*Grahi, Dipana, Kapha-Pittahara*

Source: Ashtanga Hridaya, Sutrasthana 15/36 and associated Drug Review.

3. DOSE OF *VACHADI GANA* AND *HARIDRADI GANA BASTI*

According to Acharya Charaka, the dose of *Basti* is not fixed but varies with the *Dosha* involved, the type of medicine (*Aushadha*), the site (*Desha*), the season (*Kala*) and the strength of the patient (*Bala*).[5] In keeping with the generally reduced *Bala* of patients in the present era, an *Avara Matra* (lower dose) was adopted for both *Ganas* rather than the classical *Uttama Matra* of *Dvadasha Prasruta*, a modification consistent with Acharya Sharangadhara's recommendation of a reduced dose for patients of *Heena Bala*.[11]

3.1 *Niruha Basti*

The *Niruha Basti* of each *Gana* is constituted from *Madhu* 70 ml, *Saindhava Lavana* 5 g, *Sarshapa Taila (Sneha)* 60 ml, *Kalka Dravya (Shatapushpa, Yavani, Bilva, Musta, Pippali and Vacha* in equal parts) 40 g, and the respective *Gana Siddha Kwatha (Vachadi or Haridradi)* 350 ml, prepared as a single *Niruha* dose of approximately 480 ml administered once daily, on an empty stomach, in the morning.

Table 4: Composition of *Niruha Basti* formulation.

Component	Drug/Material	Quantity	Principal Karma
Yogavahi (vehicle)	*Madhu* (Honey)	70 ml	*Yogavahi, Lekhana, Shodhana*
Lavana	*Saindhava Lavana*	5 g	*Deepana, Anulomana, Srotoshodhana*
Sneha	*Sarshapa Taila*	60 ml	*Snehana, Mridukarana, Kapha-Vata Shamaka*
Kalka	*Yavani, Bilva, Vacha, Shatapushpa, Musta, Pippali* (equal parts)	40 g	*Deepana, Pachana, Lekhana*
Kwatha	*Group A: Vachadi Gana Siddha Kwatha / Group B: Haridradi Gana Siddha Kwatha*	350 ml	Principal therapeutic decoction
Total	—	≈480 ml	—

3.2 *Anuvasana Basti*

The *Anuvasana Basti* consists of the respective *Gana Siddha Taila (Vachadi Gana Siddha Taila or Haridradi Gana Siddha Taila)* 120 ml, combined with *Shatapushpa Churna* 4 g and *Saindhava Lavana* 2 g to facilitate easy evacuation, administered after a light meal on the day following each *Niruha Basti*.

4. PREPARATION OF *VACHADI GANA* AND *HARIDRADI GANA BASTI*

4.1 Preparation of *Niruha Basti*

Niruha Basti is prepared by the traditional method described by Acharya Charaka. *Madhu, Saindhava, Sneha (Sarshapa Taila), Kalka and Kwatha* (of the respective *Gana*) are measured in the stated order and blended in a *Khalva Yantra* (churning vessel) until a smooth, uniform mixture (*Avighatam*) is obtained. The mixture is brought to *Sukhoshna* (mildly warm, near body temperature) prior to administration, since a mixture that is too hot or too cold is classically considered unfit for *Basti*.

4.2 Preparation of *Anuvasana Basti (Siddha Taila)*

The *Vachadi Gana and Haridradi Gana Siddha Taila* used for *Anuvasana Basti* are prepared following the standard principles of *Sneha Kalpana*, in which *Murchhita Til Taila* is processed (*Paka*) with the *Kalka and Kwatha* of the respective *Gana* in the defined *Sneha Paka* proportion, till the appearance of *Siddhi Lakshana* (signs of properly processed oil). The oil so obtained carries the *Ushna-Tikshna, Kapha-Vata Shamaka* properties of the parent *Gana* while providing the *Snehana* and *Mridukarana* action expected of *Anuvasana Basti.*

5. ADMINISTRATION OF *VACHADI GANA AND HARIDRADI GANA KALA BASTI*

For administration, the patient is positioned on the *Droni* in the left lateral (*Vamakukshi*) position with the right leg flexed. Oil is applied for lubrication to the *Basti Netra* (enema nozzle) and the anal region to ensure smooth insertion. The *Basti Netra* is gently introduced into the rectum, following the natural curve of the spinal column, until it reaches the first *Karnika* (marker). Even and steady pressure is then applied over the *Basti Putaka* to release the *Basti* fluid, ensuring that the flow is neither too rapid nor too slow; a small quantity of fluid is deliberately left within the *Putaka* to prevent the entry of air into the rectum. As described by Acharya Sushruta, *Niruha Basti* should be expelled within approximately 48 minutes.[12] Patients are advised to avoid food until the *Basti* is expelled, and are thereafter advised a warm bath followed by a light, liquid or semisolid meal.

Both *Vachadi Gana* and *Haridradi Gana Basti* are administered during *Shleshmakala* (the *Kapha*-predominant part of the morning, approximately 9-11 am), a timing considered favourable for Basti directed against *Kapha-Meda* disorders.

5.1 Schedule of *Kala Basti*

A *Kala Basti* schedule, alternating *Niruha and Anuvasana Basti* over 16 days, is followed rather than a single *Basti*, since *Shonita Abhishyanda*-type conditions are considered too deep-seated for a short course to correct fully.

Table 3: Order/sequence of *Kala Basti* administration (16-day schedule).

Basti Day	Type of Basti	Dose	Timing
Day 1,2, 3, 5, 7, 9, 11, 13, 15, 16	*Niruha Basti*	480 ml	Empty stomach, morning (*Shleshmakala*)
Day 4, 6, 8, 10, 12, 14	*Anuvasana Basti*	120 ml	Morning, after a light meal (*Shleshmakala*)

Table 4: Schedule of monitoring and *Kala Basti* administration.

Day	Activity
Day 0	Screening, informed consent and baseline investigations
Day 1-5	*Deepana-Pachana with Shunthi Churna* (3 g), twice daily after meals with lukewarm water
Day 6-21	*Kala Basti: Niruha Basti* on empty stomach in the morning, alternating with *Anuvasana Basti* the following day, for 16 days
Day 22	Repeat assessment of lipid profile and related investigations
Day 52	Follow-up, 30 days after completion of *Basti*

6. ROLE OF *VACHADI GANA* AND *HARIDRADI GANA KALA BASTI* IN DYSLIPIDEMIA *(SHONITA ABHISHYANDA)*

The probable *Samprapti* of *Shonita Abhishyanda* proceeds through *Viruddhahara* and Santarpanajanya Nidana leading to Kapha-Meda Dushti, Agnimandya, Ama formation, Meda accumulation, *Srotorodha and Dhamani Praticaya.* To address these pathological alterations, Ayurveda recommends *Apatarpaṇa* as a therapeutic measure, with *Lekhana Basti* being an important *Shodhana* procedure for reducing excessive *Kapha*, *Meda* and *Āma.* Since the colon is considered the principal site of *Vāta*, administration of *Lekhana Basti* through the rectal route facilitates the therapeutic action of its constituent drugs. By delivering metabolically active drugs through this route, *Lekhana Basti* may exert multiple effects, including *Srotovišodhana,* stimulation of *Agni*, regulation of aggravated *Doṣas* and correction of impaired metabolic functions. Both *Ganas* share a common *Deepana-Pachana-Lekhana-Srotoshodhaka* action directed against this chain, but differ in emphasis, and this difference appears to correspond with distinct effects on individual lipid parameters. Accordingly, *Vachādi Gana and Haridradi gana Kala Basti* may help alleviate the factors contributing to *Srotorodha* and thereby support the restoration of normal metabolic activity and circulatory function.

6.1 *Vachadi Gana*

The drugs of *Vachadi Gana* predominantly carry *Katu, Tikta* and *Kashaya Rasa* with *Laghu, Ruksha* and *Tikshna Guna,* properties suited to excess *Kapha* and *Meda. Vacha* contributes *Lekhana* and *Srotoshodhana*; *Musta* supports *Deepana-Pachana* and reduction of *Kleda*; *Devadaru* assists *Kapha-Vata Shamana; Shunthi* strengthens *Agni* and supports *Ama Pachana; Ativisha* supports *Pachana*; and *Haritaki* contributes *Anulomana* and *Lekhana*. Administered through the *Pakvashaya, Vachadi Gana Basti* acts substantially on *Apana Vata,* and correction of *Apana Vata* is classically linked to the regulated downward movement and clearance of *Kapha-Meda*. Since Triglyceride and VLDL clearance depends largely on lipoprotein lipase activity, which in Ayurvedic terms may be related to *Apana Vata* and *Agni*, the *Apana-Vata*-correcting and *Agni*-kindling character of *Vacha, Shunthi and Ativisha* provides a probable rationale for a comparatively stronger effect of *Vachadi Gana* on Triglycerides and VLDL-C. Constituents such as asarone and related compounds of *Vacha*, and gingerols and shogaols of *Shunthi*, have also been reported to show antihyperlipidaemic, antioxidant and hepatoprotective activity in contemporary pharmacological literature.

6.2 *Haridradi Gana*

Haridradi Gana is built around *Haridra, Daruharidra, Yashtimadhu, Prishniparni* and *Kutaja.* Its *Tikta-Kashaya Rasa* and *Ushna Virya* give it a *Lekhana* and *Kapha-Pitta Shamaka* character, but with a stronger *Pitta*-directed, hepato-supportive quality owing to *Haridra* and *Daruharidra,* tempered by a mild *Snigdha* balancing effect from *Yashtimadhu* that keeps the formulation from being as sharply drying as *Vachadi Gana.* Curcuminoids from *Haridra* and isoquinoline alkaloids such as berberine from *Daruharidra* have been reported to influence hepatic LDL-receptor activity and cholesterol clearance, which provides a plausible basis for the comparatively stronger effect of *Haridradi Gana* on *Total Cholesterol* and LDL-C, since cholesterol is cleared mainly through this receptor pathway. *Prishniparni* contributes additional antioxidant and anti-inflammatory support, while *Indrayava* adds *Grahi* and *Kapha-Pitta Shamaka* action.

6.3 Common Supporting Components

Madhu, being *Yogavahi* and *Sukshma,* conveys the properties of the *Kalka* and *Kwatha* drugs through the finer *Srotas.*[13] *Saindhava,* with its *Sukshma, Tikshna* and *Vishyandi* properties, aids penetration, *Vatanulomana* and evacuation.[14] *Sarshapa Taila,* being *Ushna, Tikshna* and *Kapha-Vata Shamaka*, supports *Snehana, Mridukarana* and clearing of *Srotorodha*. The

Kalka drugs *(Yavani, Bilva, Vacha, Shatapushpa, Musta and Pippali)* provide concentrated *Deepana, Pachana* and *Lekhana* action common to both formulations. Both *Ganas* have also been observed, in comparative clinical evaluation, to produce a favourable rise in HDL-C, a benefit not typically seen to a comparable degree with standard lipid-lowering drugs, which may reflect the overall improvement in *Agni, Meda Dhatvagni and Dhatu Poshana* brought about by the combined *Shodhana* and *Snehana* action of *Kala Basti.*

7. DISCUSSION

Basti was selected as the therapeutic procedure for *Shonita Abhishyanda* in view of the central involvement of *Kapha, Meda, Agni and Srotas* in its pathogenesis. Although *Basti* is primarily regarded as the principal therapy for *Vata*, correction of *Vata's* regulatory function also influences *Agni, Dhatu Poshana* and the elimination of metabolic waste, which is why Acharya Charaka describes it as *Ardha Chikitsa*.[15] The alternating use of *Niruha* and *Anuvasana Basti* in a *Kala Basti* schedule allows *Shodhana, Lekhana, Deepana-Pachana* and *Srotoshodhana* (mainly through *Niruha Basti*) to act together with *Snehana, Mridukarana* and *Vatanulomana* (through *Anuvasana Basti),* addressing both the accumulated *Kapha-Meda* and the associated *Vata* disturbance over a longer, sixteen-day exposure.

Lekhana Basti possesses *Vāta-Kapha Śāmaka, Uṣṇa, Tīkṣṇa, Dīpana, Pācana, Lekhana, Karśana* and *Srotovišodhana* properties, making it useful in metabolic disorders associated with *Kapha* and *Meda* accumulation. Its constituents, including *Madhu, Saindhava, Yavakṣāra, Tila Taila, Triphalā Kaṣāya, Gomūtra and Uṣakādi Gana*, act synergistically to reduce aggravated *Kapha* and *Meda* and alleviate *Srotorodha*. Madhu, described as *Yogavāhi*, enhances the action of other ingredients and, through its *Lekhana, Chedana* and *Srotovišodhana* properties, supports channel cleansing. *Saindhava*, owing to its *Sūkṣma* and *Vyavāyi Guṇa,* facilitates penetration into minute channels and contributes to *Kaphavilayana, Chedana, Dīpana and Pācana. Sarṣapa Taila,* with *Vāta-Kapha Śāmaka, Laghu, Rūkṣa, Tīkṣṇa* and *Lekhana* properties, aids in reducing *Kapha-Meda* accumulation, clearing *Srotas* obstruction and facilitating the removal of accumulated metabolic waste.

The probable therapeutic sequence of both *Ganas* may be represented as A*gni Deepana* leading to *Ama Pachana, Kapha-Meda Shamana, Lekhana, Srotoshodhana, Vatanulomana, Dosha* elimination and, ultimately, *Samprapti Vighatana of Shonita Abhishyanda.* Within this shared sequence, the distinct emphasis of each *Gana, Vachadi Gana's Apana-Vata*-correcting

and *Agni*-kindling character against *Haridradi Gana's Pitta*-pacifying and hepato-supportive character, may be responsible for the differential effect on individual lipid parameters.

The rectal route itself may contribute to this effect, since *Basti Dravya* absorbed through the rectum partly bypasses the liver's first-pass metabolism, and the rich blood and lymphatic supply of the rectal mucosa permits both the water-based (*Kwatha*) and oil-based (*Sneha*) components of the formulation to be absorbed together within a single administration.

8. CONCLUSION

Vachadi Gana and *Haridradi Gana Kala Basti* are both grounded in classical *Basti Chikitsa* principles serves as an effective *Śaṃśodhana* therapy for metabolic conditions associated with excessive *Kapha* and *Meda*, including Dyslipidemia (Śonitābhiṣyanda), PCOS, insulin resistance, obesity, cardiovascular disorders and other lifestyle-related diseases, working through correction of *Agni*, reduction of *Ama* and Kapha-Meda, and Srotoshodhana of the *Raktavaha Srotas. Vachadi Gana's Deepana-Pachana-Lekhana Kapha-Vata Shamaka* profile, with its emphasis on correction and Agni kindling, appears particularly suited to Triglyceride and VLDL-C predominant derangement, while Haridradi *Gana's Lekhana and Kapha-Pitta Shamaka, Rakta-prasadana* and hepato-supportive profile appears more suited to Total Cholesterol and LDL-C predominant derangement. Both formulations were associated with a favourable rise in HDL-C. Selection between the two Ganas may therefore reasonably be individualised according to which component of the lipid profile is most deranged in a given patient. Further controlled clinical trials with larger samples, longer follow-up and biochemical or molecular correlation are recommended to validate and extend these observations. Thus, *Vachādi Gana* and *Haridrādi Gana Kala Basti* may serve as a useful therapeutic approach for improving metabolic health and overall well-being, particularly in the present era of lifestyle-associated disorders.

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