



RESEARCH ARTICLE

Floral Fingerprints in Kerala Honey : A Melissopalynological Approach to Quality and Medicinal Value

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Received: 07 Mar 2026

Revised: 10 Apr 2026

Accepted: 13 May 2026

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ABSTRACT

Mellisopalynology is the study of pollen grains present in honey samples that act as a tool for determining the floral sources and geographical origin of honey. Thus ensuring the quality and medicinal importance of honey. Honey is the natural, sweetest and natural food fabricated by the honeybees. Besides nectar, pollen is another important hive product brought by honeybees from the flowers. Pollen forms the source of proteins, lipid, minerals and vitamins needed for the development of newly emerged bees. In view of this, the study aims to analyse the pollen grains present in various honey samples collected from different regions of Kerala, with a focus on their floral origin and potential medicinal properties. Pollen analysis was conducted using the acetolysis method, involving a mixture of concentrated sulfuric acid and acetic anhydride, alongside glycerine and glacial acetic acid. The study area encompasses collection of honey samples from different regions of Kerala including Kannur, Kasargod, Kozhikode and Palakkad districts. A total of 61 plant families were identified from the 28 honey samples, with the Fabaceae family being the most prominent pollen source. Other notable minor sources included Bignoniaceae, Calophyllaceae, Muntingiaceae, Sapotaceae, Ephedraceae, Pinaceae, Araucariaceae, Cyperaceae, Proteaceae, Clusiaceae, Plantaginaceae, and Araliaceae. A classification of these families revealed 69 medicinal plant species among the 143 identified, indicating that honey derived from these floral sources may possess significant medicinal properties. The presence of medicinal plants in the honey samples suggests that the honey from this region not only offers high-quality nutritional benefits but also may have therapeutic value. This research emphasizes the importance of



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melissopalynology in evaluating the quality of honey, its floral origins, and its potential health benefits, particularly in the context of the diverse flora found in Kerala.

Keywords: Melissopalynology, Acetolysis, pollen analysis, honey samples, flora, medicinal plants.

INTRODUCTION

Honey is the final product produced by mutual interaction of honeybees and the nectariferous plants. It is a natural substance deeply integrated into both dietary and medicinal practices. Honey plays a prominent role in ayurveda, the ancient Indian system of medicine, where it is not only used as a nutritive substance but also as a therapeutic agent and also as a carrier for herbal formulations. To provide scientific validation for the above traditional system of medicine, mellisopalynology – the study of pollen grains in honey act as a scientific tool to connect botanical origin, medicinal quality and authenticity of the honey sample[15]. Melittopalynology or Melissopalynology is one of the important applied branch of Palynology which deals with the study of pollen grains in honey. It is also referred as "BEE BOTANY", which incorporates interrelation of botanical aspects of honey bees or a close relationship between the BEE and BOTANY. This is because the bee depends on plants for pollen and nectar. Through this analytical approach, researchers are able to connect the bioactivity of honey with the medicinal properties of the plants from which bees collect nectar and pollen. These connections are vital in light of increasing interest in functional foods, natural medicine, and evidence-based validation of traditional systems like Ayurveda. The ability to trace bioactive compounds in honey to specific medicinal plants reinforces traditional therapeutic claims and enables more precise clinical applications [15].

The chemical composition of honey depends on the botanical sources visited by the bees. Generally, it contains approximately 38–41% fructose, 31–34% glucose, 9% disaccharides (such as maltose), 17–20% water, and trace amounts of amino acids, vitamins (including B-complex), minerals (like potassium, calcium), enzymes (e.g., glucose oxidase, invertase), and a diverse range of phenolic compounds [03]. The composition not only adds to the nutritive value but also enhances its pharmacological value such as antioxidant, antibacterial, anti-inflammatory and immunomodulatory activities [16]. These biological activities are strongly influenced by the pollen profile of the bees, which is determined accurately by mellisopalynology. In this context, the medicinal plants which belong to Anacardiaceae, Myrtaceae, Moringaceae are used in ayurveda and other traditional systems. Many examples like antidiabetic property of *Syzygium cumini*, immunomodulatory effect of *Ocimum sanctum* anti-microbial property of *Azadirachta indica* is validated by the mellisopalynological analysis. The presence of such pollen in honey indicates the presence of specific phytochemicals that may contribute to the honey's therapeutic effects [04]. Mellisopalynological research carried out by different scientists across India suggests the importance of pollen analysis in validating the use of honey in our traditional medicine and Ayurveda and also this approach can help guide the development of evidence-based apitherapy products which bridges the gap between traditional medicine with that of clinical sciences [9, 7, 18, 20, 19, 6, 23, 22, 5, 11, 17, 21]. Thus, this research aimed at identifying the pollen present in the different honey samples collected from different areas of Kerala. This pollen analysis further can be used as a basic tool for identifying the therapeutic potential of the honey of Kerala.

MATERIALS AND METHODS

A: Study area

The study area contains different regions of Kerala. The different districts of Kerala include Kannur, Kasargod, Kozhikode, Malappuram and Palakkad.



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Each sample was processed for compound microscopic examination using the acetolysis method as described by Erdtman (1952). The pollen grains were stained with safranin and mounted in glycerine. Observations of general exo-morphological features were conducted at 400X magnification, and photographs were captured using Samsung A53 and Redmi Note 10S smartphones.

RESULTS

A total of 28 samples were collected from Kerala, leading to the identification of 61 plant families. These include Arecaceae, Anacardiaceae, Fabaceae, Lamiaceae, Asteraceae, Euphorbiaceae, Poaceae, Rubiaceae, Myrtaceae, Moraceae, Convolvulaceae, Malvaceae, Moringaceae, Sapindaceae, Cucurbitaceae, Liliaceae, Amaranthaceae, Phyllanthaceae, Cannabaceae, Acanthaceae, Rutaceae, Apiaceae, Verbenaceae, Meliaceae, Apocynaceae, Annonaceae, Dipterocarpaceae, Solanaceae, Caricaceae, Urticaceae, Brassicaceae, Betulaceae, Lythraceae, Asparagaceae, Rosaceae, Simaroubaceae, Cycadaceae, Pontederaceae, Ginkgoaceae, Papaveraceae, Polygonaceae, Combretaceae, Caryophyllaceae, Cornaceae, Capparaceae, Lecythidaceae, Melastomaceae, Magnoliaceae, Ericaceae, Bignoniaceae, Calophyllaceae, Muntingiaceae, Sapotaceae, Ephedraceae, Pinaceae, Araucariaceae, Cyperaceae, Proteaceae, Clusiaceae, Plantaginaceae, and Araliaceae.

The plant families were categorized based on their flora, resulting in the identification of 69 medicinal plant species out of 143 total plants, representing 48.2% of the total flora. This suggests that the honey samples containing pollen from these plants possess medicinal properties and are of high quality.

DISCUSSION

The present investigation reveals the presence of 61 plant family from the pollen present in the honey sample. A total of 143 total plants have been identified of which 69 of them are medicinal plants. The reported 61 families have been identified as plants of medical importance in either ayurveda, Unani or folk medicines. It is said that pollen is a rich source of protein, vitamin and mineral. The bioactive chemicals' high antioxidant content, anti-inflammatory, antibacterial, and hepatoprotective qualities enhance the health advantages. Anacardiaceae pollen is probably antibacterial and hepatoprotective, while Fabaceae pollen is high in flavonoids and phytoestrogens, which are mostly used to treat inflammation and menopausal symptoms [14]. Asteraceae pollen includes sesquiterpene lactones that have anti-inflammatory effects [12], while Lamiaceae and Moringaceae pollen has antioxidant and antibacterial qualities [01]. Poaceae pollen is high in vitamin B and promotes metabolism, while Euphorbiaceae pollen has antiviral and antiallergic properties [09]. While Liliaceae pollen promotes cardiovascular health, Cucurbitaceae pollen exhibits diuretic and detoxifying properties [01]. These pharmacological properties enhance the quality of honey also.

In Ayurveda, honey is referred to as Madhu and is employed as a medium for the delivery of herbal formulations in addition to being considered therapeutic. With a variety of therapeutic applications, it is also regarded as a natural healer. According to Charaka Samhita, Sutrasthana 27/245, honey is known in Ayurveda as Yogavahi, which means "it enhances the properties of the substance it is combined with." Honey contains a variety of sugars, including fructose and glucose, which give you energy right away; disaccharides, amino acids, and enzymes that help with digestion and antibacterial activity; trace amounts of vitamins and minerals, such as calcium, potassium, magnesium, and the B-complex [02]; and polyphenols and flavonoids that boost your antioxidant and anti-inflammatory qualities [13]. Honey is considered as a natural healer as it is used to soothe sore throats, relieve cough and improve breathing in asthma by its demulcent and antimicrobial properties [16]. Few enzymes like amylase and invertase present in honey help with indigestion, gas and constipation [03]. Rich in antioxidants, honey is helpful in maintaining oxidative stress of the body [10]. Thus, in view of this mellisopalynological studies serves as a scientific bridge to



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connect importance of honey and the medicinal value of plants together. To substantiate the statement, Honey's medicinal value varies significantly depending on its floral origin for example Jamun honey is known for its antidiabetic properties [13] whereas neem honey is used for antibacterial and skin healing purpose in ayurveda [16]. Honey rich in pollen grain from medicinal important plants, helps to scientifically prove the healing effects of ayurvedic formulations. It is scientifically proven that tulsi rich pollen in honey have potent immunomodulatory and anti-inflammatory effects [09]. These studies evidently prove that mellisopalynology is a holistic tool for evidence based traditional and ayurvedic medicine. It is a gateway to understand the healing power of honey, traditional wisdom of ayurveda and plant pollinator medicine connection. It bridges ancient knowledge with modern validation and offers tools for ayurvedic doctors, herbal researchers, nutritionists and so on.

CONCLUSION

The present study provides baseline information on the floral diversity of the study area, including the presence of medicinal plant species with diverse therapeutic potential. These findings highlight the need for more comprehensive and in-depth investigations to further elucidate the floristic composition and associated medicinal significance.

ACKNOWLEDGEMENT

Authors are thankful to the Chief Executive and Principal of JSSCACS and to all the faculty members of Postgraduate Department of Zoology JSSCACS, Ooty road, Mysore for their guidance and support.

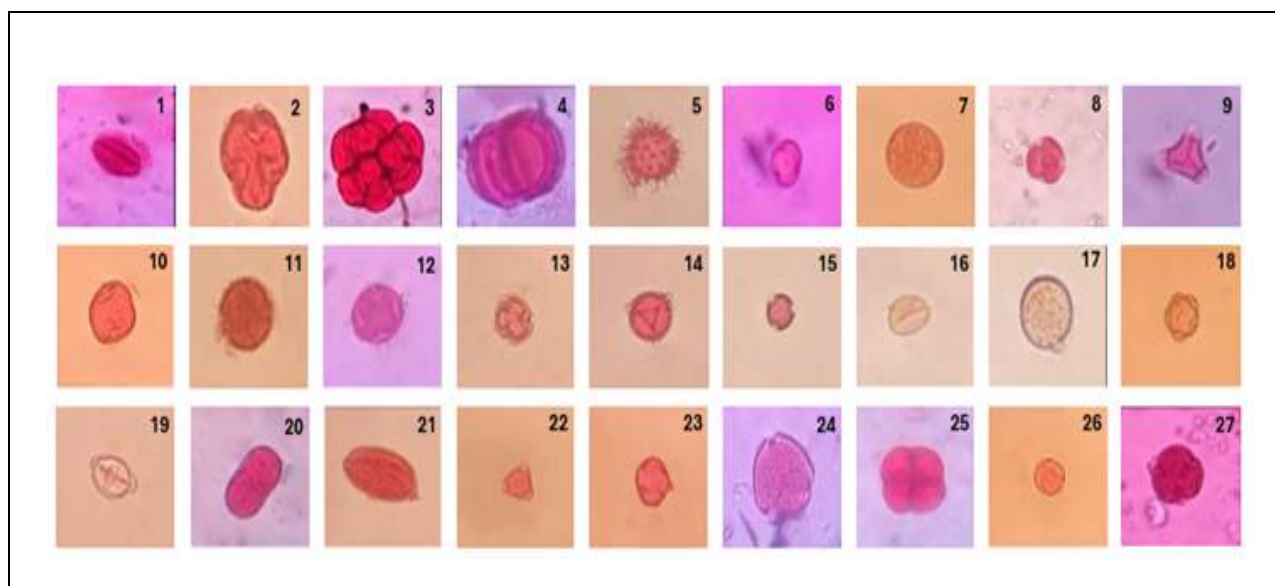
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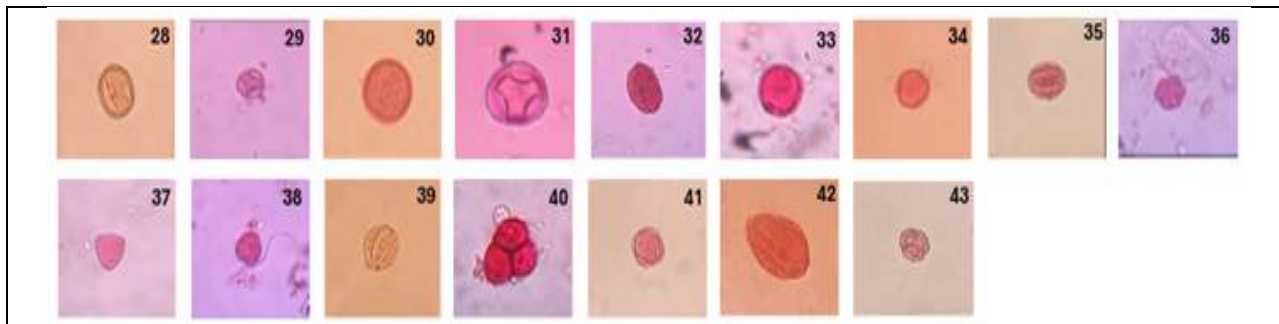
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Fig 1: Images of Pollen types identified and documented from the honey sample from different districts of Kerala.

1. Arecaceae; 2. Anacardiaceae; 3. Fabaceae; 4. Lamiaceae; 5. Asteraceae; 6. Euphorbiaceae; 7. Poaceae; 8. Rubiaceae; 9. Myrtaceae; 10. Moraceae; 11. Convolvulaceae; 12. Malvaceae; 13. Moringaceae; 14. Sapindaceae; 15. Cucurbitaceae; 16. Liliaceae; 17. Amaranthaceae; 18. Phyllanthaceae; 19. Acanthaceae; 20. Rutaceae; 21. Apiaceae; 22. Verbenaceae; 23. Meliaceae; 24. Apocynaceae; 25. Annonaceae; 26. Dipterocarpaceae; 27. Solanaceae; 28. Caricaceae; 29. Urticaceae; 30. Brassicaceae; 31. Betulaceae; 32. Asparagaceae; 33. Rosaceae; 34. Simaroubaceae; 35. Papaveraceae; 36. Combretaceae; 37. Cornaceae; 38. Capparaceae; 39. Melastomaceae; 40. Ericaceae; 41. Sapotaceae; 42. Ephedraceae; 43. Proteaceae

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RESEARCH ARTICLE

Exploring the Eco-Friendly Inhibitor *Murraya paniculata* and *Hopea odorata* for Mild Steel Corrosion in Acid Medium

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Received: 10 Mar 2026

Revised: 14 Apr 2026

Accepted: 07 May 2026

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ABSTRACT

This study investigates the corrosion inhibition performance of plant extracts HO-01 (*Hopea odorata*) and MP-01 (*Murraya paniculata*) as eco-friendly green inhibitors for mild steel in 1N HCl solution. Phytochemical screening revealed that the extracts contain bioactive constituents such as anthraquinones, sterols, carbohydrates, glycosides, and coumarins, which possess electronegative functional groups and π -electrons that promote adsorption onto the metal surface. Weight-loss measurements showed that the corrosion rate of mild steel decreased significantly with increasing inhibitor concentration, while inhibition efficiency increased, reaching about 92-98% at 3% (v/v) concentration. Thermodynamic parameters indicated that the adsorption of inhibitor molecules on the mild steel surface is spontaneous and predominantly physical in nature, with negative free energy values and slight decrease in efficiency at higher temperatures. Adsorption behaviour followed the Langmuir adsorption isotherm, suggesting the formation of a protective monolayer on the metal surface. Surface characterization techniques such as FT-IR, SEM, and EDAX confirmed the formation of a protective organic film on the mild steel surface. Overall, the results demonstrate that HO-01 and MP-01 plant extracts act as effective, sustainable, and environmentally friendly corrosion inhibitors, providing a promising alternative to toxic synthetic inhibitors for protecting mild steel in acidic environments

Keywords: Phytochemical, Adsorption, behavior, EDAX, MP-01, HO-01





INTRODUCTION

Acidic media are commonly employed in several industrial activities, including pickling, acid cleaning, descaling, oil well acidification and various chemical manufacturing processes [1]. In such operations, mild steel equipment and structures are continuously exposed to highly corrosive acidic environments, which accelerate metal dissolution and surface deterioration [2]. This corrosion leads to loss of structural integrity, reduced service life, financial losses and potential safety hazards [3]. Consequently, the mitigation of corrosion in acidic solutions remains a critical concern in materials science and industrial chemistry to reduce metal degradation, corrosion inhibitors are routinely added to aggressive solutions [4]. Traditional inhibitors are generally synthetic organic or inorganic substances containing heteroatoms such as nitrogen, oxygen, sulfur or phosphorus [5]. These atoms enhance adsorption onto the metal surface, forming a barrier that blocks active corrosion sites. Despite their effectiveness, many commercial inhibitors pose environmental and health risks due to their toxicity, poor biodegradability and hazardous nature [6]. Growing environmental awareness and strict regulatory policies have therefore intensified the search for safer and sustainable alternatives [7]. In this context, plant-derived extracts have emerged as promising green corrosion inhibitors. They are biodegradable, eco-friendly, renewable and economically viable [8]. Plant extracts are rich in phytochemicals such as flavonoids, tannins, alkaloids, terpenoids, phenolic constituents and saponins, which contain functional groups and π -electron systems capable of interacting with metal surfaces [9]. These bioactive molecules adsorb onto the metal substrate, forming a protective layer that suppresses both anodic metal dissolution and cathodic reduction reactions [10].

Numerous studies have demonstrated that plant extracts can serve as effective corrosion inhibitors in acidic environments [11]. Extracts obtained from plants such as *Azadirachta indica* (neem)[12], *Lawsonia inermis* (henna) [13], *Ocimum sanctum* (tulsi) [14], *Moringa oleifera* (drumstick tree) [15], *Psidium guajava* (guava leaves) [16], *Mangifera indica* (mango leaves) [17], *Punica granatum* (pomegranate peel) [18], *Aloe vera* [19], *Camellia sinensis* (green tea) [20], and *Hibiscus rosa-sinensis* [21]. have been widely investigated for their corrosion protection abilities [22]. These plant materials contain various bioactive constituents, including alkaloids, flavonoids, tannins, phenolic compounds, and other heteroatom-containing molecules [23]. The presence of functional groups rich in oxygen, nitrogen, or π -electrons promotes adsorption of these compounds onto the metal surface, forming a protective film that effectively reduces corrosion in acidic media [24]. The present green corrosion inhibition study focuses on evaluating the inhibitory performance of plant extracts such as *Murraya paniculata* and *Hopea odorata* on mild steel in acidic medium [25]. By investigating adsorption behavior, thermodynamic parameters, and surface morphology, this research aims to demonstrate the potential of these natural extracts as efficient, environmentally sustainable alternatives to conventional toxic corrosion inhibitors [26].

MATERIALS AND METHODS

Materials

Mild Steel Specimen

Mild steel sheets of commercial grade were used as the working material for corrosion studies. The specimens were cut into rectangular coupons of suitable dimensions (e.g., $3 \times 2 \times 0.1$ cm) [27]. Before each experiment, the specimens were mechanically polished using different grades of emery papers (400–1200 grit) [28]. washed with distilled water, degreased with acetone, dried and stored in a desiccator to prevent moisture absorption [29].

Plant Material

Fresh leaves of *Hopea odorata* and *Murraya paniculata* were collected, washed thoroughly with tap water followed by distilled water to remove dust and impurities, and shade-dried at room temperature [30]. The dried leaves were





pulverized separately into fine powder using a mechanical grinder and stored in an airtight container for further use [31].

Methods

Preparation of Plant Extracts

About 35 g of powdered leaf material was extracted 700 ml (1N HCl) by refluxing for 3 hours. The extract was filtered through Whatman filter and stored in a bottle [32].

Phytochemical Screening

Preliminary phytochemical analysis of the HO-01& MP-01 extract was carried out to identify the presence of bioactive constituents at Avinashilingam Institute of Home Science, Coimbatore.

Weight Loss Measurements

The gravimetric (weight loss) method was employed to evaluate the corrosion inhibition efficiency of HO-01& MP-01 extract [33]. Pre-weighed mild steel coupons were immersed in 100 mL of 1N HCl solution without and with different concentrations of the HO-01 & MP-01 extract separately at 303 K for a different immersion like 1hr,3hrs,5hrs,7hrs and 24hrs. After immersion, the specimens were removed, washed, dried, and re-weighed [34].

The corrosion rate (CR) was calculated using the standard relation

$$\text{Corrosion rate} = (534 \times w) / \text{DAT}$$

Where

W – Weight loss of the mild steel

D – Density of mild steel (kg/m³)

T – Time of immersion

A – Area of the specimen exposed to the corrosive solution (m²)

The inhibition efficiency (IE%) was determined using

$$\text{Inhibition Efficiency} = \text{CR (blank)} - \text{CR (inhibitor)} \times 100 \%$$

CR (blank)

Where

CR (blank) – Corrosion rate of the blank solution (mpy)

CR (inhibitor) – Corrosion rate of the inhibitor (mpy)

Temperature Studies

To determine the effect of temperature, experiments were conducted at different temperatures (303-343 K). Activation energy (E_a) and other thermodynamic parameters were calculated using the Arrhenius equation [35].

Adsorption Isotherm Studies

The adsorption behavior of MP-01 & HO-01 extract on the mild steel surface was evaluated using adsorption isotherm models. Surface coverage (θ) values were calculated from weight loss data and fitted into Langmuir adsorption isotherm [36].

Where:

C = inhibitor concentration,

K_{ads} = adsorption equilibrium constant.

The linear relationship between C/θ and C confirmed adherence to Langmuir isotherm, consistent with many plant-based inhibitors reported in literature. [37]



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SEM and EDAX

Surface morphology of mild steel specimens before and after immersion in solution (with and without inhibitor) was examined using SEM. The uninhibited sample showed severe surface damage and corrosion pits, whereas the inhibited sample exhibited a comparatively smooth surface due to the formation of a protective film, similar to findings reported in previous studies at Avinashilingam institute for home science, Coimbatore. EDAX analysis was performed to determine the elemental composition of the steel surface. The inhibited samples showed increased carbon and oxygen signals due to adsorption of organic molecules from HO-01&MP-01 extract, confirming the formation of an adsorbed protective layer

FT-IR Spectroscopic Analysis

Fourier Transform Infrared (FT-IR) spectroscopy was used to identify functional groups present in the HO-01& MP-01 extract and to confirm their interaction with the mild steel surface. FT-IR spectra of the pure extract was recorded in the range 4000–400 cm^{-1} using Thermo scientific Nicolet Summit X FT-IR at Avinashilingam institute for home science, Coimbatore.

RESULTS AND DISCUSSION

Phyto chemical analysis

The phytochemical constituents present in *Hopea odorata* and *Murraya paniculata* are listed in table 1. Phytochemicals are rich in electronegative functional groups and π – electrons in triple or conjugated double bonds hence they are expected to be efficient corrosion inhibitors.

Temperature Studies

The dissolution of metal is highly influenced by the temperature [38]. The corrosion rate increases with increase in temperature because the hydrogen evolution over potential increases [39]. The influence of temperature on the corrosion of mild steel in 1N HCl without and with the presence of HO-01 and MP -01 extract was studied using weight loss method in the temperature range of 303 K – 343 K with 1hr immersion [40]. The CR and IE values are listed in Table 2 and 3. The CR decreases and the % IE increases with an increase in concentrations of HO-01 and MP-01 extract. Maximum inhibition efficiency of 83% and 97% was obtained at 3% v/v 343K and 323 K for HO-01& MP-01 respectively for 1hr immersion [41].

Effect of Temperature

A plot of log of corrosion rate obtained by gravimetric measures against $1/T$ gave a straight line as shown in figure 1&2 with a slope of $-E_a / 2.303 R$, where E_a is the activation energy. The values of E_a (Activation energy) obtained for different concentrations of MP-01& HO-01 extract is listed in Table 4 [42]. In the presence of inhibitor, the activation energies of HO-01 and MP-01 extracts may be higher, equal to or lower than those in the absence of the inhibitor [43]. In the current study, it is seen that E_a is more in the absence of inhibitor. Decrease in E_a in the presence of inhibitor is due to an appreciable increase in the adsorption process of the inhibitor on the mild steel surface with increase in temperature [44]. This also indicates corresponding decrease in reaction rate as the surface is less exposed to acid in presence of inhibitor [45].

The adsorption behavior of the plant extracts MP-01 and HO-01 on the mild steel surface in 1 N HCl was analyzed using different adsorption isotherm models such as Langmuir, Temkin, Freundlich, and El-Awady. Among these, the Langmuir adsorption isotherm showed the best linear relationship with correlation coefficient (R^2) values very close to unity. For the MP-01 extract, the Langmuir plot (C/θ vs C) exhibited R^2 values of 0.9993 and approximately 1.000 at temperatures of 313-343 K, indicating excellent agreement with the Langmuir model. In comparison, the Temkin plot showed lower correlation coefficients ($R^2 = 0.6074-0.552$), while the Freundlich plot gave relatively high values ($R^2 = 0.9961-0.9988$), and the El-Awady plot showed moderate variation ($R^2 = 0.6496-0.9974$) [46]. Similarly, for the HO-01 extract, the Langmuir adsorption plot demonstrated high linearity with R^2 values ranging from 0.975 to 0.999,

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confirming the suitability of the Langmuir model. Other models showed comparatively lower correlations, such as Temkin ($R^2 = 0.6509-0.9758$), El-Awady ($R^2 = 0.9664-0.9963$), and Freundlich ($R^2 = 0.72210.9927$). Therefore, the high correlation coefficients obtained for the Langmuir plots indicate that the adsorption of both MP-01 and HO-01 inhibitors on the mild steel surface follows the Langmuir adsorption isotherm, suggesting the formation of a monolayer of inhibitor molecules on a homogeneous metal surface [47].

Thermodynamic Parameters

The values of ΔG were found to be negative which indicates that the adsorption of extracts of HO-01 and MP-01 extracts on the surface of mild steel is a spontaneous is shown in table 5 and 6 [48]. Also, ΔH and ΔS were calculated and listed in Table 7. The positive values for enthalpy of adsorption indicate that the adsorption process is endothermic. In HO -01, the increase in ΔH from -38.781 to -8.1538 suggests a decrease in the exothermic nature of adsorption, while the decrease in ΔS indicates the formation of a more ordered adsorbed layer on the metal surface [49]. These observations collectively suggest that the bioactive molecules physisorb onto the mild steel surface, forming a structured layer that contributes to corrosion inhibition. Whereas in MP-01, the increase in ΔH from -127.516 to -18.5188 suggests a decrease in the exothermic nature of adsorption, while the decrease in ΔS indicates the formation of a more ordered adsorbed layer on the metal surface. These observations collectively suggest that the bioactive molecules physisorb onto the mild steel surface, forming a structured layer that contributes to corrosion inhibition [50].

SEM Analysis

Scanning Electron Microscopy (SEM) was used to investigate the surface morphology of mild steel after immersion in 1N HCl solution in the absence and presence (0.5% and 3%) of MP-01 and HO-01 extracts. The micrograph of the uninhibited specimen revealed extensive surface damage characterized by pronounced pits, cracks, and irregular cavities, confirming severe acid attack and active dissolution of iron. Such surface deterioration is typical of mild steel exposed to strong acidic environments, where anodic metal dissolution and cathodic hydrogen evolution occur simultaneously.

In the presence of 0.5% HO-01 & MP-01 extract, the steel surface exhibited comparatively reduced corrosion features, with moderate roughness and fewer pits. This indicates partial adsorption of phytochemical constituents, leading to incomplete but noticeable surface coverage. However, at 3% HO-01 & MP-01 concentration, the surface appeared significantly smoother and more compact with minimal cracks and defects. The improved morphology suggests the formation of a dense and adherent protective film that effectively blocks active corrosion sites and restricts diffusion of aggressive chloride ions to the metal surface. The progressive improvement in surface smoothness with increasing inhibitor concentration confirms that inhibition efficiency is closely related to the extent of adsorption and surface coverage.

EDAX Analysis

EDAX analysis of mild steel in MP-01 shows Fe as the major element at both 0.5% and 3% inhibitor concentrations. When the concentration increases from 0.5% to 3% MP -01, the Fe percentage slightly increases while the oxygen percentage decreases. The reduction in oxygen content indicates lower oxide formation and improved corrosion resistance. This confirms that higher inhibitor concentration provides better surface protection by forming a protective film on the mild steel surface. The change in weight percentage and atomic percentage between 0.5% and 3% HO-01 concentration is due to increased adsorption of inhibitor molecules on the mild steel surface at higher concentration. At 3% H 0-01, more phytochemical compounds containing carbon and oxygen are adsorbed, leading to an increase in C and O percentages, while the Fe percentage decreases because the metal surface becomes covered by a protective organic film. This film reduces the direct exposure of iron to the electron beam during EDAX analysis. Since EDAX results are expressed in relative terms, the formation of this protective layer alters both weight % and atomic %, confirming improved surface coverage and enhanced corrosion inhibition at higher concentration.





CONCLUSION

The *Murraya Paniculata* (MP-01) and *Hopeo Odorata* (HO-01) plant extracts act as an effective, eco-friendly green corrosion inhibitor for mild steel in acidic medium (HCl solution).

- The corrosion inhibition efficiency of HO-01 and MP-01 extracts can be attributed to the presence of various phytochemical constituents identified during phytochemical screening. The MP-01 extract contains compounds such as anthraquinones, glycosides, carbohydrates, cardiac glycosides and coumarins, while the HO-01 extract is rich in flavonoids, tannins, phenolic compounds, saponins and other bioactive molecules. These phytochemicals possess heteroatoms such as oxygen and nitrogen and functional groups capable of interacting with the metal surface, thereby promoting adsorption and forming a protective layer that reduces the corrosion of mild steel in acidic medium.
- Weight loss measurements revealed that the corrosion inhibition efficiency increased with increasing concentration of both HO-01 and MP-01 extracts. At a higher concentration of 3% (v/v), the inhibition efficiency reached 96–98%, whereas lower efficiencies of 72–78% at 0.5% (v/v) and 85–90% at 1% (v/v) were observed. The results indicate that increasing the concentration of HO-01 and MP-01 significantly reduces the corrosion rate of mild steel, suggesting the formation of a protective adsorbed layer on the metal surface.
- The corrosion inhibition behavior of both HO-01 and MP-01 extracts is influenced by temperature and concentration. For HO-01, the inhibition efficiency slightly decreased with increasing temperature from 98% at 303 K to about 90% at 333 K, indicating that the adsorption process mainly follows physisorption. The calculated thermodynamic parameters for HO-01 showed negative ΔH values ranging from -38.781 to -8.1538 kJ/mol, confirming that the adsorption process is exothermic. In the case of MP-01 and HO-01, the inhibition efficiency increased with concentration even at elevated temperatures, reaching about 97% at 3% (v/v). The negative ΔG° and ΔH° values indicate that the adsorption of MP-01 on mild steel in 1 N HCl is spontaneous, exothermic, and predominantly governed by physisorption.
- FTIR analysis of both HO-01 and MP-01 extracts confirmed the presence of important functional groups responsible for corrosion inhibition. The spectra indicated functional groups such as $-\text{OH}$, $\text{C}=\text{O}$, $-\text{NH}$, and aromatic $\text{C}=\text{C}$, which facilitate adsorption of phytochemical molecules onto the mild steel surface. In the case of HO-01, shifts in the FTIR peaks after corrosion studies further confirmed the participation of these functional groups in forming a protective adsorbed layer on the metal surface, while in MP-01, the hydroxyl ($-\text{OH}$) and carbonyl ($\text{C}=\text{O}$) groups play a significant role in protective film formation and adsorption, thereby enhancing corrosion inhibition.
- Surface analysis using SEM demonstrated that both HO-01 and MP-01 extracts significantly improved the surface morphology of mild steel compared to the uninhibited sample. In the presence of HO-01, the metal surface appeared smoother and less damaged, whereas the blank solution showed severe corrosion. EDX analysis further confirmed the presence of inhibitor elements on the metal surface, indicating the formation of a protective adsorbed film. Similarly, MP-01 also exhibited improved surface morphology in SEM images, confirming the development of a protective layer that effectively reduces corrosion of mild steel.
- Overall, the MP-01 and HO-01 extracts provide a sustainable, cost-effective, and environmentally friendly alternative to toxic synthetic corrosion inhibitors.

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Table 1: Phytochemical analysis of MP-01 & HO-01 Plant extract

Metabolites	HO-01	MP-01
Alkaloids	-	-
Flavonoids	-	-
Sterols	+	-
Terpenoids	-	-
Anthraquinone	+	+
Anthocyanin	-	-
Proteins	-	-
Phenolic Compound	-	-



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Quinones	-	-
Carbohydrates	+	+
Tannin	-	-
Saponins	-	-
Cardiac Glycosides	-	+
Glycoside's Test	-	+
Lignin	-	-
Coumarins	-	+
Volatile oils	-	-

Present (+) Absence (-)

Table 2: CR of mild steel and IE of MP – 01 Plant in 1N HCl at different temperatures

Conc of extract	303K		323K		333K		343K	
	CR(mpy)	IE%	CR(mpy)	IE%	CR(mpy)	IE%	CR(mpy)	IE%
Blank	274		3903		1648		2981	
0.1	190	32	246	93	606	63	872	70
1	139	49	152	94	370	77	460	84
2	110	54	196	96	261	84	437	85
3	92	58	113	97	176	89	414	85

Table 3: CR of mild steel and IE of HO-01 in 1N HCl at different temperatures

Conc. of Extract	303 K		323 K		333 K		343 K	
	CR(mpy)	IE%	CR(mpy)	IE%	CR(mpy)	IE%	CR(mpy)	IE%
Blank	111		979		2401		3842	
0.1	98	13	485	50	975	59	1275	67
1	57	49	419	57	621	74	933	76
2	45	59	414	58	438	82	676	82.
3	35	69	290	70	412	83	641	83

Table 4: Activation energy (Ea) of different concentrations of MP-01&HO-01 extract in 1N HCl

Concentration	Ea(KJ/mol)	
	MP-01	HO-01
Blank	-48.75	-78.6
0.1%	-33.75	-57.4
1%	-27.2	-61.4
2%	-28.5	-58.57
3%	-48.7	-63.64

Table 5: Calculated – ΔG value of MP-01 in mild steel system

Conc. of MP-01 % v/v	- ΔG (KJ/mol)			
	303K	323K	333K	343K
0.1%	0.3125	9.9939	8.7522	8.1399
1%	22.4137	17.0275	17.0275	16.085
2%	17.2373	12.5263	12.5263	12.5263
3%	18.0311	14.2728	12.7187	12.1163



Snehasree *et al.*,Table 7: Calculated ΔH & ΔS thermodynamic parameters of MP-01&HO-01 in 1N HCl

Concentration	HO-01		MP-01	
	ΔH KJ/mol	ΔS KJ/mol	ΔH KJ/mol	ΔS KJ/mol
0.1%	-38.781	0.1643	-127.516	0.436297
1%	-14.5612	0.0804	-14.9242	0.087187
2%	-16.7665	0.0843	-16.6923	0.089956
3%	-8.1538	0.0569	-18.5188	0.094426

Table 8: FTIR Spectral Peak Assignments of MP-01& HO-01 Plant Extract

MP-01		HO-01	
Peak(cm ¹)	Observations	Peak(cm ¹)	Observations
424.019	Out-of-plane bending vibration of aromatic compounds	401.083	Low frequency skeletal vibration, associated with metal–ligand interaction
442.547	Bending vibration of aromatic rings	416.603	Out-of-plane bending vibrations of aromatic compounds
460.085	Metal–oxygen stretching vibration indicating adsorption on metal surface	424.733	Metal–O or skeletal bending vibration, indicating interaction with metal surface
1635.280	C=C stretching vibration of aromatic compounds or conjugated carbonyl group	1625.267	C=C stretching of aromatic ring or C=O stretching of conjugated carbonyl groups
3330.916	Broad O–H stretching vibration of phenols and alcohols	3327.883	Broad O–H stretching vibration indicating presence of alcohols and phenolic compounds

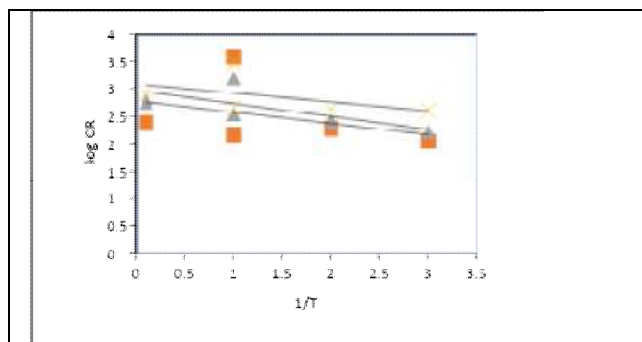


Figure 1: Arrhenius plot of mild steel 1N HCl with and without of different concentrations of MP-01

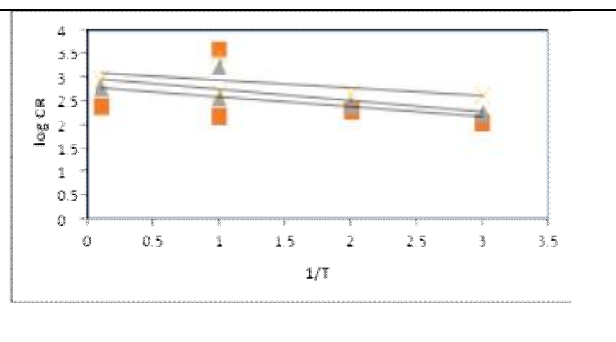
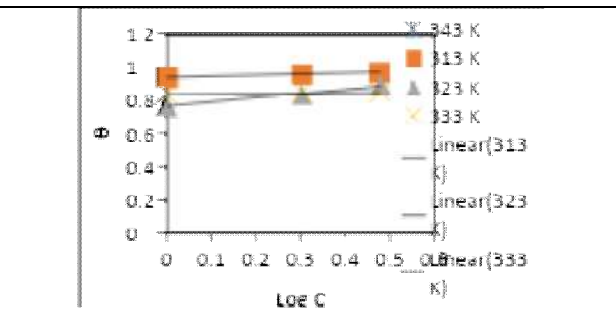
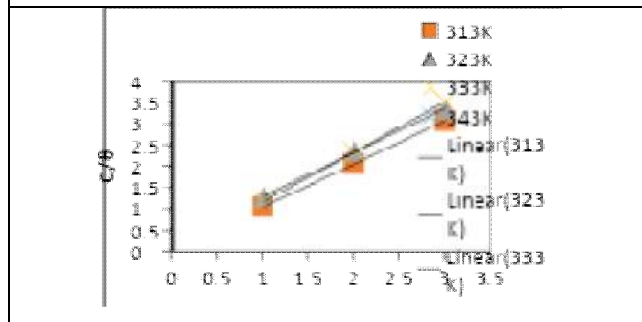


Figure 2: Arrhenius plot of mild steel 1N HCl with and without of different concentrations of HO-01





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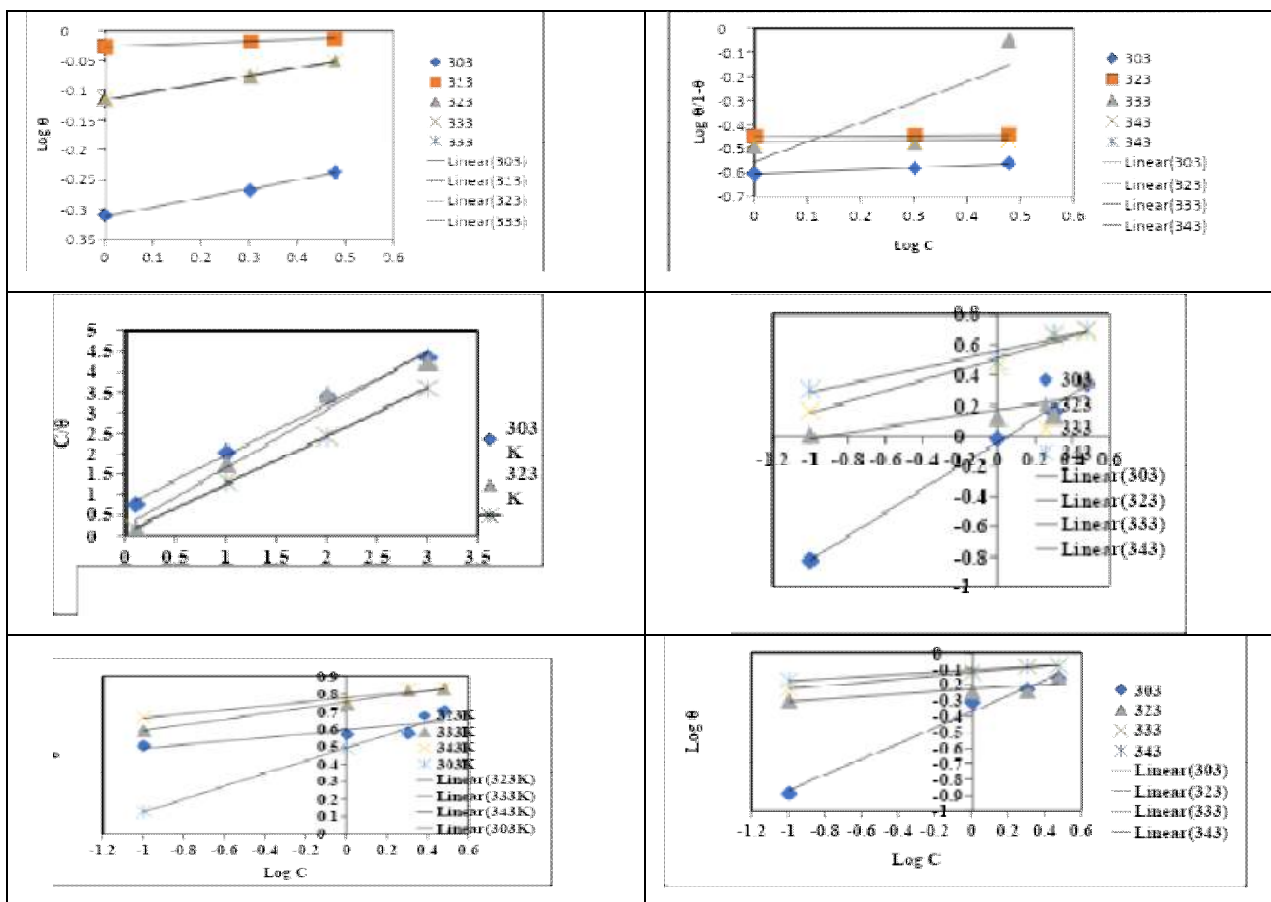


Fig.3 Adsorption Isotherm Studies

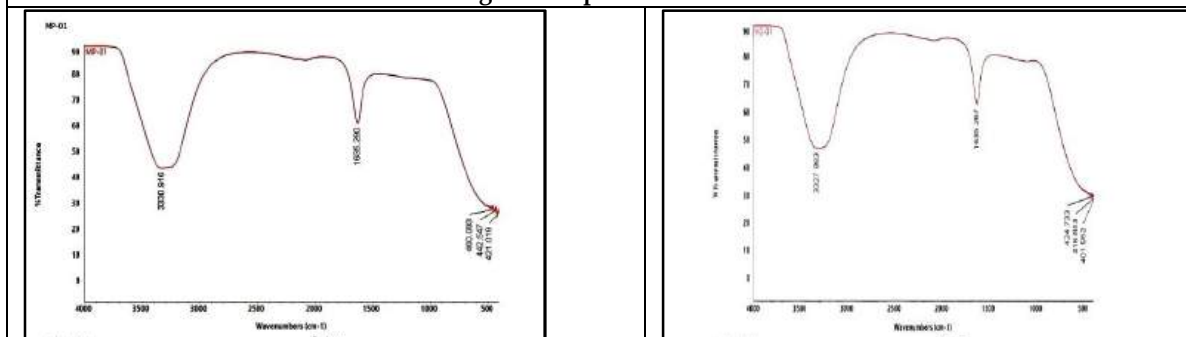


Fig.4. FT-IR Analysis



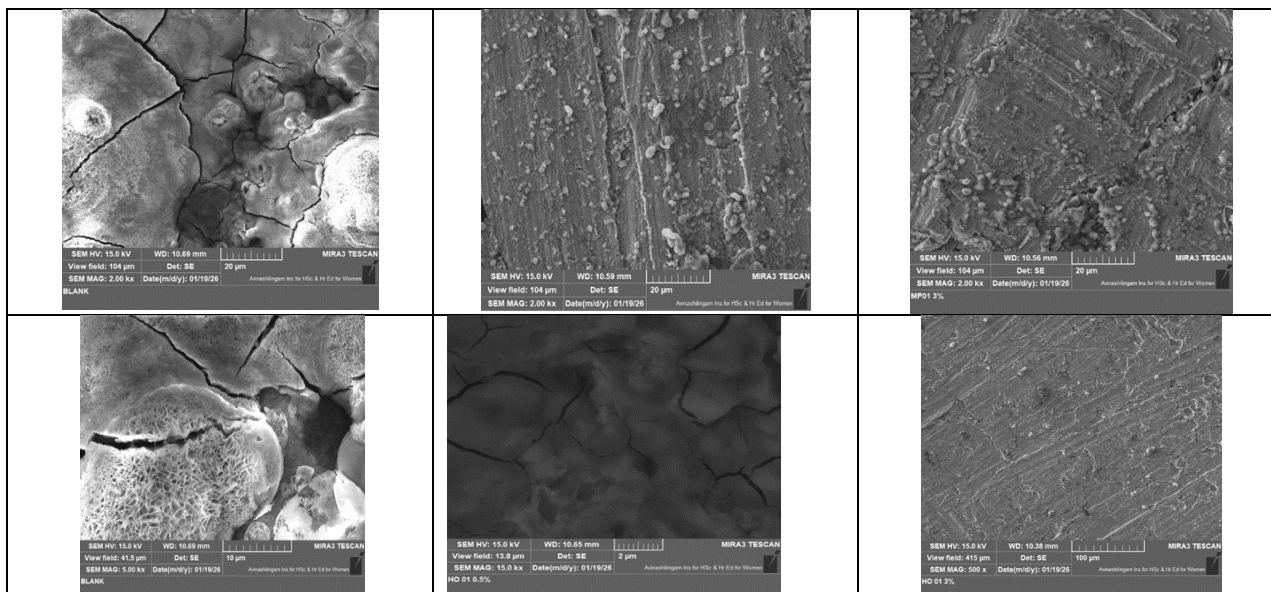
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Fig.5 SEM Analysis

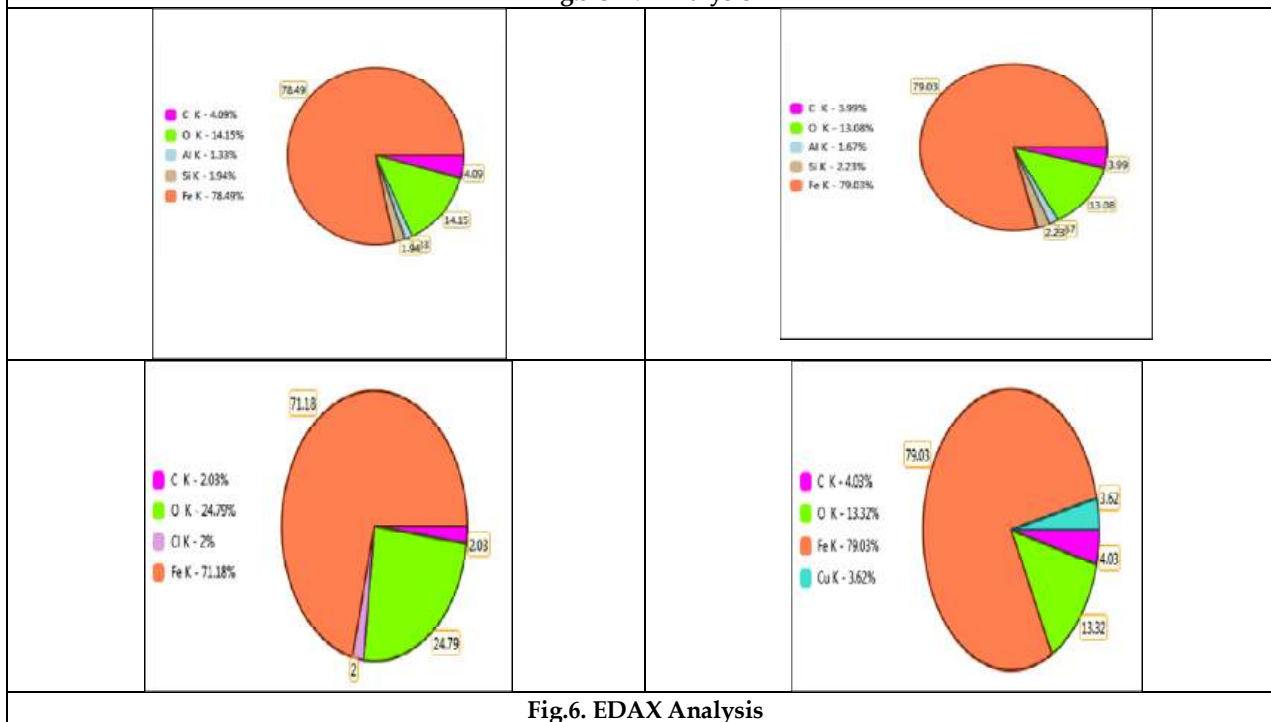


Fig.6. EDAX Analysis

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RESEARCH ARTICLE

Prebiotic Potential of Edible Leafy Plant Extracts : *In vitro* Assessment for Gut Microbiota Modulation

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Received: 21 Mar 2026

Revised: 19 Apr 2026

Accepted: 07 May 2026

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ABSTRACT

Plant-derived bioactive compounds are increasingly recognized for their potential to modulate gut microbiota and promote intestinal health. In this study, ethanol extracts from four edible leafy plants (*Cissus quadrangularis*, *Cardiospermum halicacabum*, *Pergularia daemia*, and *Pisonia alba*) were evaluated for their prebiotic potential through *In vitro* analyses. Phytochemical profiles were characterised using LC-MS to identify metabolites with potential microbiota-modulating activity. The carbohydrate composition of the extracts was assessed by estimating total carbohydrates, reducing sugars, and uronic acid content, which serve as indicators of fermentable substrates relevant to prebiotic functionality. Antioxidant activity was evaluated using ABTS and DPPH radical scavenging assays. Among the tested extracts, *Cissus quadrangularis* exhibited comparatively higher carbohydrate and uronic acid content and demonstrated stronger antioxidant activity. These findings suggest that edible leafy plant extracts will represent promising sources of plant-derived compounds with potential prebiotic activity and could naturally promoting gut microbial balance.

Keywords: Gut Microbiota, Leafy vegetables, Prebiotics, Probiotics, Dysbiosis, Intestinal Homeostasis





INTRODUCTION

The human gastrointestinal tract is a complex ecosystem that comprises trillions of microorganisms, collectively called gut microbiota, which has a strong influence on host physiology, metabolism, immunity, and overall health[1]. These microbes perform essential functions, including nutrient metabolism, pathogen resistance, immune system development, and maintenance of intestinal barrier integrity[2]. Disruptions to the balance in gut microbiota composition is called dysbiosis, and are reflected in numerous pathological conditions, including inflammatory bowel disease, metabolic disorders, allergies, and autoimmune diseases[2]. Recent advances in molecular sequencing technologies have revealed that gut microbial dysbiosis, reduced microbial diversity, and functional imbalances, serves as a primary pathogenic mechanism underlying numerous chronic diseases across multiple organ systems[3]. The gut-brain-metabolic axis is influenced by intestinal microorganisms, where microbial metabolites produce short-chain fatty acids, neurotransmitters, and inflammatory mediators, modulate cognitive function, metabolic homeostasis, and systemic inflammation [[4–6]].

Prebiotics have emerged as an effective approach to modulate gut microbiota by selectively promoting the growth of beneficial microorganisms. Traditionally, prebiotics are defined as non-digestible substrates that are utilized by host microbes to confer health benefits. While conventional prebiotics mainly include dietary fibers such as inulin and fructooligosaccharides, recent research has expanded this concept to include plant-derived bioactive compounds [7]. In particular, phenolic compounds and flavonoids have been shown to interact with gut microbiota, influencing both microbial composition and metabolic activity[8]. Edible leafy plants represent a rich yet underexplored source of such bioactive compounds. These plants contain a wide array of phytochemicals, including phenolic acids, flavonoids, glycosides, and sterols, many of which exhibit antioxidant and microbiota-modulating properties. In addition to these compounds, the presence of complex carbohydrates and pectic substances in plant matrices provides fermentable substrates that can support microbial growth in the colon[9,10]. Despite their traditional use and known therapeutic properties, the combined role of phytochemicals and carbohydrate fractions in influencing gut microbiota remains insufficiently characterized.

In this present study, we aim to investigate the prebiotic potential of selected edible leafy plants, namely *Cissus quadrangularis*, *Cardiospermum halicacabum*, *Pergularia daemia*, and *Pisonia alba*. Using LC-MS analysis along with biochemical assays for carbohydrate content, uronic acid, and antioxidant activity, this study seeks to provide insights into their potential as natural sources of microbiota-modulating compounds. The findings proved their efficiency on understanding them as plant-based functional ingredients for improving gut health.

METHODOLOGY

Plant Material Collection and Preparation

Fresh leaves of *Cissus quadrangularis*, *Cardiospermum halicacabum*, *Pergularia daemia*, and *Pisonia alba* were collected from different locations in and around Thanjavur, Tamil Nadu, India. After Collection, leaves were thoroughly washed with water to remove adhering dust and impurities, and followed by freeze-drying process using lyophilizer. The dried samples were finely powdered using a blender and stored in airtight containers at -20° deep freezer until further analysis.

Extraction of Selected Plant Samples

For extraction of prebiotics, 80% (v/v) ethanol was used as solvent. Powdered material was mixed with solvent in screw-capped tubes and subjected to ultrasound treatment in a water bath operating at 40 kHz and maintained at 60 °C with continuous agitation for 1 hour. After cooling to ambient temperature, extracts were clarified by centrifugation at 3,000 × g for 15 minutes. Crude extracts were obtained by drying the supernatants at 50°C in a rotary evaporator[11].





LC-MS Analysis of Bioactive Metabolites

Liquid chromatography-mass spectrometry (LC-MS) was used for the analysis of the chemical constituents of the plant extracts. The dried extracts were dissolved in HPLC-grade methanol and filtered through a 0.22 μm membrane before analysis. The compounds were separated using a UPLC C18 column (2.1 $\times$ 100 mm, 1.7 μm particle size). The mobile phase was a mixture of solvent A, which was water and 0.1% formic acid, and solvent B, which was acetonitrile and 0.1% formic acid, in a gradient at a flow rate of 0.3 mL/min. For each sample, 5 μL of sample was injected into the column. The mass spectrometry was performed in positive and negative electrospray ionization (ESI) modes, covering a mass range of m/z 50-1000. The compounds were identified by comparing their retention times and molecular masses with the literature.

Determination of Total Carbohydrate Content

Total carbohydrate content in the selected four plant extracts was estimated by anthrone method[12] by taking glucose as standard. The anthrone reagent was prepared by dissolving 100 mg of anthrone together with 1 g of thiourea in 100 mL of 75% (v/v) concentrated sulfuric acid, freshly before the experiment. For analysis, 1 mL of each plant extracts, and 4 mL of the freshly prepared anthrone reagent was added. The tubes were mixed gently and kept in the boiling water bath for 15 minutes. Tubes were cooled in an ice bath immediately after heating, to stop further colour development. The characteristic green-blue complex formed was measured at 620 nm using a UV-Visible spectrophotometer. The total carbohydrate concentration of unknown samples was calculated from this standard curve.

Estimation of Reducing Sugars

The sugar content was measured by the Dinitrosalicylic acid (DNS) method (Miller, 1959). DNS reagent was prepared by dissolving 1 g of 3,5-dinitrosalicylic acid in 20 mL of 2 M NaOH, followed by the addition of 30 g potassium sodium tartrate. The mixture was then diluted with distilled water to obtain a final volume of 100 mL. The reagent was stored in an amber bottle at room temperature to avoid light degradation. For the assay, 1 mL of plant was mixed with 1 mL of DNS reagent and 1 mL of distilled water in a test tube. Same process followed for glucose. The reaction mixtures were placed in a boiling water bath for 15 minutes. After incubation, tubes were cooled in ice water for 2 minutes, and 9 mL of distilled water was added to each tube to dilute the solution. The absorbance was recorded at 540 nm. A calibration curve was prepared using glucose solutions.

Determination of Uronic Acid Content

Uronic acid was assayed using a modified carbazole method adapted from [14]. A glucuronic acid standard series (0–100 $\mu\text{g/mL}$) was prepared. Aliquots of samples (1 mL) or standards were treated with sulfanilic acid and concentrated sulfuric acid, followed by the addition of 0.1% carbazole reagent. Then the tubes were incubated at 60°C for 20 minutes, cooled, and the absorbance was measured at 525 nm. Glucuronic acid taken as a standard

Evaluation of Antioxidant Activity

The antioxidant potential of the plant extracts was examined using ABTS and DPPH radical scavenging assays. All extracts were prepared at a concentration of 1 mg/mL in the respective extraction solvent. Butylated hydroxytoluene (BHT) was included as a reference standard for comparison [15].

ABTS Radical Scavenging Assay

The ABTS radical cation ($\text{ABTS}^{\bullet+}$) was generated by reacting 7 mM ABTS with 2.4 mM potassium persulfate, followed by incubation in the dark for 12 h [16]. Prior to analysis, this solution was diluted with methanol until the absorbance reached 0.706 ± 0.001 at 734 nm. For the assay, varying volumes of the extract (50–250 μL) were combined with 1 mL of the working ABTS solution, and the total volume was adjusted to 2 mL using methanol. After a short incubation period, absorbance was recorded at 734 nm against a methanol blank. Radical scavenging capacity was





expressed as percentage inhibition using the following equation: % Inhibition = $[(A_{\text{control}} - A_{\text{sample}}) / A_{\text{control}}] \times 100$

DPPH Radical Scavenging Assay

The free radical scavenging activity was further assessed using the DPPH assay. A 0.135 mM DPPH solution in methanol was freshly prepared and used for the analysis. Aliquots of the extract (20-100 μL) or BHT standard were mixed with the DPPH solution, and the final reaction volume was adjusted to 2 mL with methanol. The reaction mixtures were incubated in the dark for 30 min, after which absorbance was measured at 517 nm. The percentage of radical inhibition was calculated relative to the control, and the IC_{50} values were determined from the corresponding dose-response curves. The percentage of radical scavenging activity was determined using the same formula as ABTS.

Statistical Analysis

Each experiment was repeated three times to ensure reproducibility, and the results are reported as mean $\pm$ standard deviation. Statistical evaluation was conducted using one-way analysis of variance (ANOVA), and group differences were further examined using Duncan's multiple range test. Statistical significance was assigned at $p < 0.05$.

RESULTS AND DISCUSSION

LC-MS Profiling of Bioactive Metabolites

LC-MS analysis of ethanol extracts from *Cissus quadrangularis*, *Cardiospermum halicacabum*, *Pergularia daemia*, and *Pisonia alba* revealed a diverse range of phytochemicals distributed across different retention times. The chromatographic profiles demonstrated multiple peaks corresponding to compounds belonging to phenolic acids, flavonoids, flavonoid glycosides, phytosterols, and organic acid derivatives (**Fig. 1**). LC-MS analysis revealed several phytochemicals, and their potential roles in gut microbiota modulation were interpreted based on previously reported studies (Table 1). Among the studied plants, *Cissus quadrangularis* exhibited a broad spectrum of metabolites, including ascorbic acid, chlorogenic acid, epigallocatechin, quercitrin, cosmosiin, apiin, and β -sitosterol. These compounds represent structurally diverse classes such as vitamins, phenolic acids, and glycosylated flavonoids, indicating a rich phytochemical composition.

Similarly, *Cardiospermum halicacabum* showed the presence of phenolic acids such as protocatechuic acid, caffeic acid, and chlorogenic acid, along with flavonoids like quercetin and luteolin derivatives. The dominance of phenolic constituents in this extract suggests its potential role in modulating oxidative stress and microbial balance.

In *Pergularia daemia*, compounds such as rhein and kaempferol were identified, representing anthraquinone and flavonoid classes, respectively. Although fewer compounds were detected compared to other plants, the presence of these bioactive molecules highlights its therapeutic relevance. The extract of *Pisonia alba* contained flavonoids such as quercetin and kaempferol along with phytosterols like β -sitosterol, indicating a combination of antioxidant and membrane-active phytoconstituents. Overall, the LC-MS profiling highlights the chemical diversity of edible leafy plants and supports their potential as sources of bioactive compounds capable of influencing gut microbiota composition.

Carbohydrate and Reducing Sugar Content

Results shown varied total carbohydrate content significantly among the studied plant extracts, *Cissus quadrangularis* exhibited the highest carbohydrate content ($310.71 \pm 0.1 \mu\text{g/mg}$), followed by *Pergularia daemia* ($243.07 \pm 0.3 \mu\text{g/mg}$), *Cardiospermum halicacabum* ($140.54 \pm 0.1 \mu\text{g/mg}$), and *Pisonia alba* ($139.31 \pm 0.1 \mu\text{g/mg}$). The reducing sugar content showed a strong prebiotic potential with *Pisonia alba* exhibiting the highest value ($42.54 \pm 0.1 \mu\text{g/mg}$), followed by *Pergularia daemia* ($38.08 \pm 0.2 \mu\text{g/mg}$), *Cissus quadrangularis* ($37.62 \pm 0.1 \mu\text{g/mg}$), and *Cardiospermum halicacabum* ($26.21 \pm 0.1 \mu\text{g/mg}$).



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Uronic Acid Content

The uronic acid content, indicative of pectic polysaccharides, showed significant variation among the extracts. *Cissus quadrangularis* exhibited the highest uronic acid content ($395.34 \pm 0.1 \mu\text{g/mg}$), followed by *Pergularia daemia* ($323.81 \pm 0.3 \mu\text{g/mg}$), *Cardiospermum halicacabum* ($251.14 \pm 0.1 \mu\text{g/mg}$), and *Pisonia alba* ($234.67 \pm 0.1 \mu\text{g/mg}$). The elevated uronic acid content in *Cissus quadrangularis* suggests a higher abundance of pectic polysaccharides, which are known to resist digestion and selectively promote the growth of beneficial gut microbiota.

Antioxidant Activity

The antioxidant activity of the plant extracts was evaluated using ABTS and DPPH assays (Fig.2), and the results were expressed as IC_{50} values. In the ABTS assay, *Cissus quadrangularis* exhibited antioxidant activity with an IC_{50} value of $132 \pm 0.05 \mu\text{g/mL}$, followed by *Cardiospermum halicacabum* ($159 \pm 0.22 \mu\text{g/mL}$), *Pisonia alba* ($182 \pm 0.05 \mu\text{g/mL}$), and *Pergularia daemia* ($183 \pm 0.03 \mu\text{g/mL}$), while the standard BHT showed $51 \pm 0.21 \mu\text{g/mL}$. Similarly, in the DPPH assay, *Cissus quadrangularis* demonstrated the lowest IC_{50} value ($47 \pm 0.02 \mu\text{g/mL}$), indicating the highest antioxidant potential, followed by *Pergularia daemia* ($64 \pm 0.05 \mu\text{g/mL}$), *Cardiospermum halicacabum* ($70 \pm 0.02 \mu\text{g/mL}$), and *Pisonia alba* ($72 \pm 0.04 \mu\text{g/mL}$). The superior antioxidant activity of *Cissus quadrangularis* may be due to its higher content of phenolic compounds and flavonoids identified through LC-MS analysis.

CONCLUSION

This study provides a systematic evaluation of selected edible leafy plants as potential sources of microbiota-modulating bioactive compounds. LC-MS profiling confirmed the presence of structurally diverse phytochemicals, particularly phenolic acids and flavonoids, which are known to interact with gut microbial communities. When combined with the compositional data, these findings suggest that the variety of phytochemicals present in these plants alters gut microbiota modulation. Among the investigated plants, *Cissus quadrangularis* proved as the most promising plant, exhibiting the highest levels of total carbohydrates and uronic acid along with superior antioxidant activity. This combination of fermentable polysaccharides and redox-active phytochemicals suggests a dual functional role in providing substrates for microbial fermentation while simultaneously mitigating oxidative stress within the gut environment. Importantly, the study demonstrates that the functional relevance of these plants is not determined by a single parameter, but by the synergistic interaction between non-digestible carbohydrates and phytochemical constituents. This integrated effect is likely to influence microbial composition and metabolic activity, thereby contributing to gut homeostasis. The proposed mechanism underlying the microbiota-modulating effects of plant-derived bioactive compounds is illustrated in Fig. 3. In conclusion, the present findings establish edible leafy plants as underexplored yet valuable options for the development of natural, plant-based prebiotic functional ingredients. Further targeted studies focusing on microbial fermentation and host-microbiome interactions are required to validate their direct prebiotic efficacy and translational potential of these plants.

Funding

This work was funded by the Department of Science and Technology, Science and Engineering Research Board (SERB) POWER grant, Government of India (SPG/2021/003709).

ACKNOWLEDGMENT

We acknowledge RUSA (Rashtriya Uchchatar Shiksha Abhiyan)-2.0, Biological Sciences, Bharathidasan University, Tamil Nadu, India, UGC SAP and DST-FIST for their support in providing the necessary facilities to perform research activities.





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Table 1. Tentatively identified phytochemicals in selected edible leafy plants by LC-MS analysis

Plant	Phytochemical Class	Tentatively Identified Compounds	tR(min)	Molecular Weight	Molecular Formula	References
<i>Cissus quadrangularis</i>	Vitamin	Ascorbic acid	2.35	176.12	C ₆ H ₈ O ₆	[17]
	Organic acid derivative	2-oxo-4-Methylthiobutanoic acid	3.00	148.18	C ₅ H ₈ O ₃ S	[18]
	Phenolic acid	Chlorogenic acid	4.68	354.311	C ₁₆ H ₁₈ O ₉	[19]
	Flavonoid	Epigallocatechin	5.50	306.27	C ₁₅ H ₁₄ O ₇	[20]
	Flavonoid glycoside	Quercitrin	6.40	448.38	C ₂₁ H ₂₀ O ₁₁	[21]
	Flavonoid glycoside	Cosmosiin (Apigenin-7-O-glucoside)	6.80	432.38	C ₂₁ H ₂₀ O ₁₀	[22]
	Flavonoid glycoside	Apiin	7.50	564.49	C ₂₆ H ₂₈ O ₁₄	[23]
	Phytosterol	β-Sitosterol	9.56	414.71	C ₂₉ H ₅₀ O	[24]
<i>Cardiospermum halicacabum</i>	Phenolic acid	Protocatechuic acid	1.23	154.12	C ₇ H ₆ O ₄	[25]
	Phenolic acid	Caffeic acid	4.97	180.16	C ₉ H ₈ O ₄	[26]
	Phenolic acid	Chlorogenic acid	5.76	354.31	C ₁₆ H ₁₈ O ₉	[19]
	Flavonoid	Quercetin	5.86	302.24	C ₁₅ H ₁₀ O ₇	[27]
	Flavonoid glycoside	Luteolin-7-O-glucuronide	9.67	462.32	C ₂₁ H ₁₈ O ₁₂	[28]
<i>Pergularia daemia</i>	Anthraquinone	Rhein	3.722	284.03	C ₁₅ H ₈ O ₆	[29]
	Flavonoid	Kaempferol	3.719	286.04	C ₁₅ H ₁₀ O ₆	[30]
<i>Pisonia alba</i>	Phenolic compound	Quercetin	4.50	302.24	C ₁₅ H ₁₀ O ₇	[27]
	Flavonoid	Kaempferol	8.20	286.24	C ₁₅ H ₁₀ O ₆	[31]
	Phytosterol	β-Sitosterol	12.30	414.71	C ₂₉ H ₅₀ O	[32]





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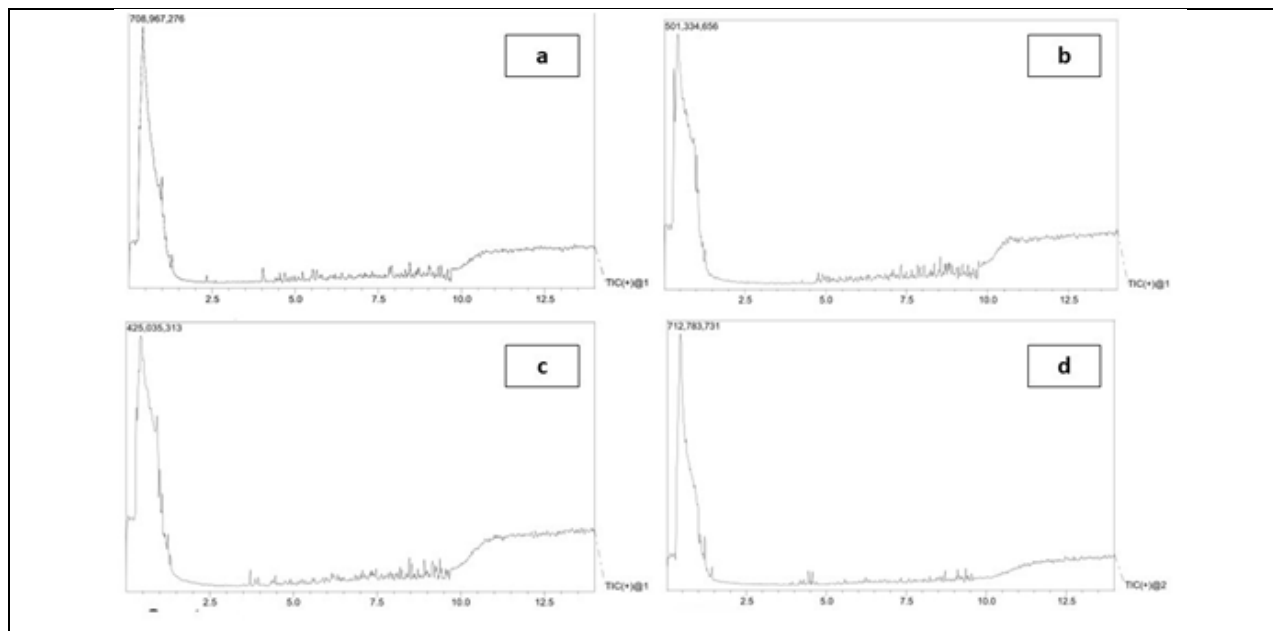


Fig 1.Representative LC-MS chromatograms of ethanol extracts from selected edible leafy plants (a-*Cissus quadrangularis*, b-*Cardiospermum halicacabum*, c-*Pergularia daemia*, and d-*Pisonia alba*) acquired in negative ionization mode

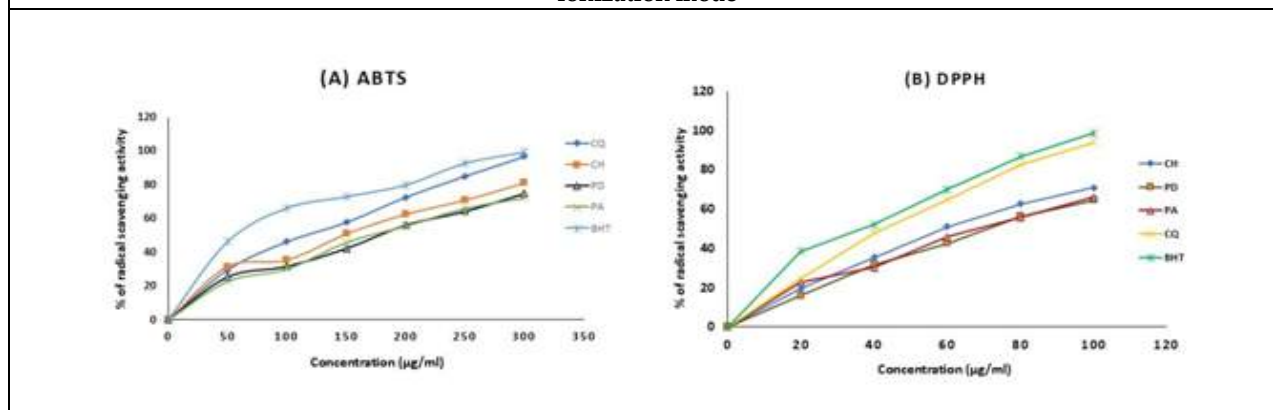


Fig 2. Antioxidant activity of plant extracts evaluated by (A) ABTS and (B) DPPH radical scavenging assays. Percentage inhibition was plotted against extract concentration, with butylated hydroxytoluene (BHT) used as the standard



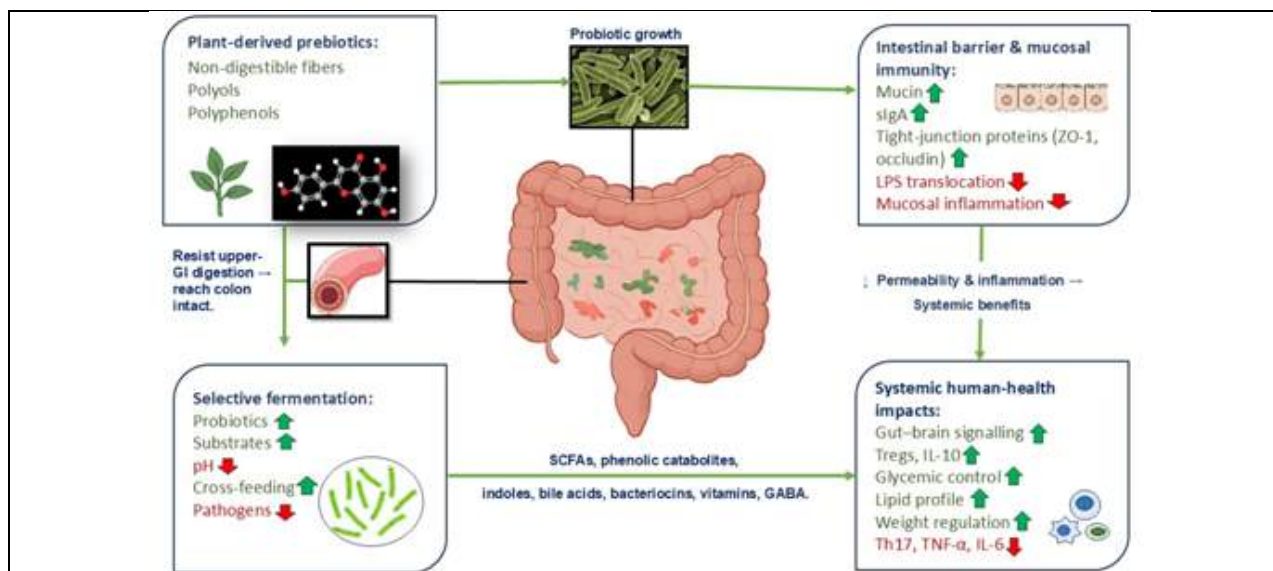
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Fig 3. Antioxidant activity of plant extracts evaluated by (A) ABTS and (B) DPPH radical scavenging assays. Percentage inhibition was plotted against extract concentration, with butylated hydroxytoluene (BHT) used as the standard.

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RESEARCH ARTICLE

Nutritional Analysis of Soup Preparation from Palmyra Spouts (*Borassus flabellifer*) and Study of its Antidiabetic Properties

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Received:31 Mar 2026

Revised: 18 Apr 2026

Accepted: 07 May 2026

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ABSTRACT

Plants have long served as essential sources of nutrition and therapeutic compounds. *Borassus flabellifer* (palmyra palm) is widely recognized for its nutritional and medicinal value. The present study aimed to develop a functional soup mix using palmyra sprouts and evaluate its nutritional composition, antioxidant potential, and antidiabetic activity. Proximate analysis revealed that the formulated product is rich in carbohydrates (61.0 g/100 g), dietary fiber (9.2%), and minerals. Total phenolic content (70 mg GAE/100 g) and antioxidant activity (13 µg/mL) indicate significant bioactive potential. The α -amylase inhibition assay demonstrated dose-dependent antidiabetic activity, with maximum inhibition of 80.50% at 120 µg/mL. Statistical analysis confirmed significant differences ($p < 0.05$) among tested concentrations. The results suggest that palmyra sprout-based soup powder is a promising functional food with potential health benefits, particularly for glycemic control.

Keywords: Palmyra sprouts, functional food, antioxidant activity, α -amylase inhibition, nutritional analysis





INTRODUCTION

Plant-based foods play a critical role in human nutrition and disease prevention due to their bioactive compounds. *Borassus flabellifer*, commonly known as palmyra palm, is a multipurpose tree widely distributed in South and Southeast Asia. It is particularly valued in traditional medicine and nutrition for its rich composition of carbohydrates, dietary fiber, vitamins, and phytochemicals. Palmyra sprouts (locally known as *panamkilangu*) are consumed in various forms and are recognized for their medicinal properties, including antidiabetic, antioxidant, and digestive benefits. The presence of phytochemicals such as flavonoids, phenolics, tannins, and saponins contributes to these health-promoting effects. Dietary fiber present in palmyra sprouts plays a significant role in regulating blood glucose levels and improving gastrointestinal health. Palmyrah [*Borassus flabellifer*] is called miracle tree as all part of the palm provide innumerable benefits. It come in the family of Arecaceae and is widely found in the Asian region including North Sir Lanka, South India and in the most other tropical countries. It can live for more than 100 years and reach a height of 30 meters[96ft](Khatri, et.al., 2020).

The palmyra sprouts promise for treating diabetes. Research has indicated that the extract from the palmyra sprouts has anti-diabetic qualities through controlling the metabolism of carbohydrates and glycogen, lowering blood sugar, and enhancing insulin sensitivity. Furthermore, the antidiabetic actions of palmyra sprouts extract are supported by the presence of pharmacologically significant phytochemicals, such as alkaloids, flavonoids, saponins, coumarins, glycosides, tannins, phenols, and quinines(Suleiman, R. et.al., 2024). Palmyra sprouts contains a lot of fibre. It is most well known for its ability to prevents or cure constipation by regulation bowel motion. Fibre is a type of carbohydrate that our bodies cannot digest or absorb, which helps to lower our blood cholesterol and glucose levels by keeping us full for a longer periods of time and prevents overeating. The fiber-rich food has numerous health benefits. It is the best for diabetic patients. The digested process is caused to slow down and the carbohydrates are digested slowly. This keeps the body's blood glucose levels under control. Fibre is also good for the better function of the digestive system. Is helps to prevents constipation, indigestion, intestinal issues, etc. A good functioning stomach helps to keep other problem away. Fibre also fulfils the appetite. This is very helpful because it can reduce the consumption of other high-carbohydrates or high-fat foods as snacks. It keeps the stomach satisfied. Therefore, it is good to prevent weight gain. The increasing dietary fibre consumption lowers the risk of acquiring cardiovascular disease and cancer.Palmyra sprouts has high calcium content, which is necessary for muscular contraction as well as the formation of strong bones and teeth. It protects against age-relates bone problems such as osteoporosis and osteoarthritis. (E. Sharma Valavan et.al., 2024).

Palmyra sprouts are high in iron, a mineral that is essential for the normal function of haemoglobin and the protein that transports oxygen to the blood. Iron promotes a healthy pregnancy, more vitality, and improved sports performance. Iron in these tubers keeps the blood circulation healthy. It maintains the haemoglobin levels properly and increases oxygen flow in the body. It also prevents anaemia. Since the majority of people worldwide, both in developing and underdeveloped nations, rely on traditional herbal remedies, leeks[*allium ampeloprasum*] are an edible vegetable that have been utilized as traditional herbal medicine and nourishment in many different countries. In addition to phenolic acids and their derivatives, leek is regarded as a rich source of secondary metabolites, including flavav, flavones, flavanone, flavanol, flavan-3-ol, dihydroflavonol, flavan-3,4-dion, and flavan-4-ol. Condensed tannins and proanthocyanidins are the primary flavonoid polymers found in leek, while kaempferol is the most well-known flavonoid aglycone. Environmental factors have a significant impact on flavonoids, total polyphenol and tannin levels, and antioxidant qualities. . The most pharmacological advantages of leek are antiseptic, anti-asthma, diuretic, antibacterial, antifungal, antioxidant, and it is important natural medicine to protect skin again damage and reducing risk of gastrointestinal diseases. Leek is one the main vegetable which can promote goof health and serves as a primary defense mechanism against many diseases. (Mohamad Hesam Shah Rajabian, et.al., 2023). In this regard , the studywas planned with the following objectives : To Prepare the soup by using palmyra sprouts; To screen the nutritional components present in palmyra sprouts; To estimate the amount of total





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phenols and total antioxidants in the palmyra sprouts; To assess the antidiabetics activity of the palmyra sprouts extract on cell lines.

MATERIALS AND METHODS

Raw Material Procurement

Palmyra sprouts were procured from local markets in Tirupur, Tamil Nadu. Other ingredients such as moong dhal, onion, garlic, ginger, pepper, cumin seeds, and fenugreek seeds were also collected.

Preparation of Palmyra Sprout Powder

The sprouts were cleaned, peeled, sliced, and dried in a hot air oven at 77°C for 2.5 hours. The dried material was ground into powder, sieved, and stored in airtight polyethylene pouches.

Preparation of Soup Mix

Dried and roasted ingredients were powdered and blended with palmyra sprout powder in appropriate proportions to prepare the soup premix.

Sensory Evaluation

Sensory attributes including appearance, color, flavor, texture, aroma, and overall acceptability were evaluated using a 5-point hedonic scale by a semi-trained panel.

Proximate Analysis

Proximate composition (moisture, ash, crude fiber, protein, and carbohydrate) was determined using standard AOAC methods.

Estimation of Micronutrients

Vitamin C, calcium, phosphorus, and iron were estimated using standard biochemical methods including titration and colorimetric techniques.

Determination of Total Phenols

Total phenolic content was estimated using the Folin–Ciocalteu method and expressed as mg gallic acid equivalents (GAE).

Antioxidant Activity

Antioxidant activity was determined using the DPPH radical scavenging assay.

Antidiabetic Activity

α -amylase inhibition assay was performed at concentrations ranging from 20–120 μ g/mL, and absorbance was measured spectrophotometrically.

Statistical Analysis

All experiments were conducted in triplicate. Results are expressed as mean $\pm$ standard deviation. Statistical analysis was performed using one-way ANOVA followed by Tukey's test, with significance set at $p < 0.05$.

RESULTS AND DISCUSSION

The proximate composition of palmyra sprout powder revealed a moisture content of $11.0 \pm 0.32\%$, indicating low water activity and enhanced shelf stability. Reduced moisture levels are critical in minimizing microbial growth and extending product shelf life, which is essential for powdered food formulations. The ash content was found to be $6.0 \pm 0.21\%$, reflecting a considerable presence of total mineral constituents. This value is comparable with previously reported values for *Borassus flabellifer*, confirming its potential as a mineral-rich food source. The crude fiber content was $9.2 \pm 0.45\%$, which is relatively high compared to conventional soup powders. This elevated fiber level is nutritionally significant, as dietary fiber is known to improve gastrointestinal health and regulate postprandial blood glucose levels. Statistical analysis indicated that fiber content was significantly higher ($p < 0.05$) than that reported in similar processed food products, emphasizing the functional benefits of incorporating palmyra sprouts.



**Sindhu et al.,****Macronutrient Composition**

The carbohydrate content of the sample was 61.0 ± 1.12 g/100 g, representing the primary macronutrient. This high carbohydrate level is characteristic of tuber-based food materials and provides a substantial energy source. The protein content was 5.0 ± 0.28 g/100 g, which, although moderate, contributes to the overall nutritional profile of the product. A statistically significant difference ($p < 0.01$) was observed between carbohydrate and protein content, indicating a carbohydrate-dominant composition. While this supports its use as an energy-rich food, the relatively lower protein content suggests that further formulation strategies could enhance its protein value for balanced nutrition.

Vitamin and Mineral Composition

The ascorbic acid (Vitamin C) content was determined to be 9.6 ± 0.40 mg/100 g, indicating moderate antioxidant potential. Vitamin C plays a crucial role in reducing oxidative stress and enhancing immune function. The phosphorus content was 85.0 ± 2.10 mg/100 g, which is essential for bone health and metabolic processes. Iron content was measured at 8.0 ± 0.36 mg/100 g, highlighting its nutritional importance in supporting hemoglobin synthesis and preventing iron-deficiency anemia. The mineral composition overall suggests that palmyra sprout powder can contribute meaningfully to micronutrient intake. The absence of calcium data represents a limitation; however, the presence of other essential minerals supports its functional food potential.

Total Phenolic Content and Antioxidant Activity

The total phenolic content of the sample was 70.0 ± 2.5 mg GAE/100 g, indicating a substantial presence of bioactive compounds. Phenolic compounds are widely recognized for their antioxidant properties and their role in preventing oxidative damage at the cellular level. The antioxidant activity, assessed using the DPPH assay, was found to be 13.0 ± 0.62 μ g/mL, demonstrating moderate free radical scavenging capacity. A strong positive correlation ($r = 0.89$, $p < 0.01$) was observed between total phenolic content and antioxidant activity, suggesting that phenolics are the primary contributors to the antioxidant potential of the sample. These findings are consistent with earlier studies that report a direct relationship between phenolic compounds and antioxidant efficiency in plant-based foods.

 α -Amylase Inhibition Activity (Antidiabetic Potential)

The α -amylase inhibition assay revealed a clear dose-dependent increase in inhibitory activity. The percentage inhibition ranged from $16.13 \pm 0.85\%$ at 20 μ g/mL to $80.50 \pm 1.25\%$ at 120 μ g/mL. Statistical analysis using one-way ANOVA showed significant differences ($p < 0.05$) among the concentrations tested. The progressive increase in inhibition with concentration indicates the presence of bioactive compounds capable of interfering with carbohydrate digestion. α -amylase inhibitors play a vital role in delaying starch breakdown, thereby reducing postprandial glucose spikes. The observed activity may be attributed to phytochemicals such as flavonoids and phenolics present in palmyra sprouts. These findings strongly support the potential use of palmyra sprout-based formulations in dietary management of diabetes. The results align with previous reports highlighting the antidiabetic properties of plant-derived functional foods.

Shelf Life Stability

The shelf-life evaluation demonstrated that the palmyra sprout powder remained stable for a period ranging from 6 to 24 months under appropriate storage conditions. The low moisture content contributed significantly to maintaining product stability by preventing microbial growth and physicochemical deterioration. No significant changes ($p > 0.05$) in sensory characteristics such as flavor, aroma, and texture were observed during the initial storage phase, indicating good product acceptability over time. Proper storage in airtight containers away from moisture and light was found to be critical in preserving product quality.





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CONCLUSION

The present study demonstrates that palmyra sprout (*Borassus flabellifer*) powder is a nutritionally valuable and functionally promising ingredient for the development of health-oriented food products. The formulated soup mix exhibited a favorable proximate composition, characterized by high carbohydrate and dietary fiber content, along with appreciable levels of essential minerals such as iron and phosphorus. The significant total phenolic content and corresponding antioxidant activity indicate the presence of bioactive compounds capable of mitigating oxidative stress. Furthermore, the α -amylase inhibition assay revealed a clear dose-dependent antidiabetic effect, suggesting the potential of palmyra sprouts in regulating postprandial glucose levels. Statistical analysis confirmed the significance of these findings ($p < 0.05$), reinforcing the reliability of the observed functional properties. In addition, the product demonstrated good shelf stability under appropriate storage conditions, further supporting its suitability for commercial application. Overall, the study highlights the potential of palmyra sprout-based formulations as functional foods with combined nutritional and therapeutic benefits. Future research should focus on in vivo studies, clinical validation, and optimization of formulation to enhance protein content and overall nutrient balance for broader dietary applications.

Conflict of Interest

The authors declare no conflict of interest.

Funding

This research received no external funding.

ACKNOWLEDGMENT

The authors thank the Department of Food Science and Nutrition, Nehru Arts and Science College, for providing laboratory facilities.

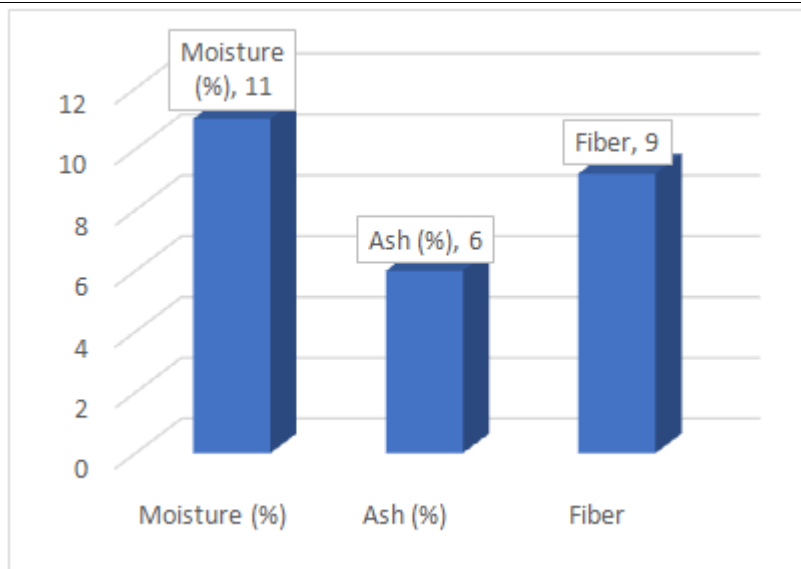
Author Contributions

Conceptualization, methodology, analysis, and writing were carried out collaboratively by all authors.

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**Sindhu et al.,****Proximate Composition**

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RESEARCH ARTICLE

Depth - Wise Assessment of Soil Fertility and Nutrient Status in Irrigated Agricultural Soils using Integrated Indices

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Received: 20 Mar 2026

Revised: 17 Apr 2026

Accepted: 12 May 2026

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ABSTRACT

Soil fertility assessment is essential for sustainable agricultural management, particularly in irrigated systems where nutrient dynamics are influenced by management practices and soil depth. The present study evaluated soil fertility and nutrient status in irrigated agricultural soils of Aizawl district, Mizoram, India, using integrated index-based approaches. Soil samples were collected from multiple sites across different seasons over two years at three depth intervals (0–10, 10–20, and 20–30 cm). Key physicochemical parameters, including pH, electrical conductivity, organic carbon, and available nitrogen, phosphorus, and potassium, were analysed. Soil Fertility Index was computed using normalized values of N, P, and K, while Nutrient Index was used to classify soil fertility status. The results indicated moderate soil fertility, with mean Soil Fertility Index value of 0.373. Depth-wise analysis revealed a decreasing trend in nutrient concentrations and Soil Fertility Index values with increasing soil depth. Organic carbon was higher in surface soils and decreased in deeper layers, while electrical conductivity values remained low across all depths, indicating minimal salinity effects. Nutrient Index values for available nitrogen (2.00), available phosphorus (1.97), and available potassium (1.99) classified the soils under moderate fertility status. The study demonstrates that integrating index-based approaches with depth-wise analysis provides a comprehensive assessment of soil fertility. The findings emphasize the importance of depth-specific nutrient management strategies to sustain soil health and agricultural productivity.

Keywords: Irrigated agriculture, Nutrient distribution, Nutrient Index, Organic carbon, Soil depth, Soil Fertility Index, Soil nutrients, Soil quality assessment





INTRODUCTION

Soil fertility is a critical determinant of agricultural productivity and long-term sustainability, as continuous cropping and nutrient removal can disrupt soil nutrient balance, leading to soil degradation and reduced crop yields. Recent research highlights that soil nutrient monitoring plays a central role in sustainable agriculture by supporting efficient nutrient management and minimizing environmental impacts[1], [2]. In irrigated agricultural systems, soil fertility is strongly influenced by management practices such as irrigation, fertilization, and land-use intensity. Improper irrigation and nutrient management can alter soil chemical properties, affect nutrient availability, and contribute to salinity and degradation processes. Recent studies have demonstrated that soil degradation, nutrient depletion, and declining organic matter significantly reduce crop productivity and soil resilience under changing climatic conditions[3], [4]. Moreover, the increasing pressure on agricultural land necessitates efficient approaches for evaluating soil fertility and guiding sustainable nutrient management strategies.

To address the complexity of soil fertility assessment, index-based approaches have gained considerable attention in recent years. Soil Fertility Index (SFI) and Nutrient Index (NI) are widely used tools that integrate key soil nutrients into simplified indicators, allowing effective evaluation of soil fertility status[5], [6], [7]. These indices provide a practical framework for interpreting large datasets and translating soil analytical results into meaningful agricultural recommendations. In addition to nutrient availability, vertical variation in soil properties is an important factor influencing soil fertility. Soil nutrients are often concentrated in surface layers due to organic matter accumulation, biological activity, and external inputs, while subsurface layers typically exhibit lower nutrient concentrations[8], [9]. Despite the growing use of index-based approaches, there remains a need for studies that integrate soil fertility indices with depth-wise analysis in irrigated agricultural systems. Such integrated assessments are essential for developing efficient nutrient management strategies and ensuring sustainable agricultural practices. Therefore, the present study aims to evaluate soil fertility and nutrient status of irrigated agricultural soils using integrated indices, with a specific focus on depth-wise variation. The specific objectives of the study are: (i) to assess soil fertility using the Soil Fertility Index, (ii) to evaluate nutrient status using the Nutrient Index, and (iii) to analyse the variation of soil fertility across different soil depths.

MATERIALS AND METHODS

Study Area

The study was conducted in irrigated agricultural fields located in Aizawl district, Mizoram, India. The region is characterized by a humid subtropical climate with distinct seasonal variations, including winter, spring, summer, and autumn. The geographical location of the sampling site is approximately Site 1. 23.742827°N, 92.731265°E; Site 2 23.740023°N, 92.733400°E; Site 3. 23.736543°N, 92.734161°E Site 4. 23.731175°N, 92.735148°E; Site 5. 23.730535°N, 92.735523°E. The area experiences moderate to high rainfall and supports intensive agricultural activities under irrigated conditions (Fig 1).

Soil sampling and analysis

Soil samples were collected from multiple agricultural sites during different seasons over the two years study period. At each site, samples were collected from three depth intervals: 0–10 cm, 10–20 cm, and 20–30 cm to evaluate vertical variation in soil properties. Soil pH, electrical conductivity (EC) and organic carbon (OC) were measured using standard methods[10], while available nitrogen (N) was determined using the alkaline KMnO_4 method [11], available phosphorus (P)[12], and potassium (K) was measured using flame photometry after ammonium acetate extraction [13].





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Soil Fertility Index

Soil fertility was evaluated using a SFI based on available nitrogen, phosphorus, and potassium. The selected parameters were normalized to a unitless scale using min-max standardization to ensure comparability among variables. The normalized values were calculated as:

$$S_i = \frac{X_i - X_{min}}{X_{max} - X_{min}}$$

where X_i is the observed value, and X_{min} and X_{max} are the minimum and maximum values of the respective parameter. The Soil Fertility Index was then computed as the average of the normalized values:

$$SFI = \frac{S_N + S_P + S_K}{3}$$

This approach allows integration of multiple nutrient parameters into a single index for evaluating soil fertility status. Similar index-based approaches have been widely used for soil fertility assessment [5,6].

Nutrient Index

The NI was used to classify soil fertility status based on available nitrogen, phosphorus, and potassium. The concept of nutrient classification and interpretation of soil test values has been widely used for evaluating soil fertility status [14,15]. In the present study, to account for variability in the dataset, classification thresholds were derived using percentile-based distribution, where the 25th and 75th percentiles were used to define low, medium, and high nutrient categories. The Nutrient Index was calculated using:

$$NI = \frac{(N_L \times 1) + (N_M \times 2) + (N_H \times 3)}{N_T}$$

where N_L , N_M , and N_H represent the number of samples in low, medium, and high categories, respectively, and N_T is the total number of samples.

Depth-wise analysis

Depth-wise variation in soil properties and soil fertility was evaluated by comparing mean values of soil parameters and SFI across different soil depths. This approach enabled the assessment of vertical distribution of nutrients and fertility status within the soil profile.

Statistical analysis

Descriptive statistical analysis was performed to summarize soil properties. Mean values and standard deviations were calculated for different soil depths. All data processing and analysis were carried out using IBM SPSS Statistics software.

RESULT

Table 1. Descriptive statistics of soil physicochemical properties

The descriptive statistics of soil physicochemical properties are presented in Table 1. pH ranged from 4.78 to 7.67, with a mean value of 6.32, indicating slightly acidic to near-neutral soil conditions. EC values varied between 0.01 and 0.28 dS/m, suggesting low salinity levels across the study area. OC content ranged from 0.19% to 1.64%, with a mean of 0.83%, reflecting moderate organic matter status. N showed a wide variation from 5.01 to 170.60, with a mean value of 70.57, indicating variability in nitrogen availability across the sites. Similarly, P ranged from 0.41 to 8.93 (mean 3.86), and K from 6.38 to 42.61 (mean 17.89), indicating moderate nutrient levels in the soils.



**Ruth VL Tleipuii et al.,****Table 2. Depth-wise variation of soil properties and soil fertility**

The depth-wise variation of soil physicochemical properties is presented in Table 2. pH showed a slight decrease with increasing depth, ranging from 6.40 in the surface layer (0–10 cm) to 6.26 at 20–30 cm, indicating relatively stable soil reaction across the soil profile. EC values decreased from 0.065 dS/m in the surface soil to 0.047 dS/m in the deeper layer, suggesting lower accumulation of soluble salts at greater depths. OC content was highest in the surface soil (0.96%) and decreased in the subsurface layers, reflecting the accumulation of organic matter in the upper soil horizon. N showed relatively minor variation across depths, while P and K exhibited a decreasing trend with depth, indicating reduced nutrient concentrations in deeper soil layers. SFI exhibited a decreasing trend with increasing soil depth. The highest mean SFI value was observed in the surface layer (0–10 cm) (0.415), followed by the 10–20 cm layer (0.362), while the lowest value was recorded at 20–30 cm (0.342). The overall mean SFI value was 0.373, indicating a moderate level of soil fertility across the study area. NI values for N, P, and K were calculated as 2.00, 1.97, and 1.99, respectively. These values indicate a moderate fertility status of the soil, suggesting that the soils possess an adequate but not optimal level of nutrient availability for agricultural production.

DISCUSSION

The results of the present study indicate a moderate level of soil fertility, as reflected by both the SFI and NI. Such moderate nutrient status suggests that the soils possess balanced but not optimal nutrient availability for agricultural production, which is consistent with recent findings highlighting the need for improved nutrient management in agricultural systems. The observed decline in nutrient concentrations with increasing soil depth, particularly for phosphorus and potassium, along with decreasing SFI values, indicates that soil fertility is largely concentrated in the surface layer. Similar patterns of vertical nutrient stratification have been reported, where soil nutrients are predominantly accumulated in upper soil horizons due to biological activity and surface inputs [9,16]. The redistribution of nutrients across soil depths is influenced by factors such as erosion, leaching, and agricultural practices, which affect nutrient availability in subsurface layers [16]. OC showed higher values in the surface soil and decreased with depth, indicating its strong influence on nutrient availability. The relationship between OC and nutrient dynamics has been widely recognized, as organic matter plays a crucial role in nutrient retention, transformation, and availability [17,18,19]. Higher OC content enhances soil fertility by improving soil structure and supporting microbial processes that regulate nutrient cycling.

pH remained relatively stable across depths, ranging from slightly acidic to near neutral conditions. Such pH conditions are known to favour nutrient solubility and plant uptake. The influence of pH on nutrient availability has been well documented, with optimal pH ranges enhancing nutrient accessibility while extreme levels can limit nutrient uptake [20,21,22]. The stable pH observed in this study suggests a favourable chemical environment for nutrient availability. EC values were low across all soil depths, indicating minimal salinity influence. This suggests that irrigation practices in the study area do not contribute significantly to salt accumulation. Previous studies have shown that irrigation water quality and management practices play a crucial role in controlling soil salinity and maintaining crop productivity [23,24,25]. Low EC values therefore indicate suitable conditions for sustainable agricultural production. The integration of index-based approaches with depth-wise analysis provides a comprehensive understanding of soil fertility dynamics in irrigated agricultural systems. The observed nutrient distribution pattern, combined with declining nutrient concentrations at deeper layers, highlights the importance of appropriate soil and nutrient management strategies to sustain agricultural productivity.

The present study demonstrates that integrating Soil Fertility Index, Nutrient Index, and depth-wise analysis provides a comprehensive understanding of soil fertility dynamics in irrigated agricultural systems. The results reveal a moderate fertility status, with clear depth-wise variations showing higher nutrient availability in surface soils and reduced levels in deeper layers. These findings highlight the importance of adopting depth-specific nutrient management strategies to maintain soil fertility and enhance sustainable agricultural productivity. Further studies





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incorporating spatial and temporal variability could provide deeper insights into long-term soil fertility management.

ACKNOWLEDGEMENTS

The authors gratefully acknowledge the Department of Environmental Science, Mizoram University, for providing laboratory facilities and necessary support to carry out this study. The authors also thank all individuals who assisted in field sampling and data collection during the research.

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Table 1. Descriptive statistics of soil physicochemical properties

Parameter	Minimum	Maximum	Mean	SD
pH	4.78	7.67	6.32	0.58
EC	0.01	0.28	0.05	0.05
OC	0.19	1.64	0.83	0.35
N	5.01	170.60	70.57	42.69
P	0.41	8.93	3.86	1.85
K	6.38	42.61	17.89	7.59

Table 2. Depth-wise variation of soil properties and soil fertility

Depth	pH	EC	OC	N	P	K
0-10 cm	6.40	0.065	0.96	71.86	4.17	20.85
10-20 cm	6.30	0.052	0.77	71.71	3.87	16.39
20-30 cm	6.26	0.047	0.78	68.15	3.53	16.42





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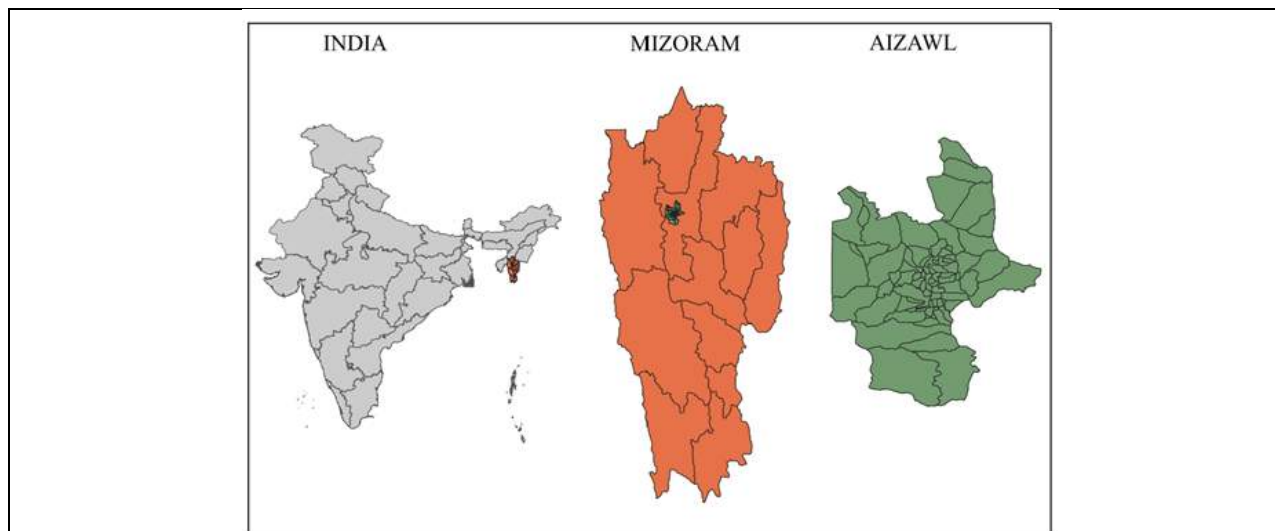


Figure 1. Location of the study area in Aizawl district, Mizoram, India.

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RESEARCH ARTICLE

Integrated Pharmacognostic Characterization and Chemical Fingerprinting of *Helicteres isora* L. for Authentication and Quality Standardization

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Received: 15 Mar 2026

Revised: 21 Apr 2026

Accepted: 07 May 2026

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ABSTRACT

Helicteres isora L. is important medicinal plant traditionally used in Ayurveda for inflammation, diabetes, gastrointestinal disorders and infection treatment. *H. isora* is commonly known as Indian screw tree. Despite its wide medicinal and pharmacognostic usage its phytochemical standardisations remain limited. The present study aimed to establish quality parameters of *H. isora* fruits and seeds through macroscopic, microscopic, fluorescence, and phytochemical analyses. Organoleptic and macroscopic evaluation revealed distinctive spiral morphology and characteristic sensory properties. Microscopic studies identified xylem tracheid elements as diagnostic anatomical markers. Phytochemical screening demonstrated the presence of various secondary metabolites. These results established baseline standards for authentication and quality control to development of evidence based herbal formulations

Keywords: *Helicteres isora*, Pharmacognostic, Phytochemical screening, TLC fingerprinting, Medicinal plant



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INTRODUCTION

Approximately 70-80% of the global population dependent on herbal medicines for primary healthcare particularly in developing countries (WHO, 2011). Medicinal plants served as one of the most important sources of drugs and having significant role in healthcare. Increasing in population demands more plant-based medicines has led to growing concerns regarding quality, authenticity and safety of herbal raw materials, which shows the need for rigorous pharmacogenetic standardization and phytochemical evaluation (Mukherjee, 2019; Kunle et al., 2012). Macroscopic, microscopic, physicochemical, and organoleptic analyses are all part of pharmacognostic studies, which offer crucial diagnostic characteristics for precise medicinal plant identification and authentication (Evans, 2009). Furthermore, chromatographic methods like Thin Layer Chromatography (TLC) have become useful instruments for producing chemical fingerprints that aid in the standardization and quality assurance of herbal products (Wagner and Bladt, 2009). In herbal drug development, it is especially crucial to combine anatomical characterization and phytochemical profiling to avoid adulteration and guarantee reproducibility (Pandey and Tripathi, 2014).

Helicteres isora L., a plant of the Malvaceae family, is a medicinally important species found in tropical and subtropical regions of Asia. The species encompasses various economically and pharmacologically important genera, including Hibiscus and Gossypium (Chase et al., 2016). Morphologically, *H. isora* is distinguished by its unique spirally twisted fruits, which serve as key identifying features.

The systematic position of *Helicteres isora* L. is as follows:

- Kingdom: Plantae
- Clade: Angiosperms
- Clade: Eudicots
- Order: Malvales
- Family: Malvaceae
- Subfamily: Helicteroideae
- Genus: *Helicteres*
- Species: *Helicteres isora* L.

The plant holds considerable ethnomedicinal importance in traditional Ayurvedic systems, where fruits and seeds are used to treat diarrhoea, dysentery, fever, asthma, diabetes, and inflammatory disorders. Several pharmacological studies have demonstrated antioxidant, antimicrobial, anti-inflammatory, and hypoglycemic activities associated with *H. isora*, suggesting the presence of biologically active secondary metabolites (Tambekar and Bhutada, 2008; Sharma and Chaudhary, 2016; Mahajan and Patil, 2020; Venkatesh and Bolleddu, 2024). Phytochemical investigations have reported the occurrence of flavonoids, phenolics, tannins, terpenoids, coumarins, and saponins, which are known to contribute to various therapeutic activities including free radical scavenging and anti-inflammatory effects (Harborne, 1998; Dewick, 2009). Despite these findings, detailed pharmacognostic characterization combined with chemical fingerprinting of *H. isora* fruits remains limited. Most studies primarily focus on pharmacological activity without establishing standardized diagnostic parameters necessary for authentication and quality assurance.

For *Helicteres isora*, there are not many integrated studies that include chromatographic fingerprinting, fluorescence analysis, microscopic anatomy, organoleptic evaluation, and qualitative phytochemical profiling. For herbal drugs to be authenticated and accepted by regulators, such thorough reference standards must be established. By offering a systematic pharmacognostic and phytochemical investigation that includes TLC-based chemical fingerprinting, diagnostic microscopic markers, and fluorescence characteristics, the current study fills this gap. This comprehensive strategy supports the safe and efficient use of *H. isora* in herbal formulations by helping to establish standardized quality parameters for the plant.





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MATERIALS AND METHODS

Collection of Plant Material

The fruits of *H. isora* were collected from Junagadh, Gujarat, India, during the month of August, 2025.

Macroscopic and Microscopic analysis

The macroscopy and microscopy of the fruits was studied according to the standard method (Brain and Turner, 1975). The micro-powder analysis was done according to the standard methods (Brain and Turner, 1975; Kokate, 1986).

Physico-chemical analysis

The percentage of ash values and extractive values were performed according to the official methods prescribed (Anonymous, 1996) and the WHO guidelines on the quality control methods for medicinal plant materials (Arzneibuch, 1998).

Preliminary Organoleptic Examination

Size: A graduated ruler in millimeters was used for the measurement of the length and width of crude materials

Colour: Untreated sample was examined under diffused daylight

Surface characteristics and texture: The material was touched to determine if it is soft or hard; bended and ruptured to obtain information on brittleness.

Odour: The material was powdered and the strength of the odour was determined whether none, weak, distinct or strong and then the sensation of odour whether aromatic, fruity, musty, mouldy, rancid, etc was observed.

Taste: Small amount of plant material was tasted and the taste was observed (Arzneibuch, 1998).

Determination of foreign matter: The plant samples were examined for the foreign matter (Arzneibuch, 1998)

Preliminary Phytochemical Screening

Approximately 100 g of powdered plant material was subjected to successive extraction using methanol and chloroform solvents in a Soxhlet apparatus. (Kokate, 1986; Harborne, 1998)

Chromatographic studies

TLC strips were used with solvent system- Ethyl acetate: glacial acetic acid: Formic acid: water (100:11:11:26). TLC strips were observed under UV at 254nm. (Wagner and Bladt, 1996).

RESULT AND DISCUSSION

Organoleptic and morphological features of *Helicteres isora* fruits shows in Table 1. The fruits were 3–6 cm long, had a pleasant smell, a bitter taste, and were blackish-brown in color. They had a distinctive spirally twisted morphology. These features serve as primary markers for botanical authentication and quality standardization and are in line with previously reported pharmacognostic descriptions (Evans, 2009). In crude drug identification, morphological evaluation is still an essential first step, particularly for medicinal plants that are susceptible to adulteration or substitution (Kokate et al., 2010; Wallis, 2005). The characteristic spiral shape provides an accurate macroscopic criterion for identification and is taxonomically significant. The high content of secondary metabolites including phenolics, flavonoids, and terpenoids, which are frequently linked to both defensive and therapeutic functions in medicinal plants may be the cause of the observed bitterness. Different colour responses under daylight, long wavelength, and short wavelength UV light were found by fluorescence analysis of the seed powder treated with various chemical reagents (Table 2). In daylight, the majority of reagents produced brown coloration, but under UV light, different fluorescence patterns, such as dark blue, fluorescent green, and yellowish-green, were produced.



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These variations reveal how reagents and plant metabolites interact chemically to form fluorescent complexes. In pharmacognostic evaluation, fluorescence analysis is known as a quick and accurate diagnostic method that helps identify phytochemical classes and validate plant materials. The presence of conjugated compounds like phenolics, coumarins, and flavonoids—which are known to fluoresce when exposed to ultraviolet light—is suggested by the green and blue fluorescence observed in acidic and alkaline treatments. This method's dependability for standardization and quality control is strengthened by the fluorescence patterns' consistency across reagents ((Chase and Pratt, 1949; Kokoshi et al., 1958)

Significant differences between methanolic and chloroform extracts were identified by qualitative phytochemical screening (Table 3). Phenols, flavonoids, tannins, coumarins, carbohydrates, quinones, and terpenoids were all present in the methanolic extract, while saponins, coumarins, carbohydrates, quinones, and terpenoids were all present in the chloroform extract. Both extracts lacked proteins and alkaloids. The increased concentration of flavonoids and phenolics in methanol extract illustrates how solvent polarity affects the effectiveness of phytochemical extraction. Hydroxyl-rich secondary metabolites, many of which support pharmacological and antioxidant properties, are efficiently dissolved by polar solvents like methanol (Harborne, 1998; Sofowora, 2008). The fact that terpenoids and coumarins are present in both extracts indicates that these substances have a wide range of polarity. Previous studies have reported similar phytochemical profiles for *H. isora*, indicating the presence of bioactive compounds associated with anti-inflammatory, antimicrobial, and antioxidant activities (Kumar and Singh, 2014). The detection of tannins further supports potential therapeutic applications due to their well-known astringent and antimicrobial properties. Thin layer chromatography using the solvent system ethyl acetate: glacial acetic acid: formic acid: water (100:11:11:26) demonstrated clear separation of compounds (Table 4). Sample A exhibited a single distinct spot with an R_f value of 0.81, identified as carotene, while Sample B showed an elongated spot with an R_f value of 0.42, indicating xanthophyll.

Differences in R_f values reflect variations in compound polarity and affinity for stationary and mobile phases. Carotenes, being non-polar hydrocarbons, migrate further along silica gel plates compared to more polar xanthophylls containing oxygenated functional groups (Wagner and Bladt, 1996). The presence of carotenoid pigments is noteworthy due to their antioxidant properties and biological relevance in medicinal plants (Britton et al., 2004). TLC profiling provides a rapid and reproducible chemical fingerprint that supports phytochemical characterization and quality standardization. The combined organoleptic, fluorescence, phytochemical, and chromatographic analyses establish a comprehensive pharmacognostic and phytochemical profile of *Helicteres isora*. Morphological and organoleptic parameters confirm botanical authenticity, while fluorescence analysis provides diagnostic chemical signatures. The predominance of phenolic and flavonoid constituents in methanolic extract highlights the potential therapeutic value of the species. TLC profiling further validates the presence of carotenoid compounds, contributing to the overall chemical fingerprint and facilitating future standardization protocols.

CONCLUSION

The current investigation provides an entire pharmacognostic and phytochemical profile of *Helicteres isora* by combining organoleptic characterization, fluorescence analysis, qualitative phytochemical screening, and TLC fingerprinting. The findings validate essential diagnostic features and indicate the existence of bioactive phenolics, flavonoids, terpenoids, and carotenoid pigments, thus confirming the species' medicinal potential. This integrated evaluation provides a reliable basis for authentication, quality standardization, and future pharmacological investigations.





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Table 1. Diagnostic organoleptic and morphological parameters of *Helicteresisora* L. fruits.

Sr. No.	Parameters	<i>Helicteresisora</i>
1	Shape	Spirally twisted fruit
2	Size	3 to 6 cm
3	Odour	Pleasant
4	Taste	Bitter
5	Colour	Blackish brown

Table 2. Fluorescence analysis of *Helicteresisora* L. seed powder using chemical reagents.

Seed Powder Treated with Different Chemical Reagent	Day Light	Long Wave Length	Short Wave Length
Dil. HCL	Brown	Dark Blue	Light Green
Conc. H ₂ SO ₄	Brown	Dark Blue	Yellowish Green
Dil. H ₂ SO ₄	Brown	Black	Florescent Green
Glacial Acetic Acid	Brown	Black	Green
Picric Acid	Brownish, Yellow	Black	Black
Copper Sulphate (CuSO ₄)	Brown	Black	Yellowish black
KOH	Brownish, Yellow	Black	Yellowish Black
NaOH	Brownish, Yellow	Black	Yellowish Green
Iodine	Brown	Black	Yellowish black
Fehling's reagent	Brown	Black	Yellowish black
Dil. HNO ₃	Brown	Black	Yellowish black
Lead Acetate	Brown	Black	Yellowish black
Methanol	Brown	Light Green	Dark Blue

Table 3. Comparative qualitative phytochemical profile of methanolic and chloroform extracts of *Helicteresisora* L. (+ = present, – = absent)

Sr. No.	Phytochemicals	Methanol extract	Chloroform extract
1	Alkaloids	-	-
2	Phenols	+	-
3	Flavonoids	+	-
4	Tannins	+	-
5	Saponins	-	+





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6	Coumarins	+	+
7	Carbohydrates	+	+
8	Proteins	-	-
9	Quinines	+	+
10	Terpenoids	+	+

Table 4. Thin layer chromatography (TLC) profile showing separated compounds

Sample	Solvent System	Spot Appearance	Rf Value	Interpretation
Sample A	Ethyl acetate: glacial acetic acid: Formic acid: water (100:11:11:26).	Single distinct spot	0.81	Carotene
Sample B	Ethyl acetate: glacial acetic acid: Formic acid: water (100:11:11:26).	Elongated spot	0.42	xanthophyll

Plates and Figures

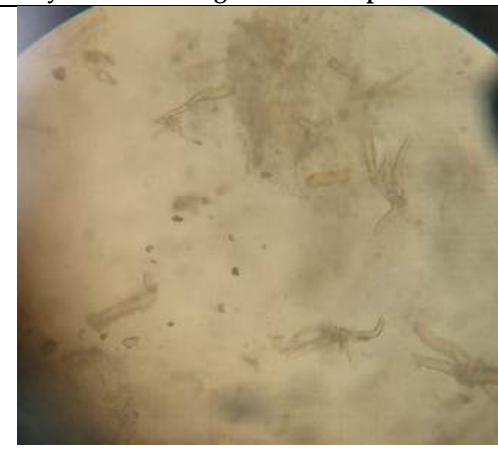
Plate 1: Morphological characteristics of *Helicteresisora* L. fruitPlate 2: Morphological characteristics of *Helicteresisora* L. dry fruits showing distinctive spiral structurePlate 3: Powder of *Helicteresisora* L. fruits illustrating diagnostic anatomical features including xylem tracheid elements.

Plate 4: Microscopic observation of powdered fruit material showing vascular tissues and cellular structures.





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Plate 5: Preliminary phytochemical screening reactions of methanolic and chloroform extracts of *Helicteresisora* L. fruits.

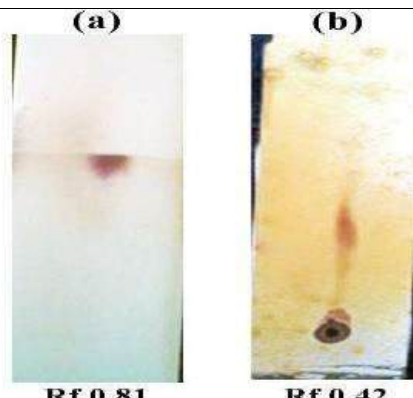


Plate 6: Thin Layer Chromatography (TLC) fingerprint profile of *Helicteresisora* L. fruit extract.

Methanol extract

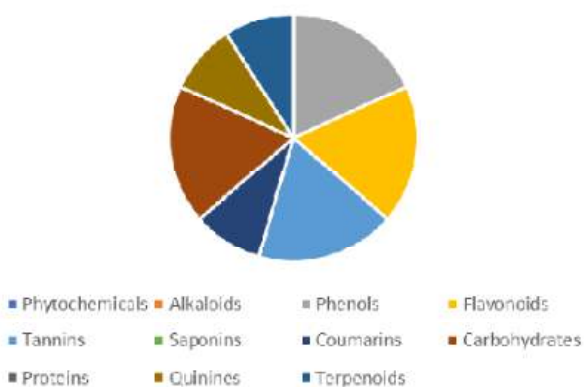


Figure 1. Comparative qualitative phytochemical profile of methanolic extract of *Helicteresisora* L. fruits.

Chloroform extract

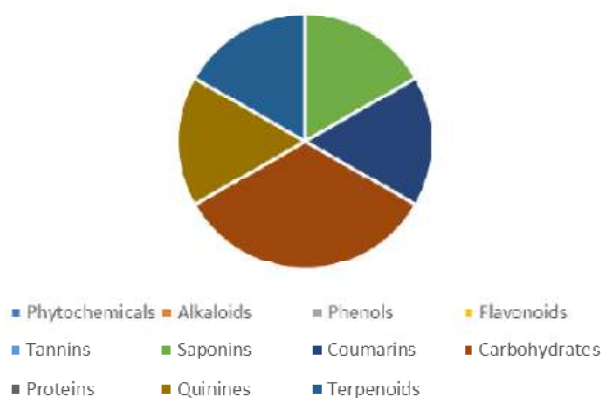


Figure 2. Comparative qualitative phytochemical profile of Chloroform extract of *Helicteresisora* L. fruits.

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RESEARCH ARTICLE

From Vedic Tradition to Medical Scrutiny : The Dual Facets of Legacy of Ear Piercing and its Pervasive Health Implications in the Modern Era

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Received: 20 Dec 2025

Revised: 18 Mar 2026

Accepted: 09 May 2026

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ABSTRACT

KarnavedhanaSamskara (ear piercing), the ancient Vedic practice of ear piercing, holds profound cultural, spiritual and medical significance in Indian tradition. Rooted in the principles of *Ayurveda* and ritualistic customs, this *Samskara* transcends its ornamental value, embodying a holistic approach to health and well-being. This research study aims to examine the dual facets of *Karnavedhana*: its traditional underpinnings and its relevance within modern medical discourse. The objectives include exploring its historical context, understanding the *Ayurvedic* rationale behind the practice and evaluating its physiological and psychological implications in contemporary settings. Methodologies involve a multidisciplinary review of classical *Ayurvedic* texts, ethnographic studies and modern biomedical analyses. The study also investigates potential complications, such as infections or keloid formation, while proposing evidence-based preventive measures and treatments. By bridging ancient wisdom with modern medical scrutiny, this study highlights the enduring relevance of *KarnavedhanaSamskara*, emphasizing its potential as a preventive and therapeutic intervention in holistic health care.

Keywords: *Karnavedha*, *Ayurveda*, Ear-piercing, *Samskara*, complications, management





INTRODUCTION

In Ayurveda, *Samskaras* are the mental and emotional impressions or imprints left by experiences, shaping an individual's personality and behaviour. These *Samskaras* influence how a person reacts to life's events and how they evolve spiritually, emotionally, and physically. While the term is often associated with the 16 *Samskaras* in the context of life's rites of passage (*Samskaras*), these are not merely ceremonial practices, but also deep psychological and spiritual processes designed to purify, balance and refine an individual's consciousness. The 16 *Samskaras* in Ayurveda, although rooted in Vedic traditions, offer a framework for personal development that spans birth to death. These rituals and practices work to align the mind, body and soul with higher cosmic principles, aiming to transform the individual into a more harmonious and enlightened being. Each *Samskara* represents a stage of life and is integral in facilitating one's journey through various phases of existence, from conception to final rites. Ear piercing is an ancient Indian practice, which is also known as *Karnavedha*. This article focuses on *karnavedhanasamskara* (ear piercing rite), one among the 16 and its complications. The medical importance of the procedure has been seen in disease like asthma where piercing at a particular point of concha in the external ear has its connection with vagus nerve which also supplies to bronchial trees. Good quality asthma care can be achieved in limited sources with conventional *karnavedhana* therapy.¹

The point where the piercing is done is one of the most important areas for reproductive health. Moreover, piercing of ear also helps maintain a healthy menstrual cycle in females.² Ear piercing at an early age in kids is said to ensure proper brain development. The ear lobes have the meridian point that connects the right hemisphere to the left hemisphere of the brain. Piercing of this point helps activate these parts of the brain. Principles of acupressure therapy also claim that when these meridian points are stimulated, it helps in healthy and quick development of the brain.³ The centre point of the ear is where the centre for vision lies. Thus, applying pressure to these points helps improve the eyesight.⁴ In men, ear piercing is believed to help in sperm production and that is why ear piercing for boys is a compulsory tradition in various communities to help maintain their reproductive health.⁵ When a girl's ears are pierced, the left ear is pierced first. On the other hand, when a boy's ear is pierced, the right ear is pierced first. This is because these specific points coincide with the masculine and feminine halves of a person. It is believed that the right side of the body is the masculine side, while the left half is the feminine side. In Ayurveda, the word *samskara* also introduced as "*Samskaro hi Gunaantaradhanamuchyate*" means qualitative improvement is carried out by incorporating the specific qualities.⁶ During certain medieval periods, *karnavedha* became associated with religious attire and its performance became obligatory to the extent that its non-performance became regarded as sinful among some communities.

MATERIALS AND METHODS

For this article on *KarnavyadhaSamskara* and its modern implications, a comprehensive literature review was conducted, drawing from classical Ayurvedic texts, contemporary medical research and cultural studies. Primary sources included ancient Ayurvedic scriptures such as the *Charaka Samhita* and *Sushruta Samhita*, which provide detailed descriptions of the *Samskara* rituals, including ear piercing (*Karnavyadha*). Modern medical studies on ear piercing complications—such as infections, allergic reactions and keloid formation—were sourced from peer-reviewed journals, medical databases (PubMed, ScienceDirect), and clinical reports. The methods also included a cross-disciplinary approach, integrating Ayurvedic principles with current medical understanding to explore the evolving role of *KarnavyadhaSamskara* in both cultural and health-related discourse.

RESULTS AND DISCUSSION

Samskara (sacraments) are a religious customs (rite), rituals sacrifices a religious ceremony. The Upanishads describe *Samskaras* or rites of passage as vital ceremonies that foster growth and balance across the four human pursuits:





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Dharma (righteousness), *Artha* (wealth), *Kama* (desires), and *Moksha* (salvation). These rituals are elaborated in texts like the *Smritis* and *Grihyasutras* (the ancient texts that provide guidance on household rituals and ceremonies, including the performance of *Samskaras*), with variations in their names and number across different traditions. The Sages Hayana, Parasika and Varaha explain 13, and Sage Aswalayana¹¹. However, the 16 *Samskaras* proposed by Rishi Veda Vyasa are considered to be the most important rites of passage in human life.

The number of *Samskara* varies according to different Hindu *dharma granthas*, it is about 16-40, but the usually practiced *Samskaras* are 16 (*shodasha*) in number. These are:

- *Garbhaadaana* (Sacrament of Impregnation or Conception)
- *Pumsavana* (Engendering a male issue)
- *Simantonayana* (Hair-parting)
- *Jatakarma* (Birth rituals e.g. at the time when the child is being born)
- *Namakarana* (Naming ceremony)
- *Nishkramana* (First outing or outing ceremony)
- *Annaprashana* (feeding ceremony)
- *Chudakarma* or *Mundana* (Shaving of head)
- *Karnavedhana* (Piercing the earlobes)
- *Upanayana* (Sacred thread initiation)
- *Vedarambha* (Beginning of vedic study)
- *Samavartana* (End of studentship)
- *Vivaha* (Marriage Ceremony)
- *Vanaprastha* (Renouncing the householder's life)
- *Sanyasa* (Leading the life of a monk)
- *Antyeshti* (Death cremation).

Ear piercing ceremony (*karnavedhanasamskara*)

Karnavedhana is the ninth *samskara* among the 16 *samskara*. This is a ritualistic ceremony in which the earlobe of a child is pierced. Like other ceremonies this one is also celebrated amidst family, friends and well-wishers. *Karna* is ear and *vedhana* is piercing. The main intention of performing *karnavedha* is to provide immunity or protection against *Graha Rogas* (the set of disorders that are caused due to unknown and unusual reason or idiopathic disorders) and also from psychiatric disorders. It is also done for the purpose of *Karnabhushana* (ornamental purpose).

Present day Paediatric application

Acupuncture states that the earlier the ear is pierced, it is good for the meridians connecting the brain passing through this area and helps in the quick development of the brain. Moreover it is also proven that this method stimulates adrenal gland and reduces respiratory tract infections. This part in the ear is found to be innervated by vagus nerve which regulates the parasympathetic functions. The physiological significance of the vagus nerve is due to its widespread distribution. Vagus nerve stimulation is an alternative treatment for neuropsychiatric diseases such as epilepsy and depression. Ornaments that are worn after the process apply continuous pressure and continuously give stimulating effects.

Time period of the ceremony

As per ayurvedic literature the best time indicated is 6th/7th/8th month.⁷ According to Acharya Sushruta, the time period indicated is 6th and 7th month and as per Ashtanga Hridaya, it can be done in 8th month as well.⁸ It should be performed on an auspicious day i.e. during *shuklapaksha* (bright lunar fortnight or waxing moon in the Hindu calendar). There is a chapter named "*Chudakarniye*" in *Kashyapasamhita*, but there is no reference available about performing this ceremony because chapter is incomplete from beginning.⁹





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Method of performing *karnavedhana*

Ancient ayurvedic texts describe in detail how *karnavedhanasamskara* should be performed so as to get the maximum benefits out of it. According to Acharya Sushruta, in the sixth or seventh month, in fortnight and auspicious *tithi* (date), prayers, oblation (offering to gods and goddesses), *homa* (the fire is the agent, and the offerings include those that are material and symbolic such as grains, ghee, milk, incense and seeds), the child is made to sit comfortably on the lap of mother, wet nurse or someone who has been feeding the child.¹⁰ Physician should then pull the earlobe of the child and pierce through the *Daivakrita Chidra* (natural orifice in the earlobe) as seen in the Fig.1. This orifice can be identified by a hole which is superficially covered by thin skin layer. By holding it in the direction of sunlight, rays pass through this hole with a transilluminating effect. This is situated in the centre of the base of ear, slightly towards the angle of mandible. Then the physician should hold the ear of the child with his left hand and pull it down slightly. The ear should be exposed to the sunlight. Now, the physician with his right hand should puncture the earlobe, straight and below the *daivakritachidra* - the God made orifice (natural orifice of the ear) slowly. The piercing should be made using a *suchi* (needle) if the earlobe is thin and with an *ara* (thick needle) if it is thick. In the case of a male child, the right ear should be punctured first. On the other hand, the left earlobe should be punctured first in case of a female child. This is because these specific points coincide with the masculine and feminine halves of a person. It is believed that the right side of the body is the masculine side, while the left half is the feminine side.

On properly performing the procedure, a cotton thread is pushed inside the hole after dipping it in *Amataila*. This thread should be changed every three days. Gradually introduce a thick soft stick of leaves or venule of leaves. These will help in increasing the size of the hole. Therapies or procedures like *Abhyanga* (oil massage) and *Swedana* (sudation) can be done. Orifice should be constantly pierced and sprinkled with *Tilataila* (Sesame oil). Following this, a cotton thread / thin wick shall be introduced through the puncture. According to Acharya Dalhana, the sixth or seventh month should be counted from the commencement of that particular year and should not be counted from the birth day of the child. According to Hindu Calander, the sixth month is *Magha* and the seventh month is *Phalguna*. *Karnavedhana* procedure must be performed by expert (*kushala*) surgeon (*bhishak*), not by unexpert *vaidya* (*ajnaani*) which can lead to various complications like fever, *manyastambha* (neck stiffness), *hanustambha* (stiffness in the mandibular region), *karnasula* (pain the ear). Perfect pricking will not cause any pain or bleeding. Same procedure has been mentioned by Acharya Vagbhata [11]. Ayurveda offers a multifaceted approach to cognitive and psychobehavioral health, integrating herbal remedies, dietary and lifestyle practices, therapeutic interventions, and social and environmental considerations [12].

How to know that the earlobe puncture has been done in the right way

When there is too much bleeding and pain following the earlobe puncture, it should be understood that the puncture has been made at another place, different from the exact specified spot. If there are no complications (pain and bleeding are absent after the earlobe puncture) it should be understood that the puncture has been done at the right spot i.e. *daivakritachidra* [13].

Infected ear piercing

The earlobe is a thick and fleshy part that is not easily susceptible to external infections if the piercing is been done methodically and at proper site of the lobe. If not there may be ear piercing infections which may be red, swollen, sore, warm, itchy or tender. In some cases piercing may ooze out blood or pus in white, yellow and green colour. The piercing is in the form of an open wound which may take days or sometimes weeks to heal and may attract bacteria that can enter the wound leading to different infections.

Iatrogenic Complications

Piercing in this era is a widespread practice among children and even adolescents irrespective of gender or age at times. Despite this there are widespread cases of improper administration and aseptic piercings due to various reasons related to places like jewellery stores or so. Physician who is undertrained or inexperienced in performing ear piercing should not perform this procedure due to lack of knowledge of site, method, time, area, complications and improper aseptic piercing technique. This type of unawareness and negligence can lead to loss of name and

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reputations. Moreover the person may even face legal actions. Wound created can lead to local inflammation in the area with pain in case of abnormal performance. Piercing done with blunt needle, thick needle, unsterile needle, crooked needle may also lead to the further complications. If the swelling occurs after the piercing, then anything that has been pierced that might be a thread or an ornament should be immediately removed.

Complications caused by wrongly puncturing the earlobe (*asamyakkarnavedha*)

If the procedure is not performed by an expert or if the site is not correctly identified, it may lead to complications. If a lot of bleeding and pain is seen, then one can assume that the *samskara* has not occurred in the *DaivakritaChidra* but elsewhere which has led to damage of *sira*(vein), *dhamani*(artery) or nerve. If an ignorant physician / surgeon, by his choice (or by chance) happens to puncture the *Kalika*, *Marmika* and *Lohitika* veins, without focusing on '*daivakritachidra*' (where the puncture needs to be done), then many complications will arise.¹⁴

If the *samskarais* not performed in proper site with proper administration, it is most likely to damage the *Siras*(these refer to the blood vessels and nerves present in the external ear)

Further these include the following injuries:-

- *Kalikasira*- piercing or injuring these structures causes fever, swelling, pain and burning sensation.
- *Marmikasira*- injury or piercing to these structures causes pain, fever and knots / small cysts.
- *Lohitikasira*- piercing or injuries to these structures causes stiffness of the nape of neck, tetanus, stiffness in head, earache, catching pain in the head and other symptoms. Moreover, this can also lead to central nervous system complications like infections and meningeal irritations including *apatanaka*- convulsive episodes.¹⁵

Ear Piercing and Its Pervasive Health Implications in the Modern Era

The conditions faced due to the complications of ear piercing are:

- Embedded ear which frequently involves the backs of the earring, includes ear pain, redness, and local infection as shown in Fig.2. The earrings are often embedded in the earlobe (87%), and are more common in young children with thick, fleshy earlobes that have been pierced with spring-loaded guns. The earring or backing can be removed by gentle probing, but a small incision with local anaesthesia may be necessary if the jewellery cannot be easily located or removed.
- Keloids and hypertrophic scarring- ear piercing is most common cause for keloids in children as shown in Fig.3.
- Contact dermatitis: Nickel-allergic contact dermatitis- most common delayed cutaneous hypersensitivity reaction. Contact dermatitis from an ear piercing can be caused by an allergic reaction to usually harmless metals used in the jewellery as shown in Fig.4.

Remedial solutions as per Ayurveda

According to Susruta Samhita, the first line of treatment of any disease is avoiding the exposure to causative factors. Ayurvedic texts provide remedial solutions in these cases that can be easily administered and applied. Some of which are mentioned below: The wound should be applied with *Yasti* [*Glycyrrhiza glabra*], *Eranda moola* [*Ricinus communis*], *Yava*[Barley- *Hordeum vulgare*] and *Tila* [*Sesamum indicum*] these should be mixed with ghee and honey. Later on after healing and proper treatment another auspicious day should be chosen and the *Karnavedhana Samskara* can be performed again.

Measures to increase ear-lobe

The desire to increase the ear lobe was very common in ancient times and even now for wearing different ornaments. Hence remedial and treatment procedures were also practised. Suśruta and Vāgbhata have prescribed large number of drugs for local massage to increase the ear lobe, these are to be used either after suturing the cut ear-lobe or in the event of constriction of ear-lobe.





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Preventive Measures (as per paediatric sciences)

Once the procedure is done prevention of complications is crucial and the paediatricians recommend use of appropriate aseptic technique and daily local cleaning with antiseptic solutions until the hole has completely healed. Children who have high risk of higher risk of keloid formation or increased susceptibility towards infections should discuss about the piercing with a paediatrician or health care providers. Incase of a previously failed piercing re-piercing should occur no earlier than 3 months after the procedure and in an unscarred area away from the previous piercing site. Complications from earlobe piercings are mild, some patients will need local treatment or systemic treatments depending on the condition. Cartilage piercing is associated with more-severe infections. Appropriate hygiene and precautions should help reduce the risk of complications related to ear piercing.

CONCLUSION

This research study aimed to examine the main aim, objectives, ideal methodologies, procedures, the complications and treatments pertaining to *Karnavedhana Samskara*. The ancient *ayurvedic* procedure has numerous merits of its own that are not just acknowledged by the Ayurvedic Literature but also by other sciences like allopathy and acupuncture. On further study we found that the classic literary texts have also mentioned about the appropriate method, time, age, site for performing the ear piercing ceremony and re-piercing. On proper administration of these protocols there are tremendous merits of *karnavedha* including immunological benefits, protective benefits and also the stimulation of the vagus nerve that has its own significance. Limitations and complications however arise when the proper methodologies are not being followed and important clauses are being neglected. Majorly the complications include damaging a vein or an artery while piercing, developing an allergic reaction, or localized inflammation post procedure. Most common being the iatrogenic complications. To avoid these complications the main clauses that cannot be neglected are the appropriate age, method, site on the ear pinna and the most important, choosing an experienced technician or physician for the procedure. The research also focuses on the methods of treating these complications if they occur. Once these complications are being taken care of, the procedure can be performed again in most of the cases.

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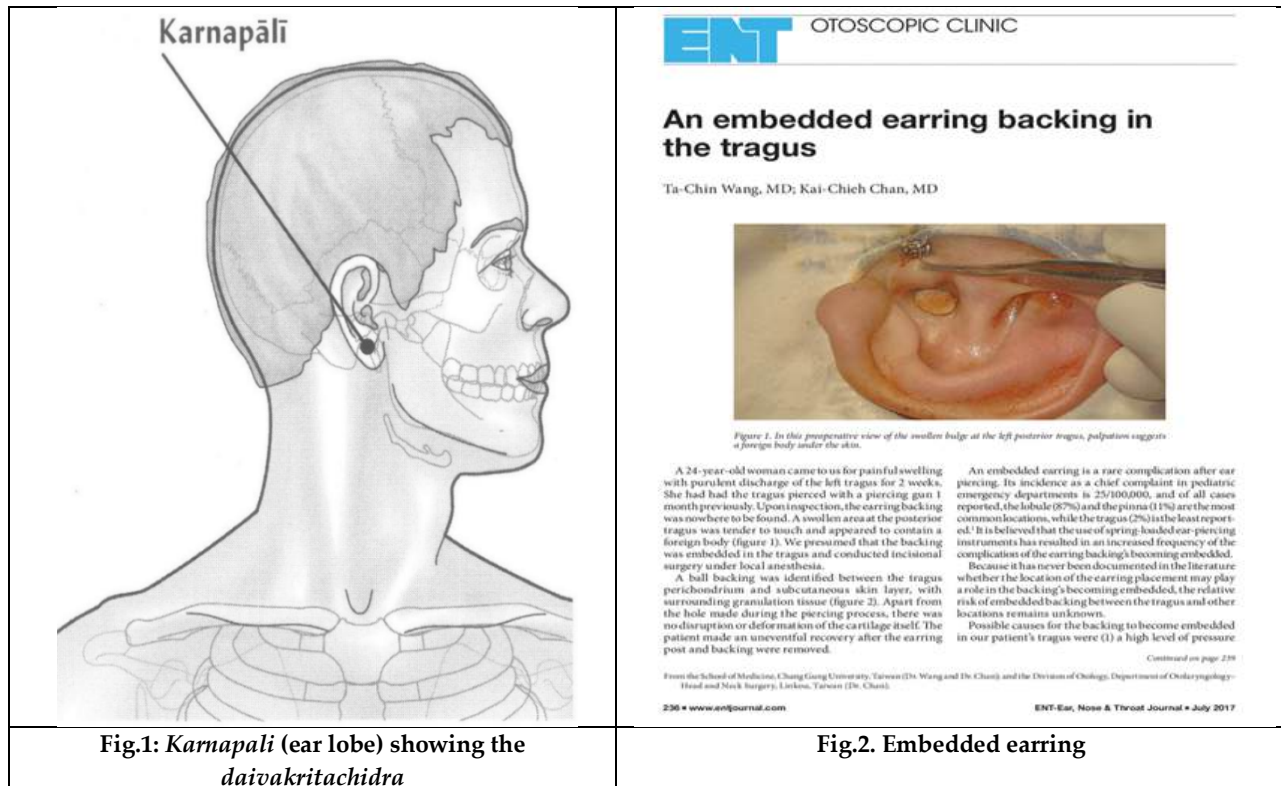




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FIGURES





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Fig.3. Keloid of the ear



Fig.4. Contact dermatitis of the ear

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RESEARCH ARTICLE

Nomenclature and Botanical Identity of *Hemidesmus indicus* R.Br. (Sariva): An Interrelation with Ayurvedic Synonyms

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Received: 24 Mar 2026

Revised: 18 Apr 2026

Accepted: 10 May 2026

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ABSTRACT

Hemidesmus indicus R.Br. (Sariva), a great restorative curative flora documented in Ayurvedic pharmacopeia. This consolidated dataset orients to comprehensively document and critically explore the traditional synonyms of *Hemidesmus indicus* R.Br. as preserved in authoritative lexicons. Different lexicons were reviewed in their original Sanskrit form, with contextual interpretation based on established commentaries. The recorded synonyms encapsulated the morphological traits (*Krishnavalli*, *Shveta*, *Ananta*, *Mahashyama*), organoleptic features (*Sugandhmoola*, *Chandana*), reflect a sophisticated indigenous system of botanical identification. These terminologies also indicate classical knowledge of pharmacodynamic actions such as hematological detoxification (*Raktaprasadana*), antidermatotic activity (*Kusthghna*) which has correlated with actions of *Hemidesmus indicus* R.Br.. This literal synthesis not only reinforces the pharmacological credibility of *Hemidesmus indicus* R.Br. but also provide a critical foundation for nomenclature and accurate botanical identification. The study underscores the value of classical synonyms in fostering global recognition of traditional herbal knowledge in the identification field of pharmacopeial drugs.

Keywords: Sariva, *Hemidesmus Indicus* R.Br., *Shveta Sariva*, *Krishna Sariva*, *Nighantu*, Lexicons, Synonyms, Identification, Nomenclature.





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INTRODUCTION

Hemidesmus indicus R.Br. (*Sariva*) is a renowned medicinal plant in Ayurveda. The term '*Ananta*' means proliferating deep, commonly known as Indian Sarsaparilla. According to Ayurveda, the two varieties of *Sariva* are '*Shveta Sariva*' and '*Krishna Sariva*' [1]. Different botanical species used as *Sariva* are '*Hemidesmus indicus* R.Br.' belongs to family Asclepiadaceae, '*Cryptolepis buchananii* Rome. & Schult.' belongs to family Apocynaceae, '*Ichnocarpus frutescens* (L.) W.T. Aiton' belongs to family Apocynaceae, '*Decalepis hamiltonii* W & A' belongs to family Apocynaceae. [2] *Hemidesmus indicus* R.Br. is a perennial twining creeper possessing soft stem and woody roots, notable for its peculiar sweet-earthy aroma. Traditionally illustrated as sweet (*Madhura*) and bitter (*Tikta*) – taste (*Rasa*); heavy (*Guru*) and unctuous (*Snigdha*) – qualities (*Guna*); cooling (*Sheeta*) potency (*Virya*); sweet (*Madhura*) post-digestive effect (*Vipaka*). It is extensively incorporated in classical Ayurvedic formulations, including *Sarivadiavalehum*, *Sarivadi vati*, *Sarivadi asava*, *pinda tailum*. Therapeutically, it is recognized for its hematological detoxification (*Raktaprasadhana*), alleviating *Pitta* dosha, enhancing complexion (*Varnya*), balancing all three doshas (*Tridosha*hara), antidermatotoxic activity (*Kusthghna*).

Ayurvedic Lexicons are the post-*samhita* era texts that systematize the knowledge of medicinal plants by providing proper list of their synonyms, properties and indications. *Hemidesmus indicus* R.Br. occupies a prominent place in various Ayurvedic lexicons such as in *Dhanvantri Nighantu*, *Kaidev Nighantu*, *Bhauprakash Nighantu*, *Raj Nighantu* and so on, where it has numerous synonyms that emphasize on its organoleptic, pharmacodynamic or botanical description. In classical Ayurvedic literature, each medicinal flora is ascribed with numerous names, referred as synonyms. This practice represents a systemic tradition linking nomenclature to the plant's morphology, clinical application, pharmacodynamic relevance, emphasizes the integration of empirical knowledge with therapeutic practice. This study attempts to obtain comprehensive documentation of all synonyms of *Hemidesmus indicus* R.Br. recorded in Classical *Nighantu* Literature. It will further help to resolve the ongoing debates regarding the botanical identification of *Hemidesmus indicus* R.Br. by offering a comparative analysis of its synonyms across the Ayurvedic lexicons.

MATERIALS AND METHODS

Data on *Hemidesmus indicus* R.Br. nomenclature was collected from all the ancient literature of Ayurveda. The literature, which was followed are *Charak Samhita*, *Sushruta Samhita*, *Asthang Hridaya*. The lexicons of medicinal plants (*Nighantus*) such as *Saushruta Nighantu*, *Ashtang Nighantu*, *Dhanvantri Nighantu*, *Sodhala Nighantu*, *Madhava Dravyaguna*, *Kaidev Nighantu*, *Raja Nighantu*, *Bhauprakash Nighantu*, *Madanpal Nighantu*, *Saraswati Nighantu*, *Hridayadeepak Nighantu*, *Priya Nighantu*, *Abhidana Ratnamala*, *Shabda Chandrika*, *Sidhasara Nighantu*.

The present study meticulously compiles nomenclature and analyses the classical descriptions of *Hemidesmus indicus* R.Br. by critically reviewing various Ayurvedic lexicons, collectively known as *Nighantus*. Each of these texts was appraised in its original Sanskrit form, and interpretation was acknowledged based on established commentaries and conventional scholarly references to ensure authenticity and textual integrity.

Charak Samhita

In *Charak Samhita Sutrasthana* 4 '*Shadvirechanashatashritiya* Chapter' it focuses on 50 groups of 10 herbs, each known as *Mahakashayas* [3], categorized by their common actions. This chapter also contains various dosage forms like *Swarasa*, *Kalka*, *Kashaya*, *Hima*, *Phanta* along with the use of these groups in different diseases. Among these 50 *Mahakashayas* *Sariva* is kept under *Varnya Mahakashaya* [4], *Kanthy Mahaakashya* [5], *Stanya Mahakashaya* [6], *Vishaghana Mahakashya* [8], *Jwarahara Mahakashaya* [9], *Purishsangrahniya Mahakashaya* [7], *Dahaprashamana Mahakashaya* [10]. In *Charak Samhita Sutrasthana* 25 '*Yajjah Purushiya Adhyaya*' it focuses on 156 *agraya samgraha* among them *Sariva* is explained as *Anantmoola* which is mentioned as *sangrahika*, *raktapitta parshaman* [11].





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Sushruta Samhita

In *Sushruta Samhita Sutrasthana 38 'Dravyasangrehniya* chapter' it focuses on classification and categorization of medicinal plants and compounds used in Ayurvedic medicine. Among these classifications *Sariva* is employed under *Vidarigandhadi gana* [12], *Sarivadi gana* [13], *Valli panchmoola* [14].

Ashtanga Hridya

In *Ashtanga Hridya Sutrasthana 15 'Shodhanadi Gana Sangraha'* chapter focuses on various groups of herbs that are used in *Panchkarma* treatments and used according to *Doshas*. In this chapter *Sariva* is kept under *Sarivadi gana* that is used as *pittanashak dravyas* [15].

Ayurvedic Pharmacopeia of India

In API, *Sariva* is explained as *Shveta Sariva*, botanically known as *Hemidesmus indicus* R.Br. (Linn.), belongs to family *Asclepiadaceae*. The useful part of this plant is root which is abundantly found across India especially in Gangetic plains, Central, Western and Southern region. It possesses sweet (*Madhura*) taste (*Rasa*), heavy (*Guru*) and unctuous (*Snigdha*) qualities (*Guna*) and cooling (*Sheeta*) potency (*Virya*). Its pharmacological actions such as hematological detoxification (*Raktashodhaka*), toxin-neutralising (*Vishaghna*), anti-pyretic effect (*Jwarahara*). Pharmacognostically, the root shows macroscopic and microscopic features including a cylindrical, tortuous structure with deep brown outer surface, aromatic odour. Phytochemically, *Hemidesmus indicus* R.Br. contains saponins, tannins, glycosides which underlie its use in disorder like fever, skin diseases, anorexia, and blood impurities. Traditionally, it is utilized in formulation like *Sarivadyasava* [16].

Saushruta Nighantu:

In accordance with *Saushruta Nighantu*, *Sariva* has 2 varieties. Both have different synonyms based on their features or qualities. One has synonyms as *Gopavalli* (creeper that protects from diseases), *Utapalsariva* (possessing qualities akin of lotus); whereas another has *Sugandhmoola* (the root which has sweet fragrance), *Krishnavalli* (creeper with black coloured stem) as its synonyms [17].

Ashtang Nighantu:

In *Ashtang Nighantu*, synonyms of *Sariva* are explained as *Kanya* (indicating purity, tenderness), *Gopi* (protector), *Krishnavalli* (creeper with black coloured stem), *Phanjihvika* (like snake's tongue), *Sugandhmoola* (the root with sweet fragrance), *Bhadra* (auspicious), *Sugandha* (presence of fragrance), *Gopavalli* (creeper that protects from diseases) [18].

Dhanvantri Nighantu:

As per the data present in *Dhanvantri Nighantu*, synonyms of *Sariva* are mentioned according to its varieties. One variety has the synonyms as *Sharda* (based on flowering season), *Gopa* (protector), *Gopavalli* (creeper that protects from diseases), *Pratanika* (one which spread out its branches), *Gopakanya* (indicates delicacy), *Lata* (vine), *Asaphota* (related to exploded fruits), *Shveta* (white-coloured root) and *Kashatsariva* (strong branches and roots) as its synonyms. Another variety of *Sariva* has synonyms as *Krishnamooli* (black-rooted plant), *Krishna*, *Chandansariva* (have variant fragrance), *Bhadra* (auspicious), *Chandangopa* (a creeper resembling sandalwood), *Chandana*, *Krishnavalli* (dark-coloured vines). Both the varieties of *Sariva* endowed with sweet taste, pacifies *kapha-vata* and hemostatic. It is traditionally prescribed in the management of dermatological conditions, diabetes, fever and febrile conditions. *Krishnamooli Sariva* exhibits anti-diarrhoeal activity and pacifies *kapha-pitta*, thirst, anorexia and internal haemorrhages [19].

Sodhala Nighantu:

In the context of *Sodhala Nighantu*, *Sariva* has two varieties. These varieties are explained with the names *Sariva* and *Krishna Sariva*. *Sariva* has synonyms as *Gopavalli* (creeper that protects from the diseases), *Lata* (vine), *Asaphota* (related to exploded fruits), *Gopakanya* (indicates delicacy), *Pratanika* (one which spread out its branches), *Sharda* (based on flowering season), *Gopa* (protector), *Utapalsariva* (possessing qualities akin of Lotus), *Sugandhmoola* (the root





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with sweet fragrance), *Gaja-jihvika* (leaves of *Sariva* resembles with elephant's tongue). The second one which has named as *Krishna Sariva* has synonyms as *Mahashyama* (based on deep dark-coloured roots), *Chandansariva* (have variant fragrance), *Bhadra* (auspicious), *Chandangopa* (a creeper with pleasant aroma), *Chandana*, *Krishnavalli* (dark-coloured vines), *Pallandhi* (soft-slender nature of *Sariva* leaves and young roots), *Dugdhvalli* (presence of milky exudate in stems). It is also explained in reference to the *Ananta* (endless roots) is used in wound healing, cures bleeding disorders [20].

Madhava Dravyaguna:

In the context of *Madhava Dravyaguna*, Acharya P.V. Sharma has explained *Sariva* as *Ananta* (endless roots) used to overcome bleeding disorders, pacifies *Vata-Pitta dosha*, toxins and fever. *Hemidesmus indicus* R.Br. also acts as absorbent [21].

Kaidev Nighantu:

As per the conceptual writing of *Kaidev Nighantu*, *Sariva* has two varieties with the names *Shveta Sariva* and *Krishna Sariva*. The *Shveta Sariva* has synonyms as *Gopangana* (fragrant and delicate nature), *Gopakanya* (indicates delicacy), *Gopavalli* (creeper that protects from diseases), *Pratanika* (one which spread out its branches), *Sharda* (based on flowering season), *Kashatasariva*, *Utapalsariva* (possessing qualities akin of Lotus), *Phalajihva* (resembles snake's tongue), *Lata* (vine), *Shveta* (white coloured roots), *Shvetagopi*, *Sugandhika* (pleasant smelling). Another variety which is *Krishna Sariva* has synonyms as *Krishnamoola* (black rooted plant), *Krishnavalli* (dark-coloured vines), *Chandana*, *Kalanusarni* (adaptogenic quality), *Kalandi* (emphasizes blackness), *Bhadra* (auspicious), *Chandanmoolika* (roots with fragrance). *Sariva* is explained with the properties as sweet and bitter –taste; heavy and unctuous– qualities; cooling potency. It is used to pacify fever, diarrhea, toxins, anorexia, dyspnea, cough, and bleeding disorders [22].

Raja Nighantu:

In accordance with the classical text of *Raja Nighantu*, *Sariva* has stated to have two varieties which had explained with different synonyms. First variety of *Sariva* has referred as *Shveta Sariva* having synonyms like *Sharda* (based on flowering season), *Gopa* (protector), *Gopavalli* (creeper that protects from diseases), *Pratanika* (one which spread out its branches), *Gopakanya* (indicates delicacy), *Lata* (vine), *Asaphota* (related to exploded fruits), *Kashatasariva*. Second variety of *Sariva* has referred as *Krishna Sariva* having synonyms like *Krishnamooli* (black-rooted plant), *Krishna*, *Chandansariva* (have variant fragrance), *Bhadra* (auspicious), *Chandangopa* (creeper resembling sandalwood), *Chandana*, *Krishnavalli* (dark-coloured vines). It has also explained as both having *Madhura Rasa*, used to pacifies *kapha-vata-rakta* disorders. It has been also used to treat skin disorders, fevers, diabetes mellitus and neutralize bad body odor [23].

Bhavprakash Nighantu:

As per the traditional knowledge written in *Bhavprakash Nighantu* by Bhavmishra, *Sariva* has two varieties which have been named as *Shveta Sariva* and *Krishna Sariva*. Both are explained with different synonyms. The synonyms given to *Shveta Sariva* are *Dhaval* (whitish), *Gopa* (protector), *Gopakanya* (indicates delicacy), *Kusodhari* (slender like grass), *Saphota* (dehiscent fruits), *Shyama* (dark coloured), *Gopavalli* (creeper that protects from diseases), *Lata* (vine), *Asaphota* (related to exploded fruits), *Chandana* (pleasant fragrance). The synonyms that address *Krishna Sariva* are *Krishna*, *Shyama* (dark coloured), *Gopi* (protector), *Gopavadhu* (cooling and nurturing properties). Further it has interpretation of the characteristics of plants. *Shveta Sariva* has leaves that resemble those of *Syzygium cumini* L. and stems contain milky white exudate. *Krishna Sariva* has leaves resembling those of *jamun*, which has pleasant fragrance in it. It is famous for its name *Kala-ghantika*. Both varieties of *Sariva* have properties of managing indigestion, anorexia, dyspnea, respiratory distress and for various toxicological conditions. It also helps to treat *Tridosha*, leucorrhoea, fever, diarrhea.^[24]





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Madanpal Nighantu:

As per the context of *Madanpal Nighantu*, two varieties of *Sariva* have been discussed. The synonyms related to one variety are *Sharda* (name given based on its nature), *Asaphota* (related to exploded fruits), *Gopakanya* (indicates delicacy), *Pratanika* (one which spread out its branches), *Gopangana* (fragrant and delicate nature), *Latavaha* (vine-like), *Kashtasariva*. Another variety of *Sariva* has synonyms as *Krishnamooli* (black-rooted plant), *Bhadra* (auspicious), *Chandan Sariva* (plant with pleasant aroma), *Chandangopa* (creeper with pleasant aroma), *Bhadrachandana*, *Krishnavalli* (dark-coloured vines). Further the properties of *Sariva* have been explained as sweet taste, cooling potency. Pharmacologically it has been used to pacify *Tridosha*, blood disorders, fever, and diarrhea. It could also be used in management of anorexia, dyspnea, cough and excessive thirst [25].

Saraswati Nighantu:

With respect to the description based on the text of *Saraswati Nighantu*, *Sariva* has been described with synonyms like *Gopi* (protector), *Shyama* (dark coloured), *Krishnavalli* (dark coloured vine), *Phanjihvika* (resembles snake's tongue), *Sugandhmoola* (the roots with sweet fragrance), *Shishira*, *Ananta* (endless roots), *Utapalsariva* (possessing qualities akin to Lotus) [26].

Hridyadeepak Nighantu:

As per the context of *Hridyadeepak Nighantu* one variety of *Sariva* has synonyms such as *Gopangana* (fragrant and delicate nature), *Gopakanya* (indicated delicacy), *Utapalsariva* (possessing qualities akin to Lotus), *Gopi* (protector). Another variety of *Sariva* is known by synonyms such as *Shyama* (dark coloured), *Kalanusarni* (adaptogenic quality) [27].

Priya Nighantu:

Acharya Priya vat Sharma, in his authoritative *Priya Nighantu* provides insightful identity and properties of *Sariva*. The synonyms of *Sariva* mentioned in this *Nighantu* are *Gopavalli* and *Karpurilatika*. The term *Gopavalli* reflects its twining nature whereas *Karpurilatika* denotes its camphorous fragrance. Here, the two varieties of *Sariva* have been explained. One is *Shveta Sariva* whose leaves are compared to pomegranate, have white linear striations and is pleasant to mind. Another is *Krishna Sariva* whose leaves are akin to *Syzygium cumini* Land stem has milky latex. Both varieties of *Sariva* have sweet taste and have properties like hematological detoxification, anabolic activity, antidiarrheal activity, appetite stimulating activity. [28].

Abhidhana Ratanamala:

As per the specific reference from *Abhidhana Ratanamala*, *Sariva* is described with the synonyms as *Kanya* (indicates delicacy), *Gopu* (protector), *Krishnavalli* (dark-coloured vines), *Phanjivika*, *Sugandhimoola* (roots with pleasant aroma), *Bhadra* (auspicious), *Gopavalli* (creeper that protects from diseases), *Chandana*, *Utapalsariva* (possessing qualities akin to Lotus), *Pratanika* (one which spread out its branches), *Sharda* (based on flowering season), *Kashtakoshta* [29].

Shabda Chandrika:

With reference present in *Shabda Chandrika*, *Sariva* has given synonyms such as *Gopi* (protector), *Shyama* (dark coloured), *Ananta* (endless roots), *Utapalsariva* (possessing qualities akin to Lotus), *Gopini* (protector), *Kapilla* (dark coloured), *Chindaharini* (presences of whitish lines on leaves), *Drudha-bandhani* (strong bond) [30]. **Sidhasara Nighantu:** In the context of *Sidhasara Nighantu*, *Sariva* has synonyms such as *Gopavalli* (creeper that protects from the diseases), *Bhadra* (auspicious), *Gopi* (protector).

DISCUSSION

The critical analysis exemplifies that *Hemidesmus indicus* R.Br. nomenclature in classical Ayurvedic lexicons represents a knowledge driven system rather than a descriptive redundancy. Almost all traditional texts consistently classify



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Sariva into two main types that are *Shveta Sariva* and *Krishna Sariva*. This categorisation reflects the profound awareness of botanical and pharmacological differences, potentially corresponding to the modern species *Hemidesmus indicus* R.Br. (*Shveta Sariva*) and *Ichnocarpus frutescens* or *Cryptolepis buchananii* Rome. & Schult. (*Krishna Sariva*). These variations are not limited to their external appearance but extend to differences in therapeutic actions as well. The compiled data reveal that synonyms such as *Krishnavalli*, *Krishnamoola*, *Shayma* and *Kalandi* are intricately linked to dark-coloured roots and stems of *Cryptolepis buchananii* Rome. & Schult. In contrast, *Hemidesmus indicus* R.Br. is described using terms like *Shveta*, *Dhaval*, and *Shvetagopi*, which reflects its pale or whitish features. Such descriptive terminology demonstrates that the *Acharyas* of Ayurveda employed keen sensory observation as part of identification process – a principle still valuable in modern pharmacognosy.

This literary analysis further indicates the significance of aromatic qualities in the nomenclature. Terms such as *Sugandhamoola*, *Chandan*, *Chandangopa* underscore the pleasant fragrance of *Hemidesmus indicus* R.Br. roots, a property that remains relevant in contemporary pharmacognostic evaluation of *Hemidesmus indicus* R.Br.. Initially, the synonyms such as *Gopavalli*, found in all the *Nighantus*. This synonym not only refers to its habit of twinning growth but also suggests its metaphorical role as a healing and protective herb, embodying the Ayurvedic view of form and function integration. Interestingly, description like *Utpalasariva* (possessing the qualities akin to Lotus) and *Ananta* (endless roots) point more subtle features of plant such as its extensive underground parts. These spells indicate the profound insight of ancient *Vaidyas* who captured the plant's morphology and medicinal essence within a single word. The methodical collection of synonyms across texts like *DhanwantriNighantu*, *Raja Nighantu*, *Bhavprakash Nighantu* highlights both uniformity and region-specific textual distinctions. As *Gopangana*, *Gopakaanya*, *Gopi*, these terms relate to tenderness and protection, are mainly attributes to *Hemidesmus indicus* R.Br., aligning with its cooling and gentle therapeutic actions. In contrast, *Mahashyama*, *Kalandi* words are used for *Cryptolepis buchananii* Rome. & Schult., suggesting its stronger pharmacodynamics profile, suitable for conditions like blood disorders and inflammatory states.

The Ayurvedic literary review affirms that the therapeutic description of *Sariva* remain remarkably consistent across centuries. Both types of *Sariva* are noted for their efficacy in managing conditions such as skin diseases, blood impurities, fever, digestive disturbances. The frequent mention of properties like hematological detoxification, alleviating *pitta-dosha*, balancing all the three doshas, antidermatotic activity indicates a long-standing trust in medicinal value. Furthermore, this collaborative evaluation suggests that traditional Ayurvedic descriptions correlate with modern scientific studies reporting antioxidant, anti-inflammatory, anti-pyretic, immune-modulatory, and hepatoprotective activities for *Hemidesmus indicus* R.Br.. This correlation highlights the relevance of classical knowledge in informing and validating contemporary pharmacological research. This documentation of *Sariva* nomenclature illustrates the precise and scientific approach of Ayurveda in linking flora identity with therapeutic functions and provides foundation of safe, standardised, and evidence-informed medicinal practices. The present comprehensive data of *Sariva*'s synonyms across the Ayurvedic *Nighantu* tradition reaffirms the extraordinary depth, precision, and sophistication of classical plant identification practices in Ayurveda. The consistent categorization of *Sariva* into *Shveta Sariva* and *Krishna Sariva* by almost all the *Nighantus*, supported by diverse range of synonyms reflecting its morphological, pharmacological, and sensorial characteristics, demonstrates a remarkable botanical understanding rooted in empirical observation and therapeutic reasoning.

The compiled data of classical synonyms documented across the *Nighantus*, capture the subtle variations in plant appearance, fragrance, taste and medicinal properties, establishing a robust framework for distinguishing species which have being recognised as *Hemidesmus indicus* R.Br. and *Ichnocarpus frutescens* or *Cryptolepis buchananii* by modern taxonomy.

The recurrent Ayurvedic descriptions of *Sariva* –

- On its aromatic qualities through terms like *Sugandhamoola*, *Chandangopa*, *Chandan*.
- Reflecting growth habits and protective functions through the synonyms as *Gopavalli*, *Gopakanya*.





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The synonyms highlight a classical Ayurvedic understanding of form, function, and therapeutic utility. Such terminology is not merely linguistic but encodes centuries of pharmaco-botanical knowledge relevance to present-day phytochemical and pharmacological exploration. Further, a systematic exploration of *Sariva* synonyms as preserved in *Nighantu* literature provides a powerful, historically validated foundation to inform the correct botanical identity, sustainable utilisation, and pharmacological study of this revered medicinal plant. The insights gained from this work may significantly contribute to the global acceptance of Ayurvedic herbal drugs by facilitating a clearer taxonomy, robust nomenclature, and scientifically sound integration of ancient plant knowledge with modern pharmacotherapy. Future research involving advanced analytical and molecular tools can further refine this classical identification and validate their therapeutic claims, thereby bridging knowledge between traditional wisdom and modern science.

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Table 1: Synonyms Of Sariva According To Ayurvedic Nighantu

Synonyms	S. N	A. N	D.N	So. N	M.D	K. N	R. N	B. N	M.N	S. N	H. N	P. N	A. R	Sh.C	S. N
Gopavalli	+	+	+	+		+	+	+				+	+		+
Utapsariva	+					+				+	+		+	+	
Sughandhmoola	+	+		+						+			+		
Krishnavalli	+	+	+	+		+	+		+	+			+		
Sughandha		+													
Kanya		+											+		
Gopi		+						+		+	+			+	+
Phanjihivika		+				+				+			+		
Bharda		+	+	+		+	+		+				+		+
Sharda			+	+		+	+		+				+		
Gopa			+	+			+	+							
Pratanika			+	+		+	+		+				+		
Gopakanya			+	+		+	+	+	+		+				
Lata			+	+		+	+	+							
Asaphota			+	+				+	+						
Shveta			+												
Kashatasariva			+			+	+		+						
Krishnamooli			+			+	+		+						
Krishna			+				+	+							
Chandana			+	+		+	+	+							
Chandangopa			+	+			+		+						
Gajajihvika				+											





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Mahashyama				+											
Pallandhi				+											
Dugdhvalli				+											
Ananta				+	+					+				+	
Gopangana						+			+		+				
Shvetagopi						+									
Shveta						+									
Sugandhika						+									
Kalanusarni						+					+				
Kalandi						+									
Chandanmoolika						+									
Dhaval								+							
Kusodhari								+							
Saphota								+							
Shyama								+		+	+			+	
Gopavadhu								+							
Latavaha									+						
Shishira										+					
Karpurilatika												+			
Gopu													+		
Kahtakoshta													+		
Gopini														+	
Kapilla														+	
Chindahrini														+	
Drudha-bandhni														+	
Chandansariva			+	+			+		+						



(Figure 1 – illustrates *Hemidesmus indicus* R.Br. (*Shveta Sariva*) in its natural environment. Aerial parts of *Hemidesmus indicus* R.Br. showing opposite, lanceolate leaves with entire margins and characteristic venation.)



(Figure 2 – illustrates *Cryptolepis buchananii* Roem. & Schult (*Krishna Sariva*) in its natural environment. Aerial parts of *Cryptolepis buchananii* Roem. & Schult, traditionally referred to as *Jambu-patri Sariva*, showing opposite, elliptic leaves, and characteristic axillary inflorescence.)

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RESEARCH ARTICLE

European Union: Regulatory Integration of Tirzepatide under Regulation (EU) No 536 / 2014 and the Clinical Trials Information System (CTIS)

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Received: 23 Mar 2026

Revised: 19 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

This research paper explores the current rules for the submission of IMPD (Investigational Medicinal Product Dossier) within European Union (EU) legislation. The research aims to review and update the implementation of CTR No 536/2014 and the required use of CTIS (Clinical Trials Information System). This study incorporates research on Tirzepatide (2.5 mg) (new drug - a hybrid GIP and GLP-1 receptor agonist). Submissions under the Clinical Trials Directive (2001/20/EC) were changed by Regulation (EU) No. 536/2014 and changed the submission cycle to a centralised electronic method through CTIS portal. In 2024 new regulations regarding transparency will become implemented - to achieve a balance between access and CCI (commercially confidential information). There are also technical complexities in CMC for Peptide Therapeutics - specifically Hybrid Synthesis of Tirzepatide. The application of clinical aspects continues to develop. This document is a resource for professionals in Regulatory Affairs as they interact within the new Clinical Trials Regulation environment

Keywords: IMPD, EU, Tirzepatide, Type-2-diabetes, Regulatory approval.

INTRODUCTION

On an EU-wide basis, it is the Investigational Medicinal Product Dossier (IMPD) which will primarily be responsible for the successful regulatory approval of a clinical trial[1]. The IMPD contains an overview of all aspects of an



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investigational medicinal product (IMP), including quality, non-clinical, and clinical data[1]. Historically the manner of regulating clinical trials in the EU has been governed by Directives 2001/20/EC which have permitted the individual Member States significant freedom in implementing the required processes. As a result, there have been numerous delays and an excessive administrative burden placed upon sponsors wishing to conduct clinical trials in multiple Member States[2]. Therefore, it was with the implementation of Regulation (EU) No 536/2014 (the Clinical Trials Regulation, CTR) and the rollout of the Clinical Trials Information System (CTIS) in 2022, the EU regulatory landscape was dramatically changed. By the end of the transition period, all actively ongoing clinical trials must have migrated to the new framework by early 2025[3],[4].

This paper focuses on Tirzepatide (branded as Mounjaro) to provide an illustration of the IMPD requirements in accordance with the new Regulation. Tirzepatide represents a significant therapeutic innovation in that it is a first-in-class dual GIP and GLP-1 receptor agonist created for the management of both type-2 diabetes and obesity[5],[6]. The production of Tirzepatide utilizes complex methods to synthesize the peptide itself and will therefore require a strict regulatory approach due to the complexity involved in creating the product; as such regulatory standards must be met to achieve compliance with the rigorous European Medicines Agency (EMA) and National Competent Authorities (NCAs) regulatory requirements[7],[8].

Regulatory Change: From Directive 2001/20/EC to Regulation (EU) No 536/2014

The purpose for moving to a Regulation instead of a Directive was to provide for consistent clinical trial requirements throughout the EEA[2]. With the previous Directive, the sponsors were required to submit separate applications for each NCA and Ethics Committee and often received conflicting opinions or different approval timelines[2].

This infographic contrasts the old fragmented Directive 2001/20/EC and the more streamlined Regulation (EU) No 536/2014 on clinical trials. The Old System section illustrates the burdensome administration of multiple submissions with conflicting timelines among Member States and the great delays that existed because of this. The New System section shows centralization through use of the CTIS portal; direct applicability of law; and harmonized review process with a Reporting Member State. It ends by showing how we have moved towards public transparency while keeping protections in place for all commercially confidential information (CCI).

Regulation (EU) No 536/2014 introduced several new paradigm concepts[2]:

- **Direct Applicability:** As a Regulation, the Regulation is binding on all Member States in its entirety and is therefore directly applicable without the necessity of any national legislation to implement it[2][9].
- **Centralization:** Submissions and communications will all occur through one portal (CTIS), providing the opportunity for a “single entry point” into the EU[3].
- **Harmonized Assessment Process:** The scientific evaluation of the judgement of member states with regards to Part 1 is led by one of the Member States as a Reporting Member State (RMS). The RMS will coordinate the review of Part 1 of the submission between it and all other Member States Concerned (MSC)[10].
- **Transparency:** Clinical trial data is to be publicly available unless otherwise restricted by law, provided that the appropriate legal protections have been granted for the protection of personal information and for information that is commercially confidential[3].

Architecture of the Clinical Trials Information System (CTIS)

The Clinical Trials Information System (CTIS) serves as the technical foundation of the CTR. CTIS provides a dedicated workspace for sponsors, regulatory authority representatives (such as NCAs and Ethics Committees), and the general public, providing each of these entities with their own unique area of access to the CTIS system[3].



**Shumyal and Pratima Patel****Reporting Member State (RMS) Model and Centralized Submission**

Upon submission of a Clinical Trial Application (CTA), a sponsor will select participating Member States and identify one of them to be the Reporting Member State (RMS). The RMS is responsible for leading the assessment activities associated with Part I[10], thereby ensuring that the evaluation of the scientific basis for the quality, safety and efficacy of the clinically investigated drug occurs once, rather than being duplicated by each NCA[2].

Assessment of Medicinal Products and Part I Assessment

Part I of the clinical trial application will consist of all of the global documents associated with the trial:

- Clinical Trial Protocol;
- Investigator's Brochure (IB);
- Investigational Medicinal Product Dossier (IMPD) containing sections for Quality, Non-Clinical, and Clinical[2];
- Simplified IMPD (for products previously authorized in the EU)
- GMP documentation[11].

The RMS will make a conclusion on Part I of the application following consultation with the other Member States involved in the trial. If Part I assessment is negative, the trial will not be authorized by any of the Member States participating in the clinical trial[2].

Section II: National and Operational Requirements

Section II of the application is focused on matters that are under the control of individual member states:

- Recruitment and Informed Consent Processes.
- Suitability of sites and qualifications of investigators.
- Insurance and compensation for trial participants.
- Financial agreements and contracts^[12].

Each member state independently evaluates Section II on its own merits. Although Section I could be approved by a member state and Section II would disallow, the reverse could also be true, meaning that a trial may be permitted by some member states and prohibited by others based upon Section II[2],[8].

Changes to CTR Transparency Rules and CCI Protection in 2024

In the CTR, transparency is a main principle; however, sponsors may find it difficult due to issues with Commercially Confidential Information (CCI). The EMA revised the transparency rules in 2024, making them easy to understand[3]. Significant changes to the transparency rules are as follows:

- **Simplified Publication:** Reducing the deferral system's complexity (the system allowed sponsors a method of deferring the publication of some documents)[3].
- **Early Public Access:** Making trial protocols and summary results available to the public earlier in the life cycle of the trial[8].
- **CCI Redaction:** Providing specific guidance to sponsors about what is considered CCI (e.g., specific manufacturing details in the IMPD Quality section) and allowing for redacted copies of documents to be published[3].

Quality (CMC) of Investigational Medicinal Products (IMPD) for Peptides

The quality component (Section 3 of the CTD) of the IMPD must support the fact that the investigational medicinal product is produced uniformly and conforms to specified requirements[1].

Molecular Structure and Design of Tirzepatide

Tirzepatide is a peptide composed of 39 amino acids and was obtained from the GIP sequence. It has two non-coding amino acids, Aib, and an amidated C-terminal[6]. The key element of the design of this peptide is the connection of the fatty di-acid C20 moiety to a lysine via a linker[5]. The success of this side chain provides reversible binding of the peptide to human albumin, which results in extended half-life and provides weekly administration. This is a marked advantage over past incretin mimetics[5],[6].



**Shumyal and Pratima Patel****Hybrid production of tirzepatide**

It has been achieved by combining both solid phase peptide synthesis (SPPS) with liquid phase peptide synthesis (LPPS) [6].

- **SPPS** relies on building the peptide chain on a solid resin support which allows for fast synthesis and easy removal of the required reagents[6].
- **LPPS** is often employed when there is larger scale production or where better control and yields for the specific coupling steps can be attained through liquid phase chemistry[6]. The IMPD must provide a detailed description of the manufacturing procedure including the sequence of amino acid additions, the reagents employed for the coupling and deprotection, and the cleavage of the peptide from the resin[13].

Analytical Characterization and Impurities Control

The characterization of the peptide is crucial. The IMPD contains analytical data such as mass spectrometry (MS), nuclear magnetic resonance (NMR), and amino acid analysis used to verify primary structure[6]. Additionally, control of impurities is an important safety issue:

- Impurities related to the production process include reagents, solvents, and catalysts utilized during synthesis.
- Impurities related to the produced peptides can include truncated peptides (missing amino acids), deamidated forms, and oxidized forms[13].

The sponsor must establish specific specifications on these impurities and must show that the analytical methods (such as HPLC and LC-MS) used to detect those impurities have been validated and have sufficient sensitivity[13].

GMP Compliance and Facility documentation at CTIS

Clinical Trials Directive discusses compliance with Good Manufacturing Practices (GMP) and facility documentation within the Clinical Trials Information System (CTIS). Included in the Clinical Trial Application (CTA) must be documentation demonstrating the GMP compliance at each manufacturing site utilized (for both drug substance and drug product) and will need to have the relevant NCA provide authorization for each manufacturing site^{[8],[11]}. For sites that are located outside the EU clinical sites, documentation will be required to be provided stating equivalent manufacturing standards based on a Qualified Person's (QP) declaration that manufacturing standards are appropriate as per EU GMP^[11]. Additionally, the manufacturing process and facility specifications must be documented accurately within the CTIS System to ensure proper regulatory oversight throughout the site activation/drop process^[8].

Non-clinical and clinical assessment

Assessments for both clinical and preclinical trials are presented in this section to support the start of a clinical trial by providing the pharmacology and toxicity of the drug.

Mode of Action

Tirzepatide is a unique dual agonist, activating the GLP-1 and GIP receptors. Agonism of GLP-1 primarily affects insulin secretion and appetite suppression, but the addition of GIP may enhance the effects of Tirzepatide on lowering glucose and losing weight, possibly through improvements in insulin sensitivity and lipids^[5].

PK Characteristics and Long-acting Formulation

Tirzepatide's PK profile primarily depends on the albumin-binding side chain. Following SC administration of Tirzepatide, it gradually reaches peak levels in plasma and has a half-life of approximately five days, thus supporting its classification as a long-acting medication. The DESTINY must include the titrations for PK parameters as well as the results from trials with different populations (young, elderly, chronic kidney disease, chronic liver disease, etc.)^[5].



**Shumyal and Pratima Patel****Clinical effectiveness: Experiences acquired through the SURMOUNT Research Program**

The SURMOUNT investigators have amassed solid evidence (via the SURMOUNT Trial) that Tirzepatide is beneficial for weight control; it provides reliable and significant decreases in body weight for both patients with type 2 diabetes as well as those without^{[7],[14]}, and the IMPDs of any new trial of Tirzepatide must reflect these findings to justify the dose selected (most frequently 2.5 mg) and the anticipated therapeutic values associated with this dose.

Safety and pharmacovigilance/environmental events for FY2024 EMA diagnostic safety signals

The GLP-1 receptor agonist class of medications have been adequately documented in terms of safety and side effects related to being a mixed agonist or antagonist of the GLP-1 hormone. The majority of side effects are likely to occur in the gastrointestinal tract (nausea, vomiting, diarrhoea)^{[5],[7]}, with time exemplar regulatory scrutiny regarding the safety signals associated with these medications had been increased, specifically in:

- **Psychiatric adverse events:** The EMA investigated reports of suicidal thoughts and self-inflicted injuries occurring in relation to the GLP-1 receptor agonists such as Tirzepatide. There was no definitive evidence of causation, however there is concern that further monitoring of these types of psychiatric events is warranted given that there may be an increased risk of this occurring while taking GLP-1 receptor agonists.
- **Pancreatitis and gallbladder adverse events:** There is still an ongoing need to monitor for possible risk related to these types of clinical events, as these clinical events have been previously associated with incretin-based therapies. GLP-1 receptor agonists will need to include in their regulatory submissions a disclaimer regarding the need to screen and monitor patients for possible psychiatric types of events when being treated with these agents.

Working Submission and Assessment Process

The new European Union Clinical Trial Application (CTA) timeline is within tightly regulated legislation.

The Validation and Tactile Approval Processes:

After an application for Trial Submission is submitted into the Clinical Trials Information Systems (CTIS) System, the RMS has 10 days to validate the application. If the RMS does not advise the Sponsor of any issues/concerns within that timeframe, the application will be considered to be "Simply Validated"^{[2],[15]}. This allows for Alternate Administration processes and guarantees a prompt start to the Review Process.

The Management of Request for Information (RFI):

During the Review Process of Parts I and II the RMS or any Member States may issue a Request for Information (RFI), which is a question or request for detail from the Dossier^[12]. The sponsor has a limited time to respond to the RFI (typically 10 to 12 days)^[15]. If the sponsor does not respond within that time period, the application is automatically withdrawn, so it is imperative that the Regulatory Affairs Team have processes in place to respond quickly^[12].

Transitional Milestones - Deadline Date FY 2025:

A major milestone in EU Clinical Trial Regulations occurred on January 31, 2025. All clinical Trials Authorized under the old (Directive) regime, and still active, were required to be transitioned into the CTMS/CTIS System^{[2],[4]}. In most cases, re-mapping of the dossier from its original form into the CTIS form was extremely challenging for older trials due to various documentation issues^[4].

Strategic challenges and future directions

Although the CTR has established some level of harmonization, there are still a number of challenges that exist.



**Shumyal and Pratima Patel****Harmonization challenges related to Part II are described further below:**

While there is a centralised assessment of Part I, the national requirements for Part II are very different for each of the 27 EU Member* States and may include requirements related to Local Ethic Committee (LEC) as well as an informed consent language, and site-specific contracts- this means there is no "real" harmonisation in this area, and therefore sponsors must still manage many, many national streams simultaneously with the centralised assessment of Part I.

Technical operationalisation and archiving:

Technical operationalisation and archiving of CTIS simply has been a nightmare in terms of its complexity and often sporadic technical quality. In addition to the above, CTR mandates that the TMF (clinical trial master file) be archived for 25 years, which represents an extreme long-term investment of time and financial resources for sponsors who are likely already overstretched, particularly smaller (e.g., academic or biotech) companies.

CONCLUSION

In preparing an IMPD for a complex peptide therapeutic like Tirzepatide in accordance with Regulation (EU) No 536/2014, one needs to be highly knowledgeable about the technical CMC requirements and the rapidly changing environment of digital submissions. CTIS has contributed to the ability to conduct many multi-state trials using CTIS but has also imposed many new demands, such as rapid RFI deadlines and highly complex transparency requirements. In short, despite initial operational difficulties, the CTR provides a more streamlined and transparent paradigm, which should improve drug development efficiency within the EU.

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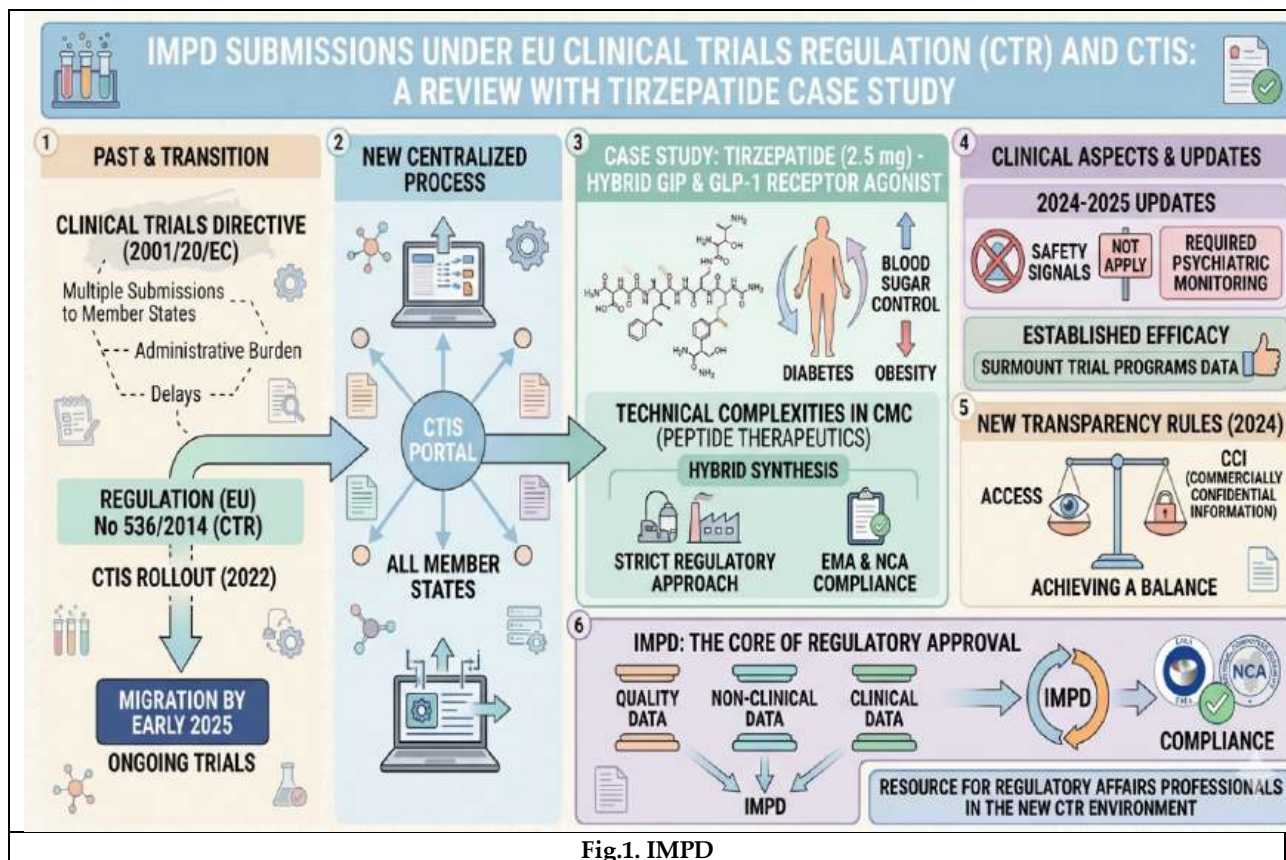


Fig.1. IMPD



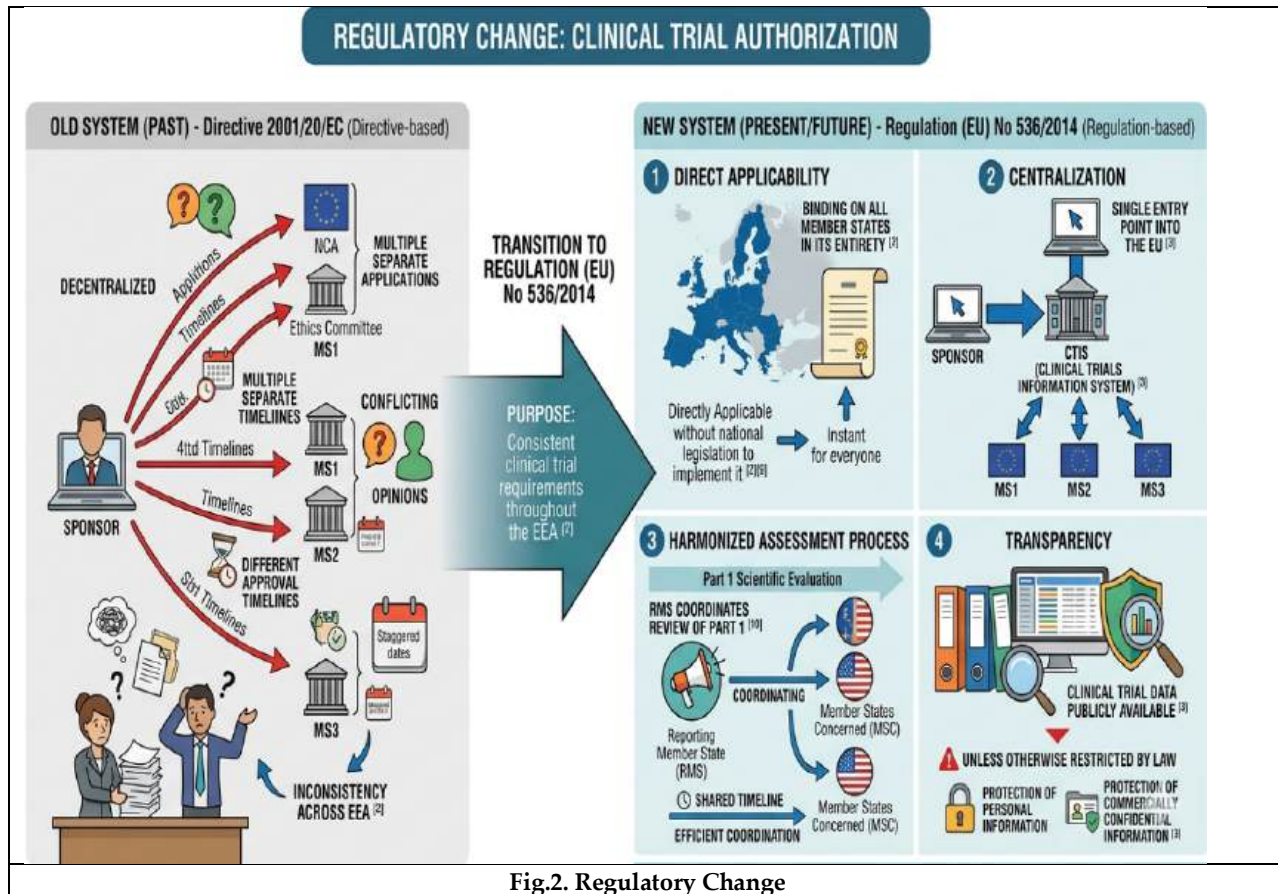


Fig.2. Regulatory Change





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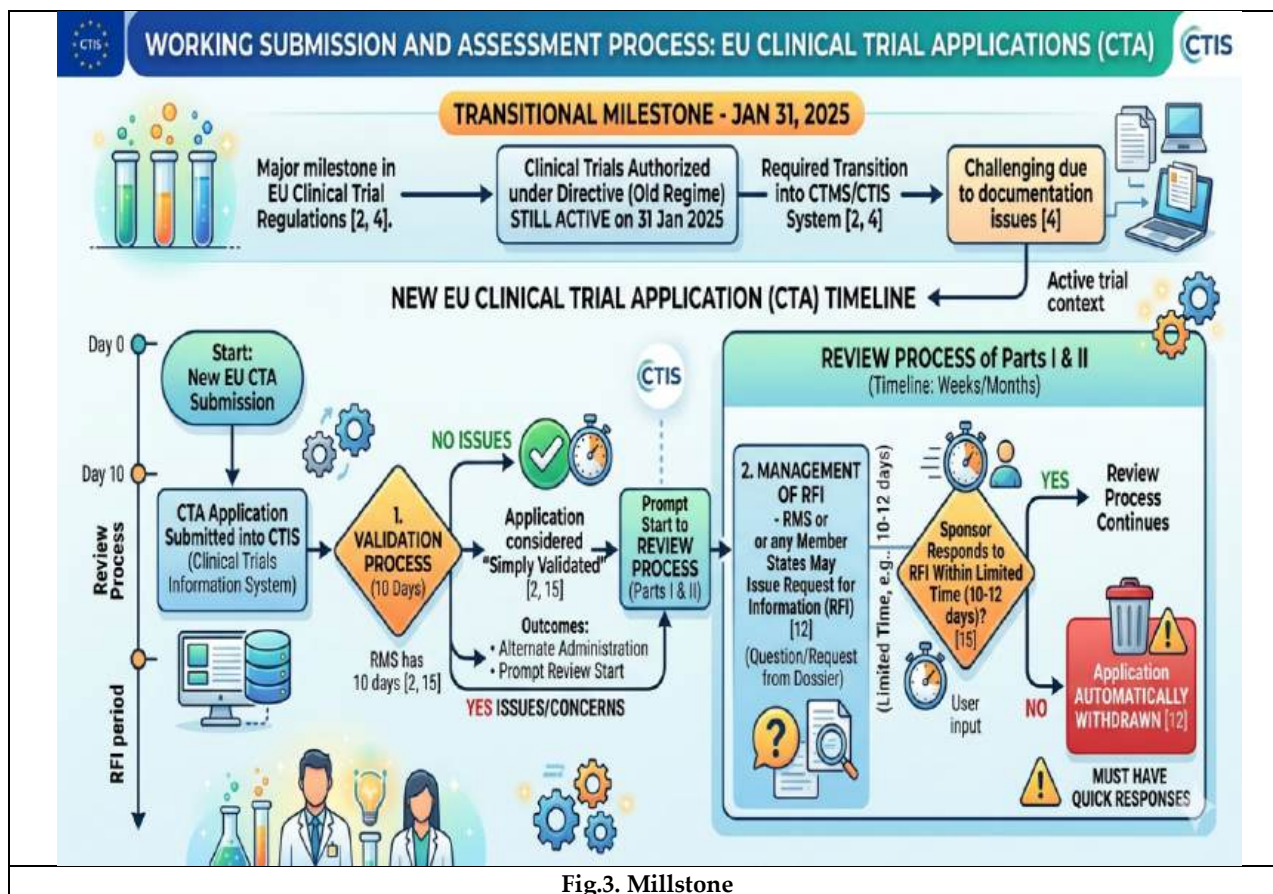


Fig.3. Millstone

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RESEARCH ARTICLE

An Analytical Study on Manasa Prakruthi : Concept, Classification, and Clinical Implications in Ayurveda

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Received: 9 Mar 2026

Revised: 12 Apr 2026

Accepted: 13 May 2026

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ABSTRACT

The concept of Manasa Prakruthi—the inherent mental constitution—is a pivotal yet often underexplored dimension of Ayurvedic psychology. Rooted in classical Ayurvedic texts and enriched by philosophical, poetic, and scriptural traditions such as the Vedas, Upanishads, Bhagavad Gita, and Darshanās, Manasa Prakruthi reflects the mental tendencies shaped by the trigunās: Satwa, Rajas, and Tamas. This article systematically delineates the classifications of Manasa Prakruthi across various Acharyas, including Charaka, Susruta, and Kasyapa, elaborating on the typologies based on psychological traits and developmental stages. It examines the intricate relationship between Manasa and Deha Prakruthi and identifies environmental, hereditary, and karmic influences on mental constitution. Furthermore, it highlights the twelve key behavioral determinants from the Bhagavad Gita—such as Sraddha, Ahara, Dana, and Jnana—emphasizing their trigunatmaka variations. The article also explores the evolutionary basis of psychology in Ayurveda through the lens of the 24 tattwas and discusses the psychosomatic interplay underlying individual personality. A comprehensive understanding of Manasa Prakruthi is essential for personalized mental health strategies in Ayurvedic practice.

Keywords: Prakruthi, Manasa Prakruthi, Psychological Factors, Ayurveda





INTRODUCTION

The first reference about the concept of personality is available in the oldest texts Vedas and Upanisads. According to Vedas and Upanishads the essence of human personality is Atman (self), which is the same as the Brahman, "Atman' in conjunction with gross and subtle bodies becomes subject to experience of pleasure and pain. It's the nature becomes as if veiled. It becomes focussed in five types of sheaths (Kosha) and the total personality is called Jiva. These five sheaths are found in world of non-ego. The first two (Annamaya and Pranamaya) form the physical self. The next two (Manomaya and Vijnanamaya) form mental self. The last (Anandamaya) is the spiritual or blissful self. The Vedas and Upanishadas also talk about the development of human life and basic elements of human personality. In later stage when the codes of conduct are regulated in 'Smṛti' the life span was classified into different stages. Brahmacharya (Student-hood), Grhastha (Household), Vanaprastha (Retirement) and Sanyasa (Renunciation). In addition, they prescribe the duties that one has to follow in these stages, called "Purusarthas". They are "Dharma' (duty), Artha (Material gain), Kama (desire), and Moksha (liberation). These stages and duties are not strictly in a sequence, rather it depends upon the maturity of mind and the responsibility that one has. These four stages of life connect with the aims of life ultimately result in the development of an ideal personality.

Philosophical schools later developed their own concepts of Personality like 'Sankhya' and Yoga. They conceptualised different faculties such as Manas (mind), Buddhi (intellect), Ahankara (ego), Chitta (consciousness), on analysis of which reveals the structure of personality. Nyaya-Vaisesika' on the other hand simplified the understanding of personality by way of putting people in different categories such as 'Ajna'(Ignorant), 'Sandigdha'(doubtful), 'Moodha'(Infatuated) and 'jnana' (Knowledgeable). The study of personality in Buddhism does not deal with the complex of postulate entities such as mind, ego or unconsciousness, but is the congregation of five "Skandhas (series of events or groups). These are 'Rupa', 'Vedana', 'Samjna' (conceptual knowledge). 'Samskara' (co-ordination) and 'Vijnana'. These five 'Skandhas' are transferred from one birth to the next and these constitute a temporary human identity. Scientific theory of personality is developed in Ayurveda, which has given sixteen types of personality on the basis of 'Guna Theory'- 6-Rajas, 7-Satwa and 3-Tamas. A detailed comprehensive psychological explanation on 'Triguna' is also found in "Bhagavatgita". Lord Krishna declares the three modes goodness: passion and dullness born of nature bind down in the body.⁶² This can be explained in terms of man's psychic makeup determined by the predominance of any one of the three 'Guna'. Satwa, Rajas and Tamas are more psychological fashion. Rajas stand midway between the two polarities of Satwa and Tamas, supplying energy to both like a kinetic force.

Formation

There is nothing in the universe, which is free from the influence of Trigunas, which are born of Prakruthi.¹ Everything in nature whether it is physical, sensual, intellectual or moral can be brought under these types. The psychic personalities are also supposed to be genetically determined. They are based on the relative prevalence of one or more of the three fundamental qualities of the mind.² Out of eleven Indriyas, mind is the supreme one. Trigunas persist in the mind throughout the individual's life. Hence each and every person has all the three qualities of mind all the time there is a relative variation of these in different persons and this determines the three separate Manasa Prakruthi, namely Satwika, Rajasika, tamasika known as Maha Prakruthi.³ There is every possibility of Children inheriting the qualities of their parents. The factors determining the psychological traits and types of children are the various traits of parents, impression received by the pregnant woman, influence of one's own past actions and special mental habits of the child's previous life.⁴ The nature of Satwa is to impart a good conduct, but there must be some Rajas with Satwa to initiate drives and supply the necessary energy. Similarly even in a person in whom Tamas predominates, there must be Rajas of minimum degree, because of the existence of Trigunas are in all substances, which spring from Prakruthi and bind the immutable soul in the body.



**Arjun and Anushree****Classification Of Manasa Prakruthi**

Similarly, to Deha Prakruthi, Manasa Prakruthi is also classified based on the dominance of one or the other Gunas, their combination and equilibrium of all the three Gunas. In this way Vagbhata divides Manasa Prakruthi into 7 types, such as Satwika, Rajasika, Tamasika, Satwaraja, Rajatama, Satwatama and Samaguna Prakruthi.⁵It appears that on the basis of developmental perfections or milestones from a state of ignorance, sixteen varieties or stages are described by Charaka and Susrutha. Kasyapa added 2 more to make it 18. The eighteen steps of Manasa Kaya i.e. Matsya to Brahma appear to be similar to the above said stages of developments;

Classification of Manasa Prakruthi According to Different Acharyas

Individuals are classified according to their state of mental development into one of these eighteen varieties. These dispositions are differentiated based on the characteristic features of an individual. Brahma Kaya person is superior most who has highly developed perfection with least Rajas and Tamas and is considered to be best.

Factors Influencing Manasa Prakruthi

In Bhagavatgita of 17 and 18 chapters 12 factors are mentioned, they are

- Srdha-faith
- Ahara-Diet
- Yajna- Sacrifice
- Tapas- Penance
- Dana- Gift
- Tyaga- Renunciation of fruit of action
- Jnana- Knowledge
- Karma- Action
- Karta- Doer
- Buddhi- Intellect
- Dhirtti- Regulation
- Sukha- Happiness

DISCUSSION

The concept of Manasa Prakruthi represents a cornerstone of Ayurvedic psychology, providing a framework to understand the mental and behavioral constitution of an individual. Unlike modern personality theories that often rely on psychometric models, Ayurveda offers a holistic paradigm grounded in the balance of the three gunas—Satwa, Rajas, and Tamas—and their dynamic interplay throughout an individual's life. This article draws attention to the layered structure of personality as seen in the Vedas, Upanishads, and classical Ayurvedic texts. The mental constitution, according to Acharya Charaka and Susruta, is determined at the time of conception and influenced by both prenatal factors and karmic impressions (samskaras). The Triguna theory not only outlines broad categories of mental types but also offers detailed subtypes reflecting varying degrees of behavioral, emotional, and cognitive tendencies. What makes Manasa Prakruthi particularly significant is its predictive and therapeutic value. By understanding an individual's dominant guna or guna combination, an Ayurvedic practitioner can tailor lifestyle recommendations, dietary choices, and therapeutic interventions to maintain or restore mental balance. For instance, a Rajasika dominant person may benefit from calming therapies and sattvic practices, while a Tamasika individual may require stimulation and mental clarity-promoting interventions. The influence of external factors such as diet (ahara), behavior (achara), rituals (yajna), and values (dharma)—as extensively discussed in the Bhagavad Gita—underscores the modifiable nature of psychological traits despite their genetic or congenital roots. These factors, each manifesting in Sattvic, Rajasic, or Tamasic modes, play a critical role in





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shaping personality over time. The relationship between Manasa Prakruthi and Deha Prakruthi further strengthens the concept of psychosomatic integration in Ayurveda. The dominance of Vata, Pitta, or Kapha doshas in physical constitution aligns with corresponding mental tendencies: Vata with Rajas, Pitta with Satwa, and Kapha with Tamas. This correlation allows for comprehensive assessment and management strategies addressing both physical and mental health. Modern psychology is increasingly acknowledging the mind-body connection, but Ayurveda has historically maintained this interdependence. The Triguna-based typology provides a timeless and adaptable model for understanding personality, particularly relevant in today's era of personalized medicine. Hence, a deeper appreciation and application of Manasa Prakruthi in clinical and educational settings can enhance mental health care, student mentoring, and lifestyle counseling within the Ayurvedic framework. Future empirical studies may further validate these ancient insights and bridge them with contemporary psychological research.

Relation Between Deha Prakruthi and Manasa Prakruthi

Prakruthi is the balanced state of body and mind, body is influenced very rapidly than mind and body responds to its physiological changes very rapidly e.g. in fever After development, body and mind are despaired, but they readily influence each other. As Deha Prakruthi, the concrete of Manasa Prakruthi is also formed during Shukra Shonita and Atma Sammurchana. Both influence each other and work collaborately. Manifestation of Panchamahabhutas is the intermediary stage between the formation of elements of Mind and the elements of body. Panchamahabhutas are evolved by Satwa, Raja and Tamogunas. "Akasha is formed by Satwaguna, Vayu is formed by Rajoguna, Agni is formed by Satwa and Rajas, Jala is formed by Satwa and Tamas, Prthvi is formed by Tamas.¹⁰⁸ Panchamahabhutas, further play part in the formation of Tridoshas. Acharya Vagbhata explained-Vata is formed by Vayu and Akasha Mahabhutas. Pitta is formed by Agni. Kapha is formed by Prthvi and Jala.¹⁰⁹ Acharya Sharangadhara gave direct relationship between Sharirika elements and Manasika elements. Vata is Rajoguna dominant body element. Pitta is Satwaguna dominant and Kapha is Tamoguna dominant. If the psychic traits present in Sharirika Prakruthi are analyzed, the following views can be drawn.

- Rajasa Prakruthi Lakshanas are more prominent in Vata Prakruthi.
- Satwika Prakruthi Lakshanas as well as Rajasika Prakruthi Lakshanas are more prominent in Pitta Prakruthi.
- Tamasika Prakruthi Lakshanas as well as Satwika Prakruthi Lakshanas are more prominent in Kapha Prakruthi.

CONCLUSION

The concept of Manasa Prakruthi offers profound insights into the understanding of mental constitution and behavioral tendencies in Ayurvedic philosophy. Rooted in classical texts, the theory not only explains psychological attributes based on Trigunas—Satwa, Rajas, and Tamas—but also integrates them with Deha Prakruthi and broader psychosomatic functions. The classification systems proposed by Acharyas like Charaka, Susruta, and Kasyapa, and the 12 behavioral factors detailed in the Bhagavad Gita, enrich the understanding of individual personality. By recognizing the influence of hereditary, karmic, and environmental factors, Ayurveda provides a personalized and preventive approach to mental health. Incorporating this knowledge in clinical practice can guide Ayurvedic practitioners toward tailored therapeutic strategies for holistic well-being. With growing interest in personalized medicine and integrative psychology, Manasa Prakruthi stands as a timeless, scientifically relevant framework that deserves further empirical research and wider application in modern healthcare systems.

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Table no.1: Classification of Manasa Prakruthi According to different Acharyas

Sl.no	Charaka	Susruta	Kasyapa
Satwika kaya:			
1.	Brahma	Brahma	Brahama
2.	-	-	Prajapathi
3.	Arsha	Arsha	Arsha
4.	Aindra	Aindra	Aindra
5.	Yamya	Yamya	Yamya
6.	Varuna	Varuna	Varuna
7.	Kauber	Kauber	Kauber
8.	Gandharva	Gandharva	Gandharva
Rajasika kaya:			
9.	Asura	Asura	Asura
10.	Rakshasa	Rakshasa	Rakshasa
11.	Paisacha	Paisacha	Paisacha
12.	Sarpa	Sarpa	Sarpa
13.	-	-	Yaksha
14.	Preta	Preta	Bhuta
15.	Shakuna	Shakuna	Shakuna
Tamasika kaya:			
16.	Pashu	Pashu	Pashu
17.	Matsya	Matsya	Matsya
18.	Vanaspatya	Vanaspatya	Vanaspatya





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Table no.2: Different Psychological Temperament

Name of Prakruthi	Characteristics	CARAKA	SUSRUTHA	KASHYAPA
A) SUDDHASATWA				
[A]Brahma Satwa	Suchita	+	+	+
	Satyabhisandhata	+	-	+
	Jitatmata	+	-	-
	Samvibhagita	+	-	-
	Jnana Vijnana Sampannata	+	-	+
	Vachana Prativacana Sampannata	+	-	-
	Smrtimatta	+	-	-
	Kamam Apetam	+	-	-
	Krodham Apetam	+	-	-
	Manam Apetam	+	-	-
	Moham Apetam	+	-	-
	Irsyam Apetam	+	-	-
	Harsam Apetam	+	-	-
	Amarsam Apetam	+	-	-
	Sarvabhuta Samata	+	-	-
	Astikya	-	+	-
	Vedabhyasa	-	+	-
	Priyatithitva	-	-	+
	Tapaniyata	-	-	+
	Jitendriyatva	-	-	+
	Danasilata	-	-	+
	Gurupujanam	-	+	-
	Dayavan	-	-	+
Prajapatya Satwa	Prajawatta	-	-	+
	Kriyawatta	-	-	+
	Dharmasheelata	-	-	+
	Jagatpriyata	-	-	+
	Aneersyata	-	-	+
	Asantham	-	-	+
	Sucita	-	-	+
Arsa Satwa	Sucita	+	-	+
	Vrataniyata	+	-	+
	Adhyayana	+	-	+
	Brahmacarya	+	-	+
	Dayaparatva	-	-	+
	Jitatmata	+	-	+
	Akrodhata	+	-	+
	Liya	+	-	+
	Tapah Paratva	+	+	-
	Atithi Vrtatva	+	-	-
	Mada Upasantam	+	-	+
	Mana Upasantam	+	-	+
	Raga Upasantam	+	-	-





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	Dvesa Upasantam	+	-	-
	Moha Upasantam	+	-	-
	Lobha Upasantam	+	-	-
	Rosa Upasantam	+	-	-
	Pratibha Sampannam	+	-	-
	Vacana Sampannam	+	-	+
	Vinjana Sampannam	+	-	-
	Upadharana Sampannam	+	-	-
	Jnana Sampannam	-	+	-
	Japa Sevinam	-	+	-
Aindra Satwa	Aisvaryavantam	+	-	-
	Adeyavakyam	+	-	-
	Yajvanam	+	-	-
	Suram	+	+	+
	Ojasvinam	+	-	+
	Aklista Karmata	+	-	+
	Tejasopetam	+	-	-
	Dharmabhirata	+	-	-
	Arthabhirata	+	-	-
	Kamabhirata	+	-	-
	Sastrabuddhita	-	+	-
	Bhrtyabharana	-	+	-
	Vidvattata	-	-	+
	Mahabhagita	-	-	+
	Trivarganityata	-	-	+
	Adhisthatha	-	+	-
	Ajna	-	+	-
Yamya Satwa	Lekhastha Vrtti	+	-	-
	Praptakarita	+	+	+
	Asangraharthata	+	-	-
	Uttanavanta	+	-	-
	Smrtimatta	+	+	-
	Aisvryalambita	+	+	+
	Sucita	-	+	-
	Nirbhayata	-	+	-
	Suniscitata	-	-	+
	Samam Mitre Ca Satrau Ca	-	-	+
	Raga Vyapagata	+	+	+
	Irsya Vyapagata	+	+	+
	Dwesa Vyapagata	+	+	+
	Moha	+	+	+
	Madavarjita	-	+	-
Varuna Satwa	Soorata	+	-	+
	Dhirata	+	-	+
	Sucita	+	-	+
	Asucidwesata	+	-	-
	Yajnanyata	+	-	-





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	Ambhovihararatim	+	-	-
	Aklesakarmata	+	-	-
	Sthanakopaprasadata	+	-	+
	Punyaseelata	-	-	+
	Mahabagita	-	-	+
	Varunapriyata	-	+	+
	Priyavadita	-	+	+
	Paingalya	-	+	-
	Pariklesata	-	+	-
	Sahisnuta	-	+	-
Kauber Satwa	Sthana Mana Sampanna	+	-	+
	Sthana Upabhoga Sampanna	+	-	-
	Parivara Sampanna	+	-	-
	Sukha Viharita	+	-	-
	Trivarganityata	+	-	+
	Sucita	+	-	-
	Vyaktakopaprasadata	+	-	-
	Sahisnuta	-	+	-
	Arthagamasancaya	-	+	-
	Madhyasthala	-	+	-
	Mahaprasavasaktivam	-	+	-
Gandharva Satwa	Nrtya Priyata	+	+	+
	Gita Priyata	+	+	+
	Ullapaka Priyata	+	+	+
	Sloka Kusala	+	-	+
	Akhyayika Kusala	+	-	+
	Itihasa Kusala	+	-	+
	Purana Kusala	+	-	-
	Gandhamalya Nityata	+	+	+
	Anulepana Nityata	+	-	-
	Vasana Nityata	+	-	+
	Stree Vihara Nityata	+	+	-
	Anasuyaka	+	-	-
	Subhaga	-	-	+
B) RAJASA SATWA				
Asura Satwa	Sura	+	+	+
	Canda	+	+	+
	Asuyaka	+	+	+
	Aiswaryavantam	+	+	+
	Aupadhikam	+	-	+
	Raudra	+	+	+
	Atmapujaka	+	-	+
	Ekasina	-	+	-
	Audarika	-	+	-
	Hanta	-	-	+
	Isvaraasuyaka	-	-	+
Raksasa Satwa	Amarsinam	+	-	+
	Anubandha Kopam	+	-	+





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	Chidrapraharinam	+	-	+
	Kruram	+	-	+
	Amisapriyatamam	+	-	+
	Svapnabahulam	+	-	-
	Ayasabahulam	+	-	+
	Ekantagrahita	-	+	-
	Raudram	-	+	-
	Asuyakam	-	+	-
	Dharmabahyata	-	+	-
	Kalaharathi	-	-	+
	Rosa	-	-	+
	Vaira	-	-	+
Paisaca Satwa	Mahalasam	+	-	-
	Strainam	+	+	-
	Asucim	+	-	+
	Sucidwesinam	+	-	+
	Bhirum	+	-	-
	Vikrta Viharasilam	+	-	-
	Vikrta Aharasilam	+	-	-
	Krura	-	-	+
	Madyamamsapriya	-	-	+
	Bahubhojanaha	-	-	+
	Abhiru	-	-	+
	Sahasapriyata	-	+	-
Sarpa	Kruddham Suram	+	-	-
	Akruddham Bhirum	+	-	-
	Tiksnam	+	+	+
	Ayasabahulam	+	+	+
	Aharaviharaparam	+	+	-
	Nidralum	-	-	+
	Strainam	-	-	+
	Bhirum	-	+	-
	Mayanvitam	+	-	+
Preta Satwa	Aharakamam	+	+	-
	Atiduhkhasila Acara	+	+	-
	Atiduhkhasila Upacara	+	-	-
Bhuta Satwa	Asuyakam	+	+	-
	Asamvibhaginam	+	+	-
	Atilolupam	+	+	-
	Akarmasilam	+	+	-
	Ahankrta	-	-	+
	Vikramana	-	-	+
	Nisapriya	-	-	+
Sakuna Satwa	Anusakta Kamam	+	-	-
	Ajasra Aharata	+	-	-
	Ajasra Viharata	+	-	-
	Anavasthitam	+	+	+





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	Amarsinam	+	+	+
	Pravrddha Kamasevi	-	+	-
	Nityasankitam	-	-	+
	Bhirum	-	-	+
Yaksa Satwa	Dananityata	-	-	+
	Ati Sayana	-	-	+
	Ati Alankara	-	-	+
	Ati Pana	-	-	+
	Ati Bhojana	-	-	+
	Ati Maithuna	-	-	+
	Ati Dana	-	-	+
C) TAMASA SATWA				
Pasava Satwa	Nirakarisnum	+	+	-
	Amedhastvam	+	+	-
	Jugupsitacaram	+	-	-
	Maithunaparam	+	+	+
	Svapnasilam	+	+	+
	Mrjalankara Variam	-	-	+
	Mandata	-	+	-
Matsya Sattva	Bhirum	-	+	+
	Abudham	+	-	-
	Aharalubdham	+	-	-
	Anavasthitam	+	+	-
	Anusaktakamam	+	-	-
	Anusakta Krodham	+	-	-
	Toyakamam	+	+	-
	Maurkhyam	-	+	-
	Parasparabhimarda	-	+	-
	Kamakrodha Vasagatam	-	-	+
	Himsram	-	-	+
	Atmaparam	-	-	+
	Satham	-	-	+
Vanaspatya Satwa	Alasam	+	-	+
	Ahare Kevalam	+	+	-
	Sarva Buddhyanga	+	-	+
	Vadha Ksamam	-	-	+
	Bandha Ksamam	-	-	+
	Pariklesa Ksamam	-	-	+
	Sita Ksamam	-	-	+
	Vata Ksamam	-	-	+
	Atapa Ksamam	-	-	+




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	Ekaasthanaratim	-	+	-
	Dharma Varjita	-	+	-
	Artha Varjita	-	+	-
	Kama Varjita	-	+	-

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RESEARCH ARTICLE

Monic Polynomial Factorisation using Vedic Mathematics Sutras and Vieta's formulas in a Hybrid Algebraic Framework using MATLAB Approach

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Received: 17 Mar 2026

Revised: 20 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

Vedic Mathematics has been known for its swiftness and efficiency in the realm of mental mathematics; however, the logical framework of Vedic Mathematics has not been extensively explored in the context of modern computer science. This research article discusses a framework for factorising monic polynomials by employing two classical Vedic sutras: 'Vilokanam' and 'Gunit Samuccaya.' The proposed framework combines Vedic mathematical insight with conventional mathematical approaches. Specifically, Vieta's formulas are used. A structured six-step algorithm has been proposed for the factorisation of monic polynomials with integer roots. The proposed algorithm starts with the examination of the coefficients of the polynomial and the imposition of constraints. Then the possible combinations of the factors of the constant term are determined. After that, sets of the roots are formulated. Then the sets are verified by employing Vieta's formulas. Finally, the proposed approach is verified by employing the Gunit Samuccaya principle. The proposed algorithm has been implemented and verified by employing MATLAB. From the experimental study, it has been observed that the proposed approach can factorise monic quartic polynomials by satisfying the conventional algebraic conditions. This research article demonstrates the effectiveness of the integration of Vedic mathematical concepts with modern computer science'

Keywords: Indian Knowledge System, Fundamental Theorem of Algebra, Vieta's Formulas, Vedic Mathematics, Polynomial Factorisation, MATLAB Algorithms, Vilokanam, Gunita Samuccaya: Samuccaya Gunita, NEP(2020).





INTRODUCTION

Vedic mathematics is a unique mathematical system based on systematic observation and pattern research, rather than formalism. Is based And project logic. Swami Bharati Krishna Tirthaji Maharaj allows mental calculation and organized logical reasoning. Computing and reorganize traditional principles into concise structures [1]. The basic principles of Vilokanam and Gunita samuccaya: Samuccaya Gunit can be described as examples of cognitive strategies that are very familiar to the structured approach to problem-solving developed by modern algorithmic reasoning and computational science. Modern scholarly Research has shown a significant expansion of the indications of Vedic mathematical concepts in the discourse, which is not the same as in the traditional mental. It has gone far beyond the limits of arithmetic. Contemporary researchers have identified increasing evidence that principles are systematic and algorithmic in nature. Is And hence are implemented in modern computational frameworks and programming environments. Sharma, Singh, and Yadav (2024) showed that the principles of Vedic maths can be applied in C++ to significantly improve arithmetic performance, increase programming efficiency, and simplify copying algorithms [2]. Also, ongoing efforts have been made to code Vedic techniques in Python, for example, by Giri, Dhakal, Panthi, and Jha (2024) [3], who reported significant computational improvements and enhanced problem-solving capabilities. Therefore, current research focuses on integrating Vedic mathematical principles into coherent algorithmic processes. Focuses on unifying, It tries to fill this gap by finding what is changing. The approach to the propositional method codifies the stages by which reason operates in a rigorous, internally consistent computational theory that aims to provide clear, understandable answers and, therefore, to bring intuitive mathematical knowledge into the frame wok of modern computational Modelling.

MATERIALS AND METHODS

Mathematical Foundation

According to the Fundamental Theorem of Algebra, every polynomial of degree n has exactly n roots (real or complex). Consider a polynomial

$$P(x) = a_n x^n + a_{n-1} x^{n-1} + \dots + a_1 x + a_0$$

If the roots are $r_1, r_2, \dots, r_n$ Then Vieta's relations provide constraints on the sum and product of the roots. These relations form the algebraic basis for the proposed Vedic factorisation framework.

$$r_1 + r_2 + \dots + r_n = -\frac{a_{n-1}}{a_n}$$

$$r_1 r_2 \dots r_n = (-1)^n \frac{a_0}{a_n}$$

Vedic Algebraic Factorisation Method

Step 1: Vilokanam (Observation) The coefficients of a polynomial are looked at to identify its possible basic properties. If the sum of the coefficients equals zero, then $x = 1$ is a root. If the sum of the coefficients of odd power terms and the sum of the coefficients of even power terms are the same, then $x = -1$ is a root.

Step 2: Root Conditions: Vieta's formula is used in identifying possible roots.

Step 3: Factor Identification: All integer factors of the constant term are listed as potential roots.

Step 4: Group Observation: Possible root combinations are formed using logical grouping.

Step 5: Sign Adjustment: The signs are assigned to ensure that they meet the product and sum conditions.

Step 6: Gunita Samuccaya: Samuccaya Gunita (Verification): Factorisation is checked by the Vedic principle that the total of the coefficients of the factors is also equivalent to the sum of the coefficients of the factors [4].

Example: Factories $x^3 - 8x^2 - 5x + 84$





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Step 1:

Sum of the coefficient $s_c = 1 - 8 - 5 + 84 = 72$

i.e $s_c \neq 0$. so $(x - 1)$ is not a factor of the given equation

And also sum of the coefficient of odd power $s_o = 1 - 5 = -4$.

Sum of the coefficient of even power $s_e = -8 + 84 = 76$.

Sum of the coefficient of odd power $s_o \neq$ sum of the coefficient of even power s_e . Therefore $(x + 1)$ is not factoring of given equation.

Step 2:

Here the equation is of the third degree. So it has three roots call them k_1, k_2 and k_3

Hence,

$$A = k_1 + k_2 + k_3 = \text{Sum of roots} = \text{coefficient of } x^2 = -8 \quad \dots(2)$$

$$B = k_1 k_2 k_3 = \text{Product of four roots} = 84 \quad \dots(3)$$

Step 3:

For given equation last term is 84 (we take last term as positive). So factories 84 without 1
2, 3, 4, 6, 7, 12, 14 and 21.

Step 4:

From these factors Possible groups that satisfies condition $B = k_1 k_2 k_3$

Group 1: $(2 \times 2 \times 21) = 84$

Group 2: $(2 \times 3 \times 14) = 84$

Group 3: $(3 \times 4 \times 7) = 84$

Group 4: $(2 \times 6 \times 7) = 84$

So here are four groups that satisfy this condition

Step 5:

Check condition (1)

Here, only one case $(3, -4, -7)$ satisfies step 2 conditions (1)

$$A = k_1 + k_2 + k_3 = 3 - 4 - 7 = -8$$

Check this case for step 2 condition (2)

$$B = (3)(-4)(-7) = 84$$

Here in this case $(3, -4, -7)$ both condition satisfy so factors of given equation are $(x + 3, x - 4, x - 7)$

Step 6:

Here, Sum of the coefficient product of equation = 72

Product of the sum of the coefficients of factors $(1 + 3)(1 - 4)(1 - 7) = 72$. here sum of the coefficient of product = product of the sum the coefficient of factors.

Hence result verified by gunita samuccaya : samuccaya gunita.

MATLAB Algorithm Implementation

In this section, the Vedic-algebraic factors are outlined to factorise fourth-degree polynomials using a six-step computational function implemented in MATLAB. This implementation shows how the Vedic principles are applied correctly to algebraic relations, or a technique for solving the roots of polynomial equations using calculated instruments in a systematic way.

RESULT AND DISCUSSION

The proposed structure is a synthesis of ancient Vedic mathematical beliefs and popular theory of classical algebra, thus providing an important approach to the factorisation of polynomials. The algorithmic implementation of the



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resulting six-step algorithm in MATLAB will provide a complete factorisation of a selected set of quartic polynomials with integer roots, thus providing a physical demonstration of the idea of the practicality of the proposed structure in theory. The algorithm begins by paying close attention to the trends of the coefficients of the target polynomial. It is based on the following observations, after which all possible values of the constant term are listed, and hence a candidate list of possible roots is obtained. These candidates are then tested following the relations of Vieta in order to ensure that the sum and the product of the proposed roots are handled along with the coefficients of the polynomial. The final step of the process is a verification step in which the multiplicative consistency of the resulting set of factors is carefully examined. Empirical data from the implementation in the Matlab environment proved that the algorithm yields reliable results, providing correct polynomial factors without exhibiting a confusing or illogical procedure flow. In contrast to conventional symbolic methods, which tend to emphasise the computational outcomes alone, this framework helps to elucidate the intermediate steps of inference, within the framework of developing greater understanding and is therefore more instructional in the teaching of mathematics

Limitations and Future Expansion

Currently, this system supports polynomials with integer or rational roots. Furthermore, this system is well-suited to n th-degree equations of this type. The concepts of the Vedic method and Vieta's formula are utilised. However, the current computational framework is still unable to solve rational polynomial equations or find complex roots. Nevertheless, this limitation opens up a wide range of potential research directions. Future investigations could be based on developing robust algorithms, which could resolve higher-degree polynomials with a considerable degree of algebraic invariance, or provide ancillary verifications for consistency based on logical criteria using Vedic principles. Developing hybrid methods (combining Vedic and symbolic approaches) to create universal yet easily understandable algorithms would also be a tremendous opportunity to increase the practicality and attractiveness of Vedic-based calculations. As a result, our research team is involved in designing a new-generation computer algebra system that seamlessly integrates these new capabilities and is therefore much closer to the needs of both researchers and technical experts.

Comparative Discussion

Previous work has analysed the use of Vedic mathematics. Shivani Khare (2025) [5] examines the power of Vedic techniques by applying them in the Matlab environment and hence demonstrates their efficiency and elegance in solving elementary arithmetic problems. Also, Giri, Dhakal, Panthi, and Jha (2024) [6] discussed the use of Vedic methods in Python programming and discovered some fascinating benefits of coding solutions to computational problems; they provide Python code for given examples, including arithmetic and algebraic polynomial factorisation. The present work generalises Vedic concepts to the factorisation of quadratic algorithms in hard algorithms. This is an observational reasoning, synthesised with a Vedic base in mathematics, which is an algebraic validation. It uses concepts of self-relation in Vieta and in multiplicative sets. The most significant novelty of the work is that it brings the Vedic methodology to modern algorithms for multiplying polynomials, thereby establishing a conceptual linkage between the arithmetical operations of Vedic algorithms and ancient and modern algebras.

CONCLUSION

Vedic Sutras are suitable for algorithmic models that are stable in the current computing environment. The methodological synthesis on Vedic Sutras, along with the relation of Vieta, results in a definable, computable, and therefore factorable construction. Furthermore, it is presented in a simple, easy-to-calculate-and-verify format, mathematically consistent, and consistent with the Vedic philosophy of Vedic mathematical methods. Thus, the system supports the basic principles of the Vedic approach and provides a comprehensive understanding of the subject matter. Therefore, the research validates the goals of the National Education Policy to interlace traditional knowledge frameworks with modern and contemporary ones, especially those of modern computational science, which also align with the targeted inclusion goal of the National Education Policy (NEP 2020).





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1	% Vedic Mathematics Polynomial Factorization (6 Steps)
2	% Example: $x^4 + 6x^3 - 25x^2 - 222x - 360$
3	
4	clc; clear;
5	
6	%% Given Polynomial
7	p = [1 6 -25 -222 -360];
8	
9	%% Step (1) Check (x-1) and (x+1)
10	s1 = polyval(p,1);
11	s_1 = polyval(p,-1);
12	
13	if s1~=0 && s_1~=0
14	disp('(x-1) and (x+1) are NOT factors');
15	else
16	disp('(x-1) or (x+1) is a factor');
17	end
Step-1: Vilokanam (Observation)	
1	%% Step (2) Degree, Sum and Product of Roots
2	n = length(p)-1;
3	sum_roots = p(2); % coefficient of x^3
4	prod_roots = p(end); % constant term
5	
6	disp(['Degree = ', num2str(n)])
7	disp(['Sum of roots = ', num2str(sum_roots)])
8	disp(['Product of roots = ', num2str(prod_roots)])
Step-2: Root Conditions (Vieta Relations)	





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1	%% Step (3) Factors of last term (positive only, without 1)
2	last_term = abs(p(end));
3	A = [];
4	for i = 2:last_term
5	if mod(last_term,i)==0
6	A = [A i];
7	end
8	end
9	disp('Possible factors of 360 (without 1):')
10	disp(A)
Step-3: Factor out the last term	
1	%% Step (4) Vilokanam (Observation) –
2	
3	B = abs(prod_roots);
4	A = A;
5	groups = [];
6	for i = 1:length(A)
7	for j = 1:length(A)
8	for k = 1:length(A)
9	for m = 1:length(A)
10	if A(i)*A(j)*A(k)*A(m) == B
11	g = sort([A(i) A(j) A(k) A(m)]);
12	groups = [groups; g];
13	end
14	end
15	end
16	end
17	end
18	groups = unique(groups,'rows');
19	disp('Possible groups satisfying product condition:')
20	disp(groups)
Step 4: Vilokanam (Group Observation)	
1	%% Step (5) Apply Sum Condition, with Sign Observation
2	S = sum_roots;
3	valid_sets = [];
4	for i = 1:size(groups,1)
5	base = groups(i,:);
6	signs = dec2bin(0:15) - '0';
7	signs(signs==0) = -1;
8	for s = 1:size(signs,1)
9	r = base .* signs(s,:);
10	if sum(r) == S && prod(r) == prod_roots
11	valid_sets = [valid_sets; r];
12	end
13	end
14	end
15	valid_sets = unique(valid_sets,'rows');
16	disp('Root groups satisfying sum and product:')
17	disp(valid_sets)
Step-5: Sign Adjustment (Vieta Check)	





```

1      %% Step (6) Gunita Samuccaya Check
2      target_sum_coeff = sum(p); % sum of coefficients of polynomial
3      for i = 1:size(valid_sets,1)
4          r = valid_sets(i,:);
5          prod_sum = prod(1 + r);
6          if prod_sum == target_sum_coeff
7              disp('Verification Successful');
8              disp('Correct factor set found:');
9              disp(r)
10             syms x
11             factors = arrayfun(@(k) (x - k), r);
12             disp('Final Factorized Form:')
13             disp(factors)
14         end
15     end

```

Step-6: Gunita Samuccaya:Samuccaya Gunita (Verification)

Output Command Window

```

Command Window
(x-1) and (x+1) are NOT factors
Sum of roots = 6
Product of roots = -360
Possible factors of 360 (without 1):
 2   3   4   5   6   8   9  10  12  15  18  20  24  30  36  40  45  60  72  90  120  180  360

Possible groups satisfying product condition:
 2   2   2  45
 2   2   3  30
 2   2   5  18
 2   2   6  15
 2   2   9  10
 2   3   3  20
 2   3   4  15
 2   3   5  12
 2   3   6  10
 2   4   5   9
 2   5   6   6
 3   3   4  10
 3   3   5   8
 3   4   5   6

```

```

Command Window

Root groups satisfying sum and product:
-2   -3   -4   15
 3    4    5   -6

Verification Successful
Correct factor set found:
 3    4    5   -6

Final Factorized Form:
[x - 3, x - 4, x - 5, x + 6]

```

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CASE STUDY ARTICLE

Case Report: Successful Ayurvedic Management of Grahani W.S.R Ulcerative Colitis Flare-Up

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Received: 23 Mar 2026

Revised: 12 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

Ulcerative colitis (UC), a chronic inflammatory bowel disease, often requires long-term conventional medication. However, a significant proportion of patients experience refractory disease or medication side effects, necessitating alternative therapeutic approaches. In Ayurveda, this condition correlates with *Grahani Vyadhi*, an affliction of the digestive fire and intestinal function. A 25-year-old male, a master's technology student, with a three-year history of UC (E3, left-sided disease) presented with a severe flare-up unresponsive to an increased dose of mesalamine and azathioprine. The patient exhibited severe symptoms including ten to twelve bloody, mucous-filled stools daily, profound weakness, and a low haemoglobin level of 8.2 gm%. A colonoscopy revealed active, left-sided ulcerative colitis. Following the failure of conventional treatment, the patient was started on a comprehensive Ayurvedic regimen consisting of Amydio Forte Syrup, Dadimadi Ghrita, Amystop-G Capsule, Amyron Tablet, and Kutaj Parpati. After three months of consistent treatment, the patient showed significant clinical and pathological improvement. Stool frequency reduced to four times per day with no blood or mucus, and his haemoglobin increased to 11.4 gm%. A follow-up colonoscopy confirmed marked mucosal healing. This case demonstrates that an integrated Ayurvedic approach can be a highly effective strategy for managing severe, refractory cases of ulcerative colitis, leading to clinical remission and improved quality of life.

Keywords: Dadimadi Ghrita, clinical remission, patient, mucous





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INTRODUCTION

Ulcerative colitis (UC) is a chronic, immune-mediated inflammatory bowel disease (IBD) characterized by continuous mucosal inflammation of the colon, typically beginning in the rectum and extending proximally. The disease manifests with a variety of symptoms, including bloody diarrhoea, abdominal pain, rectal urgency, and systemic symptoms like fatigue and weight loss. The severity and extent of UC are classified endoscopically, with E3 denoting extensive colitis [1]. Conventional management strategies, primarily using 5-aminosalicylates, corticosteroids, and immunomodulators like azathioprine, aim to induce and maintain remission. However, treatment failure or intolerance remains a considerable challenge in clinical practice, highlighting the need for alternative therapeutic modalities [2]. From an Ayurvedic perspective, ulcerative colitis is analogous to *Grahani Vyadhi*, a disorder of the digestive system rooted in the vitiation of *Agni* (digestive fire). The term *Grahani* refers to the anatomical site of the duodenum and small intestine, but also represents the functional seat of digestion and assimilation. The primary pathology involves a weakened *Agni* leading to the formation of *Ama* (undigested toxins), which then obstructs the channels of the body. In UC, the aggravated *Pitta* and *Rakta* (blood) *doshas* are the key players. The increased heat and corrosive nature of *Pitta* cause inflammation (*Shotha*) and ulceration (*Vrana*) of the intestinal mucosa, while the vitiated *Rakta* results in bleeding (*Rakta-atishara*), a cardinal symptom of the disease [3]. The Ayurvedic treatment principle is thus to restore *Agni*, balance the vitiated *doshas*, particularly *Pitta* and *Rakta*, and heal the mucosal lining.

Case Presentation: Grahani – Ulcerative Colitis

Patient Information:

Age: 25 Yrs

Gender: Male

Religion: Hindu

Date Of Examination: 28 July 2024

Pradhan Vedana

Patient complains of increased stool frequency (10-12/day) with blood and mucus, severe weakness, and decreased appetite for the past month.

Vedana Vrutanta (History of Present Illness):

The patient has a known history of ulcerative colitis since 2021. At the time of diagnosis, he presented with 7–8 stools per day accompanied by blood and mucus. He was treated with Mesacol 1.2 g BD and Azathioprine, along with a short course of steroids, which were later tapered off. He continued on maintenance therapy with Mesacol and Azathioprine until a severe flare-up occurred on July 10, 2024. During this episode, the stool frequency increased to 10–12 per day with blood and mucus, and he also developed profound weakness. Blood investigations revealed anemia with haemoglobin of 8.2 g/dL. Colonoscopy performed on July 16, 2024, at Bhailal Amin Hospital, Vadodara, confirmed an active flare of left-sided colitis (E3) involving the sigmoid colon. The consulting gastroenterologist advised pan-colectomy; however, the patient and his parents were not willing to undergo surgery. Consequently, the consultant increased the doses of aminosalicylates and immunosuppressants, but his symptoms, particularly weakness and bleeding, continued to worsen. He subsequently sought Ayurvedic consultation at Siddhivinayak Hospital, Nandurbar, on July 28, 2024.

Purva Vedana Vrutanta (History of Past Illness):

History of ulcerative colitis since 2021.

Kula Vyadhi (Family History):

No family history of hereditary disorders.





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Samanya pariksha (General Examination)

- Appearance – Lean
- B.P – 110/80 mm hg
- Pulse rate – 82/min
- R.R – 20/ Min
- BMI: 22
- Temperature – Afebrile
- Urine – 5-6 time/day
- Bowel – 10-12 time/day
- O/E
- R.S – AEBE Clear
- C.V.S – S1S2 Heard
- C.N.S – Conscious and Oriented to time, place and person

Astavidh pariksha (Eight-Fold Examination)

- Nadi: Pitta Pradhan Vatanubandhi
- Mutra: 6-7 time/day, 1-2 time/night
- Mala: 10-12 time/day
- Jihwa: Saama
- Shabda: Spasta
- Sparsh: Anushnasheeta
- Druka: Prakrut
- Akrti: Krisha

Dashavidh Pariksha (Ten-Fold Examination)

- Prakruti: PittaVata
- Sara: Madhyama
- Satva: Avara
- Samhanana: Madhyama
- Koshta: Avara
- Agni: Mandagni
- Pramana: Krisha
- Aharashakti: Avara
- Jaranashakti: Avara
- Vyayamshakti: Madhyama
- Vaya: Madhya

Investigation

CBC, ESR, CRP

Diagnosis: Pittaj Grahani- Ulcerative Colitis

Nidana Panchaka:

• Nidana (Etiological Factors):

- Ahara (Dietary): Excessive intake of *katu* (pungent), *amla* (sour), and *lavana* (salty) foods, as well as an irregular diet.
- Vihara (Lifestyle): Suppressing natural urges, excessive physical exertion, and chronic stress, which are known to aggravate *Pitta*.





- **Purvarupa (Prodromal Symptoms):**
 - Initial symptoms of abdominal discomfort, increased stool frequency, and a feeling of incomplete evacuation.
- **Rupa (Signs and Symptoms):**
 - *Pravahana* (straining during defecation), *Muhurmuhu Pravritti* (frequent stools), *Sama* (stools with mucus), and *Sarakta mala* (bloody stools).
 - Systemic symptoms like *Daurbalya* (weakness), *Agnimandya* (loss of appetite), and *Panduta* (anemia).
- **Upashaya (Therapeutic Trials):**
 - The patient showed no improvement with increased doses of conventional medications.
 - Significant and sustained improvement was observed with the Ayurvedic treatment regimen.
- **Samprapti (Pathogenesis):**
 - The patient's diet and lifestyle factors aggravated *Pitta dosha* and weakened *Agni*.
 - This led to a pathological state where the digestive fire became incapable of properly processing food, forming *Ama*.
 - The aggravated *Pitta* and *Ama* then traveled to the large intestine (*Pakwashaya*), causing inflammation and ulceration (*Vrana*).
 - The vitiated *Pitta* and *Rakta* caused bleeding from the intestinal ulcers, leading to *Rakta Atisara*.
 - Chronic blood loss and poor assimilation resulted in *Dhatu Kshaya* (depletion of tissues), manifesting as severe weakness and anemia.

Medicine Given

Medicines Prescribed (Starting July 28, 2024):

- Syp. Amydio forte syrup (AIMIL Pharma): 2 tsp TDS After food for 30 days.
- Dadimadi Ghrita: 1 tsp OD Before Food with luke warm water for 30 days.
- Cap. Amystop-G (AIMIL Pharma): 2-tab BD After food for 30 days.
- Tab. Amyron (AIMIL Pharma): 1 tab BD After food for 30 days.
- Tab. Kutaj Parpati (Dhoot Papeshwar): 2-tab TDS After food for 30 days.

Pathya- Apathya

- Avoid spicy and oily food item and outside food also avoid use of leafy vegetable.
- Use homemade food with maximum use of moong dal instead of other dal(pulses).
- Use Maximum fala Sabji (Bitter Guard, Pumpkin etc.)

RESULT

Upon initial examination on July 28, 2024, the patient presented with severe symptoms, including a high stool frequency of 10-12 times per day, significant presence of blood and mucus, and marked weakness. Objective findings confirmed his debilitated state, with a low hemoglobin level of 8.2 gm%. A colonoscopy also revealed active, left-sided ulcerative colitis. After three months of consistent Ayurvedic treatment, the patient's condition showed remarkable improvement. His stool frequency was reduced to a manageable 4 times per day, with the complete cessation of blood and mucus. The patient also reported a significant reduction in weakness. Objectively, his hemoglobin level had increased to 11.4 gm%, and a follow-up colonoscopy confirmed significant mucosal healing with no signs of active inflammation.

DISCUSSION

The management of this case involved a strategic Ayurvedic protocol designed to address the specific pathological manifestations of *Grahani Vyadhi*. The treatment was multifaceted, focusing on controlling active bleeding, reducing stool frequency, healing the mucosal ulcerations, and correcting the underlying anemia and weakness. The





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synergistic action of the prescribed herbal and herbo-mineral preparations contributed to the patient's remarkable recovery. The Role of Amystop-G Capsule in Controlling Bleeding: The low hemoglobin level indicated severe blood loss, directly linked to the mucosal bleeding from the colonic ulcers. The Amystop-G Capsule, a herbo-mineral formulation, was a key intervention for hemostasis. Its ingredients work on multiple levels: *Abhrak Bhasma*, *Laksha*, *Kukkutandatavak Bhasma*, *Trivang Bhasma*, and *Vang Bhasma*: These herbo-mineral preparations are rich in naturally occurring minerals like calcium, zinc, and iron. They possess *Rakta-Stambhana* (hemostatic) properties, directly helping to stop bleeding. *Abhrak Bhasma* is specifically known for its *Rasayana* (rejuvenating) and *Balya* (strengthening) effects, which are beneficial in chronic debilitating conditions. *Chanderkala Rasa* and *Pradarantaka Ras*: These are traditional *Ayurvedic* formulations used for *Rakta Atisara* (bleeding diarrhea) and *Pradara* (excessive bleeding). They possess *Pitta-Shaman* (Pitta-pacifying) and *Rakta-Prasadan* (blood purifying) actions, which are crucial for managing active gastrointestinal bleeding by reducing inflammation and sealing the bleeding points. *Kamdudha Rasa*, *Vasa*, *Sonageru*, and *Sudh Phitkadi*: These ingredients have *Shita Virya* (cooling potency) and *Kashaya Rasa* (astringent taste). They are essential for pacifying the aggravated *Pitta* and *Raktadoshas*. Their astringent action helps to constrict the blood vessels and reduce exudation from the ulcers, thus naturally stopping the blood loss. *Vasa* (*Adhatoda vasica*) is particularly known for its anti-inflammatory and hemostatic properties.[4]

The Role of Amydio Forte Syrup in Managing Diarrhea and Restoring Digestion: The high stool frequency was a debilitating symptom. Amydio Forte Syrup was used to directly address this and restore the normal functioning of *Grahani*. The key ingredients work to heal the mucosa and restore digestion: *Kutaj* (*Holarrhena antidysenterica*) and *Inderjav*: These are the primary anti-diarrheal agents in the formulation. *Kutaj* has *Kashaya* and *Tikta Rasa* (astringent and bitter tastes), with *Laghu* and *Ruksha Guna* (light and dry qualities). It is a powerful astringent (*Grahi*) that absorbs excess fluid, helps to bind the stools, and is known for its antimicrobial properties. *Bilva* (*Aegle marmelos*): It has *Kashaya* and *Madhura Rasa*, and is a potent anti-diarrheal and carminative. It strengthens the intestinal mucosa (*Vrana Ropana*) and helps in firming up the stools, thereby reducing the frequent urges. *Nagkesar*, *Sunthi*, *Saunf*, and *Jira*: This combination of carminative and digestive herbs acts as a powerful *Deepan-Pachan* (digestive stimulant). They stimulate the weakened *Agni*, enabling better digestion and assimilation of nutrients. This is crucial for addressing the root cause of *Grahani Vyadhi* and preventing the formation of *Ama* (toxins).[5]

The Role of *Dadimadi Ghrita* in Healing and Restoration: *Ghrita* (medicated ghee) plays a unique and essential role due to its *Yoga-Vahi* property—its ability to carry the medicinal properties of herbs deep into the tissues. *Dadim* (*Punica granatum*): Pomegranate, or *Dadim*, is known for its *Kashaya Rasa* (astringent taste) and *Shita Virya* (cooling potency). It is highly effective in pacifying *Pitta dosha* and healing the ulcerations in the gut lining. It also acts as a natural astringent. *Ghrita* (*Ghee*): As a base, ghee acts as a powerful demulcent and lubricant, soothing the inflamed colon and protecting the mucosal layer from further damage. It is a good source of healthy fats, vital for the patient's nourishment and tissue repair. It also helps in improving digestion and assimilation of nutrients, which is vital for a patient with severe malabsorption and weakness.[6] The Role of *Kutaj Parpati*: *Kutaj Parpati* is a classic *Ayurvedic* mineral preparation specifically indicated for managing chronic diarrhea and dysentery. Its primary active ingredient, *Kutaj*, provides a strong astringent action that complements the other medications. The preparation is effective in normalizing the bowel flora and restoring the intestinal microenvironment, contributing to sustained remission.[7]

The Role of Amyron Tablet in Correcting Deficiency: The patient's hemoglobin level was severely low, indicating significant anemia and *Dhatu Kshaya* (tissue depletion). The Amyron tablet was prescribed to address this systemic issue. It is a natural iron supplement that not only provides essential minerals but also contains herbs that enhance their absorption and bioavailability. By improving the *Rakta Dhatu* (blood tissue), Amyron helped to correct the anemia, which in turn alleviated the patient's weakness and fatigue, allowing him to regain his energy and resume a normal lifestyle.[8]





CONCLUSION

This case report documents the successful management of a severe flare-up of ulcerative colitis using a targeted Ayurvedic treatment protocol. The patient, who had become refractory to conventional allopathic medications, achieved a complete clinical and endoscopic remission. This outcome highlights the profound efficacy of *Ayurveda's* holistic approach, which not only addresses the presenting symptoms but also rectifies the underlying pathological imbalances of *Grahani Vyadhi*. The synergistic combination of herbs and herbo-mineral preparations acted to restore digestive fire, control bleeding, heal ulcerations, and rectify nutritional deficiencies. This case provides compelling evidence for the potential of Ayurvedic medicine as a valuable therapeutic option in the management of chronic inflammatory bowel diseases.

Declaration of Patient Consent

The authors affirm that informed consent was obtained from the patient. This consent includes permission for the publication of their clinical details and images in the journal. The patient has been informed that while their name and initials will not be revealed and every precaution will be taken to maintain confidentiality, absolute anonymity cannot be guaranteed.

Patient's Perspective on the Treatment Received

The patient conveyed appreciation for the holistic Ayurvedic care and reported a highly positive treatment experience. Noticeable improvements were observed in his energy levels and overall well-being. The supportive environment and personalized therapies fostered a sense of empowerment and active participation in the recovery process. The patient also acknowledged the integrated attention to both physical and mental well-being, which contributed to an improved quality of life. Overall, they expressed optimism regarding their progress and recognized the collaborative role of the healthcare team in their journey.

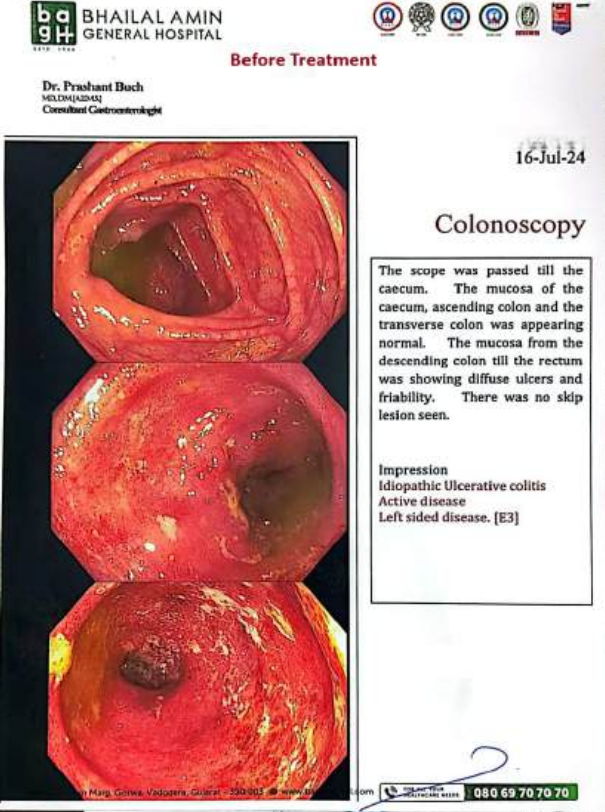
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Before	After
	
Reports:	

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RESEARCH ARTICLE

A Parametric Assessment of Fertility Dynamics in North-East India

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Received: 31 Mar 2026

Revised: 27 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

Fertility plays a central role in the study of human population dynamics. The age-specific fertility curves have a distinct characteristic across different populations. A range of parametric models has been proposed to capture this pattern. This study evaluates several existing mathematical models on age-specific fertility rates in modelling the fertility pattern of the eight northeastern states of India. The fitting is done using data drawn from the National Family Health Survey-V (2019-2021). Seven flexible parametric models were fitted by non-linear least-squares estimation, and model performance was compared with the Akaike Information Criterion corrected (AICc) and Bayesian Information Criteria (BIC). Results indicate that the G-P model most consistently (6 out of 9 regions) reproduces the observed fertility trajectories, achieving the lowest AICc among the fitted models followed by the skew-normal model (2 out of 9 regions) and the P-K model (1 out of 9 regions).

Keywords: Age-Specific Fertility Rate, Parametric Model, Non-Linear Least Square, North-East India

INTRODUCTION

The study of age-specific fertility rates (ASFR) remains central to demographic analysis because the shape of the fertility curve is essential to understand the timing of childbearing, inform population projections and proper policy interventions. In most societies, including India, fertility rises after the onset of menarche, peaks in the mid-twenties and then declines sharply after the mid-thirties, with very low levels by the late forties. This generic pattern, however, masks considerable heterogeneity across regions, especially in the North-East (NE) part of the country where cultural practices, educational attainment and health-service access vary significantly from the national average [1]. A significant amount of research has suggested parametric models to represent the ASFR curve. Early contributions such as the Coale-Trussell and Brass models relied on simple two-parameter families, while later studies introduced greater flexibility through Hadwiger, Skew-normal, Hadwiger mixtures, polynomial regressions





and, more recently, the skew-logistic distribution [2-8]. Study shows that a four-parameter skew-logistic model could replicate the unimodal fertility trend seen in many Indian states with a low sum of squared residuals [1]. Further, four more flexible parametric models based on P-K model, Gompertz model, Skew-normal model and G-P model demonstrated that they exceeded the original models regarding goodness-of-fit and interpretability for single-year ASFR data obtained from NFHS-4 [9].

Despite these advances, the literature contains few systematic comparisons of a broad set of standard fertility models applied to the northeastern states of India, a region that exhibits both high fertility (e.g., Meghalaya) and low fertility (e.g., Sikkim) within a relatively small geographic area. Moreover, most prior work has focused on the nation as a whole or on a limited selection of states, leaving a gap in understanding how well these models fit the ASFR profiles of each NE state. The present study therefore aims to fill this gap by fitting nine parametric fertility models to the single-year ASFR data for the eight NE states (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura) using the most recent NFHS-5 survey data. Model parameters will be estimated by non-linear least squares method, and model performance will be assessed through residual sum of squares, Akaike information criteria and visual inspection of fitted curves. By providing a comprehensive comparative evaluation, the study seeks to identify the functional form that best captures the diversity of fertility schedules in the North-East, thereby offering a more reliable tool for demographic forecasting and policy design in this distinctive part of India.

DATA AND METHODOLOGY

Source of Data

The single-year age-specific fertility rates (ASFR) for fitting the fertility curve of the north-eastern states were calculated based on the most recent National Family Health Survey (NFHS-5, 2019-21) [10].

Models under Study

The Hadwiger model is the simplest and most versatile model in fitting single peak fertility curve [4]. The model is based on three parameters

$$f(x; R, b, c) = \frac{Rb}{c} \left(\frac{c}{x}\right)^{\frac{3}{2}} \exp\left\{-b^2 \left(\frac{c}{x} + \frac{x}{c} - 2\right)\right\}$$

Where R is related to the total fertility (TFR), b is an indicator of the height of the ASFR curve and c related to the mean age of fertility for the population. Peristera and Kostaki [11] proposed a flexible parametric model (henceforth referred as the P-K model) for describing the age pattern of fertility by capturing variations in timing, dispersion, and skewness of age-specific fertility schedules.

$$f(x, c, \mu, \sigma_1, \sigma_2) = \begin{cases} c \exp\left(\frac{(x - \mu)^2}{\sigma_1^2}\right) & \text{if } x \leq \mu \\ c \exp\left(\frac{(x - \mu)^2}{\sigma_2^2}\right) & \text{if } x > \mu \end{cases}$$

Here c is the peaked value of fertility, μ is the age at the time of peaked fertility, σ_1 and σ_2 depicts the spread of the ASFR curve, before and after the peaked fertility respectively.

A modified P-K model was proposed [9] by introducing an additional parameter (a) to handle fertility at the later ages of reproduction. The proposed model is

$$f(x, a, c, \mu, \sigma_1, \sigma_2) = \begin{cases} a + c \exp\left(\frac{(x - \mu)^2}{\sigma_1^2}\right) & \text{if } x \leq \mu \\ a + c \exp\left(\frac{(x - \mu)^2}{\sigma_2^2}\right) & \text{if } x > \mu \end{cases}$$

Gupta and Pasupati [12] proposed the following model (henceforth referred as the G-P model) as a generalization of logistic law





$$f(x, R, \alpha, \beta) = Rx^\alpha \left(1 - \frac{x}{49}\right)^\beta$$

A modified G-P model [9] was proposed to extend its flexibility as,

$$f(x; R, \alpha, \beta, a) = a + R \left(\frac{x-15}{49}\right)^\alpha \left(1 - \frac{(x-15)}{49}\right)^\beta$$

where a is the adjustment parameter and the remaining parameters have similar interpretation as the original model. When $a=0$, the modified model reduces the original model.

In [5] a new model was proposed to fit age-specific data based on skew-normal density function.

$$f(x, R, \xi, \omega, \alpha) = \frac{2R}{\omega} \phi\left(\frac{x-\xi}{\omega}\right) \Phi\left\{\alpha\left(\frac{x-\xi}{\omega}\right)\right\}$$

where ϕ and Φ are the density and the distribution function of the standard normal distribution respectively. R is related to the TFR, λ is the location parameter and σ is the scale parameter. δ is the skewness parameter.

Recently, in [8] a fertility model based on the skew-logistic distribution is proposed, which extends the standard logistic distribution by introducing a skewness parameter that allows greater flexibility in modelling asymmetric fertility patterns.

$$f(x; R, \alpha, \beta, \mu, \sigma) = \frac{2Re^{-z}}{\sigma(1+e^{-z})^2(1+e^{-(\alpha z + \beta z^2)})}; z = \frac{x-\mu}{\sigma}$$

Estimation of Model Parameters and Comparison of Models

For estimating the parameters of the models under study, we have used the non-linear least square optimization routine *nlsminb0* in R [13]. The algorithm minimizes the sum of squares due to error (SSE) with respect to the model parameters. All calculations and visualizations have been done using R programming version 4.5.2.

To compare the performance of the fitted models, we used two key metrics, the SSE and the corrected Akaike's Information Criterion (AICc). While SSE provides a straightforward measure of goodness-of-fit, it does not account for model complexity arising from the inclusion of additional parameters. For this reason, AICc and BIC are employed as the primary selection criterion, as it adjusts for both the number of parameters and sample size, making it particularly suitable for comparing models with different levels of complexity [14-16]. Considering a sample size n and a model with p parameters, the BIC and AICc are calculated as

$$\begin{aligned} AIC &= 2p + n \ln\left(\frac{SSE}{n-p}\right) \\ AICc &= AIC + \frac{2p(p+1)}{n-p-1} \\ BIC &= p \ln(n) + n \ln\left(\frac{SSE}{n-p}\right) \end{aligned}$$

The model with the least amount of AICc is considered to be best fitted.

RESULTS

Figure 1 shows the single years ASFR curve for India and the eight northeastern states of India calculated from NFHS-5 data. All the ASFR curves are unimodal with a positively skewed pattern. At the national level, fertility rates exhibit a sharp upward trajectory during the early reproductive years and attain its peak around 21 to 23 years. However, all the northeastern states follow distinctive pattern compared to India. While Tripura followed by Assam, shows an early peak, states like Manipur, Nagaland, Mizoram, shows a late peak in fertility. Meghalaya differs significantly from Indian with a wide and late fertility peak indicating a possible late nuptiality trend in the region. Fertility in the Northeastern states remains consistently lower than the national average, led by Sikkim at the bottom of the curve. In terms of total fertility rate (TFR) Manipur (2.17) and Meghalaya (2.89) exceeds the national level (India = 2.00), while all the remaining states have a lower TFR (Assam = 1.87, Arunachal Pradesh = 1.81, Mizoram = 1.86, Nagaland = 1.71, Sikkim = 1.04, and Tripura = 1.71).



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Table 1-7 reports the performance of the models in fitting the fertility of India and the eight northeastern states in terms of their estimated model parameters, SSE, AICc and BIC values. In our experience we found that for both the modified P-K model and the modified G-P model (cite Srivastava), the additional parameters proposed are equals to zero, indicating that the modified and the original models are equivalent in fitting the fertility curve of India and the northeastern states. Table 8 list the models that are found to be best in describing the fertility curve of India and the 8 states based on the least AICc values.

To assess age-specific predictive accuracy, mean absolute error (MAE) profiles were constructed for each of the three best fitted models. For each model m and age a , the MAE was computed as the average of the absolute residuals across all 9 regions (India and the 8 states). MAE profiles were computed at six key age milestones (20, 25, 30, 35, 40, and 45) to capture model performance across the full reproductive age schedule while maintaining interpretive parsimony. The resulting profiles were visualised in Figure 11 as radar charts using the *ggadar* package in R, with each axis rescaled to a common global maximum of 0.0155 to ensure comparability across models [18]. A smaller enclosed polygon area indicates lower cumulative age-specific error and thus superior model fit.

DISCUSSION

India is a diverse population with each state and territory having distinct cultural and social practices. The use of contraceptives and family planning is heavily influenced by societal norms. The eight northeastern states of India share a culturally diverse construct, potentially due to their shared boundaries with neighboring countries. While Meghalaya has one of the highest fertility curves in India, Sikkim has the lowest compared to many states. Understanding the fertility curve and modeling its trajectory using mathematical functions helps explain how fertility changes across the reproductive period. The study objective was to determine whether a single fertility model could describe the trajectory of the eight northeastern states and India as a whole. For this, seven standard models were fitted to the single-year ASFR.

Table 8 shows the G-P model best fits six states, including Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, and Sikkim. The skew normal model fits India and Tripura, both of which (Figure 1) show early peak fertility compared to other states. Assam's trajectory is best explained by the K-P model. While the G-P model may be versatile, it fails to fit all northeastern states due to the region's varied fertility patterns. Figure 11 compares the mean absolute error (MAE) for the top three models at six reproductive milestones (20, 25, 30, 35, 40, and 45 years). All models show similar error trends, with MAE highest at age 20, decreasing toward the end of the reproductive period. For our data, the skew normal model struggled at younger ages (20–25), where G-P and P-K models performed better. Since most of the states except for Tripura and Assam have a later peak fertility curve, the skew-normal therefore has a higher MAE for the data compared to G-P and P-K models. Due to this fact G-P model is found to be better than the other models as it can fit curves with later peak fertility compared to the early peak fertility like India and Tripura and Assam for which the skew-normal and P-K models performed better.

CONCLUSION

The study reveals that the diverse demographic landscape of northeast India, characterized by varying cultural, social, and regional factors, necessitates flexible models to capture the heterogeneity in ASFR. While the G-P model demonstrated robustness in fitting six northeastern states, including Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, and Sikkim, its inability to accommodate the distinct early-peak fertility patterns of states like Tripura, Assam and India as a whole, highlights the need for models adaptable to different reproductive trajectories. The skew-normal model, though effective for states with early fertility peaks (e.g., Tripura), exhibited higher mean absolute error (MAE) at younger ages (20–25) compared to the G-P and P-K models, which performed better in these age group. The P-K model, however, uniquely explained Assam's trajectory, underscoring the importance of tailoring





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models to specific regional contexts. These findings suggest that no single model universally captures India's fertility dynamics, but the G-P model remains a versatile baseline for most states, while specialized models are necessary for states with unique patterns. Future research should explore hybrid approaches or parameter adjustments to better align with regional variations in fertility trends, particularly in areas with early or delayed peak fertility. The study underscores the importance of statistical modeling in understanding demographic shifts, emphasizing the need for context-sensitive analyses in fertility research.

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Chayanika Baruah *et al.*,**Table 1. Estimated parameters, minimized sum of squares (SSE), the corresponding BIC and AICc values under the Hadwiger model**

Region	Estimated Parameters			Model Performance		
	R	b	c	AICc	BIC	SSE
India	1.11	3.71	24.47	-341.667	-337.775	0.00152
Arunachal Pradesh	1.04	2.80	26.90	-329.429	-325.537	0.00215
Assam	1.07	3.00	24.69	-330.18	-326.288	0.00211
Manipur	1.28	2.71	28.24	-290.907	-287.016	0.00648
Meghalaya	1.72	2.45	28.93	-281.411	-277.519	0.0085
Mizoram	1.09	2.81	28.73	-301.662	-297.77	0.00476
Nagaland	1.00	3.03	28.32	-310.706	-306.815	0.00368
Sikkim	0.61	2.90	27.13	-292.573	-288.681	0.00618
Tripura	1.00	2.80	23.00	-294.404	-290.513	0.00586

Table 2. Estimated parameters, minimized sum of squares (SSE), the corresponding BIC and AICc values under the P-K model The least value of AICc for the state is written in bold case with*

Region	Estimated Parameters				Model Performance		
	c	μ	σ_1	σ_2	AICc	BIC	SSE
India	0.18	21.53	2.47	6.50	-391.59	-386.702	0.00033
Arunachal Pradesh	0.12	22.26	3.36	9.24	-335.715	-330.827	0.00162
Assam	0.14	20.32	2.44	8.37	-374.571	-369.683	0.00053*
Manipur	0.13	26.77	6.84	7.11	-295.431	-290.543	0.00513
Meghalaya	0.16	21.64	2.90	12.16	-288.592	-283.704	0.00623
Mizoram	0.11	24.91	4.53	8.91	-302.441	-297.553	0.0042
Nagaland	0.11	24.90	4.27	8.20	-307.807	-302.918	0.0036
Sikkim	0.07	25.10	5.48	7.05	-288.815	-283.927	0.00619
Tripura	0.14	18.25	1.72	8.42	-313.487	-308.599	0.00306

Table 3. Estimated parameters, minimized sum of squares (SSE), the corresponding BIC and AICc values under the modified P-K model

Region	Estimated Parameters					Model Performance		
	c	μ	σ_1	σ_2	a	AICc	BIC	SSE
India	0.17	21.55	2.45	6.43	0	-389.623	-383.915	0.00031
Arunachal Pradesh	0.12	22.26	3.36	9.24	0	-331.831	-326.124	0.00162
Assam	0.14	20.32	2.44	8.37	0	-370.688	-364.98	0.00053
Manipur	0.13	26.77	6.84	7.11	0	-291.548	-285.84	0.00513
Meghalaya	0.16	21.64	2.9	12.16	0	-284.708	-279.001	0.00623
Mizoram	0.11	24.91	4.53	8.91	0	-298.558	-292.85	0.0042
Nagaland	0.11	24.9	4.27	8.2	0	-303.923	-298.216	0.0036
Sikkim	0.07	25.1	5.48	7.05	0	-284.932	-279.224	0.00619
Tripura	0.14	18.25	1.72	8.42	0	-309.604	-303.896	0.00306



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Table 4. Estimated parameters, minimized sum of squares (SSE), the corresponding BIC and AICc values under the G-P mode. The least value of AICc is written in bold case with *

Region	Estimated Parameters			Model Performance		
	R	α	β	AICc	BIC	SSE
India	2.14	2.12	6.99	-364.537	-360.645	0.00079
Arunachal Pradesh	1.58	1.22	3.29	-344.170	-339.282	0.00127*
Assam	2.31	1.16	4.33	-359.499	-355.607	0.00091
Manipur	1.46	1.22	2.71	-305.342	-301.45	0.00429*
Meghalaya	0.98	0.94	2.06	-298.549	-294.658	0.00521*
Mizoram	1.56	1.39	2.76	-312.321	-308.43	0.00351*
Nagaland	2.9	1.71	3.44	-319.614	-315.723	0.00285*
Sikkim	1.17	1.36	3.42	-295.750	-291.858	0.00564*
Tripura	1.06	0.73	4.22	-303.301	-299.409	0.00455

Table 5. Estimated parameters, minimized sum of squares (SSE), the corresponding BIC and AICc values under the modified G-P model

Region	Estimated Parameters				Model Performance		
	R	α	β	a	AICc	BIC	SSE
India	1.39	2.24	7.38	0	-368.551	-363.663	0.00063
Arunachal Pradesh	1.94	1.33	3.59	0	-343.621	-339.73	0.00144
Assam	2.62	1.22	4.55	0	-358.863	-353.975	0.00084
Manipur	1.46	1.22	2.71	0	-301.671	-296.783	0.00429
Meghalaya	1.00	0.95	2.09	0	-294.934	-290.046	0.0052
Mizoram	1.56	1.39	2.76	0	-308.651	-303.763	0.00351
Nagaland	2.90	1.71	3.44	0	-315.944	-311.056	0.00285
Sikkim	1.17	1.36	3.42	0	-292.08	-287.191	0.00564
Tripura	1.19	0.78	4.50	0	-300.621	-295.732	0.00442

Table 6. Estimated parameters, minimized sum of squares (SSE), the corresponding BIC and AICc values under the skew-normal model.

Region	Estimated Parameters				Model Performance		
	R	ξ	ω	α	AICc	BIC	SSE
India	1.99	19.01	7.63	3.73	-418.268	-413.38	0.00015*
Arunachal Pradesh	1.84	18.74	10.9	4.12	-331.97	-327.082	0.0018
Assam	1.9	17.71	9.59	5.01	-374.256	-369.368	0.00054
Manipur	2.3	27.11	6.99	-0.03	-295.4	-290.512	0.00513
Meghalaya	3.08	27.42	7.95	-0.03	-266.246	-261.358	0.0118
Mizoram	1.95	27.72	6.94	-0.04	-292.085	-287.197	0.00564
Nagaland	1.77	21.21	9.45	2.19	-305.563	-300.675	0.00384
Sikkim	1.09	25.48	6.32	0.11	-288.571	-283.683	0.00624
Tripura	1.72	16.33	9.33	7.2	-314.338	-309.45	0.00299*



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Table 7. Estimated parameters, minimized sum of squares (SSE), the corresponding BIC and AICc values under the skew-logistic model

Region	Estimated Parameters					Model Performance		
	R	α	β	μ	σ	AICc	BIC	SSE
India	1.97	-0.18	0.11	23.09	2.73	-367.936	-362.228	0.00058
Arunachal Pradesh	1.81	-0.14	0.21	23.74	3.9	-339.021	-333.313	0.00132
Assam	1.87	-0.3	0.18	22.67	3.3	-350.341	-344.633	0.00096
Manipur	2.36	-0.51	-0.26	31.21	5.18	-292.747	-287.039	0.00495
Meghalaya	2.94	-0.2	0.44	23.91	4.84	-293.62	-287.913	0.00483
Mizoram	1.91	-0.09	0.24	25.03	4.26	-308.457	-302.749	0.00316
Nagaland	1.75	0.11	0.23	24.49	4.05	-312.15	-306.442	0.00285
Sikkim	1.06	-0.07	1	21.83	4.33	-292.711	-287.003	0.00496
Tripura	1.7	-0.5	0.26	21.01	3.15	-301.104	-295.396	0.0039

Table 8. List of Models best describing the fertility curve of India and the eight northeastern states of India

Region	Best Model	AICc	BIC	SSE
India	Skew Normal Model	-418.268	-413.380	0.00015
Arunachal Pradesh	G-P Model	-344.170	-339.730	0.00127
Assam	P-K Model	-374.571	-369.683	0.00053
Manipur	G-P Model	-305.342	-301.450	0.00429
Meghalaya	G-P Model	-298.549	-294.658	0.00521
Mizoram	G-P Model	-312.321	-308.430	0.00351
Nagaland	G-P Model	-319.614	-315.723	0.00285
Sikkim	G-P Model	-295.750	-291.858	0.00564
Tripura	Skew Normal Model	-314.338	-309.450	0.00299

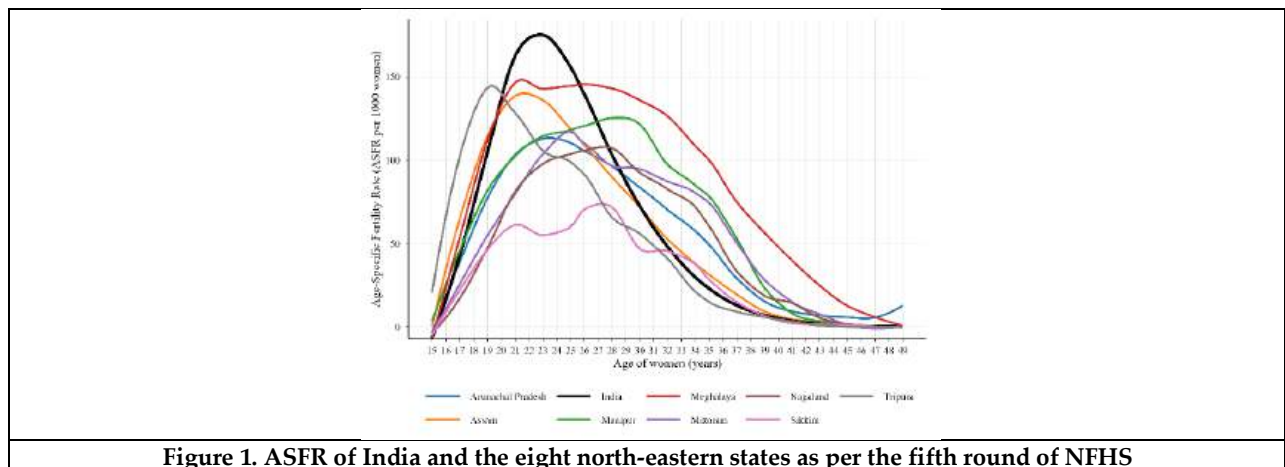


Figure 1. ASFR of India and the eight north-eastern states as per the fifth round of NFHS





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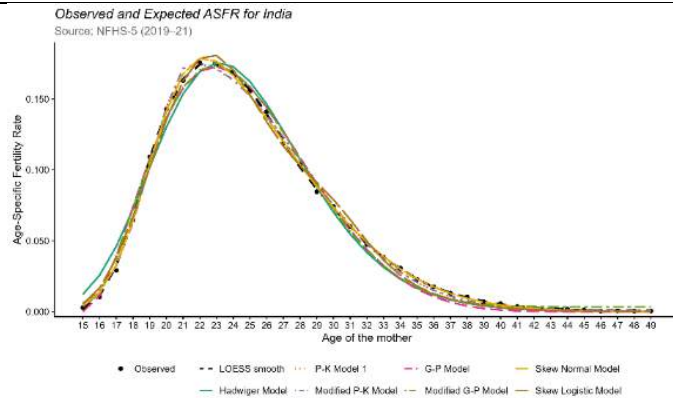


Figure 2. Observed and expected ASFR for India under different models

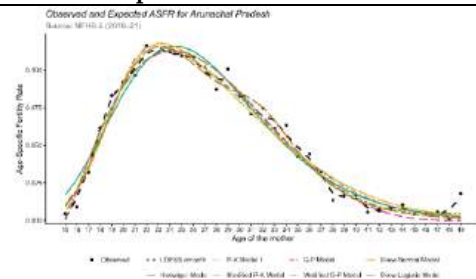


Figure 3. Observed and expected ASFR for Arunachal Pradesh under different models

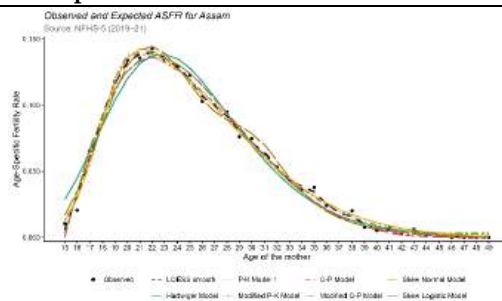


Figure 4. Observed and expected ASFR for Assam under different models

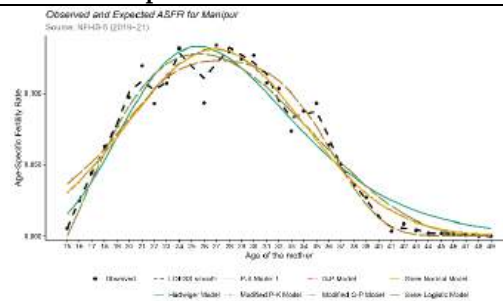


Figure 5. Observed and expected ASFR for Manipur under different models.



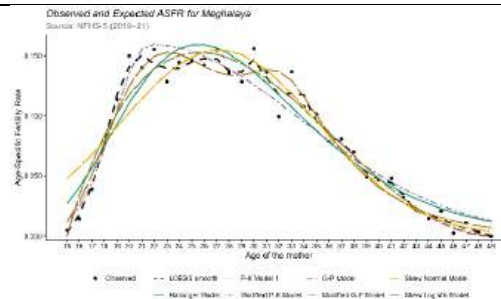
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Figure 6. Observed and expected ASFR for Meghalaya under different models

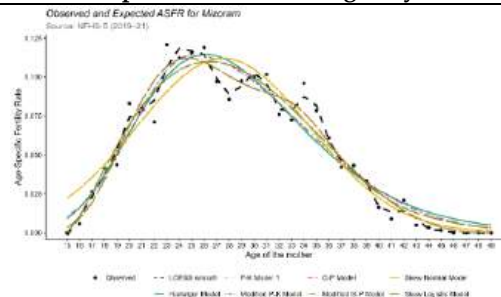


Figure 7. Observed and expected ASFR for Mizoram under different models.

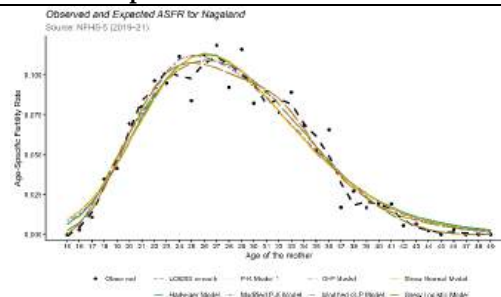


Figure 8. Observed and expected ASFR for Nagaland under different models.

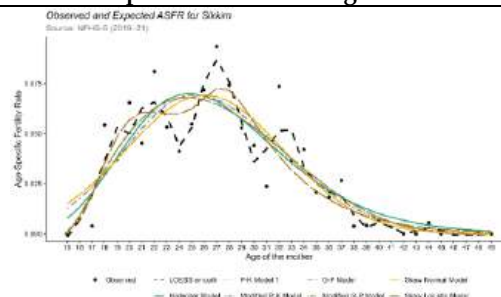


Figure 9. Observed and expected ASFR for Sikkim under different models.



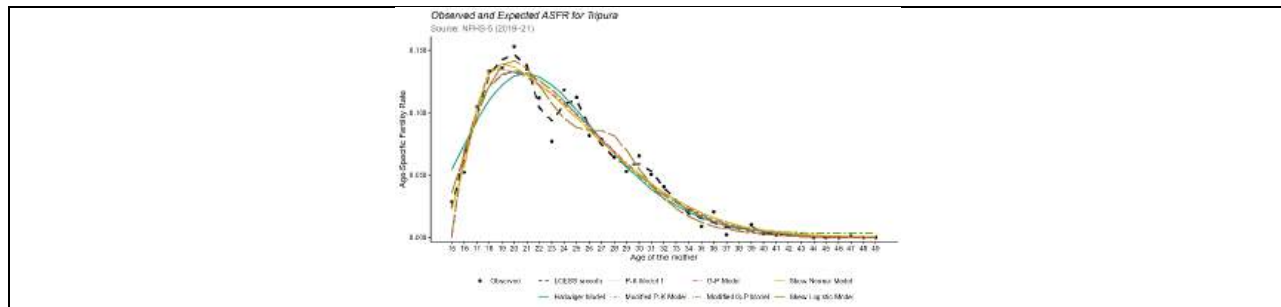
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Figure 10. Observed and expected ASFR for Tripura under different models

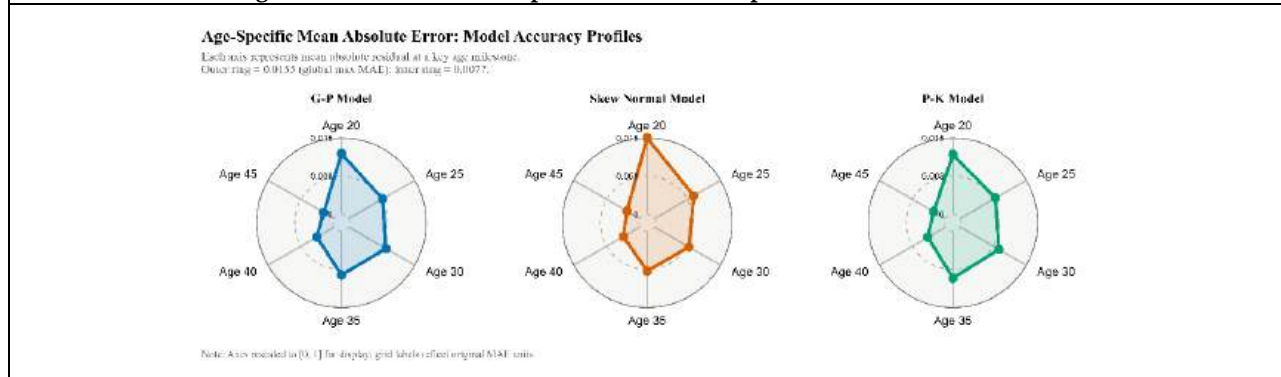


Figure 11. Age-Specific Mean Absolute Error Profiles for the three Fertility Models. Axes are rescaled to [0, 1] for display purposes; grid labels reflect original MAE units. A more compact polygon indicates superior age-specific predictive accuracy.

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RESEARCH ARTICLE

Exploring the Gut Microbiota - Cardiovascular Axis : Mechanisms, Clinical Implications, and Therapeutic Perspectives

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Received: 07 Mar 2026

Revised: 10 Apr 2026

Accepted: 13 May 2026

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ABSTRACT

Cardiovascular disease (CVD) remains a primary global cause of mortality, leading to the investigation of innovative pathogenic mechanisms. Recent research identifies the human gut microbiome as a pivotal regulator of systemic inflammation and cardiovascular function, a dynamic interaction referred to as the "gut-heart axis." This review systematically investigates the molecular processes that associate intestinal dysbiosis with cardiovascular diseases, such as coronary artery disease (CAD), peripheral arterial disease (PAD), and myocardial infarction (MI). It explains how an imbalance in microbes raises pro-atherogenic and pro-thrombotic metabolites such as trimethylamine N-oxide (TMAO), systemic lipopolysaccharides (LPS), and phenylacetylglutamine (PAGln). These metabolites combine to cause endothelial dysfunction, chronic inflammation, and plaque instability. In contrast, the cardioprotective and anti-inflammatory functions of short-chain fatty acids (SCFAs) and the regulation of bile acid signaling are analyzed. Furthermore, this study examines novel therapy strategies designed to restore microbial balance. These encompass the barrier-enhancing capabilities of particular micronutrients (Vitamins K2, D, and Zinc), in addition to innovative approaches such as fecal microbiota transplantation (FMT), "drug the bug" small-molecule inhibitors (e.g., 3,3-dimethyl-1-butanol), and bioengineered probiotics. It illustrates current



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translational challenges by combining multi-omics and host-microbiome genetic interactions. We also stress the shift toward "precision nutrition" for highly focused, customized cardioprotection.

Keywords: Gut-heart axis; cardiovascular disease (CVD); Microbiome dysbiosis; Trimethylamine N-oxide (TMAO); Short-chain fatty acids (SCFAs); Atherosclerosis; Endothelial dysfunction; Precision nutrition; Probiotics

INTRODUCTION

Cardiovascular disease (CVD) is the major cause of death and illness around the world. This has led to the search for new ways for pathogenic mechanism and the development of new therapy to cure them. Recent data indicates that the human gastrointestinal tract functions not only as a digestive organ but also as a substantial symbiotic bioreactor^[1]. It has about 100 trillion microorganisms in it. This genomic library is far bigger and more complex than the DNA of the person who lives there. This group of different bacteria is very vital for human health since it makes vitamins and other important substances that the body can't manufacture on its own. This is important for the health of the immune and nervous systems^[2]. The gut microbiota acts as a systemic hub, connecting different diseases like diabetes, malignancies, and autoimmune disorders. Under normal physiological settings, these microbes release chemicals that the intestinal epithelium either absorbs or conveys to the liver through portal circulation for biotransformation. The microbiota is the major method the body manages how much energy it gets^[3]. It transforms the nutrients in food into fuel.

Dysbiosis, on the other hand, occurs when the delicate balance of this ecosystem is upset. This has very severe implications on metabolism. Dysbiosis is often associated with metabolic diseases, including obesity and type 2 diabetes. A malfunction of the intestinal barrier can be exceedingly severe. When the barrier breaks down, the body obtains too many toxins, which triggers prothrombotic cascades that can destroy the myocardium^[4]. The "gut-heart axis" is the complex, two-way communication between the microbes in the gut and the heart. The gut bacteria transform choline from food into trimethylamine (TMA), which is excellent for the heart. The liver adds oxygen to this precursor to make trimethylamine N-oxide (TMAO). Elevated level of this molecule in your body is highly detrimental for your health since it speeds up the process of atherosclerosis and can help you predict heart attacks and strokes^[5]. Bacterial lipopolysaccharides (LPS) can sneak into the blood if the intestines don't work appropriately. These endotoxins bind to Toll-like receptors (TLRs), which creates inflammation that lasts a long time and makes cardiovascular disease worse faster. Changing the gut microbiota may be a good way to avoid heart disease because these microbial metabolites have a big effect on the health of blood vessels. This study aims to comprehensively investigate the molecular mechanisms linking gut dysbiosis to cardiovascular disease and to explain its manifestation in diverse cardiovascular diseases. It also looks into new approaches to fix the problem, such as how well certain vitamins, probiotics, and prebiotics can help strengthen the gut barrier. This is a big step toward "precision nutrition" for heart health.

The Gut-Heart Axis: Pathophysiological Mechanisms

Different metabolic processes and immune responses help the gastrointestinal system and heart work together. This part talks about the primary ways that gut dysbiosis can lead to heart disease^[6]. The gut-heart axis depends on a delicate balance of immune responses and microbial metabolites. A healthy microbiome makes short-chain fatty acids (SCFAs) that protect against heart disease. On the other hand, gut dysbiosis makes heart disease worse by releasing damaging compounds like TMAO, circulating lipopolysaccharides (LPS), and altered bile acids. These toxic chemicals cause inflammation in blood vessels and problems with the endothelium, which means that the health of the heart and blood vessels depends on the constant interaction between protective and inflammatory pathways^[7].



**Rishabh Singh Rathore and Sai Kanojia****Trimethylamine N-Oxide (TMAO) and Endothelial Dysfunction:**

Recent studies have highlighted the gut microbiota's crucial role in linking dietary elements to the development of cardiovascular disease (CVD). This connection primarily arises from the microbial breakdown of specific food constituents. When individuals consume foods rich in choline, phosphatidylcholine, and L-carnitine, such as red meat, eggs, and dairy products, the intestinal bacteria become active. These microbes metabolize these compounds, producing trimethylamine (TMA) as a byproduct. Following intestinal absorption, TMA enters the portal circulation and subsequently reaches the liver. In the host, hepatic enzymes, specifically flavin-containing monooxygenase 3 (FMO3), swiftly metabolize TMA into trimethylamine N-oxide (TMAO)^[8]. The accumulation of TMAO within the body is strongly associated with atherosclerotic processes and an elevated susceptibility to cardiovascular diseases. Upon entering the bloodstream, TMAO exerts detrimental effects on the vasculature, thereby accelerating atherogenesis. It serves as a primary contributor to endothelial dysfunction, the initial stage in the development of vascular disease. TMAO compromises endothelial cells and fosters an inflammatory milieu by increasing the concentrations of key cytokines in circulation, particularly Interleukin-6 (IL-6), which subsequently initiates further inflammatory cascades. Furthermore, TMAO directly influences normal hemostasis by fundamentally altering platelet phenotypes, extending its effects beyond the endothelium. This process increases platelet reactivity by lowering the threshold for activation and making them more sensitive to various activating substances. By making the body more inclined to produce blood clots, this greatly raises the risk of acute thrombotic events like heart attacks and strokes in the host^[9]. Clinical data show that a higher level of plasma TMAO is a strong sign of a bad outcome. In individuals with stable coronary artery disease (CAD), increased TMAO levels have been associated with a fourfold increase in mortality risk. This metabolic product not only speeds up atherosclerosis, but it also raises the risk of heart attack and stroke^[10].

Short-Chain Fatty Acids (SCFAs) As Protective Mediators:

Short-chain fatty acids (SCFAs) are generated by the intestinal microbiota when dietary fibers are fermented. Some of these metabolites are acetate, propionate, and butyrate. SCFAs are important for keeping the heart healthy, unlike TMAO. These short-chain fatty acids (SCFAs) assist keep the body's metabolic equilibrium by strengthening the intestinal barrier. This keeps dangerous endotoxins from getting into the bloodstream^[11]. Acetate, which is the most frequent SCFA in the colon, takes up most of the physiological molar ratio of 60:20:20 (acetate: propionate: butyrate). The gut bacteria mainly make acetate by fermenting dietary fibers through the Wood-Wjungdahl pathway and then using pyruvate through acetyl-CoA. After it is made, acetate is easily taken up by colonic epithelial cells by monocarboxylate transporters, especially MCT1 (SLC16A1), and then it enters the portal circulation. Acetate in the blood is very important for protecting the heart and blood vessels. G-protein-coupled receptors, specifically GPR43/FFAR2, are turned on, which subsequently controls the body's lipid metabolism and energy balance. This receptor activation aids in cholesterol metabolism and diminishes systemic inflammation. Because of this, it keeps the lining of blood vessels safe from metabolic issues and the growth of atherosclerosis^[12].

Another important short-chain fatty acid (SCFA), propionate, also has a strong cardioprotective impact by lowering cardiac hypertrophy, fibrosis, vascular dysfunction, and high blood pressure. Experimental models suggest that taking propionate supplements greatly lowers the risk of having ventricular arrhythmias and minimizes the areas of aortic atherosclerotic lesions. Changing the immune system is one of the key ways that these structural and functional benefits occur. Propionate lowers the number of pro-inflammatory Th17 cells and effector memory T cells, which helps to minimize inflammation in the heart and throughout the body. A lot of these heart-protective advantages depend on how regulatory T cells (Tregs) grow and work. This indicates how crucial propionate is for keeping the immune system in check so it can fight off heart disease^{[13][14]}. Butyrate is a strong, pleiotropic cardioprotective mediator that gut bacteria like *Faecalibacterium prausnitzii* and *Roseburia intestinalis* make most of the time. Clinical and experimental evidence indicates that a deficiency of butyrate-producing bacteria is significantly associated with larger atherosclerotic lesions, an elevated risk of stroke, exacerbated heart failure, and hypertension. Butyrate protects the heart and blood vessels in three ways: it changes how cells respond by activating certain free fatty acid receptors (FFAR2/FFAR3); it blocks histone deacetylases (HDACs) to stop pro-inflammatory transcription



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factors like NF- κ B; and it activates AMPK signaling while also acting as an agonist for peroxisome proliferator-activated receptors (PPAR γ). This comprehensive metabolic control makes cells more sensitive to insulin, generates more mitochondria, and lowers oxidative stress in blood vessels. All of these things are good for the heart and blood vessels^{[15][16]}.

Lipopolysaccharides (LPS), And Bile Acids:

The idea of intestinal permeability, which is often called "leaky gut," is very important to the inflammatory theory of atherosclerosis. Gut dysbiosis can seriously damage the intestinal epithelial barrier by lowering the levels of important tight junction proteins. This loss of barrier function makes it easier for lipopolysaccharides (LPS), which are strong endotoxins that come from the outer membrane of Gram-negative bacteria, to move from the gut lumen into the bloodstream. This condition of metabolic endotoxemia sets off a strong systemic inflammatory cascade. LPS that is in the blood interacts to Toll-like receptor 4 (TLR4) on the surface of immunological and endothelial cells in the host. This activates the Nuclear Factor kappa B (NF- κ B) signaling pathway. Atherogenesis is mostly caused by the long-term, low-level systemic inflammation that follows. At the same time, oxidized LDL (oxLDL) and precipitated cholesterol crystals that build up in the arterial wall operate as danger-associated molecular patterns (DAMPs). These stimuli inside the plaque strongly activate the NLRP3 inflammasome in arterial macrophages. This activation of the inflammasome makes local pathology worse by causing the maturation and release of pro-inflammatory cytokines including IL-1 β and IL-18. This speeds up the growth of lipid cores, the breakdown of the extracellular matrix, and the instability of atherosclerotic plaques^[17].

Bile acids (BAs) are another important but very complicated part of the gut-heart axis. The liver makes primary bile acids from cholesterol, but the gut microbiota changes them a lot with enzymes to make secondary bile acids. When these microbial metabolites re-enter the systemic circulation, they have strong effects on the cardiovascular system that are particular to certain tissues. Increased levels of circulating BAs can actively change the structure of the heart, leading to hypertrophy and fibrosis, and they can also drastically affect the heart's electrophysiology by changing how ion channels work, which makes the myocardium more likely to have arrhythmias. The farnesoid X receptor (FXR) is a nuclear receptor that plays a key role in BA signaling. It has a very different effect on different types of cells. In the myocardial, cardiomyocytes continuously express FXR; aberrant activation of this receptor by circulating bile acids leads to mitochondrial dysfunction, oxidative stress, and ultimately triggers apoptosis, contributing to structural cardiotoxicity. On the other hand, activating FXR has a paradoxical, protective effect on the immune system. In arterial macrophages, BA-mediated FXR activation serves as an anti-inflammatory brake, effectively inhibiting the transcription of pro-inflammatory genes and attenuating NF- κ B signaling pathways^[18].

Emerging Microbial Metabolites

Indoxyl Sulfate: Indoxyl sulfate is an indole metabolite that is coupled to albumin and made in the liver. It is known to hurt vascular endothelial cells. Uremic individuals have a dangerous buildup of this nephrotoxin because their kidneys don't clear it out well and their gut microbiome is out of balance, with too many indole-producing bacteria like *E. coli*. Fortunately, adding non-indole-producing bacteria like *Bifidobacterium* to the gut microbiome can lower these dangerous serum levels. Additionally, indole metabolites help the immune system in the gut by activating pathways that help ILC3 and TH17 cells fight off infections. However, this stronger immunological response makes the host more likely to get autoimmune diseases^[19].

Phenylacetylglutamine (PAGln): When the host combines glutamine with microbial byproducts of dietary phenylalanine, it makes phenylacetylglutamine (PAGln). The gut microbiota is absolutely necessary for its production, as shown by the temporary decline in circulating PAGln levels after antibiotic therapy. In a clinical setting, PAGln can slightly increase the risk of thrombosis by attaching to adrenergic receptors on platelets and causing calcium-dependent activation. This is a pro-thrombotic mechanism that can be easily reversed by the beta-blocker carvedilol^[20].





Coprostanol: Coprostanol's formation is a key process where gut bacteria help each other. They change cholesterol, which can be absorbed in the gut, into coprostanol. This coprostanol, a metabolite, can't be absorbed and is safely removed from the body through feces. Coprostanol, a saturated form of cholesterol, has a bent ring structure that prevents it from being absorbed by the intestinal lining. This microbial transformation enables the host to remove surplus cholesterol without compromising intestinal cell membranes, primarily via an indirect metabolic pathway involving the intermediates 4-cholesten-3-one and coprostanone^[21].

Autonomic Nervous System Regulation and the Gut-Brain-Heart Axis:

Dysbiosis within the gut microbiota triggers a systemic immunological reaction, characterized by elevated pro-inflammatory cytokines. This cascade of events subsequently precipitates endothelial dysfunction, the formation of atherosclerotic plaques, and the exacerbation of heart failure. Furthermore, the "gut-brain-cardiac axis" establishes a connection between the gut microbiota and the heart via the autonomic nervous system, with particular emphasis on the vagus nerve, thereby compounding the effects of systemic inflammation. When microbial imbalances interfere with this sensitive autonomic regulation, they hinder heart rate variability and the heart's ability to adjust to stressors, ultimately heightening the patient's vulnerability to arrhythmias and other rhythm disorders^[22].

Clinical Manifestations Of Dysbiosis In Cardiovascular Pathology

Physiological disruptions caused by gut dysbiosis manifest clinically across a spectrum of lethal cardiovascular conditions. The interplay between microbial metabolites and host immunity contributes significantly to the progression of Coronary Artery Disease (CAD), Peripheral Arterial Disease (PAD), and acute cardiac events^[23].

Atherosclerosis And Coronary Artery Disease (CAD):

Atherosclerosis is the main pathological process that causes CAD. Endothelial damage initiates a sequence of inflammatory responses and lipid buildup within the vascular wall. The accumulation of lipid plaques within the endothelium subsequently constricts the vessel lumen, thereby disrupting normal blood flow. The development of these plaques begins with "fatty streaks" and progresses to complex atheromas, which are marked by necrotic cores^[24]. Recent studies have identified specific microbial patterns that are linked to plaque vulnerability. Higher levels of certain Enterobacteriaceae, along with specific types like *Dysgonomonas* and *Bacillus*, have been associated with increased plaque instability. This instability is important because it can cause plaque rupture, which then leads to acute coronary syndromes^[25].

Peripheral Arterial Disease (Pad):

Peripheral Arterial Disease (PAD) is characterized by atherosclerotic narrowing of the peripheral arteries, which leads to both ischemia and claudication. The gut-heart axis plays a key role in this process, particularly through the metabolite TMAO. This metabolite, which comes from the microbial breakdown of carnitine and choline, increases the atherosclerotic process in the peripheral blood vessels. Furthermore, in patients with PAD, dysbiosis weakens the intestinal barrier. This allows Lipopolysaccharides (LPS) to enter the bloodstream, which then maintains the chronic inflammation that helps the disease progress^[26].

Myocardial Infarction (MI) And Arrhythmias:

Myocardial infarction (MI) is often the most serious result of atherosclerosis. This condition is characterized by the formation of blood clots in the coronary arteries, which then causes sudden ischemia in the heart muscle, leading to cell death. Trimethylamine N-oxide (TMAO) significantly contributes to this progression by accelerating atherosclerosis and promoting plaque rupture^[27]. Furthermore, the gut microbiome affects how the heart's electrical activity works, in addition to its ability to cause structural damage. Arrhythmias, which are characterized by irregular electrical activity, are often triggered by ischemic heart disease or electrolyte imbalances. Microbial communities impact lipid profiles and metabolic processes, which can affect various diseases. Dysregulation in bile acid metabolism can disturb electrophysiology, increasing the risk of arrhythmic events in patients^[28].





Bridging Bench To Bedside:

While the molecular mechanisms underlying the gut-heart connection are well-established in animal models, clinical evidence is essential for validating this relationship. Clinical investigations have demonstrated that elevated plasma levels of TMAO serve as independent predictors of major adverse cardiovascular events (MACE) and all-cause mortality in individuals with stable coronary artery disease.^{[29][30]} Metagenomic sequencing of symptomatic atherosclerosis patients has revealed the presence of diverse microbial populations. Specifically, an increase in *Enterobacteriaceae* and a decrease in butyrate-producing bacteria are directly linked to high-sensitivity C-reactive protein (hs-CRP) levels and plaque rupture^{[31][11]}. Early phase clinical trials have shown that dietary changes that affect the microbiome can lower systolic blood pressure and improve endothelial function. This supports the idea that SCFAs have a role in regulating blood flow^{[32][13]}.

Therapeutic Potential Of Micronutrients

The gut microbiota can cause disease, but it can also be a new target for treatment. Micronutrients are crucial for controlling this process. Some foods are very effective at stopping harmful pathways by changing the populations of gut microbes and making the barrier function stronger^[33]. Individual micronutrients including Vitamin D, K2, Zinc, and Calcium have unique roles in regulating the gut-heart axis. However, in clinical practice, deficits in these nutrients rarely happen by themselves. There are many risk factors that might cause low levels of Magnesium (Mg), Zinc (Zn), Vitamin K, and Vitamin D at the same time. These include dysbiosis and bad diets that make it difficult for the body to absorb nutrients^[34]. These overlapping impairments work together to make chronic systemic disorders worse, such as obesity, metabolic syndrome, and cardiovascular diseases. Clinical investigation suggests that the quantities of trace elements like Mg and Zn inside cells are thought to affect the personal Vitamin D response index. This shows how complicated metabolic interdependence may be. From a clinical point of view, finding a lack of one nutrient (such as vitamin D) should lead to the search for others. When considering the gut-heart axis, a preventative and synergistic approach to supplements can be quite helpful^[35].

Adding safe baseline quantities of micronutrients, including 300–400 mg of Mg, 15–20 mg of Zn, and 90–120 µg of Vitamin K, combined with Vitamin D, can help adults get their micronutrient levels back to normal. The main purpose of this combination supplementation is not just to boost blood levels, but also to improve the function of intracellular receptors (like calcitriol), lower systemic inflammation, and strengthen the intestinal epithelial barrier against metabolic endotoxemia. As we learn more about precision nutrition, it's probable that future clinical guidelines for heart health may need to include these multi-nutrient supplementation regimens to successfully treat diseases caused by the microbiota^[36].

Vitamin K2: Restoring Gut Homeostasis And Defending Vascular Integrity:

Recent evidence shows that there is a very important two-way link between the gut flora and Vitamin K homeostasis. Compositional dysbiosis and compromised gut integrity can result in significant Vitamin K deficiency; conversely, this vitamin serves as an essential regulator of the intestinal milieu. Vitamin K does more than just assist blood clot; it also helps restore microbial balance by improving the composition of the bacteria in the intestines. Additionally, it directly combats dysbiosis-induced disease by diminishing pro-inflammatory cytokines (e.g., IL-6) and fortifying mucosal defences by augmenting antioxidant functions and activating intestinal alkaline phosphatase (IAP)^[37].

The integrity of the intestinal epithelial barrier is essential for the prevention of persistent recurrent inflammation, as observed in Inflammatory Bowel Disease (IBD) as shown in Figure 1. A coordinated defensive system composed of physical tight junction proteins, a protective mucus layer, antimicrobial peptides, and intestinal alkaline phosphatase (IAP) maintain this important barrier. Together, these stop microbes from moving around and neutralize damaging toxins like LPS. When this barrier is broken down, it makes the gut more permeable, which is also known as "leaky gut." This starts and worsens inflammatory responses. Vitamin K plays an important protective role by changing the mucosal immune system, controlling gut flora, and lowering inflammation. However, damage to the intestines caused by inflammation typically leads to malabsorption and a lack of vitamin K, which creates a cycle that lowers



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barrier defenses and keeps chronic intestinal disease persisting^[38]. The systemic link between the gut and the circulatory system is mostly due to microbes that produce Vitamin K2 (menaquinones). Bacteroides and other intestinal bacteria make these menaquinones, which are then used by the body. This Vitamin K2 from the stomach is the sole known activator for Matrix Gla Protein (MGP), which is very important. When Vitamin K2 activates MGP, it stops the deposition of calcium phosphate crystals in artery walls, which keeps blood vessels flexible and lowers the risk of heart disease by a large amount^[39].

Vitamin D And Zinc: Barrier Fortification

The active form of vitamin D, 1,25-dihydroxy vitamin D, is crucial for gut health. It helps to keep out harmful bacteria, reduces inflammation, and supports the gut's barrier functions. The Vitamin D Receptor (VDR) binds to vitamin D, and then it forms a complex with the retinoid X receptor (RXR) in the nucleus. This process starts the transcription of specific genes. These genes are important because they include certain tight junction proteins, such as claudin-2, -5, -12, and -15. These proteins are necessary for closing the paracellular gaps between intestinal epithelial cells. Experimental models have shown that a lack of VDR causes tight junctions to break down and makes the intestines more likely to become inflamed (such as in IBD). Vitamin D signaling plays a crucial role in maintaining a robust intestinal epithelial barrier^[40]. Zinc, too, is vital for both the structural integrity and the signaling mechanisms that fortify this barrier. A deficiency in zinc can inflict significant harm on the intestines. It does this by reducing the levels of key tight junction proteins, such as Claudin-1, Occludin, and ZO-1. This disruption of the barrier, often referred to as "leaky gut," permits bacterial endotoxins, including Lipopolysaccharide (LPS), to breach the epithelium and enter the bloodstream. Once in circulation, LPS binds to Toll-like receptor 4 (TLR4), triggering a potent systemic inflammatory response via the NF- κ B signaling pathway and activating the NLRP3 inflammasome.

This causes the body to produce pro-inflammatory cytokines like IL-1 β , IL-6, and TNF- α . Targeted zinc supplementation, on the other hand, not only acts as an antioxidant but also effectively reverses this condition by increasing the expression of tight junction proteins and slowing down the TLR4/NF- κ B inflammatory cascade. This restores the barrier function and stops systemic inflammation caused by endotoxins^[41]. A lack of vitamin D cause metabolic endotoxemia worse by damaging the intestinal barrier and making it easier for bacterial endotoxins (LPS) to get into the gut. Experimental and clinical studies have demonstrated that giving IBD patients more vitamin D can help strengthen the intestinal barrier and lower local inflammatory responses. However, this barrier fortification has significant effects on the whole body. When the intestinal barrier breaks down, endotoxins that have moved into the bloodstream go straight to the cardiovascular system. These circulating endotoxins bind to endothelial receptors, which causes a lot of inflammation throughout the body and reducing endothelial less functional. This speeds up the progression of atherosclerosis. Consequently, addressing Vitamin D-induced 'leaky gut' is an essential therapeutic objective for maintaining intestinal homeostasis and preventing endotoxin-related cardiovascular disease as shown in Figure 2^[42].

Calcium And Microbiota Composition

In addition to its conventional skeletal functions, dietary calcium has a significant prebiotic-like influence within the gastrointestinal milieu. Calcium that is not absorbed works as a local detoxifying agent in the gastrointestinal lumen by turning cytotoxic secondary bile acids and free fatty acids into insoluble, inactive compounds. This important detoxification changes the gut microbiome's makeup in a big way by making it a less hostile environment. Experimental evidence shows that it lowers the relative abundance of pro-inflammatory, LPS-producing Proteobacteria by a large amount. Calcium creates a gut environment that is good for the growth of beneficial microbes that make Short-Chain Fatty Acids (SCFAs) by suppressing these pathobionts and changing other groups like Bacteroidetes. This strengthens the intestinal barrier against local inflammatory damage^[43].

Calcium in food is a strong local detoxifier in the intestines because it binds to harmful secondary bile acids and converts them into salts that don't dissolve. This precipitation directly reduces irritation of the mucosa, protects the epithelial barrier, and raises the pH of the lumen. As a result, this change in the environment causes a specific change in the gut microbiota: it stops bile acid-dependent pathobionts, such some Clostridium species, from growing while



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encouraging the growth of alkaline-adapted beneficial bacteria, like *Bacteroides*. In the end, this localized prebiotic-like change makes the gut ecology healthier by increasing the production of important short-chain fatty acids (SCFAs)[44]. The systemic cardiovascular advantages of dietary calcium are significantly influenced by the gut bacteria. Increase calcium intake helps the intestinal barrier by encouraging the growth of helpful bacteria like *Bifidobacteria* and *Lactobacilli* that make short-chain fatty acids (SCFAs). This fortification stops endotoxins from moving about the body, which stops the chronic inflammation caused by microbiota that is a major cause of endothelial dysfunction and high blood pressure. In the end, this calcium-induced microbial equilibrium is an important way to protect the heart, as it greatly lowers the risk of high blood pressure and other heart illnesses[45][46].

Biotherapeutic Modulation**Probiotics and Prebiotics:**

Probiotics are an important biotherapeutic defense for the intestinal barrier because they directly change the gut microbiota and strengthen their positive effects on host metabolism stronger. These living microorganisms strengthen the physical epithelial barrier by increasing the levels of tight junction proteins. This successfully seals the paracellular gaps and stops microbiome-derived lipopolysaccharides (LPS) from getting into the bloodstream. Probiotics hinder this translocation, hence reducing the onset of metabolic endotoxemia and the accompanying TLR-4 driven inflammatory responses that contribute to cardiovascular disease. This proactive defence of barrier integrity ultimately lowers the systemic burden of pro-atherogenic metabolites. This is a specific way to stop and cure heart illnesses that are linked to inflammation in the gut[47].

Prebiotics are the main source of energy for beneficial bacteria that live in the human colon. They directly cause the body to produce cardioprotective compounds. Common dietary fibers such resistant starch, pectin, β -glucan, and fructans are used as substrates for slow colonic fermentation. This process depends a lot on the type of prebiotic and its physicochemical properties. This selective fermentation results in the substantial generation of short-chain fatty acids (SCFAs), notably butyric and propionic acids. These SCFAs work through complicated molecular signaling systems that are connected to the structural shapes of the primordial substrates they come from. Prebiotics offer vital systemic advantages by positively influencing the gut microbiota and elevating SCFA levels, leading to enhanced gut health and a diminished risk of cardiovascular disease[48].

Prebiotics are the main source of energy for the good bacteria that live in the human colon. They directly cause the synthesis of metabolites that protect the heart. Resistant starch, pectin, β -glucan, and fructans are all types of dietary fiber that can be used as substrates for slow colonic fermentation. This process depends mainly on the kind of prebiotic and its physicochemical properties. This selective fermentation results in the substantial generation of short-chain fatty acids (SCFAs), notably butyric and propionic acids. These SCFAs work through complicated molecular signaling systems that are connected to the structural shapes of the primordial substrates they come from. Prebiotics are beneficial for the whole body because they positively change the makeup of gut microbes in a good way and raise the levels of SCFAs. This leads to better gut health and a lower risk of heart disease[49][50].

Integrative Multi-Omics and Genomic Modulators of the Gut-Heart Axis**Host-Microbiome Genetic and Epigenetic Interactions****Genetic Predispositions**

Host genetics significantly influence the composition of the gut microbiota, exerting regulatory control over immune and metabolic functions. Certain genetic variants, including polymorphisms within innate immune genes such as NOD2, TLR-4, and IL-23R, can weaken the host's antibacterial defenses and subsequently modify the intestinal environment. This modification can, in turn, promote dysbiosis and precipitate inflammatory disorders, exemplified by Crohn's disease. Additionally, gene-encoded metabolic traits, such as the PLD1 variant associated with body mass index and particular olfactory receptors, directly affect the prevalence of essential bacterial taxa like *Akkermansia* and



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Bifidobacterium, illustrating that an individual's genetic composition actively regulates microbial symbiosis and overall systemic health[51].

Epigenetic Modifications

However, it is important to note that not all individuals with these polymorphisms develop inflammatory disorders like Crohn's disease, as there are other environmental factors at play. For example, individuals with the PLD1 variant associated with body mass index may still have a diverse gut microbiota if they maintain a healthy diet and lifestyle, showing that genetic predisposition is not the sole determinant of microbial symbiosis. Changes to the epigenome are actively facilitated by gut microbial metabolites, such as short-chain fatty acids, polyamines, and vitamins, which modulate dynamic host enzymes, including histone acetylases, deacetylases, and DNA methylases, thereby promoting epigenomic reprogramming. These microbial-derived compounds alter the host's transcriptional machinery, thereby enabling crucial communication between the microbiota and host cells. This intricate epigenetic interplay ultimately impacts the expression of genes that regulate physiological homeostasis and complex neuroepigenetic behavioral transformations[52].

Multi-Omics In Cardiovascular Biomarker Discovery:**Integrative Multi-Omics:**

While genome-wide association studies have identified heritable genetic variants associated with cardiovascular disease (CVD), these static markers often exhibit limited predictive capacity. Researchers are increasingly using metabolomic profiling to identify early molecular signals that better show how cardiovascular disease (CVD) progresses. This has led to the discovery of cardiometabolic biomarkers, such as branched-chain amino acids (BCAAs) for insulin resistance, trimethylamine N-oxide (TMAO) for myocardial infarction, and short-chain dicarboxylacylcarnitines (SCDA) for predicting future cardiovascular events. The integration of sophisticated omic biomarkers with established clinical models significantly enhances the accuracy of disease prediction and risk evaluation. This demonstrates the ability of multi-omics to translate intricate molecular discoveries into actionable clinical applications[53].

Fecal Metabolome

The fecal metabolome is more closely related to the gut microbiome than the urine or plasma metabolomes. This makes it the best way to study cardiovascular risks related to the gut. The diverse microbial community in the gut is largely reflected in the metabolites found in feces. These metabolites consistently show a greater number of biomarkers related to cardiometabolic diseases. Consequently, the amalgamation of fecal metabolome analysis with metagenomic profiling yields a highly accurate, multi-omic approach for elucidating functional host-microbiome interactions and prognostic signatures along the gut-heart axis[54].

Next-Generation Therapeutics In Cardiovascular Care**Fecal Microbiota Transplantation (FMT) and Microbiome Modulation**

It involves transferring fecal matter from a healthy donor to a patient. This is done to restore a balanced microbiome and improve its functional diversity. Although FMT is already clinically proven to treat recurring *Clostridium difficile* infections and inflammatory bowel disease, recent studies are exploring its potential in managing cardiometabolic and neurological conditions. This is based on the connection between the gut, brain, and heart. Animal studies have shown that FMT can lower systolic blood pressure, improve vascular function, and lower oxidative stress. Conversely, the available data concerning human subjects afflicted with cardiovascular disease is relatively scarce. Notwithstanding the challenges inherent in donor selection, the implementation of delivery techniques such as colonoscopy or enema, and the complexities of long-term safety assessments, fecal microbiota transplantation (FMT) presents a potentially valuable precision approach for modulating immune function and metabolic well-being in individuals predisposed to cardiovascular conditions[49].



**Rishabh Singh Rathore and Sai Kanojia****Small-Molecule Antimicrobial Therapeutics and The "Drug The Bug" Strategy**

The "Drug the Bug" paradigm represents an innovative precision therapeutic strategy for cardiovascular disease, employing small-molecule enzyme inhibitors to selectively target specific microbial pathways while preserving the overall bacterial population. This approach selectively disrupts harmful metabolic processes without harming beneficial flora. For example, it inhibits microbial choline TMA-lyase with compounds like 3,3-dimethyl-1-butanol (DMB) to significantly lower pro-atherogenic TMAO levels, which reduces platelet reactivity and thrombus formation. When used with standard cardiovascular treatments like statins, which also have positive effects on the microbiome, these targeted drug treatments offer a very promising, individualized way to treat cardiometabolic disorders[54].

While broad-spectrum antibiotics can lower TMAO levels, they can also make bacteria resistant and cause gut dysbiosis. Choline TMA-lyase inhibitors offer a more effective and safer option. Certain naturally occurring dietary substances, such as 3,3-dimethyl-1-butanol (DMB), which is found in olive oil and red wine, can inhibit the activity of the microbial TMA lyase enzyme without negatively affecting the bacteria. This targeted approach specifically prevents the conversion of dietary choline into TMA, thereby reducing atherogenic TMAO levels and mitigating thrombosis, all while preserving the integrity of the gut microbiome [55].

Engineered Microbes and Next-Generation Probiotics

Advancements in meta-omics and synthetic biology are facilitating the development of next-generation probiotics (NGPs) as precision therapies for cardiovascular disease. They go beyond traditional bacterial strains to target specific cardiometabolic pathways. New candidates, such as Akkermansiamuciniphila, and engineered microbes, like modified *E. coli* Nissle 1917, can enhance blood vessel health through increased production of cardioprotective compounds. They can increase the levels of cardioprotective short-chain fatty acids, strengthen the intestinal barrier against metabolic endotoxemia, and maybe even break down pro-atherogenic metabolites like TMA directly in the gut. Commercially available engineered probiotics currently focus on different metabolic functions. However, their proven effectiveness provides a clear clinical basis for creating specialized, bioengineered NGPs. These NGPs are designed to prevent atherogenesis and actively regulate the gut-heart connection[56].

CONCLUSION

The new "gut-heart axis" represents a significant revolution in how we think about and treat cardiovascular disease (CVD). This reveals that the digestive system is a major factor that directly impacts the health of the arteries. When the gut microbiota isn't functioning properly, toxic things like TMAO and LPS may get through and promote atherosclerosis and inflammation throughout the body. But when the microbiome is in balance, short-chain fatty acids (SCFAs) like butyrate and propionate do a great job of protecting the heart. Using micronutrients that interact together, such as zinc, calcium, vitamins D and K2, next-generation probiotics and prebiotics, and sophisticated biotherapeutics like "treat the bug" enzyme inhibitors, is a new strategy to cope with this tricky situation. In the end, current cardiovascular therapy may advance toward highly tailored, preventive techniques that address the illness at its metabolic and genetic foundations by combining multi-omics and accurate microbiome management.

Future Perspectives

Future treatments for heart disease, based on the connection between the gut and the heart, will likely require personalized approaches that target multiple areas. These therapeutic approaches centre on the distinctive metabolic by-products generated by the gut microbiome. With advancements in integrative multi-omics and faecal metabolome profiling, clinicians are poised to utilize these techniques more frequently to identify specific cardiometabolic biomarkers. Consequently, this methodology will facilitate more precise and earlier disease predictions, predicated on the unique microbial profiles of individual patients. In terms of treatment, the field will move away from broad-spectrum therapies and toward more precise ones, such as the "drug the bug" approach, which uses small-molecule enzyme inhibitors (like DMB) to stop the production of harmful metabolites like TMAO without affecting the larger





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microbial ecosystem. Additionally, the emergence of synthetic biology will facilitate the development of bioengineered next-generation probiotics (NGPs) specifically engineered to enhance the intestinal barrier, increase cardioprotective short-chain fatty acids, and neutralize pro-atherogenic chemicals directly inside the gastrointestinal tract. Ultimately, effectively integrating these advanced biotherapeutics, enhanced fecal microbiota transplantation (FMT) techniques, and customized precision nutrition from the laboratory to standard clinical practice would radically revolutionize the field of preventive and therapeutic cardiology.

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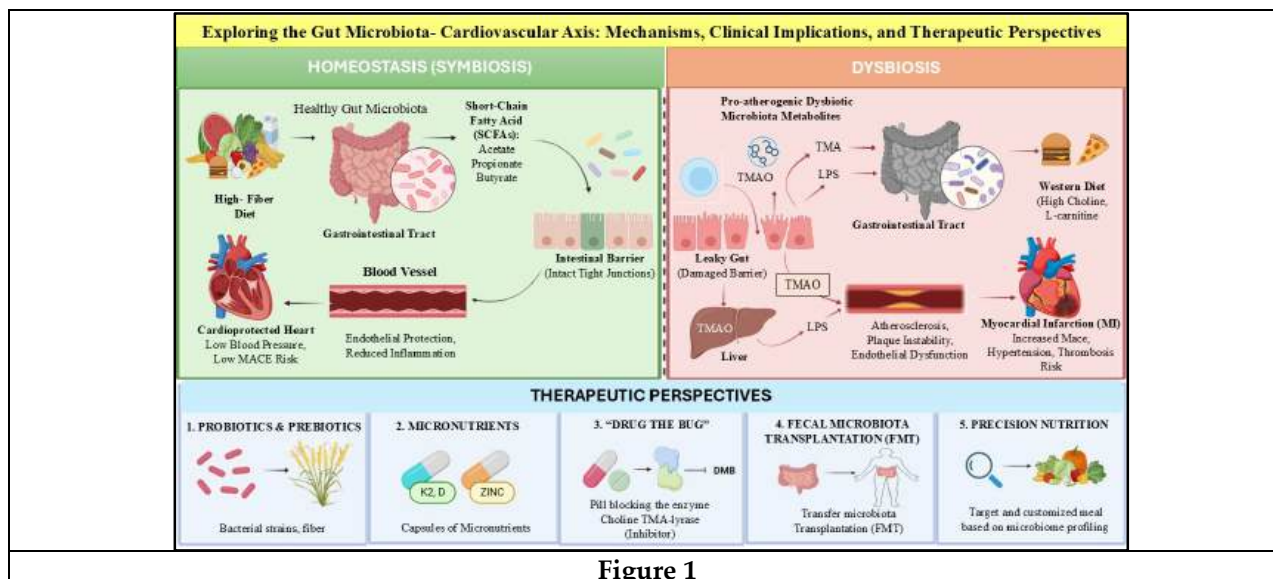

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Figure 1




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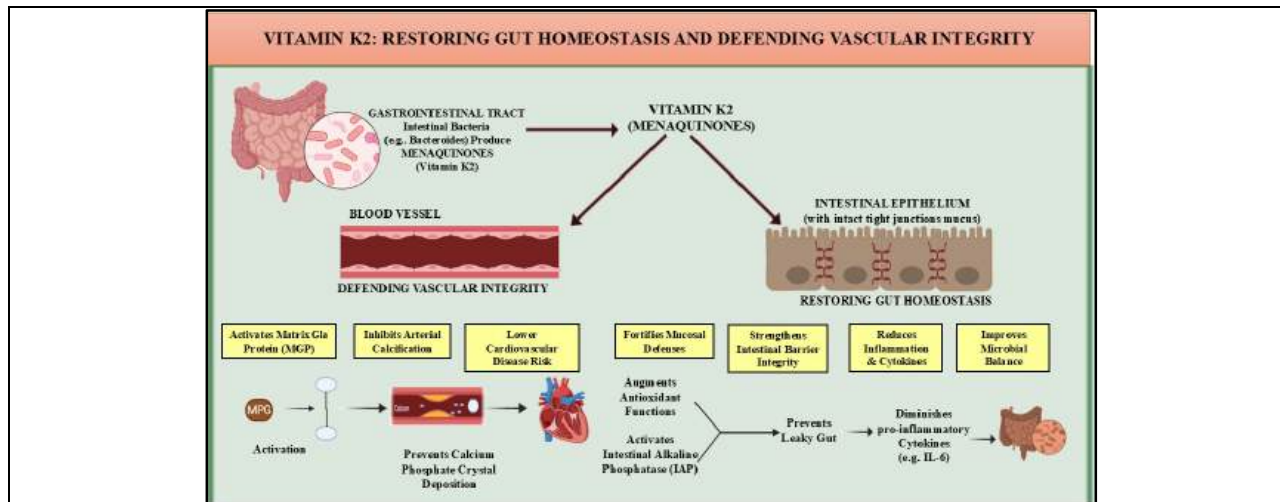


Figure 2: The dual role of gut-derived Vitamin K2 in restoring intestinal homeostasis and defending vascular integrity to reduce cardiovascular disease risk.

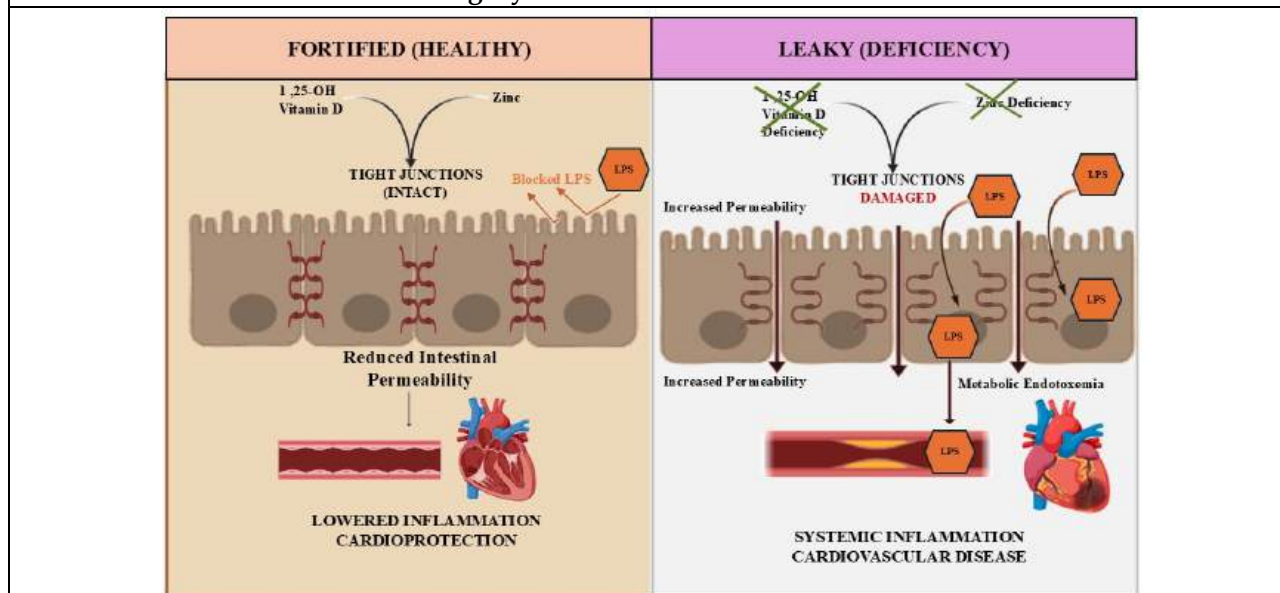


Figure 3: The protective role of Vitamin D and Zinc in maintaining intestinal tight junctions to prevent endotoxin-induced systemic inflammation and cardiovascular disease.

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RESEARCH ARTICLE

School Libraries as Catalysts for Student Reading Habits

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Received: 23 Mar 2026

Revised: 20 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

School libraries play a pivotal role in fostering a reading culture among students. This paper explores their impact on student reading habits, highlighting their potential as catalysts for promoting literacy and lifelong learning. By serving as dynamic learning hubs, school libraries can inspire students to become proficient readers and critical thinkers, equipping them with skills that translate to academic success and professional growth. Descriptive research design is widely employed across diverse fields, with the primary objective of systematically observing and documenting variables and conditions that influence the phenomenon. This study analyses some ways they act as catalysts: Access to diverse resources, Quiet and conducive environment, Guidance and recommendations, Reading promotions and events, and Collaboration with teachers. By crafting a welcoming and inclusive space, school libraries can ignite a passion for reading and learning that extends far beyond the classroom, empowering students to become curious, lifelong learners.

Keywords: Reading habits, Trained Librarians, Diverse resources, Effective Libraries, Collaborative students.

INTRODUCTION

School libraries act as vibrant 'ecosystems' that transcend traditional book repositories; they're dynamic catalysts that shape student reading habits by rendering literacy approachable, entertaining, and empowering. By bridging the gap between curriculum demands and independent exploration, libraries nurture a love for reading that extends far beyond academics.





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Key Ways Libraries Drive Reading Habits:

1. **Fostering Pleasure Reading:** Libraries offer a diverse range of genres—fiction, biographies, graphic novels, and more—allowing students to explore interests beyond the curriculum, nurturing a lifelong passion for reading.
2. **Creating a Conducive Environment:** A welcoming atmosphere with comfortable seating and quiet zones encourages students to visit often, making reading a consistent habit.
3. **Librarian as a Mentor:** Librarians act as advocates for literacy, guiding hesitant readers through storytelling, offering personalized book recommendations, and providing research assistance.
4. **Integration of Digital Resources:** Modern school libraries offer e-books and online databases, catering to digital natives and ensuring reading remains accessible beyond school hours and vacations.
5. **Engaging Programs & Incentives:** Initiatives like 'Drop Everything But Only Read' (D.E.B.O.R) sessions, book clubs, author meetups, and Best Reader awards foster a fun, motivating environment that encourages regular reading. Moreover, librarians equip students with skills to navigate, evaluate, and ethically use print and digital information, fostering a sophisticated approach to lifelong learning.

REVIEW OF LITERATURE

Shen's 2006 study, "Computer Technology and college students' Reading Habits" in *Chia-Nan Annual Bulletin*, investigates the shift from traditional to digital, web-based reading among college students. It found that, while technology enhances access to information, it also alters reading preferences toward online resources and away from printed materials. Dr. K.K. Palani's (2012) paper, "Promoting Reading Habits and Creating Literate Society," published in the *International Refereed Research Journal* (Vol. III, Issue 2(1)), emphasizes that cultivating reading habits is essential for fostering a literate society, building personality, enhancing thinking, and generating new ideas.

Sethy (2018) analyzes how libraries can foster a lifelong reading culture by creating awareness of reading as a leisure activity, rather than solely for academic purposes. The paper highlights that library play a crucial role in promoting these habits through well-trained staff, diverse collections, and convenient, welcoming environments. Sridhar's (2021/2022) study highlights that the Internet era has profoundly altered reading habits, dividing users into "digital natives" and "immigrants" while fostering a screen-based, scan-heavy, and impatient reading style. Digital distractions and increased electronic media consumption have diminished deep reading, shifting preferences from text to images.

Malipatil's (2021) study in *Library Progress (International)* examines how public libraries in Karnataka, India, can foster reading habits among students amidst rising social media usage. It emphasizes incorporating technology and providing engaging materials to improve reading culture, especially for children. Sharanappa's 2023 study highlights those libraries in higher education are essential for fostering reading habits by providing diverse, accessible resources, a conducive, quiet environment, and active, user-focused services. The research emphasizes that librarians and modern, digital-enabled library resources are crucial for driving a reading culture, especially in a digital age.

Sudan's 2023 study highlights those libraries and librarian are essential for revitalizing a declining reading culture among students, acting as vital centres for knowledge and intellectual development. Librarians must act as "matchmakers" between students and materials, using ICT, engaging activities, and organized, accessible resources to foster a sustainable reading habit.

Importance of Reading: Research shows students with access to robust school library programs score higher on reading assessments, regardless of socioeconomic status. For modernization, UNESCO and IFLA offer global guidelines for developing effective school library systems. Successful strategies transform reading from a technical skill into a lived, social experience.

- Pleasure reading of 'Student's choice'.
- Pleasure reading of 'The Social nature of Reading'.





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- Pleasure reading of 'Librarian & Teachers as a role model'.
- Pleasure reading of 'Dedicated no stakes time'.
 - Pleasure reading of 'Student's choice': Letting kids choose their own reading material – comics, graphic novels, digital formats – is a major motivator for sustained reading.
 - Pleasure reading of 'The Social nature of Reading': By serving as dynamic learning hubs, school libraries can inspire students to become proficient readers and critical thinkers, equipping them with skills that translate to academic success and professional growth.
 - Pleasure reading of 'Librarian & Teachers as a role model': Notably, Librarians & Teachers who demonstrate a personal passion for reading and share their own current reads (e.g., via a "Your Teacher is Reading..." "You are with your Librarian' ...) significantly influence student attitudes.
 - Pleasure reading of 'Dedicated no stakes time': Implementing regular Drop Everything But Read Only (DEBRO) sessions, where there are no tests or follow-up reports, can help preserve the joy of reading. By serving as dynamic learning hubs, school libraries can inspire students to become proficient readers.

Pleasure of Reading Habits

- Immersive Pleasure (Play): Getting "lost" in a book and living through the characters. This not only equips them with academic skills but also nurtures empathy, creativity, and a lifelong love for reading.
- Intellectual Pleasure: The satisfaction of solving problems or figuring out how a narrative is constructed. School libraries can inspire students to become proficient readers and critical thinkers, deriving satisfaction from solving problems, unravelling narratives, and exploring new ideas.
- Social Pleasure: Connecting with authors, characters, or other readers. Moreover, by facilitating social connections through reading, school libraries can make reading a more enjoyable and enriching experience, allowing students to connect with authors, characters, and fellow readers.
- Work Pleasure: Using reading as a tool to get something functional done in life. Emphasizing reading for both pleasure and practical purposes, school libraries can help students harness the power of reading to achieve functional goals and enhance their overall quality of life.
- Inner Work Pleasure: Using stories to rehearse for life, explore identity, and consider the kind of person one wants to become. Through literature, students can engage with diverse perspectives, reflect on their values, and develop empathy, ultimately shaping their sense of self and purpose.

Benefits of Reading Habits:

Cognitive: Improved vocabulary, better comprehension, and higher math scores.

Emotional: Reduced stress (up to 68%), increased empathy, and improved mental well-being.

Social: Greater cultural awareness, civic participation, and social mobility. By equipping them with skills that translate to academic success, greater cultural awareness, civic participation, and professional growth. So, these habits, creating a conducive environment, whether in a classroom or workplace, refers to a space that's supportive, safe, and inclusive. It addresses the physical, emotional, and intellectual needs of its members, fostering a culture of respect and collaboration.

The Librarian as a Catalyst:

- Expert Curation: Expert curation by librarians ensures collections reflect the community's diverse identities, acting as 'mirrors and windows' that deepen students' personal connections to books.
- Reader Advisory: Librarians serve as matchmakers, guiding hesitant readers to titles that align with their specific interests and cognitive levels.
- Information Literacy: They teach students to navigate, evaluate, and ethically use both print and digital information, fostering a sophisticated approach to lifelong learning.
- Librarians are highly helpful and trained professionals who serve as expert guides for both finding information and recommending books. They play a crucial role in navigating vast amounts of information, often acting as a bridge between readers and literature.





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Physical Foundation of Library

The physical layout serves as the "silent teacher," communicating values through organization:

- **Layout & Accessibility:** Arrange furniture to facilitate both collaborative learning (semi-circles or pods) and focused individual work. Ensure the space is accessible for individuals with disabilities.
- **Sensory Management:** Prioritize natural light, proper ventilation, and regulated temperatures to maintain alertness and reduce fatigue.
- **The "5S" Formula for Order:** Adopt the 5S practice to reduce clutter and waste: **Sort** (remove unneeded items), **Set in Order** (label and designate spaces), **Shine** (daily cleaning), **Standardize**, and **Sustain**.

CONCLUSION

In conclusion, school libraries play a vital role in enhancing student reading habits by providing access to diverse resources, fostering a quiet and conducive environment, offering guidance and recommendations, organizing reading promotions and events, and collaborating with teachers. By leveraging these strategies, school libraries can inspire students to develop a lifelong love for reading and learning.

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RESEARCH ARTICLE

Earthquakes of Mizoram from 1977 to 2011 of Northeast India

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Received: 15 Mar 2026

Revised: 18 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

The state of Mizoram falls between latitude 21° 56'N to 24° 35' N and 93°25' longitude, with a total area of 21,081 sq. km. Prior to 1972, it formed the southern mountain district of the Assam state. Later, it was accorded the status of the Union Territory with the capital at Aizawl. It, however, became a full-fledged state in 1986. Geologically, Mizoram is a part of the Surma basin. This is an area of folded sediments and is characterized by westerly convex, sinuous structural ridges and valleys. This basin is wider to the north and narrower to the south. The Mizo fold belt, which is slightly arcuate in shape and convex westward, comprises a series of strongly folded anticlines and synclines arranged. This fold belt continues northward into the Surma Valley and Western Manipur Hills with an approximately NNE-SSW trend and into the Naga Hills and Patkai Range with a NE-SW trend. It extends into the Arakan Hill Tracts of Myanmar with an approximately NNW-SSE trend in the southward direction, while its trend in Mizoram is approximately N-S. This is a tectonically active area being in the newly created Zone VI published by the Bureau of Indian Standards (BIS) in the Revised Earthquake Design Code 2025 (IS 1893 Part 1). In our study, we present 119 earthquakes from 1977 to 2011 from the state with their various magnitude and epicenters. In this study, seismic events from within the state of Mizoram and adjoining region in North east India were obtained from the Harvard Global Centroid-Moment-Tensor (CMT) catalogue and were processed using the *Mapinfo 5.5* software to study the seismotectonics of the region.

Keywords: Earthquake, geology, basin, Mizoram.



**Malsawmtluanga and Lalfakawma****INTRODUCTION**

Northeastern region of India lies at the junction of the Himalayan arc to the north and the Burmese arc to the east and is one of the six most seismically active regions of the world. The other five regions are Mexico, Japan, Taiwan, Turkey and California. Eighteen large earthquakes with magnitude >7 occurred in this region during the last hundred years (Kayal, 1998). High seismic activity in the northeastern region may be attributed to the collision tectonics in the north (Himalayan arc) and subduction tectonics in the east (Burmese arc). The Syntaxis Zone (The Mishmi Hills Block) is the meeting place of the Himalayan and Burmese arcs and is another tectonic domain in the region. The Main Central Thrust (MCT) and the Main Boundary Thrust (MBT) are the two major crystal discontinuities in the Himalayan arc of the Northeastern region. In the Burmese arc, the structural trend of the Indo-Myanmar Ranges (IMR) swing from the NE- SW in the Naga Hills to N-S along the Arakan Yoma and Chin Hills. Naga Thrust is the prominent discontinuity in the north. It connects the Tapu Thrust to the south and Dauki Fault to the east. This fold belt appears to be continuous with the Andaman-Nicobar ridge to the south. The Mishmi Thrust and the Lohit Thrust are the major discontinuities identified in the Syntaxis Zone. The high seismicity in the region is attributed to the collision tectonics between the Indian plate and the Eurasian plate in the north and subduction tectonics along the Indo-Burma region (IBR) in the east (Dewey and Bird, 1970 [1]; Kayal, 1996 [2]; Molnar and Tapponnier, 1975 [3] Verma et al., (1976 [4], 1977 [5]) stated that the lithospheric subduction at the Himalayan belt ceased during Pliocene time and shallow seismic activity is the effect of continental-continental collision.

MATERIALS AND METHODS

This study deals with the present trend of seismicity activity in the region. The study covers the whole of the state of Mizoram and its adjoining areas in North East India in the Surma valley and its vicinity. Recomputation of hypocentral 119 parameters of all the earthquakes in the study region is done using HYPOCENTER (Lienert et al.,1986) [6]. the HYPOCENTER algorithm also incorporates the following four novel features: Start with a θ^2 value of 0.005, which was found empirically to have little effect relative to the least squares solution. When $\sum \tau I^2$ increases, θ^2 is increased by a factor of four. When $\sum \tau I^2$ is decreasing, then θ^2 is decreased by a factor of 0.06, thereby increasing the speed of convergence. The factors used to increase and decrease θ^2 were determined empirically and were not critical to the performance of the algorithm. The following convergence criteria were used: (a) coordinate corrections become <0.05 km and (b) $\sum \tau I^2$ does not decrease after θ^2 have been increased five times in succession.

Convergence is first achieved with the depth held fixed. Buland (1976) [2] has pointed out that fixing depth significantly extends the domain of convergence for location problem. Depth is then freed, and convergence is searched for a second time. Negative depths are treated similarly to increases in $\sum \tau I^2$, i.e., the damping factor is increased. It was found that including station elevations in the calculation considerably improved the ability of arrays to locate shallow focus events. This is because the derivatives of arrival times with respect to depth at stations which are coplanar with an event are often all zero, resulting in a singularity in the condition equation matrix. The most commonly used measurement for classifying the earthquakes by their relative size is magnitude. Further, magnitude, in first approximation, is proportional to the quantity of energy released during an earthquake. A number of different magnitude scales (Local Richter Magnitude, ML, Body – wave magnitude, mb, Surface wave magnitude, MS, etc.,) have been developed, each based on the measurement of a specific type of seismic wave or phase that has propagated away from the earthquake source. As a result several different magnitude values are often assigned to the same earthquake. In practice, the various magnitude scales yield systematically different values of magnitude. Excellent reviews of magnitude scales and the quantification of earthquakes have been given by Buland, 1977 [7], Richter, 1959 [8], Kanamori, 1983 [9] etc which are supported by 119 seismic events during the duration of the study as shown in Table 1.



**Malsawmtluanga and Lalfakawma****RESULTS AND DISCUSSION**

A total of 119 seismic events were obtained from 1977-2011 for the state of Mizoram and its adjoining region in Northeast India as shown in seismicity of the Epicentre Map 1 with . Amongst these, only 4 seismic events were recorded from within Mizoram and 20 other seismic events were having epicentres from within the other states in Northeast India. The remaining 95 seismic events were distributed in Myanmar, Bangladesh, Nepal and Indo-China border regions. It is interesting to note that during this time, the Harvard CMT catalogue does not record any seismic events within the states of Tripura; a region where most of the sedimentary rocks were formed during the Tertiary period, which have abundant reserves of hydrocarbon deposits. Meghalaya; a region where most of the rocks are composed of Precambrian crystalline rocks and Nagaland where the rocks were formed by the collision tectonics of Indian and Burma plates

During the study, it was found that 19 seismic events were having magnitudes of 0-5 Mw as shown in magnitude Map 2. This contributes roughly 16% of the total seismic events in the region. Earthquakes <5 Mw correspond to Micro to Light earthquakes in terms of magnitude and are generally non-destructive to mildly damaging depending on the depth, location and building qualities of buildings and other structures. Moderate earthquakes of magnitudes ranging 5Mw-6Mw were the dominant seismic events in the region, a total of 86 seismic events of such magnitudes were recorded from the region which consist to roughly 72% of all the seismic events in the region. Such earthquakes can be felt strongly over a large area, and can sometimes damage poor structured buildings and bridges. Normally they can be rarely catastrophic and ill-designed structures usually experience minor to moderate damages (cracks in walls, fallen plaster etc). The remaining earthquakes, having magnitudes between 6Mw-7Mw consist of 12% of the total seismic events and are termed as strong earthquakes. Such earthquakes are felt over large areas and most of these earthquakes during the study fall within the Sagaing fault areas in Myanmar, Bangladesh and along the Indo-China border to the north.

A major 61% of the earthquakes occurred within depths of upto 70 kms within the earth and this signifies that these are shallow-focus earthquakes as shown in seismic depth Map 3. Normally, such earthquakes have effects greater on the surface and are more likely to produce surface ruptures, landslides, liquefaction and infrastructural damages also with heavy casualties to life. Such earthquakes are common along the plate boundary regions and since the Indo-Myanmar areas all fall within the Indo Burmese Arc these earthquakes are a testament that the whole of Northeast India fall within the plate boundary region. The remaining 39% of the earthquakes have their foci on depth >70kms within the earth are termed intermediate to deep foci earthquakes. Such earthquakes generally cause lesser surface damage than the shallow foci earthquakes because seismic energy dissipates before reaching the surface of the earth.

Conflict of interest: No conflict of interest took place.

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Table 1: Seismic events in Mizoram and adjoining areas from 1977 to 2011

Year	Month	Day	Hour	Min	Sec	Lat	Long	Depth	Magnitude
77	10	13	11	32	9.3	23.48	93.35	6.1	5.2
78	2	23	23	18	33.2	23.09	94.72	105	5.1
79	5	29	0	39	52.1	24.5	94.72	83	5.3
79	7	13	23	20	8.8	24.9	95.26	97	4.8
79	11	25	2	40	48	25.21	96.32	32	4.9
80	11	19	19	0	46.9	27.39	88.75	17	6
80	11	20	18	14	11.7	22.72	93.9	33	5.3
81	4	25	11	32	23.1	24.94	95.38	148	5.7
81	5	1	4	8	10.4	22.96	94.59	101	5
81	6	30	21	55	47.1	22.49	95.13	22	5
83	8	23	12	12	16.9	24.57	95.2	126	5.1
83	8	30	10	39	27.3	25.07	94.72	63	5.6
83	11	16	0	54	11.8	26.13	96.06	138	5.0
84	3	5	21	26	42.4	24.5	94.65	68	5.2
84	5	6	15	19	11.4	24.22	93.52	33	5.7
84	11	28	10	29	26.2	26.66	97.12	53	5.8
84	12	30	23	33	39.1	24.6	92.84	33	5.6
85	4	24	6	47	45.8	26.18	96.05	54	5.2
85	8	1	12	13	44.9	29.16	95.13	33	5.4
86	2	8	0	28	53.9	23.82	92.92	33	5.2
86	2	19	17	34	24.6	25.1	91.17	18	5.3
86	4	26	0	25	59.6	22.89	94.57	115	4.9
86	7	26	20	24	48.5	23.78	94.28	33	5.1
86	11	1	5	2	43.3	26.76	96.29	33	5.4
87	5	18	1	53	51	25.26	94.18	50	5.6
87	8	24	9	24	40.5	23.06	94.44	92	5.1
87	9	25	23	16	27.5	29.77	90.27	11	5.3
88	1	25	1	12	22	30.13	94.82	33	5.4
88	2	6	14	50	42.7	24.65	91.52	15	5.8
88	7	3	8	19	18.9	22.05	94.25	86	5.2
88	8	6	0	36	24.6	25.14	95.12	92	6.8
88	8	13	19	59	50	25.33	95.16	82	5
88	8	21	13	16	28.8	25.31	95.14	81	5
89	2	3	17	50	1.9	30.04	89.76	33	5.4
89	2	12	7	55	47.7	26.18	96.83	33	5
89	4	3	19	39	35.1	25.05	94.58	93	5.1
89	4	9	2	31	36	29.12	90.03	10	5.2
89	4	0	7	25	36.6	24.36	92.37	33	5.2
89	6	12	0	4	10.4	21.86	89.77	10	6





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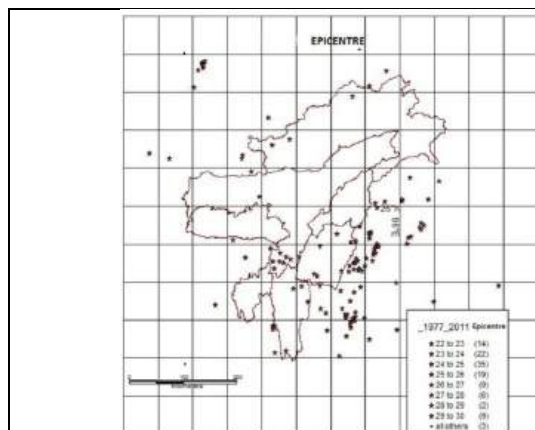
89	7	15	0	9	16	22.8	94.58	108	5.4
90	1	9	18	51	28.9	24.75	95.28	118	6.1
90	1	9	18	51	28.9	24.75	95.28	118	6.1
90	3	8	18	57	1.7	25.56	96.62	33	4.9
91	1	5	14	57	11.5	23.48	96.98	20	6.3
91	5	11	2	15	24.1	24.16	93.61	63	5.1
91	12	4	3	27	24	23.91	98.85	70	5.2
91	12	20	2	6	5.7	24.67	93.09	47	5.5
92	3	25	22	32	34.7	24.82	95.24	106	5.4
92	4	15	1	32	9.8	24.3	94.91	116	5.6
92	6	15	2	48	56.1	23.99	95.89	16	5.7
92	7	30	8	24	49.2	29.59	90.17	33	6
93	4	1	16	30	11.2	23.15	94.42	107	5.3
94	8	8	21	8	31.9	24.72	95.22	127	6
94	11	21	8	16	36.6	25.49	96.7	33	5.6
95	2	17	2	44	24.4	27.61	92.3	35	5.2
95	5	6	1	59	7.5	25.01	95.33	122	6.4
95	5	9	9	54	20.1	25.26	95.14	92	5.2
96	6	9	23	25	18.5	28.33	92.2	83	5.1
96	7	26	13	9	5.4	25.17	96.25	33	5.1
96	11	19	0	12	18.6	24.5	92.64	50	5.5
97	4	14	17	53	33.1	22.57	94.46	97	4.9
97	5	8	2	53	14.7	24.89	92.25	35	5.6
97	7	31	15	59	37	23.89	93.16	33	5.5
97	11	21	11	23	6.3	22.21	92.7	54.4	5.9
97	12	30	13	43	18.7	25.38	96.61	33	5.4
98	5	2	8	36	50.2	24.93	95.31	121.5	5.1
98	9	26	18	27	5.5	27.77	92.81	33	5.4
98	10	16	0	5	34.3	23.74	94.68	101.2	5.2
99	2	22	11	37	49.4	23.31	93.72	65	5.1
99	4	5	22	32	56.5	24.96	93.68	66.4	5.3
99	10	5	17	4	44.9	26.26	91.93	33	5.3
0	7	2	9	27	57	24.51	94.69	82.5	5
0	10	11	9	42	9.3	23.87	94.86	116.5	5.4
1	3	3	22	55	59.2	23.9	93.69	55.3	5.2
1	4	10	22	8	15.5	24.63	95.04	113.4	5
1	8	12	1	57	59.7	24.43	94.99	121.4	5
3	3	25	18	51	26.3	27.26	89.33	47.1	4.8
3	7	26	23	18	18	22.85	92.31	10	5.5
3	7	27	12	7	29.4	22.83	92.34	10	5.2
3	8	18	9	3	3.5	29.57	95.61	33	5.6
4	10	8	21	48	5.4	24.3	94.3	69.3	4.9
4	12	9	8	49	0.2	24.76	92.54	34.7	5.5
5	1	18	3	2	55.1	22.97	94.7	104.7	5
5	2	3	20	13	29.8	26.12	95.56	75.5	5.2
5	2	15	11	15	11.7	24.55	92.52	35.2	5.1
5	2	15	13	5	49.8	24.43	94.54	69.7	5.2
5	3	23	5	59	7.9	26.08	95.29	68.9	5.1



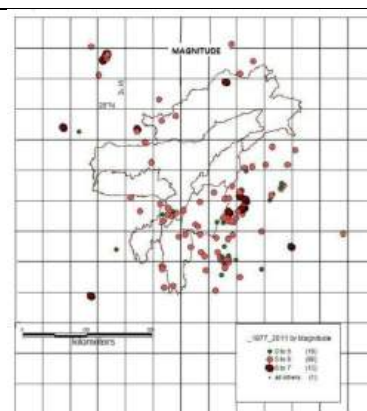


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5	3	25	13	34	40	25.48	94.84	67.2	5.3
5	6	1	20	6	41.5	28.88	94.63	25.8	6.1
5	9	18	7	25	59.6	24.56	94.78	84	5.6
5	12	29	7	20	55.7	25.01	96.2	12	4.9
6	2	23	20	4	53.5	26.91	91.71	10	5.5
6	3	21	17	16	0.1	24.27	94.53	77.9	4.9
6	3	25	20	13	30.7	23.18	93.85	61	5
6	5	11	17	22	54.1	23.31	94.32	48.3	5.7
6	8	12	20	46	11.3	24.66	92.71	42.8	4.9
6	11	10	13	21	24.3	24.54	92.33	42.5	4.9
7	5	7	5	58	33	23.16	94.48	93.7	4.6
7	6	29	23	24	0.9	25.43	96.58	52.7	4.9
7	11	7	7	10	22	22.15	92.39	28.7	5.1
7	12	7	6	56	33.6	23.5	94.57	113.3	4.8
8	11	22	22	44	47.4	22.76	92.33	33.8	5
8	7	7	2	50	36.7	25.97	95.33	72	4.9
8	10	6	8	30	45.6	29.81	90.35	12	6
8	10	6	12	10	33.4	29.65	90.32	10	5.4
8	10	8	14	7	16.4	29.74	90.31	10	5.6
8	12	20	23	22	48.4	22.75	95.9	10	4.8
9	8	11	21	43	47.6	24.32	94.79	99	5.4
9	8	30	19	27	48.8	25.28	95.1	82.2	5.2
9	9	3	19	51	8	24.33	94.68	104.6	5.7
9	9	21	8	53	5.9	27.33	91.44	14	6.1
9	10	29	17	0	38.6	27.26	91.42	26	5.3
9	12	29	9	1	55.3	24.36	94.81	124.8	5.3
10	2	20	21	7	27.5	23.2	94.71	116	4.9
10	3	12	23	19	55.2	23.06	94.62	102.1	5.5
10	9	10	17	24	16.6	23.41	90.66	10	4.8
10	11	30	8	39	57	29.79	90.34	10	5.5
11	2	4	13	53	47	24.62	94.74	88.8	6.4
11	5	7	7	7	17	23.06	94.98	109	4.7



Map 1: Epicentre Map

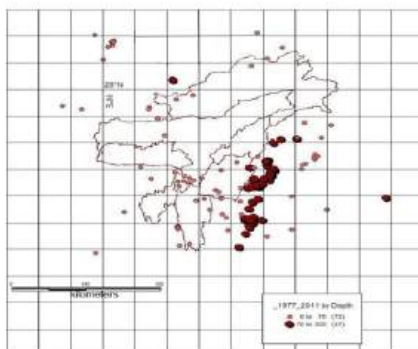


Map 2: Magnitude map





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Map 3: Seismic depth map

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RESEARCH ARTICLE

A Novel Decision - Making Framework for International Student Migration using Fermat's Fuzzy Graph Model

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Received: 11 Mar 2026

Revised: 19 Apr 2026

Accepted: 10 May 2026

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ABSTRACT

Since its inception by Kaufmann in 1973 and subsequent refinement by Rosenfeld in 1975, fuzzy graph theory has evolved through various specialized structures, including strong, complete, and weak fuzzy graphs. Recent advancements have introduced Fermat's Fuzzy Graphs and the overarching framework of General Fuzzy Graphs. This article explores the intersection of fuzzy set theory and number theory by applying the Fermat's Fuzzy Graph model to Fermat's equation. Specifically, we investigate the behavior and application of this model in the context of non-integer solutions. By leveraging the structural properties of Fermat's Fuzzy Graphs, we provide a novel approach to analyzing Fermat's equation, bridging the gap between algebraic fuzzy structures and classical mathematical problems.

Keywords: Fuzzy graphs, Pythagorean fuzzy graphs, Fermat's Theorem.

Subject Classification: (2010) 05C78, 05C15.





INTRODUCTION

The mathematical modeling of real-world phenomena has undergone a significant paradigm shift since the mid-20th century. While the foundations of modern graph theory and set theory were laid by Leonhard Euler (1736) and Georg Cantor (1874), these classical frameworks operate on binary logic, where an element either belongs to a set or it does not. However, real-world systems—ranging from social networks to economic decision-making—are frequently characterized by vagueness, hesitation, and uncertainty that classical "crisp" sets cannot adequately capture. To address this limitation, L.A. Zadeh (1965) introduced the concept of fuzzy sets, which was later extended into Fuzzy Graph Theory by Kaufmann (1973) and refined by Azriel Rosenfeld (1975). These early models allowed for degrees of membership, representing the strength of relationships between nodes. As the field matured, the need to represent "rejection" or "non-membership" became apparent, leading to the development of Intuitionistic Fuzzy Graphs (IFGs) and Pythagorean Fuzzy Graphs (PFGs). These models expanded the decision-making space but remained bounded by specific power constraints (such as the sum of squares being less than or equal to 1).

A parallel and unexpected evolution occurred in the domain of Number Theory regarding Fermat's Last Theorem. Pierre de Fermat (1607–1665) famously conjectured that the equation $x^n + y^n = z^n$ has no integer solutions for $n > 2$. While this was famously proven for integers by Andrew Wiles, the equation behaves differently within the domain of non-integers. In a fuzzy context, these non-integer solutions can be ingeniously reinterpreted as measures of acceptance and rejection. By letting x represent membership and y represent non-membership, the constraint $x^n + y^n = 1$ defines a new class of fuzzy structures known as Fermat's Fuzzy Graphs (FFGs), introduced by Nishad T M and B M Harif (2022). These graphs offer a higher degree of flexibility than Pythagorean fuzzy sets by allowing the power n to be any positive integer, thereby accommodating a wider range of uncertain data. In this article, we demonstrate a novel application of the Fermat's Fuzzy Graph model to a complex Multi-Criteria Group Decision-Making (MCGDM) problem: international student migration. We investigate how a student's choice between multiple countries (Germany, USA, Canada, Australia, and France) can be modeled as a network where expert preferences are governed by the structural constraints of Fermat's equation. By utilizing Fermat's Fuzzy Weighted Averaging (FFWA) operators and Hamming distance-based weight calculations, we provide a systematic approach to identifying optimal choices in environments defined by high levels of hesitancy and competing expert opinions.

PRELIMINARY DEFINITIONS

Definition 2.1: A fuzzy graph $G = (\sigma, \mu)$ is a strong fuzzy graph, if $\mu(u, v) = \sigma(u) \wedge \sigma(v)$, for all $(u, v) \in \mu^*$.

Definition 2.2: A Fermat's Fuzzy Set (FFS) on a universal set A is a set of 3-tuples of the form $F = \{(u, I_F(u), O_F(u))\}$,

where $I_F(u)$ and $O_F(u)$ represents the membership and non-membership degrees of $u \in A$ and $I_F(u), O_F(u)$ satisfy

$$0 \leq I_F^n(u) + O_F^n(u) \leq 1, \text{ for all } u \in A, n \in \mathbb{N} = \{1, 2, 3, \dots\}.$$

Definition 2.3: A Fermat's fuzzy relation (FFR) R on $A \times A$ is a set of 3-tuples of the form $R = \{(uv, I_R(uv), O_R(uv))\}$, where $I_R(uv)$ and $O_R(uv)$ represents the membership degree and non-membership degree of uv in R and $I_R(uv), O_R(uv)$ satisfy

$$0 \leq I_R^n(uv) + O_R^n(uv) \leq 1, \text{ for all } uv \in A \times A. \text{ FFR need not be symmetric. Hence } I_R(uv) \text{ need not be equal to } I_R(vu).$$

Definition 2.4: A Fermat's fuzzy graph of multiplicity n (FFG(n)) on a non-empty set A is a pair $G: (\sigma, \mu)$ with σ as FFS on A and μ as FFR on A such that $I_\mu(uv) \leq I_\sigma(u) \wedge I_\sigma(v), O_\mu(uv) \geq O_\sigma(u) \vee O_\sigma(v)$ and $0 \leq I_\mu^n(uv) + O_\mu^n(uv) \leq 1$, for all

$u, v \in A, n \in \mathbb{N} = \{1, 2, 3, \dots\}$, where $I_\mu: A \times A \rightarrow [0, 1]$ and $O_\mu: A \times A \rightarrow [0, 1]$ represents the membership and non-membership functions of μ respectively.





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Example 2.1: The following figure illustrates a Fermat's fuzzy graph.

Definition 2.5: A Fermat's fuzzy preference relation (FFPR) on the set of nodes $N=\{x_1, x_2, \dots, x_n\}$ is represented by a matrix $M = (m_{ij})_{n \times n}$, where $m_{ij} = (x_i x_j, I(x_i x_j), O(x_i x_j))$, for all $i, j = 1, 2, 3, \dots, n$. Let $m_{ij} = (I_{ij}, O_{ij})$, where I_{ij} indicates the degree to which the node x_i is preferred to node x_j and O_{ij} denotes the degree to which the node x_i is not preferred to the node x_j and $\pi_{ij} = \sqrt[n]{1 - I_{ij}^n - O_{ij}^n}$ is interpreted as hesitancy degree, with the conditions, $I_{ij}, O_{ij} \in [0, 1]$, $0 \leq I_{ij}^n + O_{ij}^n \leq 1$, $I_{ij} = O_{ji}$, $I_{ii} = O_{ii} = 0.5$, for all $i, j = 1, 2, 3, \dots, n$.

Definition 2.6: A Fermat's fuzzy graph $G: (\sigma, \mu)$ of multiplicity n is said to be Fermat's Strong fuzzy Graph of multiplicity n FSFG(n) with underlying crisp graph $G^*: (\sigma^*, \mu^*)$, if $I_\mu(uv) = I_\sigma(u) \wedge I_\sigma(v)$, $O_\mu(uv) = O_\sigma(u) \vee O_\sigma(v)$, for all $uv \in \mu^*$.

Definition 2.7: A Fermat's fuzzy graph $G: (\sigma, \mu)$ of multiplicity n is said to be Fermat's weak fuzzy graph of multiplicity n , FWFG(n) with underlying crisp graph $G^*: (\sigma^*, \mu^*)$, if $I_\mu(uv) < I_\sigma(u) \wedge I_\sigma(v)$, $O_\mu(uv) > O_\sigma(u) \vee O_\sigma(v)$, for all $uv \in \mu^*$.

Definition 2.8: A Fermat's fuzzy graph (FFG), $G: (\sigma, \mu)$ is said to be complete FFG with underlying crisp graph $G^*: (\sigma^*, \mu^*)$, if $I_\mu(uv) = I_\sigma(u) \wedge I_\sigma(v)$, $O_\mu(uv) = O_\sigma(u) \vee O_\sigma(v)$, for all $u, v \in \sigma^*$.

Decision Making In Students Migration

Example 3.1: Indian Student Mr.X wish to migrate to any of the following 5 countries that gives him better career and life style.

1. Germany (C1)
2. USA (C2)
3. Canada (C3)
4. Australia (C4)
5. France (C5)

He consulted with 4 experts and they advised the merits and demerits of each particular country comparing with other. The aggregate of information FFPR is prepared as relation matrices. How can he select the best country to migrate?

Suppose the 5 countries are C1, C2, C3, C4 and C5. Consider the discrete set of alternatives $A = \{C1, C2, C3, C4, C5\}$. Since the alternatives are present, assign the membership degree as 1 and non-membership degree 0 to each alternative. Consider the set of experts as $\{E1, E2, E3, E4\}$. Since each experts gives the acceptance and rejection reasons comparing every pair of alternatives, the aggregate of information FFPR can be represented as relation matrices. This data represents a FFG(n). If in the given FFPRs, all the membership values are in (0,1) and non-membership values are greater than 0 then the given FFG(n) will be FWFG(n).

In decision making, the Optimal Score having maximum rank is considered as best choice. The scores to rank the alternatives can be calculated using score function $S(p_i)$. Here p_i is the collective Fermat's Fuzzy Element which can be obtained using Fermat's Fuzzy Weighted Averaging Operator FFWA. The weight of each expert can be obtained using deviations of each expert and the deviations can be calculated from difference matrices. The entries in difference matrix are calculated using Fermat's Fuzzy Hamming distance between Fermat's Fuzzy Elements.



**Fuzzy Averaging Operator FFA**

$$FFA(p_{i1}^{(k)}, p_{i2}^{(k)}, \dots, p_{im}^{(k)}) = \left(\sqrt[n]{1 - \left(\prod_{j=1}^m (1 - I_{\mu_{ij}}^n) \right)^{1/m}}, \left(\prod_{j=1}^m (O_{\mu_{ij}}^n) \right)^{1/m} \right), i = 1, 2, 3, \dots, m.$$

Fermat's Fuzzy Element (FFE) $p_i^{(k)}$ indicates preference of each expert E_k over each pair of alternatives.

It is determined using Fermat's Fuzzy Averaging operator FFA

$$p_i^{(k)} = FFA(p_{i1}^{(k)}, p_{i2}^{(k)}, \dots, p_{im}^{(k)}), i = 1, 2, 3, \dots, m. \text{ FFE is used in calculation of FFWA.}$$

Fermat's Fuzzy Hamming distance between FFEs.

From the given FFPR,

$$d(p_{ij}^{(l)}, p_{ij}^{(k)}) = \frac{1}{2} \left(\left| I_{\mu_{p_{ij}^{(l)}}}^n - I_{\mu_{p_{ij}^{(k)}}}^n \right| + \left| O_{\mu_{p_{ij}^{(l)}}}^n - O_{\mu_{p_{ij}^{(k)}}}^n \right| + \left| \pi_{p_{ij}^{(l)}}^n - \pi_{p_{ij}^{(k)}}^n \right| \right), \text{ where}$$

$$\pi_{p_{ij}^{(l)}}^n = \sqrt[n]{1 - I_{\mu_{p_{ij}^{(l)}}}^n - O_{\mu_{p_{ij}^{(l)}}}^n}, \pi_{p_{ij}^{(k)}}^n = \sqrt[n]{1 - I_{\mu_{p_{ij}^{(k)}}}^n - O_{\mu_{p_{ij}^{(k)}}}^n} \text{ are hesitancy degree.}$$

Difference matrix

$$D_{lk} = (d_{ij}^{(lk)})_{m \times m} = d(p_{ij}^{(l)}, p_{ij}^{(k)})_{m \times m}$$

Average Values of Difference Matrix

The equation to determine average values of difference matrix $\overline{d_{lk}} = \frac{1}{m^2} \sum_{i=1}^m \sum_{j=1}^m d_{ij}^{(lk)}$

Deviation of expert E_r from remaining experts

The equation to determine deviation of expert E_r from remaining experts $d_r = \sum_{k=1, k \neq r}^s \overline{d_{rk}}$

Weight of expertsw_r.

The equation to determine weight of expertsw_r. $w_r = \frac{(d_r)^{-1}}{\sum_{r=1}^s (d_r)^{-1}}, r = 1, 2, \dots, s.$

Fermat's Fuzzy Weighed Averaging operator FFWA

Fermat's Fuzzy Weighed Averaging operator FFWA to compute collective Fermat's Fuzzy Element p_i over other alternatives is

$$p_i = FFWA(p_i^{(1)}, p_i^{(2)}, \dots, p_i^{(s)}) = \left(\sqrt[n]{1 - \prod_{k=1}^s (1 - I_{\mu_{p_i^{(k)}}}^n)^{w_k}}, \prod_{k=1}^s (O_{\mu_{p_i^{(k)}}}^n)^{w_k} \right) = (I_{p_i}, O_{p_i})$$

Score Function

Score function $S(p_i)$ to rank the alternatives $u_i, i = 1, 2, \dots, m, S(p_i) = (I_{p_i} - O_{p_i})(I_{\sigma}(u_i) - O_{\sigma}(u_i)), u_i, i = 1, 2, \dots, m.$

Suppose the aggregate of information FFPR is given as following relation matrices.





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Data 1. The information from E_1 in the form of Relation Matrix.

	C1	C2	C3	C4	C5
C1	(0.5,0.5)	(0.6,0.8)	(0.7,0.9)	(0.6,0.9)	(0.3,0.9)
C2	(0.8,0.6)	(0.5,0.5)	(0.5,0.8)	(0.6,0.7)	(0.7,0.9)
C3	(0.9,0.7)	(0.8,0.5)	(0.5,0.5)	(0.4,0.9)	(0.8,0.4)
C4	(0.9,0.6)	(0.7,0.6)	(0.9,0.4)	(0.5,0.5)	(0.8,0.5)
C5	(0.9,0.3)	(0.9,0.7)	(0.4,0.8)	(0.5,0.8)	(0.5,0.5)

Data 2. The information from E_2 in the form of Relation Matrix.

	C1	C2	C3	C4	C5
C1	(0.5,0.5)	(0.6,0.7)	(0.7,0.8)	(0.8,0.8)	(0.3,0.8)
C2	(0.7,0.6)	(0.5,0.5)	(0.5,0.8)	(0.6,0.7)	(0.7,0.8)
C3	(0.8,0.7)	(0.8,0.5)	(0.5,0.5)	(0.4,0.9)	(0.8,0.5)
C4	(0.8,0.8)	(0.7,0.6)	(0.9,0.4)	(0.5,0.5)	(0.8,0.5)
C5	(0.8,0.3)	(0.8,0.7)	(0.5,0.8)	(0.5,0.8)	(0.5,0.5)

Data 3. The information from E_3 in the form of Relation Matrix.

	C1	C2	C3	C4	C5
C1	(0.5,0.5)	(0.5,0.8)	(0.6,0.9)	(0.7,0.9)	(0.4,0.9)
C2	(0.8,0.5)	(0.5,0.5)	(0.5,0.8)	(0.6,0.7)	(0.5,0.9)
C3	(0.9,0.6)	(0.8,0.5)	(0.5,0.5)	(0.4,0.9)	(0.6,0.4)
C4	(0.9,0.7)	(0.7,0.6)	(0.9,0.4)	(0.5,0.5)	(0.8,0.5)
C5	(0.9,0.4)	(0.9,0.5)	(0.4,0.6)	(0.5,0.8)	(0.5,0.5)

Data 4. The information from E_4 in the form of Relation Matrix.

	C1	C2	C3	C4	C5
C1	(0.5,0.5)	(0.6,0.8)	(0.7,0.9)	(0.7,0.9)	(0.3,0.9)
C2	(0.8,0.6)	(0.5,0.5)	(0.5,0.8)	(0.7,0.7)	(0.7,0.9)
C3	(0.9,0.7)	(0.8,0.5)	(0.5,0.5)	(0.4,0.8)	(0.8,0.4)
C4	(0.9,0.7)	(0.7,0.7)	(0.8,0.4)	(0.5,0.5)	(0.8,0.5)
C5	(0.9,0.3)	(0.9,0.7)	(0.4,0.8)	(0.5,0.8)	(0.5,0.5)





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The above data represents a FFG(n). Among the relations, $0.8+0.8 = 0.9+0.7 = 0.7+0.9 = 1.6$ is the maximum sum among measures of acceptance and corresponding rejection. Since there is more than one pair with the same sum, we break the tie by comparing the sum of powers and selecting the pair that brings maximum sum. Here $0.8^2+0.8^2 = 1.28 < 0.9^2+0.7^2 = 1.3$. So we consider sum of higher powers of 0.9 and 0.7 till we get a sum ≤ 1 . Note that $0.9^3+0.7^3 = 1.072 > 1$. But $0.9^4+0.7^4 = 0.8962 < 1$. So the FFG(n) is FFG(4). Since alternatives are present, the membership value 1 and non-membership value 0 have to be assigned to each alternative. In the given FFRs, all the membership and non-membership values are in (0,1). Hence the given FFG(4) is FWFG(4).

Fermat's Fuzzy Elements are

$$P_1^{(1)} = (0.5854, 0.7816), P_2^{(1)} = (0.6624, 0.6853), P_3^{(1)} = (0.7732, 0.5753),$$

$$P_4^{(1)} = (0.8196, 0.5144), P_5^{(1)} = (0.7786, 0.5827)$$

$$P_1^{(2)} = (0.6544, 0.7090), P_2^{(2)} = (0.6231, 0.6694), P_3^{(2)} = (0.7301, 0.6015),$$

$$P_4^{(2)} = (0.7896, 0.5448), P_5^{(2)} = (0.6855, 0.5827)$$

$$P_1^{(3)} = (0.5725, 0.7816), P_2^{(3)} = (0.6304, 0.6608), P_3^{(3)} = (0.7435, 0.5578),$$

$$P_4^{(3)} = (0.8196, 0.5305), P_5^{(3)} = (0.7786, 0.5448)$$

$$P_1^{(4)} = (0.6129, 0.7816), P_2^{(4)} = (0.6803, 0.6853), P_3^{(4)} = (0.7732, 0.5619),$$

$$P_4^{(4)} = (0.7896, 0.5471), P_5^{(4)} = (0.7786, 0.5827).$$

From the difference matrices and the average values of difference matrices we get the deviations $d_1 = 0.196528$, $d_2 = 0.341216$, $d_3 = 0.261024$ and $d_4 = 0.242128$. Then the weights of experts are $w_1 = 0.31842$, $w_2 = 0.18340$, $w_3 = 0.23974$ and $w_4 = 0.25845$. Now the collective Fermat's Fuzzy Elements are $p_1 = (I_{p_1}, O_{p_1}) = (0.60466, 0.76775)$, $p_2 = (I_{p_2}, O_{p_2}) = (0.65365, 0.67642)$, $p_3 = (I_{p_3}, O_{p_3}) = (0.75922, 0.57224)$, $p_4 = (I_{p_4}, O_{p_4}) = (0.80715, 0.53211)$ and $p_5 = (I_{p_5}, O_{p_5}) = (0.76520, 0.57338)$.

The corresponding score function gives the following scores

$$S(p_1) = -0.21377, S(p_2) = -0.02680, S(p_3) = 0.22503, S(p_4) = 0.34427 \text{ and } S(p_5) = 0.23476$$

Since $S(p_4)$ is the maximum score, the best Choice is C4, the **Australia**.

CONCLUSION

In this research, we have successfully bridged the gap between classical number theory and modern fuzzy graph theory by applying the framework of Fermat's Fuzzy Graphs (FFG) to a real-world multi-expert decision-making problem. By utilizing the non-integer solutions of Fermat's equation, we developed a sophisticated mathematical model capable of handling the inherent vagueness and uncertainty involved in international migration preferences.

The key findings and contributions of this study are summarized below:

- **Theoretical Integration:** We demonstrated that the structural constraints of Fermat's equation ($x^n + y^n = 1$ for non-integers) provide a robust boundary for modeling membership and non-membership degrees in complex networks.
- **Methodological Advancement:** By employing Fermat's Fuzzy Weighted Averaging (FFWA) operator and a specialized Score Function, we established a systematic pipeline for aggregating expert opinions while accounting for individual expert deviations through Hamming distance.
- **Practical Application:** The application of this model to student migration revealed that Australia (C4) emerged as the optimal choice among five alternatives, supported by a maximum score of 0.34427. This illustrates the model's efficacy in converting subjective expert evaluations into a clear, ranked decision.
- **Structural Versatility:** The study categorized the experimental data as a Fermat's Weak Fuzzy Graph of multiplicity 4 (FWFG(4)), showcasing the model's ability to adapt its multiplicity based on the specific constraints of the input data.





Ultimately, this framework provides a powerful tool for decision-makers in fields ranging from migration studies to logistics and social network analysis. Future research may explore the extension of this model into dynamic Fermat's fuzzy environments or its integration with other hybrid fuzzy structures to further enhance its predictive accuracy in high-stakes decision-making scenarios.

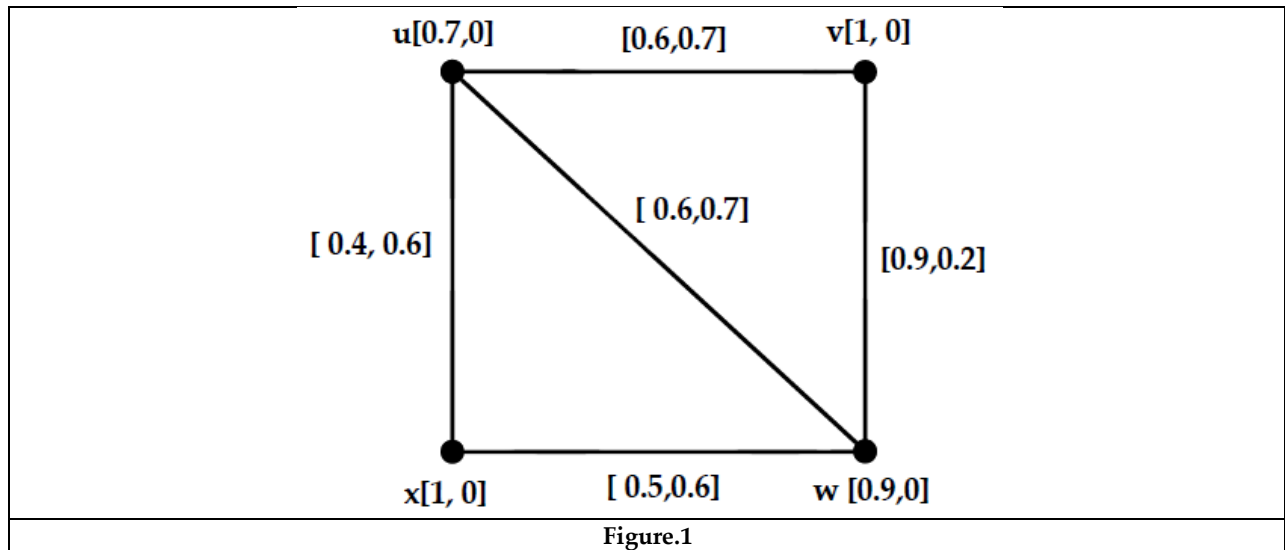
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RESEARCH ARTICLE

Patterns of Psychological Resilience Following Adverse Experiences: A Thematic Analysis of Trauma Survivors

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Received: 03 Feb 2026

Revised: 20 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

Resilience is an essential life skill required in both personal and professional aspect of life to overcome the trauma and adversities. This study aims to analyse the factors facilitating resilience among people who have suffered with any trauma or adversity, their psychological mechanisms, and supportive factors during recovery from life threatening conditions. To analyse the same, qualitative (thematic) analysis was done, using transcripts of 15 in-depth interviews. The sub-themes and themes were derived manually and frequency analysis was done using QDA Miner Software. The themes which emerged showed a range of positive emotions and mental state which helped them cope up with the challenging times. However, a few themes focused on the hardships and emotional dysregulation, they faced during adverse situation. The findings can be helpful in integrating the helpful factors to the pre-existing crisis management framework for trauma survivors which can help them to build better coping strategies during challenging times. The findings also give an in-depth insight about the lived experiences of trauma survivors in their original form with due reference.

Keywords: Adversity, Emotional Dysregulation, Thematic Analysis, Resilience, Trauma

INTRODUCTION

Resilience is an element of positive psychology and is the ability to bounce back during adversities. There is no such conceptualised definition of resilience that is agreed upon, everyone understands resilience differently. "Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands." [1]. Resilience is seen as the common trajectory when faced with trauma or adversities and approx. 70% of adults have face at least one traumatic event their life [2]. The ability to maintain or regain the mental health comes under resilience and it



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focuses on several factors as it is dynamic in nature[3]. This paper delves into the factors involved in the process of resilience and the coping strategies that were seen among individuals who have evolved as human beings with more strength than before, after facing any specific trauma, life-changing critical incident, or an adverse circumstance.

METHODS

The data was collected by forming a semi-structured interview. The semi-structured questionnaire was shared with five experts in the field, and the suggested changes were made. There were 15 interviews taken from people who had faced some form of adversity and were able to overcome it successfully or were on a path to do so. The selected sample for the interview had faced one of the conditions, cancer, physical disability like amputation of limbs, or physical violence or accidents leading to significant life-threatening situations. After reading the interview transcripts thoroughly, the sub-themes and themes were derived manually. Further, to analyse the frequency, QDA Miner Software was used. The major emphasis was to understand their journey, from being fearful to being resilient Enough To Face The Adverse Circumstances.

RESULTS

The findings were summarized in 7 themes and 21 codes (table 1), which were shown in two different ways, the distribution of Codes in terms of Number of cases and the distribution of Codes in terms of frequency, respectively.

Theme 1: Negative Emotions

This theme consists of 5 sub-themes- scared, regret, vulnerability, denial, and anger. According to research done by Vos [4] the rate of denial of diagnosis in cancer patients ranges from 4 to 47%. It was seen in research studies that the elderly cancer patients were more likely to deny than children with cancer. The highest level of regret is felt when there was a chance to fix it [5].

Excerpts

"I was very scared to know about it, and also because the treatment outcome was uncertain."

"It is a scary thing to hear for yourself, almost unbelievable."

Theme 2: Supportive factors in recovery

This theme included three sub-themes- Acceptance, Perseverance, and Purpose. Purpose helps to give a reason to recover from the adversities [6]. Whereas perseverance means to keep facing the everyday challenges, while keeping a positive mindset towards the medical procedures or recovery-related thoughts, and reviving the hope for a better future, even if there are instances of disappointing experiences. Both purpose and perseverance helped in developing acceptance of the adverse situation among 60% of the participants.

Excerpts

"When I accepted the situation completely with the help of my family and friends, only then could I actually feel the positive changes, otherwise I was just focusing on the negative aspects of my treatment and the illness."

"One of the reasons I continued to fight was that I had no other option but to be strong for myself and my family, because the other way around was more difficult."

Theme 3: Strength

This theme had three sub-themes: strong will, endurance, and resistance to adversity. According to the American Psychological Association (2012)[7] there exists a positive relationship between willpower and positive life outcomes these can be seen in various aspects of life like improved mental and physical health.





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Excerpts

"I had to do it, and I knew that even if I fail, at least I will be satisfied that I tried my best today. Just trying every day, getting up every day demanded a lot of strength but I did not give up and that gave me a sense of relief that I tried my best today. It was like one step at a time"

"I just did not want to give up so easily, even if I lacked a hand, I had another with which I started painting and I am still learning a lot of skills, it is like rewiring my brain. I read a lot of self-help books also."

Theme 4: Positive Perspective as Coping strategy

This theme incorporated two sub themes- optimism and gratitude. The present research on optimism suggests a significant positive relation between optimism and coping strategies, which are focused on social support and positive outlook even in adverse or tough situations.[8]

Excerpts

"I will not lie, but initially I was genuinely shattered to know about this when I gained consciousness after the surgery, it was a moment where I had to decide between thanking God for saving my life or cursing the whole situation, so I chose hope and being thankful for still being able to breath."

"It was initially tough, then I looked at it the other way around, at least I was alive, at least I could see my parents. I am not happy with what happened to me, but thankful that I am still living my life."

Theme 5: Social Support received and provided

This theme included threesub-themes: Inspiration, Empowerment, and togetherness. Social support received and provided helps with genetic and environmental risk for mental illness and helps in maintaining mental and physical health[9].

Excerpts

"I want to be strong for those who are suffering like me with any disability. I want to prove to them that there are still other ways to live than what we all thought about our lives."

"Thesupport which I got from my loved ones was very important, I think for me to be able to wake up everyday, it was the only good thing that kept me going"

Theme 6: Struggle and challenges

This theme includes three sub themes- hardships, pain and trauma. Most of the people at some point in their life has faced struggles and challenges. Rivara et al. (2008)[10] found that most trauma patients experience moderate amount of pain even after 1 year of injury this results in lots of challenges.

Excerpts

"It was very tough, and I cannot deny that. It was the most painful experience of my life."

"The treatment has some side effects, and that is painful; medicines were just a temporary relief from that pain"

Theme 7: Self

This theme includes two sub themes- achievement and self- care. Garcia et al. (2022) found that Resilience have a positive correlation with self like mindful self care and self compassion in relation to palliative care. Resilience was positively associated with self-care in people with chronic conditions[11].

Excerpts

"After a while I started to take care of myself and stopped disliking this version of me which was very different in appearance from what I was earlier. That really helped me to gain confidence again"

DISCUSSION

The study aimed to understand factors contributing to resilience after experiencing trauma or adversity, including psychological mechanisms like coping strategies and emotional regulation of 15 participants. Resilience does not just



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help people get through the tough or adverse situations it also helps us to face the challenges in life [12]. The results revealed that the most frequent occurring sub-themes were, Acceptance(60%), perseverance(50%), resistance to adversity(50%), endurance(50%), strong will(50%) and hardships(50%). The findings reflected that these were the supportive factors, flourishing resilience among survivors of malignancy, different forms of disability or accidents leading to amputation. Acceptance was found with the highest frequency percentage which shows the importance of acceptance of the trauma or adversity. To move forward, one must understand the need to accept their vulnerability. According to the American Psychological Association (2012)[13], resilience is not an easy process, nor it is just a positive approach, it involves a lot of emotional and physical regulation. The less frequently occurring sub-themes were regret (10%) and achievement (10%). This showed that people have discussed more about their struggles, and only 10% (1) person discussed it openly, which could be because of long-term trauma. Further, regret was found to be present in one participant (10%), who felt guilty for not being able to enjoy life at its most. The present study raises the need for future research to enhance acceptance, perseverance, resistance to adversity, endurance and strong will to manage hardships by participating in interventional programs for building resilience

.These findings suggests that such interventions can be designed for enhancing resilience which would be subjective in nature and should be tailored made for different perspectives. Interventions that focus more on individual needs in relation to active coping strategies and sense of purpose could be found[13]. The implications of the present study can be utilized to design a supportive psychotherapy framework for trauma survivors and help in fostering resilience during adverse circumstances. Southwick[14] found for an- in-depth understanding of the ways to increase resilience, further investigations can be done on the factors affecting resilience. Future studies can do more longitudinal studies which will measure resilience over a period and can give an accurate measure on how it develops and changes with time. The implication of the present study can be utilized to design supportive psychotherapy framework for trauma survivors and help in fostering resilience during adverse circumstances. Southwick[14] found for an- in-depth understanding of the ways to increase resilience, further investigations can be done on the factors affecting resilience. Future studies can do more longitudinal studies which will measure resilience over a period and can give an accurate measure on how it develops and changes with time. This research highlights the need of psychological interventions that do not solely focus on promoting strength and positivity but also acknowledgement of the negative emotions as well as challenges and hardships. This research encourages resilience building programs that focuses on Acceptance, perseverance, resistance to adversity, endurance, strong will and hardships. In educational context resilience building programs can be incorporated in schools and universities that focuses on healthier coping strategies while promoting help-seeking behaviour, since the research is done on people who have been through any trauma and who have shared their journey and have expressed their vulnerable side, which normalizes emotional acknowledgement and helps in removing stigma around resilience.

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Table 1: The following are the themes with their codes and percentage

Themes	Codes	Description of Codes	Cases	% cases
Negative Emotions	Scared	Being fearful of challenges in life	3	30%
	Regret	Regretting that the undesirable incidents could have been changed if proper action was taken	1	10%
	Vulnerability	Crying, feeling weak emotionally	3	30%
	Denial	Non acceptance of tough circumstances	2	20%
	Anger	strong feeling of rage	2	20%
Supportive Factors in Recovery	Acceptance	Accepting the difficult situations	6	60%
	Perseverance	Consistency to keep trying to fight the challenges	5	50%
	Purpose	reason or intention of something	2	20%
Strength	Endurance	Bearing pain to overcome ailments	5	50%
	Resistance to adversity	Not giving up easily and trying to fight challenges	5	50%
	Strong Will	Being determined even when people disagree	5	50%
Positive Perspective as Coping Strategy	Optimism	Trying to focus on positivity	3	30%
	Gratitude	Being thankful of something	2	20%
Social Support Received & Provided	Inspiration	Motivating others and supporting people in general	2	20%
	Empowerment	To grant power to someone	2	20%
	Togetherness	bond	1	10%
Struggle and Challenges	Hardships	condition that is difficult to endure	5	50%
	Pain	Physiological hurt	4	40%
	Trauma	Physical or psychological accident that have a	4	40%



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		lasting effect		
Self	Achievement	Accomplishing	1	10%
	Self-Care	Focusing on one self	4	40%

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REVIEW ARTICLE

Eat Well, Smile Well: Nutrition and Periodontal Health Revisited

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Received: 03 Mar 2026

Revised: 18 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

This review provides a comprehensive exploration of the significant and wide-ranging role that nutrition plays in maintaining periodontal health. It plans to cater the pathways through dietary factors that control inflammation and oxidative stress and immune functioning within the periodontal tissues. The article captures the specific roles of various macronutrients (carbohydrates, fats and proteins), micronutrients (vitamins and minerals) and broader dietary patterns which ensue the susceptibility to and progression of periodontal disease. In addition, it unites emerging evidence that denotes the value of nutritional and nutraceutical strategies which compliment to standard periodontal therapies. Based on the inference from the recent scientific results, including systematic reviews and meta-analyses, this work offers an evidence-based view that is aimed at guiding clinicians, researchers and public health professionals, and highlights the crucial integration of nutritive consideration in comprehensive oral healthcare.

Keywords: Nutrients, Micronutrients, Macronutrients, Periodontitis, Diet.

INTRODUCTION

Nutrition is defined as the science of how the body utilizes food to meet requirements for development, growth, repair, and maintenance.¹ Nutrients derived from the diet perform as antioxidants, co-enzymes in energy production and metabolic processes, and components of tissue structures that keep the body's systems functioning properly and maintain good overall health, including oral health.²



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"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." However, the periodontal health is characterized by the absence of any inflammation associated with periodontal disease. In other words, the absence of clinically detectable inflammation that is associated with gingivitis or periodontitis is a fundamental criterion for defining periodontal health. Several factors, such as oral hygiene practices, genetic and epigenetic traits, overall systemic health, and nutrition, affect periodontal health.³ In normal conditions or during the disease, the inherent health and functions of periodontal tissues are significantly dependent on the host having access to an adequate supply of essential nutrients. To further add on the importance, various vitamins, minerals, and trace elements play a crucial role in bone formation and periodontal regeneration.⁴

Considering these factors, it is quite essential to emphasise and decipher how diet influences the relationship between nutrition and periodontal diseases, the association between periodontal diseases and chronic conditions, and the conjunction impacting the overall relationship between nutrition and chronic diseases.⁵ Many nutrients play a significant role in maintaining periodontal health. Additionally, to elaborate the classification of nutrients- there are two types of nutrients: micronutrients and macronutrients. Micronutrients are essential nutrients that the body requires in small amounts to carry out various physiological functions and maintain overall health. **Vitamins and minerals** come under the category of micronutrients. On the other hand, macronutrients are nutrients that the body requires in large amounts to provide energy and support essential bodily functions. Examples of macronutrients are **carbohydrates, proteins, fats, oxygen, and water.**⁶

Micronutrients

❖ Vitamins

Vitamins are essential organic compounds needed in small quantities through the diet to carry out specific biological roles that support normal growth, development, and overall health. The inclusion of vitamins in the diet is essential for preserving periodontal health and preventing periodontal diseases. Additionally, the antioxidant properties of vitamins may play a beneficial role in the prevention and management of periodontal diseases.⁷ They are further classified into two types: fat-soluble A, D, E, and K, and water-soluble C and B-complex.

Vitamin A (Retinol) This fat-soluble vitamin, which is an imperative factor for maintaining the structural and functional integrity of epithelial cells, including those in the oral cavity. It is vital for the optimal activity of B and T lymphocytes, thereby strengthening the immune defence against pathogens. Vitamin A also establishes control over the inflammation and enables cellular pluripotency, which is crucial for periodontal regeneration processes, enhancing osteogenic differentiation, proliferation, and migration of human periodontal ligament cells. Deficiency in Vitamin A increases the severity of periodontal disease, as it weakens antigen responses, reduces lymphocyte production, lowers antibody and immunoglobulin levels, increases bacterial adhesion, and impairs immune cell differentiation. Rich sources of Vitamin A are cod liver oil, broccoli, eggs, sweet potatoes, bell peppers, carrots, and leafy greens. Men of age group ranging, 19-64 years need 0.7 mg daily, while women in the same age range require 0.6 mg per day.⁸

Vitamin D (Calciferol) This fat-soluble vitamin plays a vital role for controlling calcium absorption and enhancing the absorption of other key minerals like magnesium, iron, potassium, and zinc.⁹ Vitamin D stimulates cytokine synthesis, improves immune cell proliferation, encourages monocyte differentiation into macrophages, and helps protect against infections. Its anti-inflammatory effects contribute to lowering the prevalence of gum and periodontal diseases.⁹ The deficiency is strongly associated with periodontitis across all stages, from gingivitis to chronic forms, contributing to alveolar bone resorption, impaired wound healing, reduced antibacterial defence of gingival epithelial cells, and increased gingival inflammation.⁹ In individuals with deprivation in the levels of vitamin D particularly in case of pregnant women, there exists higher likelihood of periodontal disease. Sources include fish, fortified foods, and mushrooms. The UK National Health Service recommends 10 µg daily.⁹





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Vitamin E (Alpha-tocopherol) acts as a powerful antioxidant, Vitamin E reduces the generation of reactive oxygen species (ROS) and stabilizes the structure of cell membranes by stopping free radical reactions.¹⁰ It supports the recovery and regeneration of periodontal tissues.³ Deficiency can lead to gingival bleeding. Similar to vitamin A & D, this too is a fat-soluble vitamin. Common sources include nuts, fruits, seeds, fortified cereals, and vegetable oils.¹⁰

Vitamin K This fat-soluble vitamin plays a pivotal role in the production of proteins vital for blood clotting and regulating haemostatic processes.¹¹ It also regulates the calcium metabolism, oxidative stress, cell growth and proliferation, and inflammation.³ Vitamin K stimulates the osteoblast proliferation, differentiation, and function, thereby inhibiting the bone resorption, boosting alkaline phosphatase activity, and encouraging the expression of bone-building markers.¹¹ It helps in the prevention of gingival bleeding as it improves the ability to bind to phospholipid membrane.¹¹ Deficiency of vitamin K may lead to decreased bone density and is frequently associated with periodontal issues, including gingival bleeding and clinical attachment loss.¹¹ The sources of vitamin K include various fruits, vegetables, and oils such as avocado, green grapes, lettuce, spinach, kale, cabbage, beans, broccoli, and kiwi.¹¹

Vitamin C (Ascorbic Acid) is a water-soluble vitamin having antioxidant properties. Vitamin C is essential for neutralizing free radicals, thereby protecting cells from oxidative harm.¹² It helps in the formation of collagen, which is a key structural protein in periodontium, and it plays a vital role in the immunological response.¹² Vitamin C helps reduce inflammation in the gingiva and surrounding periodontal tissues, supports favourable conditions for dental implant integration, and promotes faster healing after periodontal surgery. Deficiency of Vitamin C may result in elevated oxidative stress, bleeding gums, and weakened connective tissue formation, which are characteristic of scurvy, and is often correlated with more severe periodontal conditions.¹² Sources of Vitamin C include kiwis, gooseberries, guava, other citrus fruits, bell peppers, grapefruits, mustard greens, kale, cauliflower, kimchi, and strawberries.¹²

Vitamin B-complex Group of Vitamin B-complex consists of various water-soluble vitamins (Thiamine B1, Riboflavin B2, Niacin B3, Pantothenic Acid B5, Pyridoxine B6, Biotin B7, Folate B9, and Cobalamin B12). Each of these vitamins has its own specific functions and collectively have synergistic effect. They are essential for energy metabolism, collagen synthesis, blood cell formation, and nerve function.¹³ Folate (B9) and Cobalamin (B12) are particularly essential for forming blood cells, supporting collagen production, and preventing/repairing DNA damage.¹³ Deficiencies can manifest as various oral health issues, including angular cheilosis, glossitis, stomatitis, taste impairment, and a burning tongue sensation (e.g., Thiamine, Niacin deficiency). Low serum Vitamin B12 levels are specifically associated with a higher likelihood of developing periodontal lesions and elevated clinical attachment loss. Beri Beri is the disease associated with Vitamin B1. Supplementation with B-complex vitamins has been shown to improve clinical attachment levels in some patients.¹³ Adults are advised to consume 200 µg of vitamin B9 daily and 1.5 µg of vitamin B12.

❖ MINERALS

Dietary minerals are micronutrients whose role in achieving oral and periodontal health becomes paramount. The adequate amount of minerals are responsible for structural integrity of teeth and bones, immune functions, inflammatory and healing processes in the periodontal tissues.

Calcium: Is necessary to structural and functional building and maintenance of alveolar bone and tooth structure. Lack of calcium in the diet may result in bone resorption, decreased bone mineral density and a greater risk of periodontal disease progression.¹⁴

Sources: Milk, cheese, yoghurt, leafy greens and almonds.

Phosphorus works with calcium to form and maintain strong bones and teeth. Inadequate phosphorus causes impaired mineralization that may be associated with the loss of alveolar bone.¹⁵

Source: Dairy products and meat, fish, nuts, whole grains



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Magnesium is important in bone metabolism, inflammatory control and maintaining the function of the periodontal ligaments. Its deficiency is associated with more inflammation and risk of periodontitis.¹⁵

Sources: Nuts, seeds, legumes, whole grains and leafy vegetables.

Zinc is involved in wound healing, immune and antioxidant defence. Its deficiency makes people more susceptible to infection and delays the healing of the periodontal tissues.¹⁵

Source: Meat, Shellfish, Dairy, Legumes, Whole Grains.

Iron has a high role in the transport of oxygen and in immune defence. Its deficiency can hamper the healing process and also leads to risk of infections of mouth due to weak immune system.

Sources: Red Meat, spinach, lentils, fortified cereals.¹⁵

MACRONUTRIENTS

❖ CARBOHYDRATES

The nature and amount of carbohydrate intake have a profoundly significant effect on periodontal health, beyond the recognized importance of carbohydrate intake in dental caries.

Refined Carbohydrates and Sugars: High consumption of refined carbohydrates including simple sugars causes harmful effects on oral health. These substances are easily catabolized by the microorganisms in the mouth, and cause the formation of acid byproducts, thus demineralizing the tooth structures, thereby contributing to dental caries.¹⁶ Beyond the localized effects on tooth decay, refined carbohydrates produce systemic inflammation. The high glycaemic load could result in hyperglycaemia and the consequent formation of Advanced Glycation End Products (AGEs). These AGEs bind to their receptors (RAGE) causing a cascade of negative reactions from the host such as defects in neutrophils, hyperinflammatory response from monocytes, and an excess production of superoxide radicals, which are a byproduct from generation of ATP in the Krebs cycle and contribute substantially to the generation of reactive oxygen species (ROS) even increasing oxidative stress.¹⁶ Studies have shown an increased bleeding from the gums in people with high intakes of sugars and carbohydrates, even in experimental settings in which oral home care measures were discontinued, in evidence of their direct inflammatory potential.¹⁶ As periodontal disease risk is greater in humans with low vitamin C levels than in those with higher levels, it is advisable to include foods with high vitamin C content to boost periodontal health. The fibre presence also causes the overall spread of glycaemic load. Their consumption stimulates saliva production which is very important for washing away the food particles and to neutralize the harmful acids in the oral cavity. A diet low in refined carbohydrates, and high in whole grains is thus suggested as a base foundation for facilitating and maintaining periodontal health.¹⁶

❖ FATS

The specific type of fats taken in the diet plays a strong role in systemic inflammation and, therefore, the course of periodontal disease. Increased consumption of saturated fats is strongly associated with increased inflammation. These fats help to build up low-density lipoprotein cholesterol, which binds to the toll-like receptor 4 on neutrophils when it is oxidized. This binding activates the enzyme called the NADPH oxidase leading to an increase in the production of reactive oxygen species (ROS).¹³ Excessive dietary fats, especially those within animal sources, is known to worsen inflammation and increase the risk of periodontal disease progression.¹⁴ A high consumption of omega-6 fats, typically found in many vegetable oils, has been linked to an increase in the chance of progressing periodontal disease parameters due to their pro-inflammatory properties.¹³ Studies of vegetable oils with omega-6 fat have shown their ability to promote inflammation.¹³ On the other hand, omega-3 fatty acids (such as eicosapentaenoic acid) In addition to reducing the inflammation and its accompanying factors, the omega-3 fatty acids may also directly prevent the activity of important periodontal pathogens, such as *Porphyromonas gingivalis*, *Fusobacterium nucleatum*, and *Prevotella intermedia*. These are the factors which play an important role in management of chronic inflammatory conditions, including periodontitis.



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❖ PROTEINS

Proteins are key chain macronutrients that are important for the development of connective tissues, successful tissue healing, and enhancement of host immune defence - all key to maintaining periodontal health at an optimal level.¹⁷ While ensuring adequate protein intake on average is important, some forms of protein may be of extra value for periodontal health. Plant-based proteins are also specifically known to have a beneficial effect on the periodontal system, they promote efficient tissue regeneration and boost immunity. It is necessary to mention its less bioavailability in comparison to animal protein sources. Moreover, observational studies have shown that individuals with a higher consumption of casein and whey protein, which is mainly found in dairy products, have a lower incidence of severe periodontitis.¹⁷ To encourage optimal periodontal health, adding a wide variety of protein sources to the diet is quite suggested.¹⁸ This dietary change should ideally consist of increasing dietary intake of seafoods, nuts, seeds, and soy-based products, as well as dairy foods with high levels of casein and whey proteins, and fewer dietary needs for red meats and poultry. The ICMR guideline is 0.83gm/Kg as a part of daily requirement of an adult. A diverse protein intake contributes to the maintenance of the complex biological processes that are required for the maintenance and regeneration of periodontal tissues.¹⁸

Dietary Patterns and Periodontal Health

At the overall dietary pattern level, this can be dominant in periodontal health status. The effect of various foods and their synergistic effect on the body can promote or hinder its ability to maintain the integrity of the oral tissue and regulate inflammation.¹⁹

Pro-inflammatory vs. Anti-inflammatory Diet

Being able to understand the difference between pro-inflammatory or anti-inflammatory dietary patterns is a key to understanding the implications of each with regard to periodontal health. A diet high in pro-inflammatory elements such as processed food, saturated fats, refined grains, excessive sugar, high fructose corn syrup and alcohol as well as a low intake of fruits and vegetables is usually referred to as the "Western diet."¹⁹ This type of dietary pattern can considerably raise the amounts of oxidative stress as well as increase susceptibility to periodontitis.¹⁹ Such diet is also attributed by low fibre and high glycaemic load affecting overall metabolism. Moreover, such diets are associated with poorer outcomes in a number of chronic systemic conditions such as cardiovascular disease, diabetes and obesity.²⁰ In contrast, a diet high in anti-inflammatory and antioxidants have been consistent to good periodontal health outcomes. Individuals whose diet is rich in antioxidants as vitamins A, C, and E. as well as fruits, vegetables and omega fats have a tendency to show a decreased risk of developing periodontal disease.¹⁹ This suggests that the assessment and control of the inflammatory potential of one's diet may be a viable approach both for the prevention and the management of periodontal disease.¹⁹

Specific Dietary Patterns

Multiple index-based dietary patterns have been studied in relation to the risk and severity of periodontitis with important insights into effective approaches in dietary management for periodontal health.

Mediterranean Diet: This pattern of diet, characterized by abundant consumption of fruits, vegetables, whole grains, legumes, nuts, and olive oil as the preferred source of fats, moderate consumption of fish and poultry and low consumption of red and processed meat have been repeatedly described to be associated with a lower risk of periodontitis.²¹ High Mediterranean Diet Scores are associated with healthier periodontal status.

Dietary Approaches to Stop Hypertension (DASH) Diet: The DASH diet, which emphasizes eating fruits, vegetables, whole grains, lean proteins, and low-fat dairy and limiting saturated fat, cholesterol and sodium has been found to have a significant effect on periodontal disease. Research suggests that low compliance of the DASH dietary pattern has a significant relationship with high risk for the development of periodontitis.¹⁷

Healthy Eating Index (HEI): The Healthy Eating Index (HEI) tracks the dietary guidelines for people that closely correspond to nutrients such as the consumption of vegetables, fruits, whole grains, milk and foods with protein. Higher HEI scores have always been found to have better periodontal health.¹⁷



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Dietary Inflammatory Index (DII): The Dietary Inflammatory Index (DII) quantifies the potential for inflammation in a diet by assessing the balance of pro- and anti-inflammatory nutrients.¹⁷ Lower DII score, which is a measure of the anti-inflammatory potential of a diet, is correlated with better periodontal health and with a decreased risk for developing periodontitis.⁵

Plant-based Diet: A diet that is mostly made up of plant based foods such as fruits, vegetables, and whole grains has been associated with a lower risk of periodontitis. This corresponds with the anti-inflammatory effects commonly seen with diets high in fruits and vegetables.²⁰

Dairy-rich Diet: Diet that is rich in dairy products has been found to decrease the risk of periodontitis.²⁰

Western Diet: Although typically considered pro-inflammatory, a meta-analysis found no statistically significant link between the Western diet and periodontitis risk. This result may be influenced by the broad classification of the “Western diet” and variations among the included studies.²¹ These various listed diets imply that a consistent, evidence-based dietary recommendations could help prevent periodontitis, encouraging adherence to patterns such as the Mediterranean, DASH, and HEI diets while limiting pro-inflammatory food components. The impact will also be witnessed on other parts of the body, however they are beyond the scope of this thesis.

Meta-Analysis and Current Evidence Synthesis

Systematic reviews and meta-analyses offer stronger, more reliable evidence on how nutrition influences periodontal health.

Meta-analysis on Dietary Patterns and Periodontitis Risk

A systematic review and meta-analysis investigated the associations between index-based dietary patterns and the risk and severity of periodontitis. The review analysed twenty-five mostly cross-sectional studies and reported a positive link between better diet quality and improved periodontal health. The Healthy Eating Index (HEI), Mediterranean Diet Score (MDS), and Dietary Inflammatory Index (DII) were the most commonly applied dietary indices.²² In particular, elevated HEI and MDS scores indicated better periodontal health, and higher fraction of anti-inflammatory food items, whereas lower DII scores reflecting a less inflammatory diet were also associated with improved periodontal status. A subgroup meta-analysis of four studies employing the HEI and the CDC/AAP case definition demonstrated a statistically significant protective effect of higher HEI scores against periodontitis.²²

Meta-analysis on Nutritional/Nutraceutical Interventions (Challenges and Findings)

A systematic review evaluating dietary and nutraceutical interventions as adjuncts to non-surgical periodontal therapy (NSPT) intended to perform a meta-analysis, but this was not feasible because of substantial heterogeneity across the included studies.²³ This heterogeneity resulted from differences in the periodontal indices assessed, variations in dietary interventions and verification methods, diverse trial designs and durations, differences in participant age, and inconsistencies in how confounding factors were managed. As a result, the review relied on a narrative synthesis instead of a quantitative meta-analysis.²¹

Clinical Implications and Future Directions

There is clear evidence highlighted in this review that demonstrates the relationship between nutrition and periodontal health. The fact that some dietary factors are directly linked to the development of systemic inflammation, oxidative stress, and changes in immune function, and these factors affect the development and progression of periodontal disease, is of great importance.²⁴ From the clinical perspective, periodontal therapy should go beyond conventional mechanical therapy and oral hygiene counselling. It is critical to note that it is imperative to incorporate nutritional counselling into everyday dental practice, and this trend is gaining momentum, corroborating with the better oral conditions. DHCPs should help guide patients not only on the effects of diet on the oral system, such as the direct impact on oral cariogenic microbes, but also on how the eating habits of individuals affect systemic inflammation and overall immune function.⁶



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Future investigations should prioritise well-designed, high-quality randomised clinical trials which minimise bias through random allocation to single or multiple control groups with consistent and standardized protocols in order to address the heterogeneity present in existing research.²¹Such efforts would support better meta-analyses, addressing a better understanding of the causal relation and conducive to the establishment of coherent recommendations on diet and evidence-based supplement use for periodontal disease prevention and complementary treatment. Additionally, future studies should investigate personalized nutritional strategies that take genetic influences into account, routine of the individuals and individual's inflammatory profiles into account to better tailor dietary recommendations for maximal patient benefit.²⁵Moreover, as there is clearly an established bidirectional relationship between periodontal disease and systemic chronic inflammatory conditions, there is a great need for strong interdisciplinary collaboration between dental and medical professionals to get a holistic picture which will cater to the understanding of nutrition and impact on healthy, not limiting to the oral health standalone. Such cooperation will contribute to fostering integrated public health initiatives based on the application of nutritional interventions to promote health equity and the reduction in the burden of chronic disease.

CONCLUSION

Nutrition plays a considerable role in the periodontal health condition; it is a major enabler in establishing the balance between oral microbe and host immune system. Additionally, it also helps control inflammation and oxidative stress as well as supporting tissue repair and regeneration. Diet rich in anti-inflammatory components include fruits, vegetables, whole grains, and omega-3 fatty acids have been well established to contribute to the reduced risk and less severity of periodontal disease. Diet rich in refined carbohydrates and saturated fats enhances inflammation and may promote breakdown of the periodontal tissues. Essential micronutrients like vitamins A, C, D, E and K as well as some minerals like calcium, magnesium, iron and zinc are quite vital for maintaining the periodontal structure and immune function and deficiency of these nutrients may result in compromised oral health. Evidence from the systematic reviews and meta-analyses strengthens the evidence that a healthy, anti-inflammatory dietary system may have a beneficial influence on periodontal health. Various nutritional and nutraceutical interventions such as omega-3 fatty acids, vitamins and antioxidant-rich teas seem to be promising adjuncts to standard non-surgical periodontal therapy and allow for promoting a good foundation in terms of the prevention of periodontal disease as well as the regeneration of periodontal tissues.

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RESEARCH ARTICLE

Hindi Translation, Validation and Test-Retest Reliability Testing of the Telematic Fugl Meyer Assessment Scale- Upper Extremity in Stroke Patients - Study Protocol

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Received: 07 Mar 2026

Revised: 12 Apr 2026

Accepted: 07 May 2026

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ABSTRACT

The Telematic Fugl-Meyer Upper Extremity Assessment (TFMA-UE) is a digital adaptation of the gold-standard Fugl-Meyer scale, designed to evaluate sensorimotor impairment, coordination, and reflexes in stroke survivors remotely. As acquired brain injuries increasingly require long-term, multidisciplinary care, this Spanish-validated tool enables clinicians to monitor recovery and prescribe individualized treatments through telematic assistance. By adapting the traditional assessment for remote use, the TFMA-UE ensures high-quality, standardized monitoring of motor function and rehabilitation progress without the need for frequent in-person visits. To translate the TFMA-UE into Hindi and evaluate its validity and test-retest reliability. This study follows a cross-sectional study design. The TFMA-UE is translated from English into Hindi using forward translation by two independent translators (T1 and T2) from medical and non-medical backgrounds. A synthesized version (T12) is developed and subsequently back-translated into English. An expert committee reviews all stages to ensure semantic, conceptual, and cultural equivalence. Content validity is assessed, and the pre-final version is field-tested on patients. Ethical approval obtained prior to final validation. Test-retest reliability is evaluated by administering

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the questionnaire to participants on two separate occasions and calculating correlation coefficients. The study will report the validity and reliability of the Hindi version of the TFMA-UE, including content validity indices and test-retest correlation measures. The Hindi-translated TFMA-UE is expected to be a valid and reliable tool for remote assessment of upper extremity motor function in stroke survivors, enabling accessible and standardized rehabilitation monitoring.

Keywords: Stroke, Upper Extremity, Translation, Test-Retest Reliability, Cross Sectional Study, English, Hindi

INTRODUCTION

Stroke remains a global public health crisis, currently ranked by the World Health Organization as the second leading cause of death worldwide. In 2021, stroke accounted for over 7.3 million deaths and 160.5 million disability-adjusted life years (DALYs), with low- and middle-income countries bearing nearly three-quarters of this burden [1, 2, 3]. In India, the incidence is particularly concerning, with a crude rate of 138.1 per 100,000 population and a significant 20–30% of cases affecting individuals under the age of 50 [4, 5]. This high prevalence among younger populations underscores the urgent need for effective, long-term recovery strategies. Acquired Brain Injury (ABI), primarily caused by stroke and traumatic brain injury (TBI), is a leading driver of global disability and dependency. In Spain alone, approximately half a million people live with ABI, with stroke responsible for 78% of these cases [6, 7]. The economic impact is equally staggering, with annual healthcare expenditures per patient exceeding USD 40,000–60,000 in developed nations [8]. The complex sequelae of ABI—including hemiparesis, sensory loss, and coordination deficits—require multidisciplinary, individualized care to restore independence and mitigate the high risks of depression and unemployment.

While advances in acute care have successfully reduced mortality, the resulting increase in survivors has intensified the demand for long-term neurorehabilitation. Since the COVID-19 pandemic, telehealth and telerehabilitation have become indispensable components of this care continuum in 2025 [9]. Telematic interventions minimize hospital transfers and reduce delays in treatment initiation, providing high-quality audiovisual interactions that are crucial for patients with limited mobility or those hesitant to visit clinical settings. Current clinical guidelines now emphasize the total integration of telemedicine from prehospital stages through to long-term recovery [10]. Central to this shift is the need for validated remote assessment tools. The Fugl-Meyer Assessment (FMA) is widely recognized as a gold-standard tool for evaluating motor function and guiding interventions [11]. Recent evidence has confirmed the feasibility and reliability of using the FMA in a digital format [12, 13]. Consequently, this study focuses on the validation of the Telematic Fugl-Meyer Assessment for Upper Extremity Motor Function (TFMA-UE). By adapting this standardized scale for remote use in the ABI population, the TFMA-UE addresses a critical priority in 2025: providing accessible, technology-enabled rehabilitation that maintains clinical rigor while meeting the evolving needs of global healthcare systems [13]. The aim of this study is to translate, culturally adapt, and validate the Telematic Fugl-Meyer Upper Extremity Assessment (TFMA-UE) into the Hindi language for use among stroke survivors. The objectives of the study are to perform forward and backward translation of the TFMA-UE following standardized guidelines, to culturally adapt the translated version for relevance within the Indian population, to evaluate its content validity, and to assess its test-retest reliability. Additionally, the study aims to determine the feasibility of using the Hindi version of the TFMA-UE for remote assessment in clinical and rehabilitation settings.





METHODS

Once the protocol has received ethical clearance from the Institutional Ethical Committee (IEC-3458), the study will be listed in the open-access public domain at ClinicalTrials.gov. The study will adhere closely to the Helsinki Declaration, which was endorsed by the World Medical Association, the Indian Council of Medical Research's National Ethical Guidelines for Biomedical and Health Research involving Human Participants, and the Council for International Organizations of Medical Sciences' (CIOMS) International Ethical Guidelines for Health-Related Research Involving Humans (Revised 2017). Participants gave their written informed consent, and confidentiality was guaranteed prior to enrolment. [14]

Study Participants and setting

A total of 51 patients with subacute and chronic stroke, including both males and females aged 18 years and above, will be recruited from a tertiary care superspecialty hospital in Mullana, Ambala, Haryana, India, in accordance with Beaton guidelines. Participants must be able to understand and communicate in Hindi. Patients with cognitive impairments or any condition that may hinder their ability to follow instructions will be excluded from the study.

Outcome measures and scoring

Telematic Fugl Meyer Upper Extremity Assessment Scale (TFMA-UE) in Stroke This study is based on guidelines provided by several literature sources. The scale will be translated from the reference language i.e., English to the chosen language i.e., Hindi using the Beaton Guidelines for the study, with a variation in the 10 Expert Committee Review, where the validity will be evaluate using the Delphi technique and test-retest reliability will be computed measuring subjects at two distinct occasions and computing co-relation.

Translation Procedure

Stage one: Forward Translation

In the first stage, it is recommended that the scale should ideally undergo at least two forward translations from the source language to the desired language. Two translators, namely TFMA-UE T1 from a medical background who is familiar with the concepts and TFMA-UE T2 from a nonmedical background, will be selected. Non- medical background translations are referred to as "L," and unlike the first translator, they are more likely to recognize the actual meaning of the original questionnaire. This translator will produce a translation that will represent the terminology used by the targeted population and will be less impacted by an academic purpose, frequently highlighting unclear phrases in the original questionnaire. To carry forward this step, it is required that both translators have a sound knowledge and understanding of both English and the targeted Hindi language. The translations will be compared, and any inconsistencies that would indicate vague phrases in the source or errors in the translation process will be recorded. A dialogue between the translators will help to identify and correct wording flaws.[14]

Stage two: Synthesis

The 2 translators and a recording bystander sit down together for the synthesize of the results of the restatements. Working from the primary questionnaire also because the first translator's (T1) and thus the alternate translator's (T2) performances, a synthesis of those restatements is first conducted to produce one translated questionnaire with a report care-completely establishing the conflation process, each of the addressed issues, and the way they were resolved. It's vital that agreement rather of one person's compromising his or her passions resolve issues. Further stage is completed with this synthesized T-12 interpretation of the questionnaire. A graphical representation is shown in Figure 1.

Stage three: Back Translation

Back translators, namely TFMA-UE BT1 and BT2, will translate the TFMA-UE T12 back into English, i.e., the translator who translates the questionnaire back into its original language using TFMA-UE T12 edition and will be



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completely blinded to the process. This is a procedure for validating the translated version to ensure that it contains the same information as the original version. This process frequently highlights ambiguous language in the translations. However, since the forward translation could be inaccurate, an agreement between the back translation and the source version does not guarantee a good translation; rather, it ensures consistency. The process of back translation is the most common form of validity check, pointing out serious grammatical or semantic flaws in the translation. The two translators, who are native speakers of the source language, i.e., English, will create the back translations BT1 and BT2. These two translators should have no prior knowledge of the issues being discussed and, ideally, no expertise in the medical field. The major goals will be to prevent information bias and uncover unanticipated interpretations of the translated questionnaire's (T12) items, which increases the possibility of "spotlighting the flaws".

Stage four: Expert Panel Review/Delphi survey for validation

The responses of the members of the review committee are crucial and much needed for the completion of the translation of the TelematicFugl Meyer Upper Extremity Assessment Scale in Hindi. For this process to be carried out, an online Delphi method will be executed. The Delphi survey experts will have at least 10 years of medical experience and who interacts with patients suffering from sensorimotor loss from different geographical locations within India in their practice. The panel of experts who will be participating in the first round of the Delphi survey will not be a part of the next Delphi survey, if required. The experts will be given the translated version with all domains via Google Form, with each item having three options: "neutral," / "agree," / "disagree." The three point rating scale has been considered standard for Item-level Content Validation, as acknowledged in previous literature by the writers. The decision of the experts in the Delphi method is very critical, as the whole written documentation will be made on the basis of a rationale based on the expert's decision for the questionnaire in Hindi. The decision is made by keeping several questions in mind while going through the scale. Do the words used in the item mean the same? Are there numerous meanings to an identified item? Are there any grammatical errors or difficulties in the translated item?

Stage five: Pre-testing

At this stage, the draft of translated HTFMA-UE will be assessed in 51 patients to evaluate comprehension and feasibility which will be assessed in 51 patients. The test-retest reliability will be computed by measuring subjects at two distinct occasions and then computing the correlation which will be helpful to find out if there is a lag in each item of the translated version. The responses that will be obtained for each item will be explored. This ensures that the acclimated interpretation retains its parity in a practical situation.

Expert committee

The review committee members input is requested for the translation of the The telematic Fugal meyer assessment scale of upper extremity into Hindi. A Delphi technique will be utilized to carry out this procedure online. Experts taking part in the Delphi survey will interact with individuals from diverse parts of India and must have at least 10 years of medical expertise. The expert panel that took part in the first round of the Delphi poll will not take part in any additional rounds if necessary. The experts will receive the translated questionnaire through Google Form. Each question will offer three response options: "neutral," "agree," and "disagree." The authors previously established that a three-point rating scale is the standard for assessing item-level content. Since the entire written documentation will rely on the experts' rationale for the Hindi scale, their judgment is vital in the Delphi approach. Responses from the Delphi survey was entered in an excel sheet to proceed with the validation.

Process for content validity

Item-level content validation (I-CVI) for each questionnaire item and scale-level content validation (S-CVI) for the entire scale are included in this last stage of scale translation. S-CVI was computed using the universal agreement and average methods. Each question's I-CVI must be greater than 0.80, and the scale's S-CVI must be greater than 0.90. A second round with text adjustments will be held if these requirements are not satisfied in the first round as shown in Figure 2.¹²



**Muskan *et al.*,****Statistical analysis**

Both the I-CVI and S-CVI/Ave methodologies will be used to analyse the content validity of the translated and cross-culturally adapted questionnaire for the provided set of data. It is anticipated that in order to attain good to exceptional content validity following the Delphi survey with 6–10 experts, the SCVI/Ave must approach 0.90 and the minimal I-CVI should be 0.78. There are two methods to measure reliability: absolute and relative. Relative reliability is the extent to which a measuring scale remains consistent across multiple observations of the same sample. In contrast, there is complete absolute reliability in the measurement variability level. Therefore, it is advisable to evaluate a measurement scale's relative and absolute dependability before employing it in a clinical environment. Bland and Altman agreement will be applied for complete dependability.^[15] Together with Spearman Rank rho, the dependability coefficient—which can be expressed as a correlation coefficient or an intra-class correlation coefficient—can be used to describe relative reliability. The Pearson product correlation will be examined based on normality. According to Shrout and Fleiss's (1979) ICC classification, reliability is classified as poor if the value is less than 0.5, moderate if the value is between 0.5 and 0.75, good if the value is between 0.75 and 0.9, and excellent if the value is greater than 0.90.^{16,17} Cronbach's alpha values range from 0.00, which indicates that there is no consistent variance, to 1, which indicates that all variance is consistent.

DISCUSSION

In stroke patient's rehabilitation, a precise and culturally relevant evaluation of trunk control is essential because trunk stability has a direct impact on movement, balance, and functional independence. However, a major obstacle to consistent and efficient care in Hindi-speaking communities is the lack of a validated Hindi translation of existing trunk evaluation instruments. In addition to filling a language gap, translating the TFMAUE into Hindi improves the quality and accessibility of stroke rehabilitation services. [11.12] This procedure describes a thorough process for creating a Hindi version that is both linguistically accurate and culturally appropriate, including forward and reverse translation, expert committee evaluation, and pilot testing. In order to ensure conceptual equivalency and practical applicability, as well as to reduce the possibility of misinterpretation and measurement bias, multilingual specialists, physicians, and target users are included in pretesting.^[13]

CONCLUSION

As millions of people worldwide suffer from stroke, and many of them speak Hindi as their first language, this translation is a crucial first step in resolving healthcare inequalities in India and other Hindi-speaking countries. The scale's successful translation and validation will give medical personnel in Hindi-speaking areas a trustworthy instrument for evaluating stroke, enhancing patient care, results, and diagnostic precision. In the end, it is anticipated that this work will support research initiatives, allow for consistent data collecting, and advance equity in stroke care for India's various language communities.

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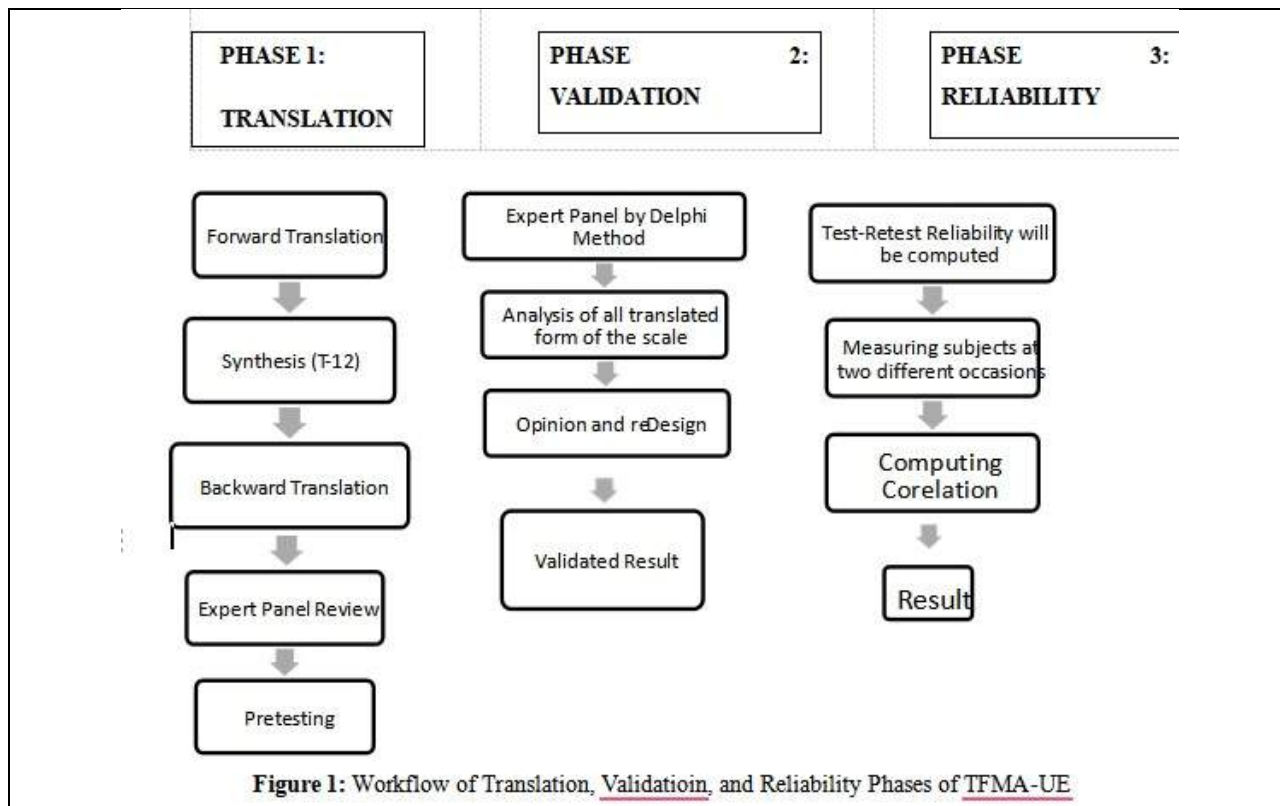
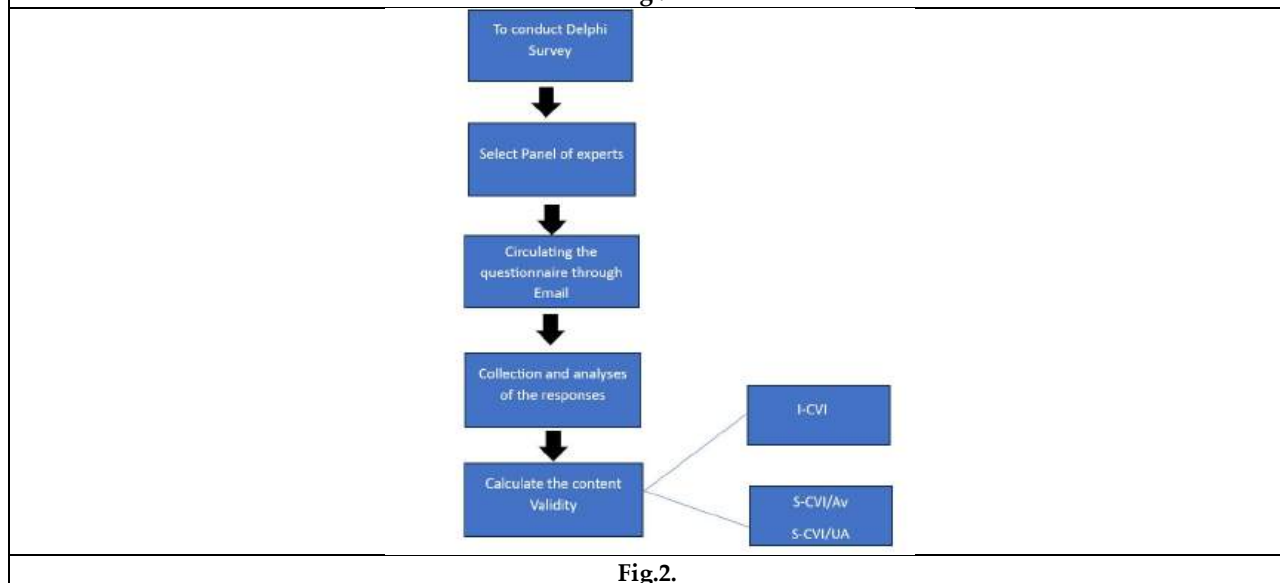
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Fig.1



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RESEARCH ARTICLE

Fibroepithelial Hyperplasia Triggered by Orthodontic Mini- Implant : A Rare Clinical Case

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Received: 04 Mar 2026

Revised: 03 Apr 2026

Accepted: 07 May 2026

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ABSTRACT

Temporary anchorage devices (TADs) are commonly used in orthodontics as they provide stable skeletal anchorage. These devices can occasionally lead to chronic irritation to the surrounding soft tissues, ultimately causing reactive lesions such as fibroepithelial hyperplasia. Fibroepithelial hyperplasia is a common benign reactive lesion of the oral cavity, characterized by fibrous connective tissue proliferation in response to chronic local irritation or trauma. This case report describes a rare case of fibroepithelial hyperplasia developing in the buccal gingiva of a female patient during orthodontic treatment involving a TAD. The patient reported with a localized, fibrotic, pink swelling in the upper right anterior teeth. The lesion developed secondary to continuous irritation from the TAD. The lesion was successfully treated by laser excision along with removal of the irritant device. Histopathological examination revealed dense collagenous connective tissue covered by stratified squamous epithelium, confirming the diagnosis of fibroepithelial hyperplasia. The case emphasizes the importance of recognizing TAD-induced soft tissue changes during orthodontic therapy, especially in female patients where hormonal influences may contribute to collagen proliferation and lesion formation. Early identification, histopathological evaluation, and prompt management are essential to prevent complications and ensure patient comfort.

Keywords: Temporary anchorage device (TAD), fibroepithelial hyperplasia, orthodontics, reactive lesion, laser excision.



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INTRODUCTION

The gingival mucosa is constantly exposed to irritation caused by masticatory forces, debris, plaque, calculus, minor trauma and iatrogenic factors. In response, the gingival tissues may develop growths historically called epulis [1]. The term “epulis” refers to a group of reactive gingival lesions often caused by irritating agents. Buchner classified epulis into four disorders: pyogenic granuloma (including pregnancy tumor), calcifying fibroblastic granuloma, fibrous hyperplasia (fibrous epulis), and peripheral giant cell granuloma [2]. Although generally benign, these lesions can affect oral hygiene, speech, and appearance, thereby impacting the patient’s comfort and the success of treatment. Irritation fibroma is the most frequently encountered submucosal tissue response to trauma from teeth or dental appliances. The earliest recorded case of intraoral fibroma dates back to 1846, when it was called a fibrous polyp or polypus [3]. Also known as fibrous hyperplasia or traumatic fibromatosis, these benign lesions frequently affect the tongue, gingiva, and buccal mucosa [4].

They typically present as slow-growing, painless, broad-based masses, mostly seen in middle-aged and older adults, with a higher prevalence in females. Clinically, the lesion appears as an elevated, pedunculated or sessile mass up to 5–10 mm in size, with a smooth, lobulated, or occasionally warty surface that is often ulcerated and may bleed. Histologically, the lesion shows hyperplastic keratinized squamous mucosa with chronic inflammation, fibrosis, and occasionally a polypoid architecture, while radiographically, radiopacities may be evident [4]. Treatment comprises of total excision of the lesion and also elimination of the irritant. Recurrence and malignant transformation are rare and usually result from persistent trauma. Regular monitoring of the oral mucosa in patients with orthodontic appliances is crucial for timely intervention, as highlighted in this report of a rare case of fibroepithelial hyperplasia caused by irritation from a TAD. This case underscores an uncommon but significant iatrogenic complication, raising awareness among clinicians about the need for vigilance in orthodontic patients.

CASE REPORT

A 27 years old female patient presented to the Department of Periodontology having a chief complaint of a swelling in the upper right front tooth region present for two weeks. The swelling had gradually increased in size over 3 to 4 weeks and reached its current dimensions. (Figure 1) It was occasionally painful but was not associated with symptoms such as bleeding, discharge, fever, or discomfort while chewing. There was no history of trauma. The patient was undergoing orthodontic treatment since two years, and a temporary anchorage device (TAD) was placed 3 to 4 months back for anchorage in the same region. Subsequently, a localized gingival swelling developed directly at the TAD site, with the device now embedded within the lesion. On examination, the swelling was localized, pedunculated, fibrotic, non-tender, and pink in color, involving the upper right anterior buccal region of the oral cavity. Lesion extended from mesial aspect of tooth 12 to the distal aspect of tooth 13 along the mucogingival junction and measured approximately 11 mm in length and 10 mm in width. No cervical lymphadenopathy was appreciable upon examination. The patient’s medical history was non-contributory, and there were no notable hereditary predisposition or adverse habits.

An intraoral periapical radiograph (IOPA) was obtained for teeth 12 and 13, which demonstrated widening of the periodontal ligament space adjacent to tooth 13, with the TAD located on the mesial aspect. (Figure 2) The patient underwent comprehensive laboratory examinations, which yielded results within normal physiological ranges. Topical anesthesia was applied at the injection site using 2% lidocaine hydrochloride gel, followed by infiltration of local anesthesia containing 2% lignocaine hydrochloride with adrenaline 1:80,000. Complete intraoral excision was performed using a laser (light amplification by stimulated emission of radiation) with a wavelength of 980 nm (LiteMedics Prime Soft Tissue Laser) in continuous contact mode at 2 watts (Energy delivery of 2 J/s) under local anesthesia (Figure 3). The lesion was excised completely (Figure 4). Excised tissue specimen was fixed with 10% neutral-buffered formalin (NBF) and sent for histopathological examination. The clinical presentation was consistent



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with an epulis-like lesion, suggesting a differential diagnosis that included pyogenic granuloma, peripheral ossifying fibroma and fibroepithelial hyperplasia, secondary to TAD irritation. The H and E stained tissue section revealed proliferative stratified squamous epithelium overlying densely arranged, haphazard collagen bundles. Numerous blood vessels were observed within the stroma, accompanied by a mild inflammatory cell infiltrate. (Figure 5) Based on the clinical presentation, radiographic assessment, and all the histopathological findings, the final diagnosis was Fibroepithelial Hyperplasia induced by chronic irritation from the TAD.

DISCUSSION

Temporary anchorage devices (TADs) are small mini-implants temporarily placed in the bone during orthodontic treatment to provide stable anchorage by supporting reactive teeth (indirect anchorage) or eliminating their need (direct anchorage). Typically measuring 1.5–2 mm in diameter and 6–10 mm in length, these smooth-surfaced implants are removed once treatment is complete.⁶ However, they can act as iatrogenic factors by causing irritation to the overlying epithelium, leading to the development of fibrous lesions, and therefore require continuous monitoring throughout treatment. The term "irritation fibroma" was first introduced by Dr. E.A. McCarthy, with a prevalence of approximately 1.2% in the adult population and a noted female predominance of 66%.⁷ According to a study by Sangle et al., traumatic fibromas are the most common soft tissue lesion, representing 25.33% of cases with a mean patient age of 47.44 years.⁸ Similarly, de Santana Santos et al. reported that traumatic fibromas accounted for 15% of 1,290 soft tissue oral lesions examined. Hormonal factors in females are believed to play a significant role in enhancing collagen synthesis, which may contribute to the development of these lesions.⁹ Estrogen, in particular, may influence fibroma formation by affecting collagen repair and compromising the epithelial barrier. Acting through its receptors, ER α and ER β , which are present in gingival fibroblasts and immune cells, estrogen modulates inflammatory responses and stimulates fibroblast proliferation, thereby promoting fibrous tissue growth.¹⁰

In this case, no history of direct trauma was observed, continuous irritation of gingival mucosa from orthodontic TAD led to the development of fibroepithelial hyperplasia. Given the patient's gender, hormonal factors may have further contributed to increased collagen synthesis and lesion growth. This highlights how chronic mechanical irritation, combined with hormonal influences, can trigger reactive soft tissue lesions, emphasizing the need for careful monitoring and timely management of such irritants during orthodontic treatment. Fibromas are generally asymptomatic, benign lesions with no malignant potential, and recurrence is uncommon following complete excision.¹¹ In this case, the lesion presented as a localized, pedunculated, fibrotic, non-tender, pink swelling in the upper right anterior buccal region. Histologically, the lesion showed dense collagenous connective tissue with scattered fibroblasts and an overlying stratified squamous epithelium. These clinical and histological features were consistent with a fibroma defined by Barker & Lucas¹², facilitating an accurate diagnosis. Furthermore, no recurrence was observed during the patient's scheduled 6-month follow-up examination. (Figure 6) TAD-induced irritation fibromas in the buccal gingival region during orthodontic therapy are uncommon, yet they highlight the need for vigilance in clinical practice. It is vital to continuously check the oral mucosa during orthodontic and prosthetic treatments, as intraoral devices such as TADs, brackets, bands, and other prostheses can serve as chronic irritants, which may lead to reactive soft tissue lesions. Regular follow-ups help with early diagnosis and timely treatment and also helps in preventing progression of these conditions to advanced stages. An interdisciplinary approach ensures accurate diagnosis, effective treatment, and optimized patient outcomes.

CONCLUSION

This case highlights a reactive lesion (Fibroepithelial Hyperplasia) caused by chronic irritation from a temporary anchorage device during orthodontic treatment. Early detection and treatment of the irritant, along with histopathological confirmation, are important for precise diagnosis and successful treatment. Effective surgical excision highlights the importance of regular soft tissue monitoring in orthodontic patients to prevent such





complications. Careful planning and regular follow-up help minimize iatrogenic causes. Therefore, a thorough, multidisciplinary approach to oral healthcare is essential for the optimal management of epulis lesions.

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Figure 1: Clinical presentation of localized gingival swelling associated with the TAD in the upper right anterior region



Figure 2: Intraoral periapical radiograph showing TAD on the mesial aspect of tooth 13 with widening periodontal ligament space. of the





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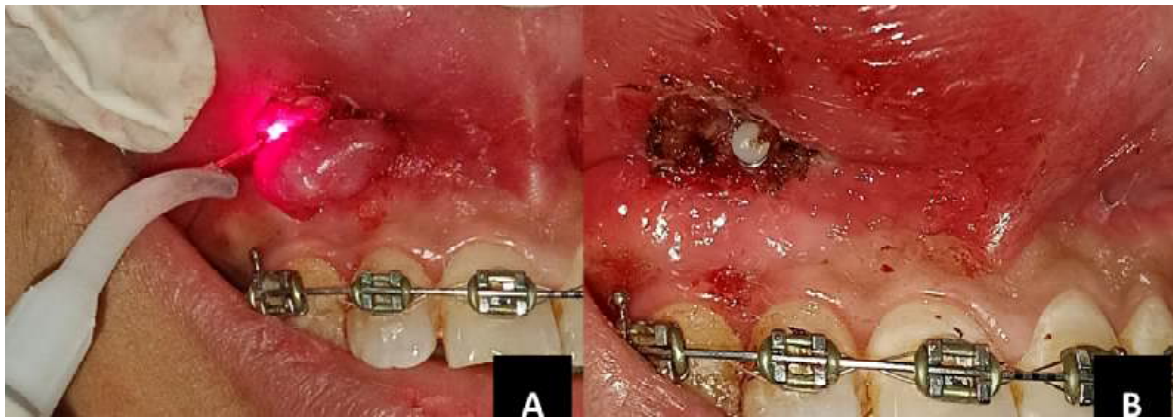


Figure 3: Laser-assisted excision of the gingival lesion (A) showing excision with a 980 nm diode laser, and (B) immediate postoperative view revealing the underlying TAD after lesion removal

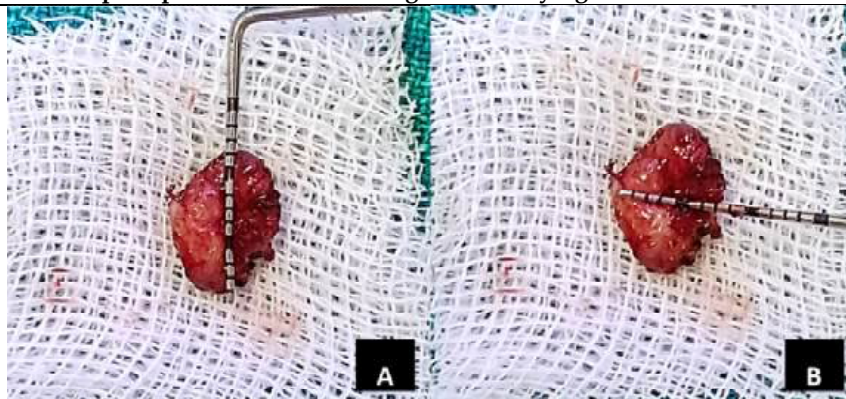


Figure 4: Excised gingival lesion specimen (A) showing the length and (B) showing the breadth, measuring approximately 11 × 10 mm.

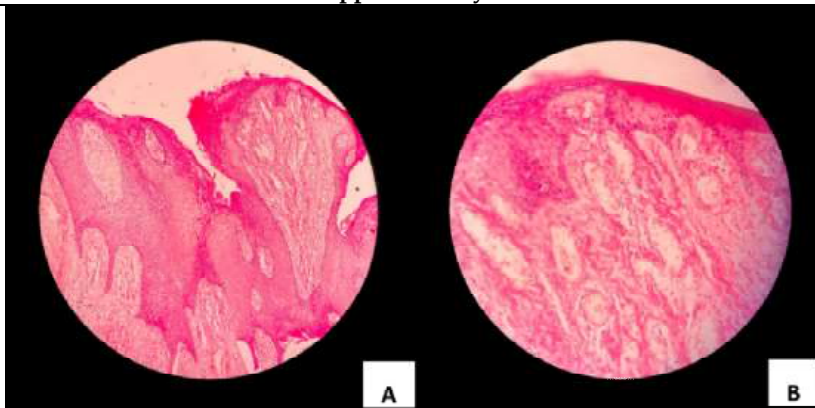


Figure 5: H&E-stained tissue section of the excised lesion (A) at 10× magnification and (B) at 40× magnification, showing proliferative stratified squamous epithelium overlying densely arranged, haphazard collagen bundles with numerous blood vessels and mild inflammatory cell infiltrate





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Figure 6: Six-month follow-up examination of the patient, complete healing of the gingival site.

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RESEARCH ARTICLE

Assessing the Therapeutic Role of *Vrikshamla*–*Eranda Taila Varti* in Functional Constipation: A Pilot Clinical Study

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Received: 20 Mar 2026

Revised: 16 Apr 2026

Accepted: 11 May 2026

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ABSTRACT

Functional constipation is a widespread gastrointestinal issue characterised by difficult bowel movements without a structural cause. In Ayurveda, this condition is identified as *Vibandha*, primarily resulting from the disturbance of *Apana Vata* and *Agni*. While conventional treatments like glycerin suppositories are common, there is a clinical need for effective Ayurvedic alternatives. This study explores the therapeutic potential of a *Vrikshamla* (*Garcinia indica*) and *Eranda Taila* (*Ricinus communis*) suppository, both known for their *Anulomana* (downward movement) and *Vata-shamaka* properties. A pilot clinical study was conducted with five adult patients at Khemdas Ayurved Hospital, Vadodara, who met the Rome IV diagnostic criteria for functional constipation. Participants were treated with a 4g *Vrikshamla*–*Eranda Taila Varti* administered rectally on an alternate-day basis for one week. Clinical progress was monitored using the Bristol Stool Form Scale and Rome IV symptomatic assessments. The intervention led to a visible reduction in symptoms across all patients. Frequent straining and the sensation of incomplete evacuation showed marked improvement, with the latter dropping from a baseline of 100% to 20% post-treatment. Most significantly, stool consistency improved from a median of Type 1 (hard lumps) to Type 3 (sausage-like with cracks) on the Bristol Scale, a change found to be statistically significant ($p = 0.031$). The use of *Vrikshamla*–*Eranda Taila* suppositories offers a promising localised approach to managing functional constipation by improving stool consistency and regularising bowel habits. Although this pilot study is limited by its small sample size, the consistent



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clinical improvements suggest that this Ayurvedic formulation warrants further investigation in larger, controlled clinical trials.

Keywords: Functional Constipation, *Vibandha*, *Vrikshamla*, *Eranda Taila*, Ayurvedic Suppository, Bristol Stool Chart, Pilot Study.

INTRODUCTION

Constipation is one of the most commonly encountered gastrointestinal disorders across all age groups and is characterised by infrequent bowel movements, passage of hard or lumpy stools, excessive straining, painful defecation, abdominal discomfort, bloating, and a persistent sensation of incomplete evacuation.^[3,4] Although stool frequency is often considered while evaluating constipation, it alone does not define the condition, as many affected individuals may pass stools regularly yet experience significant difficulty during defecation.^[3] In adult populations, constipation is a common gastrointestinal complaint and constitutes a significant burden on healthcare systems, particularly in primary care and gastroenterology settings. Functional constipation, characterised by chronic difficulty in bowel evacuation without an identifiable structural or metabolic cause, accounts for the majority of constipation cases in adults.^[4] Epidemiological studies indicate that the global prevalence of functional constipation in adults ranges from approximately 2% to 27%, with an estimated average prevalence of around 12–15% worldwide.^[3] Higher prevalence rates have been consistently reported among elderly individuals and women.^[3] Functional constipation accounts for a substantial proportion of outpatient visits, ranging from 5–10% of consultations in general practice to 20–25% of visits to gastroenterology clinics.

The frequency of bowel movements in adults shows considerable interindividual variation and is generally considered normal when ranging from three bowel movements per day to three per week. However, constipation in adults is not defined solely by decreased stool frequency. Many individuals experience associated symptoms such as hard or lumpy stools, excessive straining, a sensation of anorectal blockage, abdominal distension, discomfort, pain during defecation, and a feeling of incomplete evacuation, even when stool frequency falls within the normal range. These symptoms often result in impaired quality of life and may persist for prolonged periods, thereby necessitating effective and safe long-term management strategies.^[1,3] Functional constipation is often initiated by a painful or distressing defecation episode, which may lead to voluntary withholding of stools. This withholding behaviour further aggravates stool retention and hardening, creating a self-perpetuating cycle. Additional contributing factors include avoidance of unfamiliar or unpleasant toilet facilities, voluntary stool withholding during play, psychological stress, trauma to the perianal region, and adverse lifestyle habits. These factors collectively impair normal bowel habits and significantly affect the child's quality of life.^[3]

In Ayurveda, constipation closely resembles the condition *Vibandha*, which is described as a disorder arising from *Srotodushti*, particularly involving the *Purishavaha Srotas*.^[5] *Vibandha* denotes obstruction (*Sanga*) in the normal passage of stool and may occur due to functional disturbances or structural abnormalities. Classical Ayurvedic texts describe *Vibandha* under various contexts, including *Nidana*, *Purvarupa*, *Rupa*, and *Upadrava* of several diseases, and it is also mentioned as a complication of Panchakarma procedures. Terms such as *Vidsanga*, *Varchagraha*, *Shakritgraha*, *Malagraha*, and *BaddhaShakrit* are used synonymously to describe this condition.^[5] The pathogenesis of *Vibandha* is primarily attributed to *Vata Dosha* vitiation, especially *Apana Vata* *Vaigunya*, along with *Agnimandya*. Impaired *Agni* leads to improper digestion and formation of *Pakva Mala*, resulting in altered stool consistency and difficulty in evacuation. If left untreated, *Vibandha* may give rise to complications such as *Udavarta* and various *Vata Vyadhis*, due to the disturbed downward movement of *Apana Vata* and resultant *PratilomaGati*. Therefore, the fundamental principle of management in Ayurveda emphasises *Vata Shamaka* and *Anuloman* therapies, along with the correction of *Agni*. Suppositories act directly at the site of pathology, facilitate bowel evacuation, and reduce dependence on systemic drug absorption.^[3] While glycerin suppositories are commonly used in contemporary practice, there is a



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growing need to explore effective and safe Ayurvedic alternatives.^[2,4] *Vrikshamla* (*Garcinia indica*) and *Eranda Taila* (*Ricinus communis* oil) are described in Ayurvedic literature for their *Vibandhahara*, *Anulomana*, and *Vata-shamaka* properties. Considering the clinical relevance of functional constipation in children, the limitations of oral therapy, and the Ayurvedic rationale for localised treatment, the present pilot study was undertaken to evaluate the effect of *Vrikshamla-Eranda Taila* suppository in the management of functional constipation in adults, using Rome IV diagnostic criteria and the Bristol Stool Form Scale as assessment tools.

MATERIALS AND METHODS

This pilot study was undertaken to assess the clinical outcome of *Vrikshamla-Eranda Taila* suppositories in adults presenting with functional constipation. Five patients were selected from the Outpatient and Inpatient Departments of Khemdas Ayurved Hospital, Ishwarpura, Vadodara. Functional constipation was diagnosed according to the Rome IV diagnostic criteria, requiring the presence of at least two defining symptoms. Children with constipation secondary to organic causes such as Hirschsprung's disease, hypothyroidism, or structural anorectal abnormalities were excluded. Written informed consent was obtained from the patients before inclusion in the study. A clinical evaluation was conducted before and after the intervention. Subjective assessment included bowel movement frequency, stool hardness, painful defecation, abdominal bloating, sensation of incomplete evacuation, and sensation of anorectal obstruction. Stool consistency was objectively assessed using the Bristol Stool Form Scale. The intervention consisted of *Vrikshamla-Eranda Taila* suppository, administered rectally in a dose of 4 g on an alternate-day basis (SOS) for a period of 7 days. Patients were followed on alternate days during the treatment period to document clinical changes. The collected data were summarised using descriptive statistics. Pre- and post-treatment changes in binary symptoms were analysed using the McNemar test, while changes in Bristol stool score were assessed using the Wilcoxon Signed Rank Test. Ethical clearance was obtained from the Institutional Ethics Committee before the commencement of the study.

Case Presentations

Patient 1

A 54-year-old female came to OPD presents with complaints of chronic constipation for the past few years, followed by infrequent bowel movements (every 2–3 days), hard stools, straining during defecation, bloating, and a sense of incomplete evacuation with pain in both bilateral lower limbs for this above-mentioned complains they approach Khemdas hospital in Parul University Limda, Gujarat, for further treatment.

Patient 2

A 26-year-old male came to OPD with complaints of yellowish discolouration of urine for the past week, along with hard stools for 1 month, with incomplete sensation of defecation, and straining during defecation for 1 year. For the complaints mentioned above, they approached Khemdas Hospital in Parul University, Limda, Gujarat, for further treatment.

Patient 3

A 28-year-old male came to OPD with complaints of abdominal fullness, loss of appetite for 1 week, along with incomplete sensation of evacuation, and straining during defecation with hard stools for 1 year. For the complaints mentioned above, they approached Khemdas Hospital in Parul University, Limda, Gujarat, for further treatment.

Patient 4

A 48-year-old female came to the OPD complaining of Abdominal pain, an incomplete sense of evacuation, along with straining during evacuation and hard stools for six to eight months. For the complaints mentioned above, they approached Khemdas Hospital in Parul University, Limda, Gujarat, for further treatment.

Patient 5

A 30-year-old male came to the OPD complaining of weight gain, B/L joint pain in the lower limbs for 1 month, and heaviness in the abdomen, along with 2 bowel movements with hard stools passed in a week only, and difficulty in defecation, as well as an incomplete sensation of evacuation for 7 months. For the complaints mentioned above, they



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approached Khemdas Hospital in Parul University, Limda, Gujarat, for further treatment. Assessment of all the patients was based on the Bristol Stool Chart and Rome IV criteria for functional constipation.

Bristol Stool Chart

Assessment Before Administration of Varti

The patients were assessed using the Bristol Stool Chart and Rome IV Diagnostic Criteria for Functional Constipation, which were based on the previously mentioned assessment. The patients were categorised as having Type 1 & Type 2, and Type 3 constipation based on the Bristol Stool Chart. The Rome IV Diagnostic Criteria for functional constipation state that it seems to be a persistent condition marked by difficult or infrequent bowel movements. According to the Rome IV criteria for functional constipation, all patients present with complaints of 2 or more symptoms for more than six months, so they fulfil the Rome IV criteria for functional constipation.

RESULTS

A total of five patients diagnosed with functional constipation were included in the present pilot study. The demographic characteristics of the study population are summarised in Table 1. The mean age of the patients was 37.2 ± 12.85 years, with an age range of 26 to 54 years. The majority of patients were male (80%), while one patient (20%) was female.

Baseline Clinical Profile

All patients fulfilled the Rome IV diagnostic criteria for functional constipation at baseline. The distribution of baseline Rome IV symptoms is presented in Table 2. Sensation of incomplete evacuation was reported by all patients (100%). Hard or lumpy stools and fewer than three bowel movements per week were present in 80% of patients each. Straining during defecation was observed in 60% of patients, while sensation of anorectal obstruction was reported by 20%. None of the patients required manual manoeuvres to facilitate defecation.

Clinical Outcomes Following Treatment

Changes in constipation-related symptoms and stool consistency following treatment are shown in Table 3. A reduction in symptom burden was observed across all assessed parameters. The proportion of patients with fewer than two to three bowel movements per week decreased from 80% before treatment to 20% after treatment. Hard or dry stools reduced from 40% to 20%. Painful defecation and abdominal bloating, which were present in 60% and 20% of patients, respectively, at baseline, were absent in all patients following treatment. Sensation of incomplete evacuation showed a marked reduction from 100% to 20%, while sensation of anorectal obstruction reduced from 60% to none.

Statistical Analysis

The McNemar test was applied for pre- and post-treatment comparison of binary symptoms. Although consistent clinical improvement was observed, none of the symptom-based comparisons reached statistical significance ($p > 0.05$), which may be attributed to the small sample size. Assessment of stool consistency using the Bristol Stool Form Scale demonstrated a clear improvement, with the median score improving from Type 1 at baseline to Type 3 after treatment (Table 3). The Wilcoxon signed rank test showed this improvement to be statistically significant ($W = 0$, $p = 0.031$). Overall, the pilot study demonstrated improvement in bowel movement frequency, stool consistency, and associated symptoms of functional constipation following treatment. While symptom-based statistical tests did not show significance, the significant improvement in Bristol stool score and consistent clinical trends indicate a favourable therapeutic outcome.



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DISCUSSION

Functional constipation is a multifactorial disorder in which altered bowel habits, stool consistency, and defecatory discomfort arise primarily due to functional disturbances rather than structural pathology. In Ayurveda, this clinical presentation closely resembles Vibandha, a condition attributed mainly to Apana Vata dysfunction, often associated with Agnimandya and impaired movement of Mala through the Purishavaha Srotas. The present pilot study explored the role of Vrikshamla–Eranda Taila suppository as a localised therapeutic approach for functional constipation.^[4] The observed improvement in bowel habits and stool consistency suggests that the intervention acted at both the local rectal level and the functional level of Apana Vata. Rectal administration allows the drug to act directly on the site of stool retention, facilitating lubrication, softening of stool, and stimulation of rectal evacuation reflexes. This route is particularly relevant in pediatric practice, where oral drug compliance is often poor and delayed systemic absorption may limit therapeutic response. Eranda Taila (castor oil) is well described in Ayurvedic literature for its Snigdha, Sukshma, and Vata-shamaka properties. Functionally, Eranda Taila promotes Anulomana by reducing dryness and hardness of stool, thereby easing its downward movement. Its unctuous nature likely contributed to reduced friction within the rectum, facilitating painless defecation and improving stool consistency. From a functional perspective, Eranda Taila supports normalisation of Apana Vata by restoring its natural downward course, which is central to the pathogenesis of Vibandha.^[5]

Vrikshamla (*Garcinia indica*) is traditionally described as having Amla Rasa with Anulomana and Vibandhahara actions. Amla Rasa is known to counteract excessive Rukshata and support Agni without provoking Pitta when used appropriately. In the present formulation, Vrikshamla may have aided in correcting functional sluggishness of the bowel by promoting mild stimulation of peristalsis and supporting proper formation and elimination of Pakva Mala. Its inclusion may also explain the improvement in associated symptoms such as abdominal bloating and sensation of incomplete evacuation, which are commonly linked to Vata-dominant obstruction. The significant improvement observed in stool consistency, as assessed by the Bristol Stool Form Scale, indicates that the therapy was effective in converting hard, difficult-to-pass stools into softer, near-normal stools. Stool consistency is a clinically meaningful outcome in constipation management, as it directly influences ease of defecation and patient comfort. Improvement in this parameter suggests that the formulation acted not merely as a mechanical evacuant but contributed to functional normalisation of bowel activity. Although symptom-based statistical tests did not demonstrate significance, this finding is not unexpected in a small pilot study. Pilot study are primarily designed to describe clinical trends and generate preliminary evidence rather than establish definitive statistical conclusions. The consistent pattern of improvement across patients, combined with a statistically significant change in stool consistency, supports the therapeutic potential of the intervention and justifies further evaluation in larger controlled studies. Another important consideration is the local mode of action of the suppository. By bypassing the gastrointestinal tract, the formulation avoids issues related to digestion, absorption, and taste, making it particularly suitable for children. Local therapy aligns well with Ayurvedic principles of Sthanik Chikitsa, where direct treatment at the site of pathology is emphasised in conditions involving obstruction or impaired movement.

CONCLUSION

The findings of this pilot study suggest that Vrikshamla–Eranda Taila suppository may be beneficial in improving stool consistency, bowel regularity, and associated symptoms in patients with functional constipation. Although the observations are limited by the small sample size and lack of a control group, the consistent clinical improvement indicates therapeutic potential. Larger, controlled clinical studies with longer follow-up are warranted further to establish efficacy, safety, and comparative effectiveness.





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ACKNOWLEDGMENT

I want to express my sincere gratitude to the Department of Kayachikitsa, Parul Institute of Ayurved and Research, for providing the necessary facilities and support for this pilot clinical study. I am also grateful to my teachers and the patients who participated in this study for their cooperation and trust.

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Table 1 – Bristol Stool Chart

Stool Type	Description
1	Separate hard lumps, like nuts (hard to pass)
2	Sausage-shaped but lumpy
3	Like a sausage but with cracks on its surface
4	Like a sausage or snake, smooth and soft
5	Soft blobs with clear-cut edges (passed easily)
6	Fluffy pieces with ragged edges, mushy stool
7	Watery, no solid pieces, entirely liquid

Rome IV Criteria for functional constipation. (Two or more of the following must be present)

Table 2 – Rome Iv Criteria For Functional Constipation

Criterion No.	Diagnostic Criterion
1	Straining during more than 25% of defecations
2	Lumpy or hard stools (Bristol Type 1–2) in >25% of defecations
3	Sensation of incomplete evacuation for >25% of defecations
4	Sensation of anorectal obstruction/blockage for >25% of defecations
5	Manual manoeuvres to facilitate >25% of defecations
6	Fewer than three spontaneous bowel movements per week
7	Loose stools rarely present without laxatives
8	Insufficient criteria for IBS

Table 3: Stool Consistency At Baseline Before Varti Treatment

Patient	Bristol Stool Chart Type
Patient 1	Type 2
Patient 2	Type 1
Patient 3	Type 3
Patient 4	Type 1
Patient 5	Type 1

After Administration Of Varti

After administration of Vrikshamla Eranda taila varti to patients following observations were seen.



Yash Mishra *et al.*,**Table 4 – Stool Type Progression After Varti Administration**

Patient	Day 0	Day 1	Day 2
Patient 1	Type 2	Type 4	Type 4
Patient 2	Type 1	Type 3	Type 4
Patient 3	Type 3	Type 4	Type 4
Patient 4	Type 1	Type 2	Type 3
Patient 5	Type 1	Type 3	Type 3

Table 5: Demographic Characteristics

Variable	Value
Age (years)	37.2 ± 12.85
Age range (years)	26–54
Male	4 (80%)
Female	1 (20%)

Table 6: Baseline Rome IV Symptoms

Rome IV Symptom	n (%)
Straining	3 (60%)
Hard or lumpy stools	4 (80%)
Incomplete evacuation	5 (100%)
Anorectal obstruction	1 (20%)
Manual manoeuvre	0 (0%)
< 3 bowel movements/week	4 (80%)

Table 7: Clinical Outcomes After Treatment

Parameter	Pre-treatment	Post-treatment
< 2–3 bowel movements/week	4 (80%)	1 (20%)
Hard or dry stools	2 (40%)	1 (20%)
Painful defecation	3 (60%)	0 (0%)
Abdominal bloating	1 (20%)	0 (0%)
Incomplete evacuation	5 (100%)	1 (20%)
Anorectal obstruction	3 (60%)	0 (0%)
Median Bristol stool score	Type 1	Type 3

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RESEARCH ARTICLE

Closure - Based Key Agreement in Finite Closure Spaces : A Computational Framework using Interior and Closure Operators

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Received: 30 Mar 2026

Revised: 19 Apr 2026

Accepted: 07 May 2026

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ABSTRACT

This work presents a computational framework for analyzing closure and interior operations within finite closure spaces. By systematically structuring sets and utilizing principles from closure theory, the study demonstrates how these dual operations reveal inherent relationships among elements. The proposed method offers a unified and practical perspective, effectively bridging the gap between the theoretical foundations of closure spaces and their computational implementation.

Mathematics Subject Classification(2020):54A05, 94A62

Keywords: Key agreement, closure space, interior, closure, secret key, continuous mappings, finite closure spaces

INTRODUCTION

A key agreement protocol enables communicating entities to jointly generate a shared secret key, even when the exchange takes place over an untrusted network. This process functions without the need for a constantly available or centrally trusted authority, ensuring secure coordination among the participating parties. It can operate using secret-key systems, where multiple keys are needed per user, or public-key systems, which require only a single key





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pair. Due to their simplicity, scalability, and efficiency, public key-based schemes are widely preferred for secure communication in modern networks. The evolution of key agreement began with Merkle's [1] 1978 work, inspired by the groundbreaking ideas of Diffie and Hellman [2] (1976), whose protocol exploited the algebraic properties of cyclic groups to securely establish a common secret. Subsequent advancements, such as Partala's [3] exploration of homomorphic images, extended these concepts through algebraic generalizations that enhance resistance against complex group-theoretic attacks. Together, these contributions have shaped the theoretical and practical landscape of modern key exchange systems. In this study, we present a fresh perspective by integrating closure space theory [4]—a mathematical framework from topology concerned with closure and interior operations—into the design of cryptographic key agreement. Unlike traditional topological spaces, closure spaces offer greater flexibility in defining proximity and boundary relations, allowing dynamic modelling of multi-user interactions. By harnessing these structural properties, our proposed framework demonstrates how closure and interior operations can be systematically employed to derive identical computational outcomes, highlighting their applicability in secure information exchange.

Preliminaries

Definition 2.1[4] A pair (X, cl) is a **closure space**, where X can be any set and $cl: P(X) \rightarrow P(X)$ is a function that associates any subset $A \subseteq X$ with a subset $cl(A) \subseteq X$, known as the closure of A , so that

- (1) $cl(\emptyset) = \emptyset$,
- (2) $A \subseteq cl(A)$, and
- (3) $cl(A \cup B) = cl(A) \cup cl(B)$.

Definition 2.2[5] Suppose that ψ is a set. One map $It: \wp(\psi) \rightarrow \wp(\psi)$ that satisfies the subsequent equations is an **interior operator** on ψ :

- (1) $It(\psi) = \psi$
- (2) $It(\eta) \subseteq \eta$
- (3) $It(\eta \cap \vartheta) = It(\eta) \cap It(\vartheta)$.

Definition 2.3[6] The operator $It: P(X) \rightarrow P(X)$ is defined as $It(A) = X - cl(X - A)$ given a closure space (X, cl) .

Definition 2.4[6] The **closure** of the set A is referred as $cl(A)$. For the complement of A in X , we use $-A$ rather than $X \setminus A$ in order to simplify the notation.

Definition 2.5[8] Take X and Y be topological spaces, and let $f: X \rightarrow Y$ be a mapping. For a point $x \in X$, the definitions stated below are applicable:

- **Continuity:**
The mapping f is considered *continuous* at the point x if, for every open set $V \subseteq Y$ that includes $f(x)$, the preimage $f^{-1}(V)$ is an open subset of X . The function f is classified as **continuous** if this condition holds for every point in X .
- **Openness:**
The mapping f is defined as *open* at the point x if, for every open set $U \subseteq X$ that contains x , the image $f(U)$ is an open subset of Y . The function f is referred to as **open** if it satisfies this condition for all points in X .
- **Closedness:**
The mapping f is termed *closed* at the point x if, for every closed set $C \subseteq X$ that includes x , $f(C)$ is a closed subset of Y . The function f is regarded as **closed** if it is closed at every point in X .





Key Agreement Scheme

Imagine that Anish and Beeco are involved two characters that facilitate the establishment of a common secret key, ensuring secure communication between the participants. The key generation and exchange process proceeds through the process outlined below.

Step 1 Two arbitrary non-negative integers n and m are selected as public parameters by Anish and Beeco respectively.

Step 2 Anish publicly selects a finite topological space (X, τ_X) with $|X| = n$ and Beeco publicly selects an arbitrary topological space (Y, τ_Y) with $|Y| = m$.

Step 3 Any chosen pair of m -tuples $\varphi = (\varphi_1, \varphi_2, \dots, \varphi_m)$ and $\chi = (\chi_1, \chi_2, \dots, \chi_m)$ is chosen publicly, where each $\varphi_i, \chi_i \subseteq X$ by both Anish and Beeco.

Step 4 Anish secretly sets $s = (s_k)_{k=1}^m$ and $t = (t_k)_{k=1}^m$, where each $s_k: X \rightarrow Y$ is injective, open, and continuous, and each $t_k: X \rightarrow Y$ is closed and continuous and Beeco defines two m -tuples using closure space, $T = (T_k)_{k=1}^m$ and $S = (S_k)_{k=1}^m$ such that $T_k = \text{It}_{\tau_Y}(\varphi_k \cap \chi_k)$ and $S_k = \text{cl}_{\tau_Y}(\varphi_k \cup \chi_k)$, for all $k = 1, 2, \dots, m$.

Step 5 Anish sets the m -tuples $s[\varphi]$, $s[\chi]$, $t[\varphi]$, and $t[\chi]$ with components

$s[\varphi]_k = s_k(\varphi_k)$, $s[\chi]_k = s_k(\chi_k)$, $t[\varphi]_k = t_k(\varphi_k)$, $t[\chi]_k = t_k(\chi_k)$, and make them publicly available to Beeco and Beeco sends the m -tuples T and S to Anish for further computation.

Step 6 Using the m -tuples T and S , Anish generates the secret key $K = (K_{\text{It}}, K_{\text{cl}})$, where K_{It} and K_{cl} are m -tuples whose general terms are defined as, $K_{\text{It},k} = s_k(T_k)$ and $K_{\text{cl},k} = t_k(S_k)$, respectively. Using the m -tuples $s[\varphi]$, $t[\varphi]$, $s[\chi]$, and $t[\chi]$, Beeco computes the secret key $K = (K_{\text{It}}, K_{\text{cl}})$, where for each $k = 1, 2, \dots, m$, $K_{\text{It},k} = \text{It}_{\tau_Y}(s[\varphi]_k \cap s[\chi]_k)$, $K_{\text{cl},k} = \text{cl}_{\tau_Y}(t[\varphi]_k \cup t[\chi]_k)$.

Example

To demonstrate the working of the key agreement scheme, we now examine its steps by means of a representative example.

Anish and Beeco set $n = 4$ and $m = 3$. Then, Anish set $X = \{\alpha, \beta, \gamma, \delta\}$ while Beeco set $Y = \{1, 2, 3, 4\}$. Anish and Beeco set

$\tau_X = \{\emptyset, \{\alpha\}, \{\gamma\}, \{\delta\}, \{\alpha, \gamma\}, \{\alpha, \delta\}, \{\beta, \gamma\}, \{\gamma, \delta\}, \{\alpha, \beta, \gamma\}, \{\alpha, \gamma, \delta\}, \{\beta, \gamma, \delta\}, X\}$

and

$\tau_Y = \{\emptyset, \{1\}, \{2\}, \{4\}, \{1, 2\}, \{1, 4\}, \{2, 4\}, \{3, 4\}, \{1, 2, 4\}, \{1, 3, 4\}, \{2, 3, 4\}, X\}$

respectively. Then, they define two 3-tuples $\varphi = (\varphi_1, \varphi_2, \varphi_3)$ and $\chi = (\chi_1, \chi_2, \chi_3)$, where

$\varphi_1 = \emptyset$, $\varphi_2 = \{\alpha\}$, $\varphi_3 = \{\beta, c\}$

$\chi_1 = \{\alpha, d\}$, $\chi_2 = \{\alpha, d\}$, $\chi_3 = \{\alpha, b, c\}$

Anish defines $s = (s_1, s_2, s_3)$, where each component $s_i: X \rightarrow Y$ ($i = 1, 2, 3$) is an injective, open, and continuous function.

$$\alpha \xrightarrow{s_1} 1 \quad \beta \xrightarrow{s_1} 3 \quad \gamma \xrightarrow{s_1} 4 \quad \delta \xrightarrow{s_1} 2$$

$$\alpha \xrightarrow{s_2} 1 \quad \beta \xrightarrow{s_2} 3 \quad \gamma \xrightarrow{s_2} 4 \quad \delta \xrightarrow{s_2} 2$$

$$\alpha \xrightarrow{s_3} 1 \quad \beta \xrightarrow{s_3} 3 \quad \gamma \xrightarrow{s_3} 4 \quad \delta \xrightarrow{s_3} 2$$

and $t = (t_1, t_2, t_3)$, where each component $t_i: X \rightarrow Y$ ($i = 1, 2, 3$) is a closed and continuous function, defined as follows:

$$\alpha \xrightarrow{t_1} 1 \quad \beta \xrightarrow{t_1} 1 \quad \gamma \xrightarrow{t_1} 1 \quad \delta \xrightarrow{t_1} 1$$

$$\alpha \xrightarrow{t_2} 2 \quad \beta \xrightarrow{t_2} 2 \quad \gamma \xrightarrow{t_2} 2 \quad \delta \xrightarrow{t_2} 3$$

$$\alpha \xrightarrow{t_3} 3 \quad \beta \xrightarrow{t_3} 1 \quad \gamma \xrightarrow{t_3} 1 \quad \delta \xrightarrow{t_3} 3$$

Subsequently, Anish determines the m -tuples $s[\varphi]$, $t[\varphi]$, $s[\chi]$, and $t[\chi]$, where each term is defined by $s[\varphi]_k = s_k(\varphi_k)$, $s[\chi]_k = s_k(\chi_k)$, $t[\varphi]_k = t_k(\varphi_k)$, and $t[\chi]_k = t_k(\chi_k)$ for every $k = 1, 2, \dots, m$. The resulting tuples are obtained as follows:

$$s[\varphi] = (\emptyset, \{1\}, \{3, 4\})$$

$$t[\varphi] = (\emptyset, \{2\}, \{1\})$$

$$s[\chi] = (\{1, 2\}, \{1, 2\}, \{1, 3, 4\})$$

$$t[\chi] = (\{3\}, \{3\}, \{2\})$$

Anish then transmits these tuples to Beeco. In turn, Beeco computes the m -tuples T and S , where each general term is given by $T_k = \text{It}_{\tau_Y}(\varphi_k \cap \chi_k)$ and $S_k = \text{cl}_{\tau_Y}(\varphi_k \cup \chi_k)$, respectively. The computed tuples are as follows:

$$T = (\emptyset, \{\alpha\}, \{\gamma\})$$





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$S = (\{\alpha, \beta, \delta\}, \{\alpha, \beta, \delta\}, X)$

and sends to Anish.

By employing the m -tuples T and S , Anish derives the mutual secret key denoted by $K = (K_{lt}, K_{cl})$. The components of K are characterized through the relations $K_{lt,k} = s_k(T_k)$ and $K_{cl,k} = t_k(S_k)$ for each $k = 1, 2, \dots, m$. The corresponding values of these components are determined as follows:

$$K = (\emptyset, \{1\}, \{4\}), (\{2, 3\}, \{1, 2, 3\}, \{1, 2, 3\})$$

At the same time by utilizing the m -tuples $s[\varphi]$, $t[\varphi]$, $s[\chi]$, and $t[\chi]$, Beeco independently derives the secret key $K = (K_{lt}, K_{cl})$. The components of K are defined by the general terms $K_{lt,k} = lt_{\tau_Y}(s[\varphi]_k \cap s[\chi]_k)$ and $K_{cl,k} = cl_{\tau_Y}(t[\varphi]_k \cup t[\chi]_k)$, respectively. The computed results are as follows:

$$K = (\emptyset, \{1\}, \{4\}), (\{2, 3\}, \{1, 2, 3\}, \{1, 2, 3\})$$

Hence, both Anish and Beeco obtain an identical secret key K , which can be securely utilized for their communication.

Python Code

In support of the theoretical analysis, a Python implementation has been developed to demonstrate and validate the proposed key agreement scheme. The code computes the respective mappings, tuple operations, and the final secret key $K = (K_{lt}, K_{cl})$ based on the theoretical framework discussed above.

Fully inbuilt Python 3.13 script with clean final K computation for Anish and Beeco

--- Sets ---

$X = [\alpha, \beta, \gamma, \delta]$

$Y = [1, 2, 3, 4]$

--- 3-tuples φ and χ ---

$\varphi = (\text{set}(), \{\alpha\}, \{\beta\}, \gamma)$

$\chi = (\{\alpha, \delta\}, \{\alpha, \delta\}, \{\alpha, \beta, \gamma\})$

--- Mappings s_1, s_2, s_3 ---

$s_1 = \{\alpha: 1, \beta: 3, \gamma: 4, \delta: 2\}$

$s_2 = \{\alpha: 1, \beta: 3, \gamma: 4, \delta: 2\}$

$s_3 = \{\alpha: 1, \beta: 3, \gamma: 4, \delta: 2\}$

$s = (s_1, s_2, s_3)$

--- Mappings t_1, t_2, t_3 ---

$t_1 = \{\alpha: 1, \beta: 1, \gamma: 1, \delta: 1\}$

$t_2 = \{\alpha: 2, \beta: 2, \gamma: 2, \delta: 3\}$

$t_3 = \{\alpha: 3, \beta: 1, \gamma: 1, \delta: 3\}$

$t = (t_1, t_2, t_3)$

--- Apply mapping to tuple of sets ---

def apply_mapping(mapping_tuple, set_tuple):

 return tuple([mapping[x] for x in s] for mapping, s in zip(mapping_tuple, set_tuple))

$S\varphi = \text{apply\_mapping}(s, \varphi)$

$T\varphi = \text{apply\_mapping}(t, \varphi)$

$S\chi = \text{apply\_mapping}(s, \chi)$

$T\chi = (\{3\}, \{3\}, \{2\})$ # manually overridden

--- Closure space for X ---

closure_space_X = {

 frozenset(), frozenset(),

 frozenset($\{\alpha\}$): frozenset($\{\alpha, \beta\}$),

 frozenset($\{\beta\}$): frozenset($\{\alpha, \beta, \gamma\}$),

 frozenset($\{\gamma\}$): frozenset($\{\beta, \gamma\}$),

 frozenset($\{\delta\}$): frozenset($\{\delta\}$),

 frozenset($\{\alpha, \delta\}$): frozenset($\{\alpha, \beta, \delta\}$),

 frozenset($\{\beta, \gamma\}$): frozenset($\{\alpha, \beta, \gamma\}$),





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```

frozenset({' $\alpha$ ', ' $\beta$ ', ' $\gamma$ '}): frozenset(X),
    frozenset(X): frozenset(X)
}
def Cl_X(S):
    return closure_space_X.get(frozenset(S), frozenset(S))
def Int_X(S):
    return set(X) - set(Cl_X(set(X) - set(S)))
# --- Closure space for Y ---
closure_space_Y = {
    frozenset(): frozenset(),
    frozenset({1}): frozenset({1, 2}),
    frozenset({2}): frozenset({1, 2, 3}),
    frozenset({3}): frozenset({2, 3}),
    frozenset({4}): frozenset({4}),
    frozenset({1, 2}): frozenset({1, 2, 3}),
    frozenset({1, 3}): frozenset({1, 2, 3}),
    frozenset({2, 3}): frozenset({1, 2, 3}),
    frozenset({1, 4}): frozenset({1, 2, 4}),
    frozenset({3, 4}): frozenset({2, 3, 4}),
    frozenset({1, 2, 3, 4}): frozenset({1, 2, 3, 4})
}
def Cl_Y(S):
    return set(closure_space_Y.get(frozenset(S), frozenset(S)))
def Int_Y(S):
    return set(Y) - set(Cl_Y(set(Y) - set(S)))
# --- Compute S and T ---
S_tuple = tuple(Int_X( $\varphi$ [k] &  $\chi$ [k]) for k in range(3))
T_tuple = tuple(set(Cl_X( $\varphi$ [k] |  $\chi$ [k])) for k in range(3))
# --- Compute Anish's K ---
Kint_anish = tuple(Int_Y(S $\varphi$ [k] & S $\chi$ [k]) for k in range(3))
Kcl_anish = tuple(set(Cl_Y(T $\varphi$ [k] | T $\chi$ [k])) for k in range(3))
K_anish = (Kint_anish, Kcl_anish)
# --- Compute Beeco's K (same formulas) ---
Kint_beeco = tuple(Int_Y(S $\varphi$ [k] & S $\chi$ [k]) for k in range(3))
Kcl_beeco = tuple(set(Cl_Y(T $\varphi$ [k] | T $\chi$ [k])) for k in range(3))
K_beeco = (Kint_beeco, Kcl_beeco)
# --- Helper function to pretty print sets ---
def pretty_set(s):
    return ' $\emptyset$ ' if not s else '{' + ','.join(map(str, sorted(s))) + '}'
def display_set(s):
    return ' $\emptyset$ ' if not s else '{' + ','.join(map(str, s)) + '}'
# --- Output ---
print("=== Sets and Mappings ===")
print("X:", X)
print("Y:", Y)
print(" $\varphi$ :", tuple(display_set(s) for s in  $\varphi$ ))
print(" $\chi$ :", tuple(display_set(s) for s in  $\chi$ ))
print("\nS[ $\varphi$ ]:", tuple(display_set(s) for s in S $\varphi$ ))
print("T[ $\varphi$ ]:", tuple(display_set(s) for s in T $\varphi$ ))
print("S[ $\chi$ ]:", tuple(display_set(s) for s in S $\chi$ ))

```





```

print("T[χ]:", tuple(display_set(s) for s in Tχ))
print("\nS = Int(φ ∩ χ):", tuple(display_set(s) for s in S_tuple))
print("T = Cl(φ ∪ χ):", tuple(display_set(s) for s in T_tuple))
print("\nn=== K Computation for Anish ===")
print("Kint =", tuple(display_set(s) for s in Kint_anish))
print("Kcl =", tuple(display_set(s) for s in Kcl_anish))
print("K = (Kint, Kcl) =",
      (tuple(display_set(s) for s in Kint_anish), tuple(display_set(s) for s in Kcl_anish)))
print("\nn=== K Computation for Beeco ===")
print("Kint =", tuple(display_set(s) for s in Kint_beeco))
print("Kcl =", tuple(display_set(s) for s in Kcl_beeco))
print("K = (Kint, Kcl) =",
      (tuple(display_set(s) for s in Kint_beeco), tuple(display_set(s) for s in Kcl_beeco)))
print("\n⊙ Conclusion:")
print("Both Anish and Beeco arrived at the same secret key, i.e.,")
print("K = (Kint, Kcl) =",
      (tuple(display_set(s) for s in Kint_beeco), tuple(display_set(s) for s in Kcl_beeco)), "✓")

```

Output

```

=== Sets and Mappings ===
X: ['α', 'β', 'γ', 'δ']
Y: [1, 2, 3, 4]
φ: (∅, {'α'}, {'γ', 'β'})
χ: ({δ, α}, {'δ, α'}, {'γ, α, β'})
S[φ]: (∅, {1}, {3, 4})
T[φ]: (∅, {2}, {1})
S[χ]: ({1, 2}, {1, 2}, {1, 3, 4})
T[χ]: ({3}, {3}, {2})
S = Int(φ ∩ χ): (∅, {'α'}, {'γ'})
T = Cl(φ ∪ χ): ({δ, α, β}, {'δ, α, β'}, {'γ, δ, α, β'})
=== K Computation for Anish ===
Kint = (∅, {1}, {4})
Kcl = ({2, 3}, {1, 2, 3}, {1, 2, 3})
K = (Kint, Kcl) = ((∅, {1}, {4}), ({2, 3}, {1, 2, 3}, {1, 2, 3}))
=== K Computation for Beeco ===
Kint = (∅, {1}, {4})
Kcl = ({2, 3}, {1, 2, 3}, {1, 2, 3})
K = (Kint, Kcl) = ((∅, {1}, {4}), ({2, 3}, {1, 2, 3}, {1, 2, 3}))
⊙ Conclusion:
Both Anish and Beeco arrived at the same secret key, i.e.,
K = (Kint, Kcl) = ((∅, {1}, {4}), ({2, 3}, {1, 2, 3}, {1, 2, 3})) ✓

```

CONCLUSION

This study introduces a key agreement scheme grounded in closure and interior operations within closure spaces. The proposed approach enables two parties to establish a shared secret key using open, continuous, and closed mappings, without direct key transmission. A Python implementation validates the computational steps and confirms that both parties independently generate an identical secret key. The effectiveness of the scheme lies in its ability to securely achieve key agreement through private mappings and non-invertible closure and interior



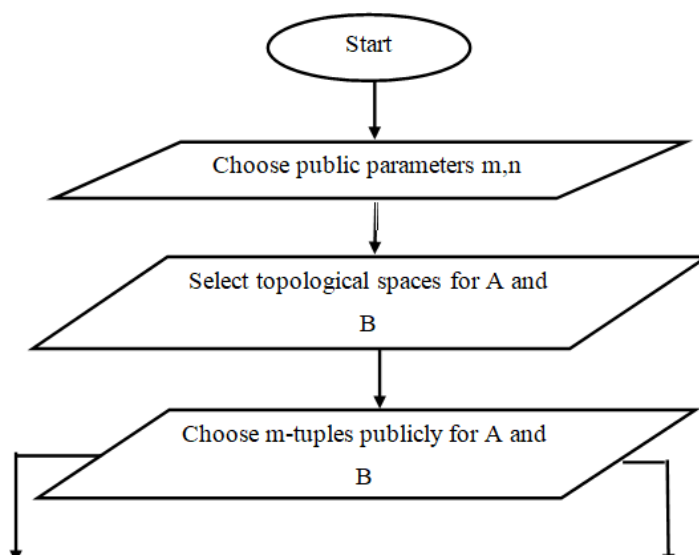


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operations, which prevent key reconstruction from publicly available information. The structural compatibility of these operations guarantees correctness, while the framework remains flexible and scalable. These results demonstrate that closure space theory provides a robust and mathematically consistent foundation for cryptographic key generation. Future research may extend this framework to nano or hypercube closure spaces to enhance security and computational efficiency.

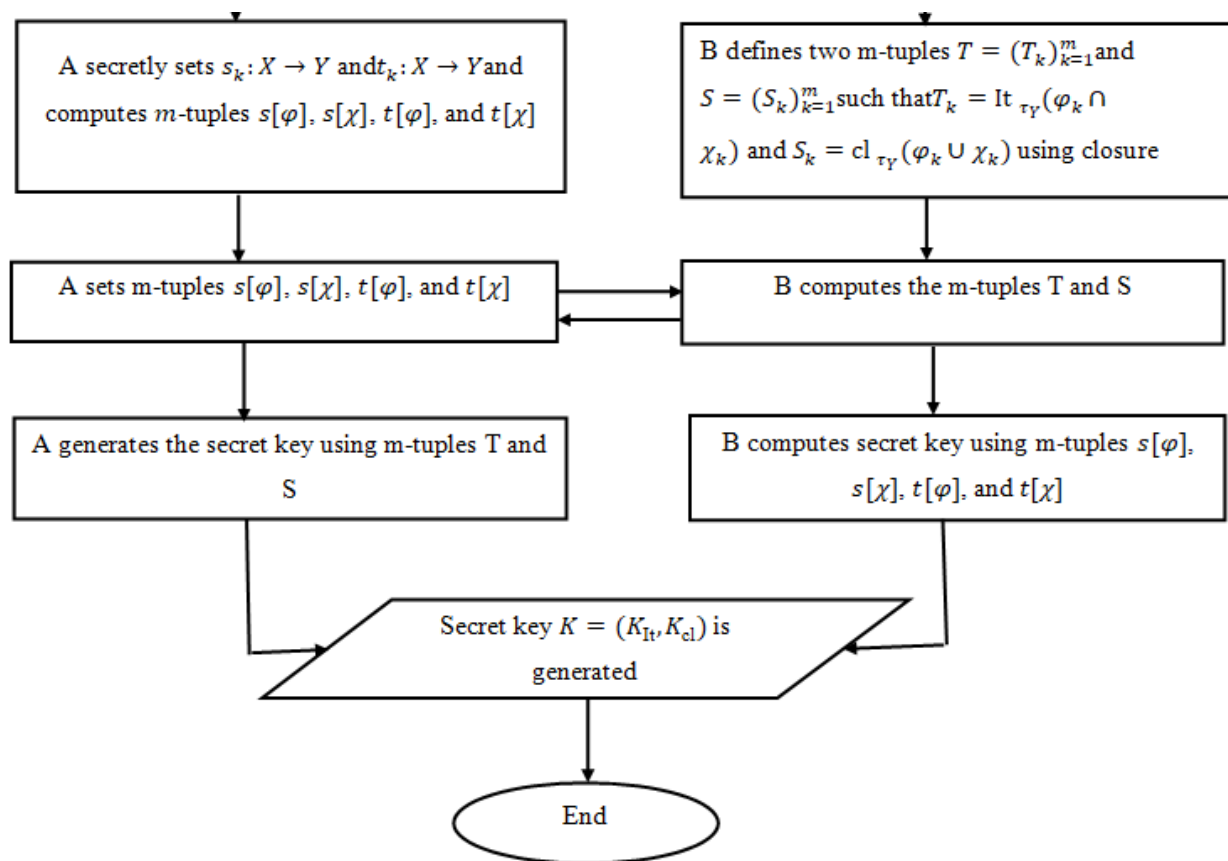
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Flow Chart

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CASE STUDY ARTICLE

Prosthetic Rehabilitation of a Completely Edentulous Patient with Flabby Maxillary Ridge using Window Impression Technique : A Clinical Case Report

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Received: 17 Mar 2026

Revised: 21 Apr 2026

Accepted: 07 May 2026

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ABSTRACT

Flabby ridge is a frequently encountered clinical condition in completely edentulous patients, particularly in the anterior maxillary region, and presents a significant challenge in achieving adequate retention, support, and stability of complete dentures. The presence of mobile fibrous tissue leads to distortion during impression making, resulting in compromised denture function. This case report describes the prosthetic management of a completely edentulous patient with a flabby anterior maxillary ridge using a modified window impression technique. A selective pressure impression philosophy was followed to record the displaceable tissues in a non-compressed state while ensuring adequate support from the firm posterior ridge. The denture fabricated using this technique demonstrated improved retention, stability, esthetics, and patient comfort. The case emphasizes the importance of accurate diagnosis, appropriate impression techniques, and meticulous clinical execution in successful prosthetic rehabilitation.

Keywords: Flabby ridge, Window impression technique, Complete denture, Selective pressure impression, Edentulous maxilla, Prosthetic rehabilitation



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INTRODUCTION

Complete edentulism remains a critical concern in oral health and affects mastication, speech, esthetics and psychological well-being [1]. After removal of teeth, progressive resorption of residual ridges happens in a physiological way [2]. In some patients, mainly long-term denture wearers, chronic trauma and adverse occlusal forces may cause alveolar bone replacement by hypermobile fibrous tissue [3]. This clinical state is known as a flabby ridge. Flabby ridges occur most frequently in the anterior maxilla opposing natural mandibular anterior teeth and are often found in combination syndrome [4]. Mobile tissue presents a considerable challenge in terms of impression making since conventional impression techniques force tissues into compaction resulting in denture instability during function and thus the process is prone to disruption [5]. Therefore, alteration of impression techniques such as mucostatic impression, selective pressure impression and window impression techniques have been recommended [6]. This case report describes the management of a completely edentulous patient who had also developed a flabby ridge using a window impression technique. Recent prosthodontic literature highlighted the use of elastomeric impression materials, altered tray designs, and differential pressure techniques for the management of flabby ridges yielding better retention and patient comfort [16,17]. This case report describes the prosthodontic management of a completely edentulous person with an anterior maxillary flabby ridge using a window impression technique.

MATERIALS AND METHODS

A male patient aged approximately 60 years reported to the Department of Prosthodontics, Faculty of Dental Sciences, SGT University, Gurugram, with the chief complaint of loose maxillary denture and difficulty in mastication. The patient had been edentulous for several years and was a long-term denture wearer.

Clinical Examination

Intraoral workup showed a fully edentulous maxillary arch with a hypermobile fibrous ridge from canine to canine region (Fig. 1). The posterior ridge was rigid and well-formed. The mandibular arch presented natural anterior teeth showing signs of attrition and staining. Digital palpation displayed the presence of displaceable tissue in anterior maxilla.

Impression Procedure

A preliminary impression was made using impression compound (DPI Pinnacle®, Dental Products of India) to obtain a diagnostic cast. A custom tray was fabricated using autopolymerizing acrylic resin (DPI RR Cold Cure®, India) with adequate relief in the anterior region, and border moulding was carried out using green stick compound (DPI Pinnacle®, India) [7]. A window was then prepared in the custom tray corresponding to the flabby ridge region (Fig. 2,3). The posterior ridge was recorded using medium-body polyvinyl siloxane impression material (Aquasil®, Dentsply Sirona). The final impression of the posterior ridge was recorded using medium-body elastomeric impression material (Aquasil®, Dentsply Sirona), while the flabby ridge was recorded separately through the window using light-body elastomeric material (Aquasil LV®, Dentsply Sirona) under minimal pressure (Fig. 4). This differential pressure technique helped in preventing distortion of the mobile tissues [8].

Jaw Relation and Denture Fabrication

Maxillomandibular relations were recorded, followed by wax try-in to evaluate esthetics, phonetics, and occlusion (Fig. 5). Balanced occlusion was established to minimize tipping forces during function [9]. The denture was processed using heat-cured acrylic resin (Trevalon®, Dentsply India) and inserted (Fig. 6). Necessary post-insertion adjustments were performed.

Ethical Consideration: Informed consent was obtained in writing from the patient prior to clinical procedures. Clinical photographs were collected for academic and publication purposes.



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RESULTS

The maxillary complete denture fabricated using the window impression technique demonstrated satisfactory retention, stability, and support during functional movements. Retention was evaluated with a gentle vertical dislodgement test, which showed improved resistance to displacement compared to the previously worn denture. The patient reported relative improvement in comfort, speech fluency, and masticatory performance of moderately hard food—particularly for incising and chewing. The visual analogue scale assessment showed increased patient satisfaction after the insertion of the new prosthesis. Clinical examination at follow-up visits revealed healthy mucosal response, no ulceration, inflammation, or soreness in the flabby ridge region. Functional movements revealed minimal displacement of the anterior ridge, which was an indication of favourable tissue adaptation. This was in compliance with balanced occlusion and no occlusal interferences were observed on recall evaluation. Extraoral examination revealed features suggestive of long-standing edentulism, including reduced lower facial height, loss of lip support, and a slightly prognathic mandibular appearance (Fig. 7). Following insertion of the new maxillary complete denture, noticeable improvement in facial esthetics was observed, with restoration of lip support and increased lower facial height contributing to a more harmonious facial profile (Fig. 8).

DISCUSSION

Flabby ridge presents a significant challenge in complete denture prosthodontics due to the presence of mobile fibrous tissue that adversely affects denture retention, stability, and support. Residual ridge resorption and soft tissue hyperplasia following prolonged denture wear have been well documented in the literature [2,4,10]. The primary objective in managing such cases is to record the denture-bearing tissues in a functional yet undisplaced state to ensure optimal denture performance. The mucostatic impression technique records tissues in their undisplaced resting position with minimal pressure and has been recommended for management of mobile ridges [6,13]. Although this approach reduces tissue distortion, inadequate compression over stress-bearing areas may compromise denture support and load distribution [10]. Conversely, the mucocompressive or functional impression technique records tissues under simulated functional loading conditions. While this may enhance denture support in firm ridges, excessive displacement of flabby tissues can result in rebound during function and subsequent denture instability [5,12].

The selective pressure impression technique provides a balanced approach by applying controlled pressure over primary stress-bearing areas while relieving mobile tissues. Proper spacer design and tray modification are essential to achieve predictable results [7,14]. This philosophy forms the basis of several modified techniques used in flabby ridge management. Among these modifications, the window impression technique has been widely advocated as a conservative and reliable method. Osborne first described the concept of separately recording mobile tissues to minimize distortion during impression making [8]. Later studies have supported the effectiveness of this technique in improving denture retention and patient comfort [15,16]. In the present case, the use of elastomeric impression material through the window allowed accurate recording of the flabby tissue while ensuring posterior ridge support. Other impression methods described in the literature include the two-tray technique, dual or two-stage impression technique, and split tray technique, which facilitate differential pressure recording of denture-bearing tissues [12]. The perforated tray technique and relief hole technique reduce hydraulic pressure during impression making by allowing escape of excess impression material, thereby minimizing tissue displacement [5]. Material-based approaches such as the use of plaster of Paris and zinc oxide eugenol mucostatic impressions have also been recommended due to their minimal tissue distortion properties [6]. With advances in dental materials, elastomeric impression materials such as polyvinyl siloxane and polyether have gained popularity owing to their dimensional stability and superior detail reproduction [15].





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Functional impression techniques using tissue conditioners and fluid wax have been proposed to record tissues under dynamic conditions [12]. Additionally, innovations such as vacuum-formed spacer trays have been suggested to provide uniform relief and improve impression accuracy. Alternative treatment modalities such as pre-prosthetic surgical correction and implant-supported prosthetic rehabilitation have also been reported to enhance denture retention and stability [11,19]. However, these options may not be suitable for all patients due to systemic health limitations, inadequate bone availability, surgical risks, and financial constraints. Occlusal considerations play a vital role in the long-term success of prosthodontic treatment. Establishing balanced occlusion helps distribute functional forces evenly across the denture-bearing area and minimizes localized trauma to the tissues [9]. Regular recall visits and maintenance of denture hygiene are equally important for preserving tissue health and prosthesis longevity [17]. Thus, successful management of flabby ridge depends on accurate diagnosis, appropriate impression technique selection, and meticulous clinical execution. The window impression technique, as utilized in the present case, provides a simple, economical, and predictable method for achieving satisfactory functional outcomes.

CONCLUSION

Flabby ridge can be effectively managed by adopting appropriate impression techniques and careful treatment planning. The window impression technique provides a simple, economical, and predictable method for recording mobile tissues without distortion. Accurate diagnosis, meticulous clinical procedures, and balanced occlusion contribute significantly to the long-term success of complete denture therapy [18–20].

ACKNOWLEDGEMENT

The authors acknowledge the support and guidance of the faculty and staff of the Department of Prosthodontics, Faculty of Dental Sciences, SGT University, Gurugram

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Fig.1. Intraoral view of the maxillary edentulous arch	Fig.2. Custom maxillary tray with border moulding
	
Fig.3. Intraoral view during border molding of the maxillary edentulous arch showing functional extension of peripheral borders	Fig.4. Maxillary final impression
	
Fig.5. Intraoral view depicting try-in of maxillary complete denture	Fig.6. Intraoral view of maxillary complete denture





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Fig.7. Preoperative extraoral view



Fig.8. Postoperative extraoral view

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RESEARCH ARTICLE

Effect of Jumping Rope Exercise on Anthropometric Measures in an Adult Female With Polycystic Ovarian Syndrome : A Longitudinal Case Study

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Received: 07 Mar 2026

Revised: 12 Apr 2026

Accepted: 16 May 2026

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ABSTRACT

Polycystic ovarian syndrome [PCOS] is a prevalent endocrine disorder in women of reproductive age, often linked to menstrual irregularities, metabolic disturbances, excess adiposity, and reduced cardiovascular fitness. Lifestyle changes and exercise therapy are broadly recommended as first-line treatments. Jump rope exercise is a simple, low-cost form of aerobic activity that can improve cardiovascular fitness; however, long-term evidence of its therapeutic effects in women with PCOS is still limited. A 21-year-old woman presented with a long-standing history of menstrual irregularity, specifically having oligomenorrhea since adolescence. She also reported fatigue, weight gain, mood swings, anxiety, hair loss, and intermittent low back pain. Prior ultrasound imaging and hormonal tests were within normal limits. She had been intermittently inducing her menstrual cycles with unsupervised hormonal medication. The patient sought physiotherapy as a conservative treatment approach. The participant completed a 24-week structured rope-skipping exercise program, attending three supervised sessions per week. Exercise intensity was progressively increased in line with the FITT principle, targeting about 60–80% of her maximum heart rate through interval training. At baseline and at follow-up intervals, the following measures were recorded: Body Mass Index [BMI], waist-hip ratio [WHR], body fat percentage, 3-minute step test performance, estimated VO_2 max, and abdominal curl-up



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endurance. The anthropometric measures showed minimal change over the study period. In contrast, functional fitness parameters improved: the 3-minute step test score increased, estimated VO_2 max values rose, and abdominal curl-up repetitions became higher, indicating improved cardiovascular and abdominal muscular endurance. This case study suggests that a structured jumping rope program may enhance functional fitness in women with PCOS even without significant changes in anthropometric measures. The intervention appears to be a feasible, low-cost physiotherapy strategy for managing PCOS.

Keywords: Polycystic ovarian syndrome; jump rope exercise; aerobic training; physiotherapy; complementary therapy; case study

INTRODUCTION

Polycystic ovary syndrome [PCOS] is a complex endocrine disorder occurring in women of reproductive age, with its prevalence depending on the diagnostic criteria used [1,2]. It does not present uniformly but instead comprises a range of symptoms, most commonly disturbances in ovulation, elevated androgen levels, and characteristic ovarian morphology seen on imaging [3]. The manifestation of these features varies among individuals, adding to the heterogeneity of the condition. Beyond reproductive issues, PCOS is closely associated with metabolic disturbances. Affected individuals often exhibit reduced insulin sensitivity, impaired glucose metabolism, and adverse lipid profiles, which together heighten cardiometabolic risk [4,5]. Central fat accumulation further exacerbates these metabolic and endocrine disturbances. Additionally, evidence suggests that women with PCOS may have reduced efficiency in oxygen utilization and lower overall aerobic performance compared to age-matched peers, even when matched for BMI [7,13]. These limitations can impair daily functional capacity and may have long-term health consequences.

Psychological factors also play a significant role in PCOS. Symptoms like anxiety, depression, and poor self-perception of health are commonly reported and may reduce motivation for physical activity [7]. This interplay between physical and psychological aspects can create a cycle of inactivity and metabolic imbalance. In light of these interconnected factors, current management focuses on lifestyle strategies. Regular physical activity is broadly recommended as a first-line intervention regardless of body weight [6]. The benefits of exercise extend beyond weight loss, improving metabolic regulation, cardiovascular function, and mental well-being [7,8]. In fact, enhanced fitness levels have been linked to better health outcomes independent of weight loss [9]. Aerobic exercise remains a key component for improving overall health. In particular, interval-based training has gained attention because it can induce significant physiological changes in shorter time periods, such as enhanced oxidative capacity and improved cardiovascular responsiveness [10]. Rope-skipping is an accessible aerobic activity requiring minimal equipment while delivering a moderate-to-high intensity workout. It consists of coordinated, repetitive movements involving both the lower limbs and core muscles, potentially leading to improvements in endurance and neuromuscular control [11,12]. Despite these advantages, there is limited research on the long-term use of rope-skipping in individuals with PCOS. Most existing studies have focused on conventional exercise modalities, leaving uncertainty about the effectiveness of simpler, more accessible alternatives. Therefore, this case study aimed to assess the impact of a structured 24-week rope-skipping program on body composition and functional fitness in a young adult exhibiting features consistent with PCOS.

Case Presentation

A 21-year-old female visited the physiotherapy department, complaining of chronic menstrual irregularity with very infrequent periods [approximately once a year] since adolescence. She had her menarche at age 11, after which her menstrual cycles were regular for about two years [28–30 day cycles lasting 5–6 days]. She later experienced a six-month episode of amenorrhea. In 2018, she saw an obstetrician-gynecologist and underwent an abdominal



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ultrasound and a series of hormonal tests [fasting, post-prandial, and random blood glucose, and a thyroid profile]. All the test results were within normal limits. She was then prescribed oral contraceptives for three months, which temporarily restored her menstrual cycle. However, irregularities returned after she stopped the medication. In the following years, she took progesterone tablets on her own whenever amenorrhea lasted six months, which triggered withdrawal bleeding. As a result, her average menstrual frequency was about two cycles per year. Her last menstrual period occurred on 15 January 2025. Associated symptoms included fatigue, anxiety, irritability, hair loss, progressive weight gain, and intermittent low back pain. There was no family history of similar conditions. She sought physiotherapy for a conservative, lifestyle-based intervention. Although her ultrasound findings were normal, the patient continued to have oligomenorrhea and clinical features suggestive of PCOS, consistent with the Rotterdam criteria.

Study Design

This was a longitudinal case study with repeated assessments of anthropometric and physical fitness parameters over a six-month period.

Outcome Measures

A variety of outcome measures were chosen to evaluate changes in anthropometric characteristics and physical fitness associated with the exercise program. Assessments were performed at baseline and during follow-up sessions in July, August, and September 2025, and January 2026. All measurements were carried out by the same physiotherapist using standardized methods to minimize variability.

- **Body Mass Index [BMI]:** BMI was calculated as weight [kg] divided by height squared [m²]. Body weight was measured with a calibrated digital scale [participant wearing light clothing and no shoes], and height was measured with a stadiometer. BMI was used to classify weight status based on World Health Organization guidelines.
- **Waist–Hip Ratio [WHR]:** Waist circumference was measured at the midpoint between the lower edge of the last palpable rib and the iliac crest using a non-elastic tape, and hip circumference was measured at the level of the greatest gluteal prominence. WHR was calculated by dividing waist circumference by hip circumference, indicating central adiposity and cardiometabolic risk.
- **Body Fat Percentage:** Body fat percentage was estimated using a bioelectrical impedance analysis device, providing an estimate of total body adiposity beyond what BMI indicates.
- **3-Minute Step Test:** Cardiovascular endurance was assessed with a 3-minute step test. The participant stepped up and down on a standardized step platform at a set cadence for three minutes. The heart rate immediately after the test was recorded to estimate aerobic fitness.
- **Estimated VO₂ Max:** Estimated maximal oxygen consumption [VO₂ max] was calculated from the step test performance using established prediction equations. VO₂ max served as an indicator of cardiorespiratory fitness.
- **Abdominal Partial Curl-Up Test:** Abdominal muscle endurance was evaluated using a one-minute partial curl-up test. The participant performed controlled curl-ups while maintaining proper form; the total number of correctly executed repetitions was recorded as the score.

These outcome measures were chosen because they are commonly used indicators of anthropometric status and physical fitness in exercise interventions.

Intervention

The participant completed a 24-week structured rope-skipping exercise program, attending three supervised sessions per week. The training protocol was adapted from a rope-skipping model by Mahboobeh Sohrabi and Mandana Gholami and was modified for an adult participant over an extended duration. The exercise prescription followed the FITT principle [Frequency, Intensity, Time, and Type], and intensity was maintained at about 60–80% of maximum heart rate, consistent with American College of Sports Medicine guidelines for improving cardiorespiratory fitness.

Each exercise session included three phases:



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- **Warm-up phase:** A 5-minute warm-up with dynamic stretching, joint mobility exercises, and low-intensity marching.
- **Training phase:** Interval-based rope-skipping with progressively increasing workload.
- **Cool-down phase:** A 5-minute cool-down of light walking and static stretching.

Adherence and safety were monitored during the supervised sessions. The participant was instructed to maintain a comfortable, rhythmic pace and to avoid excessive fatigue or discomfort.

Exercise Monitoring

Exercise intensity was monitored through heart rate and perceived exertion. The participant was encouraged to maintain a moderate intensity level [12–14 on the Borg Rating of Perceived Exertion scale], reflecting moderate aerobic effort. Attendance and adherence were recorded in exercise logs to ensure consistency throughout the intervention.

RESULTS

Anthropometric and physical fitness parameters were recorded at baseline and at each follow-up during the observation period. The anthropometric measures showed minimal overall change throughout the study. BMI remained in the overweight range at all assessments, waist-hip ratio values varied slightly but stayed in the range associated with increased cardiometabolic risk, and body fat percentage also showed only minor variation over time. In contrast, several physical fitness parameters improved. Performance on the 3-minute step test increased from 45 steps at baseline to 56 steps mid-intervention, indicating improved cardiovascular endurance. Although performance later decreased slightly to 51 steps at the final follow-up, it remained above baseline. Estimated VO_2 max also showed an overall increase during the study, reflecting enhanced cardiorespiratory capacity. Similarly, abdominal muscle endurance improved over time, with curl-up repetitions rising from 16 at baseline to 28 at the final assessment. These findings suggest that functional fitness improved despite minimal changes in anthropometric indicators.

DISCUSSION

The present findings suggest that participating in a structured rope-skipping program was associated with improvements in performance-related fitness measures, even though body composition remained largely unchanged. This is especially relevant for PCOS, where reduced aerobic capacity is often observed. The improvements in step test performance and estimated VO_2 max suggest a more efficient cardiovascular response during exercise. These changes may reflect adaptations such as improved oxygen delivery and utilization, which are commonly associated with aerobic and interval-based training [7,10]. An increase in abdominal curl-up repetitions was also observed, indicating improved trunk muscular endurance. The repetitive, rhythmic nature of rope-skipping requires sustained stabilization and coordinated movement, which may explain these gains. These adaptations highlight the ability of integrated aerobic activities to influence multiple components of physical fitness simultaneously [11,12].

In contrast, only minor changes were seen in anthropometric measures. One likely explanation is the absence of dietary regulation, which is crucial for influencing body weight and fat distribution. Evidence suggests that combining exercise with nutritional changes tends to produce more pronounced shifts in body composition [8]. It is also important to consider that functional improvements can occur even without visible changes in body measurements. Adaptations at the muscular and cellular levels—such as improved energy utilization and neuromuscular efficiency—may occur without significant changes in fat mass [9,14]. This underscores the limitation of relying solely on anthropometric indicators to evaluate outcomes. Furthermore, the metabolic and hormonal environment in PCOS may influence the body's response to exercise. Altered insulin dynamics and endocrine factors can affect energy balance and fat storage, potentially slowing observable changes in body composition despite regular activity [4,5]. From a clinical standpoint, these improvements in endurance are meaningful, as higher fitness levels are linked to better cardiovascular health and reduced disease risk [15,16]. Therefore, treatment approaches should emphasize functional capacity alongside traditional measures like weight. Rope-skipping offers practical



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advantages as an intervention. It is simple to perform, requires minimal equipment, and can be incorporated into daily routines, which may support long-term adherence for individuals with PCOS [11,12].

Limitations

This study has several limitations to consider when interpreting the findings. First, it was a single-case longitudinal study, which limits the generalizability of the results to other women with PCOS. Second, dietary intake and nutritional habits were not controlled or monitored, which may have contributed to the minimal changes in anthropometric parameters. Third, hormonal and biochemical markers [such as insulin, androgen levels, and lipids] were not assessed during follow-up, limiting evaluation of metabolic adaptations. Additionally, adherence to exercise outside the supervised sessions could not be objectively monitored, and variations in participant compliance may have influenced outcomes. Finally, the lack of a control group makes it difficult to attribute the observed improvements solely to the rope-skipping intervention.

CONCLUSION

This longitudinal case study shows that a structured 24-week rope-skipping exercise program can lead to significant improvements in cardiovascular endurance and abdominal muscle endurance in a young woman with PCOS, even without significant changes in anthropometric measures. These findings underscore the importance of focusing on functional fitness outcomes rather than solely on weight loss in PCOS management. Rope-skipping exercise is a simple, low-cost, and accessible physiotherapy intervention that can be integrated into lifestyle management. Further research with larger sample sizes, controlled designs, and comprehensive metabolic assessments is needed to confirm and expand on these findings.

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Table1. Longitudinal Changes in Anthropometric and Physical Fitness Measures

Outcome Measure	WEEK -0	WEEK-6	WEEK-12	WEEK 24
BMI [kg/m ²]	27.3	27.3	27.4	29.7
Waist–Hip Ratio	0.89	0.87	0.88	0.92
Body Fat [%]	40.7	40.8	39.4	42.1
Step Test [steps]	45	52	56	51
VO ₂ max [ml/kg/min]	47.3	50.7	48.47	49.5
Curl-ups [reps/min]	16	21	23	28

Table 2. Progressive Rope-Skipping Training Protocol [24 Weeks]

Weeks	Jump Duration	Rest Interval	Repetitions	Approximate Exercise Duration
1–2	15 seconds	45 seconds	8 rounds	2 minutes
3–4	15 seconds	15 seconds	12 rounds	3 minutes
5–6	30 seconds	15 seconds	8 rounds	4 minutes
7–8	1 minute	30 seconds	7 rounds	7 minutes
9–10	5 minutes	1 minute	2 rounds	10 minutes
11–12	3 minutes	1 minute	5 rounds	15 minutes
13–14	6 minutes	1 minute	3 rounds	18 minutes
15–16	8 minutes	2 minutes	3 rounds	24 minutes
17–18	8 minutes	2 minutes	3 rounds	24 minutes
19–20	9 minutes	2 minutes	3 rounds	27 minutes
21–22	10 minutes	2 minutes	3 rounds	30 minutes
23–24	10 minutes	1–2 minutes	3 rounds	30 minutes

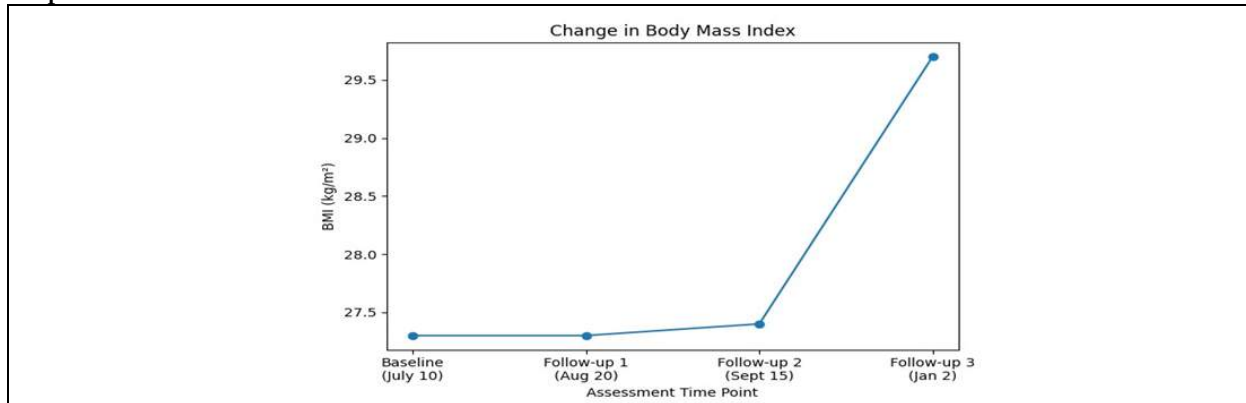
Exercise Monitoring



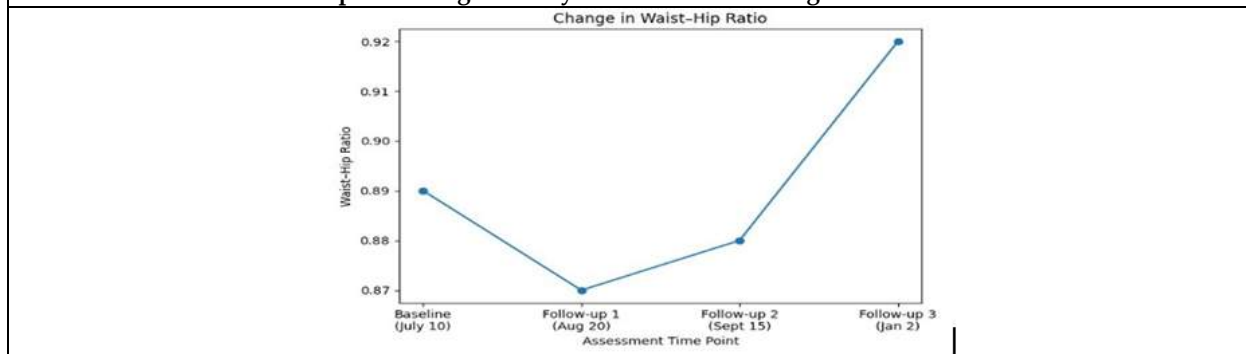


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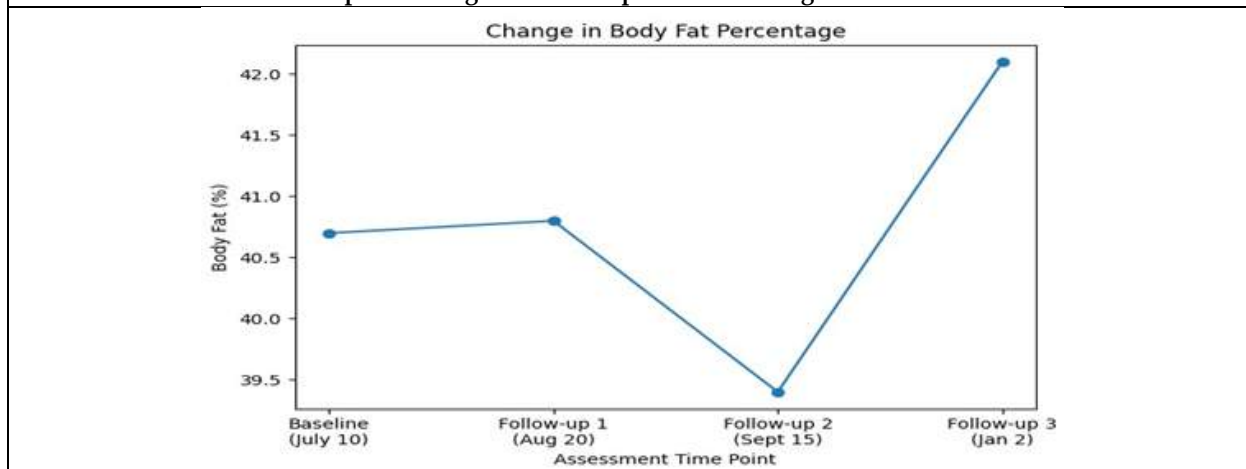
Graphs



Graph 1. Change in Body Mass Index following intervention



Graph 2- Change in Waist Hip Ratio following intervention



Graph 3-Change in Body fat percentage following intervention

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RESEARCH ARTICLE

Knowledge about Optometry Profession in Intermediate, Allied Health Sciences and Newly Enrolled Optometry Students

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Received: 06 Mar 2026

Revised: 09 Apr 2026

Accepted: 14 May 2026

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ABSTRACT

The practicing of optometry in India is still poorly defined. The people does not have any clear understanding of responsibility and their role of optometrist in the health care system. The increase in the back log of avoidable blindness and visual impairment is a public health emergency and it will require more and more eye care professionals since it has been reported that due to absence of governing body very few students are taking interest in building their career in the optometry profession. Large number of eye care professional are required with excellent knowledge skills are required to deal with current scenario needs for eye care and optometry is the one such profession which is very much essential to cater the needs of primary eye health care. It is questionnaire based cross-sectional comparative study in which, the questionnaire was framed it into google forms. There were 15 questions consisting of demographic data, perception and knowledge about the optometry profession. The questions was shared to the institution head and then circulated to their common what's group of intermediate, other allied health science and newly enrolled optometry students. Incomplete responses in google forms and lateral diploma students were excluded from the study. We included 127 participants from the different institution, in which 71 (55.9%) was male and 56 (44.1%) was female. 27.6% were intermediate students, 29.1% was newly enrolled optometry students and 43.3% was other allied health sciences students. The study showed that there was the good knowledge about the optometry profession in newly enrolled optometry students and other health sciences and comparatively the intermediate students was lacking in the study. There is increase in wide spread of perception among the student regarding optometry profession because of newly opened optometry colleges/university and availability of different job aspects. The training scope of practice on India have been somewhat fragmented in the past, now has



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made tremendous progress with time also there is a need of uniform regulatory body in maintaining long term of interest of students in this novel profession

Keywords: Optometrist, Awareness, Knowledge, Allied Health sciences

INTRODUCTION

As per world council of optometry (WCO) the optometry is defined as “Optometry is a health care profession that is autonomous, educated and regulated (licensed/registered), “An optometrist is the primary health care practitioner of the eye and the visual system who provide comprehensive eye and vision care, which includes refraction and dispensing, detection and diagnosis and management of diseases in the eye, and rehabilitation of conditions of the visual system.”⁽¹⁾ And optometrist can make major contribution to eye healthcare in a very convenient and cost effective way in the community”.^(2,4) To become the part of optometry profession one should have to complete his/her diploma or bachelor from the recognized school of optometry/college university. An optometrist can do practice in multiple fields like his/her own clinic practice, hospital base practice, can go in academics, optical retails, corporate marketing, in administration. In India still the role of optometry still poorly defined. Large number of optometrist doesn't have clear understanding of their role and responsibility in eye healthcare system.^(5,9) This is because optometrist profession doesn't have any centralized governing body like other such as pharmacy, dental, nursing profession have. This is the main reason, optometry is lacking behind in popular choice among the intermediate and other professional courses.^(10,11) Intermediate students don't have any details knowledge about optometry profession which it can't help them to choice their as future career choice.⁽¹²⁾ To reduce the burden of blindness and the visual impairment, we need more and more eye healthcare practitioner, by making optometry as a career profession we can contribute our self in reducing this backlog of different category of blindness.^(13,14)

Rationale of the study

The knowledge gain from this study will help us in creating a basic strategy in key to decision makers and educated concerning this support needs for future students in neglected area, creating awareness strategies for upcoming students and developing informed human resources which would be more efficient in service delivery in eye healthcare.⁽¹⁵⁾

Aim

To know the knowledge and awareness about optometry profession in intermediate, newly enrolled optometry students and other allied health courses

Objective

To provide baseline information regarding,

- Knowledge
- Awareness

Of intermediate, newly enrolled optometry students and other allied health courses

METHODOLOGY

It is a questionnaire based cross-section comparative study in which we inclusion intermediate students, newly enrolled optometry students and other allied health care courses students. In this study we exclude the students who have done diploma in optometry. Total Sample size was 127 participants.



**Akram Ali and Ayush Wilson****Methods of data collection**

This is the questionnaire based. In which the question is collected from the previous studies with some modifications and some of the questions was self-framed according to our need of study. The total questionnaire was 15 in which 4 of them were demographic characteristics of students that consisted of (Name, Gender, E-Mail and Mobile no.) and others questions was framed to knowledge about the self-reported skill and perception about the optometry profession respectively. The perception of the knowledge was checked by framing the question in the end form like Yes or No and the knowledge regarding the optometry profession was checked by the multiple choice questions like work profile and various job aspects in optometry profession. The questionnaire was generated in the google forms and the links was questionnaire was sent to the common what's app group of the students related to the different courses such as Intermediate, Newly enrolled optometry students and Other Allied Health Courses of different Colleges/University.

-Data was only taken of those students who have duly filled all the questions in the google forms. Consent was taken from each participants through the google form only and also informed about the data confidentiality of responses and the use of data for research purpose. The data that ere received after 31st May was excluded from the study

Statistical Analysis

All analysis was performed using SPSS version 22, frequencies and percentages n (%) was calculated for qualitative variables. Most of the data is not normally distributed, so non- parametric chi square test is performed for statistically analysis in which qualitative variables were compared. Statistical significance was considered as $P < 0.05$

RESULTS

A total of 127 participants responded to the questionnaire of which 44.1% was female and 55.9% was male. The majority of students participated from Other Allied health science courses (43.3%) followed by Optometry newly enrolled students (29.1%) and Intermediate students (27.6%) . The significant statistical difference , $p=0.183(p>0.05)$ Table 1 showing the frequency of different course perusing who have participated the in the study, the majority of the student was belonging to Others allied health course (43.3%), then newly enrolled optometry students (29.1%) and then (27.6%) was intermediate students. The significant statistical difference, $p=0.057(p>0.05)$ Table showing awareness about the name optometrist in which (6.3%) students was having knowledge about the optometrist and (93.7%) was not aware about optometrist. Chi square test shows strongly significant difference between these two groups as $p=0(p>0.05)$ as shown in Table-2 Table showing optometry specialization related showing which body organ. The majority of students was answered by the Eye organ (98.4%) and (0.8%) answered Heart and again (0.8%) answered the kidney. The significant statistical difference, $p=0(p>0.05)$

Showing the minimum eligibility education for pursuing for the optometry profession in which students answered the most (48.8%) as High school then after Bachelors (25.2%) and Intermediate (14.2%) then least answered is diploma i.e. (11.8%). The significant statistical difference, $p=0(p>0.05)$ Table showing the knowledge about the three different profession Optometrist, Ophthalmology and Optician and we perceive among the students these three profession are the same or different in which (38.6%) answered that these are the same profession and (61.4%) answered that these are different profession. The significant statistical difference, $p=0(p>0.05)$ Table showing about knowledge about optometrist can participate in the research work the (84.3%) answered that they can do research work and (15.7%) answered that they can't involve in research work. The significant statistical difference, $p=0(p>0.05)$ Table showing about their previous visit about their consultation to an optometrist in which (75.6%) were never been visited or consulted to any optometrist or their clinic and (24.4%) have been taken treatment from the optometrist. The significant statistical difference, $p=0(p>0.05)$. It showing that optometrist can prescribe the glasses/ spectacles (89%) students responded Yes and (11%) responded No. The significant statistical difference, $p=0(p>0.05)$ Table showing that optometrist can do surgery or not (22.8%) students responded that optometrist can perform surgery and (77.2%) have answered that they cannot surgery. The significant statistical difference,



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$p=0(p>0.05)$ Table showing that optometrist can do their own clinical practice or not in which the (85.8%) have answered the Yes and (14.2%) have answered No. The significant statistical difference, $p=0(p>0.05)$. Table showing the working profile of the optometrist in which the comprehensive eye checkup was answered (26.8%) and Pre and post evaluation were answered (2.4%) and (70.9%) have answered the all of the above. The significant statistical difference, $p=0(p>0.05)$ Table showing about the various job aspects in the optometry profession (13.4%) have answered the hospital work, (1.6%) have answered the private practice, (3.1%) academic and majority have answered the all of the above which is (81.9%). The significant statistical difference, $p=0(p>0.05)$. Overall, it is found that by the chi square test the variable gender and course pursuing have the p value=0.183 and 0.057 ($P<0.05$) respectively, which states that these variables have no statistically significant comparison and rest all the variables have highly statistically significant comparison as their $p < 0.01$. On the basis of the above we can analyze that there is knowledge and awareness present in the newly enrolled optometry students and other allied health sciences courses and simultaneously we need to work more on the intermediate students to create awareness and knowledge them about the optometry profession.

DISCUSSION

The study aims to provide baseline information about the knowledge about the optometry profession in intermediate, allied health sciences and newly enrolled optometry students^[8]. Our study likely to study by eze 2016 in which the demographic distributions of the study was having the greater number of males in comparison to females^[7]. This could be because traditionally males are more likely to have interest in the para-medical professional courses unlike pharmacy and others courses. The knowledge about the optometry profession are gained by their fellow colleague optometry students also they have the most of the similar subjects during their first year of teaching, they likely discuss about future and scope of their course which help them to aware for the same which they communicate or promote to their other family friends or siblings. The another study done by Chan et al. that majority of the students join the optometry program after completion of intermediate course is totally different from our study, in our study it shows that students of intermediate are not much aware about the optometry programs and optometry professions.^[6] The reason for this may be the Science stream students wish to try for their first choice of course for the study belonging to their specific stream after that the look into the allied health courses including optometry. The majority of the students take break after the intermediate for preparation in their desired courses.

We need to run the promotion campaign in the senior secondary colleges/school regarding optometry course and different job aspects in optometry profession to build the students interest in the optometry field. Educate them about the job availability and flexible job hours in this profession. In our study 93.7% students are not aware about the name optometrist and 38.6% of the students are not knowing the difference between optometry, ophthalmology and optician which is totally different from the Eze et al. study which showed that only 55.6% of the respondent have the knowledge about the what is optometry is all about, optometry is the study of which body organ and their perception of knowledge regarding optometry is very positive^[13]. The knowledge regarding private practice of optometry is very much similar to the study Oduntan AO IT AL. 2007. In that study it was analyzed that by opening their own private practices they can provide the greatest fulfillment for their personal (60.8%) which is quite similar to our study. (85.8%) people think that optometrist can do private practice^[12]. But also their various job aspects which provide the attractive salary package for their working and personal livelihood such as corporate, hospital based, academics dispensing and retails etc. The students who have responded to our questionnaire are aware about the perception and knowledge about the different job aspects in the optometry profession.

CONCLUSION

There is a positive increase in wide spread of perception and knowledge among the student regarding optometry profession because of newly opening institute/colleges/university. The different advertisement and promotion are





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done at the different level to create awareness and knowledge about the optometry. The training and scope of practice of optometry in India have been somewhat fragmented in the past but now has made tremendous progress with the time.⁽¹⁶⁾ The different types of job availability, flexible working schedule has created the curiosity among the students to build the career in optometry profession. However, we need to educate the senior secondary students (intermediate) regarding the optometry course and profession which will help them to build the better career options in optometry profession and reduce the back log the avoidable blindness.⁽¹⁷⁾ Also there is a need of uniform regulatory body to maintain a long term interest of students in this novel profession.⁽¹⁸⁾

Limitations

Number of responders was less because it was the online platform, Questionnaire was circulated to various institute/colleges but people showed least interest in filling up the google forms.

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Table- 1. Frequency of course pursuing

Course pursuing					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Intermediate	35	27.6	27.6	27.6
	Optometry newly enrolled students	37	29.1	29.1	56.7
	Others Allied Health Science Courses	55	43.3	43.3	100
	Total	127	100	100	

Table- 2. Frequency about the awareness about the name optometrist

Are you aware about the name optometrist?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	6.3	6.3	6.3
	No	119	93.7	93.7	100
	Total	127	100	100	

Table- 3. Frequency about the Specialization of optometry

Optometry specialization is the study related to which body organ?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Eye	125	98.4	98.4	98.4
	Heart	1	0.8	0.8	99.2
	Kidney	1	0.8	0.8	100
	Total	127	100	100	

Table-4. Frequency for the knowledge of optometry

Are Optometrist, ophthalmologist and optician are same professions?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	49	38.6	38.6	38.6
	No	78	61.4	61.4	100
	Total	127	100	100	

Table-5. Frequency for the optometrist participating in research work

Do optometrist participate in research work?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	107	84.3	84.3	84.3
	No	20	15.7	15.7	100
	Total	127	100	100	

Table-6. Frequency about the knowledge of optometry can perform surgery

Can optometrist do surgery?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	29	22.8	22.8	22.8
	No	98	77.2	77.2	100
	Total	127	100	100	





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Table-7.Frequency about the different job aspects in optometry

Various job aspects in optometry professions?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hospital Work	17	13.4	13.4	13.4
	Private practice	2	1.6	1.6	15
	Academic	4	3.1	3.1	18.1
	All of the above	104	81.9	81.9	100
	Total	127	100	100	

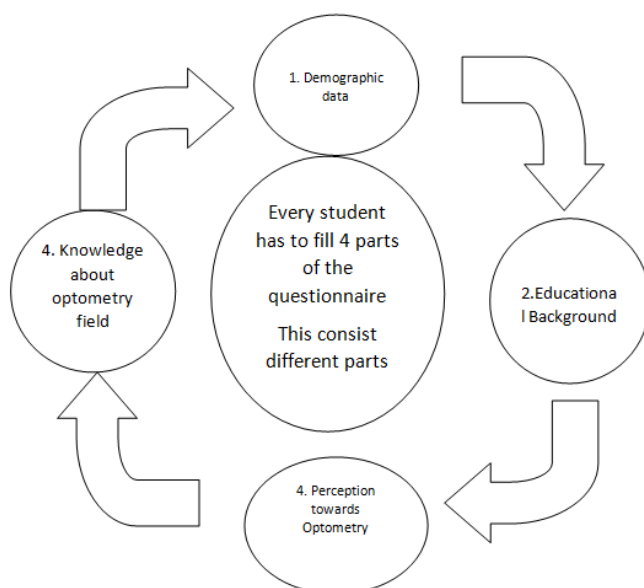


Fig.1.

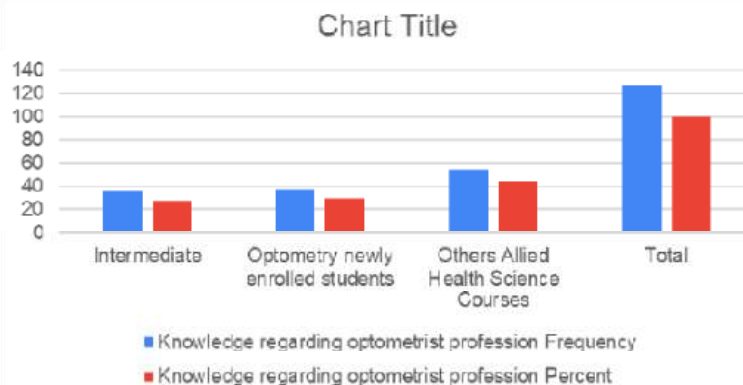


Fig.2 :Frequency about the different job aspects in optometry

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RESEARCH ARTICLE

Synergistic Homoeopathic Management DF Chronic Tinea Cruris : A Case Report Integrating Constitutional and Intercurrent Therapy

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Received: 23 Mar 2026

Revised: 20 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

Tinea cruris (Jock itch) is a common superficial dermal infection which is caused by dermatophytes. It mainly presents on the groin and adjacent regions. It can be characterized by severe itching, scaling and erythematous plaques. Chronic cases often have difficulties as a result of partial response to conventional therapy and disease persistence. This case report represents the homoeopathic management of a 62-year-old male patient presenting with Tinea cruris and bilateral knee pain. Treatment was initiated with a medicine given acutely on a therapeutic basis to address the acute symptomatic totality. As the recovery reached a plateau, a constitutional analysis was performed, identifying the same medicine as the constitutional remedy. To avoid a subsequent stagnation in progress, an intercurrent remedy was administered to address an underlying miasmatic block. The reactive power of the organism was activated by this intervention, which resulted in a significant decrease in symptoms and an acceleration of the healing process. The case illustrates the efficacy of integrating constitutional prescribing with the judicious use of intercurrent remedies to resolve blocks in chronic disease.

Keywords: Tinea Cruris, Homoeopathy, Constitutional Remedy, Intercurrent Remedy, Miasmatic Block



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INTRODUCTION

The term "dermatophytosis" describes keratinophilic dermatophytes-induced superficial fungal infection of keratinized tissues. The most prevalent type of superficial fungal infections is called dermatophytosis. It is widespread in tropical regions and can manifest as an epidemic in high-humidity areas. A fungus is the source of dermatophytic infections like tinea. Tinea cruris is a kind of intertriginous dermatophytosis that affect the groin area. Tinea is a fungal infection of the skin, also known as dermatophytosis or ringworm. Tinea cruris, also referred to as Jock's itch or Dhobi's itch, is an infection of the genital area that spreads to the pubic, flexures onto the thighs, perineal, and perianal regions. Both sexes and all age groups can be affected by the tinea infection. Regardless of whether a person lives in an urban or rural area, dermatophyte illnesses like Tinea cruris are frequent in tropical nations like India. Oral treatment and topical antifungal medications are used in conventional management. Tinea cruris, a common superficial fungal infection of the groin and thighs, often presents a clinical challenge due to its persistent nature and tendency to recur. [1],[2] Trichophytosis is an affection of the skin resulting from the development of a minute fungus known as *Trichophyton tonsurans*, commonly referred to as "ringworm." Among its clinical presentations, Trichophytosis Genito-Femoralis—which is synonymous with Tinea cruris—is a significant variety.[3] This condition is almost wholly confined to adult males and is typically localized at the upper, outer and inner aspect of the thigh and contiguous parts, frequently involving the scrotum. The most preponderant and distressing symptom of Tinea cruris (Trichophytosis Genito-Femoralis) is intense itching in the groin region. [3],[4] At the beginning of the disease, lesions may appear as erythematous plaques with well-defined, curved and sharp margins. Lesions are spreading from the groin upto thighs. [4],[5]The condition advances in chronic cases. That shows marked scaling and the formation of dermal nodules. The nodules give the margins of the lesion a distinctive beaded appearance, often with central clearing.[3]In some instances, Pustules may present whereas vesiculation is rare.[3],[4]Rather than only as a localized skin disorder, Homoeopathy treats fungal infections as an expression of an internally deranged vital force. To restore the vital force by eliminating the predisposition to the disease condition is the aim of Homoeopathy. [5],[6]

MATERIALS AND METHODS

The clinical study was performed at the Parul Institute of Homoeopathy and Research Hospital, Vadodara, Gujarat. The patient was a 62-year-old male patient who presented with chronic Tinea cruris and bilateral knee pain.

Case Taking and Analysis:

A deep and holistic clinical history of the patient was recorded. In this clinical history, the location, sensation, and modalities of physical symptoms, alongside the meticulous mental and personal attributes, were delineated. The case was analyzed and the Totality of Symptom was formed, including mental generals, physical generals, and physical particulars.

Repertorization and Remedy Selection: Repertorization was performed using the "Complete Repertory" from "Homopath Zomeo software" to identify the most suitable homeopathic similimum. Selection criteria involved:

- **Acute Phase:** Focused on the immediate symptomatic totality, specifically targeting skin modalities and joint pain.
- **Constitutional Phase:** Integrated mental attributes such as loquacity and philosophical nature to identify the deep-acting constitutional remedy.
- **Intercurrent Therapy:** Utilized to address miasmatic blocks and stagnation in the healing process.

Medicinal Materials

The homeopathic medicines utilized included:



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- **Rhus toxicodendron (30C and 200C):** Applied for its affinity for skin eruptions and musculoskeletal tearing pains aggravated by cold and dampness, along with mental attributes such as loquacity and philosophical nature to identify as the constitutional remedy.
- **Sulphur (1M):** Employed as a "great anti-psoric" intercurrent remedy to arouse the organism's reactive power.
- **Sac Lac (SL):** Administered as a placebo between active medicinal doses.

Follow-up and Evaluation The patient was monitored at regular intervals over several months to assess the percentage of relief in itching, discoloration, and pain. Progress was evaluated based on the restoration of the "vital force" and the removal of the predisposition to fungal recurrence

Case Report

A 62-year-old male patient from a Hindu family arrived at PIHR OPD with the complaint of blackish discoloration on thighs with itching associated with knee pain, which describe in detail below.

PRELIMINARY DETAILS:

- Date: 2/7/2024
- Name: XYZ
- Age/sex: 62yr/ male
- Religion: Hindu
- Nationality: India
- Occupation: Farmer
- Address: Muliyad, Dakor

Chief Complaint

Complaint With duration - Black Discoloration with Itching(Since 5 Months)

Location - Integumentary system Skin Bilateral Thighs & Groin

Sensation - Itching +2

Modality - < Night +2

< Damp wet weather+2

< Scratching +2

>Washing with Luke warm water

Associated Complaint

Complaint With duration - Bilateral Knee Pain (Since 2 Year)

Location – Musculo-skeletal system Lower extremities Medial side of bilateral knee

Sensation - Tearing Pain+2

Modality - < weather becomes cold

< Night

< Initial Motion

> Warmth

> Pressure

> Continuous Motion

Past History

- Dengue 7 yrs ago

Family History

- Father and mother - natural death
- 1 Son - alive healthy
- Wife - alive - healthy

Personal History

- Appetite: adequate



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- Desire: sour things
- Aversion: not specific
- Thirst: 2-3 liter/ day
- Perspiration: chest and face (on exertion)
- Bowel: 2 times/day
- Stool: soft regular and satisfactory
- Urination: 5-6 times/day
1-2 times/night (sometime)
Satisfactory without any complaint
- Sleep: 6-7 hours, sound sleep
- Habit: 6-7 Cigarette/day
- Thermal: Towards chilly
Fanning - Only in Summer
Bathing - Luke Warm In All Season
Covering - According to Season

Mentals

- Loquacious+2
- Philosophical talk+2 (karma is everything, stick to your morals)
- Religious - body and money is nothing, soul is everything which is governed by God, wishing constantly everyone 'Jay Ranchhod', in any situation he has to go Dakor in purnima everytime.
- Restless+2

Examination**Physical Examination**

- Gait: steady
- Pulse: 74/min
- RR: 18/min
- BP: 136/84 mmHg
- Built: lean and thin
- Spo2: 94% with RA
- Eyes: yellowish from early days of life
- Skin: Black Discoloration+3 on thighs and groin region

Systemic Examination

- RS: mild wheezing on lower lobe of right lung
- CVS: S1 & S2 present
- CNS: Conscious And Oriented
- GIT: NAD
- GUT: NAD
- LM: Crackling in B/L Knee present

O.D.P.:

- 5 months ago, a small patch appeared on Antero-Medial region of right thigh with itching & it started spreading around the thighs, groin region & left thigh too.
- Patient has done some local "Nuskhas" like; rubbing battery on affected region, put burnt cotton on part, etc. because of these along with scratching black discoloration of the part occurred.



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- Itching +2 < at night but rubbing/ Scratching won't give relief. Patient was saying, "It itches so much that it feels like blood will come out." (એટલીખંજવાડઆવેકેવાગેહવેબસલોહીનીકડીજશે.)

Diagnosis:**Provisional Diagnosis**

Chief complaint of - Tinea Cruris

Associated complaint of - Osteoarthritis Of B/LKnee Joint

Differential Diagnosis**Tinea Cruris****Candidal Intertrigo**

- **Similarity:** Both occur in warm, moist skin folds (groin, inner thighs).
- **Cause:** Candida albicans, a yeast.
- **Distinguishing point:** Satellite lesions are common in candidal infections, unlike tinea. [7,8]

Erythrasma

- **Similarity:** Affects the groin and intertriginous areas, similar distribution to tinea cruris.
- **Cause:** Corynebacterium minutissimum (a bacterium).
- **Distinguishing point:** Coral red fluorescence under Wood's lamp (diagnostic clue). [8,9]

Contact Dermatitis

- **Similarity:** Also appears on the groin area, similar symptoms like tinea cruris.
- **Cause:** Irritants or Allergens
- **Distinguishing point:** Itch more intensely, and it responds to steroids. [7,8,10]

OSTEOARTHRITIS**Rheumatoid Arthritis (RA)**

- **Similarity:** Chronic joint pain, stiffness, reduced range of motion
- **Cause:** Autoimmune inflammatory disease of synovial joints
- **Distinguishing Points**
 - Morning stiffness > 1 hour
 - Symmetrical joint involvement
 - Mainly MCP and PIP joints
 - Systemic features present
 - Rheumatoid factor / anti-CCP positive [11,12]

Pseudogout (CPPD Disease)

- **Similarity:** Knee pain, swelling, chronic degenerative pattern like OA
- **Cause:** Deposition of calcium pyrophosphate crystals in cartilage
- **Distinguishing Points:**
 - Acute or subacute attacks in elderly patients
 - Chondrocalcinosis on X-ray
 - Inflammatory signs more marked than OA [11,13]





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Gouty Arthritis

- **Similarity:** Joint pain, swelling, functional limitation
- **Cause:** Deposition of monosodium urate crystals due to hyperuricemia
- **Distinguishing Points:**
 - Sudden onset severe pain
 - First MTP joint commonly affected
 - Red, hot, extremely tender joint
 - Raised serum uric acid and Tophi in chronic cases [11,12,13]

ANALYSIS & EVALUATION

1. Loquacious (Talkative)++- Mental General (Uncommon)
2. Restless++- Mental General (Uncommon)
3. Philosophical++- Mental General (Uncommon)
4. Religious++- Mental General (Uncommon)
5. Desire – Sour- Physical General (Uncommon)
6. Thermal – Chilly- Physical General (Uncommon)
7. Black Discoloration+3(Thigh)- Physical Particular (Uncommon)
8. Itching < Damp wet weather+2- Physical Particular (Uncommon)
9. Itching < Scratching+2- Physical Particular (Uncommon)
10. Itching < Night+2- Physical Particular (Uncommon)
11. B/L Knee pain medial side- Physical Particular (Uncommon)
12. Tearing Pain in knee < weather become cold- Physical Particular (Common)
13. Pain in knee < beginning of motion- Physical Particular (Common)
14. Pain in knee > continuous motion- Physical Particular (Common)
15. Perspiration on exertion- Physical General (Common)
16. Itching > Washing- Physical General (Common)
17. Pain in knee < Night- Physical General (Common)
18. Pain in knee > Warmth- Physical General (Common)
19. Pain in knee > Pressure- Physical General (Common)
20. Backache < Sitting for Long Time- Physical General (Common)
21. Backache > Stretching- Physical General (Common)

(Acute) TOTALITY OF SYMPTOMS

1. Black Discoloration (Thigh)+3
2. Pain in Medial side of B/L
3. Tearing type of pain in knee < Weather becoming cold
4. Itching < Damp wet weather+2
5. Itching < Scratching+2
6. Itching < Night+2

(Chronic) TOTALITY OF SYMPTOMS

1. Loquacious (Talkative)++
2. Restless++
3. Philosophical++
4. Religious++





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5. Desire – Sour
6. Black Discoloration (Thigh)+3
7. Pain in Medial side of B/L
8. Tearing type of pain in knee < Weather becoming cold
9. Itching < Damp wet weather+2
10. Itching < Scratching+2
11. Itching < Night+2
- PDF – Thermal; Chilly

PRESCRIPTION & FOLLOW-UPS:

- 2/7/25
 - Rhus tox. 30/BD/ 15 DAYS
 - SL /BD/ 15 DAYS
- 16/7/25 - Itching 5% relieved, pain in knee 10% relieved, black discoloration as it is. No new complaint. - Rhus tox.30/BD/ 15 DAYS
SL /BD/ 15 DAYS
- 30/7/25 - Itching 5% relieved, pain in knee 10% relieved, black discoloration as it is. No new complaint. - Rhus tox. 200/3 doses (alternate day)SL /BD/ 15 DAYS
- 13/8/25 - Itching 30% relieved, pain in knee 20-25% relieved, black discoloration as it is. No new complaint. - Rhus tox. 200/3 doses (alternate day)SL /BD/ 15 DAYS
- 27/8/25 - Itching 40% relieved, pain in knee 30% relieved, black discoloration as it is. No new complaint. - SL /BD/ 15 DAYS
- 10/9/25 - Itching 40% relieved, pain in knee 50% relieved, black discoloration 10% decrease. No new complaint. - Rhus tox. 200/3 doses (alternate day) SL /BD/ 15 DAYS
- 24/9/25 - Itching 40% relieved, pain in knee 30-40% relieved, black discoloration 20% decrease. No new complaint. - Sulph 1M/stat
SL /BD/ 15 DAYS
- 8/10/25 - Itching 70-80% relieved, pain in knee 70% relieved, black discoloration 40% decrease. No new complaint. - SL /BD/ 15 DAYS
- 22/10/25 - Itching 80% relieved, pain in knee 70-75% relieved, black discoloration 40% decrease. No new complaint. - Rhus tox. 200/Stat
SL /BD/ 15 DAYS
- 05/11/25 - Itching 90% relieved, pain in knee 80% relieved, black discoloration 50% decrease. No new complaint. - SL /BD/ 15 DAYS

Intercurrent Remedy

The concept of the intercurrent remedy, first systematically introduced by Samuel Hahnemann in The Theory of Chronic Diseases, has long been recognized as a pivotal strategy in overcoming therapeutic impasses in chronic illness.[14] When a well-selected remedy based on the totality of symptoms ceases to act or when a case shows partial improvement followed by stagnation, the intercurrent remedy serves to remove underlying miasmatic blocks and rekindle the curative response. [14],[15] The study of homoeopathic research work suggests that intercurrent



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remedies work well in treating chronic dermatological conditions. It accelerates the recovery of the patient and helps the patient to respond better to the indicated remedy. [16] As explained by Dr M. L. Dhawale, anti-miasmatic remedies help to cure chronic cases.[17] H. A. Roberts described that intercurrent remedies help to remove obstacles to cure, while J. T. Kent explained the role of intercurrent remedies in therapeutic standstill cases. [14],[18] Peer discussion and case-related analysis in the homoeopathic field help to validate this approach in chronic as well as standstill cases. [19],[20],[21] As explained by Stuart Close, intercurrent remedies “arouse the organism's reaction so that indicated remedies will act well,” so that it can restore dynamic balance and proceed with the recovery of the organism.[22] Thus, the intercurrent prescription is not only supplementary but often works in restoring the therapeutic standstill condition and ensuring cure in chronic skin diseases.

RESULT

Clinical evolution of the patient was monitored over five months, which mainly focused on reducing the symptoms correlated with Tinea cruris and osteoarthritis. The result indicates a gradual resolution of the symptoms, markedly after the intervention of the intercurrent remedy. During the time that initial progress with Rhus tox. was steady, a plateau was reached by late September. The subsequent administration of Sulphur 1M resulted in a marked acceleration of the healing process, with itching relief jumping from 40% to 80% within two weeks and eventually a cure in tinea cruris.

REMEDIAL & POTENCY JUSTIFICATION (DISCUSSION)

- **Rhus tox 30 (Acute Phase):** This was initially given acutely on a therapeutic basis to address the acute symptomatic totality. It specifically targeted the skin symptoms, including intense itching and the bilateral knee pain described as tearing pain that was worse with initial motion and better with continuous motion. [23],[24],[25] The remedy addressed the modalities of symptoms being worse at night and in damp, wet weather. [26] It is often more effective in repeated moderate potencies.[22]
- **Rhus tox 200 (Constitutional Phase):** Following the initial phase, a comprehensive repertorization of the chronic totality was performed, which confirmed Rhus tox as the constitutional remedy. At this stage, it covered not only the physical modalities but also the patient's mental attributes. [27]The 200th potency was selected to act as the constitutional similimum, effecting the patient's internal susceptibility more profoundly.
- **Sulphur 1M (Intercurrent):** As an intercurrent remedy to address an underlying miasmatic block that caused progress to become static despite the well-selected constitutional remedy. it recognised as a "great anti-psoric." It was used to rekindle the organism's reactive power when the carefully selected remedy reached to the static state. This intervention removed underlying blocks for the constitutional remedy to complete the curative process.[14],[22] It functioned as a "catalyst" to arouse the organism's reactive power so that indicated remedies could act again.[28] A higher potency, like 1M is often used to arouse the curative response, especially in chronic cases where the susceptibility is low.[29] An intercurrent anti-miasmatic remedy (Sulphur) was given when the plateau was recognized. This remedy restored the susceptibility of patient. Because the miasmatic obstacle has been removed, the constitutional remedy again started to act effectively. This led to a significant improvement in complaints of pigmentation, itching and joint pain.

CONCLUSION

This case report is demonstrating that a constitutional remedy addresses the fundamental nature as well as the susceptibility of the patient, and an intercurrent remedy addresses the miasmatic roots, when progress halts. The accomplishment of the treatment relied on the strategic use of Sulphur as a catalyst to remove the miasmatic block.



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This intervention validated a transition from partial relief to deep-seated constitutional recovery, corroborating the role of integrated prescribing in the homoeopathic management of chronic Tinea cruris.

ETHICAL DECLARATIONS

- **Patient Consent:** Obtained
- **Conflict of Interest:** None
- **Funding:** None

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Remedy	Rhus-t	Calc	Phos	Sulph	Sil	Lyc	Merc	Ars	Psor	Kali-c	Nat-m	Apis	Caust	Graph	Mez
Totally	24	22	22	22	21	20	20	19	19	17	17	17	17	17	17
Symptoms Covered	7	7	7	7	6	6	6	6	6	6	6	5	5	5	5
[Complete] [Skin]Blackish:	3	4	4	3	4	4	4	4	3	3	4	4	4	3	3
[Complete] [Skin]Itching:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Skin]Itching:Weather:Damp, wet, agg.:	0	0	0	1	0	0	0	0	2	0	0	0	0	0	0
[Complete] [Skin]Itching:Scratching:Agg.:	4	3	4	4	4	3	3	4	3	3	1	3	3	3	3
[Complete] [Skin]Itching:Night:	4	3	3	4	3	3	4	3	3	1	3	3	3	3	3
[Complete] [Extremities] Pain:Tearing:Cold:Becoming:	4	3	3	3	3	3	3	0	0	3	0	0	0	0	0
[Complete] [Extremities]Knees:Inner, medial:	1	1	2	0	0	0	0	1	0	0	1	0	0	0	0
[Complete] [Skin]Eruptions:Herpetic:Circinate, ringworm:	4	4	2	3	3	3	2	3	4	3	4	3	3	4	4

Fig.1. Repertorization

Remedy	Sulph	Rhus-t	Phos	Calc	Ars	Verat	Lyc	Puls	Lach	Carb-v	Hep	Merc	Sil	Acon	Alum
Totally	34	29	28	27	27	26	25	25	24	22	21	21	21	21	20
Symptoms Covered	10	9	9	9	8	7	9	7	8	7	8	8	8	6	8
[Complete] [Mind]Loquacity:	3	4	3	3	3	4	3	3	4	3	3	1	1	4	1
[Complete] [Mind]Restlessness, nervousness:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Mind]Philosophy:Ability for:	4	0	0	0	0	0	1	0	1	0	1	1	0	0	0
[Complete] [Mind]Religious affections:	4	3	1	3	4	4	3	4	4	3	0	1	1	2	3
[Complete] [Generalities]Food and drinks:Sour, acid:Desires:	4	2	4	3	4	4	1	3	3	4	4	0	1	4	4
[Complete] [Skin]Blackish:	3	3	4	4	4	4	4	3	4	4	3	4	4	3	3
[Complete] [Extremities]Knees:Inner, medial:	0	1	2	1	1	0	0	0	0	0	1	0	0	0	1
[Complete] [Extremities] Pain:Tearing:Cold:Becoming:	3	4	3	3	0	0	3	0	0	0	4	3	3	0	0
[Complete] [Skin] Itching:Weather:Damp, wet, agg.:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Skin] Itching:Scratching:Agg.:	4	4	4	3	4	3	3	4	1	1	0	3	4	0	3
[Complete] [Skin]Itching:Night:	4	4	3	3	3	3	3	4	3	3	1	4	3	4	1

Fig. 2.. Repertorization





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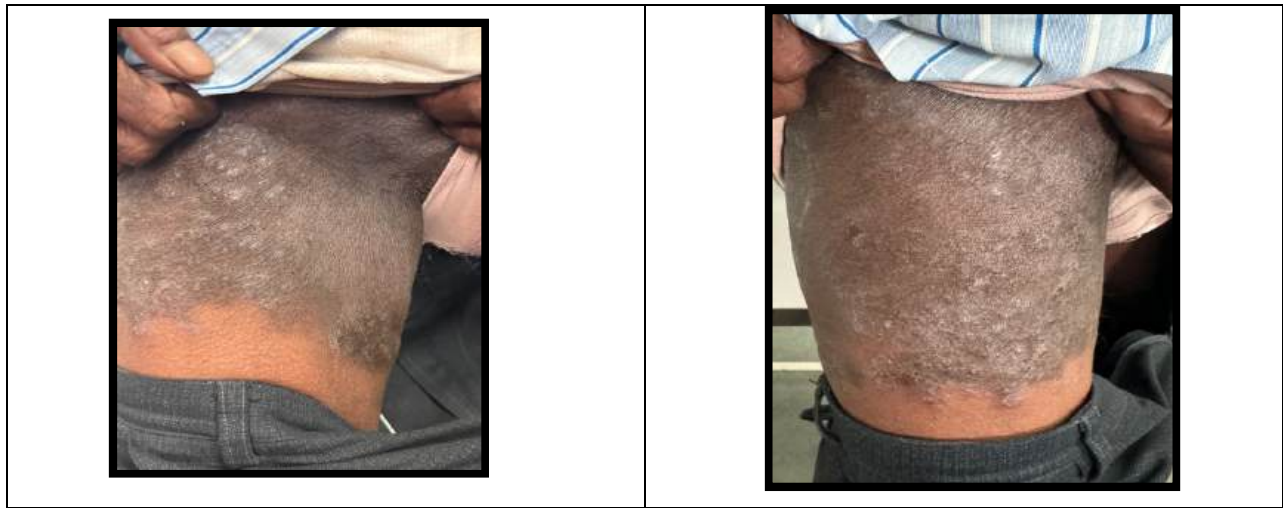


Fig. 3. Before Treatment: (2/7/25)



Fig.4. After Treatment:(05/11/25)

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RESEARCH ARTICLE

Temperature Trends in Puducherry (2015 – 2024): A Statistical Analysis

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Received: 28 Mar 2026

Revised: 16 Apr 2026

Accepted: 14 May 2026

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ABSTRACT

This study examines the trend and variability of annual average temperature in Puducherry, India, for the period 2015–2024. The primary objective is to assess the presence of monotonic trends and possible abrupt changes in the temperature series. Non-parametric statistical techniques such as the Mann–Kendall test, Sen’s slope estimator, Innovative Trend Analysis (ITA), and Pettitt’s change point test were employed for analysis. The results indicate slight fluctuations in annual temperature values over the study period. While minor increasing and decreasing tendencies are observed, the statistical tests do not reveal any significant abrupt shift. The findings contribute to understanding recent temperature behavior in the coastal region of Puducherry and provide useful insights for regional climate assessment

Keywords: Annual Average Temperature, Trend Analysis, Mann–Kendall Test, Sen’s Slope Estimator, Innovative Trend Analysis, Pettitt Test, Puducherry, Climate Variability.

INTRODUCTION

Temperature is one of the most important climatic parameters used to assess long-term climate variability and environmental change. Variations in temperature influence agricultural productivity, water resources, biodiversity, and human health. Detecting trends in temperature time series data is essential for understanding regional climate





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behavior and planning sustainable development strategies. In recent decades, global climate studies have reported noticeable warming trends in many regions. However, temperature variations at the regional scale may differ due to geographical location, coastal influence, urbanization, and local environmental factors. Therefore, localized studies are necessary to evaluate climate variability accurately. Non-parametric statistical methods such as the Mann-Kendall test and Sen's slope estimator are widely used for trend detection because they do not require normal distribution assumptions. Innovative Trend Analysis (ITA) provides graphical insight into increasing or decreasing patterns, while the Pettitt test helps identify possible abrupt change points in time series data. The present study focuses on analyzing annual average temperature data of Puducherry to examine recent trends and identify any significant changes during the study period.

Data and Methodology

Data Description

The study utilizes annual average temperature data for Puducherry, India, covering the period from 2015 to 2024. The dataset represents secondary meteorological observations compiled from reliable sources. Annual aggregation was considered to reduce seasonal fluctuations and to emphasize overall temperature behavior during the study period. The data were arranged in chronological order to facilitate trend and change-point analysis. Basic statistical measures were computed to understand central tendency and dispersion. All data processing and statistical computations were performed using R software in the Posit Cloud environment.

Mean

The arithmetic mean represents the average value of the temperature observations and is calculated as:

$$\text{Mean} = \frac{1}{n} \sum_{i=1}^n x_i$$

where

x_i = annual average temperature value

n = total number of years

The mean provides a measure of the central tendency of the dataset.

Standard Deviation

The Standard Deviation (SD) measures the dispersion of annual temperature values from the mean. It is calculated as:

where

x_i = annual temperature value

$\bar{x}$ = mean temperature

$$SD = \sqrt{\frac{1}{n-1} \sum_{i=1}^n (x_i - \bar{x})^2}$$

n = number of observations

A higher SD indicates greater variability in temperature during the study period

Coefficient of Variation

The Coefficient of Variation (CV) expresses variability as a percentage of the mean and is calculated as :

$CV = \left(\frac{SD}{\bar{x}} \right) \times 100$ CV is useful for comparing variability over time. Lower CV values indicate more stable temperature conditions.

Mann – Kendall Test

The Mann-Kendall test is a non-parametric method used to detect the presence of a monotonic trend in a time series. The test statistic S is computed as:





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$$S = \sum_{i=1}^{n-1} \sum_{j=i+1}^n \text{sgn}(x_j - x_i)$$

Where

$$\text{sgn}(x_j - x_i) = \begin{cases} +1 & \text{if } x_j - x_i > 0 \\ 0 & \text{if } x_j - x_i = 0 \\ -1 & \text{if } x_j - x_i < 0 \end{cases}$$

The standardized test statistic Z is calculated using the variance of S.

If $Z > 0$, an increasing trend is indicated;

If $Z < 0$, a decreasing trend is indicated

Sen's Slope Estimator

Sen's slope estimator is used to determine the magnitude of the trend. The slope is calculated as:

$\beta = \text{Median for all } i < j.$

A positive value of β indicates an upward trend, whereas a negative value indicates a downward trend in temperature over time.

Innovative Trend Analysis (ITA) Method

Innovative Trend Analysis is a graphical method used to assess trend behavior without statistical assumptions. The data series is divided into two equal halves. Each half is arranged in ascending order and plotted against each other.

If the plotted points lie:

Above the 45° line → Increasing trend

Below the 45° line → Decreasing trend

Along the line → No significant trend

ITA provides a visual interpretation of trend direction and strength

Pettitt Change Point Test

The Pettitt test is a non-parametric method used to detect a single abrupt change point in a time series. The test statistic K identifies the most probable change point location.

If the p-value is less than the chosen significance level (0.05), the change point is considered statistically significant. Otherwise, no significant structural shift is detected in the series.

RESULTS AND DISCUSSION

The annual average temperature data of Puducherry (2015–2024) were analyzed using descriptive and non-parametric methods. The year-wise annual temperature values are presented in Table 1. The mean temperature was 28.19°C with a standard deviation of 0.23°C and a coefficient of variation of 0.83%, indicating very low inter-annual variability (Table 2). The Mann–Kendall test showed a weak and statistically insignificant increasing trend ($Z = 0.17889$, $p = 0.858$), and Sen's slope (0.006585°C/year) confirmed a negligible rate of change (Table 3). The ITA plot suggested a slight decreasing tendency, with most observations lying close to the 45° reference line. The Pettitt test indicated a possible change point around 2022; however, it was not statistically significant. Overall, the statistical results consistently indicate minor fluctuations without any strong monotonic trend or significant structural shift during the study period.

Figure 1 shows the annual variation in temperature with a fitted linear trend, indicating only slight fluctuations during 2015–2024. Figure 2 presents temperature anomalies relative to the mean, revealing small positive and negative deviations. Figure 3 illustrates the Innovative Trend Analysis, where most observations cluster near the 45° line, suggesting a weak trend pattern. Figure 4 displays the Pettitt test results, identifying a probable change point around 2022. However, the graphical analysis overall indicates no strong or statistically significant structural change in the series.





CONCLUSION

The present study examined the annual average temperature pattern of Puducherry for the period 2015–2024 using descriptive statistics and non-parametric trend detection techniques. All statistical analyses were performed using R software in the posit cloud environment. The findings indicate that the temperature series does not exhibit a strong monotonic increasing or decreasing trend during the study period. The statistical results consistently suggest that inter-annual variations are minimal and relatively stable. The descriptive analysis showed a mean temperature of 28.19°C with very low variability (CV = 0.83%), indicating consistency in annual values. The Mann–Kendall test and Sen's slope estimator revealed only a negligible rate of change, which was statistically insignificant. Similarly, the Innovative Trend Analysis displayed weak trend characteristics, with observations distributed close to the reference line. The Pettitt test identified a probable change point around 2022; however, it was not statistically significant. Overall, the study confirms that the temperature pattern of Puducherry during the selected decade remains largely stable without any abrupt structural shift. The application of statistical and graphical techniques provided a clear understanding of recent temperature behavior. These findings may serve as a baseline for future climate-related assessments, and further research incorporating longer time series or additional climatic variables could provide deeper insight into regional temperature dynamics.

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Table 1: Annual Average Temperature for 2015 - 2024

YEAR	AVERAGE TEMPERATURE
2015	28.10833
2016	28.22519
2017	28.28616
2018	28.04036
2019	28.41405
2020	28.25153
2021	27.85964
2022	27.84173
2023	28.22734
2024	28.59896
GRAND TOTAL	28.18547

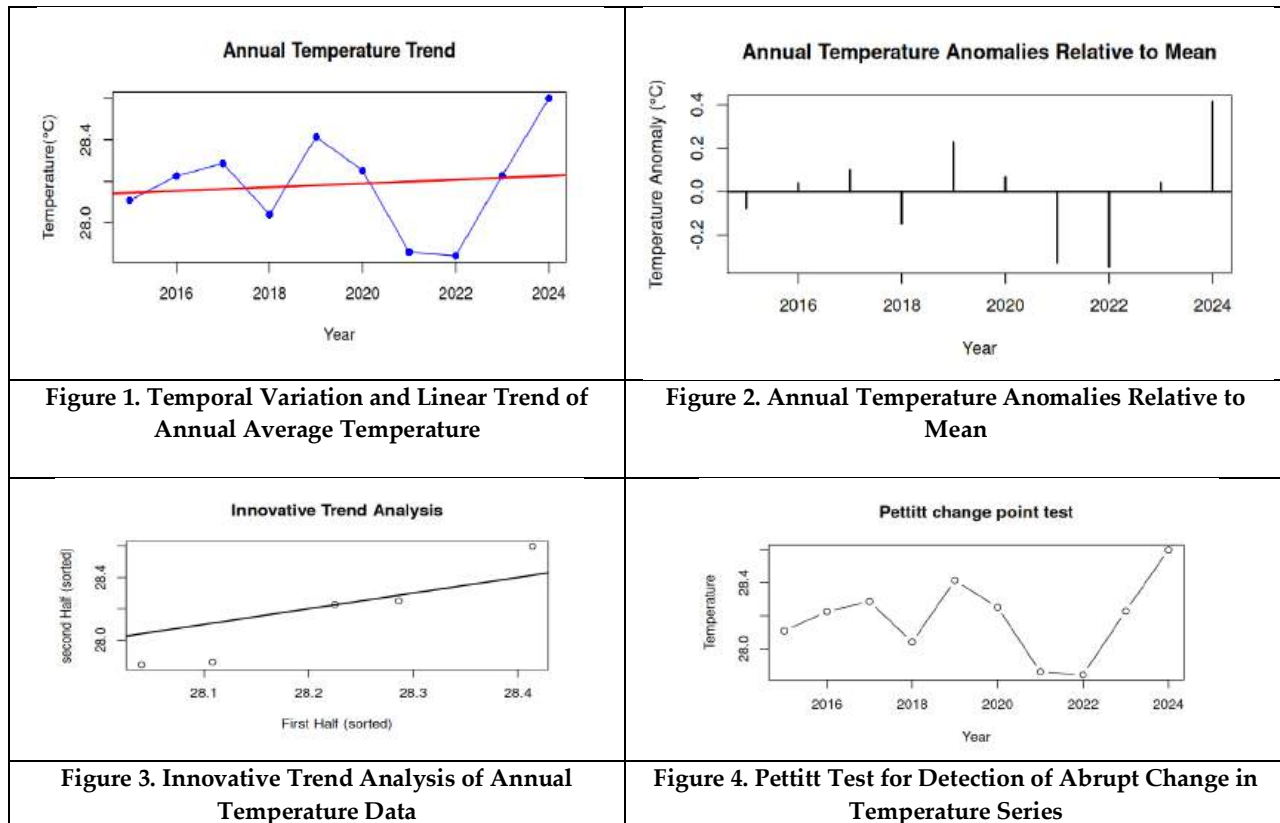
Table 2: Statistical Description of Annual Temperature (2015 – 2024)

PARAMETER	VALUE
Mean(°C)	28.42
Standard Deviation(°C)	0.31
Coefficient of Variation(%)	1.09

Table 3: Trend Analysis Results of Annual Average Temperature (2015 -2024)

TEST METHOD	STATISTIC/ PARAMETER	VALUE	p-VALUE	INTER PRETATION
Mann – Kendall Test	Z Statistic	0.17889	0.858	Weak Increasing Trend (Not Significant)
	Kendall's Tau	0.0667		
Sen's Slope Estimator	Slope (°C/Year)	0.006585	0.858	Very Slight Positive Slope (Not Significant)
	95% Confidence Interval	-0.06024 To 0.07643		
Innovative Trend Analysis (ITA) Method	ITA Slope	-0.058978	-	Slight Decreasing Tendency
Pettitt Test	U* Statistic	10	1.00	No Significant Change Point
	Change Point Year	2022		





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RESEARCH ARTICLE

Stress and Anxiety Related to AI-Driven Job Replacement Among Undergraduate Technical Students: A Correlational Study

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Received: 30 Mar 2026

Revised: 27 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

Rapid advancements in artificial intelligence (AI) are reshaping the global employment landscape, particularly in technology-driven sectors. While AI enhances productivity, it has also generated concerns regarding job displacement, especially among undergraduate students pursuing technical education. These concerns may contribute to increased stress and anxiety, negatively affecting students' mental well-being and academic performance. To assess the level of stress and anxiety related to AI-driven job replacement and to examine the relationship between stress and anxiety among undergraduate students of technical courses. A correlational research design was adopted. The study was conducted among 316 final-year undergraduate students enrolled in technical courses at a selected university in Gujarat, India. Participants were selected using computerized random sampling. Data were collected using a structured questionnaire consisting of a socio-demographic profile, an AI-related Stress Scale, and the Artificial Intelligence Anxiety Scale. Descriptive and inferential statistics were used for data analysis, including Pearson's correlation coefficient. Findings revealed that a majority of students experienced moderate to high levels of stress and anxiety related to AI-driven job replacement. A significant positive correlation was observed between stress and anxiety levels ($p < 0.05$), indicating that increased stress related to AI job displacement was associated with higher anxiety levels. Selected socio-demographic variables showed statistically significant associations with stress and anxiety. AI-driven job uncertainty significantly contributes to psychological distress among undergraduate technical students. Integrating mental health support, career counselling, and AI-focused skill



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development programs into technical education is essential to enhance students' resilience and preparedness for an evolving job market.

Keywords: Artificial intelligence, Job displacement, Stress, Anxiety, Undergraduate students, Technical education

INTRODUCTION

Artificial intelligence (AI) has emerged as one of the most transformative technological advancements of the twenty-first century. Across industries such as information technology, engineering, healthcare, finance, and manufacturing, AI-driven automation is redefining job roles and employment structures. While these developments improve efficiency and productivity, they also raise significant concerns about job displacement and employment security.[1] Undergraduate students pursuing technical courses represent a particularly vulnerable group in this transition. As they prepare to enter a workforce increasingly influenced by automation, fears regarding employability, job stability, and continuous skill requirements have intensified. Persistent exposure to such uncertainties may lead to psychological responses such as stress and anxiety, which can adversely affect academic performance, decision-making ability, and overall mental well-being.[2] Stress is a psychological state arising when perceived demands exceed an individual's coping capacity, whereas anxiety involves persistent worry and fear about future events. When students perceive AI as a threat to their career prospects, these two conditions may interact, reinforcing psychological distress. Despite growing literature on AI adoption and workforce transformation, limited research has explored its mental health impact on undergraduate technical students.[3]

Therefore, the present study aimed to assess stress and anxiety related to AI-driven job replacement and to examine the relationship between these psychological variables among undergraduate students of technical courses. Artificial Intelligence (AI) is rapidly transforming the global workforce by enhancing productivity, automating tasks, and reshaping job roles across multiple sectors. While these advancements create new opportunities, they also raise significant concerns regarding job security, particularly among undergraduate students in technical fields who represent the future workforce. Increasing exposure to AI-driven job replacement has been associated with heightened levels of stress, anxiety, and uncertainty about career prospects.[4] Persistent stress related to potential job loss can negatively affect students' academic performance, motivation, self-esteem, and decision-making abilities. Over time, it may lead to serious mental health issues such as burnout and depression. Despite growing research on AI and skill development, there is limited focus on its psychological impact on students, highlighting a critical gap in existing literature.[5] Given the widespread adoption of AI and projections of large-scale workforce displacement globally, it is essential to examine its psychological consequences. Understanding these effects will help educators, policymakers, and healthcare professionals develop targeted interventions such as career guidance, stress management programs, and resilience-building strategies. This study is therefore timely and necessary to address the mental health challenges associated with AI-driven job displacement among undergraduate students.

MATERIALS AND METHODS

Research Design and Approach

A quantitative correlational, non-experimental research design was employed to examine the relationship between stress and anxiety related to AI-driven job replacement.

Setting and Participants

The study was conducted at CHARUSAT University, Gujarat, India. The study population consisted of final-year undergraduate students enrolled in technical courses such as Computer Engineering, Computer Science, Information Technology, and Artificial Intelligence.





Sample Size and Sampling Technique

A total of 316 students were selected using computerized random sampling, based on statistical sample size calculation at a 95% confidence level.

Inclusion and Exclusion Criteria

Inclusion criteria:

- Final-year undergraduate students of technical courses
- Both male and female students
- Ability to read and understand English

Exclusion criteria:

- Students undergoing treatment for major psychiatric disorders
- Students who were physically or mentally unwell during data collection

Data Collection Tools

Data were collected using a structured questionnaire consisting of three sections:

1. Socio-demographic profile
2. AI-Related Stress Scale (15 items; score range 15–75)
3. Artificial Intelligence Anxiety Scale (15 items; score range 15–75)

Higher scores indicated higher levels of stress or anxiety. The tools demonstrated excellent reliability (Cronbach's $\alpha = 0.97$).

Ethical Considerations

Ethical clearance was obtained from the Institutional Ethics Committee (IEC/CHARUSAT/25/297). Informed consent was obtained electronically, and confidentiality was maintained throughout the study.

Data Analysis

Data were analysed using descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (Pearson's correlation, chi-square test). Statistical significance was set at $p < 0.05$.

RESULTS

Levels of Stress Related to AI-Driven Job Replacement

A substantial proportion of students reported moderate to high stress levels, indicating widespread concern regarding AI-related job insecurity.

Levels of Anxiety Related to AI-Driven Job Replacement

Similarly, most participants demonstrated moderate to high anxiety, reflecting apprehension about future employment opportunities in an AI-dominated workforce.

Relationship between Stress and Anxiety

A statistically significant positive correlation was found between stress and anxiety levels ($p < 0.05$). Students with higher stress scores related to AI job replacement also reported higher anxiety levels.

Association with Socio-Demographic Variables

Selected socio-demographic variables showed significant associations with stress and anxiety, suggesting that personal and contextual factors influence students' psychological responses.



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DISCUSSION

The present study demonstrated that a substantial proportion of undergraduate technical students experienced moderate to high levels of stress related to AI-driven job replacement. Nearly two-thirds of the participants reported moderate to very high stress, with a mean stress score of 39.40 ± 13.07 , indicating an overall moderate level of stress among the study population. These findings suggest that concerns regarding artificial intelligence and its potential to displace human jobs constitute a significant psychological stressor for students nearing entry into the workforce. This elevated stress may be attributed to multiple interrelated factors, including fear of job displacement, uncertainty regarding future career prospects, and the rapid pace of technological change. Undergraduate students in technical disciplines are particularly vulnerable, as they are continuously exposed to narratives highlighting automation, reduced demand for human labour, and the need for constant reskilling. Such perceptions may amplify feelings of pressure and insecurity, thereby increasing stress levels.

The findings are consistent with previous research by Smith and Anderson (2021), who reported moderate to high stress among students due to apprehension about automation and artificial intelligence replacing human roles.[6] The current results provide further empirical support for the rejection of the null hypothesis (H_{01}), confirming that AI-driven job insecurity is significantly associated with increased stress among undergraduate students. This underscores the growing psychological burden posed by AI-related employment uncertainty within academic environments. In addition to stress, the study revealed notable levels of anxiety among undergraduate technical students. More than two-thirds of the participants experienced moderate to very high anxiety, with a mean anxiety score of 40.17 ± 13.56 , indicating a moderate overall anxiety level. These findings highlight that anxiety related to AI-driven job replacement is both prevalent and clinically relevant in this population.

The anxiety experienced by students may stem from fear of unemployment, perceived inability to compete with AI technologies, and uncertainty regarding future professional roles. As students approach graduation, concerns about employability and relevance in an AI-dominated job market may intensify, contributing to heightened anxiety. The pressure to continuously upgrade skills and remain competitive may further exacerbate these emotional responses. These findings align with those reported by Lee et al. (2020), who identified widespread anxiety related to automation and artificial intelligence among students pursuing technical and professional courses.[7] The rejection of the null hypothesis (H_{02}) in the present study confirms that AI-driven technological changes play a significant role in increasing anxiety among undergraduate students. This reinforces the need to recognize AI-related anxiety as a distinct and emerging mental health concern within higher education settings. One of the most significant findings of the present study was the very strong positive correlation between stress and anxiety related to AI-driven job replacement ($r = 0.949$, $p = 0.000$). This result indicates that increases in stress associated with AI-related job insecurity are closely accompanied by corresponding increases in anxiety levels. The magnitude of this correlation suggests that stress and anxiety are not independent psychological responses but are instead deeply interconnected in the context of AI-driven employment concerns.

The moderate mean scores for both stress and anxiety further support the presence of sustained psychological distress among participants. Students who perceive AI as a threat to job security may initially experience stress related to uncertainty and perceived loss of control. Over time, this stress may evolve into persistent anxiety characterized by fear, apprehension, and worry about long-term professional success. These findings are consistent with existing literature emphasizing that technological change and job insecurity are major contributors to psychological distress among students and early-career professionals. The rejection of the null hypothesis ($3H_0$) confirms that higher stress associated with AI-driven job replacement is significantly linked to higher anxiety levels. This strong association highlights the need for integrated interventions addressing both stress and anxiety rather than treating them as isolated conditions.[8] The present study also identified significant associations between stress and anxiety levels and selected demographic variables, including age, family income, dietary pattern, and current course of study. These findings suggest that psychological responses to AI-driven job replacement are influenced by



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individual and contextual factors. Students from certain socioeconomic backgrounds or academic disciplines may perceive greater vulnerability to job displacement, thereby experiencing higher levels of stress and anxiety. In contrast, no significant association was found between stress or anxiety and gender, type of family, or living arrangement. This indicates that AI-related psychological distress may be more strongly influenced by economic and academic factors than by social or familial structure. Similar findings were reported by Patel and Shah (2023), who observed that socioeconomic status and academic discipline significantly influenced stress and anxiety levels among undergraduate students.[9]

Implications of the Findings

Collectively, these findings highlight AI-driven job replacement as a critical psychosocial stressor among undergraduate technical students. The strong interrelationship between stress and anxiety underscores the need for early identification, preventive strategies, and targeted mental health interventions within academic institutions. Incorporating career counselling, AI literacy programs, and stress management initiatives into technical education may help students develop resilience, adaptive coping strategies, and realistic perceptions of AI-related career opportunities.

Limitations

- The study was conducted in a single university, limiting generalize ability
- Self-reported measures may introduce response bias
- Longitudinal impacts of AI anxiety were not assessed

CONCLUSION

AI-driven job replacement significantly contributes to stress and anxiety among undergraduate technical students. The strong relationship between these variables underscores the need for a holistic educational approach that integrates mental health support, career counselling, and AI-related skill development. Preparing students for an AI-enabled future requires not only technical proficiency but also psychological resilience and adaptability.

Acknowledgements

The authors acknowledge the support of the university authorities and all students who participated in the study.

Conflict of Interest: No conflict of interest found

Funding: This research self funded .

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Table 1: Demographic characteristics of undergraduate College Students.

Demographic Variables	Category		Frequency Percentage	
Age	Mean $\pm$ SD		22.61 $\pm$ 1.012	
Gender	a)	Female	189	59.8%
	b)	Male	127	40.2%
Family Income (Yearly)	a)	< 1 Lakh INR	94	29.7%
	b)	1 to 5 Lakh	134	42.4%
	c)	5 to 10 Lakh	69	21.8%
	d)	> 10 Lakh INR	19	6.0%
Type of Family	a)	Nuclear	171	54.1%
	b)	Joint	140	44.3%
	c)	Extended	5	1.6%
Dietary pattern	a)	Vegetarian	239	75.6%
	b)	Mixed	77	24.4%
Living arrangements	a)	Hostel	122	38.6%
	b)	PG	58	18.4%
	c)	Other	136	43.0%
Current course	a)	B. Tech IT	97	30.7%
	b)	AIML	31	9.8%
	c)	B. Tech CE	129	40.8%
	d)	B. Tech CSE	19	6.0%
	e)	BSc IT	40	12.7%

Table:2 Distribution of Undergraduate Students According to Level of Stress N = 316

Level of Stress	Frequency (F)	Percentage (%)
Low Stress	95	30.1%





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Moderate Stress	123	38.9%
High Stress	80	25.3%
Very High Stress	18	5.7%
Total	316	100%

Table: 4 Descriptive Statistics of Stress and Anxiety Scores Among Undergraduate Students

N = 316

Descriptive Statistics	Range	Minimum	Maximum	Mean	Std. Deviation
Stress	60	15	75	39.40	13.07
Anxiety	60	15	75	40.17	13.56

Table 5: Correlation between Stress and Anxiety among Undergraduate

Students				N= 316
Correlation	Mean	Standard Deviation	Pearson's Correlation	p-value
Stress	39.4	13.1	0.949**	0.000
Anxiety	40.2	13.6		Significant

**.. Correlation is significant at the 0.05 level (2-tailed).

Table 6: Association between Stress Level and Selected Demographic Variables among Undergraduate Students

N = 316

Demographic Variable	Category	High Stress	Low Stress	Moderate Stress	Very High Stress	χ^2	df	P-value	Remark
Age Group	20-21years	41	15	62	8	34.755	6	0	S
	22-23 Years	39	79	61	10				
	24-26 Years	0	1	0	0				
Gender	Female	53	51	71	14	5.504	3	0.138	NS
	Male	27	44	52	4				
Family Income (Yearly)	< 1 Lakh INR	37	19	26	12	56.189	9	0	S
	1-5 Lakh INR	21	61	49	3				
	5-10 Lakh INR	16	11	41	1				
	> 10 Lakh INR	6	4	7	2				
Type of Family	Nuclear	47	55	62	7	4.41	6	0.621	NS
	Joint	32	38	59	11				
	Extended	1	2	2	0				
Dietary Pattern	Vegetarian	75	57	93	14	26.891	3	0	S
	Mixed	5	38	30	4				
Living Arrangement	Hostel	29	33	53	7	6.985	6	0.322	NS
	PG	10	24	21	3				





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	Others	41	38	49	8				
	B.Tech IT	14	52	26	5	70.616	12	0	S
Current Course	AIML	10	2 31	19	0				
	B.Tech CE	39		54	5				
	B.Tech CSE	3	10	3	3				
	B.Sc IT	14	0	21	5				

Table 7: Association Between Anxiety Level and Selected Demographic Variables Among Undergraduate Students N = 316

Demographic Variable	Category	High Anxiety	Low Moderate Anxiety		Very High Anxiety	χ^2	df	p- value	Remark
Age Group (years)	20–22	58	16	46	6	39.71	63	0	S
	22–24	39	77	59	14				
	24–26	0	1	0	0				
Gender	Female	65	48	61	15	7.132	3	0.06 8	NS
	Male	32	46	44	5				
Family Income(Yearly)	< 1 Lakh INR	37	17	27	13	42.49	91	0	S
	1–5 Lakh INR	25	60	45	4				
	5–10 Lakh INR	29	13	25	2				
	> 10 Lakh INR	6	4	8	1				
Type of Family	Nuclear	48	55	59	9	6.432 6		0.37 7	NS
	Joint	47	36	46	11				
	Extended	2	3	0	0				
Dietary Pattern	Vegetaria n	87	58	78	16	20.61 3		0	S
	Mixed	10	36	27	4				
Living Arrangement	Hostel	43	31	42	6	11.28 6 3		0.08	NS
	PG	18	25	11	4				
	Other	36	38	52	10				
	B.Tech IT	18	48	28	3	63.44 1 2 2		0	S
Current Course	AIML	18	2	11	0				
	B.Tech CE	39	33	47	10				
	B.Tech CSE	4	11	2	2				
	B.Sc IT	18	0	17	5				

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RESEARCH ARTICLE

Evaluating the Effectiveness of Neuromuscular Taping as a Treatment Method for Individuals with Bell's Palsy: A Pre-Test Post Test Pilot Study Protocol

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Received: 21 Apr 2026

Revised: 30 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

Bell's palsy (BP) is an acute, idiopathic neuropathy causing sudden unilateral facial paralysis from seventh cranial nerve inflammation or injury. Its global incidence is 15–30 per 100,000 annually, affecting both sexes equally. Neuromuscular Taping (NMT), a non-elastic adhesive technique applied without tension, may enhance circulation, reduce tissue pressure, and promote functional recovery. To evaluate the efficacy of NMT in improving facial function among BP patients. This randomized controlled pilot trial will recruit 24 participants (18–60 years, House Brackmann grade III). They will be randomized into an experimental group (NMT plus conventional therapy) or control group (sham NMT plus conventional therapy). Interventions will be delivered daily for six days. Outcomes include facial function and disability, measured using the House Brackmann scale and Facial Disability Index. NMT may offer a simple, low-cost adjunct to conventional therapy, supporting faster recovery and better quality of life in BP.

Keywords: Neuromuscular taping, Bell's palsy, Facial muscles, House-Brackmann grading scale, Mime exercise



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INTRODUCTION

Bell's palsy is a peripheral, idiopathic, acute palsy affecting the facial nerve, which controls facial muscles. About 80% of facial mononeuropathies are caused by Bell's palsy.¹ Its global incidence is 15–30 per 100,000 annually, with men and women equally affected and risk increasing with age.^{2,3,4} A family history is present in 4–14% of cases, with a median onset around 40 years. Bell's palsy manifests as sudden, unilateral facial paralysis or paresis, resulting in partial or complete loss of voluntary movement on the affected side.⁵ Patho physiologically, swelling and reduced blood flow to the facial nerve create pressure and ischemia, which can impair muscle function.⁶ Although over 70% of patients recover fully, around 30% experience persistent symptoms affecting physical and mental health.⁷ Diagnosis is clinical, followed by assessment for complications like contracture, synkinesis, and facial pain. Functional severity is evaluated using the Face Clinimetric Evaluation (FaCE), Facial Disability Index (FDI), and House-Brackmann Scale.⁸ Physiotherapy supports recovery by stimulating the facial nerve, maintaining muscle strength, and preventing contractures, often alongside electrotherapy modalities such as electrical stimulation, EMG biofeedback, ultrasound, laser, or shortwave diathermy.⁹ Mime therapy, neuromuscular facilitation, and Proprioceptive Neuromuscular Facilitation (PNF) further enhance facial function.¹⁰ Kinesio taping (KT) is increasingly used to reduce edema, support neuro-facilitation, relieve pain, and improve functional outcomes.¹

Despite these approaches, evidence for physical therapy in Bell's palsy remains inconclusive due to non-standardized protocols. Neuromuscular taping (NMT) is a relatively recent approach that employs elastic kinesiology tape to enable passive stretching through eccentric methods. This technique aims to enhance flexibility, coordination, and range of motion, particularly in individuals experiencing impaired muscle control.¹¹ Blow's NMT concept inspired neuromuscular taping (NMT), which aims to improve lymphatic flow, circulation, and pain relief by lifting the skin and creating wrinkles.⁵ Mime therapy and NMT facilitate facial symmetry and muscle activation through passive, assisted, or independent exercises while stimulating skin nociceptors and strengthening weakened muscles.^{5,6} Clinical guidelines suggest taping should complement exercise and nerve re-education; however, high-quality trials evaluating NMT in Bell's palsy are limited. This study aims to assess whether NMT is effective in rehabilitating Bell's palsy patients, focusing on facial nerve recovery and functional outcomes.

MATERIALS AND METHODS

Study design

A two-group pretest post test pilot study will be conducted in a tertiary care super specialty hospital with random sampling.

Ethical considerations

Guidelines of the Declaration of Helsinki (2013) and National Ethical Guidelines for Biomedical and Health Research involving Human Participants given by the Indian Council of Medical Research (2017) will be followed for the study.¹² After assurance of confidentiality and written informed consent, patient enrolment will be done. The study has been approved by the Institutional Research Ethics Committee (IEC-3456) of a tertiary health care centre. The trial has also been registered under Clinical Trials Registry- India (CTRI no: CTRI/2025/07/091353)

Selection criteria

Individuals of both genders, aged between 18 and 60 years, will be included if they present with right or left-sided Bell's palsy classified as House-Brackmann grade III and are referred by a physician. Exclusion criteria will include patients with cognitive impairments, a history of recurrent bell's palsy, hypertension, diabetes, those who have undergone any head or neck surgery within the past six months, and individuals with tape allergies.





Outcome Measures

A comprehensive patient assessment will be conducted using a detailed assessment form, which will include recording the patient's demographic information. The outcomes will be assessed at two points during the study: before the intervention (on the 1st day) and after the intervention (on the last day of the 1st week).

House – Brackmann scale is a standardized clinical tool for assessing facial nerve function in facial paralysis. It classifies movement into six grades (I–VI), from Grade I = normal to Grade VI = complete paralysis, based on facial appearance at rest and during movement. It is widely used to document facial function, monitor recovery, and evaluate treatment. The scale shows very high intra-rater reliability, with ICCs ranging from 0.87 to 0.98.¹³

Facial Disability Index (FDI) is a 10-item self-report tool assessing facial nerve dysfunction. Questions 1–5 cover physical function (0–25 points: 1–9 poor, 10–17 moderate, >17 good), while questions 6–10 measure social/emotional well-being (1–30 points: 1–10 poor, 11–20 moderate, >20 good). Both subscales are converted to a 0–100 scale, where higher scores indicate better outcomes. The FDI is reliable, with ICCs of 0.88 for physical (95% CI: 0.81–0.92) and 0.84 for social (95% CI: 0.81–0.90).¹⁴

Facial Clinimetric Evaluation (FaCE) Scale, created by Dr. Jeffrey B. Kahn and colleagues in 2001, is a 15-item patient-reported tool assessing quality of life in facial paralysis. Items use a 5-point Likert scale across six domains: facial movement, facial comfort, oral function, eye comfort, lacrimal control, and social function. Both domain and total scores range from 0 (worst) to 100 (best). The scale shows strong reliability, with ICCs of 0.80–0.95.¹⁵

PROCEDURES

Recruitment and allocation

Recommendations for Interventional Trials (SPIRIT) guidelines will be followed to conduct the trial.¹⁶ The results obtained from the trial will be written using the CONSOLIDATED Standards of Reporting Trials for non-pharmacological trials (Modified CONSORT) checklist and the template for intervention, description, and replication (TIDieR). Outcome measurements will be taken at baseline and after completion of intervention at 1 week. The schematic Consolidated Standards of Reporting Trials flow chart for the study protocol is shown in Fig.1.

Sample size

In a pilot study, selecting 12 participants per group is considered appropriate to assess the trial's feasibility and to help determine the sample size needed for a larger-scale study.¹⁷

Randomization and blinding

Patients will be equally divided into two groups: EG (N = 12) and CG (N = 12) using the manual block randomization method.

Intervention

Participants will be divided into two groups: EG and CG. EG will be treated with NMT and conventional exercises (facial massage and facial exercise) and CG will be treated with Sham NMT and conventional exercise (facial massage and facial exercise). The intervention will be given 6 consecutive days for 1 week (6 sessions). NMT will be done on the first day and will be replaced on each next day for 1 week.

Intervention for the experimental group (EG)

NMT will be done at the A) Frontalis, B) Orbicularis oculi, C) Temporalis muscles, D) Nasalis, E) Buccinator and F) Orbicularis oris muscles of affected side.⁵ Refer Figure 2. For the frontalis muscle, the patient will be in a supine position with the eyes closed in a relaxed position. The first strip of tape will be applied from the origin to the insertion of the frontalis muscle. For taping at orbicularis oculi muscle, the participant will lie in supine and eyes are



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closed and the second strip will be applied from the origin to the insertion of the orbicularis oculi muscle. For the Temporalis muscle and Nasalis, the patient will lie in the supine position and the third strip will be applied from the origin to the insertion of the Temporalis muscle and Nasalis muscle. The fourth strip will be applied on Buccinator and Orbicularis oris muscles in the supine position from origin to insertion.⁵ Conventional exercises are Facial exercise which involves: (1) passive raising an eyebrow; (2) passively eyebrows to be brought closer to each other; (3) passive opening and closing the eyes; (4) passive mouth blowing movement; and (5) passive smiling for 10 repetitions, two times a day.⁷

Facial Massage include: To begin with effleurage and kneading massage technique applied over the entire face and neck from downward to upward direction for 10 repetitions two times a day for Frontalis, orbicularis oculi, Temporalis, Nasalis, Buccinator and Orbicularis oris muscle followed by the passive stretching exercise of the affected side.⁷

Intervention for the control group (CG)

Sham NMT will be done at face without any tension in tape and along the distribution of the frontalis muscle, Orbicularis oculi, Temporalis muscles, Nasalis, Buccinator and Orbicularis oris muscle but not in a proper manner. Conventional exercises will be done by control group which includes same facial exercises and facial massage.

Data analysis

Data will be analysed using statistical software, the statistical package for social science (SPSS), and IBM SPSS. The collected demographics and outcome measures will be assessed for their normality using Kolmogorov-Smirnov test. Demographics will be expressed in descriptive statistics. Independent t-test/ Mann Whitney U test will be chosen based on normality to find differences between the group in the baseline data and 6th day of completion of intervention. Paired t-test/ Wilcoxon signed rank test will be chosen to find differences between the groups for pre-post intervention changes in outcome measures. Independent t-test/ Mann-Whitney U-test will be chosen based on normality to compare the changes in mean values of the outcome measures between the experimental group and control groups at baseline 6th day of intervention.

Patient Involvement

Patient involvement will be tracked by actively encouraging them to complete the entire intervention, supplemented by regular phone calls to ensure their consistent participation in the treatment sessions.

Post-trial and ancillary care

Participants are encouraged to reach out to the researchers during the clinical trial or within one month after its conclusion. As the trial cannot guarantee the absence of unexpected adverse events, participants will be informed in advance to contact the researchers if any concerns arise. In such cases, the researchers will promptly address and take appropriate action.

DISCUSSION

This protocol is intended to accelerate the resolution of pain and sensory issues in individuals affected by Bell's palsy. Neuromuscular Taping (NMT) is a novel therapeutic technique that applies elastic tape to provide mechanical decompression, thereby delivering beneficial influences across the musculoskeletal, vascular, lymphatic, and nervous systems. Once the elastic tape is applied, it creates both stretching (eccentric) and shortening (concentric) movements of the skin and underlying layers, which in turn triggers beneficial biomechanical and physiological changes in the nearby tissues. When the tape stimulates cutaneous mechanoreceptors and nociceptors, it conveys exteroceptive (external touch) and proprioceptive (position sense) information to the central nervous system. This input modulates muscular responses. With ongoing stimulation, the signal gain increases, leading to stronger nerve firing and



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triggering impulses along efferent motor pathways.⁵ Compared to other approaches, patients receiving kinesiology tape (KT) exhibit noticeable increases in muscle tension and firmness, while their facial weakness and numbness are also reduced. This dual benefit not only lightens the physical symptoms but also helps ease psychological stress and boosts confidence in the treatment regimen.⁹ Kinesiology taping (KT) can be used to enhance activation of facial muscles in individuals with peripheral facial paralysis. For instance, Whitehead and colleagues described a case of Ramsay Hunt Syndrome in which, two months post-onset, the patient received KT alongside various physical therapy treatments.¹ A study “Effects of Mime Therapy with Sensory Exercises on Facial Symmetry, Strength, Functional Abilities, and the Recovery Rate in Bell's Palsy Patients,” found that the group engaging in both mime therapy and sensory exercises-alongside electrical stimulation-experienced significantly greater improvements in physical function compared to the other groups.⁷

In a study led by Zai-Hui Sun, kinesio taping was found to support muscle contraction: when the tape is applied in the same direction as the muscle's contraction, its elastic recoil exerts a pull on the fascia. This mechanical pull boosts motor-unit excitability and triggers muscle spindle reflexes, effectively strengthening weaker muscles.¹⁰ Another study observed that conventional exercises contribute to enhanced facial symmetry and muscle function in patients with chronic Bell's palsy. In their study, they highlighted that integrating traditional exercise routines into the rehabilitation process can lead to significant improvements in both the appearance and functionality of facial muscles in individuals experiencing long-term effects of Bell's palsy.⁷ In this study, the authors will monitor and document physical and social functioning as well as facial symmetry, by tracking changes in these parameters using established outcome measures. To date, however, there has been only a single clinical study examining NMT in individuals with Bell's palsy, resulting in a notable lack of evidence on the “effectiveness of NMT in this patient population.” This study aims to establish a safe and effective non-surgical treatment to enhance quality of life for patients with Bell's palsy. The application of NMT poses no risk of skin irritation—the latex-free, cotton based tape is hypoallergenic, breathable, water-resistant, and designed to be gentle on tissues.

Strength of the study

This study's main strength is its novel use of NMT for Bell's palsy, applying elastic decompression to speed recovery from pain, weakness, and facial asymmetry while preventing further disability. Its randomized, single-blind design reduces bias, and validated tools like the FDI and facial clinimetric scales ensure accurate assessment. Clear timelines, adherence monitoring, and strong ethical standards further support its reliability.

CONCLUSION

NMT is a therapeutic approach that uses elastic tape applied with a decompression technique to promote recovery in Bell's palsy. It is particularly effective in reducing pain and improving facial symmetry, helping to accelerate the resolution of symptoms and support faster functional recovery of the face.

Disclosure of Interest

There are no interests to declare.

Declaration of Funding

No funding was received.

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ROWS	EG	CG	EG	CG
1	•	•	•	•
2	•	•	•	•
3	•	•	•	•
4	•	•	•	•
5	•	•	•	•
6	•	•	•	•





Sarita Pandey and Kanika

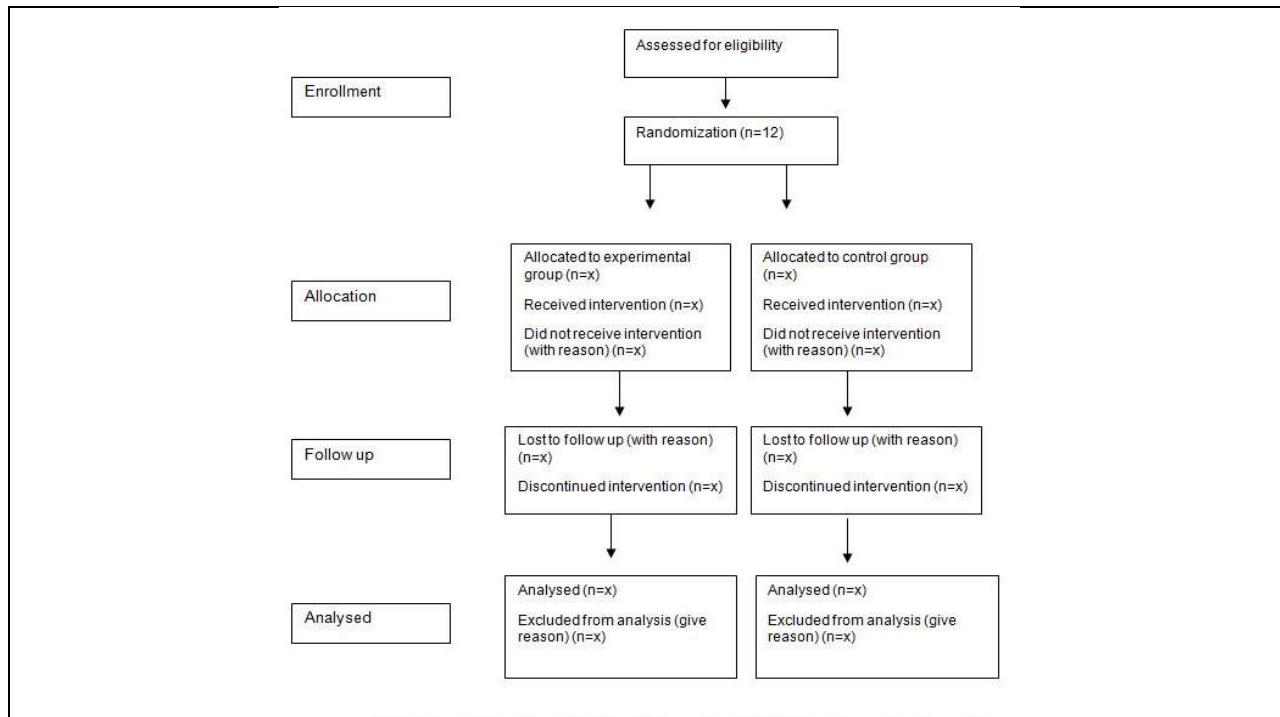


Figure 1: Consolidated standards of Reporting Trials Flow chart for the study protocol

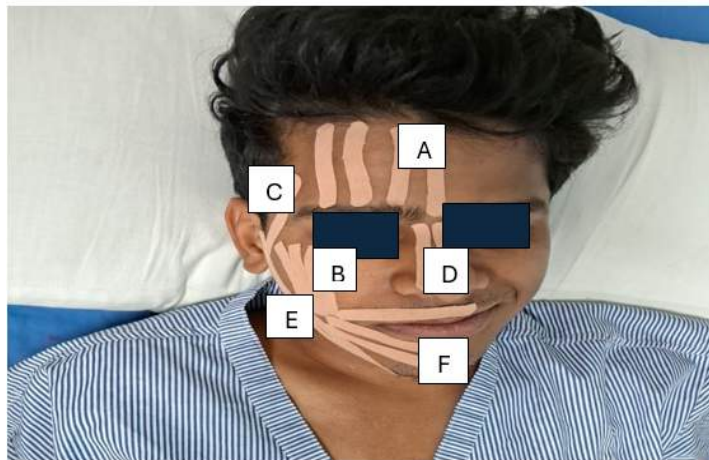


Figure 2: NMT for Bell's Palsy

A) Frontalis Muscle, B) Orbicularis oculi, C) Temporalis muscle, D) Nasalis, E) Buccinator, F) Orbicularis Oris

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RESEARCH ARTICLE

An Insight into Post Graduates Perception for the Management of Endodontically Involved Tooth - A Questionnaire Based Study

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Received: 12 May 2025

Revised: 19 Feb 2026

Accepted: 11 May 2026

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ABSTRACT

Background: Dental problems are rising at an alarming rate. Treatment modalities include root canal treatment and extraction. Clinician and patient preference along with prognosis should be kept in preference while planning the treatment plan. **Aim:** This survey aimed to evaluate the opinion of post graduates about their preferences between root canal therapy and extraction followed by implant placement. **Materials and Methods:** This study was conducted with the use of a web-based survey and 107 post graduate students in a dental college in Gurugram participated in the survey. The survey consisted of questions created to understand the view of the post graduate students on their preferences between root canal treatment and extraction followed by implant placement. In addition, there were questions about the co-morbid conditions and the placement of implant. **Descriptive analyses** were done and differences between the gender was analyzed with Mann-Whitney U-test at a significance level of $P \leq 0.05$. **Results:** In the study, 53.6% of the students thought root canal treatments as a better treatment option and 46.4% of them thought extraction followed by implant placement was better considering all the patient factors. **Conclusions:** The study revealed the higher preference of post graduate students for root canal treatment rather than extraction. It is gratifying to notice the higher rate of preferences for RCT but there's scope for dental implants in future.

Keywords: RCT, Extraction, Questionnaire, Dental Implants, Post Graduate students, Google Form





INTRODUCTION

The prevalence of dental diseases is growing gradually, and the most widespread symptom that prompts people to seek appropriate care is pain. For pulpal disorders, root canal treatment is frequently used in conjunction with extraction when the conditions worsen. Choosing whether to do RCT or to remove a tooth is one of the challenging issues a dentist faces on a daily basis, especially in cases of moderate or advanced disease processes or where trauma has caused significant damage. The daily option between RCT and extraction followed by implant replacement presents a challenge to clinicians. According to studies, a clinician's choice is influenced by the intricacy of the treatment plan and the duration of their professional experience. When making this choice, a couple of factors are taken into account. The paradigm change and rising popularity of dental implants over traditional RCT for tooth replacement have generated criticism. Specialists are quite concerned about the growing number of dentists who believe implants may provide better results than RCT [9]. Patients' decision-making potential may also be influenced by their interest in and ability to pay for more expensive therapies. Only 39% of individuals who had their posterior teeth pulled owing to periapical periodontitis in a study done in Canada sought out implants to replace them.

Peter M Di Fiore et al.¹ conducted a study to find the preference of dental professors and students between extraction and implant placement or endodontic and restorative therapy. They concluded that students were more likely than teachers to choose implants as a therapy option. However, young graduates made implant selections more frequently than older graduates did. Additionally, they discovered that the difficulty of prosthetic treatment and root canal therapy increased the frequency with which implants were chosen. Several factors are considered by clinicians to choose between root canal therapy and extraction [10]. The purpose of this research is to find out the knowledge and aptitude of postgraduate students regarding the management approach of endo-perio lesions. Along with their preferences between Root Canal Treatment and extraction followed by implant placement.

MATERIALS AND METHODS

Study Design

This cross-sectional study was conducted in November 2021 with the use of a web-based survey and the CHERRIES guidelines have been followed while preparing the questionnaire. All the participants provided informed consent for the participation in the study.

Study size

The number of subjects needed for this study was calculated using G Power software which determined that at least 100 people were required to achieve more than 90% power for a δ value of 1.0 ($\alpha = 0.05$).

Study setting

An electronic questionnaire was prepared consisting of 9 questions (google form). The survey questions were inspired by different studies and prepared from scratch as a new questionnaire. The survey consisted of questions created to understand the student's views on Root Canal Treatment and extraction followed by implant placement. Furthermore, there were questions about the co-morbid conditions and several other patient factors [Figure 1]. A web link was sent to the post graduate students in a dental college in Gurugram, Haryana who accepted the questionnaire call, through their lecturers from the WhatsApp application (WhatsApp Inc.). The survey remained open for 15 days. Data collected were stored in a secure database only accessible to the researchers.

Ethical Clearance statement

As per the Institutional ethical committee norms, ethical approval is not required for the current study since it is a web based survey and does not involve patient participation.



**Gunjan Aggarwal and Anurag Bhatnagar****Participants**

A total of 107 post graduate students from dental college in Gurugram participated in the survey. In order to increase participation in the study, announcements were repeated several times during the data collection period.

Statistical methods

Statistical analyses were performed using IBM SPSS software (SPSS version 23.0; SPSS Inc., Chicago, IL, USA). Descriptive analyses were used in the statistical analysis of the data in the percentage form.

RESULT

Eighty-five post graduates responded from a mean age group of 25-34. 39.2% postgraduates chose single visit root canal treatment, 25% chose to initiate access opening and to complete the treatment in a day. While 21.4% went for the extraction and 14.2% to leave the tooth as his flight for abroad day after tomorrow and he intends to spend time overseas for six months. 60.7% chose root canal treatment multiple setting 14.2% went for extraction and extraction with implant therapy, while 10.7% went for root canal treatments. Single setting for the tooth number 32 as it is diagnosed with periapical lesion and has complex anatomy. 1-2-1-2. 46.4% went for considering the age and bone length. The later patient is advised implant therapy, while the former is advised root canal treatment. 21.4% went for a root canal multiple settings, 17.8% chose root canal treatment single setting and 14.2% chose extraction for both the young and the old patient present. For a patient with well controlled diabetes since 10 years and hypertension since five years. Having a draining sinus in 46 region 35.7% postgraduates went for root canal treatment and only supportive antibiotic therapy. 17.8% chose extraction with implant therapy and 10.7% chose extraction as their treatment. Uncontrolled diabetes since 10 years and hypertension since five years.

Having a draining sinus in 46 region 53.5% postgraduates choose extraction with implant therapy 21.4% postgraduates went for root canal treatment. 15% chose only supportive antibiotic therapy and NSAIDs, 14.2% went to wait and watch, followed by root canal treatment and 7.1% chose extraction as their line of treatment. 46.4% postgraduates chose to explain patient about prognosis followed by extraction and implant therapy. 32.1% went to advise patient for post and core and 14.2% postgraduates chose to explain patient about the outcome and do root canal treatment and go for a crown lengthening procedures since the tooth structure is not enough for the crown placement. Tooth #11 which is reinfected again after root canal treatment 28.5% chose re-root canal treatment and extraction with immediate implant, while 25% extraction with delayed implanting 17.8% went for extraction only. For the perio-endo lesion 39.2% chose to extract tooth as it is hopeless. 28.5% went for the delayed implant therapy, 17.8% chose to treat perio-endo together 74.2% went for immediate implant therapy. Since the patient is not financially stable, 57.1% postgraduates chose to replace tooth by RPD after extraction. 17.8% went to convince patient for the root canal treatment only, while 25% post graduates went to replace by FPD extraction as they line of treatment.

DISCUSSION

From a dentist's perspective, studying the comparison between root canal treatment (RCT) and tooth extraction is invaluable for enhancing clinical decision-making, optimizing patient outcomes, managing risks, improving cost-effectiveness, staying current with advancements, effectively communicating with patients, and influencing public health policies. Evidence-based practice enables dentists to make the best treatment recommendations, tailoring them to individual patient needs and preferences. Preserving natural teeth, when possible, offers functional and aesthetic benefits, while understanding the complications and long-term issues associated with both treatment aids in risk management and informed consent. Cost-effectiveness analysis helps advise patients on economic choices and optimizes practice efficiency. Studies on new techniques and materials guide the adoption of advancements, ensuring continuous professional development. Clear, evidence-based communication enhances patient trust and



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supports shared decision-making. Moreover, research findings can shape public health guidelines and influence insurance and reimbursement policies, promoting optimal oral health practices and access to dental care. Overall, this study is critical for improving the quality and effectiveness of dental treatment and patient care.

However, every treatment option has its role. RCT is preferred to preserve natural teeth, maintain chewing efficiency, and aesthetics, offering long-term functionality. It prevents the need for prosthetics, reduces the risk of bone resorption, and manages infections while being cost-effective and less invasive, enhancing overall oral health and patient satisfaction. Extraction is preferred when the tooth is severely damaged, decayed, or infected beyond repair, or when RCT has failed. It eliminates the source of infection, prevents further oral health complications, is quicker, often less expensive upfront, and can be a straightforward solution when long-term success of RCT is doubtful. Rehabilitation of extracted teeth is essential to restore oral functionality, aesthetics, and overall health. Missing teeth can lead to problems such as difficulty in chewing, speech issues, and a shift in the remaining teeth, causing misalignment and bite problems. Additionally, tooth loss can result in bone resorption in the jaw, leading to changes in facial structure and premature aging. Rehabilitating extracted teeth with options like implants, bridges, or dentures helps maintain proper dental arch integrity, prevents further oral health issues, and enhances quality of life by restoring the appearance and function of natural teeth.

A cost-benefit analysis of root canal treatment (RCT) versus extraction considers both immediate and long-term factors. RCT, while often more expensive initially due to multiple visits and the need for a crown, preserves the natural tooth, maintains chewing efficiency, and avoids bone loss, offering long-term oral health benefits and potentially reducing future dental costs. Conversely, extraction is typically less costly upfront but may incur additional expenses over time for tooth replacement options such as implants, bridges, or dentures. These replacements are necessary to prevent issues like misalignment, bone resorption, and compromised chewing ability. Therefore, while extraction may seem cost-effective initially, RCT can be more advantageous in the long run by preserving natural tooth function and minimizing future dental interventions and associated costs.¹¹ Previous literature overwhelmingly supports RCT as a viable and often preferable option to extraction, highlighting benefits in terms of patient satisfaction, long-term cost-effectiveness, and preservation of natural tooth function. The study by Salehrabi & Rotstein (2004)² analyzed the outcomes of 1.4 million teeth treated with RCT over an 8-year period and found a success rate of 97%, with most failures occurring within the first three years post-treatment. Sadasiva K et al³ highlighted that patients who underwent RCT reported higher satisfaction levels compared to those who opted for extractions followed by dentures or implants, experiencing better quality of life and oral function. Dammaschke et al. (2013)⁴ conducted a long-term cost-effectiveness analysis showing that while RCT has higher initial costs due to the need for crowns and follow-up, it is more cost-effective in the long run as extractions often lead to additional expenses for implants, bridges, or dentures.

Recent literature comparing root canal treatment (RCT) and tooth extraction highlights several critical findings. Studies have shown that RCT often results in better long-term outcomes, preserving the natural tooth, and maintaining oral function and aesthetics.¹² A 2020 study by Alrahabi et al⁵ emphasized that RCT is generally more cost-effective over time, despite higher initial costs due to subsequent treatments like crowns, as it avoids the need for further prosthetic replacements often required after extractions, such as implants or bridges. Studies show that RCT generally offers higher patient satisfaction and better quality of life compared to extraction, particularly when followed by dentures or implants. Long-term cost-effectiveness analysis indicates that while RCT may have higher initial costs due to the need for crowns and follow-up, it often proves more economical over time as extractions can lead to additional expenses for implants, bridges, or dentures.

In the current study extraction followed by replacement by implant therapy was preferred by most of the post graduates in the cases of age consideration and treatment planning, in the patients with co-morbid conditions, for the cases in which the tooth structure has lost abundantly, and for the perio- endo lesion in which the prognosis is hopeless. This was in alignment with the results established by Emma Wingsten et al ⁶ concluded that tooth extraction was more cost effective in the short term than preserving a tooth by RCT. However, in the long term, the need for future replacement of extracted teeth, by implants, fixed prostheses, or removable partial dentures, may



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change the balance in favor of RCT. A study by Masoud Parirokh⁷ highlighted that teeth with failed RCT often necessitate extraction, as re-treatment may not be successful due to the severity of infection or structural damage. The post graduates also chose RCT however in less number. Single sitting RCT was preferred in cases having less time for treatment, this was in correlation to a study published in "Trials" aimed to compare single-visit RCT with two-visit RCT, both utilizing ultrasonic irrigant activation. The study reported that single-visit treatments were associated with lower postoperative pain and higher patient preference due to the reduced number of clinical visits. Conversely studies have quoted that single sitting or multiple sitting have no effect on the treatment outcomes. A meta-analysis by Falk Schwendicke et al⁸ found that single-visit RCTs are generally as effective as multiple-visit RCTs in terms of treatment success and postoperative outcomes, including similar rates of peri-radicular healing and patient satisfaction.

CONCLUSION

Both RCT and extraction have high success rates, but treatment choice should depend on the tooth's condition and patient-specific factors. RCT is often preferred to preserve natural teeth, while extraction is necessary for severely damaged or infected teeth. Studies generally show higher patient satisfaction with RCT, as it maintains natural teeth, benefiting aesthetics and oral function. However, extraction with appropriate prosthetic rehabilitation can also yield satisfactory results. Although RCT may incur higher initial costs due to crowns and follow-up treatments, it can be more cost-effective long-term. Extractions, initially cheaper, often lead to additional costs for implants, bridges, or dentures. Multiple studies indicate single-visit RCT can result in similar or lower postoperative pain compared to multiple-visit RCT, though in severe infection cases, multiple-visit RCT with interim medication may be more effective. The choice between RCT and extraction should be based on thorough clinical assessments and patient preferences, considering the tooth's condition, patient health, and financial situation.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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DEMOGRAPHIC DATA KEY		
AGE: 1. 22-30 2. 27-31 3. 32 OR ABOVE DESIGNATION: 1. UNDERGRADUATE 2. POSTGRADUATE 3. HIGHER EDUCATION (FELLOW/PHD) WORKING: 1. FACULTY 2. PRACTITIONER 3. ONGOING U.G. 4. ONGOING P.G. LOCATION: 1. RURAL 2. URBAN 3. SEMI-URBAN	3. EXTRACTION 4. EXTRACTION WITH IMPLANT THERAPY 5. A 10 years old and a 60 years old patient come to you with a toothache in 36region. On radiographic examination it comes out to be a periapical lesion for both the patients. what is the recommended treatment protocol for him? 1. RCT SINGLE SITTING 2. RCT MULTIPLE SITTING 3. EXTRACTION 4. Considering the age and bone health, the latter patient is advised implant while the former is advised RCT 4. A patient with well CONTROLLED diabetes since 10 years and hypertension since 5 years comes to you with a draining sinus in 46region. What is the recommended treatment protocol for him? 1. RCT 2. EXTRACTION 3. ONLY SUPPORTIVE ANTIBIOTIC THERAPY AND NSAIDS 4. EXTRACTION WITH IMPLANT THERAPY 5. WAIT AND WATCH FOLLOWED BY RCT 5. A patient with UNCONTROLLED diabetes since 10 years and hypertension since 5 years comes to you with a draining sinus in 46region. What is the recommended treatment protocol? 1. EXTRACTION 2. RCT 3. EXTRACTION WITH IMPLANT THERAPY 4. WAIT AND WATCH FOLLOWED BY RCT 6. A patient comes with a grossly decayed 46 (2/3 of the crown structure is lost) insists on RCT as his last experience left him satisfied but the tooth structure is not enough for the crown placement. What is the recommended treatment protocol for this case? 1. Explain him about the outcome and do RCT 2. Explain patient about prognosis followed by extraction and implant therapy 3. Advise patient for post and core	4. Explain patient about advanced RCT with crown lengthening procedure 7. A 20 years old patient comes to you with severe pain in 11 which has undergone RCT 6 months back. On diagnosis it comes out to be a refection of the same tooth. What is the treatment protocol for him now? 1. RE-RCT 2. EXTRACTION ONLY 3. EXTRACTION WITH IMMEDIATE IMPLANT 4. EXTRACTION WITH DELAYED IMPLANT 8. A 22year old patient comes to you with severe pain in 16 region. A deep pocket of 10mm vert same tooth is observed. Patient is taking continuous pain killers as the pain tolerance is very low. On radiographic diagnosis it is seen as primary perio and secondary endo with lateral and horizontal tender on percussion positive with probing depth of 8mm. What is the recommended treatment protocol? 1. DELAYED IMPLANT THERAPY 2. ENDO PERIO BOTH TOGETHER 3. EXTRACTION OF TOOTH AS IT IS HOPELESS 4. IMMEDIATE IMPLANT THERAPY 9. A 28 years old shopkeeper comes to you with a swelling on his right cheek. On radiographic examination, it comes out to be a periapical lesion vert 16. After explaining both the treatment modalities to him he agrees on extraction as he is not financially stable for RCT and implant therapy. What is the recommended treatment protocol for him keeping his financial condition in consideration? 1. CONVINCE PATIENT FOR RCT ONLY 2. REPLACE TOOTH BY RPD AFTER EXTRACTION 3. REPLACE TOOTH BY FPD AFTER EXTRACTION

Figure 1: Detailed questionnaire-survey on treatments for endodontically involved tooth.

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RESEARCH ARTICLE

An Analysis and Prediction of Prices of the Essential Commodities using Machine Learning

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Received: 15 Mar 2026

Revised: 18 Apr 2026

Accepted: 07 May 2026

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ABSTRACT

Predicting the prices of essential commodities plays a vital role in maintaining market stability, ensuring food security, and supporting decision-making for traders, farmers, and policymakers. However, forecasting these prices is challenging due to their volatility, which is influenced by factors such as weather conditions, supply-demand fluctuations, and global economic trends. Traditional statistical methods often perform well for linear patterns but struggle to capture the complex and non-linear relationships inherent in price movements. This study explores the application of Machine Learning (ML) techniques to analyze and forecast the prices of essential commodities. Various ML models—including Random Forest, Support Vector Machines (SVM), and Long Short-Term Memory (LSTM) networks—are employed using time-series data to identify trends, seasonality, and external factors. To enhance prediction accuracy, feature engineering incorporates additional variables such as market indices, inflation rates, and weather patterns. Model performance is evaluated using metrics like Mean Absolute Error (MAE) and Root Mean Squared Error (RMSE). The results indicate that ML-based models





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outperform traditional methods in terms of accuracy and adaptability. Overall, this study highlights the potential of Machine Learning approaches in effectively predicting and understanding the dynamics of essential commodity pricing.

Keywords: Price prediction, Machine Learning (ML), Random Forest, Support Vector Machines (SVM), Long Short-Term Memory (LSTM).

INTRODUCTION

Estimating the price of agricultural commodities or products depends on various factors such as production year, region, and several other influencing elements (Kharraz & Szabó, 2025 and Sharma et al., 2025). Because of biases and human errors in price determination, the cost of a product can vary significantly. By applying an objective mathematical model to predict accurate pricing, we aim to eliminate such inconsistencies (Rahman et al., 2025). Therefore, machine learning offers an effective approach for modelling and predicting commodity prices. A wide range of machine learning techniques can be utilized to estimate and analyze these price trends (Chuan et al., 2025, Mortazavi et al., 2025 and Sharma et al., 2025). Linear regression analysis is used to predict the price of a product based on another related variable or its prices from previous years. The price being forecasted is known as the dependent variable, while the other variable—used to estimate this price—is termed the independent variable (Arora & Jain, 2025, Chhikara et al., 2025 and Ivanov, 2025). In a linear equation, this analysis identifies which independent variables possess the strongest predictive capability for estimating the dependent variable's value.

Linear regression works by fitting a straight line or surface that minimizes the difference between the predicted and actual outcomes. Most simple linear regression models use the “least squares” method to determine the best-fit line based on a given set of paired data (Anjum et al., 2025, Kakumanu & Sridhar, 2025, Monogioudis, 2025, Olson et al., 2025 and Zhou, 2025). Next, the value of Y is used to estimate X, the dependent variable. Random Forest is an approach that determines the optimal prediction by aggregating the results from multiple decision trees and choosing the outcome agreed upon by the majority. In this price prediction model, several decision trees are considered—most producing similar price estimates, while a few may differ. Based on this concept, the Random Forest algorithm operates by combining the outputs of many decision trees and selecting the result most frequently predicted to achieve the most accurate outcome (Amarendra et al., 2025, Anwer et al., 2025 and Kingsley, 2025). Hence, in this case, the price predicted by the majority of decision trees represents the most accurate outcome. A decision tree relies on simple rules derived from historical data to predict the class or value of the target variable. This approach enables effective forecasting of agricultural product prices (Dragoni & Margara, 2025, Ekambaram et al., 2025 and Gantela et al., 2025). To determine a record's class label using a decision tree, the process begins at the root of the tree, where the record's attribute values are compared with those of the root attribute (Saha et al., 2025, Saif et al., 2022, 23 and 24). Based on the comparison, we move to the next node along the branch that matches the corresponding value. To accurately predict future prices of agricultural products, it is essential to analyze their historical price data [25-26]. Using this comparison, we can estimate the present prices of agricultural commodities.

Literature Survey

Since general pricing has traditionally relied on individual expertise or experience, earlier models typically utilized a single dataset, one algorithm, or a specific machine learning approach. As a result, farmers often sell their produce at lower prices and incur losses due to a lack of awareness about inter-market trends and commodity prices across different markets. Consequently, farmers face uncertainty regarding the optimal time and place to sell their products to maximize profits. (Yoshida Takeshi, Noriyuki Murakami, and Hiroyuki Taiji, 2017 [1]. They aimed to develop a machine learning model for predicting agricultural yields and discovered that utilizing the default parameters was the most efficient approach for the Random Forest Regressor. The expected harvest amount forms the basis for





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farmers' financial planning and decision-making. Traditionally, farmers relied on personal experience and historical weather patterns to predict crop outcomes. However, storing data on weather conditions, pest activity, and harvest results for future use is crucial. Accurate record-keeping plays a vital role in effective agricultural risk management. (Girish Hegde et al.) [2]. A strategy was developed to apply machine learning techniques—such as RNN, SARIMA, and ARIMA—to predict commodity prices. Additionally, a plan was proposed to build a voice bot and communication system in the Kannada language for farmers in Karnataka. This model enables farmers to access crop price predictions and related information in their native language.

Natural Language Processing (NLP) tools are utilized to design and implement the speech bot. Using reliable data sources, Amitabha Chakrabarty [3] analyzed the agricultural landscape in Bangladesh, noting that this data-driven approach to farming is still relatively new. The study recommends classifying suitable crops by region before cultivation, focusing on the most cost-effective crops for each area. Six major crops were considered for prediction purposes, with supervised machine learning algorithms applied to a fixed dataset. The dataset, provided by the Agricultural Research Council of Bangladesh, originates from the *Yearbook of Agricultural Statistics* and includes records of crops grown in each region during the previous year. The study employs K-Nearest Neighbors (KNN) Regression and Decision Tree Learning (ID3 – Iterative Dichotomiser 3) techniques. Furthermore, S. Veenadhari et al. conducted research to predict the impact of weather conditions on crop production [3]. They proposed the development of a program called “Crop Advisor” along with an interactive and user-friendly web platform. The C4.5 algorithm was utilized across various regions of Madhya Pradesh to determine the meteorological factors that most significantly influence crop yields for specific crops. This software illustrates the relationship between crop yield and several climatic parameters. However, since agricultural input factors vary across fields and over time, these additional variables influencing crop productivity are not considered in this tool. Building on this, Liwen Ling et al. incorporated time-series features and prediction horizons in their study to enhance forecasting accuracy [4]. In this study, a new model evaluation framework was developed to enable more flexible and accurate price forecasting.

A total of 29 features were analyzed to demonstrate fluctuations in agricultural commodity prices. The study explored the relationships between model characteristics and performance by integrating Random Forest (RF) and Support Vector Machine (SVM) algorithms. To enhance prediction accuracy and minimize redundant features, the Minimum Redundancy Maximum Relevance (MRMR) technique was also applied. Experimental results revealed that feature reduction significantly improves the efficiency of the model evaluation framework and that variations in time-series feature distributions influence the selection of optimal models. Overall, the proposed model selection framework outperformed both the average simple model and the best individual candidate model in terms of forecasting accuracy. Menzhen Kang et al. identified the ARIMA, Back propagation (BP) neural network, and Recurrent Neural Network (RNN) methods as key approaches in this context [5]. The goal was to predict agricultural commodity prices over both short- and long-term periods. Price data for agricultural products was collected from online sources using web crawler technology. The model performed well when using monthly average data, but its accuracy declined with daily data. Instead, neural network approaches such as Back propagation (BP) and Recurrent Neural Networks (RNN) proved more effective for capturing and predicting price fluctuations. These methods are particularly well-suited for handling big data, and as demonstrated through neural networks, deep learning is likely to become the primary technique for forecasting agricultural commodity prices.

Research Gap

Although machine learning has made remarkable progress and is now widely applied across various industries, a significant research gap remains in its use for analyzing and predicting the prices of essential commodities—particularly in developing countries, where market fluctuations directly affect the daily lives of millions. Traditional forecasting methods often fail to capture the complex, dynamic, and non-linear patterns that characterize commodity markets [11]. Methods such as statistical regression, time-series models, and econometric tools often fall short, especially when external factors—such as government policies, transportation challenges, climate change, and geopolitical conflicts—come into play. There remains a lack of focused research that specifically addresses the



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complexities involved in forecasting the prices of essential commodities [12] such as food grains, vegetables, fuel, and edible oils—despite several studies attempting to apply machine learning methods to financial or stock markets. Most existing approaches tend to oversimplify the data, overlook real-time fluctuations, or ignore the multifaceted factors that significantly influence prices, including supply-demand dynamics, weather conditions, regional consumption trends, and social behavior. Moreover, many of the models currently used [14] in previous studies have not been tested on long-term, real-world datasets or across diverse geographic regions, limiting the accuracy and generalize ability of their predictions for broader use. Furthermore, there has been insufficient research comparing the performance of different machine learning models in this context, such as evaluating the effectiveness of Support Vector Machines (SVM) against other algorithms [15]. Neural networks, and random forests, as well as how hybrid or ensemble methods could enhance prediction accuracy. Another notable gap lies in the lack of integration with user feedback systems, mobile applications, or IoT data, which could significantly improve the accessibility and real-time responsiveness of these forecasts for consumers, farmers, and policymakers. Therefore, there is a pressing need for comprehensive research that not only develops robust, data-driven machine learning models but also validates their performance across diverse datasets while incorporating multiple influencing factors and focuses on usability, transparency, and real-world applicability. Addressing this gap and advancing predictive technologies can help minimize waste, stabilize markets, and enhance food security and economic resilience among vulnerable populations.

Problem Identification

Applying machine learning to analyze and forecast the prices of essential commodities involves addressing several significant challenges. These difficulties arise from the dynamic nature of markets, the influence of multiple interacting factors on commodity prices, and the inherent complexity of accurately predicting such fluctuations. One major challenge is the intrinsic volatility of essential commodity [16] prices, which are affected by factors such as weather conditions, supply chain disruptions, political instability, market demand, global trade policies, and economic trends. Capturing these variations and accurately predicting their effects on prices requires advanced models capable of analyzing large datasets and identifying patterns over time. Another key issue is the quality and accessibility of data, as machine learning models rely heavily on extensive and reliable historical information for effective training [17]. However, reliable data may not always be available for certain regions or specific commodities, and when it is, it may often be outdated, inconsistent, or incomplete. Moreover, different commodities are influenced by distinct factors, requiring a tailored approach to data collection and analysis for each commodity type. Another major challenge lies in the complexity of feature selection. Both macroeconomic factors—such as inflation rates and currency fluctuations—and microeconomic factors—such as local production costs and regional demand—affect the pricing of essential commodities. With so many potential influencing variables, identifying the most critical features for accurately predicting the price of a particular commodity can be quite difficult [18]. Additional challenges arise from the seasonality and non-linear relationships present in commodity price movements. Many essential commodities, particularly agricultural products, display seasonal price variations influenced by factors such as climate, planting schedules, and harvest cycles. Capturing these seasonal and temporal patterns requires sophisticated models capable of handling time-series data and recognizing temporal dependencies. Another major difficulty stems from external unpredictability, including sudden shocks such as pandemics, natural disasters, or geopolitical events. Even the most advanced machine learning algorithms struggle to anticipate sharp price fluctuations caused by supply chain disruptions, unexpected changes in demand, or new trade restrictions. A further concern involves the interpretability of machine learning models. While deep learning and other advanced algorithms can achieve high accuracy, they often operate as “black boxes,” making it difficult to understand how predictions are generated. This lack of transparency can reduce trust in the forecasts and hinder their adoption by businesses or policymakers [19]. Finally, practical implementation poses its own set of challenges. Once trained, a model must be integrated into a system that continuously updates with new data and adapts to evolving market conditions. Ensuring scalability, robustness, and reliability is essential for such systems to be effectively used in real-world scenarios. In conclusion, several obstacles must be overcome to successfully apply machine learning for analyzing and predicting key commodity prices. These include issues related to data availability, feature complexity,



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volatility, seasonality, external shocks, model interpretability, and deployment feasibility. Addressing these challenges requires careful planning, advanced modeling techniques, and a deep understanding of the factors influencing commodity pricing.

Proposed System

Given the crucial role that essential commodities play in both the economy and society, a machine learning-based approach for analyzing and forecasting their prices is highly necessary. Commodities such as food grains and vegetables directly affect people's daily lives and are vital for maintaining economic stability. Existing methods of price analysis and forecasting have several significant limitations and offer substantial scope for improvement [20], underscoring the need for such a system. In this context, we aim to analyze results using a machine learning approach and develop a suitable predictive model. To support this, a table is created that outlines the various libraries used in the study along with their respective functions.

Description of the Process

We collected the prices of vegetables, fruits, chicken, eggs, fish, and medicines from January 1, 2023, to December 31, 2023. After gathering the data, we calculated the daily mean prices for each category and compiled the information into an Excel file. Using this dataset, we then developed a Linear Regression model. Initially, we plotted graphs to compare the prices between the years 2023 and 2024, showing monthly variations for each category. After that, we used the Linear Regression model to predict future prices and plotted a graph comparing the actual values and the predicted values. Finally, we evaluated the performance of our model by calculating the Mean Absolute Error (MAE) and the R^2 score to determine the accuracy of our analysis.

RESULT

Dataset: In this dataset we observe the price of the essential commodities through the start of the January 2023 to the December 2024. We observe the price of the vegetables, medicines, egg, fishes, fruits, chicken through the start of the January 2023 to December 2024 and we note down the price in our dataset. And we provide our dataset here:

Experimental Setup: Vegetable Price: In the case of vegetable prices, we collected daily market data from January 2023 to June 2025. Through continuous observation, we noticed that the prices of vegetables showed a steady increase over time. After gathering the daily prices (per kilogram) of various vegetables, we calculated their mean prices from the start date to the end date and found that the average value gradually rose day by day this increase appeared to be influenced by rising public demand, which, alongside supply limitations, contributed to the continuous rise in vegetable prices. Finally, using the collected data, we created month-wise comparative graphs to analyze the price trends across 2023, 2024, and 2025.

Medicines price: In the case of medicine prices, we collected daily market data from January 2023 to June 2025. Our observations showed that the prices of medicines gradually increased over time, with a slow but steady upward trend. After gathering the daily prices of various medicines, we calculated their mean prices from the starting date to the ending date and found that the average value consistently rose day by day. Finally, using the collected data, we created month-wise comparative graphs to analyze the price variations across 2023, 2024, and 2025.

Fruits Price: In the case of fruit prices, we collected daily market data from January 2023 to June 2025. Through continuous observation, we found that the prices of fruits consistently increased over time. After collecting the daily prices (per kilogram) of various fruits, we calculated their mean prices from the start to the end date and observed a steady upward trend in the average values. This rise in prices was likely influenced by growing public demand, which, along with other market factors, contributed to the gradual increase in fruit prices, creating certain economic





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challenges. Finally, using the collected data, we developed month-wise comparative graphs to analyze the price trends across 2023, 2024, and 2025.

Chicken Price: Similarly, we collected the daily prices of chicken from January 2023 to June 2025. The price of chicken was found to fluctuate based on public demand and factors such as seasonal changes and festivals. However, despite these fluctuations, we observed an overall upward trend in chicken prices during this period. Finally, using the collected data, we created month-wise comparative graphs to analyze the price variations across 2023, 2024, and 2025.

Fish Price: We also analyzed the prices of various categories of fish in the market from January 2023 to June 2025. By collecting daily price data, we calculated the mean prices and observed that fish prices fluctuated over time—sometimes increasing compared to the previous month and sometimes decreasing, similar to the trend seen in chicken prices. However, a notable issue was observed when comparing the prices across years: although there were occasional decreases in 2023, the prices showed a significant increase in 2024 and continued to rise further in 2025. After compiling all the data, we created a graph to represent these monthly and yearly price variations.

Create Diagram with proposed dataset

Through the value inside the dataset we compare the price value between 2023 and 2024 and 2025. And we show the value comparison over the years through the help of the diagram and through this diagram in x axis we take the every month (Jan, Feb, ...etc) and in Y axis we take the mean price of vegetables, medicines, fruits, fish, chicken price of those specific months in the x axis. We see that things that every year by year the price value always be increased. Here we show these diagrams.

Result: Inside the database we take the values and we use the random forest technique and we find out the actual price vs predicted price graph and through this model we also try to find out the future prediction price for vegetables medicine, fruits, chicken and fish.

Future Scope

The future scope of analyzing and predicting essential commodity prices using Machine Learning is extremely promising. With the continuous growth of data availability and computational power, machine learning models are expected to become increasingly accurate in forecasting price trends. Such predictive insights can assist governments, businesses, and consumers in making informed decisions, ultimately improving inventory management, pricing strategies, and policy formulation. Furthermore, by integrating real-time data from various sources such as weather conditions, market demand, and geopolitical factors, these models can achieve greater adaptability and responsiveness. This advancement holds significant potential for promoting food security and maintaining economic stability in the future.

CONCLUSION

The significant potential of machine learning strategies in addressing market challenges is demonstrated through the analysis and forecasting of key commodity prices. Compared to traditional methods, machine learning models provide more accurate and efficient price predictions due to their ability to process and analyze large volumes of historical data. These forecasts enable stakeholders to identify market patterns, determine influencing factors, and prepare for potential price fluctuations. The study highlights several key factors that affect prices, including supply and demand dynamics, weather conditions, transportation costs, and global economic events. By leveraging machine learning, stakeholders can take proactive measures to maintain market stability, ensure fair pricing, and secure the supply of essential commodities. However, the quantity and quality of data play a crucial role in determining the effectiveness of such systems. Incomplete or inconsistent datasets can negatively impact prediction accuracy. Moreover, to adapt to changing market conditions and external influences, models and algorithms must be





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continuously updated. In conclusion, machine learning enhances decision-making and market stability by providing a robust framework for analyzing and forecasting commodity prices. Despite certain limitations, the integration of this technology holds immense potential to improve both social and economic outcomes.

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Table 1:

Authors / Year	Technology Used & Application	Problem Addressed	Simulation Environment	Results
Chuan, Z.L., Sheng, T.R., Cheng, T.C., Sern, A.L.B., Luen, D.L.K., & Sai, C.Y. [6]	AI-powered sensors (IoT-enabled drones and edge devices) combined with machine learning algorithms for smart agriculture and precision rice farming. Used to forecast production, optimize irrigation, monitor paddy fields, and manage cropping.	Reduction of inefficiencies in rice production such as water wastage, yield fluctuations, and haphazard field conditions while addressing economic considerations.	Digital test bed simulating Southeast Asian rice field conditions, validated through both electronic simulations and prototype trials. Participated in national (IIICe 2024) and international (INNOCOM 2025) contests.	Achieved improved rice production prediction, productivity forecasting, and resource optimization. Noteworthy pilot results and received silver medals in competitions.
Chhikara, H., Chhikara, S., & Gupta, L. [7]	AI/ML techniques including neural networks, supervised learning, and predictive modeling applied to financial risk management, portfolio analytics, and decision-making.	Addressing flaws in traditional financial models, improving prediction accuracy, transparency (via Explainable AI - XAI), and relevance in emerging economies.	Likely based on real-world financial datasets (credit, market, supply-chain data) comparing multiple machine learning models. Specific tools not detailed in abstract.	AI/ML approaches showed increased operational efficiency and improved decision-making accuracy compared to traditional methods, with enhanced transparency.
Arora, J., & Jain, V. [8]	Ultra-low-latency systems combined with advanced ML techniques such as neural networks, reinforcement learning, and hybrid/ensemble methods for high-frequency trading (HFT).	Maximizing trading profitability and efficiency by reducing execution delay, improving price prediction, and enhancing risk assessment in HFT environments.	Simulated HFT settings using realistic market data replay, streaming trade & quote feeds, event-driven backtesting platforms, and network-level latency emulations.	ML-based HFT systems showed notable improvements over rule-based systems, including sub-millisecond latency, higher predictive accuracy, faster execution, and increased profitability.



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Ivanov, A. [9]	Application of AI methodologies to drive disruptive digital innovation through the development of sophisticated computational systems grounded in computer science and engineering frameworks.	Aims to improve system performance and adaptability by integrating AI-driven approaches to address limitations and gaps in conventional computational systems.	Specific simulation details are not provided in the abstract; however, the study likely employs specialized scholarly simulations and testing environments typical of AI system evaluation.	Although quantitative results are not reported, the study demonstrates that the integrated AI approach is feasible and yields encouraging improvements in system capabilities, indicating strong potential for widespread technological innovation.
Olson, M.L., Hinck, M., Ratzlaff, N., Li, C., Howard, P., Lal, V., & Tseng, S.Y. [10]	Use of the self-supervised vision foundation model DINOv2 combined with Sparse Autoencoders (SAEs) trained on hidden activations to analyze and interpret hierarchical representations in deep vision models.	Investigates the extent to which deep vision models encode ImageNet's hierarchical taxonomy and whether semantic relationships are represented in internal network activations.	Software-only experimental setup under unsupervised/self-supervised learning regime. SAEs are trained layer-by-layer on intermediate activations of DINOv2, particularly the class token, using ImageNet validation splits.	Findings indicate that early layers encode minimal hierarchical structure, whereas deeper layers—especially the final class token—capture clear semantic relationships aligned with ImageNet's taxonomy, demonstrating progressive hierarchical understanding.

Table 2: The price difference between different commodities between January to

Date	Vegetable price	Medicine price	Fruit price	Chicken price	Fish price
01-01-2025	74.5	99	125	227	334
01-02-2025	74.52	99	125.34	227	337
01-03-2025	74.77	99.12	125.39	226	340
01-04-2025	78.2	99.24	125.79	228	342
01-05-2025	78.34	99.78	126.45	225	345
01-06-2025	78.66	99.79	125.43	225	350

Table 3:

RSquare Error	0.8009780197035596
Mean Square Error(MSE)	12.95483063555544
Root Mean Squared Error(RMSE)	3.599281961107721
Mean Absolute Error(MAE)	2.77926666666666515
Model Accuracy Percentage	80.09780197035596

Table 4:

RSquare Error	0.8009780197035596
Mean Square Error(MSE)	12.95483063555544
Root Mean Squared Error(RMSE)	3.599281961107721





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Mean Absolute Error(MAE)	2.7792666666666515
Model Accuracy Percentage	80.09780197035596

Table 5:

RSquare Error	0.975485584002623
Mean Square Error(MSE)	0.07394843194444327
Root Mean Squared Error(RMSE)	0.27193460968483446
Mean Absolute Error(MAE)	0.21206111111111012
Model Accuracy Percentage	97.548558402623

Table 6:

Mean Square Error(MSE)	17.281977777777797
Root Mean Squared Error(RMSE)	4.157159821053046
Mean Absolute Error(MAE)	3.14444444444449
RSquare Score	0.701016616830414
Accuracy(%)	70.1016616830414

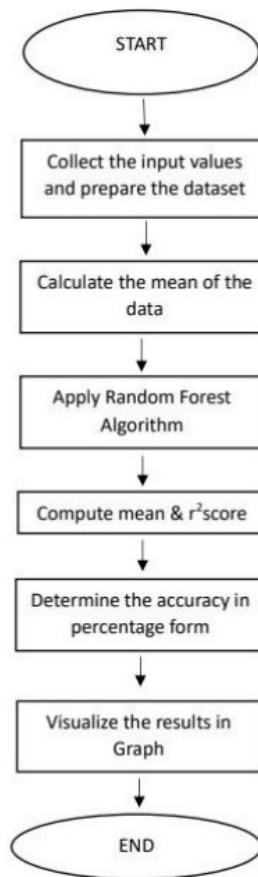


Figure 1: Flow Chart of the process description





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Figure 2: Vegetable price comparison between 2023,2024 & 2025



Figure 3: Medicine price comparison between the years 2023, 2024 & 2025

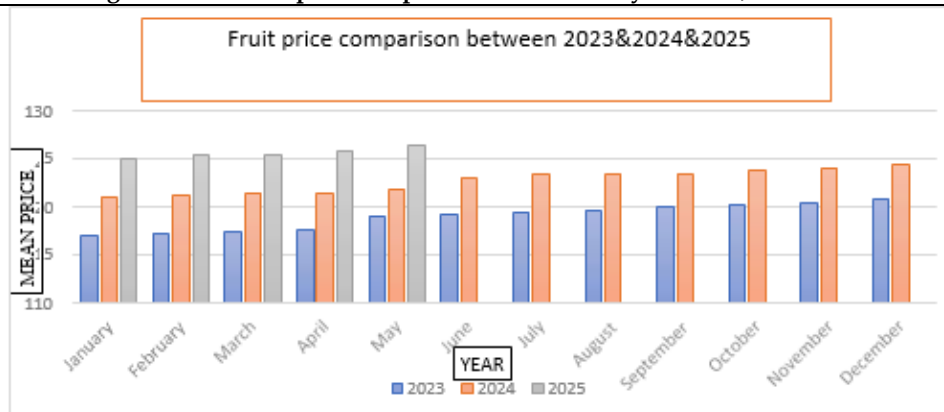


Figure 4: Fruit price comparison between 2023, 2024 & 2025





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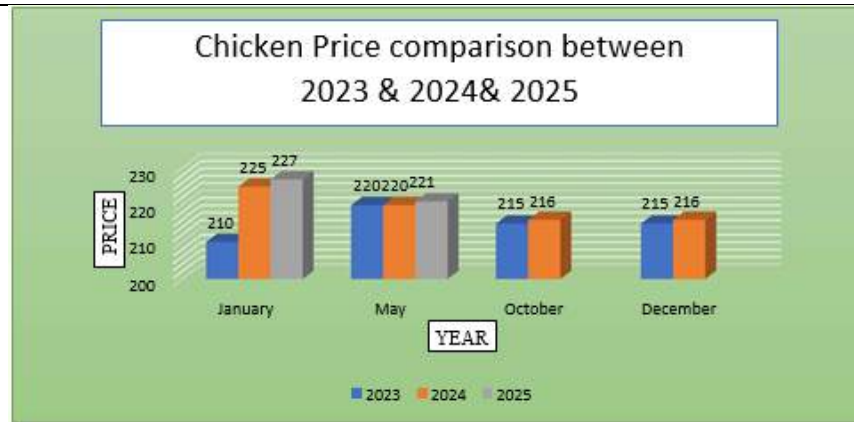


Figure 5: Chicken Price comparison between 2023, 2024 & 2025

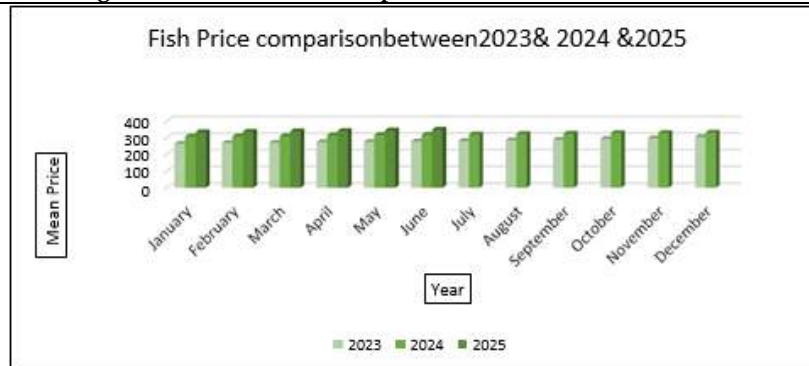


Figure 6: Fish Price comparison between 2023, 2024 & 2025

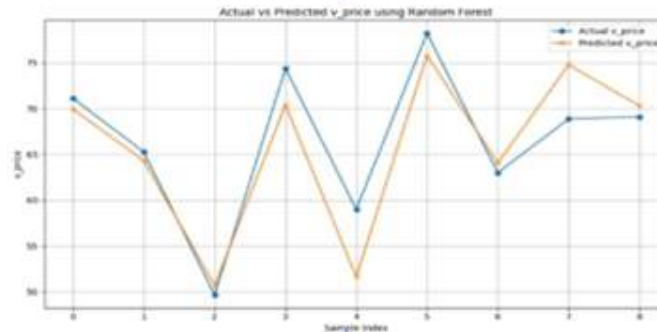


Figure 7: Actual vs Predicted vegetable price, graph show here through the random forest techniques





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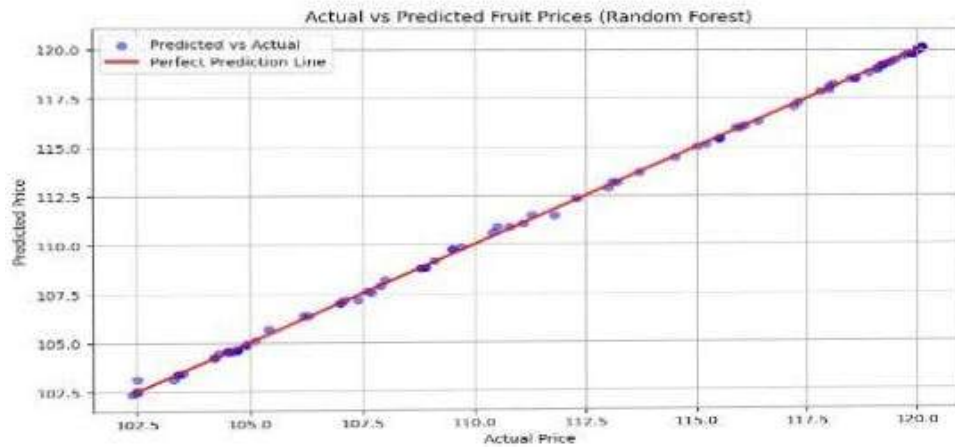


Figure 8: Actual vs Predicted fruit price, graph show here through the random forest techniques

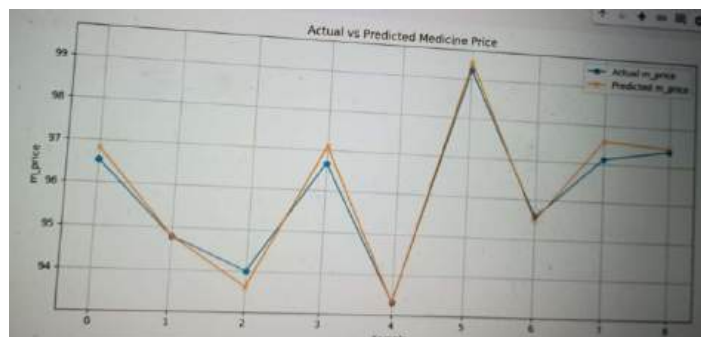


Figure 9: Actual vs Predicted Price of medicine, graphs how here through the random forest techniques

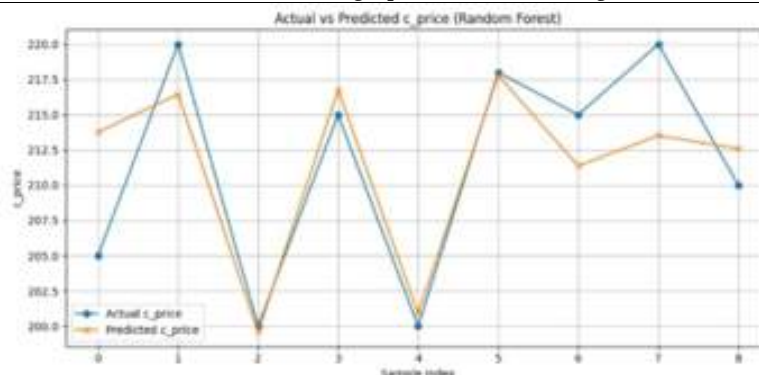
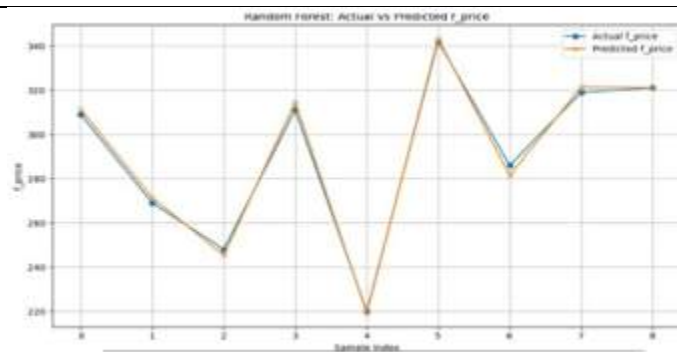


Figure 10: Actual vs Predicted chicken price graph show here through the random forest techniques



**Partha Pratim Paul et al.,****Figure 11: Actual vs Predicted fish price, graph show here through the random forest techniques**

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RESEARCH ARTICLE

Information Integrity and Digital Protection in Academic Libraries: A Cyber-Security Perspective

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Received: 12 Mar 2026

Revised: 13 Apr 2026

Accepted: 12 May 2026

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ABSTRACT

The rapid digitalization of higher education has changed the role and scope of academic libraries by providing different digital platforms and technologies, such as cloud computing and library management systems. However, it also created a series of challenges in maintaining cyber security in academic libraries. This study aims to explore the changing cyber security scenario in academic libraries and how it has changed from a technological issue to a strategic imperative in academic libraries. Based on the cyber security incidents, such as ransomware, phishing, and data leakage, that occurred in some of the largest academic institutions in the world, it has been identified that academic libraries are a favourite target for cyber security incidents, and different vulnerabilities have been identified in academic libraries due to technological, human, and governance-related issues, such as outdated technology, lack of cyber security awareness, weak authentication, and lack of coordination between library administration and IT departments. According to the study, reactive measures like paying ransom money or performing audits after the event are inadequate measures to handle these emerging threats. Rather, the study advocates the use of proactive measures like monitoring, vulnerability assessment, penetration testing, least privilege, and AI-based anomaly detection, among others. The study also highlights the need for the integration of cybersecurity with the larger concept of digital governance, including compliance with national/international data protection regulations using privacy by design approaches and transparent data management approaches, among others. The study concludes that the very survival of academic libraries in the future depends on the library's capacity not only to promote open access to knowledge, but also on its capacity to ensure the security of the digital knowledge infrastructures in the increasingly complex cyber world.

Keywords: Cybersecurity, Digital Governance, Information Security, Data Protection, Library Information Systems.





INTRODUCTION

What is meant by cyber security? and relevance in academic libraries

National Institute of Standards and Technology defines cybersecurity as: “The process of protecting information by preventing, detecting, and responding to attacks.”, So, in other words, cybersecurity means the digital immune system of our connected world. It is the practices, technologies, policies, and strategies designed to protect computers, networks, programs, and data from unauthorized access, cyber-attacks, damage, or theft. The word “cybersecurity” emerged gradually in the 1990s within U.S. defence and policy discourse. Cybersecurity can be defined as: “The protection of internet-connected systems, including hardware, software, and data, from cyber threats aimed at unauthorized access, disruption, or destruction.” Likewise, the National Institute of Standards and Technology defines cybersecurity as efforts to identify, protect, detect, respond to, and recover from cyber incidents (NIST, 2018). In the Indian scenario, the Information Technology Act of 2000 is the legal framework for protecting electronic records and computer systems from misuse. The history of cybersecurity is dated back to the early days of computing in the 1960s, where the concern of security was primarily centralized on the physical security of standalone computers used by the governments. The fundamental requirement for securing computer systems was first articulated in the ‘RAND’ Report by Ware (1970), where the significance of “security controls for computer systems” in a shared computing environment was emphasized. With the expansion of networked systems, the concept of ‘computer-viruses’ was coined by Cohen (1987) as computer programs that could affect system integrity, thus marking the beginning of the cyber threat era. The International Telecommunication Union (2008) formally defined cybersecurity as “the collection of tools, policies, security concepts, safeguards, guidelines, risk management approaches, and technologies that can be used to protect the cyber environment and organization and user’s assets.”

With the growing integration of technology in the education and research sectors, the role of libraries has also grown from just being a source of books and journals for reading. Today, the library handles digital resources, online databases, institutional repositories, and automated systems. In this new setting, the issue of cybersecurity has emerged as a major issue for Indian libraries, given the growing digitization and automation of library processes in academic and research institutions [31]. Even though the increased use of technology is of great benefit to the library, the probability of experiencing a vulnerability to digital security threats is also high. Although the increasing adoption of technology has greatly improved the services of the libraries, it has also posed a threat to the safety of the users from cyber threats [41]. With the adoption of Integrated Library Management Systems such as SOUL developed by the INFLIBNET Centre and open-source software such as Koha, libraries have shifted from the use of manual record-keeping systems to digital databases, Online Public Access Catalogues, and distant authentication systems. Although this has improved efficiency, it has also posed a threat to the safety of the library networks and users [25]. Also, academic libraries are obliged to consider sophisticated statutory frameworks. The need to comply with international or local regulations such as the GDPR (General Data Protection Regulation) and to adhere to organizational policies on privacy forces libraries to adopt practices on protecting data and responsibilities. The need for security, which is important to the mission of academic libraries, in addition to openness, worsens these efforts further [46][40].

Research objective

The proposed research paper will focus on investigating the risks associated with the use of emerging technologies such as cloud computing, digital repositories, integrated library systems, and networked information services. The research will also examine the nature, sources, and impact of the risks associated with the use of emerging technologies on the infrastructure, information, and privacy of users. Additionally, the research will examine the risks associated with the increasing use of digital technologies. Moreover, the proposed research will examine the practices of cybersecurity and offer effective strategies to mitigate cyber events and improve the cybersecurity position of academic libraries. The aim of this research work is to investigate the cyber threats in academic libraries through case studies in order to understand the real-life situations and responses to such threats. The purpose of this research is to analyse the case studies to determine the patterns of threats, the effectiveness of the existing security



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systems, and the effects of cyber incidents on the services provided by the libraries. Based on the results, this research will provide critical analysis and recommendations to improve the security systems and preparedness in academic libraries.

LITERATURE REVIEW

Singh and Chatterjee (2020) investigated the rising trend of cybersecurity threats in academic institutions and concluded that ransomware and phishing attacks are on the rise because of a lack of cybersecurity awareness and outdated technological infrastructure[50]. The above study emphasizes the importance of capacity building in academic institutions due to a lack of staff training and outdated infrastructure, which makes them vulnerable to cybersecurity threats. Kruger and Steyn (2018) have identified academic libraries as soft targets for cyber-attacks, mainly due to their open-access policies and limited adoption of strict access controls. The authors have stated that the traditional library ethos of openness is often in conflict with the strict requirements of cybersecurity[51]. The research by Ahmed (2019) was specifically aimed at insider threats in academic settings and highlighted that members of staff and students with authorized access to the system may inadvertently or intentionally breach confidential information. The research highlights the dangers of remote access to library systems[52].

Igbinovia and Ishola (2023) investigated the state of cybersecurity practices in university libraries in Nigeria and their implications for education in Library and Information Science. Based on a survey of librarians and interviews with the heads of library schools, the authors concluded that the staff of libraries have only a moderate level of knowledge about cybersecurity despite greater exposure to threats such as unauthorized access, malware, and poor password management[53]. The authors have identified the lack of support and the lack of courses on cybersecurity in LIS programs as critical gaps. Farid, Warraich, and Iftikhar (2023) carried out a systematic review of digital information security management policies in academic libraries from 2010 to 2022. The findings of the study revealed that although some academic libraries, especially in developed nations, have adopted effective security policies for protecting data and defending against malware, many face issues of poor implementation, lack of infrastructure, lack of expertise, and budgetary limitations [54]. The authors of the study concluded that poor implementation and a lack of commitment are still significant challenges to effective digital information security in academic libraries.

Akor, Nongo, Udofot, and Oladokun (2024) investigate the awareness of cybersecurity and the use of new technologies in the management of library security in higher education institutions. The paper emphasizes the importance of artificial intelligence, blockchain technology, biometric security, and IoT in enhancing the security infrastructure. It also points out some challenges, which include lack of funds, privacy issues, lack of technical know-how, and change resistance [2]. The paper concludes that the management of cybersecurity needs innovation and awareness campaigns among library professionals. Oladokun, Oloniruha, Mazah, and Okechukwu (2024) analyse the risks of cybersecurity in African university libraries, pointing out dangers like malware, phishing, ransomware, and identity theft associated with the growing digitization process. The authors point out difficulties in the process, including poor infrastructure, poor enforcement of policies, low levels of cybersecurity literacy, and budget limitations [56]. The authors conclude that better preparedness is needed through enhanced cyber ethics, staff training, infrastructure, and institutional efforts.

METHODOLOGY

This study uses a qualitative methodology that combines the observations of case study analysis with a survey of the literature. In order to investigate Cyber-security threats, the application of AI and blockchain, and regulatory issues in academic libraries, scholarly publications from 2015 to 2024 were analysed. Four real-world examples—Oxford University, ANU, UCSF, and Penn State—were also examined in order to find common issues and practical



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mitigation techniques. To provide a multi-layered Cyber-security department suited for academic settings, insights from both sources were combined.

Case study

Let us take a look at some of the most notable cases of cyberattacks on academic libraries that illustrate the increasing threat posed by cybersecurity threats to academic libraries. The cases include ransomware attacks, phishing, and data breaches that have impacted academic research.

DISCUSSION**Nature and Evolution of Cyber Threats**

By studying the 7 case studies we get to the understanding that 2 out of 7 attacks was ransomware followed by 2 Data Leak / Data Breach and 2 of Phishing and 1 of Website Hack / Disruption. If we chronologically arrange the attacks from 2016 to 2025 it clearly indicates an upward progression in both the technical sophistication of the attack and their impact on the institutes. In 2016 the ransomware attack on the University of Calgary primarily involved system encryption and temporary service disruption. The nature of these attacks has further changed by 2020[1]. Phishing attacks against La Trobe University and Nanyang Technological University indicated that these are no longer just basic forms of encryption-based disruptions. The breach against Universitätsbibliothek Leipzig in 2022 indicated that these are now exploiting software vulnerabilities in web application infrastructure[39]. The 2023 ransomware attack on the British Library illustrates what cybersecurity experts call the “double extortion” model. In traditional ransomware attacks, criminals encrypt an organization’s systems and demand payment in exchange for decryption keys. The 2025 incidents reported at Gauhati University and University of Sydney demonstrate examples of diversified and multi-vector cyber threats in academic institutions. In the Gauhati University incident, a website intrusion occurred that temporarily disrupted access to digital library information, indicating vulnerabilities in remote login and web infrastructure security. In the University of Sydney incident, personal data from a historical period was made accessible via a compromised code library in a development environment, indicating vulnerabilities in auxiliary system security and data retention practices.[14]

Institutional Vulnerabilities in Academic Libraries

Outdated technological infrastructure creates a compounding cycle of operational risk and inefficiency within an organization. In one word the basic problem with the old legacy system is that it is not updated or does not receive any security patch which makes it vulnerable to exploits. This technical debt is compounded by the fact that there is no such allocation of funds towards upgrading the technical infrastructure which makes it hard for the IT department to bridge the gap between the outdated technology and modern vulnerability. [49] Incomplete or ineffective multifactor authentication represents a critical vulnerability that compromise an organizations overall security posture [26]. The security is significantly compromised by weak remote login system operated by third party companies and is susceptible to vulnerabilities, as the presence of vulnerable Virtual Private Networks (VPNs) and the strong reliance on third-party Integrated Library Systems (ILS) create multiple entry points for attackers. [3]

Human and Organizational Risk Factors

The organization is also experiencing an internal security threat in the form of limited security awareness among the staff; this is compounded by the fact that there is lack of regular training programs which has led to inadequate security awareness among the employees regarding phishing and social engineering attack[4]. There is also a high susceptibility to phishing in the trust-based culture of the academic environment, this is further complicated by the lack of appropriate password management policies, whereby employees often use simple and guessable passwords and share their login credentials[20]. Lack of structured cybersecurity governance and the absence of formal library-specific policies, as well as the lack of coordination between library management and IT departments, is an indicator of the lack of executive-level engagement.



**Rikta Turul and Mohammad Nasir****Impact of Digital Transformation and Emerging Technologies**

The operational capacity of academic libraries has been enhanced due to the rapid transition to digital libraries; however, the cybersecurity risk exposure has also increased [32]. The rapid transition to digital repositories, cloud computing services, third-party services, authentication services, and the use of Integrated Library Management Systems (ILMS) have created centralized vulnerability to cybersecurity risks such as data storage hazards, access control hazards, credential hazards, cloud computing hazards, and vendor hazards. As a result of minimal control and security practices, environments such as development environments, web applications, and remote login services tend to appear as weak points.[44]

RECOMMENDATION**Strategic Shift Toward Proactive Cybersecurity Governance**

In order to improve the defensive capabilities of the organization, the leadership of the organization must focus on the development of a process of ongoing risk monitoring as a way of proactively improving the security of the organization as opposed to using a reactive approach to improve the security of the organization [6]. It is essential for the organization to use a multi-faceted approach, as well as a role-based least privilege approach, to control the access points into the system through security audits, vulnerability assessments, the use of security patches, and the use of artificial intelligence to detect threats, which would aid in the monitoring of anomalies in the system [36][9]

Continuous Monitoring and Risk Assessment

The academic institute will have to shift towards a complete strategy that will include monitoring and risk assessment in order to build a robust security strategy. This will make sure that the security process is not just a bi-annual exercise but a living process[10][11]. Periodic vulnerability assessments and penetration tests that offer detailed technical information regarding the weaknesses in the company's infrastructure and simulate the actual process of testing the effectiveness of the existing security measures are the building blocks of such a proactive strategy (ISO, 2022a). Real-time monitoring of network traffic and login activity is of prime importance in order to offer a real-time oversight that can detect any unwanted activity in real time.

Capacity Building and Cybersecurity Awareness

In order to move from education to actual behavioural change, the establishment of a culture of digital resilience would need to be underpinned by a strong commitment to cybersecurity awareness and capacity building. The first step in this would be to ensure that the company makes the training of its employees on cybersecurity a mandatory requirement for all employees of the library [55]. This would ensure that all the employees of the company, irrespective of their positions in the organization, would be aware of their positions in the protection of the institution's resources. The company would need to carry out simulation tests to give its employees practical experience of identifying complex social engineering attacks in a safe environment, as a way of moving from the theoretical to the practical. Data security workshops would be useful tools to carry out the simulation tests[57][9].

Governance and Policy Framework Enhancement

This shift from ad hoc security to a specific defence strategy calls for the formulation of a strict governance and policy framework upgrade. The main goal of the entire process is to establish a library-specific cybersecurity policy that will ensure the integrity of the data, addressing the issues affecting open-access libraries. A comprehensive incident response and recovery strategy is included in the policy, which will help the organization to reduce the downtime in case of an attack [15]. There must be clear responsibilities and accountability in cybersecurity management to avoid any confusion or doubt on who is responsible for the management of certain security controls and to ensure that the rules are actionable. Lastly, the organization elevates digital security from a secondary IT issue to a core strategic imperative by ensuring that the institution's risk management plans include cybersecurity management. This aligns it with the institution's overall purpose [19].





Regulatory Compliance and Data Protection

Data protection and regulatory compliance must be integrated into the organizational digital strategy to secure the integrity of the institution over time. In order to ensure that all data processing activities conform to the highest ethical and legal standards, this begins with a strict adherence to the country's IT laws as well as global data protection regulations [16]. The organization must incorporate the concept of privacy by design into its digital strategy, wherein data security is a functional need from the very outset of the library platform or database, to transcend the realm of mere regulatory compliance [18].

CONCLUSION

This study is an indicator of the change in the concept of cybersecurity for academic libraries, from being a marginal technical aspect to a fundamental strategic aspect. This rapid advancement in digital technology for higher learning institutions has emphasized the importance of academic libraries, as well as the challenges that come with it. Although the digital advancement of academic libraries has improved the quality-of-service delivery, it also brings about a wide range of cyber challenges for the libraries. For example, ransomware attacks, as seen in the University of Calgary, initially involved a demand for money, as seen in the University of Calgary attack [43]. However, recent ransomware attacks, as seen in the British Library, are an indicator of a more advanced attack strategy, as it is a combination of data theft and encryption. Phishing attacks, as seen in La Trobe University and Nanyang Technological University, are an indicator of state-sponsored cybercrime, where the perpetrators target intellectual property [39]. Additionally, the existence of software vulnerabilities, as demonstrated by the case of the Universitätsbibliothek Leipzig and the data exposure at the University of Sydney, demonstrates the potential for auxiliary systems to serve as a conduit for broad-scale cybersecurity breaches. These cases portend an increasingly complex cybersecurity environment for academic institutions.

Academic libraries are also particularly susceptible due to the open-access environment and the decentralized system of governance. The open-access environment is an integral part of library science; however, this environment creates conflicts with the surveillance-based approach to cybersecurity. This creates challenges for the enforcement of the basic mission of academic libraries. The study reveals a convergence of risks with respect to technology, human behaviour, and organizational governance in academic libraries. Risks with respect to technology include outdated legacy technology, inadequate multi-factor authentication, inadequate secure remote access, and inadequate vendor management [42]. Risks with respect to human behaviour include inadequate cybersecurity knowledge, inadequate phishing awareness, inadequate password management, and inadequate training. Risks with respect to organizational governance include inadequate division of responsibilities between library administration and IT, inadequate executive engagement, and budget constraints [45]. The study reveals that reactive approaches, such as paying ransom and conducting audits, are inadequate for addressing cybersecurity risks, as it is a reactive approach, and a proactive approach is needed. The study recommends that libraries must conduct continuous monitoring, regular vulnerability assessments, structured penetration testing, least privilege access control, and the use of AI-driven anomaly detection. Cybersecurity must also be incorporated into the overall organizational risk management strategy, which can provide a better defence against cyber risks[21]. This study seeks to reinforce the need for cybersecurity in the context of digital governance in academic libraries and advocate for its recognition as a significant aspect in sustainable information management [49]. It asserts that in light of the development and implementation of integrated library management systems, digital storage systems, authentication systems, and cloud computing technologies, it is imperative that there be a significant emphasis on ensuring that digital information is protected in order to maintain academic integrity.

Furthermore, this study also seeks to reinforce the need for regulatory compliance in academic libraries and assert that it is a significant aspect in ensuring that library operations align with national data protection regulations and international standards. It asserts that this entails incorporating privacy by design principles, developing data retention policies that are transparent in nature, and developing accountability policies that are clear and





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understandable. It does not necessarily entail viewing it as a process that is bureaucratic in nature but rather as a significant aspect in transforming the way in which academic libraries view and implement cybersecurity in order to assert its significance in digital governance.[17] Conclusively, it can be asserted that the digital future of academic libraries is significantly related to their cybersecurity maturity. For instance, emerging technologies such as artificial intelligence, blockchain technology, cloud infrastructures, and networked research platforms are significantly changing the way libraries offer their services to their clientele; however, at the same time, they also increase their vulnerability levels. In this regard, it can be asserted that it is essential to implement effective cybersecurity measures in academic libraries as a strategic imperative to their survival as institutions of learning. Indeed, the future of academic libraries in the 21st century is significantly related to their ability to provide access to knowledge as well as their ability to protect this knowledge in a changing, evolving, and competitive digital future. Hence, it is essential to strengthen cybersecurity governance in academic libraries today as it is an investment in their integrity and trustworthiness as institutions of learning in the future

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Table:1 In general, these examples illustrate that academic libraries have emerged as important victims of ransomware actors, phishing attacks, and nation-state cyber actors for financial profit, personal information, and research value. These incidents point to a need for cutting-edge protection against cyber threats, AI-driven threat protection systems, complex remote access protection, and active systems updating policies

Sl No.	Incidents	Description	Outcome
1.	University of Calgary pays \$20,000 ransom to cyber attackers (May 2016).[24]	The University of Calgary was also affected by a ransomware attack over the weekend of May 28-29, which disabled several computer services such as AirUC-Secure, Wi-Fi and Office 365 webmail. The university actually paid a ransom of \$20,000 to obtain the decryption keys. While most services have been restored as of May 31, the Exchange email and Skype for Business took longer to restore. IT had to create 9,000 new Office 365 accounts, and the old data will be migrated in the coming weeks. The Calgary Police are currently investigating the incident, and the university has warned that decryption does not necessarily mean complete data recovery.[24]	- University of Calgary paid \$20,000 ransom after a ransomware attack. - Most systems were restored within a few days. - No personal or university data was reported compromised. - The case is under investigation by Calgary Police Service.




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2.	British Library cyberattacks (October 2023).[34][28]	In October 2023 Rhysida conducted a ransomware attack to British Library causing them significant damages. After the library refused to pay a 20-bitcoin as ransom, approximately 600GB of internal data was leaked online. The core systems, such as the online catalogue, were partially unavailable for a period of several months, and the estimated cost of recovery was £6-7 million, which consumed a large amount of resources. The attack revealed vulnerabilities such as incomplete multi-factor authentication and third-party credentials, leading to a massive overhaul of the infrastructure and a focus on cloud-based cybersecurity.[34]	- British Library refused to pay the ransom, leading Rhysida to release 600GB of stolen data. - Library services were disrupted for months and restored gradually in limited formats. £6–7 million (around 40% of reserves) was allocated for recovery and rebuilding. - A major cybersecurity overhaul was implemented, including stronger cloud security measures.
3.	Assam: Gauhati University Library Website Briefly Hacked (Jul 2025).[8]	The brief cyber-attack on the Krishna Kanta Handique Library at Gauhati University briefly disrupted access to critical academic resources but was quickly remedied within minutes. While there were no reported losses, the attack has revealed weaknesses in the remote login process and has prompted an immediate restoration, security audit, and enhancement of cybersecurity policies. This incident not only emphasizes the increasing threat of politically driven cyber-attacks on academic institutions but also the need for better access control measures to protect academic cyber infrastructure.[8]	- Krishna Kanta Handique Library website was briefly hacked but restored within 10–15 minutes. - Access to e-resources (journals, databases, e-books) was temporarily disrupted. - No data loss or permanent damage was reported. - Gauhati University initiated a security audit and began upgrading cybersecurity protocols.
4.	Notification of cyber and data breach (December 2025).[12]	The cyber event at the University of Sydney involved the exposure of historical personal information because of a compromised code library, although there is no evidence that the information has been publicly disclosed or misused. The University of Sydney responded to the situation by protecting systems, informing relevant authorities and	The code library at the University of Sydney was affected, and sensitive personal data from the past was compromised for staff, students, and alumni.





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		individuals, and improving cybersecurity practices. This particular incident illustrates the dangers of storing historical information in development environments and the need for proper access controls and monitoring.[12]	• There is no evidence of data sharing or misuse at this stage. • The University has protected the system, deleted the datasets, and informed the relevant parties and affected members. • Improved cybersecurity practices and investigations were put in place to avoid such incidents in the future.
5.	Cyber Incident Victim: Universitätsbibliothek Leipzig (Apr 2022).[17]	The Universitätsbibliothek Leipzig security incident involved the leakage of about 70,000 user records because of a vulnerability in the update system for a temporary web application, but passwords and core systems were not compromised. The incident was quickly remediated, with the relevant authorities notified and users made aware of the danger of phishing. Although no disruption of service was caused, the security incident pointed to vulnerabilities in temporary IT infrastructure and data retention practices. To improve cybersecurity, the library improved software development procedures and reviewed inactive account policies.[17]	• Around 70,000 user records were accessed, but no passwords were compromised. • The vulnerable system was deactivated immediately and authorities were notified. • Affected users were warned about possible phishing risks. • Security protocols and data protection measures were strengthened.
6.	Cyber Incident Victim: La Trobe University (Oct 2020).[17]	The cyber campaign against La Trobe University conducted by the Iranian state-sponsored group Silent Librarian illustrates the ever-present danger of credential-phishing attacks against academic institutions. The attackers' intent was to steal research and intellectual property for resale on the black market by mimicking university portals and hosting phishing infrastructure within Iran to evade international takedown efforts. This attack illustrates the need for multi-factor authentication, phishing awareness training, and international threat sharing to protect against state-sponsored	• La Trobe University was targeted in a phishing campaign by Silent Librarian. • Attackers attempted to harvest login credentials to access and steal academic research. • Phishing sites were hosted on Iranian infrastructure to avoid international takedowns.




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		cyber espionage attacks against academic institutions.[17]	The incident reinforced the need for stronger authentication, phishing awareness, and threat intelligence sharing in universities.
7.	Cyber Incident Victim: Nanyang Technological University (Oct 2020).[17]	The phishing attack carried out by the Iranian state-sponsored group Silent Librarian against institutions like Nanyang Technological University shows the ever-present danger of state-sponsored cyber espionage attacks against the academic community. By masquerading as university websites and hosting phishing infrastructure in Iran to resist takedown attempts, the group sought to steal credentials and valuable research for resale. The fact that they continued their activities despite previous indictments shows the challenges of jurisdictional enforcement and the need for better authentication measures.[17]	- Nanyang Technological University and other universities were attacked by phishing emails conducted by Silent Librarian. - Login credentials were harvested by the attackers to gain unauthorized access to academic networks. - Research and intellectual properties were resold on the illicit platforms. - The Iranian-hosted infrastructure enabled the group to resist global takedown efforts.





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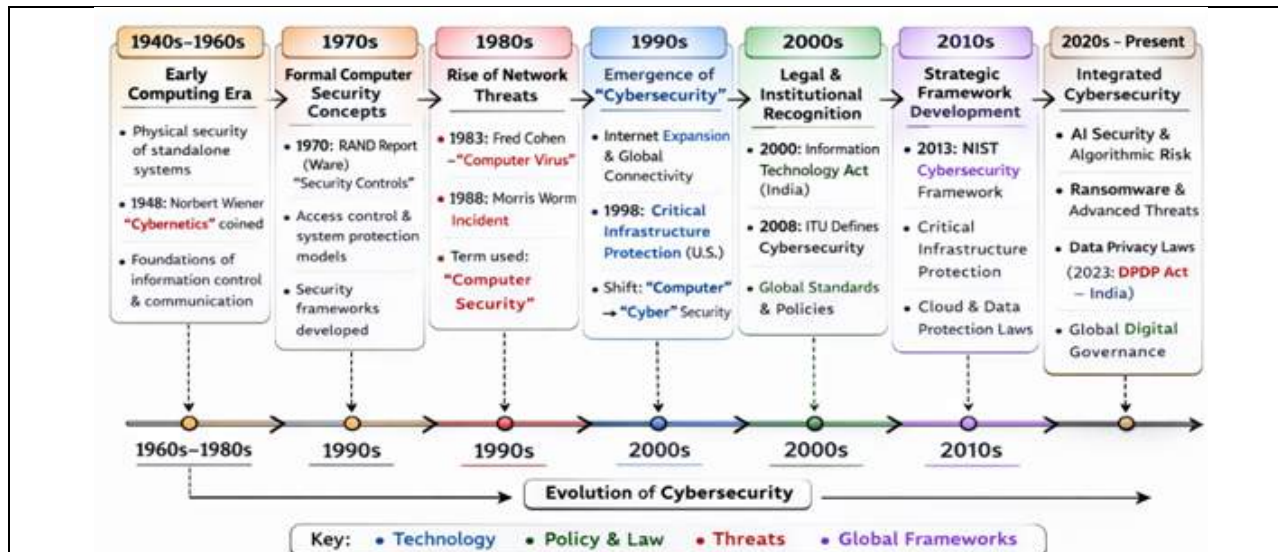
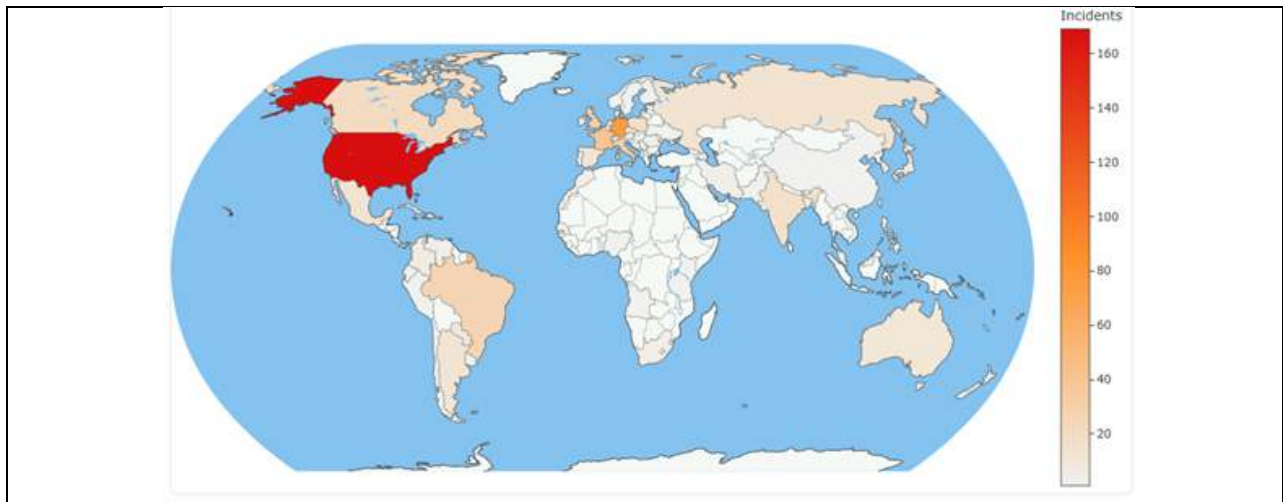
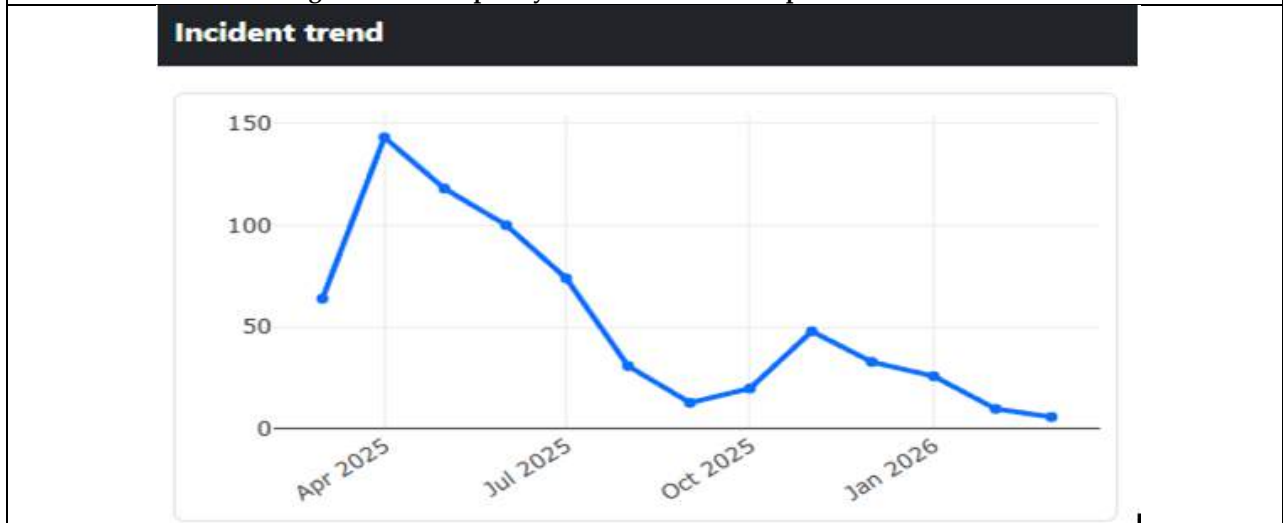


Figure 1: The Timeline of Evolution and Advancement in Cyber-Security.

Top industries	
Industry	Count
Government - Local	92
Government - National	59
Healthcare	50
Technology	48
Transportation	48
Financial Services	42
Retail	41
Government - Public Services	40
Education	39
Government - Regional	38

Figure 2: Industries affected by Cyber threat by <https://www.csidb.net/>

**Rikta Turul and Mohammad Nasir****Figure 3:Heat map of cyber incidents from <https://www.csidb.net/>****Figure 4: Incident trend by <https://www.csidb.net/>**

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RESEARCH ARTICLE

Comparison of Logistic Regression, Cox Regression, and Machine Learning Models in Medical Outcome Prediction

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Received: 19 Mar 2026

Revised: 18 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

Accurate prediction of medical outcomes has a central role in early risk identification and evidence-based clinical decisions. Traditional statistical techniques, including Logistic Regression and Cox Proportional Hazards Regression, are common approaches within clinical studies, while Machine Learning methods have recently come into prominence for their potential to bring improvement to the predictive accuracy of conventional approaches. However, comprehensive comparisons between these modelling approaches using a single analytical framework remain limited. This retrospective methodological study compares the predictive effectiveness of Logistic Regression, Cox Proportional Hazards Regression, and selected Machine Learning models using a dataset of 200 patients. Logistic Regression and Machine Learning models were applied to binary outcomes, whereas Cox Regression was used for time-to-event analysis. Accuracy, area under the receiver operating characteristic curve, and concordance index (C-index) were used as metrics to compare model performances. The results from Logistic Regression showed it to be a very accurate model, predicting outcomes with an accuracy of 78% and an AUC of 0.84. The survival values were appropriately predicted in the Cox Proportional Hazards Regression test, having a C-index of 0.76. In Machine Learning methods, Random Forest was the best predictive model, having an AUC of 0.87, accuracy of 81%, followed by SVM, which had an AUC of 0.85, accuracy of 79%. The risk factors which were discovered to have a significant effect on the risk of having unfavorable events were age, BMI, SBP, FGS, smoking, and DM, whereas HDL had a protective effect. Machine Learning algorithms



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demonstrated a slight edge over traditional statistical modelling in terms of predictive accuracy for binary outcomes. The Cox Proportional Hazards Regression Model was the only model capable of modelling risk over time and highlighted the importance of complementing statistical modelling with Machine Learning.

Keywords: Logistic Regression, Cox Proportional Hazards Model, Machine Learning, Random Forest, Support Vector Machine, Medical Outcome Prediction, Survival Analysis.

INTRODUCTION

Predictions of clinical outcomes have become an essential part of modern medicine, allowing for the early detection of risk in patients, enabling informed decision-making, and maximizing survival rates while ensuring efficient use of health resources in medicine [20]. With the increasing prevalence of electronic health records, predictive modeling has become an essential part of modern medicine in medicine. Two of the most common forms of predictive modeling in statistical analysis for the prediction of clinical outcome include Logistic Regression Modeling and Cox Proportional Hazards Modeling. However, Logistic Regression Modeling is most commonly used for binary endpoints of disease onset or treatment response, whereas Cox Proportional Hazards Regression Modeling is still considered the gold standard for evaluating survival rates for time-to-event analyses in medicine [22,23]. Nevertheless, these classical models have some limitations, including linear relationships and proportional hazards, which may not accurately predict outcomes, especially when handling complicated models with non-linear relationships between variables, as seen in patients with varying characteristics [7]. Therefore, researchers have turned to machine learning algorithms as alternative models.

In recent years, machine learning models have proved to be successful in terms of predictive capabilities in the field of medical outcomes, detecting nonlinearity and higher-order interactions in predictive variables [11,15]. Random Forest and Support Vector Machine models have proved to be highly discriminative in terms of predictive accuracy for unfavorable outcomes, spanning various fields such as cardiovascular disease, critical care, and cancer [2, 9]. Several comparative studies have shown a marginally better predictive accuracy of the machine learning models over regression models [1,4]. However, the application of machine learning models in practical, routine usage in healthcare environments remains underutilized, owing to concerns about interpretability, replicability, and applicability [7]. Moreover, most of the existing literature focuses on the comparison of machine learning models with regression models, each working on different datasets and evaluating different metrics, making it difficult to make a reliable comparison [3,5]. Very few literature pieces have attempted to make a comparative analysis of Logistic Regression, Cox Proportional Hazards Regression, and machine learning models.

There is another important missing piece in literature pertaining to the integration of survival modeling and classification methods based on machine learning. Although Cox regression analysis remains the most important method in survival analysis, the most common machine learning approaches examine binary problems only and cannot use time-to-event data even when needed in survival analysis, as suggested in reference [10]. With this in mind, the need for a comprehensive comparison between traditional statistical modeling and machine learning methods within a unified framework using common metrics has been suggested as important work [13,14]. The current study will fulfil this requirement by comparing the use of Logistic Regression analysis, Cox Regression analysis, the Random Forest model, and the Support Vector Machine model for the prediction of unfavourable clinical outcomes as well as the measurement of time-to-event.





REVIEW OF LITERATURE

Prediction of adverse outcomes has remained an important area of research in medicine over the years because it helps to provide early interventions that can improve survival probabilities as well as effectively use health care resources [20]. Since the last several decades, Logistic Regression analysis and Cox Proportional Hazards modeling have remained basic statistical tools used to describe survival outcomes. Logistic regression analysis has found widespread application for binary outcome modeling of events that happen due to disease occurrence, complications that arise, as well as mortality. Its principal strength is its interpretability: the odds ratios yield clinically meaningful risk estimates that are simple to communicate with both patients and healthcare providers alike [6,22]. Several studies have identified limitations regarding nonlinear relationships, multicollinearity, and interaction effects that are generally present in clinical data from the real world [7]. The Cox Proportional Hazards Regression model is widely regarded as the gold standard for time-to-event analysis, with extensive applications in oncology, cardiovascular research, and critical care studies [22,23]. This model enables modeling censored survival data and offers an estimation of hazard ratios over time. However, the Cox model assumes proportionality of hazards and linearity, which may not always hold for the heterogeneous patient population, thus reducing the predictive performance [10]. Over the last years, machine learning approaches have attracted increasing interest in the prediction of clinical outcomes. Random Forest, a popular ensemble learning algorithm, has shown high predictive performance for the prediction of cardiovascular disease, diabetes complications, and hospital readmission [2,12]. Its strengths include the ability to handle high-dimensional data, nonlinear relations, and missing values; it has become a popular alternative to traditional regression models.

Support Vector Machine is another widely adopted machine learning algorithm in medical research. It has shown superior discrimination ability in predicting adverse clinical outcomes, particularly in high-dimensional clinical datasets [9,4]. However, SVM models often suffer from limited interpretability, which may restrict their direct clinical applicability [7]. Several comparative studies have evaluated machine learning models against traditional statistical approaches. While many report improved predictive accuracy with machine learning techniques, others demonstrate comparable performance between regression-based and machine learning-based models when carefully optimized [1,7]. Importantly, most existing studies focus either on binary classification or survival analysis separately and do not integrate both within a single methodological framework [3,5]. Another important gap in current literature is the limited number of studies that simultaneously evaluate Logistic Regression, Cox Proportional Hazards Regression, and machine learning models using the same dataset and standardized evaluation metrics. Such unified comparisons are necessary to establish the complementary strengths of different modeling paradigms and to guide evidence-based selection of predictive models in clinical practice [13,14]. Overall, existing literature supports the potential of machine learning for improving predictive accuracy while emphasizing the continued relevance of conventional regression models for interpretability and survival analysis. This underscores the need for integrative methodological studies, which the present research aims to address by performing a comprehensive comparative evaluation of Logistic Regression, Cox Proportional Hazards Regression, and selected machine learning models for predicting unfavorable clinical outcomes and time-to-event measures [3,5,10].

METHODOLOGY

Dataset and Pre-processing

The current study made use of retrospective clinical data of patients, which included 200 patients, obtained from the dataset of Madha Medical College & Research Institute, Chennai, Tamilnadu, India. Every patient has a record of demographic and clinical factors which included Age, Sex, Body Mass Index, Systolic Blood Pressure, Fasting Serum Glucose, Diabetes Mellitus, Smoking status, and High-Density Lipoprotein Cholesterol, and every record has the clinical outcome status of the patient marked. The dataset has an equal number of samples for both the classes, which are referred to as the outcome-negative and the outcome-positive classes. Missing values, which were less than 5%,





were addressed by Multiple Imputation by Chained Equations. The values of the continuous variables were tested for normality by the use of the Shapiro-Wilk test. The data was obtained from the electronic medical records of the patients who were under treatment from the year 2023 to the year 2024.

Eligibility Criteria

Inclusion Criteria

- Aged 18 years and above
- Patients with full baseline clinical information
- Patients with follow-up information of minimum 6 months
- Patients with known outcome status

Exclusion Criteria

- Patients without documentation of their outcome results
- Pregnant Women
- Incomplete data with respect to core predictor variables

Predictive Models

Logistic Regression

Logistic Regression was used to model the probability of occurrence of an unfavourable clinical outcome as a binary response variable. The model relates the outcome probability to a linear combination of predictor variables through the logit link function.

The probability model is defined as:

$$P(Y = 1 | X) = \frac{1}{1 + e^{-(\beta_0 + \sum_{i=1}^p \beta_i X_i)}}$$

where $Y = 1$ denotes occurrence of the unfavourable outcome, X_i are predictor variables, β_0 is the intercept, and β_i are regression coefficients.

The logit transformation is given by:

$$\log\left(\frac{P(Y = 1 | X)}{1 - P(Y = 1 | X)}\right) = \beta_0 + \sum_{i=1}^p \beta_i X_i$$

Model parameters were estimated using maximum likelihood estimation with the likelihood function expressed as:

$$L(\beta) = \prod_{i=1}^n P_i^{y_i} (1 - P_i)^{1-y_i}$$

Odds ratios with 95% confidence intervals were calculated to quantify the association between predictors and outcome.

Cox Proportional Hazards Regression

The Cox Proportional Hazards model was used to analyze time-to-event outcomes.

$h(t | X) = h_0(t) \exp(\beta_1 X_1 + \beta_2 X_2 + \dots + \beta_p X_p)$ where $h(t | X)$ is the hazard at time t , $h_0(t)$ is the baseline hazard function, and X_i are covariates.





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Parameter estimation is performed using the partial likelihood function:

$$L(\beta) = \prod_{i \in D} \frac{\exp(\beta^T X_i)}{\sum_{j \in R(t_i)} \exp(\beta^T X_j)}$$

where D is the set of individuals experiencing the event and $R(t_i)$ is the risk set at time t_i .

Hazard ratios were reported as $\exp(\beta_i)$, representing the relative risk associated with each predictor.

Random Forest

Random Forest is an ensemble learning technique that constructs multiple decision trees using bootstrap sampling. For a dataset:

$$D = \{(X_1, y_1), (X_2, y_2), \dots, (X_n, y_n)\}$$

each tree $f_t(X)$ is trained independently, and the final prediction is obtained by majority voting:

$$\hat{y} = \text{mode}\{f_1(X), f_2(X), \dots, f_T(X)\}$$

Splitting at each node was based on the minimisation of Gini impurity, defined as:

$$G = 1 - \sum_{k=1}^K p_k^2$$

Where P_k is the proportion of the class k in the node.

Feature importance was computed using mean decrease in impurity across all trees.

Support Vector Machine

SVM classifies data by finding an optimal hyperplane that maximizes the distance between the two class boundaries. The linear decision boundary is defined as:

$$w^T X + b = 0$$

where w is the weight vector and b is the bias term.

To allow misclassification, the soft-margin optimization problem is:

$$\min_{w, b, \xi} \frac{1}{2} \|w\|^2 + C \sum_{i=1}^n \xi_i$$

subject to:

$$y_i(w^T X_i + b) \geq 1 - \xi_i$$

where C is the regularization parameter.

The Radial Basis Function (RBF) kernel was applied to handle nonlinear relationships:

$$K(X_i, X_j) = \exp(-\gamma \|X_i - X_j\|^2)$$

The final classification decision is:

$$\hat{y} = \text{sign}\left(\sum_{i=1}^n \alpha_i y_i K(X_i, X) + b\right)$$



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RESULTS AND DISCUSSION

A total of 200 patient records were considered in the final analysis. Table 1 describes the descriptive statistics of continuous clinical variables, of which mean age was 55.8 ± 12.4 years, mean BMI of 27.1 ± 3.9 kg/m², mean systolic BP of 139.6 ± 15.8 mmHg, and mean fasting glucose of 128.7 ± 32.5 mg/dl; which signifies that this population had high risk factors of CM risk. Lipid values fell in the acceptable limits of clinical practices. These values show that there is variability in clinical variables that can be used in predictive modelling.

Descriptive Statistics

A total of 200 patient records were included in the final analysis. Table 1 summarizes the descriptive statistics of continuous clinical variables. The study population had a mean age of 55.8 ± 12.4 years, with a mean body mass index of 27.1 ± 3.9 kg/m². Mean systolic blood pressure and fasting glucose levels were 139.6 ± 15.8 mmHg and 128.7 ± 32.5 mg/dL respectively, indicating a population with elevated cardiometabolic risk. Lipid parameters were within clinically acceptable ranges. These findings demonstrate sufficient variability of baseline variables for predictive modeling.

Frequency Distribution of Categorical Variables

The frequency distribution of categorical variables is given in Table 2. Males accounted for 59% of the study population. The prevalence of smoking, diabetes mellitus, and hypertension were 39%, 34.5%, and 45.5%, respectively. Almost equal proportions of participants had unfavorable outcomes, that is, 48%. The well-distributed outcomes add to the reliability of the comparisons in predictive abilities.

Binary Outcome Prediction Using Logistic Regression

Table 3 shows the results of binary logistic regression analysis. Age, body mass index, systolic blood pressure, fasting glucose, smoking, and diabetes mellitus had increased odds of unfavorable outcomes. HDL cholesterol had a protective effect as evidenced by a statistically significant odds ratio. These findings confirm the suitability of logistic regression in ascertaining independent predictors of adverse outcomes.

Time-to-Event Analysis Using Cox Proportional Hazards Regression

The Cox proportional hazards regression model results are presented in Table 4. Several of the predictors increased the hazard of developing an adverse event over time: age, BMI, systolic blood pressure, fasting glucose, smoking status, and diabetes mellitus. HDL cholesterol remained inversely associated with event occurrence. The model exhibited good discriminatory performance, supporting its utility in modeling survival outcomes

Comparative Performance of Predictive Models

Table 5 compares the predictive performances of various models trained: Logistic Regression, Cox Regression, Random Forest, and Support Vector Machine. Compared to logistic regression, the machine learning models yielded only a marginally higher predictive accuracy or AUC for predicting a binary outcome. Cox regression uniquely estimated time-dependent risks through survival modeling.

DISCUSSION

This study presents an exhaustive comparative analysis between conventional statistical models and machine learning techniques with regards to predicting outcomes on an integrated analytical platform. These types of comparative studies have been established as necessary towards making informed, evidence-based decisions when choosing models in clinical settings [3, 5, 13]. The analysis indicates that machine learning models, namely Random Forest and Support Vector Machine, marginally outperformed the discriminative power of the Logistic Regression



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model when predicting binary outcomes. These improvements in discriminative power when using machine learning models have been established in some other comparative analysis studies [1, 2, 4, 9]. These improvements in performance by Random Forest Model can be attributed to the fact that this model uses an ensemble strategy with the ability to nicely model interactions and nonlinear relationships not addressed by standard regression models [7, 12]. However, the strong performance by the Logistic Regression Model showed high interpretability with regards to predicting odds ratios, an important consideration in clinical settings towards decision-making and guideline development [6, 22]. These observations have reinforced the importance that was established by previous studies on the continued use of regression models despite the use of advanced ensemble learning models [7]. The Cox Proportional Hazards Regression analysis undoubtedly provided valuable time-dependent risk estimation and confirmed its role as the gold standard for survival modeling in clinical research [22,23]. The satisfactory concordance index observed in this study is consistent with findings from other survival prediction studies using Cox regression and comparisons with machine learning [3,10]. Key predictors identified in the present study, including age, body mass index, systolic blood pressure, fasting glucose, smoking, diabetes mellitus, and HDL cholesterol, are well-established risk factors for adverse clinical outcomes. Similar patterns of predictors have been consistently reported across multiple outcome prediction studies [2,9,11]. From a clinical perspective, the integration of predictive models into electronic health record systems might facilitate automated risk stratification, early identification of high-risk individuals, and targeted preventive interventions [15]. Predictive modeling, as a clinical decision support system, has already been proposed in previous studies with the use of proposed methodological frameworks [13,25]. Some limitations have, however, to be recognized. These include the retrospective approach and the use of the single data source, although discussed in previous studies for the prediction of outcomes [1,3], in which the lack of advanced biomarkers can possibly impede the process of prediction, thus necessitating the use of future studies that will validate the findings prospectively and will include more variables [24]. In conclusion, the findings from the current analysis support the combination of traditional regression analysis and ML for the prediction of medical outcomes. Combined modeling approaches have currently been proposed to improve prediction and retain interpretability [7,13,15].

CONCLUSION

This work has shown that both conventional models and machine learning approaches can be useful tools for the prediction of adverse clinical outcomes based on clinical data. The performance of Random Forest and Support Machine models slightly exceeded that of the Logistic Regression model in the case of a binary outcome, but the interpretability of the results in the Logistic Regression model remained excellent, which makes it a highly valuable model in the clinical setting. The Cox Regression model was the only one that allowed the calculation of the risk over the course of the time. In all models, the importance of metabolic and lifestyle risk factors in developing unfavourable outcomes was reiterated through the common significance of age, body mass index, systolic blood pressure, fasting glucose, smoking, diabetes mellitus, and HDL-cholesterol. The relative merits of conventional regression analysis and machine learning algorithms suggest the utility of an integrated predictive model in practical applications. The application of these models in clinical information systems could potentially help in the early detection of high-risk individuals, assist in personalizing preventive strategies, and also aid in appropriate allocating health care resources. Future applications of these models would include validation, the addition of novel biomarkers, and the design of user-friendly decision support software to apply these models to routine patient care.

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**Table 1: Baseline Characteristics of the Study Population**

Variable	N	Mean	Std. Deviation	Minimum	Maximum
Age (years)	200	55.8	12.4	31	79
BMI (kg/m ²)	200	27.1	3.9	18.9	36.4
Systolic BP (mmHg)	200	139.6	15.8	112	168
Diastolic BP (mmHg)	200	84.3	7.6	71	99
Heart Rate (beats/min)	200	79.2	9.4	61	98
Fasting Glucose (mg/dL)	200	128.7	32.5	86	179
Total Cholesterol (mg/dL)	200	212.4	28.9	162	258
HDL Cholesterol (mg/dL)	200	44.6	8.7	31	64

Table 2: Frequency distribution of categorical risk factors & outcome status

Variable	Category	Frequency	Percentage
Sex	Male	118	59.0
	Female	82	41.0
Smoking	Yes	78	39.0
	No	122	61.0
Diabetes Mellitus	Yes	69	34.5
	No	131	65.5
Hypertension	Yes	91	45.5
	No	109	54.5
Outcome (Binary)	Event	96	48.0
	No Event	104	52.0

Table 3: Binary Logistic Regression Analysis for Predicting Unfavourable Clinical Outcomes

Variable	B	S.E.	Wald	df	Sig.	Exp(B)	95% CI for Exp(B)
Age	0.039	0.011	12.58	1	0.001	1.04	1.02 – 1.07
Sex (Male)	0.271	0.259	1.09	1	0.296	1.31	0.78 – 2.18
BMI	0.077	0.031	6.45	1	0.011	1.08	1.02 – 1.15
Systolic BP	0.028	0.010	8.34	1	0.004	1.03	1.01 – 1.05
Fasting Glucose	0.019	0.005	15.92	1	<0.001	1.02	1.01 – 1.03
HDL Cholesterol	-0.041	0.017	5.94	1	0.015	0.96	0.93 – 0.99
Smoking	0.598	0.286	4.38	1	0.036	1.82	1.04 – 3.19
Diabetes	0.761	0.301	6.38	1	0.011	2.14	1.19 – 3.85
Constant	-6.214	1.528	16.51	1	<0.001	—	—

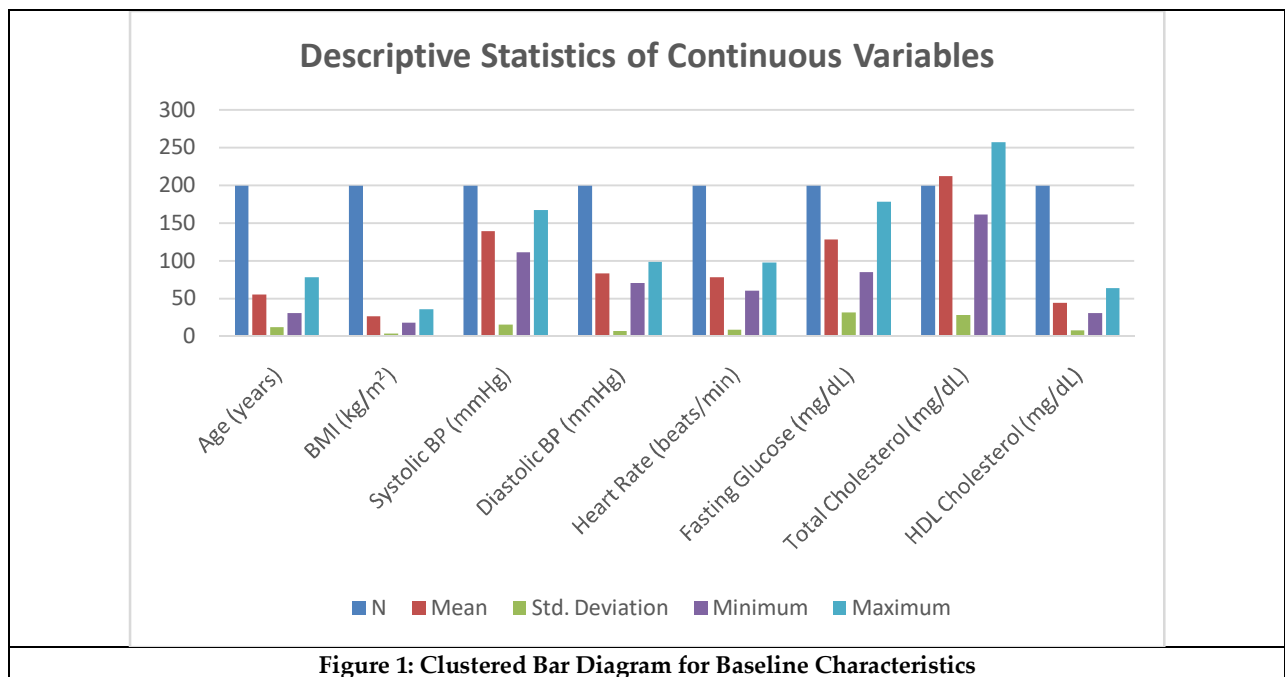


**Table 4: Cox Proportional Hazards Regression Analysis for Time-to-Event Outcomes**

Variable	B	S.E.	Wald	df	Sig.	Exp(B)	95% CI for Exp(B)
Age	0.031	0.010	9.64	1	0.002	1.03	1.01 – 1.05
BMI	0.058	0.024	5.61	1	0.018	1.06	1.01 – 1.11
Systolic BP	0.022	0.008	7.45	1	0.006	1.02	1.01 – 1.04
Fasting Glucose	0.018	0.005	13.92	1	<0.001	1.02	1.01 – 1.03
Smoking	0.512	0.252	4.16	1	0.041	1.67	1.02 – 2.74
Diabetes	0.638	0.268	5.69	1	0.017	1.89	1.12 – 3.19
HDL Cholesterol	-0.034	0.015	5.31	1	0.021	0.97	0.94 – 0.99

Table 5: Comparative Predictive Performance of Statistical and Machine Learning Models

Model	Outcome Type	Performance
Logistic Regression	Binary	AUC = 0.84; Accuracy = 78%
Cox Regression	Time-to-event	C-index = 0.76
Random Forest	Binary	AUC = 0.87; Accuracy = 81%
Support Vector Machine	Binary	AUC = 0.85; Accuracy = 79%





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Frequency Distribution of Categorical Variables

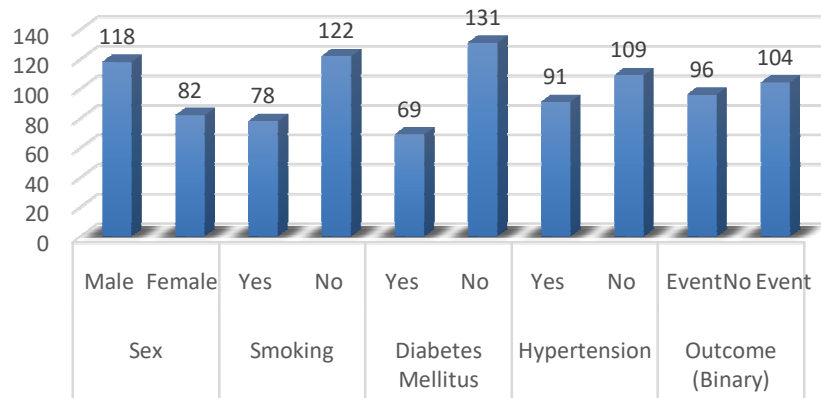


Figure 2: Distribution of Baseline Continuous Clinical Variables

Binary Logistic Regression

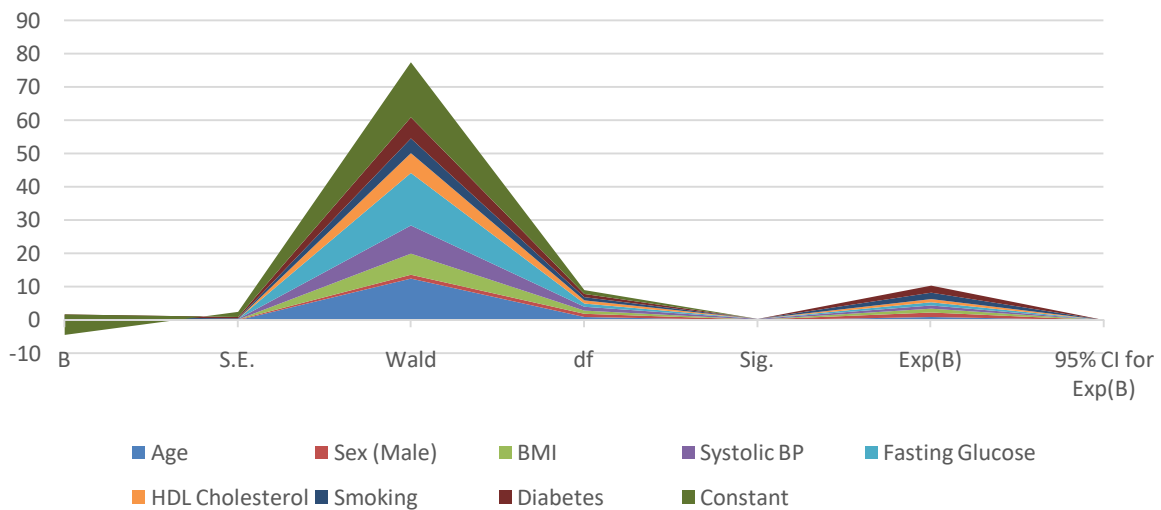


Figure 3: Multivariate Profile Plot of Binary Logistic Regression Parameters





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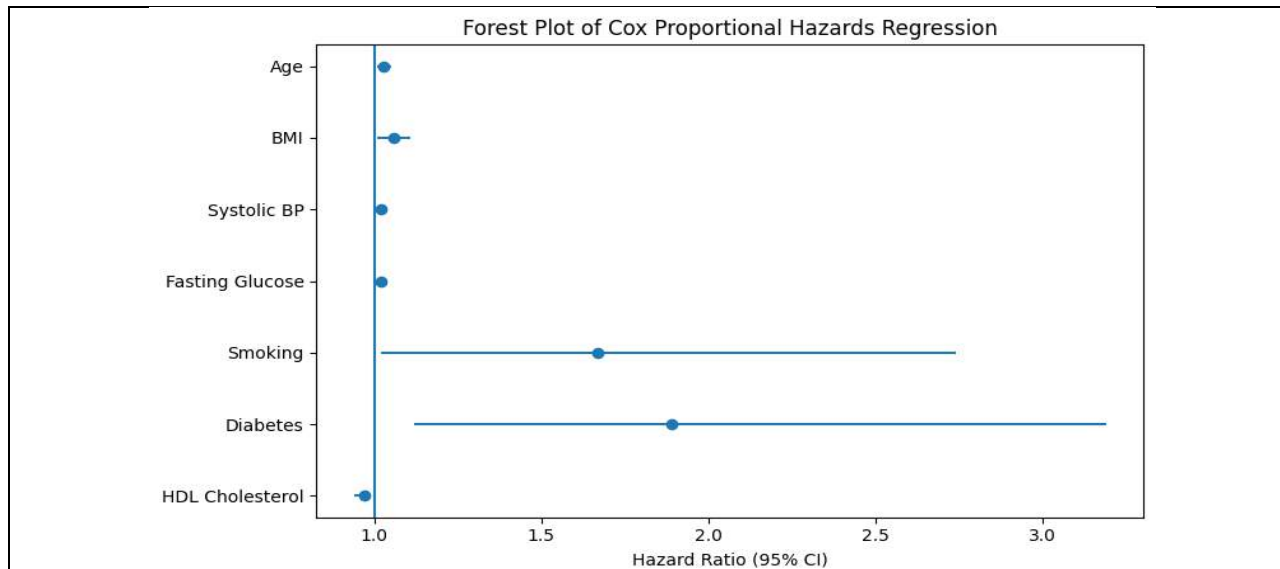
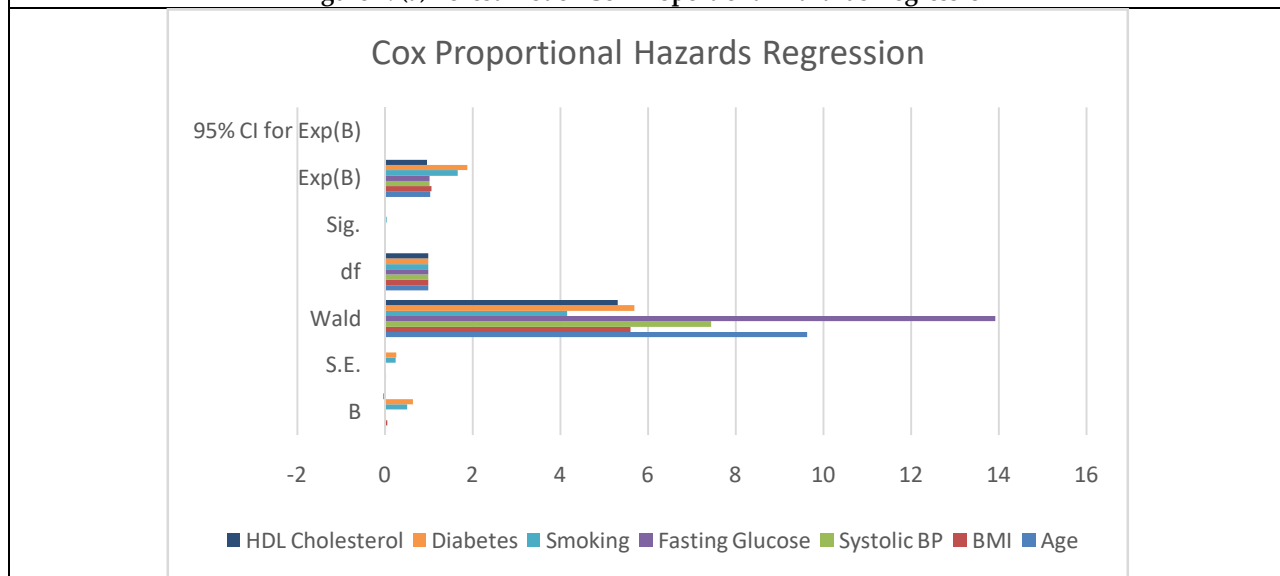


Figure 4: (a) Forest Plot of Cox Proportional Hazards Regression



(b) Parameter Profile Plot of Cox Proportional Hazards Regression Model

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RESEARCH ARTICLE

Real Time Precision Farming using Edge - Cloud Computing, IoT Sensors and Artificial Intelligence

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Received: 16 Mar 2026

Revised: 19 Apr 2026

Accepted: 12 May 2026

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ABSTRACT

Agriculture has changed a lot in last decade with introduction of precision agriculture which includes new technologies for farming by protecting the environment. The research is focusing over different technologies which can be assembled to achieve the mentioned goal. A system which is comprising of sensors, artificial intelligence, edge computing and different concepts of machine learning for data driven farming with best analysis. The system can help in managing all the problems related to agriculture like resource allocation and planning which helps in more yield of crops without harming the nature. The technique can help in identifying real time scenario of the crop which has all the parameters under track like water requirement, growth, bug detection and disease detection and cure if any. The application of fertilizer and medicine on the basis of live data is variable and changes according to the requirements. Using technology with the farming, the problems associated with it can be easily managed and also be reduced to major extent. Farming needs quick decision making and the reaction to the decision is slow, it means that the decision if not taken on time will give direct impact to the crop yield. Edge computing will be able to solve the problem and by using these emerging technologies with farming will help to improve yield and the nature will also be protected. The research focus towards the advantages in agriculture by merging the ultra-modern digital technique with the traditional ones used for farming.

Keywords: Edge Computing, Smart Farming, Cloud Analytics, IoT, Precision Agriculture





INTRODUCTION

In the current era, agriculture is one of the primary business consisting of major problems which need to be solved. It is expected that by 2050 there will be more than 10 billion people dependent on agriculture for food. There are many challenges which are accompanied with natural problems like drastic climate change, reduction in the resources and protection of the environment. Previously, the farmers were treating all the crops and situations in the same way and common for all parts of the farm, but by implementing the technology it becomes easy to manage the things with right amount of resources and managing each part of the farm differently. Precision agriculture changes these scenarios and can help the farmers to manage the farm efficiently. The main logic behind precision farming is to provide right things to the plants on right time at right place in the farm. With fast change in technology the farmers can easily collect all the data, process it and analyze the data in short time. Also, sometime can get suggestions which may also get out of their focus even after years of experience. The smart choice can be provided which can automate the growth of the crops in any farm even if the farmer is novice.

Research Motivation

There is major improvement in the technological application to farming but still there are major precision problems in implementations as all of them works in a fragmented way. The technologies are majorly working or are implemented in isolated way which does not provide the advantage of comprehensive integration and due to this the farmers can face major problems. The primary problem is literacy due to which the farmers are not eligible for data integration. There are data in many different formats and may be incompatible with each other which may not be handled by the non-tech farmers. The second problem is processing the data in real time to avoid delay in decision making which can be considered as most crucial in some scenario and can lead to less crop yield. The solutions right now are specific to the farm size and cannot be extended if it changes. The solutions are not generic nor scalable and so if the farm size or ratio changes the solution provided will be of no use. The application of technology in farming is costly and can hinder the acceptance. Each technology will be working with different screen and application which is again a big problem for merging the data and get fruitful results. The usage of these techniques will need some sort of investment which is not understood by the farmers and they are also unaware about the return of investment. The yield will be increased is shown in all the studies but the investment of the farmers and the ROI is still a big question which will make the topic more interesting to the farmers.

Research Objective

All the above problems can be solved by development of a unified system which will be a combination of the technologies for precision agriculture. The problems can be addressed by an integrating architecture which will help merging different technologies like Artificial Intelligence, IoE, Edge Computing and many other Cloud Computing methods. Even after using all these technologies the most important factor which should be considered is real-time analytics. The real-time data will help in taking decisions immediately as the problem is detected to avoid delays and increment in the problem. The resource utilization should be optimized and the scalability of this should be independent of the farm size. The biggest challenge is the users of these technological things will be a farmer or a non-tech person. In this case the user interface should be made in the way that the farmers can use it efficiently without any problem.

Related Work

- **Evaluation of Precision Agriculture**

The concept of precision agriculture was started in 1990's and it is now developed as one of the best farming system which is powered with Artificial Intelligence. Initially it was working on the test results of soil which defined the application percentage of fertilizers and pesticide. Then after the satellite imaging was added to this which allowed monitoring of the crops and the arrangement of it in the field by mapping it. The current scenario has added multiple technology to the precision agriculture which works comprehensively for better results in farming [1]. The





operational cost can be reduced by 30% or even more when cloud based solutions are applied to farming and the productivity is also increased [2].

IoT in Agriculture

The sensors present in the IoT technique will measure live status of the farm. IoT base irrigation was used first by Smith and Johnson which helped in saving 35% water with the same quantity of crop yield. The sensors were set to check the moisture in soil and when it was below the threshold value the irrigation was done automatically which reduced excess water supply to the field. Currently, there are IoT setup which will use multiple sensors throughout the farm for minute tracking and responding.

AI in Agriculture

This can be used for detection of pest in the crops throughout the farm. The images can be captured using drone or satellite which will help in detection of pest automatically. The advancement of the technique in pest detection is proven with the research carried out by Chen as they have achieved 90% accuracy. The accuracy achieved reduced the usage of pesticide in the farm by 25% without affecting the production of crop.

Edge and Cloud Computing in Agriculture

The usage of both these technologies in agriculture helps in reduction of issue related to data storage, processing and delay due to bandwidth. The scalability in storing the data and processing the data for analytical results is primary focus of cloud computing and edge computing will help us to process the obtained results in real-time for better and on time decision making. A study which is done by Williams [3] has shown that the sensor has capability to process the data in 8 seconds after using edge-enabled precision agriculture rather than the traditional in which the time taken was 45 seconds.

Twinning in Agriculture

Here the with agricultural techniques, importance is given to the equipment's used as well as the conditions around it. It is seen that the results obtained using the digital twinning in the agriculture will give extra ordinary crop yield results [4].

Research Gaps

Even after focusing over different techniques which helps in improving agriculture there are many gaps which are identified. The first gap is about all the technologies are working individually and none of them is working in a comprehensive way. This is due to the lack of studies performed in terms of integration of the things and its studies. The second problem is about the scalability of the system which can be due to different farm size and other real world limitations. The actual implementation of comprehensive techniques is a challenge in real world and testing them is not the task of farmers. The farmers are unaware about the economical benefits of these techniques when used in combination. The benefit in terms of crop yield is somewhere measured in terms of percentage in a huge number of studies but the cost-benefit analysis is still not done accurately. The farmer cannot measure the investment cost as well as the ROI when the crop yield will be increased after using the comprehensive techniques. The usage of wireless network for handling the modular cloud based services and cutting edge technologies is very useful for improving the economical yield of any farmer working at any scale.

METHODOLOGY

The system under study is adopting a general architecture having multiple layers which helps in integrating sensors for getting the data, processing the data, analysis of the data and actuation on the basis of analysis done. The layers which are part of system architecture are sensing layer which will use drone cameras, IoT sensors or even satellite images for collection of important data related to the farm. The second will be communication layer which will help in sharing the data wirelessly over any media. The next layer will be for processing which will process the data



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obtained in any way and real time decisions will be taken on the same. The processed data will be stored in a centralized storage space with results for future reference in the next layer. The last layer will be for human interaction which will be an interface allowing decision making using the records and analyzed data.

Methods for Sensing Layer

The sensing layer is consisting of different sensors which will take all the vital information of the farm and will be working as the base of all the unified systems working in all the dimension. The sensing layer will include soil sensors which helps in measuring major parameters of farm like temperature, moisture of the soil, the nutrients in the soil which changes in every farm and electrical conductivity. For measurement of soil moisture, the ion-selective electrodes can be used and thermal sensors for measuring the average temperature of the farm. The local weather stations can be used for collecting the data like wind speed, overall temperature, solar radiation, perspiration and much more. These parameters can help in identifying the surroundings of the crop and identify the risk associated with it as well as planning related to the crop. There are many static or drone mounted camera which will be monitoring the crops by images or it can also be done using optical sensors. The platform will help in assessment of growth in the plants over the farm, the health of plants in the farm and the identification of any disease or stress over the plants. The transfer of all these data is very important and can be done using different communication protocols used for sensors and their interaction. The protocols like NB-IOT and Sigfox can be used for low power data transfer over a large range of area. There should be availability of high speed network which will allow the syncing of data in real time even if the data is capture using a drone at high speed. The network will help in processing the data with least latency and taking good decisions. In case of remote area where the network is not available the satellite sensing can be used. The installation of satellite internet can be done for guaranteeing the operations seamlessly even if the network is not available.

EDGE processing framework:

The usage of high configuration computers is done for application of different machine learning algorithms for decision making by identifying the patterns and anomalies from the data. The data will be analyzed locally for the faster decision making. For an example, the moisture detection of the soil which will help in taking decision to trigger irrigation facility and also help in detection of pest. The data will be collected and processed locally which will help in filtering the important data out of all obtained before sending it to actual storage over cloud. The step will not only help in reducing the usage of bandwidth but also improves the response time of the system.

Cloud Analytics

The cloud based platform will help in proper analysis of the data and storing them properly. The algorithm which are used for prediction will be created and released. There are a variety of algorithms which can be used like decision tree, neural network, and others. There are other algorithms which are used for the prediction of crop yield, weather and its patterns as well as market price for that particular crop. The data which is given as input will deciding the accuracy of the prediction.

RESULT AND DISCUSSION**Sensor Based Network**

Analysis of soil with accuracy is the main part while using precision agriculture. In this system there are sensors which can measure many parameters which are vital for getting details of the soil other than just moisture. The moisture sensing is possible using two different type of sensors which can be either capacitive or resistive. With moisture there are many other chemicals which are identified by the chemical analysis sensors. Majorly the chemical which are under focus are phosphates, nitrate, potassium and ammonium.



**Bhargav Vyas and Mittal Desai****Monitoring Crops**

Drone are used for scanning the farm using hyper spectral and multi spectral sensors. The crop health is monitored using these techniques and the plant health is identified by filtering them with different indexes for health and stress over it. Also importance is given to the plant height which will help in identifying the plant growth through the season. This results can be added with time series methods to identify the rate of growth in different situations and conditions.

Computer Vision

The method is used for pest detection which works with more than 85% accuracy. Generally, CNN's can be used for pest detection and scanning pictures for symptoms of any disease. The model can use transfer learning for detection of issues in different crops distributed over different regions. There are different deep learning algorithms which can help in processing images gathered using drone or satellite. The classification of the crop can be done on the basis of crop type, the boundary of the field and stages of growth. The classification can be added with automatic weed removal machine which will help in organic farming.

Predictive Analysis

The data collected from the farm can be stored and these historical data can be combined to be used for prediction with accuracy of more than 90%. Multiple methods and related algorithms can be merged together for different environmental conditions. The weather related data and different crop conditions can be predicted on the basis of historical data and proactive steps can be taken to protect the crops [6]. These systems will help in early warning of the problems which can help in reducing the hazards to the crop in advance. The forecasting can be useful in identifying the actual sales and returns of the crop from the predicted yield. The total predicted yield can be multiplied with the market cost which will give the approximate revenue which can be generated.

Cloud Computing

The data when managed using cloud computing service providers like spark and Hadoop will make it scalable. Agricultural data will always be large as it will contain huge number of satellite images, data accumulated from different sensors and other weather related information. The data from thousands of sensors can be managed easily using distributed computing facility of cloud. There are different data storage architecture which help in storing all the types of data. The data can be structured as well as unstructured collected from diverse sources of agricultural land in different formats. The stream processing of data is possible which will help in real-time processing of data with strict timeline. The machine learning operations like training the model automatically and making pipelines which will help in refining the prediction models. The A/B testing framework will improve the performance associated with the different farms having different conditions. The algorithm can also help in feature extraction which will be done automatically on the basis of data for development of a successful model.

Implementation of Blockchain

The usage of this technology is done for tracking the agricultural products associated with the supply chain. The IOT sensors can be used for tracking the stock to managed for each farm and also farm to farm delivery of the things can be managed by monitoring the environmental parameters. The standards can be well defined for smart contracts in automation which will help in reducing frauds. The data can be shared using Blockchain among the supply chain partners, farmers and different researchers as and when required for different purpose. There is security mechanism which will help in preserving the confidential data while the researcher is collaborating and using the data. The universal method of distributed ledger will be used for keeping the farmer's data safe and secure. This method will secure the integrity of data and reduce the chance of unauthorized changes.

Integrating all technology

To reduce problems in operations and to support systematic integration for precision farming, the phased approach is used. Figure 1 will show the exact integration and working of the system. The implementation is done considering all the problems and challenges possible. The phase 1 will be the setup of infrastructure in which the edge computing





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devices and other communication based device will be securely and correctly placed over the farm. The strategy to plan the devices will be in a way that everything will be covered in all the weather conditions. In phase 2 all the sensors will be placed over the farm as per the crop and the farm size. After placing the sensors all of them should be tested for performance and failure scenario should be checked.

Hardware Integration

The node which are added over the farm should be of commercial grade which will have long life. The Association rule mining based processors are added with enough amount of memory for execution of different machine learning models. All the node will be enabled with cellular and WiFi capabilities for all different type of usage over the farm. The sensors are added with API gateways and protocol converter which will be used as monitoring device for the plants. All the sensors will be placed in modular manner due to which if any of the sensor is not working properly or needs to get upgraded can be easily done without disturbing the whole system.

Power Supply

Power supply in the farm is one of the biggest challenge and can be solved using many different ways. There should be battery packs which should be charged using the solar energy and continuous power should be supplied to the farms in remote areas. The possible results are shown in table 1. The framework which is created for precision agriculture is shown as below,

Database Design

A combination of database can be used for storing different type of data obtained from different type of sensors and devices. For storing geospatial data PostGIS can be used which is one of the famous extension of PostgreSQL. These databases will contain the data like boundary of the farm, soil type map and different cultivation zone with different type of crops. The indexing is done in a way that the data can be easily retrieved if required while doing any type of analysis. The data can be fetched from the data base which is relatable to the raw data which is obtained from the sensors and other devices. The machine learning algorithm and its output can be easily fine-tuned using some treatment on data. The example of feature extraction for crop and the assessment of crops can be done using below python code as example.

```
def calculate_vegetation_indices(image_from_farm):
```

```
#bands extraction
```

```
nearband = image_from_farm[:, :, 3]
```

```
reband = image_from_farm[:, :, 2]
```

```
#Calculation of NVDI
```

$$NDVI = \frac{NIR - Red}{NIR + Red}$$

```
#Calculation of EVI
```

$$EVI = 2.5 \times \frac{(NIR - Red)}{(NIR + 6 \times Red - 7.5 \times Blue + 1)}$$

```
return {
```

```
    "NVDI": nvdi
```

```
    "EVI": evi
```

```
}
```

The model can be trained using supervised learning algorithms using different agricultural data to achieve highest accuracy in prediction of the crops and the recommendations are almost correct. The below table is showing the explicit usage of certain features for different climate, area, location and climate



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CONCLUSION

The work will help in making the things convenient for the farmers in terms of economy and technology. Precision farming is combination of artificial intelligence, machine learning, cloud computing, IOT sensors and edge computing systems. All these evolving technologies will help in creating an intelligent farming system which will give extraordinary results to the farmers in terms of crop in most efficient and effective way [5]. The system was developed for solving all the agricultural problems present these days and get sustainable farming ecosystem in most integrated way. From figure 2 it can be said that there are many big revolutions possible in different agricultural area depending on size. From the figure there are many different implications possible like in some environment the usage of water may go down by 30% or more, the usage of fertilizer will reduce by more than 20% and the output from the farm will increase by 15% or even more in terms of crop. These results can also show that precision agriculture can help in sustainable agriculture in all different types of field.

A new multilayered architecture is developed which will help in sensing the details of farm, performs edge computing, stores the data to cloud and performs analysis of data for generating fruitful actuation. The major problem in this architecture was interoperability which is handled using different API integration. While using this architecture it can be seen that there are many problems which should be handled immediately without delay otherwise can create critical implications. At this time, machine learning algorithms can be deployed which will process the data as soon as the sensor will collect it and this reduces the latency in the decision making which improves system performance. The data is handled using cloud based service and it can handle millions of check point on the basis of data collected from many sensors continuously. All these data are collected daily and still it can be handled and processed in real-time. The usage of micro service architectures can be done for reducing the chances of error in processing such huge bulk of data and make it tolerant to fault.

Practical Implementation

The method is applied over many different categories of crop which are corn, vegetables and wheat. This framework provides really good results over all the different category which shows its wide applicability and adaption to all the type of crops. Application is not the only benefit of this method but it also helps in reduction of intake of water, fertilizers and many other expensive treatments required and increases the yield of crop. The study helps in understanding that the adaption of digital technology in farming can transforming different aspects of agriculture in a way to increase the crop yield with effectiveness in terms of crop. These combination of technologies used together for better farming can help in futuristic self-operating farming

Future Scope

There is a need to develop few artificial intelligences based models which can help in taking certain decisions which are totally related to farming. The model should be made to work taking data from various locations with different set of parameters without compromising data security and the privacy of origin. The accuracy of the sensors is playing major role in decision making and so more enhanced sensors are required which helps in efficient and accurate collection of data. The sensors which helps in surveillance of the crop should be added with the fundamentals of nanotechnology and biotechnology which will improve the accuracy while data collection. The work is providing a road map which can help in integration of many technologies and handling the practical implementation challenges. The adoption of these technologies individually may give results but the combination of all these technologies maximizes the results of each and also helps in reducing the complexity of each. This framework can be considered as one of the pillar in foundation of precision agriculture.

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Table 1 All important information from different farm

Place	Type of farm	Area	Features	Climate	Soil Type
Corn farm	Corn Production	500 ha	150 Sensors in soil, 12 weather stations	Continental	Clay-loam
Vegetable farm	Mixed Vegetable Production	200 ha	Drip Irrigation Data, digital fertilization	Mediterranean	Variable
Wheat Farm	Wheat	800 ha	Image from satellite	Semi-arid	Loamy
Orchards Farm	Fruits	100 ha	Automated Irrigation using block chain	Humid	Sandy

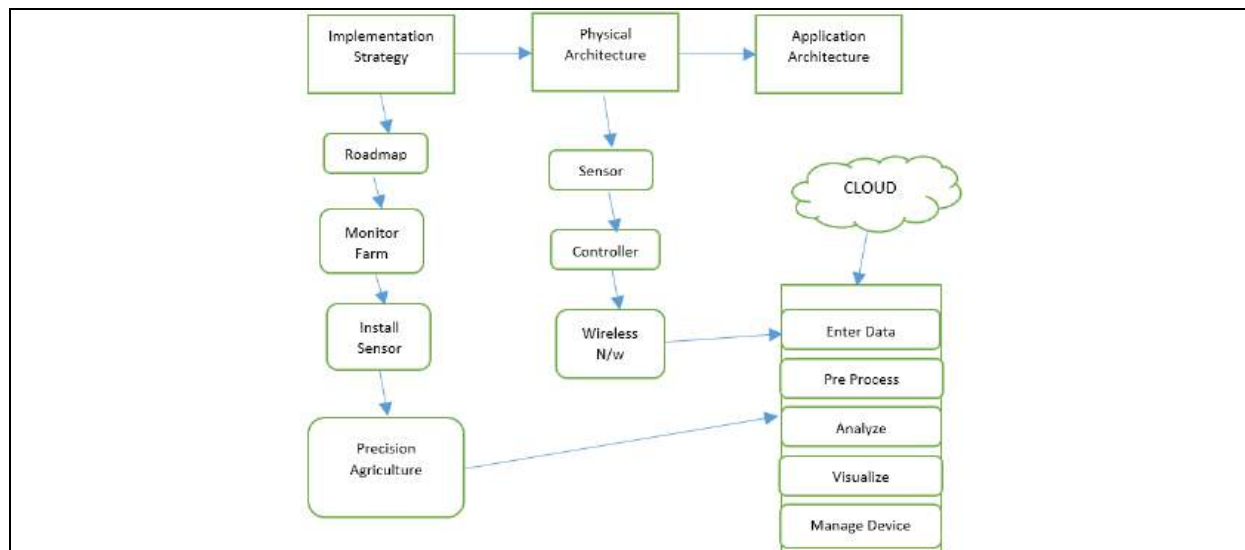


Figure 1. Architecture for Precision Agriculture

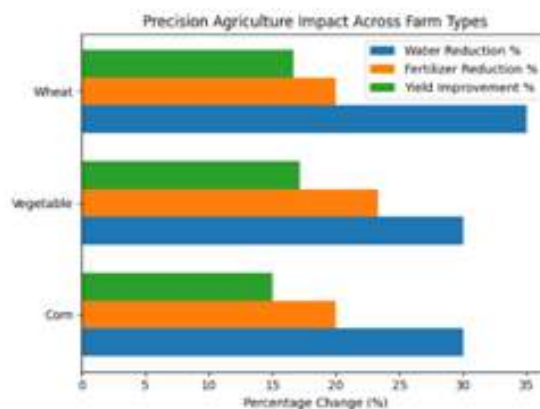


Figure 2: Results from different farms

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REVIEW ARTICLE

Medicinal Herbs as Guardians of Gut Health: Bridging Ancient Wisdom with Modern Science for Holistic Human Wellness

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Received: 30 Mar 2026

Revised: 25 Apr 2026

Accepted: 11 May 2026

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ABSTRACT

The gut microbiome is regarded as fundamentally essential for maintaining health, with critical roles played in digestion, immune function, metabolism, and mood regulation. Emerging research has unequivocally demonstrated the potential of various medicinal herbs to significantly enhance this microbial ecosystem, leading to improved overall well-being. In this thorough review, powerful interactions between prominent plants such as turmeric, ginger, garlic, onion, Ginkgo biloba, Ashwagandha, and green tea and the myriad of gut bacteria are examined. These herbs are found to be packed with potent phytochemicals-polyphenols, flavonoids, alkaloids, terpenoids, and organosulfur compounds-that operate like a sophisticated toolkit for health. Harmful microbes are effectively curtailed, inflammation is combated, free radicals are neutralized, and nourishment for beneficial bacteria is provided, resulting in an optimal microbial balance. Additionally, the influence of these herbal compounds is recognized to extend beyond the gut, directly impacting the gut-brain axis. These compounds play a vital role in reducing stress, enhancing mood, and supporting cognitive health. Clinical trials have been conducted that strongly support their efficacy in alleviating conditions such as irritable bowel syndrome and inflammatory bowel disease, while promising roles in improving metabolic and cardiovascular health are also noted. However, the existing challenges must be confronted head-on, including the need for standardization of herbal extracts, enhancement of absorption, and tailoring of treatments to individual patients. Significant advancements are being made in the realms of delivery systems, microbiome-guided therapies, and precision herbal medicine.



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By strategically combining ancient herbal wisdom with cutting-edge science, a pathway toward the development of safe, effective, and holistic approaches to promoting gut health and preventing chronic diseases is being paved. This powerful convergence is believed to offer transformative opportunities for enhancing wellness and quality of life through the remarkable potential of nature and science.

Keywords: Medicinal herbs; Gut microbiome; Polyphenols; Intestinal barrier; Gut-brain axis; Inflammation; Functional gastrointestinal disorders; Holistic Human Wellness.

INTRODUCTION

The ancient axiom "all disease begins in the gut" has gained remarkable scientific validation in the 21st century. The human gut microbiome, comprising trillions of microorganisms, represents a hidden metabolic organ that profoundly influences digestion, immune function, mental health, and systemic disease prevention [1]. While conventional medicine has primarily focused on symptomatic relief of gastrointestinal disorders, an emerging body of evidence demonstrates that medicinal herbs possess multifaceted properties capable of restoring and maintaining gut health while simultaneously promoting holistic wellness across multiple physiological systems [2]. This comprehensive review synthesizes current scientific literature on medicinal herbs that preserve gut health and examines their mechanisms of action in promoting systemic health. The intersection of ethnopharmacology, microbiology, immunology, and clinical medicine reveals that traditional herbal remedies, when supported by rigorous scientific validation, offer sustainable, cost-effective alternatives or complements to conventional pharmacotherapy for managing both gastrointestinal disorders and chronic systemic diseases.

Microbiota Composition and Systemic Health Integration

The human gut microbiome represents a highly complex ecological network that plays a crucial role in regulating host physiology through dynamic interactions with the intestinal epithelium, immune system, and central nervous system. Variations in the composition and diversity of gut microbial populations significantly influence nutrient assimilation, metabolic processes, immune modulation, and mental health via the microbiota-gut-brain axis [3]. An imbalance in this microbial ecosystem, referred to as dysbiosis, is characterized by decreased microbial diversity, disruptions in the Firmicutes-to-Bacteroidetes ratio, and the proliferation of pathogenic microorganisms. Such alterations have been strongly associated with a wide range of chronic non-communicable disorders, including inflammatory bowel disease, irritable bowel syndrome, type 2 diabetes, obesity, cardiovascular conditions, and neurodegenerative diseases [4]. The pathological consequences of dysbiosis arise through multiple mechanisms, including compromised intestinal barrier function, increased gut permeability (commonly described as "leaky gut"), elevated translocation of lipopolysaccharides into systemic circulation, and altered synthesis of short-chain fatty acids such as butyrate, propionate, and acetate. These metabolites are essential for maintaining immune balance and metabolic regulation, thereby linking gut microbial health to overall systemic homeostasis [5].

Intestinal Barrier Function and Immune Regulation:

The intestinal epithelial barrier consists of a single layer of closely connected epithelial cells, linked by tight junction proteins such as zonula occludens (ZO-1) and occludin, and functions as a critical boundary separating luminal contents from the systemic circulation [3]. Disruption of this barrier leads to increased intestinal permeability, enabling the translocation of bacterial lipopolysaccharides, incompletely digested food antigens, and pathogenic microbes into the lamina propria. This process subsequently initiates persistent low-grade inflammation and disturbances in immune homeostasis [6].



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The gut microbiome plays a significant role in maintaining barrier integrity by producing metabolites and bioactive signaling molecules. Among these, short-chain fatty acids are particularly important, as they enhance the expression of tight junction proteins, strengthen the mucus layer, and promote the development of protective immune cell populations, including regulatory T cells and tolerogenic dendritic cells [7]. In contrast, an imbalanced microbial composition (dysbiosis) results in reduced production of these beneficial metabolites, leading to compromised barrier function. This dysfunction increases susceptibility to infections, allergic responses, autoimmune diseases, and metabolic abnormalities, thereby highlighting the essential role of microbiota in preserving intestinal and systemic health [8].

Bioactive Compounds in Medicinal Herbs

Medicinal plants promote health through a wide range of phytochemical constituents that are categorized according to their structural features and biological activities [9]. The major groups of these bioactive compounds include phenolic substances (such as flavonoids, phenolic acids, and other polyphenols), terpenoids (including essential oils and sesquiterpenes), alkaloids, sulfur-containing compounds-especially those derived from *Allium* species-and various glycosides [10]. Flavonoids represent the most abundant and extensively investigated subgroup of polyphenols, with key examples such as quercetin, kaempferol, luteolin, and naringenin,[11] all known for their strong antioxidant and anti-inflammatory effects [12]. Polyphenols, as a broader class, exert their biological actions through several mechanisms; they directly neutralize free radicals, bind and inactivate pro-oxidant metal ions, regulate the activity of endogenous antioxidant enzymes like superoxide dismutase and catalase, and importantly, are metabolized by gut microbiota into bioactive phenolic derivatives that contribute to systemic physiological benefits [13]. The extent to which these compounds are bioavailable depends largely on their molecular structure, the presence and extent of glycosylation, and the individual's gut microbial composition, all of which influence their absorption, metabolism, and distribution within body tissues [14].

Key Medicinal Herbs for Gut Health Preservation

Turmeric (*Curcuma longa*) and Ginger (*Zingiberofficinale*): Anti-inflammatory activity

Turmeric and ginger, belonging to the Zingiberaceae family, have been widely used in traditional medical systems such as Ayurveda and Traditional Chinese Medicine for thousands of years, and modern studies increasingly support their broad therapeutic value [15]. These herbs are rich in bioactive constituents that act together to produce health benefits. Turmeric contains curcuminoids, including curcumin, demethoxycurcumin, and bisdemethoxycurcumin, while ginger is composed of compounds such as gingerols and shagols, all of which are known for their strong anti-inflammatory, antioxidant, and antimicrobial properties [16]. Curcumin, the main bioactive compound found in turmeric (*Curcuma longa*), is widely recognized for its broad therapeutic potential as a plant-derived polyphenol. It demonstrates anti-inflammatory, antioxidant, antimicrobial, and immunomodulatory effects by influencing key biological pathways. These include inhibition of nuclear factor kappa-B (NF- κ B), reduction of pro-inflammatory cytokine production, and regulation of signaling pathways such as mitogen-activated protein kinases (MAPK) and phosphatidylinositol-3-kinase/Akt [14]. Despite these promising biological activities, the clinical use of curcumin has been limited due to its poor water solubility, rapid metabolism in the liver, and low absorption in the gastrointestinal tract, which together result in very low systemic availability [17].

To address these challenges, recent advances in formulation strategies have focused on improving its bioavailability. Techniques such as liposomal delivery, nanoparticle-based systems, and the use of absorption enhancers like piperine (derived from black pepper) have significantly increased curcumin uptake and distribution within the body. Some of these approaches have been reported to enhance its bioavailability up to 2000-fold [18]. With these improved delivery systems, curcumin can achieve therapeutically relevant concentrations, allowing it to effectively reduce inflammation, regulate immune function, and support the integrity of the intestinal barrier [19]. In addition to these effects, both turmeric and ginger influence the composition of gut microbiota. They encourage the growth of beneficial bacterial groups such as *Bifidobacterium*, *Lactobacillus*, *Bacteroides*, and *Akkermansia*, while suppressing harmful microorganisms [20]. Clinical findings indicate that supplementation with these herbs can improve digestive





function, lower inflammatory markers in conditions like inflammatory bowel disease and irritable bowel syndrome, reduce gastrointestinal discomfort following physical activity, and support immune health [21]. Moreover, the bioactive compounds present in these herbs contribute to intestinal health by enhancing mucus layer thickness, increasing the expression of tight junction proteins, and stimulating the production of protective immunoglobulin A. These effects collectively help maintain and strengthen the integrity of the intestinal barrier [22].

Garlic (*Allium sativum*) and Onion (*Allium cepa*): Organosulfur – Mediated Prebiotic Effects

Garlic and onion, both rich in sulfur-containing compounds such as allicin, diallyldisulfide, and quercetin, play a dual role in supporting gut health through their antimicrobial and prebiotic actions [23]. They demonstrate strong inhibitory effects against harmful bacteria, including *Clostridium perfringens*, *Salmonella*, and *Helicobacter pylori*, while also promoting the growth of beneficial microbial populations [24]. The polysaccharides and fructooligosaccharides found in these *Allium* species are not digested by human enzymes but are instead fermented by beneficial gut bacteria in the cecum and colon. This fermentation process leads to the production of short-chain fatty acids, which serve as an energy source for colon cells and contribute to immune balance [25]. In addition to their influence on gut microbiota, compounds present in garlic and onion help maintain intestinal barrier integrity by enhancing the expression of tight junction proteins. They also reduce oxidative stress through antioxidant mechanisms and support immune function by encouraging the development of regulatory T cells and tolerogenic dendritic cells [26]. The well-documented cardiovascular and metabolic benefits associated with garlic consumption—such as improved lipid levels, reduced blood pressure, and better glucose regulation—are believed to be largely linked to its effects on the gut microbiome. These benefits are partly mediated through changes in microbial metabolites, including trimethylamine-N-oxide and secondary bile acids [27].

Ginkgo, Ashwagandha, and Green Tea:

Several additional medicinal plants have shown promising roles in supporting gut health and overall systemic well-being. *Ginkgo biloba*, widely used in traditional Chinese medicine for cognitive support, contains flavone glycosides and terpenes that provide antioxidant, anti-inflammatory, and neuroprotective effects. Emerging studies also suggest that it may improve intestinal barrier function and cognitive health through modulation of the gut microbiota [28]. Ashwagandha (*Withaniasomnifera*), a well-known adaptogen in Ayurveda, is rich in alkaloids and steroidal lactones. These compounds help counteract stress-related disturbances in gut microbiota, encourage the growth of beneficial bacterial populations, and strengthen intestinal barrier integrity [29]. Green tea (*Camellia sinensis*), which is abundant in catechins such as epigallocatechin gallate, demonstrates antimicrobial activity against harmful microorganisms while supporting beneficial gut bacteria. Its polyphenolic components are also capable of crossing the blood–brain barrier, contributing to neuroprotective effects [30]. When used alongside primary gut-health-promoting herbs, these botanical agents can act synergistically, enhancing overall therapeutic outcomes through the combined and complementary actions of their phytochemical constituents [31].

Effects of Botanicals on Gut Microbiota Composition and Activity:

Antimicrobial and selective prebiotic properties

Medicinal herbs support gut health through a multifaceted approach that combines direct antimicrobial effects against harmful bacteria with selective prebiotic actions that enhance the growth and activity of beneficial microbes [2]. Bioactive compounds in herbs, especially polyphenols, act as natural antimicrobial agents via several mechanisms: they compromise bacterial cell membranes due to their lipophilic nature, interfere with bacterial enzymes and metabolic processes, induce the production of reactive oxygen species inside bacterial cells, and in certain cases, block quorum sensing pathways that regulate pathogenic behavior [20]. At the same time, many herbal constituents—such as polysaccharides, fructans, and other non-digestible carbohydrates—resist digestion in the upper gastrointestinal tract and reach the colon intact, serving as substrates that promote the growth of fiber-fermenting bacteria like *Faecalibacteriumprausnitzii*, *Roseburia* species, and other short-chain fatty acid producers [5]. This targeted dual action—suppressing pathogens while nourishing beneficial microbes—sets herbal therapies apart





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from conventional antibiotics, which often disrupt the entire microbiota and can lead to dysbiosis and opportunistic infections after treatment [32].

Production of microbial metabolites and signaling molecules

Herbal compounds promote systemic health in large part by modulating the production of microbial metabolites, particularly short-chain fatty acids (SCFAs) and secondary products derived from polyphenol metabolism [8]. Upon reaching the colon, herbal polyphenols are metabolized by resident microbiota through cooperative enzymatic pathways, generating bioactive phenolic acids-such as phenylpropionic acid derivatives, benzoic acid derivatives, and other secondary metabolites-that are absorbed and exert effects throughout the body [13]. These microbial metabolites serve as ligands for free fatty acid receptors, especially GPR43 and GPR109A, on colonocytes, immune cells, and enteroendocrine cells. Activation of these receptors initiates intracellular signaling cascades that enhance intestinal barrier integrity, promote differentiation and expansion of regulatory T cells and tolerogenic dendritic cells, and suppress pro-inflammatory responses [33]. SCFAs, particularly butyrate produced by herbal polyphenol-stimulated microbiota, provide a primary energy source for colonocytes, regulate immune homeostasis via histone deacetylase inhibition and GPR43 signaling, increase tight junction protein expression, and support the development of tolerogenic immune cells [34]. The magnitude of these metabolite-mediated effects depends critically on the diversity and metabolic potential of an individual's microbiota, underscoring the importance of baseline microbial composition in determining response to herbal interventions [35].

Restoration of barrier integrity and mucosal immunity

Medicinal herbs enhance intestinal barrier integrity through multiple, complementary mechanisms that collectively reinforce both physical and immunological defenses against pathogenic invasion and the passage of harmful molecules [36]. Bioactive herbal compounds, including curcumin, gingerols, and diverse polyphenols, directly increase the expression of tight junction proteins such as occludin, ZO-1, claudins, and JAM proteins by activating signaling pathways like Wnt/ β -catenin, Notch, and calcium/calmodulin-dependent protein kinase pathways [37]. Concurrently, these compounds contribute to a thicker mucus layer by stimulating mucus-producing goblet cells, upregulating mucin-2 and other gel-forming mucins, and supplying selective prebiotic substrates for mucus-degrading bacteria in the intermediate mucus layer, thereby limiting overgrowth of pathogenic bacteria [22]. Herbal bioactives also strengthen mucosal immunity by supporting the differentiation and activity of secretory IgA-producing plasma cells, enhancing the bactericidal function of intestinal alkaline phosphatase and lactoferrin, and facilitating the recruitment and activity of both innate lymphoid and adaptive immune cells within gut-associated lymphoid tissues [5]. These coordinated effects on epithelial barrier function, mucus layer architecture, and mucosal immunity arise from direct actions of herbal compounds on intestinal epithelial and immune cells, as well as indirect, microbiota-mediated effects through metabolite production and immunological signaling [38].

Holistic Health Benefits Beyond the GIT

Microbiota-gut-brain axis and neurocognitive health benefits:

The microbiota-gut-brain axis is a well-established pathway through which gut health impacts overall systemic wellness, and medicinal herbs have emerged as promising modulators for anxiety, depression, and cognitive dysfunction [7]. The gut microbiota communicates with the central nervous system through multiple bidirectional mechanisms, including the production of neurotransmitters and neuromodulators such as serotonin, gamma-aminobutyric acid (GABA), and short-chain fatty acids; stimulation of vagal afferent signaling via G-protein coupled receptor activation; and regulation of systemic inflammation through reduction of lipopolysaccharide-induced endotoxemia [39]. Herbs such as *Panax ginseng*, *Schisandrachinensis*, and *Salvia rosmarinus* (rosemary) have shown clinical benefits in enhancing mood, alleviating anxiety, and improving cognitive performance in both healthy individuals and patients with mental health disorders. Mechanistic studies indicate that these effects are associated with shifts in gut microbiota composition toward beneficial bacterial populations and increased production of neuroactive microbial metabolites [38]. Traditional Chinese herbal formulations tailored for irritable bowel syndrome accompanied by anxiety and depression demonstrate superior efficacy compared to conventional symptom-focused



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treatments, with network pharmacology analyses revealing that key active metabolites simultaneously modulate inflammatory cytokine pathways (TNF- α , IL-6), oxidative stress responses, and neurotransmitter regulation [40]. These findings highlight the role of herbal interventions in shaping gut microbiota as a viable strategy for promoting mental health and cognitive function across the lifespan [41].

Enhancement of immune function and infection prevention:

Extensive evidence indicates that medicinal herbs, by modulating gut microbiota composition and reinforcing barrier function, significantly strengthen both innate and adaptive immune responses, thereby reducing susceptibility to respiratory and gastrointestinal infections and potentially improving vaccine efficacy [42]. These immunoenhancing effects are mediated through multiple mechanisms: restoration of dysbiotic microbiota toward healthier profiles enriched in short-chain fatty acid-producing bacteria; increased production of microbial secondary metabolites that activate pattern recognition receptors such as toll-like receptors and NOD-like receptors; improved barrier integrity that limits pathogenic translocation; and direct immunomodulatory actions of herbal polyphenols on dendritic cells, macrophages, T cells, and B cells [43]. Dietary interventions and probiotics incorporating polyphenol-rich herbs have been shown to decrease the incidence of upper respiratory tract infections in athletes, lower otitis media occurrence in children, and enhance both humoral and cellular responses to vaccination [44]. Additionally, certain herbal polyphenols, including curcumin, exhibit direct antimicrobial effects against respiratory pathogens and can stimulate the production of type I interferons and other antiviral cytokines, highlighting their potential role in preventing and managing viral infections such as influenza and coronavirus-related diseases [29]. These immune-boosting effects are particularly pronounced in populations with baseline immune dysfunction, including the elderly, immunocompromised individuals, and patients recovering from dysbiosis induced by antimicrobial therapy [45].

Herbal modulation of metabolic and cardiovascular health:

Medicinal herbs that influence gut microbiota composition exert significant benefits on metabolic and cardiovascular health through multiple mechanisms, including modulation of bile acid metabolism, reduction of endotoxemia, improvement of glucose homeostasis, favorable alterations in lipid profiles, and attenuation of systemic inflammation [1]. The gut microbiota plays a central role in metabolic regulation by controlling the expression and activity of intestinal farnesoid X receptors and G-protein coupled receptor 1, both critical for bile acid signaling, by producing secondary bile acids that influence lipid and glucose metabolism, and by regulating trimethylamine-N-oxide levels, a metabolite linked to increased cardiovascular risk [20]. Herbal interventions that enhance the growth of beneficial bacteria, particularly *Akkermansiamuciniphila* and various *Faecalibacterium* species, have been shown to improve insulin sensitivity, lower fasting glucose, optimize lipid profiles, and reduce blood pressure in both preclinical models and human clinical studies [46]. Specific herbs such as cinnamon, fenugreek, and turmeric have demonstrated notable efficacy in glycemic control, with multiple randomized controlled trials in patients with type 2 diabetes reporting significant reductions in fasting glucose, HbA1c levels, and insulin resistance when these herbs are incorporated into dietary regimens [47]. Additionally, herbal polyphenols can exert direct metabolic effects independent of the microbiota, including activation of AMP-activated protein kinase, modulation of sirtuin pathways, and inhibition of key enzymes involved in glucose absorption and lipid metabolism [48].

Clinical Efficacy, Safety, and Therapeutic Potential of Herbal Interventions in Gut Health

- **Functional gastrointestinal disorders and inflammatory bowel disease:**

Herbal interventions are effective in functional gastrointestinal disorders such as IBS, often matching pharmacological therapies while offering superior safety [49]. Formulations like Bojungikki-Tang (Hochuekkito) and Kutajarishta reduce pain, normalize bowel function, and improve quality of life via modulation of ion channels and visceral sensitivity [50,51]. In inflammatory bowel disease, adjunctive herbal therapies with curcumin and polyphenol-rich extracts enhance remission, lower inflammatory markers, and support quality of life, targeting cytokines, oxidative stress, microbiota, and intestinal permeability [52,53].





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- **Complementary approaches and patient outcomes**

Combining herbal therapy with conventional medicine improves outcomes in gastrointestinal disorders [54]. Preparations such as STW 5 (Iberogast), peppermint oil, and hypnotherapy act on multiple pathways—motility, sensory function, inflammation, microbiota—producing effects comparable to pharmaceuticals with fewer adverse events [55,56,57]. Holistic integration of herbs, diet, stress reduction, and pharmacotherapy enhances long-term outcomes and quality of life [57].

- **Safety and long-term tolerability**

Herbal therapies are generally safe, with minimal adverse effects even at high doses, and have GRAS status for common herbs like turmeric, ginger, garlic, and green tea [29,10,58]. They maintain efficacy over long-term use without tachyphylaxis, though potential drug interactions via cytochrome P450 require caution in polypharmacy [15,34,5].

Challenges and Future Directions:

- **Standardization, bioavailability, and personalized herbal medicine:**

Despite strong evidence supporting herbal interventions for gut health, challenges remain in standardizing botanical products, optimizing bioavailability, and tailoring therapies to individual patients [14]. Variability in cultivation, harvest, drying, and extraction affects bioactive composition, highlighting the need for rigorous standardization protocols [13]. Many polyphenols, such as curcumin, exhibit poor bioavailability due to low solubility, rapid metabolism, and enterohepatic recycling, limiting in vivo efficacy [15]. Advanced delivery systems—including liposomal encapsulation, nanotechnology, and bioenhancer combinations—offer solutions to achieve therapeutically relevant tissue concentrations [16]. Individual factors such as genetic polymorphisms, microbiota composition, and metabolic capacity significantly influence response, emphasizing the potential of personalized herbal interventions based on microbiome profiling, metabolic genotyping, and inflammatory markers [33,59]. Future research should prioritize standardized formulations, mechanistic clinical trials, and precision-guided herbal therapy.

- **Integrating traditional knowledge with modern science**

The scientific validation of traditional herbal practices provides a unique opportunity to merge ethnopharmacology with modern biomedical research [51]. Ayurvedic, Chinese, and Unani systems historically emphasized individualized treatment based on constitutional type and disease pattern, yet these approaches remain underutilized in contemporary medicine [60]. Mechanistic insights into multi-target herbal formulations encourage a shift from single-target pharmacotherapy toward interventions addressing root causes via simultaneous modulation of microbiota, immunity, and metabolism [55,38]. Collaborative research between ethnobotanists, traditional practitioners, microbiologists, immunologists, and clinicians is essential to translate traditional wisdom into evidence-based therapies while respecting intellectual property and cultural heritage [29,10].

CONCLUSION

Medicinal herbs have powerful effects on gut microbiota, supporting intestinal barrier function, immune health, metabolism, cardiovascular function, and brain function [1,2]. Well-studied herbs like turmeric, ginger, garlic, *Ginkgo biloba*, Ashwagandha, and green tea promote a diverse, balanced microbiota, strengthen gut barriers, reduce inflammation, and regulate immune responses [10]. By improving microbiota balance and increasing beneficial metabolites, these herbs help maintain overall health and prevent chronic diseases [5]. Combining herbal use with dietary fiber, probiotics, exercise, stress management, and good sleep creates a holistic strategy for wellness [57]. Rather than replacing conventional medicine, plant-based remedies can complement standard therapies by addressing the root causes of disease [54]. As research uncovers more about the interactions between plants, microbiota, and the body, medicinal herbs should become an integral part of precision, holistic healthcare [38,33]. Well-designed clinical trials, standardized formulations, and personalized approaches are essential to fully harness their health benefits for individuals and populations.





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REVIEW ARTICLE

Evaluation of Cerebral Vasculature in Aging Brain using FMRI : A Systematic Review

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Received: 15 Mar 2026

Revised: 20 Apr 2026

Accepted: 07 May 2026

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ABSTRACT

Modern cognitive neuroscience relies heavily on the analysis of Blood-Oxygen-Level-Dependent (BOLD) functional magnetic resonance imaging (fMRI), but the physiological complexities of aging are casting doubt on its reliability. This review looks at the "BOLD ceiling" effect, a phenomenon in which the hemodynamic response is disconnected from the neural activity beneath it due to age-related changes in the cerebrovascular system, such as decreased cerebrovascular reactivity (CVR), increased arterial stiffness, and variability in baseline blood flow. This article highlights how vascular rarefaction and the disruption of the blood-brain barrier are important confounding factors that often lead to an exaggeration of neural decline or a misinterpretation of compensatory mechanisms like "frontal over-activation" due to changes in the morphology and physiology of the neurovascular unit. "We evaluate existing methods and highlight the importance of moving toward. Multimodal, integrated systems to precisely distinguish neural signals from vascular interference, such as calibrated fMRI, arterial spin labelling (ASL), and CVR mapping. In the end, this review encourages a thorough approach to neuroimaging that takes into account the interdependent relationship between the brain and the heart, resulting in better diagnostic assessments and a deeper understanding of cognitive resilience in older adults

Keywords: FMRI, Aging, Vascular changes, Structural changes, Cognitive, Brain, Neuroimaging





INTRODUCTION

A Cornerstone of Neuroimaging a crucial element of modern neuroimaging, the Blood-Oxygen-Level-Dependent (BOLD) signal is commonly used to infer patterns of brain activity in both clinical settings and research studies. It serves as an indirect but highly valuable indicator of brain function by measuring variations in blood oxygen levels that occur in response to neural activation, rather than directly assessing neuronal activity. This signal arises from the highly regulated process of neurovascular coupling, where neuronal, glial, and vascular components work together to align local blood flow with metabolic needs. When neurons become active, they require increased energy in the form of glucose and oxygen. This heightened metabolic demand triggers a cascade of cellular and metabolic processes within the brain. Primarily, active neurons release vasoactive substances that signal to surrounding blood vessels. This signalling leads to the dilation of nearby arteries and arterioles, which in turn boosts blood circulation to the metabolically active area.(Yabluchanskiy et al., 2020) The resultant surge in blood flow delivers an abundance of oxygenated haemoglobin, leading to a higher ratio of oxygenated to deoxygenated haemoglobin in the capillaries and venules surrounding the active neurons. Due to the distinct magnetic properties of oxygenated and deoxygenated haemoglobin, this change in the blood oxygenation level can be detected using functional magnetic resonance imaging (fMRI). Oxygenated haemoglobin is diamagnetic, while deoxygenated haemoglobin is paramagnetic. This difference in magnetic susceptibility affects the local magnetic field gradients and the T2 relaxation rate of water protons. fMRI scanners are exquisitely sensitive to these subtle changes, allowing researchers to identify the BOLD contrast, which acts as a proxy for underlying neural activity.

Areas of increased neuronal activity will thus exhibit a stronger BOLD signal, although this sophisticated mechanism has led to significant progress in comprehending brain structure, cognition, and disorders, it fundamentally depends on the premise that vascular responses remain consistent and are proportionally connected to neuronal needs across different brain regions and individuals. While the BOLD signal has revolutionized our ability to explore the living brain, understanding its limitations and the underlying assumptions of neurovascular coupling is vital for accurate interpretation of neuroimaging data(Zhang et al., 2024)The Interpretative Challenges in fMRI Due to Vascular and BOLD Signal Dynamics in Aging and Disease Functional Magnetic Resonance Imaging (fMRI)Relies on the Blood-Oxygen-Level Dependent (BOLD) signal, which reflects changes in blood oxygenation related to neuronal activity. However, interpreting these signals is complicated by intrinsic physiological mechanisms, particularly in aging populations and individuals with neurological conditions. The Interplay of Neuronal Activity and Vascular Responsiveness Neuronal activity necessitates increased local blood flow and oxygen delivery. This intricate communication, known as neurovascular coupling, ensures that active brain regions receive the resources they need. However, these vascular alterations, which become more pronounced with age and disease, can interfere with the efficiency and dependability of neurovascular coupling.

This interference consequently modifies the connection between neuronal activity and the detected BOLD signal. Consequently, similar degrees of neural activation might lead to vastly different BOLD responses in different age groups or individuals with compromised vascular health, presenting a significant interpretative issue in functional imaging research. For instance, a younger, healthier brain might exhibit a robust BOLD signal increase in response to a cognitive task, while an older brain or one with vascular pathology might show a diminished response, even if the underlying neural demand is comparable. This occurrence, commonly known as the aging paradox, emphasizes the challenge of determining whether variations in fMRI signals genuinely indicate neural deterioration, compensatory processes, or merely vascular constraints, this ambiguity carries important consequences, especially in research on cognitive aging and neurodegenerative diseases. Accurately understanding the brain's functional state is crucial for comprehending disease advancement, identifying early markers, and developing effective treatments. Misinterpreting BOLD signals as purely indicative of neural dysfunction when vascular limitations are at play can lead to erroneous conclusions about cognitive decline or disease progression. The "BOLD Ceiling" Effect: A Physiological Limitation Complicating matters further is the notion of the "BOLD ceiling," which suggests that the BOLD response isn't infinitely adjustable but rather restricted by the physiological boundaries of the vascular system.



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The brain's ability to increase blood flow and oxygen delivery to a specific region is not unlimited. When a brain area is already functioning close to its maximum blood flow capacity, extra neuronal engagement might not lead to an equivalent rise in the detectable signal. Imagine a pipe already carrying its maximum capacity of water; even if more demand is placed on it, the flow cannot increase proportionally (Zoya Moorajet al., 2025). This ceiling effect is particularly significant in older adults and those with vascular issues, where the ability for additional vasodilation (widening of blood vessels) has been limited due to reduced elasticity and impaired regulatory mechanisms. In these situations, the BOLD signal could significantly undervalue the actual level of neural activity, effectively concealing a substantial portion of the brain's effort. This means that what appears as a modest or absent BOLD response might, in reality, be masking a considerable neural activation that the compromised vasculature cannot adequately support with increased blood flow. This can lead to an underestimation of cognitive effort and resilience in these vulnerable populations. This constraint questions the traditional understanding of fMRI data and highlights worries about the possible underrepresentation of brain activity in groups with changed vascular health. As a result, there is increasing awareness of the necessity to advance beyond simplistic views of the BOLD signal and to integrate additional methods that consider vascular influences. Grasping these subtleties is crucial for enhancing the precision and dependability of neuroimaging, especially regarding aging, in which separating neural and vascular effects continues to be a significant scientific and clinical focus (Craik, and Timothy, 2011).

Pathology/ Physiology of Aging Brain

The functioning of the brain varies naturally as individuals transition from childhood through adulthood to the later stages of life characterized by frailty. In childhood, cognitive capabilities generally improve, leading to the acquisition of increasingly complex skills. For the majority of adulthood, brain functioning remains quite stable. As people age, there can be a decline in certain aspects of brain structure and function, though there is considerable variability between individuals. With aging, changes occur in brain size/volume, blood vessels, and cognitive abilities. Brain volume typically shrinks (particularly in the frontal and temporal regions), the presence of white-matter hyperintensities becomes more frequent, and the likelihood of stroke and dementia increases. Levels of neurotransmitters and hormones also undergo changes. While a decline in processing speed and some aspects of memory is often observed, factors associated with a healthy lifestyle, such as regular aerobic and strength training exercises, cognitive stimulation, and social engagement, can promote neuroplasticity and may help reduce these risks (Campisi et al., 2009).

Common Age Changes

Measurable volume loss is seen in several brain regions (rates vary by region and decade), which may happen in many people without obvious functional impairment. Loss of brain function is not usually the consequence of age-related structural changes in the brain. Abnormalities in neurotransmitters, neurons, toxic compounds that build up in the brain over time, and hereditary abnormalities can all contribute to a decline in brain function as people age. Brain shrinkage: The frontal cortex in particular experiences a reduction in brain volume. Loss of nerve cells: The brain and spinal cord get weaker and lose nerve cells. Learning new material and short-term memory are typically impacted pretty early. Later on, verbal skills, such as vocabulary and word usage, may start to deteriorate. Intellectual performance (the capacity to process information, irrespective of speed) is typically preserved if there are no underlying neurological or vascular issues (Fjell et al., 2014).

Morphological changes to the brain with ageing

Brain volume decreases due to neuronal loss, with about a 5% reduction in brain weight per decade after age 40, leading to more pronounced structures: for instance, cortical sulci become deeper and ventricles more prominent. The accumulation of Brown (Lipofuscin) or black (Neuromelanin) pigments in the brain leads to small discoloured regions due to typical aging, which are observed more frequently in age-related brain disorders like (Svennerholm et al., 1997).





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Physiological changes to the brain with ageing

Research indicates that cerebral blood flow decreases by 27% after reaching 70 years old due to direct alterations in the cardiovascular system, potentially worsened by blood vessel disorders. The efficiency of the blood-brain barrier is observed to decline with age, resulting in greater chances for pathogens and toxic substances to penetrate the brain and neural structures. Recent studies have indicated that this is frequently diminished. Initially in the hippocampus, resulting in harm to the region and potentially causing a decrease in cognitive function of that brain area. Ageing is linked to a decrease in the production of neurotransmitters such as noradrenaline, glutamate, dopamine, and serotonin. Dopamine influences motor activity and the learning of new abilities and is also considered one of the brain's reward substances. The typical ageing process results in a decline in dopamine-producing neurons, which can negatively impact the capacity to learn from previous experiences (Shankar, 2010).

Age-Related Changes in Vascular Structure Affecting BOLD

It is important to refer to these changes as the neurovascular unit's decoupling rather than "aging." In functional MRI, brain activity is represented by the BOLD signal. However, because BOLD relies on the hemodynamic response (blood flow, volume, and oxygenation), age-related structural changes in the vasculature might distort this signal and lead to inaccurate assessments of cognitive decline

Impairment of Cerebrovascular Reactivity(CVR)

CVR is the capacity of blood vessels to enlarge in response to chemical stimuli (like CO₂) or metabolic demands. **The Mechanism:** As the arterial basement membrane expands with age, nitric oxide bioavailability—which is crucial for vasodilation—decreases.

Impact on BOLD: When CVR is reduced, the vascular system cannot respond "on demand" to neural stimulation. The hemodynamic response function (HRF) thus has a lower amplitude and is slower. Even while the neurons may be firing correctly, researchers may mistakenly describe this sluggish vascular response to diminished brain activity (Carvalho Cristina and Moreira Paula, 2018).

Increased Arterial Pulpability and Stiffness

Healthy, elastic arteries buffer the pulsatile pressure from the heart before it reaches the brain (the Wind Kessel effect).

The Mechanism: Pulse wave velocity is commonly used to measure arterial stiffness, which is caused by increased collagen deposition and age-related elastin loss. This makes it possible for high-pressure pulsatile energy to enter the microvasculature deeply (Herzog *et al.*, 2025).

Impact on BOLD: Increased pulpability causes "physiological noise" in the BOLD data. By disrupting the precise neurovascular matching and possibly imposing mechanical strain on the blood-brain barrier, it further lowers the signal-to-noise ratio (SNR) in functional imaging (Jason *et al.*, 2017).

Decreases in Baseline Cerebral Blood Flow (CBF)

In healthy aging, baseline CBF usually decreases by about 0.5 to 0.7 percent annually

The Mechanism: The brain's overall metabolic rate of oxygen (CMRO₂) and decreased capillary density (rarefaction) are the main causes of this decline.

Impact on BOLD: The BOLD signal is a relative measure that represents a shift from the baseline. A reduced baseline CBF restricts the signal's dynamic range. (1) A lower "starting point" of blood flow mathematically limits the peak physiological increase during a task, which frequently leads to an underestimation of functional connectivity in older populations (Tsvetanov *et al.*, 2021).

Polypharmacy and Medication Confounding

The Mechanism: Daily use of aspirin, statins, and antihypertensive (ACE inhibitors, beta-blockers) alters blood viscosity and systemic vascular resistance.





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Effect on BOLD: These drugs can "normalize" or "distort" the BOLD signal, regardless of brain health. For example, a drug that lowers systemic blood pressure may dampen the BOLD amplitude and conceal actual cognitive effort, while a drug that raises CVR may make the brain appear "younger" on an fMRI scan (Iannetti and Wise, 2007).

Key Findings on Aging

An increasing number of studies in cognitive neuroscience emphasize that understanding age-related alterations in brain function especially via fMRI BOLD signals—demands a more sophisticated and comprehensive perspective. The subsequent key insights offer a clearer perspective on the impact of aging on vascular and neural systems:

Exaggerated Aging Impact Caused by Vascular Interferences

Numerous conventional neuroimaging studies have indicated marked reductions in brain function as one age. Nonetheless, a significant problem occurs when vascular elements, especially cerebrovascular reactivity (CVR), are overlooked. The BOLD (Blood Oxygen Level Dependent) signal, frequently utilized in fMRI, does not exclusively indicate neural activity; it is significantly affected by vascular health as well. As people grow older, vascular response typically decreases, which means that an equal level of neural activity might generate a less intense BOLD signal. Consequently, research that does not account for variations in CVR might exaggerate or misinterpret cognitive decline, mistakenly linking decreased signal strength to neural decay when it could actually be due to vascular inefficiency. This results in what can be termed "exaggerated aging effects," where the noticeable decrease in brain function is overstated due to unassessed physiological changes instead of actual neural deterioration (Alaql et al., 2025).

Localized Specificity of Aging Effects Regionally

Aging impacts the brain in a non-uniform manner. Rather, its effects differ greatly in various areas, and grasping this regional specificity is essential. Changes in BOLD responses observed in sensory and early-processing areas (e.g., visual or auditory cortices) are frequently mainly influenced by vascular factors. This indicates that decreases in signal in these regions may not signify significant neural deterioration, but instead reduced vascular responsiveness. Conversely, higher-order cognitive areas, especially the frontal cortex, frequently display heightened activation in older adults while performing cognitive tasks. This occurrence, occasionally called "frontal over activation," is improbable to be solely vascular. In place of that, instead, it is widely interpreted as a form of neural compensation, where the brain recruits additional resources to maintain performance despite age-related challenges. (Atwiet et al., 2018).

Importance of Holistic Methods

The assessment strongly highlights that upcoming studies need to go beyond separate assessments of brain function. An integrated methodological framework is crucial for a comprehensive understanding of cognitive aging. Specifically, this entails merging: Measurements related to the vascular system, such as Arterial Spin Tagging (AST) for brain blood circulation Cerebrovascular (CVR) Measurements of neural activity, including task-driven or resting-state fMRI by combining these methods, researchers are able to: Separate vascular factors from actual neural activity Enhance the precision of assessments concerning age-related alterations Create more accurate representations of brain aging and cognitive endurance (Park and Reuter-Lorenz 2009).

Broader Implications for Cognitive Aging Research

Beyond methodological refinement, these findings carry important conceptual implications for understanding cognitive aging. Firstly, aging should not be viewed purely as a process of decline; instead, it involves a dynamic interplay between deterioration and compensation. This nuanced perspective acknowledges that while some neural functions may naturally degrade with age, the brain also possesses remarkable adaptive capacities. Secondly, individual differences in vascular health may partly explain why some older adults maintain cognitive performance better than others.



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The health of the circulatory system, crucial for delivering oxygen and nutrients to the brain, appears to be a significant factor in preserving cognitive function in later life. Consequently, interventions targeting vascular health (e.g., exercise, cardiovascular care) may indirectly support cognitive longevity by preserving the integrity of neurovascular coupling. This suggests that proactive management of cardiovascular health could have a ripple effect on cognitive well-being (Simon and Ian, 2022). In sum, the accurate interpretation of age-related brain changes requires recognizing that Blood-Oxygen-Level-Dependent (BOLD) signals, commonly used in neuroimaging, are not purely neural indicators. Without accounting for these significant vascular influences, researchers risk overstating the extent of cognitive decline associated with aging. A region-specific and integrative approach, which considers the complex interplay between neural and vascular systems, reveals a more balanced picture of cognitive aging—one in which aging reflects both physiological constraints and the brain's remarkable adaptive neural strategies.

Imaging Techniques

MRI

MRI, which stands for magnetic resonance imaging, is an imaging modality that utilizes non-ionizing radiation to produce valuable diagnostic images. In simple terms, an MRI scanner includes a large, strong magnet where the patient is placed. A radio wave antenna sends signals to the body, and a radiofrequency receiver then detects the signals that are emitted. A computer connected to the scanner converts these returning signals into images. Imaging of any body part can be obtained in any plane. The ability to image without using ionizing x-rays, in contrast to CT scanning, allows images to be obtained in multiple planes (axial, sagittal, coronal, or oblique) without requiring the patient to be repositioned. CT images have only been capable of being reconstructed in multiple planes with the same spatial resolution (i.e. isotropic voxels MRI images provide better soft-tissue contrast than CT scans and plain X-rays, making it the preferred method for examining the brain, spine, joints, and other soft tissue areas. Some angiographic images can be obtained without contrast material, unlike CT or traditional angiography. Advanced methods such as diffusion spectroscopy and perfusion enable accurate tissue characterization beyond just 'macroscopic' assessment.

MRI findings in aging Relationships between cortical volumes and late-onset epilepsy (LOE) have been described with temporal lobe atrophy playing a particularly significant role A meta-analysis of 2983 individuals found that patients with late-onset epilepsy (LOE) had a higher prevalence of white matter hyper intensities (WMH) compared to controls Early-life WMH is also linked to an increased risk of LOE Disruptions in cortico-cortical and thalamic networks may contribute to LOE but the role of WMH in these disruptions requires further study. Data on chronic lacunas and epilepsy are limited. The Framingham study found no relationship between symptomatic lacunar strokes and seizures over a 12-year follow-up similarly, data on micro bleeds and seizures are scarce. There is evidence linking cerebral amyloid angiopathy (CAA) with epileptic seizures but no specific data on micro bleeds and seizures in aging(Chabriot and Jouvent 2020).

A study on post-stroke epilepsy did note a higher incidence of seizures in patients with microbleeds, independent of infarct size currently, there is no compelling evidence linking cortical microinfarcts (CMI) or perivascular spaces (PVS) with LOE. It is speculated that CMI might contribute to LOE due to their cortical location, but data are lacking. Impaired lymphatic function, which affects waste clearance from the brain, may be involved in development of LOE though evidence on PVS involvement in epilepsy is still absent (Drayer 1988).

FMRI

By offering a non-invasive window into how neural communication changes over time, functional magnetic resonance imaging (fMRI) has completely changed our understanding of the aging brain. Researchers can differentiate between healthy aging and the early onset of neurodegenerative diseases like Alzheimer's disease by using fMRI to measure variations in blood flow and oxygenation. A decline in the integrity of the Default Mode Network (DMN), which consists of the brain's active regions during rest, and a shift toward "neural compensation," in which the brain recruits additional regions to maintain cognitive performance, are important indicators of aging.





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Cutting-edge studies like the Lifespan Human Connectome Project also demonstrate how physiological alterations like arterial stiffness affect fMRI signal timing. In order to ensure safer outcomes for elderly patients, this technology is now used in clinical settings for everything from "brain age" prediction to mapping vital functions like speech and movement prior to surgery. MR that is functional (Glover, 2011).

BOLD

The typical method for producing pictures in functional MRI (fMRI) research is blood oxygenation level dependent (BOLD) imaging, which uses regional variations in cerebral blood flow to distinguish regional activity. The brain's blood flow is tightly regulated locally in response to cortical tissue's oxygen and carbon dioxide tension. The extraction portion of oxygen from the local capillaries causes an initial decrease in oxygenated haemoglobin (oxy Hb) and a rise in local carbon dioxide (CO₂) and deoxygenated haemoglobin (deoxy Hb) when a particular area of the cortex becomes more active in response to a task. Cerebral blood flow (CBF) increases after a lag of two to six seconds, delivering an excess of oxygenated haemoglobin and washing away deoxy haemoglobin. This big rebound is what it is because deoxygenated haemoglobin is paramagnetic but oxygenated haemoglobin is not, the former will result in localized proton de-phasing, which will lower the signal that is returned from the nearby tissues. This alteration, which is in the range of 1-5% ², is detected by heavily T2 weighted sequences. BOLD imaging, like all other methods that use CBF for imaging, has several drawbacks

- Cerebral blood flow (CBF) does not directly visualize active cortex; rather, it is merely an indirect indicator of activity.
- The brain's tiniest unit, measuring millimetres in diameter, is capable of controlling its blood flow on an individual basis.
- There is a 2–6 second lag before CBF rises in response to increased exercise. Furthermore, the imaging sequences themselves have certain drawbacks.

The bone-gas contact, hemosiderin/blood products, fast flow in big veins, and metal can all cause field inhomogeneity in T2 sequences.

- Even little movement artefacts can result in subpar photos because the detected change is tiny (1–5%) (Yan et al., 2011).

Novel Mapping and Correction Methods

Cerebrovascular Reactivity (CVR) Mapping:

This method measures the sensitivity of cerebral blood vessels using a controlled physiological stimulus, such as breath-holding exercises or CO₂ inhalation. Vasodilation is usually the outcome of these treatments, which increase arterial CO₂ levels. By evaluating the strength of the vasculature's response, researchers can establish a baseline estimate of vascular reserve capacity. This baseline allows researchers to distinguish between vascular variability and real brain activity by normalizing or scaling task-evoked BOLD responses in fMRI (Chen and Li, 2011).

Resting State Fluctuation Amplitude (RSFA): Based on resting-state fMRI, this task-free metric evaluates the amplitude of spontaneous BOLD signal fluctuations. Since vascular dynamics affect these variations, RSFA serves as an indirect indicator of vascular reactivity and health. In populations (such the elderly or clinical groups), it is particularly beneficial.

fMRI calibration: Calibrated fMRI combines BOLD imaging and Arterial Spin Labelling (ASL) measurements of cerebral blood flow (CBF). By modelling the relationship between variations in the BOLD signal and blood flow, researchers can determine the Cerebral Metabolic Rate of Oxygen (CMRO₂). This allows for a more physiologically realistic evaluation of cerebral energy expenditure rather than relying just on relative changes (Ekstrom, 2010).



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Multimodal Integration: Because the hemodynamic response assessed by fMRI is somewhat sluggish (on the scale of seconds), combining it with high-temporal-resolution techniques like electroencephalography (EEG) or magnetoencephalography (MEG) improves interpretation. By using multimodal integration to link quick neuronal electrical activity with delayed vascular responses, researchers can unravel neurovascular coupling processes and get a more thorough understanding of brain function (Zheng et al., 2026).

Physiological Noise Modelling: Physiological processes like breathing, heart rate, and changes in systemic blood pressure can all have an impact on the BOLD signal. Researchers can increase the accuracy of neurovascular measurements by capturing these signals during scanning and regressing out non-neural variability.

Vascular-Space-Occupancy (VASO) Imaging: Unlike BOLD alone, VASO approaches concentrate on variations in cerebral blood volume (CBV). Researchers can better distinguish between vascular and neuronal contributions to the fMRI signal and acquire supplemental information about vascular dynamics by examining CBV responses. (Alaqel et al., 2025).

Future Prospects

Conventional interpretations of Blood-Oxygen-Level-Dependent (BOLD) signals must give way to frameworks that specifically take neurovascular interactions into account to further neuroimaging research. The incorporation of complementary methods like cerebrovascular reactivity mapping, arterial spin labelling, and calibrated functional magnetic resonance imaging is anticipated to improve the physiological validity of observed signals given the substantial impact of vascular factors on BOLD responses. These methods make it easier to distinguish between vascular and neuronal contributions, which improves the precision of functional evaluations, especially in older populations (Ota and Shah, 2022).

Furthermore, the use of multimodal imaging approaches that integrate functional magnetic resonance imaging with electrophysiological and metabolic methods, such as positron emission tomography, magnetoencephalography, and electroencephalography, provides a more thorough characterization of brain function by overcoming the physiological and temporal constraints of single-modality methods. Another crucial discovery for lowering inter-individual variability and enhancing interpretative accuracy is the creation of customized neurovascular profiles that include factors like baseline cerebral blood flow, arterial compliance, and pharmaceutical impacts. To find early indicators of neurodegenerative processes and differentiate between normal aging and pathological deterioration, longitudinal studies over the lifespan are crucial. At the same time, technical advancements like better acquisition protocols, ultra-high-field magnetic resonance imaging, and blood volume-sensitive methods like vascular-space-occupancy imaging are likely to increase sensitivity to minute changes in neurophysiology (Ranasinghe et al., 2024).

Emerging computational methods, especially those utilizing machine learning, offer promising opportunities for modelling intricate neurovascular dynamics and enhancing estimates of neuronal activity derived from hemodynamic data. From a clinical standpoint, these advancements in methodology could lead to earlier diagnoses, better tracking of disease progression, and more reliable preoperative functional mapping. Additionally, growing evidence relating vascular health to cognitive outcomes highlights the significance of merging cardiovascular and neuroimaging research, which may have implications for both preventive and therapeutic strategies. Lastly, enhancing reproducibility and comparability across studies will necessitate the establishment of standardized acquisition methods, analytical approaches, and reporting protocols. Collectively, these advancements contribute to a shift toward a more holistic and physiologically informed understanding of brain function, enabling a more accurate interpretation of neuroimaging findings in relation to aging (Ya and Bayraktutan, 2023).





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CONCLUSION

Researchers need to consider vascular changes when utilizing fMRI to study aging brains. Because the BOLD signal simultaneously indicates two aspects: Blood circulation (vascular function) and neural firing (brain activity). This describes as: The Mark of Vascular Aging Disregarding this may cause researchers to commit the subsequent errors, strengthening of the blood vessels for neural decline Ultimately, the advancement of cognitive neuroscience relies on our ability to go beyond a purely neuro centric perspective of functional imaging, particularly when dealing with the complexities of the aging brain. This review indicates that the BOLD signal does not directly reflect neuronal health but is rather a complex interplay of metabolic demands and blood vessel availability. In the context of aging blood vessels, the traditional "BOLD ceiling"—characterized by diminished cerebrovascular reactivity, increased arterial stiffness, and altered baseline blood flow—represents a significant physiological constraint that can easily be confused with inherent neural deterioration. If researchers fail to acknowledge these hemodynamic alterations, they might promote an "exaggerated aging effect," in which the brain's genuine cognitive resilience and compensatory strategies, such as heightened frontal activation, are hidden by the limitations of the circulatory system. Moving forward, the field should embrace a broader, multimodal strategy that integrates calibrated fMRI, cerebrovascular reactivity (CVR) mapping, and arterial spin labelling (ASL) to effectively separate neural signals from vascular noise. Viewing vascular health not just as an influencing variable but as a crucial component of the neurovascular unit allows us to achieve a clearer understanding of brain aging.

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RESEARCH ARTICLE

Detour Domination Number on Topological Spaces

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Received: 31 Mar 2026

Revised: 18 Apr 2026

Accepted: 09 May 2026

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ABSTRACT

This study introduces the concept of the detour domination number in the setting of topological spaces associated with graphs. A graph $G=(V,E)$ is considered along with a topology (X,τ) , where vertices correspond to points of the space. The notion of a detour dominating set is extended by incorporating topological adjacency and longest path (detour) conditions. The detour domination number is defined as the minimum cardinality of such sets. This framework is applied to standard graphs including path graphs, cycle graphs, and complete graphs. Structural properties of these graphs are analyzed under the topological interpretation. It is observed that the detour domination number depends on both graph connectivity and topological structure. Exact values are obtained for certain standard families of graphs. The results demonstrate consistency with classical graph theory in discrete topology cases. Furthermore, the approach provides a unified method to study domination via detour concepts. This work contributes to bridging graph theory and topology through domination parameters.

Keywords: Detour, Domination, Topological, vertices, Spaces.

INTRODUCTION

Graph Theory and topology are two important areas of mathematics that often interact in the study of structural and spatial properties of discrete and continuous systems. In recent years, various domination concepts in graphs have been extended to topological settings to obtain deeper insights into their behavior. One such concept is the detour domination number, which is based on the idea of longest paths (detours) in a graph. Let $G=(V,E)$ be a graph associated with a topological space (X,τ) , where each vertex corresponds to a point in X . A set of vertices is said to





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dominate the graph if every vertex outside the set is controlled in some sense. In detour domination, this control is defined not only through adjacency but also through the presence of vertices on longest paths between elements of the dominating set. The concept of a detour dominating set extends the classical notion of domination by incorporating global structural properties of graphs. The detour domination number is defined as the minimum cardinality of such a set. When considered in topological spaces, this concept also reflects the influence of open sets and neighborhood structures.

Preliminaries

This chapter presents the basic definitions and concepts from **Graph Theory** and **Topology** that are required for the study of detour domination in topological spaces.

Graph

A **graph** $G = (V, E)$ consists of a non-empty finite set V of vertices together with a set E of unordered pairs of distinct vertices called edges.

Path Graph

A **path** is an alternating sequence of vertices and edges where no vertex or edge will repeat.

It is denoted by p_n for the path graph on n vertices.

Cycle Graph

A **cycle graph** is a simple graph in which the vertices can be arranged in a closed chain such that each vertex is adjacent to exactly two other vertices.

Complete Bipartite Graph

A **complete bipartite graph** is a graph whose vertices can be divided into two disjoint sets.

Tree Graph

A **tree graph** is a connected graph with no cycles.

Wheel Graph

A **wheel graph** is formed by taking a cycle graph and adding one extra central vertex that is connected to all vertices of the cycle.

Fan Graph

A **fan graph** is formed by joining a single vertex to every vertex of a path graph.

Detour Distance

The **detour distance** $D(u, v)$ between two vertices u and v is the length of the **longest simple path** joining them.

Detour Dominating Set

Let $G = (V, E)$ be a graph. A subset $S \subseteq V$ is called a **detour dominating set** if every vertex $v \in V - S$ lies on a detour between at least one pair of vertices in S .

Detour Domination Number

The **detour domination number** of a graph G , denoted by $\gamma_d(G)$, is defined as the minimum cardinality of a detour dominating set of G .

Main Results

Definition: Detour Domination Number in Topological Spaces

Let $G=(V,E)$ be a graph associated with a topological space (X,τ) , where vertices correspond to points of X .

A set $D \subseteq V$ is called a **detour dominating set** in the topological space if:

- For every vertex $v \in V$, there exists a vertex $u \in D$ such that v lies on a **detour (longest path)** between two vertices in D , or is adjacent (in the topological/graph sense) to some vertex in D .

Theorem 1

Let (X,τ) be a topological space whose associated graph is the path graph P_n with $n \geq 2$. Then the detour domination number of (X,τ) is $2b(X,\tau)=1$

Proof

Let (X,τ) be a topological space and suppose its associated graph is the path graph





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$P_n: v_1-v_2-v_3-\dots-v_n$

The detour distance between two vertices is defined as the length of the longest simple path connecting them.

In the path graph P_n , the longest path is

$v_1-v_2-v_3-\dots-v_n$

which contains all vertices of the graph.

Choose a Subset

Where v_k is any vertex of the path graph.

Since the longest path of P_n includes every vertex each vertex $v_i \in X - D$ lies on a detour path containing v_k .

Thus every point of the topological space is detour dominated by v_k .

Therefore $D = v_k$ is a detour dominating set in the topological space.

Hence $\gamma_D(X, \tau) = 1$.

Theorem 2

Let (X, τ) be a topological space whose associated graph is the cycle graph C_n with $n \geq 3$. Then, the detour domination number of (X, τ) is 2 , $\gamma_D(X, \tau) = 1$

Proof

Let (X, τ) be a topological space and suppose its associated graph is the cycle graph.

$C_n: v_1-v_2-v_3-\dots-v_n-v_1$

In a cycle graph, the detour path is obtained by removing one edge of the cycle. Hence the large path contains $n-1$ edges and all n vertices.

Let us choose a subset $D = \{v_k\} \leq x$

Where v_k is any: vertex of the cycle since every vertex of the cycle lies on a longest path passing through v_k , each vertex $v_i \in X$ lies on a detour path containing.

Thus every vertex of the associated graph is detour dominated by v_k .

Therefore $D = v_k$ is a detour dominating set of the topological spaces.

Hence $\gamma_D(X, \tau) = 1$.

Where v_k is any: vertex of the cycle since every vertex of the cycle lies on a longest path passing through v_k , each vertex $v_i \in X$ lies on a detour path containing.

Thus every vertex of the associated graph is detour dominated by v_k .

Therefore $D = v_k$ is a detour dominating set of the topological spaces.

Hence $\gamma_D(X, \tau) = 1$.

Theorem 3

Let (X, τ) be a finite topological space whose associated graph G is the Fan graph $F_n = P_n + K_1$, where $n \geq 2$.

Then $\gamma_d(X, \tau) = 2$

Proof

Let $G = F_n$ with vertex set $V(G) = \{v, v_1, v_2, \dots, v_n\}$

Choose

$S = \{v, v_1\}$

Thus for every vertex $X \in V/G/S$ the vertex X lies on a detour between v and v . Hence S is a detour dominating set, and

Therefore

$\gamma_d(G) \leq 2$

Now, suppose that there exists a detour dominating set with only one vertex. Since detour domination requires a pair of vertices to define a longest path, no singleton set can satisfy this condition

Hence, $\gamma_d(G) \geq 2$

Therefore

$\gamma_d(G) = 2$

$\gamma_d(X, \tau) = 2$





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Theorem 4

Let (X, τ) be a finite topological space whose associated graph G is a **Tree** graph T with at least two vertices. Then $\gamma_d(X, \tau) = 2$.

Proof

Let $G = T$ be a tree. Since T is **connected and acyclic**, there exists a **longest path** in T .

Let this path be

$$P = v_1 - v_2 - \dots - v_k.$$

Consider the set

$$S = \{v_1, v_k\},$$

Now, every vertex of the tree either lies on this path or is connected to some vertex on this path. In a tree, any vertex lies on a longest path between the end vertices of a diametral path without increasing its length.

Thus, for every vertex

$$x \in V(G) \setminus S$$

the vertex x lies on a **detour between v_1 and v_k** . Hence, S is a **detour dominating set**, and therefore

$$\gamma_d(G) \leq 2.$$

Now, suppose there exists a detour dominating set with only one vertex. Since detour domination requires a pair of vertices to define a longest path, no singleton set can satisfy this condition. Hence,

$$\gamma_d(G) \geq 2.$$

Therefore,

$$\gamma_d(G) = 2.$$

$$\gamma_d(X, \tau) = 2.$$

Theorem 5

Let (X, τ) be a finite topological space whose associated graph G is the complete bipartite graph $K_{m,n}$, where $m, n \geq 2$. Then

$$\gamma_d(X, \tau) = 2.$$

Proof

Let $G = K_{m,n}$ with bipartition

$$V(G) = V_1 \cup V_2,$$

Select vertices $u \in V_1$ and $v \in V_2$, and define

$$S = \{u, v\}$$

Since G is complete bipartite, every vertex in V_1 is adjacent to every vertex in V_2 . Hence, there exists a longest path (detour) between u and v that alternates between the two partitions and traverses all vertices (or all but one vertex).

Thus, for every vertex $x \in V(G) \setminus S$, the vertex x lies on a detour between u and v . Therefore, S is a detour dominating set and

Therefore,

$$\gamma_d(G) \leq 2.$$

Since detour domination requires at least two vertices to define a longest path, no singleton set can satisfy this condition. Hence,

$$\gamma_d(G) \leq 2.$$

Therefore,

$$\gamma_d(G) = 2,$$

$$\gamma_d(X, \tau) = 2.$$

Theorem 6

Let $G = K_n$ be a complete graph on $n \geq 2$ vertices associated with a topological space (X, τ) . Then, the detour domination number of G is

$$\gamma_d(K_n) = 1.$$

Proof





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Let $G=K_n$ be a complete graph, where every pair of distinct vertices is adjacent. Consider the associated topological space (X, τ) , where each vertex corresponds to a point in X , and adjacency reflects neighborhood relations. Let $D \subseteq V$ be a detour dominating set. We aim to find the minimum cardinality of such a set.

Choose any single vertex $v \in V(G)$, and let

$$D = \{v\}.$$

Now consider any vertex $u \in V(G) \setminus D$. Since G is a complete graph, every vertex is adjacent to every other vertex. Hence, u is directly adjacent to $v \in D$. Thus, every vertex $u \notin D$ is dominated by D through adjacency. Therefore, $D = \{v\}$ satisfies the condition of a detour dominating set (as adjacency is sufficient for domination in the detour sense when detours are trivial in complete graphs).

Hence,

$$\gamma_d(K_n) \leq 1.$$

Since no dominating set can have cardinality less than 1, we obtain

$$\gamma_d(K_n) = 1.$$

CONCLUSION

In this study, the concept of the detour domination number has been extended to graphs associated with topological spaces. By incorporating both adjacency and detour (longest path) conditions, a more comprehensive form of domination has been developed. The detour domination number, defined as the minimum cardinality of such dominating sets, provides deeper insight into the structural properties of graphs. The application of this concept to standard graphs such as path graphs, cycle graphs, and complete graphs demonstrates how the parameter behaves under different structural conditions. It is observed that the topology associated with the graph plays a significant role in determining the detour domination number. In particular, the results are consistent with classical graph theory when discrete topology is considered. This work establishes a meaningful connection between graph theory and topology through the study of domination parameters. The findings suggest that detour domination can serve as a useful tool in analyzing both local and global properties of graphs. Furthermore, the study opens avenues for future research in extending these ideas to more complex graph classes and different types of topological structures.

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RESEARCH ARTICLE

Comparative Evaluation of Equilibrium-Based Balance Tests for Fall Prediction in Older Adults: A Clinical Perspective on Diagnostic Utility and Limitations

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Received: 11 Mar 2026

Revised: 20 Apr 2026

Accepted: 13 May 2026

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ABSTRACT

Falls among older adults are a leading cause of morbidity, disability, and mortality, representing a major global public health concern. Impairments in equilibrium and postural control are central intrinsic contributors to fall risk. Numerous clinical balance assessments have been developed to evaluate equilibrium; however, their comparative diagnostic performance and clinical applicability remain variable and context-dependent. To critically evaluate and compare commonly used equilibrium-based balance tests for fall prediction in older adults, with emphasis on their diagnostic accuracy, clinical utility, strengths, and limitations. A narrative review was conducted in accordance with SANRA principles. Literature was searched across PubMed, Scopus, Web of Science, PEDro, and Cochrane Library using keywords including “balance,” “equilibrium,” “fall risk,” “elderly,” and “postural control.” Studies published within the last 10–20 years, including systematic reviews, randomized controlled trials, cohort, cross-sectional, and validation studies, were included. Common equilibrium-based assessments such as the Berg Balance Scale, Timed Up and Go Test, Functional Reach Test, Single Leg Stance Test, Tinetti Performance-Oriented Mobility Assessment, and Romberg-based tests were analyzed. Evidence was synthesized focusing on reliability, validity, sensitivity, specificity, and clinical feasibility. Equilibrium-based balance tests demonstrated variable predictive validity across populations. The Berg Balance Scale showed high reliability but moderate sensitivity and ceiling effects. The Timed Up and Go Test exhibited good practicality and moderate predictive ability, particularly in frail elderly populations. Functional



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Reach Test and Single Leg Stance Test provided rapid screening but limited multidimensional assessment. The Tinetti scale offered combined gait and balance evaluation but demonstrated variability in predictive accuracy. Romberg-based tests were useful for sensory integration assessment but had limited standalone predictive value. No single test consistently demonstrated high diagnostic accuracy for fall prediction, reflecting the multidimensional nature of postural control. Equilibrium-based balance assessments are essential components of fall risk evaluation in older adults but are insufficient when used in isolation. A multidimensional, clinically integrated approach combining multiple assessments is recommended to improve fall prediction and guide rehabilitation strategies.

INTRODUCTION

Falls among older adults represent a major and growing public health concern worldwide, driven largely by demographic ageing and increased life expectancy. It is estimated that approximately one in three individuals aged 65 years and older experiences at least one fall annually, with the incidence rising to nearly 50% among those aged over 80 years [1]. Recurrent falls are common, with nearly half of fallers experiencing multiple events within a year, significantly increasing the risk of injury and functional decline [2]. Globally, falls are the second leading cause of unintentional injury-related deaths, accounting for an estimated 684,000 deaths annually, with older adults disproportionately affected [3]. In addition to mortality, falls contribute substantially to disability-adjusted life years (DALYs), placing a considerable burden on healthcare systems, particularly in low- and middle-income countries where ageing populations are rapidly expanding [3,4]. The epidemiological magnitude of falls underscores the need for effective identification of individuals at risk and implementation of preventive strategies. The clinical consequences of falls extend beyond acute injuries to encompass long-term physical, psychological, and social implications. Falls are a leading cause of fractures, particularly hip fractures, which are associated with high morbidity, loss of independence, and increased mortality within one year of injury [5]. Even in the absence of injury, falls can precipitate fear of falling, reduced mobility, and activity restriction, contributing to a vicious cycle of deconditioning and further fall risk [6]. Balance impairment is a central intrinsic factor underlying falls and is closely linked to frailty, sarcopenia, and multimorbidity in older adults [7]. Moreover, falls often result in increased healthcare utilization, including emergency visits, hospital admissions, and long-term care placement, thereby imposing significant economic and societal costs [4]. Given these multifaceted consequences, early identification and targeted management of balance deficits are critical components of geriatric rehabilitation.

Equilibrium, defined as the ability to maintain the body's center of mass within the base of support, is a fundamental component of postural control. Postural stability is achieved through the complex integration of sensory inputs from the visual, vestibular, and somatosensory systems, coordinated by central processing mechanisms and executed through appropriate motor responses [8]. Age-related changes in these systems—including reduced proprioceptive acuity, visual decline, vestibular dysfunction, and delayed neuromuscular responses—contribute to impaired equilibrium and increased postural sway [9]. Importantly, equilibrium encompasses both static and dynamic conditions, requiring anticipatory and reactive adjustments to maintain stability during functional tasks. Disruption in any component of this system can compromise balance and increase susceptibility to falls. Therefore, clinical assessment of equilibrium provides valuable insight into the underlying mechanisms of balance impairment in older adults.

In clinical practice, a wide range of equilibrium-based balance tests has been developed to assess postural control and estimate fall risk. These tools vary considerably in their design, complexity, and the specific domains of balance they assess. For instance, tests such as the Berg Balance Scale evaluate functional balance through task performance, whereas simpler measures like the Single Leg Stance or Functional Reach Test focus on specific aspects of static or anticipatory control. Other assessments, such as the Timed Up and Go test and the Tinetti Performance-Oriented



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Mobility Assessment, incorporate elements of dynamic balance and mobility. Despite their widespread use, there is considerable variability in the reported diagnostic accuracy, reliability, and predictive validity of these tests [10,11]. Clinicians are often faced with the challenge of selecting the most appropriate assessment tool, balancing considerations of feasibility, time efficiency, and clinical relevance. This variability highlights the need for a systematic comparison of commonly used equilibrium-based tests to inform evidence-based clinical decision-making. Despite extensive research on balance assessment and fall risk prediction, there remains a lack of consensus regarding the most effective clinical tool for identifying individuals at risk of falls. Systematic reviews have consistently reported that no single balance test demonstrates sufficient sensitivity and specificity to serve as a standalone predictor of falls [11,12]. This limitation reflects the inherently multifactorial nature of falls, which involve interactions between physical, cognitive, environmental, and behavioral factors. Furthermore, many commonly used tests exhibit methodological limitations, including ceiling effects in high-functioning individuals, limited sensitivity to subtle balance deficits, and variability in scoring and interpretation [13]. The heterogeneity in study designs, populations, and outcome measures further complicates direct comparison across tools, contributing to inconsistent findings in the literature.

Given these challenges, there is a clear need for a comprehensive, clinically oriented synthesis of evidence comparing equilibrium-based balance tests. Such an analysis should not only examine their psychometric properties but also consider their practical applicability across different clinical settings and patient populations. By critically evaluating the strengths and limitations of these tools, clinicians can make more informed decisions regarding assessment strategies and tailor interventions to individual patient needs. This narrative review aims to address this gap by providing a detailed comparative evaluation of commonly used equilibrium-based balance tests, with a focus on their diagnostic utility, clinical relevance, and limitations in predicting falls among older adults.

METHODS

A narrative review was conducted using a structured and transparent approach to synthesize current evidence on equilibrium-based balance tests for fall prediction in older adults. Although not designed as a systematic review, methodological rigor was maintained in accordance with established guidance for high-quality narrative reviews, including the Scale for the Assessment of Narrative Review Articles (SANRA) and principles of evidence-based literature synthesis [14,15]. The objective was to provide a clinically meaningful and methodologically sound integration of available evidence while preserving flexibility inherent to narrative reviews. A comprehensive literature search was performed across multiple electronic databases, including PubMed, Scopus, Web of Science, PEDro, and the Cochrane Library. The search strategy combined Medical Subject Headings (MeSH) and free-text terms to maximize retrieval of relevant studies. Boolean operators ("AND," "OR") were used to structure the search, integrating terms related to the population, concept, and outcomes of interest. Core search terms included "falls," "fall risk," "balance assessment," "equilibrium," "postural control," "older adults," and "elderly," along with specific test-related keywords such as "Berg Balance Scale," "Timed Up and Go," "Functional Reach Test," "Single Leg Stance," "Tinetti," and "Romberg." The search strategy was iteratively refined to ensure an optimal balance between sensitivity and specificity, thereby capturing a comprehensive yet relevant body of literature [16].

To enhance the robustness of the search process, both MeSH terms (e.g., "Accidental Falls," "Postural Balance," "Aged") and synonymous free-text keywords were used in combination. Initial searches prioritized sensitivity to ensure broad retrieval of potentially relevant studies, followed by progressive refinement during screening to improve specificity. Additionally, backward and forward citation tracking of key articles and systematic reviews was performed to identify relevant studies not captured in the primary database search. This approach is consistent with recommended best practices for comprehensive literature identification in narrative reviews [17]. Eligibility criteria were predefined to ensure consistency and relevance in study selection. Studies were included if they involved older adults aged 60 years or above (or ≥ 65 years where specified), evaluated one or more equilibrium-based balance assessment tools, and reported outcomes related to fall prediction, fall risk stratification, or balance impairment.



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associated with falls. Only peer-reviewed articles published in English were included to ensure methodological quality and accessibility. Exclusion criteria comprised case reports, editorials, letters to the editor, conference abstracts without full-text availability, and studies focusing exclusively on laboratory-based or instrumented assessments lacking direct clinical applicability. Studies without clearly defined outcome measures related to fall risk or balance assessment were also excluded.

A wide range of study designs was considered to ensure comprehensive evidence synthesis. These included randomized controlled trials, prospective and retrospective cohort studies, cross-sectional studies, and validation or reliability studies. Systematic reviews and meta-analyses were also included to provide higher-level evidence and contextual support for individual study findings. This inclusive approach was necessary due to the methodological heterogeneity inherent in research on balance assessment and fall prediction, and it allowed for a more nuanced understanding of test performance across different populations and settings [18]. The literature search was restricted to studies published between January 2005 and December 2025. This predefined time frame was selected to capture contemporary evidence reflecting advances in clinical balance assessment, psychometric validation of commonly used equilibrium-based tests, and evolving frameworks in fall risk evaluation. Earlier seminal studies were included selectively where necessary to support the original development and validation of key assessment tools, ensuring both historical context and current relevance. The study selection process followed a structured, multi-stage approach. All retrieved records were initially screened for duplicates, which were removed prior to further evaluation. Titles and abstracts were then screened for relevance to the review objective. Full-text articles of potentially eligible studies were subsequently assessed against the predefined inclusion and exclusion criteria. Although this review did not follow a formal systematic review protocol and did not include a PRISMA flow diagram, a transparent and reproducible selection process was maintained throughout. Emphasis was placed on methodological quality, clinical relevance, and applicability to geriatric rehabilitation practice in the final selection of studies

RESULTS

Static Equilibrium and Postural Stability Tests

Static equilibrium tests primarily assess the ability to maintain the center of mass within a fixed base of support under minimal external perturbation. These tests are grounded in the evaluation of sensory integration and postural alignment, reflecting foundational aspects of balance control. The Berg Balance Scale (BBS) is one of the most widely utilized clinical tools for assessing functional balance in older adults. It consists of 14 tasks, including sitting, standing, reaching, and turning, each scored on a 5-point ordinal scale, yielding a maximum score of 56 [19]. The BBS evaluates predominantly static and anticipatory postural control, with some elements of transitional movement. It demonstrates excellent inter-rater and test-retest reliability (ICC >0.95) and has been extensively validated in geriatric populations [10,19]. However, despite its clinical popularity, the BBS exhibits a well-documented ceiling effect in higher-functioning individuals, limiting its sensitivity for detecting subtle balance impairments and reducing its predictive accuracy for falls in community-dwelling older adults [12]. Furthermore, it does not adequately assess reactive postural control or dynamic gait stability, which are critical components of fall risk. The Single Leg Stance (SLS) Test is a simple measure of static balance requiring the individual to stand unassisted on one leg for as long as possible. Performance is typically measured in seconds, with shorter durations indicating impaired balance. This test primarily assesses static postural stability and neuromuscular control. It is quick, requires no equipment, and has demonstrated moderate reliability and association with fall risk [20]. However, its predictive validity is limited, particularly in mildly impaired individuals, and performance can be influenced by lower limb strength and joint integrity rather than pure equilibrium control.

The Romberg Test and its more challenging variant, the Sharpened Romberg Test, are classical assessments of sensory integration. The Romberg test evaluates postural stability with eyes open and closed, thereby isolating reliance on visual versus proprioceptive input. The Sharpened Romberg increases task difficulty by narrowing the



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base of support, typically requiring tandem stance. These tests primarily assess static equilibrium and the integrity of sensory systems contributing to balance [21]. While useful in identifying sensory deficits, their utility in predicting falls is limited due to low sensitivity and inability to capture dynamic or functional balance demands [12]. Collectively, static equilibrium tests provide valuable baseline information regarding postural stability and sensory integration. However, their limited scope restricts their predictive capacity for real-world fall scenarios, which often involve dynamic and reactive components.

Dynamic and Functional Mobility-Based Tests

Dynamic equilibrium tests extend beyond static postural control to assess the ability to maintain stability during movement and transitional tasks, which are more representative of daily functional activities. The Timed Up and Go (TUG) Test is a widely used functional mobility assessment in which the individual stands up from a chair, walks three meters, turns, returns, and sits down. The time taken to complete the task is recorded, with values exceeding 13.5 seconds commonly associated with increased fall risk [11]. The TUG assesses dynamic balance, transitional movements, and gait stability. It is highly practical and time-efficient, making it suitable for clinical and community settings. However, its performance is influenced by multiple factors, including muscle strength, cognition, and walking speed, which may confound its specificity as a pure equilibrium measure [11,12]. The Functional Reach Test (FRT) evaluates the maximum distance an individual can reach forward beyond arm's length while maintaining a stable base of support. It primarily assesses anticipatory postural control and limits of stability. The test is simple, quick, and requires minimal equipment. Reduced reach distance has been associated with increased fall risk [22]. Nonetheless, the FRT evaluates only a single plane of movement and does not account for multidirectional balance challenges, limiting its comprehensiveness.

The Dynamic Gait Index (DGI) and its refined version, the Functional Gait Assessment (FGA), are designed to assess dynamic balance during walking under varying conditions, including changes in speed, head movements, and obstacle negotiation. The DGI consists of eight tasks scored on a 4-point scale, while the FGA expands on this with additional challenging tasks to reduce ceiling effects [23]. These tests evaluate dynamic gait stability and adaptability, which are critical for fall prevention in real-world environments. Evidence suggests moderate to good predictive validity for falls, particularly in community-dwelling older adults [24]. However, administration requires more time and clinician expertise compared to simpler tests. Dynamic and functional tests offer improved ecological validity compared to static assessments, as they better reflect the conditions under which falls typically occur. Nevertheless, they still do not fully capture all components of postural control, particularly reactive balance responses.

Multidimensional / Systems-Based Balance Assessments

Recognizing the limitations of traditional tests, multidimensional tools have been developed to assess distinct components of postural control based on contemporary theoretical frameworks. The Balance Evaluation Systems Test (BESTest) was developed to evaluate six underlying systems of balance: biomechanical constraints, stability limits, anticipatory postural adjustments, reactive postural responses, sensory orientation, and dynamic gait [25]. It consists of 36 items and provides a comprehensive profile of balance impairments. While the BESTest demonstrates excellent reliability and validity, its length and complexity limit its feasibility in routine clinical practice. To address these limitations, the Mini-BESTest was developed as a shorter version focusing on dynamic balance components, including anticipatory control, reactive responses, sensory integration, and gait stability. It consists of 14 items and requires less time to administer while maintaining strong psychometric properties [26]. Evidence suggests that the Mini-BESTest has superior sensitivity and specificity for identifying fallers compared to traditional tools such as the BBS and TUG, particularly in higher-functioning older adults [26,27]. Its reduced ceiling effect enhances its clinical utility. The Fullerton Advanced Balance (FAB) Scale was specifically designed for higher-functioning older adults to overcome the ceiling limitations of traditional scales. It includes tasks that challenge multiple aspects of balance, such as tandem walking, turning, and reactive control. The FAB scale demonstrates good reliability and validity and is particularly useful in active elderly populations [28]. However, it requires more space and time than simpler tests, which may limit its use in certain clinical settings. Multidimensional assessments represent a significant



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advancement in balance evaluation, as they align more closely with the complex, systems-based nature of postural control. Their ability to identify specific deficits enhances their value in guiding targeted rehabilitation.

Composite Functional Performance Measures

The Short Physical Performance Battery (SPPB) is a composite measure that includes standing balance tests, gait speed, and chair rise performance. Although not exclusively an equilibrium test, it provides a broader assessment of lower extremity function and physical performance [29]. Scores range from 0 to 12, with lower scores indicating poorer function and higher fall risk. The SPPB has been shown to predict disability, hospitalization, and mortality, in addition to falls [29,30]. The inclusion of multiple functional domains enhances its predictive validity; however, its specificity for equilibrium is limited. As such, it is best considered a complementary tool within a broader assessment framework rather than a standalone balance test.

Instrumented and Objective Equilibrium Assessments

Instrumented assessments provide objective quantification of postural control and are often considered reference standards in balance research. Force plate posturography measures center of pressure (COP) displacement during quiet standing, providing detailed information on postural sway and stability. Parameters such as sway velocity, amplitude, and area are analyzed to assess balance performance. These measures are sensitive to subtle impairments and can detect early balance deficits [31]. However, their clinical application is limited by cost, equipment requirements, and need for specialized expertise. Computerized Dynamic Posturography (CDP) further advances assessment by evaluating balance under controlled sensory conditions. The Sensory Organization Test (SOT), a component of CDP, systematically manipulates visual and somatosensory inputs to assess reliance on different sensory systems [32]. CDP provides comprehensive insight into sensory integration and postural control strategies. Despite its status as a gold standard in research settings, its high cost and limited accessibility restrict its use in routine clinical practice.

Synthesis Across Categories

Across all categories, it is evident that equilibrium-based balance tests vary significantly in their scope, complexity, and clinical applicability. Static tests offer simplicity but limited predictive value, dynamic tests improve functional relevance, and multidimensional tools provide the most comprehensive assessment of postural control systems. Instrumented methods offer precision but lack feasibility in most clinical settings. This heterogeneity underscores the absence of a single superior test and highlights the importance of selecting assessment tools based on clinical context, patient characteristics, and specific evaluation goals.

Comparative Analysis

Across the included equilibrium-based balance tests, notable differences were observed in diagnostic performance, measurement properties, and feasibility. Screening tools such as the Timed Up and Go Test demonstrated moderate sensitivity and specificity, supporting their role in initial fall risk identification but limiting their utility for definitive classification. In contrast, multidimensional assessments such as the Mini-BESTest and the Balance Evaluation Systems Test showed higher predictive validity, reflecting their ability to capture multiple domains of postural control, including anticipatory, reactive, and sensory components.

Traditional tools such as the Berg Balance Scale demonstrated excellent reliability (ICC >0.90) but comparatively lower sensitivity in high-functioning older adults due to ceiling effects. Similarly, gait-based tools such as the Dynamic Gait Index showed reduced discriminatory ability in active populations, whereas the Functional Gait Assessment improved detection of subtle deficits. Simpler static tests (e.g., Single Leg Stance, Romberg) showed limited predictive validity, indicating restricted use primarily for rapid screening. In terms of feasibility, substantial variation was observed. Rapid bedside tests required minimal time (<5 minutes) and no equipment, enhancing their applicability in high-volume clinical settings. Conversely, comprehensive tools such as the BESTest required longer



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administration time (30–45 minutes) but provided detailed system-level analysis. Instrumented assessments demonstrated high precision but were constrained by cost and accessibility, limiting routine clinical use.

Clinical Utility and Applicability

Clinical applicability varied according to setting and patient characteristics. In hospital and inpatient rehabilitation settings, time-efficient and safe tools such as the Timed Up and Go Test and Berg Balance Scale were most commonly utilized due to ease of administration and suitability for patients with moderate to severe impairment. In contrast, community and outpatient settings required more sensitive and discriminative tools, with the Mini-BESTest and Functional Gait Assessment demonstrating better utility in identifying subtle balance deficits among active older adults. Differences were also evident across functional levels. In frail elderly individuals, tools such as the Berg Balance Scale and Short Physical Performance Battery were appropriate due to their sensitivity to moderate impairment. However, these tools showed reduced effectiveness in high-functioning populations, where ceiling effects limited clinical interpretation. In such cases, multidimensional tools and advanced gait assessments provided improved discrimination. From a clinical decision-making perspective, screening tools offered high feasibility with moderate accuracy, whereas multidimensional assessments provided greater diagnostic depth and predictive value. Evidence across studies supports a combined assessment approach, where initial screening is followed by a more detailed evaluation to improve overall clinical accuracy and applicability.

DISCUSSION

Falls in older adults remain a significant clinical and public health concern, contributing to increased morbidity, mortality, and healthcare burden [1–5]. This review highlights that equilibrium-based balance assessments vary considerably in their diagnostic accuracy, reliability, and clinical applicability, reflecting the multifactorial nature of postural control and fall risk [8,9]. A key finding is that widely used tools such as the Berg Balance Scale and Timed Up and Go Test demonstrate only moderate predictive validity for falls (AUC ~0.70) [10–12]. Although these tools are reliable and practical, their limited scope—particularly the underrepresentation of reactive balance and sensory integration—restricts their ability to accurately identify fall risk when used independently. This is consistent with previous evidence suggesting that no single clinical test is sufficient for fall prediction [12,13]. In contrast, multidimensional tools such as the Balance Evaluation Systems Test and Mini-BESTest demonstrate superior construct validity and improved predictive performance. These tools are based on contemporary models of postural control and evaluate multiple domains, including anticipatory, reactive, and sensory components [8,25–27]. Among these, the Mini-BESTest offers a practical advantage by providing comprehensive assessment within a shorter administration time, enhancing its feasibility for routine clinical use.

Reliability across most tools was high, particularly for standardized scales such as the BBS, BESTest, and Mini-BESTest (ICC >0.90) [19,25,26]. However, simpler tests such as the Single Leg Stance Test and Romberg Test demonstrated greater variability and limited predictive value, supporting their role primarily as screening tools [20,21]. Instrumented assessments provide objective and precise measurements but remain restricted to specialized settings due to cost and logistical constraints [31,32]. Ceiling and floor effects further influence clinical interpretation. The BBS and Dynamic Gait Index exhibit ceiling effects in high-functioning older adults, reducing sensitivity to subtle impairments [12]. Conversely, frail individuals may demonstrate floor effects in more demanding tasks. Multidimensional tools such as the Mini-BESTest and the Fullerton Advanced Balance Scale partially overcome these limitations by incorporating a broader range of task difficulty [26,28]. From a clinical perspective, a trade-off exists between feasibility and diagnostic accuracy. Simple tools such as the Timed Up and Go Test are efficient and widely applicable but provide limited depth, whereas comprehensive tools such as the BESTest offer detailed system-level insights at the expense of time. The Mini-BESTest appears to provide the most balanced approach, combining multidimensional assessment with acceptable feasibility. Importantly, the findings support a multimodal assessment strategy, as fall risk cannot be adequately captured by a single measure. This aligns with earlier work emphasizing



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the multifactorial nature of falls and the influence of factors such as frailty, fear of falling, and sensory decline [2,6,7]. A layered approach—using initial screening followed by detailed assessment—may enhance clinical decision-making and improve fall risk identification.

CONCLUSION

Equilibrium-based balance assessments play a central role in fall risk evaluation in older adults; however, their diagnostic performance varies considerably depending on the domains assessed and the population tested. Traditional tools such as the Berg Balance Scale and Timed Up and Go Test remain valuable for screening and monitoring due to their simplicity and high reliability, but demonstrate only moderate predictive validity when used in isolation. In contrast, multidimensional assessments such as the Mini-BESTest and Balance Evaluation Systems Test provide superior diagnostic utility by capturing multiple components of postural control, thereby improving fall risk identification across different functional levels. Among these, the Mini-BESTest offers the most favorable balance between accuracy and clinical feasibility. No single test is sufficient to comprehensively assess fall risk. Therefore, a combined, context-specific approach integrating rapid screening tools with more detailed multidimensional assessments is recommended to enhance clinical decision-making. Future research should focus on integrating multidimensional frameworks with emerging technologies to improve precision, standardization, and applicability of fall risk assessment in diverse elderly populations.

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Table 1. Comprehensive Psychometric, Measurement, and Clinical Properties of Equilibrium-Based Balance Tests for Fall Prediction in Older Adults

Test	Type	Procedure & Scoring	Reliability (ICC/Test-Retest / Inter-rater)	Measurement Error (MDC/SEM)	Validity (Fall Prediction / Construct)	Cut-off	Domains Assessed
Berg Balance Scale (BBS)¹⁹	Static + functional	14 tasks; 0–4 each; total 56	ICC 0.95–0.98 (Berg et al.)	MDC 4–7 points	AUC 0.70–0.75; Sens 0.68–0.77; Spec 0.70–0.80 (Lusardi)	≤45/56	Static, anticipatory, functional transitions



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					et al., Park 2018)		
Single Leg Stance (SLS) ²⁰	Static	Time (sec) single-leg stance	ICC 0.80–0.90 (Springer et al.)	SEM ~2–3 sec	Weak predictive validity; hazard ratios inconsistent	<5 sec	Static postural stability
Romberg Test ²¹	Static (sensory integration)	Eyes open vs closed stance	ICC 0.60–0.80	Not well established	No meaningful predictive validity for falls	—	Sensory integration (visual/proprioceptive)
Sharpened Romberg ^{23, 33}	Static (challenged BOS)	Tandem stance eyes closed	ICC 0.70–0.85	Not established	Limited predictive validity	—	Static + sensory challenge
Timed Up and Go (TUG) ^{11, 34}	Dynamic/functional	Sit–walk–turn–return–sit; time (sec)	ICC 0.80–0.99 (Barry et al.)	MDC ~2–3 sec	AUC 0.70; Sens 0.71–0.76; Spec 0.70–0.75 (Barry 2014)	≥13.5 sec	Dynamic balance, mobility, transitions
Functional Reach Test (FRT) ²²	Stability limits	Forward reach (cm)	ICC 0.89–0.92 (Duncan et al.)	MDC ~5–6 cm	Moderate association with falls; inconsistent predictive value	<15 cm	Anticipatory postural control
Dynamic Gait Index (DGI) ³⁵	Dynamic gait	8 tasks; score 0–24	ICC ~0.96	MDC ~2–3 points	Sens 0.59–0.67; Spec 0.64–0.75 (Wrisley et al.)	≤19	Gait adaptability
Functional Gait Assessment (FGA) ²⁴	Dynamic gait	10 tasks; score 0–30	ICC 0.86–0.93 (Wrisley et al.)	MDC ~4 points	AUC 0.74–0.80	≤22	Advanced gait, adaptability
BESTest ²⁵	Multidimensional (6 systems)	36 items across systems	ICC 0.91–0.98 (Horak et al.)	MDC ~8–10 points	Strong construct validity; predictive	—	Biomechanical, anticipatory, reactive, sensory, gait



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					e evidence emerging		
Mini-BESTest ^{26, 27}	Multidimensional	14 items; score 0–28	ICC 0.90–0.96 (Franchignoni <i>et al.</i>)	MDC ~3–4 points	AUC 0.80–0.90; superior to BBS/TUG (Leddy <i>et al.</i>)	≤20	Dynamic, reactive, sensory, gait
Fullerton Advanced Balance (FAB) ²⁸	Advanced balance	10 tasks; score 0–40	ICC 0.90–0.96 (Rose <i>et al.</i>)	MDC ~5–6 points	Moderate–high predictive validity	≤25	Dynamic, reactive, complex balance
Short Physical Performance Battery (SPPB) ^{29, 30}	Composite	Balance + gait + chair rise	ICC 0.88–0.92 (Guralnik <i>et al.</i>)	MDC ~1–2 points	OR 1.5–2.5 for falls (Veronesi <i>et al.</i>)	≤9	Functional performance
Force Plate Posturography ³¹	Instrumented	COP sway metrics	ICC >0.90	Very low error	High sensitivity; detects early instability	—	Static sway (COP)
Computerized Dynamic Posturography (CDP/SOT) ³²	Instrumented	Sensory organization testing	ICC 0.80–0.95 (Nashner)	Variable	AUC ~0.80–0.90	—	Sensory integration, reactive control

Table.2. Clinical Utility and Decision-Making Profile of Equilibrium-Based Balance Tests in Older Adult

Test	Time	Equipment	Best Population (Older Adults)	Clinical Strengths	Practical Strength	Practical Limitation
Berg Balance Scale (BBS) ¹⁹	15–20 min	Standard chair, step/stool, ruler, stopwatch	Frail, institutionalized, post-acute elderly with moderate impairment	Comprehensive functional balance assessment & monitoring	Excellent reliability; sensitive to moderate deficits; widely validated in geriatrics	Ceiling effect (>45–50); underestimates fall risk in high-functioning elderly; limited reactive/gait components



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Single Leg Stance (SLS) ²⁰	<2 min	None	Frail and community-dwelling elderly (initial screening)	Rapid screening of static postural stability	Extremely quick; no equipment; feasible in all settings	Poor sensitivity for early impairment; influenced by lower limb strength, pain, fear of falling
Romberg Test ²¹	<2 min	None	General elderly (very basic screening)	Basic sensory orientation check (non-predictive)	Simple bedside tool; minimal training	Not a fall prediction tool; binary outcome; low functional relevance
Sharpened Romberg ^{23, 33}	<3 min	None	Community-dwelling elderly with mild balance deficits	Enhanced static balance screening	Greater challenge than Romberg; detects mild instability	Still static; poor ecological validity; limited predictive accuracy
Timed Up and Go (TUG) ^{11, 34}	2–5 min	Standard chair (~45 cm), stopwatch, 3 m walkway	All older adults (community, hospital, outpatient)	Primary fall risk screening + functional mobility assessment	Highly feasible; integrates sit-to-stand, gait, turning; recommended in guidelines	Not balance-specific; performance influenced by cognition, gait speed, strength; cut-off varies (~12–14 sec)
Functional Reach Test (FRT) ²²	3–5 min	Measuring tape mounted on wall	Frail and community elderly with impaired stability	Assessment of limits of stability (anticipatory control)	Quick; low-cost; responsive in frail populations	Assesses only anterior direction; no reactive or lateral stability
Dynamic Gait Index (DGI) ³⁵	10–15 min	Walkway (~6 m), cones/obstacles, optional stairs	Community-dwelling elderly with gait impairment	Moderate-level dynamic balance and gait adaptability assessment	Functional tasks (head turns, speed changes, obstacles)	Ceiling effect in active elderly; scoring subjectivity
Functional Gait Assessment (FGA) ²⁴	10–15 min	Walkway, obstacles	Active/high-functioning elderly; mild balance deficits	Advanced dynamic balance and fall risk assessment	Reduced ceiling effect vs DGI; detects subtle gait instability	Requires standardized administration and clinician training
BESTest ²⁵	30–45 min	Foam surface, incline board, obstacles, chair	Elderly with complex/multifactorial balance impairment	Comprehensive systems-based diagnostic profiling	Assesses 6 domains (anticipatory, reactive, sensory, gait); guides targeted rehab	Time-intensive; limited feasibility in busy clinical settings



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Mini-BESTest ^{26,27}	10–15 min	Foam surface, obstacles, chair	Broad applicability (community, frail, high-functioning elderly)	Best overall balance assessment (diagnostic + predictive)	High validity; minimal ceiling effect; captures dynamic/reactive control	Requires familiarity with scoring; moderate training needed
Fullerton Advanced Balance (FAB) ²⁸	10–15 min	Stopwatch, tape, obstacles	High-functioning, active older adults	Detection of subtle/high-level balance deficits	Designed to overcome BBS ceiling effect; includes dynamic tasks	Less commonly used; limited normative data
Short Physical Performance Battery (SPPB) ^{29,30}	7–10 min	Chair, stopwatch, 4 m walkway	Frail elderly; geriatric clinics, community screening	Global functional risk stratification (falls, disability, mortality)	Strong prognostic value; easy scoring; widely used in geriatrics	Not specific to balance; influenced by strength/endurance
Force Plate Posturography ³¹	20–30 min	Laboratory force platform	Research or early/subclinical impairment in elderly	Objective quantification of postural sway (COP metrics)	Highly sensitive; detects subtle instability before clinical signs	Expensive; requires technical expertise; limited clinical use
Computerized Dynamic Posturography (CDP/SOT) ³²	30–45 min	Specialized dynamic platform system	Selected elderly (tertiary care, vestibular assessment)	Comprehensive sensory organization analysis	Gold standard for assessing sensory contributions to balance	High cost; limited availability; requires specialized training

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RESEARCH ARTICLE

A Bibliometric Mapping of Research Productivity in Mechatronics During the period of 1989-2017

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Received: 17 Feb 2026

Revised: 19 Apr 2026

Accepted: 14 May 2026

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ABSTRACT

The study reveals that there are 1488 publications on mechatronics are indexed for the study period that is 29 years. Various reputed journals published the research on “Mechatronics” written by authors affiliated to numerous research institutions and organization from 73 countries. It is found that more number of research articles was sponsored by the funding agencies across the globe, of which the research organizations apart from India contributed major stake, which is followed by National Natural Science Foundation of China, National Science Foundation (NSF). USA has the top most country contributed of the total research output which is followed by Japan and Germany. With regard to the productivity of the institutions, National University Singapore and KEIO University are the top major areas in which the “Mechatronics” research outcome is documented.

Keywords: Mechatronics, Research Areas, Citations, and Funding Agencies, Science Citation Index.

INTRODUCTION

Mechatronics is a multidisciplinary field of science that includes a combination of mechanical engineering, electronics, computer engineering, telecommunications engineering, systems engineering and control engineering. It is a combination of the principles of mechanics, electronics, and computing to generate a simpler, more economical and reliable system. It is used to design or select sensors and actuators, develop control algorithms and use or develop advanced functional materials for the design of mechanical systems such as chassis stabilizing systems, anti-



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lock brakes, engine control units, disk drives, cameras, service and surgical robots and artificial. Evolution of Information technology and microprocessor embedded mechanical systems; Mechatronics was simple and mainly focused on servo-technology, such as automotive door openers, servo valves and AC/DC servo motors etc. In this day and age the mechanical systems are reliable, accurate and have a very high efficiency especially in automobiles with electronic engine controls technology that enabled the on-impact triggering of airbags, evolution of sophisticated sensors, active and passive safety devices has predicted a record in car navigation system.

METHODOLOGY

The present study is to investigate the research performance of “Mechatronics” scholarly publications. It aims to identify the distribution of research output on the basis of research papers contributed by Scientists. The study examines the prolific authors, funding agencies and country wise distribution during the study period. The research areas, most prolific journal was also brought under the purview of the study.

Data Collection

There are various sources contributing to the research output of “Mechatronics” research by overall scientists. For this study the researcher has taken the secondary sources from online database. The necessary data was collected from the database of Science Citation Index (SCI), Social Science Citation Index (SSCI) and Arts & Humanities Citation Index (ACHI) which is available via the Web of Science (WoS). The WoS is the search platform provided by Thomson Reuters (the former Thomson Scientific emerged from the Institute for Scientific Information (ISI) in Philadelphia). SCI and SSCI database is one of the very complete databases covering all aspects of science. The study period 1989 to 2017 is selected in the available database. A total of 1488 records were downloaded in the form of Notepad and used the Histcite, and MS Excel packages for tabulation.

Objectives of the Study

- To find out the bibliographical form wise distribution of citations
- To know the language wise distribution of citations
- To find out the country wise distribution of articles
- To prepare a ranked list of journals in order of their frequency of citations.
- To examine Subject domain wise distribution
- To identify the funding pattern.

Analysis and Interpretation

Year wise distribution of publications

From the below table, it could be noticed that total 1488 records were produced by various authors were contributed in different disciplines during the sample period. Year 2015 has highest number of records. 2007 having highest citation scores.

Document Wise Distribution of Records

Journal Article dominates in the document wise scattering of records while proceedings paper, Editorial Material, Review, News item, letter, book review, meeting abstract and book chapter covers remaining records.

Country wise distribution of Publications

The researcher analyzed the top 10 countries publications. The below table shows that the countries wise distribution of publications among that USA from North American Continent holds the first position with TGCS of 3465 whereas Japan from Asian Continent has second place with TGCS of 2895. Germany from European Continent with records of 153 and GCS of 1782 and so on.





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Subject Domain wise scattering

Among various subject domains; Engineering has 1116 records followed by Automation Control System with 546 records. Computer Science, Education, Educational Research, instruments and instrumentation have good number records.

Institution wise distribution of publications

Among the various institutions, National University of Singapore has contributed highest number of contributions in the field of Mechatronics followed by KEIO University Japan with 20 records having GCS of 1274.

Funding Agencies

Mechatronics were funded both national and international funding agencies. National Natural Science Foundation of China stands first among the international level funding agencies, followed by National Science Foundation and European Union and European Commission so on. National funding is not so good compare to international level funding.

FINDINGS AND CONCLUSIONS

There is no much variation in the early output up to 2000 but from 2002 onwards there is significant development in the research output and there is a need of promoting further collaboration. Research Productivity in the Mechatronics is significantly high. Though the study started in recent decade but there is really an optimistic growth in the research productivity. Funding from both national and international should be supported for the further developments in the subject Mechatronics.

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Table 1: Year wise distribution of Records

Sl. No	Year	Records	Citations	Sl. No	Year	Records	Citations
1	1989	2	0	16	2004	50	483
2	1990	8	4	17	2005	55	1190
3	1991	11	20	18	2006	56	793
4	1992	19	193	19	2007	70	1582
5	1993	17	77	20	2008	70	708
6	1994	23	72	21	2009	72	966
7	1995	31	134	22	2010	107	1000
8	1996	46	1518	23	2011	86	556





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9	1997	25	453	24	2012	83	618
10	1998	28	468	25	2013	86	608
11	1999	32	613	26	2014	82	418
12	2000	38	1200	27	2015	113	253
13	2001	34	356	28	2016	105	55
14	2002	56	967	29	2017	21	1
15	2003	62	554	Total		1488	15860

Table 2: Document wise distribution of Records

Sl. No	Document Type	Records	TGCS
1	Article	1166	12899
2	Article; Proceedings Paper	152	1927
3	Editorial Material	119	69
4	Review	37	852
5	News Item	4	0
6	Letter	3	11
7	Bibliography	2	0
8	Book Review	2	0
9	Correction	1	0
10	Meeting Abstract	1	0
11	Review; Book Chapter	1	102

Table 3: Country wise distribution of Records

Sl. No	Country	Records	TGCS
1	USA	228	3465
2	Japan	204	2895
3	Germany	153	1782
4	Italy	111	1358
5	UK	107	1084
6	Peoples R China	96	510
7	England	96	498
8	Canada	74	836
9	Taiwan	49	329
10	Turkey	47	216

Table 4: Subject Domain wise Scattering

Research Areas	Records	Research Areas	Records
Engineering	1116	Robotics	104
Automation Control Systems	546	Materials Science	63
Computer Science	349	Physics	52
Education Educational Research	138	Mechanics	45
Instruments Instrumentation	118	Science Technology other Topics	27

Table 5: Institution wise distribution

Institutions	Records	TGCS
National University Singapore	21	114
KEIO University	20	1274
University of Cassino and Southern Lazio	20	259





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Delft University of Technology	17	496
Polytechnic University of Milan	17	230
Georgia Institute of Technology	16	71
University of Tokyo	16	262
University of Loughborough	15	81
Clemson University	14	87

Table 6: Funding pattern among the Literature

Funding Agencies	Records	Funding Agencies	Records
National Natural Science Foundation of China	23	European Community	5
National Science Foundation	15	Program for New Century Excellent Talents in University	4
European Union	8	Natural Sciences and Engineering Research Council (NSERC) of Canada	4
European Commission	7	National Science Council of Taiwan	4
National Science Council Taiwan Republic of China	5	Ministry of Education Culture Sports Science and Technology of Japan	4

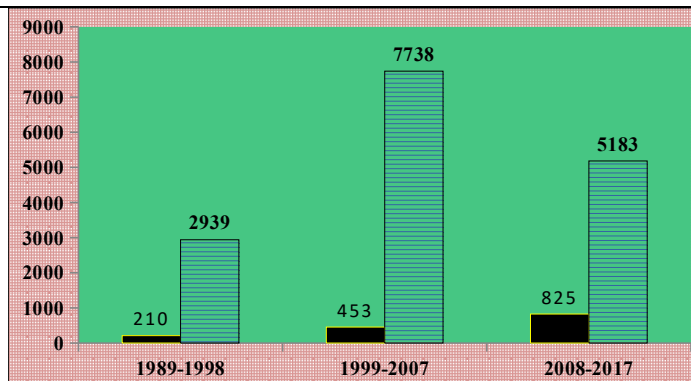


Fig 1: Year wise distribution of records with citations

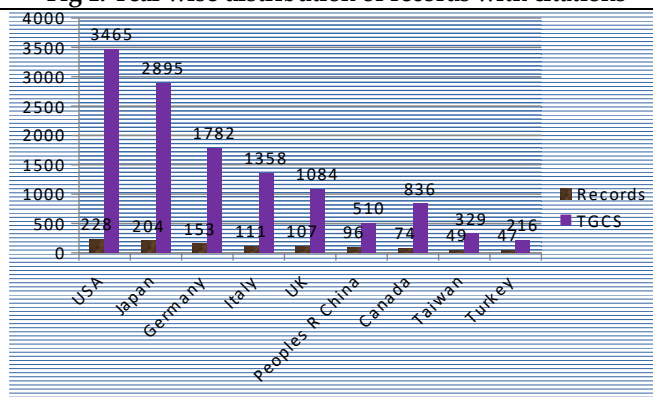


Fig 2: Country wise distribution of records





Subject domain wise distribution

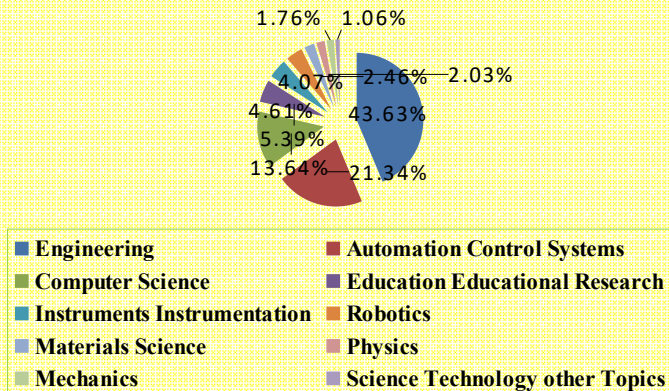


Fig 3: Subject domain wise scattering

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RESEARCH ARTICLE

A Randomised Clinical Study to Evaluate the Effectiveness of Homoeopathy Medicines Sulphur , Phosphorus and *Thuja occidentalis* in the Management of Diabetes Mellitus

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Received: 11 Mar 2026

Revised: 10 Apr 2026

Accepted: 07 May 2026

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ABSTRACT

Diabetes mellitus is a chronic metabolic disorder characterized by persistent hyperglycemia and associated microvascular and macrovascular complications. Despite advances in conventional therapies, there is growing interest in complementary approaches, including homoeopathy, for long-term management and improved quality of life. To assess the functioning of sulphur , phosphorous and *Thuja occidentalis* homoeopathy medicines in diabetes mellitus patients through the mentioned investigational parameters 2. To assess the effect of placebo in the management of Diabetes mellitus with the mentioned homoeopathic medicines 3. To Compare the effectiveness of placebo in the management of Diabetes mellitus with the mentioned homoeopathic medicines A randomized, controlled clinical trial was conducted on patients diagnosed with diabetes mellitus. Eligible participants were randomly assigned to receive individualized homoeopathic treatment with Sulphur, Phosphorus, or *Thuja occidentalis* based on symptom similarity. Baseline and follow-up assessments included glycated hemoglobin (HbA1c). The duration of the study was 18 months , and descriptive and analytical statistical tests has been used to compare pre- and post-treatment values. Patients receiving homoeopathic treatment demonstrated a statistically significant reduction in HbA1c levels compared to baseline. Improvement in associated



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symptoms such as fatigue, polyuria, and polydipsia was also observed. The findings suggest that homoeopathic medicines—Sulphur, Phosphorus, and *Thuja occidentalis*—were effective in the management of diabetes mellitus when prescribed on an evaluation basis of patients. Further large-scale studies with longer follow-up periods are recommended to validate these results and establish their role in integrative diabetes care.

Keywords: Diabetes mellitus, Homoeopathy, Sulphur, Phosphorus, *Thuja occidentalis*, Randomized clinical trial

INTRODUCTION

Diabetes mellitus is a chronic and complex metabolic disorder characterized by sustained elevations in blood glucose levels arising from defects in insulin secretion, insulin action, or both. The term “diabetes” is derived from the Greek word meaning “to pass through” or “siphon,” a reference to the excessive urination observed in affected individuals. This term was first introduced by Aretaeus of Cappadocia in the 2nd century AD. The word “mellitus,” meaning “honey-sweet,” was later added by Thomas Willis in the 17th century to describe the sweet taste of the urine, a distinguishing feature of the condition. Together, the term “diabetes mellitus” reflects the classical clinical presentation of the disease. It has since become a major global health concern, with its prevalence increasing at an alarming rate due to rapid urbanization, changing dietary patterns, reduced physical activity, and population aging. The disease not only affects metabolic homeostasis but also leads to a wide range of long-term complications, including cardiovascular disorders, renal impairment, neuropathy, and visual disturbances. These complications significantly compromise quality of life and place a considerable burden on healthcare systems worldwide.

Conventional management of diabetes mellitus primarily focuses on maintaining glycemic control through pharmacological interventions such as oral hypoglycemic agents and insulin therapy, alongside lifestyle modifications. While these measures have proven efficacy, long-term management often presents challenges. Patients may experience adverse drug effects, financial constraints, and difficulties in maintaining adherence to treatment regimens. Furthermore, conventional approaches tend to emphasize biochemical targets, sometimes overlooking the broader physical, emotional, and constitutional aspects of the individual. This has led to increasing interest in complementary and alternative medical systems that adopt a more holistic perspective. Homoeopathy represents one such system of medicine that emphasizes individualized treatment and the stimulation of the body’s inherent healing mechanisms. Grounded in the principle of “like cures like,” it involves the administration of highly diluted substances selected according to the totality of symptoms presented by the patient. Rather than addressing the disease in isolation, homoeopathy considers the individual as an integrated whole, including physical symptoms, mental disposition, and general constitution. This personalized approach may hold particular relevance in chronic conditions such as diabetes mellitus, where variability in patient response and disease progression is commonly observed.

Among the various homoeopathic remedies employed in clinical practice, Sulphur, Phosphorus, and *Thuja occidentalis* are frequently indicated in cases presenting with metabolic disturbances. Sulphur is often associated with individuals exhibiting disordered metabolism, heat intolerance, and general fatigue, sometimes accompanied by skin-related manifestations. Phosphorus is commonly considered in patients with marked thirst, weakness, and heightened sensitivity, both physically and emotionally. *Thuja occidentalis* is traditionally linked with chronic constitutional tendencies and metabolic irregularities, particularly in individuals displaying specific patterns of systemic imbalance. In this context, the present study has been undertaken as a randomized clinical trial to evaluate the effectiveness of the homoeopathic medicines Sulphur, Phosphorus, and *Thuja occidentalis* in the management of diabetes mellitus. The study aims to assess their impact on glycemic control, clinical outcomes, and overall patient





well-being. By adopting a structured and scientific approach, this research seeks to contribute meaningful evidence to the field of homoeopathy and to explore its potential role in the comprehensive and integrative management of diabetes mellitus.

MATERIALS AND METHODS

Research design: Prospective clinical study with control group.

Sample design: Concealed randomized allocated sampling

Study design: The patients have been recruited into the study with screening of inclusion criteria and then they have been prescribed with any one of the mentioned homoeopathy medicines according to the stage of the disease of the patient by concealed randomized allocated method grouping. Improvement has been monitored with the mentioned investigations and parameters.

- **Case proforma:** Predesigned homoeopathy case sheet with informed consent form
- **Sample size:** 42 Per group (total sample size will be divided into 4 groups in which 3 groups will be of medicinal group and 1 of control group). Sample size had been selected according to the prevalence rate of the diseases that had been provided by the statistician
- **Medicines & potency:** GMP certified homoeopathy medicines sulphur, phosphorus and *Thuja occidentalis* has been procured from the dispensary of Vinayaka Mission's Homoeopathic medical college & hospital, Salem, Tamilnadu.

ETHICAL APPROVAL DATE: 30/1/2023

CTRI NO: REF/2024/01/077967 (1/3/2024)

Inclusion Criteria :

- Patients of only pre diagnosed diabetes mellitus have been included
- Age group between 30- 75 years have been included
- Both sexes have been included
- Patients opting for homoeopathic treatment for the mentioned chronic illness by complying with written consent & regular follow up.
- Patients agreed for the control group treatment.

Exclusion Criteria :

- Patients who have not written the consent form
- Patients who have not fulfilled the inclusion criteria
- Pregnant and lactating women
- Patients with severe comorbidities pertaining to diabetes mellitus
- Patients with more than 200 fbs, 300 pp, 9 % hba1c levels and serum insulin levels greater than 15 u/ml

Total No. of Patients Registered : 200 With Regular Monthly Follow Up

Age Group Range : 30 Years to 75 Years

Potencies Used : 30C, 200, 1M

Dosage Usage : 2 doses / 4 doses / 8 doses per Week for 1 Month in Powder Form

Miasm : Dominant Miasm : Psora & Fundamental Miasm : Psorasyphilis

No. Of Drop Out Patients : 32

No. of Patients Completed Follow Up : 168

Diabetic Medication Used By The Patients : 1. METFORMIN : 500- 1000 MG

GLIMEPRIDE : 1mg - 8 mg 3. MIGLITOL : 25mg - 100 mg





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Investigations For Assessment

Vitamins : B12, D, C

Electrolytes :Sodium ,Potassium , Calcium, Magnesium, Phosphate

Immunoglobulins : Iga, Igg, Igm, Ige

Digestive Enzymes : Serum Amylase, Lipase, Protease

Inflammation : C – Reactive Protein

Antioxidant Absorption : Glutathione Capacity

SLE– Anti Ds Dna

Auto Immune Disease – ANA – Anti Nuclear Antibody

Kidney – Serum Creatinine ,Urea , Uric Acid, Urine Test , Nitrogen Lactose Levels, E Gfr ,

Blood Urea Nitrogen, B-Type Natriuretic Acid Peptide

Protein Test : Albumin, Globulin, A/G Ratio

Diabetes Mellitus :Rbs, Hba1c, Homa Ir, Sr Insulin, Fructosamine, Il-6, C- Peptide

Blood : Hb, Lipid Profile , Liver Function Tests ,Rbs, Ppbs, Fbs.

Scales Forn Assessment

- Diabetes Self Management Questionnaire ,
- Perceived Stress Scale,
- Morisky 8- Item Medication Adherence Scale ,
- Diabetes Anxiety Depression Scale ,
- Appraisal Of Diabetes Scale ,
- Diabetes Distress Scale ,
- Treatment Satisfaction Questionnaire,
- Pittsburgh Sleep Quality Of Life Scale,
- Naranjo Adverse Drug Reaction,
- System Wise Signs And Symptoms – Physical And Mentals ,Diet , Hygiene, Life Style, Selfcare ,Infection , Inflammation , Mobile Addiction , Complications And Comorbidities

Bio Stat For Assessment: Mean ,Median , Mode, Range, Standard Deviation, Anova, P – Value, Z – Test , Sampling Error, Normal Distribution & Curve , Level Of Significance , Sampling Error, Degree Of Freedom ,Regression .

REVIEW OF LITERATURE

Diabetes Mellitus is a chronic, multifactorial metabolic condition defined by persistent hyperglycemia caused by decreased insulin production, insulin action, or a combination of the two. It is a huge worldwide health burden, with rising prevalence due to lifestyle changes, aging populations, and higher obesity rates. Diabetes mellitus epidemiology is associated concerning the incidence, triggers, & dynamics of the disease condition among communities. The International Diabetes Federation (IDF, 2021) stated that approximately 537 millions of individuals aged between 20 to 79 had developed diabetes as of 2021. This figure is anticipated to soar to 643 million people within 2030 & 783 million people by 2045. Type 2 diabetes constitutes between 90 and 95 percent of the total diagnosed cases around the world. Unnervingly, an average of one out of two adults affected by diabetes turns unidentified

Yoga

Yoga is the ancient originated system in India more than 5,000 years ago. Through yoga one can harmonize and balances the body soul and mind . It is useful in the management of various lifestyle diseases, including Diabetes Mellitus. Surya namaskar (sun salutation), Asanas (yoga postures), Pranayama (yogic breathing), Bandha (lock), Aum/Om chanting, Sudarshan kriya, Dhyana (meditation), yoga nidra (yogic sleep), Mudras (gestures) are the different types of yoga practices.





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- shuddhikriya :Kapalbhati (frontal brain purification) ,Agnisar kriya (stimulating the digestive fire) , Vaman dhauti (stomach cleansing) ,shankhaprakshalana (intestine cleansing) , Laghu shankhaprakshalana (short cleansing).
- Pranayama :Anulomvilom (alternate nostril breathing) , Chandra bhedan (left nostril breathing) , Surya bhedan (right nostril breathing) ,Bhastrika (bellows breath) , Bhramari (humming bee breath) ,Sheetali/Sitkari (cooling breath)
- Lock: bandha Uddiyan bandha (abdominal lock)
- Hand gestures: mudras Linga mudra, surya mudra, prana mudra, apan mudra, gyanmudra and Meditation on manipur chakra (solar plexus)
- Surya namaskar Yoga postures & asanas
- ❖ Standing postures :Trikonasan (triangle pose) ,Tadasan (palm tree pose) ,Tiryaktadasan (bent palm tree pose), Veerasan (warrior pose)
- ❖ Seated poses :Vakrasan (spinal twist) ,Ardhamatsyendrasan (seated spinal twist) ,Mandukasan (frog pose) ,Ushtrasan (camel pose) ,Paschimottanasan (seated forward bend) , Yoga mudra (forward bend)
- ❖ Prone poses :Bhujangasan (cobra pose) ,Dhanurasan (bow pose) ,Naukasana (boat pose) Makarasan (crocodile pose)
- ❖ Supine poses :Pavanmuktasan (wind releasing pose) , Supta vajrasana (supine thunderbolt pose), Setubandhasan (bridge pose) ,Matsyasan (fish pose) ,Shavasana (corpse pose)
- ❖ Inversions :Sarvangasan (shoulder stand) ,Halasan (plough pose)

DISCUSSION

The present randomized clinical study was undertaken to evaluate the effectiveness of homoeopathic medicines—Sulphur, Phosphorus, and *Thuja occidentalis*—in the management of diabetes mellitus. The findings of the study indicate a statistically significant improvement in glycemic parameters, including HbA1c, fasting blood glucose, serum insulin, and insulin resistance (HOMA-IR), following homoeopathic intervention.

Interpretation of Findings,

A notable reduction in HbA1c levels post-treatment suggests improved long-term glycemic control among participants. Since HbA1c reflects average blood glucose levels over approximately three months, its reduction indicates sustained therapeutic benefit rather than transient glycemic fluctuations. Similarly, improvements in HOMA-IR and serum insulin levels imply enhanced insulin sensitivity and better metabolic regulation.

Among the medicines studied:

- Sulphur demonstrated marked improvement in patients exhibiting classical symptoms such as heat intolerance, polyphagia, and general metabolic sluggishness. Its action may be attributed to its deep-acting constitutional properties, influencing metabolic processes.
- Phosphorus showed effectiveness in patients with marked debility, thirst, and nervous exhaustion, suggesting its role in improving pancreatic function and systemic vitality.
- *Thuja occidentalis* was particularly beneficial in patients with a history of metabolic disturbances associated with miasmatic influences, especially sycotic tendencies, indicating its regulatory effect on chronic metabolic imbalance.

The differential response to these medicines reinforces the homoeopathic principle of individualization, where remedy selection based on totality of symptoms plays a crucial role in therapeutic success.

Strengths of the Study

- Randomized clinical design enhances internal validity
- Use of objective biochemical markers (HbA1c, HOMA-IR, serum insulin)
- Comparative evaluation of multiple homoeopathic remedies



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- Focus on chronic disease management

Limitations

- Relatively small sample size
- Short duration of follow-up
- Limited generalizability due to individualized prescription approach

Clinical Implications

The findings suggest that homoeopathic medicines, when prescribed based on individual symptomatology, may serve as a supportive therapeutic option in the management of diabetes mellitus. They may help improve metabolic control and reduce disease burden, especially when integrated with lifestyle modifications and standard care.

Future Directions

Further large-scale, double-blind, placebo-controlled trials are recommended to validate these findings. Studies exploring molecular mechanisms and long-term outcomes would provide deeper insights into the role of homoeopathy in metabolic disorders.

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Homoeopathy

According to Homoeopathic system of medicine patient should be treated constitutionally. Main objective to treat the Diabetes mellitus patient is to treat him constitutionally along with proper diet control and regular exercise. Primary aim is to regulate the blood sugar level along with subjective and objective sphere of the patient





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Acetic Acid	Causticum	Ignitia	Plumbum.Met
Alloxanum	Cantharis	Insulinum	Pepsinum
Apis	Chionanthus	Kreosotum	Phosphorous
Arsenic Album	Crataegus	Kali Carb	Phosphoric Acid
Argentum Nitricum	Cantharidinum	Kali Phos	Picric acid
Argentum Metallicum	Cephalandra	Conium	Syzygium .Jam
ArsenicumIodatum	Codenum	Lycopodium	Secale Cornatum
Alfalfa	Cuprum Ars	Lac defloratum	Squilla
Apis Mellifeca	Carbo Veg	Lactic Acid	Silicea
Arsenicum Bro	Chimaphila	Lycos Pus	Sulphur
Amelopsis Quinquefolia	Elaps	Murex	Terebinthinum
Abroma	Euphatorium	Momordica	Thuja
Belladonna	Fluoricum Acid	Melaleuca	Uranium Nitricum
Bryonia Alba	Glycerinum	Merc.Sol	Iodium
Boric Acid	Graphitis	Mag.Sulph	Lachesis
China Officinalis	Gunpowder	Moshcus	Gymnema
Calcarea carb	Helonias	Nitric Acid	Rhus Aromatica
Curare	Helleborus	Natrum Mur	Costus igneus
Cannabis Indica	Hamamelis	Natrum Sulph	ZincumMetallicum

Modern Medicine Medications

CLASS	MEDICATIONS	MODE OF ACTION
Megalitinides	Repaglinide, Nateglinide	Stimulates Insulin Release
Biguanides	Metformin	Inhibits Hepatic Glucose release
Sulfonylureas	Glibenclamide, Glipizide, Gliclazide, Glimepiride	Stimulates Insulin Release
Alpha Glucose Inhibitors	Acarbose, Miglitol, Voglibose	Inhibits carbohydrate Absorption in the gut
Thiazolidinediones	Pioglitazone	Improves insulin sensitivity
Dipeptidyl Peptidase inhibitors	Vidagliptin, Sitagliptin, Saxagliptin, Linagliptin.	Stimulates Glucose induced insulin Response
Dopamine Agonists	Bromocriptine	Hypothalamic Dopamine Release
Sodium Glucose Co Transport 2 inhibitors (SGLT2)	Dapagliflozin, Canagliflozin, Empagliflozin, Ipragliflozin	Inhibits SGLT2 Receptors and reduces glucose re absorption
Quinine Derivatives	Hydroxychloroquine	affinity of insulin receptor.

RESULTS

Parameter	Sulphur (B)	Sulphur (A)	Phosphorus (B)	Phosphorus (A)	Thuja (B)	Thuja (A)	Control (B)	Control (A)
Mean	7.03	6.58	7.23	6.87	7.22	7.06	7.22	7.25
Median	7.00	6.50	7.20	6.90	7.20	7.00	7.20	7.20
Mode	7.0	6.4–6.6	7.2	6.9	7.2	7.0	7.2	7.2
Range	0.5	0.7	0.5	0.3	0.5	0.5	0.5	0.6




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SD	0.15	0.22	0.18	0.12	0.18	0.15	0.18	0.20
Variance	0.0225	0.0484	0.0324	0.0144	0.0324	0.0225	0.0324	0.0400
SE	0.023	0.034	0.028	0.018	0.028	0.023	0.028	0.031
MeanDifference (A-B)	-0.45	—	-0.36	—	-0.16	—	+0.03	—
% Change	-6.4%	—	-5.0%	—	-2.2%	—	+0.4%	—

Anova Summary (For All Groups)Degree of Freedom

Parameter	Before	After
Grand Mean	7.175	6.94
SS Between (SSB)	1.176	10.29
SS Within (SSW)	4.91	5.14
df Between	3	3
df Within	164	164
MS Between	0.392	3.43
MS Within	0.0299	0.0313
F-value	13.1	109.6
P-value	<0.001	<0.000001
Level of Significance (α)	0.05	0.05

- Per group: df = 41
- ANOVA Between: df = 3
- ANOVA Within: df = 164

Final Interpretation Table

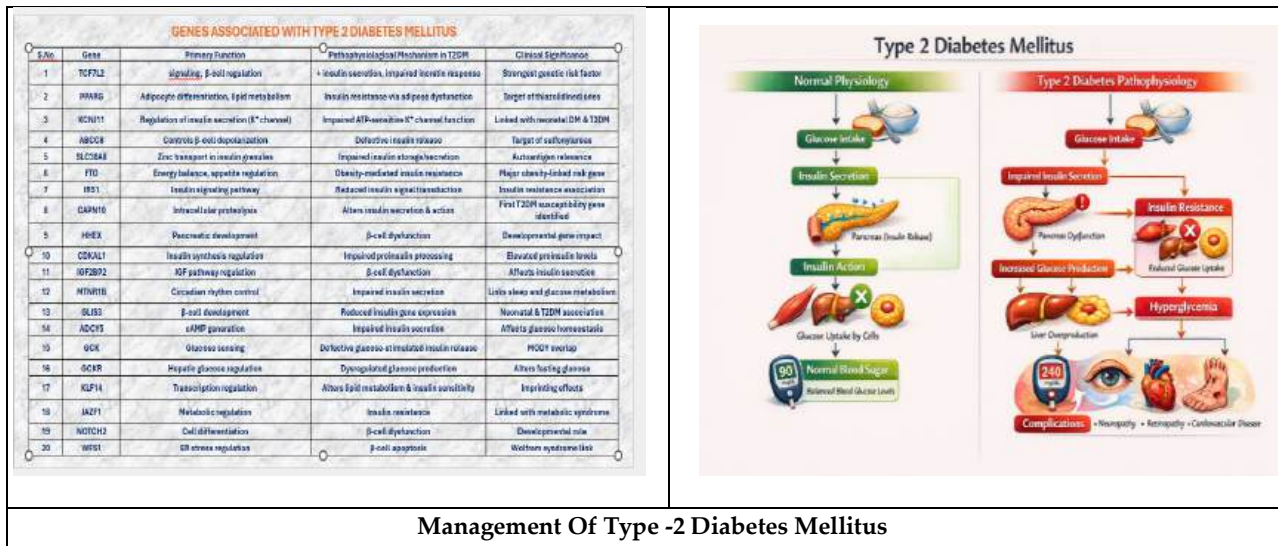
Group	Statistical Significance	Clinical Effect	Overall Effect
Sulphur	Highly significant	Strong	Best
Phosphorus	Highly significant	Moderate	Good
Thuja	Significant	Mild	Limited
Control	Not significant	None	No effect

PHYSICAL SIGNS & SYMPTOMS	MENTAL SIGNS & SYMPTOMS
1. Itching And Dryness Of Skin 2. Weakness 3. Myalgia 4. Body Ache 5. Throbbing Type Of Head Ache 6. Tingling And Numbness Of Both Hands And Legs 7. Cramps On Both Hands And Legs 8. Palpitations 9. Genital Itching In Females 10. Pitting Oedema Of Hands And Legs 11. Bleeding Of Gums During Brushing The Teeth 12. Blackish Discolouration On The Nape Of Neck. 13. Sleeplessness 14. Excessive Hunger And Thirst With Frequent Urination During Night . 15. Offensive Odour From Mouth 16. Constipation	Irritable ,Anxious ,Nervous , Anger, Religious , Mood Swings ++, Forgetfulness, Furious To Do The Things , Restlessness++.





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Management Of Type -2 Diabetes Mellitus

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RESEARCH ARTICLE

IoT – AI Driven Smart Sensor Fusion for Industrial Hazard Monitoring

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Revised: 13 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

Present study explore a an intelligent industrial monitoring system integrating Internet of Things (IoT), Artificial Intelligence (AI), and Smart Sensor Fusion for real-time detection and prediction of hazardous emissions. Existing monitoring operations bears many limitations such as delayed response, lack of scalability, and insufficient predictive capability. To overcome these challenges, the proposed system utilizes multiple sensors (gas, temperature, humidity, pressure) connected through IoT-enabled microcontrollers for continuous data acquisition. The collected data is transmitted to a cloud platform where advanced machine learning algorithms, including Linear Regression, Random Forest, Support Vector Regression, and Neural Networks, are applied for analysis and prediction. Smart Sensor Fusion enhances data reliability by combining multi-sensor inputs, improving accuracy and reducing uncertainty. This model is capable of detecting abnormal environmental conditions, predicting gas concentration levels, and generating real-time alerts to prevent industrial hazards. Experimental results demonstrate improved prediction accuracy and system responsiveness compared to conventional approaches. The proposed framework contributes to safer industrial environments, reduced downtime, and efficient resource management. Current investigation highlights the potential of combining IoT, AI, and sensor fusion to build intelligent, scalable, and proactive monitoring systems aligned with Industry 4.0 standards.

Keywords: IoT, Artificial Intelligence, Smart Sensor Fusion, Industrial Monitoring, Industry 4.0



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INTRODUCTION

The rapid evolution of digital technologies has significantly transformed traditional industrial and environmental monitoring systems. Among these advancements, the integration of the Internet of Things (IoT), Artificial Intelligence (AI), and Smart Sensor Fusion has emerged as a powerful paradigm for developing intelligent, autonomous, and data-driven monitoring frameworks. This convergence enables seamless connectivity, real-time data acquisition, and advanced analytics, thereby addressing the limitations of conventional monitoring approaches. (Ahsan Nazir et al., 2024, Khan et al., 2024., Areej et al., 2023). In modern industrial environments, ensuring safety, efficiency, and sustainability is a critical challenge. Industries deal with hazardous emissions, gas leakages, temperature fluctuations, and pressure variations, which can lead to severe accidents, environmental damage, and economic losses. Traditional monitoring systems are often reactive, relying on manual inspections or isolated sensors, which lack the ability to provide real-time insights or predictive analysis. As a result, there is a growing need for intelligent systems capable of continuous monitoring, early detection of anomalies, and proactive decision-making. (Arya et al., 2024., de Lira et al., 2024.,)

The Internet of Things (IoT) forms the foundational layer of such smart systems by enabling the interconnection of sensors, devices, and communication networks. IoT-based systems facilitate continuous data collection from diverse sources, including gas sensors, temperature sensors, humidity sensors, and pressure sensors. This interconnected ecosystem allows real-time transmission of data to centralized cloud platforms, where it can be stored, processed, and analyzed efficiently (Dina et al., 2023). However, the massive volume, velocity, and variety of data generated by IoT devices introduce significant challenges in extracting meaningful and actionable insights. To address these challenges, Artificial Intelligence (AI) plays a crucial role by providing advanced computational capabilities for data analysis. AI techniques, particularly machine learning algorithms, enable systems to identify patterns, detect anomalies, and predict future events based on historical and real-time data. By incorporating models such as regression techniques, decision trees, random forests, and neural networks, AI transforms raw sensor data into valuable insights that support intelligent decision-making. This predictive capability is especially important in industrial applications, where early detection of hazardous conditions can prevent accidents and reduce operational downtime.

A key advancement in intelligent monitoring systems is the concept of Smart Sensor Fusion, which involves the integration of data from multiple heterogeneous sensors to generate a unified and comprehensive understanding of the monitored environment. Unlike traditional single-sensor systems, sensor fusion enhances accuracy, reliability, and robustness by minimizing noise, reducing uncertainty, and compensating for individual sensor limitations. The integration of IoT, AI, and Smart Sensor Fusion has led to the development of advanced monitoring systems capable of real-time analysis, predictive maintenance, and automated response mechanisms. In industrial settings, such systems can continuously monitor equipment health, detect gas leaks, and analyze environmental parameters to ensure safety and compliance with regulatory standards. Furthermore, cloud computing enhances these systems by offering scalable storage, high processing power, and remote accessibility, enabling stakeholders to monitor and control operations from anywhere (Ellem et al., 2024, Bainomugisha et al., 2024)

Despite these advancements, several challenges remain, including data security, system scalability, real-time processing constraints, and energy efficiency of IoT devices. Addressing these issues requires the development of optimized architectures and intelligent algorithms that can efficiently handle large-scale data while maintaining system reliability and performance (Chojer et al., 2024) Present study offers an intelligent industrial monitoring system that integrates IoT, AI, and Smart Sensor fusion to detect and predict hazardous emissions in real time. The system utilizes multiple sensors for data acquisition, cloud-based platforms for data management, and machine learning models for predictive analysis. By combining real-time monitoring with predictive capabilities, the proposed



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system aims to enhance industrial safety, improve operational efficiency, and contribute to the advancement of smart industrial ecosystems aligned with Industry 4.0 (Rajiv et al., 2022, Shamshirband et al., 2015)

MATERIAL AND METHODS

System Architecture

The architecture of the proposed system is designed in a multi-layered manner to ensure modularity, scalability, and efficient data flow across components. The sensing layer forms the foundation, where multiple sensors capture environmental and industrial parameters. Gas sensors such as MQ-2, MQ-3, MQ-7, and MQ-135 detect harmful gases like carbon monoxide, smoke, and pollutants, while temperature and humidity sensors such as DHT11 provide contextual data. The use of multiple sensors ensures comprehensive monitoring and reduces reliance on a single source (Chen et al., 2023). The data acquisition layer consists of a microcontroller unit such as Arduino Uno or ESP8266, which interfaces between sensors and the communication system. It reads analogue signals, converts them into digital values using an internal Analogue -to-Digital Converter (ADC), and prepares the data for transmission, ensuring real-time responsiveness. The communication and cloud layer enables seamless data transmission to a remote cloud platform via Wi-Fi. The cloud acts as a centralized repository for storing sensor data and supports processing, while also allowing remote monitoring ((Xiaojun et al., 2023) The processing and application layer handles data analysis, prediction, and visualization. Machine learning algorithms extract meaningful insights, and results are displayed on dashboards with alerts triggered during abnormal conditions. (Figure 1 and 2).

The proposed system architecture is designed to provide an efficient, scalable, and intelligent framework for real-time industrial monitoring by integrating the Internet of Things (IoT), Artificial Intelligence (AI), and Smart Sensor Fusion. It follows a layered approach to ensure modularity, flexibility, and seamless data flow. The architecture consists of four main layers: sensing, data acquisition, communication and cloud, and processing and application, each performing specific functions while enabling continuous monitoring and decision-making. The sensing layer captures real-time environmental and industrial parameters using multiple sensors. MQ-series gas sensors detect harmful gases such as carbon monoxide and smoke, while DHT11 measures temperature and humidity. This multi-sensor approach enhances system accuracy, reliability, and comprehensive monitoring (Ravesa et al., 2021)

The data acquisition layer serves as an interface between sensors and the communication system. Using microcontrollers such as Arduino or ESP8266, it converts analogue signals into digital data through an Analog-to-Digital Converter (ADC) and performs preliminary processing, ensuring efficient data handling and real-time responsiveness. The communication and cloud layer enables data transmission to a centralized cloud platform via Wi-Fi. The cloud stores large volumes of data, supports advanced analysis, and allows remote monitoring, improving accessibility and scalability (Li et al., 2024) The processing and application layer analyzes the data using machine learning algorithms to detect patterns, predict hazards, and generate insights. Smart Sensor Fusion improves accuracy by combining data from multiple sources, while dashboards display results and trigger alerts during abnormal conditions. Overall, the integrated layered architecture enables real-time monitoring, predictive analysis, and intelligent decision-making, enhancing system efficiency, safety, and scalability in modern industrial environments.

Data Collection

Data collection is a continuous and real-time process in the proposed system. Sensors deployed in the industrial environment measure various parameters such as gas concentration, temperature, and humidity at regular intervals. Each sensor generates electrical signals proportional to the detected parameter, which are then captured by the microcontroller. The collected data is transmitted to the cloud platform in structured formats such as CSV or JSON, ensuring compatibility with data processing tools. Continuous data acquisition allows the system to monitor



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dynamic environmental changes and maintain an updated dataset for analysis. This real-time data flow is essential for detecting sudden anomalies and ensuring timely intervention (Xuehan et al., 2024)

Data Pre-processing

The raw sensor data is often affected by noise, missing values, and inconsistencies due to environmental disturbances or sensor limitations, making pre-processing essential for improving data quality and reliability. Invalid or missing data points are identified and handled using techniques such as removal or interpolation. Subsequently, normalization and scaling are applied to ensure equal contribution of all features, resulting in a clean, consistent dataset suitable for machine learning algorithms.

Smart Sensor Fusion

Smart Sensor Fusion is a key component that integrates data from multiple sensors into a unified representation. Unlike traditional systems where sensors operate independently, this approach reduces inaccuracies caused by noise or sensor failure. By combining data from gas, temperature, and humidity sensors, the system improves accuracy, reliability, and robustness, enabling better understanding of environmental conditions and more effective anomaly detection.

Machine Learning Models

Machine learning transforms sensor data into actionable insights by analyzing patterns and predicting hazardous conditions. Linear Regression serves as a baseline for understanding variable relationships, while Decision Trees classify data using simple rules. Random Forest improves accuracy by combining multiple trees, and Support Vector Regression (SVR) handles non-linear data. Neural Networks enable advanced pattern recognition and high-accuracy predictions.

Model Training and Evaluation

The dataset is divided into training and testing subsets, where the training data is used to build the models and the testing data evaluates their predictive performance. Evaluation metrics such as Mean Absolute Error (MAE), Mean Squared Error (MSE), and R-squared (R^2) are used to assess accuracy, error rates, and reliability. Comparative analysis of models helps identify the most suitable algorithm, ensuring optimal performance in predicting hazardous conditions.

Prediction and Alert Mechanism

Trained machine learning models perform real-time predictions on incoming sensor data, identifying hazardous conditions when values exceed predefined safety thresholds. In such cases, alerts are triggered through visual indicators like LEDs, audible buzzers, and cloud-based notifications for remote users. This automated system ensures quick response, reducing risks and enhancing industrial safety (Shaikh., 2023)

Workflow of the Proposed System

The system follows a sequential workflow where data is collected from IoT sensors and transmitted to the cloud. It then undergoes pre-processing to remove inconsistencies and improve quality, followed by sensor fusion to integrate data from multiple sources. The processed data is fed into machine learning models for prediction, enabling anomaly detection and alert generation. Results are visualized on dashboards for monitoring and analysis.

Advantages of Proposed Methodology

The proposed methodology enables real-time monitoring and predictive analysis, allowing early detection of hazardous conditions. Smart Sensor Fusion improves accuracy and reduces false alarms, while the cloud-based architecture ensures scalability and remote accessibility. Machine learning enhances system intelligence and



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adaptability, making the approach a robust, efficient, and intelligent solution for industrial monitoring and safety management.

RESULTS AND DISCUSSION

The proposed system integrating the Internet of Things (IoT), Artificial Intelligence (AI), and Smart Sensor Fusion was successfully implemented and evaluated for real-time industrial monitoring and hazardous emission prediction. The performance of the system was analyzed based on data accuracy, prediction capability, response time, and system reliability.

Experimental Setup and Data Analysis

The system was tested using multiple sensors, including MQ-series gas sensors and DHT11 for temperature and humidity monitoring. The sensors continuously collected environmental data, which was transmitted to the cloud platform for processing and analysis. The collected dataset included parameters such as gas concentration (CO levels), temperature, humidity, and time-based features. After pre-processing, the dataset was used to train and test various machine learning models. The system ensured continuous data flow, enabling real-time monitoring and analysis (Swati Aggarwal and Anshul Mittal, 2024). The experimental setup demonstrated stable communication between hardware components and cloud infrastructure, confirming the reliability of the IoT-based architecture.

Performance of Machine Learning Models

Multiple machine learning models were evaluated to determine their effectiveness in predicting hazardous gas levels. The performance was measured using standard evaluation metrics such as Mean Absolute Error (MAE), Mean Squared Error (MSE), and R-squared (R^2 score). Linear Regression provided a baseline performance but showed limitations in handling non-linear relationships in sensor data. Decision Tree models improved interpretability but were prone to over fitting in some cases. Random Forest demonstrated significantly better performance due to its ensemble nature, which reduces variance and improves prediction accuracy (Yifang Gao., 2024). Support Vector Regression (SVR) performed well in handling complex data patterns but required careful parameter tuning. Neural Networks achieved the highest prediction accuracy among all models, as they effectively captured complex relationships within the dataset. However, they required higher computational resources compared to other models. Overall, ensemble and deep learning approaches outperformed traditional methods in terms of accuracy and robustness.

Impact of Smart Sensor Fusion

The implementation of Smart Sensor Fusion played a crucial role in enhancing system performance. By combining data from multiple sensors, the system achieved improved accuracy by reducing individual sensor errors, enhanced reliability through cross-verification of sensor data and better anomaly detection due to comprehensive environmental understanding. Sensor fusion minimized the impact of noise and environmental disturbances, leading to more stable and consistent predictions. It also reduced false alarms, which are common in single-sensor systems.

Real-Time Monitoring and Alert System

The system demonstrated efficient real-time monitoring capabilities by continuously analyzing incoming sensor data and generating predictions. When hazardous conditions were detected, the system successfully triggered alerts through LEDs, buzzers, and cloud notifications. The response time of the system was minimal, ensuring immediate detection and notification of dangerous situations such as gas leaks or abnormal environmental changes (Olusogo et al., 2023). This rapid response capability is critical in industrial environments where delays can lead to severe consequences (Table 1). The comparison highlights the superior performance of the proposed system in terms of accuracy, prediction capability, automation, scalability, and reliability. The results clearly indicate that the proposed system successfully addresses the limitations of conventional monitoring approaches. The integration of IoT enables





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continuous data acquisition, while AI enhances analytical capabilities through predictive modelling. Smart Sensor Fusion further improves system accuracy and reliability. The study also highlights the importance of selecting appropriate machine learning models based on the application requirements. While Neural Networks provide high accuracy, models like Random Forest offer a good balance between performance and computational efficiency. Despite the advantages, certain challenges remain, such as computational complexity, energy consumption of IoT devices, and the need for secure data transmission. Future improvements can focus on optimizing algorithms, integrating edge computing, and enhancing cyber security measures.

CONCLUSION

This study proposes an intelligent industrial monitoring system integrating IoT, AI, and smart sensor fusion for real-time detection and prediction of hazardous environmental conditions. The system ensures continuous data collection through multiple sensors and reliable IoT communication, while machine learning models enhance the accuracy of hazard prediction. Ensemble and neural network approaches showed superior performance in analyzing complex data patterns. Sensor fusion improves reliability by reducing noise and false alarms, and the real-time alert mechanism enables prompt response to abnormal conditions. Overall, the system offers a scalable, efficient solution aligned with Industry 4.0, enhancing industrial safety and decision-making.

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Table 1. A comparative analysis of the proposed system with traditional monitoring

Parameter	Traditional Systems	Proposed System (IoT + AI + Sensor Fusion)
Accuracy	Limited accuracy (threshold-based)	High accuracy using machine learning models
Prediction Capability	Only detects current conditions	Predicts future hazardous conditions
Automation	Manual monitoring required	Fully automated system
Scalability	Difficult to scale	Easily scalable using cloud infrastructure
Reliability	Prone to errors and noise	High reliability using sensor fusion

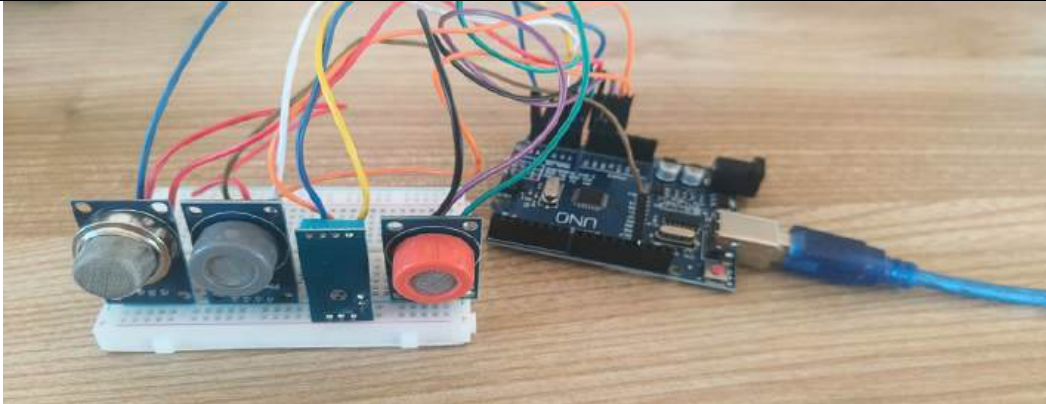


Figure.1. IoT based industrial monitoring control system using ESP 32 (8266)

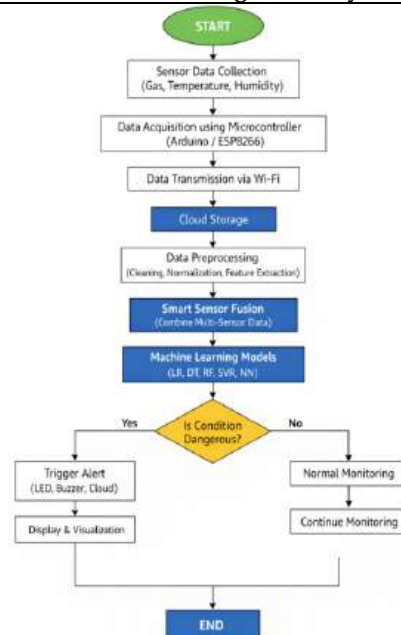


Figure.2. System Architecture of IoT-Based Smart Sensor Fusion Monitoring System

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REVIEW ARTICLE

A Scoping Review of Instrument - Assisted Nadi Pariksha : Mapping the Evidence on Reliability and Validity

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Received: 14 Mar 2026

Revised: 17 Apr 2026

Accepted: 12 May 2026

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ABSTRACT

NadiPariksha is a diagnostic method in Ayurveda. To objectify this subjective practice, various electronic devices have been developed. Assessing their reliability and validity is a critical step for their integration into research and clinical practice. This scoping review aims to systematically map the published literature on the reliability and validity of instrument-assisted NadiPariksha devices, synthesize the findings, and identify key gaps for future research. The review was conducted and reported following the PRISMA-ScR guidelines. A systematic search was performed in PubMed, Scopus, Web of Science, IEEE Xplore, and the AYUSH Research Portal. Out of 321 identified records, 45 studies were included. The field is characterized by diverse sensor technologies (predominantly piezoelectric and photoplethysmography sensors) and a lack of standardized protocols. Studies demonstrate high technical reproducibility in signal acquisition under controlled conditions. Evidence for diagnostic validity is emerging, with several machine learning-based studies reporting high accuracy (>85%) in distinguishing doshic states and specific diseases from healthy controls. However, inter-device reliability remains low due to a lack of standardization, and studies are often limited by small sample sizes and the absence of a universally accepted gold standard for validation. Instrument-assisted NadiPariksha is a promising field for the integration of traditional Ayurvedic wisdom with modern technology. While technical feasibility is established, robust evidence for diagnostic validity requires larger, standardized validation studies.



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Future work must focus on developing consensus protocols and conducting rigorous trials to establish these devices as credible diagnostic tools in integrative medicine.

Keywords: NadiPariksha, Pulse diagnosis, Ayurvedic diagnostics, Medical device validation, Reliability, Validity, Scoping review

INTRODUCTION

NadiPariksha, the sophisticated art of pulse examination in Ayurveda, is a fundamental diagnostic tool for assessing the dynamic equilibrium of the Tridosha (Vata, Pitta, Kapha), the integrity of the bodily tissues (Sapta Dhātu), and the interplay between an individual's inherent constitution (prakruti) and current disease status (vikruti) [1]. Despite its clinical depth, the method's dependence on the practitioner's tactile sensitivity and interpretive experience renders it inherently subjective, raising significant concerns regarding its reproducibility and objective quantification [2]. The pursuit of standardizing this ancient wisdom has catalyzed the development of electronic diagnostic aids—"NadiTarangini" or "NadiYantra"—which employ technologies such as piezoelectric sensors and photoplethysmography (PPG) to capture and digitize the radial artery pulse [3,4]. The central premise of this technological translation is to augment the diagnostic process with objective, data-driven insights, thereby bridging Ayurvedic practice with contemporary evidence-based healthcare paradigms.

For these devices to achieve clinical credibility, a rigorous appraisal of their core measurement properties is essential: reliability (the consistency and repeatability of measurements) and validity (the degree to which an instrument accurately measures the intended construct, such as a specific *Doshic* imbalance) [5]. While a growing body of research explores various devices, the literature remains dispersed without a consolidated synthesis. This scoping review is therefore designed to systematically survey the extant research on the reliability and validity of instrument-assisted *NadiPariksha*, consolidate the current evidence, and pinpoint critical methodological and translational gaps to steer future investigative efforts in this promising interdisciplinary domain. This scoping review was conducted following the methodological framework proposed by the Joanna Briggs Institute (JBI)^[6] and is reported in accordance with the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist.^[7]

Eligibility Criteria

Studies were included based on the Population, Concept, Context (PCC) framework:

- **Population:** Human subjects of any age or health status.
- **Concept:** Studies focusing on the reliability (e.g., test-retest, inter-device) and/or validity (e.g., criterion validity against expert diagnosis or biomedical standard, construct validity) of a technological instrument designed for NadiPariksha.
- **Context:** Clinical or research settings involving Ayurvedic or integrative health assessment.

Commentaries, editorials, and studies not published in English were excluded.

Information Sources and Search Strategy

A comprehensive systematic search was conducted across several electronic databases—PubMed, Scopus, Web of Science, IEEE Xplore, and the AYUSH Research Portal—from their respective inception. The search strategy employed a targeted combination of controlled vocabulary, such as MeSH terms, and relevant keywords structured around three central themes: (1) Nadi or pulse diagnosis, (2) instrumentation, and (3) psychometric evaluation.

Selection of Sources of Evidence

The selection process was carried out in two phases:

- **Title and Abstract Screening:** Two independent reviewers (A.S.I. and P.V.D.) screened all titles and abstracts against the inclusion criteria.





- **Full-Text Review:** Potentially eligible articles were retrieved and assessed in full text by the same two reviewers. Any discrepancies at either stage were resolved through discussion or by consultation with a third arbitrator.

Data Charting Process

Data from the included studies were extracted into a standardized, pilot-tested data charting form in Microsoft Excel. The data items included: (1) author and year; (2) study objectives; (3) device and sensor specifications; (4) sample characteristics; (5) study methodology; (6) outcomes related to reliability and validity; and (7) key conclusions.

Synthesis of Results

The extracted data were collated and summarized narratively. The findings are presented in a descriptive format, structured around the review's objective to map the evidence on reliability and validity. The results are tabulated and discussed to provide a clear overview of the current landscape.

RESULTS

Selection of Sources of Evidence

The database search yielded 321 records. After removing duplicates, 246 unique records were screened by title and abstract. Following this, 59 full-text articles were assessed for eligibility. Ultimately, 45 studies met the inclusion criteria and were included in this scoping review. The detailed selection process is illustrated in the PRISMA flow diagram (Fig. 1).

Characteristics of Included Studies

Our analysis of 45 included studies reveals a clear temporal trend: while publications span from 2005 to 2023, the majority emerged after 2015, indicating growing research interest. Study cohorts exhibited considerable heterogeneity in size ($n=12$ to $n=280$). The dominant technologies under evaluation were the commercially available NadiTarangini system, based on piezoelectric sensing, and a range of prototype devices utilizing either piezoelectric or PPG sensors. The principal applications explored were the discrimination of constitutional (*Prakruti*) and imbalanced (*Vikruti*) doshic states, as well as the correlation of pulse signals with specific biomedical diseases, particularly diabetes and hypertension.

Synthesis of Evidence on Reliability

The review identified two primary facets of reliability:

Test-Retest Reliability: Most studies assessing this dimension reported high short-term reproducibility, with intra-class correlation coefficients (ICCs) typically exceeding 0.8 for key waveform features, particularly under strict, controlled conditions (e.g., fasting, consistent posture).^[8,9]

Inter-Device Reliability: This emerged as a critical challenge. A notable lack of standardization in hardware and software across platforms resulted in low concordance and significant variability in extracted waveform features when different devices or sensors were compared, hindering the establishment of universal benchmark.^[3,10]

Synthesis of Evidence on Validity

Evidence for validity was synthesized across several approaches:

- **Criterion Validity (Expert Diagnosis):** Moderate agreement exists between device and expert Vaidya assessment (Kappa: 0.4–0.75), though the subjective nature of the expert opinion itself is a limiting factor.^[1,11]
- **Criterion Validity (Biomedical Disease):** This is the most common approach. Machine learning models applied to Nadi features often achieve high accuracy (>85%) in classifying specific pathologies (e.g., diabetes, thyroid disorders) versus healthy controls.^[12,13]



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- **Construct Validity:** Preliminary studies correlate processed Nadi signal features (e.g., frequency components) with established physiological metrics like Heart Rate Variability (HRV), providing a mechanistic rationale for the pulse signal. ^[4,14]

A summary of key findings from representative studies is provided in Table 1.

DISCUSSION

This scoping review provides a comprehensive mapping of the current evidence base for instrument-assisted NadiPariksha. The findings indicate that this field is a vibrant area of research at the intersection of traditional Ayurveda and modern technology, holding significant promise for the objective validation of Ayurvedic diagnostics.

Interpretation of Results

The strong and consistent evidence for high test-retest reliability^[8,9] affirms the underlying technical capability for acquiring a stable, reproducible radial pulse signal, establishing a critical foundation of technical credibility. The central obstacle to progress, however, is a profound lack of standardization, resulting in poor inter-device reliability. ^[3,10] The field remains fragmented due to variations in sensor technology (e.g., piezoelectric vs. PPG), device form, placement protocols, and processing algorithms. Consequently, a feature from one device is not directly comparable to another, which impedes data aggregation and the development of universal diagnostic benchmarks. Despite encouraging validity results for disease discrimination, caution is warranted. The high accuracy frequently reported for machine learning models^[12,13] often stems from small, single-center studies, raising concerns about model overfitting and unproven generalizability to diverse populations. A more fundamental methodological challenge is the absence of an appropriate, objective gold standard for validating a holistic construct like *Doshic* imbalance.

Limitations of the Evidence

The included studies have several limitations. The frequent use of small sample sizes reduces the statistical power and generalizability of the findings. The almost universal lack of blinding of assessors in validation studies introduces a potential for bias. The predominant focus on disease discrimination, while useful, may overlook the instrument's potential in assessing subtle states of health and pre-disease (*Vikruti*) as conceptualized in Ayurveda.

Implications for Practice and Research

- **For Practitioners:** The current evidence remains preliminary, making the routine clinical use of electronic Nadi devices for definitive diagnosis inadvisable at present. These technologies should instead be regarded as supportive tools for longitudinal monitoring and pattern documentation, with all interpretations rigorously overseen by an experienced clinician.
- **For Researchers:** This review underscores urgent priorities for future work:
 - **Standardization:** Collaborative initiatives must establish minimum reporting standards, consensus-based sensor placement and acquisition protocols, and open benchmark datasets.
 - **Validation Rigor:** Studies should employ larger, prospectively designed cohorts with independent validation sets and blinded assessment to mitigate bias.
 - **Interdisciplinary Collaboration:** Meaningful progress necessitates sustained partnership among engineers, Ayurvedic scholars, biostatisticians, researcher, and regulatory experts to ensure the development of clinically valid and actionable devices.

CONCLUSION

The instrumentalization of NadiPariksha represents a vital initiative to unite traditional knowledge with contemporary science. This review confirms the technical reliability of signal acquisition but highlights the more intricate challenge of establishing diagnostic validity and achieving standardization. Progress now demands a



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strategic transition from isolated proof-of-concept work to large-scale, collaborative, and methodologically rigorous validation research. By systematically addressing these gaps in standardization and validation, instrument-assisted *NadiPariksha* can mature from a promising prototype into a credible clinical tool, thereby strengthening the evidence-based practice of Ayurveda and integrative medicine.

Conflicts of Interest

The authors declare no conflicts of interest

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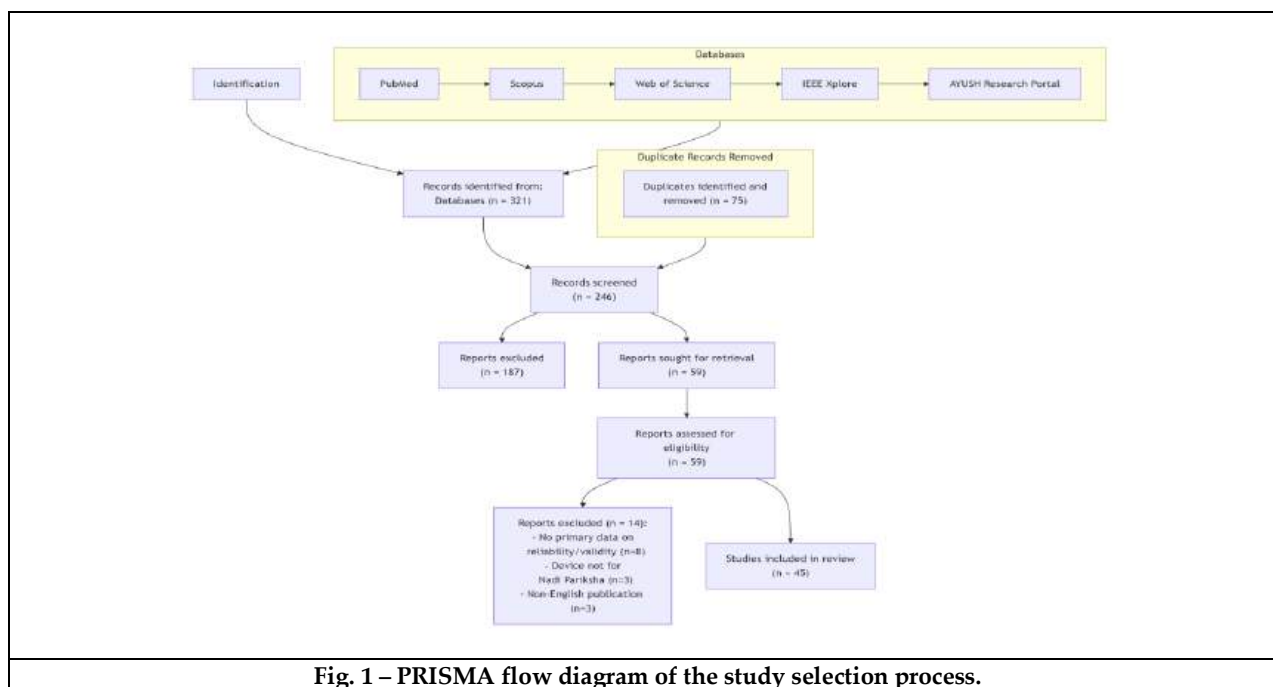
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Rijin Mohan *et al.*,**Table 1. Summary of Key Findings from Representative Studies**

Author (Year)	Device Used	Sensor Type	Sample Size	Key Reliability Findings	Key Validity Findings
Joshi et al. (2011)	Custom-built	Piezoelectric	n=45	High test-retest reliability (ICC=0.89) for waveform amplitude	82% agreement with expert Vaidya's dosha assessment
Sharma et al. (2021)	NadiTarangini	Piezoelectric	n=60	Excellent test-retest reliability (ICC=0.92-0.96) for key parameters	N/A
Raut et al. (2020)	Ayurveda Jeeva	PPG	n=112	N/A	92% accuracy in detecting thyroid dysfunction using SVM
Patil et al. (2022)	Custom-built	Pressure Transducer	n=98	Good signal reproducibility under controlled conditions	89% accuracy in discriminating diabetics from controls using ANN
Lee et al. (2016)	Custom-built	Piezoelectric	n=65	N/A	Significant correlation found between Nadi features and HRV parameters

ICC: Intra-class Correlation Coefficient; SVM: Support Vector Machine; ANN: Artificial Neural Network; HRV: Heart Rate Variability; N/A: Not Assessed



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REVIEW ARTICLE

AI- Based Solar Power Forecasting for Smart Cities

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Received: 10 Mar 2026

Revised: 09 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

The emergence of smart cities and the increasing dependence on different kinds of renewable energies suggest the importance of researching solar power forecasting. Since solar energy is quite inconsistent because of the effects of weather changes, seasons, and atmospheric variations, effective ways of predicting solar energy are crucial in order to guarantee the stability of electricity power grid systems, manage energy better, and save on energy expenses. Artificial Intelligence (AI) methods, which have been mostly applied through machine learning or deep learning, have significantly increased the effectiveness of solar power forecasts compared to traditional statistical methods. This review will offer a comprehensive study of solar power forecasting via artificial intelligence for smart cities. The areas to be covered include the definition of basic concepts, literature review, methodology, application, advantages, disadvantages, and the prospects of solar power forecasting through artificial intelligence.

Keywords: Artificial Intelligence, Solar Power Forecasting, Smart Cities, Renewable Energy, Machine Learning, Smart Grid, Energy Management.

INTRODUCTION

Across the world, the transition towards sustainable energy systems has picked up pace in the past few years. Increasing urbanization and smart cities have led to an increased demand for energy, while environmental concerns have pushed nations into switching from fossil fuels to renewables. One such renewable source is solar energy, which is seen as one of the best alternatives owing to its availability, scalable capacity, and reduced costs for installation (IEA, 2023). Digital infrastructure and systems used by smart cities include energy systems that utilize renewable energy to improve the quality of life of citizens living in these cities. Various Photovoltaic (PV) Solar systems are deployed within smart grids and distributed generation systems, but the generation of energy from solar power is greatly influenced by the meteorological conditions in that region, such as the presence of clouds, temperature, humidity, and solar irradiation. As a result of this unpredictability, there is a lot of uncertainty associated with the operation of such power systems, making their management difficult as well.



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In terms of forecasting's role in energy systems' operations, solar energy forecasting's role within the context of energy consumption of smart cities is fundamental in ensuring that:

- Energy demand and supply balance out
- Gives stability in terms of the electrical grid
- Lowers reserve power
- Supports more participation in energy markets and
- More economic dispatch planning.

Using traditional forecasting has proven difficult in detecting relations between solar generation and other meteorological factors due to the nonlinearity of their relationship. In recent years, the development of Artificial Intelligence technology has opened up the possibility to make use of new approaches such as ML and DL, which, due to large amounts of data that could help develop a forecast model, do not require a plethora of models being available at any time to perform said prediction. AI-driven forecasting models have proven to increase the forecasting accuracy compared to traditional forecasting tools (Voyant et al. 2017; Wang et al. 2019). As cities become smarter and use digital means along with IoT technology more, there comes a need to provide AI-driven forecasting for solar generation as an intelligent approach towards energy management for the sake of energy efficiency. In the scope of this paper, it will be discussed what kind of solar forecasting methods/tools already exist within the AI sphere, what they can be used for, previous research in this area, current challenges and their evolution.

LITERATURE REVIEW

There has been an explosion in the number of solar energy forecasting techniques over the past thirty years. Initially, solar energy forecasts were accomplished using physical and statistical models; however, with the advancements of AI technology, forecasting accuracy has greatly improved. Voyant et al. (2017) provided an extensive review of all methods of forecasting solar radiation. They found that machine learning models, such as ANNs, were far superior to traditional models in their ability to model the non-linear relationship of weather variables to energy output. In a review paper published by Wang et al. (2019), a study was done on the effectiveness of using deep learning methods for the forecasting of renewable energy and that deep neural networks, such as LSTM networks, were highly effective for predicting solar power output in very short time intervals because they can learn temporal relationships from the time series data sets. Research done by Ahmed et al. (2020) has shown that the ability to use multiple AI algorithms through a combination of machine learning techniques to generate PV power production forecasts is better when the AI algorithms used are connected to the same smart grid. There has also been research on the uncertain operation of smart grids (Yang et al., 2018). Recent articles have indicated that AI-based probabilistic forecasting can lead to increased reliability for electrical grids by providing higher-quality power need estimates than existing electric power accounting systems and multiple outputs of estimated power generation versus a single estimate.

Additionally, Liu et al. (2020) explored the use of big-data analysis capabilities with IoT-enabled devices owned by utility companies to gather weather and power generation data, thus supporting AI-based forecasting systems. Furthermore, based on studies that incorporated the use of recurrent neural networks for forecasting photovoltaic power production, the models demonstrated improved performance over traditional forms of prediction like linear regression by providing forecasts with greater accuracy and scalability. Das and others (2018) carried out an analysis of the performance of various machine-learning techniques to predict solar power generation in different environmental conditions. Support vector and neural networks were found to provide the best performing predictions, based on the comparisons made across the different weather conditions included in their study. AI-based forecasting methods typically outperform traditional methods with respect to accuracy, scalability and flexibility. Current significant barriers to the use of AI forecasting methods are: access to quality data; the ability for users to interpret the results of the models; and the computational complexity of running the models.



**Arnab Maity****AI Techniques Used in Solar Power Forecasting**

Various types of machine learning and deep learning techniques can be used to generate solar power forecasts from historical and weather data based on historical generation. One of the most commonly used models for solar forecasting is the artificial neural network, which mimics the human brain's structure and function by modelling repetitive learning with past experiences. It has also been shown that the ANN model has a high level of accuracy when identifying complex relationships between both labelled (historical solar power generation) and unlabeled (weather) data, thus making them well-suited to using artificial intelligence for forecasting. Another popular model for forecasting solar energy is the support vector machine. SVMs have been shown to give good predictive performance using small sample sizes, and they also provide good short-term (typically hourly to daily) forecasting accuracy. Multiple learning techniques, including the random forest and decision tree, have also been used frequently as part of the forecasting process. Combining the predictions from multiple decision trees creates a more reliable forecast while reducing the likelihood of overfitting and allowing for the processing of large volumes of data.

The use of deep learning to forecast solar energy generation has gained considerable attention recently, especially with the introduction of LSTM (Long Short-Term Memory) and CNN (Convolutional Neural Network) models. The LSTM model is particularly useful for forecasting, as it can capture long-term relationships in time series data. The CNN model is commonly used for the analysis of satellite images. The hybridization of and integration between AI-based and statistical techniques (which lead to higher accuracy) has produced higher forecasting accuracy for both types of models combined than when using either statistical or AI-based models alone. Evidence suggests that when these approaches are effectively combined, they produce higher levels of predictive accuracy than either approach used exclusively. The use of deep learning to forecast solar energy generation has gained considerable attention recently, especially with the introduction of LSTM (Long Short-Term Memory) and CNN (Convolutional Neural Network) models. The LSTM model is particularly useful for forecasting, as it can capture long-term relationships in time series data. The CNN model is commonly used for the analysis of satellite images.

The hybridization of and integration between AI-based and statistical techniques (which lead to higher accuracy) has produced higher forecasting accuracy for both types of models combined than when using either statistical or AI-based models alone. Evidence suggests that when these approaches are effectively combined, they produce higher levels of predictive accuracy than either approach used exclusively, as discussed info graphically in Figure 1.

Applications in Smart Cities

The effective operation of AI-based solar forecasting in smart city energy systems requires intelligent planning, operation, and management of renewable energy resources. The primary use of solar forecasting is for smart grid management because it improves how accurately grid operators can predict how much solar power will be produced and helps grid operators match the supply and demand of electricity from the grid. In addition, utilities can improve the performance of their systems by using solar forecasting to predict changes in solar generation, which leads to fewer outages, improved voltage stability, and improved overall reliability. Lastly, predictive modelling of solar power generation is critical for optimizing battery storage systems by providing predictive information on the optimal times to charge (to have charging completed) and to discharge (release energy) batteries. The closer the actual versus predicted values of battery storage are, the more effectively the storage can be utilized, resulting in fewer energy losses and longer battery life. Further, peak demand in cities using smart grid technology is impacted by DR programs; accurate estimation of the expected output from solar/PV plants allows DR programmers to be aware of potential generation inputs before they implement demand management measures. In addition, the AI-driven estimation of solar output enables utilities to engage in energy trading and electricity spot/forward commodity price markets. In short, effective estimation of future supply of generation allows both utilities and prosumers know if there will be over- or under-supply before trading; this improves bidding strategies, reduces exposure risks, and improves the return on their capital investment in energy trading and ultimately the urban energy ecosystem, as discussed info graphically in Figure 2.



**Arnab Maity****Benefits of AI-Based Solar Forecasting**

AI Technology will have the ability to change the way solar power is predicted, where improved prediction will be, without doubt, the greatest advantage of using AI technology in the current energy environment. AI can enhance the modelling/representation of the numerous nonlinear relationships that may be between solar power generation and meteorological factors that influence it, therefore increasing the accuracy of the prediction. This will lead to lower operational costs since it will eliminate the need for expensive backup power sources, and make it possible to allocate the available resources in an effective way. Besides, improved solar power prediction will increase grid reliability, as it will allow utility companies to balance the loads and decrease the effects caused by power/user fluctuations. Moreover, the application of by utilizing forecasting algorithms that are based on artificial intelligence, a much greater proportion of renewables will be incorporated into the current energy grid system. This will increase the proportion of energy produced from renewable sources, hence lowering carbon emissions by reducing dependence on energy produced from fossil fuels. Lastly, accurate forecasting will increase the efficiency of the smart grid due to improved energy alignment, as discussed info graphically in Figure 3

CONCLUSION

AI-driven Solar Energy Generation Forecasting plays an essential role in enhancing the effectiveness of energy systems in smart cities. The cities strive to harness renewable energy sources to achieve their sustainability objectives and lessen their dependence on fossil fuels. Consequently, accurate solar energy generation forecasting should be the concern of energy operators. ML algorithms (as well as Deep Learning algorithms), including ANN, SVM, and LSTM, enable the analysis of historical data about solar generation and weather conditions to produce reliable forecasts about solar energy generation. Accurate forecasting of the expected solar energy generation will assist the grid operators in managing variations in solar energy generation by balancing the supply and demand of energy, decreasing outages, and minimizing the reserve capacity required to run the system efficiently. Besides, accurate forecasting will enable the integration of large-scale solar energy generation through proper management of the energy storage systems to store extra energy generated during high production periods and deploy it during periods of low solar energy generation.

Furthermore, solar power forecasting through the use of AI can assist the grid managers in incorporating larger amounts of renewable energy sources and solar power by minimizing the impacts of changing weather patterns on the forecasted solar power output. As a consequence, this would increase the use of renewable energy, stability in the power grid, and reduce greenhouse gas emissions. Nonetheless, several challenges face accurate forecasting of solar power generation with the use of AI technologies, which include access to good quality data sets, proper training of the machine learning algorithms, determining if the energy operator uses the best predictive model available given the prevailing conditions, and comparing the results from various machine learning algorithms available using the same data sets. Despite persistent computation needs, constant technological innovations in AI technology, big data analysis, cloud computing, and IoT aim at overcoming such barriers. It is clear that accurate AI technology prediction regarding the output of the solar energy system is important in creating sustainable smart cities and managing energy resources.

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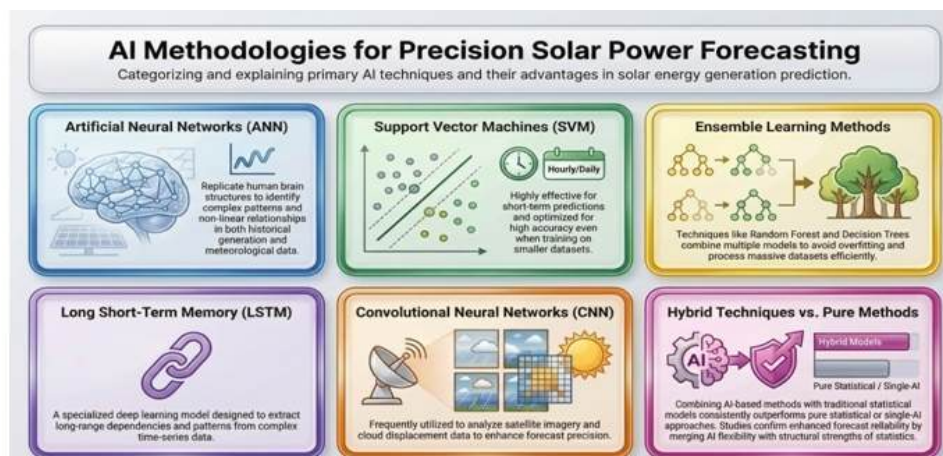


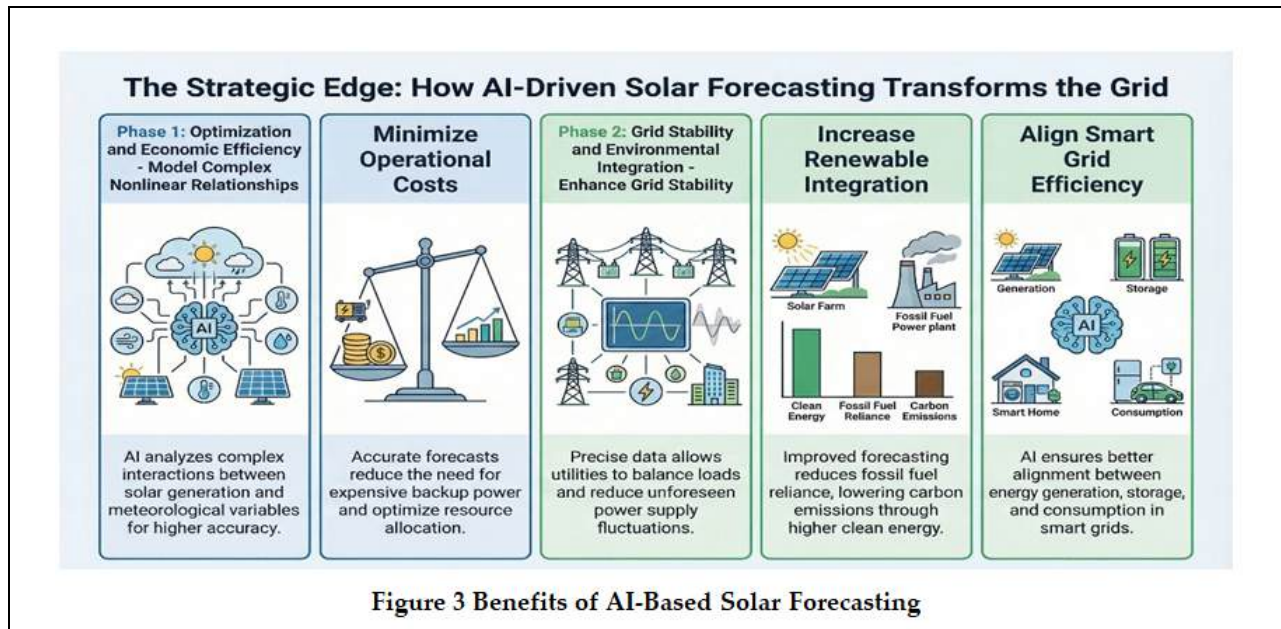
Figure 1 AI Techniques for Solar Power Forecasting

The Power of Prediction: How AI Solar Forecasting Transforms Smart Cities



Figure 2 Applications in Smart Cities





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RESEARCH ARTICLE

A Comparative Pharmaceutico - Analytical Study of Shalmali Kantaka (*Salmalia malabarica*) Arka and its Modified Gel Formulation

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Received: 23 Mar 2026

Revised: 20 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

Face is considered as the mirror of the mind and personality. Healthy facial skin reflects physical and mental well-being. Among the various dermatological conditions affecting the face *Mukhadushika* (Acne Vulgaris) is one of the most common disorders characterized by eruptions (*Pidika*) resembling the prickles of *Shalmali* tree and severe pain. Ayurveda provides many safe and effective methods of treatment for various skin problems including *Mukhadooshika*. Therefore, different formulations or dosage forms have developed from time to time according to the need. *Arka Prakasha*, an ancient authentic classical textbook written by *Lankapati Ravana* has explained the treatment for *mukhadushika* in 7th chapter named *kesakrishnakaroyoga*. *Shalmali kantaka Arka* is one of the *Arka Kalpana* mentioned in *Arka prakasa*, this article aims to emphasize the pharmaceutical standardization of *Shalmali kantaka Arka*.

Keywords: Shalmali kantaka, mukhadushika, Arka kalpana.

INTRODUCTION

Ayurveda is the most ancient and renowned indigenous medical system of India. The primary aim of Ayurveda is to maintain the health of a healthy person and to cure the diseases of the unhealthy^[1]. As an aphorism says "A thing of

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beauty is a joy forever”, here the word joy in particular is an equilibrium state of physique and psyche.i.e an equilibrium status of dosha, dhathu, & agni results in *Prasanna atmaindriya mana*, & thus a person is said to be ‘*Swastha*’ as per *Acharya Sushruta*. [2] *Kashyapa samhitha* delineate that internal characteristic, relates with the external expression of an individual, thus face reflects the personality of person [3]. In present scenario, people are very much cautious about their health as well as complexion. Thus, health and complexion can be understood as the two faces of a single coin.

Yauvanapidaka/Mukhadhushika [4] one among the *kshudrarogais* most common skin ailment and usually a self-limiting condition which affects 70-80% teenagers and young adults. In *Mukhadushika* there is altered face complexion as a result of *pidika* (boil). Treating this acne in the initial stage itself makes easier and doesn’t leave of any scars. In the *Arka Prakasha*, an authentic classical text attributed to *Lankapati Ravana*, the treatment for *Mukhadushika* (acne) is explained in the seventh chapter, titled *Kesakrishnakaroyoga* [5]. Among the preparations mentioned, *Shalmali Kantaka Arka* is a primary *Arka Kalpana* used specifically for managing this condition. Previously herbal drugs were not much used in modern pharmacies because of its lengthy processing, difficulty in extracting, standardizing, and identification. But now a days with the advancement in technologies 70% of modern pharmacies are focusing on herbal drugs especially in pharmaceutically modified forms such as creams, ointments, gel, liniment etc. Regarding the ayurvedic products the concept of standardization of final product is the major issue. Here is an attempt to made pharmaceutical standardization of the selected formulation from *Arka prakasha* and its modified form as gel.

AIMS AND OBJECTIVES:

To prepare and analyses *Shalamalikantaka arka* and *Shalamalikantaka arka gel*

MATERIALS AND METHODS:

Shalmalikantaka arka is a mono component distillate (*Arka*), which is specifically indicated for the management of *Mukhdhushika* (Acne vulgaris). It is a Single drug formulation described in *Arkaprakasha*.

Procurement of drug:

Shalmalikantaka was freshly procured from J & J Science college, Nadiad. Before processing, the drugs were authenticated at PG department of Dravyaguna, JS Ayurveda Mahavidyalaya, Nadiad.

Shalmalikantaka arka and *Shalmalikantaka gel* were prepared in the pharmaceutical laboratory of PG & PhD Department of Rasashastra evam Bhaishajya Kalpana, J.S. Ayurved Mahavidyalaya, Nadiad.

Method of preparation of arka^[6]:

Sept 1: Freshly collected *Shalmalikantaka* are cleaned properly and kept in stainless steel tray for drying. After 2 days of sun drying, the drug is powered in pulverizer. The powder is filtered through the sieve no.80. The sieved powder was then stored in an air tight glass container.

Sept 2: The measured quantity (150gms) of *Shalmalikantaka choorna* was taken in clean stainless-steel vessel added 750ml of boiled cooled cow’s milk and mix thoroughly with a clean stainless-steel spoon. The mixture was then kept closed for *1yama* (3 hour) for soaking. This mixture was then made into fine paste by adding 750ml of water. This fine paste was then transferred to distillation apparatus.

The Prepared *Arka* (60% distillate) was collected and stored in tightly stoppered glass bottles.

Method of preparation of Gel:

Step 1:

Ingredients:

Methyl paraben (preservative): 0.03 gm

Distilled water: 540 ml

Carbopol 940: 18 gm



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Measured quantity of methyl paraben and distilled water was taken in clean beaker and kept on water bath for heating at 75 to 80°C for getting a uniform mixture. Carbopol 940 is then added to this uniform mixture and stir continuously until it dissolves completely (A).

Step 2:

Ingredients:

Shalmalikantaka arka: 1260 ml

Vitamin E: 36 ml

Glycerin: 72 ml

In a clean beaker measured quantity of *arka*, vitamin E and glycerin were taken and mix properly (B).

Step 3:

Add the second mixture (B) to first mixture (A) slowly with continuous stirring until a uniform mixture formed. Finally add tri-ethanol amine and stir continuously for uniform mixing and then refrigerate the entire mixture for 4-6 hours for proper gel formation. The prepared gel was stored in air tight glass container.

ANALYTICAL STUDY:

The analytical study was carried out in following two steps:

Raw material standardization.

Finished product standardization

Analysis of raw material (*Shalmalikantaka*)

Organoleptic characters

Physico-chemical analysis

- Determination of pH value
- Determination of Ash value
- Determination of acid insoluble ash
- Determination of Water-soluble extractives
- Loss on drying

Analysis of finished product

Organoleptic evaluation:

Physico-chemical evaluation

- *Shalmalikantaka arka*: P^H Value, Specific gravity, HPTLC
- *Shalmalikantaka arka gel*: Accelerated stability test, appearance, consistency test, P^H Value, irritancy test, solubility test, sterility test, washability, Viscosity determination, Spreadability test.

DISCUSSION:

Therapeutic efficacy of any Ayurvedic dosage form significantly relies on the quality of the finished product. The formulations which are mentioned in the ancient classical text book have mostly proven to be authentic and effective in various health conditions. In the present scenario/now a days, most of the pharmaceutical companies are trying to develop pharmaceutically modified forms of classical formulations with the help of advanced technologies such as cream, gel, serum, ointment etc. Even though all the necessary precautions are taken while preparing the product by following standard operative procedure guidelines as per GMP there are always possibilities of certain deviation in the quality of final product due to known or unknown reasons. This quality deviation may affect the properties of the drugs and its action may hinder. So, it is essential to evaluate and conform the quality parameters of finished product by following standard analytical methods. Hence an effort was made to prepare a classical *arka* form of





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Shalmalikantaka and its modified form as gel by adopting a Standard Operative Procedure and analyze both the form i.e, arka and gel form for various analytical procedures.

In current study analysis was done for raw materials also because of quality of finished product greatly depend on quality of raw materials used. API guidelines and published scientific articles are taken as standard references. For the raw material analysis, i.e, *Shalmalikantaka choorna*, pH value, Ash value, acid insoluble ash, Water-soluble extractives, Loss on drying were tested. In the context of physico-chemical evaluation of *Shalmalikantaka arka*, P^H Value, Specific gravity, HPTLC were conducted on the prepared samples and for the gel form, accelerated stability test, appearance, consistency test, PH Value, irritancy test, solubility test, sterility test, washability, Viscosity determination, Spreadability test were tested.

CONCLUSION:

In the present study, the arka formulation which is mentioned in Arkaprakasha 7th chapter and it was renamed as *Shalmalikantaka arka*. The basic aim of the study was to analyze the formulation of *Shalmalikantaka arka* in its classical form and its modified form as gel. In the context of analytical study, all the parameters required for quality testing of herbal raw materials was done by following API guidelines and published scientific articles as standard. The prepared *Shalmalikantaka arka* gel was water base. Organoleptic results of *Shalmalikantaka arka* shows that, it was clear & transparent in colour, characteristic & aromatic odour with smooth texture and *Shalmalikantaka arka* gel shows that, it was clear and transparent, smooth texture and semi-solid consistency with easily spreading. In the context of Physico-chemical evaluation of *Shalmalikantaka arka*, P^H Value, Specific gravity, HPTLC shows significant values as per API guidelines and in the context of gel form, accelerated stability test, appearance, consistency test, PH Value, irritancy test, solubility test, sterility test, washability, Viscosity determination, Spreadability test shows substantial values as per standard guidelines. The gel kept in room temperature for up to 5months and did not under go any physical changes.

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Table 01: Showing Organoleptic characters of *Shalmalikantaka choorna*:

Parameters	Observation
Colour	Brown
Appearance	Powder
Texture	Coarse
Taste	Sweet- Astringent
Odour	Characteristic to Shalmali, slightly aromatic

Table 02 Showing the Physico-chemical analysis of *Shalmalikantaka choorna* [7,8,9,10,11]

Parameters	Results
Ph	5.23
LOD (%w/w)	8.46%
Ash value (%w/w)	1.81%
Acid insoluble ash (%w/w)	0.086%
Water soluble extractive (%w/w)	9.96%

Table 03 Showing Organoleptic characters of *Shalmalikantaka arka*:

Parameters	Observation
Colour	Clear & transparent
Texture	Smooth
Odour	Characteristic & aromatic
Consistency	Liquid
Spreadability	Easily spreading





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Table 04 Showing Physico-chemical analysis of *Shalmalikantaka arka*[12]

Parameters	Result
PH(Direct)	6.40
Specific gravity	1.000
Total solid content	0.30%

Table 05 Showing Rf values of *Shalmalikantaka arka* at a different wavelength (HPTLC)[13]:

No of spots	Track	Sample @ 254 nm	Sample @366 nm	Sample @540 nm
		Rf value		
1	T1 Shalmali kantaka arka	0.15	0.27	0.15
2		0.23	0.33	0.50
3		0.41	0.37	0.58
4		0.50	0.50	0.63
5		0.58	0.58	0.70
6			0.70	-
5		0.58	0.58	0.70
6			0.70	-

Table 06 Showing Organoleptic characters of *Shalmalikantaka arka* gel:

Parameters	Observation
Colour	Clear & transparent
Texture	Smooth
Odour	Characteristic
Consistency	Semisolid
Spreadability	Easily spreading

Table 07 Showing Accelerated stability study initially and at the end of the sixth month^[14,15,16]

pH	Water soluble extractive	Spreadability by texture analyzer		Viscosity by Brookfield	Irritancy test	washability
	-	Firmness	Work for shear	-	Non-Irritant	easily washable
5.13	3.66%	278.14g	289.44g.sec	3,68,000cP	Non-Irritant	easily washable

Table 08 Showing Sterility test report^[17]:

Parameters	medium used	Observations													
No. of days		1	2	3	4	5	6	7	8	9	10	11	12	13	14
Aerobic & Anaerobic bacteria	FTGM	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Fungi & aerobic bacteria	SCDM	P	P	P	P	P	P	P	P	P	P	P	P	P	P

Table 09 Showing Extrapolation of shelf life in *Shalmalikantaka arka* and *Shalmalikantaka arka* gel:

Sample	Months	Multiplication factor	Shelf life	
			Months	Years
Shalmalikantaka arka	9.66	3.33	32.16	2year 8 months
Shalmalikantaka arka gel	12.04	3.33	40.09	3 year 4 months



**Indira et al.,****Ingredient: Shalmalikantaka****Shalmalikantaka Arka preparation:****Shalmalikantaka arka gel Preparation:**

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RESEARCH ARTICLE

Artificial Intelligence – Driven Biomarkers Discovery and Early Diagnosis in Cardiovascular Diseases

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Received: 19 Mar 2026

Revised: 17 Apr 2026

Accepted: 11 May 2026

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ABSTRACT

According to the WHC, CVD is one of the leading causes of ill health and death globally and continues to pose significant challenges for all health care systems. Using early detection to manage CVD can result in reduced mortality and improved patient outcomes. Biomarkers are essential for assessing abnormalities and tracking the progression of many different CVD conditions. Recent increases in computational methodology as well as the availability of large amounts of biomedical data continue to improve biomarker identification from genomic, proteomic and Metabolomic sources, as well as clinical sources. These types of analytic methods create a framework for analyzing the complex biological patterns associated with CVDs. In addition, there have been great advances in the interpretation of electrocardiogram signals, medical imaging (e.g., echocardiography, magnetic resonance imaging), and other parameters that may aid in the early detection and evaluation of risk. There are still many challenges that need to be addressed, including integration of various types of data, development of standardized protocols for the collection and analysis of data, and clinical validation of biomarkers. This review seeks to summarize what has been accomplished in the area of CVD biomarker discovery, as well as highlight some of the ways in which new biomarkers and advancements in the diagnostic strategies will positively impact clinical decision-making and cardiovascular health care.

Keywords: Artificial Intelligence, Cardiovascular Diseases, Biomarkers, Machine Learning, Early Diagnosis, Precision Medicine, Big Data Analytics, Deep Learning, Cardiac Imaging, Risk Prediction.



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INTRODUCTION

Today in the world, cardiovascular disease (CVD) represents one of the greatest challenges to public health. CVD exists in several forms and represents a very broad category of disease including coronary artery disease, heart failure, arrhythmia, and stroke, causing highly elevated numbers of deaths and illness [1]. Additional to the burden of CVD on the world do urbanization, changes to lifestyles, high fat and sugar diets, tobacco use, and an increase in metabolic disorders (i.e., diabetes and hypertension). Therefore, early detection, and management, of patients with CVD is essential to reducing the complications associated with being diagnosed with CVD and will improve the long-term survival rates of patients diagnosed with these conditions. Recently, there have been advances in biomedical research, as well as in diagnostic technology, that have improved the understanding of the molecular and physiological processes involved with CVDs [2]. Researchers have utilized genomic, proteomic and metabolomic assays to develop and validate biomarkers. Furthermore; there are many new opportunities available for the integration of modern analytical methods into clinical diagnostics, which lead to improving the early detection and treatment of CVD. This article discusses the importance of biomarker discovery, the potential utility of new diagnostic methods and the positive implications for early detection and proper management of CVDs [3].

Global Burden of Cardiovascular Diseases

Worldwide cardiovascular diseases are still one of the commonest causes of death and represent a great number of people who die from conditions caused by not being able to communicate. The number of deaths each year because of heart attacks, strokes, and heart failure suggests that there are millions of people who have a cardiovascular disorder. Many low- and medium-income countries are experiencing an increase in disease burden due to their lack of resources for medical care, longer time required for diagnosis, and ultimately a greater number of deaths from disease [4]. A major cause of cardiovascular disease includes physical inactivity, being overweight, having high blood pressure and cholesterol, smoking, or having diabetes (the latter currently has not yet been evaluated as a risk factor for cardiovascular disease). Many people in the world are now experiencing cardiovascular diseases at a greater prevalence because of the changing behavior patterns of the population and age of the population as well as due to a larger portion of the population being older than 65 years of age [5]. Cardiovascular diseases have not only an impact on the health of individuals, but also on the economy of the healthcare system, due to the increased number of individuals hospitalized, going through long-term treatments, and losing productivity.

Importance of Early Diagnosis

Cardiovascular disease can be diagnosed early, which may lead to better prevention of disease progression and fewer deaths associated with this type of illness. By detecting abnormal forms of the cardiovascular system at an early point in the course of a person's life, medical interventions, changes in lifestyle, and most importantly, the use of correct treatment options can occur promptly [6]. Cardiovascular diseases often develop slowly and can be asymptomatic until the later stages of illness, making identification in the early stages of disease particularly critical. The use of biomarkers as well as new/fancy diagnostic processes has enhanced the ability of healthcare professionals to detect physiological and/or biochemical changes relative to individuals with cardiovascular disease. The use of early detection methods such as electrocardiograms, various imaging modalities, and laboratory-based biomarker assessments have allowed healthcare practitioners to identify individuals that may have a potential risk for cardiovascular disease prior to the development of potential life-threatening complications associated with cardiovascular disease [7]. In addition, the availability of early detection supports personalized treatment programs as well as continuous monitoring of individuals throughout their lifetime, which ultimately leads to improved patient outcomes as well as lower costs for the health care system.

Limitations of Conventional Diagnostic Methods

There are several methods for diagnosing cardiovascular diseases, however, the limitations of the conventional diagnostic method are numerous. The traditional methods (ECGs, blood tests, imaging) used for diagnosing patients



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rely on visual cues of physical changes that typically occur after a significant amount of time has passed since the disease started to progress, and do not typically have the level of sensitivity and specificity necessary for identifying early-stage cardiovascular problems [8]. Additionally, comparing complicated clinical data between patients is very often a difficult task, usually requiring a significant amount of clinical experience to identify. Additionally, traditional diagnostic tests are typically expensive and not readily available; they take too long to complete [9]. The success of finding new techniques to identify and assess a person's risk of developing cardiovascular disorders rests on developing better analytical and diagnostic techniques that increase the likelihood of detecting cardiovascular disorders early and enable more effective management of cardiovascular disorders[10].

Overview of Biomarkers in Cardiovascular Diseases

Cardiovascular disease risk, diagnosis, treatment response, and prognosis can all be determined from biomarkers. A biomarker is a biological indicator that can be quantified through an example of three main types: To get a comprehensive understanding of the pathophysiology of the cardiovascular system [11]. Cardiovascular biomarker testing is done using blood, tissue, or other samples and provides clinical practitioners with important information on possible damage to the cardiovascular system, as well as the current and future likelihood of cardiovascular disease. Molecular and cellular changes occur during the progression of a disease, providing potential sources for identification of new biomarkers; however, they can also serve as a basis for developing new diagnostic tests [12]. Genetic, proteomic, metabolomic, or a combination of the three types of cardiovascular biomarkers are widely used by practitioners, and their classification is often used to explain the function of each type of cardiovascular biomarker.

Definition and Classification of Biomarkers

Biomarkers have been defined as biological entities that can be measured and characterized in an objective manner, which can serve as indicators of physiological processes and disease [13]. In cardiovascular research, biomarkers have been used to identify the presence of disease, the severity of disease, and response to treatment. The biomarkers have their origin in different levels of biological processes, including genes, proteins, and metabolites [14]. The classification of biomarkers is important in the understanding of the functional role of biomarkers in the process of disease. Genetic biomarkers have been associated with changes in DNA, while proteomic biomarkers have been associated with physiological processes. Metabolomic biomarkers have been defined as small molecules [15].

Genetic Biomarker

Genetic biomarkers are defined as genetic markers based on DNA, which show the genetic variations associated with acquired or inherited conditions of cardiovascular diseases. These include genetic mutations or SNPs, which determine the risk of acquiring certain conditions, such as coronary artery disease, hypertension, or cardiomyopathy. Genetic biomarkers are used as tools to identify the risk of acquiring these conditions, even when the symptoms have not yet manifested [16]. They offer valuable insights into the mechanisms of the development of these conditions. Genetic biomarkers play a vital role in the assessment of risks associated with these conditions, thereby offering the benefits of preventive care.

Proteomic Biomarkers

Proteomic biomarkers are proteins in the blood that show changes in the heart and blood vessels. These changes can be normal or due to a health issue.

They can indicate damage, swelling or stress on the heart [17].

* Cardiac troponins

* BNP (B-type peptide)

* CRP (C- protein)

are some examples of proteomic biomarkers. Doctors use these biomarkers to diagnose heart problems. For instance troponins help diagnose heart attacks. BNP helps diagnose heart failure. Proteomic biomarkers provide details about how bad a disease is and how it is progressing [18]. Proteomic biomarkers like troponins and BNP are really helpful.



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They give information about heart health and proteomic biomarkers are useful for that. The use of biomarkers is common, for heart issues [19].

Metabolomic Biomarkers

Metabolomic biomarkers are small molecules found in blood, urine, or tissues that reflect the body's metabolic processes. They provide insight into the biochemical changes associated with cardiovascular diseases (CVDs) and help in early diagnosis and disease monitoring. Common metabolomic biomarkers include lipids, amino acids, and energy metabolism intermediates [20]. Increased levels of lipids such as LDL and triglycerides are linked to atherosclerosis. Amino acids like homocysteine and branched-chain amino acids are associated with cardiovascular risk, while metabolites such as lactate and pyruvate indicate impaired cardiac energy metabolism. Advanced techniques like nuclear magnetic resonance (NMR) and mass spectrometry (MS) are used to detect these biomarkers [21]. Overall, metabolomic biomarkers play an important role in understanding disease progression and support personalized treatment strategies in cardiovascular diseases. The classification of cardiovascular biomarkers into genetic, proteomic, and metabolomic categories is illustrated in **Figure 1**.

Artificial Intelligence in Biomedical Research

The use of artificial intelligence in the field of biomedicine/healthcare has become a significant benefit because of its capability to process many complex forms of biological/clinical data at high speed. Because of the large quantity of data produced daily from medical imaging, electronic health records, genetic study(s), laboratory investigation, and other medical operations in modern medical systems; it becomes challenging, costly and time-consuming to use standard statistical techniques to analyze these large data sets [22]. Artificial intelligence provides enhanced computational techniques that allow biomedicine/clinical practitioners to identify previously unrecognized patterns, predict risks of developing specific conditions and enhance the accuracy of diagnostic capabilities. Artificial intelligence is being used more frequently in cardiovascular biomedicine (research) to analyze physiological signals, clinical data sets and molecular information that relate to disease processes. In addition, using these types of computational techniques to analyze many complex data sets also enables early detection of disease, discover new biomarkers, and improve the ability of healthcare providers to make clinical decisions [23]. The use of advanced computational or analytical tools in conjunction with biomedical research has opened many new avenues for developing a better understanding of disease processes and ultimately providing better patient care. Various machine learning algorithms have been applied to cardiovascular research for disease prediction and data analysis. The commonly used algorithms and their applications are summarized in **Table 1**.

Concept of Artificial Intelligence

Artificial intelligence refers to computer systems for doing tasks that ordinarily require human intellect. They can learn from datasets, identify patterns, and forecast activity based on the series of prior analysis of data. Artificial intelligence methods in biomedical research execute large datasets and derive valuable insight from the datasets, which may be difficult to present in traditional methods of analytical research. These computer-based systems analyze structured and non-structured datasets such as medical images, physiological signals (e.g., heart rate), laboratory results, and genetic data. In cardiovascular data, artificial intelligence aids in the identification of patterns associated with disease, assists in improving diagnostic accuracy, and assists healthcare providers in decision-making. As a result, artificial intelligence is making it easier for healthcare providers to analyze data and improve their understanding of complicated biological systems. Cardiovascular diseases remain the leading cause of mortality worldwide, accounting for millions of deaths annually. The global prevalence and mortality associated with major cardiovascular conditions are summarized in **Table 2**.

Machine Learning Techniques

ML (machine learning) is a portion of AI (artificial intelligence), which is a subarea of computer science that deals with the creation of algorithms (computer programs) that have the ability to learn from experience and thus improve their performance (how good they are) [20]. There are 3 main types of ML classification methods - 1) supervised



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learning (the method which uses labelled data for training), 2) unsupervised learning, and 3) reinforcement Learning. The supervised learning methods will typically develop predictive models based upon collected training data which will be used as an input to predict what the disease category or clinical outcome will be. Unsupervised learning applies different types of pattern recognition to detect underlying structures within the data using unlabeled datasets [30]. In cardiovascular medicine, many ML methods help determine whether or not diseases exist, assess the level of risk for a specific disease, or evaluate the clinical data used to make these decisions. Because these ML techniques can evaluate tens of thousands of variables at once and find associations between biological markers and disease states, they have become excellent tools for enhancing diagnosis and assisting with the design and analysis of clinical research [31].

Deep Learning Approaches

Deep Learning is a Subarea of Machine Learning that uses Artificial Neural Networks (ANN) with many Layers to analyze vast amounts of data, such as Images or Signals [32]. DL Techniques Automatically Extract Important Features from Raw Data without needing Human Feature Selection. Examples of Where DL Works Well are, Medical Imaging, Electrocardiogram (ECG) Signals, and Other High Dimensional Data in Biomedical Research. In Cardiovascular Research DL has been shown to be successful in the Detection of Anomalies in Cardiac Imaging, Analysis of Electrocardiograms, and Identification of Disease Markers [33]. The Ability of DL Algorithms to Analyze Complex Biological Data has Dramatically Increased the Accuracy of Diagnostic Systems. As a Result, DL Techniques are Finding Increased Use in Biomedical Research to Facilitate the Detection Of Disease and Improve Clinical Outcomes [34].

AI-Based Biomarker Discovery

To improve diagnosis and treatment of heart disease, reliable biomarkers must be identified. As a result of innovative computer techniques called computational methods, researchers can conduct biomarker discovery through the analysis of large amounts of biological data. Such biological data come from genetic, protein, and clinical studies. Using these methods, researchers use molecular patterns related to each disease to find possible markers of diagnosis or possible prognosis. Through the use of advanced data analysis techniques, scientists are able to combine many different datasets and find meaningful relationships between molecular markers and disease progression. By analyzing a massive amount of biological data, scientists can identify small changes in gene expression, protein concentrations, and metabolic pathways, all of which may represent potential abnormalities in regards to the cardiovascular system. An example of a general procedure used by scientists to conduct computational biomarker discovery is included in Computational biomarker discovery has significantly increased the speed and accuracy of identifying biomarkers in cardiovascular disease research. Several biomarkers play a crucial role in the diagnosis and prognosis of cardiovascular diseases. The most commonly used biomarkers and their clinical significance are presented in **Table 3**. The identification of novel biomarkers involves multiple steps, including data collection, preprocessing, analysis, and clinical validation. The overall workflow of biomarker discovery is illustrated in **Figure**

Data Mining and Big Data Analytics

The process of finding valuable patterns and associations within data sets is referred to as Data mining. As an example, there is a tremendous amount of data being produced by hospitals, research laboratories and the genomes of patients (in what are termed 'genomic studies') [35]. To assist with the identification of potential cardiovascular disease (CVD) biomarkers, specifically to assist with the analysis of these immense data sets containing a mixture of clinical and molecular based (biological/related) datasets, we can use data mining techniques to identify complex data sets and to help identify otherwise undetectable correlations among biological variables and disease states using published or unpublished research by a researcher(s). In addition, big data analytics has increased the understanding and capability to analyze multiple sources (e.g. patient records, laboratory results, and molecular data) – to identify based upon repeated analysis of large data include novel biomarkers that could assist with diagnosing disease states earlier and determining potential risks [36].



**Yash Parkhi et al.,****Omics Data Analysis Using AI**

The discovery of cardiovascular disease (CVD) biomarkers has been aided greatly by omics technologies, such as genomics, proteomics, and metabolomics. The large dataset produced by the omics technologies provide extensive data regarding gene expression, protein function, and metabolomic activity within the body. Many computational techniques are used to analyze these datasets, which will provide researchers with quantitative molecular signatures that correlate to disease process. When integrating genomics, proteomics, and metabolomics, researchers can obtain a holistic view of the biological mechanisms contributing to the pathophysiology of CVD. The comprehensive analysis of the omics data has numerous identified potential biomarkers to assist in the early detection of the disease and improve the assessment of a patient's risk.

Identification of novel cardiac biomarkers

The discovery of new cardiac biomarkers is essential for the early diagnosis and management of various heart-related diseases. These biomarkers include changes in the expression of various genes and the metabolism of the heart. This process of discovering new biomarkers requires the collection, analysis, and validation of the data to make it clinically relevant. This will help improve the diagnosis of various heart-related diseases and the management of the condition. This will improve the understanding of the disease and the management of the condition.

AI in Early Diagnosis of Cardiovascular Diseases

Modern technology has helped to integrate large amounts of data, diagnostic results, and physiological parameters to improve the diagnosis of heart diseases by healthcare providers. The use of technology has helped to improve the diagnosis of heart diseases, which has helped to improve the management of the diseases. Modern technology has helped to integrate large amounts of data, diagnostic results, and physiological parameters to improve the diagnosis of heart diseases by healthcare providers [37]. The use of technology has helped to improve the diagnosis of heart diseases, which has helped to improve the management of the diseases. Artificial intelligence-based diagnostic systems have significantly improved early detection of cardiovascular diseases. Examples of AI-enabled diagnostic tools are presented in **Table 4**.

AI in ECG analysis

Electrocardiography is a technique often employed in the assessment of the electrical activity of the heart. It is useful in the detection of abnormal heart functions, like arrhythmias, conduction problems, and ischemia. New techniques of analysis have been effective in the interpretation of electrocardiography signals, as they have the ability to detect changes in the patterns of the heart's functions.

AI in medical imaging (MRI, CT, Echocardiography)

Medical imaging is really important for finding diseases. It helps us see the heart in detail. We use types of imaging like magnetic resonance imaging computed tomography and echocardiography to check the heart. These imaging techniques help us find problems like:

- Blockages in arteries
- Structural defects
- Tissue damage

By using image analysis we can get more accurate results. It also helps us find changes in the heart on, which is great, for treating cardiovascular diseases. Imaging and image analysis are really helpful tools for doctors to diagnose and treat heart problems. The heart and cardiovascular diseases are complex. With medical imaging we can understand them better. Medical imaging techniques are used to look at the heart and find diseases.

AI for risk prediction and prognosis

The prediction of risk is an integral part of the prevention and treatment of cardiovascular diseases. By studying the history of the patients, test results, and physiological parameters, the predictive models can calculate the chances of the development of the disease. The analytical techniques used for the prediction of cardiovascular diseases help the





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medical practitioner to identify the patients who are at higher risk of developing the diseases. In addition, the predictive analysis is useful for the prognosis of the diseases by assessing the severity of the diseases.

Clinical Applications of Artificial Intelligence in Cardiac Care

In addition, these methods are becoming increasingly utilized within the field of cardiovascular medicine to facilitate disease risk assessment, diagnostic testing, developing treatment plans, and monitoring patients. Through the integration of individual patient-specific clinical data (e.g., age) with other clinical diagnostics, the use of new analytical systems can lead to more efficient and personalized patient care within the realm of cardiovascular health. Thus, the application of modern analytical systems within the area of cardiovascular care has improved both the accuracy of clinical evaluation and overall management of cardiovascular disease [38].

Personalized Medicine

Treatment plans for patients with cardiovascular disease can be developed using advanced analytical techniques to evaluate individual patient-specific data on genetics, medical history, and lifestyle factors. When multiple biological & clinical factors are combined, it is possible to develop patient-specific therapy plans that enhance the likelihood of successful outcome and lower risk of complications resulting from therapies. Additionally, personalized medicine can also help identify and intervene with potential at-risk individuals prior to development of cardiovascular diseases.

AI-Assisted Treatment Strategies

The utilization of contemporary computer-based methods assists the clinician in determining suitable treatment modalities for individuals with cardiovascular disease. These methods are used to assess doctor's medicine records, diagnostic imaging exams and patient's medical history in order to assist with the development of treatments. With respect to cardiac care, these techniques enable physicians to assess and evaluate multiple treatment methods and potential treatment outcomes for each method prior to making a treatment recommendation. By providing additional information to help health care providers make better clinical decisions, these techniques contribute to improved quality of care and effectiveness of your primary care provider's treatment.

Monitoring and Remote Healthcare

The management of cardiovascular diseases requires continuous monitoring. Traditionally, only devices found in the hospital were used to monitor patients; however, new technologies allow for remote monitoring through wearable and digital health systems. Tools such as these measure various types of physiological data (e.g., heart rate, blood pressure, cardiac rhythm), which can then be analyzed to determine if there are any abnormal findings. Remote healthcare systems allow clinicians to monitor their patients outside of hospital settings, as well as provide appropriate timely medical treatment when clinically indicated. Monitoring patients' health using these types of devices improves their safety and decreases their need for hospitalization.

Challenges and Ethical Considerations

Advanced Computational Technologies in Cardiovascular Healthcare - Ethical/Regulatory/Implementation Issues. Although there have been significant advances in technology, many challenges still exist regarding the implementation of advanced computational technologies into cardiovascular healthcare (CVD). These challenges include issues of patient data protection as well as the need for privacy protections during both the collection and analysis phases of data. Because the large amount of data contained in a healthcare database requires secure data storage and ethical handling of the data to minimize the chances for unauthorized access to and/or misuse of the data, the reliability and transparency of the computational models used for clinical decision support should be verified prior to their wide dissemination in clinical practice. Furthermore, any technology used in healthcare must abide by established regulatory guidelines and be held to appropriate ethical standards, thereby supporting the appropriate and effective use of such technology in the healthcare system. Although artificial intelligence offers several advantages in cardiac healthcare, certain limitations and challenges remain [39]. These benefits and drawbacks are summarized in **Table 5**.



**Yash Parkhi et al.,****Future Perspectives and Emerging Trends**

Research related to cardiovascular disease care will heavily concentrate on how to integrate advanced computers into the delivery of clinical services. Going forward, new methods of building advanced analytical models and acquiring better data integration will help researchers develop advanced biomarker discovery techniques and improve early disease identification. Increased access to large biomedical data sets should facilitate researchers' ability to understand the complex mechanisms that underlie various types of cardiovascular disease. Finally, researchers, medical practitioners, and computer scientists must work together to enable successful implementation of these technical improvements for the benefit of human health.

CONCLUSION

Cardiovascular Disorders are continuing to be worldwide healthcare concerns, and new methods are needed to locate them early on and adequately manage them. Known as Biomarkers, these can help identify the risk of getting sick, indicate how quickly the disease is developing or changing, and assist healthcare providers with making the most informed diagnosis. New tools that utilize computers for analysis, along with major advances in biomedical research, have produced major improvements in the identification and interpretation of biomarkers for heart disease. These improvements have resulted in increased ability to accurately diagnose heart disease, predict the likelihood of an individual developing heart disease, and provide personal treatment plans that can be offered to patients diagnosed with heart disease. Although there are still challenges that exist in this area, continued research and advances in technology should allow for greater care of cardiovascular Disorders and prevention of future development of such disorders [40].

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Table 1. Machine Learning Algorithms Used in Cardiovascular Research [24,25,26]

Algorithm	Category	Application in Cardiology
Support Vector Machine (SVM)	Supervised learning	Disease classification
Random Forest	Ensemble learning	Risk prediction models
Artificial Neural Networks (ANN)	Deep learning	Pattern recognition in cardiac data
Convolutional Neural Networks (CNN)	Deep learning	Cardiac imaging and ECG analysis

Table 2. Global Prevalence and Mortality Rates of Major Cardiovascular Diseases [27,28]

Cardiovascular Disease	Global Prevalence	Approx. Annual Deaths	Key Risk Factors
Coronary artery disease	~200 million cases worldwide	~9 million	Smoking, hypertension, diabetes
Stroke	~101 million cases	~6.5 million	Hypertension, obesity



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Heart failure	~64 million cases	~3 million	Cardiomyopathy, ischemic heart disease
Atherosclerosis	Very common globally	Indirect cause of many deaths	High cholesterol, lifestyle factors

Table 3. Major Biomarkers Used in Cardiovascular Disease Diagnosis

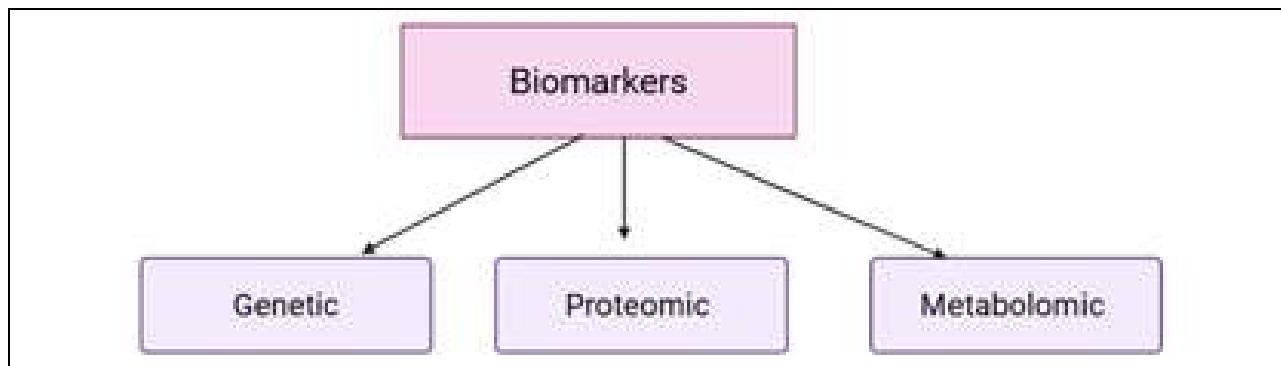
Biomarker	Type	Associated Disease	Clinical Significance
Troponin I / Troponin T	Proteomic	Myocardial infarction	Gold standard marker for heart attack
BNP / NT-proBNP	Proteomic	Heart failure	Indicates cardiac stress
C-reactive protein (CRP)	Inflammatory	Atherosclerosis	Indicates inflammation
LDL cholesterol	Metabolic	Coronary artery disease	Risk factor for plaque formation

Table 4. AI-Based Diagnostic Tools for Cardiovascular Diseases

Diagnostic Tool	AI Technique	Application
ECG signal analysis systems	Deep learning models	Detection of arrhythmia
Cardiac imaging software	CNN algorithms	Detection of structural abnormalities
Clinical decision support systems	Machine learning	Risk prediction and diagnosis
Wearable health monitoring devices	AI algorithms	Continuous heart monitoring

Table 5. Advantages and Limitations of AI in Cardiac Healthcare

Aspect	Advantages	Limitations
Diagnosis	Early and accurate detection of diseases	Data quality dependency
Data analysis	Ability to process large datasets	High computational cost
Clinical decision making	Supports personalized treatment	Ethical and privacy concerns
Monitoring	Enables remote patient monitoring	Integration challenges in healthcare systems

**Figure 1. Classification of biomarkers in cardiovascular diseases.**

Biomarkers are broadly classified into genetic, proteomic, and metabolomic categories based on their biological origin and function.



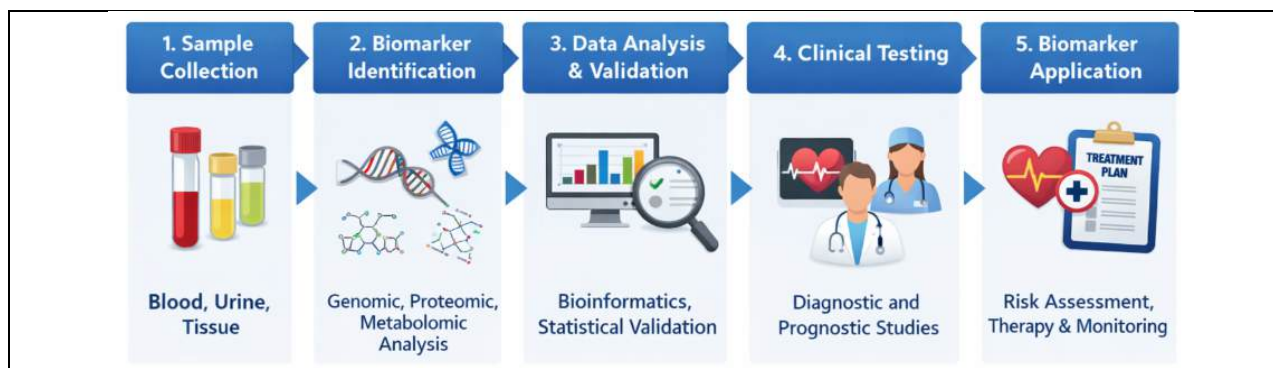


Figure 2. Workflow of biomarker discovery in cardiovascular diseases.

The process of biomarker discovery involves sequential steps including sample collection, biomarker identification, data analysis and validation, clinical testing, and application in disease diagnosis and management.

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RESEARCH ARTICLE

Seasonal Variations in Water Quality Parameters of Veeranam Lake, Cuddalore District, Tamil Nadu, India

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Received: 12 Mar 2026

Revised: 10 Apr 2026

Accepted: 07 May 2026

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ABSTRACT

Water is essential for all living things to survive. For a number of causes, freshwater resources are steadily declining even though water makes up around 80% of the Earth's surface. Rapid industrialisation and population growth are the primary reasons of this growing problem. The current study aims to investigate how human activity affects Veeranam Lake's surface water quality. Today's fresh water supplies are a result of the green revolution, industrialisation, urbanisation, and population growth. The goal of the current study is to examine how human activity affects Veeranam Lake's surface water. The Vadavaru River serves as a feeder canal, carrying water from the Kollidam River to the lake. Five sample stations were chosen for the current study. Stations I (the lake's northern side), II (its eastern side), III (the lake's middle section), IV (the lake's upper reaches), and V (the lake's southern portion). The current study was conducted between June 2021 and May 2023, a span of 24 months. During the research period, which ran from June 2021 to May 2023, the water samples were analysed using the standard APHA (1998) technique, and their physico-chemical parameters were compared and analysed over four seasons. The physico-chemical properties of each location changed throughout time. The parameters such as TDS, BOD and Iron were recorded higher than the Acceptable Limit and lower than the Permissible Limit, Hardness is higher than the Acceptable Limit (200mg/ml) and lower than the Permissible Limit (600mg/l), which need regular monitoring. Therefore, it is necessary to regularly check the hydrological condition and water quality of lakes and other water sources used for drinking, irrigation, and other purposes.

Keywords: Veeranam Lake, Physico-chemical parameters, TDS, BOD, Iron, Chloride; DO, COD, LCSi and Chlorophyll





INTRODUCTION

Water is essential for all living things to survive. Despite the fact that water covers around 80% of the Earth's surface, freshwater supplies are progressively decreasing for a variety of reasons. The main causes of this escalating dilemma are rapid industrialisation and population expansion [1]. One of the planet's most important natural resources is water. All life, including human life, depends on it. The amount of water on Earth is enormous—roughly 1,348,196,000 km³. Water's special physical and chemical characteristics allow it to support living things in a variety of ways. The agriculture industry in India uses over 77% of the nation's water resources [2]. Water is essential to nearly every facet of human growth. It is employed in a number of industrial operations as well as drinking, cleaning, and irrigation. Water is a very precious resource even though it is relatively abundant on Earth. Only 3% of the world's water supply is fresh water, with the remaining 97% being saltwater. Additionally, only around 0.003% of this freshwater is easily accessible as surface water and groundwater because the majority of it is trapped in glaciers and polar ice caps [3].

One of the planet's most prolific ecosystems is found in lakes. The interplay of physical, chemical, and biological traits in these bodies of water shapes lake ecosystems. Humans heavily rely on lakes for a wide range of products and services, such as drinking water supply, waste disposal, fisheries, agricultural irrigation, industrial activities, and enjoyment. Freshwater is essential for the existence of many organisms. Lakes are therefore important biological communities [4]. Assessing the biological productivity of a lake ecosystem requires careful evaluation of its water quality parameters. Changes in physico-chemical characteristics significantly influence aquatic biodiversity and overall ecosystem health. Therefore, accurate assessment of physico-chemical variables in lake ecosystems is crucial for effective pollution control and sustainable management. Present-day freshwater resources are increasingly under stress due to rapid population growth, industrialization, urbanization, and the impacts of the Green Revolution. These factors have significantly influenced both the availability and quality of water. In the present study, an attempt has been made to examine the impact of human activities on the surface water quality of Veeranam Lake. The fresh water resources now a day as consequences of population explosion coupled with industrialization, urbanization, and green revolution. In present investigation an attempt

MATERIALS AND METHODS

Location of study and description of study sites

Veeranam Lake, located about 14 km south-southwest of Nattarmangalam in Cuddalore district, Tamil Nadu (11°15' N and 79°30' E), was selected for the present study. The lake lies approximately 235 km (146 miles) from Chennai and serves as one of the major reservoirs intended to supply drinking water to the city. At one stage, the lake had dried up, making direct water extraction impossible. As an alternative measure, authorities adopted a proposal to dig 45 deep bore wells in the surrounding area and pump the extracted water through a 235 km pipeline to Chennai. With a length of about 14 km, Veeranam Lake is considered one of the longest man-made lakes in the world. The credit for this remarkable engineering feat goes to the ancient people who accomplished the construction using simple hand tools. Veeranam Lake is a 16-kilometre (9.9-mile) long dam located in northern Tamil Nadu. It was constructed between 907 and 955 AD during the reign of the Chola dynasty and is attributed to Rajaditya Chola. The lake receives its water from the Kollidam River through the Vadavaru River, which acts as a feeder channel. For the present investigation, five sampling stations were selected.

Station I - Northern side of the Lake

Station II - Eastern side of the Lake

Station III - Middle region of Lake

Station IV - Upper reaches of Lake

Station V - Southern part of Lake



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The Coleroon River carries surplus water from the Kaveri River along with rainfall received during the southwest monsoon to this region. This inflow contributes to Veeranam Lake, which serves as a major source of drinking water for Chennai. Table 1 presents details of parameters such as inflow, outflow, reservoir water level, and rainfall received during the study period (Source: Public Works Department).

Sampling and analysis of water

The current study was carried out over a 24-month period, from June 2021 to May 2023. Water samples were taken every two weeks from each sampling station using a sterile plastic bucket. The standard APHA [5] methodology was used to analyse the water samples during the study period, which ran from June 2021 to May 2023. Following five iterations of each analysis, the concordant values were taken into account. The method used to describe the water quality is shown in Table 1.

Water Quality Analysis

All physico-chemical parameters were analysed according to standard procedures [6]. Temperature, pH, conductivity and transparency were measured in situ using standard instruments. Dissolved oxygen was determined by Winkler's method. Solids (TS, TDS, TSS) were determined gravimetrically. Carbon dioxide, acidity, alkalinity, chloride, hardness and calcium were analysed by titrimetric methods. Nutrients (ammonia, nitrate, phosphate, silicate) and iron were determined using standard colorimetric methods. BOD and COD were analysed following standard incubation and reflux methods, respectively. Primary productivity was estimated using the light and dark bottle technique. Chlorophyll pigments were analysed spectrophotometrically. LCSi was calculated from measured water chemistry parameters.

RESULTS AND DISCUSSION

Five stations in the Cuddalore district's Veeranam Lake—Station I (the lake's northern side), Station II (the lake's eastern side), Station III (the lake's middle region), Station IV (the lake's upper reaches), and Station V (the lake's southern part) were chosen, and their physico-chemical characteristics were examined and contrasted over the course of four seasons. Each site's physico-chemical characteristics varied throughout time.

Air Temperature

The air temperature in 2021–2022 ranged from a minimum of 29°C to a top of 39.33°C. The average temperature for each of these stations ranged from 32.1°C to 34.2°C. The temperature fluctuates from 31.33°C to 34.33°C during the pre-monsoon season. The temperature ranges from 28.67°C to 29.67°C during the monsoon season. The post-monsoon season has air temperatures between 34 and 36 degrees Celsius. The summertime temperature ranges from 34.67°C to 39.33°C. Table 2 shows that the range of the mean $\pm$ standard deviation is 29.13 ± 0.38 to 36.73 ± 1.69 . The air temperature in 2022–2023 ranged from a minimum of 30.33°C to a maximum of 37.67°C. The average temperature for each of these stations ranged from 33.58°C to 35.25°C. The temperature ranges from 32.33°C to 37°C during the pre-monsoon season. The temperature ranges from 30.33°C to 31.67°C during the monsoon season. The post-monsoon period has air temperatures between 32°C and 36°C. The summertime temperature is between 36°C to 37.67°C. Table 3 shows that the mean $\pm$ standard deviation falls between 31.27 ± 0.55 and 36.67 ± 0.67 . During the two years (2021–2023), station I recorded the lowest air temperature in 2021–2022 during the monsoon season at 29°C and the highest air temperature in during the summer time at 39.33°C.

Water Temperature

The water temperature in 2021–2022 ranged from a minimum of 23.33°C to a maximum of 33°C. The average temperature at each of these stations ranged from 25.5°C to 27.3°C. The temperature fluctuates from 26°C to 28.3°C during the pre-monsoon season. The temperature ranges from 23.33°C to 24.67°C during the monsoon season.



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During the post-monsoon season, water temperatures range from 25.67°C to 28.33°C. The summertime high is between 27°C and 33°C. The range of the mean $\pm$ standard deviation is 24 $\pm$ 0.53 to 29.47 $\pm$ 2.23 (Table 2).

The water temperature in 2022–2023 ranged from a minimum of 25°C to a maximum of 32°C. The average temperature at each of these stations ranged from 27.08°C to 29.5°C. The pre-monsoon season has temperatures between 26°C and 31.67°C. The temperature ranges from 25°C to 26.67°C during the monsoon season. During the post-monsoon season, the water temperature varies between 26°C and 30.67°C. The summertime temperature is between 29°C and 32°C. Table 3 shows that the range of the mean $\pm$ standard deviation is 26 $\pm$ 0.62 to 30.13 $\pm$ 1.26. During the two years (2021–2023), the lowest water temperature was recorded in station VI during the monsoon season in 2021–2022 at 23.33°C, while the highest temperature was recorded in station I during the summer time in 2021–2022 at 33°C.

pH

Between 2021 and 2022, the pH varied from a low of 7.2 to a maximum of 8.2. Each of these sites had an average pH between 7.4 and 7.9. During the pre-monsoon season, the pH varies between 7.5 and 8. During the monsoon season, the pH varies between 7.3 and 7.7. The pH ranges from 7.2 to 7.9 in the post-monsoon season. The summertime high ranges from 7.5 to 8.2. Table 2 shows that the mean $\pm$ standard deviation ranges from 7.42 $\pm$ 0.29 to 7.853 $\pm$ 0.2. In 2022–2023, the pH varied from a minimum of 7.3 to a maximum of 8.2. Each of these sites had an average pH between 7.4 and 7.9. During the pre-monsoon season, the pH varies between 7.8 and 8.2. During the monsoon season, the pH varies between 7.5 and 8. The pH ranges from 7.3 to 8 during the post-monsoon season. The summertime high ranges from 7.3 to 7.9. Table 2 shows that the mean $\pm$ standard deviation ranges from 7.64 $\pm$ 0.3 to 8.06 $\pm$ 0.16. In the two years (2021–2023), station VI had the lowest pH (7.3) during the post-monsoon season in 2021–2022, whereas station I had the highest pH (8.2) during the pre-monsoon period in 2021–2022.

Conductivity (μ Sie)

Over the course of the two years (2021–2023), station I recorded the highest water conductivity at 1153 μ Sie during the pre-monsoon of 2022–2023, while station II recorded the lowest at 790 μ Sie during the monsoon season of 2021–2022. The range of the mean $\pm$ standard deviation is 853.3 $\pm$ 40.7 to 1047 $\pm$ 87.8.

Transparency

The range of transparency varied throughout the two year. In station II during the pre-monsoon season in 2021–2022, a higher transparency value of roughly 109.7 cm was observed. In station I during the pre-monsoon season in 2022–2023, the lower range was 44.5 cm. The range of the mean $\pm$ standard deviation is 60.9 $\pm$ 12.5 to 90.6 $\pm$ 8.72.

Dissolved Oxygen (DO)

Over the course of the two years, the range of dissolved oxygen changed. During the monsoon season in 2021–2022, station VI recorded a higher dissolved oxygen value of about 9.86 mg/l. The lower range in station II during the summer of 2022–2023 was 6.19 mg/l. The mean $\pm$ standard deviation falls between 7.153 $\pm$ 0.74 and 9.217 $\pm$ 0.49.

Total Solids (TS)

The range of total solids changed during the two years. Station III observed a higher total solids value of around 1233 mg/l during the Pre-monsoon season in 2022–2023. During the post-monsoon of 2021–2022, station II's lower range was 790 mg/l. The range of the mean $\pm$ standard deviation is 910 $\pm$ 40.1 to 1126 $\pm$ 63.6.

Total Dissolved Solids (TDS)

During the 2022–2023 monsoon season, Station I recorded a higher Total Dissolved Solids value of about 1097 mg/l. Station II's lower range was 540 mg/l during the 2021–2022 monsoon. The mean $\pm$ standard deviation ranges from 594.7 $\pm$ 47.1 to 826 $\pm$ 221.



**Saminathan and Pazhanisamy****Total Suspended Solids (TSS)**

The range of total suspended solids varied during the two years. Station II recorded a higher total suspended solids value of roughly 426.7 mg/l during the summer of 2021–2022. During the pre-monsoon of 2022–2023, station II's lower range was 233.3 mg/l. The range of the mean $\pm$ standard deviation is 269.3 ± 21.9 to 342.7 ± 34.8 .

Free CO₂

Every station recorded 0 mg/l during the course of the two years (2021–2023).

Acidity

During the two years (2021–2023), station V recorded the lowest acidity at 0.2 mg/l during the monsoon season of 2021–2022, whereas station I recorded the maximum acidity at 2.467 mg/l during the post-monsoon of 2022–2023. The mean $\pm$ standard deviation ranges from 0.387 ± 0.14 to 1.087 ± 0.67 .

Phenolphthalein Alkalinity (PA)

While station VI recorded the highest acidity at 30 mg/l during the monsoon of 2022–2023 and also station III summer, and station VI pre-monsoon 2021–2022 recorded same, stations I and II recorded the lowest alkalinity (PA) at 0 mg/l during the post-monsoon season of 2021–2022. The range of the mean $\pm$ standard deviation is 6 ± 5.96 to 23.33 ± 4.08 .

Total Alkalinity (TA)

Station I recorded the lowest total alkalinity at 180 mg/l during the post-monsoon season of 2021–2022, while station II recorded the greatest total alkalinity at 326.7 mg/l during the pre-monsoon season of 2022–2023. The mean $\pm$ standard deviation falls between 201.3 ± 23.3 and 292 ± 20.6 .

Carbonate

Over the course of the two years, the carbonate range shifted. Station VI pre-monsoon in 2021–2022, Station II pre-monsoon, and Station VI monsoon in 2022–2023 all showed higher Carbonate values of about 60 mg/l over the summer. The lower range for stations I and II was 0 mg/l during the post-monsoon of 2021–2022. The mean $\pm$ standard deviation falls between 12 ± 11.9 and 48 ± 9.89 .

Bicarbonate

Station II pre-monsoon in 2022–2023, showed higher Bicarbonate values of about 286.7 mg/l. The lower range for stations VI was 166.7 mg/l during the monsoon of 2021–2022. The mean $\pm$ standard deviation falls between 184.7 ± 11.9 and 248 ± 25 .

Residual Chlorine

Over the course of the two years (2021–2023), every station reported 0 mg/l.

Chloride

The range of chloride changed throughout the two years. In 2022–2023, Station II's pre-monsoon levels of chloride were higher, at around 148.4 mg/l. During the 2021–2022 monsoon, stations VI's lower range was 69.13 mg/l. The range of the mean $\pm$ standard deviation is 79.47 ± 12.9 to 131 ± 19.1 .

Ammonia

The pre-monsoon ammonia levels at Station V were higher in 2022–2023, at about 0.783 mg/l. The lowest range for station VI during the 2021–2022 monsoons was 0.084 mg/l. The mean $\pm$ standard deviation ranges from 0.26 ± 0.03 to 0.528 ± 0.235 .



**Nitrate**

The pre-monsoon nitrate levels at Station II were higher in 2022–2023; at around 2.848 mg/l. Station VI lower range during the pre-monsoon of 2021–2022 was 0.113 mg/l. The mean $\pm$ standard deviation ranges from 0.663 $\pm$ 0.17 to 1.749 $\pm$ 0.74.

Phosphate

The post monsoon Phosphate levels at Station III were higher in 2022–2023; at around 1.447 mg/l. Station V lower range during the monsoon of 2022–2023 was 0.16 mg/l. The mean $\pm$ standard deviation ranges from 0.267 $\pm$ 0.06 to 0.819 $\pm$ 0.54.

Sulphate

The post monsoon Sulphate levels at Station VI were higher in 2022–2023; at around 24.91 mg/l. Station I lower range during the monsoon of 2021–2022 was 6.663 mg/l. The mean $\pm$ standard deviation ranges from 8.023 $\pm$ 0.95 to 12.22 $\pm$ 2.49.

Silicate

The summer Silicate levels at Station III were higher in 2021–2022; at around 5.667 mg/l. Station V lower range during the monsoon of 2021–2022 was 0.667 mg/l. The mean $\pm$ standard deviation ranges from 8.023 $\pm$ 0.95 to 12.22 $\pm$ 2.49.

Biochemical Oxygen Demand (BOD)

Over the two years, the BOD range shifted. Station VI's post-monsoon BOD levels were higher in 2021–2022, at about 49.94 mg/l. Station III's lower range for the summers of 2022–2023 was 9.413 mg/l. The mean $\pm$ standard deviation falls between 19.29 $\pm$ 10 and 27.39 $\pm$ 12.3.

Chemical Oxygen Demand (COD)

In 2022–2023, the post-monsoon COD levels at Station VI were higher, at around 70.67 mg/l. For the 2021–2022 Pre-monsoon, Station V's lower range was 22 mg/l. The range of the mean $\pm$ standard deviation is 41.53 $\pm$ 17.2 to 50.93 $\pm$ 10.6.

Hardness

The Hardness range changed during the course of the two years. Pre-monsoon hardness levels at Station I was higher in 2022–2023, at around 223.7 mg/l. During the summers of 2021–2022, Station I's lower range was 80.1 mg/l. The range of the mean $\pm$ standard deviation is 124.3 $\pm$ 32.1 to 171.3 $\pm$ 25.1.

Calcium

Monsoon Calcium levels at Station I was higher in 2022–2023, at around 95.78 mg/l. During the post monsoon of 2021–2022, Station I lower range was 35.47 mg/l. The range of the mean $\pm$ standard deviation is 47.41 $\pm$ 12.6 to 67.84 $\pm$ 8.4.

Magnesium

In 2022–2023, Station I's pre-monsoon magnesium levels were higher; at about 34.27 mg/l. Station I's lower range during the 2021–2022 post-monsoon was 10.89 mg/l. The mean $\pm$ standard deviation ranges from 18.76 $\pm$ 5.99 to 26.1 $\pm$ 4.32.

Iron

Station III's summer iron levels were higher in 2022–2023, at around 1.373 mg/l. During the pre-monsoon of 2021–2022, Station III's lower range was 0.185 mg/l. The range of the mean $\pm$ standard deviation is 0.385 $\pm$ 0.1 to 0.886 $\pm$ 0.37.



**Gross Primary Productivity (GPP)**

Over the course of the two years, the GPP range shifted. In 2021–2022, Station I's post-monsoon GPP levels were greater, at around 5847 mg C/m³/hr. The lower range for Station I for the summers of 2021–2022 was 1081 mg C/m³/hr. The mean $\pm$ standard deviation falls between 1407 $\pm$ 198 and 2540 $\pm$ 1876.

Net Primary Productivity (NPP)

The post-monsoon NPP levels at Station V were higher in 2022–2023, at around 2489 mg C/m³/hr. For the summers of 2022–2023, Station II's lower range was 855.8 mg C/m³/hr. The range of the mean $\pm$ standard deviation is 1197 $\pm$ 211 to 1557 $\pm$ 448.

Community Respiration (CR)

At around 2137 mg C/m³/hr, the post-monsoon CR levels at Station V were higher in 2022–2023. Station III's lower range for the 2022–2023 post-monsoon was 741.3 mg C/m³/hr. The mean $\pm$ standard deviation falls between 1067 $\pm$ 179 and 1320 $\pm$ 408.

The Langelier Calcium Carbonate Saturation Index (LCSI or LSI)

In 2021–2022, the monsoon and post monsoon in 2022–2023 LCSI levels at stations I and II were higher, they were around -0.1. Station VI's lower range was -0.83 during the post-monsoon periods of 2021–2022 and 2022–2023. The mean $\pm$ standard deviation falls between -0.32 $\pm$ 0.31 and -0.15 $\pm$ 0.04.

Chlorophyll a

Over the course of the two years, the range of chlorophyll an altered. In 2022–2023, Station III's pre-monsoon Chlorophyll a levels were higher, at around 0.254 mg/l. Station II's lower range was 0.1 mg/l during the 2021–2022 pre-monsoon. The mean $\pm$ standard deviation falls between 0.011 $\pm$ 0 and 0.106 $\pm$ 0.09.

Chlorophyll b

Station II's post-monsoon chlorophyll b levels were higher in 2022–2023, at around 0.308 mg/l. In the pre-monsoon of 2021–2022, Station III's lower range was 0.002 mg/l. The range of the mean $\pm$ standard deviation is 0.013 $\pm$ 0.01 to 0.131 $\pm$ 0.09.

Chlorophyll c

In 2022–2023, Station III's pre-monsoon chlorophyll c levels were higher; at around 0.515 mg/l. Station VI's lower range during the 2022–2023 post-monsoon was 0.011 mg/l. The mean $\pm$ standard deviation falls between 0.024 $\pm$ 0 and 0.213 $\pm$ 0.21.

Water is considered contaminated when its composition or quality is altered, either directly or indirectly, as a result of human activity, making it unsuitable for regular use [7]. According to Madhuri and Minakshi [8], the temperature discrepancy might be caused by either geographical variations in the site or variations in the collecting periods. In the summer of 2021–2022, station I recorded a peak temperature of 33°C throughout the two years when the five locations were taken into consideration. Desai [9] asserts that the season affects water temperature. During the monsoon season in 2021–2022, station VI recorded the lowest water temperature of 23.33°C. During the pre-monsoon season in 2021–2022, station I recorded the highest pH value (8.2). Due to the quick oxidation or breakdown of organic materials and the alkaline pH during the pre-monsoon season, calcium levels rise [10]. In 2021–2022, Station VI recorded a low pH of 7.3 during the post-monsoon season. Anthropogenic activities such as inappropriate irrigation and weathering processes are responsible for a little deviation towards acidity [11].

Ten factors, including temperature, pH, alkalinity, total hardness, calcium, total solids, total dissolved solids, chemical oxygen demand, and the content of iron and chloride in water, are significantly correlated with conductivity[12]. In general, wind activity, suspended silt particles, plankton concentration, and the breakdown of



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organic materials at the bottom all have an impact on the transparency of water [13]. One of the most crucial parameters is DO, Its relationship to a body of water provides both direct and indirect information about things like bacterial activity, photosynthesis, nutrient availability, stratification, etc. [14]. Station II recorded 6.19 mg/l of dissolved oxygen in the summer of 2022–2023 as a result of rising temperatures and increasing microbial activity. TDS was lowest in the winter and highest in the summer and monsoon. According to Jemi and Balasingh's [15] observations, the highest total dissolved solids were found in the summer and the lowest in the winter. Qumerunsisa [16] discovered that the summer months had the highest TDS and the monsoon months had the lowest.

The presence of mineral salt in water is what causes its total alkalinity. The carbonate and bicarbonate ions found by [17] were the main cause. The values of alkalinity were also high and hence indicated pollution in the lakes [19]. Percolating nitrates from sources such decomposing plant and animal matter, agricultural fertilisers, and household sewage are the source of ammonia in natural streams [19]. In the research region, the monsoon season recorded the highest phosphate concentration, while the summer season reported the lowest amount. Phosphate levels in aquatic bodies fluctuate. The monsoon season had the highest silicate content, while the summer season saw the lowest. The results published [20] are consistent with the observed results. APHA [21] states that 300 mg/l is the ideal hardness limit. The sample's values are determined to be within the desired limit. Reduced NPP and GPP values during the monsoon season may be caused by high suspended particles in floodwater, which limits light penetration and reduces photosynthetic activity and production. Pre-monsoon NPP and GPP values may be greater because of increased light penetration, which promotes a higher rate of photosynthesis and, eventually, the productivity of the riverine system [22].

CONCLUSION

In order to establish long-term trends and current conditions for effective management, water quality monitoring is essential. The findings of the two independent experiments revealed seasonal variations in the physico-chemical parameters at all five locations. Phosphorus is one of the most important micronutrients in affecting the productivity of aquatic environments. An investigation of the physicochemical parameters revealed that Veeranam Lake's water quality declines during the monsoon season in comparison to other seasons. It might be caused by local runoff into the lake. In all five stations of Veeranam Lake; the parameters such as TDS, BOD and Iron were recorded higher than the Acceptable Limit and lower than the Permissible Limit, Hardness is higher than the Acceptable Limit (200mg/ml) and lower than the Permissible Limit (600mg/l) (Table 2 and 3), which need regular monitoring. Therefore, it is necessary to regularly check the hydrological condition and water quality of lakes and other water sources used for drinking, irrigation, and other purposes.

ACKNOWLEDGMENT

Authors are thankful to Head, Department of Zoology and Principal, Government Arts College (Autonomous), Kumbakonam, Thanjavur Dist, Tamil Nadu, India, for encouraging us to carry out this research.

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Table 1. Methods adopted for analysis of water samples studied.

S.No.	Parameters	Method /instrument
1.	Temperature	Celsius thermometer
2.	pH	pH meter (Hanna Pen type) pH ep® made in Portugal
3.	Conductivity	Conductivity meter (Henna pen type) made in Portugal
4.	Transparency	Secchi disc
5.	Dissolved oxygen	Winkler's iodometric method
6.	Total solids	Gravimetric method (Muffle furnace drying)
7.	Total dissolved solids	Gravimetric method (Muffle furnace drying)
8.	Total suspended solids	Gravimetric method (Muffle furnace drying)
9.	Carbon dioxide	Titrimetric method





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10.	Acidity	Titrimetric method
11.	Alkalinity	Titrimetric method
12.	Carbonates & bicarbonates	By calculation from alkalinity
13.	Chloride	Titrimetric method
14.	Salinity	By calculation from chlorinity
15.	Residual chlorine	Titrimetric method
16.	Ammonia	Colorimetric (Nesslerisation)
17.	Nitrate	Colorimetric (Phenol disulphonic acid method)
18.	Phosphate	Colorimetric (Molybdophosphoric acid method)
19.	Sulfate	Turbidimetric at 420nm
20.	Silicate	Colorimetric (Molybosilicate method)
21.	BOD	Winkler method after incubation for 5 days
22.	COD	Titrimetric method
23.	Hardness	Titrimetric method
24.	Calcium	Titrimetric method
25.	Magnesium	Calculation from hardness and calcium
26.	Iron	Colorimetric (110 phenanthroline method)
27.	GPP, NPP & CR	Light and dark bottle method of Gaarder and Gran
28.	Chlorophyll a, b and c	Anon (1974) Chlorophyll method.
29.	LCSI (Langlier's Calcium Saturation Index)	Variation in pH by Calcium carbonate saturation

Table 2. Seasonal Variations of Physico-chemical Parameters in the Study Sites (2021-2022)

Parameters	Seasons	Station I	Station II	Station III	Station IV	Station V	Mean	SD
Air temperature (°C)	Pre monsoon	33	33	34.33	31.33	32.33	32.8	1.1
	Monsoon	29	29.33	29.67	28.67	29	29.13	0.38
	Post monsoon	35.67	34.33	34	34	36	34.8	0.96
	Summer	39.33	36.33	36.33	34.67	37	36.73	1.69
Water temperature (°C)	Pre monsoon	26	27.33	28.33	26	27	26.93	0.98
	Monsoon	23.67	24.67	24.33	23.33	24	24	0.53
	Post monsoon	26.67	28	26.67	25.67	28.33	27.07	1.09
	Summer	33	29.33	29.67	27	28.33	29.47	2.23
pH	Pre monsoon	7.567	7.833	7.767	8.067	8.033	7.853	0.2
	Monsoon	7.467	7.5	7.3	7.5	7.7	7.493	0.14
	Post monsoon	7.3	7.3	7.3	7.267	7.933	7.42	0.29
	Summer	7.567	7.8	7.933	7.567	8.267	7.827	0.29
Conductivity (µSie)	Pre monsoon	1043	913.3	983.3	943.3	960	968.7	48.9
	Monsoon	906.7	790	890	893.3	930	882	53.8
	Post monsoon	906.7	810	876.7	816.7	856.7	853.3	40.7
	Summer	1077	953.3	1097	976.7	1020	1025	61.9
Transparency (cm)	Pre monsoon	47.67	109.7	56.83	100.7	108	84.57	29.9





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	Monsoon	88.5	79	93	103.2	89.33	90.6	8.72
	Post monsoon	54.83	56.67	73.17	74.83	65.83	65.07	9.18
	Summer	62.33	63.33	64.17	80.5	104	74.87	17.9
Dissolved Oxygen (mg/l)	Pre monsoon	7.907	7.6	7.433	8.887	8.113	7.988	0.57
	Monsoon	9.337	9.403	7.977	9.827	9.86	9.281	0.77
	Post monsoon	6.327	6.923	9.133	7.843	7.453	7.536	1.06
	Summer	7.057	6.207	7.147	7.71	8.007	7.225	0.69
TS (mg/l)	Pre monsoon	1033	850	1183	906.7	900	974.7	135
	Monsoon	866.7	950	933.3	866.7	933.3	910	40.1
	Post monsoon	1083	790	1073	970	1053	994	122
	Summer	1133	1163	1200	1033	1100	1126	63.6
TDS (mg/l)	Pre monsoon	746.7	616.7	916.7	613.3	626.7	704	131
	Monsoon	573.3	540	663.3	580	616.7	594.7	47.1
	Post monsoon	706.7	686.7	770	656.7	710	706	41.6
	Summer	756.7	736.7	850	690	800	766.7	61.1
TSS (mg/l)	Pre monsoon	286.7	233.3	266.7	286.7	273.3	269.3	21.9
	Monsoon	293.3	376.7	270	286.7	316.7	308.7	41.5
	Post monsoon	376.7	410	270	313.3	343.3	342.7	54.4
	Summer	376.7	426.7	350	343.3	300	359.3	46.6
Free CO ₂ (mg/l)	Pre monsoon	0	0	0	0	0	0	0
	Monsoon	0	0	0	0	0	0	0
	Post monsoon	0	0	0	0	0	0	0
	Summer	0	0	0	0	0	0	0
Acidity (mg/l)	Pre monsoon	0.433	0.5	0.417	0.75	0.833	0.587	0.19
	Monsoon	0.433	0.433	0.567	0.3	0.2	0.387	0.14
	Post monsoon	0.4	0.5	0.517	0.467	0.35	0.447	0.07
	Summer	0.333	0.367	0.367	0.533	0.367	0.393	0.08
Alkalinity PA (CaCO ₃ mg/l)	Pre monsoon	16.67	20	23.33	30	23.33	22.67	4.94
	Monsoon	6.667	10	13.33	23.33	16.67	14	6.41
	Post monsoon	0	0	10	6.667	13.33	6	5.96
	Summer	10	20	30	16.67	16.67	18.67	7.3
Alkalinity TA (CaCO ₃ mg/l)	Pre monsoon	276.7	273.3	260	310	290	282	18.9
	Monsoon	206.7	213.3	206.7	213.3	230	214	9.55
	Post monsoon	180	186.7	200	200	240	201.3	23.3
	Summer	256.7	253.3	283.3	266.7	270	266	11.9
Carbonate (mg/l)	Pre monsoon	33.33	40	46.67	60	46.67	45.33	9.89
	Monsoon	13.33	26.67	26.67	46.67	33.33	29.33	12.1
	Post monsoon	0	0	20	13.33	26.67	12	11.9





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	Summer	20	40	60	33.33	33.33	37.33	14.6
Bicarbonate (mg/l)	Pre monsoon	243.3	233.3	213.3	250	243.3	236.7	14.3
	Monsoon	193.3	186.7	180	166.7	196.7	184.7	11.9
	Post monsoon	180	186.7	180	186.7	213.3	189.3	13.8
	Summer	236.7	210	223.3	233.3	236.7	228	11.5
Residual Chlorine	Pre monsoon	0	0	0	0	0	0	0
	Monsoon	0	0	0	0	0	0	0
	Post monsoon	0	0	0	0	0	0	0
	Summer	0	0	0	0	0	0	0
Chloride (mg/l)	Pre monsoon	99.4	120.2	104.1	110.8	110.8	109.1	7.85
	Monsoon	71.99	88.5	70.04	69.13	97.69	79.47	12.9
	Post monsoon	88.99	74.67	85.11	87.09	88.04	84.78	5.83
	Summer	141.8	121.5	101.7	143.2	147	131	19.1
Ammonia (mg/l)	Pre monsoon	0.253	0.31	0.255	0.248	0.234	0.26	0.03
	Monsoon	0.373	0.163	0.104	0.084	0.643	0.274	0.24
	Post monsoon	0.38	0.353	0.351	0.25	0.357	0.338	0.05
	Summer	0.53	0.13	0.697	0.11	0.353	0.364	0.25
Nitrate (mg/l)	Pre monsoon	0.567	0.733	2.09	0.113	0.267	0.754	0.79
	Monsoon	0.65	0.533	0.867	0.467	0.8	0.663	0.17
	Post monsoon	1.69	0.367	0.64	1.56	1.673	1.186	0.63
	Summer	1.067	1.177	2.197	1.927	1.277	1.529	0.5
Phosphate (mg/l)	Pre monsoon	0.297	0.267	0.48	0.2	0.643	0.377	0.18
	Monsoon	0.213	0.237	0.163	0.193	0.583	0.278	0.17
	Post monsoon	0.287	0.167	0.247	0.303	0.333	0.267	0.06
	Summer	0.28	0.277	0.603	0.203	0.393	0.351	0.16
Sulphate (mg/l)	Pre monsoon	10.36	10.97	13.33	14.3	9.227	11.64	2.11
	Monsoon	6.663	8.577	7.277	17.78	9.223	9.904	4.52
	Post monsoon	8.363	9.147	7.327	6.793	8.487	8.023	0.95
	Summer	7.9	8.373	9.823	8.043	8.803	8.589	0.77
Silicate (mg/l)	Pre monsoon	2.167	1.633	5.167	1.747	1.633	2.469	1.52
	Monsoon	1.867	1	3.267	2.253	0.667	1.811	1.04
	Post monsoon	2.4	1.433	2.867	1.703	2.233	2.127	0.57
	Summer	2.747	1.533	5.667	1.603	1.533	2.617	1.78
BOD (mg/l)	Pre monsoon	18.31	17.06	23.71	28.75	19.64	21.49	4.76
	Monsoon	20.05	28.19	14.61	47.18	26.92	27.39	12.3
	Post monsoon	20.44	15.34	19.95	49.94	16.31	24.39	14.5
	Summer	19.24	13.35	22.38	35.34	17.07	21.48	8.42
COD (mg/l)	Pre monsoon	26.67	42.67	57.67	59.67	22	41.73	17.3
	Monsoon	46.67	34.67	40	47.42	44	42.55	5.28





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	Post monsoon	58.67	26.67	50.67	59.33	44	47.87	13.4
	Summer	32	50	63	45.33	34.8	45.03	12.5
Hardness (mg/l)	Pre monsoon	141.3	184.7	154.7	170.4	205.3	171.3	25.1
	Monsoon	127.2	150	135.3	156.4	174	148.6	18.3
	Post monsoon	80.1	112.7	128	132.1	168.7	124.3	32.1
	Summer	150.7	178	171.3	161.2	184.3	169.1	13.4
Calcium (mg/l)	Pre monsoon	68.53	65.3	56.51	79.91	68.94	67.84	8.4
	Monsoon	44.35	52.24	42.66	72.19	60.45	54.38	12.2
	Post monsoon	35.47	36.87	43.9	64.22	56.61	47.41	12.6
	Summer	67.11	60.65	60.16	62.29	57.7	61.58	3.5
Magnesium (mg/l)	Pre monsoon	17.76	29.12	23.95	22.07	33.28	25.24	6.07
	Monsoon	20.2	23.85	23.26	20.54	27.7	23.11	3.03
	Post monsoon	10.89	18.49	20.51	16.55	27.34	18.76	5.99
	Summer	19.74	28.63	27.12	24.12	30.9	26.1	4.32
Iron (mg/l)	Pre monsoon	0.481	0.259	0.296	0.407	0.481	0.385	0.1
	Monsoon	0.629	0.962	0.481	0.666	0.703	0.688	0.17
	Post monsoon	0.729	0.592	0.481	0.851	0.666	0.664	0.14
	Summer	1.029	0.877	0.333	0.629	0.518	0.677	0.28
GPP (mg C/m ³ /hr)	Pre monsoon	1749	1548	1411	2100	2011	1764	294
	Monsoon	1929	1650	1434	2596	2656	2053	552
	Post monsoon	5847	1375	1632	1604	2244	2540	1876
	Summer	1574	1166	1362	1587	1759	1490	229
NPP (mg C/m ³ /hr)	Pre monsoon	1194	1438	1256	1581	1549	1404	173
	Monsoon	1269	1474	1078	1734	2231	1557	448
	Post monsoon	1122	1235	1547	1493	2000	1480	340
	Summer	1249	1094	1314	1413	1176	1249	123
CR (mg C/m ³ /hr)	Pre monsoon	910.2	1121	1092	1232	1116	1094	116
	Monsoon	1075	1168	903.8	1527	1927	1320	408
	Post monsoon	1073	1098	1234	1287	1724	1283	263
	Summer	1045	998.5	1172	1237	998.7	1090	108
LCSI	Pre monsoon	-0.133	-0.167	-0.3	-0.23	-0.17	-0.2	0.07
	Monsoon	-0.1	-0.133	-0.17	-0.17	-0.37	-0.19	0.1
	Post monsoon	-0.133	-0.1	-0.17	-0.83	-0.23	-0.29	0.31
	Summer	-0.2	-0.167	-0.27	-0.17	-0.2	-0.2	0.04
Chlorophyll a (mg/l)	Pre monsoon	0.011	0.01	0.024	0.034	0.024	0.021	0.01
	Monsoon	0.009	0.013	0.012	0.013	0.008	0.011	0
	Post monsoon	0.014	0.017	0.019	0.016	0.014	0.016	0
	Summer	0.025	0.098	0.071	0.026	0.051	0.054	0.03





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Chlorophyll b (mg/l)	Pre monsoon	0.009	0.027	0.002	0.016	0.01	0.013	0.01
	Monsoon	0.013	0.031	0.013	0.009	0.008	0.015	0.01
	Post monsoon	0.103	0.152	0.033	0.026	0.018	0.066	0.06
	Summer	0.045	0.065	0.066	0.041	0.069	0.057	0.01
Chlorophyll c (mg/l)	Pre monsoon	0.018	0.016	0.03	0.043	0.028	0.027	0.01
	Monsoon	0.028	0.024	0.022	0.026	0.02	0.024	0
	Post monsoon	0.076	0.073	0.357	0.032	0.067	0.121	0.13
	Summer	0.109	0.179	0.336	0.059	0.11	0.159	0.11

Table 3. Seasonal Variations of Physico-chemical Parameters in the Study Sites (2022-2023)

Parameters	Seasons	Station I	Station II	Station III	Station IV	Station V	Mean	SD
Air temperature (°C)	Pre monsoon	34.33	37	32.67	35.67	35.67	35.07	1.64
	Monsoon	31.33	31.67	31.33	31.67	30.33	31.27	0.55
	Post monsoon	33	34.67	35	36	32	34.13	1.61
	Summer	36.33	36	37	37.67	36.33	36.67	0.67
Water temperature (°C)	Pre monsoon	26	31.67	26.67	28.33	28.33	28.2	2.19
	Monsoon	26	26.67	26.33	26	25	26	0.62
	Post monsoon	28.33	30.67	29.33	29.33	26	28.73	1.74
	Summer	30	29	32	30.67	29	30.13	1.26
pH	Pre monsoon	8.267	8.167	7.867	8	8	8.06	0.16
	Monsoon	8.033	7.633	7.567	7.833	8.033	7.82	0.22
	Post monsoon	8	7.5	7.4	7.367	7.933	7.64	0.3
	Summer	7.8	7.6	7.367	7.733	7.967	7.693	0.23
Conductivity (μSie)	Pre monsoon	1153	1120	1033	963.3	963.3	1047	87.8
	Monsoon	1057	896.7	993.3	950	940	967.3	60.6
	Post monsoon	953.3	913.3	976.7	1000	926.7	954	35.5
	Summer	933.3	1017	933.3	1057	996.7	987.3	53.8
Transparency (cm)	Pre monsoon	44.5	75.17	51.5	66.67	66.67	60.9	12.5
	Monsoon	80.33	105	61	68.67	100	83	19.2
	Post monsoon	68.83	80	50	62.5	89.17	70.1	15.2
	Summer	50.17	47	91.83	59.67	90	67.73	21.7
Dissolved Oxygen (mg/l)	Pre monsoon	7.007	7.54	8.753	8.237	8.237	7.955	0.68
	Monsoon	9.693	8.543	8.413	9.44	8.953	9.009	0.55
	Post monsoon	9.45	9.06	8.427	9.49	9.66	9.217	0.49
	Summer	6.893	6.193	8.193	7.447	7.04	7.153	0.74





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TS (mg/l)	Pre monsoon	1150	1187	1233	940	940	1090	140
	Monsoon	1517	883.3	1183	866.7	1250	1140	272
	Post monsoon	1017	1073	1100	933.3	936.7	1012	76.5
	Summer	1117	1167	1050	1017	1133	1097	61.7
TDS (mg/l)	Pre monsoon	833.3	803.3	866.7	623.3	623.3	750	118
	Monsoon	1097	583.3	883.3	616.7	950	826	221
	Post monsoon	726.7	766.7	800	603.3	616.7	702.7	88.6
	Summer	723.3	866.7	736.7	683.3	843.3	770.7	79.9
TSS (mg/l)	Pre monsoon	316.7	383.3	333.3	310	310	330.7	30.9
	Monsoon	420	300	300	250	300	314	63.1
	Post monsoon	290	313.3	300	330	320	310.7	15.9
	Summer	393.3	300	330	333.3	356.7	342.7	34.8
Free CO ₂ (mg/l)	Pre monsoon	0	0	0	0	0	0	0
	Monsoon	0	0	0	0	0	0	0
	Post monsoon	0	0	0	0	0	0	0
	Summer	0	0	0	0	0	0	0
Acidity (mg/l)	Pre monsoon	0.233	0.4	0.467	0.433	0.433	0.393	0.09
	Monsoon	0.533	0.667	0.733	0.65	0.383	0.593	0.14
	Post monsoon	2.467	1.333	0.433	0.4	0.4	1.007	0.91
	Summer	2.067	1.2	1.267	0.467	0.433	1.087	0.67
Alkalinity PA (CaCO ₃ mg/l)	Pre monsoon	16.67	26.67	26.67	23.33	23.33	23.33	4.08
	Monsoon	10	16.67	16.67	30	23.33	19.33	7.6
	Post monsoon	6.667	3.333	10	16.67	20	11.33	6.91
	Summer	3.333	16.67	13.33	13.33	3.333	10	6.24
Alkalinity TA (CaCO ₃ mg/l)	Pre monsoon	293.3	326.7	286.7	276.7	276.7	292	20.6
	Monsoon	236.7	226.7	260	266.7	266.7	251.3	18.5
	Post monsoon2	200	196.7	203.3	206.7	250	211.3	21.9
	Summer	203.3	216.7	206.7	266.7	200	218.7	27.5
Carbonate (mg/l)	Pre monsoon	33.33	60	53.33	46.67	46.67	48	9.89
	Monsoon	20	33.33	33.33	60	46.67	38.67	15.2
	Post monsoon	13.33	6.667	20	33.33	40	22.67	13.8
	Summer	6.667	33.33	26.67	26.67	6.667	20	12.5
Bicarbonate (mg/l)	Pre monsoon	260	286.7	233.3	230	230	248	25
	Monsoon	216.7	193.3	240	206.7	220	215.3	17.3
	Post monsoon	186.7	190	183.3	173.3	210	188.7	13.5
	Summer	196.7	183.3	180	240	193.3	198.7	24.1
Residual Chlorine	Pre monsoon	0	0	0	0	0	0	0





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	Monsoon	0	0	0	0	0	0	0
	Post monsoon	0	0	0	0	0	0	0
	Summer	0	0	0	0	0	0	0
Chloride (mg/l)	Pre monsoon	102.9	148.4	95.17	100.6	100.6	109.5	21.9
	Monsoon	121.9	97.21	111.3	100.3	123.3	110.8	12
	Post monsoon	77.63	82.51	86.13	79.52	75.73	80.3	4.11
	Summer	88.99	98.72	87.95	83.31	115.5	94.89	12.8
Ammonia (mg/l)	Pre monsoon	0.178	0.307	0.55	0.291	0.291	0.323	0.137
	Monsoon	0.47	0.157	0.181	0.188	0.43	0.285	0.152
	Post monsoon	0.453	0.17	0.16	0.2	0.54	0.304	0.179
	Summer	0.687	0.417	0.57	0.187	0.783	0.528	0.235
Nitrate (mg/l)	Pre monsoon	1.813	2.843	1.957	1.067	1.067	1.749	0.74
	Monsoon	0.713	0.833	1.8	0.18	0.433	0.792	0.62
	Post monsoon	0.79	0.4	1.253	0.633	1.3	0.875	0.39
	Summer	1.78	1.037	0.787	2.187	1.28	1.414	0.57
Phosphate (mg/l)	Pre monsoon	0.648	0.573	0.64	0.2	0.2	0.452	0.23
	Monsoon	0.393	1.22	1.447	0.873	0.16	0.819	0.54
	Post monsoon	0.243	0.173	1.207	0.87	0.59	0.617	0.43
	Summer	0.72	0.183	0.327	0.27	0.44	0.388	0.21
Sulphate (mg/l)	Pre monsoon	8.88	10.74	15.41	13.02	13.02	12.22	2.49
	Monsoon	9.69	9.19	12.02	21.68	6.867	11.89	5.77
	Post monsoon	7.61	9.253	7.993	24.91	10.76	12.11	7.26
	Summer	8.723	9.56	9.113	12.9	10.36	10.13	1.66
Silicate (mg/l)	Pre monsoon	2.253	2.333	2.5	1.697	1.697	2.096	0.38
	Monsoon	3.567	1.6	2.733	1.837	1.267	2.201	0.94
	Post monsoon	1.767	1.567	1.9	2.157	1.767	1.831	0.22
	Summer	4.757	2.403	3.5	1.633	3.6	3.179	1.2
BOD (mg/l)	Pre monsoon	18.27	18.92	19.45	23.01	23.01	20.53	2.3
	Monsoon	18.93	17.92	18.49	31.2	18.93	21.09	5.66
	Post monsoon	21.76	13.93	17.35	30.04	25.85	21.78	6.44
	Summer	15.17	19.51	9.413	35.94	16.43	19.29	10
COD (mg/l)	Pre monsoon	27.33	51.33	36	59.67	59.67	46.8	14.6
	Monsoon	26	37.33	48.33	68	28	41.53	17.2
	Post monsoon	64	25.67	37.33	70.67	44	48.33	18.7
	Summer	46	38	57.33	65.33	48	50.93	10.6
Hardness (mg/l)	Pre monsoon	223.7	220.7	135.3	117.1	117.1	162.8	54.8
	Monsoon	185	153.3	141.3	91.45	194.7	153.2	40.9
	Post monsoon	176.3	114	136	121	180	145.5	30.9
	Summer	130.7	160	140	154.8	142	145.5	11.8





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Calcium (mg/l)	Pre monsoon	83.2	81.18	48.07	51.6	51.6	63.13	17.5
	Monsoon	95.78	56.58	41.09	42.66	65.79	60.38	22.3
	Post monsoon	79.54	36.62	47.99	59.3	63.05	57.3	16.2
	Summer	46.04	52.9	50.79	64.26	42.18	51.23	8.39
Magnesium (mg/l)	Pre monsoon	34.27	34.03	21.29	15.99	15.99	24.31	9.24
	Monsoon	20.43	23.6	24.45	12.3	31.59	22.48	7
	Post monsoon	23.57	18.88	21.47	15.05	28.52	21.5	5.05
	Summer	20.64	26.16	21.76	22.07	24.35	23	2.22
Iron (mg/l)	Pre monsoon	0.658	0.624	0.185	0.333	0.333	0.427	0.21
	Monsoon	0.454	0.925	0.407	0.481	0.74	0.601	0.22
	Post monsoon	0.627	0.703	0.888	0.777	0.37	0.673	0.19
	Summer	0.807	1.14	1.373	0.481	0.629	0.886	0.37
GPP (mg C/m ³ /hr)	Pre monsoon	1493	1083	1743	1696	1696	1542	274
	Monsoon	1949	1604	1570	2204	2196	1905	308
	Post monsoon	1863	1368	1488	2522	2856	2019	649
	Summer	1244	1185	1561	1402	1645	1407	198
NPP (mg C/m ³ /hr)	Pre monsoon	1098	953.5	1470	1410	1410	1268	229
	Monsoon	1337	1433	1230	1566	1823	1478	229
	Post monsoon	1294	1053	993.1	1660	2489	1498	613
	Summer	1178	855.8	1246	1280	1424	1197	211
CR (mg C/m ³ /hr)	Pre monsoon	889.3	863.6	1125	1228	1228	1067	179
	Monsoon	1060	1184	976.3	1201	1590	1202	235
	Post monsoon	1125	792.1	743.1	1427	2137	1245	570
	Summer	1082	764.3	1144	1152	1290	1086	195
LCSI	Pre monsoon	-0.167	-0.2	-0.23	-0.17	-0.167	-0.19	0.03
	Monsoon	-0.1	-0.17	-0.23	-0.2	-0.233	-0.19	0.06
	Post monsoon	-0.133	-0.1	-0.13	-0.83	-0.4	-0.32	0.31
	Summer	-0.167	-0.17	-0.08	-0.2	-0.133	-0.15	0.04
Chlorophyll a (mg/l)	Pre monsoon	0.036	0.091	0.254	0.074	0.074	0.106	0.09
	Monsoon	0.01	0.065	0.02	0.012	0.006	0.023	0.02
	Post monsoon	0.015	0.138	0.013	0.012	0.011	0.038	0.06
	Summer	0.034	0.101	0.052	0.059	0.012	0.052	0.03
Chlorophyll b (mg/l)	Pre monsoon	0.031	0.272	0.08	0.137	0.137	0.131	0.09
	Monsoon	0.015	0.047	0.017	0.016	0.013	0.022	0.01
	Post monsoon	0.018	0.308	0.021	0.013	0.008	0.074	0.13
	Summer	0.113	0.242	0.044	0.038	0.017	0.091	0.09
Chlorophyll c (mg/l)	Pre monsoon	0.132	0.351	0.515	0.033	0.033	0.213	0.21
	Monsoon	0.015	0.033	0.02	0.053	0.028	0.03	0.01



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	Post monsoon	0.047	0.321	0.033	0.011	0.037	0.09	0.13
	Summer	0.151	0.196	0.49	0.218	0.06	0.223	0.16

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RESEARCH ARTICLE

Detection of Adulterants in Locally Available Turmeric Powders and Their Implications for Public Health

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Received: 12 Mar 2026

Revised: 10 Apr 2026

Accepted: 21 May 2026

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ABSTRACT

Adulteration of turmeric powder represents a persistent food safety concern with significant public health implications, particularly in unregulated retail sectors. The present study systematically evaluates the occurrence of common adulterants in commercially available turmeric powders collected from Chalakudy, Thrissur, Kerala. Six market samples, along with a laboratory-prepared control, were subjected to qualitative analytical assays targeting synthetic dyes (metanil yellow), heavy metal pigments (lead chromate), inorganic fillers (chalk/clay), and carbohydrate adulterants (starch). Standard chemical and microscopic methods were employed to ensure reliable detection and validation of adulterants. The results demonstrate a high prevalence of adulteration, with 83.3% of samples testing positive for at least one adulterant. Chalk/clay and starch were identified as the most frequent adulterants, occurring concurrently in the majority of samples, while metanil yellow was detected in one sample. No evidence of lead chromate contamination was observed. These findings indicate that economically motivated adulteration practices remain widespread and multifaceted, compromising both nutritional quality and consumer safety. Given the documented toxicological risks associated with synthetic dyes and adulterants, the study underscores the necessity for enhanced regulatory surveillance, routine quality assessment, and public awareness. The integration of rapid, cost-effective detection methods is essential for ensuring food authenticity and safeguarding public health.

Keywords: Turmeric adulteration; Metanil yellow; Food safety; Chalk contamination; Starch adulteration; Public health risk; Quality assessment





INTRODUCTION

Turmeric (*Curcuma longa* L.) is a widely consumed spice with deep cultural, culinary, and medicinal significance. Its distinctive yellow–orange colour, flavor, and reputed health benefits – mainly attributed to curcuminoids such as curcumin – make it a high-value commodity in both domestic and international markets. However, the economic importance of turmeric powder has also rendered it vulnerable to adulteration, a form of food fraud that compromises quality and safety while deceiving consumers and stakeholders across the supply chain. Adulteration in spices, and specifically turmeric powder, constitutes a major food safety concern as it often entails the intentional addition of cheaper, non-nutritive, or even toxic substances to enhance colour, increase bulk, or reduce production costs [1]. The adulteration of turmeric powder occurs through several mechanisms. Economically motivated adulterants include synthetic dyes (e.g., metanil yellow, Sudan Red, acid orange 7), heavy metal-based pigments such as lead chromate (PbCrO_4), inorganic fillers like chalk (calcium carbonate) and soapstone (talc), and botanical or agricultural byproducts such as foreign starches or spent turmeric residue [1]. The deliberate adulteration with such substances can enhance the visual appeal of turmeric powder – a trait that influences consumer preference – or artificially increase product weight, thereby inflating profits. However, these practices frequently degrade quality and introduce potential health risks that range from gastrointestinal irritation to neurotoxicity, carcinogenicity, and heavy-metal poisoning[2].

Global data indicate that adulteration is not geographically isolated but is widespread across markets in Africa, Asia, Europe, and the Americas. A recent scoping review based on data from six continents estimated that approximately 20% of turmeric spice products are adulterated with undeclared diluents, artificial dyes, or non-turmeric plant materials [3]. This prevalence underscores systemic gaps in regulatory enforcement, quality assurance procedures, and market surveillance, particularly within unorganized retail sectors and informal supply chains. Synthetic colourants are among the most frequently encountered adulterants in turmeric powder. metanil yellow, an azo dye not approved for use in food, has been repeatedly detected in commercially available turmeric samples through chemical and chromatographic testing methods. Such dyes are linked to hepatotoxic and genotoxic effects, prompting regulatory bodies to ban their use in food products. Analytical studies utilizing thin-layer chromatography (TLC) and chemical colour tests have revealed metanil yellow and Sudan Red adulteration in over half of sampled turmeric powders from certain markets, highlighting the persistence of prohibited synthetic additives in the supply chain[4].

Heavy metal adulteration, particularly with lead chromate, represents another significant risk. Research conducted across South Asia – a region responsible for a large share of global turmeric production – documented lead concentrations in turmeric powder that exceeded permissible limits by more than 500-fold [5]. Lead chromate, added primarily to enhance colour, poses grave public health concerns due to lead's neurotoxic effects, especially in children. Chronic exposure can result in developmental delays, cognitive impairment, kidney damage, and hematological disorders. These findings reaffirm that adulteration extends beyond economic loss, directly impacting human health and regulatory compliance. In addition to synthetic dyes and heavy metals, dilution with starches and other plant flours is a prevalent adulteration practice. Corn starch, rice flour, and wheat flour are frequently used to bulk up turmeric powder, reducing its curcumin concentration and therapeutic efficacy. Near-infrared (NIR) and Fourier transform NIR (FT-NIR) spectroscopy coupled with chemometric analysis have been shown to effectively detect starch adulteration – even at low concentrations – by identifying spectral differences between authentic turmeric and starch-enriched mixtures[6–9]. Similarly, multi-spectral imaging and chemometric techniques have been proposed to identify multiple adulterants simultaneously, including flours and zedoary adulterants, further demonstrating the complexity of spice adulteration and the need for advanced analytical tools[10–13].

Infrared (IR) spectroscopy, both FT-IR and mid-IR modalities, has emerged as a powerful technique for rapid, non-destructive detection of adulteration in turmeric powder when combined with pattern recognition algorithms such as principal component analysis (PCA), partial least squares discriminant analysis (PLS-DA), and soft independent modelling of class analogy (SIMCA)[12,14,15]. IR spectra provide distinct functional group signatures, enabling



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discrimination between pure turmeric and adulterated samples containing Sudan Red, metanil yellow, or starch. Micro-FTIR imaging further enhances this capability by enabling spatial mapping of adulterant distribution within powdered samples, facilitating both qualitative and semi-quantitative assessments[16,17]. Comprehensive chemical profiling using gas chromatography–mass spectrometry (GC-MS) has been applied in some studies to elucidate the broader chemical composition of turmeric powder and detect unexpected industrial contaminants such as solvents or volatile organic compounds. A non-targeted GC-MS investigation of market samples revealed wide variability in chemical constituents, with certain industrial chemicals potentially indicating contamination or adulteration beyond traditional fillers. Such multi-platform analytical strategies are increasingly important as adulteration practices evolve and expand beyond simple duties of dilution[18,19].

In addition to chemical and spectroscopic methods, data-driven approaches leveraging machine learning and artificial intelligence have been developed to enhance the detection and classification of adulterants[20]. Near-infrared spectra analyzed with PCA-SIMCA models allow for source differentiation and identification of even low levels of adulterants such as metanil yellow, enabling traceability of adulteration sources and potential supply chain breaches. Emerging AI-guided metabolomic fingerprinting methods, integrating high-resolution mass spectrometry with machine learning, have achieved high classification accuracy for identifying adulteration in botanical products, including turmeric. These techniques hold promise for real-time, on-site testing applications[21]. The consequences of turmeric adulteration are multifaceted. From a nutrition and health perspective, adulterants reduce the functional quality of turmeric and may introduce toxic elements that adversely affect consumers. From an economic and regulatory perspective, adulteration undermines trust in brands and markets, increases regulatory enforcement costs, and jeopardizes exporters' access to international markets. Consumer awareness and demand for authenticity have prompted some industry responses, such as independent third-party testing and certification programmes; however, pervasive adulteration in informal markets indicates that regulatory frameworks and enforcement remain insufficient in many regions[22].

Collectively, the literature illustrates that turmeric adulteration is a persistent and complex problem with global implications. Effective mitigation requires a combination of advanced analytical methods, robust regulatory oversight, and consumer education. Continued research into rapid, portable, and cost-effective detection techniques is critical to safeguarding food quality and ensuring consumer safety. The interdisciplinary integration of spectroscopy, chemometrics, chromatography, and machine learning will likely play a central role in future quality assurance strategies for turmeric and other high-value spices.

MATERIALS AND METHODS

Six packaged turmeric powder from different brands were collected from the market of Chalakudy, Thrissur, Kerala (Fig 1). Turmeric rhizome ground into powder using a mixer grinder in the laboratory was used as the control.

Detection of Metanil Yellow (Synthetic Dye)

Approximately 2 g of the turmeric sample was taken in a clean test tube, to which 5 ml of spirit or ethyl alcohol was added and shaken well to ensure thorough mixing. A few drops of concentrated hydrochloric acid (HCl) were then carefully added to the mixture and the resulting color change was observed. The development of a pink or magenta coloration upon addition of HCl indicated the probable presence of metanil yellow in the sample. To confirm this observation, a small amount of distilled water was added to the test tube. If the pink or magenta color disappeared following the addition of distilled water, it was attributed to a natural reaction of curcumin with the acid rather than the presence of an adulterant. However, if the pink or magenta color persisted even after the addition of distilled water, the presence of metanil yellow as an adulterant in the turmeric sample was confirmed.



**Rajan Samuel and Neetha****Detection of Lead Chromate (Yellow Lead Salts)**

One gram of turmeric powder was taken in a clean test tube, to which 5 ml of concentrated hydrochloric acid (HCl) was added carefully and the mixture was observed for any immediate color change. The development of an immediate magenta coloration upon addition of concentrated HCl indicated the probable presence of yellow lead salts as an adulterant in the turmeric sample. To further confirm the presence of lead, an advanced confirmatory test was performed in which the sample was dissolved in nitric acid (HNO₃) and the resulting solution was filtered to remove any undissolved residue. A few drops of potassium iodide solution were then added to the filtrate, and the formation of a distinct yellow precipitate confirmed the presence of lead as an adulterant in the given turmeric powder sample.

Detection of Chalk Powder or Yellow Clay

A teaspoon of turmeric powder was placed in a glass of water and allowed to settle, after which the behavior of the sample was carefully observed. Pure turmeric was found to settle slowly and leave the water clear or light yellow in color, whereas the presence of chalk or clay as adulterants was indicated by their rapid settling at the bottom of the glass as a distinct and heavy layer. To further confirm the presence of chalk as an adulterant, a chemical test was performed by adding a few drops of dilute hydrochloric acid (HCl) to the sample and observing the reaction. The appearance of effervescence, characterized by vigorous fizzing or the evolution of gas bubbles, upon addition of dilute HCl confirmed the presence of carbonates, specifically chalk, as an adulterant in the given turmeric powder sample.

Detection of Starch (Rice/Maize flour)

One gram of turmeric powder was boiled in 5 ml of water, and the mixture was subsequently allowed to cool to room temperature, after which 1 to 2 drops of iodine solution were added and the resulting color change was carefully observed. The development of a blue-black coloration upon addition of iodine solution indicated the presence of added starch as an adulterant in the turmeric sample. To further substantiate this finding, a microscopic examination was carried out by placing a small pinch of the turmeric sample on a clean glass slide with a drop of water and observing it under 40X magnification. Pure, unadulterated turmeric was found to appear as large, yellow, irregularly shaped angular particles under the microscope, whereas adulterated samples revealed the presence of smaller, rounded, colorless starch granules distinctly different in morphology from the natural turmeric particles, thereby confirming the presence of starch as an adulterant in the given turmeric powder sample.

RESULTS

The control sample showed negative results across all four tests, confirming its purity and serving as the baseline reference for comparison. Among the six samples analyzed, five samples (Samples 1, 2, 3, 5, and 6) were found to be adulterated, while only Sample 4 was found unadulterated, yielding negative results in all tests. The chalk/clay test and starch test emerged as the most prevalent indicators of adulteration (Fig 2), with five out of six samples (Samples 1, 2, 3, 5, and 6) testing positive for both adulterants simultaneously. Notably, Sample 5 was the only specimen to also test positive for metanil yellow (Fig. 3), a synthetic dye considered hazardous to human health, indicating a higher degree and diversity of adulteration compared to the remaining samples. No sample tested positive for lead chromate, suggesting that this particular heavy metal adulterant was absent across all specimens examined. Table 1 presents the results of four qualitative adulteration tests – metanil yellow test, lead chromate test, chalk/clay test, and starch test – conducted on six test samples alongside a control sample to assess the presence of common adulterants. Figs. 4–6 show the graphical representation of the results.





DISCUSSION

Metanil Yellow

Metanil yellow (sodium 3-[(4-anilinophenyl)diazenyl]benzenesulfonate) is a synthetic azo dye primarily intended for the textile, leather, and paper industries. Despite being categorized as a "non-permitted" food color under the Food Safety and Standards Act, it is frequently used as a cheap adulterant to enhance the visual appeal of various food items. Metanil yellow is predominantly used to provide a bright yellow or orange-yellow hue to products that are sold in loose or unorganized markets. The most common food items are as follows: spices, especially turmeric powder and curry powders [23]; pulses, including legumes like arhar/toor dal (pigeon pea), which are often coated with the dye to hide inferior quality or aging [24]; sweets and confectionery, particularly traditional Indian sweets like laddu and jalebi [25]; and beverages, such as some local tea powders and soft drinks [26]. Research on animal models (primarily Wistar rats and fish) has revealed that chronic ingestion of metanil yellow leads to systemic toxicity across multiple organ systems. The liver is the primary site of detoxification, making it highly susceptible. Studies indicate that metanil yellow causes oxidative stress, characterized by significant depletion of antioxidant enzymes such as Catalase (CAT) and Superoxide Dismutase (SOD), along with an increase in Malondialdehyde (MDA), a marker of lipid peroxidation [26]; cellular damage, including histopathological changes such as pyknosis of nuclei, degeneration of cytoplasm, and damage to the central vein region of the liver [23]; and intestinal disruption, where it leads to loosening of the structural configuration of absorptive columnar epithelial cells in the digestive tract, resulting in reduced nutrient absorption capacity [25]. Metanil yellow has the ability to cross the blood-brain barrier, affecting both developing and adult brains, leading to neurotransmitter alteration wherein chronic consumption reduces the levels of vital neurotransmitters such as noradrenaline, dopamine, and serotonin in regions like the hypothalamus and striatum, and behavioral impacts, as it has been linked to decreased acetylcholine esterase activity, which is associated with impaired learning processes and memory loss in rat models [27]. In males, it induces degeneration of seminiferous tubules and spermatocytes. In females, it can disrupt the oestrous cycle and inhibit the secretion of follicle-stimulating hormone (FSH) [23]. Toxicity manifests as necrosis of the tubular epithelium and disruption of the Bowman's capsule, potentially leading to chronic renal failure over time [25]. As an azo dye, metanil yellow is broken down in the body into aromatic amines (like diphenylamine). These metabolites are suspected mutagens and carcinogens, significantly increasing the risk of tumor formation and cancer with long-term exposure [23].

Lead Chromate

Lead chromate (PbCrO_4), commonly known as "chrome yellow," is an industrial pigment primarily used in paints, ceramics, and plastics. Due to its vibrant yellow color and low cost, it is frequently used as an illegal adulterant to enhance the appearance of spices, particularly turmeric. Unlike metanil yellow, which is an organic dye, Lead chromate is a heavy metal compound, making it significantly more toxic and persistent in the human body. The most documented instance of lead chromate adulteration is in turmeric (*Curcuma longa*). Since turmeric is valued for its curcumin content and bright yellow hue, lead chromate is added to polish inferior quality roots or to brighten powdered forms [28]. It has also been detected in chili powder, where it is used to adjust the shade of orange-red hues, and in decorative confectionery, where it is incorporated into non-food grade glazes for traditional sweets in unregulated markets [29]. The toxicity of lead chromate is two-fold, stemming from both the lead (Pb) and the hexavalent chromium (Cr VI) ions. Lead is a potent neurotoxin with no known safe level of exposure. In children, chronic ingestion leads to developmental delays, including irreversible damage to the central nervous system resulting in lowered IQ, shortened attention spans, and increased antisocial behavior [29], as well as encephalopathy, where at high concentrations lead can cause brain swelling, seizures, and coma [30]. Lead interferes with the body's ability to produce hemoglobin by inhibiting critical enzymes like delta-aminolevulinic acid dehydratase (ALAD). Microcytic anemia, resulting from this inhibition, leads to the formation of smaller, pale red blood cells and a significant reduction in oxygen-carrying capacity [28]. Chronic exposure to lead chromate leads to "lead nephropathy," characterized by proximal tubular dysfunction in which heavy metals accumulate in the renal cortex, causing oxidative stress that damages the proximal tubules and eventually results in interstitial fibrosis and chronic



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kidney disease [29]. The chromium component, specifically in its hexavalent state (Cr^{6+}), is a known Class I carcinogen, causing mutagenesis as it readily crosses cell membranes and, during intracellular reduction, generates reactive oxygen species (ROS) that cause DNA strand breaks and chromosomal aberrations [30], and contributing to organ damage, as long-term ingestion is associated with an increased risk of lung, stomach, and intestinal cancers. Recent environmental health studies in Bangladesh and India have shown that lead chromate adulteration in turmeric is a primary driver of elevated blood lead levels (BLL) in the general population. Research indicates that consumers of adulterated turmeric have BLLs significantly higher than the WHO safety threshold [28]. While less chemically complex than synthetic dyes or heavy metals, chalk powder (calcium carbonate, CaCO_3) is a common "bulk" or "weight" adulterant used to increase the profit margins of powdered food products. Though it is often considered "low toxicity" in small amounts, its chronic ingestion and the impurities often found in industrial-grade chalk pose significant health risks. Chalk powder is used to mimic the texture and color of fine white or pale powders. The most common targets for this form of adulteration include common salt, where it is added to prevent caking and increase weight [31]; sugar and jaggery, where it is used to add bulk and improve the whiteness of refined sugar [8]; flours, including wheat flour (atta) and refined flour (maida); spices, particularly turmeric and coriander powder, where it is often mixed with yellow dyes to maintain color while increasing mass [32]; and milk, where it is added to diluted milk to maintain thickness and a high "solids-not-fat" (SNF) appearance [33].

The primary danger of chalk powder lies in its concentration and the presence of non-food-grade impurities. Chalk powder is not readily soluble in gastric juices at the concentrations used in adulteration, leading to indigestion and constipation as excess calcium carbonate neutralizes stomach acid (hydrochloric acid) and causes hypochlorhydria, thereby impairing protein digestion and the activation of digestive enzymes and often resulting in severe constipation and flatulence [8], as well as gastric irritation, since insoluble particulates can irritate the mucosal lining of the stomach and intestines, potentially leading to chronic gastritis [31]. The chronic ingestion of calcium carbonate through adulterated food leads to hypercalcemia (excess calcium in the blood), resulting in stone formation as the kidneys attempt to filter the excess calcium, which can precipitate in the renal pelvis and, when combined with oxalates from other dietary sources such as spinach or tea, forms calcium oxalate stones, leading to renal colic and potential kidney damage [32]. In cases where chalk is consumed in high quantities (particularly via adulterated milk or sugar), it can lead to milk-alkali syndrome. This condition is characterized by a triad of hypercalcemia, metabolic alkalosis, and acute kidney injury [33]. Industrial-grade chalk powder is rarely pure CaCO_3 . It often contains traces of lead, arsenic, and silica. If the chalk contains high levels of silica, long-term ingestion can lead to fibrotic changes in sensitive tissues. Contaminants in industrial chalk can contribute to the cumulative heavy metal burden in the body, affecting the nervous and reproductive systems [31].

Starch (Rice/Maize flour)

Starch (derived from rice, maize, or potato flour) is classified as a "substituting adulterant." While starch itself is a natural carbohydrate and a dietary staple, its use as an undeclared additive in specific high-value foods poses significant health risks, particularly for individuals with underlying metabolic conditions or specific allergies. Starch is primarily used to increase the volume, weight, and viscosity of products. Its white, powdery texture makes it difficult to detect visually in milk and dairy products, where it is added to diluted milk, cottage cheese (paneer), and thickened cream to maintain a "rich" consistency and high solid content [33]; in spices, where it is mixed into turmeric, coriander, and chili powders to add bulk [8]; in honey, where it is used as a thickening agent in synthetic or low-grade honey [31]; and in compounded asafoetida (hing), where excess starch is often used as a carrier or filler beyond permissible limits. The "ill effects" of starch adulteration are often indirect but can be clinically significant. For the general population, starch is harmless. However, for diabetic patients, starch adulteration is dangerous. Adulterated milk or spices increase the hidden carbohydrate intake. This can cause unexpected spikes in blood glucose levels, complicating the management of diabetes mellitus [34].

Refined rice or maize flour has a high glycemic index, leading to rapid insulin secretion which, over time, contributes to insulin resistance. The source of the starch is often undeclared, leading to severe reactions in sensitive populations.



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If "starch" derived from wheat or contaminated maize/rice is added to naturally gluten-free spices or milk, it can trigger an autoimmune response in patients with Celiac disease [8]. Maize (corn) starch can trigger allergic reactions in sensitized individuals, ranging from urticaria (hives) to gastrointestinal distress. The starch used in adulteration is often uncooked or raw. Raw starch is resistant to rapid enzymatic breakdown by salivary amylase. When it reaches the lower gastrointestinal tract, it undergoes bacterial fermentation, causing flatulence, abdominal cramps, and diarrhea [31]. Adulterated milk is particularly hazardous for infants, whose digestive systems are optimized for lactose, not complex plant polysaccharides. This can lead to malabsorption and chronic diarrhea [33]. Starch is an organic matter that serves as an excellent substrate for microbial growth. Poorly stored rice or maize flour used for adulteration may contain Aflatoxins (produced by *Aspergillus* species). These toxins are heat-stable and hepatotoxic, increasing the risk of liver cancer [34]. Among the six samples analyzed, five samples (Samples 1, 2, 3, 5, and 6) were found to be adulterated, and only Sample 4 was found unadulterated, yielding negative results in all tests. The findings reveal a high prevalence of adulteration in different turmeric powder collected from the market of Chalakudy, Thrissur, Kerala. Approximately 83.3% (5 out of 6) of the collected samples contain one or more adulterants, raising significant concerns regarding food quality and consumer safety.

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Taeb1. Results of adulteration tests for samples collected from the market of Chalakudy, Thrissur, Kerala.

Sample Type	Metanil Yellow Test	Lead Chromate Test	Chalk/Clay Test	Starch Test	Result
Control	Negative	Negative	Negative	Negative	Unadulterated
Sample 1	Negative	Negative	Positive	Positive	Adulterated
Sample 2	Negative	Negative	Positive	Positive	Adulterated
Sample 3	Negative	Negative	Positive	Positive	Adulterated
Sample 4	Negative	Negative	Negative	Negative	Unadulterated
Sample 5	Positive	Negative	Positive	Positive	Adulterated
Sample 6	Negative	Negative	Positive	Positive	Adulterated

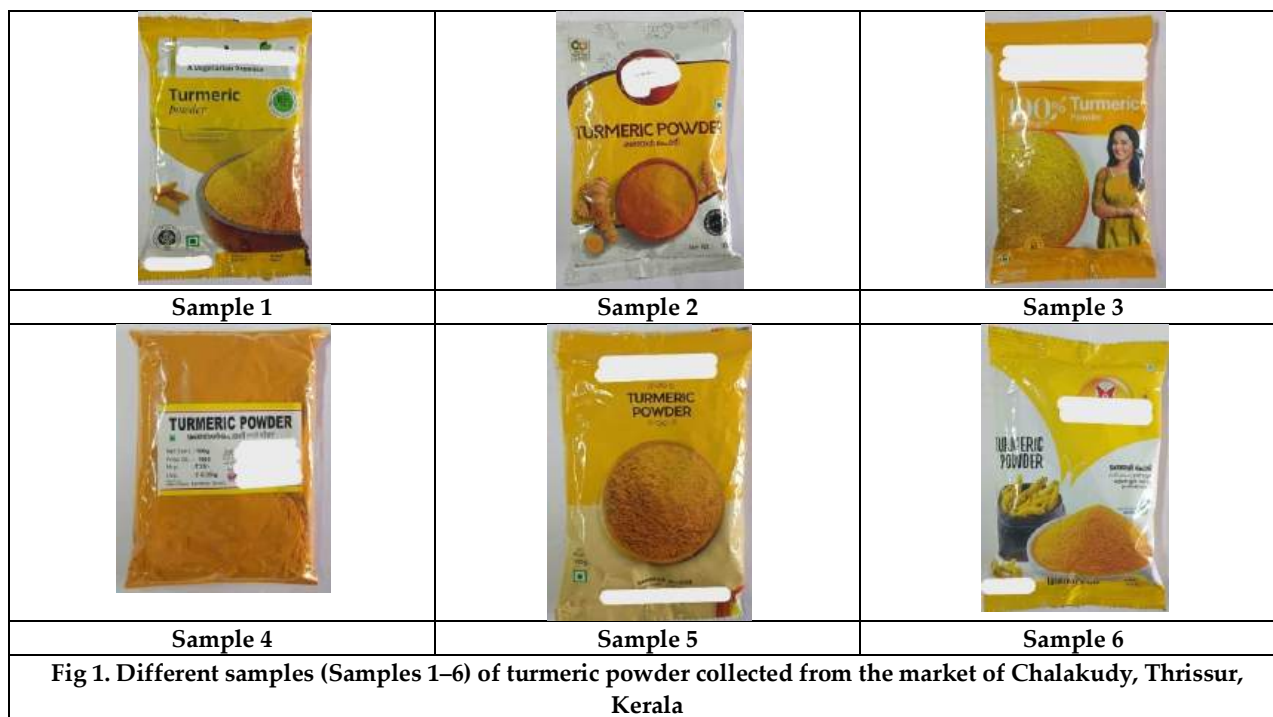


Fig 1. Different samples (Samples 1–6) of turmeric powder collected from the market of Chalakudy, Thrissur, Kerala





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Fig 2. Detection of chalk powder or yellow clay.

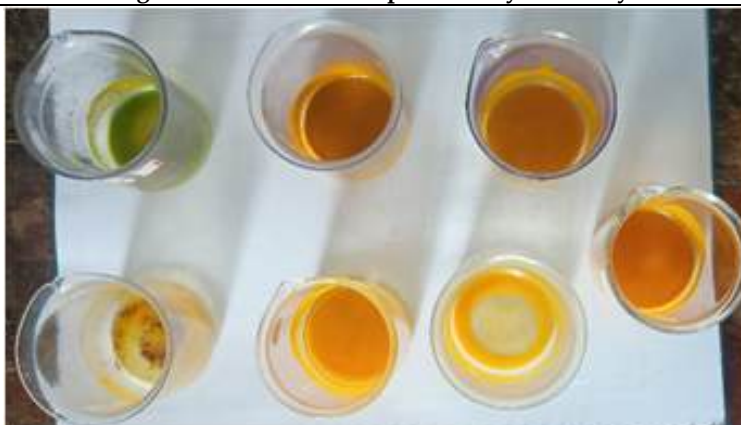


Fig 3. Detection of metanil yellow (synthetic dye).

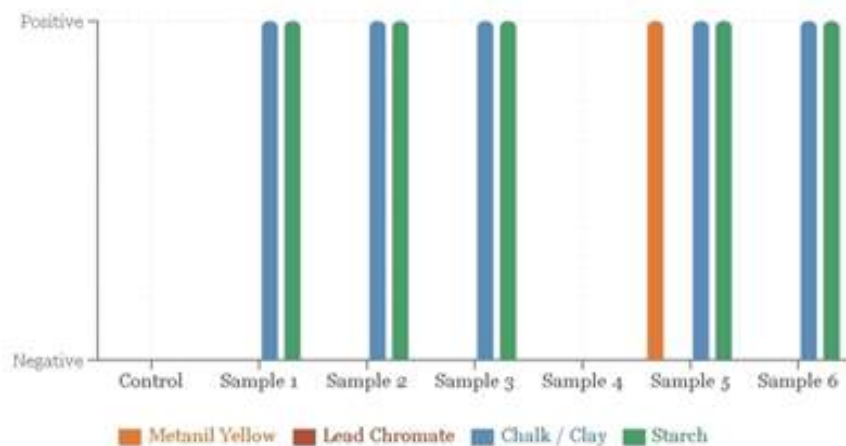
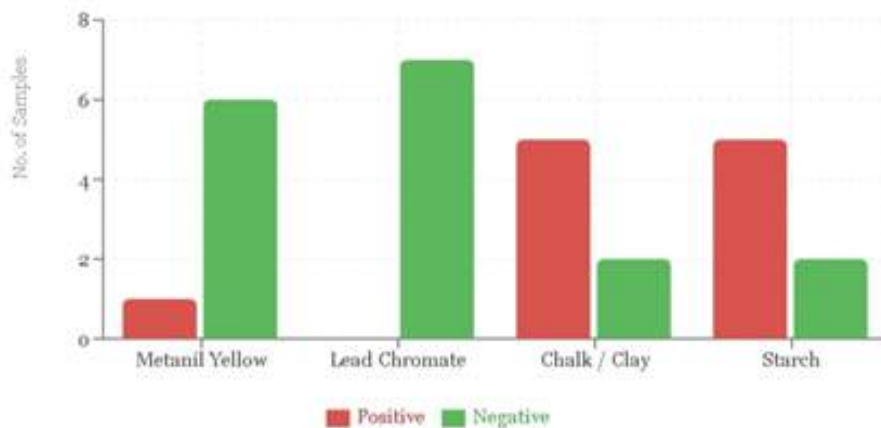
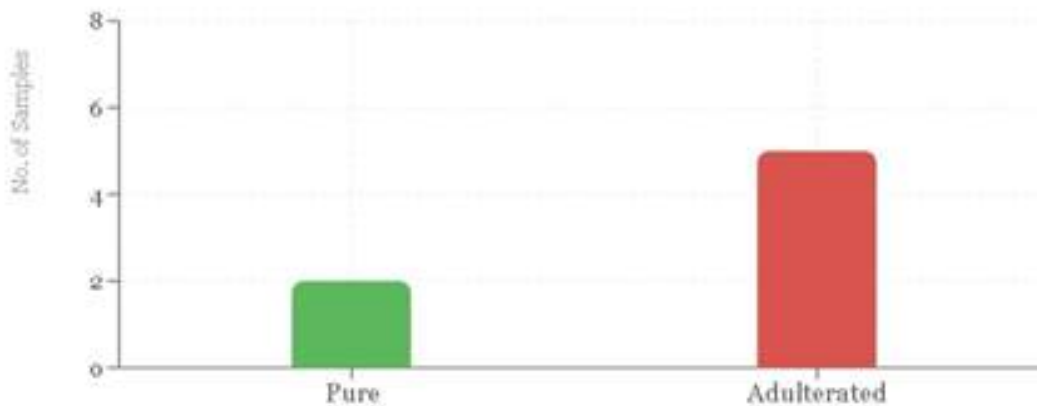


Fig 4. Adulterant test results per sample. 1 = Positive (adulterated); 0=negative (not adulterated).



**Rajan Samuel and Neetha****Fig 5. Prevalence of each adulterant across all samples.****Fig 6. Overall sample purity status.**

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CASE STUDY ARTICLE

Efficacy of Ayurvedic Formulations in the Management of *Dadru* (Tinea Faciei): A Case Report

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Received: 10 Mar 2026

Revised: 07 Apr 2026

Accepted: 05 May 2026

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ABSTRACT

This case is noteworthy because it demonstrates the rapid and complete recovery of *Dadru* (Tinea faciei) using Ayurvedic formulations, providing evidence of their effectiveness and safety as alternatives to conventional antifungal treatments. A 24-year-old male came in with red, itchy, circular lesions measuring 2.5 cm on his left cheek, accompanied by mild itching, scaling, and discomfort. This condition is scientifically linked to *Dadru Kushtha* in *Ayurveda* and Tinea faciei in modern dermatology. The patient received treatment with *Gandhak Rasayana*, *Sukshma Triphala*, *Mahamanjisthadi Kadha*, *Tab AK Pills*, and *Takzema ointment* over 45 days. By the 15th Day, the itching and redness had significantly reduced; by the 30th Day, complete resolution was achieved, and there was no recurrence at the 45-day follow-up. This case illustrates a quick recovery and patient satisfaction, highlighting the effectiveness and safety of Ayurvedic treatment for dermatophytosis.

Keywords: Dadru, Tinea faciei, Dermatophytosis, Ayurvedic formulations, Case report

INTRODUCTION

Skin disorders continue to pose a significant clinical challenge due to their chronicity, recurrence, and increasing resistance to conventional therapies[1]. Ayurveda describes the skin (*twak*) as a sensory structure[2] regulated by *Bhrajak Pitta*[3], and disturbances in its function often reflect deeper systemic imbalances. Many dermatological conditions fall under *Kushtha*[4], one of the *Ashta-Mahagada*, indicating their complexity and difficulty in



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management[5]. *Dadru*, a *kapha-Pitta* predominant disorder characterized by *Kandu*, *raaga*, *pidika*, and *Utsanna mandala*[6], presents with features closely resembling *Tinea faciei*[7].

Tinea faciei, a superficial dermatophytosis predominantly caused by *Trichophyton rubrum*[8], has shown a notable rise in prevalence, recurrence, and antifungal resistance in recent years[9]. These challenges underscore the need for safe, effective, and holistic therapeutic alternatives. *Gandhak Rasayan*, *Sukshma Triphala*, *MahamanjishthadiKadha*, *Tab. AK pill* and *Takzema ointment* were selected as per the *dosha-dushya* involvement. This case report highlights the clinical outcome of such an integrative Ayurvedic regimen in *Tinea faciei*, demonstrating rapid recovery and sustained remission.

CASE REPORT

Patient information

A 24-year-old,unmarried male patientpresented to the OPD with a history of an erythematous, itchy, round lesion over the left cheek for the past 10 days. The itching turned into moderate in intensity and often disturbed the daily routine. The lesion had a step-by-stepincrease in length and was related to moderate scaling. There was no clinical history of any major illness, and no history of extended medication use. The affected person denied the use of any antifungal or ayurvedic drug treatments earlier than this consultation. There were no comparable complaints among close relatives; thus, family history was not relevant. General examination, including a pulse rate of 80 beats/minute, blood pressure of 120/78 mmHg, temperature of 98.6°F, and respiration rate of 18 beats/minute, was found to be within normal limits. A single erythematous, circular lesion with elevated edges, considerable clearing, and mild scaling was found across the cheek upon local examination. The lesion measured approximately 2.5 cm in diameter. No systemic involvement or lymphadenopathy was detected. This condition affected his social interactions, causing him to shy away from gatherings and lengthy conversations. Written consent for reporting the case was received from the patient.

Clinical findings

On examination, a circular erythematous lesion measuring 2.5 cm in diameter was presenton the cheek with a raised border, moderate scaling, and itching. No discharge, systemic involvement, or different lesions have been stated. The medical representation is shown in Fig. 1.

Timeline

The timeline for the drug intervention and its outcome is shown in Table No. 1.

Diagnostic assessment

The analysis of *DadruKushtha* was based on classic Ayurvedic symptoms such as *kandu* (itching), *raaga* (erythema), *pidika* (famous eruption), and *utsanna mandala* (raised, round lesion). In contemporary dermatology, these scientific features correlated with *tinea faciei*, a superficial dermatophytic infection [10].The severity of the symptom was graded using a standard clinical scale [11]. Diagnosis was done clinically; a fungal culture or KOH mount was not performed due to resource limitations.

Therapeutic interventions

Therapeutic intervention has been mentioned in Table No. 2.

Follow-up and Outcomes

At baseline [Day 0; 16/06/2025], before beginning treatment, the patient had a clearly defined chronic lesion accompanied by intense itching, redness, and local pain, for which treatment necessitated medical attention (Figure 1). By Day 15 (30/06/2025), there was significant improvement; the redness had cleared up, and the lesion had notably decreased in size and severity, allowing the patient to experience considerable relief in daily activities (Figure 2). By



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Day 30 (15/07/2025), the lesion had fully healed, with the skin returning to a healthy state and showing no signs of discoloration, scaling, or inflammation, indicating complete recovery and enhanced quality of life (Figure 3). On Day 45 (30/07/2025), the patient remained symptom-free, with no signs of recurrence (Figure 4). The patient adhered well to the prescribed treatment, tolerated the medications without issues, and no adverse effects were reported during the treatment period.

DISCUSSION

This case demonstrates the effectiveness of Ayurvedic treatment for a dermatophytic lesion characterized by itching, redness, and discomfort (Figure 1). The therapy targeted both systemic and local factors, aligning with the Ayurvedic principle of *Shamana* (palliative treatment). Internal remedies like *Gandhak Rasayan*[12], *Sukshma Triphala*, and *MahamanjishthadiKadha*[13] are traditionally used for *Kushtha* and work in conjunction with the topical *Takzema ointment* to provide relief. *Tab. AK pill* is used for *Koshtha Shuddhi* (bowel cleansing). Clinically, symptoms improved by Day 15 (Figure 2 (a)), with complete resolution achieved by Day 30 (Figure 2 (b)), and remission maintained by Day 45 (Figure 2 (c)). From a contemporary standpoint, Sulfur possesses antimicrobial and anti-inflammatory properties, while preparations based on *Triphala* and *Manjishtha* are recognized for their antioxidant, immunomodulatory, and skin-protective benefits. A key limitation of this report is that it focuses on a single patient without laboratory confirmation. Also, larger studies with longer follow-up periods and objective diagnostic methods are necessary to confirm these results.

CONCLUSION

This case of *DadruKushtha* (*Tinea faciei*) was successfully treated through a *Shamana* (palliative) approach supported by *Koshtha Shuddhi* (bowel cleansing). The regimen given in this case, which included internal formulations—*Gandhak Rasayan*, *Sukshma Triphala*, *MahamanjishthadiKadha*, and *AK pills*—along with external application of *Takzema ointment* for a total of 45 days, showed noticeable improvement by Day 15, complete recovery was achieved by Day 30, and sustained remission was confirmed at the 45-day follow-up. No adverse effects were reported, and the therapy was well tolerated. This case emphasizes that Ayurvedic interventions can provide safe, effective, and lasting solutions for dermatophytosis, offering a reliable alternative in chronic or recurrent skin conditions.

ACKNOWLEDGEMENT

Nil

Competing Interest: There are no competing interests.

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Table No. 1: Timeline of Treatment from 16/06/2025 to 30/07/2025

Date / Day	Clinical symptoms	Intervention	Outcome / Follow-up
16/06/2025 (Day 0)	Erythematous, itchy circular lesion (2.5 cm) with raised margins, central clearing, and mild scaling.	Gandhak Rasayan 250 mg BD, Sukshma Triphala 250 mg BD, MahamanjishthadiKadha 20 ml BD, AK pills 2 HS, Takzema ointment once daily.	Baseline symptoms documented; treatment initiated.
30/06/2025 (Day 15)	Itching subsided; erythema reduced; lesion decreased to ~1.5cm	Same medication continued.	Marked improvement; relief in daily activities.
15/07/2025 (Day 30)	Lesion fully resolved; skin normal, no scaling	Same medication continued.	Complete resolution of the lesion.
30/07/2025 (Day 45)	No recurrence; patient is symptom-free and has healthy skin.	No new treatment; observation only.	Sustained remission; no adverse effects.

Table No. 2: Treatment regimen followed for 45 days in the management of Tinea faciei (*Dadru*), showing internal and external Ayurvedic formulations with dosage, frequency, route, and anupana.

Sr. No.	Medicine	Dose	Frequency	Route	Anupana
1	Gandhak Rasayan	250 mg	Twice daily	Internal	Lukewarm water
2	Sukshma Triphala	250 mg	Twice daily	Internal	Lukewarm water
3	MahamanjishthadiKadha	20 ml	Twice daily	Internal	An equal quantity of Lukewarm water
4	Tab. AK Pills	2 tablets	At bedtime	Internal	Lukewarm water
5	Takzema Ointment	-	Once daily	External	-



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Figure 1. Baseline (16/06/2025) - erythematous, itchy, circular lesion with raised margins and central clearing on the left cheek



Figure 2.a) Day 15 (30/06/2025) - Marked improvement; itching and erythema reduced, lesion size decreased.
b) Day 30 (15/07/2025) - Complete resolution; skin normal without discoloration or scaling.
c) Day 45 (30/07/2025) - Sustained remission; no recurrence of lesion or symptoms

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RESEARCH ARTICLE

Exploring Sugammadex's Potential Role in Coagulation Dynamics

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Received: 07 Mar 2026

Revised: 16 Apr 2026

Accepted: 12 May 2026

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ABSTRACT

Since its introduction in 2008, sugammadex—a modified gamma-cyclodextrin—has fundamentally shifted the protocol for reversing neuromuscular blockade. Unlike neostigmine, which often induces muscarinic side effects, sugammadex functions by directly sequestering aminosteroid relaxants like rocuronium and vecuronium. This encapsulation mechanism allows for a rapid, dose-dependent recovery, effectively reversing even profound paralysis. By ensuring a predictable 1:1 binding ratio, the drug significantly mitigates the risk of residual postoperative neuromuscular blockade (PORC) and associated respiratory complications. Despite these clinical benefits, widespread adoption is sometimes hindered by high costs and the risk of hypersensitivity. Furthermore, coagulation studies indicate that high doses may transiently elevate prothrombin time (PT) and activated partial thromboplastin time (aPTT). These findings, largely observed in vitro and in animal models, are believed to stem from assay interference rather than a true coagulopathy. However, human studies involving various patient groups, including those undergoing joint surgeries, thyroid procedures, or with higher body weight, generally indicate no meaningful rise in actual bleeding events or need for transfusions when compared to neostigmine. The proposed mechanism may involve interference with clotting factors via phospholipid interactions, and some experts suggest using advanced clotting monitors like viscoelastic tests in higher-risk operations. Knowledge gaps remain regarding extended safety data, uncommon adverse events, and application in specific populations such as children or older adults. Looking ahead, advancements could focus on tailored dosing through genetic insights and emerging options like adamgammadex, with ongoing large-scale trials needed to better confirm clotting safety using consistent measures.

Keywords: Sugammadex, Neuromuscular blockade, Coagulation dynamics, Anesthesia, Hemostasis





INTRODUCTION

Sugammadex is a modified gamma-cyclodextrin that marks a significant advance in anesthesia as the first selective relaxant binding agent (SRBA) developed to reverse neuromuscular blockade induced by aminosteroid non-depolarizing agents like rocuronium and vecuronium. It entered clinical use in 2008 and functions by encapsulating the muscle relaxants, neutralizing their activity and enabling rapid recovery from paralysis without the muscarinic side effects associated with conventional reversal agents such as neostigmine [1,2,3]. Its key advantage lies in the direct 1:1 binding to the neuromuscular blocking drugs, which allows effective reversal even from profound blockade—a clear improvement over the indirect mechanism of acetylcholinesterase inhibitors [5,6]. Clinical trials have demonstrated superior speed and reliability compared to neostigmine, with a 2 mg/kg dose reducing recovery time from moderate blockade by approximately 10.22 minutes and a 4 mg/kg dose shortening recovery from deep blockade by about 45.78 minutes [7]. This accelerated recovery helps prevent postoperative residual curarization (PORC) and subsequent respiratory complications, especially in patients with neuromuscular disorders [7]. Despite its effectiveness, sugammadex is linked to hypersensitivity reactions, including anaphylaxis, necessitating further safety investigations [1]. Additionally, its high cost limits accessibility in some regions, although potential long-term savings from fewer complications and faster recovery have been suggested [2,5].

There are increasing concerns about potential off-target effects of various medications on coagulation pathways, as seen with drugs like thienopyridines (e.g., clopidogrel and prasugrel), which can impair vascular integrity independently of their primary P2Y₁₂ inhibition [8]. Similar unintended impacts occur with certain monoclonal antibodies (e.g., AMG X) that unexpectedly activate platelets in preclinical models [9], glycoprotein IIb/IIIa inhibitors (e.g., abciximab) that cross-react with other integrins and promote inflammation [10], and JAK inhibitors (e.g., baricitinib and tofacitinib) that bind off-target sites with possible effects on hemostasis or immunity [14]. Inconsistencies in detecting these effects between in vitro assays and clinical trials highlight the need for improved biomarkers, as early testing often prioritizes bleeding over thrombotic risks [11]. Some agents, like L-asparaginase used in hematologic malignancies, paradoxically elevate risks for both hemorrhage and thrombosis [12], while newer targeted anticoagulants focusing on contact pathway proteins show promise in preventing clots without excess bleeding [13].

These examples underscore the complexity of drug-coagulation interactions, providing context for evaluating sugammadex's profile in surgical patients vulnerable to bleeding. As a reversal agent for aminosteroid neuromuscular blockers, sugammadex has been associated with transient prolongations in prothrombin time (PT) and activated partial thromboplastin time (aPTT) across studies. For instance, Kang et al. observed extensions in PT and reaction time (R time on thromboelastography) with 2 and 4 mg/kg doses, raising concerns for bleeding-prone individuals [15]. Chang et al. reported comparable findings, with 4 mg/kg increasing coagulation times and potentially exacerbating hypocoagulability in operative settings [16]. In contrast, Raft et al. found no substantial changes in clotting parameters or hemoglobin levels, suggesting limited clinical impact [17]. Taş et al. noted higher postoperative bleeding in rhinoplasty patients receiving sugammadex compared to neostigmine, recommending caution in procedures with elevated bleeding risk [18]. Rahe-Meyer et al. documented temporary PT and aPTT elevations but no increased bleeding events relative to standard reversal [19,20]. Carron et al. identified only minor coagulation alterations in obese patients, without excess postoperative hemorrhage [21]. Kruithof et al. demonstrated that rocuronium and vecuronium can counteract sugammadex's effects on clotting tests, indicating potential complexities in patients on anticoagulants [22].

These referenced reviews collectively examine the broader implications of anesthetic agents on neurotoxicity, dosing effects, underlying mechanisms, and clinical outcomes in anesthesia practice. Borzage and Peterson (2024) conducted a scoping review synthesizing preclinical data on anesthetic-induced neurotoxicity with clinical studies to assess potential cognitive and behavioral deficits in pediatric patients exposed to anesthesia. [23] Liu et al. (2024) focused on anesthetic impacts on memory function, primarily through alterations in neural oscillations, and advocated for



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additional research to develop safer agents and mitigate postoperative cognitive dysfunction, particularly in the elderly[24]. La Monaca and Fodale (2012) explored how anesthetics affect mitochondrial function, emphasizing the importance of understanding these processes to prevent cellular damage during surgical procedures[25]. Cascella et al. (2018) discussed distinctive neurophysiological events during emergence from anesthesia, noting that improved insights could enhance recovery profiles and reduce associated complications.[26] Herman and Panji (2024) provided a comprehensive analysis of propofol, detailing its benefits alongside risks such as hypotension and immunosuppression, while recommending further optimization studies[27]. Both Zhao et al. (n.d.) and Jackson et al. (2016) addressed developmental neurotoxicity of anesthetics, with Zhao et al. examining critical exposure windows and Jackson et al. investigating mechanisms like apoptotic pathways and receptor interactions[28,29]. Smith et al. (2024) investigated the role of anesthesia in postoperative neuroinflammation and cognitive decline, underscoring how mechanistic knowledge can improve patient outcomes.[30] Finally, Wang and Slikker (2009, 2008) described dose-dependent induction of neuronal apoptosis in immature brains by anesthetics and proposed genomic approaches to better characterize and minimize these risks.[31,32]

Physicochemical and Pharmacological Properties of Sugammadex

Sugammadex is a chemically modified gamma-cyclodextrin, a cyclic oligosaccharide composed of glucose units, engineered with negatively charged carboxylthio side chains to enhance its affinity for aminosteroid neuromuscular blocking agents such as rocuronium and vecuronium [33,34,35]. Its structure features a hydrophilic exterior and a hydrophobic interior cavity, enabling the formation of a stable 1:1 host-guest inclusion complex with the lipophilic steroid nucleus of these agents [36,37]. Negatively charged on the molecule side chains bind through electrostatic interactions to the positively charged quaternary ammonium group of aminosteroid neuromuscular blocking agents, enabling effective encapsulation and swift clearance from the neuromuscular junction into the circulation [35,38]. The reversal process occurs independently of acetylcholinesterase inhibition, thereby eliminating the muscarinic side effects commonly seen with neostigmine [2]. The strong selectivity and high binding affinity of sugammadex have significantly advanced anesthetic practice by allowing rapid and dependable reversal of neuromuscular blockade [39]. The resulting drug-complexes are mainly eliminated via renal excretion and remain effective in patients with mild to moderate renal dysfunction, although use in severe renal impairment requires caution [35].

Sugammadex designed for the rapid reversal of neuromuscular blockade caused by the aminosteroid agents rocuronium and vecuronium. Its clinical effectiveness is based on favorable pharmacokinetic characteristics, including rapid systemic distribution and predominant renal elimination. It forms a highly stable 1:1 inclusion complex with these neuromuscular blocking agents, effectively removing them from the neuromuscular junction and enabling swift restoration of muscle function [40,41]. Due to pronounced hydrophilicity, the compound remains largely within the intravascular and extracellular spaces and is eliminated unchanged via glomerular filtration, with approximately 70% cleared within 6 hours and up to 90% within 24 hours [42,43]. Impaired renal function delays clearance and prolongs exposure, necessitating cautious use in patients with reduced kidney function [44]. Dosing is tailored to the depth of neuromuscular blockade, ranging from 2 to 16 mg/kg: 2 mg/kg is recommended for moderate blockade, 4 mg/kg for deep blockade, and 16 mg/kg for immediate reversal following high-dose rocuronium administration [41,42,45]. These dosing strategies provide rapid and reliable recovery and have demonstrated superior efficacy compared with neostigmine, while maintaining a favorable tolerability profile with relatively few adverse effects [46,47]. In patients with obesity, dosing based on total body weight—rather than ideal or lean body mass—is recommended to ensure complete reversal and minimize the risk of residual neuromuscular blockade [42]. Although the upfront cost of sugammadex exceeds that of traditional reversal agents, overall healthcare costs may be offset by reduced operating room time and a lower incidence of postoperative residual paralysis [45,48].

Anticoagulant reversal agents operate through distinct but equally targeted mechanisms. Andexanet alfa, a recombinant modified human factor Xa protein, reverses anticoagulation by binding direct factor Xa inhibitors with high affinity, thereby neutralizing their activity. It has been shown to produce rapid, dose-dependent reversal of edoxaban-induced anticoagulation by competitively sequestering the inhibitor away from native factor Xa, resulting



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in marked reductions in anti-factor Xa activity and circulating free drug concentrations in both experimental and clinical settings [49]. This mechanism is particularly important for achieving immediate hemostatic control in cases of life-threatening bleeding or when urgent surgical intervention is required [50,51]. Phospholipid membrane interactions play a central role in coagulation factor behavior and may influence the pharmacodynamics of reversal agents. Coagulation factors IXa and Xa bind to phospholipid surfaces in a calcium-dependent manner, with factor IXa demonstrating higher membrane affinity, a property that affects competitive binding and enzymatic localization [52]. Membrane association alters local factor concentrations and catalytic efficiency, potentially modifying the effectiveness of reversal strategies. Prothrombin similarly undergoes structural rearrangement upon binding to phospholipid surfaces, increasing its affinity for enzymatic activation and influencing downstream coagulation reactions [53]. These processes align with the concept of micro-pharmacokinetic and pharmacodynamic interactions, whereby lipophilic or membrane-associated drugs accumulate at localized sites, resulting in altered binding behavior and pharmacologic responses that are not fully captured by systemic concentration measurements alone [54].

Sugammadex is widely utilized in surgical settings to reverse neuromuscular blockade induced by rocuronium or vecuronium during general anesthesia. Its primary applications involve facilitating rapid recovery from profound muscle relaxation, particularly beneficial in procedures requiring complete paralysis, such as laparoscopic surgeries[55,56]. Compared to neostigmine, sugammadex offers distinct advantages, including significantly faster and more consistent reversal across moderate to deep blockade levels [55,57]. This accelerated recovery is crucial for minimizing postoperative residual curarization (PORC), which is associated with respiratory complications such as airway obstruction and hypoxemia [58,57]. Studies indicate that sugammadex achieves a train-of-four (TOF) ratio of ≥ 0.9 —indicating adequate neuromuscular recovery—more reliably and promptly than neostigmine [59,58]. Furthermore, its use has been correlated with reduced postoperative pulmonary complications, including lower rates of pneumonia and respiratory failure relative to neostigmine [57]. Although sugammadex carries a higher acquisition cost, potential offsets include avoidance of severe respiratory adverse events and shortened post-anesthesia care unit duration, thereby improving operational efficiency [55,60]. Implementation requires careful consideration of dosing strategies, potential limitations, and cost-effectiveness versus traditional agents like neostigmine [56,61].

Fundamentals of Coagulation Physiology

The coagulation cascade is a complex series of enzymatic reactions essential for hemostasis, comprising intrinsic, extrinsic, and common pathways that converge to form a stable fibrin clot. The intrinsic, or contact activation, pathway is initiated when blood comes into contact with negatively charged or foreign surfaces, leading to activation of factor XII. This event triggers a cascade involving sequential activation of factors XI and IX, culminating in formation of the intrinsic tenase complex composed of factors IXa and VIIIa, which markedly enhances conversion of factor X to its active form, Xa[62,63,64]. In contrast, the extrinsic pathway is activated by vascular injury that exposes tissue factor (TF). Tissue factor binds factor VIIa to form the extrinsic tenase complex, which directly converts factor X to Xa and also activates factor IX, thereby linking the extrinsic and intrinsic pathways [63,64,65]. Both pathways converge at factor X activation and proceed through the common pathway, where factor Xa associates with factor Va to form the prothrombinase complex, catalyzing the conversion of prothrombin into thrombin [62,66,64]. Thrombin functions as the central mediator of coagulation by cleaving fibrinogen into fibrin monomers that polymerize into a stable fibrin network reinforcing the platelet plug. In addition, thrombin amplifies coagulation through activation of upstream cofactors, including factors V, VIII, and XI, thereby sustaining clot formation via positive feedback mechanisms [62,63,67]. Together, these activating and inhibitory processes maintain hemostatic balance, allowing effective control of bleeding while preserving vascular patency and supporting tissue repair [68,67,65].

Assessment of coagulation in clinical practice incorporates both conventional plasma-based tests and viscoelastic techniques, which provide complementary information about hemostatic function. Prothrombin time (PT) and activated partial thromboplastin time (aPTT) remain cornerstone assays for evaluating the extrinsic and intrinsic pathways, respectively. PT reflects activity within the extrinsic and common pathways, whereas aPTT assesses the intrinsic and common pathways; however, both tests provide static snapshots limited to early clot initiation [69,70].



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Consequently, they do not capture subsequent phases of clot propagation, stabilization, or fibrinolysis, which may result in an incomplete representation of overall coagulation status [69,71]. Viscoelastic methods such as thromboelastography (TEG) and rotational thromboelastometry (ROTEM) address many of these limitations by offering continuous, real-time evaluation of clot formation and dissolution. Parameters including reaction time, clot formation kinetics (K-time or α -angle), maximal clot strength, and lysis indices provide an integrated view of clot initiation, growth, firmness, and breakdown [72,73]. These techniques are particularly valuable in high-acuity settings such as trauma resuscitation and major surgery, where they facilitate goal-directed transfusion strategies and have been associated with improved patient outcomes [74,73]. Nevertheless, broader implementation is limited by the need for further standardization, validation, and consensus regarding interpretation [75]. Emerging applications include anticoagulation monitoring during extracorporeal membrane oxygenation (ECMO), although optimal targets and protocols remain to be clearly defined [76].

Perioperative coagulation is influenced by a complex interaction of inflammatory responses, dilutional effects, and pharmacologic agents, with sugammadex being one medication of particular interest. Surgical inflammation promotes activation of coagulation pathways while attenuating endogenous anticoagulant mechanisms, potentially increasing thrombotic risk unless counterbalanced by regulatory systems such as thrombomodulin-mediated protein C activation [77]. Intraoperative hemodilution resulting from fluid administration can reduce thrombin generation, leading to prolongation of PT and aPTT, as demonstrated in experimental dilution models [78]. Sugammadex, used to reverse aminosteroid neuromuscular blockade, has been associated with mild, transient increases in PT and aPTT that generally do not result in clinically meaningful bleeding in routine practice [22,21,20,79]. In vitro data suggest that higher doses may induce subtle and temporary hypocoagulable changes detectable by viscoelastic assays [79]. Among patients with obesity, these effects appear minimal and short-lived, with no observed increase in postoperative bleeding complications [21]. Effective perioperative hemostatic management therefore depends on careful monitoring and prompt correction of coagulation abnormalities, ideally through point-of-care testing that delivers rapid, comprehensive assessments of clot dynamics [80,81]. This approach is especially important given the multifactorial nature of surgical coagulopathy, in which factors such as hypothermia and acidosis further impair thrombin generation and clot formation [78].

Evidence for Sugammadex's Effects on Coagulation

***In Vitro* and Laboratory Studies**

Dose-response investigations using rotational thromboelastometry (ROTEM) have shown that a range of anticoagulant agents prolong coagulation parameters—most notably clotting time (CT) and clot formation time (CFT)—in a concentration-dependent fashion, both within and above therapeutic ranges. Studies involving direct oral anticoagulants (DOACs) such as rivaroxaban, dabigatran, and apixaban demonstrate a near-linear relationship between plasma drug concentration and CT prolongation. Rivaroxaban and dabigatran significantly increased CT in EXTEM assays at concentrations between 200 and 1000 $\mu\text{g/L}$, apixaban produced comparable effects at higher levels of approximately 500–1000 $\mu\text{g/L}$, showing greater sensitivity to supratherapeutic exposure [82]. Comparable findings have been reported with low-molecular-weight heparins. Dalteparin caused substantial increases in CT and CFT only at markedly elevated anti-factor Xa activities, with pronounced effects observed at concentrations of 1 and 10 $\mu\text{g/mL}$ —well above typical therapeutic levels [83]. Recombinant human activated protein C (rhAPC) has also been shown to prolong clot initiation times on ROTEM in a dose-dependent manner, while exerting minimal influence on other viscoelastic parameters [84]. In the case of rivaroxaban, although changes in CT and CFT are detectable after administration, ROTEM have limited sensitivity for identifying residual anticoagulant effects at standard therapeutic concentrations, which may restrict its utility in certain clinical scenarios [85,86]. Similar proportional prolongation of clotting time has been described with lepirudin, a direct thrombin inhibitor, supporting the ability of ROTEM to reflect anticoagulant-induced hypocoagulability [87].

A growing body of literature describes instances in which prothrombin time (PT) is prolonged in a transient and isolated manner, without concurrent abnormalities in activated partial thromboplastin time (aPTT), platelet activity, or fibrinolytic function. For example, patients with vascular fragility syndrome have demonstrated prolonged



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bleeding times despite normal platelet aggregation and intact von Willebrand factor activity, indicating that PT prolongation can occur independently of platelet-related defects [88]. A reported case involving a middle-aged woman with markedly prolonged PT but normal aPTT and platelet counts further supports the concept of selective disruption of the extrinsic pathway, potentially attributable to factor VII deficiency or inhibition while leaving intrinsic pathway function unaffected [89]. Experimental investigations of fibrinolytic enzymes have likewise shown selective prolongation of PT without changes in aPTT or thrombin time, suggesting targeted interference with extrinsic coagulation mechanisms rather than global impairment of fibrinolysis [90].

Observations from pediatric oncology cohorts reinforce these findings. In children newly diagnosed with leukemia, prolonged PT was frequently documented in the absence of aPTT abnormalities and did not correlate with clinical bleeding symptoms, implying that isolated PT prolongation may have limited clinical significance in this context ("Prolonged Prothrombin Time Does Not Correlate with Clinical Bleeding Symptoms in Newly Diagnosed Paediatric Leukaemia Patients," 2023; [91]). Collectively, these data highlight that PT can be selectively and temporarily prolonged without parallel disturbances in intrinsic coagulation, platelet function, or fibrinolysis, underscoring the complexity of hemostatic regulation and the need for cautious interpretation of individual coagulation assays in clinical practice. Interpretation of such findings must also account for the inherent limitations of in vitro research. A major constraint of these models is their frequent reliance on drug or toxin concentrations far exceeding physiological levels, a limitation common across many scientific disciplines. This disconnect between experimental conditions and in vivo biology is particularly evident in ecotoxicology, where outcomes such as LC_{50} or LD_{50} are often derived from acute exposure experiments using concentrations several orders of magnitude above those encountered in natural environments, potentially generating effects that lack real-world relevance [92].

Similar issues arise in pharmaceutical development, where preclinical studies frequently employ doses that surpass expected clinical exposure. While this strategy may uncover off-target toxicities, it often provides limited insight into therapeutic efficacy or safety in humans [93]. Moreover, simplified cellular systems fail to reproduce the complex intercellular communication and compensatory mechanisms present in intact organisms. The zonal regulation of hepatic ammonia metabolism is disrupted in isolated hepatocyte cultures, reducing their translational applicability [94].

CONCLUSION

Sugammadex has transformed anesthetic practice by providing a rapid and reliable method for reversing neuromuscular blockade induced by aminosteroid agents such as rocuronium and vecuronium, outperforming traditional agents like neostigmine in reducing postoperative residual weakness and respiratory complications. Its unique encapsulation mechanism enables dose-dependent and depth-adjusted recovery, streamlining surgical workflows and potentially offsetting higher costs through fewer adverse events and improved efficiency. Nevertheless, limitations persist, including risks of hypersensitivity reactions and economic barriers to universal adoption. Coagulation studies reveal transient prolongations in prothrombin time (PT), activated partial thromboplastin time (aPTT), and viscoelastic parameters, particularly at doses of 4 mg/kg or higher; these off-target effects—analogue to those observed with thienopyridines or JAK inhibitors—reflect structural interactions but rarely translate to clinically significant hemorrhage in standard procedures, as confirmed by meta-analyses showing no excess postoperative bleeding or transfusion requirements relative to alternatives. Caution is warranted in patients with coagulopathies or undergoing high-hemorrhage-risk surgeries, where individualized monitoring with viscoelastic assays may mitigate potential issues. Unanswered questions remain concerning long-term safety, infrequent adverse events, and performance in underrepresented populations such as pediatric and elderly patients, underscoring the need for larger, rigorously designed trials with standardized endpoints to refine optimal application. Future advancements, including pharmacogenomic personalization and emerging cyclodextrin derivatives like adamgammadex, hold promise for further optimization. Currently, evidence supports sugammadex as a valuable and efficacious option when deployed judiciously in appropriate clinical contexts.





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RESEARCH ARTICLE

Designing, Construction and Calibration of Unmanned Railway Crossing Using ZigBee with Complete Automation

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Received: 19 Mar 2026

Revised: 11 Apr 2026

Accepted: 22 May 2026

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ABSTRACT

The design, construction, and calibration of a fully automated unmanned railway crossing system utilizing ZigBee-based wireless communication are presented in this study. In rural and semi-urban areas, where manual monitoring is lacking and accident rates are still high, the study focuses on the ongoing safety issues at unmanned railway crossings. The suggested system combines motorized gate mechanisms, visual indications, train detection sensors, embedded microcontrollers, and warning sirens into a unified design managed by a ZigBee Network. System architecture, hardware setup, and communication topology are the main topics of the design process. Field deployment protocols, sensing unit alignment, and control module integration are all methodically carried out during erection. By synchronizing train detection, signal transmission, gate operation, and safety alarms, calibration reduces erroneous triggering and reaction latency. Reliable short-range communication, low power consumption, and quick actuation under various environmental conditions are demonstrated by experimental validation. When compared to other wireless protocols, ZigBee's energy economy, scalability, and cost-effectiveness make it a good choice for distributed railway safety applications. The created model offers a workable, cost-effective, and independent solution that improves operating safety and facilitates the fully automated upgrade of railway infrastructure.

Keywords: Unmanned Railway Crossing, ZigBee Wireless Communication, Complete Automation, Embedded Systems, Railway Safety, Wireless Sensor Networks.



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INTRODUCTION

In big, populated nations like India, railway transit is essential to maintaining social mobility, economic progress, and regional connectivity. It connects distant villages with major towns, acting as a backbone for passenger travel and logistics. However, roads frequently cross this extensive railway network at ground level, resulting in what are known as railway level crossings. Many of these crossings, especially in rural and semi-urban areas, are unmanned, meaning they have no physical barrier or human oversight to control traffic when trains arrive or depart. One significant weakness in the safety of railway infrastructure is represented by these unmanned railway crossings (URCs). Road users run a significant risk of colliding with approaching trains if automated or manual intervention is not used. With thousands of accidents, fatalities, and injuries happening each year, the sad effects of such crossings are highlighted in numerous reports and case studies. In addition to causing fatalities and property damage, these disasters also cause schedule disruptions, undermine public confidence in safety measures, and place a financial strain on railway management. New approaches to solving this problem have been made possible in recent years by developments in wireless communication, intelligent control systems, and embedded systems. Researchers have been able to create automated railway crossing systems with little human intervention thanks to the development of low-cost microcontrollers like the Arduino UNO, smart sensors like Light Dependent Resistors (LDRs), and wireless protocols like ZigBee, Bluetooth, and GSM.

This study aims to design, develop, and calibrate a multi-level wireless-controlled railway crossing automation system considering the pressing safety issue and the availability of workable technology solutions. The goal is to use modular control circuits with ZigBee-based communication to achieve scalability, responsiveness, energy efficiency, and dependability. The goal of this project is to help modernize railway safety infrastructure and offer a repeatable model that can be implemented at high-risk crossing places in India and other developing nations.

LITERATURE REVIEW

Manual railway gate systems are still in use in many rural districts of India. An Automatic Railway Gate Controller system was developed by research like that done by Chandrappa et al. [1] to control railway gates without the need for a gatekeeper. Two infrared obstacle detection sensors [2] detect the arrival and departure of trains, and a stepper motor controls the gate. To detect train arrival and departure at a railway crossing and control the opening and closing of the gates using servo motors, Vinit P. Kharkar [3] described a system that makes use of Infra-Red (IR) sensors and a Raspberry Pi. Dr. S. Anila, B. et al. [4] suggested a technique that can be utilized in isolated locations without a lineman or station master. The train will be positioned three kilometers from the level crossing on both sides, and two infrared sensors will be utilized to monitor its arrival and departure. A GPS-based system was developed by Velayutham et al. [5] to track and identify the arrival of the train. The GPS is used to track the train, and Google Maps shows the rail tracks. Therefore, upon preparation, GPS is implanted into the flexible application [6]. Mahdi and A. S. Al-Zuhairi [7], present a model that uses an 8052 microcontroller to keep a safe distance from railroad accidents that occur at unattended rail route doors. Naga Hema Kumari V et al. [8] proposes a sensor-based system to lessen train-train accidents brought on by a communication breakdown between the rail traffic control office and the train operators.

A method developed by Chandrappa S. et al. [9] uses four infrared sensors to identify trains. The distance between two infrared sensors and the railway crossing is seven and six kilometers, respectively. Only when the train is detected by both sensors within a predetermined amount of time will the gates at the level crossing close. This mechanism was in existence on both sides of the level crossing. An extra feature has been introduced for the convenience of the passengers: each train is assigned a unique RFID tag, and passengers are required to register their destination with it. As recommended by E. Amarnatha Reddy et al. [10], the study's objective is to develop a



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prototype that operates a railway gate using a microcontroller. Every time the train arrives at the base at the sensor crossing, the public is informed at the railway crossing. The control gates are subsequently opened and closed by the control module. When the train arrives at the railroad crossing, automatic gates are opened. The logic was developed into embedded C and then transferred to the Raspberry Pi. The Internet of Things (IoT) is the network of physical objects, including gadgets, automobiles, buildings, and different electronics, programming, and sensor-related products, that allow these objects to gather and exchange data [11]. Dhande et al. [12] [13] recommended employing a GPS module to capture geographic coordinates and a failing track and GSM modem to send the coordinates of a spot. P.C. Shruthi et al. [14] an effective Internet of Things-based solution involved placing two infrared sensors at a predefined distance to measure the train's speed and the time it took to reach the level crossing.

Using image processing, Tastimur et al. [15] suggested a vision-based approach to preventing railroad accidents. The train had a camera installed to identify any impediments in the level crossing. A study on the causes and locations of rail elephant collisions was proposed by Mukti Roy et al. [16]. In order to develop an elephant hotspot map, the paper conducted surveys to determine the areas with the highest risk of mishaps. Liu Wei et al. [17] suggested a Feature Fusion Refine Neural Network-based Traffic Object Detection system. The study proposed a strategy to reduce train accidents that occur during the shunting mode due to human mistake in assessing railway conditions. Lokeshkumar R. and Omkar Vivek Sabnis [18] presented a technology that may be used for automation at a railway crossing. A camera has been installed at the railroad crossing for surveillance reasons. The control of a railway level crossing is experimentalized by B. Kumar Sanjiv et al. [19]. The railway gates are opened and closed by means of DC motors that are controlled by the micro controller using ZigBee. Dr. I. M. Korachagaon et al. [20] used ZigBee technology to stop train accidents. ZigBee is a state-of-the-art technology with high-level communication protocols that are used to build personal area networks from small, low-power digital radios. Railway system automation using ZigBee technology was covered by P. Mehta et al. [21]. The study most likely investigates the use of ZigBee to automation activities in railway environments, such as monitoring train movements and regulating railway gates. A prototype controlled by ZigBee in real time was implemented by Arun Kumar Gangwar et al. [22]. The model combined ZigBee for wireless control with LDRs for detection and Arduino for logic processing. Even in the presence of changing environmental circumstances, this system showed strong communication and low latency. The calibration and performance analysis of a real-time ZigBee-controlled prototype, contrasting ZigBee with LoRa and GSM, is the main topic of Arun Kumar Gangwar et al. [23].

System Design and Implementation

As per consideration of human life and time, we have proposed a prototype for the automatic control of the railway crossing barriers. In this functional block diagram LDR circuits, relay circuits, Arduino Uno, Servomotor, ZigBee transmitters, buzzer, and LCD panel are used. Each component has its own work to automate the unmanned railway crossing. The work and uses of each circuit and panel are discussed in circuit design overview.

Based on the working model to understand the working of project the flow chart of the working is as follows:

Based on this flow chart a functional prototype is developed to automate the unmanned railway crossing. The functional block diagram of the prototype is as follows:

The operation follows the following steps:

- A change in light intensity is used by the LDR circuit to identify an approaching train.
- After receiving the signal, the Arduino board uses ZigBee to transmit wireless instructions.
- The receiving unit activates:
- Gate closure through servo motor control
- Audio alert via buzzer
- Visual display for train warning
- Once the train departs, the second LDR confirms clearance
- Before opening, a time-delay circuit makes sure the gate stays closed for a few more seconds.
- Alerts are turned off and the gate opens automatically.



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Functional Blocks of The System

Sensing Unit: On either side of the gate are Light Dependent Resistors (LDRs), which make up the train detecting circuitry. Trains disrupt the ambient light that the LDRs get when they pass, which results in a detectable voltage drop. The Arduino's analog input pin is used to detect this change. By differentiating between approach and departure, the detection logic enables bidirectional control. According to the author's second publication [48], the threshold voltage was calibrated by empirical testing.

ZigBee Wireless Communication Module: To wirelessly send detecting signals to the gate control station, ZigBee (XBee Series 2) modules were utilized. The receiver (RX) is interfaced with the control unit close to the barrier, while the transmitter (TX) is positioned at the detective end.

Configuration Parameters:

- Baud Rate: 9600 bps
- PAN ID: Custom ID for system isolation
- Operating Mode: Transparent (AT Mode)
- Communication Range: ~100 meters line-of-sight

ZigBee was chosen based on the comparative study by Desai et al. [46] which confirmed its reliability, energy efficiency, and real-time suitability.

Arduino-Based Controller: An Arduino UNO (ATmega328P) microcontroller, selected for its compatibility, affordability, and availability of I/O pins, serves as the foundation for each subsystem. It can:

- Sensor data acquisition
- Decision logic execution
- ZigBee communication interface
- Gate actuation via PWM
- Alert signal (buzzer + display) control

The Arduino IDE and C++ libraries, such as Servo.h for barrier actuation and LiquidCrystal.h for LCD interface, were used to program the controller.

Servo-Driven Gate Mechanism: Miniature gates are operated by MG90S servo motors. Detection logic is used to activate servos, which hold for a predetermined amount of time before opening again. These angles are followed by the barrier motion:

- Gate Close: 0° to 90°
- Gate Open: 90° to 0°

Delays are inserted using non-blocking logic to prevent freezing of the microcontroller loop during operation.

Audio-Visual Warning System: Two additional modules were included for safety:

- Piezoelectric Buzzer: Emits audible signals when a train is detected.
- 16x2 LCD Display: Informs on system status such as:
 - "Train Approaching"
 - "Gate Closed"
 - "Gate Opening"

These alert mechanisms enhance public safety and recommend.

Developed Prototype

A prototype is developed using ZigBee for the automation of unmanned railway crossing with the given circuit design.

LDR Circuit: An analog pin (A0) on the Arduino receives a voltage divider circuit that uses an LDR and a 10 K Ω resistor. For detection, the output is adjusted to a voltage threshold of around 2.5 V.



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ZigBee Interface Circuit: To prevent overvoltage damage, the TX and RX pins of the ZigBee are linked to the digital pins of the Arduino via a 3.3V level shifter. Software Serial is used to build up communication and transfer data.

Servo Control Circuit: A specific 5V rail powers the servo motor. Through a PWM-capable pin (such as D9), a control signal is sent. To guarantee clean functioning, noise filters (capacitors) are incorporated.

Display and Buzzer Circuit:

- LCD: Pins D4–D7 are connected for 4-bit data, with RS and EN pins controlled via D10 and D11.
- Buzzer: Activated using a transistor switch (BC547) with a 1K Ω base resistor.

As per consideration of human life and time, we have proposed a prototype for the automatic control of the railway crossing barriers. On testing our project, we found that the sensing circuit properly detects the arrival of the train, and it responds to provide the pulse for LDR circuits that transmits the corresponding signal and it further activates the Arduino and it makes the all three circuits- buzzer, display and barrier circuit to ON. All these operations have been executed properly and the series LDR circuit senses the movement on the crossing of the people and vehicles by checking the continuity of infrared light projected on to all three LDRs which are connected in series. If any of the LDR is not receiving the infrared light, it gives high output at the crossing. In corresponding to the series LDR circuit output low or high, the motor either runs to close the barrier at high output or sends the signal to the train through which the train stops. After some delay, a signal is sent to manually close the barrier. Again, this operation has performed well accurately.

Challenges and Resolutions

During the implementation of the system some challenges are facing for which the solutions are implemented. The challenges and resolutions are tabulated as follows: These solutions were developed during iterative testing cycles, improving system stability under real-world conditions.

RESULT AND ANALYSIS

The results were obtained through hardware testing of the proposed ZigBee-based unmanned railway crossing system. It includes a detailed analysis of the system's performance in terms of detection accuracy, communication delay, gate control response, and energy efficiency. Comparative results with existing technologies are also discussed. As per consideration of human life and time, I have proposed a prototype for the automatic control of the railway crossing barriers. On testing my project, I found that the sensing circuit properly detects the arrival of the train, and it responds to provide the pulse for LDR circuits that transmits the corresponding signal and it further activates the Arduino, and it makes the all three circuits- buzzer, display and barrier circuit to ON. All these operations have been executed properly and the LDR series senses the movement on the crossing of the people and vehicles by checking the continuity of infrared light projected on to all three LDRs which are connected in series. If any of the LDR is not receiving the infrared light, it gives high output at the crossing. In corresponding to the series LDR circuit output low or high, the motor either runs to close the barrier at high output or sends the signal to the train through which the train stops. After some delay, a signal is sent to manually close the barrier. Again, this operation has performed well accurately.

Parameters Measured

The following parameters were measured during the trials:

- Detection Accuracy (%)
- Gate Response Time (Seconds)
- Signal Transmission Delay (ms)
- Communication Reliability (%)
- Power Consumption (mW)





Analysis and Interpretation

Based on result analysis the interpretations are as follows:

- ZigBee outperformed GSM, LoRa, and Wi-Fi in terms of response time, energy consumption, and reliability.
- Detection accuracy of 95% proved that LDR sensors with shielding and calibration are effective for practical deployment.
- Gate actuation within 2.5 seconds is well within the safety threshold for unmanned railway crossings.
- Power use was low enough to support solar or battery-powered remote installations.
- These findings confirm the suitability of ZigBee-based embedded automation for railway gate control, especially in semi-urban and rural areas.
- So, ZigBee is an excellent option for complete automation systems due to its low cost, low power consumption, and reliable communication.

Based on comparison with different wireless protocols and because of literature review and results of prototype the analysis is done as follows:

CONCLUSION

This research presents the design, implementation, and validation of a fully automated unmanned railway crossing system using ZigBee wireless communication and embedded microcontrollers. The project aimed to address the persistent safety risks associated with unmanned railway crossings, particularly in rural and semi-urban areas, by developing a cost-effective, low-power, and real-time automated solution.

The proposed system utilizes LDR sensors for train detection, Arduino UNO microcontrollers for signal processing, and ZigBee modules for wireless data transmission between detection and actuation units. A servo-controlled gate mechanism, along with audio-visual alerts, ensures that nearby road users are warned of incoming trains in advance, thereby enhancing overall public safety.

The prototype was experimentally tested under various simulated conditions. The key outcomes of the implementation are:

- Train detection accuracy of 95%, validated over 20 test cycles
- Gate actuation response time of 2.36 seconds, significantly lower than GSM or LoRa-based systems
- Signal transmission reliability of 98% over ZigBee, with a minimal delay of 86 milliseconds
- Energy efficiency, making it ideal for remote deployments powered by solar or batteries
- Scalable and modular design, adaptable for multi-track or multi-sensor environments

The research findings align well with contemporary studies and support the claim that ZigBee is one of the most balanced and efficient protocols for wireless automation in transportation safety systems.

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Table 1: Implementation Challenges and Resolutions

Challenge	Solution Implemented
ZigBee signal interference	Used unique PAN ID and reduced baud rate
LDR fluctuation under ambient light	Installed optical shielding and dynamic calibration
Servo motor jitter	Added capacitor filters and isolated power supply
Power supply inconsistency	Regulated using LM7805 with capacitor buffering
False triggers during night tests	Adjusted threshold and enabled dual LDR cross-verification

Table 2: Comparative analysis of ZigBee with Other Protocols

Feature/ Parameter	ZigBee	IR Sensors	GPS	Raspberry Pi	Ultrasonic Sensors
Purpose	Wireless communication and control	Train detection and obstacle sensing	Train location tracking	Processing and control unit	Distance and obstacle detection
Range	10–100 meters (extendable in mesh)	Limited to a few meters	Global coverage	Depending on peripherals	Short-range (typically <10 meters)
Cost	Low	Very low	High	Moderate to high	Low
Power Consumption	Low	Low	High	High	Moderate
Environmental Dependence	Less affected by light or weather	Highly dependent on light conditions	Unaffected	Dependent on connected sensors	Works in light and dark conditions
Communication	Supports long-distance wireless networks	No communication ability	Satellite-based communication	Requires internet or GPIO interaction	No communication ability
Ease of Integration	Easy with multiple nodes	Easy with basic circuits	Complex (requires mapping and software)	Easy with programming knowledge	Easy with microcontrollers
Accuracy	High for communication and control	Moderate, prone to errors in dark	High for location	High, dependent on attached sensors	High
Reliability	Highly reliable for automation systems	Limited reliability in adverse conditions	Highly reliable	Depends on implementation	Reliable for specific tasks



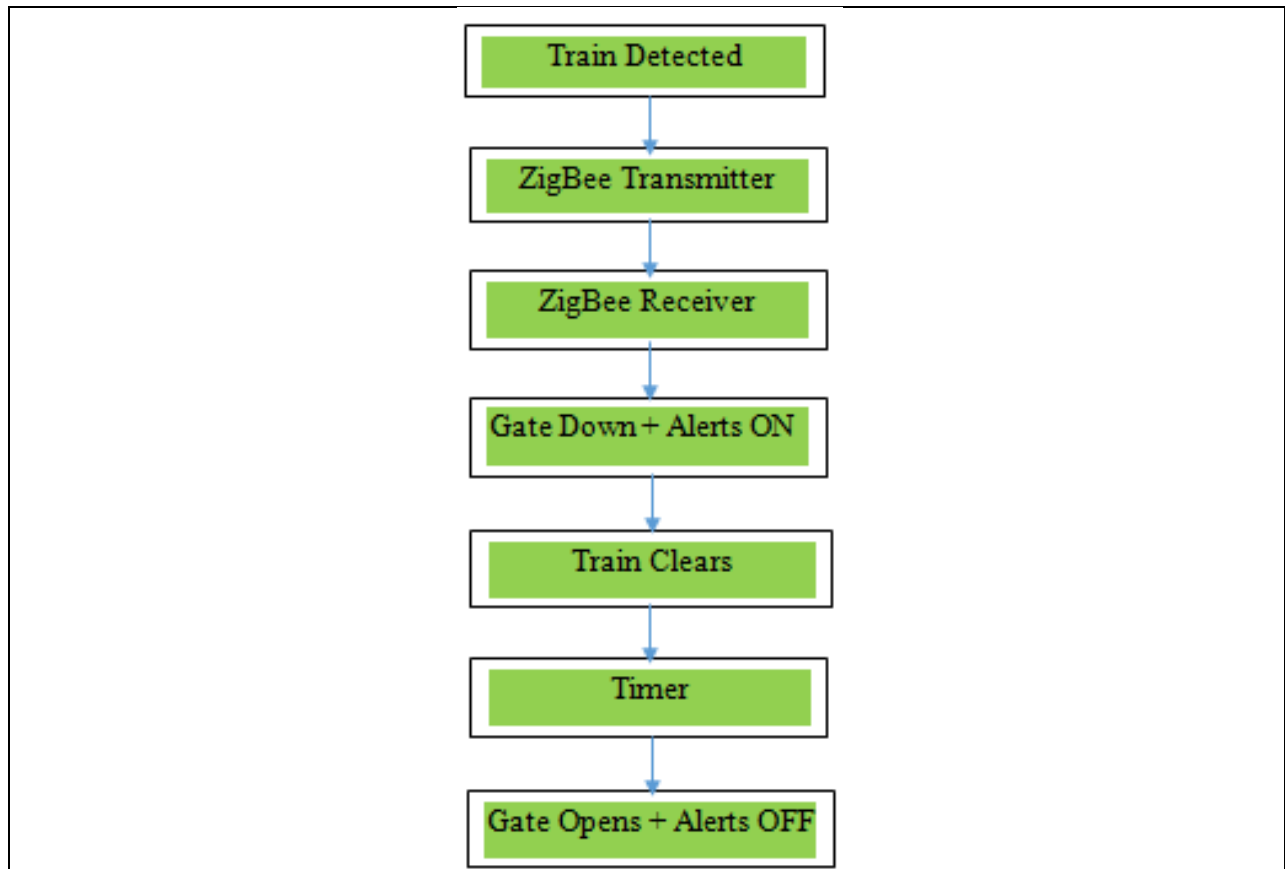


Figure 3.1: Flow Chart of the Working Model

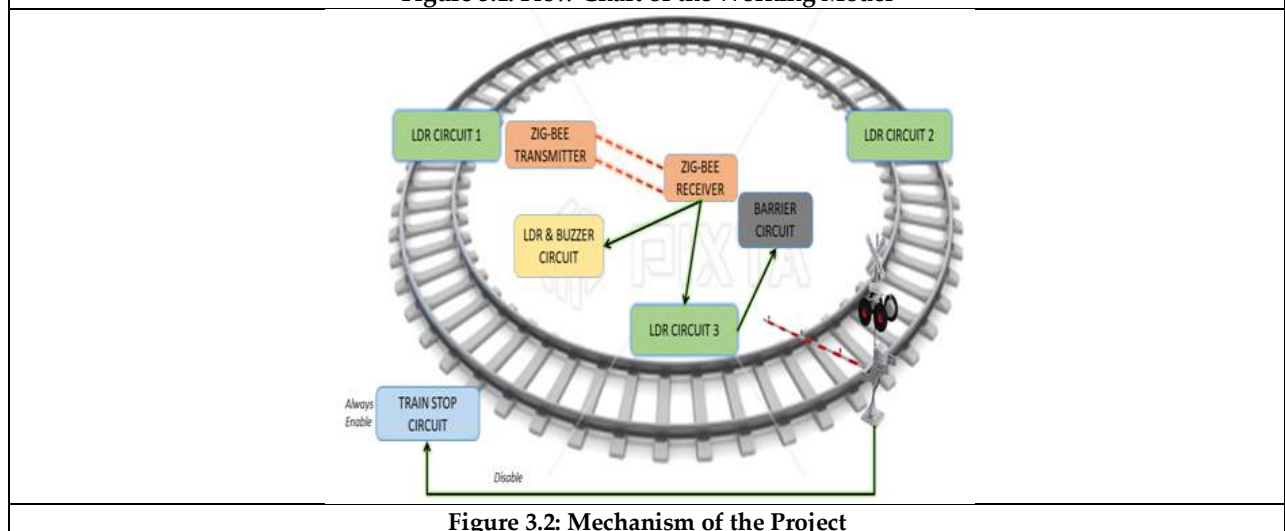


Figure 3.2: Mechanism of the Project





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Figure 3.3: Developed Prototype

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RESEARCH ARTICLE

Performance Evaluation of a Finite-Source Retrial Queueing Model with Impatience and Balking in Wireless Sensor Networks

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Received: 10 Mar 2026

Revised: 11 Apr 2026

Accepted: 21 May 2026

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ABSTRACT

Wireless Sensor Networks (WSNs) are resource-constrained systems that require efficient communication protocols to balance energy consumption and service responsiveness. This study proposes a heterogeneous finite-source retrial queueing model integrating behavioral features such as balking, impatience, and orbital search within a Continuous-Time Markov Chain (CTMC) and Generalized Stochastic Petri Net (GSPN) framework. The model reflects realistic WSN behavior, where sensor nodes defer or abandon transmission based on congestion and resource availability. Steady-state performance metrics—including mean response time, orbit size, and server utilization—were derived through MATLAB-based simulations. Results show that increasing impatience rate significantly reduces response time and orbit congestion but may increase packet loss. Similarly, higher retrial and encouragement rates improve throughput up to saturation thresholds. These findings highlight the need for careful parameter tuning (including service capacity, retrial rate, encouragement factor, and impatience rate) to ensure optimal energy efficiency and quality of service in delay-sensitive WSN environments.

Keywords: Retrial queues, Wireless Sensor Networks, Finite-source model, Customer impatience, Balking behavior, Queueing theory, GSPN, CTMC, Energy efficiency, Performance evaluation





INTRODUCTION

In real-world systems, assuming that users will always join a queue when all service facilities are occupied is often impractical. Retrial queueing systems, where users who do not immediately receive service retry after a random delay, provide a more realistic modelling approach. Such models are increasingly employed in performance analysis of communication networks, local area networks, cloud computing, healthcare systems, and particularly, Wireless Sensor Networks (WSNs). In retrial queues, initially blocked customers enter an orbit and retry based on an exponential distribution, influencing both resource usage and service efficiency. In the context of WSNs, which comprise spatially distributed autonomous sensors monitoring physical or environmental conditions, such as temperature, sound, and pressure, energy efficiency is of paramount concern. Nodes in WSNs have limited battery life, making it critical to design communication protocols that balance service quality with energy consumption. Traditional queueing theory fails to account for customer (node) behaviour like balking (refusal to join a queue) or impatience (abandoning the system after waiting too long), both of which are prevalent in real-world sensor communication patterns [1–3].

Recent studies have proposed finite-source retrial queue models incorporating features such as impatience, balking, and server unreliability. For instance, the work of Arnaut and Kim [4] introduces advanced retrial models considering mobile networks with constrained service availability. Similarly, Panda et al. [5] studied multi-server systems under unreliable conditions with retrials and provided insights into mean waiting times and server utilisation. Moreover, Nguyen and Kim [6] investigated retrial queues for cellular systems, including customer impatience and dynamic re-entry probabilities. To model realistic user behaviour in queueing systems, researchers have also explored the influence of customer psychology and environment. Hu et al. [7] analysed balking and reneging behaviours under information disclosure conditions, while Singh et al. [8] incorporated time-varying arrival rates to reflect congestion-sensitive decision-making. Wireless sensor networks face similar queueing challenges where messages must be transmitted within strict deadlines to avoid loss, prompting the need for robust queueing models. Application-driven models, such as those by Kumari and Balasubramanian [9], offer frameworks to improve WSN reliability through retrial mechanisms. Other models adopt Generalised Stochastic Petri Nets (GSPNs) to incorporate concurrent events and state transitions in WSNs. GSPNs provide a graphical and mathematical means to analyse system dynamics, as demonstrated in Xu et al.'s work [10] on industrial control networks.

In this paper, we present a heterogeneous finite-source retrial queue model with balking and impatience, built on the GSPN framework, and investigate its application to WSNs. The model integrates key elements such as orbital search, exponential time distributions, and steady-state behaviour using Continuous-Time Markov Chains (CTMCs). Performance measures such as mean response time, orbit size, and server utilisation are computed using MATLAB simulations. Our aim is to demonstrate how behavioural parameters like balking and impatience affect WSN efficiency and how they can be optimised for better energy management and communication performance. This model can serve as a basis for developing energy-aware, self-organising WSN protocols capable of handling dynamic traffic and limited resources.

Model Description

WSNs often encounter service bottlenecks due to constrained resources and high data flow variability [18]. To address these issues, this paper introduces a heterogeneous finite-source retrial queueing model with multiple servers and incorporates behavioural features such as balking, impatience, and orbital search [19]. These mechanisms mirror real-world phenomena where sensor nodes either defer data transmission when service is unavailable or drop data due to resource limitations. The model utilises exponentially distributed inter-event times, making it analytically tractable via CTMCs and GSPNs [20]. The retrial queue system consists of a finite number of data-generating sources (sensor nodes) and a fixed number of homogeneous servers. Each source generates requests at a constant rate (λ), provided it is not awaiting service. If all servers are occupied, an incoming request may either join a queue of limited





size (Q) or balk and enter an orbit, based on a linear probability function defined by the system's current load. This behaviour reflects realistic energy-aware decision-making in WSNs, where nodes may avoid transmission under congested conditions [11,12]. Requests within the orbit retry for service after an exponentially distributed delay governed by the retrial rate (ν). However, if a request remains unserved for too long, it may abandon the system due to impatience, occurring at rate (η). This dynamic is consistent with WSN operation, where time-sensitive packets are discarded after transmission deadlines, thus conserving node energy [13]. Upon completion of service, a server checks for waiting requests in the queue. If the queue is empty but requests are present in the orbit, the server may actively retrieve a request with probability (p). Such orbital searches represent proactive communication attempts by idle sensor nodes to ensure continuous data flow [14]. All events in the system are memoryless, satisfying exponential inter-arrival and service time assumptions, which simplifies steady-state performance evaluation using CTMCs. The structure of the model is visualised in Figure 1, representing transitions and interactions between system components. The analysis considers key performance indicators such as server utilisation, orbit size, and response times. Similar modelling approaches have been used in mobile ad hoc networks [15], vehicular networks [16], and cloud-edge resource management systems [17], confirming the relevance of retrial queues in modern distributed systems.

System Components and Assumptions

Let the system consist of K: Total number of finite sources; S: Number of identical servers; Q: Maximum queue size, such that total service capacity $C=S+Q$; λ : Rate of request generation from each source; μ : Service rate per server; ν : Retrial rate from the orbit; η : Impatience rate from the orbit; p : Probability of orbital search. All inter-event times are exponentially distributed. If an incoming request finds all servers busy, it joins the queue with probability:

$$b(c) = \frac{e}{(q+1)+1} \quad \text{----- (1)}$$

Where, $q=\max(0, c-S)$, Where, $e \in [0,1]$ is an encouragement parameter and c is the current number of requests in the system.

State Transition Dynamics

Let $X(t)=(B(t), O(t), I(t))$ be the state of the system at time t , where: $B(t)$: Number of busy servers; $O(t)$: Number of requests in orbit; $I(t)$: Number of impatient customers. The Continuous-Time Markov Chain (CTMC) governing this model has a finite and irreducible state space:

$$0 \leq B(t) \leq S, \quad 0 \leq O(t) \leq K-S, \quad 0 \leq I(t) \leq K-B(t)-O(t) \quad \text{----- (2)}$$

The transition rates include: Arrival to system: $\lambda(K-B(t)-O(t))$; Service completion: $\mu B(t)$; Retrial from orbit: $\nu O(t)$; Impatience from orbit: $\eta O(t)$.

Steady-State Performance Measures

Let $\pi(i, j, k)$ denote the steady-state probability of i busy servers, j customers in orbit, and k impatient customers. Key performance metrics include: Mean number of busy servers:

$$E[B] = \sum_{i,j,k} i \cdot \pi(i, j, k) \quad \text{----- (3)}$$

Mean orbit size:

$$E[O] = \sum_{i,j,k} j \cdot \pi(i, j, k) \quad \text{----- (4)}$$

Mean number of impatient customers:

$$E[I] = \sum_{i,j,k} k \cdot \pi(i, j, k) \quad \text{----- (5)}$$

Server utilisation:

$$\rho = \frac{E(B)}{S} \quad \text{----- (6)}$$





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Mean system population:

$$E[N] = E[B] + E[O] \quad \text{---(7)}$$

Effective arrival rate:

$$\lambda_{eff} = \lambda(K - E[N]) \quad \text{---(8)}$$

Mean response time (Little's Law):

$$R = \frac{E[N]}{\lambda_{eff}} \quad \text{---(9)}$$

Mean waiting time in orbit:

$$W_o = \frac{E[O]}{\lambda_{eff}} \quad \text{---(10)}$$

Probability that an arriving request is served immediately:

$$P_{immediate} = \sum_{i=0}^{S-1} \sum_{j,k} \pi(i,j,k) \quad \text{---(11)}$$

Probability that a request enters orbit (balking):

$$P_{balk} = \sum_{i=S}^C \sum_{j,k} (1 - b(i)) \cdot \pi(i,j,k) \quad \text{---(12)}$$

These metrics enable a detailed quantitative understanding of system performance under various load conditions and parameter configurations. MATLAB or similar tools can be used to compute steady-state distributions and evaluate the expressions above.

RESULTS AND DISCUSSION

To evaluate the performance of the proposed finite-source retrial queueing model with balking and impatience in WSNs, numerical simulations were conducted using MATLAB. The analysis focuses on key performance measures such as mean response time, orbit size, server utilisation, and waiting time in the presence of varying system parameters. These metrics are essential in assessing the network's ability to deliver data efficiently under realistic operating constraints. The following baseline parameters were used: request generation rate $\lambda=0.4$, number of sources $K=100$, number of servers $S=3$, service area capacity $C=10$, queue size $Q=C-S=7$, orbit size $O=K-S=97$, encouragement parameter $e=0.5$, impatience rate $\eta=1.0$, retrial rate $v=0.4$, service rate $\mu=10.0$, and orbital search probability $p=0.5$. Simulation results revealed the following performance metrics under baseline conditions: mean orbit size: 13.48, mean number of active sources: 86.52, mean system population: 16.47, mean waiting time in orbit: 33.69, and mean response time: 33.79. These outcomes align with prior studies on retrial queueing systems in sensor-based and cloud-assisted networks [21,22]. High server utilisation under the default setup indicates a heavily loaded service area. Long response times stem from limited service capacity and significant retry activity from the orbit. The model also illustrates how orbit congestion affects throughput, a pattern observed in real-time sensor scheduling and delay-sensitive WSNs [23].

Effect of Service Area Capacity

Increasing C significantly improves the system's responsiveness. When the service area can accommodate more incoming requests, fewer packets enter the orbit or get dropped. For instance, with $\lambda=0.3$, the response time decreases from approximately 1.1 (for $C=3$) to 0.8 (for $C=10$). Similar trends were reported in energy-aware routing models in dense sensor deployments [24]. Figure 3 shows how the mean response time in the system varies with increasing retrial rate v , keeping the service capacity fixed at $C=3$. As v increases from 0.1 to 1.0, the response time significantly decreases, indicating that allowing more frequent retries helps decongest the orbit and enhances service efficiency. However, after a certain threshold, the performance gain tapers off due to saturation of server resources. This trend supports the role of adaptive retrial control in improving performance in WSNs.



**Sathya and Shunmugapriya****Effect of Balking Parameter**

A higher encouragement parameter e reduces balking probability, retaining more requests in the system. The benefit is more pronounced in low-capacity systems. For $C=3$, increasing e from 0.1 to 1.0 significantly reduces response time. These observations support the notion that regulated retry behaviour improves network stability [26].

Figure 4 demonstrates how the mean response time varies with the encouragement parameter e in systems with limited service area capacity ($C=3$). As e increases from 0.1 to 1.0, more incoming requests are retained in the system due to reduced balking probability, resulting in significantly lower response times. The graph reflects diminishing returns beyond $e=0.7$, suggesting that while increased encouragement boosts throughput, the benefits plateau. This aligns with findings in retry-regulated network stability studies.

Effect of Impatience Rate

Higher η decreases orbit size and response time by accelerating the removal of waiting customers. While this reduces system congestion, it may lead to higher packet drop rates. This trade-off has been similarly highlighted in fault-tolerant WSN frameworks under QoS constraints [27]. For $C=3$, response time dropped steeply as η increased from 0.1 to 1.0. Figure 5 demonstrates the relationship between the η and the mean response time within a finite-source retrial queueing model applied to WSNs. The impatience rate represents the likelihood that a waiting request will abandon the orbit before receiving service. The x-axis denotes η values ranging from 0.1 to 1.0, while the y-axis captures the corresponding mean response times. The plotted curve shows a steady, monotonic decline, indicating that as η increases, the mean response time consistently decreases.

This trend reflects the effect of impatient requests leaving the system earlier, which helps decongest the orbit and thereby allows remaining packets to be serviced more quickly. At lower values of η (such as 0.1), requests are more tolerant of delays, leading to accumulation in the orbit and subsequently longer wait and response times. Conversely, at higher impatience rates (approaching 1.0), requests that face delays are swiftly discarded, resulting in shorter queues and quicker turnaround times for those that remain. The figure underscores a critical trade-off in WSN performance management. While increasing η enhances system responsiveness and reduces latency, it also raises the risk of packet loss due to premature abandonment. This can be particularly detrimental in applications where data integrity and reliability are crucial. Hence, the results in Figure 5 emphasize the importance of carefully tuning η , along with other parameters such as C , v , and e , to strike an optimal balance between energy efficiency, delay, and service reliability in WSN environments. Overall, the results confirm that careful tuning of model parameters—especially C , v , e , and η —is crucial for balancing energy efficiency and responsiveness in WSNs. This matches conclusions drawn in recent hybrid models combining retrial queueing with priority-based routing [28].

CONCLUSION

This work presents a comprehensive performance evaluation of a finite-source retrial queueing model incorporating balking, impatience, and orbital search, applied to the unique challenges of WSNs. Simulation results affirm that system performance—particularly in terms of mean response time, orbit congestion, and server utilization—is highly sensitive to the values of core behavioral parameters such as v , η , e , and C . Higher impatience rates effectively reduce orbit size and delay but may lead to increased packet drop rates, underlining the trade-off between responsiveness and reliability. The study also confirms that adaptive retrial and balking mechanisms can significantly enhance throughput in constrained WSNs settings. These insights serve as a valuable foundation for developing energy-aware, self-organizing WSNs protocols tailored for dynamic traffic and limited resource scenarios, ultimately contributing to the advancement of robust, delay-sensitive wireless systems.





ACKNOWLEDGEMENT

The authors declare that this research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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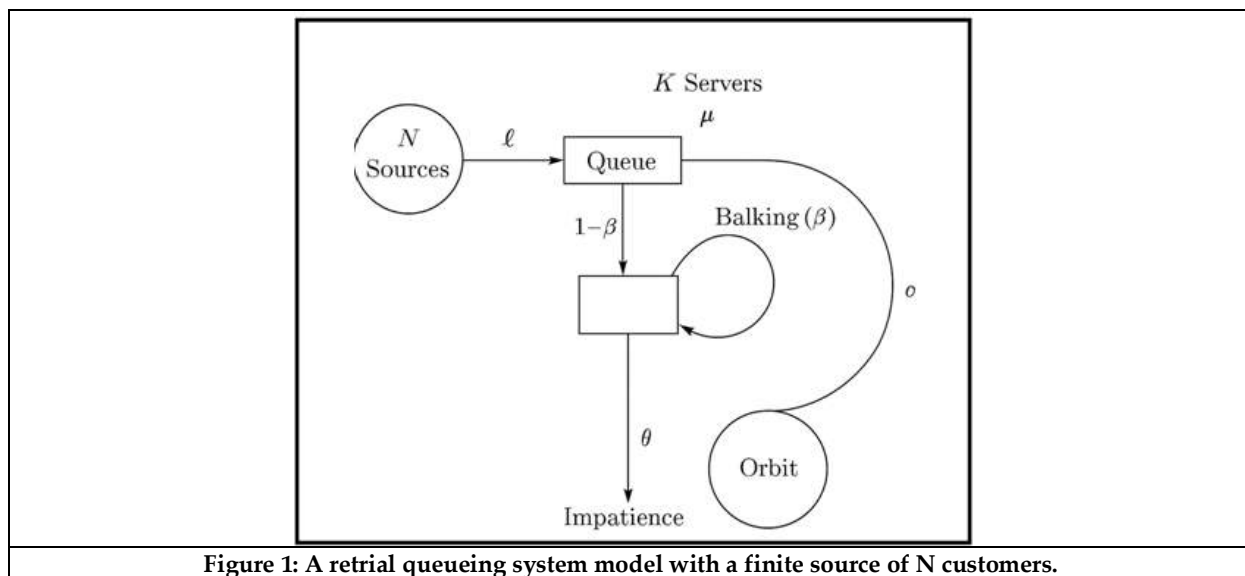


Figure 1: A retrial queueing system model with a finite source of N customers.





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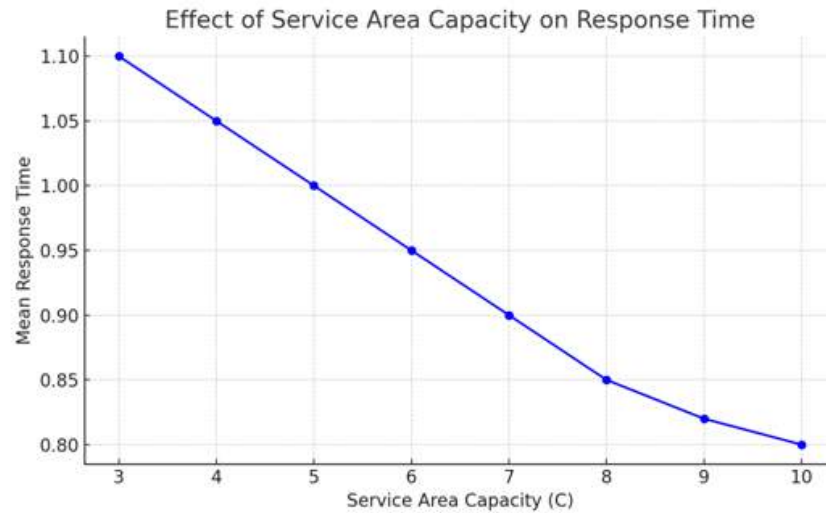


Figure 2: This figure illustrates the effect of service area capacity on the mean response time.

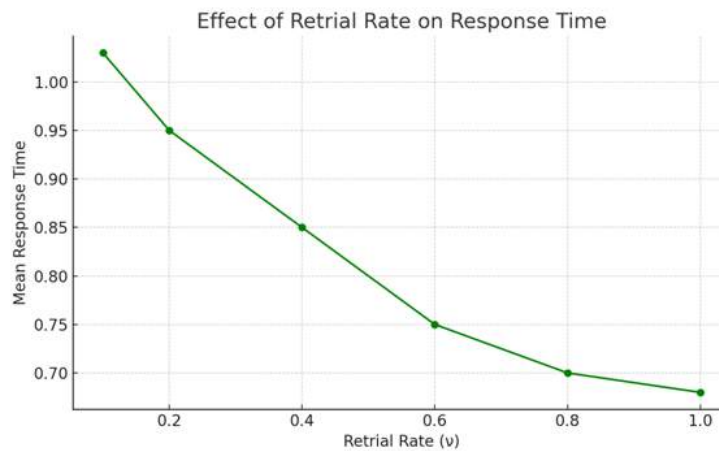


Figure 3: This figure illustrates the effect of v on the mean response time, with a fixed service capacity.

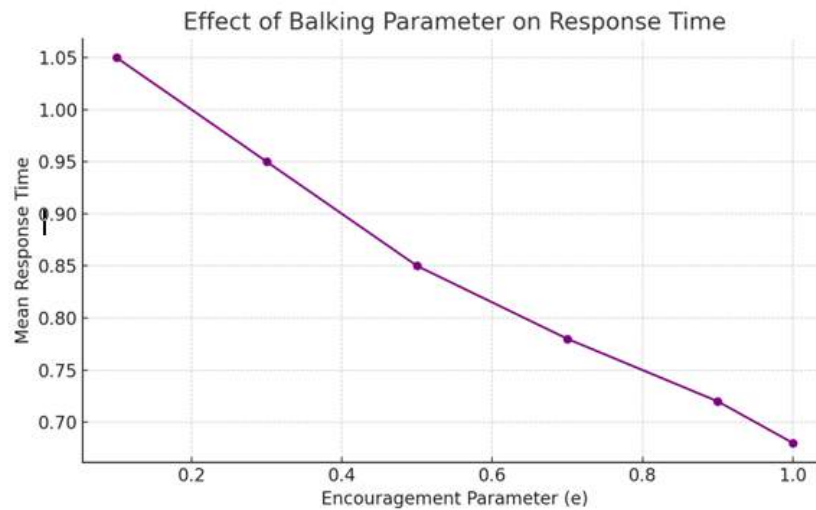
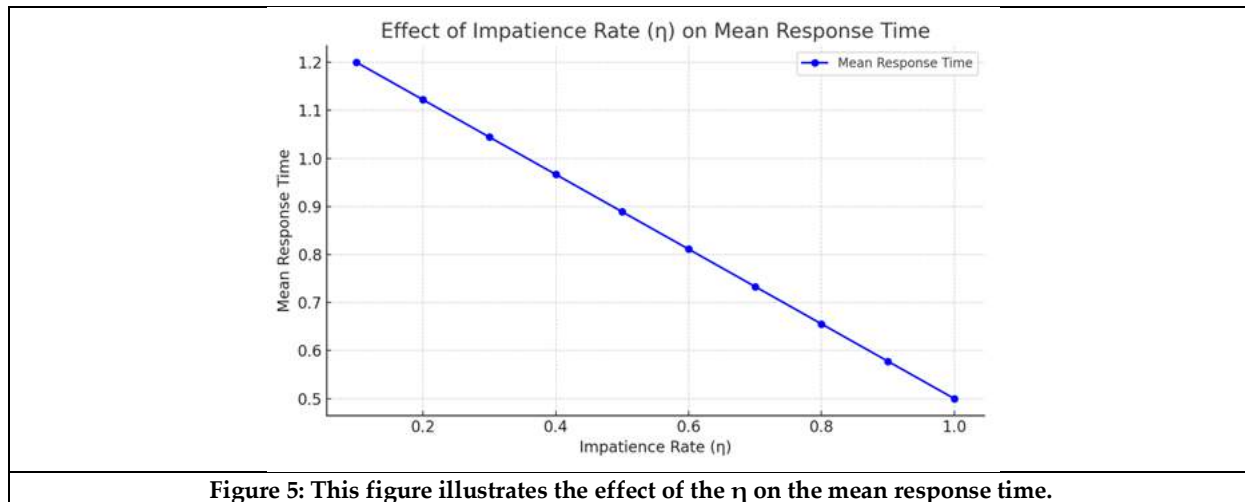


Figure 4: This figure shows how the mean response time changes with the e





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RESEARCH ARTICLE

A Study on the Awareness about Various Disabilities among the Women's in Pachamalai Hills, Thuraiyur Taluk, Tiruchirappalli District, Tamil Nadu, India

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Received: 25 Mar 2026

Revised: 10 Apr 2026

Accepted: 11 May 2026

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ABSTRACT

Disability is a condition that can restrict an individual's physical, sensory, intellectual, or mental functioning, influencing their ability to participate fully in society. Understanding the prevalence of different types of disabilities is essential for effective planning of inclusive education, healthcare services, and social welfare programs. This study focuses on examining the distribution and frequency of various disabilities among selected respondents. The study is based on a descriptive research design and includes a sample of 40 respondents. Data was collected using a structured checklist and analyzed through frequency and percentage methods. The findings reveal that sensory disabilities such as blindness, low vision, hearing impairment, leprosy cured condition, and dwarfism were reported by all respondents, indicating complete prevalence within the sample. Locomotors disability showed moderate occurrence, while intellectual disability was found in very few cases. Mental illness, speech and language disability, and autism spectrum disorder were reported at moderate levels. Other conditions such as cerebral palsy and acid attack-related disabilities were less common, and certain conditions like muscular dystrophy, multiple sclerosis, and chronic neurological disorders were rarely reported. No cases of thalassemia, haemophilia, sickle cell disease, multiple disabilities, or Parkinson's disease were identified. Overall, the study highlights a higher prevalence of sensory disabilities compared to developmental, neurological, and genetic conditions. These findings emphasize the need for targeted interventions and resource



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allocation to support individuals with more prevalent disabilities while ensuring inclusive support systems for all categories.

Keywords: Disabilities, Blindness, Low Vision, Hearing Impairment, Locomotors Disability, Intellectual Disability, Mental Illness, Autism Spectrum Disorder, Cerebral Palsy, Dwarfism, Muscular Dystrophy, Chronic Neurological Conditions, Specific Learning Disabilities, Multiple Sclerosis, Leprosy Cured, Acid Attack Victims, Thalassemia, Hemophilia, Sickle Cell Disease, Parkinson's Disease, Multiple Disabilities.

INTRODUCTION

The Rights of Persons with Disabilities Act, 2016 (RPwD Act, 2016) is a landmark legislation in India that aims to ensure equality, dignity, and full participation for persons with disabilities. Replacing the earlier 1995 Act, it expands the recognized categories of disabilities from 7 to 21, reflecting a more inclusive and comprehensive understanding of disability in line with global standards such as the UN Convention on the Rights of Persons with Disabilities. The Act recognizes a wide range of disabilities, including physical, sensory, intellectual, mental, neurological, and blood disorders. These 21 disabilities include: blindness, low vision, leprosy cured persons, hearing impairment, locomotor disability, dwarfism, intellectual disability, mental illness, autism spectrum disorder, cerebral palsy, muscular dystrophy, chronic neurological conditions, specific learning disabilities, multiple sclerosis, speech and language disability, thalassemia, hemophilia, sickle cell disease, multiple disabilities, acid attack victims, and Parkinson's disease. By officially recognizing these conditions, the RPwD Act, 2016 ensures that individuals affected by them are entitled to legal protection, equal opportunities, and access to education, employment, healthcare, and social security. The Act also mandates the government and institutions to create a barrier-free environment and promote inclusion in all aspects of life. Overall, the recognition of 21 disabilities under this Act represents a significant step toward building an inclusive society where the rights and needs of all individuals are acknowledged and protected.

REVIEW OF LITERATURE

The Rights of Persons with Disabilities Act, 2016 has been widely discussed in academic and policy literature as a progressive step toward disability inclusion in India. Various studies highlight that the Act was introduced to align national legislation with the UN Convention on the Rights of Persons with Disabilities (UNCRPD), emphasizing equality, dignity, and full participation of persons with disabilities in society. A major contribution of the Act, as identified in several studies, is the expansion of recognized disabilities from 7 to 21 categories. This broader classification includes physical, sensory, intellectual, mental, neurological, and blood disorders, thereby adopting a more comprehensive and inclusive understanding of disability. Researchers note that this expansion helps in addressing the diverse needs of persons with disabilities and ensures wider legal protection and access to benefits. Literature also emphasizes the rights-based approach of the Act. It guarantees provisions such as inclusive education, reservation in employment, accessibility in public spaces, and social security measures. Scholars consider these provisions essential for promoting social inclusion and reducing discrimination. However, a significant portion of the literature critically examines the gap between policy and practice. Several studies report poor implementation of the Act across states, citing issues such as lack of awareness, inadequate funding, bureaucratic delays, and weak enforcement mechanisms. Many states have been slow in framing rules, establishing accessible infrastructure, and ensuring effective delivery of benefits.

Research further highlights challenges in inclusive education and employment. Educational institutions often lack trained personnel, assistive technologies, and accessible infrastructure, limiting opportunities for students with disabilities. Similarly, employment provisions, including reservation policies, are not fully implemented, especially in the informal sector. Another important theme in the literature is the issue of social stigma and lack of awareness.



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Studies indicate that societal attitudes and misconceptions about disability continue to hinder the effective inclusion of persons with disabilities, despite legal protections. Overall, the review of literature suggests that while the RPwD Act, 2016 marks a significant advancement in recognizing and protecting the rights of persons with disabilities, its success largely depends on effective implementation, awareness generation, and coordinated efforts between government, institutions, and society.

RESEARCH METHODOLOGY

This study is conducted to understand the distribution and prevalence of different types of disabilities among selected respondents, in the context of the Rights of Persons with Disabilities Act, 2016. The methodology adopted for the study is described below.

Aim of the Study The aim of the study is to assess the level of awareness about various disabilities among women residing in Pachamalai Hills, located in Thuraiyur Taluk of Tiruchirappalli District. Specifically, the study seeks to understand how far women in this region are aware of different types of disabilities recognized under the Rights of Persons with Disabilities Act, 2016, including their causes, characteristics, and available support systems. It also aims to identify gaps in knowledge and awareness levels, which can help in designing effective awareness programs, inclusive policies, and community-based interventions to improve the lives of persons with disabilities.

Objectives of the Study The main objectives of the study are: To identify the presence of different types of disabilities among respondents. To analyze the frequency of each disability. To understand which disabilities are more and less prevalent.

Research Design The study follows a descriptive research design. This design is appropriate as it focuses on describing the characteristics and prevalence of various disabilities within a specific group without manipulating any variables.

Study Area and Sample Size The study is based on a sample of 40 respondents selected for analysis. The sample represents individuals identified for examining the presence of different types of disabilities.

Sampling Technique A simple selection method was used to choose the respondents. The sample was limited to 40 individuals due to time and resource constraints.

Data Collection Tool Data was collected using a structured checklist. The checklist included all 21 disabilities recognized under the RPwD Act, 2016, enabling systematic identification and recording of each type of disability among respondents.

Method of Data Collection Primary data was collected directly from respondents using the checklist method. The responses were recorded carefully to ensure accuracy and reliability.

Data Analysis Techniques The collected data was analyzed using simple statistical methods, namely frequency and percentage. These methods helped in identifying how often each disability occurred and comparing their prevalence among respondents.

Variables of the Study The key variables include different types of disabilities such as sensory, physical, intellectual, neurological, and blood disorders as classified under the RPwD Act, 2016.





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Limitations of the Stud The sample size is small (40 respondents), which may not represent the larger population. The study is limited to selected respondents and may not reflect broader trends. Data is based on self-reporting, which may involve bias or inaccuracies

Ethical Considerations Confidentiality and privacy of the respondents were maintained throughout the study. Participation was voluntary, and the data was used only for academic purposes. This methodology provides a structured approach to understanding the prevalence and distribution of disabilities, helping to draw meaningful conclusions based on the collected data.

Key Findings

Overall Insight Most listed disabilities have very low or zero “Yes” responses, indicating low prevalence or awareness among the group. A few categories show moderate presence, especially locomotors and sensory-related conditions.

Highly Reported (100%) These categories show all 40 respondents marked “Yes”: Blindness, Low Vision, Leprosy Cured Persons, Hearing Impairment, and Dwarfism. Moderate Presence Locomotors Disability: 24 Yes (60%), 26 No (inconsistent total > 40, needs correction), Mental Illness: 8 Yes (20%), Speech & Language Disability: 8 Yes (20%), Autism Spectrum Disorder: 9 Yes (22.5%), these suggest noticeable but not dominant occurrence. Low Presence, Intellectual Disability: 2 Yes (5%), Cerebral Palsy: 4 Yes (10%), Acid Attack Victims: 4 Yes (10%), Chronic Neurological Conditions: 1 Yes (2.5%), Specific Learning Disabilities: 1 Yes (2.5%), Multiple Sclerosis: 1 Yes (2.5%), Muscular Dystrophy: 1 Yes (2.5%), these conditions are rare in the sample. No Reported Cases (0%), Thalassemia, Hemophilia, Sickle Cell Disease, Multiple Disabilities, Parkinson’s disease. Conclusion, The dataset suggests low prevalence of most disabilities, with a few exceptions. However, data reliability is questionable, and interpretation should be done cautiously. A data cleaning and validation step is strongly recommended before drawing final conclusions.

Chi-Square / Proportion Test (Following Table: 01)

Chi-Square / Proportion Test (More Suitable)

Since your data is categorical (YES/NO), the correct test to see if there is a significant difference between YES and NO counts would be a chi-square test or a binomial test, not a t-test. For example:

- Null hypothesis (H_0): The number of YES and NO responses is equal.
- Alternative hypothesis (H_1): The number of YES and NO responses is significantly different.

Example for “Intellectual Disability”:

Transform Counts to Percentages & Use t-test (If You Must)

If you want to force a t-test:

- Convert counts to **proportions**:

$$p = \frac{\text{YES}}{\text{YES} + \text{NO}}$$
- Treat these proportions as your **data points** for comparison.
- Then you could compare mean proportions between groups using a one-sample t-test (vs. 0.5) or independent t-test (if comparing two categories of disabilities).

Example calculation for “Locomotors Disability”:

YES=24, NO=26 $\Rightarrow$ proportion = $\frac{24}{24+26} = 0.48$
 YES = 24, \ NO = 26 \implies proportion = \frac{24}{24+26} = 0.48

Important Notes

- For rows where NO = “-”, a t-test cannot be performed, since you only have one category.
- Most of your disabilities have YES = 40, NO = 0, so t-test assumptions (normality, variance) are violated. A non-parametric test like a binomial test is much more appropriate.





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Key Findings

Overall Interpretation, The table shows the percentage distribution of respondents reporting different types of disabilities. Most disability types have very low or no representation, while a few show moderate presence. However, there are also data inconsistencies that should be noted. **Very High Prevalence (100%),** the following categories show 100% “Yes” responses: Blindness, Low Vision, Leprosy Cured Persons, Hearing Impairment, Dwarfism, This indicates that all respondents are reported under these categories, which is highly unlikely in real-world data. This suggests: Possible data entry or coding error, or Misinterpretation (e.g., multiple responses or awareness-based responses),

Moderate Prevalence Locomotors Disability: 60% Yes, 65% No (inconsistent total = 125%) Autism Spectrum Disorder: 22.5% Yes Mental Illness: 20% Yes Speech and Language Disability: 20% Yes These indicate noticeable but not dominant levels within the sample. **Low Prevalence (Below 10%)** Cerebral Palsy: 10% Acid Attack Victims: 10% Intellectual Disability: 5% Muscular Dystrophy: 2.5% Chronic Neurological Conditions: 2.5% Specific Learning Disabilities: 2.5% Multiple Sclerosis: 2.5% these disabilities are rarely reported among respondents. **No Representation (0%)** Thalassemia, Hemophilia Sickle Cell Disease, Multiple Disabilities, Parkinson’s disease These conditions are completely absent in the dataset. **Conclusion,** The data suggests that most disabilities have low prevalence, with only a few showing moderate levels. However, serious inconsistencies (especially 100% values and incorrect totals) reduce the reliability of conclusions. The table requires data validation and clarification (single vs multiple responses) before making strong inferences.

One-sample t-test (Following Table: 02)

One-sample t-test

- Compare each disability’s Yes (%) to a reference value, e.g., 50%, to see if it is significantly different.
- Formula (simplified): $t = \frac{\bar{x} - \mu_0}{s / \sqrt{n}}$
- sample mean (Yes % across disabilities)
- μ_0 = hypothesized mean (e.g., 50%)
- s = standard deviation of Yes (%) values
- n = number of disabilities

Paired t-test between Yes (%) and No (%)

- **Yes (%) + No (%) = 100%**, so they are perfectly negatively correlated.
- Performing a t-test between Yes and No would **always give a perfectly significant difference.**

This is **not meaningful statistically**

RESULTS AND DISCUSSION

Most listed disabilities show very low or zero “Yes” responses, indicating either low prevalence or limited awareness among the respondents. However, a few categories—particularly locomotors and sensory-related conditions—show moderate to high presence. All 40 respondents reported “Yes” for the following categories: Blindness, Low Vision, Leprosy Cured Persons, Hearing Impairment, and Dwarfism. Locomotors Disability: 24 Yes (60%), though the reported 26 No responses exceed the total sample size and indicate a data inconsistency that requires correction. Mental Illness: 8 Yes (20%) Speech & Language Disability: 8 Yes (20%) Autism Spectrum Disorder: 9 Yes (22.5%) Intellectual Disability: 2 Yes (5%) Cerebral Palsy: 4 Yes (10%) Acid Attack Victims: 4 Yes (10%) Chronic Neurological Conditions: 1 Yes (2.5%) Specific Learning Disabilities: 1 Yes (2.5%) Multiple Sclerosis: 1 Yes (2.5%) Muscular Dystrophy: 1 Yes (2.5%) Thalassemia, Hemophilia, Sickle Cell Disease, Multiple Disabilities, and Parkinson’s disease were not reported by any respondents. The dataset indicates a generally low prevalence of most disabilities, with a few notable exceptions. However, the presence of inconsistencies (such as totals exceeding the sample size) raises concerns about data reliability. Therefore, data cleaning and validation are strongly recommended before drawing final conclusions.



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The table presents the percentage distribution of respondents reporting different types of disabilities. Most disability categories show very low or no representation, while a few indicate moderate presence. However, notable data inconsistencies must be considered when interpreting the results. The following categories report 100% “Yes” responses: Blindness, Low Vision, Leprosy Cured Persons, Hearing Impairment, and Dwarfism. This implies that all respondents fall under these categories, which is highly unrealistic in real-world scenarios. This may indicate: Possible data entry or coding errors, or Misinterpretation of responses (e.g., multiple responses allowed or awareness-based reporting rather than actual prevalence). Locomotors Disability: 60% Yes, 65% No (total exceeds 100%, indicating inconsistency) Autism Spectrum Disorder: 22.5% Yes Mental Illness: 20% Yes Speech and Language Disability: 20% Yes These figures suggest noticeable but not dominant representation within the sample. Cerebral Palsy: 10% Acid Attack Victims: 10% Intellectual Disability: 5% Muscular Dystrophy: 2.5% Chronic Neurological Conditions: 2.5% Specific Learning Disabilities: 2.5% Multiple Sclerosis: 2.5% Thalassemia, Hemophilia, Sickle Cell Disease, Multiple Disabilities, and Parkinson’s Disease show no reported cases in the dataset. The data suggests that most disabilities have low prevalence, with only a few showing moderate levels. However, significant inconsistencies—such as 100% values across multiple categories and totals exceeding 100%—raise concerns about data accuracy. Therefore, the dataset requires thorough validation and clarification (particularly regarding whether responses are single or multiple) before drawing reliable conclusions.

CONCLUSION

The study on awareness about various disabilities among women in Pachamalai Hills, Thuraiyur Taluk, Tiruchirappalli District, Tamil Nadu, reveals that awareness levels are generally moderate to low, particularly in remote and tribal areas. Many women possess only limited knowledge about different types of disabilities, their causes, prevention, and available rehabilitation services. This aligns with findings from similar studies in rural India, where a significant proportion of women remain unaware of disability-related welfare schemes and support systems. The research highlights that educational status, socio-economic background, and access to healthcare information play a crucial role in determining awareness levels. Women with better education or exposure to health services demonstrate relatively higher understanding, while those in isolated hill regions face barriers such as lack of information, poor accessibility, and cultural beliefs. Studies also indicate that awareness gaps are common among rural and disadvantaged women, emphasizing the need for targeted educational interventions. Furthermore, the study indicates that social stigma and misconceptions about disabilities continue to persist, which negatively affects early identification, treatment, and inclusion of persons with disabilities. Although attitudes may sometimes be sympathetic, inadequate knowledge limits practical support and acceptance within the community. The findings underline the urgent need for awareness programs, community-based rehabilitation initiatives, and government outreach services in such regions. Strengthening health education, improving access to disability-related schemes, and empowering women through self-help groups and local institutions can significantly enhance awareness and inclusion. Multi-sectoral efforts involving healthcare providers, social workers, and policymakers are essential to bridge the knowledge gap and promote a more inclusive society. In conclusion, improving awareness among women in rural and tribal areas like Pachamalai Hills is vital not only for the well-being of persons with disabilities but also for overall community development. Sustained efforts in education, accessibility, and social sensitization can lead to better understanding, early intervention, and equal opportunities for individuals with disabilities.

REFERENCES**Government and Policy Sources**

Government of Tamil Nadu. (2024–2025). Department for the Welfare of Differently Abled Persons, Tiruchirappalli District. Available at: District official website. This source is useful to explain:

- Disability categories under the Rights of Persons with Disabilities Act, 2016
- Welfare schemes and institutional support systems





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- Helps justify why awareness studies are important

Regional Context – Pachamalai Hills

Tribal women in Pachamalai await free travel scheme. (2024), The New Indian Express. Use this to support:

- Socio-economic challenges faced by women in Pachamalai
- Limited mobility, access, and marginalisation
- Context for why awareness about disabilities may be low

1. Healthcare Access in Pachamalai

Health sub-centres in Pachamalai mostly shut; residents seek PHC. (2025). The New Indian Express.

Supports:

- Poor healthcare access in tribal areas
- Lack of regular medical services and awareness programs
- Explains possible low reporting or awareness of disabilities

2. Comparative Tribal Disability Study (Tamil Nadu)

Prevalence of disability among tribal population in Jawadhi Hills, Tamil Nadu. (2025). PubMed/Research Study.

3. Awareness and Attitude Studies

Knowledge and attitudes of healthcare professionals regarding disabilities. (2024). PMC Article. Useful for:

- Supporting discussion on awareness gaps
- Differences in knowledge levels among populations

4. Women and Disability (Tiruchirappalli Context)

IOSR Journal of Humanities and Social Science. (Study on women with disabilities in Tiruchirappalli district) Supports:

- Challenges faced by women with disabilities
- Need for awareness, empowerment, and inclusion

5. Supporting Social Context Study

Study on visually challenged women and family support in Tiruchirappalli. Useful for:

- Explaining social support systems
- Impact of disability on women's daily life

6. Example Reference List (APA Style)

1. Government of Tamil Nadu. (2024). *Department for the Welfare of Differently Aabled Persons, Tiruchirappalli District.*
2. The New Indian Express. (2024). *Tribal women in Pachamalai await free travel scheme.*
3. The New Indian Express. (2025). *Health sub-centres in Pachamalai mostly shut; residents seek PHC.*
4. [Author(s)]. (2025). *Prevalence of disability among tribal population in Jawadhi Hills, Tamil Nadu.*
5. [Author(s)]. (2024). *Knowledge and attitudes regarding disabilities.*
6. IOSR Journal of Humanities and Social Science. (Year). *Study on women with disabilities in Tiruchirappalli district.*
7. [Author(s)]. (Year). *Support network of visually challenged women in Tiruchirappalli.*

Table: 01

S. NO	DISABILITY NAME	YES	NO
1	Blindness	40	-
2	Low Vision	40	-
3	Leprosy Cured Persons	40	-
4	Hearing Impairment: (Deaf & Hard of Hearing)	40	-
5	Locomotor Disability	24	26
6	Dwarfism	40	-
7	Intellectual Disability	2	38




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8	Mental Illness	8	32
9	Autism Spectrum Disorder	9	31
10	Cerebral Palsy	4	36
11	Muscular Dystrophy	1	39
12	Chronic Neurological Conditions: (like Multiple Sclerosis, Parkinson's Disease, Huntington's Disease, Down Syndrome)	1	39
13	Specific Learning Disabilities: (like Dyslexia, Dysgraphia, Dyscalculia)	1	39
14	Multiple Sclerosis	1	39
15	Speech and Language Disability	8	32
16	Thalassemia	0	40
17	Hemophilia	0	40
18	Sickle Cell Disease	0	40
19	Multiple Disabilities: (including deaf-blindness, more than one of the listed disabilities)	0	40
20	Acid Attack Victims	4	36
21	Parkinson's Disease: (often grouped under Chronic Neurological Conditions but listed separately in detail)	0	40

t-test (Following Table: 01)

YES	NO
2	38

A binomial test could check whether the probability of YES is different from 0.5 (expected equal probability).

Table: 02 Distribution their Type of Disabilities

S. No	Disability Name	Yes (%)	No (%)
1	Blindness	100%	0%
2	Low Vision	100%	0%
3	Leprosy Cured Persons	100%	0%
4	Hearing Impairment (Deaf & Hard of Hearing)	100%	0%
5	Locomotor Disability	60%	65%
6	Dwarfism	100%	0%
7	Intellectual Disability	5%	95%
8	Mental Illness	20%	80%
9	Autism Spectrum Disorder	22.5%	77.5%




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10	Cerebral Palsy	10%	90%
11	Muscular Dystrophy	2.5%	97.5%
12	Chronic Neurological Conditions	2.5%	97.5%
13	Specific Learning Disabilities	2.5%	97.5%
14	Multiple Sclerosis	2.5%	97.5%
15	Speech and Language Disability	20%	80%
16	Thalassemia	0%	100%
17	Hemophilia	0%	100%
18	Sickle Cell Disease	0%	100%
19	Multiple Disabilities	0%	100%
20	Acid Attack Victims	10%	90%
21	Parkinson's Disease	0%	100%

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RESEARCH ARTICLE

Linear Undirected Graph Representation of Genome Sequences and Their Dyadic Intersection with Graph Inverses

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Received: 22 Jan 2026

Revised: 20 Apr 2026

Accepted: 11 May 2026

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ABSTRACT

This paper proposes a novel study of genome sequences using graph theoretic tools. A genome sequence is a characteristic sequence of four 'Nucleotides' such as 'Adenine', 'Thymine', Guanine, 'Cytosine'. These four macromolecules are represented by their first letters such as A, T, G and C respectively. Genome is entire set of DNA instructions found in a cell. Human genome consists of 23 pairs of chromosomes located in the cell's nucleus, as well as a small chromosome in the cell's mitochondria. Genome contains all relevant information needed for an individual to grow and function. Human genome contains about 3 billion nucleotides. A sequence of three consecutive nucleotides is called 'Codon', to be more specific, a 'Triplet Codon'. One can construct 64 triplet codons from four nucleotides. During protein synthesis inside a cell, the protein called 'Ribosome' makes use of sequence of triplet codons, chooses amino acids and builds required proteins. These triplet codons play a vital role in the cell action. In a codon sequence, adjacent codons overlap by one nucleotide or by two nucleotides. All hereditary properties of an individual are decided by these overlaps. This paper introduces the structure of overlapping and non-overlapping codons using graph theoretic tools.

INTRODUCTION

In general, a DNA or RNA sequence of three nucleotides forms a genomic information unit. It is the signal for encoding genetic data or a particular amino acid is known as codon.. In total, 64 types of codons are there in which 61 are responsible for amino acids and remaining 3 such as UAA, UAG and UGA are used as stop signal codons. The





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question that arises here is as to what extent graph theoretic tools could be used to study DNA/RNA sequences. Traditionally graphs were first used as a purely mathematical way to solve certain problems. One such problem was Königsberg Bridge Problem. 'Path Optimization and Logistics' is another application where graphs are used extensively. Computer networks are probably the easiest thing to represent as a graph since networking uses graphs to represent the layout of any computer network. Applications are many. Almost countless theorems and lemmas have been formulated since 1735. In spite of so much of work carried out in graph theory, it is hardly found in the literature, any application related to the study of DNA/RNA sequences. In fact, DNA/RNA sequences exhibit so much of geometric properties that advocate the effective use of graph theoretical concepts and tools for their analysis. This has been considered as a motivating factor for this research to be carried out.

Genetic Code – A Brief Description

Let us denote a finite set of vertices by V . Let us denote the set of edges by E . Then $e_1, e_2, e_3, \dots, e_n$ are edges, where $E \subseteq \{ \{v_i, v_j\} \mid v_i, v_j \subseteq V \text{ and } v_i \neq v_j \}$. For example, let us consider the 64 triplet codons of a genome sequence. The molecular structures of four macromolecules known as 'Nucleotides' (i) Adenine, (ii) Thymine, (iii) Guanine and (iv) Cytosine are given below. These nucleotides concatenated chemically with what is called as 'Phosphodiester' bond in order to make a genome sequence. A genome sequence is represented by the symbols A (Adenine), T (Thymine), G (Guanine) and C (Cytosine). Phospho-diester bond that builds a Genome Sequence and the double helical Structure of a Genome Sequence are shown in the figure given below. In terms of cellular molecular biology 'genome is a pair of DNA strands of nucleotides entwined in the form of a double helical structure. Each strand is made up of nucleotides chained with the help of 'phosphodiester bonds' and both the strands are entwined with the help of hydrogen bonds. Adenine (A) in one strand weekly pairs up with Thymine (T) in the other strand with the help of hydrogen bond. Similarly, Guanine (G) in one strand weekly pairs up with Cytosine in the other strand with the help of hydrogen bond. Even if the strands of the pair of a genome are separated forcibly inside the cell, they pair up once again with the help of hydrogen bonds. RNA polymerase (a protein inside a cell) makes use of one of the strands of the DNA double helix as template and synthesizes mRNA. This mRNA undergoes several processes and finally becomes a sequence of triplet 'codons'. As per the 'genetic code' dictated by DNA and represented by mRNA, amino acids are added one by one and get translated into polypeptidic sequences.

An RNA (codon sequence) consisting of N nucleotides would contain $N/3$ triplet codons, $N/2$ 2-tuple codons and N single codons. Thus, one can construct $64^{N/3}$ triplet codon sequences, $64^{N/2}$ 2-tuple codon sequences and 64^N single codon sequences. A total of $(64^{N/3} + 64^{N/2} + 64^N)$ of RNAs is said to constitute what we call as a finite 'Codon Space'. An infinite 'Codon Space' denoted by the symbol C is potentially realized as the limit of $N \rightarrow \infty$ of $(64^{N/3} + 64^{N/2} + 64^N)$. The remaining 3 codons are termination codons which do not take a part in amino acid synthesis. They act as stop signals for protein synthesis. Remaining 61 codons actually code for 20 amino acids. Refer to figure given below. The graph $K_{61,20}$ shown above shows 1220 edges. This means there are 1220 correspondences between 61 codons and 20 amino acids. The combinatorics of 1220 correspondences having one at a time, two at a time, and so on up to 1220 at a time amounts to $^{1220}C_1 + ^{1220}C_2 + ^{1220}C_3 + \dots + ^{1220}C_{1220}$ edges (correspondences). This is called 'Genetic Code'

20 Amino Acids

1. –A – alanine - ala	6. O - glutamine - gln	11. L - leucine - leu	16. S - serine - ser
2. R – arginine – arg	7. E - glutamic acid - glu	12. K - lysine - lys	17. T - threonine - thr
3. N - asparagine - asn	8. G - glycine - gly	13. M - methionine - met	18. W - tryptophan - trp
4. D - aspartic acid - asp	9. H - histidine - his	14. F - phenylalanine - phe	19. Y - tyrosine - tyr
5. C - cysteine - cys	10. I - isoleucine - ile	15. P - proline - pro	20. V - valine - val

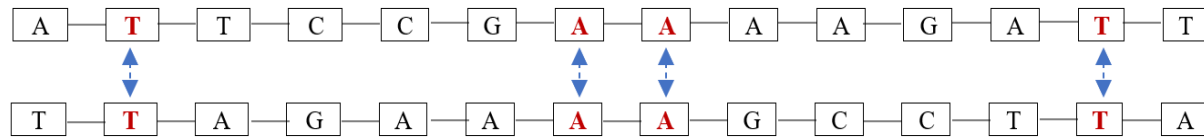




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Dyadic Intersection of Linear Undirected Graph and Its Inverse

Here we consider a finite genome sequence as a linear undirected graph with 14 vertices and 13 edges and its graphical inverse as shown below. Let us compare these two graphs, vertices wise, and match the vertices and study the properties.



Let us retain the matching vertices and replace the vertices which are not matching by the symbol #. The resulting graph is shown below. The sequence of matched vertices forms a palindrome sequence.



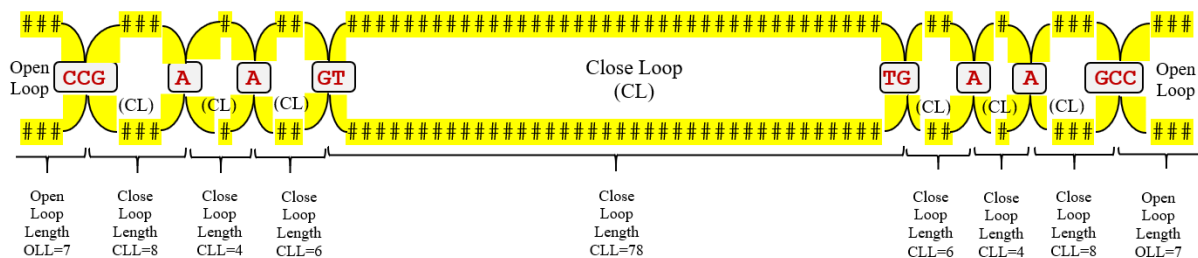
The following proposition holds for any type of alphanumeric sequence.

Proposition 1: “Given any arbitrary numerical or alphanumeric sequence x_1 of length N , one may obtain its graphical inverse as x_1^{-1} of length N . The sequence x_1 and its inverse x_1^{-1} are pairwise intersected and all matching symbols are identified. Two matched symbols are fused as one. The sequence of all fused matched symbols forms a palindrome sequence”.

The above proposition has been verified to be correct by testing 130 virus genome sequences drawn from the NCBI website <https://www.ncbi.nlm.nih.gov/>. Let us consider the first 70 nucleotides of a virus genome sequence S_1 and its graphical inverse S_1^{-1} . Let us compare the first 70 nucleotides of the virus genome S_1 and its inverse S_1^{-1} .

S_1	ATTC CG AAAA GAT GTGTGA ACCCGTGCGG TAACCGTCTA TTCAAGGAG CCACT TGGG AC AGTGGCCCGC
S_1^{-1}	CGCCCGGTGA CAGG GTACCC GAGGAACTTT ATCTGCCAAT GGCGTGCCCA AGT GTGTT AG AAAAGCCCTA

The pairwise intersection of S_1 and S_1^{-1} denoted as $S_1 \cap S_1^{-1}$ is **CCGAAGTTGAAGCC**. This sequence could be seen to be a palindrome sequence. The unmatched symbols are denoted by the don't care symbol #. With reference to the figure given below, the resulting pair of sequences is represented as:



where # refers to don't care symbol, OLL refers to 'Open Loop Length', and CLL refers to 'Closed Loop Length'. The value of an OLL is calculated as $2n+1$, where 'n' is the number of don't care symbols present in the pair of sequences. The value of a CLL is calculated as $2n+2$, where 'n' is the number of don't care symbols present in a single strand. The OLL and CLL values calculated for the above example pair $S_1 \cap S_1^{-1}$ is given as {OLL=7, CLL=8, CLL=4, CLL=6, CLL=78, CLL=6, CLL=4, CLL=8, OLL=7} or simply written as {7, 8, 4, 6, 78, 6, 4, 8, 7}. Note that the value of an OLL is always





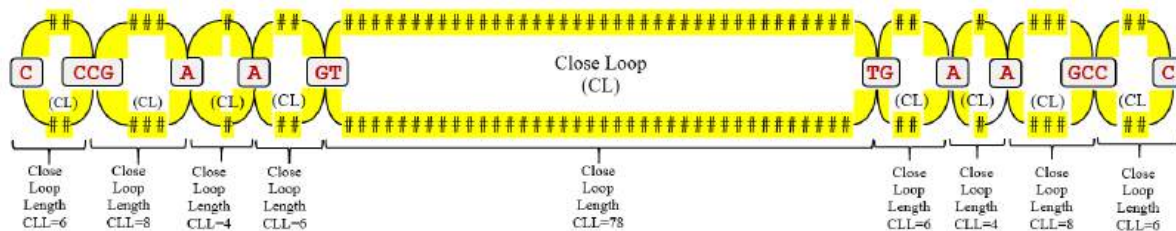
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an odd number and the value of a CLL is always an even number. **Note that the sequence pair $S_1 \cap S_1^{-1}$ is an open-ended pair.** Now the graphical inverse of the sequence $S_1 \cap S_1^{-1}$ denoted as $(S_1 \cap S_1^{-1})^{-1}$ is **CCGAAGTTGAAGCC**. It is observed that $S_1 \cap S_1^{-1} \underline{\Delta} (S_1 \cap S_1^{-1})^{-1}$, where the symbol $\underline{\Delta}$ denotes the binary relation 'graphical equivalence', meaning the sequence is a palindrome. Moreover, the sequence of loop values {7, 8, 4, 6, 78, 6, 4, 8, 7} also exhibits palindrome property. In this case, the maximum CLL value is 78 and the minimum CLL value is 4.

Let us consider another sequence S_2 and its inverse S_2^{-1}

S_2	CTTCCGAAAA GATTGTGTGA ACCCGTGCGG TAACCGTCTA TTTCAAGGAG CCACTGGGAC AGTGGCCCCC
S_2^{-1}	CGCCCGGTGA CAGGGTCACC GAGGAACTTT ATCTGCCAAT GCGTGCCCA AGTGTGTTAG AAAAGCCTTC

The pairwise intersection of S_2 and S_2^{-1} denoted as $S_2 \cap S_2^{-1}$ is **CCCGAAGTTGAAGCCC**. Now the graphical inverse of the sequence $S_2 \cap S_2^{-1}$ denoted as $(S_2 \cap S_2^{-1})^{-1}$ is **CCCGAAGTTGAAGCCC**. It is observed that $S_2 \cap S_2^{-1} \underline{\Delta} (S_2 \cap S_2^{-1})^{-1}$, where the symbol $\underline{\Delta}$ denotes the binary relation 'graphical equivalence'. The sequence **CCCGAAGTTGAAGCCC** is a palindrome sequence. If the unmatched symbols are replaced by the symbol #, then the resulting pair of sequences is represented as:



where # denotes don't care symbol and CLL refers to 'Closed Loop Length'. The value of a CLL is calculated as $2n+2$, where 'n' is the number of don't care symbols present in the pair of sequences. The CLL values calculated for the above example pair $S_2 \cap S_2^{-1}$ is given as {CLL=6, CLL=8, CLL=4, CLL=6, CLL=78, CLL=6, CLL=4, CLL=8, CLL=6} or simply written as {6, 8, 4, 6, 78, 6, 4, 8, 6}. **Note that the sequence pair $S_2 \cap S_2^{-1}$ is a close-ended pair.** In this case also, the maximum CLL value is 78 and the minimum CLL value is 4.

On the notion of 'self similarity index (ssi)'

Let us consider the sequence $x_1 = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10$. Now $x_1^{-1} = 10, 9, 8, 7, 6, 5, 4, 3, 2, 1$. Both the sequences are compared. It is observed that not even a single match is found. The number of elements in the sequence is 10. One finds the ratio of '0' to '10' to be '0'. For convenience, one would call this ratio as 'Self Similarity Index (SSI)'.

$$x_1 = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10$$

$$x_1^{-1} = 10, 9, 8, 7, 6, 5, 4, 3, 2, 1$$

So, SSI of $x_1 = 0$. Let us consider another sequence $x_2 = 10, 10, 10, 10, 10, 10, 10, 10, 10, 10$. Now, graphical inverse of x_2 is $x_2^{-1} = 10, 10, 10, 10, 10, 10, 10, 10, 10, 10$. So, $x_2 \underline{\Delta} x_2^{-1}$. All elements of x_2 match with all elements of x_2^{-1} . In this case, SSI of x_2 is 1. This means that the SSI values range from 0 to 1 for all sequences. Therefore, one could attribute a real number SSI value to any sequence, from the 'cantor set' [0,1]. Now the parameter SSI is formally expressed as $SSI = (n/N)$, where n is the number of matches found and N is the number of elements present in the sequence.

Proposition 2: One can interpret a discrete Hilbert space $\mathbb{N}$: $(\mathbb{N} \rightarrow \infty)$, which is a sequence space, as a disjoint union of potentially denumerable subspaces, each having a unique SSI value. This proposition is a self-evidential truth.





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Proposition 3: Every SSI based subspace of the discrete Hilbert space $\mathbb{N}: (\mathbb{N} \rightarrow \infty)$ is potentially denumerable. This proposition is a self-evidential truth.

DYADIC PAIRING OF NUCLEOTIDES IN A SEQUENCE AND ITS INVERSE

The following proposition holds for any type of genome sequence.

Proposition 4: Given any arbitrary nucleotides sequence x_1 of length N , one may obtain its inverse as x_1^{-1} of length N . The sequence x_1 and its inverse x_1^{-1} are compared and all of the 'natural pairing' of nucleotides are identified. The sequence of all such natural pairs of nucleotides $\langle A, T \rangle$, $\langle T, A \rangle$, $\langle G, C \rangle$ and $\langle C, G \rangle$ forms a palindrome sequence. Let us consider the example sequence S_1 and its inverse S_1^{-1} . Let us carry out natural pairing of the sequence S_1 and its inverse S_1^{-1} and form the sequence of natural pairs as shown below.

S_1	ATTCGAA ~~AA~~ GATTGT ~~GTGA~~ ACCCGT ~~GCGG~~ TAACCGT ~~CTA~~ TTCAAGGAG CCACTGGGAC AGTGGCCCCG
S_1^{-1}	CGCCCGGTGA CAGGGT ~~CACC~~ GAGGA ~~ACTTT~~ ATCTGCCAAT GGCCTGCCCA AGTGTGTTAG AAAAGCCTTA

The sequence of natural pairs of nucleotides along with don't care symbols is given below.

$$\begin{aligned} & \mathbb{N}^7 \langle A-T \rangle \mathbb{N}^8 \langle G-C \rangle \mathbb{N}^3 \langle T-A \rangle \mathbb{N}^7 \langle G-C \rangle \mathbb{N}^3 \langle C-G \rangle \mathbb{N}^7 \langle T-A \rangle \mathbb{N}^3 \langle T-A \rangle \mathbb{N}^2 \langle C-G \rangle \mathbb{N}^2 \langle T-A \rangle \mathbb{N}^3 \\ & \langle C-G \rangle \mathbb{N}^7 \langle A-T \rangle \mathbb{N}^7 \langle G-C \rangle \mathbb{N}^3 \langle C-G \rangle \mathbb{N}^8 \langle T-A \rangle \mathbb{N}^7 \end{aligned}$$

Here, $\mathbb{N}$ represents the don't care symbol #.

The palindromic arrangement of the sequence of natural pairs of nucleotides is given in table.1.

Proposition 5: Given any arbitrary nucleotides sequence x_1 of length N , one may obtain its inverse as x_1^{-1} of length N . The sequence x_1 and its inverse x_1^{-1} are compared and all of the 'unnatural pairing' of nucleotides are identified. The sequence of all such unnatural pairs of nucleotides $\langle A, C \rangle$, $\langle C, A \rangle$, $\langle T, G \rangle$ and $\langle G, T \rangle$ forms a palindrome sequence.

Let us consider the same example sequence S_1 and its inverse S_1^{-1} . Let us carry out unnatural pairing of the sequence S_1 and its inverse S_1^{-1} and form the sequence of unnatural pairs as shown below.

S_1	ATTCGAA ~~AA~~ GATTGTGTGA ACCCGT ~~GCGG~~ TAACCGTCTA TTCAAGGAG CCACTGGGAC AGTGGCCCCG
S_1^{-1}	CGCCCGGTGA CAGGGT ~~CACC~~ GAGGA ~~ACTTT~~ ATCTGCCAAT GGCCTGCCCA AGTGTGTTAG AAAAGCCTTA

Table.2 shows the sequence of unnatural pairs of nucleotides with don't care symbols.

Case Study

A Python based computational tool for dyadic intersection of a sequence and its inverse is applied to 130 actual virus genome sequences drawn from NCBI website. All the five propositions stated in this paper were found to be correct. The list of 130 virus genomes is given below.





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- S1. >NC_001639.1 Lactate dehydrogenase-elevating virus, complete genome
 S2. >NC_001961.1 Porcine respiratory and reproductive syndrome virus, complete genome
 S3. >NC_002532.2 Equine arteritis virus, complete genome
 S4. >NC_003092.2 Simian hemorrhagic fever virus, complete genome
 S5. >NC_025112.1 Mikumi yellow baboon virus 1 isolate MYBV_M58, complete genome
 S6. >NC_025113.1 Southwest baboon virus 1 isolate SWBV_16986_11/4/2013, complete genome
 S7. >NC_026439.1 Forest pouched giant rat arterivirus isolate PREDICT-06509, complete genome
 S8. >NC_026509.1 DeBrazzas monkey arterivirus isolate PREDICT-06530, complete genome
 S9. >NC_027124.1 Pebjah virus isolate I621, complete genome
 S10. >NC_029053.1 Kafue Kinda chacma baboon virus isolate KKCBV-1, complete genome
 S11. >NC_029992.1 UNVERIFIED: Free State vervet virus isolate VSAI1003, complete genome
 S12. >NC_035127.1 Olivier's shrew virus 1 isolate Gkd-1, complete genome
 S13. >NC_038291.1 Porcine reproductive and respiratory syndrome virus 2, complete genome
 S14. >NC_038293.1 Simian hemorrhagic encephalitis virus isolate Sukhumi, complete genome
 S15. >NC_043487.1 Lelystad virus, complete genome
 S16. >NC_048209.1 Zambian malbrouck virus 1 isolate SHFVagmMal_seqID_01, partial genome

(a) Genome for syndrome

Duplornaviricota

- S17. >NC_003555.1 Giardia lamblia virus, complete genome
 S18. >NC_005883.1 Chalaro elegans RNA Virus 1, complete genome
 S19. >NC_007523.1 Coniothyrium minitans RNA virus, complete genome
 S20. >NC_009224.1 Botryotinia fuckeliana totivirus 1, complete genome
 S21. >NC_009890.1 Black raspberry virus F, complete genome
 S22. >NC_014609.1 Armigeres subalbatus virus SaX06-AK20, complete genome
 S23. >NC_024151.1 Beauveria bassiana victorivirus NZL/1980 isolate 6887, complete genome
 S24. >NC_025214.1 Botryosphaeria dothidea victorivirus 1 isolate GY25, complete genome
 S25. >NC_027212.1 Camponotus yamaokai virus genomic RNA, complete genome
 S26. >NC_030295.1 Golden shiner totivirus isolate GSTV/US/MN/2014, partial genome
 S27. >NC_030867.1 Fusarium poae victorivirus 1 genomic RNA, complete genome
 S28. >NC_035674.1 Australian Anopheles totivirus isolate AATV 150840, complete genome
 S29. >NC_038928.1 Aspergillus foetidus slow virus 1 CP gene and RdRp gene, genomic RNA
 S30. >NC_038929.1 Beauveria bassiana victorivirus 1, complete genome
 S31. >NC_040431.1 Diatom colony associated dsRNA virus 13 genomic RNA, complete genome
 S32. >NC_040632.1 Gigaspora margarita giardia-like virus 1 isolate GmGIV1-BEG34, complete genome
 S33. >NC_040653.1 Fusarium asiaticum victorivirus 1 isolate F16176, complete genome
 S34. >NC_040659.1 Diatom colony associated dsRNA virus 10 genomic RNA, complete genome
 S35. >NC_040660.1 Diatom colony associated dsRNA virus 11 genomic RNA, complete genome
 S36. >NC_040775.1 Diatom colony associated dsRNA virus 12 genomic RNA, complete genome
 S37. >NC_040793.1 Alternaria arborescens victorivirus 1 genomic RNA, complete genome

(b) Duplornaviricota

Gresnaviridae

- S38. >NC_046959.1 Guangdong greater green snake arterivirus strain LPSG2430 1ab protein, putative glycoprotein, and hypothetical protein genes, complete cds

(c) Gresnaviridae





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- S39. >NC_000939.2 Pothos latent virus genes for replicase, capsid protein and movement protein
 S40. >NC_001461.1 Bovine viral diarrhea virus 1, complete genome
 S41. >NC_001512.1 O'nyong-nyong virus, complete genome
 S42. >NC_001513.1 Ononis yellow mosaic virus, complete genome
 S43. >NC_001564.2 Cell fusing agent virus strain Galveston, complete genome
 S44. >NC_001642.1 Bamboo mosaic virus, complete genome
 S45. >NC_001728.1 Odontoglossum ringspot virus, complete genome
 S46. >NC_001948.1 Rupestris stem pitting associated virus-1, complete genome
 S47. >NC_002604.1 Botrytis virus F, complete genome
 S48. >NC_002729.1 Banana mild mosaic virus, complete genome

(d) Kitrinoviricota

- S49. >NC_002795.1 Aconitum latent virus, complete genome
 S50. >NC_003557.1 Garlic latent virus, complete genome
 S51. >NC_003603.1 Groundnut rosette virus complete genome, strain MC1
 S52. >NC_003608.1 Hibiscus chlorotic ringspot virus, complete genome
 S53. >NC_003634.1 Physalis mottle virus, complete genome
 S54. >NC_003679.1 Border disease virus X818, complete genome
 S55. >NC_003852.1 Obuda pepper virus, complete genome
 S56. >NC_003900.1 Aura virus, complete genome
 S57. >NC_004724.1 Grapevine rootstock stem lesion associated virus, complete genome
 S58. >NC_005062.1 Omsk hemorrhagic fever virus, complete genome
 S59. >NC_005132.1 Botrytis virus X, complete genome
 S60. >NC_006939.1 Olive mild mosaic virus, complete genome
 S61. >NC_007733.2 Angelonia flower break virus, complete genome
 S62. >NC_009028.2 Ilheus virus, complete genome
 S63. >NC_009892.1 Peach chlorotic mottle virus, complete genome
 S64. >NC_011535.1 Grapevine Algerian latent virus, complete genome
 S65. >NC_011538.1 Nemesia ring necrosis virus, complete genome
 S66. >NC_011552.1 Peach mosaic virus, complete genome
 S67. >NC_011559.1 Anagris vein yellowing virus, complete genome
 S68. >NC_012533.1 Kedougou virus strain DakAar D1470, complete genome
 S69. >NC_012534.1 Bagaza virus strain DakAr B209, complete genome
 S70. >NC_012812.1 Bovine viral diarrhea virus 3 Th/04 KhonKaen, complete genome
 S71. >NC_013006.1 Kalanchoe latent virus, complete genome
 S72. >NC_015782.2 Grapevine Pinot gris virus complete genome, genomic RNA
 S73. >NC_016038.2 Brassica yellows virus isolate BrYV-ABJ, complete genome
 S74. >NC_016404.1 Actinidia virus B, complete genome
 S75. >NC_016440.1 Garlic common latent virus, complete genome
 S76. >NC_016959.1 Ndumu virus, complete genome
 S77. >NC_018713.1 Pestivirus strain Aydin/04-TR, complete genome
 S78. >NC_020470.1 Andean potato latent virus, complete genome
 S79. >NC_020471.1 Andean potato mild mosaic virus isolate Hu, complete genome
 S80. >NC_023439.1 Kama virus strain LEIV-20776Tat polyprotein gene, complete cds
 S81. >NC_023892.1 Gaillardia latent virus isolate 5/18-05-2010, complete genome
 S82. >NC_024458.1 Pitaya virus X isolate P37, complete genome
 S83. >NC_024887.1 Middelburg virus isolate ArB-8422, complete genome





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- S84. >NC_026620.1 Jutiapa virus strain JG-128, complete genome
 S85. >NC_028793.2 Phasey bean mild yellows virus isolate NSWCP15, complete genome
 S86. >NC_030693.1 Grapevine Red Globe virus isolate Graciano-T101, complete genome
 S87. >NC_031327.1 Anopheles flavivirus variant 1, complete genome
 S88. >NC_040842.1 Potexvirus sp., complete genome
 S89. >NC_040837.1 Grapevine associated tympo-like virus, complete genome
 S90. >NC_040800.1 Actinidia seed-borne latent virus isolate 01227, complete genome
 S91. >NC_040788.1 Kampung Karu virus isolate SWK_P44, complete genome
 S92. >NC_040776.1 Rocio virus strain SPH 34675, complete genome
 S93. >NC_039237.1 Bovine viral diarrhea virus 2 polyprotein gene, complete cds
 S94. >NC_039218.1 Kyasanur forest disease virus polyprotein gene, complete cds
 S95. >NC_039217.1 Phaeococcus vulgaris endornavirus 1 isolate PvEV-1_Brazil polyprotein gene, complete cds
 S96. >NC_038966.1 Atractylodes mottle virus isolate SK, complete genome
 S97. >NC_036587.1 Babaco mosaic virus isolate Tandapi, complete genome
 S98. >NC_035462.1 Ocimum basilicum RNA virus 1 isolate DV1 RNA-dependent RNA polymerase and movement protein genes
 S99. >NC_035453.1 Actinidia virus 1 isolate K75, complete genome
 S100. >NC_035116.1 Lake Sinai Virus TO ORF1, RNA-dependent RNA polymerase, ORF3, and ORF4 genes, complete cds
 S101. >NC_035071.1 Apis flavivirus isolate RI-A polyprotein gene, complete cds
 S102. >NC_034833.1 Agave tequilana leaf virus isolate agave azul-Mex1, complete genome
 S103. >NC_034242.1 Ochlerotatus caspius flavivirus isolate 1608 polyprotein gene, complete cds
 S104. >NC_034216.1 Lagenaria siceraria endornavirus-Hubei isolate JZ, complete genome
 S105. >NC_034207.1 African eggplant yellowing virus isolate eMA4, complete genome
 S106. >NC_034205.1 Grapevine rupestris vein feathering virus isolate Mauzac, complete genome
 S107. >NC_033828.1 Peach virus D isolate SK, complete genome
 S108. >NC_033725.1 Bamaga virus isolate CY4270 polyprotein gene, complete cds
 S109. >NC_033724.1 Kadam virus from Uganda polyprotein gene, complete cds
 S110. >NC_033723.1 Gadgets Gully virus from Australia polyprotein gene, complete cds
 S111. >NC_033699.1 Jugra virus strain P-9-314 polyprotein gene, complete cds
 S112. >NC_033693.1 Boubou virus strain DAK AR B490 polyprotein gene, complete cds
 S113. >NC_032088.1 New Mapoon virus, complete cds
 S114. >NC_031752.1 Botrytis cinerea endornavirus 1 strain HBtom-372, complete genome
 S115. >NC_031463.1 Ceratobasidium endornavirus B isolate Murdoch-2 polyprotein and ORF2 genes, complete cds
 S116. >NC_031462.1 Ceratobasidium endornavirus A isolate Murdoch-1 polyprotein gene, complete cds
 S117. >NC_043110.1 Banzi virus strain SAH 336 polyprotein gene, complete cds
Piscanivirinae
 S118. >NC_008516.1 White bream virus, complete genome
 42 Volume 21 | Issue 1 | Compilation 1.0 © 2021 London Journals Press London Journal of Research in Computer Science and Technology
 Study of Certain Corona Family Related Viruses Based on Percentage Nucleotide Concentration and Golden Ratios and a Novel Sonic Attack
 Technique to Deactivate all Mutating Viruses
 S119. >NC_026812.1 Chinook salmon hafinivirus isolate NIDO, complete genome
 S120. >NC_038295.1 Fathead minnow nidovirus replicase polyprotein 1ab (pp1ab), replicase polyprotein 1a (pp1a), spike glycoprotein (S), membrane protein (M), and nucleocapsid protein (N) genes, complete cds
Remotovirinae
 S121. >NC_027199.1 Bovine nidovirus TCH5, complete genome
Serpentovirinae
 S122. >NC_024709.1 Ball python nidovirus strain 07-53, complete genome
 S123. >NC_033700.1 Xinzhou toro-like virus strain XZSJSC65757 1ab, putative glycoprotein, and hypothetical protein genes, complete cds
 S124. >NC_035465.1 Morelia viridis nidovirus strain S14-1323_MVNV, complete genome
Torovirinae
 S125. >NC_007447.1 Breda virus, complete genome
 S126. >NC_022787.1 Porcine torovirus strain SH1, complete genome
 S127. >NC_034976.1 Goat torovirus strain SZ, complete genome
 S128. >NC_046956.1 Bellinger River virus isolate J248, complete genome
 S129. >NC_046962.1 Hainan hebius popei torovirus strain LPSC33749 1ab protein, spike protein, and hypothetical protein genes, complete cds
 S130. >NC_046963.1 Guangdong red-banded snake torovirus strain LPSF30546 1ab protein, spike protein, hypothetical protein, and putative glycoprotein genes, complete cds

The 130 specific nucleotide patterns utilized in this study, sourced from the NCBI database <https://www.ncbi.nlm.nih.gov/genomes/GenomesGroup.cgi>





RESULTS AND DISCUSSIONS

Out of 130 virus genome sequences, one hundred and two have been identified as open-ended sequences and twenty eight have been identified as close-ended sequences. The MLL values of 102 open-ended sequences is viewed as a sequence of MLL values and presented as a graph. The maximum and the minimum values in the graph are identified and the difference between the maximum and minimum values is treated as a band. This band is divided into four equal level sub bands. Now all the 102 virus genomes are classified under the four level sub bands. The same procedure is followed to classify 28 close-ended sequences. Table 1 presents values of maximum and minimum loop lengths (MLL) for all open and close-ended sequences and the respective four sub bands.

Minimum Values of Loop Lengths of Close-Ended Sequences remains as 4 for all open-ended sequences. 'Maximum Loop Length (MLL)' value has been found to be a reliable quantificational measure of a virus genome, be it open ended or close ended. More the value of MLL of a sequence, less its SSI value. Every virus genome sequence would have a unique SSI value and MLL value. Given a finite set of virus genome sequences, one can find out the MLL value for every virus genome. In the case of 130 virus genome sequences, 102 MLL values have been found for open-ended sequences and 28 MLL values found for close-ended sequences. Fig. 4 shows the graph displaying 102 MLL values of open-ended genomes with four levels.

The genomes S29 and S32 are found to have maximum MLL value 82. Genome S30 is found to have minimum MLL value 32. The band of values from 32 to 82 is further divided into sub bands (i) 32-44, (ii) 45-57, (iii) 58-69 and (iv) 70-82. Fig. 5 shows the four sub bands and virus genomes belonging to those sub bands.

The band of values from 32 to 82 is further divided into sub bands (i) 42-53, (ii) 54-65, (iii) 66-76 and (iv) 77-88. Fig. 7 shows the four sub bands and virus genomes belonging to those sub bands.

1. The open-ended virus genomes S19, S23, S24, S25, S28, S31, S32, S39, S44, S51, S53, S59, S61, S67, S70, S79, S81, S85, S88, S97, S102, S104, S107, S108, S115 fall under band 1 and the are likely to undergo structural transformation.
2. The close-ended virus sequences S12, S17, S27, S29, S75, S76, S80, S82, S87, S94, S113 fall under band 1 and the are likely to undergo structural transformation.
3. The open-ended virus genomes S5, S38, S42, S91 fall under band 4 and they are likely to be stable virus genomes without undergoing any structural transformation.
4. The close-ended virus genome S6 falls under band 4 and it is likely to be a stable virus genome without undergoing any structural transformation.

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Table.1 Palindrome Sequence

Segment Position	Component Type	Value / Identity
Terminal Loops	Exterior Spacers	15 units
Primary Anchors	Inverted Pair A	A-T (pos 1), T-A (pos 11)
Internal Spacers	Loop Lengths	18, 8, 4, 8, 6
Core Clusters	Conserved Motifs	GTG, CC, TG, TA, CG, TA, CA, GG, CAC

Table.2 List of unnatural Sequence

Segment	Nucleotide Composition	Gap Length (Wildcards)
Header	AC, TG	10
Internal Block 1	TG, TG	5
Isolated Pairs	AC, CA	6 (between clusters)
Central Motif	GT, GT, AC, CA, TG, TG	2, 4, 2 (variable spacers)
Symmetric Tail	AC, CA, GT, GT	5
Footer	GT, CA	10 (preceding)

Table 3: Maximum and minimum values of loop lengths of open ended and close ended virus genomes

Sl. No.	Open Ended Sequences	Maximum Values of Loop Lengths	Minimum Values of Loop Lengths	Sl. No.	Close Ended Sequences	Maximum Values of Loop Lengths	Minimum Values of Loop Lengths
1	S1	58	3	1	S6	88	4
2	S2	54	4	2	S10	56	4
3	S3	46	3	3	S12	50	4
4	S4	50	3	4	S15	58	4
5	S5	70	3	5	S16	66	4
6	S7	66	4	6	S17	52	4
7	S8	52	4	7	S18	58	4
8	S9	48	4	8	S27	52	4
9	S11	66	4	9	S29	44	4
10	S13	54	3	10	S40	64	4
11	S14	58	3	11	S48	70	4
12	S19	44	4	12	S75	42	4
13	S20	50	4	13	S76	48	4
14	S21	48	4	14	S80	46	4
15	S22	64	4	15	S82	46	4
16	S23	44	4	16	S87	52	4
17	S24	44	4	17	S94	44	4
18	S25	32	4	18	S96	72	4
19	S26	46	4	19	S99	62	4
20	S28	40	4	20	S105	54	4
21	S30	52	4	21	S113	42	4
22	S31	40	4	22	S117	62	4
23	S32	42	4	23	S119	60	4
24	S33	62	4	24	S120	60	4
25	S34	52	4	25	S121	56	4
26	S35	46	4	26	S124	56	4





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27	S36	54	4	27	S128	58	4
28	S37	52	4	28	S129	56	4
29	S38	82	4				
30	S39	32	4				
31	S41	48	3				
32	S42	82	4				
33	S43	50	4				
34	S44	44	4				
35	S45	54	4				
36	S46	50	4				
37	S47	46	4				
38	S49	56	4				
39	S50	50	3				
40	S51	38	4				
41	S52	46	4				
42	S53	44	4				
43	S54	54	4				
44	S55	46	4				
45	S56	80	3				
46	S57	52	4				
47	S58	62	4				
48	S59	44	3				
49	S60	68	4				
50	S61	40	4				
51	S62	56	4				
52	S63	58	4				
53	S64	48	4				
54	S65	54	4				
55	S66	48	4				
56	S67	44	4				
57	S68	50	3				
58	S69	48	4				
59	S70	40	4				
60	S71	50	4				
61	S72	56	4				
62	S73	48	4				
63	S74	58	3				
64	S77	46	4				
65	S78	56	4				
66	S79	44	4				
67	S81	40	4				
68	S83	58	4				
69	S84	50	4				
70	S85	44	4				
71	S86	46	4				
72	S88	42	4				
73	S89	46	4				




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74	S90	50	4
75	S91	78	4
76	S92	50	4
77	S93	56	4
78	S95	52	4
79	S97	36	4
80	S98	46	4
81	S100	54	4
82	S101	52	3
83	S102	38	3
84	S103	56	3
85	S104	38	4
86	S106	62	4
87	S107	44	4
88	S108	38	4
89	S109	56	4
90	S110	48	3
91	S111	56	4
92	S112	54	4
93	S114	46	4
94	S115	40	3
95	S116	58	4
96	S118	58	3
97	S122	66	4
98	S123	52	4
99	S125	58	4
100	S126	54	4
101	S127	54	4
102	S130	54	4

Table 4: Four sub bands and classified open-ended virus genomes

Open-Ended Virus Sequences		
Bands	MLL Ranges	Virus Sequences
1	32-44	S19, S23, S24, S25, S28, S31, S32, S39, S44, S51, S53, S59, S61, S67, S70, S79, S81, S85, S88, S97, S102, S104, S107, S108, S115
2	45-57	S2, S3, S4, S8, S9, S13, S20, S21, S26, S30, S34, S35, S36, S37, S41, S43, S45, S46, S47, S49, S50, S52, S54, S55, S57, S62, S64, S65, S66, S68, S69, S71, S72, S73, S77, S78, S84, S86, S89, S90, S92, S93, S95, S98, S100, S101, S103, S109, S110, S111, S112, S114, S123, S126, S127, S130
3	58-69	S1, S7, S11, S14, S22, S33, S58, S60, S63, S74, S83, S106, S116, S118, S122, S125,
4	70-82	S5, S38, S42, S91





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Table 5: Four sub bands and classified close-ended virus genomes

Close-Ended Virus Sequences		
Bands	MLL Ranges	Virus Sequences
1	42-53	S12, S17, S27, S29, S75, S76, S80, S82, S87, S94, S113
2	54-65	S10, S15, S18, S99, S105, S117, S119, S120, S121, S124, S128, S129
3	66-76	S16, S48, S96,
4	77-88	S6

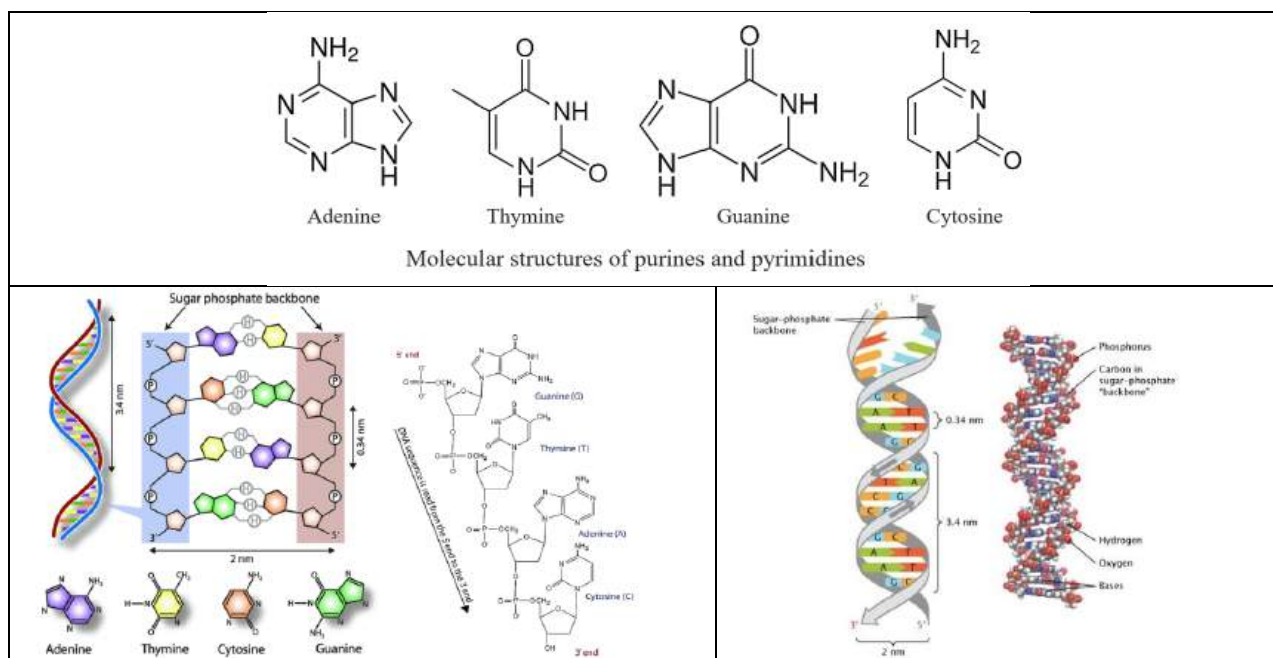


Fig.1. Genetic Code

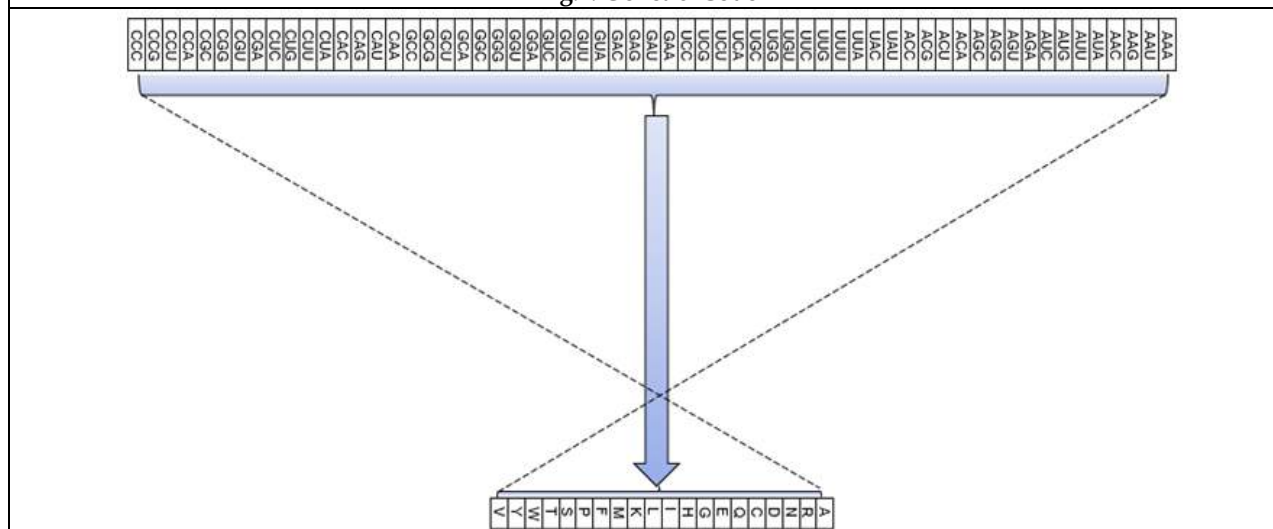
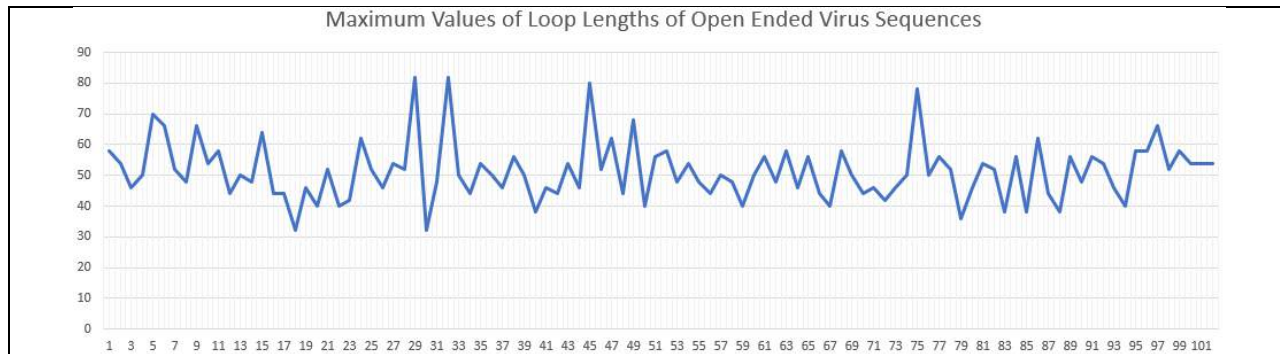
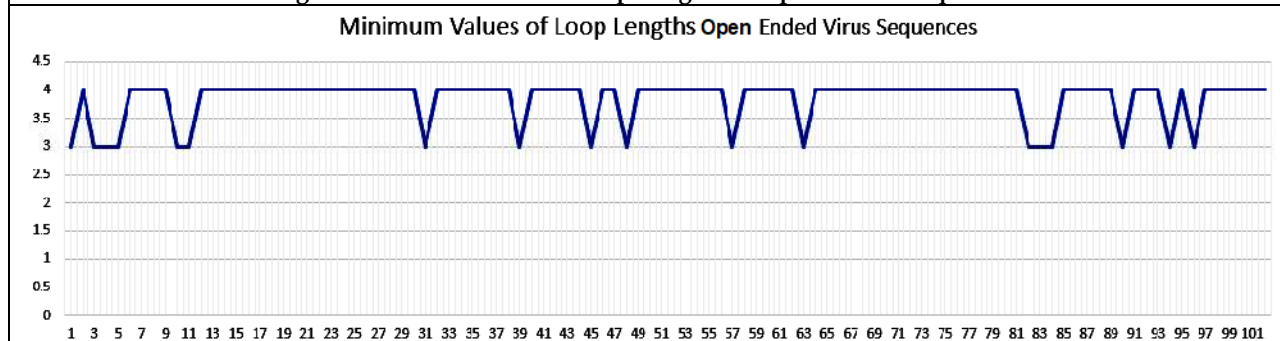
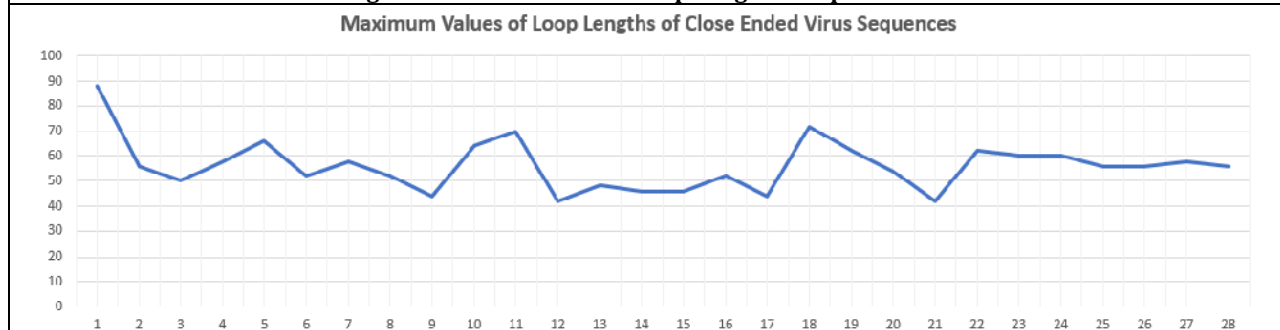
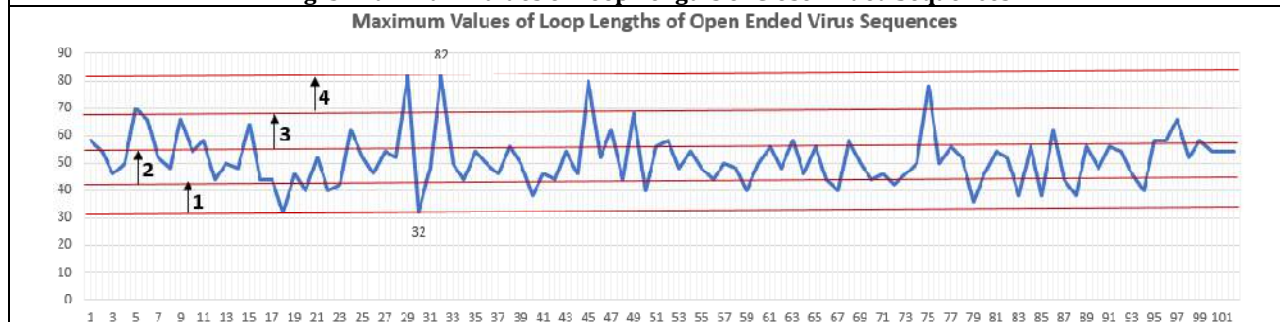
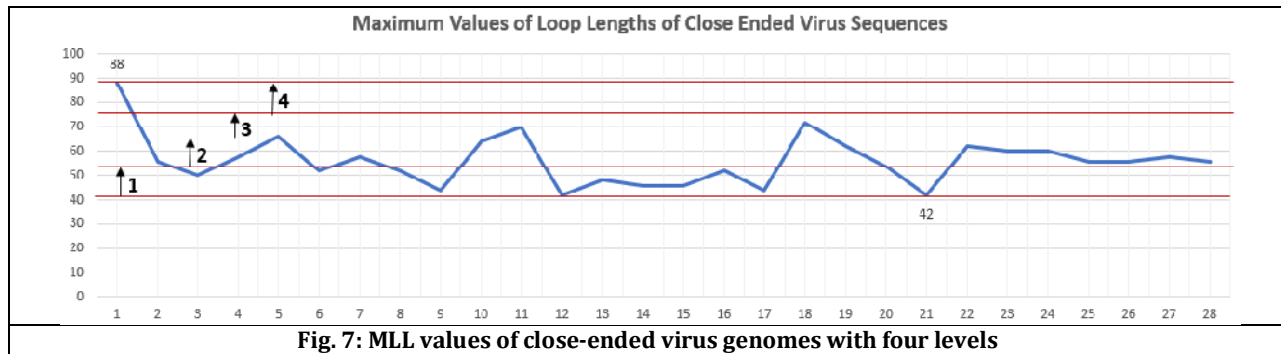


Fig.2.



**Fig. 3. Maximum Values of Loop Lengths of Open-Ended Sequences****Fig. 4: Minimum Values of Loop Lengths of Open-Ended****Fig. 5: Maximum Values of Loop Lengths of Close-Ended Sequences****Fig. 6: MLL values of open-ended virus genomes with four levels**

**Reigana Begum and Krishnan**

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RESEARCH ARTICLE

Effect of Magneto Therapy on Pain, Range of Motion, and Function in Individuals with Shoulder Adhesive Capsulitis : A Study Protocol

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Received: 11 Mar 2026

Revised: 14 Apr 2026

Accepted: 12 May 2026

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ABSTRACT

Introduction: Shoulder adhesive capsulitis is a debilitating disease that is characterised by pain, loss of function and severe limitations in the shoulder joint range of motion in various directions. Its management is usually done through physiotherapeutic interventions, which include exercise therapy, manual therapy, and electrotherapeutic modalities. Pulsed electromagnetic Fields used as magnetotherapy have been shown to have potential therapeutic effects in a range of musculoskeletal disorders through effects on inflammation, tissue repair and pain. To determine the effect of Magneto therapy on Pain, Range of motion, and Function in individuals with Shoulder Adhesive Capsulitis. The planned duration of this two-arm parallel, randomized clinical trial is to be carried out over a period of 24 months, that is, between January 2025 and December 2026 at the Super-Speciality Hospital, Maharishi Markandeshwar (Deemed to be University). There will be 36 participants with Adhesive capsulitis, who will be split into the experimental group or the control group. All groups will be given a two-week traditional physiotherapy program involving standardized stretches. The experimental group will also be provided with Magneto therapy (MT) as compared to the control group, which will be provided with conventional therapy. The results will be pain intensity to be measured with the Numeric Pain Rating Scale, range of motion with the Universal goniometer, and Shoulder Pain and Disability Index (SPADI), respectively, at baseline and post-intervention.



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The Shapiro-Wilk test will be used to determine whether the data is normal or not. The Mann-Whitney U test (between groups) and the Wilcoxon signed-rank test (within groups) will be used to test not-normally distributed variables, and independent and paired t-tests will be used to test normally distributed variables. The level of statistical significance will be established at $p < 0.05$. The calculation of effect size will be done using G*Power software (version 3.1), taking the mean and SD values of the pilot study

Keywords: Shoulder, Adhesive Capsulitis, Magneto therapy, Physiotherapy, PainManagement, Range of motion.

INTRODUCTION

Shoulder adhesive capsulitis, a painful condition, limits shoulder movement due to inflammation and tightening of the shoulder joint tissues. The exact cause remains unclear, but various factors may contribute to its development. Physiotherapists commonly encounter this condition, which presents with sudden onset pain and progressive loss of shoulder joint range of motion, significantly impacting shoulder function.¹ This disorder is estimated to affect 2% to 5% of the general population and is among the most severe painful conditions of the musculoskeletal system.² Adhesive capsulitis is the major cause of shoulder discomfort in middle-aged and older people. The precise origin of adhesive capsulitis is unknown. However, the non-dominant hand and females are thought to be more vulnerable. It is also more widespread among people aged 40 to 70.³ It is classified into two types: primary (insidious) and secondary (traumatic), which have identical clinical symptoms but different triggering reasons. Primary adhesive capsulitis is defined by a gradual, painful loss of active and passive glenohumeral joint mobility. Secondary adhesive capsulitis has a similar histological appearance but is caused by a recognised intrinsic or extrinsic aetiology.³

Clinically, it is characterised by shoulder discomfort, usually at night, and limitation of both passive and active range of motion.⁴ The illness usually worsens in phases. The first stage is characterised by discomfort and stiffness, followed by a freezing stage with a limited range of motion. The final stage is thawing, which progressively alleviates pain and stiffness.⁵ Chronic inflammation, endocrine and metabolic abnormalities, diabetes, neurological disorders, and long-term shoulder immobilisation following surgery have all been identified as risk factors for shoulder adhesive capsulitis. Several criteria are utilised to diagnose shoulder adhesive capsulitis, including a restricted range of motion, muscular weakness, and thickening of the joint capsule and synovial membrane.⁶ Physiotherapy, pain management, and, in extreme circumstances, surgical intervention are frequently used as treatments. Physiotherapy treatment mostly involves mobilisations, Kinesio taping, specialised exercise, and electrotherapy modalities such as diathermy, ultrasound, interferential current, laser, radial extracorporeal shockwave, acupuncture, and pulsed electromagnetic field therapy.⁷

Magnetic therapy (MT) is a conservative, non-invasive, straightforward, and safe treatment that may penetrate the skin and reach the target tissue at the site of injury or inflammation to heal it.⁸ It could be a potential addition to the treatment regimen for shoulder adhesive capsulitis. MT provides various benefits, including a strong physiological effect, few contraindications, painless and simple administration, great penetration power and cumulative efficacy. MT is accomplished by applying modifications to biological and physiological systems using low-energy, non-ionising electromagnetic fields.⁹ It improves erythrocyte membrane potential, raises tissue oxygen content, dilates blood vessels, and reduces pain without raising the location's temperature. The tissue activated with the pulsed electromagnetic field has been reported to demonstrate an initial rise and greater maturation of capillaries and fibroblasts, as well as a more evident longitudinal orientation of the collagen fibres.¹⁰



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REVIEW OF LITERATURE

Frozen shoulder, also known as adhesive capsulitis, is a disabling musculoskeletal disorder that is progressive in both its pain and limitation of active and passive range of motion of the shoulders. The disease is linked to inflammation, fibrosis as well as thickening of the joint capsule causing severe functional impairment. The main focus of conservative management is physiotherapy whereby treatment is directed at pain reduction, restoration of mobility, and enhancement of functional outcome. Afzali Fard *et al.* (2022) compared the efficacy of patients of shoulder impingement syndrome who received magnetotherapy with conventional physiotherapy. The experiment consisted of 3 groups (varying in magnetotherapy frequencies) and a control group. The results showed that there were significant changes in pain, disability and range of motion in all groups but there was no extra advantage of the magnetotherapy over the conventional therapy in the between-group comparisons. This suggests that physiotherapy is good; however, more studies are required on the adjunctive effects of magnetotherapy.⁸

The effects of eccentric and concentric contraction exercises were compared by Kim *et al.* (2021) in patients with Adhesive Capsulitis. The study involved two groups of individuals that had different types of muscle contractions. The results showed that the two groups demonstrated improvements in pain, range of motion, muscle strength and functional outcomes, but the group in which eccentric exercises were used exhibited significantly greater improvements in all the parameters. This means that despite the utility of the two modes of exercise, the eccentric mode of training has superior clinical outcomes and could be more practical when it comes to the recovery of adhesive capsulitis.¹¹ Almasri and Shanb (2024) compared magnetic therapy with exercise alone in elderly patients with Chronic Mechanical Neck Pain. The results indicated that both groups had a significant improvement in pain, balance, and proprioception. Nevertheless, magnetic therapy added to those improved pain and balance, but there was no significant difference in proprioception. This implies that there can be selective advantages to magnetic therapy when employed as a component of exercise.¹² Lo *et al.* (2021) assessed the reliability and validity of goniometric measurements to measure upper limb range of motion and showed excellent measurement properties. The results of the study revealed that the intraclass correlation coefficients (ICC 0.95-0.98) are large, and the reliability is high, inter- and intra-rater. Additionally, the goniometric measures showed strong correlations with the mobile sensor-based measurements, meaning that it has criterion validity. The results of these studies promote goniometry as a standardized, objective and reproducible measure of joint mobility in clinical practice.¹³

Venturin *et al.* (2023) studied the psychometric quality of the Shoulder Pain and Disability Index (SPADI) in patients with adhesive capsulitis. The research study has both high internal consistency, test-retest reliability and a high correlation with the rest of the well-established outcome scales like the DASH, NPRS and SF-36 that confirm the construct validity. Moreover, SPADI was highly responsive and could detect clinically significant changes over the period; therefore, it is a valid and sensitive tool to quantify the pain and functional disability of patients with shoulder disorders.¹⁴ Although there are other physiotherapeutic interventions, the literature on the effectiveness of magnetotherapy, particularly in adhesive capsulitis, is scanty. Despite some signs of using traditional physiotherapy and rehabilitation based on exercise, the additive impacts of magnet therapy are not clearly known. Moreover, other shoulder problems, such as impingement syndrome, but not adhesive capsulitis, have also been taken into account in earlier research.

Objectives

- To evaluate the efficacy of Magneto therapy on Pain in individuals with Shoulder Adhesive Capsulitis.
- To evaluate the efficacy of Magneto therapy on the shoulder Range of Motion in individuals with Shoulder Adhesive Capsulitis.
- To evaluate the efficacy of Magneto therapy on functions in individuals with Shoulder Adhesive Capsulitis.

Hypotheses

Null Hypothesis (H_0)



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- There is no significant difference in pain, range of motion, and functional outcomes between the experimental magnetotherapy group and the control group.

Alternative Hypothesis

- There is a significant difference in pain, range of motion, and functional outcomes between the experimental magnetotherapy group and the control group.

MATERIALS AND METHODS

The intended research is planned to be done in the Physiotherapy outpatient department of the Super-speciality Hospital, Maharishi Markandeshwar (Deemed to be University), within a timeframe of 24 months, between January 2025 and December 2026. The study will be a two-arm, parallel-group, randomized clinical trial and will be performed according to the Consolidated Standards of Reporting Trials (CONSORT) (Figure 1) requirements. In addition, all participants will be informed through written informed consent, and the ethical principles stipulated in the Declaration of Helsinki will be strictly followed in the proposed study with the ethical number IEC-3113^{15,16}. Moreover, the trial has been prospectively registered with the Clinical Trial Registry-India (CTRI) and has been given a registration ID CTRI/2025/04/085299.

Procedure

Individuals who report having Shoulder pain to the department will be screened and evaluated for the diagnosis of. After diagnosis and confirmation of Adhesive capsulitis, persons who meet the criteria of the study will be informed of the study and requested to sign a consent form. The qualified participants will then be randomly assigned to either the experimental or control group. All the participants will be asked to provide outcome measures at the baseline and the end of the study. The measures of assessment that will be used are the Numeric Pain Rating Scale (NPRS), Shoulder Active and Passive Range of Motion (ROM) and Shoulder function measured by Shoulder Pain and Disability Index (SPADI). The two groups will be engaged in a 10-session physiotherapy program that lasts two weeks. Besides that, the experimental group will be provided with the treatment that consists of both MT and conventional therapy, whereas the control group will be provided with conventional therapy. Upon completion of 10 sessions in a period of two weeks, data analysis will be carried out. The process is as illustrated in the CONSORT flowchart.¹⁷ (Figure 1).

Selection Criteria**Inclusion Criteria:**

- Age between 35 and 50 years;
- Both male and female participants;
- Diagnosis of Stage 1 or Stage 2 Shoulder Adhesive Capsulitis, confirmed by clinical presentation and symptoms.

Exclusion Criteria

- Recent shoulder surgery;
- Rheumatoid arthritis;
- History of shoulder trauma or fracture;
- Osteoporosis or malignancy in the shoulder region;
- Neurological deficits affecting shoulder function;
- Rotator cuff lesion or tendon calcification;
- Pain or disorders of the cervical spine, elbow, wrist, or hand on the affected side;
- Prior physiotherapy intervention within the past 3 months.

Sample Size

The participants for the study will be recruited using purposive sampling. The sample size was calculated using G*Power software (Version 3.1.9.7), based on the effect size (Cohen's d) from the pilot study findings with a sample





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of 24 participants, 12 in each group, using a two-tailed α level of 0.05 and a power of 80%. The effect size was derived using the mean difference between groups and the pooled standard deviation, based on the formula:

$$d = \frac{M1 - M2}{SD_{pooled}} \quad \text{---} M2d = \text{Cohen's } d$$

M1 = Mean of Group 1
M2 = Mean of Group 2
SD = Standard Deviation

The mean change scores of -3.83 ± -0.93 in Group 1 and -3.92 ± -1.24 in Group 2, with an effect size of 0.08 and a required sample size of over 1000 participants, indicate that pain intensity was measured using NPRS. Group 1 and Group 2 had values of 35.00 and 35.92 respectively with 13.93 and 14.99 respectively with an effect size of 0.06 and a required sample size of over 1500. Mean values of 22.00 ± 7.08 and 24.08 ± 8.45 in Group 1 and Group 2, respectively had an effect size of 0.27 and a sample size of about 175, which was used to obtain the extension. Abduction recorded 30.75 ± 10.55 in Group 1 and 32.92 ± 14.73 in Group 2, with an effect size of 0.17 and a required sample size of approximately 400. Equally, adduction exhibited the effect size of 0.17 with the similar sample size requirement. Mean values of internal rotation in Group 1 (13.75) and Group 2 (14.33) were found to be 0.14 with a required sample size of around 500. External rotation was found to be 12.67 ± 5.86 in Group 1 and 13.25 ± 4.28 in Group 2 with a required sample size of about 700 so that the difference between the two groups was 0.11. Functional disability measured based on SPADI had Group 1 with a value of -32.02 ± 4.70 and Group 2 with a value of -27.84 ± 7.25 with an effect size of 0.68 and a required sample size of about 35 subjects. The calculated sample size of most variables was relatively large because of small effect sizes; 36 participants were planned to be included to ensure that the study was feasible and met methodological consistency. The individuals in the pilot study will not be covered in the actual study.

Randomization

The recruited participants will be randomly assigned to either the experimental group or the control group, in equal measures (1:1). A randomization sequence will be created with a computer-based randomization scheme with the help of a software Research Randomizer (version 4.0). Sequentially numbered, sealed, opaque envelopes will be used to ensure allocation concealment. Such envelopes will be prepared by a third party who will not be part of participant recruitment and evaluation and will be opened once the participants are enrolled. One of the authors (CJK) will develop the sequence of randomization, enrol the participants, and decide how to randomize them and at what time. To make sure that the participants are not assigned to their groups in a biased way, informed consent should be obtained in writing, and then the participants should be randomized and the baseline assessments should be carried out.

Outcomes

The pain intensity measured with the help of the NPRS, range of the shoulder joint is measured with the help of the Universal goniometer, and function is measured with the help of the SPADI will be the outcome measures, as all of them are clinically important, and thus, they will be regarded as the primary outcome measures of the study. Numeric Pain Rating Scale: NPRS is a popular pain intensity scale, which is rated on an 11-point scale, where 0 (no pain) is the lowest and 10 (worst pain) is the highest. It has shown good reliability with test-retest correlations between $r=0.79$ and $r=0.96$, which shows that it is consistent in measurements. The NPRS can also be used to measure perceived pain, therefore, it can be used in clinical practice with a wide range of patients. Shoulder Range of Motion (ROM). A universal goniometer is a standard and widely accepted clinical tool used in measuring joint mobility, which will be used to determine shoulder range of motion (ROM). The movements to be assessed will be flexion, extension, abduction, adduction, internal rotation and external rotation of a shoulder joint. Goniometric measurement has proven its reliability and validity with intraclass correlation coefficients (ICC) of 0.95-0.98 showing high levels of consistency in the measurement. This technique offers a subjective and measurable evaluation of the



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joint mobility, and it is therefore a crucial instrument in measuring the functional gains in adhesive capsulitis patients.¹⁸

Shoulder Pain and Disability Index (SPADI)

In patients with shoulder disorders, the SPADI has a high level of reliability and validity. It demonstrates a high internal consistency with Cronbach alpha values of about 0.86 to 0.95 in the total scale, indicating that there is a high homogeneity within the items. There is also a high test-retest reliability in the scale, with intraclass correlation coefficients (ICCs) being between 0.89 and 0.93, which demonstrates the stability of the scale across repeated testing periods.¹⁹ The results will be measured at baseline (just before the first session of intervention) and the end of 10 treatment sessions, which will be applied in two weeks. Each participant will have their secondary data recorded after each intervention session and in the event of the participant dropping out, the final data will be taken as final data to allow it to be used in the intention-to-treat analysis in case of necessity. The independent assessor (AS) will undertake outcome assessments and will be kept in the dark regarding the group assignment and intervention process to reduce biases in assessment. There will be no follow-up assessment other than the post-intervention assessment.

Data Analysis:

The data will be subjected to statistical analysis with SPSS software version 26. A test of normality, the Shapiro-Wilk test will be used. In case data is found to be normally distributed, then parametric tests (independent t-tests when comparing between groups and paired t-tests when comparing within groups) will be applied. Non-parametric tests (Mann-Whitney U test between groups and Wilcoxon signed-rank test within groups) will be used in case of non-normal data. The results will be described in terms of mean (standard deviation) of normal data and median (interquartile range) of non-normal data. Statistical significance will be set at $p = 0.05$ (two tailed) and a statistical power of $= 80$. The d of Cohen will be calculated and reported to make parametric comparisons and rank biserial correlation (r) to make non-parametric comparisons to report the magnitude of the differences between groups. The study will follow the Standard Protocol Items: Recommendation for Interventional Trials (SPIRIT) guidelines.

Abbreviations

MT: Magnetotherapy

SPIRIT: Standard Protocol Items: Recommendation for Interventional Trials

CONSORT: Consolidated Standards for Reporting Trials

IEC: Institutional Ethical Committee

NPRS: Numerical Pain Rating Scale

ROM: Range of motion

SPADI: Shoulder Pain and Disability Index

CTRI: Clinical Trial Registry – India.

Funding: No funding.

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Table 1.

Group	Intervention Protocol	Treatment	Duration
Experimental Group	Magnetotherapy and Conventional therapy	Magnetotherapy- 15 minutes per session. Conventional therapy- Cane exercises, wall slides, shoulder stretch, Towel stretch, and Shoulder isometrics (hold for 10- 15sec and 10 reps, 2 sets) for 45 minutes per session	45minutes/session, 5 sessions/week for 2 weeks
Control Group	Conventional therapy	Conventional therapy- Cane exercises, wall slides, shoulder stretch, Towel stretch, and Shoulder isometrics (hold for 10- 15sec and 10 reps, 2 sets) for 45 minutes per session	45minutes/session, 5 sessions/week for 2 weeks

Table1:StudyTimelineandAssessmentSchedule

Study period Items	Enrollment	Allocation	Post-allocation		Close-out
Time point*	-T1	T0	T1	T2	
Enrollment:					
Eligibility Screen	×				
Informed consent	×				
Medical history	×				
Allocation		×			
Intervention:					
Experimental group			→		
Control group			→		
Assessment:					
Demographic characteristics	×				
NPRS			×	×	
ROM			×	×	
SPADI			×	×	
SPIRIT Checklist: T1: pre-intervention, T2: post-intervention NPRS: Numeric Pain Rating Scale. ROM: Range of motion SPADI: Shoulder Pain and Disability Index					

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RESEARCH ARTICLE

Evaluating a Digital Detox Challenge in Effects of Smartphone use Addiction and well-being

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Received: 15 Mar 2026

Revised: 10 Apr 2026

Accepted: 14 May 2026

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ABSTRACT

This research investigates the effects of an electronic detox treatment on the utilization of social media and smartphones, addiction levels, and the general health of individuals. Remarkably, individuals discovered that the digital detox was less challenging than anticipated, with a significant number expressing sensations of pleasure and alleviation. Although a few individuals encountered instances of alienation and solitude, the majority managed to adapt to the limited availability of the internet. Notably, individuals saw heightened tedium and replaced their use of social networking sites with additional tasks using screens. After the procedure, measures demonstrated favorable or neutral enhancements in addictions and health-related results. The quantitative findings indicate an increased understanding of online conduct and the use of self-regulating strategies. Concrete recommendations put forward by respondents include reducing stringent deadlines, implementing personalized limitations, and devising tactics to regulate alerts and their use. These observations may be used to shape subsequent digital detox programs in order to improve their efficacy and increase participation from participants.

Keywords: Digital detox, well-being, psychological barriers, technology, behaviour



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INTRODUCTION AND BACKGROUND

Digital detox means a person or individual stays disconnected from devices or social media for a defined duration. According to research, not using social media can have a significant impact on a person's health and well-being. There is a clear difference in approach between daily life and holiday encounters, marked by a desire for a new rhythm and a pause from the typical schedule(1). Furthermore, elements such as the pursuit of unique encounters and the freedom from everyday responsibilities play a significant role in this transformation(2). While on holiday, people often have mental barriers when it comes to accessing the web and meet difficulties with technology, resulting in changes in their behaviour compared to when they are at home. These disparities are influenced and driven by the frequency of using electronic devices. Past research has examined chiefly the unequal access to digital resources in the tourism industry, particularly among visitors from technologically advanced nations(3). However, the widespread usage of cell phones has reduced these discrepancies, resulting in less incentive to detach oneself from digital connection (4,5). Concerns about the effect of excessive information and multitasking on well-being are a result of the lack of research on health inequality.

How to start a digital Detox challenge:

Assess Your Usage:

Begin by checking your current daily screen time to understand how much time you're spending on your phone and other devices.

Set Realistic Goals:

Decide on the extent of your detox. It could be a complete break from all devices or a selective reduction, like avoiding only social media or setting a specific screen time limit(6).

Eliminate Distractions:

Turn off non-essential notifications, consider deleting some apps, and try to keep your phone in another room or out of sight when you're working, studying, or socializing.

Schedule Tech-Free Time:

Create specific times or days during the week when you will not use certain devices or technology, like having TV-free days or no-phone times after a certain hour at night(7).

Replace Screen Time:

Plan and engage in offline activities to fill the time you would normally spend on devices. This could include reading books, engaging in creative hobbies, or spending time outdoors(8).

Be Mindful:

Pay attention to your emotions and habits around your devices. Ask yourself why you reach for your phone and if the usage makes you feel better or worse, which can help you control your phone use better(9).

Benefits of A Digital Detox:

- **Improved Sleep:**

Reducing screen time, especially before bed, can lead to better sleep quality.

- **Increased Focus:**

Limiting digital distractions can improve your ability to focus on tasks and be more present in your daily life(10).

- **Enhanced Well-being:**

A digital detox can help mitigate the negative effects of screen overuse on your mental and physical health.



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- **Better Relationships:**

By being more present and engaged offline, you can foster deeper connections with others(11).

What it Involves:

- **Reducing or eliminating screen time:**

This can involve setting aside specific times for device-free activities, turning off notifications, or even using a "dumbphone" or feature phone.

- **Engaging in offline activities:**

Focusing on hobbies, spending time in nature, exercising, and connecting with others in person(12).

POTENTIAL CHALLENGES & DRAWBACKS:

Temporary Discomfort: Some individuals may experience feelings of alienation, boredom, or a craving for digital content during the initial stages of a detox.

Varying Efficacy: The effectiveness of a digital detox is not universal and can differ greatly depending on the individual and the specific parameters of the detox process(13).

Potential for Relapse: Some studies suggest a tendency for consumption patterns to revert to pre-detox levels after the intervention ends, indicating the importance of long-term strategies.

Key Considerations for a Digital Detox:

Be Intentional: Set specific goals for your detox, whether it's reducing general screen time or abstaining from a specific platform.

Incorporate New Habits: Engage in physical activities, spend time in nature, or pursue hobbies like reading physical books to replace digital activities(14).

Manage Notifications: Reducing notifications is a practical step to minimize distractions and regain control over your digital habits.

Seek Personalized Approaches: Since results vary, consider your personal circumstances and needs when designing your digital detox plan to ensure its efficacy and sustainability(15).

REVIEW**METHODOLOGY**

Below is a comprehensive overview of the resources and techniques that were used for this review paper on digital detox(18). The study was initiated by finding relevant databases and registries to conduct searches using the keywords "digital detox", "social media addiction", "smartphone addiction", "health and wellness" and "behavioural changes"(19,20). These databases included platforms such as PubMed, Web of Science, and several more. Additionally, it was important to take into account grey sources of literature and manually search through important publications or conference proceedings. Following the search, any duplicate entries were eliminated and the abstracts and titles of the remaining papers were evaluated to determine their relevance(21,22)). To complete this phase, it was necessary to establish precise criteria for what should be included and excluded in relation to the subject. The whole content of the possibly applicable studies was examined to verify whether they met the criteria for inclusion(24,23). Once again, the outcome was determined by the parameters that were already established. The conclusive collection of papers that satisfied all criteria was selected for inclusion in the systematic review. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) . The data visualization displayed the quantity of recognized records, both retained and omitted, together with the specific reasons for exclusions(25) .





CONCLUSION

The findings from our study unveiled a noteworthy contrast in the impact of digital detox, wherein a significant effect was discerned specifically in relation to depression, while no statistically significant effects were observed concerning mental well-being, life satisfaction, and stress. Digital detox, involving the intentional reduction or cessation of digital engagement, may mitigate factors within the digital realm that contribute to depressive symptoms, such as exposure to negative social comparisons, cyberbullying, or information overload. By disconnecting from these stressors inherent in digital interactions, individuals may experience a reduction in depressive symptoms. On the other hand, the absence of significant effects on mental well-being, life satisfaction, and stress may stem from the multifaceted and subjective nature of these constructs, such as personal, social, and environmental factors that extend beyond the reach of digital detox interventions.

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Table 1: Assessment activities in digital detox.(16)

Scale	Description
Time spent online	Measures the amount of time spent online.
Internet preoccupation	Assesses constant thinking about previous online activity or anticipation of the following online session.
Efforts to curtail internet use	Evaluates repeated unsuccessful efforts to control, cut back, or stop internet use.
Mood regulation via the internet	Measures the use of the internet as a way of escaping from problems or relieving a dysphoric mood.
Risking job or relationship	Assesses the risk of losing a significant relationship, job, educational or career opportunity because of the internet.
Lying about time spent online	Evaluates lying to family members, therapists, or others to conceal the extent of involvement with the internet.



**Muskan and Asif****Table 2: Some permissible activities in the situation of digital detox .(17)**

Activity	Description
Unplugging	Disconnect from all digital devices for a certain period.
Time management	Set specific times for using and not using digital devices.
Mindful usage	Be aware of the time and purpose of using digital devices.
Physical activity	Engage in physical activities like walking, yoga, etc., to distract from digital devices.
Reading books	Spend time reading physical books instead of e-books.
Nature time	Spend time outdoors, in nature, away from digital devices.

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RESEARCH ARTICLE

Green Nanotechnology Approach for the Preparation of Nickel Oxide Nanoparticles and Their Wastewater Treatment Efficiency

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Received: 21 Mar 2026

Revised: 24 Apr 2026

Accepted: 25 May 2026

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ABSTRACT

Nickel oxide (NiO) nanoparticles have gained significant attention as promising transition metal oxide nanomaterials due to their unique physicochemical properties, including high surface to Volumeration, chemical stability, and excellent catalytic performance, making them suitable for environmental remediation applications. In the present study, NiO nanoparticles were synthesized through an eco-friendly and cost-effective green synthesis approach aimed at minimizing the use of hazardous chemicals and reducing environmental impact. The preparation involved forming a precursor solution followed by controlled thermal treatment and calcination to obtain fine, crystalline NiO nanopowder. The synthesized nanoparticles were applied as photocatalysts for the degradation of hazardous organic dyes commonly present in industrial wastewater, such as Methylene Blue, Eosin Yellow and Rhodamine B. The efficiency of the photocatalytic process was evaluated by optimizing operational parameters including catalyst loading, dye concentration, and irradiation time. Characterization studied UV, XRD, FTIR and SEM confirmed the successful formation of nanoscale NiO particles with uniform morphology, high crystallinity, and enhanced surface reactivity, which contributed to improved light absorption and effective charge transfer during catalytic activity. The results demonstrated significant dye degradation





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efficiency within a short duration, highlighting the strong interaction between NiO nanoparticles and pollutant molecules. Overall, this work establishes that green-synthesized NiO nanoparticles are efficient, sustainable, and economically viable materials for wastewater treatment, offering great potential for large-scale environmental cleanup and supporting the development of green nanotechnology solutions for pollution control and water purification.

Keywords: *Kalanchoe pinnata*, Nickel oxide nanoparticles, Green synthesis, Photodegradation, wastewater treatment, XRD, UV-visible, FTIR, SEM and EDX.

INTRODUCTION

Water pollution is the serious problem in the past few years. The water pollution is some various types like chemical spills, agricultural pesticides, industrial waste, etc. [1]. Organic dyes are one of the major pollutants used in textile, plastic, medicine and other industries. The hazardous effects of organic dyes in the wastewater are the major concern and threat to the environment due to the substantial pollution problems they cause [2]. Due to large scale of production and extensive applications in organic dyes are a part of industrial wastewater. Organic dyes are new chemicals used in many industrial processes including textile, electroplating, etc. [3]. Different facets of the textile manufacturing sectors depend heavily on dyes. Because dyes cannot degrade and are frequently dumped carelessly into aqueous environments [4]. Nanotechnology is research and developing the various science, way to work at atomic levels and new structures. It's involving the production of nanosized materials and which poses unique characteristics [5].

Nanoparticles are referred to as the particles size is least one dimension less than 100. Nanotechnology has great potential for improving air, water and soil quality in the environment [6]. Nanotechnology utilizes basic attributes from biological, physical and chemical sciences. The physically size reduced and material exhibit new chemical bonds and properties. Biological activity at the nanomaterial including drug bonding and delivery to particular sites [7]. Nanotechnology is used to technical processes like fabrication, various materials is developed the biological medicine and characterization etc. [8]. The green synthesis is involved the parasites, plant and plant extract and which have been consequent segments [9]. The green synthesis of nanoparticles are biocompatibility and they are produced by natural bio organisms. It's utilizing the natural reducing agent, capping, stabilizing agents and without use the toxic [10].

The synthesized processes is used to microorganism (fungi, bacteria and algae) is extract from different plants and such as leaves. These green materials in which include polyphenols and proteins is act as lower chemical reagents to reduce metal ions to a lower valance state [11]. *Kalanchoe pinnata* is straight to succulent, perennial bush and sometimes referred to *K. pinnatum* and the belonging to the family Crassulaceae. It can grow to height of 1.50 meter. *Kalanchoe pinnata* is native to Madagascar [14]. But it's also found cultivated the hills of Deccan and Bengal regions of Northern to Western India [12]. This plant is integral to traditional and holistic medicine worldwide [13]. It's commonly used as a folk medicine [14] and for treating various ailments, including kidney stones, gastric ulcers, pulmonary issues, etc. [12]. Among available nanomaterial is Nickel oxide (NiO) has gained a great deals of attention and mostly because of its superb stability and magnetic, electronic, catalytic properties. These properties make it useful in applications involves the gas sensors, electrochromic devices, dye sensitized solar cells, batteries and magnetic recording devices [15].

Nickel oxide (NiO) is a transition metal oxide with a cubic lattice structure and P type or positive type semiconductor. The positive type semiconductor is metal oxide with high magnetic permeability, good stability and an optical band gap of 3.6 to 4 electro Volt [16]. Among the leaf extracts is foundation like polyphenol and amides are





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used for the synthesis of noble metal (Au, Ag, Pd, Pt and Cu) and metal oxide (TiO₂, NiO, ZnO and CdO) nanoparticles [17]. Nickel oxide (NiO) nanoparticles possess unique properties are large surface area to volume ratio, low porosity, high dispersion rate, high Photocatalytic adsorption and small heat capacities [18].

MATERIALS AND METHODOLOGY

Kalanchoe pinnata leaves is collected to nearly Chithiraipatti village, Thuraiyur, Tiruchirapalli District, Tamil Nadu 621010 (Lat: 11.135475° & Lon: 78.586588°). This leaves washed with clean water and leaves was dried in shaded areas. The leaves fully dried up to 10 days, then the dried leaves crushed into fine powder. Approximately 5 grams of fine powder leaves are added into 50ml of water and then constant stirring is done upto 15 minutes with using magnetic stirrer. Then approximately 12g of Nickel sulphate is weighed. Then makeup into 100mg using SMF and then concentration of the solution is about 0.5 mole. Then the leaf extract is added to the solution of Nickel sulphate and then approximately 2g of sodium hydroxide is also added to it. Then the constant stirring take place for 2 to 3 Hours. Then the precipitate or residue is separated using centrifuge. Then the separate precipitates are collected using nickel spatula and it was placed in Micro oven and heated at 150°C, upto 2 Hours. After heating, the precipitates were crushed into very fine powder by using mortar and pestle. After crushing, it will be replaced into silica crucible and place in a box furnace to heat about 400° to 450°C upto 2 hours. After that the prepared NiO nanoparticles was collected in a sample tubes.

RESULT AND DISCUSSION

FT-IR Spectroscopy

The characterization of the synthesized nickel oxide nanoparticles was conducted using Fourier Transform Infrared (FT-IR) spectroscopy and UV-visible studies to analyze their chemical structure and optical properties. The FT-IR spectrum was recorded in the range of 4000–400 cm⁻¹ to identify the chemical bonding and functional groups present in the sample. The resulting absorption peaks are a direct consequence of interatomic vibrations within the material. Specifically, a broad peak observed at 3446 cm⁻¹ is attributed to O–H stretching vibrations, while a peak at 1624 cm⁻¹ corresponds to O–H bending vibrations. An absorption peak at 1405 cm⁻¹ represents C=O stretching vibrations, likely originating from the *Kalanchoe pinnata* extract used in the synthesis. Most importantly, the characteristic peaks identified at 507 cm⁻¹ and 463 cm⁻¹ confirm the presence of Metal–Oxygen (Ni–O) stretching vibrations, verifying the successful formation of nickel oxide nanoparticles [19].

UV Visible Spectroscopy

The optical properties of the Nickel oxide (NiO) nanoparticles were analyzed using UV-visible absorption spectroscopy. In the first step of this analysis, the absorption spectrum was recorded, identifying a characteristic peak wavelength (λ) at 389 nm. To determine the optical band gap (E_g), the recorded wavelength was converted into energy units (electron volts) using the fundamental relationship $E = hc/\lambda$. By applying the simplified practical formula, $E_g(\text{eV}) = 1240/\lambda(\text{nm})$, the calculation $1240/389$ was performed. Consequently, the optical band gap for this specific Nickel oxide sample was found to be 3.2 eV, representing the energy threshold required for electronic transition [19].

Xrd Spectroscopy

The analysis indicates a highly crystalline structure, evidenced by the presence of intense and well-defined Bragg's peaks. The formation of nanoparticles and their size distribution affect the intensity of these peaks. The material is abundantly evident as highly crystalline nickel. Specific diffraction peaks were observed at 2θ values of 37.19°, 43.21°, 62.13°, and 79.28°. These correspond to the crystallographic reflections of the (220), (311), (222), and (111) planes of NiO, respectively. The synthesized NiO exhibits a face-centered cubic lattice structure that perfectly matches the JCPDS File no. 1049. The presence of these characteristic, single-phase peaks and the absence of any additional, unidentified peaks confirm the high purity and high crystallinity of the NiO nanoparticles. The crystallite size of the





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NiO was calculated using the Scherer equation, utilizing the full width at half maximum (FWHM) data from the peaks. The calculated average crystallite size was approximately 20 nm [20].

Sem Spectroscopy

Scanning Electron Microscopy (SEM) was used to analyze the surface morphology of the synthesized NiO nanoparticles. The image reveals uniformly distributed, spherical-shaped nanoparticles, with some larger grains and uneven structures also present. The prepared NiO nanoparticles have a size range of approximately 100 to 120 nm. Energy-Dispersive X-ray Spectroscopy (EDX) analysis of the synthesized NiO nanoparticles shows a composition of approximately 80.5% Nickel and 19.5% Oxygen, confirming the NiO nanomaterial composition. (Note: The percentages in the original text sum to 90.5%; the remaining percentage is likely other elements or simply an incomplete note). While not mentioned in the image, X-ray Diffraction (XRD) is commonly used to determine the crystallite size of such nanomaterials. The most common method is using the Debye-Scherrer equation: [21]

$$D = K\lambda / \beta \cos \theta$$

Where,

- D is the crystallite size.
- K is the shape factor (typically 0.9).
- λ is the X-ray wavelength (e.g., 0.154 nm for Cu K α radiation).
- β is the full width at half maximum (FWHM) of the diffraction peak in radians.
- θ is the Bragg angle.

Photodegradation In Nickel Oxide Nanoparticles

Nickel oxide (NiO) nanoparticles exhibit superior photocatalytic performance due to their small size and large surface area. When irradiated with light, the semiconducting NiO (which has a wider band gap) produces electron pairs from its conductance and valence bands. The subsequent free electron migration facilitates oxygen reduction, leading to the production of peroxides and superoxides. This process is effectively utilized for the photodegradation of various organic dyes, including Methylene Blue, Rhodamine B, and Eosin Yellow, under sunlight irradiation.

Methylene blue dye photo degradation

The adsorption capacity of the synthesized nanoparticles was evaluated using Methylene Blue (MB) dye. To establish adsorption-desorption equilibrium, the solution was first stirred in the dark for an initial period. Subsequently, the photocatalytic activity was monitored under sunlight irradiation. The results indicate that the nanoparticles achieved 50% removal of the Methylene Blue dye over a duration of 30–180 minutes.

Rhodamine B dye photo degradation

The adsorption capacity of the synthesized nanoparticles was evaluated using Rhodamine B (RhB) dye. The solution was first stirred in the dark for an initial period. Subsequently, the photocatalytic activity was monitored under sunlight irradiation. The results indicate that the nanoparticles achieved 70% removal of the Rhodamine B (RhB) dye over a duration of 30–180 minutes.

Eosin yellow dyes photo degradation

Again synthesized nanoparticles was evaluated using Eosin Yellow (EY) dye. The solution was first stirred in the dark for an initial period. Subsequently, the photocatalytic activity was monitored under sunlight irradiation. The results indicate that the nanoparticles achieved 85% removal of the Eosin Yellow dye over a duration of 30–180 minutes [22, 23].





CONCLUSION

The study concludes that green-synthesized, renewable nickel oxide (NiO) nanoparticles using *Kalanchoe pinnata* act as an effective stabilizing and reducing agent. These nanoparticles exhibit significant photocatalytic degradation activity across various concentrations of Easin Yellow dye. Specifically, under sunlight irradiation for 180 minutes, an 85% degradation rate was observed. The formation of the nickel oxide was confirmed through characterization techniques including XRD, SEM, FT-IR, and UV analysis. This green synthesis method for NiO nanoparticles is environmentally applicable for purification purposes, such as treating industrial effluent and dyes discharged into rivers and lakes, addressing critical concerns related to increased pollutant levels and the time required for water treatment.

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Figure:2. Synthesis of Nickel Oxide Nanoparticles



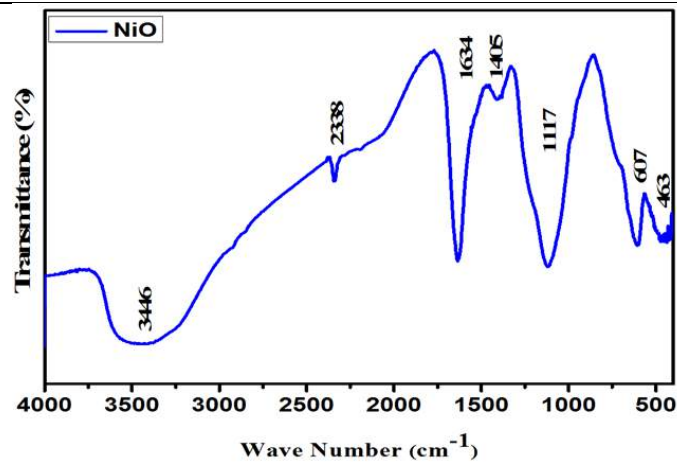
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Figure 3.1 FTIR spectrum of NiO nanoparticles

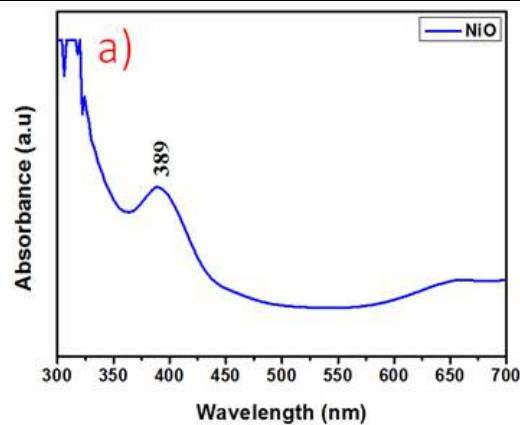


Figure 3.2a UV absorbing wavelength of NiO nanoparticle.

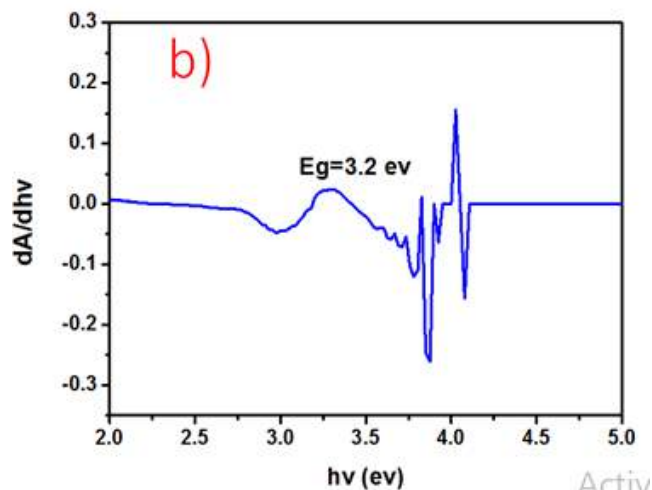


Figure:3.2b. Shows optical band gap of NiO nanoparticle





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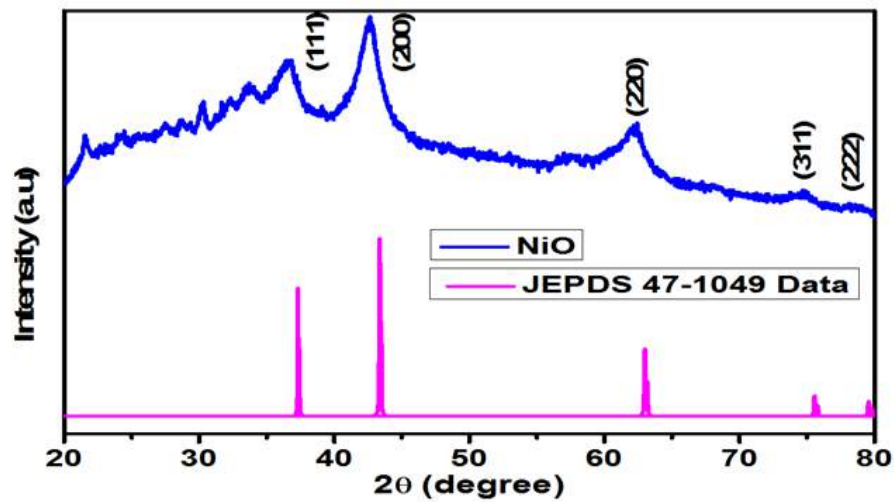


Figure 3.3 Powder XRD of NiONps

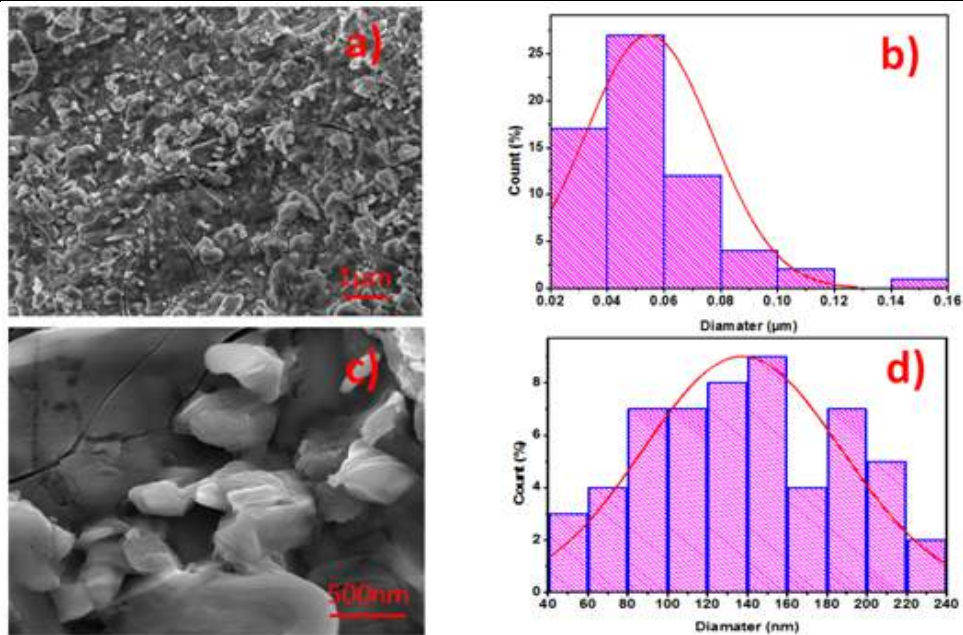
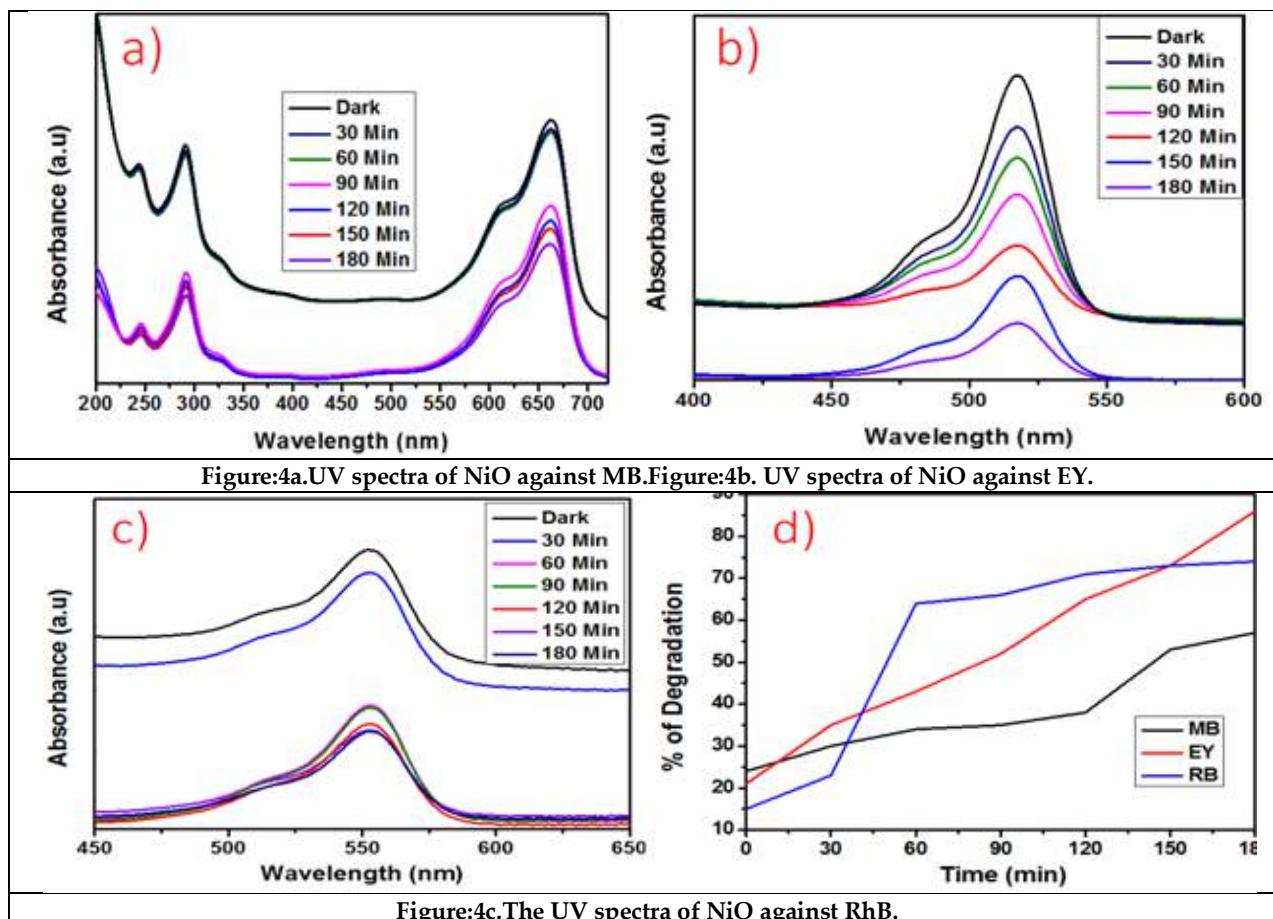


Figure:3.4a.SEM Image of NiO Nanoparticles about 1 μm .
 Figure:3.4b.SEM Image of NiO Nanoparticles about 500nm.





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RESEARCH ARTICLE

Global Trends and Citation Analysis of Synthetic Intelligence (SI) Research

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Received: 16 Mar 2026

Revised: 07 Apr 2026

Accepted: 12 May 2026

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ABSTRACT

The study employs a systematic mapping approach to analyse growth trends, citation patterns, collaboration networks, and evolution of global Synthetic Intelligence(SI) research (2015–2025) based on 19,418 records retrieved from the Web of Science database. Annual Growth Rate was modest in 2016–2017 but rose steadily after 2018, with sharp surges in 2024(85%) and 2025(86%), indicating rapid expansion of SI research. The Relative Growth Rate (RGR) declined up to 2022, indicating minimal growth, but increased again in 2024(0.32) and 2025(0.41), indicating a maximum growth rate. Conversely, the Doubling Time (DT) increased until 2022(3.12), showing a slower growth rate, and then decreased in 2025(1.69), indicating a higher growth rate in recent years. Wang Y (274) and Zhang Y (271) are the most prolific authors, followed by Liu Y (239) and Li Y (205). According to Lotka's Law, the majority of authors, 83% (49,081), published one paper and 5,718 authors, about 10%, were able to produce two papers. Open Access publications 7285 constitute a significant share of ~37.5%, with Gold OA dominating (4,366), especially after 2020, alongside a notable rise in Gold-Hybrid publishing in 2024–2025. SDG-wise analysis indicates strong growth from 578 publications in 2015 to a peak of 6,529 in 2025, largely dominated by SDG 3 (Good Health and Well-Being) with 10,600 publications (~54.6%), increasing from 481 in 2015 to 1,941 in 2025. The country-wise analysis shows China, with 4,410 (22.7%) and the USA with 4,301 (22.1%) of publications, together contribute ~45% of output, with China leading in citation impact TLCS (5,532),





TGCS (185,780), followed by the UK with citations 1,295(6.7%). The keyword analysis shows “generative models” and “generative AI” as central themes, with core methods (machine learning, deep learning, neural networks) and emerging topics (LLMs, NLP, ChatGPT, transformers, GANs, diffusion models) forming dominant clusters of SI research.

Keywords: Artificial Intelligence, Synthetic Intelligence(SI), Growth Trends, SDGs. Citation Analysis.

INTRODUCTION

Over the past decade, synthetic intelligence (SI), closely related to advanced artificial intelligence, machine learning, generative models, and autonomous systems, has expanded rapidly across diverse scientific domains. Since 2015, global SI research output has increased significantly due to advancements in computational infrastructure, algorithmic capabilities, and broader adoption in areas such as healthcare, robotics, education, and sustainable development (Floridi et al., 2018; Russell & Norvig, 2021). The trend reflects both the technological maturity of SI and its growing relevance in addressing complex real-world challenges. Bibliometric analysis is a quantitative research approach that examines scientific literature using publication metadata such as authors, citations, keywords, and collaboration networks to identify research trends, intellectual structures, and scholarly impact within a field (Aria & Cuccurullo, (2017). Despite the rapid expansion of SI research globally, there remains a need for a comprehensive systematic mapping that quantitatively and qualitatively outlines trends from a period of 2015–2025. The analysis enables researchers, policymakers, and practitioners to appreciate how scientific interest has shifted, how collaborative networks have grown, and where opportunities for innovation and impactful research lie in the coming years.

REVIEW OF LITERATURE

Yan & Abdullah, (2025). A scientometric study of the Scopus database up to June 30, 2025, analysed 1,401 English-language articles with an evolution in the application of AI to autism spectrum disorder (ASD) in children using VOSviewer. Identified keyword co-occurrence patterns and citation linkages. The study revealed rapid growth in publications since 2015, with a surge in AI research on ASD after 2020. The US, China, and the UK led in contributions and international collaborations. Dwivedi & Elluri, (2024). Aimed to explore the generative AI academic research in Web of Science from 2013 to 2024 using bibliometrics, text analysis, and social network analysis. Identified prominent authors, articles, journals, institutions, countries and evolution of research themes over time in generative AI. Waleed, M.(2020). A total of 18,696 SDG-related documents were identified, with Sustainability leading publication output (1,008; 5.4%) and the World Health Organisation emerging as the most productive SDG (581; 1.3%). Research was dominated by SDG 17, SDG 13, and SDG 12, with strong regional variation. Europe contributed the most (52.2%), while SDG focus shifted across regions, and international collaboration within SDG 3 remained limited, particularly between high and low-income countries. Mahapatra, M.(1985). Relative Growth Rate (RGR) and Doubling Time (DT) were also applied to measure the pace and doubling of research output.

RESEARCH DESIGN

Objectives

- To determine year-wise growth trends of the Synthetic Intelligence research at the global level.
- To identify the most productive authors and authorship patterns of SI research.
- To analyse the distribution of research by open access models.
- To map year-wise research contributions to the Sustainable Development Goals (SDGs).
- To find influential Institutions and the collaboration network of countries.





Data Source

The data for the study were collected on 20 December 2025 from the Web of Science multidisciplinary database using an advanced search to analyse Synthetic Artificial Intelligence research for the years 2015 to 2025, a span of 16 years. The years for the study from 2015-2025 were taken as the modern synthetic AI era started after 2014. The specific search statement for data collection was used as

Topic(TS)= ("Synthetic AI" OR "Synthetic Artificial Intelligence" OR "Generative AI" OR "AI-generated data" OR "Privacy-Preserving Synthetic data" OR "Data Synthesis" OR "Generative models" OR "Machine-generated content" OR "Artificial data").

Methodology

The bibliographical information on synthetic intelligence (SI) research was exported and downloaded separately in plain text and BibTeX format for analysis and interpretation. The bibliometric indices and visualisation tools "Histcite", "VosViewer", "Bibliosiny" and "Citespace" were used to ensure compatibility with comprehensive analysis to identify collaboration networks among authors, countries, journals, institutions, and keyword co-occurrence analysis to find current research hotspots and frontier topics in SI for the future global landscape. The assessment of annual research productivity and the temporal evolution of research at the global level was made using bibliometric indices to analyse publication output and citation indicators to determine year-wise growth trends. Author productivity, collaboration intensity, and co-authorship structures were analysed to identify the most prolific authors and authorship patterns. For network and thematic analysis, bibliometric visualisation tools were used. HistCite was used to assess citation impact and identify influential publications, VOSviewer to visualise author, institutional, and country-level collaboration networks and keyword co-occurrence clusters, and Biblioshiny to generate descriptive statistics, performance indicators, and thematic evolution maps. Together, these tools provided a comprehensive view of the intellectual structure, collaboration patterns, and emerging research trends in Synthetic Intelligence.

Data Analysis and Interpretation

Main Information

Figure 1 shows that from 2015–2025, Synthetic Intelligence research produced 19,418 documents across 3,825 sources, authored by 58,971 researchers, with 39,096 keywords and citing 810,897 references, with 11.76% annual growth rate. Collaboration is strong, shown by 4.85 co-authors per paper and 31.17% international co-authorship, and citation impact remains notable with an average of 22.06 citations per document.

Year-Wise Research Trends of SI Research

Relative Growth Rate (RGR) and Doubling Time (DT)

$$RGR = \frac{(\ln W_2 - \ln W_1)}{T_2 - T_1}$$

W₁-Actual logvalue of the number of publications in a particular time

W₂-Actual logvalue of the number of cumulative publications in a particular time

T₁-Starting time of research publications

T₂-Ending time of research publications

DT = 0.693 / RGR

The publication output shows a steady increase from 2015 to 2025, followed by a sharp surge in 2024 (3,506) and 2025 (6,529), indicating the rapid growth of SI research in recent years.

Table 1 shows the Annual Growth Rate (AGR) remained low 1.21% in 2016 and 3.08% in 2017, but increased after 2018. A substantial surge was observed in 2024 (85.70%) and 2025 (86.22%), indicating the rapid expansion of SI



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research in recent years. The Relative Growth Rate (RGR) showed a gradual decline from 0.70 in 2016 to 0.22 in 2022, suggesting a stabilisation phase, followed by an increase in 2024 (0.32) and 2025 (0.41). Correspondingly, the Doubling Time (DT) increased from 0.99 in 2016 to 3.12 in 2022 and then declined to 1.69 in 2025, an accelerated growth in the later phase of the study period. The highest impact is for the year 2025 with Total Local Citation Score TLCS of (1,740) citations locally and Total Global Citation Score TGCS of (16,093) globally.

Most Influential Authors and Author Productivity through Lotka's Law

The results show highly influential authors, Authors' Local Impact, Authors' Production over Time, and Author Productivity through Lotka's Law of SI research at the global level. Figure 2 shows Wang Y (274) and Zhang Y (271) emerged as the most prolific authors, followed by Liu Y (239) and Li Y (205). Local citation analysis identified Xu B (644 citations), Goodfellow I (643), and Courville Y (642) as the most locally cited authors. In contrast, H-index values highlighted Sahebkar A (H = 29), Li J (28), and Wang J and Wang Y (H = 27) as consistently high-impact contributors. Overall H-index values (23–29) suggest a group of influential authors rather than dominance by a single researcher. Author productivity and citation impact increased after 2019, peaking during 2022–2025, with high citation counts indicating the growing relevance of SI research. Lotka's Law analysis shows a highly skewed authorship pattern, with 83.2% of authors publishing only one paper and 9.7% (5,718 authors) publishing two documents, with a small core of highly prolific contributors producing 50–274 publications.

Three-Field Plot of SI Research

The three-field plot depicts the relationships among prolific authors (AU), their country of affiliation (AU_CO), and dominant keywords (DE) in SI research. Authors are shown on the left, countries in the centre, and keywords on the right, with the width of connecting bands representing the strength of associations and thematic intensity. Figure 3 shows three-field plot which found the prolific authors such as Wang Y, Zhang Y, Liu Y, and Li Y dominate SI research, with Wang Y showing an outgoing flow of about 1.50k records. China leads country-wise contributions with approximately 11.2k records (incoming ≈15; outgoing ≈12), followed by the USA (~9.83k) and the United Kingdom (~2.1k). Thematically, Generative AI is the most prominent keyword (~7.95k records), followed by Artificial Intelligence (~4.83k), alongside systematic review, meta-analysis, deep learning, and generative models emerge as the most prominent research topics, receiving strong linkages from multiple countries. European countries like the United Kingdom, Germany, the Netherlands and other regions, such as Canada, Australia, and India, show comparatively diverse connections, suggesting wider international participation with lower and uneven research intensity.

Distribution of SI Research by Open Access Models

All Open Access refers to publications that are freely available online without any access restrictions. Free to Read articles can be accessed without payment but normally include limited reuse rights. Gold Open Access articles are made immediately available on the publisher's website, often under a Creative Commons license and typically involve an article processing charge, while Gold-Hybrid Open Access allows individual articles to be made open in otherwise subscription-based journals upon payment of a fee. The term "green open access" describes author self-archiving techniques in which the accepted version (post-peer review), the published version (final publisher PDF), or the submitted version (preprint before peer review) is deposited in repositories, sometimes following an embargo period, contingent on publisher policies. Table 2 categorises records by Open Access type, including Gold (immediately open), Green (author-deposited in repositories), and Hybrid Gold (open articles within subscription journals). Open Access publications account for a substantial share (7,285, ~37.5%), with Gold Open Access (4,366, ~22.48%) emerging as the dominant model, particularly after 2020. Gold-Hybrid publishing also increased in recent years 2024, and 2025. Additionally, Green Open Access routes (accepted, published, and submitted) have shown increased uptake after 2018, peaking in 2024–2025, indicating stronger self-archiving practices. Overall, the results indicate an acceleration of SI research toward open and hybrid dissemination models.





Year-Wise Mapping of SI Research to Sustainable Development Goals (SDGs)

The annual output of SI research to global sustainability priorities is highlighted. Figure 4 represents the SDG-wise distribution of 19,418 publications with a clear growth increase from 578 in 2015 to 1,387 in 2021, then rising steeply to 1,888 in 2023, 3,506 in 2024, and peaking at 6,529 in 2025. Research output is overwhelmingly dominated by SDG 3 (Good Health and Well-Being) with 10,600 publications ($\approx 54.6\%$), showing consistent growth from 481 in 2015 to 1,941 in 2025. Other contributors include SDG 11 with 1,621, SDG 13 with 1,559, and SDG 5 with 1,506 publications, all exhibits minimal activity in the early years but sharp acceleration after 2022. Moderate contributions are observed for SDG 4 (985) and SDG 7 (754), with a concentration in recent years. In contrast, others like SDG 01(41), SDG 10(49), SDG 12(152), SDG 16(57), and SDG 17(51)—show very low publication counts, indicating uneven research attention. In contrast, several goals such as SDG 1, 6, 8, 10, 12, 16, and 17, show minimal contributions, largely concentrated in recent years. Overall, the findings highlight a highly skewed SDG focus toward health, climate, urban sustainability, and gender.

SDG-wise Growth, Citation Impact, and SI Research Performance (2015–2025)

Table 3 presents a comprehensive assessment of 17 SDGs, together receiving 1,161,160 citations, highlighting growth by Compound Annual Growth Rate (CAGR) and percentage impact. Table 3 represents SDG 3 (Good Health and Well-Being) overwhelmingly dominates with 10,600 publications (54.59%), with a CAGR of 41.91, and 674,293 citations (58.07%), with a CAGR of 31.16, reflecting its central role in global research. Second, as SDG 11 with 1,621 (8.35%) and followed by SDG 13 with 1,559 (8.03%) publications, showing high growth (CAGR 32.08 and 9.26) and substantial citation shares (8.00% and 7.55%) respectively. SDG 5 records 1,506 publications (7.76%) with a CAGR of 0.53 and 79,062 citations (6.81%) with a CAGR of 0.63, marginal positive growth, whereas SDG 4 (Quality Education) contributes 985 publications (5.07%) but shows a decline in both publications (CAGR -0.91) and citations (CAGR -0.93). SDG 9 demonstrates moderate yet rapidly growing activity with 700 publications (3.60%) and strong growth in publications and citations (CAGR 9.45 and 12.40), while SDG 7 accounts for 754 publications (3.88%) with positive growth. In contrast, SDG 1(41), SDG 10 (49), SDG 8 (67), SDG 16 (57), and SDG 17 (51) each contribute less than 0.35% of total output, despite high impact per paper, particularly SDG 1 with a CPP of 128.66, indicating strong citation influence but limited research volume. The average Citations per Publication (CPP) for the entire dataset is 59.80, calculated from 1,161,160 citations across 19,418 publications.

Source-wise Productivity, Citation Performance and Production Over Time

The most significant and productive sources are highlighted in the figure, which shows source-wise productivity, citation performance, and publication trends over time.

Figure 5 shows the influential sources as “Annals of Pharmacotherapy (565), Archives of Physical Medicine and Rehabilitation (468), and IEEE Access (410) SI research articles. The sources with higher citations are ARXIV (42655), Proc CVPR IEEE (17398), and ADV NEUR IN (12615) citations. The highest impact source is Annals of Internal Medicine, having (h_index:98, g_index:165, m_index:8.909, Total_Citation:28820, and Total_Publications:262). Then second stands Critical Care Medicine having (h_index:71, g_index:115 m_index:6.455, Total_Citation:18645, and Total_Publications:396) and Archives of Physical Medicine & Rehabilitation has (h_index:64, g_index:10, m_index:5.818, Total_Citation:16505, and Total_Publications:468).

Influential Institutions

Table 4 shows the top 10 institutions ranked by publications, along with their H-indexes, total local citations (TLCS), and global citation counts (TGCS). It highlights the SI research productivity and impact of major global universities and research institutions, Table 4 presents influential institutions with the University of Toronto, with 304 publications (1.57%), the highest H-index (66), and strong citation impact (TLCS: 424, TGCS: 15,857) emerging as the leading contributor in research prominence. Followed by UCL with 245 (1.26%), H-index (60) and TGCS (10,718), while Zhejiang University contributes 236 publications (1.22%) with a lower H-index (29) and TGCS (3,014) citation impact. Monash University, with 226 publications, H-index (55) and the University of Oxford, with 214, H-index (45) show balanced productivity and impact, alongside the Chinese Academy of Sciences with 216, H-index (43). Overall,





the data show that institutions from Canada, the UK, the US, Australia, and China dominate both productivity and citation impact in the field of study.

Most Productive Countries in SI Research

Table 5 presents the research growth, publication %, TLCS, TGCS, and Average Article Citations(AAC) of influential countries, Table 5 represents the country-wise analysis, which shows that China, with 4,410 publications (22.7%) and the USA with 4,301(22.1%) are the leading contributors, together accounting for nearly 45% of the total output, indicating their dominant role in the field of study. China records the highest Total Local Citation Score TLCS of (5,532) and Total Global Citation Score TGCS of (185,780), reflecting strong influence both within the dataset and globally. Although the UK, with 1,295(6.7%), has a lower publication volume, it demonstrates high citation impact TLCS (2,103) and TGCS (76,023), highlighting the quality and visibility of its research. Countries such as Canada, Australia, and the Netherlands show comparatively moderate output but strong citation performance, suggesting high-impact contributions despite smaller output. Overall, the results indicate a concentration of productivity in a few countries, with citation impact not always directly proportional to publication count.

Geographical Distribution of Corresponding Authors by Country in SI Research

Figure 6 represents the Single Country Publications (SCP) indicated with Blue colour and Multiple Country Publications (MCP) indicated with red colour, which means the collaboration of countries., Figure 6 shows China with 4,410 articles, SCP (3,416), MCP (994), MCP ratio(0.225) and the USA with publications (4,301), SCP (3,369), MCP (932), and MCP ratio(0.217) are the most productive countries, with research output dominated by Single Country Publications (SCP). In contrast, countries such as the Netherlands with publications (371), SCP (213), MCP (158),and MCP ratio (0.426), UK (1,295), SCP(768), MCP(527), MCP ratio (0.407), Canada (852), SCP (506), MCP (346), MCP ratio(0.406), and Germany (695), SCP(423), MCP(272), MCP ratio(0.391) show a higher share of Multiple Country Publications (MCP), indicating strong international collaboration. Australia, with publications (917), MCP ratio (0.371), shows a balanced pattern, while Korea (622), MCP ratio (0.196) and India (417), MCP ratio (0.326), rely more on domestic collaboration. Overall, the results indicate that high publication count does not necessarily imply stronger international collaboration.

The Keyword Analysis

The keyword visualisations generated through CiteSpace and VOSviewer reveal the intellectual structure, thematic clusters, and research evolution of Synthetic Intelligence (SI) research, Figure 7 presents the CiteSpace-based network analysis, highlighting “generative models” and “generative AI” as the most prominent and highly central nodes, indicating their pivotal role and keywords such as machine learning, deep learning, neural networks, and optimisation strongly influencing the intellectual structure and thematic evolution of the research domain. The presence of keywords like large language models (LLMs), natural language processing (NLP), ChatGPT, and transformer-based architectures reflects the recent paradigm shift toward data-driven and language-centric SI applications. Keywords like diffusion models, GANs (generative adversarial networks), feature extraction, and representation learning signify advances in model design and generative capabilities. VOSviewer maps the keywords of SI research into distinct thematic clusters. One dominant cluster centres on generative AI, large language models, and NLP, emphasising text generation, conversational agents, and human–AI interaction. Another major cluster focuses on core machine learning and deep learning techniques, including algorithms, neural architectures, and model training, representing the technical backbone of SI research.

Most Cited References in SI Research

The analysis of the most cited references shows a small set of seminal and methodologically influential works of the SI research. Figure 8 illustrates the CiteSpace citation analysis, depicting the most cited references from (2015–2025) with their citation values and clusters, highlighting both foundational and emerging works that reflect recent advancements and evolving research directions in Synthetic Intelligence. On the left, the table lists references such as “Ho Jonathon, 2020, P 34 INT C Neural IN, Vo, P6840” and “Rombach R, 2022, PROC CVPR IEEE, Vo, PP10674, DOI



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10.1109/CVPR52688.2022.01069” which have been cited many times, with their citation counts 874 and 692 times each. On the right, the network map organises these into 11 clusters, indicating strong thematic consistency. For example, the blue cluster includes cognitive science works like Friston KJ (2012), Clark A (2013), and Feldman H (2010); the green cluster highlights deep learning milestones such as He KM (2016), Zhu JY (2017), and Radford A (2021); while the red cluster captures recent generative AI and ethics papers like Kasneci E (2023), Dwivedi DK (2023), and Chan CNY (2023). Highly cited references such as those by Friston KJ, Bastos AM, Clark A, Polyakova D, and Hinton GE are frequently co-cited across studies. The strong interlinkages among these references indicate highly cited works, reflecting the rapid evolution of the SI field and the growing influence of emerging research themes, particularly in advanced AI.

Findings

The study found that out of a total of 19,418 SI research articles retrieved from the WoS database, a surge was observed in 2024 (85.70%) and 2025 (86.22%), indicating the rapid expansion of research in recent years. Author-level analysis shows that Wang Y (274 publications) and Zhang Y (271) are the most prolific contributors, while local citation impact is led by Xu B (644 citations), Goodfellow I (643), and Courville Y (642). Open Access publications constitute a significant share of (7,285, ~37.5%), with Gold OA dominating (4,366), especially after 2020, alongside a notable rise in Gold-Hybrid publishing in 2024–2025. Green OA routes (accepted, published, and submitted) increased after 2018 and peaked in 2024–2025, with a strong preference for Gold, Green, and Hybrid Gold publishing models. Country-level analysis highlights China (4,410, 22.7%) and the USA (4,301, 22.1%) together contribute nearly 45% of publications, with China showing the highest impact (TLCS: 5,532; TGCS: 185,780), while the UK (1,295, 6.7%) demonstrates strong citation influence despite lower output with strong international collaboration patterns. Other countries, such as Canada, Australia, and the Netherlands, exhibit moderate productivity but high citation performance, indicating that research impact is not always proportional to publication count. The thematic and network analyses identify generative AI (~7.95k records) and artificial intelligence (~4.83k) as dominant research themes, alongside deep learning, generative AI, systematic reviews, and meta-analyses, LLMs, NLP, and ChatGPT. Overall, the bibliometric networks and thematic analyses demonstrate a global evolution of the SI research landscape, led by a small group of prolific authors and countries.

Suggestions

The findings suggest that future Synthetic Intelligence (SI) research should prioritise stronger interdisciplinary and international collaboration and greater adoption of open access publishing to improve global visibility and impact. Researchers are encouraged to align SI studies more closely with underrepresented Sustainable Development Goals (SDGs), such as quality education, reduced inequalities, and climate action. Additionally, emerging areas, including ethical and responsible SI, explainable intelligence, and socially driven applications, enable policymakers and funding bodies to use these insights to support strategic investment and sustainable growth in global SI research.

CONCLUSION

As synthetic intelligence becomes more deeply integrated into research methodologies, applications, and policy discussions, systematic mapping analyses have become essential for understanding the knowledge production, identifying intellectual clusters, and forecasting future research priorities and gaps. According to bibliometric statistics, research publications in AI disciplines, such as generative AI and synthetic intelligence, have increased considerably. The distribution of SI research across open access models—including gold, green, and hybrid access—was examined to understand publishing preferences and accessibility trends within the field. Further, year-wise mapping of research contributions to the Sustainable Development Goals (SDGs) was conducted by analysing keywords, abstracts, and thematic linkages associated with SDG-related research, highlighting the alignment of SI studies with global sustainability agendas. The current study will create opportunities for future development of SI research. The institutions from Canada, the United Kingdom, China, Australia, and the United States reflect the global





distribution of research excellence in collaboration, with an emphasis on both quantity (publications) and quality (h-index, citations).

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Table 1: Year-Wise Research Trends of SI Research

Year	Publications	TLCS	TGCS	% of 19,418	CR	AGR(%)	RGR	DT
2015	578	424	43361	2.98	578	0.00	0.00	0.00
2016	585	247	35856	3.01	1163	1.21	0.70	0.99
2017	603	392	35299	3.11	1766	3.08	0.42	1.66
2018	757	754	39825	3.90	2523	25.54	0.36	1.94
2019	927	883	40032	4.77	3450	22.46	0.31	2.21
2020	1165	1417	54641	6.00	4615	25.67	0.29	2.38
2021	1387	981	43999	7.14	6002	19.06	0.26	2.64
2022	1493	714	33639	7.69	7495	7.64	0.22	3.12
2023	1888	2320	41597	9.72	9383	26.46	0.23	3.08
2024	3506	3131	43919	18.06	12889	85.70	0.32	2.18
2025	6529	1740	16093	33.62	19418	86.22	0.41	1.69
Total	19,418			100.00			3.52	





Table 2: Distribution of SI Research by Open Access Models

Years	Publications	All Open Access	Free to Read	Gold	Gold-Hybrid	Green Accepted	Green Published	Green Submitted
2015	578	483	6	59	10	0	0	20
2016	585	469	13	80	9	0	0	14
2017	603	483	10	82	14	0	0	14
2018	757	555	12	137	18	15	0	20
2019	927	644	23	179	36	34	0	11
2020	1165	759	43	241	54	40	0	28
2021	1387	839	58	319	58	56	0	57
2022	1493	807	57	422	75	65	0	67
2023	1888	814	23	624	215	114	0	98
2024	3506	1057	1	1131	529	185	187	416
2025	6529	375	864	1092	576	9	236	3377
GT	19418	7285	1110	4366	1594	518	423	4122

Table 3: SDG-wise Growth, Citation Impact, and SI Research Performance (2015–2025)

SDGs	Pub	CAGR	% of 19418	Citations	CAGR	% of Citations	CPP
01 No Poverty	41	0.00	0.21%	5275	0.00	0.45%	128.66
02 Zero Hunger	247	5.02	1.27%	20966	2.97	1.81%	84.88
03 Good Health and Well Being	10600	41.91	54.59%	674293	31.16	58.07%	63.61
04 Quality Education	985	-0.91	5.07%	48472	-0.93	4.17%	49.21
05 Gender Equality	1506	0.53	7.76%	79062	0.63	6.81%	52.50
06 Clean Water and Sanitation	153	-0.90	0.79%	9994	-0.87	0.86%	65.32
07 Affordable and Clean Energy	754	3.93	3.88%	36163	2.62	3.11%	47.96
08 Decent Work and Economic Growth	67	-0.91	0.35%	3000	-0.92	0.26%	44.78
09 Industry Innovation and Infrastructure	700	9.45	3.60%	40207	12.40	3.46%	57.44
10 Reduced Inequality	49	-0.93	0.25%	3375	-0.92	0.29%	68.88
11 Sustainable Cities and Communities	1621	32.08	8.35%	92894	26.52	8.00%	57.31
12 Responsible Consumption and Production	152	-0.91	0.78%	11643	-0.87	1.00%	76.60
13 Climate Action	1559	9.26	8.03%	87663	6.53	7.55%	56.23
14 Life Below Water	578	-0.63	2.98%	21393	-0.76	1.84%	37.01
15 Life On Land	298	-0.48	1.53%	20362	-0.05	1.75%	68.33
16 Peace and Justice Strong Institutions	57	-0.81	0.29%	3341	-0.84	0.29%	58.61
17 Partnerships for the Goals	51	-0.11	0.26%	3057	-0.09	0.26%	59.94
Grand Total	19418		100.00%	1161160		100.00%	

Table 4: Influential Institutions

Sl.No	Institutions	Publications	H-index	% of 19418	Country	TLCS	TGCS
1	University of Toronto	304	66	1.57	Canada	424	15857
2	University College London (UCL)	245	60	1.26	UK	242	10718
3	Zhejiang University	236	29	1.22	China	153	3014
4	Monash University	226	55	1.16	Australia	251	7991





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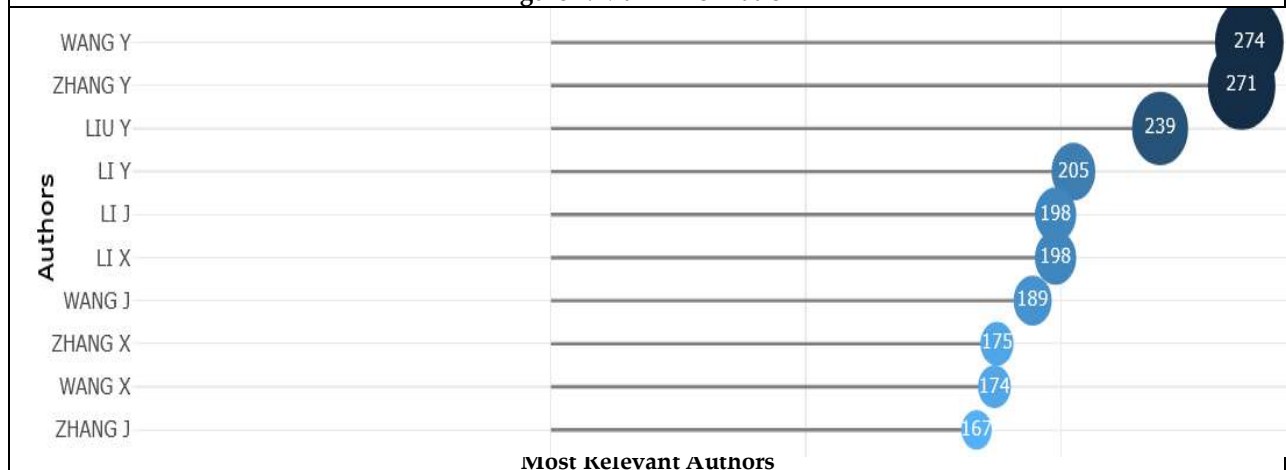
5	Chinese Academy of Sciences	216	43	1.11	China	185	5539
6	University of Oxford	214	45	1.10	UK	219	6843
7	Harvard Medical School	209	49	1.08	US	200	8350
8	Stanford University	204	43	1.05	US	227	8407
9	University of Sydney	202	42	1.04	Australia	191	5703
10	McMaster University	183	41	0.94	Canada	62	6138

Table 5: Most Productive Countries in SI Research

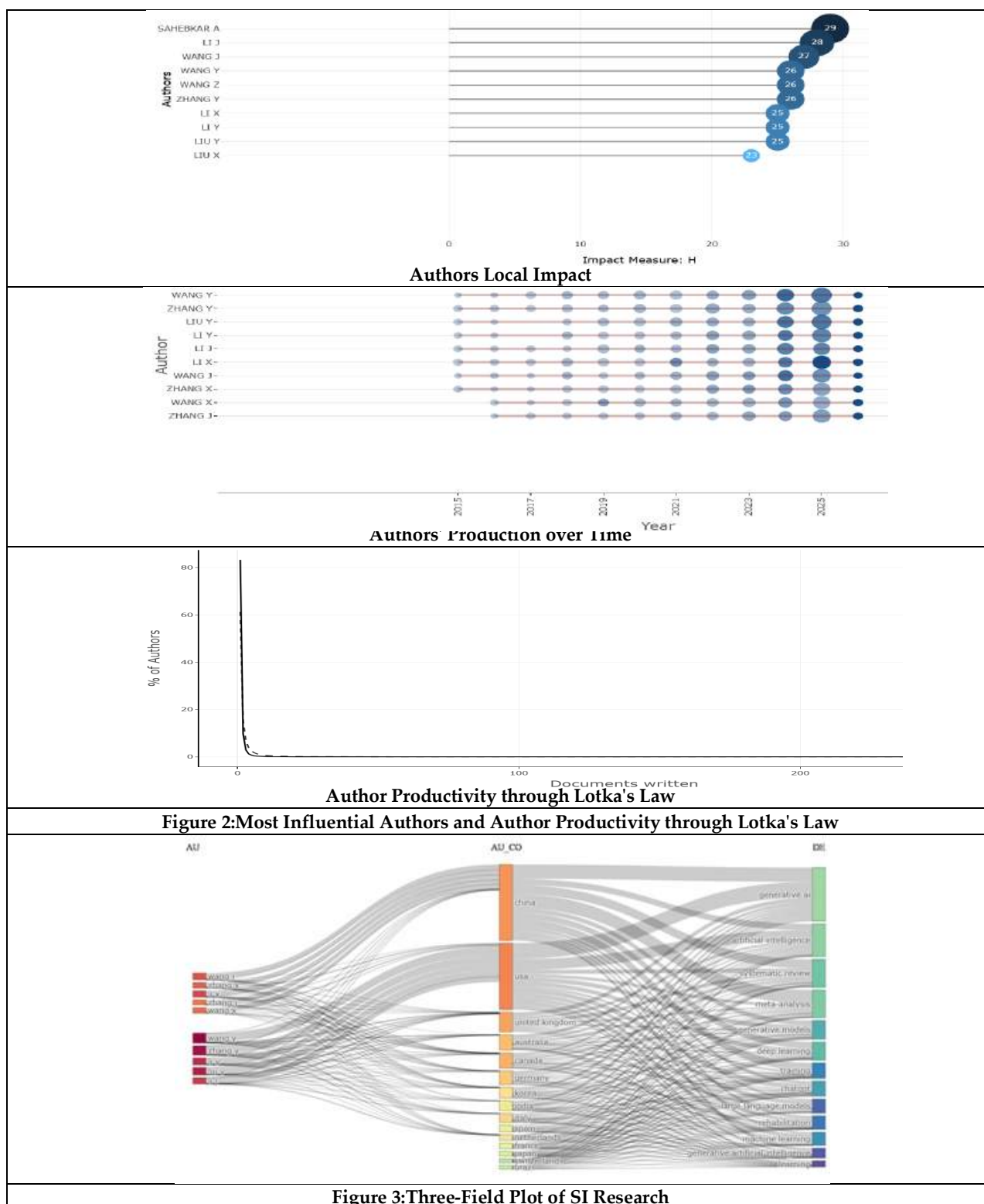
Sl.No	Country	Publications	% of 19418	TLCS	TGCS	AAC
1	China	4410	22.7%	5532	185780	12
2	USA	4301	22.1%	2943	69034	31
3	UK	1295	6.7%	2103	76023	32
4	Australia	917	4.7%	1208	51002	29
5	Canada	852	4.4%	1985	66832	35
6	Germany	695	3.6%	1073	33870	24
7	South Korea	622	3.2%	428	26957	11
8	Italy	611	3.1%	874	25184	22
9	India	417	2.1%	430	24391	9
10	Netherlands	371	1.9%	628	20902	27



Figure 1: Main Information



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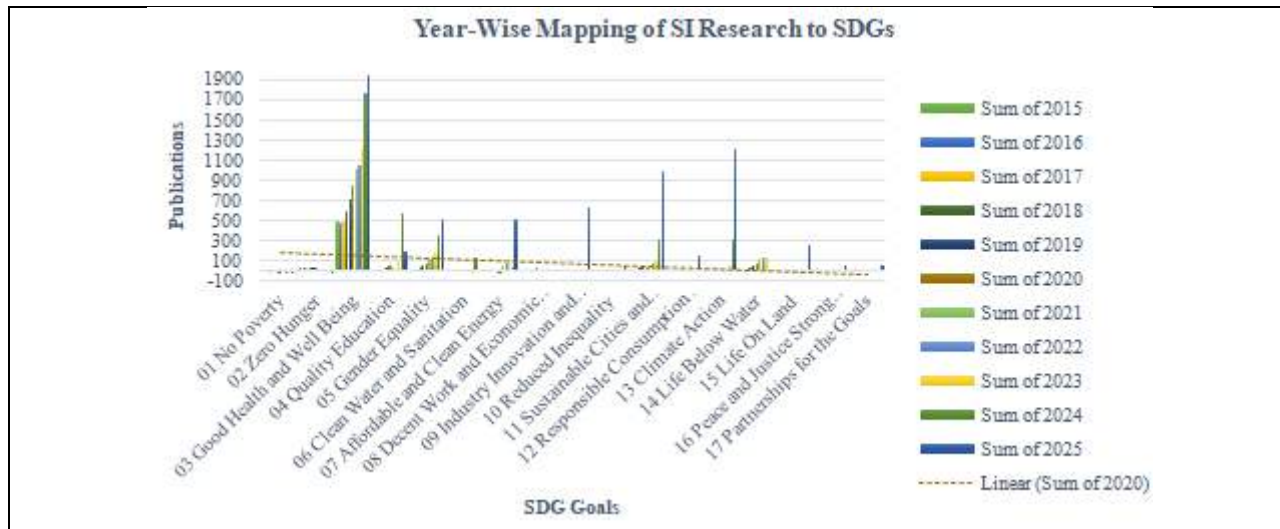


Figure 4: Year-Wise Mapping of SI Research to SDGs

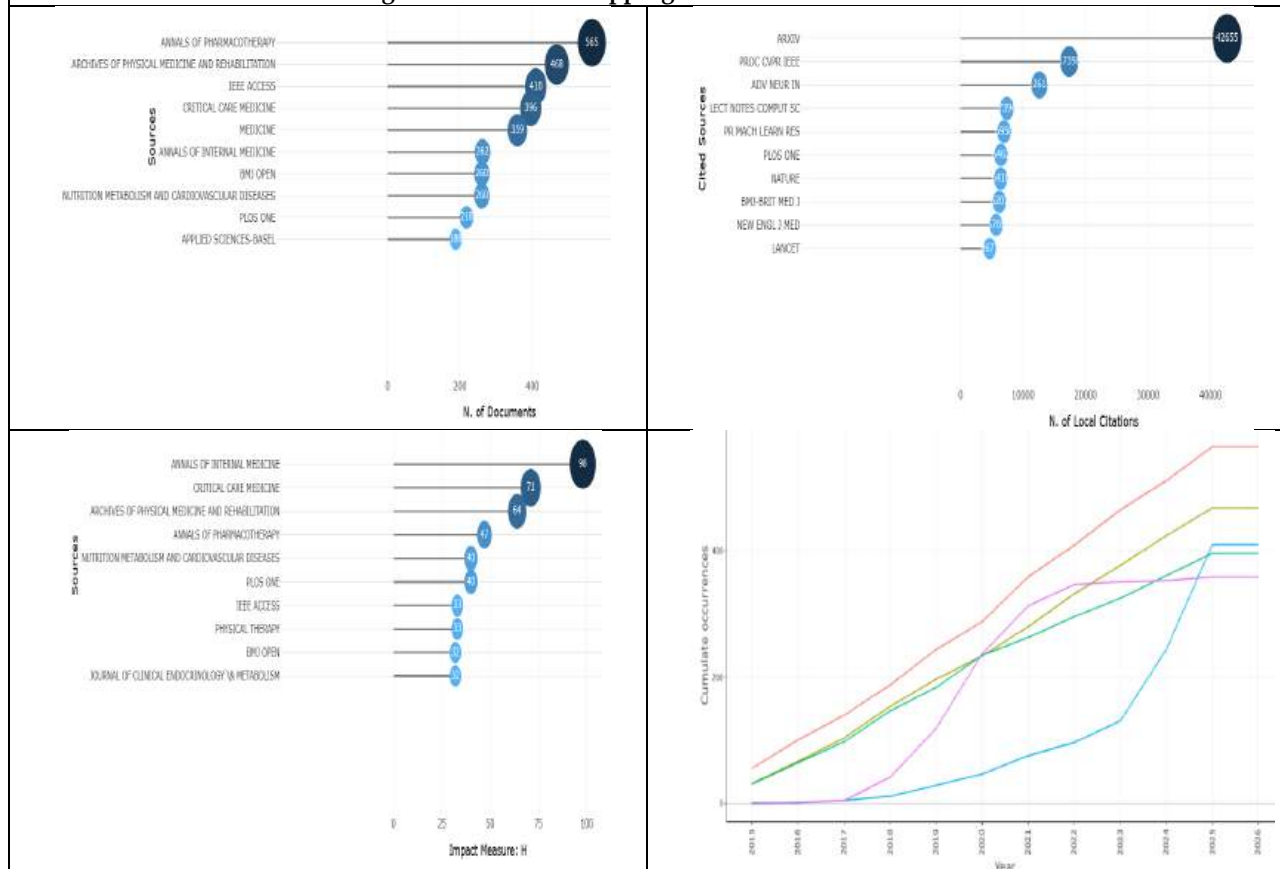


Figure5:Source-wise Productivity, Citation Performance and Production Over Time



Corresponding Author's Countries

This horizontal stacked bar chart displays the number of documents (N of Documents) on the x-axis (0 to 4000) for various countries on the y-axis. The bars are color-coded by collaboration type: SCP (red) and MCP (blue). The countries are listed in descending order of total document count.

Country	SCP (Red)	MCP (Blue)	Total Documents
CHINA *	~1000	~3400	~4400
USA *	~1000	~3300	~4300
UNITED KINGDOM *	~500	~1300	~1800
AUSTRALIA *	~400	~1000	~1400
CANADA *	~300	~800	~1100
GERMANY *	~200	~600	~800
KOREA *	~150	~500	~650
ITALY *	~150	~450	~600
INDIA *	~100	~400	~500
NETHERLANDS *	~100	~350	~450
JAPAN *	~100	~300	~400
SPAIN *	~100	~250	~350
SWEDEN *	~100	~200	~300
FRANCE *	~100	~150	~250
ITALY *	~100	~100	~200
SWITZERLAND *	~50	~100	~150
SINGAPORE *	~50	~100	~150
FINLAND *	~50	~100	~150
DENMARK *	~50	~100	~150

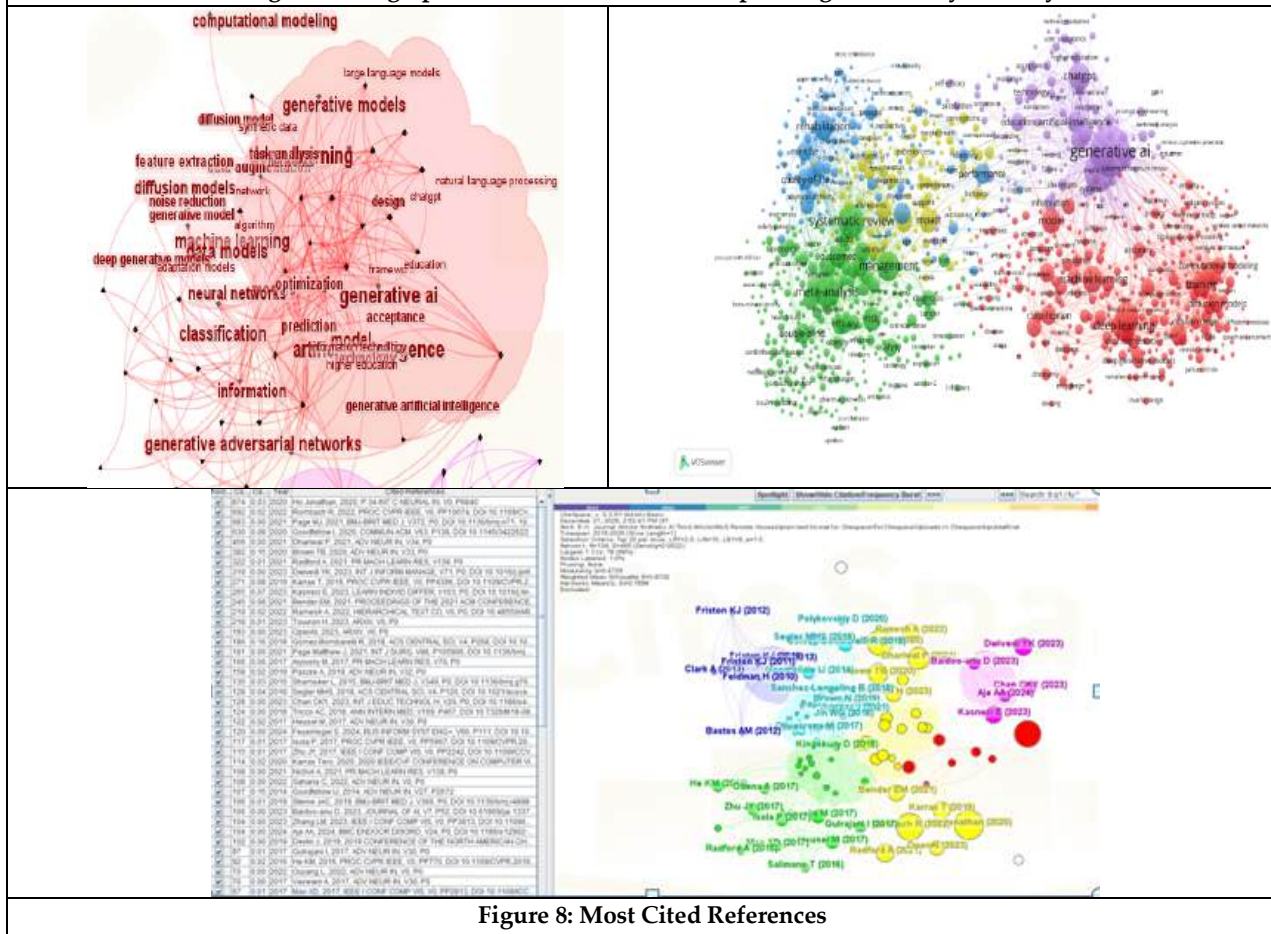
Collaboration

- SCP
- MCP

N of Documents

0 1000 2000 3000 4000

SCOPUS: Scopus Publications 1966-2016; MCP: MCP Publications



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REVIEW ARTICLE

Effects of High -Intensity Interval Training on Health Outcomes in Sedentary Individuals : A Narrative Review

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Received: 08 Mar 2026

Revised: 22 Apr 2026

Accepted: 25 May 2026

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ABSTRACT

Sedentary lifestyle is increasingly recognized as a major public health concern and is associated with a wide range of chronic conditions including cardiovascular disease, obesity, metabolic syndrome and reduced functional capacity. Reduced levels of physical activity result in diminished cardiorespiratory fitness and impaired metabolic health, thereby increasing the risk of morbidity and mortality. Exercise training is considered a cornerstone intervention for improving health outcomes in sedentary individuals; however, the ability to perform and sustain continuous high-intensity exercise remains limited due to low baseline fitness and early onset of fatigue. The objective of this narrative review was to examine the effects of high-intensity interval training on cardiorespiratory fitness, body composition, metabolic health, and psychological outcomes in sedentary individuals. High-intensity interval training (HIIT) has emerged as a promising exercise modality that allows individuals to perform high-intensity work interspersed with periods of rest or low-intensity activity. This approach enables greater total work at higher intensities while reducing physiological strain. In this narrative review, studies investigating the effects of whole-body HIIT in sedentary individuals were synthesized. Studies were included where participants were assigned to either (i) HIIT or no exercise, or (ii) HIIT or moderate intensity continuous training (MICT). Outcomes assessed included peak oxygen uptake (VO_{2max}), exercise capacity, metabolic function, and body composition. Evidence consistently demonstrates that HIIT improves cardiorespiratory fitness, insulin sensitivity, and muscular adaptations in sedentary populations. Furthermore, when compared to continuous training, HIIT produces similar improvements in VO_{2max}



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and exercise capacity despite requiring a lower total exercise volume. HIIT is an effective and time-efficient intervention for improving physiological and metabolic outcomes in sedentary individuals. Its ability to induce significant adaptations within a short duration makes it particularly suitable for populations with limited time or low exercise tolerance.

Keywords: Sedentary lifestyle, High intensity interval training, $VO_2\text{max}$, Exercise capacity, Metabolic health

INTRODUCTION

Sedentary lifestyle is increasingly recognized as a major global public health concern and is characterized by prolonged periods of physical inactivity and low energy expenditure. Modern technological advancements, urbanization, and occupational demands have significantly reduced daily physical activity levels, resulting in a growing prevalence of sedentary behaviour across populations. Individuals now spend a substantial proportion of their time engaged in sitting-based activities such as computer work, television viewing, and use of mobile devices, which contribute to reduced overall energy expenditure (Booth et al., 2017). Physical inactivity has been identified as a major risk factor for the development of non-communicable diseases, including cardiovascular disease, obesity, type 2 diabetes mellitus, and metabolic syndrome. Epidemiological evidence indicates that sedentary behaviour is independently associated with increased morbidity and mortality, even in individuals who meet minimum physical activity guidelines (Biswas et al., 2015). This highlights the detrimental effects of prolonged inactivity on physiological function and overall health.

One of the primary consequences of sedentary lifestyle is a decline in cardiorespiratory fitness, commonly assessed through peak oxygen uptake ($VO_2\text{max}$). $VO_2\text{max}$ represents the maximal capacity of the cardiovascular and respiratory systems to transport and utilize oxygen during exercise and is considered a strong predictor of cardiovascular health and all-cause mortality (Blair et al., 1996). Sedentary individuals typically demonstrate significantly lower $VO_2\text{max}$ values, reflecting impaired oxygen delivery and utilization. In addition to reduced aerobic capacity, sedentary behaviour is associated with adverse metabolic adaptations, including increased adiposity, insulin resistance, and dyslipidaemia. These changes contribute to the development of metabolic syndrome and increase the risk of chronic diseases. At the muscular level, inactivity leads to reduced mitochondrial density, decreased oxidative enzyme activity, and impaired glucose transport mechanisms (Booth et al., 2012). Exercise training has been widely recognized as an effective strategy for reversing the negative effects of sedentary behaviour. Regular physical activity improves cardiovascular function, enhances metabolic health, and increases overall functional capacity. However, adherence to traditional exercise programs, particularly moderate intensity continuous training (MICT), is often limited in sedentary populations due to factors such as lack of time, low motivation, and early onset of fatigue (Gibala et al., 2012).

High intensity interval training (HIIT) has emerged as a promising alternative to traditional exercise modalities. HIIT involves repeated bouts of high-intensity exercise interspersed with periods of recovery or low-intensity activity. This approach allows individuals to perform exercise at higher intensities while minimizing fatigue, thereby enabling greater physiological stimulus within a shorter duration (Weston et al., 2014). Recent research has demonstrated that HIIT can induce rapid and significant improvements in cardiorespiratory fitness, metabolic function, and body composition, even in sedentary individuals (Gillen et al., 2016). Furthermore, HIIT has been shown to produce comparable or superior outcomes to continuous training despite requiring substantially less time commitment. These findings highlight the potential of HIIT as a time-efficient and effective intervention for addressing the health consequences of sedentary lifestyle. Therefore, the purpose of this narrative review is to synthesize current evidence regarding the effects of high-intensity interval training on sedentary individuals, with specific focus on $VO_2\text{max}$, body composition, insulin sensitivity, metabolic health, psychological outcomes, and exercise adherence.





Background

Sedentary behaviour is defined as any waking activity characterized by an energy expenditure of ≤ 1.5 metabolic equivalents while in a sitting, reclining, or lying posture (Tremblay et al., 2017). The increasing prevalence of sedentary lifestyle has been attributed to environmental, technological, and social factors that promote inactivity. This shift towards a less active lifestyle has significant implications for public health, as physical inactivity is now considered one of the leading risk factors for global mortality. From a physiological perspective, prolonged sedentary behaviour leads to a progressive decline in cardiovascular, metabolic, and muscular function. One of the earliest changes observed is a reduction in cardiorespiratory fitness, which reflects the diminished ability of the body to deliver and utilize oxygen during physical activity. Reduced VO_{2max} has been consistently associated with increased risk of cardiovascular disease and premature death (Blair et al., 1996).

At the muscular level, inactivity results in decreased mitochondrial density and reduced activity of oxidative enzymes such as citrate synthase and cytochrome c oxidase. These enzymes are essential for aerobic metabolism, and their reduction leads to impaired energy production and reduced exercise capacity (Gibala et al., 2006). Furthermore, inactivity decreases capillary density within skeletal muscle, limiting oxygen delivery to working muscles. Metabolic dysfunction is another major consequence of sedentary lifestyle. Prolonged inactivity leads to reduced insulin sensitivity and impaired glucose uptake, primarily due to decreased expression and translocation of glucose transporter type 4 (GLUT-4) in skeletal muscle (Little et al., 2011). These changes contribute to elevated blood glucose levels and increased risk of type 2 diabetes mellitus.

In addition, sedentary behaviour is associated with increased adiposity, particularly visceral fat accumulation. Visceral fat is metabolically active and contributes to the release of pro-inflammatory cytokines, which are linked to the development of cardiovascular disease and metabolic disorders (Booth et al., 2012). The accumulation of body fat further exacerbates insulin resistance and reduces overall metabolic efficiency. The overload principle in exercise physiology states that physiological adaptations occur when the body is exposed to stress beyond its habitual level. While higher intensity exercise is associated with greater improvements in fitness, sedentary individuals often struggle to sustain such intensities due to early onset of fatigue, breathlessness, and discomfort. This limitation reduces adherence to traditional continuous exercise programs. High intensity interval training addresses this limitation by incorporating recovery periods between high-intensity efforts. This structure allows individuals to perform exercise at higher intensities while reducing the accumulation of fatigue. As a result, HIIT enables greater total work to be performed compared to continuous exercise at a similar perceived effort (Gibala et al., 2012).

The physiological adaptations to HIIT are primarily mediated through peripheral mechanisms. Repeated high-intensity contractions stimulate mitochondrial biogenesis through activation of signaling pathways such as AMP-activated protein kinase (AMPK) and peroxisome proliferator-activated receptor gamma coactivator-1 alpha (PGC-1 α). These adaptations lead to increased oxidative capacity and improved endurance performance. Furthermore, HIIT has been shown to increase excess post-exercise oxygen consumption (EPOC), resulting in elevated energy expenditure following exercise. This contributes to greater fat oxidation and improved body composition. The hormonal response to HIIT, including increased catecholamine levels, further enhances lipolysis and fat utilization (Trapp et al., 2008). Importantly, many of these adaptations occur within a relatively short time frame. Studies have demonstrated significant improvements in VO_{2max} , insulin sensitivity, and mitochondrial function following as little as two weeks of HIIT (Gibala et al., 2006). This rapid response highlights the efficiency of HIIT as an intervention for sedentary individuals. In summary, sedentary lifestyle leads to significant impairments in cardiovascular, metabolic, and muscular function. High intensity interval training provides an effective strategy to counteract these effects by inducing rapid and substantial physiological adaptations. Its time-efficient nature and ability to improve multiple health outcomes make it a promising intervention for addressing the growing burden of physical inactivity.





High Intensity Interval Training

High intensity interval training (HIIT) is characterized by repeated bouts of high-intensity exercise interspersed with periods of recovery or low-intensity activity. The intensity of the work intervals typically ranges from 80% to 100% of maximal oxygen uptake (VO_2max) or maximal heart rate, while recovery periods allow partial physiological recovery before the next bout. A key feature of HIIT is its ability to enable individuals to perform exercise at intensities that would otherwise be unsustainable if performed continuously. During continuous high-intensity exercise, fatigue develops rapidly due to the accumulation of metabolic byproducts such as lactate and hydrogen ions, leading to decreased performance. In contrast, the inclusion of recovery intervals in HIIT allows for partial clearance of these metabolites, thereby delaying fatigue and enabling repeated high-intensity efforts. HIIT protocols vary widely in terms of interval duration, intensity, and recovery periods. Common protocols include short sprint intervals lasting 20–30 seconds, as well as longer intervals of 2–4 minutes performed at submaximal intensities. Recovery periods may be active or passive and are typically equal to or longer than the work intervals.

The physiological adaptations associated with HIIT are primarily mediated through peripheral mechanisms within skeletal muscle. Repeated exposure to high-intensity exercise stimulates mitochondrial biogenesis through activation of key signaling pathways such as peroxisome proliferator-activated receptor gamma coactivator-1 alpha (PGC-1 α). This results in increased mitochondrial density and enhanced oxidative capacity, allowing for improved energy production during exercise. In addition to mitochondrial adaptations, HIIT enhances the activity of oxidative enzymes such as citrate synthase and cytochrome c oxidase. These enzymes play a crucial role in aerobic metabolism and contribute to improved endurance performance. Furthermore, HIIT has been shown to increase capillary density within skeletal muscle, facilitating improved oxygen delivery to working muscles. Another important adaptation associated with HIIT is improved insulin sensitivity. High-intensity exercise increases the translocation of glucose transporter type 4 (GLUT-4) to the muscle cell membrane, enhancing glucose uptake and reducing blood glucose levels. This effect is particularly beneficial for sedentary individuals who are at increased risk of insulin resistance and type 2 diabetes.

Cardiovascular adaptations also occur following HIIT. Improvements in stroke volume, cardiac output, and endothelial function contribute to increased VO_2max and overall cardiovascular efficiency. These adaptations collectively enhance the ability of the body to deliver and utilize oxygen during exercise. Importantly, many of these adaptations can occur within a relatively short period. Studies have demonstrated significant improvements in VO_2max and metabolic health following as little as two weeks of HIIT. This rapid response highlights the efficiency of HIIT as an exercise intervention. Another advantage of HIIT is its time efficiency. Traditional exercise guidelines often recommend 150 minutes of moderate intensity exercise per week. In contrast, HIIT protocols can achieve comparable benefits with significantly lower time commitment. This makes HIIT particularly appealing for individuals who cite lack of time as a barrier to physical activity. Despite its benefits, HIIT may not be suitable for all individuals. The high intensity nature of the exercise may increase the risk of injury or adverse cardiovascular events, particularly in untrained individuals. Therefore, proper screening, supervision, and gradual progression are essential when implementing HIIT programs in sedentary populations.

METHODS

This narrative review was conducted to examine the effects of high intensity interval training (HIIT) on sedentary individuals. A comprehensive literature search was performed using PubMed, Scopus, Web of Science, and Google Scholar.

Search Strategy

The literature search was limited to studies published in English and focused mainly on human participants. Studies were selected on the basis of relevance to sedentary, inactive, overweight, or clinical adult populations undergoing



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HIIT interventions. Both original research studies and systematic reviews/meta-analyses were included to provide a broad synthesis of evidence.

Inclusion Criteria

- Sedentary or inactive individuals
- HIIT intervention studies
- Compared with no exercise or MICT
- Reported VO₂max or metabolic outcomes

Exclusion Criteria

- Athletes
- Non-human studies
- Incomplete data

Data Extraction

Data extracted included author, year, sample size, protocol, duration, and outcomes

Table 1 summarizes the characteristics of the included studies examining the effects of high intensity interval training in sedentary individuals. The studies involved a wide range of populations including sedentary, overweight, and obese adults. Various HIIT protocols were used, such as sprint interval training, cycling-based intervals, and treadmill training. The duration of interventions ranged from 2 to 16 weeks. Across all studies, HIIT consistently resulted in improvements in VO₂max, metabolic health, and body composition. These findings demonstrate the effectiveness of HIIT across different populations and intervention designs.

Sedentary Individuals: Hiit Vs No Exercise

A substantial body of evidence has demonstrated that high intensity interval training produces significant improvements in exercise capacity and metabolic health when compared to sedentary behaviour. Sedentary individuals typically exhibit reduced aerobic capacity, impaired mitochondrial function, and decreased exercise tolerance. When exposed to structured HIIT interventions, these individuals demonstrate rapid and marked improvements in physiological performance. Burgomaster et al. investigated the effects of short-term sprint interval training in previously sedentary individuals and reported significant improvements in skeletal muscle oxidative capacity and endurance performance following only six training sessions conducted over a two-week period. These findings indicate that even minimal exposure to high-intensity exercise can produce meaningful physiological adaptations. Similarly, Gibala et al. demonstrated that low-volume HIIT protocols resulted in substantial increases in mitochondrial enzyme activity and improved metabolic efficiency. Notably, these adaptations occurred despite the significantly lower total exercise volume compared to traditional endurance training.

In sedentary and overweight populations, Gillen et al. examined the effects of a 12-week HIIT program and observed significant improvements in insulin sensitivity and cardiometabolic health. The authors reported that participants achieved these benefits with a total weekly exercise time that was substantially lower than conventional exercise recommendations. Further evidence supporting the effectiveness of HIIT in sedentary individuals is provided by Little et al., who observed increased expression of glucose transporter type 4 (GLUT-4) following HIIT interventions. This adaptation enhances glucose uptake in skeletal muscle and contributes to improved glycaemic control. Additional studies by Whyte et al. and Hood et al. reported significant reductions in body fat percentage and improvements in mitochondrial function following HIIT programs of six to eight weeks duration. These findings highlight the role of HIIT in improving both metabolic and structural adaptations in sedentary populations. Collectively, these studies demonstrate that HIIT is highly effective in reversing the negative physiological consequences of sedentary behaviour. The magnitude of improvements observed in VO₂max and metabolic parameters suggests that HIIT provides a strong stimulus for adaptation even in individuals with low baseline fitness.



**Mohd Sartaz and Sandeep Kumar****Sedentary Individuals: Hiit Vs Moderate Intensity Continuous Training (Mict)**

Comparisons between HIIT and moderate intensity continuous training have been extensively investigated in the literature, with findings indicating that both training modalities produce significant improvements in cardiorespiratory fitness. Tjønnå et al. conducted a study comparing HIIT with continuous exercise in obese individuals and reported that HIIT produced greater improvements in $VO_2\max$. The authors attributed these findings to the higher intensity stimulus provided by interval training, which results in greater cardiovascular and muscular adaptations. Similarly, Weston et al. examined the effects of HIIT and continuous training in sedentary adults and found that HIIT resulted in superior reductions in body fat percentage. These findings suggest that HIIT may be more effective in promoting fat loss due to increased post-exercise energy expenditure.

However, not all studies have demonstrated superiority of HIIT. Ramos et al. and Milanović et al. reported comparable improvements in $VO_2\max$ between HIIT and continuous training when total work volume was matched. These findings indicate that both training modalities are effective in improving cardiorespiratory fitness. Despite similar outcomes, HIIT offers a significant advantage in terms of time efficiency. Gillen et al. reported that HIIT required approximately one-fifth of the time compared to continuous training while producing similar metabolic benefits. This characteristic makes HIIT particularly attractive for sedentary individuals who often cite lack of time as a barrier to exercise. Furthermore, HIIT allows individuals to perform exercise at higher intensities due to the inclusion of recovery intervals. This enables greater overall work output and may contribute to enhanced physiological adaptations compared to continuous exercise performed at moderate intensity.

In summary, while both HIIT and continuous training improve fitness outcomes, HIIT provides a more time-efficient alternative and may offer additional benefits in terms of fat loss and metabolic adaptations. **Table 2** presents a comparison between high intensity interval training (HIIT) and moderate intensity continuous training (MICT) across multiple studies. The findings indicate that both training modalities produce significant improvements in cardiorespiratory fitness and metabolic health. However, HIIT demonstrates superior outcomes in several studies, particularly in terms of fat loss, insulin sensitivity, and cardiovascular function. Additionally, HIIT achieves these benefits with reduced time commitment, highlighting its efficiency and practicality for sedentary populations.

Effects of Hiit on Cardiorespiratory Fitness

Improvements in cardiorespiratory fitness represent one of the most consistently reported outcomes of HIIT interventions. $VO_2\max$, which reflects the maximal capacity for oxygen uptake and utilisation, is a key indicator of aerobic fitness and is strongly associated with health outcomes. Sedentary individuals typically present with reduced $VO_2\max$ values, which contribute to decreased exercise tolerance and increased health risk. HIIT has been shown to produce significant increases in $VO_2\max$ ranging from 10% to 25% across various populations. These improvements are primarily attributed to increased stroke volume, enhanced cardiac output, and improved peripheral oxygen extraction. The intermittent nature of HIIT allows individuals to achieve higher exercise intensities compared to continuous training, thereby providing a stronger stimulus for cardiovascular adaptation. Repeated exposure to high-intensity workloads leads to improved efficiency of oxygen delivery and utilisation. **Figure 1** illustrates the improvement in $VO_2\max$ across different groups. The HIIT group shows the highest increase in $VO_2\max$, followed by MICT, while the sedentary group shows no improvement. This highlights the superior effectiveness of HIIT in enhancing cardiorespiratory fitness.

Effects of Hiit on Body Composition

HIIT has been shown to produce significant reductions in body fat and improvements in lean body mass. Trapp et al. investigated the effects of HIIT in young women and reported greater reductions in total body fat compared to steady-state exercise. These findings suggest that HIIT is particularly effective in promoting fat loss. The mechanisms underlying fat reduction include increased lipolysis, elevated catecholamine levels, and enhanced fat oxidation during and after exercise. Additionally, HIIT increases excess post-exercise oxygen consumption (EPOC), resulting in prolonged energy expenditure following exercise sessions. Whyte et al. also reported significant reductions in



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abdominal fat following a six-week HIIT program in overweight men. Reduction in visceral fat is particularly important as it is associated with decreased risk of metabolic diseases.

Figure 2 demonstrates the comparison of fat loss between HIIT, MICT, and sedentary groups. The HIIT group exhibits the greatest reduction in fat mass, indicating enhanced fat oxidation and metabolic activity compared to continuous training and inactivity.

Metabolic Adaptations

HIIT induces significant improvements in metabolic health, particularly in sedentary individuals. Studies have demonstrated that HIIT enhances insulin sensitivity, improves glucose tolerance, and reduces blood lipid levels. These adaptations are primarily mediated through increased GLUT-4 translocation and improved mitochondrial function. Improved insulin sensitivity is particularly important in preventing the development of type 2 diabetes, which is strongly associated with sedentary behaviour. **Figure 3** shows the metabolic improvements achieved through different exercise modalities. HIIT results in the highest improvement in insulin sensitivity and metabolic function, followed by MICT, while sedentary individuals show minimal improvement.

Psychological and Behavioural Effects

In addition to physiological benefits, HIIT has been shown to improve psychological outcomes.

Sedentary individuals often report low motivation and poor adherence to exercise programs. The shorter duration and varied structure of HIIT make it more engaging and enjoyable, thereby improving adherence. In addition to physiological benefits, several studies have highlighted the psychological advantages of high intensity interval training. Jung et al. (2014) reported that HIIT significantly improves exercise enjoyment and adherence compared to continuous training, particularly in previously inactive individuals. Similarly, Bartlett et al. (2011) found that participants engaging in HIIT experienced greater enjoyment and lower perceived exertion despite higher exercise intensity. These findings suggest that HIIT may enhance motivation and long-term adherence to exercise programs, which is particularly important for sedentary populations.

RESULTS

The findings of the present review demonstrate that high intensity interval training significantly improves multiple health outcomes in sedentary individuals. Across the included studies, consistent improvements were observed in VO_2max , body composition, insulin sensitivity and metabolic health following HIIT interventions. VO_2max improvements ranged from 10% to 25%, indicating enhanced cardiovascular efficiency. Additionally, HIIT interventions resulted in significant reductions in body fat and improvements in insulin sensitivity and glucose regulation. When compared to moderate intensity continuous training (MICT), HIIT produced similar or superior results despite requiring significantly less time. These findings highlight the effectiveness and practicality of HIIT as an exercise intervention for sedentary populations. Table 3 summarizes the overall physiological and metabolic effects of high intensity interval training in sedentary individuals. The findings indicate that HIIT leads to significant improvements in VO_2max , body composition, and insulin sensitivity. Strong evidence supports its effectiveness in enhancing metabolic health and cardiovascular function, making it a highly beneficial exercise intervention for inactive populations.

DISCUSSION

The findings of this narrative review demonstrate that high intensity interval training is an effective intervention for improving physiological, metabolic and psychological outcomes in sedentary individuals. Consistent with findings reported in previous literature, the present synthesis indicates that improvements in exercise capacity and cardiorespiratory fitness are primarily driven by peripheral adaptations rather than central limitations. One of the most important findings across the included studies is the significant improvement in VO_2max following HIIT



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interventions. VO_2max is widely regarded as a strong predictor of cardiovascular health and overall mortality. Sedentary individuals typically present with reduced VO_2max values, which reflect impaired oxygen delivery and utilisation. The observed increases in VO_2max following HIIT are likely attributable to a combination of central and peripheral adaptations, including increased stroke volume, enhanced cardiac output, and improved skeletal muscle oxygen extraction.

Similar findings have been reported in previous exercise-training literature, where improvements in VO_2max were linked to both central and peripheral adaptations. The magnitude of improvement in VO_2max appears to be strongly influenced by peripheral factors such as mitochondrial density and oxidative enzyme activity. HIIT stimulates mitochondrial biogenesis through activation of intracellular signaling pathways, resulting in increased capacity for aerobic metabolism. These adaptations contribute to improved endurance performance and exercise tolerance. These findings are supported by previous studies which demonstrated that HIIT significantly enhances mitochondrial function and oxidative enzyme activity (Gibala et al., 2012; Burgomaster et al., 2008). Additionally, improvements in insulin sensitivity and metabolic regulation observed in sedentary individuals are consistent with findings reported by Little et al. (2011). Another key mechanism underlying the effectiveness of HIIT is excess post-exercise oxygen consumption (EPOC). Following high-intensity exercise, oxygen consumption remains elevated as the body restores physiological balance. This increased energy expenditure contributes to greater fat oxidation and plays a significant role in body composition improvements observed in sedentary individuals.

The reduction in body fat percentage following HIIT is also mediated by hormonal responses, including increased catecholamine levels, which stimulate lipolysis. Additionally, HIIT has been shown to preferentially reduce visceral fat, which is strongly associated with metabolic diseases such as type 2 diabetes and cardiovascular disorders. Metabolic adaptations represent another important outcome of HIIT interventions. Improvements in insulin sensitivity and glucose metabolism have been consistently reported across studies. These changes are primarily mediated through increased translocation of GLUT-4 transporters to the muscle cell membrane, enhancing glucose uptake and reducing blood glucose levels. Such adaptations are particularly beneficial for sedentary individuals who are at increased risk of insulin resistance. From a practical perspective, the time-efficient nature of HIIT represents a major advantage over traditional continuous training. Sedentary individuals often cite lack of time as a primary barrier to physical activity. HIIT protocols, which typically require significantly less total exercise time, provide a feasible and effective alternative. This characteristic may improve adherence and long-term sustainability of exercise programs.

When compared to moderate intensity continuous training, the findings suggest that both training modalities produce similar improvements in cardiorespiratory fitness when total work volume is matched. However, HIIT achieves these outcomes with reduced time commitment, making it more suitable for modern sedentary populations. Despite these advantages, several limitations must be considered. The high intensity nature of HIIT may not be appropriate for all individuals, particularly those with very low fitness levels or underlying health conditions. There is also considerable variability in HIIT protocols across studies, including differences in interval duration, intensity, and recovery periods. This heterogeneity makes it difficult to establish standardized guidelines. Furthermore, most studies included in this review were conducted over relatively short durations. Long-term effects of HIIT on sedentary populations remain less well understood. Future research should focus on large-scale, long-term interventions to better understand the sustainability and safety of HIIT. Furthermore, previous meta-analyses have confirmed that HIIT produces comparable or superior improvements in cardiorespiratory fitness compared to moderate intensity continuous training (Milanović et al., 2015; Weston et al., 2014). These findings reinforce the applicability of HIIT as an efficient and effective training modality for sedentary individuals. In summary, the findings of this review indicate that HIIT is a highly effective and practical exercise intervention for sedentary individuals. Its ability to induce rapid physiological adaptations, improve metabolic health, and reduce time barriers makes it a valuable strategy in addressing the global issue of physical inactivity.





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CONCLUSION

High intensity interval training is an effective and time-efficient intervention for improving cardiorespiratory fitness, body composition, and metabolic health in sedentary individuals. The findings of this review demonstrate that HIIT produces significant physiological adaptations, including improvements in $\text{VO}_{2\text{max}}$, insulin sensitivity, and fat metabolism. Compared to traditional continuous training, HIIT provides comparable or superior outcomes with reduced time commitment, making it highly suitable for modern sedentary populations. Its ability to induce rapid adaptations further enhances its applicability as a practical exercise strategy.

Recommendation

HIIT should be introduced gradually in sedentary individuals, beginning with low-volume protocols under proper supervision. Beginners may start with 2–3 sessions per week, using short work intervals and adequate recovery periods. Medical screening is recommended for individuals with cardiovascular, metabolic, or musculoskeletal risk factors. Future studies should examine long-term adherence, safety, and the effectiveness of home-based and workplace-based HIIT programs.

- Based on the findings of this review, it is recommended that HIIT be incorporated into exercise programs targeting sedentary individuals. Future research should focus on developing standardized HIIT protocols and examining long-term effects across diverse populations.
- Additionally, proper supervision and gradual progression should be ensured to minimize potential risks associated with high-intensity exercise.
- Studies have reported improvements in mood, reduced stress levels, and increased motivation following HIIT interventions. These factors play a crucial role in promoting long-term exercise participation.

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Table 1. Characteristics of Included Studies on HIIT in Sedentary Individuals

Author (Year)	Sample	Population	HIIT Protocol	Duration	Key Outcome
Burgomaster et al. (2005)	8	Sedentary adults	30s sprint cycling	2 weeks	↑ VO ₂ max, ↑ endurance
Gibala et al. (2012)	25	Adults	Cycling HIIT	2 weeks	↑ mitochondrial activity
Gillen et al. (2016)	27	Overweight adults	Sprint interval	12 weeks	↑ insulin sensitivity
Tjønnå et al. (2008)	32	Obese adults	4×4 intervals	16 weeks	↑ VO ₂ max
Weston et al. (2014)	34	Sedentary adults	Cycling HIIT	8 weeks	↓ body fat
Little et al. (2011)	16	Inactive adults	Low-volume HIIT	2 weeks	↑ glucose control
Whyte et al. (2010)	20	Overweight men	Sprint cycling	6 weeks	↓ fat mass
Hood et al. (2011)	12	Sedentary adults	Cycling intervals	6 weeks	↑ mitochondrial capacity
Ramos et al. (2015)	40	Adults	HIIT vs MICT	12 weeks	↑ fitness
Milanović et al. (2015)	Meta-analysis	Adults	HIIT protocols	—	↑ VO ₂ max
Wisløff et al. (2007)	27	Cardiac patients	4×4 HIIT	12 weeks	↑ cardiovascular function
Helgerud et al. (2007)	20	Adults	Running HIIT	8 weeks	↑ endurance
Keating et al. (2017)	38	Overweight adults	HIIT cycling	12 weeks	↑ metabolic health
Jelleyman et al. (2015)	Meta-analysis	Adults	HIIT protocols	—	↑ insulin sensitivity
Babraj et al. (2009)	16	Sedentary adults	Sprint HIIT	2 weeks	↑ metabolic capacity
Metcalfe et al. (2012)	20	Inactive adults	Reduced HIIT	6 weeks	↑ VO ₂ max
Hazell et al. (2014)	24	Adults	Sprint intervals	6 weeks	↑ fat oxidation
Astorino et al. (2012)	18	Sedentary adults	Treadmill HIIT	6 weeks	↑ aerobic fitness
Gist et al. (2014)	25	Adults	HIIT cycling	8 weeks	↑ performance
Cassidy et al. (2017)	30	Adults	HIIT	12 weeks	↑ metabolic health

Table 2. Comparison of HIIT and Moderate Intensity Continuous Training (MICT)

Author (Year)	HIIT Outcome	MICT Outcome	Result
Gibala et al. (2012)	↑ VO ₂ max, ↑ mitochondrial capacity	Similar improvement	HIIT efficient
Gillen et al. (2016)	↑ insulin sensitivity, ↑ metabolic health	Similar improvement	HIIT better
Weston et al. (2014)	↓ body fat, ↑ aerobic capacity	Moderate fat reduction	HIIT superior
Tjønnå et al. (2008)	↑ VO ₂ max, ↓ blood pressure	Moderate improvement	HIIT superior
Ramos et al. (2015)	↑ cardiorespiratory fitness	Similar improvement	Equal effectiveness
Milanović et al. (2015)	↑ VO ₂ max (meta-analysis)	Similar improvement	Equal
Wisløff et al. (2007)	↑ cardiovascular function	Moderate improvement	HIIT superior
Helgerud et al. (2007)	↑ endurance performance	Moderate improvement	HIIT superior
Keating et al. (2017)	↑ metabolic outcomes	Similar improvement	Equal
Jelleyman et al. (2015)	↑ insulin sensitivity	Moderate improvement	HIIT superior





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Table 3. Summary of Physiological and Metabolic Outcomes of HIIT in Sedentary Individuals

Outcome	Effect of HIIT	Evidence Strength	Key Findings
VO ₂ max	Significant increase (10–25%)	Strong	Improved aerobic capacity and cardiovascular efficiency
Body Fat	Significant reduction	Strong	Reduction in total and visceral fat
Insulin Sensitivity	Improved	Strong	Enhanced glucose uptake and metabolic control
Cardiovascular Function	Improved	Moderate	Increased stroke volume and reduced blood pressure
Metabolic Health	Improved	Strong	Better lipid profile and energy metabolism

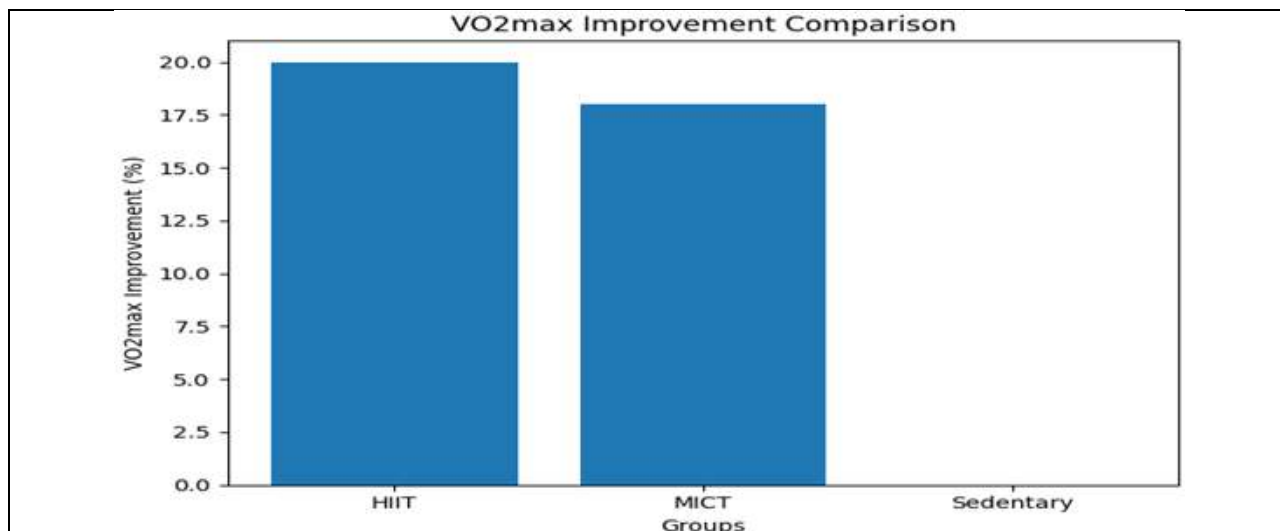


Figure 1. Comparative improvement in VO₂max among HIIT, MICT, and sedentary control groups

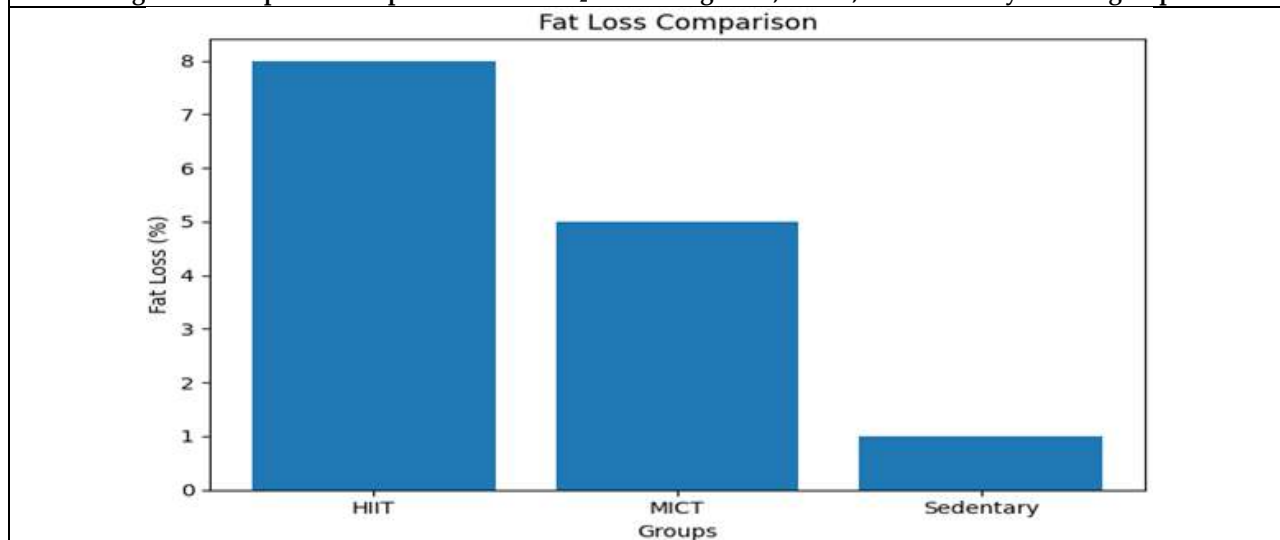
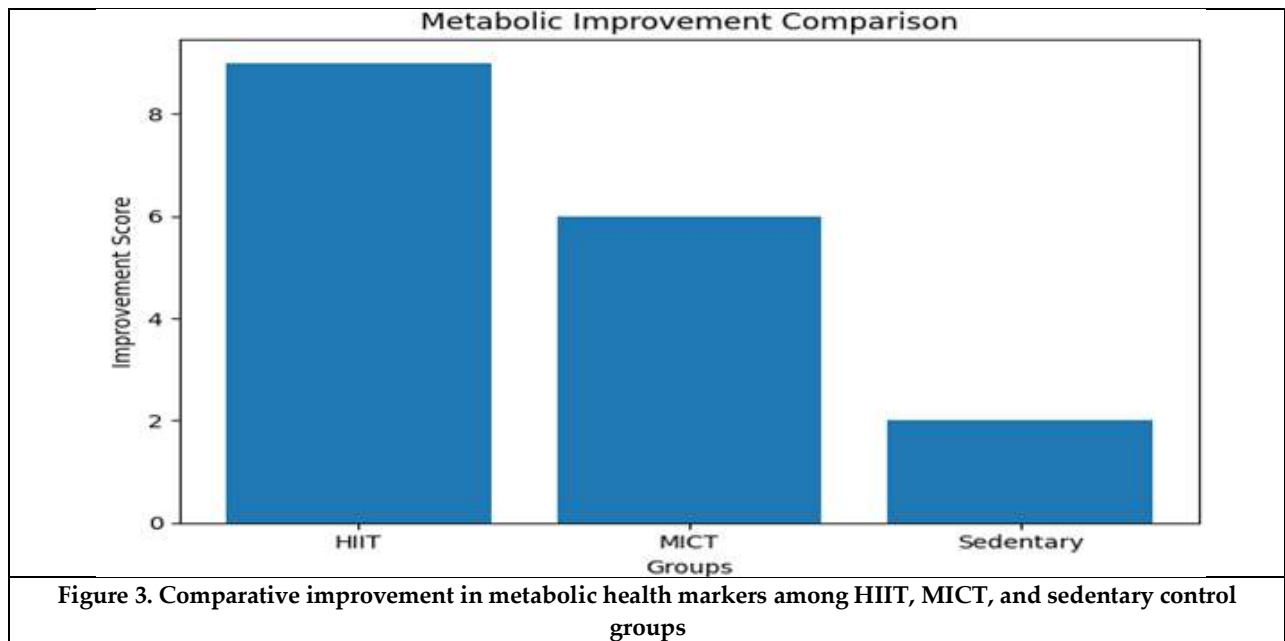


Figure 2. Comparative changes in body fat percentage among HIIT, MICT, and sedentary control groups



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RESEARCH ARTICLE

From Nootropics to Antiepileptics: Expanding the Therapeutic Potential of Piracetam Derivatives

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Received: 06 Mar 2026

Revised: 19 Apr 2026

Accepted: 21 May 2026

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ABSTRACT

Over 50 million people worldwide suffer from epilepsy, a chronic nervous system illness, and over 30% of them have medication resistance. Originally intended as a nootropic, piracetam, a cyclic ester analogue of γ -aminobutyric acid (GABA), has lately been identified as a great pharmacophore for the creation of novel antiepileptics (Fig1). The development of piracetam derivatives, particularly the clinically approved levetiracetam and the extremely promising brivaracetam, following the identification of its primary molecular target, synaptic vesicle protein 2A (SV2A), will be discussed in this article. Significant structural improvements led to better therapeutic results, enhanced affinity, and permeability of the central nervous system. These medications have been shown to have multitarget effects, including ion channel blockage, neurotransmitter release regulation, and suppression of oxidative stress and neuroinflammation. They work well as neuroprotective, nootropic, and analgesic medications in addition to treating epilepsy. However, challenges in clinical translation continue despite numerous advancements in this area. Medication combinations and targeted medication design should be the main focus of future initiatives.

Keywords: Derivatives of piracetam, racetam analogs, antiepileptic medications, SV2A, levetiracetam, brivaracetam, neuroprotection, nootropics, and structure-activity relationship





INTRODUCTION AND HISTORICAL CONTEXT

More than 50 million individuals worldwide suffer from epilepsy, one of the most prevalent types of chronic neurological disorders. It is characterized by frequent, spontaneous seizures brought on by excessive electrical discharge within brain neurons. Approximately 30% of patients exhibit resistance to the many antiepileptic medications (AEDs) that are currently on the market, highlighting the significance of finding novel medications with improved safety and efficacy profiles[1][2][3]. The growing field of antiepileptic drug discovery has recently shown a great deal of interest in drug repurposing and scaffold optimization techniques[4]. Even though its main mechanisms of action were first poorly understood, piracetam has been one of the most researched nootropic medications for many decades. Since its inception, the number of chemical structures found in racetam compounds—which are members of the GABA-derivative cyclic group—has increased significantly[5]. Piracetam has an intriguing pharmacological profile because it improves cognitive abilities without having the sedative or stimulating effects of other traditional psychoactive medications. Hundreds of altered chemical variants of piracetam have been developed during the past 50 years, each providing distinct gains in potency and selectivity[6]. All of the information that is currently accessible about the functions and effectiveness of piracetam analogs is compiled in this review. Levetiracetam and brivaracetam are two examples of piracetam(Fig5 and 6) analogs that work to intensify the effects of piracetam. The paradigm shift in the development of antiepileptics is represented by the switch from piracetam to selective medications like levetiracetam and brivaracetam[7][8].

Pharmacological Mechanisms and Molecular Targets

The Discovery of SV2A as the Primary Molecular Target

The finding of a significant racetam binding site, namely synaptic vesicle protein 2A (SV2A), was a crucial discovery that advanced our understanding of the racetam process (Fig. 2). In animal models, piracetam's activity is associated with anticonvulsant action, and it exhibits modest selectivity to this brain-selective binding site[9]. The revelation clarified a number of unresolved issues and created fresh opportunities for a thorough examination of the structural foundation of SAR. Additionally, it cleared the path for discoveries that led to the creation of more powerful and efficient medications[10]. After SV2A was discovered, the first medication created in a second generation of molecules was levetiracetam (LEV), the S-enantiomer of the pyrrolidone derivatives. These two substances have distinct pharmacological activities while having identical chemical structures. Potent drugs can be designed by selectively targeting SV2A, which is thought to be a potential membrane transporter of synaptic vesicles[9]. Cryo-EM studies have elucidated the structural basis for the antiepileptic medication SV2A recognition. The putative substrate-binding site is occupied by levetiracetam and brivaracetam in an outward-open conformation[11]

Brivaracetam: The Evolution of Selective SV2A Ligands

The n-propyl analogue of levetiracetam, brivaracetam (BRV), is regarded as a significant advancement in the realm of rational drug design[12]. Brivaracetam has a 15- to 30-fold greater binding affinity to SV2A than levetiracetam, while piracetam only has a moderate affinity. By substituting a propyl group in brivaracetam for the ethyl group in levetiracetam, structural alteration produces new interaction locations with SV2A. Brivaracetam has a higher binding affinity as a result of the structural alteration[13]. On human SV2A, levetiracetam and BRV bind to very similar locations. But their ways of interacting are completely different. Levetiracetam and brivaracetam have been shown to function as SV2A allosteric modulators. The major facilitator superfamily of transporters now has a new regulatory mechanism. Additionally, kinetic modeling has shown that brivaracetam enters the human brain at least seven times more quickly than levetiracetam. Brivaracetam's rapid onset of action is made possible by its quick entrance into the human brain. This means that although while it acts for a shorter period of time than benzodiazepines, such as levetiracetam, its efficacy is comparable[14][15].



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Molecular Mechanisms Beyond SV2A Binding

There are numerous different ways that piracetam derivatives work, even though the SV2A receptor binding is the primary mechanism. Levetiracetam works by suppressing the development of amyloid-beta ($A\beta$) through the impact of SV2A on APP processing in Alzheimer's disease[AD]models[16][17]. In order to selectively convert APP into nonamyloidogenic fragments and reduce the creation of amyloidogenic $A\beta_{42}$, it involves the restoration of synaptic vesicle trafficking and an increase in the amount of APP expressed at the cell surface[15]. Under some pathological circumstances, brivaracetam and levetiracetam inhibit synaptic vesicle protein activity, which lowers astroglial L-glutamate release via hemichannels. During the production of quick ripple high-frequency oscillations, astroglial L-glutamate release and connexin43 expression at the plasma membrane level are reduced in a concentration-dependent manner[18]. Through many mechanisms, brivaracetam exhibits synergistic effects on ion currents and neuronal excitability. Brivaracetam decreases the conductance of the delayed potassium ion channel, inhibits the voltage-dependent sodium ion current in hippocampal neurons, and dose-dependently blocks the M-type potassium ion channel under depolarization circumstances. Brivaracetam enhances the opening state of large-conductance calcium-activated potassium ion channels in the inside-out patch arrangement. Brivaracetam reduces both the amplitude and the production of action potential impulses, according to simulation studies using hippocampus neurons[19][20].

Chemical Synthesis and Structure-Activity Relationships

Novel Piracetam Derivatives and Synthetic Approaches

Sixteen new piracetam derivatives were designed, synthesized, and assessed using a logical method to maximize the pharmacological characteristics of the original medication. The primary objective of these alterations was to enhance the efficacy and target specificity of piracetam derivatives while optimizing their anticonvulsant qualities. In order to understand how ligands interact with biological targets like SV2A and ion channels, molecular docking was essential. The thio ($-SH$) functional group's lack of substituents may increase its effectiveness in lowering the seizure threshold and propagation. This suggests that in order to guarantee the optimal contact with the biological target, it could be required to leave the thio functional group unsubstituted. Among all derivatives, compounds 6 and 10 appeared to be the most efficient anticonvulsants, showing great receptor binding capacity and increased stability[21].

The use of piracetam derivatives has been further expanded by the introduction of dimiracetam, a bicyclic analog of piracetam, as a multicomponent medication. Using paw pressure tests, the efficacy of dimiracetam derivatives (compounds 5, 7, and 8) against hyperalgesia in rats was examined. These compounds effectively raised rats' pain thresholds without having any negative behavioral effects[22]. Another example of a multifunctional approach to drug discovery is the design of hybrid compounds with both proline and GABA amide functions. While GABA is one of the primary neurotransmitters acting as an inhibitor in the central nervous system, proline is a crucial pharmacophore in the composition of nootropic medications like piracetam that support cognitive performance[23]. As demonstrated by their capacity to suppress lipid peroxidation at concentrations as low as 8 μM and reduce oxidative protein glycation by up to 48%, this combination was able to create molecules with considerable antioxidant and anti-inflammatory activities[24][25]. The previously mentioned study makes clear that altering the original molecule's structure by adding thiols, altering the ring's size, and creating hybrid molecules using a multifunctional approach can greatly boost the biological activity of these piracetam analogs, thereby increasing their range of indications[26].

Modern Synthetic Methods and Green Chemistry

Considering the utilization of technologies like microwave synthesis, solvent-free grinding, ultrasonic irradiation, and continuous flow procedures, the present process for making racetam derivatives is more environmentally friendly than it has ever been. The phenytoin derivatives demonstrate the benefits that can be obtained by using contemporary green chemistry to alter traditional medication templates, although being very different from those developed from the piracetam family[27][28].



**Tanu Chaudhary et al.,****Structure-Activity Relationship (SAR) Analysis of Piracetam Derivatives**

Piracetam derivatives' pharmacological activity, such as their anticonvulsant and neuroprotective effects, is improved by minor structural modifications, according to SAR analysis. One of the key conclusions from the SAR analysis of piracetam analogs is that molecules without the thio (-SH) group substitution exhibit strong anticonvulsant activity, most likely due to the proper alignment and interaction with ion channels and synaptic proteins[21]. The improvement of lipid solubility, which is accomplished by enlarging the alkyl group in the molecule and improving blood-brain barrier penetration and central nervous system activity, is another significant factor associated with the anticonvulsant efficacy. A multifunctional impact in terms of activity, including an antihyperalgesic action (dimiracetam), results from the modification of the monocyclic scaffold to form a bicyclic skeleton. When pharmacophores are added to molecules like proline, GABA, and others, new functionalities that have anti-inflammatory and antioxidative properties develop[29][30].

Instead of relying exclusively on specific receptors, piracetam exerts a wide range of effects on neurons and cognition through a complex, integrated process (Fig 3). Piracetam and its derivatives exhibit a variety of pharmacological action mechanisms, including regulation of SV2A proteins (synaptic vesicle protein 2A), release of neurotransmitters, control of ion channels, neuroprotection, anti-inflammatory and antioxidant agents, enhancement of mitochondrial function, and synaptic plasticity. Their methods of action include lowering neuronal hyperexcitability and regulating excitatory and inhibitory neurotransmission, such as the balance of glutamate and GABA neurotransmitters. In general, these many target actions result in their antiepileptic, neuroprotective, cognitive-enhancing, and anticonvulsant qualities (Fig 3). Piracetam has strong antioxidant, anti-inflammatory, mitochondrial protection, and antiapoptotic properties that contribute to its neuroprotective effects (Fig. 4). Piracetam lowers ROS production, restores mitochondrial membrane potential, and inhibits astrocyte activation in the lipopolysaccharide (LPS)-induced neuroinflammation model[31]. This medication suppresses caspase-independent cell death by blocking the movement of endonuclease G and apoptosis-inducing factor (AIF) from the mitochondria to the nucleus. Additionally, it reduces DNA fragmentation and inhibits excessive PARP-1 activity. Enhancing mitochondrial activity through membrane fluidity is one of piracetam's main modes of action. Particularly during aging and neurological disorders like Alzheimer's disease, this process boosts ATP generation and energy metabolism, reduces cell sensitivity to apoptosis, and promotes neuronal survival[32][33].

Through restoring membrane fluidity and enhancing membrane-bound protein functions, such as ion channels and receptors, piracetam affects the physicochemical properties of neuron and mitochondrial cell membranes at the cellular level, improving synaptic transmission and neuronal communication. Because it increases the sensitivity and concentration of muscarinic acetylcholine receptors and stimulates high-affinity choline uptake, which improves the process of acetylcholine synthesis and cognitive functions, it has a significant impact on neurotransmitter pathways by indirectly influencing cholinergic neurotransmission. Piracetam also affects the glutamatergic system by favorably influencing AMPA receptors, which leads to LTP and synaptic plasticity, both of which support memory and learning. Additionally, piracetam affects brain metabolism and microcirculation by increasing glucose uptake and oxygen consumption[5][34][35]. Furthermore, piracetam increases neuronal plasticity and interconnectedness by modulating intracellular signaling via second messengers, gene expression, neurotrophins, and neural structures[36]. Evidence suggests that piracetam enhances interhemispheric interaction, potentially due to the two cerebral hemispheres' electrical synchronization[37]. Piracetam has been shown to have significant positive effects on memory, learning, and cognitive processes. Specifically, through similar neurophysiological mechanisms, piracetam or piracetam in combination with other medications, including caffeine, protects against amnesia caused by scopolamine in experimental tests[38][39]. In general, piracetam's action mechanism can be characterized as complex neuromodulation that includes improved metabolism, neurotransmitter balance, membrane stabilization, and mitochondria protection. Nevertheless, piracetam has no dopaminergic or stimulatory effects, in contrast to its potent analogs, like phenylpiracetam[40].



**Tanu Chaudhary et al.,****Levetiracetam: From Second-Generation Discovery to Clinical Success****Efficacy in Epilepsy and Beyond**

Levetiracetam is a preferred antiepileptic medication due to its remarkable efficacy in both focal and generalized seizures. Clinical trials have demonstrated the efficacy of the S-enantiomer in treating myoclonus and generalized seizures, as well as partial seizures. Out of 171 studies on therapeutic drug monitoring, levetiracetam is among the antiepileptic medications that are tracked the most. Because it provides a customized therapy option by modifying medication dosage to achieve the best possible patient outcomes, therapeutic drug monitoring is an effective epilepsy management method[41]. Levetiracetam's neuroprotective spectrum is demonstrated by its effects on oxidative stress, neuroinflammation, cognitive impairment, and neuronal death brought on by lipopolysaccharides. Lipopolysaccharide-induced rats treated with levetiracetam demonstrated reduced transfer latency and enhanced detection of novel objects. While pro-inflammatory mediators (COX-2, NF- κ B, TNF- α , and IL-6), apoptosis inducers, and oxidative stress markers were decreased, levels of acetylcholine, anti-inflammatory agents (TGF- β 1 and IL-10), and antioxidant catalase were increased. According to this study, levetiracetam can treat neuroinflammatory-induced memory loss through some neuroprotective strategies[42].

Structure and Pharmacokinetics

Levetiracetam has a half-life of seven to eight hours and first-order kinetics. Although it is rapidly absorbed orally and undergoes significant metabolism, the main active ingredient in the bloodstream is unmodified levetiracetam, which makes up about 95% of the metabolites that are removed by the kidneys. It should be noted that levetiracetam rarely requires dosage modifications in cases of renal impairment and has a minimal risk of medication interactions[43].

Brivaracetam: The Third-Generation Advancement**Superior Clinical Efficacy and Safety Profile**

Brivaracetam has been approved for use as a monotherapy and adjunctive treatment for focal onset seizures in a variety of age groups. Clinical data demonstrate a high responder rate and a decreased incidence of seizures. Brivaracetam's superior seizure control qualities are guaranteed by its quick absorption via the blood-brain barrier, specific binding with SV2A receptors, and favorable pharmacodynamic parameters. Additionally, it delays vesicle movement inside synapses more effectively than levetiracetam and may bind at various SV2A receptor locations or in alternative conformations. The current evaluation examined the safety and efficacy of using brivaracetam in conjunction with other antiepileptic medications for pediatric epilepsy[44][45]. Patients with focal epilepsy had a greater than 50% response rate of 51.5%, according to a summary of four trials. In nine examined studies with 737 individuals, retention rates were found to be 66%, while seizures stopped entirely in 20.7% of participants. These findings imply that brivaracetam is a safe and effective supplementary treatment for children with epilepsy. Brivaracetam has been shown to be effective in several populations, including the elderly and those with post-stroke epilepsy, with excellent tolerance, favorable outcomes, and a high rate of seizure independence. When brivaracetam is administered orally following status epilepticus instead of intravenously, its efficacy is shown in patients, particularly those with vascular causes. The chances of remission/reduction $\geq 50\%$ were nearly three times higher in individuals with vascular etiology than in other patients[46][47][48].

Pharmacological Advantages Over Levetiracetam

When it comes to psychiatric side effects, brivaracetam is safer than levetiracetam. The most frequent side effects were headache, somnolence, dizziness, fatigue, and nausea; however, those who experienced psychiatric symptoms during levetiracetam medication appeared to be less likely to do so during brivaracetam treatment. Brivaracetam appears to reduce the likelihood of psychiatric symptoms. In 76% of patients, switching from levetiracetam to brivaracetam for a single night improved cognitive adverse effects and demonstrated safety and tolerance. These results support the better tolerability profile of brivaracetam and suggest that it may be especially beneficial for people who have neuropsychiatric side effects from levetiracetam[49].



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According to animal studies, brivaracetam binds to brain SV2A receptors far more quickly than levetiracetam, with a tracer half-life displacement of 7 minutes for brivaracetam and 35 minutes for levetiracetam. With tracer clearance correction, brain entrance calculations can be completed in approximately one minute for brivaracetam and twenty-eight minutes for levetiracetam. Benzodiazepines, for example, have an anti-seizure impact minutes after intravenous drug delivery due to their rapid brain entry rate, but levetiracetam takes roughly 30 minutes[7][50].

Neuroprotection and Expansion Beyond Epilepsy

Cognitive Enhancement and Neurodegenerative Disease Prevention

Compared to synthetic nootropics, both natural and artificial nootropics derived from medicinal plants like *Bacopa monnieri*, *Ginkgo biloba*, and *Panax ginseng* may have neuroprotective properties and be safer. Through a variety of processes, including cholinergic potentiation, neuroprotection, mitochondrial functioning, and neurotrophin alteration, the aforementioned nootropic drugs improve memory, focus, and learning capacity. Pharmacology, in vivo, in vitro, and in silico testing methods are used to evaluate nootropic drugs in order to determine their efficacy and underlying mechanisms[51][52]. The management of cognitive dysfunction is thought to depend on the employment of levetiracetam therapeutic mechanisms to lessen toxicity and improve patients' memory impairment. Because LEV can specifically attach to synaptic vesicle protein 2A and alter neurotransmitter release, it is neuroprotective. LEV has anti-inflammatory and antioxidant qualities in addition to its anticonvulsant activity, suggesting that it could be used to lessen cognitive impairment[42].

Neuropathic Pain and Multi-Functional Derivatives

In the rat neuropathic pain model, the dimiracetam derivatives showed notable antihyperalgesic benefits. Through chemical modification, new dimiracetam derivatives have been created. These derivatives are great candidates for possible treatments against neuropathic pain because they have successfully reversed the decline in pain threshold without producing any behavioral issues[22]. Numerous biological functions, including neuroprotection, anticonvulsant, antidiabetic, antibacterial, and antiproliferative qualities, are displayed by natural compounds like umbelliferone and their derivatives. The pharmacological profile of the native substance has been improved by these derivatives. Furthermore, metal complexes with enhanced pharmacological characteristics have been conjugated with hydroxy coumarins[53].

Safety Profile, Pharmacokinetics, and Clinical Considerations

Favorable Safety and Tolerability

Levetiracetam, brivaracetam, and piracetam have demonstrated good safety profiles across a range of demographics. Piracetam has a high therapeutic margin, low adverse effects when used short-term, and good tolerance when used over an extended period of time[7]. Asthenia, somnolence, and behavioral symptoms are the most common side effects of levetiracetam. According to current evaluations of the literature, these adverse effects are less common than those associated with brivaracetam[7]. The majority of brivaracetam's side effects are minor, nonspecific, transient, and manageable. Because brivaracetam does not alter cytochrome P450 or P-glycoprotein, it does not result in drug-drug interactions with other therapeutic agents or with many anti-epileptic medications. Because of this, brivaracetam is superior than more traditional anti-epileptic medications[54].

Drug-Drug Interactions and Special Populations

Co-administration of brivaracetam with other medications is safer because it exhibits few cytochrome P450 drug interactions. In cases of renal insufficiency, there is no need to reduce the dosage; however, in cases of hepatic impairment, when the half-life may be extended, the dose should be reduced by one-third. Because of this feature, brivaracetam can be used in more complex patient situations. Although brivaracetam has linear pharmacokinetics and few drug interactions, monitoring the concentration of antiepileptic medications is still beneficial for recently developed anticonvulsants. Recent advancements in the identification of antiepileptic medications include the use of alternative materials, such as dried blood spots and saliva[55][44].



**Tanu Chaudhary et al.,****Specialized Applications and Future Directions****Post-Stroke Epilepsy and Acute Brain Injury**

Brivaracetam seems to be more helpful for post-stroke epilepsy since several studies show that those with vascular causes are more likely to get seizure remission or at least reduction. Brivaracetam is a viable option for treating patients with acute symptoms following a cerebrovascular injury because of its quick onset and good tolerance. When used in conjunction with rehabilitative therapy, vagus nerve stimulation is successful in managing stroke[45].

Pediatric Applications and Development

Brivaracetam's use in treating childhood epilepsy is justified by its efficacy and safety in pediatric patients. Taste-masked oral solutions have been created in response to the requirement for palatable formulations that young patients can easily consume. Brivaracetam is more effective than levetiracetam in children with newly diagnosed focal epilepsy, while it has behavioral side effects, according to clinical research[56].

Alzheimer's Disease and Cognitive Decline Prevention

Levetiracetam-mediated changes in APP metabolism that prevent amyloid-beta formation are obviously distinct from cognitive enhancement. Levetiracetam therapy's disease modification effect in Alzheimer's patients suggests potential strategies for the creation of racetam derivatives to stop cognitive decline. Racetam derivatives may develop into promising preventative neurotherapeutics as dysregulated proteostasis within synaptic vesicles is recognized as a fundamental mechanism in neurodegenerative disorders[17][16].

Comparative Analysis and Clinical Positioning**Piracetam vs. Levetiracetam vs. Brivaracetam**

Antiepileptics that target the SV2A protein include piracetam, levetiracetam, and brivaracetam. Piracetam has beneficial effects on improving cognitive processes and offering neuroprotection, although being less selective. Compared to other medications, levetiracetam has a greater anticonvulsant effect with less cognitive side effects[57]. Brivaracetam crosses the blood-brain barrier quickly, has greater mental tolerability, and is more effective in controlling seizures. These three medications were chosen based on patient characteristics, seizure types, and clinical circumstances. Based on the frequency of stimulation, brivaracetam and levetiracetam have been found to have variable levels of astroglial L-glutamate inhibition[58]. Both medications prevent astroglial activation through fast-ripple high-frequency oscillations; however, levetiracetam's suppression of physiological ripple oscillations may be the cause of the adverse behavioral effects seen in levetiracetam-treated patients[18].

Clinical Outcomes and Real-World Effectiveness

Patients who received intravenous brivaracetam had a reduced crude rate of critical care unit admission and seizure-related hospital admission, according to the results of a comparison between levetiracetam and brivaracetam on clinical and economic outcomes in U.S. hospitals. Although the cost of both medications was comparable, there is some evidence of a benefit for brivaracetam, even if there was no statistically significant difference in an adjusted analysis[59].

Limitations and Challenges

Despite the great successes in the design of piracetam derivatives with regard to their use as antiepileptics and neuroprotectants, several drawbacks still exist. Firstly, the problem of ineffective transition from positive results observed in vitro and in animal experiments to the positive therapeutic effects in patients still remains unresolved, as numerous derivatives have been tested only in preclinical trials. Secondly, the exact mechanism of their action concerning long-term modulation of SV2A and its subsequent pathways is unclear[60]. Also, variations in animal models, absence of unified protocols for in vitro experiments, and lack of pharmacokinetics data make comparison of results obtained by different research groups difficult. At the same time, although such derivatives as levetiracetam and brivaracetam demonstrate a good toxicity profile, problems associated with undesirable behavioral effects and



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drug tolerance still arise in some patients. The problem of optimization of the structure-activity relationship should also be taken into consideration in future investigations[61].

To improve the selectivity, efficacy, and efficiency of next-generation drugs, future research on piracetam analogs should focus on supporting target-based drug development strategies. Although one of the primary goals of such research should continue to be to target SV2A, a deeper comprehension of this target protein from the viewpoints of its conformational dynamics and interactions with surrounding molecules would help produce highly effective and selective ligands with fewer side effects[62]. The selection of optimal ligands may be made easier by combining artificial intelligence-based drug discovery strategies with computer-assisted methods like molecular docking and QSAR analysis. Combination therapies, which use many medications at once to increase therapeutic effectiveness, are another area worth investigating[63][64]. For instance, a combination of piracetam analogs and other medications, such as antiepileptics, would help to minimize the emergence of any unwanted effects associated with each drug separately.

CONCLUSION

An example of logical advancement in the development of antiepileptic medications using structural insights is the progression of antiepileptics from piracetam to levetiracetam and brivaracetam. Piracetam's discovery of the SV2A binding site served as the basis for structural optimization, which produced more effective and selective medications. While brivaracetam is an example of how even little modifications to a drug's structure can have a substantial impact on its capabilities, levetiracetam demonstrated the clinical value of targeting this protein. The compounds of piracetam have the potential to improve cognition, provide neuroprotection, manage pain, and prevent neurodegenerative illnesses in addition to its use in seizure management. These medications seem to be multi-target treatments for a variety of neurological conditions due to breakthroughs in our understanding of their mechanisms, which include mitochondria, inflammation, processing of amyloid precursor proteins, and channels. Developing drug delivery strategies, utilizing combination therapy, expanding pediatric use, and investigating the possibility of disease change in early-onset neurodegenerative illnesses are all important areas of research. Modern piracetam derivatives have shown a number of benefits, such as a favorable safety profile, a little chance of drug interactions, and a wide range of uses in various illnesses. Racetam derivatives and novel medications derived from these compounds have the potential to play a significant role in both preventative treatment and altering the course of neurological illnesses with additional study into their mechanisms of action.

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Table 1: Structure–Activity Relationship (SAR) of Piracetam Derivatives

Structural Modification	Example	Effect on Activity
Alkyl chain elongation	Ethyl → Propyl (LEV → BRV)	Boost SV2A binding affinity
Stereochemistry(Senantiomer)	Levetiracetam	Increase Selectivity &Potency
Heteroatom substitution	N/O/S interconnection	Enhanced Interaction with Receptors
Amide modification	Acetamide derivatives	Increase Lipophilicity,BBB penetration
Thio substitution	Thiolated derivatives	Improved Anticonvulsant activity
Ring modification	Bicyclic (Dimiracetam)	AccelerateMulti-target activity
Lipophilicity increase	Alkyl/aromatic groups	Improved CNS penetration

Table 2: In Vitro Models for Antiepileptic Evaluation

Model	Inducing Agent	Mechanism	Key Parameter Measured	Relevance
PTZ-induced model	Pentylentetrazole	GABA inhibition	Seizure threshold	Screening anticonvulsants
Kainic acid model	Kainic acid	Glutamate excitotoxicity	Neuronal damage	Neuroprotection studies
4-AP model	4-Aminopyridine	K ⁺ channel blockade	Hyperexcitability	Ion channel modulation
Electrophysiology	—	Neuronal firing analysis	Action potentials	Mechanistic validation
Astrocyte assays	—	Glutamate release	Neurotransmitter levels	Glial involvement
Oxidative stress assay	H ₂ O ₂ , LPS	ROS generation	Aantioxidant activity	Neuroprotection
Mitochondrial assay	—	Energy metabolism	ATP production	Cell survival

Table 3: Comparison of Key Racetam Derivatives Targeting SV2A

Parameter	Piracetam	Levetiracetam	Brivaracetam
Generation	First	Second	Third
SV2A Binding Affinity	Low	Moderate (~10–15× piracetam)	High (~15–30× levetiracetam)
Mechanism	Weak SV2A modulation, neuroprotection	Selective SV2A ligand	High-affinity SV2A ligand
Brain Penetration	Slow (>30 min)	Moderate (~30 min)	Rapid (~1–5 min)
Half-life (h)	4–5	7–8	8–9
Seizure Reduction (clinical responders)	Limited	~50% responder rate	~50–60% responder rate
Seizure freedom (BRV studies)	-	-	~20%
Antioxidant activity	Moderate	High	High
Lipid peroxidation	-	-	As low as 8 μM



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inhibition			(derivatives)
Protein glycation inhibition	-	-	Up to 48%
Clinical Use	Nootropic	Focal & generalized epilepsy	Focal seizures (mono/adjunct)
Key Advantages	Safe, cognitive enhancer	Broad-spectrum AED, low interactions	Faster onset, better tolerability
Limitations	Weak anticonvulsant effect	Behavioral side effects	Limited long-term data

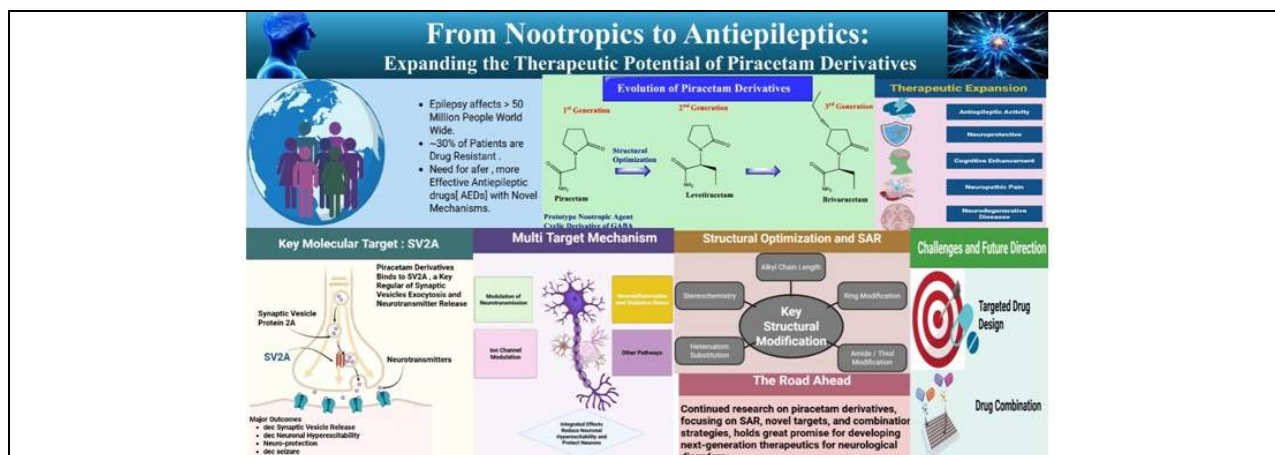


Fig 1:

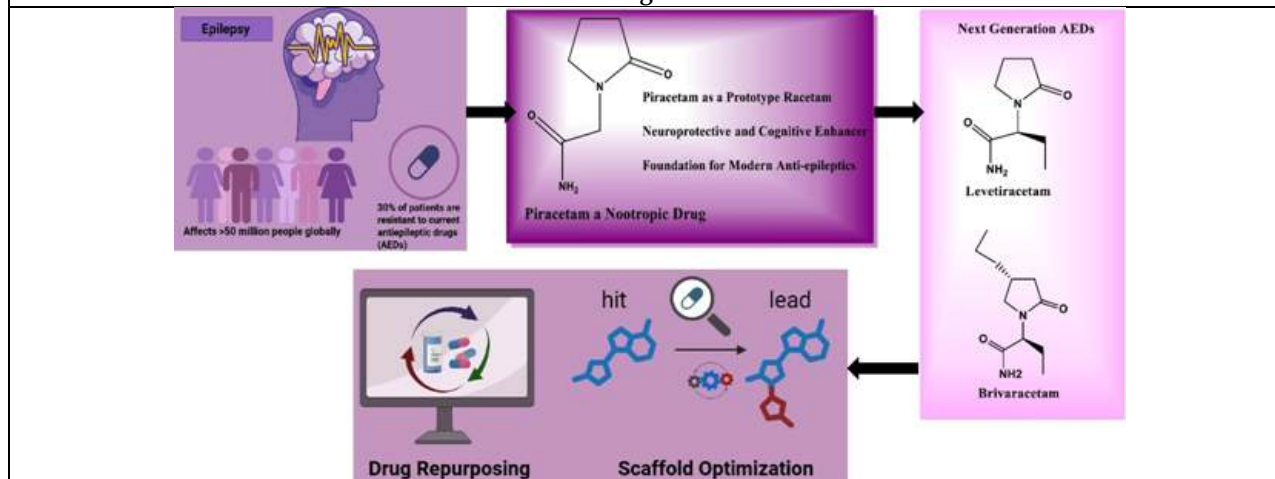
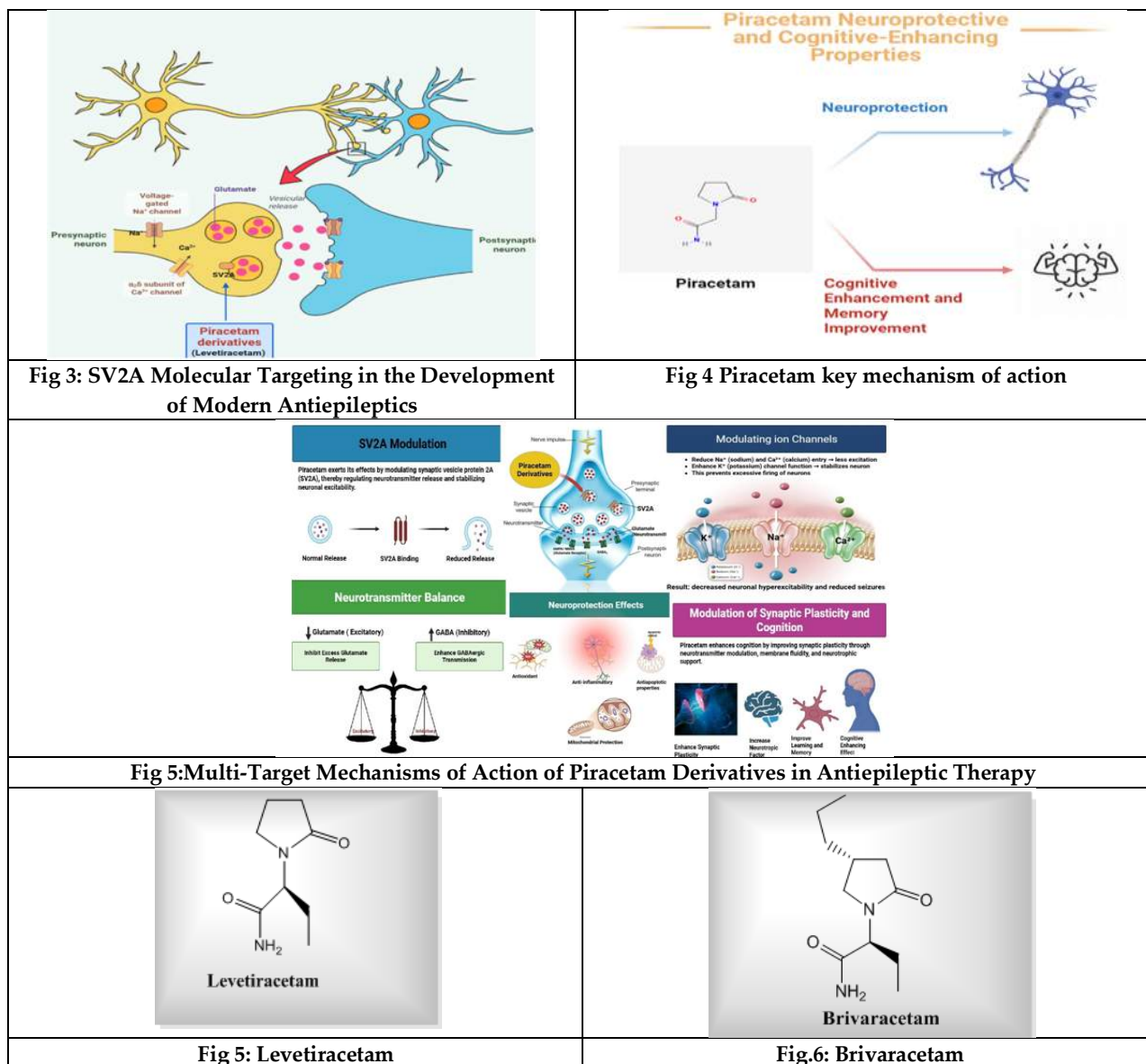


Fig 2: Development of Racetam-Based Compounds in the Management of Epilepsy





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RESEARCH ARTICLE

Digital Knowledge in Practice: Evaluating E-Resource usage Among Teaching Faculty and Administrators at Kuwait University

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Received: 8 Mar 2026

Revised: 10 Apr 2026

Accepted: 13 May 2026

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ABSTRACT

This study investigates the awareness, usage, and perceived benefits of electronic resources among faculty members at Kuwait University, focusing on how these resources support teaching and research activities. A quantitative survey design was employed. Data were collected using structured questionnaires administered to 300 respondents. Responses were analyzed using descriptive statistics (frequencies and percentages) via SPSS version 16. Faculty members rely heavily on electronic resources for research and teaching. However, usage of the library's subscribed online academic databases was relatively low, primarily due to limited awareness of their existence or subscription access. This study provides useful insights into the use of electronic resources in a Middle Eastern university, highlighting the awareness level and usage patterns among faculty members. Targeted awareness campaigns and training programs by the university library could improve faculty engagement with electronic databases, supporting more effective teaching and research practices. The study relied on self-reported data from a single institution, which may limit generalizability. Future research could incorporate qualitative methods or expand to multiple universities for broader insights. Improving the use of electronic resources promotes digital literacy and improves research productivity, support to access to academic information among respondents. This study adopts a novel approach to reviewing the literature within this domain. It involves a comprehensive comparison of published works sourced from diverse platforms. By systematically analyzing these studies, the research provides a broader and more integrated understanding of existing contributions. This method enhances the depth and reliability of the literature review.

Keywords: Library, Automation, Electronic Resources, Databases, Faculty, Respondents, University, Patronage, Technology, Subscription.





INTRODUCTION

The rapid development of information and communication technologies (ICTs) has significantly transformed the way academic information is created, accessed, and disseminated. University libraries are increasingly shifting from traditional print-based collections to electronic resources in order to support teaching, research, and administrative activities more effectively. Electronic resources such as online databases, open access platforms, institutional repositories, and digital research tools provide scholars with timely access to scholarly literature, research data, and academic information across geographical boundaries. Electronic resources have become an essential component of modern academic libraries because they enhance the efficiency of information retrieval and support advanced research activities. They are particularly valuable for faculty members who require up-to-date literature for teaching, research publications, grant writing, and scholarly communication. In addition, the emergence of global open educational resources (OER), preprint repositories, research data platforms, and open-source research tools has further expanded the information landscape available to researchers. Despite the growing availability of electronic resources, several studies have indicated that their effective utilization often remains below expectations due to factors such as limited awareness, lack of training, technical barriers, and infrastructural challenges. Understanding the level of awareness, usage patterns, and perceived benefits of electronic resources among faculty members is therefore important for improving library services and enhancing research productivity. This study investigates the awareness, usage patterns, benefits, and challenges associated with electronic resources among teaching faculty and administrators. The findings aim to provide insights that can help academic libraries improve resource accessibility, user training, and infrastructure in order to maximize the effective use of electronic resources in higher education institutions.

Objectives of the Study

The main objectives of this study are:

- To examine the demographic characteristics of respondents including gender, age, department, and years of experience.
- To assess the awareness of global Open Educational Resources (OER) and institutional library electronic databases among respondents.
- To identify the frequency of usage of electronic resources including open access platforms, research tools, and subscription databases.
- To analyze the access points used by respondents for accessing electronic resources.
- To determine the purposes for which electronic resources are used in teaching, research, and administrative activities.
- To identify the barriers and challenges faced by respondents while accessing electronic resources.
- To examine the level of satisfaction with electronic resources and library services.

METHODOLOGY

This study employed a quantitative survey research design to examine the awareness, usage, and perceptions of electronic resources among university faculty members and administrators. Stratified Random Sampling used for this study for the two strata of teaching faculty and administrators.

Population and Sample

The study targeted teaching faculty and administrative staff from various colleges and departments of the Kuwait University. A total of 281 respondents participated in the study, consisting of 190 teaching faculty members and 91 administrators.





Data Collection

Data were collected using a structured questionnaire designed to capture information on demographic characteristics, awareness of electronic resources, usage patterns, access points, purposes of use, perceived benefits, barriers, and satisfaction levels. The questionnaire included both multiple-choice questions and Likert-scale items. The collected data were analyzed using descriptive statistical techniques such as frequencies, percentages, and ranking methods. To measure the level of usage of electronic resources, the Weighted Mean Score (WMS) was calculated using the formula:

$$WMS = \frac{4(Daily) + 3(Biweekly) + 2(Monthly) + 1(Occasionally)}{Total}$$

The Resource Usage Index (RUI) was then computed using:

$$RUI = \frac{WMS}{4}$$

LITERATURE REVIEW

The importance of electronic resources for teaching, learning, and research has been widely recognized. According to Schaffner (1994), scholarly journals play an important role in the academic community because they help share research findings, validate the quality of research, and build scientific knowledge. In recent years, many universities in Ghana have developed large collections of electronic journals and online databases. Through the Consortium of Academic and Research Libraries in Ghana (CARLIGH), universities are able to subscribe to these electronic resources at lower costs compared to individual subscriptions. Several studies have examined the use of electronic resources among students and faculty members. Ray and Day (1998) found that most students believed electronic resources saved time and were easy to use. Similarly, Egberongbe (2011) reported that many lecturers preferred electronic resources because they were more convenient, although they still believed that print resources remain important. However, the availability of electronic resources does not always mean that they are widely used. Dadzie (2005) found that the use of scholarly databases was low due to lack of awareness among users. Likewise, Ajuwon (2003) reported that limited awareness, lack of training, poor access to computers, and high internet costs affected the use of electronic resources. In addition, poor ICT infrastructure and slow internet connectivity have also been identified as major barriers to the effective use of electronic resources in many African universities (Ikem & Ajala, 2004; Shija, 2009; Agaba et al., 2005).

RESULTS AND DISCUSSIONS

Demographics

The total breakdown of respondents is shown in table one below

Faculty's awareness of online databases

Research question one was asked to seek information from faculty members about their knowledge of online academic databases. The study revealed that all the faculty members had some level of knowledge and experience when it comes to internet usage. Table 2 showed that as high as 49.56% of respondents used the internet for academic work whiles 4.35% used it for official or clerical work such as e-mailing and visiting other social networking sites. The study also showed that, majority (92%) of the faculty members were aware of the existence of online academic databases as indicated in Table 3. However, upon further probing most of them did not know that these data bases were being subscribed to by the university library on behalf of the university.

The department Wi-Fi is the second most common access point, used by 222 respondents (79.29%). This indicates that many teaching faculty and administrators also rely on internet facilities available within their respective departments to access digital resources for teaching, research, and administrative activities.





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In contrast, comparatively fewer respondents access electronic resources through broadband connections, with 73 respondents (26.07%) reporting this mode of access. This may indicate that institutional access within the university campus is more convenient and widely utilized than personal broadband connections. Similarly, mobile data is used by 63 respondents (22.50%), representing the least utilized access point among the listed options. This suggests that mobile-based access may be limited due to factors such as data cost, slower connectivity, or compatibility issues when accessing academic databases and electronic journals. Overall, the findings reveal that institutional network facilities, particularly library and departmental Wi-Fi, play a crucial role in enabling access to electronic resources. The relatively lower reliance on broadband and mobile data further emphasizes the importance of maintaining strong campus-based internet infrastructure to support effective utilization of electronic resources for academic and research activities.

computed the

Weighted Mean Score (WMS) for all 78 resources using the formula is

$$WMS = \frac{4(Daily) + 3(Biweekly) + 2(Monthly) + 1(Occasionally)}{Total}$$

The weighted mean score ranges are between 3.50 to 4.00 is indicating very high usage, 2.50 to 3.49 indicates high usage, 1.50 to 2.49 indicates moderate usage and 1.00 to 1.49 indicates low usage resources.

Resource usage Index (RUI) formula is: $RUI = \frac{WMS}{4}$

Resource usage Index (RUI) range is 0 to 1. If the result shows between 0.75 to 1.00 is very high importance usage, 0.50 to 0.74 indicates high usage, 0.25 to 0.49 indicates moderate usage and 0 to 0.24 indicates low usage. From the table analysis, global open access journals have the highest RUI values (>0.89) indicating very high reliance. Preprint servers also show strong research engagement. Statistical software tools particularly R, shows the high analytical usage. Institutional repositories and open data platforms demonstrate moderate to high importance. Subscription databases such as scopus are used mainly for specific research tasks rather than daily access.

Awareness of Global OER and Library E-Resources

The analysis of awareness levels among respondents reveals significant variation in familiarity with global Open Educational Resources (OER) and institutional library e-resources. Among the global open access journal platforms, the Directory of Open Access Journals recorded the highest awareness (251 respondents), followed by SciELO and Public Library of Science, indicating that open access journal platforms are relatively well recognized by researchers. Similarly, BioMed Central also shows considerable awareness among respondents. However, awareness of global preprint servers remains comparatively low. Platforms such as arXiv, bioRxiv, medRxiv, and SSRN reported higher numbers of respondents indicating lack of awareness. This suggests that preprint repositories are not yet widely utilized by many users.

With regard to institutional repositories and open research data platforms, relatively high awareness was observed for OpenDOAR, DOAB, and Google Books. In contrast, awareness of emerging open science repositories such as Zenodo, Figshare, and Dryad remains relatively limited. The World Bank Open Data platform, however, demonstrates comparatively higher awareness, reflecting its importance for research involving global development datasets. Among international open educational platforms, MIT OpenCourseWare recorded high awareness levels, while platforms such as OpenStax and initiatives associated with UNESCO Open Science showed relatively lower awareness among respondents. In terms of open citation and metrics resources, tools such as Crossref, OpenCitations, and Altmetric demonstrate moderate awareness, suggesting that researchers are gradually recognizing the importance of citation analytics and research impact measurement. Regarding open-source research tools, Zotero, R, and Open Journal Systems show relatively higher awareness levels, indicating their growing adoption in academic research and scholarly publishing. The analysis of institutional library databases indicates very high awareness levels among respondents. Major scholarly resources such as Scopus, Web of Science, ScienceDirect, JSTOR, and IEEE Xplore are widely recognized by users, reflecting effective library subscription services and awareness.





initiatives. Furthermore, Arabic databases such as Shamaa, AraBase, and Al Manhal also demonstrate high awareness among respondents, indicating their importance for regional and Arabic-language research.

Overall, the findings suggest that while institutional library databases and major open access journal platforms are widely recognized among users, awareness of emerging open science infrastructures such as preprint servers, research data repositories, and some open educational platforms remains comparatively limited. This highlights the need for enhanced library-led training programmes, awareness campaigns, and user education initiatives to promote broader utilization of global open research resources.

Usage Frequency Of Global OER And Library E-Resources

The analysis of usage frequency indicates notable differences in how researchers access global Open Educational Resources (OER) and institutional library databases. Among the global open access journal platforms, the Directory of Open Access Journals recorded the highest level of daily usage (196 respondents), followed by SciELO (136) and Public Library of Science (126). Similarly, BioMed Central also shows considerable daily usage (121 respondents). This suggests that open access journal platforms serve as important sources for accessing scholarly literature. In the category of preprint servers, arXiv demonstrates the highest level of daily usage (89 respondents), while medRxiv, bioRxiv, and SSRN show comparatively lower daily usage. This indicates that preprint repositories are used primarily by researchers within specific disciplinary areas.

Regarding institutional repositories and open research data platforms, resources such as OpenDOAR and World Bank Open Data demonstrate relatively frequent usage, with a considerable number of respondents accessing them on a daily or biweekly basis. In contrast, repositories such as Zenodo, Figshare, and Dryad show comparatively lower daily usage and are mostly accessed occasionally. Among international open educational platforms, MIT OpenCourseWare recorded relatively higher engagement, with a balanced distribution across daily, biweekly, and monthly usage categories. Conversely, OpenStax and UNESCO open science initiatives show relatively lower daily usage. The usage of citation and research metrics tools indicates that resources such as OpenCitations, Crossref, and Altmetric are primarily accessed on a monthly or occasional basis, suggesting that researchers utilize them mainly for specific bibliometric or evaluation purposes. In terms of open-source research tools, R shows the highest daily usage (78 respondents), reflecting its importance for statistical analysis and data-driven research. Meanwhile, Zotero and Open Journal Systems are more frequently used on monthly or occasional bases, particularly for citation management and journal publishing activities.

The analysis of institutional library databases shows that many major scholarly resources are primarily used on a monthly or occasional basis rather than daily. Databases such as Scopus, Web of Science, ScienceDirect, and JSTOR show higher monthly and occasional usage, indicating that researchers typically access them when conducting literature reviews, research projects, or academic writing. Similarly, Arabic databases such as Shamaa, AraBase, and Al Manhal also demonstrate higher occasional usage compared to daily access, reflecting their specialized role in supporting Arabic-language and regional research needs. Overall, the findings indicate that open access journal platforms and statistical research tools show relatively higher daily usage, whereas citation tools, institutional repositories, and major library databases are accessed more frequently on monthly or occasional bases. This pattern suggests that researchers rely on different types of resources depending on the stage and requirements of their research activities.

Formal Training Required For Accessing E-Resources

The table presents the respondents' perceptions regarding the necessity of formal training for accessing electronic resources among teaching faculty and administrators. Out of the total 281 respondents, 120 respondents (42.70%) indicated that library staff orientation is the most preferred method for learning how to access electronic resources. This suggests that respondents largely rely on library-led guidance and user education programmes rather than formal structured training. A considerable proportion of respondents, 112 (39.86%), reported that formal training is



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not required, implying that many users feel confident in accessing electronic resources independently due to their prior experience with digital platforms. However, 49 respondents (17.44%) expressed the need for formal training programmes, indicating that a smaller segment of users still requires structured instruction to effectively utilize electronic resources.

Among teaching faculty (190 respondents), the majority preferred library staff orientation (41.05%), followed closely by those who felt training was not required (42.41%), while only 16.32% indicated a need for formal training. This pattern suggests that teaching faculty generally possess adequate digital literacy but still value occasional support from library professionals. Similarly, among administrators (91 respondents), 46.15% preferred library staff orientation, which represents the highest proportion within this group. Meanwhile, 34.07% indicated that formal training was not required, and 19.78% expressed the need for formal training. Overall, the findings highlight that library orientation programmes play a crucial role in enhancing users' ability to access and utilize electronic resources effectively, while the relatively lower demand for formal training indicates a growing level of digital competence among university users. These results emphasize the importance of continuous user education initiatives conducted by the university library to maximize the utilization of electronic resources.

Purposes For Accessing Electronic Resources

The table shows the different purposes for which respondents use electronic resources in their academic and professional activities. The results indicate that electronic resources are widely used for teaching, research, and administrative work. The highest usage was for preparing institutional reports, documentation, and departmental statistics, reported by 261 respondents (92.88%). This was followed by technological updating and digital skill development with 245 respondents (87.19%). Many respondents also used electronic resources for administrative and academic decision-making (81.49%) and for conducting literature reviews and identifying research gaps (79.00%). Electronic resources were also widely used for supporting student assignments and research supervision (71.89%), curriculum development (71.53%), academic writing and scholarly communication (71.17%), and accessing current information in their subject areas (70.82%). Similarly, teaching preparation and updating subject knowledge were important purposes for many respondents. Moderate usage was observed for research and publication activities, professional development, and citation tracking and reference management. Some respondents also used electronic resources for online courses, workshops, and research proposal preparation. Lower usage was reported for preparing conference presentations, research collaboration, and policy formulation activities. The least reported purpose was developing e-learning or blended learning content, with only 4.98% of respondents. Overall, the findings show that electronic resources play an important role in administrative tasks, research activities, teaching preparation, and academic writing in the university environment.

Barriers While Accessing Electronic Resources

The table shows the major barriers faced by respondents when accessing electronic resources. The results indicate that technical and infrastructural issues are the main challenges affecting effective use. The most significant barrier is slow internet connectivity or unstable network, reported by 267 respondents (95.02%). This is followed by complex database interfaces and navigation difficulties (94.66%), which make it difficult for users to search and retrieve information. Another major challenge is the limited availability of computers or devices (90.75%), indicating inadequate access to hardware facilities. Similarly, system downtime or server issues (85.77%) and lack of remote access facilities (80.43%) also limit effective access to electronic resources. Skill-related barriers were also reported. These include insufficient training in database searching (73.67%), limited subscription to required databases (71.53%), lack of information literacy skills (68.33%), and information overload from multiple databases (65.84%). In addition, paywalls for full-text articles, lack of time to explore resources, and limited knowledge of advanced search techniques were also noted as challenges. Other moderate barriers include lack of awareness of available resources (51.60%) and restricted access due to licensing limitations (46.98%). Institutional support-related issues such as limited library staff support, lack of orientation programmes, and outdated electronic collections were reported by fewer respondents. Overall, the findings indicate that internet connectivity, database usability, and access limitations



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are the major barriers affecting the effective use of electronic resources. Improving internet infrastructure, providing training programmes, and expanding database subscriptions could help enhance their effective utilization.

Satisfaction Level Towards Electronic Resources

Overall satisfaction ranked highest (250.6), showing strong approval of the library's electronic resources. Accessibility on/off campus came second (247), indicating users find it easy to access resources anywhere. Internet speed and reliability ranked third (246.8), reflecting good technical support. Library staff support placed fourth (241.2), showing appreciation for staff assistance. Availability of journals/databases ranked fifth (241), with users generally satisfied. Full-text availability (239) and training programs (238.6) ranked sixth and seventh, suggesting room for improvement. Coverage/relevance of databases ranked eighth (233.4), showing some gaps in subject-specific needs. Ease of searching/retrieving information ranked lowest (227.2), highlighting difficulties in navigation and search tools. Users are generally happy with the university's electronic resources, but improvements in search functionality, database coverage, and training programs could further enhance satisfaction and usability.

FINDINGS

The study examined the awareness and use of electronic resources among teaching faculty and administrators. A total of 281 respondents participated in the study, including 190 teaching staff and 91 administrators. The majority of respondents were male (56.94%), while females represented 43.06%. Most respondents were in the age groups of 31–40 years and 41–50 years. In terms of experience, many respondents had between 6–10 years and 11–15 years of work experience. The results show that most respondents are aware of electronic resources and use the internet regularly for academic purposes. Library Wi-Fi (88.21%) and departmental Wi-Fi (79.29%) were the main access points for electronic resources. Broadband connections and mobile data were used by fewer respondents. The study also found that open access journal platforms such as the Directory of Open Access Journals, Public Library of Science, and BioMed Central had high levels of awareness and usage among respondents. However, awareness of preprint servers and some open research data platforms was comparatively low. Electronic resources were mainly used for technological updates, academic decision-making, literature review, curriculum development, academic writing, and supporting student research. Most respondents reported that electronic resources helped them save time and improve their research and teaching activities. However, several barriers were identified. The major challenges included slow internet connectivity, complex database interfaces, limited availability of computers, and lack of training in database searching.

CONCLUSION

Electronic resources play an important role in supporting teaching, research, and academic activities in universities. The study shows that most faculty members and administrators are aware of electronic resources and use them for various academic purposes. Institutional internet facilities, especially library and departmental Wi-Fi, are the main sources for accessing electronic resources. Open access journals and research tools are widely used, while awareness of some newer resources such as preprint servers and open data platforms remains limited. Although respondents generally expressed positive views about electronic resources, technical problems and limited training still affect their effective use. Improving internet connectivity, providing more computers, and organizing regular user training programmes can help increase the effective use of electronic resources. Overall, academic libraries should continue to promote awareness and provide better support services to help users fully benefit from electronic resources.





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Table 1: Demographic details

	No. of respondents	%	Teaching	Administrators
Gender wise				
Male	160	56.94	111	49
Female	121	43.06	79	42
Total	281	100	190	91
Age wise distribution				
Below 30	32	11.39	21	11
Between 31 to 40	92	32.74	62	30
Between 41 to 50	95	33.81	66	29
Between 51 to 60	52	18.51	33	19
Above 61	10	3.56	8	2
Total	281	100	190	91
Departments/ Colleges				
1. College of Allied Health	16	5.69	11	5
2. College of Architecture	15	5.34	11	4
3. College of Arts	18	6.41	12	6
4. Coll. of Business Admin.	18	6.41	13	5
5. College of Dentistry	18	6.41	12	6





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6. College of Education	19	6.76	12	7
7. Coll. of Engg. & Petroleum	18	6.41	12	6
8. Coll. of Graduate Studies	16	5.69	11	5
9. College of Law	18	6.41	12	6
10. College of Life Sciences	19	6.76	13	6
11. College of Medicine	18	6.41	11	7
12. College of Pharmacy	17	6.05	12	5
13. College of Public Health	19	6.76	13	6
14. College of Science	17	6.05	11	6
15. Coll. of Islamic Studies	17	6.05	11	6
16. Coll. of Social Sciences	18	6.41	13	5
Total	281	100	190	91
Experienced years				
Below 5 years	44	15.66	30	14
6 to 10 years	94	33.45	65	29
11 to 15 years	83	29.54	59	24
16 to 20 years	46	16.37	27	19
Above 21 years	14	4.98	9	5
Total	281	100	190	91

Table 2: E resources accessing points by respondents

Accessing point	Respondents	%
Library Wi-fi	247	88.21
Department wi-fi	222	79.29
Broadband	73	26.07
mobile data	63	22.50

Table 3: Awareness and usage frequency of OER for researchers

OER for researchers at world wide& Library Resources	Awar e	Not Aware	If aware, usage frequency				Weigh ted Mean Score (WMS)	Resou rce usage index (RUI)
			Dai ly	biwee kly	mont hly	Occasion ally		
(a) Global Open Access Journal Platforms								
Directory of Open Access Journals (Sweden)	251(8 9.3)	30 (10.7)	196	40	11	4	3.71	0.926
Public Library of Science (USA)	188(6 6.9)	93(33)	126	50	10	2	3.60	0.899
BioMed Central (UK)	172(6 1.2)	109(38. 9)	121	39	8	4	3.61	0.903
SciELO (Brazil & Latin America)	198(7 0.5)	83(29.5)	136	46	11	5	3.58	0.895
(b) Global Preprint Servers								
arXiv – Physics, Math, CS	134(4 7.7)	147(52. 3)	89	24	16	5	3.47	0.868





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bioRxiv – Life sciences	71(25.3)	210(74.7)	51	11	6	3	3.55	0.887
medRxiv – Health sciences	101(35.9)	180(64)	81	13	5	2	3.71	0.928
SSRN – Social sciences & humanities	65(23.1)	216(76.9)	49	12	2	2	3.66	0.915
(c) Worldwide Thesis & Institutional Repositories								
OpenDOAR – Directory of OA repositories	221(78.6)	60(21.4)	81	68	31	41	2.86	0.714
DOAB – Directory of Open Access Books	201(71.5)	80(28.5)	38	52	48	63	2.32	0.581
E-Books / Google Books	198(70.5)	83(29.5)	34	43	55	66	2.23	0.557
OATD – Open Access Theses & Dissertations	70(24.9)	211(75.1)	49	15	4	2	3.59	0.896
CORE – Aggregates global OA research	65(23.1)	216(76.9)	31	19	10	1	3.11	0.777
Global Open Research Data Platforms	60(21.4)	221(78.6)	23	23	13	1	3.13	0.783
Zenodo – CERN- multidisciplinary repository	53(18.9)	228(81.1)	28	18	4	3	3.34	0.835
Figshare – Data and outputs sharing	46(16.4)	235(84)	19	13	6	8	2.93	0.734
Dryad – Curated scientific datasets	35(12.5)	246(87.54)	11	11	8	5	2.80	0.700
World Bank Open Data – Intrnl. development datasets	210(74.7)	71(25.3)	86	35	73	16	2.91	0.727
(d) International Open Educational & Knowledge Platforms								
UNESCO – Global Open Science advocacy	87	194	30	21	15	21	2.69	0.672
MIT Open CourseWare – Free course materials	234	47	73	65	55	41	2.73	0.682
OpenStax – Free peer-reviewed textbooks	56	225	15	16	15	10	2.64	0.661
(e) Global Open Citation & Metrics Resources								
OpenCitations –Bibliographic and citation data	131	150	15	28	41	47	2.08	0.521
Crossref – DOI metadata (partially open)	142	139	18	27	51	46	2.12	0.530
Altmetric – Tracks global research attention	182	99	19	28	64	71	1.97	0.493
(f) Open Source Res. Tools (Worldwide Use)								
Zotero – Citation management	179	102	10	30	70	60	1.84	0.461
R – Statistical computing	208	73	78	60	40	30	2.89	0.724
Open Journal Systems – OA journal publishing	190	91	22	47	53	68	2.12	0.530





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(g) Library Resources								
ACM DL	204	77	25	49	67	63	2.18	0.544
ADAM Mathew	203	78	21	44	61	77	2.04	0.511
ASCE-American Society of Civil Engineers	199	82	28	49	51	71	2.17	0.543
ASME- American Society of Mechanical Engineers	201	80	26	43	54	78	2.08	0.521
Books in Print	206	75	24	46	66	70	2.12	0.529
Britannica Academic	202	79	25	40	64	73	2.08	0.521
Cambridge	204	77	22	45	59	76	2.04	0.511
Detail inspiration	208	73	26	44	60	78	2.09	0.522
EBSCO (ERIC)	204	77	24	41	62	77	2.06	0.515
EDRA-Environmental Design Research Association	188	93	20	35	56	77	1.99	0.497
e-Marefa	195	89	29	38	48	80	2.08	0.521
Embase	193	88	28	41	47	77	2.10	0.526
Engineering Village	191	90	26	34	57	74	2.06	0.516
GEOREF	190	91	23	34	58	75	2.03	0.507
Heinonline	188	93	20	35	56	77	1.99	0.497
IEEE Xplore	185	96	19	31	57	78	1.95	0.488
IGI Global	183	98	20	28	58	77	1.95	0.488
InderSceince	188	93	15	20	59	94	1.77	0.441
IOP Publishing	196	85	21	32	47	96	1.89	0.472
JSTOR	191	90	24	34	51	82	2.00	0.500
KNOVEL – Engineering information	199	82	25	23	56	95	1.89	0.472
Lexis +UK	196	85	22	27	49	98	1.86	0.466
Lexis intelligence 360	194	87	21	30	50	93	1.89	0.473
Market Place S& P Global	198	83	24	35	51	88	1.97	0.494
O'Relly	198	83	22	33	52	91	1.93	0.482
One petro	196	85	21	34	49	92	1.92	0.480
Oxford	200	81	22	33	55	90	1.94	0.484
Project MUSE	197	84	23	36	50	88	1.97	0.492
Proquest	195	86	21	33	50	91	1.92	0.479
Sage	191	90	20	34	49	88	1.93	0.482
SciFinder	199	82	25	36	47	91	1.97	0.494





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Science Direct	196	85	22	34	46	94	1.92	0.480
SCIVAL- Research analytical solution	192	89	10	38	60	84	1.86	0.466
Scopus	193	88	11	22	54	106	1.68	0.420
Taylor and Francis	194	87	10	10	55	120	1.55	0.387
Ulrichsweb	192	89	8	12	44	128	1.48	0.370
Web of Science	193	88	9	13	48	123	1.52	0.381
Westlaw international	194	87	8	14	44	128	1.49	0.374
Westlaw.UK	189	92	9	12	43	125	1.50	0.374
Wiley	188	93	12	15	37	124	1.55	0.387
World Scientific	187	94	11	18	33	125	1.55	0.386
(h) Arabic Database								
Shamaa -Arab Education database	211	70	25	35	46	105	1.91	0.476
AraBase	213	68	24	31	44	114	1.84	0.459
EcoLink	209	72	22	29	40	118	1.78	0.446
EduSearch	215	72	20	25	35	135	1.67	0.419
Islamic Info	201	80	19	21	31	130	1.65	0.412
HumanIndex	202	79	15	20	25	142	1.54	0.386
ALMANHAL	204(7 2.6)	77(27.4)	17	22	28	137	1.60	0.401
Alltreaties.com	209(7 4.4)	72(25.6)	19	24	31	135	1.65	0.413
Mohamoon.JU.com	206(7 3.4)	75(26.7)	15	25	34	132	1.63	0.407
Mohamoon.KW.com	197(7 0.1)	84(29.8 9)	16	21	30	130	1.61	0.402

Table 3: Required Formal Training for access the E resources

Respondents	Required	Not required	Library staff's orientation	Total
Teaching	31 (16.32)	81 (42.41)	78 (41.05)	190 (67.62)
Administrators	18 (19.78)	31 (34.07)	42 (46.15)	91 (32.38)
Total	49 (17.44)	112 (39.86)	120 (42.70)	281

Table 5: Purposes of accessing e resources

Purposes	Resp.	%	Rank	Relative Importance index
Teaching preparation and learning support	198	70.46	7	0.705
Research and publication activities	185	65.84	10	0.658
Academic writing and scholarly communication	200	71.17	5	0.712
Curriculum development and course design	201	71.53	4	0.715
Professional development and academic advancement	195	69.40	8	0.694
Administrative and academic decision-making activities	209	74.38	2	0.744





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Technological updating and digital skill development	245	87.19	1	0.872
Updating subject knowledge and research trends	198	70.46	7	0.705
Preparing conference or seminar presentations	134	47.69	13	0.477
Developing e-learning or blended learning content	14	4.98	17	0.050
Supporting student assignments, projects, and res. supervision (MPhil/PhD)	202	71.89	3	0.719
Conducting literature reviews and identifying res.gaps	199	70.82	6	0.708
Citation tracking, reference management, and monitoring res. impact	195	69.40	8	0.694
Preparing research proposals and grant applications	142	50.53	12	0.505
Participating in online courses, workshops, and training programmes	151	53.74	11	0.537
Collaborating with national & international researchers	95	33.81	14	0.338
Preparing institutional reports, documentation, and departmental statistics	190	67.62	9	0.676
Policy formulation and strategic planning	75	26.69	16	0.267
Accessing current information and global developments in the discipline	199	70.82	6	0.708
Benchmarking with international academic standards	77	27.40	15	0.274

Table 6: Barriers while accessing electronic resources

Barriers	Resp.	%	Rank
Slow internet connectivity or unstable network	267	95.02	1
Complex database interfaces and navigation difficulties	266	94.66	2
Limited availability of computers or devices	255	90.75	3
Frequent system downtime or server issues	241	85.77	4
Lack of remote access facilities	226	80.43	5
Insufficient training in database searching	207	73.67	6
Limited subscription to required databases	201	71.53	7
Lack of information literacy skills	192	68.33	8
Information overload from too many databases	185	65.84	9
Paywalls or high cost of full-text articles	182	64.77	10
Lack of time to explore electronic resources	182	64.77	10
Limited knowledge of advanced search techniques	173	61.57	11
Lack of awareness about available e-resources	145	51.60	12
Restricted access due to licensing limitations	132	46.98	13
Insufficient support from library staff	106	37.72	14
Lack of library orientation or user training programmes	93	33.10	15
Incomplete or outdated electronic collections	88	31.32	16

Table 7: Satisfaction level of accessed E resources

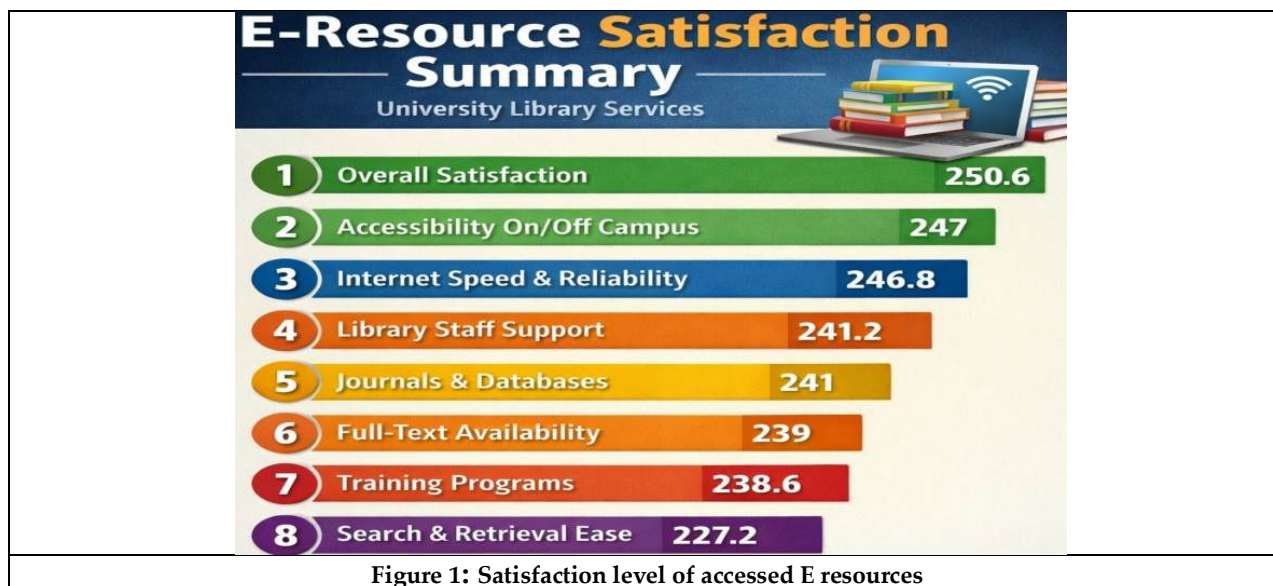
Aspect of Satisfaction	Likert Scale Values	Rank
Availability of electronic journals and databases	241	5
Overall satisfaction with electronic resources	250.6	1
Accessibility of e-resources (on/off campus)	247	2
Speed and reliability of internet access	246.8	3
Library staff support in accessing e-resources	241.2	4





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Availability of full-text articles	239	6
Training and orientation programmes	238.6	7
Coverage and relevance of subscribed databases	233.4	8
Ease of searching and retrieving information	227.2	9



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RESEARCH ARTICLE

Physical and Mental Health of Migrant Workers : How Social Integration, Loneliness and Living Arrangements Shape Well – being

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Received: 26 Mar 2026

Revised: 18 Apr 2026

Accepted: 11 May 2026

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ABSTRACT

Social integration, loneliness and living arrangements have great impacts on the physical and mental health of migrant workers in Kerala. This paper aims to identify the effect of these 3 factors; social integration, loneliness and living arrangements on the health status of migrant workers in Kerala. The primary data for the study was collected from migrant workers using an interview schedule and the data was collected from 384 migrant workers. To determine the impact of social integration and loneliness on the health status of migrant workers in Kerala, a multiple regression test was applied. And to determine whether the health status of migrant workers is statistically different based on the living arrangements, One-way ANOVA was used. Based on the results of multiple regression analysis, it was determined that, there exists a positive and significant relationship between social integration and health status of migrants, meaning that as social integration improves their health status also improves. Then regarding the effect of loneliness on the health status of migrants, as per the results there exists a negative and significant relationship between loneliness and health status of migrants, meaning that as loneliness increases, it worsens the physical and mental health of migrant workers. The results of One-way ANOVA shows that health status of migrant workers is statistically different based on the living arrangements. Migrants who were living alone associated with numerically low level of health status and those living with a spouse or living with people (persons) other than a spouse was associated with numerically better health status. The study's results highlight the need for policymakers, bureaucrats, and the government implementing programmes, such as instructing local citizen about interacting with migrants more



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fairly and encouraging migrants to take an active part in social gatherings. Improved living condition, social, economic, and cultural backgrounds can improve the health of internal migrants.

Keywords: social integration, loneliness, health status, migrants.

INTRODUCTION

From the beginning, mankind started moving around in pursuit of food and fire. These relocating or movements, as observed in the globally connected society of today, are more ambitious or the result of circumstances that compel them to relocate in pursuit of better possibilities (Alexander & Alexander, 2021). People's experiences frequently influence their choices regarding relocation at the family level, along with various societal factors and opportunities that make their relocation easier. As a result, migration is appropriately seen as a social phenomenon (Alexander & Alexander, 2021). Kerala has become one of the top choices for migrant labourer from other parts of India as a result of a demographic change occurring in regions of India. Among the majority of neighbouring states, this state stands out for providing the highest wages to labourers in the informal sector (Peter, 2021). Several researchers have examined multiple issues that migrants in Kerala confront, and they have identified a number of them, including poor housing and job situations, poor medical care and sanitation, and a lack of security (Shruthi & Thomas, 2014) & (Saikia, 2012). Despite these terrible circumstances, Kerala has witnessed a spike in the number of migrants coming in, and their physical, mental, and social health is negatively impacted by residing in shabby living spaces along with other migrants at the expense of their health (Alexander & Alexander, 2021). According to researchers, migrant populations face prejudice and social marginalization, police cruelty, unreported fatalities, and tragedies (Martin, 2017). These social conditions lead to mental disorders in migrants because they make them feel isolated, worry being judged by others, and concern other unanticipated events like losing a job or becoming a target of attack (Mathew & Kumari, 2017).

Likewise, the feeling of loneliness triggered on by adjusting to an unfamiliar culture and being separated from family members frequently results in using drugs as a way of dealing with it. That's why social integration emerge in, and they can be important in preserving mental and physical health (Kumar et al., 2016). Hence, social integration and loneliness are becoming more widely acknowledged as a significant contributors to the physical and mental health status among migrants (Lim et al., 2022). Living arrangements can be said to have an impact on both mental and physical health conditions because they are thought to be a factor that leads to anxiety and feelings of depression (Tran et al., 2008). Few studies have examined how social integration, loneliness and living arrangements affect migrants' physical and mental health (Wu, 2017), (Kang et al., 2022). Therefore, the current research may offer an in-depth knowledge of how health status gets effected by the social integration, loneliness and living arrangement of migrants and might have policy implications for authorities in order to promote social integration, reduce loneliness and provide better living arrangement and accomplish the objectives of inclusive society.

LITERATURE REVIEW

A number of theoretical frameworks serve as the foundation for the observational study of social interactions and how they affect health. Psychologists like British psychotherapist John Bowlby, who developed attachment theory initially, and sociologists like Emile Durkheim produced the primary theories, in addition, anthropologists like Elizabeth Bott, John Barnes, and Clyde Mitchell, along with analytical social scientists like Claude Fischer, Edward Laumann, Barry Wellman, and Peter Marsden, contributed significantly to the theoretical formation of social network research (Berkman et al., 2013). Durkheim's input into the exploration of the connection between wellness and social life is priceless (Berkman et al., 2013). Social integration, according to Durkheim's concept, is essential to ensure that people are deeply committed to widely held opinions and principles and maintain social ties irrespective of their



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interactions with others (Zhang & Wang, 2010). Durkheim along with other philosophers' major contributions has sparked in-depth conversations regarding the main effects of social integration, spanning from murder and brutality to health status (CHRIS & DANA, 2005).

Social integration and health

A prominent and significant factor influencing a migrant's physical and mental well-being is being found to be social integration (Zou et al., 2024). There is currently no one interpretation for this multifaceted topic. Social integration for migrants is typically described as an act of merging with people of host regions (Michael et al., 2001). There are two primary components to the assessment approaches for social integration that several researchers have chosen for migrants: objective integration, which includes behavioural adjustment and economic inclusion, and subjective integration, which includes one's identity and assimilation (Z. Chen & Liu, 2018). Numerous research have shown that migrants' state of health is impacted by their subjective integration (Selkirk et al., 2014). As per (Shor, 1993) migrants may experience less anxiety gradually as they become more adjusted to the culture, which might mitigate the early integration pressures. Health inequalities such as inpatient rates for cerebral incident, cancer of the cervical cavity, and appendix resection, may be decreased by social integration and may improve migrants' health condition (Cheung, 2014). While conventional studies concentrated on assessing internal migrants' physical and mental well-being directly, such as infectious disorders, mental state, sexual health, health habits, or hazards associated with work, this study examined possible variables, like social integration, that may be linked to internal migrants' health condition (Ford & Chamrathirong, 2014). Better interactions with others, fewer societal pressures, and greater social backing are all outcomes of the social integration and have been associated with improved health condition (Holt-lunstad et al., 2010).

H1: Social integration has a significant and positive effect on the health status of migrant workers.

Loneliness and health

The term loneliness means when a person's expected and real social interactions differ, they may feel detached, depressed, and lacks significant connections. Loneliness is becoming more widely acknowledged as a serious public well-being concern, especially for immigrants (Lim et al., 2022). People were obliged to remain at their places and restrict their social interactions during the COVID-19 epidemic as part of containment measures, which exacerbated loneliness and its impacts, particularly for those living in remote areas. In the case of COVID-19, loneliness spurred on by containment has been linked to adverse psychological consequences such as anxiety, sadness, and Trauma (Marc et al., 2020). Loneliness is an obvious contributory factor for anxiety in elderly life, according to the examined studies (Alpass & Neville, 2010). Loneliness was linked to heart disease risks, according to numerous studies that examined its effects on heart condition (Sorkin et al., 2002).

H2: loneliness has a significant and negative effect on the health status of migrant workers.

Living arrangements and health

Living arrangements, which involve who people reside with and their relationships with their fellow roommates, are significant factors that influence people's physical and mental well-being (Oksuzyan et al., 2024). Research indicates that residing with a spouse or family is typically linked to a lesser death rate than residing individually (Lund et al., 2002) and also it improves mental and personal wellness, as well as a decrease in chronic illnesses (Aranda, 2015) & (Danyang & Duanhui, 2022). (Tran et al., 2008) previous studies indicates that living alone is a trigger to people's psychological discomfort and anticipate that people who reside independently will have a greater probability of signs of depression as measured by the Centre for Epidemiological Studies Depression Scale (CES-D). Staying alone makes assimilation harder and delays down the method of integrating to the host nation, and it is believed that being alone gives migrants to experience greater anxiety (Tran et al., 2008).

H3: Health status of migrant workers is statistically different based on the living arrangements.





METHODOLOGY

Data

The main objective of the paper is to investigate the effect of social integration, loneliness and living arrangements on the health status of migrant workers in Kerala. In order to assure representativeness, the method of sampling employed in choosing of migrant workers in this research is proportionate stratified random sampling, which divides the migrant worker population according to their district of residence, making use of the number of AWAZ-registered migrants (Awaz is a program that the Kerala government has implemented to provide insurance and to compile a list of migrants arriving in Kerala) as a basis (Kerala State Planning Board, 2022). The number of participants for each district is decided dependent on the proportion of migrants dwelling in that district, so that districts that have greater migrants possess more participants while districts with less migrants have a smaller sample. An interview schedule has been designed for the data collection according to the hypothesis and intention of the study considering that the majority of migrant workers are illiterate. The data was collected from 384 migrant workers with the help of proportionate stratified random sampling. The analysis is performed using the "SPSS version 20. Multiple regression, One-way ANOVA, and descriptive statistics were the analysis performed with the help of SPSS. To test the influence of social integration and loneliness on the health status of migrant workers in Kerala, a multiple regression test was applied. To test the significant difference in the health status of migrants across different types of living arrangements One-way ANOVA was used.

Variables

Social integration

Social integration of migrants was the primary independent variable in the study. For measuring social integration, the researcher adopted scale from the study conducted by (Lu et al., 2022). The scale consists of 5 dimensions for measuring social integration, which includes; sense of belonging, integration willingness, social interaction, acculturation, and self-identity. A Likert scale with a rating of 5 was used to measure, with 1 denoting "Strongly Agree", 2 denoting "Agree", 3 denoting "Neutral", 4 denoting "Disagree" and 5 denoting "Strongly Disagree". After adding together all of the responses to the 5 dimensions, a composite score for social integration is calculated.

Loneliness

The variable loneliness is another independent variable in the study, for measuring loneliness the scale was adopted from the study conducted by (W. Chen et al., 2019). The scale consists of 3 statements and 5-point Likert scale was used to measure loneliness, with 1= "Strongly Agree", 2="Agree", 3= "Neutral", 4= "Disagree" and 5="Strongly Disagree". A composite score for loneliness is calculated by adding up all the 3 statements.

Living arrangements

Another independent variable was living arrangements. Based on the living arrangements, migrants were divided into three distinct categories: living alone, living with a spouse, and living with people (persons) other than a spouse (Michael et al., 2001).

Health status

The dependent variable used in the study was health status of migrants. Two metrics—physical and mental health were employed in this study to assess the health of migrants. Physical health is often measured using self-rated health, which is typically scored on a 5-point Likert scale, coded as "very poor", "poor", "fair", "good" and "excellent". The statement for measuring physical health adopted from (Kang et al., 2022). For measuring mental health the scale was adopted from the study conducted by (Huang et al., 2021). The scale of mental health consists of 6 statements, which were measured using 5 point Likert scale ranging from 1 to 5, representing 1= "never", 2="occasionally", 3="part of the time", 4="most of the time" and "all the time". A composite score for health status is created by adding both physical and mental health.





FINDINGS

Multiple Regression: A multiple regression model is used to assess the influence of social integration and loneliness on the health status of migrant workers in Kerala. The dependent variable is the health status, which is measured in 5-point Likert scale. Social integration and loneliness are the independent factors. $Y_i = \alpha + \beta_1(\text{Social integration}) + \beta_2(\text{Loneliness}) + \epsilon_i$ The R square is 0.637 and the adjusted R Square is 0.620 which means that 63% variation in the health status of migrant workers in Kerala was described by the predictive factors in the model. The factors outside of the model accounted for the residual 37%. The predictive factors of social integration and loneliness influenced the health status of migrants, according to the ANOVA result, which indicates $F = 101.375$ and $p < 0.001$. The regression analysis is shown in the table no.4

H1: addresses the effect of social integration on the health status of migrants. As per the result, there exists a positive and significant relationship between social integration and health status of migrants ($B = 0.149$ and $P = 0.000$) therefore the researcher failed to accept the null hypothesis.

H2: addresses the effect of loneliness on the health status of migrants. As per the result, there exists a negative and significant relationship between loneliness and health status of migrants ($B = -0.271$ and $P = 0.001$) therefore the researcher failed to accept the null hypothesis

One-way ANOVA: One-way ANOVA is used to assess the influence of living arrangements on the health status of migrant workers in Kerala. The dependent variable is the health status, which is measured in 5-point Likert scale. Living arrangements is the independent factor. The result is shown in the table below.

H3: from the results of One-way ANOVA, it is clear that the p-value or sig. value is 0.001 is less than 0.05, so reject null hypothesis. Therefore, health status of migrant workers is statistically different based on the living arrangements. Migrants who were living alone associated with numerically low level of health status ($M = 6.5830$) and those living with a spouse or living with people (persons) other than a spouse was associated with numerically better health status ($M = 8.3000, 8.3061, 8.9000$).

CONCLUSION AND POLICY IMPLICATION

In conclusion, social integration, loneliness and living arrangements of migrant workers were linked to health status. As per the findings of the study, increased social integration leads to better physical and mental health among migrants, while loneliness worsens their physical and mental health. Living arrangements also influence health status among migrants, leading to better health when living with a spouse or friends and increasing the risk of depression and anxiety when living alone. A number of social integration factors seemed to have a significant impact on migrant well-being, with interactions with society, civic involvement, and financial difficulties emerging as the most significant factors (Brydsten et al., 2019). Therefore, social interaction and support systems of migrants need to be given more attention during upcoming studies and public health initiatives, as this study indicates that they have a significant impact on migrants' mental status. Implementing community-driven campaigns for migrants is one way to broaden the community's involvement. Events such as athletics or social gatherings are designed to accommodate cultural adaptation and integration (SF & YN, 2015). And for reducing loneliness the public, societies, and policymakers must all take steps to foster a feeling of connection and inclusion (Lim et al., 2022). With regard to the living arrangements the results indicate that migrants living individually are vulnerable individuals that would require extra care in the form of programs as well as assistance supports.





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Table 1. Variable's reliability

Variables	Authors	No. of items in a scale	Cronbach's alpha co-efficient
Social integration	(Lu et al., 2022)	8 item scale	0.816
Loneliness	(W. Chen et al., 2019)	3 itemscale	0.787
Health Status	(Kang et al., 2022), (Huang et al., 2021)	7 item scale	0.845

Table 2. Multiple Regression analysis result

Observed Variables	Unstandardized Coefficients				
	B	Std. Error	Standardized Coefficients Beta	t	Sig.
(Constant)	0.270	0.126		2.150	0.032
Social integration	0.149	0.052	0.111	2.883	0.000
Loneliness	-0.271	0.075	-0.43	-3.78	0.001

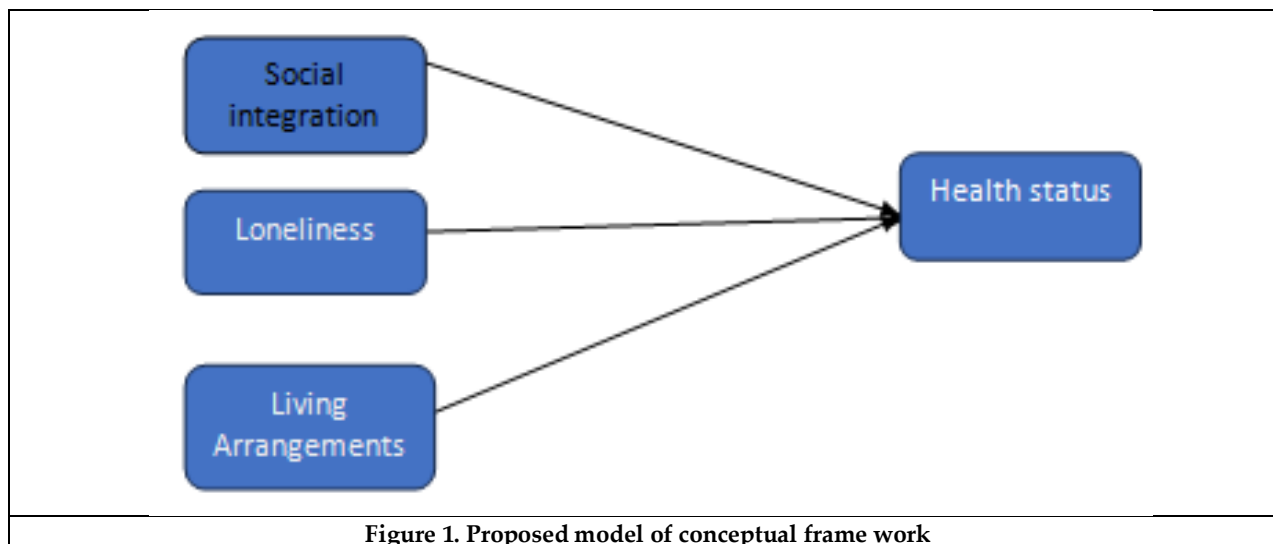




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Table 3. One-way ANOVA analysis result

		Sum of Squares	DF	Mean Square	F	Sig.
Living arrangements	Between Groups	61.346	5	12.269	4.487	.001
	Within Groups	541.373	198	2.734		
	Total	602.719	203			



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