

Unlocking The Healing Potential: A Case Study On The Role Of The Navel (NABHI) In Alleviating Back Pain And Improving Health

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Abstract:

Objective: The objective of this empirical study was to assess the efficacy of Byol magnet acupressure therapy in achieving navel balancing among participants.

Background: Navel balancing, as a concept rooted in traditional medicine systems such as Ayurveda, holds significance in promoting overall health and well-being. Byol magnet acupressure therapy, a modality derived from traditional Indian medicine, has been purported to influence energy flow and balance within the body. However, empirical evidence regarding its effectiveness in achieving navel balancing are satisfactory.

Method: The study involved eleven participants who underwent Byol magnet acupressure therapy aimed at navel balancing. The therapy sessions were conducted following established protocols, utilizing specific acupressure points and Byol magnets. Pre- and post-therapy assessments were conducted to evaluate the success of navel balancing.

Result: The results of the empirical study revealed a 100% success rate in achieving navel balancing among the participants following Byol magnet acupressure therapy. This outcome suggests the potential efficacy of this therapeutic modality in promoting navel balance, as indicated by empirical evidence gleaned from the study's participants.

Keywords: Navel, Acupressure, Lower Back Pain, Displacement of Navel, Nabhi, Umbilicus, Pull of Navel.

Introduction:

Navel displacement, a concept rooted in traditional medicine systems such as Ayurveda and Traditional Chinese Medicine (TCM), has long been recognized as a potential source of various health issues. Within these systems, the navel, or Nabhi, is considered a vital energy centre that, when misaligned or displaced, can lead to digestive disturbances, gastric problems, and discomfort around the abdominal region. While conventional medical approaches may overlook or underestimate the significance of navel displacement, traditional healing modalities offer therapeutic interventions aimed at restoring balance and harmony within the body.

Indian Ayurvedic Acupressure, combined with the use of byol magnets, represents one such traditional intervention employed to address navel-related health concerns. This intervention involves the application of pressure to specific acupoints along with the utilization of magnets to stimulate energy flow and promote healing. Despite its historical and cultural significance, empirical evidence regarding the efficacy of this intervention in managing navel-related health issues remains limited.

Against this backdrop, the present study endeavours to investigate the effects of Indian Ayurvedic Acupressure with byol magnet intervention on individuals experiencing navel-related discomfort. Through a pre-test post-test design, the study aims to evaluate the impact of this traditional therapeutic

approach on navel displacement and associated symptoms. By employing a rigorous methodology and statistical analysis, the study seeks to contribute to the growing body of research exploring the potential benefits of traditional healing modalities in contemporary healthcare settings. This introduction sets the stage for the subsequent discussion by highlighting the historical context and significance of navel displacement within traditional medicine systems, as well as the rationale for investigating the efficacy of Indian Ayurvedic Acupressure with byol magnet intervention. By addressing gaps in existing literature and emphasizing the importance of exploring alternative therapeutic modalities, the study aims to shed light on the potential role of traditional healing practices in addressing navel-related health issues.

Importance of Navel according to Indian Yogic & Ayurvedic Text

According to Yoga Darsan

“Nabhi Chakre kaya vyooaha jananam”

In accordance with the teachings of Maharishi Patanjali, it is posited that a central convergence point for the entirety of the body's nerves exists within the chakra located at the navel. Through the disciplined practice of control and manipulation of this chakra, practitioners are purportedly able to gain profound insights into the intricate anatomical composition of the human body. Specifically, this understanding extends to discerning the precise arrangement of nerves, elucidating their trajectories, and delineating the distribution of the seven Dhatus within the body in terms of both spatial localization and quantitative proportions so to attain good quality of should be balanced [1].

According to Vashishta Samhita

In accordance with the teachings of Maharshi Vashishta The anatomical region located two fingers above the anus, two fingers below the genitalia, and spanning an area approximately one finger in size is commonly referred to as the "middle of the body". Notably, this delineation demarcates a distinct boundary, as nine fingers extend beyond the upper limit of this defined region. Above this midpoint, a notable tuberos space emerges, extending outward by a span of approximately four fingers and exhibiting an elliptical configuration reminiscent of an egg. With in this anatomical schema, particular emphasis is placed on the region identified as the "Navel", positioned centrally within the afore mentioned tuberos space. It is asserted that this focal point serves as the originating locus for the entirety of the body's nerves. The maintenance of proper alignment and positioning of the navel is underscored as imperative for the unimpeded flow of life energy and the facilitation of harmonious physiological functioning. Moreover, within the context of yogic practice, the attainment of a state of transcendental consciousness, referred to as "Kaivalya", is contingent upon the meticulous balance and alignment of this pivotal chakra at its designated location within the body [2].

According to Maharshi Charak

Maharshi Charak delineates a treatment protocol for Vataja Gulma predicated on the anatomical landmark of the Nabhi (navel). Specifically, he articulates distinct therapeutic interventions tailored to the precise localization of the Gulma. In instances where the Gulma manifests above the Nabhi, Maharshi Charak advocates for Snehapana (oleation therapy), emphasizing its therapeutic efficacy. Conversely, if the Gulma is localized within the region of the Pakwashaya (colon), the preferred treatment modality is Basti (medicated enema). Notably, if the Gulma is situated within the Jathar (abdomen) region, encompassing either the Nabhi or adjacent areas at the Nabhi level, Maharshi Charak advocates for the combined administration of both Snehapana and Basti as integral components of the treatment regimen [3].

According to Acharya Vagbhata.

Both the Astanga Sangraha and Astanga Hrudaya, classical texts in the field, elucidate the anatomical significance of the navel, referred to as "Matrujabhava" within the context of abdominal structures.

This characterization implies that the navel is characterized by its delicate and soft constitution, and occupies a pivotal position among the three principal components of the Kosthanga (abdominal structures) as delineated by Acharya Vagbhata [4].

Concept of Byol Magnet



Image-1(shows byol magnet)

Within the framework of Ayurvedic Acupressure, the utilization of magnets is characterized by the application of two fundamental techniques: tonification and sedation.

Tone- In the context of Ayurvedic Acupressure, the term "tone" refers to the observable manifestation wherein the white coloration of the magnet becomes perceptible sub-sequent to its application on the designated anatomical region

Sedate - In the context of Ayurvedic Acupressure, the term "sedate" refers to the observable manifestation wherein the yellow coloration of the magnet becomes perceptible sub-sequent to its application on the designated anatomical region

Ten Directional Pull or Displacement of the Navel (Nabhi) According to Indian Ayurvedic Acupressure and effect on different body parts and health conditions

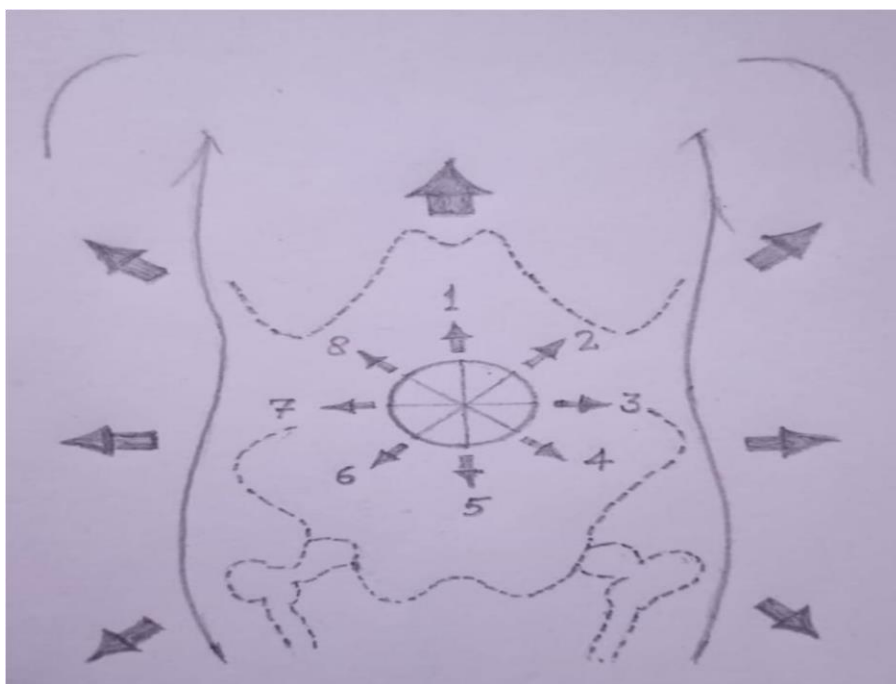


Image-2 (Shows about ten directional pull of Navel)

1. Upper pull of solar plexus: The upper pull of the solar plexus refers to a displacement of this anatomical structure towards the upper abdominal region. This displacement has been associated with a multitude of physiological disturbances, including but not limited to intestinal problems,

menstrual irregularities, constipation, prostate dysfunction, heartburn, breathing difficulties, insomnia, and coughing. The implications of this displacement are of particular interest due to its potential impact on gastrointestinal, hormonal, and respiratory functions.

2. **Pull down:** Pulling the solar plexus downward is characterized by a displacement towards the lower abdominal region. Research suggests that this downward pull may contribute to various health issues, including intestinal pain, mental distress, nightmares, menstrual irregularities, and prostate or bladder problems. The investigation into this direction of pull is essential for elucidating its effects on urinary, reproductive, and psychological well-being.
3. **Pull to the right:** A lateral displacement of the solar plexus towards the right side of the abdomen is associated with alterations in the functioning of the left-sided kidneys and intestines. Understanding the repercussions of this displacement is critical for comprehending its impact on renal and gastrointestinal health.
4. **Pull to the left:** Conversely, a lateral displacement of the solar plexus towards the left side of the abdomen affects the functioning of the right-sided kidneys and intestines. Research examining this directional pull provides insights into its implications for renal and gastrointestinal functions.
5. **Pull to the upper right:** This directional pull influences the lower left hip, left leg, liver, gall bladder, and may contribute to intestinal problems. Investigating the effects of this displacement is essential for understanding its role in digestive disturbances and lower limb discomfort.
6. **Pull to the upper left:** Similarly, a displacement towards the lower right hip, right leg, stomach, spleen, and potential digestive problems necessitates investigation into its impact on gastrointestinal health and lower limb discomfort.
7. **Right hip pull:** Displacement towards the right hip results in tension in the upper left quadrant, affecting the pancreas, stomach, spleen, left kidney, and may lead to pain in the lumbar plexus or right leg. Understanding the physiological consequences of this displacement is crucial for addressing potential gastrointestinal and musculoskeletal issues.
8. **Left hip pull:** Conversely, displacement towards the left hip creates tension and pain in the upper right quadrant, affecting the liver, gall bladder, duodenum, right kidney, and may lead to pain in the lumbar plexus or left leg. Investigation into the effects of this displacement is essential for understanding its implications for gastrointestinal and musculoskeletal health.
9. **Deep pull to back:** A deep Pull towards the back results in lumbar pain and severe back problems such as kyphosis and slipped discs. Research into this directional pull is essential for elucidating its impact on spinal health and structural imbalances.

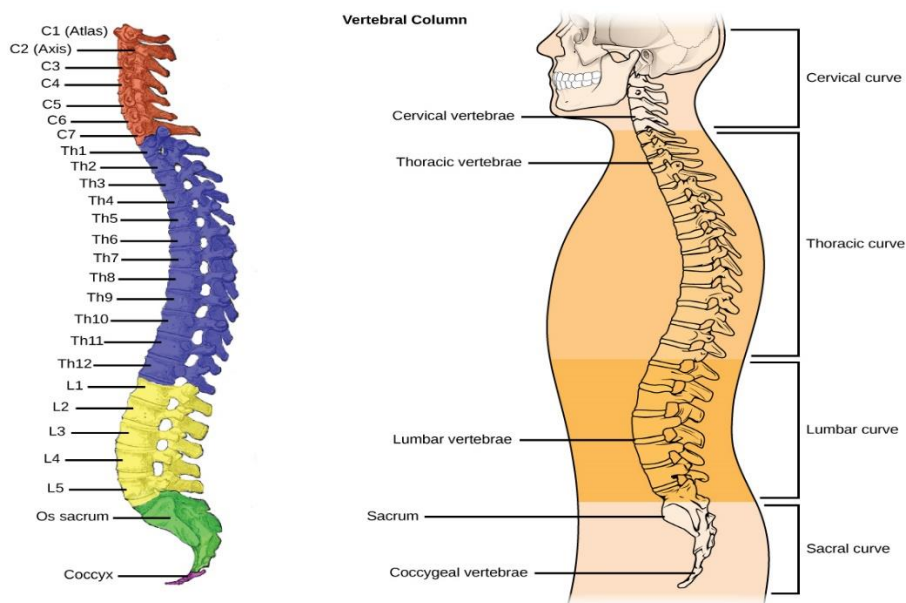


Image-3 (shows the spinal Vertebrae)

The navel, anatomically situated between the third and fourth lumbar vertebrae, is positioned anteriorly to the intervertebral discs of these vertebrae. Displacement of the navel towards the posterior aspect, commonly referred to as "navel pull back displacement," can result in the exertion of pressure on adjacent structures. This displacement may manifest clinically as discomfort in the back region or potentially lead to the development of deformities or persistent back pain. In cases where the origin of discomfort or pain in the lumbar region is attributed to navel pull back displacement affecting the third and fourth lumbar vertebrae or their corresponding intervertebral discs, the application of a therapeutic intervention known as the "navel balancing protocol" derived from Indian Ayurvedic Acupressure is proposed. This protocol involves the targeted application of pressure to specific acupressure points, as depicted in accompanying illustrations, particularly focusing on the region of the right big toe where points numbered 25 (sedate) and 17 (tone) are addressed [5]. Additionally, it is recommended to select the affected area accordingly to the spiral meridian and apply the spiral protocol, along with the navel protocol. Specifically, when addressing the lumbar to sacral area, applying the 0, 1, 2 spiral as on the left ring finger with Ayurvedic Acupressure 245sedate 17 Tone is advised as shown in image. It is hypothesized that the implementation of this comprehensive protocol may contribute to the alleviation of pain and the restoration of equilibrium in the positioning of the intervertebral discs within the lumbar spine.

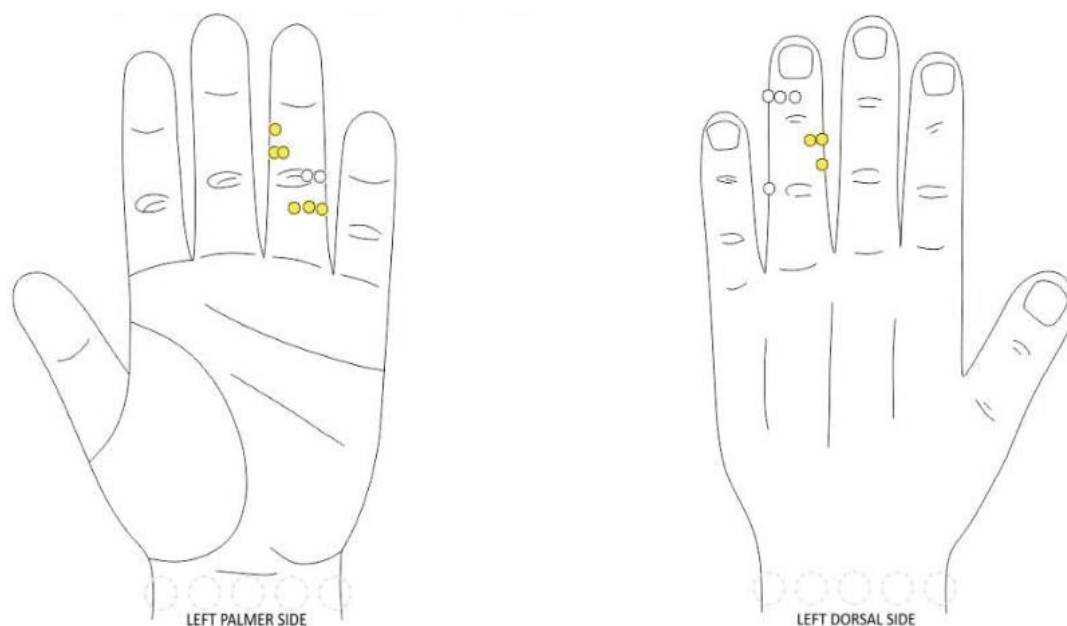


Image-4 (shows real application of byol magnet)
3 segments of the spine
(On Finger 6- 10 Spiral)

This segmental presentation elucidates the selection of spiral meridians tailored to address specific spinal issues within distinct anatomical regions [6].

Spiral Number	Spine 3 Segments	Innervation Area	Finger6- 10 Spiral
0	Coccyx+S5+S4	Groin, Legs	0 th Spiral
1	S3+S2+S1	UB, Gonads, Groin, Legs	1 st Spiral
2	L5+L4+L3	Kid, Intestine, LA, Back, Leg	2 nd Spiral
3	L2+L1+T12	Kid, LI, SI	3 rd Spiral
4	T11+T10+T9	St, SP, PN	4 th Spiral
5	T8+T7+T6	Liv, GB, St, SP, PN	5 th Spiral
6	T5+T4+T3	Chest, Lungs, Heart, Food Pipe, Trachea	6 th Spiral
7	T2+T1+C7	Shoulder, Scapula, Arm, Upper back	7 th Spiral
8	C6+C5+C4	Neck, Back Head, Shoulder, Arm, Thyroid, Vocal Cord	8 th Spiral
9	C3+C2+C1	Jaw, Teeth, Gums Neck, Ear	9 th Spiral

Table 1(shows about spiral meridian for each Vertebrae of the spine)

10. Front pull or outer pull: An outward displacement of the solar plexus pushes all organs towards the outside, potentially causing the stomach to protrude. Investigation into this displacement is crucial for understanding its implications for abdominal integrity and positioning of abdominal organs [7]. **various methods have been proposed to identify the displacement of the navel, which holds significance within traditional medicine frameworks are as follow**

(i) Palm and Little Finger Alignment Method: Observation of the alignment of the heart line of both palms and the three phalanges line of the little finger while the individual stands barefoot on a flat surface. Lack of alignment or equality among these lines when attempting to match them indicates potential displacement of the navel.

(ii) Supine Position and Joint Line Examination: Upon lying in the supine position, examination of the alignment of the Vata Pitta joint or the first joint line of the big toe. A discrepancy or lack of matching between these joint lines suggests a displaced navel.

(iii) Middle Finger Length Discrepancy: Comparison of the lengths of both middle fingers. Unequal lengths of the middle fingers may indicate a displaced navel.

(iv) Nipple to Navel Distance (Male): Measurement of the distance between the tip of the nipple and either the navel or the solar plexus in male individuals. Inequality in this distance could signify a displaced navel.

(v) By palpable pulsation at the epicentre of the umbilicus. The solar plexus, anatomically located at the umbilical region, exhibits its maximal palpable pulsation at the epicentre of the umbilicus. Displacement of this chakra results in the pulsation not being perceivable at the central point of the umbilicus; rather, it manifests at alternative locations circumferentially around the umbilical area, delineated across ten distinct directional orientations.

(vi) Pain Assessment at Specific Points: Application of pressure at the centre of the palm or at the Pericardium 8 (PC8) point according to Traditional Chinese Medicine (TCM). The severity of pain experienced at these points can serve as an indicator of potential navel displacement when considered in conjunction with the afore mentioned observations. P8, denoting the eighth point along the Pericardium Meridian in Traditional Chinese Medicine (TCM), serves as a pivotal locus termed the "fire point" within this meridian. According to the TCM framework of the organ clock cycle, P8 corresponds to the time segment extending from 7:00 AM to 9:00 AM and from 7:00 PM to 9:00 PM. Practitioners advocate the application of specific therapeutic modalities during these temporal windows, including orange coloration, utilization of star magnets, or the affixation of fenugreek seed strips, with the intention of fortifying the Pericardium Meridian. Stimulation of P8 engenders notable physiological effects, notably amplifying the functional potency of the Pericardium Meridian while concurrently facilitating the dissipation of bodily heat and harmonizing the Vata and Kapha Doshas, which are elemental components within Ayurvedic medicine. Notably, P8 occupies a paramount position as the "master point" regulating the entire network of veins traversing the human anatomy. In concordance with the observations posited by Dr. Mary Austin [8] instances of vascular rigidity or diminished vascular elasticity prompt targeted interventions at P8, which serve to stimulate vascular regeneration and restore the suppleness of the venous architecture.

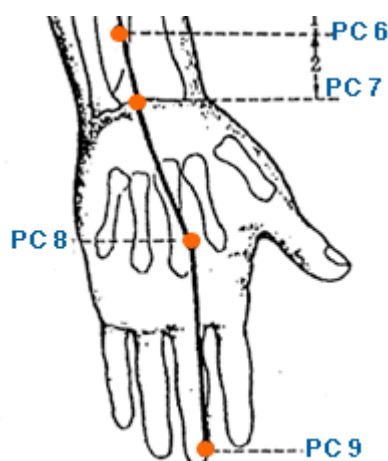


Image -5 (shows the location of Acupressure point P8)

Within the framework of Traditional Chinese Medicine (TCM), the regulation of vital energy, known as chi or qi, is facilitated through the intricate network of meridians traversing the human body. It is understood that the flow of qi orchestrates the holistic functioning of the entire organism [9].

Methodology: This research study was conducted at the Central University of Haryana to investigate the efficacy of Indian Ayurvedic Acupressure with byol magnet intervention in addressing navel-related health issues. Eleven participants were included in the study, and no exclusion criteria were applied, as individuals experiencing any form of digestive issues, gastric problems, pain around the navel, loose motion, or constipation were eligible for participation. The research utilized a pre-test post-test design to evaluate the effectiveness of the intervention.

Application Methodology of the Protocol:

In the practice of Ayurvedic acupressure, the utilization of byol magnets constitutes a non-invasive therapeutic approach aimed at addressing various health concerns and achieving symptomatic relief. This modality is characterized by its accessibility and simplicity, particularly following comprehension and guided application facilitated through the utilization of pictorial representations delineating specific treatment protocols. The pictorial elucidation of these protocols is realized through the employment of Acu Health Line (AHL) software, developed by the Acupressure Shodh, Prashikshan Evam Upchar Sansthan (ASPEUS) situated at Prayagraj in India. Central to the framework of Indian Ayurvedic Acupressure are three primary meridians: Horizontal, Vertical, and Spiral. Furthermore, auxiliary meridians, such as Long Horizontal Meridian (LHM), Long Vertical Meridian (LVM), Regional Long Vertical Meridian (RLVM), and Regional Long Horizontal Meridian (RLHM), are conceptualized through the integration and interplay of the afore mentioned fundamental meridians. In this methodology, emphasis is placed on the utilization of the Horizontal Meridian exclusively, each of which comprises ten distinct Indian Ayurvedic Acupressure elements. These elements, enumerated as follows:

Element number	Element name in Hindi	Element name in English	Relate finger to element and its number
0	Tama	Representing the origin	Right thumb
1	Akash	Ether	Right little finger
2	Vayu	Air	Left little finger
3	Agni	Fire	Left index finger
4	Jal	Water	Right index finger
5	Prithvi	Earth	Right Ring Finger
6	Kaal	Time	Left Ring Finger
7	Disha	Direction	Left Middle finger
8	Mann	Mind	Right Middle Finger
9	Atma	Soul	Left Thumb

Table-2 (Shows about Ten Ayurvedic Acupressure Elements)

0 – Tama (representing the origin) 1 – Akash (Ether) 2 – Vayu (Air) 3 – Agni (Fire) 4 – Jal (Water) 5 – Prithvi (Earth) 6 – Kaal (Time) 7 – Disha (Direction) 8 – Mann (Mind) 9 – Atma (Soul) [9]

The research protocol under consideration is denoted as "25 sedate 17 tone," which entails the application of specific elements in a therapeutic context. Notably, sedation is achieved through the incorporation of Air and Earth elements, while tonification is facilitated by Ether and Direction elements [10]. In this context, Air signifies movement, thus implicating its role in addressing displacement issues, while Earth denotes the affected organ, namely the Navel, which is displaced. Ether represents space, creating the necessary spatial adjustment for the navel, and Direction is instrumental in guiding the displaced navel back to its original anatomical position [11].

Moreover, according to the tenets of Indian Ayurvedic Acupressure, each finger of the hand symbolizes one of the ten afore mentioned elements, thereby providing a tactile and conceptual framework for therapeutic intervention and meridian-based treatment modalities.

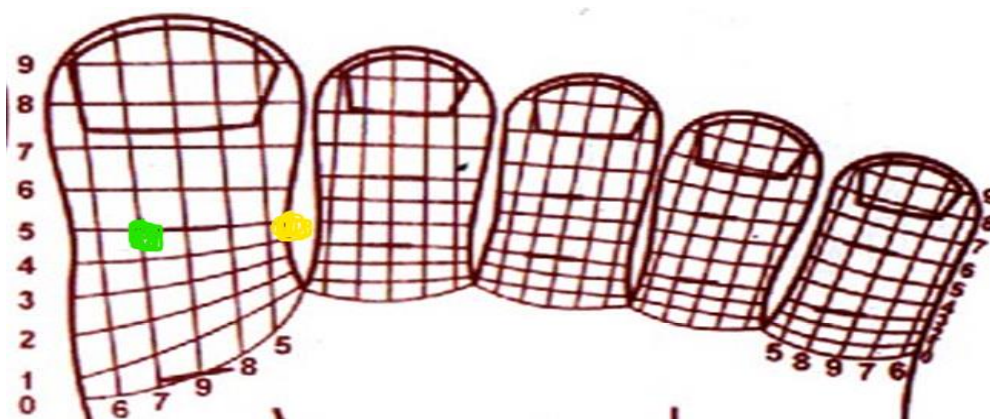


Image-6 (shows the Right foot Dorsal side)



Image-7 (shows the Right foot planter or sole side)

The green coloration serves as an indicator of magnet tonification, thereby elucidating the horizontal and spiral meridian concept within the context of therapeutic application [12]. the concepts of tonification and sedation are fundamental to the restoration and maintenance of balance within the body's energetic systems [13]. Traditionally, tonification involves reinforcing deficient or weakened aspects of the body, while sedation aims to calm or reduce excessive energetic states. While various modalities such as acupuncture and herbal medicine have historically been employed to achieve these effects, the emergence of color therapy presents a novel avenue for therapeutic intervention [14].



Image-8 (shows the final application of Navel balancing protocol)

Inclusion Criteria: Participants were included if they reported any recently occurred digestive issues, gastric problems, pain around the navel, loose motion, or constipation. Additionally, participants were required to full fill the location measurement of the solar plexus or navel condition.

Exclusion Criteria: There were no exclusion criteria applied in this study, as individuals experiencing any form of the afore mentioned health issues were eligible for participation in the acupressure treatment.

Data Collection and Analysis: Pre and post data were collected from all participants, including the measurement of the length in milli meters (mm) of both big toes. A paired t-test was applied to analyse the pre and post data. The mean, variance, observations, Pearson correlation, hypothesized mean difference, degrees of freedom, t Stat, and p-values were calculated for the paired t-test.

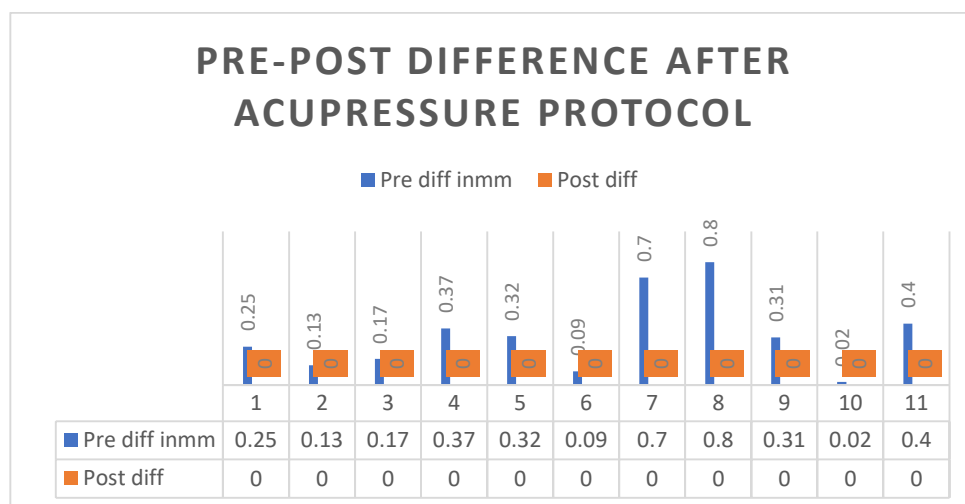


Image-9 (shows the statical presentation of pre and post data)

Name of the results	Variable 1	Variable 2
Mean	0.323636	0
Variance	0.059005	0
Observations	11	11
Hypothesized Mean Difference	0.13	
Degree of Freedom	10	
t Stat	2.643852	
P(T<=t) one-tail	0.012285	

t Critical one-tail	1.812461	
P(T<=t) two-tail	0.024571	
t Critical two-tail	2.228139	

Table-3 (shows the numerical values of different statical terms)

Results:

The results of the paired t-test indicated a statistically significant mean difference (t Stat = 2.643852, p-value = 0.024571) between the pre and post conditions, suggesting a positive effect of the intervention. The intervention involved Indian Ayurvedic Acupressure with byol magnet application for three days, with each session lasting 12 hours. Overall, the results of the study were deemed satisfactory, indicating the potential efficacy of the intervention in addressing navel-related health issues.

Discussion:

The present study aimed to investigate the efficacy of Indian Ayurvedic Acupressure with a byol magnet intervention in addressing navel-related health issues. Through a pre-test post-test design, the study assessed the impact of the intervention on eleven participants who fulfilled the inclusion criteria of reporting various digestive issues and navel-related discomfort. The findings of the study revealed a statistically significant mean difference between the pre and post conditions in terms of the length of both big toes (t Stat = 2.643852, p-value = 0.024571), indicating a positive effect of the intervention. This suggests that the application of Indian Ayurvedic Acupressure with a byol magnet over a three-day period, with sessions lasting 12 hours each day, led to measurable changes in navel-related health indicators. The observed improvements in navel-related health parameters are consistent with the principles of Ayurveda, which emphasizes the restoration of balance and harmony within the body to promote overall well-being. The application of acupressure techniques, coupled with the use of a byol magnet, likely facilitated the restoration of energy flow and equilibrium within the body, thereby alleviating symptoms associated with digestive issues and navel discomfort. It is noteworthy that no exclusion criteria were applied in this study, allowing individuals experiencing various health issues to participate in the intervention. This inclusive approach underscores the accessibility and potential applicability of Indian Ayurvedic Acupressure as a non-invasive and holistic therapeutic modality for addressing a wide range of health concerns. However, several limitations of the study should be acknowledged. The small sample size and lack of a control group limit the generalizability of the findings. Additionally, the subjective nature of self-reported symptoms and the absence of long-term follow-up data warrant further investigation to validate the sustained efficacy of the intervention.

Conclusion

In conclusion, the results of this study suggest that Indian Ayurvedic Acupressure with a byol magnet intervention holds promise as a complementary approach for managing navel-related health issues. Future research with larger sample sizes, randomized controlled trials, and long-term follow-up assessments is warranted to further elucidate the therapeutic benefits and mechanisms of action underlying this traditional healing practice.

Abbreviation used in the Research are

UB	Urinary Bladder
Kid	Kidney
LI	Large Intestine
SI	Small Intestine
St	Stomach
SP	Spleen
PN	Pancreas
LIV	Liver
GB	Gall Bladder

About fundings of the research-

The research project titled "Unlocking the Healing Potential: A Case Study on the Role of the Navel (NABHI) in Alleviating Back Pain and Improving Health" was self-funded by the researcher. As the primary investigator, the researcher assumed financial responsibility for all aspects of the study, including data collection, analysis, and dissemination. This self-funding approach underscores the researcher's commitment to exploring the therapeutic potential of the navel in addressing back pain and enhancing overall health, independent of external sources of funding

Reference

1. Goyandka, H. K. (n.d.). (2019) Sutra 29, Chapter 3. In Patanjali Yoga Darsana (Ed.), 51th publication. (p. 96). Gorakhpur: Gita Press Gorakhpur
2. Swami Kuvalyanand ji. (2018). Vashishta Samhita (3rd ed., pp. 66-67). G tech Computers.
3. K R Krishna Murthy, P. (2001). Ashtanga Sangraha of Vagbhata (3rd ed.pp.368). Varanasi: Chaukamba Orientalia. Original work published 2001
4. Trikamji, Y. V. (Ed.). (2017). Susruta Samhita Nidana Sthana with the Nibandha Sangraha commentary of Shri Dalhanacharya. Varanasi: Chaukambha Surbharti Prakashan. (Ref. 7/20, p. 297).
5. Agrawal, J.P., & Agrawal, P. (May 2015). Hippocrates-2 Ayurvedic Acupressure (5th ed., p. 199-200). Acupressure Shodh Prashikshan Evam Upchar Sansthan.
6. Agrawal, J.P., & Agrawal, P. (August 2016). Ayurvedic Treatment Handbook Vol. 1 (5th ed., p. 118). Acupressure Shodh Prashikshan Evam Upchar Sansthan
7. Khemka, M.P. (January 2017). A Treatise-1 on Advance Acupressure/Acupuncture. Vol. 1 (2nd ed., p.167). Acupressure Shodh Prashikshan Evam Upchar Sansthan
8. Khemka, M.P. (March 2017). A Treatise-7 on Advance Acupressure/Acupuncture. Vol. 1 (2nd ed., p. 85-112). Acupressure Shodh Prashikshan Evam Upchar Sansthan.
9. Midha, M.K. (July 2023). [A Treatise-2 on Advance Acupressure/Acupuncture. Vol. 2 (Page 279). Publisher. ISBN: 978-8-81-930984-2-4. Acupressure Shodh Prashikshan Evam Upchar Sansthan.
10. Agrawal, J.P., & Agrawal, P. (August 2016). Ayurvedic Treatment Handbook Vol. 1 (5th ed., p. 94). Acupressure Shodh Prashikshan Evam Upchar Sansthan.
11. Agrawal, J.P., & Agrawal, P. (April 2016). Ayurvedic Treatment Handbook Vol. 2 (4th ed., p. 6). Acupressure Shodh Prashikshan Evam Upchar Sansthan.
12. Agrawal, J.P., & Agrawal, P. (September 2015). Ayurvedic Treatment Handbook Vol. 3 (2nd ed., p. 6). Acupressure Shodh Prashikshan Evam Upchar Sansthan.

13. Agrawal, J.P., & Agrawal, P. (2021). Rishi Agastya Ayurvedic Acupressure Vol. 1 (5th ed., p. 7). Acupressure Shodh Prashikshan Evam Upchar Sansthan.
14. Agrawal, J.P., & Agrawal, P. (2021). Rishi Agastya Ayurvedic Acupressure Vol. 2 (5th ed., p. 1-46). Acupressure Shodh Prashikshan Evam Upchar Sansthan.