

## Yagya Therapy for Managing Inferiority & Insecurity feeling of HIV+ /AIDS Patients

POOJA SHARMA, CHANDRA P. KHOKHAR, SURAJ C. MANCHANDA and NOVRATTAN SHARMA

### Abstract

The present study was designed to manage the feeling of inferiority & insecurity of HIV+ /AIDS patients through *Yagya therapy*. HIV+/AIDS is a type of immunodeficiency which is caused by the retrovirus HIV (Human Immunodeficiency Virus). Eighty diagnosed HIV+/AIDS subjects in the range of 12 to 40 years were selected from Haridwar, Dehradun, and Roorkee districts on the basis of score obtained on the Inferiority and Insecurity Questionnaire (Pati, 1976). These subjects were assigned randomly to two conditions namely, control (N=40, 20 males and 20 females) and experimental (N=40, 20 males and 20 females). The subjects in the experimental group were only exposed to *Yagya therapy* practices about one hour daily for six months. A between group design was used in the present study and obtained data were statistically analyzed through t-test. The finding reveals that *Yagya therapy* significantly reduces the levels of inferiority and insecurity feeling of patients. Conclusion: *Yagya therapy* is an effective therapy for managing inferiority & insecurity feeling of HIV+ patients.

*Keywords* : Yagya Therapy, HIV+, Inferiority and Insecurity.

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AIDS/HIV is, in fact, recruiting medical history as human kind's dead list scourge within over 20 million deaths forecast in this millennium (UNAIDS, 2007). Alike in the 2007 "AIDS Epidemic Update" which is released by the World Health Organization annually, stated that an estimated 2.5 million people were newly infected with the disease (AIDS) worldwide in the past year. UNAIDS stated in the report that Sub-Saharan Africa is the epicenter of the AIDS epidemic. With an estimated 68% (1.7 million) of the new HIV infection in 2007 occurred along in Sub-Saharan Africa and a reported 33.2 million people worldwide are living with HIV/AIDS in 2007 (WHO, 2008).

According to the latest data released by the Ministry of Health and Family Welfare of India that in 2006 about 2.45 million Indians were living with HIV (1.75-3.15 million) with an adult prevalence rate of 0.41%. India's highly heterogeneous epidemic is largely concentrated in six states – in the industrialized south and west,

and in the north-eastern tip. On averages HIV prevalence in those states is 4-5 times higher than in the other Indian states. HIV prevalence is highest in the Mumbai-Karnataka corridor, the Nagpur area of Maharashtra, the Nammakkal district of Tamil Nadu, Coastal Andhra Pradesh and parts of Manipur and Nagaland (Dhar, 2006).

In *Ayurveda*, AIDS disorder is known as "*Pratiloma Dhatukshaya*", arising from Sexually Transmitted Diseases (STD) stimulates AIDS. *Ayurveda* regards that the cause of *Pratiloma Dhatukshaya* is abnormal deeds including abnormal sex (Charaka Chikitsasthana, 28/18-19). The emaciation of different *Dhatus* is called *Dhatukshaya*. Here, the emaciation of *Dhatus* starts in a Reverse (*Partiloma*) order from the last seventh *Shukradhatu* hence this type of disease is called "*Partiloma Dhatukshaya*" in *Ayurveda*.

From last few years, researches have been proved that there is a relationship between physiology, Immunology and psychology. In 1974 Ader and his colleagues demonstrated that there

are many connections between the nervous system and the immune system. For example - nerve endings exist in many immune system tissues, including the thymus, the lymph nodes, and bone marrow. This process is known as Psychoneuroimmunology (PNI) (Ader & Cohen, 1984). PNI focuses, if there is any physical disturbance that also affects on psychological health of person and vice-versa.

Present study intended on this PNI relationship in context of AIDS disorder, where AIDS generally is a syndrome (bunch of different physical disorders) but it can cause other different psychological disorders like, feeling of inferiority & insecurity, poor self-esteem, guilt, depression, suicidal risk (Kalichman & Sikkema, 1994). These disturbed psychological conditions more decrease the power of immunity and enhance vulnerability to other different physical and psychological problems.

Kemeny and Colleagues (1994) presented evidence suggesting that a depressed mood was associated with enhanced HIV-1 activity among infected gay men. Likewise, a study asserts that stress eventually exhausts us is that it stimulates the production of steroids. This steroid suppress the functioning of the immune system. Persistent secretion of steroids decreases inflammation and interferes with the formation of antibodies. As consequences, one becomes more vulnerable to various illnesses, including the common cold and HIV (Cohen, 1993).

Researchers have been demonstrated a relationship between stressful life events and immune system functioning or HIV symptomatology such as expression; predict a more rapid progression of HIV infection (Bartlett, 1998).

There evidences proved that stress and upsetting emotions can affect the immune system in ways that increase susceptibility to disease. Studies show that the immune system is weakened in students during major exam times (Miller,

1998). Immunity is also lowered by divorce, bereavement, a troubled marriage, job loss, depression, and similar stresses (Cohen & Herbert, 1993). Alike excessive stress can damage the immune system by affecting the thymus gland, which manufactures white blood cells for regulating immunity and also produces various immune related hormones. The stress reaction diverts resources to the main part of the body that need to deal with stress, mainly the brain, heart, and muscles.

After these psychologists have also become involved in the fight against AIDS because behavior is the major determinant of the risk of contracting the deadly virus, cancer, and T.B. has devastating psychological effects on person affected by this disease, their families, friends, and society at large (Altman, 1993; Bartlett, 1993). A recent study on men with AIDS showed that avoidance coping strategies (trying to minimize negative feelings or distracting oneself from one's feelings) were associated with greater levels of psychological distress (Fleishman & Fogal, 1994). The stigma suffered by people with HIV and AIDS, it is not surprising that many people with HIV disease experience psychological problems, most commonly anxiety, depression and distress (Fleishman & Fogel, 1994; Kalichman & Sikkema, 1994). Other frequently occurring psychological problem includes inferiority-insecurity, poor self-esteem, guilt, increased suicidal risk, and anger.

From above studies it is cleared that AIDS is not a disorder itself but it attracts bunch of physical and psychological disorders like different opportunistic diseases which slowly enhance physical and mental weakness in patient, through this at the end patient will die. It means AIDS/ HIV attacks not only physically but also mentally and socially too. Especially after being detected HIV+, the person faces physical, psychological & social disturbances, but the treatment offered is only on the physical level so far. Therefore, such a treatment is partial & incomplete. Treatment is needed, which

can heal patient totally, i.e., physically and psychologically. Thus, present study introduced an intervention which has holistic approach. The aim of present study is to manage such psychological problems induced by HIV/AIDS through a psycho-spiritual intervention. The treatment from the ancient scriptures of indology which has the potential to treat all aspect of a person's life called *Yagya Therapy*.

*Yagya* is a scientific process of sublimation and transformation of healthy constituents of plants/herbal medicines into vapor phase and their expansion and dissipation in the surrounding air. It also helps in maintaining balance of oxygen, Carbon-di-oxide and reducing the harmful growth of poisonous and ozone layer depleting gases and radiations. Because of this, *Yagya* is also used for every process which generate healthy substances of essential and beneficial effects and goodwill. This is why *Yagya* has been termed as the nucleus of all the natural cycles.

The Veda attributes supreme importance to *Yagya* from which one can easily understand the meaning of *Yagya*.

‘मा सुनोनेति सोमम्’ (Rigveda, 2/30/6)

Means, do not desist from the *anusthana* - up a sand of *Yagya*. There could be no place for peace and happiness where *Yagya* is abandoned.

‘प्रायं यज्ञं प्रणतया सस्वाय’ (Rigveda, 10/10/2)

Means, Commence every auspicious attempt with *Yagya*. All the efforts that begin with *Yagya* succeed grace fully.

*"O Yagya! You are the divine aslum, the source of unalloyed happiness; all sufferings and ailments and the germs and causes of diseases are destroyed in your presence; like the skin (for the body) you are the unique protector of the earth"* (Yajur veda – 1/14, 2/25, 18/5 and 21/21).

*Yagya* is a holistic, systemic, and integral rather than a mechanical approach to the health and wellness of human beings. It is an organic organism composed of body, mind, emotions, spirit and something else (Priyadarshini, 2005).

A recent study proves therapeutic effect of *Homa* done by Hernandez and Macan (2002) in which researcher investigated the effect of *Homa* therapy on 7 years old child name Jose Ramon Paz who was admitted in the month of July of 2002 with ELISA test showing HIV/AIDS positive. In second test which was performed on September 28, the result was Negative. This child has not received any drugs or standard medicine except the daily intake of *Agnihotra* Ash, *Yantram* water and has been permanently in the *Homa* atmosphere.

Besides, there are so many experiments have been done which proved antiseptic and antibiotic effects of *Yagya* therapy (Mondkar, 1998; Selvamurthy, 2000).

## METHODS

### Sample

The present study was conducted on HIV/AIDS patients of Utrakhand (Haridwar, Dehradun, and Roorkee). The sample was selected by administering standardized immune dot test (certified by NACO) and only those who were identified HIV+ was included in the sample. Verbal consent was taken from patients who were selected for the study. By the help of different NGO's (working for HIV/AIDS in Uttarakhand) sample of present study was selected.

For present study HIV+/AIDS patients between age ranges 12 to 40 years were selected by *Quota Sampling*. The total number of patients in sample was 80 (40 males and 40 females). These subjects were assigned randomly to two conditions namely, control (N=40, 20 males and 20 females) and experimental (N=40, 20 males and 20 females). The subjects in the experimental group were only exposed to *Yagya therapy* practices about one hour daily for six months, whereas control group has not received such treatment. However, all subjects (of both groups) of present study have already been receiving different types of treatments such as- Anti retroviral therapy

(ART), Meditation, *Pranayama*, Physical exercises and Counseling.

### Research Design

For present study 'Between-group design' has been used. Between-group design occurs with two groups; one is generally regarded as the treatment group, which receives the 'special' treatment, (that is, is treated with some variable) and the control group, which receives no variable treatment and is used as a reference (prove that any deviation in results from the treatment group is, indeed, a direct result of the variable).

### Tool Descriptions

In this study following tools have been used:

- 1). HIV1+2 Immuno dot Test
- 2). Inferiority & insecurity questionnaire (Pati, 1976)

### Intervention (Yagya Therapy)

In this present study, *Yagya* therapy was given to HIV+/AIDS patients who were also suffering from problems of feeling of Inferiority & Insecurity. A specific medicinal *Havan Samagri* (combination of 15 medicinal+ Common Odoriferous *Havan Samgri* (In the ratio of 2:1) + Ghee + *Khandsari*, a type of sugar) was prepared. Those 15 medicinal herbs were- Adhatoda Vasica (*Vasa*), Glycyrrhiza glabra (*Madhuyesthi*), Abutilon indicum (*Atibala*), Azadirachta indica (*Neem*), Asparagus recemosus (*Shatawari*), Bauhinia variegata (*Kanchnar*), Albizzia lebbek (*Siris*), Aloe barbadensis (*Gwarpatha*), Emblica officinalis (*Amalki*), Nardostachys jatamansi (*jatamansi*), Ocimum Sanctum (*Tulsi*), Sesamum indicum (*Til*), Tinospora cordifolia (*Giloy*), *Witania somnifera* (*Ashwagandha*), and Solanum Xanthocarpum (*Kantakari*). In common *havan samgri*, Commiphora Mukul (*Guggal*), Crocus Sativa (*Keshar*), Aquilaria Agallocha (*Agar*), Valeriana Wallichii (*Tagar*), Santalum album Linn. (*Chandan*), Elettaria Cardamomum (*Illaychi*),

Myristica fragrans (*Jayphal*), Arilmyristica fragrans (*Javitri*) and Cinnamomum camphora (*Camphor*) were present. During the *Yagya* process sacrifices (*Ahutis*) of this preparation were made in the *Yagya*-fire with rhythmic chanting of the *Surya-Gayatri Mantra* and *Mahamrityunjaya Mantra* by the subjects. It was considered that on an average, the *ahutis* (made with the sound of "swaha" at the end of the mantra) at least 24 *ahutis* for each mantra were offered and upon completion of *ahutis*, deep breathing exercise were also been practiced by subjects for 10 minutes sitting in front of the *Yagya-kund*.

### Procedure

In the present study first of all the researchers selected HIV+ patients with the help of different NGO's working for HIV+/AIDS in Uttarakhand. These patients were selected by administering standardized Immuno Dot Test and only those who were identified HIV+ were included in the sample. Verbal consent was taken from patients who were selected for the study. Total number of selected patients in sample was 80 (40 males and 40 females) and randomly assigned into two groups i.e. *Yagya* group and control group (20 males & 20 females in each group). Inferiority & Insecurity Questionnaire (Pati, 1976) was administered on both groups. The subjects in the experimental group were only exposed to *Yagya therapy* practices about one hour daily morning at 8.00 am to 9.00 am for six months, whereas control group has not received such treatment. After 6 months of intervention, Inferiority & Insecurity Questionnaire was again administered on both groups and post data were collected. Finally, obtained data were statistically analyzed.

### Statistical Analysis

After the collection of data entire attention is paid to the analysis of data. The aim of the analysis is to summarize the observation in such a manner that they yield answer to the objective of research by

linking them to certain variables. For statistical analysis of the data, accomplishing this t-test has been used for the

**RESULTS**

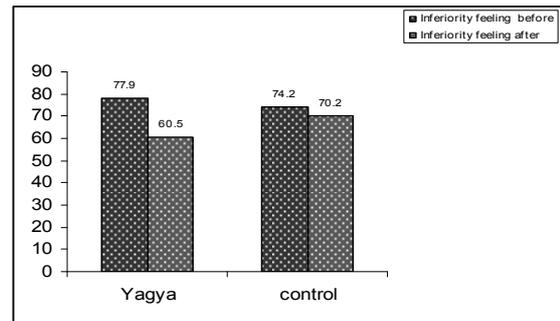
Null Hypothesis (1): There is no difference between *Yagya* group and control group on inferiority feeling. Table (1):

| Inferiority feeling | N  | Yagya Group         |      | Control Group      |       | t- value |
|---------------------|----|---------------------|------|--------------------|-------|----------|
|                     |    | Mean                | S.D. | Mean               | S.D.  |          |
| Pre-Test            | 40 | 77.90               | 8.73 | 74.20              | 11.42 | 1.63# +  |
| Post-Test           | 40 | 60.50               | 6.83 | 70.20              | 8.86  | 5.48* +  |
|                     |    | r = 0.69            |      | r = 0.23           |       |          |
|                     |    | t-value = 17.23* ++ |      | t-value = 2.01# ++ |       |          |

(Note: += df is 78; ++ = df is 39; \* = P<0.01; # = Not Significant)

Above table (1), represents that *Yagya* group showed significant change in feeling of inferiority (p<0.01) whereas control group showed slight decrease in feeling of inferiority, however this was not statistically significant.

Post mean values (after *Yagya*) are 60.50 of *Yagya* group and 70.20 of control group and t-value is 5.48 at 78 degree of freedom, show the change in feeling of inferiority over the 6 months period was significantly different between the *Yagya* and control group, so Null hypothesis (1) has been rejected.



Graph (1): graphical representation for showing comparison of feeling of inferiority by group before and after the 6 months of *Yagya* therapy

Above graph (1) shows the difference between feeling of inferiority of *Yagya* group and control group, where *Yagya* group had received *Yagya* therapy and control group had not received such type of therapy. Graph shows that the *Yagya* group was feel less inferior then the control group.

Null-Hypothesis: There is no difference between *Yagya* group and Control group on Insecurity feeling.

Table (2):

| Insecurity feeling | N  | Yagya Group         |       | Control Group      |       | t- value |
|--------------------|----|---------------------|-------|--------------------|-------|----------|
|                    |    | Mean                | S.D.  | Mean               | S.D.  |          |
| Pre-Test           | 40 | 72.18               | 12.67 | 72.55              | 10.84 | 0.140# + |
| Post-Test          | 40 | 54.29               | 9.15  | 70.75              | 9.94  | 7.69* +  |
|                    |    | r = 0.64            |       | r = 0.32           |       |          |
|                    |    | t-value = 11.04* ++ |       | t-value = 0.94# ++ |       |          |

(Note: + = df is 78; ++ = df is 39; \* = P<0.01; # = Not Significant)

Above table (2), represents that *Yagya* group showed significant change in feeling of insecurity ( $p < 0.01$ ) whereas control group showed slight decrease in feeling of insecurity, however this was not statistically significant (at 39 degree of freedom).

From above table post mean values (after *Yagya*) are 54.29 of *Yagya* group and 70.75 of control group and t-value is 7.69 at 78 degree of freedom. This shows the change in feeling of insecurity over the 6 months period was significantly different between the *Yagya* and control group, so Null hypothesis (2) has been rejected.

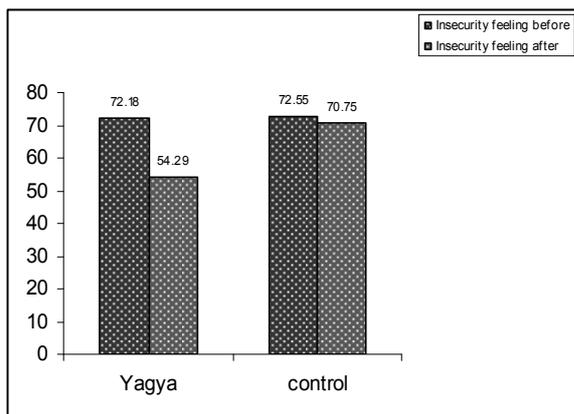
Graph (2): graphical representation for showing comparison of feeling of insecurity by group before and after the 6 months of *Yagya* therapy

Above graph (2) shows the difference between feeling of insecurity of *Yagya* group and control group, one can easily understand from above graph that *Yagya* group was feel less insecure after 6 months in comparison of control group.

### DISCUSSION

This present study has been done in order to find out the effects of *Yagya* therapy on psychological symptoms of HIV+/AIDS patients. The above two null hypotheses have been rejected at 0.01 level of significance separately. It means *Yagya* therapy works as a behavioral therapy and from the results one can say that *Yagya* therapy effectively manage inferiority and insecurity feelings of HIV/AIDS patient.

Thus, from the results of present study, researcher can say that *Yagya* is an omnipotent process of Ancient *Ayurvedic* Science, which has multi therapeutic effects (psychotherapy, physical therapy & spiritual therapy) (Sharma, 1995). *Yagya* is a holistic approach of treatment, it promotes total health which includes physical, mental, psychosocial and spiritual well-being (Joshi, 2002). It creates balance in all aspects of life and when there is balance and harmony in one's life one can feel secure.



The objective of this study was to present *Yagya* not only as a ritual but as a therapeutic intervention which is the combination of various other therapies like, Mantra therapy, Aroma therapy, faith healing and a group therapy. It means, *Yagya* has various attributes of Physio-Psycho-Spiritual treatment.

Scientifically, one can say that *Yagya* therapy is a kind of comprehensive program of cognitive behavioral & self-management in which HIV+/AIDS patients try to control and change their high-risk behavior and develop an effective social support network which reduce their outcomes of physical/psychological disorders and it has been proved by other researches that strong social support network can reduce the outcomes of disorders (Taylor & Dudley, 1991; & O'Leary, 1992).

*Yagya* therapy is an effective treatment for HIV+/AIDS patients and other types of disease because it is a form of a group therapy, which brings an emotional support & enhances coping strategies (trying to minimize negative feelings or distracting oneself from one's feelings), and reduce greater levels of psychological distress (Fleishman & Fogel, 1994).

In *Yagya* therapy, *Havan samgri* plays a major part which is generally a combination of different *Ayurvedic* herbs, has specific kind of essential oils having capacity to treat various types of physical as well as psychological disorders. In this present study there were 15 *Ayurvedic* herbs have been included like - Glycyrrhiza glabra, Witania Somnifera and Tinospora Cordifolia, which have been found to be effective in protecting animals against various factors and immuno suppressed conditions (Dahanukar, 2005). Modern researchers on these and some other *Ayurvedic* Medicinal herbs have proved that they can harmonize the various functions of our body by mobilizing the Psycho-neuroendocrine Immune

Mechanism. These can positively decrease physical and psychological symptoms of HIV/AIDS patients (Schulze, 2008).

Alike *Yagya* is a spiritual therapy, it heals individual mentally as well as physically. Besides this, there are many evidences based on scientific finding that spirituality or religious activity can enhance the immune response through the negative state of mind - towards a positively cellular and humoral response to combat many diseases, infection or degenerative disease (Ruddock, 2005).

So being a psycho-spiritual therapy *Yagya* helps people cope with stress, low-self esteem and adjust to life threatening illness. Therefore, a person who performs *Yagya* daily feel less inferior, less insecure and less vulnerable.

From above discussion one can say that *Yagya* is a mind-body therapeutic technique, which is based on faith healing, this faith increases positive perspective towards life and enhance quality of life in HIV+/AIDS patients (Gottingar, 2007). Goldbourn (2006) also proved in his study on HIV+ patients that, people who have faith in God, Compassion towards others, a sense of inner peace and are religious have a better chance of surviving for a long time with AIDS than those who do not have such faith or practices.

## Conclusion

The results of present research show that *Yagya* is a holistic approach of treatment; it promotes total health which includes physical, mental, psychosocial and spiritual well-being. It creates balance in all aspects of life and when there is balance and harmony in one's life one can feel secure.

Therefore, conclusively it can be said that *Yagya* can effectively manage the level of inferiority and insecurity feelings of HIV/AIDS patients.

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