

AAMVAT MANAGEMENT THROUGH VAITARAN BASTI: A CASE STUDY

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ABSTRACT

Autoimmune disorders are the conditions in which immune system mistakenly attacks on its own body. The prime example is R.A. i.e. Rheumatoid Arthritis. In this condition usually lining of the joints are involved causing bone erosion and joint deformity. With similarity in signs and symptoms this disease can be correlated with *Amavata* in Ayurved. In *Aamvata Samprapti* starts with *Agnimandya* due to *Mithya Aahara Vihaar* or unhealthy lifestyle. The *Nidana Sevana* leads to *Agni mandya* that produces *Ama* in Body. Vitiated *Vata* dosha carries such *Ama* to *kapha/shleshma sthana*. Such dislodged *Ama* produces acute signs and syptoms e.g. acute swelling, pain, stiffness in the joints. Contempory science offers significant relief in the condition but

produce lots of side effects. In such *Ayurveda* therapy can give very significant relief. Here is a case of a female Patient aged 50 years, withsevere *Shoola* and *Stabdhata in Manibandh and Vama Gulfa Sandhi pradesh* Since 5 yrs. She was dignosed as a case of *Aamvata* and was admitted in *Panchakarma* ward of Parul Ayurveda Hospital. *Ayurvedic* Procedures (*Panchakarma*) i.e. *Valuka Sweda*, *Vaitaran Basti* along with *shaman Aushdhi* were administered. With 15 days treatment patient showed significant improvement. In this study

an attempt has been made to evaluate the effect of *Vaitaran Basti* in modified Schedule along with *Valuka Sveda* and *Shamana Aushadhi*.

KEYWORDS: *Amavaat, Vaitarana basti, Valuka sweda, Shamana.*

INTRODUCTION

Amavata is a condition of chronic joint pain, accompanied by swelling of some or all of synovial joint, *Angamarda* (body pain), *Aruchi* (loss of taste), *Alasya*, *Gourava*, *Klam* and *Jwara* (Fever). In Ayurveda *Aamavata* has been named keeping in view two predominant pathological factors viz. *Ama* and *Vata*. Vitiated *Vata Dosha* along with *Ama* is termed as *Amavata*. According to Ayurveda *Ama* is the product of improper metabolism and its origin, *Mandagni* has been considered an important factor for the pathogenesis of the most diseases^[1] and *Vata* is the chief functional operator of the all types of bodily movements.^[2] *Acharyas* have explained that such vitiated *Vata dosha* carries *Ama* to *Kapha sthanas*. Lodge there to produce *Lakshanas*. In the later stage patient feels *Samchhari vedana* i.e. pain may migrate from one place to other place with the severity like *Vrischika damsavedana*.^[3]

According to modern science the clinical presentation of *Amavata* has resemblance with Rheumatoid arthritis, in accordance with their similarities in clinical features, like multiple joint pain, swelling, stiffness, fever, general debility. Its etiology still unknown and treatment according to modern science is also expensive, prolonged, producing major side effects e.g. Steroid side effect- Bone deformity.

There is no permanent cure of RA in Contemporary science, but treatment can improve symptoms and slow the progress of the disease. Pain medications, steroids and NSAIDs, DMARDs (Disease modifying anti-rheumatic drugs) e.g. Hydroxychloroquine, Methotrixate are frequently used but may produce side effects e.g. stomach pain, heart burn, ulcers, weight gain. The disease is being chosen for the study due to its wide spread clinical spectrum, increased prevalence and lack of effective medicaments. Prevalence of the disease is approximately 0.8% of the population and about 80% of people develop this disease between the age of 35 to 50yrs.^[4]

In *Ayurveda* the main aim of the treatment is *Aama-pachan*, removal of wrongly lodged *Vatadi doshas* in *Shlemasthana*, excretion of *Pakva doshas*. Acharaya Chakradatta explains the line of treatment of *Amavata* which includes *langhan*, *swedan*, *dipan*, *Virechan* and

Basti.^[5] Among *Basti chikitsa*, especially *Vaitarana basti* is considered as the chief treatment regimen of *Amavata*. When used along with *Valuka sweda* better results are observed. ^[6]*Basti Chikitsa* is considered to be a prime treatment modality among the *Panchkarma* in *Ayurveda*.^[7] It is applicable to all cases of *Amavata* covering a wide range of preventive, curative, and promotive conditions. It is an important measure to eliminate *Ama* and to pacify *Vata dosha*. *Basti* is supposed to be the principal treatment for vitiated *vataj* disorders.^[8]

Here, with these *Ayurvedic* modalities, patient was treated successfully. Excellent relief was observed with proper *Pathya sevan* condition. It was maintained even after 1 yr. An attempt has been made to discuss this case.

CASE REPORT

A 50 years old female patient came to Parul Institute of Ayurved with below complaints since 5 years

- *Manibandh Sandhi shoola evam sotha*
- Morning stiffness in *Sarvang Sandhi Pradesh*
- *Vama Gulfa Sandhi Sotha*
- *Gamane kashtata*
- *Dourbalya*
- *Jwaranubhuti*

At the time of admission patient was conscious and oriented.

Past History

No/K/C/O - Allergy/Typhoid/Malaria/Dengue/TB.

H/O –HTN –Since 3 months.

On Examination

- General Condition-Moderate, Pulse rate-80/min
- BP-130/80mm of Hg Weight-64kg
- *Mala*- constipated, *Mutra*- samyaka
- *Nidra*- Disturbed, *Kshudha*- *Samyaka*
- *Jiwha*- *Sama*

Examinatoion

CVS: S1, S2 heard

R.S: A/E B/L clear

CNS: NAD

G.I.T: NAD

Locomotor examination**Table No 1: Ankle joint.**

	Right Ankle joint	Left Ankle joint
Inspection		
1.Affected joint	+(Involved)	+(Involved)
2.swelling	Absent	Present
Palpation		
1.Local Temperature	Absent	Present
2.Tenderness	No	Mild
Movement		
1.Pain on Movement	Yes	Yes
2.Restriction of movement	No	No

Table No 2: Wrist joint.

	Rt Wrist joint	Lt Wrist joint
Inspection		
1.Affected joint	+(Involved)	+(Involved)
2.swelling	+ + +Present	+Mild
Palpation		
1.Local Temperature	Present	Absent
2.Tenderness	Mild	Absent
Movement		
1.Pain on Movement	Yes	Yes
2.Restriction of movement		

Samprapti Ghatak*Dosha: Tridosha, Vatapradhan shleshma**Dushya: Rasa, Rakta, Mamsam, Snayu, Kandara, Asthi, Sandhi.**Srotash: Annavaha, rasavaha, Mansa vaha, Asthivaha**Srotodusti prakar: Snaga.vimargagaman**Agni: Agnimandhya**Udbhavasthan: Amashay**Sadhya-sadhyata: Yappa, krucchasadhya.*

Table No: 3 Intervention.

Day	Shamana	Shodhan
1 st week	1)Kaisor guggulu ^[9] 4-4-4 A/f with water 2)Gokshuradi Guggulu ^[10] 4-4-4 A/f with water 3)Rasnadi ^[11] +Dashmool kwath ^[12] 80mi-80ml B/F With water	-Vaitaran Basti -Valuka sweda
2 nd week	Same	Same
3 rd week	1)Kaisor guggulu 4-4-4 A/f with water 2)Gokshuradi guggulu 4-4-4 A/f with water 3)Rasnadi kwath 80ml-80ml B/F with Water	Panchkarma stopped
4 th week	Same	Panchkarma stopped
5 th week	1)Kaisor guggulu 4-4-4 A/f with Water 2)Gokshuradi guggulu 4-4-4 A/f with water 3)Rasnadi kwath 80ml -80ml B/f with water	Vaitaran Basti -Valuka sweda
6 th week	Same	Same
7 th week	1)Kaisor guggulu 4-4-4 A/f with water 2)Gokshuradi guggulu 4-4-4 A/f with water 3)Rasnadi kwath 80ml-80ml B/f with water.	Panchkarma stopped
8 th week	Same	Panchkarma stopped
9 th week	1)Kaisor guggulu4-4-4 A/f with water 2)Gokshuradi guggulu 4-4-4 A/f with water 3)Rasnadi kwath 80ml-80 ml B/f with water.	Vaitaran Basti -Valuka sweda
10 th week	Same	Same
11 st week	1)Kaisor guggulu 4-4-4 A/f with water 2)Gokshuradi Guggulu 4-4-4 A/f with water 3)Rasnadi +Dashmool kwath 80mi-80ml B/F With water	-Vaitaran Basti -Valuka sweda
12 nd week	Same	Same
13 rd week	1)Kaisor guggulu 4-4-4 A/f with water 2)Gokshuradi guggulu 4-4-4 A/f with water 3)Rasnadi kwath 80ml-80ml B/F with Water	Panchkarma stopped
14 th week	Same	Panchkarma stopped
15 th week	1)Kaisor guggulu 4-4-4 A/f with Water 2)Gokshuradi guggulu 4-4-4 A/f with water 3)Rasnadi kwath 80ml -80ml B/f with water	Vaitaran Basti -Valuka sweda
16 th week	Same	Same
17 th week	1)Kaisor guggulu 4-4-4 A/f with water 2)Gokshuradi guggulu 4-4-4 A/f with water 3)Rasnadi kwath 80ml-80ml B/f with water.	Panchkarma stopped
18 th week	Same	Panchkarma stopped
19 th week	1)Kaisor guggulu4-4-4 A/f with water 2)Gokshuradi guggulu 4-4-4 A/f with water 3)Rasnadi kwath 80ml-80 ml B/f with water.	Vaitaran Basti -Valuka sweda
20 th week	Same	Same

Table No: 4: Assessment Sheet.

Assessment	Observation	BT	15 th say	45 th day	90 th Day	120 th day	AT
<i>Sandhi Shoola</i>	0.no Pain 1.Mild Pain with no difficult in flexion and extension 2.Tolerable pain with slight difficulty in flex.& exten. 3.Sever pain with restricted movements.	3	2	2	1	1	1
<i>Sandhi Sotha</i>	0.No shotha 1.Mild sotha 2.Moderate sotha 3.Sever sotha	3	3	2	2	2	1
<i>Sparshasahatva</i>	0.No Tenderness 1.Subjective experience of tenderness 2.Wincing of face on pressure 3.Withdrawal of affected parts on pressure 4.Resists of touch	2	2	2	1	1	0
<i>Stabdghata</i>	0.No Stiffness or Stiffness lasting for 5 minutes. 1.Stiffnetss lasting for 5 minutes to 2 hours 2.Stiffness lasting for 2 hours to 8 hours 3.Stiffness lasting for more than 8 hours	1	1	1	1	0	0

Table no: 6: Assessmnet of The Patient.

Parameters	31/03/18	17/04/18	31/8/18
RA Factore	206.7 IU/ml	128 IU/ml	(<10)Nagative

Material Used

In the present study following drug were utilized.

Vaitarana Basti

Mentioned by *Chakradatta*^[13]

Indications

Gridhrasi, Amavata, Urustambha, Vishama Jwara, Kati shola.

Table No 6: Ingredients of *Vaitarana Basti*.

<i>Saindhava Lavana</i>	1 karsha(12gm)
<i>Chincha</i>	1 Pala(50gm)
<i>Guda</i>	½ Pala(25gm)
<i>Erand taila</i>	50ml
<i>Gomutra</i>	1 kudav(200ml)

DISCUSSION

After Completion of *Panchkarma* in *Shaman chikitsa* was started, the same protocol was repeated as patient was having relief. Only in between the *treatment Panchkarma* procedure was stopped to avoid *Basti Satmyata* (addiction to the body). *Panchkarma* procedure (combination of *Basti and valuka swedan*) was given continue for 15days.Later 15 days gap was given. Such 3 cycles were competed i.e. in 10 weeks *panchkarma* was done for 45 days.

In *Amavata Chikitsa valuka swedan*, *Vaitaran Basti*^[14] most of the *Acharyas* have advised. Here as per patient's condition below treatment was selected.

- 1) *Valuka swedan*: The *swedan* therapy is considered as one of the prime modality for *Vata* vyadhis. Here local use of this therapy was done. *Usna* property of *Swedana* helps to overcome *sheeta* property of *Vata*.^[15] This is mainly of two types *Snigdha sweda* & *Ruksha sweda*. *Valuka sveda* comes under *Ruksha sweda*. 'Shoshane rukshah' as wisely quoated by *Hemadri*. Here *Picchil*, *Styan aama* is absorbed by *Ruksha Valuka*. It gives instant relief to the patient in both *Shoola* and *Stabhdhata* of affected joints.
- 2) *Vaitaran Basti* – *Basti* therapy has a systemic purifying action over the body. The *virya* of basti drugs administered through the anal route are absorbed into the *pakvashaya*, reaches to the whole body through *Sukshma srotasa*. It can be correlated with the example of tree roots. As the water when poured at the root of the tree reaches to the whole plant^[16] *Vata* is considered to be the main controller of the body. *Vata* not only acts upon only *Vata dosha* but also helps to expelled out vitiated remaining doshas, thus acting upon *Pitta*, *Kapha*, *Rakta* etc. among different *Niruha Basti Vaitarana basti* is indicated in *Amaj* conditions. Action of *Vaitaran basti* depends upon the ingredients used in it. The main ingredients are *chincha*, *saindhava*, *guda*, *gomutr* and *Erand taila*.

The action of each ingredient are as follows:

- 1) *Saindhava*^[17]: It is having *Sukshma*, *Dipana*, *Pachana* *Tikshna* properties. With *Sukshma guna* it helps to penetrate *Basti dravya* inside rectal mucosa. *Ushna*, *Tikshna* properties

helps in *Ama pachan* too. With Na^+ present in *Lavana* helps to hold water. It is helpful in removing maximum *Doshas*.

- 2) **Jaggary**: In this *Basti* instead of honey (*Madhu*), jaggary is used. Its along with *saindhava* makes homogenous mixture, that makes water easily permeable. Before any *Shodhan karma* it is necessary to bring all *Utklishta doshas* in *koshtha Pradesh*. For that four methods have been advised by our *Acharyas* e.g. **Vridhhi**, **Abhishyanda**, *pakat* etc. Here *Guda* is said to be very potential to increase *kleda*. As both *Ama* and *kleda* have same properties *Doshautklesha* occurs readily.
- 3) **Chincha**: *Chincha* is having *Dipaniya*, *Rukhsa*, *Ushna*, *Kaphavatanut*^[18] properties. All these properties are exactly opposite in nature of that of *Aama*. With proper digestion of *Amaa*, **Paka** karma of *Pooravakarma* occurs.
- 4) **Gomutra**: In *Vaitaran basti*, the *Gomutra* is the chief content, which owing to its *katu Rasa*, *katu vipaka*, *Ushna virya*, *Laghu*, *Ruksha*, *Tikshna Guna* pacifies the *Kapha*. The *Ruksha guna* of *Gomutra* is very much helpful in the diseased condition like *Amavata*. It is useful in *Vaitarana Basti* owing to its *Tridoshahara*, *Agnideepana*, *Pachana*, *Srotovishodhana* and *Vatanulomaka* properties.^[19]

Shaman chikitsa: Along with *Panchkarma* procedures completion Shaman treatment was administered to the patient.

- 1) **Kaishora Guggulu**: Main ingredients of the drug are *Haritaki*, *Bibhitaki*, *Amalki*, *Sunthi*, *Marich*. It has *Anulomak*, *Dipan*, *Pachan*, properties^[20] *Trivrit* & *Danti* are *Virechak Ausadhi*. Generally this is the drug of choice in *Niram avastha* of *Vatavyadhi*.
- 2) **Goksuradi Guggulu**: Main ingredients are *Haritaki*, *Bibhitaki*, *Amalki*, *Sunthi*, *Marich*, are *Anulomak*, *Dipan*, *pachan* properties.^[21] *Gokshura* itself is the *Mutral Dravya* (Diuretic in nature). As it is said '***Mutrasya Kleda Vahanam***'. In *Amaavata shotha* present on ***Sandhis is reduced with theses drugs***.
- 3) **Rasnadi kwath**: Main ingredients are *Rasna* having properties of *sothahara*, *shoolahar*, *jwaranashak*, *Amapachani*^[22] and *Eranda* are *Anulomak* properties.^[23] In *Amavata*, generally patients complain *jvaranubhuti*.
- 4) **Dashmool kwath**: Here to prepare *Kwath dravya Dhashmool yavakut* was used. *Dashmool* is include in *Sothahara mahakashay*. by reducing inflammation it helps to decrease *Shool* in patients.

Continuously for 150 day Shaman treatment was given to the patient.

CONCLUSION

Though Aamvata is an example of Autoimmune disease, it can be well treated with wisely planned Panchkarma and Shaman treatment. The procedure helps in breaking the pathogenesis of the disease *Amavata*, or Rheumatoid Arthritis. When used in scientific method, *Vaitaran Basti* can help in decreasing significant load on healthcare system due to Rheumatoid Arthritis and provide the patients a better and healthier life with lesser complication.

**PARUL SEVASHRAM HOSPITAL
CENTRAL LABORATORY
REPORT**

Sample Barcode : 5495
Patient name : [REDACTED]
Age/Sex : 48 Years/Female
Reg. Dat : 31/03/2018
OPD/IPD no : 17032142
Lab Ref No : 45505-15
Referred by : [REDACTED]

R F (Rheumatoid factor) (IgM) TITRE

Test	Result	Unit	Ref. Range
Result :	206.7	IU/ml	<10 IU/ml

1. Test done on Microlab 300 automated biochemistry analyser
2. Quantified serial determinations of RF are more meaningful for diagnosis, prognosis and assessment of therapeutic efficacy of rheumatoid arthritis
3. Repeated measurements of RF at regular intervals will add significant prognostic value in differentiating between progressive and non progressive early RA.
4. This test detects only rheumatoid factors of the IgM class, which has specificity to human IgG Fc and is the most useful prognostic marker.
5. Markedly lipemic and hemolyzed samples can produce erroneous values.
6. Rheumatoid factors are not exclusively found in Rheumatoid arthritis but sometimes in syphilis, SLE, hepatitis and hypergammaglobulinemias.
7. The results of the test should be co related with clinical findings to arrive at final diagnosis.

----- end of report -----

Dr. Anant M. Dr. Krunal S. Dr. Vaidehi M. Dr. Soeb J. Dr. Twinkle D. Dr. Rachna P. Bhavita P. Asma S.
Prof. & Head Asso. Prof. Asst. Prof. Tutor Tutor Tutor Tutor
Reported on: 31/03/2018 12:32:00 PM

**PARUL SEVASHRAM HOSPITAL
CENTRAL LABORATORY
REPORT**

Sample Barcode : 8196
Patient name : [REDACTED]
Age/Sex : 48 Years/Female
Reg. Dat : 17/04/2018
OPD/IPD no : 17032142
Lab Ref No : 2184-15
Referred by : Dr. AYURVED PSH

R F (Rheumatoid factor) (IgM) TITRE

Test	Result	Unit	Ref. Range
Result :	128	IU/ml	<10 IU/ml

1. Test done on Microlab 300 automated biochemistry analyser
2. Quantified serial determinations of RF are more meaningful for diagnosis, prognosis and assessment of therapeutic efficacy of rheumatoid arthritis
3. Repeated measurements of RF at regular intervals will add significant prognostic value in differentiating between progressive and non progressive early RA.
4. This test detects only rheumatoid factors of the IgM class, which has specificity to human IgG Fc and is the most useful prognostic marker.
5. Markedly lipemic and hemolyzed samples can produce erroneous values.
6. Rheumatoid factors are not exclusively found in Rheumatoid arthritis but sometimes in syphilis, SLE, hepatitis and hypergammaglobulinemias.
7. The results of the test should be co related with clinical findings to arrive at final diagnosis.

----- end of report -----

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**PARUL SEVASHRAM HOSPITAL
CENTRAL LABORATORY
REPORT**

Sample Barcode : 2277
Patient name : [REDACTED]
Age/Sex : 50 Years/Female
Reg. Dat : 31/08/2018
OPD/IPD no : 18015041
Lab Ref No : 22556-15
Referred by : Dr. AYURVED PSH

R F (Rheumatoid factor) (IgM) TITRE

Test	Result	Unit	Ref. Range
Result :	NEGATIVE	IU/ml	<10 IU/ml

1. Test done on Microlab 300 automated biochemistry analyser
2. Quantified serial determinations of RF are more meaningful for diagnosis, prognosis and assessment of therapeutic efficacy of rheumatoid arthritis
3. Repeated measurements of RF at regular intervals will add significant prognostic value in differentiating between progressive and non progressive early RA.
4. This test detects only rheumatoid factors of the IgM class, which has specificity to human IgG Fc and is the most useful prognostic marker.
5. Markedly lipemic and hemolyzed samples can produce erroneous values.
6. Rheumatoid factors are not exclusively found in Rheumatoid arthritis but sometimes in syphilis, SLE, hepatitis and hypergammaglobulinemias.
7. The results of the test should be co related with clinical findings to arrive at final diagnosis.

----- end of report -----

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Reported on: 31/08/2018 2:02:00 PM

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