

**LITERARY REVIEW ON SUTIKA JVARA WITH SPECIAL
REFERENCE TO PUERPERAL PYREXIA****Shreevalli P.*¹, Suchethakumari²**

¹*Post Graduate Scholar, Department of Pg and Phd Studies in Prasooti Tantra and Stree Roga, Sri Dharmasthala Manjunatheshwara College of Ayurvedaand Hospital Research Centre, Udupi, Karnataka, India.

²Associate Professor, Department of Pg and Phd Studies in Prasooti Tantra and Stree Roga, Sri Dharmasthala Manjunatheshwara College of Ayurveda Hospital Research Centre, Udupi, Karnataka, India.

Article Received on 15 April 2026,
Article Revised on 05 May 2026,
Article Published on 16 May 2026,
<https://doi.org/10.5281/zenodo.20225791>

Corresponding Author*Shreevalli P.**

Post Graduate Scholar, Department
of Pg and Phd Studies in Prasooti
Tantra and Stree Roga, Sri
Dharmasthala Manjunatheshwara
College of Ayurvedaand Hospital
Research Centre, Udupi, Karnataka,
India.



How to cite this Article: Shreevalli P.*¹,
Suchethakumari² (2026). Literary Review On
Sutika Jvara With Special Reference To
Puerperal Pyrexia. World Journal of
Pharmaceutical Research, 15(10), 818-831.
This work is licensed under Creative Commons
Attribution 4.0 International license.

INTRODUCTION

Ayurvedic classics beautifully explains about concept of sutika and various disorders occurring during the postpartum period, among which sutika jvara (puerperal pyrexia) is considered highly significant. Almost all acharyas have emphasized its early diagnosis and proper management to prevent maternal morbidity and complications during puerperal phase.

The term “Sūtikā” meticulously encapsulates the transformative postpartum phase of a woman, marked not merely by childbirth but by the gradual restoration of physiological equilibrium. As precisely explained by the revered sage Kashyapa, the designation is not applied immediately after the birth of child. Rather, a woman is considered Sutika only after the complete expulsion of the placenta, signifying true completion of delivery. Until this vital process occurs, she has not fully entered postpartum state.^{[1] ka.khi.11/6}

Sutika kala represents a uniquely vulnerable yet transformative postpartum period, during which the maternal body undergoes intricate restoration of homeostasis after the stress of parturition, characterized by significant psychological, physical and nutritional changes.

Due to Garbha-vridhhi, there occurs shithilatha(laxity) of sarva dhatus. Furthermore, the exertion associated with Pravahana vedana during parturition leads to dhatvagni bala kshaya, which in turn precipitates vata dosa vitiation. This pathological state results in Sara shunyatha (generalized depletion of physiological reserves) and klanata of indriya marga. Consequently, even a mild aggravation of a single dosa can manifest with significant clinical impact in sutika state, rendering the individual highly susceptible to various sutika vyadhis, among which sutika jwara is particularly emphasized.

IMPORTANCE OF SOOTIKA JWARA

Acharya Kashyapa has enumerated 74 no of Sutika-roga's and has mentioned Sutikajwara under two context Sutikopakramaniyam and Dush-prajatiyam adhyaya quoting its importance. In khilasthana he says that among all the Sutikavyadhis, Sutikajwara is supposed to be kashtathama and highlighting the difficulty of management of same,acharya explains with similies.

1. Just as it difficult to clean an old, fragile tiny cloth-since it tears even with minimal handling-similarly treating of puerperal body is challenging. This is due to blood loss, induced aggravation of dosas, which become deeply adhered to body tissues.
2. Like an structurally weak old house unable to withstand external stress, the puerperal woman, weakened by labour and bloos loss, poorly tolerates dosa induced disorders.
3. As dry wood catches fire quickly similarly in puerperal woman bcoz of decline in normal balance of dosas, temperature shoots up very quickly leading to rapid onset of fever.^{[2].k.khi} 11/51.

Sūtikā Jvara, mentioned in the Ayurvedic classics, refers to fever occurring in the puerperal period (Sūtikā Kāla).-Puerperal pyrexia.

In modern obstetrics, a parallel condition is termed puerperal pyrexia, defined as a rise in body temperature of $\geq 38^{\circ}\text{C}$ (100.4°F) on two separate occasions at 24hrs apart within the first 10 days after delivery is called puerperal pyrexia, excluding the first 24 hours. Both conditions reflect systemic response to infection or imbalance during the postnatal period.

NIDANA

The woman either having abnormal delivery I.e Vishamaprajananath or using mithyopachara after normal delivery i.e non congenital diet and regimen after normal delivery suffers from fever.^{[3] cha ni 1/28}

Along with above mentioned reasons two or three dosas get aggravated and causes jwara.^{[4]su}
ut 39/22

Kāśyapa says that due to suppression of natural urges, dryness (use of fat free diet or other dry measures), exercise (excessive), excessive haemorrhage (PPH), grief, use of excessive heat of fire, excessive use of bitter, sour and hot articles, day sleeping, use of wind blowing from eastern side, consumption of heavy and abhiṣyandi (moisture producing) diet, appearance of milk in the breasts, affliction by grahas, indigestion and difficult or abnormal labour the puerperal woman suffers from six types of fevers.^{[5] ka khi 11/40-42}

In total, Improper Paricharyā, premature exertion, unclean genital tract, retention of lochial discharge (Upaśeṣa Rakta), and infection due to unsterile handling are cited as causes. The pathogenesis primarily involves Vāta aggravation supported by Pitta or Kapha vitiation and Āma formation, leading to Jvara and systemic toxicity.

Causes of Puerperal Pyrexia

- Puerperal sepsis
- Urinary tract infections: Cystitis, Pyelonephritis
- Mastitis, Breast abscess
- Wound infections: CS or Episiotomy
- Pulmonary infections: Atelectasis, Pneumonia
- Septic pelvic thrombophlebitis
- A recrudescence of malaria or pulmonary tuberculosis
- Others: Pharyngitis, Gastroenteritis

Modern cause	Ayurvedic cause	Correlation/Analysis
Puerperal sepsis	Unclean genital tract, improper prajanantha paricharya, infection due to unsterile handling	Both describe infection due to poor hygiene and contamination.
Urinary tract infections(cystitis,pyelonephritis)	Suppression of natural urges(mutravega dharana)	Urinary stasis due to suppression predisposes infection
Mastitis,breast abscess	Appearance /stagnation of milk in breast(stanyota jwara)	Milk stasis-infection/inflammation in both systems
Wound infections(CS/episiotomy)	Improper care, unclean handling, trauma during difficult labor	Surgical/traumatic breaches-infection explained as dusta vrana

		concept
Pulmonary infections(atelectasis,pnuemonia)	Excessive exertion,exposure to wind,	Reduced immunity+environmental exposure-respiratory illness
Septic pelvic thrombophlebitis	Vitiation of vata with rakta dusti	Vascular inflammation and stasis resemble vata –rakta pathology
Malaria/tuberculosis(reactivation)	Affliction by Grahas, weakened immunity	Chronic infections linked to, lowered immunity post-delivery
Pharyngitis/gastroenteritis	Intake of abhishyandi ahara/ajirna	Dietary cause leading to systemic infection/toxicity
Post partum hemorrhage	Atirakta srava	Blood loss-reduced immunity-fever
General infection due to immunosupression	Formation of ama+agnimandya	Systemic toxicity and poor metabolism-fever
Exhaustion after labor	Excessive exercise,premature exertion	Physical depletion-increased vulnerability
Hormonal and metabolic stress	Aggravation of vata supported by pitta and kapha	Dosha imbalance parallels physiological stress response

PUERPERAL SEPSIS

Definition: An infection of the genital tract which occurs as a complication of delivery is termed puerperal sepsis. Puerperal pyrexia is considered to be due to genital tract infection unless proved otherwise Puerperal sepsis is common due to Pelvic cellulitis.



PREDISPOSING FACTORS OF PUERPERAL SEPSIS: The pathogenicity of the vaginal flora may be influenced by certain factors: (1) The cervicovaginal mucous membrane is damaged even in normal delivery; (2) The uter-ine surface too, especially the placental site, is converted into an open wound by the cleavage of the decidua which takes place during the third stage of labor; and (3) The blood clots present at the placental site are excellent media for the growth of the bacteria.

Antepartum risk factors: (1) Malnutrition and anemia (2) Preterm labor (3) Premature rupture of the membranes; (4) Immunocompromised (HIV); (5) Prolonged rupture of membrane more than 18 hours; (6) Diabetes.

Intrapartum risk factors: (1) Repeated vaginal examinations; (2) Dehydration and ketoacidosis during labor; (3) Traumatic vaginal delivery; (4) Hemorrhage-antepartum or postpartum; (5) Retained bits of placental tissue or membranes; (6) Prolonged labor; (7) Obstructed labor; (8) Cesarean delivery.

Due to the factors mentioned above, the organisms gain foothold either in the traumatized tissues of the uterovaginal canal or in the raw decidua left behind or in the blood clots, especially at the placental site.

Microorganisms responsible for puerperal sepsis



Most of the infection in the genital tract are polymicrobial.

MODE OF INFECTION

Endogenous, autogenous, exogenous.

The systemic inflammatory response causes fever and malaise, paralleling Sūtikā Jvara described as Doṣa-Vaiṣamyā and Āma Jvara due to tissue degradation and sepsis-like toxicity.

Types and Lakshana

Nija-vataja, pittaja, kaphaja, sannipataja

Agantuja-Stanyotha and grahottha.

Vataja jwara	Pittaja jwara	Kapahaja jwara	Sannipataja jwara
Vishama Angamardha, jrimba Romaharshana, kashayavirasa asyathvam, sheethadwesa, ushnakamatha, dantaharsha, pralapa, sushkodgaara,	Trishna, daha, pralapa vamathu, katukasyatha, peeta aasya nakha dantha akshi vit mootra, kantasosha, sarva pradeepa eva manyathe, bhrama, sheetha	Ushanabhikamatha Kasa, shirorug, Gaatragouravaam, mandoshmatha, pratishaya, shuklamootra purishatha, nidra, Tandra Himadwesa sthivana. madhura asyatha	Muhursheetha Muhurdaha Muhurushma krichravinmootravatathvam, daha trishna pralapa vikshiptha chithatha guruthva kantasamrodha kaphath prathisheethata

prajagara adhmaana, angasankocha ^{k.khi} 11/54-56	abilasha	gatradasa annadwesa	
--	----------	------------------------	--

Sthanyotha jwara lakshana

- Acc to acharya Sus-Apperance of breast milk is a causitive factor for sootikja jwara.
- Acc to kasyapa-the milk which starts to appear on 3rd or 4th day of sootika reaches sthanyavahasrotas, influences them and cause stiffness of breast, thirst, hridayadrava (tachycardia), pain in abdomen, flanks, sacral region, body ache and head ache. These are the symptoms of stanyotha jwara. the fever subsides as soon as milk is properly drained.

Grahotha jwara lakshana

Clinical features of grahotha jwara in sootika arising due to sight of grahas, fear, vata, trauma, shaking and trembling are as follows.

Tremors of whole body, crying, deep breathing, abnormal visual perception, tiredness, tremors/twitching of hands and eyes, yellowishness of face and eyes, quick alteration of body complexion in to blackness and to normal colour, inspite of full consciousness crying and plucking of hair, vataja jwara lakshana.

Treatment-measure to pacify grahas and vataja jwara chikithsa.

CLINICAL FEATURES OF PERPUERAL SEPSIS

Local infection

Uterine infection

Spreading infection

LOCAL INFECTION (WOUND INFECTION)

- (1) There is slight rise of temperature, generalized malaise or head-ache.
- (2) The local wound becomes red and swollen.
- (3) Pus may form which leads to disruption of the wound. When severe (acute), there is high rise of temperature with chills and rigor.

UTERINE INFECTION

Mild (1) There is rise in temperature (>100.4°F) and pulse rate (>90); (2) Lochial discharge becomes offensive and copious; (3) The uterus is subinvolved and tender.

Severe (1) The onset is acute with high rise of temperature, often with chills and rigor; (2) Pulse rate is rapid, out of proportion to temperature; (3) Often there is breathlessness, coughs,

abdominal pain and dysuria; (4) Lochia may be scanty and odorless; (5) Uterus may be subinvolved, tender and softer. There may be associated wound infection (perineum, vagina or the cervix).

SPREADING INFECTION (EXTRAUTERINE SPREAD) is evident by presence of pelvic tenderness (pelvic peritonitis), tenderness on the fornix (parametritis), bulging fluctuant mass in the pouch of Douglas (pelvic abscess).

PATHOLOGY

The primary sites of infection are: (1) Perineum; (2) Vagina; (3) Cervix; (4) Uterus. The infection is either localized to the site or spreads to distant sites. The lacerations on the perineum, vagina and the cervix are often infected by the organisms due to the presence of blood clots or dead space. The wounds become red, swollen and there is associated seropurulent discharge. There may be disruption of the wound if repaired before control of infection. Diabetes, obesity, immunocompromised state (HIV) are the other high-risk factors for wound infection.

SPREAD OF INFECTION

- Pelvic cellulitis(parametritis)
- Salpingitis
- Septic pelvic thrombophlebitis
- Septicemia and septic shock

INVESTIGATIONS

- (1) High vaginal and endo cervical swabs
- (2) "Clean catch" midstream specimen of urine
- (3) Blood for total and differential white cell count, hemoglobin estimation.
- (4) Blood culture, if fever is associated with chills and rigor.
- (5) Pelvic ultrasound
- (6) X-ray chest (CXR)
- (7) Blood urea and electrolytes

CHIKITHSA

General care: (i) Isolation of the patient is preferred, especially when hemolytic Streptococcus is obtained on culture, (ii) Adequate fluid and calorie are maintained by

intravenous infusion (IV), (iii) Anemia is corrected by oral iron or if needed by blood transfusion, (iv) An indwelling catheter is used to relieve any urine retention due to pelvic abscess. It also helps to record urinary output, (v) A chart is maintained by recording pulse, respiration, temperature, lochial discharge, and fluid intake and output, (vi) Antibiotics: Ideal antibiotic regimen should depend on the culture and sensitivity report. Pending the report, gentamicin (2 mg/kg IV loading dose, followed by 1.5 mg/kg IV every 8 hours) and clindamycin (900 mg IV every 8 hours) should be started. Metronidazole 0.5 g IV is given at 8 hours interval to control the anaerobic group. The treatment is continued until the infection is controlled for at least 7-10 days.

ANTIBIOTIC REGIMENS: Severe sepsis. A combination of either piperacillin-tazobactam or carbapenem plus clindamycin has broadest range of antimicrobial coverage. Women with MRSA infection should be treated with vancomycin or teicoplanin.

Surgical treatment: There is little role of major surgery in the treatment of puerperal sepsis.

Perineal wound-The stitches of the perineal wound may have to be removed to facilitate drainage of pus and relieve pain. The wound is to be cleaned with sitz bath several times a day and is dressed with an antiseptic ointment or powder. After the infection is controlled, secondary suture may be given.

Retained uterine products with a diameter of 3 cm or less may be disregarded and left alone. Otherwise, surgical evacuation after antibiotic coverage for 24 hours should be done to avoid the risk of septicemia. Cases with septic pelvic thrombophlebitis are treated with IV heparin for 7-10 days.

Pelvic abscess should be drained by colpotomy under ultrasound guidance.

Wound dehiscences Dehiscence of episiotomy of abdominal wound following cesarean section is managed by scrubbing the wound twice daily, debridement of all necrotic tissue and then closing the wound with secondary suture. Appropriate antimicrobials are used following culture and sensitivity.

Laparotomy has got limited indications. Maintenance of electrolyte balance by intravenous fluids along with appropriate antibiotic therapy usually controls the peritonitis. However, in unresponsive peritonitis, laparotomy is indicated. Even if no palpable pathology is found,

drainage of pus may be effective. Hyster-ectomy is indicated in cases with rupture or perforation, having multiple abscesses, gangrenous uterus or gas gangrene infection. Ruptured tubo-ovarian abscess should be removed.

Necrotizing fasciitis is rare but fatal complication of wound infection (abdominal, perineal, vaginal), involving muscle and fascia. Risk factors are diabetes, obesity and hypertension. Infection is caused by Group A beta-hemolytic Streptococcus and often it is polymicrobial. Tissue necrosis is the significant pathology. Treatment Includes: Rehydration, wound scrubbing, debridement of all necrotic tissues, and use of high-dose broad-spectrum (IV) antibiotics.

Indications of intensive care unit management: (1) Hypotension; (2) Oliguria; (3) Raised serum creatinine; (4) Raised serum lactate (24 mmol/L); (5) Thrombocytopenia; (6) ARDS; (7) Hypothermia.

Management of bacteremic or septic shock Includes: fluid and electrolyte balance (to monitor CVP), respiratory supports (to maintain arterial PO₂ and PCO₂), circulatory support (dopamine or dobutamine), Infection control (intensive antibiotic therapy, surgical Removal of septic foci) and specific management.

Ayurvedic management of Sootika jwara

- The wise physician should do shamana of doshas vitiated due to even very simple reasons giving due consideration to quantum of aggravation and should also do dhatu shodhana and dhatu prasadhana. Methodically used treatments with yukti like swedana, apatarpana, pachana, aushadha sevana, kashaya sevana, abhyanjana and sarpi are parama vidhi to cure jwara.^[7]

In sutika jwara

- Women who is shleshmabhishyandini, sthoola, klinna-ama, alpa-nisrutha, vidagdha bhakta, snigdha-Rx-Langhana-after langhana-Manda and etc.^[8]
- Women whose body is ruksha, nisrutha raktha, krisha, suffering from vata jwara, kshuth-thrishna abhishata, klanta-Rx-shamana aushadhi, peyadi karma. the woman who has been fasting should be given mandadi krama in order.^[9]
- In kapha-pittaja jwara –shamana aushadi should be from 5th day
- In Vataja jwara-Abhyanga and jangala mamsa rasa bhojana, anulomana.^[10]

- In vatapittaja jwara-sarpipana^[11]
- Shodhana in sootika jwara-mridu-vamana, nasya^[12]

Vishishta chikithsa in sootika jwara

Vataja jwara

- Sankara sweda^[13]
- If convulsions(sepsis related/eclampsia) associated with fever due to vāta do not subside, then following treatment should be given.
 - i) After abhyanga with ushna taila, dhoopana with suradāru should be done and sukoshna pralepa of sarvagandha drugs (the drugs having fragrance i.c. elā etc.) with kāñji should be anointed.
 - ii) Avagaha (tub-bath) with hot kāñji mixed with decoction of syonāka, vāsā, vamsa, tarkāri, eranda, apāmārga, kāśmari and bhanga should be given.
 - iii) Dhoopana with guggulu mixed with ghṛta should be given to the woman having received pleasing tub bath then wrapped with a blanket and seated over a skin-covered seat, this should follow the use of hot edibles and drinkables.^[14]
- Vatajwarahara abhyantara and bahya taila prayoga
- Abhyantara aushadhi prayoga^[15]

Pittaja sootika jwara chikithsa

- Heat or hot things are harmful in pitta disorders, hence use of hot air is contra-indicated. Fever due to pitta not associated with complications should be treated with Pradeha or abhyanga with kaṣāya, tikta and madhura drugs.^{kha.khi 11/110-111}
- In fever due to pitta, the amla (sour), uṣṇa (hot) and kaṭu (bitter) things should not be used in edibles or drinkables. The things of opposite character i.e. madhura (sweet) tikta (purgent), kaṣāya (astringent) and sita (cold) should be used.^{kha.khi 11/126}
- Bahya aushadhi prayoga-pradeha with pestled daru,leaves of talisa,usira and chandana should be given.

Taila abhyanga prepared with paste of madhuka and tagara^{kaha.khi 11/122-123}
- **Abhyantara aushadhi prayoga**^{kha.khi 11/111-125}
- After remission of fever, the wise physician should prescribe purgation with paste of caturaṅgala, mṛdwickā, and trivet and unction with paste of devadāru, leaves of tālīsa, usira and candana^{kha.khi 11/121-122}

Shleshmaja sootika jwara chikithsa

- After remission of fever due to kapha by use of diet in samsarjana-krama (regulated diet) it should be managed by use of bhesaja pana, sarpi and abhyanga.
- Ushna jala cooked with nagara and amaradaru should be given for drinking
- Soup prepared with young radish or meat of wild animals mixed with bitter and hot substances/drugs and little quantity of fat should be given in diet. Treatment prescribed for fever due to vāta is also beneficial.
- In fever due to kapha use of madhura (sweet), snigdha (unctuous) and guru (heavy) diet and drinkables is contraindicated, the things of opposite character to these sweet etc. should be used.^{kha.khi 11/127,131-132,138-139}
- **Bahya aushadu prayoga**^{kha.khi 11/133-137}
- **Abhyantara aushadhi prayoga**^{kha.khi 11/128-133}

SANNIPATIKA JWARA CIKITHSA SIDDANTHA

Among all the three doshas-predominant dosha to be treated first and rest later. When all the 3 dosas are equally strong-first physician should pacify kapha, bcoz it involves or attaches other doshas, is guru, gets metabolized with great difficulty and is situated in upper part of body, After pacifying this kapha she should be treated giving due consideration to the stage of fever on general lines of fever due to vata, pitta, kapha etc.^[16]

Whole body should be massaged with oil medicated with hot or cold drugs and other measures capable of suppressing tridosha should be used.^[17]

DISCUSSION

Sutika Jwara represents postpartum febrile conditions described in Ayurveda, arising due to dhatu kshaya, agnimandya, and vata prakopa following labor. This state of physiological depletion makes the sutika highly susceptible to disease, which correlates with the modern concept of reduced immunity and postpartum stress.

In modern obstetrics, puerperal pyrexia is commonly caused by infections such as endometritis, urinary tract infections, wound infections, and mastitis. Ayurvedic etiological factors like dushta raktasrava, retained products, improper hygiene, and apathya ahara-vihara show close resemblance to these causes. The concept of ama formation due to impaired digestion can be correlated with metabolic disturbance and inflammatory response.

Clinical features described in sutika jwara-fever, body ache, anorexia, abdominal pain, and foul discharge-are comparable to puerperal infections. The doshic classification explains variation in symptom presentation, which may reflect differences in severity and systemic involvement.

Management in Ayurveda focuses on dosha balance, agni correction, and strengthening of the body, while modern treatment emphasizes antibiotics, supportive care, and infection control. Preventive measures in both systems highlight the importance of hygiene, nutrition, and proper post-partum care.

CONCLUSION

Sutika Jwara closely parallels puerperal pyrexia in modern medicine, with significant overlap in etiology, clinical features, and risk factors.

Ayurveda provides a holistic understanding of maternal vulnerability, emphasizing systemic balance and preventive care.

An integrative approach combining Ayurvedic principles with modern management may improve outcomes by addressing both the underlying susceptibility and the immediate cause. Further research is needed to validate and standardize such approaches.

REFERENCES

1. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/6.
2. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/51.
3. Agnivesha, *Charaka Samhita with Ayurveda Dipika Commentary of Chakrapanidutta*, Edited by Vaidya Yadavji Trikamji Acharya, Varanasi, Chaukamba Surbharati Prakashan, 2023; cha.ni 1/28.
4. Sushruta, *Sushruta Samhita with Nibandhasangraha Commentary of Dalhanacharya*, Edited by Jadavji Trikamji Acharya, Varanasi, Chaukamba Surbharati Prakashan, 2023; su.ut 39/22.

5. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/40-42.
6. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/54-56.
7. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/51-52-75.
8. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/72.
9. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/71-72.
10. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/86-87.
11. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/88.
12. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/81-82.
13. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/91-93.
14. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/106-109.
15. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. *Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra*. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/99-105.

16. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/142-145.
17. Tewari PV, Kumar N, Sharma RD, Kumar A, editors. Kāśyapa Saṃhitā or Vṛddhajīvākīya Tantra. 1st ed. Varanasi: Chaukhambha Visvabharati; 2013. Haridas Ayurveda Series, KA KI 11/157-158.
18. D.C Dutta. Text Book of Obstetrics edited by Hiralal konar. Jaypee Brothers Medical Publishers. New Delhi. 9th Edition reprinted, 2019; chapter 30.