

**METHODS OF INDUCTION OF LABOR IN AYURVEDA:- A
LITERATURE REVIEW****¹*Meghana Nikum, ²Dr. Tinku-Ganesh Prabhu Khalache***¹PG Scholar, *²ProfessorDepartment of Prasuti Tantra and Striroga in Hon. Shree Annasaheb Dange Ayurved Medical
College and Research Centre Astha, Sangali.

Article Received on 28 May 2026,

Article Revised on 19 June 2026,

Article Published on 01 July 2026,

<https://doi.org/10.5281/zenodo.21023721>***Corresponding Author****Meghana Nikum**PG Scholar, Department of Prasuti
Tantra and Striroga in Hon. Shree
Annasaheb Dange Ayurved Medical
College and Research Centre Astha,
Sangali.**How to cite this Article:** ¹*Meghana Nikum,
²Dr. Tinku-Ganesh Prabhu Khalache. (2026).
Methods of Induction of Labor In Ayurveda:- A
Literature Review. World Journal of
Pharmaceutical Research, 15(13), 292-305.This work is licensed under Creative Commons
Attribution 4.0 International license.**ABSTRACT**

Induction of labour has become a frequently practiced obstetric intervention in modern medicine to prevent maternal and fetal complications associated with prolonged pregnancy and dysfunctional labour. Although effective, unnecessary or excessive intervention may lead to increased operative deliveries and related complications. Ayurveda, the traditional system of Indian medicine, emphasizes the achievement of Sukha Prasava (smooth and uncomplicated childbirth) through systematic antenatal care and maintenance of physiological balance during pregnancy. The concept of Garbhini Paricharya described in classical Ayurvedic literature provides comprehensive guidelines regarding diet, lifestyle, and therapeutic measures to support healthy pregnancy and facilitate normal labour. A key factor highlighted In Ayurvedic obstetrics is the proper functioning of Alana Vat, the subtype of

Vat Dosha responsible for downward physiological movements including menstruation, urination, defecation, and childbirth. Any disturbance in Apana Vata may contribute to delayed or obstructed labour. Classical texts such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya describe various internal and external therapeutic approaches intended to promote timely onset and smooth progression of labour. These include specific dietary recommendations, herbal formulations, oleation therapies, medicated enemas (Basti), abdominal and vaginal applications, and other supportive procedures aimed at balancing Vata and preparing the maternal body for delivery. Such interventions are designed to strengthen

maternal tissues, promote cervical readiness, regulate uterine activity, and support the natural mechanism of labour. By maintaining physiological harmony and ensuring proper functioning of Apana Vata, Ayurvedic principles offer a holistic and preventive approach to childbirth. Integrating these traditional concepts with modern obstetric care may contribute to safer maternal outcomes and reduce the need for unnecessary labour induction and operative interventions.

KEYWORDS: Ayurveda, Sukha Prasava, Garbhini Paricharya, Apana Vata, Induction of Labour, Ayurvedic review, Basti, Pichu, Lepana, Dhupana.

INTRODUCTION

The ability to conceive and bear a child is often regarded as one of the most significant biological and emotional experiences in a woman's life. Motherhood is traditionally viewed as an important phase that contributes to the sense of fulfillment in many women. However, the process of pregnancy and childbirth is also associated with considerable physiological and psychological challenges, particularly during labor.

Classical Ayurvedic texts emphasize the delicate condition of a pregnant woman. The Ayurveda Acharyas describe a pregnant woman as being similar to a vessel filled with oil, where even slight disturbance may lead to spillage.^[1] In the same way, minor negligence or complications during pregnancy may pose risks to both the mother and the fetus. Kashyapa Samhita metaphorically states that a pregnant woman stands with one foot on the earth and the other in Yamaloka,^[2] highlighting the vulnerability associated with pregnancy and childbirth. Therefore, appropriate antenatal care (ANC) and continuous medical supervision are essential to ensure the safety of both mother and child.

In recent decades, there has been a noticeable increase in the rate of cesarean section deliveries worldwide. According to data from the National Family Health Survey (NFHS-5, 2019–2021), the rate of cesarean sections in India increased from 17.2% during 2015–2016 to 21.5%^[3] in 2019–2021. Several factors such as lifestyle changes, delayed pregnancies, medical indications, and inadequate antenatal counseling contribute to this rising trend. Although cesarean section (LSCS) is a lifesaving surgical intervention when medically indicated, it remains a major operative procedure involving abdominal and uterine incision, which may be associated with intraoperative and postoperative complications and prolonged hospitalization when compared with normal vaginal delivery.

Ayurveda describes various preventive and therapeutic measures to support smooth and uncomplicated childbirth. Several formulations and procedures have been mentioned in classical texts to facilitate normal vaginal delivery, including Basti (medicated enema), Yoni Pichu (vaginal tampon with medicated oil), Yoni Dhupana (vaginal fumigation), Dhupana (medicated smoke therapy), Yoni Abhyanga (vaginal oil massage), and Yoni Lepa (application of medicated paste). These interventions are intended to promote proper functioning of the reproductive system and assist in the process of natural childbirth.

AIMS AND OBJECTIVES

Aim

To systematically review and critically analyze classical Ayurvedic concepts and methods described for the facilitation and induction of labour, with special emphasis on therapeutic principles and interventions mentioned in classical texts.

Objectives

1. To examine the classical Ayurvedic understanding of labour and the role of Apana Vata in the onset and progression of normal childbirth.
2. To identify and compile references from classical Ayurvedic Samhitas regarding Vilamba Prasava (delayed labour) and Mudha Garbha (obstructed labour).
3. To evaluate the classical Ayurvedic methods described for facilitating the process of Prasava Janana Prakriya (mechanism of childbirth).
4. To analyze the safety profile, indications, and contraindications of Ayurvedic methods mentioned for the induction or facilitation of labour.
5. To explore the psychosocial and behavioral aspects emphasized in Ayurveda that influence the onset and progression of labour.

Materials (Sources of Data)

1. Charaka Samhita
2. Sushruta Samhita
3. Ashtanga Hridaya
4. Kashyapa Samhita
5. Other relevant Ayurvedic literature and commentaries related to Garbhini Paricharya, Prasava, Vilamba Prasava, and Mudha Garbha.

Methods

- PubMed
- Google Scholar
- AYUSH Research Portal

Review of Literature

Prasava Nirukti (Etymology of Prasava)

In Ayurvedic literature, Prasava refers to the process of childbirth or the expulsion of the fetus from the uterus at the completion of pregnancy. According to Amarakosha, “गर्भविमोचनस्य” denotes the release of the fetus, while Shabdakalpadruma defines Prasava as “प्रसवः गर्भमोचनम्”, meaning the expulsion of the fetus from the womb.^[4] Thus, Prasava can be understood as the physiological process through which a woman delivers the fetus at the end of gestation.

Samanya Prasava Kala (Normal Time of Labour)

Ayurvedic scholars have described the normal period of labor (Samanya Prasava Kala) with slight variations. Acharya Charaka and Acharya Kashyapa state that the normal time for labor begins from the first day of the ninth month up to the tenth month of pregnancy.^[5] In contrast, Acharya Sushruta and Acharya Vagbhata mention that the normal period of delivery may extend from the first day of the ninth month up to the twelfth month of gestation.^[6]

Prasava Prarambha Karana (Causes of Onset of Labour)

Acharya Sushruta describes the onset of labor as a natural physiological event, analogous to a ripe fruit detaching from its stalk. Similarly, when the fetus reaches maturity and is properly positioned in the uterus, it separates from the maternal connections (Nadi) and progresses toward birth. This emphasizes that labor occurs at the appropriate time under physiological conditions.^[7]

Prasava Avasthas (Stages of Labour)

Ayurvedic texts classify labor into distinct stages, each with characteristic signs and symptoms:

Prajayani Prasava (Imminent Labour)

Sushruta identifies early signs such as abdominal laxity, relaxation of the cardiac ligaments, and perception of characteristic lower back pain, indicating that parturition is imminent.^[8]

Aasanna Prasava (Approaching Labour)

Charaka describes this stage with signs including exhaustion of limbs, drooping of the eyes, sensation of fetal descent, heaviness in the lower body, pain in the groin, pelvis, bladder, and back, onset of vaginal discharge (show), and loss of appetite.^[9] Similar observations are noted by Vagbhata, Kashyapa, and Bhavaprakasha.^[10,11]

Upasthita Prasava (Established Labour)

According to Sushruta, this stage is marked by continuous severe pain in the waist and back, involuntary bowel and bladder activity, and mucous discharge from the vulva, indicating the active progression of labor.^[12]

Parivartita Prasava (Fetal Descent and Delivery)

Charaka states that when the fetus descends toward the lower abdomen, leaving the cardiac region and approaching the pelvic area (Basti), the frequency and intensity of labor pain increase. The physician is advised to place the woman in a suitable position and guide her in straining to facilitate delivery.^[13] Vagbhata and Kashyapa provide similar descriptions, with Kashyapa adding that rupture of membranes may accompany fetal descent.^[14,15]

EFFECT OF FORCES AND VATA ON LABOR**Role of Avis or Accouchement Force**

In normal labor, the presence of a properly positioned fetus, adequate cervical dilation (Apara Mukha), and the onset of characteristic labor pain (Grahi Shula) indicate readiness for delivery. However, Sushruta notes that even with severe labor pain, delayed or weak Avis (uterine contractions or expulsive forces) may prolong labor, causing discomfort to the mother.^[16]

Role of Vata in Prasava

Apana Vata is the primary physiological force driving labor. The Garbhashaya (uterus), as the site of Apana Vata, facilitates the process of fetal expulsion (Garbha Nishkramana) due to its inherent qualities (Guna) and natural function (Swabhava). Adequate lubrication (Sneha) assists the downward flow of Apana Vata, thereby supporting smooth labor progression.

Management of Asana Prasava (Active Labor)

Ayurvedic texts recommend interventions to facilitate fetal descent and ease labor:

Inhalation Therapy: Repeated inhalation of powdered herbs (Churna) such as Kustha, Ela,

Vacha, Chavya, Chitraka, and Chirabilva, either individually or in combination; alternatively, intermittent inhalation of medicinal smoke (Dhupa) from Bhurjapatra, Simsipa leaves, or Sarjarasa.

External Therapy: Gentle massage with lukewarm oil over the flanks, back, sacrum, and thighs enhances fetal descent and eases labor.^[17]

Management in Case of Delayed Descent

For delayed fetal descent, similar measures are emphasized: inhalation of medicinal powders (Kustha, Ela, Langli, Vacha, Chitraka, Chirabilva, Chavya) or medicinal smoke (Bhurjapatra, Nameru, Guggulu), combined with gentle oil massage and kneading of the waist, flanks, back, and thighs. These interventions stimulate uterine activity and promote progression of labor.^[18,19]

Management of Obstructed Labor

When labor is obstructed, Ayurvedic texts suggest additional interventions:

Vaginal Therapies: Yoni Dhupana with black snake slough or Madanaphala; Yoni Lepana or fumigation with Bhurjapatra, Langli, Tumbi, snake skin, Kustha, or Sarsapa.

Topical Applications: Sirolepa with Snuhi Payas; mechanical stimulation of the palate and throat using hair.

Oral Therapies: Intake of Kustha, Talispatra Kalka with decoctions or preparations such as Suramanda, Kulattha Yusha, Bilwaja Kwatha, or Asava.

Supportive Measures: Wearing Hiranyapushpimula or Sauvarchala Visalya on hands or feet to aid uterine contraction and fetal expulsion.

These interventions collectively aim to restore the natural expulsive forces, assist Apana Vata function, and facilitate safe vaginal delivery.^[20]

Measures for Sukha Prasava (Facilitating Normal Labor)

Ayurvedic texts emphasize that adherence to Masanumasika Paricharya (month-wise regimes during pregnancy) significantly contributes to safe and uncomplicated delivery (Sukha Prasava). Proper care during the 8th and 9th months of gestation plays a pivotal role in preparing the mother for normal labor and minimizing complications. Various classical texts provide detailed guidelines for therapeutic interventions, particularly Basti (medicated enema) and Yoni Pichu (vaginal tampon therapy).

Month-wise Regimens for the 8th and 9th.

Month	Charaka ^[21]	Sushruta ^[22]	Ashtanga Sangraha ^[23]	Ashtanga Hridaya ^[24]
8th Month		Asthapana Basti: Decoction of Badara mixed with Bala, Atibala, oil, milk, mastu Shatapushpa, Palala (flesh), mastu,	Asthapana Basti: Decoction of Badara, Mamsa, Milk, Whey, Oil, Saindhava lavana, Madanaphala, Ghrita and Madhu. Anuvasana Basti: Oil	Anuvasana Basti: Ghrita and Madhura varga dravyas. After this Niruha Basti with Kashaya
		Saindhava lavana, Madana phala, Madhu and Ghrita. Anuvasana Basti: Oil prepared with milk and decoction of Madhura varga dravyas.	prepared with Madhura varga dravyas.	of Shushka muli, Badari, Amla dravya mixed with paste of Shatapushpa, Ghrita, Taila and Saindhava.
9th Month	Anuvasana Basti: Oil prepared with Madhura varga dravyas. Pichu: Vaginal tampon soaked with the same oil.			Anuvasana Basti: Same as in the 8 th month. Pichu: Vaginal tampon with the same oil.

Induction of labour in Ayurveda by Different Samhita

1) Harita Samhita

1) Mantra Pathan

ऐं हां हीं हूं हैं हौं हौं हः ॥ २४॥ इदं यन्त्रं भूर्जपत्रस्योर्ध्वं भागे लिखित्वा मूढगर्भायै दशयेच्छयातले च स्थापयेत्तेन सुखेन प्रसवः ॥२५॥

2) Yantra use

If the mantra ऐं हां हीं हूं हैं हौं हौं हः is written on Bhojpatra (birch bark) and shown to a pregnant woman, or placed under her bed, it is believed that she will soon give birth comfortably and safely.

3) Lapan

By grinding together Shatavari, Chirayata, Vartaki, Pippali, Ajwain, and Vacha, and applying the paste with warm water below the navel region, it is believed that childbirth occurs comfortably and immediately. Similarly, grinding the root of Kalihaari, Devadali, and bitter

gourd and applying the paste is also considered helpful in facilitating an easy delivery.^[25]

2) Kashyap Samhita

Treatment or remedies for delayed or prolonged labor:

- 1) By making a fine powder of Bacha, Kalihaari, Kushta, Chirbilva, small cardamom, and Chitrak, and giving it to the woman to sniff two or three times, it is said that childbirth occurs quickly.
- 2) Alternatively, inhaling the smoke of Bhojpatra or the smoke of Saral and Guggul, is believed to cause the fetus to descend downward quickly and detach from its position.
- 3) Meanwhile, skilled women should gently pull or press the sides of the body, the joints, the waist, and the back of the woman in labor, in order to help bring the fetus downward. The physician should also gently massage the area with warm oil in a comfortable manner.^[26]

3) Yogratnakar

Treatment or remedies for delayed or prolonged labor:

- 1) In case of delayed labor, fumigation (dhupana) should be given around the vaginal region.
- 2) Fumigation using the slough of a black snake, or substances like peacock feather and marking nut, is considered beneficial.
- 3) The root of Langali should be tied with a thread and fastened to the hands and feet of the woman in labor. Alternatively, roots of Suvarchala or Vishalya group herbs may be tied. This helps in facilitating quick delivery.
- 4) Pippalaband Vacha ground with water and mixed with castor oil when applied over the umbilical region, helps women suffering from severe distress to undergo easy and quick delivery.
- 5) The root of Matulunga combined with Madhuka powdered and taken with ghee, enables the woman to have a smooth and comfortable delivery.^[27]

4) Bhaishyajaratanawali

1. If, due to aggravated Vata, the uterus contracts and labor does not occur even at the proper time, then the following treatment should be adopted: The pregnant woman should pound paddy in a mortar using a pestle. She should sit, sleep, and ride in uneven or irregular postures, and also take irregular diet.

2. In case of delayed labor, fumigation should be given around the vaginal region. fumigation using the slough of a black snake or substances like Pinditaka is recommended.
3. Inhaling the smoke from the kitchen or consuming a mixture of asafoetida and rock salt ground with water, helps in expelling the fetus quickly.
4. By chanting mantras such as “इहामृतञ्च” near a pregnant woman, smooth and comfortable delivery occurs.
5. The slough of a snake is placed in an earthen container, covered with another container, sealed with cloth and mud, dried, and then incinerated to prepare ash. This ash, when mixed with honey and applied as Anjan helps even a pregnant woman with obstructed labor to quickly expel the fetus.
6. By applying separately the paste of roots of Patha, Langali, Adlusa, or Apamarga, prepared with water, over the navel, bladder region, and vaginal area, a woman delivers comfortably.
7. The roots of Matulunga along with Madhuka mixed with honey and ghee, when administered orally, facilitate easy delivery in women.
8. By applying internally (in the vagina) a paste of Potaki mixed with sesame oil, a woman delivers comfortably.^[28]

5) Vangsen

- 1) " क्षितिर्जलं "--" परिरक्षितम् " || If this mantra is recited seven times and made to be heard by the pregnant woman during labor, she delivers safely and comfortably.
- 2) Application of a paste made from the roots of Purushaka and Shashiparni over the navel, bladder region, and genital area enables a woman to deliver comfortably.
- 3) A preparation made from Shyama and Sudarshana creeper, when placed on the head (in a specific quantity) and retained until it reaches the feet (symbolically), relieves bodily pain and promotes easy delivery.
- 4) By chewing the root of Kokilaksha with sugar and instilling its juice into the ear, a woman quickly attains easy delivery.
- 5) Inserting the root of Apamarga into the vaginal passage and retaining it leads to easy delivery due to the effect of this remedy.
- 6) The roots of Matulunga and Madhuka ground together and taken with honey and ghee, help a woman deliver comfortably.

- 7) The root of a plant growing in the northern direction, when tied with a thread of appropriate length and worn around the waist, ensures easy delivery.^[29]

6) Sarth Rasratnakar

1. The roots of Matulunga along with Yashtimadhu prepared with honey and ghee, when administered, help a woman to deliver comfortably.
2. Various roots such as Pahadmul, Adulsa (Adhatoda) any one of these roots should be ground with water and applied as a paste over the navel, lower abdomen, and vaginal region. This helps in achieving easy and smooth delivery.
3. The slough of a snake is burnt in a closed container. The ash obtained is mixed with butter and made into a paste. When this is applied over both eyes, it helps in quick expulsion of the fetus even in obstructed labor.
4. The root of Phalavli ground in fermented liquid (kanji) and applied to the vaginal area helps the pregnant woman to deliver quickly.^[30]

Sukha Prasavartha Yoga According to Acharya Govindadas

Acharya Govindadas has described several measures to facilitate easy and uncomplicated labour (Sukha Prasava). These include both medicinal and spiritual approaches aimed at promoting smooth delivery and reducing labour difficulties.

1. A fine paste prepared from the root of any one of the following drugs—Patha, Langali, Vasa or Apamarga is applied externally over the umbilical region, suprapubic area, and vulval region to aid the progress of labour.
2. Oral administration of Matulunga root along with Madhuka powder, mixed with honey and ghee, is advised to support normal childbirth.
3. A paste (Kalka) of Potaki root prepared with Tila Taila is applied locally in the vaginal region.
4. Internal use of Grahadhuma or Hingu combined with Saindhava Lavana and Kanji is recommended for facilitating labour.
5. Mantra Chikitsa is also mentioned as a supportive measure during labour. The recitation of specific mantras is believed to provide mental calmness and promote favourable conditions for delivery.^[31]

इहामृतञ्च सोमक्ष चित्रभानुश्च भामिनि । उच्चैः श्रवाश्च तुरगो मन्दिरे निवसन्तु ते ॥ २२३॥ इदम-सृतमपां समुद्धृतं वै तव लघुगर्भमिमं विमुञ्च तु स्त्री । तदनलपवनार्कवासवास्ते सह लवणाम्बुधरे-दिशन्तु शान्तिम् ॥ २२४ ॥ मुक्ताः पशोर्विपाशाश्च मुक्ताः सूर्येण रश्मयः । मुक्तः सर्वभयागर्भ पोहि मरिच स्वाहा ॥ २२५॥

Sukha Prasavartha Samanya Yoga According to Rasa Ratna Samuccaya

Rasa Ratna Samuccaya describes various traditional formulations and procedures intended to facilitate smooth and timely labour (Sukha Prasava). These measures are primarily employed during the active stage of childbirth.

1. A paste prepared from Karanja seeds, Kapittha, and Tulasi root, mixed with milk, is applied over the umbilical region, hands, and feet of the labouring woman. Alternatively, the slough of a black snake or the latex of Snuhi may be applied to the scalp as a traditional practice.
2. A paste of Halini prepared with milk or water is applied locally to the vaginal region, urinary bladder area, and umbilical region. In its absence, Shweta Pushpa may be used as a substitute.
3. A formulation containing Yashtimadhu and Matulunga root triturated with water is recommended to support the labour process.
4. A paste made from Langali root, honey, and Saindhava Lavana is applied locally to the vaginal region to aid the progress of delivery.
5. The root of Matulunga tied around the waist of a woman in labour is traditionally believed to promote and accelerate childbirth.^[32]

DISCUSSION

Pregnancy is a unique physiological and emotional phase in a woman's life that culminates in childbirth. Ensuring a safe and uncomplicated labour process is one of the primary goals of obstetric care. In recent decades, the rising rate of caesarean sections has become a significant public health concern, emphasizing the need for safe and effective methods that support normal vaginal delivery whenever possible. Ayurveda offers a comprehensive approach to maternal care through the principles of Garbhini Paricharya, which aim to maintain the health of both mother and fetus throughout pregnancy and facilitate a smooth labour process.

Classical Ayurvedic texts describe several dietary regimens, medicinal preparations, and therapeutic procedures intended to promote Sukha Prasava (easy and uncomplicated labour). Particular importance has been given to the management of the eighth and ninth months of pregnancy. During this period, procedures such as Anuvasana Basti, Yoni Pichu, Abhyanga, Lepa, and Yoni Dhupana are recommended to prepare the maternal body for childbirth. Anuvasana Basti administered with Madhura Varga Dravyas and medicated oils is believed to nourish the pelvic tissues, improve flexibility of the birth canal, and facilitate the

downward movement of Apana Vata, which plays a crucial role during labour. The use of unctuous substances also helps lubricate and soften the reproductive passages, thereby reducing resistance during delivery. Similarly, Yoni Pichu with medicated oils may contribute to cervical softening and improved elasticity of vaginal tissues, thereby supporting cervical ripening and labour progression.

Although contemporary obstetrics utilizes pharmacological agents and mechanical methods for labour induction, these interventions may sometimes be associated with adverse effects and require continuous monitoring. Ayurvedic approaches offer a complementary and holistic perspective that focuses on physiological preparation of the mother rather than solely inducing uterine contractions. However, scientific validation of many classical formulations and procedures remains limited. Therefore, well-designed clinical studies are necessary to evaluate their efficacy, safety, and mechanisms of action. Such evidence could help integrate beneficial Ayurvedic practices into modern maternity care and contribute to improved maternal and neonatal outcomes.

CONCLUSION

Ayurveda provides a rich repository of therapeutic measures for promoting normal labour and ensuring maternal well-being. The principles of Garbhini Paricharya and the various Sukha Prasavartha Yogas described in classical texts emphasize preparation of the maternal body, strengthening of reproductive tissues, regulation of Vata Dosha, and facilitation of the natural birthing process. These interventions may help reduce labour complications, support vaginal delivery, and enhance overall maternal comfort.

While modern obstetric interventions remain indispensable in emergency and high-risk situations, Ayurvedic therapies may serve as valuable supportive measures in appropriately selected cases. Their holistic nature, emphasis on prevention, and potential for minimal adverse effects make them worthy of further exploration. Future research focusing on standardization, safety assessment, and clinical efficacy will be instrumental in establishing evidence-based Ayurvedic protocols for labour management. Integrating validated Ayurvedic practices with contemporary obstetric care may contribute to safer childbirth experiences and improved health outcomes for both mother and child.

REFERENCES

1. Acharya Yadavji Trikamji, Caraka Samhita, Varanasi, Chaukhambha Sanskrit Sansthan, 4th edition, 1994.
2. Agarwal, Nutan and Kriplani, Alka Asian Journal of Obs and Gynae. Practice, Johnsons and Johnson Ltd, Mumbai, MS. Puerperal inversion of uterus: a review, May 2000; 4: 2, 10.
3. <http://www.rchiips.org/nfhs/index.shtml>
4. Dr. Hemalatha Kapoorchand, A Comprehensive Treatise on Prasuti Tantra (Obstetrics), Varanasi, Chaukhambha Vishvabharati, 8th ch, Reprint, 2020; 557.
5. Dr. Ram karan sharma, Vaidya Bhagwan Das, Charaka Samhita, Sharira Sthana, Varanasi, Chowkhamba Sanskrit Series office, 4th ch, Reprint, 2007; 2: 400.
6. Prof. Vasant C. Patil, Dr. Rajeshwari N.M., Susruta Samhita, Sharira Sthana, New Delhi, Chaukhambha Publications, 3rd ch, Reprint, 2022; 2: 151.
7. Prof. Vasant C. Patil, Dr. Rajeshwari N.M., Susruta Samhita, Nidana Sthana, New Delhi, Chaukhambha Publications, 8th ch, Reprint, 2022; 2: 59.
8. Prof. Vasant C. Patil, Dr. Rajeshwari N.M.. Susruta Samhita, Sharira Sthana, New Delhi, Chaukhambha Publications, 10th ch, Reprint, 2022; 2: 242.
9. Dr. Ram karan sharma, Vaidya Bhagwan Das, Charaka Samhita, Sharira Sthana, Varanasi, Chowkhamba Sanskrit Series office, 8th ch, Reprint, 2007; 2: 492.
10. Dr. P. V. Tewari, Kashyapa Samhita, Sharira Sthana, Varanasi, Chaukhambha Vishvabharati, 5th ch, Reprint, 2008; 142.
11. Dr. Kanjiv Lochan, Ashtanga Hrdaya of Vagbhata, New Delhi, Chaukhambha Publications. 1st ch. Edition First, 2017: 1: 392.
12. Prof. Vasant C. Patil, Dr. Rajeshwari N.M., Susruta Samhita, Sharira Sthana, New Delhi. Chaukhambha Publications, 10th ch, Reprint, 2022; 2: 242.
13. Dr. Ram karan sharma, Vaidya Bhagwan Das, Charaka Samhita, Sharira Sthana, Varanasi, Chowkhamba Sanskrit Series office, 8th ch, Reprint, 2007; 2: 494.
14. Dr. Kanjiv Lochan, Ashtanga Hrdaya of Vagbhata, New Delhi, Chaukhambha Publications, 1st ch, Edition First, 2017; 1: 393.
15. Dr. P. V. Tewari, Kashyapa Samhita, Sharira Sthana, Varanasi, Chaukhambha Vishvabharati, 5th ch, Reprint 2008; 146.
16. Dr. P. V. Tewari, Kashyapa Samhita, Sharira Sthana, Varanasi, Chaukhambha Vishvabharati, 5th ch, Reprint, 2008; 144.

17. Prof. Jyotir Mitra, Dr. Shivprasad Sharma, Ashtangasamgraha, Sharira Sthana, Varanasi, Chowkhamba Sanskrit Series Office, 3rd ch, 3rd Edition, 2012; 287.
18. Dr. Ram karan sharma, Vaidya Bhagwan Das, Charaka Samhita, Sharira Sthana, Varanasi, Chowkhamba Sanskrit Series office, 8th ch, Reprint, 2007; 2: 493.
19. Dr. P. V. Tewari, Kashyapa Samhita, Sharira Sthana, Varanasi, Chaukhambha Vishvabharati, 5th ch, Reprint, 2008; 145.
20. Dr. Kanjiv Lochan. Ashtanga Hrdaya of Vagbhata, New Delhi, Chaukhambha Publications, 1st ch, Edition First, 2017; 1: 394.
21. Dr. Ram karan sharma, Vaidya Bhagwan Das, Charaka Samhita, Sharira Sthana, Varanasi, Chowkhamba Sanskrit Series office, 8th ch, Reprint, 2007; 2: 485.
22. Prof. Vasant C. Patil, Dr. Rajeshwari N.M., Susruta Samhita, Sharira Sthana, New Delhi. Chaukhambha Publications, 10th ch, Reprint, 2022; 2: 240.
23. Prof. Jyotir Mitra, Dr. Shivprasad Sharma, Ashtangasamgraha, Sharira Sthana, Varanasi, Chowkhamba Sanskrit Series Office, 3rd ch, 3rd Edition, 2012; 286, 287.
24. Dr. Kanjiv Lochan, Ashtanga Hrdaya of Vagbhata, New Delhi, Chaukhambha Publications, 1st ch, Edition, First, 2017; 1: 391.
25. Pandit Hariharprasad Tripathi, Harit Samhita, Chowkhamba Krushnadas Akadami Varanasi, 461.
26. Sharma, Nepalrajguru Pandit Hemaraj, Kashyapa samhita. Varanasi: Chaukhamba Sanskrit series, 2013. Sharirsthana Jatisutriyasharira Adhayaya, 86. 1.
27. Vaidya Shree Lakshmiapati Shastri, Yogratnakar, Chowkhamba Sanskrit Sansthan, Varanasi, 424.
28. Shree Govind Dasaji, Dr. Kanjiv Lochan, Dr. Anandk Choudhary. Bhaishaijya Ratnawali. Varanasi: chukhamba publication, 2006. Garbhinirogachikitsa, 387: 3.
29. Dr. Rajivkumar Ray, Vangsen Samhita, Prachya Prakashan Varanasi, Streerogadhikar, 656.
30. Vaidyaraj Datto Bhalalal Borkar, Sarth Rastanakar, Sutikarog chikitsa, 938.
31. Dr. Kanjiv Lochan, Dr. Anand K. Choudhary, Bhaisajya Ratnavali of Shri Govinda Dasji. Varanasi, Chaukhambha Sanskrit Bhawan, 68th ch, Edition First, 2006; 3: 387,388,389.
32. Kaviraj Sgri Ambikadatta Shastri, Rasaratna Samuchaya Savimarsha Surattana Ujwala Hindi Vyakhyopet, Varanasi, Chaukhambh Amarbharti Prakashan, 22nd ch. 8th Edition, 1988; AD: 465.