

A SUCCESSFUL AYURVEDIC MANAGEMENT OF VIPADIKA KUSHTHA BY SHAMANA CHIKITSA– A SINGLE CASE STUDY

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ABSTRACT

Vipadika Kushtha, also known as *Kshudra Kushtha*^[1], is a persistent skin disorder that primarily affects the soles and palms, characterized by cracking (*Sphutan*), itching (*Kandu*), pain (*Vedana*), and occasionally scaling. It is primarily related to the weakening of the *Kapha* and *Vata doshas*, and it often develops treatment resistance, particularly in persistent cases. A 30- year-old college going student, with a 5-year history of *Vipadika Kushtha*, who primarily complained of painful fissures (*Sphutan*), itching (*Kandu*), pain (*Vedana*) and intermittent scaling on the sole region, is the subject of this case study. Despite undergoing several treatments from different medical systems, the relief was not long-lasting. Following the *Ayurvedic* treatment approach, the external application of *Sarjarasadi Malhara*^[2] and other internal medicine with daily mild purgation. Within a few days, there was a noticeable improvement in the patient's condition. The itching diminished, the pain tapered, and the fissures healed noticeably. When

contemporary treatments have proven effective, this case demonstrates the possibility of classical *Ayurvedic* therapies being effective in treating persistent skin illnesses such as

Vipadika Kushtha.

KEYWORDS: *Vipadika Kushtha, Sarjarasadi Malhara, Shamana Aushadhi, Nitya Mridu Virechana.*

INTRODUCTION

Skin conditions, which are grouped as *Kushtha* in *Ayurveda*, are regarded as some of the most difficult conditions because of their persistent nature, tendency to recur, and deep-rooted *Doshika* involvement. Among the 18 classifications of *Kushtha* outlined in *Ayurvedic* literature, *Vipadika* falls under the category of *Kshudra Kushtha* (minor skin ailments) due to its minimal systemic impact while exhibiting considerable local symptoms.

As stated by *Acharya Charaka* (in *Charaka Samhita, Chikitsa Sthana* 7/24), *Kshudra Kushtha* represent milder skin issues that only engage one or two *doshas*, affecting fewer *dhatus* and having limited spread. *Acharya Sushruta* provides a precise description of *Vipadika* in both *Nidana Sthana* (5/13) and *Chikitsa Sthana* (9/10–11), where it is identified by:

- *Sphutana* – Cracks or splits in the skin
- *Tivra vedana* – Intense pain
- *Pada-tala and Kara-tala sthana* – Specific lesions located on the soles of the feet and palms
- *Kandu* – Itching (noted in some interpretations)

Acharya Vagbhata^[3] (*Ashtanga Hridaya, Nidana Sthana* 14) restates these characteristics while adding that *Vipadika* is of *Tridoshaja* origin, predominantly involving *Vata* and *Kapha doshas*, resulting in *Rukshta* (dryness), *Sphutana* (fissures), and *Shoola* (pain).

Madhava Nidana^[4] (*Nidana Sthana*, 49/6) also elaborates on *Vipadika* with similarities, stressing its persistent nature and how it interrupts everyday activities. He particularly highlights its persistence and pain, marking it as a concern both aesthetically and functionally. In present-day dermatology, *Vipadika* can be connected to conditions such as fissures on the palms or soles, chronic eczema, or plantar psoriasis, depending on the intensity of symptoms and additional features like scaling and itching. However, while modern diagnostics focus on symptoms and appearance, *Ayurveda* takes into account *Dosha-Dushya* interactions, *Nidana, Sthana* (location), and *Rogibala* (patient's strength) when diagnosing and treating conditions. This article details a single case of chronic *Vipadika* that was effectively treated with external

application of *Sarjarasadi Malhara*, some internal medicines like *Gandhaka Rasayana*, *Arogyavardhini vati*, *Rasamanikaya*, *Sphatika Bhasma* etc. and *Nitya Mridu Virechana*, show the success of classical *Ayurvedic* practices in skin care.

CASE STUDY

CHIEF COMPLAINT

A 30 years old male patient who is N/K/C/O of DM and HTN approached the OPD SJIIM Bengaluru with the complaint of

- 1) Cracked skin over the bilateral sole region since 5 years.
- 2) Itching and pain over cracked skin associated with burning for 5 years.
- 3) Occasionally there was scaling since last 2 years

HISTORY OF PRESENT ILLNESS

The patient was apparently healthy 5 years ago, after which he gradually developed dryness and cracking of the skin over the right sole. Over a period of time, similar cracked lesions appeared over the left sole, involving bilateral soles. These cracks were associated with continuous itching, pain, and a burning sensation. Subsequently, occasional scaling over the affected areas was noticed since the last 2 years. The pain over the cracked soles was more pronounced while standing and walking. The symptoms have been persistent in nature, with itching being continuous. The condition shows mild temporary relief on the application of ointments and intake of medications, but recurrence is noted after discontinuation of treatment. With the above complaints, the patient approached the OPD of SJIIM, Bengaluru, for further evaluation and management.

PAST HISTORY

Prior to the start of symptoms five years ago, the patient did not have any similar complaints. Diabetes mellitus, hypertension, and thyroid problems have no known history.

FAMILY HISTORY: Nothing significant

PERSONAL HISTORY

Bowel: Regular/ clear (once a day) Appetite: Normal

Micturition: Normal, clear 2-3 times/day Sleep: Sound

Habits: Consumption of tea, occasionally soft drinks Diet: Vegetarian

GENERAL EXAMINATION

Height: 145 cm

Weight: 60 kg BMI: 30.68kg/m²

Appearance: Healthy Built: Moderate Nourishment: Moderate Pallor: Absent

Icterus: Absent Clubbing: Absent Cyanosis: Absent Oedema: Absent

Lymphadenopathy: Absent

SYSTEMIC EXAMINATION

CNS: Conscious, well oriented to time, place and person RS: Air enters equally on both sides

CVS: S1 and S2 were heard; there were no extra noises.

PA: No tenderness or organomegaly was seen; the texture was soft.

SKIN EXAMINATION

1. Site- B/L Sole region
2. Shape- Irregular and some are oblique and straight.
3. Colour – Greyish-black colour
4. Border changes- Not raised.
5. Texture- Rough
6. Spatial interrelationship- Confluent in nature.
7. Moisture- Reduced (DRY LESIONS)
8. Temperature- Raised
9. Turgor- Mild-thick lesions 10. Scaling- Present

DISTRIBUTION

Lesions are symmetrically distributed to bilateral sole region.

CONFIGURATION OF SKIN LESION

Primary lesion- Fissure

Secondary lesion- Scales (whitish)

ROGI PAREEKSHA**ASTAVIDHA PARIKSHA**

Nadi: Manduka gati **Mala:** Prakruta **Mootra:** Prakruta

Jihwa: Ishat lipta (Mildly white coating)

Shabda: *Prakruta*

Sparsha: *Ishat Ushanata* felt over the lesion

Drika: *Prakruta*

Akruti: *Madhyama*

DASHAVIDHA PARIKSHA

Prakruti: *Kapha-Pitta* **Vikruti:** *dosha: Vata Kapha* **Sara:** *Madhyama* **Samhanana:** *Madhyama* **Pramana:** *Madhyama* **Satva:** *Madhyama* **Satmya:** *Madhyama*

Ahara shakti

- **Abhyavarana shakti:** *Madhyama*
- **Jaranashakti:** *Madhyama* **Vyayama shakti:** *Madhyama* **Vaya:** *Madhyama*



NIDANA PANCHAKA

NIDANA

- *Katu -Ushna-Ruksha Ahara* – fried items
- *Viruddhahara sevana.*
- Mixed diet- Nonveg – weekly twice more chicken
- *Dadhi sevana*

POORVAROOPA

- *Kandu*

ROOPA

- Greyish-black cracked skin over bilateral sole region. (*Panipada Sputana*)
- Itching over cracked skin (*Kandu*)
- Pain over cracked skin (*Ruja*)
- Occasionally scaling
- Burning sensation (*Daha*)

UPASHAYA

- Cracking, scaling and pain subsides on medication and application of ointment.

SAMPRAPTI GHATAKA

Dosha- *Vata pradhana Tridosha*

Dushya- *Rasa, Rakta*

Agni- Jatharagni

Ama- Jatharagni-Mandhya Janya ama

Srotas- Rasavaha, Raktavaha, Swedavaha srotas

Srotodushti- Sanga, Vimargagamana **Udbhava sthana-** Amashaya **Sanchara sthana-** Sarva Sharira **Adhisthana-** Twacha

Vyakta sthana- Ubhaya Hasta Pada **Rogamarga-** Bahya Rogamarga **Sadhyasadhyata-** Kruchrasadhya

Some routine investigation was done (Table -1).

Table 1: Investigation.

Hb %	12.6gm%
Esr	100mm/hr
Total wbc count	10,200cells/mm
Lymphocytes	4.3×10^3 /ul
Granulocytes	9.2×10^3 /ul
Aec	590 cells / mL

The contemporary dermatology field sees a tight connection between Vipadika and Palmo-plantar psoriasis, a chronic autoimmune skin illness that causes well-defined, thick, scaly, and fissured plaques on the palms and soles. Both conditions clinically exhibit symptoms that considerably reduce quality of life, including painful fissures, dryness, itching, scaling, and occasional burning sensations. Histopathological, palmo-plantar psoriasis shows epidermal hyperplasia, parakeratosis, and inflammatory infiltration, which reflects the Dosha Dushya Sammurchana (vitiation of Vata and Kapha affecting Rakta and Twaka dhatus) as described in Vipadika. Both frameworks consider common triggers like stress, cold weather, irritants like detergents, and genetic susceptibility. As a result, the similarities between the symptoms and causes of Vipadika and palmo-plantar psoriasis, an Ayurvedic equivalent, are understandable.

Table 2: Clinical Intervention.

S.N.	Drug Name	Dose/Application	Duration/Time
1.	<i>Panchatikta Ghrita Pana</i>	6 ml -BD-empty stomach	4 Weeks
2.	<i>Sarjarasadi Malhara</i>	E/A-Twice a day	
3.	<i>Arogyavardhini vati</i>	2 Tablet -BD /AF-with luke warm water	
	<i>Gandhaka Rasayana</i>	2 Tablet -BD /AF-with luke warm water	
	<i>Panchatikta-Ghrita-Guggulu</i>	2 Tablet -BD /AF-with luke warm water	
	<i>Rasamanikya-40mg + Sphatika</i>	2 Times -BF with honey.	

	<i>Bhasma-250 mg</i>		
4.	<i>Trivrut Churna</i>	3 gm -HS-with luke warm water	



PASI SCORE: PSORIASIS AREA AND SEVERITY INDEX (PASI).

Table 3: Pasi score (Before treatment).

LESION	HEAD(H)	TRUNK(T)	UPPER LIMB(UL)	LOWER LIMB (LL)
Erythema (E)	0	0	0	2
Thickness (induration, I)	0	0	0	2
Scaling (S)	0	0	0	2
SUM: E+I+S	0	0	0	6
Percentage of affected area	0	0	0	30 %
Area score (0-6)	0	0	0	3
Subtotal: sum × area score	0	0	0	$6 \times 3 = 18$
Region weight	0	0	0	0.4
Body area score	0	0	0	$18 \times 0.4 = 7.2$
Total	0	0	0	7.2

Table- 4 Pasi score (After treatment)

LESION	HEAD(H)	TRUNK(T)	UPPER LIMB(UL)	LOWER LIMB (LL)
Erythema (E)	0	0	0	0
Thickness (induration, I)	0	0	0	0
Scaling (S)	0	0	0	0
SUM: E+I+S	0	0	0	0
Percentage of affected area	0	0	0	0 %
Area score (0-6)	0	0	0	0
Subtotal: sum ×area score	0	0	0	0
Region weight	0	0	0	0
Body area score	0	0	0	0
Total	0	0	0	0

RESULT

PASI was 7.2 before treatment and 0 after treatment, details shown in above Tables 3 and 4.

DISCUSSION

Vipadika, a predominantly Vata-Kaphaja ailment, falls under the Kshudra Kushtha category. Due to its Snigdha, Mridu, and Vata-pacifying qualities, Acharya Charaka believes that Sarpi Pana^[5] (the consumption of medicated ghee) is the most effective treatment for Vataja Kushtha. The first step in therapy was Panchatikta Ghrita Pana, which aims to cleanse Rakta dhatu and balance the aggravated Vata and Kapha doshas.

Then, utilizing a blend of traditional Ayurvedic preparations such as Arogyavardhini Vati,^[6] Gandhaka Rasayana, Panchatikta Ghrita Guggulu, Rasa Manikya, and Sphatika Bhasma, Shamana therapy was given (Table-2). These medications were chosen because of their Kusthaghna, Raktashodhaka, Vatanulomana, and Shothahara effects. Sarjarasadi Lepa, a recipe specifically indicated for Vipadika in the Bhaishajya Ratnavali, was administered twice daily for external use, offering substantial local relief by lowering Kandū (itching), Ruksha (dryness), and Sphutana (cracks).

The Ashrayashrayi bhava^[7] between Pitta and Rakta was also taken into consideration because Twaka (skin) is regarded as one of the Raktavaha srotas and Kushtha is recognized as a Rakta pradoshaja Vikara.^[8] Nitya Mridu Virechana (daily mild purgation) with Trivrut Churna was given as Shodhana Upakrama to treat the underlying Pittaja Dushti. The effectiveness of internal and external treatments was improved by this method's ability to

eliminate corrupted Pitta and Rakta dosha.

The patient's clinical condition greatly improved after 28 days of thorough Ayurvedic treatment. All symptoms, including dry skin, scaling, itching, and cracking, were nearly resolved. Shamana and Shodhana therapies, which are based on classical principles, take an integrative approach that has proven to be quite successful in overcoming the persistent and relapsing character of Vipadika.

❖ PROBABLE ROLE OF PANCHATIKTA GHRIT PANA IN VIPADIKA

Panchatikta Ghrita^[9] is a traditional medicinal ghee formulation made with five Tikta (bitter) dravyas—Nimba, Vasa, Patola, Guduchi, and Kantakari—that are processed in Ghrita. Due to its diverse pharmacological effects, Panchatikta Ghrita Pana is essential in the treatment of Vipadika, a Raktapradoshaja Vikara as well as a Vata-Kaphaja Kushtha. The Tikta rasa has Raktashodhaka, Kledahara, and Daha-shamana characteristics that aid in the purification of Rakta dhatu and lessen inflammatory symptoms such as itching, burning, and erythema. Due to its Snigdha, Mridu, and Sheeta characteristics, Ghrita is an excellent Yogavahitwa that helps these herbs' tissue penetration and bioavailability while also calming Vata.

Additionally, Acharya Charaka promotes Sarpi Pana as the most effective therapeutic approach for Vataja Kushtha, which is consistent with the Ashrayashrayi bhava of Pitta and Rakta. Panchatikta Ghrita also sustains the Twaka, Rakta, Mamsa, and Asthi dhatus, which are the main ones that are affected by Kushtha. Its Rasayana and shamaka qualities aid in the regeneration of tissue, decrease in fissuring, and restoration of the skin's integrity. As a result, the administration of Panchatikta Ghrita Pana in this instance was a crucial component in the comprehensive management of Vipadika since it not only treated the Dosha-Dushya Sammurchana but also laid a systemic basis for future treatments.

❖ PROBABLE ROLE OF AROGYAVARDHINI VATI IN VIPADIKA

Arogyavardhini Vati is crucial in treating Vipadika because of its strong blood-cleansing and liver-enhancing characteristics. Essential components such as Katuki, Triphala, Shuddha Parada, and Shuddha Gandhaka contribute to detoxifying the body and correcting Pitta and Rakta imbalances. This mixture boosts digestive fire, assists in the removal of waste, and stops more toxins from building up. Its abilities to combat parasites and skin diseases alleviate issues like itching, swelling, and skin eruptions. Furthermore, its properties that promote removal and healing aid in the treatment of skin cracks and wounds. By correcting the internal disarray of

Rakta and Meda dhatu, it helps prevent future issues and supports lasting healing. This formulation is particularly effective for long-term skin ailments like Vipadika, especially when there is an excess of Pitta and Kapha.

❖ PROBABLE ROLE OF GANDHAKA RASAYANA IN VIPADIKA

Gandhaka Rasayana is a well-known traditional restorative remedy for persistent skin conditions such as Vipadika. It is quite effective in reducing itching (Kandu), scaling, and inflammation due to its potent Raktashodhaka, Krimighna, and Kusthaghna characteristics. The main component, Shuddha Gandhaka, promotes skin regeneration and aids in the healing of cracks and fissures. Its Rasayana effect fortifies Twaka and other Dhatus, which aids in achieving long-term remission. In addition, Gandhak Rasayan enhances the immune response and lowers the risk of recurrence in difficult Kushtha cases. It soothes both Pitta and Kapha doshas, which are primarily responsible for Vipadika. In addition, its soft and gentle nature helps to restore texture and soften dry, thick skin. Symptoms are visibly improved with consistent usage, and there are few negative consequences.

❖ PROBABLE ROLE OF PANCHATIKTA GHRITA GUGGULU IN VIPADIKA

Due to its potent Kusthaghna, Raktashodhaka, and Shothahara effects, the traditional polyherbal preparation Panchatikta Ghrita Guggulu is essential for treating Vipadika. The components of Tikta rasa assist in detoxifying the blood and calming aggravated Pitta and Kapha doshas. Guggulu supports healthy Dhatu pachana, tissue regeneration, and anti-inflammatory action. The therapeutic effects are carried deep into the tissues by the Ghrita element, which functions as a Yogavahi. This mix helps to reduce dryness, relieve itching and scaling, and promote crack healing. It strengthens Asthi and Mamsa dhatu, both of which are impacted by chronic skin ailments. Panchatikta Ghrita Guggulu is particularly helpful for persistent, relapsing skin disorders that require tissue regeneration and internal detoxification. Because of its Rasayana characteristics, it aids in a protracted recovery and helps avoid recurrence.

❖ PROBABLE ROLE OF RASA MANIKYA^[10] & SPHATIKA BHASMA IN VIPADIKA

The Rasa Manikyā is a powerful Raktashodhaka and Kusthaghna, which helps to treat skin lesions and lessen inflammation. It supports the removal of poisons from the Rakta dhatu while balancing Pitta. Its Tikshna and Shamana character helps the skin respond quickly. Sphatika Bhasma's potent Shodhana, Ropana, and Stambhana qualities aid in healing fissures and

preventing local infection. It aids in tissue healing, lowers discharge, and relieves burning. Both medications have antiseptic and astringent properties that are helpful in treating Vipadika. Their combined usage enhances the overall texture of the skin, speeds up healing, and lowers the chance of recurrence. They provide quicker symptom relief during the Shamana chikitsa period.

❖ PROBABLE ROLE OF SARJARASADI MALHARA IN VIPADIKA

- **Sarjarasa** contains Vranaropaka and Shothahara properties, which help in the treatment of fissures and the reduction of localized inflammation.
- Rock salt, known as **Saindhava**, functions as a Srotoshodhaka and promotes the passage of other medications into the skin.
- Snigdha and Madhura are the qualities that **Guda** (jaggery) possesses, which help to alleviate dryness and aid in the healing process.
- The Ropana, Lekhana, and Krimighna properties of **honey** are widely recognized for helping with wound cleaning and healing.
- **Guggulu** exhibits *Shothahara*, *Kusthaghna*, and *Krimighna* actions, reducing local swelling and microbial colonization.
- **Gairika** is *Sheeta* and *Raktasthambhaka*, helping to reduce burning sensation and bleeding from cracks.
- **Ghrita** acts as a *Yogavahi* and provides *Snigdha* and *Ropana* properties, softening the skin and enhancing absorption.
- **Bee wax** serves as a natural base, locking in moisture and maintaining skin hydration, which is crucial in *Vipadika*.
- The formulation collectively relieves symptoms like *Rukshta* (dryness), *Sphutana* (cracking), and *Kandu* (itching).
- It creates a protective barrier on the skin, preventing secondary infections and further dryness.
- The *Lekhana* and *Shamana* properties help in removing dead skin and reducing thick scales.
- The cooling and soothing nature of the ingredients reduces *Pitta-Kapha* aggravation locally.
- Promotes rapid epithelialization and restores normal skin texture.
- Offers sustained symptomatic relief when applied regularly.

- Being a classical formulation from *Bhaishajya Ratnavali*, it aligns with traditional guidelines for *Vipadika Chikitsa*.

CONCLUSION

In chronic and relapsing skin diseases like *Vipadika Kushtha*, the current case study shows that a thorough Ayurvedic treatment approach based on traditional principles can provide efficient and long-lasting relief. The combination of *Panchatikta Ghrita Pana*, which is used internally, and *Shamana Aushadhi*, such as *Arogyavardhini Vati*, *Gandhaka Rasayana*, *Panchatikta Ghrita Guggulu*, *Rasa Manikya*, and *Sphatika Bhasma*, along with *Sarjarasadi Malhara* for external use, offered multidimensional support in pacifying vitiated Vata and Kapha doshas, purifying Rakta dhatu, and healing the skin. By treating Pittaja Dushti and promoting detoxification, *Nitya Mridu Virechana* increased the effectiveness even more. The PASI score improvement from 7.2 to 0 in 28 days is noteworthy since it shows full clinical remission. When effectively planned and implemented, this case supports the notion that personalized Ayurvedic treatments can be a trustworthy alternative or adjunct therapy for treating persistent dermatological conditions with little recurrence and few side effects.

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