

HOLISTIC APPROACH IN THE MANAGEMENT OF AVABAHUK W.S.R. TO FROZEN SHOULDER - A CASE STUDY

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ABSTRACT

Avabahuka is said to be condition which affects amsa sandhi or shoulder joint it arises from Vata dosha it is closely related with frozen shoulder in modern science. Ayurveda offers various therapeutic approaches for its management. This article presents a case report highlighting the effectiveness of Mahamashatailam Pratimarsha Nasya, Patrapinda sweda and shaman aushadhi along with physical exercise of shoulder joint in the management of Avabahuka in routine clinical practice. For assessment, clinical symptoms of Avabahuka were evaluated based on Amsa sandhi shoola(pain in shoulder joint), Amsa sandhi stabdhata(stiffness in shoulder joint), Bahupraspandaahara (restricted arm movement).The severity of these symptoms was graded on scale from 0-3, Gradual improvement was observed in range of motion of shoulder joint over a time. The study suggests that Mahamashaailam

Pratimarsha Nasya Karma, Patrapinda sweda along with shaman aushadhi chikitsa and some exercises can be effective in alleviating the symptoms of Avabahuka.

KEYWORDS: Avabahuka, Frozen Shoulder, Mahamashatailam Pratimarsha Nasya, Patrapinda pottali sweda, Punarnava Guggul, Dashmuladi kwatha, Arogyavardhini vati, Amsasandhi.

INTRODUCTION

The word “Avabahuka” comprises of two word ‘Ava’ means dysfunction and ‘Bahuka’ means arm, i.e. Dysfunction of Arm. It is the Vyadhi which hampers the functions of the hand. Due to working pattern today people suffer from some disease may not be life threatening but will hamper day to day life and human productivity. Avabahuka is one among those diseases which is Painful and affects the normal routine life style of an individual.

In Charaka Samhita

बाहुशीर्षगते नस्यं पानं चौत्तरभक्तिकम् ॥ च. चि. 28/98

Does not use the term Avabahuka but describes a similar condition, “Bahugata Vata”. Main cause of disease is aggravated vata dosha, so vatanashaka treatment is mentioned.^[1]

Madhava Nidana, Describes avabahuka in Two stages first stage, Amsa Shosha, and the advanced stage, avabahuka.^[2]

In Sushrut samhita

अंसदेशस्थितो वायुः शोषयित्वाऽसबन्धनम् । शिराश्चाकुञ्च्य तत्रस्थो जनयत्यवबाहुकम् ॥ सु. नि. 1/82

It reference to, aggravated vata situated at shoulder joint dries up the Amsabandha, and then constricted the siras (nevers) in shoulder joint, which called Avabahuka. The term ‘Avabahuka’ was first given by Acharya sushruta.^[3]

In Ashtanga Hridaya

अंसमूलस्थितो वायुः सिराः सङ्कोच्य तत्रगाः । बाहुप्रस्पन्दितहरं जनयत्यवबाहुकम् ॥ अ. ह. नि. 15/43

Acharya Vaghbata mentioned, In Avabahuka Amsamulasthita Vayu causes Sankochana of Sira which results in to the restrictions of movements of hands. Amsa Sandhi Shoola(Pain in shoulder joint), Amsa sandhi Stabdhatra(Stiffness in shoulder joint), Sakashta Hastakriya or Bahupraspanditahara (restricted movement of shoulder joint).^[4]

Avabahuka is correlated with the **Frozen Shoulder** or **adhesive capsulitis** in modern science. The term first introduced by **Earnest Codman 1934** and in 1945 Neviaser coined the term Adhesive capsulitis. It is a condition which is characterized by stiffness and pain in the shoulder joint and leads to restricted hand movements. The three characteristics of frozen

shoulder are insidious shoulder stiffness; severe pain, even at night; and near complete loss of passive and active external rotation of the shoulder.^[5] Generally the patient suffering from Frozen Shoulder uses Analgesics, Corticosteroids and Anti- inflammatory drugs.^[6] These approaches may only give a temporary cure but not permanent relief of the pain. Frozen shoulder is more common in diabetics and may be triggered by a rotator cuff lesion, local trauma, myocardial infarction or hemiplegia.^[7]

The life time prevalence of frozen shoulder is estimated to be 2-5% in general population. It is rare in children and the condition is most common in 5th and 6th decades of life with peak age in mid-50; women are often affected than men. Frozen Shoulder was found to affect 8.2% of men and 10.1 % of women of working age. Total more than 10 million per year in India suffer from Frozen Shoulder.^[8]

In Ashtanga Hridaya Nasya treatment, Sthanika Snehana, Swedana along with Shamana chikitsa. was mentioned in avabahuka.

AIM AND OBJECTIVE

To evaluate efficacy of Mahamashataila Pratimarsha Nasya Karma, Patrapinda sweda, and ayurvedic shaman aushadhi with some shoulder exercises in management of Avabahuka.

MATERIAL AND METHODS

A single case study. Proper informed consent was taken in their own language.

A CASE REPORT

A 47 year old female patient came to OPD with following complaints.

1. Vama Hasta-Amsa sandhi Shula and shotha (left shoulder joint pain and swelling),since 3 months
2. Vama Hasta-Amsa sandhi stiffness (left shoulder joint stiffness) since 3 months.
3. Vama Hasta chimchimayana (Tingling in left hand) since 3 months.
4. Vama Hasta kriya alpata (Restricted movement of left hand) since 3 months.

Name – XYZ Religion – Hindu

Occupation – Farmer

H/O Present illness

Pt is well before 3 months. Then she suffers from pain starting in neck radiating to left shoulder joint and restricted the movements of left hand since 3 months. For which she

consulted the local clinic and took medicine of antibiotics, Analgesics. Pain subsides for while until taking medicine and start again as medicine stops. So, Pt came in OPD of our Ayurvedic Hospital and then admitted on 5/9/2025 for further management.

H/O Past illness

H/O of HTN on Rx - Tab.Telmed 40 mg OD

No H/O DM, Thyroid, Asthama,

H/O fall on left side 2 year ago.

Family History

No Family history

Rugna Pariksha

1. Astavidha Pariksha

Nadi – 74/ min Shabda -Spasta

Mala- Prakrut Sparsha -Samshitoshna(slight temp)

Mutra –Prakrut Druk - Prakrut

Jivha – Sama Akruti – Madhyam

2. General Examination

Temperature -98⁰F Weight- 57 kg

B.P.-130/80 mm of Hg Pulse-74/min R.R.-18/m3

3. Systematic Examination

RS- Clear. CVS- S1S1 Normal.

P/A- Soft and non tender. CNS- conscious & Oriented.

4. Local Examination

Muscle tone – normal, No deformity

Shoulder joint – swelling and slight increase temp.

Flexion – painful and restricted and upto 40⁰

Extension – Painful and restricted and upto 10⁰

Abduction –painful and restricted and upto 45⁰

Internal Rotation -painful and restricted and upto 30⁰

External Rotation – Painful and restricted and upto 30⁰

Investigation

Hb-11.04 gm%. **ESR**- 38 mm/hr.

R.A. factor – Negative.

Xray finding

Left shoulder joint X-ray - Normal.

MRI finding

MRI of left shoulder joint shows,

- Focal thickening and abnormal signal of left supraspinatus tendon.
- There is no tear or retraction of tendon.

History of Vyadhi

Nidana -Ahara: Ruksh, Katu ahara, Akala bhojana

Vihara: Diwaswapna, Heavy house hold works.

Purvarupa – Pain in neck and left shoulder joint.

Rupa- Pain in neck and shoulder joint, associated with restricted range of movements.

Tingling sensation in left hand, shotha in left shoulder joint region.

Upashaya – At rest and under analgesics pain reduces.

Anupshaya – Pain increases on postural change while sleeping, heavy house hold works.

Samprapti ghatak

Dosha- Vata(Vyana vayu) dominant, kapha (sleshmak) pitta anubandha

Dushya – Asthi, Mansa, Majja, shira, snayu, kandara.

Strotasa- Asthivaha, Mansavaha.

Strotasadusti–Sanga, Vimargagamana.

Rogmarga -Madhyama.

Ashisthana –Ansa sandhi.

Vyakta sthana- Bahu.

Samprapti

Hetu (Nidana)



Vataprokopa (Vyan vayu)



Ansandhi pradeshi sthansanshraya (Asthi, Mansa, sira-snayu drusti)



Ansasandhi shosha, shotha, vedana, sira akunchana



Avabahuka

Diagnosis

With above clinical presentation, and examination patient is diagnosed as Vama Avabahuka.(Left frozen shoulder).

Therapeutic Intervention

Pt was treated as per the line of treatment of Vatavyadhi by shodhan as well shaman chikitsa with some physical exercises of shoulder joint like range of motion exercise, stretching exercise, strengthening exercise, The effect of Ayurvedic treatment was assessed in relation with sign and symptoms.

Following management given to the patient,

Treatment Plan

1. Pratimarsha Nasya with Mahamashatailam for 14 days.
2. Patrapinda pottali sweda for 14 days.
3. Shaman chikitsa for 30 days.
 - 1) Punarnav guggul 250 mg BD with koshna Jala.
 - 2) Arogya vardhini Vati 250 mg BD with koshna Jala.
 - 3) Dashamuldi Kwatha 20 ml BD with koshna jala.

Pathya – vataghna ahar vihar, laghu, ushna, Snigdha ahar, vishranti. mild physical exercise of shoulder joint.

Apathya- vatavardhak ahar vihar, Guru, sheet ahar sevan, trasa, exertion, stress.

Treatment schedule

Shodhan Chikitsa

Karma	Dravya	Duration	Period of t/t
Pratimarsha Nasya	Mahamashatailam (Mahamasha, erandmul, meda, rasna, mahamedha, kakoli, kshirkakoli etc.)	2 ⁰ -2 ⁰ bindu in each nostrils	For 14 days
Patrapinda sweda	Aranda, nirgundi, dhatura, shigru, dhaturapatra, tiltaila, saidhav	15-20 minutes	For 14 days

Shaman Chikitsa

Kalpa	Content	Matra	Kala	Anupana
1)Purnava Guggul	Punarnava, Erandmula, suntha, Guggul, Triphala, Trikatu, Chitraka, Vidanga etc.	250 mg	Adhobhakta (2times/day)	Koshna jala
2)Arogya vardhini Vati	Parad,Gandhaka, Loha, abraka bhasma, Triphala, Shilajatu, etc	250 mg	Adhobhakta (2times/day)	Koshna jala
3)Dashmuldi kwath	Patala, Agnimantha, Shonyaka, Bilwa, Kashmarya, Kantakarika, Bruhati, Shaliparni, Prushniparni, Gokshura, balamula, udada.	20 ml	Adhobhakta (2times/day)	Koshna jala

1) Nasya Karma

It is important karma among panchakarma, in which medicated oil, swaras, powder administered through nostrils to pacifies vitiated doshas. Pratimarsha Nasya is a type of Nasyakarma which is indicated for daily practice and is helpful in prevention of diseases of head, neck, and also respiratory disorders. Pratimarsha Nasya has many advantages such as having almost no contra-indications, done in a very low dose (2 drops), can be done on multiple occasions in a day.

Poorva Karma

Local Abhyanga-Face and neck of the patient were massaged with lukewarm Tila Taila and then massaged by linear thumb movements over Forehead, Nose, Chin, and Maxillary area and circular movements of palm over Cheek and Temporal.

Mridu Sweda - The towel was soaked in boiling water and after squeezing the water, towel was waved, touched, and pressed on the face and neck.

Positioning of the patient - Supine position (Uttanasya Shyanasya) by bending the head for about 45°.

Pradhan Karma

Administration of medicine

Lukewarm Mahamashatailam was poured with instrument “Gokarna” in each nostril 2⁰-2⁰ drops, one by one by closing the other nostril and patient was asked to sniff the medicine so that it reaches deep Inside the nose.

Paschat Karma

The patient was requested to spit out medicine, that reaches the throat in beside kidney Tray/spitting vessel. Kavala (Gargling) with lukewarm water was Recommended just after the procedure.

2) Patrapinda sweda karma

Patra Pinda pottali Sweda is specialized form of Swedana, which involves the use of medicinal leaves combined with other therapeutic ingredients to alleviate conditions like pain, stiffness, and inflammation.

Poorva Karma

Collection of essential material for Patra Pinda Pottali Sweda.

Preparation of the Pottali.

Collection of Essential Material Ingredients required are-

Nirgundi Patra, Sahajan Patra, Eranda Patra, Arka Patra

Datura Patra each 250 gm.

Nimbu(lemon)-4 pieces, Saindhava-10 gm, Tiltaila oil

Cotton cloth (45cm X 45cm)

Vessels (for frying leaves and for heating Pottali) – 1

Heating apparatus – 1

Preparation of the Pottali- The leaves of Eranda, Arka, Nirgundi, Sahajan, and Datura are thoroughly washed and cut into small pieces. In a heating vessel, add 100 ml of the prescribed Tiltaila oil, Once the oil starts heating, add Nimbu to it. Fry the it until the mixture turns a light brown shade. Next, add the chopped leaves and shallow fry until they are well incorporated. After frying, mix in the Saindhav salt. Once all ingredients are thoroughly blended, transfer the mixture into a clean cotton cloth and shape it into a Pottali. These Pottalis are designed for single use and should be discarded afterward.

Pradhan Karma

The prepared Pottali is then dipped in heated tiltaila, and a gentle massage is performed over the affected area. The temperature of heated tiltaila is between 42°C and 46°C. Before application, check the temperature by gently pressing the Pottali against the dorsal side of the palm to ensure it is comfortably warm. Once the ideal temperature is confirmed, the attendant should apply the Pottali with mild pressure over the affected area. Subsequently, the Patra

Pinda Pottali should be gently tapped, pressed, or momentarily held against the body. The technique should follow specific movement patterns.

On the extremities(left hand) : The Pottali should be moved in a linear motion from top to bottom.

On the shoulder joints: The Pottali should be used in circular motions.

Pashchat Karma

After the procedure, the content should be gently wiped off using a clean cloth. Once the body has rested and returned to its normal temperature, the individual should take a warm water bath to cleanse and refresh.

Assesment Criteria^[9]

1. Subjective parameters

1. Pain in left shoulder joint (Amsasandhi shula)
2. Stiffness in left shoulder joint (Vama Amsasandhi stabdhata).
3. Restriction in movements of left shoulder joint (Bhupraspanditahara).

2. Objective Parameter

Range of motion like 1. Flexion 2. Extension 3. Abduction 4. Internal Rotation 5. External Rotation.

1. Left Shoulder joint pain

Pain (Amsasandhishula)	Grades
1.No pain at all.	0
2.Mild pain can do strenuous work without support.	1
3.Moderate pain can do normal work with support.	2
4.Severe pain unable to do any work at all.	3

2. Left Shoulder joint Stiffness

Stiffness (Amsasandhi stabdhata)	Grades
1.No stiffness at all.	0
2. Mild stiffness for few minute relieved by mild movement.	1
3.Moderate stiffness lasting for 1-2 hr without disturbing routine work	2
4.Severe Stiffness for 2-6 hr hampering routine work.	3

3. Restriction in movements of left shoulder joint

Restriction	Grades
1.No restriction at all.	0
2. Mild Restriction with medium movements.	1

3.Moderate restriction with low movements.	2
4.Severe restriction with No movements.	3

4. Range of motion of left shoulder joint.

Movement	Normal range
Flexion	180 ⁰
Extension	50 ⁰
Abduction	180 ⁰
Internal Rotation	90 ⁰
External Rotation	90 ⁰

OBSERVATION AND RESULT

By the end of 14th day of treatment and 30th day of follow-up, the patient found a significant reduction of pain, stiffness, restriction in movements in left shoulder joint. Here, Subjective parameters are pain, Stiffness, and Restriction in movements of left shoulder joint. And objective parameter is range of motion of left shoulder joint. Before treatment grade in Pain, Stiffness and restriction in movements of shoulder joint was 2 and after treatment it was 1. In Range of motion parameter like Flexion B.T. was 40⁰ and A.T. was 80⁰. In Extension B.T. was 10⁰ and A.T. was 20⁰. In Abduction B.T. was 45⁰ and A.T. was 75⁰. In Internal rotation B.T. was 30⁰ and A.T. was 60⁰. In External Rotation B.T. was 30⁰ and A.T. was 60⁰. Treatment had showns clinically significant results in reducing sign and symptoms of Avabahuka.

Sign and symptoms	Before treatment	After treatment
	Grades B.T.	Grades A.T.
1.Pain	2	1
2. Stiffness	2	1
3.Restricted movement	2	1
	Range of motion of shoulder joint B.T.	Range of motion of shoulder joint A.T.
4.Flexion	40 ⁰	80 ⁰
5.Extension	10 ⁰	20 ⁰
6.Abduction	45 ⁰	75 ⁰
7. Internal Rotation	30 ⁰	60 ⁰
8. External Rotation	30 ⁰	60 ⁰

Pictures of patient before treatment and after treatment



Before treatment



After treatment

DISCUSSION

According to all Samhitas and sangraha granthas Avabahuka is described as a Vatavyadhi. The physical stress of the workload and fast lifestyle with improper dietary nourishment manifest so many disorders especially Vatavyadhi (disorders due to vitiation of Vata) like Avabahuka. Avabahuka's chikitsa sutra emphasises the significance of **Nasya karma** in treating the disease.^[10] The Ashtang sangraha explains that since Nasa is the gateway to Shira Pradesh "Nasa Hi shiraso dvarama", the drug administered through the nose reaches Shringhataka, & Sira marma, through Nasa strotas and spreads throughout the brain before arriving at a junction where Netra, Shotra, Kantha, Siramukha, connected. Nasya process eliminates the vitiated doshas that are present above the supraclavicular region i.e. Urdhva jatrugata dosha.^[11] Here **Mahamashataila Pratimarsha Nasya**^[12] was given, Nasya Aushadhi dravya through nostrils enables high rate of absorbtion via nasal mucosa and helps to pacifies Vataprokopa and Mahamasha, erandmul, meda,rasna, mahameda, kakoli, kshirkakoli etc has brihana property due to its balya nature (addressing kshaya in dhatus) thus helps to improve pain, stiffness and restricted movements of shoulder joint.

Patrapinda pottali sweda^[13], Nirgundi patra Erand patra etc has vataghna property which pacifies vitiated vata (Vata Prakopa). The dual approach of Patra Pinda Pottali Sweda, which combines both Snehana (oleation) and Swedana (fomentation), offers a holistic and highly

effective treatment strategy. Snehana works by lubricating and softening the tissues, while Swedana facilitates the opening of bodily channels, this combination not only provides symptomatic relief from pain, stiffness and relieves sankocha in the Sira, Khandara, Mamsa, Dhatus at the Bahu Pradesha. Thus, Patrapinda sweda increase flexibility and mobility of shoulder joint.

Punarnava Guggul^[14], contain Punarnava, Erandmula, suntha, Guggul, Triphala, Trikatu, Chitraka, Vidanga etc which has shothahar property, which helps to reduce shotha and act as excellent anti inflammatory drug.

Arogyavardhini Vati^[15], It contains Parad, Gandhaka, Loha, abraka bhasma, Triphala, Shilajatu, etc which helps to boost digestive fire and improve digestion system. Clears Strotot-Avarodh which helps to reduce stiffness and improve flexibility.

Dashmuladi kwath^[16], Dashmul like Patala, Agnimantha, Shonyaka, Bilwa, Kashmarya, Kantakarika, Bruhati, Shaliparni, Prushniparni, Gokshura, balamula, udada are vata nashak dravyasa. This dvavya helps to pacifies vata, which is main hetu in Avabahuka. Also, act as anti inflammatory (shothahar).

Along with Nasya treatments and shaman Chikitsa **physical exercise^[17]** play a crucial role in the recovery process. These Exercises typically focus on gentle stretching, strengthening, and mobilizing the shoulder joint to improve flexibility and restore movement.

They may include

1. Range of motion exercises to prevent the shoulder from becoming frozen and to increase the mobility of the joint.
2. Stretching exercises to relieve muscle tightness and improve blood flow.
3. Strengthening exercises to support the muscles around the shoulder joint, improving overall stability and preventing further injury.

The combined effect of Nasya, Patrapinda sweda, shaman drugs along with physical exercise gave very good results in the patient suffering from Avabahuka.

CONCLUSION

There is significant improvement in case of avabahuka by improving range of motion which greatly benefited by the effect of Tiltailam Pratimarsha Nasya, Nasya karma is most effective

therapy for urdhvajatrugata diseases as suggested by Vagbhat Acharya 'Nasa Hi shirso dvyarama'.

Avabahuka is difficult to manage, but From above case study, it can be said that Avabahuka can be successfully managed through Nasya Karma, Patrapinda sweda, and shaman aushadhi with adequate physical exercise of shoulder joint by reducing pain, Stiffness, and improving flexibility of shoulder joint and provides safe, effective treatment to the patient.

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