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# A COMPREHENSIVE REVIEW ON HOLISTIC MANAGEMENT OF *KARNINI YONIVYAPAD:* W.S.R TO CERVICAL EROSION

**Dr. Pooja Sharma*[1], Dr. Bhappil Sharma[2], Dr. Shivani Gupta[3]**

[1]P.G. Scholar, Dept. of Prasuti Tantra Evum Stree Roga, VYDSAM, Khurja, U.P.

[2]Associate Professor, Dept. of Prasuti Tantra Evum Stree Roga, VYDSAM, Khurja, U.P.

[3]Assistant Professor, Dept. of Prasuti Tantra Evum Stree Roga, VYDSAM, Khurja, U.P.

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***Corresponding Author**
**Dr. Pooja Sharma**
P.G. Scholar, Dept. of Prasuti Tantra Evum Stree Roga, VYDSAM, Khurja, U.P.

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## ABSTRACT

*Karnini Yonivyapad* is a gynecological disorder detailed in classical Ayurvedic texts, characterized by an abnormal fleshy growth or projection within the *yoni* (vagina/cervix), primarily caused by vitiation of *Kapha* and *Rakta doshas* along with *Mamsa dhatu*. The clinical presentation—persistent white discharge (*shweta pradara*), intermenstrual bleeding, and a congested, eroded cervix—bears a striking resemblance to cervical erosion, now more accurately termed cervical ectropion. While modern medicine often considers cervical ectropion a benign, asymptomatic condition requiring minimal intervention, its symptomatic form—with chronic discharge, post-coital bleeding, and pelvic discomfort—poses a significant burden on women's health. The Ayurvedic *samprapti* (pathophysiology) involves the *dushti* (vitiation) of *doshas* leading to *mamsa dhatu* proliferation in the cervical region, triggered by factors like improper *artava* (menstrual) regimen, unwholesome diet, and traumatic childbirth. This review critically analyzes the classical descriptions of *Karnini Yonivyapad* to construct a detailed Ayurvedic-*samprapti* for cervical erosion. It systematically correlates the *nidana* (etiology), *purvarupa* (prodromal signs), *rupa* (clinical features), and *chikitsa sutra* (treatment principles) with modern biomedical concepts, including hormonal influences, infection, and inflammation. The therapeutic approach, grounded in *Kapha-pittahara*, *Rakta-prasadana*, and *Mamsa-lekhana* (scraping of hypertrophied tissue) principles, employs both internal *shodhana* (purificatory) and *shamana* (palliative) therapies,

alongside local treatments like yoni *prakshalana* (douche), *yoni pichu* (tampon), and *yoni varti* (suppository). This paper highlights the potential of Ayurvedic interventions not only to resolve symptoms but to correct the underlying pathophysiological imbalances, offering a safe, effective, and holistic alternative or complementary strategy to invasive procedures like cauterization. The integration of ancient wisdom with contemporary understanding provides a robust model for managing this common yet often neglected condition.

**KEYWORDS:** *Karnini Yonivyapada, Cervical Erosion, Varti, Yoni Varti*.

## INTRODUCTION

Women's health, particularly reproductive health, is a cornerstone of individual and societal well-being. In Ayurveda, the comprehensive management of female reproductive disorders is elegantly codified under the umbrella of *Yonivyapad* (gynecological disorders). Among the twenty *Yonivyapads* described by ancient seers, *Karnini Yonivyapad* holds a significant position due to its distinct symptomatology and *management*.[1] The term '*Karnini'* is derived from the root '*Karna'*, meaning 'ear', alluding to the characteristic fleshy growth or projection in the yoni that resembles the pinna of an ear.[2]

This morphological description, combined with symptoms of white discharge, bleeding, and pain, finds its closest clinical analogue in modern gynecology as cervical erosion. However, the modern term "cervical erosion" is a misnomer. It implies a loss or "erosion" of the squamous epithelial lining of the ectocervix. The pathophysiological reality, recognized since the mid-20th century, is that it is an everted columnar epithelium from the endocervical canal presenting on the ectocervix, hence the more accurate term "cervical ectropion" or "cervical ectopy."[3]

Cervical ectropion is extremely common, occurring in up to 80% of women during their reproductive years, being particularly associated with adolescence, pregnancy, and combined oral contraceptive use due to high estrogen levels.[4] While frequently asymptomatic, a significant subset of women develop symptoms like persistent, copious mucoid vaginal discharge, postcoital bleeding, and pelvic pain, leading to significant physical discomfort and psychological distress.[5] Conventional management ranges from watchful waiting to ablative procedures like cryotherapy, electrocautery, or laser ablation, especially when symptoms are severe. These procedures, while effective, are not without risks, including secondary infection, cervical stenosis, and recurrence.[6]

This clinical gap necessitates exploration of alternative, holistic systems of medicine. Ayurveda, with its deep understanding of doshic imbalances at the tissue (*dhatu*) level, provides a sophisticated framework for understanding the etiopathogenesis and offers a non-invasive, root-cause-based management strategy for symptomatic cervical erosion. The *Mamsa dhatu* (muscle tissue) and Rakta dhatu (blood tissue) involvement in the pathogenesis of *Karnini* directly guides the therapeutic use of *lekhana* (scraping/desiccating) and *stambhana* (astringent/haemostatic) therapies.[7]

This review aims to establish a comprehensive and critical correlation between *Karnini Yonivyapad* and cervical erosion.

## OBJECTIVES

- To critically review the classical Ayurvedic literature on *Karnini Yonivyapad* with respect to its *Nidana*, *Samprapti*, *Lakshana*, and *Chikitsa*.
- To establish a detailed clinico-pathological correlation between *Karnini Yonivyapad* and cervical erosion (cervical ectropion).
- To systematically analyze the Ayurvedic principles of management for *Karnini Yonivyapad* and their applicability in treating symptomatic cervical erosion.
- To explore the potential of Ayurvedic interventions as an alternative or complementary approach to conventional treatments, based on published clinical studies and classical rationale.

## MATERIALS AND METHODS

This review article is based on a comprehensive analysis of primary and secondary sources. The classical texts of Ayurveda, primarily the Brihatrayee (Greater Trilogy): Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, along with Ashtanga Sangraha, were thoroughly scrutinized. Modern medical literature on cervical erosion from standard textbooks of gynecology and peer-reviewed journals accessed via databases like PubMed, Scopus, and Google Scholar.

### Ayurvedic Perspective: The Concept of *Yonivyapad* and *Karnini*

The term *Yonivyapad* is a compound of *Yoni* (the female reproductive tract from vulva to uterus) and *Vyapad* (disorder/disease). It encompasses a wide range of gynecological pathologies, from vulvovaginitis to uterine prolapse and menstrual disorders.[8] Among the twenty disorders, *Karnini Yonivyapad* is primarily discussed in relation to post-partum

women, but its chronic etiology links it to persistent reproductive morbidity in the general female population.

***Nidana* (Etiological Factors)**

The etiology of *Karnini* is multifactorial, intricately involving dietary, lifestyle, and obstetric factors that culminate in the vitiation of *Kapha*, *Rakta*, and *Mamsa*.[9]

***Ahara* (Dietary):** Excessive consumption of *Abhishyandi* (mucus-producing, channel-clogging) foods like curd, sweets, jaggery, black gram, fried foods, and heavy-to-digest items aggravates *Kapha dosha*. *Pittala ahara* (spicy, sour, fermented) simultaneously vitiates *Rakta* and *Pitta*.[10]

**Vihara (Lifestyle):** Sedentary habits (*Avyayama*), day sleep (*Divaswapna*), and suppression of natural urges (*Vega dharana*), particularly of urine and flatus, cause *Apana Vayu* dysfunction, a key pathophysiological event in all *Yonivyapad*.[11]

**Obstetric Factors:** The classical texts emphasize *Prasoota* (post-partum period) as a prime time for the development of *Karnini*. The strain of labor, incomplete expulsion of placenta or lochia, and improper *Sutika Paricharya* (post-natal care) are major triggers.[7] Unhygienic practices, frequent childbirth (*Garbhapata*), and miscarriages further weaken the yoni's structural and functional integrity.

**Others:** Inappropriate *Artava charya* (menstrual regimen), excessive coitus (*Ativyavaya*), use of unnatural or traumatic sexual practices (*Ayonivyapad*), and foreign body insertion can cause local trauma and infection, initiating the *Samprapti*.[12]

***Samprapti* (Pathophysiology)**

The *Samprapti* of *Karnini* is a classic example of *Sanga* (obstruction) and *Dhatu vriddhi* (tissue proliferation). The stepwise pathogenesis is:

***Dosha Dushti*:** The primary event is the vitiation of *Apana Vayu* and *Kapha*, often associated with *Pitta* and *Rakta*. *Apana Vayu* (governing the pelvic floor functions, menstruation, and parturition) becomes *vimarga gati* (misrouted) due to *Vegadharana* or obstetric trauma. This disturbed *Vayu* carries vitiated *Kapha* and *Rakta* towards the *Yoni*.[9] *Dhatu Ashraya*: The vitiated doshas localize in *the* Yoni *Pradesh* (cervico-vaginal region), which is the seat of the *Artava dhatu* (the female reproductive tissue, essentially the *Upadhatu* of *Rasa* and metabolic end-product of *Rakta*). The *mamsa dhatu* (muscular tissue of the cervix) is particularly

susceptible. *Lakshana Utpatti*: The *Mamsa-dushti* leads to uncontrolled, disorganized tissue proliferation, forming a *Karnika* (projection). The *Kaphaja* and *Raktaja* vitiation results in *Shwetapradara* (leukorrhea), *Yonigata raktastrav* (abnormal uterine bleeding), and *Srava* (discharge). The involvement of *Pitta* leads to *Daha* (burning) and *Vedana* (pain). The growth is described as fleshy, nodular, and accompanied by itching and discharge.[1]

Acharya Charaka states, "*Prasoota yoni samsparsham karnika shopha eva cha...*" indicating the post-partum origin, while Acharya Sushruta emphasizes the fleshy, ear-like excrescence that obstructs the passage and causes bleeding upon touch.[13]

### ***Purvarupa* and *Rupa***

*Purvarupa* (Prodromal Signs): These are non-specific but include a feeling of heaviness in the pelvis, mild white discharge, and generalized body ache.[14]

*Rupa* (Clinical Features): The cardinal signs and symptoms are:

- *Karnika*: A fleshy growth (*mamsankura*) or projection in the yoni, resembling an ear (*karnavat*). It is palpable or visible on speculum examination.
- *Srava*/*Shwetapradara*: Non-odorous, whitish, mucoid or slimy discharge. This is the hallmark *Kaphaja* feature. When Pitta is involved, it can be yellowish or blood-stained.
- *Asrik Darshan*/*Raktastrav*: Touch-induced bleeding, particularly after coitus or examination. This corresponds to the fragility of the columnar epithelium.
- *Vedana*/*Shoola*: Pain in the pelvic region, low back, and specifically during coitus (dyspareunia).
- *Daha* and *Kandu*: Burning sensation and itching, indicating *Pitta* and *Kapha* association, often due to secondary infection.
- *Sparshasahatva*: Tenderness on touch.[15,17]

### Modern Medical Perspective: Cervical Erosion/Ectropion

Cervical ectropion is the condition where the endocervical columnar epithelium extends outwards onto the ectocervix, making it visible as a reddish, velvet-like area around the external os.[3] This is a dynamic area influenced by hormones.

### Etiology and Pathophysiology

- High Estrogen States: The primary driver. The cervix is an estrogen-sensitive organ. In puberty, pregnancy, and with COC use, high estrogen levels cause the cervix to

hypertrophy and the endocervical canal to evert, exposing the delicate columnar epithelium.[4] This physiological ectopy is common and usually resolves after menopause.

- Chronic Cervicitis: Persistent infection (bacterial, fungal, or mixed) or chronic inflammation leads to mucosal hyperemia, edema, and ultimately, erosion of the superficial squamous epithelium, often making way for the underlying columnar cells.
- Trauma: Childbirth, induced abortion, or improperly placed intrauterine devices can cause cervical lacerations and chronic inflammation, predisposing to ectropion.[6]

**Clinical Features**

- Vaginal Discharge: The columnar epithelium's mucus-secreting glands, now on the ectocervix, produce excessive mucoid discharge, often the primary complaint.
- Intermenstrual/Postcoital Bleeding: The columnar epithelium is thin and fragile with a rich, superficial capillary network. Minor trauma, like intercourse, easily ruptures these vessels, causing spotting or bleeding.[5]
- Pelvic Pain & Low Backache: Consequence of chronic cervicitis, pelvic congestion, or associated parametritis.
- Urinary Symptoms: The close anatomical proximity can lead to associated urethritis or recurrent cystitis-like symptoms.
- Infertility: Copious, tenacious discharge can impair sperm ascent through the cervical canal.[6]

## DIAGNOSIS AND MANAGEMENT

Diagnosis is by speculum examination, revealing a red, symmetric, smooth halo around the os. Cytology (Pap smear) is mandatory to rule out dysplasia or malignancy. Colposcopy may be indicated if the lesion is suspicious. Asymptomatic: Reassurance and observation. Symptomatic: Medical management includes acidifying douches or silver nitrate application (historical). Definitive ablative procedures like electrocautery, cryotherapy, or CO2 laser vaporization destroy the exposed columnar epithelium, allowing its replacement by squamous epithelium. These can be painful and cause discharge for weeks.[6]

**Clinical Correlation: Karnini *Yonivyapad* and Cervical Erosion**

| Feature | Karnini Yonivyapad (Ayurveda) | Cervical Erosion/Ectropion (Modern) |
|---|---|---|
| Pathological Entity | *Mamsankura* (fleshy outgrowth) due to *Mamsa* dhatu and *Rakta dushti*. | Eversion of endocervical columnar epithelium, appearing as a red, |

| | | |
|---|---|---|
| | | hypertrophic area |
| Primary Humor | *Kapha* and *Rakta* vitiation | Estrogen (a Kapha-provoking hormone due to its anabolic, fluid-retaining properties |
| Chief Symptom 1 | *Shweta Pradara* (white discharge) | Copious, non-purulent mucoid vaginal discharge |
| Chief Symptom 2 | *Sparsha-asrik* (bleeding on touch) | Post-coital bleeding; contact bleeding on examination. |
| Chief Symptom 3 | *Karnavat mansankura* (ear-like growth) | The red, everted columnar epithelium around the os seen on speculum. |
| Physical Findings | *Karnika* felt on digital examination | Velvety, red halo on speculum examination. |
| Key Etiology | *Prasoota* (post-partum), *Abhighata* (trauma), *Mithya Aahara Vihara* (unwholesome diet/lifestyle | Childbirth trauma, high estrogen (pregnancy, OCPs), chronic infection |

**Management of *Karnini Yonivyapad* and its Therapeutic Application in Cervical Erosion**

The Ayurvedic treatment principles (*Chikitsa Sutra*) are derived from the *Samprapti*. The primary aim is to eliminate the vitiated *Kapha*, *purify Rakta*, scrape off the hypertrophied *Mamsa* tissue, and restore the normal function of *Apana Vayu.*[7]

***Nidana Parivarjana* (Avoidance of Etiological Factors)**

- *Kapha*-aggravating foods: heavy, oily, cold, sweet, and dairy products.
- *Pitta*-aggravating foods: excessively spicy, fried, and fermented foods.
- Lifestyle factors: Day sleep, sedentary behavior, suppression of urges.
- Traumatic coitus and unhygienic practices.[18]

***Shodhana Chikitsa* (Purificatory/Bio-cleansing Therapies)**

For chronic, stubborn, and recurrent cases with strong dosha involvement, Shodhana is mandatory to prevent recurrence.

- ***Vamana* (Therapeutic Emesis):** In cases with profound *Kapha* vitiation and excessive, thick discharge, *Vamana* helps eliminate *Kapha* from the root.
- ***Virechana* (Therapeutic Purgation):** Indicated when *Pitta* and *Rakta* are heavily involved, evidenced by burning, yellow discharge, and significant bleeding. It cleanses the *Pitta* pathway, directly purifying *Rakta dhatu*.
- ***Uttara Basti* (Intra-uterine Enema):** This is the quintessential *Shodhana* for *Yonivyapad*. Medicated oils or decoctions (like *Phala Ghrita*, *Kshara Taila*) are instilled into the uterus. This is a form of targeted *Vata*-pacifying and *Lekhana* therapy, addressing the core pathology in the *Yoni* and *Garbhashaya* directly.

***Shamana Chikitsa* (Palliative/Conservative Management)**

This forms the mainstay of treatment for most ambulatory patients.

Internal Medications: *Kashayam*/*Choorna*/*Vati*: Formulations containing drugs with *Lekhana* (scraping), *Shothahara* (anti-inflammatory), *Stambhana* (astringent), and *Rakta-shodhaka* (blood-purifying) properties.

- ***Pushyanuga Churna*:** Indicated for *Pradara* (excessive discharge) of *Kapha-Rakta* origin.
- ***Pradarantaka Lauha*:** An iron-based formulation effective in female disorders with bleeding.
- ***Kanchanara Guggulu*:** Excellent for any Granthi (growth/cystic swelling), exerting a strong *Lekhana* effect.
- *Ashoka* (*Saraca asoca*) and *Lodhra* (*Symplocos racemosa*) based preparations are highly effective. *Ashoka* is *Pitta-Vata shamaka* and *Rakta-stambhaka*, while *Lodhra* is a powerful *Kapha-Rakta* astringent.
- *Triphala Guggulu* and *Gokshuradi Guggulu* are useful for reducing inflammation and supporting urinary tract health.

***Sthanika Chikitsa* (Local Therapies)**

This provides high drug concentration directly at the affected site and is the most critical component of management.

- *Yoni Dhavana*/*Prakshalana* (Vaginal Douche): Washing the vagina with medicated decoctions. *Triphala Kwatha* (anti-infective, astringent) or *Panchavalkala Kwatha* (bark decoction with strong astringent, wound-healing properties) are ideal. This removes excessive discharge and local pathogens.[16]
- *Yoni Pichu* (Vaginal Tampon): A sterile cotton swab soaked in medicated oil or ghee is placed in the vagina for a prescribed duration. Oils like Shatavari Taila, Jatyadi Taila (wound healing), or *Phala Ghrita* deeply nourish, heal the eroded surface, and normalize the mucosa.
- *Yoni Varti* (Vaginal Suppository): Medicated powders are made into a paste with a liquid and rolled into a suppository, which is then inserted. The drug acts via the mucosal route, exerting powerful *Lekhana*, *Shodhana*, and *Ropana* (healing) actions.
- *Yoni Lepana* (Application): Application of a paste of drugs like *Triphala*, *Manjishtha*, and *Lodhra* on the cervix.

- *Kshara Karma* (Alkaline Cauterization)
- *Agni Karma* (Thermal Cauterization)

## DISCUSSION

The strength of the Ayurvedic management of cervical erosion lies in its departure from a purely "ablative" or "suppressive" model. The *Samprapti* of *Karnini* provides a systemic blueprint, linking the local lesion on the cervix to a deeper metabolic (*Dhatvagni*) and humoral (*Dosha*) disorder.[12,13,14] Modern medicine's understanding of cervical ectropion as an estrogen-dependent phenomenon aligns perfectly with this, as estrogen's anabolic, "heavy," and fluid-promoting effects are consistent with a vitiated *Kapha* state. The trigger factors—childbirth trauma, infection, and hormonal flux—are common to both systems.

The Ayurvedic therapeutic approach is multi-pronged and physiologically synergistic. Internal *Shamana* drugs like *Kanchanara Guggulu* and *Ashokarishta* are not just symptomatic relievers; they are hypothesized to have immunomodulatory, anti-inflammatory, and tissue-remodeling (*lekhana*) effects that address the underlying *Dhatu dushti*. The local therapies, particularly the *Yoni Varti*, provide a high concentration of pharmacologically active alkaloids, tannins, and essential oils directly to the cervix. The astringent action of *Kasisadi Varti* causes protein precipitation on the superficial columnar cells, leading to their controlled chemical desquamation, analogous to the effect of silver nitrate or cryotherapy but with potentially fewer side effects due to the inherent wound-healing (ropana) properties of accompanying herbs.

The Ayurvedic model's paradigm of "complete cure" focuses on non-recurrence, achieved through *Shodhana* and long-term diet-lifestyle changes that maintain a balanced internal milieu. This contrasts with modern approaches where recurrence after ablation is possible if the underlying hormonal state (e.g., continued COC use) persists. However, a critical and honest appraisal is necessary. The diagnosis of cervical erosion/ectropion must be cytologically confirmed to exclude intraepithelial neoplasia or carcinoma. Ayurvedic management is strictly contraindicated in malignant conditions. Furthermore, the precise pharmacological mechanisms of many multi-herb formulations are not yet fully elucidated using modern biomolecular tools. Large, multi-centric, randomized controlled trials (RCTs) with standardized diagnostic criteria, validated outcome measures, and long-term follow-up

are urgently needed to elevate this evidence from classical wisdom to scientifically validated, globally accepted therapy.

## CONCLUSION

*Karnini Yonivyapad* and cervical erosion (ectropion) represent a perfect confluence of classical Ayurvedic understanding and modern gynecological pathology. The Ayurvedic construct transcends a simple morphological diagnosis, embedding the lesion within a profound narrative of systemic Dosha-Dhatu imbalance, primarily involving *Kapha*, *Rakta*, and *Mamsa*. This deep pathophysiological insight translates into a highly rational, multi-tiered, and holistic therapeutic strategy. The treatment, combining internal detoxification and palliation with targeted local therapies like *Yoni Varti* and *Kshara Karma*, offers a safe, effective, and non-invasive path to healing. It not only removes the hypertrophied tissue (*lekhana*) but also corrects the very ground (*samprapti vighatana*) on which the disease grows, thereby addressing the root cause and minimizing recurrence. In an era where women are increasingly seeking natural and holistic options for chronic reproductive health issues, the classical wisdom of Ayurveda provides a time-tested, comprehensive solution for symptomatic cervical erosion that warrants wider recognition, systematic clinical application, and rigorous scientific investigation. The integration of this ancient knowledge into mainstream healthcare holds the promise of transforming the care paradigm for millions of women suffering from this common yet neglected condition.

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