



A CONCEPTUAL STUDY OF KSHATAKSHEENA AND IT'S AYURVEDIC MANAGEMENT: A LITERATURE REVIEW

Dr. Snehal Arun Patre*

PG Scholar, Department of Rachana Sharir, PDEA's College of Ayurveda and Research Centre, Nigdi, Pune* Corresponding Author

Dr. Dinesh Naik

Associate Professor, Department of Rachana Sharir PDEA's College of Ayurveda and Research Centre, Nigdi, Pune

ABSTRACT In Ayurveda, Kshataksheena is a critical respiratory condition characterized by progressive physical wasting and emaciation resulting from a primary chest injury (Urakshata). Clinically, it closely mirrors modern biomedical conditions such as post-traumatic haemoptysis, pulmonary contusion, pulmonary cachexia syndrome, and advanced cavitary tuberculosis. Given the rising global burden of respiratory diseases, this article systematically compiles, analyzes, and interprets classical Ayurvedic literature regarding the aetiology, pathogenesis, clinical features, and therapeutic management of Kshataksheena. The condition is primarily triggered by physical overexertion, severe trauma, or excessive strain, which vitiates the Prana and Udana Vayu. This localized thoracic injury cascades into a systemic metabolic emergency, leading to the progressive depletion of all seven body tissues (Sapta Dhātu) and vital immune essence (Ojas). Key clinical manifestations include severe cough, dyspnoea, extreme emaciation, pleuritic pain, and the pathognomonic feature of haemoptysis (Raktashthivana). To manage this, Ayurvedic treatment follows a highly targeted, dual-therapeutic strategy: immediate localized wound healing (Sandhana) and intense systemic anabolic nourishment (Brimhana). Emergency protocols utilize potent haemostatic and vulnerary agents, such as Laksha, to arrest internal bleeding. This is sequentially followed by the administration of specialized medicated lipids and high-density confections, alongside a carefully graduated dietary protocol to protect the digestive fire (Agni) while promoting profound tissue rejuvenation. Ultimately, Kshataksheena demonstrates how localized mechanical trauma can precipitate life-threatening systemic decline. Integrating these time-tested, tissue-building strategies presents a highly valuable, complementary framework for modern pulmonary rehabilitation and chronic respiratory wasting.

KEYWORDS : Kshataksheena, Urakshata, Rasayana, Kasa, Pulmonary Disorders.**INTRODUCTION**

Ayurveda, the ancient Indian system of medicine, provides a systematic and comprehensive account of numerous diseases involving the respiratory system and chest. Among these, *Kshataksheena* occupies a notable position as a condition resulting from chest injury (*Kshata*) which if inadequately treated or neglected results into progressive physical deterioration and wasting. This is described as *Sheen* (emaciation/destruction).

The term *Kshataksheena* is derived from two Sanskrit roots: *Kshata* (meaning wound, injury, or trauma particularly of the chest) and *Sheen* (meaning diminished, wasted, or destroyed). Together, the term signifies a condition characterised by wasting due to a pre-existing chest injury. In classical texts, the term *Ura-Kshata* is used interchangeably and denotes injury to the thoracic region leading to systemic deterioration. From a modern biomedical perspective, *Kshataksheena* closely parallels conditions such as post-traumatic haemoptysis, pulmonary contusion, cavitary lung disease, or advanced pulmonary tuberculosis presenting with wasting, haemoptysis, dyspnoea and fever thereby making the classical description clinically relevant even today.

Given the increasing global burden of respiratory diseases and the growing interest in integrative medicine, a comprehensive conceptual review of *Kshataksheena* and its Ayurvedic management becomes highly pertinent. The present article aims to systematically compile, analyse, and interpret the classical knowledge on *Kshataksheena* to provide a consolidated reference for Ayurvedic scholars, clinicians, and researchers.

Etymology and Definition

The word *Kshataksheena* is a compound Sanskrit term. *Kshata* is derived from the root *Kshan* (to injure/wound) and refers specifically to a wound or injury of the chest (Uras). *Sheen* comes from *Shi* (to become thin/diminished) indicating progressive emaciation or destruction. Together, *Kshataksheena* denotes a person emaciated/destroyed due to a wound or injury of the chest region.^[1]

Nidana (Aetiology)

The causative factors of *Kshataksheena* involve primarily physical overexertion and trauma, leading to injury of the chest structures and subsequent depletion of vital tissues. Table 1 presents the Nidanas as compiled from classical texts:^[2,3,4,5]

Table 1: Nidana (Aetiological Factors) of Kshataksheena

Sr. No.	Nidana	Causative Factor
1	Ati Vyayama	Excessive physical exertion
2	Ati Bhara Vahana	Carrying excessive loads/weight
3	Ati Maithuna	Excessive sexual intercourse
4	Ati Langhana	Excessive fasting or leaping
5	Abhigata	Trauma / direct injury to chest
6	Ucha Bhashana	Excessive/loud speaking
7	Vegadharana	Suppression of natural urges
8	Ruksha, Laghu Ahara Sevana	Excessive dry and light diet

The common result of all these *Nidanas* is that they cause excessive physical strain leading to internal injury of the chest or cause *Dhatu Kshaya*. *Ativyayam* leads to disorders like *shrama*, *shwas*, *kasa*, *raktapitta*, *kshay* and *shosh*. These symptoms are also present in the *Kshataksheena*.^[6] *Ati bhara vahan* causes *vaat prakop* and leads to same symptoms as *ati vyayam* as it is also a type of excessive physical exertion. *Ati maithuna* causes loss of *shukra dhatu* which further is responsible for *oja* and overall health of the body. Therefore, excessive sexual intercourse leads to emaciation of the individual. *Ati langhana* or having *ruksha laghu aahar* increases *vaat* in the body leading to *vaat vridhi lakshans* such as *karshya* (excessive weight loss).^[7] *Abhigata* is an *agantuj nidan* where *doshdushti* happens after *aaghata*, this can be due to fall or by getting hit directly on chest.

Purvarupa (Prodromal Symptoms)

Acharya Charak mentions that the *purvarupa* of *kshatksheen* are *avyakti* which means there are no specific prodromal symptoms visible in the patient.^[8]

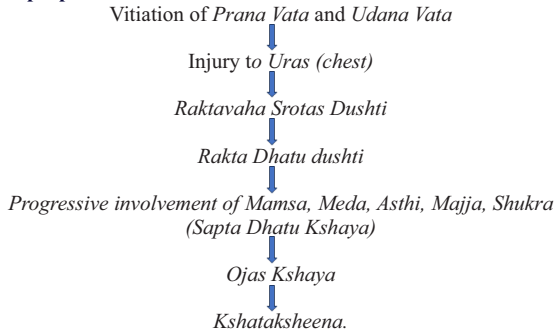
Samprapti (Pathogenesis)

The pathogenesis of *Kshataksheena* involves a complex interplay of *Nidana-Dosha-Dushya* leading to progressive tissue wasting. The pathogenic chain is initiated when the *Nidana Sevana* (exposure to causative factors) leads to vitiation of *Vayu* primarily *Prana Vayu* and *Udana Vayu* which reside in the chest region.^[9,10] The vitiated *Vata* and *pitta* becomes aggravated leading to *dushti* of *Rakta* (blood) and other *Dhatus*, *Daha* (burning), *Jwara* (fever), and haemorrhagic tendencies. The *Samprapti Ghataka* are summarised in Table 2:

Table 2: Samprapti Ghataka (Pathogenic Components) of Kshataksheena

Samprapti Ghatak	Description
Dosha	Vata (Pradhana), Pitta and Kapha (secondary)

Dushya	Sapta dhatu, Ojas
Srotas	Raktavaha, Pranavaha, Annavaha, Rasavaha Srotas
Adhithana	Uras (chest), Parshva (flanks)
Vyakti	Kasa, Shwasa, Parshvashula, Jvara, Raktashthivana
Roga Marga	Madhyama Roga Marga

Samprapti :**Lakshana (Clinical Features)**

The symptoms of *Kshataksheena* are well-documented in the classical text. Table 3 presents the cardinal symptoms with their modern clinical correlates: ^[11,12,13]

Table 3: Lakshana (Symptoms) of Kshataksheena and Modern Correlates

Sr. No.	Lakshana (Symptom)	Modern Correlation
1	Kasa (Kasana)	Cough
2	Shwasa	Dyspnoea / Breathlessness
3	Parshvashula	Pleuritic / Flank pain
4	Raktashthivana	Haemoptysis (blood-streaked sputum)
5	Jwara	Fever
6	Daurbalya	General weakness / debility
7	Aruchi / Anorexia	Loss of appetite
8	Karshya	Emaciation / Weight loss
9	Svarabheda	Hoarseness of voice
10	Trishna	Excessive thirst

Among these, *Raktashthivana* (haemoptysis) and *Parshvashula* (pleuritic pain) are considered pathognomonic features of *Kshataksheena*, clearly differentiating it from other forms of *Kasa* and *Kshaya*. ^[14]

Sadhyasadhya (Prognosis)

Acharya Charaka classifies *Kshataksheena* based on chronicity and severity: ^[15]

- 1) Sadhya (Curable):** When the condition is of recent onset (*Naveena*), the patient is of good constitution (*Bala*) and has *diptagni* (good digestive fire), the causative factors are mild and the symptoms are limited the condition is said to be curable.
- 2) Yasya (Manageable with difficulty):** Condition after one year is said to be *Yasya*.
- 3) Asadhy (Incurable):** When the condition is chronic (*Chirakala*), all seven *Dhatus* are depleted (*Saptadhatu Kshaya*), *Ojas* is markedly depleted, the patient is severely emaciated, and multiple severe symptoms co-exist, the condition is said to be *Asadhy*.

Ayurvedic Management of Kshataksheena

The line of treatment for *Kshataksheena* centers on immediate tissue repair (*Sandhana*), stopping internal haemorrhage (*Raktastambhana*), and heavy anabolic nourishment (*Brimhana*) to reverse advanced emaciation. Acharya Charaka emphasizes a comprehensive therapeutic protocol involving emergency formulations, medicated ghees, high-density confections, and tailored dietary regimens.

1. Primary Line of Treatment and Haemostatic Formulations

Laksha Yoga: Immediately upon recognizing chest trauma (*Urah-kshata*), the administration of powdered Lac (*Laksha*) mixed with honey and milk is advised. Once this is digested, the patient is given boiled rice or flatbread along with milk sweetened with sugar. If *Vata* or *Pitta* is excessively high and there is acute pain in the flanks or bladder area (*Parshva-Vasti Ruja*), *Laksha* can be administered with *Sura* (medicated wine). In cases presenting with diarrhoea, it is combined with a decoction of *Musta*, *Ativisha*, *Patha*, and *Vatsaka*. ^[16]

Lakshadi Ksheera: For patients with a highly active digestive fire (*Deeptagni*), *Laksha* along with *Ghee*, beeswax (*Madhucchishita*), *Jivaniya Gana* herbs, sugar, *Vanshlochan* (*Tvaxiri*), and fine flour is processed as a thick porridge in milk.

Ikshvalikadi Ksheera: A specialized tissue-binding (*Sandhanartha*) milk decoction is made using *Ikshvalika* (sugar cane root), *Bisa-Granthi* (lotus stem nodes), *Padma-Keshara* (lotus stamens), and *Rakta-Chandana* (red sandalwood). This mixture is boiled with four times milk and four times water until only the milk remains (*Ksheerapaka*), then cooled and given with honey.

2. Formulations for Symptom Management (Cough, Fever and Haemoptysis)

Madhukadi Yoga: In cases presenting with chronic cough (*Kasa*) and acute pleuritic pain (*Parshvashthishula*), a fine powder consisting of *Madhuka* (Mowrah flowers), *Yashtimadhu* (licorice), *Draksha* (raisins), *Tvaxiri*, *Pippali* and *Bala* is prepared and licked along with ghee and honey.

Eladi Gutika: A highly effective pill prepared using small cardamom (*Ela*), *Tejpatra*, and *Twak* (cinnamon) [each 2 *karsha*], mixed with equal parts sugar, dates (*Khajura*), and seedless raisins (*Mridvika*) [each 1 *pala*]. These are ground together with honey into pills weighing 1 *karsha* (*Aksha matra*). This pill relieves cough, dyspnoea, fever, hiccough, hematemesis, haemoptysis, hoarseness, and chest wasting.

Yava Prayoga: When severe fever (*Jvara*) and burning sensation (*Daha*) dominate, barley flour (*Yava Churna*) in ghee is cooked with milk into a thin gruel, or *Saktu* (roasted grain flour) is administered mixed with milk, sugar, and honey. ^[17]

Management of Extreme Haemoptysis: If bleeding is profuse, the administration of processed eggs (such as hen or sparrow eggs) cooked as a soup (*Yusha*) or with water is recommended. Fresh blood or soups made from the blood of wild animals can also be administered with water or nutrient broth. Additionally, powdered *Punarnava* root mixed with red *Shali* rice flour and sugar can be given along with raisin juice, milk, and ghee.

3. Specialized Medicated Ghee (Siddha Ghruta)

Amrutaprash Ghruta: A premier rejuvenating formulation cooked with a wide variety of herbs including *Jivak*, *Rishabhak*, *Meda*, *Mahameda*, *Kakoli*, *Ksheerakakoli*, *Shatavari*, *Bhargi*, *Draksha*, *Vidarikand*, *Pippali*, *Bala*, and nuts like walnuts, almonds, and pistachios. These are processed with ghee, amla juice, sugarcane juice, goat meat soup, and cow's milk. Once cooled, honey, sugar, and aromatic powders (*Chaturjata* and black pepper) are incorporated. It specifically nourishes individuals wasted due to sexual indulgence (*Stri-prasakta*), trauma, or chronic lung conditions. ^[18]

Shvadanshradi Ghruta: Prepared using a decoction of *Gokshura* (*Shvadanshra*), *Usheera*, *Manjistha*, *Bala*, *Gambhari*, *Darbhamula*, *Prishniparni*, *Shalaparni*, and *Stira* boiled with cow's milk and a paste of anabolic herbs like *Kapikacchu*, *Jivanti*, *Meda*, *Kakoli*, and lotus stalks. It provides dynamic strength and muscle mass to patients emaciated by lifting weights, excessive travel, wine consumption, or heavy archery.

Dhatrupaladya Ghruta: Formulated with amla juice, *Vidarikand* juice, sugarcane juice, *Jivaniya* decoction, ghee, and goat or cow milk. It expands tissue mass, semen, and strength, and targets *Rajayakshma*, *Epilepsy* (*Apasmara*), and *Raktapitta*.

Nyagrodhadi Ghruta and Yashtyadi Ghruta: Medicated lipids derived from the bark of various *Ksheeri Vrikshas* (*Ficus* species) or *Yashtimadhu* and *Nagabala*, targeted specifically at healing internal lung cavities and treating diminished sperm count (*Ksheenashukra*).

Ghee Sevana Protocol^[19]

- If *PITTA* is Dominant: Lick (*Lehana*) the ghee (*Pittashamana*), eliminates localized inflammation, protects the digestive fire as the amount of ghruta is less.
- If *VATA* is Dominant: Drink (*Paana*) the ghee, lubricates systemic channels and calms *Vata dosha* and *Agni*.

4. High-Density Confections (Sarpiguda)

For severely emaciated patients (*Kshama-Ksheena*), the medicated ghrta are thickened by adding powders of *Tvaxiri* (Vanshlochan), sugar, and *Laja* (puffed rice flour) to form thick masses or sweet balls known as *Sarpirguda*.

First Sarpirguda: Prepared by mixing the base *Brimhana* ghees with honey, *Tvaxiri*, sugar, and *Laja* churna, followed by an intake of warm milk. It generates rapid bulk and semen recovery.

Second Sarpirguda (Modaka): Uses a heavy decoction of *Bala*, *Vidari*, *Panchamula*, *Punarnava*, and fresh buds of *Ksheeri Vrikshas* processed with milk, sugarcane juice, and goat meat soup. It is mixed with roasted wheat flour, *Pippali*, *Vanshlochan*, and honey, rolled into sweet balls (*Modaka*), wrapped in *Bhurjapatra* (birch bark) for preservation, and consumed in a dose of 1 *pala*.

Third Sarpirguda: Formulated using an advanced milk paste of *Murva*, *Rishabhak*, *Jivak*, *Ksheerakakoli*, *Brihati*, *Kapikacchu*, and dates processed in ghee, which efficiently halts *Tamak Shwasa*, *Raktapitta*, *Halimaka*, and insomnia.

5. Metabolic Restoration and Dietary Regimens

Nagabala Kalpa: For thin and weak patients, a progressive dosage protocol (*Kalpa*) using *Nagabala* powder or paste is implemented alongside a strict milk diet to train and protect the digestive fire (*Agni*) while ensuring deep tissue rejuvenation.

Management of Apana Vayu (Mudha Vata): If the movement of *Apana Vayu* is obstructed or reversed, causing severe lower body tightness, goat fat (*Aja Medas*) roasted with honey and a pinch of rock salt (*Saindhava*) is given to normalize gas and stool movement.

Dietary Regimen (Ahara): If the patient suffers from poor digestion (*Agnimandya*), *Saindhavadi Churna* or *Shadav Churna* must be introduced to kindle the digestive fire. The diet should incorporate *Shali* rice, and vegetables like ash gourd (*Bhokla*), pointed gourd (*Patola*), and Indian gooseberry (*Amla*) processed in ghee. Carnivorous meat soups (*Jangala* and *Mansabhaksha Pashu-Pakshi Rasa*) cooked in ghee and spiked with *Pippali* and honey are specifically indicated to quickly build bone and muscle mass.^[20]

DISCUSSION

The therapeutic model for *Kshataksheena* outlined in classical Ayurvedic literature represents an advanced understanding of tissue healing (*Sandhana*), metabolic restoration (*Anabolic*), and homeostatic stabilization. The condition initiates via an extrinsic trauma (*Agantuja Abhigata*) or intense physical overexertion (*Sahasa*), which instantly damages the delicate networks within the *Uras* (thoracic cavity). If ignored, this localized mechanical injury converts into a systematic metabolic emergency characterized by reverse tissue depletion (*Pratiloma Dhatu Kshaya*). Therefore, the treatment principles mapped out by Acharya Charaka follow a highly targeted, two-pronged approach: immediate localized wound binding and intense systemic tissue nourishment.

Pharmacodynamics of Key Formulations

The Haemostatic and Vulnerary Action of Laksha (Lac): In the acute management of chest injuries (*Urahkshata*), the immediate administration of *Laksha* serves a dual clinical purpose. *Laksha* possesses a dominant *Kashaya Rasa* (astringent taste) and a cold potency (*Sheeta Virya*). These traits produce a powerful localized vasoconstrictive and haemostatic (*Raktastambhak*) effect that stems internal pulmonary bleeding. Furthermore, its innate *Sandhaniya* (tissue-binding) profile actively bridges internal micro-tears in the respiratory channels (*Pranavaha Srotas*), preventing localized injury from scaling into systemic wasting.

Systemic Restoration through Medicated Lipids: Formulations such as *Amrutaprash Ghrta*, *Shvadanshtradi Ghrta*, and *Dhatrithaladya Ghrta* leverage cow's ghee as a primary vehicle (*Anupana*). Ghee is fundamentally *Samskarasya Anuvartana* - it retains its intrinsic rejuvenating properties while absorbing and amplifying the therapeutic traits of the herbs cooked into it. Packed with *Jivaniya* (vitalizing) and *Brimhana* (bulk-promoting) agents, these ghrtas cross biological membranes effortlessly to provide instant caloric density and reverse the rapid depletion of *Mamsa* (muscle mass), *Shukra* (reproductive fluids) and *Ojas* (vital immune essence).

Ghrta Administration Protocols: The text enforces a rigid clinical rule: *Ghee must be licked if Pitta dominates, and drunk if Vata dominates*. When *Pitta* is highly vitiated, localized inflammation and a burning sensation (*Daha*) prevail in the mucous membranes. Slowly licking (*Lehana*) the ghee ensures prolonged contact with the upper gastrointestinal and oral tracts, providing a cooling, coating effect without overwhelming the digestive fire (*Agni*). Conversely, when *Vata* dominates, systemic dryness, roughness, and structural instability occur. Drinking (*Paana*) larger volumes of ghee delivers a deep systemic lubricating (*Snehana*) effect that quickly calms the hyperactive qualities of *Vata*.

Clinical Rationale of High-Density Confections

The *Sarpirguda* (ghee-based confections) like formulations bypass the usual pathways of tissue degradation, feeding the deeper *Dhatu* (like *Shukra*) almost immediately, which helps rebuild the patient's overall vitality and respiratory capacity.

A major clinical challenge in treating *Kshataksheena* is the constant risk of causing *Agnimandya* (indigestion) by using heavy, rich *Brimhana* (nourishing) medicines. Ayurveda solves this problem through two distinct methods:

- 1) The *Nagabala Kalpa* uses a carefully monitored, escalating dosage scheme. By starting with a minimal dose and increasing it step-by-step alongside a strict milk-only diet, the patient's *Jatharagni* (metabolic fire) is gradually trained to process complex nourishment without failing.
- 2) The use of *Saindhavadi Churna* and *Shadav Churna* ensures that even when a patient consumes dense proteins and fats (such as meat soups, eggs, or heavy confections), the digestive fire remains active and stimulated. This prevents the accumulation of *Ama* (toxic metabolic by-products) and ensures the smooth conversion of food into healthy tissue.

Modern Contemporary Clinical Relevance

The clinical presentation of *Kshataksheena* reveals striking similarities to several serious conditions in modern pulmonary medicine and critical care. By bridging these concepts, we can better understand how ancient treatments map to modern biomedical targets:

Pulmonary Contusion and Post-Traumatic Haemoptysis: The classical causes of *Kshata* such as falls from heights, blunt thoracic impacts, and severe physical strain match the mechanisms that cause pulmonary contusions, alveolar tears, and localized bleeding in modern medicine. The pathognomonic sign *Raktashthivana* is the exact clinical equivalent of haemoptysis (coughing up blood). Ayurveda's immediate use of *Laksha* and *Ikshvalikadi Ksheer* aligns closely with modern therapeutic goals, which prioritize stopping internal bleeding and stabilizing vascular tissue.

Pulmonary Cachexia Syndrome (PCS): Patients with severe, chronic lung diseases frequently experience profound muscle wasting and dramatic weight loss, a condition known as pulmonary cachexia. This tissue depletion mirrors the advanced *Ksheena* stage, where *Mamsa Dhatu* (muscle tissue) and *Ojas* break down rapidly due to the chronic energy demands of laboured breathing. The dense, lipid-based anabolic treatments in Ayurveda (such as *Amrutaprash Ghrta*) function much like modern hyper-caloric nutritional interventions designed to treat severe catabolic wasting.

Advanced Cavitory Tuberculosis: When a chest wound (*Urahkshata*) is neglected, it sets off a progressive decline that classical texts note leads directly to *Rajayakshma* (wasting syndrome/tuberculosis). The clinical presentation of advanced *Kshataksheena* characterized by a persistent, painful cough, low-grade fever, severe emaciation, and blood-streaked sputum shares an identical clinical picture with cavitory pulmonary tuberculosis and its associated systemic depletion.

CONCLUSION

Kshataksheena is a profound example of how a localized physical injury can trigger a systemic, life-threatening metabolic decline. Classical Ayurvedic texts provide a highly logical, step-by-step framework for managing this condition. It moves swiftly from immediate haemostatic therapies using *Laksha* to stop internal thoracic bleeding, to dense, restorative lipid confections (*Sarpirguda* and *Brimhana Ghrtas*) designed to reverse muscle and immune wasting. By analyzing these traditional principles alongside modern medical concepts, we can see that *Kshataksheena* strongly parallels

conditions like post-traumatic haemoptysis, pulmonary cachexia, and cavitary lung diseases. Integrating these time-tested Ayurvedic strategies particularly its specialized tissue-healing and tissue-building protocols offers a valuable complementary approach to modern pulmonary rehabilitation and nutritional therapies, promising better clinical outcomes for patients suffering from chronic respiratory wasting.

REFERENCES

1. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verse 8. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 259.
2. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verse 4. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 259.
3. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verse 5. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 259.
4. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verse 6. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 259.
5. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verse 7. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 259.
6. Sushruta. Sushruta Samhita, Chikitsasthana, Chapter 24, verse 49. Edited with Ayurveda-Tattva-Sandipika Hindi commentary by Kaviraja Ambikadutta Shastri. Varanasi: Chaukhamba Sanskrit Sansthan; 2021. p. 135.
7. Vagbhata. Ashtanga Hridaya, Sutrasthana, Chapter 11, Verse 6. Edited with Nirmala Hindi commentary by Dr. Brahmanand Tripathi. Delhi: Chaukhamba Sanskrit Pratishthan; 2022. p. 161.
8. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verse 12. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 260.
9. Vagbhata. Ashtanga Hridaya, Sutrasthana, Chapter 12, Verse 4. Edited with Nirmala Hindi commentary by Dr. Brahmanand Tripathi. Delhi: Chaukhamba Sanskrit Pratishthan; 2022. p. 171.
10. Vagbhata. Ashtanga Hridaya, Sutrasthana, Chapter 12, Verse 5. Edited with Nirmala Hindi commentary by Dr. Brahmanand Tripathi. Delhi: Chaukhamba Sanskrit Pratishthan; 2022. p. 171.
11. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verse 9. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 259.
12. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verse 10. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 259.
13. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verse 11. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 260.
14. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verse 13. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 260.
15. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verse 14. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 260.
16. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verse 15-16. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 256.
17. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verses 19. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 257.
18. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verses 35-43. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 258-9.
19. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verses 52-53. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 260.
20. Agnivesha. Charaka Samhita, Chikitsasthana, Chapter 11, Verses 93-94. Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi. Varanasi: Chaukhamba Sanskrit Pratishthan; 2019. p. 264.