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The comparative and clinical study on Khandamalki and Patoladi kwatha in Amlapitta W.S.R to"Amlapittai Pryoktavya Kapha pittaha rovidhi"

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Abstract

Amlapitta is one among the commonest disorders prevalent in the society nowadays due to indulgence in incompatible food habits and activities. It is a very common disease affecting mostly the adults. Acharya Vrinda in Vrind Madhavhas mentiond thatthe treatment of Amlapittamainly depends upon Kaphapittaharovidhi. So the present study was planned to prove this principle.Khandamalki and PatoladiKwatha, very simple, safe and cost effective drugs, have been chosen to explore the efficacy in the management of Amlapitta as Shaman therapy shodhan therapy is time consuming and not possible to execute in all the patients so the present study has been carried out to evalute the Shamana effect of Khandamalki and PatoladiKwatha. The results of the study are discussed in this paper.

Key words: Amlapitta, Khandamalki, Patoladikwatha.

Introduction

Ayurveda is a holistic way of living in which the mind, body, diet and exercise act together to contribute to one's health. Any vitiation leads to imbalance which needs to be corrected through regulation of diet, exercises, mind and bodily functions. In recent years, health levels are decreasing due to changing of life style, diet pattern, behavioral pattern and mental stress and strain. Everyone is prone to various disease due to the against of our normal physiology of digestion. There have been extraordinary increases disorders incidences related to Annavahastrotas (Gastrointestinal system) related disorders. Amlapitta is such type of G.I. disorder which is the outcome of faulty dietetic habits, with disturbed function of Agni (digestive fire) is the valuable Khandamalki topic of concern in the present era. Kashyapasamhita was the first text that gave a detailed description of Amlapitta (Kashyap Samhita). Kashyapasamhita has accepted the involvement of all three doshas in amlapitta whereas charakasamhita and madhavakara has

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accepted the dominance of pitta dosha in this disease. The word amlapitta is comprised of two words amla and pitta. The term amla refers to a particular type of taste equated with sour taste which causes excessive salivarysecretions. Pitta is a bodily chemical substance which is mainly responsible for the maintenance of the process of digestion and transformation. Amlapitta is a pathological condition in which there is vitiation of pitta dosha in the body pittadosha possesses katu rasa, but after it gets vitiated the katu rasa of pitta dosha changes to amla rasa (Kashyap Samhita).

Aims and objectives

The Comparative and Clinical Study on and PatoladiKwatha in AmlapittaW.S.R "AmlapittaiPryoktavya to Kaphapittaharovidhi" was undertaken with the following aims and objectives

- 1. Conceptual study on Amlapitta
- To evaluate the efficacy of Khandamalki in the 2. management of Amlapitta.
- To evaluate the efficacy of PatoladiKwatha in 3. the management of Amlapitta.
- 4. To evaluate the combined efficacy of Khandamalki and PatoladiKwatha in the management of Amlapitta.



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Materials and Methods

Following materials and methods were adopted for the completion of present research project:

Design of study: Simple, randomized, opens three group comparative studies.

Selection of cases: For clinical study, patients of Amlapittafulfilling the diagnostic criteria were registered from the OPD/IPD of NationalInstituteof Ayurveda, Jaipur (Agnivesha Charaka Samhita).

Diagnostic criteria were mainly based on the signs and symptoms of Amlapittadescribed in Ayurvedic classics. They include Avipaka, Klama, Utklesha, Tikt-Amlodgara, Hrita-Kanthadaha, AruchiGaurav, Chhardi, Shira-shul.

(a) Inclusion Criteria

- i. give written consent.
- ii. Age: 16-60 years
- iii. Sex- either sex.
- Patients presenting with classical features TRIAL DRUGS iv. of Amlapitta.

(b) Exclusion Criteria

- Patients not willing for trial. i.
- Patients below the age of 16 years and ii. above 60 years.
- Chronicity more than 5 years. iii.
- Patients having organic disease like gastric iv. ulcer, duodenal ulcer etc.
- Patients suffering from Amlapitta with any v. other chronic diseases like Asthma. Malignancies, Liver Cirrhosis, and Chronic renal failure, diabetes were excluded from the study.

Research protocol

Administration of drugs

For the present clinical study, 45 patients were enrolled and they were randomly divided into following three groups:-

GROUP A: 15 patients were registered in this group and they were given "Khandamalki" for 30 days.

GROUP B: 15 patients were registered in this group and they were given "PatoladiKwatha" for 30 days.

GROUP C: 15 patients were registered in this group and they were given "Khandamalki" and "PatoladiKwatha" for 30 days.

45 patients were selected for present study from Arogyashalaoutpatient department & in patient department, National Institute of Ayurveda, Jaipur filling the inclusion criteria set for this purpose. Follow up was taken after 7 days. All patients were divided into three groups-

Group A- 15 clinically diagnosed patients of Amlapitta were administered "Khandamalki" 5 gram twice in a day with milk for 30 days.

Group B- 15 clinically diagnosed patients of Amlapitta were administered "Patoladikwatha" 20 ml twice in a day (before meal) with honey for 30 davs.

Group C- 15 clinically diagnosed patients of Amlapitta were administered "Khandamalki" 5 Patient willing to undergo trial and ready to gram twice in a day with milk for 30 days and "Patoladikwatha" 20 ml twice in a day (before meal) with honey for 30 days.

GROUP A

DRUG-khandamalki

Dose- 5 gram twice daily

Time of administration- after meal

Duration- 30 days

Anupana- milk

GROUP B

Drug -PatoladiKwatha

Dose- 20 gram twice daily

Time of administration- before meal

Duration- 30 days

Anupana- Honey **GROUP C**

Drug -Khandamalki +PatoladiKwatha both

Pathological investigations

Routine hematological, urinary examinations were done before and after treatment to rule out any other pathology.

Drugs

1. Khandamalki

Pharmacodynamic properties of Khandamalki (B.R. Shuladhikarshloka 228-32)

1. PatoladiKwatha

2. Pharmacodynamic properties of PatoladiKwatha (Amlapitta Nidana Chikitsa Prakrana Shloka 26)



The comparative and clinical study on Khandamalki and Patoladi Kwatha

SN	Drug	Botanical name	Rasa	Guna	Veerya	Vipaka	Karma
1	Kushmanda	BeninkasaHispida	Madhura	Laghu, snigdha	Sheeta	Madhura	Vata- pitta
							shamak,tridoshahar
2	Amalaki	Embilicaofficinalis	Pancharasa	Guru, ruksha	Sheeta	Madhura	Pitta shamak
3	Pipalli	Piper longum	Katu	Laghu, snigdha	Anushnasheeta	Madhura	Kapha- vatashamak
4	Jiraka	Cuminamcyminum	Katu	Laghu, ruksha	Ushna	Katu	Kapha-vatashamak
	(shweta)						
5	Shunti	Zingiberofficinale	Katu	Laghu, snigdha	Ushna	Madhura	Kapha- vatashamak
6	Marich	Piprenigrum	Katu	Laghu, tikshna	Ushna	Katu	Kapha- Vatashamak
7	Tallish- patra	Ahiaanahhiana	Tikt-	Laghu- tikshan	Ushna	Katu	Kapha- Vatashamak
	_	Ableswebblana	madhura	-			-
8	Dhnyak	Coniendaria etiana	Tikt-	Laghu- snigdha	Ushna	Madhura	Pitta- Shamak
	-	Coriandrumsativum	madhura				Tridoshhar
9	Dal-chini	Cinnamomnmzeylanicu	Katu- tikt	Laghu, ruksha	ushna	Katu	Kapha-Vatashamak,
		m					Pitta Vardhak
10	Tej- patra	Cinnamemmumtamala	Katu- tikt	Laghu, ruksha	Ushna	Katu	Kapha- Vatashamak,
		Cimameninumumanaia					Pitta vardhak
11	Suksha- ela	Flettariacardamomum	Katu-	Laghu, ruksha	Sheeta	Madhura	Tridoshahar
		Elettariacardamonium	madhura				
12	Nagkesar	Mesuaferrea	Tikt- kshya	Laghu, ruksha	Ushna	Katu	Kaphapittashamak
13	Mustak	Cupamusratundus	Tikt, katu,	Laghu, ruksha	Sheeta	Katu	Kapha- pitta shamak
		Cyperusionandus	kshya				
14	Madhu	honey	madhura	Guru, ruksha	Sheeta	Katu	Kapha pitta shamak
15	Ghrit	Ghee	madhura	Guru, snigdha	Sheeta	Madhura	Pitta shamak
16	Khand	-	madhura	Snigdha sheeta	Sheeta	Madhura	Pitta shamak

Table 1.

Table 2.

CNI	D	Determination	D		N/	Vier ale a	V
SIN	Drug	Botanical name	Kasa	guna	veerya	у грака	Karma
1.	Patola	Trichosanthesdicoica	Tikta	Laghu, Ruksha	Katu	Ushna	Kaphapittashamak
2.	Amalaki	Emblicaofficinalis	Pancha rasa	Guru, ruksha	Sheeta	Madhura	Pitta shamak
3.	Haritaki	TermanaliaChebula	Pancharasa	Laghu, ruksha	Ushna	Madhura	Tridoshharamainly vatashamak
4.	Vibhitak	Termanaliabellirica	Kashya	Ruksha, laghu	Ushna	Madhura	Kaphapittashamak
5.	Nimba	AzadiractaIndica	Tikta, kashya	Laghu	sheeta	Katu	Kaphapittashamak
6.	Madhu	Honey	Madhura	Guru, ruksha	Sheeta	Katu	Kapha pitta
							shamak

Criteria of assessment-

Scoring system was adopted for assessment of various subjective features and grades from zero to four were accorded to various features according to the severity. The symptoms were evaluated and response of drug was recorded in term of percentage relief of symptoms. Patients were grouped under following categories on the basis of their results of the clinical trial.

- Completely relieved -100% relief from symptoms
- Marked improvement-75-99% relief from symptoms
- Moderate improvement-50-74% relief from symptoms
- Mild improvement-25-50 % relief from symptoms

• No improvement-below 25 % or no relief

Statistical evaluation and result analysis

The entire data generated from clinical study was statistically analyzed. The results were made on the basis of grades of various variables compared between pre- trial and post- trial values in terms of percentage, based on mathematical means and its difference. Values between variables were compared with Wilcoxon Signed Ranks Test for dependent samples by using the degree of freedom p value. Intergroup comparison was also done with Kruskal-Wallis Test (Nonparametric ANOVA) and Dunn's Multiple Comparisons Test. The results were expressed in terms of mean, standard deviation (SD) and standard error (SE).

- P < 0.001 highly significant
- P < 0.01 significant
- P> 0.05 non significant

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Results and Discussion

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Summtoma	N 1	Mean		Relief	S.D. ⁵	S.E. ⁶	1 7	D ⁸	Degulta	
Symptoms	IN	BT ²	AT ³	Diff. ⁴	%	(±)	(±)	ι	r	Results
Avipaka	11	1.80	0.93	0.86	48.14	0.639	0.165	6.500	.0005	HS
Klama	11	1.46	1.20	0.26	18.18	0.457	0.118	2.256	.0625	NS
Utklesha	12	2.00	1.33	0.67	33.33	0.488	0.126	5.292	.0020	HS
TiktAmlodgara	15	2.53	1.60	0.93	36.84	0.798	0.206	4.525	.0010	HS
Daha	15	2.13	1.46	0.66	31.25	0.617	0.159	4.183	.0020	HS
Chhardi	10	1.40	0.86	0.53	38.09	0.743	0.191	2.779	.0313	S
Shira-shul	06	0.60	0.26	0.33	55.55	0.488	0.126	2.646	.0625	NS
Gaurav	06	0.53	0.26	0.26	50.00	0.457	0.118	2.256	.0125	S
Aruchi	12	1.80	0.93	0.86	48.14	0.639	0.165	6.500	.0005	HS

Table 1 Effect of therapy on assessment criteria in group A

¹No. of patients having symptoms, ²Mean score before treatment, ³Mean score after treatment, ⁴Difference in mean, ⁵Sandard deviation, ⁶Standard error, ⁷Paired t test value, ⁸Degree of freedom]



Fig 1.

Table 2 effect of therapy on assessment criteria in group B

Symptoms	MI	Mean		Daliaf 01	S.D. ⁵	S.E. ⁶	+ ⁷	D ⁸	Results	
Symptoms	IN	BT^2	AT^3	Diff. ⁴	Kellel %	(±)	(±)	L	r	Results
Avipaka	12	1.73	0.73	1.00	57.69	0.654	0.169	5.916	.0002	HS
Klama	10	1.33	1.06	0.26	20.00	0.457	0.118	2.256	.0625	NS
Utklesha	15	2.33	1.53	0.80	34.28	0.560	0.144	5.527	.0005	HS
TiktAmlodgara	15	2.33	1.60	0.73	31.42	0.703	0.181	4.036	.0039	HS
Daha	15	1.86	1.00	0.86	46.42	0.351	0.090	9.539	.0002	HS
Chhardi	12	1.26	0.46	0.80	66.66	0.560	0.144	5.527	.0010	HS
Shira-shul	05	0.60	0.20	0.40	66.66	0.632	0.163	2.449	.0625	NS
Gaurav	07	0.93	0.46	0.46	50.00	0.516	0.133	3.500	.0156	S
Aruchi	09	1.40	0.60	0.80	52.38	0.774	0.200	3.595	.0039	HS

¹No. of patients having symptoms, ²Mean score before treatment, ³Mean score after treatment, ⁴Difference in mean, ⁵Sandard deviation, ⁶Standard error, ⁷Paired t test value, ⁸Degree of freedom

After analysis of above data of group A, it was significant result, whereas Klama and Shira-shul observed that the maximum relief in percentage show insignificant result (Agnivesha Charaka was in shira-shul (55.55%), then in Gaurav Samhita). After analysis of above data of group B, it (50.00%), then in Aruchi and Avipaka (48.14%), was observed that the maximum relief in then in *Chhardi* (38.09%), then in *Tikt*-amlodgara percentage (36.84%), then in *Daha* (31.25%) and minimum (66.66%), then in *Avipaka* (57.69%), then in relief in percentage was in Klama (18.18%). Aruchi (52.38%), then in Gaurav (50%), then in According to statistical analysis, Avipaka, Utklesha, Daha (46.42%), then in Utklesha (34.28%), then in TiktAmlodgara,Daha, Aruchi shows significant result, Chhardi and Gaurav

was in Chhardi and Shira-shul highly Tikt-amlodgara (31.42%) and minimum relief in show percentage was in Klama (20%). According to

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statistical analysis, Avipaka, TiktAmlodgara, Daha, Chhardi and Aruchi shows insignificant result. highly significant result, Gaurav show significant

Utklesha, result, whereas Klama and Shira-shul show

		Mean		Relief S.D.	S.D.5	S.D.5 S.E.6				
Symptoms	N1	BT ²	AT ³	Diff ⁴ .	%	(±)	(±)	t7	P8	Results
Avipaka	14	2.46	0.73	1.73	70.27	0.961	0.248	6.985	.0001	HS
Klama	08	1.53	0.80	0.73	47.82	0.593	0.153	4.785	.0020	HS
Utklesha	13	2.20	1.20	1.00	45.45	0.645	0.169	5.916	.0005	HS
TiktAmlodgara	15	2.53	0.93	1.60	63.15	0.828	0.213	7.483	.0002	HS
Daha	15	2.33	0.93	1.40	60.00	0.632	0.163	8.573	.0001	HS
Chhardi	07	2.00	0.73	1.26	63.33	0.883	0.228	5.551	.0010	HS
Shira-shul	11	1.66	0.33	1.33	80.00	0.975	0.252	5.292	.0010	HS
Gaurav	09	1.46	0.40	1.06	72.72	0.961	0.248	4.298	.0039	HS
Aruchi	13	2.00	0.40	1.60	80.00	0.828	0.218	8.411	.0001	HS

Table 3. Effect of therapy on assessment criteria in group C

¹No. of patients having symptoms, ²Mean score before treatment, ³Mean score after treatment, ⁴Difference in mean, ⁵Sandard deviation, ⁶Standard error, ⁷Paired t test value, ⁸Degree of freedom

After analysis of above data of group C, it was (47.82%) and minimum relief in percentage was in observed that the maximum relief in percentage Utklesha (45.45%). According to statistical was inShira-shul and Aruchi (80%), then in Gaurav analysis, (72.72%), then in Avipaka (70.27%), then in TiktAmlodgara, daha, Chhardi (63.15%), then in Daha (60%), then in Klama

Avipaka,klama, Utklesha, Chhardi, Shira-shul, (63.33%), then in Tikt-Amlodgara Gauravand Aruchi shows highly significant result.



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S.No.	Symptoms	KW Value	P Value	Results
1.	Avipaka	7.582	P<0.05	S
2.	Klama	7.013	P<0.05	S
3.	Utklesha	6.132	P<0.05	S
4.	TiktAmlodgara	9.107	P<0.05	S
5.	Daha	11.092	P<0.01	HS
6.	Chhardi	6.339	P<0.05	S
7.	Shira-shul	11.015	P<0.01	HS
8.	Gaurav	0.667	P<0.05	S
9.	Aruchi	9.833	P<0.01	S

Table 4 – Intergroup a	omnarison hy	/ Kruskal-Wallis Te	est (Nonnarametr	ic ANOVA)
Table 4 - micigroup (.0111pai 15011 Dy	INTUSKAI" WAIIIS IC	est (monparametri	IC ANOVA)

Table 5 Dunn's Multiple Comparisons Test

S.No.	Symptoms	Dunn's Multiple Comparisons Test	Mean Rank Difference	P Value	Remarks
	Avipaka	Group A & Group B	-1.76	P>0.05	NS
1.		Group A & Group C	-11.63	P<0.05	S
		Group B& Group C	-9.86	P>0.05	NS
	Klama	Group A & Group B	-0.00	P>0.05	NS
2.	Кита	Group A & Group C	-9.40	P>0.05	NS
		Group B& Group C	-9.40	P>0.05	NS
	Utklesha	Group A & Group B	-2.33	P>0.05	NS
3.		Group A & Group C	-10.16	P>0.05	NS
		Group B& Group C	-7.83	P>0.05	NS
	TiktAmlodgar	Group A & Group B	2.53	P>0.05	NS
4.	а	Group A & Group C	-10.33	P>0.05	NS
		Group B& Group C	-12.86	P<0.05	S
	Daha	Group A & Group B	-3.73	P>0.05	NS
5.		Group A & Group C	-13.36	P<0.01	HS
		Group B& Group C	-9.63	P>0.05	NS
	Chhardi	Group A & Group B	-4.73	P>0.05	NS
6.		Group A & Group C	-11.26	P<0.05	S
		Group B& Group C	-6.53	P>0.05	NS
	Shira-shul	Group A & Group B	-0.66	P>0.05	NS
7.		Group A & Group C	-12.83	P<0.01	HS
		Group B& Group C	-12.16	P<0.05	S
	Gaurav	Group A & Group B	-3.80	P>0.05	NS
8.		Group A & Group C	-11.00	P<0.05	S
		Group B& Group C	-7.20	P>0.05	NS
	Aruchi	Group A & Group B	2.06	P>0.05	NS
9.		Group A & Group C	-11.06	P<0.05	S
		Group B& Group C	-13.13	P<0.05	S





Overall assessment of therapy

At the end of treatment each patient result were carefully observed to assess the overall effect of therapy

Grading	Group A	Group B	Group C
Complete relief	0 %	0 %	0 %
Marked relief	0 %	0 %	26.66 %
Moderate relief	20 %	46.67 %	60.00 %
Mild relief	53.33%	53.33 %	6.67 %
No relief	26.67 %	0 %	6.67 %

In group A, 26.67% patients achieved no relief, 53.33% patients achieved mild relief, 20% patients achieved moderate relief, no any patients achieved marked and complete relief.

In group B, 53.33% patients achieved mild relief, 46.67% patients achieved moderate relief, and no any patients achieved marked and complete relief.

In group C, 06.67% patients achieved no relief, 06.67% patients achieved mild relief, 60% patients achieved moderate relief, 26.66% patients achieved marked relief andno any patients achieved complete relief.



Fig 4.

Degradation by pathogenesis by formulatedRuksha, Laghu, UshanaVirya and Katu, TiktaRasa.drugs-All of these drugs digest the SamAnsha of

Drug which is Agnideepaka, Kaphashamaka properties antagonist VidagdhaPitta, of Srotoshodhaka and Vatanulomaka is useful as palliative treatment of Amlapitta (Sushruta Sushruta Samhita). In Group AKhandamalaki with Anupana of luke warm milk was given. Main ingredients of Khandamalki, Kushmanda and Amalaki. The properties of Kushmanda are Laghu, Snigdha, SheetaVirya, MadhuraRasa and Vipaka. Due to its properties it suppresses Ushna and Tikshna Vidagdhapitta. properties of Amlaki is AmlaRasadominant Pancharasa, SheetaVeerya and MadhuraVipaka, Guru, Ruksha and Sheet. It is Pittashamak due SeehtaVirya to and MadhuraVipaka. Madhuis Pittakaphashamak due to Ruksha, Madhura and SheetVirya. Pippali, Jeeraka, Nagkeshar are Kaphavatshamak due to

Ruksha, Laghu, UshanaVirya and Katu, TiktaRasa. All of these drugs digest the SamAnsha of AmaRasa. There is a lot of importance of Anupana in increasing the activity of drug. There is Anupana of cow's milk which is also SheetaVirya andMadhuraRasa dominate and suppress the excess quantity of Pitta in Amlapitta. Mishriis also Pittashamak due to MadhuraRasa. Medhyaeffect of Kushmanda prevents its etiology due to psychological factor like Klam, Anidra etc.

PatoladiKwatha was given in group 'B' with Prakshep of Madhu. Ingredients of PatoladiKwatha are mostly Ruksha, Laghu,Tikt, Kasaya, AnushnaSheetaVeerya, MadhuraVipaka. Ruksha,Laghu properties and TiktaRasa dominant Dravya absorbs the Dravansha (liquid) of VidgdhaPachakaPitta. In formulated drug Kashaya rasa dominant Dravyas are Haritaka, Vibhitaki and Nimba. TiktaKashyaRasas are Kaphapittashamak.



*Triphala*is mild laxative and *Anulomna* due to its *Prabhava. Madhu* as a *PrakshepDravya*, due to *SheetaVirya*, *Ruksha*, *Kashaya* and *MaduraRasa* is also *Kaphapittashamak*. Due to *Sandhana* property of *Madhu* it is also effective in complication of *Amlapitta* like gastric ulcer etc. by the analysis of ingredients of *Patoladikwatha* it is found that most of its ingredients are *Kaphapittashamak* which is just antagonistic of causative factors of *Amlapitta* and increasing the *Agni*. Due to increase in *Agni* proper digestion of *Ahara* will be possible and *NiramaPitta* will be produced not *VidgdhaPitta*. As a result of it *Amalpitta*Vyadhi will not be produced.

Conclusion

Clinical study reveals that both drugsKhandamalki and PatoladiKwatha showed highly significant results. In group C the results were better than group A & B. Because the combination of both drugs had been proved more effective in patients than single one. Hence, it can be concluded that the Amlapitta is better managed by administration of both drug without any side effect and "Kaphapittaharovidhi" is beneficial in the management of Amlapitta disease.

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