



UNIQUE JOURNAL OF AYURVEDIC AND HERBAL MEDICINES

Available online: www.ujconline.net

Research Article

CRITICAL VIEW ON DOSHA VIKALPA SAMPRAPTI OF RAJAYAKSHMA

Shashirekha HK^{1*}, Bargale Sushant Sukumar²

¹MD (Ayurveda Samhitha) (Ph.D), Assistant Professor, Department of Basic Principles, S.D.M. College of Ayurveda and Hospital, Hassan, Karnataka, India

²MD (Swasthavritta), Assistant Professor, Department of Swasthavritta, S.D.M. College of Ayurveda and Hospital, Hassan, Karnataka, India

Received 19-01-2014; Revised 17-02-2014; Accepted 15-03-2014

*Corresponding Author: Dr. Shashirekha H.K. MD (Ayu) (Ph.D)

Assistant Professor, Department of Basic Principles, SDM college of Ayurveda and hospital, Hassan, Karnataka State-573201,

Mob: 09342138999 and Email: dr.shashirekha10@gmail.com

ABSTRACT

Charaka Nidana Sthana is based on eternal fundamentals representative of *Kaya Chikitsa* and it is having its own importance in diagnostic aspect. Due to indulging in *Sahasa*, *Vega Sandarana*, *Kshaya*, *Vishamashana* there is the manifestation of *Ekadasha Rupa* where it affects the *Tridosha* and *Sapta Dhatu*. In modern era *Rajayakshma* can be correlated to Tuberculosis. Though there is a difference in the pathogenesis of *Rajayakshma* and Pulmonary Tuberculosis but the clinical picture of both is quite similar. It is a major public health problem in India due to the environmental changes, changes in behavioral, dietic habits, poor quality of life, population explosion, under nutrition, and lack of awareness about cause of disease and Modern Life Style. *Ayurveda* can provide the satisfactory health service due to its comprehensive capacity of attaining all types of Pathological changes. To fulfill the applied aspect of these basic principles the symptoms of *Rajayakshma* have been under taken for study.

Aims And Objectives: Assessment of involved *Doshas* in *Rajayakshma*.

Methods And Materials: An observational study was conducted on 30 patients selected from Tuberculosis Section of Civil Hospital, Bijapur., irrespective of sex, religion, etc., who had presented with the clinical symptoms of tuberculosis. Information on demography, symptoms, and lifestyle factors was collected by standard questionnaires.

Results: In 16 patients (53.33%) *Vata Vruddhi*, 13 patients (43.33%) *Kapha Vruddhi*, 8 patients (26.66%) are having *Pitta Vruddhikara Lakshana*, 14 patients (46.66%) *Vata Kshaya*, 8 patients (26.66%) *Kapha Kshaya Lakshana* and 17 patients (56.66%) are having *Pitta Kshaya* symptoms.

Conclusion: After examination of *Vruddhi* and *Kshaya* of *Dosha*, the *Vata Kapha Vruddhi* is found in maximum number of patients along with *Pitta Kshaya*. Thus on the basis of assessment of maximum patients seen in the study were *Vata Pradhana Tridosha* and *Kapha Vata Pradhana Tridosha Samprapti* was found.

Keywords: *tridosha, vriddi, kshaya, rajayakshma, nidana, lakshana*

INTRODUCTION

Rajayakshma is a group of diseases manifests by indulging *Sahasa* (by excessive stress and strain) *Vegasandarana* (suppressing the natural urges), *Kshaya* (diminishing if dathu) *Vishamashana* (opposite to dietary regimen). Thus there is the manifestation of *Ekadasharupa* which involves *Tridosha* and *Sapta Dhatu*.¹ In this research work the diagnosed cases of tuberculosis are taken because *Rajayakshma* is a disease can better correlated with pulmonary tuberculosis in this era. In modern era *Rajayakshma* can be correlated to Tuberculosis. Much effort has been done by the followers of both pathies to understand the pathogenesis of *Rajayakshma* and Pulmonary Tuberculosis respectively. Therefore each event of pathology of both these clinical entities is described very precisely in

their concerned treatises. In *Ayurveda* common as well as specific pathogenesis of each etiological factor has been described and in modern literature immune pathogenesis along with histopathology of the disease has been illustrated. But it is very difficult to compare these two due to a wide difference in the fundamental principles of both pathies i.e. *Tridosha siddanta* and infection by micro-organisms. Though there is a difference in the pathogenesis of *Rajayakshma* and Pulmonary Tuberculosis but the outcome i.e. clinical picture of both is quite similar. Maximum number of patients are in between 35-55 years of age group² and Males as compared with females because of their leaving style. Main causes for the disease are improper diet, habits, stress, stale food, spicy irritant food, oily foods, bakery products, some fast foods, wine, cigarette smoking, chemical medicines during meal, habit to take Pan,

Tobacco and Tea or Coffee frequently³. It may be due to periodic or chronic intoxication detrimental to the individual and society produced by repeated intake of habit forming drugs etc. Chronic diet-related diseases are on rise around the world due to new lifestyles and eating habits.⁴ Occupational environment is meant the sum of external factors, influence of working population and nature of work. Overcrowding is health problem in human it may promotes the spread of Tuberculosis. It is mainly the disease of the poor; the majority of those are migrant Laborers. The prevalence of Tuberculosis diminishes on social and economic conditions improve, poor housing with associated over or re-infection if one of the occupants suffer from infection Tuberculosis. Illiteracy will increase the prevalence rate may be lack of awareness regarding the spreading of disease⁵. For any type of disease manifestation *Dosha* is the main cause⁶. *Rajayakshma* is a group of many symptoms manifested by the vitiation of *Vata* and *Kapha Pradana Tridosha*. *Rajayakshma* is an best example for *Madhyama Rogamarga Vyadhi*⁷. The aim of this study was to evaluate the involved *Dosha* in the manifestation of *Rajayakshma*.

MATERIALS AND METHODS

Study design and patient selection

The present study was an observational study conducted on 30 patients, irrespective of sex, religion etc., who had presented with the clinical symptoms of tuberculosis and admitted in civil hospital. The patients were selected from Tuberculosis Section of Civil government Hospital Bijapur between

September 2009 and December 2009. A detailed proforma was specially designed for the purpose of incorporating all aspects of the demography, dietary intake, lifestyle factors, and disease on *Ayurvedic* parlance. Informed consent was taken from the patients before including them in the study.

Methodology

Patients were eligible for the study if they were between 35-55years devoid of any other systemic disorders like viral infection, HIV, cancer, ext. *Rajayaksma* is a disease can better correlated with pulmonary tuberculosis in this era. Because of the clinical picture of both is quite similar viz. *Jwara* (fever), *Kasa* (cough), *Pratishyaya* (cold), *Arochaka* (anorexia) and *Shosha* (loss of weight), *Kapha Nishthivana* (Sputum Production) and *Rakta Nishthivana* (Haemoptysis) in adults having cavitatory disease Once again the diagnosis has been conformed through *Ayurvedic* fundamentals like examination of *Dosha*, and *Dhatu* involved in the manifestation of *Rajayaksma*. Patients were subjected for thorough history taking by using specially prepared case proforma where special concentration on Symptoms involved in the disease manifestation. Where history taking is followed to assess the involved *Dosha* in the manifestation of *Rajayaksma* and study was carried out without follow up. Observational result mean is calculated by using Arathematic mean method

OBSERVATIONS AND RESULTS

1. Generalized observation 2. Specific observation.

Generalized observation

Table 1: Showing generalized observation 30 subjects

Parameters		%		%		%		%
Age	35-45year	33.33	46-55year	66.66				
Sex	Male	76.66	Female	23.33				
Occupation	House wife	20.00	Agriculturist	56.66	Employee	20.0	Retired	3.33
Marital status	Married	96.66	Unmarried	03.33				
Economic status	Poor	80.00	Middle class	10.00	Higher class	00.00		
Education	Literates	33.33	Illiterates	66.66				
Appetite.	Good	00.00	Reduced	73.33	Completely Reduce	27.00		
Diet	Vegetarian	13.33	Mixed	86.66				
Sleep	Disturbed	100.0	Sound	00.00				
Mala pravrutti	Regular	20.00	Constipation	16.66	Loose stool	63.33		
MalaPravrutti	Prakruta	73.00	Alpa	13.33	Athi	10.00		
Habits	Pan/Tobacc	40.00	Smoking	66.66	Alcohol	73.33	Other	30.00
Built	Ill nourished	56.66	Moderately nourished	43.33	Well nourished	00.00		
BMI	Under weight(<18)	73.00	Normal (18.5-24.9)	03.33	Over weight (25-29.9)	00.00		
Nadi (pulse)	70 & below	00.00	71-79/min	20.00	80-89/ min	70.00	90-99/min	10
Temperature	Normal(97-98°F)	23.33	Mild (99-100°F)	66.66	Severe (>100°F)	10.00		
Strength	Good	00.00	Moderate	23.33	Less	73.33		

Specific Observation: Assessment of involved *Dosha*

Table 2: Showing number of subjects having *Vata Dosha Vruddhi* and *kshaya Lakshana*

Sl. No	<i>Vruddhi lakshana</i>	Patients	%	<i>Kshaya lakshana</i>	Patients	%
1	<i>Karshya</i>	25	83.33	<i>Praseka</i>	02	06.66
2	<i>Karshnya</i>	17	56.66	<i>Aruchi</i>	29	96.66
3	<i>Ushna Kamita</i>	13	43.33	<i>Hrillasa</i>	27	90.00
4	<i>Kampa</i>	18	60.00	<i>Alpa chesta</i>	11	36.66
5	<i>Anaha</i>	08	26.66	<i>Alpa vak</i>	00	00.00
6	<i>Shakrit Graha</i>	05	16.66	<i>Praharsha</i>	00	00.00
7	<i>Bala Bramasha</i>	29	96.66	<i>Angasada</i>	16	53.33
8	<i>Nidra Bramsha</i>	19	63.33	<i>Agni vaishamya</i>	19	63.33
9	<i>Brama</i>	13	43.33			
10	<i>Dainya</i>	17	56.66			
11	<i>Bhaya</i>	16	53.33			
12	<i>Pralapa</i>	11	36.66			
13	<i>Asthishula</i>	24	80.00			

Table 3: Showing number of subjects having *Pitta Dosha Vruddhi* and *kshaya Lakshana*

Sl. No	<i>Vruddhi lakshana</i>	Patients	%	<i>Kshaya lakshana</i>	Patients	%
1	<i>Peeta- mala</i>	00	00.00	<i>Aniyata toda</i>	04	13.33
2	<i>Peeta-mutra</i>	02	06.66	<i>Arochaka</i>	28	93.33
3	<i>Peeta- netra</i>	05	16.66	<i>Avipaka</i>	12	40.00
4	<i>Peeta – twaka</i>	02	06.66	<i>Netra shuklata</i>	23	76.66
5	<i>Kshudadikya</i>	00	00.00	<i>Netra shuklata</i>	20	66.66
6	<i>Trishna</i>	20	66.66			
7	<i>Daha</i>	23	76.66			
8	<i>Murcha</i>	02	06.66			
9	<i>Alpa Nidra</i>	10	33.33			

Table 4: Showing number of subjects having *Kapha Dosha Vruddhi* and *kshaya Lakshana*

Sl. No	<i>Vruddhi lakshana</i>	Patients	%	<i>Kshaya lakshana</i>	Patients	%
1	<i>Sthoulya</i>	00	00.00	<i>Brama</i>	10	33.33
2	<i>Alasya</i>	09	30.00	<i>Hridrava</i>	05	16.66
3	<i>Gourava</i>	02	06.66	<i>Anidra</i>	11	36.66
4	<i>Atinidra</i>	00	00.00	<i>Sleshmasaya shunyata</i>	02	06.66
5	<i>Shwasa</i>	30	100.0	<i>Vepana</i>	17	56.66
6	<i>Kasa</i>	30	100.0	<i>Dhumayana</i>	00	00.00
7	<i>Praseka</i>	05	16.66	<i>Sandhi – slata</i>	02	06.66
8	<i>Swaitya</i>	16	53.33	<i>Daha</i>	13	43.33
9	<i>Slatangata</i>	00	00.00			
10	<i>Agnimandya</i>	28	93.33			
11	<i>Sitata</i>	15	50.00			

Table 5: Showing total number of subjects having *Dosha Vruddhi* and *kshaya Lakshan*

Sl. No	<i>Dosha</i>	<i>Vruddhi</i>	%	<i>Kshaya</i>	%
1	<i>Vata</i>	16	53.33	14	46.66
2	<i>Pitta</i>	8	26.66	17	56.66
3	<i>Kapha</i>	13	43.33	8	26.66

- Generalized observation
- Specific observation. The collected data is as follows

Generalized observation:

Among 30 patients, 10 patients (33.33%) are comes in between 35-45yrs, 20 patients (66.66%) are comes in between 45-55yrs. Among 30 patients 23 patients (76.67%) are male and remaining 7 patients (23.33%) are females. Among 30 patients, 6 patients (20%) are house wife, 17 patients (56.66%)

are agriculturists, 6 patients (20%) are working in other field, and 1 patient (3.33%) is in retired life. Among 30 patients, 29 patients (96.66%) are married, and 1 patient (3.33%) is not married. There is no patient comes under Divorced and Widow. Among 30 patients, 28 patients (93.33%) are Hindu, and 2 patients (6.66%) are belongs to Muslim. Out of 30 patient 24 patients (80%) are from poor family 6 patients (20%) are from middle class, no patient belongs to higher

class. Out of 30 patient 20 patients (66.66%) are illiterates, remaining 10 patients (33.33%) are having their education between 10th to 12th class and below 10th class.

Personal history

Maximum patient i.e. 23 patients (76.66%) are having reduced appetite and 7 patients (23.33%) are having completely reduce appetite. Among 30 patients, 26 patients (86.66%) are uses to take mixed diet remaining 4 patients (13.33%) are taking vegetarian diet Almost all patients are having disturbed sleep. 6 patients (20 %) are having regular stool, i.e. once daily without problem. 5 patients (16.6%) are having constipation and 19 patients (63.33%) are having loose and frequent stool. Out of patients, 23 patients (76.66%) having no complaints, 4 patients (13.33%) are having less frequency and 3 patients (10%) are having increased frequency of micturation. Among 30 patients, 22 patients (73.33%) are having habit of alcohol, 20 patients (66.66%) are having habit of smoking and 12

patients (40%) are having habit pan and tobacco, remaining 9 patients (30%) are having habit to take tea frequently. Out of 30 patients maximum patients i.e. 17 patients (56.66%), are ill nourished and 13 patients (43.33%) are moderately nourished. Among 30 patients, 21 patients (70%) are having under weight, 8 patients (26.66%) are having normal weight and 1 patient (3.33%) is having over weight. Among 30 pts, 6 patients (20%) are having pulse in between 71-79, 21 patients (70%) are having pulse in between 80-89 and 3 patients (10%) are pulse in between 90-99/ minute. Among 30 patients, 3 patients (10 %) are having severe degree, 20 patients (66.66%) are having mild degree temperature and 7 patients (23.33%) there is no significant degree of rising temperature is observed. Among 30 patients no patient are having good strength and 7 patients (23.33%) are having moderate strength, 23 patients (76.66%) are having less strength.

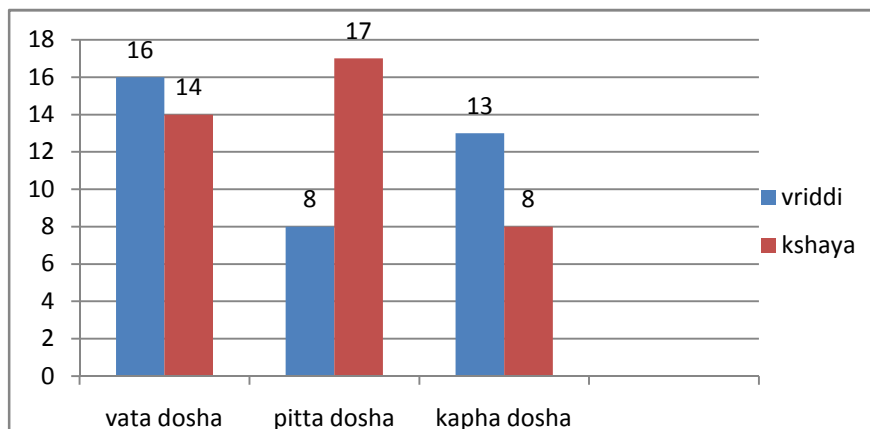


Figure 1: Total number of subjects having Dosha Vriddhi and kshaya Lakshan

Out of 30 patients 29 patients (96.66%) are having *Bala Bramsha*, 25 patients (83.33%) are having *Karshyata*, 24 patients (80%) are having *Asthishula*, 19 patients (63.335) are having *Nidra Bramsha*, 17 patients (56.66%) are having *Dainya* and *Karshnya*, 18 patients (60%) are having *Kampa*, 16 patients (60%) are having *Bhaya*, 13 patients (43.33%) are having *Brama* and *Ushna kamita*, 11 patients (36.66%) are having *Pralapa*, 8 patients (26.66%) are having *Anaha*, 5 patients (16.66%) are having *Shakrita Graha*. Maximum patients i.e. 29 (96.66%) are having *Aruchi*, 27 patients (90%) are having *Hrillasa*, 19 patients (63.33%) are having *Agni Vaishamyata*, 16 patients (53.33%) are having *Agnisada*, 11 patients (36.66%) are having *Alpa chesta*, 2 patients (6.66%) are having *Praseka*.

Among 30 patients no patients are having *Kshudadikyata* and *Peeta mala*, 2 patients (6.66%) each having *Peeta- mutra*, *Peeta- twaka* and *Murcha*, 5 patients are having *Peeta netra*, 10 patients (33.33%) are having *Alpa Nidra*, 20 patients (66.66%) are having *Trishana*, 23 patients (76.66%) are having *Daha*. Among 30 patients, 28 patients (93.33%) are having *Arochaka*, 23 patients (76.66%) are having *Naka shuklata*, 12 patients (40%) are having *Avipaka* and 4 patients (13.33%) are having *Aniyata toda*.

Almost all 30 patients having *Shwasa* and *kasa*, 28 patients

(93.33%) are having *Agnimandya*, 16 patients (53.33%) are having *Swaitya*, 9 patients (30%) are having *Alasya*, 15 patients (50%) are having *Sitata*, 5 patients (16.66%) are having *Praseka*, 2 patients (6.66%) are having *Gouravata* and no patients found under *sthoulya*, *Atinidra* and *Slatangata*.

Among 30 patients, 17 patients (56.66%) are having *Vepana*, 13 patients (43.33%) are having *Daha*, 11 patients (36.66%) are having *Brama*, 5 patients (16.66%) are having *Hridrava*, 2 patients (6.66%) each are having *Sleshmasaya shunyata* and *Sandhi -slata*, no patients found under *Dhumayana*.

In 16 patients (53.33%) *Vata Vriddhi*, 13 patients (43.33%) *Kapha Vriddhi*, 8 patients (26.66%) are having *Pitta Vriddhikara Lakshana*, 14 patients (46.66%) *Vata Kshaya*, 8 patients (26.66%) *Kapha Kshaya Lakshana* and 17 patients (56.66%) are having *Pitta Kshaya* symptoms.

DISCUSSION

In this research work the diagnosed cases of tuberculosis are taken because *Rajayakshma* is a disease can better correlated with pulmonary tuberculosis in this era. Maximum Number of patients found in between 40-55 years of age group. Maximum sufferers are Males as compared with females because of their leaving style and also by the habit to take alcohol and smoking. Many patients are having habit to take

Pan, Tobacco and Tea or Coffee frequently. It may be due to periodic or chronic intoxication detrimental to the individual and society produced by repeated intake of habit forming drugs. Tuberculosis is mainly the disease of the poor, majority of subjects are migrant Laborers, from middle class and no patient found in higher class. The prevalence of Tuberculosis diminishes on social and economic conditions improve, poor housing with associated over or re infection if one of the occupants suffer from infection Tuberculosis. Nearly 66% of patients are illiterate it may increase the prevalence rate may be lack of awareness regarding the spreading of disease.

No patient is having good Appetite due to the involvement of *Agni* in *Rajayakshma*. The patients are having reduced Appetite, Hunger is aroused by the physical need of the food, where as Appetite is the emotional desire to which may or may not be associated with need of food. Maximum patients are comes under Ill-nourished and moderately nourished because of their living style and economic status. In present study Maximum patients are having less strength. *Bala* is most important factor in adopting *Rajayakshma chikitsa*, Even in the presence of all the symptoms but if *Bala* is good then disease is Curable by treatment but if *Bala* is not good then disease is difficult to cure because the patients who are having good strength they can withstand the severity of medicine⁸.

Rajayakshma is the chronic condition where the involved prime *Dosha* is *Tridosha* and *Dathu* is *Rasa, Rakta. Srotodushti Prakara* is *Sanga Vimargagamana*⁹. *Pratishyaya* and *Kasa* is considered as *Nidanartakara Rogas* for *Rajayakshma* and these will accompany the disease throughout the pathogenesis¹⁰. A small shift in the *Dosha, Dushya, Srotodusti Prakara* it can give rise to manifest other disease. This shift may be due to some etiological trigger or susceptibility of specific bodily elements. If the original disease doesn't subside after producing another disease, it gives *Vyadhi Sankara. Kasa* or cough with sputum is the cardinal feature of *Rajayakshma* as well as in pulmonary tuberculosis¹¹.

Acharya Charaka has mentioned the pathogenesis of *Rajayakshma* in four aspects in *Nidana sthana*¹². A common pathogenesis has been described in *Chikitsa Sthana*¹³. *Sushruta Acharyas* have mentioned pathogenesis of two types viz. *Anuloma Kshaya* and *Pratiloma Kshaya*¹⁴

In *Sahasaja, Kshayaja* and *Vega Sandaranaja Doshic* involvement will be *Vata Pradhana Tridosha* and *Srotodushti prakara* is *Vimargagamana* and *Sanga*. In *Visamashanaja Rajayakshma Doshic* involvement will be *Kapha Pradhana Tridosha* and *Srotodushti Prakara* is *Atipravrutti, Sanga, Vimargagamana*¹⁵.

As per obtained result in 16 patients (53.33%) *Vata Vruddhi*, 13 patients (43.33%) *Kapha Vruddhi*, 8 patients (26.66%) are having *Pitta Vruddhikara Lakshana*, 14 patients (46.66%) *Vata Kshaya*, 8 patients (26.66%) *Kapha Kshaya Lakshana* and 17 patients (56.66%) are having *Pitta Kshaya* symptoms. After examination of *Vruddhi* and *Kshaya* of *Dosha*, the *Vata Kapha Vruddhi* is found in maximum number of patients along with *Pitta Kshaya*. Thus on the basis of assessment of maximum patients seen in the study were *Vata Pradhana Tridosha* and *Kapha Vata Pradhana Tridosha Samprapti* was found.

CONCLUSION

Rajayakshma is a *Tridoshaja Vyadhi* gets manifest because of indulging in *Sahasa, Vegasandarana, Kshaya, Vishamashana* thus *Ekadasharupa. Samprapti* puts light over complete pathogenesis process of the disease. As per obtained result the maximum patients seen in the study were *Vata Pradhana Tridosha* and *Kapha Vata Pradhana Tridosha Samprapti* was found. So *Rajayakshma* is an ideal example for *Madhyama Roga Marga*.

REFERENCES

1. Agnivesha, Revised by Charaka and Dridhabala Charaka Samhita with Vidyotini Hindi Comm. Shosha nidana adhyaya 6/3-4 edited by Pt. Rajeshwaradatta Shastri, Pub. Choukhamba bharti academy, Varanasi, Part 1,2005 p 648
2. Eugene Braunwald; Harrison's Principles of Internal Medicine, McGraw Hill Medical Publishing Division Vol- 1 and 2, 15th edition 2001 p-1026
3. Popkin BM. The nutrition transition and its health implications in lower income countries. Public Health Nutrition 1998;1:5-21.
4. K Park, Park's Textbook of Preventive and Social Medicine by, Pub. M/s Banarsidas Bhanot Publishers, Jabalpur, India. 20 th edition 2009 p-240
5. Eugene Braunwald; Harrison's Principles of Internal Medicine, McGraw Hill Medical Publishing Division Vol- 1 and 2, 15th edition 2001 p-1026
6. Vagbhata, sarvanga sundara of arunadatta and Ayurveda Rasayana of Hemadri, astanga hrdaya, sutra sthana, Dosha bhedeyam adhyaya, 12/32 edited by pt. Harisadashiva shastri paradikhari bhishagacharya, Reprint ed. Chaukhambha Surabharati Prakashana, Varanasi, 2007;197.
7. Agnivesha, Charaka, Dridhabala, Charaka samhita, Nidana sthana , Rajayakshma Chikitsa Adhyaya, 8/31-32, edited by Vaidya Jadavaji Trikamji Acharya, Reprint ed. Chaukhambha Surabharati Prakashana, Varanasi, 2005; -460
8. Agnivesha, Charaka, Dridhabala, Charaka samhita, Nidana sthana , Shosha Nidana Adhyaya, 6/16, edited by Vaidya Jadavaji Trikamji Acharya, Reprint ed. Chaukhambha Surabharati Prakashana, Varanasi, 2005; 222
9. Vagbhata, sarvanga sundara of arunadatta and Ayurveda Rasayana of Hemadri, astanga hrdaya, sutra sthana, Dosha bhedeyam adhyaya, 12/48 edited by pt. Harisadashiva shastri paradikhari bhishagacharya, Reprint ed. Chaukhambha Surabharati Prakashana, Varanasi, 2007;201
10. Agnivesha, Charaka, Dridhabala, Charaka samhita, Nidana sthana , Apasmara Nidana Adhyaya, 8/16-19, edited by Vaidya Jadavaji Trikamji Acharya, Reprint ed. Chaukhambha Surabharati Prakashana, Varanasi, 2005; 227
11. Agnivesha, Charaka, Dridhabala, Charaka samhita, Nidana sthana , Apasmara Nidana Adhyaya, 8/22, edited by Vaidya Jadavaji Trikamji Acharya,

- Reprint ed. Chaukhambha Surabharati Prakashana, Varanasi, 2005; 228
12. Agnivesha, Charaka, Dridhabala, Charaka samhita, Nidana sthana , shosha nidana Adhyaya, 6/6-10, edited by Vaidya Jadavaji Trikamji Acharya, Reprint ed. Chaukhambha Surabharati Prakashana, Varanasi, 2005; 220-221
13. Agnivesha, Charaka, Dridhabala, Charaka samhita, Nidana sthana , Rajayakshma Chikitsa Adhyaya, 8/28-32, edited by Vaidya Jadavaji Trikamji Acharya, Reprint ed. Chaukhambha Surabharati Prakashana, Varanasi, 2005; -460
14. Sushruta, Dalhana, Sushruta Samhita, Uttara Tantra, Shosha Pratisheda Adhyaya, 41/10, edited by Vaidya Jadavji Trikamji Acharya, Reprint ed. Chaukhambha Surabharati Prakashana, Varanasi, 2003;712.
15. Agnivesha, Charaka, Dridhabala, Charaka samhita, Nidana sthana , shosha nidana Adhyaya, 6/8-10, edited by Vaidya Jadavaji Trikamji Acharya, Reprint ed. Chaukhambha Surabharati Prakashana, Varanasi, 2005; 220-221

Source of support: Nil, Conflict of interest: None Declared