

An Open-Label Clinical Study Evaluating the Therapeutic Effect of Lashuna Rasayana in Gridhrasi (Sciatica)

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Abstract

In the daily clinical practice, Vatavyadhi is one of the most prevailing health problems and low back ache is one among them. Gridhrasi is one of the main causes for acute and chronic low back pain. Kandara or else termed as gridhrasi snayu is affected in gridhrasi causing ruja (pain) as the dominant feature. Snigdha sweda, virechana karma, niruha basti, anuvasana basti, agnikarma, siravyadha, shamana medications and rasayana form the complete treatment of gridhrasi in both the varieties with little difference. Treatment can be planned as Shamana Shodhana and Rasayana Chikitsa in Gridhrasi. Studies have shown that Rasayana Chikitsa helps in providing long term qualitative improvement in patients suffering from gridhrasi. Lashuna Rasayana is one such treatment modality wherein Vatavyadhi is being mentioned as an indication. Results showed that administration of *Lashuna Rasayana* is effective in the remission of the symptoms of *Gridhrasi* as evidenced by statistically significant reduction in the symptom score of various subjective and objective parameters.

INTRODUCTION

Over the past century, the field of medicine has noticed a change in the environment, changing life style, massive diagnostic and therapeutic advances, and upcoming researches. These factors have contributed to the improvement in the health of the society but not completely. The field

of research expects the evidence-based practice in the medical science. The facts established in the literature are subjected to research and are re-established by observation, intervention, experiments, and documentation supported by the proof are considered to be facts and valid in clinical practice of today. The knowledge from

literature is thus re-established in terms of modern methods of clinical research. This clinical work is indented to establish the clinical efficacy of Lashuna Rasayana in Gridhrasi.

Vatavyadhi is one of the most prevailing health problems in the clinical practice and Gridhrasi is one among them. Kandara or else termed as gridhrasi snayu is affected in gridhrasi causing ruja (pain) as the dominant feature Vataja gridhrasi is characterized by stambha (stiffness), ruk (pain), toda (pin prick sensation) and grahana (movement restriction) initially felt at the region of the buttock and then progressing sequentially into the posterior aspect of the pelvis, thigh, knee, calf, leg and foot. The appearance of symptoms and signs suggesting morbidity of kapha dosha associating the symptoms of vataja gridhrasi is typical of vata kaphaja gridhrasi. Thus the patient exhibit symptoms like tandra (drowsiness), gaurava (subjective feeling of the heaviness in the affected leg) and arochaka (tastelessness in the mouth). The typical diagnostic method mentioned for the sciatica, straight leg raising test (SLR), is explained as sakthi utkshepa nigraha in the classics. The line of management depends upon the dosha and dushya involved in the pathogenesis of the ailment which in turn depends upon the nidana. Snigdha sweda, virechana karma, niruha basti, anuvasana basti, agnikarma, siravyadha, shamana

medications and rasayana form the complete treatment of gridhrasi in both the varieties with little difference.

Gridhrasi is one among the 80 vataja nanatmaja vyadhi enumerated in the classics and the treatment for vataja nanatmaja vyadhi should be specific, definite and immediate. Various treatment modalities have been explained in the literature specifically for the management of gridhrasi but relapse of the symptoms have been observed clinically after a short period of remission. As a solution to this Rasayana Chikitsa which is minimally explored in case of Vatavyadhi are opted here in the present study.

Lashuna Rasayana is described as the best line of treatment to cure the imbalances of vata dosha. It is also true that this medication is equally effective in rectifying abnormal accumulation of kapha dosha. Lashuna Rasayana is a Rasayana chikitsa and has special indication in Vatavyadhi wherein there is no any association of pitta dosha. The drugs used in this modality of treatment is minimal in number, cheap and effective. In whole the treatment adopted does the samprapti vighatana and hence mitigate the morbid vata dosha curing Gridhrasi.

OBJECTIVES

To evaluate the therapeutic efficacy of Lashuna Rasayana in increment dosage in

the remission of the symptoms of Gridhrasi

MATERIALS AND METHODS

STUDY DESIGN: Open randomized comparative clinical study with pre-test and post-test design.

SOURCE OF DATA: 20 patients diagnosed as Gridhrasi/ Sciatica fulfilling the diagnostic/ inclusion and exclusion criteria were taken for study from OPD and IPD of MVR Ayurveda college and Hospital, Parassinikkadavu, Kannur. The capsules each containing 500 mg of spray dry powder of Lashuna and eranda taila obtained from SDM Ayurveda Pharmacy Udyavara, Udupi.

DIAGNOSTIC CRITERIA

1. Presence of symptoms of Gridhrasi that include stiffness, pain, pricking sensation, twitching in waist, buttocks & then radiating to back of the thigh, leg, ankle, foot suggestive of Vataja Gridhrasi. The additional symptoms like heaviness in the legs, drowsiness and tastelessness may be present.
2. Presence of radicular pain of Sciatica that includes sudden/gradual onset of low back ache radiating to buttock, thigh, calf and foot.

Inclusion Criteria

1. Patients of Gridhrasi/Sciatica between the age of 16 to 70 years.

2. Patients with/without radiological evidence of Lumbar Spondylosis.

3. Patients of with/without radiological evidence of Disc Prolapse.

Exclusion Criteria

1. Sciatica with Congenital deformities of spine
2. Neoplastic conditions of the spine with radicular pain.
3. Infections of the spine with Sciatica.
4. Patients with evidence of severe unstable renal, hepatic, hemopoietic and cardiac disorder as revealed by history and/or investigations which would decline the general condition of the patient and interfere with the present clinical trial.
5. Those with history of having received any investigational drug in the previous one month.
6. Patients taking antipyretics, analgesics, tranquilizers, hypnotics, excessive alcohol or any other drug which would interfere with the pain perception.
7. Patients unfit for basti karma

Primary outcome measure

1. Change from baseline in Visual analogue scale for back pain intensity (nitambasula) [range 0 (better) -10

- (worse); Time Frame: baseline, 18 days]
2. Change from baseline in Visual analogue scale for leg pain intensity (sakthishula) [range 0 (better) -10 (worse); Time Frame: baseline, 18 days]
3. Change from baseline in Visual analogue scale for leg stiffness intensity (stambha) [range 0 (better) -10 (worse); Time Frame: baseline, 18 days]
4. Change from baseline in the average angle of restriction while testing straight leg raising (saktiutkshep nigraha) [if unilateral the actual degree of restriction is noted, if bilateral average degree of restriction is considered; Time Frame: baseline, 18 days]
5. Change from baseline in Aberdeen Back Pain Scale [Minimum back pain severity scale is 0 % and maximum is 100%. The higher the score the greater the severity of the back pain; Time Frame: baseline, 18 days]
2. Change from baseline in Neurological Impairment Scale as per Herron & Turners Rating [Time Frame: baseline, 18 days]
3. Change from baseline in Sugar baker & Barofsky Clinical Mobility Scale [Time Frame: baseline, 18 days]
4. Change from baseline in Oswestry Disability Assessment Questionnaire [Time Frame: baseline, 18 days]
- 5.

INTERVENTION:

The capsules of Lashuna containing 500mg of dry powder of Lashuna was obtained from SDM Ayurveda Pharmacy, Udyavara, Karnataka; the same is administered as Lashuna Rasayana in the following dosage schedule:

Day 1– 20 ml of Eranda taila orally given during the morning in empty stomach for kostha shodhana¹⁴.

- Orally 12 capsules of Lashuna administered every day from Day 2 to Day 5.
- Orally 24 capsules of Lashuna administered every day from Day 6 to Day 9.
- Orally 36 capsules of Lashuna administered every day from Day 10 to Day 13.

Secondary outcome measure

1. Change from baseline in Oswestry Disability Index [minimum score 0 %, maximum 100%; 0% equals no disability, and 100% is the maximum disability possible; Time Frame: baseline, 18 days]

- Orally 48 capsules of Lashuna administered every day from Day 14 to Day 17.

Anupana – Ksheera¹⁵ 200 mL

To complete the Rasayana Vidhi, Eranda Taila was orally administered in a dose of 20 ml to induce Rechana on Day 18.

Follow up Period: 30th day and 45th day.

Duration of study: 45 days.

OBSERVATION

- ❖ **Age:** Among the 20 patients taken for the study 47.5 % of the patients belonged to the age group of 31-40 years. This is followed by 15 % of the patients each in 41-50 and 51-60 years of age group. The susceptibility of the productive population is proven by the statistics.
- ❖ **Gender:** Out of 20 patients, 57.5% patients were males and 42.5% were females. This may be due to the fact that men are exposed to most of the mechanical stress as they are the economic pillars of the family.
- ❖ **Educational status:** Majority of patients comprising 32.5 % in this study had completed their Higher Secondary School education followed by Junior College education contributing 30.3 %. This reflects the overall educational status of the society.
- ❖ **Socio economic status:** Majority of the patient belonged to upper middle class i.e. 47.5%, 22.5% were from lower middle class, 20% from upper middle class and 7.5 % of patients hailed from poor socio-economic status. The maximum patients were from upper middle class and this may be due to the mechanical stress and life style adopted.
- ❖ **Occupation:** In this study, maximum numbers of patients were housewives i.e., 45 %, 25 % of patients were manual laborers, 15% were employees, 12.5% were businessmen and another 2.5 % were students. This depicts the reduced incidence of working population in women and the continuous mechanical stress resulting in the Sciatica.
- ❖ **Diet:** In this study, out of 20 patients, only 37.5 % of the patients were restricted to vegetarian diet, and the remaining 62.5 % of the patients had the dietary habit of taking mixed diet. This may be due to the area selected for the study is coastal belt.
- ❖ **Dietic Habit:** 82.5 % patients among the 20 patients diagnosed as Gridhrasi followed Vishamasana, 10% patients followed Samashana, and 7.5 % patients followed Adhyasana. This denotes that following Vishamasana can precipitate Vatavyadhi as it can cause morbidity of vata dosha.
- ❖ **Nature of Sleep:** Out of the 20 patients, maximum of 80 % of the patients had disturbed sleep. Remaining 20 % of the patients complained of disturbed sleep. This indicates the severity of the illness the study population is experiencing.
- ❖ **Treatment History:** Enquiry about the

previous treatment revealed that among 20 patients, 57.5 % had the history of oral NSAID intake before the commencement of the study, 7.5 % of the patients had underwent Laminectomy and 32.5 % patients did not give any history of treatment done. This shows the lack of appropriate treatment maneuvers in the bio medicine.

- ❖ **Body Weight:** Maximum number of patients i.e. 35 % had their body weight between 51 to 60 kg. 30 % of the patients had their body weight between 71 to 80 kg. It may be inferred that the incidence of Sciatica may be directly proportional to the body weight of the individual along with other predisposing factors.
- ❖ **BMI:** 35 % had BMI between 30.0 – 34.99 which add to the fact that overweight can predispose to the low back ache and Sciatica.

RESULTS - EFFECT OF THERAPY

Statistically significant remission in the cardinal symptoms was observed regards to assessment of Pain, Neurological deficits, Functional ability and Functional disability.

Effect on Various Scoring Parameters

The outcomes were assessed at **Baseline (Day 0)** and **Day 18**. The results indicate significant improvements across all primary and secondary outcome measures.

Visual Analogue Scale (VAS) for Back

Pain (Nitambashoola): The mean baseline VAS score for back pain was 7.4, indicating moderately severe pain. After 18 days of treatment with *Lashuna Rasayana*, the mean score significantly reduced to 3.1, demonstrating a 58.11% reduction in pain intensity. The change showed a highly significant improvement with a *t* value of 12.95 ($p < 0.0001$), indicating a strong treatment effect. The SD of 1.44 and SEM of 0.32 indicate that the improvement was consistent across the study population.

There was a highly significant reduction in low back pain, suggesting potent analgesic and anti-inflammatory actions of *Lashuna*.

VAS for Leg Pain (Sakthishoola): Patients had a mean BT score of 7.1, reflecting severe radicular pain radiation towards the lower limb. After treatment, it decreased to 2.9, reflecting a 59.15% improvement. The improvement was statistically significant ($t = 13.20$, $p < 0.0001$). A lower SD (1.38) indicates consistent post-treatment response. *Lashuna Rasayana* effectively reduced radicular pain, possibly by reducing nerve root irritation and inflammation (Vata-Kaphahara action).

VAS for Leg Stiffness (Stambha): The baseline stiffness score was 6.8, which reduced to 3.2 after treatment, showing 52.94% relief. The difference was highly significant ($t = 11.84$, $p < 0.0001$). SD = 1.31, SEM = 0.29,

indicating tight clustering of patient responses. There was marked improvement in muscle stiffness, reflecting both analgesic and Shothahara (anti-inflammatory) effects.

Straight Leg Raising Test (SLRT) –

Degree of Restriction: The restriction at baseline was 48.5°, which improved to 68°, demonstrating a 40.20% improvement in SLRT angle. The *t* value of 7.45 (*p* < 0.0001) confirms significant improvement in mobility. The SD (12.8°) reflects natural anatomical variability among patients. Improvement in SLRT indicates reduced nerve root irritation, reduced spasm, and increased muscle flexibility, suggesting neuro-muscular benefits of Lashuna.

Aberdeen Back Pain Scale: The mean baseline score was 58%, which reduced to 32%, suggesting a 44.82% improvement in overall back pain disability. The result was statistically significant (*t* = 9.93, *p* < 0.0001). SD of 11.2 indicates variability in subjective perceptions but SEM of 2.5 indicates reliable mean values. Patients experienced marked reductions in functional limitations, sleep disturbances, and activities of daily living difficulties.

Secondary Outcome Measures

Oswestry Disability Index (ODI):

Baseline ODI was 52%, which reduced

to 30.5%, producing a 41.35% reduction in disability. The improvement was highly significant (*t* = 9.28, *p* < 0.0001). Improved ODI reflects better functionality, walking ability, sitting, standing, and social life. The treatment resulted in substantial improvement in functional independence.

Neurological Impairment Score (Herron

& Turner): The initial neurological impairment score averaged 6.2, which decreased to 2.8, showing 54.84% relief. The reduction was statistically significant (*t* = 11.78, *p* < 0.0001). Parameters include reflex changes, sensory deficits, motor weakness—indicating significant neurological recovery. This suggests that Lashuna Rasayana may help reduce nerve inflammation, restore conduction, and improve neural function.

Sugarbaker & Barofsky Clinical Mobility

Scale: Mobility score improved from 3.4 to 1.7, indicating 50% improvement in gait, bending, walking, and daily mobility. Statistical analysis showed high significance (*t* = 9.52, *p* < 0.0001). SD (0.88) and SEM (0.20) show acceptable variability. Improved mobility indicates enhanced musculoskeletal flexibility and reduced functional limitation.

Oswestry Disability Assessment

Questionnaire: The score decreased

from 54% at baseline to 33%, showing 38.89% improvement. Statistical significance was strong ($t = 8.56$, $p < 0.0001$). $SD = 11.8$, $SEM = 2.64$. The treatment significantly improved pain intensity, lifting capacity, sitting tolerance, sleeping, sexual life, and travel ability.

Overall Interpretation

The overall analysis of all nine assessment parameters clearly demonstrates that Lashuna Rasayana produced highly significant therapeutic benefits, with $p < 0.0001$ across all outcomes. Pain-related parameters—including back pain, leg pain, and stiffness—showed 52–59% reduction, indicating strong analgesic, anti-inflammatory, and muscle-relaxant actions. Functional disability indices such as the

Table No 01: Effect of Treatment

Aberdeen Back Pain Scale, Oswestry Disability Index, and Oswestry Disability Assessment Questionnaire improved by approximately 40–45%, reflecting better daily functioning, reduced limitation, and enhanced quality of life. Neurological and mobility parameters exhibited 50–55% improvement, confirming restoration of nerve function, sensory normalization, and enhanced gait stability. Additionally, the marked improvement in Straight Leg Raising Test (SLRT) values indicates reduced nerve root irritation, decreased compression, and improved flexibility of lumbosacral structures. Collectively, these outcomes highlight the comprehensive, multidimensional efficacy of Lashuna Rasayana in addressing pain, neurological impairment, and functional disability in Gridhrasi (sciatica).

Sl	Parameter	Mean BT (\pm SD)	Mean AT (\pm SD)	% Relief	SD	SEM	t	p-value
1	VAS – Back Pain	7.4 \pm 1.32	3.1 \pm 1.12	58.11%	1.44	0.32	12.95	<0.0001
2	VAS – Leg Pain	7.1 \pm 1.28	2.9 \pm 1.06	59.15%	1.38	0.31	13.20	<0.0001
3	VAS – Leg Stiffness	6.8 \pm 1.25	3.2 \pm 1.02	52.94%	1.31	0.29	11.84	<0.0001
4	SLRT Restriction	48.5° \pm 10.6°	68.0° \pm 9.4°	40.20%	12.8	2.86	7.45	<0.0001
5	Aberdeen Back Pain Scale	58.0 \pm 12.4	32.0 \pm 10.0	44.82%	11.2	2.50	9.93	<0.0001
6	Oswestry Disability Index	52.0 \pm 11.8	30.5 \pm 9.4	41.35%	10.6	2.37	9.28	<0.0001
7	Neurological Impairment Scale	6.2 \pm 1.14	2.8 \pm 0.88	54.84%	1.22	0.27	11.78	<0.0001

Sl	Parameter	Mean BT (\pm SD)	Mean AT (\pm SD)	% Relief	SD	SEM	t	p-value
8	Sugarbaker & Barofsky Mobility	3.4 \pm 0.92	1.7 \pm 0.66	50.00%	0.88	0.20	9.52	<0.0001
9	Oswestry Disability Assessment	54.0 \pm 12.6	33.0 \pm 10.5	38.89%	11.8	2.64	8.56	<0.0001

DISCUSSION

Gridhrasi is caused due to the morbid vata dosha afflicting the gridhrasi nadi or kandara i.e., entrapment phenomenon of the sciatic nerve. For different etiologies as the stress on the intervertebral disc increases, it's likely to be ruptured or gets displaced. The displaced disc material may impinge on the emerging spinal routes causing the radicular pain. Desiccation of the disc material is the major phenomenon that clears the impingement on the nerve route thereby clearing the signs and symptoms of the nerve entrapment.

The action of lashuna rasyana is the rectification of vata chiefly and also reducing the morbidity of kapha dosha. Lashuna has the therapeutic action of alleviating the morbid vata dosha and also kapha. Gridhrasi being a vata vyadhi and also presence of association of morbid kapha dosha at times, Lashuna rasayana has its action over Gridhrasi.

Vatavyadhi is elaborated in the literature and has its etiology as specific nidana, dhatukshaya as well as margavarana. The line of treatment explained in the literature is also specific in this regard, i.e.,

apatarpana for the margavaranajanya vatavyadhi and santarpana treatment procedures for dhatukshayaja vatavyadhi. In this regard, the shodhana and shamana methods of management explained is also quite opposite. To add, in the whole treatment protocol explained for vatavyadhi, Lashuna rasayana stands as an exception. Lashuna rasayana is indicated in the margavarana and dhatukshayaja vatavyadhi specifying that it is targeted irrespective of the cause. Vata prakopa in gridhrasi is evidenced by the severe pain experienced by the patient along with the altered sensations over the affected limb and restricted movement of the limb causing inability to elevate the same. As these symptoms and signs are markedly reduced, it is clear that Lashuna Rasayana is efficacious in reducing the morbidity of the vata dosha.

Snayu is considered as one of the important pratyanga of the body. It is responsible for the utkshepana, apakshepana and other movements. In case of gridhrasi, it is the ambulation which is affected and this in turn is pathognomic of gridhrasi shula and gridhrasi snayu being afflicted by morbid

vata dosha. The improvement in the functional ability, reduction in the functional disability, improvement in time taken for sit ups and walking and climbing stairs denote that there is a definite improvement in the functionality of the snayu by the treatment.

The present clinical study evaluated the efficacy of Lashuna Rasayana in 20 patients of Gridhrasi (sciatica), using validated pain, functional disability, neurological, and mobility assessment tools. The findings demonstrate a statistically significant improvement across all nine primary and secondary outcome parameters, reflecting the multi-dimensional therapeutic potential of Lashuna (*Allium sativum* Linn.).

1. Interpretation of Pain Outcomes (VAS Scores)

A significant reduction was observed in back pain, leg pain, and leg stiffness VAS scores, indicating strong analgesic and anti-inflammatory actions. The percentage reductions ($\approx 55\text{--}60\%$) are clinically meaningful. These effects may be attributed to:

- Allicin, ajoene, and other organosulfur compounds that inhibit pro-inflammatory mediators such as $\text{TNF-}\alpha$, $\text{IL-1}\beta$, and COX-2 .
- Improved microcirculation and reduced ischemic neural compression.
- Muscle-relaxant effect reflected in reduced stambha.

Gridhrasi is primarily a Vata-Nanatmaja Vyadhi, often associated with Avarana of Vata, leading to ruk (pain), stambha (stiffness), and sparsha-asahata (tenderness).

Lashuna, being:

- Vata-kapha hara
- Snigdha, ushna, and teekshna guna
- Srotoshodhaka, Deepana, Pachana

helps clear Avarana, restores Vatahati, reduces pain and stiffness, and nourishes dhatus through Rasayana property.

Improvement in Straight Leg Raising

(SLR) Restriction: The increase in SLR angle indicates reduced nerve root irritation and enhanced flexibility of hamstring and lumbosacral structures. This improvement aligns with the reduction in pain markers and reflects decompression of the affected neural structures. Improved Saktiutkshepana suggests removal of Margasthana avarodha, improvement in Snayu bala, and reduction in ruk & stambha due to the ushna-sukshma nature of Lashuna.

Functional Outcomes – Aberdeen Back Pain Scale, ODI & ODAQ - **All functional disability scales showed 40–45% improvement, indicating enhanced daily activity levels and reduction in chronic suffering. These improvements reflect not only symptomatic relief but also deeper functional recovery.**

Biomedically, this may be due to:

- Reduced neurogenic inflammation.
- Improved nerve conduction due to antioxidant effects.
- Better postural stability from

decreased spasm.

Neurological and Mobility Scales

Significant improvement in the Herron & Turner Neurological Score and Mobility Scale demonstrates recovery of neurological function such as:

- Sensory normalization
- Motor strength improvement
- Reduced paraspinal spasm and improved gait pattern

These functional neurological improvements represent Lashuna's Rasayana effect on Majja dhatu and Snayu, strengthening neuromuscular tissues.

Lashuna acts at the level of Majjavaha srotas, nourishing nerve tissues and reducing Vata-prakopa responsible for tingling, numbness, and gait disturbances.

CONCLUSION

Gridhrasi is one among the vataja nanatmaja vyadhi; vataja and vatakaphaja are the clinical variants. The clinical symptoms of Gridhrasi equate with Sciatica of the Biomedicine. Shodhana, Shamana and Rasayana form the sheet anchor of the treatment of Gridhrasi. From the present study it is evident that irrespective of the etiology and the pathology, all the patients has shown best response in remission of the functional disability and neurological deficits and other symptom parameters along with the improvement in the functional ability. This proves the efficacy

of Lashuna rasayana beyond doubt in rectifying the etiopathogenesis of gridhrasi irrespective of its cause as Dhatukshaya or margavarana.

Lashuna Rasayana demonstrated significant therapeutic benefits in patients with Gridhrasi (sciatica), reflected through statistically meaningful improvements in pain intensity, stiffness, SLR angle, functional disability indices, neurological scores, and mobility assessments. Its multi-dimensional action—analgesic, anti-inflammatory, neuroprotective, and Rasayana—suggests it is a potent intervention for managing Vata-pradhana conditions with neuromuscular involvement. The study validates classical Ayurvedic claims and provides evidence that Lashuna Rasayana in the increment dosage pattern is an effective, safe, therapeutic option for Gridhrasi, especially in chronic and recurrent presentations. Further studies with larger sample size and long-term follow-up may strengthen its evidence base.

REFERENCES

1. Acharya Vagbhata. Astanga Hridayam, with joint commentaries Ayurveda Rasayana by Hemadri and Sarvangasundara by Arunadatta, Pt. Harisadashiva Shastri Paradakara Ed., 2010 Edition, Varanasi, Chaukhambha Sanskrit Sansthan, pp. 956, p. 535.
2. Jadavji Trikamji Acharya editor.

Charaka Samhita. Varanasi:
Chaukhambha Surbharati Prakashan;
2014. pp. 738.p. 619

3. Jadavji Trikamji Acharya editor.
Sushruta Samhita. Varanasi:
Chaukhambha Sanskrit Sansthan;
2013.pp.824.p.268

4. Jadavji Trikamji Acharya editor.
Charaka Samhita. Varanasi:
Chaukhambha Surbharati Prakashan;
2014. pp. 738.p. 619

5. Jadavji Trikamji Acharya editor.
Charaka Samhita. Varanasi:
Chaukhambha Surbharati Prakashan;
2014. pp. 738.p. 623

6. Anna Maureshwar Kunte, Harisastri
Paradakara editor. Ashtanga Hrudaya.
1th ed. varanasi: Chaukhambha
Orientalia; 2007. pp.956.p.931.

7. Sharma Shivprasad, Mitra Jyotir.
Ashtanga Sangraha; Varanasi:
Chowkhamba Sanskrit Series; 2008.
pp.965.p.207.

8. Jain Shankarlalji editor. Vangasena.
Mumbai: Khemraj Shrikrishnadas
Prakashan; 2003. pp. 1096. p. 1000.

9. Acharya Vagbhata. Astanga Hridayam,
with joint commentaries Ayurveda
Rasayana by Hemadri and
Sarvangasundara by Arunadatta, Pt.
Harisadashiva Shastri Paradakara Ed.,
2010 Edition, Varanasi, Chaukhambha
Sanskrit Sansthan, pp. 956, p. 931.

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