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The Efficacy of Virechana Karma and Shamana Upakrama in Pittaj Grahani with special reference to Gastroduodenitis : A Case Study

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ABSTRACT:

In Ayurveda, *Grahani roga* (also known as *Grahani* disease) is a term used to describe various disorders related to the gastrointestinal tract, particularly those involving the small intestine and its functions. The term "Grahani" refers to the small intestine (place of Agni), which is considered the site of digestion and absorption of nutrients according to Ayurvedic principles. Based on dosha involved, it has four types namely- *Vaataj*, *Pittaj*, *Kaphaj* and *Sannipataj*. The condition *Pittaj Grahani* (Gastroduodenitis) was diagnosed in 23 years old female patient which was selected from Panchakarma OPD of our institute based on its classical symptoms and investigations. Total duration of therapy was 3 months which included *Panchana deepana*, *Snehapana*, *Virechana karma*, *Samsarjan krama* followed by *Shamana Upachara* using ayurvedic formulations. Parameters were assessed before and after treatment. As the patient was diagnosed based on classical symptoms of the disease the results were drawn using the gradations of parameters before and after the complete therapy. The treatment yield up to 80% relief from the symptoms. The motive behind this case report is to document the condition Pittaj Grahani which was treated successfully using Ayurvedic way of management i.e. with using *Samshodhana* (*Virechana*) and *Shamana Upakrama*. This case also highlights the importance of avoiding inappropriate diet and mismanaged lifestyle which may result in GIT Pathologies.

Keywords: *Grahani roga*, *Sannipataj*, *Upakrama*, *Samsarjan krama*, *Virechana*,

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Case Study**Introduction:**

Panchakarma, also known as *Samshodhana upakrama* are the therapeutic procedures described in *Ayurveda*, which includes – *Vamana* (therapeutic emesis), *Virechana* (therapeutic purgation), *Basti*, *Nasya* and *Raktamokshana*.⁽¹⁾ Out of these pentamerous procedures *Virechana*, is the procedure of eliminating the doshas from body through lower gastrointestinal tract.⁽²⁾ *Virechana* literally means to remove out something out of body by oral, nasal or by anal route, here the term is used to refer the elimination of *doshas* from lower gastrointestinal tract through the anal route. It is primarily indicated in management of diseases arising due to *Pitta dosha*⁽³⁾ such as - *Jwara*, *raktapitta*, *kamala*, *Visarpa*, *pandu* etc. In *Ayurveda*, the vitiated *doshas* are managed either by *Samshodhana* or by *Samshamana upakrama*, but *samshodhana* being superior to *samshamana* has its uniqueness as the diseases are cured through their root cause by using this.⁽⁴⁾ *Virechana* also establishes proper function of *Jatharagni* (digestive fire), as most of the diseases arises when the function of *Jatharagni* gets compromised;⁽⁵⁾ mainly because of unhealthy, unwholesome food habits, lifestyle or by unsuitable weather conditions.⁽⁶⁾ *Grahani*, is interpreted as one of the eight *Maharogas*, the diseases which are obstinate to treat as per *Ayurvedic* texts.⁽⁷⁾ It is basically the place of *Jatharagni* situated above umbilicus having functions involved in the ingestion, digestion, absorption, assimilation and egestion of the food.⁽⁸⁾ When these functions gets compromised the condition is termed as *Grahani*. The disease *Grahani* has four subtypes based on prominence of *doshas* involved – *Vaataj*, *pittaj*, *Kaphaj* and *Sannipataj*.⁽⁹⁾ Amongst this, *Pittaj Grahani* presents with the classical symptoms like – *Aruchi* (tastelessness), *Avipaak* (Indigestion), *Adhmaana* (bloating), *Amla udgar* (acid irructation), *Ura-Udardaah* (burning in chest and abdomen), *muhurbaddha muhurdrava mal pravritti* (diarrhea and constipation accordingly) and general weakness.⁽¹⁰⁾ This condition resembles with Gastroduodenitis. Gastroduodenitis is an intestinal condition caused by inflammation in duodenum lining. People suffering from this may have – feeling of fullness after eating, Bloating, Feeling sick, Cramping, Burning up and Nausea.⁽¹¹⁾ As *Virechana* is the best therapy for the *Pitta dosha*, in present case a 23 years old female patient having symptoms of *Pittaj Grahani* was treated with it along with *Shamana Upachara*. The case was assessed on subjective and objective parameters and some investigations. At the end of treatment and by following all the *Pathya-apathya* regulations patient got significant relief from the symptoms.

CASE REPORT:

A 23 years old female visited M A Podar Hospital, Mumbai having complains of – *Urah- Udar daah prachiti* (burning in chest and abdomen), *Bhojanottar dravamal pravritti* (loose motions after meal), *Daurbalyanubhuti* (general weakness), *Udare vaat sanchiti* (Belching), *Avipaak* (indigestion), and *Hrillas* (Nausea) since last 3 years especially after taking meal. Along with this patient was suffering from complains of *Nasanaah* (Nasal congestion) and frequent sneezing in morning hours and on exposure to cold environment. Patient initially took treatment from outside. Where she was diagnosed with Antral gastritis, Duodenitis and mild hiatus hernia and was suggested for operative procedure as part of management in July 2022. As patient was not ready for the operative, she visited *Panchakarma* OPD of our institute for *Ayurveda* treatment where patient was examined thoroughly and was diagnosed for

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Pittaj Grahani. Basic blood investigation, stool examination and Endoscopy was done.

DIAGNOSIS:

Before diagnosing the condition, the patient was examined using Ayurvedic methods of examination like – *Trividha*, *Astavidha*⁽¹²⁾ and *Dashavidha pariksha*⁽¹³⁾ thoroughly. The patient was having complains of – *Ura* and *udar daah prachiti*, *udarshool*, *dravamal pravrutti (bhojanottar)*, *Kshudhamandya*, *Trishnadhikya* and *Amlodgar* on and off since 3 years; which were indicating *Agnidushti* and ultimately towards *Grahani* disease. The patient revealed no any history of serious past illness, the only family history was – DM (father), no any surgical history, no any history of any trauma before.

Personal History :

1. *Ahara* (Diet) – vegetarian diet with cereals, pulses, rice, vegetables, Street food items (*guru, ushna vidahi ahara*), *Atitkaal bhojan*
2. *Vihara* (Regime) – *Pratah utthan* – 8 am, *Ratri shayan* - 12 am, working hours 8, Exercise, Yoga for about 20 mins (Irregular)
3. *Vyasana* (Addiction) – NAD
4. *Anurjata* (Allergy) – allergic to dust, cold environment

General Examination (Astavidha Parikshana) :

1. *Naadi* (Pulse) - *Vaatpitta Pradhan*, *vaat sthani*, *jalouka gati*, *alpa bal*, 86/min
 2. *Mutra* (urine) – *Samyak pravrutti*, 4-5 vegas a day
 3. *Mal* (stool) – *Dravamal pravrutti (bhojanottar)*, 3-4 episodes a day
 4. *Jivha* (tongue) – *Alpa saam*
 5. *Shabda* – *Prakrut, Spasta*
 6. *Sparsha* – *Prakrut, Anushna*
 7. *Drik* (Vision) - *Prakrut*
 8. *Akruti* (Weight) – *Madhyam krish*
- *Koshtha* - *Mrudu*
 - *Agni* - *Manda*
 - BP – 100/70 mmHg
 - Temp – 97° F

Dashavidha Pariksha :

1. *Prakruti* - *Vaatpittaj*
2. *Vikruti* – *Annavaha srotas*, *Purishvaha srotas vikruti*
3. *Saar* – *Avara* (poor)

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4. *Samhanana : Madhyama*
5. *Satmya : Madhur ras, tikta ras ahara dravya, Katu lavan ras Asatmya*
6. *Aharshakti : Avara*
7. *Satva – Pravara*
8. *Vyayamshakti : Avara*
9. *Praman – Saardha trihasta, 84 angul*
10. *Vaya – Balavastha – 23 year*

Nidaan Panchak:

1. **Hetu:** *Katu-Amla-lavana ras, Ushna, vidaahi guru bhojan (street food items), Atitkaal bhojan, Kshudha veg dharana*
2. **Purvaroop :** *Anna vidaah (heart burn aft eating), Excessive thirst, general weakness*
3. **Roop:** *Urah- Udar daah prachiti (burning in chest and abdomen), Bhojanottar dravamal pravritti (loose motions after meal), Daurbalyanubhuti (general weakness), Udare vaat sanchiti (Belching), Avipaak (indigestion), and Hrilas (Nausea)*
4. **Upashaya:** *Madhur, tikta ras sevan **Anupashaya**– Katu , amla, guru ahar sevan*
5. **Samprapti** (Pathogenesis)

Flow chart no 2 – showing Samprapti (Pathogenesis) of Pittaj Grahani

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The patient underwent blood investigations, stool examinations which were nil and doesn't reveal anything and the Endoscopy which showed – antral gastritis, duodenitis and mild hiatus hernia at GE junction. The blood investigation values were – Hb – 10.2 gm/dl, WBC – 5200 per microliter, Neutrophils % - 60%, eosinophils – Monocyte % - 06%, Platelet – 358000 per microliter, Basophils% - 00%, Lymphocyte % - 29%

TREATMENT PLAN:

Acharya Charak, in *Grahanidosh chikitsa adhyay* has given plan for the management of *Pittaj Grahani*,⁽¹⁴⁾ where its indicated to undergo *samshodhana upakrama* and expel out vitiated *pitta dosha* using either by *virechana* or by *vamana karma*. The patient was vitally stable but was not fit for *vamana karma* because of her *Sukumar prakruti* (delicate body nature). Initially patient was treated with *Samshamana upachara* for more than a month by using some Ayurvedic formulations as given in table 1. The symptoms of *Saam avastha* and associated complains like nasal congestion, frequent sneezes were managed.

Table no. 1: Shows the Shamana treatment given before Virechana with duration.

Sr.no.	Ayurvedic formulations	Dose	Time	Duration
1.	<i>Sootshekhara Ras</i> ⁽¹⁵⁾	500 mg	BD (aft meal)	3 weeks
2.	<i>Dadimashtak churna</i> ⁽¹⁶⁾	3 gm	BD (bef meal)	2 weeks
3.	<i>Sanjeevani vati</i> ⁽¹⁷⁾	500 mg	BD (aft meal)	2 weeks
4.	<i>Sitopaladi churn</i> ⁽¹⁸⁾	3 gm	TDS	1 month
5.	<i>Praval panchamrit ras</i> ⁽¹⁹⁾	250 mg	BD (aft meal)	1 month
6.	<i>Eladi vati</i> ⁽²⁰⁾	250	TDS	1 month

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After managing the condition using formulations, the patient was advised to undergo *Virechana*. As the act of removing *saam dosha* is contra indicated. ⁽²¹⁾ The patient was Planned for *Virechana* initially by *Rukshana*, *Pachana* and *deepana upakrama* using the combination of Ayurvedic drugs – *Triphala*, *Musta* and *Shunthi churna* for 1 week. The patient was re- examined before *Snehapaana*, consent was taken in written form. The *Snehapaana* was given with the combination of *Mahatikta ghrita*⁽²²⁾ and *Yashtimadhu ghrit*⁽²³⁾ in half amount each.

Flow chart no. 2 - showing plan of treatment followed General**Snehapaana:**

The patient was advised to take *Sneha* (combination of *Mahatikta* and *Yashtimadhu ghrit*) in early morning with lukewarm water as *Anupana*, to drink lukewarm water whenever felt thirsty. The diet advised was of *Laghu*, *drava*, *alpa snigdha* and *ushna guna* (light, semisolid and bland diet) during *Snehapaana* and also for three days rest after *Snehapaana*. Following of *Pathya-apathya* regime was also advised strictly. After 5 days of consuming this *Sneha*, patient showed signs of *samayak snehapaana* like – *Purish snigdhata*, *vit shaithilya*, *Adhastat Sneha darshan*, *Sneha dwesha* and *gaatra snigdhata*. The *Snehapaana* vidhi is described in table no. 2

Table no 2 – Showing Snehapaan plan of 5 days

Day	Day 1	Day 2	Day 3	Day 4	Day 5
<i>Snehapradankaal</i>	8:15 am	8:00 am	7:45 am	8:00 am	8:10 am
<i>Sneha matra</i>	30 ml	60ml	90 ml	120 ml	150 ml
<i>Kshudhaprachiti</i>	12:30 pm	1:30 pm	2:00 pm	3:30 pm	4:30 pm
<i>Jaran kaal</i>	4 Hrs 15 min	5Hrs 30 min	6 Hrs 15 min	7 Hrs 30 min	8 Hrs 20 min
<i>Agni deepti</i>	☒	☒	☒	☒	☒

Virechana Karma:

Before posting to the *Virechana karma* patient underwent whole body oleation and sudation therapy (*Sarvanga Snehana* and *Swedana*), both before one day and on the *Virechana* day. The Patient was examined prior to the karma using *astavidha pareekshana vidhi*, Abdomen palpation and percussion and general examinations as follows:

1. *Naadi – Vaatpitta Pradhan, Laghu, having Jalouka gati with rate of 70/min*
2. *Mutra – Samyak pravritti, 4-5 vegas a day*
3. *Mal – samyak pravritti, 1-2 vegas a day*
4. *Jivha – Niraam*
5. *Shabda – Spasta, prakrut*
6. *Sparsha – Parkrut, anushna*
7. *Drik – Prakrut*
8. *Akruti – Madhyam krish*
 - *Koshtha – Mrudu*
 - *Agni – Prakrut*
 - BP – 110/70 mmHg
 - RR – 18/min
 - Temp – 97.2° F
 - P/A – Soft, non-tender

After examining thoroughly, *Virechana aushadhi – Trivittavaleha*⁽²⁴⁾ was given in 60 gm amount with *Draksha faant* as *anupana* at late morning 10:30 am. *Draksha faant* was also used as *Virechanopag*⁽²⁵⁾ to enhance the procedure of purgation. Total *virechana vegas* were 16 with *Samyak shuddhi*

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lakshanas at the end. Patient was advised to follow *Peyadi Samsarjana krama* for the next 5 days with regime of *Pathya-apathya*. Follow up after 14 days of completion of *samsarjana krama*.

TREATMENT OUTCOMES: General examinations were done on follow up day, patient was vitally stable. The main complains were assessed using gradation and compared before and after treatment.

1. Daha (burning sensation) : Table no. 3

Sr. no.	Symptoms	Grade	Before treatment	After treatment
1.	No <i>daha</i>	0	Grade 3	Grade 0
2.	<i>Daha</i> in any one area of <i>udara, ura, Kukshi</i> /occasionally more than half an hour	1		
3.	<i>Daha</i> in any 2 area/occurs daily for half hour to 1 hr	2		
4.	<i>Daha</i> occurs daily in more than 2 area for 1 hour or more and relieves after digestion of food or vomiting	3		
5.	<i>Daha</i> involving most of the area patient may not sleep at night and does not relieve by any measures.			
6.	Severe degree of <i>daha</i> involving the whole body like hands, feet or <i>sarvanga</i> and does not relieves by any measures			

2. Amlodgara (Acid irructation) : Table no. 4

Sr. no.	Symptoms	Grade	Before treatment	After treatment
1.	No <i>amlodgar</i> at all.	0		
2.	Occasionally during day or night for less than half hour after meals.	1		
3.	Occurs daily for ½-1 hr and relieves by sweets, water and antacids.	2		

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4.	After every intake of meal any food substance for half to one hr and relieved by digestion of food or vomiting.	3	Grade 3	Grade 0
5.	For more than 1 hr not relieved by any measures.	4		
6.	Disturbing the patients even small of food regurgitate to the mouth.	5		

3. *Dravamal pravrutti* : Table no. 5

Sr. No.	Symptoms	Grade	Before Treatment	After treatment
1.	<i>Samhata pureesh</i> (well formed, solid)	0	Grade 2	Grade 0
2.	<i>Asmhata/shithil</i> (improperly formed)	1		
3.	<i>Srushta pureesha, samsra</i> (semiliquid), takes shape of closet	2		
4.	<i>Dravam/tanu</i> (liquid stool), spills through the closet basin	3		
5.	<i>Tilpishtanibha, vesavarabham, medodaksannibham, tailabham</i>	4		

Muhurmuhu pravrutti : Table no. 6

Sr. no.	Symptoms	Grade	B.T.	A.T.
1.	1 to 2 times a day	0	Grade 2	Grade 0
2.	3 to 6 times a day	1		
3.	7 to 9 times a day	2		
4.	10 to 15 times a day	3		
5.	more than 15 times a day	4		

1. **Hrillas** (nausea) : **Table no. 7**

Sr. no.	Symptoms	Grade	B.T.	A.T.
1.	No vomiting at all	0	Grade 2	Grade 0
2.	Frequent salivation on every day	1		
3.	Feels sense of nauseating and vomits occasionally	2		
4.	Frequent vomiting 2/3 times or more per week and times whenever daha or pain aggravates	3		
5.	Frequency of vomiting is daily	4		
6.	Frequency of vomiting after every meal or even without meal.	5		

2. **Trishnadhikya** (Increased thirst): **Table no. 7**

Sr. no.	Symptoms	Grade	B.T.	A.T.
1.	Intake of water 5-7 times/day with quantity 1.5 to 2.0 litre/day	0		
2.	Intake of water 7-9 times/day with quantity 2.0-2.5 liter/day	1	Grade 2	Grade 1
3.	Intake of water 9-11 times/day with quantity of 2.5 to 3 liter/day	2		
4.	Intake of water more than 11 times/day with quantity of more than 3 liter a day	3		

The treatment yield near about 80% relief from the symptoms when compared with the symptoms on first follow up. There was significant improvement in the health of patient after *virechana karma*. The patient was advised to take *Mahatikta ghrit* – 10 ml twice a day at *rasayana kaal* for the next 21 days as *shamana upachara* with *Jeerak*, *Shatapushpa churna* 3 gm and *Praval panchamrit ras* 250 mg BD after meal.

DISCUSSION :

Virechana, is the best treatment of Pitta dosha. Which also establishes proper function of *Jatharagni* (digestive fire). Here in presenting case the symptoms were indicating pitta dushti, Agnidushti and ultimately its place “*grahani*” as well. The management was done according to the treatment principles explained in *Grahanidushti chikitsa adhyay*⁽²⁶⁾ by *Charaka acharya*. The *snehapana*, prior to *virechana* was given with combination of *Mahatikta* and *Yashtimadhu ghrīta* to oleate body inside out, to liquify doshas and make dosha vriddhi. After *sarvang snehana* an *swedana* for movement of *dosha* from *shakha* to *koshtha*. With the help of *virechana* these doshas can be eliminated through lower gastrointestinal track. *Virechana karma* was done using “*Trivruttavaleha*” as “*Trivrutta*” (*Operculina turpethum*) is “ *sukhvirechak*” *aushadhi* and can be used in *Sukumar vyakti*.⁽²⁷⁾ It is *Madhur ras aushadi virechak kalpa* and easily palatable for the patients. Patient got 16 vegas of *virechana* and *peyadi samsarjan krama* was advised for the next 5 days to establish *Jatharagni* again. After 14 days of completing it, patient was having significant relief from the symptoms. *Mahatikta ghrīta* is *Swadutikta aushadi kalpa* and is mentioned to use in treating *Pittaj grahani*.⁽²⁸⁾ It is used in *shamana matra* (10 ml) also to work on *Pittadhara kala* i.e. on *Grahani* ⁽²⁹⁾ itself along with this *Panchamrit parpati* ⁽³⁰⁾ is used as *vyadhi pratyantik* medicine. The patient is still on follow up and has no symptoms related to *Pittaj Grahani* (Gastroduodenitis) these days.

CONCLUSION :

The motive behind this case report is to document the condition Pittaj Grahani which was treated successfully using Ayurvedic way of management i.e. with using Samshodhana (*Virechana*) and *Shamana Upakrama*. This case also highlights the importance of avoiding inappropriate diet and mismanaged lifestyle which may result in GIT Pathologies.

REFERENCES:

1. Achaya vagbhata, Ashtang Hridayam, with commentaries “sarvanga sundara” of Arunadatta and “Ayurvedarasayana” of Hemadri, edited by Pt. Hari Sadashiv Paradkara, Publisher Chaukhamba Sanskrit Sansthan, Varanasi, Edition 2016, page no. 223
2. Acharya vidyadhar shukl, Prof. Ravi Dutt Tripathi, Caraksamhita of agnivesa, “vaidyamanorama” hindi commentary, published by – Chaukhamba Sanskrit Pratishthan, Delhi, Edition 2017, Page no. 805
3. Acharya Charak, Caraka-samhita, “Ayurvedadipika” commentary by Sri Cakrapanidatta, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chukhamba Surbharati Prakashan, Varanasi, Edition 2019, page no. 131
4. Acharya Charak, Caraka-samhita, “Ayurvedadipika” commentary by Sri Cakrapanidatta, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chukhamba Surbharati Prakashan, Varanasi, Edition 2019, page no. 97
5. Achaya vagbhata, Ashtang Hridayam, with commentaries “sarvanga sundara” of Arunadatta and “Ayurvedarasayana” of Hemadri, edited by Pt. Hari Sadashiv Paradkara, Publisher

- Chaukhamba Sanskrit Sansthan, Varanasi, Edition 2016, page no. 513
6. Acharya vidyadhar shukl, Prof. Ravi Dutt Tripathi, Caraksamhita of agnivesa, "vaidyamanorama" hindi commentary, published by – Chaukhamba Sanskrit Pratishthan, Delhi, Edition 2017, Page no. 367
 7. Achaya vagbhata, Ashtang Hridayam, with commentaries "sarvanga sundara" of Arunadatta and "Ayurvedarasayana" of Hemadri, edited by Pt. Hari Sadashiv Paradkara, Publisher Chaukhamba Sanskrit Sansthan, Varanasi, Edition 2016, page no. 497
 8. Acharya vidyadhar shukl, Prof. Ravi Dutt Tripathi, Caraksamhita of agnivesa, "vaidyamanorama" hindi commentary, published by – Chaukhamba Sanskrit Pratishthan, Delhi, Edition 2017, Page no. 369
 9. Acharya vidyadhar shukl, Prof. Ravi Dutt Tripathi, Caraksamhita of agnivesa, "vaidyamanorama" hindi commentary, published by – Chaukhamba Sanskrit Pratishthan, Delhi, Edition 2017, Page no. 370
 10. Acharya vidyadhar shukl, Prof. Ravi Dutt Tripathi, Caraksamhita of agnivesa, "vaidyamanorama" hindi commentary, published by – Chaukhamba Sanskrit Pratishthan, Delhi, Edition 2017, Page no. 370
 11. Article reviewed by Melinda Ratinik, MS, DO, www.WebMD.com (visited on 9/02/2023)
 12. Vaidya Srilakshmipati Shastri ayurvedacharya, Yogaratnakar, "Vidyotini" hindi commentary, published by Chaukhamba Prakashan, Varanasi, edition : reprint 2020, Page no. 5
 13. Acharya Charak, Caraka-samhita, "Ayurvedadipika" commentary by Sri Cakrapanidatta, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chukhamba Surbharati Prakashan, Varanasi, Edition 2019, page no. 278
 14. Acharya vidyadhar shukl, Prof. Ravi Dutt Tripathi, Caraksamhita of agnivesa, "vaidyamanorama" hindi commentary, published by – Chaukhamba Sanskrit Pratishthan, Delhi, Edition 2017, Page no. 377
 15. Vaidya Srilakshmipati Shastri ayurvedacharya, Yogaratnakar, "Vidyotini" hindi commentary, published by Chaukhamba Prakashan, Varanasi, edition : reprint 2020, Page no. 244
 16. Kaviraj Sri govinda das senavirachita, Bhaisajya Ratnavali, edited with "Siddhiprada" Hindi commentary by Prof. Siddji Nandan Mishra, Published by – Chaukhamba Surbharati Prakashan, Varanasi, Edition 2017, page no. 259
 17. Kaviraj Sri govinda das senavirachita, Bhaisajya Ratnavali, edited with "Siddhiprada" Hindi commentary by Prof. Siddji Nandan Mishra, Published by – Chaukhamba Surbharati Prakashan, Varanasi, Edition 2017, page no. 178
 18. Acharya Charak, Caraka-samhita, "Ayurvedadipika" commentary by Sri Cakrapanidatta, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chukhamba Surbharati Prakashan, Varanasi, Edition 2019, page no. 464
 19. Kaviraj Sri govinda das senavirachita, Bhaisajya Ratnavali, edited with "Siddhiprada" Hindi commentary by Prof. Siddji Nandan Mishra, Published by – Chaukhamba

- Surbharati Prakashan, Varanasi, Edition 2017, page no. 659
20. Kaviraj Sri govinda das senavirachita, Bhaisajya Ratnavali, edited with “Siddhiprada” Hindi commentary by Prof. Siddji Nandan Mishra, Published by – Chaukhamba Surbharati Prakashan, Varanasi, Edition 2017, page no. 392
21. Achaya vagbhata, Ashtang Hridayam, with commentaries “sarvanga sundara” of Arunadatta and “Ayurvedarasayana” of Hemadri, edited by Pt. Hari Sadashiv Paradkara, Publisher Chaukhamba Sanskrit Sansthan, Varanasi, Edition 2016, page no. 217
22. Acharya Charak, Caraka-samhita, “Ayurvedadipika” commentary by Sri Cakrapanidatta, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chukhamba Surbharati Prakashan, Varanasi, Edition 2019, page no. 457
23. Achaya vagbhata, Ashtang Hridayam, with commentaries “sarvanga sundara” of Arunadatta and “Ayurvedarasayana” of Hemadri, edited by Pt. Hari Sadashiv Paradkara, Publisher Chaukhamba Sanskrit Sansthan, Varanasi, Edition 2016, page no. 594
24. Achaya vagbhata, Ashtang Hridayam, with commentaries “sarvanga sundara” of Arunadatta and “Ayurvedarasayana” of Hemadri, edited by Pt. Hari Sadashiv Paradkara, Publisher Chaukhamba Sanskrit Sansthan, Varanasi, Edition 2016, page no. 742
25. Acharya Charak, Caraka-samhita, “Ayurvedadipika” commentary by Sri Cakrapanidatta, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chukhamba Surbharati Prakashan, Varanasi, Edition 2019, page no. 33
26. Acharya Charak, Caraka-samhita, “Ayurvedadipika” commentary by Sri Cakrapanidatta, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chukhamba Surbharati Prakashan, Varanasi, Edition 2019, page no. 511
27. Acharya Charak, Caraka-samhita, “Ayurvedadipika” commentary by Sri Cakrapanidatta, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chukhamba Surbharati Prakashan, Varanasi, Edition 2019, page no. 662
28. Acharya Charak, Caraka-samhita, “Ayurvedadipika” commentary by Sri Cakrapanidatta, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chukhamba Surbharati Prakashan, Varanasi, Edition 2019, page no. 377
29. Maharshi Susruta, Susruta Samhita uttartastra, “ayurvedatattva sandipika” hindi commentary by – Dr Ambika datt shastri, published by- Chaukhamba Sanskrit Sansthan, Varanasi, Edition : 2018, Page no. 306
30. Kaviraj Sri govinda das senavirachita, Bhaisajya Ratnavali, edited with “Siddhiprada” Hindi commentary by Prof. Siddji Nandan Mishra, Published by – Chaukhamba Surbharati Prakashan, Varanasi, Edition 2017, page no. 292

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