ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 1| January2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

THE POTENTIAL OF AYURVEDA IN MANAGEMENT OF AUTOIMMUNE DISEASE WITH SANNIPATAJ OSHTHA ROGA: A CASE STUDY

Dr. Balaji Sawant [1], Dr. Sneha Gupta [2], Dr. Janhavi Alwe [3] Dr. Shraddha Chaudhari[4]

[1]*Professor and Head of Department, Department of Dravya Guna, K.G.Mittal Ayurved College, Mumbai 400002*
[2]*MD Scholar, Department of Dravya Guna, K.G. Mittal Ayurved College, Mumbai 400002*
[3]*Assistant Professor, Department of Dravya Guna, K.G.Mittal Ayurved College, Mumbai 400002*
[4]*Assistant Professor, Department of Dravya Guna, K.G.Mittal Ayurved College, Mumbai 400002*

Corresponding Author
Dr. Sneha Gupta, MD Scholar, Department of Dravya Guna, K.G. Mittal Ayurved College , Mumbai 400002

ABSTRACT

Autoimmune disorders represent a spectrum of conditions characterized by an aberrant immune response against the body's own tissues, and their manifestation on the skin, such as in perioral dermatitis, highlights the complex interplay between systemic immunity and local inflammatory processes. Ayurveda interprets autoimmune tendencies through concepts like Agnimandya, Ama formation, Dosha imbalance – primarily Vata and Pitta – and impaired Rasavaha and Raktavaha Srotas. Perioral dermatitis, viewed as a Pittaja-Kapha predominant skin disorder with underlying Ama and immune dysregulation, aligns with Ayurvedic principles that link gut health, stress, dietary habits, and impaired Ojas to dermatological flare-ups. Integrative Ayurvedic management, including Shodhana (detoxification), Shamana (pacifying therapies), herbal formulations with immunomodulatory (Rasayana) and anti-inflammatory properties, along with diet and lifestyle corrections, helps restore immune balance and strengthen Ojas. These interventions not only address the root causes but also reduce recurrence, improve skin barrier function, and support systemic immune harmony, demonstrating significant therapeutic potential in autoimmune-associated perioral dermatitis. Over the course of treatment patient got significant relief without any side effects there was no recurrence of symptoms reported even after one year of treatment. This successful outcome underscores the efficacy and safety of Ayurveda interventions in managing Autoimmune disease , aligning with the holistic approach of addressing underlying imbalances in the body's constitution

KEYWORDS: *Autoimmune disorders, Ayurveda, Perioral dermatitis, Agnimandya, Ama, Dosha imbalance, Rasayana, Shodhana, Shamana, Ojas, Immunomodulation, Skin disorders.*

INTRODUCTION

Autoimmune diseases comprise a broad group of chronic disorders in which the body's immune system loses its ability to distinguish "self" from "non-self," resulting in an inappropriate attack on healthy tissues. This breakdown of self-tolerance leads to sustained inflammation, organ dysfunction, and systemic manifestations. The exact cause remains multifactorial, involving complex interactions between genetic susceptibility, environmental triggers, hormonal influences, microbial imbalance, and immune dysregulation. Modern immunology highlights the role of autoreactive T-cells, abnormal cytokine signaling, and impaired regulatory mechanisms in the development and progression of these conditions.[1]

Autoimmune disorders develop due to a multifactorial interaction of genetic susceptibility, environmental triggers, hormonal influences, immune dysregulation, and disturbances in the gut microbiome. Genetic factors such as HLA variations increase the risk, while infections, stress, smoking, UV exposure, and certain drugs can trigger or worsen autoimmunity. Hormonal variations, particularly in females, also influence disease onset and progression. Based on the pattern of immune attack, autoimmune diseases are classified into the following types[2]:

1. **Organ-specific autoimmune diseases** – where the immune response targets a particular organ; examples include *Type 1 diabetes* (pancreas), *Hashimoto's thyroiditis* (thyroid), *Graves' disease*, *vitiligo*, and *pernicious anemia*.
2. **Systemic autoimmune diseases** – where the immune system affects multiple tissues and organ systems; examples include *Systemic lupus erythematosus (SLE)*, *rheumatoid arthritis*, *systemic sclerosis*, *Sjogren's syndrome*, and *mixed connective tissue disease*.

This classification aids clinicians and researchers in understanding disease mechanisms, predicting complications, and tailoring more effective treatment strategies.

Ayurveda interprets autoimmune tendencies through foundational concepts such as *Agnimandya* [3](weak digestive/metabolic fire) यस्त्वल्यमप्युपयुक्तमुदर शिरोगौरवकासश्वासप्रसेकच्छर्दि गात्रसदनानि कृत्वा महता कालेन पत्वति स मंदः। (सु.सू. 35।29), *Ama*[4] (accumulated toxins or undigested metabolic waste) उष्मणोऽल्पबलत्वेन धातुमाद्यपाचितम्। दुष्टमामाशयगतं रसमाम प्रचक्षते ॥ (अ. ह. सू. 13।25), and disturbance of *Tridosha*, particularly *Vata* and *Pitta*. According to classical texts, impaired *Agni* leads to improper metabolism and formation of *Ama*, which circulates in the body and obstructs the *Srotas* (channels). This obstruction disturbs the normal functioning of *Rasa*[5] and *Rakta Dhatu*[6], initiating inflammatory responses and

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 1| January2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

weakening *Ojas*, the vital essence responsible for immunity, strength, and tissue stability. Thus, autoimmunity in Ayurveda is seen as a multidimensional imbalance arising from impaired digestion, improper diet, unhealthy lifestyle, and mental stress.

Ayurveda classifies immune-related disorders under concepts such as *Agnimandya-janya Vyadhi*, *Ama-janya Vyadhi*, and *Rakta-Pradoshaja Vikara*, all of which correlate with chronic inflammatory and autoimmune manifestations. Skin conditions like perioral dermatitis are understood as *Pittaja–Kapha* predominant disorders with underlying *Ama* and disturbance of *Rasavaha* and *Raktavaha Srotas*. Ayurvedic management therefore focuses on correcting digestive fire (*Deepana–Pachana*), eliminating accumulated toxins (*Shodhana*), balancing the aggravated *Doshas*, and strengthening *Ojas*[7] through *Rasayana* therapy. This integrated approach aims not only at symptomatic relief but also at restoring systemic harmony, making Ayurveda a promising complementary strategy for managing autoimmune diseases and related skin disorders.

CASE REPORT

AIM AND OBJECTIVE: To manage Autoimmune Disease with Perioral chelitis (Vataj Oshtha Roga) with ANA positive status with Ayurvedic treatment

CASE HISTORY

A 34 year Old Female visited Opd of K.G.Mittal Ayurved College , Mumbai and presented with complaints of ulcers and pus discharge from around lips. Itching and dry patch over Chin and Jaw region . She had experienced burning sensation and itching in perioral area since 2 years however symptoms became more severe with Pustules in 6 months. She gave history of exacerbation of symptoms 4-5 days prior to menstruation The patient did not have any family history related to this condition. It aggravated more during cold climates and on intake of cold items like cold water or ice cream She initially consulted dermatologist in Govt Hospital on 24 Feb 2024 where it was initially diagnosed as Irritant Contact Dermatitis due to Lipstick application and later, on 29 Feb 2024 with blood investigations ? Autoimmune Progesterone dermatitis. On 26 March 2024 patient had recurrent episodes of Epistaxis in 15 days with almost filling of half handkerchief which stopped spontaneously. However, patient took Modern medication for 6 months and turned to our OPD for further Ayurvedic management of her symptoms.

Family History

Nothing Particular

Medicine History

Patient had taken Oral medication Tab Ivermectin 12mg od stat and Cap . Doxycycline 100mg at night for 14 days . Tab.Levocet 5mg twice a day and Cap. Eposoft E once a day and Local Application of Desonide cream 0.05 % once a day , Tacroz 0.03 % ointment at night, Vaseline thrice a day from for 6 months 24th Feb 2024 to 30 August 2024.

Personal History

Diet	Mixed
Appetite	Good
Sleep	Disturbed Sleep
Micturition	Normal
Bowel	Normal
Addiction	Nil

CLINICAL FINDINGS

Local examination of Lips showed discharge , redness, inflammation and Multiple pustules . Hypopigmented patches over chin and jaw region Patient was lean and had overall dryness in Body especially in face and around nose and lips .

General Examination

Built	Thin
Nourishment	Moderate
Pallor	Mild Present
Cynosis	Absent
Clubbing	Absent
Edema	Absent
Tongue	Uncoated
Consciousness	Moderate
Pulse	78 bpm
Blood Pressure	120/80 mm of Hg
Temperature	98.5 F
Respiratory Rate	17/ min
Heart sound	S1 S2 clear
Per Abdomen	Soft And non-tender

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 1| January2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

Ashtavidha Pariksha

Nadi	Vata-Pittaj
Mutram	Prakruta, 2-3 times
Malam	Prakrut, once in a day
Jihva	Nirama
Shabdha	Spasta
Sparsha	Anushna-sheeta
Drik	Prakrut
Akriti	Krush

Dashvidha Pariksha

Prakriti	Pitta-Vataj
Vikriti	Dosha- Pitta Dushya- Rasa
Sara	Asthi Sara
Samhanan	Madhyama
Pramana	Madhyama
Satmya	Madhyama
Satva	Madhyama
Ahar shakti	Abhyavaharan shakti- madhyam Jarana Shakti- madhyam
Vyayama Shakti	Madhyam
Vaya	Madhyama

MATERIAL AND METHODS

Centre Of Study : This study was carried out in OPD of K.G. Mittal Ayurved College and Hospital , Charni Road , Mumbai .

Single Case Study :
A single case study of Autoimmune disorder with Sannipataj Oshtha Roga according to Ayurveda which is Co-related with Patient

HETU (CAUSATIVE FACTORS) SEEN IN PATIENTS

Table No. 1

AAHARAJ HETU	VIHARAJ HETU	MANASIK HETU
Madhura aahar seven – Sweets , Ice cream 3-4 times a week	Diwaswap	Bhay
Paryushit anna sevan , pickles		Atichinta
Dadhi Sevena at night		Manogata- due to Personal life issues

DIAGNOSTIC ASSESSMENT

Patient had done blood investigation on 23rd Feb 2024
Hb = 11.8 g/dl , TLC = 10,600 /uL ,Platelets = 457000, ESR = 20 , ANA = +ve , Primary Intensity on IF = 3+ , ANA Pattern = Neucleolar , End Point titre = 1: 1000 ,Allergy Screening(Phadiotop) Adult = 75.4 , Serum IgE = 1530 , Anti CCP = 7 U/ml
On 29th Feb 2024 – TSH = 3.48 , T3 = 85.41, T4= 6.8

SAMPRAPTI

After visiting our OPD this case was diagnosed as Sannipataj Oshta Roga[8] where all three Doshas were Involved there was , Rukshata , Sphutana , Daha , Kandu , Strava , Twaka vivarnata . The Patient exhibited multiple Pustules in Peri oral Area. The pathology involved Agni mandya which led to Aam Utpatti . Apachita aama leading to strotasavarodha causing multiple Dhatus (-major structural components of the body), with Rasa dhatu (-primary product of digested food) impairment leading to dryness and mild burning sensation which indicated Vaat involvement , whereas Rakta dhatu (-blood tissue) vitiation manifested as redness, inflammation, and increased sensitivity dure to Pitta aggravation, Mamsa dhatu (-muscle tissue) involvement resulted in thicknening of lips with discharge indicative of deep-seated Kapha dominance . Asthi-Majja Dhatu dushti showing Auto-immune response with Laboratory investigations, including complete blood count, erythrocyte sedimentation rate. C-reactive protein, ANA was Positive with Serum IgE levels raised leading to allergic immune response .

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 1| January2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

Modern aspect :[9]

The evidence with blood investigations shows Immune complex mediated hypersensitivity response – Probably SLE like symptoms

Loss of Immune Tolerance
↓
Activation of Auto-reactive B cells
↓
Production of ANA and Other Autoantibodies
↓
Immune Complex Formation + Complement Activation
↓
↑ Type-I Interferons (IFN-α), TNF-α, IL-6
↓
Systemic Immune Dysregulation
↓
Cutaneous Effects:
• Keratinocyte apoptosis
• Epidermal barrier weakening
• Microvascular inflammation
↓
Local Predisposition Around Lips:
• Reduced lipid barrier function
• Increased dryness & fissuring
• Altered microbial flora (Staph/Candida)
↓
Enhanced Sensitivity to Triggers:
• Irritants, allergens, cosmetics
• UV exposure
• Salivary irritation
↓
Persistent Perioral Inflammation
↓
DEVELOPMENT OF PERIORAL CHEILITIS
(As an early mucocutaneous marker of ANA-associated autoimmunity)

First Line of Treatment

Treatment for 7 days

Days	**Chikitsa**
For 7 days	Panchagavya Ghrita 5 grams empty stomach in morning

Shamana Chikitsa for 3 months

Sr. no	**Kalpa**	**Matra**	**Anupana**	**Duratiom**	**Route Of Administration**
1.	Vasa Dashang Kwath	15ml twice daily after food	Koshna Jala	3 months	Oral
2.	Vidangarishta	15ml twice daily after food	Koshna Jala	3 months	Oral

Treatment for Next 1 month :

Sr. no	**Kalpa**	**Matra**	**Anupana**	**Duratiom**	**Route Of Administration**
1.	Gandhaka Rasayan	500mg twice daily after food	Koshna jala	1 month	Oral
2.	Shatadhauta Ghrita	Twice a day	-	1 month	Local Application
3.	Manjisthadi Kwath	15ml twice daily after food	Koshna Jala	1 month	Oral

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 1| January2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

Apunarbhava Chikitsa :

Sr. no	Kalpa	Matra	Anupana	Duratiom	Route Of Administration
1.	Sanshamani Vati	500mg twice daily	Koshna Jala	3months	Oral
2.	Shatadhauta Ghrita	Twice a day	-	3 months	Local Application

IMAGES with EVENTS DURING TREATMENT

Table no. 2

Before Treatment : 30/09/24

The patient came to OPD with complaints of ulcers and itching in perioral region. Patient had pustules in perioral region and had inflammation , dryness, Aanavaha and Rasavaha strotasa Dushti . Rasa dushti – aamashay . Patient was diagnosed Sannipataj ostharog with Rakta Dushti





During Treatment : Reduction in symptoms , minimal discharge, redness and inflammation
Burning sensation reduced .



14/10/24



19/11/24



11/12/24



04/01/25

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 1| January2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

After Treatment :	
Improvement in Symptoms from Previous Follow up . No fresh complaints. Occasional dryness over lips and angle of mouth	
 27/02/25	 28/06/25

Diet

1. **Pathya**
   Intake of leafy green vegetables, fruits, whole grains, berries, nuts, low fat diary products, Drink luke warm water. Consume Mudga ,Shali , Yava
2. **Apathya**
   Avoid heavy food, sweet, milk made products, curd cheese, meat, fermented food, stale food. Avoid Sabudana , Dahi and Aluka
   No AC room , cold drinks , ice creams , dahi , lassi.

DISCUSSION

In the present case, detailed assessment of Hetu (etiological factors) revealed excessive intake of Madhura and Amla rasa (sweets, pickles), Viruddha and stale food, irregular dietary habits, Diwaswapna, Atichintana, along with Bahya and personal stress-related factors**.** These causative factors are well described in classical texts as Kushta Nidana, leading to Agnimandya**,** Ama formation**,** Tridosha vitiation**,** and predominant Rakta Dhatu Dushti. Proper Nidana Parivarjana, dietary counseling, and lifestyle modification were therefore advised alongside pharmacotherapy.

Therapeutic Rationale

After thorough clinical evaluation, a stage-wise and target-specific treatment protocol was planned. The initial phase focused on Deepana–Pachana, Agnivardhana, and Dhatu Shodhana, followed by Rakta Prasadana, Kusthaghna, Kandughna, and Rasayana therapies. The drugs were selected based on Dosha–Dushya–Samprapti analysis and classical indications in Kushta Roga**.**

Probable Mode of Action of Drugs Used

1. Panchagavya Ghrita[10]

Composition: Gomutra, Gomaya, Godugdha, Dadhi, Goghrita
Classical Reference: Charaka Samhita, Sutrasthana, Chp-10
Panchagavya Ghrita was administered initially for Amapachana and Agnivardhana. It possesses Deepana, Pachana, Medhya, and Rasayana properties. The Ghrita base facilitates Sukshma Srotogamitva, enabling deeper tissue penetration. Panchagavya acts at Asthi–Majja Dhatu level, enhances cellular nutrition, and improves Vyadhikshamatva (immunomodulatory effect). Its Tridoshahara nature helps correct systemic imbalance, which is essential in chronic dermatological disorders.

Probable Mode of Action

- Improves Jatharagni and Dhatvagni
- Reduces Ama and systemic inflammation
- Enhances immune response and tissue regeneration

2. Krumikuthara Rasa[11]

Reference: Rasa Tantrasar,Siddha Yoga Sangraha kharliya rasayan
Acharya Sushruta describes Krimi as an important Anupasargika Nidana of Kushta**.** Krumikuthara Rasa exhibits Krimighna, Kusthaghna, and Deepana actions. By eliminating underlying Krimi involvement, it interrupts disease progression and supports skin healing.

Probable Mode of Action

- Antiparasitic and antimicrobial action
- Reduces chronic infection-related inflammation
- Enhances Agni and removes subtle etiological factors

3. Gandhaka Rasayana[12]

Reference: Bhaishajya Ratnavali – Kushta Chikitsa
Gandhaka Rasayana is a classical Rasayana formulation indicated in Kushta, Kandu, and Rakta Dushti**.** It acts as a Rakta Shodhaka, Kandughna, and Vishaghna**,** and is especially useful in Dhatu Kshaya Roga**.**

Probable Mode of Action

- Antioxidant and antimicrobial activity
- Enhances tissue repair and regeneration
- Pacifies Pitta and Kapha at Rakta level
- Improves chronic inflammatory skin conditions

4. Mahamanjisthadi Kwatha [13]

Reference: Sharangadhara Samhita, Madhyam khanda-2/137-142
Mahamanjisthadi Kwatha is a well-known Raktashodhaka formulation**.** It corrects Raktagata Samata**,** leading to Rakta Prasadana. Manjistha and associated drugs act on

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 1| January2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

microcirculation, reduce inflammation, and detoxify Rakta Dhatu.

Probable Mode of Action

- Blood purification and anti-inflammatory effect
- Corrects Rakta Dushti
- Improves skin complexion and healing

5. Sanshamani Vati (Guduchi Ghana)[14]
Reference: Siddha Yoga Sangraha- Jwaradhikar
Sanshamani Vati possesses Tridoshahara, Amapachaka, and Kandughna properties. Guduchi is known for its immunomodulatory and anti-inflammatory effects, which help in reducing Kandu (pruritus) and chronic inflammatory responses.

Probable Mode of Action

- Eliminates Ama
- Modulates immune response
- Reduces itching and inflammation

6. Vidangarishta[15]
Reference: Shrarandhara, Madhyam khanda- 10/47-52
Vidangarishta is traditionally indicated in Vidradhi, Ashmari, and Urustambha. It has Krimighna, Shothahara, and Vedanasthapana properties. In the present case, it helped in reducing pustular lesions, particularly in the perioral region.

Probable Mode of Action

- Anti-inflammatory and analgesic action
- Reduces pustules and local infection
- Improves digestion and metabolism

7. Vasa Dashanga Kwatha [16]
Reference: Ashtanga Hridayam Chikitsa Sthana 16/13
This formulation acts as Raktashodhaka, Shothahara, Vrana Ropaka, and Srotoshodhaka. It balances Vata–Pitta, improves Agni, and promotes wound healing.

Probable Mode of Action

- Blood purification
- Anti-inflammatory and wound healing effect
- Enhances metabolic and circulatory function

8. Shatadhauta Ghrita (Local Application)[17]
Reference: Charak Samhita, Sharirsthan, Chp-8/24
Shatadhauta Ghrita was used for Bahya Chikitsa. It is highly effective in Twak Vikaras, providing Sheetala, Shothahara, and Vrana Ropana effects.

Probable Mode of Action

- Restores skin barrier function
- Reduces irritation, inflammation, and pain
- Promotes epithelial regeneration

CONCLUSION

In the present case of Sannipataja Oṣṭharoga, considered under the spectrum of autoimmune-mediated dermatological disorders, the treatment protocol was designed strictly on the basis of Ayurvedic principles, including Nidana Parivarjana, Doṣa-Duṣya-Saṃprapti analysis, and Samprapti-Vighatana. A combination of internal medications, external applications, dietary regulation, and counseling was employed to address the complex pathophysiology of the disease.

The therapeutic response was clinically significant, with marked reduction in symptoms and complete remission achieved. Importantly, no recurrence was observed during a one-year follow-up period, indicating sustained disease control and therapeutic stability. The selected formulations demonstrated effective Doṣa samana, Rakta shodhana, Kandughna, Kusthaghna, and Rasayana actions, contributing to tissue regeneration and immunomodulation.

This case supports the potential of Ayurvedic holistic management in effectively addressing autoimmune-related disorders, particularly where conventional management may have limitations. The outcome emphasizes that autoimmune diseases can be safely and effectively managed through individualized Ayurvedic intervention, provided treatment is planned according to classical principles and patient-specific factors.

Declaration of patient consent
Authors certify that they have obtained patient consent form, where the patient/caregiver has given his/her consent for reporting the case along with the images and other clinical information in the journal. The patient/caregiver understands that his/her name and initials will not be published and due efforts will be made to conceal his/her identity, but anonymity cannot be guaranteed.
Financial support and sponsorship - Nil
Conflicts of interest - There are no conflicts of interest

REFERENCE

1. *Ralston SH, Penman ID, Strachan MWJ, Hobson RP. Davidson's Principles and Practice of Medicine. 23rd ed. London: Elsevier; 2018. p.61.*
2. *Ralston SH, Penman ID, Strachan MWJ, Hobson RP. Davidson's Principles and Practice of Medicine. 23rd ed. London: Elsevier; 2018. p.83.*
3. *Shastri AD. Sushruta Samhita with Hindi commentary. Vol.1. Varanasi: Chaukhamba Sanskrit Sansthan; 2019. Sutra Sthana; Ch.35, Ver.29.*
4. *Tripathi R. Ashtanga Hridayam. Varanasi: Chaukhamba Subharati Prakashan; 2015. Sutra Sthana; Ch.13, Ver.25.*
5. *Tripathi R. Ashtanga Hridayam. Varanasi: Chaukhamba Subharati Prakashan; 2015. Sutra Sthana; Ch.11, Ver.16.*
6. *Tripathi R. Charak Samhita. Part 1. Varanasi: Chaukhamba Subharati Prakashan; 2015. Sutra Sthana; Ch.17, Ver.65.*
7. *Shastri AD. Sushruta Samhita with Chakrapani Tika. Vol.1. Varanasi: Chaukhamba Sanskrit Sansthan; 2019. Sutra Sthana; Ch.13, Ver.14.*
8. *Shastri AD. Sushruta Samhita. Vol.1. Varanasi: Chaukhamba Sanskrit Sansthan; 2019. Nidana Sthana; Ch.16, Ver.9.*
9. *Ralston SH, Penman ID, Strachan MWJ, Hobson RP. Davidson's Principles and Practice of Medicine. 23rd ed. London: Elsevier; 2018. p.82.*
10. *Tripathi R. Charak Samhita. Part 1. Varanasi: Chaukhamba Subharati Prakashan; 2015. Chikitsa Sthana; Ch.10, Ver.17.*

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 1| January2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

11. *Rasa Tantra Sara – Siddha Yoga Sangraha. Kharaliya Rasayana. India; n.d. p.60.*
12. *Mishra S. Bhaishajya Ratnavali. Visarpa Rogadhikara. India; n.d. Ver.16.*
13. *Sharangadhara. Sharangadhara Samhita. Madhyama Khanda. India; n.d. Ch.2, Ver.137–142.*
14. *Siddha Yoga Sangraha. Jwaradhikara. In: Ayurvedic Formulary of India. Vol.2. New Delhi: Government of India; n.d.*
15. *Sharangadhara. Sharangadhara Samhita. Madhyama Khanda. India; n.d. Ch.10, Ver.47–52.*
16. *Vagbhata. Ashtanga Hridaya with the commentary of Arundatta and Hemadri. Chikitsa Sthana, Chapter 16. Varanasi: Chaukhambha Surbharati Prakashan; Reprint ed 2018. p. – 412*
17. *Sharma RK, Dash B. Charak Samhita. Sharira Sthana. Varanasi: Chaukhamba Sanskrit Series; 2014. Ch.8, Ver.24.*