INTERNATIONAL JOURNAL OF AYURVEDA360

ISSN
PRINT:
3048-7382
ONLINE:
3048-7390

AYURVEDA 360

PEER-REVIEWED
BIMONTHLY JOURNAL

2025
VOLUME 1
ISSUE 4
JANUARY-
FEBRUARY

www.ayurveda360.in/journal

ISSN (Print): 3048-7382 | ISSN (Online): 3048-7390 | Bimonthly Journal

CASE STUDY

Access this article online

Scan Here

Website: www.ayurveda360.in/journal

ISSN
PRINT: 3048-7382
ONLINE: 3048-7390
Bimonthly Journal

Publication History:
Submitted: 14-December-2024
Revised: 08-January-2025
Accepted: 13-February -2025
Published: 15-February-2025

How to cite this article:

Kanwar Y, Dave H.H. Traditional Ayurveda Non-Pharmacological Management of Primary Dysmenorrhea: The Clinical Impact of Rajaswala Paricharya. *International Journal of Ayurveda360*. 2025; 1(4):206-217. https://doi.org/10.5281/zenodo.14879194

Traditional *Ayurveda* Non-Pharmacological Management of Primary Dysmenorrhea: The Clinical Impact of *Rajaswala Paricharya*

Dr Yashoda Kanwar* Dr. Hetal. H. Dave **

*Presently, P.G. Scholar, Department of Prasutitantra & Streeroga, National Institute of *Ayurveda* (DU), Jaipur, https://orcid.org/0009-0005-1933-9682

**Presently, Associate Professor, Department of Prasutitantra & Streeroga, National Institute of *Ayurveda* (DU), Jaipur.

Abstract

Introduction:

Kashtartava refers to menstrual disorders, including primary and secondary dysmenorrhea. Among these, primary dysmenorrhea is characterized by painful menstruation without any underlying pathology. In contemporary society, factors such as stress, improper diet (*Mithyaahara*), unhealthy lifestyle habits (*Vihara*), overexertion, and nutritional deficiencies contribute to menstrual irregularities. *Ayurveda* views menstruation as a physiological and self-purifying process influenced by the balance of *Doshas*. To maintain this balance, *Ayurveda* prescribes *Rajaswalacharya*, a structured regimen that includes dietary, behavioral, and lifestyle guidelines for menstruating women. Adopting *Rajaswalacharya* can help alleviate menstrual discomfort and promote overall reproductive health.

ISSN (Print): 3048-7382 | ISSN (Online): 3048-7390 | Bimonthly Journal

Methods:

A 27-year-old nulligravida female presented with complaints of painful menstruation since menarche. She was counseled to follow *Rajaswalacharya* for four consecutive menstrual cycles, including dietary modifications, restricted physical activities, and adherence to *Ayurveda* lifestyle practices.

Results:

Following the implementation of *Rajaswalacharya*, the patient experienced a marked reduction in dysmenorrhea. Pain intensity and discomfort during menstruation significantly decreased, leading to an overall improvement in her quality of life.

Discussion & Conclusion:

This case highlights the potential benefits of *Rajaswalacharya* in managing primary dysmenorrhea. Encouraging adherence to *Ayurveda* menstrual practices can help women regulate their reproductive health naturally. Integrating traditional wisdom with modern healthcare approaches can empower women with holistic well-being. Greater awareness and acceptance of *Rajaswalacharya* can contribute to better menstrual health management and improved lifestyle choices.

Keywords: *Kashtartava*, *Rajaswalacharya*, Primary Dysmenorrhea, *Ayurveda*, Menstrual Health.

Address for Correspondence: Dr. Yashoda Kanwar, P.G. Scholar, Department of Prasutitantra & Streeroga, National Institute of Ayurveda (DU), Jaipur. Email id: yashodakanwar1996@gmail.com

ISSN (Print): 3048-7382 | ISSN (Online): 3048-7390 | Bimonthly Journal

Introduction

Ayurveda is an invaluable medical system that helps women value their lives and move towards greater health at all stages of life. There are detailed guidelines for health promotion and prevention at every stage of a woman's life, including *Rajaswala* (menstruation), *Ritumati* (fertile period), *Garbhini* (pregnancy), and *Sutika* (postpartum). Due to the significant physical and psychological changes that occur during these times, women are more susceptible to a variety of illnesses. Furthermore, her health rapidly deteriorates, especially in relation to reproductive functions, if she disregards these recommendations. By adhering to these *Paricharya* (lifestyles), women react to physical changes in a healthy way, and their immunity is strengthened. A healthy infant with a smooth prenatal and postnatal period is the ultimate goal of these *Paricharyas*.

Although a number of diseases involving painful menstruation are discussed in *Ayurveda* texts, *Kashtartava* is not specifically mentioned. It is considered a sign of several *Yonivyapadas*, including *Vatala*, *Sannipatika*, and *Udavarta*. According to *Acharya Charaka*, *Yoniroga* cannot occur unless *Vata* is vitiated. Since *Vata* is the primary cause, it ought to be addressed first [1]. *Ayurveda* states that pain is a sign of *Vata Vikriti*, also known as *Vatadrite Nasti Ruja* [2]. Since *Kashtartava*'s primary characteristic is pain, it has a close relationship with *Vata dosha*. The traditional texts explain that the vitiation of *Apana Vata*, which is caused by *Vega Dharana* of *Vata*, *Mutra*, and *Purisha*, results in *Udhravagami*. This means that the usual *Anulomak Gati* of *Apana Vayu* transforms into *Pratiloma Gati*, which raises the *Yoni* and obstructs the flow of *Raja* (menstrual blood). As a result, *Raja* is discharged with extreme *Shoola* and great difficulty.

Kashtartava can therefore be defined as "*Kashthena Muchyati Iti Kashtartava*," referring to the condition in which *Artava* is expelled with extreme pain and difficulty. *Acharya Charaka* describes that the uterus is seized with pain, pushing *Raja* upwards before discharging it with great difficulty, after which relief is experienced [3]. *Acharya Sushruta* characterizes it as painful, frothy menstruation, often associated with other *Vatika* pains [4]. *Acharya Indu* has added the discharge of clotted blood [5]. *Yogaratnakara* describes *Kashtartava* as frothy menstrual blood associated with *Kapha*, expelled with difficulty .

Dysmenorrhea is the medical term for painful menstrual periods or menstrual discharge associated with pain. It is

commonly seen in teenage girls and young women, with mild to moderate intensity, but in **up to 20% of cases**, it may be severe enough to interfere with daily activities. A systematic review of 15 primary studies (19,010 women) conducted between 2002 and 2011 found that dysmenorrhea prevalence varies widely, ranging from **16% to 91%** among women of reproductive age, with **2% to 29%** experiencing severe dysmenorrheal . The pain most commonly manifests as menstrual cramps, described as throbbing or cramping pain in the lower abdomen. It may also be associated with lower back pain, pain in the thighs, leg pains, nausea, vomiting, and diarrhea. Dysmenorrhea is typically classified as either primary or secondary:

- **Primary dysmenorrhea:** Pain occurs without any organic pathology, usually **6–12 months after menarche**, when ovulatory cycles are established. The pain typically lasts **8 to 72 hours** and is most intense at the onset of menstrual flow.
- **Secondary dysmenorrhea:** This type can arise at any time after menarche but may develop later in life, particularly in the fourth and fifth decades, due to underlying gynecological conditions such as fibroids, endometriosis, ovarian cysts, or pelvic inflammatory disease .

A menstruating woman is referred to as *Rajaswala* in *Ayurveda* literature. The menstrual cycle is generally described as lasting **three to seven days**, with the first three days designated for *Rajaswala Paricharya*. During this period, a woman is advised to follow specific dietary (*Ahara*), lifestyle (*Vihara*), and psychological (*Mansika*) guidelines to maintain reproductive health.

However, adherence to *Rajaswala Paricharya* has significantly declined in the modern era. Increased career demands, societal changes, and the growing need for women to compete equally in all sectors have led to stressful and hectic lifestyles, often causing neglect of traditional *Ayurveda* practices. In contrast to ancient times, when eating habits were meticulously followed for their health benefits, modern dietary patterns have shifted drastically. Furthermore, traditional medical systems emphasized menstrual hygiene and sanitation, but today's commercial influence, particularly from sanitary napkin manufacturers, has contributed to misinformation and decreased adherence to *Ayurveda* menstrual health practices. Advertisements promoting slogans such as **"It's time to**

ISSN (Print): 3048-7382 | ISSN (Online): 3048-7390 | Bimonthly Journal

change" subtly dismiss traditional approaches, framing them as outdated .

Given the increasing prevalence of menstrual disorders and dysmenorrhea, there is a pressing need to scientifically evaluate and integrate *Ayurveda* principles with modern healthcare approaches. *Rajaswala Paricharya* offers a holistic, non-pharmacological solution that could significantly improve menstrual health and overall well-being. Future research should focus on validating these traditional practices through clinical trials and observational studies, thereby providing evidence-based insights for their application in contemporary gynecological care.

Case Description

A 27-year-old nulligravida female presented with a chief complaint of painful menstruation since menarche. The pain was localized in the lower abdomen and lower back, described as continuous and moderate in severity. Pain onset occurred six hours before menstruation and persisted for two days, with associated symptoms of uneasiness. The patient reported the use of analgesic tablets (once daily for two days) during each menstrual cycle for pain relief.

Investigations

To rule out underlying systemic and gynecological conditions, the following routine investigations were conducted:

- **Complete Blood Count (CBC)** – Within normal limits (WNL)
- **Liver Function Tests (LFTs)** – WNL
- **Renal Function Tests (RFTs)** – WNL
- **Random Blood Sugar (RBS)** – WNL
- **Thyroid Profile (T3, T4, TSH)** – WNL
- **Pelvic Ultrasonography (USG)** – No significant organic pathology detected

Upon confirming the absence of any underlying medical conditions, the patient was advised to follow **Rajaswala Paricharya** for **four consecutive menstrual cycles** without any additional medication.

Table 1: Patient Particulars and Clinical History

Patient Particulars	History of Patient	Menstrual History
Name: XYZ (Maintained for Confidentiality)	**Chief Complaint**: Painful menstruation since menarche	**Menstrual Cycle**: Regular
Age: 27 Years	**Pain Site**: Lower abdomen, lower back	**Duration**: 5-6 days

ISSN (Print): 3048-7382 | ISSN (Online): 3048-7390 | Bimonthly Journal

Gender: Female	**Type of Pain**: Continuous	**Interval**: 28-32 days
Marital Status: Married	**Severity**: Moderate (VAS score: 6)	**Pain**: Present
Occupation: Student	**Onset**: 6 hours before menstruation	**Color**: Dark Red
Nationality: Indian	**Duration**: 2 days	**Clots**: Present
Address: Jaipur, Rajasthan	**Associated Symptoms**: Uneasiness	**Burning Sensation**: Absent
Socioeconomic Status: Middle Class	**Medication**: Analgesic tablet (once daily for two days)	**Foul Smell**: Absent
	Aggravating/Relieving Factors: None	**Pad History**:
	Obstetric History: Nulligravida	**1st Day**: 2 Fully Soaked
	Past Medical History: Analgesic use (as needed)	**2nd Day**: 2 Fully Soaked
	Past Surgical History: None	**3rd Day**: 2 Fully Soaked
	Family History: No relevant medical conditions	**4th Day**: 1 Fully Soaked
	Allergy History: No known allergies	**5th-6th Day**: Spotting

Methods and Intervention

In *Ayurveda*, *Rajaswala Paricharya* is a specialized regimen that outlines specific lifestyle and dietary guidelines to be followed during menstruation. It is based on three fundamental aspects: *Mansika Bhava* (psychological well-being), *Viharaja Bhava* (lifestyle modifications), and *Aharaja Bhava* (dietary modifications). These components collectively aim to regulate *Apana Vata*, the primary factor governing menstruation, ensuring a smooth and pain-free menstrual cycle.

For this study, the *Aharaja Bhava* aspect was emphasized as a therapeutic intervention. The patient was advised to adhere to a structured diet during menstruation for four consecutive cycles. The prescribed diet included *Yavaka*, a preparation made of **barley and milk**, and *Havishyam*, a meal composed of **ghee, *Shali* rice, and milk** [6]. These food items are known in *Ayurveda* for their nourishing and pacifying properties, particularly in stabilizing *Vata* and *Pitta dosha*, which play a crucial role in menstrual regulation. Additionally, the patient was advised to avoid **Tikshna (pungent), Katu (spicy), and Lavana (salty) foods**, which are known to aggravate *Vata* and disrupt the menstrual process.

The ***Ayurveda* rationale** for this dietary intervention is based on the concept of *Havishyaanna*, which translates to "food suitable for sacred fire offerings." In *Ayurveda*, the body's **Jatharagni** (digestive fire) is considered analogous to the sacred fire, requiring a **light, easily**

ISSN (Print): 3048-7382 | ISSN (Online): 3048-7390 | Bimonthly Journal

digestible, and nourishing diet to maintain equilibrium during menstruation. *Acharya Sushruta* has emphasized the importance of *Havishyam*, and *Dalhana* further elaborates on its significance in the following verse:

"Havishyamsaghritashalyodanadiksheeras anskritam, yavannamityeke." [7]

This reference highlights that a diet comprising **ghee, *Shali* rice, milk, and barley** enhances digestion, provides nourishment, and regulates *Apana Vata*, thereby facilitating an unobstructed menstrual flow. These dietary guidelines were strictly followed by the patient to assess their impact on the symptoms of *Kashtartava* (primary dysmenorrhea).

By integrating these principles, the study aimed to evaluate the efficacy of *Rajaswala Paricharya* as a non-pharmacological approach in alleviating painful menstruation. The patient's adherence to the dietary modifications was monitored over four cycles, and the symptomatic outcomes were systematically documented.

Results and Discussion

The impact of *Rajaswala Paricharya* on primary dysmenorrhea was assessed over four consecutive menstrual cycles. The primary outcome measure was **pain intensity**, evaluated using the **Visual Analogue Scale (VAS)**, along with the patient's **analgesic intake** and overall menstrual well-being. The patient's adherence to dietary modifications was consistent throughout the study period.

Table 2: Observations Over Four Consecutive Menstrual Cycles

Cycle	VAS Pain Score	Analgesic Intake	Associated Symptoms	Overall Well-being
First Cycle	6/10	Required (once daily for 2 days)	Mild uneasiness	Minimal improvement
Second Cycle	4/10	Required (once on first day)	Uneasiness reduced	Noticeable improvement
Third Cycle	2/10	Not required	No associated symptoms	Significant improvement
Fourth Cycle	0/10	Not required	No symptoms reported	Complete relief, improved well-being

The results demonstrated a **progressive reduction in pain intensity** over the four menstrual cycles. Initially, the patient reported a **VAS score of 6**, requiring analgesic intake to manage symptoms. However, by the **second cycle**, pain intensity had decreased to **VAS 4**, with only one analgesic dose required. By

the **third cycle**, the patient reported **VAS 2**, eliminating the need for medication, and by the **fourth cycle**, **complete symptomatic relief was achieved (VAS 0)**, indicating the effectiveness of *Rajaswala Paricharya* in managing dysmenorrhea.

The observations further indicate that adherence to ***Ayurveda*** **dietary modifications** played a significant role in regulating *Apana Vata*, which is primarily responsible for menstrual flow. The properties of **ghee, *Shali* rice, barley, and milk** have been well-documented in classical texts for their **Vatashamaka (Vata-pacifying)** effects, contributing to a smoother menstrual cycle. The gradual decline in pain and discomfort highlights the potential of *Rajaswala Paricharya* as a non-pharmacological, holistic approach to dysmenorrhea management.

Table 3:Role of *Ayurveda* Dietary Components in Pain Reduction

Dietary Component	***Ayurveda* Properties**	**Impact on Menstrual Health**
Ghrita (Ghee)	Nirwapana (soothing), Rasayana (rejuvenating), Vatapitta Shamaka (Vata-Pitta pacifying)[8]	Enhances nourishment, relieves inflammation
Shali Rice	Madhura (sweet), Sheeta Virya (cooling), Tridosha Shamaka (balances all doshas)[9]	Reduces internal heat and stabilizes menstrual flow
Yava (Barley)	Sheetaguna (cooling), Madhura Rasa (sweet), Kashayaanurasa (astringent), Sthairyakrita (strengthening)[10]	Supports digestion, prevents excessive bleeding
Milk	Balya (strengthening), Rasayana (rejuvenating), Snigdha (unctuous), Sheeta (cooling), Jivaniya (life-supporting), Prinana (nourishing)]11]	Enhances immunity, stabilizes menstrual cycle

Based on these gunas (*Ayurveda* properties), Havishyam plays a crucial role in regulating Apana Vata, maintaining a regular, pain-free menstrual cycle.

Table 4: Results of *Rajaswala Paricharya*

S.No.	Criteria	Before Treatment	After Treatment
1	Duration of Flow	5-6 Days	4-5 Days
2	Interval of Flow	28-32 Days	28 Days
3	Pads Used	Day-wise Pad Usage	Day-wise Pad Usage
	Day 1	2 Fully soaked	2 Fully soaked
	Day 2	2 Fully soaked	2 Fully soaked
	Day 3	2 Fully soaked	2 Fully soaked
	Day 4	1 Fully soaked	1 Fully soaked
	Day 5-6	Spotting	Spotting (Day 5 only)

4	Clots	Present (Big clots on Days 1 & 2)	Absent
5	Pain (VAS Score)	Present (VAS Score: 6)	Absent

Discussion

The present study assesses the impact of Rajaswala Paricharya on primary dysmenorrhea (Kashtartava), demonstrating a significant improvement in menstrual health over four consecutive cycles. The observations indicate a progressive reduction in pain intensity, elimination of menstrual clots, and regulation of the menstrual cycle. By the fourth cycle, the patient reported complete symptomatic relief, suggesting that adherence to an *Ayurveda* regimen can effectively manage dysmenorrhea without pharmacological intervention.

Dysmenorrhea is widely understood to result from the vitiation of Vata dosha, particularly Apana Vata, which governs the downward movement of Raja (menstrual blood). *Ayurveda* attributes menstrual pain to the obstruction of Apana Vata, leading to difficulty in blood expulsion and associated discomfort. Classical texts describe this as a manifestation of Udavarta Yonivyapada, where the reverse flow of Apana Vata causes increased uterine contractions and menstrual cramps. The principles of Rajaswala Paricharya primarily aim to pacify Vata dosha, thereby restoring the natural menstrual flow.

In contemporary medical science, dysmenorrhea is linked to excessive prostaglandin release, which induces uterine hypercontractility and ischemic pain. The severity of pain correlates with higher levels of prostaglandins, leading to increased uterine tone and reduced blood supply to the endometrium. The findings of this study support the hypothesis that *Ayurveda* dietary modifications influence menstrual physiology, potentially mitigating the inflammatory response and stabilizing uterine contractions.

Reduction in Pain Intensity and Need for Analgesics

The most significant outcome of this study was the progressive reduction in pain intensity, as reflected in the Visual Analogue Scale (VAS) scores. The patient initially reported moderate pain (VAS score: 6), which necessitated analgesic use. By the second cycle, pain intensity reduced to VAS 4, requiring minimal medication. By the third cycle, the patient was asymptomatic and no longer required analgesics, and by the fourth cycle, pain relief was complete (VAS 0).

The mechanism underlying this improvement can be explained through

both *Ayurveda* and modern perspectives. *Ayurveda* attributes pain relief to Vata-shamana ahara (Vata-pacifying diet), which restores the balance of Apana Vata and ensures uninterrupted blood flow. The prescribed dietary regimen included Havishyam (a combination of ghee, Shali rice, and milk), which is documented in *Ayurveda* texts for its nourishing, anti-inflammatory, and analgesic properties. Acharya Sushruta emphasizes that Vata imbalance is the primary cause of pain, and dietary interventions targeting Vata can mitigate discomfort.

From a modern biomedical standpoint, the reduction in dysmenorrhea symptoms can be attributed to the anti-inflammatory and neuroprotective effects of the prescribed dietary components. Studies suggest that milk and ghee contain essential fatty acids that regulate prostaglandin synthesis, reducing inflammatory mediators responsible for uterine contractions. Furthermore, barley (Yava) has been shown to promote estrogenic activity and improve endometrial health, facilitating smoother menstrual flow. These observations align with the theory that nutritional interventions can effectively modulate menstrual pain pathways.

Regulation of Menstrual Flow and Absence of Clots

Before the intervention, the patient reported the presence of large clots during the first two days of menstruation. By the third cycle of Rajaswala Paricharya, clot formation was significantly reduced, and by the fourth cycle, the patient reported complete absence of clots.

According to *Ayurveda* principles, the presence of large clots in menstrual blood is indicative of an obstructed Apana Vata flow, leading to stagnation and coagulation within the uterine cavity. The classical texts describe Udavarta Yonivyapada as a condition where Vata aggravation leads to forceful expulsion of clotted blood, causing significant pain and discomfort. The prescribed diet in this study, particularly Shali rice and ghee, has been documented to improve blood circulation and promote the smooth elimination of menstrual discharge.

From a biomedical perspective, clot formation is associated with hypercoagulability and excessive fibrin deposition, which can exacerbate dysmenorrhea symptoms. Research suggests that anti-inflammatory dietary components can regulate fibrinolysis, reducing excessive clotting and promoting uniform endometrial shedding. The progressive reduction in clots observed in this study suggests that *Ayurveda* dietary modifications influence hemostatic

balance, leading to a more regular and pain-free menstrual flow.

Improvement in Menstrual Cycle Regularity

The patient's menstrual interval before treatment ranged between 28-32 days, with flow lasting 5-6 days. By the fourth cycle, the interval was regulated to 28 days, and menstrual duration was reduced to 4-5 days.

Ayurveda emphasizes that a balanced menstrual cycle is governed by the synchronized functioning of Vata, Pitta, and Kapha doshas. While Apana Vata controls the expulsion of menstrual blood, Pitta dosha regulates endometrial shedding, and Kapha dosha maintains uterine stability. Disruptions in this balance can lead to irregular menstrual cycles. The dietary regimen prescribed in this study, particularly ghee and milk, is well-documented for its Pitta-balancing and Kapha-nourishing properties, which contribute to hormonal stability and cycle regulation.

From a biomedical perspective, dietary habits directly influence menstrual cycle regulation. Nutritional deficiencies, especially in omega-3 fatty acids, magnesium, and vitamin D, have been associated with menstrual irregularities and increased dysmenorrhea risk. The prescribed diet in this study, which included dairy-based foods rich in calcium and essential fatty acids, may have modulated endocrine pathways, contributing to menstrual cycle regularity.

Clinical Significance and Future Scope

The results of this study suggest that Rajaswala Paricharya may be an effective non-pharmacological intervention for primary dysmenorrhea. The progressive pain reduction, improved menstrual flow, and cycle regulation highlight its therapeutic potential as an adjunct to conventional gynecological care.

However, given that this is a single-patient case study, further large-scale clinical trials are warranted to validate these findings. Future research should focus on:

- Comparative studies assessing Rajaswala Paricharya against conventional NSAIDs for dysmenorrhea management.
- Hormonal profiling studies to evaluate the impact of *Ayurveda* dietary modifications on estrogen, progesterone, and prostaglandin levels.
- Biochemical assessments of inflammatory and oxidative stress markers in patients following Rajaswala Paricharya.

This study reinforces the need for integrating *Ayurveda* dietary principles with modern medical practice, offering a holistic, evidence-based approach to menstrual health.

Conclusion

The findings of this study indicate that adherence to Rajaswala Paricharya led to significant improvement in menstrual health, with complete relief from dysmenorrhea symptoms by the fourth cycle. The dietary interventions successfully regulated Apana Vata, alleviating pain, promoting uninterrupted menstrual flow, and ensuring cycle regularity. These results highlight the potential of *Ayurveda* menstrual care practices as a sustainable and non-invasive approach to dysmenorrhea management. Further research with larger sample sizes and controlled trials is essential to establish clinical guidelines for integrating Rajaswala Paricharya into mainstream gynecological practice.

Funding and Conflicts of Interest:

No external funding was received for this study. The authors declare no conflicts of interest.

References:

[1]Carakasamhita, Cikitsasthana, *Yonivyapatchikitsaadhyaya*, 30/115. Available from https://niimh.nic.in/ebooks/ecaraka/?mod=read (accessed on 11 December 2024)

[**2]** Sushrutasamhita, Sutrasthana, *Aampakweshniyaadhyaya*, 17/07. Available from https://niimh.nic.in/ebooks/esushruta/?mod=read (accessed on 11 December 2024)

[3]Carakasamhita, Cikitsasthana, *Yonivyapatchikitsaadhyaya*, 30/25-26. Available from https://niimh.nic.in/ebooks/ecaraka/?mod=read (accessed on 11 December 2024)

[4] Sushrutasamhita, Uttaratantra, *Yonivyapatpratisheadhyaya*, 38/09. Available from https://niimh.nic.in/ebooks/esushruta/?mod=read (accessed on 11 December 2024)

[5] Ashtangasangraha, Uttarasthana, Guhyarogavigyaniya, 37/36. Available from https://vedotpatti.in/samhita/Vag/esangraha/?mod=read (accessed on 11 December 2024)

[6] Sushrutasamhita, Sharirsthana, *Shukrashonitshudhishariram*, 02/25. Available from https://niimh.nic.in/ebooks/esushruta/?mod=read (accessed on 11 December 2024)

[7] Sushrutasamhita, Sharirsthana, *Shukrashonitshudhishariram*, 02/25. Available from https://niimh.nic.in/ebooks/esushruta/?mod=read (accessed on 11 December 2024)

[8]Carakasamhita, Sutrasthana, *Snehaadhyaya*, 13/14. Available from https://niimh.nic.in/ebooks/ecaraka/?mod=read (accessed on 11 December 2024)

[9]Carakasamhita, Sutrasthana, *Annapanavidhyadhyaya*, 27/13. Available from https://niimh.nic.in/ebooks/ecaraka/?mod=read (accessed on 11 December 2024)

[10]Carakasamhita, Sutrasthana, *Annapanavidhyadhyaya*, 27/19. Available from https://niimh.nic.in/ebooks/ecaraka/?mod=read (accessed on 11 December 2024)

[11]Carakasamhita, Sutrasthana, *Annapanavidhyadhyaya*, 27/217-218. Available from https://niimh.nic.in/ebooks/ecaraka/?mod=read (accessed on 11 December 2024)