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Effect of *Tuvaraka Rasayana* & *Virechana Karma* in *Kitibha Kusta* w.s.r to Lichen planus - A Case Report

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ABSTRACT

Background: The innumerable manifestations of skin diseases can be brought under the term *Kusta*. *Kitibha Kusta* is one among the *Kshudra Kusta* with symptoms like *Krishna shyava pidaka* (blackish brown skin lesions) with *Kinaghara sparsha* (rough to touch) associated with *Kandu* (itching) and *Parushata* (hard to touch) which *mimics* the disease Lichen planus which is an inflammatory condition of the skin and mucous membrane. It is triggered by the immune response of the body and it is presented itself with maculopapular primary skin lesions and secondary scaly lesions.

Case Presentation: A female patient aged 16 years presented with the complaints of skin rashes in the body which are blackish red in colour, rough to touch associated with itching, burning sensation, minimal scaling and reduced appetite since 4 months.

Management & Outcome: For the chronic lingering diseases like *Kusta*, the *Vyadhihara rasayana* (disease specific rejuvenation) are advised. *Tuvaraka rasayana* (*Hydnocarpus laurifolia*) was advised to the patient after *Virechana Karma* (therapeutic purgation) starting with the dose of 5ml. After 3 months of the treatment there was significant reduction in the signs and symptoms of the disease with a 60% improvement in the condition.

Discussion: *Kusta* which involves the *Bahudoshavastha* (excessive accumulation of morbid *dosha*) can be best treated with *Shodhana* (therapeutic elimination of the morbid *dosha*) therapy. *Virechana karma* is superior in managing *Raktapradoshaja vikara* (diseases due to morbid *rakta*) like *Kusta*. *Rasayana chikitsa* is paramount in controlling the disease process of chronic diseases like *Kitibha Kusta* as proved by the results.

KEYWORDS

Kitibha Kusta; Lichen planus; Virechana; Tuvaraka rasayana



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INTRODUCTION

A healthy and intact skin gives protection from various physical and chemical trauma and infective pathogens. The extensive structural and functional disorders of skin can destroy the self-esteem and peace of mind of any individual.

The innumerable manifestations of skin diseases can be brought under the term *Kusta*. Though *Kusta* is considered as *tridoshaja vyadhi*, the diseases exhibit different symptoms based on the involvement of predominant *dosha* and *dushya*. The diagnosis of the *Kusta* can be done by identifying the underlining *dosha* predominance and the *dushya* involved with their progressive involvement. The presence of the specific *Purvarupa lakshana*, involvement of the deeper *dhatu* and severity in the illness differentiates *Mahakusta* from *Kshudra kusta*¹. *Kitibha kusta* is one among the *Kshudra kusta* having symptoms like *Shyava krishna varna pidaka*, *Kinaghara sparsha*, *Parushata* of the *tvak*, *kandu* and occasionally *srava*².

Skin diseases predominantly have a chronic course and a tendency for exacerbations and recurrence. *Kitibha Kusta* is such an illness characterized by skin eruptions with itching and minimal scaling which simulates with the clinical presentation of

Lichen Planus. It is a papulosquamous disease characterized with the pruritic, flat topped, polygonal papules which are violaceous in colour³. Occasionally the involvement of oral mucosa seen as network of grey lines. Topical drugs, antibiotics, antihistamines, antifungal and steroids etc. form the crux of treating any skin disease.

The treatment of any *Kusta* mainly focus on *Abhyantara shodhana*, *Abhyantara shamana*, *Vyadhihara rasayana*, *Bahya shamana* and *Daivavyapashraya chikitsa*. A lot of research studies have already done. Enough clinical studies have been done in the effective management of various skin disorders with *shodhana* and *bahya shamana*. Less emphasis is laid on *rasayana* treatment. Chronic lingering diseases like *Kusta* are best managed by *rasayana*. The present case report shows the successful management of *Kitibha kusta* w.s.r Lichen planus through *Virechana karma*, *Shamana yoga* and *Vyadhihara rasayana* like *Tuvaraka* and *Yastimadhu* with no adverse effects.

CASE PRESENTATION

A female patient aged 16 years was consulted in the Out Patient Department of Sri Dharmasthala Manjunatheshwara Ayurveda hospital, Udipi with the



complaints of skin rashes in the body which are blackish red in colour, rough to touch, associated with itching, burning sensation, minimal scaling and reduced appetite since 4 months. The lesions initially started over the right thigh region as a red spot associated with itching which the patient ignored, but within a span of few months the lesions started spreading all over the body from thigh to whole right lower limb, back and groin area then to the right upper limb, chest, abdomen, left upper limb and left lower limb. Minimal lesions started around the bilateral ear and the over the neck regions (Figure 1-4).



Figure 1-4 Lesions before treatment

There was persistent itching in the body and minimal scaling on scratching leaving behind blood spots. The symptoms were not associated with discharge, fever, swelling and joint pain. The symptoms didn't alleviate or aggravate in accordance with the food intake and season. There was no significant past history of any systemic

illness or drug allergy. The patient was not under any medication and there was no relevant family history of skin ailments. The patient was admitted in the Inpatient department of the hospital after through systemic examination.

Clinical findings

The general examination findings were within normal limits with BP-110/70mmHg, Pulse rate-72/min, Temp-98.6 ° F. Systemic examination of the cardiovascular, respiratory, nervous system and gastrointestinal system were within normal limits. The detailed examination of the skin assessing the primary and secondary lesions were done. The details of which are mentioned below (Table 1).

Table 1 Skin examination

Moisture	Normal texture
Temperature	Generalized warmth
Texture	Rough
Photosensitivity	Absent
Primary skin lesion	Small discrete Polygonal papules & Plaques
Secondary skin lesion	Scales and crust
Colour	Blackish & Erythematous
Number	Multiple
Size	Varied (1mm to 0.5cm)
Shape	Varied (Round, patchy)
Site & Distribution	Flexor & Extensor surface of the both Upper limb and Lower limb, Chest, Back, Abdomen, Flanks, Neck, Dorsum of hand & toe, Groin area, Buccal mucosa
Behaviour of lesion	Initially started as small red spot later enlarged in size with spreading
Discharge	Absent
Surrounding areas	Blackish discoloration



Scaling	Powdery scales
Auspitz sign	Bloody spots on scratching
Candle grease sign	Negative
Mucous membrane involvement	Present
Wickham's striae	Present
Associated symptoms	Itching, Mild burning sensation
Koebners phenomenon	Absent

Diagnostic Focus & Assessment

Absence of typical *purvarupa lakshana* and involvement of *tvak*, *rakta* and *mamsa dhatu* in the patient point towards the diagnosis of *kshudra kusta*. The *lakshana* like *kinaghara sparsha*, *shyava krishna varna pidaka* and *parushata* are caused by the vitiation of the *vata dosha*. While the *ugra kandu*, with *alpa srava* are caused by the vitiation of the *kapha dosha*. Though mild *pitta prakopa lakshana* are seen, the diagnosis can be made as *Kitibha kusta* with predominant *vatakapha prakopa*. While assessing the signs and symptoms like violaceous, plantar, flat topped papules, plaques with the involvement of mucous membrane and presence of Wickham striae point towards the diagnosis of Lichen planus.

MANAGEMENT & OUTCOME

The patient was treated by adopting the treatment principle of *kusta roga*. Initially the *abhyantara shodhana* is planned, started with *deepana pachana karma* with *Chitrakadi vati* 250mg, four tablets were given for 3 times for 1 day. On the 2nd day

onwards, *Anabhishyandi ghrita* was taken orally starting with 50 ml at 6:00 am in the morning for the next 4 days in increasing doses with *sukoshna jala* as *anupana*. After 4 days of *snehapana*, when the *samyak sneha siddhi lakshana* were attained the patient was advised to undergo *Sarvanga Swa Abyanga* with *Yastimadhu taila* followed by *Nimba patra parisheka* for the next 4 days. On the 4th day of *Sarvanga abyanga* and *parisheka*, *Virechana* was given with 40gm *Trivrut lehya* at 9:00am in the morning. 13 *Virechana vega* were attained in the next 12 hours without any complications. Patient was advised to go for *Samsarjana karma* for 5days (Table 2).

Table 2 Dosage and days of the course of *Virechana karma*

Days of treatment	Drug Given	Dose
7/11/19	<i>Chitrakadi vati</i> 250mg	2-2-2 Before food
8/11/2019	<i>Anabhishyandi ghrita</i>	50ml at 6:00am
9/11/2019	<i>Anabhishyandi ghrita</i>	100ml at 6:00am
10/11/2019	<i>Anabhishyandi ghrita</i>	150ml at 6:00am
11/11/2019	<i>Anabhishyandi ghrita</i>	200ml at 6:00am
12/11/2019-15/11/2019	<i>Swa Abyanga</i> with <i>Yastimadhu taila</i> & <i>Nimba patra Parisheka</i>	
15/11/2019	<i>Trivrut lehya</i>	40gm at 9:00 am

After the *Samsarjana kala Tuvaraka rasayana* was administered for 5 days, with the starting dose of 5ml of *Tuvaraka taila* with milk or water at 6:00am in empty stomach. Later enquired the patient about



any episode of vomiting or diarrhoea following the administration. The maximum dosage administered was 15 ml. During the course of *rasayana*, *mudga yusha* or rice with green gram without salt were advised with the *anupana* of normal water (Table 3). After the *rasayana prayoga* a course of *samsarjana* was done for the next 7 days (Table 4). There were no adverse effects observed during the course. The patient was discharged with *bahya* and *abhyanatara shamana yoga* like *Kaishora guggulu* 500mg (2-2-2 A/F), Capsule *Yastimadhu* 500mg (2-2-2 B/F) and *Brihat Marichadi taila* for external application. The patient continued the medications for 3 months with strict *pathya*. After the course of *Virechana karma* the patient got mild relief from the symptoms such as *kandu*,

parushata of the *tvak* and there was improvement in the appetite.

Table 3 *Tuvaraka Rasayana* Administration

Day	Dose	Episodes of vomiting/diarrhoea
21/11/2019	5ml	-
22/11/2019	10 ml	1 episode of vomiting
23/11/2019	10 ml	1 episode of diarrhoea
24/11/2019	15ml	2 episodes of diarrhoea
25/11/2019	15ml	3 episodes of diarrhoea

The patient was under regular follow up monthly till 3 months. There was significant reduction in the itching and complete reduction in the burning sensation during the follow up. After 3 months of the treatment with the *shamana yoga*, gradually there was reduction in the papules and plaques and the surrounding area was getting clear (Figure5-8). The treatment need to be continued for the complete relief of the symptoms.

Table 4 Diet Plan After *Tuvaraka Rasayana*

Day	Morning	Afternoon	Night
1 26/11/2019	Ganji gruel+ Lime juice(no salt)	Ganji gruel+ Lime juice(no salt)	Ganji gruel+ Lime juice(no salt)
2 27/11/2019	Ganji gruel+ Lime juice(no salt)	Ganji gruel+ Lime juice(no salt)	Ganji gruel+ Lime juice(no salt)
3 28/11/2019	Ganji+ Lime pickle+salt+ Lime juice	Ganji+ Lime pickle+salt+ Lime juice	Ganji+ Lime pickle+salt+ Lime juice
4 29/11/2019	Ganji+ Lime pickle+salt+ Lime juice	Ganji+ Lime pickle+salt+ Lime juice	Rice+ Moong dal+Bitter gourd side dish+ Jaggery (no garnish)
5 30/11/2019	Rice+ Moong dal+Bitter gourd side dish+Jaggery(no garnish)	Rice+ Moong dal+Bitter gourd side dish+ Jaggery (no garnish)	Rice+ Moong dal+Bitter gourd side dish+ Jaggery(no garnish)
6 01/12/2019	Rice+ Moong dal+Bitter gourd side dish with garnish OR Rice+Meatsoup+Pepper	Rice+ Moong dal+Bitter gourd side dish with garnish OR Rice+Meatsoup+Pepper	Rice+ Moong dal+Bitter gourd side dish with garnish OR Rice+Meatsoup+Pepper
7 02/12/2019	Rice+ Moong dal+Bitter gourd side dish with garnish OR Rice+Meatsoup+Pepper	Rice+ Moong dal+Bitter gourd side dish with garnish OR Rice+Meatsoup+Pepper	Normal diet



Figure 5-8 Lesions after treatment (1 month of follow-up)

DISCUSSION

The indulgence in faulty lifestyles and food habits including the excessive intake of mutually contradictory foods, lack of exercise, day sleep, excessive *guru*, *snigdha ahara* consumption, excessive intake of freshly harvested grains, flour preparations, curd, fish, salt and sour items can lead to the vitiation of the *tridosha*. This *dosha dusti* vitiates the *tvak*, *rakta*, *mamsa* and *ambu* constitute the pathology of *Kusta vyadhi*⁴. All the types of *Kusta* are caused by the simultaneous vitiation of the *tridosha*. However, some *dosha* become predominant resulting in the *vyadhi*.

Kitibha kusta is one among the *kshudra kusta* which is a *vatakapha pradhana vyadhi*⁵. The *lakshana* like *shyava* and *krishna varna pidaka*, *kinakhara sparsha* and *rukshata* are due to the vitiated *vata dosha* while symptoms like *kandu*, *utseda*, *sthairyata* are due to the vitiated *kapha dosha*.

Kusta in which there is the invariable involvement of all the *tridosha* and it have the *bahudosha avastha* from the day one. It lingers for a longer duration of time and hence *shodhana* is essential in this.

The *Abyantara shodhana* in the *Kusta* can be achieved through six modalities; *Sampurna shodhana*, *Bahushah shodhana*, *Ubhaya shodhana*, *Yadhakrama shodhana*, *Nitya shodhana* and *Sadya shodhana*. In the present study the *Yadhakrama shodhana* was adopted by administrating the *deepana pachana chikitsa* followed by the *madhyama snehapana*, *sarvanga snigdha sveda*, *tikshna shodhana* and *samsarjana karma*. Here for each procedure *kustaghna dravya yukta snehapana*, *kustghna taila abyanga*, *kustaghna kashaya parisheka* and *kustaghna yavagu samsarjana* was done.

Intially *Chitrakadi vati* was given for the *deepana* and *pachana* action. This *yoga* which includes drugs like *chitraka*, *pippali*, *pippali moola*, *trikatu*, *hingu*, *ajamoda*, *sarji kshara*, *yavakshara* and 5 types of *lavana* having *ushna veerya* predominant of



katu, tikta rasa does the *ama pachana* and *agni deepana*.

After the *agni deepana* and *pachana*, the *snehapana* is advised. *Snehapana* helps to mobilise the *dosha* from the *shakha* to the *koshta*, nurtures the body and prevents the excess *vata kopa*. Medicated ghee processed with *tikta* drugs are more apt in this situation. Thus *Anabhishyandi/Guggulu tiktataka ghrita* is the drug of choice here. It includes drugs like *nimba, guduchi, vasa, patola, kantakari, shuddha guggulu, manjista, bhallataka, chitraka, kutaja, ativisha, kusta, chavya, devadaru, kshara dravya* which have predominant *tikta rasa* and *kustahara* action. The dosage of the *snehapana* is determined based on the *agni, kosta, desha, kala, vyadhi* and *roga bala*. Considering this *madhyama snehapana* is advised here in which the *sneha* get digested in 12 hours. Moreover, in the diseases like *kusta* and *vata shonita* the *madhyama matra* of the *snehapana* is advised⁶.

After *snehapana*, *abyanga* is administered with *kustahara taila* for the generalised lesions with minimal or no secretions and with minimal or no pain. *Yastimadhu taila* was used for the *abyanga* which has *yastimadhu* processed with *go ksheera* and *amalaki* having *kandughna* action. As the patient has lesions all over the body, to prevent the transmission and infection, self

abyanga was advised. Following the *abyanga*, *nimba patra parisheka* was advised. *Nimba* having *tikta, kashaya rasa* helps in mitigating *kandu, tvak dosha* and *kusta*.

Kusta is a *rakta pradoshaja vyadhi* and the *virechana karma* is found to be superior in curing the *Kusta*. Multiple studies have already proved the efficacy of *virechana karma* in the *Kusta* diseases. Here the *virechana* was done with *trivrut lehya*. As per the literature, *trivrut, danti* and *triphala* are the choice of the drugs for the *virechana karma* in *Kusta*⁷. The *samsarjana karma* was advised for 5 days following the *virechana*.

For the chronic lingering diseases like *Kusta*, the *vyadhihara rasayana* are advised. *Tuvaraka, bakuchi, ballataka* are the drugs used as the *rasayana* for *Kusta*⁸. In the present case, *Tuvaraka rasayana* was advised to the patient after *shodhana* starting from the dose of 5ml. *Tuvaraka* have *kashaya, tikta, katu rasa* and *kustaghna, kandughna, krimighna, rechaka*, and *raktaprasadana* properties. During the course of the *rasayana* specific dietary restrictions told in the literature was followed. The *mudga yusha* without *lavana* and *sneha* was advised in the initial days of the *rasayana*⁹. During the course of the *Tuvaraka rasayana*, the episodes of



vomiting or diarrhoea occurred due to its *rechaka* action.

Following the *rasayana*, *samsarjana karma* was advised to attain the normalcy of the *koshta* and *agni*. The medicinal preparations like *Kaishora guggulu*, *Yastimadhu* capsules and *Brihat marichadi*

taila were advised as *shamana yoga* which mainly has *kustahara*, *kandughna* properties helps in the further deterioration of the disease and prevents its recurrence. They were advised till the complete remission of the symptoms (Table 5).

Table 5 Ingredients, properties and action of the Drugs

Sl.No	Drug	Ingredients	Properties and Action
1	<i>Chitrakadi vati</i> ¹⁰	<i>Chitraka, Pippali moola, Saindhava lavana, Sauvarchala lavana, Vida lavana, Samudra lavana, Audbhida lavana, Shunti, Maricha, Pippali, Hingu, Ajamoda, Chavya, Sarji kshara, Yavakshara, Bhavana with Matulunga swarasa</i>	Drugs having properties of <i>Agni deepana</i> and <i>Ama pachana</i>
2	<i>Anabhishtyandi/Guggulu tiktaka ghrita</i> ¹¹	<i>Nimba, Guduchi, Patola, Vasa, Kantakari, Pata, Vidanga, Devadaru, Gajapippali, Sarji kshara, Yava kshara, Shunti, Haridra, Mishi, Chavya, Kusta, Tejovati, Maricha, Shuddha guggulu, Manjistha, Bhallataka, Chitraka, Kutaja, Ativisha, Yavani, Katuka, Pippali, Rasna, Visani,</i>	Predominantly of <i>Tikta, Katu, Kashaya rasa dravya</i> having properties of <i>Kustahara</i>
3	<i>Yastimadhu taila</i> ¹²	<i>Yastimadhu, Amalaki, Goksheera, Tila taila</i>	<i>Kandughna</i>
4	<i>Nimba</i> ¹³	<i>Panchanga of Nimba (Azadirachta indica)</i>	<i>Tikta, Kashaya rasa, Sheeta virya, Katu vipaka, Kaphapitta shamaka, Kandu, Twak dosha, Krimi, Kusta Hara</i>
5	<i>Trivrut Lehya</i> ¹⁴	<i>Trivrut, Ela, Tvak, Patra, Madhu, Sarkara</i>	<i>Katu, Tikta, Madhura, Kashaya rasa, Sukha virechaka, Bhedana, Rechaka</i>
6	<i>Tuvaraka Taila</i> ^{9,15}	<i>Oil extracted from the seeds of Tuvaraka (Hydnocarpus laurifolia)</i>	<i>Ushna veerya, Kaphavata shamaka, Kustaghna, Kandughna, Krimighna, Rechaka, Raktaprasadana Pama, Vicharchika, Kandu, Sidhma, Dadru hara, Sarva kustahara</i>
7	<i>Kaishora guggulu</i> ¹⁶	<i>Shuddha guggulu, Haritaki, Bibhitaki, Amalaki, Guduchi, Shunti, Maricha, Pippali, Vidanga, Trivrut, Danti</i>	<i>Agni deepana</i> and <i>Kustahara</i>
8	<i>Yastimadhu</i> ¹⁷ capsule	<i>Powder of Yastimadhu (Glycyrrhiza glabra)</i>	<i>Madhura rasa, Sheeta veerya, Vatapitta shamaka Raktavikara, Kandu, Charma</i>



			<i>roga, Varnavikara, Vatanulomana, Kanthya, Varnya, Kandughna, Rasayana, Balya, Jeevaniya</i>
9	<i>Brihat Marichadi taila</i> ¹⁸	<i>Maricha, Trivrut, Danti, Arkakshira, Gomaya rasa, Devadaru, Haridra, Daruharidra, Jatamamsi, Kusta, Chandana, Visala, Karavira, Shuddha Haratala, Shuddha Manashila, Chitraka, Langali, Vidanga, Cakramarda, Shirisa, Kutaja, Nimba, Saptaparna, Guduchi, Snuhi, Aragvadha, Karanja, Khadira, Pippali, Vacha, Jyotishmati, Shuddha vatsanabha, Katu taila, Gomutra</i>	<i>Kustahara, Visphota, Vicharchika hara</i>

Complete cure is not possible by the single course of the *shodhana* as the amount of the *dosha* is more, so elimination of all the vitiated *dosha* in a single course is inappropriate with due consideration of the physical strength. Small elimination of the *dosha* at regular intervals is considered as the intelligent approach of the *Kusta chikitsa*.

CONCLUSION

The Case report demonstrates the management of *Kitibha kusta* w.s.r Lichen planus through *Virechana karma* and *Vyadhihara rasayana*. The treatment for 3 months there was 60% improvement in the symptoms and signs of the disease without any untoward effects. The complete cure of the disease is possible by repeating the course of *shodhana* and *rasayana*. The results need to be studied in more numbers of patients for the better assessment.

PATIENT CONSENT

Written permission for publication of this case study has been obtained from the patient.



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