


BOARD NOTICE 126 OF 2020**ALLIED HEALTH PROFESSIONS COUNCIL OF
SOUTH AFRICA****SAFETY GUIDELINES: AYURVEDA: AYURVEDIC
THERAPIES****OCTOBER 2020**

The Allied Health Professions Council of South Africa (AHPCSA) is a statutory health body established in terms of the Allied Health Professions Act, 63 of 1982 ("the Act") in order to control all allied health professions, which includes Aromatherapy, Ayurveda, Chinese Medicine and Acupuncture, Chiropractic, Homeopathy, Naturopathy, Osteopathy, Phytotherapy, Reflexology, Therapeutic Aromatherapy, Therapeutic Massage Therapy, Therapeutic Reflexology and Unani-Tibb.

The AHPCSA, after due consideration and in consultation with the Professional Board: Ayurveda, Chinese Medicine and Acupuncture and Unani-Tibb (PBACMU) and taking into account sections 1(2)(a), 3, 4, 10C, and 10D of the Allied Health Professions Act, Act No 63 of 1982 (“the Act”) resolved that the following SAFETY GUIDELINES: AYURVEDA: AYURVEDIC THERAPIES shall be applicable to all practitioners registered in the profession of Ayurveda.

Should the AHPCSA become aware of any practitioner or therapist who does not comply with the guidelines and/or practice outside his/her scope of practice, such person shall make him/her guilty of unprofessional conduct and face disciplinary action in terms of sections 23 to 30 of the Act.



DR LOUIS MULLINDER

REGISTRAR: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

<u>SECTION</u>	<u>TABLE OF CONTENTS</u>	<u>PAGE</u>
A	<u>INTRODUCTION AND OVERVIEW OF AYURVEDIC MEDICINE</u>	4
1.	DEFINITION OF AYURVEDA	4
1.1	PANCHAKARMA	4
1.2	METHOD OF SELECTING THERAPY FOR A PATIENT	5
1.3	DEFINITIONS	5
B	<u>LEGAL SAFETY PROCEDURES AND RISK FACTORS OF AYURVEDIC THERAPIES</u>	5
1.	VAMANA	5
1.1	DEFINITION	5
1.2	EQUIPMENT OR MATERIALS NEEDED	5
1.3	CONTRAINDICATIONS	6
1.4	COMPLICATIONS	7
1.5	POST THERAPY REGIMEN	7
1.6	PRECAUTIONS	7
2.	VIRECHENA	8
2.1	DEFINITION	8
2.2	EQUIPMENT OR MATERIALS NEEDED	8
2.3	CONTRAINDICATIONS	9
2.4	COMPLICATIONS	10
2.5	PRECAUTIONS	10
3.	BASTI	11
3.1	DEFINITION	11
3.2	EQUIPMENT OR MATERIALS NEEDED	11
3.3	CONTRAINDICATIONS	12
3.4	COMPLICATIONS	13
3.5	PRECAUTIONS	13
3.6	DEFINITION	14
3.7	EQUIPMENT OR MATERIALS NEEDED	14
3.8	CONTRAINDICATIONS	15
3.9	COMPLICATIONS	15
3.10	PRECAUTIONS	15
4.	NASYA	16
4.1	DEFINITION	16
4.2	EQUIPMENT OR MATERIALS NEEDED	16
4.3	CONTRAINDICATIONS	16

4.4	COMPLICATIONS	17
4.5	PRECAUTIONS	17
C	BIBLIOGRAPHY	17

SAFETY GUIDELINES: AYURVEDA: AYURVEDIC THERAPIES

SECTION A: INTRODUCTION AND OVERVIEW OF AYURVEDIC MEDICINE

1. DEFINITION OF AYURVEDA

Ayurveda is a Sanskrit word that translates into “The Science of Life”. It is a wholesome therapy and ancient philosophy of living life in a meaningful, healthy and useful way. The primary aim and objective in Ayurvedic Medicine is to preserve and promote the health of a healthy person and to alleviate the disease in a patient.

In Ayurveda, medicines are administered in different forms through different routes to obtain either the *shodhana* (purificatory) or *shamana* (palliative) effect.

1.1 PANCHAKARMA

The Sanskrit term *Panchakarma* translates to the five therapeutic procedures. “*Pancha*” refers to the number five, while “*Karma*” refers to the therapy that brings about homeostasis. According to the *Charaka* school of thought, *Panchakarma* comprises of the following five procedures namely: *Vamana*, *Virechana*, *Asthapana basti*, *Anuvasana basti* and *Nasya*. A slight difference of opinion exists in the enumeration of *Panchakarma* for the *Susruta* school of thought. According to this school, *asthapana* and *anuvasana basti* are considered as a single procedure. Thus, *Raktamokshan* is added as the fifth procedure.

While listing the Panchakarma procedures only those therapies that cause expulsion of the doshas to a larger extent are considered. Though there are other therapies such as Netra Basti, their efficacy is slightly lower in removing the morbid doshas accumulated in the body in comparison to Panchakarma procedures.

1.2 METHOD OF SELECTING THERAPY FOR A PATIENT

- 1.2.1 After the diagnosis of the disease, an Ayurvedic Practitioner should have an effective treatment planned in order to treat the illness
- 1.2.2 Among the different therapeutic procedures that may be carried out, it may be that only a few procedures are selected to treat a patient. All therapeutic procedures cannot be administered and may not be necessary in every case.
- 1.2.3 An Ayurvedic Practitioner is required to assess the requirement, availability and therapeutic effect of the procedure.
- 1.2.4 An Ayurvedic Practitioner should also carefully select the necessary procedures to effectively treat a patient, taking into account the Prakriti or body constitution of the patient, the time of day and season selected for

treatment, the age and strength of the patient, stage of the disease etc.

1.3 DEFINITIONS

1.3.1 **Dosha**

These are material substances in the body which have their own definite quantity, quality and functions

1.3.2 **Vata**

Vata is composed of space and air. It governs all movement in the mind and body. It controls circulation, elimination of wastes, breathing and the movement of thoughts across the mind. It is situated below the navel and represents the Nervous system

1.3.3 **Pitta**

Pitta is composed of fire and water. It governs all heat, hormone function, metabolism and transformation. It controls how we digest foods, and metabolize our sensory perceptions. It is situated between the heart and umbilicus and represents the chemicals secreted by glands.

1.3.4 **Kapha**

Kapha is composed of water and earth. It represents structure and lubrication in the mind and body. It controls weight, growth, lubrication for the joints and respiratory system. It is situated above the heart.

1.3.5 **Dhumapana**

It is an effective treatment for upper clavicular diseases

1.3.6 **Rasyana**

It is composed of two words 'Ras' and 'Ayan'. It means by which one gets the excellence of Rasa (The nourishing fluid which is produced immediately after digestion) is known as Rasayana

1.3.7 **Avagaha**

The word 'Avagaha' means to immerse. It is a type of sudation therapy where the patient is made to sit or lie in fluid like decoction or warm water to produce fomentation of the body.

1.3.8 **Parisheka**

It is when medicated liquid is poured over the desired part or whole body.

1.3.9 **Ama**

It is a substance which is involved in the process of digestion but does not undergo complete digestion

SECTION B. LEGAL SAFETY PROCEDURES AND RISK FACTORS OF AYURVEDIC THERAPIES

1. **VAMANA**

1.1 **DEFINITION**

Vamana is a process by which the morbid materials of the body are eliminated out through the oral route by emesis. It is a key procedure of Panchakarma which is mainly indicated in disorders of *Kapha*.

1.2 **EQUIPMENT OR MATERIALS NEEDED**

- Tub
- Measuring glass
- Spoon

- Glass
- Small bowl
- Frying pan
- Towel
- Bucket
- Water vessel
- Kitchen scale
- Glass test tube
- Test tube stand
- Glass rod
- Sphygmomanometer
- pH paper
- Stethoscope
- Thermometer
- Disposable gloves
- Essential medicines to induce emesis such as *saindhava* or black salt etc.
- Materials for *Dhumapana*
- Apron
- Clean cloth for draping the patient
- Attendants

1.3 CONTRAINDICATIONS

- Patients who have haemoptysis or emaciation
- Obesity
- Physically weak persons
- Very young or elderly persons
- Giddiness
- Haemorrhoids
- Grief stricken
- Pain in the eyes
- Ear ache
- Headache
- Progressive cataract
- Hoarseness of voice
- Enlargement of prostate
- Ascites
- Abdominal pain
- Obstructed urination
- Heart diseases
- Diseases of the nervous system
- Worm infestation
- Pregnant females
- Excessive physical exercise
- Bleeding through upper body orifices
- Persistent vomiting

- Excessive thirst

1.4 COMPLICATIONS

- Distension of abdomen
- Gripping pain
- Excessive discharge
- Cardiac spasm
- Spasm of limbs haemorrhage
- Improper action of the medication
- Rigidity
- Serious afflictions
- Exhaustion
- Error with the attendant, recipe, physician or patient

1.5 POST THERAPY REGIMEN

The following should be adhered to after any Panchakarma therapy:

- Speaking loudly
- Excessive travelling or roaming
- Avoid sitting in one position for long periods of time
- Only eat food once the previous food has been digested
- Only eat food which is beneficial to one's health
- Avoid sleeping during the day
- Abstinence
- After therapy, *Kavala* with *triphal*a and *dhump*ana should be done

1.6 PRECAUTIONS

1.6.1 PREPARATION FOR VAMANA

- A proper detailed history should be taken by the practitioner
- *Abhyanga* and *swedana* forms the preparation for *vamana*.
- The patient should always be advised to follow strict dietary regimen before and after the procedure, so as to avoid complications
- The treatment room should be furnished with a soft cushioned knee-high chair with arm rests
- Practitioners should note down the bouts of vomiting, amount and end substance of vomitus as well as symptoms developing in the patient

1.6.2 SAFETY PROCEDURES

- The vomitus should be disposed of in a drain or toilet
- All utensils and equipment should be sterilized and kept within reach
- The treatment room in which the procedure is carried out should be clean.

- The patient should be draped with a clean cloth up to the neck to prevent the soiling of their cloths with vomitus
- A clean towel, a large bowl and a fresh glass of water should be placed on a table or chair that is within his reach
- Practitioners should wear an apron before the treatment begins
- If the patient does not start to vomit the practitioner should wait for approximately 48 minutes after the emetic drugs have been administered. By this time if the vomiting has not started the practitioner should administer further medicine to support the emetic drugs given.

2. VIRECHENA

2.1 DEFINITION

Elimination of *Dosha* through the rectum by orally administered drug. Morbid accumulation of *pitta* is best eliminated by this procedure. Abnormal accumulation of *kapha* in the lower gastrointestinal tract is also treated by this therapy.

2.2 EQUIPMENT OR MATERIALS NEEDED

- Measuring glass
- Spoon
- Glass
- Small bowl
- Towel
- Flask
- Water pot
- Bed pan
- Kitchen scale
- Test tube
- Test tube stand
- Glass rod
- Sphygmomanometer
- pH paper
- Thermometer
- Disposable gloves
- Flatus tube
- Instruments for fomentation and *basti*
- Medicines for Oleation, fomentation, Virechena and *basti*
- One attendant for preparation of medicine and to maintain input-output chart
- Emergency medicines such as:
 - i. Sugar
 - ii. Kutaja Ghanavati
 - iii. Karpura rasa
 - iv. Mahashankha vati

- v. Sanjeevani vati
- vi. Oral rehydration salt
- vii. Jatyadi ghritam
- viii. Jatyadi taila
- ix. Phala varti

2.3 CONTRAINDICATIONS

- Patients suffering from ulceration of the anus. If it is performed it may lead to discomfort in the precordial region and may even predispose the patient to rectal bleeding.
- It is not advisable if the patient is suffering from injury of the anal region. Administration in such persons may lead to severe pain in the anal region
- It should be avoided at all costs in patients suffering from faecal incontinence
- Spontaneous bleeding from the anus and urethra is a feature of *adhoga raktapitta* (bleeding from the lower orifices). If a patient had to go *virechena* in such a clinical state it is likely to worsen the rectal bleeding
- If the patient is subjected to *langhana* (fasting therapy) treatment for any reason. He may not be able to withstand the strain its causes.
- In a clinical state of debilitated sense organs or impaired digestion it is not recommended
- It is not indicated immediately following *basti* therapy
- Presence of indigestion
- Fever of recent origin
- It is not ideal in patients who are addicted to alcohol as the body becomes weaker, and any attempt to eliminate the Dosha may aggravate Vata.
- Distension of abdomen
- Traumatic injuries
- Excessive Oleation therapy
- Excessive dryness of the body
- It is not ideal in persons having *krura kostha* or difficult and tough bowel movements. If it is administered in this state it may lead to poor response to this therapy and may cause complications such as precordial pain, joint pain, distension of abdomen, body ache, vomiting, transient loss of consciousness and exhaustion
- Emaciation due to ulceration within the chest
- Obesity
- Children younger than 16 years old and Elderly persons older than 70 years old
- Debilitated persons
- Patients who are tired due to excessive physical work
- Patients suffering from excessive thirst
- Persons affected from straining due to long distance walking or other physical exercise
- Persons who have observed fasting for long periods of time
- Persons involved in rigorous studies

- Persons affected with mental worries
- Neurasthenic
- Pregnant ladies
- Women in the puerperal period
- Acute rhinitis
- Tubercular infection
- Diarrhoea
- Individuals who have excessive hunger
- Diseases of the heart
- Persons who are fearful.

2.4 COMPLICATIONS

Due to error in the prescription of the purgatives or due to faulty procedure of the therapy the patient may develop certain complications, if proper care is not taken during administration. All these complications can be managed effectively.

- Distension of the abdomen
- Severe cutting pain in the anal region
- Discharge from the anus
- Precordial discomfort
- Stiffness of the body parts
- Blood in excreta
- Altered state of consciousness
- Shock
- Rigidity
- Sense of tiredness
- Vomiting
- Uneasiness in the precordial region
- Constipation
- Sudden dehydration

2.5 PRECAUTIONS

2.5.1 SAFETY PROCEDURES

- A proper detailed history should be taken by the practitioner
- Patients are advised to take Oleation therapy for a specific amount of time
- Patients should be advised to follow a strict dietary regimen as prescribed by an Ayurvedic Practitioner, to avoid complications and to get the full benefit of this therapy. This should be adhered to before and after virechena.
- The purgative medicine should be of good quality, and it should not exceed the expiration date

- The Ayurvedic practitioner should be prepared if the patient does not have a proper response to treatment. All emergency medicines and protocols should be carried out accordingly
- Proper dosage of purgatives should be assessed according to the condition of the patient and the stage of the disease.
- If the patient vomits the purgative medicine they may be subjected to Oleation, fomentation and virechena therapy once again.
- If the patient experiences an excessive response to treatment they may be treated with a mild emetic which reverses the course of movement of the gastrointestinal tract thereby preventing further excretion. Cold *parisheka* or *avagaha* therapies may also be beneficial in this regard

2.5.2 POST THERAPY PROTOCOL

- After the virechena procedure and the period of strict dietary regimen, if no other Panchakarma is indicated for the patient, they should be subjected to shaman (palliative treatment) or rasayana (Rejuvenative treatment) according to the illness of the patient.

3. BASTI

A. NIRUHA BASTI

3.1 DEFINITION

This is the administration of medicated decoction enema. The composition of the medicine administered in this form may contain herbal decoction, medicated oil, honey, rock salt and herbal powders. Among these different ingredients the concentration of the herbal decoction is relatively more in comparison to the other ingredients. It is also known as *Asthapana basti*

3.2 EQUIPMENT OR MATERIALS NEEDED

- Disposable enema cans
- Disposable rubber catheters
- Disposable gloves
- Ghee
- Towel
- Oil
- Forceps
- Cleaning agents
- Mortar and pestle
- Prescribed medicines
- Vessels
- Apron
- Cloth or blanket for patient
- Pot
- Water

- Gauze

3.3 CONTRAINDICATIONS

- Indigestion
- Excessive Oleation or dryness of the body
- Tiredness due to travelling or physical work or are physically weak
- Patients who are hungry at the time of administration of the basti
- Patients who experience excessive thirst
- Emaciated persons
- Administration of basti immediately after a meal or after intake of fluids
- Immediately following Nasya as it will precipitate mobilization of the Dosha and obstruct the body's channels
- Patients who are angry, in a state of fear or suffering from a transient loss of consciousness
- Persistent vomiting
- Excessive salivation
- In diseases or cases of :
 - i. breathlessness
 - ii. cough
 - iii. hiccups
 - iv. intestinal obstruction
 - v. intestinal perforation
 - vi. ascites
 - vii. distension of abdomen
 - viii. distension of the abdomen due to the accumulation of the undigested food
 - ix. persistent vomiting and diarrhoea
 - x. when the function of the digestive system is low
 - xi. diarrhoea associated with metabolic toxins
 - xii. diabetes mellitus
 - xiii. passing of abnormal urine in abnormal amounts
 - xiv. obstinate skin disorders
 - xv. haemorrhoidal pass
 - xvi. anaemia
 - xvii. giddiness
 - xviii. tastelessness
 - xix. psychological illness
 - xx. state of grief
 - xxi. obesity
 - xxii. dryness of throat
 - xxiii. emaciation due to ulceration within the chest
 - xxiv. pregnant ladies up to 7 months
 - xxv. very young and old persons
 - xxvi. less stool
 - xxvii. swelling around the anus
 - xxviii. females who had premature delivery

xxix. presence of oedema

3.4 COMPLICATIONS

- Improper method of administration of the basti
- Erroneous procedure may not give the desired therapeutic effect
- Administration of air along with the medicine may cause abdominal pain and pin pricking sensations
- Treatment carried out in a hurry may lead to pain in the anal region, inguinal region, thighs and pelvic region
- Erroneous direction during insertion of catheter may lead to obstruction as it impinges on the walls of the rectum
- Compressing the catheter may lead to chest pain, head ache, tiredness in the legs and other symptoms due to morbidity of Vata Dosh
- Shaking the catheter while administering the basti may cause burning sensation in the anal canal as well as local oedema
- Over insertion deep in the rectum may cause ulceration in the rectal wall as well as pain, burning sensation etc.
- Inadequate insertion or unusually slow administration may cause early evacuation of medicines.
- Rapid administration may lead to retention of the medicine for an unusually long period of time and is not desired
- Adaptation of proper technique of administering the basti is essential for safe employment of the procedure

3.5 PRECAUTIONS

3.5.1 PREPARATION OF BASTI MEDICATION

- The preparation of the medicaments should be done carefully. The ingredients are mixed in a specific order to get an emulsion of the medicinal compound.
 - i. The rock salt is taken in a mortar and grounded till it is fine and devoid of lumps. Thereafter honey is added.
 - ii. Both the salt and honey should be mixed well so that it forms a proper consistency.
 - iii. The medicated oil is added after, and mixing is continued with a mortar
 - iv. Herbal powder is added and mixed well
 - v. After all the ingredients are properly emulsified by mortaring, the herbal decoction is added
 - vi. The mixture should be lukewarm when it is administered
- The mixing of the medicines should be done with a mortar and pestle in one direction only i.e. clockwise direction
- After preparation of the basti medication, it should be filtered properly

3.5.2 OTHER IMPORTANT FACTORS

- The patient should be given niruha basti on an empty stomach in the morning after evacuating the bowel and bladder
- If the patient has excessive dryness of the body anuvasana basti should be done beforehand
- The dosage is determined according to the age of the patient.

3.5.3 SAFETY PROCEDURE

- Proper Oleation and fomentation should be done before the basti procedure
- The patient should lie down on the table in the left lateral position, with the left leg straight and the right leg is flexed at the hip and knee and is drawn up to the chest.
- The patient's body should be covered with a cloth or blanket and the anal region should be left exposed
- The therapist should wear disposable gloves
- The anal orifice is smeared with ghee or oil for lubrication with the help of gauze
- The tip of the rubber catheter is also dipped in oil or ghee for lubrication
- The therapist should prevent leakage of the medicine before administering
- The catheter is gently introduced into the anal canal in the direction of the patients spine
- About 11cm to 15cm of the catheter is inserted
- After administering the basti the client should gradually assume the supine position for 5 minutes, thereafter they should bend their legs at the knees for 15 minutes

B. ANUVASANA BASTI

3.6 DEFINITION

Administration of medicated oil or other fat through the rectal route in a prescribed dose

3.7 EQUIPMENT OR MATERIALS NEEDED

- 100ml Disposable syringe
- Disposable gloves
- Rubber catheter
- Medicated oil according to the prescription
- Facility for abhyanga (oil massage) and fomentation therapy
- Gauze
- Stove
- Water
- Pot

- Towel
- Cloth or blanket for patient
- Ghee
- Clock or Timer
- Forceps
- Cleaning agents

3.8 CONTRAINDICATIONS

- In cases where there is dominance of vitiated kapha Dosha, or vitiation of the doshas associated with ama, administration is not ideal
- If there is a predominance of fat in the body
- In diseases due to over nutrition and diabetes it should not be given
- Administration of Oleation therapy through the oral route
- Administration of Oleation therapy both orally and rectally simultaneously
- After eating heavy meals

3.9 COMPLICATIONS

Obstruction of fats due to:

- Vitiating vata, pitta or kapha Dosha
- Food consumed
- Faecal matter

3.10 PRECAUTIONS

3.10.1 FACTORS FOR SELECTION OF THERAPY

- Patient should be examined thoroughly to ensure they are not suffering from any illness in which anuvasana basti is contraindicated
- Patient is subjected to Oleation and fomentation before the basti procedure
- During the cold seasons such as winter and spring this therapy should be done during the day
- During the hot season like autumn and winter it should be administered during the night or morning time
- It is given immediately after meals on a full stomach
- If the patient has vitiation of *Kapha Dosha* the therapy course should consist of one to three basti's
- In a case of morbidity of *Pitta Dosha*, five to seven basti's can be given as a course
- Nine to eleven basti's are ideal as a course in conditions where there is vitiation of *Vata Dosha*

3.10.2 PROPER ADMINISTRATION

- Patient should have a light meal with a small amount of fats
- After the meal, the patient is advised to do light exercise

- There should be proper evacuation of the bowel and bladder for therapeutic efficacy

3.10.3 SAFETY PROCEDURE

- The patient should be positioned for administration of basti on the table. They should lie down in the left lateral position with the right leg drawn up towards the chest and the left leg is placed straight on the table
- The medicated oil which is to be administered should be heated in a pot filled with water to make it lukewarm
- Any air that is in the syringe should be cleared by pushing the piston
- The therapist should wear disposable gloves
- The tip of the catheter is dipped in oil or ghee for lubrication
- The catheter is gently introduced into the anal canal in the direction of the spine for about 10cm to 15cm
- The patient should lie in supine position for five minutes then bend their legs at their knees for fifteen minutes without any other movements

4. NASYA

4.1 DEFINITION

Administration of medicines through the nasal route is known as *nasya*. Diseases related to the head are best treated by this therapy.

4.2 EQUIPMENT OR MATERIALS NEEDED

- Table with a facility to lower the head portion
- Medicines according to the prescription
- 100ml lukewarm medicated oil for abhyanga
- Towel for fomentation
- Dropper
- Spittoon
- Stove
- Dhuma varti or smoke wick
- Hot water or triphala decoction

4.3 CONTRAINDICATIONS

- Patients who have just eaten
- Indigestion
- Patients who have undergone oral Oleation therapy
- Intoxicated persons
- Patients who have consumed plenty of water
- Those who have had a bath
- Hungry
- Exhausted due to physical exercise
- Transient loss of consciousness
- Injured

- Fever of recent onset
- Grief stricken
- Pregnant females
- Rhinitis of recent onset
- Emaciation
- Excessive thirst
- Angry
- Very young, below the age of 7 or elderly persons, above the age of 80
- Difficulty breathing
- Cough
- Puerperium

4.4 COMPLICATIONS

- Breathlessness
- Cough
- Rhinitis
- Sluggish digestion
- Progressive cataract

4.5 PRECAUTIONS

- Nasya should not be given after food and drink
- Patient should be advised not to take bath prior to therapy
- The dropper should be properly sterilized
- The head of the patient should be slightly lowered during treatment
- Oleation and fomentation should be done before nasya
- Therapists should be careful not to burn the patients face with the towel dipped in hot water for the fomentation procedure

SECTION C

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