

REVIEW ON PELVIC ORGAN PROLAPSE (*PRASRAMSINI, PHALINI, MAHAYONI, VATIKI YONIVYAPAT*) – A CONCEPTUAL STUDY**Dr. Namitha S. N.^{1*} and Dr. Arpana Jain²**¹Final Year PG Scholar, Department of Prasuti Tantra and Streeroga.²Assistant Professor, Department of Prasuti Tantra and Streeroga.

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and Streeroga.**ABSTRACT**

Pelvic organ prolapse is a common group of clinical conditions affecting majority of middle-aged women due to multiple factors involved in their lifestyle and regimens. It includes a range of disorders that effects genetically susceptible women when exposed to life events that ultimately result in development of prolapse. This includes first degree, second degree, third degree uterine prolapse, cystocoele, urethrocoele, rectocoele. The management can be done as surgical and non surgical methods. In *Ayurveda*, it can be corelated to *yonirogas Mahayoni, prasramsini, phalini/andini* and *vatiki yonivyapat*. If any women who is prone to *mithya ahara viharas, dukha prasava .dushta arthava*, who didn't follow proper *dinacharya, rajaswalacharya, garbhini paricharya, sootika paricharya*, results in improper *dosha vitiation, rasa, rakta, mamsa, medo dhatu dushti*, which inturn causes

upadhatu arthava, kandara, sira vitiation resulting in loosening of ligaments, muscles and structures associated with pelvic organ supports, causing organ prolapse. Among these *Prasramsini* can be corelated to first or second degree uterine prolapse, *Andini/phalini* as cystocoele, *Mahayoni* as third degree uterine prolapse/procidentia. The *lakshana "Bhramsa"* in *Vatiki yonivyapat* can be corelated to displacement of *garbhashaya*.

KEYWORDS: Pelvic organ prolapse, *prasramsini, phalini/andini, Mahayoni, Bhramsa, Vatiki yonivyapat*.

INTRODUCTION

The normal position and structure of *Garbhashaya* is *sankha nabhi akriti, roheeta Matsya mukha*^[1] and *sthana* is *pitta pakvashaya Madhya*.^[2] Any alteration or change in its normal position due to congenital, external life style or intra partum causes will lead to descent of uterus down into the introitus and is termed as *yoni bhransa* or uterine prolapse. If its due to laxity of vaginal walls, then it is descent of bladder or rectum, results in cystocele/rectocele. All these descent of organs together is coined in a term i.e Pelvic organ prolapse which is dealt here.

NIDANAS

SAMANYA NIDANA

► Among *samanya yoni roga nidanas*, that prones to prolapse.

❑ *Mithya ahara vihara*.^[3, 4]

Woman having less protein rich diet, occupation with heavy weight lifting, obesity, smoking, constipation, multiparity, systemic illness like chronic cough.

Any kind of works or strains that increase the intra abdominal pressure can be a cause for prolapse.

Improper following of *dinacharya, rithucharya, sootikaparicharya*.

❑ *Beeja dushti / daiva*

This include congenital factors: Genetic connective tissue disorder like Ehler danlos syndrome, congenital elongation of cervix, Marfan's disease.

Spina bifida – causing pudental nerve weakening thereby loss of muscle strength.

Other factors – anterior inclination of pelvis, inherent weakness of pelvic organ support structures. The main support structures are.^[5]

Level 1 – uterosacral or cardinal ligament complex – maintains vaginal length and axis.

Level 2 – paravaginal attachments of lateral vagina and endopelvic fascia – maintains midline position of vagina.

Level 3 – pertains to distal vagina – made up of muscle and connective tissue surrounding distal vagina and perineum – pelvic floor muscles.

If any alterations or causes that effects these *pesis* or ligaments involved can result in weakening of the supports of uterus thus causing *sthana vichyuti* of *garbhashaya* leading to prolapse.

- ❑ *Pradushta arthava* –hypoestrogenic state, post menopausal atrophy due to estrogen deficiency
- ❑ Having intercourse with a *pravrdha linga purusha*^[6]- causing loss of elasticity and collagen damage of muscle fibres in pelvic floor leading to laxity of muscles.

VISHESHA NIDANA

Prasramsini^[7]- दुःप्रसूः - दुःखेन प्रसूयते – difficult labour or severe strain during parturition, improper bearing down efforts, multiparity.

Pregnancy is a state of physiological collagen softening – a *sannikrshta hetu* – and if woman is already *ruksha* and *durbala*, the supporting structures will be more weakend leading to prolapse in early ages.

Mahayoni^[8]- विषमं दुःखशय्यायां मैथुन

Andini/Phalini^[9]-अतिकाय गृहीतायास्तरुण्याः फलिनी भवेत् ।

Having sexual intercourse in improper positions can cause uterovaginal prolapse in later stages.

SAMPRAPTHI KHATAKAS

Dosha : Vata pradhana Tridoshaja

Dushya : rasa, Rakta, mamsa, meda,

Srotas : Rasavaha, Mamsavaha, Arthavavaha, rakthavaha and medovaha

Rogamarga: Abhyantara

Vyaktasthana: Garbhashaya, Yoni

Udbhavasthana: Pakvashaya

Srotodushti: Vimargagamana, Atipravrtthi

Agni: Jataragni, Dhatwagni.

SAMPRAPTHI

Mithyahara vihara sevana leads to aggravation of *doshas*, mainly *apana vata* followed by *tridoshaja* vitiation which in turn effects the *mardhavata* of *garbhashayagata mamsa dhatu*, causing *kha vaigunya* in *garbhashaya*. This causes *mamsa*, *peshi* and *snayu shithilatha* in *yonis* gradually progress as *yonis bhramsa*.

TYPES OF PELVIC ORGAN PROLAPSE^[10]

- Types
- Vaginal
- Anterior Wall -Cystocoele. Urethrocoele, Cystourethrocoele
- Posterior Wall – Rectocoele, Relaxed perineum. Vault prolapse
- Uterine – utero vaginal, congenital

DEGREES OF PROLAPSE

<i>Degree of prolapse</i>	<i>Cystocoele (Anterior vaginal wall)</i>	<i>Rectocoele (Posterior or recto vaginal wall)</i>	<i>Uterine or vaginal vault prolapse</i>
First degree	Descends half way to hymen	Recto vaginal wall descends half way to hymen	Cervix or vaginal apex descends halfway to hymen
Second degree	Along with bladder extend to hymen	Sacculation descends to hymen	Extends halfway to hymen or perineal body
Third degree	Underlying urethra and bladder outside the hymen	Extends beyond the hymen	Extends beyond the hymen and protrudes
Procidentia			Complete organ prolapse

PRASRAMSINI, PHALINI, MAHAYONI, VATIKI YONIVYAPATS IN DETAIL AND ITS CLINICAL CORELATIONS**1. PRASRAMSINI**

Mentioned only by *susruta* among *Brhatrayis* and also in *Madhavanidana*^[11], *Bhavaprakasha*^[12], *Yogaratanakara*^[13]

Due to above mentioned *samanya* and *vishesha nidanas* i.e *Mithyahara viharas*, *pradushta arthava*, repeated child birth, strain during labour, chronic cough history, chronic constipation it results in *apana vata kopa* and *kapha kshaya*, these together vitiates *pitta* through *ashayaapakarsha gati*, thus *Prasramsini* is a *pitta pradhana vyadhi* according to *acharya susruta*.

Clinical features

Sramsana – displaced from its normal position due to *vata kopa* and *rasa, mamsa dhatu kshaya*.

Syandana – white discharge p/v – shows *vata -pitta dosha* involvement – either *thanu srava* or *putiyukta srava*.

Kshobhana – *kshobhita sanchalita* – pushed from its normal site.

Acharya *dalhana* has mentioned vitiated *pitta lakshanas* – *osha, chosha, daha*.

In *Madhavanidana*, it has been mentioned *svasthanachyavathe* – displaced from normal position due to *kshobhana* and *vimardhana*

No direct mention by *acharya vagbhata*^[14] but he has mentioned the word *vivrita, nisrta* while mentioning treatment for *sthanapavvrtha yoni*.

Prasramsini can be clinically co related to First or second degree uterine prolapse

2. PHALINI

Acharya *susruta* says it as *phalini* while other acharyas of *laghutrayi* call as *andini*.

As *acharya susruta* says, person who indulges in coitus with a man having *pravrdha linga*, then she will suffer from *phalini*. Acharya *dalhana* also mention it as *aphalini, apraja*. It is a *tridoshaja vyadhi*. *Ruksha, todadi* as *vata dushti, oshachoshadi* as *pitta dushita, Sneha kanduadi* as *kapha dushita lakshanas* are mentioned.

According to *Bhavamisra*^[15], *bala* or adolescent girl with narrow vaginal canal(*Sukshma yoni chidra*) indulging in coitus with a *pravrdhalinga purusha* will result in *andini*. As adolescence is an age for hormonal and reproductive organ development, having indulgence in coitus in such condition can cause collagen damage and muscle laxity due to hypoeestrogen and underdeveloped reproductive organs.

Clinial Features

Andavat lambamana yoni – protruding at introitus like that of an egg.

Usually it won't cause uterine prolapse but it may result in laxity of vaginal walls and lead to cystocoele or rectocoele conditions.

If there is forceful insertion or continuous indulgence, it may lead to perineal tear or permanent damage to vaginal musculature.

Phalini/Andini can be clinically corelated to Vaginal wall descent i.e cystocoele or rectocoele.

3. MAHAYONI

Mahayoni is mentioned by all *acharyas* including *brhatrayis* and *laghutrayis*, *Susruta* mentioned it as *Mahati*. *Vagbhata* has also mentioned *srasta, vivrita* in this context.

It is a *tridoshaja vyadhi* for *Susruta*^[16], *bhavamisra*^[17] and *yogaratanakara*^[18] and *vatika yoni roga* for *charaka, vagbhata*.^[19]

As per *samanya* and *visesha nidana* says, having intercourse in uneven place and position causes *vata kopa* – results in *vishtabhana* of *yoni* i.e *vistara* of *yoni* according to *chakrapani*, *asamvrtha mukha* (hypertrophied), with pain, dry froathy discharge. This condition of having muscular protuberance (*Mamsotsanna*) in *yoni* along with pain in joints and groin region (*parva vamkshana sula*) is known as *Mahayoni*.

According to *susruta*, *Yoni* is excessively dilated and symptoms of *tridoshaja dushti* i.e *ruksha*, *toda-vata*, *osha chosha-pitta*, *Sneha*, *kandu- kapha* are seen.

Analysing all the features of *Mahayoni*, it can be clinically correlated to Third degree uterine prolapse or procidentia.

4. VATIKI YONI VYAPAT

Bhramsa – displacement – According to *Ashtanga hrdaya Inducommentary* – in *vatiki yonivyapat* the word “*bhramsa*” is mentioned which means displacement or descent of *yoni*.

other symptoms – *Ayama*- (feeling of stretching pain in vagina), *phenila aruna krshna alpa thanu ruksha arthava srut*- (scanty blackish menstruation), *vamkshana parshvadou vyadha* (pain in groin region and flanks).

Acharya *vagbhata* has not separately mentioned *prasramsini yoni vyapat*, instead *bhramsa* in *vatiki yoni vyapat lakshana*, *nirrtta*, *vivrtta*, *dusthitha* words are used in *chikitsa* for displaced *yoni* which can be considered.

CHIKITSA

Chikitsa is mainly *samprapthi vighatana* i.e destruction of pathogenesis.

Main line of treatment should be *vatahara* as *vata* is the main *dosha* involved.

Prasramsini chikitsa.^[20, 21]

Yoni abyanga, *ksheera dhuma*, *veshavara pinda*, *bandhana for amutrakala*.

Veshavara pinda consists of *Maricha*, *shunti*, *krishna*, *dhanyaka*, *ajaji*, *dadima*, *pippalimula*.

Udavarthahara chikitsa, *Yoni abhyanga* with *ghritha* followed by *swedana* (*susruta*).

Mahayoni Chikitsa^[22]

त्रैवृत्त स्नेहनं स्वेदो ग्राम्य आनुप औदको रस

त्रैवृत्तेन अनुवास्य च वस्ति च उत्तर संज्ञिता : (cha.chi 30/110)

Use of *traivrtta sneha*, *svedana*, use of *gramya anupa oudaka rasa*. Use of *traivrtta Sneha as anuvasana basti* and *uttarabasti*.

Udavarthahara chikitsa^[23], *Yoni purana* with *vasa* of *rksha* / *Varaha/kukkuta* with *Madhura dravya* followed by *bandhana*.

A wise physician should administer all *vatahara chikitsa* for *mahayoni*.

Andini Chikitsa

Same *chikitsa* of *mahayoni* and *prasramsini* can be advised

❖ No proper treatment is mentioned by *acharya susruta* and others in *mahayoni* and *andini* as they are *asadhya rogas*.

Adopting these methods as treatment is a kind of providing support to pelvic floor muscles and also keeping *yonipichu* can also act as a kegel's exercise indirectly.


Vatiki yoni vyapat chikitsa^[24]

Snehana, *svedana*, *basti*, *seka*, *abhyanga*, *pichu* are the management adopted which are done with *vatahara* drugs and those drugs providing strength to *mamsa dhatu*.

Sthanavichyutha yoni chikitsa^[25]

► स्निग्धस्निग्धानां तथा योनिं दुःस्थितां स्थापयेत्पुनः॥ प्रवेशयेन्निःसृतां च विवृतां परिवर्तयेत्॥

योनिः स्थानापवृता हि शल्यभूता मता स्त्रियाः । (Cha.chi.30/43-45)

once displaced from normalcy, it is a *salya*  HYSTERECTOMY

❑ These can be considered as – Abdominal sling operations

- anterior colporrhaphy, Fothergill's operation.

DISCUSSION

The context of *yonibhramsa* or pelvic organ prolapse can be clearly understood from the specific *yonirogas* mentioned by *acharyas*. Due to *asmyak* or *mithya achara sevana*, *mithya viharas* like repeated child birth causes *vata prakopa* which causes *sramsas* of *garbhashaya* and so it is mentioned by *vagbhata* in *vatiki yoni vyapat lakshanas*. During *sootikakala*, if the day to day activities are resumed early without proper rest, like weight lifting, *seeta maruta seva*, is a kind of *prajnaparadha* that results in *dhatukshaya* and *doshaprakopa*. Other *viharas* like straining during defaecation, untreated chronic cough will cause increase in intra abdominal pressure and laxity of pelvic floor muscles. Having improper positions during coitus or *atimaithuna* or *bhrsha maithuna* can cause sudden laxity of ligaments and muscles.

Pradushta arthava can be correlated to a hypoestrogenic state, post menopausal atrophy. Estrogen being a hormone having action on connective tissue and collagen; have receptors in

pelvic floor muscles and ligaments, thus reduced level of hormone effect in tone of muscle and its strength resulting in laxity.

In *beeja dushti*, congenital laxity of muscles in Ehler danlos syndrome, Marfan's disease; congenital elongation of cervix, all these can be taken as a *beejabhagaavayava dushti* which makes it more prone to prolapse. If affected by spina bifida, it will cause pudental nerve neuropathy that weakens the strength of pelvic floor muscles. *Daiva/purva janmakrta karma* can also be linked to causing *beeja dushti*.

The vitiated *vata* with *kapha kshaya* and *pitta* vitiation due to *ashayapakarsha gati* will cause *rasa, rakta, mamsa, medo kshaya* leading to *lakshanas – sramsas, syandana, kshobana*, specific *dosha* vitiated *lakshanas*.

In *Prasramsini* according to *susruta* and *vatika yoni vyapat* according to *vagbhata*, *sramsas* is mentioned which means descent of uterus upto introitus. This can be correlated to first or second degree uterine prolapse as per the symptoms noted. As per *acharya susruta prasramsini* is a *pittapradhana tridoshaja vyadhi*. The treatment adopted are purely conservative management to reduce the degree of descent. *Yoni abhyanga* increases vascularity of vaginal walls and tissues thus facilitates absorption of drugs. *Ksheera dhuma* acts as *pitta hara, sulahara, vatahara*, reduces *sanga srotodushti* and opens *srotases* and *Yoni pichu* allows a method of prolonged dosing of medicaments. *Veshavara bandha*, administering *mamsa rasa*(*gramya anupa oudaka rasa, vasa/rksha/Varaha/kukkuta mamsa rasa*) will act based on *samanya vishesha sidhanta* on pelvic floor muscles and ligaments. Doing *veshavara* and *bandhana* can also act as a kegels exercise. Use of *traivrita Sneha, svedana* in *mahayoni chikitsa* has mode of action as same mentioned above. *Anuvasana basti* and *Uttara basti* promotes receptivity of endometrium and hence facilitates transport of drugs to target site. *Phalini/andini* which is correlated to cystocoele, same treatment as that of *prasramsini* can be adopted. As mentioned in *sthanapavvrtha yoni chikitsa*, *garbhashaya* which got displaced from its *sthana* should be kept back in its position(*praveshayen nistrtha* and *vivrita parivarthayet*). This can be considered as Abdominal sling operations, Anterior colprorrhaphy, Fothergill's operation etc. If all these treatments turns out as ineffective, *garbhashaya* is considered as a *salya* i.e Hysterectomy is the final management.

CONCLUSION

Pelvic organ prolapse is a disease of more concern, because it causes excessive disruption of women's day to day activities and affects the female reproductive system. In modern medicines surgery is the only treatment of choice. Here is where *ayurveda* can play a pivotal role by adopting the conservative management options and reduces its further descent and progress to a condition where surgery is the only option for cure. The incidence rate of prolapse is increasing every year. So proper understanding of disease and advising treatment at correct time is very much necessary. This study has tried to analyse the diseases and its pathogenesis so that the management options suggested by our *acharyas* are not in vain and can be applied properly.

REFERENCES

1. Acharya JT, editor, commentary *nibhandhasangraha* of *dalhana* and *nyayachandrika panjika* of *gayadasa* on *Susruta Samhitha* of *Susruta*, *Sareerasthana*: chapter 5, verse 43-44. Varanasi: Choukambha Surbharathi Prakashan, p 87.
2. Acharya JT, editor, commentary *nibhandhasangraha* of *dalhana* and *nyayachandrika panjika* of *gayadasa* on *Susruta Samhitha* of *Susruta*, *Sareerasthana*: chapter 5, verse 39. Varanasi: Choukambha Surbharathi Prakashan, p 85.
3. Acharya JT, editor, commentary *Ayurveda Deepika* of *chakrapani dutta* on *Charaka Samhitha* of *Agnivesa*, *Chikitsasthana yonivyapatchikitsaadhyaya*: chapter 30, verse 7-8. Varanasi, Chaukambha Krishnadas Academy, 2010; p-799.
4. Bhishagacharya Hari sadashiva sastri P, editor, commentary *Sarvanga sundari* of *Arunadatta* and *Ayurveda Rasayana* of *hemadri* on *Ashtangahridaya* of *Uttarasthana*, *chikitsa*: chapter 33, verse 27-28. Varanasi: Chaukambha Sanskrit Sansthan, 2016; p-726.
5. Hoffman, schorge, Schaffer, Halvorson, Bradshaw, Cunnigham, Editors, Williams gynaecology. 2nd ed. McGraw-Hill Companies (P) LTD, 2012; p. 640.
6. Acharya JT, editor, commentary *nibhandhasangraha* of *dalhana* and *nyayachandrika panjika* of *gayadasa* on *Susruta Samhitha* of *Susruta*, *Uttarasthana*: chapter 38, verse 3-4. Varanasi: Choukambha Surbharathi Prakashan, p 213.
7. Acharya JT, editor, commentary *nibhandhasangraha* of *dalhana* and *nyayachandrika panjika* of *gayadasa* on *Susruta Samhitha* of *Susruta*, *Uttarasthana*: chapter 38, verse 13. Varanasi: Choukambha Surbharathi Prakashan, p 214.

8. Acharya JT, editor, commentary *Ayurveda Deepika of chakrapani dutta on Charaka Samhitha of Agnivesa, Chikitsasthana yonivyapatchikitsaadhyaya*: chapter 30, verse 35-36. Varanasi, Chaukambha Krishnadas Academy, 2010; p-804.
9. Acharya JT, editor, commentary *nibhandhasangraha of dalhana and nyayachandrika panjika of gayadasa on Susruta Samhitha of Susruta, Uttaraasthana*: chapter 38, verse 18. Varanasi: Choukambha Surbharathi Prakashan, p216.
10. Dr. Pratap kumar, Dr. Narendra Malhotra, Editors, Jeffcoat's principles of Gynaecology, Pelvic organ prolapse, 7th International edition, Jaypee Brothers Medical Publishers, P(LTD), p 276-277.
11. Dr. P. Himasagara Chandra Murthy, Editor, Madhavanidana of sri madhavakara, vol 2, Yonivyapat nidana chapter 62, verse 6, p 311.
12. Dr. Bulusu sitaram, Editor, Bhavaprakasha of Bhavamisra, *Yoniogadhihara*: Chapter 70, verse 8. Varanasi: Chaukambha Orientalia, Varanasi, p691.
13. Dr. Madham Shetty suresh babu, Editor, Yogaratnakara Uttarardha Vol 2, Yonivyapat chikitsa, verse 71. Varanasi: Choukambha Sanskrit series Office, p 1156.
14. Bhishagacharya Hari sadashiva sastri P, editor, commentary *Sarvanga sundari of Arunadatta and Ayurveda Rasayana of hemadri on Ashtangahridaya of Uttaraasthana, chikitsa*: chapter 34, verse 24-26. Varanasi: Chaukambha Sanskrit Sansthan, 2016; p-726.
15. Dr. Bulusu sitaram, Editor, Bhavaprakasha of Bhavamisra, *Yoniogadhihara*: Chapter 70, verse 15. Varanasi: Chaukambha Orientalia, Varanasi, p692.
16. Acharya JT, editor, commentary *nibhandhasangraha of dalhana and nyayachandrika panjika of gayadasa on Susruta Samhitha of Susruta, Uttaraasthana yonivyapat prathishedha*: chapter 38, verse 19. Varanasi: Choukambha Surbharathi Prakashan,, p216
17. Dr. Bulusu sitaram, Editor, Bhavaprakasha of Bhavamisra, *Yoniogadhihara*: Chapter 70, verse 9. Varanasi: Chaukambha Orientalia, Varanasi, p691.
18. Dr. Madham Shetty suresh babu, Editor, Yogaratnakara Uttarardha Vol 2, Yonivyapat chikitsa, verse 72. Varanasi: Choukambha Sanskrit series Office, p 1156.
19. Bhishagacharya Hari sadashiva sastri P, editor, commentary *Sarvanga sundari of Arunadatta and Ayurveda Rasayana of hemadri on Ashtangahridaya of Uttaraasthana, Guhyarogavijnaneeya*: chapter 33, verse 40-41. Varanasi: Chaukambha Sanskrit Sansthan, 2016; p-1131.
20. Acharya JT, editor, commentary *Ayurveda Deepika of chakrapani dutta on Charaka Samhitha of Agnivesa, Chikitsasthana yonivyapatchikitsaadhyaya*: chapter 30, verse 113-114. Varanasi, Chaukambha Krishnadas Academy, 2018; p-815.

21. Acharya JT, editor, commentary *nibhandhasangraha* of *dalhana* and *nyayachandrika panjika* of *gayadasa* on *Susruta Samhitha* of *Susruta*, *Uttarasthana yoni vyapat prathishedha*: chapter 38, verse 28-29. Varanasi: Choukambha Surbharathi Prakashan, p217-218.
22. Acharya JT, editor, commentary *Ayurveda Deepika* of *chakrapani dutta* on *Charaka Samhitha* of *Agnivesa*, *Chikitsasthana yonivyapatchikitsaadhyaya*: chapter 30, verse 110-111. Varanasi, Chaukambha Krishnadas Academy, 2018; p-815.
23. Prof. Jyothir Mitra, editor, shashilekha commentary by Indu on *Ashtangasangraha Uttarasthana*, *Guhyarogaprathishedha*: chapter 34, verse 29. Varanasi: Chaukambha Sanskrit Sansthan, p-934.
24. Acharya JT, editor, commentary *Ayurveda Deepika* of *chakrapani dutta* on *Charaka Samhitha* of *Agnivesa*, *Chikitsasthana yonivyapatchikitsaadhyaya*: chapter 30, verse 41, 47, 61. Varanasi, Chaukambha Krishnadas Academy, 2010; p-806, 807.
25. Acharya JT, editor, commentary *Ayurveda Deepika* of *chakrapani dutta* on *Charaka Samhitha* of *Agnivesa*, *Chikitsasthana yonivyapatchikitsaadhyaya*: chapter 30, verse 43-45. Varanasi, Chaukambha Krishnadas Academy, 2018; p-806.