



CLINICAL EVALUATION OF *AGNIKARMA* ALONG WITH *PAYAS* MADE WITH *SUNTHI* *CHURNA* & *ERANDA BEEJA CHURNA* IN MANAGEMENT OF *GRIDHRASI W.S.R* *SCIATICA*

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Abstract

INTRODUCTION: In *Ayurveda*, the holistic treatment of *Gridhrasi* (sciatica) involves both external therapies and internal medicines to address the root cause of the disease. This abstract focuses on a comprehensive approach combining the immediate pain-relieving effects of *Agnikarma* (therapeutic cauterization) with the long-term, systemic benefits of internally administering a specific herbal formulation. This dual-pronged strategy is crucial for effective and sustained relief from the pain and symptoms of sciatica.

METHOD AND MECHANISM: The treatment begins with *Agnikarma* using a *Panchdhatu Shalaka* (a special probe made of five metals). This procedure involves the precise application of controlled heat to specific pain points along the affected nerve path at "*ANTARA-KANDARA GULFA*". *Agni Karma* is believed to clear blockages in the channels (*Srotas*) and stimulate nerve endings, providing a quick reduction in localized pain and stiffness. This targeted thermal intervention is highly effective for pain management by balancing the aggravated *Vata* and *Kapha* doshas.

Following the external procedure, the patient is given an internal formulation consisting of *Sunthi Churna* (ginger powder) and *Eranda Beej Churna* (castor seed powder) mixed into the "*PAYAS*" to make it more palatable and easier for patient with a weak appetite to consume. *Sunthi* is a potent anti-inflammatory and digestive agent that helps reduce systemic inflammation and remove toxins (*Ama*). *Eranda Beej* is a well-known *Vata*-pacifying herb with a gentle purgative action that helps to cleanse the body and ensure the downward movement of *Vata*, which is essential for treating this condition. When taken internally in this combination works to purify the body, reduce nervous irritation, and strengthen the affected tissues from within.

RESULTS: A total of 30 patients with *Gridhrasi* were included in the study. The combined therapy of *Agni Karma* and the internal administration *Payas* made of *Sunthi* and *Eranda Beej Churna*. yielded a high rate of positive clinical outcomes. Overall, the study demonstrated that 96.67% of patients experienced a positive therapeutic effect, with 66.67% showing either a complete cure or marked improvement. No patients reported an unsatisfactory outcome, highlighting the high efficacy and safety of this integrated treatment approach.

CONCLUSION: The combined use of *Agni Karma* and the internal administration *Payas* made of *Sunthi* and *Eranda Beej Churna* offers a powerful and effective treatment for *Gridhrasi*. While *Agni Karma* provides immediate symptomatic relief, the internal medicine addresses the underlying imbalance of the doshas, preventing the recurrence of symptoms. This comprehensive approach exemplifies the holistic principles of *Ayurveda*, which focuses on both targeted symptomatic treatment and systemic correction for long-term well-being.

KEYWORDS: *Gridhrasi*, *Sciatica*, *Panchdhatu Shalaka*, *Agnikarma*

INTRODUCTION :

Pain is a universal experience, but for individuals suffering from chronic conditions like *Gridhrasi* (sciatica), it becomes a profound and life-altering burden. While the physical discomfort of the pain is the most obvious symptom, its true impact extends far beyond the body. Chronic pain from sciatica doesn't just hurt; it systematically erodes a patient's overall quality of life by affecting their physical, mental, and social well-being. *Gridhrasi* (Sciatica) is one of the *Vatavyadhi* which is caused by aggravated *Vata Dosh*. This disease is characterized by *Ruja* (pain) in the waist, back, thigh, knee and calf regions which make patient difficult to walk, hampering the daily routine of individual. The people who are suffering from *Gridhrasi* can't walk, stand or sit properly due to severe pain. The word '*Gridhrasi*' itself suggests the gait of the patient which is similar to *Gridhra* (vulture) due to severe radiating pain. *Gridhrasi* Can be Correlated with Sciatica on basis of similarity of symptoms. Sciatica is severe painful condition where back pain and radiating pain of the legs found. Sciatica affects a significant proportion of the population, with an annual incidence of approximately 1-5% both in India and worldwide, while lifetime prevalence ranges from about 10-40%, varying widely due to differences in population characteristics and diagnostic criteria. Sciatica, predominantly caused by lumbar disc herniation and degenerative spinal disorders, has a substantial global impact by limiting physical activity, reducing work capacity, and impairing quality of life, thereby posing a significant socioeconomic and healthcare burden.

For the management of sciatica various modalities are available like conservative treatment (analgesics), epidural steroid injection, peri- radicular infiltration in modern medicine having their own limitations and complications. In *Ayurvedic* literature several methods of treatment like *Snehana*, *Upanaha*, *Agnikarma*, *Raktamoksana Panchakarma* etc. are advised for *Vatik* disease. Among these *Agnikarma* due to its *Usna Suksma*, *Asukari* guna pacifies the *Vata Kapha Dosa* and removes *Srotavarodha*. Patient is effectively relieved from stiffness, pain and other associated symptoms. *Ayurvedacharya* has mentioned various *dravyas* for *Agnikarma* procedure but in this study *panchadhatu shalaka* will be used. It is suitable for heat transfer and to produce *Samyak Dagdha Vrana*. To control the degenerative process *Rasayana*, *Balya*, *Vatasamak Amapachana* drugs are suitable. To solve this problem *Payasa* making with *Sunthi Churna & Eranda Beeja Churn* was selected for internal use to pacify the vitiated *Vata Kapha Dosa*. This study explores the multifaceted impact of *Gridhrasi* on patients' lives and evaluates how a comprehensive Ayurvedic treatment protocol, including *Agni Karma* and *Shamana Chikitsa* (internal herbal medicine), can not only alleviate the physical pain but also holistically improve a patient's mental and social well-being, ultimately restoring their quality of life.

AIMS AND OBJECTIVES: -

- To evaluate the therapeutic efficacy of *Agnikarma* in management of *Gridhrasi* w.s.r of Sciatica.
- To assess the effectiveness of *Payas* made with *Sunthi Churna & Erand Beeja Churna* in the management of *Gridhrasi* w.s.r of Sciatica.

MATERIALS AND METHODS

The study will be performed in the OPD and IPD 30 Patients of clinically diagnosed *Gridhrasi* on the basis of signs and symptoms given in *Ayurveda* texts will be selected

Source of collection of data: Screening, selection and registration of 30 patients randomly from OPD and IPD Department of *Shalya-Tantra* Government ayurvedic College & Hospital Patna, based on inclusion and exclusion criteria. The work has received approval from the Institutional Ethics Committee (Serial No.2, Memo No. 07, dated 03/01/2025) and has been registered with the Clinical Trial Registry of India (TRI/2025/02/080201 [Registered on: 10/02/2025]).

Materials used for *Agnikarma*

- *Panchdhatu Shalaka*
- Fire gun
- Sterile cotton swabs
- Marker pen
- Triphala Kwath
- Aloe-vera pulp
- Ice bag

Composition and details of *Panchdhatu Shalaka*

- Svarna*(gold), *Rajata*(silver), *Tamra*(copper), *Loha* (iron), *Vanga*(tin)
- Bindu* end is 2mm with weight of 150gm
- Composition and details about *SUNTHI AND ERAND BEEJA CHURNA*

CRITERIA FOR SELECTION OF PATIENTS

Diagnostic Criteria

Patient's were diagnosed on the basis of classical sign and symptoms

- Tenderness along the course of sciatic nerve, positive S.L.R. test and Bragard's Sign in affected leg as objective measure for diagnosis as well as for improvement of the treatment.

- Radiological assessment, X-ray- L.S. spine, AP & lateral view was carried out in patients wherever necessary.

Inclusion criteria:-

1. Presence of Ruka, Toda, Stambha and Spandan in the Sphik, Kati, Uru, Janu, Jangha and Pada
2. Local tenderness in lumber region and affected lower limb.
3. Age group 30 to 70 yrs.
4. SLR test ,lasegue sign in affected leg as the objective measures.

Exclusion criteria:-

1. People with Paitika constitution where *Agnikarma* is contraindicated.
2. Patient below 16.
3. Pregnancy
4. *Uncontrolled diabetes mellitus (diabetic neuropathy)*
5. Multiple wound distributed at affected legs over ankle region .
6. Herpes simplex infection causing radiating pain

Subjective and objective criteria was assessed based on gradings as per severity of cardinal signs and symptoms of the disease. The pain assessment was done using visual analog scale (VAS). Assessment was carried out before and after the completion of treatment i.e. after 4th sitting

STUDY DESIGN - Open Randomised Control Trial

SCREENING OF PATIENTS- Patients were selected according to Inclusion and diagnostic criteria and Patients were excluded as per exclusion criteria.

- **DURATION OF STUDY** – 35 days
- **FOLLOW UP OF PATIENTS** – Initial assessment – 0 day, Follow up on – 7th, 14th, 21th, 28th, 35th days

ETHICAL CLEARANCE Statistical analysis Study was started after obtaining Ethical clearance from the Institutional Ethics Committee, Govt. Ayurvedic College and Hospital, Patna. (Memo. No. 07/ Dated on 20-02-23)

CTRI” REGISTRATION This Clinical trial was started after registration in CTRI (Clinical Trials Registry -India). CTRI/2025/01/080201 [Registered on: 01/02/2025]

- Cured: More than 75% relief in the complaints of patient.
- Marked improvement: 50-75% relief in the complaints of patient.
- Moderate Improvement: 25-50% relief in the complaints of patient.
- Unchanged: Up to 25% relief in the complaints of the patients.

PROCEDURE

All the necessary materials were arranged in advance – Panchdhatu Shalaka, cotton swabs, aloe vera pulp, fire gun, and matchstick - to ensure a smooth and aseptic procedure.

The patient was made to lie in the supine position, and the heel was maintained in dorsiflexion. The site of Agnikarma was cleansed with Triphala Kwatha and then gently wiped with dry, sterilized gauze.

The path of the tibial nerve was carefully identified, which anatomically passes posterior to the medial malleolus. An imaginary line was then drawn between the medial malleolus of the tibia and the tubercle of the talus bone, marking the course of the nerve in the middle mark 3 pints for Agnikarma. To minimize discomfort and ensure patient compliance, ice application was performed locally to induce temporary surface anesthesia.

Following this, Agnikarma was carried out along the marked line using Panchdhatu Shalaka, creating Mamsh Dagdh at three Bindu type of Dahana at marked point.

As soon as the patient experienced an intolerable heat sensation, the Shalaka was withdrawn from the site and subsequently placed on the next point of application.

Immediately after completion of the procedure, Aloe vera pulp/gel was gently applied over the Agnikarma site to cool, soothe, and promote healing of the treated site.



Fig. 78.20 The medial aspect of the foot and ankle. Key: 1, long saphenous vein and saphenous nerve; 2, medial malleolus; 3, posterior tibial artery and tibial nerve: located approximately one-third of the distance along a line passing from the posterior border of the medial malleolus to the calcaneal tendon; 4, tendon of tibialis anterior: insertion into medial cuneiform; 5, navicular tuberosity and tibialis posterior insertion; 6, sustentaculum tali; 7, dorsal venous arch; 8, region of the posterior tibial artery bifurcation into medial and lateral plantar arteries; 9, medial border of plantar aponeurosis; 10, medial calcaneal tubercle covered by fibro-fatty heel pad. (Adapted from Drake R, Vogl AW, Mitchell AW, Gray's Anatomy for Students, 2nd ed, Elsevier 2010, Churchill Livingstone.)



Table 1. Assessment criteria (subjective criteria)

NO.	SIGN & SYMPTOMES	CRITERIA	SCORE
1	Ruka(pain)	No pain reported	0
		• Occasional Pain	1
		• Mild pain but no difficulty in walking	2
		• Moderate pain but slight difficulty in walking	3
		• Severe pain but severe difficulty in walking	4
2	Tingling Sensation	No Tingling sensation	0
		Occasionally Tingling sensation	1
		Mild Tingling sensation	2
		Moderate Tingling sensation	3
		• Severe Tingling sensation	4
3	Toda(Pricking Sensation)	No pricking sensation	0
		Occasionally pricking sensation	1
		Mild pricking sensation	2
		Moderate pricking sensation	3
		Severe pricking sensation	4
4	Walking Distance:	• Patient can walk up to 500m without pain	0
		• Patient can walk up to 250m without pain	1
		• Patient can walk up to 100m without pain	2
		• Patient feels pain on standing	3
		• Patient cannot stand	4
5	Stiffness	No Stiffness	0
		Sometimes for 5-10 mins	1

		Daily for 10-30 mins	2
		Daily for 30- 60 mins	3
		• Daily more than 1hr	4
6	Numbness	No Numbness	0
		Mild Numbness	1
		Moderate Numbness	2
		• Severe Numbness	3
7	Spandana (Twitching)	No Twitching	0
		Sometimes for 5-10 mins	1
		Daily for 10-30 mins	2
		Daily for 30- 60 mins	3
		• Daily more than 1hr	4
8	SLR Test	Above 90 degree	0
		Above 75 & Below 90	1
		Above 60 & Below 75	2
		Above 45 & Below 60	3
		• Below 45	4
9	Lasegue sign	Absent	1
		Present	2

OBSERVATION & RESULT

Table 2: Age wise distribution of patients

AGE GROUP IN YEARS	NO. OF PATIENTS	PERCENTAGE (%)
31-40	00	00
41-50	04	13.33
51-60	12	40
61 -70	14	46.66
Total (N)	30	100

It is observed from the study that out of 30 patients 04(13.33%) were in the age group of 41-50 years, 12(40%) were in the age group of 51-60 years, 14(46.66%) were in the group of 61-70 years, while there were no single patients in the age group of 30- 40 years of age. After the late 40s, the burden on the body increases, marking the early stage of *Vata Prakopa*. From a modern scientific perspective, ageing causes a gradual reduction in intervertebral disc hydration, which initiates a degenerative cycle. Consequently, the prevalence of sciatica is higher among middle-aged individuals

Table – 3: Gender wise distribution of patients:-

Sex	Group A		Group B		Total	Percentage (%)
	No.	(%)	No.	(%)		
Male	08	40%	06	30%	14	35%
Fmale	12	60%	14	70%	26	65%

Out of 30 patients, 17(56.66%) were male & 13 (43.33%) were female. Males are more prone to this disease. It may be due to their greater engagement in fieldwork and heavy workload in comparison to females.

Table-4 : Occupation wise distribution of patients:-

Occupation	No. of Patients	Percentage (%)
House Wife	12	40
Service	03	10
Retd. Person	09	30
Laborer	01	3.33
Other	05	16.66
Total (N)	30	100

As observed, out of 30 patients 12 (40%) were house wife, 03(10%) were service holder, 09(30%) were retd. person, 01(3.33%) was labourer & 05(16.66%) were came from other occupation. This reveals that the continuous pattern of the heavy work schedule of housewives may be the etiological factor of *Gridhrasi*.

Table-5: Bowel wise distribution of Patients

Bowel habit	Total	Percentage (%)
Regular	01	3.33
Irregular	09	30
Constipated	20	66.66
Total (N)	30	100

The table indicating bowel wise distribution 3.33% of patient were used to have regular bowel habits, 30% of patients were used to have irregular bowel habits & 66.66% of patients were used to have constipated bowel habits. The rectum runs along the concavity of the sacrum and coccyx, lying just in front of the sacral plexus. The pressure from a full bowel can directly compress the sciatic nerve in sacral plexus, and in Ayurvedic, severe constipation is a symptom and a contributing factor to the vitiation of Vata Dosha, which is the primary cause of *Gridhrasi*

Table-6 :Chronicity wise distribution of Patients

Chronicity	Total	Percentage (%)
< 1 Yr	06	20
1 – 2 Yr	15	50
Above 3 year	09	30
Total (N)	30	100

In the present study, chronicity-wise distribution revealed that 6 (20%) patients had a history of illness for less than one year, 15 (50%) patients had chronicity between one to three years, and 9 (30%) patients were suffering for more than three years. I have observed that chronic *Gridhrasi* develops as a consequence of untreated or inadequately managed acute episodes, which may gradually lead to degenerative changes in the lumbosacral spine and compression of the sciatic nerve, resulting in persistent or recurrent symptoms.

Table-7: Average Percentage Improvement With Respect To Sign & Symptoms:

Sign & Symptoms	AT1	AT2	AT3	AT4	AT5	AT6
Ruk(Pain)	11.30%	6.95%	26.95%	45.21%	65.21%	80.86%
Toda(Pricking sensation)	12.72%	13.63%	30%	48.18%	63.63%	83.63%
Stiffness	12.5%	15.17%	30.35%	48.21%	63.39%	83.03%
Spandana	11.11%	13.88%	28.7%	48.14%	62.96%	82.4%
Tingling Sensation	13.39%	11.6%	28.57%	47.32%	62.5%	81.25%
Walking Distance	13.88%	12.96%	28.7%	47.22%	62.96%	81.48%
SLR Test	12.28%	16.66%	32.45%	50%	64.91%	83.33%
Numbness	10.97%	13.41%	31.7%	46.34%	60.97%	80.48%
Lasegue sign	00	00	10%	16.66%	40%	96.66%

Table-8 : Clinical assessment of result:-

Clinical Assessment	(N= 30)	
	f	%
Cure	05	16.66
Maximum Improvement	15	50
Moderate Improvement	09	30
Mild Improvement	01	3.33
Unsatisfactory	00	00

DISCUSSION

The present clinical study titled “Clinical Evaluation of *Agnikarma* along with Payas made with *Sunthi Churna & Eranda Beeja Churna* in the Management of *Gridhrasi* w.s.r. Sciatica” was undertaken with the objective of evaluating the efficacy of a combined therapeutic approach, i.e., *Agnikarma* (para-surgical) and *Shamana Chikitsa* (*Sunthi + Eranda Payas*), in the management of *Gridhrasi*. *Gridhrasi*, a Vata Nanatmaja Vyadhi described in Ayurvedic classics, manifests with symptoms such as *Ruka* (pain), *Toda* (pricking sensation), *Stambha* (stiffness), *Spandana* (twitching), and *Sakthikshepa Nigraha* (restricted movement of the lower limb). The clinical features closely parallel those of sciatica in modern medicine, characterized by radiating pain along the sciatic nerve due to nerve compression, most commonly from lumbar disc prolapse, degenerative changes, or muscular spasm. Management of *Gridhrasi* has always been challenging because of its chronicity, tendency to relapse, and limited response to conventional therapies. Hence, this study sought to validate an integrative Ayurvedic protocol targeting both symptomatic relief and correction of underlying pathophysiology.

Synergistic Action of *Agnikarma* with *Sunthi & Eranda Beeja Payas*

The rationale for combining local (*Agnikarma*) and systemic (oral Payas therapy) is rooted in Ayurvedic principle of addressing both *Vyadhi* (disease manifestation) and *Dosha* (systemic imbalance).¹⁰

- *Agnikarma* → gives immediate pain relief and reduces stiffness through local action.
- *Sunthi* → works on the root cause by reducing inflammation, enhancing digestion, and clearing *Ama*.
- *Eranda* → pacifies Vata, maintains gut health, prevents constipation, and sustains systemic relief.

Thus, the therapy ensures:

- Rapid symptom control,
- Long-term relief,
- Reduced recurrence.

This dual approach enhances patient compliance, reduces dependency on analgesics, and is safer for long-term use compared to conventional options.

Clinical Outcomes in the Present Study

- Pain (*Ruka*): Patients showed a marked reduction in pain intensity, validating both analgesic and anti-inflammatory actions of the combined protocol.
- Stiffness (*Stambha*): Relief from stiffness indicates improved muscle relaxation and circulation.
- Radiation & Pricking Sensation (*Toda*): Reduced nerve irritation suggests anti-inflammatory and neuroprotective action.
- Restricted Movement (*Gatisanga*): Improvement in mobility demonstrates effective pacification of Vata and reduction in local pathology.
- Overall Quality of Life: Patients reported improved functional capacity, walking ability, and sleep quality.

These results corroborate earlier research findings on the role of *Agnikarma* and *Shaman Chikitsa* in musculoskeletal disorders.

CONCLUSION

Gridhrasi, understood as Sciatica in modern medicine, is a condition that causes radiating pain along the course of the sciatic nerve, often associated with stiffness, numbness, and functional disability. It is one of the most challenging musculoskeletal and neurological disorders due to its chronic nature, high recurrence rate, and significant impact on the quality of life of patients. The management of *Gridhrasi* has always been a subject of interest both in *Ayurveda* and in modern medicine. Conventional therapies such as analgesics, steroids, physiotherapy and surgical interventions provide only temporary relief, and are often associated with side effects, dependency, or risk of recurrence. *Ayurveda*, on the other hand, provides a holistic approach, targeting not only symptomatic relief but also the root cause of disease by balancing Vata Dosha, which plays the primary role in the pathogenesis of *Gridhrasi*.

The present clinical study was undertaken to evaluate the combined efficacy of **Agnikarma along with internal administration of Sunthi Churna and Eranda Beeja Churna in Payas form in the management of Gridhrasi.**

- *Agnikarma* with *Panchdhatu Shalaka* a unique para-surgical procedure described in *Ayurveda*, provided localized and almost immediate relief from pain and stiffness by the controlled application of heat.
- This was particularly effective in breaking the chronic pain cycle and improving functional movement in affected patients.
- The internal administration of *Sunthi* and *Eranda Beeja Churna* with Payas ensured systemic correction. *Sunthi*, with its Vata-Kapha pacifying, anti-inflammatory, and digestive properties, helped in removing *Ama* (metabolic toxins) and reducing inflammation by breaking *Srotorodh* and clears the path of *Doshas*.
- *Eranda Beeja*, with its *Vatahara* and *Anulomana* properties, regulated bowel function, reduced Vata aggravation, and provided pain relief. The choice of Payas as the vehicle enhanced the efficacy of the medicines, improved their bioavailability, and ensured better palatability and patient compliance.
- A significant majority about 70% of patient suffering from *Gridhrasi* are house-wife and retired person (non-working

demographic). The high incidence of *Vata-Kaphaj Gridhrasi* observed in housewives is attributed to a combination of lifestyle and dietary factors, primarily including improper posture, prolonged standing, significant weight gain, incompatible dietary habits, and *Divaswapa* (day-sleep).

- The treatment was highly effective, with a combined total of 66.66% of patients achieving a cure or maximum improvement. Crucially, the absence of any unsatisfactory outcomes demonstrates the consistent therapeutic efficacy of the intervention.
- The significance of the present work lies not only in its clinical findings but also in its contribution to evidence-based *Ayurveda*. It highlights the need to revive and scientifically evaluate traditional practices that have stood the test of time but remain underutilized in modern healthcare.
- The successful outcome of this study opens avenues for larger, multicentric clinical trials and comparative studies with standard modern treatments. Such research would further establish standardized protocols, dosage schedules, and guidelines for integrating *Agnikarma* with *Panchdhatu Shalaka* and *Ayurvedic* formulations into mainstream healthcare.

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