



Case Report

Ayurvedic Traditional Management of *Vishphotaka Kushtha* (Bullous Impetigo): A Case Study

Anita Choudhary^{1*}, Ajay Kumar Yadav², Gopesh Mangal³

1. Assistant Professor, All India Institute of Ayurveda, Goa, India.
2. PhD Scholar, National institute of Ayurveda, Jaipur, India.
3. Dean PG and HOD Department of Panchakarma, National institute of Ayurveda Jaipur, India.

Received: 30-11-2025

Accepted: 11-08-2026

Published: 30-09-2026

Abstract

Kushtha Roga in Ayurveda encompasses a broad range of dermatological conditions caused by *Tridosha* vitiation and *Rakta-Mamsa Dhatu Dushti*. Among the *Kshudra Kushtha*, *Vishphotaka Kushtha* is characterized by reddish-white, fluid-filled eruptions (*Visphotaka*) associated with burning, itching, and exudation. These features closely resemble Bullous Impetigo, an acute bacterial skin infection marked by vesicobullous lesions that rupture to form crusts. *Virechana Karma* (therapeutic purgation) is a prime *Shodhana Chikitsa* indicated for *Pitta-Kapha* predominant disorders with *Rakta Dushti*, aiming at systemic detoxification and recurrence prevention. Objective: To assess the efficacy of *Virechana Karma* in a 50-year-old male patient diagnosed with *Vishphotaka Kushtha*, focusing on symptom relief, dosha balance, and observation of *Samyak Virechana Lakshana*. Materials and Methods: A single case was managed following classical *Panchakarma* principles. *Poorva Karma* included *Deepana-Pachana* with *Panchkola Churna* for five days, *Snehapana* with *Panchatikta Ghrita* (30–190 ml), and *Sarvanga Abhyanga Swedana* for four days. Then *Virechana Karma* was performed using *Trivritmoola Yavakuta*, *Haritaki Churna*, *Aragvadha Phalmajja*, and *Draksha*. The patient passed 20 *Vegas*, the final evacuations being *Kaphantam*, confirming *Madhyama Shuddhi*. *Sansarjana Krama* was followed for seven days. Results: The procedure produced *Samyak Virechana Lakshana* including *Srotovishuddhi* (channel purification), *Indriya Samprasada* (clarity of senses), *Laghutva* (lightness), *Oorjavardhana* (enhanced vitality), and *Agnideepana* (improved metabolism). There was complete resolution of bullous lesions with normalization of skin texture and no recurrence at follow-up. Conclusion: *Virechana Karma* proved to be an effective *Shodhana Chikitsa* for *Vishphotaka Kushtha* by eliminating *Pitta-Kapha Doshas*, purifying *Rakta Dhatu*, and restoring systemic balance. The therapy achieved both local healing and systemic detoxification, underscoring its scientific relevance in managing acute vesiculobullous dermatoses like Bullous Impetigo.

Access this article
online

Website:
<https://ijam.co.in>



DOI: <https://doi.org/10.47552/ijam.v17i3.6765>

Keywords: Bullous Impetigo, *Kshudra Kushtha*, *Panchakarma*, *Vishphotaka Kushtha*

Introduction

Kushtha Roga in Ayurveda refers to a broad group of dermatological disorders classified into *Maha Kushtha* (major types, seven in number) (1) and *Kshudra Kushtha* (minor types, eleven in number). (2) This systematic classification outlines the aetiology, pathogenesis, and management of various skin diseases. The causative factors (*Nidana*) include the intake of incompatible foods (*Viruddhahara*), suppression of natural urges, excessive exposure to heat or cold, and sudden physiological changes

affecting body fluids and musculature. (3) These lead to the vitiation of *Vata*, *Pitta*, and *Kapha doshas* along with *Twaka*, *Rakta* and *Mamsa dhatu* and *Lasika dushti*, resulting in the manifestation of *Kushtha Roga*. (4)

Among the *Kshudra Kushthas*, *Vishphotaka Kushtha* is characterized by the appearance of vesicles or bullae filled with fluid, accompanied by burning sensation, pain, and reddish discoloration of the surrounding skin. (5) The lesions often rupture, leading to exudation and crusting, and may be associated with mild itching or tenderness. These clinical features closely resemble Bullous Impetigo, an acute bacterial infection commonly caused by *Staphylococcus aureus*, presenting as superficial bullae that rupture easily, leaving erythematous erosions and honey-colored crusts. (6)

In Ayurvedic management, *Panchakarma Chikitsa* (five purification therapies) forms the main line of treatment for

* Corresponding Author:

Anita Choudhary

Assistant Professor,
All India Institute of Ayurveda,
Goa, India.

Email Id: anitamundhan@gmail.com

Kushtha Roga, aiming to remove vitiated doshas and purify the body. (7) Among these, *Virechana Karma* (therapeutic purgation) is specifically indicated for *Pitta-Kapha* predominant disorders like *Vishphotaka Kushtha*, as it effectively purifies *Rakta dhatu*, eliminates toxins, and restores *Doshic* balance.

This case study presents the Ayurvedic management of *Vishphotaka Kushtha*—a *Kshudra Kushtha* analogous to Bullous Impetigo—through *Virechana Karma*, illustrating the efficacy of *Shodhana Chikitsa* in acute vesiculobullous skin conditions.

Patient information

A 50-year-old male patient presented with complaints of multiple fluid-filled eruptions (*Visphotaka*), redness, burning sensation, and itching predominantly over the lower limbs, upper limbs, and trunk for the past Six months. The vesicles ruptured spontaneously, leaving erosions and yellowish crusts. The condition was associated with mild pain, local warmth, and occasional oozing.

The patient had no significant family history of dermatological or autoimmune disorders and reported no comorbidities such as diabetes or hypertension. The psychosocial history revealed moderate stress related to occupational strain. Past treatments included topical antibacterial and steroidal creams with only temporary relief. No prior *Ayurvedic Shodhana* procedures had been undertaken.

Clinical Findings

On physical examination, multiple bullous and vesicular lesions were present over the anterior and lateral aspects of both legs, with ruptured areas showing crust formation and erythematous margins. The surrounding skin was inflamed and tender, and similar but fewer lesions were observed on the forearms and trunk. The lesions were non-healing, exudative, and associated with a burning sensation. No systemic symptoms such as fever, lymphadenopathy, or malaise were reported. These findings were consistent with the Ayurvedic description of *Vishphotaka Kushtha*, a *Kshudra Kushtha* characterized by reddish-white fluid-filled eruptions (*Visphotaka*) with burning, itching, and suppuration.

Dashavidha Pariksha (Tenfold Examination)

Table 01: Tenfold examination

Parameter	Observation
<i>Prakriti</i> (Constitution)	<i>Pitta-Kapha Pradhana</i>
<i>Vikriti</i> (Pathological state)	<i>Pitta-Kaphaja Kushtha</i>
<i>Sara</i> (Tissue excellence)	<i>Madhyama</i> (moderate)
<i>Samhanana</i> (Body build)	<i>Madhyama</i>
<i>Pramana</i> (Proportion)	<i>Madhyama</i>
<i>Satmya</i> (Habituation)	Mixed (<i>Madhyama Satmya</i> – accustomed to both oily and spicy foods)
<i>Satva</i> (Mental strength)	<i>Madhyama Satva</i>
<i>Ahara Shakti</i> (Digestive capacity)	<i>Madhyama Agni</i> with mild irregularity
<i>Vyayama Shakti</i> (Exercise tolerance)	<i>Avara</i> (low due to fatigue)
<i>Vaya</i> (Age)	<i>Madhyama Vaya</i> (50 years)

Ashtavidha Pariksha (Eightfold Examination)

Table 02: Eightfold examination

Parameter	Observation
<i>Nadi</i> (Pulse)	<i>Pitta-Kapha</i> predominance; moderate rate and volume
<i>Mutra</i> (Urine)	Normal frequency and color
<i>Mala</i> (Stool)	Regular, slightly sticky consistency
<i>Jihva</i> (Tongue)	Coated, slightly yellowish
<i>Shabda</i> (Voice)	Normal tone and clarity
<i>Sparsha</i> (Touch)	Warmth over affected skin areas
<i>Drik</i> (Eyes)	Normal
<i>Akruti</i> (General appearance)	Moderately built, slightly fatigued, with visible skin lesions

Timeline

Table 03: Timeline of Interventions and Outcomes

Period	Intervention	Outcome
06 months before presentation	Onset of fluid-filled eruptions (<i>Visphotaka</i>) over lower limbs, gradually spreading to upper limbs and trunk.	Lesions ruptured spontaneously, forming crusts with mild burning and itching. Temporary relief with topical antibiotics and steroid creams.
(Day –1 to Day –5) 4/10 to 8/10/25	<i>Deepana–Pachana</i> with <i>Panchkola Churna</i> administered to improve digestion and remove <i>Ama</i> .	Appetite improved, bowel movements normalized, <i>Agnivardhana</i> observed.
(9/10 – 13/10)	<i>Snehapana</i> with <i>Panchatikta Ghrita</i> in escalating doses (30–190 ml).	<i>Samyaka Snehana Lakshana</i> achieved — softness of skin, clarity, improved digestion.
(14/10 – 17/10)	<i>Sarvanga Abhyanga Swedana</i> (full-body massage and fomentation).	<i>Samyaka Sweda Lakshana</i> observed — sweating, lightness, relief in stiffness.
(17/10/25)	<i>Virechana</i> drug given (time- 10:30AM) with <i>Haritaki Churna</i> , <i>Aragvadha Phalmajja</i> , and <i>Draksha Yavakuta</i> .	12 <i>Vegas</i> of purgation observed; stool watery and brown-black with <i>Kaphantam</i> end-point. Indicated <i>Madhyama Shuddhi</i> . Vital signs stable throughout.
(17/10 – 23/10/2025)	<i>Sansarjana Krama</i> followed for 7 days — dietary progression from <i>Peya</i> to <i>Krit Rasa</i> and normal diet.	No adverse effects. Gradual return of strength and appetite.
Post <i>Virechana</i> (After Day 8)	Clinical observation and photographic documentation of skin improvement.	Marked reduction in vesicles, exudation, and crusting. Skin appeared smoother and less inflamed.
Follow-up (2 weeks post-discharge-23 /10/2025)	Periodic monitoring (<i>Khadirashaka Kwath-50ml- twice a day- empty stomach</i>) (8)	No recurrence of new lesions; patient asymptomatic.

Table 04: Khadirashtaka Kwath – Ingredients

S. No.	Sanskrit Name	Botanical Name	Part Used	Proportion
1	Khadira	<i>Acacia catechu</i> (L.f.) Willd.	Heart wood	1 part
2	Patola Patra	<i>Trichosanthes dioica</i> Roxb. (Leaves)	Leaf	1 part
3	Vasa	<i>Justicia adhatoda</i> L. (syn. <i>Adhatoda vasica</i> Nees)	Leaf	1 part
4	Nimba	<i>Azadirachta indica</i> A. Juss.	Leaf	1 part
5	Amalaki	<i>Phyllanthus emblica</i> L. (syn. <i>Embolica officinalis</i> Gaertn.)	Fruit	1 part
6	Vibhitaki	<i>Terminalia bellirica</i> (Gaertn.) Roxb.	Fruit	1 part
7	Haritaki	<i>Terminalia chebula</i> Retz.	Fruit	1 part
8	Guduchi (Giloya)	<i>Tinospora cordifolia</i> (Willd.) Hook.f. & Thomson	Stem	1 part

Diagnostic Assessment

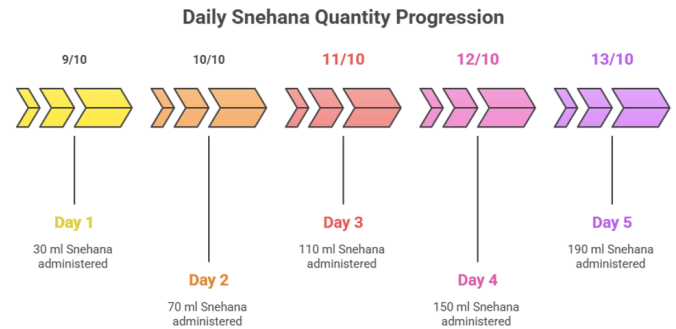
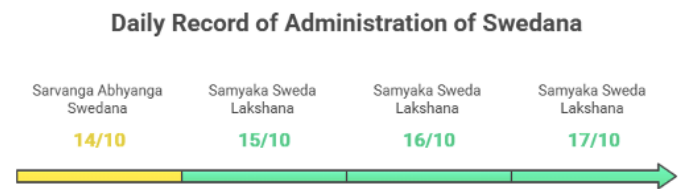
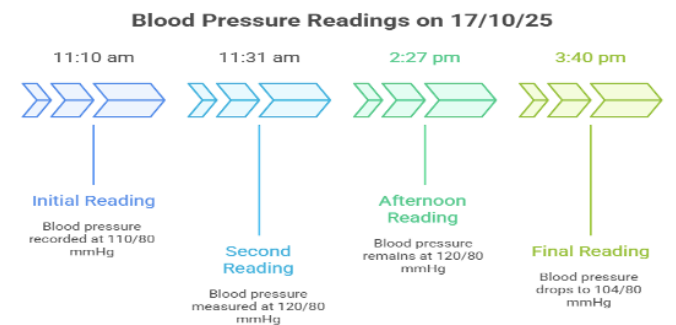
- **Physical Examination (PE):** Multiple fluid-filled vesiculobullous eruptions observed on the anterior and lateral aspects of both legs, some ruptured with crust formation and erythematous margins. Lesions were tender with mild exudation and burning sensation.
- **Systemic Examination:** No signs of fever, lymphadenopathy, or systemic infection

Therapeutic Intervention

The patient was treated according to the principles of *Kushtha Chikitsa* described in Ayurvedic classics, emphasizing *Shodhana Chikitsa* (bio-purificatory therapy). Considering the *Pitta-Kapha* dominance and *Rakta Dushti* involvement, *Virechana Karma* (therapeutic purgation) was selected as the primary mode of management. The treatment protocol was implemented in three sequential phases: *Poorva Karma*, *Pradhana Karma*, and *Paschat Karma*.

Vega and Output Observation**Table 05: Virechana Vega and Output Observation**

Time	Vega	Upvega	Consistency	Remarks
1:50–2:00 PM	1	3	Liquid	Black and brown
2:35 PM	1	3	Liquid	Brown
3:30 PM	1	2	Liquid	Black and brown
4:40 PM	1	4	Liquid	Brown
4:40 PM	1	4	Liquid	Black and brown
5:30 PM	1	4	Liquid	Black
6:00 PM	1	4	Liquid	Black
6:30 PM	1	3	Liquid	Black
7:00 PM	1	3	Liquid	Black
7:40 PM	1	3	Liquid	Black
8:20 PM	1	3	Liquid	Black
8:54 PM	1	3	Liquid	Black

Flow Chart 01: Daily Record of Administration of Snehapana**Flow Chart 02: Daily Record of Administration of Swedana****Flow Chart 03: observations of Blood Pressure****Paschat Karma (Post-procedure Regimen)****Dietary Management – Sansarjana Krama (7 Days):**

A graduated dietary plan was followed to restore digestive strength and stabilize the metabolism.

Table 06: Dietary Management after Procedure

Day	Date	Time	Diet
1	17/10	Evening	<i>Peya</i>
2	18/10	Morning	<i>Peya</i>
	18/10	Evening	<i>Peya</i>
3	19/10	Morning	<i>Vilagi</i>
	19/10	Evening	<i>Vilagi</i>
4	20/10	Morning	<i>Akrit Yusha</i>
	20/10	Evening	<i>Akrit Yusha</i>
5	21/10	Morning	<i>Krit Yusha</i>
	21/10	Evening	<i>Krit Yusha</i>
6	22/10	Morning	<i>Akrit Rasa</i>
	22/10	Evening	<i>Krit Rasa</i>
7	23/10	Morning	<i>Krit Rasa</i>
	23/10	Evening	Normal Diet

Observation: Appetite gradually normalized; no adverse effects reported. The patient was advised to follow a *Pitta-Kapha pacifying diet* and maintain hygiene to prevent reinfection.

Follow up and outcomes

Immediate Post-therapy Outcomes

After completion of *Virechana Karma*, the patient experienced a feeling of lightness (*Laghutva*), improved appetite (*Agni Deepana*), and mental calmness (*Satva Prasannata*). The number and intensity of skin eruptions gradually reduced within the first week of *Sansarjana Krama*. Burning sensation, itching, and exudation were significantly diminished, and no new lesions appeared during the recovery period. The procedure achieved *Madhyama Shuddhi*, as evidenced by 12 *Vegas* (purgations) with *Kaphantam* stool consistency. The patient tolerated the therapy well without any complications such as dehydration, fatigue, or electrolyte imbalance.

Clinical Improvement (Before and After Treatment)

Table 07: Assessment of Clinical Parameters Before and After Treatment

Clinical Parameter	Before Treatment (BT)	After Treatment (AT) (after <i>Sansarjana Krama</i>)	Outcome
Type of lesions	Multiple fluid-filled bullae, ruptured with crust formation	Healed lesions, no fresh eruptions	Marked improvement
Itching (<i>Kandu</i>)	Moderate to severe	Absent	Complete relief
Burning sensation (<i>Daha</i>)	Present	Absent	Complete relief
Discharge (<i>Strava</i>)	Serous, sticky	Dry, healing skin	Improved
Redness (<i>Raga</i>)	Prominent	Mild residual erythema	Improved
Crusting	Thick yellow crusts	Minimal or none	Improved
Local tenderness	Present	Absent	Resolved

Photographic Observation

Serial photographic documentation (BT and AT) demonstrated visible healing. The vesiculobullous lesions dried and resolved, leaving mild post-inflammatory discoloration without scarring. The skin regained normal texture and color uniformity within two weeks of completion of therapy.

Follow-up

The patient was advised a *Pitta-Kapha pacifying diet* and to avoid *Viruddhahara* (incompatible food), excess heat exposure, and scratching of lesions. Regular external application of mild herbal oil (*Nimba taila* or *Karanja taila*) was suggested for three weeks.

Table 08: Photographic Observation before treatment and after treatment

Sr. No.	Before Treatment (BT) (4/10/25)	After Treatment (AT)-23/10/25	Follow up-4/11/25
1			
2			
3			

Discussion

The present case of *Vishphotaka Kushtha*—a *Kshudra Kushtha* characterized by fluid-filled eruptions, burning sensation, and exudation—represents a *Pitta-Kapha* dominant skin disorder. In Ayurvedic pathology, *Pitta dosha* contributes to inflammation, redness, and burning, whereas *Kapha dosha* leads to vesicle formation, exudation, and delayed healing. The involvement of *Rakta Dhatu* (blood tissue) further intensifies local inflammation and discoloration. Clinically, this condition resembles Bullous Impetigo, an acute, superficial bacterial skin infection caused mainly by *Staphylococcus aureus*. (9)

Epidemiologically, Bullous Impetigo accounts for approximately 10% of all cutaneous bacterial infections, with a global prevalence of 2–5% among dermatological cases. (10) It is more common in children but also affects adults with compromised skin barriers or immune imbalance. Warm and humid climates, poor hygiene, and repeated frictional trauma predispose individuals to infection. (11)

In this case, *Virechana Karma* was selected as the primary *Shodhana Chikitsa* (purificatory therapy) based on its specific indication for *Pitta-Kapha Vyadhi* and *Rakta Dushti*. *Deepana-Pachana* with *Panchkola Churna* enhanced *Agni* and facilitated metabolic correction, (12) while *Snehapana* with *Panchatikta Ghrita* provided systemic oleation and exerted antimicrobial, anti-inflammatory, and immunomodulatory effects through its constituents—*Nimba*, *Patola*, *Guduchi*, *Vasa*, and *Kantakari*. (13)

The *Virechana Yoga* comprised *Trivritmoola Yavakuta*, *Haritaki Churna*, *Aragvadha Phalmajja*, and *Draksha* (20 g each). This combination was selected to achieve a safe and effective *Mridu-Madhyama Virechana* for a *Pitta-Kapha* predominant condition. *Trivrit* is the main purgative, while *Haritaki*, *Aragvadha*, and *Draksha* support gentle bowel evacuation, reduce irritation, and facilitate smooth purification, resulting in *Madhyama Shuddhi*

without adverse effects.(14) These drugs possess anthraquinone glycosides, tannins, and flavonoids, which act as purgative, antioxidant, and hepatoprotective agents, thereby reducing systemic inflammation and enhancing detoxification. (15-17) Post-procedural *Sansarjana Krama* aided in digestive restoration. (18) (table no-06)

During follow-up, *Khadirashtaka Kwath* was administered as a *Shamana* therapy. Owing to its *Kushthaghna* and *Raktashodhaka* actions along with documented antimicrobial, anti-inflammatory, antioxidant, and immunomodulatory properties, it likely promoted complete cutaneous healing and prevented recurrence.

The therapy achieved substantial clinical improvement, with healing of active lesions, relief from symptoms, and no recurrence during the follow-up period. Residual post-inflammatory hyperpigmentation persisted at follow-up, indicating ongoing cutaneous recovery despite the absence of active disease. These findings support the clinical effectiveness of *Virechana Karma* in the management of *Pitta-Kapha* predominant *Vishphotaka Kushtha* (Bullous Impetigo).

Strengths and Limitations

The main strength of this approach lies in its holistic and systemic mechanism, addressing both local infection and internal *Doshic* imbalance. The absence of recurrence and improved systemic health highlight its long-term efficacy. However, limitations include the absence of microbiological follow-up to confirm bacterial clearance.

Rationale and Integrative Perspective

Ayurvedic classics like *Charaka* and *Sushruta Samhita* emphasize *Virechana* for *Rakta Dushti* and *Pitta-Kapha* skin disorders. Modern pharmacological studies corroborate the anti-inflammatory, antibacterial, and immunoregulatory properties of *Panchatikta Ghrta* and *Trivrit-Moola Yavakuta*, bridging traditional wisdom with scientific reasoning.

Conclusion

This case demonstrates that *Virechana Karma* is a scientifically grounded Ayurvedic procedure capable of achieving detoxification, *Doshic* balance, and rapid symptomatic relief in *Vishphotaka Kushtha* (Bullous Impetigo-like condition). The therapy's success highlights the potential of *Panchakarma* in managing acute inflammatory skin disorders when applied through proper clinical judgment, emphasizing Ayurveda's strength as a holistic, patient-centered medical science.

Conflict of interest: There are no conflicts of interest.

Financial support and sponsorship: Nil

Use of AI in manuscript preparation

Declaration Artificial Intelligence, specifically ChatGPT-3.5, was utilized solely for language enhancement and grammatical corrections in the preparation of this manuscript.

Acknowledgements

We sincerely thank to the participant for their cooperation, patience, and adherence to the treatment protocol, which was vital to the successful completion of this study.

References

1. Charaka Samhita. Nidana Sthana. Kustha Nidana Adhyaya. Verse 5/4. Available from: <http://niimh.nic.in/ebooks/echarak>. Accessed September 2, 2025, at 10:30 IST.
2. Charaka Samhita. Chikitsa Sthana. Kustha Chikitsitam Adhyaya. Verse 7/10. Available from: <http://niimh.nic.in/ebooks/echarak>. Accessed September 2, 2025, at 10:30 IST.
3. Charaka Samhita. Nidana Sthana. Kustha Nidana Adhyaya. Verse 5/6. Available from: <http://niimh.nic.in/ebooks/echarak>. Accessed September 2, 2025, at 10:30 IST.
4. Charaka Samhita. Chikitsa Sthana. Kustha Chikitsitam Adhyaya. Verse 7/9. Available from: <http://niimh.nic.in/ebooks/echarak>. Accessed September 2, 2025, at 10:30 IST.
5. Charaka Samhita. Chikitsa Sthana. Kustha Chikitsitam Adhyaya. Verse 7/25. Available from: <http://niimh.nic.in/ebooks/echarak>. Accessed September 2, 2025, at 10:30 IST.
6. Nardi NM, Schaefer TJ. Impetigo. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Updated 2023 Jul 31. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK430974/>. Accessed September 2, 2025, at 10:30 IST.
7. Charaka Samhita. Chikitsa Sthana. Kustha Chikitsitam Adhyaya. Verse 7/39. Available from: <http://niimh.nic.in/ebooks/echarak>. Accessed September 2, 2025, at 10:30 IST.
8. Chakrapanidatta. *Chakradutta*. Ratnaprabha commentary. Visarpa-Vishphota-Snayuka Chikitsa, Verse 34. Laxmi naryana trust, Jaipur; p. 688.
9. Brazel M, Desai A, Are A, Motaparthy K. Staphylococcal scalded skin syndrome and bullous impetigo. *Medicina* (Kaunas). 2021;57(11):1157. doi:10.3390/medicina57111157.
10. Bansal Y, Rao R, Gopalia L, Shree T. High impetigo burden among pediatric patients reporting to the dermatology clinic at a tertiary care center. *Indian J Paediatr Dermatol*. 2025;26(3):181–185. doi:10.4103/ijpd.ijpd_63_25.
11. Pereira LB. Impetigo: Review. *An Bras Dermatol*. 2014;89(2):293–299. doi:10.1590/abd1806-4841.20142283.
12. Sharangadhara. Sharangadhara Samhita. Adhamalla, commentator. Dipika; Kashiram, commentator. Gudhartha Dipika. 4th ed. Varanasi: Chaukhamba Orientalia; 2000. Madhyama Khanda 6/13–14. p.180.
13. Sain GD, editor. Bhaishajya Ratnavali. Reprint ed. Varanasi: Chaukhamba Prakashana; 2018. Chapter 54, Verses 233–236. p.904.
14. Sharangadhara. Sharangadhara Samhita. Srivastava S, editor and commentator. Jivanprada Hindi Commentary. Reprint ed. Varanasi: Chaukhambha Orientalia; 2017. Purva Khanda, Ch. 4, Ver. 4–7, p. 31.
15. Chunekar KC, editor. Bhavaprakasha Nighantu. Varanasi: Chaukhamba Bharati Academy; 2013. Guduchyadi Varga. Verses 193–194. p.383–384.
16. Ratha KK, Joshi GC. Haritaki (Chebulic myrobalan) and its varieties. *AYU*. 2013;34(3):331–334. doi:10.4103/0974-8520.123139.
17. Murthy KRS. Bhavaprakasha Nighantu of Bhavamishra. Vol. 1. Varanasi: Chaukhamba Krishnadas Academy; 2004. p.182.
18. Charaka Samhita. Sutra Sthana. Chikitsa Prabhrutiya Adhyaya. Verse 16/20. Available from: <http://niimh.nic.in/ebooks/echarak>. Accessed September 2, 2025, at 10:30 IST.
