

AYURVEDIC INSIGHTS IN TONSILLITIS: A CRITICAL REVIEW OF SAMHITAS

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ABSTRACT

Tonsillitis is a common inflammatory condition of the palatine tonsils often affecting school going children, but may also affect adults. The signs and symptoms of *Tundikeri* are very much resembling with Tonsillitis. Ayurveda provides a comprehensive understanding of this condition based on *Dosha*, *Dushya*, *Strotas* involvement, and *Samprapti*. The present review article aims to critically analyse the etiopathogenesis, clinical features, and management of Tonsillitis as described in major classical ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtang Hridaya* and other relevant literature. Emphasis is laid on *Nidana*, *Poorva roopa*, *Roopa*, *Samprapti*, *Updrava* and *Chikitsa* principles such as *Shodhana*, *Shamana*, *Kshara karma*, *Kavala*, *Gandusha*, and the use of herbal formulations. This review highlights the holistic and preventive approach of Ayurveda in the management of Tonsillitis and provides a classical foundation for future clinical and comparative studies.

KEYWORDS: Tonsillitis, *Tundikeri*, *Galshundika*, *Kshara karma*, *Kavala*, *Gandusha*, *Pratisarana*.

INTRODUCTION

Tundikeri the disease selected for present study is explained under *Mukha Rogas*. Brief descriptions are not available in different periods as per the history. Hence an attempt has been made to trace the references regarding *Tundikeri* right from the *Samhita Kala*.

SAMHITA KALA**Brihatrayee period**

In *Charaka Samhita* there is no direct reference about *Tundikeri*. *Charak Samhita* mentioned *Galshundika* and *Upajihvika* in *Trishothiya Adhyaya*, under the heading of *Eka Deshiya Shotha*. But it is very difficult to compare *Eka Deshiya Shotha* with *Tundikeri* as only *Shotha* is seen as a symptom of *Tundikeri*.

- *Acharya Sushruta* has described *Tundikeri* under *Talugata Roga*.
- *Acharya Vagbhatta* has described *Tundikeri* under *Kanthagata Roga*.

Laghutrayee period

Very brief descriptions are available in *Laghutrayee*

Samhitas. *Madhava Nidana* and *Bhavprakash* have given similar explanations as that of *Susruta Samhita*, under *Talugata Rogas* but *Acharya Sharangadhara* classified it under *Kanthagata Rogas*.

The explanation about *Tundikeri* is also available in other later texts, including *Vrinda Madhava*, *Vanga Sena*, *Bhaishajya Ratnavali*, *Yoga Ratnakara* who described it under *Talugata Rogas*. Further no edition was done.

Acharya Sushruta was the first to describe the disease *Tundikeri*. According to him, it is manifested as a swelling in *Talu* associated with pricking pain, burning sensation and suppuration. *Acharya Vagbhatta* has mentioned the disease "*Tundikerika*" which occurs in *Hanu Sandhi Pradesha*.

MATERIAL AND METHODS

This study is based on a literary review of classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Ashtanga Sangraha*.

Other relevant literature including *Madhava Nidana*, *Sharangdhar*, *Bhavaprakash* and published research articles were also reviewed. Information was systematically analyzed to establish a conceptual correlation between Tonsillitis and *Tundikeri*.

AYURVEDIC UNDERSTANDING OF TONSILLITIS

Definition

According to *Acharya Sushruta*, *Tundikeri* is the disease caused by the vitiation of *Kapha* and *Rakta* characterized by *Shotha* (swelling), *Toda* (pricking type of pain), *Daha* (burning sensation), *Prapaka* (suppuration).

According to *Acharya Vagbhata*, *Tundikeri* has the shape of *Karparsi Phala* and its location is *Hanusandhi Ashrita Kantha* (root of the temporomandibular joint). It is *Pichhila* (slimy) with *Manda Ruka* (mild pain) and has a firm swelling.

The description given by *Acharya Sushruta* resembles the acute stage of Tonsillitis whereas the definition by

Acharya Vagbhata is featuring probably the chronic stage of Tonsillitis.

Nidana

Specific *Nidana* of *Tundikeri* is not mentioned in any of the classics. Since *Tundikeri* is the disease of either *Talu* or *Kantha*, which are the parts of *Mukha*. So *Samanya Nidana* of *Mukha Rogas* can be considered in this context. The main *Doshas* involved in causing *Mukharogas* are *Kapha* and *Pitta*. Causative factors for this *Dosha* vitiation are described under general *Mukha Roga Nidana* and those factors can be divided into *Aharaja* and *Viharaja Hetus*.

Aharaja Nidana

Acharya Sushruta did not mention *Mukha Roga Nidana*. The *Aharaja Nidana* mentioned in *Ashtanga Sangraha* and *Ashtanga Hridaya* are same and etiological factors said by *Madhav Nidana*, *Vangasena*, *Yoga Ratnakara* are also same. The *Aharaja Nidana* mentioned by different *Acharyas* are briefly summed up with its *Rasa*, *Guna*, *Veerya*, and *Prabhava*.

Table No. 1: *Aharaja Nidana* pattern.

Sr. No.	Ahara	Rasa	Guna	Veerya	Dosha Dushti
1	Matsya	Madhura	Guru	Ushna	Kapha and Pitta
2	Mahisha Mamsa	Madhura	Guru	Ushna	Kapha, Rakta and Pitta
3	Masha	Madhura	Snigdha and Guru	Ushna	Kapha and Pitta
4	Dadhi	Amla	Snigdha	Ushna	Kapha and Pitta
5	Ksheera	Madhura	Snigdha and Guru	Sheeta	Kapha
6	Ikshu Rasa	Madhura	Snigdha and Guru	Sheeta	Kapha
7	Phanitham	Madhura	Abhishyandi and Guru	-	Tridosha

From this table, we can interpret the food substances mentioned are responsible to vitiate *Kapha* and *Pitta* *Doshas* predominantly. Though many of these *Dravyas* have *Ushna Veerya*, they are having *Madhura Rasa* and *Snigdha Guna*. As per the principle *Ahara Dravya* acts and influences on the *Doshas* as per the predominant *Rasa* present in it. Therefore, the *Aharas* mentioned above are responsible for vitiating *Kapha Dosha* and hence the occurrence of the disease.

Viharaja Nidana

Viharaj Nidana mentioned by *Acharya Vagbhata's* are^[1]- Excessive indulgence in *Avakshayanam* (sleeping in prone position), *Dwishato Dantadhavana* (improper dental hygiene), *Dhuma* (improper *Dhumapana*), *Chhardana* (improper vomiting), *Gandusha Nishedha* (improper gargling), *Siravyadha* (improper venesection) which causes *Prakopa* of *Kapha Pradhana Dosha* and it results in the occurrence of many disorders of the mouth (*Mukha Roga*).

Avakshayanam /Adhomukha Shayanam i.e. the person who always sleep in prone position usually become victim of this ailment due to obstruction of the *Strotas*. Consequently there is hindrance to the free flow of

saliva, which leads to *Mala Sanchaya*.

Dantadhavana (brushing) and gargling (*Kavala/Gandusha*) are measures to maintain the oral hygiene, they bring *Laghutva* and *Vishadatva* of mouth. Avoidance of these leads to *Mala*

Sanchaya, *Stroto Avarodha*, which causes vitiation of *Kapha*. This *Kapha Dushti* is responsible for the disease *Tundikeri* and other disorders of the mouth (*Mukharogas*).

The above mentioned *Aharaja* and *Viharaja Nidana* create an unhygienic environment in the oral cavity with suppression of saliva and decreased resistance of host which provides favorable condition for multiplication of bacteria which invades the tonsillar lymph nodes and produce the disease *Tundikeri*.

Poorvaroopa

As such prodromal symptoms of *Tundikeri* are not explained in any text. Since *Tundikeri* is a disease characterized by *Shotha*, premonitory symptoms of *Shotha* can be considered here.^[2] i.e. mild burning sensation, *Dirghibhava* of *Siras* with mild swelling

and increase in local temperature with discomfort in *Talu* and *Kantha*.

Roopa

In case of *Roopa* of *Tundikeri* there will be heaviness

along with swelling, rise in local temperature, vasodilatation with increased burning sensation and fever. These are the *Samanya Lakshanas* of *Shotha*. After that, specific *Lakshanas* of *Tundikeri* are explained by *Acharya Sushruta* and *Vagbhata* which are as follows.

Table No. 2: Lakshana of Tundikeri by both Acharyas.

By Acharya Sushruta ^[3]	By Acharya Vagbhata ^[4,5]
1. <i>Sthoola Shopha</i> - (Large swelling)	1. <i>Kathina Shopha</i> - (Hard swelling)
2. <i>Toda</i> -(Pricking pain)	2. <i>Mandaruka</i> - (Mild pain)
3. <i>Daha</i> - (Burning sensation likely in subacute stage)	3. <i>Pichhila</i> (Slimy swelling)
4. <i>Pakam</i> - (Suppuration) These symptoms are likely to be present in acute infections.	4. <i>Hanusandhi Ashrita Kantha Pradesha Adhithana</i>

When we consider the comparative analysis of symptoms as per *Sushruta* it almost resembles with that of the signs and symptoms of acute tonsillitis. *Vagbhata* has given clear cut location of *Tundikeri* i.e. *Hanusandhi* which can be taken as a faucial area. Signs and symptoms as explained by *Vagbhata* more or less resembles with that of sub chronic tonsillitis.

Acharya Dalhana in his *Nibandha Samgrah Vyakhya* has explained *Doshaja* involvement of *Tundikeri* and considered similar to that of *Galashundika* i.e. *Kapha* and *Rakta*. In all later texts almost same description is found with minimal changes as per *Acharya Madhava*^[6], *Acharya Vangasena*^[7] uses the word *Shotha* in place of *Shopha*. *Yogaratanakara*^[8] described two types of pain in *Tundikeri* i.e. *Shoola* and *Toda*.

In *Madhukosha*^[9] The commentary of *Madhav Nidana*, *Acharya Vijayrakshit* and *Srikanthadatta* also considered the involvement of *Vata* and *Pitta Dosh* due to the presence of symptoms *Toda* and *Daha* in *Tundikeri*.

Samprapti

Specific *Samprapti* of *Tundikeri* is not found in *Brihatrayee*. The *Dosha-Dushya Vivechana* of *Tundikeri* may be understood in the following way.

Because of excessive usage of the *Kapha - Pitta Prakopaka Ahara* (as mentioned in Table no.1); *Kapha* and *Pitta Dosh* get aggravated at their respective places, i.e. (*Chaya*). As *Kantha* is the seat for *Kapha*, there is greater chance for the vitiation of *Kapha*.

Further, continuous exposure to the *Nidanas* like intake of *Matsya*, *Ksheera* etc. and keeping the throat unhygienic by avoidance of *Dantadhavana* etc, these accumulated *Dosh* become excessively vitiated which leads to *Agnimandya*, *Kaphadosha Prakopa* and *Rakta Dushti*. Due to this, the *Dosh* flow with *Manda Gati* in *Siras* and reach to *Roga Sthana*. This leads to *Sthana Samshraya* of *Dosh* in *Talu* or *Kantha Pradesha*. There is *Pitta* and *Rakta Margavarodha* in *Talu* or *Kantha* resulting in *Shotha* etc. in that area.

Tundikeri Samprapti Ghataka

- **Dosha:** *Kapha Rakta*

- **Dushya:** *Rasa, Rakta, Mamsa*
- **Srotasa:** *Rasavaha, Raktavaha, Mamsavaha*
- **Agni:** *Jatharagni, Dhatvagni Mandya*
- **Srotodushti:** *Sanga and Granthi*
- **Roga Marga:** *Bahya*
- **Udbhava Sthana:** *Amashaya*
- **Adhithana:** *Mukha, Hanusandhi*
- **Vyaktasthana:** *Talu or Kantha*

Upadrava

Complications of *Tundikeri* are not described in any *Ayurvedic* text.

Sadhy -Asadhyata

Acharya Sushruta has described 19 *Mukharogas* under *Asadhy* category, and among *Talu Rogas*, only *Talu Arbuda* is *Asadhy*, all others are *Sadhy Rogas*.^[10] According to him *Tundikeri* can be cured surgically. As per text, the disease which are cured surgically fall in the group of those which are *Kashitasadhy* i.e. difficult to cure.

According to *Acharya Vagbhata*, among the 75 *Mukha Rogas*, 23 of them are *Asadhy* and the rest are *Sadhy*, and he counted *Tundikeri* as *Sadhy Rogas*.^[11]

None of the later *Acharyas* have said *Tundikeri* as *Asadhy*. Thus *Tundikeri* is a *Sadhy Roga*, and can be cured either by medicines or by surgical interventions.

Chikitsa

Vagbhata has mentioned that one should not neglect the diseases of *Kantha* as it is the pathway of food and air. So, it should be treated as an emergency.^[12,13] Management of *Tundikeri* by different *Acharyas*.

According to Acharya Charaka^[14]

In *Charaka Samahita* there is no direct reference for *Tundikeri*. In *Samanya Mukha Roga Chikitsa* he suggested *Dhoompana*, *Pradhmana Nasya*, *Adho Shudhi*, *Vamana*, *Langhana* and *Sukta*, *Katu*, *Tikta*, *Kshoudra*, *Kasaya* that is *Dosha Shamaka Annapana*.

According to Acharya Sushruta^[15]

General line of treatment includes *Snehana*, *Svedana*, *Vamana*, *Virechana*, *Ghritapana*, *Dhumapana*,

Kavalagraha, Abhyanga, Pratisarana, Pradhamana Nasya in the context of *Mukharoga Chikitsa*.

- *Acharya Sushruta* has advised surgical treatment for *Tundikeri* and it is based on the line of treatment of *Galashundika* i.e. *Chhedana Karma*. The treatment advocated by him are both i.e. *Bhedana*^[16] (Incision), *Chhedana*^[17] (Excision) *Karma*. After surgery he advised *Pratisarana* over involved area.
- In *Nibandha Samgraha* commentary, *Acharya Dalhana* stated that *Visheshah* word stated by *Acharya Sushruta* in *Tundikeri Chikitsa Sutra* is for the discrimination of the surgical treatment of *Tundikeri* i.e. *Bhedana* from the rest of surgically treatable *Talugata Rogas* which can be treated with *Chhedanakarma*.

According to *Acharya Vagbhata*^[18,19]

- He said that all *Mukha, Gala, Dantamoola Gata Rogas* are due to vitiation of *Kapha* and *Rakta Dosha*. He advised *Raktamokshana, Kaya Virechana, Shiro Virechana, Vamana, Katu, Tikta Kavala* and *Kapha Rakta Shamaka* procedures for these *Rogas*.
- *Acharya Vagbhata* has adopted the other line of treatment for treating *Tundikeri* i.e. medicinal interventions. He described the treatment of *Tundikeri, Vrinda, Kanthashaluka* and *Gilayu* is similar to the treatment of *Kaphaja Rohini*^[20] i.e. *Pratisarana* from *Katu Dravyas, Nasya* and *Gandusha*.^[21,22]
- According to *Ashtang Sangraha*, in all *Kanthagata Rogas*, we can do *Pratisarana* as a local application, *Gandusha, Kavalagraha* of *Katu, Ushna, Tikshna Dravyas* and aggravated *Dosha* should be thrown out of the body regularly by the process of *Raktamokshana*.
- In later periods *Acharya Vangasena, Acharya Chakrapani, Acharya Govind Das Sen, Acharya Yogratnakara* have followed the same treatment with some additions. *Govind Das Sen* added *Vachadi Kavala* in *Galashundi Chikitsa*.^[23]

Hence the management of *Tundikeri* is dealt in three ways.

- Medical
- Para surgical (*Pratisarana, Raktamokshana, Kavala, Gandusha*)
- Surgical management (*Chhedana, Bhedana*)

Medical Management of *Tundikeri*

As such there is no medical formulation directly indicated in *Tundikeri*, the formulations prescribed for the management of *Talugata* and *Kanthagata Rogas* can be considered in the management of *Tundikeri*.

- *Acharya Charaka* in *Trimarmiya Chikitsa Adhyaya* advocated that *Kshar Gutika, Pitaka Churna, Kalaka Churna*, etc. can be used in all types of *Mukharogas*.
- According to *Vagbhata, Pitaka Churna, Kalaka Churna, Haritaki Sewana, Patoladi Kashaya*,

Dwiksharaadi Rasakriya, Saptachhadadi Kashaya should be given in *Mukha Rogas*.

- *Acharya Chakrapani Datta* in *Kantharoga Chikitsa Prakaranam* advised some *Yoga* such as *Pippalyadi Churna, Darvyadi Kashaya, Haritaki Kashaya, Katukadi Kwatha, Pitaka Churna, Yavagrajadi Gutika, Kshar Gutika, Dashmoola Kwatha* etc.
- *Acharya Govind Das* in *Bhaishajya Ratnawali* suggests *Yavaksharadi Vati, Kshiradi Kavala Dharana* in *Mukha Roga Chikitsa*.
- *Yavagrajadi Gutika, Darvyadi Kwatha* in *Kantha Roga Chikitsa* mentioned by *Yoga Ratnakara* in *Mukha Roga Chikitsa Adhyaya*.

Parasurgical Management *Raktamokshana*

- *Vagbhata* said that the root cause of all types of *Mukha Rogas* are *Kapha* and *Rakta* hence for eliminating the impure blood from the body *Raktamokshana* should be done routinely.^[78] *Acharya Chakrapani* in *Chakradatta* and *Yoga Ratnakara* also advised *Raktamokshana* along with *Tikshna Nasya* in *Kantha Rogas*.^[24,25]
- The site of *Raktamokshana* stated by *Acharya Govinda Das Sen* is *Upanasika*.

Pratisarana

- The reference of *Pratisarana Chikitsa* is explained in almost all *Samhitas*. Application of *Churna, Kalka* and *Avaleha* in the diseases of teeth, tongue and oral cavity is called as *Pratisarana*.^[26] The medicine is taken on the index finger and applied in the oral cavity. Here, "*Gharshana*" word is used which means it should be rubbed and applied vigorously so that it exerts its action locally well.
- *Pratisarana Chikitsa* is a local treatment explained in the common remedies of *Mukha-Roga*. In the management of *Shotha*, it is a very effective treatment. Diseases of the oral cavity cause pain and difficulty in swallowing which in turn reduces the intake of the patient that makes him feel more ill and weak. Local applications of various drugs including *Kshara Dravyas* reduce inflammation and pain and hence may enable the patient to increase the intake.
- In *Pratisarana Chikitsa*, medicines are applied in the oral cavity which is kept moist mainly by the "*Bodhak Kapha*", due to which the drugs applied are absorbed easily. The drugs when applied locally may be absorbed faster showing a speedy recovery than the systemic treatment in all *Mukha-Rogas*. *Ashtanga Sanghara* advocates application of *Yava Kshara* along with *Trikatu, Daruharidra, Rasouta, Tejabala, Patha, Nimbatwak, Triphala* and *Chitraka* in *Kantha Rogas*. *Acharya Sushruta* contraindicated *Kshara Karma* in *Kanthagata Rogas* except three types of *Rohini*. According to *Ashtang Hridya* treatment of *Tundikeri* is similar to *Kaphaja Rohini*

which has the indication of *Pratisarniya Kshara*. *Acharya Vangasen* advised the local application of *Vajri (Snuhi) Ksheer* in *Galashundika* and hence the same is also beneficial in *Tundikeri*.

Kavala -Gandusha

In both these *Upakrama*, the medicines are held in the oral cavity for a specific period and later on spit out. The only difference in these two types is the quantity of drug held in the mouth. In *Gandusha* the mouth is filled with medicine so that it can't be moved. (i.e. quantity is more) whereas in *Kavala* the quantity of medicine is less so that it can be rotated in the oral cavity.

These *Upakramas* are useful in the diseases of the neck, *Shiro Roga*, ear diseases and diseases of the oral cavity.

Surgical Management^[27, 28]

Shastrakarma elaborated for *Galashundi* can be adopted in *Tundikeri*. *Dalhana* has classified *Tundikeri* under *Bhedana Sadhya Vyadhi*. All *Shastrakarma* should be performed in three steps.

1. Poorva Karma

The surgery on *Mukha Rogas* has to be performed by keeping the patient on empty stomach and *Samanya Poorva Karmas* of *Shastra Karma* should be adopted.

2. Pradhana Karma

Steps

- *Tundikeri* is gripped properly with *Sandamsha*

Yantra

- *Chhedana* is done with *Mandalagra Shastra* at appropriate places.
- Two -third portion of *Tundikeri* is excised leaving one- third intact.
- If excision is more patient will die with excessive haemorrhage.
- If excision is less the problem will reoccur.

3. Paschata Karma

Pratisarana is done with the mixture of *Saindhava Lavana*, *Madhu* and the powders of *Maricha*, *Ativisha*, *Patha*, *Vacha*, and *Kusta*. *Kavala Graha* with the *Kwatha* prepared from *Vacha*, *Ativisha*, *Rasna* and *Katukarohini*. *Kshara Sidda Mudga Yusha Bhojana* is given to the patient.

Hence medical or surgical intervention along with elimination of causes will be the treatment as a whole.

Pathya -Apathya

As such there is no direct reference for *Apathya* in *Tundikeri*, the *Apathya* dealt in *Mukharoga* should be considered which are told by *Acharya Govinda Das Sen* in *Bhaishajya Ratnawali* and by *Yoga Ratnakara*.

Table No. 3: *Pathya-Apathya in Tundikeri*.

<i>Pathya-Apathya</i>	<i>Pathya</i> ^[29 30]	<i>Apathya</i> ^[31 32]
Ahara	<i>Trinadhanya</i> , <i>Yava</i> , <i>Mudga</i> , <i>Kulatha</i> , <i>Jangala Mamsa Rasa</i> , <i>Karvellaka</i> , <i>Patola</i> , <i>Karpurajala</i> , <i>Ushna Jala</i> , <i>Tambula</i> , <i>Khadira</i> , <i>Ghritha</i> and <i>Katu Tikta Dravya</i> .	<i>Amla Rasa Dravyas</i> , <i>Abhishyandi Ahara</i> , <i>Matsya</i> , <i>Dadhi</i> , <i>Kshira</i> , <i>Guda</i> , <i>Masha</i> , <i>Ruksha Kathina Padartha</i> <i>Sevana</i> , <i>Guru Ahara</i> .
Vihara	<i>Swedana</i> , <i>Virechana</i> , <i>Vamana</i> , <i>Gandusha</i> , <i>Pratisarana</i> , <i>Kavala</i> , <i>Raktamokshana</i> , <i>Nasya</i> , <i>Dhumapana</i> , <i>Shashtra</i> and <i>Agnikarama</i> .	<i>Diwaswapna</i> , use of <i>Shitala Jala</i> , <i>Adhomukha Shayana</i> and <i>Snana</i> .

CONCLUSION

Tundikeri as described in *Ayurveda*, closely correlates with the modern clinical entity of *Tonsillitis*. *Ayurvedic* interventions such as *Kshara Karma*, *Kavala*, *Gandusha*, *Pratisarana* show potential as complementary management strategies. Integrative research combining *ayurvedic* principles with modern science may enhance understanding and treatment of *Tonsillitis*. Furthermore high quality clinical studies are warranted.

REFERENCES

1. *Agnivesha*, *Charaka*, *Dridhabala*; *Charaka Samhita*, *Vaidhya-Samrata Sri Satya Narayana Sastri* with elaborated *Vidyotini Hindi Commentary* by Pt. *Kashinatha Sastri* and Dr. *Gorakha Natha*
2. *Sushruta*; *Sushruta Samhita* with *Nibandh sangraha* commentary of *Dalhana* and *Nyayachandrik Panjika* of *Sri Gayadasacharya* edited by *Vaidya Jadavji Trikamji* and *Narayan Ram Acharya*, published by *Chaukhambha Surbharati Prakashana Varanasi*, reprint edition, 2012.
3. *Sushruta*; *Sushruta Samhita* with *Ayurveda Tattva Sandipika hindi commentary* by *Kaviraj Ambikadutta Shastri*, Part I and II, published by

Chaturvedi, editorial board Pt. *Rajeswaradatta Sastri*, Pt. *Yadunandana Upadhyaya*, Pt. *Ganga Sahaya Pandeya*, Dr. *Banarasidasa Gupta* and *Bhishagratna Pt. Brahmashankara Mishra*, Part I and II, *Chaukhambha Bharti Academy*, *Varanasi* reprint edition 2009.

Chaukhambha Sanskrit Sansthan, Varanasi Reprint edition, 2013.

4. Vagbhata, Astangahridayam with the Vidyotini hindi commentary by Kaviraja Atrideva Gupta, edited by Vaidya Yadunandana Upadhyaya, Chaukhambha Prakashan Varanasi, reprint edition, 2012.
5. Vriddha Vagbhata, Astangasangraha, 1st edition, edited by Kaviraj Atridev Gupta, forwarded by Rajavaidya Pandit Sri Nanda Kishore Sharma Bhishagaacharya, Chowkhamba Krishnadas Academy, 2005.
6. Sharangadhara; Sharangadhara Samhita with Dipika commentary of Adhamalla and Kashirama's Gudhartha Dipika, 1st Edition, Chaukhamba Surbharati Prakashan, 2013.
7. Shastri Sudarshana; Madhava Nidanam of Sri Madhavakara, with Madhukosha hindi commentary, 4th edition Chaukhambha Sanskrit Sansthana, Varanasi, Part II, Reprint, 2004.
8. Bhavamisra; Bhavaprakasa, 5th Edition, edited with the Vidyotini hindi Commentary by Bhishagratna Pandita Sri Brahma Sankara Misra, Uttarardha, Publisher Chaukhambha Sanskrit bhawan, Varanasi reprint, 2016.
9. Yogaratnakara; Yogaratnakara, edited by Dr. Indradev Tripathi, Dr, Dayashankar Tripathi satri, 4th edition, Chowkhamba Krishna Das Academy, Varanasi, 2013.