EJPMR, 2026, 13(4), 113-118 **Review Article** **Impact Factor: 8.158**

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

ISSN (O): 2394-3211
ISSN (P): 3051-2573
Coden USA: EJPMAG

CRITICAL REVIEW ON POLYCYSTIC OVARIAN DISORDER AND THE THERAPEUTIC POTENTIAL OF LASHUNADI VATI IN AYURVEDA

[1]*Dr. Archana Madhavrao Nikumbh, [2]Dr. Anupama Santosh Patil

[1]PG Student, Dravyaguna Vigyana Department, LRP Ayurvedic Medical College and Hospital, Ishwarpur.
[2]MD Dravyaguna, Associate Professor Dravyaguna Department.

***Corresponding Author: Dr. Archana Madhavrao Nikumbh**
PG Student, Dravyaguna Vigyana Department, LRP Ayurvedic Medical College and Hospital, Ishwarpur.

DOI: https://doi.org/10.5281/zenodo.19327310

How to cite this Article: [1]*Dr. Vidya R. E., [2]Dr. Mamatha K. V. (2026). Critical Review On Polycystic Ovarian Disorder And The Therapeutic Potential Of Lashunadi Vati In Ayurveda. European Journal of Pharmaceutical and Medical Research, 13(4), 113–118.

Article Received on 04/03/2026 **Article Revised on 24/03/2026** **Article Published on 01/04/2026**

ABSTRACT

Polycystic ovarian disorder (PCOD) is one of the most common endocrine disorders affecting women of reproductive age worldwide. The increasing prevalence of PCOD is strongly associated with sedentary lifestyle, unhealthy dietary habits, stress, and metabolic disturbances, which classify it as a modern lifestyle disorder.[1-3] PCOD is characterized by hyperandrogenism, menstrual irregularities, anovulation, and polycystic ovarian morphology, leading to infertility and metabolic complications. Ayurveda does not describe PCOD as a separate disease entity, but its clinical features resemble conditions such as Artava Kshaya, Arajaska, Pushpaghni Jataharini.[4-6] The Ayurvedic pathogenesis mainly involves Kapha-Vata Dushti, Agnimandya, Medo-dushti and Strotorodh affecting Artavavaha Strotas and Rasavaha Strotas. Management focuses on correcting lifestyle factors, enhancing metabolism, and restoring hormonal balance through herbal formulations and Panchakarma therapies. In modern medicine, hormonal therapy is the primary treatment option for this condition. In Ayurveda, however, several Agneya dravyas are used in the management of Artava relate diseases as Acharya Sushrut told the Sanshodhan as a treatment, as these drugs enhance and stimulate the production of Artava. The therapeutic efficacy of *Rason* (Garlic) has been elaborately described by Maharshi Kashyapa in the Rason Kalpa Adhyaya of Kalpasthana in the Kashyapa Samhita. Lashunadi Vati, containing *Rason (Allium sativum)* and other Deepana-Pachana herbs, is traditionally indicated for Kapha-Vata disorders and metabolic dysfunction. Its pharmacological properties such as anti-inflammatory, hypolipidemic, and insulin-sensitizing effects make it a promising therapeutic option in PCOD.[7-10] This review highlights PCOD as a lifestyle disorder and evaluates the potential role of Lashunadi Vati in its management through Ayurvedic and modern perspectives.

KEYWORDS: PCOD, Lifestyle Disorder, Ayurveda, Lashunadi Vati, Artav Dushti, Metabolic Syndrome.

INTRODUCTION

Polycystic ovarian disorder (PCOD) is a complex endocrine and metabolic condition that affects women during their reproductive years. It is characterized by irregular menstruation, hyperandrogenism, infertility, and cystic ovaries. The prevalence of PCOD ranges from 5–15% globally, making it one of the most common hormonal disorders among women.[11]

Recent epidemiological studies show that the prevalence in India ranges from 9.13% to 36%, highlighting the rising burden of this condition in developing countries.[12] In recent decades, the prevalence of PCOD has increased significantly, largely due to rapid urbanization, sedentary lifestyle, dietary changes, and psychological stress.[13] Because of its strong association with lifestyle factors such as physical inactivity, unhealthy food habits, obesity, irregular sleep pattern and disturbed circadian rhythm, PCOD is now widely recognized as a lifestyle disorder. The modern lifestyle characterized by excessive intake of calorie-dense foods, lack of physical exercise, irregular sleeping patterns, and mental stress leads to metabolic disturbances that affect hormonal balance in the female body. These changes result in menstrual irregularities, infertility, obesity, acne, and hirsutism, which are the hallmark features of PCOD. The disorder not only affects reproductive health but also predisposes women to long-term complications such as

insulin resistance, type 2 diabetes mellitus, cardiovascular diseases, and metabolic syndrome. Therefore, PCOD represents a multifactorial condition where genetic predisposition interacts with environmental and lifestyle factors to produce complex endocrine and metabolic abnormalities.[14-15]

From a modern scientific perspective, PCOD is characterized by hyperandrogenism, ovulatory dysfunction, and polycystic ovarian morphology. Its pathophysiology involves hormonal imbalance, insulin resistance, and dysfunction of the hypothalamic–pituitary–ovarian axis. Increased luteinizing hormone (LH) with relatively low follicle-stimulating hormone (FSH) leads to excess androgen production by ovarian theca cells, impairing normal follicular maturation and causing chronic anovulation. Insulin resistance further increases androgen production and decreases sex hormone binding globulin synthesis in the liver, resulting in elevated free androgens. Consequently, multiple immature follicles accumulate in the ovaries, producing the characteristic "string of pearls" appearance on ultrasonography, reflecting the complex endocrine, metabolic, and reproductive disturbances in PCOD.

PCOD AND AYURVEDA

Although PCOD is not directly described as a single disease entity in Ayurveda, its clinical manifestations can be correlated with conditions such as Artava Dushti, Artava Kshaya, Nashtartava and Yonivyapad, which involve dysfunction of the reproductive system. The pathogenesis can be understood mainly is a Vata-kapha vridhhi and Pitta kshaya condition, along with the involvement of Meda Dhatu, Rasavaha Strotas and Artavavaha Strotas. Improper dietary habits, sedentary lifestyle, excessive intake of heavy and oily foods, day sleep, and lack of physical activity lead to Agnimandya (impaired digestive fire) and accumulation of Ama in the body. This results in aggravation of Kapha and Meda, causing Strotorodh (obstruction of body channels) particularly in the Rasavaha Strotas and Artavavaha Strotas. The obstruction further aggravates Vata Dosha, disturbing the normal flow and function of Artava. Ultimately, this leads to Artava Dushti and anovulatory cycles, which clinically manifest as irregular menstruation, infertility, and cystic changes in the ovaries.[18-21]

Ayurveda emphasizes holistic management through Nidana Parivarjana (lifestyle correction), Aushadhi Chikitsa and Panchakarma therapies. In Ayurveda, several herbal formulations are described for conditions involving Kapha-Meda Dushti, Strotorodh and Artava vitiation. Therefore, Vata-kapha shamak treatment along with Agneya drava should be given to induce prakrut function of Artava. One such classical formulation is Lashunadi Vati, which is traditionally used for disorders associated with Vata-Kapha aggravation and impaired metabolism. Among the various remedies described in Ayurveda, the efficacy of *Rason* in Pushpadushti has been mentioned in the Kashyapa Samhita. The formulation primarily contains *Lashuna* (Allium sativum) along with other ingredients that possess Deepana (appetizer), Pachana (digestive) Vata-Kapha Shamana and Strotoshodhana properties. *Lashuna* is well known for its ability to improve metabolism, reduce Kapha and Meda accumulation, enhance circulation, and remove obstruction in body channels. Due to these pharmacological actions, Lashunadi Vati may help in correcting Agnimandya, reducing metabolic imbalance, and improving the function of Artavavaha Strotas. Consequently, it can play a beneficial role in the management of PCOD by addressing the underlying pathological mechanisms described in Ayurveda.[22-23]

Therefore, considering the increasing prevalence of PCOD as a lifestyle disorder and the potential therapeutic benefits of Ayurvedic formulations, it becomes important to explore the role of Lashunadi Vati in the management of this condition. The present study aims to review the conceptual understanding of PCOD from both modern and Ayurvedic perspectives and to evaluate the therapeutic relevance of Lashunadi Vati in its management.

MATERIALS

This study is a critical review based on classical Ayurvedic texts and modern scientific literature.

Ayurvedic Condition	Reference	Description in Ayurveda	Correlation with PCOD
Pushpaghni Jataharini[24]	*वृथा पुष्पं तु या नारी यथाकालं प्रपश्यति। स्थूललोमशगण्डा वा पुष्पघ्नी साऽपि रेवती ।। ३३ - का. क.*	Characterized by destruction of Pushpa (Artava), obesity, excessive body hair and glandular swellings.	These features resemble PCOD symptoms such as anovulatory cycles, obesity, hirsutism, and infertility.
Nashtartava[25]	नष्टार्तव दोषैरावृतमार्गत्वादातर्तवं नश्यति स्त्रियः। - सु. शा २/२३	Absence of Artava leading to menstrual disturbances.	Corresponds with oligomenorrhea or amenorrhea seen in many PCOD patients.
Aartav kshay[26]	आर्तवक्षये यथोचित कालादर्शनमल्पता वा योनिवेदना च। - सु. सू १५/१६	Decrease of Artava leading to menstrual disturbances	
Strotorodh[27]	मेदसाऽवृत मार्गत्वाद्वायुः कोष्ठे विशेषतः। - च. सु. २१/५	Increased Meda Dhatu leads to Strotorodh,	This obstruction disturbs the normal function of

			menstrual cycle
Santarpanotha vyadhi[28]	क्लैब्यमतिस्थौल्यमालस्यं गुरुगात्रता ॥ - च. सु. २३/६	PCOD is collection of symptoms	Resembles to symptoms of PCOD hirsutism, obesity, depression, laziness.

THERAPEUTIC POTENTIAL OF LASHUNADI VATI

लशुन जीरक सैन्धव गन्धक त्रिकटु रामठ चूर्णमिदं समम् ।
सपदिनिम्बुरसेन विषुचिकां हरति यो रतिभोगविचक्षणे ।। - वैद्यजीवन, क्षयरोग चि. १३ .[29]

Ingredient	Latin name	Rasa	Virya	Vipaka	Mahabhuta pradhanya	Doshaghnata	Guna	Karma
Rason[30]	Allium sativum	Katu, Madhur	Ushna	Katu	Agni, Vayu	Vata kaphaghna	Snigdha, Ushna, Guru	Vrishya, Chakshushya
Jeerak[31]	Cuminum cyminum	Katu	Ushna	Katu	Agni, Vayu	Vata kaphaghna	Ruksha, Tikshna	Rochak, Deepan, Krimighna, Pachak, Garbhashay shudhhikar (Ni. R)
Saidhav lavan[32]	Black salt	Lavan	Sheet	Madhur	Jala, Agni	Tridoshghna	Tishna, Sukshma,Vyavayi	Rochak, Deepan, Vatanuloman
Shudha Gandhak[33]	Sulphur	Katu, Tikta	Ushna	Katu	Agni, Prithvi	Vata kaphaghna	Snigdha, Sara	Krimighna
Shunthi[34]	Zingiber officinale	Katu	Ushna	Mahur	Agni, Vayu	Vata kaphaghna	Laghu, Ruksha	Rochak, Deepan, Pachak
Pippali[35]	Piper longm	Katu	Ushna	Katu	Agni, Vayu	Vata kaphaghna	Laghu, Ruksha	Rochak, Deepan, Pachak
Marich[36]	Piper nigrum	Katu, Tikta	Ushna	Katu	Agni, Vayu	Vata kaphaghna	Laghu, Ruksha, Tikshna	Rochak, Deepan, Pachak, Chhedan, Shoshan
Hingu[37]	Ferula asafoetida	Katu	Ushna	Katu	Agni, Vayu	Vata kaphaghna	Tikshna	Rochak, Deepan, Pachak, Streepushpajanan
Nimbu Swaras[38]	Citrus medica	Amla	Ushna	Amla	Jala, Agni	Vata kaphaghna	Sheet, Snigdha, Guru	Rochak, Deepan

Therapeutic Properties of Lashunadi Vati

Rasa	Katu, Tikta, Amla, Madhur
Virya	Ushna
Vipaka	Katu
Guna	Ushna, Ruksha, Tikshna
Doshaghnata	Vatakapha shamak
Avayav	Grahani, Pakvashaya
Strotas	Rasavaha, Medovaha, Artav vaha

PROBABLE MODE OF ACTION OF LASHUNADI VATI

- Notably, all the ingredients present in Lashunadi Vati are predominantly Agneya in nature, which play a significant role in stimulating metabolic activity (Agni), relieving obstruction in the channels, and supporting the normal production of Artava.
- Rason Kalpa is mentioned in Kashyapa Samhita, where Maharshi Kashyapa states that women will not remain infertile and their body will remain supple, because *Rason* acts as a potent enhancer of Kayagni.
- *Jeeraka*, due to its Rochana (appetite-enhancing) and Deepana (digestive-stimulating) properties and because it pacifies Vata and Kapha doshas, *Jeeraka* primarily acts on Samana Vayu and Pachaka Pitta. By influencing these, it works on the Grahani (digestive organ/duodenum) and helps to alleviate Mandagni (low digestive fire). Furthermore, according to Nighantu Ratnakara, it also performs the function of Garbhashaya Shuddhikara (purification of the uterus).
- *Saindhav lavan* wth its potential of Kapha vilayana and Vatanulomak can work greatly on Vata-kaphaj rog. Due to its Sukshma and Vyavayi guna it can penetrate deeply in Strotas. Also has Deepana and Rochana karma which directly act on Pachak pitta.
- Ushna Virya of *Gandhak* helps to break down Kapha and clear clogged Strotas, facilitating the downword (Adho) movement for elimination.
- *Trikatu* possesses Katu and Tikta Rasa and is an excellent Deepana and Pachana dravya. Due to the Shoshana (absorptive), Chhedana (scraping) and Pramathi (channel-clearing) Prabhava of *Maricha*, it acts effectively in reducing Kapha. Moreover, these substances are excellent Amapachaka (digesters of Ama), and because of their Karma and Guna, they also act as Medoghna.
- *Hingu* has been included in the Deepaniya Gana by Charaka Samhita. Hingu is an excellent Ushna-gunanvita (hot potency) dravya. It acts as a potent

Vata-shamaka, Rechaka (purgative), Artavajanaka (stimulator of menstruation), Krimighna (anthelmintic) and Vajikarana (aphrodisiac) karma due to its extreme Ushna, Tikshna guna.

- Lashunadi Vati is processed with Bhavana of *limbu Swaras*. Due to the Amla Rasa and Vipaka of *Lemon* (Citrus limon), it performs excellent Rochana (appetite-stimulating) and Deepana (digestive-enhancing) actions. Moreover, because of its Ushna Virya, it helps in pacifying Vata and Kapha doshas. Therefore, the potency of Lashunadi Vati increases further, enabling it to act more subtly and effectively on the Rasavaha Strotas and Artavavaha Strotas.

Notably, all the ingredients present in Lashunadi Vati are predominantly Agneya in nature, which play a significant role in stimulating metabolic activity (Agni), relieving obstruction in the channels and supporting the normal production of Artava.

OBSERVATION

The higher occurrence of Artava Dushti in students may be related to stress and poor health care. Most patients were non-vegetarian and 70% regularly consumed junk food, indicating a dietary influence. The condition was also more common in urban women, likely due to lifestyle and dietary habits.[39]

From above study I observed Samprapti of PCOD and Samprapti bhanga of PCOD due to Lashunadi Vati as follows:

Samprapti	→	Samprapti bhanga
Hetu Sevana- mithya aahar vihar		
Mandagni + kapha, meda vriddhi	→	Katu, Deepana, Pachana, Medoghna - *Rason, Trikatu*
Apachita Rasadi Dhatu	→	Rasadhatwagnivardhak- *Jeerak, Marich, Gandhak*
Ama Utpatti	→	Amapachana- *Trikatu, shuthi*
Strotorodh+Apana vayu-avarana	→	Vatashamak- *Trikatu, Rason, Hingu*
Artava Dushti (PCOD)		

From the Ayurvedic viewpoint, every disease cause due to Mandagni. The pathology closely resembles Kapha-Vata dominant disorders associated with Medovaha and Artavavaha Strotodushti. Lifestyle factors such as Guru-Snigdha-Abhishandi Ahara, Avyayama (lack of exercise), Divaswapna and mental stress aggravate Kapha, Rasavaha Strotas Dushti and impair Agni, leading to metabolic dysfunction.

Actions required in PCOD

1. Deepana and Pachana

Improves Agni and reduces Ama accumulation.

2. Kapha-Medo Shamana

Helps reduce excess Kapha and Meda, which are major pathological factors in PCOD.

3. Strotoshodhana

Clears obstruction in Artavavaha Strotas, facilitating normal ovulation.

4. Hormonal Regulation

Rason has antioxidant and metabolic regulatory properties which may help in improving insulin sensitivity.

5. Anti-inflammatory effect

Reduces chronic low-grade inflammation seen in PCOD.

DISCUSSION

Discussion on probable Samprapti

As PCOD is described separately as a single disease, but the number of factors affecting its samprapti, successfully making it a syndrome which is a collection of disease. Some important factors which contributes to its samprapti as follows:-

1. Mandagni
2. Vikrut Rasavaha Strotas
3. Vata-Kapha Yridhi
4. Pittakshay.
5. Vikrut Pachak pitta and Saman Vayu dushti
6. Ama accumulation.

7. Medavridhi

Discussion on probable mode of action of Lashunadi vati

- According to Dravyagunvidnyan, a dravya acts by its Rasa, Virya, Vipaka, Guna, Karma and Prabhava.
- On the other hand, Mahabhuta dominance in a dravya determines its properties and actions in the body.
- From above all the Samprapti ghatak we need, Agnideepak, Amapachak, Strotovishodhak, Vata Kapha shamak, Pitta janak, Medoghna and Agneya dominant therapeutic properties.
- Due to Ushna Virya, Katu Vipaka and Tikshna, Ushna Guna of most the dravya it acts as Deepana and Amapachan to overcome Mandagni by improving Pachak Pitta and Saman vayu located in Amashaya and Grahani.
- While the special qualities like Pramathi parabhava of *Maricha* which specifically acts as Kaphaghna and Medoghna and Ushna, Sukshma, Vyavayi properties of *Shudha Gandhak* helps to penetrate deeply in Strotas which helps kalpa to act more deeply.
- As Artav is a Uphatu of Rasa Dhatu, all the ingredients exhibits Deepana, pachan, Ruchikar karma mainly act on Rasa Dhatu by acting as Rasadhatvagni wardhak which leads to more Artavjanan.

Discussion on mode of action of Lashunadi Vati in modern perspective

- The drug exerts its effects through its phytoestrogenic, anti-inflammatory and antispasmodic properties.
- Owing to its phytoestrogenic action, it promotes the production of an adequate amount of estrogen, which helps in thickening the endometrium and results in sufficient menstrual bleeding.
- Due to its lipolytic activity, in obese individuals, the peripheral conversion of androgens to estrogen becomes more effective, thereby aiding in the proper development of the endometrium.
- It possesses hypoglycemic effects that help prevent insulin resistance, making it beneficial for patients with PCOD.
- Its digestive and carminative properties assist in correcting nutritional deficiencies, thereby supporting regular menstruation.

In addition to pharmacological therapy, Ayurveda emphasizes lifestyle correction that is Nidana parivarjan, diet regulation, yoga, and stress management, which are crucial for sustainable management of PCOD

CONCLUSION

PCOD is increasingly recognized as a lifestyle disorder with significant reproductive and metabolic implications. Ayurvedic principles provide a holistic approach to understanding and managing PCOD through correction of Agnimandya, Kapha-Vata imbalance, Pitta Kshaya, Rasavaha strota dushti and Strotorodh.

Lashunadi Vati, with its Deepana-Pachana, Kapha-Medohara, and Srotoshodhaka properties, shows promising therapeutic potential in managing PCOD. Further clinical trials and scientific studies are needed to validate its efficacy and establish standardized treatment protocols.

REFERENCES

1. Azziz R, Carmina E, Chen Z, Dunaif A, Laven JSE, Legro RS, et al. Polycystic ovary syndrome. Nat Rev Dis Primers, 2016; 2: 16057.
2. Teede HJ, Misso ML, Costello MF, Dokras A, Laven J, Moran L, et al. Recommendations from the international evidence-based guideline for the assessment and management of polycystic ovary syndrome. Hum Reprod, 2018; 33(9): 1602-18.
3. Escobar-Morreale HF. Polycystic ovary syndrome: definition, aetiology, diagnosis and treatment. Nat Rev Endocrinol, 2018; 14(5): 270-84.
4. Agnivesha. Charaka Samhita. Revised by Charaka and Dridhabala. Vaidya Jadavaji Trikamji Acharya, editor. Varanasi: Chaukhambha Orientalia, 2014.
5. Sushruta. Sushruta Samhita. Edited by Vaidya Jadavaji Trikamji Acharya. Varanasi: Chaukhambha Orientalia, 2014.
6. Vagbhata. Ashtanga Hridaya. Edited by Hari Sadashiva Shastri Paradakara. Varanasi: Chaukhambha Surbharati Prakashan, 2016.
7. Sharma PV. Dravyaguna Vijnana. Vol. II. Varanasi: Chaukhambha Bharati Academy, 2013.
8. Amagase H. Clarifying the real bioactive constituents of garlic. J Nutr., 2006; 136(3): 716S-725S.
9. Bayan L, Koulivand PH, Gorji A. Garlic: a review of potential therapeutic effects. Avicenna J Phytomed, 2014; 4(1): 1-14.
10. Ried K, Fakler P. Potential of garlic (Allium sativum) in lowering blood glucose and improving insulin sensitivity. J Nutr., 2014; 144(3): 389-96.
11. March WA, Moore VM, Willson KJ, Phillips DIW, Norman RJ, Davies MJ. The prevalence of polycystic ovary syndrome in a community sample. Hum Reprod, 2010; 25(2): 544-51.
12. Joshi B, Mukherjee S, Patil A, Purandare A, Chauhan S, Vaidya R. A cross-sectional study of polycystic ovarian syndrome among adolescent and young girls in Mumbai, India. *Indian J Endocrinol Metab*, 2014; 18(3): 317-324.

13. Teede HJ, Deeks AA, Moran LJ. Polycystic ovary syndrome: a complex condition with psychological, reproductive and metabolic manifestations. BMC Med., 2010; 8: 41.
14. Escobar-Morreale HF. Polycystic ovary syndrome: definition, aetiology, diagnosis and treatment. Nat Rev Endocrinol, 2018; 14(5): 270-84.
15. Goodarzi MO, Dumesic DA, Chazenbalk G, Azziz R. Polycystic ovary syndrome: etiology, pathogenesis and diagnosis. Nat Rev Endocrinol, 2011; 7(4): 219-31.
16. Azziz R, Carmina E, Chen Z, Dunaif A, Laven JSE, Legro RS, et al. Polycystic ovary syndrome. *Nat Rev Dis Primers*, 2016; 2: 16057.
17. Barber TM, Franks S. The pathogenesis of polycystic ovary syndrome: the role of insulin resistance and hyperandrogenism. *Clin Endocrinol (Oxf)*, 2013; 78(2): 165-173.
18. Agnivesha, Charaka. Charaka Samhita with Ayurveda Dipika commentary by Chakrapanidatta. Varanasi: Chaukhambha Orientalia; 2014. *Chikitsa Sthana*, Yonivyapad Chikitsa Adhyaya, 30.
19. Sushruta. Sushruta Samhita with Nibandha Sangraha commentary by Dalhanacharya. Varanasi: Chaukhambha Orientalia, 2015; *Sharira Sthana* 2/3–6. (Artavavaha Strotas).
20. Vagbhata. Ashtanga Hridaya with Sarvangasundara commentary by Arunadatta and Ayurveda Rasayana commentary by Hemadri. Varanasi: Chaukhambha Surbharati Prakashan, 2016; *Sharira Sthana* 1/7–8.
21. Patel M, Shah P. Ayurvedic perspective of polycystic ovarian syndrome: a review. *Int J Res Ayurveda Pharm.*, 2013; 4(5): 729-732.
22. Bayan L, Koulivand PH, Gorji A. Garlic: a review of potential therapeutic effects. Avicenna J Phytomed, 2014; 4(1): 1-14.
23. Ried K, Fakler P. Potential of garlic (Allium sativum) in lowering blood glucose and improving insulin resistance. J Nutr., 2014; 144(3): 389-96.
24. Vriddha Jivaka. Kashyap samhita. Varanasi Chaukhambha Sanskrit Sansthan. 2004 Kalpa sthan. Revatikalpa, shlok No. 33. 192.
25. Dr. Anant Ram Sharma, Sushrut Sanhita. Varanasi. Chowkhamba Surbharti Prakashan: 2001. Sharir sthan 2. Shloka 23, 16.
26. Dr. Anant Ram Sharma, Sushrut Sanhita. Varanasi. Chowkhamba Surbharti Prakashan: 2001. Sutra sthana 15. Shloka 23, 77.
27. PT. Kasinatha Sastri. Charak sanhita of Agnivesa, Varanasi. Chaukhambha Sanskrit Sansthan. Sutra sthan 21. Shloka 5, 276.
28. PT. Kasinatha Sastri. Charak sanhita of Agnivesa, Varanasi. Chaukhambha Sanskrit Sansthan. Sutra sthana 23. Shloka 6, 296.
29. Lolimbaraj, Vaidya jeevanam, Chaukhambha Publication, Varanasi, Chapter no 4 kshayarogachikitsa, Visuchika upachar, shlok no 13.
30. Shree Bapalaal G. Vaidya. Nighantu Aadarsh. Varanasi. Chaukhambha Bharti Academy, 2: 618.
31. Shree Bapalaal G. Vaidya. Nighantu Aadarsh. Varanasi. Chaukhambha Bharti Academy, 1, 667.
32. PT. Kasinatha Sastri. Charak sanhita of Agnivesa, Varanasi. Chaukhambha Sanskrit Sansthan, Sutra sthan 27,
33. Pro. Sidhhanandan Mishra, Bhaishajyaratnavali, Varanasi, Chaukhambha surbharati prakashan. Shlok no 82, 40.
34. Shree Bapalaal G. Vaidya. Nighantu Aadarsh. Varanasi. Chaukhambha Bharti Academy, 2: 568.
35. Shree Bapalaal G. Vaidya. Nighantu Aadarsh. Varanasi. Chaukhambha Bharti Academy, 2: 345.
36. Shree Bapalaal G. Vaidya. Nighantu Aadarsh. Varanasi. Chaukhambha Bharti Academy, 2: 357.
37. Shree Bapalaal G. Vaidya. Nighantu Aadarsh. Varanasi. Chaukhambha Bharti Academy, 1: 694.
38. Shree Bapalaal G. Vaidya. Nighantu Aadarsh. Varanasi. Chaukhambha Bharti Academy, 1: 224.
39. Haque Dr. Md Habibul, Humtsoe Dr yanbeni. Evaluation of the efficacy of Lashunadi Vati in the management of Artav kshaya. Global Journal For Research Analysis. Print ISSN No. 2277-8160.