



Review Article

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A REVIEW ON KLAIBYA W.S.R TO ERECTILE DYSFUNCTION

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ABSTRACT:

Man is enthusiastically working upon the solutions for sexual problems since time immemorial. Erectile dysfunction “Can be a total inability to achieve erection, an inconsistent ability to do so, or a tendency to sustain only brief erections. The condition can be well matched with *Klaibya* in Ayurveda. The present paper includes theoretical aspects of *Klaibya* like definition, synonyms, and *Nidana panchakaas*, *lakshanaas*, *upadravaas*, *vyavachedaka nidanaas*, *saadya-Asaadyata* & line of treatment & discusses about understanding of *Klaibya* concept of Ayurveda in the light of Modern science.

Key Words: Dwajabhangha, Erectile dysfunction(ED), Klaibya, Shukra dosha,

INTRODUCTION:

People are always haunted by the versatility of the Sexuality. All the known civilizations and religions have tried to shell down the different dimensions of Sexuality, yet the driving force of sexuality is the known stranger. The male sexual dysfunction imbibes all sorts of disturbances of coital performance and sexual congress in male. Among the various phases of sexual response the most essential is the achieving of normal erection with sufficient rigidity for penetrative intercourse, the absence of which ends in to failure and dissatisfaction.

This condition has been elaborately described under *klaibya* in Ayurvedic classics and Erectile dysfunction in modern texts.

The *Klaibya* is *Shukrapradoshaja vikara* involving *bahu doshavastha* as a whole & *Shukra dushti* in specific, *manas* and *sukravaha sroto dusti*.¹ Both *shareerika* (Somatic) and *Manasika* (Psychological) *bhavas* play a major role in the manifestation of *klaibya*. All the classical texts explain about *Nidana*, *Samprapti*, *Lakshana* & treatment of *Klaibya*, but Acharya Sushruta emphasizes Role of *Manasika bhavas* in manifestation of *Klaibya*.

Aims & Objectives:

1. To review the literature on *Klaibya* and Erectile dysfunction.
2. To bring in Parlance with Erectile dysfunction in the modern and *Klaibya* in Ayurveda.

Klaibya nirukthi, Paryaya and Definitions

The technical term *Klaibya* is derived by adding the suffix “Ka” to the root “*Klibr Adyastre*”. *Adyastre* literally means Indiscipline, but in the present context “*Dyastre*” means offensive masculine nature, boldness or arrogance; suffix “A” is applied to mean the lack of masculine offensiveness or the lack of power or potency for Sexual act.

Klibate Klibru Adyastre means the lack of masculine offensiveness or the lack of power or potency. *Klibam Napumsake Shandhe Vaachya Lingam Avikrame* means *Klaibam* refers to lack of power.²

Klibam Balahine i.e. impotent and *Klaibyam* refers to *Purushakarahinatve*, i.e. absence of virility.³ *Klaibya* refers to impotence, unmanliness, timidity, *Varam Klaibya Pumsaam*

Na Cha Parakalatrabhigamanam i.e., cowardice.⁴*Klaibyam maa sma Gamaha Partha*⁵ i.e. uselessness, impotence or powerlessness.

Definition:

1. *Klaibyamiti Dhvajonucchraya*⁶, i.e. unable to get penile erection.
2. *Klaibyam Maithune Asaamarthya*⁷. I.e. inability to perform Sexual act.
3. *Klaibyam Maithune Apraharsah*⁸ i.e. loss of libido, lack of arousal or desire in sexual act.
4. *Apraharsah Anandaabhavah*⁹ i.e. Lack of or no sexual pleasure.
5. *Klaibyam Ratyanabhimukhata*¹⁰ i.e. aversion towards sexual congress or sexual acts.
6. *Klaibyam Strishu Anutsahah*¹¹ i.e. lack of sexual interest towards partner.
7. According to *Bhaishajyaratnavali*, in a person when froth during micturation is not found and stool sinks in water and who is unable to erect penis and does not possess *Shukra*, then he is said to be suffering from *Klaibya*.¹²
8. In general, *Klaibya* is defined as, a person's persistent inability to perform sexual act even with the beloved, willing and submissive partner, affecting the desire and capacity to perform sexual act due to difficulty in erection, non erection and or cessation of ejaculation is called *Klaibya*.¹³
9. From all the above meanings we can conclude that an incapability of a person in performing sexual act is *Kliba* and its form is *Klaibya*.¹⁴

Synonyms:

Klaibya, Napumsaka, Klibata, Shandata, Medhrasyastabdhata, Maithunaashakti, Anutsaha, Apraharshah, Dhvajonucchryah, Apumanpuman, Mritabhaja, Dhvajabhanga, Ajata Dhvajocchrayah, Vilambita Dhvajoccharyah.

Erectile dysfunction

Erectile dysfunction “Can be a total inability to achieve erection, an inconsistent ability to do so, or a tendency to sustain only brief erections

Classification of Klaibya

Various authors have presented classification for Klaibya. The central theme of sexual

Insufficiency and / or Procreational inability has, however, been unaltered.

A) Bhaishajya ratnavali, seven types of Klaibya has been explained

1. **Manasa klaibya:** is a condition resulting from enforced sexual encounters with a woman despised by one or who despises one.
2. **Pittaja klaibya:** Depletion of *Shukra* due to *Pitta kara ahara*
3. **Shukrakshayaja klaibya:** When depletion of *Shukra* owes to over indulgence in sex and disregard to aphrodisiacal measures.
4. **Medhrorogaja klaibya:** When functional impotence is courtesy afflictions of the sexual organ itself it is *Medhrorogaja klaibya*.
5. **Upaghataja klaibya:** When impotence is a result of resection of the *Viryavahi Sira* it is *Upaghataja klaibya*.
6. **Shukrastambhaja klaibya:** this is a condition of sexual dysfunction arising out of forced celibacy or forceful repression of one's sexual urges. In the *Yajjapurushiya chapter of Charaka Samhita*, repression is listed as a foremost reason in causing impotence.
7. **Sahaja klaibya:** Congenital sexual dysfunctions fall under this group.¹⁵

B) Sushruta speaks of six basic types of Klaibya

1. *Manasa*.
2. *Aharajanya*,
3. *Shukrakshayaja*,
4. *Marmacchedaja*,
5. *Sahaja* and
6. *Brahmacharyaja*.¹⁶

Most of these terms are self explanatory and equivalent to what has been described in *Bhaishajyaratnavali*.

In *Sushruta Sharirasthana*, *Sushruta* speaks of some types of *Shandas* or *Napumsakas* viz. *Asekya*, *Saugandhika*, *Kumbhika*, *Irshyaka*, and *Shandaka*. These are highly suggestive of impotents that are given to deviant sexual Behavior or sexual perversions. Since these people are capable of arousal under the various perversions of their choice and are not functions under normal conditions of sexual encounters, their condition can be termed as fetishism.

C) Charaka explained four types of *Klaibya*;

1. *Bijopaghataja Klaibya*,
2. *Dhvajabhanga Klaibya*, j
3. *Arasambhavaja Klaibya* and
4. *Shukrakshayaja klaibya*.¹⁷

TABLE NO 1: Classification of Klaibya according to different authors.

Charaka	Sushrutha	Bhavaprakasha	Bhaishjya Ratnavali.
1. <i>Bijopaghataja</i> .	1. <i>Manasa</i> .	1. <i>Manasa</i> .	1. <i>Manasa</i> .
2. <i>Dhvajabhanga</i> .	2. <i>Saumyadhatu kshyaja</i>	2. <i>Pittaja</i>	2. <i>.Pittaja</i>
3. <i>Shukrakshayaja</i> .	3. <i>Shukrakshayaja</i> .	3. <i>Shukrakshayaja</i> .	3. <i>Shukrakshayaja</i> .
4. <i>Jarasambhavaja</i> .	4. <i>Pumsatva Upaghataja</i> .	4. <i>Medra rogaja</i> .	4. <i>Medra rogaja</i> .
	5. <i>Sahaja</i> .	5. <i>Virya vahini sira chedia</i> .	5. <i>Upaghataja</i> .
	6. <i>Sthira sukranimittaja</i> .	6. <i>Sukrastambha nimittaja</i> .	6. <i>Sukrastambha nimittaja</i> .

		7. Sahaja.	7. Sahaja.
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Klaibya nidana: (Etiology)

An overall view of Ayurvedic classical texts especially *Brhat trayi* texts, reveal an interesting note that there are many food items as well as behavioral aspects which are mentioned to be leading to impotency.

1. *Ksara* is considered as the causative factor for impotency. It is also *sukraghna* and *avrushya*; its long term use may lead to *pumstvopaghataka* and *shandatva*.
2. Each *rasa* will exhibit different effects on the sexual function. viz *lavana*, *katu* & *kasaya* *rasa* causes *pumstvaupahanana*. *Tiktha* *rasa* causes *sosana* of *sukra*.
3. Charaka considers *Amla* & *katu* *vipaka* as *sukrahara* and *sukranashaka* respectively.
4. *Viruddha ahara sevana* will lead to *sandata*.

Lakshana (symptomatology)

The symptoms of *Klaibya* can be classified into two types¹⁸.

A. *Samanya Lakshana* (Common symptoms of all *Klaibya*)

B. *Vishesa Lakshana* (Specific Symptoms of each type of *Klaibya*)

The *Samanya Lakshana of Klaibya* which are found in all type of *Klaibya* is as follows based on the definition given by Charaka and others as mentioned earlier:

1. *Linga Saithilya*: Flaccidity of the penis even after psychic or physical Stimulation
2. *Mlana Sisnata*: Lack of Rigidity
3. *Nirbija*: Absence of sperms or Lack of ejaculation
4. *Mogha Sankalpa Cesta*: Futile sexual activity

5. *Dhvajoanucchraya*: Lack of erection
6. *Suratasaktata*: - Incapability to perform sexual act.

The *Vishesa Lakshanas* are described according to the individual type of *Klaibya*. They are as follows. These symptoms are classified into four categories Viz. *Vataprakopajanya*, *Sukraksayajanya*, *Dhatuksayajanya*.

TABLE 2: Specific symptoms of different types of *Klaibya*

<i>Klaibya</i>	<i>Vataprakopa Janya</i>	<i>Sukrakshaya Janya</i>	<i>Dhatu kshaya janya</i>
<i>Bijopaghataja</i>	<i>Alpa prana hridaya shoola</i>	<i>Daurbalya. Apraharsha. Srama.</i>	<i>Panduta. Panduroga.</i>
<i>Shukrakshaya</i>	<i>Ghoravyadhi Vrsana vedana. Medra vedana. Dhumayana.</i>	<i>Daurbalya. Mukha sosa. Panduta. Sadana. Srama. Sukravisarga. Sukrasonita.</i>	
<i>Jaraja Klaibya.</i>	<i>Indriya kshaya. Vivarana. Deena. Ksira vyadhi.</i>	<i>Virya kshaya. Srama.</i>	<i>Bala kshaya. Kshina dhatu. Durbala.</i>

In this type of *Klaibya* the symptoms are mentioned on the basis of dominance of *Dosa* and *Rakta*. Both *Cakrapani* and *Gangadhara* are of the opinion that these symptoms are similar to that of five types of *Upadamsa* mentioned in *Sushruta*¹⁹.

(a) Vataja Dhvajabhanga :-

<i>Medhra Vedana</i>	(pain in the penis)
<i>Svayathu</i>	(Swelling of the penis)
<i>Raga</i>	(Redness of the penis)

(b) Pittaja Dhvajabhanga :-

<i>Tivra sphota</i>	(rashes on penis)
<i>Linga paka</i>	(Acute inflammation)

(c) Kaphaja Dhvajabhanga :-

<i>Mamsa Vrddhi</i>	(Abnormal growth)
<i>Vrana</i>	(Ulcer formation)
<i>Pulakodaka</i>	(Rice water like discharge)
<i>Syavarunasrava</i>	(Blackish and reddish colored discharge)
<i>Kathina valaya</i>	(circular hard constriction formed just above the glans Penis)

d) Raktaja Dhvajabhanga :-

<i>Jvara</i>	(fever)
<i>Trsna</i>	(thirst)
<i>Bhrama</i>	(giddiness)
<i>Chardi</i>	(Vomiting)
<i>Raktakrsnasrava</i>	(Reddish - blackish discharge)
<i>Nilavilalohitam</i>	(Blue, turbid or sanguineous discharge)

e) Sannipataja Dhvajabhanga :-

- *Agnidagdha Tivra Daha:* (intensive burning sensation like burns)
- *Picchila Pandu Srava* (slim - pale discharge)
- *Manda Svayathu* (delayed mild swelling)
- *Stimita - Alpasrava* (Feeling of wetness with scanty discharge)
- *Cirata Paka* (delayed suppuration)
- *Sighra Pramucyate* (quick recovery)
- *Krimi* (appearance of maggots)
- *Kleda Putigandha* (Moist, foul smell)
- *Mani - Muska*
- *Medhra – Visirna* (Necrosis of Glans penis, testicles and scrotum and Penis)²⁰.

The specific symptoms of *Sahaja*, *Pittaja* and *Manasa* type of *Klaibya* are not mentioned, they may be diagnosed on the basis of history of etiological factors.

Samprapthi: (Pathogenesis)

(A) Hereditary and congenital:²¹

Affliction of *Sukravaha Sira* during intrauterine life causing their atrophy ultimately leading to *Sukranasa* and is called as “*Apuman Pumana*”. The Hereditary and Congenital type of *Klaibya* are produced either due to the abnormalities in the sperm and ovum or due to the affliction of genital and reproductive organs during intrauterine life or due to the abnormal posture of the parents while doing sexual intercourse which vitiate the *Vata dosha* resulting into abnormal union of *Sukra* & *Sonita* causing congenital defects.

B) Acquired:

Manasa:

When mind is afflicted with the grief, fear, anger etc, and when the partner is not affectionate there will be lack of erection. The psychogenic ED may be included under this category²².

Psychogenic ED:-

Two possible mechanisms have been proposed to explain the inhibition of erection in psychogenic dysfunction. I.e. direct inhibition of spinal erection

centre by the brain as an exaggeration of the normal suprasacral inhibition (Steer 1990), and excessive sympathetic outflow or elevated Peripheral Catecholamine levels, which may increase smooth muscle tone and thus prevents the relaxation necessary for erection. A sub classification of psychogenic ED has been proposed recently (Lue 1994 a)

Type 1- Anxiety, fear of failure (widower's syndrome, sexual phobia, performance anxiety and so on)

Type 2- Depression (including drug - or disease induced depression).

Type 3- Marital conflict, strained relationship.

Type 4- Ignorance and misinformation about normal anatomy of sexual organs, sexual function or aging and religious scruples.

Type 5- Obsessive - compulsive personality (Anhedonia Sexual deviation, psychotic disorders).

Sariraja Klaibya:

It is classified into *Nija*, *Nija-Agantuja* and *Agantuja* on the basis of etiological factors.

1. The *Nija* type includes *Bijopaghataja*, *Shukrakshayaja*, *Pittaja*, *Jaraja*, *Sthirasukraja Klaibya*.
2. *Nija-Agantuja* type includes *Medhra rogaja (Dhvjabhangaja) Klaibya*.
3. The *Agantuja* type includes *Marma Chedaja* like *Sukravahanadi cheda*, *Sephacheda*, *Vrsanotpatana* and *Vitapa Marmabhighata*.

The Neurogenic, Endocrinogenic, vascular, sinusoidal ED and ED associated with aging, systemic and metabolic diseases may be included under *Nija* type of *Klaibya*.

B) Nija -agantuja Klaibya:

The ED associated with local mechanical causes may be included here. The local mechanical causes of ED are as follows:

1. Peyronie's disease
2. Phimosis.
3. Tethered frenulum.

4. Carcinoma of penis.

In *Dhvajabhanga Klaibya* the various etiological factors mentioned initially produces inflammation and ulcer in the genital organs associated with pain in turn affects the sexual intercourse. In due course of the time when the ulcer penetrates into deeper and deeper tissues destructing the musculature vessels and nerves leading to permanent erectile dysfunction.

C) Agantuja Klaibya:

The *Nidana* for *Agantuja Klaibya* are as follows:

Sastra, Ksara, Agni, Ksata, Abhighata

Several surgical causes are mentioned for ED which mainly causes Neurogenic or Vascular ED. The causes are as follows:

- Cystectomy
- Urethrectomy
- Radical Prostatectomy
- Abdomino perineal resection of rectum
 - Low-anterior resection of rectum
 - Rectal pull through procedures
 - Transurethral resection of Prostate
 - External Spincterectomy
 - Transplant surgery
 - Vascular surgery
 - Radical Pelvic surgery
 - Surgery for priapism
 - Pelvic irradiation
 - Pelvic fracture

The *Marma cheda* (*Sepha Chedana and Vrsanotpatana*) indicates direct injury to the blood vessels and nerves supplying to the penis which are responsible for erection and

destruction of the testis (Scrotum) results into lack of production of male sex hormones like Testosterone etc in turn results into ED.

Certain general medical conditions where *Klaibya* is mentioned as a symptom are as follows:

- *Atisthula- Krcchra Vyavayata*²³
- *Slesmaja Arsa – Klaibya*²⁴
- *Prameha - Muska Avadarnam*²⁵
- *Medoroga - ALPA Maithuna*²⁶
- *Bahu Dosa – Klaibya*²⁷
- *Rasapradosaja Vikara – Klaibya*²⁸

Various metabolic and systemic diseases causing ED may be included under this category. The diseases are as follows:

- Diabetes Mellitus
- Haemochromatosis
- Morbid Obesity
- Alcoholism
- Sickle cell disease
- Scleroderma
- Chronic debilitation and cachexia
- Hepatic / Renal / Cardiac / Respiratory failure

From the foregoing descriptions in nutshell, it can be said that in the pathogenesis of *Klaibya Bijadosa*, *Garbhasta Vikruti*, *Mano Dosa*, the *Dhatuksaya* in general and *Sukra kshaya* in particular, aggravation of *Vata* particularly *Vyana* and *Apana* and *Sukravaha Srotodusti* are having pivotal role. In *Dhvajabhanga* and *Agantuja* type of *Klaibya*, the destruction of the genital organs is the main cause for ED.

Upadrava (Complications)

The ailment which is associated with a disease and is manifested after the manifestation of the main disease is called as upadrava.

Upadras of Klaibya are not explained directly in Samhitas or any classical texts. But, after explaining 8 types of shukra dusti, Sushruta explained that “*Prajothpdanena Asamartha*”. It means the person cannot procure a *Praja* i.e. unable to have a child. So this can be considered as upadrava of Klaibya. Also this explanation is common for all *shukra dushtis*.

Charaka explains that the person who is having *Shukravaha sroto dusti* will be having *Klaibya*, *alpayu* (short life span), *Virupata* (disfiguration), and either no conception or there will be *Garbha Srava* (abortion). Thus the person afflicted with Klaibya will be having “*Apatyam*” (infertility), and it will be *Daruna* (misery) to his life, so all these symptoms are to be considered as the upadras of Klaibya.

According to sushruta explanation it will cause *chirat praseka* (delayed ejaculation of shukra), or *shukra* may come out with *Rakta*. These upadras seems to be quiet similar to *lakshanas of Klaibya*. So it may be due to the difference in severity level of Klaibya as per different Acharyas.

Sadhyasadyatva (Prognosis)

It depends upon the causative factors. If Klaibya has occurred due to general gravis cause (*Dhatu kshyaja*) or congenital (*Sahaja*) *Bijadosaja*, *Matr Pitr Dosaja* and local *Dhvajabhangaja*, *Sannipataja*, *Marma Chedaja* *Sukadosaja* i.e. *Mamsarabuda* *Mamsa paka*. *Vidradhi*, *Tila kalaka* etc. are not curable and remaining others can be managed⁷⁶. *Klaibya* of short duration is curable and long are *asadhya* or *yapya*.²⁹

Chikitsa: (Management)

The Ayurvedic approach is intended to bring back the patient to his normal constitution along with relief from disease. The treatment consists of medicines, diet; daily routine and mental health and covers a vast field. The Ayurvedic therapy can be broadly divided into two types- *Brimhana* and *Langhana*. Of them *Brimhana* finds a fair application in *Klaibya*.

The system focuses on cause rather than symptoms. In case of *Klaibya* also the treatment of choice is *Hetuvipareeta*. Sushruta says- *Sadhyanamitaresham Tu Karyo Hetuviparyaya*. The treatments are person specific rather than disorder specific. Thus, the appropriate choice of therapy should be selected considering the causative factors and after a thorough evaluation of the patient. It seems, a positive therapeutic approach should include;

1. *Dravya Chikitsa* (drug therapy),
2. *Adravya-Manasika Chikitsa* (included in psychotherapy); and
3. *Pathyacharana* (diet and regimen).

Charaka has suitably combined these three in formulating a general line of treatment for *Klaibya* as shown below:

A. Purification therapy: I. *Snehayukta Virechana* preceded by *Purvakarmas* and

II. *Basti (Asthapana and Anuvasana)*

B. *Vrishya yogas*: I. *Vrishya Dravyas* and

ii. *Adravya Vrishyas* (psychotherapy)

C. *Pathyahara*- Therapeutic diet.

DISCUSSION:

Almost all major treatises have defined *Klaibya* lakshana but the one given in Bhaishajya Ratnavali is succinct, short and therefore sweet. It defines it simply as the condition of inability of conjugal union. It includes incapacity or arousal as well as insufficiency of semen as *Klaibya*. Charaka is also in total agreement with this definition. He attributes the condition of Flaccidity of the penis (*Mlana Shishnata*) and absence of sperm (*nirbeeja*) to *Klaibya*. The state of both incomplete as well as total absence of arousal on stimulation in the presence of a well endowed, appealing and co-operating woman characterized by panting, sweating, failure of intention and actions etc are included under the heading of *Klaibya*.

Shukra is a paternal derivative³⁰ in the process of sex determination in the fetus. The functions of the *Shukra* are said to be *Dhairya* (sexual potency), *Chyavanam* (ejaculation at proper time), *Preeti* (love towards partner), *Dehabalam* (physical strength), *Harshana* (sexual desire) and *Beejaratha* (to serve the function of beeja i.e. procreation)³¹. All these function indicates Shukra as androgen especially testosterone Further it is said that, *Shukra* pervades in the entire body which also supports *Shukra* as circulatory androgen, while describing ejaculation of *Shukra*, it is mentioned that, *Shukra* which is present in entire body gets activated due to *Harsha*, *Darshana*, *Smarana*, hearing the voice, *Sparsana* or having sexual acts, comes to testis and ejaculate it. This can be explained as action of testosterone and male sexual glands during ejaculation.

A critical analysis of the textual references reveals that our Acharyas have dealt with *Klaibya* from three angles they are

- I) From the angle of the man where due to reasons like *Jara*, *marmaccheda medorogas*, *sukrakshaya* etc.
- II) From the angle of women who due to *artavadusti*, *garbhasayadusti* causes *bijopaghata*, *vrshnanasa* etc.
1. From the angle of impotent offspring so rendered due to *Bijadosha* of parents.

CONCLUSION:

The description of *Klaibya* is found in *Brihatrayees* of Ayurveda, but scattered information regarding the disease is seen in later treatises. *Vata and Pitta Doshas* are the main predisposing factors in the causation of the disease *Klaibya*, its mode of presentation clinically dominated with the respective *Dosha Lakshanas*.

In this study an attempt has been made to review the Ayurvedic concept of *Klaibya* with that of Erectile dysfunction and its few types of modern science. The correlation is done by comparing different signs and symptoms explained in the modern text and comparing the classical lakshanas told in our classics.

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