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A CRITICAL REVIEW OF KHALITYA AND PALITYA IN BRHATTRAYI: CLASSICAL CONCEPTS AND CONTEMPORARY PERSPECTIVES

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ABSTRACT

Hair disorders such as Khalitya (hair loss) and Palitya (premature greying of hair) have been described extensively in the classical Ayurvedic literature and continue to pose significant cosmetic and psychosocial concerns in contemporary society. The Brhatrayi, comprising Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, presents comprehensive descriptions of their etiology, pathogenesis, clinical manifestations, and management based on the fundamental principles of Dosha, Dhatu, and Srotas. Although these conditions are frequently discussed in modern dermatology, the classical Ayurvedic concepts remain scattered across different chapters, making an integrated understanding challenging. The present review critically examines the descriptions of Khalitya and Palitya in the Brhatrayi and systematically compares the viewpoints of the three major treatises. Particular emphasis is placed on the classical concepts of Nidana, Samprapti, Lakshana, Cikitsa Siddhanta, and preventive measures while highlighting the unique contributions of each text. Contemporary scientific evidence related to hair biology, androgenetic alopecia, and premature hair greying is briefly reviewed to explore their conceptual relevance with Ayurvedic principles without compromising the original textual interpretations. This review aims to provide a concise yet comprehensive synthesis of classical knowledge, facilitate better understanding among Ayurvedic scholars and clinicians, and identify potential areas for future interdisciplinary research. The article also emphasizes the continuing significance of the Brhatrayi in guiding evidence-informed Ayurvedic approaches for maintaining healthy hair and managing disorders affecting hair growth and pigmentation.

Keywords: Khalitya; Palitya; Brhatrayi; Kesha; Ayurveda; Hair Disorders

INTRODUCTION

Hair is an important anatomical structure that contributes not only to physical appearance but also serves as an indicator of health and physiological well-being. In Ayurveda, Kesha is regarded as an integral component of the body whose condition reflects the status of tissue nourishment and internal homeostasis. Classical Ayurvedic literature explains that Kesha and Loma are the Mala of Asthi Dhatu, emphasizing the close relationship between healthy hair and proper Dhatu metabolism. This concept highlights that alterations in hair growth, texture, or pigmentation are often manifestations of underlying systemic disturbances rather than isolated cosmetic concerns. [1]

Among the disorders affecting hair, Khalitya (hair loss) and Palitya (premature greying of hair) occupy a significant place in the Brhatrayi, comprising Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya. These classical treatises describe the etiological factors, pathogenesis, clinical manifestations, and therapeutic principles of both disorders based on the fundamental concepts of Dosha, Dhatu, and Srotas. The comprehensive descriptions provided in these texts demonstrate the profound understanding of hair physiology and pathology in Ayurveda and underscore the importance of maintaining systemic equilibrium for preserving healthy hair. [2]

In recent decades, the prevalence of hair disorders has increased considerably owing to changing dietary habits, psychological stress, environmental pollution, endocrine disturbances, nutritional deficiencies, and population ageing. Hair loss and premature greying have become common clinical concerns that adversely affect self-esteem and quality of life. Contemporary dermatology recognizes these disorders as multifactorial conditions involving genetic, hormonal, oxidative, immunological, and environmental influences. Nevertheless, effective long-term management remains challenging because available therapeutic options often provide variable outcomes and do not adequately address the underlying systemic factors. [3]

Ayurveda adopts a holistic approach toward Khalitya and Palitya by emphasizing the identification of causative factors, maintenance of physiological balance, and implementation of preventive as well as therapeutic interventions. Although several review articles have discussed these conditions, most focus on isolated references from individual texts without critically comparing the concepts described in the Brhatrayi. Consequently, the unique contributions of Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya remain insufficiently explored from a comparative perspective. [4]

The present review therefore aims to critically analyse the classical concepts of Khalitya and Palitya described in the Brhatrayi, with special emphasis on their etiological factors, pathogenesis, clinical features, therapeutic principles, and comparative interpretations. Furthermore, contemporary scientific perspectives are briefly incorporated to highlight the continuing relevance of these classical Ayurvedic concepts in understanding and managing hair disorders while preserving the authenticity of the original textual descriptions.

2. CONCEPT OF KESHA IN AYURVEDA

Kesha (hair) is regarded as an important anatomical structure in Ayurveda, contributing not only to physical appearance but also reflecting the physiological status of the body. Although the Brhatrayi does not provide an independent definition of Kesha, its origin, nourishment, and

pathological alterations are explained through the fundamental principles of Dosha, Dhātu, Agni, and Srotas. The classical texts emphasize that healthy hair is a manifestation of proper tissue nourishment and balanced metabolism, whereas abnormalities in hair growth, texture, colour, and density indicate disturbances in the internal physiological milieu. Therefore, Kesha is considered an important clinical indicator of an individual's overall health and tissue integrity. [5]

Among the seven Dhatus, Asthi Dhātu shares a unique relationship with Kesha. Charaka Samhita describes Kesha and Loma as the Mala (metabolic by-products) of Asthi Dhātu, formed during the physiological process of Dhātu Paka. This concept signifies that the quality and health of hair are directly influenced by the proper formation and nourishment of Asthi Dhātu. Consequently, impairment in Asthi Dhātu metabolism or disturbance in Dhātvaagni may adversely affect hair growth, strength, and pigmentation. [6]

The Ayurvedic principle of Dhātu Poshana further explains the maintenance of Kesha. During the sequential transformation of tissues, each Dhātu produces two fractions: the Prasada Bhaga, which nourishes the succeeding Dhātu, and the Kitta Bhaga, which gives rise to structures such as Kesha and Loma. This physiological concept establishes that proper functioning of Jatharagni and Dhātvaagni is essential for maintaining healthy hair. Any impairment in digestion, tissue metabolism, or nutritional transport may eventually manifest as hair loss, premature greying, or other disorders affecting the hair. [7]

Although Sushruta Samhita does not discuss the physiology of Kesha separately, it recognizes hair as an important body structure and provides detailed descriptions of diseases affecting hair, including Khalitya and Palitya. Similarly, Ashtanga Hridaya explains these disorders based on Dosha predominance and highlights the importance of maintaining physiological equilibrium for preserving healthy hair. Collectively, the Brhatrayi presents a comprehensive understanding of Kesha, integrating its physiological origin, pathological changes, and therapeutic significance within the broader framework of Ayurvedic principles. [8]

Modern biomedical science recognizes that hair growth and pigmentation are influenced by genetic factors, hormonal regulation, nutritional status, ageing, oxidative stress, and systemic health. Although the conceptual framework differs from that of Ayurveda, both systems acknowledge that healthy hair is closely associated with the normal functioning of the body. The Ayurvedic concept of Kesha as a reflection of internal tissue metabolism therefore remains relevant in understanding the pathogenesis and management of Khalitya and Palitya in contemporary clinical practice. [9]

Table 1: Classical Perspectives on Kesha in the Brhatrayi

Classical Text	Concept of Kesha	Clinical Significance
<i>Charaka Samhita</i>	<i>Kesha and Loma are described as the Mala of Asthi Dhātu formed during Dhātu Paka.</i>	Explains the physiological relationship between <i>Asthi Dhātu</i> metabolism and hair health.
<i>Sushruta Samhita</i>	Discusses pathological conditions affecting hair, including <i>Khalitya</i> and <i>Palitya</i> , with emphasis on their etiopathogenesis and management.	Highlights the clinical significance of hair disorders and their systemic basis.

Classical Text	Concept of Kesha	Clinical Significance
<i>Ashtanga Hrdaya</i>	Explains <i>Khalitya</i> and <i>Palitya</i> based on <i>Dosha</i> predominance and describes their therapeutic principles.	Emphasizes the role of <i>Dosha</i> balance in maintaining healthy hair and preventing hair disorders.

3. KHALITYA IN BRHATTRAYI

3.1 Classical Concept of Khalitya

Khalitya is one of the most frequently described disorders of Kesha in Ayurvedic literature and is characterized by the progressive loss of scalp hair resulting from derangement of Dosha and impaired nourishment of the hair roots. Although the Brhatrayi does not define Khalitya in a single concise statement, the disease is described through its etiopathogenesis, clinical manifestations, and therapeutic principles. The classical texts consistently indicate that Khalitya is not merely a localized disorder of the scalp but the outcome of systemic disturbances involving Dosha, Dhātu, and Srotas. This holistic interpretation distinguishes the Ayurvedic concept of Khalitya from the contemporary biomedical understanding of alopecia, which primarily focuses on follicular pathology. [10]

Among the three principal Ayurvedic treatises, Charaka Samhita explains Khalitya through the involvement of aggravated Pitta Dosha, which, in association with Vata Dosha, reaches the Romakupa (hair follicles) and causes the progressive falling of hair. Subsequently, the aggravated Kapha along with Rakta obstructs the hair follicles, thereby preventing the regeneration of new hair. This sequential pathogenesis illustrates that Khalitya is a disorder involving both degeneration and obstruction, reflecting the complex interaction of multiple Doshas. [11]

Sushruta Samhita also describes Khalitya as a disease of the scalp caused by the vitiation of Doshas, with particular emphasis on the pathological involvement of Pitta. The text further correlates the disease with disturbances affecting the hair roots and highlights the importance of Rakta in the disease process. In comparison with Charaka Samhita, Sushruta Samhita provides greater clinical orientation by emphasizing disease manifestation and therapeutic interventions. [12]

Ashtanga Hrdaya presents a concise yet comprehensive description of Khalitya, largely following the concepts described by the earlier classical texts. It explains that aggravated Pitta, associated with Vata, reaches the hair follicles, resulting in hair fall, while the subsequent obstruction caused by Kapha hinders further hair growth. Vagbhata's presentation is more systematic and clinically oriented, making it easier to understand the sequential development of the disease and its therapeutic implications. [13]

A comparative evaluation of the Brhatrayi demonstrates remarkable consistency regarding the basic pathophysiology of Khalitya. All three treatises identify Pitta as the principal pathogenic factor, whereas Vata facilitates disease progression and Kapha contributes to follicular obstruction. However, each text emphasizes different aspects of the disease. Charaka Samhita primarily focuses on the underlying pathogenesis, Sushruta Samhita elaborates the clinical perspective, and Ashtanga Hrdaya presents a concise synthesis of both viewpoints. This

complementary approach provides a comprehensive understanding of Khalitya and forms the basis for its Ayurvedic management. [14]

Table 2: Comparative Concept of Khalitya in the Brhatrayi

Classical Text	Description of Khalitya	Distinct Contribution
<i>Charaka Samhita</i>	Explains <i>Khalitya</i> through the sequential involvement of <i>Pitta</i> , <i>Vata</i> , <i>Kapha</i> , and <i>Rakta</i> . [11]	Provides the most detailed explanation of <i>Samprapti</i> .
<i>Sushruta Samhita</i>	Describes <i>Khalitya</i> with emphasis on disease manifestation and therapeutic management. [12]	Offers a clinically oriented perspective.
<i>Ashtanga Hridaya</i>	Summarizes the pathogenesis and management in a concise and systematic manner. [13]	Integrates the concepts of <i>Charaka</i> and <i>Sushruta</i> into a practical clinical framework.

3.2 Etiopathogenesis of Khalitya

The etiopathogenesis of Khalitya described in the Brhatrayi is primarily based on the vitiation of Pitta Dosha associated with Vata Dosha. Excessive consumption of Amla, Lavana, Katu, Ushna foods, irregular dietary habits, psychological stress, suppression of natural urges, and exposure to environmental factors aggravate Pitta. The aggravated Pitta, accompanied by Vata, localizes in the Romakupa (hair follicles), leading to weakening of the hair roots and progressive hair fall. Subsequently, Kapha along with Rakta obstructs the hair follicles, preventing the regeneration of new hair and resulting in Khalitya. This sequential pathological process demonstrates the combined involvement of Pitta, Vata, Kapha, and Rakta in the development of the disease. [15]

Charaka Samhita provides the most detailed explanation of the Samprapti of Khalitya, emphasizing the sequential role of Pitta, Vata, and Kapha. Sushruta Samhita also attributes the disease to Dosha vitiation but gives greater emphasis to the clinical manifestation and therapeutic management. Ashtanga Hridaya presents a concise description, largely following the concepts of Charaka while simplifying the sequence of pathological events. Despite minor differences in presentation, all three classical texts agree that disturbance of Dosha equilibrium and impairment of nourishment at the level of the hair follicles constitute the fundamental mechanism underlying Khalitya. [16]

Table 2: Comparative Etiopathogenesis of Khalitya in the Brhatrayi

Parameter	Charaka Samhita	Sushruta Samhita	Ashtanga Hridaya
Predominant Dosha	<i>Pitta</i> with <i>Vata</i>	<i>Pitta</i> predominance	<i>Pitta</i> with <i>Vata</i>
Site of pathology	<i>Romakupa</i>	Hair roots	<i>Romakupa</i>
Pathogenesis	<i>Pitta</i> causes hair fall; <i>Kapha</i> and <i>Rakta</i> obstruct hair regeneration	<i>Dosha</i> vitiation affecting hair roots	Similar to <i>Charaka Samhita</i>
Clinical emphasis	Detailed <i>Samprapti</i>	Disease manifestation and treatment	Concise description of pathogenesis

3.3 Clinical Features and Therapeutic Principles of Khalitya

The clinical manifestation of Khalitya is characterized by the gradual loss of scalp hair resulting from the vitiation of Dosha affecting the Romakupa. Progressive hair fall is considered the principal clinical feature, which may ultimately lead to partial or complete baldness if left untreated. Depending upon the predominance of Dosha, associated symptoms such as dryness, burning sensation, itching, excessive oiliness, or discoloration of the scalp may also be observed. The disease reflects impairment in tissue nourishment and disturbed Dhatu metabolism rather than merely a localized disorder of the scalp. [17]

Charaka Samhita explains that aggravated Pitta, associated with Vata, reaches the Romakupa and causes the falling of hair, while subsequent obstruction by Kapha and Rakta prevents the regeneration of new hair. This sequential pathological mechanism explains both the progression of hair loss and the failure of normal hair growth. [18]

The therapeutic approach described in the Brhatrayi is based on the principle of correcting the underlying Dosha imbalance through Nidana Parivarjana, followed by appropriate Shodhana and Shamana therapies. Classical texts recommend procedures such as Nasya, Raktamokshana, and the local application of medicated oils and herbal formulations to nourish the scalp and strengthen the hair follicles. Rasayana therapy is further advocated for improving tissue nourishment and promoting healthy hair growth. [19]

A comparative evaluation of the Brhatrayi reveals that Charaka Samhita emphasizes the pathophysiological basis of Khalitya, Sushruta Samhita provides greater importance to clinical and surgical interventions, whereas Ashtanga Hrdaya presents a concise synthesis of both approaches. Despite differences in presentation, all three classical treatises advocate holistic management aimed at restoring Dosha equilibrium and maintaining healthy hair. [20]

4. PALITYA IN BRHATRAYI

4.1 Definition and Classical Concept of Palitya

Palitya refers to the premature greying of hair resulting from the vitiation of Dosha, particularly Pitta. The Brhatrayi describes Palitya as a disorder in which the natural black colour of hair is gradually replaced by a whitish or grey appearance due to impaired nourishment and altered pigmentation of Keshha. Although physiological greying is considered a feature of ageing, premature greying is regarded as a pathological condition caused by dietary indiscretions, unhealthy lifestyle, psychological stress, and aggravated Pitta Dosha. [21]

Among the Brhatrayi, Charaka Samhita explains Palitya as a Pitta-predominant disorder, whereas Sushruta Samhita further classifies Palitya into different types based on the predominance of Dosha. Ashtanga Hrdaya presents a concise description and largely follows the concepts described by the earlier treatises. Despite differences in presentation, all three classical texts recognize Pitta as the principal pathogenic factor responsible for the loss of normal hair pigmentation. [22]

4.2 Etiopathogenesis and Therapeutic Principles of Palitya

The etiopathogenesis of Palitya involves aggravation of Pitta Dosha by excessive intake of Amla, Lavana, Katu, and Ushna substances, along with psychological factors such as Krodha, Shoka, and

Chinta. The aggravated Pitta affects the hair roots and interferes with the normal pigmentation of Keshha, leading to premature greying. Vata may accelerate the degenerative process, while Kapha influences the structural integrity of hair. [23]

The management of Palitya in the Brhatrayi is primarily directed towards Pitta Shamana, correction of the underlying etiological factors, and nourishment of the hair follicles. Therapeutic measures include Nidana Parivarjana, Shodhana, Nasya, Rasayana, and external application of medicated oils and herbal formulations. While Charaka Samhita emphasizes systemic correction through Rasayana and Pitta Shamana, Sushruta Samhita provides a more elaborate description of therapeutic procedures. Ashtanga Hrdaya integrates these principles into a concise and practical treatment approach. [24]

Table 3: Comparative Perspective of Palitya in the Brhatrayi

Parameter	Charaka Samhita	Sushruta Samhita	Ashtanga Hrdaya
Predominant Dosha	<i>Pitta</i>	<i>Pitta</i> (with classification based on <i>Dosha</i>)	<i>Pitta</i>
Main pathology	Loss of normal pigmentation	<i>Dosha</i> -based classification	Similar to <i>Charaka</i>
Therapeutic emphasis	<i>Pitta Shamana</i> and <i>Rasayana</i>	Local and systemic management	Integrated approach

5. COMPARATIVE ANALYSIS OF KHALITYA AND PALITYA

Khalitya and Palitya are the two principal disorders of Keshha described in the Brhatrayi. Although both diseases affect the hair, their pathogenesis, clinical presentation, and therapeutic priorities differ considerably. Khalitya is characterized by progressive hair loss primarily due to the vitiation of Pitta associated with Vata, followed by obstruction of the hair follicles by Kapha and Rakta. In contrast, Palitya mainly involves the loss of normal hair pigmentation caused predominantly by aggravated Pitta, resulting in premature greying of hair. [25]

A comparative review of the Brhatrayi indicates that Charaka Samhita provides a detailed explanation of the etiopathogenesis of both disorders, emphasizing the sequential involvement of Dosha and tissue metabolism. Sushruta Samhita contributes additional clinical insights, particularly regarding the classification and therapeutic procedures, whereas Ashtanga Hrdaya presents a concise and clinically applicable synthesis of the concepts described in the earlier treatises. Thus, the three classical texts complement each other rather than presenting contradictory views. [26]

From a contemporary perspective, Khalitya may be correlated with disorders characterized by excessive hair shedding, whereas Palitya resembles premature hair greying associated with ageing, oxidative stress, nutritional deficiencies, and genetic predisposition. However, unlike the modern biomedical approach, Ayurveda emphasizes correction of the underlying Dosha imbalance, tissue nourishment, and lifestyle modification as the cornerstone of management. This holistic approach highlights the continuing relevance of the classical concepts in understanding hair disorders. [27]

Table 4: Comparative Features of Khalitya and Palitya

Parameter	Khalitya	Palitya
Primary manifestation	Progressive hair loss	Premature greying of hair
Predominant Dosha	<i>Pitta with Vata</i>	<i>Pitta</i> predominance
Main pathology	Damage to hair follicles and impaired regeneration	Loss of normal hair pigmentation
Therapeutic principle	<i>Dosha Shamana, Rasayana, Nasya</i>	<i>Pitta Shamana, Rasayana, Nasya</i>
Contemporary relevance	Comparable to alopecia	Comparable to premature hair greying

6. CONCLUSION

Khalitya and Palitya are among the most comprehensively described disorders of Kesha in the Brhatrayi, reflecting the profound understanding of hair physiology and pathology in classical Ayurveda. The three principal treatises consistently emphasize the role of Dosha imbalance, particularly Pitta, along with disturbances in Dhatu metabolism, as the fundamental basis for the development of these disorders. While Charaka Samhita provides a detailed account of the etiopathogenesis, Sushruta Samhita contributes valuable clinical and therapeutic insights, and Ashtanga Hridaya presents a concise synthesis of these concepts. Together, they offer a comprehensive and complementary understanding of hair disorders.

Although modern medicine has significantly advanced the understanding of hair biology, the holistic principles described in Ayurveda remain clinically relevant. The emphasis on Nidana Parivarjana, restoration of Dosha equilibrium, Rasayana therapy, and healthy lifestyle practices highlights the preventive and therapeutic potential of Ayurvedic management. A critical appraisal of the Brhatrayi demonstrates that these classical concepts continue to provide a valuable foundation for future integrative research and evidence-based management of Khalitya and Palitya.

REFERENCES

- Godbole D, Cb S, J G. An Insightful Analysis of Trichological Principles in Ayurveda: A Systematic Review. *Journal of Ayurveda and Integrated Medical Sciences*. 2025;9(10):127–132. <https://doi.org/10.21760/jaims.9.10.21>
- Temani R, Singh C, Kumar S. An Ayurvedic Approach to Palitya (Premature Greying of Hair). *AYUSHDHARA*. 2023:1–5. <https://doi.org/10.47070/ayushdhara.v10isuppl2.1153>
- Bolognia JL, Schaffer JV, Cerroni L. *Dermatology*. 4th ed. Elsevier; 2018.
- Acharya YT, editor. *Sushruta Samhita of Sushruta with Nibandha Sangraha Commentary of Dalhanacharya*. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
- Agnivesha. *Charaka Samhita*. In: Sharma PV, editor and translator. *Charaka Samhita*. Vol. II. Varanasi: Chaukhambha Orientalia; 2014.
- Viroja A, Patel DV. Concept of Hair and Its Care in Ayurveda. *Journal of Biological & Scientific Opinion*. 2016;3(6):293–295. <https://doi.org/10.7897/2321-6328.03663>

7. Kour DM. Ayurvedic Concept of Hair and Its Management. *International Research Journal of Ayurveda & Yoga*. 2020;03(10):212–217. <https://doi.org/10.47223/irjay.2020.31026>
8. Vagbhata. *Ashtanga Hridaya*. In: Paradkar HSS, editor. *Ashtanga Hridaya with Sarvangasundara and Ayurveda Rasayana Commentaries*. Varanasi: Chaukhambha Surbharati Prakashan; 2018.
9. Bologna JL, Schaffer JV, Cerroni L. *Dermatology*. 4th ed. Philadelphia: Elsevier; 2018.
10. Kaushik K, Arya H, Aggarwal RR. A Review of Sushruta Samhita Nidana Sthana. *International Journal of Research in Ayurveda and Pharmacy*. 2021;12(4):132–136. <https://doi.org/10.7897/2277-4343.1204121>
11. Agnivesha. *Charaka Samhita. Cikitsa Sthana*, Chapter 26. In: Acharya YT, editor. *Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary of Chakrapanidatta*. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
12. Agrawalla A, Mohanta S, Sahu M. A comprehensive review on the Samprapti and management of Khalitya w.s.r. to Alopecia. *Journal of Ayurveda and Integrated Medical Sciences*. 2025;10(8):85–91. <https://doi.org/10.21760/jaims.10.8.16>
13. Paradkar HSS, editor. *Ashtanga Hridaya of Vagbhata with Sarvangasundara Commentary of Arunadatta and Ayurveda Rasayana Commentary of Hemadri*. Varanasi: Chaukhambha Surbharati Prakashan; 2018.
14. Comparative interpretation based on the descriptions in *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*.
15. Agnivesha. *Charaka Samhita. Cikitsa Sthana*, Chapter 26. In: Acharya YT, editor. *Charaka Samhita with Ayurveda Dipika Commentary of Chakrapanidatta*. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
16. Vagbhata. *Ashtanga Hridaya. Uttara Sthana* (section on *Khalitya*); Sushruta. *Sushruta Samhita*. (Relevant chapter on *Khalitya*). In: Paradkar HSS, editor. *Ashtanga Hridaya*. Varanasi: Chaukhambha Surbharati Prakashan; 2018; Acharya YT, editor. *Sushruta Samhita*. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
17. Agnivesha. *Charaka Samhita. Cikitsa Sthana* 26/262. In: Acharya YT, editor. *Charaka Samhita with Ayurveda Dipika Commentary of Chakrapanidatta*. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
18. Agnivesha. *Charaka Samhita. Cikitsa Sthana* 26/263. In: Acharya YT, editor. *Charaka Samhita with Ayurveda Dipika Commentary of Chakrapanidatta*. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
19. Sushruta. *Sushruta Samhita. Uttara Tantra* 24/37–38. In: Acharya YT, editor. *Sushruta Samhita with Nibandha Sangraha Commentary of Dalhanacharya*. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
20. Vagbhata. *Ashtanga Hridaya. Uttara Sthana* 23/25–26. In: Paradkar HSS, editor. *Ashtanga Hridaya with Sarvangasundara Commentary of Arunadatta and Ayurveda Rasayana Commentary of Hemadri*. Varanasi: Chaukhambha Surbharati Prakashan; 2018.

21. Vagbhata. *Ashtanga Hrdaya. Uttara Sthana*. In: Paradkar HSS, editor. *Ashtanga Hrdaya with Sarvangasundara Commentary of Arunadatta and Ayurveda Rasayana Commentary of Hemadri*. Varanasi: Chaukhambha Surbharati Prakashan; 2018.
22. Sushruta. *Sushruta Samhita. Uttara Tantra* (Chapter 24). In: Acharya YT, editor. *Sushruta Samhita with Nibandha Sangraha Commentary of Dalhanacharya*. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
23. Agnivesha. *Charaka Samhita. Cikitsa Sthana* (Chapter 26). In: Acharya YT, editor. *Charaka Samhita with Ayurveda Dipika Commentary of Chakrapanidatta*. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
24. Rani S, Sharma U, Singh SK, Sharma KC. A Review on Palitya and Dhatryadi Rasayana. *International Journal of Research in Ayurveda and Pharmacy*. 2023;95–99. <https://doi.org/10.7897/2277-4343.140390>
25. Agnivesha. *Charaka Samhita. Cikitsa Sthana*, Chapter 26. In: Acharya YT, editor. *Charaka Samhita with Ayurveda Dipika Commentary of Chakrapanidatta*. Varanasi: Chaukhambha Surbharati Prakashan; 2019.
26. Acharya YT, editor. *Sushruta Samhita with Nibandha Sangraha Commentary of Dalhanacharya*. Varanasi: Chaukhambha Surbharati Prakashan; 2019; Paradkar HSS, editor. *Ashtanga Hrdaya with Sarvangasundara Commentary*. Varanasi: Chaukhambha Surbharati Prakashan; 2018.
27. Bologna JL, Schaffer JV, Cerroni L. *Dermatology*. 4th ed. Philadelphia: Elsevier; 2018.