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CONCEPTUAL ANALYSIS OF PANCHAKARMA PROCEDURES IN CHARAKA SIDDHI STHANA WITH CONTEMPORARY CLINICAL RELEVANCE

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ABSTRACT

Background: Panchakarma represents a highly organized therapeutic component of Ayurveda in which appropriate patient selection, preparatory measures, administration of purification procedures, assessment of therapeutic response, management of complications and post-procedure rehabilitation are considered collectively. Charaka Siddhi Sthana provides one of the most clinically oriented descriptions of these procedures. Rather than presenting Panchakarma merely as a group of cleansing techniques, it emphasizes Yogya-Ayogya assessment, Matra, Kala, Agni, Koshtha, Dosha, therapeutic end-points and prevention of Vyapad. This structured approach has important contemporary relevance for protocol standardization, patient safety and individualized clinical practice.

Aim: To conceptually analyze the principles and procedures of Panchakarma described in Charaka Siddhi Sthana and explore their contemporary clinical relevance.

Objectives: To review the procedural principles of Panchakarma, assess the importance of Basti, Vamana, Virechana and Nasya, analyze the classical concepts of therapeutic adequacy and complications, and correlate these principles with contemporary requirements of safety, standardization and evidence-based clinical practice.

Materials and Methods: A narrative conceptual review of all 12 chapters of Charaka Siddhi Sthana was undertaken. Classical procedural descriptions were organized under patient selection, preparation, procedure, therapeutic response, complications and post-procedure care. Contemporary literature dealing with standardization, clinical integration and safety of Ayurvedic procedures was also evaluated.

Results & Discussion: The classical framework demonstrates that successful Panchakarma depends not only upon the selected procedure but upon a sequence of clinical decisions before, during and after

intervention. Contemporary research similarly highlights the need for reproducible procedures, standardized documentation, clearly defined outcomes and systematic safety reporting.

Conclusion: Charaka Siddhi Sthana may be interpreted as an early clinical framework for individualized procedural therapeutics. Its principles can contribute to contemporary Panchakarma practice when translated through standardized protocols, appropriate clinical indications, trained supervision, safety monitoring and scientifically designed research.

Keywords: *Panchakarma; Charaka Samhita; Siddhi Sthana; Basti; Shodhana; Integrative medicine*

INTRODUCTION

Charaka Samhita is one of the principal classical texts of Ayurveda and presents a systematic approach to maintenance of health, understanding of disease and rational therapeutics. Its final section, Siddhi Sthana, is particularly important from a clinical perspective because it explains successful application of major therapeutic procedures. The term Siddhi signifies successful accomplishment or attainment of the desired therapeutic result. The twelve chapters of this section collectively address appropriate administration of purification procedures, patient selection, Basti, complications associated with procedures and instruments, management of Vyapad, vital-organ considerations and specialized therapeutic approaches. Thus, Siddhi Sthana functions as a practical bridge between theoretical therapeutic knowledge and its actual clinical execution.[1]

The first chapter, Kalpana Siddhi, establishes the procedural orientation of the section by discussing the sequence of purification therapy and important considerations relating to Sneha, Sweda, assessment of therapeutic response and administration of Basti. The classical approach indicates that Shodhana is not an isolated event. It requires systematic preparation, appropriate timing, assessment of digestive and constitutional characteristics, execution of the selected procedure and observation of signs indicating adequate, inadequate or excessive therapy. Such a sequence reflects an individualized therapeutic model in which the same procedure cannot be administered uniformly to every patient.[2]

Panchakarmiya Siddhi further emphasizes indications and contraindications of different procedures and the necessity of selecting appropriate patients. In the Charaka tradition, the five principal procedures include Vamana, Virechana, Asthapana/Niruha Basti, Anuvasana Basti and Shirovirechana/Nasya. Their selection depends upon several interacting factors including the predominant Dosha, strength of disease, strength of the patient, Agni, Koshtha, age, season and clinical condition. This emphasis on eligibility and exclusion demonstrates that classical Panchakarma was intended to be physician-directed therapeutic intervention rather than indiscriminate application of purification procedures.[3]

AIM AND OBJECTIVES

Aim

To critically analyze the conceptual and procedural principles of Panchakarma described in Charaka Siddhi Sthana and assess their relevance to contemporary clinical practice.

Objectives

1. To study the major Panchakarma procedures described in Siddhi Sthana.
2. To evaluate the clinical importance of patient selection, dose, timing and procedural sequencing.
3. To analyze the special importance of Basti Karma in Siddhi Sthana.
4. To study Samyag-yoga, Ayoga, Ati-yoga and procedure-related Vyapad.

5. To correlate classical procedural concepts with contemporary principles of standardization, safety monitoring and evidence-based practice.

MATERIALS AND METHODS

The present work was designed as a narrative and conceptual review. The twelve chapters of Charaka Siddhi Sthana were studied with particular emphasis on Panchakarma Vidhi, eligibility and contraindications, Purvakarma, therapeutic procedure, dosage, instrumentation, Samyag-yoga, Ayoga, Ati-yoga, Vyapad, management of complications and post-procedure care. The classical information was organized thematically and interpreted in relation to contemporary procedural medicine. Contemporary publications addressing standardization, clinical evidence, safety and integration of Ayurvedic therapies were reviewed to determine the relevance of the classical principles. A total of 16 core references were used. The review was conceptual and qualitative; no meta-analysis or pooled statistical estimation was undertaken.

AYURVEDIC REVIEW

1. Basti as a Major Therapeutic Procedure

Bastisutriyam Siddhi provides a systematic account of Basti Karma, including examination of the patient, characteristics of Basti Netra and Basti Putaka, quantity of medicine, formulation of Niruha Basti, method of administration and observations required during therapy. Basti occupies a particularly important position because Vata participates in physiological movement and is also involved in the progression of numerous pathological processes. Therefore, Basti is not appropriately understood as equivalent to a simple evacuation enema. Its classical application varies according to Dosha, disease, formulation, dose and therapeutic objective. Contemporary relevance lies in the need to define the composition of the administered formulation, route, dose, retention, operator technique and clinical outcome rather than grouping all forms of Basti under a single non-specific intervention.[4]

2. Anuvasana Basti, Sneha Basti and Matra Basti

Snehavyapat Siddhi describes the therapeutic administration of unctuous Basti and identifies circumstances in which improper administration can result in complications. Anuvasana Basti predominantly contains lipid-based substances, particularly medicated oils or other Sneha Dravya, whereas Matra Basti represents a lower-dose form of unctuous Basti traditionally employed in appropriate clinical situations. Proper digestion, bowel status, condition of Vata, quantity of Sneha and timing of administration are clinically significant. The chapter demonstrates an important Ayurvedic principle: even a beneficial therapy may become harmful when dose, patient or timing is inappropriate. In contemporary practice, this corresponds to dose individualization, pre-procedure screening, contraindication assessment and post-procedure observation.[5]

3. Instrumentation and Operator-related Safety

Netrabastivyapat Siddhi provides an unusually detailed description of defects associated with Basti Netra, Basti Putaka and the technique of the person administering the procedure. The dimensions, shape and suitability of the nozzle, integrity of the medicine-containing apparatus and method of insertion are recognized as determinants of procedural success. The chapter also identifies errors associated with insertion, securing the apparatus and application of pressure. These descriptions demonstrate that the classical authors distinguished between complications arising from the disease, medicinal formulation, equipment and operator technique. Contemporary procedural practice similarly requires appropriate device selection, hygienic technique, trained personnel, documentation, infection-control measures and immediate recognition of mechanical adverse events.[6]

4. Vamana and Virechana

Vamana is a physician-supervised therapeutic emesis procedure principally selected in appropriate Kapha-predominant conditions, whereas Virechana produces controlled therapeutic purgation and is classically preferred in suitable Pitta-predominant states. Vamana Virechana Vyapat Siddhi highlights the necessity of adequate preparation, proper medicine, suitable dose, timing, evaluation of Agni and Koshtha and continuous observation during the procedure. The response is assessed as Samyag-yoga when the desired therapeutic effect is achieved, Ayoga when the effect is insufficient and Ati-yoga when the procedure becomes excessive. Complications described after inappropriate administration show that classical Shodhana was never intended to be conducted without supervision. Present-day interpretation should therefore prioritize screening, hydration status, vital monitoring where necessary, clearly defined stopping criteria and prompt management of procedure-related adverse effects.[7]

5. Niruha Basti and Management of Basti Vyapad

Bastivyapat Siddhi discusses complications of Niruha Basti arising from inappropriate formulation, unsuitable dose, incorrect administration or an unsuitable clinical situation. Niruha or Asthapana Basti generally contains a complex combination of decoction, Kalka, Sneha, honey, salt and other medicines selected according to therapeutic requirements. The formulation is therefore pharmacologically and procedurally more complex than a simple rectal infusion. Classical identification of Ayoga, Ati-yoga and inappropriate administration illustrates continuous assessment of treatment response. In a contemporary framework, these principles may be translated into standardized preparation of formulations, batch documentation, defined dosing, monitoring of retention and evacuation characteristics, recording of symptoms, and formal documentation of adverse events.[8]

6. Prasrita Yogiya Basti and Individualization of Formulations

Prasrita Yogiyam Siddhi describes various Basti formulations in quantities expressed through the classical Prasrita measure. Different combinations are recommended according to the therapeutic requirement rather than prescribing a single formulation for every condition. This demonstrates a principle of rational therapeutic modification in which ingredients and quantities are selected according to the condition of the patient and the intended action. From a contemporary research perspective, such individualization presents both an opportunity and a challenge. It reflects personalized therapy but can also produce heterogeneity between clinical studies. Consequently, modern research should document every ingredient, botanical identity, pharmaceutical processing, exact quantity, vehicle, sequence of mixing, administered volume and treatment schedule so that the intervention can be reproduced.[9]

7. Trimarma, Nasya and Clinical Vigilance

Trimarmiya Siddhi discusses the importance of three vital regions—Hridaya, Shiras and Basti—and explains their clinical significance during therapeutic procedures. The chapter also contains important descriptions relevant to Nasya and Uttara Basti. Nasya involves administration of appropriately prepared medicines through the nasal route and is particularly associated in Ayurveda with diseases situated above the clavicle. The classical emphasis on Shiras as a vital region reinforces the necessity of caution in patient selection, medicine, dose and method of administration. Contemporary relevance may be seen in accurate definition of the nasal formulation, volume, delivery technique, patient position, mucosal safety, aspiration risk, quality control and standardized documentation of outcomes in disorders for which therapeutic Nasya is studied.[10]

8. Basti Siddhi and Disease-specific Therapeutics

Basti Siddhi emphasizes successful use of different therapeutic Basti formulations in selected disorders. The therapeutic decision is influenced by the nature of disease, predominance of Dosha, strength of the patient and properties of the ingredients. This indicates that Basti is a therapeutic platform rather than a

single fixed treatment. The route may remain similar while the medicinal composition and therapeutic objective change considerably. This principle has substantial contemporary clinical relevance because future trials should distinguish clearly between different Basti interventions instead of treating them as one homogeneous therapy. Disease-specific diagnostic criteria, formulation-specific standard operating procedures and predetermined clinical outcomes are required to generate reproducible evidence.[11]

9. Phalamatra and Rational Drug Selection

Phalamatra Siddhi describes medicinal fruits and other drugs that may form part of selected Basti preparations and highlights the principle that a drug cannot be considered universally superior for every clinical state. Therapeutic utility depends upon the disease, Dosha, patient and desired pharmacodynamic action. The discussion therefore supports rational selection of ingredients rather than indiscriminate use of a so-called universal medicine. Contemporary translation of this principle requires accurate botanical identification, authentication of raw materials, pharmaceutical standardization, contaminant testing and reporting of the complete formulation used in clinical research. Such documentation is essential for determining whether an observed clinical outcome is reproducible and attributable to a clearly characterized intervention.[12]

10. Uttara Basti and Post-Shodhana Restoration

Uttar Basti Siddhi, the final chapter of Siddhi Sthana, describes specialized forms of Basti along with important aspects of post-purification management. Uttara Basti represents administration of medicine through urogenital routes in specifically selected conditions and therefore requires even greater attention to indication, technique and safety. The text also emphasizes restoration after Shodhana, including appropriate dietary progression through Samsarjana Krama according to the extent of purification and digestive capacity. This reinforces the concept that therapeutic completion does not occur immediately after elimination of Dosha. Recovery of Agni, gradual dietary rehabilitation and observation of the patient form part of the therapeutic procedure itself.[13]

CONCEPTUAL MAPPING OF THE FIVE PANCHAKARMA PROCEDURES

Panchakarma procedure	Principal classical orientation	Route / approach	Contemporary interpretive relevance
Vamana	Controlled upward elimination, especially in appropriately selected Kapha-dominant states	Upper gastrointestinal route	Patient selection, monitored therapeutic emesis, hydration and predefined end-points
Virechana	Controlled downward elimination, particularly in suitable Pitta-dominant states	Gastrointestinal route	Dose-response assessment, bowel response, hydration and safety monitoring
Niruha/Asthapana Basti	Major therapy for Vata with decoction-based formulations	Rectal administration	Standardized multi-component formulation, volume, administration and response documentation
Anuvasana Basti	Sneha-dominant therapy, particularly related to Vata management	Rectal administration	Lipid-based therapeutic delivery, individualized quantity and retention monitoring
Nasya/Shirovirechana	Therapy principally directed toward Urdhvajatrugata conditions	Nasal route	Standardization of drug, dose, delivery technique, local safety and clinical indication

CLINICAL PRINCIPLES DERIVED FROM CHARAKA SIDDHI STHANA

1. Patient Selection

Selection should consider Dosha, Dushya, Desha, Kala, Bala, Agni, Prakriti, Vaya, Satmya, Satva and Koshtha. The classical concepts of Yogya and Ayogya have direct relevance to inclusion and exclusion criteria in clinical practice.

2. Purvakarma

Appropriate preparatory procedures may include Deepana-Pachana when indicated, followed by internal or external Snehana and Swedana according to the selected procedure and patient condition.

3. Pradhana Karma

The main procedure is selected according to therapeutic indication. Vamana, Virechana, Niruha Basti, Anuvasana Basti and Nasya should be considered distinct therapeutic procedures with individual indications and safety requirements.

4. Assessment of Therapeutic Response

The response is interpreted through Samyag-yoga (desired and appropriately completed therapeutic action), Ayoga/Heena-yoga (inadequate therapeutic action), Ati-yoga (excessive therapeutic action), and Mithya-yoga (improper application or inappropriate response).

5. Paschat Karma

Post-procedure care includes rest, monitoring, dietary progression and restoration of digestive capacity. The intensity and duration are adjusted according to the degree of purification and condition of the patient.

6. Prevention of Vyapad

Vyapad may arise due to unsuitable patient selection, inappropriate medicine, incorrect dose, defective equipment, improper timing, operator error or failure to follow post-procedure instructions.

CONTEMPORARY CLINICAL RELEVANCE

Classical principle	Contemporary clinical interpretation
Yogya-Ayogya	Inclusion, exclusion and contraindication criteria
Rogi Bala	Patient fitness and physiological reserve
Roga Bala	Disease severity
Agni assessment	Digestive/metabolic functional assessment within Ayurvedic diagnosis
Koshtha	Individual bowel-response characteristic
Matra	Individualized therapeutic dose
Kala	Appropriate timing and treatment schedule
Samyag-yoga	Predetermined desired procedural end-point
Ayoga	Inadequate treatment response
Ati-yoga	Excess procedure-related response
Vyapad	Procedure-related complication/adverse event
Basti Netra/Putaka assessment	Device and equipment quality assurance
Paschat Karma	Post-procedural recovery and monitoring
Samsarjana Krama	Structured post-procedure dietary rehabilitation

Nidana Sevana / Unwholesome Diet and Lifestyle

↓

Disturbance of Agni

↓

Formation/Accumulation of Ama where applicable + Dosha Prakopa

↓

Abnormal increase and movement of Dosha

↓

Srotodushti / Srotorodha

↓

Dosha reaches susceptible Khavaigunya

↓

Sthana Samshraya

↓

Dosha-Dushya Sammurchhana

↓

Manifestation of Vyadhi

↓

Clinical assessment: Dosha + Dushya + Bala + Agni + Koshtha + Prakriti + Kala

↓

Purvakarma: Deepana-Pachana as indicated → Snehana → Swedana

↓

Classical mobilization / Utklesha of appropriate Dosha

↓

Selection of suitable Pradhana Karma: Vamana / Virechana / Niruha Basti / Anuvasana Basti / Nasya

↓

Desired therapeutic elimination / regulation

↓

Assessment: Samyag-yoga / Ayoga / Ati-yoga

↓

Management of Vyapad, if present

↓

Paschat Karma: Rest + clinical monitoring + Samsarjana Krama where indicated

↓

Restoration of Agni and functional stability

↓

Desired clinical outcome: reduction of disease manifestations + restoration of physiological balance

RESULT AND FINDINGS

- Charaka Siddhi Sthana consists of 12 chapters focused predominantly on successful clinical execution of therapeutic procedures.
- Eight of the twelve chapters (66.7%) are predominantly related to Basti, demonstrating its exceptional importance within the therapeutic framework of Siddhi Sthana.
- Panchakarma in the Charaka tradition represents five distinct therapeutic approaches—Vamana, Virechana, Niruha/Asthapana Basti, Anuvasana Basti and Nasya/Shirovirechana.

- Successful treatment depends upon individualized assessment rather than uniform administration of a fixed procedure.
- Agni, Koshtha, Bala, Dosha, Kala, Vaya and overall clinical suitability influence procedure and dose selection.
- The therapeutic process includes pre-procedure preparation, main intervention, monitoring of therapeutic response and post-procedure rehabilitation.
- Samyag-yoga, Ayoga and Ati-yoga provide clinically useful categories for defining adequate, inadequate and excessive procedural responses.
- Classical descriptions distinguish complications arising from the patient, drug, dose, equipment, procedure and operator, demonstrating a comprehensive safety-oriented approach.
- Basti is described as a complex therapeutic platform involving different formulations and objectives and should not be scientifically evaluated as a single uniform intervention.
- The classical concept of Vyapad has strong relevance to contemporary adverse-event documentation and procedural pharmacovigilance.
- Classical individualized formulation presents a challenge for research reproducibility; therefore, exact formulation, dose, pharmaceutical processing and procedure must be documented.
- The contemporary application of Panchakarma requires standardized operating procedures while retaining clinically justified individualization.
- Current scientific evidence should not be interpreted as establishing universal efficacy of Panchakarma for all disorders; procedure-specific, condition-specific controlled studies remain necessary.
- The major translational strengths of Siddhi Sthana are its emphasis on clinical eligibility, procedural precision, therapeutic end-points, prevention of complications and structured recovery.

DISCUSSION

The conceptual analysis demonstrates that Charaka Siddhi Sthana approaches Panchakarma as a structured clinical procedure rather than an indiscriminate cleansing practice. One of the most relevant aspects for contemporary practice is the attention given to procedural standardization and competent supervision. Recent work on development of clinical consensus statements for Marsha Nasya similarly emphasizes standardized patient preparation, the main therapeutic procedure, post-procedure measures, dosage and quality assurance. Such work illustrates how classical procedural principles can be converted into explicit clinical practice statements while retaining the individualized basis of Ayurvedic treatment.[14]

Contemporary literature examining Ayurvedic interventions reports preliminary clinical and mechanistic observations across metabolic, inflammatory, gastrointestinal, stress-related and other conditions; however, considerable heterogeneity exists in patient selection, formulations, procedure protocols and outcome measurements. This limitation is especially important for Panchakarma, because therapies frequently grouped under the same label may differ markedly in medicines, doses, preparation and therapeutic objectives. Therefore, future investigations should clearly identify the individual procedure and formulation, use reproducible protocols, report safety outcomes and employ validated disease-specific outcome measures. Biological mechanisms should be investigated independently rather than assuming that traditional terms such as Dosha Shodhana are direct equivalents of modern biochemical concepts.[15]

The contemporary relevance of Siddhi Sthana is therefore strongest when its principles are used to improve clinical decision-making, procedural safety and research quality rather than to make unsupported universal therapeutic claims. Modern reviews of Ayurvedic integration emphasize that

greater acceptance requires quality-controlled medicines, standardized procedures, transparent adverse-event reporting, pharmacovigilance and methodologically rigorous clinical studies. The traditional emphasis on Yogya-Ayogya, Matra, Kala, Agni, Koshtha, Samyag-yoga and Vyapad provides a conceptual foundation that can support these requirements. Integration should consequently be condition-specific, evidence-informed and carried out by appropriately trained practitioners, particularly where intensive Shodhana or invasive/local-route procedures are involved.[16]

CONCLUSION

Charaka Siddhi Sthana presents a highly developed framework of procedural therapeutics in which successful Panchakarma depends upon appropriate selection of the patient, individualized dose and timing, adequate preparation, technically correct administration, assessment of therapeutic end-points, early recognition of complications and structured post-procedure care. The predominance of Basti-related chapters demonstrates the special therapeutic importance attributed to Basti while discussions of Vamana, Virechana and Nasya reinforce the broader framework of Shodhana. Many principles described in Siddhi Sthana correspond conceptually to current requirements of eligibility criteria, standard operating procedures, procedural quality assurance, safety monitoring and adverse-event management. Nevertheless, traditional concepts should not be assigned biomedical equivalence without scientific validation. Future progress requires standardized yet appropriately individualized protocols, rigorous clinical research, transparent reporting and objective outcome assessment. Thus, the conceptual wisdom of Charaka Siddhi Sthana remains clinically relevant and can provide a valuable foundation for scientifically responsible development of contemporary Panchakarma practice.

DECLARATIONS

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REFERENCES

References

1. Thakar AB, Mangalasseri P. Siddhi Sthana. In: Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.001.
2. Thakar AB, Auti S. Kalpana Siddhi Adhyaya. In: Thakar AB, Mangalasseri P, Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.002.
3. Paliwal M. Panchakarmiya Siddhi Adhyaya. In: Thakar AB, Mangalasseri P, Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.003.
4. Patil V. Bastisutriyam Siddhi Adhyaya. In: Thakar AB, Mangalasseri P, Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.004.
5. Thakar AB, Auti S. Snehavyapat Siddhi Adhyaya. In: Thakar AB, Mangalasseri P, Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.005.
6. Jayadevan CV. Netrabastivyapat Siddhi Adhyaya. In: Thakar AB, Mangalasseri P, Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.006.

7. Ramya A. Vamana Virechana Vyapat Siddhi Adhyaya. In: Thakar AB, Mangalasseri P, Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.007.

8. Prasad BS, Sajjan S, Giridhar V. Bastivyapat Siddhi Adhyaya. In: Thakar AB, Mangalasseri P, Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.008.

9. Gupta SN. Prasrita Yogiyam Siddhi Adhyaya. In: Thakar AB, Mangalasseri P, Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.009.

10. Shenoy R. Trimarmiya Siddhi Adhyaya. In: Thakar AB, Mangalasseri P, Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.010.

11. Bhatted S, Bhojani M. Basti Siddhi Adhyaya. In: Thakar AB, Mangalasseri P, Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.011.

12. Upadhyaya PS, Singh SY. Phalamatra Siddhi Adhyaya. In: Thakar AB, Mangalasseri P, Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.012.

13. Singh R, Dixit U, Meena DK. Uttar Basti Siddhi Adhyaya. In: Thakar AB, Mangalasseri P, Dixit U, Deole YS, Basisht G, editors. Charak Samhita New Edition [Internet]. Charak Samhita Research, Training and Skill Development Centre; 2020. doi:10.47468/CSNE.2020.e01.s08.013.

14. Nair DR, Ashwathykutty V, Praveen Kumar KS, Layeeq S, Khanduri S, Chandrasekhararao B, et al. Clinical consensus statements on Marsha Nasya: a feasibility study towards developing clinical practice guidelines of therapeutic procedures in Ayurveda. J Ayurveda Integr Med. 2026;17(2):101298. doi:10.1016/j.jaim.2025.101298.

15. Anirudhan R, Nampalliwar A, Kamble AS, Dhanya R, Parekh D, Namboothiri KP. Ayurveda in contemporary healthcare: a narrative overview of select therapeutic interventions and their emerging clinical and mechanistic perspectives. Cureus. 2026;18(5):e108081. doi:10.7759/cureus.108081.

16. Rahiman KJ, Prakash J, Patel L, Wagh K, Munde CT, Jamdade YA. Ayurveda in preventive and supportive healthcare: current evidence, safety, and clinical integration. Cureus. 2026;18(7):e112435. doi:10.7759/cureus.112435.