

ROLE OF SHASHTI UPAKRAMA IN STANA VIDHRADHI (BREAST ABSCESS): A CASE STUDY**Dr. Yennawar Sandhya M.^{1*} Dr. Bawankar Rupali J.² and Dr. Lonikar S. R.³**¹Asso. Prof., Streerog & Prasutitantra Dept. C.S.M.S.S. Ayurved College, Aurangabad.²Asso. prof., Rasshastra Dept. C.S.M.S.S. Ayurved College, Aurangabad.³Prof. Shalyatantra Dept. C.S.M.S.S. Ayurved College, Aurangabad.Article Received on
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College, Aurangabad.**ABSTRACT**

The detail study of breast diseases has been found in Sushruta Samhita. The common breast complications in puerperium are breast engorgement, breast abscess, cracked & retracted nipple, mastitis, failing lactation. Breast engorgement is due to exaggerated normal venous & lymphatic engorgement of the breast which precedes lactation. Acute mastitis is inflammation of breast. When a pregnant lady or a lady in puerperium consumes of wholesome food or allows unwholesome regimen the vitiated dose reach the lactiferous ductules or through vessels reach the breast & form a hard vrana shotha. This type of inflammatory swelling can occur in both a lactating or non lactating breast. If above conditions are not diagnosed properly & not

adequately treated it leads to variable destruction of breast tissues with the formation of a breast abscess. Breast abscess it is a condition with a brawny oedema of the overlying skin marked tenderness with fluctuation, swinging temperature. According to Ayurved breast abscess is correlated with Stana Vidhradhi. Acharya Sushruta has described shashti Upakrama (60 measures) for Vranashopha, Vranavidhradhi & Vrana. Among these pachan, parishek, bhedan, pidan, shodhan & ropan treatment is used for Stana Vidhradhi.

We observed complete relief from signs & symptoms of Stana Vidhradhi within 1 & ½ month. By this case study we conclude that the holistic approach of ayurvedic shashti upakarmas plays an important role in the management of stana vidradhi (Breast abscess) & presented a case study.

KEYWORDS: Vrana, vranashopha, vranashodhan, vranaropan, shashtiupakrama, Breast

abscess and Mastitis.

INTRODUCTION

The common breast complications in puerperium are

- 1) Breast engorgement
- 2) Cracked & retracted nipples
- 3) Mastitis
- 4) Breast abscess 5)Failing lactation

Breast engorgement^[1]

It is due to exaggerated normal venous & lymphatic engorgement of the breast which precedes lactation. This in turn prevents escape of milk from the lacteal system. The primiparous patient & the patient with inelastic breasts are likely to be involved. It's onset after the milk secretion starts i.e. 3rd or 4th day of postpartum.

Acute mastitis^[2]

Inflammation of breasts.

There are two different types of mastitis depending upon the site of infection.

- 1) Infection from a cracked nipple.
- 2) From lactiferous duct.

Responsible organism is predominantly staphylococcus aureus, the nursing mother being the carriers or the infection may come from the nasopharynx of the baby. The onset is acute during 2nd or 3rd week of puerperium.

If above conditions are not diagnosed properly & not adequately treated it leads to variable destruction of breast tissues with the formation of a breast abscess.

Breast abscess^[3]

It is a condition with a brawnyoedema of the overlying skin marked tenderness with fluctuation, swinging temperature.

According to modern science the abscess is drained under local anesthesia by a deep radial incision extending from near the areolar margin to prevent injury of the lactiferous ducts.

After incision of the breast abscess finger exploration is done to break up the wall of the loculi. A corrugated rubber drainage is inserted through a separate incision on the dependent site.

The cavity is loosely packed with gauze which should be replaced after 24 hours by a smaller pack. The procedure is continued till it heals up.

According to Ayurveda breast abscess is correlated with stana vidradhi^[4]

When a pregnant lady or a lady in purperium consumes of wholesome food or allows unwholesome regimen the vitiated dose reach the lactiferous ductules or through vessels reach the breast & form a hard vrana shotha. This type of inflammatory swelling can occur in both a lactating or non lactating breast.

Vrana shotha indicates the inflammatory stage which leads to the causation of localised collection of pus called vidradhi or abscess which once suppured or improperly treated cause ulcer(vrana).

Thus vrana shophya (shotha)---vidradhi---vrana.

The cause may be either intrinsic (due to vitiated dosha) or extrinsic (agantuja) According to acharya Sushruta,

त्वङ् मांसांससरा स्नायुवास्सुस्थिकोष्ठी ममाण्णित्यष्टौ व्रण
वस्तून् अत्र सवा व्रण सस्थनवेशः । (सु.स. २२\३)^[5]

According to Sushruta, there are skin (twak), muscles (mamsa) vessels (sira), ligaments (snayu), bone (asthi), joints (sandhi), abdomen (koshta), & vital structures (marma) are the eight vranavastu (certain tissues or structures) needed to be vitiated for vranashoths to occur.

Out of these skin, muscles & ligaments are involved in breast abscess (stana vidhradhi). Patient with stana vidhradhi visited to our hospital on dated 24/9/2016.

Acharya sushruta has described shashti upakrama (60 measures)^[6] for vranashophya, vranavidhradhi, vrana. Among these pachan, parishek, bhedan, pidan, shodhan & ropan treatment is applied for stana vidhradhi.

By this case study we conclude that the holistic approach of ayurvedic shashti upakarmas plays an important role in the management of stana vidradhi (Breast abscess)& presented a case study.

Among the 60 upakarma, pachan,(suppuration),drainage(visaravna) pidan (squeezing), bhedan,shodhan & ropan of vrana are applied for the presented case study.

CASE STUDY

Her medical history reveals that she was 2nd para with 1 ¼ month sutika(PNC).She was delivered on 16/8/2016at our hospital Aurangabad, with episiotomy. Patient was on request discharge on 22/8/2016 without any complaints

Patient went her hometown. After three weeks of delivery patient was feeling lump in left breast with congestion & mastalgia, so pt. went in private hospital at her home town. At that time pt. was treated by antibiotic with anti- inflammatory drugs for 7 days. Patient complains exaggerated instead of relief in symptoms & advised for partial mastectomy.

Patient was visited on 24/9/2016with above complaints in our hospital. After local observation of left breast it was found that feeling the lump in left breast partial mobile & partial immobile, increased local temperature, congestion with formation of antibioma.

Patient was clinically diagnosed by an ayurvedic approach as a Apakava vranashotha. Asthavidha parikshan of the patient was done

Pt.name:---xxxxx

Age:-29 yrs./female/Hindu by religion. Address:--South city cidco N2 Aurangabad.

Occupation:--House wife

OPD NO.:--30351

Date:-24/9/2016

Chief complaints:---1 ¼ month sutika(PNC)

Feeling lump in breast

Lump was partially mobile & partially immobile. Mastalgia+++

Tenderness+++ Congestion +++ O/H:-- G2P2L2

L1—♂ child 5yrs (fnd)

L2----♂ child 1¼ months (ftnd)

Past History:--No h/o systemic HT, DM, Asthama or any major illness. No h/o any type of allergy. General Examination:- G. C. Good

Temp.—99c	Shabda—sakashta
Pulse—88/min/regular	Sparsha--Anaushna
R/R—20/min	Druk—Normal
B.P.—120/70mmofHg	Akruti—madhyam
Mala---samyak pravritti	Weight—52kg
Mutra---samyak pravritti	

Res. System

Lungs—NAD Heart--NAD

CVS---S1 S2 Normal

CNS---Conscious, well oriented Local examination:--

Darshan pariksha(inspection):---Left breast congestion at 11O' to 12O'clock position above the 2nd ry areola.

Sparshan (palpation):--↑local temperature Tenderness++

Feeling partially mobile & partially immobile lump Prashana (Question):--Pain, Burning sensation

Lab investigation:-CBC, BT, CT, ESR--- WNL (within normal limit) HIV I/II –negative

HbsAg - negative VDRL—Non reactive

R—WNL (within normal limit) MS—WNL (within normal limit)

According to accharya Sushruta she was diagnosed as apakva stana vidhradhi. Treatment:---

Patient was treated as follows

- 1) Avoid the breast feeding from left breast
- 2) Support the breast
- 3) Excretion of breast milk repeatedly with breast pump.
- 4) Local lepa of kanchanar guggulu.
- 5) Orally kanchanar guggulu.500mg×bd
- 6) Sukshama triphala 250mg ×bd

MATERIAL AND METHODS

- 1) Vranashopha lepa of kanchnara gugulu it help suppuration of apakva vranashopha.
- 2) Vranadhavan with triphala kwath.
- 3) Vranashodhana taila (vranavarti).
- 4) Vranaropan taila (vranavarti) Vranadhavan with Triphala.^[7]

Drug name	Latin name	Rasa	Guna	Virya	Vipaka	Karma
Haritaki	Terminalia chebula	Pancharasa kashayapradhan	Laghu,Ruksha	Ushna	Madhur	Tridoshaghana Rasayan
Bibhitaki	Terminalia bellerica	Pancharasa kashayapradhan	Laghu,Ruksha	Ushna	Madhur	Lekhan Shothaghana
Amalaki	Embelica officinalis	Pancharasa Amlapradhan	Laghu,Ruksha	Sheeta	Madhur	Antioxidant rasayan

Vranashodhan Tail Ingredients^[8]

Drug name	Latin name	Rasa	Guna	Virya	Vipaka	Karma
Arka	Calatropis gigantean	Katu Tikta	Laghu Ruksha Tikshana	Ushna	Katu	Shophaghana krumighana kandughna
Chameli	Jasminum grandiflorum	Tikta Kashaya	Laghu Snigdha Mrudu	Ushna	Katu	Tridoshahara vranashodhan vranaropan
Aragvadha	Cassia Linn	fistula	Madhur	Mrudu Guru Snigdha	Sheeta	Madhur Kaphapittahar
Langli	Gloriasa superba Linn	Katu Tikta	Laghu Tikshana	Ushna	Katu	Kaphapittahar shothahar
Chitrak	Plumbago zeylanica Linn	Katu	Laghu Ruksha Tikshana	Ushna	Katu	Deepan vatakaphahar Shoolaghana krumighana
Patha	Cissampelos Pariera Linn	Tikta	Laghu Tikshana	Ushna	Katu	Vatakaphahar grahi balya vishaghana
Vidang	Embelia ribes Burmf	Katu kashaya	Laghu Ruksha Tikshana	Ushna	Katu	Vishaghana krumighana
Trivrutta	Operculina lurpethum	Katu Madhur	Laghu Ruksha	Sheeta	Katu	Kashayavatahar deepan
Danti	Baliospermum montanum muell	Katu Tikta	Laghu Ruksha Tikshana	Ushna	Katu	Shophaghana krumighana kandughna
Karveer	Nerium indicum	Tikta Kashaya	Laghu Snigdha Mrudu	Ushna	Katu	Tridoshahara vranashodhan vranaropan

Snuhiksheer	Euphorbia nerifolia Linn	Madhur	Mrudu Guru Snigdha	Sheeta	Madhur	Kaphapittahar
Haridra	Curcuma longa Linn	Katu Tikta	Laghu Tikshana	Ushna	Katu	Kaphapittahar shothahar
Daruharidra	Berberis aristata	Katu	Laghu Ruksha Tikshana	Ushna	Katu	Deepan vatakaph ahar Shoolaghana krumighana
Nimba	Azidirachta indica	Tikta	Laghu Tikshana	Ushna	Katu	Vatakaphahar grahi balya vishaghana
Kutki	Pichrorhiza kurroa Royle	Katu kashaya	Laghu Ruksha Tikshana	Ushna	Katu	Vishaghana krumighana
Apamarg	Achyranthus aspera Linn	Katu Madhur	Laghu Ruksha	Sheeta	Katu	Kashayavatahar deepan
Vacha	Acorus calamus Linn	Katu Tikta	Laghu Tikshana	Ushna	Katu	Lekhaniya kaphahar jwaraghana
Patol	Tricosanthes dioka Roxb	Katu Tikta	Laghu Ruksha Tikshana	Ushna	Katu	Varnya dahaghana deepan pachan
Kantakari	Solanum surattense	Katu Tikta	Laghu Ushna Tikshana	Ushna	Katu	Kaphavathar Deepan pachan
Kasis	Ferrous sulphate	Amla Tikta kashay	Ushna	Ushna	Katu	Vatakaphahar vishaghana
Manshila	Arsenic disulphide	Katu Tikta	Lekhan Snighdha	Ushna Ushna	Katu	Lekhana shoshan Vishaghana
Hartal	Arsenic trisulphide	Katu Kashay	Guru Snighdha	Ushna	Katu	Deepan kaphashamak lekhan
Yavkshar		Katu kashay	Laghu Snighdha Tikshana	Ushna	Katu	Deepan pachan
Lavan	Sodium chloride	Lavan	Laghu Snighdha Tikshana	Ushna	Katu	Deepan anuloman

Vranaropan Tail Ingredients^[9]

Drug name	Latin name	Rasa	Guna	Virya	Vipaka	Karma
Udumbar	<i>Ficus racemosus</i>	kashay	Guru ruksha	sheet	katu	Kaphapittahar dahashamak varnay vranaropak vranashodhak
Nygrodh	<i>Ficus</i>	kashay	Ruksha	Sheet	katu	vranaropak vranashodhak Tridoshaghana
Ashavattha	<i>Ficus religiosa</i> Linn	Kashy madhur	Guru ruksha	sheeta	katu	Kaphapittahar varnay vranaropak vranashodhak
Shwetadurwa	<i>Cynodon dactylon</i>	Kashy madhur	Laghu sheeta	sheeta	madhur	Kaphapittahar varnay Raktapittahar prajastapak
Guduchi	<i>Tinospora cardifolia</i> wild	Tikta kashay	Guru snighdha	ushna	madhur	Tridoshaghana dahaprasham Medohar rasayan jwaraghana
Ashwagandha	<i>Withania somnifera</i>	Katu tikta kashay	Snighdha laghu	ushna	katu	Vatakaphahar rasayan shotahar balya
Lajjalu	<i>Mimosa pudica</i> Linn	Kashay tikta	Laghu ruksha	sheeta	katu	Sandhaniya jwaraghana kaphapittahar
Devdaru	<i>Cedrus dcodara</i>	Tikta katu kashaya	Laghu ruksha	ushna	katu	Shotaghana dushtavranaghana krumighana kaphavatahar
Chandan	<i>Santalum album</i>	Tikta madhur	Laghu ruksha	Sheeta	katu	Varnya dahaprashman kandughana kaphapittahar
Prushniparni	<i>Uraria picta</i>	Madhur tikta	Laghu snighdha	ushna	madhur	Tridoshaghana dahashaman grahee deepan
Kapikachu	<i>Mucuna prurita</i>	Madhur tikta	Guru snighdha	Ushna	madhur	Dushtavranaghna vatapittahar balya
Malti	<i>Jasminum grandiflorum</i> Linn	Tikta kashay	Laghu snighdha mrudu	Ushna	katu	vranaropak vranashodhak Tridoshaghana
Tagar	<i>Valeiana wallichill</i>	Tikta katu kashay	Laghu snighdha	ushna	katu	Vishaghana kaphavataghana
Priyangu	<i>Callicarpa macrophylla</i>	Tikta kashay madhur	Guru ruksha	sheeta	katu	Raktapittaghana Jwaraghana Dahaghana kaphapittahar

Dhava	Anogeissus latifolia	kashay	Laghu ruksha	sheet	katu	Kushtaghana kaphapittahar
Daruharidra	Berberis aristata	Tikta kashay	Laghu ruksha	Ushna	katu	Chedan varnay kaphapittahar
Ral	Shorea robusta gaertn	Kashay madhur	Ruksha ushna	sheet	katu	vranaropak Tridoshaghana Varnya krimighana
Kshirivruksha	----	Kashay	Ruksha	sheet	katu	vranaropak vranashodhak Tridoshaghana

OBSERVATION TABLE

Date	Observation	Treatment
24/9/2016 to 30/9/2016 (6 th to 10 th day)	Apakva vranashotha(vidradhi) Darshan –Congestion Sparshan—half mobile & half immobile lump Formation of antibioma	Cold shaking Avoid breast feeding(from left breast Support the breast. Excretion of milk. Tab.Kanchnar guggulu ^[10] 500 mg bd Tab.Sukshma triphala ^[11] 250 mg BD.
1/10/2016 to 5/10/2016 (6 th to 10 th day)	Pakva vranashotha(vidradhi) Darshan –Congestion Sparshan— Fluctuation +++ Feeling soft	As above
6/10/2016 (11 th day)	Burst naturally Slough with blood stain +++ Foul smelling Inflammation +++ Edges indurated Tenderness+++ Measurment:7cm in depth 5cm in breadth	Drainage of pus Tab.Clavam 625mg 1bd Tab.Zerodol-sp1bd Tab.Limcee 1od

OBSERVATION TABLE

Date	Observation	Treatment
24/9/2016 to 30/9/2016 (6 th to 10 th day)	Apakva vranashotha(vidradhi) Darshan –Congestion Sparshan—half mobile & half immobile lump Formation of antibioma	Cold shaking Avoid breast feeding(from left breast Support the breast. Excretion of milk. Tab. Kanchnar guggulu ^[10] 500 mg bd Tab.Sukshma triphala ^[11] 250 mg BD.
1/10/2016 to 5/10/2016 (6 th to 10 th day)	Pakva vranashotha(vidradhi) Darshan – Congestion Sparshan—Fluctuation +++ Feeling soft	As above

6/10/2016(11 th day)	Burst naturally Slough with blood stain +++ Foul smelling Inflammation +++ Edges indurated Tenderness+++ Measurment:7cm in depth 5cm in breadth	Drainage of pus Tab.Clavam 625mg 1bd Tab.Zerodol-sp1bd Tab.Limcee1od
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	Base: sloughy	
8/10/2016(13 th day)	Formation of dushta vrana Slough with blood stain +++ Foul smelling Inflammation +++ Edges indurated Tenderness+++	Vranadhanvan with triphala kwath Vranashodhan tail varti throughout depth Gandhaka rasayan ¹² 250mg1bd Sukshma triphala250mg1bd
13/10/2016(18 th day)	Slough ++ Inflammation + Edges indurated Tenderness+ Measurment:5cm in depth 3cm in breadth Base: sloughy	Vranadhanvan with triphala kwath Vranashodhan tail varti throughout depth Gandhaka rasayan 250mg1bd Sukshma triphala 250mg1bd
15/10/2016(21 st day)	Slough ↓(Shuddha vrana) Inflammation + Edges soft Tenderness+ Base:granulated	Vranashodhan with triphala kwath Vranaropan tail varti throughout depth Gandhaka rasayan 250mg1bd Sukshma triphala 250mg1bd
23/10/2016 (29 th day)	Slight slough ↓↓ Edges slopping Serous discharge+ Tenderness Microscopic examination of milk	Vranaropan tail varti Gandhaka rasayan250mg1bd Sukshma triphala250mg1bd
31/10/2016 (37 th day)	Slough absent No foul smelling Edges: soft Tenderness ↓↓ Base:Healthy granulated Measurment:2cm in depth 1cm in breadth	Vranaropan taila varti Gandhaka rasayan250mg1bd Sukshma triphala250mg1bd
5/11/2016 (42 th day)	Healthy granulation Wound healthy Measurment:1cm in depth 0.3cm in breadth	Vranaropan taila varti Gandhaka rasayan250mg1bd Sukshma triphala250mg1bd
10/11/2016 (47 th day)	Healthy wound healing	----

RESULT

Left breast abscess was cured & healed completely.

DISCUSSION

Vrana sotha (sopha) indicates the inflammatory stage which leads to the causation of a localized collection of pus (abscess/vidhradhi) which one suppurated or improperly treated causes ulcer (vrana) i.e. (vrana shotha – vidhradhi – vrana) causes may be either intrinsic (due to vitiated dosha) or extrinsic (agantuja).

There are 3 stages through which inflammation proceeds. Vranashotha—Amavastha (stage of minor tissue damage) Vranashotha—Pachyamanavastha (stage of acute inflammation) Vranashotha—Pakvavastha (stage of pus formation)

वातादत्ते नास्ति रुजा न पाकः पित्तादत्ते नास्ति कफाच्च पः ।

तस्मात् समस्तान् परपाककाले पच्यते शोफान् तत्र एव दोषः ॥ (सु.स १७/१३)^[13]

In vranasotha pain is caused because of vitiated vata, burning sensation & suppuration is caused by vitiated pitta, swelling & discharge (pus) is caused by vitiated kapha & the area appears red because of involvement of vitiated rakta along with vitiated dosa play an important role in ensuring paka of vrana sotha.

When patient was visited to our hospital she was in pakvavranashotha of left breast so to adopt pakvavranashotha bahya chikitsa i.e. lepa of kanchnar guggulu was applied on left breast. This help in suppuration (pachan) by its katu rasa, laghu guna, ushna virya & katu vipaka.

After pakvavastha it burst naturally & pus had been drained out completely.

Now the abscess is turn into dushta vrana. 60 upakarma of vrana described by acharya Sushrutacharya.

तेषु कषायोवन्तः कल्कः सपस्तैलः

रसादिभ्योऽवचननात्मनः शोऽनरोपणान्न ॥ (सु.स १/९)^[14]

Among those kashaya shodhan tail (cleaning) ropan tail, (healing) karmas was used for further line of treatment.

शोणितोरोपणोश्चव पक्षिः योज्यां प्रकीनतः ॥

सवा व्रणानां सामाधयेनोक्तो षपवशषतः ॥ (सु.धच. १/७४)^[15]

Vranadhavan

In this case to treat dushtavarana, dhavan is done by triphala kwath. Due to triphala kwath all debris, dushta kleda pus washed out & disinfection of wound was done.

All types of vrana can be managed by shodhan & ropan vidhi.

व्रणशोणितानां नाम पालदक्षु टद्व्यपवस्त्रावणम् । सु.धच. १७/१८

Vranashodhan taila varti

To convert the dushta vrana into shuddha vrana.

The ingredients in shodhan taila having property kledhghana, dushtavranaghana, tikta rasa, ruksha guna, pachan, katu vipaka, sheeta veerya help to convert the dushta vrana into shuddha vrana.

Vranaropan taila varti

After turning of dushta vrana in shuddha vrana ropan chikitsa was applied.

रोपयन्त व्रणम् इन्त रोपणः ।

यत्रोष्णकषायो रसः । सु.स २६/४३

The ingredients in ropan taila having property of sangrahi sandhaniya, ropan, shothaghana, kaphapittaghana, kledhaghana, krumighana, helps to absorb the secretion from the wound, stimulates nutrition of dhatu helps in opposition of skin flaps & formation of healthy granulation tissues & wound healing takes place.

Abhyantar chikitsa

Gandhak rasayana & Sukshmathriphala both acts as antiseptic by Jantughana, vishaghana, jwaraghana, yogwahee, kaphadoshaghana, and rasayan property.

CONCLUSION

- 1) The holistic approach (shashti upakarama) of ayurvedic system of medicine gives completely relief to the patient from stanavidhradhi.
- 2) Medicine used in the above is cheap, effective & easily available.
- 3) No need to partial mastectomy.

Cosmetic purpose was also achieved.

BEFORE TREATMENT**DURING TREATMENT**



AFTER TREATMENT**REFERENCES**

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