INTERNATIONAL JOURNAL FOR INNOVATIVE RESEARCH IN MULTIDISCIPLINARY FIELD
ISSN(O): 2455-0620 [Impact Factor: 9.47]
Monthly, Peer-Reviewed, Refereed, Indexed Journal with IC Value : 86.87
Volume - 12, Issue - 2, February - 2026

DOIs:10.2015/IJIRMF/202602029 --:-- Research Paper / Article / Review

AN AYURVEDIC APPROACH TO NASAGATA RAKTAPITTA (RECURRENT EPISTAXIS): A CASE REPORT

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Abstract: ***Background:*** *Epistaxis is a frequent clinical scenario, and recurrent idiopathic cases are often therapeutic challenges despite standard evidence-based management. Recurrent nasal bleeding in Ayurvedic classic is considered as Nasagata Raktapitta, which is a condition with Pitta-Rakta vitiation along with Kapha as an associate. The integration of traditional medicine in an evidence-based framework may provide more options where the conventional approach is not helpful. A case of a 39-year-old man with recurrent spontaneous nasal bleeding for 4–5 months, accompanied by acidity and burning sensation in the soles is presented. On nasal examination, inferior turbinate hypertrophy with mucosal congestion was found. Hematological investigations were within normal limits; thus systemic bleeding disorders were ruled out. The condition was clinically correlated with Nasagata Raktapitta. Intervention: A 15-day Ayurvedic treatment protocol was followed, which included Sarivadi Vati taken orally, Durva Svarasa Nasya, and Vasa-Guduchyadi Kashaya that have been recorded as Pitta-shamana, Raktastambhana, anti-inflammatory, and mucosal-stabilising actions. The patient was also given diet and lifestyle advice in line with Pitta-pacifying guidelines.* ***Results:****The patient showed symptomatic relief in a few days, and by the seventh day, epistaxis had stopped completely. The mucosal congestion was reduced to a great extent, and the acidity and burning sensations were also resolved. During the follow-up, no nasal bleeding recurrence was noticed. Conclusion: The clinical response is indicative of targeted Ayurvedic interventions as a useful complementary approach for recurrent idiopathic epistaxis, especially in cases with mucosal inflammation and Pitta–Rakta imbalance. This case emphasizes the importance of systematic research to integrate traditional medicine insights with contemporary evidence-based practice. Follow-up after treatment did not show any recurrence. This drug is an effective means in the management of Nasagata Raktapitta.*

Key Words: *Epistaxis, Nasagata Raktapitta, Traditional medicine, Evidence-based medicine.*

1. INTRODUCTION:

Epistaxis is one of the most frequent rhinological emergencies encountered worldwide. Most people will experience a nosebleed at least once in their lives. Epidemiological data show that almost 60% of the population have a nosebleed at least once; however, only about 6% of them are in need of professional medical intervention(1). The condition is present in every age group, but its frequency has a typical bimodal distribution with peaks in childhood and in the elderly(2). Seasonal variations have also been recognized. Mucosal desiccation and vascular fragility that occur during the dry, cold months are the factors that predispose to bleeding[3]. The majority of the times the causes are benign and easily identifiable (trauma, crusting, mucosal inflammation, barotrauma), however, there are epistaxis cases that are associated with systemic disorders like hypertension, coagulopathies, hepatic dysfunction, or medication-induced anticoagulation[4].

Still, a great number of cases turn out to be idiopathic even after thorough diagnostic workup[3]. Anatomically, more than 90% of epistaxis comes from the anterior nasal septum, specifically from the area that is most richly vascularized and is called Little's area or Kiesselbach's plexus[5]. Posterior epistaxis, although less common, is usually more severe in nature and is mostly caused by Woodruff's plexus[(6)]. The aggressive interventions that are often necessitated in cases of posterior epistaxis are posterior packing, endoscopic cauterisation, or arterial ligation[(7)]. The management of epistaxis in the conventional way includes varied strategies from simple first-aid means—like pressing the nose with fingers and applying topical vasoconstrictors—to highly invasive techniques such as chemical cauterisation, nasal packing, balloon tamponade, and surgical procedures[8]. The problem of recurrence, mucosal irritation, and patient discomfort are the drawbacks of these methods[7]. This has led to the idea of integrating traditional medical systems with the contemporary care system. According to Ayurvedic literature, epistaxis is well described as a part of the Raktapitta group of disorders, which are characterized by vitiation of Pitta in Rakta Dhatu[9]. When the blood is coming from the nose, the disease is called Nasagata Raktapitta, which is listed under Urdhwaga Raktapitta, denoting the bleeding from the upper orifices[10]. The *Brihattrayi—Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya*—held that the excessive consumption *of Amla, Lavana, and Katu* substances, heating, getting angry, drinking alcohol, and other *Pitta-prakopaka* factors resulted in the melting of the vitiated blood and its upward movement[11]. Kapha is declared as the *Anubandhi Dosha*, which affects the thickness of the blood and causes the nasal stuffiness also[12]. The classical commentaries proclaim that it is the minuscule capillaries of the nasal mucosa which break when Pitta-aggravated blood is passed over them[11].Theoretically, Ayurveda is mainly concerned with the employment of *Pitta-shamana and Raktastambhana* drugs. *Nasya*—application of herbal medication in the nose—is recommended as the most suitable therapy since the nose is considered the "gateway to the head" (nasahi śiraso dvāram)[13]. The text also talks of the herbs *Durva (Cynodon dactylon), Vasa (Adhatoda vasica), Guduchi (Tinospora cordifolia), and Dadima Pushpa (Punica granatum flower)* as the substances which possess properties of cooling, hemostatic, mucosal strengthening, and anti-inflammatory[14]. Their qualities of pacifying aggravated Pitta, stabilizing the vessels, and regaining the mucosal lining make them quite relevant in the recurrence of nasal bleeding. So, both contemporary and Ayurvedic viewpoints accept the multifactorial nature of epistaxis and acknowledge the requirement of the treatment that would improve vascular stability, mucosal strength, and systemic balance. Ayurveda, in fact, offers a well-organized scheme for the treatment of recurrence nasal bleeding, especially in cases, where the provide only temporary or partial relief.

2. LITERATURE REVIEW:

In Ayurvedic literature, epistaxis is described under the spectrum of Raktapitta, specifically Urdhwaga Raktapitta when bleeding manifests from the upper orifices, including the nose (Nasagata Raktapitta). Classical treatises such as the Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya attribute its pathogenesis to vitiation of Pitta Dosha in Rakta Dhatu, precipitated by excessive intake of Amla, Lavana, and Katu rasa, exposure to heat, anger, and alcohol consumption. Kapha is described as Anubandhi Dosha, contributing to increased viscosity and nasal obstruction. The rupture of minute nasal vessels is explained as a consequence of Ushna and Tikshna qualities of aggravated Pitta acting upon Rakta.

3. OBJECTIVES : To assess the impact of Sarivadi Vati, Durva Svarasa Nasya, and Vasa-Guduchyadi Kashaya on epistaxis.

4. RESEARCH METHOD : Study Design - A patient presenting with signs of epistaxis, was enrolled in this research.

4.1 CASE REPORT

4.1.1Patient Information

4.1.1.1 Demographics:

The male patient aged 35 yr old male came to the outpatient department with recurrent nasal bleeding.

4.1.1.2 Chief Complaints:

Intermittent spontaneous nasal bleeding episodes 2–3 times per week, during the last 4–5 months, were reported by the patient. He also complained of severe acidity and burning sensation in the soles.

4.1.1.3 History of Present Illness:

The patient had repeated, very brief blood from the nose episodes that lasted about 2-3 minutes. The bleeding usually happened during the day and was most times caused by exposure to heat or sunlight. Along with these, the patient also reported heartburn, irritability, and a burning sensation in the palms and soles. There was no history of nasal trauma, upper respiratory infection, allergic rhinitis, hypertension, coagulopathy, or any use of anticoagulant or antiplatelet medications. He denied having any chronic systemic illness.

4.1.1.4 Past medical and surgical history:
The patient had no significant medical conditions, surgeries, or hospitalizations.
4.1.1.5 Family History:
Not significantly related. There are no known bleeding disorders, hypertension, or hematological abnormalities in the family.
4.1.1.6 Personal and Lifestyle History:
The patient is on a vegetarian diet but admits to having irregular meal timings and often eating spicy foods that cause heat. There is no history of smoking, alcohol consumption, or substance use. The sleep pattern is good, and the occupation does not involve exposure to chemicals, dust, or extreme temperatures.
4.1.1.7 Medication and Allergy History:
There are no current medications.
No known drug or food allergies.
4.1.2 CLINICAL FINDINGS
On Examination -
External nose - Normal appearance
Nasal cavity - Normal.
Anterior rhinoscopy - Mucosal abrasions at the anterior 1/3 of the right nasal septum were observed & pinkish nasal mucosa on the right side whereas the left nasal cavity is normal.

Table 1 – *Ashta Sthana Pariksha*

Ashtavidha Pariksha	
Nadi (Pulse)	*Pitta-kapha* predominance
Mala (Stool)	*Samyak*
Mutra (Urine)	Yellowish, slightly increased frequency
Jivha (Tongue)	*Saam*
Shabda (Speech)	*Spashtha*
Sparsha (Touch)	*Samshitoshna*
Drik (Eyes)	Prakrit
Akriti (Build)	*Madhyama*

Table 2 - *Dashavidha Pariksha*

Dashavidha Pariksha	
Prakriti	*Pitta-pradhana vataja*
Vikriti	*Pitta-Rakta dushti*
Sara	*Madhyama*
Samhanana	*Madhyama*
Pramana	*Madhyama*
Satmya	*Madhyama*
Satva	*Madhyama*
Ahara Shakti	*Avara* (irregular digestion)
Vyayama Shakti	*Madhyama*
Vaya	*Madhyama* (39 yrs)

4.1.3 SAMPRAPTI

Nidana Sevana
(Causative Factors)
↓
Pitta–Rakta Prakopaka Ahara–Vihara
(Excess of Katu, Amla, Ushna, Vidahi, Divaswapa, Atapsevana, etc.)
↓
Pitta Prakopa
(Increase of Ushna & Tikshna Guna)
↓
Rakta Dushti
(Rakta becomes Pitta-dushta due to Ashraya–Ashrayee Bhava)

↓
Vitiated Pitta + Vitiated Rakta
(Sanga + Vidaha + Doshic Lekhana)
↓
Urdhwagati of Rakta
(Rakta pushed upward by aggravated Pitta)
↓
Nasagata Sthana Samshraya
(Localization in nasal channels)
↓
Nasagata Raktapitta
(Clinical manifestation as Epistaxis)

4.1.4 DIAGNOSIS

Diagnosis was made based on the clinical symptom of bleeding through the nose.

4.1.5 FINAL DIAGNOSIS - *Nasagata Raktapitta*

4.1.6 TREATMENT PROTOCOL

The treatment details are given in table 3

Durva swaras Nasya 4 drops were given in each nostril. It was given to the patient as Nasya for 7 days for 15 days.

Table 3 – Treatment Protocol

Sr No	Name of Procedure / Drugs	Dosage	Route of Administration	Duration
1.	*Sarivadi Vati*	2 tab twice a day with lukewarm water	Oral	15 Days
2.	*Vasaguduchyadi Kwatha*	20 ml twice a day with 20 ml of water	Oral	15 Days
3.	*Durva Swarasa Nasya*	4 drops in both nostrils	Nose	15 Days

4.2 PATHYA – APATHYA

4.2.1 Pathya:

Cooling and Pitta-pacifying foods such as Ghee, butter, Dadima (pomegranate), Amalaki, leafy vegetables, Shali–Shashtika rice, Kordusha rice, Yavagu, and Mudga/Masura/Adhaki Yusha are prescribed. Light, easily digestible food, sufficient water intake, and Sheetala Ahara-Vihara should be practiced. Patients should not blow their nose forcibly and should keep their nails short to prevent nasal trauma.

4.2.2 Apathya:

Hot, spicy, salty, and sour foods *(Katu–Lavana–Amla dravyas), Vidahi substances, Kulattha, Guda, Tila, Masha, and Sarshapa* should not be consumed. Heat-producing activities and overexertion, prolonged walking in the sun, sun exposure, suppression of natural urges, and anger are not recommended as they aggravate Pitta and lead to recurrences.

4.3 ASSESSMENT CRITERIA

The changes in the clinical feature of nose bleeding were evaluated through the 'epistaxis severity score' (ESS) as given below:

4.3.1 Questionnaire:

1. How often did you TYPICALLY have nosebleeds during the past 2 months?
   - □ Less than monthly
   - □ One to three times per month
   - □ Once per week
   - □ Several per week
   - □ Once per day
   - □ Several per day

2. How long did each nosebleed TYPICALLY last for you during the past 2 months?
   - □ < 1 minute
   - □ 1–5 minutes
   - □ 6–15 minutes

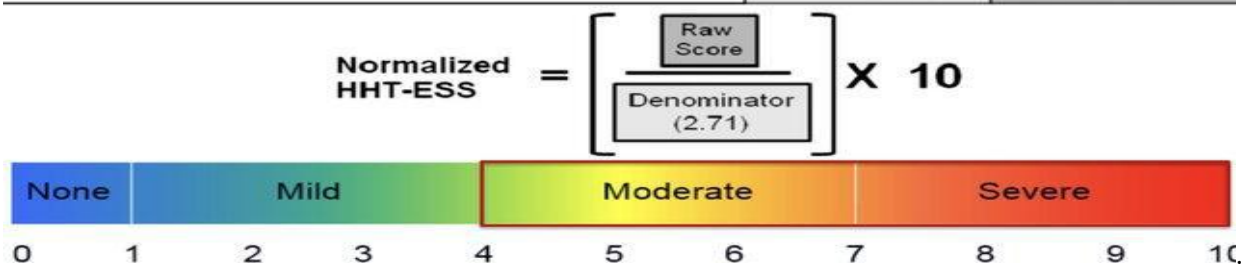
□ 16–30 minutes
□ > 30 minutes

3. How would you describe your TYPICAL nosebleed intensity during the past 2 months?
   □ Not Typically Gushing or Pouring
   □ Typically Gushing or Pouring
4. Have you sought medical attention OUTSIDE OF THIS RESEARCH STUDY for your nosebleeds during the past 2 months?
   □ No
   □ Yes
5. Are you anemic (low blood counts) currently?
   □ No
   □ Yes
6. Have you received a red blood cell transfusion SPECIFICALLY for nosebleeds during the past 2 months?
   □ No
   □ Yes

Raw Epistaxis Severity Score: _____
Normalized Epistaxis Severity Score: _____

Fig 1 Showing Epistaxis Severity Score (ESS)

Question	Response	Multiplied by:		Coefficient	Result
1	Less than monthly Once per month Once per week Several per week Once per day Several per day	0 1 2 3 4 5	x	0.14 (0.70 Den)	
2	< 1 minute 1-5 minutes 6-15 minutes 16-30 minutes > 30 minutes	0 1 2 3 4	x	0.25 (1.00 Den)	
3	No Yes	0 1	x	0.25 (0.25 Den)	
4	No Yes	0 1	x	0.30 (0.30 Den)	
5	No Yes	0 1	x	0.20 (0.20 Den)	
6	No Yes	0 1	x	0.31 (0.31 Den)	
			TOTAL =	Denominator (Sum Den)	Raw Score



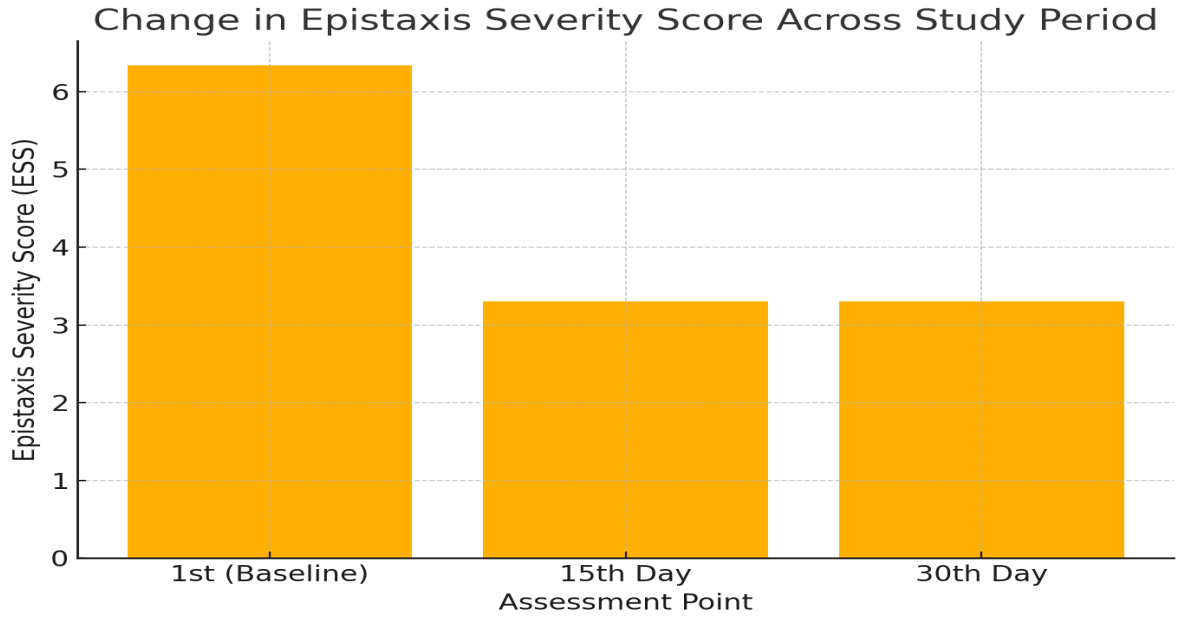
5. FINDINGS :

The patient responded well to the treatment. The epistaxis severity score (ESS) of the patient is reduced from 6.34 to 3.3 on his first follow-up visit. The ESS also remained stable during the subsequent follow-ups. The patient was then followed up for two months, once every 15 days. No side effect and recurrence of nasal bleeding is observed in the follow-up.

Table 4 – Epistaxis Severity Score during study

Sr No.	Day of Study	ESS Score
1.	1st	6.34
2.	15th	3.3
3.	30th	3.3

FIG 2 Showing Effect of Treatment on ESS



6. DISCUSSION : *Durva Swarasa* (Cynodon dactylon) is an important *Raktasthambhaka* (hemostatic) herb in Ayurveda, which is used effectively in *Nasagata Raktapitta* (epistaxis). It has Kashaya–*Madhura rasa (astringent-sweet taste), Laghu guna (light), Sita virya (cold potency), and Madhura vipaka* (sweet post-digestive effect) that collectively pacify Pitta and stop bleeding[15,16]. From a phytochemical point of view, C. dactylon has tannins, flavonoids, and alkaloids that cause vasoconstriction, platelet aggregation, and clot stabilization, thus the traditional hemostatic effect is being explained[17,18]. The Nasya (nasal administration) of Durva swaras is the direct way to the nasal mucosa — bleeding site — which is highly vascular … hence quickly local absorption and cooling take place which in turn results in less vascular congestion and inflammation[19,20]. Contemporary research confirms that Durva's tannins operate as protein … coagulants whereas its *Sita virya* characteristic helps in removing Pitta heat, thus breaking Samprapti (pathogenesis) of nasal hemorrhage[21,22]. So, *Durva swaras Nasya* not only performs local action (hemostatic and astringent action) but also systemic (Pitta pacification) making it a very effective, safe, and holistic mode of therapy for epistaxis.

Sarivadi Vati, the repercussion of which *Phalashruti in Raktapitta*, is a polyherbal–mineral formulation that is reputed for *its Raktasthambhaka (hemostatic), Pitta-shamaka (cooling), and Rasayana* (rejuvenative) properties[23]. The formulation consists of astringent and sweet-tasting herbs that are *Sita virya* (cold potency), and Laghu guna (lightness), which helps both local hemostasis as well as systemic Pitta pacification. The addition of Loha Bhasma contributes to *Rakta dhatu vardhana* (blood enrichment) through Samanya Vriddhikarana Siddhanta—the Ayurvedic principle that "like increases like" [24]. Pharmacologically, Loha Bhasma's easily absorbed ferrous component is a promoter of erythropoiesis and tissue oxygenation that takes care of anemia and post-hemorrhagic weakness. Besides, it has antioxidant and hemostatic properties as well[25].

The *Vasaguduchyadi kwatha* formulation made up of *Triphala (Haritaki, Amalaki, Vibhitaki), Guduchi (Tinospora cordifolia), Vasa (Adhatoda vasica), Bhunimba (Andrographis paniculata), and Nimba (Azadirachta indica)* is a prominent example of scientific evidence for the management of *Nasagata Raktapitta* (epistaxis). Its Tikta–Kashaya rasa*, Laghu–Ruksha guna, and Madhura–Katu vipaka bring Tridoshahara, Raktapittahara, and Yakriduttejaka* (hepatostimulant) which help in Pitta dosha regulation and Rakta dhatu stabilization. Phytochemicals of Triphala like gallic acid and ellagic acid have been found to be strong antioxidants and hepatoprotective agents that can protect vascular endothelium and lower capillary fragility [26]. *Guduchi* is also known for its effect on antioxidant enzyme activity

(SOD, catalase) thus it helps in the control of oxidative stress and is a supporter of *Raktashodhana.* Vasa which is called *Agryoushadha for Raktapitta*, is as a natural hemostatic which constitutes alkaloid vasicine responsible for vasoconstriction and mucosal healing.
The plant Andrographis paniculata supplies andrographolide, a compound, which has been demonstrated to be capable of prohibiting the carbon tetrachloride-induced hepatic oxidative damage, thus, protects *Yakrit* and helps in Pitta balance restoration [27]. Moreover, Nimba is a source of anti-inflammatory and endothelial protective agents, thereby alleviating vascular congestion further. Together, these drug actions provide a scientific basis for classical *Ayurvedic* concepts—*Sthambhana, Raktapittahara, and Yakriduttejaka*—thus making this composition supported by science for the management of nasal hemorrhage, oxidative endothelial injury, and Pitta-induced bleeding tendencies in *Nasagata Raktapitta* [28].

7. CONCLUSION : The case of recurrent idiopathic epistaxis *(Nasagata Raktapitta*) highlighted the effectiveness of an evidence-based *Ayurvedic* regimen comprising *Sarivadi Vati, Durva Svarasa Nasya, and Vasa-Guduchyadi Kashaya* in delivering quick and lasting relief. The intervention achieved the complete stoppage of nasal bleeding in a week, and the follow-up confirmed the continued stability without any recurrence. The therapeutic outcome can be explained by the classical *Ayurvedic* concepts of *Pitta-shamana, Raktastambhana*, and mucosal strengthening, which are in line with the pharmacological properties of the herbs used. This report is a testament to the power of integrative traditional medicine in the treatment of such conditions, where supervention modalities may only yield limited or temporary results. The results are promising, however, large-scale and well-structured clinical trials are needed to confirm such effects, elucidate the underlying mechanisms, and determine the position of Ayurvedic treatments in evidence-based care for recurrent epistaxis.

8. PATIENTS CONSENT-The authors certify that they have obtained all necessary consent forms from the patient. Informed consent for the publication of case report was obtained from the patient before submission of manuscript. Identity of patient is not revealed in this article.
10.DECLARATION OF CONFLICTING INTEREST - No conflict of interest to declare.
11.SOURCES OF FUNDING - No funding
12. ACKNOWLEDGEMENTS - Nil.
13. DECLARATION OF GENERATIVE AI IN SCIENTIFIC WRITING -
Generative AI and AI-assisted technologies were not involved in the writing of this manuscript.

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