

**AASHAYA APAKARSHA SIDDHANTA IN KIYANTA SHIRASEEYA ADHYAYA: A
CRITICAL REVIEW WITH SPECIAL REFERENCE TO VYANGA (MELASMA)****Dr. Manisha Chauhan***

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Article Received on 05/09/2026

Article Revised on 25/09/2026

Article Published on 03/10/2026

ABSTRACT

Ayurveda explains disease manifestation through the interaction of *Dosha*, *Dhatu*, *Srotas*, *Agni* and their physiological as well as pathological movements. *Kiyanta Shiraseeya Adhyaya* of *Charaka Samhita*, *Sutra Sthana* 17, provides an important description of *Dosha Gati* (movement) and the pathological mechanisms responsible for varied disease presentations. Among these concepts, *Aashaya Apakarsha Siddhanta* explains the displacement of *Dosha* from its normal site by aggravated *Vata*, resulting in the manifestation of clinical features at an abnormal location. The present article critically reviews the concept of *Aashaya Apakarsha* with special reference to its application in understanding the etiopathogenesis of *Vyanga* (Melasma). Classical Ayurvedic texts and their commentaries were critically reviewed, with emphasis on *Charaka Samhita*, *Madhava Nidana*, *Sushruta Samhita* and *Ashtanga Hridaya*. The conceptual analysis indicates that aggravated *Vata* acts as the principal mobilising factor, displacing a normally situated *Dosha* from its natural *Aashaya* (place). The displaced *Dosha* may subsequently produce manifestations at another anatomical site without necessarily representing primary *Dosha Vriddhi* (increase). In *Vyanga*, causative factors such as *Krodha* (anger), *Shoka* (grief), *Ayasa* (exertion), inappropriate dietary practices and excessive exposure to sunlight contribute to *Vata-Pitta* vitiation. The *Aashaya Apakarsha* mechanism provides a plausible Ayurvedic explanation for the movement of *Pitta* towards the facial skin, followed by *Sthana Samshraya* and manifestation of *Niruja* (painless), *Tanu* (tiny) and *Shyava Mandala* (hyperpigmented patches). The concept also has diagnostic and therapeutic significance because it emphasises differentiation between genuine *Dosha Vriddhi* and *Aashyapakarshita Dosha*. Thus, *Aashaya Apakarsha Siddhanta* provides an important theoretical framework for understanding atypical disease manifestation and offers a rational basis for interpreting *Vyanga* within Ayurvedic Samprapti.

KEYWORDS: *Aashaya Apakarsha*, *Kiyanta Shiraseeya Adhyaya*, *Vata*, *Pitta*, *Vyanga*, *Melasma*.**1. INTRODUCTION**

Ayurveda considers health to be a state of equilibrium among *Dosha*, *Dhatu*, *Mala* and *Agni*, while disease results from disturbance of this physiological harmony.^[1] The manifestation of disease is not determined merely by the increase of a particular *Dosha* but also by its movement, association, localisation and interaction with different tissues and channels. Therefore, understanding the movement of *Dosha* is essential for understanding the complete process of disease formation.

Kiyanta Shiraseeya Adhyaya is the seventeenth chapter of *Sutra Sthana* of *Charaka Samhita* and forms the first chapter of *Roga Chatushka*. The chapter discusses diseases of the *Shira* (head) and *Hridaya* (heart), combinations of *Dosha*, different states of *Dosha* and

Dhatu, *Ojas*, *Madhumeha*, *Pidika* and various types of *Dosha Gati*. It therefore provides a broad conceptual foundation for understanding Ayurvedic pathology. The concluding portion of the chapter deals particularly with the movement of *Dosha* and includes the important concept of *Aashaya Apakarsha*.^[2]

The term *Aashaya Apakarsha* can be understood as displacement or drawing away of a *Dosha* from its normal *Aashaya* (place). The concept is particularly important because the *Dosha* producing symptoms at a particular site may not always be in a state of primary *Vriddhi*. According to the classical explanation, aggravated *Vata* possesses the capacity to mobilise and displace *Pitta* or *Kapha* from their normal sites. The displaced *Dosha* may then produce its characteristic

manifestations at another location. This mechanism is described in relation to *Dosha Gati* in *Kiyanta Shiraseeya Adhyaya* as the term *Aashaya Apakarsha* is not mentioned there; this is termed by *Madhava Nidana*.^[3]

The concept was further elaborated by commentators and later Ayurvedic authors. *Madhukosha* commentary provides an important explanation of *Aashaya Apakarsha*, particularly in relation to the distinction between a *Dosha* that is genuinely increased and a *Dosha* that has been displaced from its natural site. The contemporary explanation of the concept also recognises *Aashaya Apakarsha* as a pathological movement in which aggravated *Vata* becomes the principal factor responsible for displacement.

Vyanga is described among *Kshudra Rogas* and is clinically characterised by discolouration of the facial skin. Classical descriptions include *Niruja*, *Tanu* and *Shyava Mandala* occurring over the face. Although it is generally considered a minor disorder according to severity, its cosmetic and psychological consequences may be considerable. The Ayurvedic description of *Vyanga* has been correlated with Melasma, an acquired facial hyperpigmentation disorder.

The etiological factors described for *Vyanga* include *Krodha* (anger), *Shoka* (grief), *Ayasa* (excessive exertion) and dietary and behavioural factors capable of aggravating *Vata* and *Pitta*. Excessive exposure to sunlight and inappropriate dietary practices may further contribute to *Pitta* and *Rakta Dushti*.

Therefore, the concept of *Aashaya Apakarsha Siddhanta* provides a useful theoretical framework for explaining how a *Dosha* can move from its normal site and participate in disease manifestation at another location.

2. MATERIALS AND METHODS

The present work is a textual and conceptual review based primarily on classical Ayurvedic literature and the relevant material.

2.1 Source material

The principal sources reviewed included:

1. *Charaka Samhita*, with particular emphasis on *Sutra Sthana*, *Kiyanta Shiraseeya Adhyaya*.
2. Relevant commentarial explanations of *Charaka Samhita*, particularly the interpretation of *Dosha Gati* and *Aashaya Apakarsha Siddhanta*.
3. *Madhava Nidana* with *Madhukosha* commentary.
4. *Sushruta Samhita* with emphasis on the description of *Vyanga* and the principles of *Dosha-Dushya Sammurchana* and *Sthana Samshraya*.
5. *Ashtanga Hridaya*, particularly the description of *Vyanga* and its *Dosha*-wise manifestations.
6. Modern dermatological literature relevant to the clinical understanding of Melasma.

2.2 Method of conceptual analysis

The study was conducted in three sequential stages:

1. Critical review of *Kiyanta Shiraseeya Adhyaya* with special reference to *Dosha Gati*.
2. Detailed analysis of *Aashaya Apakarsha Siddhanta*, including its definition, mechanism, essential conditions, differentiation from other forms of *Dosha Gati* and therapeutic implications.
3. Application of this *Siddhanta* to the etiopathogenesis of *Vyanga*.

2.3 Parameters considered for analysis

The following parameters were considered:

- Nature and state of *Vata*, *Pitta* and *Kapha*.
- Normal *Aashaya* of *Dosha*.
- *Dosha Prakopa* and *Kshaya*.
- Role of *Vata* in *Dosha Gati*.
- *Aashaya Apakarsha* and *Sthana Samshraya*.
- *Srotas* and *Sroto Dushti*.
- *Khavaigunya*.
- Involvement of *Twaka* and *Rakta*.
- Clinical manifestations of *Vyanga*.
- Diagnostic and therapeutic implications.

3. RESULTS AND DISCUSSION

3.1 *Kiyanta Shiraseeya Adhyaya* as a source of Pathological Principles

Kiyanta Shiraseeya Adhyaya presents a comprehensive discussion of disease formation through different combinations, states and movements of *Dosha*. The chapter describes various permutations and combinations of *Dosha*, states of depletion of *Dosha* and *Dhatu*, *Ojas*, *Madhumeha* and different forms of *Dosha Gati*. The chapter therefore extends beyond the description of individual diseases and provides fundamental principles for interpreting disease pathogenesis.^[4]

The section dealing with *Dosha Gati* is particularly significant because it establishes that the clinical expression of a disease depends not only on the quantitative increase or decrease of *Dosha* but also on its movement and localisation.

3.2 Concept of *Aashaya Apakarsha Siddhanta*

Aashaya refers to the natural site or habitat of a *Dosha*, while *Apakarsha* denotes drawing away or displacement. Thus, *Aashaya Apakarsha* refers to the movement of a *Dosha* away from its natural site.^[5]

The essential pathological components identified in the thesis are:

- *Vata* should be in a *Prakopa Avastha* (increased state).
- *Pitta* or *Kapha* may remain in its normal state.
- Another *Dosha* may be in a state of *Kshaya* (decreased state).
- Aggravated *Vata* displaces the normally situated *Dosha* from its natural *Aashaya*.

- The displaced *Dosha* subsequently participates in disease manifestation at an abnormal location.

These criteria are explicitly identified in the conceptual material as important for recognising *Aashaya Apakarsha Siddhanta*.

Thus, *Aashaya Apakarsha Siddhanta* should not be interpreted merely as ordinary *Dosha Gati*. The pathological significance lies in the displacement of a normally situated *Dosha* under the influence of aggravated *Vata*.^[6]

3.3 Central role of Vata

Vata is the principal *Dosha* responsible for movement in the body. Its (*Vata*) *Chala* (movement) and *Yogavahi* (catalytic vector) characteristics enable it to influence the movement of other *Dosha* and bodily components.^[7] When *Vata* is in its normal state, this mobility contributes to physiological functioning. When *Vata* becomes aggravated, however, its mobility can become pathological.

The conceptual review describes *Vata* as capable of carrying *Dosha*, *Dhatu* and *Mala* in both physiological and pathological conditions and emphasises its characteristics such as *Yogavahitva*, *Ashukaritva* and *Chala* nature.^[8]

This provides the fundamental basis of *Aashaya Apakarsha Siddhanta*. *Pitta* and *Kapha* do not possess the same independent mobility as *Vata*. Therefore, their abnormal movement requires a mobilising force. In *Aashaya Apakarsha Siddhanta*, that force is aggravated *Vata*.

3.4 Aashaya Apakarsha Siddhanta versus Dosha Vriddhi

One of the most important clinical implications of *Aashaya Apakarsha Siddhanta* is differentiation between genuine *Dosha Vriddhi* (aggravation) and displaced *Dosha*.

A displaced *Pitta* may produce features resembling *Pitta Vriddhi* at a new location. However, the *Pitta* responsible for these manifestations may remain physiologically normal in its original state. Therefore, treating it as though the entire body is suffering from *Pitta* excess may result in inappropriate management.^[9]

This principle emphasises that the physician should first identify the underlying *Vata* disturbance and attempt to restore the displaced *Dosha* to its natural site rather than indiscriminately eliminating the apparently involved *Dosha*.

These factors provide the initial stage of the proposed *Samprapti*

Nidana Sevana



Vata-Pitta Prakopa

This diagnostic distinction represents the practical importance of the *Siddhanta*. Knowledge of *Aashaya Apakarsha* allows the physician to interpret apparently contradictory clinical features and formulate treatment according to the actual *Samprapti* (Disease pathogenesis).

3.5 Relationship with other pathological concepts

Aashaya Apakarsha should also be differentiated from *Avarana* and *Gata Vata*.^[10]

In *Avarana*, the normal movement of *Vata* is obstructed by another *Dosha* or tissue. In *Gata Vata*, aggravated *Vata* becomes localised in a particular *Dhatu* or structure and produces pathology there. In *Aashaya Apakarsha*, the characteristic feature is displacement of another *Dosha* from its normal *Aashaya* by aggravated *Vata*.

Therefore, although these mechanisms may share the involvement of abnormal *Dosha* movement, their initiating factors and pathological sequence are different.

3.6 Vyanga as a clinical application of Aashaya Apakarsha

Vyanga is described as a *Kshudra Roga* involving facial skin. Classical descriptions include *Niruja* (painless), *Tanu* (tiny) and *Shyava Mandala* (hyperpigmented patches). It is a *Twaka-gata* disorder characterised by bluish-black or dark-coloured, thin, painless patches on the face.^[11]

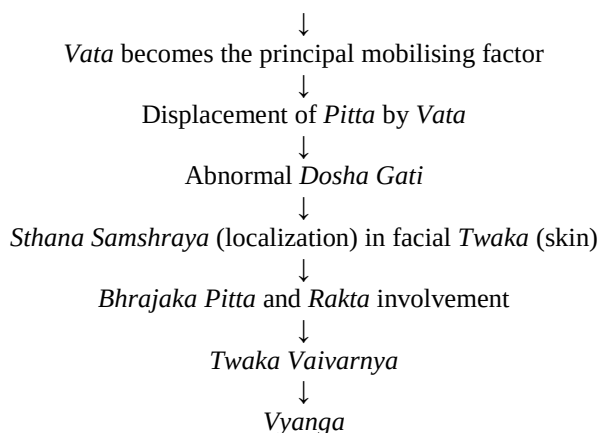
In *Charaka Samhita*, *Vyanga* is discussed as a *Raktaja* condition in the context of a common *Samprapti* of facial pigmentary disorders^[12], while *Sushruta* and *Ashtanga Hridaya* provide more detailed descriptions of its clinical presentation and *Dosha*-wise manifestations.

The classical features can be correlated clinically with *Melasma*, which is characterised by acquired facial hyperpigmentation, commonly involving the cheeks, forehead and other sun-exposed facial areas.^[13]

3.7 Nidana of Vyanga and their relation to Dosha

The causative factors include both dietary and behavioural factors.

Vata-provoking factors include excessive intake of *Ruksha* (dry), *Sheeta* (cold) and *Laghu* (light) foods, excessive exercise, suppression of natural urges and inadequate sleep. *Pitta*-provoking factors include *Tikshna* (sharp) and *Ushna* (hot) foods and excessive exposure to sunlight. Psychological factors such as *Krodha* (anger) and *Shoka* (grief) may further aggravate *Dosha*.^[14]



3.8 Why Vata is important in Vyanga

Vyanga is commonly interpreted as a Vata-Pitta predominant condition.^[15] Pitta contributes to colour alteration, while Vata provides the movement necessary for localisation of pathology.

The role of Vata becomes particularly important when considering why the manifestation occurs in the facial skin. If the condition were simply the result of Pitta Vriddhi, the clinical presentation would not necessarily require displacement from its principle Aashaya (place). Aashaya Apakarsha offers an explanation in which aggravated Vata transports Pitta towards the facial region.

The conceptual analysis proposes that aggravated Vata, particularly Udana Vayu in relation to the facial region, facilitates the movement of Pitta towards Mukhagata Twaka. The displaced Pitta then interacts with local Bhrajaka Pitta and Rakta, resulting in Varna Vaigunya.

3.9 Role of Pitta and Bhrajaka Pitta

Pitta is fundamentally associated with transformation, metabolism and colour-related functions. Bhrajaka Pitta is located in Twaka and is responsible for maintaining the normal functional characteristics of the skin.^[16]

When displaced Pitta reaches the facial skin, it may disturb the local equilibrium of Bhrajaka Pitta and contribute to alteration in skin colour. The thesis therefore considers the interaction between displaced Pitta, Bhrajaka Pitta and Rakta as an important component of Vyanga Samprapti.

This interpretation should be regarded as a conceptual Ayurvedic model rather than a direct biomedical equivalence.

3.10 Role of Rakta and Srotas

Rakta is closely associated with Pitta in Ayurvedic physiology and pathology.^[17] The involvement of Rakta provides an additional explanation for the alteration in skin colour.

The facial skin may also represent a site of Khavaigunya because of its vascularity, delicate tissue structure and continuous exposure to environmental factors. The conceptual review proposes that such local susceptibility facilitates Sthana Samshraya of the displaced Pitta-Rakta component in facial Twaka.

The proposed involvement of Rasavaha and Raktavaha Srotas, along with Manovaha Srotas, further demonstrates that Vyanga may involve an interaction between physical and psychological factors rather than being exclusively a superficial pigmentary disorder. The thesis records Rasa and Rakta as principal Dushya and Rasavaha, Raktavaha and Manovaha Srotas among the relevant channels.

3.11 Role of psychological factors

Krodha (anger) and Shoka (grief) are particularly relevant in the Ayurvedic understanding of Vyanga. These Manasika Bhavas may influence Dosha equilibrium and contribute to Pitta and Vata aggravation.

This provides an important holistic dimension to the pathogenesis. The disease is not interpreted exclusively as a local skin abnormality but as the result of interaction between Nidana, Dosha, Manas, Srotas and Twaka.

The conceptual review concludes that Vyanga represents an interaction between Sharirika and Manasika Dosha, with psychological factors capable of accelerating the pathological sequence.

3.12 Clinical manifestations and their Ayurvedic Interpretation

The cardinal manifestations of Vyanga include:^[18]

- Shyava or Neela-Shyava Varna.
- Tanu Mandala.
- Niruja nature.
- Predominant localisation over Mukha Pradesha.
- Absence of significant inflammatory swelling or discharge.

The thesis interprets these features as evidence of superficial localisation in Twaka rather than extensive deep Dhātu involvement.

Ashtanga Hridaya additionally describes *Dosha*-specific variations. *Vataja Vyanga* is characterised by dark and rough lesions, *Paittika* lesions may be *Tamra* or *Neela*, *Kaphaja* lesions may be *Shweta* and associated with *Kandu*, while *Raktaja* lesions may be *Rakta* or *Tamra* and associated with *Daha* or tingling.

These variations demonstrate the importance of *Dosha* assessment rather than treating every case of facial pigmentation as an identical clinical entity.

3.13 Modern correlation with Melasma

From a modern dermatological perspective, Melasma is an acquired hyperpigmentation disorder involving increased melanin production and influenced by factors including ultraviolet radiation, hormonal influences, genetic predisposition and oxidative stress. It identifies these factors and notes the significant cosmetic and psychological burden of the disorder.^[19]

The Ayurvedic concept should not be interpreted as a one-to-one biochemical equivalent of melanogenesis. Instead, *Aashaya Apakarsha* may be understood as a conceptual model for explaining abnormal *Dosha* movement and localization.

The Relationship may be Represented as Follows.

Ayurvedic Concept	Conceptual Relevance in Vyanga
<i>Vata Prakopa</i>	Abnormal movement and transport
<i>Pitta Prakopa</i>	Heat, transformation and colour-related pathology
<i>Aashaya Apakarsha</i>	Displacement of Pitta from its normal site
<i>Urdhva Gati</i>	Movement towards head and facial region
<i>Khavaigunya</i>	Local susceptibility of facial Twaka
<i>Bhrajaka Pitta</i>	Local skin-related functional component
<i>Rakta</i>	Association with colour and vascular tissue
<i>Sthana Samshraya</i>	Localisation in facial skin
<i>Twaka Vaivarnya</i>	Clinical hyperpigmentation
<i>Vyanga</i>	Final clinical manifestation

3.14 Therapeutic Implications

Aashaya Apakarsha Siddhanta has direct implications for treatment planning. The presence of *Pitta*-like symptoms does not automatically indicate that *Pitta* is the primary *Dosha* requiring elimination. The physician should first identify whether *Pitta* is genuinely aggravated or has been displaced by *Vata*.

According to the conceptual analysis, correction of the underlying *Vata* disturbance and restoration of the displaced *Dosha* to its natural site are central principles. Symptomatic management of the local manifestations may be added according to the clinical presentation.

In *Vyanga*, this principle supports an approach directed not only at the visible facial pigmentation but also at the underlying *Dosha* imbalance, *Nidana*, *Srotas* and local tissue involvement i.e. *Vata Dosha* management.^[20]

3.15 Critical appraisal

The major strength of *Aashaya Apakarsha Siddhanta* is that it explains a clinically important situation in which the site of manifestation does not correspond directly with the classical primary seat of the *Dosha*. It therefore adds a dynamic dimension to Ayurvedic *Samprapti*.

The *Siddhanta* also prevents an overly simplistic interpretation of *Dosha* involvement. A clinical manifestation resembling *Pitta Vriddhi* may arise because of displaced *Pitta* rather than systemic *Pitta* excess. This distinction is important for rational *Chikitsa*.

In the context of *Vyanga*, the *Siddhanta* provides a coherent conceptual sequence connecting *Vata Prakopa*, *Pitta* involvement, abnormal *Dosha Gati*, *Sthana Samshraya*, *Rakta-Twaka* involvement and facial pigmentation.

However, the proposed correlation with modern Melasma should remain conceptual. Ayurvedic *Dosha*, *Aashaya* and *Srotas* are theoretical constructs of Ayurvedic physiology and should not be presented as direct anatomical or biochemical equivalents of modern dermatological structures.

Thus, the principal contribution of this review is not to claim that *Aashaya Apakarsha* is identical to a modern mechanism of melanogenesis, but to demonstrate how the Ayurvedic principle can be used to interpret the localisation and progression of *Vyanga* within the Ayurvedic framework.

4. CONCLUSION

Aashaya Apakarsha Siddhanta described in relation to *Dosha Gati* in *Kiyanta Shiraseeya Adhyaya* represents an important principle of Ayurvedic pathology. It explains how aggravated *Vata* can displace a normally situated *Pitta* or *Kapha* from its natural *Aashaya* and thereby produce disease manifestations at an abnormal site.

Critical analysis of the concept indicates that the distinction between *Dosha Vriddhi* and *Aashyapakarshita Dosha* is essential for accurate diagnosis and rational treatment. The physician should

identify the initiating *Vata* disturbance and understand the location and state of the displaced *Dosha* before deciding upon *Dosha*-specific management.

In *Vyanga*, the concept provides a logical Ayurvedic explanation for the manifestation of facial pigmentation. *Vata*-provoking and *Pitta*-provoking *Nidana*, including psychological stress, inappropriate dietary practices, physical exertion and excessive exposure to sunlight, may initiate *Vata-Pitta* imbalance. Aggravated *Vata* may facilitate the abnormal movement of *Pitta* towards the facial region, where *Sthana Samshraya* involving *Twaka*, *Bhrajaka Pitta* and *Rakta* results in *Varna Vaigunya* and manifestation of *Niruja*, *Tanu* and *Shyava Mandala*.

Thus, *Aashaya Apakarsha Siddhanta* offers a valuable framework for understanding the dynamic nature of *Dosha*, the localisation of disease and the importance of *Samprapti*-based *Chikitsa*. Its application to *Vyanga* strengthens the Ayurvedic interpretation of this facial pigmentary disorder while providing a basis for further clinical and interdisciplinary research.

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