

Case Report on Ayurvedic Management of Post-Hysterectomy Vaginal Deep Endometriosis

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ABSTRACT:

Endometriosis is a disease of contrast, a benign but locally invasive condition characterized by functioning endometrium in sites other than uterine mucosa. It manifests clinically with dysmenorrhea, abnormal uterine bleeding, infertility, dyspareunia, chronic pelvic pain and abdominal pain. Hysterectomy with or without salpingo-oophorectomy is considered the definitive management option in women who completed the family. Persistent or recurrent pain and vaginal spotting after a hysterectomy are one of the most frustrating clinical scenarios in benign gynecology. A 36-year-old parous woman had persistent severe lower abdominal pain, low back ache, and intermittent spotting per vagina after a laparoscopic hysterectomy and left salpingo-oophorectomy for abnormal uterine bleeding with adenomyosis and fibroid. Magnetic Resonance Imaging was suggestive of vaginal deep endometriosis. As the patient presented with *yonithoda* (lower abdominal pain), *krishna alpa thanu ruksha arthava sravam* (brownish discharge per vagina), *vankshana parsva vyadha* (low back ache) and *gulma* (Hemorrhagic cyst on ultrasonography) it is considered as *vathiki yonivyapath*. Even though the condition is *Vata pradhana*, the pain is mainly due to *pitha raktha kapha pradhana sopha*. So *vatanulomana pitha raktha kapha samaka*, *sophahara* and *grandhibara chikitsa* were the line of management. The symptoms were relieved considerably after one month of treatment and completely cured in the follow-up at the Department of Prasootitantra and Striroga, Govt. Ayurveda College, Thrippunithura, Ernakulam, Kerala.

Keywords: Endometriosis, *Samana*, *Sodhana*, *Vatiki Yonivyapath*.

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INTRODUCTION:

Endometriosis is a disease of contrast, a benign but locally invasive condition characterized by functioning endometrium in sites other than uterine mucosa^[1]. It is a common disease affecting 5-10% of women of reproductive age globally^[2]. Endometriosis manifests clinically with dysmenorrhea, abnormal uterine bleeding, infertility, dyspareunia, chronic pelvic pain, and abdominal pain. Management options for endometriosis include non-steroidal anti-inflammatory drugs, prostaglandin inhibitors, hormonal therapy, and surgery^[3]. Hysterectomy with or without salpingo-oophorectomy is considered the definitive management option in women who completed the family. There is an approximate 15% probability of persistent pain after a standard hysterectomy with a 3-5% risk of worsening pain or new symptom development^[4]. Development of post-hysterectomy vaginal deep endometriosis is a rare condition and difficult to manage. Due to the peculiar characteristics of pain, it is considered under *vatikī yonivyāpath* mentioned in Ayurveda. Even though *vata* is the predominant *dosa pītha* and *kapha* are also involved.

A 36-year-old female diagnosed with Post-hysterectomy vaginal deep endometriosis presented with *yonībhāda* (lower abdominal pain), *krishna alpa thanu ruksha arthava sravam* (brownish discharge per vagina), *vankshana parsva vyādha* (low back ache), and *gulma* (Hemorrhagic cyst on USG it is considered as *vatikī yonivyāpath*). *Vātha pradhāna pītha kapha hāra* and *raktā sthambāna chikitsā* were the treatments applied. The symptoms were relieved considerably after 12 days of out-patient treatment (Table 1) followed by a month of in-patient treatment (Table 2). Then she was given *vatanulomana* and *sothāhāra* treatment in the follow-up period

(Table 3). The patient got symptomatic relief, and functional and quality of life improvement after conservative *Ayurvedic* management.

CASE REPORT:

A 36-year-old uniparous woman who underwent total laparoscopic hysterectomy with left salpingectomy (16-4-2020) presented with persistent severe lower abdominal pain, low back ache, and intermittent spotting per vagina over the last past 2 years. She had a history of laparoscopic left oophorectomy (2010) for an endometriotic cyst along with Lower segment cesarean section. Two months after the laparoscopic hysterectomy patient reported monthly vaginal bleeding associated with severe lower abdominal pain and low back ache. She was given tablet Visanne 2mg once a day for 3 months. But on discontinuation the pain relapsed. 9 months after the laparoscopic hysterectomy she underwent vaginal vault repair (January 2021) for suspected bleeding from the vaginal stump.

MRI on January 2022 showed status post hysterectomy and left oophorectomy, hypointense irregularly marginated soft tissue seen at the roof of the vaginal wall. The right ovary showed multiple irregularly marginated haemorrhagic cysts probably endometriotic, Right hematosalpinx, and a haemorrhagic cyst arising from the left ovarian remnant. The MRI was suggestive of deep endometriosis. Computed tomography dated 25/1/22 showed an enlarged right ovary associated with hematosalpinx and left adnexal cyst. She took a 3.6mg Zoladex implant on 12th January 2022. Right oophorectomy was advised because of the persistent pain and bleeding. She was unwilling to the surgery and came here for Ayurvedic management. She was under the

tablet Visanne 2mg once daily while consulting our OPD, and its discontinuation causing spotting per vagina. The patient had no history of Diabetes mellitus, Hypertension, or Dyslipidaemia. No relevant family history was found.

Clinical findings:

The patient presented with persistent severe lower abdominal pain, low back ache, and intermittent spotting per vagina over the last past 2 years on 28/4/2022. She was para one, her last childbirth was twelve years back, and was LSCS due to placenta previa. She had hard bowel and a history of dyschezia during periods. Her appetite and sleep were reduced, and she had normal micturition. She was afebrile with a normal rhythmic pulse of 76/min and respiratory rate of 20/min. Blood pressure was 120/80 mm Hg. Her height was 164cm and her weight was 75 kg (BMI- 27.9 kg /m²). On per speculum examination, yellowish vaginal discharge was present without any bleeding from the vaginal vault.

Medicinal history:

Tablet Visanne 2 mg 0-0-1. (She was under the Tablet Visanne in March 2022. During *Yoga Vasthi* the dose of Tablet Visanne was tapered to once in 2 days and withdrawn 7 days after discharge)

Zoladex 3.6 mg implant (12/1/ 2022)

DIAGNOSTIC ASSESSMENT:

Investigations

MRI dated 24-1-2022 showed post hysterectomy and left oophorectomy status. The right ovary was enlarged (4.6cmX 3cmX2.4 cm) with multiple hemorrhagic cysts of varying sizes, the largest measuring approximately 1.5X0.8 cm probably endometriotic. Associated hematosalpinx with thick walls adjacent to and inseparable from the right ovary was seen. The left adnexa showed a hemorrhagic cyst, probably endometriotic. Hypointense irregularly marginated minimal soft tissue was seen at the roof of the vaginal vault. MRI was suggestive of deep endometriosis.

CT dated 25 -1-22 showed an enlarged right ovary associated with hematosalpinx and left adnexal cyst.

CA 125 values were 86.6 u/ml (20-1-22), 62 u/ml (10-5-22) and 52 u/ml (15-7-22).

Prolactin, oestradiol, FSH, TFT were within normal limits.

Diagnosis

As the patient presented with *yonithoda* (lower abdominal pain), *krishna alpa thanu ruksha arthava sravam* (brownish discharge per vagina), *vankshana parswa vyadha* (low back ache) and *gulma* (Hemorrhagic cyst on ultrasonography) it is considered as *vathiki yonivyapath* (Endometriosis)

THERAPEUTIC INTERVENTION:

Table-1: OP Management (28/4/22 to 8/5/22)

Date	Complaints	Medicines	Remarks
28/4/22	c/o Persistent severe lower abdominal pain, low back ache, and intermittent spotting per vagina	<i>Punarnavadi kashayam</i> (60 ml twice a day Before Food) <i>Pranada tablet</i> (1-1-1 After Food) <i>Kanchanara guggulu</i> (2-0-2 After Food) <i>Dasamoola hareethaki</i> (15 gm bedtime)	Symptoms persisting

Table-2: IP Management (9/5 to 4/6/22):

Date	Complaints	Medicine	Kriyakramam	Remarks
9/5/22	c/o Persistent severe lower abdominal pain, low back ache and intermittent spotting per vagina	<i>Rasna saptakam kashayam</i> (90 ml bd Before Food) <i>Pranada</i> tablet (1-1-1 After Food) <i>Kanchanara guggulu</i> (2-0-2 After Food)	<i>Lepam</i> (over lower abdomen) <i>Jadamayadi choornam</i> + <i>Dhanyamlam</i>	
10/5/22	c/o Persistent severe lower abdominal pain, low back ache, and intermittent spotting per vagina	<i>Rasna saptakam kashayam</i> (90 ml bd Before Food) <i>Pranada</i> tablet (1-1-1 After Food) <i>Kanchanara guggulu</i> (2-0-2 After Food)	<i>Lepam</i> (over lower abdomen) <i>Jadamayadi choornam</i> + <i>Dhanyamlam</i> <i>Madbutailika vasthi</i> X 5 days <i>kashayam-Rasnasaptakam</i> (60 ml) + <i>Gandarvabasthadi</i> (60 ml) <i>tailam- Mahanarayana tailam</i> (120 ml) <i>Madhu</i> -120 ml <i>Kalkam- sathapushpa</i> (15 gm) + <i>yashti choornam</i> (10gm) <i>Saindhavam</i> 15 gm	
13/5/22	c/o Itching over inner thighs	<i>Rasna saptakam kashayam</i> (90 ml bd Before Food) <i>Pranada</i> tablet (1-1-1 After Food) <i>Kanchanara guggulu</i> (2-0-2 After Food) Neemi cream (External Application over inner thighs) <i>Thriphala choornam</i> (External Application over inner thighs)	<i>Lepam</i> (over lower abdomen) <i>Jadamayadi choornam</i> + <i>Dhanyamlam</i> <i>Madbutailika vasthi</i> X 5 days <i>kashayam-Rasnasaptakam</i> (60 ml) + <i>Gandarvabasthadi</i> (60 ml) <i>tailam- Mahanarayana tailam</i> (120 ml) <i>Madhu</i> -120 ml <i>Kalkam- sathapushpa</i> (15 gm) + <i>yashti choornam</i> (10gm) <i>Saindhavam</i> 15 gm	Itching relieved

15/5/22	?? No fresh complaints	<i>Rasna saptakam kashayam</i> (90 ml bd Before Food) <i>Pranada</i> tablet (1-1-1 After Food) <i>Kanchanara guggulu</i> (2-0-2 After Food) Neemi cream (External Application over inner thighs) <i>Thriphala choornam</i> (External Application over inner thighs)	<i>Udwarthanam</i> with <i>Triphalachoornam</i> (5 days)	
20/5/22	No fresh complaints	All the medicines stopped	<i>Snehapanam</i> with <i>Mahathikthaka gritam</i> X 7days	
27/5/22	No fresh complaints	-	<i>Abhyangam</i> with <i>Dhanvatharam tailam</i> and <i>Ushmaswedam</i> X 3 days	
30/5/22	No fresh complaints	-	<i>Virechanam</i> with <i>Avipathi choornam</i> (15 gm)	
31/5/22 To 4/6/22	c/o Disturbed sleep	<i>Rasna saptakam kashayam</i> (90 ml bd Before Food) <i>Pranada</i> tablet (1-1-1 After Food) <i>Kanchanara guggulu</i> (2-0-2 After Food) <i>Sumenta</i> tablet (0-0-2 at bedtime) Mental syrup (10 ml bd After Food)	<i>Yoga vasthi Sneha vasthi</i> – <i>Mahanarayana tailam</i> (60 ml) <i>Kashaya vasthi-Madbutailika vasthi Kashayam-Rasnasaptakam</i> (60 ml) + <i>Gandarvabasthadi</i> (60 ml) <i>Tailam- Mahanarayana tailam</i> (120 ml) <i>Madhu</i> -120 ml <i>Kalkam-Sathapushpa</i> (15 gm) + <i>Yashti choornam</i> (10gm) <i>Saindhavam</i> 15 gm <i>Yonipooranam</i> with <i>Mahanarayana tailam</i> X 5 days	Sleep improved. During <i>Yoga vasthi</i> the dose of tab Visanne was tapered to once in 2 days

Discharged on 4/6/22 – Advised to take Tablet Visanne once in a week.

Table-3: Follow Up and Outcome:

Date	Complaints	Medicine	Dose and Anupana	Remarks
4/6/22 to 10/6/22	No fresh complaints	<i>Rasna sapthakam kashayam</i> <i>Pranada</i> tablet <i>Kanchanara guggulu</i> Sumenta tablet Mental syrup	90ml twice a day Before food 1-1-1 After Food 2-0-2 After food 0-0-2 After Food 10ml – 0- 10 ml After Food	
10/6/22 to 30/6/22		<i>Guluchyadi kashayam</i> <i>Pranada</i> tablet <i>Kanchanara guggulu</i> <i>Kadalimadbusnubi</i> granules <i>Thriphala choornam</i> <i>Pravala bhasmam</i> capsule	90 ml twice a day Before food 1-0-1 After food 1-0-1 After food 1table spoon with milk ½ tsp bedtime 1-0-1 After food	Advised to stop Tablet Visanne
30/6/22	c/o Severe lower abdominal pain, low back ache and vaginal spotting reappeared after intake of beef.	<i>Guluchyadi kashayam</i> + <i>Punarnavadi kashayam</i> <i>Pranada</i> tablet <i>Kanchanara guggulu</i> <i>Kadalimadbusnubi granules</i> <i>Thriphala choornam</i> <i>Pravala bhasmam capsule</i> <i>Ksheera bala tailam</i> <i>Dasamoola hareethaki lehyam</i>	90 ml twice a day Before food 1-0-1 After food 1-0-1 After food 1table spoon with milk ½ teaspoon at bedtime 1-0-1 After food 2drops intra nasally X 3days 15 gm bedtime	Vaginal spotting stopped. On P/S Discharge (-), No bleeding from the vaginal vault
16/7/22	c/o Mild lower abdominal pain if the bowel is constipated	<i>Brihath thriphala choornam</i>	1 teaspoon at bedtime with hot water	Constipation relieved, pain relieved
6/10/22	No further complaints.	<i>Thriphala choornam</i> (start after 2 weeks) <i>Drakshadi kashayam</i> <i>Gandharva erandam</i>	1 teaspoon with hot water at bedtime 90 ml twice a day Before food 10ml weekly with hot water on an empty stomach	-

DISCUSSION:

The patient presented with lower abdominal pain, brownish discharge per vagina, low back ache, and hemorrhagic cyst on USG after hysterectomy. The symptoms are similar to that of *Vatiki yonivyapat* which includes *yonithoda*, *krishna alpa thanu ruksha arthava sravam*, *vankshana parsva vyadha*, and *gulma*. In this patient even though there is *Vata* vitiation she also has *pitha raktha kapha pradhana soppa*. Hemorrhagic cyst in the Endometriosis can be considered as *Grandhi* as per ayurveda. So *vatanulomana pitha raktha kapha samaka*, *sophahara* and *grandbihara chikitsa* were the line of management adopted here.

Punarnavadi kashayam, *Tablet Pranada*, *Tablet Kanchara guggulu* and *Dasamoola hareethaki lehyam*, having properties like *Sophahara*, *Soolahara*, *Gulmahara* and *Grandbihara* helped reduce symptoms of *Vatiki yonivyapat*.^[5,6,7,8]

Rasnasapthaka kashayam was helpful for *Amapachana* and immediate pain relief^[9]. Due to *sophahara* and *rujahara* properties, the application of *Jadamayadi choornam* with *Dhanyamla* over the lower abdomen was considered to reduce symptoms like local pain and inflammation^[10].

According to Ashtanga sangraha, *Vasthi* is *pradhana chikitsa* for *Vata*^[11]. *Madbutailika vasti* was opted here for *anulomana*. It contains an equal quantity of *Madhu* and *Taila* where *Madhu* helps in the fast and easy penetration of *Vasti* due to *Yogavahi* property and *Taila* helps in pacifying *Vata* by its *snigdha*, *ushna* properties^[12]. *Rookshana* followed by *Snehapana* with *Mabatiktakam ghruta* having *pitta raktha kapha samana* and *Gulmahara* action was beneficial for this condition^[13].

Virechana with *Avipathichoorna* is done here to eliminate *Pitta* balancing *Kapha* and *Vata dosha*^[14,15].

Yogavasthi was administered where *Snehavasthi* was done with *Mahanarayana Tailam* and

Kashayavasthi was *Madbutailikam* with *Rasnasapthakam kashaya*, *Gandharvabasthadi kashaya*, *Mahanarayana tailam*, *Madhu*, *Sathapushpa* and *Yashtimadhu kalkam* and *Saindhavam*. It works as *sodbhana* and brings *apana vata* to its normal level. In this condition, *Vasti*, which is capable of eliminating vitiated *Vata*, *Pitta*, *Kapha* and producing *rakthaprasadana* was needed. Pain and inflammation related to pelvic diseases induced by *vata* can be treated with *Vasti* because pro-inflammatory cytokines like IL6 which are highly sensitive to endometriosis are downregulated for a more extended period. So, it may help to reduce the inflammation^[16]. *Sthanika chikitsa* has prime importance in the management of *Yonivyapat*. Hence simultaneously *yonipuranam* was done with *Mahanarayana Tailam*, as it helps in pacifying *viguna Apana vata*.

Triphala choornam was given for *anulomana* to manage constipated bowel^[17].

Nasya by property of producing *Yonisosha*^[18], with *Ksheerabala Taila* being *Seetha veerya* was helpful to arrest the vaginal spotting^[19]. *Brihath triphala choornam* was given for *anulomana*. But the prolonged use of the same may lead to excess *rookshana* and it contains *Swarna pathri* which is a drastic purgative. Hence the dose was reduced in the follow-up after 3 months and changed to *Triphala choorna* daily and *Snigdha virechana* with *Gandharva eranda* weekly once. *Drakshadi kashaya* having *vatapittahara*, *jwarahara* and *dabahara* properties was given to prevent postmenopausal symptoms^[20].

CONCLUSION:

Endometriosis is a condition that can be correlated with *Vatiki*, as the *nidana* is mainly due to *vataprathilomana*. By the *prathiloma vata*, *pitha* and *kapha* get *sthanasamsraya* in *yoni* and *garbhasaya* causing *soppa*. Hence *sophahara*

treatment can be adopted assuring the *vatanulomana*. Comprehensive Ayurveda treatment can be a cost-effective option for managing deep endometriosis.

Post hysterectomy vaginal deep endometriosis is a rare condition, which is difficult to manage. Endometriosis can be correlated with *Vatiki*. The condition is characterized by *pratilomagati* of *Vata*. By the *prathiloma vata*, *pitta* and *kapha* get *shanasamsraya* in *yoni* and *garbhasaya* causing *sopha*. Hence *sophabara* treatment is adopted assuring the *vatanulomana*. A 36-year-old female diagnosed with Post hysterectomy vaginal deep endometriosis got symptomatic relief functional and quality of life improvement after one month of treatment and was completely cured in the follow-up.

Patient perspective:

The patient shared her perspective in her local (Malayalam) language. Her persistent severe lower abdominal pain, low back ache, and intermittent spotting per vagina were completely relieved after the course of treatments.

Informed Consent:

Informed consent was taken from the patient for the management and for reporting the case.

Limitation of study:

Further study on the same treatment protocol is needed in more patients for its scientific validation.

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