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Texts and Physicians in  
Keralan Ayurveda: the  
Case of the Rescue Clyster

## Introduction

In this chapter, I attempt to show the relevance of textual studies to clinical Ayurvedic practice by looking at the case of the Rescue Clyster (*vaitaraṇavasti*), a commonly-practised enema (*vasti*) formulation in Kerala. I consider how the different enema formulations and current variation in clinical practice among Ayurvedic physicians in Kerala reflect the

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I offer my *praṇāmas* to my guru, Padmaśrī Dr K. Rajagopalan, who gave back to the Ayurveda community the highly effective *vaitaraṇavasti*. I dedicate this paper to his lotus feet. I also express my sincere gratitude to Dr P. Ram Manohar and the Arya Vaidya Pharmacy, Coimbatore, for providing me with an opportunity to present this paper. My sincere thanks to Dr P. K. Varrier, Dr P. Madhavankutty Varrier and Dr E. Surendran, Arya Vaidya Sala, Kottakkal, for giving me a chance to present my observations on the practice of the rescue clyster in Keralan Ayurveda; Dr P. T. N. Vasudevan Mooss and Dr Narayanan Nambi, S. N. A. Oushadhasala, Thrissur, for providing an opportunity to present my study at the Unni Mooss Dinam Seminar 2010. This paper would not have assumed its current form without the editorial input of Dr Dominik Wujastyk. I am short of words to express my gratitude to him. Last but not least, I wish to express my gratitude to all the members of the Classical Ayurveda Text Study Group (CATS) for motivating us to take up textual studies through their inspiring work.

ways in which Ayurvedic practice arose from established theoretical foundations. I deal with Ayurvedic clinical practice here from both a text-historical perspective and from the perspective of a practicing, clinical physician.

In the following pages, I trace the appearance of the Rescue Clyster (*vaitaraṇavasti*) in the medical literature of Ayurveda up to the present, as well as the current practice of enema among physicians in Kerala. I also consider the extent to which the evolution of contemporary practice is reflected in Ayurvedic literature.<sup>1</sup>

The Rescue Clyster became popular following the research of P. Sankarankutty, M. R. Vasudevan Namboodiri and V. K. Sasikumar at the Government Ayurveda College in 1991.<sup>2</sup> Their work was inspired by Dr K. Rajagopalan's compilation of enema therapies (*vastiyoga*).<sup>3</sup> The practice of this type of enema (*vasti*) varies considerably from institution to institution and from individual to individual. For example, the formulation used for performing the Rescue Clyster in the Government Ayurveda College, Thiruvananthapuram, is in Table 7.1. In the Central Institute of Pañcakarma, Cheruthuruty, 450 ml of *kṣīra* or cow's urine (*gomūtra*) is used, while the measurements for the rest are the same. To make sense of the variations of this practice, a thorough scrutiny of textual references related to its formula is necessary.

The *Carakasamhitā* is an important Sanskrit medical source for Ayurvedic clinical practice. According to Caraka,

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<sup>1</sup>Although care is taken to present the facts objectively, the absence of a systematic codification of clinical research means that the paper may carry some minor misrepresentations regarding the practice of the Rescue Clyster.

<sup>2</sup>Sasikumar *et al.* 1991.

<sup>3</sup>Personal communication with Dr P. Sankarankutty, Dr V. K. Sasikumar, and Dr T. K. Sudarshanan Nair.

sea salt ( <i>saindhava</i> )	15 g
jaggery ( <i>guḍa</i> )	30 g
tamarind ( <i>amlikā</i> )	60 g
sesame oil ( <i>taila</i> )	120 ml
cow's urine ( <i>gomūtra</i> )	
or	
thickened milk ( <i>kṣīra</i> )	240 ml

Table 7.1: *Vaitaraṇavasti* in Thiruvananthapuram

medical practice is far more than mere acquaintance with the healing properties of medicinal herbs.

Practice depends on time and measure, and success is founded on practice. A person who knows practice always stands at the head of those who know about drugs.<sup>4</sup>

It is elimination therapy (*śodhanacikitsā*), and such therapies that form the basis of Ayurveda. Another work, the *Narasimhabhāṣya*, a unique commentary by Narasiṃha on the *Rasavaiśeṣikasūtra*, datable perhaps to the seventh or eighth century CE, has left a great impact on the Ayurveda fraternity of Kerala.<sup>5</sup> In general, this commentary serves as an authoritative interpretation (*vārttika*) applicable to the whole Ayurveda of eight components (*aṣṭāṅgāyurveda*), and specifically to the branch of Ayurveda dealing with internal medicine (*kāyacikitsā*). The *Narasimhabhāṣya* reveals the special status enjoyed by internal medicine due to the inclusion of elimination therapies (*pañcakarma*) in this branch.

<sup>4</sup>*Carakasamhitā Sū* 2.16 (Ācārya 1941: 25b): *mātrākālāśrayā yuktiḥ siddhir yuktau pratiṣṭhitā | tiṣṭhaty upari yuktijño dravyajñānavatāṃ sadā |* (tr. DW).

<sup>5</sup>On the date of *Narasimhabhāṣya*, see Meulenbeld 1999–2002: IIA, 138.

Purificatory therapy (*śodhanacikitsā*), also known as the five-fold elimination therapy (*pañcakarma*), was regarded in high esteem by Narasiṃha, and all branches of Ayurveda utilised the purificatory therapy.<sup>6</sup> In his exhaustive work *A History of Indian Medical Literature* (henceforth *HIML*), Meulenbeld cites only two self-contained, original texts in this regard, both on five-fold elimination therapy (*pañcakarma*), the *Pañcakarmavicāra* and *Pañcakarmavidhi*.<sup>7</sup> Furthermore, manuscript copies of a work entitled *Pañcakarmādhikāra* are found in libraries in Calcutta.<sup>8</sup> The dearth of knowledge among physicians about the ideal practice of *pañcakarma* has created a new scenario in which the procedure of enema itself has created many iatrogenic complications (diseases caused by five-fold elimination therapy).<sup>9</sup>

As a part of the elimination procedure of *pañcakarma*, enema (*vasti*) has been given special status from the classical period onwards. In his *Āyurvedasaukhyam*, Ṭoḍaramalla (fl. ca. 1550–1589) refers to a school of thought propounded

<sup>6</sup>See, for example, *Narasimhabhāṣya* 1.1 (Muthuswami 1976: 2), asserting the primacy of internal medicine (*kāyacikitsā*) and purificatory regimens: *pūrvaprakṛtā hy atra grhītatantraśarīrā viśeṣārthajijñāsavo martyāḥ| teṣāṃ anumatyartham uktam iti| evaṇi vārttikaprayojanam api dyotitaṃ bhavati viśeṣārthaprakāśanam iti| bhavati cātra sūtrārthānām upapattisūcanāt tatparihāravacanam, viśeṣārthadarśanam ca vārttikam iti| atrāha – kasyedam vārttikam iti| aṣṭāṅgasyāyurvedasya sakalasya, ārogyaśāstram vyākhyāsyāma ity aviśeṣeṇoktatvāt sarvatanttrapadārthasaṃgrahāc ca| athavā viśeṣataḥ kāyacikitsāyāḥ|*

<sup>7</sup>*HIML*: IIA, 525; cf. Raghavan *et al.* 1949–: 11, 8a. A manuscript of the *Pañcakarmavicāra* in Telugu script is OLM Accession Number P8734/6, Government Oriental Library, Mysore.

<sup>8</sup>Rama Rao (2005: p. 170, serial no. #1741) records four manuscripts: Asiatic Society Calcutta, acc. no. IE 45; Calcutta Sanskrit College Library acc. no. 248, and also acc. nos. 171 and 189 ascribed to a Vijayarakṣita.

<sup>9</sup>*Śārṅgadharaśaṃhitā* prathamakhaṇḍa 7, v.193cd-194ab (Śāstrī 1931: 132): *hīnamithyātīyogena bhedaiḥ pañcadaśoditāḥ| pañcakarmabhavaḥ rogā rogeṣv eva prakīrtitāḥ|*

by Atri that deems enema therapy (*vastickitsā*) to be an independent, ninth branch of Ayurveda.<sup>10</sup> He explains that enema therapy (*vastickitsā*) is included under the internal therapy (*kāyacikitsā*) branch of Ayurveda found in the compendia of Caraka and Suśruta.<sup>11</sup> From a textual-historical perspective, this strongly suggests that the practice of enema in Ayurvedic clinical practice is significant.

### **Vasti in Kerala**

The legacy handed down by Kerala's Ayurvedic physicians is a vibrant clinical practice, well-rooted in the fundamental principles of the Sanskrit medical classics. This observation can be established by a cursory examination of Kerala's rich literary tradition, which focuses on the fundamental principles of the Sanskrit medical sources as well as the clinical application of those sources. The literary contribution from Kerala includes various commentaries (especially on the *Aṣṭāṅgahṛdaya Saṃhitā*), treatises on poison treatment (*viśacikitsā*), paediatrics (*bālacikitsā*), and various other books on clinical practice written in both Sanskrit and mixed Sanskrit and Malayālam (*maṇipravālaṃ*). Yet, the teaching of Ayurveda in Kerala does not contribute much to the schemata of purification therapy (*śodhanacikitsā*).<sup>12</sup> This reminds us of

<sup>10</sup> *Āyurvedasaukhyam* 1.37 (Dash and Kashyap 1992: 61): *atri mate nava-prakārikā cikitsā carakasūrutādibhir viśopaśamanārtham yā agadā nāma kriyā proktā saivātriṇā bastickitsā kṛtā*, and 1.38: *gudāmayānāṃ yā bastiḥ śamaṇam ca nirūhaṃ | āsthāpanānuvasaś ca agadāṃ nāma kathyate |*

<sup>11</sup> *Āyurvedasaukhyam* 1.39 (Dash and Kashyap 1992: 62): *suśrutādīnāṃ mate bastickitsā kāyacikitsāntarbhūtaiva | ato 'tra mayā na aṇṇigkārāḥ kṛtaḥ | 39 |*

<sup>12</sup> For example, in the *Yogāmṛta* (15th–17th century CE, edited by Nambiyār Vaidyar (1960)), a handbook for clinical practice, enema (*vasti*) is used as a therapeutic tool in only six instances: (1) ileus (*udāvarta*), where constipation is experienced even after doing oil massage (*abhyāṅga*), applying a hot poultice (*piṇḍasveda*) and an anal wick (*gudavarti*), enema

the statement by Cakrapāṇidatta (*fl. ca. 1075*), which points to the declining importance of enema in Ayurvedic practice during his period:<sup>13</sup>

Many formulae for the preparation of enemas that are available in the compendia of Caraka and others were not included in this treatise as they are no longer utilised in current routine clinical practice.

Many formulae for the preparation of enemas that are available in the compendia of Caraka and other preceptors were not elaborated in this treatise as they were no longer utilised in the routine clinical practice by that time. Niścalakara (*fl. ca. 1150–1200*) and Śivadāśasena (*fl. ca. 1475–1500*), commentators on Cakrapāṇidatta's work, explain the word "chiefly" (*prāyo*) as suggestive of the clinical utilisation, in appropriate conditions, from the list of enema compounds (*vastiyoga*) enumerated in the classical treatises. This statement by the commentators does not negate the importance of Cakrapāṇi's observance regarding enema. This bold admission by Cakrapāṇidatta does not mean that later treatises do not add any novel formulae on enema (*vasti*). For example, the *Vṛndamādhava* (also known as *Siddhayoga*, composed ca. 800–950), that preceded Cakrapāṇidatta,

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has to be carried out (ch. 17, v. 40). (2) When hernial enlargement (*antravṛddhi*) approaches the groin, it is incurable, but can be maintained in a palliable (*yāpya*) state by treatments which also include enema (*vasti*) (29, v. 16). (3) A swelling in the seat of digested food (*pakvāśayaḡatagulma*) is treated by *vasti* (30, vv. 1, 6). (4) The application of an enema (*vastikarma*) is indicated in *pakṣāghāta* and *ākṣepaka* (40, vv. 18, 21). (5) In wind attack in the sides and back (*kaṭipṛṣṭagatavāta*), dominated by pain, enema is indicated (40, vv. 46, 48, 49). (6) The application of an enema (*vastikarma*) is also indicated in gripes (*śūla*) (43, v. 17).

<sup>13</sup>*Cikitsāsāṅgraha* 71.34 (Sharma 1993: 864): *carakād yo samuddiṣṭāḥ ba-stayo ye sahasraśaḥ| vyavahāro na taiḥ prāyo nibaddhā nātra tena te.*

had introduced newer enema formulations of alkali enema (*kṣāravasti*), the Rescue Clyster, etc.

In the recent history of Kerala's Ayurvedic practice, especially in the former princely state of Travancore, laudable contributions have been made in the area of drug studies, clinical researches, and publications by physicians of Certhala Taluk.<sup>14</sup> Their field of interest also included purification therapy (*śodhanacikitsā*), and these physicians published many pioneering works in the field of elimination therapies (*pañcakarma*), such as Pāṇāvalli C. Kṛṣṇanvaidyān's *Vastipradīpam* and Manakoḍam Keśavanvaidyān's *Pañcakarma athavā śodhanacikitsā*.<sup>15</sup> The presence of an uninterrupted Aṣṭavaidyā lineage in Kerala that preserved and enhanced Vāgbhaṭa's clinical treatises and the works of the Certhala Taluk physicians gave a new lease on life to the speciality of purification therapy (*śodhanacikitsā*).

P. S. Varier was perhaps the first to write about Ayurvedic therapies specific to Kerala, when he discussed the topic of flow therapy (*dhārā*) in the Malayalam journal *Dhanwantari* in 1906. But the publication of formal literature devoted to the specialised treatment therapeutic procedures of Kerala in all likelihood began in 1913 with the publication of the *Dhārākalpa*.<sup>16</sup> This was followed by P. Raman Menon's *Śrī Śirasekādīvidhi*,<sup>17</sup> N. S. Mooss's monograph on the specialised treatment procedures of Kerala,<sup>18</sup> and Aryavaidyān S. Raghunatha Iyer's Sanskrit

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<sup>14</sup>Eṭṭi Acyutan, a physician hailing from Certhala Taluk, contributed significantly to the compilation of historic work *Hortus Malabaricus* of van Rheede (1678–1703).

<sup>15</sup>Kṛṣṇanvaidyān 1988 and Keśavanvaidyān 1993.

<sup>16</sup>Nilakaṇṭhaśarma and Ācārya 1913.

<sup>17</sup>Menon 1929/1930.

<sup>18</sup>Mooss 1983.

work on specialised therapies.<sup>19</sup> All of these activities rekindled interest in specialised treatment procedures, including purification therapy (*śodhanacikitsā*), in Ayurvedic practice both within and outside of the state of Kerala.

The Rescue Clyster (*vaitaraṇavasti*), an enema formulation popular among the current generation of Ayurveda clinicians in Kerala, is not mentioned in the above-mentioned works related to enema (*vasti*).<sup>20</sup>

### **Vasti formulations in Vaṅgasena's *Cikitsāsārasaṃgraha***

The enema formulation in the *Cikitsāsārasaṃgraha* by Vaṅgasena (fl. 1050–1100) was subjected to study in the above-mentioned research.<sup>21</sup> The formula for enema in this text reads:<sup>22</sup>

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rock salt ( <i>sindhujanma</i> )		
or sea salt ( <i>saindhavalavaṇa</i> )	one <i>karṣa</i>	12 g
jaggery ( <i>guḍa</i> )	half a <i>pala</i>	24 g
tamarind ( <i>amlikā</i> )	one <i>pala</i>	48 g
sesame oil ( <i>taila</i> )	<i>iṣat taila</i>	a little
cow's milk ( <i>surabhipayaḥi</i> )	one <i>kuḍava</i>	240 ml

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<sup>19</sup>Raghunatha Iyer 1972.

<sup>20</sup>Neither Kṛṣṇanvaidyan (1988) nor Keśavanvaidyan (1993) mention this enema (*vasti*) formulation. Caustic enema (*kṣāravasti*) and the Rescue Clyster were not common in the routine clinical practice of Kerala's Aṣṭavaidya tradition.

<sup>21</sup>For example, by Sasikumar *et al.* 1991.

<sup>22</sup>*Vaṅgasena bastiprakaraṇa* 186–190 (Rāya 1983:805, Bhaṭṭācārya 1983:947–48): *sindhūdbhavasya karṣam amlikāyāḥ palam guḍārddhapalam| surabhīpayasaḥ kuḍavaḥ sarvair etaiḥ kṛto bastiḥ||186|| iṣattailayuto 'yaṃ bhukte datte nihanti rogaṇam| kaṭyūruprṣṭhaśoṭham śūlam cāmānilam| ghoram||187|| cirabhavam ūrustambham grdhrasirogam ca jānusaṃkocam| vi-ṣamajovarāṇi ghoram klaibyañ ca vināśayatṛ āśu||188|| bastir vaitaraṇokto guṇa-gaṇayuktāḥ suvikhyātāḥ||189|| bhojayitvā ca sāyāhne sarvasyāyam praśasyate| atha ced balavān jantur abhuktvāpi tadā kvacit||190||*



While the present study lacks an exhaustive survey of the textual data to support this formulation, it is clear that the formula was furthermore modified by increasing the quantity of milk to two *kuḍava*. Vaṅgasena's text explains that this increase in the quantity of milk was done to reduce the consistency of the enema so that it can be administered more easily. Sasikumar *et al.* (1991:105) noted that,

...the modalities of mixing the ingredients are not mentioned. The main impediment of combination of tamarind and milk together. Milk will readily coagulate when combined with tamarind. Also honey and kalka are not mentioned. A viable alternate method is adopted by mixing jaggery in water and evaporating required quantity of water so as to make the solution dense to be used as honey. Sea salt is an ingredient and *tila taila* can be used as *sneha*. Tamarind is mixed and squeezed well in hot water to be used as *kalkka*. Milk is boiled well and cooled and added at the end to substitute *kwatha*. The disorganisation is seen very much less when this methodology is followed. The vasti constituted thus will be very thick thus rendering it difficult to negotiate through vasti yantra since only one *kuḍava* (app. 250 ml) of milk is added. the problem can be settled by adding 2 *kuḍavas* of milk. The constituted vasti is taken in vasti putaka administered. Vaitarana vasti can be given after food in the afternoon like an *anuvāsana*. But if the patient has adequate strength, it can be administered like a *niruha* also.

The oil used was 120 ml, or approximately two *palas*.

Confusion regarding the combination of substances in the Rescue Clyster is further complicated when one refers to Śāligrāma Vaiśya's early nineteenth-century Hindi translation of Vaṅgasena's work, that includes cow's urine (*gomūtra*) instead of milk as a necessary constituent.<sup>23</sup> This addition may have been influenced by former medical treatises like *Vṛndamādhava* and *Cakradatta*.<sup>24</sup> This ambiguity created two sections among physicians; the division was based on each physician's choice for one of the liquid ingredients, that is, those who preferred cow's urine (*gomūtra*), and the others who preferred milk (*kṣīra*).

The first textual reference to the Rescue Clyster (*vaitaranavasti*) is found in the *Vṛndamādhava* (also called the *Siddhayoga*):<sup>25</sup>

*kṣāraṃ na ced vaitaraṇaṃ pradāya dvyaha tryahe  
vāpy anuvāsaniyah|*

The placement of this enema in the *Vṛndamādhava* is noteworthy. In the Ānandāśrama edition of this text (Pādhye 1894), the Rescue Clyster is explained in an independent section after the section on non-oily enemas (*nirūha*),<sup>26</sup> since this formulation does not satisfy the combination pattern of ingredients observed in the preparation of non-oily en-

<sup>23</sup>Jaina 1996: 1000 (reprint of Jaina 1904).

<sup>24</sup>Jaina 1996: 1000. Cakradatta is placed before Vaṅgasena by some historians.

<sup>25</sup>*Vṛndamādhava* ch. 75.3 (Pādhye 1894: 559; cf. also Tivārī 2007). Commenting on this, Śrīkaṅṭhadatta explains (Pādhye 1894: 559): *yasya virecanaṃ nocitaṃ saṃcitaṃ ca malam asti tasya tanmalāpagamārthaṃ kṣāraṃ vaitaraṇaṃ vā bastiṃ dattvānuvāsanaṃ deyaṃ viśuddhasya snehabastyupadeśāt*.

<sup>26</sup>By contrast, the critical edition of the text by Dr Premvati Tiwari explains it in the non-oily enemas (*nirūha*) section, verses 43–4 (Tivārī 2007).

emas (*nirūhavasti*) (i.e., *mākṣikam*, *lavaṇam*, *sneham*, *kalkam*, and *kvātham*<sup>27</sup>) and is of lesser quantity.

The formula given by Vṛnda has:<sup>28</sup>

sea salt ( <i>saindhava</i> )	<i>karṣa</i>	12 g
jaggery ( <i>guḍa</i> )	<i>śukti</i>	24 g
tamarind ( <i>amlīkā</i> )	<i>pala</i>	48 g
cow's urine ( <i>gomūtra</i> )	<i>kuḍava</i>	240 ml

The indications of enema formulation are gripes (*śūla*), loose bowels (*anāha*), and windy constipation (*ānavāta*). The critical edition of the *Vṛndamādhava* by Tivārī (2007) reports a variant reading, where jaggery (*guḍa*) is replaced by asafetida (*hiṅgu*).<sup>29</sup> Ṭoḍaramalla's *Ayurvedasaukhyam* describes the formula of the Rescue Clyster using verses similar to those in Vṛnda's *Vṛndamādhava*.<sup>30</sup> Cakrapāṇi-datta also accepts the same formula as Vṛnda.<sup>31</sup> The text of the *Cikitsāsāṅgraha* as printed in the Sharma (1993) edition, accompanying *Nīscalakara*'s commentary, omits the term *īṣat*, and reads: *tailayuto 'yaṃ*.<sup>32</sup> But *Nīscalakara* seems to

<sup>27</sup> *Aṣṭāṅghṛdayasamhitā* sūtra, 19.45cd–46ab (Kumṭe et al. 1995: 279): *mākṣikam lavaṇam sneham kalkam kvātham iti kramāt| āvapeta nirūhāṇām eṣa samyojane vidhiḥ|*

<sup>28</sup> *Vṛndamādhava* 74.43–4 (or 76.1–2 of the *vaitaraṇabasti* section in the edition of Pādhye (1894: 576)): *palaśuktikarṣakuḍavair amlīkāguḍasindhujanmagomūtraiḥ| īṣattailayuto 'yaṃ bastiḥ sūlān āhāmaṅvātaharaḥ|| bhoyaitvā tu sāyāhne sarvasyāyaṃ praśasyate| atha ced balavāñjantur abhuktvāpi tadā kvacit||*

<sup>29</sup> *Ibid.*, Tivārī 2007: 2, 938: ...*amlīkāhiṅgusindhujanmagomūtraiḥ|*

<sup>30</sup> Dash and Kashyap 1980–1992: v. 3, ch. 14, vv. 62–3.

<sup>31</sup> *Cikitsāsāṅgraha* 71.30–31 (Sharma 1993: 863) ≈ (Bhaṭṭācārya and Bhaṭṭācārya 1993: 890–91): *palaśuktikarṣakuḍavair amlīkāguḍasindhujanmagomūtreḥ īṣattailayuto 'yaṃ bastiḥ sūlānāhām avātaharaḥ| vaitaraṇaḥ kṣārabastir bhuktecāpi pradīyate|*

<sup>32</sup> *Cikitsāsāṅgraha* 71.31 (Sharma 1993: 863).

accept the reading *iṣattailayuto 'yaṃ*, as he comments on the term *iṣat*.<sup>33</sup> While commenting on this section, *Niścalakara* offers yet another formula for the Rescue Clyster, that he ascribes to an *Āyurvedasāra*.<sup>34</sup> The formula amounts to the following:

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sea salt ( <i>saindhava</i> )	<i>akṣa</i>	12 g
jaggery ( <i>guḍa</i> )	<i>pala</i>	48 g
tamarind ( <i>ciñcā</i> )	<i>pala</i>	48 g
sesame oil ( <i>taila</i> )	<i>pala</i>	48 g
cow's urine ( <i>gomūtra</i> )	<i>kuḍava</i>	240 ml

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Commentators on the Sanskrit medical sources offer important clues about the composition of the Rescue Clyster formulations. Śrīkaṇṭhadatta (*fl.* 12th century) and Śivadāsasena (*fl. ca.* 1475), commentators on the *Vṛndamādhava* and *Cikitsāsaṅgraha* respectively, explain that even though a measurement of ingredients for enema should be taken as explained in the textual formulae, nevertheless the quantity of cow's urine (*gomūtra*) should be doubled, in accordance with the general rule of interpretation (*paribhāṣā*) about the doubling of liquid ingredients (*dravadvaigu-*

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<sup>33</sup>*Ratnaprabhā* (Sharma 1993: 863): *iṣattailam iti palam iti vyavaharanti vṛddhāḥ* | [Since the omission of 'iṣat' renders the śloka unmetrical, and the word is present in other editions, this may be a slip in the 1993 edition – ed.]

<sup>34</sup>*Niścalakara's Ratnaprabhāṭikā on Cikitsāsaṅgraha* 71.30-31 (Sharma 1993: 863): *yad uktam āyurvedasāre – gomūtrakūḍavaś caikaś ciñcāguḍa-palaṃ palaṃ | satailam saindhavasyākṣam ete vaitaraṇāhvayaḥ | kṛte bhukte prayukto 'yaṃ śoṭham mandāgnitām jayet | grāhrasijānusaṅkocasaṃstambhaṃ viśamajavaram* | [Sharma (1993: 15) identifies the author of the *Āyurvedasāra*, that *Niścala* also cites elsewhere, as *Acyuta*, on whom see *Raghavan et al.* (1949–: 2.153b) – ed.]

*nyam*).<sup>35</sup> In other words, they maintain a tradition of adding double the quantity of liquid ingredients explained in the formulae. Candraṭa explains that this practice of doubling of the quantity of liquid ingredients is appropriate for liquid (*drava*) that has the quantity of *kuḍava* or more.<sup>36</sup> The commentators Nīscalakara and Śivadāsasena on Cakrapānidatta's *Cikitsāsāṅgraha* stipulate that the quantity of sesame oil (*taila*) is one *pala* (ca. 48 g) on the basis of existing tradition (*vr̥ddhavaidyasaṃmatāt*).<sup>37</sup> Śivadāsasena's *Tattvacandrikāṭikā* presents the practice of adding one emetic nut (*madanaphala*) to the Rescue Clyster (*vaitaraṇavasti*).<sup>38</sup> This is normally added to every non-oily enema (*nirūhavasti*).<sup>39</sup> This tradition seems to be a conscious effort to grant the status of non-oily enema (*nirūhavasti*) to the Rescue Clyster.

Before further elaborating the enema formulation of Vaṅgasena, it is helpful to look at the term *vaitaraṇa* in the Ayurvedic classics. The term *vaitaraṇa* is used as the proper name of a preceptor of surgery (*śalyatantrācārya*)

<sup>35</sup>Śrīkaṅṭhadatta's *Vyākhyākusumāvalī* (Pādhye 1894: 576): *gomūtrasya kuḍavo 'ṣṭau palāni dravadvaiguṇyāt| nirūheṣu rasādīnām pramāṇam tu yathāśrutīti paribhāṣāṃ punar dravadvaiguṇyaṇiṣedhikām nādiriyante|*

<sup>36</sup>Candraṭa on *Cikitsākalikā* v. 82 (Sharma 1987: 54): *mūtrakūḍavadvitayam gomūtrasyāṣṭaupalāni| dviguṇaparibhāṣātra kuḍavād ūrdhvaṃ kriyata iti|; Aṣṭāṅgahṛdayasaṅhitā, Kalpasiddhisthāna 6.23 (Kumṭe et al. 1995: 775): dviguṇam yojayed ārdram kuḍavādi tathā dravam|*

<sup>37</sup>Ratnaprabhāṭikā on *Cikitsāsāṅgraha* 71, vv. 30–31 (Sharma 1993: 863): *īṣat tailam iti palam iti vyavaharanti vr̥ddhāḥ|; Tattvacandrikāṭikā, ibid. (Bhaṭṭācārya and Bhaṭṭācārya 1993: 891): īṣat śabdena tailapalam iti vyavaharanti vr̥ddhāḥ|*

<sup>38</sup>*Tattvacandrikāṭikā* (Bhaṭṭācārya and Bhaṭṭācārya 1993: 891): *atrāpi madanaphalam ekaṃ deyam ity āhuh|*

<sup>39</sup>Candraṭa citing Kharanāda (Sharma 1987: 54): *tathā ca kharanādaḥ – ata ūrdhvaṃ pravakṣyāmi nirūhasya prakalpanam| dvādaśaprasṛtān ādye tato 'nyāṃs tu prakalpayet| sarveṣv eva nirūheṣu madanaṃ ca prakalpayet| snehaṃ guḍaṃ māksikam ca lavaṇam cāpi yuktitaḥ|*

in the *Suśrutasaṃhitā*.<sup>40</sup> Some have argued that the name in Vaṅgasena refers to this preceptor Vaitaraṇa. Yet, few references to the works of Vaitaraṇa are seen in the commentaries of Śrīdāsapaṇḍita,<sup>41</sup> or Cakrapāṇidatta.<sup>42</sup> The extrapolation of Preceptor Vaitaraṇa to the context of clinical enema does not help much to round out our understanding of the composition and practice of enema (*vasti*). Instead, I suggest that the term *vaitaraṇa* was coined by Vṛ̥nda as a conventional technical term (*pāribhāṣikasamjñā*).<sup>43</sup> Vaṅgasena seems to be making an obvious reference to the Rescue Clyster (*vaitaraṇavasti*) mentioned in previous treatises like the *Vṛ̥ndamādhava*, when he uses the phrase “together with the collection of qualities mentioned for a *vaitaraṇa*” (*vaitaraṇoktaguṇagaṇayuktaṃ*).<sup>44</sup> And his adjective “famous” (*suvikhyāta*) at the same place appears to be an acknowledgement of its time-tested usage and acceptance among physicians.

Vaṅgasena contends that his substitution of cow’s urine (*gomūtra*) (which has the pungent taste (*kaṭurasa*) and the

<sup>40</sup>*Suśrutasaṃhitā, sūtrasthāna 1, 3* (Ācārya 1938: 1).

<sup>41</sup>Śrīdāsapaṇḍita (14th century) commenting on the *Aṣṭāṅgaḥṛdayasaṃhitā, sūtrasthāna, 1.14* (Mooss 1940: 47): *vaitaraṇenāpy uktam – ‘prāṇināṃ mūlam āhāraḥ śārīropacayasya sa ... raseṣu sadāyatto rasā dravyāśritāḥ smṛtāḥ’* and he also quotes a *Vetarāṇa* in *sūtra 20.16: uktam ca vetaraṇena – raktapittavikāreṣu pittaprakṛtaye tathā| kāle coṣṇe viśeṣeṇa vinā svedam prayojayet|*

<sup>42</sup>See Cakrapāṇidatta’s comments on *Suśrutasaṃhitā sū.18.9–11 and 17–18* (Ācārya and Śarman 1939: 139, 141). [On Vaitaraṇa as a person, see further Meulenbeld 1999–2002: IA, 371 – ed.]

<sup>43</sup>A *pāribhāṣikasamjñā* is a technical term that directly refers to an object and has neither a generic feature (*jāti*) nor an attribute (*upādhi*) as the basis of reference.

<sup>44</sup>See note 22 above, v. 189. A syntactic analysis (*vigraha*) of the term *vaitaraṇokta* would be *vaitaraṇāya uktam* in the dative case (*caturthīvibhakti*), and not “stated by Vaitaraṇa” (*vaitareṇe uktam*) using the instrumental (*trītiyā*).

dry, non-oily quality (*rūkṣagūṇa*) with cow's milk (*gokṣīrā*) – which is sweet (*madhura*) and viscous (*snigdha*) – will not alter the clinical efficacy of the popular Rescue Clyster (*vaitaraṇavasti*). This modification seems to be done to suit the patient, who is in a state where oil depletion (*rūkṣatā*) predominates and strength (*bala*) is reduced. Candraṭa advises that when physicians perform an oil-depletion enema (*rūkṣavasti*) in cases associated with obstruction (*āvāraṇa*) and in unobstructed (*nirāvāraṇa*) conditions, the enema (*vasti*) should be prepared by adding one *pala* (48 g) of sesame oil (*taila*).<sup>45</sup> Āḍhamalla, the commentator on the *Śārṅgadharasamhitā*, who closely follows Vaṅgasena, refers to the enema (*vasti*) preparation as Milk Rescue Clyster (*kṣīravaitaraṇam*).<sup>46</sup> This substantiates my hypothesis that Vaṅgasena modified the Rescue Clyster (*vaitaraṇavasti*) by substituting cow's urine (*gomūtra*) with cow's milk (*gokṣīrā*).

### Formulæ for *vaitaraṇavasti* available from various treatises and commentaries

#### FORMULA 1

According to the reading of *Vṛndamādhava*, the *Cikitsāsāṅgraha*, and the *Āyurvedasaukhya*, the ingredients are:

<sup>45</sup>Candraṭa, commenting on *Cikitsākalikā* 82 (Sharma 1987: 54): *sāvāraṇe rūkṣam | nirāvāraṇe tailapalānvitam |*

<sup>46</sup>Āḍhamalla, commenting on *Śārṅgadharasamhitā* uttarakhaṇḍa 5.16-18 (Śāstrī 1931: 323): *yasya ca virecanaṃ nocitaṃ samcitaṃ ca malaṃ bastiṃ tasya ca tanmalāpagamārthakṣīravaitaraṇaṃ vā bastiṃ dattoānuvāsanaṃ deyaṃ | trisuddhasya snehavastyupadeśāt |* It is interesting to note that Āḍhamalla closely follows Śrīkaṇṭhadatta, but replaces the term *vaitaraṇa* (“clyster”) with *kṣīravaitaraṇa* (“milk-clyster”).

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sea salt ( <i>saindhava</i> )	<i>karṣa</i>	12 g
jaggery ( <i>guḍa</i> )	<i>śukti</i>	24 g
tamarind ( <i>amlikā</i> )	<i>pala</i>	48 g
sesame oil ( <i>taila</i> )	<i>īṣat</i>	small amount
cow's urine ( <i>gomūtra</i> )	<i>kuḍava</i>	240 ml

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## FORMULA 2

According to the variant reading of the *Vṛndamādhava*, jaggery (*guḍa*) is replaced by *hiṅgu*:

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sea salt ( <i>saindhava</i> )	<i>karṣa</i>	12 g
<b><i>hiṅgu</i></b>	<i>śukti</i>	24 g
tamarind ( <i>amlikā</i> )	<i>pala</i>	48 g
sesame oil ( <i>taila</i> )	<i>īṣat</i>	small amount
cow's urine ( <i>gomūtra</i> )	<i>kuḍava</i>	240 ml

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## FORMULA 3

According to the *Āyurvedasāra* of Acyuta:

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sea salt ( <i>saindhava</i> )	<i>karṣa</i>	12 g
jaggery ( <i>guḍa</i> )	<b><i>pala</i></b>	48 g
tamarind ( <i>amlikā</i> ) <sup>47</sup>	<i>pala</i>	48 g
sesame oil ( <i>taila</i> )	<b><i>pala</i></b>	48 g
cow's urine ( <i>gomūtra</i> )	<i>kuḍava</i>	240 ml

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<sup>47</sup>Śivadāsaena, commenting on caustic enema (*kṣāravasti*), explains the term *amlikā* as the *amlikāyā iti sāstitintiḍiphalasya* that is to take the tamarind (*amlikā*) along with its seeds. This is not seen in practice in Kerala.



We can stipulate the quantity of sesame oil (*taila*) is one *pala* on the basis of the *Niścalakara* and the *Śivadāsa*. Regarding the quantity of cow's urine (*gomūtra*), *Niścalakara* is silent; but both *Śrīkaṇṭhadatta* and *Śivadāsa* take it as eight *palas* (*aṣṭapala-*) by sticking to the rule of interpretation (*paribhāṣā*) concerning double-measures of fluids (*dravadvaiguṇya*).

1. Formula 1 is further modified by adding one emetic nut (*madanaphala*) to the enema formulation in line with the tradition quoted by *Śivadāsa*.
2. In the compendium of Vaṅgasena, where the cow's urine (*gomūtra*) is replaced by *gokṣīra*.

In our clinical experience we observed that the use of one *pala* of sesame oil (*taila*), rather than the current practice of taking two *palas* of sesame oil (*taila*), has resulted in better outcomes.<sup>48</sup> This demands a well-designed study of various formulations of *vaitaraṇavasti* for establishing its relative clinical efficacy and thereby standardising the formula of *vaitaraṇavasti*.

## Indication

The number of conditions where Rescue Clyster (*vaitaraṇavasti*) is therapeutically indicated increases in texts that come after Vaṅgasena, as shown in Table 7.3. And we can see a similar increase in conditions indicated for treatment

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<sup>48</sup>Syamakrishan *et al.* in preparation. Here in some cases the liquid is replaced by sour rice-gruel (*dhānyāmla*) as it can be made available easily and more importantly in a sterile form when compared to cow's urine (*gomūtra*). This also yielded very good results, suggesting that a formula for an enema (*vastiyoga*) can be regarded as a model and a physician can modify it according to the clinical conditions in which it is administered.

Verse	Indication	VT	C	Ā	V
1	acute pain ( <i>śūla</i> )	+	+		+
2	strangury ( <i>ānāha</i> )	+	+		
3	constipation ( <i>ānavāta</i> )	+	+		+
4	dropsy ( <i>śoṭha</i> )			+	
5	sluggish digestion ( <i>mandāgnitā</i> )			+	
6	pelvic stiffness ( <i>gr̥dhrasī</i> )			+	+
7	knee-contraction ( <i>jānusankoca</i> )			+	+
8	muscular rigidity ( <i>saṁstambha</i> )			+	
9	irregular fever ( <i>viśamaajvara</i> )			+	+
10	swelling of the hip, thigh and back ( <i>kaṭyūrupr̥ṣṭhaśoṭha</i> )				+
11	persistent torpor of the thigh ( <i>cira- bhavam ūrustambha</i> )				+
12	impotence ( <i>klaibya</i> )				+

Table 7.3: VT= Vṛnda/Toḍara, C = Cakra, Ā = Āyurvedasāra,  
V = Vaṅgasena

by the decoction of yellow-fruit nightshade, etc. (*vyāghryā-dikvāthā*).<sup>49</sup>

### Time of administration

Vṛnda and Vaṅgasena explain that *vaitaraṇavasti* can be administered to all types of patients.<sup>50</sup> It may even be given after eating, which deviates from the general norm of ad-

<sup>49</sup>Vāgbhaṭa mentions wind-phlegm fever (*vātakaphajvara*), wheezing (*śvāsa*), cough (*kāsa*), catarrh (*pīnasa*), and acute pain (*śūla*) as indications. The *Cikitsāsāṅgraha* and the *Śārāṅgadharasaṁhitā* (Śāstrī 1931: 151) add facial paralysis (*ardita*), lingering fever (*jīrṇajvara*), loss of appetite (*aruci*), loss of voice (*vaisvaryaṁ*), and indigestion (*ajīraṇa*). Govindadāsa adds night fever (*rātrijvara*). Niścalakara reports its high efficacy in old catarrh (*purāṇapīnasa*).

<sup>50</sup>See n. 22 above, verse 190.

ministering non-oily enemas (*nirūhavasti*).<sup>51</sup> It may also be given in the evening. If the strength of the patient is good, then this enema can be given even on empty stomach, although most authorities favour the administration of the Rescue Clyster (*vaitaraṇavasti*) after eating.<sup>52</sup>

## Conclusion

In the *Nirukta*, Yāska's ancient work on lexicography and scriptural hermeneutics (ca. 5th century BCE), the author says that when the direct seers of the hymns or mantras had passed away, the people approached the gods and asked them about how to fill the void created by the absence of the seers. Then, Yāska answered his own question by saying that etymology (*nirukta*) or reasoning (*tarka*) was transmitted to the people by the gods to fill the void. If the mantras are grasped in the light of the *Nirukta*, then this science is capable of revealing the meaning of the mantras as they were communicated to the original seers.<sup>53</sup> The *Niru-*

<sup>51</sup>Cakradatta 71.31cd (Sharma 1993: 863): *vaitaraṇaḥ kṣārabastir bhukte cāpi pradīyate* |

<sup>52</sup>Ratnaprabhāṭikā commentary on Cakradatta 71.30–31 (Sharma 1993: 863): *atyantaśūlapīdāyāṃ bastidvayam idaṃ bhukte 'pi dīyatā ity āha vaitaraṇa ity ādi* | *etad āvasthikam vidhānaṃ na tv autsargikaṃ, bhukte nirūhasyeti doṣakartṛtvāt* | *kin tu bhukte kṣārabastir na punaś carati, vaitaraṇaḥ punaḥ svasthāvasthāyāṃ pracaraty eva* |

Tattvacandrikāṭikā commentary, *ibid.* (Bhaṭṭācārya and Bhaṭṭācārya 1933: 891): *atyantaśūlapīdāyāṃ bastidvayam idaṃ bhukte 'pi dīyatā ity āha vaitaraṇa ity ādi* | *atyantaśūlapīdāvasthāyāṃ āvasthikam idaṃ vidhānaṃ bodhyaṃ, na tu sārvaśālikam, bhukte nirūhasyātidoṣalatvāt* | *kiṃ tu bhukte kṣāravastir na pracarati, vaitaraṇas tu caraty eva* |

<sup>53</sup>*Nirukta parīśiṣṭa* 13.12 (Sarup 1967: 227): *manuṣyā vā ṛṣiṣūtkrāmatsu devān abruvan* | *ko na ṛṣir bhaviṣyatīti* | *tebhya etaṃ tarkam ṛṣiṃ prāyacchan mantrārthacintābhīyūham abhyūlham* | *tasmād yad eva kimcānūcāno 'bhyūhaty āṛṣaṃ tad bhavati* | [For the same concept in the main body of the *Nirukta*, cf. section 1.20 (Sarup 1967: text pp. 41–42, tr. p. 20) *sākṣātkṛtadharmāna ... vedam ca vedāṅgāni ca.* – ed.]

*ka* provides the missing link and the creative organization of Vedic students, and it is hailed as a sacred teaching that sanctions creative investigation (*ūha-brahma*).<sup>54</sup> Kharanāda noted that when specifics are not mentioned in the texts one must rely on the clinical experience of learned physicians, and use appropriate quantities of drugs after proper assessment of a patient's humours (*doṣa*) and observable variables.<sup>55</sup> By combining these two methods we can design novel paradigms in our research and clinical practice and move forward in new and fruitful directions.

The study of the textual sources of Ayurvedic practice not only helps us to understand the work of indologists, historians, linguists, and philosophers, it also directly benefits our clinical practice and its results. We can move forward in the direction of standardising the *vaitaraṇavasti* by doing rigorous clinical research based on the available textual data.

### Further reading

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<sup>54</sup>Durga's commentary on the same passage (Bhadkamkar 1942: 1181): *idaṃ niruktaśāstraṃ ūhaḥ brahma yeṣāṃ asti te śabdārthasaṃkateṣv apratibadhyamānā atikramya avidvāṃsaṃ vi-viśeṣataḥ sarvatraiva pratipūjyamānāḥ caranti tve eke ity arthaḥ| evaṃ etasmin mantrē asyā udgāhitārthān evoddisya mantrārthacintābhyūhasya brahmatvaṃ śrūyate|*

<sup>55</sup>Kharanāda quoted by Candrāṭa, *Cikitsākalikā* 82 (Sharma 1987: 55): *yasmin nirūhe nirdiṣṭāḥ pramāṇaṃ na ca kīrtitam| tasmīn doṣādhikaṃ dṛṣṭvā yuktyā saṃvibhajed bhiṣak| madanānāṃ vimṛdyāṃsaṃ kvāthaṃ kṣīrasādiṣu| śāstraprāptavinyāsaṃ kalpayed guruśikṣayā|*

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