



Review Article

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CRITICAL APPRAISAL IN UNDERSTANDING THE NATURE OF *TRIVIDHA KOSHTHA*: A REVIEW

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ABSTRACT

Panchakarma procedures are influenced by *Koshtha*. It is being treated as unchangeable entity and also believed that it is concreted at the time of decision of one's *prakriti*. But practically, it is being observed that there are various factors that influence *Koshtha* which might be responsible for its variation. Also, *Koshtha* is said to be the group of organs related to the thoracic, abdominal and pelvic cavities. To understand the nature of *Koshtha* one has to understand the nature of these organs too. This article helps us understanding the variable nature of *Koshtha*, how particular type of *koshtha* might be functioning, the relation between oleation (*Snehapana*) and *Koshtha*.

Keywords: *Koshtha*, *Prakriti*, *Snehapana*.

INTRODUCTION

The meaning of *Koshtha* is *Antarjatharam*¹ any one viscera of the body or the abdomen². It has been already explained as group of 15 organs (*Koshthangaani*)³ and 8 (*Koshthaanga*)⁴. *Koshtha* is also said to be the *abhyantarogamarga*⁵. So, in anatomical context it indicates all the organs related to the thoracic, abdominal and pelvic cavities. But when it is used from physiological aspect, the assessment is carried out through the functions of digestive system especially on the basis of expression of one's bowel habits.

Decision over the dosages of any Panchakarma procedure needs the thought on *Koshtha*, *vaya* and *bala* of the patient⁶. If physician does not know the nature of *Koshtha*, one must administer the medicine of *mridu* nature⁷. The physician who gets failed to understand the nature of *Koshtha* leads to various *Vyapat*. It is said that after knowing *gurutva* and *laghutva* of *Koshtha*, one must administer *tikshna* or *mridu* medicines. Otherwise, it may lead to *ayoga* or *atiyoga* of *vamana* or *virechana*⁸. The knowledge of *Koshtha* during *snehapana* is such that if someone with unknown *Koshtha* is given *sneha* in large quantity, it may prove fatal to one's life⁹.

Koshtha is determined on the basis of any of the following parameters like nature of reaction to mild laxatives¹⁰, time taken for *Shodhanartha Snehana* process¹¹ or dominance of *doshas* in *koshtha*¹² and bowel habits.

Determination of *Koshtha*

Koshtha is the expression of bowel habit.

Decision of *Koshtha* of particular person is taken on the following grounds:

A. Duration for *Samyak snehapana* (*Shodhanartha*)^{13,14}. The person with laxated bowel (*Mridu Koshtha*) gets oiled properly in three consecutive nights whereas, one with

costive bowel (*Krura Koshtha*) need seven consecutive nights for the same.

B. Nature of reaction to mild laxatives¹⁵: The person with laxated bowel easily gets purgated with the food substances like sugarcane candy, sugarcane juice, *mastu* (Whey), milk, cream from the curd, *payasa* (Milk preparation), gruel made up of *tila*, rice and *masha*, ghee, juice of *Kashmarya* – *Haritaki* – *Bibhitaki* – *Amalaki* – *Draksha* – *Pilu*, hot water, fresh wine.

But the same action cannot be produced for the person with costive bowel because their *Grahani* is too much dominated with *vata*¹⁵.

The nature of *Koshtha* will be *Mridu* with the predominance of *Pitta* when even milk causes purgation; it will be *Krura* with the predominance of *Vata* when even with drugs like *Shyama* etc purgation occur with difficulty¹⁶.

Therefore, purgation is the base for deciding the *Koshtha*. And to examine *Koshtha* process of purgation is to be studied.

Types of *Koshtha*

Koshtha are said to be of three types viz. *mridu*, *madhyama* and *Krura*

A. Laxed bowel (*Mridu Koshtha*)

Mridu Koshtha (Laxed bowel) is said to be predominant of *Pitta dosha*¹⁷ having *Sara* (laxative), *Drava* (fluidity), *Snigdha* (unctuousness) and *laghu* (lightness) properties in more quantity. *Snigdha* and *Drava* properties make it smooth and lubricated. *Sara* property already performs the function of bringing mala in downward direction and expelling them out¹⁸.

a. This type of *Koshtha* might be retaining more amounts of water and electrolytes or might be decreasing the absorption of water and electrolytes in the intestinal lumen making the

easy passage of faeces. Or else they might be working by increasing the propulsive activity of the intestine making it fast and easy defecation. Hence, myenteric plexus might be working faster or more efficiently in such conditions. Parasympathetic fibres participating in defecation reflex might be having the quicker action¹⁹.

B. Costive bowel (*Krura Koshtha*)

As *Krura Koshtha* (Costive bowel) is said to be *vatapradhana*²⁰ because of which *ruksha* (dryness) and *Khara* (rough) properties of *vata* increases. This may suggest poor secretions, absorption and muscle contractions in large intestine which ultimately leads to hard stools.

- a. Hard stools usually occur due to reduced movements of the colon muscles. That means Myenteric plexus (involved in initiating peristaltic movements) and Meissner's plexus (controls local absorption, secretions and local contractions of muscle) might be affected or acting slowly in costive bowel (*Krura Koshtha*). Also, the hormone called secretin might be involved in this because it has inhibitory effect on motility of most of the GIT²¹.

C. Moderate bowel (*Madhyam Koshtha*)

In *Madhyam Koshtha*, *kapha* is predominant *dosha* or same quantity of all the three *doshas*²². There will be optimum secretion and absorption of digestive juices, hormones etc. Increased *kapha* causes soft, solid faeces moving out smoothly and slowly. In *Madhyam Koshtha*, there will be predominance of *manda* (slow), *snigdha* (unctuous), *guru* (heaviness) and *Sthira* (stable) properties. *Koshtha* will be secretive and will have more

lubrication, but less slippery due to *manda*, *guru* and *Sthira guna* of *kapha*.

Points to understand function of *Koshtha*

To understand the functioning of *Koshtha* the following bullets should be enquired –

Composition of faeces in context with *mridu* and *Krura Koshtha*

Koshtha is determined on the basis of nature of fluid in faeces also. *Krura Koshtha* has the solid faeces while *mridu Koshtha* has the liquid or more slurry faeces. So, the composition of faeces might throw some light on the nature of *Koshtha*.

Normal composition of faeces²³

1. 3/4th of water.
2. 1/4th of solid material: - 30 % dead bacteria, 10-20 % of fats, 10-20 % of inorganic matter, 2-3 % of protein, 30 % of undigested roughage of food and dried constituents of digestive juices, such as bile pigments etc.
3. Brown colour of faeces is caused by stercobilin and urobilin, derivatives of bilirubin.
4. The odour is caused by products of bacterial action which vary from person to person depending on the colonic bacterial flora and on the type of food eaten.

So, in *Krura Koshthi*, the water content of faeces might be lesser than 50 % and the other part may be more, while in *mridu* and *Madhyama Koshtha*, it might be more in quantity as compare to *Krura*.

Table 1: Composition of faeces in respective *Koshtha*

In <i>Mridu Koshtha</i>	In <i>Krura Koshtha</i>
Composition of water might be more as compared with the normal faeces.	Composition of water might be less as compared with the normal faeces.
May be with more amounts of digestive juices.	May be with fewer amounts of digestive juices.

Relation of *Koshtha* and *Prakruti*

Koshtha is certainly influenced by *doshas*. The dominance of *doshas* decides the nature of *Koshtha*. *Koshtha* remains *Krura* due to dominance of *vata*, *madhyama* due to dominance of *kapha* and same *dosha* and *mridu* due to dominance of *pitta*²⁴.

A lot of experts opine that just like *prakruti*, the nature of *Koshtha* remains the same throughout life and it is unchanging. But, *Koshtha* is not mentioned as parameter of assessment *prakruti* by any text²⁵⁻²⁷. So, it might be influenced by *dosha* constitution of *prakruti*, but unlike *prakruti* it may be changing due to various factors throughout life. That is why *Vagbhata* might have explained *Koshtha* ahead of *prakruti* in *Ayushkhamiya* chapter. He first explains *Koshtha*²⁸ and then explains *prakruti*²⁹.

Factors deciding the nature of *Koshtha*

1. Nature of *ahara*

Koshtha Viruddhaahara is suggested while explaining *Viruddhaahara*. It means nature of *ahara* influences the nature of *Koshtha*. One should consider the nature of *Koshtha* while consuming the *ahara* If food in small quantity with *manda virya* is given to *guru Koshtha* and the food having *bhedaniya* property with *guru guna* in large quantity, is given to *Mridu Koshtha*, it is considered as *Koshtha viruddha*.³⁰

That clearly indicates that while serving the food, the nature of food and *Koshtha* are to be considered crucial.

Taila and *majja* are suggested in the persons having *Krura Koshtha*³¹. *Vasa* are to be given if the provoked *vata* is roaming in *Koshtha* region by encircling it³². So, use of specific unctuous materials is suggested for those types of *Koshtha*. This indicates, food is to be decided on the basis of nature of *Koshtha*.

2. Bowel habits

Irregular bowel habits lead to hard stools, long term practice of *Purisha Vegadharana* (obstructing the urge of defecation) leads to *varchoapravartana* i.e. obstruction in passage of stool³³ and finally *Krura Koshtha*. Also, repetitive practice of *Apana vayu Vegadharana* leads to *sangovinamutravatanam* i.e. obstruction in passage of stool, urine and gases³⁴ which may ultimately provoke *vata* and leads to *Krura Koshtha*.

3. Other factors

Though there are no direct references in the texts, but practically it is seen that the aged people (*vrudhavashta*) are having the nature of *Koshtha* as *Krura*. Consumption of lesser water turns *Koshtha* into *Krura* one.

So, all the above factors indicate the dependency of nature of *Koshtha* on various factors. Whenever the dimensions of *doshas* get changed in *Koshtha* or GIT level, it may be reflected through changed bowel habits which are clinically noted under the heading of *Koshtha*.

DISCUSSION

Based on the above observations from the literary study, following points regarding needs some clarification and understanding

A. Reasons of oleation in laxed bowel (*Mridu Koshtha*) might be quicker than the other two types

It has been stated that the person with *Mridu Koshtha* gets oleated quickly i.e. within 3 days³⁵. This statement suggests quick emulsification, digestion and acceleration of fats. Emulsification of fats is done by the lecithin which is a component of bile. Digestion of fats is done by pancreatic lipase enzyme present in the pancreatic juice. The bile salt micelles (they help small intestine to absorb essential lipids and vitamins from liver and gall bladder) act as transport medium to carry monoglycerides and fatty acids to the brush borders of intestinal epithelial cells, where their absorption take place. When function of gall bladder increase, Cholecystokinin is secreted by I cells of duodenum which increases the contractility of gall bladder to expel the bile in small intestine which further leads to quick emulsification³⁶. All these secretions might be increased in *Mridu Koshtha*.

Mridu Koshtha has *pitta* dominance. Portion between *Hridaya* and *Nabhi* is said to be the position of *pitta*³⁷ which is the anatomical landmark for liver, duodenum as well as pancreas. *Tikshna* (Sharp) property of *pitta* might be responsible for increasing the neuronal response of GIT leading to the increase in its secretions, absorption and motility.

Hence, when *pitta* is dominant, the functions of liver, duodenum and pancreas increase or quicken which leads to increase in production and function of bile acid leading in early or quick emulsification of fats and also pancreatic lipase which further leads to early digestion. This further suggests that the ability of emulsification, digestion and absorption of fat molecules might be slower in people with costive bowel.

B. Reasons how patients with laxed bowel (*Mridu Koshthi*) show quicker reaction to purgatives

All purgatives increase the water content of faeces by³⁸

- A hydrophilic or osmotic action, retaining the water and electrolytes in the intestinal lumen, increases the volume of colonic content and make it easy to propel.
- Acting on intestinal mucosa, decreased net absorption of water and electrolytes; intestinal transit is enhanced indirectly by the fluid bulk.
- Increasing propulsive activity as primary action – allowing less time for absorption of salt and water as secondary effect.

So, when purgatives are administered in Laxed bowel (*Mridu Koshthi*), *ushna* (Hot) and *tikshna* (Sharp) properties of *pitta* might be helping the intestinal mucosa to increase the propulsive activity allowing less time for absorption of salt and water.

Ushna (Hot), *Tikshna* (Sharp) and *Drava* (Fluidity) properties of *pitta* might be helping in the process of osmosis helping in increasing the volume of colonic content. *Sara* (Laxed) property

of *pitta* might be the reason for making it easy to propel the faecal matter.

C. Reasons how increased *kapha* in *Koshtha* causes *Dukha virechana* and reduced *kapha* causes *Sukha virechana*

Kapha dosha possess *manda* property which is responsible for the slowness of the activity³⁹. Hence, when *kapha* is dominantly present in *Koshtha*, then *manda* property of *kapha* also increases which further leads to the slowness activities occurring in GIT.

It slows the cranial parasympathetic innervations supplied from oesophagus till the first part of large intestine which deals with the stimulation of two plexuses, viz. myenteric and Meissner's⁴⁰.

It leads to the slowness of neuronal activity of Myenteric plexus leading to decrease tonic contraction or tone of the gut wall, decrease intensity of rhythmic contraction, slightly decrease rate of rhythm of contractions and decrease velocity of conduction of excitatory waves along the gut wall causing more or less peristaltic movements.

It also lowers the activity of Meissner's plexus helping in controlling local intestinal secretions, local absorption and local contraction of sub mucosal muscle that causes various degrees of infolding the stomach mucosa. Hence, this leads to slowness in purgation activity or less purgation activity^{40,41}.

Koshtha is the entity describing expression of bowel. It differs according to the various habits and factors of the person. It changes as per the food habits, bowel habits, age, geographical region, season etc. These factors are to be taken into consideration while assessing the *Koshtha* during any Panchakarma procedure.

CONCLUSION

Prakruti is unchangeable. But, *Koshtha* is not. It is continuously changing throughout life. So, one should assess the current status of *Koshtha* routinely before deciding the Panchakarma protocol. The *dosha* constitution situated in *Grahani* decides the nature of bowel which ultimately influences the nature of faeces (i.e. hard, semisolid or watery). *Koshtha* represents the functional ability of gastrointestinal system. Hence, it can be said that functional aspect of *Koshtha* is explained on the basis of expression of the one's bowel habits.

REFERENCES

- Amarsimha, Amarakosha (Ramasarmi commentary), Edited by Bhanuji Dixit, 2nd Edition, Chaukhamba Sanskrit Sansthan, Varanasi, 3/3/40.
- Monnieri Williams, A Sanskrita to English Dictionary, 4th Edition, Motilal Banarasidas Printers; 1976. p. 314.
- Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Sharira Sthana, Chapter 7 verse 12; 2014.
- Sushruta Samhita (with Nibandha Samgraha and Nyayachandrika Teeka), 8th Ed. Chaukhamba Orientalia, Varanasi, Chikitsa sthana Chapter 2 verse 12; 2005.
- Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Sutra Sthana, Chapter 11 verse 48; 2014.
- Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of

- Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Kalpa Sthana, Chapter 12 verse 86; 2014.
7. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Kalpa Sthana, Chapter 12 verse 67; 2014.
 8. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Siddhi Sthana, Chapter 6 verse 36; 2014.
 9. Vagbhata, Ashtanga Sangraha with Shashilekha Sanskrita Commentary by Indu, Edited by Dr. Shivprasad Sharma, 4th Edition, Chaukhamba Sanskrita Series Office Varanasi, Sutra sthana, Chapter 25 verse 7; 2014.
 10. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Sutra Sthana, Chapter 13 verse 67; 2014.
 11. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Siddhi sthana, Chapter 1 verse 7; 2014.
 12. Vagbhata, Ashtanga Hridaya (with Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana of Hemadri) Anna Moreswara Kunte, edited by Bhishagacharya Harishastri Paradakara Vaidya, 7th edition, Chaukhamba Orientalia, Varanasi, Sutra sthana, Chapter 1 verse 9; 1982.
 13. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Sutra sthana, Chapter 13 verse 65; 2014.
 14. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Siddhi sthana, Chapter 1 verse 7; 2014.
 15. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Sutra sthana, Chapter 13 verse 65-69; 2014.
 16. Vagbhata, Ashtanga Hridaya (with Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana of Hemadri) Anna Moreswara Kunte, edited by Bhishagacharya Harishastri Paradakara Vaidya, 7th edition, Chaukhamba Orientalia, Varanasi, Sutra sthana, Chapter 18 verse 34; 1982.
 17. Vagbhata, Ashtanga Hridaya (with Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana of Hemadri) Anna Moreswara Kunte, edited by Bhishagacharya Harishastri Paradakara Vaidya, 7th edition, Chaukhamba Orientalia, Varanasi, Sutra sthana, Chapter 1 verse 9; 1982.
 18. Sushruta Samhita (with Nibandha Samgraha and Nyayachandrika Teeka), 8th Ed., Chaukhamba Orientalia, Varanasi, Chikitsa sthana Chapter 2 verse 12; 2005.
 19. Arthur C. Guyton, Textbook of Medical Physiology, 9th Edition, W> B. Saunders Company, Chapter 62, p. 796-797.
 20. Vagbhata, Ashtanga Hridaya (with Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana of Hemadri) Anna Moreswara Kunte, edited by Bhishagacharya Harishastri Paradakara Vaidya, 7th edition, Chaukhamba Orientalia, Varanasi, Sutra sthana, Chapter 1 verse 9; 1982.
 21. Arthur C. Guyton, Textbook of Medical Physiology, 9th Edition, W> B. Saunders Company, Chapter 62, p. 796-797.
 22. Vagbhata, Ashtanga Hridaya (with Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana of Hemadri) Anna Moreswara Kunte, edited by Bhishagacharya Harishastri Paradakara Vaidya, 7th edition, Chaukhamba Orientalia, Varanasi, Sutra sthana, Chapter 1 verse 9; 1982.
 23. Arthur C. Guyton, Textbook of Medical Physiology, 9th Edition, W> B. Saunders Company, Chapter 65, p. 843.
 24. Vagbhata, Ashtanga Hridaya (with Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana of Hemadri) Anna Moreswara Kunte, edited by Bhishagacharya Harishastri Paradakara Vaidya, 7th edition, Chaukhamba Orientalia, Varanasi, Sutra sthana, Chapter 1 verse 8; 1982.
 25. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Vimana Sthana, Chapter 8 verse 96-99; 2014.
 26. Vagbhata, Ashtanga Hridaya (with Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana of Hemadri) Anna Moreswara Kunte, edited by Bhishagacharya Harishastri Paradakara Vaidya, 7th edition, Chaukhamba Orientalia, Varanasi, Sutra sthana, Chapter 3 verse 85-102; 1982.
 27. Sushruta Samhita (with Nibandha Samgraha and Nyayachandrika Teeka), 8th Ed., Chaukhamba Orientalia, Varanasi, Sharira sthana Chapter 4 verse 63-75; 2005.
 28. Vagbhata, Ashtanga Hridaya (with Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana of Hemadri) Anna Moreswara Kunte, edited by Bhishagacharya Harishastri Paradakara Vaidya, 7th edition, Chaukhamba Orientalia, Varanasi, Sutra sthana, Chapter 1 verse 8; 1982.
 29. Vagbhata, Ashtanga Hridaya (with Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana of Hemadri) Anna Moreswara Kunte, edited by Bhishagacharya Harishastri Paradakara Vaidya, 7th edition, Chaukhamba Orientalia, Varanasi, Sutra sthana, Chapter 1 verse 9; 1982.
 30. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Sutra Sthana, Chapter 26 verse 94, 95; 2014.
 31. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Sutra Sthana, Chapter 13 verse 46, 50; 2014.
 32. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Sutra Sthana, Chapter 13 verse 48; 2014.
 33. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Sutra Sthana, 7/8; 2014.
 34. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Sutra Sthana, Chapter 7 verse 12; 2014.
 35. Agnivesha, Charaka Samhita, revised by Charaka and amp; Dridhbala with Ayurveda dipika Commentary of Chakrapanidatta edited by Yadavji Trikamji Chaukhambha Sanskrita Sansthan Varanasi, Sutra Sthana, 13/65; 2014.
 36. Arthur C. Guyton, Textbook of Medical Physiology, 9th Edition, W> B. Saunders Company, Chapter 65, p. 835, 842.

37. Vagbhatta, Ashtanga Hridaya (with Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana of Hemadri) Anna Moreswara Kunte, edited by Bhishagacharya Harishastri Paradakara Vaidya, 7th edition, Chaukhamba Orientalia, Varanasi, Sutra sthana, Chapter 1 verse 7; 1982.
38. K. D. Tripathi, Essentials of Medical Pharmacology, 7th edition, Jayee Brothers Medical Publishers, Chapter 48, p. 672.
39. Sushruta Samhita (with Nibandha Samgraha and Nyayachandrika Teeka), 8th Ed., Chaukhamba Orientalia, Varanasi, Dalhana on Sutra sthana Chapter 46 verse 522; 2005.
40. Arthur C. Guyton, Textbook of Medical Physiology, 9th Edition, W> B. Saunders Company, Chapter 62, p. 796-797.
41. Sushruta Samhita (with Nibandha Samgraha and Nyayachandrika Teeka), 8th Ed., Chaukhamba Orientalia, Varanasi, Sharira sthana Chapter 4 verse 77; 2005.

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