Research Article

www.ijrap.net

(ISSN Online:2229–3566, ISSN Print:2277–4343)

STANDARD OPERATING PROCEDURES OF RUKSHA PINDA SWEDA: A UNIFORM CLINICAL PRACTICE

Malathi S [1]*, Shilpashree K [2], Santosh L Yadahalli [3]

[1] PG Scholar, Department of PG Studies in Panchakarma, Taranath Govt. Ayurvedic Medical College and Hospital, Ballari, Karnataka, India

[2] Assistant Professor, Department of PG Studies in Panchakarma, Taranath Govt. Ayurvedic Medical College and Hospital, Ballari, Karnataka, India

[3] Professor and HOD, Department of PG Studies in Panchakarma, Taranath Govt. Ayurvedic Medical College and Hospital, Ballari, Karnataka, India

Received on: 19/8/26 Accepted on: 22/9/26

***Corresponding author**
E-mail: malathis311299@gmail.com

DOI: 10.7897/2277-4343.175176

ABSTRACT

Swedana Karma is a principal therapeutic modality of Ayurveda and an integral component of Panchakarma. It is primarily indicated in Vata- and Kapha-predominant disorders to alleviate Stambha (stiffness), Gourava (heaviness), and Shoola (pain), and is widely used as an independent therapy in musculoskeletal, neuromuscular, and inflammatory conditions. This narrative review aimed to evaluate the classical concepts, Standard Operating Procedures (SOPs), therapeutic applications, and clinical perspectives of different types of Ruksha Pinda Sweda. We compiled information from classical Ayurvedic texts and standardised SOPs for Valuka Pinda Sweda, Lavana Pinda Sweda, Tusha Pinda Sweda, Ishtika Pinda Sweda, and Churna Pinda Sweda. We critically analysed data on material quantity, indications, contraindications, procedural techniques, heating time, heat retention, therapeutic properties, and clinical applications. The review revealed that all forms of Ruksha Pinda Sweda share the principles of Rukshana, Swedana, Amapachana, Kapha Shoshana, and Srotoshodhana. Lavana provides prolonged heat retention, Valuka effectively absorbs moisture and reduces swelling, Tusha offers mild dry fomentation, Ishtika provides sustained localised heating with Lekhana action, and medicated Churna combines thermal and pharmacological effects. Standardised SOPs enhance procedural uniformity, patient safety, reproducibility, and research quality. Overall, Ruksha Pinda Sweda is a versatile external Ayurvedic therapy with considerable potential in managing Vata-Kapha predominant musculoskeletal disorders. Standardising its procedures can improve treatment consistency, strengthen evidence-based practice, and support broader clinical and research applications.

Keywords: Ruksha Pinda Sweda, Valuka Pinda Sweda, Lavana Pinda Sweda, Tusha Pinda Sweda, Ishtika Pinda Sweda, Churna Pinda Sweda.

INTRODUCTION

Ruksha Pinda Sweda comes under Sankara Sweda in which dry heated materials are tied in cloth boluses (Pottali)[1] and applied over the affected part or the entire body to induce therapeutic sudation. Ayurvedic literature describes various forms of Ruksha Pinda Sweda; however, Valuka Pinda Sweda, Lavana Pinda Sweda, Tusha Pinda Sweda, Churna Pinda Sweda, and Ishtika Pinda Sweda are the most commonly practised modalities in clinical settings. These therapies use heated sand, rock salt, rice husk, medicated herbal powder, and brick powder, respectively, as the primary fomentation medium. Owing to their predominant Ruksha, Ushna and Tikshna properties, they are particularly beneficial in the management of Vata–Kapha predominant disorders[2] associated with Ama, Stambha, Shotha, Gourava and Shoola.[3]

The therapeutic action of Ruksha Pinda Sweda is attributed to the combined effects of dry heat and the specific properties of the materials used. According to Ayurvedic principles, it promotes Amapachana, Srotoshodhana, Kapha Vishoshana, and Vatanulomana, thereby relieving channel obstruction and restoring normal physiological function.

The selection of the appropriate Pinda Sweda variety depends on the stage of the disease and Dosha predominance. Because of its cost-effectiveness and therapeutic efficacy, Ruksha Pinda Sweda is widely used to manage musculoskeletal and neuromuscular disorders such as Amavata, Sandhigata Vata, Gridhrasi, Manyastambha, Shotha, and other Vata–Kapha-predominant conditions.

Valuka Pinda Sweda and Tusha Pinda Sweda

Acharya Charaka described Sankara Sweda using various dry materials including Sikata (sand), Tusha, stones and other substances[4].

In this context, Sikata is interpreted as Valuka and Tusha forms the classical basis for Valuka Pinda Sweda and Tusha pinda sweda.

Acharya Sushruta described the use of Valuka under Tapa Sweda[5].

Acharya Sushruta specifically mentioned Tusha under Ushma Sweda[6].

Similarly, Acharya Vagbhata mentioned Sikata and Tusha among the materials used for Ushma Sweda[7].

Although the Brihattrayi does not describe Tusha Pinda Sweda independently, its use is evident through references to Tusha (rice husk) as a Swedana Dravya.

Ishtika Pinda Sweda
Unlike Valuka and Tusha, Vangasena Samhita specifically describes Ishtika Pinda Sweda and includes it under Sankara Sweda[8].

This reference provides the classical basis for using heated Ishtika (brick powder) as a dry fomentation medium.

INDICATIONS OF RUKSHA PINDA SWEDA

Ruksha Pinda Sweda is primarily indicated in Vata–Kapha predominant disorders characterised by Ama, Shoola, Stambha, Shotha, Gourava and restricted joint movements.

Common Indications
- Nava Amavata
- Sandhigata Vata (Vata-Kaphaja)
- Gridhrasi (Vata-Kaphaja)
- Manyastambha (Vata-Kaphaja)
- Shotha
- Kaphavruta Vata
- Stambha
- Gourava
- Katigraha
- Muscle spasm and rigidity
- Vatakantaka

Methodology of Ruksha Pinda Sweda
The methodology of Ruksha Pinda Sweda comprises three stages:
Purva karma.
Pradhana karma.
Paschat karma.

Although the procedure remains essentially similar for all five modalities, the material used for preparation of the Pottali varies according to the therapeutic indication.

1. Purva Karma
a) Sambhara Sangraha (Collection of Materials)
The required materials include the selected dry medium (Valuka, Lavana, Tusha, medicated Churna, or Ishtika Churna), Kora cloth, thread, Seiver, heating pan, stove, spatula, Droni, towels, gown and other accessories required for the procedure.
Churna pinda sweda: Churna can be selected according to vyadhi and dosha.
Kolakulattadi churna [9]: Kolakulattadi churna is intended for external application to treat conditions related to aggravated Vata dosha. Kolakulattadi churna sweda is used for pain relief, inflammatory conditions, and sometimes used in fat reduction through skin rubbing.
Kottamchukkadi churna[10]: It is used for external application (pottali or lepa) to reduce inflammation, swelling, and muscle spasms. It effectively balances Vata dosha, improves joint mobility, and relieves muscular pain, stiffness and rheumatism.

b) Atura Pareeksha (Patient Assessment)
Before administration, the patient is evaluated for:
- Prakriti and Vikriti
- Roga Avastha (acute or chronic)
- Rogi Bala and Agni Bala
- Presence of Pitta Lakshanas
- Local examination of the affected region

c) Atura Siddhata (Patient Preparation)
The patient is advised to consume light food (or remain on an empty stomach for selected procedures), empty the bowel and bladder, remove ornaments if necessary, expose the affected part and is advised to lie down in a comfortable position depending on the site of treatment. Appropriate consent is obtained before the procedure.

2. Pradhana Karma
Heat the selected material uniformly in an iron pan and tie it securely in a clean cotton cloth to prepare the Pottali. The temperature is assessed on the dorsum of the therapist's hand before application.

The therapist applies the heated Pottali over the affected area by gentle tapping, pressing, or circular movements with mild to moderate pressure, according to the patient's tolerance. The temperature is maintained by intermittent reheating throughout the procedure. Swedana is continued until the appearance of Samyak Swinna Lakshanas. The duration generally ranges from 15–30 minutes, repeated daily for 7–21 days, depending on the disease condition and clinical requirement.

3. Paschat Karma
After the procedure, wipe the treated area with a dry towel, and advise the patient to rest for 5–10 minutes. Exposure to cold air, cold water, and strenuous activity is avoided immediately after therapy.

General Precautions
- Perform proper patient assessment before the procedure.
- Ensure uniform heating; avoid overheating that might degrade the quantity of material.
- Check the temperature of the Pottali before application.
- Apply mild to moderate pressure according to patient tolerance.
- Reheat the Pottali as required to maintain therapeutic temperature.
- Stop the procedure if excessive burning, pain, dizziness, or discomfort occurs.
- Avoid application over open wounds, burns, skin infections, varicose veins, or areas with impaired sensation.
- Use extra caution with children, elderly individuals, pregnant women, and diabetic patients.

Practical Analysis
A Digital LCD thermometer test pen was used to monitor the temperature of the Sweda materials during the procedure.

Valuka pinda sweda
Ensure that the Valuka is heated on a mild flame.
- Small-size particles – faster heating, attaining a desired temperature of up to 91°C in 1 minute 30 seconds, with heat retention up to 5 minutes.
- Medium-size particles – moderate heating, attaining a desired temperature of up to 89°C in approximately 2–3 minutes, with heat retention up to 7 minutes.
- Large-size particles – slower heating, attaining a desired temperature of up to 86°C in approximately 3–4 minutes, with heat retention up to 10 minutes.

Heat retention is greater in large-sized particles than in smaller-sized particles.

Lavana pinda sweda
Here Saindhava lavana, that too in coarse form, is used because of better temperature retention as compared to other types of lavana

Lavana attained a desired temperature up to 78°C in 3 minutes 12 seconds and retained heat for 7 minutes.

Tusha pinda sweda (Dhanya twak is used as tusha)

- Ensure that the Tusha is heated on a mild flame to maintain its therapeutic quality and avoid burning/charring.
- Tusha attained a desired temperature up to 97 ℃ in 7 minutes 8 seconds and retained
- heat for 4 minutes.
- Heat retention was inadequate when the pottali was reheated on a pan, noticeable heat loss occurred after a single application of the pottali.
- Reheating the pottali using the steam of kashaya or amlakanji provided slightly better heat retention compared to pan heating.
- Dipping the pottali directly into warm kashaya or amlakanji further improved heat retention. This improved retention is due to the tusha's air pockets, which absorb the warm kashaya and allow the pottali to stay hot longer.

Churna pinda sweda

Here Churna used was kolakulattadi churna which attained a desired temperature of 71°C in 4 minutes 35 seconds and retained heat for 3 minutes 20 seconds.

- Indirect heating (steam method) using Kashaya provided controlled and uniform heating of the Churna Pottali.
- The Churna Pottali attained the desired temperature in 2 minutes 50 seconds and retained heat for 1 minute.
- Steam heating required less heating time compared to direct pan heating.
- Indirect heating prevented charring or burning of the medicated Churna, thereby preserving its therapeutic quality.
- Snigdha Churna Pinda Sweda was performed after Abhyanga, whereas Ruksha Churna Pinda Sweda was administered without prior oil application.

Ishtika pinda sweda

Ishtika churna attained a desired temperature of 92 °C in 3 minutes 2 seconds and retained heat for 8 minutes 50 seconds.

- Ishtika churna required less time to heat the powder than Lavana, Churna, and tusha, but more time than Valuka. This is because brick powder has moderate heat retention, allowing it to warm up relatively quickly but not as fast as Valuka.
- In contrast, Lavana, Churna, and Tusha are less dense components and take longer to reach the desired temperature because they do not retain heat as efficiently as Ishtika churna; this allows it to reach a high temperature faster when exposed to heat sources.
- When applying the bolus, avoid tapping too forcefully. Instead, use gentle, steady pressure to allow the warmth and therapeutic properties of the Ishtika churna. Excessive pressure may generate dust, which could compromise the procedure's safety and effectiveness.

Prior to application, the Pottalis was cooled to a therapeutically tolerable temperature (approximately 40–45°C) before administration.

Table 1: Specific Indications of Different Ruksha Pinda Sweda Modalities

Type	Specific Indications	Rationale
Valuka Pinda Sweda	Ama Avastha, Amajanya Sandhishoola, Kaphaja Sandhi Shotha, Janu Shotha, Manyastambha, conditions associated with swelling and heaviness.	Valuka produces dry, uniform heat without unctuousness. It absorbs moisture, reduces edema, facilitates Amapachana, and is therefore preferred during the acute (Ama) stage, where strong or prolonged heating is undesirable.
Lavana Pinda Sweda	Amavata, Sandhigata Vata, Vatakantaka, chronic musculoskeletal pain, chronic deep-seated pain and stiffness.	Lavana has high heat-retaining capacity and hygroscopic properties, allowing deeper and sustained heat penetration. It softens contracted tissues, improves circulation, relieves chronic pain and stiffness.
Tusha Pinda Sweda	Ama Avastha of Vatavyadhi, Urustambha, Amashayagata Vata, Mamsagata Vata, Sushka Arsha, and Sukumara individuals requiring mild dry fomentation.	Tusha provides mild, evenly distributed dry heat with comparatively lower heat retention. It is appropriate for patients who cannot tolerate intense heat and for disorders requiring gradual Rukshana without aggravating Pitta.
Churna Pinda Sweda	Katigraha, Kaphaja Shotha, Medovruta Vata, chronic Gridhrasi, Ama shoola, and conditions requiring disease-specific medicated powders.	The medicated powders provide both thermal and pharmacological actions. Selection of herbs can be modified according to the disease, making Churna Pinda Sweda highly adaptable for individualized treatment. Heat enhances the local action of the herbal constituents.
Ishtika Pinda Sweda	Kaphavruta Vata, Vatakantaka, Shotha, Stambha and Gourava, particularly in localized chronic musculoskeletal disorders.	Heated Ishtika possesses high thermal mass and releases heat gradually, ensuring prolonged and sustained local fomentation. It is particularly useful in chronic localized disorders where deeper tissue heating is required to relieve long-standing stiffness and improve tissue extensibility.

Among the five modalities, Valuka and Tusha Pinda Sweda are particularly effective during the Ama stage because of their moisture-absorbing and Ruksha properties. Lavana Pinda Sweda provides deeper and sustained heat, making it suitable for chronic pain and stiffness. Churna Pinda Sweda offers the additional pharmacological benefits of medicated herbal powders and is selected according to the Dosha and disease condition. Ishtika Pinda Sweda, owing to its prolonged heat retention, is especially useful in chronic localized musculoskeletal disorders.

Table 2: Contraindications of Ruksha Pinda Sweda

Condition	Reason
Pittaja disorders (Daha, Raga, Ushnata)	The Ushna Guna of Ruksha Pinda Sweda aggravates Pitta, leading to increased burning sensation, redness, and inflammation.
Acute inflammatory conditions	Heat enhances vasodilatation and inflammatory response, thereby increasing pain, swelling, tenderness, and tissue damage.
Jwara (Fever)	Swedana further elevates body temperature and may aggravate the febrile condition.
Open wounds, ulcers, burns, and active skin infections	Heat and friction interfere with wound healing, increase the risk of infection, and may delay tissue repair.
Raktapitta (Bleeding disorders)	Heat-induced vasodilatation may aggravate bleeding and increase blood loss.
Recent trauma, sprains, fractures, or acute musculoskeletal injuries (first 48–72 hours)	Heat during the acute inflammatory phase may increase edema, haemorrhage and pain, thereby delaying healing.

Pregnancy (abdomen and lumbosacral region)	Excessive heat may stimulate uterine activity and pose potential maternal and fetal risks.
Daurbalya (Severe debility) or Dhatu Kshaya	The Ruksha Guna may further deplete tissues, aggravate Vata, and increase weakness.
Pure Vata predominant degenerative disorders (Nirama Vata)	In the absence of Ama or Kapha, the drying effect further aggravates Vata, worsening pain, dryness, and degeneration.
Loss of thermal sensation (e.g., diabetic neuropathy, peripheral neuropathy)	Impaired sensation increases the risk of unnoticed burns and thermal injury during therapy.
Severe peripheral vascular disease	Impaired circulation limits heat dissipation, increasing the risk of tissue ischemia and thermal injury.

Table 3: Valuka pinda sweda

Parameter	Small size pottali	Medium size pottali	Large size pottali
Quantity of Valuka	300 gm	500 gm	700 gm
Kora cloth	15 × 15 inches	18 × 18 inches	21 ×21 inches
Thread length	80 cm	90 cm	100 cm

Table 4: Lavana pinda sweda

Parameters	Small size pottali	Medium size pottali	Large size pottali
Quantity of Churna	300 gm	500 gm	700 gm
Kora cloth	15 × 15 inches	18 × 18 inches	21 ×21 inches
Thread length	80 cm	90 cm	100 cm

Table 5: Tusha pinda sweda

Parameters	Small size pottali	Medium size pottali	Large size pottali
Quantity of Tusha	50 gm	100 gm	150 gm
Kora cloth	15x15 inch	18x18 inch	21x21 inch
Thread length	88 cm	100 cm	115 cm

Table 6: Churna pinda sweda

Parameter	Small size pottali	Medium size pottali	Large size pottali
Quantity of Churna	200 gm	350gm	500gm
Kora cloth	15 × 15 inches	18 × 18 inches	21 ×21 inches
Thread length	80 cm	90 cm	100 cm

Table 7: Ishtika pinda sweda

Parameters	Small size pottali	Medium size pottali	Large size pottali
Quantity	300 gm	500 gm	700 gm
Kora cloth	15×15 inches	18×18 inches	21×21 inches
Thread length	55 cm	65 cm	75 cm

Table 8: Material-Specific Modifications during Pradhana karma

Type	Specific feature during Pradhana Karma
Valuka	Heated sand bolus; intermittent reheating; suitable for Ama and swelling.
Lavana	Heated rock salt; prolonged heat retention; requires less frequent reheating.
Tusha	Rice husk loses heat rapidly; frequent reheating or steam reheating recommended.
Churna	Disease-specific medicated powder selected according to Dosha; avoid overheating to preserve drug potency.
Ishtika	Heated brick powder; apply with gentle pressure; prolonged heat retention and minimal reheating.

Figure 1: Sambhara sangraha of Valuka pinda sweda

Figure 2: Small, Medium, and Large size pottali of Valuka pinda sweda

Figure 3: Sambhara sangraha of Lavana pinda sweda

Figure 4: Small, Medium, and Large size pottali of Lavana pinda sweda

Figure 5: Sambhara sangraha of Tusha pinda sweda

Figure 6: Small, Medium, and Large size pottali of Tusha pinda sweda

Figure 7: Sambhara sangraha of Churna pinda sweda

Figure 8: Small, Medium, and Large size pottali of Churna pinda sweda

Figure 9: Sambhara sangraha of Ishtika pinda sweda

Figure 10: Small, Medium, and Large size pottali of Ishtika pinda sweda

DISCUSSION

One major observation in this review is the lack of uniformity in the practical execution of different Ruksha Pinda Sweda modalities. Variations in material quantity, Pottali size, heating duration, temperature assessment, and treatment duration can influence therapeutic outcomes. The proposed SOPs help establish procedural consistency, reduce therapist-dependent variability, and improve reproducibility across clinical settings.

Although all five modalities produce Rukshana and Swedana, their therapeutic utility differs according to disease stage and Dosha predominance. Therefore, the selection of Valuka, Lavana, Tusha, Churna, or Ishtika should be individualised based on the presence of Ama, disease chronicity, degree of stiffness, swelling, and Rogi Bala, rather than following a single protocol for all Vata-Kapha disorders.

The thermal behaviour of Valuka was found to be influenced by particle size. Smaller particles heated rapidly because of their larger surface area but retained less heat, requiring frequent reheating during the procedure. In contrast, larger particles heated more slowly but retained heat longer due to their greater thermal mass, providing sustained, uniform dry fomentation. Medium-sized particles demonstrated intermediate heating and cooling characteristics.

From a therapeutic perspective, prolonged heat retention by larger particles ensures continuous and effective Swedana, reduces the frequency of reheating and improves patient comfort. Therefore, particle size selection should be based on the desired duration of heat application, disease condition, and patient tolerance. Uniform heating over a mild flame is essential to maintain the therapeutic efficacy of Valuka while preventing overheating and thermal injury.

Lavana demonstrates good thermal conductivity and heat-retaining capacity. Sustained heat retention provides continuous dry fomentation with minimal reheating, making it suitable for relieving pain, stiffness, and muscle spasm in chronic Vata–Kapha disorders. The Pottali should be applied only after cooling to a therapeutically tolerable temperature to ensure patient safety.

Tusha exhibited comparatively lower heat-retaining capacity because air spaces within the rice husk promote rapid heat dissipation. Reheating the Pottali with steam or warm Kashaya/Amlakanji improved heat retention compared with direct pan reheating, as the husk absorbed the warm liquid and maintained the therapeutic temperature longer. These findings suggest that indirect reheating methods enhance the clinical efficacy of Tusha Pinda Sweda while preserving its therapeutic quality.

The medicated Churna provided effective dry fomentation while preserving the therapeutic properties of the herbal ingredients when heated over a mild flame. Indirect steam heating using Kashaya produced controlled, uniform heat distribution, minimised the risk of charring, and helped maintain the quality of the medicated powder. Furthermore, choosing Snigdha or Ruksha Churna Pinda Sweda allows the therapy to be tailored to Dosha predominance and disease stage, thereby enhancing its clinical applicability.

Ishtika Churna demonstrated excellent heat-retaining capacity, providing sustained and uniform dry fomentation during the procedure. The compact and dense nature of brick powder, along with its relatively higher specific heat capacity and lower thermal conductivity, enables gradual heat release and prolonged heat retention compared to lighter materials such as Tusha and Churna. These properties reduce the need for frequent reheating and make Ishtika Pinda Sweda particularly suitable for chronic localised Vata–Kapha musculoskeletal disorders. Gentle application of the Pottali is recommended to prevent dust generation and ensure effective heat transfer, patient comfort, and procedural safety.

The effectiveness of Ruksha Pinda Sweda depends not merely on attaining a high temperature but on maintaining a therapeutically effective temperature throughout the procedure. Materials with prolonged heat retention provide sustained vasodilatation, improved local circulation, continuous muscle relaxation, and better relief from stiffness and pain while reducing interruptions caused by repeated reheating.

The observations demonstrate that different materials attain different maximum temperatures. Therefore, relying solely on heating duration is inadequate. Temperature assessment before application is essential to avoid burns while ensuring therapeutic efficacy. This supports incorporating objective temperature monitoring into future SOPs.

The density, particle size, porosity and specific heat capacity of the fomentation material significantly influence heating characteristics and heat retention. Understanding these physical properties helps explain why different materials exhibit distinct therapeutic behaviour despite producing the same form of Swedana.

Standardisation should extend beyond procedural steps to include patient safety measures such as temperature testing, periodic assessment of skin condition, appropriate pressure during application, and identification of contraindications. These precautions minimise thermal injury and improve patient compliance.

Most materials used in Ruksha Pinda Sweda are inexpensive, readily available, reusable after appropriate processing (where applicable), and require minimal equipment. This makes these procedures practical for routine OPD practice and resource-limited healthcare settings.

Although Ruksha Pinda Sweda is widely practised, published literature describing standardised preparation methods, optimal material quantities, heat-retention characteristics, and procedural parameters remains limited. The present SOPs provide a foundation for multicentric clinical studies and evidence-based validation.

The classical concepts of Rukshana, Amapachana, Kapha Vishoshana, and Srotoshodhana can be correlated with modern physiological effects such as reduction in tissue oedema, increased local blood circulation, muscle relaxation, improved lymphatic drainage, and enhanced soft tissue extensibility. Such integration may facilitate wider scientific acceptance without compromising Ayurvedic principles.

CONCLUSION

All five modalities (Valuka, Lavana, Tusha, Churna and Ishtika Pinda Sweda) share common therapeutic principles of Rukshana, Swedana, Amapachana, Kapha Vishoshana, and Srotoshodhana. Each modality has unique thermal characteristics and therapeutic advantages, making them suitable for different clinical conditions. Standardization of material quantity, Pottali size, heating method, temperature, duration, and safety measures improves reproducibility, patient safety, and treatment consistency. Knowledge of heat retention properties and disease-

specific indications helps clinicians choose the most appropriate Sweda modality. The proposed SOPs provide a practical guideline for routine Ayurvedic practice and a basis for future clinical research. Further comparative studies are needed to validate these SOPs, establish evidence-based guidelines, and enhance the scientific credibility and wider clinical application of Ruksha Pinda Sweda.

REFERENCES

1. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary by Chakrapanidatta. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2023.Sutrasthana, Cha 14 Sweda adhyaya, Verse 41, p 90.
2. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary by Chakrapanidatta. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2023.Sutrasthana, Cha 14 Sweda adhyaya, Verse 8, p 88.
3. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary by Chakrapanidatta. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2023.Sutrasthana, Cha 14 Sweda adhyaya, Verse 13, p 88.
4. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary by Chakrapanidatta. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2023.Sutrasthana, Cha 14 Sweda adhyaya, Verse 26-27, p 88.
5. Sushruta. Sushruta Samhita, with Nibandha Sangraha commentary by Dalhana and Nyayachandrika Panjika by Gayadasa. Reprint ed. Varanasi: Chaukhamba Orientalia; 2022. Chikitsa sthana, Cha 32 Swedavacharaniya, Verse 4, p 513.
6. Sushruta. Sushruta Samhita, with Nibandha Sangraha commentary by Dalhana and Nyayachandrika Panjika by Gayadasa. Reprint ed. Varanasi: Chaukhamba Orientalia; 2022. Chikitsa sthana, Cha 32 Swedavacharaniya, Verse 11, p 513.
7. Acharya Vagbhata- Astanga Sangraha, Shashilekha Sanskrit commentary of Indu, by; Dr Shivaprasad Sharma, Chaukhamba Sanskrit Series Office, Varanasi, reprint 2006, Sutrasthana, Cha 17 Sweda vidhi adhyaya, Verse 6-7, p 258.
8. Vangasena. Vangasena Samhita, with Hari Hindi commentary by Pt. Harish Prasad Tripathi. 2nd ed. Varanasi: Chaukhamba Krishnadas Academy; 2016. Cha 87, Sweda adhikara, Verse 6, p 919.
9. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary by Chakrapanidatta. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2023.Sutrasthana, Cha 14 Sweda adhyaya, Verse 18, p 28.
10. Krishnamurthy MS. Sahasrayoga (with Dharakalpa). 1st ed. Varanasi: Chaukhamba Orientalia; 2021.Section 4, Tailaprakarana, p 539.

Cite this article as:

Malathi S, Shilpashree K and Santosh L Yadahalli. Standard Operating Procedures of Ruksha pinda sweda: A uniform clinical practice. Int. J. Res. Ayurveda Pharm. 2026;17(5):77-83
doi: http://dx.doi.org/10.7897/2277-4343.175176

Source of support: Nil, Conflict of interest: None declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House, a non-profit publishing house dedicated to publishing quality research. We have made every effort to verify the accuracy of the content published in our journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of the IJRAP editor or editorial board members.