

**The literary study of *Raktavrita Vata* w. s .r. to *cellulitis*  
Apurva A. Pathak\*<sup>1</sup>, Archana A. Kulkarni<sup>2</sup>**

1. Assistant Professor, Mob. No. 9175290885
2. Professor,

Dept. Of Roga nidan, B.S.D.T'S Ayurved College,  
Wagholi, Pune, Maharashtra, India.

\*Corresponding Author: E mail address - [apurvakulkarnipathak@gmail.com](mailto:apurvakulkarnipathak@gmail.com)

**ABSTRACT:-**

Ayurveda consider that the body is controlled by three fundamental factors called *tridosha*. They are the pillar of the body. They all in equilibrium perform their normal functions by which the body is sustained free from diseases. Any disturbance to their balance state leads to disease. Among these three *dosha* , *vata* has very much significance. It plays a key role behind maintenance of body in normal healthy state. *Vata* is strongest of all *dosha* and it causes large number of diseases if get vitiated.

*Avarana* is one of the least understood concepts among the basic mechanism of ayurvedic fundamentals. *Avaran* plays an important part in understanding the *samprapti* of many diseases. In any type of *avarana* there are two components one is *Avrutt dosha* , the *dosha* whose function get affected by obstruction or covering and the second component is the *Avarak* which causing *avarana* of peculiar *dosha*. Acharyas have explained many *avarana* and its sign and symptoms will give clue to the diagnosis of *avarana*. The increased sign and

symptoms will suggest the *avaraka* and decreased sign and symptoms suggest *avarutta*. Once the diagnosis confirmed then the treatment can be initiated. This study aims to observe correlation between *lakshanani* of *raktavrita vata* and *Cellulitis*. It can be concluded that the most of symptoms of *cellulitis* are found similar to *raktavrita vata*.

**KEYWORDS :-** *Avarak*, *Avarana*, *Avarutta*, *Cellulitis* , *Raktavrita vata*.

**INTRODUCTION:-**

Ayurveda considered three *dosha* and *saptadhatu* to be fundamental of the human body. Among them three *dosha* are interdependent, synergetic in action and unable to work without each other. In all the three *dosha*, *vata* is unique *dosha* as it differs from other *dosha* many ways, *pitta* and *kapha* are *pangu* and *vata* regulates their functions<sup>1</sup>. Acharya Sushruta has mentioned three pathological conditions of *vata* viz. *Kevela Vata*, *Dosha yukta Vata* and

*Avrita Vata*<sup>ii</sup>. *Kevala vata*<sup>iii</sup> refers to *dosha asamashrishta* i.e. pathological state of *vata* without association of other *dosha*. *Doshayukta vata*<sup>iv</sup> refers to the association with other *dosha*. It is pathological state of *vata* due to the association of *pitta* or *kapha* or both. The clinical manifestation of associate *dosha* as *anubandha* may be there. The third one is *Avrita vata*. *Avarana* is one of the basic fundamental concepts of Ayurveda. *Gati* is the unique feature of *vata*. When its *gati* is disturbed due to *avarana*, then its vitiation occurs. The *avarana* of *vata* can be caused by the *dosha*, *dhatu*, *mala*, *anna* and *ama*. In *avarana* there are two major factors i.e. *avaraka* and *avrita*. The increased sign and symptoms indicate *avaraka* and the decreased sign and symptoms suggest *avrita*. The accumulation of *avaraka* can occur only when the patients indulge in the causative factors of that particular *avaraka*. There will be no history of specific etiological factors of *vata* though resulting in condition is *vata* disorders. Based on this, it can be inferred that here *vata* disorders are produced without indulging in its own etiological factor. This has been central idea of *avrita vata*. Concept of *avarana* is another but unique method of explaining *samprapti* of disease. However, it is not very popular and not routinely followed for *vyadhi-dnyan* and *vyadhi-chikitsa*. Comparative study of *avarana* is essential for better insight of concept of *avarana*. The *avarana* on *vata dosha* by *rakta dhatu* is known as *raktavrita vata*. The clinical feature shows *karma hani* of *vata* and *karma-vrudhi* of *rakta*. This give rise to feature like *sadaha*, *arti*, *twak-mamsataryo*, *saraga*, *shwayathu* and *mandala* in *raktavrita vata*<sup>v</sup>.

*Cellulitis* is non suppurative inflammation spreading along the subcutaneous tissue, connective tissue plane and across intercellular spaces. The clinical features of *cellulitis* are fever, localized heat, erythema, pain, swelling, blisters. *Cellulitis* is an entity having systemic and external origin. Systemic causes include Diabetes Mellitus, HIV, patient receiving chemotherapy and external causes include bites, cuts and trauma. The complications of *Cellulitis* include Necrotizing Fasciitis, sepsis and shock. The concept of *avarana* particularly *raktavrita vata* was studied theoretical and its correlation was observed with *cellulitis*. An attempt is made to observe correlation between *lakshnanani* of *Raktavrita vata* and *Cellulitis* and to understand etiopathogenesis of *Cellulitis* in terms of *avarana*.

#### AIM AND OBJECTIVES:

To study the correlation between *lakshnanani* of *Raktavrita vata* and *Cellulitis*

To understand the etiopathogenesis of *Cellulitis* in terms of *Raktavrita vata*.

#### MATERIAL AND METHOD

As a conceptual study literature regarding the *Avrita vata* was reviewed from Ayurvedic classics.

Modern review of *Cellulitis* was taken for study from modern text books.

Internet data and various research papers reviewed.

#### REVIEW OF LITERATURE

*Avrita Vata* :-

Term *avarana* refers to, to cover, to mask or to obstruct. Here *gati* is unique feature of *vata*; whenever its *gati* is disturbed due to *avarana* then its vitiation occur. This has been central idea of *avruta vata*.

*Avarana* of *vata* is a distinctive pathological condition, where obstruction to its *gati* occurs due to etiological factor other than own, leading to its vitiation and result into various types of *avarana* of *vata*. The *Avarana* of *vata* can be caused by the *dosha*, *dhatu*, *mala*, *anna* and *ama*. Even any of subtypes of *vata* may cause *avarana* of each other, which is termed as *Ananya avarana*.

#### ***Avruta - Avaraka - Avarana sankalpana :-***

The substance, which obstructs the pathway of *vata*, is termed as *avaraka*. While, *vata* whose *avarana* occurs is termed as *avruta* or *avruta*. According to Chakrapani, the excessively increased strong *Avaraka* suppresses the normal action of *Avrita* i.e. *Vata*. On the other hand, excessively increased *Avaraka* manifested its action. *Avarana* of *Vata* in the form of obstruction to the functional channel of *Vata* leading to its *parakopa*, hence at that stage its *prakopa* symptoms are also manifested depending upon its site of function involved<sup>vi</sup>.

It is well known that *Pitta*, *Kapha*, *Dhatu* and *Mala* are considered as *Pangu* (inactive) and *Vata* is the motive force behind their action. So, when they act as *Avaraka*, then they must be sufficiently strong to overpower as well as to obstruct the function and functional channel of *Vata*<sup>vii</sup>. Therefore, in the initial stage of the condition, as the *Avaraka* are strong and *Vata* is nearly in the normal sate, so in the beginning, there would be karma

hani of *Vata* with karma vrudhi of *Avaraka*<sup>viii</sup>.

Thereafter, when obstruction is complete, it leads to *prakopa* of *vata* resulting in manifestations of *vata* vitiation symptoms as well as its disorder.<sup>ix</sup>

It is clear from the above that the *Vata* is initially in its normal state, but accumulation of *Avaraka* occurs.

The accumulation of *Avaraka* can occur only when the patients indulge in the causative factors of that particular *Avaraka*. Hence, it may be deduced that in the condition of *Avarana* of *Vata* there will be no history of specific etiological factors of *Vata* though resulting in condition is *Vata* disorders.

On other hand, the history of etiological factors of *Avaraka* will be available. Based on this, it can be inferred that here *Vata* disorders are produced without indulging in its own etiological factor.

#### ***Raktavahasrotas Dusti Hetu :-***

*Raktavahasrotas dusti hetu* are mentioned in *Charak viman sthana* which occurs due to intake of *vidahianna* and *pana* (food which cause burning sensation and drinks), *snigdha* (oily), *ushna* (hot), *drava* (liquid) food consummation also excessive *sevan* of *aatapa anila* ( exposure to sunlight air) all these factors leads to *raktavaha srotasdusti*.

Also *rakta dushti hetu* in *vidhishonit adhaya* can be consider as *vipkrushta hetu* for *raktaavuruta vata*

#### **Symptoms complex in *Avrita Vata***

Often the symptoms manifested are comprised of disturbed function of, the obstructing factor as well as the obstructed *vata*. The symptoms produced are based on the principles of

*Rupahani (Karma Hani)*, *Rupa vrudhhi (Karma vrudhhi)* and *Rupantara (Anya Karma)* and which depend upon the intensity of the obstruction i.e. partial or complete; functional or organic; acute or chronic; transient or persistent etc<sup>x</sup>. For instance, less string obstruction of *Vata* will leads its provocation, whereas the very powerful obstruction may makes it weak and likewise. The symptomatology of the *avarana* depends up on the place wherever *dosha-dushya sammurchana* has taken place. For instance, the symptom of *shula* of *Avrita Vata* may occurs in different parts like head, ears, abdomen, back, depending upon the organ involved in the process of *Avarana*. Similarity clinical manifestations are primarily depend on the direction of movement of which is obstructed, anatomical limitation of particular *dosha* or sub type of *Vata* which is involved in pathogenesis, nature of obstruction i.e. *dosha, dushya, mala* etc. For example in *Kaphavrita prana Vata*, the *prana* seated in *uttamanga* and its direction of movement is towards the center i.e. *Urah* and *Kantha* and it govern the function like etc. The direction of movement of *Prana Vata* by *Kapha* in *urdhva amashaya* then it leads to the pathological state i.e. movement in opposite direction resulting in disorders of deglutination, spitting, sneezing, eructation, vomiting and Anorexia etc.

### Classification of Avarana

The *Avarana* may be innumerable types<sup>xi</sup>. However, 42 types of *Avarana* of *Vata* have been described in detail in the texts, which can be categorized under the following major division:

#### 1) Murta Avarana- 22 types

- a) Dosha Avarana-12
- b) Dhatu Avarana-7
- c) Mala Avarana- 2
- d) Anna Avarana- 1

2) **Amurta Avarana**- 20 types when the subtype of *vata* impedes the function of each other it may be termed as an *amurta* or *anyonya avarana*. It is of 20 types in which symptoms complex of twelve conditions are explained<sup>xii</sup>.

#### Murta Avarana- 22 types

##### a) Dosha Avarana-12

Doshavrita Vata -2

1. Pittavrita Vata
2. Kaphavrita Vata

Mishravrita Vata-10

When two or more factors are involved in the pathogenesis of *Avarana*, it is termed as *Mishra Avarana*. Here permutation and combinations of *Pitta* and *Kapha* and sub-type of *vata* result in innumerable numbers of pathogenesis of *Avarana*: *Pittavrita prana, Kaphavrita prana, Pittavrita udana, Kaphavrita udana, Pittavrita vyana, Kaphavrita vyana, Pittavrita samana, Kaphavrita samana, Pittavrita apana* and *Kaphavrita apana*.

##### b) Dhaturvrita Vata- 7

*Tvakavrita Vata, Raktavrita Vata, Mamsavrita Vata, Medovrita Vata, Asthivrita Vata, Majjavrita Vata and Shukravrita Vata*

##### c) Malavrita Vata-2

1. *Mutravrita Vata*
2. *Purishavrita Vata*

##### d) Others-2

1. *Annavrita Vata*
2. *Sarvadhatuvrita Vata*

### **RAKTAVRITA VATA-**

According to *Avarana sankalpana*, *Rakta* is *Avaraka* and *Vata vayu* gets *Avrita* i.e. here *Avarana* of *Rakta* (blood) formed on *Vata vayu*. So it is known as *Raktavrita Vata*. In this condition the vitiation of both *Rakta* and *Vata* occurs. The clinical features are due to prakopa of *Rakta* and *karma hani* of *Vata dosha*. If *Vata* gets occluded in the blood, there will be severe burning sensation in the area between the skin and the flesh and there will be edema with reddish tinge and rashes. According to *Sushruta*, the *Raktavrita Vata* is preceding stage of *Mamsavrita Vata*. This shows the involvement of succeeding *dhatu* i.e. *Mamsa dhatu* in *Avarana*<sup>xiii</sup>. It is also known as *Supta Vata*.<sup>xiv</sup>

Clinical features of *Raktavrita Vata*-

#### 1. *Daha*-

It is the one the important clinical feature contributes in *Raktavrita Vata*. It manifested to be inflamed or to be consumed by internal heat or grief suffer pain, be distressed.

#### 2. *Mandala*-

It manifested circular, round, disk shaped. It is anything round (in heat, also applied to anything triangular). It is sort of cutaneous eruption or leprosy or circular spot.

#### 3. *Raga*-

This is an important manifestation in this particular pathological condition. It resembles the act of coloring, red color or color due to inflammation.

#### 4. *Shwayathu*-

This is one of important clinical feature. It is synonym of *shopha*. It manifested that having intumescences, having swelling or morbid swelling.

#### 5. *Arti (Vedana)*-

It is one important feature. It is mainly due to vitiation of the *Vata*. It resembles to the pain.

### **CELLULITIS**

*Cellulitis* is a non suppurative inflammation spreading along subcutaneous tissue and connective place across intercellular space. Though various varieties of aerobic and non-aerobic bacteria produce *cellulitis*, mostly the causative organism is streptococcus pyogen and staphylococcus. *Cellulitis* is a transient inflammatory involvement of subcutaneous tissue and intercellular space. *Cellulitis* may be caused by indigenous flora colonizing the skin and appendages (e.g. *S. Aureus* and *S. Pyogen*) or by a wide variety of exogenous bacteria. Because of exogenous bacteria involved in *cellulitis* occupy unique niches in nature; through history (including epidemiology data) provide important clues to etiology.

### **Etiological factors -**

A variety of etiological factors or agents have been implicated in the causation of *cellulitis* are -

1. Predisposing factors: - Diabetes, Liver cirrhosis, Renal failure, HIV, Taenia pedis- extension infection of hair follicle
2. Diet and personal habit:-Poor nourishment, Poor personal hygiene.
3. Severe stress: - Factors like shock and anger due to Extensive burns ,Trauma ,Surgery
4. Epidemiological factors: - Poor epidemiological hygiene, Slum area
5. Foreign body insertion: - Due to penetration of Insect bite , Dog bite, Needle ,Pin ,Intravenous catheter.

6. Surgical factors: - Surgical wound, Post-surgical wound

7. Wound / ulcers:-Wound and ulcers due to Trauma, Burn, Varicose vein ulcer, Diabetic foot / ulcer

#### **Risk factors**

Chemotherapy, Abuse to intravenous drugs, Alcoholism, Recurrence

It may occur with automatically abnormality that compromise the venous or lymphatic drainage.

#### **Complication**

Necrotizing Fasciitis

#### **SITES FOR CELLULITIS:-**

Lower leg - more common, Pinna

Perianal - common in pediatric

May in normal skin

#### **CLINICAL FEATURES OF CELLULITIS -**

1. Redness of local skin
2. Swelling
3. Pain
4. Affected part is warm swollen
5. Varying degrees of fever

#### **PATHOGENESIS -**

Staphylococcal infection is most common infection of skin. These bacteria present all over skin of the body. Most staphylococcal infection caused due to staphylococcus aureus.

The infection begins, due to poor hygiene leads to lodgments of cocci in hair root and result in obstruction of sweat or sebaceous gland duct. This is known as folliculitis. Involvement of adjacent folliculitis creates larger lesion called furuncle. Further spread of infection horizontally under skin and subcutaneous tissue causes *cellulitis*.

#### **PATHOLOGICAL CHANGES -**

It is diffuse inflammatory, mainly of deep subcutaneous tissue and even muscle may be involved. Diffuse edema is feature and streptococci are present in large amount at speeding edge of the lesion. Pus, if present, is water and blood stained, possibly because of activity of streptokinase and desoxyribonucleas.

The pathological observation suggests that relatively low number of bacteria may cause *cellulitis* and that the expanding area of erythema within skin may be a direct effect of extra cellular toxins or of the soluble mediators of inflammation elicited by host.

#### **DISCUSSION:**

The literature study of *Cellulitis* is done under the concept of *Avrita vata*. The symptoms of *Cellulitis* are Redness of local skin, Swelling, Pain, Affected part is warm swollen, Varying degrees of fever, in some people discharge and itching on site are compared with symptoms of *Raktavrita Vata sadaha, arti, twak-mamsataryo, saraga, shwayathu* and *mandala*.

The most of symptoms of *Cellulitis* are found similar to *Raktavrita vata*.

Clinical features of <i>Cellulitis</i>	Observed clinical features of <i>Raktavrita Vata</i>
Localized heat	<i>Sthanika Daha</i>
Pain	<i>Arti (vedana)</i>
Erythema	<i>Raga</i>
Swelling Fever	<i>Shwayathu</i>
Blister	<i>Mandala</i>
<i>Mandala</i>	--

Discharge	--
Itching	--

Out of Eight clinical features of *Cellulitis*; five clinical features of *Raktavrita Vata* were correlated (62.66%). These *lakshanas* can be compared with each other and hence there are similarities in clinical features of *Cellulitis* and *Raktavrita Vata*.

### Samanya Samprapti of Raktavrita vata:

In *avarana*, generally the vitiation of *vata* is passive. When vitiated *rakta dhatu* obstructs the pathway of *vata*, *avarana* by *Rakta dhatu* happens. Normal state of *vata* gets vitiated as *avarana* of *rakta* progresses. The *rakta dhatu* obstructs the pathway of *vata* is called as *avaraka* and the *dosha* (*vata* in general or its components) affected by *avarana* is called as *avrita vata*. The *Raktavrita vata* is caused by the etiological factors for the vitiation of *rakta dhatu*. Etiological factors for the vitiation of *vata* (*sva nidana*) will be absent. In the process of *avarana chala* property of *vata* is diminished due to obstruction of *rakta*. Other properties are not involved in the process of obstruction. In *avarana* the *gati* of *vata* is obstructed partially or fully by *rakta dhatu*. Once gets obstructed the *vata* may simply get lodged there (*baddha marga, margarodha*), try to nullify the obstruction, may get covered by the obstructing substance (*avrita*), adopt an opposite direction (*pratiloma*) or alter the direction (*viloma*). The different terminologies have been used to denote *avarana* in different contexts according to the nature of *avarana* and the state of *vata*

and *marga* (passage).

In *avarana* of *vata*, *swakarma vriddhi* (exaggerated activities) of *avaraka* (covering *dosha*) i.e. *rakta dhatu* is manifested. The *avrita* (i.e. *vata*) will show *swakarma hani* (diminished activity). This is the general feature of *avarana*. Here the excessively increased strong *avaraka* (*Rakta dhatu*) suppresses the normal action of *avrita* (i.e. *vata*). Therefore, when the obstruction is complete it may lead to the *prakopa* of *vata* resulting in the presentation of *vata* vitiated symptoms as well as its disorders. In case of *Raktavrita vata*, the *rakta dhatu* is important for treatment since vitiation of *vata* is passive. When *avarana* is removed vitiated *vata* gets pacified.

Following *Samprapti Ghatak* may be consider in *raktavrita vata*

**Hetu :-** *Raktavaha strotas dushti hetu.*

**Dosha :-** *Vata*

**Dushya :-** *Rakta*

**Strotodushti :-** *Sanga and vimargagaman.*

**Avarak :-** *Rakta*

**Avrita :-** *Vata*

**Symptoms:-** *Sadaha, Arti, twak-mamsataryo, saraga, shwayathu and mandala.*

### CONCLUSION

*Rakta avrita vata* is a process of pathogenesis wherein *raktavridhi* (quantitative increase of *rakta*) impedes the *gati* of *vata*. *Hetu* explained in *vidhishonitiya adhyaya* which are responsible for quantitative increase of *rakta dhatu* impedes the *gati* of *vata dosha* hence normal *parivahan* is hampered and stagnation takes place leading to *sanga* this is the reason why in

*raktaavritavata, raga yukta shotha, mandala*, local *daha* and *vedana* have been explained. After studying and analyzing the results following conclusion were noted. This study helps in diagnosis of *cellulitis* with the help of basic Ayurvedic concepts and fundamental principles. The literature study of *cellulitis* is done under the

concept of *Avrita vata*. The most of symptoms of *cellulitis* are found similar to *raktavrita vata*. So, theoretically *Cellulitis* can be compared with *raktavrita vata*. Aim of the present study “Study of correlation between *Lakshanas of Raktavrita* and *Cellulitis*” significantly validated.

## REFERENCES:

- i Dr. Brahmananda Tripathi, Sarangdhar Samhita Of Pandita Sarngadharacarya Containing Anjananidana Of Maharshi Agnivesh Annotated With Dipika Hindi Commentary, Purva Khanda 5, Verse 43, Chaukhamba Surbharti Prakashan, Varanasi, 2012, Page No. 60.
- ii Vaidya Jadavji Trikamaji Acharya, Sushrut Samhita Of Sushruta With Nibandhasangraha Commetary Of Shri Dalhan, Orientalia, Varanasi- Edition 6-1997-Mahavatavyadhi Chikitsa-5/29, Page 429
- iii Vaidya Jadavji Trikamaji Acharya, Sushrut Samhita Of Sushruta With Nibandhasangraha Commetary Of Shri Dalhan, Orientalia, Varanasi- Edition 6-1997- Mahavatavyadhi Chikitsa-5/28, Page 429
- iv Vaidya Jadavji Trikamaji Acharya, Sushrut Samhita Of Sushruta With Nibandhasangraha Commetary Of Shri Dalhan, Orientalia, Varanasi- Edition 6-1997- Mahavatavyadhi Chikitsa-5/28, Page 429
- v Vaidya Jadavji Trikamaji Acharya, Charaka Samhita Of Agnivesha Revised By Charaka Of Dridhabala With Ayurved Deepika Commentary Of Chakrapanidatta, Munshriram Manoharlal Pulblishers Pvt. Ltd. Edition 5<sup>th</sup>- 1992, Vatavyadhi Chikitsa. 28/31, Page 617
- vi Vaidya Jadavji Trikamaji Acharya, Charaka Samhita Of Agnivesha Revised By Charaka Of Dridhabala With Ayurved Deepika Commentary Of Chakrapanidatta, Munshriram Manoharlal Pulblishers Pvt. Ltd. Edition 5<sup>th</sup>- 1992, Vatavyadhi Chikitsa. 28/18, Page 616
- vii Vaidya Jadavji Trikamaji Acharya, Charaka Samhita Of Agnivesha Revised By Charaka Of Dridhabala With Ayurved Deepika Commentary Of Chakrapanidatta, Munshriram Manoharlal Pulblishers Pvt. Ltd. Edition 5<sup>th</sup>- 1992, Vatavyadhi Chikitsa. 28/206-216, Page 626
- viii Vaidya Jadavji Trikamaji Acharya, Charaka Samhita Of Agnivesha Revised By Charaka Of Dridhabala With Ayurved Deepika Commentary Of Chakrapanidatta, Munshriram Manoharlal Pulblishers Pvt. Ltd. Edition 5<sup>th</sup>- 1992, Vatavyadhi Chikitsa. 28/206-216, Page 626
- ix Vaidya Jadavji Trikamaji Acharya, Charaka Samhita Of Agnivesha Revised By Charaka Of Dridhabala With Ayurved Deepika Commentary Of Chakrapanidatta, Munshriram Manoharlal Pulblishers Pvt. Ltd. Edition 5<sup>th</sup>- 1992, Vatavyadhi Chikitsa. 28/215, Page 626



<sup>x</sup> Vaidya Anant Damodar Athavale, Ashtanga Sangraha Of Vridha Vagbhata With Induvyakya, Ayurvedya Mudranalaya, Edition 2<sup>nd</sup>1902, .Vatashonita Nidana 16/54- Page 62

<sup>xi</sup> Vaidya Anant Damodar Athavale, Ashtanga Sangraha Of Vridha Vagbhata With Induvyakya, Ayurvedya Mudranalaya, Edition 2<sup>nd</sup>1902, .Vatashonita Nidana 16/56- Page 62

<sup>xii</sup> Vaidya Anant Damodar Athavale, Ashtanga Sangraha Of Vridha Vagbhata With Induvyakya, Ayurvedya Mudranalaya, Edition 2<sup>nd</sup>1902, .Vatashonita Nidana 16/52- Page 61

<sup>xiii</sup> Vaidya Jadavji Trikamaji Acharya, Charaka Samhita Of Agnivesha Revised By Charaka Of Dridhabala With Ayurved Deepika Commentary Of Chakrapanidatta, Munshriram Manoharlal Pulblishers Pvt. Ltd. Edition 5<sup>th</sup>- 1992, Vatavyadhi Chikitsa. 28/61-71 , Page 620

<sup>xiv</sup> Vaidya Jadavji Trikamaji Acharya, Sushrut Samhita Of Sushruta With Nibandhasangraha Commetary Of Shri Dalhan, Orientalia, Varanasi- Edition 6-1997- Vatavyadhi Nidanastan- 1/33, Page 26

**Conflict of Interest:**

Non

**DOI**

<https://doi.org/10.52482/ayurline.v5i03.519>

**Source of funding:**

Nil

*Cite this article:*

*The literary study of Raktavrita Vata w. s .r. to cellulites*

*Apurva A. Pathak, Archana A. Kulkarni*

Ayurline: International Journal of Research In Indian Medicine 2021; 5(3):01- 09

