

APPLIED ASPECTS OF SROTAS, KOSHTHA AND AGNI IN PANCHAKARMA

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ABSTRACT

Background: *Panchakarma* is a comprehensive detoxification and therapeutic regimen in *Ayurveda*, aimed at eliminating *Doshas* and restoring physiological harmony. The efficacy of *Panchakarma* is significantly influenced by the functional state of *Srotas* (body channels), *Koshtha* (bowel constitution), and *Agni* (digestive and metabolic fire), which are foundational for diagnosis, *Purva Karma*, and therapeutic response. **Objectives:** To explore and analyse the applied significance of *Srotas*, *Koshtha*, and *Agni* in planning and executing effective *Panchakarma* therapies, and to understand their role in determining *Dosha* status, bio-cleansing suitability, and individualised treatment protocols. **Materials and Methods:** A qualitative analytical study was conducted based on classical *Ayurvedic* texts (e.g., *Charaka Samhita*, *Ashtanga Hridaya*, *Sharngadhara Samhita*) and modern clinical interpretations. Emphasis was laid on the roles of *Srotoshuddhi*, *Koshthabheda* (*Mridu*, *Madhyama*, *Krura*), and *Agnibala* (*Vishama*, *Tikshna*, *Sama*, *Mandagni*) during *Purva Karma*, *Pradhana Karma*, and *Pashchat Karma* phases of *Panchakarma*. **Results:** The *Srotoshuddhi* ensures optimal bioavailability and clearance during *Vamana*, *Virechana*, and *Basti*. Understanding *Koshtha* aids in selecting appropriate drugs, determining the timing of procedures, and titrating doses. *Agnibala* influences the digestion of *Sneha*, tolerance to *Shodhana* drugs, and

post-procedure recovery. Failure to assess these factors often leads to *Ama*, procedural complications, or incomplete *Dosha* expulsion. **Conclusion:** Clinical evaluation of Srotas, Koshtha, and Agni is crucial for customising *Panchakarma* protocols to achieve safe and effective therapeutic outcomes. Incorporating these assessments ensures procedural precision, enhances efficacy, and minimises adverse effects.

Keywords: *Panchakarma, Srotas, Koshtha, Agni, Shodhana, Ayurveda*

INTRODUCTION

Panchakarma is the cornerstone of *Ayurvedic* therapeutics, comprising five major purification procedures—*Vamana*, *Virechana*, *Basti*, *Nasya*, and *Raktamokshana*. These procedures are employed not only for the treatment of diseases but also for the maintenance of health and prevention of disorders by eliminating accumulated *Doshas*.¹ The successful execution of *Panchakarma* depends on individualised patient assessment, where the evaluation of *Srotas* (channels), *Koshtha* (bowel constitution), and *Agni* (digestive and metabolic fire) plays a pivotal role.²

Srotas, or the body's internal transport systems, are crucial for the movement and regulation of various physiological substances, including *Rasa*, *Rakta*, *Dhatu*, *Mala*, and *Prana*. Obstruction or dysfunction in *Srotas* impedes the *Dosha* movement toward the gastrointestinal tract and thereby compromises the success of *Shodhana* procedures. Proper cleansing of these channels, known as *Srotoshuddhi*, through *Snehana* and *Swedana* during the *Purva Karma* phase, is essential to facilitate effective *Shodhana*.³

Koshtha denotes an individual's bowel response pattern and is traditionally classified into *Mridu*, *Madhyama*, and *Krura*. This classification helps determine the dosage and type of *Shodhana* drug, as well as the expected number of evacuations during procedures like *Virechana* or *Basti*. A mismatch in therapy due to incorrect assessment of *Koshtha* can lead to incomplete detoxification or adverse effects. Therefore, understanding the *Koshtha* type is crucial for tailoring *Panchakarma* protocols appropriately.⁴

Agni, described as the digestive and metabolic fire, is considered the foundation of health in *Ayurveda*. It governs digestion, absorption, assimilation, and transformation of food and medicine. The state of *Agni*—whether *Sama*, *Vishama*, *Tikshna*, or *Mandagni*—

influences the ability to tolerate internal oleation, absorb medicated formulations, and recover post-detoxification. If *Agni* is impaired, even well-planned *Panchakarma* can result in the formation of *Ama* and lead to complications or therapeutic failure.⁵

Clinical success in *Panchakarma* is closely tied to the comprehensive assessment of these three factors. The practitioner must integrate these evaluations with the *Dosha*, *Roga*, and *Rogi Bala* to plan individualised treatments. For instance, a patient with *Mandagni* and *Mridu Koshtha* may require longer preparatory measures and milder therapeutic interventions than one with *Tikshnagni* and *Krura Koshtha*. Such patient-specific considerations uphold the principles of rational and safe *Ayurvedic* clinical practice.⁶

Despite clear instructions in classical texts, the applied understanding of *Srotas*, *Koshtha*, and *Agni* is often overlooked in modern clinical settings. Re-emphasising these concepts is essential not only for academic training but also for ensuring the precision and safety of *Panchakarma*. A deeper clinical integration of these assessments ensures that the therapies are not merely ritualistic procedures, but evidence-based interventions grounded in physiological rationale and personalised care.⁷

AIM AND OBJECTIVES

Aim:

To evaluate the applied importance of *Srotas*, *Koshtha*, and *Agni* in the effective planning and execution of *Panchakarma* procedures.

Objectives:

1. To assess the role of *Srotas* in determining *Shodhana* suitability and efficacy.
2. To study the relevance of *Koshtha* in selecting appropriate drugs and dosage during *Panchakarma*.

3. To analyse the impact of *Agni* on digestion, drug metabolism, and post-procedure recovery.
4. To integrate classical understanding with clinical application in *Panchakarma* practice.

MATERIALS AND OBJECTIVES:

This study was based on a critical review of classical *Ayurvedic* texts, including the *Charaka Samhita*, *Ash-tanga Hridaya*, and *Sharngadhara Samhita*, along with supporting commentary and clinical interpretations from contemporary sources. The objective was to evaluate the practical importance of *Srotas*, *Koshtha*, and *Agni* in the clinical application of *Panchakarma*. It aimed to assess how the status of *Srotas* influences *Shodhana* efficacy, how *Koshtha* determines drug selection and dosage, and how *Agni* governs digestion, drug assimilation, and post-procedure recovery. The study also aimed to bridge theoretical concepts with practical application to enhance safety, precision, and individualised care in *Panchakarma* therapy.

CONCEPTUAL STUDY

SROTAS

The term *Srotas* is derived from the root “*sru*”, which means “to flow.” It refers to the intricate system of body channels that transport various *Dhatu*s, *Malas*, and *Pranas* throughout the body. According to *Ayurveda*, the body is permeated with innumerable *Srotas*, which ensure the physiological flow and homeostasis is essential for health. These are not just physical ducts or vessels, but functional systems involving both anatomical pathways and physiological processes.⁸

In classical texts, *Acharya Charaka* defines *Srotas* as “*Tatra margas trayo dosavaha rasa-rakta-adi dhatu-mala-vaha cha.*” (*Charaka Samhita, Vimanasthana 5/3*), meaning the channels that carry *Doshas*, *Dhatu*s, and *Malas*. *Acharya Sushruta* explains that diseases arise from obstruction (*Sanga*), damage (*Vimarga gamana*), or overexpansion (*Atipravritti*) of these *Srotas*, emphasising their clinical relevance.⁹

In the context of *Panchakarma*, *Srotas* play a critical role in the mobilisation, transportation, and expulsion of vitiated *Doshas*. Before the administration of *Shodhana* (purificatory therapy), it is essential to assess

the state of *Srotas*. If the *Srotas* are blocked (*Srotorodha*), the *Doshas* cannot reach the *Koshtha* for elimination. Therefore, *Snehana* (internal oleation) and *Swedana* (sudation) are administered during *Purva Karma* to soften the *Doshas*, dilate the *Srotas*, and facilitate *Srotoshodhana* (cleansing of the channels).¹⁰

There are 13 principals *Srotas* described in the *Charaka Samhita*, each associated with specific organs and functions (e.g., *Rasavaha*, *Raktavaha*, *Mamsavaha*, *Medovaha*, etc.). From the *Panchakarma* perspective, the obstruction or dysfunction of *Annavaha*, *Purishavaha*, *Mutravaha*, and *Swedavaha* *Srotas* must be closely evaluated before *Shodhana*. Special attention is paid to *Dosha Gati* (movement of doshas) through *Srotas*, ensuring their movement from *Shakha* (peripheral tissues) to *Koshtha* (GIT) is facilitated effectively.¹¹

A failure to assess or properly prepare the *Srotas* may lead to:

- *Shodhana Asiddhi* (ineffective purification)
- *Ama* formation due to improper movement of *Doshas*
- *Utklesha* without proper *Dosha Utsarjana* (mobilisation without expulsion)

Thus, *Srotasa Shuddhi* is considered a prerequisite for successful *Panchakarma*. This is achieved through:

- *Deepana-Pachana* (improving digestion and removing *Ama*)
- *Snehana* (oleation to loosen toxins)
- *Swedana* (sudation to dilate and soften channels)

KOSHTHA

The concept of *Koshtha* occupies a central place in *Ayurvedic* clinical practice, especially in the context of bio-purificatory therapies such as *Panchakarma*. *Koshtha* refers to the functional nature of the gastrointestinal tract—specifically, the individual's bowel movement pattern and response to purgatives or laxatives. It is a vital factor for the physician to assess before planning *Shodhana* therapies such as *Vamana*, *Virechana*, or *Basti*.¹²

Etymological

The word *Koshtha* is derived from the root 'kush-samvarane', meaning 'enclosure' or 'cavity'. In *Ayurveda*, it refers to the internal pathway of digestion and elimination, mainly including *Amashaya* and

Pakvashaya. According to *Acharya Charaka (Charaka Samhita Sutra Sthana 28/7)*, knowledge of *Koshtha* is essential for proper drug administration and for predicting drug response.¹³

Classification of *Koshtha*

Koshtha is primarily classified based on *Prakriti* (constitution) and the physiological response of bowel evacuation:

Type of <i>Koshtha</i>	Characteristics	Predominant <i>Dosha</i>
<i>Mridu Koshtha</i>	Loose stools even with mild laxatives; quick response to purgatives	<i>Pitta</i>
<i>Madhyama Koshtha</i>	Regular bowel habit; balanced response to drugs	<i>Kapha</i>
<i>Krura Koshtha</i>	Constipation tendency; needs strong purgatives	<i>Vata</i>

Applied Role of *Koshtha* in Panchakarma

The relevance of *Koshtha* in *Panchakarma* is multi-dimensional:

- **Drug Selection & Dosage Adjustment:** The intensity of *Shodhana* procedures, especially *Virechana* and *Basti*, depends on the type of *Koshtha*. A patient with *Krura Koshtha* may need stronger purgatives like *Trivrit* or higher doses, whereas a patient with *Mridu Koshtha* may react quickly even to mild drugs like *Eranda Taila*.¹⁴
- **Response Prediction:** *Mridu Koshtha* individuals often experience early *Shuddhi* (proper cleansing), while *Krura Koshtha* may show delayed or insufficient purgation unless appropriately managed. This helps the physician anticipate outcomes and modify treatment.¹⁵
- **Complication Prevention:** Misjudging *Koshtha* can lead to complications such as *Atiyoga* (over-purgation), *Ayoga* (under-purgation), or *Mishrayoga* (irregular effect). For example, administering a potent *Virechana* drug in a *Mridu Koshtha* patient may cause excessive dehydration or weakness.¹⁶
- **Post-Panchakarma Recovery:** The nature of *Koshtha* also influences the recovery period. *Krura Koshtha* individuals may require a longer time and supportive *Pashchat Karma* (post-care) to regain strength and stabilise metabolism.¹⁷

Factors Influencing *Koshtha*

1. ***Prakriti* (Body Constitution)** – *Vata*, *Pitta*, *Kapha* dominance affects the bowel type.
2. ***Agni* (Digestive Fire)** – Weak *Agni* leads to sluggish bowel (like in *Mandagni*), while strong *Agni* may cause frequent loose stools (*Tikshnagni*).
3. ***Ahara* (Dietary Habits)** – Fibre-rich diets and hydration affect bowel regularity.
4. ***Vihara* (Lifestyle)** – Sedentary habits or stress may lead to constipation.
5. **Age** – Elderly patients tend to have *Krura Koshtha* due to natural *Vata* dominance.

Clinical Examples

- A *Vata Prakriti* individual with *Krura Koshtha* suffering from *Gridhrasi* (sciatica) may require higher doses of *Niruha Basti* for relief.
- A *Kapha Prakriti* patient with *Mridu Koshtha* and *Ama* symptoms may respond quickly to *Vamana* with mild *Madana Phala* preparations.
- In cases of *Udavarta* (upward movement of *Vata*), *Krura Koshtha* is often observed, demanding special therapeutic strategies.

AGNI

The term *Agni* in *Ayurveda* refers to the biological fire or the energy responsible for the digestion, transformation, absorption, and assimilation of food and medicines in the body. Etymologically, *Agni* is derived from the root "ag," which means "to burn" or

“transform.” It is the force behind all metabolic activities and is considered the foundation of life. According to *Charaka Samhita (Sutra Sthana 27/342)*: “**Ag-**

Classification of Agni

Agni is classified in various ways:

ni eva sharirasya moolam” – *Agni* is the root of the body.¹⁸

a. According to the Site of Action:

Type of Agni	Location	Function
<i>Jatharagni</i>	<i>Amashaya</i> and <i>Grahani</i>	Digestion of ingested food (central digestive fire)
<i>Bhutagni</i>	Cellular level (each <i>Mahabhuta</i>)	Transformation of respective <i>Mahabhutas</i>
<i>Dhatvagni</i>	In each <i>Dhatu</i>	Metabolism and nourishment of each tissue

According to the Strength of Agni:

Type	Features	Dominant Dosha
<i>Sama Agni</i>	Balanced digestion and metabolism	<i>Tridosha Samya</i>
<i>Vishama Agni</i>	Irregular digestion; sometimes strong, sometimes weak	<i>Vata</i>
<i>Tikshna Agni</i>	Robust digestion; rapid metabolism	<i>Pitta</i>
<i>Mandagni</i>	Weak digestion; slow metabolism	<i>Kapha</i>

Functions of Agni

According to *Ayurveda*, *Agni* is responsible for the following vital functions:

- *Aharapachana* – Digestion of food
- *Dhatu Parinama* – Transformation of *Rasa* into successive *Dhatus*
- *Utsaha* – Generation of enthusiasm and energy
- *Varna* – Maintenance of a healthy complexion
- *Bala* – Support of physical and mental strength
- *Prabha* – Aura and lustre
- *Ojas* – Formation of vital essence
- *Ayushya* – Support of longevity

Thus, *Agni* governs health, vitality, resistance to disease, and mental clarity.

Applied Importance of Agni in Panchakarma

In *Panchakarma*, *Agni* plays a central role during all three phases: *Purva Karma* (preparatory phase), *Pradhana Karma* (main cleansing procedure), and *Pashchat Karma* (post-procedure care).

In Purva Karma:

- Before starting *Snehapana* or *Shodhana*, the status of *Agni* must be assessed.

- If *Agni* is weak (*Mandagni*), it may lead to poor digestion of *Sneha*, causing *Ama* formation and complications.
- Hence, *Deepana* (appetisers) and *Pachana* (digestives) drugs are administered to improve *Agni* before *Snehana*.

In Pradhana Karma:

- Strong *Agni* ensures proper digestion of *Sneha* and promotes the liquefaction and movement of *Doshas* toward *Koshtha*.
- During *Vamana*, *Virechana*, and *Basti*, balanced *Agni* supports better drug response, easy elimination, and minimal side effects.

In Pashchat Karma:

- Restoration of *Agni* is vital post-cleansing, as the body enters a state of metabolic vulnerability.
- Special dietary regimens (*Samsarjana Krama*) are advised to rebuild *Agni* gradually.
- Improper post-procedure diet can impair *Agni*, leading to recurrence of disease or *Ama* accumulation.

Clinical Examples

- A patient with *Mandagni* undergoing *Virechana* may not properly digest *Sneha*, resulting in incomplete *Shodhana* and *Ama* aggravation.

- A *Tikshnagni* patient may require milder *Deepana-Pachana* but close monitoring for over-purgation.
- Restoration of *Agni* is the first step in recovery after *Panchakarma*, supported by light *Manda*, *Peya*, and *Yusha* preparations.

RESULTS AND FINDINGS

Applied Aspect of *Srotas*:

- Proper *Srotoshuddhi* (channel cleansing) is essential for mobilising *Doshas* from peripheral tissues (*Shakha*) to the gastrointestinal tract (*Koshtha*).
- Blocked or vitiated *Srotas* can lead to ineffective *Shodhana* (*Shodhana Asiddhi*) or procedural complications.
- *Snehana* and *Swedana* effectively loosen the *Doshas* and facilitate smooth movement through *Srotas*.
- Clean *Srotas* support better absorption of drugs and nutrients during and after *Panchakarma*.

Applied Aspect of *Koshtha*:

- Accurate identification of *Koshtha* type (*Mridu*, *Madhyama*, *Krura*) is essential for planning *Vamana*, *Virechana* and *Basti* procedures.
- *Mridu Koshtha* patients respond quickly to mild purgatives, requiring lower doses.
- *Krura Koshtha* patients require stronger purgatives or repeated doses due to poor bowel response.
- Misjudgment of *Koshtha* leads to *Atiyoga* or *Ayoga*, affecting therapeutic success.

Applied Aspect of *Agni*:

- *Agni* governs the digestion of *Sneha*, drug metabolism, and recovery post-*Panchakarma*.
- *Mandagni* results in *Ama* formation, poor drug tolerance, and contraindications for *Shodhana*.
- *Tikshna Agni* leads to faster metabolism but may cause tissue depletion if not monitored.
- Pre-*Shodhana Deepana-Pachana* is essential to kindle weak *Agni* for effective therapy.

Combined Assessment:

- Integrated analysis of *Srotas*, *Koshtha*, and *Agni* ensures accurate selection of *Shodhana* method, dose, and timing.

- Supports truly individualised *Panchakarma* therapy aligned with *Prakriti*, *Vikriti*, and disease condition.
- Prevents procedural complications and promotes desired *Shuddhi Lakshana* (signs of proper purification).

Impact on Post-Therapy Recovery:

- Balanced *Agni* and open *Srotas* post-*Panchakarma* enhance digestion, nutrition, and drug efficacy.
- Regular bowel habits and improved appetite were commonly observed as markers of effective *Panchakarma*.
- Reduces chances of relapse by ensuring complete detoxification and restored metabolism.

DISCUSSION

The principles of *Ayurveda* emphasize personalized therapy based on individual constitution (*Prakriti*), disease condition (*Vikriti*), and physiological factors. Among these, *Srotas*, *Koshtha*, and *Agni* hold crucial relevance in planning and administering *Panchakarma* procedures. The outcomes of detoxification therapies largely depend on the dynamic interaction of these three factors. Their proper assessment ensures a scientific and patient-centric approach to bio-cleansing, supporting the safe elimination of vitiated *Doshas* and enhancing treatment efficacy.¹⁹

Srotas, the internal transport channels of the body, play a critical role in the movement of *Doshas* toward the gastrointestinal tract for elimination. If these channels are blocked or vitiated (*Srotorodha*), the *Doshas* fail to migrate, leading to incomplete *Shodhana*. Clinical practice confirms that pre-procedural *Snehana* and *Swedana* enhance *Srotoshuddhi*, facilitating better liquefaction and mobilization of morbid *Doshas*. Thus, evaluating the condition of *Srotas* before therapy ensures smoother detoxification and minimizes complications.²⁰

Koshtha, which reflects bowel nature and responsiveness, is vital in determining the appropriate drug, dose, and route for *Shodhana*. *Mridu Koshtha* patients show quicker responses and may require milder interventions, whereas *Krura Koshtha* individuals

often need stronger or repeated doses. This highlights the need for personalized protocols based on *Koshtha Pariksha*, which aligns with the *Ayurvedic* emphasis on *Yathā Roga, Tathā Aushadha*.²¹

Agni, the digestive and metabolic fire, is considered the root of life and a pivotal factor in therapeutic success. It governs not only digestion but also the transformation of nutrients into *Dhatus*. During *Panchakarma*, the strength and type of *Agni* determine the patient's ability to tolerate *Sneha*, assimilate drugs, and recover efficiently. Weak *Agni* (*Mandagni*) may result in the formation of *Ama* and delay recovery, whereas hyperactive *Agni* (*Tikshna*) can deplete *Dhatus* if not moderated. Therefore, modulating *Agni* with *Deepana* and *Pachana* before *Shodhana* and restoring it through *Samsarjana Karma* after therapy is essential.²²

CONCLUSION

The effective execution of *Panchakarma* therapy fundamentally relies on the precise assessment and application of *Srotas*, *Koshtha*, and *Agni*. These three physiological pillars guide the selection of procedures, formulation of individualized treatment plans, and prediction of therapeutic outcomes. Proper evaluation of *Srotas* ensures unobstructed *Dosha* mobilization, assessment of *Koshtha* determines the appropriate dosage and type of *Shodhana* therapy, while balanced *Agni* supports digestion, assimilation, and post-detox recovery. Neglecting these factors may lead to incomplete cleansing, formation of *Ama*, or procedural complications. Therefore, a comprehensive understanding and clinical application of *Srotas*, *Koshtha*, and *Agni* is essential to ensure the safety, efficacy, and success of *Panchakarma*, reflecting the true spirit of personalized and holistic *Ayurvedic* medicine.

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