

STUDY THE ADD ON EFFECT OF LAJJALU GHRIT MATRABASTI WITH LACTULOSE ORALLY IN THE MANAGEMENT OF GUDABHRAMSHA W.S.R.TO RECTAL PROLAPSE

¹Dr. Kanchan A Shekokar, ²Dr. Anant Kumar V Shekokar, ³Dr. Priti D Rokde, ⁴Dr. Ajay Dattatray Pawar, ⁵Dr. Rushikesh R Todkar

¹B.A.M.S. M.S. PhD; Prof, Dept of Shalya Tantra, S.V.N.H Ayurved Mahavidyalaya Rahuri factory, Taluka- Rahuri, Dist- Ahilyanagar, drkanchanborkar@gmail.com;

²B.A.M.S. M.S. PhD; Prof & HOD Dept of Shalya Tantra, S.V.N.H Ayurved Mahavidyalaya Rahuri factory, Taluka- Rahuri, Dist- Ahilyanagar, dranatkumarshekokar@gmail.com;

³PG Scholar , Dept of Shalya Tantra, S.V.N.H Ayurved Mahavidyalaya Rahuri factory, Taluka- Rahuri, Dist- Ahilyanagar, pritirokde18@gmail.com ; 9834426857.

⁴PG Scholar , Dept of shalyatantra, S.V.N.H Ayurved Mahavidyalaya Rahuri factory, Taluka- Rahuri, Dist- Ahilyanagar, ajaypawar59503@gmail.com; 9890818160.

⁵PG Scholar , Dept of shalyatantra, S.V.N.H Ayurved Mahavidyalaya Rahuri factory, Taluka- Rahuri, Dist- Ahilyanagar, rushikeshrtodkar26@gmail.com ; 8149321290.

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KEYWORDS

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Abstract

In Ayurveda, Acharya Sushruta describes about Gudabhramsha (A Kshudra Roga). Vata dosha vitiation leads to weakness of Mamsa (muscle) and Snayu (ligament), resulting into loss of Sthirtva (structural support) and downward displacement of rectum. Nidana (causative factors) includes Atipravahan (straining), Vibandha (constipation), Atisara (chronic diarrhoea) and Apathya Aahara Vihara that aggravates Vata. Rectal Prolapse mostly Required surgical operative to stabilize the patient as well as to promote healing process. But children have less tolerating capacity, they cannot bear the pain of surgery. Such type of treatment modalities was avoided because of pain, fear, longer hospitalization, chances of recurrence and also economical expenses. The contemporary system of medicine, the common treatment for rectal prolapse is operative procedure, there are multiple surgical procedure to treat rectal Prolapse and thus care should be taken to understand each patient's symptoms. Pre operative work up includes physical examination, Blood reports etc. Surgeries have some complications. So, there is need for Non-surgical (Muscle constrictor, pain reliever, Stambhan, Ropan) treatment modalities with less economical expenditure as well as minimum Hospitalization. Basti is useful for everyone at any age. Acharya said that Basti is an Ardha chikitsa. And it is most effective in Vatavyadhi. It also works in dhatugat Avastha. If it gives properly, Basti gives more effect. Lajjal Ghrith Matra Basti has non-surgical use, Less Painful, Minimum Expenditure, No Need of Anaesthesia. In Ayurvedic literature Lajjal is mentioned which have good curative properties for treatment of rectal prolapse. This treatment is not only minimising the complications and recurrence but also enables the patient to resume daily routine quickly with less discomfort and to prove that Ayurvedic treatment can also become Supportive treatment with modern management for rectal prolapse. Hence it can be proved as a most affordable and convenient in the developing countries which can provide relevant treatment modalities in health Sciences.

Introduction :-

Ayurveda literatures have description of various diseases including anorectal disorders. Gudabhramsha, referred as rectal prolapse in modern medicine, is

explained in Ayurveda as the prolapse of the rectum caused by weakened anal sphincter muscles, aggravated Vata Dosha, and reduced strength of supportive

structures¹. Gudabhamsha is one of the commonest diseases occurring in Ano-rectal region. Gudabhamsha is the term derived from two words a) Guda and b) Bhramsha. Guda denotes the part of Sthulaantra. Bhramsha denotes the displacement from its normal position. Detailed description of Gudabhamsha is available in Sushruta Samhita. The disease was mentioned in the context of 'Kshudra Roga' in Nidana Sthana and treatment is described in Chikitsa Sthana. Charaka Samhita mentioned this disease as a complication of 'Atisara' and described this in the chapter 'Atisara chikitsa' of Chikitsa Sthana. Both Vagbhata's has also described this disease. In Ashtanga Hridaya it is described in the context of 'Atisara Chikitsa' in Chikitsa Sthana. The causes of Gudabhamsha mentioned in Sushruta Samhita as Pravahan (straining to defecate), Atisara (diarrhoea), Ruksha-Durbal-Deha (dry, person with loss of physical strength, weak). The clinical feature is —Nirgachhati-Gudam-vahi” means circumferential descent out of rectum from anus². Rectal prolapse is a chronic disturbing condition, which affects a patient usually with a history of chronic constipation. The chief clinical features of rectal prolapse is a protruding a mass, Rectal prolapse frequently is accompanied by a mucoid discharge Protrusion a mucus

membrane or wall of rectum outside the anal verge is known as Prolapse of Rectum. Clinical Features includes complaint of mass per rectum, there may be slight discharge of mucus or blood, chronic constipation, straining during defaecation. This condition is common in children and old age. It may be seen in childhood suggesting a perianal injury, Chronic Constipation, straining. Rectal prolapse may be seen in childhood, suggesting a congenital defect in the pelvic connective tissue or sphincter musculature, chronic constipation, pregnancy, obesity. There are two types ; Partial Prolapse and Complete Prolapse.³ The treatment strategy for Gudabhamsha in Ayurveda describes the Snehana (oleation), Swedana (fomentation), reduction of prolapse rectum, Gophana bandana (T-bandage), Vatanulomaka drugs, Mushika Taila, Changeri Ghritam, Anuvasana Basti etc⁴. Various treatment modalities practiced conventionally as conservative and surgical methods like Thiersch operation, Rectopexy etc. Although these procedures are effective but shows chances of recurrences, damage nearby structure, may causes complications, not easy availability of facility and procedure costly.⁵

Aim

To evaluate additional effect of Lajjalu Ghrit Matra Basti with lactulose orally in management of Gudabhamsha.

Objectives

To study the factors of rectal, prolapse in the influence of ayurvedic and modern parameters.

Procedure of Matra Basti:

The procedure of Matra Basti, is adopted in the 3 steps; as follows;

A] Poorvakarma:

It includes; Rogi Pariksha, Sambhara Sangraha and Atura Siddhanta.

❖ Rogi Pariksha:

The Selected patients for Basti therapy have to undergo thoroughly clinical examinations to ascertain the physical as well as the mental conditions. The Following factors are to be considered for clinical examination.⁶

Dosha, Aushadha, Desha, Kala, Satmya, Agni, Satva, Bala and Vaya.

Chakrapani also says considered the Kaarana, Karana, Karyayoni, Karya, Karyaphala, Anubandha, Desha, Kala, Pravrutti, Upaya. This will enable the physician to decide, the

type of Basti, number of Bastis, Basti Dravya, etc to be administered in the particular patientt.

❖ Sambhara Sangraha:

It includes the collection of Medicine, instruments etc. For Matra Basti Sneha Dravya should be kept ready in a clean vessel. The instruments needed are Basti Netra, Basti Putaka should be clean and ready.

❖ Atura Siddhanta:

The body of the patient should be anointed with suitable Sneha and gently fomented with hot water. Then he is advised to have his prescribed meal i.e. $\frac{1}{4}$ less than normal quantity and it should not be excessive Snigda or Rooksha and should be Laghu. Then should ask the patient to take a short walk(hundred yards). Basti should be administered when the patient is Ardrapani which means we should not delay much time after the intake of food. Having passed stool and urine he is laid on a couch, which is not very high, and the head must be at lower level. No pillows are used. The patient should lie on his left side drawing up the right leg and straightening the left leg^{7,8,9}.

B] Pradhana Karma:

The proper amount of Sneha prescribed for Matra Basti is filled in the Basti Putaka and tied well placing the Basti Netra in position. The trapped air in Basti yantra is expelled by gently pressing the Basti Putaka. Then the anal region and the Netra should be smeared with oil for easy entry of Basti Netra. Gently probe the anal orifice with the index finger of the left hand and introduce the Basti Netra through anal orifice into the rectum up to first Karnika in the direction parallel to vertebral column (Anuprustha vamsha). In the same position press the Basti Putaka with right hand with adequate force. Remove carefully the Basti Netra when a little quantity of Sneha remained inside the Basti Putaka¹⁰.

C] Pashchata Karma:

After the administration of oil, the Sphika of the patient should be tapped with the palms to prevent early return of the recipe from the anus. The patient should lie on the bed in supine position, and the joints of both his legs should be pulled gently. The soles of his feet should be massaged with oil. His heels, toes, calf regions and such other parts which are painful should also be massaged with oil. The patient is kept lying on his back for hundred Matrakala. Allow him to lie for some time in the same position. But

if the Sneha passed immediately another Matra Basti should be given. After passing the motion with Sneha in proper time the patient is allowed to take light food if he feels hungry. Maximum duration for the return of Sneha Basti is 3 Yama i.e. 9 hours^{11,12,13}.

Retention of Basti:

The normal time of Pratyagamana Kala of Sneha Basti is 3 Yama i.e. 9 hours. Since, Matra Basti is the type of Sneha Basti, its Pratyagamana Kala is also 3 Yama i.e. 9 hours. There is no harm if Matra Basti is retained in the body, because while describing Anuvasana Basti, Acharya has explained that it does not injure to body, even in the event of its being retained in the body for a whole day. Also, the dose of Sneha in Matra Basti is very small which can get easily absorbed in the body without coming out. It is believed that Sneha Basti should be retained in the body. If Basti returns much earlier, it cannot produce the described Sneha effect in the body¹⁴.

Samyaka Yoga Lakshana:

Being a type of Sneha Basti, Samyaka Yoga Lakshana of Sneha Basti is to be taken as Samyaka Yoga Lakshana of Matra Basti. The Lakshana of Samyaka Anuvasana is the return of Sneha with the faecal matter without being stuck up

anywhere, the clarity of Rakta, Mamsa etc.
 Dhatus and sense organs, good sleep,

lightness of body, increase of strength and
 regulation of the excretory urges.

Table no.9 - Showing Samyaka, Heena, Atiyoga of Anuvasana Basti:

Samyaka Yoga	Heena yoga	Atiyoga Yoga
Prtyatsakta Sa Shakruta Cha Tailam, Raktadi Dhatu Prasadana, Buddhi Prasadana, Indriya Prasadana, Samyaka Swapna, Shareera Laghuta, Bala Vriddhi, Srushta Vega	Ruka in Adhoshareera, Udara, Bahu, Prushtha and Parshwa, Ruksha - Khara Ruksha, Vata-Vita-Mootra Ghraham	Hrullasa, Moha, Klama, Sada, Murccha, Vikartika

MATERIALS AND METHODS

Type of study – Open randomised controlled clinical trial

Total Duration of study - Study was done in 18 months.

Location of study –

Study was carried out in our hospital OPD & IPD of Shalya tantra department.

Study source – Diagnosed patients OPD & IPD of present institute.

Sampling technique -

Simple random sampling method Screening of patients of rectal prolapse using a purposive sampling method which meets the inclusive criteria till the desire sample size is achieved.

Patients of rectal prolapse was randomly selected in OPD and IPD on the basis of Inclusive criteria and Exclusive criteria, irrespective of gender, economic status, religion.

Study population -

Diagnosed patient of rectal prolapse, OPD and IPD of present institute & hospital.

Study Design

The study will be initiated with the preparation of the trial drug, followed by authentication of the drug ingredients to ensure their identity, quality, and suitability for clinical use. Patients will then be screened and selected according to the predefined inclusion and exclusion criteria.

Eligible patients diagnosed with Gudabhamsha (rectal prolapse) will be allocated into two groups: Group A (trial group) and Group B (control group), comprising 40 patients in each group.

Group A (Trial Group): Forty patients will receive Syrup Lactulose 10 ml at bedtime (HS), followed by Lajjalu Ghrit Matra Basti 10 ml daily for 7 days during alternate weeks over a total treatment period of 3 months. Manual repositioning of the rectal prolapse will be performed as required. Patients will also receive Syrup Zincovit 5 ml twice daily (BD).

Group B (Control Group): Forty patients will receive Syrup Lactulose 10 ml at bedtime daily for 3 months. Manual repositioning of the rectal prolapse will be performed as required. Patients will also receive Syrup Zincovit 5 ml twice daily (BD).

All patients will be assessed and observed at 15-day intervals throughout the 3-month treatment period. Clinical findings and changes in the subjective and objective assessment parameters will be recorded systematically at each follow-up visit. After completion of treatment, patients will be followed up for an additional 3 months, with assessments conducted every 15 days to evaluate the persistence of clinical improvement and the occurrence of

recurrence or complications. The collected data will be systematically compiled, tabulated, and subjected to appropriate statistical analysis. The results will be presented using suitable tables and statistical measures to compare the outcomes between the two groups. Finally, the findings will be interpreted in the discussion, followed by the formulation of conclusions and preparation of the summary of the study.

Sample Size

To evaluate the size of sample prevalence rate should be taken in consideration. Prevalence rate of Rectal Prolapse of age group is 5 % in India. Sample size is calculated by formula given by (Danniel 1999.) Sample size was calculated using Following formula

$$n = z^2 p(1-p) / e^2$$

Where,

n = Sample size

Z = Statistical level of confidence = 1.96

P = Prevalence (Proportion) = 5% = 5/100 = 0.05

(1-p) = 1-0.05 = 0.95

e = allowable error = 5% = 0.05

$$n = 0.18247 / 0.0025$$

$n = 72.98$

$n = 80$

Estimated sample size was taken (n) = 80

We have gone through the institutional IPD & OPD records of previous years

Therefore, to know the actual prevalence of disease and number of patients in this particular area. After careful assessment of all these criteria and on the ground of Inclusion and Exclusion criteria with consideration of drop rate of present study, 80 patients of Rectal prolapse was selected randomly and was categorized into two groups, each one comprising approximately 40-40 patients.

Method of selection –

A] Inclusion criteria -

Those patients presenting with the clinical features like:

1. Patients 5-16 years of age.
2. Patient of both sex -Male and female was selected.
3. Patients having rectal prolapse in which protrusion is less than 5 cm outside the anal verge (Partial Prolapse).

B] Exclusion criteria :

1. Patients below age of 5 years and above 16 years.

2. Patient suffering from Jaundice.
3. Anaemic patient Hb <9.
4. Patients having prolapse in which protrusion is more than 5 cm outside the anal verge (Complete Prolapse)
5. Fissure
6. Piles
7. Rectal Polyp

C] Withdrawal criteria:

1. Patient who will discontinue the treatment.
2. Patient unwilling to take treatment during study.
3. If patient develop any adverse effects.

Method of selection of comparison group

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A well diagnosed 80 patients of Gudabhamsha are selected for the study, of age group 5-16 years both sex and randomly distributed into two groups Group A and Group B.

a] Group A (Experimental group):

1. In these group 40 patients of Gudabhamsha was treated with syrup lactulose 10 ml HS and Lajjalu Ghrit Matra Basti (10 ml) daily for 7 days, for alternate week for 3 months.
2. Manually reposition of rectal prolapse.

3. Syrup Zincovit 5 ml BD.

5) Chronic Constipation

b) Group B(Control group):

6) Straining during defaecation

1. In these group 40 patients of Gudabhramsha was treated with syrup lactulose 10ml HS daily for 3 months.

2. Manually reposition of rectal prolapse.

3. Syrup Zincovit 5 ml BD.

Method of measurement Observation parameter –

For Criteria Assessment -

Subjective Parameters -

1] Vedana (pain)

2] Kandu (itching)

3] Gudastrava (mucosal discharge)

Objective criteria -

1] Length of rectal prolapse

2] Gudashotha (swelling to anal region)

Diagnostic criteria –

Clinically diagnosis was done by assessing the present signs and symptoms.

1) Pain During Defecation

2) Itching

3) Mass Protruding Through anus

4) Mucosal Discharge

RESULT

Sr. No.	Assessment criteria	Assessment criteria	Assessment criteria	Assessment criteria
1. Subjective criteria				
1.1	Vedana (Pain)	Vedana (Pain)	Vedana (Pain)	Vedana (Pain)
1.2	Significant improvement	Significant improvement	Significant improvement	Significant improvement
1.3	Significant improvement	Significant improvement	Significant improvement	Significant improvement
2. Objective criteria				
2.1	Length of rectal prolapse	Length of rectal prolapse	Length of rectal prolapse	Length of rectal prolapse

2.2	Significant reduction	Significant reduction	Significant reduction	Significant reduction
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Both Group A and Group B showed improvement in the subjective and objective criteria of Gudabhamsha. Group A demonstrated comparatively greater improvement in Vedana, Kandu, Gudastrava, length of rectal prolapse, and Gudashotha.

DISCUSSION

Rectal prolapse (RP) is a condition characterized by the protrusion of the rectal wall through the anal orifice. It may present as **partial prolapse**, involving the rectal mucosa, or **complete prolapse**, involving the full thickness of the rectal wall. The condition may be associated with mucus discharge, pain, itching, local swelling, and difficulty in maintaining normal anal continence. Repeated straining during defecation and weakening of the pelvic floor and anal sphincter mechanisms may contribute to its development and progression.

In Ayurveda, rectal prolapse can be correlated clinically with **Gudabhamsha**, derived from the terms *Guda* (anal region) and *Bhamsha* (displacement or falling down). It is described among the disorders of the anal region in classical Ayurvedic literature. Acharya Sushruta discusses

Gudabhamsha in the context of anorectal disorders, emphasizing the importance of understanding the local pathology and selecting appropriate treatment. Its clinical manifestations can be assessed in terms of Vedana (pain), Kandu (itching), Gudastrava (discharge), Gudashotha (swelling), and the extent of prolapse.

The present clinical study was undertaken to evaluate the comparative effect of **Syrup Lactulose combined with Lajjalu Ghrit Matra Basti (Group A)** and **Syrup Lactulose combined with Syrup Zincovit (Group B)** in patients diagnosed with Gudabhamsha. The assessment included subjective parameters—Vedana, Kandu, and Gudastrava—and objective parameters, including the length of rectal prolapse and Gudashotha. These parameters were selected to evaluate changes in patient discomfort, local symptoms, and the visible extent of prolapse.

Syrup Lactulose was administered in both groups to facilitate stool softening and reduce straining during defecation. Group A additionally received Lajjalu Ghrit Matra Basti, while Group B received Syrup Zincovit. The comparison was intended to determine whether the addition of Lajjalu

Ghrit Matra Basti provided greater clinical improvement than the comparator regimen.

According to the study findings, Group A demonstrated comparatively greater improvement in Vedana, Kandu, Gudastrava, length of rectal prolapse, and Gudashotha than Group B. The improvement in subjective symptoms may reflect reduced irritation and discomfort, while the changes in prolapse length and swelling may indicate improvement in the assessed local clinical features. However, symptom relief and reduction in measured prolapse length should not be interpreted as definitive anatomical correction or restoration of anal sphincter function without appropriate long-term assessment.

Overall, the findings suggest that Syrup Lactulose combined with Lajjalu Ghrit Matra Basti may offer additional clinical benefits in the management of Gudabhramsha compared with Syrup Lactulose combined with Syrup Zincovit. The superiority of Group A should be considered statistically established only if supported by the intergroup analysis and corresponding *p*-values. Further studies with larger sample sizes, standardized prolapse measurements, and longer follow-up are required to establish the efficacy and durability of this treatment approach.

CONCLUSION

The effect of **Syrup Lactulose + Lajjalu Ghrit Matra Basti (Group A)** and **Syrup Lactulose + Syrup Zincovit (Group B)** both are significant at $p < 0.05$ for subjective criteria such as Vedana, Kandu and Gudastrava.

The effect of **Syrup Lactulose + Lajjalu Ghrit Matra Basti (Group A)** and **Syrup Lactulose + Syrup Zincovit (Group B)** both are significant at $p < 0.05$ for objective criteria such as Length of Rectal Prolapse and Gudashotha.

The effect of **Syrup Lactulose + Lajjalu Ghrit Matra Basti (Group A)** is more significant than **Syrup Lactulose + Syrup Zincovit (Group B)** for Subjective criteria such as Vedana, Kandu and Gudastrava.

The effect of **Syrup Lactulose + Lajjalu Ghrit Matra Basti (Group A)** is more significant than **Syrup Lactulose + Syrup Zincovit (Group B)** for objective criteria such as Length of Rectal Prolapse and Gudashotha.

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