



Review Article

RATIONALE FOR SELECTION OF DOSAGE FORMS IN AYURVEDIC THERAPEUTICS: A CONCEPTUAL REVIEW

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ABSTRACT

Ayurveda emphasizes not only the selection of appropriate drugs but also the selection of suitable dosage forms to achieve optimal therapeutic outcomes. The same drug, when administered in different dosage forms (*Kalpana*), may exhibit variations in potency, bioavailability, and clinical action. Classical Ayurvedic texts have elaborately described various dosage forms such as *Swarasa*, *Kalka*, *Kwatha*, *Hima*, *Phanta*, *Sneha*, *Avaleha*, *Vati*, *Asava* and *Arishta* along with clear indications for their use. The selection of dosage forms in Ayurveda is based on multiple factors including the nature of the drug, dominance of dosha, strength of digestion (*Agni*), stage and severity of disease, patient constitution, and therapeutic objectives. This article aims to analyze and compile the criteria governing the selection of dosage forms in Ayurveda and to highlight their clinical relevance. An integrative perspective is also discussed by correlating Ayurvedic principles with modern pharmaceutical concepts. Understanding these criteria helps in rational drug administration, enhances therapeutic efficacy, minimizes adverse effects, and reinforces the individualized approach of Ayurvedic treatment.

INTRODUCTION

Ayurveda considers rational drug administration as a fundamental principle of therapeutics. The efficacy of a drug does not depend solely on its intrinsic properties but also on the form in which it is administered. Classical texts clearly state that even a potent drug may act as a poison if improperly used, while a toxic substance may act as an excellent medicine when administered judiciously^[1].

“Yogadapi viṣaṁ tīkṣnamuttamaṁ bheṣajam bhavet | Bheṣajam capi duryuktaṁ tīkṣnaṁ sampadyate viṣaṁ ||” (Charaka Samhita, Sutrasthana 1/126)

The concept of *Kalpana* refers to the process of modification and preparation of drugs to make them suitable for therapeutic use. Ayurveda describes a wide range of dosage forms designed to suit different disease conditions, patient factors, and pharmacological requirements. Unlike a uniform drug

delivery approach, Ayurvedic pharmaceuticals emphasizes individualized^[2] selection based on *Dosha*, *Agni*, *Roga*, and *Rogi*. This article attempts to systematically review and analyze the criteria for selection of dosage forms in Ayurveda. Despite detailed descriptions in classical texts, a systematic compilation of criteria for dosage form selection is limited in contemporary literature, necessitating the present review.


MATERIALS AND METHODS

The present study is a conceptual and analytical review based on classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and relevant commentaries. Supporting information was also collected from Nighantus and contemporary Ayurvedic review articles. The collected material was analyzed and organized systematically to elucidate the criteria for dosage form selection.

Criteria for Selection of Dosage Forms in Ayurveda

1. Based on the Nature of the Drug (*Dravya Swabhava*)

The selection of an appropriate dosage form in Ayurveda is largely influenced by the inherent chemical and physical characteristics of the drug. The

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choice of *Kalpāna* is guided by the solubility, stability, and extractability of the active constituents present in the drug, so as to ensure optimal therapeutic efficacy^[3].

Drugs containing predominantly water-soluble constituents are best administered in aqueous preparations such as *Kvātha* and *Hima*. These dosage forms facilitate efficient extraction of hydrophilic phytoconstituents during the preparation process. For instance, *Guduchi* (*Tinospora cordifolia*) is commonly administered as *Guduchi Kashaya*, as it contains water-soluble bitter principles, glycosides, alkaloids, and polysaccharides that are effectively extracted during decoction.

In contrast, drugs rich in lipid-soluble constituents are better extracted and delivered through *Sneha kalpanas*. Preparations such as *Ghrita* and *Taila* enable efficient extraction of fat-soluble phytoconstituents and enhance tissue penetration. *Brahmi Ghrita* serves as a classical example, as *Brahmi* contains lipophilic constituents such as bacosides and alkaloids, which are readily extracted during the process of *Ghrita* preparation.

Drugs containing volatile and aromatic principles require dosage forms that prevent loss of these constituents due to heat. In such cases, mild or non-heating preparations such as *Hima*, *Curna*, or *Arka* are preferred. For example, *Dhanyaka Hima* is indicated as *Dhanyaka* contains volatile oils that may evaporate on heating, making cold infusion a more suitable method of preparation.

Furthermore, drugs containing alcohol-soluble constituents are effectively extracted through fermented preparations known as *Sandhana kalpanas*, such as *Asava* and *Arishta*. These formulations utilize naturally generated alcohol as a solvent, enhancing extraction, stability, and bioavailability of active principles. *Aśokarishta* is a commonly cited example of this category.

Thus, selection of dosage forms based on *Dravya svabhava* reflects a rational pharmaceutical approach in Ayurveda, wherein the inherent nature of

the drug determines the most suitable method of preparation for achieving optimal therapeutic action.

2. Based on *Dosha* Dominance

Ayurveda emphasizes that therapeutic interventions should be tailored according to the predominance of *Doshas*, as each *Dosha* possesses distinct *Gunas* that influence disease manifestation and response to treatment. The selection of dosage forms is therefore guided by the principle of employing preparations with properties antagonistic to the aggravated *Dosha*, thereby restoring physiological balance and preventing further aggravation.

In *Vata*-dominant conditions, the aggravated *Dosha* is characterized by *Ruksha*, *Laghu*, and *Śīta* qualities^[4]. Hence, dosage forms possessing *Snigdha*, *Guru*, and *Mrdu* properties are preferred to counterbalance these attributes^[4]. Preparations such as *Taila*, *Avaleha*, and certain *Arishta* formulations are commonly employed, as they provide unctuousness, nourishment and sustained therapeutic action, which are beneficial in pacifying *Vata*.

In *Pitta*-dominant conditions, *Pitta* exhibits *Ushna* and *Tikshna* qualities^[4], necessitating the use of cooling and soothing dosage forms^[4]. Preparations such as *Hima*, *Ghrita*, and suitable *Asava* formulations are preferred, as they possess *Śīta* and *Mrdu* properties that help mitigate excessive heat and sharpness, thereby restoring *Pitta* balance.

In *Kapha*-dominant conditions, *Kapha* is characterized by *Guru*, *Snigdha*, and *Manda* qualities^[3]. To counteract these attributes, light and penetrating dosage forms are selected^[3]. Preparations such as *Curna*, *Kvātha*, and *Phanta* are commonly employed, as their *Laghu*, *Ruksha*, and *Tikshna* properties help reduce heaviness, liquefy accumulated *Kapha*, and promote metabolic activity.

Thus, selection of dosage forms based on *Dosha* dominance follows a rational and principle-based approach, wherein the inherent qualities of the formulation are utilized to counteract *Doshic* imbalance, maintain homeostasis, and enhance therapeutic efficacy.

Table 1: Selection of Dosage Forms Based on *Dosha* Predominance

<i>Dosha</i> Predominance	Preferred Dosage Forms (<i>Kalpāna</i>)	Rationale / Therapeutic Purpose
<i>Vata</i>	<i>Taila</i> , <i>Avaleha</i> , selected <i>Arishta</i>	Provide unctuousness and nourishment, counter dryness and lightness, ensure sustained therapeutic action, and pacify aggravated <i>Vata</i> .
<i>Pitta</i>	<i>Hima</i> , <i>Ghrita</i> , suitable <i>Asava</i>	Cooling and soothing action reduces heat and sharpness, protects tissues, and restores <i>Pitta</i> balance.
<i>Kapha</i>	<i>Curna</i> , <i>Kvātha</i> , <i>Phanta</i>	Reduce heaviness and unctuousness, liquefy accumulated <i>Kapha</i> , stimulate digestion and metabolic activity.

3. Based on *Agni* of the Patient

Agni plays a central role in digestion, metabolism, and assimilation of drugs, thereby significantly influencing the therapeutic efficacy of medications. The selection of an appropriate dosage form should therefore be based on the patient's digestive capacity, as improper selection may lead to *Aushadha ajirna* and reduced clinical benefit^[5].

In individuals with *Mandagni*, the digestive capacity is diminished, and heavy or unctuous dosage forms may not be adequately digested, further aggravating digestive impairment. In such conditions, light and easily digestible preparations are preferred, as they facilitate gradual correction of *Agni* without imposing an additional digestive burden. Mild liquid preparations such as *Phanta*, *Hima*, and light *Kwatha* are commonly employed in this state, whereas *Guru* and *Snigdha* dosage forms like *Avaleha* and *Ghrita* are preferably avoided unless specifically indicated.

Patients with *Madhyamagni* possess moderate digestive strength and are capable of tolerating a wider

range of dosage forms. In such individuals, the selection of dosage form is primarily guided by the nature and stage of the disease, as well as the predominance of *Doshas*. Preparations such as *Kwatha*, *Curna*, and *Vati* may be effectively employed, as they can be digested and assimilated without difficulty.

In cases of *Tikshnagni*, rapid digestion and metabolism may lead to quick elimination of drugs, potentially reducing the duration of therapeutic action. In such conditions, relatively nourishing and sustained-action dosage forms are preferred to balance the heightened digestive activity. Semi-solid and lipid-based preparations such as *Avaleha* and *Ghrita* help in moderating *agni* and ensuring prolonged therapeutic effect.

Thus, assessment of *Agni* is fundamental in the rational selection of dosage forms in Ayurveda, as appropriate matching of drug form with digestive capacity enhances therapeutic efficacy and minimizes the risk of adverse effects.

Table 2: Selection of Dosage Forms According to *Agni* Status

Type of <i>Agni</i>	Preferred Dosage Forms	Rationale / Therapeutic Consideration
<i>Mandagni</i>	<i>Phanta</i> , <i>Hima</i> , light <i>Kvatha</i>	Light and easily digestible preparations prevent <i>Aushadha ajirna</i> , support gradual correction of <i>Agni</i> , and avoid further digestive impairment.
<i>Madhyamagni</i>	<i>Kvatha</i> , <i>Curna</i> , <i>Vati</i>	Moderate digestive strength permits use of a wider range of dosage forms; selection is guided by disease stage and <i>Dosha</i> predominance.
<i>Tikshnagni</i>	<i>Avaleha</i> , <i>Ghrita</i>	Sustained-action and nourishing preparations help moderate heightened <i>Agni</i> , prevent rapid drug elimination, and ensure prolonged therapeutic effect.

4. Based on Stage of Disease (*Kriyakala*)

The stage of disease plays a crucial role in the selection of appropriate dosage forms in Ayurveda. Disease progression is broadly assessed in terms of the presence of *Ama*, predominance of *Dosha*, and chronicity of pathology. Accordingly, the therapeutic goal and choice of *Kalpana* vary at different stages of the disease.

Early Stage of Disease (*Ama Avastha*)

In the early stage of disease, impaired *Agni* and accumulation of *Ama* are predominant. The primary therapeutic objective at this stage is *Ama pacana* and restoration of digestive function^[6]. Therefore, light and easily digestible dosage forms like *Phanta*, *Hima*, *Laghu Kwatha*, *Ushnodaka* are preferred.

Heavy and unctuous dosage forms such as *Sneha Kalpana*, *Avaleha*, and *Asava-Arishta* are generally avoided in this stage as they may further impair *Agni*.

Established Stage of Disease (*Dosha-Pradhana/Nirama Avastha*)

Once *Ama* is resolved and the disease becomes *Nirama*, *Dosha* predominance becomes more evident. The therapeutic objective at this stage is *Dosha śamana* and disease-specific management. At this stage, extremely light or only *Ama-pacana* oriented dosage forms may be inadequate to control the disease process. Therefore, *Kalpanas* like *Kwatha*, *Vati*, *Churna*, *Sneha* are preferred.

Chronic Stage of Disease (*Jirna Avastha*)

In chronic diseases, long-standing *Dosha* involvement, *Dhatu kshaya*, and *Srotorodha* are commonly observed. The therapeutic goal shifts towards *Dhatu poshana*, *Rasayana*, and prevention of disease recurrence. Exclusive use of light dosage forms may be insufficient in chronic conditions, as nourishment and deeper tissue penetration are required. Therefore, *Kalpanas* like *Avaleha*, *Asava*, *Arishta*, *Sneha*, *Rasayana* formulations are preferred.

Table 3: Selection of Dosage Forms Based on Stage of Disease

Stage of Disease	Therapeutic Objective	Preferred Dosage Forms (<i>Kalpana</i>)	Rationale/Therapeutic Consideration
Early stage (<i>Ama Avastha</i>)	<i>Ama pacana</i> and <i>Agni dipana</i>	<i>Phanta, Hima, Laghu Kvatha, Ushnodaka</i>	Light and easily digestible preparations help eliminate <i>Ama</i> , restore <i>Agni</i> , and prevent further disease progression.
Established stage (<i>Dosha-pradhana / Nirama Avastha</i>)	<i>Dosha Shamana</i> and disease-specific management	<i>Kvatha, Vati, Curna, Sneha</i>	Once <i>Ama</i> is resolved, stronger and targeted dosage forms are required to control <i>Doshic</i> predominance and pathology
Chronic stage (<i>Jirna Avastha</i>)	<i>Dhatu poshana</i> , <i>Rasayana</i> , and prevention of recurrence	<i>Avaleha, Asava, Arishta, Sneha, Rasayana</i> formulations	Chronic conditions require nourishing and deep-acting formulations to address <i>Dhatu kshaya</i> , <i>Srotorodha</i> , and long-standing <i>Dosha</i> involvement.

5. Based on Target Tissue and *Srotas*

Ayurvedic treatment is fundamentally planned based on the specific *Srotas* and *Dhatus* involved in the pathogenesis of disease^[7]. The selection of an appropriate dosage form plays a crucial role in ensuring that the drug reaches the intended site of action in an effective and bioavailable form. Certain dosage forms possess inherent properties such as *Sukshmatva*, *Vyavayitva*, and *Yogavahitva*, which facilitate deeper tissue penetration and targeted delivery. Hence, dosage form selection is guided not only by the disease but also by the target tissue and *Srotas* involved.

Manovaha *Srotas*

Disorders involving the central nervous system and other neuropsychiatric conditions, require dosage forms capable of penetrating subtle channels. Hence, *Sneha Kalpana*, especially *Ghrta* is preferred as *Ghrta* possesses *Sukshma*, *Vyavayi* and *Yogavahi* properties enabling it to penetrate subtle channels and carry the properties of drugs into deeper tissues.

Annavaaha and Pachyamanashaya *Srotas*

Diseases originating in the gastrointestinal tract require dosage forms that act locally on digestion and metabolism. *Kalpanas* like *Kwatha*, *Churna*, *Phanta* delivers water-soluble active principles directly to the gastrointestinal tract, where they exert *Dipana*, *Pacana*, and *Dosha śamana* actions. Their relatively rapid onset of action and ease of digestion make them

ideal for disorders such as *Ajirna*, *Grahani*, and *Amavata* in appropriate stages.

Rasa and Rakta *Dhatu*

Systemic diseases involving circulation, blood, and inflammatory processes require dosage forms that ensure sustained and systemic drug availability. *Asava* and *Arishta* preparations provide hydro-alcoholic extracts that enhance absorption and systemic circulation of active principles. Their prolonged shelf life and gradual absorption make them particularly useful in chronic *Raktapradoshaja* disorders and metabolic conditions.

Mamsa, Meda and Asthi *Dhatu*

Disorders involving deeper structural tissues demand dosage forms with sustained action and nourishing properties. *Avaleha* and *Sneha Kalpanas* provide both therapeutic and nutritive support, helping in tissue replenishment while delivering active drugs. These forms are commonly employed in chronic musculoskeletal disorders, degenerative conditions, and states of *Dhatu kshaya*.

Bahya *Srotas* and Twak

Diseases localized to the skin and external tissues require direct topical application for effective action. Topical dosage forms like *Lepa*, *Taila*, *Malahara* act locally, reduce systemic exposure, and allow higher drug concentration at the site of pathology. They are particularly useful in *Kushtha*, *Vrana*, *Śōtha*, and inflammatory skin conditions.

Table 4: Selection of Dosage Forms Based on Target *Srotas* and *Dhatu*

<i>Srotas/ Dhatu</i> Involved	Preferred Dosage Forms (<i>Kalpana</i>)	Rationale / Therapeutic Consideration
<i>Manovaha Srotas</i>	<i>Sneha Kalpana</i> , especially <i>Ghrita</i>	<i>Ghrita</i> possesses <i>Sukshma</i> , <i>Vyavayi</i> , and <i>Yogavahi</i> properties, enabling penetration of subtle channels and effective delivery of drugs to deeper tissues, making it suitable for neuropsychiatric disorders
<i>Annavaha & Pacyamanaśaya Srotas</i>	<i>Kvatha</i> , <i>Curna</i> , <i>Phanta</i>	These preparations deliver water-soluble active principles directly to the gastrointestinal tract, exerting <i>Dipana</i> , <i>Pacana</i> , and <i>Dosha Śamana</i> actions with rapid onset and easy digestion
<i>Rasa & Rakta Dhatu</i>	<i>Asava</i> , <i>Arishta</i>	Hydro-alcoholic preparations enhance absorption and systemic circulation of active principles, providing sustained drug availability and efficacy in chronic inflammatory and <i>Raktapradushta</i> conditions
<i>Mamsa, Meda & Asthi Dhatu</i>	<i>Avaleha</i> , <i>Sneha Kalpana</i>	Nourishing and sustained-action dosage forms support tissue replenishment while ensuring deep tissue drug delivery, beneficial in chronic musculoskeletal and degenerative disorders
<i>Bahya Srotas & Tvak</i>	<i>Lepa</i> , <i>Taila</i> , <i>Malahara</i>	Topical preparations allow direct local action, higher drug concentration at the site of pathology, and reduced systemic exposure, making them effective in skin and external tissue disorders

6. Shelf Life and Practical Considerations

Apart from clinical parameters such as *Dosha*, *Roga Avastha*, and *Rogibala*, practical factors including shelf life, ease of preparation, palatability, and patient compliance also influence the selection of dosage forms in Ayurveda.

Freshly prepared dosage forms like *Svarasa* are preferred when rapid therapeutic action is required, particularly in acute conditions, though their short shelf-life limits prolonged use. *Kvatha Kalpana* is commonly employed when extraction of water-soluble constituents and systemic action are desired, especially in conditions requiring sustained therapeutic effect.

For external application and localized action, *Kalka Kalpana* is preferred. *Hima Kalpana* is preferred particularly in *Pitta* and *Rakta* predominant conditions, as it avoids heat-induced loss of volatile or heat-sensitive principles. *Phanta Kalpana*, being light and easy to prepare, is useful in conditions with reduced digestive strength and in early stages of disease.

Arka Kalpana is selected when volatile and aromatic constituents are therapeutically important. Fermented preparations such as *Asava* and *Arishta* are widely used in chronic diseases due to their longer shelf life, improved palatability, and enhanced absorption.

Solid dosage forms like *Churna* and *Vati* offer advantages of convenient administration, precise dosing, and better stability, making them suitable for long-term use. *Avaleha Kalpana* is preferred in children, debilitated patients, and individuals requiring palatable and nourishing preparations.

Sneha kalpanas such as *Ghrita* and *Taila* are chosen when unctuousness, nourishment, and deeper tissue penetration are required. *Ghrita* is particularly useful in *Vata* and *Pitta* disorders, chronic diseases, and conditions involving mental faculties, whereas *Taila* is mainly employed in *Vata* disorders and for external therapeutic applications.

Table 5: Practical Considerations in the Selection of Ayurvedic Dosage Forms

Dosage Form (<i>Kalpana</i>)	Rationale / Therapeutic Consideration
<i>Svarasa</i>	Preferred when rapid therapeutic action is required, especially in acute conditions; limited use due to short shelf life.
<i>Kvatha</i>	Used for extraction of water-soluble constituents and systemic action; suitable for conditions requiring sustained therapeutic effect.
<i>Kalka</i>	Preferred for external application and localized therapeutic action.

<i>Hima</i>	Ideal in <i>Pitta</i> and <i>Rakta</i> predominant conditions; avoids heat-induced loss of volatile and heat-sensitive principles.
<i>Phanta</i>	Useful in early stages of disease and in patients with reduced digestive strength.
<i>Arka</i>	Selected when volatile and aromatic constituents are therapeutically important.
<i>Asava & Arishta</i>	Widely used in chronic diseases due to longer shelf life, improved palatability, and enhanced absorption.
<i>Curna</i>	Convenient administration and precise dosing; suitable for long-term use.
<i>Vati / Gutika</i>	Ensures better patient compliance, accurate dosage, and enhanced stability.
<i>Avaleha</i>	Preferred in children, debilitated patients, and individuals requiring palatable and nourishing preparations.
<i>Ghrta</i>	Useful in <i>Vata-Pitta</i> disorders, chronic diseases, and conditions involving mental faculties.
<i>Taila</i>	Mainly employed in <i>Vata</i> disorders and for external therapeutic applications.

Clinical Illustration

A 45-year-old male patient presented with fever associated with myalgia, heaviness of body and mild cough of two days duration. The patient was a known case of type 2 diabetes mellitus. On examination, the tongue was mildly coated, indicating the presence of ama. Digestive strength was assessed to be weak.

Based on clinical features, the condition was diagnosed as *Jwara* with *Kapha* predominance. Considering the nature of the disease, patient's comorbidity, and digestive status, the selection of dosage form was done as follows:

Nature of drug: *Guduchi* was selected due to its *Jwarahara* and *Amahara* properties. Since its major phytoconstituents are water soluble, *Kwatha* form was preferred.

Patient factor: As the patient was diabetic, sugar-containing dosage forms such as *Asava* and *Arishta* were avoided.

Agni status: Due to weak digestive strength, heavier dosage forms like *Avaleha* and *Ghrta* were not selected.

Dosha predominance: *Kapha* dominance warranted the use of *Laghu* and *Ruksha* dosage forms; hence, *Kwatha* along with supportive *Churna* was preferred.

This clinical illustration demonstrates how Ayurvedic principles guide rational selection of dosage forms to enhance therapeutic efficacy and safety.

Integrative Perspective with Modern Pharmaceuticals

Ayurvedic dosage forms parallel several modern pharmaceutical concepts. *Sneha kalpanas* resemble lipid-based drug delivery systems, enhancing absorption of fat-soluble drugs. *Ghrta's* ability to cross the blood-brain barrier correlates with its use in neurological disorders. Sustained drug release observed in *Avaleha* and *Asava* aligns with controlled-

release formulations. Thus, Ayurveda offers an advanced, individualized pharmaceutical model.

DISCUSSION

The selection of dosage forms in Ayurveda is a thoughtful and multifactorial process based on *Yukti* rather than rigid protocols. By considering drug properties, patient factors, disease stage, and therapeutic objectives, Ayurveda ensures safe and effective drug delivery. This individualized approach distinguishes Ayurvedic pharmaceuticals from conventional systems and highlights its clinical relevance even in contemporary practice.

CONCLUSION

Dosage form selection in Ayurveda is a scientifically structured process governed by principles of *Dravya*, *Dosha*, *Agni*, *Roga*, and *Rogi*. Proper selection enhances drug efficacy, improves patient compliance, and minimizes adverse effects. Understanding and applying these criteria strengthens rational Ayurvedic practice and supports the integration of traditional pharmaceuticals with modern drug delivery concepts.

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