

Understanding the Concept of Hetu, Linga and Aushadha in Ayurveda: A Critical Review

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Abstract—Background - Ayurveda is a holistic system of medicine that emphasizes the maintenance of health and management of disease through understanding the interaction between the individual, environment, diet, lifestyle and therapeutic interventions. The classical Ayurvedic approach to understanding disease is founded on the principles of *Hetu*, *Linga* and *Aushadha*, collectively referred to as *Trisutra* or *Triskandha*. *Hetu* represents the causative factors, *Linga* represents the signs and symptoms or manifestations of health and disease, and *Aushadha* represents therapeutic measures employed for preservation of health and management of disease.[1,2]

Aim- To critically review the concepts of *Hetu*, *Linga* and *Aushadha* in Ayurveda with special reference to *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*, and to examine their relevance in diagnosis, prevention and individualized treatment.

Materials and Methods - A conceptual review was undertaken using classical Ayurvedic texts and peer-reviewed Ayurvedic journal literature. The principal classical sources were *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*. Relevant contemporary articles addressing *Trisutra*, its clinical utility, diagnostic application and therapeutic significance were also reviewed.[2-6]

Results - The classical literature demonstrates that *Hetu* provides the basis for understanding disease causation and prevention, *Linga* facilitates recognition and assessment of disease manifestations, while *Aushadha* provides the means for correcting pathological processes and maintaining health. The three components are interdependent rather than isolated. Identification of *Hetu* supports *Nidana Parivarjana*; assessment of *Linga* facilitates diagnosis and evaluation; and appropriate selection of *Aushadha* depends upon the *Dosha*, *Dushya*, *Rogibala*, *Rogabala*, *Desha*, *Kala*, *Prakriti* and other patient-specific factors.[1-5]

Conclusion - *Hetu*, *Linga* and *Aushadha* constitute a fundamental clinical reasoning framework in Ayurveda. Their integrated application facilitates etiological assessment, diagnosis, prognosis, prevention and individualized treatment. The concept remains relevant to contemporary Ayurvedic education, clinical practice and research.

Index Terms—*Hetu*, *Linga*, *Aushadha*, *Trisutra*, *Triskandha*, *Nidana*, *Lakshana*, *Chikitsa*, *Ayurveda*, *Charaka Samhita*.

I. INTRODUCTION

Ayurveda is traditionally described as the science concerned with the maintenance of health and management of disease. The fundamental objective of Ayurveda is expressed by Acharya Charaka as:
स्वस्थस्य स्वास्थ्य रक्षणमातुरस्य विकारप्रशमनं च ॥

The preservation of health in a healthy individual and alleviation of disease in a diseased individual constitute the two principal objectives of Ayurveda.[1]

The accomplishment of these objectives requires systematic knowledge regarding the causes of disease, manifestations of disease and appropriate therapeutic measures. These three domains are represented by *Hetu*, *Linga* and *Aushadha*. Charaka presents these as three important components of Ayurvedic knowledge in *Sutra Sthana 1/24*. [1] Contemporary Ayurvedic literature identifies the same framework as *Trisutra* or *Triskandha*. [2]

The *International Journal of Ayurveda and Pharma Research* review by Seethal and Sunitha emphasizes that *Hetu* includes causative factors, *Linga* includes clinical features and *Oushadha* includes medicines,

therapies, wholesome diet and lifestyle.[2] A recent review in the *Himalayan Journal of Health Sciences* similarly describes *Trisutra* as a framework for diagnosis and treatment.[3]

Thus, the fundamental clinical sequence can be represented as:

Hetu → Dosha-Dushya Vaishamya → Samprapti → Linga → Diagnosis → Aushadha → Restoration of equilibrium

However, this sequence should not be understood as strictly linear. Clinical practice requires continuous interaction between these three components.

Historical and Classical Foundation of Trisutra

The *Charaka Samhita* provides one of the clearest foundations for the *Trisutra* concept. The first chapter of *Sutra Sthana* presents the broad principles of Ayurveda, including *Hetu*, *Linga* and *Aushadha*. [1]

The concept has subsequently been elaborated throughout the major Ayurvedic *Samhitas*. *Sushruta Samhita* emphasizes detailed clinical observation, pathological processes and therapeutic procedures, while *Ashtanga Hridaya* presents a concise and practically oriented synthesis of Ayurvedic principles. [4-6]

A contemporary review of *Trisutra* notes that Ayurvedic compendia can be understood through the progression from causation to clinical manifestation and then therapeutics. [2]

Therefore:

Hetu explains the cause.
Linga explains the manifestation.
Aushadha explains the corrective intervention.

Concept of Hetu

Definition

The term *Hetu* denotes the causative factor responsible for the initiation, aggravation or continuation of a pathological process.

In clinical Ayurveda, identification of *Hetu* answers the question:

“Why has the disease developed?”

The concept is broader than the identification of a single causal agent. Ayurveda considers dietary, behavioral, psychological, environmental, seasonal and individual factors.

The *Trisutra* review by Seethal and Sunitha describes *Hetu* as encompassing the factors responsible for derangement of health as well as their reversal. [2]

Classification of Hetu

Asatmya Indriyarth Samyoga

Inappropriate interaction between sensory faculties and their objects is described as an etiological factor.

The interaction may be:

- *Atiyoga* – excessive use,
- *Ayoga* – inadequate use,
- *Mithyayoga* – improper use.

The five sensory domains are:

Indriya	Artha
<i>Shrotra</i>	<i>Shabda</i>
<i>Tvak</i>	<i>Sparsha</i>
<i>Chakshu</i>	<i>Rupa</i>
<i>Rasana</i>	<i>Rasa</i>
<i>Ghrana</i>	<i>Gandha</i>

Thus, Ayurveda recognizes inappropriate environmental and sensory exposure as potential contributors to disease. [1,2]

Prajnaparadha as Hetu

Prajnaparadha literally refers to transgression or error of intellect. It is an important etiological principle because it recognizes that inappropriate human behavior can contribute to disease.

Examples include:

- knowingly consuming unsuitable food,
- inappropriate sleep patterns,
- excessive physical exertion,
- suppression of natural urges,
- inappropriate emotional responses,
- unhealthy behavioral practices.

This principle gives *Hetu* an important behavioral and preventive dimension.

A contemporary interpretation of *Trisutra* similarly emphasizes the role of etiological factors in both disease development and their reversal. [2,3]

Kala as Hetu

Kala or time is another important factor in disease causation.

Disease susceptibility and therapeutic response can be influenced by:

- season,
- age,
- day and night,
- stage of disease,
- timing of food,
- timing of drug administration.

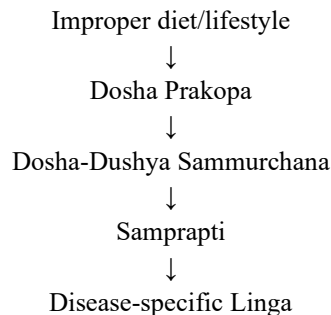
Therefore, the same intervention may not produce identical effects under all circumstances.

This principle is also important in *Aushadha Sevana Kala*. Sharma and Shrinivas describe appropriate drug-administration timing as an important component of rational Ayurvedic treatment.[7]

Disease-Specific Hetu

General etiological principles are further elaborated through disease-specific *Nidana*.

For example:



This approach demonstrates that Ayurveda does not merely classify diseases according to symptoms. It attempts to understand the causal sequence responsible for those manifestations.

Hetu and Nidana Parivarjana

One of the most important clinical consequences of understanding *Hetu* is *Nidana Parivarjana*.

If the causative factor remains active, the pathological process may continue even after symptomatic improvement.

Therefore:

Hetu Jnana → Nidana Parivarjana → Dosha Prashamana → Prevention of recurrence

This is an important preventive principle.

The contemporary literature on *Trisutra* similarly emphasizes the importance of identification and removal of etiological factors as part of rational management.[2,3]

Concept of Linga

Linga refers to the clinical manifestation or recognizable expression of a state of health or disease.

It includes:

- *Lakshana*,
- *Rupa*,
- signs,
- symptoms,
- characteristic manifestations.

The classical interpretation of *Linga* is therefore closely associated with clinical recognition.[1,8]

The practical question answered by *Linga* is:

“How does the disease manifest?”

A clinical review of *Linga* identifies it as a major component of *Trisutra* and notes its importance in diagnosis, severity assessment and prognosis.[8]

Linga and Nidanapanchaka

The understanding of *Linga* is closely related to *Nidanapanchaka*:

1. *Nidana*
2. *Purvarupa*
3. *Rupa*
4. *Upashaya*
5. *Samprapti*

These five provide a comprehensive framework for understanding a disease.

Nidana - The causative factors.

Purvarupa - The premonitory manifestations.

Rupa - The fully developed clinical manifestations.

Upashaya - The factors producing relief and thereby assisting diagnosis.

Samprapti - The sequence of pathological development.

Therefore, *Linga* should not be reduced merely to an isolated symptom list.

Purvarupa as an Early Manifestation

Purvarupa represents early manifestations occurring before complete expression of disease.

Its clinical importance lies in early recognition.

The clinical sequence can be represented as:

Hetu → Dosha Prakopa → Purvarupa → Rupa

If the disease is recognized at the stage of *Purvarupa*, appropriate intervention may potentially prevent progression to fully established disease.

Thus, *Linga* has both diagnostic and preventive significance.

Rupa as Manifest Disease

Rupa refers to the characteristic manifestations of an established disease.

Diagnosis requires comparison between the observed clinical presentation and the classical description.

However, the physician must also assess:

- *Dosha*,
- *Dushya*,
- *Srotas*,
- *Agni*,
- *Prakriti*,
- *Desha*,
- *Kala*,
- *Vaya*,
- *Bala*.

Consequently, Ayurvedic diagnosis involves interpretation rather than simple symptom matching.

Upashaya and Anupashaya

Upashaya is an important diagnostic concept.

When a particular food, activity, medicine or therapeutic intervention produces relief, this response can provide information concerning the underlying pathological process.

Conversely, *Anupashaya* indicates lack of benefit or aggravation.

Therefore:

Linga → *Upashaya* → diagnostic clarification

This creates an important bridge between *Linga* and *Aushadha*.

Prognostic Importance of Linga

The clinical manifestations also have prognostic significance.

Ayurveda classifies diseases according to their therapeutic possibility, such as:

- *Sadhya*,
- *Krichrasadhya*,
- *Yapya*,
- *Asadhya*.

Specific clinical manifestations and pathological features contribute to prognosis.

Therefore, *Linga* serves at least three major functions:

Diagnosis + Severity assessment + Prognosis

Concept of Aushadha

Aushadha is often translated as “medicine,” but the Ayurvedic concept is considerably broader.

It may include:

- medicinal drugs,
- diet,
- lifestyle,
- therapeutic procedures,
- *Shamana*,
- *Shodhana*,
- *Rasayana*,
- psychological interventions where appropriate.

Seethal and Sunitha specifically describe *Oushadha* as including drugs, therapies, wholesome diet and lifestyle intended to treat disease and promote health.[2]

Venandana similarly emphasizes that *Oushadha* encompasses measures used both for the diseased individual and for maintenance of health.[3]

Aushadha and Chikitsa

Therapeutic selection should be individualized.

Important considerations include:

- *Dosha*,
- *Dushya*,
- *Prakriti*,
- *Vaya*,
- *Bala*,
- *Agni*,
- *Desha*,
- *Kala*,
- *Satmya*,
- *Rogabala*,
- *Rogibala*,
- disease stage.

Thus: *Aushadha* is not selected merely according to disease name.

It is selected according to the interaction between the disease and the individual patient.

This principle is consistent with classical Ayurvedic individualization of treatment.[1,3,7]

Nidana Parivarjana as Aushadha

A critical point is that *Aushadha* should not always be understood as a pharmacological drug.

When the cause itself can be removed, *Nidana Parivarjana* is an important therapeutic measure.

For example:

Unwholesome food → avoidance of food

Sedentary behavior → appropriate physical activity

Irregular sleep → correction of sleep schedule

Excessive sensory stimulation → sensory regulation

Thus:

Hetu identification → Hetu removal → therapeutic correction

This illustrates the close relationship between *Hetu* and *Aushadha*.

Shamana Chikitsa

Shamana aims at pacification of aggravated *Dosha*.

Depending upon the condition, it may involve:

- *Deepana*,
- *Pachana*,
- appropriate diet,
- medicinal therapy,
- lifestyle correction.

The intervention should be selected according to the patient's condition and disease stage.

Shodhana Chikitsa

Shodhana is used when appropriate for elimination of aggravated *Dosha* through classical purification procedures.

Major procedures include:

- *Vamana*,
- *Virechana*,
- *Basti*,
- *Nasya*,
- *Raktamokshana* in appropriate indications.

However, these procedures should not be considered universally applicable. Their selection requires assessment of:

Dosha + Dushya + Bala + Kala + Rogavastha + Satmya

Drug-Based Aushadha

When medicinal therapy is indicated, Ayurvedic drug selection involves consideration of:

- *Rasa*,
- *Guna*,
- *Virya*,
- *Vipaka*,
- *Prabhava*,

- dose,
- *Anupana*,
- administration time.

The therapeutic principle can therefore be represented as:

Pathological state ↔ Drug properties

The selection of a drug is intended to counteract the relevant pathological factors.

Appropriate timing of administration is also important. Sharma and Shrinivas reviewed *Aushadha Sevana Kala* and emphasized the importance of *Desha*, *Kala*, *Pramana*, *Satmya*, *Asatmya*, *Ahara* and *Aushadha* in treatment planning.[7]

Relationship Between Hetu, Linga and Aushadha

The three components are interdependent.

Component	Meaning	Main clinical role
<i>Hetu</i>	Cause	Etiological assessment
<i>Linga</i>	Manifestation	Diagnosis and assessment
<i>Aushadha</i>	Therapeutic measure	Management
<i>Hetu + Linga</i>	Cause + manifestation	Clinical reasoning
<i>Hetu + Aushadha</i>	Cause + corrective measure	Prevention
<i>Linga + Aushadha</i>	Manifestation + response	Treatment monitoring

The clinical process can therefore be expressed as:



This makes *Trisutra* a dynamic rather than static framework.

Comparative Understanding in Major Samhitas

Charaka Samhita - *Charaka Samhita* provides a strong theoretical and clinical framework for understanding disease causation, clinical manifestations and treatment.[1]

The *Trisutra* principle is explicitly associated with *Sutra Sthana 1/24*. Contemporary literature also identifies *Charaka Samhita* as fundamentally structured around *Hetu*, *Linga* and *Aushadha*. [2,9]

Sushruta Samhita - *Sushruta Samhita* provides extensive descriptions of clinical manifestations, pathological conditions, surgical diseases and therapeutic procedures.[4]

Its clinical orientation demonstrates the importance of accurately recognizing *Linga* before selecting appropriate management.

Ashtanga Hridaya - *Ashtanga Hridaya* synthesizes earlier Ayurvedic knowledge in a concise and clinically accessible form.[5]

Its emphasis on practical diagnosis and treatment makes the principles of *Hetu*, *Linga* and *Aushadha* readily applicable to clinical practice.

Critical Analysis of Hetu - The major strength of the Ayurvedic concept of *Hetu* is its multidimensional nature.

It recognizes:

- dietary causes,
- behavioral causes,
- sensory causes,
- psychological factors,
- environmental factors,
- seasonal factors,
- individual susceptibility.

Thus, disease is understood as an interaction between the individual and multiple causative influences rather than necessarily as the consequence of one isolated factor.

This is an important conceptual strength for preventive medicine.

However, classical *Hetu* should not automatically be equated with modern molecular or epidemiological

causation. The two systems use different conceptual frameworks.

Critical Analysis of Linga

The strength of *Linga* lies in its emphasis on clinical pattern recognition.

The physician considers:

symptom + quality + timing + Dosha + Dushya + patient characteristics

rather than relying exclusively on a single symptom.

Contemporary standardization could strengthen the research application of *Linga* through:

- validated scales,
- operational definitions,
- objective measurements,
- reproducible diagnostic criteria,
- inter-observer reliability.

Critical Analysis of Aushadha

The Ayurvedic concept of *Aushadha* is broader than pharmacological intervention.

It includes:

- diet,
- lifestyle,
- medicines,
- procedures,
- preventive measures,
- individualized therapeutic planning.

This comprehensive approach is a major strength.

At the same time, contemporary clinical application requires attention to:

- correct diagnosis,
- dose,
- quality control,
- contraindications,
- adverse effects,
- drug interactions,
- pharmacovigilance,
- evidence from clinical studies.

Therefore, classical therapeutic principles should be applied together with appropriate modern safety standards.

Trisutra and Personalized Ayurveda

One of the most important contemporary implications of *Trisutra* is individualized medicine.

The same disease may present differently in different individuals.

For example:

Patient A - *Kapha* predominant + strong *Agni* + adequate *Bala*
may require a different therapeutic approach from:

Patient B - *Vata* predominant + weak *Agni* + low *Bala*.

Thus:

Same disease $\neq$ same treatment for every patient

The contemporary literature identifies individualized treatment selection as an important clinical implication of *Trisutra*. [2,3]

Trisutra and Clinical Research

The *Trisutra* framework can also be applied to Ayurvedic research methodology.

Ayurvedic concept	Possible research interpretation
<i>Hetu</i>	Etiological/risk variable
<i>Linga</i>	Clinical outcome
<i>Samprapti</i>	Pathological model
<i>Aushadha</i>	Intervention
<i>Upashaya</i>	Response assessment
<i>Nidana Parivarjana</i>	Preventive intervention

This does not mean that classical concepts are identical to modern research terminology. Rather, it provides a conceptual framework for translating Ayurvedic clinical questions into testable research questions.

Seethal and Sunitha specifically discuss the role of *Trisutra* in Ayurvedic teaching, research and clinical practice. [2]

Trisutra and Preventive Medicine

The concept has considerable preventive value.

Primary prevention

Identify *Hetu* $\rightarrow$ avoid *Hetu*

Early intervention

Recognize *Purvarupa* $\rightarrow$ intervene

Disease management

Recognize *Rupa* $\rightarrow$ diagnose $\rightarrow$ treat

Follow-up

Reassess *Linga* $\rightarrow$ evaluate response $\rightarrow$ modify treatment

Therefore, *Trisutra* extends from prevention to diagnosis, treatment and follow-up.

Clinical Application of Trisutra

A practical clinical model can be formulated as follows:

Step 1: Hetu Pariksha

Determine:

- diet,
- lifestyle,
- sensory exposure,
- psychological factors,
- season,
- environmental factors.

Step 2: Linga Pariksha

Assess:

- *Purvarupa*,
- *Rupa*,
- severity,
- associated symptoms,
- *Upashaya*,
- *Anupashaya*.

Step 3: Samprapti Assessment

Determine:

- *Dosha*,
- *Dushya*,
- *Srotas*,
- *Agni*,
- *Adhithana*,
- disease stage.

Step 4: Aushadha Selection

Select:

- *Nidana Parivarjana*,
- *Ahara*,
- *Vihara*,
- *Shamana*,
- *Shodhana*,
- *Aushadhi*,
- supportive interventions.

Step 5: Follow-up

Assess changes in *Linga* and modify treatment accordingly.

II. DISCUSSION

The critical analysis indicates that *Hetu*, *Linga* and *Aushadha* are not three independent chapters of Ayurvedic knowledge. They constitute an integrated clinical reasoning system.

Hetu explains why a pathological condition develops. *Linga* describes how that pathological condition becomes clinically recognizable. *Aushadha* provides the appropriate corrective strategy.[1-3]

This relationship can be represented as:

Hetu → Samprapti → Linga → Diagnosis → Aushadha

The cycle continues with:

Aushadha → Linga modification → Reassessment → Further management

The contemporary review by Seethal and Sunitha concludes that *Trisutra* forms a foundation for teaching, research and clinical practice and that its understanding is important for accurate diagnosis and effective management.[2]

Similarly, Venandana describes *Trisutra* as an important framework for disease diagnosis and treatment.[3]

The 2026 review by Gaikwad et al. further emphasizes the integration of *Nidana*, *Lakshana* and *Chikitsa* within the *Hetu-Linga-Aushadha* framework.[10]

However, a critical distinction is necessary: contemporary publications support the conceptual and clinical relevance of *Trisutra*, but this should not be interpreted as proof that every classical proposition has already been empirically validated according to modern biomedical standards.

Therefore, future research should operationalize classical concepts without unnecessarily reducing them to modern equivalents.

Future Scope

Future research may focus on:

A. Standardization of Hetu

Development of validated instruments for assessment of:

- dietary factors,
- lifestyle,
- sensory exposure,
- psychological factors,

- seasonal influences.

B. Standardization of Linga

Development of:

- symptom scoring systems,
- severity scales,
- objective clinical parameters,
- reproducible diagnostic criteria.

C. Evaluation of Aushadha

Clinical studies assessing:

- individualized treatment,
- *Nidana Parivarjana*,
- *Shamana*,
- *Shodhana*,
- *Rasayana*,
- diet and lifestyle interventions.

D. Integrated Trisutra Studies

A future research design could evaluate:

Hetu → Linga → individualized Aushadha → objective outcome

This would provide a systematic methodology for investigating classical Ayurvedic clinical reasoning.

III. CONCLUSION

The concepts of *Hetu*, *Linga* and *Aushadha* constitute a fundamental framework of Ayurvedic knowledge and clinical reasoning. *Hetu* enables identification of causative factors and supports prevention through *Nidana Parivarjana*. *Linga* provides the basis for recognizing, assessing and monitoring disease. *Aushadha* provides the therapeutic response, encompassing medicines, diet, lifestyle and appropriate therapeutic procedures.[1-3]

The three concepts are mutually dependent:

Hetu explains the origin of disease.

Linga explains its manifestation.

Aushadha provides its management.

Their integration creates a dynamic clinical process:

Hetu → Samprapti → Linga → Diagnosis → Aushadha → Reassessment

The continued discussion of *Trisutra* in contemporary Ayurvedic journals demonstrates its ongoing relevance to teaching, research and clinical practice.[2,3,10] A critical contemporary approach should preserve the integrity of the classical concepts

while developing standardized methods through which their clinical utility can be investigated scientifically.

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