

Review of Different Types of Ahariya Mamsarasa Kalpana Described in Ayurveda

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ABSTRACT

In Ayurveda, ahara is not merely sustenance but a fundamental determinant of vitality, tissue formation, immunity, and disease susceptibility. Among animal-derived dietary preparations, mamsarasa kalpana a carefully processed meat soup or meat decoction occupies a distinctive position at the interface of dietetics and therapeutics. Classical Ayurvedic compendia, particularly the Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, describe meat not as a homogeneous category but as a group of highly differentiated substances whose effects vary according to species, habitat, digestive heaviness, doshic action, processing method, and clinical indication. Within this framework, ahariya mamsarasa emerges as a rationally tailored preparation used to nourish depleted tissues, support convalescence, enhance strength, restore reproductive capacity, and modulate disease-specific nutritional needs. The present review critically synthesizes classical textual evidence and contemporary secondary literature on the different types of ahariya mamsarasa kalpana described in Ayurveda. The review examines the conceptual basis of meat preparations in Ayurvedic dietetics, taxonomic classification of meats, the distinction between krita and akrita mamsarasa, disease-specific indications across major classical texts, and the special prominence of aja mamsa (goat meat). A narrative review design was adopted, drawing from primary Ayurvedic texts and modern scholarly discussions on Ayurvedic nutrition, graduated dietary rehabilitation, protein-rich soups, and the nutritional relevance of animal-source foods. The analysis demonstrates that mamsarasa in Ayurveda is best understood as a pharmaco-dietetic preparation rather than a generic meat broth. Its indication depends on agni, prakriti, stage of disease, tissue depletion, strength status, and associated doshic imbalance. The reviewed sources suggest that mamsarasa was employed in conditions such as rajayakshma, jwara, gulma, grahani, kasa, shwasa, atisara, arsha, vatavyadhi, and in vajikarana contexts. Classical evidence also reveals a graded use of mamsarasa in restorative feeding and post-purificatory dietary regimens. From a contemporary perspective, the Ayurvedic logic of species selection, digestibility, and graduated nourishment shows notable parallels with modern concerns related to protein quality, recovery nutrition, and individualized diet therapy. The review concludes that ahariya mamsarasa kalpana represents a sophisticated Ayurvedic model of precision nutrition deserving deeper philological, nutritional, and clinical research.

Keywords: Ayurveda, Ahara, Mamsarasa, Mamsa Kalpana, Goat meat, Ayurvedic dietetics, Rajayakshma, Samsarjana Krama

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Introduction

Ayurveda places food at the center of both physiology and therapeutics. The classical doctrine that the body is sustained, built, and altered by food establishes *ahara* as a determinant of *bala*, *varna*, *ojas*, longevity, and disease expression [1-4]. The foundational Ayurvedic texts therefore do not treat dietary substances merely as culinary items; rather, they evaluate them according to *rasa*, *guna*, *virya*, *vipaka*, habitat, preparation, season, and suitability to the consumer. This

framework is especially evident in the discussion of meat (*mamsa*), which occupies an important place in classical Ayurvedic dietetics despite frequent simplification in modern popular discourse [1-3].

The *Charaka Samhita* classifies meats according to habitat and feeding behavior, while the *Sushruta Samhita* gives elaborate descriptions of edible animal groups and their differential therapeutic value [1,2]. These classifications are not zoological in the modern taxonomic sense; rather, they are functional

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classifications meant to predict digestibility, heaviness, doshic effects, tissue-building capacity, and disease suitability. Thus, dry-land animals and certain birds are frequently characterized as lighter and more appropriate in particular *pitta* or *kapha* contexts, whereas marshy, aquatic, and heavy animals are considered more nourishing but potentially more difficult to digest [1,2].

Within this broader framework, *mamsarasa* refers to a meat-based soup or decocted preparation produced by boiling meat with water, with or without adjuvants. Classical literature distinguishes *akrita mamsarasa* a relatively plain preparation from *krita mamsarasa*, in which salt, fats, pungent adjuncts, or digestive agents are added according to purpose and patient need [3,4]. The method of preparation is itself therapeutically meaningful, because processing transforms heaviness, palatability, digestive compatibility, and delivery of nourishment. In Ayurveda, therefore, *mamsarasa* is not simply “meat soup”; it is a processed dietetic intervention designed to match the patient’s digestive power, disease stage, and tissue requirement [3,4].

The uploaded draft correctly identifies that *mamsarasa kalpana* serves as both food and medicine and that its indications extend from convalescence and tissue depletion to reproductive support and disease-specific dietary management. However, a journal-suitable review requires a more critical synthesis, stronger academic organization, clearer distinction between textual evidence and interpretive commentary, and a standardized reference system. The present article addresses that need by integrating classical Ayurvedic evidence with modern scholarly literature on Ayurvedic nutrition and nutritional science.

Accordingly, this review has four aims: first, to clarify the conceptual place of *ahariya mamsarasa kalpana* within Ayurvedic dietetics; second, to synthesize textual descriptions of its different types and uses across the *Brihatrayi* and *Chakradatta*; third, to examine the special status of *aja mamsa* in Ayurvedic thought; and fourth, to interpret the classical rationale in the light of current discussions on protein-rich restorative diets, individualized nutrition, and recovery physiology. By doing so, the review seeks to reposition *mamsarasa* as a sophisticated example of Ayurvedic precision dietetics rather than a marginal or merely historical dietary item.

Literature Review

1. Conceptual foundations of *Ahariya Mamsarasa* in Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya

Ayurvedic thought consistently presents food as both preventive and therapeutic. In this model, a properly selected dietary preparation may function as *pathya*, *brimhana*, *dipana*, *preenana*, *balya*, or *rasayana*-supportive depending on context [1-4]. *Mamsarasa* belongs to the class of processed foods that become more clinically useful through deliberate transformation. Just as cereals are made into *manda*, *peya*, *vilepi*, and *yavagu* for different stages of illness and digestive ability, meat is transformed into forms such as *mamsarasa*, dried meat preparations, fried meat, and medicated variants [2-4]. The existence of these preparations shows that Ayurvedic dietetics values gradation, digestibility, and indication-specific processing.

The *Charaka Samhita* is especially important because it links meat soup to tissue depletion, convalescence, dryness, semen loss, fatigue, and strength enhancement [4]. In these contexts, *mamsarasa* is described not as routine daily food for everyone but as a targeted nutritive measure. This selectivity is central to Ayurvedic logic. A food that is too heavy for weak digestion can aggravate pathology, whereas the same food appropriately processed and given at the correct stage can restore strength. Such reasoning anticipates modern concepts of therapeutic feeding, texture modification, and staged refeeding during recovery.

The *Sushruta Samhita* enriches this perspective by discussing meat according to species, region, body part, sex, age, and processing [2,22]. This is noteworthy because it indicates that Ayurveda did not assume all flesh to be nutritionally or clinically equivalent. Instead, the therapeutic identity of meat depended on ecological and physiological context. The *Ashtanga Hridaya* continues this integrative tradition and treats *mamsarasa* as part of the broader *kritanna* domain prepared foods whose transformation enhances their clinical applicability [3]. Together, the texts suggest a mature dietetic theory in which meat preparation is individualized by constitution, disease, strength, and digestive status.

2. Taxonomy of meats and its therapeutic logic

Ayurvedic classification of meat is one of the clearest examples of functional food taxonomy in the classical literature. Charaka divides animals into groups such as *mriga*, *vishkira*, *pratuda*, *bileshaya*, *prasaha*,

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mahamriga, apchara/jalachara, and matsya on the basis of habitat and feeding behavior [1]. These groupings are not merely descriptive; they carry therapeutic implications. Jangala or dry-land animals and certain birds tend to be described as lighter and more suitable in some disorders involving kapha and pitta, whereas marshy, burrowing, aquatic, or heavily built animals are usually more unctuous, heavy, and strengthening, making them more appropriate in vata, wasting, or severe depletion states [1,2].

The *Sushruta Samhita* likewise organizes meats by habitat and emphasizes that dietary choice should account for location, constitution, and indication [2]. Such descriptions indicate that Ayurvedic scholars were keen observers of ecological adaptation and inferred physiologic qualities from an animal's environment, movement, feeding style, and tissue density. In modern terms, this can be read as an early attempt to connect source characteristics with expected digestibility and metabolic effect.

This classificatory logic is clinically important because *mamsarasa* is produced from different animal sources depending on the disease under treatment. Thus, the term “different types of *ahariya mamsarasa kalpana*” refers not only to differences in processing but also to differences in species selection. A soup prepared from goat, partridge, peacock, rabbit, tortoise, sheep, fish, or marsh-dwelling animals could not be assumed to act identically in Ayurvedic therapeutics. The preparation is therefore species-sensitive, constitution-sensitive, and stage-sensitive.

3. *Mamsarasa* as a pharmaco-dietetic preparation: *Krita* and *Akrita* forms

Modern discussions of Ayurvedic dietetics have clarified that *mamsarasa* is prepared by boiling chopped meat with measured quantities of water until a desired consistency is obtained [24]. The quantity of water may vary according to the nature of meat and intended thickness, indicating that Ayurvedic food processing was both rule-based and flexible. Contemporary review literature on Ayurvedic dietetics also notes that meat soup belongs to the broader class of pathya preparations intended to nourish while remaining assimilable [24,25].

The distinction between *akrita* and *krita mamsarasa* is therapeutically meaningful [3,26]. *Akrita mamsarasa* is the simpler preparation, typically closer to the plain essence of meat, whereas *krita*

mamsarasa includes culinary-pharmacological additions such as *sneha*, *lavana*, and digestant spices. In clinical terms, this difference reflects whether the physician seeks minimal stimulation with gentle nourishment or enhanced digestibility and targeted doshic action. The same underlying substance is thus made lighter, more appetizing, more absorbable, or more disease-specific through processing.

This graded processing also helps explain why *mamsarasa* appears in *samsarjana krama* or graduated dietary rehabilitation after purification and in debilitated states [3,26]. The patient moving from very light foods such as *manda* and *peya* toward progressively more nourishing items requires preparations that increase caloric and anabolic potential without overwhelming digestive function. *Mamsarasa* fits this role well because it represents condensed nourishment in a fluid or semi-fluid medium. Its classical position in graduated dietetics is therefore coherent within the broader Ayurvedic rehabilitation model.

4. Disease-specific *Ahariya Mamsarasa Kalpana* in the Charaka Samhita

The *Charaka Samhita* provides the richest therapeutic mapping of *mamsarasa* among the classical sources [5-21]. One of the most striking features of these references is the breadth of clinical contexts in which *mamsarasa* appears. Rather than being confined to generalized nourishment, it is incorporated into disease-specific chikitsa where the physician calibrates the meat source and preparation to the pathophysiology of the disorder.

In Vajikarana Chikitsa, meat soups derived from peacock, cock, swan, sparrow, fish, boar, and buffalo are associated with strengthening, tissue promotion, aphrodisiac action, and reproductive support [5]. This reflects the Ayurvedic understanding that reproductive vigor is not a narrowly genital phenomenon but the culmination of well-nourished tissues and stable strength. A preparation such as pindarasa or vrishtya mamsa is therefore not merely stimulating; it is brimhana and dhatuvardhaka in intent.

In *Jwara Chikitsa*, *mamsarasa* is introduced after the acute derangement has subsided and the patient reaches a more stable stage [6]. This is a sophisticated therapeutic principle. Fever, especially in its early or *ama*-associated stage, is not a state for heavy nutritive foods. Once doshic burden declines and digestive capacity begins to recover, nourishment

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becomes necessary to rebuild post-febrile depletion. *Mamsarasa* thus enters not at the height of pathology but at the point of safe restoration.

In *Raktapitta*, *Gulma*, and *Rajayakshma*, the importance of individualized selection becomes particularly clear [7-9]. In *Raktapitta*, specific meats and soups are considered where *vata* predominates or where certain tissue losses require replenishment without exacerbating heat [7]. In *Gulma*, meat soup may follow evacuative or depleting procedures and contribute to restoration, especially when *vata* is prominent [8]. In *Rajayakshma*, one of the most tissue-depleting disease constructs in Ayurveda, a range of bird and animal meats are recommended according to constitution and doshic state [9]. Here *mamsarasa* functions as concentrated restorative nutrition in the setting of chronic wasting, fatigue, cough, weakness, and loss of body substance.

The relevance of *mamsarasa* to trauma and severe depletion is further seen in *Kshatakshina Chikitsa*, where nourishing support becomes indispensable [10]. Similarly, in *Udara* disorders, only selected lighter meats from *jangala* sources are considered appropriate, underscoring that not all nourishment is equal in abdominal disease [11]. In *Arsha* and *Grahani*, the text recommends different meat-based preparations according to bowel function, weakness, and the need either to lubricate, strengthen, or stabilize digestive processing [12,13].

In *Shwasa* and *Kasa*, the soup medium allows incorporation of specific adjuncts while delivering support in chronic respiratory weakness [14,15]. This is clinically meaningful because long-standing cough and dyspnea are depleting disorders in Ayurveda. For such patients, dry restriction alone would be counterproductive; selected nourishment becomes therapeutic. In *Atisara* too, meat soup appears in profoundly debilitated states where stool loss has caused marked weakness [16]. These references collectively suggest that Ayurvedic physicians used *mamsarasa* as a bridge between aggressive dietary austerity and full restoration.

The references in *Chardi*, *Trishna*, *Madatyaya*, *Trimarmiya*, and *Vatavyadhi* reinforce this interpretation [17-21]. In vomiting and pathological thirst, selected soups may help replenish depleted strength while being more tolerable than solid meat [17,18]. In *Madatyaya* and *Vatavyadhi*, *mamsarasa*

contributes to tissue support, uncting, and counteraction of drying, exhausting, and destabilizing processes [19,21]. In *Trimarmiya* disorders and certain *pratishyaya* contexts, medicated or processed meat soup reflects the continued Ayurvedic reliance on individualized nutritive therapy [20]. Overall, the *Charaka* evidence shows that *mamsarasa* is not incidental; it is deeply woven into the therapeutic dietetics of chronic weakness, depletion, post-acute recovery, and *vata*-dominant disease.

5. Evidence from Sushruta Samhita, Ashtanga Hridaya, and Chakradatta

Although *Sushruta* is more widely associated with surgery, the *Sushruta Samhita* contains important dietetic observations relevant to *mamsarasa* [2,22]. It attributes to meat soup actions such as nourishment, improvement in strength, support of voice, memory, and *ojas*, mitigation of *vata*, usefulness in cough and dyspnea, and enhancement of bodily satisfaction [22]. These descriptors confirm that meat soup was understood as both a structural and functional restorative. The emphasis on *preenana* and *apyayana* is especially significant, as these terms suggest deep replenishment rather than superficial caloric replacement.

The *Ashtanga Hridaya* preserves the central idea that meat soup belongs among prepared dietary articles with therapeutic relevance [3]. It presents food processing as a method of optimizing utility and digestibility. In that sense, *mamsarasa* stands alongside other processed *pathya* forms that are prescribed not because they are universally ideal but because they match a specific clinical need and digestive threshold.

Chakradatta extends this tradition by incorporating *mamsarasa* into practical therapeutic contexts such as *grahani* and *yakshma* [23]. Its evidence is important because it demonstrates continuity of the concept into later compendia of applied therapeutics. The persistence of *mamsarasa* across the *Brihatrayi* and later texts implies that the preparation remained clinically credible over time rather than being a passing or peripheral doctrine.

6. The special importance of Aja Mamsa

Among the many meats discussed in Ayurveda, goat meat (*aja mamsa*) occupies a privileged position [1,2]. Classical sources describe it as particularly compatible

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with the human body and relatively less disturbing to the doshas. This idea is often summarized by the observation that goat meat is *sarvadeha-samana* or close in nature to human tissue [1,2]. Such a statement should not be read simplistically; it reflects a broader Ayurvedic principle that therapeutic nourishment is most effective when it closely supports depleted tissue without provoking metabolic incompatibility.

The prominence of *aja mamsa* in wasting, debility, and restorative contexts likely derives from three intersecting perceptions. First, it is seen as nourishing yet comparatively manageable in digestion when properly prepared. Second, it is associated with tissue rebuilding and strength. Third, it is judged safer or more balanced in doshic terms than several other meats. These features explain why goat-derived preparations recur in discussions of *rajyakshma*, *grahani*, and generalized depletion.

Modern nutrition literature offers an interesting, though not identical, parallel. Reviews of goat meat describe it as a lean source of high-quality protein with valuable essential amino acids and relatively favorable fat characteristics compared with some other red meats [28]. While such findings cannot be equated directly with Ayurvedic pharmacodynamics, they help explain why a traditionally valued restorative meat may still be considered nutritionally attractive in recovery-oriented dietary frameworks.

7. Contemporary nutritional interpretation and translational relevance

Modern scholarly writing on Ayurveda emphasizes that Ayurvedic dietetics is deeply individualized and context-dependent [24,25]. This is particularly relevant to *mamsarasa*, because the classical texts do not recommend meat soups indiscriminately. Instead, they prescribe them when the body requires concentrated replenishment, when digestive function can handle the preparation, and when the disease process calls for tissue restoration rather than strict lightening therapy.

This logic is compatible with contemporary nutritional thinking in several limited but meaningful ways. First, animal-source foods are recognized as dense sources of indispensable amino acids important for growth, tissue repair, and functional recovery [29]. Second, systematic reviews indicate that increased protein intake can support lean body mass and strength gains, especially in settings involving exercise or recovery from depletion [30]. Third, broth- and soup-based

delivery systems are commonly used in modern clinical and home-based convalescent nutrition because they combine hydration, palatability, and relatively *असान* assimilation of nutrients. Although Ayurvedic *mamsarasa* is not identical to modern clinical broth products, the translational analogy is sufficiently strong to justify further research.

The graduated nature of *mamsarasa* use is also noteworthy. Ayurvedic literature on *samsarjana krama* and related pathya regimens describes a stepwise movement from lighter to heavier foods, with soup-based preparations occupying a crucial middle or advanced rehabilitative stage [26,27]. This resembles current principles of nutritional progression after severe illness, gastrointestinal distress, or metabolic stress, where digestive tolerance and caloric density are balanced carefully.

At the same time, major differences must be acknowledged. Ayurvedic texts interpret food through a qualitative framework involving *agni*, *dosha*, *guna*, and post-digestive effect, whereas modern nutrition prioritizes nutrient composition, digestibility, metabolism, and outcome measures. The two systems are not reducible to one another. Nonetheless, the classical insistence on individualized prescription, stage-specific feeding, and species-sensitive selection suggests a sophisticated clinical nutrition logic that merits interdisciplinary attention.

8. Gaps in the current literature

Despite the richness of classical references, the modern literature on *ahariya mamsarasa kalpana* remains limited. Most published discussions are descriptive, narrowly focused, or embedded within broader reviews of Ayurvedic dietetics. Few studies attempt rigorous philological comparison across editions and commentaries, and even fewer examine species identification, regional interpretation, preparation standardization, or compositional analysis. Clinical trials are virtually absent.

Another gap concerns terminology. Many contemporary writings use “bone broth,” “meat soup,” and *mamsarasa* interchangeably, but the classical texts do not always justify that equivalence. Some preparations emphasize flesh extraction; others may involve bone, marrow, fat, or adjunctive medicaments to varying extents. Standardized operational definitions are therefore essential before biochemical or clinical research can proceed.

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Finally, current debates on vegetarianism, sustainability, and ethical dietary practice can lead to polemical readings of classical material. A scholarly review should instead recognize that Ayurveda contains both animal-derived and plant-derived restorative pathways. *Mamsarasa* is one among several therapeutic nutrition tools, and its place must be evaluated textually, clinically, and contextually rather than ideologically.

Materials and Methods

This article was designed as a narrative critical review of classical and contemporary literature on *ahariya mamsarasa kalpana*. The review process began with the uploaded source document, which was used to identify the initial topic scope, key Sanskrit terms, and major classical chapters requiring verification. Primary source analysis focused on the *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Chakradatta* [1-23]. Particular attention was given to passages dealing with classification of meats, the concept and preparation of *mamsarasa*, and disease-specific dietetic indications.

Secondary literature was then examined to contextualize the classical evidence within broader discussions of Ayurvedic food science, graduated dietary rehabilitation, and modern nutritional interpretation [24-30]. Priority was given to scholarly and review literature addressing Ayurvedic dietetics, pathya kalpana, protein-rich restorative foods, goat meat nutrition, animal-source foods, and protein-related recovery outcomes. The purpose of including modern sources was not to conflate Ayurvedic theory with biomedical nutrition, but to identify conceptual bridges and research opportunities.

The review followed a qualitative synthesis strategy rather than formal meta-analysis because the source base is heterogeneous and largely textual. Textual data were organized into five analytic domains: conceptual foundations of *ahara* and *mamsa*; classification of meats; pharmaco-dietetic processing of *mamsarasa*; disease-specific indications; and translational relevance to contemporary nutrition science. Where multiple texts addressed similar themes, convergences and divergences were noted. Interpretive emphasis was placed on preserving the internal logic of Ayurveda especially the roles of *agni*, *prakriti*, *dosha*, and disease stagewise also identifying clinically meaningful parallels to modern recovery nutrition.

No human participants or experimental interventions were involved. The review is therefore a text-based scholarly synthesis intended to support future philological, laboratory, and clinical research.

Conclusion

The present review demonstrates that *ahariya mamsarasa kalpana* is a highly developed Ayurvedic dietetic concept rather than a simple reference to meat consumption. Across the classical corpus, *mamsarasa* is presented as a processed, indication-specific, and constitution-sensitive preparation positioned at the intersection of nutrition and therapy [1-4,22,23]. Its utility lies not only in its nutritive density but in the Ayurvedic understanding that nourishment must be staged, digested, and matched to the needs of the patient.

The *Charaka Samhita* offers the most extensive evidence for its use in clinical settings, especially in conditions characterized by wasting, debility, post-acute recovery, bowel dysfunction, respiratory weakness, reproductive depletion, and vata aggravation [5-21]. *Sushruta* and *Ashtanga Hridaya* reinforce the broader pharmaco-dietetic logic of processed meat preparations, while *Chakradatta* confirms their continued therapeutic relevance in later literature [2,3,22,23]. These sources collectively reveal a coherent doctrine: meat soup is useful when properly selected, processed, and administered according to *agni*, *dosha*, *dhatu* status, and disease stage.

A major insight of the review is that different types of *mamsarasa* are defined by both source and method. Differences in animal category, habitat, heaviness, and doshic action are central to therapeutic selection. Likewise, the distinction between *krita* and *akrita* preparations shows that processing is part of the medicine. The recurrent preference for *aja mamsa* further illustrates Ayurvedic concern for compatibility, tissue support, and tolerability.

From a contemporary research perspective, *mamsarasa kalpana* offers a fertile model for studying individualized restorative nutrition. Its logic resonates with current interest in protein quality, staged refeeding, convalescent diets, and person-centered nutrition, while remaining grounded in the distinct theoretical language of Ayurveda [24-30]. Future work should include standardized textual comparison across commentarial traditions,

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formulation protocols for specific *mamsarasa* types, compositional analysis of classical-style preparations, and carefully designed clinical studies in wasting, post-illness rehabilitation, and *vata*-dominant degenerative conditions.

In conclusion, *ahariya mamsarasa kalpana* deserves recognition as an important classical example of Ayurvedic precision dietetics. When interpreted through rigorous scholarship rather than reductionist generalization, it provides valuable insight into how Ayurveda integrated food processing, species selection, constitutional assessment, and disease staging into a coherent therapeutic nutrition system.

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