

Dire Need Of *Ayurveda Shaarir* Nomenclature Society w.s.r To Case Of *Kloma* : The Forgotten Organ With It's Classical Description And Modern Controversies

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ABSTRACT

Nomenclature without any controversy, is basic concept and a base stone for any science for its concentrated uniform growth. Growth of *Ayurveda* specially in case of surgical point of view is depauperated because of various controversies around basic concepts. Nomenclature is one of such field where yet *Ayurveda* experts are not on same page for multiple topics. Also, new concepts are not being evaluated and accepted to enhance the clinical applicability, to form strong base for future research and expansion of *Ayurveda* view according to new technical advancements. Modern medical science gone through a vicious process since last 200 years to overcome these challenges and the result is universal growth and acceptance. *Sanskrit* and other Indian languages nomenclature acceptance and mapping by formal standardized body will create a organized database. *Sanskrit* is a scientific language and each and every word of it has a meaning. We need to understand ancient *Ayurveda* nomenclature through the grammatical evidence of *Sanskrit* and authentic *Ayurveda* references only. Multiple *Shaarir* words and organs are controversial and debated repeatedly, *Kloma* is one of them, which is yet to be specifically designated. Here, we have presented many facts which can establish *Kloma* as right lung precisely. Since last 50 years, the time period, when dissection and imaging techniques are so much evolved, *Ayurveda* must strengthen authenticity with evidence based conceptualization. *Kloma, avatu* etc. concepts and their controversies has stopped *Ayurveda* researchers to move ahead on learning their diseases, their normal and abnormal functions and surgical or clinical management. AI(Artificial intelligence) and ML(Machine Learning) with help of deep learning processes, is conveniently looking for precision individualized medicine. Individualized medicine is core of *Ayurveda* concepts of treatment since ages, but we are unable to include technology in absence of specification, standardization and scaling. For adamant, persistent growth and acceptance of *Ayurveda*, nomenclature society of *Ayurveda* will be the first step, where *Ayurveda* experts can strengthen root of *Ayurveda* without reservations.

Keyword: *Nomenclature, Ayurveda, Kloma, Sanskrit, Shaarir etc*

How to cite this article: Gupta A. Dire Need Of *Ayurveda Shaarir* Nomenclature Society w.s.r To Case Of *Kloma* : The Forgotten Organ With It's Classical Description And Modern Controversies. *Int J Drug Deliv Technol.* 2026;16(58s): 498-504. DOI: 10.25258/ijddt.16.58s.52

Source of support: Nil.

Conflict of interest: None

Introduction

Language is an organized system of expressing emotion and sharing information. Language is produced by articulation mainly by passage of expiatory air in larynx and assisted by lips, palate, tongue, pharynx, teeth, nose and movement of these organs. As the human language articulation is based on both phonological and grammatical combination, there are infinite words and pronunciation of these words. Since the inception of articulation in human till now thousand of languages developed according to phase of time, geography, civilization ethics and certain way of pronouncing vowels and consonant. Every language have its on apprehension, abbreviation, symbolic way of presentation, abstraction and conscious thought process.

Ayurveda is an ancient healthcare and well being science. It's history dated back in time period of *Atharvaveda* which is written in *vedic sanskrit*. Since than *Ayurveda* text written in many languages and in many geographical area. Therefore, language and vocabulary of *Ayurveda* is very diversified and amalgamated and single drug or organ is known by

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many names. Some names are based on characteristics, some are based on visible comparison to any living or nonliving objects i.e. *yakrit* and *kaalkhanda* are name of same organ, and *Vega, Peettaila, Kakandaki, Kangunika, Paravatpadi* all are names of *Jyotishmati*. In case of herbal drugs, after publication of *Ayurveda Pharmacopoeia of India*, nomenclature of so many herbal drugs was dignified with mention of all other synonyms available in *Ayurveda* scriptures i.e. *Samhitas, Sangrahs, Nighantus*, etc. Yet names related to *Ayurvediya Shaarir* are not collected, organized, standardized and dignified with their characters, position and function. An organized universal nomenclature, definition and classification is basic need of health science to understand any concept and practice it. This uncertainty and no clear instructions creates lot of perplexity, this offensively stops growth of a system. Any *Ayurveda* practitioner must have proper knowledge of *Shaarir* while treating the patients, only practitioner with proper knowledge of *Shaarir* can treat the patient

successfully and *Vaidya* with proper knowledge of *Shaarir* in all possible ways, serves well for the society¹. So, any indecisiveness in basic concepts may baffle a practitioner even before complex analysis and assessment of symptoms, dosha, dushya and plan of treatment.

Solution of Nomenclature challenge in Modern medical Science-²

These kind of confusion occurred in modern medical science and Chinese medical science before 19th century and many books defining Greek, Latin and Chinese terms were published. Galen in 2nd century and Vesalius in 16th century published their separate books defining many Greek and Latin terms respectively. Later in 1895 the German Anatomical Society held a meeting to accept and publish anatomical words for universal use on the basis of Greek and Latin nomenclature name as Basle Nomina Anatomica (BNA). This Society followed strict rules for accepting more than 5000 terms i.e. only one short and simple term for one part or organ for memory sign only, related structure in the area or organ must be similar and adjectives should be in opposite terms. Although, eponym for various anatomical organs are still used sometimes. Birmingham revision (BR) and Jena Nomina Anatomica (JNA) did some minor changes by add some more words. The current organized nomenclature society and structure started in 1950 with establishment of idea of generally acceptable international nomenclature by International congress of Anatomist. Nomina Anatomica was accepted and started getting published after 1955 on the basis of Basle Nomina Anatomica (BNA), Birmingham revision (BR) & Jena Nomina Anatomica (JNA).

Terminologia Anatomica was established in 1998 by International Anatomical Nomenclature committee (IANC). Terminologia Histologica (deals with terms related to histology), Terminologia embryologica (deals with terms related to embryology), Terminologia neuroanatomica (deals with terms related to neuro anatomy) are established under this society to separately organize terms related to these parts. Recently 2nd edition of Terminologia Anatomica published in 2019 and applied from 2020 clearly stating anatomical nomenclature with systemic stratification.

It took more than 200 years to reach this situation where Modern medical science to standardize and define anatomical terms, when there is no gap in timeline of growth and modern medical science is only 2000 year old science.

Nomenclature Challenge in Ayurveda-

Ayurveda is dated back 2000-3000BC, a 5000 year old science with various gaps in timeline due to change in Indian geopolitics as Mughal and

European invasions. A lot of literature destroyed or lost to the infinity and literary band of *Vedic Sanskrit, Bramhi, Pali* and *Prakrit* languages is completely missing. These languages and versatile Indian culture has huge impact on structure, presentation and abstraction of *Ayurveda* scripture's writing methodology. Many concepts of *Ayurveda* are obsolete due to technology as microscopic analysis of bones changed view for bone, cartilage and teeth and needed to be reclassified with dignified and defined language characters. *Ayurveda* writing system is full of abbreviations and symbolic way of defining, which is like simulation in absence of real image or audio-visual records. This is an very progressive method of teaching in absence of audio - visual technical advancements, but after audio- visual advancements and machine learning kind of AI developments, it is of much need to form a governing body of experts related to *Shaarir* for defining anatomical and functional entities nomenclature, which will pave way for a defined and transparent future of researches in *Ayurveda*.

Current status of terms and nomenclature in Ayurveda

There are 829 words related to *Shaarir* in *Sushruta Samhita*, 259 new words related to *Shaarir* in *Charak Samhita*, other than *Sushruta Samhita*, 69 new words other than these 2 *Samhitas* in *Astang Hridayam* and 34-36 new word other than greater triad of *Ayurveda* in Lesser triad (*Sarangdhar Samhita, Madhav Nidan, Bhav Prakash Samhita*) are found. Few of these words are controversial even till now, as which organ exactly should be denoted by these terms are not specified i.e. *Kloma, avatu, sakkrani, kaklak, shleshmabhuv, galshundika, sphich, upjihvika, gojihvika, karnasashkuli* etc.

Many *Ayurveda* dictionaries i.e. *Parishadya Shabdarth Shaariram, Shabd Kalp Drum, Vachaspatyam* etc. and many 20th century *Ayurveda* dictionaries have tried to explain terms in *Ayurveda* scriptures on the basis of description or mention in original texts and commentaries, still definitive explanations are not widely accepted by *Ayurveda* experts and multiple eponym and controversies keep running in system of *Ayurveda*. *Dr Dharmendra Mishra* worked on "exploration of *Shaarir* terms of *Ayurveda* in contemporary science- A critical review and commentarial reference" and tried to define many controversial words related to *Ayurvedic Shaarir*³.

Diversity is a beautiful concept of living but when it comes in case of science specially in health science, diversity creates controversies and non-specification, which puzzles the aim of health science. Aim of health science "To serve the people

with ultimate efficiency” ultimately it is matter of life of people and inefficiency toll on this aim. All the *Shaarir* experts should come on a single table to discuss the available references and must define specific definition and organ with logic and should strictly follow the single meaning all over *Ayurveda* scriptures, teaching, research and functioning. To put my thought strongly. I have tried to understand, controversies around an anatomical structures namely *Kloma*. Also, how these controversies affects growth of *Shaarir* and at the end, of *Ayurveda*.

Material & Method-

Kloma are highly controversial organs in *Ayurveda*, even till now as on the basis of same literary reference different *Ayurveda* expert claim different organs to be as *Kloma*. We have collected multiple texts and review articles written by *Ayurveda* experts to understand current situation form google search on *Kloma*. These text from *Sushruta Samhita*, different commentaries of *Suhruta Shaarir Sthan* and articles are published in the period of 40 years in various national and international journals.

Kloma- An organ with trail of controversies

Kloma is an organ related with water element (*Udakvaha Srotas mool*) and vitiation of *Udakvaha Srotas* represents as extreme thirst is mention in greater triad (*Charak Samhita, Sushruta Samhita and Astang Hridaya*) as well as in Lesser triad (*Sarangdhar Samhita, Madhav Nidan, Bhav Prakash*).

Oldest reference of *Kloma* is found long way back in *Atharvaveda* and *Yajurveda*, *Yajurveda* mentioned relation of *Kloma* with *Varun Dev*(God of Water) and *Atharvaveda* mentioned *Kloma* in treatment of *Yakshma* (extreme debilitation due to tuberculosis). In both the references there is mention of *yakrit, hridaya, pleeha* , *Mataksana*(kidney), etc. organs but no mention of *phupphusa* (lungs)⁴. It seems that *Kloma* was well known organ in this era and there was no confusion over specification.

According to *Charak Samhita*, *Kloma* is a organ of thoraco-abdominal cavity, no other anatomical reference available⁶, while on functional basis it is seat of water element (*Udakvaha Srotas*) with palate, which is vitiated by heat generating diet and daily routines, undigested food, fear, excessive alcohol consumption, excessive dry food consumption and holding back thirst for long. Vitiation of *Udakvaha Srotas* cause dryness of

tongue, palate, lips and throat, extreme, insatiable thirst. Vitiation of *Udakvaha Srotas* and *Swedvah Srotas* cause *udar rog*(abdominal ailments)⁶. According to *Sushruta Samhita Kloma* is present in right side of heart with liver while on left side there are *pleeha* (spleen) and *phupphusa* (Lung) and injury of *Udakvaha Srotas (Talu and Kloma)* cause thirst and instant death. Also the position of *Kloma* is described on the right side of Heart. Due to different causative factors abscess occur in many organs also in *Kloma*. Water (*Udaka*) element is vitiated in case of *prameh* (diabetes), *Hikka* (hiccup) and *Swas* (dyspnoea) diseases according to various references.⁵

Kloma is also known as “*tila*” - *jalvahi sira mool*(root of water channels). according to *Sharangdhar Samhita* and later commentator.⁷ , also it is present in right side of heart with liver. Various commentators of *Sushruta Samhita* varied in their view as *Damodar Sharma Gaud* stated *Agnashya* (pancreas) as *Kloma*, *Pandit Hariprapanna sharma* and *Dr B. G. Ghanekar* stated Gall bladder as *Kloma*⁸, *P. K. Warrior* believed *Annalika* (oesophagus) as *Kloma*. This controversy kept going in 20th century. Earliest scientific paper available, written by *Dr. V. M. Nanal* a renounced practitioner of *Maharashtra*, in 1988 stated about *Kloma*, that, it can be specified as gall bladder or pancreas or liver or right lung and stated that any organ to be dignified as *Kloma* must have these 10 characteristics, 1) Body water balance (*Udakvaha Srotas*) is maintained by *Kloma* with *tal* (Palate), 2) Vitiation of *Kloma* is presented as insatiable thirst, dryness of lips, palate and tongue, 3) *Vidradhi* (abcess) in *Kloma* produce symptoms i.e. excessive thirst, dryness of mouth and choking sensation of throat, 4) *Adhobhag-gata shosh* cause *Kloma-anaha* 5) *Kloma* is part of thoraco-abdominal cavity, 6) *Kloma* lies in right lateral side of Heart with liver 7) *Kloma* is formed near *hridaya* by metabolism of fetal blood by *saman vayu*. 8) *Kloma* should have 18 joints of *Mandala variety* 9) *Kloma* form the flank of *Yakrit* 10) *Kloma* is vitiated by vitiation of *prana vaya* and *rakta dhatu*.. After discussion *Dr Nanal* insisted that *Kloma* must be a space rather than an organ as mediastinum. Many scientific paper kept alive this controversy in their article insisting different organ as *Kloma*¹⁰. Subsequently, commentators and current researchers also didn’t held a single conference to answer all the question and specify single organ as *Kloma*.

Sr No.	Name Of Paper	Year Of Publishing	Author	Journal	Conclusive Remark
1.	A Review of Controversies Of	August 2024	<i>Shraddha Bhagwan Padmane, Manoj</i>	Journal Of Emerging Technologies And	Phupphusa

	<i>Kloma19</i>		<i>Jagtap</i>	Innovative Research	
2.	A Critical Study on <i>Kloma</i> -A Review Study ²⁰	March 2023	<i>Mukesh Kumar</i>	Journal Of Emerging Technologies And Innovative Research	Pancreas
3.	The Analytical Review of <i>Kloma18</i>	July 2022	<i>Swapna Rani Mehar, Sushil Dwivedi</i>	Journal Of <i>Ayurveda</i> And Integrated Medical Sciences	Pancreas
4.	Appraisal Of <i>Kloma</i> In Light Of Pali Literature ²¹	May- June 2022	<i>Rajshree Rajesh Kolarkar, Mangal Kshirsagar, Rajesh Kolarkar</i>	Journal Of <i>Ayurveda</i> And Integrated Medical Sciences	Omentum
5.	Conceptual Study Of <i>Kloma</i> With Special Reference To Mediastinum ¹¹	Nov - Dec 2019	<i>Shah Rupal, Shendye Swarali</i>	International Journal Of Applied <i>Ayurveda</i> Research	Mediastinum
6.	Conceptual Study Of <i>Kloma</i> with Reference To Modern Perspective ²²	September - 2019	<i>Karan R. Gupta, Gaurav Sawarkar, Priti Desai</i>	Paripex - Indian Journal Of Research	<i>Phupphusa</i> (Lungs)
7.	A Conceptual Study On <i>Kloma</i> w.s.r. To <i>Jalodar</i> ²³	October- December 2017	<i>Pankaj Kumar Rajvanshi, Piyush Verma</i>	International Journal Of <i>Ayurveda</i> & Medical Sciences	Portal Vein
8.	<i>Pali</i> English Dictionary ²¹	1998	<i>T.W.Rhysdavids</i>		<i>Phupphusa</i> (Lung)
9.	The Organ <i>Kloma</i> : A Fresh Appraisal ¹⁰	October 1989,	Vilas M. Nanal	Ancient Science Of Life	Mediastinum

Dr Nanal and *Shah Rupal et al* considered mediastinum as *Kloma* on the basis of its central position , related to heart, seat of *rasvaha, pranavaha, Udakvaha, annavah, raktavaha*. These all writers on the basis of symptom of vitiation as mediastinum can not ignore that *Kloma* is a organ not an space and therefore, it should be a distinct anatomical structure rather than a mere cavity^{9, 10}.

Detailed analytical answer to all the Kloma related questions

1) Word meaning of *Kloma*- *Kloma* is word from *Veda* origin, its *sanskrit* analysis by most traditional dictionaries of *Moneir Willium* and *Apte* shows- its etymological derivation (vyutpatti) is “*klu gatau manin*” which means that which moves continuously.¹¹ “*Manin*” is an *unadi* affix in *sanskrit* and according to *Panini Ashtadhyayi* traditional etymological explanation (*Nirukti*) of this is “*klavate anisham iti Klomaam*” organ which is always moving is *Kloma*¹². Among the pancreas, mediastinum, right lung, gallbladder, portal vein and omentum only lung shows visible movement throughout the life.

2) Linguistic meaning of *Kloma*- In hindi *Kloma* refers the gills of fishes. Gills are respiratory organs and meant for gaseous exchange in aquatic creatures. Yet it is non specific and do not have any authentic textual background. In this linguistic

labyrinth, the ambiguity of the term reveals a profound truth about human perception.

1) Symbolism and trends in *Samhita* - It is very evident in explanations of *Sushruta Samhita* and *Charak Samhita* that anatomical structures their classification and characteristics according to fetal representation of that structure i.e. number of bones, *Nabhi* (Umbilicus) as origin of *Sira* and *Dhamani* etc⁵. 3) As respiration do not occur in intrauterine life and lungs are just muscular organ filled with fluids, at the other end all other organ compared with *Kloma* i.e. pancreas, gall bladder, mediastinum do not show any relation with fluid, portal vein is filled with blood can not be misunderstood for being filled with fluids. There is description of *Kloma* in *vedas* but not of *Phupphusa*, which seems inappropriate because if acharyas seen *yakrit, pleeha, heart* etc., their location , functions and are well explained, it is impossible that they didn't seen lungs in intrauterine fetal specimen.⁴ Description of *Kloma* with liver and heart relation most appropriately establish it as Lung. Although, lungs are two in number, *Kloma* word is always used in singular noun.

In *Mahabharata* both *Kloma* and *Phupphusa* words are used but *Kloma* is a classical *sanskrit* word while *phupphusa* is a *prakrit* language word which is included in *sanskrit* later, itself

is onomatopoeic¹³. Word meaning of *phupphusa* is “the organ which blow”. It is not clear whether *Kloma* is synonymous with *Phupphusa* or if they refer to distinct anatomical structures, but word meaning of both organ is same in physiological concepts.

In *Charak Samhita* and *Sushruta Samhita* as described earlier mentioned *Kloma*, in *Charak Samhita* as *udakvaha Srotas mool* and *Koshthang* but no mention of *phupphusa* any where, while in *I Samhita* both *Kloma* and *Phupphusa* are mentioned, only *phupphusa* is *Koshthang*, on left side of heart and *Kloma* as *Udak vah Srotas mool*, on right side of heart^{5,6}. *Sharagdhar Samhita* mentioned *Kloma* for *Jal vahi sira moolam* and used first time “*Tilakam*” for *Kloma*. It is unclear that “*Tila*” name based on structural specification or any other functional attribution⁷. *Shrangdhar Samhita* describe *phupphusa* as seat of *Udan vayu*. Further, *Amarkosh* accepted *Phupphusa* as synonym of *Kloma*.¹⁴ Later all other scriptures or commentaries are based on these descriptions. On the basis of this ambiguity in anatomical and functional understandings, started the persistent confusion and debate on identity of these vital organ. As per these descriptions *Kloma* is *Sanskrit* language word lying in thoraco-abdominal cavity in proximity of heart, which is right lung because all other organs i.e. pancreas, gall bladder, etc are not in proximity of heart.

2) Location- *Kloma* is described on right side of heart in *Sushruta Samhita*. *Dalhad* commentary of *Sushruta Samhita* described position of *Kloma* below the liver(*kalkhanda*) on right side and also known as *tilakam*.⁵ *Addhamalla* commentary on *Sharangdhar Samhita* describe *Kloma* is formed by residue of *rakta* and lie below and right to liver in relation to heart.¹⁶ This small variation in understanding of anatomical positioning further complicated the definitive quest for scholars as the concern remain elusive. The original reference were more clear and definitive in nature to understand that organ on right side of heart are right lung with liver.

3) Structure- *Kloma* is said to be a muscular organ which is always moving and filled with fluid. In “*Parishadya Shabdarth Shaariram*” *phupphusa* as “*Prashākhā Bhūta Phupphusa nadya*” and *Kloma* structure is described as “*Prashākhā-Anuśākhā Bhūta Kloma nadya*” which means structure which have repeated branching pattern. This kind of pattern is found in bronchial tree¹⁵.

4) Function- There is clear relation of water balance and thirst regulation. Practically any thoraco- abdominal organ is not directly associated

with thirst regulation. However lungs are related with perspiration during gaseous exchange and pancreas is linked with thirst due to metabolic regulation.

5) Injury symptoms- Trauma, injury or infection symptoms and Tuberculosis reference- *Kloma* vitiation (*Udakvaha Srotas dushti*) trigger excessive insatiable thirst and dryness of lips, throat, palate and tongue. Trauma and injury(*Udakvaha Srotas viddha*) cause instant death or thirst and lung injury may cause instant death.

Discussion:

Nomenclature may seems a unnecessary step to many if we know which organ is what and how it works after years of practice and knowledge gaining, but this is not same for those, who are not aware of *Sanskrit* language, just entered the world of *Ayurveda* and for the patients whom we try to convince for treatment under concepts of *Ayurveda*. Same organ or function is given many terms and many organ and functions are denoted by single term. Some terms are not conclusive while some are not specific and very few are still controversial. *Kloma* is one of such controversial terms.

In our view, as description of *Ayurveda* anatomy is based on prenatal functional anatomy, right lung seems to be most rightful answer for controversy of *Kloma*. It is possible that, in *Vedas*, both lungs are treated as single entity as trachea connected to both the lungs by primary bronchi. Although, *phupphusa* and *Kloma* are synonyms, *phupphusa* term is used for left lung and *Kloma* term is more appropriate for right lung according to ancient *Ayurveda Samhitas*. In prenatal period lungs are filled with fluid - “*Udaka*” and right lung lies at right side of heart. Other than right lung, explanations and commentaries for *Kloma* do not fit well, as *Kloma* has relation with heart and gall bladder, pancreas and portal vein do not have any relation with heart that can be mentioned in such prominent way and heart lies within the mediastinum, mediastinum do not lies in right side of heart. About the symptoms on injury instant death can only occur with involvement of lungs on the contrary other organs in consideration for *Kloma* i.e. gall bladder, pancreas, mediastinum, portal vein injury will not cause instant death. The most controversial element in reference of *Kloma* is its relation with thirst, which do not have any relation with any of these organs.

Thirst is a physiological and pathological symptom of homeostatic imbalance. Concentration increase of body fluid initiate osmo-receptor mediated thirst centre and anti diuretic hormone action by stimulating thirst centre in medulla oblongata, this

is osmotic physiology of thirst , during dehydration, fever, sweating, diarrhoea, excessive salt intake etc. In hypovolemic physiology decreased volume of blood stimulate renin - angiotensin system and carotid sinus situated baroreceptor mediated brain stimulation for thirst except that psychological factors i.e. emotion, habit, temperature etc. and environmental factors like windy and dry geographical areas. In pathological thirst too osmotic and hypovolemic pathways are followed. Any specific organ is not responsible for thirst physiology and pathology.

In case of lungs water vapour are lost with each expiration and in lung injury and lung pathology short of breath (dyspnoea), may cause dryness in mouth and lips and in lung diseases hypoxia may stimulate thirst centre in hypothalamus. Still, we are unable to prove relation of thirst with any of the organ considered as *Kloma*. Despite the fact thirst physiology is not associated directly, yet the basis of these all evidences right lung is most obvious organ match with *Kloma* description. An organization of *Ayurveda* experts can establish a final decision and implement it universally in *Ayurveda* literature.

For another example, bones and cartilage and teeth are grouped under the umbrella of *Asthi*, this is efficient for medicine point of view where *dhatu* and *dosha* wise treatment are done but for surgical prospective it requires more detailed and precised classification with anatomical accuracy.

There were *Sambhasha Parishad* (seminars) in ancient period to solve such controversies. I emphasize on need of a nomenclature society to discuss, resolve these controversies and strongly apply the decisions for all future texts and references. The terminology is start of a trail of 1) definition, 2) function, 3) classification, 4) physiology, 5) pathology, 6) therapeutic interventions, 7) holistic management with diet and daily routine and 8) further precision in clinical and prognostic evaluation. Establishing a standardized evidence based lexicon will pave way for new research avenues over the ancient knowledge.

Conclusion-

Due to absence of authentic and authoritative nomenclature body students, scholars and researcher often encounter confusion at very primary level of academic pursuit. How we can expect to achieve clinical precision if terminology ambiguity do not let us understand basic concepts. Sanskrit is a very scientific language and its etymological roots can help us to standardize these terms with their functional connections. Every healthcare system is getting integrated with power of AI for precision medicine, this need a large database with standardize parameter, grading and scaling of symptoms, accurate anatomical and

physiological explanations and **Ayurveda** is still struggling with very initial processes of conceptualization i.e. Terminology and Nomenclature

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