

**Critical study on Beeja Chatushtaya
of sushruta samhita in Arsha**

**A thesis submitted to
Tilak Maharashtra Vidyapeeth, Pune
For the degree Doctor of Philosophy (Ph.D)**

**In
SAMHITA
Under the board of Ayurveda studies**

**Submitted by
Dr.Shashirekha H.K**

**Under the guidance of
Dr.Upendra Dixit**

May- 2018

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October-2018

CERTIFICATE BY THE GUIDE

This is to certify that the thesis entitled ‘Critical study on Beeja Chatustaya of Sushruta Samhita in Arsha’ is a genuine and bonafide work Prepared by **Dr. Shashirekha H.K under my guidance & supervision. The research report has been submitted to **Tilak Maharashtra Vidyapeeth, Pune** in fulfilment of the degree of the Doctor of Philosophy.**

To the best of my knowledge & belief, the matter presented in this thesis has not been submitted earlier for the award of degree of **Doctor of Philosophy (Ph.D) of Tilak Maharashtra Vidyapeeth, Pune.**

Place: Pune

Date: 03/05/2018

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DECLARATION BY THE CANDIDATE

I, the undersigned, hereby declare that the thesis entitled '**Critical study on Beeja Chatushtaya of Sushruta Samhita in Arsha**' is a genuine & bonafide work Prepared by me under the guidance of **Dr. Upendra Dixit** & submitted to **Tilak Maharashtra Vidyapeeth, Pune** for the award of the degree of the Doctor of Philosophy.

The present research work is original & the conclusions drawn there in are based on data collected by myself. To the best of my knowledge & belief, the matter presented in this research has not been submitted earlier for the award of degree of **Doctor of Philosophy(Ph.D)** of **Tilak Maharashtra Vidyapeeth, Pune**.

Place: TMV Pune

Date: 03/05/2018

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INTRODUCTION

Beeja chatushtaya is a special unique contribution of sushruta samhita. Whole sushruta samhita has been elaborated on the base of this principle. As Sushruta Samhita is Shalya pradhana shastra, arsha vyadhi is explained in detail. Especially arsha is considered as chaturvidha chikitsa sadya vyadhi. To evaluate the chikitsa chatustaya arsha vyadhi is undertaken for study by applying adhikarana tantrayukti. Effective management of arshas in day to day clinical practice can be assessed by adopting purusha, vyadhi, aushadha and kriyakala in sequence according to pradesha tantrayukti. Chikitsa purusha or karma purusha can be understood by assessing the rogi bala through proper examination (prakruti, vaya, samhanana etc)

Beeja Chatushtaya is includes purusha, vyadhi, aushdha, kriyakala. It is one of the unique contributions of sushruta samhitha. It is the base or fundamental concept which forms the framework for sushruta samhita. Ayurveda accepts loka purusha samya siddanta and panchamahabhut siddhanta. Thus Purusha is considered to be the combination of panchamahabhuta and atma. This karma purusha provides adhishtana and ashraya for vyadhi and chikitsa.

The roga or dukha or vedana includes all types of shareerika, manasika, and agantuja vedana. Dukha nivritti can be achieved by administering different principles of kriya or chikitsa by using different medicines and other measures. In Beeja Chatushtaya kriya refers to swasthanuvartana chikitsa, antarashraya, (snehanadi karma) bahirashraya and shastradi karma. Kala refers to the administration of procedure at proper time like snehapana in prabhatakala, swedana jeernaanna kala, vamana in purvahna, virechana in prataha kala, asthapana in madhyahna kala, and anuvasana in sayankala (pradosha kala after food). Kala also refers to avasthika kala like langhana in samavastha of jwara and ghrita pana in jeerna jwara avastha.

Samyak Yoga of Desha, Kala, Pramana, Satmya, Asatmya, Pathya, and Apathya are very essential in the success of any treatment. Kala plays an important role right from the drug collection till the administration of

medicine. Sankhya philosophers mentioned kala as ayuta siddha nimitta karana and Ayurveda with a different term as dushpariharya. Kala implies the dina, rutu, roga, rogi, aushadha and jeerna linga. Selection of proper medicine at proper time is very necessary to attain expected outcome in the treatment.

In current scenario practicing management of arshas in medical practice maybe on considering the purusha, vyadhi avasta, vedana, lakshana and drug of choice or pharmaceutical medicine for that disease. By applying the Beeja Chatustaya of sushruta samhita one can decrease the prevalence rate and increase the expected out come from the treatment.

Research problem in this research work

Is by following purusha, vyadhi, aushadha and kriyakala in sequence, having any role in the success of treatment in clinical practice?’

Study rationale

- To reveal the importance of application of beeja chatustaya.
- To highlight the importance of basic principles (Ayurveda siddhantas).

AIM AND OBJECTIVES

AIM:

To evaluate the importance of Beeja chatusstaya of sushruta samhita and its application in clinical practice

OBJECTIVES

1. To study in detail about the concept of Beeja Chatustaya.
2. To asses the importance of Beeja Chatustaya with reference to Arsha Chikitsa through survey study

HYPOTHESIS

Null Hypothesis

1. There is no significant role of following purusha in the success of treatment in clinical practice.
2. There is no significant role of following vyadhi in the success of treatment in clinical practice.
3. There is no significant role of following aushadha in the success of treatment in clinical practice.
4. There is no significant role of following kriyakala in the success of treatment in clinical practice.

Research Hypothesis

1. There is significant role of following purusha in the success of treatment in clinical practice.
2. There is significant role of following vyadhi in the success of treatment in clinical practice.
3. There is significant role of following aushadha in the success of treatment in clinical practice.
4. There is significant role of following kriyakala in the success of treatment in clinical practice.

STUDY DESIGN

SECTION 1 deals with review of literature on beeja chatushtaya, Purusha, Vyadi, Aoshada and kriya kala

SECTION 2 projects the role of Purusha, Vyadhi, Aoshada and Kriyakala in Arsha Vyadhi. The data were collected under five heading and presented in tabulation forms

1. Generalized observation of Ayurveda practitioners(Respondents)

Age, gender, place of practitioners, qualification, department of specialization and clinical experience of qualified authenticated Ayurveda practitioners.

2. Specific observations

1. Examination of purusha (Desha, Prakruti, Agni, Koshta, Sara, Samhanana, Pramana, Satva, Satmya, AharaJarana Shakti, and VyayamaShakti).
2. Examination of Vyadhi (Deha bala, Dosha bala, Vyadhi bala, Hetu, Dosha, Dushya, Prakruti, Lakshana, Upadrava and Aoshada sevana kala)
3. Examination of Beshaja (classical, single drug, and combination of drugs)
4. Examination of Kriya kala (selection of particular type of Chikitsa according to the Arsha Vyadhi Avasta)

SECTION 3 deals with discussion and conclusion

Discussion section contains the discussion on review of literature (beeja chatushtaya, arsha) and observational data. In discussion part detailed study, analysis of available conceptual and clinical data was done to find out and the importance of concept beeja chatushtaya in clinical practice. Evaluating the role of Purusha, Vyadhi, Aoshada and Kriyakala in the success of therapeutics. To highlight the utility of basic principles (Ayurveda Siddhantas) in day to day practice of medicine.

Conclusions have been drawn on the basis of available conceptual and practical Data followed by the information of Bibliography, case Proforma and classical references.

RESEARCH METHODOLOGY AND TECHNIQUES

Research design- cross sectional survey study

Ethical consideration- IEC obtained before conducting the study (IEC number- SDM/IEC/79/2014-2015)

Methodology of study

1. Literary material is utilized to prepare the structured questionnaire
2. Pilot study was conducted to asses the right path of research as well as to prepare standard questionnaire.
3. Data were collected from in and around the hassan Ayurveda medical practitioner
4. Data collected through the interview methods.
5. Data critically analyzed by adopting statistical method

SOURCE OF DATA

1. **LITERARY STUDY:** The relevant references of purusha, vyadhi, aoushada and kriyakala from classical texts of Ayurveda. The compiled materials will be reorganized and critically analyzed.
2. **PILOT STUDY -** Pilot study was conducted on 30 physicians and Some of the changes have been done in final case proforma

Survey study: 300 practitioners of ayurveda were given structured questioner with instructions and duly filled case proforma were collected

Sampling method: Convenient sampling method

Sampling Frame: Ayurvedic practitioners of a minimum sample size of 300(3:1) irrespective of years of experience practicing regularly especially on arsha cases from Karnataka and Maharashtra. A prospective questionnaire was distributed among doctors and their explanation about the prescription is

collected. Whether this practical examination and prescribing the medicine are in tune with the basic principles or solely based on the experience of the practitioner was analyzed.

Source of data: Current study was carried out in two steps namely

1. Literary study and critical analysis of purusha, vyadhi, dravya(aushad) and kriyakala (method and time of administration of medicine) done by collecting relevant references from classical texts of Ayurveda using atideshaTantrayukti. The compiled materials will be reorganized and critically analyzed.
2. **A cross sectional survey study-** This study is done by following steps
 - a) Literary material is utilized to prepare the structured questionnaire
 - b) Pilot study was conducted to assess the right path of research as well as to prepare standard questionnaire.
 - c) Data were collected from in-house ayurvedic medical practitioner
 - d) Data collected through the interview methods.
 - e) Data critically analyzed by adopting statistical method

Inclusion criteria - Ayurveda physicians representing all levels of experience and practicing regularly on Arshas disease.

Exclusion criteria- Ayurveda practitioners affiliated to teaching institutions.

Criteria for assessment

1. Purusha-desha, prakruti, agni, koshta, sara, samhanana, pramana, satva, satmya, ahara jarana Shakti, vyayama shakti examination
2. Vyadhi- vyadhi bala, deha, prakruti, hetu, dosha, dushya, upadrava, lakshana, aushada sevana kala
3. Aushada- aushasa yoga, single drug and combination of drug
4. Kriyakala- method of treatment and time of administration in different type of arsha

Statistics analysis: Data analyzed by applying SPSS version-16 and adopting statistical method (mean, median mode, standard deviation and arithmetic mean) and cross tabulation.

REVIEW OF LITERATURE

BEEJA CHATUSTAYA

Beeja Chatustaya is the special unique contribution of sushruta Samhitha; Whole sushruta samhita has been elaborated on the base of this principle. Thus the seed of medicine has been propounded in nut shell it is elaborated in 120 chapters. As the seed put in the earth grows with root, stem, branches and leaves and expands further. The seed of medicine likewise extending in sections of sutra, nidana, shareera, Chikitsa, kalpa etc gives fruit of health. Beeja Chatustaya includes purusha, vyadhi, aushdha, kriyakala¹. Whole sushruta samhita has been elaborated on the base of Beeja chatustaya methodology².

बीजं चिकित्सितस्यैतत्समसेन प्रकीर्तितम् । सविंशमध्यायशतमस्यं व्याख्या भविष्यति ।

(सु.सू.1/39)

By purusha are meant the originating material and five mahabhutas and also anga pratyanga of the same like twak, mamsa, rakta, sira kandara etc. By vyadhi are taken all the disorders caused by the imbalance of vata, pitta, kapha and rakta. By aushadha are meant dravya, rasa, guna, virya, and vipaka. By kriya all applications, function etc and all operation exercise etc are mentioned kala includes right time for all actions. Though there are five entities been told here, essentially they are only four. As there is no kala other than action nor action other than remedy. Time pertaining to action and action itself becomes the fourth one.

एवमेतत् पुरुषोव्याधिरौषधं क्रियाकाल इति चतुष्टयं समासेन व्याख्यातम् । एवमेतत् पुरुषां व्याधि औषधं क्रियाकाल इति चतुष्टयं समासेन व्याख्यातम्। तत्र पुरुष ग्रहणात् तत् सम्भवं द्रव्य समूहे भुतादिरुक्तस्तद् अङ्गप्रत्यङ्गविकल्पाश्च त्वक् मांसास्थि सिरा स्नायु प्रभृतयः, व्याधि ग्रहणात् वातपित्त कफ शोनित सन्निपात वैशम्य निमित्ताः सर्व एव व्याधयो व्याख्याताः, औषध ग्रहणात् द्रव्य रस गुण वीर्य विपाकानामादेशः क्रियाग्रहणात्स्नेहदीनिच्छेद्यदीनिचकर्माणिव्याख्यातानि, कालग्रहणात्सर्वक्रियाकालानामादेशः॥ (सु.सू.१/३८)

Purusha is the chief. tatra refers to in that group of four tat sambhava dravya refers to materials for origin of person. Bhutadi here means beginning with bhutas. Thus shukra, shonita and pancha mahabhutaa are taken. Others however interpret it differently. The specific combination of the originating factors of person semen and ovum etc.of which bhutas are the root cause. Another explanation of bhuthadi is starting from unmanifest and ending as karma purusha, the person who is the substratum of all treatment. Anga refers to head etc Anga to pratyanga like chin etc. twak mamsa sira snayu prabrutayah. Here prabhrutayah covers channels dhamanis etc. in the context of vyadhi sarva includes exogenous mental, and natural disorders as well as in the context of aoushda dravya, rasa, guna, virya, vipaka are included. Kala includes timing of all medical and surgical operations such as administration of sneha is early morning, when sun is rising. All sudation after food is digested, emesis in fore noon, purgation in the morning etc. the person disease drug and time of therapy thus is the four fold group of therapy.

तद्दुःखसंयोगाव्याधयउच्यन्ते । तेचतुर्विधाःआगन्तवः, शारीराः, मानसाः, स्वभाविकाश्चेति

(सु.सू.१/२३, २४)

Purusha is described as resultant of combination of the soul and five primary principles, all medical acts such as surgical operation, administration of medical remedies and application of alkaline substance or cauterization are restricted to purusha alone. Loka is made up of sthawara and jangama dravya, all dravya divided into agneya and soumya. Hence the world is composed of five principles through characterised by the twofold virtue agneya and soumya. Charaka also mentioned purusha a 'shaddathuka tasmin kriya' purusha does the good and evil act and enjoy their consequences that's why he is called karma purusha so adishtanam. Purusha is the substratum of disease as well as the therapeutic measure. Thus the purusha is primary and others as subsidiary means. Panchabhautika denotes the mobile living beings divided into four groups. Among these the living being is the foremost while other are its supporting means used as food and drugs.

The purusha is the receptacle of any particular disease and that which proves a source of pain or discomfort to him is denominated as a disease. there are four different types of disease such as agantuka, shareerika, manasika and

swabhavika. The diseases due to an exogenous blow or hurt is called agantuka. Diseases due to irregular food or drink or incidental to deranged state of the shareerika dathu acting ekadoshajaja samsarga or sannipataja called shariraja vyadhi. Excessive anger, grief fear, joy dependency, envy, misery, pride, greed, lust, desire, malice etc are included within the category of mental distempers. Where as hunger, thirst, decrepitude, imbecility, death, sleep etc are called the natural svabhavika degenerating of the body. The mind and body are the seats of the vyadhi. The diseases are restricted to either of them or affect both of them in unison.

Diseases have originating basis in body and mind, some are psychic, some are somatic while others are pycosomatic like fever insanity, etc. each are known as deha manasa or manodaihika. Charaka also mentions body and mind as substratum of diseases.

Samshodana and samshamana come under aushada, ahara is anna, and achara is vihara. Thus the application of aushada in proper manner successfully prevents and allivates the diseases. Samshodana is that purifies well, it is of two types external and internal. The former such as sharp instrument, application of kshara, Agni karma ext. while samshodhana are vamana, virechana, basti and rakta mokshana. Charaka consider nasya or shirovirechana as one among the samshodhana. The substance which is pacifies the vitiated dosha without eliminating it is known as samshamana. Samshamana is that which does not eliminate dosha, nor does aggravate the balanced ones but pacifies the aggravated one is known as samshamana. This is of two types external and internal. The bahya Chikitsa includes abhyanga, udwartana, snana, udgarshana, lepa, avagahana, mardana, shiro dhara, murdhni taila etc. internal treatment includes rasayana, vajjkarana, langhana, brimhana, langana, santarpana, apatarpana ext. anna or food substances are of four types peya lehya, khadya and bhakshya. Again is of three types they are dosha prashamana, vyadhi prashamana and swasthavritta kara. Samshodana by dint of pacifying dosha includes diet. Its mentioned separately is intended to indicate important role of diet in samshodhana etc. or in healthy persons, being no context of pacification of dosha or diseases. Diet is mentioned separately. Achara consists of activities relating to body, speech and mind.

Gale, windfall, sun shine, shade, moon light, darkness, heat, cold, rainfall, day, night, fortnight, month, seasons and solistics etc. should be deemed as the works of eternal time which by virtue of their natural effects, contribute to the accumulation, augmentation, pacification or diminution of deranged bodily humors.

Adi includes nimesha, kashtha, kala, muhurta etc. doshas are those which vitiate body, speech and mind. Three are vata pitta and kapha causes many diseases. Svabhavatah (by nature of time these cause) the accumulation of dosha and other stages of kriya kala.

The word kriya means action and kala means time. Therefore, the literal meaning of

The word kriyakala is treatment time. Kriyakala describes mode and stage of development of disease. It refers to the proper diagnosis of stages of disease and adopting preventive and curative measures of aushadh, ahara and charya (drug, diet and activities) If we ignore our health, the disease process (Samprapti) sets in. This means, instead of three stages, six different stages are produced and a well manifested disease known as Roga begins. Kriyakala means the time of treatment or interception in the process of disease manifestation. These six stages mentioned by Acharya Sushruta gives an idea regarding the state of the disease in the body and it guides us when to intervene or where to intervene.

PURUSHA

Nirukti

Purusha as per Darshanas is the one which resides in shareera or pura; it refers to atma¹ In Ayurveda purusha means any living being or person who is substratum for treatment. It is understood as atma, or rashi purusha, or Chikitsa purusha i.e. shad dathuja purusha which is combination of pancha mahabhuta and atma².

1.) Puman – means Nara, Ishwar, Jeew, Prani, and Manushya.

2.) Purusha means human body.

- According to Kapilmuni's Sankhya Darshan Purusha is the principle which is distinct from Prakriti as well as Vikriti. As per Patanjali's Yoga Darshana Purush means 'Chetana Dhatu' or 'Atma'.
- As per Kanadmuni's 'Nyayvaisheshik' Purush means 'Vyapak' or 'atma'.
- Charvaka Darshana does not accept existence of Purusha or Atma. They say that if at all it has to be accepted, it is not distinct from Sharira. Jain Darshana accepts concept of Jeeva which is parallel to Atma or Purusha. Bauddha Darshan does not accept separate existence of Atma or Purusha. They say that if at all it exists, it is also momentary.
- As per Purana Atma is Purush. According to Bhagwad Geeta Purush is 'Sakshi' and 'Sukha Dukha Anubhavi'.
- In Samhita according to Charaka Samhita Purush is 'Vibhu Nitya'. In Sushrut Samhita Purush is referred to as composed of 'Jeevatma' and 'Panchamahabhoot'. Vagbhata follows Charaka and mentions that Rashi Purush is or Chikitsa Purusha. Dalhan has defined Purusha as a 'Sukshmalinga Sharir' which is Vibhu

Synonyms- Synonyms of purusha are Kshetrajna, Atma, Purusha, Shashvat, Vibhu, Avyakta, Vashee and Sakshee

Kshetrajna- atma- purusha-that which always travels³

अव्यक्त–without change, विभु – whole pervading, शाश्वत्– eternal

Various contemplation on soul (atma)

1. The atma is nirvikara
2. atma is the witness and witness for all actions
3. Eternal, no beginning, middle, and end

4. atma is avyakta and it can not be perceived with any sensory faculty
5. atma is kshetragna, vibhu, achintya
6. In vedanta this is absolute soul- brahman

Other philosophers

The concept of sentient singular principle (chetana dathurapyekam) is mentioned by charaka samhith. This idea is seen in many Upanishads; in katopanishad atma is considered nitya among nityanam and chetana among chetananam. It is eka, ashabda, asparsha, avyakta, anaadi, ananta and cause for every thing, In Ayurveda soul is avyaktha and atindriya. In Mahabharata same idea is accepted and said as atindriya. In shvetashvataropanishadUpanishad mentioned that atma is nishkala, nishkriya, shanta like the fire which has exhausted its fuel, nirabhadhya (fearless) nirujah (pure devoid of pain) and is strong bridge to amrutatwa. Rigveda mentioned that human being is $\frac{1}{4}$ of paramatma and other $\frac{3}{4}$ th is entire universe. Purusha as per Padma purana-pum is shareera, since lord hari is lying in the body. Shayan (sleeping/lying) hence purusha term originated.since the absolute soul is the resident of pura. As Vishnu provides donates many thing purusha also contribute many factors. As Vishnu is complete purusha also complete in this universe.

Purusha refered as

1. Atma
2. Rashi purusha/ Chikitsa purusha/shad dhatuja purusha

Purusha as Atma

Atma is one among the kaarana dravya in tarka shastra, Vaisheshika darshana and Ayurveda.in Ayurveda it is one of the component of life. Purusha is also one among the tridanda, three component of living person.⁴

According to Vaisheshika darshana atma is of two types pramatma and jeevatma. Paramatma is sarvajna, eka and jeevatma is present in individual body, which is also vibhu and nitya.⁵

The absolute soul is anadi and nitya, the empirical soul chatur vimshati purusha being caused by something has a beginning and end.

In living beings a factor other than deha is responsible for ahankara, karmaphala, dehantara gati and smruti the empirical soul is endowed to power of perception when it associated to karanas like mana, buddhi, and indriya. During the interium period when soul leaves one body and travels as sukshma

shareera. four maha bhuta, manas and atma all the imprints of past life are preserved with it. They determine the course of future life in a new body. the independent soul itself directs itself into new bodies according to the imprinted effects and no one else is responsible for it. By nature, soul is free from all bondages. but the soul remains bounded because of its union with manas, which is polluted by rajas and tamas. The mind is constantly associated to rajas and tamas in the absence of jnana, rajas and tamas causes all morbidities⁶.

doshayukta mana and balavat karma are responsible for transmission of soul and persons indication to do good or bad deeds. when rajas and tamas (vitiate the mind) are rejected, mind becomes clear by satva buddhi, soul withdraws from samyoga⁷.

To obtain the moksha soul should be detached from rajas and tamas and latent effect of past action should taper off. this disjunction from all union is called apunarbhava.

Atma is devoid of attributes (nirguna) but in a living person it is attributed to properties like sukha, dukkha, prayatna, prana, apana, unmesha, nimesha, buddhi, mana, sankalpa, vicharana, smruthi, vijnana, adhyavasaya, vishayopalabhdhi. (su.sha.1/17)

Purusha as Rashi purusha/ Chikitsa purusha/shad dhatuja purusha

The avyakta coordinates the union of intellectual faculty, sense faculty, mind and sense objects in the best manner. The conglomeration of these 24 elements is called rashi purusha⁸. Khadaya includes pancha mahabhutas (along with indriyas) Chetana-atma with mana. This resembles to vaisheshika tradition, it is considered as chikitsopayogi purusha. Chetana dhatu alone is purusha, not the pervue of ayurveda, hence for it the term samjnakah is used⁹. The atma which resides in the body, though not chikitsopayogi, as it is mentioned in other texts it is mentioned here also. Shad dhatuja is detailed now as chaturvimshatika. Mano dashedriyani artha-under khadaya Prakrutishcha asta dhatuki. Here purusha and prakruti are presented as one principle, as "avyakta" is common to both prakruti and purusha. As per Sankhya it is 25, here purusha is considered separate from 24 tatvas as purusha is "na prakruti na vikruti"¹⁰.

Shad Dhatuja/ Chaturvimshatika Birth of Rashi Purusha

As paramatma is anadi-no birth can be ascribed. But rashipurusha – born out of karma prompted by iccha and dvesha originated from moha.¹¹ prabhava-karana Rashi samja-shad dhatuka/chaturvimshatika

The so called combination of rashi purusha continues as long as there is influence of raja and tama. After satva dominates over raja and tama, Atma finds itself free from this samyoga. By satva vridhi vishudha jnana janana happens, thereby raja and tama are overcome, prakruti purusha vivekajnana happens (purusha realises distinction from prakruti) leading to moksha.¹² The empirical soul not alone, but accompanied with instruments of knowledge is responsible for the manifestation of things.¹³

It is in this combination of 24 elements – action, fruit of action, knowledge, Ignorance, happiness, misery, life, death and ownership are established. One who knows this, also knows about pralaya, udaya, paramparya, chikitsa and all other objects of knowledge.

Karma-adrushta, phala-adrushta phala, svata-mamata-”this is mine” Jnana-As atma (chetana) is there among 24 tatvas, by its presence chetana is expressed in prakruti also, here it doesn’t deal with absolute jnana which is the quality of atma. By the samyoga of purusha even achethana tatvas behave otherwise. Pralayodaya–jeevita marana, paramparya-shareera parampara, chikitsa-naishtika, chikitsa-atyantika dukha chikitsa, these are the moksha sadhana.

Upadha (desire) is the root cause (para hetu) for all dukha. Absolute eradication of miseries is possible by elimination of desires.¹⁴ By tyaga of all upadha (trushna, raga dvesha) dukhavinasha happens. Desires-indulgence in various activities-good/bad effects of action – miseries.¹⁵

As effect corresponds with cause, all these entities are endowed with satva, raja, tama. Presence of satva etc. in purusha is due to their reflection in mahat etc.¹⁶ Just like the moon reflected in lake appears shaking because of turbulence of latter, likewise purusha appears to have satva etc, because of these sukha, dukha etc are felt. By abhava of raja and tama-balavat karma kshaya – freed from all samyogas-called as apunarbhava or moksha, Apunarbhava-atma detached from shareera. Yoga and moksha checks aavartana (recurrence) of all vedanas. The absence of sensation is attained by moksha. Yoga is the means to attain moksha.

Yoga – anarambhaat-lack of initiation for contact between soul, sense organs, mind, objects etc. Moksha-atyantika shareeradyuchedah-absolute detachment of soul from all contacts .Once the state of yoga is disturbed vedana comes back.¹⁷ Sukha and dukha are felt by sannikarsha of atmendriya etc. In atmastha mana, both these sensations disappear. Anarambha-mana is not attracted to vishayas. Sthita-achala Ubhaya-sukha dukha Vashitvam vakshyamaana astavidha aishwaryam

Anything that has a cause constitutes misery. It is anitya. It is not produced by soul, but one feels that “it is owned by me”, till he gets the real knowledge .As soon as he gets rid of this feeling, he is freed from all miseries. Sarva karana-sarvamutpadyamaanam-budhi, ahamkara, shareera etc samsara hetu is ajnana, moksha hetu is samyak jnana. Asvam-atma vyatiriktam Satya budhi-samyak jnanam One suffers from miseries when he feels, that he himself is suffering, ie when he identifies himself as shareera. As soon as he realises that all these events (prapancha) are just consequences of prakruti, he wins over miseries.

Utility in treatment

Rashi purusha is the combination of 24 tatvas, and the one who executes this combination in the best manner is avyaktha/purusha. One suffers from miseries when he feels ,that he himself is suffering, ie when he identifies himself as shareera. As soon as he realises that all these events (prapancha) are just consequences of prakruti ,he wins over miseries. If the combination is not proper ,dhi dhrti vibhramsha happens, which leads to prajna paradha and vyadhi. The so called combination of rashi purusha continues as long as there is influence of raja and tama. The moment satva dominates over raja and tama, He is freed from this samyoga, and that is moksha. By tatva smriti or satyabudhi, the miseries dissolves, and the moksha is attained ie absolute detachment of soul from all wordly contacts. Thus Rashi Purusha or this samyoga is the only means through which such an understanding is possible by our viveka. It is the asamyak yoga which is responsible for dhi dhrti vibhramsha-vyadhi. Hence knowledge of Rashipurusha is important for mokshartha (chaturvimshatika) and for chikitsartha (shad dhatuja)

VYADHI

The Ayurvedic definition of health is that state in which the structure and function of a particular individual is operating optimally marked by balanced state of Dosha-Dhatu Mala and Agni, and the individual is in a state of physical, mental, and spiritual equilibrium. Both Charaka and Vagbhata elegantly describe the Ayurvedic state of health: All three doshas are in equilibrium with regard to the individual prakriti, all seven tissues, dhatus, are in the proper state of strength and integrity, the digestive fires, and agni are balanced resulting in proper appetite, digestion, and assimilation. The waste materials, malas, are being produced and eliminated in a regular manner. The sense organs, indriyani, are functioning normally and the mind is undisturbed. The individual is experiencing happiness and contentment.¹

Disease manifests as the opposite of some or all of the criteria for health listed above. It is a state of disequilibrium of the doshas, dhatus, agnis, and malas; the individual is out of harmony both internally and with relation to the environment and experiences unpleasant sensations and misery in some form (dukkha).

SYNONYMS OF VYADHI

The synonyms are vyadhi, Amaya, gada, atanka, yakshma, jwara, vikara and roga

1. Vyadhi- which produces various kinds of discomfort and unhappiness to both mind and body
2. Amaya- most of the diseases may arise due to ama that's why it is called Amaya
3. Atanka- individual suffering from disease with pain leads displeasure life is called atanka
4. Yakshma-like rajayakshma conglomeration of diseases arise in some of the disease

5. Jwara- which induces the temperature to both body and mind
6. Vikara- changes effected by the diseases, both in body as well as mind
7. Roga-which gives pain to the body
8. Paapma-all the diseases manifest due to sinful acts done by the individual
9. Gada- poison manifests by the combination of many factors in the same way vyadhi manifests due to various factors. Disturbed dosha, dushya, and Agni ext produces hazordious effect like poison.
10. Aabadha- during the disease state person will be afflicted with various kinds of pain to both body and mind as a result normally these will have an impact on the functions of bothe body and mind resulting in abnormal activities

Classification of vyadhi- Diseses are innumerable based on their multifactorial nature.Dukkha or common manifestation in all varities of vyadhi. Diseases are only one because are only one because pain is the common manifestation in all types of diseases.

I. Two types of disease classification

1.	Prabhava bheda	Sadhya Asadhya
2.	Bala bheda	Mrudu Daruna
3.	Adishthana bheda	Shareera adishthana Mano adishthana
4.	Kriya bheda	Shastra sadhya Snehadi karya sadhya
5.	Nimitta bheda	Swadathu vaishamyaja Agantu nimittaja
6.	Ashaya bheda	Amashaya samuttha Pakwashaya samutta

7.	Svatantradi bheda	Swatantra(purva rupa) Paratantra(upadrava)
8.	Karana bheda	Santarpanottha Apatarpanottha

II. Three types of disease classification

1.	Karana bheda	1. Nija 2. Agantu 3. Manasa
2.	Karana bheda	1. Drushta karmaja 2. Adrushta karmaja 3. Drushtadrushta karmaja
3.	Marga bheda	1. Bahya 2. Abhyantara 3. Madhyama
4.	Dosha bheda	1. Agneya 2. Vayavya 3. Soumya
5.	Adhyatmikadi bheda	1. Adhyatmika 2. Adhidaivika 3. Adhibhutika
6.	Karma bheda	1. Pratyutpanna karmaja 2. Purva karmaja 3. Ubhayatmaka/parabhi sanskaraja
7.	Karma bheda	1. Doshaja 2. Karmaja 3. Dosha karmaja

III. four types of disease classification

1.	karana / nimitta bheda	1. Nija 2. Agantu 3. Manasa 4. Swabhavika
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2.	sadhyaadyata bheda	<ol style="list-style-type: none">1. Sadhya2. Asadhya3. Kruccha sadhya4. Yapyia
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IV. five types of disease classification

1.	Doshaja Bheda	<ol style="list-style-type: none">1. Vataja2. Pittaja3. Kaphaja4. Shonitaja5. Sannipataja
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V. seven types of disease classification

1.	Doshaja Bheda	<ol style="list-style-type: none">1. Adibala pravrutta2. Janma bala pravrutta3. Dosha bala pravrutta4. Kala bala pravrutta5. Daiva bala pravrutta6. Svabhava bala pravrutta7. Sanghata bala pravrutta
3.	Sahajadi Bheda	<ol style="list-style-type: none">1. Sahaja2. Garbhaja3. Jataja4. Pidaja5. Kalaja6. Prabhavaja7. Swabhavaja

The definition of states that every living being has an inherent tendency to move in the direction of self-healing and balance(Samayogavahitva).² The balance toward which we naturally move is our prakriti or our unique and natural proportion of Vata, Pitta, and Kapha inherited by us at birth.³ The disease state is known as vikriti, which represents a deviation from that natural proportion of the doshas.⁴ According to

Ayurveda, if one lives a natural, simple, and clean life there will always be more momentum in the direction of health than towards disease. There is an inherent tendency in Nature to move from vikriti to prakriti and systems of medicine are merely strategies to assist this gentle, yet inexorable, self-healing progression.

The powerful natural inclination towards health, we nevertheless observe many individuals acquiring illnesses of many different types. It is a disturbance in the doshas which leads to the manifestation of disease. In other words we can regard the doshas as the agent of disease⁵. These factors are said to be the ultimate cause of diseases, Ayurveda recognizes the closely intertwined relationship between describing the pathological process in a person and assessing the disease state. Ayurvedic medicine demands an extensive and precise examination of the disease process and of the individual in whom it is manifesting. There are in fact no short cuts to take to arrive at a correct diagnosis. No computerized diagnostic tools or technological imaging techniques can ever produce an accurate picture of the disease process. In order to reach an understanding of both the nature of the disease as well as the disease process in the individual, Ayurveda has evolved a unique simultaneous approach to diagnosis and pathology. This method is known as rogi-roga pariksha.⁶ Ayurveda is indeed the only medical system which describes an elaborate strategy for assessing both the patient (rogi) and the disease (roga). In contrast, modern doctors many times tend to focus intently on only the disease.

Aspects of health always remain with a person along with the disease state. This important reservoir of health is the foundation of his eventual recovery according to the definition of Shareera. The tendency for the body to eliminate the root of a disease and to heal itself when properly supported. In Ayurveda, attention is paid to the nature and directly observable attributes of the disease process itself and to the pattern of doshic disturbance in the individual. Understanding the disturbance, or "vitiation" of the individual's normal doshic is the essence of Ayurvedic diagnosis and forms the basis for the therapeutic approach. As has been stated above, in addition to assessing the

doshic vitiation, the physician also must understand the tissues affected, the strotas involved, the patient's social circumstances, the emotional tendencies, personality traits, and the general state of the patient's health and life. Clearly, this information gathering demands an extensive interrogation and physical examination which Ayurveda teaches as a two-part approach.

1. Diagnosis of the patient (rogi pareeksha)
2. Diagnosis of the disease (roga pareeksha)

It must be understood that although the physician may gather information separately regarding the individual and the disease, in reality there is no distinction between the two; the disease cannot exist outside of the individual.

ROGIPAREEKSHA- Patient should be treated by seeing the roga, satmya(aoshada, anna), desha, kala and deha. Before prescribing any therapeutic procedure physician should examine ayu(life span-deergayu, madyamayu and alpa ayu), vyadhi, rutu pariksha, agni pariksha, vaya pariksha(balya madhyama, and vrudda), deha pariksha, bala pariksha, satva pariksha, satmya pariksha, prakruthi pariksha, bheshaja pariksha, and desha pariksha.

रोगं सात्म्यं च देशं च कालं देहं च बुद्धिमान् ।

अवेक्ष्याग्न्यादिकान् भावान् रोगव्रत्तेः प्रयोजयेत् ॥ (सु.सू.20/9)

आतुरमुपक्रमणेन भिषजा आतुरादावेव परिक्षितव्यं; सत्यायुषि व्याधि ऋतु अग्नि वयो देह बल सत्व सात्म्य प्रकृति भेषज देशान् परीक्षेत ॥ (सु.सू.35/3)

The first of these, rogi pareeksha, is the true strength of Ayurvedic diagnosis. It includes the physician's judgement regarding the patient as a whole, his temperament, discipline, habits, digestive capacity, intelligence, hereditary traits, emotional set, finances, support system, desire to heal, and of course his constitutional type. Charaka also described a ten-fold methodology for this aspect of Ayurvedic diagnosis.

Ten-fold Ayurvedic Diagnosis of the Patient (Rogipareeksha) is as follows⁷

- 1. Constitution (Prakriti)** - Constitution includes the inherited physical and mental characteristics of an individual. These characteristics are assessed through the physician's knowledge of the tridosha and the triguna. Recall that prakriti represents the proportion of the three doshas and three gunas which is the original proportion for a given individual. It is that very proportion which manifests in the physical and psychological features of the person.
- 2. Doshic Vitiation (Vikriti)**- This refers to the degree to which an individual has deviated from the original proportion of the three doshas (prakriti). This can be assessed by close observation of the dhatus, upadhatus, malas, function, structure, intellect, and emotions of the individual.
- 3. Quality of the Tissues (Sara)**-This aspect of the patient examination assesses the quality of the seven dhatus and the mind. We usually grade the quality of each tissue as pravara (excellent), mahadyama (medium), or avara (inferior). Pravara status implies overall excellent immune status, recuperative capacity, and good prognosis; avara status implies poor immunity and general vitality and a poorer prognosis. Sara pariksha also includes assessment of the degree of sattvika quality in the mind. Its presence is indicated by brightness of the intellect, mental calm, and capacity for discrimination; its absence is recognized by rajasika or tamasika qualities of the mind.
- 4. Compactness of the Body (Samhanana)** - This is the solidity and overall physique of the body frame. A more compact body usually indicates better immunity and healing capacity than a very soft and flaccid body habitus.
- 5. General Stature and Physical Proportionality (Pramana)** - This term really refers to the ratio of the height to the outstretched arms (which should be the same), and several other scriptural measurements said to indicate a well-proportioned body. The well-proportioned frame is said to have superior health capacity and better prognosis.

- 6. Physical Strength (Vyayama Shakti)** - This factor means the capacity of the individual to be physically exerted and is measured by assessing the powers of endurance. The exercise endurance is a good measure of certain metabolic measures which create strength and stamina. These include the ability of the heart rate and blood pressure to increase appropriately, the ability to generate sympathetic nervous activity, the ability to secrete insulin, cortisol, and other hormones, the ability to up-regulate the respiratory rate. All of these functions are tested by the patient's exercise capacity.
- 7. Adaptability (Satmya)**- This is a measure of the capacity of an individual to adjust to both physically and mentally unsettling conditions and to maintain homeostasis in the face of these factors. This is a very unique diagnostic concept which we find only in Ayurveda. It includes a wide range of psychoneuroimmunological assessments but can be simplified for clinical measurements to the following data.
- 8. Emotional Balance (Sattva)**-This feature specifically refers to the mental steadfastness: the ability to tolerate and withstand distractions such as pain and physical or mental discomfort and still proceed with one's duties. It also includes the immediate reaction which one has toward unexpectedly altered circumstances and strange situations. The capacity to remain even-minded and calm is a sign of emotional balance and a strong and healthy buddhi (intellect).
- 9. Digestive Capacity (Ahara Shakti)**-This is an assessment of the capacity to ingest, digest, and assimilate food. One way of assessing this is by virtue of the appetite and how strong and sharp (sudden onset) it is. The actual quantity of food consumed is another feature of this assessment. The time period between consuming a meal and the next onset of hunger is a measure of agnibala, or the strength of the Agni. The more optimum the ahara Shakti of a patient the faster will be the recovery from imbalance and disease.

10. Rate of Aging (Vaya)-This is the comparison of the person's actual chronological age with one's apparent age. If one appears to be younger than one's chronological age, this is a sign of positive health; and the converse holds true. Parameters such as long and short term memory, skin texture and luster, strength of the voice, posture, quality of movements, gait, quality of the hair, and daily activities are the measures of vaya. The antidote to premature aging is rasayana cikitsa, or anti-aging therapies.

ROGAPAREEKSHA :(DIAGNOSIS OF THE DISEASE)

The diagnosis of the disease, rogapareeksha, is aimed toward assessing the nature of the disease and is divided into three main activities:

1. Prasna (Interrogation)-Obtaining the history of present illness, pertinent positives and negatives of the past medical history, and a very complete and accurate review of systems.
2. Panchendriya pariksha (Physical examination using the five senses)- Complete physical examination; Ayurveda divides the body into the sadangas, or six major regions, for this purpose and includes the head, neck, chest, abdomen, and the upper and lower extremities. This includes assessment of the srotas (channels) and dhatus (tissues) throughout the entire body. The physical examination includes darshana (inspection) and sparshana (palpation).⁸
3. Ashtavidha pariksha (Specialized "Eight-fold" Ayurvedic examination)- Eight-fold Examination to Assess Disease (Rogapariksha) is Examination of the complexion, eyes, speech and voice, tongue, skin, stool, urine, pulses⁹.

These three activities are applied to assess the nature of disease using the following rational and orderly approach. First one identifies the cause(s) of the disease (Nidana). Next, one evaluates the stage of progression of the disease or pathogenesis (Samprapti). This is followed by careful observation of any very early signs of disease (Purvarupa) and the overt symptoms of the manifest disease condition (Rupa). Finally, we derive additional information

about the disease from how it responds to therapeutic interventions which are administered, i.e. response to treatment (Upashaya) ¹⁰. Nidana (Etiology or Cause of Disease) one of the fundamental truths of the Ayurvedic philosophy is proclaimed in the classical idea of loka-purusha samya. This very important concept teaches that the universe (loka) and the individual human being (purusha) are under the same laws and in fact exist on a continuum which reaches from the realm of the universal to that of the smallest form of creation. The individual living being, whether it be a man or an ant, is a miniature replica of the universe. This concept is beautifully and succinctly captured in the famous sutra "as above, so below". It is important to reflect on the full implications of this universal truth and to realize that the microcosm (man) and macrocosm (universe) are in a never-ending interaction with each other. This interaction operates under the law of samanya-vishesha or like-increases-like.¹¹ The constantly changing conditions both in Nature and in the individual create a dynamic harmony between the two and state which we recognize as health. When there is more deviation that can be tolerated between the individual and Nature (the universe) that harmony is lost and a disease state can arise.

The universe and the individual being interact through the eternally shifting interplay of three factors which exist in both realm and form a bridge between loka and purusha. These three factors are: Buddhi (intellect) Indriyarth (sense objects) Kala (natural rhythms) ¹² The healthy state of all three of these factors is called samayoga (balanced). However buddhi, indriyarth, and kala can also become imbalanced as atiyoga (excessive), ayoga (deficient), or mithyayoga (distorted). These deviations of buddhi, indriyarth, and kala from their normal balanced state are considered in Ayurveda to be the fundamental cause of disease. It is these disharmonies which lead to the vitiation of the doshas, accumulation of ama, weakening of agni, and the entire cascade of the Kriyakala. We give specific names to each of these fundamental causes of disease: Prajnaparadha, Asatmyendriyarth samyoga and Kalaparinama.

Prajnaparadha literally means a "blasphemy, or mistake, of the intellect". Improper use of the intellect which results in a wrong understanding of some kind is an example of prajnaparadha. Another form of this disease factor is a volitional transgression against what an individual knows to be correct and true. Whether volitional or non-volitional, prajnaparadha leads to fallacious information, wrong conclusions, and hazzardous actions. When an intelligent and educated person indulges in an unhealthy habit or abuse, it is always a consequence of prajnaparadha.

Asatmyendriyatha samyoga literally means an "inappropriate association of the sense organs with certain sense objects". This is a fascinating concept with wide implications for creating health and preventing disease. This concept views the sense organs as having a direct connection with the highest levels of the mind. An unwholesome (excessive, deficient, or distorted) perceived stimulus produces an unwholesome effect in the mind which in turn causes stress and a vulnerability to disease. The unwholesome perception disturbs the sattvic quality of the mind and creates a rajasika or tamasika state. This mental state, in turn, can promote aggravation of the doshas, transforming an initially mental phenomenon into a somatic manifestation.

Kala parinama is defined as "being out of harmony with the rhythms and cycles of Nature". Ayurveda recognizes several important cycles on the macroscopic scale which have corresponding effects on the human being. If an individual does not become aware of these cycles and modify his life accordingly, that discordance will lead to a disease state. The diurnal rhythms discovered by modern physiologists, the female menstrual cycle, the male and female sexual peaks, the seasonal variations in immune status, the sleep cycle, the daily changes in breathing patterns are all examples of chronobiological rhythms which were intuitively known to the ancient vaidyas.

BHESHAJA

Chikitsa is derived from the root 'kit rogapanayane' kit is to adopt measures to calculated for the removal of factors of the diseases or to control the diseases.

Chikitsa Paribhasa and Definition

The terms rogapanayana and ruk pratikriya convey the same meaning viz. measures adopted for the removal of disease causes and the treatment of the disease respectively. While the term 'roga nidana pratikara' lays stress on the removal of the causative factors of the disease formation. Popular chikitsa sutra is 'Kriyayoga: nidanaparivarjana' 'sanksepatah kriya yoga nidana parivarjana' the essence is "stated in brief says Susruta- measures calculated to the removal of the causative factors are chikitsa.

Charaka – has further enlarged the scope of the term 'chikitsa'. According to him "the mere removal of the causative factors, may not always result in the complete removal of disease because, the effect of the disease may still continue to be operative ". hence chikitsa aims- not only at the radical removal of the causative factors of the disease, but also at the restoration of the equilibrium of Dosha-Dhatu-Mala- 'pravruti dhatusamyartha chikitsetyabhidhiyate' is the clinical dictum of charaka

Charaka also subscribed to the point of view through his dictum. Breking or removing the samprapti sanghatana i.e. amalgamation of disease causing factors is in essence called chikitsa "samprapti vighatanameva chikitsa". All these objectives of samyaka samprapti chikitsa can be achieved through the 'pada catustaya' physician, attendant, medicine and patient which four factors responsible are for cure of the disease. When these four factors are present with their individual best qualities, the treatment is always successful and fruitful.

1. Chikitsa- according to amara kosha is Ruk-Pratikriya
2. Vaidyaka- sabda sindu has defied the term chikitsa as Roga nidana pratikara

3. Raja nighantu defined chikitsa as chikitsa tatpratikara
4. Bhava prakasha termed chikitsa as a- kriya vyadhi harane meaning the measures or efforts, which destroy the diseases.
5. Pravruti dhatusamyartha -charaka
6. Nidana parivarjana – sushruta

PARYAYA

The synonyms or paryayas of the term chikitsa described in Ayurveda and allied literature, further throw light on the different aspects of the term. The following are the important synonyms of chikitsa.

चिकित्सितम्व्यधिहरम्पथ्यम्साधनम्औषधम्।

प्रयश्चित्तम्प्रशमनं प्रतिस्थापनंहित॥ (च.चि.१/३)

1. Chikistitam- the implication of term chikitsa has already been explained in detail.
2. Vyadhiharam – means remover of disease.
3. Pathyam – means that which is compatible of health.
4. Sadhana means measure, which aim at mitigation of both the cause and effect of the diseases.
5. Aushadham – means that which consumes the disease.
6. Prayashchitta – means removal of the fear of diseases from the mind.
7. Prashamana- means palliative measures to pacify the disease symptoms.
8. Prakruti samsthapana – means restoration of normalcy of the body function.
9. Hitam- means that which conquers the disease

Apart from paryayas used in Ayurvedic texts in different context. They are kriya, karma, pratikarma, bhisak karma, Agada, jaya, upaya, karana, pravritta, cheshta, upakrama, nighraha, pratishedha, pratikara, roghanayana, samana, Upacara etc.

Abheshaja

The reverse of bheshaja is abheshaja. It corresponds to the neglect to adopt bheshaja measures to protect oneself from disease and decay. Abheshaja may take two forms

- 1) Badhanam
- 2) Sanubadhanam²

The former related to the causation of immediate and acute disturbances as may result on account of inadvertent resort to such dravya or substance as are not conducive to health. The latter is stated to be dirghakalika or chirakari i.e. disorder which take time to manifest and which relate to early non-recognitions of the warning signals of nature. The occurrence of kushtha has been cited as an example to illustrate this type. The object of laying stress on abheshaja is to focus attention to the need to take note of the fact that, the neglect of bheshaja may lead to the one or the other of the disorders referred to above.

The elimination of the disease in the ailing and afflicted- measures calculated to the elimination of diseases in the ailing and the afflicted are to be studied under two heading,

1. Dravyabhutam
2. Adravyabhutam¹

The former involves the utilization of ahara and aushadha – dravyas it is of course implied that the dravyas employed are potent ones- viryapradhana, whereas, the latter includes measures other than the use of dravyas.

Dravyabhutam – the elimination of doshas of diseases is stated to be achieved best by such measures as vaman and virechana etc. the criteria for the selection and use of various substances in the treatment of diseases are-

1. The prakriti of the substance
2. The Guna of the substance
3. The prabhava of the substance
4. The desha of their growth
5. The rutu in which they are gathered

6. The manner or method of their preservation and storage.
7. The method of the preparation of medicaments
8. The matra
9. The mode of administration
10. The person for whom they are indicated.
11. Whether they are capable of exciting or alleviating the doshas
12. If there are other dravya which possess similar virtues, they may also be considered for use after a careful examination of tem.

Adravayabhutam – the means employed in this type of therapeutics can, in modern parlance, be described as psycho and physic-therapies, for; drugs are generally not employed in cases treated as per this mode of treatment. The upayas or measures employed are for both saririka and manasika disturbances. They are

1. Causing fright
2. Causing surprise
3. The obliteration of memory
4. The administration of shock
5. The causation of the elation of spirits
6. Threat's
7. Thrashing
8. Binding
9. Induction of hypnosis
10. Massage and such other measures as are found to be of advantages.

Stated in general terms, the treatment of psychogenic diseases is satvavaja and physic genic disease, yuktivyapashraya. Under certain circumstances both the types of therapeutics may have to be treated as daivavyapashraya.

Chikitsa Bheda- Treatment procedure can be divided in various groups

1. **Nidana parivarjana-** Elimination of the cause of the disease is very important in the avoidance and curing the diseases. Nidana parivarjana is removal of causative factors of the diseases is itself kriya yoga or Chikitsa.

2. Pathya sevana- Adaptation of pathya sevana in tune with the disease samprapti is the base line of treatment. If both these singular line of treatments are clubbed together and are adopted, as a primary line of treatment in various diseases, it may yield in good results. There fore Nidana sevana and pathya sevana is the ideal line of treatment.

3. Two and three types of Chikitsa

sl.no	Dwividha chikitsa	Trividha chikitsa
1.	Shita upachara Ushna upachara	Daiva vyapashraya Chikitsa Yukti vyapashraya Chikitsa Satvavajaya Chikitsa
2.	Santarpana Apatarpana	Asuri Chikitsa Manushi Chikitsa Daivi chikitsa
3.	Samshamana Samshodana	Apakarshana Prakruti vigata Nidana tyaga
4.	Ojaskara 1. Rasayana 2.Vajikarana Rogagna 1.prashamanam 2.apunarbhavakara	Langhana Langhana pachana Chikitsa doshavasechana
5.	Dravya bhuta Adravya bhuta	Antah parimarjana Bahir parimarjana Shastra pranidhana
6.	-	Hetu viparita Vyadhi vipareeta ubhayavipareeta

Anta parimarjana is the purificatory or eliminative therapy consisting of pancha karma treatment. internal medicine are those which enter the body and carry out their function of achieving balance of dosha, dathu and mala.

Bahi parimarjana is external purificatory measure like application of sweda, sneha, snana, abhyanga, gandusha, lepa, upanaha, and other kinds of therapeutic procedure for the treatment of different kinds of ailments. shastra

pranidhana includes surgical techniques and application like chedana, bhedana, eshana, seevana ext. sushruta Samhita describes large variety of sharp and blunt instruments splints and bandages treatment of fracture and dislocation as well as treatment of various types of wounds, fracture and burns etc.

4. four types of Chikitsa(chaturvidha chikitsa)

There are four types of basic treatment approaches to maintain the doshasatmyata

दोषाःक्षीणाहयितव्याः, कुपिताःप्रशमयितव्या निहर्तव्याः, समाःपरिपाल्या इति सिद्धन्तः॥

(सु.चि.३३/३)

Increase the dosha which is in ksaya avastha by application of various measures like giving kshira, or Madhura dravya in kapha ksheena to increase that particular dosha. Pacify the aggravated dosha by affecting the shamana aushadhi.eliminate the vrudha dosha through the suitable treatment measure.maintain the samyata of dosha by proper adaptation of swastha vrutta instructions, achara rasayana etc. these four are the Chikitsa siddantas proposed by sushruta. Further sushruta has made a remarkable observation about Chikitsa. Still more it cleared as samshodhana, samshamana, ahara and achara.

5. five types of Chikitsa (panchavidha Chikitsa-Panchakarma)

The pancha karma consisting of vamana, virechana, vasti, nasya and rakta mokshana is the main line of treatment of Ayurveda under shodhana therapy.the basic aim of panchakarma is to eliminate the excessively accumulated dosha. The pre procedure is referred as purva karma and comprise of pachana and on the use of deepana pachana drugs. Snehana consists of administration of large amount of sneha dravya over a period of days fixed by physician.swedana consists of hot fomentation which opens up the srotasas.The pancha karmas can be used as preventive and therapeutic measure. These should be followed up by samsarjana karma in order to stimulate the agni gradually, as agni is not at its best immediately after pancha karma.

6. six types of Chikitsa (shad vidha Chikitsa-shadvidhopakrama)

Shad vidopakramas are langana, brimhana, rukshana, snehana, swedana and stambhana

7. seven types of Chikitsa³ - Sapta vidha Chikitsa are

1. Deepana-to promote agni in mandagni state
2. Pachana, to cause ama pachana
3. Kshut -, controlled fasting measure
4. Trut- consuming alpa jala or no water
5. Vyayama-exercise
6. Atapa-exposure to sun light
7. Maruta- exposure to wind in open place

8. Ten types of Chikitsa⁴

Dashavidha Chikitsa are Vamana, virechana, niruha basti, nasya, pipasa, maruta, atapa, pachana, upavas aand vyayama.

9. Eighteen types of Chikitsa⁵

In charaka Samhita and madukoshakara described eighteen types of upashaya, they are

1. Hetu vipareeta-aushadha, anna, vihara
2. Vyadhi vipareeta-aushadha, anna, vihara
3. Ubhaya vipareeta-aushadha, anna, vihara
4. Hetu vipareetarta kari-aushadha, anna, vihara
5. Vyadhi vipareetarta kari vipareeta-aushadha, anna, vihara
6. Ubhaya vipareetarta kari -aushadha, anna, vihara

KRIYA KALA

Kala is 'Bhagavan' having neither a beginning nor an end¹. Everything in this universe is constantly undergoing changes. The change from an earlier condition to its succeeding condition is called Kala or in other words 'parinama'². Kala is the one which gets together the entire objects of universe.as it has continuous morbidity and it can not stop even a second. As the birth, existence and death are depending on the kala.kala brings sukha and dukkha to the entire living beings.according to the Ayurveda kala is a dravya³. Guna and karma existed with intimate relation in every dravya.the action movement and the attributes paratwa and apartwa dicided the by kala.elder and younger, bigger and smaller etc are decided by paratwa and aparatwa respectively which are attributes of kala.

Kala is stated as eka nitya for the usage it is divided into past present and future. Further it is divided in to kshana, nimesha, Dina, masa, rutu, ayana, varsha ect⁴. This division is due to the actions or movement of the sun. The above divisions are the limitations of kala. But it is only one and one only.but for daily usage the kala is devided by sushruta as follows:

1. akshi nimesha-utterence time of laghu akshara
2. 15 akshi nimesha-1 kashtha
3. 30 kashtha-1 kala
4. 20 kala -1 muhurta
5. 30 muhurta-1 day and night
6. 15 ahoratra-1 paksha
7. 2 paksha 1 masa
8. 2 masa- 1 rutu
9. 3 rutu- 1 ayana
10. 2 ayana or 12 masa- 1 samvatsara
11. 5 samvatsara – 1 yuga

Importance of kala in ayurveda

Ayurveda has given an important place to kala. The existence and distruction depends on kala. The productions of dosha, dhatu, vyadhi, shareera

khsamatwa ext, are particularly related with rutu and other kalas. Sushruta while mentioning the shatkriya kala has given much more importance to kala⁵. The sanchaya, prakopa, prasara, sthana samshraya, vyakthi and bheda of the diseases are related with kala.

SHAD KRIYA KALA

The word kriya means action and kala means time. Therefore, the literal meaning of the word kriyakala is treatment time. Kriyakala describes mode and stage of development of disease. It refers to the proper diagnosis of stages of disease and adopting preventive and curative measures of aushadha, ahara and charya (drug, diet and activities) If we ignore our health, the disease process (Samprapti) sets in. This means, instead of three stages, six different stages are produced and a well manifested disease known as Roga begins. Kriyakala means the time of treatment or interception in the process of disease manifestation. These six stages mentioned by Acharya Sushruta gives an idea regarding the state of the disease in the body and it guides us when to intervene or where to intervene. In the process of disease manifestation, the movement of morbidment) into the next stage depends upon the virility of Dosha. The kriyakala give us the knowledge of diagnosis, prognosis and the level of intervention and so that to prevent the establishment of a disease. Manifestation of a disease is a process which starts from the contact of etiological factors to establishment of a disease. The prime factors in pathogenesis of a disease are dosha and dushyas (Body elements)

The causation of disease is attributed to doshas hence it is essential to know the movement of doshas (Body Elements) stages of movement at a given point. This concept has been clarified under the heading of shatkriyakalas. In which means action/treatment/a opportunities kala means time. So, kriyakala means the appropriate time of treatment or opportunities in the process disease manifestation. These six stages mentioned by Acharya Susuruta gives an idea regarding the state of the disease in the body it guides us when to intervenes where to intervene. The term kriyakala is also known as chikistavasara kala (the time which reveals or denotes the necessity of treatment). If the doshas are at first stage by applying simple line of treatment we

can stop the dosha to go to next stage in the manifestation of disease by which the disease process will break, similarly if we know the doshas in prasaravastha of migration) we can elimin samshamana karma (Pacification treatment) from the nearest possible way. This knowledge of kriyakalas is most essential to fulfill the principle of Acharya i.e. to know the avastha of vyadhi of disease)⁶. Apart from this the kalas gives us the knowledge of diagnosis, prognosis and the level of intervention and so that to prevent the establishment of a disease.

The Kriyakalas are:

01. Sanchaya (Stage of accumulation
02. Prakopa (Stage of inclination),
03. Prasara (Stage of migration),
04. Sthana samshraya (Stage of localisation),
05. Vyakti (Stage of manifestation)
06. Bheda (Stage of complication).

In the process of disease manifestation, the movement of morbid doshas into the next stage depends upon virility of nidana (causative factors).

01. Sanchaya

First stage of kriyakala is known as sanchaya means collection, putting together i.e. the accumulation of dosha due to various nidana factors. In this stage doshas get accumulated but they will not leave their own place that state of doshas is known as sanchaya⁷. This stage of doshas is to be taken as Samhatarupa vrudhi (Solid state of doshas) i.e. nothing but when doshas has to move from one place to another or to move from its own place it requires (liquid state of doshas) the vilayana rupa to attain this rupa (stage) of doshas they must require the heavy nidanakara factors so here due to insufficient nidana they will remain in increased state but in solid state in its own place.⁸ If the cause of doshadushti (Vitiating of body humors) is mild the dosha increases in its own place & become stagnant. The etiology of sanchaya can be classified into

i) Kala Swabhava (Natural)

ii) Trividha hetu (Three types of causative factors) i.e. prajnaparadha (Miss Leads), asatmendriyarthasamyoga (Improper uses of sensory organs), and vyapanna hetu (Inherent cause). Which includes the seasonal variation, day night variation for kala (Time), Change in ahara – vihara (food and regimen) is taken as trividha hetus. Based on the common & specific Symptoms these states will diagnose. For ex: Common symptoms develop like, aversion to similar guna (Quality), rasa (Taste), etc in chayaavastha⁹. Ex: An intake of sweets when kapha gets sanchayavastha the person will have aversion to sweets & to consume further. Some times develops desire to opposite gunas of dosha in chaya avastha ex: When ruksha (Dry), shitadi (Cold) gunas increased due to vata chaya interest to have hot milk or tea or hot food items etc. 2. Specific symptoms and Signs develops like vatasanchaya develop – stabdha purnakoshata (Tympanitis), pitta sanchaya develop – mandoshmata (Low powered digestive power), pita avbhata (Yellowishness of body) etc.

02. Prakopa

When the doshas are in chaya condition, if nidana continuously persists doshas lands in prakopavastha. Acharya Vagbhata defines prakopa simply in single word i.e. dosha are ready to move from their own place or other place indicating kopa state¹⁰. But this meaning can be applied when we think of that there is no prasaravastha or when we think about chaya, prakopa and prasara stages only. Then this description of doshic movement comes under the stage of prakopa. But in shatkriyakal prakopa stage should be limited to the state of readiness of dosha to move from its own place that means dosha increases in its quantity & ready to move but not moving which proves Acharya Dalhanas definition of prakopa i.e. extended state in chaya in which dosha are in liquid or gaseous state which has ability to move. Solidified increase in chayaavastha & liquid increase in prakopavastha¹¹. By observing this one we can say that due to continuous intake of dosha prakopakaraahara (Food), vihara (Regimen), aushadha (Medicine) etc the prakopa state of dosha will develop in which doshavruddhi is in liquefied state at its own place which is of two types:

1. Chayapurvaka prakopa: Means getting prakopa after accumulation. Here sanchaya state must be compulsory.
2. Achayapurvaka prakopa means getting overflow without prior accumulation. Some acharyas used the term for this as chayapurva prakopa is the kathinyabala (Solidified increase) & apathyaja. Whereas achayapurvaka state is pathyaja¹². This statement will also have an view like due to trividha hetus or indulgence in apathyaja i.e. the aharavihara of doshaprakopakari the dosha get accumulated leading to its sanchaya vruddhi but it is in solid state i.e. Samhatarupa vruddhi attaining kathinyabhava prakopa where as in swabhavika (Natural) prakopa though person indulging in pathya ahara – viharadosha get prakopa which is oonabhavadosha (irrespective of diet & activities doshaprakopa). This state can be diagnosed based on continuation of chaya lakshanas and desire to opposite gunas and aversion to similar guna and common symptoms of dosha prakopa. Ex: in vata: Sramsas (Sublaxation), Bramsha (Breakdown of function), sada (fatigue), ruk (pain), toda (Prinking type of pain) etc.

03. Prasara

It is the 3rd stage of kriyakala if nidana is continuing, if prakopavastha not encountered the doshas will move to stage of prasara.¹³ In prakopa state doshas get excited, swollen or will ready to move, where in prasara it overflow or spread or will move to other organs. This samprapti (Pathogenesis) of prasara has been described by almost all samhitas because of its importance in manifestation of a disease. In this state doshas spread all over the body starting from sole to cerebrum.¹⁴ the following example will give illustration about prasaravastha in comparison with other two earlier stages¹⁵. Ghee in solid state – Samhatarupa vruddhi – chayavastha melted ghee in a bowl – vilayanarupa vruddhi – prakopavastha effervesance on boiling ghee – Overflowing prasaravastha (spreading out of bowl). The two doshas pitta, kapha, 7 dhatus and 3 malas are the inert substances which may increase in quantities but cannot have capacity to move for which they need help from vata dosha similarly in trigunas rajoguna is initiator & conductor of all the beings in universe¹⁶. By all means it appears that vata is an essential key factor for

carrying the prasaravastha in the disease manifestation process. This gives clue that either to prevent the doshas to this stage or which tracking the disorders vata must be checked & to be kept in control. Diagnosis can be made basing on clinical involvement. Ex: Dosha lakshanas: (specific symptoms of doshas): In vata Moving to other places, tympanitus (atopa) etc in pratyadhmana. In Pitta: Osha (feeling of heat as we seat beside fire), Daha (burning type of pain)

04. Sthanasamshraya

Continuation of nidana factor along with prasaravastha doshas move further into stage of sthanasamshraya. While vitiated doshas are in circulation where ever srotavaigunya (deficient quality tissues susceptible for diseases) present there they settle. That settlement of doshas at a place called sthanasamshraya.¹⁷ For the settlement of doshas at a particular site they require certain preconditions like nidana must be potent enough to cause damage, there should be some place i.e. kha vaigunya (deficient quality tissues susceptible for diseases) and the doshas (vitiated) in circulation if further damages or makes dushti (vitiating) in that khavaigunya area it is called as dushya. So, in another aspect a specific nidana may have affinity towards a particular srotas (chanalles) /dhatu (tissues) by its nature where it may cause khavaigunya and manifest a disease. All the etiological factors may notable to cause the disease at every tissue it may require its own etiological factors related to particular involved doshas and dushyas in the same manner a particular bacteria or virus will have specific affinity towards a particular tissue, where they cause a disease. Thus we can say that a nidana (exogenous factor) itself by triggering the dosha might cause sroto vaigunya (tissue depletion) there by foundation of a disease and another possibility may; by the time of doshaprakopa if already khavaigunya exist the dosha may cause disease. In both these conditions the union of doshas/dushya at a particular site is actually called sthanasamshraya. Like: Nidana + prasaravastha – prasaravastha – Dhatu dushti or formation of dushya – Dosha + Dushya in circulation – Khavaigunya (Localization) = Disease manifestation (which is the first stage or foundation stage of vyadhi). Hence this stage gives an idea or develops the

purvarupas (Prodromal sign and symptoms of particular disease) at a particular srotas which indicates location and cause this is only seeding stage of disease. Hence Acharya Madhavkara is type of disease. Diagnosis in this state: This state of kriyakala the complete picture of disease will not appear obviously because this is only seeding stage of disease. Hence Acharya Madhavkara states that by identifying this stage of kriyakala is easy on presence of purvarupas (Prodromal symptoms) of a particular disease at a particular srotas which indicates the location and type of disease¹⁸. It is of two types: a) Indicators of disease ex: Aura incase of epilepsy with mild headache etc. b) Indicators of dosha visualizing yellow colors on objects incase of pitta.

05. Vyakti

5th stage of kriyakala if Nidana continuously present in stage of sthanasamshraya, dosha surely enters into vyaktibhava stage. Vyadhi darshana means appearance of the signs symptoms of a disease this is known as vyakti. Invisible signs and symptoms of a disease will come onto surface that condition is vyaktibhava¹⁹, it is a stage in which the manifestation of fully developed disease appears it represents with full blown picture of disease. The doshic predominance, the involvement of dushya and involvement of srotas will clearly reveal the sampratikarma. This stage facilitates the physician to analysis, diagnose and plan the line of treatment.

06. Bheda

This is final stage where the disease course ends in relief or if continuous attains chronicity, giving origin to some other disorder and final may lead to death²⁰. If the disease is untreated or encountered with insufficient vikhara vighatakarabhavas that disease lands in next stage of bhedavastha in which it gives birth to another disease which is called upadrava (complications).

Charaka describes kala is parinama. It is classified as nityaga kala and avasthika kala²¹. Nityaga kala is that which has changes continually. It is sub classified as year uttarayana and dakshinayana. Sheeta-ushna and shat rutus²². Avasthika rupa kala is other wise known as atura avastha kala. It indicates the

condition of patient. The condition of disease, condition of dosha and dhatu comes under avastika kala²³. The prescribing of aushadha and ahara depend on the age, prakruti, dosha vyadhi and the individual.

Ayurveda, the most ancient medical science, has great concern regarding the health as well as the ailments of all the creatures living on the planet earth, was preached in the form of trisutra, namely hetu(causative factor) Linga(signs and symptoms), and aushada (treatment)²⁴. The last part of this trio has been given equal importance as the former two. Aushadha Sutra hides many more concepts in its womb as a part of Chikitsa (Treatment). Charaka says the medicine, which is opposite of Dosha, Dooshya, and Nidan (causative factor) or to all of the three will undoubtedly curb the disorder, irrespective of specific features either mentioned or not mentioned.

The above statement is followed by another, which says “while treating a disease success can be achieved only when there is proper combination of desha (region) Kala (time) Pramana (dosage), desha (region) Satmya (wholesomeness), of Desha Asatmya(unwholesomeness, Pathya (useful), and Apathya (harmful)²⁵. Among these seven most important factors, Kala acquires second position, which reflects the importance of Kala in Chikitsa. Here again Kala means:

1. Shad Aveksha Kala (Six observatory aspects of time)
2. Dasha Bsheshaja Kala (Ten types of times for the administration of medicine)

SHAD AVASTHA KALA-

Consists of Dina, Rogi, Aushadha, Vyadhi, Jeerna Lakshana and Ritu²⁶

Dina (Different parts of the day)

It indicates particular part of the day, for example, Vamana Dravya (emetics) is to be given in the early morning, that is, Purvahna.

Rogi (Patient)

After assessing the strength of the patient, time of administration for medicine should be selected. If the patient is having good strength, then

medicine can be given in empty stomach early in the morning. If the patient is weak, then medicine should be administered along with wholesome food.

Aushadha

Based on the Aushadha, ten Kala have been told. They are Bhuktadau (before meals), Madhye (in the middle of the meals), Pratahaschat (after the morning meals), Sayampashchat (after the evening meals), Muhurmuhu (frequently), Samudga (both before and after meals), Bhakta Samyukta (mixed with food), Grasa (with each morsel), and Grasantara (between two morsels).

Vyadhi (disease)

Based on the Vyadhi also the Kala is classified. For example: In Jwara (fever) every 6th day the medicine has to be changed like Peya (liquids), Kashaya (decoctions), Ksheera (milk preparations), Sarpi (preparations of ghee), Virechana (purgation), respectively, depending on the condition.

Jeerna linga (stage of the digestion of the food)

The Jeerna Lakshanas should be assessed before administering the medicine. Symptoms like hunger, appearance of Vega (natural urges), expulsion of Mala (waste products), clear belching etc., indicate Jeerna Lakshana.

Ritu (nature of the season)

Based on the Ritu, Kala should be assessed by Chaya (increase of Dosha), Prakopadi (excessive increase of Dosha) Lakshanas told for each Dosha

BHAISHAJYA KALA

Definition

Proper time for administration of Aushadha is known as Bhaishajya Kala²⁷. 'Aushadha Kalah – Aushadha Sevanasya Sam aye Tarka Sangraha tells that everything is dependent on Kala. The same statement can be extended in the context Bhaishajya Kala too. Kala is the Nimitta Karana (reason) of all types of Kaarya (action), hence Aushadha employed in a proper Kala will result in expected kaarya.

Bhaishajya Kala, Aushadha Kala, Bhaishajya grahana Kala, Aushadha Avacharana Kala, Agada Kala, and Aushadhaveshana Kala are the various synonyms used to indicate time of administration.

Number of Bhaishajya Kala

There are three different opinions regarding the numbers among Acharyas

1. Charak, Sushruta, Ashtanga Hridaya-10
2. Ashtanga Sangraha-11
3. Sharngadhara- 5

Chikitsa Kala means times for treatment includes:

- Dinacharya is the daily regimen
- Rutucharya is seasonal regimen.
- Aushadha sevana kala means the time of administration of medicines.

They are

1 Niranna (Abhakta)-

Abhakta means administration of Aushadha alone.

Synonyms- Abhakta, Ananna, Nirbhukta, Suryodaye Jate (The first three indicate the Kala in relation to food while the last indicates Kala in relation to Dina)

Chakrapani says Abhakta means, it should be before food in the morning, Food should be administered only after the medicine is completely digested. Hemadri clarifies that medicine should be administered in the Kapha Udreka Gata Kala. Kapha Kala is one-third part of the day, and later half of this one-third part is Kapha Udreka Gata Kala. Indu says it should be after one Yaama after sunrise. The medicine is administered in the empty stomach when the Koshtha is devoid of Kapha Utklesha. Because if there is Kapha Utklesha, the medicine will not come in contact with Agni (digestive fire), and will not be digested properly and effect will be either delayed or reduced. Hence, medicine is administered only after the Kapha Udreka is over.

Indications

The action of the medicine administered during this Kala is enhanced due to the empty stomach. Hence, the physician should see the strength of disease

and patient. If both are strong this Kala should be selected. With this idea the following indications are told:

1. Disease and diseased both having good strength.
2. Svarasa: They are heavy and need strong Agni to digest them.
3. Lekhanartha (scraping) and Utklishta Kapha Pitta: The Apatarpana is the line of treatment in both the conditions. Abhakta Kala provides a suitable time for the administration of both.
4. Kapha Udreka Avastha Gata Kala.

Contraindications

It is contraindicated in children, aged, etc., who cannot withstand the potency of the medicine, administered in this Kala. It will kill the person like the weak one is killed by the strong one. Thus the simile indicates if one administered medicine without considering the above fact, will produce complications like Glani and even death.

1. Pragbhakta- The medicine is administered just before the intake of food.

Synonyms-

Prakbhojana, Annadau, Pragbhakta, Bhojanagre, Bhuktadau, Poorvabhaktasy

Indications- Apana Vata Vikruti Gudagata (situated in anus) Vata,²⁸ For strengthening lower part of the body, diseases of lower half of the body, obesity. There will be no regurgitation of medicine as it is covered by food. It destroys the Doshas situated in Amashaya (stomach).

2. Madhya Bhakta- Administration of medicine in between the food is Madhyabhakta. This food initiates the process of digestion. The Pachaka Pitta and Saman Vata are stimulated by the food taken, followed by this medicine is administered, so that it can act over the Samana Vata, in turn Pachaka Pitta. Then again food is consumed, which covers the medicine and prevents regurgitation of the medicine.

Synonyms- Madhye Bhaktam, Madhye, Madhya Bhaktam, Madhya Bhojana

Indications- Samana Vata Vikruti, Koshtagata Vyadhis, Paittika Vyadhis, Agni udheernarta. Madhya Bhakta Aushadhi due to its quality of not spreading (Avisari Bhava) subsides the diseases of Madhya Shareera, that is, the medicine administered during this Kala acts on Samana Vata. Once this Samana Vata is corrected, Agni or Pachaka starts functioning properly. The Pachaka Pitta nourishes all the Pittas. If Pachaka Pitta is corrected all the

other Pittas will also function normally. Hence, it is indicated in Paittika Vyadhis. The main function of the Koshtha is digestion and metabolism. Once the Samana Vata and Pachaka Pitta are functioning normally, the function of Koshtha gets corrected. Hence it is indicated in Koshta Gata Vyadhis.

3. Pashchatbhakta- Medicine is administered after food, to subside various diseases related to the upper part of the body, as well as to give strength

Synonyms- Pratah Ashasya Pashchat, Adhobhaktam, Ante, Adhah.

This Kala is divided in two.

1. Pratah Bhojana Kala – indicated for Vyana Vata Vikruti
2. Sayam Bhojana Kala – indicated for Udaan Vata Vikruti

Indications- Vyana Vata Vikruti, For strengthening upper part of the body, Diseases of chest, throat, and head, Diseases of upper half of the body. Its main indication is Vyana Vata Vikruti. The time Pratah is specifically told because the site of Vyana Vata is Hridaya (heart) and the Hridaya is prominently active in day time.. Hence, the medicine administered after lunch reaches the Hridaya. It should be administered after food because the Vyana Vata is activated after the formation of rasa so that it can be carried all over the body. Hence, the food is administered first and the medicine is administered later.

4. Sayampashchat

This comes under Adhobhakta. The mode of administration is defined as the administration of medicine after dinner.

Indication- Udana Vata Vikruti

During night the Hridaya is comparatively acting at low pace. The Vyana Vata comparatively acting at low pace, which is taken over by Udana Vata. Thus the medicine is administered after dinner. Udana moves in nasa gala and Urah etc

5. Antarabhakta- The administration of medicine in between two meals.

That is, after digestion of food taken in afternoon, Aushadha is administered. Once Aushadha is digested, evening meals is taken. Similar thing is followed in case of night and morning food. In this Kala Ahaara and Aushadha Jeerna Lakshana play an important role. The first Antarabhakta is during daytime where as next is one Yama followed by the digestion of evening food.

Synonyms- Bhaktayormadhye, Antarabhaktam and Antarbhaktam

Indications- Hridya, Deepaka (kindling digestive fire), Deeptagni Purusha suffering from Vyana Vayu. As it acts over Udana, which is seated in Hridaya, it gives strength to the Manas (mind). Jejjat includes this Kala under Madhyabhakta, which is for Samana Vata unlike Vyan Vata as told by others. Antarabhakta means Aushadha mixed with Anna or mixed with it during Samskara (processing) of Anna (food), but this is considered as Sabhakta according to other Acharyas. (Cakrapani)

6. Sabhakta- Sabhaktam means, administration of Aushadha along with food. The mixing is done either with prepared food or during preparation of food.

Synonyms- Bhakta Samyuktam, Sannam, and Samabhaktam are identical to each other.

Indications Aruchi, children, weak, Stree (ladies), Vriddha, Sukumara (delicate) Ksheena and to protect Bala and Sarvaangagata Rogas. In Mandagni (loss of appetite), Aruchi – food is processed with Aushadha and given. As the Teekshnata, strong odour, bad taste Aushadha is reduced. It is used for administration in women, children, aged, persons with less strength, and one who hates Aushadha. Indication for this Kala is not mentioned for any Dosha, but indicated in Sarvanga (complete body) Roga and Kshata Ksheena (emaciated).

Aushadha along with Ahara will be digested and Rasa is formed, which will be circulated all over the body with the help of Vyana Vata.

7. Grasa – Grasantarah- Grasantara means administration of Aushadha in between each bolus of food and is known as Kavalantare. Grasa means Aushadha mixed along with each bolus of food, also known as Sagra and Grase-Grase.

Indications

1. This is indicated in Prana Vata Dushti and Vajeekaranartha (increasing vigor), Agni Sandeepanartha.
2. Grasa: can be used where the form of medicine is Churna (powder), Vataka (tablet), Leha (confections).
3. Grasantara: this is used when one wants to administer the Vamaneeya Dhumapana.

Annapravesh (deglutition) is the function of Prana Vata. The Aushadha administered with each Grasa will come in contact with Pranavata in Mukha (oral cavity) Kantha (throat), Urah (chest), etc., leading to the continuous contact with Prana and conditions related to that could be easily treated. Churna should be administered in this Kala to increase Agni; it may be due to Rukshata (dryness).

8. Samudga - Samudga word refers to Samputaka, which means a box like structure. Samudga refers to the administration of Aushadha both before and after food

Indications-

Hikka Roga (hiccough), Kampa (tremors), Akshepa (convulsions), Urdhva Kayagata Vikaras, Pravisruta (spreaded) Dosha-Urdhwa, and Adha Visruta Dosha. When the form of medicine is Pana (liquid), Navana (administered through nostrils), Avaleha (confections).

No specific Dosha is indicated for this Kala instead some conditions like Kampa, Akshepaka, and Hikka are mentioned where Doshas are situated in both Urdhwa (upper) and Adho (lower) Shareera. Aushadha administered in this Kala will be having its effect on Apana, Vyana as well as on Udana Vata. Dalhana stresses on the word 'Peeyate' stating that Aushadha should be in liquid form so that food will be put in a nutshell.

9. Muhurmuhu- The word Muhurmuhu means again and again, Aushadha is repeatedly taken with or without food

Indications-

Shwasa (dyspnoea), Kasa (cough). Trishna (thirst), Hikka, Chhardi (vomiting), Visha (poison), Swarabhanga (hoarseness of voice) This Kala can be broadly divided in two:

1. Abhakta Muhurmuhu
2. Sabhakta Muhurmuhu

The indication of with or without food may be chosen by considering Bala of the patient. This Kala is indicated in shwasa, kasa, trishna, hikka, chhardi and visha where continuous vegas are produced. Hence Aushadha is administered repeatedly so that it can maintain its effect throughout.

10. Nishi- Administration of Aushadha at night is called Nishi.²⁹

Synonyms- Swapnakale, Ratre

Indication- Urdhwajatrugata Vikara (diseases above the neck).

Aushadha should be administered at the time of sleep. According to Ayurveda one should go to sleep after the digestion of the evening food. Hence medicine should be administered after the digestion of evening food. Thus this becomes second Antara Bhakta according to Indu, and it is indicated in Urdhwa Jatru Gata Vikaras. Urdhwajatru is the site of Prana Vata. Thus medicine administered in this Kala acts over Prana Vata.

➤ **Appropriate times for panchakarma**

- 1 Virechana or purgatives (for pitta) are mainly given around 10 p.m., the start of pitta time.
- 2 Basti or enemas (for vata) are given in the morning when the person starts experiencing hunger on an empty stomach.
- 3 Vamana or emesis (for kapha) should be done in the morning, during kapha time.
- 4 Appropriate times for giving rasayana; determined by prakruti, aggravated dosha, and season³⁰
- 5 Nasya depends upon the type given. Kapha type of nasya is better first thing in the morning; vata-pacifying nasya should be given in the evening; but pitta type of nasya should be given late morning or afternoon³¹.

In the case of kapha problems, a good time to give rasayana such as pippali, punarnava, or chyavanprash is early to mid morning, especially during winter or spring. For pitta disorders, rasayana like shatavari, guduchi, or amalaki are given before noon, especially in the summer. In vata disorders, rasayana such as dashamula, ashvagandha, and vidari are given during dawn or dusk, especially in fall season.

ARSHAS VYADHI

Shalya Tantra, the integral part of Ayurvedic system contains detail description of Shashtra Karma along with certain Para surgical procedures such as Kshara Karma, Agni Karma and Jalaukavacharana. Ayurveda gives equal importance to mitigation of diseases as well as preservation of good health. The efficacy of preparations in curing of various major diseases has also been recognized from very ancient times. Arsha has become one of the commonest health problems of the modern society.

Arsha in Vedic Literature

Vedic literature is the treasure house of ancient Indian knowledge. Among the four Veda - Rig, Yajur, Sama, and Atharva - the Atharvaveda is considered to be one from which Ayurveda is derived¹. In this Veda the word Durnamais used as a synonym of Arsha. In one of the hymns related to Garbha dosha Nivarana, it is said that pudendal organs of pregnant lady are affected by Durnama. Commentators translated it as a type of worm. Probably this may have meant haemorrhoids as well. In another context, a young bride is advised not to marry a person suffering from Arsha until he is relieved of the disease.²

Samhita Period (1000 BC - 600AD)

Ayurveda, the ancient Indian system of medicine saw its peak during this period. This is considered to be the Golden Era of Ayurveda. Charaka Samhita, Sushruta Samhita and the works of Vagbhata written during this period are of great importance. All of them have dedicated separate chapters to describe aetiology, pathogenesis, symptomatology and the management of Arsha.

Medieval Period (900 AD - 1800 AD)

Scholars of this era have also described aetiology, pathogenesis and clinical features though not as vividly as in Brihatrayees. One of the contributions during this period is application of Kshara Sutra described by Chakrapani in his 'Cakradatta' in the context of Arshobhagandhara Chikitsa. A

few other important compendia of this period are Bhavaprakasha (1600 AD), Yogaratnakara (1700 AD), and Bhaishajya Ratnavali (1800 AD).

All these texts give equal importance to Arsha and it has been described this disease as one of the Mahagada³.

Etymology of the term 'Arsha'

The word Arshas is derived from the root 'R' with suffix 'asun' having agama "shut" in the formation of word, meaning, and a disease having fleshy sprouts or shoots in the pudendum.

According to Vijaya Rakshita, Arsha means the disease which kills the man like an enemy⁴. Charaka described that Arsha is an abnormal fleshy growth in anorectal region. Such fleshy growths in other sites like Nasa, Karna etc are called Adhimamsa⁵. Vagbhata tells that Arsha, the fleshy projections that create obstruction in Gudamarga, kills the afflicted like an enemy does⁶.

The fleshy growths that occur in different parts of the body are named after the parts where these growths originate eg Nasa Arsha (in the nose), Linga Arsha (on male genitalia), Yoni Arsha (female genitalia) etc. But for all practical purposes Arshas means growth in anorectal region as it occurs there very frequently and is more troublesome than any other type of Arsha. The following synonyms give an idea about the affected part, Dushyas involved and characters of the disease.

1. Gudaja- means born or arising from anus
2. Guda Keela- meaning a peg or pedunculated or horn in anus
3. Guda Praroha-means sprout or growth in anus
4. Gudavali Praroha-means sprouts from sphincters of anus
5. Anamakam-means bad or difficult to name
6. Payuroga-means disease of anus
7. Durnama-means unfamous
8. Mamsankura-means fleshy sprout
9. Mamsapraroha - Fleshy growth⁷

Concept of Guda

Organs are designed in accordance with the function they do. Diseases are nothing but abnormal or subnormal conditions of these structures and functions of the organs. Hence it is pertinent to discuss about the anatomy of Guda before proceeding with etieogenesis of Guda Arsha. Discussion of anatomical details of any organs includes -Location, Embryological development, Structure, Blood & nerve supply, Anatomical relationship, Function and Doshik relationship. All these details are scattered throughout the classical texts. According to Amarakosha, Guda has synonyms like Apana and Payu⁸.

General Description and Location

Guda is one among the fifteen Koshtanga described by Charaka. He recognizes two parts in it - Uttara Guda and Adhara Guda⁹. It is one among the nine Bahirmukha Srotas and is located in pelvic region¹⁰. It is continuation of large intestine.

Developmental Anatomy

Embryologically it is derived from Matrujabhava. Soft Structures like muscle, blood, heart, bone marrow, breast, umbilicus, liver, spleen and anus are maternal in origin¹¹. The process of formation of Guda in intrauterine life is by the activity of Pitta digesting the Prasada Bhaga of Rakta and Kapha, while Vayu penetrating it¹² has described this process as similar to preparing ornament by blowing air through liquefied metal by a goldsmith¹³.

Structure and Dimension

Susrutha said it is made up of three Peshi¹⁴. Total length of Guda is 4½ Anguli. It is mainly divided into Uttaraguda and Adharaguda. Shape of Guda internally resembles interior of conch, and elephant's palate in colour. While Uttaraguda stores the faecal matter, the Adhara Guda does the function of expelling it out. The outer most part is called Guda Oshtha which is situated at an Anguli from hairy margin [Romanta Pradesha].

There are three Vali situated in the side of Guda placed one above the other at a distance of $\frac{1}{2}$ Anguli from each other. All of them are oblique projectile in one Anguli¹⁵

Measurement of Guda and description of Vali need a discussion here. Vagbhata describes the total length of Guda as $4\frac{1}{2}$ Anguli. Dalhana regards one Anguli as maximum width of a thumb. The area of Samvarani consists of external and internal sphincter which maintains the contents. $1\frac{1}{2}$ Anguli above this lays Visarjini. The total length from anal verge to Visarjini is $2\frac{1}{2}$ Anguli i.e. 5 cm. Inferior rectal valve corresponds to this level. The inferior rectal wall is considered as Visarjini. $1\frac{1}{2}$ Anguli above the Visarjini is the site of Pravahini (to compress). It is the site of middle rectal valve. Valis are functional and structural. Further it is described that Valis are seats of Arsha.

Anatomical Relationship

Bladder, prostate, scrotum and anus are inter-related, found in pelvic cavity (Gudasthi Vivara)¹⁶. Sushruta observed that Garbhashaya is interfaced between bladder and large intestine¹⁷. From Tantra Shareera point of view, it is said that Muladhara Chakra is situated between genitalia and anus¹⁸. Generally Muladhara Chakra is co-related with that of pelvic plexus of autonomic nervous system. Out of seven Susrutokta Kala, Pureeshadhara Kala is related to Guda¹⁹.

Guda is described as moola of Pureeshavaha Srotas²⁰. It is related to Annavaha Srotas. It is the direct continuation of distal part of Adhoamashaya. Further it is described that it is attached to the large intestine. One of the vulnerable spots, Guda Marma, which is Sadyopranahara in nature and measures four Anguli²¹

Blood supply

Out of 10 down coursing Dhamani two are related large intestine which helps in evacuation of bowel²². There are eight Siras in the middle part of Shroni related to Guda and Medra²³.

Physiological functions

Ancient scholars have mentioned that Guda is one among the five Karmendriyas as it does the function of throwing out excreta from the body²⁴. Its activity is controlled by Vayu. Acharyas have considered Pakwashaya as main seat of Vayu²⁵, the prime motivating humour of the body. Function of Guda is mainly controlled by Vayu which is situated in Guda itself and manifests in pelvis, bladder, penis, thigh region and helps in evacuating bowel and bladder, parturition, ejaculation of semen and flow of menstrual blood²⁶. Samana Vayu also assists it as it is situated in Mahasrotas and helps in digestion, absorption and assimilation²⁷. Vitiated Apana Vata is responsible for causation of diseases like Arsha etc²⁸.

Goligher and Hughes (1951) conducted an experiment and concluded that section of sacral plexus result in complete loss of reflexes for defecation and micturation²⁹. In contrast of section of spinal cord at higher level failed to produce that effect, hence Apanavayu can be taken as located in sacral plexus. As already discussed Guda does the function of both storing the excreta (Uttara guda) and disposing the excreta (Adhara guda). Three Vali present in it are playing key role in this mechanism. Pravahani compresses and pushes down the stool as spiral movement of Houston valve, Visarjini initiates defecation. Samavarani does the function of closing the passage of faeces and flatus. In Ayurveda Basti Karma is advocated as a chief treatment for pacification of Vata³⁰, as lower segment of rectum is absorptive in nature.

Nidana of Arsha

द्विविधनि अर्शस्मिकानिचित्सहजानि, कानिचित्जातस्य उत्तर कालजानि।(च.चि.१४/५)

It is mandatory that a physician should examine the disease before proceeding with the plan of any treatment³¹. In Ayurveda understanding any disease based on Nidana Panchaka, among these five, Hetu (aetiology) has primary importance³². By reviewing the causative factors mentioned in the classical texts³³ the Nidanas can be classified into the following groups for convenience.

Hereditary or Genetic factors

Sahaja Arsha are caused by Beejopaghatakara Bhavas which may result from

1. Bad deeds of the past life.
2. Defects in Beejabhaga and Beejabhaga Avayava of Mata and Pita.
Sushruta classified such diseases under Adibala Pravritta Vyadhi.

Digestive factors (Agnimandyakara)

Majority of the acquired diseases occur due to Mandagni³⁵. Among the Nidanas of Arsha, Agni Mandyakara Ahara-Vihara can be enlisted as Adhyashana, Pramitashana, Shoka, Snigdhabhajana, Avyayama, Divasvapna, and Shayya-Sukha.

Constipating Factor

It is said that diseases occur because of suppression of natural urges³⁶. Pureesha is one of the route through which auto toxins of the body are thrown out. Among the Arshonidana the following factors are responsible for producing constipation ie Alpashana, Langhana, Katu Tikta and Kashaya Rasa Pradhana Ahara, Ruksha Ahara, Atapasevana, Vega Vidharana and Athiseeta desha.

Factors causing local Congestion

This group of Nidana includes Vihara which are responsible for producing weakness and local congestion of anorectal region i.e. Prishtayana, Vegodirana, Streesanga, Sheetodaka Sparsha and Katukasana.

Samprapti

During the course of pathogenesis vitiated Dosha reach the susceptible site of disease via Trividha Rogamarga i.e. Bahya, Abhyantara and Madhyama³⁷. Charaka described that the vitiated Doshas in Arsho Roga reaches the site of Arsha through Bahya and Abhyantara Rogamarga. Samprapti pertaining to Arsha can be identified in two ways.

Samanya Samprapti is in relation to manifestation of Arsha in any part of the body. While describing this Charaka says that vitiated Vatadidoshas affecting Tvak, Mamsa and Medas produce Mamsankura of different shapes at anorectal and other regions. Mamsankura at Gudavali is called Arsha whereas in other parts it is described as Adhimamsa³⁸.

Vishishta Samprapti for the manifestation of Arsha in anorectal region was described by Vagbhata and Sushruta thus ie "Due to indulging in Nidana of Arsha there occurs Agnimandyata and vitiation of Apanavayu which inturn results in stasis of faecal matter in anorectal region because the vitiated Dosha singly, dually, all or associated with blood, reach the three Gudavali through Pradhana Dhamani causing development of pathological changes in Gudavali and causes tuber like growth. By rubbing with glass, wood, stone, cloth etc and by excessive contact of cold water also haemorrhoids can develop³⁹.

Samprapti Ghataka⁴⁰

Dosha	:	Apana vata, Pachaka Pitta, Kledaka Kapha
Dushya	:	Tvak, Mamsa, Medas and Rakta
Srotas	:	Raktavaha, Mamsavaha
Srotodusti	:	Sanga, Siragranthi
Udbhava Sthana	:	Amapakwashayodbhava
Vyakta Sthana	:	Gudavalitraya
Rogamarga	:	Bahya and Abhyantara
Agni	:	Jatharagni
Ama	:	Tajjanya Ama
Svabhava	:	Chirakaleena

Evolution of disease can also be expressed in terms of Shatkriya Kala⁴¹. In the first two stages, that is Sanchaya and Prakopa, the vitiated Doshas are found in their respective places. During these stages vague and ill-defined symptoms are seen. Prevention of disease is possible if one abstained from Nidana sevana. In the third stage, i.e., Prasara, symptoms start appearing not specifically related to Arsha. In fourth stage, Doshas become localised in Gudavali, passing through Pradhana Dhamani (superior haemorrhoidal artery).

At this stage, prodromal symptoms like Annadvesha, Udgara, and Atopa etc manifest. If this stage is unchecked, the disease may become fully blown up with characteristic pile mass associated with pain in Vataja, burning and slight bleeding in Pittaja, severe itching in Kaphaja Arsha. In Bheda stage, that is the sixth stage, the disease becomes chronic or incurable, may be associated with Updravas like Shopha, Pandu, Gulma, Baddhagudodara etc. Then the disease becomes Kashta-Sadhya or Asadhya. Analysis of the disease condition in terms of Kriya Kala point of view helps in more easier and rational therapeutic intervention.

Poorvaroop⁴²

Symptoms that appear before the manifestation of Arsha may not be found if patient reports with complaint of mass and bleeding per rectum. On reviewing the classics, the prodromal symptoms can be seen, what may be classified into different groups for easy understanding.

In Relation to Digestive System- Anna Dvesha, Pakthiramlika, Atopa, Antrakoojana, Grahani, Paridaha.

In Relation to Respiratory System- Kasa and Shvasa

In Relation to Central Nervous System- Anidrata, Tandra, Bhrama, Indriya Dourbalya.

In Relation to circulatory system-Pandu.

In Relation to Other Systems- Prameha, Pindikodveshtana, Shvayathu.

Keen observation of Purvarupa reveals that the maximum symptoms result from improper digestion and absorption defect in gastro intestinal tract. This implies Agnimandya as main pathogenic factor. At this stage, restoration of Agni is to be done by which Arsha can be prevented.

Rupa⁴³

When we review the clinical features of Arsha for each of the variety it is clear that authors have described some common criteria to describe the condition. They can be identified as Colour, Shape of pile mass, Nature of stools and bowel movement, Generalised symptoms, Generalised complication

Clinical Features of Arsha – Sushruta

षडर्शसिभवन्ति वातपित्तकफशोणितसन्निपातैः सहजानिचेति ॥ (सु.नि. २/३)

Vataja Arsha

Type – Vataja

Colour – Aruna (Reddish brown), Vivarna

Chief Character – Parishushka (dry) Vishama Madhyani

Shape, size, surface etc. similarity – Kadamba flower Tundikeri, Nadimukala

Character of Stool – Hard Stool, Painful

Associated features – Pain in the buttock, perineum, penis, umbilical region, waist, backache blackish skin, eye, nails, teeth, face, stool and urine.

Complications – Gulma, Astila Vatodara

Pittaja Arsha

Type – Pittaja

Colour – Nilagrani (Bluish tip), Pitavabhasa

Chief Character – Tanu (small), Visarpini (movable nature)

Shape, size, surface etc. similarity – Sheen of liver, tongue of parrot, Yava

Madhya (mid part of barley), mouth of leech

Character of Stool – Blood mixed, Excessive burning sensation.

Associated features – Yellow skin, eyes, nails, teeth, face, stool, urine

Complications – Faintness, thirst, fever, generalised burning sensation

Kaphaja Arsha

Type – Kaphaja

Colour – Pandu (yellowish white)

Chief Character – Broad-based, fixed, round, smooth, neither bursts nor discharges.

Shape, size, surface etc. similarity – Bus of bamboo, seeds of jack fruit, udder of cow

Character of Stool – With excessive mucous, meat washed appearance

Associated features – whitish nails, skin, eyes, stool, urine and teeth

Complications – Shopha, Jvara, Aruchi, Avipaka

Sannipataja Arsha

Type – Sannipataja

Colour – Same as Pittaja

Chief Character – Off shoots of banyan tree, coral, Gunja (reddish black)

Shape, size, surface etc. similarity – Bus of bamboo, seeds of jack fruit, udder of cow

Character of Stool – While passing hard stool, excessive bleeding

Associated features – Same as Pittaja

Complications – Excessive blood loss, features like Shiro Roga, Hemiplegia etc.

Sahaja Arsha

Type – Sahaja

Colour – Same as Pittaja

Chief Character – Off shoots of banyan tree, coral, Gunja (reddish black)

Shape, size, surface etc. similarity – Same as Pittaja

Character of Stool – While passing hard stool, excessive bleeding

Associated features – Same as Pittaja

Complications – Excessive blood loss, features like Shiro Roga, Hemiplegia etc.

It is true all the symptoms attributed to a particular variety may not be found together. The present knowledge about anorectal diseases suggest that Arsha which is a fleshy mass in the anorectal region includes polyp, haemorrhoids, piles, warts, neoplasia as one entity. Careful observation of clinical features of Arsha and haemorrhoids shows of having similarity like bleeding per rectum, fleshy mass and severe pruritis. Reorganisation of following clinical features made by P V Ramesh Babu (1998) is more useful from practical point of view.

Vataja: Dry, hard, painful, different shapes, centrally irregular surface, different colours of fleshy masses associated with constipation, pain radiating to perineal region during defaecation.

Pittaja: Small, bluish, moist, fleshy mass of different shapes enlarges during straining with passage of blood mixed stools and burning sensation during defaecation, causing faintness, thirst, etc shock symptomatology.

Kaphaja : Broad-based, smooth, fixed, oval, fleshy masses and does not suppurate, severe pruritis and passing of mucous containing stool.

Raktaja: Fleshy masses which bleed excessively during defaecation, usually associated with blood loss symptomatology

Sahaja: Genetically determined, ugly appearance, fleshy masses, with immuno-compromised symptomatology.

CLASSIFICATION OF DISEASE

After going through textual references, the classification of Arsha can be arranged under following headings.

According to Origin- Sahaja (congenital) and Janmottara Kalaja (acquired)⁴⁴

According to Dosha Predominance- Vataja, Pittaja, Kaphaja, Dwandwaja, Sannipataja, Raktaja⁴⁵.

According to Character of Bleeding- Parisravi and Shushka⁴⁶ Bhinna vitka and gadha shakrut

According to the Site- Bahya (external) and Abhyantara (internal)⁴⁷

Therapeutic Basis- Aushadha Sadhya, Kshara Sadhya, Agni Sadhya and Shastra Sadhya⁴⁸.

According to Prognosis- Sukha Sadhya, Kruchra Sadhya, Asadhya and Yapya⁴⁹

Sadhya-Asadhyata⁵⁰

Though it is described as one of the Mahagada, it is said prognosis of Arsha depends on the site of origin and Dosha involvement. In addition to the general consideration of prognosis of a disease told by Charaka, the following points can be taken into account:

Sadhyasadhyata of Arsha

Sadhya	Kashtasadhya	Asadhya	Yapya
Single Dosha	Combination of two	Tridoshaja	Tridoshaja

	Doshas		with Alpa Lakshana
Bahyavali	Madhyamavali	Antarvali	
Less than 1 year	More than 1 year	Upadravayukta	

Upadrava

Untreated Arsha may lead to some of the clinical conditions which are described as complications. They are Udhavartha, Pandu roga, Gulma, Shopha, Baddhagudodara, Gudamedhra and Tivravedana.⁵¹

Roga Nirnaya

As mentioned earlier, diagnosis is based on analysis of Nidana Panchaka. Knowledge of Nidana Panchaka is obtained by following Trividha Pareeksha - Darshana, Sparshana and Prashna. In the context of Arsha, Acharya Sushruta indicated the use of a special instrument to carry out local examination. It is an instrument made of iron, ivory, horns or wood, shaped like cow's udder. In case of males, it should measure four Anguli in length and five Anguli in circumference. In case of female, it should be as long as palm of a hand and circumference should be six Anguli⁵². The instrument has two Chidra for Darshanartha and one for carrying out the procedure. The dimension of the Chidra should be three Anguli in length and thickness of a thumb in breadth. There is a Karnika in the lower half of the one Anguli base.

Medical Management

चतुर्विधो अर्शसां साधनोपायः। तद्यथा- भेषजं क्षारो अग्निः शस्त्रमिति ।(सु.चि.६/३)

Acharya Sushruta has mentioned four-fold treatment for Arsha - Bheshaja, Kshara and Agni Karma, Shastra. Acharya Charaka has given more importance for Bheshaja (medical management). As Arsha is localised lesion of systemic derrangement of Dosha, both Sthanika and Sarvadaihika Chikitsa are to be adopted. Sushruta has clearly indicated that Arsha of short duration with less morbidity associated with less signs and symptoms with less complications and which are not seen externally are Aushada Yogya.

The general principles of treatment of Arsha are to employ diet and drugs that regulate Vata and promote power of digestion.

Some of the single drug therapies indicated is Haritaki, Kutaja, Bhallataka, Pippali, and Chitramula. In addition treatment should be aimed to stop bleeding by employing Rakta Sthambaka Dravyas. Charaka has mentioned Takra Prayoga in Arsha. In case of Vatolbana Arsha, Sneha Yukta Takra is indicated and in case of Kapholbana Arsha, Rooksha Takra is indicated. Charaka describes there is nothing equal to Takra in the treatment of Arsha. Some of the preparations commonly indicated in the treatment of Arsha⁵³ are Shatphala ghrita, Abhayarista and Triphala Choorna.

Sthanika Chikitsa⁵⁴ These measures are aimed to relieve pain and local congestion.

Svedana - To control bleeding, pain, numbness, oedema by Vijaya Pinda & Rasona Pinda.

Avagaha-Sitz bath in decoctions, Ushnodaka, Gomutra.

Abhyanga-Massage with medicated oil.

Dhoopana-Fumigation with human hair, serpent slough, drum stick tree leaves.

Pralepa –Application of paste like Haridradi Lepa.

Non conservative treatment procedures which do not come under surgical procedure are Kshara karma, Rakta mokshana and Agni karma.

Kshara Karma⁵⁵

It is a procedure where in Chedana, Lekhana; Darana etc. are performed by employing some specially formulated Yoga called Kshara (Caustic alkali). Kshara means any substance possessing the property of destroying or hurting body tissue and liquify the lesion. It is of two kinds Paneeya Kshara and Pratisaraniya Kshara. Paneeya Kshara are Mridu Kshara which can be used internally. In Pratisaraniya type the kshara is applied over the lesion and it is a Teekshna Kshara. The Arsha which are soft, deeply spread, protruded type are fit for Pratisaraniya Kshara.

Method of Pratisaraniya Kshara Application

Patient is made to lie down in lithotomy position and Arshoyantra is introduced into Guda after following all the pre-operative procedures. The pile mass is squeezed, scraped or rubbed according to the condition and then Kshara is applied over the pile mass for hundred Matra Kala, till it turns to the colour of ripened Jambu fruit. Then it is washed with juice of Amla Rasa Dravyas to neutralise. Then Arshoyantra is then removed. Only one pile mass may be applied with Kshara at a time thereafter can be repeated on other pile masses with an interval of 7 days⁵⁶.

Kshara Sutra

It is a special technique of excision without the use of knife but by means of mechanical pressure and chemical action. Sushruta has indicated the use of Kshara Sutra in Nadivrana but he has not indicated its use in Arsha. Chakradatta has indicated application of Kshara Sutra in Arshobhangadara. Further has said it is to be prepared by smearing Latex of Snuhi and Haridra powder⁵⁷. In Bhavaprakasha, Bhaishajya Ratnavali and Gadanigraha also we find the same description.

Raktha Mokshana

Vagbhata advises local blood-letting in Arsha which is characterised by hard, inflamed mass where Dooshitha Rakta is retained. Sushruta has indicated Rakta Mokshana in protruding pile mass with fully blown up clinical features.

Charaka also mentions blood-letting in the presence of Dooshitha Rakta with the help of leeches, knife, and needle etc⁵⁸.

Agni Karma⁵⁹

This treatment procedure has much importance in day to day practice. The procedure is carried out either by using fire directly or by using fire related objects. It is regarded as superior to other procedures because of non-recurrence of the disease. When it is properly employed, it can destroy the tissue in the lesions which are incurable by other measures.

In the context of Arsha Chikitsa, Agnikarma is indicated in Vatha Kaphaja Arsha which is rough, flat and hard. It can be employed even in prolapsed and Doshapoorna Arsha.

Materials used for Agnikarma can be listed as follows:

1. Pippali (Piper longum), Aja Shakrut (Faecal matter of goat), Godantha (teeth of cow) etc. are used to burn the skin lesions.
2. Jambavavosta, Loha etc. are used to burn the lesions in Mamsa Dhatu.
3. Madhu, Guda and Sneha are useful in burning the lesions in Sandhi, Sira, Snayu and Asthi.

Acharya have given importance to the pattern in which burn should be produced eg: Valaya, Bindu etc. As Arsha involves Mamsa Dhatu, materials like Jambovosta, Loha etc are used. The procedure is to be carried out giving due importance to assesment criteria. After Agnikarma, the treated part is to be dressed with mixture of honey & ghee.

Shastra Karma

Father of surgery, Acharya Sushruta indicated Shastra karma (Chedana) if the pile mass is thin rooted, protruded and predominant with discharge. After observing all the pre-operative procedures as mentioned earlier, pile mass is to be excised by incising with the help of sharp instruments such as Kharapatra etc and the excised part is to be treated with Agnikarma⁶⁰. Subsequently Kavalika has to be applied and Gophana Bandana has to be done. This procedure is similar to that of ligation and excision procedure in practice today.

Pathya- Apathya (Dietic Regimen)⁶¹

Diet is equally important as medicine in the course of treatment. Vaidya Lolimbaraja has said that, "those who follow patya or dietic regimen requires no medicine, those who do not follow pathya, no medicine is useful". Person suffering from Arsha should indulge in such of the food & drink habits which regulate bowel movement & improve digestive power. Pathya (food) as prescribed in the text can be re-arranged as below:

1. Anna varga : Yava, Raktashali, Godhuma, Kulattha.
2. Shaka varga : Surana, Patola, Vartaka, Punarnava.
3. Ksheera varga : Aja ksheera, Chaga ksheera, Takra.
4. Phala varga : Amalaki, Kapittha.
5. Ahara upavarga : Palandu, Nagara, Maricha.
6. Mamsa : Mruga mamsa.

Apathya Ahara: Viruddha ahara, Vistambika Ahara, Guru Ahara, Anupa Mamsa, Dusta Udaka.

Apathya Vihara: Vega Avarodha, Ati Streesanga, Kukkutasana, Prushta yana. Pathyapathya mentioned in Rakta pitta holds good in Arshoroga also. Description of Arsha is available in Ayurvedic literature and definitions of piles and haemorrhoids in modern literature are similar. Therefore we can say that Arsha includes piles and haemorrhoids. Though these two modern terms denote different clinical features of Arsha, both may co-exist.

Various classifications of the disease have its own importance. But from practical utility point of view, therapeutic based classification of Susruta i.e. Ardra (bleeding) and Shushka (Without bleeding) is more useful. Similarly, in modern literature, classification of haemorrhoids in terms of degree is more beneficial from treatment point of view. The modern literature does not mention Sahaja Arsha as a type of haemorrhoids, but it records familial tendency of the disease and accepts hereditary factor as one of the predisposing causative factors for piles. Anatomoy-physiological aspects of anorectal region are important in understanding pathogenesis of the disease. The function of anorectal region is defecation. This function is disturbed in haemorrhoids and in turn disturbance in defecation itself may prove a causative factor for haemorrhoids

PILOT STUDY

After obtaining the IEC permission the Pilot study was conducted before finalizing the case proforma. Thirty active well clinically experienced physicians were selected for pilot study. Pilot study was conducted on 30 physicians (MD-16 members, MS-5, Ph.D 9 authorized post graduate degree of Basic principles-8, Shalyatantra-7 Other department-15) selected all over Karnataka were interrogated using structure clinical proforma, care was taken that major focus was on experts from shalya and samhita siddanta department who were managing the cases of arsha. The data is entered and analyzed by using SSPS-16 version with the support of that data case proforma is finalized. The data of pilot study were collected from the physicians who were not having communication with each other in order to avoid bias.

Some of the following changes have been done

1. Question number- example Q1- Q1a, Q1b,Q1c
2. Purusha pariksha-Desha,koshta and prakruti are found to be not significant under purusha pariksha in arsha vyadhi. But need to continue in questioner because in larger sample may get obtain still more valuable result.
3. Vyadhipariksha- In deha prakruti 'madhyama' parameter is added.
4. Hetu- Yes /no option is added and nidana were reduced on the base of pilot study
5. Upadrava – only yes/no option were mentioned
6. Aushada sevana kala- only Abhakta, Pragbhakta ,Adhobhakta , Madhye bhakta , Nishi were taken in to consideration.
7. Some of the classical yoga's which were not in practice which though mentioned in classics were reduced from proforma and open option was kept to add those which are in practice.
8. Single drug and compound drug is continued as it is (because sample size is less) and other medication continued as they are.
9. Sahaja, jatottara, ardra, shushka, acute and chronic condition was removed from the case proforma.

10. To enhance the percentage of improvement of managing the condition in terms of degree of relief from the signs and symptoms in and average in 10 patients.

- a. Complete relief (0, 1-2patient, 3-4 pts, 5-6pts, 7-8pts, 9-10pts)
- b. Symptomatic relief (0, 1-2patient, 3-4 pts, 5-6pts, 7-8pts, 9-10pts)
- c. Reoccurrence(0, 1-2patient, 3-4 pts, 5-6pts, 7-8pts, 9-10 pts)

OBSERVATION AND RESULTS**Observation result presented in following**

1. Respondent information
2. Purusha
3. Vyadhi
4. Aoushada
5. Kriyakala

Table no.1; Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Respondent information	300	100.0%	0	.0%	300	100.0%
Purusha	300	100.0%	0	.0%	300	100.0%
Vyadhi	300	100.0%	0	.0%	300	100.0%
Aoushada	300	100.0%	0	.0%	300	100.0%
Kriyakala	300	100.0%	0	.0%	300	100.0%

I. Baseline information of respondents/physicians....

1. Place belongs to
2. Age
3. Gender
4. Clinical experience
5. Qualification and specialty
6. Confidence level in practice
7. Prescription for disease

Table no.2; Address of respondents

Valid	Frequency	Percent
Karnataka	227	75.66
Maharashtra	73	24.33
Total	300	300

Among three hundred respondents the 227 respondents belongs to Karnataka and 73 belongs to Maharashtra.

Table no.3; Age of Respondents

Valid	Frequency	Percent
21-30years	58	19.33
31-40years	174	58.00

Observation and results

41-50years	60	20.00
51-60years	07	02.33
61-70years	01	00.33
Total- Respondents	300	300

Out of three hundred respondents the 58 respondents are in between 21-30 years, 174 respondents are in between 31-40years, 60 respondents are in between 41-50years, 07 respondents are in between 51-60years and 1 respondent is in between 61-70years

Table no.4; Cross tabulation of gender and clinical experience

		Clinical experience				Total
		0-5 years	6-10 years	11-15 years	15 years onwards	
Gender	Male	27	83(61%)	39	20	169
	Female	38	53(39%)	29	11	131
Total		65	136(45%)	68	31	300

Among three hundred respondents there were 169 male respondents, the respondents who were in the age group 0-5 years were 27, 6-10 years 83 respondents, 11-15years 39 respondents and 15 years onwards 20 respondents. 131 respondents are female, between 0-5 years 38 were there, 6-10 years 53 respondents, 11-15years 29 respondents and 15 years onwards 11 respondents

Table no.5; Cross tabulation of qualification and department

		Department				Total
		BAMS	BP	SHALYA	OTHERS	
Qualification	BAMS	92	0	0	0	92
	MD	0	39	0	92	131
	MS	0	0	36	0	36
	Ph.D	0	8	10	23	41
Total		92	47	46	115	300

Among three hundred respondents, 92 respondents were completed BAMS, 131 belong to MD, 39 specialized in basic principles and 92 were in other departments. 36 respondents experts in Shalya tantra, 41 were Ph.D holders among them 8 are basic principles 10 are from Shalya Tantra and 23 belongs to other departments.

Table no.6; Cross tabulation of confidence and Qualification

	Qualification				Total
	BAMS	MD	MS	Ph.D	

Observation and results

Confidence	No	3	1	0	0	4
	Yes	66	71	23	27	187
	Partial	23	59	13	14	109
Total		92	131	36	41	300

Among three hundred respondents the 4 respondents are not having confidence, among them 3 belong to BAMS and one is MD. 187 respondents having confidence completely, among them 66 belongs to BAMS, 71 belongs to MD, 23 belongs to Shalya and 27 belong Ph.D holders. 109 respondents having partial confidence, among them 23 belongs to BAMS, 59 belongs to MD, 13 belongs to Shalya and 14 belong Ph.D holder

Table no.7; Cross tabulation confidence and department

		Department			Total
		BP	Shalya	Others	
Confidence	No	0	0	1	1
	Yes	39	41	63	143
	Partial	8	5	51	64
Total		47	46	115	208

Among three hundred respondents 208 respondents are specialized in particular department. One respondent is expressed about lack of confidence belonging to other department. 143 respondents having confidence completely, among them 39 belongs to basic principles, 41 belongs to Shalya and 63 belong to other departments. 64 respondents having partial confidence, among them 8 belong to basic principles, 5 belong to Shalya and 51 belong to other departments.

Table no.8; Cross tabulation of confidence level and clinical experience

		Clinical Experience				Total
		0-5 years	6-10 years	11-15 years	15 years onwards	
Confidence	No	0	4(2%)	0	0	4
	Yes	44	72(53%)	50	21	187
	Partial	21	60(45%)	18	10	109
Total		65	136(46%)	68	31	300

Among three hundred respondents the 4 respondents are not having confidence, among them 4 had experience from 6-10 yr. 187 respondents having confidence completely, among them 44 having clinical experience of

0-5years,72 were having experience of 6-10 years, 50 were having experience of 11-15 years and 21 having experience of more than 15years. 109 respondents having partial confidence, among them 21 having clinical experience of 0-5years, 72 were having experience of 6-10 years, 18 were having experience of 11-15 years and 10 having experience of more than 15years

Table no.9; Cross tabulation of prescribing Ayurveda medicine and prescription

		Prescription			Total
		Classical	Patent	Combination	
	No	0	0	19(9)	19
	Yes	67	11	203(91%)	281
Total		67	11	222(74)	300

Among three hundred respondents the 19 were prescribing combination of Ayurveda medicine, 281 are prescribing only Ayurveda, among them 67 were prescribing classical medicine,11 are prescribing patent, 203 members are prescribing both classical and patent medicine.

Table no.10; Cross tabulation patient gender and Age of patient

		Prescription					Total
		below 20years	20-30years	30-40years	40-50years	50-60years	
Patient gender	Male	0	17	116(69%)	51	0	184
	Female	4	25	52(31%)	33	2	116
Total		4	42	168(56%)	84	2	300

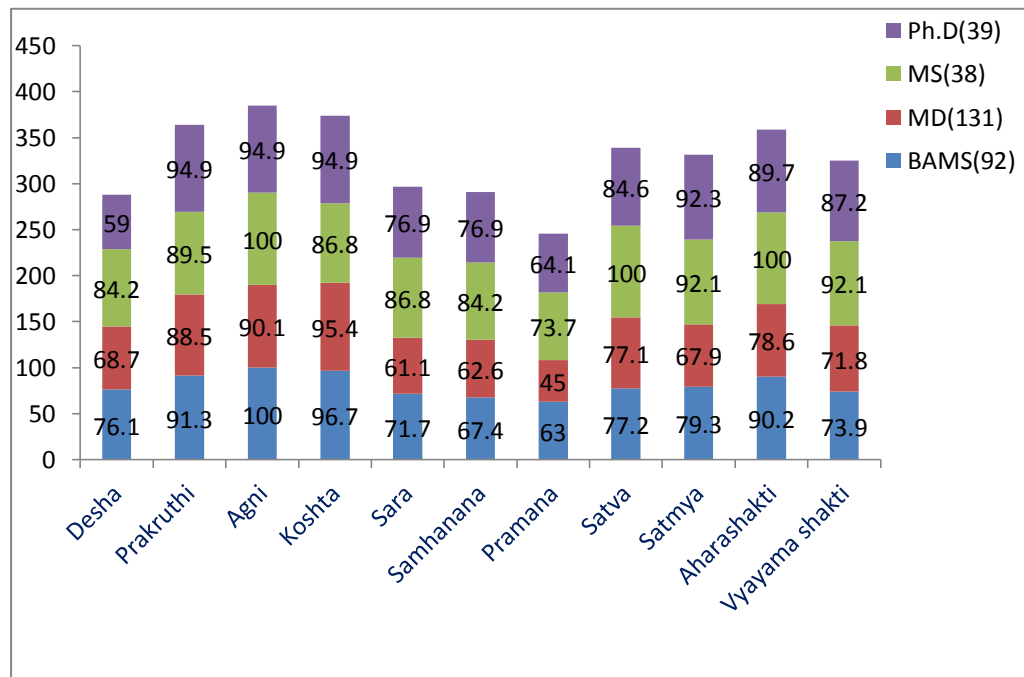
Among three hundred respondents 184 opinion that male patients were prone for manifestation of Arshas and 116 members opinion that female patients are sufferers. The age group of male patients are 20-30 years 17 members, 30-40 years 116 members, 40- 50 years 61 members and the age group of female patients are like 4 members below 20 years, 20-30 years 25 members, 30-40 years 52 members, 40- 50 years 33 members and 50-60 years 2 members.

PURUSHA PAREEKSHA

Table no.11; Cross tabulation of Qualification wise examination of purusha

	BAMS (92)	%	MD (131)	%	MS (38)	%	PH.D (39)	%
Desha	70	76.1	90	68.7	32	84.2	23	59.0
Prakruthi	84	91.3	116	88.5	34	89.5	37	94.9
Agni	92	100	118	90.1	38	100	37	94.9
Koshta	89	96.7	125	95.4	33	86.8	37	94.9
Sara	66	71.7	80	61.1	33	86.8	30	76.9
Samhanana	62	67.4	82	62.6	32	84.2	30	76.9
Pramana	58	63.0	59	45.0	28	73.7	25	64.1
Satva	71	77.2	101	77.1	38	100	33	84.6
Satmya	73	79.3	89	67.9	35	92.1	36	92.3
Ahara shakti	83	90.2	103	78.6	38	100	35	89.7
Vyayama shakt	68	73.9	94	71.8	35	92.1	34	87.2

Graph no.1; Qualification wise examination of purusha



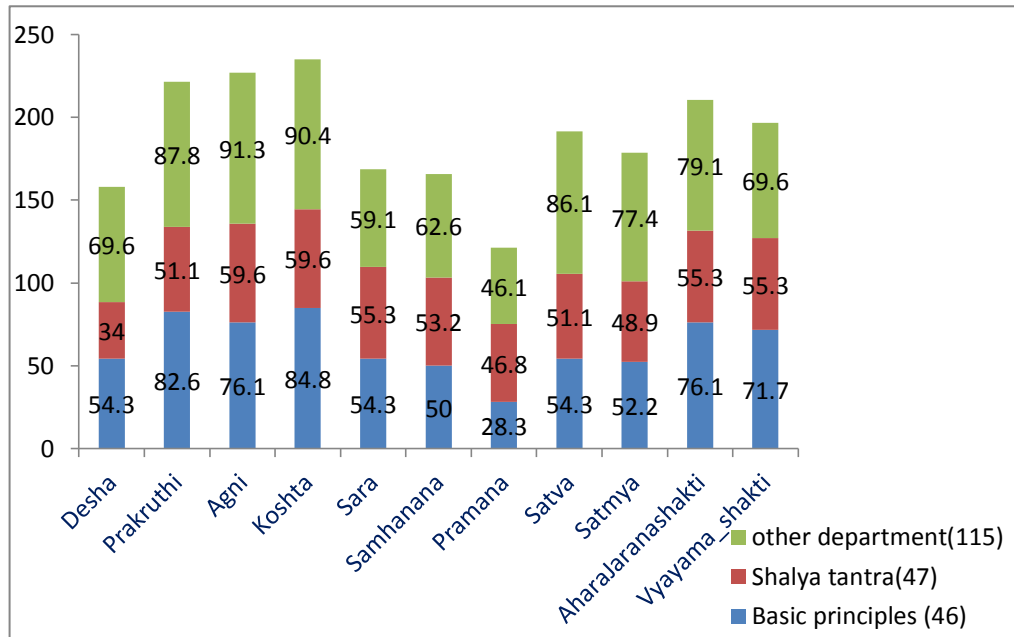
Among three hundred respondents 215 members (70 members of BAMS, MD 90 members, MS 32 members, and 23 PhD holders) are examining Desha. 271 members (84 members of BAMS, MD 116 members,

MS 34 members, and 37 PhD holders) are examining Prakruti. 285(92 members of BAMS, MD 118 members, MS 38 members, and 37 PhD holders) are examining Agni. 284 members (89 members of BAMS, MD 125 members, MS 33 members, and 37 PhD holders) are examining Koshta. 209 members (66 members of BAMS, MD 80 members, MS 33 members, and 30 PhD holders) are examining Sara. 206 members (62 members of BAMS, MD 82 members, MS 32 members, and 30 PhD holders) are examining Samhanana. 170 members (58 members of BAMS, MD 59 members, MS 28 members, and 25 PhD holders) are examining Pramana.243 members (71 members of BAMS, MD 101 members, MS 38 members, and 33 PhD holders) are examining Satva. 233 members (73 members of BAMS, MD 89 members, MS 35 members, and 36 PhD holders) are examining Satmya 259 members (73 members of BAMS, MD 89 members, MS 35 members, and 36 PhD holders) are examining Ahara-Jarana Shakti. 231 members (83 members of BAMS, MD 103 members, MS 38 members, and 35 PhD holders) are examining Vyayama Shakti

Table no.12; Cross tabulation of department wise examination of purusha

	Samhita (46)	%	Shalya tantra(47)	%	other department(115)	%
Desha	25	54.3	16	34.0	80	69.6
Prakruthi	38	82.6	24	51.1	101	87.8
Agni	35	76.1	28	59.6	105	91.3
Koshta	39	84.8	28	59.6	104	90.4
Sara	25	54.3	26	55.3	68	59.1
Samhanana	23	50.0	25	53.2	72	62.6
Pramana	13	28.3	22	46.8	53	46.1
Satva	25	54.3	24	51.1	99	86.1
Satmya	24	52.2	23	48.9	89	77.4
Ahara shakti	35	76.1	26	55.3	91	79.1
Vyayama shakti	33	71.7	26	55.3	80	69.6

Graph no.2; Department wise examination of purusha



Among three hundred respondents 215 members (25 Basic principles, Shalya 16 members, and 80 other department) are examining Desha. 271 members (38 Basic principles, Shalya 24 members, and 101 other department) are examining Prakruti. 285(35 Basic principles, Shalya 28 members, and 104 other department) are examining Agni. 284 members (39 Basic principles, Shalya 28 members, and 104 other department) are examining Koshta. 209 members (25 Basic principles, Shalya 26 members, and 68 other department) are examining Sara. 206 members (23 Basic principles, Shalya 25 members, and 72 other department) are examining Samhanana. 170 members (13 Basic principles, Shalya 22 members, and 53 other department) are examining Pramana.243 members (25 Basic principles, Shalya 24 members, and 99 other department) are examining Satva.233 members (24 Basic principles, Shalya 23 members, and 89 other department) are examining Satmya 259 members (35 Basic principles, Shalya 26 members, and 91 other department) are examining Ahara-Jarana Shakti. 231 members (33 Basic principles, Shalya 26 members, and 80 other department) are examining Vyayama Shakti.

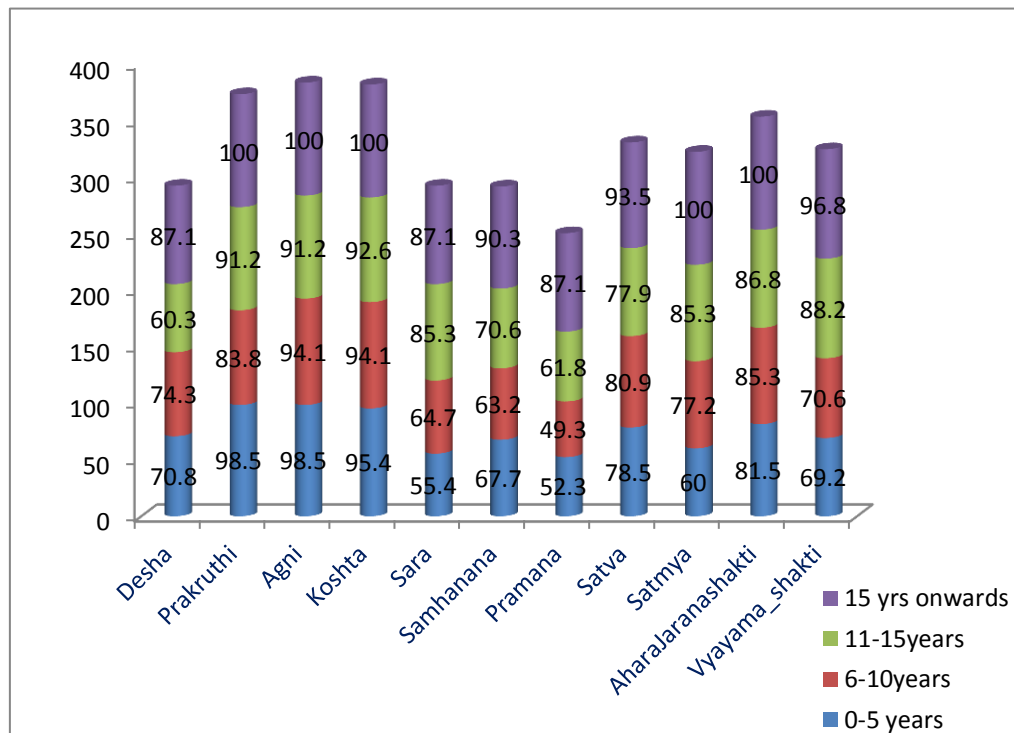
Table no.13; Cross tabulation of clinical experience and purusha pariksha

Sl.no	Pareeksha	Clinical Experience			
		0-5years	6-10 years	11-15 years	15 onwards

Observation and results

		No	Yes	No	Yes	No	Yes	No	Yes
1.	Desha	19	46	35	101	27	41	4	27
2.	Prakruthi	1	64	22	114	6	62	0	31
3.	Agni	1	64	8	128	6	62	0	31
4.	Koshta	3	62	8	128	5	63	0	31
5.	Sara	29	36	48	88	10	58	4	27
6.	Samhanana	21	44	50	86	20	48	3	28
7.	Pramana	31	34	69	67	26	42	4	27
8.	Satva	14	51	26	110	15	53	2	29
9.	Satmya	26	39	31	105	10	58	0	31
10.	AharaJaranashakti	12	53	20	116	9	59	0	31
11.	Vyayama_shakti	20	45	40	96	8	60	1	30

Graph no.3; Clinical experience and purusha pareeksha



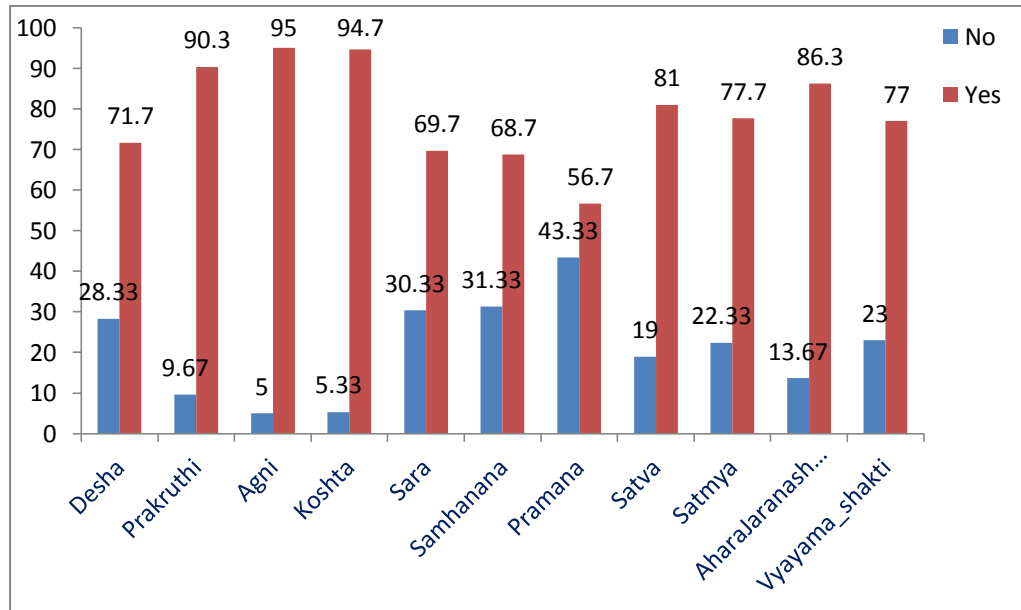
Among three hundred respondents 215 members (46 members belong to 0-5years Of experience, 6-10years 101 members, 11-15years 41 members and 27 respondents have above 15 years of experience) are examining Desha. 271 members (64 members belong to 0-5years Of experience, 6-10years 114 members, 11-15years 62 members and 31 respondents have above 15 years of experience) are examining Prakruti. 285(64 members belong to 0-5years Of experience, 6-10years 128 members, 11-15years 62 members and 31

respondents have above 15 years of experience) are examining Agni. 284 members (62 members belong to 0-5years Of experience, 6-10years 128 members, 11-15years 63 members and 31 respondents have above 15 years of experience) are examining Koshta. 209 members (36 members belong to 0-5years Of experience, 6-10years 88 members, 11-15years 58 members and 27 respondents have above 15 years of experience) are examining Sara. 206 (44 members belong to 0-5years Of experience, 6-10years 86 members, 11-15years 48 members and 28 respondents have above 15 years of experience) are examining Samhanana. 170 members (34 members belong to 0-5years Of experience, 6-10years 67 members, 11-15years 42 members and 27 respondents have above 15 years of experience) are examining Pramana. 243 members (51 members belong to 0-5years Of experience, 6-10years 110 members, 11-15years 53 members and 29 respondents have above 15 years of experience) are examining Satva.233 members (39 members belong to 0-5years Of experience, 6-10years 105 members, 11-15years 58 members and 31 respondents have above 15 years of experience) are examining Satmya. 259 members (53 members belong to 0-5years Of experience, 6-10years 116 members, 11-15years 59 members and 31 respondents have above 15 years of experience) are examining Ahara-Jarana Shakti. 231 members (45 members belong to 0-5years Of experience, 6-10years 96 members, 11-15years 60 members and 30 respondents have above 15 years of experience) are examining Vyayama Shakti.

Table no.14; showing Frequencies of Purusha pareeksha

	frequency		frequency	
	No	Percentage	Yes	Percentage
Desha	85	28.33	215	71.7
Prakruthi	29	9.67	271	90.3
Agni	15	5.00	285	95.0
Koshta	16	5.33	284	94.7
Sara	91	30.33	209	69.7
Samhanana	94	31.33	206	68.7
Pramana	130	43.33	170	56.7
Satva	57	19.00	243	81.0
Satmya	67	22.33	233	77.7
AharaJaranashakti	41	13.67	259	86.3
Vyayama_shakti	69	23.00	231	77.0

Graph no.4; showing Frequencies of Purusha pareeksha



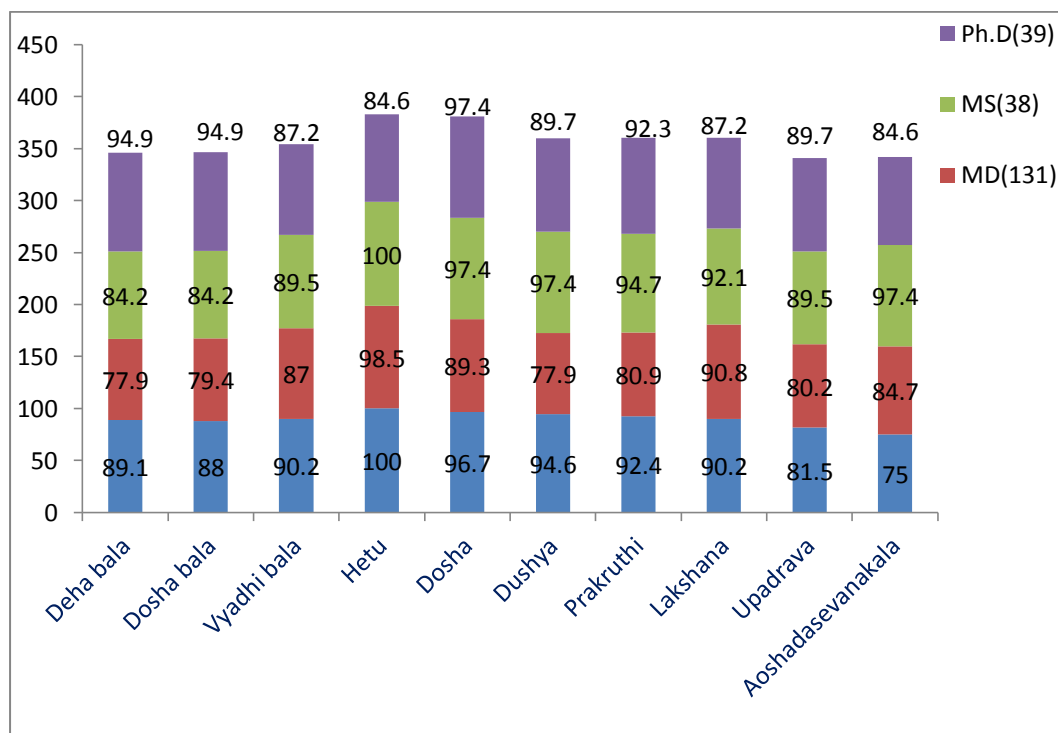
Among three hundred respondents 85 members are not examining and 215 members are examining Desha. 29 members are not examining and 271 members are examining Prakruti. 15 members are not examining and 285 are examining Agni. 16 members are not examining and 284 members are examining Koshta. 91 members are not examining and 209 members are examining Sara. 94 members are not examining and 206 members are examining Samhanana. 130 members are not examining and 170 members are examining Pramana. 57 members are not examining and 243 members are examining Satva. 67 members are not examining and 233 members are examining Satmya. 41 members are not examining and 259 members are examining AharaJaranaShakti. 69 members are not examining and 231 members are examining Vyayama Shakti

VYADHI PAREEKSHA

Table no.15; Qualification wise examination of vyadhi-bala (Disease)

	BAM S(92)	%	MD (131)	%	MS (38)	%	Ph.D (39)	%
Dehabala	82	89.1	102	77.9	32	84.2	37	94.9
Doshabala	81	88.0	104	79.4	32	84.2	37	94.9
Vyadhibala	83	90.2	114	87.0	34	89.5	34	87.2
Hetu	92	100	129	98.5	38	100	33	84.6
Dosha	89	96.7	117	89.3	37	97.4	38	97.4
Dushya	87	94.6	102	77.9	37	97.4	35	89.7
Prakruthi	85	92.4	106	80.9	36	94.7	36	92.3
Lakshana	83	90.2	119	90.8	35	92.1	34	87.2
Upadrava	75	81.5	105	80.2	34	89.5	35	89.7
Aoshadakala	69	75.0	111	84.7	37	97.4	33	84.6

Graph no.5; Cross tabulation for qualification wise examination of vyadhi-bala (Disease)

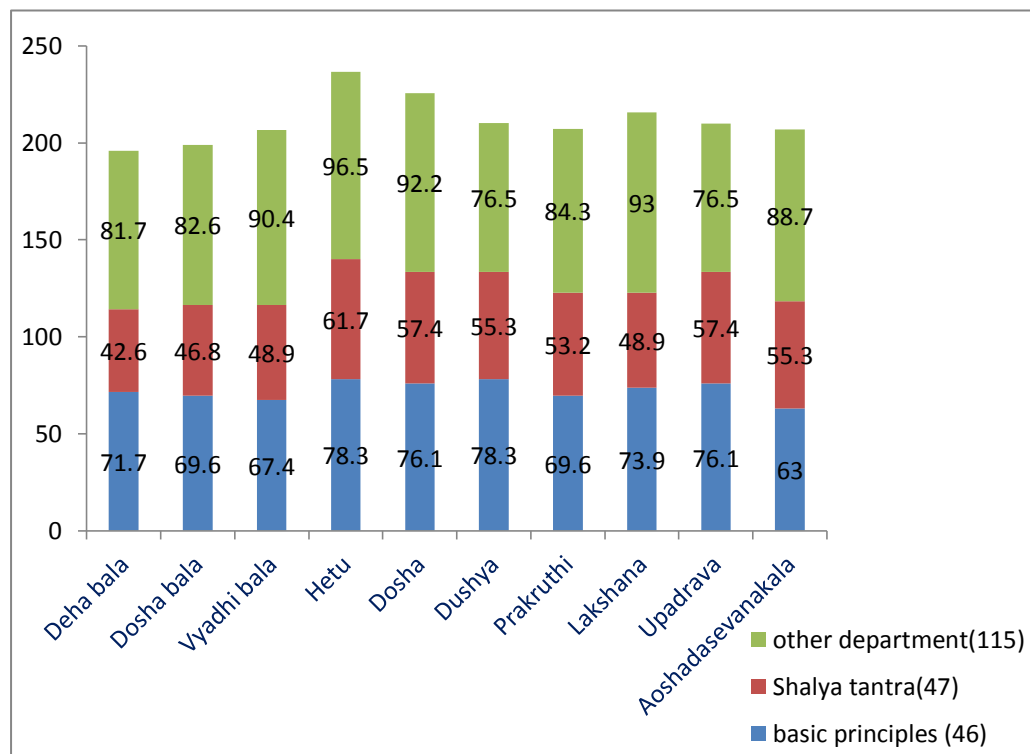


Among three hundred respondents 253 members are examining Dehabala (82 members of BAMS, MD 102 members, MS 32 members, and 37 PhD holders). 254 members are examining Doshabala(81 members of BAMS, MD 104 members, MS 32 members, and 37 PhD holders). 265 members are examining Vyadhibala(83 members of BAMS, MD 114 members, MS 34 members, and 34 PhD holders). 292 members are examining Hetu(92 members of BAMS, MD 129 members, MS 38 members, and 33 Ph.D. holders). 281 members are examining Dosha (89 members of BAMS, MD 117 members, MS 37 members, and 38 PhD holders). 261 members are examining Dushya(87 members of BAMS, MD 102 members, MS 37 members, and 35 PhD holders). 263 members are examining Prakruthi(85 members of BAMS, MD 106 members , MS 36 members, and 36 PhD holders). 271 members are examining Lakshana(83 members of BAMS, MD 119 members,MS 35 members, and 34 PhD holders). 249members are examining Upadrava(75 members of BAMS, MD 105 members, MS 34 members, and 35 PhD holders). 250 members are examining Aoshadasevanakala(69 members of BAMS, MD 111 members , MS 37 members, and 33 PhD holders)

Table no.16; Department wise examination of vyadhi-bala (Disease)

	basic principles (46)	%	Shalya Tantra (47)	%	other department (115)	%
Dehabala	33	71.7	20	42.6	94	81.7
Doshabala	32	69.6	22	46.8	95	82.6
Vyadhibala	31	67.4	23	48.9	104	90.4
Hetu	36	78.3	29	61.7	111	96.5
Dosha	35	76.1	27	57.4	106	92.2
Dushya	36	78.3	26	55.3	88	76.5
Prakruthi	32	69.6	25	53.2	97	84.3
Lakshana	34	73.9	23	48.9	107	93.0
Upadrava	35	76.1	27	57.4	88	76.5
Aoshadaseva nakala	29	63.0	26	55.3	102	88.7

Graph no.6; Cross tabulation for department wise examination of vyadhi-bala (Disease)

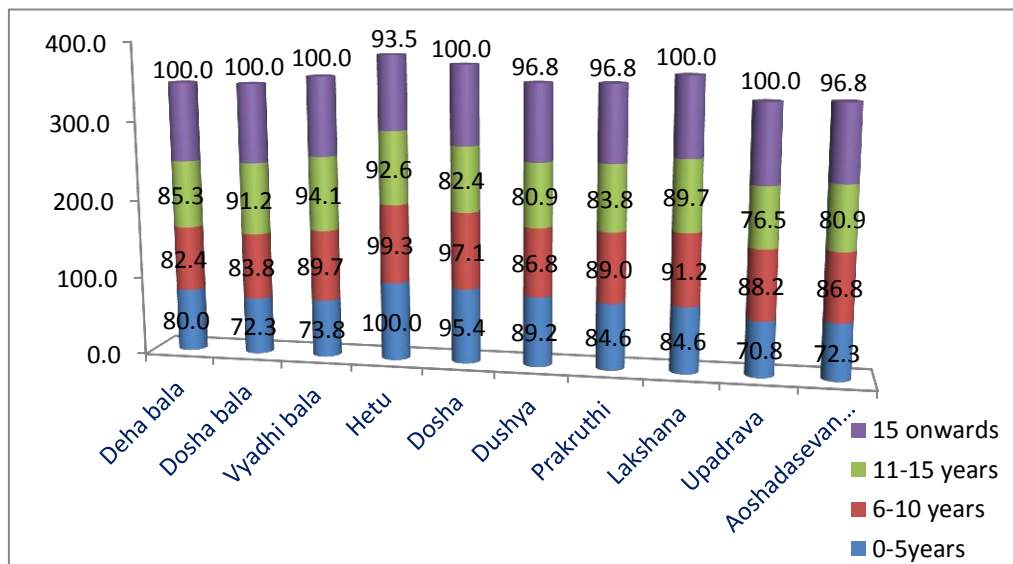


Among three hundred respondents 253 members are examining Deha-bala (33 Basic principles, Shalya 20 members, and 94 other department). 254 members are examining Dosha bala (32 Basic principles, Shalya 22 members, and 95 other department).265 members are examining Vyadhi bala(31 Basic principles, Shalya 23 members, and 104 other department).292 members are examining Hetu(36 Basic principles, Shalya 29 members, and 111 other department).281 members are examining Dosha(35 Basic principles, Shalya 27 members, and 106 other department). 261 members are examining Dushya(36 Basic principles, Shalya 26 members, and 88 other department).263 members are examining Prakruthi(32 Basic principles, Shalya 25 members, and 97 other department).271 members are examining Lakshana(34 Basic principles, Shalya 23 members, and 107 other department).249members are examining Upadrava(35 Basic principles, Shalya 27 members, and 88 other department).250 members are examining Aoshada sevana kala(29 Basic principles, Shalya 26 members, and 102 other department).

Table no.17; Clinical experience wise examination of vyadhi-bala

	Clinical Experience							
	0-5years		6-10 years		11-15 years		15 onwards	
	No	Yes	No	Yes	No	Yes	No	Yes
Dehabala	13	52	24	112	10	58	0	31
Doshabala	18	47	22	114	6	62	0	31
Vyadhibala	17	48	14	122	4	64	0	31
Hetu	0	65	1	135	5	63	2	29
Dosha	3	62	4	132	12	56	0	31
Dushya	7	58	18	118	13	55	1	30
Prakruthi	10	55	15	121	11	57	1	30
Lakshana	10	55	12	124	7	61	0	31
Upadrava	19	46	16	120	16	52	0	31
Aoshadasevanakala	18	47	18	118	13	55	1	30

Graph no.7; Clinical experience wise examination of vyadhi-bala(Disease)



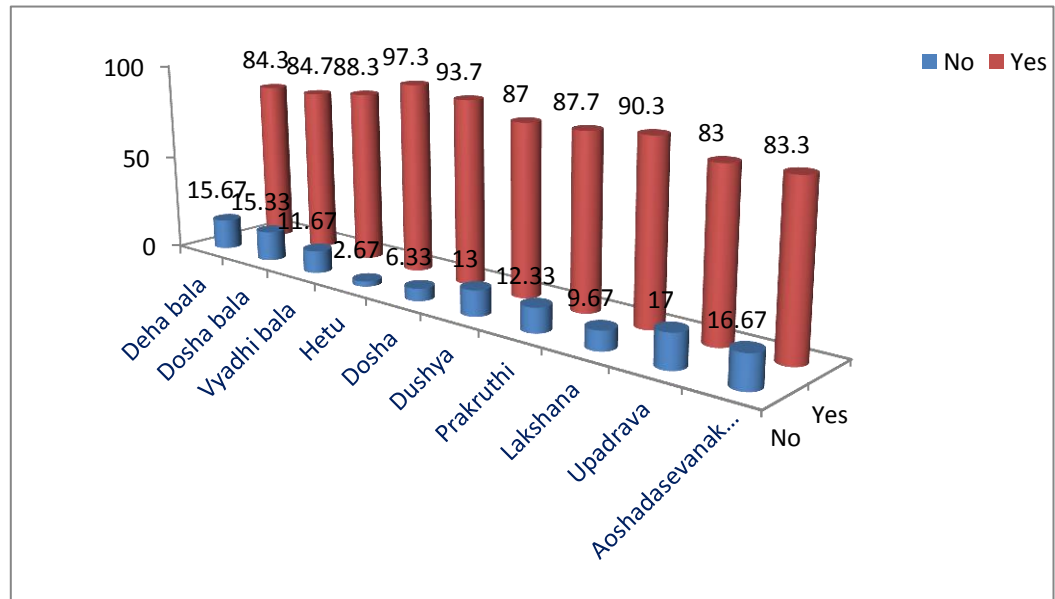
Among three hundred respondents 253 members are examining Deha-bala (52 members belong to 0-5years Of experience, 6-10years 112 members, 11-15years 58 members and 31 respondents have above 15 years of experience) 254 members are examining Doshabala (47 members belong to 0-5years Of experience, 6-10years 114 members, 11-15years 62 members and 31 respondents have above 15 years of experience). 265 members are examining Vyadhi bala(48 members belong to 0-5years Of experience, 6-10years 122 members, 11-15years 64 members and 31 respondents have above 15 years of experience) 292 members are examining Hetu (65

members belong to 0-5years Of experience, 6-10years 135 members, 11-15years 63 members and 29 respondents have above 15 years of experience). 281 members are examining Dosh(62 members belong to 0-5years Of experience, 6-10years 132 members, 11-15years 56 members and 31 respondents have above 15 years of experience) 261 members are examining Dushya(58 members belong to 0-5years Of experience, 6-10years 118 members, 11-15years 55 members and 30 respondents have above 15 years of experience) 263 members are examining Prakruthi(55 members belong to 0-5years Of experience, 6-10years 121 members, 11-15years 57 members and 30 respondents have above 15 years of experience) 271 members are examining Lakshana(55 members belong to 0-5years Of experience, 6-10years 124 members, 11-15years 61 members and 31 respondents have above 15 years of experience) 249members are examining Upadrava(55 members belong to 0-5years Of experience, 6-10years 124 members, 11-15years 52 members and 31 respondents have above 15 years of experience) 250 members are examining Aoshada sevana kala(47 members belong to 0-5years Of experience, 6-10years 118 members, 11-15years 55 members and 30 respondents have above 15 years of experience)

Table no.18; Frequencies of vyadhi bala pareeksha

	frequency		frequency	
	No	Percentage	Yes	Percentage
Dehabala	47	15.67	253	84.3
Doshabala	46	15.33	254	84.7
Vyadhibala	35	11.67	265	88.3
Hetu	8	2.67	292	97.3
Dosha	19	6.33	281	93.7
Dushya	39	13.00	261	87.0
Prakruthi	37	12.33	263	87.7
Lakshana	29	9.67	271	90.3
Upadrava	51	17.00	249	83.0
Aoshadasevanakala	50	16.67	250	83.3

Graph no.8; Frequencies of vyadhi bala pareeksha



Among three hundred respondents 47 members are not examining and 253 members are examining Deha-bala. 46 members are not examining and 254 members are examining Doshabala. 35 were not examining and 265 members are examining Vyadhibala. 8 were are not examining and 292 members are examining Hetu. 19 members are not examining and 281 members are examining Doshha. 39 members are not examining and 261 members are examining Dushya. 37 members are not examining and 263 members are examining Prakruthi. 29 members are not examining and 271 members are examining Lakshana. 51 members are not examining and 249members are examining Upadrava. 50 members are not examining and 250 members are examining Aoshada sevana kala.

AOUSHADA PAREEKSHA

Table No-19 Showing classical Aoshada yoga indicated for Arshas

	Valid	Frequency	Percent
1.	Abhaya arishta	283	94.33
2.	Arshakutara rasa	115	38.33
3.	Triphala churna	111	37.00
4.	Ushirasava	90	30.00
5.	Virechana churna	89	29.67
6.	Bola parpati	72	24.00
7.	Yogaraja guggulu	67	22.33
8.	Bolabadda rasa	66	22.00
9.	Duralabha arishta	62	20.67
10.	Chirabilwadi kashaya	57	19.00
11.	Tapyadi loha	54	18.00
12.	Changeri gruta	52	17.33
13.	Haritakyadi avaleha	49	16.33
14.	Gandaka rasayana	48	16.00
15.	Arshahara lepa	47	15.67
16.	Phala varti taila	45	15.00
17.	Arshohara malaham	44	14.67
18.	Manibadra yoga	42	14.00
19.	Suranapindi	42	14.00
20.	Ushiradi kashaya	42	14.00
21.	Ashwaganda arista	40	13.33
22.	Manibadra modaka	37	12.33
23.	Brihat yogaraja guggulu	35	11.67
24.	Loharista	35	11.67
25.	Pravala bhasma	34	11.33
26.	Kankayana modaka	32	10.67
27.	Maha tiktaka gruta	32	10.67
28.	Ballataka guda	27	9.00
29.	Kutajadi rasa kriya	27	9.00
30.	Pratisaraniya kshara	26	8.67
31.	Laxmi vilasa rasa	25	8.33
32.	Agastya modaka	23	7.67
33.	Kutajavaleha	23	7.67
34.	Maha changeri gruta	23	7.67
35.	Amlakarista	22	7.33
36.	Chavyadi grutam	21	7.00
37.	Dantyarista	20	6.67
38.	Vyoshadi churnam	19	6.33

Observation and results

39.	Pranada gutika	18	6.00
40.	Vyoshadi grutam	15	5.00
41.	Shribahushala guda	14	4.67
42.	Dusparshakadi kashaya	13	4.33
43.	Kasisadi lepa	10	3.33
44.	Kanakarista	9	3.00
45.	Maha nimbadi taila	9	3.00
46.	Gandeera kanjike	8	2.67
47.	Brihat Kasisadi taila	7	2.33
48.	Chittrakadi bhallataka loha	7	2.33
49.	Saindavadi churna	7	2.33
50.	Baladi gruta	5	1.67
51.	Kamala kesaradi yoga	3	1.00
52.	Agni gruta	1	0.33
53.	Ballataka avaleha	0	0.00
54.	Drakshasava	0	0.00
55.	Kasisadi taila	0	0.00
56.	Navayasa churna	0	0.00
57.	Trushanadi churnam	0	0.00

Table no.20; Showing classical Aoshada yoga indicated for Arshas

Sl.no	Percentage	Classical medicines
1.	94.33%	Abhyaarista.
2.	30-40%,	Arshakutara rasa, Triphalachurna, Ushirasava
3.	20-30%,	Virechanachurna, Bola parpati, Yogarajaguggulu, Bola badda rasa and Duralabharishta
4.	10-20%.	Chirabilwadikashaya, Tapyadiloha, Changerigruta, Haritakyadiavaleha, Gandakarasayana, Arshaharalepa, Phalavartitaila, Arshoharamalaham, Manibadra yoga, Suranapindi, Ushiradikashaya, Ashwagandarista, Manibadramodaka, Brihatyogarajaguggulu, Loharista, Pravalabhasma, Kankayanamodaka, Mahatiktakagruta
5.	0-10%	Kanakarista, Mahanimbaditaila, Gandeerakanjike, BrihatKasisaditaila, Chittrakadibhallatakalo, Saindavadi churna, Baladigruta, Kamalakesaradi yoga, Agni gruta, Ballatakaavaleha,
6.	0 %	Drakshasava, Kasisaditaila, Navayasachurna, Trushanadichurnam

Among three hundred respondents 283 (94.33%) members are prescribing abhyaarista. no other formulations are prescribed above 40%. Arshakutara rasa, Triphala churna, Ushirasava are prescribed 30-40%, Virechana churna, Bola parpati, Yogaraja guggulu, Bola badda rasa and Duralabharishta are prescribed 20-30%, Chirabilwadi kashaya, Tapyadi loha, Changeri gruta, Haritakyadi avaleha, Gandaka rasayana, Arshahara lepa, Phalavarti taila, Arshohara malaham, Manibadra yoga, Surana pindi, Ushiradi kashaya, Ashwagandarista, Manibadra modaka, Brihat yogaraja guggulu, Loharista, Pravala bhasma, Kankayana modaka, Maha tiktaka gruta are prescribing 10-20%.remaning all formulations are used below 10%.

Table No-21 showing Single drug formulations (Ekamulika yoga) indicated for Arshas

	Ekamulika yoga	Frequency	Percent
1.	Abhaya	215	71.67
2.	Triphala	163	54.33
3.	Chitraka	37	12.33
4.	Bilwa	35	11.67
5.	Ativisha	28	9.33
6.	Madanaphala	25	8.33
7.	Chavya	23	7.67
8.	Yava	15	5.00
9.	Kutaja	14	4.67
10.	Ksharavriksha	10	3.33
11.	Daruharidra	9	3.00
12.	Dhava	8	2.67
13.	Nagara	7	2.33
14.	Vajravruksha	7	2.33
15.	Dhanvayasaka	6	2.00
16.	Sehunda	6	2.00
17.	Vacha	5	1.67
18.	Shimshapa	2	0.67
19.	Snuhi	2	0.67
20.	Varahi	1	0.33
21.	Vrukshaka	1	0.33
22.	Palasha	0	0.00

Table no.22; Showing Single drug formulations (Ekamulika yoga) indicated for Arshas

Sl.no	Percentage	Single drug formulations (Ekamulika yoga)
1.	71.67%	Abhaya
2.	54.33%	Triphala
3.	0-15%,	Chitraka, Bilwa, Ativisha, Madanaphala, Chavya, Yava, Kutaja, Ksharavriksha, Daruharidra, Dhava, Nagara, Vajravruksha, Dhanvayasaka, Sehunda, Vacha, Shimshapa, Snuhi, Varahi, Vrukshaka
4.	0 %	Palasha

Among three hundred respondents 215 (71.67%) members are prescribing abhya and 163 (54.33%) members are prescribing triphala as eka mulika prayoga. no other single drugs are prescribed above 15 %. remaining all drugs like Chitraka, Bilwa, Ativisha, Madana phala, Chavya, Yava, Kutaja, Kshara vriksha, Daruharidra, Dhava, Nagara, Vajra vruksha, Dhanvayasaka, Sehunda, Vacha, Shimshapa, Snuhi, Varahi, Vrukshaka and Palasha are used below 15%.

Table No-23 Showing combination of drugs indicated for arshas

		Frequency	Percent
1.	Chitrakamoola SiddhaTakra	78	26.00
2.	Hareetaki – Gruta Bhrshta	56	18.67
3.	Punarnava mandura + Hareetaki churna	26	8.67
4.	Charngeri Swarasadi Gruta	19	6.33
5.	Pippali along with Guda	15	5.00
6.	Dusparsha along with Pata	14	4.67
7.	Trivrut along with Danti	14	4.67
8.	Koshataki(<i>Luffaechinata</i>)	7	2.33
9.	Yavani + Pata	4	1.33
10.	Nagara + Pata	1	0.33
11.	Bilva + pata	0	0.00
12.	Bimbi(<i>Trichosanthesdioica</i>)	0	0.00

Table no.24; Showing Combination of drugs indicated for arshas

Sl.no	Percentage	Combination of drugs
1	26.00%	Chitrakamoola SiddhaTakra
2	18.67%	Hareetaki – GrtaBhrshta

Observation and results

3	0-10%	Punarnava mandura + Hareetaki churna, Charngeri Swarasadi Gruta, Pippali along with Guda, Dusparsha along with Pata, Koshataki(<i>Luffaechinata</i>), Trivrut along with Danti, Yavani + Pata
4	0.00%	Nagara + Pata Bilva + pata Bimbi(<i>Trichosanthesdioica</i>)

Among three hundred respondents 78 (26.00%) members are prescribing chitraka moola siddha takra and remaining all drugs like Hareetaki Gruta Bhrshita, Punarnava mandura along with Hareetaki churna, Charngeri Swarasa siddha Grta, Pippali along with Guda, Dusparsha along with Pata Trivrut along with Danti, Koshataki(*Luffaechinata*), Yavani along with Pata, Nagara, Pata, Bilva with pata, Bimbi(*Trichosanthesdioica*) are used below 30%.

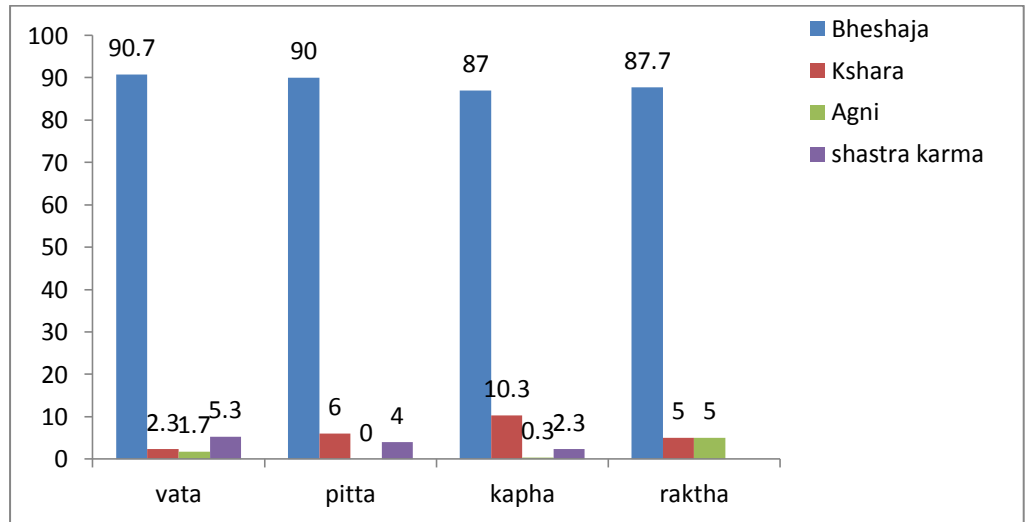
ASSESSMENT OF KRIYA KALA

Table no.25; Showing Frequencies of Kriyakala (selection of treatment to Arshas)

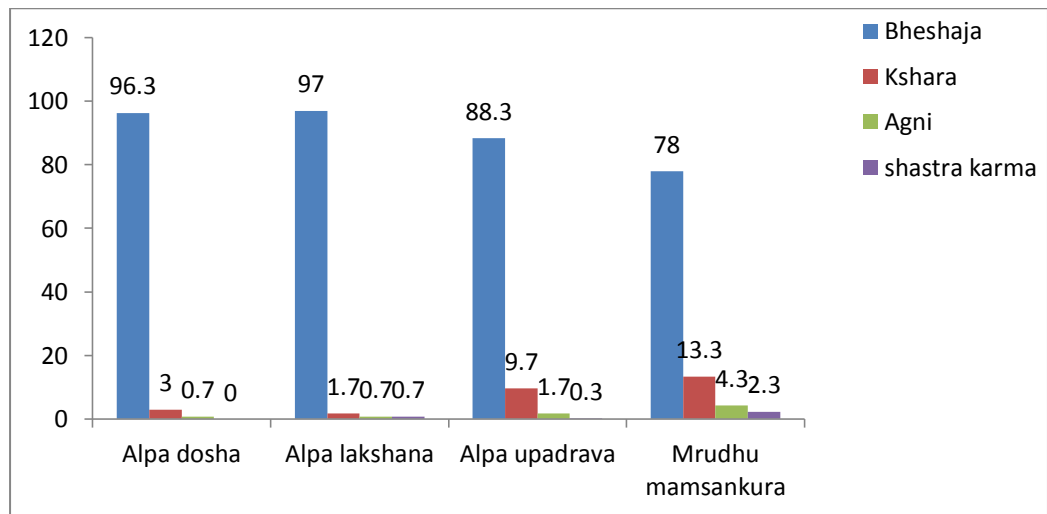
Lakshana of arshas	Treatment	frequency	Percentage
Vata	Beshaja	272	90.67
	Kshara	7	2.33
	Agni	5	1.67
	Shastrakarma	16	5.33
Pitta	Beshaja	270	90.00
	Kshara	18	6.00
	Agni	0	0.00
	Shashtra karma	12	4.00
Kapha	Beshaja	261	87.00
	Kshara	31	10.33
	Agni	1	0.33
	Shastrakarma	7	2.33
Rakta	Beshaja	263	87.67
	Kshara	15	5.00
	Agni	15	5.00
	Shastrakarma	7	2.33
AlpaDosha	Beshaja	289	96.33
	Kshara	9	3.00
	Agni	2	0.67
	Shastrakarma	0	0.00
AlpaLakshana	Beshaja	291	97.00
	Kshara	5	1.67
	Agni	2	0.67
	Shastrakarma	2	0.67
AlpaUpadrava	Beshaja	265	88.33
	Kshara	29	9.67
	Agni	5	1.67
	Shastrakarma	1	0.33
Mrudhumamsankura	Beshaja	234	78.00
	Kshara	40	13.33
	Agni	13	4.33
	Shastrakarma	13	4.33
Bleeding pile mass	Beshaja	238	79.33
	Kshara	26	8.67
	Agni	18	6.00
	Shastrakarma	18	6.00
Avagada	Beshaja	250	83.33
	Kshara	20	6.67

	Agni	16	5.33
	Shastrakarma	14	4.67
Ucchitani	Beshaja	255	85.00
	Kshara	12	4.00
	Agni	23	7.67
	Shastra karma	10	3.33
Karkasha	Beshaja	247	82.33
	Kshara	8	2.67
	Agni	36	12.00
	Shastra karma	9	3.00
Sthira	Beshaja	243	81.00
	Kshara	11	3.67
	Agni	23	7.67
	Shastra karma	23	7.67
Pruthu	Beshaja	243	81.00
	Kshara	15	5.00
	Agni	19	6.33
	Shastra karma	23	7.67
Katina	Beshaja	237	79.00
	Kshara	16	5.33
	Agni	20	6.67
	Shastra karma	27	9.00
Tanu mula	Beshaja	235	78.33
	Kshara	24	8.00
	Agni	15	5.00
	Shastra karma	26	8.67
Kleda yuktha	Beshaja	238	79.33
	Kshara	13	4.33
	Agni	25	8.33
	Shastra karma	24	8.00

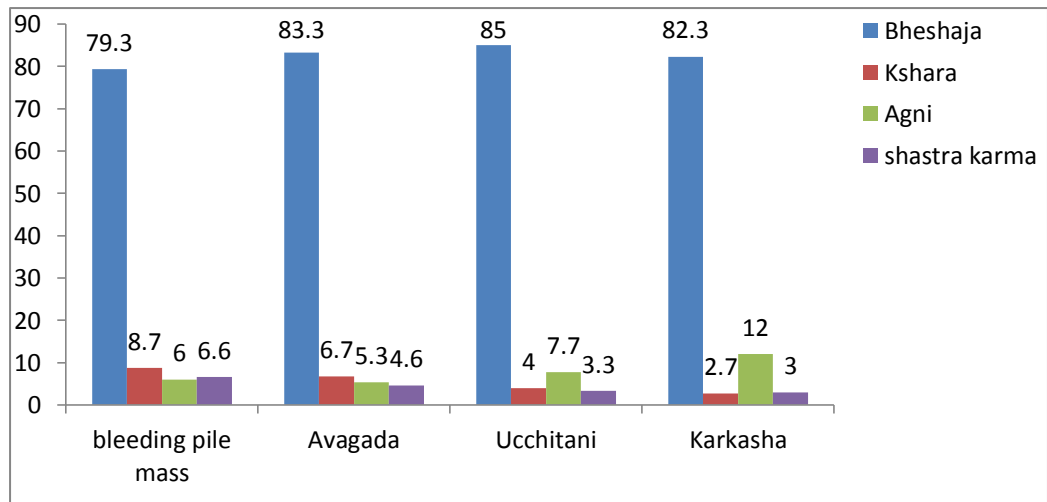
Graph no.9; Avastika chikitsa(kriyakala) and Aoushada sadhya arsha



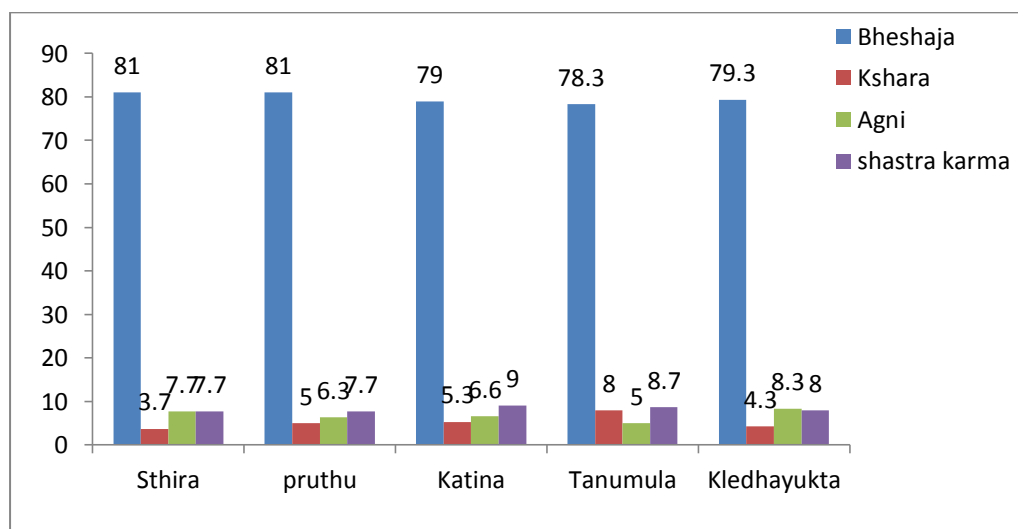
Graph no.10; Avastika chikitsa (kriyakala) and kshara sadhya arsha



Graph no.11; Avastika chikitsa (kriyakala) and Agni sadhya arsha



Graph no.12; Avastika chikitsa (kriyakala) and shastr karma sadhya arsha



Among three hundred respondents 272 practitioners treating Vataja Arsha with Beshaja, 7 were through Kshara Karma, 5 through Agni Karma, 16 were treated with Shastra Karma.

Among three hundred respondents 270 practitioners treating pittaja Arsha with Beshaja, 18 were through Kshara Karma and 12 were treated with Shastra Karma.

Among three hundred respondents 261 practitioners treating Kaphaja Arsha with Beshaja, 31 were through Kshara Karma, 1 through Agni Karma, and 7 were treated with Shastra Karma.

Among three hundred respondents 263 practitioners treating Raktaja Arsha with Beshaja, 15 were through Kshara Karma, 15 through Agni Karma, and 7 were treated with Shastra Karma.

Among three hundred respondents 289 practitioners treating Alpa Dosha Arsha with Beshaja, 9 were through Kshara Karma and 2 were treating through Agni Karma.

Among three hundred respondents 291 practitioners treating Alpa Lakshana with Beshaja, 5 were through Kshara Karma, 2 through Agni Karma, and 2 were treated with Shastra Karma.

Among three hundred respondents 265 practitioners treating Alpa Upadrava with Beshaja, 29 were through Kshara Karma, 5 through Agni Karma, and 1 is treated with Shastra Karma.

Among three hundred respondents 234 practitioners treating Mrdu Mamsa Ankura with Beshaja 40 were through Kshara Karma, 13 through Agni Karma and 13 were treated with Shastra Karma.

Among three hundred respondents 238 practitioners treating bleeding pile mass with Beshaja, 26 were through Kshara Karma, 18 through Agni Karma and 18 were treated with Shastra Karma.

Among three hundred respondents 250 practitioners treating Avagada with Beshaja, 20 were through Kshara Karma, 16 through Agni Karma, and 14 were treated with Shastra Karma.

Among three hundred respondents 255 practitioners treating Ucchitani with Beshaja, 12 were through Kshara Karma, 23 through Agni Karma, and 10 were treated with Shastra Karma.

Among three hundred respondents 247 practitioners treating KarkashawithBeshaja,8 were through Kshara Karma,36 through Agni Karma and 9 were treated with Shastra Karma.

Among three hundred respondents 243 practitioners treating Sthira with Beshaja, 11 were through Kshara Karma, 23 through Agni Karma, and 23 were treated with Shastra Karma.

Among three hundred respondents 243 practitioners treating Pruthu with Beshaja, 15 were through Kshara Karma, 19 through Agni Karma and 23 were treated with Shastra Karma.

Among three hundred respondents 237 practitioners treating Katina with Beshaja, 16 were through Kshara Karma, 20 through Agni Karma,and 27 were treated with Shastra Karma.

Among three hundred respondents 235 practitioners treating Tanu Mula with Beshaja, 24 were through Kshara Karma, 15 through Agni Karma and 26 were treated with Shastra Karma.

Among three hundred respondents 238 practitioners treating Kledayuktha with Beshaja, 13 were through Kshara Karma, 25 through Agni Karma and 24 were treated with Shastra Karma.

Table no.26; Cross tabulation of qualification, complete relief of diseases

QUALIFICATION	Complete relief of diseases						Total
	0	1-2 Pts	3-4 Pts	5-6 Pts	6-7 Pts	7-8 Pts	
BAMS	0	8	28	21	29	6	92
MD	1	34	38	25	25	8	131
MS	0	5	2	16	9	6	38
Ph.D	0	9	7	11	10	2	39
Total	1	56	75	73	73	22	300

Among three hundred respondents according to qualification 56 were confident about complete relief in 1-2 patients among every 10 patients (BAMS-22, MD-41, MS-6, Ph.D-16) 75 were in 3-4 Patients(BAMS-22, MD-41, MS-6, Ph.D-16) 73 were in 5-6 Patients(BAMS-22, MD-41, MS-6, Ph.D-16) 73 were in 6-7 Patients(BAMS-22, MD-41, MS-6, Ph.D-16) and 22 were in 7-8 Patients(BAMS-22, MD-41, MS-6, Ph.D-16)

Table no.27; Cross tabulation of qualification and symptomatic relief of diseases

QUALIFICATION	Symptomatic relief of diseases						Total
	0 Pts	1-2 Pts	3-4 Pts	5-6 Pts	7-8 Pts	9-10 Pts	
BAMS	0	13	21	9	24	25	92
MD	2	15	32	26	27	29	131
MS	0	2	4	16	9	7	38
Ph.D	0	6	8	5	14	6	39
Total	2	36	65	56	74	67	300

Among three hundred respondents according to qualification 36 were confident about symptomatic relief in 1-2 patients (BAMS-13, MD-15, MS-2, Ph.D-16) 65 were in 3-4 Patients(BAMS-21, MD-32, MS-4, Ph.D-8) 56 were in 5-6 Patients(BAMS-9, MD-26, MS-16, Ph.D-5) 74 were in 7-8 Patients(BAMS-24, MD-27, MS-9, Ph.D-14) and 67 were in 9-10 Patients(BAMS-25, MD-29, MS-7, Ph.D-16)among every 10 patients

Table no.28; Cross tabulation of qualification and reoccurrence of diseases

QUALIFICATION	Reoccurrence of diseases					Total
	0 Pts	1-2 Pts	3-4 Pts	5-6 Pts	7-8 Pts	
BAMS	0	53	28	7	4	92
MD	4	67	39	17	4	131
MS	0	6	30	2	0	38
Ph.D	1	12	16	5	5	39
Total	5	138	113	31	13	300

Among three hundred respondents according to qualification 138 were observed reoccurrence in 1-2 patients (MD-67, MS-6, Ph.D-12) 113 were in 3-4 Patients(BAMS-28, MD-39, MS-30, Ph.D-16) 31 were in 5-6 Patients(BAMS-7, MD-17, MS-2, Ph.D-5) and 13 were in 7-8 Patients(BAMS-4, MD-4, Ph.D-5)among every 10 patients

Table no.29; Cross tabulation of department and complete relief

DEPARTMENT	Complete relief						Total
	0	1-2 Pts	3-4 Pts	5-6 Pts	6-7 Pts	7-8 Pts	
BAMS	0	8	28	21	29	6	92
BP	0	9	14	6	15	2	46
Shalya	0	4	10	12	17	4	47
Others	1	25	26	24	28	11	115
Total	1	46	78	63	89	23	300

Among three hundred respondents according to department 56 were confident about complete relief in 1-2 patients (BAMS-8, Basic principles-9, Shalya tantra-4, other department-35) 75 were in 3-4 Patients (BAMS-28, Basic principles-14, Shalya tantra-2, other department-31) 73 were in 5-6 Patients (BAMS-21, Basic principles-6, Shalya tantra-12, other department-34) 73 were in 5-6 Patients (BAMS-21, Basic principles-6, Shalya tantra-12, other department-34) and 73 were in 6-7 Patients (BAMS-29, Basic principles-9, Shalya tantra-7, other department-28) 7-8 Patients (BAMS-5, Basic principles-2, Shalya tantra-4, other department-11) among every 10 patients

Table no.30; Cross tabulation of department and symptomatic relief of diseases

DEPARTMENT	Symptomatic relief of diseases						Total
	0 Pts	1-2 Pts	3-4 Pts	5-6 Pts	7-8 Pts	9-10 Pts	
BAMS	0	13	20	9	24	26	92
BP	2	2	8	10	13	11	46
Shalya	0	3	8	7	21	08	47
Others	0	20	23	22	25	25	115
Total	2	38	59	48	83	70	300

Among three hundred respondents according to department 36 were confident about symptomatic relief in 1-2 patients (BAMS-13, Basic principles-2, Shalya tantra-1, other department-20) 65 were in 3-4 Patients (BAMS-20, Basic principles-8, Shalya tantra-4, other department-33) 56 were in 5-6 Patients (BAMS-9, Basic principles-10, Shalya tantra-5, other department-32) 74 were in 7-8 Patients (BAMS-24, Basic principles-7, Shalya tantra-13, other department-30) and 67 were in 9-10 Patients (BAMS-25, Basic principles-11, Shalya tantra-6, other department-25) among every 10 patients.

Table no.31; Cross tabulation of department and reoccurrence of diseases

DEPARTMENT	Reoccurrence of diseases					
	0 Pts	1-2 Pts	3-4 Pts	5-6 Pts	7-8 Pts	
BAMS	0	53	28	6	5	92
BP	0	12	16	11	7	46
Shalya	0	11	18	10	08	47
Others	5	57	31	20	2	115
Total	5	133	93	47	22	300

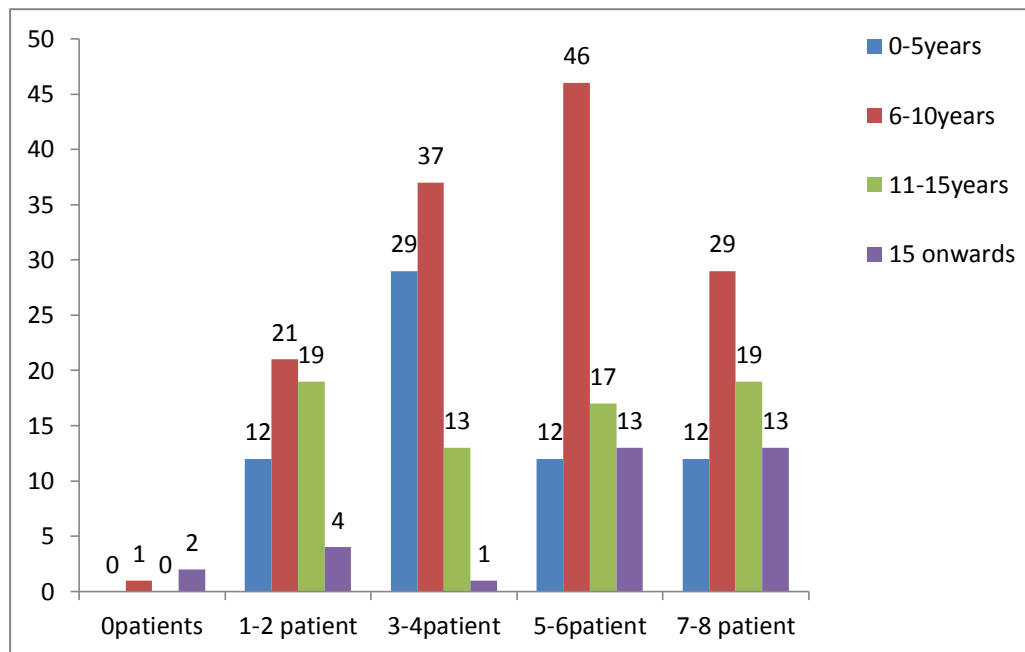
Among three hundred respondents according to department 138 were observed reoccurrence in 1-2 patients (BAMS-53, Basic principles-12, Shalya

tantra-11, other department-62) 113 were in 3-4 Patients(BAMS-28, Basic principles-16, Shalya tantra-18, other department-51) 31 were in 5-6 Patients(BAMS-6, Basic principles-5, other department-20) and 13 were in 7-8 Patients(BAMS-4, Basic principles-7, other department-2) among every 10 patients

Table no.32; Cross tabulation of clinical experience and complete relief of diseases

	0-5years	6-10years	11-15years	15 onwards	Total
0patients	0	1	0	2	3
1-2 patient	12	21	19	4	56
3-4patient	29	37	13	1	80
5-6patient	12	46	17	13	88
7-8 patient	12	29	19	13	73

Graph no.13; Clinical experience and complete relief of diseases

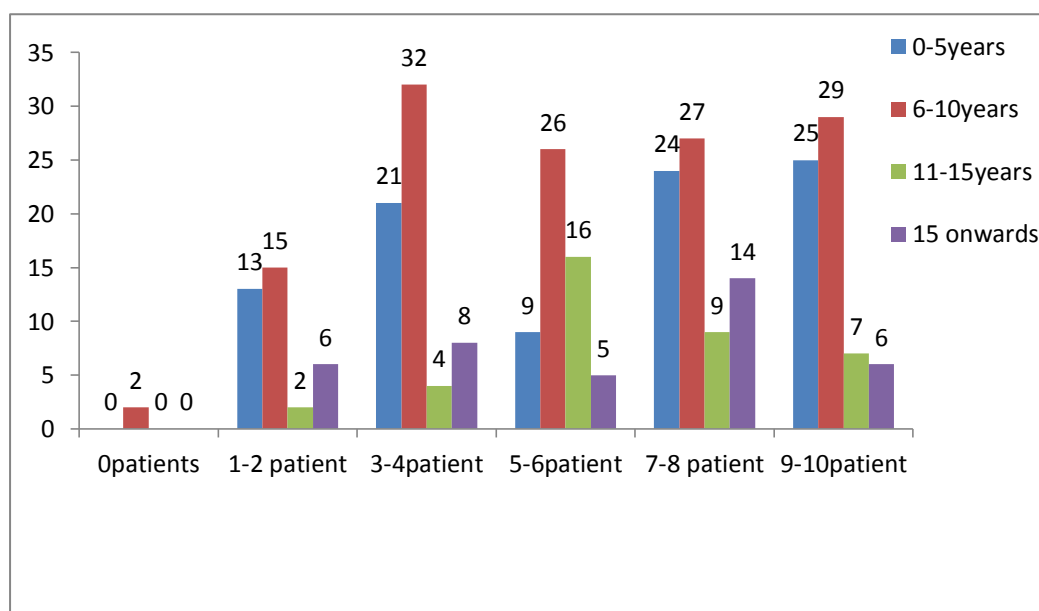


Among three hundred respondents according to clinical experience 56 were confident about complete relief in 1-2 patients (BAMS-12, MD-21, MS-19, Ph.D-4) 75 were in 3-4 Patients(BAMS-29, MD-32, MS-13, Ph.D-1) 73 were in 5-6 Patients(BAMS-11, MD-39, MS-11, Ph.D-12) 73 were in 6-7 Patients(BAMS-12, MD-29, MS-19, Ph.D-13) and 22 were in 7-8 Patients among every 10 patients (BAMS-1, MD-14, MS-6, Ph.D-1)among every 10 patient.

Table no.33; Cross tabulation of clinical experience and symptomatic relief of diseases

	0-5years	6-10years	11-15years	15 onwards	total
0patients	0	2	0	0	2
1-2 patient	13	15	2	6	36
3-4patient	21	32	4	8	65
5-6patient	9	26	16	5	56
7-8 patient	24	27	9	14	74
9-10patient	25	29	7	6	67

Graph no.14; clinical experience and symptomatic relief of diseases

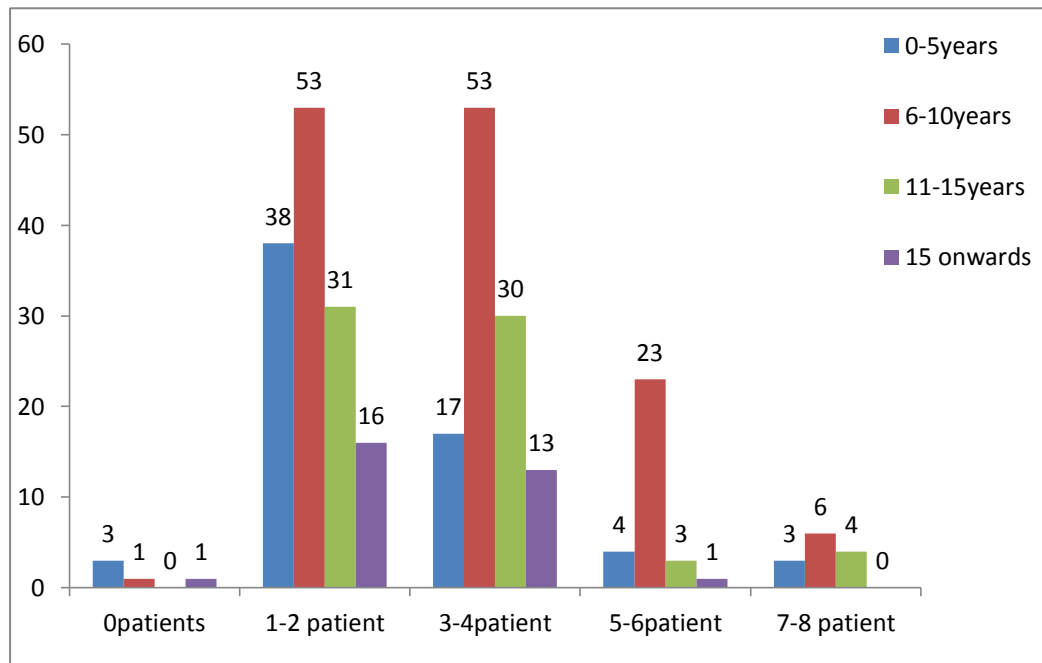


Among three hundred respondents according to clinical experience 56 were confident about symptomatic relief in 1-2 patients (BAMS-12, MD-21, MS-19, Ph.D-4) 75 were in 3-4 Patients(BAMS-29, MD-32, MS-13, Ph.D-1) 73 were in 5-6 Patients(BAMS-11, MD-39, MS-11, Ph.D-12) 73 were in 6-7 Patients(BAMS-12, MD-29, MS-19, Ph.D-13) and 22 were in 7-8 Patients(BAMS-1, MD-14, MS-6, Ph.D-1)among every 10 patients

Table no.34; Cross tabulation of clinical experience and reoccurrence of diseases

	0-5years	6-10years	11-15years	15 onwards
0patients	3	1	0	1
1-2 patient	38	53	31	16
3-4patient	17	53	30	13
5-6patient	4	23	3	1
7-8 patient	3	6	4	0

Graph no.15; clinical experience and reoccurrence of diseases



Among three hundred respondents according to clinical experience 138 were observed reoccurrence in 1-2 patients (BAMS-38, MD-53, MS-31, Ph.D-16) 113 were in 3-4 Patients(BAMS-17, MD-53, MS-30, Ph.D-13) 31 were in 5-6 Patients(BAMS-4, MD-23, MS-3, Ph.D-1) and 13 were in 7-8 Patients(BAMS-3, MD-6, MS-4)among every 10 patients.

DISCUSSION

Discussion is essential to relate the observation finding with that of the facts so as to bring about the association and draw the conclusions.

Discussion done under three headings

1. Discussion on concept of Beeja Chatustaya
2. Discussion on Arsha diseases
3. Discussion on application of beeja chatustaya in clinical practice of arsha

Discussion on concept of Beeja Chatustaya of sushruta samhita

Sushruta is a legendary scholar of the Indian medical science and founding father of surgery. 3000 Years ago (1500-100BC) Sushruta together with his colleagues had conducted the variety of complex surgeries such as caesareans, artificial limbs, cataract, urinary stones, fractures, and most specially the plastic surgery. Sushruta samhita focused not only on surgical aspect as well as many basic concepts like Embryonic conception and shape of embryo at second month, Agni and Pitta, Physiological process of blood circulation, division of kala and detail explanation of kriya kala, Explanation of Surgical instrument with procedure, Kshara, agni karma, jalouka, Collection and preservation of medicinal plants and Srushti utpatti karma ext

Beeja chatustaya or chikitsa chatustaya is an important fundamental unique concept, methodology adopted by acharya sushruta. This concept is the base forms to make the framework for sushruta samhita which is scattered throughout the Samhita. Utilizing the Beeja chatustaya concept while diagnosing, planning the treatment procedure and administration of proper medicine in proper time in disease condition will give the success in the treatment. Beeja Chatustaya comprises two words 'Beeja' and 'Chatustaya' Beeja means seed, and Chatustaya means four factors. Following these four factors are very necessary in the treatment of any disease, so Beeja Chatustaya also called as Chikitsa Chatustaya (Purusha, Vyadhi, Bheshaja and Kriyakala).

Beeja chatustaya has been propounded in nut shell and it is elaborated in 120 chapters. As the seed put in the earth grows with root, stem, branches and leaves and expands further. The seed of medicine likewise extending in sections of sutra, nidhana, shareera, Chikitsa, kalpa etc gives fruit of health. Ayurveda accepts panchamaha bhuth siddanta and loka purusha samya siddantha (homogeneity between macro (universe) and micro (living entity)).

Thus Purusha is considered to be the combination of pancha maha butha and atma. This karma purusha provides adhishtana and ashraya for vyadhi and chikitsa.

The roga or dukha or vedana includes all types of shareerika, manasika, and agantuja vedana. Dukha nivrutti can be achieved by administering different principles of kriya or chikitsa by using different medicines and other measures. kriya refers to swasta anuvartana chikitsa, antara ashraya, (snehanadi karma) bahir ashraya and shastrdi karma. Kala refers to the administration of procedure in proper time; kala implies the dina, rutu, roga, rogi, aoshda and jeerna linga. Selection of proper medicine in proper time is very necessary to attain expected outcome in the treatment

Purusha is described as resultant of combination of the soul and five primary material principles all medical acts such as surgical operation, administration of medical remedies and application of alkaline substance and cauterization are restricted to Purusha alone. Purusha is the primary substratum of disease as well as the therapeutic measure, others as subsidiary means. Pancha bhotatmaka denotes the mobile living beings divided into four groups. Among these the living being is the foremost while other are its supporting means used as food and drugs. The Purusha is the receptacle of any particular disease and that which proves a source of pain to him is denominated as a disease. Each and individuals are unique in the presentation pattern of the disease because of the Prakruti, Agni, Koshta, Satwa Samhanana ext.

For example the Kapha Prakruti persons are more prone for the manifestation of the disease Prameha, it may be because of the food habits and life style also contributes. So while planning treatment it's very necessary to examine individual in different way.

Diseases have originating basis in body and mind, some are psychic, some are somatic while others are psychosomatic like fever insanity, etc. each are known as Deha Manasa or Mano Daihika roga. Charaka also mentions body and mind as substratum of diseases. Aoushada (Drugs) with contrary properties are able to eliminate the disorders in the former administered with the consideration of place, dose, and time of administration. Proper dose is the dose which does not harm individual, desha and kala includes several relevant

factors and taking dose as well as beshaja all the ten factors. Thus the application of aushada in proper manner successfully prevents and alleviates the diseases. Diet is mentioned separately and achara consists of activities relating to body, speech and mind.

Kriyakala describes mode and stage of development of Disease. It refers to the proper diagnosis of stages of disease and adopting preventive and curative measures of aushadh, ahara and acharya (drug, diet and activities). If we ignore our health, the disease process (Samprapti) sets in. This means, instead of three stages, six different stages are produced and a well manifested disease known as Roga begins. Kriya kala means the time of treatment or interception in the process of disease manifestation. These six stages mentioned by Acharya Sushruta gives an idea regarding the state of the disease in the body and it guides us when to intervene or where to intervene.

The prognosis of the disease is can be accessed on the Vyadhi bala. Thorough understanding of science is essential to get confidence in the treatment. The improper observation and diagnosing the disease are going to confuse the physician to plan a proper treatment protocol. Physician should examine all most all essential factors in the very initial stage in clinical medicine followed by the planning of the suitable therapeutics.

Discussion on Arsha

In present work Arsha is undertaken for the study as per the adhikarana siddanta , because Arsha is one among the Chatur Vidha Beshaja Sadhya Vyadhi and it is commonly seen in clinical practice. With the obtained data it's possible to validate the concept of Beeja chatustaya.

The arsha since it is the resultant of agni mandhya, the first and foremost dhatu involved is the rasa, before the vitiated dosha could settle down in the Mamsavali (Guda). So the Poorvarupa exhibited are of rasa Pradoshaja Lakshana. But once the kamala or Pleeha Vriddi become the cause for the Rakta Kshaya, then the Vataja Arsha manifest because of both Dhatu Kshaya Janya Vata Vriddi and the Sroto Vaigunya i.e., Sira Shaithilya due to Rakta Kshaya.

Most of the etiology that is mentioned in the context of the arsha is of vata prakopaka, especially do the viloma gati which is further assisted by the agni mandhya. So the foods and drinks which are ruksha, sheeta, and guru

improperly cooked food do the aggravation of vata by their ruksha and sheeta property; aggravate the pitta by their drava guna and reducing its (Pitta) property of ushna and its action pachana also reduces. The guru jala pana, anupa mamsa sevana like other factors increase the kapha thus further diluting the action of pachaka pitta. The resulted ama will interfere with the sara-kitta vibhajana thus resulting into improperly formed pureesha. Depending upon the predominance of the dosha patients may experience baddha mala (because of vata) or bhinna varcha (because of drava guna of pitta). In roopa the sarvanga gata lakshana that occur are mainly because of the rasa pradoshaja. Thus arsha involves rasa, rakta and mamsa dhatu in its manifestation with different systemic presentation.

The utkatkasana described as the position acquired by sitting such that the parshnee (heel) touching the prushta bhaga of uru (posterior of thigh) is nothing but the squatting position that aids into the manifestation of the Arsha by increasing the intra-abdominal pressure. Prishtana yana results into the pressure at the thigh region which obstructs the blood flow of venous return from the lower limbs. In addition to this the gravitational force is directly acting at the anal region because of which the blood is pooled in rectal veins to dilate them to produce the arsha. Two wheeler riding is the nearest comparison to this sort of nidana and travelling for long distance also predisposes piles.

The vitiated apana vata in case of ama garbha pata also vitiates the other dosha to vitiate the mamsa vali to produce the arsha. The garbha peeda can be considered as the definite organic obstruction to the iliac and superior haemorrhoidal veins. The nidanartha kara roga like atisara (diarrhoea) and grahani (straining at stools) associated with much tenesmus and futile straining may produce distending effect on the haemorrhoidal plexus to cause the arsha. More over the agni mandhya due to atisara and grahani acts as the sannikrishta nidana for the arsha.

Pandu when it is because of rasa pradoshaja, the shosha occurs which leads to mamsa kshaya because of which the dhamani shaitilyata takes place to cause mamsa pradoshaja arsha. Whereas the pandu directly gives rise to shira shaithilyata when it is because of the rakta pradooshana. So considering these arsha with upadrva as representing the different presentation of hepatic failure

one can understand the meaning or seriousness of considering the arsha as one among the ashta mahagada.

In present study it is found that majority 61% are male sufferers and 39% were female. This may be because of the more exposure to the nidana of arsha like bike riding, travelling, irregular food habit like vishamashana, alpashana, anashana and adhyashana and habits like smoking and alcohol which are pitta and vata prakopaka, these all more in male as compared to females. In respect to the age between 30-40 age group majority 56% sufferers are found. Since yuvavastha is pitta pradhana kala, any slight change in the ahara and vihara that are pitta prakopaka in nature will aggravate the pitta, sadrava pitta will increase in body. So further nidana will increase the pitta by drava guna and decrease it by its guna and karma. Thus resulted agnimandhya might have caused the arsha. Pitta kara ahara in yuva avasta will does the pitta prakopa, even though the age from 18 years yuva avasta starts, but because of the immunity he may not suffer with diseases, but in later periods of age 30years onwards because of same life style and reduction of immunity is responsible for the more manifestation of disease in young age.

Discussion on observation and result

For the survey study three hundred active respondents (physicians) practicing Ayurveda medicine in respect to Arsha was collected from different places of Karnataka (75%) and Maharashtra (25%). Randomized Convenient sampling method has been followed to collect the data from respondent. To minimize the bias the data collected from the different seminars conducted especially for Ayurveda practitioners. Pre-informed request has been given to the organizer to collect the data, and also visited many clinics and interrogated the respondent

Among three hundred respondents Majority of the respondents (58%) were 31-40 years of age group. This may be because of more approach of that age group by the researcher. The elderly people will responded very rarely because of their busy schedule and involvement in other activities. the age group of 30-40 were freshly completed the education and begin with the practice and more enthusiastic in clinical practice and also to receive new challenges in the health sector. May be because of this reason found out more respondent between the age group of 31-40 years. In a cross sectional study of

‘knowledge level of Ayurveda practitioner on public health’ it is also observed that average age of was found that 41 years (range in between 22-49 years)

Among the three hundred respondents majority 75% are belong to the state of Karnataka and 25% belong to the state of Maharashtra. it may be predicted as the area of study conducted more in Karnataka as compared to Maharashtra.

Among three hundred respondent 56.66% are male practitioners, and 43.33% are female. In respect to clinical experience 41% are male and 59% are in between 0-5 years. Later above 6 years the female medical practitioners reduced in number as compared with the male practitioners. May be due to the family commitments, health issues later periods of thirty age group in female, other circumstances contribute less number of practitioners in female category. Even though the female graduates are more in these places.

Among three hundred respondents majority 72% belongs to master degree and Ph.D holders, here care has been taken in purposive sampling thus shows that area of specialization also contributes the treating specific diseases.

In respect to treatment confidence level and the specialization of the subject, majority around 55% of Ph.D holders are partially confident regarding the treatment. This may be because of the approach of the chronic and complicated cases to the subject specialized physicians, so maybe they perceived them as partially confident enough in clinical confidence in treatment.

By considering the department and the confidence level, majority 85% and 86% respondents of basic principles and the shalya tantra respectively were confident in treating the disease. Maybe it is because of in depth knowledge on particular basic concepts, and specialized in surgical methods and expertise in particular disease.

In respect to clinical experience, majority 72% were confident in between 11-15 years of clinical experience, and partially confidence respondents gradually reduced in number as proceeding with the more clinical experience.

Majority 91% of respondents are prescribing the combination of classical and patent medicine, may be respondent are turning towards the

different patent medicine and less own preparation of medicine, and less utilization of single drug in clinical practice.

Among 300 respondents majority reported to examine patients by using dwadasha pareeksha. They are Desha (71%) Prakruti(90%) Agni (95%) Koshta(95%) Sara (69%) Samhanana (68%) Pramana(56%) Satva(81%) Satmya(77%) Ahara Jarana Shakti (86%) ans Vyayama Shakti (77%).

Among three hundred respondents Deha-bala(84%) Dosha bala(84%) Vyadhi bala(88%) Hetu(97%) Dosha(93%) Dushya(87%) Prakruthi(87%) Lakshana(91%) Upadrava (83%) and Aoshada sevana kala(82%).

This indicates that majority were well aware of concept of Pareeksha in diagnosing the diseases. Majority of the respondents are mentioned that they are examining the patients ranging from 60-95%, and vyadhi ranging from 83-97%, but it is not reflecting in the selection of classical or single drug selection. The practitioners are treating the disease more symptomatic line of treatment, and dependent on the company made preparation. More generally used medicines were prescribing for the diseases. There is a gradual declinment can be observed in the own preparations too. As per the present study it is observed that the physicians are not selecting the therapies according to the stage of disease.

Majority of respondent are prescribing among three hundred respondents 283 (94.33%) members are prescribing Abhya arista. no other formulations are prescribed above 40%. Arsha Kutara Rasa, Triphala Churna, Ushirasava are prescribed 30-40%, Virechana Churna, Bola Parpati, Yogaraja Guggulu, Bola Badda Rasa and Duralabh Arishta are prescribed 20-30%, Chirabilwadi Kashaya, Tapyadiloha, Changeri Gruta, Haritakyadi Avaleha, Gandaka Rasayana, Arshahara Lepa, Phala Varti Taila, Arshohara Malaham, Manibadra Yoga, Surana Pindi, Ushiradi Kashaya, Ashwaganda Arista, Manibadra Modaka, Brihat Yogaraja Guggulu, Loharista, Pravala Bhasma, Kankayana Modaka, Mahatiktaka Gruta are prescribing 10-20%.remaning all formulations are used below 10%.

Abhayarista is a very famous Ayurvedic medicine, widely used in the treatment of hemorrhoids and constipation. It contains self-generated alcohol up to 5 –7%. The alcohol acts as a medium for the active principles of herbs to dissolve. It is mainly indicated in piles and constipation, Useful in

piles, hemorrhoids, relieves bloating, constipation. Improves digestion, Arsha, hemorrhoids, Udara Roga – gaseous distension of abdomen, ascites, Vibandha constipation, Mutrabandha – difficulty in urination and Dropsy.

As per the obtained data among three hundred respondents 215 (71.67%) members are prescribing Abhya and 163 (54.33%) members are prescribing Triphala as Ekamulika Prayoga. No other single drugs are prescribed above 15 % remaining all drugs like Chitraka, Bilwa, Ativisha, Madanaphala, Chavya, Yava, Kutaja, Kshara vriksha, Daruharidra, Dhava, Nagara, Vajravruksha, Dhanvayasaka, Sehunda, Vacha, Shimshapa, Snuhi, Varahi, Vrukshaka and Palasha are used below 15%. Among three hundred respondents 26.00% are prescribing chitraka Moola and 18% of respondents are prescribing Hareetaki with Gruta Bhrshta. remaining all drugs like Punarnava Mandura along with Hareetaki Churna, Charngeri Swarasa siddha Gruta, Pippali along with Guda, Dusparsha along with Pata, Trivrut along with Danti, Koshataki (*Luffa echinata*), Yavani along with Pata, Nagara, Bilva with pata, Bimbi (*Trichosanthes dioica*) are used below 10%.

To evaluate the Kriya kala classically given Lakshana were enlisted along with the avastika Chikitsa under Beshaja, agni karma, Kshara karma, and Shastra karma in respect to Arsha Vyadhi. Majority of respondent ranging from 78%-96% are prescribing Beshaja for all verities of Arsha. Remaining therapeutic use has been done very minimal (below 13%). This clearly shows that the physicians are being unsuccessful to select proper treatment according to the stage of disease. It is very necessary that selection of medicine properly according to avasta.

For example in vidradi the line of treatment in amavasta, pakwavasta and pachyamana avasta are entirely different. Selection of right therapy in suitable condition will lead the success in treatment.

According to the qualification and the confidence on treatment outcome, as per obtained result none of the physician is confident about the complete relief of 9-10 pts out of every ten pts. Among three hundred respondents around 68% of physician are not confident about complete relief 0-5 patients in every 10 patients .most of respondent around 64% observed that symptomatic relief in every 6-10patients around 83% of respondent

observed that reoccurrence of the symptoms in 4-5 patients in every ten patients.

According to the department and the confidence on treatment outcome, as per obtained result none of the physician are confident about the complete relief of 8-10 patients out of every ten patients. Majority of physician 46% belonging to other than basic principles and Shalya department mentioned the symptomatic relief observed in 5-10 patients in every ten patients. More reoccurrence ratio also mentioned by other than the basic principles and Shalya department.

According to the clinical experience and the confidence on treatment outcome, as per obtained result none of the physician is confident about the complete relief of 8-10 patients out of every ten pts. Around 92% respondent are confident on complete relief about 1-6 patients around 63% of physician of 6-10 years of experience has mentioned symptomatic relief. Around 83% reoccurrence has been mentioned in between 1-4 patients in every ten patients.

The physicians may be neglecting the Apunarbava Vyadhi Chikitsa and Rasayana Chikitsa. Long term usage of Rasayana Chikitsa will prevent the disease as well as increases immunity. In classics only Saadya Vyadi Chikitsa has been mentioned by considering the Desha, Kala, Matra and Desha. But still in present practice we can found the symptomatic relief and reoccurrence of the disease. This may be due to the life style, habits of the persons, food intake pattern, occupational stress and improper following of Pathya Apathya. There is ill nourishment of Rasaadi Dhatu, that leads to reduction of immunity and thus there is re-occurrence of the disease.

As per the obtained result respondents are aware of examination of patient and the disease, but it is poorly reflected in the selection of medicine in respect to the stage of disease. In classics there are around 176 yoga's have been mentioned for arsha, after pilot study it has been reduced to 57 yoga which were not in practice which were though mentioned in the classics. Among these 57 medicines only minimal drugs have been used for the treatment and most of the drugs are unused.

For arsha disease specific treatment modalities have been mentioned for different avasta and lakshana. But as per the obtained result most or the respondent treatnig the condition irrespective of avasta. As per the present

obtained data it can be possible that respondents are not treating the patients by following the basic concept explained in classics. Theoretical knowledge regarding the examination of patients and disease are good, but unsuccessful in application of the concept in clinical practice. The proper following of the basic concepts explained in Samhita and application of the same in clinical practice, one can able to achieve the success in the treatment.

SUMMARY

The present work is entitled as “Critical study on beeja chatustaya of sushruta samhita in arsha” has undertaken for study. This study was undertaken to study the application and importance concept of Beeja chatustaya of sushruta samhita while adopting the treatment procedure and to fulfill the applied aspect of these basic principles. The present study belongs to observational study; the Objectives are

1. To study in detail about the concept of Beeja chatustaya.
2. To asses the importance of kriyakala with reference to arsha chikitsa through survey study

The present study contains Literary Study, Applied Study, Discussion and Conclusion. For proper presentation this is divided in to two sections.

Section 1- this section contains

1. Review of literature on beeja chatustaya, Purusha, Vyadi, Aoshada and kriya kala
2. By using adhikarana tantrayukyi Arsha Vyadhi has been taken for study to evaluate the purpose of Beeja chatustaya in sushruta samhita

Section 2- this section projects the role of Purusha, Vyadhi, Aoshada and Kriyakala in Arsha Vyadhi. The data were collected under five heading and presented in tabulation forms

1. Generalized observation of Ayurveda practitioners(Respondents)
2. Specific observation –
 1. Examination of Purusha
 2. Examination of Vyadhi
 3. Examination of Beshaja
 4. Examination of Kriya kala
 5. Outcome of treatment protocol

Generalized observation contains Age, gender, place of practitioners, qualification, and department of specialization and clinical experience of qualified authenticated Ayurveda practitioners.

Specific observations contain assessment of involved examination of purusha (Desha, Prakruti, Agni, Koshta, Sara, Samhanana, Pramana, Satva, Satmya, AharaJarana Shakti, and VyayamaShakti). Examination of Vyadhi (Deha bala, Dosha bala, Vyadhi bala, Hetu, Dosha, Dushya, Prakruti, Lakshana, Upadrava and Aoshada sevana kala). Examination of Beshaja (classical, single drug, and combination of drugs) and examination of Kriya kala (selection of particular type of Chikitsa according to the Arsha Vyadhi Avasta)

Collected data was presented systematically, for clinical survey a specially designed research proforma was used. 300 respondents were interrogated and collected information on the base of their clinical experience.

DISCUSSION AND CONCLUSION:

Discussion section contains the discussion on review of literature (Beeja chatustaya, arsha) and observational data. In discussion part detailed study, analysis of available conceptual and clinical data was done to find out and the importance of concept beeja chatustaya in clinical practice. Evaluating the role of Purusha, Vyadhi, Aoshada and Kriyakala in the success of therapeutics. To highlight the utility of basic principles (Ayurveda Siddhantas) in day to day practice of medicine.

At last, some fruitful conclusions have been drawn on the basis of available conceptual and practical Data followed by the information of Bibliography, case Proforma and classical references. Honest effort has been made to complete and summarize the present research work with the help of valuable opinion.

CONCLUSIONS

1. As per obtained data the Purusha, Vyadhi, Aushadha and Kriyakala are inter-linked and supportive to one another. Examination of patients (purusha), examination of disease (vyadhi), selection of proper medicine in proper time and in proper stage of disease will lead to the success in treatment
2. The present study reveals that physician are knowing the concept of Beeja Chatustaya but its practical applications were not observed in their prescriptions.
3. It was observed that Respondents were not selecting line of treatment as per the particular stage of disease as described in classics.

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45. Agnivesha; Caraka samhita; with Ayurveda Dipika commentary by Chakrapani datta edited by Vaidya Yadavaji Trikamji Acharya ; chaukhamba surabharati prakashana Varanasi; reprint 2000; chikitsaSthana 14/21-22
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47. Agnivesha; Caraka samhita; with Ayurveda Dipika commentary by Chakrapani datta edited by Vaidya Yadavaji Trikamji Acharya ; chaukhamba surabharati prakashana Varanasi; reprint 2000; chikitsaSthana 14/5
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50. Vagbhata; Ashtanga hridaya; with commentaries of Sarvanga sundara of Arunadatta& Ayurveda rasayana of Hemadri; annotated by Dr. Anna MoreshwarKunte& Krishna RamachandraShastriNarve; edited by Pt. Hari Sadashiva Shastri Paradhakar; Chaukhamba surabharati prakashana; reprint 2002; nidanaSthana 16

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15. www.pubmed.com,
16. www.sciencedirect.com

Institutional Ethics Committee
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 Professor & Former Director
 IPGT&RA, GAU, Jamnagar

Advisor: Prof. Prasanna N Rao
 Professor & Principal, SDMCAH&H
 Hassan

Member Secretary**Dr. Girish KJ**

Professor, SDMCA&H, Hassan

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SDMCRA&A, Udupi**Dr Mallika KJ**In-House Faculty & Professor
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HIMS, Hassan**Dr. Avinash Kadam**Expert-Pharmacovigilance
Clinical Research Associate,
Rasayani Biologics, Pune**Mrs. Rupa Hasana**Women Representative & Social Activist,
Prerana, Hassan**Mr. Krishnappa**

Social Worker, Hassan

Mrs. Shubha Kulkarni

Legal Expert, Hassan

COMMUNICATION OF DECISION OF
INSTITUTIONAL ETHICS COMMITTEE (IEC)

IEC No: SDM/IEC/79/2014-2015

Protocol Title: CRITICAL STUDY ON BEEJA CHATUSTAYA OF
 SUSHRUTA SAMHITA IN ARSHA

Principal Investigator: DR SHASHIREKHA H K

Designation and Address : ASSISTANT PROFESSOR, DEPARTMENT
 OF BASIC PRINCIPLES, DEPARTMENT OF AYURVEDA SAMHITA AND
 SIDHANT, SRI DHARMASTHALA MANJUNATHESHWARA COLLEGE OF
 AYURVEDA & HOSPITAL, BM ROAD, THANNERHALLA, HASSAN-573
 201, KARNATAKA, INDIA

New Review Revised Review

Expedited Review

Date of Review (D/M/Y): 04-Apr-2015

Date of previous review, if revised application:

Decision of the IEC:

Recommended Recommended with suggestions

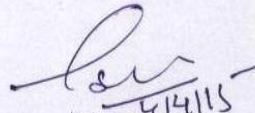
Revision Rejected

Suggestions/ Reasons/ Remarks: NONE

Recommended for a period of : 3 YEARS

Please note *

- Inform IEC immediately in case of any adverse events and serious adverse events.
- Inform IEC in case of any change of study procedure, site and investigator
- This permission is only for period mentioned above. Annual report to be submitted to IEC.
- Members of IEC have right to monitor the trial with prior intimation.


 5/14/15
 Chairperson

Institutional Ethics Committee
 SDM College of Ayurveda & Hospital
 Hassan-573201, Karnataka

SRIDURGA SPECIALITY CLINIC

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To whom so ever it may concern

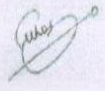
Date -

This is to certify that the research work titled "Critical study on Beeja Chatushtaya of Sushruta Samhita in Arsha" carried out by Dr Shashirekha H.K, Ph.D scholar of Ayurveda Samhita department under guidance of Dr Upendra Dixit for awarding of Ph.D under Tilak Maharashtra Vidyapeeth, Pune has consulted me in preparation, conduction and analysis of research proposal.

Sample size calculation:

Based on type of research study, objective of study, available resources, statistical quality needed and non response rate, with precision of $p < 0.05$ and permissible error of 20%, the sample size required is **280 respondents**.

(Ref - Department of health, England. <http://www.doh.gov.uk/acutesurvey/index.htm>)

 [Dr. Upendra Dixit]


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Data analysis:

Based on type of research study, objective of study, available resources, statistical quality needed this study needs **descriptive statistical analysis** (Maximum, minimum, arithmetic mean, standard deviation) and **content analysis** (Common themes) .

(Ref -Morse JM, Field FA. *Nursing research: The application of qualitative approaches*. London: Chapman and Hall, 1996.)


[Dr. Upendra Dixit]



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Professor,
Dept of Research & Medical Statistics,
SDM College of Ayurveda & Hospital, Hassan

Case proforma

UNDER TAKING FORM

STUDY PURPOSE-Survey study proforma pursuing the application of Ayurvedic principles in the management of disease

To

The Ayurvedic doctor/ practitioner,

Respected teachers/ Doctors/ colleagues and dear friends, Myself Dr.Shashirekha H.K, M.A(Sanskrit),M.D(Samhita) Ph.D scholar of Ayurveda Samhita department, TilakMaharashtraVidyapeeth, Pune is pursuing my thesis entitled “critical study on beejachatustaya of sushrutasamhita in arsha” under the guidance of Dr.Upendra Dixit M.A(Ayurveda darshana), M.D, Ph.D(Ayurveda Samhitha).We are therefore going for survey study to seek the opinion of renowned Ayurvedic physicians for their approach towards the application of Ayurvedic principles in the management of disease.This is sincere effort to evaluate the orientation of faculties and students towards Ayurveda and to explore its present status in India. It is essential of your valuable data in regarding the Arshas patient managed only by Ayurveda treatment. We are hereby requesting you to kindly spare your valuable time for answering the following questionnaires. I expect your response positively, Thank You.

DOCTOR/PRACTITIONER UNDERTAKING FORM

Am Dr..... wishing to provide the data regarding the management of Arshas patient, where any modern medicine were not administered to the patients or even patients has not taken any modern medicine during the course of treatment.

Signature of doctor/practitioner

Interviewee Witness Date and place

REQUIRED INFORMATIONS:

➤ **Name, age and gender of the doctor/ practitioner:**

Name.....

Ageyrs.

Gender: male / female

➤ **Qualification B A M S/ M D/ M S/**

Ph.D/.....Department.....

➤ **Name and address of the clinic/college of your service:**

➤ **Duration (months/years) of your clinical experience:**

➤ **Are you Confident enough to treat Arshas cases :** yes / no/ partially

➤ **Are you prescribing only Ayurvedic medicine in treating Arshas:** yes / no

➤ **Your prescription contains :** Classical medicine/ patented medicine/
combination

➤ **Commonly found average age of the Arshas patient who visit your clinic:**

Below 20 years/ 20-30 yrs/30-40 yrs/ 40-50 yrs/ 50-60 yrs/ above 60 yrs

➤ **Specify the Gender of the Arshas patient who visit more your clinic:**

male/female

I. DO YOU EXAMINE THE FOLLOWING FACTORS TO ASSES BALA AND SPECIFY THE COMMON FINDING OF ARSHAS PATIENT WHO VISIT YOUR CLINIC

1. Do you examine **desha** to asses bala and specify the common finding of Arshas patient who visit your clinic- No / yes (jangala / sadharana / anupa)
2. Do you examine **Prakruti** to asses bala and specify the common finding of Arshas patient who visit your clinic - No / yes (Vata / Pitta / Kapha / Vatapitta / Pittakapha / Kaphavata/ Tridoshaja)
3. Do you examine **Agni** to asses bala and specify the common finding of Arshas patient who visit your clinic- No / yes (Vishama / Teekshna / Manda / Sama)
4. Do you examine **Kosta** to asses bala and specify the common finding of Arshas patient who visit your clinic- No / yes (Krura / Mrudu / Madyama)
5. Do you examine **sara** to asses bala and specify the common finding of Arshas patient who visit your clinic- No / yes (pravara / madhyama / avara)
6. Do you examine **samhanana** to asses bala and specify the common finding of Arshas patient who visit your clinic- No / yes (pravara / madhyama / avara)

7. Do you examine **pramana** to asses bala and specify the common finding of Arshas patient who visit your clinic- No / yes (pravara / madhyama / avara)
8. Do you examine **satva** to asses bala and specify the common finding of Arshas patient who visit your clinic- No / yes (pravara / madhyama / avara)
9. Do you examine **satmya** to asses bala and specify the common finding of Arshas patient who visit your clinic- No / yes (pravara / madhyama / avara)
10. Do you examine **Ahara** and **Jarana Shakti** to asses bala and specify the common finding of Arshas patient who visit your clinic- No/ yes (pravara / madhyama / avara)
11. Do you examine **Vyayama Shakti** to asses bala and specify the common finding of Arshas patient who visit your clinic-No / yes (pravara / madhyama / avara)

II. DO YOU EXAMINE FOLLOWING FACTORS TO ASSES DOSHA (VYADHI) BALA OF ARSHAS PATIENT WHO VISIT YOUR CLINIC

1. Do you examine **Deha**, if yes than specify the common finding of Arshas patient who visit your clinic- No / yes (krusha / sthula/madhyama)
2. Do you examine **Dosha bala**, if yes than specify the common finding of Arshas patient who visit your clinic-No / yes (bhalavan/madyama/alpabalavan)
3. Do you examine **Vyadhi bala**, if yes than specify the common finding of Arshas patient who visit your clinic-No / yes(bhalavan/madyama/alpabalavan)
4. Do you examine **Hetu**, if yes than specify the common causes of Arshas disease who visit your clinic – No / yes

SPECIFY THE COMMON CAUSES OF ARSHAS (PLEASE TICK ✓ MARK)			
Irregular diet		Defective sitting	
Excessive intake of food		Excessive sexual intercourse	
Less intake of food		Suppression of urges	
Incompatible food		Vehicle raiding	
Chronic constipation		Beejotpatahetu	

5. Do you examine **Dosha**, if yes than specify the common involved dosha of Arshas disease who visit your clinic- No / yes (Vata / Pitta / Kapha / Vatapitta / Pittakapha / Kaphavata/ Tridoshaja)
6. Do you examine **Dushya**, if yes than specify the common involved dushya of Arshas disease who visit your clinic-No / yes (Rasa / Rakta / Mamsa / Meda/ Asthi / Majja / Shukra)

7. Do you examine **Prakruti**, if yes than specify the commonly seen prakruti of Arshas patient who visit your clinic- No / yes (Vata / Pitta / Kapha / Vatapitta / Pittakapha / Kaphavata/ Tridoshaja)
8. Do you examine **Lakshana**, if yes than specify the common symptoms of Arshas disease who visit your clinic- No / yes
9. Do you examine **Upadrava**, if yes than specify the common complications of Arshas disease who visit your clinic- No / yes
10. Do you give importance to **aoushada sevana kala**, if yes specify the ideal time of administration of medicine- No / yes (Abhakta, Pragbhakta , Adhobhakta , Madhyebhakta , Nishi)

III. WHICH AMONG THE FOLLOWING MEDICINE DO YOU PRESCRIBE FOR ARSHAS PATIENT WHO VISIT YOUR CLINIC

Compound formulations (shastroka yoga) prescribe for arshas (please tick \sqrt mark)			
Sl.no	Aoshada yoga	Prescribes	Not Prescribes
1.	Abhayaarishta		
2.	Agastyamodaka		
3.	Agni gruta		
4.	Amlakarista		
5.	Arsha kutara rasa		
6.	Arshaharalepa		
7.	Arshoharamalaham		
8.	Ashwaganda arista		
9.	Baladigruta		
10.	Ballatakaavaleha		
11.	Ballatakaguda		
12.	Bola badda rasa		
13.	Bola parpati		
14.	BrihatKasisaditaila		
15.	Brihatyogarajaguggulu		
16.	Changerigruta		
17.	Chavyadigrutam		
18.	Chirabilwadikashaya		
19.	Chitrakadibhallatakalo		
20.	Dantyarista		
21.	Drakshasava		
22.	Duralabhaarishta		
23.	Dusparshakadikashaya		
24.	Gandakarasayana		
25.	Gandeerakanjike		
26.	Haritakyadiavaleha		
27.	Kamala kesaradi yoga		
28.	Kanakarista		
29.	Kankayanamodaka		
30.	Kasisadilepa		

31.	Kasisaditaila		
32.	Kutajadi rasa kriya		
33.	Kutajavaleha		
34.	Laxmivilasa rasa		
35.	Loharista		
36.	Mahachangerigruta		
37.	Mahanimbaditaila		
38.	Mahatiktakagruta		
39.	Manibadramodaka		
40.	Manibadra yoga		
41.	Navayasachurna		
42.	Phalavartitaila		
43.	Prnadagutika		
44.	Pratisaraniyakshara		
45.	Pravalabhasma		
46.	Saindavadichurna		
47.	Shribahushalaguda		
48.	Suranapindi		
49.	Tapyadiloha		
50.	Triphalachurna		
51.	Trushanadichurnam		
52.	Ushiradikashaya		
53.	Ushirasava		
54.	Virechanachurna		
55.	Vyoshadichurnam		
56.	Vyoshadigrutam		
57.	Yogarajaguggulu		

Single drug formulations (ekamulika yoga) prescribe for arshas (please tick \checkmark mark)							
Sl.no	Ekamulika yoga	Prescribes	Dosage form	dose	Time of administration	Type of arsha	anupana
1.	Abhaya	Yes/ no					
2.	Ativisha	Yes/ no					
3.	Bilwa	Yes/ no					
4.	Chavya	Yes/ no					
5.	Chitraka	Yes/ no					
6.	Daruharidra	Yes/ no					
7.	Dhanvayasaka	Yes/ no					
8.	Dhava	Yes/ no					
9.	Ksharavriksha	Yes/ no					
10.	Kutaja	Yes/ no					
11.	Madanaphala	Yes/ no					
12.	Nagara	Yes/ no					
13.	Palasha	Yes/ no					
14.	Sehunda	Yes/ no					
15.	Shimshapa	Yes/ no					
16.	Snuhi	Yes/ no					

17.	Triphala	Yes/ no					
18.	Vacha	Yes/ no					
19.	Vajravruksha	Yes/ no					
20.	Varahi	Yes/ no					
21.	Vrukshaka	Yes/ no					
22.	Yava	Yes/ no					

IV. WHICH OF THE FOLLOWING OTHER FORMULATIONS DO YOU PREFER TO PRESCRIBE FOR ARSHAS PATIENT WHO VISIT YOUR CLINIC(PLEASE TICK ✓ MARK)

Other Formulations prescribe for arshas (please tick ✓ mark)				
Sl.no	ANYA YOGA	Prescribes	Type of Arsha	Time of administration
1.	ChitrakamoolaSidhaTakra			
2.	Dusparsha along with Pata			
3.	Bilva + pata			
4.	Yavani + Pata			
5.	Nagara + Pata			
6.	CharngeriSwarasasidhaGrta			
7.	Pippali along with Guda			
8.	Hareetaki – GrtaBhrshta			
9.	Trivrut along with Danti			
10.	Bimbi(<i>Trichosanthesdioica</i>)			
11.	Koshataki(<i>Luffaechinata</i>)			
12.	Punarnavaramandura + Hareetakichurna			

V. WHICH OF THE FOLLOWING TREATMENT PROCEDURES DO YOU PREFER FOR ARSHAS PATIENT WHO VISIT YOUR CLINIC(PLEASE TICK ✓ MARK)

Sl.no	Vyadhi avasta	Bheshaja	Kshara	Agni	Shastra karma
1.	Vata				
2.	Pitta				
3.	kapha				
4.	rakta				
5.	Alpa dosha				
6.	alpalakshana				
7.	Alpa upadrava				
8.	Mrudumamsankura (pile mass)				
9.	Prasruta(Bleeding pile mass)				
10.	Avagada				

11.	Ucchtani				
12.	Karkasha				
13.	Sthira				
14.	Pruthu				
15.	Katina				
16.	Tanumoola				
17.	Kledayukta				

VI. ANY OTHER MEDICATION- PLEASE SPECIFY WITH DOSAGE

Other Formulations prescribe for arshas				
Sl.no	Other Formulations	Type of Arsha	Anupana	Time of administration

VII. BENEFIT OF YOUR TREATMENT PROTOCOL ACCORDING TO YOUR EXPERIENCE (IN AN AVERAGE OF 10 PATIENTS) (PLEASE TICK ✓ MARK)

1. Complete relief - 0, 1-2patient, 3-4 patients, 5-6patients, 7-8patients, 9-10patients
2. Symptomatic relief - 0, 1-2patient, 3-4 patients, 5-6patients, 7-8patients, 9-10patients
3. Reoccurrence - 0, 1-2patient, 3-4 patients, 5-6patients, 7-8patients, 9-10patients