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Review article

A Review on Some Critical Aspect and Therapy of *Samhita* with their Applications

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Abstract

Ayurveda is a medical system that deals with normal and abnormal health of body along with spiritual mind. According to ayurveda, most diseases occur due to the pathologic changes in the body. The abnormal physiology persisted due to the imbalance in three different *dosha* (i.e; *vata, pitta,* and *kapha*). The basic principle of ayurvedic therapy encompasses balancing between these three *dosha*. The conceptual therapy of ayurveda based on few basic principles described in traditional ayurvedic text; these all comes under *Samhita Sidhant,* ayurvedic *samhita* also mentioned some specific approaches of treatment depending upon physiological conditions, this article presents some of these unique therapeutic approaches with their applications.

Key words: *Ayurveda, Bhaisajyakala, Agnikarma, Karya-Karana*

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1. Introduction

Ayurvedic system of medicine is unique system of treatment based on some specific principle (*sidhant*) of treatment; it's very old system of Indian medicine which by name resembles long life. Ayurveda comprises many theories of patient diagnosis and treatments which were well proven on the basis of clinical observations. The organizational features of human body mainly encompass structural, biochemical and functional compartment. Ayurveda overviews human body from the perspective *tridoshic* balance (*vata, pitta* and *kapha*). These basic conceptual theories of ayurveda considered disease diagnosis and treatment in different manner. *Charaka* and *Sushruta* comprise such basic conceptual theories of ayurveda and have been followed anciently through *Samhita Sidhant. Samhita* deals with the etiology, symptomatology, pathology, prognosis, and medical management of disease. There are various specific approaches of disease treatment have been mentioned in *samhita* and practicing as part of *samhita*

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sidhant, this articles overviews such unique ayurvedic approaches of disease management [1-6].

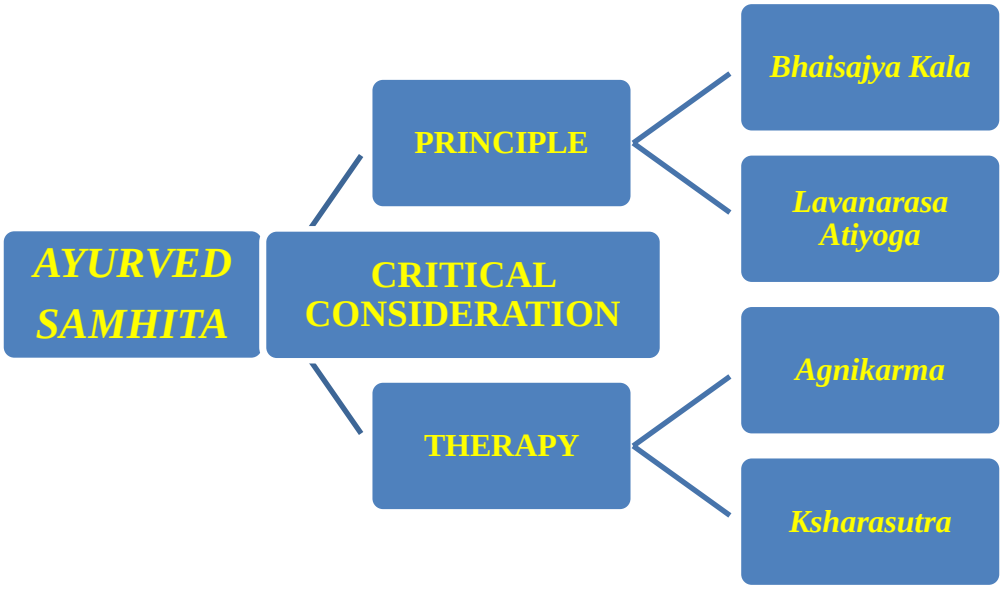


Figure 1: Article Describes Critical Approaches of Ayurvedic *Samhita;* Conceptual (*Bhaisajya Kala, Lavanarasa Atiyoga*) and Therapeutic (*Agnikarma, Ksharasutra*).

***BHAISAJYA KALA FOR TREATING DISEASES* [7]**

Bhaisajyakala is the time of administration of *Bhesaja (Karana).* The internal environment and state of transforming moiety differ person to person and also affected by seasonal variability; this aspect introduced concept of *Bhesaja Kala*means time of drug administration. This considered as *Purusam Purusam Viksya Siddhanta* of *Caraka*. The *Bhaisajya Kala* provides best suitable chances of disease treatment by offering unique therapeutic interaction of *Agni -Bhesaja*. The similar *Bhesaja*at the *Pragbhakta Kala* or *Nisa Kala* can be followed for old and *Satvadurbala* patients. In *Pragbhakta Kala* metabolic effects of *Bhesaja*gets reduced as food follows the *Bhesaja* intake and in *Nisa Kala*metabolic activities slows down due to *Kala Prabhava*; thus consideration of this aspect is very important to achieve maximum therapeutic response. The traditional text of ayurveda specified *Bhaisajya Kala* specifically for few *Vyadhis* like *Visa, Kasa, Pipasa* etc. *Samudga Kala* is indicated for *Kampa* and *Aksepaka*. The *Bhesaja* establishes *Dhatu Samya*. The *Acaryas* considered *Bhasajya Kala* for *Samana purpose*. *Bhaisajya Kala* involves internal route of administration for the intake of medicines. *Bhaisajya Kala*in some disease indicated in the formulation like;

- *Grahani - Madhyabhakta Kala*
- *Galamaya - SayamBhuktapascat Kala*
- *Panduta - PratahBhuktapascat Kala*
- *VisamaJvara - Pragbhakta, Madhyabhakta , Bhuktapascat Kala*
- *Pinasa - Nisa Kala*

- *Gulma - Madhyabhakta, Pragbhakta Kala*

KARYA-KARANA VADA* FOR *LAVANARASA ATIYOGA

The ayurveda *samhita sidhant* prescribed various concepts for the treatment of disease; *Karya-Karana vada* is one of them. The ayurveda focused on normal health as well as diseased conditions. Ayurveda believed that *lavanarasa* is basic organoleptic units in food which need to be considered but its excessive intake in diet produces some symptoms. A study was conducted to establish relation between *Atisevana* of *Lavanarasa* and effective symptoms such as *Raktavriddhi*, *Palitya*, *Vicharchika*, *Shotha* and *Daurbalya*. Study established relationship between *Karana* and *Karya*. The traditional ayurveda texts described that *Dravya* (substance) reveals specific *rasa* (taste) which showed relationship between *Dravya* and *rasa*. The study cumulatively calculated intake of each salty food item daily as '*Atiyoga'* for long period. Study proved that intake of salty taste food like; salted nuts, ham meat and pickles responsible for problem like hypertension. Hence it suggests that *Lavana rasa* is one of the main associates with hypertension, similarly hair fall is common problem for many persons now a days. The accumulation of sodium in tissue can petrify the hair follicle resulting in hair loss and ancient text described that *Lavana rasa* dominant diet may associate with hair fall but consequences of diet with pathology yet to be proved. Joint inflammation may be increased by *Lavana rasa* dominant diet since salt intake exacerbates inflammatory condition such as arthritis due to the expansion of blood vessels. Study confirms that exorbitant use of *Lavana rasa* might be a risk factor for hypertension and joint inflammation. Ancient literature described that considerations of *karya-karana vada* for *lavanarasa atiyoga* can be useful for estimating seasonal and dwelling variation on normal health [8].

ADVANCED *AGNIKARMA* (ELECTRIC CAUTERIZATION) IN *CHARMAKILA* W. S. R. TO WART

Agnikarma Chikitsa was mentioned in classical text of ayurveda, but its utilization not was so popular due to the lack of modern conceptualization which overall decreased patient acceptance also. With the development of modern science many ancient therapies of ayurveda achieved advanced version, similarly *Agnikarma* was found to be very effective along with electric cauterization in the treatment of disease like *Charmakila. Agnikarma* along with electric cauterization make it more advanced therapy and overcome the problems which were associated with ancient therapy. The *agnikarma* along with electric cauterization was found to be less invasive parasurgical method for the treatment of *Charmakila*. The therapy was reported to be tolerated well by the patient without complication,during and after therapy. Study proved that use of electric cautery as an *Agnikarma's Dahanaupakarana* in *Charmakila* offers minimum trauma, easy acceptability by patient and surgeon. The use of therapy was also found to be very convenient. In this way of *Agnikarma* red hot probe of electric cautery with electric supply was used for removal of wart on dry, clean affected part of body. Probe was applied from the base of wart. Mild burning sensation may be observed which is tolerable. Study suggested application of *Jatyadi Ghrut* after completion of the main

procedure to get relief from burning sensation and healing of the wound. Investigation proved *Agnikarma* with electric cautery as a simple and safe therapy for the treatment of *Charmakila*,even better than surgical excision [9].

KSHARASUTRA CHIKITSA FOR '*SHAMBUKAWARTA BHAGANDARA*'

Shambukawarta Bhagandara described by *Sushruta* can be correlated with horse-shoe *Fistula*. The Fistula whose anatomical appearance resembles a 'Horse-shoe' is known as Horse-shoe *fistula*. Study proved a modified *Ksharasutra Chikitsa* as an effective tool for the treatment of Horse-shoe *fistula,* which when utilized in *Fistulectomy* along the arms of the Horse-shoe *fistula* with *Ksharasutra* ligation in the remaining track connected to the anal canal. Study confirmed that no recurrence was found during the follow-up period. The approach of advanced *Ksharasutra Chikitsa* was possessed many advantages like; Antimicrobial action, destruction of the residual glands in the epithelium, Simultaneous cutting and healing, etc. The probability of recurrence reduced due to the simultaneous cutting and healing of the fistula track; which also avoids sphincteric complications [10].

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