

GAVI KALPATARU

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EDITORIAL TEAM

CHIEF EDITOR: DR. M.M. SALIMATH

EDITOR IN CHARGE: DR. SHRIDHARAI AH M.H.

EDITORIAL MEMBERS: DR. S.N. HAKKANDI

DR. G.G. PATIL

DR. ANITA KULKARNI

DR. ASHA S.A

CREATIVE DIRECTOR / GRAPHIC DESIGN: DR. SHRIDHARAI AH M.H.

CONTRIBUTORS: ALL STAFFS, STUDENTS & INTERNEES OF SJG AMC

MARKETING / PUBLISHER: PRINCIPAL SJG AMC KOPP AL

CONTACT: CHIEFEDITORGAVIKALPATARU@GMAIL.COM

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For queries, please contact: chiefeditorgavikalpataru@gmail.com

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*We bow with reverence to **Lord Dhanvantari**, the divine physician, whose eternal light illumines our understanding of seasonal balance and the healing rhythms of nature.*

*Our deepest appreciation goes to our respected **Chairman, Shri Sanjay Kotbal Sir**, for his unwavering encouragement and steadfast support. We are especially thankful to our **Chief Editor, Dr. M.M. Salimath Sir**, whose scholarly insight, and editorial excellence have once again shaped this edition with depth, precision, and clarity.*

*We gratefully acknowledge the sincere efforts of the **Editorial Committee**, whose thoughtful planning, dedication, and creative collaboration.*

*Special thanks are due to the **teaching and non-teaching staff, PG scholars, UG students, and interns of SJGAMC**, whose enthusiastic contributions enriched the magazine with insightful articles, reflections, and artistic expressions.*

*We are deeply grateful to our **Principal and Vice Principal** for their steadfast leadership, which continues to propel this initiative forward with integrity and purpose.*

To our beloved readers, your enduring support and appreciation uplift our spirits and inspire us to delve deeper into the timeless science of life.

*Finally, heartfelt thanks to the entire **GAVI KALPATARU** team, whose spirit of unity, dedication, and commitment have transformed this edition into a vibrant celebration of Ayurveda's purity and its healing touch across the world.*

*With Warm regards,
The Editor In charge
Dr. Shridharaiah MH
Volume 2 - March Edition, 2026*

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Principal & Editor's Letter



Dear Readers,

It gives us immense pleasure to present **Volume 2, Edition 3 of *Gavikalpataru***. This publication reflects the collective efforts, intellectual curiosity, and creative spirit of our faculty members, students, and interns who continuously contribute to the enrichment and dissemination of Ayurvedic knowledge.

The theme of this edition, **“Saptadhatu,”** highlights one of the most fundamental concepts of Ayurveda. While the previous edition discussed the basic principles of **Tridosha**, this issue explores their **seven structural and functional components of body**, which help us understand the intricate physiological processes occurring within the human body.

We sincerely appreciate the dedication and enthusiasm of all contributors, the editorial team, and everyone involved in bringing out this edition. We hope this issue inspires readers to deepen their understanding of Ayurveda and encourages continued exploration of this timeless science.

We wish all our readers an enriching and enjoyable reading experience

Warm regards,

Dr. M. M. Salimath

Principal & Chief Editor

Understanding Sapta Dhatu: Foundation of Body Structure and Function

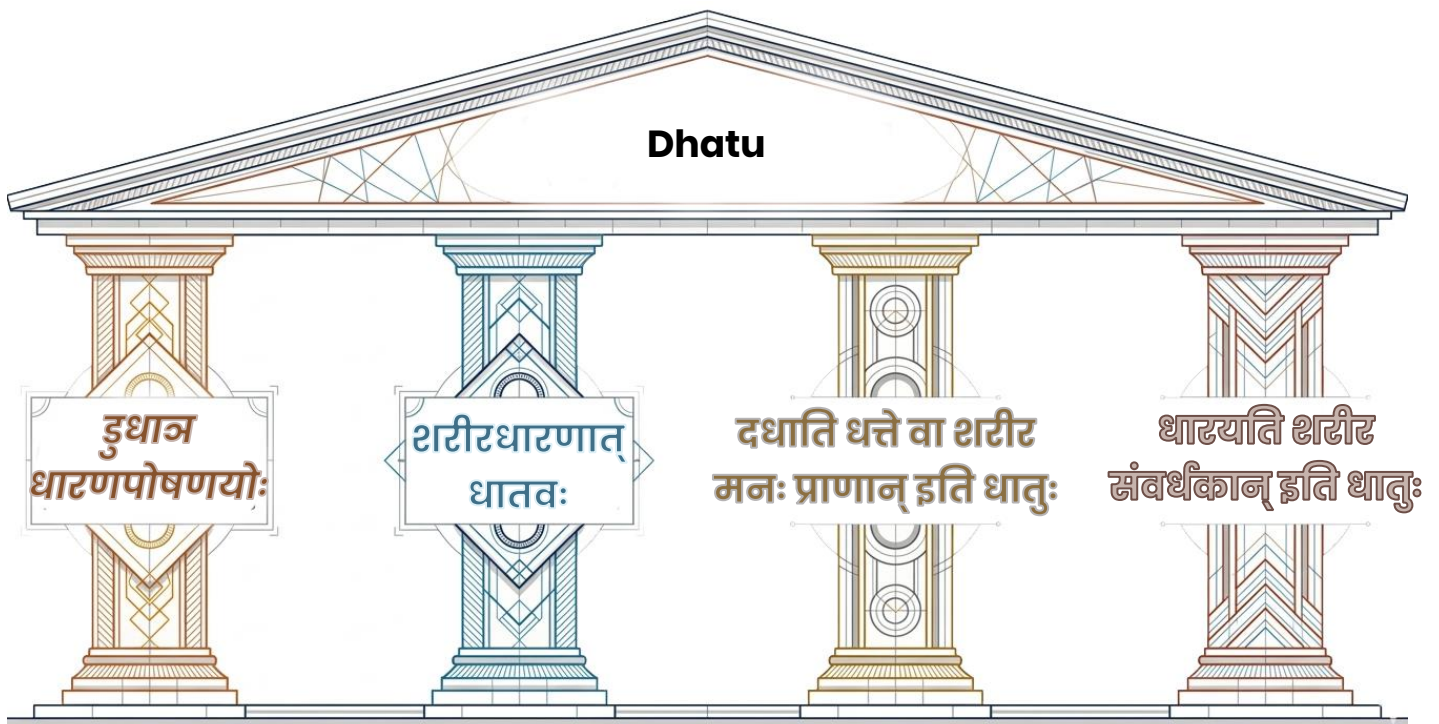
The word “*Dhatu*” is derived from the root word “*Dha*” with the suffix “*Tun*”, which denotes ingredient, component, metal, or even a grammatical root. In the context of Ayurveda, *Dhatu* refers to the fundamental structural units of the body.

These Dhatus are responsible for building the body, maintaining its stability, and carrying out various physiological functions.

The formation of all Dhatus depends upon three key factors:

Aahara Rasa (nutrient essence of food), Jatharagni (digestive fire), and respective Dhatvagni (tissue-specific metabolic fire).





















What is Dhatu?



- ✓ Which means *that which nourishes and sustains*.
- ✓ Dhatus are those components which support and uphold the body.
- ✓ That which supports the body (Sharira), mind (Mana), and life force (Prana) is called Dhatu.
- ✓ Dhatus are responsible for growth and development of the body.

Panchamahabhoutika Composition of Sapta Dhatu

Each Dhatu is composed of the five basic elements (Panchamahabhuta), with certain predominance:

Sr. No.	Dhatu	As per Chakrapani	As per Dalhana
1.	Rasa		
2.	Rakta	 	
3.	Mamsa		
4.	Meda	 	 
5.	Asthi	 	  
6.	Majja		
7.	Shukra		

Physiology of Dhatu (Formation and Nourishment)

The food consumed is first carried to the *Koshtha* by **Prana Vata**. **Samana Vata** maintains the state of *Agni* (digestive fire). The food, which may be in forms like chewable (*Chavya*), suckable (*Chusya*), lickable (*Lehya*), and drinkable (*Peya*), undergoes digestion by **Jatharagni**.

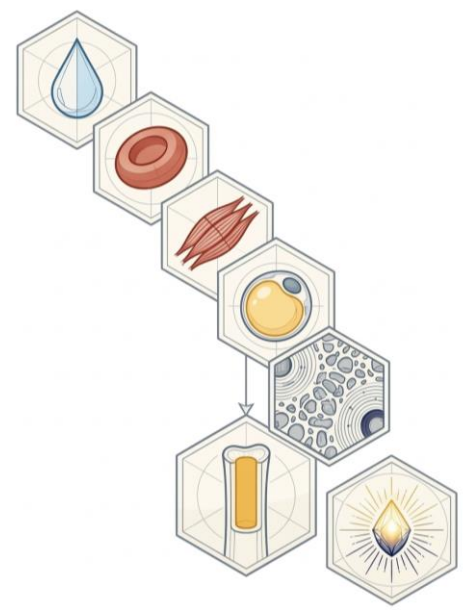
This digestion converts complex substances into simpler forms that are suitable for the body. The process results in the formation of **Rasa (nutrient essence)** and **Mala (waste products)**. This process is often compared to cooking rice in a pot over fire.



Further metabolism and transformation of Dhatus are governed by **Sapta Dhatvagnis**, each specific to its respective Dhatu. The sequence of Dhatu formation follows a definite order:

Rasa → Rakta → Mamsa → Meda → Asthi → Majja →

Shukra



During metabolism, each Dhatu produces:

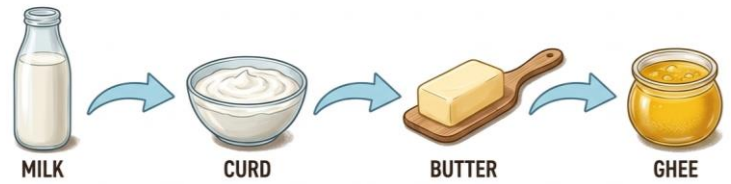
- **Poshya Bhaga** – nourishes itself
- **Poshaka Bhaga** – nourishes subsequent Dhatus
- **Mala** – waste product

Dhatu Parinama Nyayas (Theories of Tissue Transformation)

These principles explain how Dhatus are nourished and transformed:

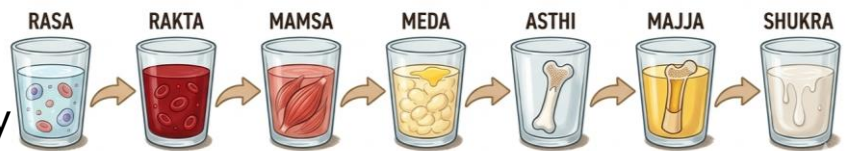
1. Ksheera-Dadhi Nyaya (Law of Transformation)

Just like milk transforms into curd, butter, ghee, etc., Dhatus transform sequentially.



Applied aspects:

- Dhatugata Jwara prognosis
- Kushtha (skin disease) severity
- Rajayakshma causing Dhatu Kshaya

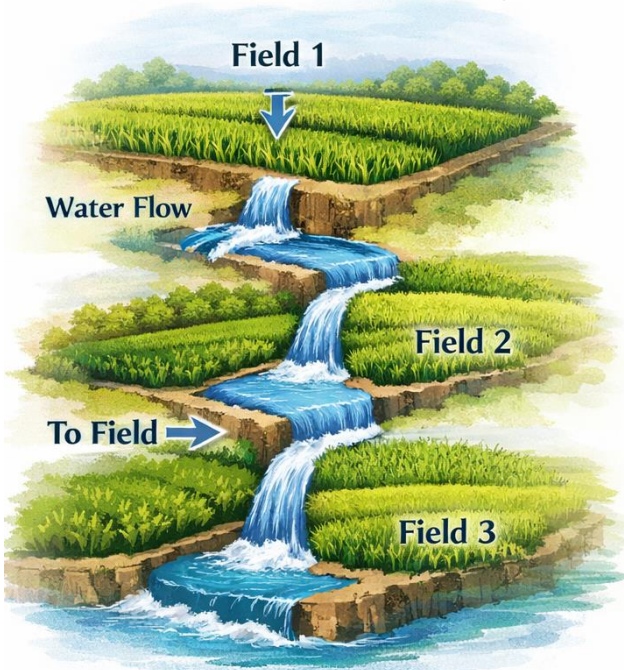


2. Kedarakulya Nyaya (Law of Transmission)

Like irrigation water flows to nearby fields first, nourishment flows sequentially from one Dhatu to the next.

Applied aspects:

- Anuloma and Pratiloma Kshaya
- Action of Vrushya Yogas





3. Khale-Kapota Nyaya (Law of Selectivity)

Each Dhatu selects its own nutrients, just like pigeons pick grains.

Applied aspects:

- Rakta Kshaya symptoms (craving for sour substances)
- Pandu (Anaemia) management

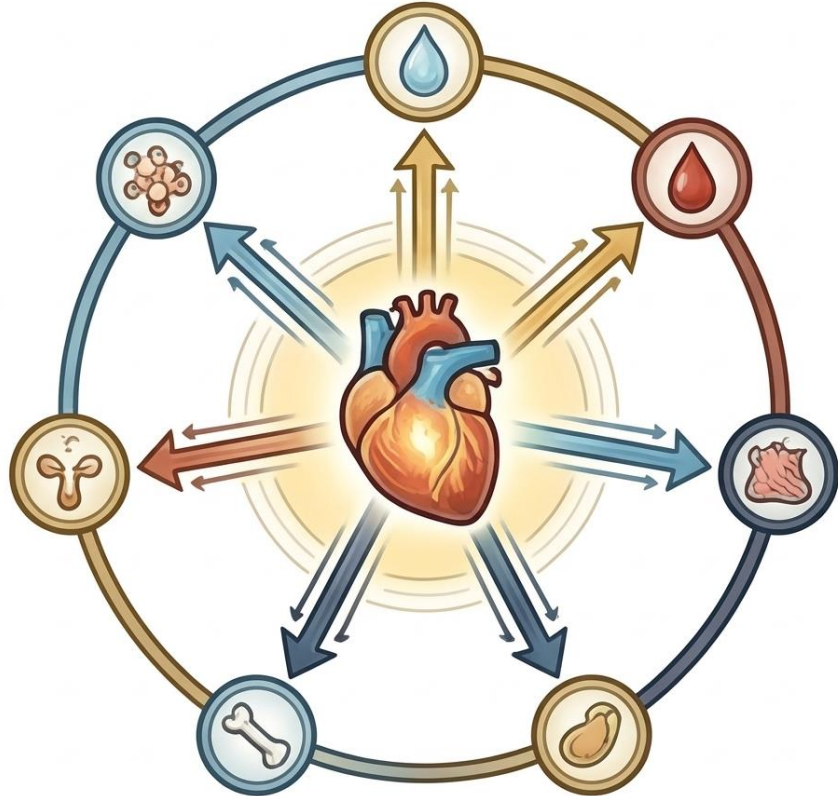
- Blood transfusion relevance
- Samanya-Vishesha Siddhanta

4. Eka-Kala Dhatu Poshana Nyaya (Simultaneous Nourishment)

All Dhatus are nourished at the same time through circulation by Vyana Vayu.

Applied aspects:

- Rasa-Rakta circulation
- Rasayana therapy for overall nourishment



Conclusion

Dhatus form the very foundation of the human body in Ayurveda. Their proper formation, nourishment, and transformation are essential for maintaining health. The coordinated action of **Agni, Dosha, and Srotas**, along with the principles explained through various *Nyayas*, ensures the proper functioning and sustenance of life.

Rasa Dhatu

Rasa Dhatu is the foremost among the seven dhatus and plays a vital role in sustaining life. The term *Rasa* is derived from the root “रस गतौ,” meaning that which constantly moves or circulates. As described

“तत्र रस गतौ धातुः अहरहर्गच्छतीत्यतो रसः”

Rasa is that entity which continually flows throughout the body.



Rasa is formed after the *paripaka* (Digestion) of food that is *pancabhautika*, *caturvidha*, *sadrasa-yukta*, endowed with *dvivirya* or *astavirya*, and possessing numerous *Gunas*. From this properly digested food, the essence of *tejobhuta*, which is *parama suksma*, is produced and is known as Rasa.

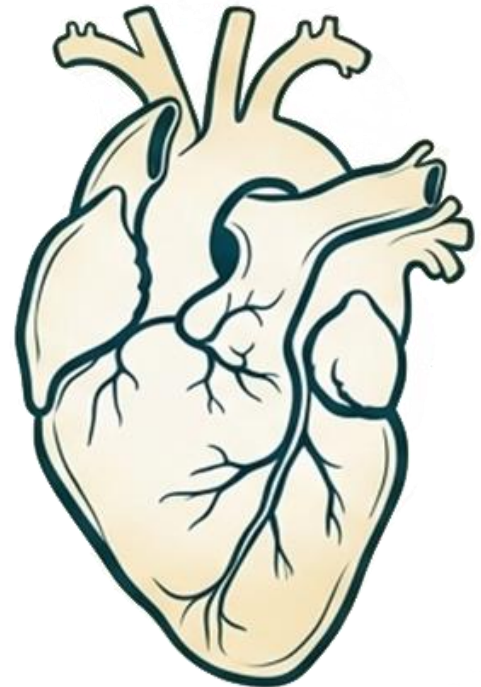
Rasa Dhatu exists in two forms *sthayi rasa*, which remains relatively stable and does not circulate in the *dhamanis*, and *posaka rasa*, which actively circulates through the *dhamanis* and nourishes the subsequent dhatus.

Sthana

“तस्य हृदयं स्थानं”,

Its primary seat is the heart, from where it spreads throughout the body via the *chaturvimshati dhamanis* (24 channels).

By nature, Rasa Dhatu is *saumya* (cool and nourishing) and circulates with the assistance of *Vyana Vata*. It nourishes all other *dhatus* in a subtle manner, moving in



different directions like Shabda (*tiryak*), Teja (*urdhva*), and Jala (*adhogati*). It is also responsible for the formation of Rakta Dhatu, provides *tusti* (satisfaction) and *prinana* (nourishment) to the body, and plays an important role in the production of breast milk in females.

Pramana – Its quantity in the body is measured as *nava anjali*

Rasa vruddhi lakshana

“रसोऽपि श्लेष्मवत्” (A.H. Su. 11/8).

When Rasa Dhatu increases (*Rasa Vruddhi*), its features resemble those of Kapha Vruddhi

“श्लेष्माऽग्निसदनप्रसेकालस्यगौरवम्।
श्वेत्यशैत्यश्लथाङ्गत्वं श्वासकासातिनिद्रताः॥”

These manifest as *agnisadana*, *praseka*, *alasya*, *gaurava*, *shvaitya*, *shaitya*, *shlathaṅgatva*, respiratory issues like *shvasa* and *kasa*, and *atinidra*.

“रसोऽतिवृद्धो हृदयोत्क्लेदं प्रसेकं चापदयति” (Su. Su. 15/14).

Excess Rasa leads to symptoms such as nausea and excessive salivation

Rasa kshaya

“रसे रौक्ष्यं श्रमः शोषो ग्लानिः शब्दासहिष्णुता” (A.H. Su. 11/16).

On the other hand, *Rasa Kshaya* results in dryness, fatigue, emaciation, and intolerance to sound

“रसक्षये हृत्पीडा कम्पः शून्यता तृष्णा च” (Su. Su. 15/9),

It also produces cardiac discomfort or pain, palpitation, emptiness in the heart region, and excessive thirst.



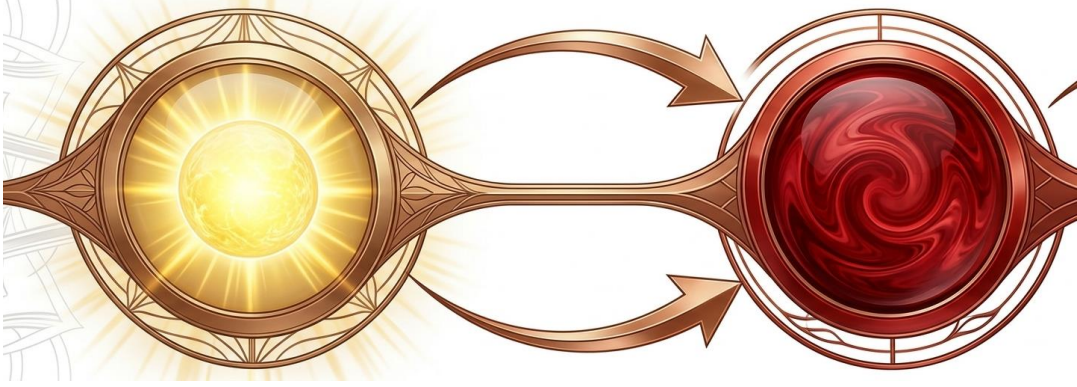
“घट्टते महते शब्दं नोच्चैर्द्रवति शूल्यते।

हृदयं ताम्यति स्वल्पचेष्टस्यापि रसक्षये॥” (Cha. Su. 17/64),

Which signifies intolerance to sound, pricking pain in the heart, fatigue even with minimal activity, and a feeling of distress in the heart.

Rakta

Rakta Dhatu, the second among the seven dhatus, is essential for sustaining life and vitality.



It is formed from Rasa Dhatu, as indicated by the principle “रसाद् रक्तम्” which signifies that Rakta originates from the processed essence of Rasa.

In its normal state, Rakta is *asamhata*, meaning it is in a fluid form without clotting, and *avivarna*, indicating the absence of abnormal discoloration. It possesses a combination of *madhura* and *lavana rasa* and maintains a balanced temperature (*sama shitosna*). Its natural color resembles various red hues described in classics like *padma* (lotus), *indragopa* (a red insect), *shasha-lohita* (rabbit’s blood), and *gunja phala*.



Rakta Dhatu is *pancabhautika* in nature, with each element contributing to its properties: *pruthvi* provides *visrata* (spread or bulk), *jala* imparts *dravata*

(fluidity), *tejas* gives *raga* (red color), *vayu* enables *spandana* (pulsation), and *akasha* contributes to *laghuta* (lightness).

Karya, Rakta circulates through the *siras* and plays a major role in *dhatu poshana*. It enhances complexion (*varna prasdana*), provides strength (*bala*), sustains life (*jiva dharana*), nourishes muscle tissue (*mamsa pusti*), and supports vitality (*jivayati*). It also contributes to the balance of dhatus, fills bodily channels (*dhatu purana*), and plays a role in sensory perception, particularly touch (*sparsha jnana*).

Pramana – The normal quantity of Rakta is described as *asta anjali*.

Rakta Vruddhi

“रक्तं विसर्पप्लीह विद्रधीन्।

कुष्ठ वातास्र पित्तास्र गुल्मोपकुश कामलाः।

व्यङ्ग अग्निनाश सम्मोह रक्त त्वक् नेत्र मूत्रताः॥” (A.H. Su. 11/9)

Vruddhi leads to disorders such as *visarpa*, *pliha*, *vidradhi*, *kustha*, *vatarakta*, *raktapitta*, *gulma*, *upakusha*, *kamala*, *vyanga*, loss of digestive power (*agninasha*), fainting (*sammoha*), and redness of skin, eyes, and urine.

“रक्तं रक्ताङ्गाक्षि तां सिरा पूर्णत्वं च” (Su. Su. 15/14)

Excessive redness of the body and eyes, along with engorgement of blood vessels.

Rakta Ksaya

“रक्तेऽम्लशिशिरप्रीति शिरा शैथिल्य रुक्षताः॥” (A.H. Su. 11/17)

Liking towards sour and cold substances, looseness of vessels, and dryness

“शोणितक्षये त्वक्पारुष्यं अम्लशीतप्रार्थना सिरा शैथिल्यं च” (Su. Su. 15/9).



It manifests roughness of skin, desire for sour and cold foods, and laxity of vessels

“परुषा स्फुटिता म्लान त्वक् रुक्षा रक्त संक्षये” (Cha. Su. 17/65),

which denote rough, cracked, dry, and discoloured skin.

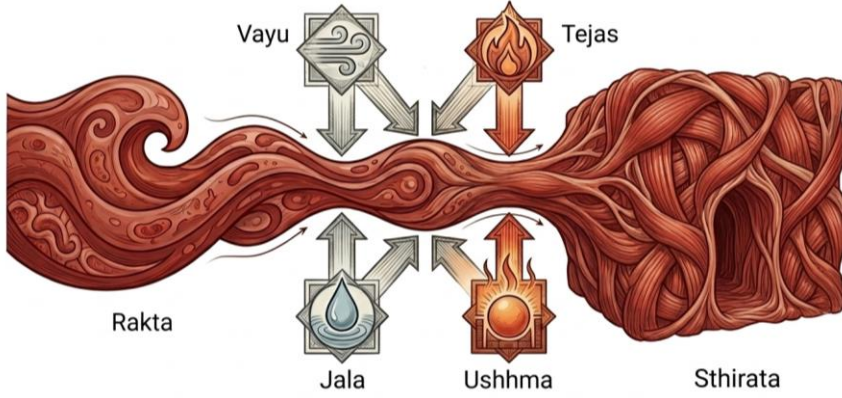
Mamsa

Mamsa Dhatu, the third among the seven dhatus, is responsible for providing structure and bulk to the body.

Its formation follows the sequential nourishment of dhatus “रसाद् रक्तं ततः मांसम्”,

meaning that from Rasa arises Rakta, and from Rakta, Mamsa is formed. Through the combined action of *vayu*,

jala, *tejas*, and *ushhma*, Rakta attains *sthirata* and transforms into Mamsa Dhatu.



The primary function (*karya*) of Mamsa is to provide nourishment and development to the body (*sharira pushti*) and intellect-supporting structures

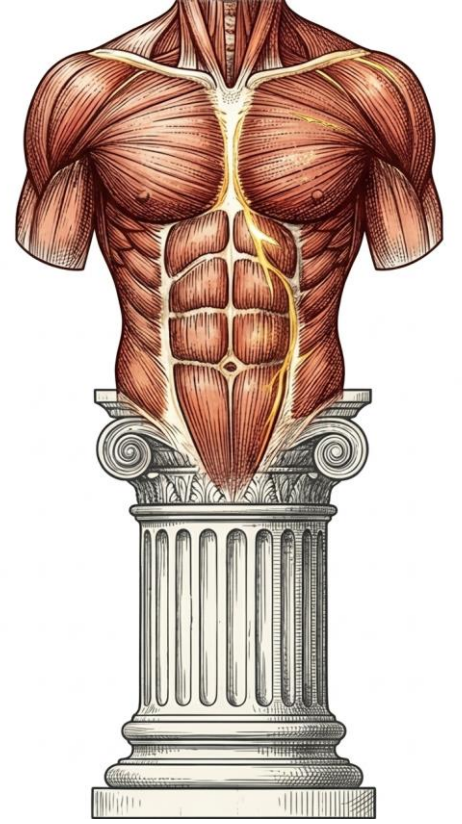
(*medha pushti*). It gives shape, firmness, and protection to internal organs.

Pramana – The normal quantity of Rakta is described as *Tri anjali*.

Mamsa Vrddhi

“मांसं गण्डाबुद् ग्रन्थि गण्डोरुदरवृद्धिताः।
कण्ठादिष्वधिमांसं च॥” (A.H. Su. 11/20)

This leads to abnormal growths and enlargement of body



parts such as *gandamala*, *arbuda* (tumors), *granthi* (nodules), and enlargement of regions like cheeks (*ganda*), chest (*ura*), and abdomen (*udara*), along with abnormal tissue growth (*adhimamsa*) in areas like the throat and anus.

“मांसं स्फिग्गण्डोष्ठोपस्थोरुबाहुजङ्घासु वृद्धिं गुरु गात्रतां च” (Su. Su. 15/14),

Means excessive growth in regions such as hips (*sphik*), cheeks, lips, genital organs, thighs, arms, and legs, accompanied by heaviness of the body (*guru gatrata*).

Mamsa Kshaya

“मांसेऽक्षग्लानि गण्ड स्फिक् शुष्कता सन्धिवेदनाः” (A.H. Su. 11/18),

which includes weakness of sense organs (*aksha glani*), dryness of cheeks and hips, and joint pain (*sandhi vedana*). Further elaboration states

“मांसक्षये स्फिग्गण्डोष्ठोपस्थोरु वक्षः कक्षापिण्डिकोदरग्रीवा शुष्कता रौक्ष्य तोदौ गात्राणां सदनं धमनी शैथिल्यं च” (Su. Su. 15/9),

Dryness in multiple body parts such as hips, cheeks, lips, genital organs, thighs, chest, axilla, calves, abdomen, and neck, along with roughness (*rukshata*), pricking pain (*toda*), debility of the body (*gatra sadana*), and laxity of vessels (*dhamani shaithilya*).

“मांसक्षये विशेषेण स्फिग्ग्रीवोदर शुष्कता॥” (Cha. Su. 17/65),

Marked dryness particularly in the hips, neck, and abdomen.

Meda

Meda Dhatu, the fourth among the seven dhatus, is primarily responsible for lubrication, unctuousness, and energy storage in the body.

Its formation is described as **“मांसान् मेदः प्रजायते”**, which indicates that Meda is



formed from Mamsa Dhatu. Due to the predominance of *teja* and *jala guna* in Mamsa, it undergoes proper digestion (*paripaka*) and transforms into Meda.

The main functions (*karma*) of Meda Dhatu include providing *snigdhatta* (unctuousness) to the body, producing *sveda* (sweat), and maintaining bodily stability. It also contributes to the nourishment of Asthi Dhatu (*asthi poshana*).

Pramana – The normal quantity of Meda in the body is described as *dvi anjali pramana*.

Meda Vriddhi

“तद्वन्मेदस्तथा श्रमम्।

अल्पेऽपि चेष्टिते श्वासं स्फिकं स्तन उदर लम्बनम्॥” (A.H. Su. 11/10–11)

This includes fatigue (*shrama*), breathlessness even with little exertion, and pendulousness of hips (*sphik*), breasts (*stana*), and abdomen (*udara*).

“मेदः स्निग्धाङ्गताम् उदर पार्श्ववृद्धिं कास श्वास दीन् दौर्गन्ध्यं च” (Su. Su. 15/14),

Excessive unctuousness of the body (*snigdhaṅgata*), enlargement of abdomen and flanks (*udara-parshva vriddhi*), respiratory issues like *kasa* and *shvasa*, and foul body odor (*daurgandhya*).

Meda Kshaya

“मेदसि स्वप्नं कट्याः प्लीहोवृद्धिः कृशाङ्गता॥” (A.H. Su. 11/18).

Loss of sensation in the waist region, enlargement of spleen, and emaciation.



“मेदःक्षये प्लीहाभिवृद्धिः सन्धि शून्यता रौक्ष्यं मधुर मांस प्रार्थना च” (Su. Su. 15/9),

Pliha vruddhi (splenic enlargement), emptiness in joints (*sandhi shunyata*), dryness (*rukshata*), and craving for fatty and meat-based foods.

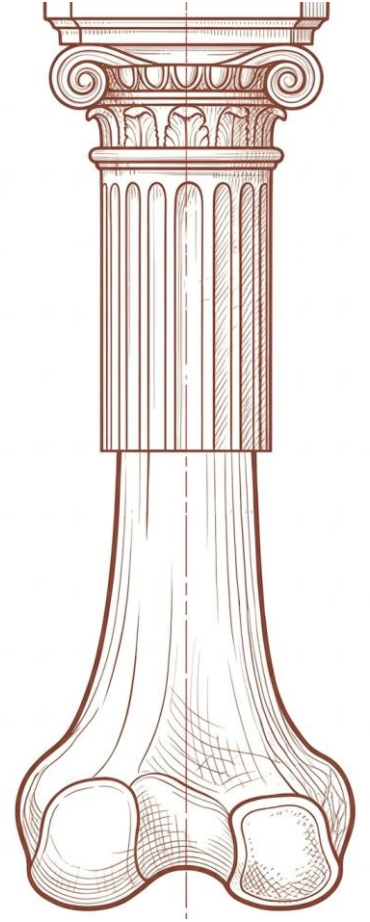
“संधीनां स्फुटनं ग्लानिरक्षणोरायास एव च।

लक्षणं मेदसि क्षीणे तनुत्वं च उदरस्य च॥” (Cha. Su. 17/66),

Cracking of joints (*sandhi sphuṭana*), weakness of eyes (*akshi glani*), fatigue (*ayasa*), and emaciation of the abdomen (*udara tanutva*).

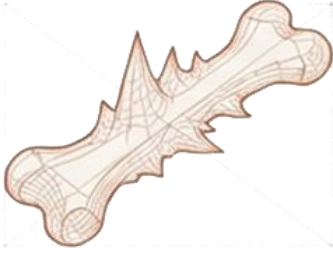
Asthi

Asthi Dhatu, the fifth among the seven dhatus, forms the structural framework of the body, providing support, stability, and protection to vital organs. Its origin is described as “मेदसोऽस्थि प्रजायते”, which indicates that Asthi is formed from Meda Dhatu. Through the action of *ushma*, the *pruthvī*, *agni*, and *vayu* elements present in Meda become hardened (*khara*), leading to the formation of Asthi.



Asthi Dhatu is characterized by its कठोर (*hard*) and स्थिर (*stable*) nature, and it plays a crucial role in maintaining the body's posture and movement.

Asthi Vruddhi



“अस्थ्यध्यस्थ्यधिदन्तांश्च” (A.H. Su. 11/11)

“अस्थ्यध्यस्थीन्यधिदन्तांश्च” (Su. Su. 15/14),



which indicate the development of *adhyasthi* (extra bony growth) and *adhidanta* (extra teeth formation).

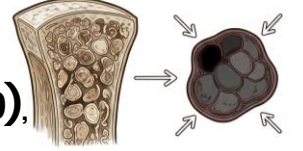
Asthi Ksaya



“अस्थिन् अस्ति तोदः शदनं दन्त केश नखादिषु” (A.H. Su. 11/19),

indicating pricking pain in bones (*asthi toda*) and deterioration of teeth, hair, and nails.

“अस्थिक्षयेऽस्थिशूलं दन्त नख भङ्गो रौक्ष्यं च” (Su. Su. 15/9),



which includes bone pain (*asthi shula*), fragility and breaking of teeth and nails, and dryness (*ruksata*).



“केश लोम नख श्मश्रु द्विज प्रपतनं श्रमः।

जेयम् अस्थिक्षये लिङ्गं सन्धि शैथिल्यमेव च॥” (Cha. Su. 17/67),

describes falling of hair, body hair, nails, teeth, and beard, along with fatigue (*shrama*) and looseness of joints (*sandhi shaithilya*).

Majja

Majja Dhatu, the sixth among the seven dhatus, is primarily responsible for filling the cavities of bones and contributing to strength and vitality. Its formation is described as “मेदसोऽस्थि ततः मज्जा”, indicating that from Meda arises Asthi, and from Asthi, Majja is formed. Due to the action of *vayu* within Asthi Dhatu, hollow spaces (*saushirya*) are created in the bones, which are then filled with unctuous substance (*sneha*), known as Majja.



The functions (*karma*) of Majja Dhatu include imparting *prasannata* (clarity and cheerfulness), *snigdhatta*

(unctuousness), and *bala* (strength). It nourishes Shukra Dhatu (*shukra pushti*) and fills the bone cavities (*asthi purana*), thus playing an important role in maintaining structural and functional integrity.

Pramana - The normal quantity of Majja in the body is described as *eka anjali*.

Majja Vriddhi

“मज्जा नेत्राङ्ग गौरवम्।

पर्वसु स्थूल मूलानि कुर्यात् कृच्छ्राण्यहंषि च॥” (A.H. Su. 11/11-12)

This includes heaviness in the eyes (*netra gaurava*) and body (*anga gaurava*), enlargement of joints, and the development of ulcers that are difficult to heal.

“मज्जा सर्वाङ्ग नेत्र गौरवं च” (Su. Su. 15/14),

Leads to generalized heaviness of the body along with heaviness of the eyes.

Majja Kshaya

“अस्थ्नां मज्जनि सौषिर्य भ्रम तिमिर दर्शनम्॥” (A.H. Su. 11/14),

which includes hollowness of bones (*saushirya*), giddiness (*bhrama*), and blurred vision (*timira darshana*).

“मज्जाक्षयेऽल्पशुक्रता पर्व भेदोऽस्थि निस्तोदः अस्थि शून्यता च” (Su. Su. 15/9),

indicates reduced semen (*alpa shukra*), splitting pain in joints (*parva bheda*),



pricking bone pain (*asthi toda*), and emptiness in bones (*asthi shunyata*).

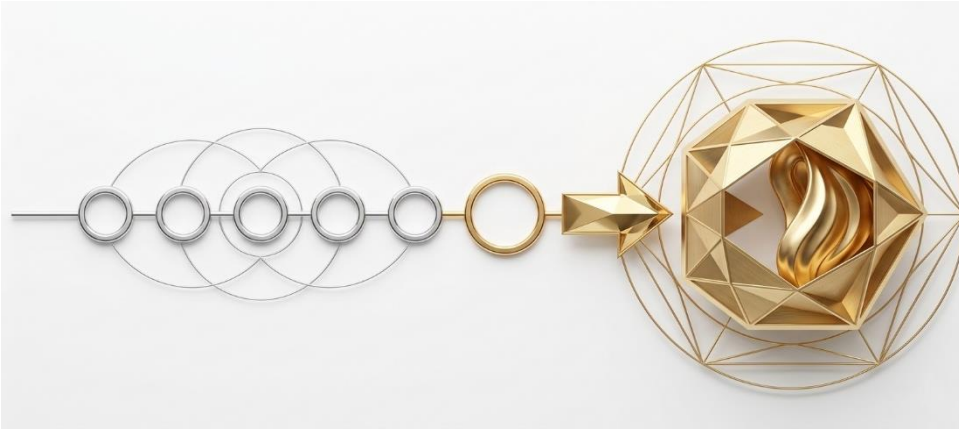
“शीर्यन्त इव चास्थीनि दुर्बलानि लघूनि च।

प्रततं वातरोगीणि क्षीणे मज्जानि देहिनाम्॥” (Cha. Su. 17/68),

Leads to sensation as if bones are breaking, along with weakness (*durbalata*), lightness of bones, and predominance of *vata* disorders.

Shukra

Shukra Dhatu, the seventh and final among the dhatus, represents the essence of all preceding tissues and is chiefly responsible for reproduction and vitality. Its formation is described as “मज्जात् शुक्रं तु जायते”, indicating that Shukra Dhatu is formed from Majja Dhatu through the process of successive nourishment.



Shukra performs vital functions (*karma*) such as imparting *dhairya* (courage), *priiti* (affection), *bala* (strength), and *harsha*

(happiness), and most importantly, it serves as *bijartha* (the reproductive element responsible for procreation).

In its normal state, Shukra possesses specific characteristics (*lakshana*). It is *snigdha* (unctuous), *ghana* (dense), *picchila* (sticky), *madhura* (sweet), *drava* (fluid), and *bahala* (thick). It has a clear, crystal-like appearance (*sphatikabham*) and resembles a mixture of oil (*taila*) and honey (*kshaudra*).

Pramana - Its quantity in the body is described as *ardha anjali*.

Shukra Vruddhi



“अतिस्त्रीकामतां वृद्धं शुक्रं शुक्राश्मरीमपि॥” (A.H. Su. 11/12)

Leads to excessive desire towards sexual activity (*ati-stri-kamata*) and the formation of *Shukrashmari* (calculi related to Shukra).

“शुक्रं शुक्राश्मरीमतिप्रादुर्भवं च” (Su. Su. 15/14),

Makes excessive discharge of Shukra (*ati-pravrutti*).

Shukra Kshaya

“शुक्रे चिरात् प्रसिच्येत् शुक्रं शोणितमेव वा।

तोदोऽत्यर्थं वृषणयोर्मेढ्रं धूमयतीव च॥” (A.H. Su. 11/20),

Makes delayed ejaculation (*cirat prasicyeta*), discharge mixed with blood, severe pain in the testes (*vrushana toda*), and a burning sensation in the genital organ (*medhra dhumayati*).

“शुक्रक्षये मेढ्र वृषण वेदना अशक्तिः मैथुने चिराद्वा प्रसेकः प्रसेके च अल्प रक्त शुक्र दर्शनम्” (Su. Su. 15/9),

Pain in genital organs, reduced sexual capacity (*maithuna ashakti*), delayed or scanty ejaculation, and presence of blood-tinged semen.

“दौर्बल्यं मुखशोषश्च पाण्डुत्वं सदनं श्रमः।

क्लैब्यं शुक्राविसर्गश्च क्षीणशुक्रस्य लक्षणम्॥” (Cha. Su. 17/69),

General weakness (*daurbalya*), dryness of mouth (*mukha Shosha*), pallor (*pandutva*), fatigue (*Shrama*), debility (*anga sadana*), impotence (*klaibya*), and diminished or absent ejaculation.

Over 650 People Benefit from Free Health Camp at SJG Ayurvedic Medical College, Koppal

Koppal: A comprehensive free medical check-up and counselling camp was organized by SJGAMC, Koppal, on March 12, in observance of the 23rd memorial of the 17th pontiff of Sri Gavi Math, Lingaykya Shivayogi.

The program was inaugurated by Shivashanthaveera Swamiji of Bisaralli Math, who reflected on the invaluable contributions of the revered pontiff. He described the 17th Swamiji as a visionary leader, scholar, and ascetic who laid a strong foundation for the growth of the institution. He further remarked that the Swamiji's life of simplicity and dedication to public service remains a guiding force for society.



The camp, held from morning to evening, received an enthusiastic response from the public, with more than 650 individuals availing themselves of free medical consultations and counselling services offered by experienced doctors and healthcare professionals.

Adding value to the event, Dr. Malathi Holla, Founder of Matru Foundation, Bengaluru, participated voluntarily and extended support to children with physical disabilities. She identified several beneficiaries for further assistance in education and healthcare.

The event was attended by prominent dignitaries including Sri Sanjay Kotabagi, President of the College and member of Sri Jagadguru Gavisiddheshwara Vidyavardhaka Trust, Trust Secretary Dr. S.V. Hiremath, Principal Dr. Mahantesh M. Salimath, Vice Principal Dr. Suresh Hakkandi, along with faculty members and the college's medical team.

Free Kidney Health Camp Organized at SJGAMC, Koppal



Koppal: Marking World Kidney Day 2026, the Department of Shalya Tantra at SJG Ayurvedic Medical College (SJG AMC), Koppal, organized a free kidney health check-up camp in collaboration with Sankalpa Multispeciality Hospital, Gadag. The initiative was conducted under the global theme “Kidney Health for All – Care for People, Protecting the Planet.”

The camp aimed to promote awareness about kidney health and provide accessible medical services to the community. A team of expert doctors, including **Dr. Avinash R. Odugoudar**, Uro-oncologist and Transplant Surgeon, **Dr. Pavan Kumar Kolidav**, Consultant Urologist, and **Dr. Deepak Kurahatti**, Nephrologist, actively participated in the program.



During the camp, patients were offered free consultations, basic screenings, and guidance regarding kidney-related disorders. The medical team emphasized early detection, proper lifestyle practices, and the importance of regular health check-ups in preventing renal diseases.

Students and interns of the institution also actively assisted in the smooth conduct of the camp, gaining valuable clinical exposure and hands-on experience in patient care.

Guest Lecture on Renal Health Marks World Kidney Day at SJG AMC, Koppal

Koppal: In observance of World Kidney Day 2026, the Department of Shalya Tantra at SJG Ayurvedic Medical College (SJG AMC), Koppal, organized a guest lecture on the theme “*Kidney Health for All – Care for People, Protecting the Planet.*” The session was conducted for final-year undergraduate students and postgraduate scholars, aiming to enhance awareness about renal health and modern treatment approaches.



The lecture was delivered by **Dr. Avinash R. Odugoudar**, Consultant Uro-oncologist and Transplant Surgeon from Sankalpa Multispecialty Hospital, Gadag, who served as the resource person for the program. He spoke on the topic “*Renal Replacement Therapy.*”



During the session, Dr. Odugoudar shared valuable insights into kidney health, including causes of renal failure, preventive strategies, and advanced treatment options such as dialysis and kidney transplantation. He emphasized the importance of early diagnosis,

lifestyle modifications, and timely intervention in managing renal disorders.

The lecture was interactive and well-received, with students actively participating and engaging in discussions to deepen their understanding of clinical approaches to kidney diseases.

The event concluded successfully with appreciation from faculty and students, marking a significant contribution to World Kidney Day celebrations at SJG AMC, Koppal.

Glaucoma Awareness and Screening Camp Conducted at SG Degree College, Koppal



Koppal, March 14, 2026: The Department of Shalaky Tantra, SJG Ayurvedic Medical College (SJG AMC), Koppal, organized a Glaucoma Awareness and Screening Camp for the teaching staff of SG Degree College, Koppal, as part of its community outreach and preventive healthcare initiatives.



The camp was conducted under the guidance of **Prof. Dr. Anita Kulkarni Salimath**, who led the screening and awareness session. She emphasized the importance of early detection of glaucoma, a silent vision-threatening condition, and encouraged regular eye examinations.

Addressing the gathering, **Principal Dr. Mahantesh M. Salimath** highlighted the significance of eye health and the need for timely diagnosis and preventive care.

Postgraduate scholars and interns actively participated in the camp, assisting in screening procedures and interacting with participants, thereby gaining valuable clinical exposure.

DRAVA VIBHAVA – Ayurvedic Liquids Exhibition Held at SJG AMC Koppal



Koppal, March 16, 2026: The Department of Samhita Siddhanta and Sanskrit at SJGAMC, Koppal, successfully organized an academic exhibition titled “*Drava Vibhava – An Exhibition of Ayurvedic Liquids*”, from 2:00 PM to 5:00 PM. The event was conducted with the objective of enhancing student engagement through experiential learning and fostering a deeper understanding of Drava Dravyas in Ayurveda



The program was presided over by the respected Principal and Vice-Principal, whose presence motivated and encouraged the participants. The exhibition witnessed active participation from faculty members across all phases of BAMS, along with enthusiastic involvement from interns, postgraduate scholars, and students of Second and Third Phase BAMS, creating a vibrant academic atmosphere.

Students of the First Professional BAMS Batch (OJAS 2025–26) presented a wide range of Ayurvedic liquid categories using charts, models, and detailed explanations. The topics covered included Jala Varga, Ksheera Varga, Ksheera Vikruti, Ikshu Varga, Madhu, Taila Varga, Madya Varga, and Mutra Varga, demonstrating a comprehensive and in-depth exploration of classical concepts along with their modern relevance.

The exhibition was evaluated by esteemed judges, Dr. Gangadhar Aralelimath, Professor, Department of Dravyaguna, and Dr. Asha, Associate Professor, Department of Swasthavrutta and Yoga. The participants were assessed on parameters such as classical accuracy, visual presentation, research orientation, and clarity of concepts.

The exhibition concluded successfully with appreciation from judges and faculty, marking it as a significant initiative toward promoting applied learning and interdisciplinary academic exposure at SJG AMC, Koppal.

World Oral Health Day Observed by SJG AMC Koppal



Koppal, March 20, 2026: The Department of Shalaky Tantra, SJGAMC, Koppal, observed World Oral Health Day at GLPS Kankanagara, Halageri, with the objective of creating awareness about the importance of oral hygiene and preventive dental care.



The program featured a series of educational and service-oriented activities for students and staff. An oral health awareness session was conducted, highlighting common oral diseases, their causes, prevention, and the importance of maintaining daily oral hygiene practices.

As part of the initiative, demonstrations on proper brushing techniques were carried out, where students were guided on the correct method and frequency of brushing to ensure effective oral care.

A screening camp was also organized for the early detection of oral diseases. Participants were examined, and appropriate guidance and recommendations were provided for maintaining good oral health.

Surgical Camp Inaugurated at SJG AMC Koppal



Koppal: The Department of Post Graduate Studies in Shalya Tantra, SJG Ayurvedic Medical College (SJG AMC), Koppal, successfully organized the inauguration of a surgical camp, marking a significant step towards providing specialized healthcare services and practical training opportunities.

The camp was formally inaugurated by Principal Dr. M. M. Salimath, who emphasized the importance of such initiatives in delivering quality surgical care and enhancing clinical exposure for students. Vice Principal Dr. Suresh Hakkandi was also present on the occasion and appreciated the efforts of the department in organizing the camp.

The event was graced by the presence of senior faculty members including Dr. G. G. Patil, Dr. Manohar, and Dr. Anita Kulkarni, along with faculty from various departments of SJG AMC, Koppal.

The program was successfully conducted under the coordination of the Shalya Tantra department faculty, including Dr. Geetanjali Hiremath, Dr. Lohith Kalal, Dr. Jeetendra A. J., and Dr. Kumar K. Postgraduate scholars and interns actively participated in the camp, contributing to its smooth execution.

Daksha-2026 Workshop Enhances Newborn Care Skills at SJGAMC

The Department of Kaumarabhritya at SJGAMC successfully organized *Daksha-2026*, a skill development workshop focused on Newborn Resuscitation, on 24th and 26th March 2026. The program was conducted for medical interns with the objective of strengthening their practical skills and boosting confidence in handling neonatal emergencies.

The workshop provided hands-on training sessions, enabling participants to learn and practice essential resuscitation techniques under expert guidance. Emphasis was laid on timely intervention, clinical decision-making, and effective teamwork during critical situations involving newborns.



The initiative was well-received by the interns, who actively participated and appreciated the opportunity to gain real-time experience in neonatal care. The Department of Kaumarabhritya continues to play a vital role in equipping future healthcare professionals with essential clinical competencies through such impactful training programs.

Ayurveda Student Brings Laurels at National Women's Convention in New Delhi

New Delhi, March 8, 2026:

A moment of immense pride and achievement was marked for the institute as its student, **G. Punya**, a final phase BAMS scholar, earned national recognition at the prestigious convention "*Bharati – Nārī to Nārāyanī: Silent Strength to Strategic Force*", held on 7th and 8th March 2026 in New Delhi.



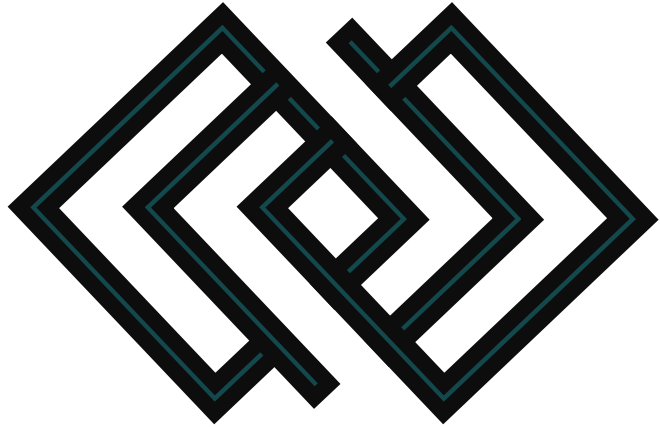
The national convention, organized by *Bharatiya Vidvat Parishat* in collaboration with *Rashtra Sevika Samiti – Sharanya* and the *National Commission of Women*, brought together eminent women thought leaders from across the country. The event was graced by distinguished dignitaries including **Smt. Rekha Gupta, Chief Minister of Delhi**, **Sushri Shantakumari, Pramukh Sanchalika of Rashtra Sevika Samiti**, and **Tejaswini Ananth Kumar, Chairperson and Co-Founder of Adamyia Chetana Foundation**, under whose presence the official journal was released.

Adding to the institute's glory, **G. Punya**, under the guidance of **Dr. Suhas M, Assistant Professor, Department of Samhita Siddhanta and Sanskrit**, presented her scholarly article titled "*Sri Lalita Sahasranama as a Psychosocial Empowerment Pathway: A Critical Appraisal of the Triadic Cycle (Vidya–Shakti–Mukti) as a Transformative Blueprint for Women's Psychology.*" The presentation was delivered at the Satellite Pre-Event held on February 20, 2026, in Bengaluru.

Among nearly 50 participants at the Bengaluru pre-event, only three were selected for further recognition at the national level in New Delhi. It is a matter of great honor that **one of the selected articles was authored by G. Punya**, which was subsequently published in the official book released during the main event by the Chief Minister of Delhi.

Notably, **G. Punya stood out as the only student from the field of Ayurveda** to have her work published at this national platform, highlighting the relevance and depth of Ayurvedic perspectives in contemporary psychosocial discourse.

The institute extends heartfelt congratulations to **G. Punya** and her mentor **Dr. Suhas M** for this remarkable accomplishment, which has brought national recognition and pride to the institution.



Knowledge Hub

**EXPLORING IDEA AND
DISCOVERIES BY STAFF AND
STUDENTS**

ROLE OF *DOSHA*, *DHATU*, *MALA* & *AGNI* IN THE AGING PROCESS -A CONCEPTUAL STUDY

Soumya¹, Dr Deepa Patil²

1 First professional BAMS Student, 2Assistant Professor, Dept of Kriya Shareera, Shri Jagadguru Gavisiddheshwara Ayurveda Medical College Hospital and P G Research Centre, Koppal-Karnataka.

ABSTRACT

Vaya is *Kala Parinama*. *Parinamana* is transformation. *Vaya parinama* is very well explained in the science of Ayurveda. *Dosha, Dhatu, Mala & Agni* are the physiological factors for the maintainance of the health of an individual. *Sharira* is defined as *shiryate iti shariram*, for every second of life there is catabolic process in the body, this is very well explained by our *Acharyas*. *Bhrihatrayis* and *Laghutrayis* described various stages of *Vaya* based on Anatomical and Physiological changes in the human body. *Jara* is one among eight branches of Ayurveda for which *Rasayana* is needed. *Rasayana* is the one of prime branch of Ayurveda that deals with *Swasthya rakshana* for various stages(*vaya*) of life as well as *Apunarbhava* of diseases. *Acharyas* also explained various clinical pathologies as well as treatment methodology based on stages of *Vaya*. Here an attempt is made explaining role of physiological entities like *dosha, dhatu, mala* and *Agni* in the process of *parinamana* of *vaya*.

Key words- *Vaya, Dosha, Dhatu, Mala* and *Agni*

INTRODUCTION

Kala is one of the *Karana Dravya* explained in *Darshanas*. *Vaya* is the *Parinitikala*, it continues process from the fetal life of *Garbha sharira* to till the death of an individual. There are many stages of *vaya* explained by *Acharyas* based on *Dosha, Dhatu* and many factors that contributes process of aging. *Dosha, Dhatu, Mala* are mula of *Sharira*. At every stage of life, the *parinamana* of *Dosha, Dhatu, Agni* etc. factors influence the physiology of human body. The vitiating factors called *Doshas* impacts every stage of life like *Kapha* in *Balyavasstha*, *Pitta* in *Yuvanavastha* and *Vata* in *Vruddhavastha*. The *Dhatu s* are Anatomical and physiological entities of the body they do the *Dharana* and *Poshana* of *Sharira*. Age also contributes *Dhatu Parinamana* kriya. *Maleenakarana kriya* is the work of *Mala*. *Mala* is also one of the important aspects for health of an individual. *Agni* is prime entity for metabolic process. Without *Agni* there is no *Parinamana*, so *Agni* is described as *Eshwara*. Health of an individual depends on *Prakruta Kriya* of *Agni*. *Acharyas* explained many and all most all diseases

manifest due to *Mandagni*. Impact on *Agni* in various stages of *vaya* explained based on *Avastha*. So, role of *Dosha, Dhatu, Mala, and Agni* in the *Parinamana* of *Vaya* is explained here.

METHODOLOGY

Vaya is having its significant effect on every stage of life. Our *Acharyas* explained importance of *vaya* on *swasthya rakshana* as well as *vikara prashmana* like assement of *Matra* of *aushadha*, assessment of *Bala, dosha, avastha* etc. for the management of the diseases.

ROLE OF *DOSHAS* ON *VAYA*

In the 1st chaper of *Astang hridaya* *Acharya* explained on predominance of the *doshas* on *vaya avastha*. He started the quotation वयोहोरात्रिभुक्तानां तेऽन्तमध्यादिगाः क्रमात् | It shows among all factors *vaya* is having significant role on *Dosha avastha*. *Doshas* are physiological entities which maintains normal homeostasis of the body. *Acharya Hemadri* comments on this and explains *Vaya* is *Sharira Parinama* i.e continue process of *Kala Parinama*. Here commentator explains dominance of *Doshas* on *Vaya*

Avastha as follows

DOSHA	VAYA
Vata	Vrudhhavastha,,
Pitta	Yovanavastha
<i>Kapha</i>	Balyavastha

Based on this effect of *Doshas* we observe many physiological changes in the body for every Avastha.

KAPHA & BALYAVASTHA

There are various opinion regarding *vaya* by all Acharyas

Acharya	Balyavastha
CHARAKA	Up to 30yrs <ul style="list-style-type: none"> ➤ Aparipakva <i>dhatu</i> – up to 16yrs ➤ Vivardhamana <i>dhatu</i> - up to 30yrs
SUSHRUTHA	Up to 16yrs <ul style="list-style-type: none"> ➤ Kshirapa-Up to 1yr ➤ Kshirannada- up to 1 to 2yrs ➤ Annada – 2 to 16yrs
VAGBHATA	Up to 16yrs
ASTANGA SANGRAHA	Up to 16yrs
BHAVAMISHRA	1 to 20yrs

Kapha is *Pritvi* and *Jala Mahabhoota pradhana dravya* (dosha). Acharya Sushruta explains in sutra sthana of 21st chapter that how the *visarga kala* governed by *Soma* (moon), in the same way the *Kapha* does the *dharana* of *Sharira*. The derivation of the *Shleshma* is *Shlisha Aligane* that means which binds. *Kapha* helps for the development of *Aparipakwa Dhatu s* by its *Alingana* property. Acc to Astanga Hridaya, while explaining the concept of *Ashrya Ashryai bhava* said that *Kapha* is *Ashrayi* in all *dhatu* 's expects *Asthi* and *Rakta*. Acharya Charaka explains “*Prakrutam to balam shleshma*” here Avastha vishesha *Prakruta kapha* acts as *bala* to the children because of *Aparipakwa dhatu s*, they will have less *bala*. *Prakruta Kapha* and *Oja* are having similar gunas so this helps to

prevent incidence of many diseases in children. *Kapha* with the help of *Snigdha, Guru, Sthira* etc gunas. the body can achieve *Sthiratha, Dhadyata, Upachaya* etc. Because of Avastha vishesha *Kapha Dosha*, children will sleep more hours than adults. Again, children may suffer more *Kaphaja vyadhis* like *Pratishaya, Kasa* etc, because of *Ahara* and avastha vishesha *Dosha*. Even in the *chikitsa* of childrens suffering from various diseases also the ingredients act as a *deepana, pachana* and *Kaphahara* ex- acc to *Chakradatta Bala Chaturbhadra Rasa* contains *Musta, Ativisha, Karkatashrigni, Pippali*, which are *kapha hara*. Due to the *Ambukarma* of *Kapha* it helps to nourish the *bala*.

PITTA & YOVANAVASTAH

Acharya	Madhyama
CHARAKA	30 to 60yrs
SUSHRUTHA	16 to 70yrs <ul style="list-style-type: none"> ➤ Vrddhi- 16-20yrs ➤ Yauvana-20 -30yrs ➤ Sampurna- 30-40yrs ➤ Parihani-40-70yrs
VAGBHATA	16-70yrs
ASTANGA SANGRAHA	16 -60yrs <ul style="list-style-type: none"> ➤ Yauvana-16-30yrs ➤ Sampurna- 30-40yrs ➤ Parihani-40-60yrs
BHAVAMISHRA	20 -70 yrs <ul style="list-style-type: none"> ➤ Yuva- 20-30yrs ➤ Poorna- 30-40yrs ➤ Kshaya-40-70yrs

The pitta is derived from “*Tapa Santape*”. because of its *Ushna* and *Tikshna* gunas it is the prime factor for *parinamana* of *Bhava Padarthas*. In Sushruta sutrasthana 21st chapter we get a reference that *Agni* and *Pitta* are similar due to its *Dahana* and *Pachana Karma*. Here during *Yovanavastha* pitta is *pradhana* and *Agni bala* is also good due to similar qualities of *Agni* and *Pitta*. *Agni*

is the essential factor for *parinama* of *Bhava padarthas*. Here *dhatu s* are *Paripakwa* so *bala* of the individual is good. *Agni bala* is also good in the person because of pitta, so *Dhatu poshana* and *Parinamana* leading to the *Paripakwa Dhatu s*. The disease manifestation in youvanavastha is less compare to the other two avastha because of *Agnibala*. Here Person may get Pittaja vyadhis like daha, tapa, etc

VATA & VRUDDHAVASTHA

Acharya	Vruddhavastha
CHARAKA	60-100yrs
SUSHRUTHA	After 70yrs
VAGBHATA	After 70yrs
ASTANGA SANGRAHA	After 60yrs
BHAVAMISHRA	After 70yrs

Vata is having *Ruksha, Laghu, Khara, Shukshma, Vishadha* etc. leads to *shoshana* of *srotas* which in-turn leads to *Dhatu kshaya*. Again, *Dhatu Kshaya* leads to *Vata Prakopa* leading to *indriya dourbalya, Smritihani, Pralapa, Deenata* which we observed in the *vrudhhavastha*. So *vrudhhavastha* people more prone to manifestation of disease due to *Vata*. Because of *shoshana* of *Srotas* person is having less *bala*.

By these all consideration *Rasayana* is explained in one of the 8 branches of Ayurveda to overcome the sufferings of *Vrudhhavastha*. So acharya Charaka starts *Chikitsasthana* with *Rasayana Adhyaya* for the maintains of *Swasthya* as well as *Apunarbhava* of *Vyadhis*.

DHATU & VAYA

<i>Balyavastha</i>	Youvana	Vruddhavastha
<i>Aparipakwa Dhatu</i>	<i>Paripakwa Dhatu</i>	<i>Dhatu Kshaya</i>

Bala – Aparipakwa Dhatu it is because of *Kala Parinama* i.e age factor. Because of *Aparipakwa* of *Dhatu deha bala* is less. So *Ksheera* is essential *aharana* in *Balyavastha* it nourishes the *Saptha Dhatu s* by its *snigdhadhi jeevaniya gunas*. Because of *Aparipakwa Dhatu's* and *alpa deha*

bala Panchakarma is contraindicated in *Balyavastha*, *Matra* of *Aushadhi* is also less.

In Youvana avastha *Dhatu s* are *Paripakwa*, so *Bala* of the person is good. Hence *Panchakarma chikitsa, Uttama matra* of *Aushadhi Dravyas* are advised.

In *Vrudhhavastha* because of *Vata* there is *Dhatu kshaya*. Based on *Bala* of person *shodhana* is advised. In *Jara* mainly *Rasayan Chikitsa* is advised for the proper nourishment of *Dhatu s*.

MALA & VAYA

There is no much impact on *Mala* on *Balyavastha* and *Youvanavastha*. But it has impact on *Vrudhhavastha* because of *Vata Avastha vishesha Dosha*. Here many individuals suffer with *Vibhandha* because of *Ruksha, Khara guna* of *Vata*.

VAYA & AGNI

The main function of the *Agni* is *Parinamana* of *Bhava padarthas*. It has a main role in conversion of *Vijateeya dravya* to *Sajateeya dravya* for the acceptance of the body. For every *avastha* of *Vaya*, *Agni* has an impact. The functions of *Agni* are *utsaha, bala, upachaya, varna* etc functions will be performed in every *avastha* of *Vaya*. But it has more impact on *Youvanavastha* because pitta is predominant in *Avastha*. *Su.su 21st* chapter we get reference that *Agni* and pitta are similar so it has more impact on this stage. Because of good *Agnibala* in *Youvanavastha* they appreciate all functions of *Agni* like *swasthya, upachya, bala, varna* etc. *Dhatu s* is *paripakwa* because of good *Agni bala*. Hence growth and nourishment are greater in younger age compare to the pediatrics and old age. We observe less illness in young age because of good *Agni*.

In *vrudhhavastha* due to *vishamata* of *Agni* may lead to *Vibhandha* because of *rukshadi gunas*.

DISCUSSION

Impact of *upadhatu s, dhatu malas* and *khamalas* on *Vaya* also need to be explored. Influence of *prakruti* of a person

on all stages of *vaya* is also an emerging important aspect. There is no direct reference of *Vaya* on *mala* in *Samhitas*. Still there is many different of opinions of *vaya* among all *Acharyas*. All elder people will not suffer from *Vibhandha*. There is no direct reference of impact on *Agni* on *vaya*. There is different opinion of *Agni* and *Pitta* by Acharya Dalhana.

CONCLUSION

Role of physiological entities like *dosha,dhatu , mala* and *Agni* in the process of *parinamana* of *vaya* is apparent based on the pradhanata of *dosha*, *swarupa* and *bala* of *dhatu s* and *guna karma* of *malas*. Health of an individual depends on *Prakruta*. *Vaya* pareeksha is one of the *dashavidha* *pariksha* to asses diagnosis and prognosis of the diseases. Adoption of *shodhana* and *shamana chikitsa* in *Vaya* Pareeksha is mandatory. Assessment of *Aushadha* *Matra* is Based on *Vaya*. Impact on *Agni* in various stages of *vaya* explained based on *Avastha*. Hence role of *Dosha*, *Dhatu*, *Mala*, and *Agni* in the *Parinamana* of *Vaya* is much evident.

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CHAKRADATTA



NARIKELODHAKA



Ruchitha KM¹, Dr Suhas M²

1 First Professional BAMS student, 2 Assistant Professor, Dept of Samhita Siddhanta and Sanskrit
Shri Jagadguru Gavisiddheshwara Ayurveda Medical College Hospital and P G Research Centre, Koppal-
Karnataka.

ABSTRACT

Tender Coconut is a wholesome and nutritious drink. It has an important role to play in the fast-developing functional foods market particularly nutraceuticals and pharmaceuticals. The resurgence of interest in the coconut generated due to the awareness of people about the possible hazards from soft drinks and the promotional measures taken by government have contributed to the growth of market for tender coconut water. Value -added products presents an opportunity for intensifying and building on past research and development work. Coconut water is one of the world's most versatile natural product with increasing scientific evidence that support the role of coconut water in health and medicinal application. Medicinally, it has been proven to possess various pharmacological activities like hepatoprotective, anti-inflammatory, antipyretic, wound healing, anti-thrombotic, antioxidant, Hypolipidemic, Antihypertensive, diuretic, hypoglycemic, renal regenerative actions. Over the past decades, many reports have appeared in mainstream scientific journals describing its nutritional and medicinal properties. Glimpse of the classical Ayurvedic texts gives us an insight into the medicinal properties of coconut that is in tune with the scientific findings of today. This review attempts to reiterate and appraise the therapeutic and nutritional values of coconut water.

Keywords: Narikelodaka, Coconut water, ORS

INTRODUCTION

Coconut is the most extensively grown and used nut in the world, playing a significant role in the economic, cultural, and social life of over 80 tropical countries.¹ There is both scientific and abundant anecdotal evidence for coconut's significant nutritional, health and healing benefits.² Coconut (*Cocos nucifera* L), belonging to the family Palmae, is a tree that is cultivated for its multiple utilities, mainly for its nutritional and medicinal values. It has been described as the most important and extensively grown palm tree worldwide. Coconut is a member of the monocotyledonous family Arecaceae (Palmaceae), subfamily Cocoideae and the monospecific genus *Cocos*.¹ In Sanskrit, it is known as Narikela, Kalpa vriksha, Sripkala, Coconut palm in English, Nariyal, Khopra in Hindi, Thengina kayi in Kannada, Kobbari kaayi, Tenkai in Telugu, Tennaimmara in Tamil, Tenga in Malayalam. In the Malay language, it is pokok seribu guna ('the tree of a thousand uses'). In the Philippines, the coconut is

commonly called the 'Tree of life.' Coconut Water is the nutritious clear liquid inside the coconut fruit which is rich in vitamins and minerals. The water of tender coconut, technically the liquid endosperm, is the most nutritious wholesome beverage that the nature has provided for the people of the tropics to fight the sultry heat having a caloric value of 17.4 per 100gm.³ Tender coconut water later matures into the flesh or the coconut meat. Tender coconut water is the liquid or juice and not the milk of the coconut.

तालशस्याति सिध्दानि नारिकेलफलानि

बृहणस्नि ग्धशीतानि बल्यानि मघुशणि॥Cha.Su.130/27

बारिकेमोदकं स्निग्धं स्वादु वृष्यं हिमं लघु ।

तृष्णापित्तानिलहरं दीपनं बस्तिशोधनम् ॥Ash.Su.19/5

स्निग्धं स्वादु हिमं हृद्यं दीपनं बस्ति शोधनम्

वृष्यं पित्तपिपासघ्नं नालि केशेदकं ॥Sus.Su.43/45

तस्याम्भः शीतलं हृद्यं दीपनं शुक्रलं लघु

पिपासापित्तजि त्स्वादु वस्तिशुद्धिकरं परमा॥

Bha.Su.39/45

*According to Charaka, Shushruta, Vagbhata, Bhavamishra:

It means the Narikelodhaka (tender coconut) is Snigdha (unctuous), Madhura (sweet in taste), Shita, Hima (cold in potency), Balya (improves the strength), Laghu (light in nature), Deepana (increases digestive power).

*Narikelodhaka as natural “ORS”

Dehydration occurs when the body loses more fluids than it consumes, causing a deficit in water and essential electrolytes.

Even though narikelodhaka has potassium, magnesium, sodium (potassium: 600mg per 240ml, magnesium: 60mg per 240ml, sodium: 252mg per ml) due to its composition it is often considered as a natural alternative for ORS. Whereas ORS is specially designed to combat dehydration. Because it contains a huge amount of sodium (800mg per liter), sodium mainly helps facilitate the reabsorption of water and electrolytes, particularly in the kidneys and small intestine.

Usually Narikelodhaka is used during:

- Mild dehydration: Due to heat, light exercise, or fasting.
- Daily hydration: As a refreshing, low-calorie beverage.
- Post-exercise recovery: It is important to note that coconut water has a low sodium content compared to ORS, making it effective for dehydration.

While ORS is used during:

- Mild to severe dehydration caused due to vomiting, Diarrhea, Excessive physical activity
- Illness recovery: To replace lost fluids and electrolytes.
- Hot climates: Where excessive sweating leads to significant fluid loss. Both coconut water and ORS have their place in managing dehydration. Understanding the severity of dehydration and the specific need of the body can guide the appropriate choice between these.

*Role of Narikelodhaka in “Digestion” (gut microbiome)

Narikelodhaka contains natural sugars and fiber that act as a nutrient source for beneficial bacteria, improving overall gut balance. Fermentation of coconut water introduces **lactic acid bacteria** (LAB), which are beneficial to the gut microbiome. Studies have identified various *Lactobacillus* species in fermented coconut water, such as *Lactobacillus plantarum* and *Lactobacillus delbrueckii*, which can contribute to gut health by acting as probiotics. Whereas these microbes are absent in early tender coconut. Coconut water contains antimicrobial peptides (like **CnAMP1**) and lauric acid that inhibit harmful bacteria in the gut, including *Escherichia coli*, *Helicobacter pylori* (associated with ulcers), *Salmonella typhi*, and *Enterococcus faecalis*. Tender coconut water acts as a prebiotic by providing nutrients that feed good bacteria in the gut, helping to increase the diversity and richness of beneficial microbiota.

• Narikelaka in Panchakarma

Narikelodhaka (tender coconut water) plays a significant role in Panchakarma, primarily acting as a cooling, hydrating, and detoxifying agent that balances Pitta dosha. It is utilized to support the body during intensive purification processes, particularly during pre-purification (Purvakarma) and post-purification (Paschatkarma) stages to manage digestive heat (Agni) and provide nourishment.

*It is an ingredient in *Snehapana* (therapeutic drinking of ghee) and acts as an antidote to specific plant-based toxins.

*In certain Panchakarma protocols, it is used for *Shodhana* (purification) of oils and herbs, such as the purification of *Eranda Taila* (castor oil) before its use in therapeutic purgation.

* As a rich source of electrolytes and potassium, it provides essential nourishment and strengthens the body, helping to prevent exhaustion (*Shrama*) following detoxification procedures.

* It is highly effective in calming vitiated Pitta dosha, which is crucial during *Virechana* (therapeutic purgation). It relieves burning sensations (*Daha*) in the body.

Magnesium	16.8 - 25 mg
Calcium	40.8 mg
Vitamin C	24 mg

Seasonal use of Narikelodaka

In Adanakala (Shisira, Vasantha, Grishma):

तस्मिन् ह्यत्यर्थती क्षणोष्णरूक्षा मार्गस्वभावतः तिक्तः कषायःकटुको बलिनो ह्य रसाः

क्रमात् । तस्मादादानमाग्नेयम् ऋतवो दक्षिणायनमा॥ Ah.Su.4/3

During this period, the **sun and wind become stronger and absorb the strength (bala) and moisture from the earth and living beings**. Due to progressive dryness in atmosphere which enhances Titka, Kashya, Katu, Rasa results in weakness of the body. Hence one must consume madura (sweet), Sheeta (cold) and Snigdha (unctuous), Drava (liquid) food items as an example Narikelodaka can be consumed.

- Excessive use of Narikeloda leads to Dosha imbalance and many health issues
- Excessive consumptions of Narikeload may also affect on Menstrual health.
- Narikelodaka have wide usage in Cosmetology as its consumptions reduce Acne and increase the brightness of skin.
- Helpful for BABY DEVELOPMENT as it maintains adequate amniotic fluid, which is important for fetal protection and movement.

Nutritional Value of Coconut Water (Per 1 Cup / 240-245ml)

Component	Amount
Calories	44 - 60 kcal
Water	94 - 95%
Total Carbs	10.4 - 15 g
Sugars	8 - 9.6 g
Protein	0 - 0.5 g
Fat	0 g
Fiber	0 g
Potassium	404 - 509 mg
Sodium	45.6 - 64 mg



coconut is widely available in powder form, primarily as **desiccated coconut powder** (dried, shredded meat) or **coconut milk powder** (dehydrated milk). It is a versatile, high-fiber, gluten-free ingredient used in baking, smoothies, curries, and desserts, offering a convenient alternative to fresh coconut with a long shelf life

CONCLUSION

Treatment with coconut water appears to be more natural, less expensive and without any side effects. Thus, it provides an accessible medicine source for various disorders like diabetes, coronary vascular diseases, in the developing countries. With health awareness growing among consumers, healthy and natural refreshing drink like tender coconut has great potential and scope in the country as well as overseas. The market is attracting health-conscious groups with functional food buzz words like longevity foods, nutritional foods, super foods, pharma foods, Phyto foods, therapeutic foods and others. These foods contain biologically active components, intended to enhance health and wellbeing. In the context of global warming and extended spells of summer, tender coconut water would be a much-sought drink. Consequently, it provides great profit to the farmers, imparts economic benefits and eco-friendly too. It may further pave way for the

development of some nutritious soft drink like products based on tender coconut. Better insights and understanding of the properties of coconut water will,

therefore, help us to better utilize this marvelous and multidimensional liquid with special biological properties from nature.

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The Coconut tree is known as the “Tree of Life” because every part of it from the fruit and leaves to the trunk, husk, and roots –can be used for food, shelter, or medicine, sustaining both life and livelihood.

HYDRO CHEMICAL ANALYSIS AND AYURVEDIC IMPLICATIONS OF KARNATAKA'S RIVER WATERS

Rashmi R M¹, Dr Hema Sundari C H²

1 First professional BAMS Student, 2Assistant Professor, Dept of Samhita Siddhanta and Sanskrit,
Shri Jagadguru Gavisiddheshwara Ayurveda Medical College Hospital and P G Research Centre, Koppal-
Karnataka.

ABSTRACT

Water is life. Rivers have been playing an important role in Indian-knowledge system and as vital determinants of health and disease. The Bruhat -Trayi texts of Ayurveda classified the quality of drinking water based on the direction of flow etc. and even mentioned their influence on tridosha, diseases produced by their intake. Modern hydrological science evaluates rivers through various parameters. The study aims to interpret the Ayurvedic principles of understanding the quality of nadi jala on the river systems of Karnataka.

KEYWORDS; Ayurveda, Bruhat Trayi, Rivers of Karnataka, Nadi jala, Tridosha, Hydrology

INTRODUCTION

Among all the water sources described in Ayurveda, *Gangaambu* is considered as best and it refers to the pure and uncontaminated rain water. The qualities are *Laghu guna*, *Avyakta rasa*, *Jeevaniya* and *praanadaraka*. In case of non-availability of Gangaambu other resources like, *kupa* [well], *tadaaga* [pond], *oudbhida* [Spring-water], *vapi* [well] and *nadi* [River] etc. having the similar properties of Gangaambu can be used for consumption.

MATERIALS AND METHODS

Review of the concept of Nadi jala from the Ayurvedic texts like Charaka samhita, Susruta samhita, Astanga hridaya and other scientific articles of specific rivers.

AIM AND OBJECTIVES:

The study aims to integrate the Ayurvedic concepts with modern hydrological studies for better understanding of quality of nadi jala and its medicinal-significance.

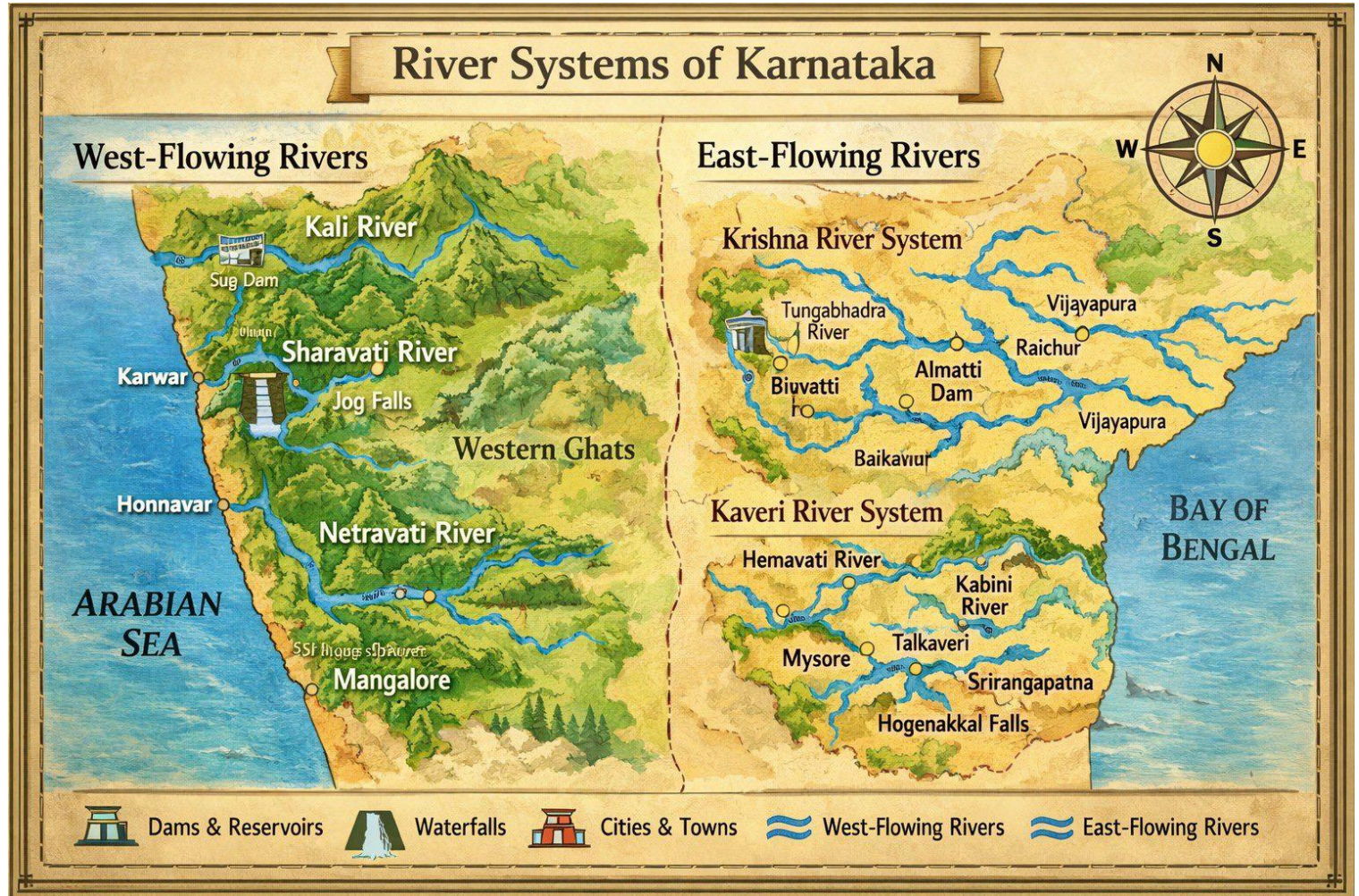
NADI-JALA ACCORDING TO various acharyas

- *(1) According to Charaka samhita, the rivers which are *Paschimagamini* [west-flowing] are considered as Pathya [wholesome] and Vimala [clear], hence they are suitable for drinking. While the rivers which are *Poorvagamini* [east-flowing] are generally having Mrudu [soft] and Guru guna [heavy], hence they are not suitable for drinking.
- *(2) Water from desert-rivers is having Tikta, Lavana, Madhura rasas, Laghu guna, Aphrodisiac and considered as healthy. Acharya Sushruta even explains about water-purification methods.
- *(3) The river which flows with turbulent force by hitting rocks-pebbles are considered as healthy and wholesome
- *(3) Unseasonal water and the water at the beginning of *Varsha ritu* are not considered as wholesome and healthy.
- *(3) During *Varsha ritu*, Gangaambu is vara [Best] but the nadi jala is *Avara* [Worst] for drinking.

ORIGIN OF THE RIVERS OF KARNATAKA

*(4,5) Sahya-Range, a traditional Sanskrit name for the western ghats, forms major rivers of Karnataka such as Sharavati, Netravati, Kali, Aghanashini, Krishna and kaveri. The Sahya range runs parallel to western coast of India. It extends from Gujarat through Maharashtra, Goa, Karnataka up to Kerala and Tamil Nadu. The total length of the sahya range is approximately 1600km. The average height of this range is 900-1500m. It is one of the ranges of *Saptakulaparbata* [Seven-principles of mountains]

The rivers of the Karnataka can be broadly classified into West-flowing and East-flowing rivers



WEST-EAST FLOWING RIVERS OF KARNATAKA

*(6,7) => The west flowing rivers includes the Sharavati river, Netravati River, Kali River, and Aghanashini River. The east flowing rivers includes-Krishna [Tungabhadra, Malaprabha, Ghataprabha] and Kaveri [Hemavati, Kabini, Arkavati] river systems.

RIVERS	ORIGIN	DIRECTION	LENGTH	DISTRICTS AND AREA COVERED
Sharavati River	Ambuteertha in Thirthahalli, Shivmogga	Northwest	128km	Shivamogga, Uttara kannada, Sagara, Hosanagara, Honnavara
Netravati River	Gangamoola, [varaha parvata], Kudremukh	Westward	103-106km	Chikkamagaluru, Dakshina kannada, Dharmastala, Bantwal
Kali River	Kushavali, a small village of Uttara kannada	Westward	184km	Uttara kannada, Dandeli, Joida, Supa, Karwar
Aghanashini River	Near Sirsi, Uttara kannada	Westward	121km	Uttara kannada, Sirsi, Siddapura, Kumta

Krishna river	Mahabaleshwara, Maharashtra	Eastward	1400km	Belagavi, Bagalkot, Vijayapura, Richur Sangali [Maharashtra] Kurnool [AP]
Kaveri river	Talakaveri, Brahmagiri hills, Kodagu	Eastward	805km	Kodagu, Mysuru, Mandya [Karnataka] Dharmapuri, Erode, Taanjavur [TN]

MODERN PARAMETERS OF KARNATAKA-RIVERS*(8,9,10,11,12,13,14)

RIVER	PH	EC [Electrical Conductivity]	TH [Total Hardnes] mg/l	COD (mg/l)	BOD (mg/l)	DO (mg/l)	Flow Velocity [km/hr]
Sharavati	6.5- 7.5	100-250	40-120	10-25	2-5	6-9	2-5
Netravati	6.5- 7.5	80-200	30-100	10-20	2-4	6-8	2-4
Kali	6.8- 7.8	100-300	50-150	10-30	2-5	5-8	1.5-4
Aghanashini	6.5- 7.8	90-220	40-120	10-25	2-5	6-8	2-4
Krishna	7.2- 8.5	300-700	120-300	20-60	4-10	3-6	0.8-2
Kaveri	7.0- 8.2	150-400	60-180	10-30	2-6	5-8	1-3
Tungabhadra	7.0- 8.3	250-600	100-250	20-50	3-8	4-7	0.8-2
Hemavati	7.0- 8.0	150-350	80-200	15-40	3-7	5-7	1-2

DISEASES DUE TO CONSUMPTION OF STAGNANT RIVER-WATER

- *(3) According to Ayurveda, diseases caused due to the consumption of stagnant water of Sahya-range are Kushta-roga [Skin disorders], Pandu [Anaemia], Shiroroga [Head-diseases]
- After reviewing the various research articles the following diseases are prevalent on the river banks of west- and east flowing rivers of karnataka.
- *(15,16) Cholera, Typhoid, Dysentery, Hepatitis A&E [Acute-Liver infections] Malaria, Dengue, Chikungunya [Vector-Borne Diseases], Gastrointestinal disorders, reduced immunity, chronic liver and kidney diseases, amoebiasis, Flourosis, Fungal-infections

DISCUSSION

Rivers which flow through steep-valleys, rocky-terrains are dominated by western-ghats topography. According to Ayurveda the Pravaha vega, the west flowing rivers are having teekshna gati [ex; Sharavati possessing flow velocity about 2-5km/hr.] is having *Laghu, sheeta and chala guna* and the accumulation of *Mala* is prevented; In contrast the *Sthira-jala* is having Guru , manda guna.[ex: Krishna possesing flow velocity about 0.8-2 km/hr.) Pravah-jala increases-vata, decreases-kapha and pacifies pitta. The Sthira-jala increases-kapha and decreases-vata. Flowing water

exhibits high DO due to aeration and turbulence-which inhibits the grow of anaerobic-microorganisms. While stagnant water having low DO-Creating favorable condition to microbial growth. Among the rivers which were discussed; Sharavati is having high DO and low BOD, COD, EC, and Krishna are having comparatively low DO & high BOD, COD, EC. Total hardness values are observed more in the East flowing rivers like Krishna, Tungabhadra when compared to the west flowing rivers like Shrivanti, Kali etc. Sharavati water possess slightly acidic and alkaline pH ideal for drinking and acts as *Jeevaniya* [life-promoting] and due to low BOD, COD the water possessing more *Pranadharana* [life-sustaining] property. Krishna water possesses slightly alkaline pH, due to high BOD and COD, the properties like jeevaniya and pranadharana are comparatively lesser than other rivers.

CONCLUSION

The study highlights meaningful convergence between Ayurvedic-wisdom and modern parameters. The comparative analysis of Karnataka rivers provides distinct physiochemical-characteristics like west-flowing rivers are having low electrical-conductivity, hardness, COD & BOD. While east-flowing rivers are having opposite characteristics to west-flowing rivers. The quality of Nadi-jala is also assured based on other quality measures like, Temperature, pH, Turbidity, TSD [Total dissolved solids], DO (Dissolved oxygen), BOD, COD, Nitrates, Chlorides, Sulphates, Total alkalinity, total acidity, Total hardness, Calcium, Magnesium, Iron. The preference of Acharyas for flowing-water over stagnant-water is strongly validated through different modern-parameters. The detailed Water quality index can be better interpreted based on the samples of various Nadi jala in different locations as well as seasons through investigations. A proctored survey on the diseases prevalent in the respective areas is needed for the assessment of Tridosha.

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HONEY (*MADHU*): AN AYURVEDIC AND SCIENTIFIC

PERSPECTIVE

*Divyashree.C.¹, *G Kruthika², *G Mamatha³, * G Shreya⁴, *Hajira MD⁵, Dr Suhas M⁶

1-5 First professional BAMS Student, 6 Assistant Professor, Dept of Samhita Siddhanta and Sanskrit, Shri Jagadguru Gavisiddheshwara Ayurveda Medical College Hospital and P G Research Centre, Koppal-Karnataka.

ABSTRACT

Honey (*Madhu*) is a natural, biologically active substance with significant nutritional and therapeutic value, recognized since antiquity in both traditional and modern systems of medicine. In Ayurveda, honey is described as a multifunctional agent possessing diverse pharmacological properties, including *Rasa*, *Guna*, *Virya*, and *Vipaka*, and is uniquely regarded as a *Yogavahi*—a catalytic carrier that enhances the efficacy of co-administered drugs. The present study is a narrative review integrating classical Ayurvedic literature, including the Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, with contemporary scientific evidence to provide a comprehensive understanding of honey. Classical descriptions highlight its therapeutic utility in conditions such as respiratory disorders, gastrointestinal disturbances, skin diseases, and wound healing, along with specific precautions regarding its use, particularly in heated form. Modern research corroborates these traditional claims by demonstrating honey's antimicrobial, anti-inflammatory, antioxidant, and potential anticancer properties, as well as its efficacy in wound management and tissue regeneration. Additionally, issues such as adulteration, purity testing, and the relevance of apiculture are discussed. The review underscores the convergence of classical Ayurvedic wisdom and modern scientific insights, emphasizing honey's role as a valuable natural therapeutic agent while highlighting the importance of its proper usage and quality assurance.

Keywords: *Madhu*, *Yogavahi*, Wound Healing, Antimicrobial Activity, Apiculture

INTRODUCTION

Honey is a natural sweet substance produced by honeybees from floral nectar and plant secretions. It is one of the most valued natural products known to humankind since antiquity. Among carbohydrate-rich natural foods, honey is regarded as both wholesome and palatable, with unique sensory characteristics such as taste, texture, color, and aroma that vary depending on botanical and geographical origin.

In *Ayurveda*, honey is referred to as *Madhu* and holds a dual role as both a dietary substance and a potent therapeutic agent. It is widely used in numerous formulations due to its pharmacological properties and its ability to enhance the efficacy of other drugs, a property termed *Yogavahi*.

Scientifically, honey is a viscous substance formed when

honeybees collect nectar or plant exudates, transform them enzymatically, and store them in honeycombs for maturation. It contains a complex composition of bioactive compounds including polyphenols, enzymes, amino acids, vitamins, and minerals, contributing to its nutritional and medicinal value.

Despite its long history of use, honey continues to be an area of active research, particularly in relation to its therapeutic potential.

MATERIALS AND METHODS

The present study is a narrative review based on both classical Ayurvedic literature and contemporary scientific sources. Relevant information on *Madhu* (honey) was collected from authoritative texts such as the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*,

focusing on its properties, types, indications, and contraindications. In addition, modern scientific data were gathered from peer-reviewed journals and databases including PubMed and Google Scholar using keywords related to the medicinal, nutritional, and pharmacological aspects of honey. The collected information was compiled and analyzed descriptively, with an attempt to correlate classical Ayurvedic concepts with contemporary scientific findings. Only relevant, authentic, and non-duplicative sources were included, while non-verified reports were excluded.

OBSERVATIONS AND RESULTS

Ayurvedic Pharmacological Properties of Madhu

According to classical Ayurvedic texts, the properties (*Guna–Karma*) of honey are:

- ❖ **Rasa (Taste):** *Madhura* (sweet)
- ❖ **Anurasa (Secondary taste):** *Kashaya* (astringent)
- ❖ **Vipaka (post-digestive effect):** *Madhura*
- ❖ **Virya (Potency):** *Ushna* (hot) (*with variations across Acharyas*)
- ❖ **Guna (Qualities):** *Laghu* (light), *Ruksha* (dry)

Classical Insights

According to *Ashtanga Hrudaya*

- ✓ Honey is *Chakshushya* (beneficial for vision).
- ✓ It helps in breaking down accumulated pathological substances.
- ✓ Indicated in conditions such as thirst, cough, hiccup, dyspnea, poisoning, and bleeding disorders.
- ✓ Useful in skin diseases, diabetes, worm infestations, vomiting, and diarrhea.
- ✓ Promotes wound healing and aids fracture union.
- ✓ Pacifies Kapha, increases Vata, and possesses both

sweet and astringent tastes.

According to *Charaka Samhita*

- ✓ Honey is generally *Vata*-aggravating and *Kapha–Pitta* alleviating.
- ✓ It possesses *Sandhana* (healing) and *Chedana* (scraping/removal) properties.
- ✓ Excessive or improper use, particularly heated honey, is considered harmful.
- ✓ Honey should be consumed in small quantities due to its *Guru* (heavy) nature.

According to *Sushruta*

- ✓ Honey is *Tridosha-Shamaka* and beneficial in *Sannipata*.
- ✓ Indicated in hiccup, asthma, parasitic infections, vomiting, thirst, and toxicity.

Types of Honey

Four Types (Common Classification)

Makshika, Bhramara, Kshaudra, Pauttika

Eight Types (Detailed Classification)

Makshika, Chatra, Bhramara, Arghya, Kshaudra, Auddalaka, Pautika, Dala

Madhusharkara

Sedimentation formed in stored honey is termed *Madhusharkara*. It retains properties similar to honey and is also considered therapeutically useful.

Precautions in Honey Consumption

- Heating honey is contraindicated in *Ayurveda* and is believed to produce toxic effects.
- Honey should not be consumed in high-temperature environments or by individuals with

predominant Pitta constitution when combined with hot substances.

- *Madhvama* (toxic state induced by improper use of honey) is considered difficult to treat due to therapeutic contradictions.

DISCUSSION

Honey can be understood as a multifunctional therapeutic substance with diverse applications.

Therapeutic Applications

1. Nutritional Role

Honey is a readily absorbable source of simple sugars, providing quick energy without requiring complex digestion.

2. Wound Healing

- Exhibits antimicrobial, anti-inflammatory, and antioxidant properties.
- Promotes tissue regeneration, angiogenesis, and collagen formation.
- Maintains a moist wound environment and prevents infection.

3. Skin Disorders

- Effective in burns, ulcers, and infected wounds.
- Supports faster healing and reduces scarring.

Modern Scientific Insights

Antimicrobial Activity

Studies indicate that unprocessed honey inhibits a broad spectrum of bacteria and fungi, though some organisms like *Pseudomonas* may show resistance.

Cancer Research

- Honey demonstrates anti-cancer properties by inducing apoptosis and arresting the cell cycle.

- It inhibits molecular pathways such as STAT3 and reduces oxidative stress.
- Selectively toxic to cancer cells while sparing normal cells (based on experimental studies).

Clinical Evidence

- A clinical trial by Lund-Nielsen et al. reported reduction in wound size (62%) and improved wound hygiene (55%) in patients with malignant wounds.

Mad Honey Disease

A rare toxic condition caused by ingestion of honey containing grayanotoxins (commonly from *Rhododendron* species).

Symptoms: dizziness, hypotension, bradycardia, nausea, and syncope within 30 minutes to 4 hours.

Testing the Purity of Honey

Common household tests include:

- **Water Test:** Pure honey settles at the bottom without immediate dissolution.
- **Flame Test:** Low moisture honey allows ignition of a dipped matchstick.
- **Heat Test:** Pure honey caramelizes without foaming, unlike adulterated honey.

(Note: These are preliminary tests and not definitive analytical methods.)

Table 1 shows the tests of honey that differentiate pure and adulterated honey in brief.

Bee Keeping (Apiculture)

Due to increasing adulteration, beekeeping is a viable method for obtaining pure honey.

Table 1: Description of tests of honey that differentiate pure and adulterated honey

SI No	Test	Pure Honey	Adulterated Honey
1.	Water	Sinks, holds shape	Dissolves quickly
2.	Flame	Ignites easily	Fails to burn, crackles
3.	Blotting Paper	No absorptional wetness	Quickly absorbs / wets
4.	Thumb / Drop	Stays compact	Spreads / Runs
5.	Heat	Caramelizes	Foams
6.	Smell	Floral / Woody	Odourless / Caramel

Key Aspects

- **Purpose:** Honey, beeswax, pollen, royal jelly, and pollination
- **Equipment:** Smoker, protective gear, hive tools
- **Hive Type:** Langstroth hive (standard movable frame hive)
- **Colony Structure:** Queen, worker bees, drones
- **Challenges:** Pest control (e.g., Varroa mites), disease management, environmental factors

Global Scenario

- China is the leading producer of honey globally.
- India has one of the largest numbers of beehives.

CONCLUSION

Honey (*Madhu*) is a unique natural substance with profound nutritional and therapeutic significance. Classical Ayurvedic texts emphasize its multifaceted role as a medicine, particularly its function as a *Yogavahi*. Modern research supports many of these traditional claims, especially in wound healing and antimicrobial activity.

However, proper usage is crucial, as improper consumption—especially heating—may lead to adverse effects. In the current era of adulteration, promoting beekeeping and ensuring quality control are essential steps toward preserving the therapeutic integrity of honey.

Resurgence of Research Methodology in Ayurveda for Vyadhi Chikitsa: A Multidimensional Approach

Dr. Gangadhar. T. Aralelimath¹, Dr Deepa Patil²

1 Professor, Dept of Dravyaguna, 2Assistant Professor, Dept of Kriya Shareera,
Shri Jagadguru Gavisiddheshwara Ayurveda Medical College Hospital and P G Research Centre, Koppal-
Karnataka.

ABSTRACT

Purpose

Many medical systems exist in this world; despite some similarity there is a huge difference in basic principles of one system to another. So, the physician or a researcher has generalized the disease and the patient instead of individualizing it. This may be due to the difference in the method of study, teaching, research, and practice. In clinical research all patients are enrolled for same treatment even though their *nidanas*, *doshas*, severity etc are different which does not accomplish the principles of classical texts.

Methods

So, resurgence of research methodology is required to yield accurate results. At present research is done by selecting patients on predetermined disease but research in *Ayurveda* demands designing new objective parameters those which can measure multidimensional. This presentation illuminates multidimensional approach and basic requirements for diagnosing, mode of enrollment and observation in a patient and treatment principle of a disease on *Ayurvedic* classical parameters by providing guidelines, dimensions, requisites, targets; values etc. thus refining the treatment principles as said in *samhitas*.

Results

This approach towards chikitsa may show significantly improve & validates the specifications of concepts in diagnosis and treatment modalities. This will have a very good impact in clinical practice due to the inclusion of individualistic approach in research methodology itself.

Conclusion

With the help of basic principle of *Ayurveda*, the multidimensional approach in patient's enrollment for research purpose in any vyadhi *chikitsa sutras* based on *avastha*(condition) of *rogi* as well as *roga* has been dealt in detail.

Key Words: Resurgence, Research Methodology, Treatment modalities,

INTRODUCTION

Ayurveda believes in the treatment of the patient and not the ailment. Many medical systems exist in this world; despite some similarity there is a huge difference in basic principles of one system to another. This may be due to the difference in the method of study, teaching, research, and practice. So, the physician or a researcher has generalized the disease and the patient instead of individualizing it. All

theory and practice of Ayurveda have been evidence based, though in the present scenario, there is a strong need to explain fundamental principles of Ayurveda in a modern context. The classical approach was to use medicaments uniquely designed to suit the requirements of the patient.

The selection of the dravya depends on Rogi bala, Roga bala and the patient's lifestyle. With the recent advances, we see that the treatment modality is more disease oriented

and mainly aims to achieve quick results and thus we see the extensive use of extracts and isolated compounds in therapeutics. The purpose of research is not to prove afresh; the tenets of its basic principles again as we are the believer of the efficacy of the science. But in modern conditions, for the wider applicability and acceptability of the principles may need to demonstrate the reliability and usefulness of these principles. In clinical research all patients are enrolled for same treatment even though their *nidanas*, *doshas*, severity etc. are different which does not accomplish the principles of classical texts.

Research is a systematic process utilizing the scientific method for generating new knowledge that can be used to solve a problem or improve the existing status of a system

But recent research trends not fulfilling the actual need of Ayurvedic research model due to the following reasons

- ✓ Scarcity of published data
- ✓ Indigenous Clinical Practice not documented
- ✓ Journals not indexed, not peer reviewed, improperly protocolled data
- ✓ Information in regional language; needs correct “interpretation Lack of pre-clinical data: difficulty to extrapolate animal studies
- ✓ How much toxicity testing is needed is not known?
- ✓ Not planning a good protocol
- ✓ Research methodology not framed keeping in mind the traditional medicine philosophy
- ✓ Tall claims by some researchers can be fictitious and bring bad name to science etc.

Probable problems emerge during framing clinical studies protocol

- ✓ Sample size
 - Difference in the effect expected between the treatments
 - Desired probability of observing the difference
- ✓ Study design
 - Complex interventions

- Holistic
- Focus on signs and symptoms
- Intra & inter variation in response
- Long duration of therapy for effect to be seen
- *Attitude towards alternative therapy: safe – patient information sheet may mislead*
- What degree of improvement to expect?
- What should be criteria for defining success?
- Comparison with modern potent medicines?

✓ Comparator

- Ethics
- What for procedures like *Panchakarma*?
- Standard treatment as control:
- Differences in philosophies curative/symptomatic/preventive, e.g. HIV, recurrent URTI
- Inclusion/Exclusion criteria
- patient perceptions regarding herbal medicines
- Important to use Ayurvedic parameters
- Efficacy variables
- Influence of prakruti
- Difficult: plasma estimation of “active” molecules not possible
- May be more than one “active molecule”
- Metabolic changes during absorption possible

There is a need of research in Ayurveda but modern research on Ayurveda has not been very satisfying for Ayurveda itself. Research should now focus on the Science of Ayurveda, rather than merely looking for new drugs based on Ayurveda herbals, comprehensive research is needed on Ayurveda.

The problems faced by an Ayurvedic researcher is modern

science does not accept the parameters mentioned in classics, if each Ayurvedic research is done through modern parameters, those are inadequate to express the results of study in exact logic” and the question of reinforcement of Ayurvedic research methodology remains unexplained.

substantial information is available regarding their prior human use providing safety and efficacy of these formulations

Therefore, an approach different from that for evaluation of synthetic drugs is required.

METHODOLOGY

The methodology that can be applied is by Understanding the chikitsasutra of every samhita followed by Choosing the line of treatment in a particular case based on sutrastana basic principle sutras, subsequently decide the Parameters to finalise the respective chikitsa krama or shodhana or shamanoushadhis etc in a particular case lastly Assess the dravyakaarmukata based on avasthaa of the specified vyadhi/avastha.

If any Ayurveda vaidya want to perform research on Ayurveda aushadhis or therapies he/she should use Ayurvedic research methodology to prove it or to validate it. But as of now acc to present situation hardly we find any Ayurveda research methodology accepted globally, Recently Dr Ram Manohar sir, from Amruta Ayurveda college Kerala has developed Ayurvedic Research methods for Rheumatoid Arthritis, like this one general Ayurvedic Research methodology is needed to treat/ do research on any diseases.

As lakshanikachikitsa is not the right chikitsavidhana, there is a need to understand exact samprapti (pathology) of any vyadhi in different patients with respect to their different nidanas (causes) and adopting appropriate line of treatment with ekamulikaprayoga by doing the samanvaya of nidana and lakshanas based on gunataha & karmataha.

Hence, if the desired results of actual clinical practices are to be recorded, the protocols should be prepared on these

lines, suitable for the purpose.

The clinical trials in Ayurveda are needed for— Revalidation of facts enumerated in Ayurvedic classics leading to the explanation of fundamental principles to find out better treatment modalities for the existing diseases/conditions and for newer diseases;

Present clinical trial regimens limit the use of Prakriti, Dosha Anubandha-Anubandhyatwa, Arambhaka and Anugami Dosha Vikalpa, Swanidana Prakopa Awaranajanya Prakopa, Prakriti Sama Samveta-Vikritishamasamveta, Amavashtha-pakvavastha, which leads to variation of dose, dosage form, Aushadhikala, Anupana, Sahapana, Pathyapathya, therapeutics like Panchakarma procedures to be adopted, etc.

Vagbhata tells us in his 40th chapter of Uttarashana that "*Idam aagama siddhatvaat pratyaksha phala darshanaat, mantravat samprayoktavyam na meemaasya kathanchana*". Means "Because this (science) is established through sacred scriptures and its results are directly observable, it should be practiced with the same faith as a mantra and should not be questioned or doubted in any way."

The text provides a philosophical justification for the efficacy of Ayurvedic treatments:

Established by Scripture (aagama siddhatvaat): This refers to the fact that the knowledge comes from the Agamas (ancient authoritative texts) composed by great sages of pure intellect.

Directly Observable Results (pratyaksha phala darshanaat): The text argues that the proof of the science lies in its success. The commentary specifically mentions "jvara-cikitsādikasya" (treatments for things like fever), noting that since patients get better, the science is self-evident.

Like a Mantra (Mantra-vat): Just as a mantra is chanted with total conviction to achieve its spiritual effect, these medical instructions should be followed precisely without skepticism.

Do not have a Doubts on Ayurveda science (Na mimamsya): The commentary clarifies this phrase, stating that one should not harbor doubts like "Will this work or not?" because the methods are already time-tested.

Hence for the implementation of practice based clinical trials there is a necessity of literary research to know the guidelines of research in Ayurveda and reverse pharmacology-based research by efficient practitioners' assistance, this approach is a 1st step in the process of research.

Inclusion criteria –

Inclusion criteria should be purely conceptual wise and if we screen 30 patients of any particular vyadhi at least 4-5 classification can be made and can be included in those respective group, those patients who doesn't fits in these 3 groups can be excluded and accordingly chikitsa sutra can be applied depending upon the dosha, dushya, prakriti predominance, appropriate by the respective ekamoolika aoushadhi or panchakarma therapy based on Avastha of roga and rogi. Hence the shuddhachikitsa does samprapthivighatana safely.

If samprapthivighatana is done safely then the disease will not re-occur, unless patient does nidanasevana again. Thus, it is responsibility of the vaidya to restrict the respective nidanas of those patients suffering from the respective vyadhi.

Doshas, when vitiated causes different diseases at different sites. How can we select a same drug to the patients who have manifestation of a Dosha, Dhatu, and Mala dushti by different nidanas, in different sites, with different symptoms, with different Avasthas, of different prakruti, in differet kaala/ timelines, in different desha, with different Koshta, etc?

Few inputs for developing Ayurvedic Research methodology

- ✓ Identifying and resolving the basic vyadhisamprapti of which type of that vyadhi is a

part of proper chikitsa.

- ✓ Ayurveda looks like a mesmerizing sleeping beauty for the modern medical scientists.
- ✓ Instead of helping Ayurveda fraternity, present Research methodology in Ayurveda has helped Modern science to invent new drug development, extracting new compounds in herbal drugs based on the reference of Ayurveda samhitas indicated diseases without acknowledgement to that samhita from where it was refereed or copied etc.
- ✓ However, Ayurveda has much more to offer beyond the present knowledge of contemporary science on many concepts of Ayurveda like Oja, Bala and Prakriti, Kaala, desha, Kalaa,manas, Atma etc.
- ✓ There are many fundamental principles in Ayurveda which can clarify the maladies in modern medicine. But more than these, there are many more fundamental principles described in Ayurveda in brief and they are still not understood properly to the Ayurveda fraternity/stalwarts itself.
- ✓ First, we must uplift, upgrade, update the Ayurveda fraternity (instead of wasting our effort to convince the whole world/contemporary medical systems/ globally) by understanding the concepts of Ayurveda with utmost clarity.
- ✓ Now, it is high time to define Ayurveda itself; whether the use of herbs is Ayurveda or the use of herbs and other treatment modalities as per Ayurvedic principles is Ayurveda.
- ✓ In this paper an attempt is made to understand the need of resurgence in ayurvedic research methodology based on one basic principle of Ayurveda
- ✓ Ayurvedic classical parameters providing guidelines and a way of approach, as these all do matters for an effective treatment. It is the time to know the Ayurvedic concept and not to be proved

on conventional parameters.

- ✓ Because Ayurveda is a svatantradarshana, “What do we see and how do we see” it really matters. Let us see with our own eyes.
 - So let us first Understanding the chikitsa sutra of every samhita then
 - Choose the line of treatment in a particular case based on samhitas subsequently
 - Decide the Parameters to finalise the respective ekamoolika in a particular case lastly

DISCUSSION

- ✓ While applying ekamoolika prayoga or selecting shodhana chikitsa for any vyadhi one should not ignore the basic principles of chikitsa sutra of that vyadhi explained in respective samhita.
- ✓ Proper methodology should be developed at the institute level for teaching Ayurveda.
- ✓ All the available literature can be studied and accordingly subjects along with latest additions or changes made by research in concerned topics should be taught in the colleges.
- ✓ A way to understand something is to break it down into its component parts, examine each one, and put it back together.
- ✓ Research methodology in advancement of Ayurveda needs and requirements vary with each assignment, project, or paper.
- ✓ Although there is no single "right" way to conduct research, certain methods and skills can make research efforts more efficient and effective.
- ✓ There is an intense need of developing own parameters for the study topics which is suitable to the fundamental principles of Ayurveda without compromise.
- ✓ Performing research on any vyadhi based on the

present available contemporary science parameters is one of the challenging problems of Ayurveda medical science, one shoe doesn't fit for all.

- ✓ Understanding its lakshanika samprapti & the main samprapti is the key to right treatment.
- ✓ Ayurveda needs its own parameters to prove or validate the concepts explained in samhitas.

It would neither be ethically acceptable nor morally justifiable, if an allopathic physician carries out clinical evaluation of the plant product without any knowledge of concepts of Ayurveda or training or a degree, it is necessary to associate(co-guide) a specialist from Ayurveda system for clinical evaluation, and if needed, it should be carried out jointly, but it is not followed in any of the contemporary science research on herbal extracts like curcumin, piperine, psoralen etc. actually we should not allow to do extraction of any single chemical from an herb explained in any of the Ayurveda samhitas because Ayurveda treats with the whole drug not by the single chemical as these single chemical extract usage bring a lot of side effects in patients and lastly blame of side effects will be to whole Ayurveda only. Ayurveda believes in a broad-spectrum approach, where all the major and minor ingredients present in the drug are expected to play a role in the drug action not merely a one chemical constituent.

✓ Some difficulties to adopt present Research methodology

- selection of appropriate drug/treatment
- identification of objective outcomes
- devising adequate placebo/standard controls
- difficulties of blinding
- duration of trials
- number of subjects
- dose optimization
- ✓ Selection of appropriate drug/treatment
 - Shamaushadhi?

- Shodhana?
- Shamana and Shodhana?
- Single drug?
- Multiple combination?
- Identification of efficacy parameters
- Documented evidence for efficacy
- Proper medicine for proper patients
- Standardization
- Safe use of drugs
- New indication for unknown drugs

✓ Subjective parameters-As mentioned in classics?
Or acc to Modern?

Objective parameters-Blood investigation, Scans, Others
Can be used or not?

All these difficulties can be solved by doing extensive literary research of all Ayurveda samhitas by all experts of Ayurveda by developing guidelines for research methodology applied only for Ayurvedic research and these recommendations can be given to WHO, Ayush ministry, CCRAS, NCISM and All Ayurveda universities and colleges for the implementation.

Scope for Further Research

- This paper shows a path & opens the gateway to conduct various research activities.
- A Standard protocol for Ayurvedic research work for every disease can be developed which should be unique and need to be accepted all over India without exceeding and compromising ayurvedic fundamental principles.
- Clinical research can be taken based on this various ekamoolika dravyas or multiple chikitsa sutras can be selected to do multidimensional samprapti vighatana based on chikitsa sutra explained in any one of the samhita especially of Ashtanga Hrudaya by enrolling patients through the specific inclusion and exclusion criteria strictly depending upon classical texts.

Take home message

- ✓ Clinical research in Ayurveda should lead to
 - Proper dose selection

In the process of selection of therapy name does not matter, right understanding of vyadhi avastha really matters. Therefore, the presentation mainly focusses on, proper way of selecting the vyadhi avasthaanurupa panchakarma chikitsa, which will positively reflect to the clinical practice of a vaidya.

- ✓ **Perception of roga/rogi (person) depends on Purpose!!**
- ✓ **Fashion Designer? Perception is different,**
- ✓ **Yogi? Perception is different,**
- ✓ **Allopathic doctor? Perception is different,**
- ✓ **Ayurveda Vaidya? Perception is different,**
 - **One material-Different perceptions!!**
 - **We the Ayurveda Vaidya must SEE differently because**
 - **We must TREAT differently.**

Ayurveda is a robust system of traditional medicine that has sustained health for millennia. While it may not always fit the criteria for conventional clinical trials, its effectiveness in preventing disease and managing long-term health is increasingly acknowledged, provided it is practiced with proper training and caution

References.

Following the tenets of the Bruhatrayees and the wisdom of all Guru's.

Hrudroga in Focus: Revisiting Nidana in the Context of Rising Cardiovascular Burden

Dr. Gangadhar. T. Aralelimath¹, Rahul Inamdar²

¹ Professor, Dept of Dravyaguna, ² 3rd Year PG Scholar,

Shri Jagadguru Gavisiddheshwara Ayurveda Medical College Hospital and P G Research Centre, Koppal-Karnataka.

INTRODUCTION

Hrudroga (heart diseases) represent a major and escalating public health challenge in India as well as globally. In Ayurveda, *Hrudroga* denotes a group of cardiac disorders affecting the Hṛdaya (heart), which is considered a *Marma* (vital organ essential for survival). Any dysfunction in this organ is believed to disturb systemic homeostasis due to its pivotal role in circulation and consciousness.

In modern epidemiology, cardiovascular diseases (CVDs), particularly coronary artery disease (CAD), are the leading cause of mortality. According to the World Health Organization, CVDs account for nearly 32% of global deaths (~17.9 million annually). In India, the burden is equally alarming. Evidence from the Global Burden of Disease Study and The Lancet indicates that cardiovascular diseases contribute to approximately 25–28% of total deaths in India, with a steady rise over the past three decades.

Recent analyses further show that the prevalence of CVD in India is around 11% among adults, highlighting a substantial disease burden. Moreover, the Indian population exhibits a higher risk, earlier onset, and greater premature mortality from cardiovascular diseases compared to many other populations.

Data from the Indian Council of Medical Research—particularly the ICMR-INDIAB study—reveals a high prevalence of major cardiovascular risk factors in India, including:

- Hypertension: ~35.5% (≈315 million individuals)
- Generalized obesity: ~28.6%
- Abdominal obesity: ~39.5%

These metabolic risk factors significantly increase the likelihood of coronary artery disease and other cardiac disorders.

Insights from large national surveys such as the National Family Health Survey (NFHS-5) indicate a rising trend in hypertension, diabetes, and obesity, particularly in urban populations, reflecting rapid lifestyle transitions. Urban–rural comparisons demonstrate markedly higher levels of obesity, hypertension, and dyslipidaemia in urban populations due to sedentary habits and dietary changes.

Furthermore, recent Indian studies (2024–2025) highlight an alarming increase in cardiovascular risk among younger adults, with significant proportions of individuals already at moderate to high risk of cardiovascular events within 10 years. Post-pandemic data also suggests a notable rise in heart attack incidence, emphasizing the urgency of preventive strategies.

The The Lancet and GBD reports also emphasize that India is experiencing a rapid epidemiological transition, where non-communicable diseases like CVDs are replacing infectious diseases as leading causes of death, driven by metabolic risk factors, urbanization, and aging populations.

Ayurveda provides a comprehensive framework to understand Hṛdroga through the imbalance of Doṣas (Vāta, Pitta, Kapha) along with derangement of *Rasa* and *Rakta dhātu* and obstruction of *srotas*. Classical texts describe detailed *nidāna* (etiology), *rūpa* (clinical features), *bheda* (types), and *cikitsā* (management), emphasizing both preventive and curative aspects.

Given the rapidly increasing burden, early onset, and high mortality associated with cardiovascular diseases in India, revisiting the Ayurvedic concept of Hṛdroga in the light of contemporary epidemiological evidence is highly relevant. An integrative approach combining classical Ayurvedic principles with modern insights may help in early prevention, risk reduction, and effective management of heart diseases.

1. Historical Vision of Hṛdaya (Heart)

1.1 Embryological Origin

Classical Ayurvedic texts describe the development of the heart (*hṛdaya*) in the fetus with varying viewpoints:

- **Charaka Samhita (Śārīra Sthāna 6/21)**
 - Ācārya Caraka mentions that all fetal organs develop simultaneously.
 - However, **Kankāyana** considers the *hṛdaya* as the **first organ to develop**.
- **Charaka Samhita (Śārīra Sthāna 6)**
 - The heart begins **pulsation in the third month of gestation**.
- **Sushruta Samhita (Śārīra Sthāna 3/32)**
 - The fetal heart becomes **functionally active in the fourth month**.
 - Organogenesis begins in the third month in a subtle (*sūkṣma*) form and becomes perceptible by the fourth month.
 - The initiation of cardiac activity marks the stage where the mother is termed **“Dauhṛdiṇī”** (possessing dual desires).

1.2 Contribution of Maternal Factors

- **Sushruta Samhita (Śārīra Sthāna 3/33)**
 - The heart is considered a **Matruja Bhava** (maternal-derived organ).

- **Sushruta Samhita (Śārīra Sthāna 4/31)**

- **“Śoṇita Kapha Prasādajam Hṛdayam”**
- The heart is formed from the **essence of blood (śoṇita) and kapha**, indicating its structural and functional nourishment.

2. Vedic References to Hṛdaya and Hṛdroga

Ancient Vedic literature also provides insights into the structure and disorders of the heart:

- **Atharva Veda (10/2/31)**

- Describes the body as a **city with eight chakras and nine gates**, with the heart as a central vital organ containing divine essence.

- **Atharva Veda (10/8/43)**

- Mentions the heart as a **lotus-like structure (puṇḍarīka)** surrounded by three guṇas.

- **Atharva Veda (9/8/14)**

- References **krimi (microorganisms)** affecting the heart (*hṛdayagata krimi*).

- **Rigveda (1/50/11)**

- Mentions **hṛdroga (heart disease)**, indicating early recognition of cardiac disorders.

- **Atharva Veda (6/14/1)**

- Describes **hṛdayāmaya (cardiac illness)**⁵⁰

- **Atharva Veda (1/22/1)**

- Mentions **hṛd-dyota**, possibly indicating functional disturbances of the heart.

3. Conceptual Understanding Relevant to Etiopathogenesis

From the above classical references, the Ayurvedic understanding of etiopathogenesis (**nidāna–samprāpti**) of *hṛdroga* can be inferred:

3.1 Structural Basis

- Origin from **śoṇita and kapha** suggests:
 - Vascular (circulatory) involvement → *rakta*
 - Structural stability and lubrication → *kapha*

3.2 Functional Basis

- Early pulsation indicates:
 - Importance of **vāta (especially prāṇa & vyāna vāyu)** in cardiac activity

3.3 Maternal Influence

- Being a **Matruja Bhava**, maternal diet and lifestyle during pregnancy influence cardiac development.

3.4 Psychosomatic Component

- The concept of **Dauhṛdiṇī** reflects:
 - Link between **mind (manas) and heart**, indicating psychosomatic etiological factors.

3.5 External & Internal Etiological Factors

- Vedic mention of **krimi** suggests:
 - Possible infectious or parasitic causes
- References to **hṛdroga and hṛdayāmaya** indicate:
 - Early recognition of multiple cardiac

pathologies

Historical Vision and Nirukti of Hṛdroga

1. Historical Vision

A critical review of classical Ayurvedic literature reveals that:

- Only **five major types of hṛdroga** are described in the available ancient texts.
- However, this classification **does not imply that cardiac or cardiovascular diseases are limited to only five entities.**
- Instead, these five types represent **broad clinical categories**, under which multiple cardiovascular conditions of similar **etiology (nidāna) and pathogenesis (samprāpti)** are grouped.
- Thus, the Ayurvedic classification reflects a **functional and etiological grouping**, rather than a strictly numerical limitation.
- Many conditions described under these categories can be correlated with **various cardiovascular disorders recognized in contemporary medicine.**

2. Nirukti

The term *hṛdroga* is explained by classical commentators as follows:

- **Madhukosha (on Hṛdroga Nidāna)**
 - “*hṛdo rogaḥ hṛdrogam*”
 - Meaning: **A disease of the heart is termed hṛdroga.**
- **Sharangadhara Samhita (commentary by Āḍhamalla, Khaṇḍa 7)**
 - “*hṛdi rogaḥ hṛdrogam, hṛd bādhatē iti*”
 - Meaning: **A disease located in the heart or one that causes affliction**

(pain/distress) to the heart is called **hṛdroga**.

3. Conceptual Interpretation

From the above definitions, the following points can be inferred:

- *Hṛdroga* includes:
 - Diseases **originating in the heart (structural involvement)**
 - Diseases **affecting cardiac function (functional disturbances)**
 - Conditions causing **subjective distress such as pain, discomfort, or dysfunction of the heart**
- The definition is **broad and inclusive**, covering:
 - Organic cardiac diseases
 - Functional disorders
 - Psychosomatic influences affecting the heart

Sāmānya Nidāna of Hṛdroga (General Etiological Factors)

The causative factors (*nidāna*) of *hṛdroga* described in Ayurveda are **multifactorial**, encompassing somatic, मानसिक (psychological), dietary, behavioral, environmental, iatrogenic, and external causes. These collectively disturb **doṣa balance**, ultimately affecting the *hṛdaya*.

1. Śārīra Kāraṇa (Somatic Factors)

- Individuals debilitated due to:
 - *jvara* (fever)
 - *atisāra* (diarrhea)
 - *āma-sāndhāraṇa* (retention of undigested toxins)
 - *kārśya* (emaciation)

- *mada* (intoxication)
 - *chardi* (vomiting)
 - *vegadhāraṇa* (suppression of natural urges)
 - act as **predisposing factors for hṛdroga**
- (**Charaka Samhita Su.30/30–40; Madhava Nidana)

- Suppression of:
 - *niśvāsa* (respiration)
 - *bāṣpa* (crying/tears)
 - leads to cardiac disorders
 - Classical statement:
“*Śrāntasya tanaḥ-śvāsa-vigraheṇa hṛdroga, mūrccā athavā gulmaḥ*”
 - Excess strain and disturbed respiration may lead to **hṛdroga, syncope, or abdominal masses**
- (**Sushruta Samhita Uttara Sthāna 55)

2. Mānasika Kāraṇa (Psychological Factors)

- *cintā* (excessive worry)
- *bhaya* (fear)
- *trāsa* (shock/terror)

→ These disturb **manas and prāṇa vāyu**, contributing to cardiac dysfunction

(**Charaka Samhita Su.17/30–40)

3. Vihāra Kāraṇa (Behavioral Factors)

- *vyāyāma* (excessive physical exercise)
- *śrama* (overexertion)
- *guru-bhāra-vahana* (lifting heavy loads)

→ Lead to **vāta aggravation and cardiac strain**

(**Charaka Samhita Su.30/30–40)

4. Āhāra Kāraṇa (Dietary Factors)

- *uṣṇa anna* (excessively hot food)
 - *tīkṣṇa basti* (strong enema)
- *rūkṣa anna* (dry food)
 - Faulty *pañcakarma*
- *viruddhāśana* (incompatible diet) → May induce cardiac disorders (**Charaka Samhita Su.30/30)
- *adhyāśana* (overeating)
- *ajīrṇāśana* (eating during indigestion)
- *asātmya bhojana* (unsuitable diet)
- *guru anna* (heavy food)
- Excess intake of:
 - *kaṣāya rasa* (astringent)
 - *tikta rasa* (bitter)

→ Cause **doṣa vitiation, especially vāta and kapha,** affecting the heart (**Charaka Samhita Su.30/30)

5. Jala as Nidāna (Water-related Factors)

- Water originating from specific regions such as:
 - *Pāriyātra, Vindhya, Sahya*
→ causes **śīroroga, hṛdroga, kuṣṭha, and ślīpada** (**Charaka Samhita Su.27/212)
- Water from *Himavat* region may cause:
 - *hṛdroga, śvayathu, śīroroga, galagaṇḍa* (**Sushruta Samhita Su.45/2)

6. Hṛdroga Nidāna in Kaumāra (Pediatric Etiology)

- *Kapha* localized in *kṣīrāśaya* (milk stomach) leads to:
 - *kṣīra gaurava* (heaviness after milk intake)
 - Progression to **hṛdroga in children** (**Charaka Samhita Ci.30/249–250)

7. Cikitsākṛta Nidāna (Iatrogenic Causes)

- Improper therapeutic procedures:
 - *tīkṣṇa virecana* (strong purgation)

8. Āgantuka Kāraṇa (External Causes)

- *abhighāta* (trauma)
- *ati-uccha-patana* (fall from height)

→ Direct injury to *hṛdaya* causing cardiac disorders (**Charaka Samhita Su.30/30–40; Madhava Nidana)

9. Interrelationship with Other Diseases

- Etiology of *gulma* and *hṛdroga* is similar (**Ashtanga Hridaya Ni.5/39)
- *Kaphaja gulma* may lead to *hṛdroga* (**Charaka Samhita Ni.3/11)
- *Udāvarta* can result in *hṛdroga* (**Charaka Samhita Ci.26/8)
- Complication of *krimija chardi* may include *hṛdroga* (**Madhava Nidana)
- In *rājayakṣmā*, aggravated *vāta* affects *hṛdaya* leading to *uro roga* (**Charaka Samhita Ni.6/4)

10. Concept of Uras (Thoracic Region)

- *Uras* includes both:
 - **Heart (hṛdaya)**
 - **Lungs (phupphusa)**
- According to **Cakrapāṇi:** “*Urasya iti urogatā hṛd-śūla-ādayaḥ*”

→ Diseases of chest include **cardiac pain and related disorders**

- This suggests a **combined cardiopulmonary concept** in Ayurveda.

11. Trauma and Prognosis

- Any injury (*āghāta/ghaṭṭana*) to the heart may cause **sudden death**.
- Types of injury:
 - *upaghāta* – minor injury
 - *bheda / mahopaghāta* – severe injury

→ Indicates the **vital importance (marma nature) of hṛdaya**

(Cakrapāṇi on Charaka Samhita Su.30/6)

Etiological Correlations and Viśeṣa Nidāna of Hṛdroga

1. Association with Medoroga and Madhumeha

- The **etiology of kaphaja hṛdroga and medoroga** is **closely similar**, as both involve:
 - Excess *kapha*
 - Abnormal accumulation of *meda dhātu*
- *Medoroga* acts as a **primary pathological state**, leading to complications such as:
 - *hṛdroga* (cardiac disorders)
 - *madhumeha* (diabetes mellitus)
- The **predisposing factors of madhumeha** described in **Charaka Samhita** support this interrelationship, indicating a **common metabolic background**.
- Individuals with:
 - *kapha prakṛti* → are **more susceptible to hṛdroga**, due to their inherent tendency for **meda accumulation**.

2. Hṛdroga in Relation to Other Diseases

2.1 Āmavāta

- In **Madhava Nidana (Āmavāta Nidāna)**:
 - When *tridoṣa* along with *āma* reaches the *hṛdaya*, it produces:
 - **gurutā (heaviness in the cardiac region)**
- The pathogenesis of **Rheumatic Heart Disease (RHD)** can be **conceptually explained through Āmavāta samprāpti**, where:
 - *āma + vāta* → systemic involvement → cardiac manifestation

2.2 Grahaṇī

- In *vātaja grahaṇī*, patients may develop *hṛdroga*:
 - “*sa vāta-gulma-hṛdroga-plīhā-śankī ca mānavah*” (**Charaka Samhita Ci.15/63)

→ Indicates a **gut–heart axis** in Ayurvedic pathology.

3. Viśeṣa Nidāna (Specific Etiological Factors)

Ayurveda classifies *hṛdroga nidāna* based on **doṣa predominance**:

3.1 Vātaja Hṛdroga Nidāna

(Charaka Samhita Su.17/30)

- *śoka* (grief)
- *upavāsa* (fasting)
- *ati-vyāyāma* (excessive exercise)
- *śuṣka-rūkṣa bhojana* (dry food)
- *alpa bhojana* (insufficient diet)

→ Lead to **vāta aggravation**, causing functional cardiac disturbances.

3.2 Pittaja Hṛdroga Nidāna

(Charaka Samhita Su.17/32)

- *uṣṇa* (hot foods)
- *amla* (sour)
- *lavaṇa* (salty)
- *kṣāra* (alkaline substances)
- *kaṭu* (pungent)
- *ajīrṇa bhojana* (eating during indigestion)
- *madya* (alcohol)
- *krodha* (anger)
- *ātapa* (sun exposure)

→ Cause **pitta aggravation**, leading to inflammatory or metabolic cardiac disorders.

3.3 Kaphaja Hṛdroga Nidāna

(Charaka Samhita Su.17/34)

- *atyādāna* (overeating)
- *guru anna* (heavy diet)
- *snigdha bhojana* (unctuous food)
- *acintana* (lack of mental activity)
- *aceṣṭana* (sedentary lifestyle)
- *nidrā-sukha* (excess sleep and comfort)

→ Promote **kapha and meda accumulation**, leading to structural cardiac disorders.

3.4 Tridoṣaja Hṛdroga Nidāna

(Charaka Samhita Su.17/36)

- *Hetu saṃsarga* (combined causative factors of all doṣas)

→ Produces **complex and severe cardiac conditions**.

3.5 Krimija Hṛdroga

(Charaka Samhita Su.17/36–37)

- Causative factors include:

- Excess intake of:

- *tila* (sesame)
- *kṣīra* (milk)
- *guḍa* (jaggery)

- Classical reference:
“*Tridoṣaje tu hṛdroge yo durātmā niṣevate | tīla-kṣīra-guḍādīni granthis tasya upajāyate ||*”

→ Leads to **granthis (nodular/obstructive pathology)** due to *krimi* involvement.

From the above:

- *Kaphaja hṛdroga* shares strong similarity with:
 - **Medoroga (obesity/metabolic syndrome)**
 - **Madhumeha (diabetes mellitus)**
- There exists a clear **metabolic–cardiac continuum**:
 - *Kapha* ↑ → *Meda* ↑ → *Srotorodha* → *Hṛdaya duṣṭi*
- Diseases like:
 - *Āmavāta*
 - *Grahaṇī*
→ demonstrate **systemic pathogenesis affecting the heart**

5. Conclusion

The *Viśeṣa Nidāna* of *hṛdroga* highlights:

- A **doṣa-specific etiological framework**
- Strong association with **metabolic disorders (medoroga, madhumeha)**
- Involvement of **systemic diseases (āmavāta, grahaṇī)**
- Recognition of **infective (krimija) and obstructive (granthis) mechanisms**

Thus, Ayurvedic understanding presents *hṛdroga* as a

multisystem disorder with metabolic, inflammatory, and functional dimensions, closely resembling modern concepts of cardiovascular pathology.



Creative corner

Celebrating artistic flair and originality



The world through

PHOTOGRAPHY

Every morning, before the world fully wakes up, there is a quiet, golden moment. The sky softens, the air feels lighter, and there he is, *SURYA*, the eternal witness to our lives. Surya is known by many names – each revealing a different aspect of his nature. *Aditya, Bhaskara, Arka, Mitra, Ravi, Dinakara, Urdhwaga, Ananta, etc.* These are

not just the names; they are experiences. Anyone who has stood under the early morning sun knows that warmth that feels almost personal.

सूर्यो नमस्कार प्रियः । शिव अभिषेक प्रियः ॥

विष्णु अलङ्कारा प्रियः । ब्राह्मणो भोजन प्रियः ॥

This verse explains that Lord *Surya* is fond of Salutations, and these are the ways to make them delighted and seek their blessings.

This is perhaps why *Surya Namaskara* is not just a set of physical postures. It is a form of connection – a daily acknowledgment of the source that sustains us.

When you perform *Surya Namaskara* in that early light, something shifts. The body warms, the breath deepens, and there's a quiet alignment – inside and out. Sunlight produces Vitamin D for bone health and immunity, while regulating circadian rhythm and hormonal balance – influencing energy and metabolism.

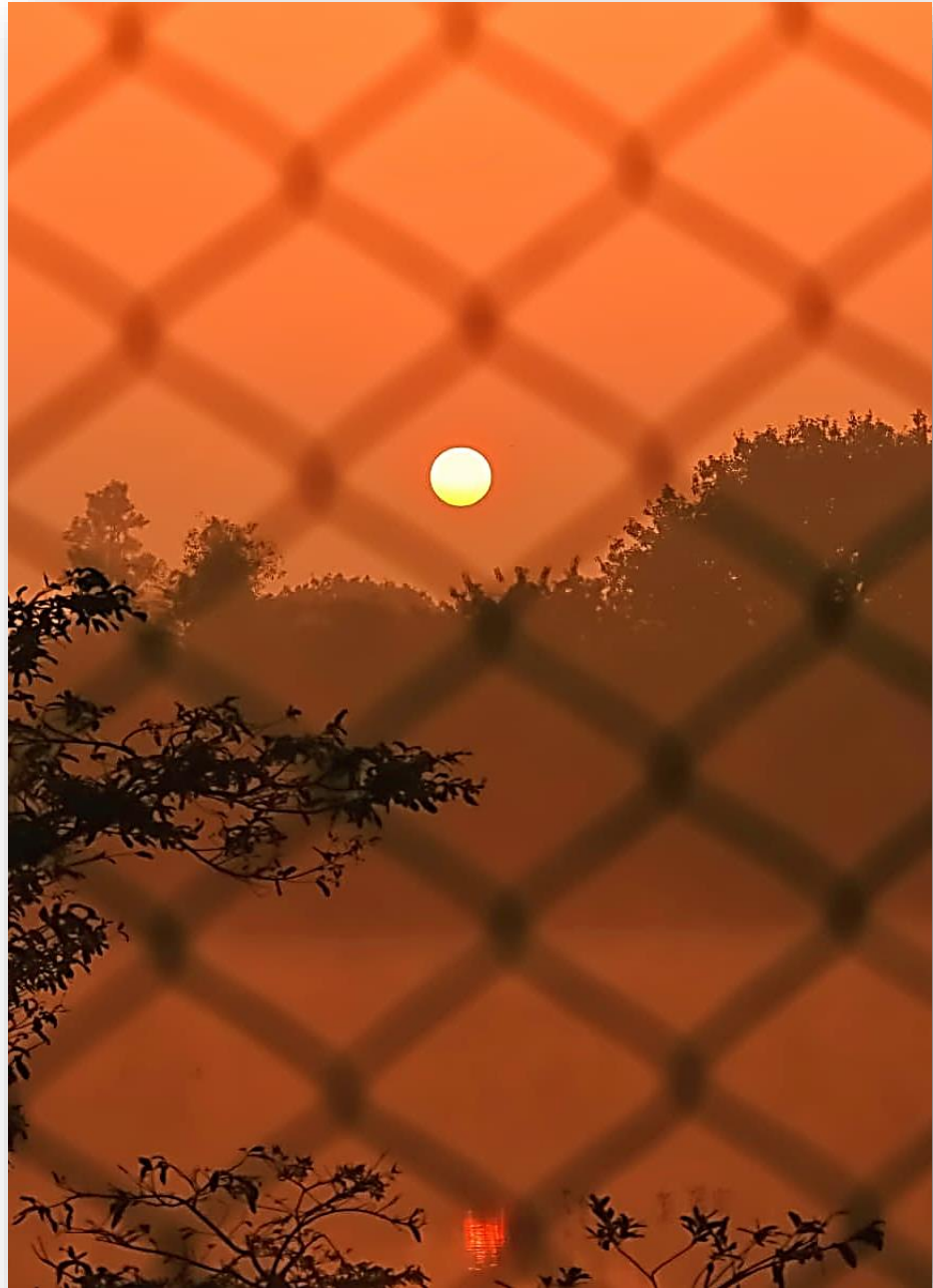
In Ayurveda and yogic understanding, sunlight nourishes *ojas* – improving vitality and immunity, kindles *tejas* – enhancing digestion and mental clarity, and regulates *prana* – the flow of life energy through the body.

Maybe all he asks is – A moment of awareness! A gesture of gratitude! A simple *Namaskara*!

Take this as a gentle reminder – Rise with Surya, not after him.

– Punya

Final Year BAMS Student





IN LOVING MEMORY



Dr. Megha

Professor / Department of Samhita Siddhanta

With deep sorrow and heartfelt respect, we remember our dear colleague whose presence enriched our institution and whose absence will be deeply felt

Message from management

We are deeply saddened by the untimely demise of our esteemed colleague. Her dedication, professionalism, and unwavering commitment to excellence were truly admirable.

Her contributions have left an indelible mark on our institution, and her absence creates a void that will be difficult to fill. We extend our heartfelt condolences to her family and loved ones. May her soul rest in eternal peace.

Message from the Principal

It is with profound grief that we bid farewell to a remarkable educator and a wonderful human being. She carried out her responsibilities with sincerity, compassion, and grace, touching the lives of countless students and colleagues.

Her passion for teaching and her caring nature made her truly special. She will always be remembered for her dedication and the positivity she brought into our institution. May her soul rest in eternal peace.

“Her legacy will forever remain in our heart



ಸದಾ ಹಸನ್ಮುಖಿಯಾಗಿದ್ದ ನೀವು ನೆನಪಾಗುತ್ತಿದ್ದೀರಿ

ಪ್ರತಿದಿನ ಲವಲವಿಕೆಯಿಂದ ಸಂಭ್ರಮಿಸುತ್ತಿದ್ದ ನೀವು

ನೆನಪಾಗುತ್ತಿದ್ದೀರಿ

ನಿಮ್ಮ ಜೊತೆ ಕಳೆದ ಕ್ಷಣಗಳಲ್ಲಿ ನೆನಪಾಗುತ್ತಿದ್ದೀರಿ

ಪ್ರತಿದಿನ ಪ್ರಾರ್ಥನಾ ಸಭಾಂಗಣದಲ್ಲಿ ನೆನಪಾಗುತ್ತಿದ್ದೀರಿ

ಪ್ರತಿ ಕಚೇರಿ ಸಭೆ (Meeting) ಯಲ್ಲಿ ನೆನಪಾಗುತ್ತಿದ್ದೀರಿ

ಪ್ರತಿದಿನ Dept. ಕಡೆ ಕೆಜ್ಜೆ ಹಾಕುವಾಗ ನೆನಪಾಗುತ್ತಿದ್ದೀರಿ

ಹೃದಯ ಭಾರವಾಗಿ ನಿಮಗಿದೊ ಒಂದು ಪ್ರಶ್ನೆ

ಹೊರಡಲು ಇಷ್ಟೊಂದು ಅವಸರ ಎನಿತ್ತು ಮೇಡಂ ???

Dr. Deepa

Asst. Professor Dept. of Kriya Shareera

GAVIKALPATARU

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