



A STUDY ON ROLE OF AGNI IN MANIFESTATION OF RAJAYAKSHAMA W.S.R. TO HETUCHATUSHTAYA - AN OBSERVATIONAL STUDY

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Abstract: Ayurveda is the oldest Science which has got a history of 5000 years, being a medical science it is rightly called as science of life, as it explain about attainment of purushartha chatushtaya i.e. Dharma, Artha, Kama, Moksha in a right way for which one should have swastha shareera. A person to be called as swastha, should possess saamyata of Dosha, Dhatu, Mala, along with Agni explained as physical entity or shareerik bhava's. In Ayurveda Agni has been explained in detail. Agni is defined as the one which brings about the transformation of consumed aahara dravya & vihara, The actual place or seat of Agni is grahani, which recieves the food particles and Agni is of 13 types, 7 Dhatavagni, 5 Bhutagni and 1 Jatharagni. Further Jatharagni is sub-divided into 4 types Vishmaggni, Teekshanagni, Mandagni and Samagni. If Agni gets Vikruta then person becomes Rogagrastha, so it's very necessary to prevent Agni getting Vikruta. So in context of Rajayakshama Acharyas explained the importance of Agni by saying that when Jatharagni gets Vikruta then most of the Anna bhaga gets converted into mala bhaga and very less formed is rasa bhaga, so this leads to shosha of Dhatus i.e., because, Dhatus will not get proper nourishment from rasa bhaga of Anna and hence person gets affected with Yakshama vyadhi..

IndexTerms – Rajayakshma, Agni, Hetu Chatushtaya, Ayurveda, Observational Study.

INTRODUCTION

Vedic literature is the oldest treatise in the Library of mankind; it is huge experience of sages that is situated in Veda. Ayurveda is the Divine science of life. Atharvaveda is considered as chief source of original fountain of knowledge. Out of available classics the most ancient representative of Kaya Chikitsa is Charaka Samhita. It is not only a text book it is an ideal ancient treatise; it is based on eternal fundamentals and basic principles. It needs logic intellect and experience for appropriate interpretation.

Ayurveda is the oldest science which has got an history of 5000 years, being a medical science it is rightly called as science of life, as it explain about attainment of purushartha chatushtaya i.e. Dharma, Artha, Kama, Moksha in a Right way for which one should have swastha shareera. A person to be called as swastha, should possess saamyata of Dosha, Dhatu, Mala, along with Agni explained as physical entity or shareerik bhava's.

In Ayurveda Agni has been explained in detail. Agni is defined as the one which brings about the transformation of consumed aahara dravya & vihara, The actual place or seat of Agni is grahani, which recieves the food particles and Agni is of 13 types, 7 Dhatavagni, 5 Bhutagni and 1 Jatharagni. Further Jatharagni is sub-divided into 4 types Vishmaggni, Teekshanagni, Mandagni and Samagni. If Agni gets Vikruta then person becomes Rogagrastha, so it's very necessary to prevent Agni getting Vikruta. So in context of Rajayakshama Acharyas explained the importance of Agni by saying that when Jatharagni gets Vikruta then most of the Anna bhaga gets converted into mala bhaga and very less formed is rasa bhaga, so this leads to shosha of Dhatus i.e., because, Dhatus will not get proper nourishment from rasa bhaga of Anna and hence person gets affected with Yakshama vyadhi.

Tuberculosis is an oldest disease which is a major cause of death's worldwide. The disease is caused by Mycobacterium Tuberculosis, which usually affects the lungs and other organs in 1/3rd of cases. If left untreated the disease may be fatal within 5 yrs in 50-65% of cases transmission usually takes through spread of droplet nuclei produced by patients with infection Pulmonary Tuberculosis. According to WHO more than 5 Million of New Cases are recorded in 2005 > 90% Cases were from Developing countries like India, Africa etc.

Now a days in this busy life schedule everyone is doing many mistakes by adopting Sedentary life style, Abnormal exercises, Improper food habits, Suppression of natural urges these all are causing Agni dushti, which is responsible for causing many diseases including Rajayakshama. And the Hetu chatushtaya which have been explained in classic's for causing Rajayakshama are as follows.

1. Saahas, 2. Vishamashana, 3. Kshaya, 4. Vega Sandharan.

Hence, the concept of Agni & hetuchatushtaya is taken in present study to understand more precisely and to Analyze its Role in Manifestation of Rajayakshama.

In modern era Rajayakshama is considering as tuberculosis. It is a major public health problem in India due to the Environmental Changes, Changes in Behavioral Dietic Habits, Poor Quality Of Life, Population Explosion, Under Nutrition, and Lack of Awareness about cause of disease and Modern Life Style. The hetus and linga are changed in their pattern. But still Ayurveda can provide the satisfactory health service due to its comprehensive capacity of attaining all types of Pathological changes. To fulfill the applied aspect of these basic principles, the hetus and lakshana of Rajayakshama have been studied. The study will be helpful to prevent and Cure of many diseases including Rajayakshama.

PREVIOUS WORKS DONE

Tyagi M. K: Rajayakshama Naidanika Adhyayan, Gujrat University, Jamnagar: 1963

Payasi G.R: Agni Vivechana, Jaipur: 1985

Dadicha S. K: Rajayakshama ka Nidan Samprapti Puraka Adhyayana, Rajasthana University, Jaipur: 1991

Dave Suhag: Concept of Agni w.s.r Deepan and Pachana, Jamnagar: 1995

Sawant Prashant: Shosha Vyadhi me Durlabhadi Ghrita ka Prayoga: Ek Nidana Chikitsatmaka Adhyayana.K. G. M. P Bombay 1996.

Huddar J.C: A study on role of Agni in Amlapitta, Bijapur: 2004

Shashirekha: A study on Charaka Nidana Sthana w.s.r to Shosha. Bijapur: 2011.

MATERIALS AND METHOD

SOURCE OF THE MATERIALS:

Literary source will be obtained from

1. Vedic scriptures
2. Classical texts of Ayurveda
3. Modern text Books
4. Relevant data from Articles, Periodical Journals, Dissertations, etc
5. Various Media like Internet, websites etc.,
6. Upanishads, Purana, Samhitas of Ayurveda with commentaries and other texts of Ayurveda.

METHODOLOGY

The whole study is divided into Conceptual study and Applied study

CONCEPTUAL STUDY

To fulfill above objective the material would be collected through a detail study of Agni, Hetu and linga Skanda of Rajayakshama.

APPLIED STUDY

To fulfill the third objective of the study 'To assess the role of Agni in the manifestation of Rajayakshama'. Literary material will be utilized to prepare special research case proforma and a detailed Questionnaire will be prepared to assess The Role of Agni in Rajayakshama. Patient diagnosed as Rajayakshama of either sex will be selected from O.P.D. and I.P.D. of

HUBLI AYURVEDA MAHAVIDYALAYA Hospital, Post-Graduate and Research centre, being observational study the patients will be selected incidentally with irrespective of age and irrespective of sex, caste, occupation and socio economic status will be subjected for thorough history taking where special concentration on Nidana and Lakshanas involved in the disease manifestation. Where history taking is followed to compare the classically explained Nidana and Lakshana with Nidana and Lakshana collected from the patient of Rajayakshama.

Discussion will be documented in discussion part taking the help of compiled material from review of literature. Data collected from the patient with the help of research case proforma and proper conclusion will be drawn on the basis of that.

Inclusive criteria

Diagnosed patients of Rajayakshama (tuberculosis)

Patients of both sex will be selected. 20-50years age group

Exclusive criteria -Patients with other systemic disorder

Study design -An observational study was carried out without follow up **Statistical analysis**

1. Tabular and graphical representation of data
2. Observational result mean is calculated by using Arithmetic mean method.

Sample size- 20 patients are selected for study purpose; the observations were classified as in two stages

Generalized observation Specific observation.**Table no 75: ASSESSEMENT OF MANDAGNI.**

G0 -25%, G1-50%, G2-75%, G3-100%

OBSERVATIONS

In the present study, 20 Subjects fulfilling the criteria were registered under a single group. Their general observations are as follows.

Sl No.		Matra			Kala
Breakfast	G 0	200 gm	Idli	()	8.00 am
	G 1	150 gm	Idli	()	
	G 2	100 gm	Idli	()	
	G 3	50 gm	Idli	()	
Lunch	G 0	300 gm	2 Chapati + 1 Bowl Rice	()	2.00 pm
	G 1	250 gm	2 Chapati + 1/2 Bowl Rice	()	
	G 2	200 gm	2 Chapati OR 2 Bowl Rice	()	
	G 3	100 gm	1 Chapati OR 1 Bowl Rice	()	
Dinner	G 0	200 gm	1 Chapati + 1 Bowl Rice	()	8.00 pm
	G 1	150 gm	1 Chapati + 1/2 Bowl Rice	()	
	G 2	100 gm	Only 1 Chapati OR 1 Bowl Rice	()	
	G 3	<100 gm	< 1 Bowl Rice	()	

Table no.7 - Distribution of 20 patients according to Age

Sl.No	Age	No. of patients	%
1	20-30yrs	6	30
2	31-40yrs	10	50
3	41-50yrs	04	20

Among 20 patients, 6 patients (30%) are comes in between 20-30yrs, 10 patients (50%) are comes in between 3140yrs, 04 patients (20%) are comes in between 40-50yrs.

Table no.8 - Distribution of 20 patients according to Sex

Sl.No	Sex	No. of patients	%
1	Male	12	60
2	Female	8	40

Among 20 patients 12 patients (60%) are male and remaining 8 patients (40%) are females.

Table no.9- Distribution of 20 patients according to Occupation

Sl.No	Occupation	No. of patients	%
1	House wife	6	30
2	Agriculturist	3	15
3	Employee	11	55
4.	Retired	0	0

Among 20 patients, 6 patients (30%) are house wife, 03 patients (15%) are agriculturists, 11 patients (55%) are workingas employee in other field, and No patient is in retired life.

Table no.10- Distribution of 20 patients according to Marital status

Sl.No	Marital status	No. of patients	%
1	Married	18	90
2	Unmarried	02	10
3	Divorced	0	0
4	Widow	0	0

Among 20 patients, 18 patients (90%) are married, and 2 patient (10%) are not married

Table no.11- Distribution of 20 patients according to Religion

Sl.No	Religion	No. of patients	%
1	Hindu	20	100
2	Muslim	0	0

Among 20 patients, 20 patients (100%) are Hindu, and No patients are belongs to Muslim

Table no.12- Distribution of 20 patients according to Economic status

Out of 20 patient 16 patients (80%) are from poor family 4 patients (20%) are from middle class, No patient belongs to higher class.

Sl.No	Economic status	No. of patients	%
1	Poor	16	80
2	Middle Class	4	20
3	Higher Class	0	0

Table no.13- Distribution of 20 patients according to Education

Sl.No	Education	No. of patients	%
1	Literates	05	25
2	Illiterates	15	75

Out of 20 patient 15 patients (75%) are illiterates, remaining 05 patients (25%) are having their education between 10th to 12th class and below 10th class.

PERSONAL HISTORY**Table no.14- Distribution of 20 patients according to Appetite.**

Maximum patient i.e. 14 patients (70%) are having reduced appetite and 6 patients (30%) are having completely reduce appetite

Sl.No	Appetite.	No. of patients	%
1	Good	0	0
2	Reduced	14	70
3	Completely Reduce	06	30

Table no.-15 -Distribution of 20 patients according to Diet.

Among 20 patients, 16 patients (80%) are uses to take mixed diet remaining 4 patients are taking vegetarian diet.

Sl.No	Diet	No. of patients	%
1	Vegetarian	4	20
2	Non- vegetarian	16	80

Table no.16- Distribution of 20 patients according to Sleep.

Almost all patients are having disturbed sleep

Sl.No	Sleep	No. of patients	%
1	Disturbed	20	100
2	Not disturbed	0	0

Table no.17 - Distribution of 20 patients according to Mala Pravrutti.

Sl.No	Mala pravrutti	No. of patients	%
1	Regular	3	15
2	Constipation	1	05
3	Loose stool	16	80

3 patients (15 %) are having regular stool, i.e. once daily without problem,1 patients (05%) are having constipation and 16 patients (80%) are having loose and frequent stool

Table no.18- Distribution of 20 patients according to Mutra Pravrutti.

Sl.No	Mala Pravrutti	No. of patients	%
1	Prakruta	15	75
2	Alpa	3	15
3	Athi Pravrutti	2	10

Out of patients, 15 patients (75%) having no complaints, 3 patients (15%) are having less frequency and 2 patients (10%) are having increased frequency of micturition.

Table no.19- Distribution of 20 patients according to Habits.

Sl.No	Habits	No. of patients	%
1	Pan / Tobacco	14	70
2	Smoking	12	60

3	Alcohol	10	50
4	Others	05	25

Among 20 patients, 10 patients (50%) are having habit of alcohol, 12 patients (60%) are having habit of smoking and 14 patients (70%) are having habit pan and tobacco, remaining 5 patients (25%) are having habit to take tea frequently.

Table no.20- Distribution of 20 patients according to built (Samhana)

Sl No	Built	No. of patients	%
1	Ill nourished	17	85
2	Moderately nourished	03	15
3	Well nourished	0	0

Out of 20 patients maximum patients i.e. 17 patients (85%), are ill nourished and 03 patients (15%) are moderately nourished

RESULTS

Table No 56: Agni found in 20 patients

Sl No.	Agni	No of Pt	%
1	SAMAGNI	0	0%
2	VISHAMAGNI	6	30%
3	MANDAGNI	14	70%
4	TEEKSHANAGNI	0	0%

In the Present Study Among 20 Patients,14 Patients (70%) were Suffering from Mandagni, 06 Patients (30%) Suffering from Vishamagni, No Patients found in Samagni and Teekshanagni. **Graph no-14**

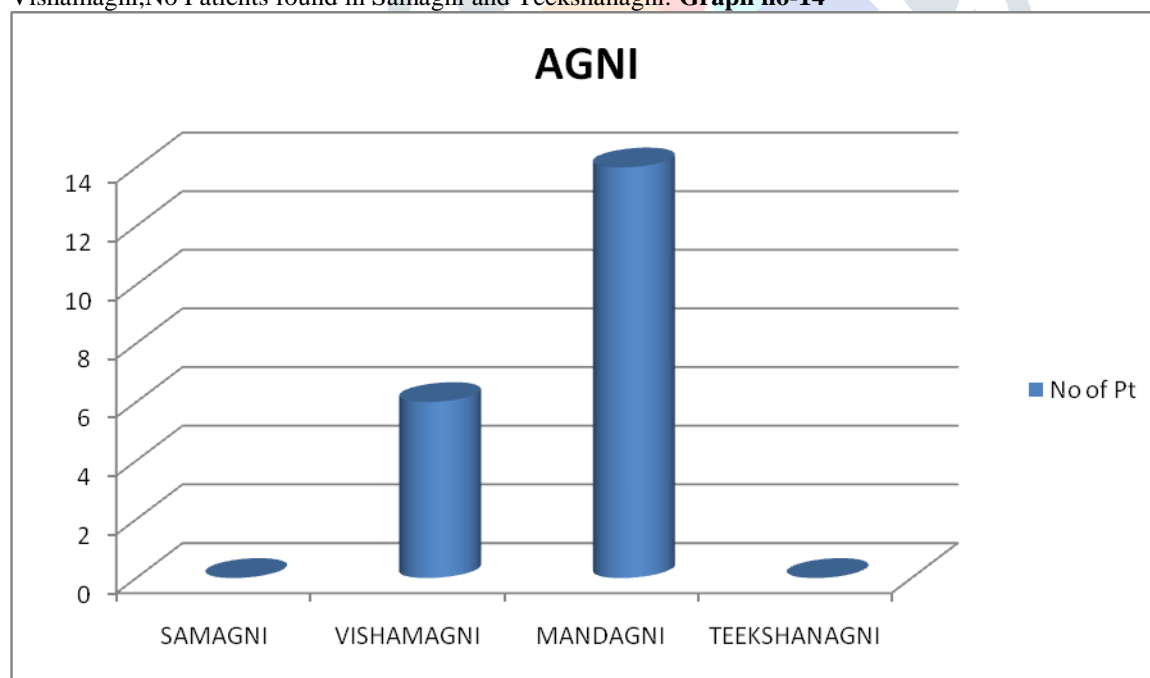


Table no57:GRADING OF MANDAGNI IN TRIRUPA.

Sl. No.	Grading	No of Pt	%
1	G0	-	-
2	G1	5	25%
3	G2	-	-
4	G3	-	-

Among 20 Patients 05 patients were Suffering from G1 (25%) Mandagni in Tri Rupa.

Graph no 15:

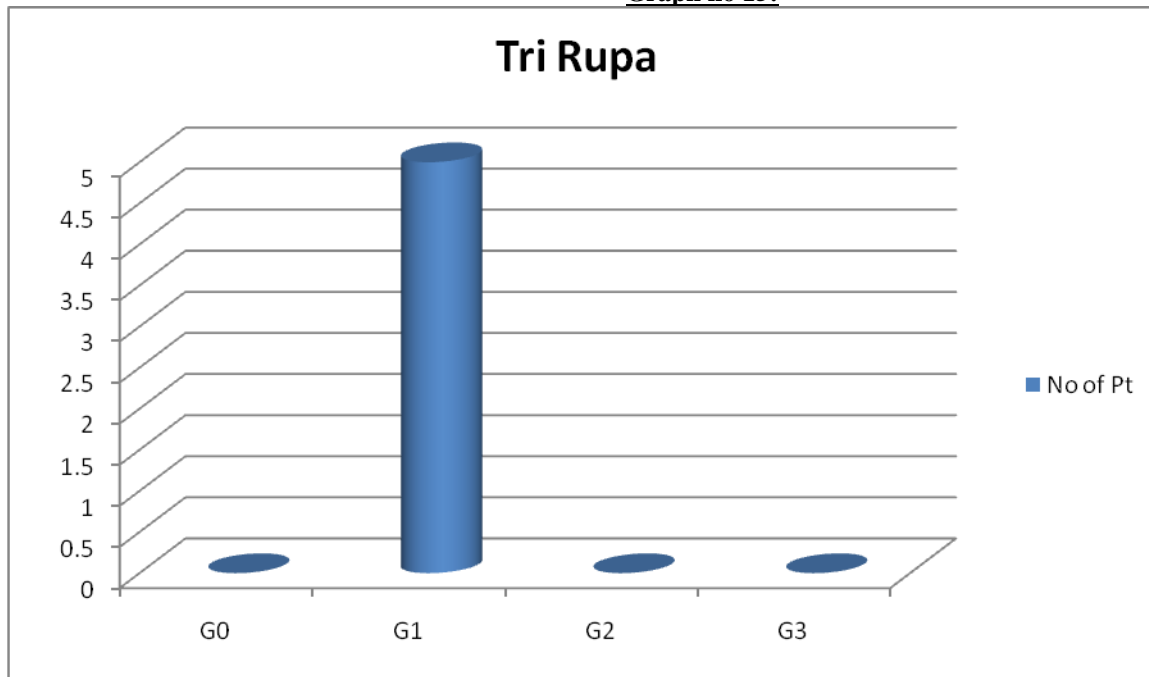
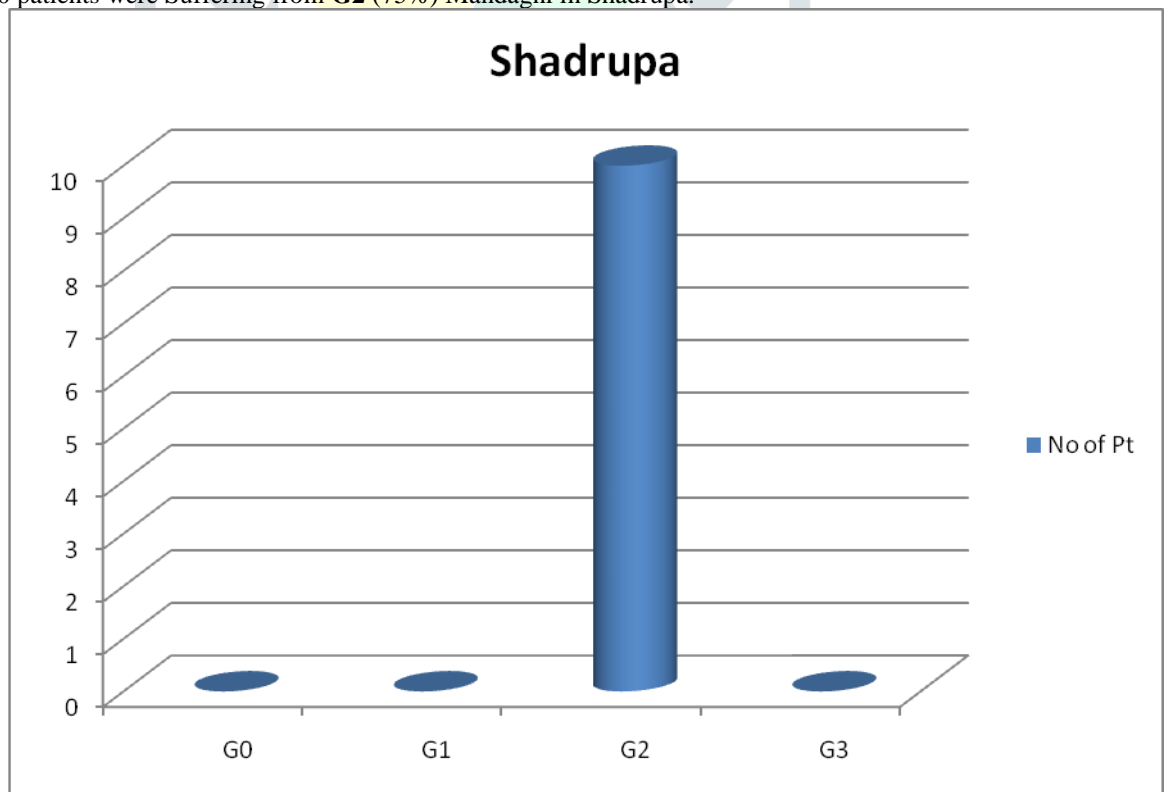


Table no 58: GRADING OF MANDAGNI IN SHADRUPA.

Sl. No.	Grading	No of Pt	%
1	G0	-	-
2	G1	-	-
3	G2	10	75%
4	G3	-	-

Among 20 Patients 10 patients were Suffering from G2 (75%) Mandagni in Shadrupa.



Graph no 16:

Table no 59: GRADING OF MANDAGNI IN EKADASHARUPA.

Sl. No.	Grading	No of Pt	%
1	G0	-	-
2	G1	-	-
3	G2	-	-
4	G3	05	100%

Among 20 Patients 05 patients were Suffering from **G3** (100%) Mandagni in Ekadasharupa.

Graph no 17:

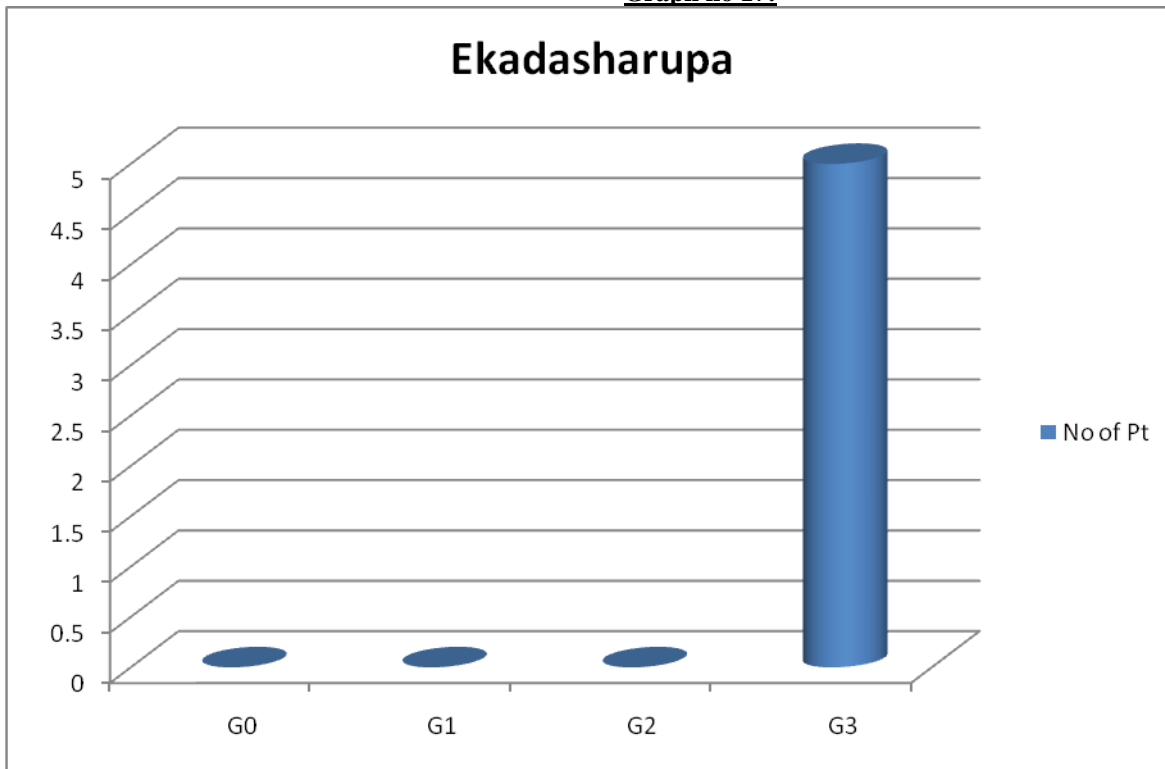
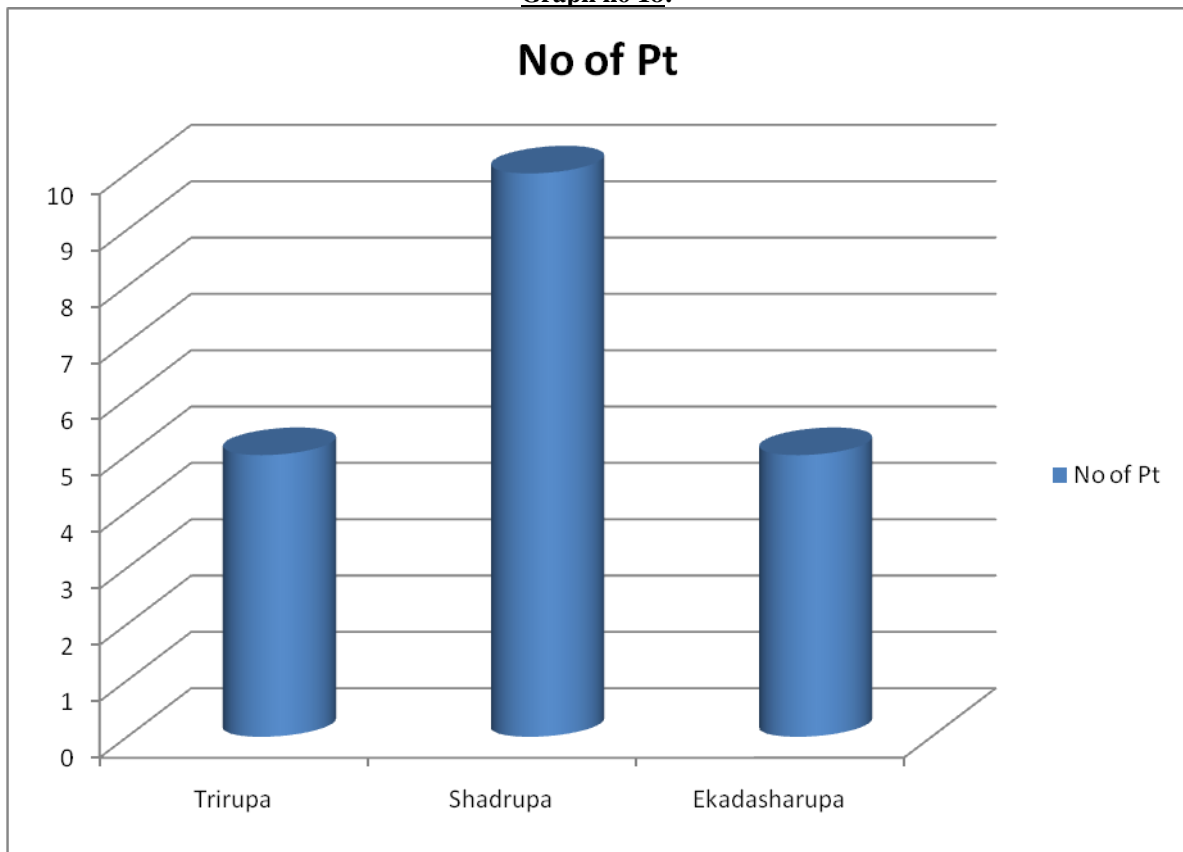


Table no 60: Distribution of Rupa in Rajavakshama

<u>Sl. No.</u>	<u>Rupa</u>	<u>No of Pt</u>	<u>%</u>
<u>1</u>	Trirupa	<u>05</u>	<u>25%</u>
<u>2</u>	Shadrupa	<u>10</u>	<u>50%</u>
<u>3</u>	Ekadasharupa	<u>05</u>	<u>100%</u>

In Present Study 05 Patients Recorded Under Trirupa,10 Patients Under Shadrupa and 05 Patients Under Ekadasharupa.

Graph no 18:



DISCUSSION

This section includes the following

1. Discussion on Literary Review.
2. Discussion on Methodology.
3. Discussion on Observations.
4. Assesment of Nidanas Involved in the Subjects.
5. Discussion on Assesment of Ekadasha Rupa
6. Discussion on Results.

I. Discussion on Literary review

As in Ayurvedic classics Explains that “a wise physician should not make a judgment exclusively on the suggestion made, he should use his own discretion and reasoning in arriving at correct judgment. “Ayurveda believes in the validity of Shastra because the author of Shastra were the persons endowed with superior intellect and crystal clear vision, supra sensory direct perception power of intuition.

The aim of any research work is to support, modify and advance the existing trends of knowledge and accept or refuse them after testing critically. This can only be done by proper interpretation and discussion of available data. The one who possess all auspicious qualities like learning, rationality (ability to discussing on the basis of Shastra i.e. vitarka), specific knowledge, memory, action etc will be consider as a good scholar. Any hypothesis / principle if to be proved must be discussed thoroughly from all angles.

Even the truth may not be accepted without the logical interpretation therefore discussion is the most crucial phase of any research work. Discussion improves the knowledge and discussion with Shastra becomes base establishment of the concept, nothing has to be taken for granted as an established truth, everything requires to be proved beyond doubt with reliable methods before it is accepted as truth. To verify eternal Shastra by intellect and reasoning, until one get convinced logically any research work without discussion is said to be incomplete and conclusion must be supported always through discussion.

TITLE

The title of the work is “A Study on Role of Agni in Manifestation of Rajayakshama Nidana W.S.R. to Hetuchatushtaya-An Observational Study. Here the word ‘Study’ means the devotion of time and attention to acquiring information of knowledge especially from books. To make a study of something means to investigate carefully. Nidana is defined as the eternal cause of the disease. Diagnosis is never complete without the elicitation of all the factors associated with the diseases. All the Nidana Panchaka is also connoted by the term Nidana. That is why the area in this text that narrates Nidana, purva rupa, lakshana, Upashaya, and Samprapti of the Rajayakshama.

All the Classics gives reference about shosha, it affects the three dosha and Sapta dhatu. Due to indulging in Sahasa, Vega Sandarana, Kshaya, Vishamashana, there is the manifestation of Ekadasha rupa. Due to the modern life style the hetus and linga are changed in their pattern, but still Ayurveda can provide the satisfactory health service due to its comprehensive capacity of attaining all types of Pathological changes. To fulfill the applied aspect of these basic principles, the hetus and lakshana of Rajayakshama will be study.

The purpose of this work is to invest the ancient science for fulfilling the growing demand of mankind in new era. Any knowledge if remain in to books only becomes literature when it found its path of application gets flourished as a science. Concept of Agni is as old as history of mankind, which can be inferred by the quotations of Vedic Samhitas. Vedas have much more emphasized on Agni as a simile of God, in Rga veda & Atharva veda, Agni is explained as one of mouth of the God. This shows importance of Agni at that particular time period. In Upanishada, Agni has been described as the matter which

permeates the whole world. It is said that differentiation in shape and forms of all the living and nonliving creations are due to function of Agni, a person looks different from another person is due to different kind of Paka kriyas of Agni.

All the Indian philosophies describe Agni in detail. Though there is some difference of opinion regarding its Utpatti, Samkhya, Yoga etc. various acharyas describe its Utpatti from Tamsika Ahankara (via Rupa Tanmatra) whereas Nyaya-Vaisheshika consider it as a Karana Dravya i.e. according to them it is an eternal substance.

Agni is believed as a Substance, responsible for any kind of conversion and therefore presence of

Agni seems to be more logical at the time of conversion of Avyakta to Vyakta. May be this is why Nyaya-Vaisheshika considered Agni as an eternal substance and one of the causative factor of the universe.

Darshanas further describe four types of Agni viz. Divyagni, Bhaumagni, Akashagni, and Audaryagni. Ayurveda mainly deals with the Audaryagni. To achieve the Prayojana of Ayurveda, Samhitakaras adopt the concept of Agni, grossly as a basic element of body to sustain life. In various Ayurvedic classical texts concept of Agni has been described vividly. It is not only described as one of the Mahabhuta or a Kaana Dravya only but its applied aspect and utility in prevention of health as well as to cure the diseases is also described nicely

All the Acharyas are of the similar opinion that Agni always exist with in substratum i.e. Pitta. Dalhana while commenting on Dvadasha Prana clearly defines Agni as an energy of every Dhatu.

Though there is a debate regarding similarities and dissimilarities between Agni and Pitta, opinion of Hemadri is most acceptable that Pachaka Pitta and Agni (Jatharagni) are one and same but other types of Pitta are different from Agni. Cakrapani (on Ca.Ci.3/217) & Vijayrakṣita (in Madhukosha) support this view by describing two subtypes of Pitta - Sadrava & Nirdrava. Nirdrava Pitta is said to be Rukṣa, which may be understood in terms of Agni. Vagbhatta also used word 'Tyakta Dravatvam' and Anala Shabditaṃ' while describing Pachaka Pitta. Theoretically, Agni can be comprehended in the form of the energies. Here the Ushma can be compared with the potential energy and Pittavishesha with specific enzymes, co-enzymes and other chemical required for any metabolic reaction.

While discussing form of Agni in the body – Cakrapani used word 'Pittoshma' This word can be understood in two ways, 1) Hotness of Pitta i.e. Agneyamsa of Pitta.

2) Pitta and Ushma, which means two different things, first is Pitta which is a liquid having specific colour & taste. This indicates towards some chemicals which are responsible for bio chemical process. A very specific opinion regarding form of Agni is mentioned by Vriddha Vagbhatta in A.S. He quoted that some scholars believe that Agni is internal Ushma produce by the combination of Dosa, Dhatu, and Mala etc. Here word Ushma is used for temperature and it may be understood in the terms of exothermic chemical reactions. Bio chemical procedures of different body substances which are constantly going on inside the cell, release energy in the form of heat.

All the classical texts describe 13 types of Agni in the body namely Jatharagni (01), Bhutagni (05) and Dhatvagni (07). Acharya Vagbhatta further clarifies, the number of Agni cannot be counted as each of the body substance has its own Agni & commentator Arunadatta supports that each Siras, Dhamanis, Ashayas have their own Agni means each body cell has its own Agni that is why number of Agni cant counted.

Agni actually is a single entity. Its types, subtypes are described only for better understanding of different functions carried out by Agni at different level. Everything in this universe is made by Pancamahabhuta So, Bhutagni can be considered as original form of Agni. When this Bhutagni resides in Koshta and carries the function of gross digestion, it is known as Jatharagni or Kosthagni. When it resides in Dhatu and performs it's functions related to Dhatus, named Dhatvagni. Similarly words Doshagni, Malagni etc. can be understood. Functions of Dhatvagni are nicely mentioned in classical texts, but regarding its form some controversial statements are available. Vagbhatta define Dhatvagni as an Amsha of Kayagni (Pacakagni) i.e. Jatharagni. Arunadatta in his commentary on A.H. says that dhatvagnis are not different than Bhutagnis. As concluded above, every Agni can be named as Bhutagni. Control and influence of Jatharagni over Dhatvagni can be explained in two ways. As the nature of Jatharagni is also in the form of Ushma contained in Pitta, Jatharagni can influence dhatvagnis through the regulation of Ushma or through the regulation of pittavishesha. This function may be carried out through vyana vayu as it is the only Vayu which can reach to all the Dhatus of the body.

As Maharshi Caraka says in Grahanidosha Chikitsa.

तन्मुलास्थे हि तद वृहिवृिाक्षय वृहिक्षयात्मकाः!

तस्य झठराग्ने वृिाः वृिाःत्माकाः क्षयेण च क्षयात्मका!

यस्माद् इि अग्न्यस्तस्माद् अन्वय व्यहतरेक अथथ हवधाहयत्वात्तान्मुला इत्यथथः!! चक्र .च. हच 15/39

Here, Acharya Chakrapani Magnifies that; all other Agnis are depended on Jatharagni and illumination or diminution of Jatharagni directly imitates on other Agnis. This means if Jatharagni illuminates, Bhutagnis also illuminate and by the diminution of Jatharagni, Bhutagnis also diminish. Acharya Gangadhara supports it by following quotation. In nut shell, it can be said that relationship of Jatharagni and other Agnis are eternal (Nitya), which can be proved by Anvaya-Vyatireka Vyapti. Some other references are also available in this regard, which are as follows, Acharya says through Jatharagni, Bhutagnis illuminate and digest their individual nutrients. Maharshi Vagbhatta in Ashtanga Sangraha, supports this and says,

ये पाचकांशा धतुस्थास्तेषां मान्द्याहत तैक्षण्यतः! वृहधक्षयाश्च धातुनां जायते शृणु च अपरम!! अ.स.सु 19/36

It has two aspects viz. an aspect correlates the Pachakagni to the Dhatvagni and describes the outcome of the excitation or the inhibition, as the case may be of the latter; and an aspect which correlates the increase or decrease, as the case may be of the Dhatus to the quality and quantity of the nutrition supplied to them.

Discussion on Methodology.

The study was carried out under two sectors,

1. Literary study and
2. Observational study.

Literary study was done using the U.G. as well as Departmental library.

Observation was done on 20 subjects with Rajayakshama by questionnaire method. Twenty simple and legible questions were prepared and made the subjects to tick their choice. Questions were framed in such a way that it may never hurt their feelings or emotions.

Most of the questions were not directly asking about the emotions of the subjects as they may be prejudice and may manipulate their responses. Thus the maximum attempt was made to extract the correct response from the subjects.

DISCUSSION ON OBSERVATIONS

Age-Out of 20 patients, 6 patients (30%) were between 20-30yrs, 10 patients (50%) between 31-40yrs, 04 patients (20%) between 40-50yrs.

In this Competitive era, due to high cost of living, everyone is struggling to earn money.

At the age of 20-30 yrs. Pressure of Education & life Settlement will be the main motto of every individual, because of excess work load, person will neglect intake of timely food. At the age of 31-40 yrs. & 41-50 yrs., individuals are having family stress, desires of acquiring needs are more.

So above said all age group of people suffered with Rajayakshama have approached appears to be more of vishamashana.

Sex-out of 20 Patients 12 Patients (60%) are Male and remaining 8 Patients (40%) are female.

Maximum sufferers are Males, because of their work load, Stressful life, living style and also by the habits.

Occupation-out of 20 patients, 6 patients (30%) are house wife, 03 patients (15%) are agriculturists, 11 patients (55%) are working as employee in other field, and No patient is in retired life.

Here, majority of the Subjects Suffering are Employees working in various fields and house wives, it may be due to untimely food, physical & mental strain, this will lead to various health disorders, further which may lead to rajayakshama.

Marital Status-out of 20 patients, 18 patients (90%) are married, and 2 patient (10%) not married.

No significant role of marital status found in manifestation of rajayakshama.

Religion –out of 20 patients, All 20 patients (100%) are Hindu and No patients are belongs to Muslim. The Involvement of patients where in the study was conducted the ratio of Hindus was more, which explains the dominance of the religion in the patients selected for study. No definite relationship can be concluded on this data. It depends on locality and people residing in that particular region.

Economic Status - Out of 20 patient 16 patients (80%) are from poor family 4 patients (20%) are from Middle class, No patient belongs to higher class.

Tuberculosis is mainly the disease of the poor, the majority of its are migrant labors and prevalence of T.B diminishes on better social and economic conditions, The social factors includes many non-medical factors such as poor quality of life, poor housing, population explosion, under nutrition, lack of education, large family, early marriage, lack of awareness of cause of illness. All these factors contribute to the occurrence of spread of tuberculosis.

Educational Status-Out of 20 patient 15 patients (75%) are illiterates, remaining 05 patients (25%) are having their education between 10th to 12th class and below 10th class. This indicates, the illiterate persons are more likely to have Rajayakshama.

Appetite- Maximum patient i.e. 14 patients (70 %) are having reduced appetite and 6 patients (30%) are having completely reduce appetite. No patient is having good Appetite it may be due to the involvement of Mandagni in Rjayakshama.

Diet- out of 20 patients 16 patients (80%) are uses to take mixed diet remaining 4 patients (20%) are taking vegetarian diet.

Mixed diet is a rajo guna pradhana, guru, abhishandi in nature & which is heavy for digestion this leads to agni dushti and further leads to manifestation of rajayakshama.

Sleep- out of 20 patients, all patients are having disturbed sleep.

All the patients are having disturbed sleep, it may be because of evening rise of tempreature and more Kasa vegas at night hours, hence all subjects complains of disturbed sleep.

Mala Pravrutti- 3 patients (15 %) are having regular stool, i.e. once daily without problem, 1 patients (05%) are having constipation and 16 patients (80%) are having loose and frequent stool.

Maximum patients suffers from frequently loose stool, as maximum Subjects does vishamashana which leads jhataragnimandya and leads to ati mala pravrutti.

Mutra Pravrutti-Out of patients, 15 patients (75%) having no complaints, 3 patients (15%) are having less frequency and 2 patients (10%) are having increased frequency of micturation with burning sensation.

No significance observed between mutrapravrutti and rajayakshama.

Habits-out of 20 patients, 10 patients (50%) are having habit of alcohol, 12 patients (60%) are having habit of smoking and 14 patients (70%) are having habit pan and tobacco, remaining 5 patients (25%) are having habit to take tea frequently.

Male patients are having more habits as compared with the females, it may be because of living style. Habits usually vitiates pitta dosha which decreases snigdha guna of shareera and it has direct influence on annavaha srotas and agnidushti.

Samhanana /Built-Out of 20 patients maximum patients i.e. 17 patients (85%), are ill nourished and 03 patients (15%) are moderately nourished because of their living style and economic status, due to dhatu kshaya in patient.

Strength- among 20 patients, no patient is having good strength and 3 patients (15%) are having moderate strength, 17 patients (85%) are having less strength. While giving chikitsa sutra of shosha, Charaka had mentioned that if the patient is presenting with all the symptoms & if bala of rogi is good, then disease is curable. If bala is not good and even present with less symptoms then disease is difficult to cure, because the patients who are having good strength they can withstand the potency of medicine.

ASSESSMENT OF NIDANAS INVOLVED IN THE SUBJECTS.

The disease gets manifested by particular causes, in classics broad

Classification of nidana for Rajayakshma are mentioned i.e. Sahasaja, kshaya, Vegadharana, Vishamashana.

In present study, Sahasaja nidana found in 5% patient, Kshayaja Nidana found in 20% of patient, vega Sandharana is found in 5 % of patient and Vishamashana nidana in 70% of

Patient.

Sahasaja Nidana-

The subjects were indulged in strenuous work beyond their strength due to that there will be Vata vrudhhi, leading to manifestation of rajayakshama. In ayurvedic texts its mentioned that, Ardha Shaktyaa Nishevayastha Balibhi Snigdha Bhojibhi, it means that those who have good strength and are used to take snigdha food should also be limiting their exercise to 50% of their strength, thrn chances of their falling prey to Rajayakshama over aperiod of time.

Kshayaja Nidana-

Kshaya means depletion or discretion, it is the word used for Rajayakshma, and it means the loss of capability of body to do the work. Here under Kshayaja nidana more manasika dharaneeya vegas are mentioned. This shows that the psychological factors are also having great role in the manifestation of the Rajayakshama, due to all these nidana the vata gets vitiated first then along with tridosha manifests the disease. Kshaya can also be interpreted in another manner. when an individual having

fallen a prey to excessive sexual urge indulges in excessive sexual activity, it results in veerya kshaya. Even after this stage, if the person does not get detached from kamavsana and continues to indulge in the excessive sexual activities, then along with shukra dhatu – the other dhatus in reverse order such as majja-asthi-meda-mamsa-rakta and rasa gets depleted.

Therefore an intelligent person should conserve shukra dhatu to maintain good health. The vata prakopa that takes place due to shukra kshaya leads to samprapti of rajayakshama.

Vega Sandaranaj Nidana-Vegas are the natural process of human beings as long as we follow the rules of Swasthavritta, they are beneficial to the body. If we knowingly or unknowingly suppress the natural urges then automatically they vitiate the doshas and promote the diseases. The maximum diseases are caused by vega dharana or Vega Udirana. Among 13 vegas some vegas will directly manifest the rajayakshama, they are mutra vega, purisha vega, vata and remaining vegas not directly cause rajayakshama. vata, mutra, purisha vegas cause sandaranaj rajayakshama because of vata vitiation but kshudha, shukra, trishna and ashru is not directly cause the rajayakshama. By kshudha vega dharana, karshya, durbalata, vivarnata, angamarda, aruchi, bhrama get manifest. Suppression of trishna vega causes shosha of kanta and asya, shrama, hridayata. Suppression of ashru causes hridroga, aruchi, bhrama. By the suppression of Shukra Vega cause the angamarda, shula, hrdivyatha. rajayakshama is such a disease where all the system can involve in a disease. vega sandarana causes many diseases, as the word yakshama denotes that it is the collection or group of diseases in single patient (Vyadhi Sankara).

Vishamashana Nidana-In Ayurvedic classics there are so many terms which are related to vishamashana i.e. mitya ahara, adyashana, vishamashana, atyashana, ajiranashana etc. The diet opposite to Asta vidha visheshyatana is designated as the mithya ahara. In Charaka Nidana Sthana he mentioned that by taking food opposite to Asta Vidha Visheshyatana it causes the vishamashana rajayakshama. It puts a very broad spectrum over the importance of ahara in the manifestation of disease.

In present study the ahara dravya is taken under different heading for study purpose. They are Santarpana Ahara, Apatarpana Ahara, Matra, Veerya, Ahara Vidhi Vidhana, Viruddha ahara and Asta Vidha Ahara Visheshyatana.

Santarpana Apatarpana Ahara.

Santarpana ahara is the one which is having quality to increase the bodily elements and gives the strength. Apatarpana does the destruction of the elements and does not give the strength, complexion, etc. In this study of 20 patients, 55% patients are taking apatarpana ahara, Maximum patients are taking katu 95%, tikta 70% rasa, Ruksha ahara 85%, Ushna 85%, Kathina Dravya 50% and laghu ahara by 30% of patients. Nearly 30% of the patients were taking Santarpana Ahara. Maximum patients are taking lavana rasa yukta Ahara 70%, Guru Ahara 16%, Amla Rasa Dravya 60%, by these ahara sevan, vata and kapha dosha gets increases and does the manifestation of Rajayakshama.

Matra- No patient is consuming pravara matra Ahara, 08 patients (40%) are taking Madhyama matra ahara, and 12 patients (60%) are taking avara matra ahara. 18 patients (90%) are having ushna veerya ahara, and 2 patients (10%) are having sheeta veerya ahara. 14 patients are not following ahara vidhi vidhana and remaining 6 patients are following. 14 patients (70%) are consuming viruddha ahara regularly.

Maximum subjects do viruddha aahar sevan (70%), not following aahar vidhi vidhan (70%), intake of excess of ushna aahar sevan (90%), all these factors do the vitiation of agni and jataragnimandya further leads to manifestation of rajayakshama, the quality of food is having more importance in rajayakshama patients because matratvat ahara gives strength. In Rajayakshama patients' bala is necessary to take treatment. The sadya asadyata of the disease is assessed by the bala of the patients.

After examination of Rajayakshama nidana the Vishamashana Nidana found in Maximum level 70%, Kshayaja Nidana 61.5%, Sahasaja Nidana 40% and Vega Sandarana Nidana 57% found in patients.

DISCUSSION ON ASSESSMENT OF EKADASHA RUPA.

Shira Shula-Among 20 patients, 3 patients (15%) are having Gr-1 Shirashula (mild head ache), 1 patient is having Gr-3 (severe head ache) and 1 patient is having Gr-4 lakshana respectively (severe head ache with vomiting); almost 14 patients (70%) are having Gr-2 Shirashula (moderate head ache).

As it is given in Nidana Sthana of classics, shirashula is present in all Sahasaja, Sandaranaj, Kshayaja, Vishamashanaja rajayakshama. Bhava Prakasha is considered this Shira Shula under Purvarupa also. Here in Rajayakshama more Kapha and Vata dosha is involved with Tridosha, so shira shula is observed in all patients.

Kasa-All patients are having complaint of Kasa, Among 20 patients, 2 patients (10%) are having Grade 2 Cough but not much troublesome, 08 patients (40%) are having Grade-4 Kasa are having severe Cough, very troublesome and disturbing sleep and 10 patients (50%) are having Grade-3 Kasa gives more troublesome but not disturbing sleep.

Kasa is present in all four types of kshaya & all tridoshas are involved in such patients. Kasa is included under Purva rupa by Madhava Nidana and Brihatrayis are considering this under only Rupa.

Shwasa-All patients were having Shwasa with different Grading. Among 20 patients, 09 patients (45%) are having Grade-3, were having difficulty in Breathing even during routine work, 07 patients (35%) are having Grade-2, 2 patients (10%) are having Grade-1 mild exertion relieved by rest and 2 patients (10%) Grade-4 were difficulty in Breathing on exertion and not relieved by rest rest.

Rajayakshama is due to Sahasaja, Sandaranaj and Kshayaja Nidana. Here Vata Dosha is more involved with tridoshas. Except Charaka and Vagbhata remaining all were considered this under purva rupa.

Swara Bheda-Among 20 patients, 1 patients (5%) are having Grade -1 Swarabheda (mild hoarseness of voice), 2 patients (10%) are having Grade- 2 (moderate hoarseness of voice) and remaining patients doesn't have reported Swarabheda.

The Swara bheda is formed in all Kshaya. This symptom is included under purva rupa by bhava Prakasha, swara bheda is not found as a complaint in more patients.

Sleshma Chardana/Vamana-Among 20 patients, 09 patients (45%) not complained (No vomiting), 10 patients (50%) are comes under Grade-1 (vomiting once a week) and 1 patient (5%) is having Grade-2 Sleshma chardana i.e. occasionally vomiting twice a week.

This symptom is one of the Ekadasha Rupa but this is not significantly found among 20 Patients.

Parshwa Shula- All 20 patients were having Parshwa Shula with different grading. Out of 20 patients, 12 patients (60%) come under Grade-2 were having pain during routine work, 4 patients (20%) come under Grade-3 were having pain on exertion and 4 patients (20%) come under Grade-1 Parshwa Shula were having pain only on deep pressure.

Parshwa Shula is found in Sandaranaj, Kshayaja and vishamashana janya rajayakshama. Kapha and Vata dominated tridoshas are involved. This feature is present in shad rupa and ekadasha rupa. This symptom is found in almost all patients.

Amsavamarda-out of 20 patients, 9 patients (45%) each are having Grade-1 and Grade-2 respectively i.e pain will be either Occassionally or on Exertion and Relieved by rest, and 2 patients (10%) come under Grade-0(No Shoulder Pain).

Continuous Restlessness not found in any patient. Amsavamarda is found in all types of rajayakshama except in Sahasaja.

Jwara -All 20 patients are having raise of temperature, out of 20 patients, 16 patients (80%) are come under Grade-3 i.e. Continuous fever with mild degree below 100 F, 3 patients (15%) come under Grade-4 Continuous & high grade fever i.e.above 100 F and one patient (5%) come under Grade-2 Intermittent but alternate day. In Grade-0 and Grade-4 No patients are found.

Jwara is considered under Trirupa, Shadrupa, Ekadasha rupa and it is found in all types of Rajayakshama. Here Vata and Kapha Doshas are involved with the tridoshas.

Atisara-Out of 20 patients, 6 patients (30%) were not having Atisara, 1 patient was having unformed stool but normal frequency, 11 patients (55%) were having loose and frequent stools, 2 patients were having watery stools.

Atisara is not found in Kshayaja Rajayakshama. Here, Kapha dosha is more involved along with the Vata and Pitta dosha.

Arochaka-Almost all Patients are having Arochaka, out of 20 subjects, 16 patients (80%) are having Grade-2 (Complete loss of Appetite), 2 patients (10%) each come under Grade-1 (Partial loss of appetite) and Grade-3 (Aversion towards food) respectively.

Arochaka is found in all types of rajayakshama except Sandaranajanya. Here Kapha dosha dominancy is found in Arochaka.

Aruchi is found in both Shad rupa and Ekadasha rupa. In rajayakshama there will be dhatu kshaya and doshas are in vitiated condition, its mainly because of dhatwagni mandyata.

Raktasteevana-out of 20 patients, 18 patients doesn't have Rakta shteevana. Only 1 patients (5%) come under Grade-1 i.e.were having streaks of blood Occassionally and one patient (5%) come under Grade-3 i.e.streaks of blood with Sputum in large quantity, no patient found in Grade-2 & Grade-4.

Raktasteevana is found in all types of rajayakshama except Sandaranaja rajayakshama.

DISCUSSION ON RESULTS.

ASSESSMENT OF AGNI IN 20 SUBJECTS.

A special detailed Questionnaire is designed to assess the role of agni in manifestation of Rajayakshama.

Twenty simple and legible questions with multiple options were prepared and made the subjects to tick of their choice, Questions were framed by considering abhyaharanashakti, jaranashakti, manasika bhavas and considering other social factors. Each question was allotted 5 marks, total 20 questions makes 100 marks and each subjects was asked all 20 questions and results were drawn by calculating arithmetic mean.

Thus the maximum attempt was made to extract the correct response from the patients.

Samagni: No Patient Recorded Under Samagni.

In rajayakshama all tridosha and saptadhatu are involved, hence no patients was seen of samagni.

Teekshanagni: No Patient Recorded Under Teekshanagni.

In present study because of agni dushti, there will be agnimandyata, so no subjects seen with teekshanagni.

Mandagni: out of 20 Patients 14 Patients found to be of Mandagni.

Majority of the subjects were answered for mandagni, it is mainly because of vishamashana hetu sevan, leads to jatharagnimandyata and annavaha sroto dushti hence person suffer from mandagni.

Vishamagni: out of 20 Patients, 06 Patients found to be of Vishamagni. Person Suffering Vishamagni i.e. indulging Vishama Aahar-Vihara, vishama matra, and at vishama Kala, these factors will do the vishamata of agni.

DISCUSSION ON GRADING OF MANDAGNI:

A special diet chart was prepared to assess the involvement of level of agni dushti in all diagnosed cases of rajayakshama.

It includes standard dietics formulation and standard timing, which is prepared by comparing the international dietics chart.

In Trirupa:

In tri rupa **G1 (50%)** level of Mandagni was Found i.e. 50% of Agni is affected, It may be because of Prime Laxanas Jwara, Amsa-Parshwa Tapa and Kara padayo Santapa. In Jwara Samprapti, It is Clearly mentioned that because of Nidana Sevana, Jatharagni gets Vitiated which leads to Aama Utpatti and finally leads to Jwara, In Jwara directly Jatharagni gets Vitiated and in remaining Symptoms Amsa Tapa, Karapada Santapa also Vitiation of Agni Takes place Indirectly.

Hence in Trirupa **G1** Mandagni is found.

In ShadRupa:

In Shadrupa rupa **G2 (75%)** level of Mandagni Was Found i.e. 75% of Agni is affected, It may be because of Prime Laxanas Jwara, Kasa, Arochaka, Atisaara Parshwa Shula and Swarabheda.

In Jwara, Aruchi, Atisaara Samprapti, It is Clearly mentioned that because of nidana sevan jatharagni gets vitiated and aama utpatti occurs and further leads to manifestation of disease. In Kasa and Swarabheda, Prana and Udana Vayu gets Vitiated directly and has influence on vitiation of jatharagni also.

Hence in Shadrupa **G2 (75%)** Mandagni is found.

In Ekadasharupa:

In Ekadasharupa **G3 (100%)** level of Mandagni was Found i.e. 100% of agni is affected, it may be because of prime laxanas Jwara, kasa, arochaka, atisaara, amsatapa, shirashula, parshwashula, shleshmachardi, shwasa, raktavamana and swarabheda. In Ekadasharupa almost all tri rupa, shadrupa features are repeated and due to additions of Symptoms like raktavamana, shleshma Chardi, more amount of agni gets vitiated and here in Ekadasharupa agni is severely hampered, hence in Ekadasharupa **G3(100%)** mandagni is found.

CONCLUSIONS

1. Rajayakshama is a Tridoshaja Vyadhi with the dominance of vata and kapha dosha and it is an ideal example for Madhyama Roga Marg. Here all the sapta dhatus are involved in the manifestation of Shosha, where all dhatu are in kshayavastha.
2. Sahasaja, Kshayaja, Sandaranaj, Vishamashana are the four types of Nidana for Rajayakshma. According to the obtained results, the sequential pattern of Nidana has changed the sequence that is Vishamashana, Kshayaja, Sahasaja, Sandharanaja it can be due to the change in life style and habits of individual.
3. Trirupa and Shad rupa are found in earlier stage of the Rajayakshama and Ekadasha Rupa is in chronic condition of Rajayakshama.
4. Agni is believed responsible for any kind of conversion and herefore presence of Agni seems to be more logical at the time of conversion of Avyakta to Vyakta. May be this is why Nyaya-Vaisheshika considered Agni as an eternal substance and one of the causative factor of the universe.
5. Agni actually is a single entity. Its types, subtypes are described only for better understanding of different functions carried out by Agni at different level.
6. out of 20 Patients Rajayakshama Studied in the Series were 20 to 50 years and most of them were male (60%) belonging to hindu Religion (100%) married (90%) and were Poor class (80%), Illiterate (85%), working employees (55%) with vishamashan nidana (70%) having mandagni (70%) and suffers with shadrupa (50%).
7. A detailed Questionnaire Was Prepared to assess the Role of Agni in Manifestation of Rajayakshama. In present Study Among all agnis Mandagni is found to be mainly responsible for manifestation of Rajayakshama. However Study was conducted on Small Scale Concentrating on Hetuchatushtaya, agni and Rajayakshama, So further Study On a large Scale Sample along with causative Factors can provide some fruitful conclusion.

SUMMARY

The present work is entitled as "A Study on Role of Agni in Manifestation of Rajayakshama w.s.r. to Hetuchatushtaya" has undertaken for study. This study was undertaken to study Role of Agni in Rajayakshama and to fulfill the applied aspect of these basic principles, the hetus and lakshana of Rajayakshama in detail. The present study belongs to observational study.

1. Introduction
2. Objectives of the Study
3. Historical Review
4. Methodology
5. Observation
6. Results
7. Discussion
8. Conclusion & Summary.

First Part gives an Introduction to the Present Study along with its relevance in the Present scenario, before the commencement of the conceptual study the introduction has been given so that a brief idea about the subject is gained. The introduction to the subject has been made in such a manner that a person not acquainted with the Ayurvedic system also gets a glimpse of Ayurveda and subsequently the subject of this research work.

In the Second Part Objectives are mentioned.

The Third Part deals with "LITERARY REVIEW" Which Provides details of Rajayakshama, Agni, Relation between Rajayakshama and Agni with detailed description like Nirukti, Paribhasha, Nidana Panchak, Upadrava, Sadhyasadhyatva, Modern Review on Tuberculosis which includes Etymology, Etiology, Pathogenesis, Symptoms, Types, and Differential Diagnosis.

The fourth Part deals with "METHODOLOGY" which explains methods used to collect the essential data for literary and observational study criteria for diagnosis, Inclusion & Exclusion Criteria assessment along with Plan of the Study Were also included under this Section.

The Fifth Part explains about generalized observation contains age, Sex, Occupation, etc. and specific observations contain assessment of involved dosha, dushya, nidana and Ekadasha rupa present in patient. Collected data was presented systematically, for clinical survey a specially designed research Proforma was used, 20 patients were interrogated and thoroughly history was taken, to give objectivity to the Hetu and Lakshana Skanda in scoring pattern. Observations Presented in Tabular form bar diagrams.

The Sixth Part Includes "RESULTS" Obtained from the Survey and a detailed Questionnaire on Role of Agni in Manifestation of Rajayakshama was calculated with arithmetic mean.

The Seventh Part Includes "DISCUSSION" all the points included in this study right from REVIEW up to RESULTS have been discussed in detail.

The Eight Part Includes "CONCLUSION" the ample observation obtained from the study and Information regarding limitations and Recommendation for further Studies are concluded. At the last are the Bibliography and the Research Proforma. The conceptual study paves the way for the applied study. A concept well understood has to be evaluated practically in the form of the applied study.

DISCUSSION AND CONCLUSION

Discussion section contains the discussion on review of literature and observational data. In discussion part detailed study of conceptual and clinical analysis of involvement of Agni in Hetuchatushtaya of Rajayakshama was done. At last, some fruitful conclusions have been drawn on the basis of available conceptual and practical Data followed by the information of Bibliography, case Proforma and classical references. Honest effort has been made to complete and summarize the present research work with the help of valuable opinion.

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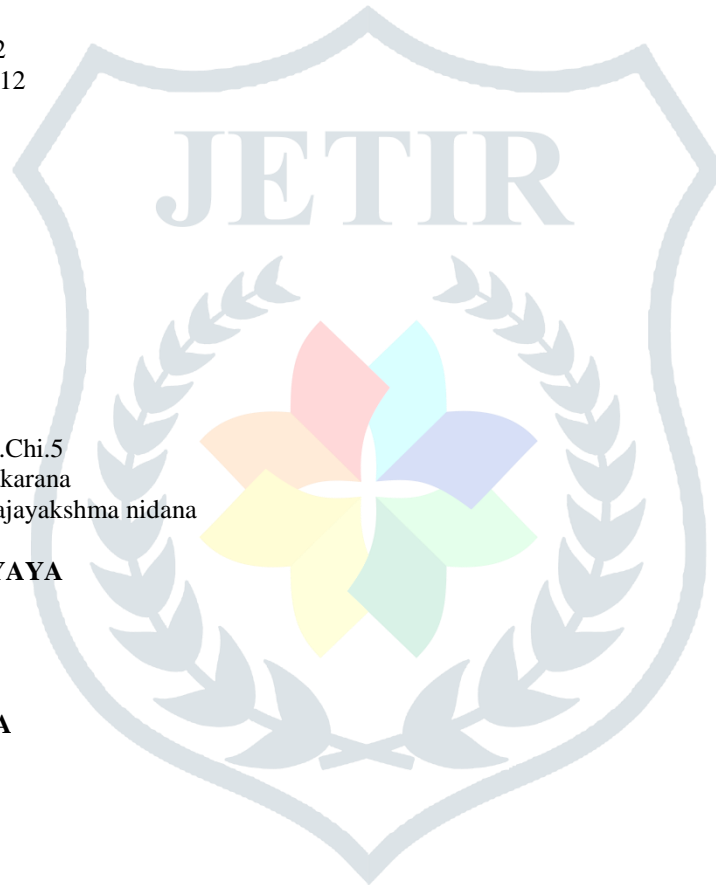
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