

# ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue JOURNAL OF EMERGING TECHNOLOGIES AND **INNOVATIVE RESEARCH (JETIR)**

An International Scholarly Open Access, Peer-reviewed, Refereed Journal

# A SYSTEMIC REVIEW ON DOSHA STHANA AND **ITS PRACTICAL APPLICABILITY**

## **DR. RAJEEV KUMAR**

Assistant Professor, Department of Rog Nidana Evam Vikriti Vigyan, Vivek College of Ayurvedic Sciences & Hospital, Bijnor - UP

Corresponding Author - Dr. Rajeev Kumar, Assistant Professor, Department of Rog Nidana Evam Vikriti Vigyan, Vivek College of Ayurvedic Sciences & Hospital, Bijnor – UP

# ABSTRACT

Despite the fact that the doshas are said to be distributed throughout the body, each dosha has a very specialized home as well as other generic areas. Each location has unique requirements that are significant while administering therapy.During "sthani-agantu" dosha chikitsa, it is crucial to comprehend "Dosha sthana," or site specifics. Most illnesses are said to have their roots in Amashaya and Pak-Vashaya, or udbhava sthana. This is predicated on its importance in therapy, since dosha nirharana may be administered orally or topically. Dosha sthana and its consequences can be understood to shed insight on the pathophysiology and therapy strategy. To that end, thorough data on dosha sthana was gathered from a range of authoritative treatises, publications, and electronic media and was then critically examined for its practical applications.

**KEYWORDS** – Dosha Sthana, Implication, General Site, Pathogenesis etc.

## **INTRODUCTION**

Doshas are constantly moving throughout the body. They replicate an individual's health state in both quality and functionality. Each dosha has a very specific home called a "vishesha sthana," as well as other broader locations called "samanya sthana." Treatment for "sthani-agantu" dosha (localized and external) necessitates a grasp of "Dosha Sthana," which is crucial. Knowing the locations will let the doctor perform dosha nirharana (re-moval) through the most convenient approach while administering therapy. Pak-vashaya is regarded as the "vishesha sthana," or "specific site," of the Vata dosha among the numerous locations. This is where the digested food is kept beneath the nabhi. Although vata is present throughout the body in a variety of forms, including prana and other substances, pakvashaya is considered to be its unique spot since vata diseases are typically anchored here, making

them challenging to heal if discovered there. If vata is conquered at this location, however, it will calm all vatika illnesses.<sup>1</sup>

Acharya Chakrapani regarded the purishadhana described by Acharya Charaka as Pakvashaya. Puri-shadhara kala should instead be viewed as a section of the gut. The katu avasthapaka is where the Vata guna (Vata characteristics) are nourished. As they aid in removing the primary location of Vata dosha, basti chikitsa are particularly beneficial in treating ailments brought on by aberrant Vata dosha.<sup>2</sup>

The Vata dosha's ashraya is known as "Asthi." The circumstances that cause the asraya or the asrayi (dependant) to get worse or better will have a same effect on the other. The converse of this rule applies to Vata. Asthi vriddhi (increase of asthi) is only possible by santar-pana (nourishing therapy), which in turn is Vatahara (decreases vata) and shleshma vardhaka (increases sleshma). Drugs that control vata will increase its ashraya, i.e., asthi, and those that aggravate vata will decrease asthi. Through Vata vardhaka and shleshma hara, two depleting thera- pys, asthi kshaya happens.<sup>3</sup>

In actuality, air currents mediate the functioning mechanisms of the srotra (ears) and sparshanendriya (skin). Vata is said to be primarily associated with au- ditory and tactile functions since it originated with the dominance of Akasha and Vayu bhutas. Even while akasha is the fundamental origin of sound, according to Gangadhara, this is not how sound fully manifests. The realized sound that we can hear is created by the vata dosha, which is closely related to the akasha.<sup>4</sup>

The nervous system and skin are both frequent ectodermal embryologic descendants. In terms of embryology, the skin is a transformed nervous system. This explains its intimate ties to the Vata dosha, making the vatahara Taila abhyanga (oil massage) make sense. Considering mudasangnyata/alpasangnyata, a characteristic of Vata kshaya, in this context, which may be connected to the altered/reduced tactile sensibility with respect to skin. This suggests that the Vata dosha, in particular the Vyana Vata, which is present throughout the body and is in charge of all physiological processes, is responsible for tactile perception.<sup>5</sup>

As a result, the sensory functions of skin have been assigned to Vata dosha by citing "Sparshanendriyam" as one of its sthanas. Vata dominance may be felt everywhere there is a neural plexus, which is a collection of linked nerve root sources. There is a lumbar nerve plexus in the area of the kati (waist), from which nerves emerge and extend to both legs. All of the sensory and motor functions of the legs are therefore under Vata control. According to the Veda, Vata is located in the top region of the "mastishka."<sup>6</sup>

The definition of "shiras" (head) by Charaka, "yatra aashritaaha sarvendriyani cha"—the seat of all senses—is in fact valid. In the Bhela Samhita, Shiras is identified as the moola (root cause) of vijnana (wisdom). According to Hatayoga Pradeepika, Vata is in charge of the intellect, or manas, which controls the indrivas, or sense organs. Manas, according to Bhela, is situated between the shiras and the talu (palate). Ignoring these two assertions, it is acceptable to regard shiras as a Vata sthana.<sup>7</sup>

Although Vata is a rookshadi (dry, etc.) guna, the brain, or mastishka, resembles partially melted ghee. The majority of the proteins and lipids in the brain have opposing natures to vata. While the ashraya, reflect prithvi and aap bhuta, the ashrayi Vata is dominating of akasha and vayu bhuta. Vata becomes vitiated when this equilibrium is disturbed as a result of consuming too much rookshadi guna. Therefore, based on ashraya ashrayi bhava, it can be deduced that for Vata to operate properly, its seat should have snigdhadi guna.<sup>8</sup>

The vishesha sthana, also known as Nabhi, is used as a marker to identify the locations of different organs. According to Acharya Charaka, amashaya is a location between nabhi and sthana where four different types of food are digested. Regarding amashaya, Chakrapani said that it is divided into two parts: urdhwa (upper) and adho (below), the latter of which is the seat of Pitta. According to Hemadri, the "amashaya" organ is located above the nabhi and contains amapakwa anna (partially digested food).<sup>9</sup>

Regarding pak- vashaya, no particular anatomical demarcation has been described. The term "amashaya" refers to the stomach's ama, or partially digested food. The 'pakwashaya' should consequently be interpreted as the location where digestion is finished, i.e., the small intestines or the container for fully digested food. Therefore, "nabhi" is a landmark around which digestive and absorbing processes occur. Vagbhatta gave great weight to the term "nabhi" to signify the end of digestion in the gut and the lengthier time required for it.<sup>10</sup>

One of the 10 seats of prana, known as dasha prayathana, is Nabhi, who is an agneya sadyapranahara marma. Because food digestion starts here, Acharya Charaka thought of this region as the vishesha sthana of Pitta. Diseases like amlapitta and parinama shoola are intimately linked to the second phase of digestion known as amla avasthapaka, which is controlled by amla. It is referred to as a particular spot by Gangadhara because it is the location of the three pittas, pachaka, ranjaka, and bhrajaka, and because once Pitta is subdued there, it is easier to control paittika diseases.<sup>11</sup>

One of the methods for thermoregulation is sveda (sweat). The upkeep of ushma is the responsibility of pitta (bhrajaka pitta). Lasika is seated in skin and is a rasa mala (akin to water, or jala sadrushi). According to Indu, it is said to be the sneha (unctu- ousness) of the twak. Lasika is the liquid that lies in the space between twak and mamsa. In the event of an abrasion, it manifests via the skin.Only rakta, the ashraya of Pitta, contains it. Rakata and Pitta have an Ashraya Ashrayi relationship. This phenomenon is adequately explained by the etiology of raktapitta. The nutritious component of food, known as rasa, is transported throughout the body through vyana vata. All types of Pittas, notably sadhaka Pitta, which is found in Hrudaya, come within its out of reach according to the areas it pervades.<sup>12</sup>

Both Vata and Pitta have been identified as having their sthana in twak. It should be noted that Vata represents the neurological side, while Pitta represents the metabolic aspect (bhrajaka pitta), which aids in the uptake and metabolism of topical medications and gives skin colour.<sup>13</sup>

CHARAKA SAMHITA	SUSHRUTA SAMHITA	ASTANGA SANGRAHA
Urah	Amashaya	Urah
Shiras	Urah	Kanta
Parvani	Shira	Shira
Amashaya	Kanta	Kloma
Medas	Jihwamula	Parvani
-	sandhi	Amashaya
-	-	Rasa
-		meda
-		Ghranam

#### **KAPHA STHANA**

#### [Ref- Sreelakshmi et al: : A Critical Review On Dosha Sthana And Its Implications]

Avalambaka kapha (a kind of kapha dosha), which has Uras as its seat, supports the other kapha sites through ambu karma. As a result, it is regarded by Acharya Vagbhata as the principal seat of kapha. According to Gangadhara, the reason that uras is considered to be the particular spot is because it is where the kaphas kledaka, avalambaka, and sleshaka are located, making it simple to control all kapha problems if kapha can be conquered there. According to Acharya Sushruta, amashaya is the vishesha sthana because, according to him, amashaya's kledaka kapha sustains the other kapha sthanas through ambu karma. The four types of food that are received at Amashaya, which is located above Pit-Tashaya, help to temper the rising heat. Amashaya has been designated by Charaka as the sthana for both Kapha and Pitta. Chakrapani, however, identifies adho amashaya as a Pitta sthana and urdhwa amashaya as a Kapha site.<sup>14</sup>

Kloma is a mamsagrandhi (muscular structure) located on the right side of Hrudaya and is the mulasthana (location of origin) of udakavaha srotas. Kloma is the pipasa sthana (thirst center) located in hrudaya, claims Chakrapani.Kloma is problematic since it refers to a variety of traditional organs, including the trachea, right lung, pancreas, adrenal gland, and thirst center.<sup>15</sup>

The tongue is regarded as a kapha sthana as well.Jihwa's ability to perceive rasa is aided by the saumyatva (watery) of sleshma. The Bodhaka Kapha in Jihwa aids in the sense of flavors. One of the several sthanas associated with the Kapha dosha is Meda. Meda is regarded as the ashraya for Kapha in the ashraya-ashrayee bhava theory. The bahudrava sleshma, or sleshma dominated by drava guna, initially vitiates meda in the prameha samprapti (pathogenesis) because of the sama- na (similar) guna.Medas can be viewed as the adipose tissue of/beneath the skin in relation to the skin. The mala of Medo Dhatu is Sweda. It might be interpreted as eccrime

gland secretions in the skin. When the outside temperature is higher, eccrine glands release perspiration, which evaporates to reduce body temperature. This may be demonstrated by using the example of Kapha kshaya lakshana, where one of the characteristics is roukshyata (dryness), indicating the absence or reduction of jala mahabuta. Sweating serves the precise purpose of 'kleda vidhriti' (maintains kleda), which is to regulate body temperature and water balance.<sup>15</sup>

#### DISCUSSION

Ayurveda has three mahasrotas: amashaya, pachyamanashaya, and pakwashaya. This is directly related to the growing gut tube, which has three sections: the terminal hindgut, where absorption is completed along with waste formation, and the primary foregut, which takes and stores food in a pre-digestive phase. Thus, the foregut, midgut, and hindgut might be thought of as the Kapha, Pitta, and Vata sthanas, respectively. The basti is regarded as the best method for curing vata among the different therapies used to treat vata vitiation because it enters pakvashaya and targets the disease's moo-lasthana. The vitiated Vata residing in other areas also subsides when the Vata in this area does. For the majority of the frequent clinical manifestations, such as gridhrasi (sciatica), kati shoola (lumbar pain), etc., basti is being prepared. A person has a longer lifespan if vayu is present in his or her own home and travels through them normally. The sthana (location) and nama (name) are used to determine any further vatika illnesses not already listed in the text. For instance, the ailment nakhabheda manifests itself as bheda in the nail.<sup>16</sup>

Agnimandya (poor digestive fire), ajeerna (indigestion), and other ailments are linked to amashaya (Pitta sthana) through the pitta's drava and snigdha gunas. The pitta sthana of Lasika is involved with Prameha, Kushta, and Visarpa, and gunas like Drava, Sara, and Visra come into action. With the gunas Sneha, Sara, and drava, Sparshana is involved in kushta, visarpa, mukha dooshika, and other practices.<sup>17</sup>

In sannipataja jvara, amashaya samutha vyadhi (therapy for the location of kapha) is carried out initially. If the Vata is in the amashaya, the sthanika dosha (Kapha) is treated using rooksha sveda (dry sudation), and then snigdha sveda (wet sudation) is used. If the jvara is dominated by the kapha dosha and the kapha dosha is situated in amashaya, in a utklesha (increased condition), then vamana should expel it. Only until the vitiated dosha enters the amashaya from all over the body should emesis be administered. When used in madatyaya, vamana targets the kapha sthana.<sup>18</sup>

An example from common life will help you understand the significance of Dosha Sthana. Because of the elevated sugar levels, prameha is now mistakenly diagnosed as diabetes mellitus, and the patient is advised to follow a sugar-free diet. A kaphaja prameha may become a vataja prameha as a result. However, in this case, therapy can be provided by treating apana sthana with mutrasangrahaneeya dravyas (anti-diuretics) that conduct kleda shoshana and treating prameha as a bastigata (urinary bladder) roga.<sup>19</sup>

An example from common life will help you understand the significance of Dosha Sthana. Because of the elevated sugar levels, prameha is now mistakenly diagnosed as diabetes mellitus, and the patient is advised to follow a sugar-free diet. A kaphaja prameha may become a vataja prameha as a result. However, in this case, therapy can be provided by treating apana sthana with mutrasangrahaneeya dravyas (anti-diuretics) that conduct kleda shoshana and treating prameha as a bastigata (urinary bladder) roga. Sthani dosha is the dosha that is native to an area, whereas agantu dosha is the dosha that invades. The effectiveness of sthani and agantu dosha in such instances determines the course of treatment. The doctor's job is to identify the dominant dosha and treat it first. If they are both equally powerful, the sthani dosha is given more weight. Ashaya apakarsha occurs when one vru- dhi, one kshaya, and one sama avastha of the sixty-three dosha vikalpa are present in the combination.<sup>20</sup>

#### CONCLUSION

Doshas are active substances found throughout the body. However, they are credited with specific places that place emphasis on therapy. Dosha sthana is the foundation of the sthani-agantu dosha chikitsa. When a dosha relocates and enters the territory of another dosha, that other dosha's lines of treatment should be followed. When vitiated pitta visits the kapha site, because of its touch with kapha, it turns into an object of vamana. Most illnesses are said to have their origins in Amashaya and Pakvashashaya, also known as the udbhava sthana. This is predicated on its importance in therapy, since dosha nirhara-na may be used orally or topically. Dosha sthana and its implications can be understood to shed insight on the pathophysiology and therapy strategy.

#### **CONFLICT OF INTEREST -NIL**

#### **SOURCE OF SUPPORT -NIL**

#### REFERENCES

- 1. 2Subrahmanya. S. Tridosha theory. Ist edition: Arya Vaidya sala Kottak-kal,1986;20.
- Arunadatta, commentator, Astanga Hrudaya, Sutrasthana, Doshabhedeeyam Adhyayam, 12/1,10th Edition, Chaukhambha Orientalia, Varanasi, 2011; 192.
- Harishastri.P.,editor. Astanga Hrudaya, Sutrasthana, Doshabhedeeyam Adhyayam, 11/26,10th edition, Chau- khambha Orientalia, Varanasi, 2011; 186
- 4. Narendranath. S, editor. Charaka Sam- hita with Gangadhara teeka, Su- trasthana, Vatakalakaleeyam ,12/8 ,2nd edition, Chaukhambha publishers , Va- ranasi,2002;555.
- 5. Harishastri.P.,editor. Astanga Hrudaya, Sutrasthana, Doshaadi vijnaneeyam Adhyayam, 11/15,10th edition, Chau- khambha Orientalia, Varanasi, 2011; 185
- Joshi. K. L, editor. Atharva veda, Dashama khanda, Brahmaprakashana sook- ta, 2/26, 1st edition, Chaukhambha Orien- talia, Varanasi, 2000; 284.
- Jadavji. T. editor. Charaka Samhita, Sutrasthana, Kiyanthashiraseeyam Adhyayam, 17/12, Reprint 2013, Chau- khambha prakashan, Varanasi, 2013; 199.

JETIR2301630 Journal of Emerging Technologies and Innovative Research (JETIR) <u>www.jetir.org</u> g214

- Srinivasa.R,editor. Bhela Sam- hita,Shareera sthana , Purusha ni- chayam Shareeram,4/31, 1st edition, Chaukhambha Krishnadas Academy , 2010;139.
- Pancham.S,editor.Hata Yoga Pradeepi- ka,4/29,4th edition,Munshiram Manohar- lal Publishers, New Delhi, 1992; 51.
- 10. Srinivasa. R, editor. Bhela Samhita, Chikitsa sthana , Unmada chikita, 8/2, 1st edition, Chaukhambha Krishnadas Academy , 2010;222.
- Jadavji. T, editor. Sushruta Samhita, Sutrasthana, Kritya krityavidhim Adhyayam,23/12, Reprint 2013, Chaukhambha Sanskrit Sansthan, Varanasi, 2013; 112. Jadavji. T. editor. Charak Samhita, Sutrasthana, Maharogaadhyayam,20/8 Reprint 2013, Chaukhambha prakashan, Varanasi, 2013; 113.
- 12. Hemadri, commentator, Astanga Hrudaya, Sutrasthana, Doshabhedeeyam Adhyayam, 12/2 ,10th Edition,Chaukhambha Orientalia ,Varanasi, 2011; 192
- Jadavji.T., editor. Charaka Samhita, Shareerasthana, Shareera sankhya shareeram 7/9, Reprint 2013, Chau- khambha prakashan, Varanasi, 2013; 338.
- Jadavji.T., editor.Sushruta Sam- hita,Shareera sthana , Pratyeka marma nirdesham shareeram ,6/17, Reprint 2013, Chaukambha Sanskrit Sanstha, Varanasi, 2013; 371.
- 15. Narendranath .S,editor . Charaka Sam- hita with Gangadhara teeka , Su- trasthana,Maharoga ahyaya,20/6 ,2nd edition, Chaukhambha publishers , Va- ranasi,2002;769.
- 16. Astanga Hrudayam(16), Dosha- bhedeeyam Adhyayam, 12/2;192.
- 17. Asatanga Sangraha Sutrasthana, ,Doshabhedeeyam Adhyayam ,20/3, 3rd edition, Chau- khambha Sanskrit Series, Varanasi , 2012; 156.
- 18. Vijayarakshita, Commentator.Madhava nidana, Pramehanidanam,13/4, Reprint 2013, Chaukhambha Sanskrit Sansthan, Varanasi, 2012; 206.
- 19. Hemadri, commentator ,Astanga Hrudaya, Sutrasthana, Ksharagni karmavidhi, 30/45 ,10th Edition,Chaukhambha Orientalia ,Varanasi, 2011; 359.
- 20. Harishastri.P., editor. Astanga Hrudaya, Sutrasthana, Doshabhedeeyam Adhyayam, 12/14,10th edition, Chau- khambha Orientalia, Varanasi, 2011; 194
- Harishastri.P.,editor. Astanga Hrudaya , Sutrasthana, Doshaadivijnaneeyam Adhyayam, 11/15,10th edition, Chau- khambha Orientalia, Varanasi, 2011; 185
- Harishastri.P.,editor. Astanga Hrudaya , Sutrasthana, Doshabhedeeyam Adhyayam, 12/5,10th edition, Chaukhambha Orientalia, Varanasi, 2011; 193
- Harishastri.P.,editor. Astanga Hrudaya, Sutrasthana, Doshabhedeeyam Adhyayam, 12/15,10th edition, Chau- khambha Orientalia, Varanasi, 2011; 194
- 24. Sreelakshmi B, Midhu Parvathy.B 2, Remyasree .P.K 3, Tom Augustine, A Critical Review On Dosha Sthana And Its Implications, International Ayurvedic Medical Journal ISSN:2320 5091