

CHAPTER 4  
AYURVEDIC  
AYURVEDA SAMHITA & SIDDHANTA

Doctoral Theses

01. CHOUDHARY (Dr. Anita)  
**Critical Review of Kapiñjala Samhita and its Comparative Study with Raavana Krit Naadi Pareeksha.**  
Supervisors: Prof. (Dr.) Mahesh Vyas and Dr. Sunil Joshi  
Th 28536

*Abstract*

Assessment of Agni-Arogya inter-relationship and exploration of role of Agni “A Critical Review of Kapiñjala Samhita and Its Comparative Study with Raavana Krit Naadi Pareeksha”, was conducted with the objective of critically analyzing the unpublished manuscript Kapiñjala Samhitā, with specific focus on its approach to Nāḍī Parīkṣā (pulse examination), and comparing its diagnostic methodologies and interpretative frameworks with those of the classical text Rāvaṇa-kṛta Nāḍī Parīkṣā, edited by Dr. Indradev Tripathi. The methodology adopted includes codicological examination of the primary manuscript source (MS No. GAS 39, Gujarat Ayurved University), followed by transcription, transliteration, and translation of the text and authenticity, structure, scribe, condition and contextual and philosophical analysis were applied. Literary data from both texts were compared using qualitative content analysis to identify diagnostic indicators, terminological patterns, and metaphysical correlations. Kapiñjala Samhitā presents a multidimensional view of pulse diagnosis, incorporating not only the physiological Tri-Doṣa model but also yogic concepts such as Idā, Piṅgalā, Suṣumnā and Vāyus. It describes various pathological states (e.g., Sannipāta, Urdhvajatru Vikāra, Asādhyatā) through symbolic pulse metaphors and presents prognostic markers related to incurable conditions and impending mortality. In contrast, Rāvaṇa-kṛta Nāḍī Parīkṣā provides a more concise and Doṣa-centric approach, using consistent animal-based analogies to describe pulse movements. The comparative analysis reveals that while both texts share foundational Ayurvedic principles, Kapiñjala Samhitā offers deeper philosophical and diagnostic insights. The study culminated in the preparation of a critically edited version of Kapiñjala Samhitā, establishing its relevance for modern research and clinical education in Ayurveda. In conclusion, the research highlights Kapiñjala Samhitā as a significant yet underutilized classical resource that enriches the understanding of Nāḍī Parīkṣā. It holds potential for integration into modern Ayurvedic diagnostics and warrants further interdisciplinary and clinical exploration.

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1. Introduction 2 Review of Literature 3. Material and Methods 4. Transcription, Deciphering & Translation 5. Insights of Rāvaṇa kṛta Nāḍī

Parīkṣā by Indradev Tripathi 6. Comparative Study 7. Result 8. Discussion. 9. Conclusion & Future Scope. 10. Summary. Bibliography. Annexures.

02. GOYAL (Dr. Anjali)  
**Study on Relationship between Agni and Arogya in the Context of-  
 “Balamaarogyamaayushcha Praanaashchaagnou Pratishtithaah” - A Cross  
 Sectional Survey and Randomized Clinical Study.**  
 Supervisors: Prof. (Dr.) Mahesh Vyas and Dr. Dr. Meera K. Bhojani  
Th 28538

*Abstract*

Assessment of Agni-Arogya inter-relationship and exploration of role of Agni in treatment of diseases on survey and clinical basis is still needed. Ayurveda considers that Dehagni has potential role in proper maintenance of Arogya (health) and vitiated Agni generates Ama Dosha leading to disease production. Hypothesis was postulated that definite relationship exists between Agni (~ factor responsible for digestion and metabolism) and Arogya (health) & diseased state “Balamarogyaaayushcha Pranashcha Agnou Pratishtithah” quoted in Charaka Samhita 27th chapter of Sutra Sthana and there is significant effect of Agni Chikitsa (correction of Agni) to the treatment of diseases. 384 Volunteers were accessed for prevalence of Agni through cross sectional approach by using Agni assessment questionnaires and health assessment Proforma. For evaluate role of Agni in treatment of diseases, a randomized clinical study on 74 patients of Vicharchika (~ Eczema) was done. Skin specific treatment (Gandhaka Rasayana and Tuvaraka Taila) was given to the first group of active comparative group. Add-on drug (Shunthi Churna) for Agni treatment was given with skin specific drugs in second group of experimental group. Comparison was done between both groups in symptomatic relief, EASI score and Agni assessment. In survey study Samagni was prevalent more with healthy status with significant variability between final Agni status and health status (p value 0.000). In clinical study Group B showed better relief in symptoms of Vicharchika than Group A. In group B, Shunthi Churna as add on drug has shown highly significant results in correcting the Agni with p value 0.000 and resulted in highly significant improvement statistically in the symptom of Ruja with p value 0.004 in patients suffering with Vicharchika (~Eczema). It can be concluded that Agni has a prime role in health maintenance and treatment of diseases with Agni Chikitsa will be constructive endeavor in Ayurveda treatment modalities.

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1. Introduction 2 Conceptual study and Literature review 3. Applied study 4. Discussion. 5. Conclusion. 6. Summary 7. Limitations and future scope. Bibliography. Annexures.

03. KAUR (Dr. Jitendra)  
**Conceptual and Applied Study of Ashraya-Ashrayi Bhava in the Context  
 of "Tatra Asthni Sthito Vayu": A Cross Sectional Survey Study.**  
 Supervisors: Prof. (Dr.) Mahesh Vyas and Dr. Kamal Kumar  
Th 28541

*Abstract*

Understanding of principles of any science is very important in order to understand the purpose and implementation of the facts related to that science. Ashraya- Ashrayi Bhava is one such principle propounded by Acharya Vagbhatta in Ashtang Hridaya. Ashraya-Ashrayi Bhava describes the mutual interdependency between Dosha-Dhatu-Mala which are considered as the root of human body and their normalcy is essential for health. In present work, a cross- sectional survey was planned so as to enable accessibility of the concealed conventional knowledge in this regard and also in order to assess the relationship between Asthi Dhatu and Vata Dosha by observing the degenerative changes in persons of different Prakriti. Total 554 apparently healthy volunteers fulfilling the inclusion criteria were enrolled in the study and its ¼ i.e. 141 volunteers underwent lab investigation. Prakriti assessment scale developed and validated by CCRAS was used to assess the Prakriti by adopting direct interview method. Bone mineral density was tested using Quantitative Ultrasound bone densitometer (QUS) at the site of calcaneus. Serum alkaline phosphatase and Vitamin D3 are the lab investigations carried out to determine the bone health. Obtained data was tabulated and statistically analysed employing Chi-square test and Pearson's Co-relation. From the study findings it can be concluded that Ashraya-Ashrayi relation between Vata Dosha and Asthi Dhatu is the exception of this principle and Asthi-Kshaya occurs with Vata-Vridhhi. Asthikshaya is associated with Vata dominant Prakriti and classical symptoms of Asthikshaya with respect to Upadhatu and Mala of Asthi i.e. Kshaya of teeth, nails, hair were more prevailing among Vata Prakriti persons. Further, studies covering more bone markers on a larger sample size are recommended.

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1. Introduction 2. Literature review 3. Applied study 4. Observations and Results 5. Discussion. 6. Summary and Conclusion 7. Limitations and future scope. Bibliography. Annexures.

04. SHARMA (Dr Nikita)

**Study on Nootropic Efficacy of Daiv- Vyapashraya Chikitsa in the context of Mantra Chikitsa and Yukti Vyapashraya Chikitsa – A Randomised Comparative Clinical Trial.**

Supervisors: Prof. (Dr.) Mahesh Vyas and Dr. Anil Kumar  
Th 28547

*Abstract*

This study was an open label parallel group Randomized Comparative Clinical Trial comparing the Nootropic Efficacy of Daiv-vyapashraya Chikitsa along with Yuktivyapashraya Chikitsa where the cognitive enhancement through Mantra Chikitsa (Mantra listening) was assessed by comparing it with the standard Medhya Drug M Shankhgapushpi Syrup of IMPCL Pharmaceuticals in 136 apparently healthy Individuals divided randomly in both the group. Mantra Listening Group as Case Group and M Shankhapushpi Syrup in Control Group. In Case Group Participants was provided Pre-recorded Medha Suktam to listen twice in a day, one in early morning between 6:30 am to 7 am and then in the evening between 6:30pm to 7pm in Sukhasana posture and in peaceful environment by keeping the concentration at Ajnana Chakra while in Control Group M - Shankhapushpi Syrup (Medhya Rasayana) as a

Standard Control Drug was advised to this group – 10 ml in the morning between 6:30 am to 7 am and 10 ml in the evening between 6:30pm to 7pm orally. Participants fulfilling the Inclusion criteria were selected from the Delhi NCR Region. The duration of trial was 2 months. For assessment of any change two standard scales Standard Progressive Matrices (Revised Order 1956) prepared by JC Raven and Wechsler Memory Scale were used both before and after the Treatment in both the groups. Wilcoxon sign Rank test for non-parametric and Pair t-test was used for before/After Comparison in parametric data. Between group data analysis would be done using t-test, proportion test and Mann-whitney U-test. The changes observed with `p` value less than 0.05 have been considered as significant and less than 0.001 as highly significant.

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1. Introduction 2 Conceptual study 3. Materials and Methods 4. Observations and Results 5. Discussion. 6. Summary and conclusion. 7. Swot Analysis. 9. Recommendations. Bibliography. Annexures.