



Review Article

A CRITICAL REVIEW ON THE APPLICATION OF *YUKTI PRAMANA* FOR THE LOGICAL INCLUSION OR REJECTION OF A DRUG MENTIONED IN *USHADHA YOGA* (MEDICINAL FORMULATIONS) ACCORDING TO CLINICAL CONDITION

Sinimol T P*, Meghna P.P, Soumya M.C

*Research Officer (Ayu.), Regional Ayurvedic Research Institute for Life Style Related Disorders (RARILSD), CCRAS, Trivandrum, Kerala, India.

ABSTRACT

An Ayurvedic physician usually depends on classical compound medicinal formulations for treating patients. Sometimes, patients themselves demand us that they will prepare the medicines themselves, especially *Kwatha* (decoctions). One reason is the superior efficacy of the self prepared medicines than the bottled decoctions due to the presence of chemical preservatives. While preparing formulations, we may need to add or delete drug/drugs depending on the clinical condition of the patient. Scarcity of herbal drugs is also another reason which compels us for substitution. In *Bhavaprakasha*, there is a reference stating that any drug which is inappropriate and unsuitable to a disease, even though found included in the drug group or medicinal formulae may be rejected and any drug which is found suitable or appropriate may be included though not mentioned in it. There are so many references in Ayurvedic classics where we can see deletion or inclusion of drugs in a formulation according to the condition of the patient or disease. This is an attempt to analyse the logic (the application of *Yukti pramana*) behind it. This article also want to depict the relevance of logically changing the contents of a medicinal formulation by analyzing its *Rasapanchaka* (five Ayurvedic principles of drug action), depending on the condition of disease or patient.

KEYWORDS: *Oushadha yoga*, Medicinal formulation, Logical, *Yukti pramana*.

INTRODUCTION

Ayurveda is a time tested science having its strong foundation in the form of its fundamental and basic principles. Ayurvedic principles target in preventing unnecessary suffering and providing a long healthy life. Ayurveda eliminates the root cause of the disease, at the same time gives directions to lead a healthy life-style to prevent the recurrence of imbalance. Herbal medicines have existed worldwide with long recorded history. World Health Organization estimated that 80% of the world's inhabitants still rely mainly on traditional medicines for their health care. The subcontinent of India is well-known to be one of the major biodiversity centers with about 45,000 plant species. In India, about 15,000 medicinal plants have been recorded, in which the communities used 7,000-7,500 plants for curing different diseases. In Ayurveda, single or multiple herbs (polyherbal) are used for the treatment. The Ayurvedic literature *Sarangdhar Samhita* highlighted the concept of polyherbalism to achieve greater therapeutic efficacy. Desired therapeutic effects may not be obtained with active chemical constituents of single drugs. In a polyherbal medicinal formulation, multiple herbs are combined

in a particular ratio, which will give a better therapeutic effect and reduce the toxicity.

Ayurvedic epistemology is known through the words of ancient sages, as documented in Ayurvedic texts. It is influenced by broader Indian philosophy. Ayurvedic physicians have to know things with four forms of validity, known as *Pramanas* (means of knowledge) in Sanskrit. The first three are: Advice of the wise (*Aptopadesh*), direct perception (*Pratyaksha*) and inference (*Anumana*).^[1] Fourth one is *Yukti pramana*. Charaka introduces us to *Yukti* twice in the *Sutrasthana* (Connecting Thread) section of his classic *Charaka Samhita*. *Yukti*, by its Sanskrit definition is 'Solution by logic and reasoning'. *Sat* (existence) and *Asat* (non-existence) truly forms a duality. That duality is examined in four ways- (*Aptopadedsha*) extant literature, direct perception (*Pratyaksha*), inference (*Anumana*) and logic (*Yukti*).^[2]

(*Yukti* is the result of the) intellect that perceives reality as produced by uniting multiple factors. *Yukti* can be successfully applied to the three times (past, present and future) as also to the three types of knowledge (cause from effect; effect from

cause; repeated observation).^[3] It is included in 10 *paraadi gunas* or *Chikitsopayogi gunas* (successful means of treatment).^[4] *Yukti* is also defined as the rational planning (of therapeutic measures).^[5]

There are so many references in Ayurvedic classics where we can see deletion or inclusion of drugs in a formulation according to the condition of the patient or disease. This is an attempt to analyse the logic (the application of *Yukti pramana*) behind it. This article also want to depict the relevance of logically changing the contents of a medicinal formulation by analyzing its *Rasapanchaka* (Five Ayurvedic principles of drug action), depending on the condition of disease or patient.

Methodology

Literary review was taken from Ayurvedic classical texts viz. Samhitas, Nighantus and different textbooks of Dravyagunavijnan for comprehensive information.

Observations

In Bhavaprakasha, Mishraprakarana, there is a reference stating:

व्याधेरयुक्तं यद् द्रव्यं गणोक्तमपि तत् त्यजेत् ।

अनुक्तमपि यद् युक्तं योजयेत् तत्र तत् बुधैः ॥

Any drug which is inappropriate and unsuitable to a disease, even though found included in the drug group or medicinal formulae should be rejected and

any drug which is found suitable or appropriate should be included though not mentioned in it.^[6] There is another reference stating that physicians of lower intelligence will find the list of 50 *Mahakashayas* in *Charaka Samhitha* useful in treating various diseases. But those of higher caliber should exercise their own imagination in finding other similar drugs according to the principles laid down in Ayurveda.^[7] Let us examine some of the examples described in Ayurvedic classical texts which reinforce the above reference.

Some Illustrations in Classics

- *Shadangapaneeya*
- *Hinguvachadi Choorna*
- *Pathyadi Kwatha*
- *Thalesapathradi Vatakam*

1. *Shadanga Paneeya*

In *Jwara chikitsa* (fever treatment), *Shadanga paneeya* is mentioned for intake.^[8] But in *Raktapitta chikitsa* (bleeding disorders), it is mentioned that *Shadanga paneeya* should be taken without *Shunti* (*Zingiber officinale* Roscoe).^[9] While analysing the pathogenesis of *Raktapitta*, we can understand that *Ushna guna* (property of hotness) plays a predominant role in causing the disease.^[10] So that must be the reason why Acharya discarded *Shunti* having *Ushna veerya* for patient with *Raktapitta* disease.

Table 1: Drugs of *Shadanga Paneeya* and its *Veerya*

S.No.	Drugs (Sanskrit name)	Scientific Name	Veerya
1	<i>Ghana</i>	<i>Cyperus rotundus</i> L.	<i>Seetha</i> (cold) ^[11]
2	<i>Chandana</i>	<i>Santalum album</i> L.	<i>Seetha</i> (cold) ^[12]
3	<i>Shunti</i>	<i>Zingiber officinale</i> Roscoe	<i>Ushna</i> (hot) ^[13]
4	<i>Ambu</i>	<i>Coleus vettiveroides</i> Jacob	<i>Seetha</i> (cold) ^[14]
5	<i>Parpata</i>	<i>Oldenlandia corymbosa</i> L.	<i>Seetha</i> (cold) ^[15]
6	<i>Useera</i>	<i>Vetiveria zizanioides</i> (L.) Nash	<i>Seetha</i> (cold) ^[16]

In *Sahasrayoga* the formulation, is described more by explaining how it should be given in different clinical conditions.^[17]

A. In *Raktapitta* (bleeding disorders), it is mentioned that *Shadanga paneeya* should be prepared by adding more *Chandana* (*Santalum album* L.). *Chandana* is having *Seetha guna* (cold potency) and *Raktapittahara* property.^[12] Moreover, as said above *Ushna veerya* plays an important role in pathogenesis of the disease.

B. In *Pitta jwara* (fever with *Pitta dosha* predominance)-*Parpata* (*Oldenlandia corymbosa*) should be added in more amount. It is *Pittahara* (decreasing *Pitta dosha*), *Jwarahara* (antipyretic) and having *Seetha veerya* (cold potency).^[15]

C. In *Atisara* (diarrhoeal disorders), *Musta* (*Cyperus rotundus* L) having *Grahi* (astringent) property should be added more quantity.^[11]

D. In vomiting (*Chardhi*): *Vilwa* (*Aegle marmelos* L.) having *Agnideepana*, (stomachic), *Pachana* (digestant) and *Grahi*, (astringent) properties^[18] and *Dhanyaka* (*Coriandrum sativum* L.) having *Deepana* (stomachic), *Pachana* (digestant), *Rochana* (appetizer), *Vamihara* (that alleviate vomiting) and *Grahi* (astringent) properties may be added to the 6 drugs.^[19]

E. In *Kshatha* (trauma) conditions, *Bala moola* (root of *Sida cordifolia*) which is described to have *Kshatahara* (alleviating trauma) property can be added to the formulation.^[20]

F. In *Urakshatha* (trauma of the chest region) conditions, *Bola* (*Commiphora myrrha*) which is described to have *Raktadushtihara* property (reducing vitiation of blood) can be added to the formulation.^[21]

G. **In Daha (burning sensation):** *Hreebera (Coleus amboinicus)* having *Seetha veerya*^[14] may be added more.

H. **Moha (confusion):** *Usheera (Vettiveria zizanoides)* which is described to have *Seetha veerya*^[16] can be added more quantity in the formulae.

I. **In Visha:** *Ankola (Alangium salvifolium)* can be added to the medicines. It is having *vishahara* property.^[22]

2. Hinguvachadi Choorna

While mentioning *Kapha gulma* (a disease with *Vata dosha* predominance) treatment, it is told that after *Vamana* (emesis treatment), *Hinguvachadi choorna* should be taken, with *Hingu*, *Kshara* and *Amlavetasa* in double quantity.^[23]

When we go through the properties of them, we understand that both *Hingu (Ferula assafoetida L.)*^[24] and *Amlavetasa (Garcinia pedunculata Rox.)*^[25] are *Vatakaphahara* and *gulmahara*. *Kshara* is also described as *gulmahara*.^[26] That must be the reason why acharyas told to take them in double quantity, *gulma* being a *Vata* predominant disease and moreover the context is *Kaphaja gulma*.^[27]

3. Pathyadi Kwatha^[28]

In *Kapha kasa* (cough predominated by *Kapha dosha*) treatment, *Pathyadi kwatha* mentioned in *jwara* treatment has to be taken with *Karkatakashringi*^[29], which is *Kasahara* and *Kaphahara*.^[30]

4. Thaleesapathradi Vataka

While describing *Thaleesapathradi vatak*.^[31] it is mentioned that in case of constipation, *Nagara (Zingiber officinale L.)* should be replaced with *Abhaya (Terminalia chebula Retz.)*, because *Nagara* is *Malasangrahi* (constipating)^[32] and *Abhaya* is *Anulomani* and *Vibandhahara* (relieving constipation).^[33]

Also if we are giving that medicine in *Pittaja chardhi* (vomiting predominated by *Pitta dosha*), it should be prepared with 4 times sugar as it is having property of alleviating *Pitta*.^[34]

DISCUSSION

Ayurvedic epistemology, influenced by broader Indian philosophy, concerns itself with four forms of validity, known as *Pramanas* (means of knowledge) in Sanskrit. The first three are: Advice of the wise (*Aptopadesh*), direct perception (*Pratyaksha*) and inference (*Anumana*).^[2] Fourth one is *Yukti pramana*. There is a reference in Bhavaprakasha nighantu stating that any drug which is inappropriate and unsuitable to a disease, even though found included in the drug group or medicinal formulae should be rejected and any drug which is

found suitable or appropriate should be included though not mentioned in it. We can find many examples in Ayurvedic classical text books in which there are logical deletion or addition of drugs according to the condition of disease and patient. Thus *Pramanas* should be applied wisely while prescribing medicines for a patient.

CONCLUSION

In Ayurveda, means of obtaining knowledge are called *Pramanas*. All of them provide valid and real knowledge. The *Pramanas*, especially *Yukti pramana* shall remain the guiding principles for the research activity in all the knowledge arenas. It is a unique methodology based on multiplicity of factors. Polyherbal medicinal formulations are found to provide better therapeutic efficacy. Physicians should rationally apply *Yukti* while prescribing a formulation, depending on the condition of the disease and patient. He can substitute or add or eliminate drugs accordingly, so that patient is more benefitted.

REFERENCES

1. Vaidya Yadavji Trikamji. Charaka Samhita. Varanasi; Chaukhamba Krishnadas Academy; 2004.p. 247.
2. Vaidya Yadavji Trikamji. Charaka Samhita. Varanasi; Chaukhamba Krishnadas Academy; 2004. p. 70.
3. Vaidya Yadavji Trikamji. Charaka Samhita. Varanasi; Chaukhamba Krishnadas Academy; 2004. p. 72.
4. Vaidya Yadavji Trikamji. Charaka Samhita. Varanasi; Chaukhamba Krishnadas Academy; 2004. p. 141.
5. Ibid.
6. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.145.
7. Vaidya Yadavji Trikamji. Charaka Samhita. Varanasi; Chaukhamba Krishnadas Academy; 2004. p. 103.
8. Paradakara HSS, Ashtangahrudaya with Sarvanga sundara commentary of Arunadutta and Ayurveda rasayana commentary of Hemadri. Ed.9. Varanasi; Chaukhambha Orientalia; 2011. p.477.
9. Paradakara HSS, Ashtangahrudaya with Sarvanga sundara commentary of Arunadutta and Ayurveda rasayana commentary of Hemadri. Ed.9. Varanasi; Chaukhambha Orientalia; 2011. p 577.
10. Ibid.
11. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.143.

12. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.186.
13. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.14.
14. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.137.
15. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.323.
16. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.239.
17. CCRAS. Sahasrayogam.Ed. 1. New Delhi; Ccras; 1990. p. 54.
18. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.262.
19. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.33.
20. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.351.
21. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.610.
22. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.352.
23. Paradakara HSS, Ashtangahrudaya with Sarvanga sundara commentary of Arunadutta and Ayurveda rasayana commentary of Hemadri. Ed.9. Varanasi; Chaukhambha Orientalia; 2011. p 679.
24. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.40.
25. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.599.
26. Acharya JT. Susruta Samhita with Nibandha sangraha commentary of Dalhana. Varanasi; Chaukhambha Sanskrit Sansthan; 2010. p: 46.
27. Paradakara HSS, Ashtangahrudaya with Sarvanga sundara commentary of Arunadutta and Ayurveda rasayana commentary of Hemadri. Ed.9. Varanasi; Chaukhambha Orientalia; 2011. p 510.
28. Paradakara HSS, Ashtangahrudaya with Sarvanga sundara commentary of Arunadutta and Ayurveda rasayana commentary of Hemadri. Ed.9. Varanasi; Chaukhambha Orientalia; 2011. p 555.
29. Paradakara HSS, Ashtangahrudaya with Sarvanga sundara commentary of Arunadutta and Ayurveda rasayana commentary of Hemadri. Ed.9. Varanasi; Chaukhambha Orientalia; 2011. p 591.
30. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.98.
31. Paradakara HSS, Ashtangahrudaya with Sarvanga sundara commentary of Arunadutta and Ayurveda rasayana commentary of Hemadri. Ed.9. Varanasi; Chaukhambha Orientalia; 2011. p 667.
32. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.14.
33. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.7.
34. Dr. Chunekar K.C. Bhavaprakash nighantu. Ed.10. Varanasi; Chaukhamba Bharati Academy; 1999. p.796.

Cite this article as:

Sinimol T P, Meghna P.P, Soumya M.C. A Critical Review on the Application of Yukti Pramana for the Logical Inclusion or Rejection of a Drug Mentioned in Oushadha Yoga (Medicinal Formulations) According to Clinical Condition. International Journal of Ayurveda and Pharma Research. 2018;6(9):67-70.

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr Sinimol. T.P

Research Officer (Ayu.),
Regional Ayurvedic Research
Institute for Life Style Related
Disorders (RARILSD), CCRAS,
Trivandrum, Kerala, India,
Email: drsinitp@gmail.com
Mob: 9446519427

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.