



CLINICAL SIGNIFICANCE OF *DOSHA-GATI*

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ABSTRACT

Tridosha is the prime fundamental principle of *Ayurved Tantra*, imbalanced state of which is termed as *Roga/Vikar* and the term *Chikitsa* is defined as (*yaabhi kriyaabhi jaayante sharire dhatava sama....ch.su.16*) i.e. the procedure to re-establish *Samya*- static and functional normalcy within *Sharir Dhatu*. *Charakacharya* has distinctly advised that (*Rogamaadau pariksheta tadanantaramaushadham -ch.su.20*) i.e. proper assessment of disease should be carried out at first and then on its base treatment to be set. Many references are indicated for *Roga Pariksha* in our classics. The topic *Dosha-Gati* is basic consideration discussed by *Charakacharya* (*ch.su.17*) which keeps great clinical importance to the diagnostic (*Roga Nidan*) point of view; besides, prognosis (*Sadhyasadyata*) and proper application of the treatment measures (*Chikitsa karma*) can be planned followed by assessment of *Dosh- Gati* through its classified aspects as the *Tridosha* is the *Samavayee karan* of the *Roga*.

KEYWORDS: *Roga-Rogi Pariksha, Dosha - Dosha gati, Chikitsa, Sadhyasadyata.*

INTRODUCTION

The term *Roga \ Vikara* has been concisely defined by our *Acharyas* as *Dosha \ Dhatu vaishamy* (the word *Dhatu* belongs to *Tridosha* too when they are in normal state and, when they get imbalanced, in turn vitiate body elements, they are *Dosha*. (*Dooshan Swabhaavaat, Sharir Dooshanaat*). When they further afflict *Dooshya* (*Sapta Dhatu and Malas*), the disease arises (*Dosha Dooshya Sammurchhana Janito Vyadhi*). This *Dosha Vaishamy* occurs in varied form and it is necessarily be understood by *Vaidya* for proper treatment proceedings.

MATERIALS

Charak Samhita-Chakrapani Tika,
Ashtang hrudaya- Arun datta & Hemadri Tika,
Nidan Chikitsa Hastaamalaka (Vol.1)- Vd.Ranjit ray Desai.

METHODOLOGY

All these books are referred and critically discussed according to the topics included.

DISCUSSION

Charakacharya has discussed various states (*Avastha-gati*) of *Dosha* (in 17th chapter of *Shloka Sthana*). The same topic is shortly described by *Vagbhatacharya* under the title *Chaya-Kopa-Shama* with its features. Here it is to be noted that both *Acharyas* have considered

Shama/Sthana state of *Dosha*, the meaning of which is reset of that *Dosha* in its natural range and in own seat i.e. normal condition. (*Swamanasthanavastha*) To understand and assess the abnormal state and development of particular *Dosha*, its normal features and functions should be known. Besides, on proper application of treatment, when *Dosha Vaishamy* subsides, the symptoms of *Shama* become parameter to discontinue the treatment. Thus *Shama/Sthana* state is also important clinical point of view.

(a) *Kshaya-Sthana-Vruddhi* is the first type of *Dosha gati*. Amongst it the *Sthana/Shama gati-Avastha* is discussed above. *Vruddhi* and *Kshaya* both are *Vikruti*- imbalance of *Doshas*. *Acharya Arundatta*-commentator of *Ashtang Hridaya*, adds that *Vruddhi* is also in two phases-*Chaya* and *Kopa* ('*Vikrutireshaam Kshaya Vruddhishcha; Vruddhirapi Dwividha- Chayakopa Bhedena*').

- i) *Kshaya*- means 'Swamaana Kshina' which reflects diminution in its normal form (static and functional downfall) it can be assessed by observing reduced normal functions of that particular *Dosha* (*Karmanah Prakrutad Hani.....Ch.Su.18*).
- ii) *Vruddhi*- means 'Swamana Atiriktatva' which reflects abnormal increase in its normal features and functions (*Dosha Prakruti Vaisheshyam.....Ch.Su.18*).

All these three states are basically discussed to the treatment point of view as *Charakacharya* indicates the manner of treatment applications in general-'*Ksheena Vardhayitavyaa, Vruddhaa Hraasayitavyaa, Samaashcha Paripalayitavyaa*' and for the same, thorough assessment of these *Avastha* is essential for resultant measures through *-Ahar, Vihar* and *Aushadh*. Besides, the *Kopavastha* is considered in to two-*Chayapurvaka* and *Achayapurvaka* and *Acharya Hemadri* indicates that *Shodhan* and *Shaman* therapy is advisable for the same respectively. So in the treatment point of view these *Gati-Avastha* are highly considerable.

(b) *Urdhwa-Adhah-Tiryak* is 2nd type of *Avastha bheda* mentioned by *Acharya Charak*. As per indulgence of *Nidan* the *Dosha* gets increased accordingly and in progressive phase, it spreads crossing its own seat. *Acharya* says- '*Sa Eva Kupito Dosha Samutthana Visheshatah, Sthanantarani Cha Prapya Vikaran Kurute Bahun*' .e.g. an accumulated *Vayu*, on provocation, where it gets spread, creates varied disorders accordingly; like if it gets *Pratilomatva-* (*Urdhwa gati*) then-*Chhardi, Shirah shool, Bhrama, Urah Vedana, Kasa* etc. arise; if towards *Adhah-downward-* then *Atisara, Sakthisada, Pindikodweshtana* etc. arise and if *Gati* is *Tiryak-* i.e. on systemic spread then-*Jwara, Angamarda, Kukshi-Parshwa Shoola, Sarva Sandhi Vedana* etc. occur.

Some basic indications are given by *Acharya* to the treatment point view; (i) '*Agantu Shamayed Dosham Sthaninam Pratikrutya va*' i.e. the *Dosha* when lodges at particular place which is not its own seat, it should be handled in such a way that there should not be provocation of *Sthanik Dosha*. (ii) In the chapter of *Swedan* *Acharya* has pointed out that, '*Amashaya Gate Vayau Kaphe Pakwashayashrite, Ruksha PoorvamTatha Sneha Poorvam Sthananuodhatah*' here the *Gati-Avastha Prapti* of *Dosha* looks highly considerable for proper application of treatment procedure.

Undoubtedly, *Vayu* is the factor, the function of which is *Vikshepa* when it is deranged then performs variety of negative developments; hence, the basic attribution of treatment is to regulate the *Vayu* through according measures. *Ashayapakarsha* is one of the unique considerations which is related with these *Trividha Gati* of *Dosha*, attributed to thorough assessment of the disease state.

(c) '*Trividha Chapara Koshtha Shakha Marmasthisandhishu*' this *Gati-Avastha* of '*Doshais*' attributed to manifestation of disease, its exposure and affliction of specific body organ. These three factors have been discussed under the topic '*Roga Marga*' in *Ch.Su.11* and *A.H.Su.12*. *Acharya Chakrapani* comments on the same that this distribution of *Rogamarga* is indicative to assess prognosis as both *Acharyas* have stated that if the disease is *Ekamargaja* and *Amarmaga* it is sign of good prognosis- *Sukhasadhyatwa* of disease.

(d) *Chaya- Kopa- Shama* of *Dosha* is also one of the *Dosha gati* which is described on the base of *Rutu*-seasonal phenomena. Its natural effect arise more or less to each individual. Each of *Tridosha* increases in particular *Rutu* and may create disorders accordingly, e.g. in *Varsha, Sharad* and *Vasant*, the *Kopavastha* of *Vayu, Pitta* and *Kapha* occurs respectively and if the disease arises on provocation of that particular *Dosha*, it becomes more aggressive. The treatment is planned accordingly. Ideal *Rutucharya* has been widely explained in all the *Samhita* for the purpose of well maintenance of health and to prevent the disease.

This relation between *Dosha* provocation and prescribed *Rutu* is considered as *Prakrut gati* but when there is alteration, it is *Vaikrut gati* and it becomes more *Kashta sadhya*. Assessment of disease condition and its specific measures should be set according to *Gati- avastha* of that particular *Dosha*.

Besides, preventive point of view *Acharyas* have indicated '*Rutu Samshodhana*' as- '*Shravane kartike chaitre masi sadharane kramat*.....

i.e. prior to *prakopa kala* the *sanchita Dosha* should be expelled out of the body (*Shodhana*): e.g. in *Shravan - Vayu* (*sanchit* in *Greeshma*) be eliminated by *Basti karma*, In *Kartika - Pitta* (*sanchit* in *Varsha*) be eliminated by *Virechan karma*, In *Chaitra - Kapha* (*sanchit* in *Shishir*) be eliminated by *Vaman karma*.

CONCLUSION

Thus, the topic *DOSHA GATI* keeps basic importance to the clinical point of view. The proper assessment and prognosis of the disease can be made through understanding the *Dosha gati* and on its base; thorough treatment can be administered by the physician.