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Analysis of Concepts of Kaṇḍarā Avayava in its Therapeutic Aspect as per Sushruta Samhita

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Abstract: Adhiṣṭhana is important part of any samprati which provides site for the accumulation of doṣa.. Apart from doṣa. Configuration, prognosis and chronicity of disease also depends upon various aspect of adhiṣṭhana like as its type, location etc. So study of adhiṣṭhana in its structural and functional aspect is must for the proper understanding of disease. In vice versa involvement of specific adhiṣṭhana leads to those specific symptoms may define functional aspect of that specific adhiṣṭhana in some manner.

Sushruta samhita is the text where not only majority part of text have been explained on the bottom of rachanatamk aspect but also elaboration of various adhiṣṭhana is also available here. Kaṇḍarā, sirā, snāyu , kurch, māmsa rajjav are some of examples which has been specifically elaborated in its developmental ,structural and clinical aspect.

Keywords: Adhiṣṭhana, Kaṇḍarā, Sirā, Snāyu

I. INTRODUCTION

Physical and chemical properties of any substance those are specific with this substance, are reflection of their molecular structural organization. Similar molecular organization substance can have their different properties due to different arrangement of molecules. This molecular structural organization may understand with Panchmahaboutika organization. Basic properties any substance i.e. Guna are due to specific ratio of Panchmahbuta which may vary either in qualitative or quantitative aspect. Karma of any substance are just only reflection of these guna.

Story of origin with its developmental aspect of any bodily substance given by Acharya Sushrutanot only explains their Panchmahabotik structural but their action also. Structure description of sharir predominantly presented as a structure based physiology or physiology based structure under the heading of sharir word in Samhita but each. It means understanding of structure of bodily part can't be understand without knowing its function aspect. This functional aspect has been mentioned as in various discrete form like as in context of disease in nidana, chikitsa sthana etc. and this is the only reason which explains need of comprehensive understanding of Samhita. Involvement of specific adhiṣṭhana in specific disease is fundamental key point of treatment aspect. After the understanding of adhiṣṭhana, complete understanding of disease can be achieved and these adhiṣṭhana or bodily parts named as Sira, Dhamni , kandara , snāyu etc. These all are the five elements of structural composition as mentioned in sushruta sutra sthana in context of key points of making an incision. As kandara is directly not mentioned here, but it can be included with snāyu as relation its relation further given in sharir sthana as all are explained in sharir sthana of sushruta Samhita.

A. Concept of Kaṇḍarā

1) **Structural Aspect of Kaṇḍarā:** Under the classification of Snāyu avayava, among four snāyu , Vruta snāyu has been mentioned as kandara.¹ This explains structural resembles of kandara with snāyu avayava. Kaṇḍarā are sixteen in number. They are distributed as four in Pāda(lower limb), the same number in the Hasta, Grīvāand Pṛṣṭha (neck and back). Agrapraroḥā (terminal points) of the Kaṇḍarā of Hasta and Pāda are located in limbs. Agrapraroḥā of Kaṇḍarā of Grīvā, Hṛdaya, those downwards are located in Medra. Agrapraroḥā of the Kaṇḍarā of Śroṇī pṛadeśa, Pṛṣṭha, those extending downwards are located in region of Bimba.² As per Ḍalhaṇa commentary, Kaṇḍarā is larger form of Snāyu. They are sixteen in number. Explanation about Bimba struture has been specially mentioned Ḍalhaṇa. The Bimba is defined as a structure which have circular or round shape and it is also applied for the any triangular shape³. The Bimba struture grows at the ends of Kaṇḍarā, with a specific Maṇḍala shape. There are different Bimba present at different location in respect to specific Kaṇḍarā. Nitamba, Mūrdhā, Urū, Vakśa, Stana and Āmsapiṇḍa are name of various Bimba present in specific region of Kaṇḍarā.

- a) For those Kaṇḍarā lies in region of Pṛṣṭha and Śronī, (means they get origin here) their tips end in Nitamba region.
- b) Mūrdhābimba formed by the Kaṇḍarā of region of Grīvā, Urūbimba is tip of the Kaṇḍarā of Pāda; Vakśabimba by the Kaṇḍarā of Pṛṣṭha, Stana bimba is tip end of Kaṇḍarā of Hṛdaya region. Those Kaṇḍarā of Hasta goes upwards and forms the Āmsapiṇḍa at tip part.⁴

This above explanation mention about the location and distribution of kanadara avayava.i.e, the Kaṇḍarā of specific region situates with tieup togetherly. It is having two directional spread, first in downwards direction and second towards at end point which could be placed upwards (in regarding toKaṇḍarā of Grīvā, Hasta, Pāda, region of) or nearly placed (for Kaṇḍarā of Pṛṣṭha and Hṛdaya region). These both ends are called as the Prarohā.

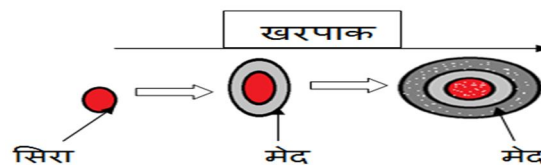
Apart from distribution, function of Kaṇḍarā has not been mentioned directly in SuśrutaSaṁhitā but it can be interpreted by some references of disease mentioned in Nidāna Sthāna.In the context of Vātavyādhi Nidāna,in disease like Gradhasi, Vishwachi, khanja, panguwhere Kaṇḍarā mentioned as adhiṣṭhana of disease. Here specially Śākhā gata and PṛṣṭhagataKaṇḍarāprovides the Adhiṣṭhānā for the vitiation of Vātaas follows:-

- i) Describing the Gṛadhasi, Ācārya Suśruta has stated that Kaṇḍarā which spreads from the Pārṣṇi (heel) to the Aṅgulī (toes), when affected by the vitiated Vāyu, it will leads to restriction of movements of lower extremity⁵. Here, out of 16 Kaṇḍarā, four Pādagata Kaṇḍarā, are made Adhiṣṭhānā for the Gṛadhasi. As per opinion of Ḍalhaṇa (in context of explaining about the text word Kaṇḍarā)Padagata Kaṇḍarā which spreads in both upwards (towards the Urū pṛdeśa) and downwards directions (toward the PādaAṅgula) are affected in the Gṛadhasi disease.⁶ So it indicates that PādagataKaṇḍarā have bidirectional spread in relation to the Pārṣṇi.
- ii) In context of the Viśvācī, Ācārya Suśruta has stated that when the Kaṇḍarā of Tala pṛdeśaincluding Aṅgulaigata and Bāhupṛṣṭhata gata are affected by the vitiated Vāta, it results as cessation of movements of the upper extremity⁷. Here, out of 16 Kaṇḍarā, four hastagata Kaṇḍarā is made Adhiṣṭhānā for the Viśvācī. According to opinion of Ḍalhaṇa, by the text word “Tala”, Kaṇḍarā which is Ābhyantar to kara is taken here as near to kara or interior to kara. From the text word “Bāhupṛṣṭhataḥ”Kaṇḍarā which situates outside or exterior has to be taken here.⁸ So it may be said thatHastagata Kaṇḍarā having interior or exterior arrangement in relation of Kara. Same as Gṛadhasi, involvement of Kaṇḍarā of both regionshave mentioned in Viśvācī also.
- iii) In context of the Khañja and Paṅgu disease, Ācārya Suśruta has explained that when the vitiated Vāta is situated in the region ofKaṭi pṛdeśa, it affects the Kaṇḍarā of the Sakthi. It will lead to Khañja. When Sakthigata Kaṇḍarā of both side are affected by vitiated Vāta, it will lead Paṅgu⁹.After the review of these above diseases, structurally representation of Kaṇḍarā has been explained by the Ḍalhaṇa that Kaṇḍarā are nothing but the Sthūla form of Snāyu or big, larger and more fixed form of Snāyu.¹⁰

This above description indicates that Kaṇḍarā is responsible for the movements and their arrangement is said as bidirectional either in relation Pārṣṇi or Kara especially in terms of Śākhā gata Kaṇḍarā.

B. Developmental Aspect of Kaṇḍarā Avayava

All Structural and functional components of body are categorized into six parts i.e. matruja, pittrauja, aatmaja rasaja, satmyaja, satvaja. Among these first two are responsible for structural formation of body. Depending upon the panchamahabotik molecular organization, nature of these two category are named as mruddini and sthirani. Mrudini avayva like yakrut, pliha, antra, guda, hrudaya, etc. are those which develop prior in paka process of Shonita and after this remaining end product are developed as pittrajaavayva like sira, snāyu , asthi etc.The essence part Snehaamsa of the MedaDhātu is transformed into Sirā and Snāyu¹¹.Snāyu are produced by Kharapākaor too long metabolic process. Kandara is also describes as pitratraja avayva and one of the specific form of snāyu avayava.



This figure shows relation between Sirā and Snāyu that sirā is getting transform into the snāyu through process of kharpāka.Sirāget accumulate by the layers of medadhātu and that meda is responsible for dr̥ḍhatva of snāyuafter get processed by kharpāka. Thus developmental aspect also explains its functional and structural similarity with snāyu avayava.

II. DISCUSSION & CONCLUSION

Based upon specific structural hierarchy based upon the concepts of sharia according to sushruta Samhita, Panchmahbuta is prime structural unit after that their specific combination lead to formation of five other structural elements i.e Māmsa, Sirā, Snāyu , Asthi Sandhi(five gross) whose explanation are widely present in Samhita in terms of clinical aspect also. These five element in next step takes participate in formation of other pratyanga (bodily parts) like yakruta, pleehā etc. where according to different involvement of function specific permutation combination is present. Apart from those five gross, miniature others structural elements are also present whose explanation is not found very much in literature so analytical approach is needed to understand their presence in body and with their applied aspect. Apart from Kaṇḍarā , others are can be understand similarly to that.

As per various disperse explanation about the *Kaṇḍarā adhsthana*, it may have summarised in following aspect.

- 1) *Relation with Snāyu*: It is said to as Mahāsnāyu or stout , bigger form of snāyu and performs function same like as snāyu. (As like in gr̄dhasī, khañja paṅgu viśvācī it make a site for accumulation of vitiated doṣa and results as difficulty in movement.)
- 2) *Relation with Sirā*: Kaṇḍarā is counted as Upadhātu of Rakta as same as sirā. It means formation of both starts together but sirā is formed prior than kaṇḍarā. It is also said as “sthūlasirā” means large form of sirā .On having some similarities with sirā, in disease like gr̄dhasī, khañja paṅgu viśvācī in which kaṇḍarā form as duṣyā, sirāvyadha is used as treatment.

In the end it may say like that kaṇḍarā is structural entity which is having the both properties of sirā and snāyu and sirā forms a base for the formation of both snāyu and kaṇḍarā. That’s why sirāvyadh (blood letting) is mentioned as treatment for the disease in which snāyu and kaṇḍarā take participate as dūṣya and provide site for the vitiation of doṣa.

As per structural constitutional of living entity is made up of five basic elements as discussed above. These five may consider as basic tissue and according to specific permutation combination specific structure is formed like Kaṇḍarā , Kurcha , rajjva, jāla, As shown in following table.

s.no.	Structure	Combination
1.	Kaṇḍarā.	Sirā +Snāyu
2.	Kurcha	Māmsa +Snāyu ,
3	Rajjva	Māmsa +Snāyu
4	jāla	Māmsa, Sirā, Snāyu , Asthi
5	Seemant	Asthi Sandhi
6	Asthi Samghata	Asthi Sandhi
7	Sevani	Snāyu
8.	Marma	Māmsa, Sirā, Snāyu , Asthi, Sandhi

Basic criteria behind above tabulation, firstly is predominance of elements or nature of their constitutional elements and their appearance as mentioned in Samhita or taking by grammatical explanation of word.

Explanation of these elements in the context of pathogenesis of disease is directly not mentioned in any Samhita but it can be precipitated adhsthana when involved elements vitiated by any causative factor. Involvement those all will lead more structural deformity rather than functional. This interpretation can be considered after whole analytic understanding of Kaṇḍarā elements where motor function is more effected rather than functional disturbance.

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