

SAMEEKSHYA BHAVAS: A REVIEW ON ITS SIGNIFICANCE AS A SYSTEMATIC ASSESSMENT TOOL IN PANCHAKARMA

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ABSTRACT

Roga Rogi Pariksha has always played an important role in diagnosing and treating every disease that a physician comes across. *Acharya Charaka* introduced the concept of *Sameekshya Bhavas* that is the assessment of *Dosha, Bhesaja, Desha, Kala, Bala, Shareera, Ahara, Satmya, Satva, Prakruti* and *Vaya* which can be utilised by a *Vaidya* as a potential assessment and diagnostic tool in order to segregate *Yogya Ayogyas*, prevent *Vyapats* and plan appropriate treatment protocols. This article focuses on the review and compilation of *Sameekshya Bhavas* from different classical references, their utilisation w.r.t *Panchakarma* procedures and their application and practical implementation in day-to-day clinical practice.

KEYWORDS: *Roga Rogi Pariksha, Sameekshya Bhavas.*

INTRODUCTION

In a conversation between *Atreya* and *Agnivesha*, *Agnivesha* puts forth a question as follows: The success of all treatments depends upon proper administration and complications happen due to improper administration. But sometimes, the success or failure of a treatment does not follow the conventional rule of proper or improper

administration, hence knowledge and ignorance become equal. To this *Atreya* replies as follows: It is possible for us to treat the patients successfully and also impart instructions for correct administration. But there is none who is able to grasp such instructions, or having grasped it, is able to apply it. The variations in conditions or *Sameekshya Bhavas* like *Dosha*, *Bheshaja*, *Desha*, *Kala*, *Bala*, *Shareera*, *Ahara*, *Satmya*, *Satva*, *Prakruti*, *Vaya* are very subtle or *Sukshma* in nature. While considering these factors, even a person with great intellect and pure knowledge gets confused, then what will be the condition of a person with less intellect?^[1] Hence, *Acharya Charaka* has rightfully, pointed out the importance of this concept with the quotation “*Rogamadou Pariksheta Tatho Anantaram Aushadham*”^[2] The word *Pariksha* literally means *Paritaha Eekshyate*^[3] i.e., observation from all directions. A meticulous and comprehensive clinical examination is pivotal in ensuring targeted interventions, in turn optimizing treatment outcomes and minimizing adverse events. Similarly, before administering any of the *Vamanadi Karmas* certain parameters are to be examined by a physician. These parameters are known as *Sameekshya Bhavas*. *Acharya Chakrapani* explains the literal meaning of *Sameekshya* as being “*Jnanapurvakam Avekshya*”^[4] i.e., insightful/perceptive scrutiny. Hence, focus needs to be drawn to analyse these parameters in detail.

MATERIALS AND METHODS

Literature review: A methodical review of *Ayurveda Samhitas* and their commentaries, peer reviewed journals and web searches was performed to integrate and collate all findings and advancements in the field.

Enumeration of *Sameekshya Bhavas* as explained by *Acharya Charaka* in different contexts^[5,6,7]

<i>Upakalpaniya Adhyayokta</i>	<i>Roga Bhishagjiteeya Adhyayokta</i>	<i>Bastisutreeya Siddhi Adhyayokta</i>
<i>Dosha</i>	<i>Prakruti</i>	<i>Dosha</i>
<i>Bheshaja</i>	<i>Vikruti</i>	<i>Aushadha</i>
<i>Desha</i>	<i>Sara</i>	<i>Desha</i>
<i>Kala</i>	<i>Samhanana</i>	<i>Kala</i>
<i>Bala</i>	<i>Pramana</i>	<i>Satmya</i>
<i>Shareera</i>	<i>Satmya</i>	<i>Agni</i>
<i>Ahara</i>	<i>Satva</i>	<i>Satvadi</i>
<i>Satmya</i>	<i>Aharashakti</i>	<i>Vaya</i>
<i>Satva</i>	<i>Vyayamashakti</i>	<i>Bala</i>
<i>Prakruti</i>	<i>Vaya</i>	
<i>Vaya</i>		

I. Doshas

Due consideration to the status of *Doshas* is the first and most important parameter while planning *Panchakarma Chikitsa*. Acharya Chakrapani explained several statuses of *Doshas* like *Kshaya*, *Vridhhi* and *Samata*; *Urdhwadeha*, *Adhodeha* and *Tiryak Gamana*; *Koshtashrita* and *Shakhashrita*; *Swatantra* and *Paratantra*.^[8]

According to Acharya Sushruta, *Brimhana* should be done for *Ksheena Doshas*, *Prashamana* should be done for *Kupita Doshas*, *Nirharana* should be done for *Vridhha Doshas* and *Paripalana* of *Sama Doshas* should be done. The *Vilayana Roopa Vridhha* and *Chayapurvaka Prakupita Doshas* should be eliminated through *Shodhana*.^[9]

As a general rule, the administration of *Vamana* in *Shleshma Rogas*, *Virechana* in *Pittaja Rogas* and *Basti* in *Vataja Rogas* has been emphasised by our Acharyas.

Even while explaining *Doshopakramas*, Acharya Vagbhata explains the use of *Mridu Samshodhana*, *Snigdha Ushnagunayukta Niruha* and *Taila Anuvasana* in *Vatopakrama*, *Virechana* with *Swadu Sheeta Guna Dravyas*, *Paya* and *Sarpi* in *Pittopakrama* and *Teekshna Vamana* and *Virechana* in *Kaphopakrama*.^[10]

In the context of *Vamana*, it is indicated in *Utklishta Kapha*, *Pittasamsrishta Kapha* and *Kaphasthanagata Pitta* or *Anila*.^[11]

In the context of *Virechana*, it is indicated in *Utklishta Pitta*, *Kaphasamsrishta Pitta*, *Pittasthanagata Kapha*.^[12]

In the context of *Basti*, it is indicated in all types of *Vataja Vikaras* mainly and also *Pitta*, *Kapha*, *Rakta*, *Samsargaja* and *Sannipataja Vikaras* due to *Nanavidhadravya Samyoga*.^[13]

In the context of *Nasya*, it is indicated in all *Urdhwajatrugata Vatakapahaja Vikaras*.^[14]

II. Bheshaja

Bheshaja forms an important part of *Panchakarma* since it is a part of *Dravyabhoota Chikitsa*. It includes considering several parameters like *Nava* and *Purana*, *Ardratva* and *Shushkatva*, collection of *Bheshaja* (*Desha*, *Bhoomi*, *Kala*, *Sangrahaka*, *Aushadha Swaroopa* etc.), and *Matra* of *Bheshaja*.

Considerations of *Bheshaja* w.r.t *Panchakarma*

In case of *Vamana*, it has been explained that *Madanaphala* needs to be collected in between *Vasanta* and *Greeshma Ritu*, in *Pushya*, *Ashwayuja* or *Mrigashira Masa*, *Maitra Muhurta*, *Pakwa*, *Ajantudagdha*, *Aputigandha*, *Pandu Varna*. These fruits should be cleaned and tied up inside a bundle of *Kusha* grass. These bundles should be kept inside a heap of either *Yava*, *Masha*, *Shali*, *Kulattha* or *Mudga* for 8 nights. After it becomes soft and endowed with desirable odour like *Madhu*, these fruits should be taken out of the bundle and dried up. When these are well dried, their seeds should be taken out. These seeds should be triturated with ghee, curd, honey and *Tila Kalka* and dried again. These seeds should be then kept in a new jar cleaned of dust and sand particles and filled up to the brim.^[15]

While explaining the *Vamana Dravya Guna*, *Acharya Sushruta* says it should be *Asatmya*, *Bheebhatsya*, *Durgandha* and *Durdarshana* and the *Gunas* of *Virechana Dravyas* should be opposite to these.^[16]

Acharya Sharngadhara has explained the use of *Vamana Dravyas* based on *Doshas* for example, in *Kapha Dosha*- *Tikshna Ushna Katu Dravyas*, in *Pitta Dosha*- *Swadu Hima Dravyas* and in *Vatasamsrishta Kapha* - *Suswadu Lavana Amla Ushna Dravyas* should be used.^[17]

Considering all of the above *Gunas*, *Vamaka Dravyas* like *Madanaphala*, *Madhuka*, *Nimba*, *Jeemuta*, *Kritavedhana*, *Pippali*, *Kutaja*, *Ikshwaku*, *Dhamargava*, etc., can be administered.^[18]

Generally, for all *Shodhana Dravyas*, *Acharya Charaka* has described their *Guna* to be *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi*, *Vikasi* and *Urdhwabhagahara* (for *Vamana*) and *Adhobhagahara* (for *Virechana*).^[19]

For *Virechana* purpose, *Dravyas* like *Trivrit*, *Triphala*, *Danti*, *Dravanti*, *Nilini*, *Saptala*, *Vacha*, *Kampillaka*, etc., are used.^[20]

In the context of *Basti*, *Acharya Charaka* explains that if the disease is caused due to *Sheeta Ruksha Nidanas*, *Basti* should be formulated with the opposite quality that is *Ushna Snigdha gunayukta Dravyas*. The same concept is followed for all *Vimshati Gunas*.^[21]

While formulating the *Bastis* in accordance with *Doshas*, in *Vataja Vikaras*, *Snigdha Ushna Bastis*, in *Pittaja Vikaras*, *Swadu Sheeta Bastis* and in *Kaphaja Vikaras*, *Katu Ushna Tikshna Bastis* should be administered.^[22]

In the context of *Nasya*, in *Vatanubandhi Kapha* condition, *Taila* has to be used;

In *Kevala Vatajanya Vikaras*, *Vasa* is used; in *Pittaja Vikaras*, *Ghrita* is used;

In *Vatanubandhi Pittaja Vikaras*, *Majja* is used and if there is *Shleshma Avarodha* in the above mentioned four conditions, then *Taila* has to be used.^[23]

According to *Acharya Charaka*, the ideal *Matra* of *Bheshaja* should be *Alpamatra*, being able to produce *Mahavega*, *Bahudoshahara*, being easily able to eliminate *Doshas*, *Laghupaka*, *Sukha* for *Aswadana*, causes *Preenana* of *Dhatu*s and is *Vyadhi Nashaka*, *Avikari* and does not lead to *Vyapats*, *Na Ati Glanikara* to the patient and has appropriate *Gandha*, *Varna* and *Rasa*.^[24]

III. Desha

Desha can be divided as *Bhoomi Desha* and *Atura Desha*.^[25]

Bhumi Desha can be subdivided as *Jangala* (*Vatabhuyishta*), *Anoopa* (*Kapholbana*) and *Sadharana Desha* (*Samadosha*).^[26] Since the people from *Jangala Desha* are *Sthira Kathina Manushya* and more prone to *Vataja* diseases, *Vatahara Dravyas* and procedures should be administered, whereas people from *Anoopa Desha* are *Sukumara* and *Sthula* and more prone to *Kaphaja* diseases, hence *Kaphahara Dravyas* and procedures should be planned. *Sadharana Desha* has *Sthira Bala Varna Samhanana* and *Sadharana Gunayukta Purusha* who are usually considered to be *Swastha*.^[27] Therefore, *Bhoomi Desha* is useful in *Sambhavya Vyadhi Nirnaya*.

In the context of *Panchakarmagara*, *Acharya Charaka* explains that the land should be devoid of *Dhuma*, *Atapa* and *Raja* and should not have unpleasant *Shabda Sparsha Roopa Rasa Gandha*.^[28] Such detailed explanations are available in different contexts with respect to *Panchakarma*.

Atura will be further discussed under the heading *Shareera*.

IV. Kala

As a general rule, *Shodhana* procedures are indicated for *Swastha* in *Sadharana Ritu* that is *Pravrit*, *Sharad* and *Vasanta* where there is a balance between *Sheeta*, *Ushna* and *Varsha*.^[29] *Shodhana* procedures are contraindicated in *Ati Sheetata*, *Ati Ushna* and *Ati Varsha Ritu* for the following reasons:

According to *Acharya Vagbhata*, in *Atiushna Kala*, fatigue, thirst, etc., are caused due to *Adana Durbalatva* and excessively sharp sun rays that in turn leads to *Atipravileena Dosha* and *Shithila Shareera*. The medicines which are collected in this *Kala* attain *Tikshnatva* due to excessive heat and cause *Atiyoga* of *Shodhana*. In *Ati Varsha Ritu*, similarly, due to *Adana Durbalatva* of *Shareera* and due to contact of all medicinal plants with excessive water, they become *Alpaveerya* and cause *Ayoga* of *Shodhana*. In *Atisheeta Ritu*, due to excessive cold and *Vata Prakopa*, the body becomes stiff and heavy and even the *Ushnaswabdhavayukta Aushadha Dravyas* will become afflicted by cold and will turn into *Mandaveerya* and produce *Ayoga* of *Shodhana*. Therefore, *Shodhana* should be conducted only for *Swastha Purusha* in these *Ritus*.^[30] According to the concept of *Ritu Anusara Shodhana*, *Vamana* should be conducted in *Vasanta Ritu*, *Virechana* and *Raktamokshana* in *Sharad Ritu* and *Basti* in *Pravrit Ritu*.^[31] In order to conduct *Shodhana* for *Atura/Atyayika* conditions, *Kritrima Ritu* concept should be implemented that is the use of *Garbha Griha* in *Hemanta Ritu* and *Dharagriha* in *Grishma Ritu*.^[32]

With respect to *Panchakarma*: in the context of *Shodhananga Snehapana*, time of administration of *Snehapana* is considered to be the one after attaining *Laghu Koshta* that is after *Jeerna* of *Ahara*. *Acharya* also emphasizes regarding the colour of the sun like that of hot melting gold indicating the time of sunrise as apt for administration of *Sneha*. According to *Acharya Vagbhata*, at the time of sunrise, after digestion of food, *Kaphopalepa* in the *Srotomukha* will be present that does not allow the *Sneha* to spread across the whole body and cause *Dosha Shamana*. Hence, when it is administered at this time, it causes *Dosha Utklesha*.^[33,34]

In the context of *Vamana*, 1 day of *Vishrama Kala* in which *Kaphotkleshakara Ahara* is advised leads to an *Utklishta Kapha Avastha*. Similarly, in the context of *Virechana*, 3 days of *Vishrama Kala* is advised in which consumption of *Vishramakalokta Ahara* like *Laghu Asheeta Ahara* leads to *Mandakapha* condition.^[35] *Vamanoushadhi* is administered in *Pratahkala* when there is predominance of *Kapha* after *Jeerna* of previous meal and good

sleep.^[36] *Virechanoushadhi*, on the other hand is administered on attaining *Vigata Shleshma Dhatu*^[37] that is the last *Prahara* of *Kapha Kala* when the influence of *Kapha* has reduced completely.^[38] *Samsarjana Krama* advised after *Shodhana* procedures should be administered for 7, 5 and 3 days respectively for *Pravara*, *Madhyama* and *Avara Shuddhi*.^[39] *Niruha Basti* is administered on an empty stomach when the patient is not very hungry and its *Pratyagamana Kala* is 1 *Muhurta* (48 minutes) whereas *Anuvasana Basti* is administered immediately after a meal when patient still has *Ardra Pani* and its *Pratyagamana Kala* is 3 *Yama* (9 hours).^[40,41,42,43] In the context of *Nasya*, administration of *Nasya* medicine should be done accordingly in the respective *Ritus* as follows: in *Grishma Ritu*- *Purvahna*, *Sheeta Ritu*- *Madhyahna* and *Varsha Ritu*- *Adurdina*.^[44] With respect to *Dosha* predominance, in *Vataja Vikaras*- *Aparahna*, *Pittaja Vikaras*- *Madhyahna* and *Kaphaja Vikaras*- *Purvahna* is indicated.^[45] The *Parihara Kala* after administration of all *Panchakarma* procedures is considered to be double the time period of the procedure.^[46]

V. Bala

According to *Vridhdha Vagbhata*, based on the *Vyadhi Bala* i.e; *Tikshna*, *Madhyama* and *Mridu*, respective *Aushadha* should be administered. For example, For *Tikshna Balayukta Vyadhis*- *Tikshna Aushadha*, *Madhyama Balayukta Vyadhis*- *Madhyama Aushadha*, *Alpa Balayukta Vyadhis*- *Mridu Aushadha* needs to be administered.^[47] *Vamana* and *Virechana* are contraindicated in *Atidurbala* person since it causes *Pranoparodha* as they can not tolerate the potency of the medicine.^[48] *Niruha Basti* is also contraindicated in this condition but *Mridu Niruha Bastis* can be administered.

VI. Shareera

Shareera is considered as *Atura Desha* and is examined by means of *Dashavidha Pariksha*.^[49] According to *Acharya Vagbhata*, the *Upakramya* (the one who is taking the *Upakrama*) is of 2 types- *Sthula* – who needs to be administered *Apatarpana Chikitsa* and *Krishna*- who needs to be administered *Santarpana Chikitsa*.^[50] *Apatarpana Chikitsa* includes *Langhana* that includes 4 types of *Shodhana* (*Vamana*, *Virechana*, *Basti*, *Nasya* with *Tikshna Dravyas*) and *Santarpana Chikitsa* includes administering *Madhura Snigdha Gunayukta Niruha Bastis*, *Sneha Bastis* and *Brimhana* variety of *Nasyas*.^[51,52] Even based on the *Sthana* of the *Dosha* in the *Shareera*, type of *Shodhana* to be administered can be decided. For example, *Amashayasthita Dosha* - *Vamana*, *Pakwashayasthita Dosha*- *Virechana* and *Basti*, *Uttamangasthita Dosha*- *Nasya*.^[53] In the context of indications of *Langhanarupi Shodhana*,

Acharya Charaka emphasises the term- *Brihat Shareera Balino*, that means those with well built and good strength are fit to undergo *Shodhana* by means of *Langhana*.^[54]

VI. Ahara- Satmya

At each stage of *Panchakarma* procedures, it is important to assess the *Ahara Satmyata*. In the context of *Snehapana*, in order to decide *Yogya Ayogya* - for example, *Vasa* and *Majja* are indicated only in those who are *Satmya* to them. It is also used to decide the *Dravya* for *Snehapana*, especially *Samisha Ghritas* like *Brihat Chagalyadi Ghrita*, *Amritaprasha Ghrita*^[55,56] etc., It is also used to decide the diet during *Snehapana*, *Vishrama Kala* and *Samsarjana Krama*. For example: During *Snehapana* after *Sneha Jeerna Lakshanas* are noticed, *Vilepi* is administered to *Vilepi Satmya* persons.^[57] During *Samsarjana Krama*, instead of *Mamsa Rasa*, *Krita Yusha* can be administered.

VI. Satwa

Satwa is important especially to plan the *Matra* & type of *Shodhana*. For example, In *Pravara Satwa*, *Uttama Matra* & *Tikshna Shodhana* can be administered like *Tikshna Basti*, *Tikshna Virechana*, *Tikshna Vamana* etc, with *Tikshna Veerya Dravyas*; In *Madhyama Satwa*, *Madhyama Matra* & *Madhyama Shodhana* can be opted; In *Avara Satwa*, *Avara Matra* & *Mridu Shodhana* can be administered. *Satwa* of a person also has considerable effect over the *Vyapats* of *Shodhana*. For example: Since a *Pravara Satwa* patient will tolerate more pain; physician may fail to know the intensity or *Gambheerata* of the *Vyapat*. In case of an *Avara Satwa* patient who wouldn't tolerate even small amount of pain, it may mislead the physician in assessing the intensity of *Vyapats* if *Satwa Pariksha* is not done adequately.^[58]

VII. Vaya

Vaya plays an important role in ascertaining the *Yogya Ayogya* of *Shodhana* procedures. According to *Acharya Vagbhata*, *Shodhana* procedures are indicated from the age of 10 to 70 years, *Dhumapana* in above 18 years, *Kavala* in above 5 years and *Nasya* from 7 to 80 years of age.^[59] *Vamana* & *Virechana* are contra indicated in *Bala* and *Vridhdha Avastha* due to *Aushadhabala Asahatva*.^[60] Certain *Shodhana* formulations are age specific for example, *Bala Rechana Vati* for *Virechana* in pediatric age groups. *Pratimarsha Nasya* & *Matra Basti* are said to be *Aajanmamaranam Shastam* i.e., indicated for all age groups.^[61] According to *Acharya Kashyapa*, *Basti* can be used lifelong starting from the age when a child has started eating food and started to crawl.^[62] In people above the age of 70 years, the *Basti* dose is

fixed as 10 *Prasrita*.^[63] In *Bala* and *Vridhdha*, *Mridu Basti* is to be administered. In the context of *Basti*, the *Basti Dravya Matra*, *Basti Netra Pramana* and *Netra Chidra* depend upon the age of the patient.

VIII. Vikriti

Acharya Charaka asserts the meaning of *Vikriti* to be *Vikara* and its *Pariksha* is done by means of *Hetvadi* parameters.^[64] It is a factor that helps a *Vaidya* to choose *Vyadhi Anusara Dravya* and *Chikitsa*. For example: In *Kushta Chikitsa*, *Acharya Vagbhata* advises to administer *Vamana* - 15 days once, *Virechana* - 30 days once, *Nasya* - 3 days once and *Raktamokshana* – 6 months once.^[65] Similarly, based on the concept of reversal of *Kha Vaigunya* caused in the *Srotas* that leads to *Dosha Dushya Sammurchana*, *Shodhana* can be used as *Vyadhi Pratyanika Chikitsa* by its *Srotoshuddhi* action.

DISCUSSION

Sameekshya Bhavas are a set of important parameters that need to be considered by every physician before planning any treatment. Any failure in consideration of these factors might lead to misdiagnosis, wrong plan of action, onset of complications and may even worsen the prognosis of a disease. Even in the context of *Chikitsa Chatushpada*, *Bhishak* and *Dravya* are placed in the first and second positions respectively owing to their vitality in deciding the effect of treatment. *Acharya Charaka* also quotes an important concept in regards to prior assessment of *Sameekshya Bhavas* as follows: Due to *Medakapha* obstruction caused to the path of *Vayu*, certain symptoms like *Shula*, *Angasupti* and *Shwayathu* occur. In such cases, if a physician misdiagnoses the condition to be due to *Vata Prakopa* alone and administers *Snehana* and does not pay adequate heed to the *Avarana* condition, these symptoms will worsen.^[66]

Acharya Charaka also emphasises that due to *Vaigunya* or incompetence in *Preshya*, *Bhaishajya*, *Vaidya* and *Atura*, *Vamana Virechana Vyapats* occur. For example: A medicine administered for *Virechana* in a patient with aggravated *Kapha* causes *Vamana* if it is *Durgandha*, *Ahridya*, administered in large quantity and medicine consumed before the previous meal is completely digested. Similarly, the medicines administered for *Vamana* cause *Virechana* if *Vamana* is performed on an individual who is hungry, with *Mridu Koshta*, with *Alpa Utklishta Kapha*, with *Tikshna Aushadha* and with medicine that causes agitation.^[67]

In today's day and age, along with the classically quoted *Sameekshya Bhavas*, laboratory investigations play a vital role in planning for *Panchakarma* procedures. For example: Before planning for *Vamana*, in order to distinguish between *Yogya Ayogya*, in known cases of duodenal or gastric ulcers, endoscopy can be advised; in known cases of chronic lung diseases that decrease the functional capacity of lungs, pulmonary function tests can be advised; in known cases of cardiac pathologies, ECG or 2D echo can be advised. Similarly, in order to decide the type of formulation to be used, certain tests are performed. For example, in inflammatory bowel diseases, colonoscopy and stool examination is performed when there is history of bleeding per rectum in order to choose the type of *Grahi Basti* or *Piccha Basti*.

For people from other countries with varied geographies, eating habits and body constitutions, planning appropriate dietary protocols before, during and after *Panchakarma* procedures becomes important since adequate consideration should be given to the *Satmya* of the patient. For example: Advising strained thin oat porridge or quinoa water or foxtail millet thin gruel instead of *Peya*, soft well cooked semi solid oatmeal porridge or semolina porridge instead of *Vilepi*, green gram water or red lentil soup instead of *Yusha* is preferable.

Even the seasonal variations that are experienced in India are different from the seasons experienced in other parts of the world. In the countries like USA, there are only 4 distinct seasons viz., Spring, Summer, Autumn and Winter. There is no monsoon season since rain occurs throughout the year in temperate areas. In countries like Australia, New Zealand and South Africa, seasons are different as compared to India for example, Summer is from December to February, Autumn from March to May, Winter from June to August and Spring from September to November. Hence, while planning for *Ritu Anusara Panchakarma* in people from these regions appropriate customizations should be made. In order to plan for *Panchakarma* procedures in *Atyayika Avastha* or *Atura* in a *Ritu* which is ideally not suitable, *Acharyas* explain the concept of *Kritrima Ritu* where a tentative ideal environment is created with the help of *Garbhagriha* in *Hemanta* and *Dharagriha* in *Greeshma* to carry out the procedures.

In current clinical practice, modifications of these set ups like automated programmable smart room heaters instead of *Garbhagriha* and multidirectional multijet automated shower panels instead of *Dharagriha* can be used.

Even with respect to *Bheshaja*, certain preservatives are added in order to increase the shelf life of certain formulations used in *Panchakarma* like sodium benzoate is added to *Basti Dravyas* and Tocopherol is added to *Sneha Dravyas*.

Hence, it is important for a *Vaidya* to consider and adapt to the current trends in order to assess a *Vyadhita* before planning for *Shodhana* procedures.

CONCLUSION

The importance of the concept of assessing a patient by means of *Sameekshya Bhavas* before planning for any *Panchakarma* treatments needs to be understood by every *Vaidya*. The success rate of a physician who fails to consider and apply diagnostic tools in the process of assessing a patient is very uncertain. Only the physician who is well versed in diagnosing the disease, proficient in administration of medicines and who has good knowledge about the *Dosha Aushadhadi Sameekshya Bhavas* is sure to accomplish the desired outcome without a doubt. Hence, the concept of *Sameekshya Bhavas* highlights the fact that every *Vyadhi* and *Vyadhita* differ significantly from one another and require an individualized assessment protocol in order to diagnose the condition, plan the treatment, achieve redemption from the disease and prevent complications.

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