

CRITICAL REVIEW ON AYUSHKAMIYA ADHYAYA IN THE PURVIEW OF VYAKHYASARA – A COMMENTARY ON ASHTANGA HRUDAYA**Dr. Jiji U. Nair^{*1}, Prof. Mahesh Vyas², Dr. Anirban Dash³, Dr Shinitha P. V.⁴**¹Department of Ayurveda Manuscriptology, National Institute of Ayurveda, Jaipur-302002India.²Department of Ayurveda Samhita and Siddhanta, All India Institute of Ayurveda, New delhi-110022.³Project Director, Gyan Bharat Mission, Ministry of Culture, Govt. of India, New Delhi -110001.⁴Shree Ram Ayurvedic Medical College, Meerut, NCR-250103.

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ABSTRACT

Critical Review on Ayushkamiya Adhyaya in the Purview of Vyakhyasara – A Commentary on Ashtanga Hrudaya The opening chapter of the *Ashtanga Hrudaya*, *Ayushkamiya Adhyaya*, has long been acknowledged as foundational; yet its interpretation has largely relied on dominant northern commentaries, leaving Kerala exegetical traditions comparatively underexplored. In particular, the distinctive readings of *Vyakhyasara* remain insufficiently examined in contemporary scholarship. The present review addresses this gap by analyzing *Ayushkamiya* through the doctrinal lens of *Vyakhyasara* and situating its insights alongside earlier authorities. Drawing on manuscript sources of *Vyakhyasara* and cross-referencing them with the *Charaka Samhita* and *Sushruta Samhita*, author has conducted a qualitative, textual analysis focused on key constructs: *Ragadaya*, *Prakruti*, *Vyadhi*, and *Chikitsa Pada Chatushtaya*. Attention was given to

hermeneutic strategies, psychosomatic formulations, and prognostic reasoning. The findings indicate that *Vyakhyasara* frames *Raga* and allied mental afflictions as primary pathogenic forces, establishing a clear psychosomatic sequence from mental disturbance to *doshic*

imbalance and tissue pathology. *Prakruti* is defined as stable constitutional identity, distinct from *Vikruti*, thereby safeguarding individualized therapeutics. Prognosis, moreover, is linked not solely to disease severity but to the discernment and steadiness of the physician. *Ayushkamiya* thus emerges not as a preliminary chapter but as a clinical orientation. By foregrounding mental causation, ethical discipline, and constitutional reasoning, *Vyakhyasara* offers an interpretive model that strengthens contemporary discussions on psychosomatic medicine and Ayurvedic pedagogy.

KEYWORDS: *Vyakhyasara, Ashtanga Hrudaya, Ayushkamiya.*

A. INTRODUCTION

Ayurveda, as articulated in the classical compendia, extends far beyond the confines of disease management. It presents itself as a science of life in the fullest philosophical and clinical sense. The term *Ayu* is defined as the integrated continuity of *Sharira* (body), *Indriya* (senses), *Sattva* (mind), and *Atman* (consciousness). Life, therefore, is not evaluated merely by its duration; its quality, coherence, and meaningful orientation hold equal weight within this framework.

Over centuries, this vision assumed systematic textual form in the canonical triad— *Charaka Samhita* (CS), *Sushruta Samhita* (SS), and *Ashtanga Hrudaya* (AH). Among these, *Ashtanga Hrudaya* is frequently described as encyclopedic because it consolidates earlier *Kayachikitsa* and *Shalyatantra* traditions into a carefully structured, metrical composition organized into six *Sthanas*. Of these, *Sutrasthana* functions as both philosophical prologue and doctrinal matrix. The opening chapter, *Ayushkamiya Adhyaya*, establishes this orientation unambiguously by presenting the desire for a healthy and purposeful life (*Ayu-Kama*) as the foundational motivation for engaging with medicine.

Vyakhyasara draws attention to the deliberate placement of *Ayushkamiya* at the beginning of the text. This is not incidental sequencing but pedagogical design. The chapter clarifies *Prayojana* (purpose), *Adhikara* (eligibility), and *Vishaya* (subject matter), thereby defining the epistemological boundaries of *Ayurveda*. Without first understanding what constitutes *Ayu*, why it warrants preservation, and how it becomes compromised, one cannot meaningfully interpret diagnostic categories or therapeutic strategies. The conceptual groundwork must precede clinical application.

Health, in this view, cannot be reduced to the absence of disease. *Vyakhyasara* emphasizes that Ayurveda defines health as a dynamic equilibrium among *Dosha*, *Dhatu*, and *Mala*, sustained by stable *Agni* and a balanced, sattvic mental state. This formulation aligns closely with *Charaka*'s definition of *Swasthya*, which includes psychological and spiritual clarity, and with *Sushruta*'s emphasis on functional integrity, sensory well-being, and emotional steadiness.^[1] Such consistency across textual authorities reinforces the integrated psychophysical model inherent in Ayurvedic thought.

Consequently, *Ayushkamiya Adhyaya* should not be read as a literary introduction but as an ontological foundation. It establishes the worldview through which Ayurveda interprets life, health, disease, and therapeutic purpose. *Vyakhyasara* amplifies this structural role by demonstrating how the concepts introduced in this chapter anticipate later clinical discussions, particularly those concerning *Ragadaya*, *Prakruti* formation, *Vyadhi* classification, and therapeutic reasoning.

B. About the Commentary and the Author

Vyakhyasara is a commentary of Kerala provenance attributed to a scholar named Ravi, generally placed in the 14th century CE. Although definitive authorship remains uncertain, internal linguistic patterns and conceptual tendencies suggest strong regional influence. The work exhibits analytical precision and sustains attention to the interdependence of mental and physical health, integrating ethical considerations with epistemological clarity.

Earlier commentaries—most notably *Sarvangasundara* by *Arunadatta* (12th century CE) and *Ayurveda Rasayana* by *Hemadri*—reflect a northern scholastic orientation. Their primary concern lies in doctrinal consolidation and reconciliation with earlier authorities. *Vyakhyasara*, by contrast, reflects Kerala's interpretive sensibility, foregrounding psychosomatic causation and clinically grounded reasoning. Within this framework, *Ayushkamiya Adhyaya* is treated not as introductory ornamentation but as the structural core of the text.

C. MATERIALS AND METHOD

The present work is a qualitative doctrinal and literary review. Primary sources include available manuscripts of *Vyakhyasara* collected from multiple repositories. These were studied alongside relevant editions of *Ashtanga Hrudaya*, the *Bruhatrayi*, and peer-reviewed scholarship.

Rather than merely cataloguing textual references, the study examines interpretive strategies—how *Vyakhyasara* defines terms, constructs causal sequences, aligns with earlier authorities, and articulates clinical reasoning. Particular focus has been given to psychosomatic etiology, constitutional theory, prognostic classification, and the structure of therapeutic practice.

D. Review of Literature

Medieval and early modern scholarship on *Ashtanga Hrudaya* records nearly forty-four commentaries, although only a subset remains in active scholarly circulation. Among these, *Sarvangasundara* (Arunadatta, 12th century CE) and *Ayurveda Rasayana* (Hemadri) have come to dominate the northern exegetical tradition. These works present *Ashtanga Hrudaya* as a systematically organized compendium, emphasizing the primacy of *Sutrasthana* for understanding *Dosha* theory, *Agni*, *Prakruti*, and *Chikitsa Siddhanta*.

Modern analyses have occasionally systematized *Ayushkamiya Adhyaya* into four thematic divisions—*Sharira*, *Dravya*, *Roga*, and *Chikitsa*—highlighting *Vagbhata's* ability to condense extensive doctrinal material into a single chapter. However, such interpretations have relied predominantly on northern commentarial sources and have not substantially engaged Kerala exegetical materials.

Kerala's independent interpretive tradition, preserved in *Vyakhyasara* and allied works such as *Hrudayabodhika* and *Kairali*, has only recently received sustained academic attention. These commentaries emphasize psychosomatic constructs particularly *Ragadaya* as *Manasa Doshas* initiating *Dosha* aggravation and disease. They elaborate *Prakruti* as a composite of *Sharirika* and *Manasika* traits shaped by *Shukra-Shonitha*, maternal conduct, and environmental factors such as *Desha* and *Kala*. Hermeneutic categories including *Anekarthatva*, *Vyakhya Prakara*, and *Tantra Gati* receive explicit articulation, as do ethical reflections on prognosis, *Tyajya Atura*, and physician responsibility.

In contrast, *Sarvangasundara* and *Ayurveda Rasayana*, though doctrinally rigorous, adopt a more concise and clinically streamlined approach, presupposing established exegetical continuity and prioritizing reconciliation of *Ashtanga Hrudaya* with *Charaka* and *Sushruta*. A systematic comparative engagement between these interpretive streams—particularly in relation to *Ayushkamiya*—remains limited in published scholarship. This lacuna provides the basis for the present study.

E. Need and Scope of Study

Charaka prescribes stringent criteria for identifying an ideal treatise, while simultaneously acknowledging that no single tantra can claim absolute exhaustiveness. The implication is clear: one must consult multiple authorities to avoid interpretive narrowness. A similar principle applies to commentarial literature.

While *Sarvangasundara* and *Ayurveda Rasayana* represent a northern scholastic current, *Vyakhyasara* preserves a Kerala interpretive voice marked by attention to psychosomatic etiology, semantic multiplicity, and clinical ethics.

The present review therefore, examines *Ayushkamiya Adhyaya* through the lens of *Vyakhyasara* with three objectives: (i) to delineate *Vyakhyasara*'s distinctive contributions to the understanding of *Ragadaya*, *Dosha–Dhatu–Mala* dynamics, *Prakruti*, *Vyadhi*, and *Chikitsa Pada Chatushtaya*; (ii) to identify convergences and divergences between Kerala and northern commentarial traditions; and (iii) to reflect on the implications of these interpretations for contemporary Ayurvedic pedagogy and psychosomatic medicine.

F. OBSERVATIONS

I. *Ragadaya* and the Psychosomatic Basis of Disease

Vyakhyasara identifies *Ragadaya* —*Raga* (attachment), *Dvesha* (aversion), *Lobha* (greed), *Moha* (delusion), *Mada* (arrogance), and *Matsarya* (envy)—as the primary internal disturbances responsible for disease genesis. These are not framed as ethical lapses; rather, they are described as pathogenic psychological forces (*Manasa-dosha*) that initiate and sustain systemic imbalance. Their placement at the very beginning of *Ayushkamiya* is intentional. The structural message is clear: disease begins within.

Roga, defined as that which causes affliction or distress, implicates both body and mind. The afflictive qualities such as *Raga* reside in the mind but affect the body due to their inherent interdependence (*Adhara–Adheya Bhava*). Just as heat transfers between adjacent vessels of boiling ghee, mental disturbance transmits to the body, and bodily distress reverberates within the mind. These tendencies are described as *Sahaja*—intrinsic to embodied existence—and continuously associated with living beings from birth. If one objects that *Raga* appears intermittently and therefore cannot be considered perpetually attached (*Satata-anushakti*), *Vyakhyasara* addresses this by distinguishing between latent presence and overt manifestation.

a. *Ragadaya* as *Manasa Doshas*

The mind (*Manas*) is predominantly constituted of *Satva*, yet *Rajas* and *Tamas* function as dynamic factors. *Vyakhyasara* specifies

- *Rajas* signifies movement, excitation, and agitation.
- *Tamas* signifies inertia, confusion, and heaviness.

When these two become excessive or unregulated, they distort perception and behavior, giving rise to *Ragadaya*. From there, a causal cascade unfolds:

Vitiating of *Rajas* and *Tamas* → psychological agitation and emotional imbalance → disturbance of *Tridosha* → alteration in *Dhatu* metabolism and tissue function → manifestation of *Vyadhi*.

b. Psychosomatic *Samprapti*

Vyakhyasara maintains that psychological and physiological processes are inseparable.

“Where the mind moves, the *doshas* follow.” This is explained through three mechanisms:

- *Chetana-Prerana* — mental intention triggering biological response
- *Indriyartha-Sannikarṣa* — improper sensory engagement reinforcing imbalance
- *Buddhi-Vibhrama* — distorted cognition sustaining pathological patterns.

He further states

“*Cetana-vikarāḥ doṣa-vikarasya mūlam.*”

Disturbance of consciousness is the root of *doshic* imbalance.

Thus, the sequence becomes

Raga / Dvesha / Moha

↓

Rajas-Tamas agitation

↓

Tridosha aggravation

↓

Dhatu imbalance

↓

Disease manifestation

This represents one of the earliest structured psychosomatic models in medical thought.

Further examples from *Charaka Samhita* like *Atisara* (*Diarrhoea*) from *Bhaya* (*Fear/Anxiety*), *Chardi* (*Vomiting*) seen in *Garbhini* (*Pregnant women*) proves this.

c. Textual Continuity Across the Bruhatrayi

Vyakhyasara's interpretation does not stand in isolation. *Charaka* identifies *Rajas* and *Tamas* as the intrinsic mental *Doshas*

Maanasa: punaruddhishto rajascha tama eva cha||^[2]

Charaka states

Shareeram hyapi satvamanuvidheeyate, satvam cha shareeram||^[2]

The interpretive continuity is unmistakable—*Manas* → *Dosha* → *Dhatu* → *Vyadhi*.

d. Why Ragadaya Appear First

Vyakhyasara explains the pedagogical logic succinctly:

“*Yat prathamam hanyate tad prathamam uchyate*”

That which must first be conquered is taught first.

If *Raga* remains unexamined, therapy addresses symptoms alone. When *Raga* is moderated, the root is addressed. This placement is therefore structural and clinical—not ornamental.

II. Mangala Shloka and the Apurva Vaidya

Ayurvedic treatises traditionally begin with *Mangala*. *Vyakhyasara* interprets this not as ceremonial embellishment but as epistemic preparation. The act of beginning with *Mangala* ensures that the mind of both teacher and student is aligned toward Intellectual clarity, receptivity, and sincerity, which are indispensable for assimilating subtle medical concepts.

The invocation addresses the *Apurva Vaidya*, the primordial healer who eradicated *Ragadaya*—*Raga*, *Dvesha*, *Lobha*, *Moha*, *Mada*, *Matsarya* (with some including *Dambha*, *Ahamkara*, *Krodha*). *Vyakhyasara* emphasizes that the identification of the supreme healer as the conqueror of *Ragadaya* is philosophically deliberate. *Vyakhyasara* recognizes the *Apurva Vaidya* not as a historical figure, but as a conceptual archetype: the ideal physician masters both body and mind, treating confusion before symptoms. His healing begins with removal of confusion (*Moha*), reorientation of desire (*Raga*), and dissolution of hostility (*Dvesha*).

a. Fourfold Purpose of Mangala

Vyakhyasara identifies four core purposes (*Chaturvidha Mangala-Prayojana*)

- i. Establishing Goal (*Shastra-Prayojana*): Clarifies the purpose of the text ensures learning is intentional.
- ii. Determining Eligibility (*Shishyadhikara*): Establishes who is fit to receive knowledge prevents misuse of knowledge.

- iii. Affirming Lineage (*Agama-sambandha*): situates the text within a medicinal tradition confirms authenticity.
- iv. Upholding Discipline (*Shashtra-maryada*): preserves the integrity of method and teaching prevents distortion of doctrine.

Thus, the *Mangala* is not ornamental; it is methodological.

b. Ethical Orientation

Vyakhyasara notes that the invocation implicitly outlines the ethical responsibilities of a physician: To remove suffering, not exploit vulnerability, to cultivate equanimity and compassion, to treat illness at its mental and causal root, not merely its symptoms. Here we see the earliest articulation of medical ethics in Ayurveda.

c. Conceptual Continuity

The placement of the *Apurva Vaidya* immediately before the explanation of *Ragadaya* signals the chapter's core thesis: Disease originates in the mind before it manifests in the body. This conceptual continuity is the axis around which the remaining chapters of *Ashtanga Hridaya* revolve.

iii. Prakruti Formation and Dosha Dynamics

Prakruti denotes innate psychophysiological constitution formed at *Garbha-Sambhava*. *Vyakhyasara* interprets it as a composite of *Sharirika*, *Manasika*, and *Satmya*-related traits.

Dominant *Dosha* at conception shapes constitution

- *Vata* — light, mobile, anxious tendency
- *Pitta* — sharp, intense, irritable
- *Kapha* — stable, enduring, affectionate

These are tendencies, not diseases.

Vyakhyasara clarifies:

'svabhaava: prakrutirmata'

Dosha in *Prakruti* is quality; in *Vikruti* it becomes pathogenic seed.

a. Kala and Desha

Vyakhyasara highlights *Kala* (time and season) and *Desha* (geographical environment) as equally formative. A child conceived in cold seasons tends toward *Kapha*-dominant traits. In

warm seasons, *Pitta*-predominance is more likely. Individuals born in dry, arid regions often express *Vata* qualities.

Time itself is the seed of all constitutional states.

b. Stability of *Prakruti*

Prakruti is stable and lifelong (*Avikara-Svabhava*). It does not change even with disease.

Diseases express as *Vikruti*, not *Prakruti*. This distinction is essential.

c. Clinical Implication

A physician who understands *Prakruti* determines:

- *Satmya* (what is compatible for the patient)
- *Apathya* (what must be avoided)
- *Bala* (disease resistance)
- *Vyadhi-Anubandhatva* (disease recurrence tendency)

Vyakhyasara emphasizes that without knowledge of *Prakruti*, treatment cannot succeed.

IV. *Vyadhi* and Prognostic Framework

Vyakhyasara interprets the concept of *Vyadhi* not merely as a pathological entity but as a disruption of the natural harmony between *Shareera*, *Indriya*, *Sattva*, and *Atman*. In alignment with *Ashtanga Hrudaya*, disease arises when the equilibrium of *Dosha*, *Dhatu*, and *Mala* is disturbed and when *Agni* fails to maintain metabolic coherence. The commentary emphasizes that mental disturbances (*Ragadaya*) play a pivotal initiating role in this disruption, thereby framing disease as psychosomatic in origin.

a. Etiological Classification

Vyakhyasara emphasizes that even *Agantuka* disease ultimately transitions into *Doshic* imbalance if left untreated. Thus, *Dosha* remains the final common pathway of all pathology.

This reflects:

All diseases arise from *Dosha*.^[3]

Vyakhyasara clarifies that the two are interdependent:

Mental disturbance → *Dosha* aggravation → Physical disease

Chronic physical disease → Emotional suffering → *Manas-Dosha*

Body and mind are mutually dependent.

b. Prognostic Classification

Vāgbhāta identifies four categories

Table 1: Types of Prognosis of Diseases.

Prognosis	Definition	Goal of Therapy
<i>Sukha Sadhya</i>	Easily curable	Full cure expected
<i>Krucchra Sadhya</i>	Difficult to cure	Multi-modal treatment required
<i>Yapya</i>	Not curable, but manageable	Prolong symptom- free periods
<i>Anupakrama</i>	Beyond intervention	Provide comfort and support

Vyakhyasara's Unique Interpretive Insight

The commentary states:

“Sadhyasadyata bhavati bhishak-buddhya, na vyadhi-balenapi.”

Curability depends more on the physician's skill than on the disease itself. Thus, prognosis is not an absolute property of disease, but a measure of:

- Physician's clinical reasoning (*Dhee*)
- Stability of physician's mind (*Dhairya*)
- Experience and recall (*Smruti*)
- Adaptive therapeutic intelligence (*Medha*)

c. *Samprapti*

Vyakhyasara integrates the psychosomatic etiology of disease into the sequence of pathological evolution (*Samprapti*)

Ragadaya (emotional distortion)

↓

Rajas–Tamas vitiation (mental imbalance)

↓

Tridosha aggravation (physiological imbalance)

↓

Dhatu distortion (tissue dysfunction).

V. Chikitsa Pada Chatushtaya

Successful treatment in *Ayurveda* rests upon the harmonious and effective functioning of four essential components, collectively termed *Chikitsa Pada Chatushtaya*. *Vyakhyasara* emphasizes that none of these components is independently sufficient; rather, therapeutic success arises from their coordinated integration.

No element is independently sufficient.

Table 2: Four Padas of Chikitsa.

Component	Term	Role	Essential Qualities
Physician	<i>Bhishak</i>	Designs and directs treatment	Knowledge, practical skill, discernment, compassion
Drug	Therapeutic Substance/ <i>Dravya</i>	Acts as the instrument of correction	Proper doṣa-specific properties, availability, potency
Nurse / Attendant	<i>Upasthata</i>	Executes therapy and patient care	Cleanliness, attentiveness, reliability
Patient	<i>Rogi</i>	Receives treatment and cooperates	Willingness, discipline, tolerance, adherence

a. *Bhishak* (Physician)

Vyakhyasara emphasizes the central role of the physician, stating that even excellent medicines may fail in the hands of an unskilled or inattentive clinician. The competent physician should possess

- *Jnana* — Scriptural and theoretical knowledge
- *Prayoga* — Practical experience and ability to apply knowledge appropriately
- *Dhee* — Clear reasoning and diagnostic judgment
- *Karuna* — Compassion and patient-centered attitude

A well-trained physician tailors treatment to *Prakruti* and *Vikruti*, ensuring individualized and rational therapy.

b. *Dravya* (Medicinal Substances)

Medications and therapeutic substances serve as instruments by which the physician restores balance. *Vyakhyasara* notes that selection of *Dravya* depends on:

- *Dosha* predominance
- Disease stage (*Ama / Nirama*)
- Strength of patient and disease (*Bala*)
- Season and locality (*Rithu* and *Desha*)

The effectiveness of *Dravya* increases when it is:

- *Sampanna* — of good quality and potency
- *Yogya* — suitable for the specific condition
- *Upapanna* — administered in appropriate form and dosage

c. Upasthata (Nurse / Attendant)

Vyakhyasara acknowledges the importance of the nurse, whose competence ensures correct execution of therapy.

Essential qualities include

- Cleanliness and hygiene
- Attention to instructions
- Alert observation of patient responses
- Ability to prepare and administer medicines correctly

A capable attendant ensures therapeutic continuity and protects the patient from avoidable complications.

d. Rogi (Patient)

The patient is not passive but an active therapeutic participant.

Treatment outcomes improve when the *Rogi* possesses

- *Adhara Shareera* — Sufficient strength to undergo therapy
- *Shraddha* — Faith in treatment and physician
- *Anuvartana* — Discipline to follow dietary and behavioral guidelines
- *Sahana* — Tolerance for therapeutic procedures and temporary discomfort

Vyakhyasara notes that the best-designed treatment fails if the patient does not cooperate. *Chikitsa Pada Chatushtaya* underscores that Ayurvedic therapy is not drug-based alone, but holistic and relational. The physician directs, the drug acts, the attendant supports, and the patient participates — forming a therapeutic ecosystem.

G. DISCUSSION

Ayushkamiya Adhyaya serves as the theoretical foundation upon which the entire *Ashtanga Hrudaya* is constructed. *Vyakhyasara* makes clear that the chapter does not merely introduce the text, but establishes its philosophical orientation, clinical priorities, and interpretive framework. The central theme is the primacy of *Āyu*—understood not as chronological duration, but as the harmonious continuity of *Shareera*, *Indriya*, *Sattva*, and *Atman*.

The discussion of *Ragadaya* at the outset demonstrates that pathogenesis begins within the mind. This resolves an apparent interpretive difficulty noted in commentarial traditions: why does a medical text begin with ethical-psychological description rather than biological definitions? *Vyakhyasara's* answer is precise—without addressing the disturbances in will,

desire, and perception, all measures of treatment remain partial and temporary. Thus, Raga, the first of *Ragadaya*, is called the first disease, not in a moral, but in a causal sense.

In this view, *Vyadhi* is not a foreign intrusion but a disruption of internal equilibrium. This is consistent with *Charaka's* definition of health as the balanced state of *Dosha*, *Agni*, *Dhatu*, and *Mala*, accompanied by *Sattva-Sthairya* and *Sushruta's* emphasis on mind–body interdependence. *Vyakhyasara* synthesizes these perspectives by affirming that the doshas become pathogenic only when activated by disturbed mental states, reinforcing the unity of the psychosomatic field of disease formation.

The explanation of *Prakruti* further supports this integrated model. By distinguishing *Dosha* as *Guna* (quality) in *Prakruti* from *Dosha* as *Dushta* (pathogenic) in *Vikruti*, *Vyakhyasara* prevents the common interpretive error regarding constitution as disease. Thus, *Prakruti* provides the blueprint of physiological and psychological tendency, while *Ragadaya* determines whether these tendencies remain stable or become destabilized. In other words, *Prakruti* is stable identity; *Ragadaya* are destabilizing forces.

This conceptual structure directly informs *Chikitsa Pada Chatushtaya*. The physician (*Bhishak*) must recognize both the constitutional nature and the pathogenic disturbance in the patient. The *Dravya* must be selected in accordance with both *Prakruti* and *Vikruti*. The *Upasthata* ensures continuity of therapy, preventing procedural errors. The *Rogi*, by maintaining *Shraddha* and *Anuvartana*, participates in the restoration of balance. Thus, treatment is not unilateral, but cooperative.

Therefore, when read through *Vyakhyasara*, *Ayushkamiya* becomes a chapter on clinical orientation: It clarifies what is to be protected (*Ayu*), It identifies what threatens it (*Ragadaya*), It establishes how individuality arises and must be respected (*Prakruti*), It determines how disease must be understood (*Vyadhi*), It prescribes the necessary conditions for successful healing (*Chikitsa Chatushtaya*). This structure reveals that the beginning of *Ashtanga Hrudaya* already contains the essence of the text. Later chapters elaborate; they do not replace. Thus, the *Vyakhyasara* commentary allows us to recognize *Ayushkamiya* not as introductory, but as foundational, not descriptive, but directive, and not merely theoretical, but clinically decisive.

H. CONCLUSION

Ayushkamiya Adhyaya, when interpreted through *Vyakhyasara*, emerges not merely as the introductory portion of *Ashtanga Hrudaya*, but as its conceptual foundation. It defines the purpose of *Ayurveda* as the preservation of meaningful and balanced life (*Ayu*) and establishes *Ragadaya* as the primordial factors responsible for the disturbance of mental and physiological equilibrium. The discussion of *Prakruti* clarifies the nature of individual constitution, ensuring that therapy remains personalized and aligned with inherent tendencies. The classification of *Vyadhi* further shows that disease is both psychological and physiological in origin. Finally, *Chikitsa Pada Chatushtaya* emphasizes that successful treatment depends upon the skill of the physician, suitability of medicine, support of the attendant, and cooperation of the patient. Thus, *Ayushkamiya* provides the epistemic, diagnostic, and ethical groundwork upon which all subsequent clinical knowledge in *Ashtanga Hrudaya* is built. As a Kerala contribution to Ayurvedic literature, *Vyakhyasara* bridges ancient textual tradition and contemporary interpretive methodologies, reaffirming Ayurveda's relevance as a living, adaptive science.

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