

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.453

Volume 13, Issue 3, 1644-1649.

Research Article

ISSN 2277-7105

KRIYA SHARIR IMPORTANCE IN AYURVEDA – A RESEARCH STUDY

Dr. Vikram Vir Bhushan^{1*} and Dr. Muneesh Sharma²

¹Assistant Professor Deptt. of Kriya Sharir, Government Ayurvedic Medical College Akhnoor, Jammu.

²Assistant Professor Deptt. of RSBK, Government Ayurvedic Medical College Akhnoor, Jammu.

Article Received on 22 December 2023,

Revised on 11 Jan. 2024, Accepted on 01 Feb. 2024

DOI: 10.20959/wjpr20243-33573



*Corresponding Author
Dr. Vikram Vir Bhushan
Assistant Professor Deptt. of
Kriya Sharir, Government
Ayurvedic Medical College

Akhnoor, Jammu.

ABSTRACT

Ayurveda is a holistic medical practice that has its roots in the Indian subcontinent with significant medical outcomes. With no or minimal side effects. Ayurveda is granting long-term patients. Ayurveda treatment incorporates the usage of natural and herbal products for producing medicines that when consumed can cure many complicated diseases with long-term effects mostly permanent. As per World Health Organisation, around 80% of the world's population prefers a traditional medical approach which majorly includes Ayurveda. The fundamentals of Ayurveda are provided as "Sharir Kriya" in these Ayurvedic courses. Ayurveda is an ancient & holistic system of medicine. Sushruta Samhita an oldest one Samhita of Ayurved has mentioned the physiology of sharir in sharir sthana beautifully. Hence an attempt has made to recollect the references regarding the role of kriya sharir in ayurveda.^[1]

KEYWORDS: *sharir kriya, physiology, human.*

INTRODUCTION

Since India's independence, the standard of Ayurveda education has been a topic of concern, drawing various criticisms. Issues include insufficient training in basic clinical skills, an unorganized curriculum, the proliferation of colleges of low quality, a lack of innovation in faculty training, and confusion in policies regarding integration. These are just a few of the issues highlighted over time, suggesting that Ayurveda education's quality is subpar.

www.wjpr.net | Vol 13, Issue 3, 2024. | ISO 9001: 2015 Certified Journal | 1644

Numerous studies have pointed out these problems, including a 2008 nationwide survey involving interns, postgraduate students, and teachers from over 30 Ayurveda institutions across 18 states, which highlighted the 'teaching methodology' as a critical area requiring immediate attention. The survey also noted that Ayurveda education often focused more on memorization than on understanding and application, with a teacher-centered approach. It recommended the adoption of newer, more active learning methods like 'problem-based learning' in Ayurveda education. [2] Since India's independence, the standard of Ayurveda education has been a topic of concern, drawing various criticisms. Issues include insufficient training in basic clinical skills, an unorganized curriculum, the proliferation of colleges of low quality, a lack of innovation in faculty training, and confusion in policies regarding integration. These are just a few of the issues highlighted over time, suggesting that Ayurveda education's quality is subpar. Numerous studies have pointed out these problems, including a 2008 nationwide survey involving interns, postgraduate students, and teachers from over 30 Ayurveda institutions across 18 states, which highlighted the 'teaching methodology' as a critical area requiring immediate attention. The survey also noted that Ayurveda education often focused more on memorization than on understanding and application, with a teachercentered approach. It recommended the adoption of newer, more active learning methods like 'problem-based learning' in Ayurveda education. Since India's independence, the standard of Ayurveda education has been a topic of concern, drawing various criticisms. Issues include insufficient training in basic clinical skills, an unorganized curriculum, the proliferation of colleges of low quality, a lack of innovation in faculty training, and confusion in policies regarding integration. These are just a few of the issues highlighted over time, suggesting that Ayurveda education's quality is subpar. Numerous studies have pointed out these problems, including a 2008 nationwide survey involving interns, postgraduate students, and teachers from over 30 Ayurveda institutions across 18 states, which highlighted the 'teaching methodology' as a critical area requiring immediate attention. The survey also noted that Ayurveda education often focused more on memorization than on understanding and application, with a teacher-centered approach. It recommended the adoption of newer, more active learning methods like 'problem-based learning' in Ayurveda education. Since India's independence, the standard of Ayurveda education has been a topic of concern, drawing various criticisms. Issues include insufficient training in basic clinical skills, an unorganized curriculum, the proliferation of colleges of low quality, a lack of innovation in faculty training, and confusion in policies regarding integration. These are just a few of the issues highlighted over time, suggesting that Ayurveda education's quality is subpar. Numerous

studies have pointed out these problems, including a 2008 nationwide survey involving interns, postgraduate students, and teachers from over 30 Ayurveda institutions across 18 states, which highlighted the 'teaching methodology' as a critical area requiring immediate attention. The survey also noted that Ayurveda education often focused more on memorization than on understanding and application, with a teacher-centered approach. It recommended the adoption of newer, more active learning methods like 'problem-based learning' in Ayurveda education. Since India's independence, the standard of Ayurveda education has been a topic of concern, drawing various criticisms. Issues include insufficient training in basic clinical skills, an unorganized curriculum, the proliferation of colleges of low quality, a lack of innovation in faculty training, and confusion in policies regarding integration. These are just a few of the issues highlighted over time, suggesting that Ayurveda education's quality is subpar. Numerous studies have pointed out these problems, including a 2008 nationwide survey involving interns, postgraduate students, and teachers from over 30 Ayurveda institutions across 18 states, which highlighted the 'teaching methodology' as a critical area requiring immediate attention. The survey also noted that Ayurveda education often focused more on memorization than on understanding and application, with a teachercentered approach. [3-5] It recommended the adoption of newer, more active learning methods like 'problem-based learning' in Ayurveda education. How should Ayurveda be taught? – this question has been discussed for a long time. The current curriculum for graduate-level education separates the subjects of 'contemporary medical science' and 'Ayurveda' distinctly, without focusing on how they can be combined. Similarly, many textbooks adhere to this approach. This approach not only complicates the learning process but also causes a conflict in thoughts. If we see and compara rachna and kriya sharir of skin than, Skin is our body's outermost coverage that protects our body from outer surroundings and plays an important role in the body's sensory and thermoregulatory function. In fact, skin is considered the human body's largest organ. It is Mamsadhatu's Updhatu (i.e. muscle) according to Ayurveda. Skin is thought to be formed by Rakta dhatu (i.e. blood) metabolism; a phenomenon similar to cream formation over milk after cooling it after heating. The synonyms of skin are Twak, Chavi, Chadani, Asrugdhara the Vyutpatti of Twak dictates on the terms Chaadhana which means to cover. Twacha i.e., according to Charak Samhita, the skin has six layers as well as Kashyapa Samhita and Ashtang Sangraha. The skin of seven layers was believed by Acharya Sushrut and Sharangdhar. They include Sthula / Mamsadhara that can be compared to hypodermis (layer under the skin). Physiology of skin depends on the antomical structure and metabolism. If we see some research study the study titled "Interventions in Cardiovascular Physiology for Subject Kriya Sharira," we implemented three distinct teaching strategies: 1. An integrated module on cardiovascular physiology (IMCP)2. Case-stimulated learning (CSL), and 3. Classroom small group discussions (CSGD). For the initial two trials, we assigned graduate students to the experimental group, where they were taught using the integrated instructional methods. The control group received traditional, lecture-based instruction. Following the trials, we evaluated the learning results through test scores. The groups were then switched, and the teaching strategies were swapped again. Lastly, we gathered feedback through various questionnaires. In the third trial, we solely relied on student feedback due to the unavailability of a control group. When we see the result of this sythe integrative method is comparable with the conventional method. In the second experiment, the test results showed The test results in the first experiment showed that the integrative method is better than the conventional method. The student feedback showed that all the three methods were perceived to be more interesting than the conventional that the integrative method is better than the conventional method.

DISCUSSION

Ayurveda is the science of life. Ayurveda prescribed to maintain health as well as cure diseases. According to Ayurveda Dosha are functioning units, dhatu and mala are also responsible for maintaining health as well as cure diseases. Kostha is Annavaha strotas and allied parts. Shodhana used for removal of impurities in body. Disfunction of Jatharagni is responsible for all diseases. Jatharagi situated in Koshta i.e. in Annavaha srotas, .Koshta is fundamental siddhanta in Kriya sharir. Koshta corresponds to elasticity, dryness, softness thickness and shows significance of Dosha. According to Samhita, a person having predominance of VataDosha shows significance of Krur kosta, predominance of PittaDosha characteristic of Mrudukosta and KaphaDosha predominance shows Madhyamkosta. In Charaksamhita, period3 days and 7days snehapana are necessary for mrudukost and krurkost respectively.

IMPORTANCE OF CONCEPT OF KOSHTA WSR TO KRIYA SHARIR

• Roga-Nidanartha 1. To find out either disease is Koshtagata or shakhagata or Madhyama. 2. Its help to decide samprapti of disease, either Doshas going Koshta to shakha or vice versa. • Roga-Chikisartha 1. After panchkarma observation of Doshas, is Doshas going shakha to Koshta or not. 2. To find out Koshta to shkahagati or shakha to koshatgati and according to

that vrudhi, Abhishanadanaupkarma done. 3. Sadhya-sadhyavanischiti koshatgatvhyadhi are sukhasadhya, Madhymavhyadhi are krucha-sadhya and shakhagatavhyadhi are yapya.

Characterstics of krura koshtha • Doesn't pass stool regularly. • Hard and dry stools. • Requires straining. • Requires long time for defecation. • Unsatisfactory bowel clearance. • Rarely encounters diarrhoea and more frequently constipation. • Requires drastic purgatives. • No change in the bowels by test dose of Sneha. • The person fulfilling the above criteria is decided to be as a person having Krura Koshta. Characterstics of mridu koshtha • Passes stool daily once or twice regularly. • Semi formed or formed stools. • Easy defecation. • Less time required for defecation.

Importance of koshthapareeksha in snehan ¬ Helpful to decide duration of Snehapan, ie. Mridu Koshtha: 3 days Madhyama Koshtha: 4-6 days Krura Koshtha: 7 days ¬ In case, the Koshtha of a person if is unknown, Hraseeyasee matra has been mentioned – (by Acharya Vagbhatta, apart from the three Matras Uttama, Madhyama and Hrisva and it is less than Hrisva Matra. Arundutta comments that it is the amount of Sneha that gets digested in 1 yama, ie. 3 hours.)

In Ayurveda, the transfer of nutrients, the exchange of body fluids is fascinated by the mechanism of Koshtha, shakha interaction. Vata play a key role in this interaction. Acharya Charaka defines ulbana anila and udeerna Pitta alpa Kapha maaruta. In Grahini are responsible for Krura Koshtha and mrudu Koshtha respectively. So it is to be known whether the udeerna Doshas told to be present in the Grahini are related to the prakruti. Physiologically Koshtha is divided according the dominance of Doshas Krura, Madhyam and Mridu Koshtha. Pathologically Kostha is Abhyantarrogmarg and total 15 diseases are described as Koshthanushari Roga. Arsha, Shotha, Gulma, Visarpa and Vidradhi are described in Shakanusari Roga as well as Koshthanusaari Roga. Effects of ingested material can decide Koshtha. For Ex. Jaggary, churned curds, mixed rice of sesame and rice grains, rice soup, ghee, juices of grapes etc make mridu or soft Koshtha individual to open the bowel smoothly. With these laxatives, this intestinal texture can poorly respond. This is because whenever Koshtha is Krura, vata Dosha is predominant in case of grahani. When Pitta is predominant expulsion of excretory products is smooth. [6-8]

CONCLUSION

After looking towards the study results we can say that kriya sharir has good impact in learning and practical perspective. Koshtha can be seen both as anatomical as well as physiological entity. Physiologically, it can be regarded as the bowel habit of a person • Koshtha assessment plays a key role for the successful carrying out of a samshodhana karma. Ayurveda have its own concepts and sidhanta's. All concepts have its own impotent. Koshta concepts helps to understand find out types of vhyadhi and its help for treatments because drug selection depends on Koshta. Koshtha is the basic and important concept in Ayurveda. Koshtha plays an important role in selection the line of treatment of disease.

REFERENCE

- 1. Charaka Samhita, Dr.Vidyadhar Shukla, Dr.Ravidatt Tripathi, Varanasi: Chaukhambha Surbharati Prakashan. Sharira sthana, 2007; 1, 1: 7–10, 766.
- 2. Sushruta Samhita, Dr Anantram Sharma, Varanasi: Chaukhambha Surbharati Prakashan Chikitsasthana, 2008; 2, 1: 2, 12–13, 176.
- 3. Sushruta Samhita, Dr Ambikadatta shastri, Varanasi: Chaukhambha Surbharati Prakashan Uttaratantra, 2004; 2, 1: 42, 80: 270.
- 4. Charaka Samhita, Dr.Vidyadhar Shukla, Dr.Ravidatt Tripathi, Chukhambha prakashan, Varanasi, Sutrasthana, 2010; 11, 47: 245.
- 5. Sushruta Samhita, Dr Anantram Sharma, edited with,, susrutavimarsini" Hindi commentary. (Ed.). Varana- si: Chukhambha prakashan, Chikitsastan, 2010; 33, 20: 427.
- 6. Ashtanghrudaya, Sartha vagbhat, Dr. Ganesh Krushna garde, pune: profesent publishing house, Sutrasthana, 2009; 12: 18, 34-88.
- 7. Ashtanghrudaya, Sartha vagbhat, Dr. Ganesh Krushna garde, vagbhtakruta, Pune, 12.
- 8. Dr. Brahmananda Tripathi, Charak Samhita of maharshi charaka, Chukhambha prakashan, Varanasi, Sutra-sthana, 2001; 13: 68–278.

www.wjpr.net Vol 13, Issue 3, 2024. ISO 9001: 2015 Certified Journal 1649