



A SYSTEMATIC REVIEW ON THE CONCEPT OF *SARA PARIKSHA*

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Abstract

Background: In today's era, science and technology has provided very sophisticated diagnostic tools for every known ailment but at the cost of economic burden on the patient. Hence physical examination of the patient remains an integral part of clinical practice even today. Ayurveda has provided guidelines for clinical examination of patient under *Dashavidha pariksha*. *Sara pariksha* is one among *dashavidha pariksha* which mainly helps the physician to clinically examine and assess patient's physical strength as well as the will power to fight the disease. Various attempts have been made to correlate components of *Sara Pariksha* to available diagnostic tools with limited outcomes in terms of understanding the concept and its clinical significance as a whole. **Objective:** The present work aims at understanding the concept of *dhatu sarata* and *sara pariksha* with all available references in its authentic framework. **Materials and Method:** Caraka Samhita, Sushruta Samhita and articles from various Journals containing *dhatu sara* or *sara pariksha* as keyword were searched, collected and critical analysis of the concept of *sara pariksha* in its theoretical framework is carried out. **Results:** The concept of *dhatu sara*, the time of examination of *dhatu sarata* and its clinical importance has been analysed. **Conclusions:** The wise physician should always examine the patient clinically and not just depend on diagnostic parameters. Understanding the concept of *sara pariksha* helps the physician to develop cutting edge in diagnosing the disease as well as knowing its prognosis and also helps to plan proper treatment and thereby rewords with success in practice.

Key words: *Dhatu sara, Dhatu sarata, Sara pariksha, Dashavidha pariksha, Bala-mamsa parikshaya.*

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INTRODUCTION

Various attempts have been made till date to understand the concept of *Dhatu sara* (~tissue excellence) and *Sara pariksha* (~examination of tissue excellence) with the aid of advanced diagnostic tools mainly aiming towards objectifying its components and developing diagnostic

measures; e.g., correlation of *rakta sara* with haematological parameters, *meda sara* with serum cholesterol & triglyceride levels, *asthi sara* with bone mineral density, *shukra sara* with semen analysis and so on as mentioned in **Table 1**.

TABLE 1

List of yearwise articles published on the concept of *dhatu sarata* with outcome / conclusion of the studies

Sl. No	Article Details	
01	Title: Concept of Sukha (comfort) mentioned in Dhatusarata (tissue excellence) w.s.r. to vocational guidance ^[1] .	
	Conclusion A particular designation can be assigned to an employee according to his ability and liking by knowing this concept of <i>dhatu sarata</i> and <i>sukha</i> .	
02	Title: The Study of Co-Relation between Rasasarata and Rajapravritti ^[2] .	
	Conclusion Normal and proper nourishment of <i>updhātu</i> depends on the status of respective <i>dhatu</i> . <i>Raja</i> and <i>stanya</i> are functional entities restricted to <i>stree sharira</i> . Proper <i>rajapravritti</i> is one of the essential factors for female reproductive health.	
03	Title: Observational study of Sara - Asara Parikshana - specially "Majja Sara - Parikshana" ^[3] .	
	Conclusion: In this study 100 participants were screened for general <i>Sara parikshana</i> . Among them only 12 individuals were found having <i>madhyam majja saralakshana</i> . Remaining 88 fell in category of <i>alpa majja sara</i> individuals. It means they are <i>madhyam sara</i> individuals showing very high occurrence of exclusive <i>majja sara lakshana</i> . So the quality of their <i>majjasarata</i> is definitely superior.	
04	Title: Significance of Sara Pariksha in Ayurveda: A Critical Review ^[4] .	
	Conclusion <i>Raktasarata</i> can be positively correlated with blood indices MCHC, MCH, CI and MCV. Bone mineral density can be one of the criteria for <i>asthi sara</i> estimation. Further, more studies can be carried out to find out its relation with recent laboratory parameters.	
05	Title: Ayurvedic aspect of Dhatu Sarata and its Application ^[5] .	
	Content:	
	<ul style="list-style-type: none"> Objective Parameters for <i>Dhatu-Sara</i> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Assessment of dhatu-sara</td> <td style="width: 50%;">Objective Parameters</td> </tr> </table>	Assessment of dhatu-sara
Assessment of dhatu-sara	Objective Parameters	

	Rasa-sara	Serum electrolyte and blood sugar level	
	Rakta-sara	Haemoglobin percentage	
	Mamsa-sara	Hand grip test with the help of dynamometer	
	Meda-sara	Blood cholesterol and triglyceride level	
	Asthi-sara	Bone mass density	
	Shukra-sara	Semen analysis	
	<ul style="list-style-type: none"> Conclusion <p><i>Dhatu sarata</i> examination gives us idea about qualitative state of seven <i>dhatu</i> and <i>satva</i> (mind), it is a subjective type of examination, for quantification of <i>bala</i> (Strength). <i>Ashtavidhadhatu sarata</i> explained by Acharyas in Samhita, so knowledge of <i>sarata</i> is very important for maintaining health and if diseased, to cure the disease.</p>		
06	<p>Title: Critical analysis of Sara concept and its utility in disease management ^[6].</p> <p>Conclusion</p> <p>It stresses about personalized approach concept to disease management.</p>		
07	<p>Title: Concept of Shukra dhatu with special reference to dhatu sarata ^[7].</p> <p>Conclusion</p> <p><i>Shukra dhatu</i> is produced from <i>ahara rasa</i> through <i>majjadhatu</i>, it is <i>soumya</i> or <i>Jala mahabhuta pradhana</i>. <i>Shukra</i> is situated in entire body. According to them <i>Garbhotpadana</i> (reproduction) is chief function of <i>Shukra dhatu</i>.</p>		
08	<p>Title: Need of Development of Diagnostic Measures for Assessment of Sara Pariksha in Ayurveda ^[8].</p> <p>Conclusion</p> <p>The assessment of <i>Dhatu sarata</i> was done on subjective criteria hence some standardized tool should be developed as well as objective criteria should be developed to find out possible correlation. The significance of Sara is important while analysing the <i>bala</i> of patient so that accordingly the treatment modalities should be administered.</p>		
09	<p>Title: Concept of Sarata – An Ayurvedic review ^[9].</p> <p>Conclusion & Discussion:</p> <p>Person having <i>twak sarata</i> are not vulnerable for skin ailments and if it happens so, the severity level is very much low so that they can be treated very easily with faster recovery. Means the particular <i>dhatu</i> which is <i>saravan</i> in particular person, the diseases related to such <i>dhatu</i> will not affect them easily.</p>		

But these works have delivered limited outcomes in terms of understanding the concept of *dhatu sara* and its clinical importance.

So the present work aims towards addressing the same with help of Critical Analysis of available

literature in Ayurvedic texts viz., Caraka Samhita and Sushruta Samhita.

OBJECTIVES:

1. To analyse and understand the concept of *Dhatu sarata* (~tissue excellence).

- To analyse and understand the clinical importance of *Sara pariksha* with classical references.

METHODS

Information Source –

An extensive search was carried out with search keywords like *dhatu sara*, *Sara pariksha* and *dashavidha pariksha* (~ten dimensional approach to patient examination) in various databases and various journals were referred for relevant articles. The articles were thoroughly studied and the content is tabulated in **Table 1**.

The concept of *dhatu sarata* and *sara pariksha* with all available references and linkage between “inter” and “intra” related references is drawn keeping Caraka Samhita & Sushruta Samhita at the centre.

Additional Analysis –

Critical analysis of the concept of *Sara pariksha* in its theoretical framework (i.e., *shastra sammata tarkah sadhananam*^[10]) has been done.

RESULTS

The concept of *dhatu sara*, the time of examination of *dhatu sarata* and its clinical importance has been analysed.

DISCUSSION

1. Concept Of *Dhatu Sara*:

1.1 *Sara* –

Sara can be defined as the excellent state of *dhatu*. Its description takes into account not only the structural but also the functional, behavioural and mental faculties of human body for assessment of *sarata*.

Synonyms – *Ati drudha, Vara, Sreshtha*

Padartha Vibhaga –

Avayava– *Balam, Virya, Ojas,*

Tejas

Guna– *Sthiranga*

As defined by Acharya Chakarapani, “*sara shabdena vishuddhataro dhaturucyate*”^[11], i.e., the excellent status of *dhatu* is considered as *dhatu sarata* (~tissue excellence). So for a *dhatu* to exhibit excellent qualities it must be in its optimum state and not vitiated by any *dosha* i.e., in its *prakruta avastha*.



i.e., when *dhatu*s are in optimum state and performing their functions (*prakruta dhatu karma* **Table 2**) uninterruptedly, they sustain the body and attain excellence. Such state of excellence is called *Sarata*.

Table 2

PRAKRUTA DHATU KARMA^[12]

SI No	Dhatu	Karma
01	<i>Rasa</i>	<i>Prinana, rakta pushthi</i>
02	<i>Rakta</i>	<i>Varna Prasadam, Jevana, Mamsa Pushthi</i>

03	<i>Mamsa</i>	<i>Sharerapushthi, Meda Pushthi</i>
04	<i>Meda</i>	<i>Snehana, Swedana, Drudhatvam, Asthnyam Pushthi</i>
05	<i>Asthi</i>	<i>Dehadharanam, Majja Pushthi</i>
06	<i>Majja</i>	<i>Sneham, Balam, Asthi Puranam, Shukra Pushthi</i>
07	<i>Shukra</i>	<i>Dhairya, Cyavana, Dehabala, Harsha, Beja Utpadana</i>

So, the features of excellent *dhatu* (*dhatu sara lakshana*) are in a way the functional excellence (*utkrushta karma*) of *dhatu*s itself, as there are no other references which elaborate the *dhatu karma*.

1.2 *Vrudhi Kshaya Avastha of Dhatus and Dhatu*

Sarata –

Food when undergoes digestion by *Jatharagni* (~digestive power), it produces *rasadhatu*, which gets the designation of *dhatu* owing to its functions in the body. Thus formed *ahara rasa*, nourishes *shareerika dhatus* (bodily tissues), this phenomenon is well explained by Acharya Chakrapani using various *dhatu poshana nyayas* as illustrations^[13].

1.2.1 Considering an example of *Sthoulya* (~obesity) –

Clinical features of obesity (*sthoulya purushalakshana*) are – *meda, mamsa dhatus* get nourished well so the individual presents with excess of fat and muscle gain in the regions of buttocks and over the abdomen with pendulous breasts, irregular body built and loss of enthusiasm

[14].

And Acharya Sushruta says, “*rasanimittameva sthoulyam karshyam ca*”.

Here the person is *medasvi* and *meda dhatu* gets nourished well but not the other *dhatu*s, consequently there is a decline in the lifespan (*ayu*)^[15] of the individual. That means in such person tissue nourishment (*dhatu poshana*) will occur till *meda dhatu*. Once this pathogenesis is set in, *asthi, majja, shukradhatu*s (and *satva*) are deprived of proper nourishment for a comparatively longer period of time. As *asthi, majja, shukra dhatu* predominantly contribute for physical strength (*shareerika bala*) and *satva* for mental toughness (*manasika bala*) as seen in **Table 3**; obese individuals lack in these qualities.

This can be seen evidently as the obese individuals suffer from *dourbalyata* (weakness), *dhatu shaithilyata* (loss of integrity of body built), *soukumaryata* (delicateness – unable to tolerate physical hardship), *kruchravayavayata* (difficulty to perform coitus) and so on^[18]. So *dhatu vrudhi – kshaya* definitely impacts *dhatu sarat*

Table 3 DHATU SARA LAKSHANA [16 & 17]

Dhatu Sarata Lakshana	Pratyaksha		Anumana/ Yukti	
	Shareerika Bhava		Manasika Bhava	Anyanya Bhava
Twak sara	(Snigdha-shlakshna-mrudu-prasanna-sukshma-alpa-gambhira-sukumara) loma		buddhi	Arogya
	Saprabha tvacha		Praharshana	Ayushyatvam
Rakta sara	Karna- akshi- mukha- nasa- oshtha- pani- pada tala-nakha- lalata- mehana (snigdha, raktavarna)		Medha	Soukumaryam
	Aklesha sahisnutvam		Manasvitva	Anati balam
	Ushna asahishnutvam			
Mamsa sara	Shankha- lalata- krukatika- kasha- ganda- hanu- greeva-skanda- udara- vaksha- pani- pada- sndhaya- (snigdha, guru, shubha), mamsopachita		Dhruti	Arogya
	Gudha sandhi		Aloulya	Bala
				Dirghayu
Meda sara	Varna- swara- netra- loma- nakha- danta- oshtha- mutra- purisha (visheshatah sneha)		-	Sukha upabhoga
	Sukumaropacharata, bruhatsharira			Aishwarya
	Sukumara cheshtha, ayasa asahishnuta			Vita
Asthi sara	Pani- gulfa- janu- aratni- jatru- chibuka – shira- parva (sthulah)		Mahotsaha	Ayushmanta
	Mahashira, Maha skanda			
	(Sthula/ drudha) – asthi, nakha, danta			
	Klesha saha			
	Sara sthira shareera			Kriyavanta
Majja sara	Mrudu anga, balavanta (Uttama bala), akrusha		Balav-anta	Shruta, vita, vijyana, sammana, apathy – Bhajana
	Maha netra			Soubhagya upapanna
	Snigdha – varna, swara (gambhira)			Dirghayu
	Sthula- deergh- vrutta sandhi			
Shukra sara	(Snigdha- vrutta – sarasamhata) – shikhara, dashana		Streepriya, Upabhoga - priya	Balavanta
	(Prasanna – snigdha) varna, swara			(Sukha, aishwarya, arogya, vita, sammana, apathy) – bhajana
	Maha sphik			Bahula kama
	(Snigdha, samhata, shweta) – asthi, danta, nakha			
	Bahu praja			
Satva sara	Suvyavasthita gati		Gambhira buddhi	
	Gambhira cheshtha	Smrutimanta, bhaktimantah, krutajnyah, prajnyah, shucaya, mahotsaha, daksha, dheera, samara vikranta yodhina, tyakta visharadha	Kalyana-bhinivesha	
	Kalyana abhinivesha			

1.3 Dhatu Poshana and Dhatu Sarata –

Food is considered as life for the living being and as fuel for the *kayagni* (~ digestive power); when consumed as advised in the *shastra*, it nourished bodily tissues, provides

strength and complexion, it also nourishes the sensory organs [19].

1.3.1 Considering another example of *pandu roga* –

Though *pandu roga* is a *pitta pradhana vyadhi*, due to *ashraya – ashrayi bhava*^[20] and due to similarities in origin and qualities (*yoniguna sadharmya*)^[21], the *pitta dosha* should increase *rakta dhatu* or there should be *vikruti* (a change in the qualities) of *rakta dhatu* due to vitiation of *pitta dosha*. But *pandu roga* is a *rasa pradoshaja vikara* (diseases caused due to a common pathological event in *rasa dhatu*)^[22], where the pathogenesis involves the destruction of *rakta poshaka rasa* by *pitta dosha* due to which the *rakta dhatu* is not formed properly.

When this pathogenesis is set in, due to improper formation of the *rakta dhatu* subsequent *mamsa – medadi dhatus* are not nourished well, consequently leads to a state of loss of essence of bodily tissues referred to as *apagata dhatu sarata*^[23] by Acharya Chakrapani, with clinical presentation of lack of vitality and reduced functioning of sensory as well as motor organs (*nihsara shithilendriyai*)^[24].

So the *pandu rogi* deprived of strength and vitality cannot tolerate intensive management therapies hence should not be subjected to intensive therapeutic interventions (*teekshna shodhana*). This will be discussed later with further details.

So *dhatu poshana* by *Ahara rasa* definitely determines *dhatu sarata* in an individual.

1.4 Dhatu pramana and Dhatu Sarata –

Dhatu pramana^[25] has been mentioned in *shastras*, but there are no means to measure all *dhatus* present in one's body^[26].

So Acharya Sushruta says, “a wise physician should infer the *pramana* of *doshadi (dosha – dhatu -mala)* by observing patients presenting with *Aprasannendriya*”^[27].

Dhatus when present in *swapramana*, they sustain the body and same is the function of *Dhatu sara*. So it can be inferred that *dhatu parmana* also contribute to *dhatu sarata*.

2. Factors Determining Dhatu Sarata –

2.1 Shukra – Shonita dhatu

The word *Sara* in itself states “essence”; it also justifies the concept of *dhatu poshana* where one *dhatu* is formed from the essence of its precursor and helps in formation of its successive *dhatu* by its essence.

So the essence of *shukra* (and *artava*) *dhatu* responsible for *Beeja* or *garbha utpatti*, becomes the major factor in determining the *dhatu sara avastha* in the progeny as it is mentioned under *bala vrudhikara bhava*^[28].

2.2 Garbhotpadaka Bhava^[29]

Factors responsible for formation of the foetus (*garbhotpadaka Bhavas*) play a vital role in determining the excellence of *dhatu* as well,

as –

2.2.1 *Dhatu* like *twak*, *lohita (rakta)*, *mamsa*, *meda* are formed by maternal components (*Matruja bhava*).

2.2.2 *Dhatu* like *asthi* and *shukra* are formed by paternal components (*Pitruja Bhava*).

2.2.3 *Rasaja bhava* is responsible for nourishment of the foetus and thereby results in excellent *dhatu sarata*.

2.2.4 *Satvaja* and *Atmaja bhava* influence on the foetus through *samskara* and thereby helps in shaping the *Satva (mana)* of the foetus.

2.3 Ahara – Food sustains life by maintenance of *dosha* and *dhatu* in an equilibrium state.

Consumption of improper quantity of food, especially lesser than the required quantity, would not be sufficient to nourish all bodily tissues (*shareeragata dhatu*) and can cause depletion of *dhatu* leading to *dhatu sara vidhamana*^[30].

So it is extremely important to consume right quality and quantity of food to maintain *dhatu sara avastha*, strength, complexion etc., throughout the life^[31].

2.4 Dosh –

As “*doshadushya sammurchanavstha janito vyadhih*”, if the *doshas* are maintained in a state of equilibrium then they do not vitiate *dhatu*, consequently the individual will not suffer from any disease. Thus

equilibrium state of *dhatu* is maintained thereby the *dhatu sarata* is maintained.

3. Assessment of *Dhatu Sarata* –

It's an age old and debatable question till today so as when one should examine the *dhatu sarata*.

Dhatu sarata can be assessed both in healthy individuals (*swastha*) as well as in diseased individuals (*atura*); the formal will not be discussed here as it is beyond the scope of present work.

As *dashavidha pariksha* are the guidelines for patient examination (*atura desha pariksha*) and assessment of patient's strengths (both physical and mental) in terms of withstanding a disease severity or the treatment.

One cannot merely examine the *dhatu sarata* without the help of other *parikshas*. So *vaya pramana*, *samhanana*, *shareerapramanapariksha* are considered here.

3.1 Vaya Pramana –

One should examine the *dhatu sarata* of an individual in his *madhyama vaya* as it is said, “till the age of 16, the *dhatu* are in developmental stage, the physical features and strength are not fully manifested”^[32].

After the completion of 16 years of age of an individual, one can assess for his/her *dhatu sarata* but one must remember that the individual has not yet developed strong will power i.e., *prayena anavasthita satvam*^[33].

The patient always needs some sort of counselling, emotional support, encouragement etc., during the course of the treatment.

One should not try to assess the *dhatu sarata* in an individual who is above 60 years of age as well, as it is *vata pradhana avastha*, the *Shareerika dhatu* start depleting and other qualities like strength, vitality, courage etc., also start deteriorating^[34].

This is well supported by Acharya Sushruta's verse which says, "the essence part of food (*ahara rasa*) however, is unable to replenish the old person due to old age (*jara-paripakva shariratvat na preenayati*)^[35]; commenting on this Acharya Dalhana says, "the food causes minimal nourishment and only helps to sustain life.

When one goes through prognostic criteria given in *Shastra*, one can find that the diseases occurring in geriatric (*vrudha*) and paediatric (*bala*) age groups are considered to be difficult to treat^[36] as they lack remembrance or recalling capacity, cannot follow physician's advices, easily get frightened and cannot tolerate hardship i.e., they lack the qualities of *atura*^[37,38] mentioned in *shastras*. So patient management and treatment becomes extremely difficult.

3.2 Samhanana and Pramana Pariksha –

Built and nourishment are also important components in determining one's

physical strength. The qualities of well-nourished individual are – "*sama suvibhaktasthi, subaddha sandhi, sunivishtha mamsasonitam..*" as such individual possesses good physical strength^[39].

Individuals possessing the physical built as mentioned in *Shastra*, will enjoy longevity, strength, vitality etc., qualities^[40].

Just by looking at one's physical built and nourishment, the physician cannot assess his physical strength in terms of tolerating a disease severity or a treatment as it is very evidently seen that even a lean person can possess good physical and mental strength. This phenomenon is beautifully explained with the help of a simile, "*..pipilikabharaharanavat siddhih |*"^[41].

Acharya Chakrapani clarifies here by saying, "though ant is a small creature, it carries huge weight upon itself due to *sarabhuta shareera*; likewise, one can see such immense physical strength and will power in a *alpa-krusha shareera purusha* also"^[42].

So here comes the role of assessment of strength of an individual with the help of *dhatu sara pariksha*.

4. Clinical importance of Sara Pariksha –

Hence forth the importance of *dhatu sara pariksha* will be illustrated with few clinical examples.

4.1 Vyadhi Avastha –

4.1.1 Considering an example of *Pandu*

roga–

“*soalparaktoalpamedasko nihsarah*

shithilendriyah”^[43]

Here we get the direct reference stating that the *Shareerika dhatu* have lost their essence as Acharya Chakrapani clarifies by saying, “*nihsarah apagata dhatusarah*”; the pathogenesis has been already discussed above. So all treatment modalities advocated are of mild to moderate intensity (*mrudushodhana*) in terms of patient comfort.

Looking into the context further,

“*tatra pandvamayi*

snigdhashtikshnairurdhvanulomikaih |

Samshodhyo mrudubhistiktaih kamali tu

virecanaih ||40||”^[44]

Here one can say *teekshana vamana* and *virecana* have been advocated. But this holds good for *Mrutbhakshanajanya pandu* where, -

the consumed *mruttika* (mud/clay) does not get digested and gets filled into the channels (*srotas*) causing obstruction and due to its dryness it vitiates all bodily tissues (*rasadi dhatu*)^[45], for this pathogenesis (*samprapti*) one has to administer *teekshna vamana* and *virecana* in order to expel out the mud if present in the GI tract (~*koshtha*) or in order to clean the obstructions in channels at various levels.

Pandu rogi should not be subjected to *swedana*^[46] and also for *pitta prakruti* – *pittaja vyadhi* (e.g., *kamala*) one should not subject the patient for *swedana*^[47].

And in the same context *Mrudud sweda* is advocated for *swedana sadhya vyadhi* depending on the need^[48].

So without *Snehana-Swedana* (as *poorva karma*), if *teekshna shodhana* (*vamana-virecana*) are to be administered, then definitely it is *Avasthika Chikitsa* (as in case of *vamanam* in *kaphaja jware*) of *mrudbhakshana janya pandu*.

As one can see the treatment protocol (*chikitsa sutra*) of *Mrudbhakshana janya pandu* –

The physician, well-versed in therapeutics, should administer intensive elimination therapies keeping in view the strength of the patient or otherwise; in order to remove the swollen mud from the body. And the further management varies^[49].

4.1.2 Now further let's analyse *Kamala*^[50],

Though the *dosha bala* is more as *pittakara ahara vihara* has severely vitiated pitta dosha along with *rakta* and *mamsa dhatu vidahana* still here in *kamala* one should not go for very intensive medications or therapeutic management (unless it's a case of obstruction i.e., *ruddhapatha kalala*).

The patient suffering from *kamala* should be given purgation therapy with mild and bitter drugs.

When an extensive search was carried to trace other similar references to analyse and understand this concept, the clinical picture of *sara pariksha* was totally different.

4.1.3 In the context of *Jwara*^[51] –

It's a discussion between Acharya Sushruta and Lord Dhanvantari, on secondary conditions affecting a *Vranita* (~wounded person)–

Acharya Sushruta asks,

- a. It is said that, “If a wound is associated with secondary diseases it is difficult to treat”. and
- b. “If *upadravas* (~complications) occur in a patient with wound, they are difficult to cure”

Further, “This is because of the depletion in the strength and manifestation of cachexia in an individual as a result of depletion of other bodily tissues (*shareerika dhatu*). So kindly tell us about the *chikitsa* of *saupadrava vrana* (*vrana* associated with other complications).

This reveals a vital association between the *bala-mamsa kshaya* and *dhatu kshaya*. As *ksheena dhatu* cannot produce *dhatu sarata* as discussed earlier.

With the help of this association between *dhatu kshaya* – *balamamsa kshaya* –

mamsashonita kshaya and *apagata dhatu sarata*, further discussion is done with appropriate clinical examples.

4.2 Other *Vyadhi Avastha*–

4.2.1 *Poorva roopa* –

Bala mamsa parikshaya is one among the *poorva roopa* of *rajyakshma vyadhi*^[52].

4.2.2 *Roopa*– If a patient present with either all of the symptoms or half of the symptoms (*shadroopa*) or three symptoms among *ekadasha roopa* of *rajyakshma* along with *bala mamsa kshaya*; such patient should not be treated [53].

4.2.3 The patient though being treated properly, do not recover, instead there is an increase in the severity of the disease and the person suffers from loss of strength and cachexia (i.e., generalized debility); such symptoms indicates nearing towards death (*gatayushah*) state of an individual^[55].

4.2.4 If the *rakta pitta* occurs as a result of *santarpana*, there is no loss of strength and no any muscular atrophy then one should not go for *sthambana* (haemostatic measures) of such *rakta* as the *rakta* is vitiated by *ama doshas* and by default it has the tendency to come out (get eliminated) on its own^[56].

If, however, there is diminution of strength of the patient and if *doshas* are diminished (expelled out) then only one has to try *sthambanopaya*.

4.2.5 The *mahahikka*, a debilitating disease; the initial pathogenesis itself causes loss of muscle mass, strength, life in the patient and leads the patient to death^[57].

4.3 *Arishta Vijnyana* –

The knowledge of incurable stage (*asadhya avastha*) of a disease is important for the physician before the commencement of any treatment for its successful management^[58], and moreover the *shastra* has narrated treatment protocols for only *sadhya* vyadhis^[59].

4.3.1 Sudden manifestations of single or multiple morbid symptoms in the voice in a weak patient. Such other abnormalities in the voice and complexions of an individual who is devoid of strength, also indicates immediate death^[60].

4.3.2 “*vita mamsashonita ...*” is an example for *arishtha lakshana*^[61].

4.3.3 If a person deficient in *bala* and *mamsa*, suffering from morning fever along with severe dry cough, he is as good as dead^[62].

4.3.4 If an emaciated person with diminished strength presenting with lack of digestive power, faints frequently, with violent movements of the body parts and remains restless in all situation, he succumbs to death in near future^[63].

4.3.5 An individual suffering from a disease if loses his/her physical strength, knowledge, health (deterioration of current health status), digestive power, musculature and blood (quality), such condition quickly leads to death of that individual^[64].

4.3.6 General guidelines for *pratyakheya vyadhi*^[65].

Patients suffering from *vatavyadhi*, *apasmara*, *kushta*, *shopha*, *udara*, *gulma*, *madhumeha* do not yield to any treatment when associated with *bala mamsa kshaya*.

Similarly, any other conditions associated with *bal mamsa kshaya* should not be treated.

5. Method of examination of *Mamsa-Shonita Kshaya* –

The physician has to examine this particular condition of *bala-mamsa kshaya* (and *mamsa-shonita kshaya*) not only by mere observation but also by palpation as stated by Acharya Atreya^[66].

Acharya Chakrapani clarifies the depleted state of *mamsa shonita* (*mamsa*

shonita vittibhava) as, - “*vitibhavah atiksheenatvam*” [67].

6. Importance of *Sara pariksha* in *Chikitsa*

-

As discussed above, one has to examine the patient thoroughly and proceed further and decide wisely about treatment protocol.

Considering an example of *rakta pitta vyadhi* (~a bleeding disorder), though *rakta* is said to be *jeeva shonita* (that which sustains life and nourishes other *dhatu*s [68]), should be preserved wisely [69]; Acharya Atreya says, “if a person suffering from any bleeding disorder should not be subjected to any haemostatic (*sthambanopaya*) interventions unless good physical strength (*balamamsa*) is maintained and able to consume proper food, otherwise” [70].

Further, Acharya Atreya considering an example of *shosha vyadhi*, highlighted the importance of good physical strength (*akshina bala-mamsa*) even in the presence of fatal signs and symptoms (*arishta lakshana*) as – Patient, whose strength is preserved (*sahaja bala*), musculature has not undergone wasting, blood remains optimally functioning, though mentally (tolerant) and the fatal signs (*arishta lakshanas*) have not appeared despite presenting with all the symptoms of *shosha*, should be considered as possessing few symptoms and should be treated as required.

In such circumstances the patient is tolerant to disease severity as well as potent medications [71].

To the contrary, if the strengths are not preserved, though the patient presents with fewer symptoms and not possessing any fatal signs, should still be considered as possessing all the symptoms and fatal signs and the physician should not commence the treatment as the patient cannot tolerate disease severity as well as potency of medicines as the fatal signs can appear at any moment in the disease process without any genuine reason (potential cause) [72].

In treatment one can consider enema that helps to improve the strength and nourishment of an individual (*mamsa bala prada basti*).

Few examples –

- *Sthiradi niruha basti* [73].
- *Yapana basti* [74].

Yapana basti [75] could be an ideal choice in these conditions to improve the strength of an individual and later the physician can opt for other treatment modalities as according to the disease condition.

7. Consideration on *Satva Sarata*–

7.1 Features of *satva sarata* as mentioned in *asta sara pariksha* speaks about *pravara satva* i.e., *satva guna* and features mentioned under *satva pariksha* in *dashavidha pariksha* as an independent

component concentrates on *madhyama* and *avara satva* of the *manas*^[76].

This is well supported by Acharya Sushruta as,

“A person possessing *satva* quality does not become nervous in situations of adversity, prosperity or any other. A person with *satva* quality bears all kinds of situations calmly, a person with *raja* quality needs support and condolence by others to bear difficult situations and a person with *tama* quality is incapable of tolerating difficult situations by any means^[77]”.

7.2 Here in this context the concept of *Guruvyadhita - Laghuvyadhita*^[78] is also worth mentioning.

In a nut shell, patients either present with a serious illness or with a mild form of a disease, the reason being the mental and physical strength of the patients.

A person though suffering from a severe illness still presents it as a mild one due to good physical and mental strength and a person with mild to moderate disease may present as if they are suffering from a terminal illness due to low mental and physical strengths^[79].

7.3 So the physician can infer that -

7.3.1 A person with *pravara satva* or *satva sarata* will present as if he/she is suffering from a mild disease even in the presence of a severe illness (*laghu vyadhita iva drushyate*).

7.3.2 A person with *madhyama* or *avara satva* will present as if he is suffering from a severe illness even if the disease is of mild severity (*guru vyadhita iva drushyate*).

So just by examining one component, one cannot arrive at the complete knowledge^[80] likewise a wise physician should always examine the patients in all possible ways with the help of *dashavidha pariksha* and then decide on possible treatment protocol.

Summary:

So to summarize from **Table 3**,

1. The features of *rakta sarata* and *meda sarata* i.e., ***soukumaryam, anatibalam, aklesha*** ***sahishnutvam, ushnasahishnutvam*** etc., indicates towards the delicateness of an individual. This gives a special precaution in management of illness, as one cannot adopt vigorous management protocols like intensive elimination therapies or medications (*teekshna shodhana* etc.,) in these individuals.
2. The features of *mamsa sarata* i.e., ***sthira, guru, shubha – mamsopachita*** and ***bala*** speaks about the stability and

compactness of body parts indicating good physical strength.

3. Further, the features of *asthi sarata*, *majja sarata*, *shukra sarata* and *satva sarata* – the physician can infer that it speaks about the strengths of the patient (both *sharirika* as well as *manasikabala*) i.e., ***balavanta***, ***kleshasaha***, and ***dheera***, ***tyakta vishadha*** etc.,

So the physician can adopt intense medications and therapeutic managements as and when required.

According to *Acharya Sushruta*, starting from *satva sarata* till *tvak sarata* the quality of *ayusoubhagya* etc., goes on decreasing. Hence it is clear that *satva sarata* gets highest rank in the order^[81].

This is also evident in assessment of overall *sarata* of an individual as *pravara* – *madhyama* – *avara sarata* as mentioned by *Acharya Caraka*^[82].

Conclusion:

Thus after thorough examination of the patient as discussed above, one should decide about commencement of treatment.

The dosage in which the therapy is to be administered depends upon the severity of vitiated *doshas* as well as the strength of the patient. A strong patient with a serious illness needs intensive management.

Misinterpretations like administration of intense therapies to weaker individuals could be as fatal as death. And to avoid such consequences one should duly examine the patient beforehand.

Although a weak person is suffering from a serious illness which requires an intensive therapy for its cure, he/she should not be subjected to an intensive therapy immediately; instead the patient should be started on a mild therapy and gradually the treatment should be intensified depending upon improvements in his strength and tolerance.

Limitation –

Practical implementation of the concept discussed here would aid in further clarification of the concept.

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83.

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