

Therapeutic Contributions of *Yoga Dīpikā*: An Analytical Study

Dr. Keerthana B N¹, Dr. Chetan M²

¹Final Year PG Scholar, Dept of Ayurveda Samhita Siddhanta, SDMCAH, Hassan

² Professor, Dept of Ayurveda Samhita Siddhanta, SDMCAH, Hassan

Abstract—

Background-- Kāyacikitsā forms the core of Ayurvedic clinical practice, addressing systemic diseases through doṣa-based therapeutic principles¹. Manuscripts such as *Yoga Dīpikā* preserve applied clinical knowledge in the form of concise formulations (*yogas*), many of which remain unexplored due to lack of analytical studies².

Objective-- To analyse the therapeutic contributions of *Yoga Dīpikā* to Kāyacikitsā based on documented observations and results from its critical edition³.

Materials and Methods-- Therapeutic data were extracted from the “Observation and Results” section of the critically edited *Yoga Dīpikā*³. Diseases and formulations were analysed with reference to doṣa predominance, formulation patterns, and chikitsā-siddhānta as described in classical texts¹⁻⁴.

Results-- The text shows a dominant focus on Jvara and Atisāra, offering extensive doṣa-wise, dvandvaja, and sannipātaja management³. Therapeutic strategies emphasize kvātha-based formulations, doṣa-pratyanīka drug selection, and management of complications^{1,3}.

Conclusion-- *Yoga Dīpikā* contributes significantly to Kāyacikitsā by presenting a structured, clinically oriented framework for managing febrile and gastrointestinal disorders^{3,4}.

Keywords—Ayurveda, Yoga Dipika, Kaya chikitsa, Therapeutic Contributions

I. INTRODUCTION

Kāyacikitsā is the principal branch of Ayurveda concerned with systemic diseases and their internal management¹. Classical treatises such as the *Caraka Samhitā* identify Jvara as the foremost disease (*rogāṇām ādih*) and emphasise gastrointestinal disorders as the root of systemic pathology^{1,2}. Later Ayurvedic literature, particularly compilatory manuscripts, condensed these principles into readily applicable therapeutic manuals⁵.

Yoga Dīpikā, authored by Rāṇaka Keśarī, is one such work³. The “Observation and Results” section of its critical edition demonstrates that a major portion of the text is devoted to Kāyacikitsā disorders, particularly Jvara and Atisāra³. The present study analyses these therapeutic contributions to evaluate the clinical orientation and relevance of the text.

II. MATERIALS AND METHODS

This study is a **textual analytical review** based on the critically edited *Yoga Dīpikā*³. The following parameters were adopted:

- Identification of Kāyacikitsā disorders¹
- Doṣa-wise classification of diseases^{1,2}
- Analysis of formulation type and drug combinations⁴
- Evaluation of chikitsā principles such as dīpana, pācana, doṣa-śamana, and saṅgrahaṇa^{1,6}

Diseases were analysed under ekadoṣaja, dvandvaja, and sannipātaja categories as described in classical Ayurvedic literature¹⁻⁴.

III. RESULTS

1. Emphasis on Jvara as the Core Kāyacikitsā Disorder

Yoga Dīpikā accords prime importance to Jvara, addressing it under multiple clinical varieties³. Detailed lakṣaṇa-based classification and corresponding therapies highlight the text’s strong alignment with classical Kāyacikitsā doctrines that regard Jvara as *rogāṇām ādih*^{1,2}.

2. Doṣa-Specific Therapeutic Precision

Each type of Jvara is managed through carefully selected formulations based on dominant doṣa³:

- Vātaja Jvara – snigdha, uṣṇa, vāta-śāmaka therapies¹
- Pittaja Jvara – tikta, kaṣāya, śīta-pradhāna formulations²
- Kaphaja Jvara – kaṭu-tikta, uṣṇa, lekhaṇa drugs⁴

This precision reflects advanced clinical reasoning and diagnostic clarity as advocated in classical Kāyacikitsā texts¹⁻⁴.

3. Comprehensive Management of Sannipātaja Jvara

The text provides multiple formulations for sannipātaja jvara, addressing acute, chronic, and complicated cases³. The repeated emphasis on tridoṣa balancing and staged therapeutic escalation demonstrates a sophisticated understanding of complex systemic pathology^{1,2}.

4. Kvātha as the Preferred Therapeutic Form

Decoctions are the most frequently employed dosage form³, indicating suitability for acute systemic conditions and flexibility in drug selection. This approach aligns with classical therapeutic recommendations for jvara and atīsāra management^{1,4}.

5. Significant Contribution to Atīsāra and Grahaṇī Cikitsā

The Atīsāra section details doṣa-wise stool characteristics, prognosis, and tailored therapies³. Management of āma-atīsāra, rakta-atīsāra, and chronic grahaṇī underscores the text's holistic approach to gastrointestinal pathology within Kāyacikitsā^{1,2,6}.

6. Integration of Dīpana-Pācana with Doṣa-Śamana

Formulations frequently combine dīpana-pācana drugs with doṣa-specific agents^{3,6}, addressing both root pathology and manifest symptoms. This integrated approach is a hallmark of effective Kāyacikitsā¹.

7. Management of Chronicity and Complications

Chronic Jvara, relapsing Atīsāra, and associated complications such as śūla, śvāsa, and daurbalya are repeatedly addressed³, demonstrating the text's depth in internal medicine management^{1,2}.

IV. DISCUSSION

The analysis of *Yoga Dīpikā* highlights its importance as a clinically oriented text contributing substantially to Kāyacikitsā. Unlike foundational Saṃhitās that elaborate theoretical constructs, *Yoga Dīpikā* reflects a pragmatic therapeutic tradition where concise, experience-based formulations are emphasised^{3,5}.

A prominent contribution of the text is its extensive treatment of Jvara, in alignment with the classical recognition of Jvara as *rogāṇām ādih*^{1,2}. The manuscript systematically addresses ekadoṣaja, dvandvaja, and sannipātaja jvara, indicating an advanced understanding of doṣa interaction and disease complexity³. The detailed management of sannipātaja jvara, including multiple formulations for varying clinical presentations, is particularly noteworthy, as such conditions are traditionally considered challenging to treat^{1,2}.

Therapeutic decision-making in *Yoga Dīpikā* is consistently guided by lakṣaṇa-based doṣa assessment, reinforcing the principle of *doṣa-pratyāñika cikitsā*^{1,4}. The rational selection of drugs based on rasa, guṇa, and vīrya further demonstrates adherence to classical pharmacological principles^{4,6}. The predominance of kvātha as the primary dosage form reflects suitability for acute systemic disorders and underscores the text's clinical applicability^{1,4}.

In the management of Atīsāra and Grahaṇī, the text integrates dīpana-pācana, saṅgrahaṇa, and doṣa-śamana strategies, addressing both the underlying pathology and clinical manifestations¹²⁶. Attention to chronicity and complications such as śūla and daurbalya reflects a comprehensive internal medicine approach. Overall, *Yoga Dīpikā* emerges as a practical Kāyacikitsā compendium that effectively translates classical principles into applied therapeutics.

V. CONCLUSION

The present analytical study establishes that *Yoga Dīpikā* makes **substantial and meaningful therapeutic contributions to Kāyacikitsā**. Its significance lies not merely in the number of formulations it records, but in the **methodical, doṣa-oriented, and clinically adaptable manner** in which disease management is presented.

The text contributes to Kāyacikitsā by:

1. Providing an extensive and nuanced framework for the management of Jvara, including complex sannipātaja presentations³.
2. Demonstrating precise symptom-based doṣa assessment and rational therapeutic selection rooted in classical principles^{1,4}.
3. Offering comprehensive management of Atīsāra and Grahaṇī through integrated dīpana-pācana, saṅgrahaṇa, and doṣa-śamana strategies¹²⁶.
4. Emphasising kvātha-based formulations suitable for acute and systemic disorders, thereby enhancing clinical applicability^{1,4}.
5. Addressing chronicity, complications, and disease progression, reflecting a holistic internal medicine approach¹.

In conclusion, *Yoga Dīpikā* stands as an important **applied Kāyacikitsā text**, bridging classical Ayurvedic doctrine and practical therapeutics. Its systematic presentation of internal medicine therapies justifies further scholarly attention, including comparative textual studies, pharmacological evaluation of formulations, and clinical research. The manuscript thus holds enduring relevance for both academic Ayurveda and contemporary clinical practice.

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