

STUDY OF PRAKRUTI WITH PERSPECTIVE TO ANGULI PRAMANA**Rashmi Sharma¹, Pushpalata Kamble², Kirti Bhati³**¹PG Scholar Dept of Rachana Sharir, ²Professor,HOD, Dept of Rachana Sharir, ³ Assos Professor Dept of Swasthavritta, Bharati Vidyapeeth Deemed University Collage of Ayurved Pune, Maharashtra, India**ABSTRACT**

Ayurveda in its principle has given importance to individualistic approach rather than generalize. Application of this examination can be clearly seem like even though two patients suffering from same disease, the treatment modality may change depending upon the results of *dashvidha pariksha*. *Prakruti* and *Pramana* both used in *dashvidha pariksha*. Both determine the health of the individual and *Bala* (strength) of *Rogi* (Patient). Ayurveda followed *swa-angula pramana* as the unit of measurement for measuring the different parts of the body which is prime step in assessing patient before treatment. Sushrut and Charak had stated different *Angula Pramana* of each *Pratyanga* (body parts). Specificity is the characteristic property of *Swa-angula Pramana*. This can be applicable in present era for example artificial limbs. A scientific research includes collection, compilation, analysis and lastly scrutiny of entire findings to arrive at a conclusion. Study of *Pramana* and its relation with *Prakruti* was conducted in 150 volunteers using *prakruti prakishan* proforma (ayu software) with an objective of evaluation of *Anguli Pramana* in various *prakriti*. These volunteers were randomly divided into three groups of age 18-20yrs, 21-25yrs , 26-30yrs respectively. It was observed co-relating *Pramana* in each *Prakruti* and *Granthokta Pramana* that there is no vast difference in measurement of head, upper limb and lower limb. The observational study shows closer relation of features with classical texts.

Keywords: *Anguli Pramana, Prakruti, Swa-anguli pramana, Dashavidha Pariksha.*

INTRODUCTION

In *Ayurveda Sharir* is given prime importance as one among those factors which contribute to ayu of an individual, the factors being *Indriya* ,*Satva* & *Atma*. The complete knowledge about *sharir* at all times is very much essential for physician in order to provide a healthy life for mankind¹.The essentiality of *pramana* is depicted in the fundamentals of *Ayurveda* as the *mana pramana* of *hitayu* ,*ahitayu*,*sukhayu*,and *dukhayu* is one which constitute *Ayurveda*². Maintenance of health and cure of disease is the principle of *Ayurveda*³.This principle of *Ayurveda* can be achieved with the help of *pramana* & *prakruti*.Before starting with the *chikitsa* which is considered as *kaya* in the field of medicine,the

wise physician should perform the *pareksha* of *karyadesh* i.e *atur sharer*⁴.*Acharya Charak* explained *dashvidha pariksha vidhi* & *prakruti and pramana pariksha* are one among them⁵.The basic goal behind *pareksha* (examination) is to get knowledge concerning the *bala*(strength) of the *rogi*(patient), where *Aacharya Sushrut* considered it as the main tool to get the information regarding *ayu* along with that of *bala*⁶.

Pramana of *purusha* gives the detailed information regarding each parts in term of its external features, this can be helpful in understanding the anatomical knowledge required for the practice of *Ayurveda* .

In classics *anguli pramana* of different parts of the body is categorically mentioned but their relation with *prakruti* has not been widely dealt with.

Though while explaining the *lakshanas*(characteristics) of *prakruti Astang hrdyaka* divulges *Pralam bahu in kapha prakruti* and *deergha kaya in vata prakruti kapaha prakruti* in general seems to have *suvibhakta gatra*, this hint at the relation between *prakruti* and *pramana*, but the measurement (*pramana*) of the body parts in different *prakruti* is not been found in any *smahitas*.

In this study an effort is made to estimate *anguli pramana* in different *prakruti*.

AIM AND OBJECTIVES

- To study structural *prakruti parikshan* using *anguli pramana*.
- To study the concept of *prakruti*(body constitute) in *Ayurveda*.
- To study the concept of *pramana sharir*.
- To co-relate the concept of *prakruti and anguli pramana*.

MATERIAL AND METHODS

Literary Study-

Review of literature, Praman Sharir, Prakruti and anthropometry.

Observational Study-

The study was done in Bharati Vidyapeeth Campus, Dhanakawadi, Pune; on 150 cases of *prakruti and pramana sharir*. Study was limited to certain criteria, *anguli pramana* of external structure such as *Parshini*(heel), *Gulpha*(ankle), *Aratani*, *Shira*(head), *Parva*(digits), *Skandha*(shoulder), *SthulaAsthi*(long/big bones).

Inclusion Criteria

- Healthy individual from both genders ranging from 18-30 years, were divided in 3 groups viz a) 18-20 yrs ,b) 21-25 yrs ,c) 26-30 yrs

Exclusion Criteria

- Individuals with visible congenital and acquired deformities'.

- Individuals with any known pathological conditions of head, lower and upper limb.

ASSESSMENT CRITERIA

- *Prakruti* of individuals were taken with help of *prakruti* proforma given in ayu software.
- Width of *madhayama sandhi of madhyam anguli* (width of inter phalangeal joint of middle finger).

PRAMANA OF PRATYANGAS (Body parts)

In ayurvedic literature the anthropometric techniques are personalized and various points are considered^{7,8} as follows:

1. *SHIRA* (heads circumference) the maximum distance round the head with the tape placed above the eyebrow ridges and positioned over the greatest posterior projection at the back of the head.
2. *SKANDHA* (shoulder joint)
3. *AARATANI* (from elbow joint to little finger)
4. *PRABAHU* (from shoulder joint to elbow joint)
5. *PRAPAN I*(from elbow joint to wrist joint)
6. *JANGHA* (from knee joint to ankle joint)[length] [circumference]
7. *URU* (from hip joint to knee joint) [length] [circumference]
8. *JANU* (knee joint) [circumference]
9. *GULPHA* (ankle joint) [circumference]
10. *PARSHINI* (Heels) [length] [breadth]

METHODOLOGY:

Prior to the initiation of the study, examination of the volunteers was carried out to ensure the normal stature and anatomical configuration of *pratyangas*. Measurement of each individual was taken. Width of inter phalangeal joint of middle finger was considered as a tool of measurement. The middle finger was pre-measured (width of interphalangeal joint) with vernier caliper to arrive at uniform standardized result (for *swa-anguli pramana*). The measurement was carried out for length and circumference of the body parts (*pratyangas*) in

centimeters with the help of measuring tape. Then *anguli pramana* was taken out by divid-

For e.g:

$$X_{\text{cm}} = \text{swa anguli pramana.}$$

Y = measurement of body parts in cm.

Then $Y/X = \text{anguli pramana}$ of that body parts

Measurement was carried out with length and circumference of the body parts, the data received recorded in specific forms they are noted with age sex, religion, occupation, education.

OBSERVATIONS AND RESULTS:

Individualistic approach of *pramana sharir* and *prakruti* helps to plan the treatment and decide the prognosis depending on the results of *dashvidha pariksha*. Applicability of *pramana sharir* and *prakruti* in the assessment of disease prognosis and mortality is true from centuries.

The description of specific anatomical landmarks for *shira*, *skandha*, *aartani*, *prabahu*, *prapani*, *jangha*, *uru*, *janu*, *gulpha*, *parshini* is not explained by *ayurvedic* author or commentators. Landmark use for the measurement is according to the landmark mentioned in the contemporary science.

Observation of present study revealed that Correlating *Pramana* in each *Prakruti* and *granthoktha Pramana* it has been found that there is no large difference in measurement of *shira*, upperlimb and lower limb. (Differences may be due to sex, religion.) statically there is no significant difference seen in 3 different *Prakruti* in different age group & *granthoktha Pramana*. From the observation we may infer the standard measurement of upperlimb and lowerlimb of *vata pradhan*, *pitta pradhan*, *kapha pradhan* person. For eg. *Anguli Pramana* of *aratani vata prakruti* person is 23.04 A, *Anguli Pramana* of *aratani* of *pitta prakruti* person is 22.3A, *Anguli Pramana* of *aratani* of *kapha prakruti* person is 23A. For Age group 26-30 yrs.

DISCUSSION

ing it with *swa -anguli pramana*.

In this study out of 150 volunteers 63% were females and 37% were males. Among 18-20 yrs age group which contain 50 volunteers out of that 16% were of *vata prakruti*, 54% were of *kapha prakruti*, 30% is of *pitta prakruti*. Among 21-25 yrs age group volunteers out of that 20% were of *vata prakruti*, 32% were of *pitta prakruti*, 48% were of *kaph prakruti*. Among 26-30 yrs age group which contain 50 volunteers out of that 30% were of *vata prakruti*, 32% were of *pitta prakruti*, 38% were of *kaph prakruti*.

There is no gross difference between the *granthokta pramana* and *pramana* of each *prakruti* in different age. Except head circumference (28-30 angula) and length of *uru* (23-24 angula). Applying one way annova test p value is greater than 0.05 hence there is no significant difference between *prakruti pramana* in 3 different age group and *granthokta pramana*.

CONCLUSION

Science always encompasses principles and facts that are methodically attested and undeniably accepted. *Pramana* was the criterion to measure the stature and dimensions of the body parts as they are tools to assess the patient before and after treatment. Anthrometry of the contemporary system is defined as the study of the human body in terms of bone, muscle, adipose tissue and correlated with risk of systemic as well as life style disorder.

Prakruti helps to determine the general built and characteristic of an individual who is important in detecting *vyadhi* and predicting prognosis of a disease in addition to plan the treatment accordingly. The characteristic features of each *prakruti* assessed during the study conducted are found to have been in

concurrency with those mentioned in the classic.

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