INTERNATIONAL RESEARCH JOURNAL OF HUMANITIES AND INTERDISCIPLINARY STUDIES
(Peer-reviewed, Refereed, Indexed & Open Access Journal)
DOI : 03.2021-11278686 ISSN : 2582-8568 IMPACT FACTOR : 8.031 (SJIF 2025)

TEXTUAL STUDY OF CHARAK CHIKITSA FOR APPLICABILITY OF TRUṢṆĀNIGRAHA MAHĀKASHĀY

Dr. Jayashree Vaidya
MD (Ayurved Samhita and Siddhanta),
Ph.D Sanskrit,
HOD Samhita Siddhanta Department,
YMT Ayurved Medical College,
Navi Mumbai (Maharashtra, India)

Dr. Trupti Waghmare
MD (Scholar)
Ayurved Samhita and Siddhanta,
YMT Ayurved Medical College,
Navi Mumbai (Maharashtra, India)

DOI No. 03.2021-11278686 **DOI Link ::** https://doi-ds.org/doilink/11.2025-74348818/IRJHIS2511007

ABSTRACT:

Tṛuṣṇa is derived from tṛuṣ dhatu, meaning desire or craving. In Ayurveda, tṛuṣṇa is described as a symptom and a disease in its own. Tṛuṣṇa means thirst/excessive desire for fluid. Acharya Charak states that, 'तस्मात्तृष्णापूर्वंजयेद्बहुभ्योपिरोगेभ्यः (even from many disease, thirst should be conquered first). In Charak Samhita, Truṣṇānigraha Mahākāśhāya (shunti, dhanvayavas, parpataka, musta, kiratikta, chandan, guduchi, hribera, dhanyaka patola) has been mentioned to relieve thirst. These drugs were studied for their applicability in trushna as a symptom in various diseases in Charak Samhita. The Truṣṇānigraha Mahākāśhāya of Charaka holds significant therapeutic value in managing pathological thirst across multiple diseases. Instead of prescribing the Mahākāśhāya in entirety, Acharya skillfully selected individual drugs based on their rasa, guṅa, virya, and vipaka, tailoring treatment to the doṣhic state and samprapti of each disease. Deepana–Pachana drugs (Musta, Shunthi, Dhanyaka, Patola) were effective in āmajanya truṣṇā. Pittashāmaka, sheeta drugs (Chandan, Hribera, Parpata, Dhanvayasa) were indicated in pittaja truṣṇā. Rasayana and tarpaka dravyas (Guduchi, Chandan) were applied in Rasakṣhaya janya truṣṇā.

This flexibility in choosing an individual drug from Mahākāśhāya demonstrates Charak's practical and clinical reasoning.Therefore, the textual study confirms the wide applicability of TruṣṇānigrahaMahākāśhāya in Chikitsasthana and highlights Ayurvedic clinical reasoning in addressing both disease-specific pathology and associated symptoms like truṣṇā.It was also observed that in the era of Drudhabala fewer references of Mahākāśhāya drugs exist, indicating evolution in therapeutic practice, which is an important finding for the history of Ayurveda.

Keywords: *Trushna, Trushnanigraha Mahakashya, Ayurved, Drudhabala*

INTRODUCTION:

Tṛuṣṇa is a term derived from tṛuṣ dhatu, meaning desire or craving. In ayurved, tṛuṣṇa is

described as a symptom as well as a disease on its own. Tṛuṣṇa means thirst/ excessive desire of thirst. Acharya charak states that, 'तस्मात्तृष्णापूर्वंजयेद्बहुभ्योपिरोगेभ्यः' (even from many disease, thirst should be conquered first). In Charak Samhita acharya charak has described trushnanigraha mahakashaya (shunti, dhanvayavas, parpataka, musta, kiratikta, chandan, guduchi, hribera, dhanyaka patola) which gives 10 drugs that acts as trushnahar. These 10 drugs are used for pacifying thirst seen in various disease across the chikitsa sthan of charak samhita.These drugs were studied for their applicability in trushna in various diseases mentioned in Charak Samhita. Aim:- To study applicability of trushnanigraha mahakashaya of Charak Samhita in Chikitsasthan of Charak Samhita.

Objective:

1. To study drugs of trushnanigraha mahakashaya from Charak sutrasthan
2. To List out Trushnahar yog from Chikitsa sthan of Charak Samhita.
3. To identify drugs from Trushnigraha mahakashaya in the given yog
4. To comment about its applicability in the given disease.

METHODOLOGY:

1. The drugs of trushnanigraha mahakashya were studied.
2. Trushnahar yoga were enlisted from Charak Chikitsasthan.
3. Applicability of mahakashaya was checked in trushnahar yogas.

SR NO.	DRAVYA	LATIN NAME	RASA	VIRYA	VIPAKA	GUNA	KARMA
1	**SHUNTI**	Zingiber officinale	Katu	Ushna	Madhur	Laghu Snigdha	Ruchya Pachan Grahi
2	**DHANVYAVASAKA**	Faconia cretica	Madhur Tikta Kashaya	Shita	Madhur	Snigdha Laghu	Sara
3	**MUSTA**	Cyperus rotundus	Katu Tikta Kashaya	Shita	Katu	Laghu	Dipana Pachan
4	**PARPATAKA**	Fumaria parviflora	Tikta	Shita	Katu	Laghu	Dahanashak Grahi
5	**CHANDANA**	Santalum album	Madhur Tikta	Shita	Katu	Laghu Ruksha	
6	**KIRATIKTA**	Swertia chirata	Tikta	Shita	Katu	Laghu Ruksha	Saraka
7	**GUDUCHI**	Tinospora cordifolia	Katu Tikta	Ushna	Madhur	Laghu	Rasayan Grahi
8	**HRIBERA**	Pavonia odorata	Tikta	Shita	katu	Laghu Ruksha	Dipana Pachana
9	**DHANYAKA**	Coriandrum sativum	Kashaya Tikta Katu	Ushna	Katu	Snigdha Laghu	Dipana Pachan
10	**PATOLA**	Trichosanthus cucumerina	Tikta Katu	Ushna	Katu	Laghu Snigdha	Pachan Dipana Hrudya

Disease-wise Applicability of Truṣṇānigraha Mahākāśhāya

Disease	Cause of Trushna	Trushna as symptom	Formulation	Drugs from Mahākāśhāya	Mode of Action
Jwara (Fever)	Āma formation due to Agnimandya → metabolic derangement causing thirst	Vataj, Pittaj, Antarvegi, Bahirvagi, Raktagata, Mansagat, Medogat Vatpittaj Jwar, Kaphapittaj, VP > kapha, VK <Pitta, PK > vata, Vata<KP, P< VK, Samasannipat, Pachyamaan	1) Śadanga Pānīya, 2)Jwarnāśhaka Kashāya, 3)Nagarādi Dugdha	Musta Parpata Chandan Shunthi Udichya Dhamasa Guduchi Kiratikta	Deepana–Pachana; relieves āmajanya trushna and restores Agni
Raktapitta (Bleeding Disorders)	Pitta vitiation with Rakta dushti → ushna & drava guna cause thirst and rasakṣhaya. The trushna seen here is pittaj as well as rasakshayaj	No direct mention of trushna as a symptom	1)Hriberādi Pāna 2)Tikta dravya siddha jala 3)Samshamana yoga	Hribera Chandan Musta Parpata	These drugs are Śīta virya, tikta-madhura rasa; Pittashāmaka & Tarpana
Gulma (Abdominal Lump)	Pittaja gulma → aggravated pitta and obstruction in abdominal channels	Pittaj gulma	Rohinyādi Ghrita	Patola	Tikta-ushna; Pachana, pittahar
Prameha (Diabetes/Urinary Disorders)	Excessive kleda & dhatu kshaya → secondary trushna	Mentioned as upadrav	—	—	Not directly treated with Mahākāśhāya
Kushta (Skin Disorders)	Chronic pitta–rakta vitiation → fluid depletion Majorly pittaj and rasakshyaj trushna	Mentioned as upadrav	—	—	Trushna present as a upadrav. Rasayan and shodhan indicated
Rajyakshma (Phthisis)	Rasakshaya + pittaja involvement		Duralabhādi Ghrita	Parpataka, Kirātiktā	Tikta rasa, śīta virya; relieves pittaja trushna present here These help is dhatukshay
Unmāda (Insanity)	Trushna present as symptom		—	—	focus on manasika chikitsa
Apasmara (Epilepsy)	Pittaja apasmara → thirst due to pitta aggravation		—	—	Not used
Kshatakshina	Dhatu kshaya		Elādi Gutika,	Nagar	Deepana-Pachana

(Lung Disorders)	Bleeding rasakṣhaya		Amrutprasha Ghrita	(Shunthi)	& Rasayana; prevents āmajanya trushna
Shotha (Edema)	Pittaja & Sannipataja pathology	Pittaj Shotha Visphotak Romantika	Patolamulādi Kwath	—	Trushna indicated but not directly treated
Udar (Ascites)	Pittaja involvement Jala dhatu dushti	Pittaja Udar Plihodar Baddhagudodar Chidrodar Jalodar	Karabh Paya (camel's milk)	—	No Mahākāśhāya used
Arsha (Hemorrhoids)	Pittaja type → heat, bleeding, thirst	Piitaj	Takrarishta	Dhanyaka	Deepana, Pachana, Shīta virya; relieves pittaja trushna
Ajirna (Indigestion)	Here pitta is vitiated by its ushna tikshna guna causing āma & thirst	Pittaja	—	—	Not used directly
Grahani Dosha (Malabsorption)	Seen in pittaja & vataja grahani		—	—	No Mahākāśhāya used
Pandu (Anemia)	Kumbhkamala, Halimaka → pittaja & rasa kshaya		—	—	Not used
Hikka–Shwasa (Hiccough & Asthma)	Thirst may appear as associated symptom		—	—	Not used
Kasa (Cough Disorders)	Pittaja & Kshataja kasa → fluid depletion		—	—	No Mahākāśhāya used
Atisara (Diarrhea)	Pittaja Atisara → excessive drava & dhatu loss		Kwath of Musta, Parpata, Chandan, Kirātiktā, Udichya; Chandan + madhu + sharkara	Musta, Parpata, Chandan, Kirātiktā	Deepana-Pachana & Pittashamana
Chhardi (Vomiting)	Pittaja/Sannipata ja Chhardi → fluid loss, pitta aggravation		Hriberādi yoga, Chandan + Amla swarasa + Madhu	Hribera, Chandan	Śīta virya; Pittashamana & antiemetic

DISCUSSION:

The study of Truṣṇānigraha Mahākāśhāya in relation to diseases described in Charaka Chikitsasthāna provides valuable insights into the clinical application of Mahākāśhāya dravyas. Truṣṇā (thirst) is emphasized by Acharya Charaka as a major pathological concern, often arising either as an independent disease or as a symptom of various systemic disorders. The disease-wise

analysis of the Mahākāśhāya drugs reveals certain patterns of therapeutic selection and utilization.

1. Disease-specific application:

Conditions like Jwara, Āmajanya Truṣṇā is predominantly due to Agnimandya. Here, Deepana–Pachana drugs like Musta, Parpata, Shunthi, and Chandan are repeatedly used. Their role lies in correcting agni, digesting āma, and thereby pacifying thirst in this disease.

In Raktapitta, thirst arises from pittaja vitiation and rasakṣhaya. Cooling, Pittashāmaka drugs such as Hribera, Chandan, and Parpata are employed, indicating a tailored approach according to the doshic predominance.

In Rajyakṣhma, there is rasakṣhaya and dhatu kṣhaya prominently, tikta and śīta drugs like Parpata and Kirātiktā are selected, highlighting their utility in tissue-depletion conditions.

2. Selective use over complete Mahākāśhāya:

It is observed that instead of using the Mahākāśhāya as a whole, selective drugs or combinations are employed according to the clinical presentation. For example, Dhanyaka is specifically applied in Arsha, Patola in Gulma, and Hribera in Chhardi. This demonstrates Charaka's emphasis on individualized treatment rather than using entirety of the mahakashaya

3. Diseases with Trushna but no Mahākāśhāya application:

Several disorders such as Prameha, Kushta, Ajirna, Grahani, Pandu, Kasa list Truṣṇā as a symptom but do not involve Mahākāśhāya drugs in their formulations. This suggests that the management of thirst in these cases was addressed indirectly through disease-specific chikitsa (e.g., shodhana, rasayana, or systemic correction) rather than through direct Truṣṇāhara dravyas. Here trushna is expected to be relieved by using roga pratyanik treatment and not just on symptom.

4. Flexibility and clinical reasoning:

The application of these drugs shows Charaka's clinical reasoning—ama-related thirst is treated with deepana-pachana drugs, pittaja thirst with sheeta–madhura–tikta drugs, and rasakṣhaya thirst with tarpaka and rasayana drugs.

This demonstrates that the Mahākāśhāya was not a rigid prescription, but rather a therapeutic pool from which appropriate drugs could be selected according to doshas and stage of disease.

5. Evolution of usage:

The observation that in the era of Dridhabala fewer references to these Mahākāśhāya drugs exist indicating a shift in clinical emphasis and possible evolution in therapeutic practice, which itself is an important finding for the history of Ayurveda.

CONCLUSION:

The Truṣṇānigraha Mahākāśhāya of Charaka holds significant therapeutic value in managing pathological thirst across multiple diseases. Instead of prescribing the Mahākāśhāya in entirety, Acharya Charaka skillfully selected individual drugs based on their rasa, guna, virya, and vipaka,

tailoring treatment to the doṣhic state and samprapti of each disease.

Deepana–Pachana dravyas (Musta, Shunthi, Dhanyaka, Patola) were effective in āmajanya truṣṇā.

Pittashāmaka, sheeta dravyas (Chandan, Hribera, Parpata, Dhanvayasa) were indicated in pittaja truṣṇā.

Rasayana and tarpaka dravyas (Guduchi, Chandan) were applied in rasakṣhaya janya truṣṇā. This demonstrates Charaka's rational, individualized, and flexible approach to therapeutics, where the Mahākāśhāya functioned as a conceptual and practical drug bank rather than a fixed prescription.

Therefore, the textual study confirms the wide applicability of Truṣṇānigraha Mahākāśhāya in chikitsa sthana and underscores the sophistication of Ayurvedic clinical reasoning in addressing both disease-specific pathology and associated symptoms like truṣṇā.

REFERENCES:

1. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, edited by Tripathi B, 2nd ed. Varanasi: Chaukhamba Surbharati Prakashan; 2014. Chikitsa Sthana 22/10–14.
2. Sushruta. Sushruta Samhita, edited by Sharma PV. Varanasi: Chaukhamba Visvabharati; 2013. Nidana Sthana 6/4.
3. Vagbhata. Ashtanga Hridaya, edited by Murthy KR. Varanasi: Chaukhamba Krishnadas Academy; 2017. Sutra Sthana 12/5.
4. Sharma PV. Dravyaguna Vigyan, Vol. 2. Varanasi: Chaukhamba Bharati Academy; 2015.
5. Dash B, Sharma RK. Charaka Samhita (Text with English translation). Vol. 5. Varanasi: Chowkhamba Sanskrit Series Office; 2010.
6. Joshi M, Deshpande A. Therapeutic approach of Mahakashaya in Charaka Samhita – A review. J Ayurveda Integr Med Sci. 2020; 5(6):40–45.
7. Priya Gupta, A S Baghel. A pharmaceutical and pharmacognostical study of trishna nigrahana mahakashaya ghanavati in the management of kleda w.s.r. to madhumeha (type 2 diabetes). WJPR
8. Bhalerao S, Panchal P. Concept of Trushna and its management in Ayurveda. Int J Res Ayurveda Pharm. 2022; 13(1):101–106.
9. Sharma AK, Singh N. Physiology of thirst and its Ayurvedic interpretation. Anc Sci Life. 2018; 38(1):22–26.
10. Government of India. The Ayurvedic Pharmacopoeia of India, Part I, Vol. 3. New Delhi: Ministry of AYUSH; 2011.