



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

SIDDHISTHANA REVIEWED: A CRITICAL STUDY FROM THE BRIHATRAYEE PERSPECTIVE

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Abstract:

Siddhithana, the last section of the Charaka Samhita, holds a distinctive place in Ayurvedic literature because it deals with the successful execution of therapeutic procedures, especially purification therapies¹. It is not simply an appendix to earlier discussions; rather, it brings theory into practice and shows how Ayurvedic treatment reaches completion through proper judgment, method, and monitoring. When examined from the perspective of the Brihatrayee—Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya it becomes clear that the concern for therapeutic success is shared by all three classics, although each text presents it with a different emphasis. Charaka gives the subject a separate and explicit textual space in Siddhithana, mainly in relation to Panchakarma, signs of successful therapy, management of complications, and the responsibility of the physician. Sushruta, on the other hand, reflects the same concern through procedural discipline and technical precision, while Vagbhata offers a concise and clinically practical synthesis of the earlier traditions. A comparative reading therefore shows that Siddhithana should be studied not only as one section of Charaka Samhita, but also as a wider therapeutic ideal within the classical Ayurvedic tradition. The present article critically reviews the meaning, scope, comparative dimensions, and practical relevance of Siddhithana and argues that its greatest strength lies in its patient-centered, cautious, and outcome-oriented approach to treatment.

Keywords - Siddhithana, Brihatrayee, Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Panchakarma, Ayurvedic therapeutics, critical study.

Introduction:

Ayurveda preserves its major body of classical medical knowledge through the Brihatrayee, the three great compendia of Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya. Although these texts differ in orientation and style, together they offer a complete vision of health, disease, diagnosis, and treatment. Within this vast tradition, Siddhithana deserves special attention because it is closely connected with the question that matters most in practice: how treatment is successfully carried out. In Charaka Samhita, Siddhithana appears as the concluding section and deals with the successful administration of therapeutic purification procedures. This position is meaningful in itself. It suggests that medical wisdom does not reach fulfillment merely in knowing the body, disease, or medicine, but in applying treatment in a way that brings about proper and safe therapeutic accomplishment. Thus, Siddhithana represents the practical culmination of Charaka's medical thought. A study of Siddhithana from the Brihatrayee perspective is valuable because it allows a broader and more balanced understanding of the concept of **siddhi** in Ayurveda. While Charaka gives it an independent textual identity, related ideas of proper execution, discipline, and successful outcome also appear in Sushruta and Vagbhata in their own characteristic ways. Such a comparison helps reveal both the shared foundations and the distinct clinical voices of the three classics. The present paper attempts a critical study of Siddhithana with special reference to the Brihatrayee. Its aim is to examine the textual role, clinical significance, comparative scope, and present relevance of Siddhithana in Ayurvedic thought and practice.

Objectives of the Study:

The objectives of the present study are as follows:

1. To understand the conceptual meaning and textual importance of Siddhithana in Charaka Samhita.
2. To examine the major clinical themes discussed in Siddhithana, especially in relation to Panchakarma and therapeutic success.
3. To compare these themes with related ideas found in Sushruta Samhita and Ashtanga Hridaya from the broader standpoint of the Brihatrayee.
4. To evaluate the relevance of Siddhithana for present-day Ayurvedic education, scholarship, and clinical practice.

Materials and Methods:

This paper is based on a literary, conceptual, and analytical study of classical Ayurvedic texts and relevant review material. The main source of discussion is the Siddhithana of Charaka Samhita, which has been considered in light of broader comparative observations from the Brihatrayee tradition. Supplementary support has been drawn from general descriptions of the major Ayurvedic classics and comparative scholarly discussions that distinguish the interpretive tendencies of Charaka, Sushruta, and Vagbhata. The method followed here is qualitative rather than statistical. The study identifies key themes such as therapeutic accomplishment, Panchakarma, individualized judgment, complication management, and procedural safety, and then analyzes them critically in a comparative classical framework. The purpose is not only to describe Siddhithana, but to interpret its deeper significance in Ayurvedic clinical thought.

Conceptual Meaning of Siddhithana: The word **siddhi** generally conveys the sense of attainment, accomplishment, fulfillment, or successful completion. In the medical context, it refers to the proper achievement of the desired therapeutic result through a well-executed treatment process. Siddhithana, therefore, may be understood as the section that teaches how treatment reaches its proper end. This meaning is important because Ayurveda does not regard therapy as a mechanical act. A procedure becomes successful only when it is adapted to the person, the disease, the season, the strength of the patient, the

digestive state, and the stage of pathology. Siddhithana reflects this clinical sensitivity by showing that success belongs not to the drug or procedure alone, but to the wise coordination of multiple factors. From the broader Brihatrayee perspective, this idea extends beyond Charaka Samhita. Charaka gives it a formal place in the structure of his text, while Sushruta and Vagbhata embody the same principle through discussions of disciplined execution, practical judgment, and favorable therapeutic outcome. In this way, Siddhi becomes both a textual category and a wider principle of Ayurvedic medicine.

Siddhithana in Charaka Samhita: Siddhithana is the final section of Charaka Samhita and is specifically concerned with the successful administration of therapeutic procedures, especially purification therapies. This final placement is deeply suggestive, because it indicates that the completion of medical knowledge lies in effective therapeutic action. The text does not end with abstract theory; it ends with the practical question of how treatment is to be carried out successfully. One of the most notable features of this section is its practical and clinical character. It deals with procedural requirements, the signs of proper elimination, the conditions in which therapies succeed, and the possible complications that may arise when they are not properly performed. In this sense, Siddhithana acts as a field manual for the physician. Charaka's approach here is also marked by caution and realism. Treatment is not assumed to be successful simply because it has been prescribed. The physician must observe, evaluate, and respond at every stage of the therapeutic process. This makes Siddhithana one of the most clinically alive and intellectually disciplined parts of the text.

Clinical Dimensions of Siddhithana

Panchakarma and Procedural Success: The clinical core of Siddhithana lies in its close connection with Panchakarma. Purification therapies cannot be reduced to isolated techniques; their success depends on proper indication, prior preparation, correct administration, and suitable aftercare. Siddhithana gives shape to this entire process and thus turns Panchakarma into a disciplined therapeutic system rather than a set of detached procedures. This is especially important because purification therapies carry both benefit and risk. If performed without regard for patient strength, digestive capacity, timing, or stage of disease, they may become ineffective or even harmful. Siddhithana responds to this challenge by making success inseparable from prudence.

Individualized Judgment: A striking strength of Siddhithana is its insistence on individualized judgment. Ayurveda repeatedly teaches that the same disease name does not justify the same treatment in every patient, and Siddhithana embodies this principle in a very practical way. The physician must consider constitution, strength, disease condition, associated doshic state, and many situational factors before choosing or carrying out a therapy. This sensitivity protects Ayurvedic treatment from becoming formulaic. The section shows that clinical wisdom lies not merely in knowing therapeutic categories, but in knowing when, how, and for whom a procedure is appropriate. In that sense, Siddhithana can be read as a lesson in responsible medical judgment.

Complications and Their Management: Another important feature of Siddhithana is its recognition of complications. The section does not present treatment in an idealized or oversimplified way; instead, it acknowledges that procedures may go wrong and that the physician must be prepared to identify and manage such situations. This gives the text a practical honesty that greatly enhances its clinical value. The discussion of complications also reflects the ethical maturity of Ayurveda. A capable physician is not just one who initiates a treatment, but one who can foresee risk, correct error, and restore balance when outcomes deviate from expectation. This emphasis makes Siddhithana especially meaningful in the training of clinicians.

Brihatrayee Perspective:**CHARAKA SAMHITA:**

Among the Brihatrayee texts, Charaka Samhita is especially known for its systematic treatment of internal medicine and therapeutic reasoning. Its Siddhithana gives direct textual expression to the idea of therapeutic accomplishment and closely associates success with proper purification procedures, clinical judgment, and careful monitoring. Charaka's presentation is therefore broad in scope and deeply reflective in method².

SUSHRUTA SAMHITA

Sushruta Samhita is often approached from its surgical identity, yet it also contributes significantly to the understanding of successful procedure through its emphasis on technical accuracy, operative discipline, and structured execution. Even when the formal arrangement differs from Charaka, the same underlying concern for successful intervention remains visible. This makes Sushruta an essential comparative partner in any serious study of Siddhi. The difference in emphasis is instructive. Charaka often explores success through the internal therapeutic logic of purification and physician judgment, whereas Sushruta sharpens attention to exact procedure, bodily structure, and disciplined performance. Together, these approaches enrich the meaning of therapeutic accomplishment in Ayurveda³.

ASHTANGA HRIDAYA

Ashtanga Hridaya occupies a special place within the Brihatrayee because it presents Ayurvedic knowledge in a compact and clinically approachable form. Comparative discussions describe Vagbhata's contribution as concise, synthetic, and especially useful for practical application. This makes the Ashtanga Hridaya particularly valuable for understanding how classical therapeutic wisdom was reorganized into a more accessible clinical expression. From this perspective, Vagbhata may be seen not merely as a compiler, but as a thoughtful synthesizer of earlier traditions. His work shows that the principle of **siddhi** can be preserved even when presented with brevity, provided the essential clinical logic is maintained^{4,5}.

Critical Discussion:

A critical review of Siddhithana shows that it is far more than the final textual unit of Charaka Samhita. It stands for a mature therapeutic vision in which success depends on preparation, indication, judgment, execution, observation, and correction wherever necessary. In this sense, Siddhithana is the place where Ayurvedic theory becomes clinically accountable. From a pedagogical point of view, Charaka's decision to shape these ideas into a distinct section is highly significant. It gives students and physicians a focused space in which the problem of treatment success is studied systematically rather than incidentally. At the same time, comparison with Sushruta and Vagbhata shows that the principle of therapeutic accomplishment belongs to the whole classical tradition and should not be restricted to one textual heading alone. Its contemporary importance is equally striking. Modern Panchakarma practice increasingly demands standardization, careful patient selection, monitoring of response, and attention to safety. The concerns already embedded in Siddhithana speak directly to these needs, which explains why the section remains so relevant in present Ayurvedic institutions. At the same time, contemporary use of Siddhithana must avoid superficial imitation. Its teachings require both textual understanding and clinical maturity. A truly critical study should therefore not only praise the section, but also interpret it responsibly for present-day educational and therapeutic settings.

Contemporary Relevance:

Siddhithana remains highly relevant in Ayurvedic education because it encourages students to think like clinicians rather than mere reciters of doctrine. It teaches how to relate principle to practice, how to judge success and failure, and how to respond when treatment does not unfold as expected. In that way, it strengthens the transition from textual learning to practical medicine. Its value in clinical practice is equally important. In a time when Panchakarma is often popularized or standardized in simplified forms, Siddhithana reminds practitioners that true success depends on patient-specific application and careful supervision. Its emphasis on preparation, monitoring, and correction remains indispensable. The section is also important for research. Because it links clinical procedure with observable therapeutic outcome, it offers a strong conceptual base for designing studies on classical treatment parameters, safety markers, and outcome assessment in Ayurveda. This makes Siddhithana a fertile area for future scholarly work.

Conclusion:

Siddhithana occupies a unique and enduring place in Ayurvedic literature because it addresses the practical fulfillment of treatment. In Charaka Samhita, it stands as the culminating clinical expression of therapeutic wisdom, especially in relation to Panchakarma, procedural safety, and physician competence. When viewed through the wider lens of the Brihatrayee, it becomes clear that the concern for successful treatment is shared across Charaka, Sushruta, and Vagbhata, even though each articulates it in a distinct way. A critical study therefore shows that Siddhithana is not a marginal or merely technical section. It is a foundational reflection on how Ayurveda turns knowledge into healing action, and for that reason it remains deeply relevant for present-day scholarship, teaching, and clinical practice.

REFERENCES:

1. Agniveśa. *Charaka Samhitā, with Ayurvedadīpikā commentary of Cakrapāṇidatta and Hindi commentary by Laxmidhar Dwivedi*. 6th ed. Part 4, Siddhithāna, Chapter 12, Sloka 33, p318
2. Agniveśa. *Charaka Samhita, with Ayurvedadīpikā commentary of Cakrapāṇidatta and Hindi commentary by Laxmidhar Dwivedi*. 6th ed. Part 4 (Kalpasthana and Siddhithana). Varanasi: Chaukhamba Krishnadas Academy; 2024.
3. Sushruta. *Sushruta Samhita. Sharira, Chikitsa evam Kalpasthana (Bhag 2)*. Dalhana Acharya's Nibandha Sangraha and Gayadas Acharya's Nyaya Chandrika commentary; Hindi translation by Dr. Keval Krishna Thakral. 1st ed. Varanasi: Chaukhambha Orientalia; 2014. Reprint 2022.
4. *Astāngahrdayam of Vāgbhata with the commentary sanket majari of Damodar Ranade and anantsundari hindi commentary by vaidya Manindra Kumar Vyas, part-2 (cikitsāsthāna, kalpasiddhithāna and uttarasthana)*; Chaukhamba Viswabharati, varanasi-2019
5. *Astāngahrdayam of Vāgbhata with Sarvangasundara and Ayurveda Rasayana Kusumpranha commentary, by Harishchandra Sungh Kushwaha, part-1 (Sutrasthana and Sharirasthana)*; Chaukhambha Orientalia; 2018