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SĀMĀNYA- VIŚEṢA SIDDHĀNTAḤ - A REVIEW ARTICLE

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ABSTRACT

The Concept of "Sāmānya- Viśeṣa Siddhāntaḥ" is one of the basic principle of Ayurveda which helps in treating the diseases. Sāmānya means Similarity and viśeṣa means Dissimilarity, using this Concept many diseases can be cured effectively. The specific guna and karma of Dravya play an important role in the concept of Sāmānya Viśeṣa Siddhāntaḥ. Pādadārī is described in kshudraroga by Sushruta. It is less highlighted in samhita's even though pāda is shelter for marmas. Pādadārī is due to the result of excessive walking and negligence in taking care of foot hygiene. AIM-Application of Sāmānya- Viśeṣa Siddhāntaḥ in the management of Pādadārī by using Sikatha taila as Bahirparimarjana Cikitsā in Pādadārī .. MATERIALS -The sikatha taila is combination of Madhucchiṣṭa and tila taila in the ratio of 1:6 as per Rasa Tarangini. DISCUSSION –Pādadārī is resultant of increased vata doṣa, specifically Ruksha,khara gunas. Sikatha taila is Snigdha,Mrudu,Picchila,Vatagna,Vrana Shodaka,Vrana Ropaka. According to Sāmānya- Viśeṣa Siddhāntaḥ, for ruksha guna –snigdha is selected [guna Viśeṣa], for vata dosa-tila taila is selected [dravya Viśeṣa], for darana/sputhana-poorana and ropana is essential [karma Viśeṣa]. CONCLUSION - Sāmānya-Viśeṣa Siddhāntaḥ is special concept of Ayurveda. This helps in regain equilibrium of Doṣa, Dhātu, Mala. The concept of Sāmānya-Viśeṣa Siddhāntaḥ practically best utilized in the management of Pādadārī with Sikatha taila. In same way this Sāmānya- Viśeṣa Siddhāntaḥ can be best implemented in many diseases by the appropriate selection of medicines, foods and daily regimens.

KEYWORDS : *Sāmānya- Viśeṣa Siddhāntaḥ , Pādadārī , Sikatha taila.*

INTRODUCTION

Ayurveda is one of the world's oldest holistic healing system. It explains preventive and curative aspects for a healthy person as well as for a diseased person[1]. For a healthy person to lead a good health and longevity it explains *Dinacharya, Rutucharya* etc. For a diseased person it explains three folds of treatment modalities on the basis of route of administration. i.e.,*Anthahparimarjan, Bahirparimarjan*, and *Shastrapranidana* [2]. The balancing state of *Doṣas, Dhatus, Agni* and *Malas* is responsible for normal health status while imbalance leads pathological manifestation[3]. *Ayurveda* described many principles for maintaining and promoting general health, these principles are; *Panchmahabhut Siddhant*, *Triguna Siddhant* and *Sāmānya Viśeṣa Siddhāntaḥ,* etc. Amongst these principles the *Sāmānya Vishesh Siddhanta* is very important in *Ayurveda* philosophy, this *Siddhanta* (principle) , mainly based on the concept of similarity and dissimilarity which helps to attain equilibrium of *Dosha, Dhatu* and *Mala*, etc[4].

Sāmānya Viśeṣa Siddhāntaḥ based on the qualities of substances which either increases or decrease quality and quantity of *Bhavpādarth* (*Dravya, Guna and Karma*). The word *Sāmānya* denotes growth in *Bhavpādarth* while *Vishesh* leads destruction in *Dravya, Guna* and *Karma*. The motive behind this growth or depletion of *Bhavpādarth* is to achieve original *Prakruti* or state of equilibrium. This concept used in *Cikitsā* since *Aushadhis* of same and opposite quality can helps to potentiate and pacifies *Doṣas* respectively[5].

The diseases of *pāda* are less highlighted in *samhita*, even though it is the shelter for *Kurchashira[rujaakara marma*], *Talahrudaya and Kshipra [kalantara pranahara], Kurcha[vaikalyakara]marmas*[6].

Pādadārī is one of the most commonest disease. It is described in *Kshudraroga* by *Sushruta,Madhava nidha*[7]. *Vangasena*[8], *Yogaratnakara*[9], *Chakradatta*[10],*Bhaishajya Ratnavali*[11], *Bhavaprakasha* [12].

The prevalence rate of *Pādadārī* is 42-54 %, which is very high, but awareness about disease and foot care is very low [13]. Foot is considered to be foundation of the body. But it is the most neglected and least cared part of the body. The important reasons to take care of feet include – Quality of life, Productive work and Regular physical activity. Quality of life depends on mobility. Feet problems may lead to impaired mobility there by individuals are unable to carryout daily physical activities like, walking, shopping etc. Loss of mobility will also have a major psychological impact on an individual. Feet are the hardest working part of our body containing 25% of body's bones[14], 18% of its joints and 6% of its muscles plus 7000 sensitive nerve endings[15].

In *samhita's Pādadārī* is explained as a result of excessive walking and negligence in taking care of foot hygiene. The

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main pathological entity in *Pādadārī* is vitiated *vata dosha* and it results in *Pādadārī* [cracks/fissures] and shoola[16].

The management of *Pādadārī* includes *Antahparimarjan, Bahirparimarjan and Shastrapranidan*, which means systemic, local and para surgical therapies. *Siravyadha, snehana, Swedana* followed by *lepana of Madhucchiṣṭa, Vasā, Majja, Rāḷa* etc mentioned in classics[17]. *Pādadārī is* a *pāda twak ashrita vyadhi*, hence *bahirparimarjana cikitsā* is selected.

The *Sikatha Taila* [18] is combination of *Madhucchiṣṭa* and *Tila taila*. *Madhucchiṣṭa* is *mrudu,snigdha,picchala,madhura* and best *vrana shodhaka, ropaka*[19]. *Tila taila* is *snigdha, guru,ushna,anilagna* and *vrana ropaka* [20]. According to *Sāmānya Viśeṣa Siddhāntaḥ,* for *ruksha guna – snigdha* is selected [*guna vishesha*], for *vata dosha – tila taila* is selected [*dravya vishesha*], for *darana/sputhana – poorana and ropana* is essential [*karma vishesha].*

Purpose of selection of topic is, found number of people and patients suffering from *Pādadārī* , as per classics *Madhucchiṣṭa* is useful in *Pādadārī* , it is cost effective and feasible. Hence the present study is taken to understand the Concept of *Sāmānya –vishesha siddhanta* and to evaluate the efficacy of *sikatha taila i*n *Pādadārī* .

MATERIALS AND METHODS

1. Literary Source: Literary aspect of study will be collected from classical *Ayurvedic* and contemporary texts and with updated recent medical journals and electronic media.
2. Sample Source: Patients fulfilling sign and symptoms of *Pādadārī* was selected from OPD and IPD of S.V. M.A.M. C'S R.P Karadi Ayurvedic Hospital,Ilkal.
3. Drug Source: The trial drugs were identified properly with the help of experts of *Dravya Guna* department as well as *Rasashastra* and *Bhaishajya Kalpana* department and collected from the local market.

PREPARATION OF MEDICINE

The trial medicine will be prepared in the *Nagarjuna Pharmacy, S.V.M.A.M.C, Ilkal*

COMPOSITION OF TRIAL DRUG

SIKATHA TAILA

Drugs	Quantity
Madhucchiṣṭa	1 part
Tila Taila	6 part

Preparation of *siktha taila-*

Preparation of *siktha taila* (1:6) was done as per the reference mentioned in '*murchhanavijyaniya adhyaya'* of *Rasatarangini*. 6 parts of tila taila was taken in a vessel. It was kept on low flame. 1 part of *siktha* (bee wax) was added to it. It was subjected to heat till *siktha* got completely melted in *tila taila*. Then the flame was switched off & continuous stirring of the mixture was done. It was stored in container & was observed till it attained semi-solid consistency.

STUDY DESIGN

Randomized Single blind clinical trial.

SAMPLE SIZE

30 diagnosed patients of *Pādadārī* fulfilling the selection criteria will be taken for clinical trial from S.V.M.A.M.C's R.P.KARADI Hospital,Ilkal.

DIAGNOSTIC CRITERIA

The clinical features in *Pādadārī* as mentioned in classic will be taken as the criteria such as,

1) *Pādadārī* [cracks/fissures]
2) *Pādaruja* [pain in the foot]
3) *Pādarukshata* [dryness of foot]

INCLUSION CRITERIA

- Patients irrespective of Gender.
- Age group between 18 – 70 years.
- Patients having *Sāmānya laxana* of *Pādadārī i.e. pāda Dārī, ruja, rukshata.*

EXCLUSION CRITERIA

- Patients suffering with other systemic disorders.[HIV, DM]
- Patients suffering with any skin allergy and other skin disorders

INTERVENTIONS:

GROUP	SAMPLE SIZE	INTERVENTION	TREATMENT	TOTAL DURATION
Trial group	30	Application of *sikatha taila* on affected area of foot at twice in a day [morning and evening].	30 days	45 days

STUDY DURATION

Clinical Trial		Observational Period	Total Duration
30 days	After treatment assessment on 31st day.	Follow up on 45th day	45 days

A 55-year-old female patient presented to our Institute hospital on 19th DEC, 2024 with chief complaint of 5 months *Dārī* (cracks or fissure) over both feet along with *Vedana* (pain), *Rukshata* (Dryness) . There Was no history of Hypertension or Diabetes or any other major systemic as well as surgical illness. For the above complaints she went to multiple institutes and took various treatments for *Pādadārī* resulting in temporary relief. On arrival to our institute, her general condition was good. With this clinical presentation, on the basis of visual inspection the patient was diagnosed as a case of *Pādadārī* and following *Ayurvedic* preparations like local application of *Sikatha taila lepa* was started as she has been received many

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other treatment modalities for *Pādadārī* . Along with this the progress in the condition of feets was closely observed to assess the efficacy of this *Sikatha taila lepa* on *Pādadārī* . Interestingly the results were very encouraging clearly suggest that this local medicine as a best treatment for *Pādadārī* .

Clinical Findings

General examination: The patient was well-oriented and well nourished, with no signs of pallor and icterus. The patient's appetite, sleep, bladder and bowel movements were normal. No abnormal findings were noticed during the systemic examination.

Local examination revealed the presence of 10 to 15 numbers of dry superficial cracks on the soles of feet bilaterally ranging from 1 to 4 cm with blackish discoloration and roughness seen predominantly. The patient experienced mild pain in the heel while walking, standing and performing other routine activities.

Timeline :The patient noticed cracks, dryness and roughness since 5 months , gradually followed by the gradual increase in the symptoms. The patient applied petroleum jelly on the cracks daily for one week prior to the visit, but there was no significant relief in the condition. On 19th dec 2024, she consulted for *Ayurvedic* treatment for the condition.

ASSESSMENT CRITERIA

The data will be assessed on 0th day [Before Treatment],31st day after completion of treatment, and on 45th day [follow up after treatment].The data obtained is subjected to relevant statistical test to ascertain significance.

SUBJECTIVE PARAMETERS

The following parameters will be taken as subjective parameters

Table 1

Pāda ruja	No pain	0
	Pain on digital pressure	1
	Pain while walking	2
	Constant pain	3

Pādarukshata	No dryness	0
	Dryness felt by patient but not seen	1
	Dryness that easily seen and felt	2
	Dryness that predominantly seen and felt	3

OBJECTIVE PARAMETERS

Table 2

Number of Dārī	No Dārī	0
	1-3 Dārī	1
	4-6 Dārī	2
	More than 6 Dārī	3

Length of Dārī	0	0
	1-10mm	1
	11-20mm	2
	More than 20mm	3

Therapeutic intervention

The patient was advised for local application of *Sikatha taila lepa* twice a day for a period of 30 days. The patient was instructed to apply the *lepa* after cleaning the feet and soaking them in lukewarm water for 10 minutes. Later, the *lepa* was applied to the soaked wet heels after removing the excess water. During treatment, the patient was instructed to avoid using moisturizers, harsh soaps, and thin-soled footwear.

OBSERVATION AND RESULTS

The condition was assessed every seven days up to four weeks. A considerable decrease in *Ruja* (pain)was found in the first two days after applying the medicine. A decrease in roughness and dryness around the heels was found after two weeks . Significant improvement in all signs and symptoms was seen during the follow-up and the condition completely improved.

DISCUSSION

ON *SAMANAYA – VISHESHA SIDDHANTA*

Sāmānya for Doṣas

Medicinal substances characterized by attributes such as *katu* (pungent*), tikta* (bitter), *ruksha* (dry), *laghu* (light), and *sheeta* (cold) are known to be beneficial for conditions like *Vatakshaya* through the framework of *Guna* Samanya. For instance, properties such as *amla* (sour), *katu* (pungent), *kshara* (alkaline), *lavana* (salty), *ushna* (hot), and others are similarly categorized.

Teeksna or penetrating substances assist in alleviating *Pitta* deficiency, whereas agents with oily, sweet, heavy, and dense qualities are helpful for *Shleshma* depletion. The intake of milk increases *Kapha* due to its shared softening qualities. When a substance mirrors the innate characteristics of a *Dosha*, it tends to reinforce it, as observed with similar activities in the body. For instance, running or floating actions, which embody movement (Chalatva Guna Samanya), promote *Vata*-related

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issues, while exposure to heat elevates *Pitta* due to its penetrating effect, whereas activities such as sleep or rest enhance *Kapha* by amplifying steadiness.

Vishesha for Doṣas

Utilizing substances that are dry, hot, or sharp can help diminish *Kapha*. Ingredients with light and dry properties tend to mitigate *Vata*, while those with cooling properties are effective against *Pitta*. This implies that managing doshic imbalances revolves around leveraging both similarities and differences in substance qualities

Sāmānya as Cikitsā

Shukra Kshaya can be corrected through substances (*Dravyas)* that promote nourishment *(Vriddhi*), such as *Kshira* (milk) and *Ghrita* (ghee), which possess *Madhura, Sheeta*, and *Snigdha* qualities. *Mutra Kshaya* is managed with agents like *Ikshu, Varuni*, and *Manda,* known for their *Madhura, Amla* and *Lavana* tastes. *Purisha Kshaya* can be treated with substances including *Kulmasha, Yava, Shaka*, and *Kushkunda*.*Vata Kshaya* is managed using *Dravyas* that carry *Katu, Tikta, Ruksha* and *Laghu* qualities. *Pitta Kshaya* requires balancing through agents with *Amla, Lavana, Katu, Ushna* and *Tikshna* properties. *Shleshma* (*Kapha) Kshaya* may be addressed with *Dravyas* that are *Snigdha, Guru, Madhura* and *Pichhila* in nature.

Vishesha as Cikitsā

The principle of *Vishesha* is also significant in controlling the predominance of *Doṣas.* When substances with qualities opposite to those of an aggravated *Dosha* are administered, they help restore balance and pacify the disturbed state. *Sadavidha Upakrama* includes measures *like Langhana, Rukshana, Snehana*, *Swedana, Brimhana* and *Stambhana*, which are based on *Guna Vishesha*. These therapeutic interventions provide effective relief in a wide range of disorders. Similarly, *Samshodhana* (purification therapies) and *Samshamana* (pacification therapies) are also guided by the Vishesha principle. These methods cleanse the body of toxins and employ medicines with opposite properties to manage and cure specific diseases.

Role in prevention

In *Ayurveda*, Sāmānya–Vishesha Siddhanta, which explains similarity and dissimilarity, is fundamental for the prevention and management of diseases. This concept assists healthcare providers in choosing suitable foods, routines, and treatments. When substances have similar qualities, they can intensify certain effects, while opposing qualities tend to suppress them. These approaches are essential for therapies like cleansing (Shodhana) and calming (Shamana), and help to maintain balance among bodily humors. Ayurveda recognizes different stages in the development of disease and recommends using therapies based on opposing qualities to address imbalances, such as massage and exercise for specific disorders, and dietary and lifestyle changes to restore healthy bodily channels.

On Efficacy of *Sikatha taila in Pādadārī*

The characteristics of *Pādadārī* were moderate in the initial stage. The main factor was the change in environment as patient is residing in *jangala desha*. Because of the moderate nature of the condition, only external application was advised, and the patient was asked to stay hydrated. The test drug selected for the study was *Sikatha taila* lepa. It contains *Tila taila* (Sesame Oil), and *Madhuchishta* (Beeswax) . *Tila taila* is *Vata Kapha hara*, *Tvachya,* indicated in *Vrana*,*Sphutana. Madhuchishta* is having *Mridu* (Soft), *Snigdha* (Unctuous) *guna* and *Vrana Ropana* (Heals the wound), *Vata Kushta hara Karma* (pacify Skin diseases due to *Vata).* Beeswax hydrates, soothes, and calms the skin. It exfoliates and repairs damaged skin, promotes the skin's regeneration, diminishes the appearance of the signs of ageing, and soothes and facilitates the healing of abrasions. It prevents harmful bacteria from entering the body through chapped and broken skin by providing the skin with a layer of protection against external irritants.

CONCLUSION

The *Siddhantas* form the foundation of *Ayurveda* and provide the guiding principles for disease management. Among them, the *Sāmānya –Vishesha Siddhanta* holds special importance, as it supports not only physical health but also mental and spiritual well-being. This principle helps in restoring the balance *of Doṣas, Dhatus, Malas*, and *Agni,* while also preventing disorders of the *Srotas*. Its application involves the proper selection of food, lifestyle practices, medicines, and daily regimens tailored for specific conditions. By utilizing similarity (*Sāmānya*) to promote growth and dissimilarity (*Vishesha*) to bring reduction, this concept regulates *Doṣas* and *Dhatus*, thereby maintaining overall equilibrium and health. The concept of *Vishesha Siddhanta* revolves around the principles of *Vriddhi* (increase) and *Kshaya* (decrease) of biological entities. *The Sāmānya –Vishesha Siddhanta* explains how the application of similar or opposite qualities (*Bhavas*) brings about therapeutic changes. By employing this principle, *Ayurveda* provides effective responses for the management of numerous pathological conditions.

Cracked heel is a common condition which affects every individual at least once during their lifetime. Proper management during the initial stage can prevent further complications. The present case reveals that following the *Ayurvedic* line of treatment is very effective tool for the management of any disease. The present case proves *Sikatha taila lepa* is a potent herbal medicine for the treatment of *Pādadārī* .

According to *Sāmānya Viśeṣa Siddhāntaḥ*, for *ruksha guna – snigdha* is selected [*guna vishesha*], for *vata dosha – tila taila* is selected [*dravya vishesha*], for *darana/sputhana – poorana* and *ropana* is essential [*karma vishesha*].

Informed Consent: Informed consent was taken from the patient and the study was carried out as per the International Conference of Harmonization-Good Clinical Practices Guidelines (ICHGCP).

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Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

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हिंदी सारांश

पाददारी में सिकथा तेल के सामान्य-विशेष सिद्धांत का मूल्यांकन।

सार

भूमि- आयुर्वेद का एक मूल सिद्धांत है 'सामान्य-विशेष सिद्धांत', जो रोगों के उपचार में सहायता करता है[1]।'सामान्य' का अर्थ है समानता और 'विशेष' का अर्थ है विषमता। इस अवधारणा का उपयोग करके कई बीमारियों को प्रभावी ढंग से ठीक किया जा सकता है । सामान्य-विशेष सिद्धांत की अवधारणा में द्रव्य (पदार्थ) के विशिष्ट गुण (गुण) और कर्म (कार्य) महत्वपूर्ण भूमिका निभाते हैं। पाददारी का वर्णन सुश्रुत ने क्षुद्ररोग में किया है। यह संहिताओं में कम वर्णित है, हालांकि पैर मर्मों (महत्वपूर्ण बिंदुओं) का आश्रय हैं[1]। पाददारी अत्यधिक चलने और पैरों की स्वच्छता की उपेक्षा के कारण होता है ।

उद्देश्य: पाददारी के प्रबंधन में बहिर्परिमार्जन चिकित्सा के रूप में सिकता तैल का उपयोग करके सामान्य-विशेष सिद्धांत का अनुप्रयोग करना।

सामग्री: रस तरंगिणी के अनुसार, सिकता तैल मधुच्छिष्ट और तिल तैल के 1:6 के अनुपात में बनाया जाता है ।

चर्चा: पाददारी वात दोष के बढ़ने का परिणाम है, विशेष रूप से इसके रूक्ष (सूखापन) और खर (कठोरता) गुणों का[1]। सिकता तैल स्निग्ध (चिकना), मृदु (मुलायम), पिच्छिल (चिपचिपा), वातघ्न (वात को शांत करने वाला), व्रण शोधक (घाव को साफ करने वाला) और व्रण रोपक (घाव भरने वाला) होता है। सामान्य-विशेष सिद्धांत के अनुसार: रूक्ष गुण के लिए स्निग्ध गुण का चयन किया जाता है (गुण सामान्य)।

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वात दोष के लिए तिल तैल का चयन किया जाता है (द्रव्य सामान्य)।
दारन/स्फुटन (फटने) के लिए पूरण (भरना) और रोपण (भरना) आवश्यक है (कर्म सामान्य) ।
निष्कर्ष: सामान्य-विशेष सिद्धांत आयुर्वेद का एक विशेष सिद्धांत है। यह दोष, धातु और मल के संतुलन को फिर से स्थापित करने में मदद करता है। सामान्य-विशेष सिद्धांत की अवधारणा का उपयोग पाददारी के प्रबंधन में सिकता तैल के साथ व्यावहारिक रूप से सर्वोत्तम तरीके से किया जाता है । इसी तरह, उचित दवाओं, आहार और दैनिक दिनचर्या के चयन से इस सिद्धांत को कई बीमारियों में प्रभावी ढंग से लागू किया जा सकता है।
मुख्य शब्द: सामान्य-विशेष सिद्धांत, पाददारी, सिकता तैल ।