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SPARŚANENDRIYA AS INDRIYA-VYĀPAKA AND ITS CENTRAL ROLE IN ASĀTMYA INDRIYĀRTHA SAṂYOGA: A CONCEPTUAL AYURVEDIC ANALYSIS

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ABSTRACT

Ayurveda recognizes Asātmya Indriyārtha Saṃyoga (improper interaction between sense organs and their respective objects) as a fundamental cause of disease. Among the five Jñānendriyas, Sparśanendriya (organ of touch) is uniquely described as indriya-vyāpaka (pervading all sense faculties) and cetaḥ-samavāyi (inseparably associated with Manas). Classical references from Caraka Saṃhitā (Sūtrasthāna 11/38; Indriyasthāna 4/23) and Suśruta Saṃhitā (Śārīrasthāna 1/19; 1/29–30), supported by authoritative commentaries, establish Sparśanendriya as the perceptual domain of Mahābhūta attributes and as a systemic integrator governed by Vāyu. This conceptual study critically evaluates whether Asātmya Indriyārtha Saṃyoga affecting Sparśanendriya can influence other Indriyas through Manas. Textual analysis reveals that due to its pervasive distribution, Vāyu-dominant functional role, and mental association, tactile disturbance may manifest as multisensory dysfunction. The study proposes a coherent Sparśa-Vāyu-Manas axis as the theoretical basis for understanding multisensory pathology within Ayurvedic physiology.

KEYWORDS: *Sparśanendriya, Asātmya Indriyārtha Saṃyoga, Manas, Indriya-vyāpaka, Dhātu-sāmya, Vāyu*

1. INTRODUCTION

Ayurveda conceptualizes human physiology and perception as an integrated system involving Indriyas (sense organs), Manas (mind), Mahābhūtas (elemental principles), and Dhātus (tissue systems). Among the causative factors of disease, Asātmya Indriyārtha Saṃyoga occupies a central position. It denotes improper engagement between a sense organ and its object and is classified into three types hīna (deficient use), ati (excessive use), and mithyā (erroneous use) [1].

While each sense organ has a specific sensory domain, sound, touch, form, taste, and smell. Caraka introduces a deeper conceptual insight by describing Sparśanendriya as indriya-vyāpaka and cetaḥ-samavāyi [1]. This suggests that tactile perception is foundational rather than peripheral. If Sparśanendriya pervades all Indriyas and operates inseparably with Manas, its disturbance may not remain confined to the tactile domain.

The present study examines this proposition through textual and conceptual analysis of primary Ayurvedic sources

2. OBJECTIVES

To analyze classical descriptions of Sparśanendriya as indriya-vyāpaka.
To examine its samavāyi relationship with Manas.
To evaluate whether Asātmya Indriyārtha Saṃyoga of Sparśanendriya can influence other sensory faculties.

3. METHODOLOGY

This study employs conceptual textual analysis.

Primary Textual Sources
Caraka Saṃhitā, Sūtrasthāna 11/38
Caraka Saṃhitā, Indriyasthāna 4/23
Suśruta Saṃhitā, Śārīrasthāna 1/19
Suśruta Saṃhitā, Śārīrasthāna 1/29–30
Āyurvedadīpikā (Cakrapāṇidatta)
Nibandhasaṅgraha (Dalhaṇa)

The verses were examined in original Sanskrit and interpreted using classical commentaries. Conceptual synthesis was undertaken to establish interrelationships between Sparśanendriya, Vāyu, Manas, and multisensory functioning.

This study is non-experimental and theoretical in nature.

4. RESULTS

4.1 Sparśanendriya as Indriya-Vyāpaka

Caraka states:
तत्रैकं स्पर्शनमिन्द्रियाणामिन्द्रियव्यापकं चेतःसमवायि ।
स्पर्शनव्याप्तेर्व्यापकमपि च चेतः ।
तस्मात्सर्वेन्द्रियाणां व्यापकस्पर्शकृतो यो भावविशेषः
सोऽयमनुपशयात् पञ्चविधस्त्रिविधविकल्पो भवत्यसात्म्येन्द्रियार्थसंयोगः ।
सात्म्यार्थो ह्युपशयार्थः ॥
(Caraka Saṃhitā, Sūtrasthāna 11/38)

This establishes:
Sparśanendriya pervades all sensory faculties.
It is inseparably associated with Manas.
Asātmya Indriyārtha Saṃyoga, though fivefold, is unified conceptually through Sparśa.

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4.2 Sparśanendriya and Mahābhūta Integration
Suśruta explains:
आन्तरिक्षाः- शब्दः शब्देन्द्रियं...
वायव्यास्तु- स्पर्शः स्पर्शेन्द्रियं सर्वचेष्टासमूहः सर्वशरीरस्पन्दनं लघुता च ॥
(Suśruta Saṃhitā, Śārīrasthāna 1/19)

Dalhaṇa clarifies:
"स्पर्शेन्द्रियं त्वक्" - Sparśendriya is Tvak (skin).
"सर्वचेष्टासमूहः" - Vāyu governs all actions.
"सर्वशरीरस्पन्दनम्" - All bodily pulsations are Vāyu-driven.
Thus Sparśa is Vāyu-dominant and systemically integrative.

Further, Suśruta states:
लक्षणं सर्वमेवैतत् स्पर्शनेन्द्रियगोचरम् ।
(Suśruta Saṃhitā, Śārīrasthāna 1/29–30)
All elemental attributes are within the domain of Sparśanendriya.

4.3 Pathological Evidence: Sensory Inversion
Caraka describes altered tactile perception in moribund states:
उष्णाञ्छीतान् खराञ्छलक्षणान्मृदूनपि च दारुणान् ।
स्पृश्यान् स्पृष्ट्वा ततोऽन्यत्वं मुमूर्षुस्तेषु मन्यते ॥
(Caraka Saṃhitā, Indriyasthāna 4/23)

Cakrapāṇidatta explains that heat is perceived as cold and smooth as rough.
This demonstrates systemic breakdown of tactile cognition mediated by Manas.

4.4 Dhātu-Sāmya as the Therapeutic Goal
Caraka states
एतावदेव हि भैषज्यप्रयोगे फलमिष्टं स्वस्थवृत्तानुष्ठाने च यावद्धातूनां साम्यं स्यात् ॥
(Caraka Saṃhitā, Sūtrasthāna 1/7)

The ultimate aim of therapy and health maintenance is Dhātu-sāmya (equilibrium). Sensory normalization is therefore dependent on restoration of systemic balance.

5. DISCUSSION
The integrated reading of Caraka and Suśruta reveals a coherent Sparśa–Vāyu–Manas axis:
Sparśanendriya is indriya-vyāpaka.
Sparśa is Vāyu-dominant and governs systemic movement.
Sparśanendriya is inseparably linked with Manas.
Severe systemic imbalance results in tactile inversion.
Thus, Asātmya Indriyārtha Saṃyoga affecting Sparśanendriya may:
Disturb Vāyu
Alter Manas
Manifest as multisensory dysfunction
Although sensory disturbances appear organ-specific, their origin may be unified at the tactile level.

This conceptual framework explains multisensory pathology within Ayurvedic physiology without invoking isolated organ failure.

6. CLINICAL IMPORTANCE
Understanding the integrative role of Sparśanendriya and its involvement in Asātmya Indriyārtha Saṃyoga carries significant implications for clinical Ayurvedic practice.

6.1 Finding Causes (Nidāna Parīkṣā)
In patients presenting with dermatological, neurological, psychosomatic, or multisensory complaints, evaluation of improper tactile exposure becomes essential. Excessive heat, cold, pressure, friction, artificial textures, occupational hazards, or repeated trauma may represent atiyoga, hīnayoga, or mithyāyoga of Sparśanendriya. Since Sparśanendriya is inseparably associated with Manas, clinicians must also assess stress-induced tactile hypersensitivity, sensory withdrawal, or altered perception. Identification of tactile Asātmya Indriyārtha Saṃyoga may help trace the fundamental etiological factor in disease manifestation.

6.2 Taking History (Roga & Rogī Parīkṣā)
Comprehensive history-taking should include:
Environmental exposure (extreme temperatures, chemicals, pollutants)
Lifestyle patterns (prolonged air-conditioning, sedentary behavior, excessive digital device use)
Occupational strain
Physical trauma
Emotional stress affecting sensory perception

Special attention should be given to complaints such as numbness, burning sensation, tingling, hypersensitivity, altered temperature perception, or associated disturbances in vision, hearing, or balance. These may indicate underlying disturbance in the Sparśa–Vāyu–Manas axis.

6.3 Precautions and Preventive Measures
Preventive and corrective strategies should aim at restoring Dhātu-sāmya through:
Regulation of tactile exposure
Seasonal adaptation (Ṛtucaryā)
Appropriate clothing and environmental protection
Regular Abhyanga (therapeutic oil massage)
Balanced sensory engagement
Mind-stabilizing practices

Patient education regarding appropriate sensory discipline is essential to prevent recurrence and maintain multisystem equilibrium.

7. CONCLUSION
Classical Ayurvedic texts consistently establish Sparśanendriya as indriya-vyāpaka and cetaḥ-samavāyi. Its Vāyu-dominant and systemic nature makes it central to sensory integration. Textual

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analysis strongly supports the proposition that Asātmya Indriyārtha Saṃyoga of Sparśanendriya may influence other Indriyas through Manas. Restoration of Dhātu-sāmya becomes the corrective mechanism for sensory normalization. This theoretical model provides a solid foundation for future clinical and interdisciplinary exploration.

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