

“Trisutra Siddhanta in Kāya Chikitsā:

Bridging Traditional Wisdom with Modern Needs”

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ABSTRACT

The foundational framework of Ayurveda *Hetu* (cause), *Linga* (symptoms), and *Aushadha* (treatment)—collectively known as *Trisutra Siddhanta*, forms the cornerstone of disease understanding and management. In Kāya Chikitsā (internal medicine), this *trisutra* remains not only philosophically profound but clinically practical. As modern healthcare increasingly emphasizes root-cause medicine and holistic management, the relevance of this ancient triad resurfaces. This paper explores *Trisutra Siddhanta* in the context of contemporary science and evaluates its integration with modern clinical practices.

Keywords: *Trisutra Siddhanta in Kāya Chikitsā*

INTRODUCTION

Trisutra Siddhanta represents a timeless diagnostic and therapeutic triad in Ayurveda. Its application in Kāya Chikitsā offers a structured, logical, and holistic approach. In an era dominated by chronic lifestyle diseases, revisiting and integrating this traditional model with modern care paradigms holds potential for transformational healthcare. Bridging traditional wisdom with scientific tools can pave the way for truly integrative medicine. *Kāya Chikitsā*, the branch of Ayurveda concerned with internal medicine. This triad represents a logical and systematic approach to understanding disease, its origin, manifestation, and resolution.

As the global burden of chronic and lifestyle-related diseases grows, the relevance of Ayurveda’s causative and constitutional approach becomes ever more apparent. However, the integration of traditional knowledge systems with

modern biomedical paradigms presents both opportunities and challenges, including issues of standardization, evidence validation, and interdisciplinary communication.

This research paper explores the application of *Trisutra Siddhanta* within Kāya Chikitsā, examining its potential to complement and enhance modern medical approaches. By analyzing its philosophical foundations, clinical implications, and possible integration strategies, the study aims to contribute to a deeper understanding of how ancient Ayurvedic wisdom can be effectively aligned with contemporary healthcare needs—ultimately fostering a more inclusive and effective model of patient care.

REVIEW OF LITERATURE

TRISUTRA PRINCIPLE^{1,2,3}

In the classical framework of Ayurveda, the *Trisutra Siddhānta*—*Hetu* (etiology), *Linga* (clinical features), and *Aushadha* (treatment)—forms the foundation of all diagnostic and therapeutic strategies.

- **HETU: (The Cause or Etiological Factors)**

Definition:

In Ayurveda, Hetu means the causative factor or reason responsible for the initiation and progression of a disease. It is the first pillar in the *Trisutra Siddhanta* (*Hetu*, *Linga*, *Aushadha*), which guides the entire diagnostic and therapeutic process.

Acharya Charak describes *Asātmendriyārtha Samyoga* (improper contact of senses with their objects),

Prajñāparādha (intellectual blasphemy), and *Pariṇāma* (seasonal variation) as the **three prime causes** of all diseases.

In *Kāya Chikitsā Hetu* assessment helps in:

- Identifying ***dosha-dushti*** (pathogenic imbalance).
- Determining ***Samprapti*** (pathogenesis) stage.
- Classifying diseases as ***Nija*** (endogenous) or ***Āgantuka*** (exogenous).

Applications in Clinical Practice and Research

The Ayurvedic concept of *Hetu* encompasses a broad spectrum of causative and contributory factors, many of which find direct parallels in modern medical terminology such as **risk factors, etiological agents, and triggering events.**

- A. Risk factors** are variables associated with increased disease probability. These include smoking, alcohol consumption, poor dietary habits, physical inactivity, and chronic stress, which are well-documented contributors to lifestyle-related non-communicable diseases (NCDs) such as diabetes, obesity, and cardiovascular disease (e.g., smoking, poor diet, sedentary lifestyle). Ayurveda classifies similar causative factors under *Prajnaparādha* (intellectual errors leading to unhealthy behavior), *Asatmendriyārtha Samyoga* (improper contact of senses with their objects), and

Parinama (effects of time or season) . For instance:

- Poor dietary habits like *Adhyashana* (overeating) and *Vishamashana* (irregular eating) are primary Hetus for *Agnimandya* (impaired digestion) and *Prameha* (diabetes).
- Sedentary lifestyle corresponds with *Alasya* (laziness), considered a contributing factor in *Sthoulya* (obesity) and *Medoroga*.

B. Aetiology (causes of disease in modern pathology)

Ayurveda's *Hetu* concept, with its inclusive approach toward lifestyle, diet, environmental exposure, behaviour, and emotional health offers a multidimensional lens that resonates strongly with the modern understanding of disease aetiology.

Aetiology in modern pathology refers to specific biological agents and mechanisms that lead to disease. These include:

- Pathogens (e.g., *Helicobacter pylori* in peptic ulcer disease),
- Genetic mutations (e.g., BRCA1 in breast cancer),
- Metabolic dysfunctions (e.g., insulin resistance in Type 2 diabetes)

C. Triggering events (stress, allergens, infections) ^{5,6,7}

Triggering events are external or internal stimuli that precipitate or worsen an underlying condition. These include:

- Stress as a precipitant in cardiovascular events
- Allergens in bronchial asthma,
- Infections triggering autoimmune diseases or metabolic decompensation.

In Ayurveda, these are closely aligned with *Aupasargika Hetus* (external, incidental causes) and *Vega Udīraṇa* (factors precipitating latent dosha aggravation)

- The classical concept of Hetu provides a timeless framework for understanding the roots of disease—biological, behavioral, and environmental. Bridging this ancient wisdom with contemporary clinical and research methodologies offers an enriched model for holistic, preventive, and personalized healthcare.
- Ayurveda's *Hetu* is analogous to convergence between *Prajnaparadha* (willful unhealthy behaviour) and modern behavioural science. It demonstrates Ayurveda's timeless insight into modifiable risk factors. Similarly, *Parinama Hetu* aligns with the understanding of chronobiology and seasonal disease exacerbations in environmental medicine.
- In clinical *Kāya Chikitsā*, a systematic evaluation of Hetu forms the basis for accurate diagnosis (*Nidāna Panchaka*), prognosis, and tailored treatment. It facilitates patient education by identifying lifestyle triggers and fostering behavioural

modification with core principles of both Ayurveda and modern health promotion.

- The need for evidence-based integration compels us to rediscover and validate the Ayurvedic classification of *Hetus* through epidemiological research, risk factor mapping, and longitudinal studies. By identifying *Hetus* in a structured, replicable manner, Ayurvedic diagnostics can be made more quantifiable, without compromising the philosophical integrity.
- Research into *Hetu* allows for the creation of preventive frameworks, such as personalized diet and lifestyle protocols based on *Deha Prakriti* and *Hetu Vishleshana*. Furthermore, tools like Ayurvedic questionnaires and risk assessment forms based on *Hetu* classification should be developed for both clinical and research utility.

B.Linga

The second component, represents the manifestations of disease, encompassing both subjective symptoms (*Lakshana*) and objective signs (*Roopa*). In Ayurvedic diagnostics, *Linga* indicates the presence of a disease through visible and perceivable expressions. In the realm of *Kāya Chikitsā*, which deals with systemic or internal disorders, *Linga* plays a critical role in accurate diagnosis (*Nidāna*) and determining the stage and severity of disease.

In the classical framework of Ayurveda, the ***Trisutra Siddhānta—Hetu*** (etiology), ***Linga*** (clinical features), and ***Aushadha*** (treatment)—forms the foundation of all diagnostic and therapeutic strategies.

1. Definition and Classical Understanding

The term ***Linga*** is derived from the Sanskrit root "*√ling*" which means "to infer" or "to indicate." In Ayurvedic diagnostics, ***Linga*** indicates the presence of a disease through visible and perceivable expressions. According to *Charaka*, "*Linga* is that through which a disease is inferred" (*Charaka Sutra* 1/24).

Linga is broadly classified into:

- *Roopa* (observable signs)
- *Lakshana* (subjective symptoms)
- *Samprapti Ghataka* (associated features like *Dosha*, *Dushya* involvement)
- *Udbhava Sthana* (origin site)

2. Role of *Linga* in *Kāya Chikitsā* (Internal Medicine) ^{8,9,10}

Kāya Chikitsā deals with disorders like *Jwara* (fever), *Prameha* (diabetes), *Raktapitta* (bleeding disorders), *Amavata* (rheumatoid arthritis), etc. In such conditions, the recognition of *Linga* is crucial for differential diagnosis, *doshic* predominance, disease stage, and prognosis. *Linga* assessment also guides physicians to determine whether the condition is in *Sanchaya*, *Prakopa*, *Prasara*, *Sthana Samshraya*, *Vyakti*, or *Bheda* stage of *Samprapti Kriyākāla* (pathogenesis timeline), thus enabling stage-specific treatment.

- In *Jwara*, *Linga* includes *Angamarda* (body ache), *Aruchi* (anorexia), *Tandra* (drowsiness), and *Jwara* (fever).
- In *Prameha*, *Linga* comprises *Prabhuta Mutrata* (polyuria), *Avila Mutrata* (turbid urine), *Kshudha Atiyoga* (excessive hunger), etc.

3. Linga vs. Modern Clinical Features

In modern clinical medicine, diagnosis is established through **signs (objective indicators)** and **symptoms (subjective experiences)** reported by the patient. These correspond directly to **Roopa** and **Lakshana** in Ayurveda.

Table No.

Ayurveda (Linga)	Modern Perspective
Roopa	Signs
Lakshana	Symptoms
Upashaya-Anupashaya	Therapeutic trials
Samprapti Ghataka	Pathophysiological basis of disease

C. Auśadha (Therapeutic Measures) in Kāya Chikitsā

- **Definition:** “Auśadha” encompasses **dravya** (medicaments), **yukti** (treatment planning), and **prayoga vidhi** (method of administration) aimed at restoring doshic equilibrium.

In **Kāya Chikitsā**, auśadha is not limited to medicines but encompasses **Shodhan** (biopurification), **Shaman** (palliation), **Nidāna Parivarjana**

(etiological avoidance), **Rasāyana** (rejuvenation), and **Satvavajaya** (psychological strengthening).

- Acharya Charaka advocates **yukti-vyapāśraya chikitsā** (rational therapeutics) based on hetu–linga analysis. The rational therapeutic approach which considers *doṣha*, *vyādhi-avasthā*, patient strength (*bala*), seasonal and geographical variations (*kāla-deśh*), and habituation (*satmya*).
- The selection of auśadha requires knowledge of Dravya (substance origin: plant, mineral, animal); Guṇa (qualities such as laghu, guru, snigdha, rukṣa); Rasa–Vīrya–Vipāka–Prabhāva (pharmacodynamics); Prayoga Vidhi (form, route, timing)
- In Kāya Chikitsā Selection is based on dosha-prakopa, disease stage, patient bala, and hetu elimination. It includes shodhan (biopurification) and shaman (palliation) Accompanied by nidāna parivarjana (avoidance of causative factors) as first line.

Example:

In **Jvara** (fever), auśadha may include shodhana via vamana/virechana in doṣha-prakopa stage, followed by shamana with guduchi, musta, parpataka.

- **Modern Correlation**

Ayurvedic Concept	Modern Equivalent
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<i>Shodhan</i>	Detoxification
<i>Shaman</i>	Symptom control/disease-modifying therapy
<i>Rasayan</i>	Immunomodulation, anti-aging
<i>Satvavajaya</i>	Psychotherapy, mind–body intervention
<i>Nidan parivarjan</i>	Lifestyle modification/preventive care

DISCUSSION

Significance

Trisutra can be essential tool for Ayurvedic diagnosis and treatment. It can Integrate the root cause, manifestation, and management also aligns well with preventive, holistic, and lifestyle medicine. Timeless principle applicable in modern healthcare systems that builds foundation for personalized and integrative medicine.

The *Trisutra Siddhanta*—comprising *Hetu* (cause), *Linga* (symptom), and *Aushadha* (treatment)—forms the foundational triad of Ayurvedic diagnosis and therapy. Rooted in classical Ayurvedic texts such as the *Charak Samhita*, this principle serves as the philosophical and practical cornerstone of *Kāya Chikitsā* (Internal Medicine). As healthcare systems worldwide increasingly embrace integrative approaches, there is a renewed interest in reinterpreting these ancient principles in ways that align with modern medical needs without compromising their authenticity.

1. Understanding the Trisutra in the Context of Kāya Chikitsā

Kāya Chikitsā focuses on the treatment of bodily disorders, addressing both the physiological and psychological aspects of disease. The *Trisutra Siddhanta* guides practitioners through a logical sequence:

- ***Hetu (Nidana)*** – Identifying the causative factors, which can be dietary, behavioural, environmental, or psychological.
- ***Linga (Lakshana)*** – Recognizing signs and symptoms for accurate disease diagnosis and differentiation.
- ***Aushadha (Chikitsa)*** – Administering appropriate treatment that includes herbal medicines, diet modifications, detoxification (like Panchakarma), and lifestyle changes.
- **Diagnostic Flow in Kāya Chikitsā:**
 1. **Identify Hetu** → *Nidāna Panchaka*
 2. **Observe Liṅga** → *Lakṣaṇa, Upalakṣaṇa, Anubandha*
 3. **Select Auśadha** → *Doṣha–Vyādhi–Avasthā*-specific
- **Interrelationship of Hetu–Liṅga–Auśadha**

Cyclic Principle:

Hetu → leads to *Liṅga* → demands *Auśadha* → removes *Hetu* → *Liṅga* subsides. The *Trisutra Siddhanta* is not merely a theoretical construct but a

clinically operational framework in *Kāya Chikitsā*. *Hetu* identification prevents recurrence, *Linga* recognition ensures timely diagnosis, and *Auśadha* application restores health — completing the Ayurvedic cycle of cause–effect–cure.

- This systematic approach mirrors the diagnostic and therapeutic models used in contemporary biomedicine, showcasing Ayurveda’s inherent scientific structure.

2. Relevance to Modern Healthcare

The adaptability of the *Trisutra* framework allows for a meaningful bridge between tradition and modernity.

• Modern Parallels

Ayurved	Modern
<i>Hetu</i>	Aetiology/Risk Factors
<i>Linga</i>	Clinical Presentation
<i>Auśadha</i>	Treatment Protocol

In today’s healthcare landscape, characterized by rising chronic diseases, lifestyle disorders, and psychosomatic illnesses, this triad offers several advantages:

- **Holistic Diagnosis:** Unlike symptom-focused modern medicine, *Trisutra* emphasizes causality and systemic imbalance, promoting deeper diagnostic insight.
- **Preventive Approach:** By focusing on *Hetu*, Ayurveda inherently prioritizes

prevention—a key strategy in global public health today.

- **Personalized Treatment:** Modern medicine is gradually embracing personalized care; the *Auśadha* component in Ayurveda is inherently individualized, taking into account *prakriti* (constitution), *vikriti* (imbalance), age, season, and geography.
- **Mind-Body Integration:** *Trisutra* inherently includes mental and emotional factors as part of causation and healing, aligning with modern psychosomatic models.

3. Challenges in Bridging the Gap

Despite its strengths, integrating *Trisutra*-based *Kāya Chikitsā* into modern systems poses several challenges:

- **Standardization:** Ayurvedic diagnosis and treatment are highly individualized, which complicates clinical standardization required in evidence-based medicine.
- **Research and Evidence:** The subjective nature of some Ayurvedic parameters makes them difficult to quantify or study using standard biomedical methods.
- **Education and Communication:** Bridging two fundamentally different epistemologies requires mutual understanding between Ayurvedic and allopathic practitioners.

4. Way Forward

To truly bridge Trisutra Siddhanta with modern healthcare:

- **Interdisciplinary Research** should explore correlations between Ayurvedic concepts and modern physiological or biochemical markers.
- **Clinical Trials and Case Studies** should be designed to reflect Ayurvedic diagnostic logic, not just biomedical criteria.
- **Digital Tools** (like AI and mobile diagnostics) can help objectify and standardize Ayurvedic assessments of Hetu and Linga.
- **Integrative Education** programs must train modern doctors in basic Ayurvedic principles and vice versa, promoting collaborative care models.

Conclusion

The *Trisutra Siddhanta*, with its logical and comprehensive framework, remains as relevant today as it was in ancient times. In the domain of Kāya Chikitsā, it offers not only a therapeutic methodology but a philosophical paradigm that values balance, individualization, and systemic health. By aligning this traditional wisdom with the analytical rigor and technological advances of modern medicine, we can create a synergistic model of care that addresses both the root and the manifestation of disease—benefiting patients across cultures and systems.

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