

Critical Study Of *Medhya Rasayana* And Its Applications In *Jarajanya*

Smruti-Buddhibhransha

Sanjivani Robert Dabre,

H. O. D. and Professor, Swasthavrutta and Yoga Department,

Jay Jalaram Ayurved Medical College, Gujrat, India

Corresponding author: drsanjurobert@gmail.com

Abstract:

Ayurveda, science of life, is much more than just a medicine system. It has been a part of Indian lifestyle consciously and otherwise. Memory and cognition are essential not only in process of teaching learning but also in routine life. Jara (aging), one of the Swabhavika Vyadhi, develops a condition called *Smruti-Buddhibhransha* and hampers memory and cognition. Jara Chikitsa or Rasayana Tantra, elaborately explained in ancient texts of Ayurveda can offer solution for this growing issue in elderly population across the globe. The ancient Ayurveda texts as well as related modern literature have been reviewed for this purpose. Various *Rasayana* single herbs and formulations; especially *Medhya Rasayana* can be helpful in the *Jarajanya Smruti-Buddhibhransha*.

Keywords:

Jarajanya Smruti-Buddhibhransha,
Medhya Rasayana, *Rasayana*, *Jara*

Introduction:

Good memory, astonishing cognition, vast academic achievement and flourishing career are the dreams of every individual in this current era of competition.¹ A good memory is one of the means to achieve academic success or maintenance of personal relationships in all fields. Memory is the mental capacity of retaining and reviving facts, events, impressions, etc., or of recalling or recognizing previous experiences.² Cognition pertains with how a person understands the world and acts in it. Cognition refers to a range of mental processes relating to the acquisition, storage, manipulation, and retrieval of information.³

Age is the state of body which corresponds to the lifespan. *Acharya Charaka* mentions the three stages of life on the basis of age viz. childhood, middle age and old age. It is crucial to balance physical, mental, cognitive, spiritual /and social health in all these stages of life as health is the best source

for attaining *Dharma* (righteousness), *Artha* (wealth), *Kama* (fulfilment) and *Moksha* (salvation).⁴

According to Ayurvedic scriptures, *Jara* (old age) spans from 60 to 100 years of age. It is considered to be one of the *SwabhavikaVyadhi*, a naturally occurring condition which affects everyone. *Jara* is predominated by *VataDosha*. This phase is marked with gradual decline or degeneration of the *Dhatu* (structural elements of the body), *Indriya* (sensory and motor organs), *Bala* (strength), *Veerya* (energy), *Paurusha* (virility), *Parakrama* (valour), *Grahana* (acquisition power), *Dharana* (retention power), *Smarana* (recollection power), *Vachana* (speech) and *Vidnyana* (understanding).⁴

The loss or deterioration of different biological factors associated with aging has been described by Acharya Sharangdhar. He states that decline in cognitive abilities like *Medha* and *Buddhi* begins by 40 years and 90 years of age respectively in an individual with a lifespan of 100 years. Due to this deterioration, aging brings along with it many physical, mental and cognitive challenges.⁵

Ayurveda can suggest appropriate solution for the *Smruti-buddhibhransha* occurring due to aging through *RasayanaChikitsa*. This paper discusses the pathophysiology of *Smruti-buddhibhransha* and its management through *RasayanaChikitsa*.

Materials & Methods-

The study was carried out by careful searching through the references in major Ayurveda texts, such as *Charaka Samhita*, *Sushruta Samhita*,

AshtangaHridaya and *Sharangdhara Samhita*. For correlation, modern science references were searched in textbooks and published articles, wherever necessary.

Observations & Results-

Based on Ayurveda scriptures, the term *Medha* has been used primarily for retention power and/or the grasping capacity of an individual. In the process of acquiring knowledge, the grasping and retention capacities play an important role. Only properly grasped information can be further retained well and only well retained knowledge can be retrieved by memory. This emphasizes the importance of *Medha*.

Various factors like the *Tridosha*, *Mana*, *Indriya*, *Buddhi*, *Medha*, *Smruti* and the *Atman* play an important role in the process of cognition. *Buddhi-Indriya-ChittaDharana* and *Smruti* are the functions of *VataDosha*; *Medha* and *Dhee* are governed by *Pitta Dosha*; and nourishment of the *ShiraPradesha* (including the brain and the sensory organs) is the function of *Kapha Dosha*.⁶ *Smruti-buddhibhransha* mainly occurs due to derangement of *VataDosha* and *DhatuKshaya* (depletion of structural elements of the body) in the elderly. Other causative factors like excessive intake of *Vata-Pitta PrakopakAahar-Vihara* leading to imbalance in the *Dosha*, disease conditions causing *DhatuKshaya*, excessive intake of *MadakariDravya* and *Manas Vega Adhaarana* leading to elevated *Raja* and *Tama Dosha* can also accelerate *Smruti-buddhibhransha*.

Smruti-buddhibhransha can be correlated to cognitive decline which is one of the

commonest neuro-cognitive conditions among the elderly (10% of the total population).⁷ It is reported that the volume of the brain and/or its weight declines with age at the rate of about 5% per decade after 40 years of age.⁸ The shrinking of brain due to aging often leads to cognitive decline especially affecting brain functions like retention and memory. It adversely affects quality of life in elderly population and makes them dependent on others for their routine activities. It also increases the risk of depression and anxiety. Dementia is the term used for progressive conditions that cause cognitive impairment. Dementia is a syndrome affecting the brain, usually chronic, characterized by a progressive, global deterioration in intellect functions which include memory, learning, orientation, language, comprehension and judgment.⁹ The most common types of dementia include⁹:

1. Alzheimer's Disease: It is the most common type of dementia. It occurs due to build-up of proteins (plaques and tangles) in brain tissue which affect the normal brain functions. Its early signs include forgetting recent events or conversations.
2. Vascular Dementia: It is the second commonest cause of dementia. It is often caused due to alteration in blood supply to the brain cells due to stroke or Transient Ischemic Attacks (TIAs). It can lead to problems associated with reasoning, judgment and memory. Its symptoms depend on the affected brain part and the duration of blood deprivation to the brain.
3. Fronto-temporal Dementia: It affects the frontal and temporal lobes of the

brain. This type of dementia causes problems with personality, behavior and language.

4. Lewy body Dementia: It is not a very common type of dementia as compared to Alzheimer's Disease, Vascular Dementia and Fronto-temporal Dementia. In this type of dementia there is build-up of proteins called as Lewy bodies in the brain that affects the movement and motor control.

Management of dementia is a challenging task. The currently available pharmacological medications for dementia essentially provide only symptomatic relief with limited effectiveness.⁹ Dementia can also be associated with other conditions like Parkinson's Disease, epilepsy and excessive alcohol intake; therefore, these issues also need to be addressed and managed appropriately.^{10,11} Preventive measures play an important role in the management of dementia.

Ayurvedic management which includes healthy diet, healthy lifestyle measures and *Rasayana* or *JaraChikitsa* can play an important role in the prevention of dementia and other conditions involving cognitive decline especially in the elderly. *Rasayana* or *JaraChikitsa* is one of the eight clinical specialties of Ayurveda.

Literally, *Rasayana* means the augmentation of *Rasa*, the vital fluid produced by the digestion of food, which sustains the body through strengthening of the subsequent Dhatus. According to *Charaka Samhita*, by *RasayanaChikitsa*, one attains *Deerghayu* (longevity), *Smriti* (memory), *Medha* (intelligence), *Arogya* (health), *TarunaVaya* (youthfulness), *Audarya* of *Prabha*

(excellence of luster), *Varna* (complexion) and *Swara* (voice), *ParamaDehendriyaBala* (optimum strength of physique and sense organs), *Vaksiddhi* (perfection in deliberation), *Pranati* (respectability) and *Kanti* (skin glow).¹²

According to Acharya Sushruta, *Rasayana - Shastra* is one of the eight clinical specialties of Ayurveda and its aims are to increase longevity to hundred years, to increase the power of brain, to improve health & to make a person more active, to remove all morbidity from the body and to maintain the youth of an individual.¹³

It consists of a specialized use of certain drugs which are supposed to

- i) Prevent ageing and impart longevity
- ii) Impart immunity and body resistance against diseases
- iii) Improve mental faculties, add vitality and luster to the body

MedhyaRasayana are group of medicinal plants described in ancient texts of Ayurveda with multi-fold benefits, specifically to improve memory and intellect by *Prabhava* (specific action). *MedhyaRasayana* (rejuvenators for intellect) is the unique concept of Ayurveda and there is need and scope of application of concept of *MedhyaRasayana* in present scenario.

Acharya Charaka has mentioned four *MedhyaRasayana* viz. *Mandukaparni* (*Centellaasiatica*), *Yashtimadhu* (*Glycirrhzaglabra*), *Guduchi* (*Tinosporacordifolia*) and *Shankhapushpi* (*Convolvulus pleuricaulis*). Their usage in different dosage form is also described.¹⁴

Consumption of *Mandukaparni Swarasa*, *Yashtimadhu Choorna* with milk, *Guduchi Swarasa* along with its roots and flowers and *Shankhapushpi Kalka* – these *Rasayana* drugs are *Ayu-Pradanani* (life promoting), *Amaya-Nashanani* (disease alleviating), *Bala – Agni – Varna – SwaraVardhanani* (promoters of strength, digestive power, complexion and voice) and are *Medhya* (intellect promoting). Among these, *Shankhapushpi* is *VisheshenaMedhya* (specifically intellect promoting drug).

Discussion:

Jara (aging) is one of the *SwabhavikaVyadhi* which leads to *Smruti-Buddhi-Bhransha*. This cannot be avoided but prolonged to some extent with an appropriate Ayurvedic management. *RasayanaChikitsa* or *JaraChikitsa*, one of the eight branches of Ayurveda can be utilized in prolongation of *JarajanyaSmruti-Buddhi-Bhransha*

Acharya Charaka described '*Rasayana*' as initiation of *Chikitsa - Sthana* to show its importance in *Swasthya – Rakshana* (restoration of health) as well as *Vikara - Prashamana* (treatment of an ill person). *RasayanaChikitsa* essentially refers to the process of tissue nourishment & rejuvenation.

MedhyaRasayana drugs promote the Intellect (*Dhi*) Retention power (*Dhriti*), memory (*Smriti*). In fact, they produce neuro-nutrient effect by improving cerebral metabolism. *MedhyaRasayana* drugs play an essential role in the treatment of psychiatric and psychosomatic diseases. Majority of

MedhyaRasayana drugs possess varied properties. *Medhya* function is related with *Mana*, and due to *Nadi-Sansthana* is the *VishishtaAdhishtana* of presence of *Mana*, this *Medhya* karma is related with *Nadisansthana*. *Nadisansthana* are connected with brain, therefore the *MedhyaDravya* are also known as brain tonic or Nootropics. Other drugs used in practice for *Medhya* effects are Brahmi (*Bacopamonniera*), Jatamansi (*Nardostachysjatamansi*), Jyothishmati (*Celastruspanniculata*), Kushmanda (*Benincasahispida*), Vacha (*Acorus calamus*). Some polyherbal preparations promoting *Medha* are *KalyanakaGhrita*, *PanchagavyaGhrita*, *MahapanchagavyaGhrita*, *MahapaishachikaGhrita* and *Saraswatarishta*, *Medhasagar Rasa*, etc.

References:

1. Meiers, Marion. (2007). Teacher Professional Learning, Teaching Practice and Student Learning Outcomes: Important Issues. 10.1007/1-4020-4773-8_27.
2. <https://www.collinsdictionary.com/dictionary/english/memory>, accessed on 14th May, 2022.
3. Harvey P. D. (2019). Domains of cognition and their assessment. *Dialogues in clinical neuroscience*, 21(3), 227–237. <https://doi.org/10.31887/DCNS.2019.21.3/pharvey>.
4. Acharya Vidyadhar Shukla, Prof. Ravi Dutta Tripathi, Charaksamhita of Agnivesha vol-1, ChaukhambhaSurbharati publishers Varanasi Ed 2011, VimanaSthana 8/122.
5. Sharangdharsamhita, Annotated with Dipika Hindi commentary by Dr, BrahmanandTripathi, Chaukhamba SurbharatiPrakashan, Varanasi, Second publication 1994 PoorvaKhandha Chapter 6/62 Page no 134.
6. Acharya Vagbhat, AsthangaHridaya, Commentary by KavirajAtridev Gupta, Reprinted. ChaukhambaSurbhartiPrakashan, Varanasi, 2007; SootraSthana 11/3.
7. Shivaji Chobe, et al. Efficacy of Integrated Yoga and Ayurveda Rasayana on cognitive functions in elderly with mild cognitive impairment: Non-RCT three-arm clinical trial, J Ayurveda Integr Med, 2020. <https://doi.org/10.1016/j.jaim.2020.11.003>
8. Peters R. Ageing and the brain. Postgrad Med J. 2006 Feb;82(964):84-8.
9. Shaji KS, Sivakumar PT, Rao GP, Paul N. Clinical Practice Guidelines for Management of Dementia. Indian J Psychiatry. 2018;60(Suppl 3):S312-S328.
10. Garcia-Ptacek S, Kramberger MG. Parkinson Disease and Dementia. J Geriatr Psychiatry Neurol. 2016 Sep;29(5):261-70.
11. Stefanidou M, Beiser AS, Himali JJ, Peng TJ, Devinsky O, Seshadri S, Friedman D. Bi-directional association between epilepsy and dementia: The Framingham Heart Study. Neurology. 2020 Dec 15;95(24):e3241-e3247.
12. Acharya Vidyadhar Shukla, Prof. Ravi Dutta Tripathi, Charaksamhita of Agnivesha vol-1, ChaukhambhaSurbharati publishers

- Varanasi Ed 2011, Chikitsa Sthana 1/1/7-8.
13. Acharya Vagbhat, Asthanga Hridaya, Commentary by Kaviraj Atridev Gupta, Reprinted. Chaukhamba Surbharti Prakashan, Varanasi, 2007; Sootra Sthana 1/7(8).
14. Acharya Vidyadhar Shukla, Prof. Ravi Dutta Tripathi, Charaksamhita of Agnivesha vol-1, Chaukhamba Surbharati publishers Varanasi Ed 2011, Chikitsa Sthana, 1/3/30-33.

Conflict of Interest: Non

Source of funding: Nil

Cite this article:

Critical Study Of Medhya Rasayana And Its Applications In Jarajanya Smruti-Buddhibhransha

Sanjivani Robert Dabre,

Ayurline: International Journal of Research In Indian Medicine 2022; 6(3):01-06

