

THE CRITICAL ROLE OF ATAPA CHIKITSA (SUN THERAPY) IN AYURVEDA

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Article Received: 19 October 2025,

Article Revised: 08 November 2025,

Published on: 28 November 2025

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DOI: <https://doi-doi.org/101555/ijrpa.4449>

ABSTRACT

Introduction: *Atapa Chikitsa*, or Sunlight Therapy, forms one of the fundamental therapeutic modalities described in *Ayurveda* under *Sadvidha Chikitsa*, or six types of treatments. The therapeutic application of the five great elements, *Pancamahabhuta* in particular, *Tejas Mahabhuta* manifested through sunlight is involved. In the classical *Ayurvedic* texts, the sun, *Aditya*, has been described as the source of *Praṇa*, or vital life force, and as the regulator of *Agni*, or metabolic fire, responsible for digestion, transformation, and energy production. Sunlight, therefore, is considered to be a must for maintaining physiological balance, vitality, and mental clarity. **Methods:** A thorough literary and analytical review was undertaken by collecting references related to *Atapa Chikitsa* from the authoritative classics of *Ayurveda*, namely *Charaka Saṁhita*, *Susruta Saṁhita*, *Aṣṭāṅga Hṛdaya*, and relevant commentaries. Modern research studies on phototherapy and heliotherapy were also studied. **Results:** Review of the classical literature in *Ayurveda* revealed *Atapa Chikitsa* to be working as *Niragni Swedana*, or non-fire-induced sudation, thereby promoting physiological detoxification and enhancing *Agni*. The therapy alleviates *Vata* and *Kapha doṣas*; thus, it purifies the skin and supports emotional well-being. Comparative evaluation with modern phototherapy indicated parallel therapeutic outcomes, particularly in dermatological

conditions, mood disorders, and metabolic regulation. **Discussion and Conclusion:** *Atapa Chikitsa* stands out as a nature-based, non-invasive *Ayurvedic* approach that harmonizes human physiology with solar energy. The principles of this therapy closely correspond with that of modern phototherapeutic mechanisms involving ultraviolet and visible light. Integration of *Ayurvedic* solar therapy with contemporary photomedicine could provide a holistic, low-cost, and sustainable healthcare model. Thus, *Atapa Chikitsa* reaffirms *Ayurveda's* timeless relevance in preventive and curative medicine through its alignment with modern scientific understanding of light-based healing.

KEYWORDS: *Swedana Niragni, Atapa Chikitsa, Sun Therapy, Phototherapy, Ayurveda, Tejas Mahabhuta.*

INTRODUCTION

Atapa Chikitsa, or Sun Therapy, is one of the basic therapeutic modalities described in *Ayurveda* under *Sadvidha Chikitsa*, or six types of treatments. It involves the therapeutic application of the five great elements the *Pancamahabhuta* particularly, *Tejas Mahabhuta* manifested through sunlight. The classical *Ayurvedic* texts regard the sun as the source of *Praṇa* or life force and a regulator of *Agni* or metabolic fire, which is responsible for digestion, transformation, and energy production ^[1]. *Atapa Chikitsa* has been classically indicated in *Vata-Kapha* disorders, *Tvak Vikara*, and *Avasada*.² The therapeutic application of light, now called phototherapy, was introduced for the first time in modern medicine by William Henry Goeckerman in 1923 for the treatment of psoriasis and is still applied in both allopathic and Unani systems of medicine.

The sun is a god for all human beings, according to *Rigaveda*. O brilliant Sun! You rise above all creatures, gods and humans alike, so that everyone can see your brilliant light. Your strong, pure rays illuminate and sustain all life. You move across the sky, dividing day from night and bringing life and time to the world. Flying through the heavens on your seven brilliant rays, you radiate warmth and purity. All living things are given life by your light, which shines like fire.

The first people on the planet to recognize and comprehend the Sun's healing and fortifying properties were the people of ancient India. This is demonstrated by the Vedas, the world's oldest scriptures, which are replete with hymns and mantras that discuss the healing

properties of sunlight. According to the *Atharvaveda* (5/2/4/9), the Sun is the divine force that heals *Kushtha* (skin diseases) and *Rajayakshma* (tuberculosis), as well as the sustainer of the body. The practice of exposing water to the sun's red rays and then giving the patient the water as a remedy is explained in *Atharvaveda* 1.22. *Atapa Chikitsa* acts as both *Sodhana* and *Samana*. *Niragni Swedana* can be used in all age groups, starting from neonates to the elderly. The induction of sweat is an important step in *Sadvidhopakrama* in *Ayurveda*; it generates warmth, flexibility, and lightness in the body to counteract the features of *Sthambha* (stiffness), *Gaurava* (heaviness), and *Sita* (coldness) [3].

In physiological terminology, *Swedana* relates to thermoregulation and detoxification by way of induced perspiration. Natural sweating, as a result of exercise or sunlight, would fall under this definition. *Swedana* is performed in two ways: [4]

1. *Sagni Swedana*: fire-induced
2. *Niragni Swedana* -non-fire-induced

Of the ten types, *Atapa Swedana*, which is sudation caused by exposure to sunlight, is one of the important methods. *Swedana Dravyas* mainly represent *Tejo Mahabhuta*, wherein *Uṣṇa Guna* is the predominant property that induces perspiration. This therapy is mainly advocated in disorders of *Vata*, *Kapha*, and *Vata-Kapha* predominance and is contraindicated in *Pitta*-predominant states since *Pitta Doṣa* is inherently hot [5].

exposure to sunlight (one type of *Langhana*) *Acharya Chakrapani* has mentioned that though *Aatapa* is hot but this heat is not due to fire, so it is included in non- thermal category of Sudation. [6]

It is useful especially in *Kushtha*, *Aamvata*, *Vata Vyadhi*, *Pratishyaya* etc. *Atapa Swedana* is therapeutically indicated in a variety of conditions which include *Pratishyaya* (coryza), cough, hiccups, dyspnea, bodily heaviness, facial paralysis, abdominal distension, constipation, urinary retention, musculoskeletal stiffness, sciatica, edema, *Khalli* (neuralgia), and disorders related to impaired metabolism (*Agnimandya*). [7]

On the other hand, *Atapa Chikitsa* is contraindicated for *Vata-Pitta* disorders, weak digestion, advanced age, and childhood because they are unable to bear the high temperature. The

seasonal contraindications include *Varsha Ritu* (rainy season) and *Griṣma Ritu* (summer season), in which excessive heat or humidity can result in dehydration and *Pitta* aggravation [8].

Ayurvedic rationale and modern scientific correlation for these contraindications are summarized in Table 1.

Table 1. Contraindications and Rationale for Atapa Chikitsa.

Condition	Ayurvedic Rationale	Modern Correlation
Children	Low <i>Ojas</i> and weak <i>Bala</i>	Immature thermoregulation
Elderly	Decreased <i>Bala</i> and <i>Agni</i>	Reduced heat tolerance
<i>Vata</i> disorders	Aggravates <i>Vata</i> due to dryness and fatigue	Musculoskeletal strain
<i>Pitta</i> disorders	Exacerbates heat and inflammation	Risk of hyperthermia
Weak individuals	Low vitality, intolerant to heat	Fatigue, cardiovascular strain
Overexertion	Aggravates <i>Vata</i>	Muscular and metabolic stress
Summer/Rainy seasons	Excess <i>Pitta</i> or humidity	Risk of dehydration, exhaustion

Ayurveda views sunlight as one of the important resources of *Tejas*, necessary to maintain homeostasis of *Agni* at both macrocosmic and microcosmic levels. According to *Acharya Charaka*, in *Loka Purusha Samya* the sun is of the same principle as the digestive fire within humans, reflecting the relationship between environmental and physiological energies ^[9].

Traditional recommendations have suggested gentle early-morning sunlight exposure for safe and effective practice. In contrast, modern phototherapy uses artificial sources of controlled wavelengths for therapeutic purposes in neonatal jaundice and dermatological disorders. Thus, *Atapa Chikitsa* bridges traditional *Ayurvedic* wisdom and modern biomedical applications by offering a scientifically coherent and ecologically sustainable healing modality.

2.Methods

Study Design-

The review covers a broad-based literary and analytical study relating both classical *Ayurvedic* texts and modern scientific studies.

Atapa Swedana is indicated for ^[10]

- *Pratisyaya* (coryza), *Kasa* (cough), *Hikka* (hiccup)
- *Svasa* (dyspnea), heaviness and stiffness of the body
- *Mukhardita* (facial paralysis), *Ardita*, *Pakṣaghata*
- *Udavarta* (constipation), *Mutraghata* (urinary retention)
- *Khanja*, *Padasphuṭana* - pain/stiffness of limbs
- *Vata Kaṇṭaka* [pain in heel], *Sotha* [edema]
- *Agnimandya* (weak digestion), and *Amavata* (rheumatism)

Atapa Swedana is contraindicated in all cases of *Pitta* predominant disorders and in conditions with low *Bala*, children, and elderly .Many classical texts like *Ashtaṅga Saṅgraha* have also added that it should not be performed during *Varṣa* and *Griṣma Ritu* as there is a possibility of *Pitta* provocation ^[11].

In *Suryavarta*, *Acharya Sushruta* describes a headache that begins gently in the eyebrow and eye area, gradually gets worse with sunrise, and gets better with sunset. It can occasionally be cured by using hot or cold treatments.

These contraindications align with the modern physiological risks of hyperthermia, dehydration, and sunstroke.

Table 2. Ayurvedic and Modern Correlations for Contraindicated Conditions.

Condition	Ayurvedic Explanation	Modern Scientific Correlation
<i>Vata-Pitta Vyadhi</i>	Exacerbation due to <i>Uṣṇa</i> exposure	Hyperthermia, dehydration
Weak digestion (<i>Agnimandya</i>)	Heat impairs <i>Agni</i>	Metabolic exhaustion

Condition	Ayurvedic Explanation	Modern Scientific Correlation
Children/Elderly	Low <i>Bala</i> (strength)	Poor thermoregulation
Summer/Rainy season	<i>Pitta</i> aggravation, humidity	Risk of heat exhaustion

Qualities in Therapeutic Phototherapy ^[12]

In *Ayurveda*, two principal attributes *Uṣṇa* (heat) and *Tikṣṇa* (penetrating power) determine the therapeutic efficacy of phototherapy light sources.

- *Uṣṇa* (Heat): Promotes vasodilation, facilitating detoxification and *Swedana*. Excessive *Uṣṇa* may cause burns; therefore, moderate intensity is essential.
- *Tikṣṇa* (Sharpness): Enhances penetration, promoting *Ama Pachana* (metabolic detoxification). Excessive *Tikṣṇa* corresponds to harmful ultraviolet or infrared rays in modern terms

Early morning sunlight, containing mild and balanced *Uṣṇa* and *Tikṣṇa* properties, is traditionally considered safest and most therapeutic. Modern phototherapy replicates this principle by using specific blue light wavelengths to avoid harmful radiation while maintaining therapeutic efficacy particularly in neonatal jaundice same as like *Acharya Kashyap* told *Surya Darshan* in *Jata Karma*.

Relationship of *Atapa Swedana* to Modern Phototherapy-

The transformation of *Atapa Chikitsa* into modern phototherapy represents a technological adaptation of ancient *Ayurveda* wisdom. Phototherapy is a form of application of artificial controlled light to induce physiological effects comparable to those induced by normal sunlight exposure. The mild rays of the sun contain ultraviolet radiation or UV rays, which have been considered to have therapeutic values in a number of dermatological disorders, *Atapa Swedana* was originally advised for *Vata-Kapha Samana* and *Ama Pachana*, paralleling phototherapy's application in detoxification and metabolic balance.

Examples of modern adaptation include:-

Neonatal jaundice would correspond to the condition described as *Navajata Kamala* in *Ayurveda*, which is attributed to *Pittaja Stanya Doṣa* or vitiated breast milk.^[13]

- Dermatological Disorders: The classifications of *Kuṣṭha Roga* and *Svitra* include psoriasis, vitiligo, and eczema, which are treated with *Atapa Swedana* and *Sidhma Lepa*, herbal sun therapy.
- Mood Disorders: Sunlight improves serotonin and melatonin, paralleling *Manobala Vardhana* described in *Aṣṭaṅga Hṛdaya*.^[14]

Classical Formulations Used with Atapa Exposure-

The procedure of *Atap Sweda* or solar heat therapy is the induction of perspiration by exposure to sunlight. This forms an important therapeutic modality in *Ayurveda*. *Atap Sweda* has been indicated in the management of *Svitra Kustha*, a type of hypopigmented skin disorder, as follows in the *Charaka Saṁhita*. The *Susruta Saṁhita* advocates *Anagni Sweda* in conditions where *Vata Doṣa* is combined with *Kapha* and *Meda* {lipid tissue}.

1. *Kuṣṭha* (skin diseases):

Mixture of *Tamalapatra* (*Cinnamomum tamala*), *Maricha* (*Piper nigrum*), *Manahsila* (Realgar), and *Kasisa* (Ferrous sulphate) in oil, kept in a copper vessel for seven days, then applied with sun exposure for seven more days^[15].

2. For *Svitra*:

Snehapana with *Kakodumbara* (*Ficus hispida*) juice and jaggery, followed by controlled sun exposure (*Atapa Sevanam*) for three days^[16].

Therapeutic Effects Described

Ayurvedic Concept	Classical Description	Observed Effect
<i>Vata-Kapha Samana</i>	Alleviates coldness, stiffness, heaviness	Reduces joint pain, stiffness
<i>Srotoshodhana</i>	Clears obstructed channels	Enhances circulation
<i>Ama Pachana</i>	Burns metabolic toxins	Improves complexion, removes dullness
<i>Tvak Suddhi</i>	Purifies skin	Risk of heat exhaustion

3.2.1 Dermatological Applications-

Phototherapy using UVB or PUVA (Psoralen + UVA) light has demonstrated significant efficacy in managing psoriasis, eczema, vitiligo, and lichen planus^[17]. These conditions correspond to *Kuṣṭha* and *Svitra* described in *Ayurveda*, where *Atapa Chikitsa* and herbal

photosensitizers (e.g., *Bakuchi* – *Psoralea corylifolia*) are traditionally used.

- *Atapa Chikitsa* utilizes the natural solar spectrum, modern phototherapy employs narrow-band UVB (311 nm), replicating its therapeutic range while minimizing harmful rays [18].
- The concept of *Snehana Swedana* before exposure parallels the modern use of emollients and topical preparations that enhance light absorption and minimize erythema.

Psychoneuroendocrine Correlations

Modern studies have shown that sunlight exposure enhances serotonin production, regulates melatonin secretion, and stabilizes circadian rhythm, thereby alleviating depression and sleep disorders [19].

Vitamin D and Bone Metabolism-

Exposure to sunlight (particularly UVB rays) triggers the synthesis of Vitamin D₃ in the skin, crucial for calcium absorption and bone mineralization.

Immunomodulation and Detoxification

Light therapy has been found to modulate immune responses by reducing pro-inflammatory cytokines (e.g., TNF- α , IL-17) and enhancing detoxification through perspiration [20].

RESULTS-

- *Atapa Chikitsa* demonstrates strong textual, theoretical, and empirical foundations within *Ayurveda*.
- Modern phototherapy validates its efficacy through measurable physiological mechanisms.
- Both approaches emphasize controlled exposure, moderation, and balance of heat.
- Integrative clinical observations show improvements in dermatological, metabolic, and neuropsychological conditions without adverse effects when properly applied.

Thus, the results establish that *Atapa Chikitsa* is not merely symbolic but a scientifically rational, environmentally sustainable therapeutic modality, harmonizing traditional knowledge with modern evidence.

DISCUSSION

Philosophical Interpretation of Atapa Chikitsa-

Ayurveda conceptualizes health (*Swasthya*) as a dynamic equilibrium between the individual (*Pinda*) and the cosmos (*Brahmaṇḍa*). The sun (*Aditya*) is revered as the embodiment of *Tejas Mahabhuta* the cosmic fire responsible for maintaining *Agni* (metabolic fire) within

living beings. *Atapa Chikitsa*, therefore, represents the direct application of this universal energy to harmonize disturbed *Doṣas* and restore physiological homeostasis. *Atapa Chikitsa* acts through the dual principles of *Samśodhana* (purification) and *Samśamana* (pacification). Gentle sunlight exposure induces *Swedana* (sweating), facilitating the expulsion of *Mala* (wastes) through skin pores while restoring *Agni Bala*. It also exerts a *Sattvavajaya* (mental rejuvenating) effect, harmonizing the mind by balancing *Rajas* and *Tamas*.

Mechanism of Action of Atap-

The therapeutic mechanism of *Atapa Chikitsa* can be delineated across the *Tridoṣa* and *Saptadhatu* framework:

Sunlight therapy exerts multifaceted benefits across the *Doṣa*, *Dhatu*, and *Manas* levels. At the *Doṣa* level, the *Ushna* (warm) and *Tikshna* (penetrating) *Gunas* of sunlight help alleviate *Vata* and *Kapha*, while balanced exposure supports *Pitta* but excessive exposure may aggravate it. This process enhances *Agni*, thereby promoting digestion and metabolism. At the *Dhatu* level, sunlight improves microcirculation and nourishment of *Rasa Dhatu*, enhances oxygenation and detoxification of *Rakta Dhatu*, strengthens *Asthi Dhatu* through better calcium–vitamin D metabolism, and supports *Majja Dhatu* by fostering neural health and cognitive vigor through *Tejas* activation. At the *Manas* level, the *Sattvika* quality of sunlight nurtures mental clarity, cheerfulness, and emotional stability—qualities vital for *Swasthya Rakshana*, or the preservation of holistic health. Thus, both systems emphasize balance moderate exposure restores equilibrium, whereas excess produces toxicity (*Ati-Yoga*).

CONCLUSION

Ancient physicians recognized solar energy as a regulator of metabolism, immunity, and mental health long before modern phototherapy emerged.

Integration of *Atapa Chikitsa* with modern phototherapy could inspire eco-sustainable, low-cost health interventions, especially for chronic skin diseases, mood disorders, and vitamin-D deficiency conditions now widespread due to sedentary indoor lifestyles.

Atapa Chikitsa described as *Niragni Swedana* in the classical *Ayurvedi* represents a profound union of cosmic and physiological fire. Rooted in the doctrine of *Tejas Mahabhuta*, it provides an accessible, natural, and holistic therapeutic option for maintaining physical,

mental, and spiritual well-being. The comparative evaluation demonstrates that ancient *Ayurvedic* principles align seamlessly with modern phototherapeutic science, both aiming to restore balance through regulated light exposure. Integrative application of these concepts could enhance preventive, promotive, and curative healthcare across diverse populations.

ACKNOWLEDGMENT

The author acknowledges the guidance of classical *Ayurvedic* teachers and the contributions of modern researchers in phototherapy, whose works bridge traditional wisdom and contemporary science.

Conflict of Interest

The author declares no conflict of interest.

Funding

No external funding was received for this analytical review.

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