

Unit - 1 MCQs Set - 1

Results



#1. Q1. Ayurveda is traced back to which Veda that contains numerous references to medicine?

- (A) Ṛg Veda
- (B) Yajur Veda
- (C) Sāma Veda
- (D) Atharva Veda

Explanation: Atharva Veda holds many hymns and references relating to healing practices, forming the scriptural basis for the origin of Ayurveda.

#2. Q2. Ayurveda derives its name from two Sanskrit words “Ayus” and “Veda.” “Ayus” signifies _____, and “Veda” signifies _____.

- (A) health; scripture
- (B) energy; treatise
- (C) life; knowledge
- (D) body; wisdom

Explanation: “Ayus” means life, and “Veda” means knowledge or science. Ayurveda is thus the “science of life.”

#3. Q3. Which of the following classical Ayurvedic texts does not belong to the set commonly referred to as the “Bṛhatrayī”?

- (A) Caraka Saṃhitā
- (B) Suśruta Saṃhitā
-



- (C) Ashtāṅga Hṛdaya

(D) Mādhava Nidāna

Explanation: The Bṛhatrayī (Great Triad) includes Caraka Saṃhitā, Suśruta Saṃhitā, and Ashtāṅga Hṛdaya. Mādhava Nidāna is part of the Laghutrayī.

#4. Q4. Which of the following statements best describes the chronological development of Ayurveda?

- (A) It primarily originated in medieval times with minimal Vedic references

(B) It evolved from Vedic hymns into classical treatises over centuries

(C) It was formally introduced by European scholars during colonial times

(D) It is a modern system established only in the 20th century

Explanation: Ayurveda has deep Vedic roots (Atharva Veda) and gradually crystallized into systematic texts like Caraka Saṃhitā and Suśruta Saṃhitā.

#5. Q5. As per historical accounts, which of these scholars authored the original Agniveśa Tantra that eventually formed the basis of the Caraka Saṃhitā?

- (A) Suśruta

(B) Kāśyapa

(C) Ātreya

(D) Agniveśa

Explanation: Agniveśa, a disciple of Ātreya, composed the Agniveśa Tantra, which was later redacted by Caraka to become the Caraka Saṃhitā.

#6. Q6. In which classical text do we find the most detailed descriptions of Ayurvedic surgical procedures and tools?

- (A) Bhāvaprakāśa

(B) Bhela Saṃhitā

(C) Suśruta Saṃhitā

(D) Aṣṭāṅga Hṛdaya

Explanation: Suśruta Saṃhitā extensively details Śalya Tantra (surgery), including surgical instruments, marma points, and advanced operative techniques.

#7. Q7. Which of the following statements correctly applies to the term “Laghutrayī”?

- (A) It refers to the triad of Suśruta, Caraka, and Vāgbhaṭa

(B) It denotes a set of relatively later or concise Ayurvedic texts

(C) It includes Suśruta Saṃhitā, Ashtāṅga Hṛdaya, and Mādhava Nidāna



- (D) It comprises Bhela Saṃhitā, Kāśyapa Saṃhitā, and Bhāvaprakāśa

Explanation: The Laghutrāyī consists of Mādhava Nidāna, Śārṅgadhara Saṃhitā, and Bhāvaprakāśa—texts that are comparatively more focused and came after the Bṛhatṭrayī.

#8. Q8. Charaka Saṃhitā primarily focuses on:

- (A) Surgical interventions

(B) Pediatrics

(C) Internal medicine (Kāya Chikitsā)

(D) ENT and Ophthalmology

Explanation: Charaka Saṃhitā is renowned for its extensive treatment of physiology, pathophysiology, and management of internal diseases.

#9. Q9. The Suśruta Saṃhitā is attributed to Suśruta, who is traditionally considered a disciple of:

- (A) Bharadvāja

(B) Dhanvantari

(C) Agniveśa

(D) Jīvaka

Explanation: Suśruta is regarded as a disciple of Lord Dhanvantari, the mythic founder-deity of surgical science in Ayurveda.

#10. Q10. Which Ayurvedic text is considered particularly significant for its emphasis on diagnostic methods (nidāna)?

- (A) Mādhava Nidāna

(B) Bhāvaprakāśa

(C) Aṣṭāṅga Hṛdaya

(D) Suśruta Saṃhitā

Explanation: Mādhava Nidāna systematically classifies diseases and provides detailed etiopathogenesis and diagnostic guidelines, pivotal for clinicians.

#11. Q11. Which of the following pairs correctly identifies the “Great Triad” (Bṛhatṭrayī) of Ayurveda?

- (A) Caraka Saṃhitā, Suśruta Saṃhitā, Kāśyapa Saṃhitā

(B) Suśruta Saṃhitā, Aṣṭāṅga Hṛdaya, Mādhava Nidāna

(C) Caraka Saṃhitā, Suśruta Saṃhitā, Aṣṭāṅga Hṛdaya



(D) Caraka Saṃhitā, Mādhava Nidāna, Bhāvaprakāśa

Explanation: These three form the core classical texts referred to as Brhatrayī in Ayurveda.

#12. Q12. The Sanskrit term “Aṣṭāṅga Āyurveda” refers to Ayurveda’s division into:

- (A) Eight philosophical schools
- (B) Eight specialized branches
- (C) Eight historical periods
- (D) Eight major doṣa imbalances

Explanation: “Aṣṭāṅga” means eight, and Aṣṭāṅga Āyurveda covers Kāya Chikitsā, Śalya, Śālākya, Kaumāra Bhṛtya, Bhūta Vidyā, Agada Tantra, Rasāyana, and Vājīkaraṇa.

#13. Q13. Who authored both the Aṣṭāṅga Saṅgraha and the Aṣṭāṅga Hṛdaya, which further unified Caraka’s and Suśruta’s teachings?

- (A) Vāgbhaṭa
- (B) Chakrapāṇi Datta
- (C) Dalhaṇa
- (D) Mādhavakara

Explanation: Vāgbhaṭa’s works (Aṣṭāṅga Saṅgraha and Aṣṭāṅga Hṛdaya) integrate Caraka and Suśruta’s knowledge, presenting Ayurveda’s eight branches in a structured manner.

#14. Q14. In the historical context, which Ayurveda school is primarily linked with internal medicine?

- (A) Dhanvantari School
- (B) Kashyapa School
- (C) Ātreya School
- (D) Rasaśāstra School

Explanation: The Ātreya School (associated with Ātreya Punarvasu) laid foundations for internal medicine (Kāya Chikitsā), culminating in Caraka Saṃhitā.

#15. Q15. Which best describes the main focus of the Dhanvantari School?

- (A) Pediatrics and obstetrics
- (B) Nighaṇṭu compilation and herbal references
- (C) Śalya Tantra (surgery)
- (D) Pharmacognosy and drug standardization

Explanation: The Dhanvantari School, highlighted by Suśruta, is known for surgical advancements and anatomical



knowledge.

#16. Q16. What is the primary contribution of Chakrapāṇi Datta to Ayurvedic literature?

- (A) Translation of Suśruta Saṃhitā into English
 (B) Extensive commentary on Caraka Saṃhitā
 (C) Compiling Bhela Saṃhitā from lost fragments
 (D) Authoring Aṣṭāṅga Hṛdaya

Explanation: Chakrapāṇi wrote the Āyurveda Dīpikā commentary on Caraka Saṃhitā, clarifying complex concepts.

#17. Q17. Dalhaṇa's commentary, widely regarded in Ayurvedic surgical context, is on:

- (A) Caraka Saṃhitā
 (B) Suśruta Saṃhitā
 (C) Bhāvaprakāśa
 (D) Aṣṭāṅga Hṛdaya

Explanation: Dalhaṇa's "Nibandha Saṃgraha" is a definitive commentary that explains Suśruta Saṃhitā's surgical methods in detail.

#18. Q18. Which among the following is not typically classified under the Laghutrayī?

- (A) Bhāvaprakāśa
 (B) Śārṅgadhara Saṃhitā
 (C) Mādhava Nidāna
 (D) Bhaisajya Ratnāvali

Explanation: Laghutrayī consists of Mādhava Nidāna, Śārṅgadhara Saṃhitā, and Bhāvaprakāśa. Bhaisajya Ratnāvali is a separate extensive text focusing on medicinal formulations.

#19. Q19. The Bṛhatrayī texts are considered "great" because they:

- (A) Are written in the same century
 (B) Contain mostly verse forms
 (C) Provide comprehensive coverage of medicine, surgery, and integrated therapy
 (D) Are all exclusively about dravyaguṇa (pharmacology)

Explanation: Caraka, Suśruta, and Ashtāṅga Hṛdaya collectively encompass the full scope of Ayurveda.

#20. Q20. In the context of nighaṅṭus, which one famously contains detailed synonyms and properties for hundreds of herbal drugs?

-



- (A) Rāja Nighaṇṭu

(B) Bhela Saṃhitā

(C) Harita Saṃhitā

(D) Mādhava Nidāna

Explanation: Rāja Nighaṇṭu, also known as Madanapāla Nighaṇṭu, compiles extensive synonyms, morphological details, and usage of medicinal plants.

#21. Q21. Kośa in Ayurveda refers to:

- (A) Herbal concoction

(B) Lexicon or dictionary of Ayurvedic terminology

(C) A device for surgical incisions

(D) A sub-specialty dealing with pediatrics

Explanation: Kośas are reference works providing definitions and clarifications of Sanskrit terms used in Ayurvedic texts.

#22. Q22. Among the following texts, which provides a comprehensive dictionary-like listing of synonyms and descriptions for various medicinal substances?

- (A) Harita Saṃhitā

(B) Kaiyadeva Nighaṇṭu

(C) Kāshyapa Saṃhitā

(D) Caraka Saṃhitā

Explanation: Kaiyadeva Nighaṇṭu is one of the classical nighaṇṭus, focusing on dravya synonyms and basic properties.

#23. Q23. Which statement accurately captures the role of a Kośa in Ayurvedic scholarship?

- (A) It primarily teaches surgical bandaging methods

(B) It is a commentary on Suśruta's advanced procedures

(C) It standardizes and explains specialized Sanskrit terms and concepts

(D) It is exclusively about pediatric disorders

Explanation: Kośas function as dictionaries or glossaries that clarify usage of Ayurvedic/medical Sanskrit vocabulary.

#24. Q24. Contemporary publications in Ayurveda have contributed significantly by:

- (A) Restricting Ayurveda to small rural clinics

(B) Translating ancient texts without any modernization

(C) Producing research, journals, and new monographs bridging traditional knowledge and modern science

(D) Eliminating the need for traditional knowledge altogether



Explanation: Contemporary works integrate Ayurvedic concepts with modern scientific validation, leading to updated textbooks, peer-reviewed articles, and standardized references.

#25. Q25. Which organization under the Ministry of AYUSH is primarily responsible for formulating and coordinating Ayurvedic research?

- (A) CCRAS
- (B) CCIM
- (C) NIA
- (D) WHO

Explanation: The Central Council for Research in Ayurvedic Sciences (CCRAS) is the apex body overseeing and promoting Ayurvedic research across multiple regional institutes.

#26. Q26. The Ministry of AYUSH was established to:

- (A) Replace modern medicine entirely
- (B) Formulate policies, upgrade education, and mainstream traditional systems including Ayurveda
- (C) Privatize Ayurvedic practice in India
- (D) Limit the scope of Ayurveda to local folk remedies only

Explanation: The Ministry of AYUSH oversees all aspects of Indian medicine systems, ensuring quality education, research, and wider reach.

#27. Q27. Which statutory body introduced by the NCISM Act, 2020, supersedes the CCIM and seeks to reform Ayurveda education?

- (A) CCRAS
- (B) NCISM
- (C) NITI Aayog
- (D) NAM

Explanation: The National Commission for Indian System of Medicine (NCISM) replaced CCIM to modernize and regulate educational standards in Ayurveda and other Indian systems.

#28. Q28. The Government's National AYUSH Mission (NAM) chiefly aims to:

- (A) Create new allopathic colleges
- (B) Merge modern hospitals with AYUSH architecture exclusively
- (C) Promote AYUSH healthcare and educational institutions, integrate AYUSH into primary health
- (D) Abolish all non-AYUSH treatments

Explanation: NAM provides for infrastructural support, co-location of AYUSH facilities in PHCs/CHCs, and improved AYUSH education.



#29. Q29. Among the following, which is a recent initiative to simplify and encourage foreign travelers seeking Ayurveda-based treatments in India?

- (A) AYUSH Visa or AYUSH eVisa
- (B) NAC accreditation for hospitals
- (C) Unregulated medical tourism
- (D) CRISPR-based therapies

Explanation: The Government of India introduced specialized visas/eVisas to facilitate medical and educational travel specifically for AYUSH (including Ayurvedic) therapies and courses.

#30. Q30. In Indian history, the Department of ISM&H (Indian Systems of Medicine and Homoeopathy) was formed in 1995 and later renamed as the Department of AYUSH in 2003. In which year did it become a full-fledged Ministry?

- (A) 1995
- (B) 2003
- (C) 2014
- (D) 2019

Explanation: The Department was upgraded to the Ministry of AYUSH in 2014, reflecting an expanded scope and independent administration.

#31. Q31. Which of the following best describes the significance of Ayurveda Day, Unani Day, and Siddha Day as observed by the Ministry of AYUSH?

- (A) These days are celebrated only at local temple gatherings
- (B) They mark mythological and historical importance, fostering awareness of each system
- (C) They replace national holidays in selected states
- (D) They are strictly restricted to the academic community

Explanation: These special observances honor India's diverse healing traditions, promote awareness, and encourage integration within society.

#32. Q32. Academic collaboration leading to establishment of AYUSH chairs abroad typically involves:

- (A) MoUs with foreign universities to depute Indian experts
- (B) Restricting foreign nationals from studying Ayurveda in India
- (C) Revoking recognition of foreign medical degrees
- (D) Merger of all systems under one single curriculum

Explanation: The Ministry of AYUSH has signed MoUs for deputation of AYUSH experts to reputable global institutions for teaching and research.



#33. Q33. Which among the following is not a typical focus of the contemporary publications bridging Ayurveda and modern research?

- (A) Peer-reviewed journals on integrative medicine
- (B) Cross-disciplinary studies validating Ayurvedic herbs
- (C) Outdated manuscripts with zero editorial or scientific correlation
- (D) Monographs on standardizing Ayurvedic formulations

Explanation: Modern publications aim for scientific correlation and updates, not simply reprinting obsolete manuscripts without contextual analysis.

#34. Q34. "Rāja Nighaṅṭu," "Dhanvantari Nighaṅṭu," and "Bhāvaprakāśa Nighaṅṭu" are primarily associated with:

- (A) Comprehensive surgeries
- (B) Pharmacological and herbal lexicons
- (C) Ancient cosmetic procedures
- (D) Srotas-based pathology

Explanation: These nighaṅṭus focus on listing herbal substances, synonyms, properties, and therapeutic uses.

#35. Q35. The fundamental rationale behind "Kośas" in the Ayurvedic tradition is:

- (A) To detail panchakarma procedures exclusively
- (B) To facilitate translation of Tibetan texts
- (C) To serve as dictionaries clarifying Sanskrit medical terminologies
- (D) To standardize surgical tools in Ayurveda

Explanation: Kośas are essential for accurate interpretation and uniform use of Ayurvedic terminology.

#36. Q36. The government's AYUSH Information Cells established in various countries aim primarily to:

- (A) Convert local hospitals into Ayurveda-only centers
- (B) Provide misinformation about other healing traditions
- (C) Disseminate authentic information and resources on Indian systems of medicine
- (D) Ban the import of Western pharmaceuticals

Explanation: AYUSH Information Cells promote correct knowledge of Ayurveda/AYUSH and facilitate cultural exchange.

#37. Q37. Which among the following best describes the statement made by Shri Sarbanand Sonowal on Ayurveda in December 2022?

-



- (A) Ayurveda should be restricted to village-level folk cures only
- (B) Ayurveda is an alternative therapy overshadowed by Allopathy
- (C) Ayurveda, being a core traditional system, is complementary to Allopathy and not just an 'alternative'
- (D) Ayurveda has no scope in modern healthcare

Explanation: The statement underscores the synergy between Ayurveda and modern medicine, reinforcing Ayurveda's significance in healthcare.

#38. Q38. Under the Fellowship/Scholarship Scheme for foreign nationals, how many scholarships are offered annually by the Ministry of AYUSH?

-
- (A) 50
- (B) 77
- (C) 104
- (D) 200

Explanation: The Ministry offers 104 scholarships yearly to eligible foreign nationals from 99 countries, promoting international Ayurveda education.

#39. Q39. Which specific day is widely celebrated internationally to promote the practice of Yoga, also under the aegis of the Ministry of AYUSH?

-
- (A) June 21
- (B) August 15
- (C) October 2
- (D) December 25

Explanation: The International Day of Yoga falls on June 21, recognized in numerous countries worldwide to spread the values of Yoga.

#40. Q40. The concept of AYUSH Gram under the National AYUSH Mission involves:

-
- (A) Discontinuing all allopathic services in certain villages
- (B) Adopting AYUSH-based lifestyles, training local workers on herbal remedies, and offering AYUSH health services
- (C) Mandatory annual fees for herbal usage
- (D) Swapping farmland for medicinal herb plantations exclusively

Explanation: AYUSH Gram fosters community-level health promotion, encouraging villagers to embrace AYUSH practices.

#41. Q41. Bhasajya Ratnāvali mainly deals with:

-
- (A) Surgical tools used by Suśruta
- (B) Formulations and prescriptions in Ayurveda



-
- (C) Pediatric guidelines from Kāśyapa Saṃhitā
-
- (D) Ethical aspects of Ayurvedic practice

Explanation: Bhaisajya Ratnāvali is an extensive compendium of medicinal formulations, describing doses, ingredients, and therapeutic uses.

#42. Q42. The original Department of ISM&H (Indian Systems of Medicine and Homoeopathy) was established in 1995. Which of the following is not a recognized system under AYUSH?

-
- (A) Ayurveda
-
- (B) Yoga & Naturopathy
-
- (C) Unani
-
- (D) Aromatherapy

Explanation: AYUSH officially includes Ayurveda, Yoga & Naturopathy, Unani, Siddha, Homoeopathy, and Sowa-Rigpa—not aromatherapy as a separate recognized system.

#43. Q43. Which major initiative has been undertaken to ensure safety and quality of Ayurvedic medications, aligning with global trends?

-
- (A) Banning all Ayurvedic exports
-
- (B) Implementing Good Manufacturing Practices (GMP) and updating the Ayurvedic Pharmacopoeia of India (API)
-
- (C) Eliminating herbal usage altogether
-
- (D) Exclusive reliance on local folk traditions with no standardization

Explanation: GMP guidelines and the Ayurvedic Pharmacopoeia standardize drug quality, safety, and efficacy in the global context.

#44. Q44. Which of the following is a key impetus behind establishing academic MoUs between Ministry of AYUSH and foreign universities?

-
- (A) Restricting foreign nationals from learning Ayurveda
-
- (B) Promoting two-year short courses with no research basis
-
- (C) Facilitating overseas chairs/professorships and collaborative research
-
- (D) Replacing local traditions in other countries with Indian systems by mandate

Explanation: Such MoUs foster academic exchanges, allowing Indian Ayurvedic experts to teach and conduct research in foreign institutions.

#45. Q45. Nighaṅṭu literature is critical in Ayurveda primarily because it:

-
- (A) Explains only surgical procedures
-
- (B) Eliminates the necessity of commentaries
-



- (C) Provides synonyms, properties, and therapeutic usage of dravyas

(D) Focuses on mantras for ritualistic healing alone

Explanation: Nighaṅṭus are pharmacological dictionaries that detail herbs, minerals, and their synonyms and clinical benefits.

#46. Q46. Bhela Saṃhitā, often considered near-contemporary to Agniveśa's work, is:

- (A) Fully lost with no surviving manuscript

(B) Another name for Suśruta Saṃhitā

(C) Partially extant, providing alternative viewpoints to Caraka

(D) A commentary on Bhāvaprakāśa

Explanation: Bhela Saṃhitā parallels Agniveśa's tradition, though many parts are lost. Surviving portions offer valuable comparative insights.

#47. Q47. Which central agency coordinates the Voluntary Certification of Yoga Professionals, ensuring quality and uniformity in yoga instruction?

- (A) CCRAS

(B) CGHS

(C) Yoga Certification Board (YCB)

(D) National Pharmaceutical Pricing Authority

Explanation: The Yoga Certification Board oversees competence certification for yoga professionals under the Ministry of AYUSH.

#48. Q48. One key difference between Nighaṅṭu and Kośa in Ayurveda is that:

- (A) Kośa focuses on terminologies/lexical definitions, while Nighaṅṭu centers on detailed drug and herb references

(B) Kośa deals only with surgical instruments, and Nighaṅṭu only with Sanskrit grammar

(C) Nighaṅṭu is not recognized in any classical text, whereas Kośa is considered authoritative

(D) They are identical with no functional distinction

Explanation: Nighaṅṭus are pharmaco-lexicons about herbs/medicinal substances. Kośas serve as dictionaries for general or specialized Ayurvedic terminologies.

#49. Q49. Which statement aligns with the integrative health policy efforts in India?

- (A) Exclusive reliance on private healthcare providers

(B) Separation of AYUSH and modern medicine with no overlap

(C) Inclusion of Ayurvedic principles in national health programs for disease prevention and health promotion

(D) Prohibition of AYUSH practitioners in public hospitals



Explanation: NITI Aayog's integrative health policy and other governmental efforts seek to incorporate AYUSH methods into mainstream healthcare.

#50. Q50. What is the core reason for celebrating the International Day of Yoga in over 190 countries under the Ministry of AYUSH?

- (A) Commercial licensing of Yoga globally
- (B) Exclusive Indian patenting of all yoga postures
- (C) Promoting Yoga as a preventive, holistic, and drugless therapy beneficial for global health
- (D) Restricting yoga practice to Indian nationals only

Explanation: The international observance fosters health awareness, stress management, and unites people worldwide in practicing yoga's holistic benefits.

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