

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 Laghutrayī consists of Mādhava Nidāna, Śārṅgadharma Saṃhitā, and Bhāvaprakāśa—texts that are comparatively more focused and came after the Bṛhatrayī.

#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” (Bṛhatrayī) 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 Brhatrayi 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 nighaṇṭus, 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 Nighaṇṭu,” “Dhanvantari Nighaṇṭu,” and “Bhāvaprakāśa Nighaṇṭu” are primarily associated with:

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

Explanation: These nighaṇṭus 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. Bhaisajya 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. Nighaṇṭu 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: Nighaṇṭus 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 Nighaṇṭu and Kośa in Ayurveda is that:

- ☐
(A) Kośa focuses on terminologies/lexical definitions, while Nighaṇṭu centers on detailed drug and herb references
☐
(B) Kośa deals only with surgical instruments, and Nighaṇṭu only with Sanskrit grammar
☐
(C) Nighaṇṭu is not recognized in any classical text, whereas Kośa is considered authoritative
☐
(D) They are identical with no functional distinction

Explanation: Nighaṇṭus 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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