

## NIDANARTHAKAR VYADHI w.r.t CARAK SAMHITA: A REVIEW

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### ABSTRACT

In day to day practice one comes across the patients, where more than one disease is found correlated. In these types of diseases, understanding the pathogenesis becomes very important. As per Ayurveda, we find such diseases as *Nidanarthakar Vyadhi* (one disease responsible for another disease), *Upadrava* (complications), or *Vyadhi Sankar* (cluster of two or more diseases). All these concepts are mentioned in *Samhitas*, but in scattered places. In the present study, the humble effort to understand *Nidanarthakar Vyadhi*, along with their examples and differentiating the concept of *Nidanarthakarvatva*, *Upadrava*, and *Vyadhi Sankar* are studied. *Nidanarthakarvatva* is also observed in various modern disease-pathogenesis, which can be explained through Ayurveda based on *Nidanarthakar* concept. For example, Dengue leading to Haemorrhagic condition can be explained through *Nidanarthakarvatva* of *Jwar* (fever) → *Raktapitta* (haemorrhagic conditions). There are two types of *Nidanarthakar Vyadhis*. They are *Ekarthakari* and *Ubhayarthakari*. *Ubhayarthakari Nidanarthakar Vyadhi* can come across as *Vyadhi Sankar*, where history taking will reveal the primary that is *Nidanarthakar Vyadhi* and thus treatment could be concentrated on it. These types of topics are dealt in the present literary study, to throw the light on importance of *Nidanarthakar diseases*.

**Keywords:** *Nidanarthakar vyadhi, Upadrava, Vyadhi Sankar.*

### INTRODUCTION

*Ayurveda*, India's traditional, natural system of medicine that has been practiced for more than 5000 years. *Ayurveda* believes on maintaining health of healthy and palliation or cure of disease of diseased, i.e. "Swasthasya Sswaasthya Rakshanam and Aaturasya Vikaro Prashamanam". While curing the disease, one should know the *Nidan* (cause) of *vyadhis* i.e. diseases. The most important concept regarding the understanding pathogenesis of disease is "*Nidanarthakar vyadhis*". *Nidanarthakar vyadhi* means when the dis-

ease itself becomes the causative factor for some other diseases<sup>1</sup>. *Nidanarthakar* is the conjugation of word *Nidan* and *Arthakar vyadhi*. *Nidan* means the cause and *Arthakar* means which is responsible for causing the diseases. These *Nidanarthakarvyadhis* or diseases occur due to lack of treatment, or negligence of one disease which gives rise to another disease and this is known as *Nidanarthakar Rog*. One disease is responsible for another disease, the previous one, which was the root cause, is known as a *Nidanarthakar Vyadhi*.

Acharya Charaka in have beautifully explained this concept along with examples in *CharakNidan* Chapter 8<sup>2</sup>. Enlisting the examples, *Charakacharya* quotes that; *Jwarsantap* is responsible for *Raktapitta* (Fever is responsible for various haemorrhagic conditions in body) and *Raktapitta* for *Jwar* (Haemorrhagic conditions leads to Fever), and *Raktapitta* along with *Jwar* gives rise to *Shosh* (Wasting). *Pleehavridhi* (liver enlargement) followed by *Udar* (Ascitis). *Udar* disease gives rise to *Shoth* (Inflammation). While the *Arsh* (Haemorrhoids) is responsible for *Gulma* and *Udar* (Ascitis). *Pratishyay* (Rhinitis) by *Kasa* (Cough) and *Kasa* responsible for *Kshay* (Tuberculosis) and *Kshay* gives rise to *Shosh*. This chain of diseases is known as *Nidanarthakar* diseases. So, the concept of *Nidanarthakar* is very essential to understand because one will get the idea of further disease by the knowledge of previous disease. Now as the previous *vyadhi* or diseases are the roots or cause of another disease, then what is the difference between *Nidanarthakar Vyadhi* (One disease responsible for another disease), *Upadrava* (complications) and *Vyadhi Sankar* (Cluster of two or more diseases). Yes, there is definitely the difference between each of this concept. Though *Upadrava* (complications) and *Nidanarthakar vyadhi* (disease responsible for another disease), in most of the aspects looks similar as both of these are responsible for worsening the body conditions, are painful, but *Upadravas* are *rogashraya*<sup>3</sup> (means resides in accordance with the disease that means primary and secondary diseases are there in the body), while in case of *Nidanarthakar vyadhi* it is not necessary that the primary disease will resides in the body along with secondary disease. *Upadravas* are the complications of the disease and subsides with the treatment of primary disease<sup>4</sup>.

Now in case of *Vyadhi Sankar*, which is the cluster or group of two or more diseases<sup>5</sup> and it looks approximately same as *Nidanarthakar Vyadhi*, the difference can be explained with the help of *Ekarthakari* (disease subsides after causing another disease) and *Ubhayarthakari Nidanarthakar Vyadhi* (disease after causing another disease persists) concept<sup>6</sup>. If the disease leads to another disease and subsides, then it is *Nidanar-*

*thakar* and if the previous disease and secondary disease exist together then that is *Vyadhi Sankar*. That is *Ubhayarthakari Nidanarthakar Vyadhi* may leads to *Vyadhi Sankar*. So, to understand the pathogenesis and also for differentiating it from *Upadrava* and *Vyadhi Sankar*, the present study has been done.

**Aim:** To understand the concept of *Nidanarthakar Vyadhi* thoroughly.

**Objective:** To differentiate the concept of *Nidanarthakar* *vyadhi*, *Upadrava* and *Vyadhi Sankar*.

**Materials-**

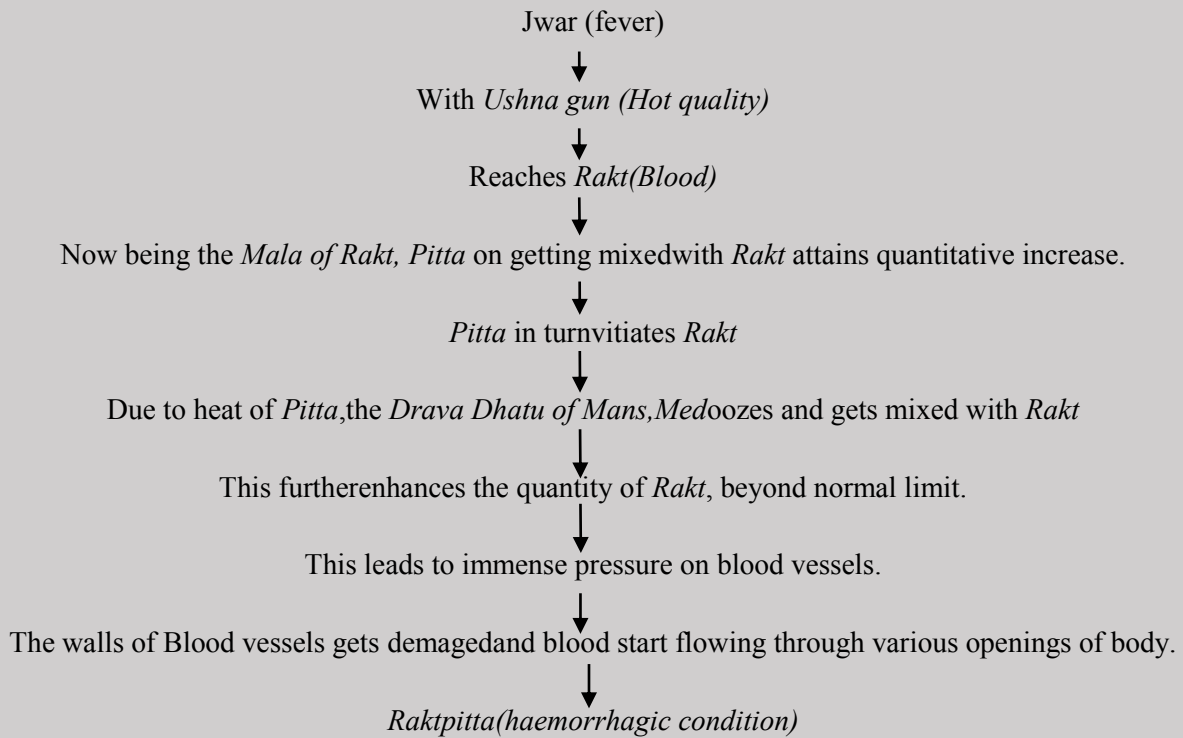
- 1) *Carak Samhita* with *Ayurved Dipika* Commentary.
- 2) *Madhav Nidan* with *Madhukosh Sanskrit Commentary* and *Vidyotini Hindi Commentary*.

**Study Design-** Literary Study.

**Methodology-** Literary Study is conducted at 2 levels.

- a) Level 1- In order to understand the *Nidanarthakar* concept *CharakNidan* 8 and *Madhav Nidan* chapter 1<sup>st</sup> is studied thoroughly. At the same time the pathogenesis of *Nidanarthakar* diseases and disease cause by them is studied and the link between them is established.
- b) Now to understand the *Nidanarthakar* diseases or how one disease manifests another disease the *Samprapti* or pathogenesis of *Nidanarthakar* diseases will undergo in following manner.

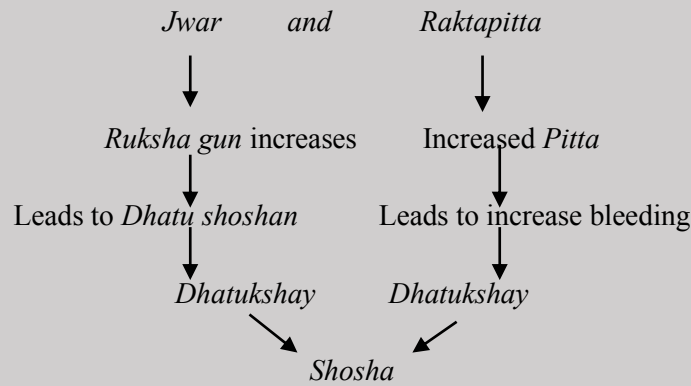
1) Flow chart 1-Jwar to Raktapitta (*Fever to various haemorrhagic conditions*)



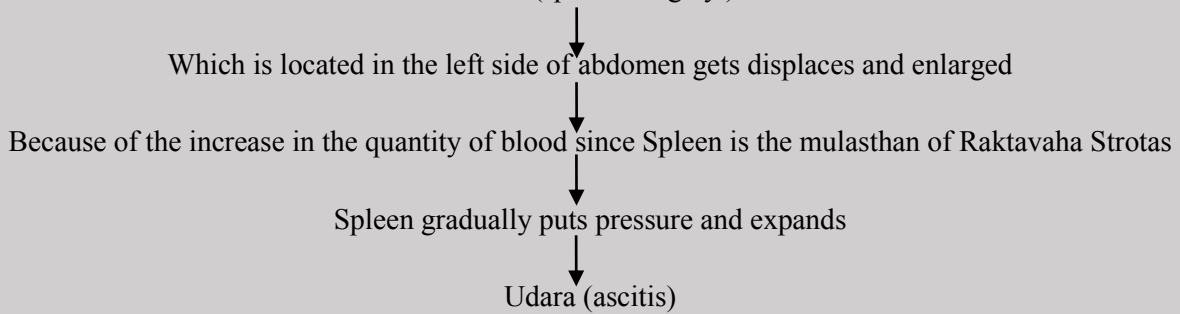
2) Flow chart 2-Raktapitta to Jwar



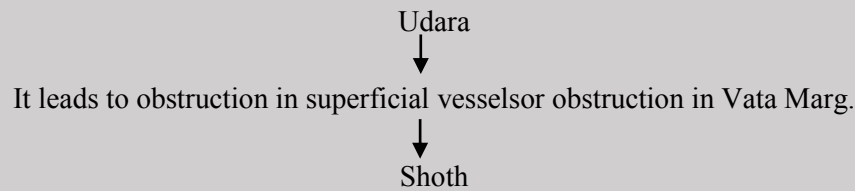
3) Flow chart 3-*Jwar*(fever) and *Raktapitta*(haemorrhagic condition) to *Shosha*(wasting)



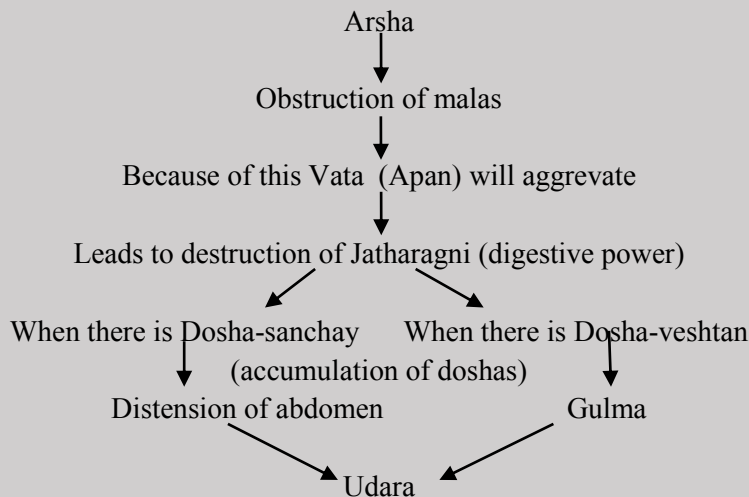
4) Flow chart 4- *Pleeha*(splenomegaly) to *Udar*(ascitis)  
*Pleeha* (splenomegaly )



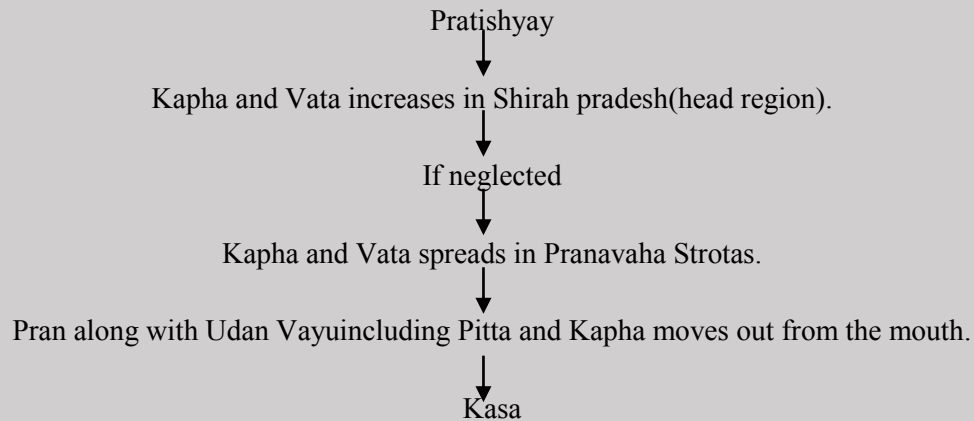
5) Flow chart 5-*Udar* (ascitis) to *Shoth* (inflammation)



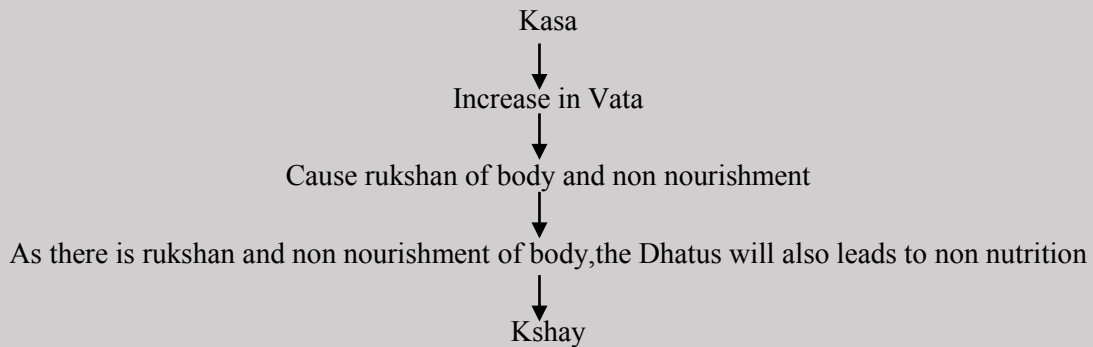
6) Flow chart 6-*Arsha* (haemorrhoids) to *Udar* (ascitis) and *Gulma*  
*Arsha*, *Udar* and *Gulma* are *Agnimandya* (weak digestive power) diseases.



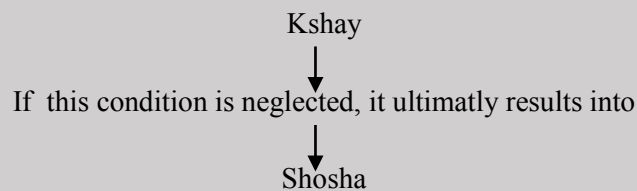
7) Flow chart 7-Pratishyay(rhinitis) to Kasa(cough)



8) Flow chart 8-Kasa (cough) to Kshay (tuberculosis)



9) Flow chart 9-Kshay(tuberculosis) to Shosha(wasting)



Apart from *Charak Nidan 8*, In *Charak Samhita*, *Nidanarthakar*atva is found at various places in *Chikitsa Sthan* and *Nidansthan*, which can be considered as *Nidanarthakar vyadhis* the following examples are the causes of another diseases.

For example-

**Table 1-**

	Diseases mentioned as <i>Nidan</i>
<i>Vataj-Gulma</i> <i>Pittaj-Gulma</i> <i>Raktaj-Gulma</i>	<i>Jwar (Fever), Atisar (Diarrhoea), Chhardi (Vomitting)</i> <i>Ajeerna (Indigestion)</i> <i>Aamgarbha (Uterine growth retardation)</i>
<i>Prameha</i>	-
<i>Kushtha</i>	<i>Chhardi (Vomitting)</i>
<i>Kamala</i>	<i>Pandu(Anaemia)</i>
<i>Udara</i>	<i>Pleeha (Spleen enlargement),</i> <i>Arsha (Haemorrhoids),Grahani(Irritable bowel syndrome)</i>
<i>Shwayathu</i>	<i>Jwar(Fever), Arsha (Haemorrhoids)</i>
<i>Vatodar</i>	<i>Udavart (Flatulence)</i>
<i>Pittodar</i>	<i>Ajeerna (Indigestion)</i>
<i>Baddhagudodar</i>	<i>Udavart (Flatulence), Arsha (Haemorrhoids)</i>
<i>Arsha</i>	<i>Ajeerna (Indigestion)</i>
<i>Grahani</i>	<i>Ajeerna (Indigestion)</i>
<i>Hikka-Shwas</i>	<i>Atisar (Diarrhoea), Jwar (Fever),Chhardi (Vomitting),</i> <i>Pratishyay (Rhinitis),</i> <i>Kshatakshin,</i> <i>Udavart (Flatulence), Pandu (Anaemia)</i>
<i>Pittaj Chhardi</i>	<i>Ajeerna (Indigestion)</i>

**Level 2-**At level 2,the concepts which were similar to *Nidanarthakar* as *Upadravas (complications), Vyadhi Sankar (cluster of two or more diseases)*were understood conceptually and differentiated the *Nidanarthakar* diseases from them.

**OBSERVATION**

It is observed that though *Nidanarthakar Vyadhis (disease responsible for causing another disease), Upadravas (complications)*and *Vyadhi Sankar (cluster of two or more diseases)* looks approximately similar to each other , but they are different from each other that’s why *Aacharya Caraka* separately stated these phenomenon in the *Samhita*.

From this study we found that *Nidanarthakar* diseases are the diseases having similar doshas, similar strotshas and similar pathogenesis, For example. First group that is *Jwar (fever)* and *Raktapitta (haemorrhagic conditions)* having the predominance of *Pittadosha*. Next group *Arsha (haemorrhoids), Udara (ascitis)* and *Gulma* involves the pathogenesis of vitiation of *Agni (digestive power)*. Further group *Pratishay (rhinitis), Kasa (cough), Shosha (wasting)* shows the involment of *PranvahaStrota*, last group *Pleeha (spleenomegaly), Udara (ascitis)* and *Shotha*

(inflammation) shows the involment of *Vata* and *Rakta (blood)*. This is the chain of diseases and the diseases in each group are interrelated.

We have observe that, these *Nidanarthkar* diseases are different from *Upadrava* and *VyadhiSankar*. *Upadrava* resides along with primary disease, are complication of the disease and subsides with the treatment of primary diseases while, it does not occure in case of *Nidanarthkar* diseases and *Nidanarthkar* diseases usually needs separate tretment on the same tract.

Now movingto*Vyadhi Sankar* the diffence obseverd it, if the disease leads to another disease and subsides, then it is *Nidanarthkar* diseases and if the previous disease along with secondary disease exist together then that is *VyadhiSankar*.

## DISCUSSION

*Nidanarthakar* is the unique concept of *Ayurveda*. Many times doctors treat symptomatically and doesn't get result though performing *VyadhiPratyanikChikitsa*. In this condition, history taking is important. For example, the patient having skin rash without fever and having previous history of fever, may be the case of *PoonaravatakJwar*. Similarly the case of *Raktapitta* having the history of Fever may, be the case of *JwarNidanarthakariRaktapitta*. In both the cases treatment of *Jwar* has to be given to the patient. Thus in the present study in order to understand the pathogenesis of *Nidanarthakar* (*disease responsible for another disease*) and to differentiate the concept from *Upadrava* (*complications*), *VyadhiSankar* (*cluster of two or more diseases*) the present study was conducted. From this study we found that *Nidanarthakar* diseases are the group of diseases having similar doshas, having similar strotasas, having similar *Samprapti* or pathogenesis. For example, *Jwar* (fever) and *Raktapitta* (*haemorrhagic conditions*) are showing the predominance of *Pitta Dosha*. The next group that is *Arsha* (*haemorrhoids*), *Udara* (*ascitis*) and *Gulma* the pathogenetic factor is vitiation of *Agni* (*digestive power*). The next group that is *Pratishyay* (*rhinitis*), *Kasa* (*cough*), *Kshay* (*tuberculosis*) and *Shosha* (*wasting*), this group shows the involvement of *Rakta* and *Vata*. Thus the diseases in each group are inter linked.

In these examples *Jwar* and *Raktapitta* shows two way relationship. *Jwar* can be cause of *Raktapitta* and cause by *Raktapitta*. Similarly *Shosha* is mentioned at two places. Firstly extreme vitiation of *PranavahaStrotas* and secondly the depletion of *Bala*, because of *Jwar* and *Raktapitta* which is caused as there is involvement of *Rukshapitta* in *CarakChikitsa* three<sup>7</sup>, leading to *Dhatukshay*. Similarly *Udara* is also explained twice. Here exhibiting the correlation of *Arsha* and *Udara*, two types of pathogenesis may occur. As *Arsha* is having the vitiation of *Pran*, *Apan*, *Agni*, the similar *Dosha*, *Dushya* extend the pathology to *Udara* and in other way *Arsha* is enlisted as the

cause of *Baddhagudodar*. In case of *Pleeha* to *Udara*, *Samprapti* or pathogenesis again, enlargement of *Pleeha* may leads to *Peehodar* and similarly *Pleeha* is the origin of *RaktavahaStrotas* and *Pleeharog* is indicative of *Rasa-Raktdushti* and in pathogenesis of *Shotha*, it is mentioned the obstruction of *Vata Marg*. Thus supporting to *Pleehodar*, the pathogenesis is supported from modern point of view also, Spleenomegaly resulting from Portal Hypertension can be caused by Cirrhosis and Extrahepatic Portal Vein obstruction. Both Cirrhosis and Hepatic Venous Outflow tract obstruction can also manifest Ascitis. Similarly regarding *Jwar* and *Raktapitta* it is observed now a days, that high grade fever in Dengue leads to Platelet destruction leading to symptoms like Epistaxis or other Haemorrhagic conditions. Similarly in case of *Pratishyay* and Cough, it is observed that Cough commonly occurs as the symptom of seasonal allergic Rhinitis, an inflammatory condition of nasal mucosa.

Now moving to next level, how the *Nidanarthakar* diseases are different from *Upadrava* and *VyadhiSankar*. When it is mentioned that *Upadravas* are occurring due to same *Doshas*, are painful, are *pariklishtatshariratvat* means responsible for worsening the body condition from primary diseases as like *Nidanarthakar* diseases, then why it is needed to state the concept of *Nidanarthakar* separately. Does the concept *Upadravas* are similar to *Nidanarthakar*? The answer is no, because *Upadravas* are *rogashray* means resides in accordance with primary disease and subsides with the treatment of primary disease, while it does not happen in case of *Nidanarthakar*. *Nidanarthakar* diseases usually needs separate treatment regimen.

In case of *VyadhiSankar*, when two or more diseases co-exists in a body at a time with two different pathogenesis *VyadhiSankar* takes place, which is hard to treat. For example, *Ratrijagaran* results to *Vataprakop* which further cause *Sandhigatvat* (*rheumatoid arthritis*), at the same time irregular diet results to *Pittaprakop* which further cause *Aamlpitta* (*acidity*). In *Nidanarthakar* disease *Caraka* explains that there are two types of *Nidanarthakar*



diseases, *Ekarthakari* (disease subsides after causing secondary disease) and *Ubhayarthakari* (primary and secondary diseases persists in the body). *Ekarthakari* diseases are the diseases which subsides after causing secondary disease<sup>8</sup>. But the *Ubhayarthakari* diseases acts in two way as *Hetu* for secondary disease and as separate treatment disease entity also<sup>9</sup>. In such conditions *VyadhiSankar* occurs. For example, *Chakrapani* quotes, if *Pratishyay* induces *Kasa* and also remains as a disease, in the person then that will be *UbhayarthakariVyadhi*.

While quoting the reason for *VyadhiSankar*, *PrayogAparishuddhi* that is improper management of disease is mentioned<sup>10</sup>. For example, If one gives *Stambhan* in *Aamatisar* (sticky stool), the vitiated doshas creat *Aadhman* (flatulence) and *Shool* (abdominal pain)<sup>11</sup>, though here it looks like *Nidanarthakar*, the causes are Itrogenic and hence cannot be considered under *Nidanarthakar*atva.

## CONCLUSION

*Nidanarthakar*atva is the unique concept. *Nidanarthakar* diseases are group of diseases with similar *Doshas*, similar *Strotasas*, and are *Agnimandyakrut*. Some diseases act in two way as *Jwar* to *Raktapitta* and *Raktapitta* cause *Jwar*. *Nidanarthakari* diseases are of two types as *Ekarthakari* and *Ubhayarthakari*. *Ubhayarthakari* *Nidanarthakar* *Vyadhi* co-exists and creates *VyadhiSankar*. *VyadhiSankar* can be created in other ways also. *Upadravasare* different from *Nidanarthakar* diseases.

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