

DISEASES DURING CARAKA'S ERA AND ITS CLASSIFICATION ON PRESENT PERSPECTIVES

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ABSTRACT

Ayurveda is one of the most ancient medical sciences in the world. It adopts a holistic approach, treats a human being as a complex whole and strives for harmony between a human being and the entire environment around him. According to *Caraka Samhita*, diseases are plenty and so varied that their classification is far from easy. Disease is the states in which both the body and mind suffer from pain and misery. *Vyadhi* or *Roga* are the most common terms used for disease or illness in ancient Ayurvedic literature. They could be grouped differently based on causation, location, prognosis and different changeable factors. If we want to facilitate understanding from the twenty first century perspective, the diseases could be considered under infectious and noninfectious categories even though *Caraka* did not envisage such a classification. When the three *Doshas* are in equilibrium, the body is in good health but when the *Doshas* the bio regulating principles get deranged they produce disease. *Caraka* said disease (*Roga*) in the body is caused due to disequilibrium of the *Dhatu*s (CS.Su.9). It causes sorrow and discomfort. *Sushruta* said anything that produces pain and discomfort in a person may be called disease (SS.Su1). Diseases and disorder having one predominant *Dosha* as 80 types of *Vata*, 40 types of *Pitta* and 20 types of *Kapha* are enumerated in the classical text.

Keywords: Diseases, infectious, noninfectious, classification. *Vyadhi, Carak, Dhatus, Dosha.*

INTRODUCTION

Communicable diseases are illnesses caused by viruses or bacteria that people spread to one another through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air¹. The causes of the diseases may be more than one predisposing and precipitating; location may shift; and prognosis may change. Some diseases may disappear, and new disease may emerge. It may sometimes be difficult to distinguish a disease from cluster symptoms. One disorder may lead to another; an identical cause may produce diverse symptoms or alternatively, different causes may cause identical symptoms. Instead of attempting to classify the countless and changeable diseases *caraka* choose to group them on the basis of disturbed *dosas* because diseases, no matter what their nature, are no more than manifestations of disturbed *dosas*. If the *dosas* are set right and their equilibrium restored, disease manifestations, according to him, would take care of themselves. As the imbalance in *dosas* is the unchanging basis of changing diseases, the attempt to restore equilibrium could be expected to remedy not only existing diseases but also other diseases that could appear future.

Caraka was an internist par excellence, whose compendium is encyclopedic in the coverage of diseases. He largely left out specialties surgical ailments, children's diseases, eye disorders and so forth because they were, in his opinion, better handled by specialists. The encyclopedic coverage of internal medicine,

the graphic descriptions of clinical feature and the wealth of details on medical management make *Caraka Samhita* a living medical text despite the passing of two thousand years.

A medical text which primary targets physicians would be obliged to reflect the clinical realities of the day and age. A textbook on medicine written in the early twentieth century, for example would contain long sections and many references on infectious diseases such as cholera, smallpox, diphtheria and plague and devote much less space to noninfectious diseases such as cancer. New problem such as HIV, swine flu, rubella would also receive significant attention. As Current COVID-19 is proving to the world, tiny viruses are powerful biological agents, capable of rapidly effecting massive damage and fatality. This tiny organism carries with it a mortality rate (death rate) or about 10% for people over 70 years of age and 22% for those over 80².

If we want to facilitate understanding from the 21st century perspective the disease could be considered under infectious and noninfectious categories even though *caraka* did not envisage such a classification. The digested version of *Caraka Samhita* prepared by prof. Yamashita of Kyoto University has facilitated a literature search on these lines. The search for references to the two categories in the *Carak Samhita* has been limited to the following diseases which are illustrative.

Table 1: Infectious and non-infectious diseases

Infectious conditions /infectious diseases	Non-infectious diseases
<i>Jwara</i> (Fever including complex fever)	<i>Unmada</i> (Insanity)
<i>Grahani</i> (Digestive disorders)	<i>Apasmar</i> (Epilepsy)
<i>Kushta</i> (Skin Disorders)	<i>Arsa</i> (Piles)
Masurika (Smallpox)	<i>Gulma</i> (Gaseous lumps of abdomen)
<i>Sosa</i> , (pthisis) (<i>Rajyakshma</i>)	<i>Hrudroga</i> (Heart disease)
<i>Vidradhi</i>	<i>Madatyay</i> (Alcoholic disorder)
<i>Visarpa</i> (Cellulitis)	<i>Panduroga</i> (Disorder of pallor)
<i>Visucika</i>	<i>Pramehe</i> (Polyuria's)
<i>Vrana</i> (Sores)	<i>Raktapitta</i> (Bleeding disorder)

Caraka made no less than 430 references to fever indicating its overwhelming importance in the practice of medicine. Therapeutic dominated his discourse in so far as 310 references in *Cikitsa*, 22 in *Siddhi*, and 10 in *Kalpa* deal with the treatment of fevers. The causation, clinical features, classification, diagnosis and prognosis also received serious attention because *Sutra* and *Nidana* contained 39 references each and *Indriya* 9 on Fever. Even *Sarir* had solitary references to fever to illustrate preventive, measure against the recurrence of disease³.

The analysis of references to *Kustha* in *Caraka Samhita* is complicated by the fact that the name of the disease is the same as that of a medicinal plant (*Sausurea lappa*) which is frequently employed for treating a variety of conditions. Against a total of 64 references to the disease in *cikitsa*, *Siddhi* and *Kalpa* there are 95 to the plant in the same *sthanas*. It should be noted that even among the 64 references to the disease many merely mention *Kustha* in listing disorders that respond to various medications⁴.

Smallpox is an ancient scourge which killed millions of people all over the world, the scant attention given to it by *Caraka* remains a mystery. Even if *Carakas* discourse on smallpox had been lost like several chapters of *chikitsa sthana*, it is surprising that *Dradhbala* did not elaborate on the contagion several centuries later.

There are 133 references to *Sosa* (pthisis), *Rajyaksma* of which those in *Sutra* 31, *Nidana* 18, and *Sarira* 3 are often incidental or used to indicate drying up. Treatment dominated the discussion on *Sosa* and claimed 81 references in *cikitsa* 67, *Kalpa* 5 and *Siddhi* 9⁵.

All the 11 references to *Vidradhi* are found in *Sutra*, however as the management of abscesses overlaps that of sores, swelling and *Visarpa*, several aspects of their treatment have been covered elsewhere in the relevant chapter of *Cikitsa*.

Cikitsa and *Siddhi* contain 44 and 5 references to the treatment of *Visarpa* (Cellulitis). Of the total 11 references in *Sutra*, *Nidana*, *Vimana* and *Indriya* five have no more than doubtful connection to *Visarpa* as they use the Verbal form of *Visarpa* to denote spread in

unrelated context. Excluding these there are total of 55 references to *Visarpa* in *Carak Samhita*⁶.

The number of references to *Visucika* total only 22. The clinical features and causation were outlined in *Sutra* 3 and *Vimana* 3⁷; treatment accounted for the remainder in *cikitsa* 9 and *Siddhi* 7. From the clinical description and the number of the references one can speculate that cholera was far less virulent in *Caraka Samhita*.

There are 75 references to the treatment of *Vrana* (sores) in *cikitsa* and 12 to the general aspects in five other *sthanas* put together⁸.

Noninfectious diseases

Caraka Samhita makes 20 references to the treatment of (*Unmada*) insanity in *cikitsa* and one reference in the *Siddhi*. There are 11 references on causation in *Nidana* and 3 on prognosis in *Indriya*. There are 50 references in *Cikitsa*⁹, it claimed only 6 and 4 references each in *Nidana* and *Sutra* of *Apasmara*. The importance of *Arsha* attached to treatment is shown by the fact that there are 60 references to it in *Cikitsa* against 17 in all other *sthanas* put together¹⁰.

Gulma demanded a great deal of the physician's attention because there are 109 references on causation and other association of *gulma* are only 23¹¹. *Caraka* has 46 references to the treatment on *Hrdroga* (heart disease)¹² in *Cikitsa*, *Kalpa* and *Siddhi* and 13 in *Sutra*¹³ and *Nidana*, which address causation and other factors. *Cikitsa* contains 21 references to the treatment of alcoholic disorders (*Madatyaya*) against solitary references in *Sutra* to the suitability of grapes and other fruits for the addiction¹⁴. The chapter on *Panduroga* contains 43 references to treatment¹⁵ in *Cikitsa*, *Kalpa* and *Siddhi Sthanas* and 6 references on other aspects of the disorder in *Sutra* and *Nidana*.

The causative significance of heredity, obesity and lack of physical activity; clinical features such as thirst and dryness of mouth; peculiar odour, burning sensation or lack of sensation in the hand and feet; onset of boils received such extensive notice that the references to causation, general and clinical features of *Prameha*¹⁶ exceeded those in relation to treatment in *cikitsa*¹⁶ and *siddhi*²⁴.

There are 62 references to the treatment of *Raktapitta* in *Cikitsa*¹⁷, *kalpa* and *Siddhi*; 8 to causes and classification in *Nidana* and 24 of a general nature in *sutra*. A lone reference in *Indriya* refers to fearful vision that could precede the bleeding episode.

Caraka classified *Krimi* (Worms) broadly into two groups i.e. *Sahaja* and *Vaikarika*. *Sahaja krimi* are those which live in human body right from birth until death. They are not harmful to the body. *Vaikarika Krimi*: They are exactly opposite to the above-mentioned *Sahaja Krimi*, because they are harmful or disease causing by nature. According to Acharya *Caraka* under *Vaikarika Krimi* there are two sub-groups namely *Bahya Krimi* and *Abhyantara Krimi*. Those *Krimi* which live on the skin outside the body are *Bahya Krimi* and those which live inside the body

are *Abhyantara Krimi*. Another classification is according to source in which *Krimi* grows and survives, given by *Caraka Purishaja*, *Sleshmaja*, *Shonitaja* and *Malaja*. *Bahya Krimi* includes *Yuka* (lice) and *Pipilika* (eggs of lice) that dwell on the body surface and are produced from external impurities. There are six *Krimi* that inhibit in blood (*Raktaja*) viz. *Keshada*, *Lomada*, *Lomadwipa*, *Saurasa*, *Audumbara* and *Jan-tumatarata*. Seven *Krimi* live in Kapha-specific body locations (*Shleshmaja*) viz., *Antrada*, *Udaraveshta*, *Hridayada*, *Churu*, *Darbhapushpa*, *Saugandhika* and *Mahaguda* and five *Krimi* originate from faeces (*Purishaja*) viz. *Kakeruka*, *Makeruka*, *Leliha*, *Sashulaka* and *Sausurada*. These are extensively discussed along with treatment in *Vyadhita Rupiya Vimana Adhyaya* of *Vimana Sthana*¹⁸.

Table 2: Types of *Krimi* (Worms)

No.	Name of the Text	<i>Bahya</i> or <i>Malaja</i> <i>Krimi</i> (External)	<i>Abhyantara</i> <i>Krimi</i> (Internal)			Total No. of <i>Krimi</i>
			<i>kaphaj</i>	<i>Raktaja</i>	<i>Purishaja</i>	
1	<i>Carak Samhita</i>	2	7	6	5	20
2	<i>Sushrut Samhita</i>	-	6	7	7	20
3	<i>AshtangHriday</i>	2	7	6	5	20

DISCUSSION

Diseases are classified into three types namely, *Nija* (Endogenous) and *Agantuja* (Exogenous) diseases, and *Manas* (psychic disorder)¹⁹.

As a common clinical entity fever was a subject of everyday concern and enormous importance to the physicians. *Caraka* regarded it as the master of all diseases in animals regardless of species. According to him living beings born with fever and die with fever. As in most branches of medicine therapeutic action was always ahead of the understanding of a disease in *Caraka's* time. This is not untrue even in today's context.

The extent of discussion of a disease and the number of references in a standard medical manual form a reliable guide to its contemporary importance in clinical practice. Against this background the epidemiologic scene of northwest India in *Caraka's* period through the mist of twenty centuries. The diseases indicated in the figures are no more than illustrative of

the infectious and noninfectious groups which are readily recognizable in the twenty first century. In terms of epidemiology, a society passes over time from an age when infectious diseases cause the heaviest mortality and morbidity to another when infection decline, and noninfectious diseases take over as the major killers. The change from one phase to other is known as the epidemiologic transition.

From above in infectious condition fever of all kind loom large, claiming a total of 430 references. The fever covers many conditions which correspond to malaria, typhoid fever and other which were undoubtedly the gravest medical problem in *Caraka's* time. Tuberculosis ranks next with 130 references, followed by sores and ulcers 87, digestive disorder 84, *Kushta* 64, cellulitis 55, cholera²², abscess 11. Diarrheal diseases were obviously common but Cholera in the form of *Visucika* was not. It is possible that some diarrheal disease was in fact cholera or that cholera was not in fact a major health problem in north-west India. A

more surprising finding is that Smallpox claims no more than two references! Similarly, bubonic plague is not recognizable in *Carakas* description. Even though glandular enlargement is mentioned in several contexts there is no mention of an acute adenopathy with fever, severe systemic illness, infectivity and high mortality.

In relating to non-infectious diseases *Gulma* or gaseous lumps of the abdomen leads the list with 132 references. This is followed by gastrointestinal bleeding 95, piles 77, epilepsy 60, heart disease 59, *Polyurias* 51, pallor 49, insanity 35 and alcoholic disorders 22.

CONCLUSION

The total number references in non-infectious diseases are 580 against the total of infectious diseases total are 888 including two of *Masurika*. It suggests that infectious diseases were more common than noninfectious diseases during *Caraka's* era.

During Buddhist period, the practice of *Ayurveda* flourished and spread outside India, however it suffered a gradual decline under Mughal and British rules. After independence in 1947, people started looking back to their own heritage and revival of *Ayurveda* started taking place.

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