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 Nidanarthakaratva, Upadrava, and Vyadhi Sankar are studied. Nidanarthakaratva 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 Nidanarthakaratva of Jwar (fever) → Raktapitta (haemorrhagic conditions). There are two types of Nidanarthakar Vyadhis. They are Ekarthakari and Ubhayarthaka. Ubhayarthakari Nidanarthakari 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 Swaasthya 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 disease itself becomes the causative factor for some other diseases¹. 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. Enumerating 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). Pleeahvrididi (liver enlargement) followed by Udar (Ascitis). Udar disease gives rise to Shoth (Inflammation). While the Arsh (Haemorrhoids) is responsible for Gulmaand 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 Nidanarthakaratva 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 Nidanarthakkarya 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 (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.

Now in case of Vyadhi Sankar, which is the cluster or group of two or more diseases 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. If the disease leads to another disease and subsides, then it is Nidanarthakar 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 Nidanarthakaratva, Upadrava and Vyadhi Sankar.

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

Study Design- Literary Study.

Methodology-Literary Study is conducted at 2 levels.

a) Level 1- In order to understand the Nidanarthakaratva concept CharakNidan 8 and Madhav Nidan chapter 1st 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*)

- Jwar (fever)
  - With *Ushna gun* (Hot quality)
  - Reaches *Rakt* (Blood)
  - Now being the *Mala of Rakt, Pitta* on getting mixed with *Rakt* attains quantitative increase.
  - *Pitta* in turn vititates *Rakt*
  - Due to heat of *Pitta*, the *Drava Dhatu of Mans, Medoozes and gets mixed with Rakt*
    - This further enhances the quantity of *Rakt*, beyond normal limit.
    - This leads to immense pressure on blood vessels.
    - The walls of Blood vessels gets damaged and blood start flowing through various openings of body.
  - *Raktpitta* (*haemorrhagic condition*)

2) Flow chart 2-Raktapitta to Jwar

- *Raktapitta* (*haemorrhagic condition*)
  - *Ushna gun of Rakt and Pitta*
  - Leads to *Dhatuswedan (Kled Vardhan)*
  - Causes *Aamavastha*
    - *Raktadushti* (*vitiation of Rakt*)
      - *Jwar* (fever)
3) **Flow chart 3- Jwar(fever) and Raktapitta(haemorrhagic condition) to Shosha(wasting)**

```
Jwar    Raktapitta
       ↓        ↓
Ruksha gun increases        Increased Pitta
          ↓                            ↓
Leads to Dhatu shoshan      Leads to increase bleeding
    Dhatukshay      Dhatukshay
        ↓                        ↓
Shosha
```

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

```
Pleeha (spleenomegaly )
          ↓
Which is located in the left side of abdomen gets displaces and enlarged
          ↓
Because of the increase in the quantity of blood since Spleen is the mulasthan of Raktavaha Strotas
          ↓
Spleen gradually puts pressure and expands
          ↓
Udara (ascitis)
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5) **Flow chart 5- Udar (ascitis) to Shoth (inflammation)**

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Udara
          ↓
It leads to obstruction in superficial vesselsor obstruction in Vata Marg.
          ↓
Shoth
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6) **Flow chart 6- Arsha (haemorrhoids) to Udar (ascitis) and Gulma**

```
Arsha, Udara and Gulma are Agnimandya (weak digestive power) diseases.

Arsha
          ↓
Obstruction of malas
          ↓
Because of this Vata (Apan) will aggrevate
          ↓
Leads to destruction of Jatharagni (digestive power)
          --------
When there is Dosha-sanchay     When there is Dosha-veshtan
         (accumulation of doshas)          (accumulation of doshas)
Distension of abdomen       Gulma
                      Udara
```
7) Flow chart 7-Pratishyay (rhinitis) to Kasa (cough)
   Pratishyay
   Kapha and Vata increases in Shirah pradesh (head region).
   If neglected
   Kapha and Vata spreads in Pranavaha Strotas.
   Pran along with Udan Vayu including Pitta and Kapha moves out from the mouth.
   Kasa

8) Flow chart 8-Kasa (cough) to Kshay (tuberculosis)
   Kasa
   Increase in Vata
   Cause rukshan of body and non nourishment
   As there is rukshan and non nourishment of body, the Dhatus will also leads to non nutrition
   Kshay

9) Flow chart 9-Kshay (tuberculosis) to Shosha (wasting)
   Kshay
   If this condition is neglected, it ultimately results into
   Shosha

Apart from Charak Nidan 8, in Carak Samhita, Nidanarthakaratva 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-**

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

**Level 2-** At level 2, the concepts which were similar to Nidanarthakaratva 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 Nidanarthkar 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 seperately stated these phenomenon in the Samhita.

From this study we found that Nidanarthkar diseases are the diseases having similar doshas, similar strothas 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 involvment of PranvahaSrota, last group Pleeha (spleenomegaly), Udara (ascitis) and Shotha (inflammation) shows the involvment of Vata and Rakt (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 Vydhisankar. 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 trentment on the same tract.

Now moving to Vyadhi Sankar the difference obeserverd 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

Nidanarthakaratva is the unique concept of Ayurveda. Many times doctors treat symptomatically and doesn’t get result though performing VyadhiPratyaynikChikitsa. 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 Nidanarthakaratva (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 predominence of Pitta Dosha. The next group that is Arsha (haemorrhoids), Udara (ascitis) and Gulma the pathogenenic 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 three7, leading to Dhatukshay. SimilarlyUdara is also explained twice. Here exibiting 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 wayArsha is enlisted as the cause of Baddhagudodar. In case of Pleeha to Udara, Samprapti or pathogenesis again, enlargement of Pleeha may leads to Peehdar and similarly Pleeha is the origin of RaktabhaStrotas and Pleeharog is indicative of Rasa-Rakt dushti 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 worsorning the body condition from primary diseases as like Nidanarthakar diseases, then why it is needed to state the concept of Nidanarthakaratva separatly. Does the concept Upadravas are similar to Nidanarthakaratva? 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 Nidanarthakaratva. 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 futher cause Sandhigatvat (rheumatoid arthritis), at the same time irregular diet results to Pittaprakop which further cause Aamlpitta (acidity). In Nidanarthakar disease Caraka explainsthat there are two typesof 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 disease⁸. But the Ubhayarthakari diseases acts in two way as Heta for secondary disease and as separate treatment disease entity also⁹. In such conditions VyadhiSankar occurs. For example, Chakrapani quotes, if Pratishhay 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 mentioned¹⁰. For example, If one gives Stambhan in Aamatisar(sticky stool), the vitiated doshas creat Aadhmant (flatulence) and Shool (abdominal pain)¹¹, though here it looks like Nidanarthakar, the causes are Itrogenic and hence cannot be considered under Nidanarthakaratva.

CONCLUSION

Nidanarthakaratva 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. Upadrasvare different from Nidanarthakar diseases.

REFERENCES


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