CONCEPTUAL STUDY OF NIDANARTHAKARA ROGA [A DISEASE ITSELF BECOME CAUSATIVE FACTOR FOR SOME OTHER DISEASE] PRATISHYAY [RHINITIS], KASA [COUGH], KSHAYA [TUBERCULOSIS] AND SHOSHA [WASTING].

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Abstract

Nidan [causative factor] plays an important role in course and onset of any disease. It may become the cause of another disease. This concept is explained by Acharya Charaka under the heading “Nidanarthakara roga” [a disease itself become causative factor for some other disease]. Further he has narrated the example of nidanarthakara roga [a disease itself become causative factor for some other disease] as “Pratishyaya [rhinitis] kasa [cough] kshaya [Tuberculosis] shosha [wasting]. In day to day practice it is very important to know the nidanarthakaratwa of any disease. It not only leads to development of another disease but also hamper the immunity of patient. In this attempt an effort is made to understand nidanarthakar vyadhi [a disease itself become causative factor for some other disease] and to make ware people about Nidanartharatwa of Pratishyaya [rhinitis]

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Introduction:

Ayurveda is a science of life which has holistic approach. The treatment of ayurveda is mainly based on the fundamental principle mentioned in classic. Ayurveda mainly emphasizes on preventive aspect rather than curative aspect. The most important concept regarding the pathogenesis of disease is “Nidanarthakara Roga” [a disease itself become causative factor for some other disease]. The Nidanarthakara Roga [a disease itself become causative factor for some other disease] means one disease act as causative factor for other disease.[1] The main cause of Nidanarthakara roga [a disease itself become causative factor for some other disease] may be lack of proper treatment of previous disease or weak immunity of patient of that the particular system.[2] Acharya sushruta has also emphasized the importance of Nidan [causative factor] as avoiding the cause is the treatment in brief.

Acharya Charaka has listed the examples of Nidanarthakara Roga [a disease itself become causative factor for some other disease] as Jwara [fever], Raktapitta [Haemophilia], Shosha [tuberculosis], Gulma [abdominal tumours] etc. One of the common example of Nidanarthakara Roga [a disease itself become causative factor for some other disease] In day to day practice we see is Kasa [cough], followed by Pratishyay [rhinitis], such combination of disease due to the incorrect administration of therapies or production of one disease out of the other makes the condition difficult to cure[3]
Because of unhealthy lifestyle, food habits polluted air, low immunity the common cold, or coryza is very common disease in today’s era. Also due to lack of proper treatment it leads to chronicity i.e. Jeerna Pratishyaya [chronic rhinitis] and in further stage form Kasa [cough].

In this article we tried to study the Charakokta”Nidanarthakara Roga” siddhanta with the example Pratishyayaudabhaveta kasaha, kasata sanjayate kshayaha I

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Pratishyaya [rhinitis] develops Kasa [cough], Kasa [cough] manifest kshaya [Phitisis],

Kshaya [phithisis] develops shosha [wasting]

Initially Nidanarthakara Roga [a disease itself become causative factor for some other disease] manifests independently as a disease and later serve as a etiological factor for another disease. Sometime they serve both purpose i.e. disease as well as aetiology and sometimes become either aetiology or disease

Concept of Ekarthakari and ubhayarthakari vyadhi -
Primary disease is nothing but the original disease itself and sometime later may cause a secondary disease, in other word become nidan [cause] for another disease

Also this primary disease may or may not continue to exist with the secondary disease. If the primary disease exists after the onset of a secondary then it is Ubhayarthakari and if primary one subsides after the onset of secondary it is Ekarthakari.

Aims and objectives:-
1. To study the concept of Nidanarthakar Roga [a disease itself become causative factor for some other disease].
2. To study the Nidanarthakaratwa of pratishyaya in [rhinitis] Kasa [cough], next in kshaya [Phitisis] and develops Shosha [Wasting]
3. To find out the probable causes of Nidanarthakaratwa of Pratishyaya[rhinitis]

Materials and methods:-
Literature of ayurvedic and modern science available from vedic era to present era.

Discussion:-
In Nidanarthakara vyadhi [a disease itself become causative factor for some other disease] it is important to know that disease can produce another disease only when there is a presence of sahakari bhava (supporting / conducive factor). That is the reason why nidan [cause] are specific to specific diseases.

According to Chakrapani Nidanarthakara vyadhi [a disease itself become causative factor for some other disease] means,Nidanasya artham prayojanan vyadhijananam tat karoti iti nidanarthakarihi

Which means nidan [cause] is that entity which is responsible for the causation of disease. So when disease itself becomes causative factor for some other disease then it is nidanarthakara roga [a disease itself become causative factor for some other disease].

Concept of nidanarthakara roga [a disease itself become causative factor for some other disease] mainly helps in diagnosing the disease, for example if previous disease history is obtained, we can deduce whether or not that disease had lead to the present condition. But one may say we in any case treat the dosha [vitiated doshas] dushya [susceptible tissues] itself there by the disease; why bother about the past history? Importance of nidanarthakara roga [a disease itself become causative factor for some other disease] lies here. Due to specific nidan sevan [consumption of etiological factors], mula vyadhi (primary disease) will affect another adhistan (nidan specific) leading to some other disease. It helps in the for seeing the secondary disease.

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In this primary disease is pratishyay [rhinitis] the original disease Etiological factors arenari prasanga shiro abhitapo dhuli rajah sheetam ati pratapaha Sandharanam mutra purishyoshcha sadhyah pratishyay nidanam muktam Su Utt 24/3

Indulgence in woman (copulation), injury to the head, assault by the smoke, sunlight, dust etc too much of cold (exposure to mist, fog, rain etc), suppression of urges urine and faeces are immediate cause of the pratishyaya [rhinitis].

To explain Charakokta nidanarthakara roga [a disease itself become causative factor for some other disease] sidhanth [theory] in detail. For this further investigated whether which factors was responsible for nidanarthakaratwa of pratishyaya [rhinitis] to form kasa (cough). We broadly divided the factor in two categories

1. Dushta condition [chronic stage] of pratishyaya [rhinitis] was neglected
2. Improper treatment of pratishyaya [rhinitis]

Practically when treating the patients of pratishyaya [rhinitis] the rule of shudha chikitsa (pure treatment) is not properly followed. Only kaphagna chikitsa (alleviation of kapha) is given by which kapha is reduced one hand the other hand vata dosha is vitiataed. Especially in modern medicine treatment the secretion are suppressed and patient develops vataja kasa [one type of cough], in later stage we found this in many cases. In other cases patient neglected to take proper treatment of pratishyaya [rhinitis] and meanwhile the samprapti [pathogenesis] increased and patients develop kasa [cough] because of decreased immunity of pranavaha srotas [respiratory system].

Aggravated kasa if not treated will lead to vata invariably associated in the chronic stage of kasa [cough] leading to dhathu kshaya [decrease of body tissue] which can be considered severe weight loss and permanent dilation and destruction of alveolar walls leading to kshaya (tuberculosis)

In Astanga sangraha involvement of apana vata [one type of vata] is main in the manifestation of kasa [cough]. Vata gets vitiataed by any of the causative factor lead to dhathu kshaya (decrease of tissue) or avarana (covering) to the vata.

In kasa (specially kshayaja kasa) gastric fire being vitiataed in squeamish or mournful persons as the result of unbalanced or unwholesome diet, excessive sexual indulgence and suppression of natural urges. The three humors being provoked and produced the cough, born of wasting which in turn lead to the consumption of the body.

Acharya charak says that when agni [fire] is proper form it leads to proper formation of dhathus [body tissue].

These dhatus [body tissue] remain in their respective srotas [channels] and with the help of agni [fire] lead to the formation of subsequent dhatus [body tissue]. But when there is obstruction in the srotamsi [channels], it lead to depletion of dhathu [body tissue] especially rakta [blood]. This results in unavailability of poshak rasa [essence of food whose function is to nourish] to rakta [blood] and other dhatus [body tissue]. The decrease in supply of poshak rasa [essence of food whose function is to nourish] also affect the quantum of dhatvagni [the fire within every tissue] which is further decreased by dosha prabhava [effect of doshas].

Kshaya means depletion or dis-creation. Acharya sushrut has described it as the synonym of “Shosha” [wasting] and explains that the loss of capability of body to do work is called kshaya [tuberculosis]. Gangadhara comments that in rajayakshma [tuberculosis] it refers to depletion of rasa dhathu [essence of food] and shukra [semen/sperms/reproduction tissue] while. Yogendranath says that it refer to depletion of shukra [semen/sperms/reproduction tissue], oja [essence of all the healthy tissues] and sneha [lubricants]. This may be because of rasa [essence of food] and oja [essence of all the healthy tissues] are taken as synonyms. According to both acharya charak and sushrut this depletion of dhathu [body tissue] can take place by two ways that can be termed as (1) Anuloma kshaya (2) Pratiloma kshaya Anuloma kshaya means the depletion of dhathus [body tissue] takes place in the direction of their nourishment that is rasa [essence of food], rakta [blood], mamsa [flesh/muscles] and so on.
Pratiloma kshaya means the depletion of dhathus [body tissue] takes place in the direction opposite to their nourishment that is shukra [semen/sperms/reproduction tissue], majja [bone marrow], asthi [bone] and so on [9]. According to Acharya charak can be divided in to two categories

Psychological that is like bhaya [fear], shoka [grief], chinta [tension], etc

Nutritional like intake of ruksha annapana [dry foods], intake of less quantity of food, fasting by weak body, ati vyavaya [excessive exercise], anahara [fasting]. Which when ingested lead to depletion of dhathus [body tissue] by increasing vata dosha, in spite of giving nourishment to the body. Hence indulgence of etiological factor lead to shosha [tuberculosis].

Acharya vagbhat has described the process of obstruction in srotamsi [channels] with some more details. According to him all the three provoked doshas gets circulated throughout the body and when they entered various sharir sandhis [joints] they affect the sirsas of sandhis [blood vessels of joints] leading to obstruction of orifices of srotamsi [channels], resulting in the dilation of srotamsi [channels]. There after these doshas [shaareerika doshas] moves upward, downward and obliquely and produce various symptoms depending upon their location.

**Conclusion:-**
The most important concept regarding the pathogenesis of disease is Nidanarthakara roga. The main cause of nidanarthakara roga may be lack of proper treatment of previous disease or weak immunity of patient of that particular system. Vyadhi can be swatantra or paratantra. Swatantra vyadhi are caused by direct external factors. These medical conditions fall in to the category of primary diseases. Paratantra vyadhi represent medical conditions that have arisen from other illnesses. They are referred to as secondary or associated with another disease. When vyadhi has got multiple doshas anubandha then vyadhi become difficult for treatment. Nidanarthakara roga sidhant can be used for diagnostic purpose and prognosis of the disease. We can avoid upadrava (complication) from nidanarthakara roga sidhant. More attention to be paid towards the proper treatment of pratishyay treatment. So as not to be further development of kasa (cough), kshaya (tuberculosis) and shosha (wasting) become nidanarthakara roga.

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