

**A retrospective cross sectional study on the
relation between nidana and lakshana with
special reference to amavata**

A thesis submitted to



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Under the Board of Ph.D. Studies

Submitted by

Dr. Sri Nagesh K.A.

Under the Guidance of

Dr. Abhijit H.Joshi

December 2016

CERTIFICATE

This is to certify that the thesis entitled "*A retrospective cross sectional study on the relation between nidana and lakshana with special reference to amavata*" which is being submitted herewith for the award of the Degree of Vidyavachaspati (Ph.D.) in Samhita siddhanta of Tilak Maharashtra Vidyapeeth, Pune is the result of original research work completed by Shri Dr.Sri Nagesh K.A. under my supervision and guidance. To the best of my knowledge and belief the work incorporated in this thesis has not formed the basis for the award of any Degree or similar title of this or any other University or examining body upon him.

Dr. Abhijit H. Joshi

Signature of the Research Guide

Place: Pune

Date:

DECLARATION

I hereby declare that the thesis entitled "*A retrospective cross sectional study on the relation between nidana and lakshana with special reference to amavata*" completed and written by me has not previously been formed as the basis for the award of any Degree or other similar title upon me of this or any other Vidyapeeth or examining body.

[Dr. Sri Nagesh K.A.]

Signature of the Research Student

Place: Pune

Date:

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ABSTRACT

Dosha being a primary factor for the disease expects complimentary circumstances for its manifestation.

Nidana is a causative factor and it can be observed in different views. It can cause either being distant or nearer.

Lakshana is an expression of the disease. Among karya karana sambandha, nidana means kaarana and karya being a disease proper itself. Lakshana is the indicator for the presence of the disease.

Kaarana is multifaceted as every step in the manifestation of disease requires a causative factor.

In amavata, right from the time of consumption of ahara, following the unsuitable vihara, movement of dosha from one location to another, selection of suitable location for the sthana samshraya and the development of lakshana expect reasons at every level.

Viruddha ahara, viruddha vihara, mandagni, nishchalatva, vyayama after snigdha ahara are the reasons explained for amavata. Lakshanas being angamarda, aruchi, trishna, alasya, gaurava, jwara, apaka and anga shoonata.

The study was to find the specificity of the nidana for the development of a specific lakshana.

The nidana and its relation with lakshana will be critically analyzed literally as well as observed over the patients with classical amavata lakshana.

Nidana will be identical with disease based on dravya, guna and karma following samya-vaishamy siddhanta. Disease should have the symptoms based on the samprapti thus; they have connectivity with the reason consumed.

AIM:

1. To study the relation between nidana and lakshana with special reference to Amavata.

OBJECTIVE:

1. To study the correlation between nidana and lakshana.

MATERIALS AND METHODS:

Materials:

Literary study: References from various Ayurvedic classics, other ancient texts, reputed journals, articles and suitable websites will be collected and analyzed.

Observational study: Diagnosed cases of Amavata of either sex will be collected for the study. A detailed proforma will be prepared considering different reasons pertaining to Amavata in Ayurvedic classics for the assessment.

Methodology:

The present study is a *retrospective cross sectional study*. Diagnosed cases of Amavata of either sex will be collected for the study between the age group of 30 to 60 years by a non randomized method. The causative factors in each case will be collected and compared with the symptom produced.

RESULT ASSESSMENT:

Result will be assessed based on the data obtained, analysis of the data based on the conceptual study and suitable statistical methods.

DISCUSSION:

Discussion will be based on the literary research made on the concepts, observations and the results obtained.

CONCLUSION

After discussion, outcome of the study will be concluded.

Key words:

Nidana, Lakshana, Amavata, Karya-kaarana, Roga, Ahara, Vihara, Dosha, Vata, Ama

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INTRODUCTION

In the current scenario, media is playing a major role in reaching out people and bringing awareness among them about health, diseases and their management etc. there are series of discussions on health issues going on. Medical researches have advanced considerably and are coming out with newer ideas to be healthy. As a result of this, it has been observed that people are running behind various techniques for being healthy, to get freed from diseases and restoration of their health. People follow what is been advised to them. Hence it is the sole responsibility of the health professionals is to be precise in their advices. On the other hand, it has been observed that people are finding shortcuts and are least bothered about the drawbacks of such shortcuts and ignore the reason behind their illness. Added to the above, recent medical researches have deliberately neglected the importance of locating and preventing the causative factor. Except Ayurveda, all other medical systems concentrate on the curative aspect of the illness seldom giving importance to the prevention of its causative factors. The persistence of supply chain in the form of a causative factor for the disease always endangers the health of an individual. Unless the further advancement of the disease is apprehended, the treatment given remains inconclusive. Hence, nidana should be identified and detained as a primary measure. Ayurveda advocates the necessity of nidana parivarjana as the initial and most important step in the treatment.

In the classics, nidana looks identical with different diseases. Unless the specificity of the nidana is understood, it is near to unattainable in understanding the difference between them.

Practitioners are facing difficulty in understanding the accurate reason behind an illness. Unless nidana is understood, the entire event of disease production and its progression would remain hidden thus creating hurdles in treatment aspect. Varied participation of different reasons in disease production need to be inherent. There is not always a solitary reason for all the symptoms in a disease nor is single symptom for all diseases.

Exploring the hypothesis that every given situation is a resultant of a specific reason, it is the time of the hour to discover the same in a disease.

Even though the causative factors are enlisted in the classics, it always remained as a mirage about its specific relation with a symptom. It looks a hard task to relate a nidana with a lakshana unless there is a basic understanding of the nature of them and co-relate the findings among the patients as well.

Due to the current life style, food habit is erratic and people are getting attracted to the taste. Indiscipline in food habit has made them to develop varied digestive capacity this leading to Mandagni. Mandagni being a primary reason for many diseases may lead to ama.

Amavata is a condition resultant of ama. Untreated and uncontrolled amavata may develop serious complications including deformities. Thus, understanding the development of disease right from the level of nidana would help us in developing an individual and personalised protocol of treatment.

Here is an attempt to understand the specific nidana for developing a specific lakshana taking amavata as a special reference.

Statement of the problem:

While treating any case, a physician encounters a situation where no treatment seems to be justified. Ayurveda being an answer to many such issues states that nidana parivarjana is a primary line of treatment in any given case.

We can not simply advice to avoid anything claiming it could be the potential reason for the disease. A reason is the one which should actually contribute to the manifestation of a disease positively. Among the set of nidana mentioned under any disease, few among them may not be a contributory factor for that disease in that given patient at all. As it has been rightly said by acharya vagbhata that multiple nidana in a disease would lead towards asadhyatva (incurability).

Keeping this in to the mind, there is a need for a study to streamline the understanding of nidana for a disease. Once the nidana is streamlined, we can advice for the cessation of the same.

Hence, taking amavata as a special reference, the effort has been made towards understanding the correlation between nidana and lakshana.

A review on previous works done

1. Nidana / Hetu

Sl.No	Year	Name of the Author	Title of the study	College/University
1	1987	Thakur P.R	Ayurveda nidana paddati mein koshta pareeksha ke mahatva ka vaijnanik adhyayan.	Govt Ayurvedic College, Raipur.
2	1961	Reddy B.P.S.	Pancha nidana me upashaya.	I.P.G.T. & R.A., Jamnagar.
3	2004	Tamboli Firoz J.	Hetu abhyasa of Ischaemic Heart Disease with special reference to Ahara, Vihara, Manasa hetu.	B.V. College of Ayurveda, Pune.
4	2002	Pawar Vaishali Dinakar	The study of Trividha hetu with special reference to present day life style and Asatmyendriyarthasamyoga of chakshurendriya.	B.V. College of Ayurveda, Pune.
5	1998	Kumari S.	Hetu vyadhi vipareeta siddhanta anuroopa Madhumeha roga par Madhumehari churna ka prayogatmaka adhyayan.	National Institute of Ayurveda, Jaipur.
6	1987	Mishra B.N.K.	Nidana- Samprapti sambandha.	National Institute of Ayurveda, Jaipur.

2. Lakshana:

Sl.No	Year	Name of the Author	Title of the study	College/ University
1	1993	Surendra E.	A study on the lakshana mentioned in Ayurveda	I.P.G.T. & R.A., Jamnagar.
2	1962	Grover Suman	Lakshana samucchaya vimarsha	I.P.G.T. & R.A., Jamnagar.
3	1958	Sharma K. Sadashiv	Samprapti lakshanayoh sambandha	I.P.G.T. & R.A., Jamnagar.

3. Amavata:

Sl. No	Year	Name of the Author	Title of the Study	College/ University
1	2005	Mishra. S.	Study on Sapthaparna (alstonia scholaris R.Br) w.s.r to its efficacy in Amavata.	Department of Dravya Guna, BHU.
2	1966	Prem Kishore	Rheumatoid Arthritis (Amavata) w.s.r to its pathogenesis and treatment with an indigenous drug.	Department of Kaya Chikitsa, BHU.
3	1971	Patel Haridas. N	Amavataka Sameekshatmaka adhyayana.	Department of Basic Principles, I.P.G.T. & R.A., Jamnagar.
4	1986	Shukla V. D.	Amavata adhyayana evam ayurvedeeya vishishta chikitsa.(PhD thesis).	Department of Kaya Chikitsa, I.P.G.T. & R.A., Jamnagar.
5	1997	Bairwa G. C.	Amavata mein agnikarma va singhanaghanada guggulu ka chikitsatmaka adhyayana.	Department of Shalya Tantra, NIA, Jaipur.
6	2003	Tiwari A.	Amavata ka nidana – samprapti	Department of

			– paraka adhyayana evam vishvabhaishajyadi yoga ka upashayatmaka adhyana	Roga evam vikriti vigyana, NIA, Jaipur.
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4. Nidana and lakshana

Sl.No	Year	Name of the Author	Title of the Study	College/ University
1.	February 2003	Vd. Mrs. Joshi Yashashree V.	Relationship between hetu and lakshana	TMV, Pune.

Taking a glance at the previous work done as mentioned above, there are efforts been made to understand the relation between nidana-samprapti as well as samprapti-lakshana but there are minimal efforts towards understanding the relation between nidana and lakshana have been made so far.

Vd. Mrs. Joshi Yashashree V has made an effort regarding the same and she has highlighted the concept of guna as a base for the relationship between hetu and lakshana.

In the current study, the concept of karya-kaarana siddhanta, concept of dravya, guna and karma, samya-vaishamya siddhanta have been incorporated to prove the relation between nidana and lakshana.

CHAPTER 1

निदान- विवेचन

The term *Nidana* is identified as a mode of finding or identifying the disease. The word is used as a name to identify all the types of happenings in a disease like, *Nidana*, *Poorva roopa*, *Roopa*, *Upashaya* and *Samprapti*, collectively known as *Nidana Panchaka*. These five factors can individually or combined with one or more or collectively indicates the specific disease.¹

- एते च पञ्च व्यस्ता समस्ताश्च व्याधिबोधकाः । ॥ विजयरक्षित ॥

But some people opine that, all the above mentioned five types would not be necessary, as *Nidana* alone can indicate or any of the remaining four can independently indicate a disease. Analyzing a disease using all the five factors would be just like कृतकरणत्व²/पिष्ट पेषण, ie., repeating the same work or triturating a powder (as it is already a powder, further pounding would be unnecessary). Such a opinion is been condemned by Vijayarakshita, telling that, each of those have different perspective and different utility as;

If *Nidana* is not known, how can we make '*Nidana parivarjana*'? as Acharya Sushruta has mentioned in Uttarantra, संक्षेपतः क्रियायोगो निदानपरिवर्जनम् ।

And if there is no specificity for *Nidana* for a disease, then how can eating mud (मृद्भक्षण) can be a reason for Pandu and eating/entry of a fly in to oral cavity (मक्षिकाभक्षण) can be a reason for vomiting? Charaka has said in *Nidana sthana* that, there can be only one reason for many diseases, one reason for one disease, many diseases out of one reason and many reasons for many diseases.

Likewise for poorvaroopa also importance has been given by acharyas. Identifying a disease in its poorvaroopa stage is as important as remaining factors. One can arrest a disease progress in its budding stage itself. But how poorvaroopa can help out in identifying a disease? Acharya Charaka explains;

- हारिद्रवर्णं रुधिरं च मूत्रं विना प्रमेहस्य हि पूर्वरूपैः । यो मूत्रयेत्तं न वदेत् प्रमेहं रक्तस्य पित्तस्य हि स प्रकोपः ॥ ॥ च. चि. ६॥

By observing the Haaridra varna and red color in urine, one may get a dilemma weather the condition is Prameha or Raktapitta? By observing the poorvaroopa, one can differentiate that, if the condition is presided by the poorvaroopa of Prameha, then

only it is Prameha or else, the yellowness and the redness in urine can be caused by aggravation of either rakta or pitta³.

Also, poorvarooपा can help out in treatment aspect like;

- ज्वरस्य पूर्वरूपे लघ्वपतर्पणं वा । ॥ च.नि.१॥
- वातिकज्वरपूर्वरूपे घृतपानमिति। तथा असाध्यत्वं च नोपलभ्येत ॥ ॥सु॥
- पूर्वरूपाणि सर्वाणि ज्वरोक्तान्यतिमात्रया। यं विटान्ति विटान्त्येनं मृत्युर्ज्वरःपुरःसरः ॥
अन्यस्यापि च रोगस्य पूर्वरूपाणि यं नरम् । विटान्त्यनेन कल्पेन तस्यापि मरणं
ध्रुवम् ॥ ॥ च.इ.५ ॥

Even the gravity of a disease can be assessed by the poorvarooपा⁴. A chapter itself has been dedicated by Acharya Charaka for poorvarooपा.

Roopa or lakshana of a disease has a cognitive role in diagnosis. Without a symptom, how can any one identify a disease? Even prognosis of a disease can never be ascertained without lakshana. Acharya Charaka says;

-सर्वसंपूर्णलक्षणः । सन्निपातज्वरोऽसाध्यः ॥ ॥च.वि. ॥

The different synonyms given for lakshana itself indicates the importance played by the lakshana.

Different acharyas have shown the importance of *Nidana*, Poorvarooपा and Roopa as;

- हेतवः पूर्वरूपाणि रूपाण्यल्पाण्यस्य च । (in सुखसाध्य लक्षण)
- निमित्तपूर्वरूपाणां रूपाणां मध्यमे बले । (in कष्टसाध्य लक्षण)

Thus, the lesser or minor participation of hetu, poorvarooपा and roopa will be a reason for a disease to be easily curable. And moderate participation of the same would make the disease, difficult to cure⁵.

Without Upashaya, the difference between the symptoms elicited clearly, hidden lakshana or unclear lakshans would never be appreciated⁶. As said by Acharya Charaka,

- गूढलि.ः व्याधिमुपट्टायानुपट्टायभ्यां (परीक्षेत) ॥ ॥च.वि.४ ॥

And if there was no samprapti, even if remaining four (*Nidana*, poorvarooपा, roopa, upashaya) are present, the critical analysis of a disease would never happen thus creating hurdles for the treatment. If a disease is not analyzed by sankhya, pradhanya, vidhi, vikalpa and balakaala (types of samprapti), the gross root level of treatment would not be possible.

Also, samprapti has been identified as the link between *Nidana* and lakshana and it is a whole process stating the progress of a disease starting from *Nidana*, extending up to the production of symptoms, complications and even death, its importance is self-defined.

Thus, all the five factors have been given the name of *Nidana* as all of them will be the reason for knowing the disease.

निदानस्य निरुक्तिः:

- तत्र व्याधिजनकं निदानं हेतुः ॥ ।।चक्रः॥

The reason for the origination of a disease is called as *Nidana*.⁷

- निर्दिश्यते व्याधिरनेनेति निदानम्।

The one who directs towards the disease is called as *Nidana*.

- निश्चित्य दीयते प्रतिपाद्यते व्याधिरनेनेति निदानम् ॥ जेरेट ॥

One which specifies and narrates the disease is called as *Nidana*.⁸

- व्याधि निश्चयकरणं निदानम् ॥ ।। मधुकोटा ॥

The tool by which vyadhi is decided is called as *Nidana*.

- व्याध्युत्पत्ति हेतुर्निदानम् ॥

It is the reason for the Vyadhi utpatti.

- निमित्तादिपर्यायैरभिदीयमानत्वं निदानत्वम् ॥

The meaning which *Nidana*, nimitta etc synonyms bring about is called as *Nidana*.

Speciality of the word 'Nidana':

- सेतिकर्तव्यताको रोगोत्पादकहेतुर्निदानम् ॥

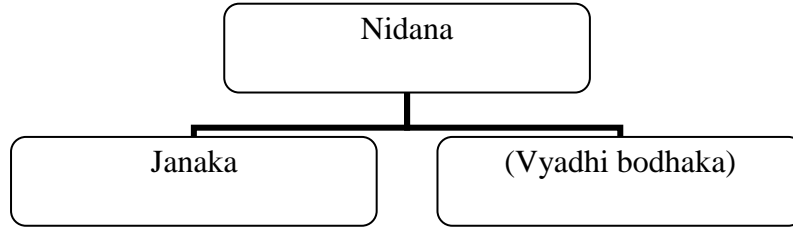
The one with Iti kartavyata- is called as *Nidana*.⁹ The word iti kartavyata is used synonymous to Samprapti, hence, to show the difference between the *Nidana* and Samprapti, the author has quoted Sa- iti kartavyata. It means one which has samprapti in it. The word 'iti' is indicating the specificity of the factor, reflecting that, *Nidana* has some specificity. Kartavyata is indicating that the *Nidana* has been assigned with a specific job to do. Hence, we can say that, *Nidana* is one which has a goal of instigating a specific disease.

- तत्र हेतुरूपं निदानं जनकं च भवति व्याधेर्बोधकं च भवति ॥ ।।चक्रः॥

Nidana will be a cause for the disease as well as an indicator for the disease.

Thus we can say that, the one which can lead to any disease will only be called as *Nidana*. A food or activity which does not lead to any vyadhi is only being called as Ahita ahara and Ahita vihara.

Chart no.1.0: Nidana bheda (based on karma)



Different purpose for which *Nidana* word is used:

- निःशब्दो निश्चये । नि निश्चयनिषेधयोः इति ॥

Ni- word is used as Nishchaya, to decide. The word *Nidana* is used as a decision maker and also as prohibitive.

- निबन्धार्थः निदीयते निबध्यते हेत्वादिसम्बद्धो व्याधिरनेन (इति निदानम्) ॥

।मधुकोऽ- भट्टार हरिचन्द्र॥

The word *Nidana* is used as Nibandhartha also. Ie, as instructive. It instructs about the relation of vyadhi with *Nidana*.

Types of Nidana:

There are several types mentioned for *Nidana* by various acharyas. The classification is based on the various points of view.

सन्निकृष्टादि भेदः

- सन्निकृष्ट विप्रकृष्टव्यभिचारि प्राधानिकभेदाऽर्था ॥

॥ उपकल्पनीय अध्याय-भट्टार हरिचन्द्र ॥

- सन्निकृष्टो यथा – नक्तंदिनर्तुभुक्तांऽऽ दोषप्रकोपस्य हेतवः, न ते चयादिकमपेक्षन्ते।

- विप्रकृष्टो यथा – हेमन्ते निचितः ऽलेष्मा वसन्ते कफरोगकृत् ॥ ॥ सु.उ.६४ ॥

किंवा सन्निकृष्टो ज्वरस्य रूक्षादिसेवा, विप्रकृष्टो रुद्रकोपः ॥

- व्यभिचारी यथा- यो दुर्बलत्वाद् व्याधिकरणासमर्थः ॥ यदाह चरकः-

अबलीयांसोऽथवाऽनुबध्नन्ति, न तदा विकाराभिवृत्तिः ॥ ॥ च.नि. ४/४ ॥

- प्राधानिको यथा- विषादिः ।

In this classification, *Nidana*'s are of four typed. They are,

1. Sannikrushta
2. Viprakrushta
3. Vyabhichari and
4. Pradhanika.

सन्निकृष्ट is one, which is dosha prakopaka hetu where Chaya etc types of stages of aggravation do not happen. For example, dosha prakopa happening due to ratri, dina, seasons and food. The word 'Sannikrushta' itself indicates the 'near most' hence, dosha prakopa itself is the near most cause for a disease.

विप्रकृष्ट is one where, there will be an indirect way of dosha prakopa. For example, the sanchaya of kapha dosha in hemanta ritu will lead to kapha rogas in vasanta ritu (when it undergoes prakopa).

व्यभिचारी is a contributory cause for the main cause. For example, if there is a weakened combination of *Nidana*, dosha and dushya, there wont be any onset of a disease.

प्राधानिक is one, which is either a dravya or an external factor. For example, Visha.

असात्म्येन्द्रियार्थसंयोगादि भेदः

- त्रिविधो वा, असात्म्येन्द्रियार्थसंयोगः प्रज्ञापराध परिणामभेदात्॥
- तत्र असात्म्येन्द्रियार्थसंयोगः अयोगातियोगमिथ्यायोगयुक्ता रूपरसादयः, प्रज्ञापराधो मिथ्याज्ञानादिः, परिणामोऽयोगादियुक्ता ऋतुस्वाभावजाः जीतादयः ॥
- अधर्मस्य च रोगहेतोरत्रैवान्तर्भावः इति भट्टार हरिचन्द्रः तस्यापि कालान्तरपरिणतस्य दुःखकर्तृत्वात् ॥
- चक्रस्तु-मिथ्याज्ञानकृतब्रह्मवधादिजन्मनोऽधर्मस्य प्रज्ञापराध एव मूलं बलाबलं तत्र न निरूप्यते, रोगकारणत्वेनाधर्मस्य सर्वथा सिद्धत्वादिति॥

The classification includes three, namely,

1. Asatmyendriyārtha samyoga
2. Prajnaparadha and
3. Parinama.

असात्म्येन्द्रियार्थसंयोग includes ayoga, atiyoga and mithya yoga of indriyarthas like roopa etc.,

प्रज्ञापराध is mithya jnaana. Acharya Charaka has explained that, by the disruption of intellect one who does the mistakes.

परिणाम includes time factors like ritu etc on which, dosha variations do occur.

Adharma as a reason for the onset of any disease is been incorporated in kala itself as the karma done in such a way expects a time to exhibit its effect. But according to Chakrapani, such acts will be because of the mithya jnana and thus, can be included under Prajnaparadha. Here, the effect of such deeds need not be analyzed as it has been established already.¹⁰

दोषहेतु आदि भेदः

- दोषव्याध्युभयहेतुभेदाऽ स त्रिविधः ॥ दोषहेतवे यथा- चयप्रकोपप्रजामनिमित्ता यथर्तृत्पन्ना मधुरादयः । व्याधिहेतवो यथा- मृद्भक्षणं पाण्डुरोगस्य कारणम् । उभयहेतुर्यथा वातरक्ते- हस्त्यश्वोष्ट्रैर्गच्छतश्चाऽनतश्च (सु.नि.१)

Another method of classification is,

1. Dosha hetu
2. Vyadhi hetu and
3. Ubhaya hetu

दोषहेतु is one, which increase the doshas in to different stages like chaya, prakopa and prashama. For example, madhura rasa etc.,

व्याधिहेतु is a direct cause for the vyadhi. For example, eating mud is the reason for the pandu roga. Here, the mud being mentioned as the reason for a specific disease, can not do so without increasing the doshas. Then, how come this is different from dosha hetu? Eventhough a disease can not bypass the dosha aggravation, eating mud does not cause any other ailment except pandu hence it has been classified under vyadhi hetu.

उभयहेतु is the reason for both dosha aggravation and onset of vyadhi. For example, traveling over elephant, horse and camel while consuming food will be a reason for the vatarakta. Here, the reason will be for both dosha and vyadhi.

उत्पादकादि भेदः

- स एवोत्पादकव्यञ्जकभेदाऽ द्विधा ॥ तत्रोत्पादको यथा- हेमन्तजो मधुररसः कफस्य। व्यञ्जको यथा- तस्यैव कफस्य व्यञ्जको वसन्ते सूर्यसन्तापः इति (भट्टार हरिचन्द्र) तत्र व्यञ्जकः प्रेरकः इत्यर्थः ।

Nidana is divided in to

1. Utpadaka and
2. Vyanjaka.

उत्पादकहेतु is the originator ie., the direct reason for dosha increase. For example, hemanta ritu is the utpadaka hetu for kapha (sanchaya) whereas, sun rays in vasanta ritu is the reason for the kapha (prakopa). This is व्यञ्जकहेतु.

बाह्यादि भेदः

- बाह्याभ्यन्तरभेदाऽ द्विधा । तत्र बाह्या आहाराचारकालादयः। आभ्यन्तरा यथा दोषादूष्याश्च ।

Nidana is divided in to two,

1. Bahya and
2. Abhyantara.

बाह्य external cause. For example, ahara, achara and kala.

आभ्यन्तर is the internal cause. For example, dosha and dushya.

अनुबन्ध्यादि भेदः

- अनुबन्ध्यानुबन्धभेदाऽ द्विधा । अनुबन्ध्यः प्रधानम्, अनुबन्धोऽप्रधानम् । यदाह चरकः-
स्वतन्त्रो व्यक्तलि. . . यथोक्तसमुत्थानोप्रज्ञामो भवत्यनुबन्ध्यः, तद्विपरीतलक्षणस्त्वनुबन्धः ॥ ॥
च.वि.६ ॥

Another classification is,

1. Anubandhya and
2. Anubandha.

अनुबन्ध्य is the prime one where as अनुबन्ध is the dependent.

The one with independent symptoms, reasons and treatments is called as Anubandhya and without an independent symptom, reasons and treatments are called as Anubandha.

समवायि आदि भेदः

कारणं त्रिविधम्- समवाय्यसमवायिनिमित्तभेदात् ॥ ॥त.सं.॥

There are three types of kaarana

1. Samavayi
2. Asamavayi and
3. Nimitta

समवायि:

यत्समवेतं कार्यमुत्पद्यते तत्समवायिकारणम्। यथा तन्तवः पटस्य । पटस्य स्वगतरूपादेः॥

The one with a inseperable relation does the karya is called as samavayi karana. For eg., tantu for pata (threads for the cloth, appearance of cloth with that of cloth)

असमवायि:

कार्येण कारणेन वा सहैकस्मिन्नर्थे समवेतं सत् कारणमसमवायि कारणम् । यथा तन्तुसंयोगः पटस्य, तन्तुरुपं पटरूपस्य ॥

The one which is in relation with either karya or kaarana for the accomplishment of work is called as Asamavayi kaarana. For eg., tantu samyoga for pata(union of threads for the cloth, appearance of thread with that of appearance of cloth)

निमित्त:

तदुभयभिन्नं कारणं निमित्तकारणम् । यथा तुरीवेमादिकं पटस्य ॥ ।।त.सं।।

The one which is different from the above two is called as nimitta kaarana. For eg., the instruments used for. sticks, machines for the cloth.¹¹

निदान पर्यायाः :

- निमित्तहेत्वायतनप्रत्ययोत्थानकारणैः । निदानमाहुः पर्यायैः.....॥ ।।अ.ह.नि १/३॥
- इह खलु हेतुर्निमित्तमायतनं कर्ता कारणं प्रत्ययः समुत्थानं निदानमित्यनर्थान्तरम् ॥

।।च.नि.१/३॥

- तेनापरेऽपि योनिमूलमुखप्रकृत्यादयो हेतुपर्याया बोद्धव्याः॥ ।।च.नि.१/१-चक्रपाणि ॥

The synonyms for the *Nidana* are;

Table No. 1.1: Nidana paryaya

• निमित्त	• उत्थान	• निदान ¹²	• प्रकृति
• हेतु	• कारण	• योनि	
• आयतन	• कर्ता	• मूल	
• प्रत्यय	• समुत्थानं ¹³	• मुख ¹⁴	

Eventhough certain words given above as synonyms give different meaning elsewhere, in the context of *Nidana*, all these words give the same meaning as the reason for the disease. Hence, there is a commonness among all these ie., causation of a disease.

- निमित्तादिपर्यायैरभिदीयमानत्वं निदानत्वम् ॥

The meaning which nimitta etc synonyms bring about is called as *Nidana*.

The basis for the different classification of Nidana:

- भेत्ता हि भेद्यमन्यथा भिनत्ति, अन्यथा पुरस्ताद्धिन्नं भेदप्रकृत्यन्तरेण भिन्दन् भेदसंख्याविशेषमापादयत्यनेकथा, न च पूर्वं भेदाग्रमुपहन्ति । समानायामपि खलु भेदप्रकृतौ प्रकृतानुप्रयोगान्तरमपेक्ष्यम् ॥ ॥ च.वि.६/४ ॥

The one, who classifies, does so in various ways. Otherwise, the previous classifications made will be countered/negated by the newer classifications. The classifications made won't counter each other. Even though the classifications made, look similar to each other, the view points for such classifications differ.¹⁵

Relation of Nidana with dosha and dushya:

It has been explained in Charaka Samhita Nidana sthana 4th chapter that, there is a specific reason for vyadhi utpatti. The relation between Nidana- Dosha- Dushya is well established. The way they combine with each other, strength of their union, other prohibitive factors does influence on the occurrence/ non- occurrence of a disease.

They are classified in to Vikara vighata bhava and Vikara vighata abhava.

विकार विघात भाव :

- न अनुबध्नन्ति – न विकाराभिनिवृत्तिः
- कालप्रकर्षात् अनुबध्नन्ति – चिराद्वाऽपि अभिनिर्वर्तन्ते / न विकाराभिनिवृत्तिः
- अबलीयंसोऽनुबध्नन्ति – तनवो वा अयथोक्त सर्वलि.ऽऽ वा/ चिराद्वाऽपि अभिनिर्वर्तन्ते / न विकाराभिनिवृत्तिः

विकार विघात अभाव :

- अनुबध्नन्ति – विकाराभिनिवृत्तिः
- ङीघ्रानुबन्धः – ङीघ्र निर्वर्तमान
- बलीयंसोऽनुबध्नन्ति – महतो/यथोक्त सर्वलि.ऽऽ वा/ ङीघ्र निर्वर्तमान

If there is no union between nidana, dosha and dushya, there won't be any occurrence of disease at all. And if they delay in such union, there may be a delay in the production or non production of a disease. And if their union is weaker, then the disease will be weak or incomplete manifestation of symptoms or delay in the production or non production of a disease.

And on the otherway, if there is a union between nidana, dosha and dushya, there will be an occurrence of a disease. Faster their union, faster will be the manifestation and stronger the union, stronger will be the disease with complete manifestation of all the symptoms and faster manifestation.

Here, not only the Nidana, Dosha and Dushya, even strength in their union, time taken for the union does play a unique role in the manifestation of a disease. Hence, even these factors can be taken as Nidana's.¹⁶

Chart no. 1.2: Vikara vighata bhava

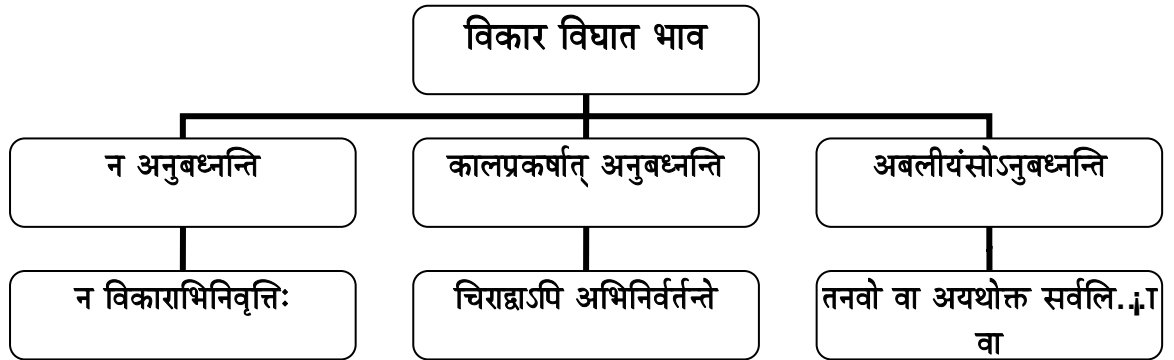
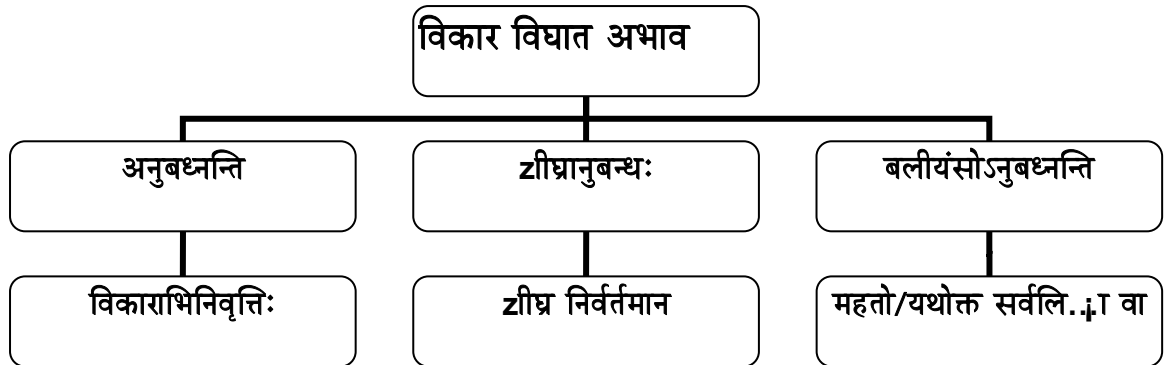


Chart no.1.3: Vikara vighata abhava



Analysis on the synonyms:

The synonym is used for any word based on the lakshana and vyavahara. That means, the synonym will be indicating how the word will be and what they are doing? Also for the convenience of the use/ user for the purpose of explaining the subject.

There are various synonyms mentioned for Nidana. Analysis of the same is given below.

निदानः

- नितरां दीयतेऽसाधारणतया जन्यतेऽनेन । ॥ अमरकोष ॥

नितरां Means, explicitly, wholly or entirely. The definition says that, one which gives entirely a special formation is called as Nidana¹⁷. The dhatu involved in Nidana word is, डुदाञ् करणा इति ल्युट्।

This is observed in to two typed they are,

- डुदाञ् – दाने which means one which gives and
- डुदाञ् – धारण पोषणयोः means one which holds, supports and nourishes.

Based on the definition given, we can understand that, the former one hold good in case of the word Nidana.

नितरां दीयते is nothing but giving out, where डुदाञ् – दाने धातु holds good.

निमित्तः

- त्रि मिदा स्नेहने धातु ॥ ॥ अमरकोष ॥

It means, to make snehana, to stick.

Nimitta word indicates its affection towards, making of a vyadhi¹⁸. This indicates that there will be a continuous existence of the reason until the vyadhi is produced. It also indicates that the persistence of the nidana is necessary until vyadhi is manifested. If nidana disappears in the midway, there may not be any manifestation of a disease as rightly said by Charaka,

- यदा ह्येते त्रयो निदानादिविदोषाः परस्परं नानुबन्धन्त्यथवा कालप्रकर्षादबलीयांसोऽथवाऽनुबन्धन्ति न तदा विकाराभिनवृत्तिः, चिराद्वाऽप्यभिनिर्वर्तन्ते, तनवो वा भवन्त्यथोक्तसर्वलि. ॥

॥ च.नि. ४/४ ॥

In this, not only the nidana but, dosha and dushya would also be necessary.

But, the union (स्नेहन) of these factors would be necessary as much as the existence of them¹⁹. Also, for the production of a vyadhi, even dosha and dushya will attain the निदानत्व.

हेतुः

- हेतुरिति हिनोति व्याप्नोति कार्यम् ॥ ॥ अमरकोष ॥
- धातुः हि गतौ, वृद्धौ च ॥ तुन् प्रत्यया ॥ बृहद्धातु कुसुमाकरः ॥

Hetu is one which spreads the Karya.

हि गतौ indicates the गत्यर्थ the movement.

वृद्धौ च indicates the वृद्धि the development.²⁰

Overall, we can take both the meanings here as the one which is having the movement towards the manifestation of a disease and the development indicates the development of the samprapti, which is starting right from the time of consumption of nidana until the manifestation of the disease²¹. For this again, the persistence of the nidana would be necessary during the while process.

आयतनः

- आयतन्तेऽत्र । यती प्रयत्ने। अधिकरणे ल्युट् ॥ ॥ अमरकोष ॥

This word is used for other purposes also like, channels (स्रोतस्). It indicates the length or the duration of time for which the reason is existing. यती प्रयत्ने indicates the effort or to employ.

The factor which makes effort to make a disease and will be persisting throughout the length of the disease progress is called as आयतन.²²

प्रत्ययः

- प्रत्ययनम् । प्रतीयतेऽनेन वा । प्रत्येति इति वा । एरच्॥ ॥ अमरकोष ॥

Again the प्रत्यय is the suffix for the प्रातिपदिक for the development of a word.

It denotes that, it helps for the development of a disease. As for the development of a word it is necessary, this would be necessary for the production of a vyadhi.²³

उत्थानः

- उत्थानमुद्यते तन्त्रे पौरुषे पुस्तके रणे ।

The word is used for the upraising, potency etc. Here, it means, the reason is upraising a disease.²⁴

कारणः

- कार्यतेऽनेन । ण्यन्ताल्ल्युट् । करोतीति ल्युट् च ॥ ॥ अमरकोष ॥

One who does the job is called as कारण. Even though it is not only the reason for the production of disease, the other factors also play a role of the reason in one or the other way hence, निदानत्व comes to them also.²⁵

मूलः

- मूलतीति मूलः
- धातुः मूल रोहणे। मूल प्रतिष्ठायाम्
- मूलं शिफाद्ययोः। शिफा जटा । भं नक्षत्रम् ॥ ॥ अमरकोष ॥

The one which develops the root.

मूल रोहणे-It indicates to sow the root(which has already sprouted) so that, it can develop in to a bigger plant/ tree one day.

मूल प्रतिष्ठायाम् -Indicates the establishment of the root. Both ways, either sowing the root or to make an establishment, does result in to the growth of the tree. Hence, both of these can be considered.²⁶

Again, the word मूल is used with other meanings also.

जिफा जटा means the hair plates.

भं नक्षत्रम् Means the star.²⁷

प्रकृति:

- प्र करोतीति प्रकृतिः ।
- टु कृञ्- करणे । प्र उपसर्ग । क्तिन् ।
- प्रकुरुते । क्तिन् ॥ ॥ अमरकोष ॥

Doing or performing is called as कृति, doing it faster or make the beginning is प्रकृति.

It may be just the production or the fastening the process of production; the word प्रकृति is used.²⁸

कर्ता:

- डु कृञ्- करणे । लुट् प्रत्यय । प्रथम पुरुष, एक वचन ॥ ॥ अमरकोष ॥

Even the word कर्ता follows the similar meaning as those of प्रकृति as root for both the words are same.

योनि:

- यौति- यु मिश्रणे । अमिश्रणे इति केचित् ॥ ॥ अमरकोष ॥

To mix or to mingle is योनि. Through this we can understand that, it is going to unite the factors responsible for the production of the vyadhi. As many factors like kala, vaya, agni, koshtha, prakruti, dosha and dushya etc which are involved in the process attains the name as nidana. The union of all these will be the reason for the disease production and that union itself is called as योनि.²⁹

मुख:

- मुखमिति । खन्यते अनेन वा खनति वा । खनु अवधारणे । डित्खनेर्मुट् चोदात्तः इत्यच् आदेर्मुडागमः ॥ ॥ अमरकोष ॥

Digging up or rooting up is खनति or खन्यते. By this, it is understandable that, it takes out the disease or ensures its manifestation. Also, अवधारणे means the adherence. Sticking on to the manifested or till the manifestation.³⁰

Characteristics of nidana:

- एको हेतुरनेकस्य तथैकस्यैक एव हि । व्याधेरेकस्य चानेको बहूनां बहवोऽपि च ॥

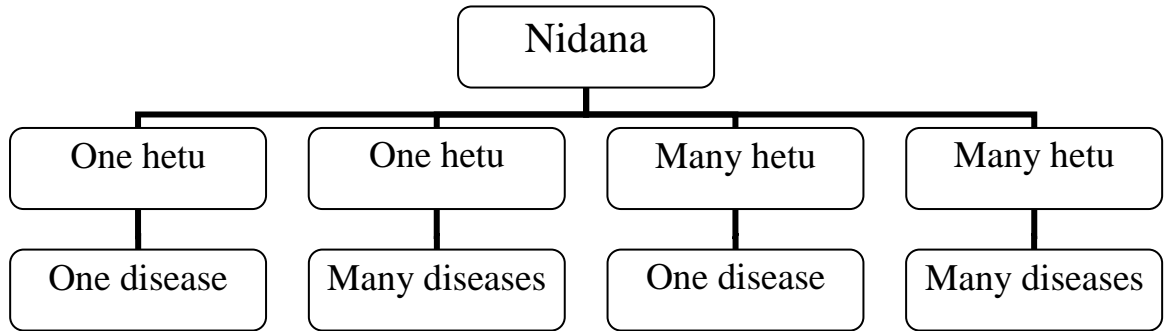
॥च.नि.८/२४॥

There can be,

1. One hetu for many diseases
2. One causative factor for one disease
3. Many causative factors for one disease and
4. Many causative factors for many diseases.

We can understand that, a nidana can be multi faceted. Whatever nidana has been mentioned, need to be understood in the above fashion only. Likewise, for the lakshana also similar character is applied.⁷⁷

Chart no. 1.4: Characteristic of Nidana



- लि.५: चैकमनेकस्य तथैवैकस्य लक्ष्यते । बहून्येकस्य च व्याधेर्बहूनां स्युर्बहूनि च ॥

॥च.नि.

८/२७॥

There can be,

1. One lakshana(similar symptom) for many vyadhi
2. One lakshana for one vyadhi
3. Many lakshana for one vyadhi and
4. Many lakshanas for many vyadhi.

The above reference indicates that causative factors may combine with each other in various ways to result in to a disease. Though their permutations and combinations are hard to predict, we can take the help from samprapti to understand it well.⁷⁸

CHAPTER 2

लक्षण विवेचन

The word lakshana indicates the expression of anything. In case of Ayurveda, the word lakshana is frequently used at different places like, Lakshana of a disease, lakshana of dosha vridhhi, lakshana of normalcy, lakshana of proper/ improper shodhana, lakshana of properly/ improperly prepared medicine etc.

Hence, the word, Lakshana is a state where there will be an initiation of action such as treatment, continuation of preparation of medicine, diagnosis of a disease etc.

In the present context, the word lakshana means, the expression of a disease which has aroused out of consumption of a nidana.

Lakshana is a synonym of Ayurveda as told by Charakacharya.

- तत्र आयुर्वेदः जाखा विद्या सूत्रं ज्ञानं जास्त्रं लक्षणं तन्नं इत्यनर्थान्तरम् ॥

॥ च.सू. ३०/३१ ॥

- तदेव व्यक्ततां यातं रूपमित्यभिदीयते ।

॥ अ.हृ. नि. १ ॥

It is the expression of the पूर्वरूप in to the रूप as the former one has been explained first, later the latter has been explained. It has also been noticed that the symptoms which indicate the arrival of the main disease itself continue as symptoms proper in them.³¹

- प्रादुर्भूतलक्षणं पुनर्लि.ःम् । ॥ च.नि.१/९॥

It is the development of the symptoms from their premonitory stage. Those features or the symptoms told as the पूर्वरूप will only continue as रूप. It also says that, it is mere a development, nothing is been produced afresh.³²

- लक्षणानि ज्ञापकहेतवः ॥ ॥सु.सू.३/१४- डल्हण ॥

Synonym of Lakshana:

The synonyms of lakshana are,

- संस्थानं व्यञ्जनं लि.ः लक्षणं चिह्नमाकृतिः ॥ ॥ अ.हृ.नि. १/ ॥
- तत्र लि.ःमाकृतिर्लक्षणं चिह्नं संस्थानं व्यञ्जनं रूपमित्यनर्थान्तरम् ॥ ॥च.नि.१/९॥

Table no.2.0: Lakshana paryaya

१. संस्थानम् ³³	२. लि.ःम्	३. लक्षणम्	४. चिह्नम्
५. आकृतिः	६. रूपम्	७. व्यञ्जनम् ³⁴	

Critical analysis of synonyms:

संस्थानम्:

- संस्थीयतेऽत्र अनेन वा । संस्थितिर्वा । भावादिकरणादौ ल्युट् । संस्थानमाकृतौ मृत्यौ संनिवेष्टो चतुष्पथे (इति मेदिनी) ॥ अमरकोष ॥

This means, to establish well or to maintain the state properly. The word is used to denote many things but here, the word संस्थान is used to denote that it establishes the diagnosis of a disease or stabilizes it.³⁵

व्यञ्जनम्:

- व्यज्यते अनेन वा । ल्युट् । व्यञ्जनं तेमने । चिह्ने ऽमश्रूण्यवयवेऽपि च(इति मेदिनी)

॥ अमरकोष ॥

It means to unite or to make union. We can understand that, all the factors which may contribute for the production of a disease will be set at one place and designated.³⁶

लि.ःम्:

- लि.ःयतेऽनेन । लिङि गतौ । हलश्च इति घञ् । ॥ अमरकोष ॥

It means, to nominate. It nominates the diagnosis. माधव निदान says that, the nomination of a disease in a special way is called as लि.ः.³⁷

लक्षणम्:

- लक्ष्म चिह्नप्रधानयोः । लक्ष्यते अनेन वा । लक्ष दर्शने । मनिन् । लक्ष दर्शनाऽनयोः । मनिन् ।

॥ अमरकोष

॥

One which is perceptible through the sense organs is called as लक्षण. Question arises as, whether only signs (which are observed through eyes) should be considered as लक्षण? No, as other forms of perceptions are also happening through the same sense organs only.³⁸

चिह्नम्:

- चाहयति । चिह्नतेऽनेन वा । चह परिकल्पने । चिह्नं लक्ष्मपताकयोः इति मेदिनी ।

॥ अमरकोष ॥

To make परिकल्पन. To prepare or to comprehensively create.³⁹

आकृतिः

- आकारविज्ञानाकृतीः । आकरणम् । घञ् । इति चेष्टा । आकृतिरवयवसंस्थानम् ।

॥ अमरकोष

॥

To express the shape of (the disease). Also, to establish the branches of (the disease).

रूपः

- रूपमिति रोपयति विमोहयति । रूपं विमोहने । अच् । ॥ अमरकोष ॥

To eradicate the मोह. It brings in the clarity in the knowledge by removing the false one.⁴⁰

हेतुत्व for लक्षणः

By virtue of it being reason for the knowledge of the disease, even lakshana can be called as hetu.

- लक्षणानि ज्ञापकहेतवः ॥ ॥सु.सू.३/१४- डल्हण ॥

Here, disease is the factor to be known, lakshana is the tool for understanding the disease hence, lakshana is the reason.⁴¹

विवेचनः-

Whether all the पूर्वरूप's continue as रूप?

It is a matter of debate that whether all the पूर्वरूप should continue as रूप? If all the symptoms observed in the पूर्वरूप are considered as continuing as रूप, then we should consider all the diseases as असाध्य. Because आचार्य चरक has told that, if all the premonitory symptoms of Jwara if continues as the main symptoms, then it is असाध्य. And if we consider that only few of them may continue as symptom then then विशिष्ट रूप like जृम्भा, नयन दाह, अनन्नाभिलाषा should also be considered as रूप which are indicating the dominance of the doshas in them. If any one of these descriptions are considered, then it would be difficult to accept that premonitory symptoms will continue as symptoms proper. For this, our ancient people have justified that, sometimes all the premonitory symptoms and sometimes fewer ones may continue as main symptoms which is wholly depending on the nature of the disease. Expression or appearance of all the symptoms in a disease also indicates the poor prognosis as like premonitory symptoms.

Now, the question comes whether the जृम्भा, नयन दाह and अनन्नाभिलाषा are to be considered as symptom proper if they express later on? Our acharyas says that, it can not be taken so. As these symptoms were being expressed during the पूर्वरूप, and only those who were not expressed and were hidden during पूर्वरूप stage, and will get expressed as रूप later on are considered. As the time period is different from premonitory symptoms and symptoms, it can not be taken.⁴²

What is the meaning of स्वरूप?

मधुकोष व्याख्या asks that, the word स्वरूप can be defined as स्वं स्वं रूपम् or स्वीयं रूपं ? if the former one, स्वं स्वं रूपम् is taken as विग्रह वाक्य of स्वरूप ie, the symptom or nature of self is called as रूप, then स्वामनिक्रियाविरोध will occur. That means, it has been told that, symptoms indicate the disease, now if we say that it is the self, both the statements become contradictory.

If स्वीयं रूपं is taken as the definition of रूप, here again we will encounter with a problem. It means the symptoms observed in one's self body is called as रूप. स्वीयं रूपं has two types as स्वीय धर्म and स्वीय कार्य. स्वीय धर्म is one where darkness of nails, skin, dentures, stool and urine are observed in the अर्जा व्याधि. But, these darkneses are not the actual symptom of अर्जा व्याधि. As धर्म resides only in धर्मी, and as there is no धर्मनिष्ठा in case of darkness of nails etc with अर्जा व्याधि, we can not say that darkness of nails etc as the symptom of अर्जा व्याधि. In case of स्वीय कार्य, where कार्य of व्याधि is considered as the symptom, again the उपद्रव and अरिष्ट should also be taken as symptom of a disease as they are the resultant of a disease itself. And if we claim that the उपद्रव and अरिष्ट does indicate the poor prognosis of a disease hence we can call them as symptom, here again we should understand that, they are just indicating the poor prognosis only, not the disease proper. Also, the disease will have manifested prior to the production of either उपद्रव or अरिष्ट. Supporting to that, Madhavakara has said that he is creating a text where उपद्रव, अरिष्ट, लि. .; and निदान have been explained, clarifying the difference between them.

The question follows as, whether उपद्रव is the कार्य of व्याधि or व्याधिजनक दोष? For this, some people have opined that, उपद्रव is not the कार्य of व्याधि but of the व्याधिजनक दोष quoting the श्लोक of सुश्रुत, ‘..... स तन्मूलमूल एवोपद्रवसंज्ञकः ॥’

Which means, the root of the disease will only be the root of उपद्रव? But, there are contradiction for this also as the increased dosha by which the disease has aggravated will be leading in to the production of उपद्रव. सुश्रुत has tried to explain the same. Hence, we should understand that उपद्रव is the कार्य of व्याधि not the कार्य of व्याधिजनक दोष. Justifying with the reference,

- कश्चिद्धि रोगो रोगस्य हेतुर्भूत्वा प्रजाम्यति । न प्रजाम्यति चाप्यन्यो हेतुत्वं कुरुतेऽपि च ॥

॥ च.नि.८/२१ ॥

Sometimes the disease may pacify after giving out another disease and some disease may continue to exist even after giving out another disease. Leading to another disease is also a complication of a disease itself. Again, there is no mentioning of dosha participating in it.⁴³

Hence, the definition,

- उत्पन्नव्याधिबोधकमेव लि.ऽम् रूपम् ॥

॥ मा.नि.१

मधुकोष ॥

The one which expresses the (already) manifested disease is called as रूप, holds good. Here, the difference has been maintained between पूर्वरूप and रूप by using the word, उत्पन्न and by using the word, एव, the difference between रूप and निदान, सम्प्राप्ति, उपजाय has been indicated thus avoiding any अतिव्याप्ति. Among रूप, निदान, सम्प्राप्ति, and उपजाय, only रूप does the बोधन of उत्पन्नव्याधि others do the बोधन of अनुत्पन्न व्याधि.⁴⁴

The word, लि.ऽम् has been used in the above mentioned statement. It clarifies that, the perceptions from the different sense organs as well as the instruments used for the diagnosis are ruled out. Such a denial was necessary as even the perceived knowledge from sense organs as well as the instruments shows off which are the disease. It is because; only the special exploration of the disease will be called as रूप not all the factors that shows off the diagnosis. According to some authors, even सम्प्राप्ति is ruled out by using the लि.ऽम् word, as सम्प्राप्ति will also get the हेतुत्व for the disease.

Whether the व्याधि and रूप both one and the same?

Here we get a doubt if व्याधि is being diagnosed by means of its रूप then is it one and the same and there is no existence of व्याधि independent from रूप? As the union of अरुचि, स्वेदावरोध, सर्वा. .i. ताप is nothing but ज्वर, and the union of ज्वर, कास, रक्तष्टीवन is itself is राजयक्ष्म.

For this, Vijayarakshita says that,

- तथाविधदोषदूष्यसम्मूर्च्छनाविज्ञोषो ज्वरादिरूपो व्याधिः तत्कार्याश्चारुच्यादयः ॥

॥ मा.नि.१ मधुकोष

॥

The union of दोष, दूष्य and their सम्मूर्च्छन is called as व्याधि and the कार्य of that is लक्षण. अवयवसमूह is अवयवी. Hence, व्याधि and लक्षण are different. And if लक्षण is considered as अवयव, and अवयवसमूह (लक्षणसमूह) is अवयवी (व्याधि), then also it is different from अवयवी. Supporting to this, like खदिरतरूणां वनम्– the group of खदिर etc is called as वन. Here, as षष्टि विभक्ति is used, the trees are different from the forest and their group is called as forest. And if trees are not present, there won't be any existence of a forest. But trees are themselves are not forest.

Hence, लक्षण is not a व्याधिस्वरूप but, व्याधिनिदर्शक. Hence, अरुचि आदि are the लक्षण of व्याधि not the व्याधिस्वरूप.

But, चरकाचार्य has said विकारो दुःखमेव च। here; he is telling विकार itself is दुःख. But, दुःख is a आत्मगुण and धातुवैषम्य is ज्ञारीरिक. Then how an आत्मगुण can be a group of लक्षण which is ज्ञारीरिक?

For this again Vijayarakshita says, दुःखयतीति दुःखम् । means, for दुःख, हेतु is धातुवैषम्य and अरुचि etc are the लक्षण of it. Here, धातुवैषम्य happens in ज्ञारीर itself not in आत्म.

By this, अरुचि etc can become the अवयव of दुःख.⁴⁵

Is अरुचि etc a लक्षण or व्याधि?

As we have observed certain features being claimed as लक्षण somewhere and as व्याधि in some places. For this, चरकाचार्य says,

- ज्ञानार्थं यानि चोक्तानि व्याधिलिङ्गानि सङ्ग्रहे । व्याधयस्ते तदात्वे तु लिङ्गानीष्टानि नामयाः ॥

॥

च.नि.८/४० ॥

This means, if a disease has been told as a symptom of any disease, then it should be taken as a symptom of that disease stage itself, not as a separate disease. For example, ज्वर has been identified as an important disease but seen as a लक्षण in many diseases⁴⁶

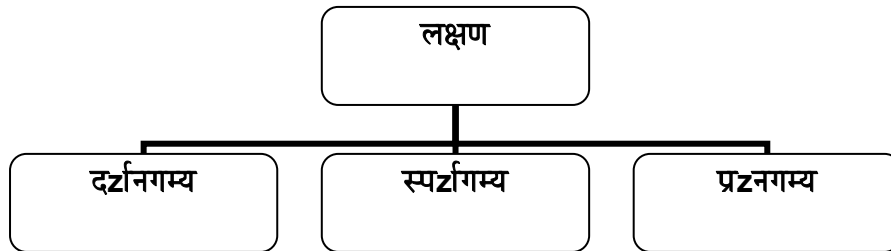
लक्षण भेदः

Modern science identifies it as signs and symptoms. The features observed in a patient are called as Sign whereas; the features elicited by patient on questioning are called as Symptoms.

These लक्षण's can be classified in to three based on त्रिविध परीक्ष.

१. दर्शनगम्य लक्षण
२. स्पर्शगम्य लक्षण
३. प्रश्नगम्य लक्षण

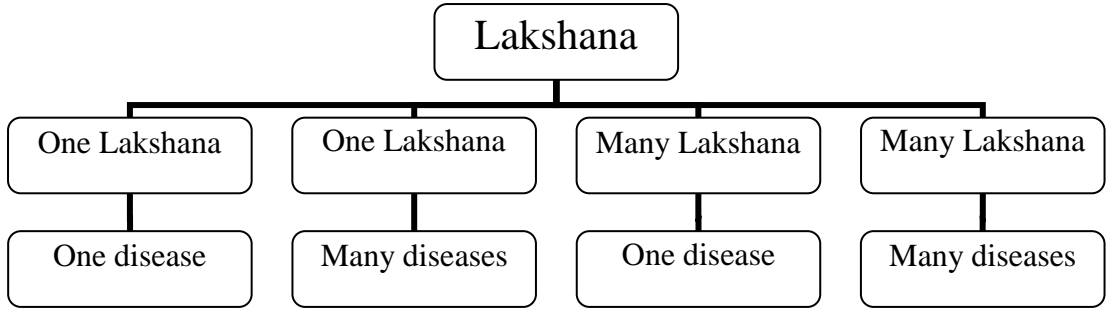
Chart no2.1: Lakshana bheda



- दर्शनगम्य लक्षण: these are observed through naked eyes, for e.g., the redness, wounds etc.
- स्पर्शगम्य लक्षण: These are experienced by tactile perception. For e.g., the warmth of the body, roughness of skin etc.

प्रश्नगम्य लक्षण: these are elicited by questioning the patients orally. For eg, pain, vomiting sensation etc, which can not be understood by the previous two methods.⁴⁷

Chart no 2.2: Characteristics of Lakshana



- विरुद्धाहारचेष्टस्य मन्दाग्नेर्निश्चलस्य च । स्निग्धं भुक्तवतोह्यन्नं व्यायामं कुर्वतस्तथा । वायुना प्रेरितो ह्यामः श्लेष्मस्थानं प्रधावति । तेनात्यर्थं विदग्धोऽसौ धमनीः प्रतिपद्यते । वातपित्तकफैर्भूयो दूषितः सोऽन्नजो रसः। स्रोतांस्यभिष्यन्दयति नानावर्णोऽतिपिच्छिलः । जनयत्याशु दौर्बल्यं गौरवं हृदयस्य च । व्याधीनामाश्रयो ह्येष आमसंज्ञोऽतिदारुणः। युगपत्कुपितावन्तस्त्रिकसन्धिप्रवेशकौ । स्तब्धं च कुरुते गात्रमामवातः स उच्यते ॥

॥मा.नि.२५/१-५॥

The word विरुद्धाहार indicates any food which is incompatible. This incompatibility is for the body by virtue of the effect it may produce after its consumption. Incompatibility may be of different kind as explained by our ancient sages but, we shall examine those incompatible foods which may cause the Amavata.

Acharya Charaka explains 18 types of incompatibility. Not all these 18 types may cause Amavata. Among the nidanas of Amavata, some may be the reason for ama and some for vata prakopa in it and some for both of them. As we move on with the analysis of Amavata nidana, we can say that the samprapti to occur in Amavata, we need series of nidanas not just any one among reasons for ama or vata.

CHAPTER 3

KARYA KAARANA SIDDHANTA

Karya Kaarana siddhanta is a basic concept which incorporates the secrets of existence of the whole world. One can not assume its enormity and there are no areas where it can not be incorporated.

This theory is adopted and accepted by almost all the ancient authors though many did not elaborate it much. We have our ancient texts with valuable references and also our Ayurvedic texts have shown its compatibility and have effectively adopted it.

Though the complete references regarding Karya kaarana siddhanta would be preventable as the vastness and area it covers both are unpredictable. The very importance and adoptability of the same in the areas required to be explained in Ayurveda concerned with the current topic will be highlighted.

Definition of Kaarana:

- कार्यनियतपूर्ववृत्तिकारणम् । ।तर्क सङ्ग्रह।।

The one which is existing prior to the specific karya is called as Kaarana.⁴⁸

- कार्योत्पादकत्वं कारणम् । ।सप्तपदार्थी।।

One which produces karya is kaarana.

- अनन्यथासिद्धिनियतपूर्ववर्तिकारणम् । ।तर्कभाषा।।

One which is ananyatasiddi (can not be otherwise proved), Niyata (truly existing for a purpose) and poorvavarti (existing prior)

- अनन्यथासिद्धिऽन्यस्य नियता पूर्ववर्तिता । कारणत्वं भवेत्तस्य त्रैविध्यं परिकीर्तितम् ।।
।कारिकावली।।

One which is ananyatasiddi (can not be otherwise proved), Niyata (truly existing for a purpose) and poorvavarti (existing prior) and it can be divided in to three.

Types of Kaarana:

- कारणं त्रिविधं- समवाय्यसमवायिनिमित्तभेदात् ।।तर्कसङ्ग्रह।।

Kaarana is of three typed. 1] Samavayi 2] Asamavayi and 3] Nimitta.

समवायि कारणः

- यत् समवेतं कार्यमुत्पद्यते तत् समवायिकारणम् । यथा तन्तवः पटस्य । पटश्च स्वगतरूपादेः ।
।तर्कसङ्ग्रह।।

One which produces the karya being in an in-seperable relation is called as Samavayi kaarana. For example, threads for the cloth, cloth and its own appearance.

असमवायि कारणः

- कार्येण कारणेन वा सहैकस्मिन्नर्थे समवेतं सत् कारणमसमवायिकारणम् । यथा तन्तुसंयोगः पटस्य । तन्तुरूपं पटरूपस्य ॥ ।।तर्कसङ्ग्रह॥

The presence of in-seperable relation either with karya or kaarana and produces the karya is called as Asamavayi kaarana. For example, union of threads for the cloth, appearance of threads with that of appearance of cloth.

निमित्त कारणः

- तदुभयभिन्नं कारणं निमित्तकारणम् । यथा तुरीवेमादिकं पटस्य । ।।तर्कसङ्ग्रह॥

The reasons which are other than the above said reasons are called as Nimitta kaarana. For example, the instruments used in the production of the cloth.

- कार्यं प्रागभावप्रतियोगि । ।।तर्कसङ्ग्रह॥

Karya is one which is absent before its production.

Eventhough many people have put forth their own explanation for the karya- kaarana siddhanta and in places they have been accepted partially also, the relevance of the theory put forth by Sankhya darshana holds good in case of Ayurveda majorly.

Satkarya vaada:

The Sat, the existing is the formula for the Sankhya darshana which is countered by many authors and they are invalidated effectively by Sankhya also. The theory widely known as *Satkarya vada* need to be understood which is most necessary for understanding the present concept. Sankhya kaarika, a text for Sankhya darshana explains the theory as,

- इह कार्यकारणाभावे चतुर्था विप्रतिपत्तिः प्रसरति । असतः सत्स्य इति सौगताः संगिरन्ते । नैयायिकादयः सतोऽसत्स्य इति । वेदान्तिनः सतो विवर्तः कार्यजातं न वस्तुसदिति । सांख्याः पुनः सतः सत्स्य इति ।

Here, there are four different opinions regarding karya and kaarana. Bauddha darshana says that sat (existant) is produced by asat (non-existant). Nyaya and Vaisheshika darshanas say that sat (kaarana) produces asat (karya). Vedanta darshana says that sat (kaarana) produces vivarta (imagined) karya, there would not be any

actual existence of any karya in reality. But Saankhya darshana says, sat kaarana produces sat karya.⁴⁹

- तत्रासतः सत्कारणत इति न प्रामाणिकः पक्षः । असतो निरूपाख्यस्य तदविषाणवत्कारणत्वानुपपत्तेः । तुच्छातुच्छयोस्तादात्म्यानुपपत्तिश्च । (सांख्य दर्शनम्) ॥ सर्वदर्शनसंग्रहः॥

Among the above mentioned opinions, asat produces sat is a unacceptable. It can not be proved also. One can neither justify nor explain the asat. It is just like horn for an ass, which is non existent. This can not be counted as kaarana at all. Also, there can not be any relation between the factors which has a specific physical structure and one which does not have any specific structure. This can be explained as, asat padartha can never be a reason for production of any karya (sat padartha), how can a (already) non existing can produce anything? Also, it is impossible to have a relation between Asat which does not have any specific physical structure with Sat which has a specific structure. Non existing (prior) pot can not be a reason for the existence of the pot (later). But this is the opinion of bauddha darshana. As abhava or asat which is swroopa heena, it can not establish any relation with bhava or sat which is the future, hence there can not be any tadaatmya sambandha hence, neither Upadana nor Upadeya sambandha possible. Hence, we can not accept the stand of bauddha darshana.

- नापि सतोऽसत्कारणत इति । कारकव्यापारात्प्रागसतः तदविषाणवत्सत्तासम्बन्धलक्षणोत्पत्त्यनुपपत्तेः । न हि नीलं निपुणतमेनापि पीतं कर्तुं पार्यते । ननु सत्त्वासत्त्वे घटस्य धर्माविति चेत्- तदचारु । असति धर्मिणि तद्धर्म इति व्यपदेशानुपपत्त्या धर्मिणः सत्त्वापत्तेः ॥ (सांख्य दर्शनम्) ॥ सर्वदर्शनसंग्रहः॥

We can not accept that sat produces asat (as propogated by Nyaya darshana). A sat can not produce asat where there is no existence of the karya prior in the kaarana. There is no relation existing at all between karya and kaarana which is most essential. Such a relation is utmost essential for the production. Two sat's can only be in a relation and then only something can be produced. It has never been heard that an ass has any horn and a vandhya (infertile woman) has a son. Asat karya (non existence of pot) can not have relation with the sat (kaarana) and one can not establish any relation between them. Even an expert can not make blue color in to a yellow. And asat yellow color can never become sat yellow color. Asat pot can never be converted in to

a sat pot. Hence asat (pot) and sat (mud, potter etc) can not have any relation and they are opposite to one another and we can not relate between karya and kaarana.⁵⁰

- तस्मात्कारकव्यापारात्प्रागपि कार्यं सदेव । सतश्चाभिव्यक्तिरुपपद्यते । यथा पीडनेन तिलेषु तैलस्य, दोहनेन सौरभेयीषु पयसः । असतः कारणे किमपि निदर्शनं न दृश्यते । किं च कार्येण कारणं सम्बद्धं तदनकमसम्बद्धं वा । प्रथमे कार्यस्य सत्त्वमायातम् । सतोरेव सम्बन्ध इति नियमात् । चरमे सर्वं कार्यजातं सर्वस्मारयेत । असम्बद्धत्वाविरोधात् । (सांख्य दर्शनम्) ॥ सर्वदर्शनसंग्रहः॥

Thus it is established that the karya exists in the kaarana before the work of kaarana begins. Here question comes, then why there is any necessity of a potter? It is true that karya exists in the kaarana in a subtle form and it needs a triggering factor (nimitta kaarana) for its expression. For example, oil in tila (sessame) and milk in the cow. When tila is crushed, taila comes out and when the cow is milked, then only milk comes out. This means taila and milk were present earlier in tila and cow but it needed crushing and milking respectively. We do not get any such examples to prove the stand of Nyaya. An example should be in such a way that it should be acceptable for both of the opponents. If nyaya people say, the danda (stick) is the example for the asat (non existence), it can not be accepted.⁵¹

- असत्त्वान्नास्ति सम्बन्धः कारणैः सत्त्वसिद्धिभिः । असम्बद्धस्य चोत्पत्तिमिच्छतो न व्यवस्थितिः ॥ इति । (सांख्य दर्शनम्) ॥ सर्वदर्शनसंग्रहः॥

Acharyas of sankhya school of thought say that, if we do not accept the existence of karya in kaarana then, it will be difficult to establish the relation between karya and kaarana. If they say mud is the kaarana which is sat and pot is the karya, asat and there is no existence of pot until it is made. Hence it is not possible to have a relation between karya and kaarana. For this stand also, one can not accept. If we do so, then, there will be no rationality in the production of anything at all. By mud, cloth can be made; pot can be made out of water, salt by mud etc. Any karya will start getting produced by any kaarana.⁵²

- अथैवमुच्येत- असम्बद्धमपि तत्तदेव जनयति यत्र यच्छक्तम् । शक्तिश्च कार्यदर्शनोन्नेयेति । तन्न स. च्छते । तिलेषु तैलजननशक्तिरित्यत्र तैलस्यासत्त्वे सम्बद्धत्वविकल्पेन तच्छक्तिरिति निरूपणायोगात् । कार्यकारणयोरभेदात् कारणात्पृथक् कार्यस्य सत्त्वं न भवति । (सांख्य दर्शनम्)

॥ सर्वदर्शनसंग्रहः॥

If it is said that even though there is no rationality, the kaarana will produce any karya in which it has the capacity. For example, tila is capable of producing oil and mud is for pot. One should assume the capacity of any thing by observing the karya. One can asses the capacity of mud by observing the pot. But this statement is not fair. According to asatkarya vada, if existence of taila is ignored and only the capacity of the tila for the production of taila is taken, then we have to accept that even though oil is not produced, there is the strength persisting in the kaarana. If it is said that the strength is only limited to the tila, then whether that strength is existing in the taila before and after its production? If yes, the existence of the oil in tila before its production is established. And if no, then how can anybody prove that oil is produced by the strength itself? Hence there is no separate existence of karya and kaarana. Hence existence is about only one and there is no separation for the existence of karya and kaarana. And as kaarana is existing prior to the production, there should be a definite existence of karya prior to it.⁵³

- पटस्तन्तुभ्यो न भिद्यते । तद्धर्मत्वात् । न यदेवं, न तदेवं यथा गोरश्वः । तद्धर्मश्च पटः । तस्मान्नार्थान्तरम् । तर्हि प्रत्येकं त एव प्रावरणकार्यं कुर्युरिति चेन्न । संस्थानभेदेनाविर्भूतपटभावानां प्रावरणार्थक्रियाकारित्वोपपत्तेः । यथा हि कूर्मस्याः।।नि कूर्मजरीरे निविजमानानि तिरोभवन्ति, निःसरन्ति चाविर्भवन्ति; एवं कारणस्य तन्त्वादेः पटादयो विजोषा निःसरन्त आविर्भवन्त उत्पद्यन्त इत्युच्यन्ते । निविजमानास्तिरोभवन्तो विनयन्तीत्युच्यन्ते ।
(सांख्य दर्शनम्) ॥
सर्वदर्शनसंग्रहः॥

There is no differentiation between thread and a cloth. It is just a special status and its existence. Where there is no such existence, there is no status also. Just like cow and horse. There is no similarity between cow and horse hence; they are not the special status for each of them. Hence, here cloth is just a thread's status not a separate existence.

If it is believed so, then question raises why not threads independently perform the function of cloth? This is not a suitable question as the cloth is an organized arrangement of those threads and this is the difference between thread and the cloth. Such an organized arrangement itself is the expression of the cloth and then only it can perform the function of covering anything. For example, in a tortoise, when it withdraws its limbs and head inside its coverage, we call it as disappeared and when it

comes out, we call it as appeared. Likewise, when threads are arranged, we call it as cloth being produced and when separated, we call it as destroyed.⁵⁴

- न पुनरसतामुत्पत्तिः सतां वा विनाऽः । यथोक्तं भगवद्गीतायाम्- नासतो विद्यते भावो नाभावो विद्यते सतः । (गी. २/१६) इति। (सांख्य दर्शनम्) ॥ सर्वदर्शनसंग्रहः॥

As explained in Bhagavadgita, there is no destruction possible for Sat and there is no production possible in asat.

- ततश्च कार्यानुमानात्तत्प्रधानसिद्धिः । तदुक्तम्- असदकरणादुपादानग्रहणात् सर्वसम्भवाभावात् । जक्तस्य जक्यकरणात् कारणभावाऽसत्कार्यम् ॥ सांख्यकारिका १॥ (सांख्य दर्शनम्)

॥

सर्वदर्शनसंग्रहः॥

Likewise, we can assess the root cause for the production of any matter in the world and can unveil the secrets for the production of the universe also. Karya is existing prior because;

1. Asat can not be converted in to karya.
2. For the production of karya, we need upadana kaarana for example, mud for pot and thread for cloth. Hence, there is a definite relation between karya and kaarana.
3. All the karya can not be produced by any kaarana. So, every specific karya are confined to a specific kaarana, if such a relation is non existing, then the production of karya would not be possible.
4. Which ever karya, the kaarana is capable to do, will perform the same karya. For example, if mud is capable of producing the pot, then it will be producing pot only.
5. Karya will be in the form of kaarana itself.⁵⁵

- नापिसतो ब्रह्मतत्त्वस्य विवर्तः प्रपञ्चः । बाधानुपलम्भात् । अधिष्ठानारोप्ययोश्चिदयोः कलधौतजुक्त्यादिवत्सारूप्याभावेनारोपासम्भवाऽः । (सांख्य दर्शनम्)

॥ सर्वदर्शनसंग्रहः- माधवाचार्य॥

Now it is difficult to say that the whole world is just a Vivarta- a replica of brahma tatva. For example, ‘this pearl is a moon!’ but here, once the mind becomes clear of such illusions, one can realize that it is not a moon, it is really a pearl. And such illusions are is neither accepted nor found in the society. The Chetana (active/ alive)

and Jada (inactive/ non living) will be a Aadhara (a support or shelter) and Aadheya (one who has taken shelter/ support) type of relation. Such type of relation can not be found in pearl and moon. Both of them stay incomparable. Even if a comparison is made between them both, the same can not be implemented in case of Brahma and the world as comparison is made only between two similar things not dissimilar ones.⁵⁶

Karya-kaarana siddhanta according to contemporary literatures

During the review of nidana- lakshana relation, we must not ignore the basic concept embedded in it. The basic concept related to the current topic lies in karya- karana siddhanta.

Every darshanas and other literatures existed prior and after the darshana kala and even the current literatures are based on the karya- karana siddhanta itself though their opinions differ in understanding and explaining that.

Karya-karana siddhanta is a basic structure for the existence of this universe.

Tarka:

- असाधारणं कारणं करणम्। कार्यनियतपूर्ववृत्ति कारणम्। कार्यं प्रागभावप्रतियोगि। कारणं त्रिविधं, समवाय्यसमवायिनिमित्तभेदात्। यत् समवेतं कार्यमुत्पद्यते तत्समवायिकारणम्। यथा तन्तवः पटस्य पटश्च स्वगतरूपादेः। कार्येण कारणेन वा सहैकस्मिन्नर्थे समवेतत्वे सति यत्कारणं तदसमवायिकारणम्। यथा तन्तुसंयोगः पटस्य, तन्तुरूपं पटरूपस्य। तदुभयभिन्नं कारणं निमित्तकारणम्। यथा तुरीवेमादिकं पटस्य। तदेतत्रिविधकारणमध्ये यदसाधारणं कारणं तदेव करणम् ॥ ।तर्कसङ्ग्रह॥

Asaadharana kaarana is called as Karana (करण). Kaarana means one which has definite existance prior to the karya. Karya is pratiyogi for the pragabhava. Kaarana is of three types. Samavayi, asamavayi and nimitta. One which is present in samavaya sambandha and does the karya is called as samavayi kaarana. For example; tantu (threads) are samavayi for pata(cloth) and pata(cloth) for its roopa (physical structure) etc. the one which is in samavaya sambandha with either kaarana or karya and produces the effect is called as Asamavayi kaarana. For example; tantu samyoga (union of threads) for pata (cloth) and tantu roopa (physical structure of threads) for pata roopa (physical structure of cloth). The one which is different from both the above is called as nimitta kaarana. For example; the instruments used for the weaving of the cloth. among these three, the one which is asadharana kaarana (unusual/ extra ordinary reason) is called as karana (करण).⁵⁷

Interpretation:

For the yathartha anubhava, there are four types mentioned.

1. Pratyaksha
2. Anumiti
3. Upamiti and
4. Shaabda.

For these four, pratyaksha, anumana, upamana and shabda are the karanas (करण).

Hence, here, karana (करण), kaarana and karya have been mentioned as it is the circumstance for it.

The symptom of kaaran expects karya and karana(करण) expects kaarana hence, kaarana, karana and karya have been mentioned.

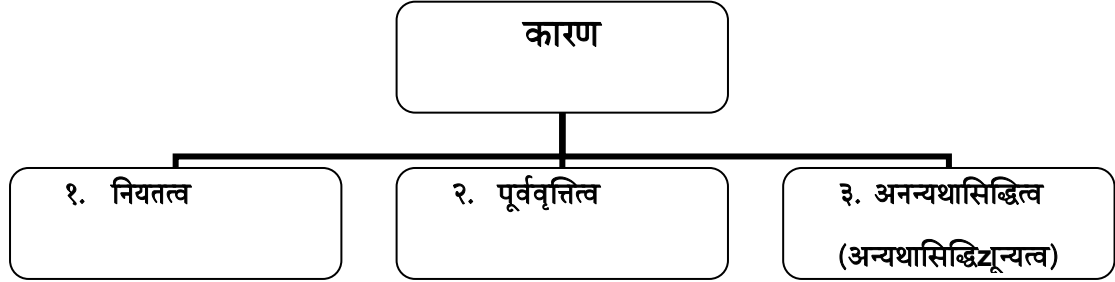
Before the production of any matter, there will be an absence of it (prak-abhava). Karya is the pratiyogi for that prak-abhava. Ie., karya destroys the prak- abhava. Soon after the production of karya, its absence will be destroyed.

The kaarana (cause) is one which has a definite presence prior to the production of karya (effect). But presence of all the factors prior to the production of karya would not be called as kaarana hence there is a use of 'Niyata' word for it. For example; the ass which brings the mud for the production of pot will not be called as a reason for the production of pot. Here, though ass is present prior to the production of pot (poorva vrittiva- required its presence only in its begining), there is no niyatatva for it.

If there is no word called 'poorva vritti' used here, even father of that potter will be called as a reason! The qualities of the stick will also be the reason for the pot! There will be ativyapti for the meaning. Hence there are three factors mentioned for reason.

१. नियतत्व
२. पूर्ववृत्तित्व and
३. अनन्यथासिद्धित्व (अन्यथासिद्धिऋन्यत्व)

Chart no.3.0: Kaaranatva



The definite presence of a factor prior to the production of karya. Presence of that factor only in beginning, not necessarily present after the production of karya and without which there can be no production of that specific effect.

Ass will not become the reason for the production of pot as mud can be brought even without the ass, which potter himself can bring or he can use any other mode of transportation to bring the mud. Father of that potter will not become the reason for the production of pot (as he has given birth to that potter) because, even in his absence, pot can be produced, only potter is needed not his father.

Hence, ass and the father of potter are not the essential factors for the production of pot, hence no kaaranatva for them.

By these three limitations set for the cause, the ativyapti (over coverage of meaning) is nullified.

Samavayi kaarana is also called as Upadana kaarana. Such type of reasons will be existing until the presence of karya. Only a dravya can become a samavayi kaarana.

To establish the relation between karya and samavayi kaarana, asamavayi kaarana has been accepted. Only Guna(quality) and Karma(function) can become the asamavayi kaarana. There are two types of Asamavayi kaarana.

१. कार्येण सह एकस्मिन् अर्थे समवेतं सत् कारणम् ।
२. कारणेन सह एकस्मिन् अर्थे समवेतं सत् कारणम् ।

Being in inseperable relation with a factor in samavayi kaarana, accomplishing the karya.

Nimitta kaarana can be either dravya, guna or karma. Such types of reasons are seperable whereas Samavayi and Asamavayi are not seperable reasons from the karya.

Asadharana kaarana is called as karana (करण). By using the word asadharana (special/unusual) all other types of usual reasons are negated but again there is a ativyapti for it. For example; a stick can be a special and unusual reason for pot, any stick which is present in a forest can not be called as a करण. Hence to nullify the error, 'व्यापारवत्' word is used. One which is different from a dravya and the one which is produced from one factor and becomes reason for the karya.

- द्रव्येतरत्वे सति तदन्यत्वे सति तदन्यजनकत्वम् ।

It is the one which is different from a dravya, but originated from that dravya, and becomes जनक for the जन्य. For example; in वृक्षच्छेदन (cutting of a tree-karya), परञ्जुवृक्षसंयोग (union of axe and tree) is व्यापार. Here, that union is different from axe but originated from it and becomes reason for the karya (वृक्षच्छेदन).

Hence, definition of करण will be,

- व्यापारवत् असाधारणं कारणं करणम् ।
- साधकतमं करणम् । ॥ पाणिनी ॥
- फलायोगव्यवच्छिन्नं कारणं करणम् ॥

One which is the most importantly participating, without which, the karya is not possible is called as करण.

Along with these factors, there are

- अन्वय-व्यतिरेक साहचर्य
- ज्ञाप्य-ज्ञापक संबन्ध (लक्षण-लक्ष्य संबन्ध)

Which need to be discussed under the relation between nidana and lakshana.

अन्वय is one where, in presence of a reason, there should be a karya happening.

व्यतिरेक is one where, in absence of a reason, karya do not happen.

Thus, for the production of a karya, there should be a अन्वय-व्यतिरेक साहचर्य.

A presence of a reason will lead to the production of an effect and absence of any reason; there won't be any production of any effect. Both of these should be complementarily present during the production of effect.⁵⁸

ज्ञाप्य is the factor which is to be known with the help of ज्ञापक. The symptoms which are produced by the disease are the ज्ञापक's and the disease which is hidden inside is called as ज्ञाप्य.

ज्ञापक's themselves are not the effect, they are just indicators for the ज्ञाप्य ie., effect. One which is visible is called as लक्षण and one which should be understood/ known by them are लक्ष्य.

- लक्ष्यतेऽनेन इति लक्षणम् ॥

One which indicates the presence of a effect is called as लक्षण. And the effect which is present is called as लक्ष्य.

Thus, in case of Amavata, the symptoms are the indicators of underlying pathology and pathology itself is Amavata.

Ramanuja darshana- advaita:

- तदेतदार्हतमतं प्रमाणिकगर्हणमर्हति । न ह्येकस्मिन्वस्तुनि परमार्थे सति परमार्थसतां युगपत्सदसत्त्वादिधर्माणां समावेष्टः सम्भवति । न च सदसत्त्वयोः परस्परविरुद्धयोः समुच्चयासम्भवे विकल्पः किं न स्यादिति वदितव्यम्। क्रिया हि विकल्प्यते न वस्त्विति न्यायात् ॥

।रामानुज दर्शन- सर्वदर्शन संग्रह ॥

By ignoring the opinion of Jaina darshana, it is said that, there can be only one state for any particular matter. There can not be a combination of sat, asat together at a given time. There can be only one either it's Sat or Asat at the end. Such a state can be fixed. There can not be multiple status of any matter at a given time.⁵⁹

If it is so, as Sat and Asat are two different and opposite status, there can not be a union of themselves but, there can be a vikalpa (types) among them only. For such a question, it has been said that, vikalpa is possible only for the function and not for the matter. Hence vikalpa is not possible. The matter which is possible can be categorized by virtue of the doer, function, the title (adhikarana) etc, but based on only its functioning (sadhya). Hence, the one which is already proven need not be re-proved nor re- organized. Sat means it is a established fact.

-ननु द्रव्यात्मना सत्त्वं पर्यायात्मना तदभाव इत्युभयमप्युपपन्नमिति चेत्, मैवम्- कालभेदेन हि कस्यचित्सत्त्वमसत्त्वं च स्वभाव इति न कश्चिदोषः ।

If anybody says that, Sat can be taken for the matter's appearance and Asat in their synonyms, both can be proved together!?. It is not so. Synonyms give similar meaning not the same. It is natural for any matter to be in a different state like Sat and Asat according to the kala (time) and there is nor wrong in it. There will always be the presence of mud in a pinda (bolus of mud), but there will be an absence of pot in it yet. Similarly, in a pot, there is an existence of mud but absence of kapala (broken piece of pot). Hence, there will always be a presence of (sat) a basic factor not the different forms in each other. Such a state will be different in different time. At the time of pinda, there will be absence of pot, similarly at the time of pot, there is an absence of both pinda and broken piece of pot. This is most natural. Thus, a material can be Sat also and Asat also based on the desha and kala.

- न चैकस्य हृस्वत्वदीर्घत्ववदनेकान्तत्वं जगतः स्यादिति वाच्यम् । प्रतियोगिभेदेन विरोधाभावात् । तस्मात्प्रमाणाभावाद्युपपत्सत्त्वासत्त्वे परस्परविरुद्धे नैकस्मिन्वस्तुनि वक्तुं युक्ते । एवमन्यासामपि भ. िनीनां भ. िोऽवगन्तव्यः।

If it is said that there are small and big type of appearance together hence there are different kinds? (as it is not depending on time or any such factors). For example, tryanuka (union of three atoms) is both small and long hence the world is both sat and asat? It is not correct as being small or large is a comparative term (saapeksha). It always expects another matter for comparison. For example, tryanuka is smaller than chaturanuka (union of four atoms) and larger than dvyanuka (union of two atoms). This is also natural but not unusual. But such example can not be applied to sat and asat as there is not comparative factor. When there is no comparative factor, there can not be two things present together, there will be only one.⁶⁰

- एष हि तस्य सिद्धान्तः – चिदचिदीश्वरभेदेन भोक्तृ-भोग्य-नियामक भेदेन च व्यवस्थितास्त्रयः पदार्था इति । तदुक्तम्–
- ईश्वरश्चिदचिदिति पदार्थत्रितयं हरिः । ईश्वरश्चिदिति प्रोक्तो जीवो दृश्यमचित्पुनः ॥ इति॥

There are three padarthas according to Ramanuja darshana.

1. Chit- (soul) –bhokta (one who experiences)
 2. Achit- (universe)- bhogya (the object)
 3. Eeshwara - (controller)- Niyamaka (the controller)
- अपरे पुनरऽपि विशेषप्रत्यनीकं चिन्मात्रं ब्रह्मैव परमार्थः । तस्मिन् नित्यबुद्धबुद्धमुक्तस्वभावमपि 'तत्त्वमसि' (छा.उ. ६/८/७) इत्यादिसामानाधिकरण्याधिगतजीवैक्यं बध्यते मुच्यते च ।

For all types of (ashesha) status (vishesha) like being small, large, shabda, sparsha, nityatva etc, the ultimate reality is Brahma. The nature of that brahma itself is nitya (eternal), shuddha (pure), buddha (intelligent) and mukta (free). As it has been said 'tatvamasi' (you are the same as that one) by chandokyopanishad, it indicates equality. The oneness is thus proved. Brahma himself is in a living form of different creatures. When all the bondages are relieved, brahma gets relieved from the bondages of living beings.

All the matters in this world, which has been categorized as three padarthas like bhokta, bhogya and niyamaka are under Brahma himself and they are just an illusions of brahma himself.

Note: In the above reference, we can understand that advaitas propagate that there is no different matters present in the universe but they are all the illusions of brahma himself who is the controller of everything.

Applying to the current topic, we can say that the matters are similar to each other and there is just an illusion that this is nidana and this is lakshana. In fact both nidana and lakshana are just different presentations of a same condition.⁶¹

References from Nakulisha pashupata (Vaishnava) darshana:

- अस्वतन्त्र सर्वं कार्यम् । तन्निविधम्- विद्या कला पशुश्चेति ।
- समस्तसृष्टिसंहारानुग्रहकारि कारणम् ।

One which is dependent is karya. It is of three typed. Vidya, kala and pashu.

The one who obliges for all types of creation and destruction is called as kaarana.⁶²

References from Sankhya darshana:

- इह कार्यकारणभावे चतुर्था विप्रतिपत्तिः प्रसरति । असतः सत्स्यत इति सौगताः संगिरन्ते ।
नैयायिकादयः सतोऽसत्स्यत इति । वेदान्तिनः सतो विवर्तः कार्यजातं न वस्तुसदिति । सांख्याः
पुनः सतः सत्स्यत इति।

In this karya- kaarana bhava, there are four prominent opinions available. Bauddha (shoonyavadi) propagates that from asat (non-existent), sat (existent) is produced. Naiyayika (nyaya darshana) and vaisheshika darshanas propagate that from sat (existent), Asat (non-existent) is produced. Vedanti's (advaita) say that from Sat (existent), vivarta(imaginary/ mirages) will be produced and for all types of karya, there is no actual existence. Sankhya says that, from Sat (existent), sat (existent) will be produced.⁶³

It can be depicted in the following way,

Table no. 3.1: Karya and kaarana according to different darshana

Sl.No.	Darshana	From (Kaarana)	To (Karya)
1	Bauddha darshana	Asat	Sat
2	Nyaya, Vaisheshika	Sat	Asat
3	Vedanta (advaita)	Sat	Vivarta
4	Sankhya	Sat	Sat

Pramanas are the tools for the establishment of the 25 tatvas. Among those 25 tatvas, the first, foremost and important tatva is prakruti. This Prakruti can be analyzed and understood only by the means of Anumana explained by sankhya darshana. There are factors embedded in prakruti so that they get evolved either directly or indirectly. Regarding this, the above mentioned different opinions make a criticism. They are as follows;

Bauddha darshana:

Bauddha darshana says, if karya has to happen by the kaarana, there should be a destruction of kaarana soon after the production of karya. Until the previous matter continues to exist, there can never be the production of next matter. For example, after the destruction of seed only, there will be the sprouting seen and after the destruction of mud itself there will be the production of pot. Bauddhas believe that all the emotional factors are short lived. There can not be the presence of karya during (the time of) kaarana and there can not be the presence of kaarana during (the time of) karya. After the destruction of previous state itself there can be the next state hence, the spoiled or destructed one (विनष्ट) only is the cause for the existing (विद्यमान) karya.⁶⁴

Naiyavika (nyaya) and Vaisheshika darshanas:

Naiyayika (nyaya) and Vaisheshika darshanas believe in Asatkarya vada. According to them, there will be no existence of dvayanuka (two atoms) etc karya earlier. It will be produced anew. For example, pot is non-existent in mud. Otherwise, we should have called and identified both with a same name and would have been identified as

synonymous with each other. But we see both of them separately. Unlike bauddha darshana who says after the destruction of kaarana only there will be a production of karya but nyaya- vaisheshika says kaarana will always be existing but karya will be produced later afresh.⁶⁵

Advaita- Vedanta darshana:

Advaita- Vedanta darshana says that, only Brahma is Sat (existing) rest everything is imaginary due to lack of knowledge just like we see similarity in silver and a pearl and snake in a rope. As soon as we realize that it is not a silver and its not a snake after we get a clear knowledge of them, similarly, after getting the tatvajnana, we will be released from the bondages of illusion and only brahma will be visible as the ultimate truth and all other living beings and non-living things look like an illusion and non-existent, not a transformed state of brahma. As it is just an illusion or mirage, it can not be called as Sat (existing in reality) but only be called as Sat for the usage that's all.⁶⁶

Sankhya darshana says, there will be a production of Sat (existant) karya from a sat (existant) kaarana. Both karya and kaarana will be Sat (existant). During the status of kaarana, there will be a unexpressed karya present in it and gets expressed soon after the status of kaarana gets over. Fro example, curd will be subtly present in milk but not expressed. The tatvas like mahat, ahankara etc will be subtly present in prakruti. This opinion is called as Satkarya vada. According to this vada, an unexpressed matter gets expressed later on. Both sankhya and nyaya- vaishehsika believe that karya is sat whereas Vedanta believe it as vivarta and bauddha believe it as non existent.

- तत्रासतः सरायत इति न प्रामाणिकः पक्षः । असतो निरूपाख्यस्य ऽऽविषाणवत्कारणत्वानुपपत्तेः । तुच्छतुच्छयोस्तादात्म्यानुपपत्तिश्च ।

Among the above mentioned opinions, the one who say form Asat, Sat is produced- is untrue and can not be proved. One can not explain the non-existent just like a horn for a rabbit (which is non-existent) and we can call it as a reason at all. Also, there can not be any relation between a तुच्छ (one which does not have a physical structure) and अतुच्छ (one which has a physical structure). It means, asat can not a reason for sat as it is already non-existent, how can it produce something which can exist? Secondly, there can not be any relation between both of them as asat has no physical structure

and sat has one. According to Bauddha, the previous state of its absence only causes the later state of presence. But, as the previous absent status can not keep any active relation with the next state of presence, it can not be a reason at all. Hence, Bauddha's opinion can be ruled out.

- नापि सतोऽसत्पद्यते । कारकव्यापारात्प्रागसतः सत्त्वाविषाणवत्सत्तासम्बन्धलक्षणोत्पत्त्यनुपपत्तेः । न हि नीलं निपुणतमेनापि पीतं कर्तुं पार्यते । ननु सत्त्वासत्त्वे घटस्य धर्माविति चेत्-तदचारु । असति धर्मिणि तद्धर्म इति व्यपदेशानुपपत्त्या धर्मिणः सत्त्वापत्तेः ।

It is not proper to say that from sat, asat will be produced. The effect which has no existence at all before its production, it will be like horn for a rabbit. A production means the relation with the producer. And there can be a relation only between the two existing matters. Even an expert can not convert a blue item in to a yellow one. (as there is no yellowness available in blue color). If there is an absence of pot in mud, a potter can never convert a mud in to a pot.

If naiyayikas say that, sat and asat are the two dharmas of a pot, earlier the asat pot got converted in to a sat pot by the role played by the potter. Such a statement can not be accepted. When dharmi (pot) is absent earlier is a reason for the dharmas later, it becomes like an absent one is a reason for a present one. Or else we have to accept the eternity of pot. (which is not possible), if such relation is to be accepted, we should accept that pot was present while it was absent!

- तस्मात्कारकव्यापारात्प्रागपि कार्यं सदेव । सतश्चाभिव्यक्तिरुपपद्यते । यथा पीडनेन तिलेषु तैलस्य, दोहनेन सौरभीयेषु पयसः । असतः कारणे किमपि निदर्शनं न दृश्यते । किं च कार्येण कारणं सम्बद्धं तदनकमसम्बद्धं वा । प्रथमे कार्यस्य सत्वमायातम् । सतोरेव सम्बन्ध इति नियमात् । चरमे सर्वं कार्यजातं सर्वस्मादायेत । असम्बद्धत्वाविरोधात् ।

Thus, it can be justified that before the activity of production starts, there will always be an existence of the effect. Only it should be expressed, it expects a doer/ triggering factor in between. For example, churning of sesame brings out the oil from it and by milking; milk comes out of cow's breasts. It indicates that, oil was present in sesame earlier also and milk was present in cow also, it needed an action of churning of sesame and milking from the cow. Just being an action to express it also has become a reason. One can not give an example for the production of an effect from a non-existent one nor it has been observed that from Asat, sat gets produced or gets expressed.

Along with all these explanations, we can understand that there can be a production of karya from kaarana either through relation (between karya and kaarana) or without it. If we consider that both keep relation between each other, then both should be existing as only existing matters/factors only can relate with each other. And if it is said that without relation karya is produced, then we can imagine that any karya is possible by any kaarana. Both mud and thread can produce a pot!

Thus we can say that only through relation, a kaarana can cause a karya without a relation, a karya can not be produced.

- असत्त्वान्नास्ति सम्बन्धः कारणैः सत्त्वसिद्धिभिः । असम्बद्धस्य चोत्पत्तिमिच्छतो न व्यवस्थितिः इति ॥

If we consider that kaarana is sat prior to the production of karya, then there would not be any relation possible, and if we consider असम्बद्ध then, anything could be a cause for anything. There would not be any discipline in the concept of cause and effect.

- अथैवमुच्येत- असम्बद्धमपि तत्तदेव जनयति यत्र यच्छक्तम् । शक्तिश्च कार्यदर्शनोन्नेयेति । तन्न सः च्छते । तिलेषु तैलजननशक्तिरित्यत्र तैलस्यासत्त्वे सम्बद्धत्वासम्बद्धत्वविकल्पेन तच्छक्तिरिति निरुपणयोगात् । कार्यकारणयोरभेदात् कारणात्पृथक् कार्यस्य सत्त्वं न भवति ।

If it is said that even though there is असम्बद्ध between, if there is a capability then it can produce karya. We can assess the capability of any kaarana to produce karya by looking at its karya only. For example, by looking at pot we can assess that the mud was capable of producing pot.

(Though it can not be denied completely) it can not be accepted. If tila had the capacity to produce taila hence it caused, with or without any relation (between kaarana and karya). The capacity present in tila is in relation with the taila it is going to produce or not? If yes, then there is an existence of taila earlier which is propagated by Sankhya itself. If not, then how can we say that the capacity is for the production of taila only? Hence, there is no difference between karya and kaarana, if kaarana is sat then karya is also a sat only. The subject of existence is only one be it a karya or kaarana.

- पटस्तन्तुभ्यो न भिद्यते । तद्धर्मत्वात् । न यदेवं, न तदेवं यथा गोरश्वः । तद्धर्मश्च पटः । तस्मान्नार्थान्तरम् । तर्हि प्रत्येकं त एव प्रावरणकार्यं कुर्युरिति चेन्न ।

संस्थानभेदेनाविर्भूतपटभावानां प्रावरणार्थक्रियाकारित्वोपपत्तेः । यथा हि कूर्मस्याऽऽनि कूर्मजरीरे निविडामानानि तिरोभवन्ति, निःसरन्ति चाविर्भवन्ति; एवं कारणस्य तन्त्वादेः पटादयो विडोषा निःसरन्त आविर्भवन्त उत्पद्यन्त इत्युच्यन्ते । निविडामानास्तिरोभवन्तो विनश्यन्तीत्युच्यन्ते ।

A cloth is indifferent from the threads. It is the only the other form of it. If there was no such rule, then there can be no relation existing. For example, cow and a horse. There is no relation between a cow and a horse so; horse is not a different form of a cow.

Here, we can get a doubt that if thread and cloth are not different, the thread should do the functioning of a cloth? The organized form of thread is a cloth. As it has been said that cloth is a different form, there comes the difference in the appearance between them also, as the threads are being organized, threads will slowly gets submerged in the appearance and functioning of a cloth. Such a transformation of thread in to a cloth in an organized way is called- it is produced (though there is no actual production happening).

- न पुनरसतामुत्पत्तिः सतां वा विनाडाः । यथोक्तं भगवद्गीतायाम्-नासतो विद्यते भावो नाभावो विद्यते सतः । ।गी.

२/१६॥

It has been said in Bhagavadgita that, there is no existence of Asat and there is no destruction of Sat.

- ततश्च कार्यानुमानात्तत्प्रधानसिद्धिः । तदुक्तम्- असदकरणादुपादानग्रहणात्सर्वसम्भवाभावात् । शक्तस्य शक्यकरणात्कारणभावाऽऽसत्कार्यम् ॥ इति॥ ।सां.का. १॥

Hence by analyzing the karya, we can get the gross root reason for it. Hence,

1. असदकरणात् (Asadakaranaat)
2. उपादानग्रहणात् (Upaadaana grahanaat)
3. सर्वसम्भवाभावात् (Sarva sambhava abhaavaat)
4. शक्तस्य शक्यकरणात् (Shaktasya shakya karanaat)
5. कारणभावात् (Kaarana bhaavaat)

By above five points sankhya proves satkarya vada.

- नापिसतो ब्रह्मतत्त्वस्य विवर्तः प्रपञ्चः । बाधानुपलम्भात् । अधिष्ठानारोप्योश्चिडयोः कलधौतशुक्त्यादिवत्सारूप्याभावेनारोपासम्भवाऽऽ ॥

Even it is improper to say that everything in this world is Brahma all the matters in this world is just an illusion and imagination. As the example given between silver and a pearl. The illusion is cleared in the later stage only and there can not be any comparison between the world and the brahma. Both silver and pearl are glittery thus there can be a comparison and confusion but what is the comparison, similarity and confusion between the world and the brahma? The world is not a world in real, its nothing but brahma- such things are not seen in the regular day to day life. As there is no similarity between the world and the brahma, one can not compare them.⁶⁷

व्याध्युत्पादकप्रतिबन्धक भावाः

Even after following a healthy diet, person may encounter a disease. Many a time unhealthy follower remains unaffected. Then what is the significance/need of healthy life style if happen so?

It is untrue that only vyadhikshamatva/akshamatva are the factors for the onset or otherwise of any disease.

Manifestation or non-manifestation can be understood based on four factors;

1. Nidana
 2. Dosha
 3. Dushya &
 4. Anubandha
- इह खलु निदानदोषदूष्यविशेषेभ्यो विकारविघातभावाभावप्रतिविशेषा भवन्ति । यदा ह्येते त्रयो निदानादिविशेषाः परस्परं नानुबन्धन्त्यथवा कालप्रकर्षादबलीयांसोऽथवाऽनुबन्धन्ति न तदा विकाराभिनिवृत्तिः, चिराद्वाऽप्यभिनिर्वर्तन्ते, तनवो वा भवन्त्यथोक्तसर्वलिङ्गा वा; विपर्यये विपरीताः; इति सर्वविकारविघातभावाभावप्रतिविशेषाभिनिवृत्तिहेतुर्भवत्युक्तः ॥

।।च.नि. ४/४।।

I. Nidana:

Beyond just ahita ahara, there are,

1. Kala viparyaya (Parinama)
2. Prajnaparadha &
3. Asatmya indriya artha samyoga, which play the role of nidana. Nidana such as apathya ahara get stronger by anuguna desha, kala, samyoga, virya, pramana, atiyoga.

For eg: Vrihi is apathya due pittakaratra.

Desha: - Vrihi becomes a stronger apathy when consumed in Anupa desha.

Kala: - Likewise when consumed in sharad ritu will be more strong & weaker in Hemantha ritu.

Samyoga: - When consumed with dadhi, phanita it will be more apathya & with madhu will be less apathya.

Virya: More apathya with ushna virya & less with sheeta virya.

Pramana: When taken in excess it will be more apathya & vice versa.

Likewise when more number of above said factors combine, it becomes stronger & capable of producing diseases.

II Dosh:

The dosha aggravation, resultant of above said nidanas can variably cause any disease. Not all dosha vriddhi will be capable of producing the disease and sometimes, the time taken for the production may be prolonged based on the factors like desha, kala etc.

There are other factors which result into variable degree of diseases such as

- a. Samsrushta yoni
- b. Viruddopakrama
- c. Gambheeranugata
- d. Chirasthita
- e. Pranayatana samuttha
- f. Marmopaghata

a) Samsrushta yoni: The doshas when combine with their respective & compatible dushyas the condition worsens. Like combination of Pitta & Rakta makes the condition kshiprakari (rapid in manifestation) & kashtakara (difficult to treat).

b) Viruddopakrama: In a given condition when the different factors involved have opposite lines of treatment, it is termed as viruddopakrama. For eg: Pittameha is yapyya because of viruddopakrama. Here, madhura dravyas which are pittahara are viruddha to Medas which is a pradhana dushya. Where as katu rasa etc which are good for medas but virudda to pitta. This type of condition makes it kashtakara.

c) Gambheeranugata: Doshas, when settle in deeper dhatus like majja etc, make the condition difficult to cure.

d) Chirasthita: Prolonged existence of the doshas inside the body worsens the disease, doshas may become deep seated and get stabilized thus making the condition difficult to cure.

e) Pranayatana samuttha: When the doshas are, in and around dasa pranayatana, the disease will become further difficult to cure.

f) Marmopaghati: When the doshas involve/affect the marmas. Here, marmas other than pranayatanas are involved. Thus, when the doshas are in a place which is pranayatana as well as marma (eg: Shankha, marmatraya etc) the condition becomes still critical.

With the influence of above said factors, the diseases will be presented as,

- a. Kashta
- b. Kashtatara &
- c. Kashtatama

Likewise,

- a. Kshiprakari
- b. Kshiprakaritara
- c. Kshiprakaritama

When all the above said factors combine, the condition will be kashtatama or kshiprakaritama. The other conditions should be understood accordingly.

Viruddopakrama leads to kashtatama only, not kshiprakari. Pranayatana samuttha & marmopaghati can produce both kshiprakaritara/tama & kashtatara/tama

Kashtatama refers to bahudukha producing extreme difficulty or asadhyata, kshiprakaritama refers to rapid manifestation.

III. Dushya

Dushya includes dhatu, mala, their srotuses & dhatumalas. In general they are nothing but component of Shareera itself and hence can be termed as shareera. Vyadhi sahatva & asahatva has been explained in relation to shareera.⁶⁸

- व्याधिक्षमत्वं व्याधिबल विरोधित्वं व्याध्युत्पाद प्रतिबन्धकत्वं इति यावत् ॥

॥च.सू२८/७॥ चक्रपाणि

Vyadhikshamatva can be understood as,

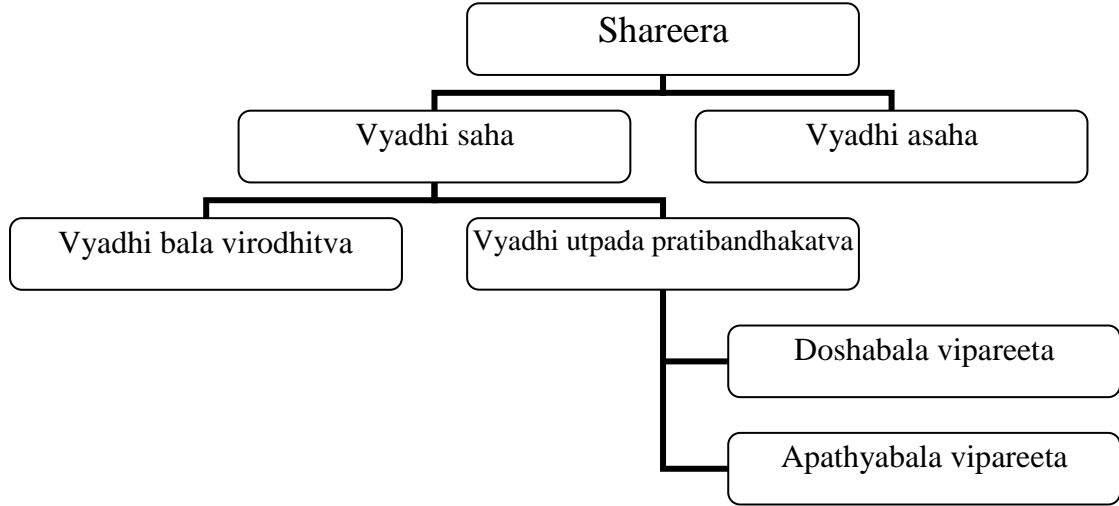
Vyadhibala virodhitvam – to counter the vyadhibala which has already been manifested.

Vyadhi utpada pratibandhakatvam – to oppose any production of Vyadhi. (to oppose its manifestation itself!)

Vyadhi utpada pratibandhakatvam can be divided as,

- 1) Apathya bala vipareeta (bahya hetu vipareeta)
- 2) Dosha bala vipareeta (abhyantara hetu vipareeta)

Chart no 3.2: Vyadhi utpada pratibandhakatvam



A shareera is said to be vyadhi saha or asaha based on factors like;

- a) Ati sthoola/ krusha
- b) Anivishta mamsa shonita asthi
- c) Durbala
- d) Asatmya ahara upachita
- e) Alpahara
- f) Alpa satva.

Both ati sthoola and ati krusha will be vyadhi asaha. Also, Anivishta or vishama and shlatha (weak/ loose) mamsa, shonita, asthi, durbala, asatmya ahara upachita (body nourished by asatmya ahara) alpahara upachita (under nourished shareera) and the person with alpa satva are vyadhi asaha. The opposite conditions like, na ati sthoola or na ati krusha, sama/ sunivishta mamsa shonita asthi, balavan, satmya ahara upachita, matravat ahara upachita with pravara satva; makes the shareera vyadhi saha.⁶⁹

Thus, by the bala or abala of apathya ahara, dosha and shareera; the mrudu/ darunata and chirakari/ kshiprakaarita of vyadhi can be decided.

IV. Anubandha

Anubandha means the combination or union among those previously mentioned three factors (nidana, dosha and dushya).

Based on the anubandha of the above; vikara vighata bhava/abhava (presence or absence of disease limiting entity can be decided)

Table no. 3.3: Vyadhi pratibandhakatvam

1	न अनुबध्नन्ति (do not unite)	• न विकाराभिवृत्तिः (non production of disease)
2	काल प्रकर्षात् अनुबध्नन्ति (delayed union)	• चिराद्वाऽपि अभिनिर्वर्तन्ते (delayed manifestation) • न विकाराभिवृत्तिः (non production of disease)
3	अबलीयांसोऽनुबध्नन्ति (union of weaker nidanas)	• तनवो वा अयथोक्त सर्वलि.ि. वा (mild or incomplete symptoms) • चिराद्वाऽपि अभिनिर्वर्तन्ते (delayed manifestation) • न विकाराभिवृत्तिः (non production of disease)

Table no 3.4: Vyadhi utpadakatvam

1	अनुबध्नन्ति (unites well)	• विकाराभिवृत्तिः (manifestation)
2	जीघ्रानुबन्धः(rapid union)	• जीघ्र निर्वर्तमान (rapid manifestation)
3	बलीयांसोऽनुबध्नन्ति (union of stronger nidanas)	• महतो/यथोक्त सर्वलि.ि. वा (stronger or complete manifestation of all symptoms) • जीघ्र निर्वर्तमान (rapid manifestation)

1. Paraspara anubandha:

- Paraspara na anubadhnanti- pratikoola bhavanti- contradictory to each other
- Paraspara anubadhnanti- anukoola bhavanti- complimentary to each other.

When the nidana is against a dosha or reluctant to vitiate a dosha, then it fails to produce a disease.

Dosha and dushya anubandha is possible when there is,

- Shithilata of dushya- dushya is vulnerable to dosha due to its laxity/looseness.
- Samana gunata- of dushya with the dosha.

Likewise, opposite (paraspara na anubadhnanti) should also be understood.

2. Kala prakarshat anubandha: The time factor can be explained in three ways, as follows:

- i) When nidana etc., takes long time for anubandha, then it takes long time for manifestation. But, as soon as they establish their relation they can rapidly manifest in to a disease.
- ii) A temporary discontinuation of nidana (after nidana sevena), for a particular interval of time, followed by re consumption may lead to diseases.
- iii) Kala itself may go in favour of the (already) existing doshas to produce disease. (Doshas wait for a favourable time to produce a disease).

Viparyaya (opposite) should be understood accordingly.

3. Abaleeyamsah anubandha:

Due to limited nidana sevana, there is limited increase in doshas in turn producing limited vitiation of doshas leading to mild manifestation/ incomplete manifestation/ delayed manifestation or non manifestation of disease.

Baleeyamasah anubandha (stronger combination) should be understood as opposite of the above.

Thus, there are mainly four factors which seem responsible for the production or non production of a disease. In spite of them, there are various other factors which contribute for the same, such as presence of chatushpadas, jitatma, gender of person etc., as explained in sadhyaasadhyata and certain procedures like abhyanga, ritu charya, vyayama etc., as explained by Sushruta.⁷⁰

- व्यायाम स्विन्नगात्रस्य पद्भ्यामुद्धतितस्य च । व्याधयो नोपसर्पन्ति सिंहं क्षुद्रमृगा इव ॥

॥ सु. चि. २४/४३॥

Ultimately, it is mainly 'agni' on which everything depends, as rightly said,

-तीक्ष्णोऽग्निः सर्वापचार सहः ॥

॥ च. वि. ६/१२ ॥

A person having teekshna agni tolerates all types of apacharas.⁷¹

Also, Vagbhata quotes,

- नित्यं हिताहारविहारसेवी समीक्ष्यकारी विषयेष्वसक्तः । दाता समः सत्यपरः क्षमावान् आप्तोपसेवी च भवत्यरोगः ॥

॥ अ.ह.सू.४/३६॥

A person habitually taking hitahara, involving in hita vihara having an analytical perspective, who is not excessively attached to objects of senses, who is generous, even minded, truthfull, patient and forgiving and follows the aptas stays free from diseases(vyadhi saha).⁷²

CHAPTER 4

A REVIEW ON AMAVATA

A mavata being a disease prevailing today is given importance by laghutrayees. The main texts of ayurveda like Sushruta samhita, Charaka samhita and Ashtanga hridaya do not mention amavata as a separate disease. We can witness mentioning of amavata in charaka samhita in the context of chikitsa but without an elaboration on the matter. Madhava nidana explains amavata as a separate disease, explains nidana panchaka on the same.

Nidana and samprapti of Amavata:

- विरुद्धाहारचेष्टस्य मन्दाग्नेर्निश्चलस्य च । स्निग्धं भुक्तवतोह्यन्नं व्यायामं कुर्वतस्तथा । वायुना प्रेरितो ह्यामः श्लेष्मस्थानं प्रधावति । तेनात्यर्थं विदग्धोऽसौ धमनीः प्रतिपद्यते । वातपित्तकफैर्भूयो दूषितः सोऽन्नजो रसः । स्रोतांस्यभिष्यन्दयति नानावर्णोऽतिपिच्छिलः । जनयत्याशु दौर्बल्यं गौरवं हृदयस्य च । व्याधीनामाश्रयो ह्येष आमसंज्ञोऽतिदारुणः । युगपत्कुपितावन्तस्त्रिकसन्धिप्रवेशकौ । स्तब्धं च कुरुते गात्रमामवातः स उच्यते ॥

॥मा.नि.२५/१-५॥

- अङ्गमर्दोऽरुचिस्तृष्णा ह्यालस्यं गौरवं ज्वरः । अपाकः शूनताङ्गानामामवातस्य लक्षणम् ॥

॥मा.नि.२५/६॥

Nidaana of Amavata:

By the consumption of viruddha ahaara, viruddha cheshta (vihaara), due to mandagni, Nishchala (immobility), doing vyayama after consuming snigdha ahaara. These are the reasons for the Amavata disease. By the contribution of above mentioned causative factors, samprapti of Amavata can be explained.

Samprapti of Amavata:

Ama which is propelled/provoked by vata dosha rushes towards shleshma sthana. There getting too much of vidagdha gets propelled towards dhamani's. well influenced and affected by the vata, pitta and kapha, the anna rasa attaining different colours creates the obstruction in the srotas. Produces rapidly the daurbalya(weakness), gurutva(heavyness) in hridaya. This Ama is a shelter for multiple diseases. Getting aggravated all together (Ama, doshas) enters in to trika

sandhi and produces the stabda (stiffness) all over the body. This condition is called as Amavata.⁷³

Symptoms of Amavata:

Angamarda (bodyache) squeezing type of pain, aruchi(loss of taste), trishna(thirst), aalasya(lazyness), gaurava(heavyness), jwara(raise in temperature), apaaka(indigestion), shoonata of anga(swelling of the body parts) are the symptoms seen in Amavata.⁷⁴

Interpretation:

In the set of nidanas mentioned, we need to concentrate on the role they may play differently in the samprapti, sometimes individually, sometimes collectively.

In these nidanas mentioned some of them, acharya Madhavakara has given a general term like, 'viruddha ahara, cheshta (vihara)'. By this, we need to concentrate which are all the viruddha ahara and cheshta (vihara) contributing for Amavata? As there are many viruddha ahara and cheshta (vihara) explained which may give raise to many diseases, it is needed to understand the different food and activity related causative factors which may precipitate the Amavata disease.

Along with the ahara and vihara's, other causative factors which may act along with the viruddha ahara and vihara, like mandagni, inactivity, working after the snigdha ahara need to understand collectively and individually.

During the process of disease production, called as Samprapti also, the role of Nidana may continue as dosha increase is not the only reason for the manifestation of a disease. Hence throughout the samprapti period, the roles of nidana need to be explored. Every step of the samprapti need a backing of the Nidana otherwise, disease process or doshas may get weakened.

For the production of the above said symptoms, some may be produced by an individual nidana and some by collective participation of many nidanas. For understanding the role of those nidanas with respect to the symptoms told, we need to critically analyze these causative factors.

आमः

- ऊष्मणोऽल्पबलत्वेन धातुमाद्यमपाचितम् । दुष्टमामाऽयगतं रसमामं प्रचक्षते ॥

॥अ.सू.१३/२५ ॥

- आमामाऽयस्थः कायाग्नेर्दोर्बल्यादविपाचितः । आद्य आहारधातुर्यः स आम इति कीर्तितः ॥

- अविपक्वमसंयुक्तं दुर्गन्धं बहु पिच्छिलम् । सदनं सर्वगान्नाणामाम इत्यभिधीयते ॥
- आहारस्य रसः दोषो यो न पक्वोऽग्निलाघवात् । स मूलं सर्वरोगाणामाम इत्यभिधीयते ॥
- आममन्नरसं केचित्, केचित्तु मलसञ्चयम् । प्रथमां दोषदुष्टि च केचिदामं प्रचक्षते ॥

॥ मा. नि. २४/१-५ मधुकोष

॥

Due to the weakness of the agni, the initial dhatu ie, Rasa dhatu will remain undigested. Such undigested food material getting affected by the doshas staying in Amashaya is called as Ama.⁷⁵ The undigested and disintegrated with bad smell, more in quantity and slimy producing weakness all over the body is called as Ama. Another opinion says that, due to the laghutva of agni, rasa shesha will occur. That means, the food before leading to the rasa dhatu level, remains undigested as rasa shesha ajeerna. At this stage it is called as Ama. It is the root cause for many diseases. Other opinion says that, ama means anna rasa (which is undigested), some says it is assortment of mala (unwanted waste products) and some people say that it is the initial dosha dushti.⁷⁶

Analysis of Amavata nidana

Eventhough there are several nidanas mentioned for Amavata, we need to analyze them on the basis of certain basic principles. Questions arise out in various angles about the nidanas. This is because similar reasons have been mentioned for several diseases. Also, it is not only in the case of amavata, in almost all the diseases the causative factors look similar. How amavata nidana differ from vatarakta nidana? How it is different from any other vata vyadhi? Is amavata and other ama related conditions are different? To answer all these queries, we need to look in to the amavata nidana in collective and divulsive way. Many of the factors mentioned in amavata nidana are just a contributory not a big or major player.

विरुद्धाहारचेष्टस्य is indicating about the food habit and the activities which are against. It is against the prescribed food habit and the activities. Our acharyas have explained about the various factors need to be kept in mind while food consumption. There are timings for the food consumption, ways for its consumption, place for sitting, posture for sitting, status of food, speed with which it should be consumed etc. activities like running, jumping, walking too much beyond the prescribed limit etc.

मन्दाग्नेः indicates the status of agni necessary for the Amavata. Mandagni alone may not cause amavata but it can create a favourable environment for it. Mandagni due to any reason may lead to the formation of ama which is a fundamental factor for the disease. Ama which probably may happen in amashaya can not move away and cause any sort of obstruction on its own. It really needs a strong support or a driving force for its propulsion. Along with the mandagni, is the causative factor for the mandagni also a causative factor for amavata? Certainly it can be a reason for amavata but it can be a distant factor not an intimate one. As it can create mandagni which may or may not precipitate in to amavata. And also there are other conditions which may occur instead of mandagni. For example, excessive consumption of madya or water may cause mandagni may also cause excessive kleda in the body. In case of teekshnagni (stronger agni) where excessive consumption of water may not cause mandagni at al. hence, causative factors for mandagni need not be taken under the causative factors of amavata. Any developmental activity for any disease has got a definite design so; mandagni is a step later to excessive water consumption (its resultant) hence mandagni has been taken as it is a basic necessity for the disease.

In a condition where all these causative factors we go on adding up, every disease will end up in adharma or prajnaparadha.

निश्चलस्य च : Absence of any sort of physical movements. Earlier it has been told that excessive vyayama is a causative factor, now it is been said that being immobile also can cause amavata. This factor is for the occumulation of mala in a specific place. This can also be a reason for the cessation or leisurely digestion of food. This can provide ample opportunities for the ama production. This can increase gurutva of the body.

स्निग्धं भुक्तवतोह्यन्नं व्यायामं कुर्वतः soon after consuming the snigdha ahara, if vyayama is being performed. In this case, snigdha ahara which may consume much of a time for its digestion compared to that of any non snigdha ahara. Delaying further in its process may precipitate the ama formation. Any vigorous physical activity soon after food consumption may cause health issues. Vyayama soon after snigdha ahara may vary the normal functioning of vata and thus may interfere with the digestion process in turn leading to the ama formation easily. Such type of snigdha ahara becoming ama may be further troublesome and its picchila guna may be much more compared to other ahara becoming ama.

It is necessary for the ama to circulate and stick throughout the pathway of srotas as explained in samprapti.

This may be the reason for acharya to mention specifically about snigdha ahara and not any other conventional ahara.

We can not expect all these nidanas to be present in amavata. It can be just viruddha ahara, viruddha cheshta, mandagni, nischala or vyayama soon after snigdha ahara. We need to analyze the characteristics of nidana and samprapti for further understanding of the concept.

Characteristics and types of Viruddha:

The word meaning of viruddha is 'opposite'. In the context of bodily factors especially the health, we can understand it as incompatible.

- **अरीरधातुविरोधं कुर्वन्तीति वैरोधिकः ।** ॥ च.सू. २६/८० ॥ चक्रपाणि

One which opposes the shareera dhatu is called as viruddha. ⁷⁹ Dhatu is one among the basic factor of the body. Dhatu is one which supports the body, prevents the instability, and ensures the proper functioning of the body. Hence even doshas and malas are called as dhatus when they perform such functions. Thus, we can say that, these viruddhas prevents such functioning of the dosha and mala also.

- **यत्किञ्चित् दोषमासाव्य न निर्हरति कायतः। आहारजातं तत् सर्वमहितायोपपद्यते ॥**

॥

च.सू. २६/८५॥

The one which makes the doshas to enhance but does not expel them out is called as unwholesome food. Unwholesome food can be considered as incompatible also as they may prove to be so. ⁸⁰

- **देहधातुप्रत्यनीकभूतानि द्रव्याणि देहधातुभिर्विरोधमापद्यन्ते, परस्पर गुणविरुद्धानि कानिचित्, कानिचित् संयोगात्, संस्कारादपराणि, देहाकालमात्रादिभिश्चापराणि, तथा स्वभावादपराणि ॥**

॥ च.सू. २६/८१॥

The matters or dravyas which is contradictory to the body as well as bodily factors i.e., dhatus cause incompatibility. Such incompatibilities can be in multiple ways. ⁸¹

To be called as incompatible, we need at least two items combined together. In this context, we consider food items. At least two food items (or one is food another is a process) if combined together can prove as viruddha due to their incompatibility.

Such incompatibilities can be enlisted as below;

Table no. 4.0: Type of Viruddha

Sl.No.	Type of Viruddha
1.	Guna viruddha (incompatible in their qualities)
2.	Samyoga viruddha (incompatible in their union/combination)
3.	Samskara viruddha (incompatible in their process)
4.	Desha viruddha (incompatible according to the geographical area of usage or growth)
5.	Kala viruddha (incompatible time factor)
6.	Matra viruddha (incompatible in the quantity/dosage)
7.	Svabhava viruddha (incompatible in their nature)

- यज्ञेपि देहाकालाग्निमात्रासात्म्यानिलादिभिः। संस्कारतो वीर्यतश्च कोष्ठावस्थाक्रमैरपि ॥
परिहारोपचाराभ्यां पाकात् संयोगतोऽपि च । विरुद्धं तद्धितं हृत्संपद्धिभिश्च यत्॥

8.	Agni viruddha (incompatible for agni)
9.	Saatmya viruddha (incompatible/ against the accustomed food)
10.	Virya viruddha (incompatible with the potency)
11.	Koshta viruddha (incompatible for the internal organs)
12.	Karma viruddha (incompatible/against methodology)
13.	Parihara viruddha
14.	Upachara viruddha
15.	Paaka viruddha (incompatible for digestion)
16.	Hrit viruddha (incompatible for the hridaya)
17.	Sampat viruddha
18.	Vidhi viruddha (incompatible/against the instruction)
19.	Agni viruddha (incompatible for agni)

Some of the examples are;

- विरुद्धं देहातस्तावद्रक्षतीक्ष्णादि धन्वनि । आनूपे स्निग्धजीतादि भेषजं यन्निषेव्यते ॥ कालतोऽपि विरुद्धं यच्छीतरूक्षादिसेवनम् । जीतेकाले तथोष्णे च कटुकोष्णादिसेवनम् ॥ विरुद्धमनले तद्वदन्नपानं चतुर्विधे । मधुसर्पिः समधृतं मात्रया तद्विरुध्यते ॥ कटुकोष्णादिसात्म्यस्य स्वादुजीतादिसेवनम् । यत्तत् सात्म्यविरुद्धं तु विरुद्धं त्वनिलादिभिः ॥ ॥११॥

Consuming rooksha and teekshna in Jaangala desha, snigdha sheeta ahara in aanupa desha are desha viruddha. Taking sheeta rooksha in cold season, katu and ushna food consumption in ushna kala are kala viruddha. Against the prescribed way of four types of food if consumed it is anala (agni). Madhu and sarpi when consumed in equal quantity combined is called as matra viruddha. The person accustomed for katu ushana ahara if consumes svadu sheeta ahara is said to be satmya viruddha. The satmya viruddhas are against the tridosha.

- क्रूरकोष्ठस्य चात्यल्पं मन्दवीर्यमभेदनम् । मृदुकोष्ठस्य गुरु च भेदनीयं तथा बहु ॥ एतत् कोष्ठविरुद्धं तु विरुद्धं स्यादवस्थया । श्रमव्यवायव्यायामसक्तस्यानिलकोपनम् । निद्रालसस्यालसस्य भोजनं ऽलेष्मकोपनम् ॥ ॥ च.सू.२६/९६॥

The person with kroora koshta consumes less food, manda virya and abheda foods, person with mrudu koshta consumes guru ahara, bhedaniya ahara (which breaks the feces) and with heavy quantity are called as koshta viruddha. Shrama (tiredness) vyavaya (sexual intercourse) vyayama (physical exercise) if done together, person who is engrossed with sleep, alasa (indigestion) lazyness consumes food leads to shleshma to aggravate. These are krama, parihara, upachara, paka, hrit and vidhi viruddha.

- पायसां मन्थानुपानो विरुद्धः ऽलेष्माणं चातिकोपयति । ॥ च.सू.२६/८४॥

Consuming payasa with mantha as anupana is viruddha which will aggravate shleshma.

- षण्डान्ध्यवीसर्पदकोदराणां विस्फोटकोन्मादभगन्दराणाम् । मूर्च्छामदाध्मानगलग्रहाणां पाण्ड्वामयस्यामविषस्य चैव ॥ ॥ च.सू.२६/१०२॥

Infertility, blindness, visarpa, dakodara (jalodara), visphota, unmade, bhagandhara, murcha, mada, adhmana galagraha, pandu and Amavisha will be resulted by viruddha ahara.

Amavisha is one among the ill effects of viruddha ahara. We know that amavisha is an advanced state of ama developing the symptoms of poison.

Each type of viruddha ahara has got their own ill effect on the body through the various ways of affliction.

Consumption of snigdha, sheeta ahara in anupa desha (desha viruddha) (may increase kapha dosha), sheeta rooksha ahara in sheeta kala (may increase vata dosha) (kala viruddha), ashita, khadita ahara in mandagni (anala/agni viruddha), taking food during

indigestion while too sleepy, feeling lazy leads to shleshma kopa (vidhi viruddha), consuming payasa with mantha as anupana is a reason for shleshma to aggravate.⁸²

These are few reasons for the production of shleshma dosha to increase and supporting the formation of ama.

Alone production of shleshma or ama can not cause amavata disease as explained earlier.

AHETU:

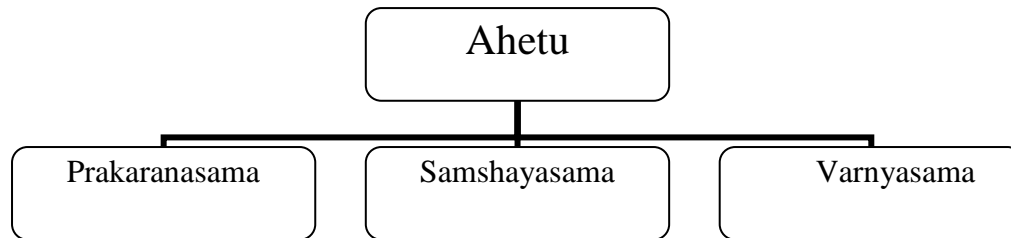
- अथाहेतुः- अहेतुर्नाम प्रकरणसमः, संज्ञायसमः, वर्ण्यसमश्चेति। तत्र प्रकरणसमो नामाहेतुर्यथा- अन्यः ज्ञीरादात्मा नित्य इति; परो ब्रूयात्- यस्मादन्यः ज्ञीरादात्मा, तस्मान्नित्यः, ज्ञीरं ह्यनित्यमतो विधर्मिणा चात्मना भवितव्यमित्येष चाहेतुः; नहि य एव पक्षः स एव हेतुरिति। संज्ञायसमो नामाहेतुर्य एव संज्ञायहेतुः स एव संज्ञायच्छेदहेतुः; यथा-अयमायुर्वेदकदेज्ञामाह, किंन्वयं चिकित्सकः स्यान्न वेति संज्ञाये परो ब्रूयात्-यस्मादयमायुर्वेदकदेज्ञामाह तस्माच्चिकित्सकोऽयमिति, न च संज्ञायच्छेदहेतुं विशेषयति, एष चाहेतुः; न हि य एव संज्ञायहेतुः, स एव संज्ञायच्छेदहेतुर्भवति । वर्ण्यसमो नामाहेतुः- यो हेतुर्वर्ण्यविशिष्टः; यथा- कश्चिद्ब्रूयात्- अस्पर्जत्वाद्बुद्धिरनित्या ज्ञाब्दवदिति; अत्र वर्ण्यः ज्ञाब्दो बुद्धिरपि वर्ण्यः, तदुभयवर्ण्यविशिष्टत्वाद्बुद्धिर्वर्ण्यसमोऽप्यहेतुः॥

॥च.वि.८/५७॥

Ahetu are three typed. They are,

1. Prakaranasama,
2. Samshayasama and
3. Varnyasama

Chart no. 4.1: Ahetu bheda



Prakaranasama ahetu means, if one says that atma is nitya because it is different from shareera which is anitya. Here, paksha is to prove that atma is nitya but shareera being anitya and is different from atma doesnot justify the nityatva of atma. Shareera can not be hetu and paksha both.

Samshayasama ahetu means the matter in question is inturn used to prove the same. If any one says, “he is quoting few lines from Ayurveda, does he really know chikitsa?”

For that, the answer is, “as he is quoting few lines from Ayurveda, he knows chikitsa”.

Varnyasama ahetu means, trying to explain the matter which are not suitable for explanation. If someone says, “buddhi is not perceivable by tactile sensation, it is anitya just like shabda.” Here, shabda itself need to be proved about its anityatva, taking that as a comparison to prove anityatva of buddhi would not justify.⁸³

चक्रः—

- अहेतुः असाधकहेतुरित्यर्थः। प्रक्रियते साध्यत्वेनाधिक्रियत इति व्युत्पत्त्या प्रकरणं पक्षः, तेन समः प्रकरणसमः। अन्यः शरीरादात्मा नित्य इति प्रतिज्ञायां शरीरादन्यत्वं नित्यत्वं चात्मनः साध्यम्। अतो विधर्मिणेति शरीरादनित्यआद्धिर्मिणा नित्येनेत्यर्थः । य एव पक्ष इत्यनेनान्यत्वं च शरीरादात्मनो न सिद्धमिति दर्शयति, सति हि नित्यत्वे चेतनाधारस्य शरीरादन्यत्वमपि सिध्यति; चार्वाकपक्षे तु शरीरमेव चेतनमनित्यं चेति तं प्रत्युभयमपि साध्यं; न च साध्यं साधनं भवति, असिद्धत्वादिति भावः। अयमायुर्वेदैकदेऽमाहेति आयुर्वेदैकदेऽभिधानं चिकित्सकाचिकित्सकगमकत्वेन संशयहेतुः, एकदेऽकथनं हि शास्त्रानभ्यासेऽपि कुतश्चिच्छ्रवणादपि भवतीति भावः। न संशयच्छेदहेतुं विशेषयतीति न संशयच्छेदहेतुं विशिष्टं दर्शयतीत्यर्थः। एष चाहेतुरिति यथोक्तो हेतुरहेतुः संशयोच्छेदे इत्यर्थः। वर्ण्येन साध्येन दृष्टान्तोऽप्यसिद्धत्वेन सम इति वर्ण्यसमः। वर्ण्यः शब्द इति अस्पर्शत्वयोगादनित्यत्वेन शब्दोऽपि साध्यः, न च साध्यो दृष्टान्तो भवति। उभयवर्ण्याविशिष्टत्वादिति उभयत्र वर्ण्ये दृष्टान्ते च वर्ण्यस्य साध्यस्य साध्यत्वेनाविशिष्टत्वादित्यर्थः॥

॥ च. वि. ८/५७ चक्रः॥

Ahetu is one which can not prove sadhya and which has no relation with sadhya. Prakarana means under which sadhya, it is explained. In the present context, it is paksha. Having similarity with the same is called as Prakaranasama.

Here is the opinion that as atma is different from anitya shareera, hence it is nitya. The one which is sadhya itself is hetu which is not possible. Based on this paksha, nityatva of atma cannot be proved. If it is considered as atma is nitya based on chetanatva (being alert, active), nityatva can thus be accepted and dissimilarity of shareera as well. Charvaka says that, shareera itself is chetana and anitya. Thus, it is impossible to prove that sadhya and sadhana are same.

The limited information about Ayurveda is the reason to differentiate the chikitsaka and achikitsaka. Both are tried to be proved using the same reason. This is samshayasama ahetu. This can happen due to incomplete studies of Ayurveda.

In Varnyasama ahetu, there is no mentioning of any special hetu to prove sadhya. The simile given is yet to be proved and thus can not be taken as testimony to prove other. Both buddhi and shabda are sadhya only not sadhana. And when quoted as hetu, both are samanya hetu only, not vishesha.⁸⁴

CHAPTER 5

MATERIALS AND METHODS

This part of the work deals with the materials and methods of the research work carried out in the study.

Materials:

1. Literary study and 2. Observational study

Collection of materials:

Literary study: References from various Ayurvedic classics, other ancient texts were collected and analyzed.

Literary references were collected from the following texts and other sources;

- Charaka samhita with its reputed commentaries
- Sushruta samhita with its reputed commentaries
- Ashtanga hridaya with its reputed commentary
- Ashtanga sangraha with its reputed commentary
- Madhava nidana with its reputed commentary
- Sharangadhara samhita with its reputed commentary
- Bharatiya darshana
- Sarvadarshana sangraha
- Nyaya-vaisheshika by Rashtriya Sanskrit Sansthan
- Padartha tatva nirnayaha by Rashtriya Sanskrit Sansthan
- Brihat dhatu kusumakara
- Tarka sangraha
- Text book of Padartha vijnana by Dr. Heeralal shivahare

- The Shabda kalpa druma
- A Sanskrit- English dictionary by Sir Monier Williams
- Amarakosha
- Ayurvediya moulika siddhanta by Dr. V.J.Thaker
- Ayurvediya shabda kosha
- Vedanta samvatsara by Mahamahopadhyaya Vidvan K.G. Subraya sharma.
- Nidana lakshanayoho sambandha by Gujarat Ayurveda University, Jamnagar
- Laghu siddhnata kaumudi
- Sobodha samskruta vyakarana by Sri D.N.Shanbhag
- Pramana paddati by Poorna prajna samshodhana mandira
- Shaankara siddhanta by Mahamahopadhyaya Vidvan K.G. Subraya sharma.
- Websites
- Retrospective studies

Sources of data:

- Library, Sri Sri College of Ayurvedic Science and Research, Bengaluru.
- Library, Tilak Maharashtra Vidyapeeth,Pune.
- Library, Government Maharani Sanskrit College, Mysuru.
- Personal library (collections) of Mahamahopadhyaya Vidvan K.G. Subraya sharma, Bengaluru.
- Library / publication division of Poorna prajna samshodhana mandira, Bengaluru.
- Library / publication division of Rajiv Gandhi Sanskrit Mahavidyalaya, Shringeri, Karnataka.

Observational study: Diagnosed cases of Amavata of either sex were collected for the study. A detailed proforma was prepared considering different reasons pertaining to Amavata in Ayurvedic classics for the assessment.

Methodology:

AIM:

1. To study the relation between nidana and lakshana with special reference to Amavata.

OBJECTIVE:

1. To study the correlation between nidana and lakshana.

Type of Study:

- * Literary study
- * Observational study.

Literary study: Literary study was conducted by collection of various data from classical texts of Ayurveda, darshanas, grammer and translations. The data was applied with various grammatical applications to understand the depth of the meaning from its root. Data were analyzed applying tantrayukti, arthashrayas.

Observational study: Observational study was conducted by collection of various diagnosed cases of Amavata from different OPD's and IPD's of SSCASR Hospital, Bengaluru. Data thus collected was analyzed with the nidanas mentioned for Amavata in correlation with the symptoms produced.

Research Design:

The present study was a *retrospective cross sectional study*. Diagnosed cases of Amavata of either sex were collected for the study between the age group of 20 to 50 years by a non randomized method. The causative factors in each case were collected and compared with the symptom produced.

Source of data:

The patients form OPD and IPD of Sri Sri College of Ayurvedic Science and Research, Bengaluru were collected for the study.

Method of collection of data:

The diagnosed cases of Amavata were taken by cross sectional random method of either sex between the age group 20-50 years.

The data were collected in a detailed Case Record Form (CRF) prepared for the study.

Inclusion Criteria

1. Patients with classical signs and symptoms of Amavata, including all types of joint inflammatory disorders.
2. Both sexes.
3. Age group: 20- 50 yrs.

Exclusion Criteria

- 1) Cases involving other systemic disorders.
- 2) Age - less than 20 years and above 50 years.

Sample size - Minimum of 350 patients.

Sampling method: Cross sectional simple random method.

Parameters

Subjective –

1. Classical signs and symptoms of Amavata.
2. Reasons for Amavata.

Table no. 5.0: Classical signs and symptoms of Amavata

Sl.No	Signs and Symptoms	Present	Absent
1	Weakness		
2	Heaviness in the chest		
3	Stiffness of the body		
4	Body ache		
5	Tastelessness		
6	Excessive thirst		
7	Lethargy		
8	Heaviness all over the body		
9	Fever		
10	Indigestion		
11	Swelling in the body parts		

Table no. 5.1: Reasons for Amavata

Sl. No	Nidana	Present	Absent
1.	Viruddha ahara/ Incompatible food		
2.	Viruddha cheshta / Improper activities		
3.	Mandagni/ Reduced digestive capacity		
4.	Nishchala/ Sedentary life style		
5.	Vyayama after snigdha ahara		

Observations:

The observations made were classified according to the frequency of the reasons involved, development of the pathogenesis according to the classical texts and the symptoms developed.

Statistical analysis:

Following descriptive and inferential statistics were employed in the present study.

Descriptive statistics

The Descriptive procedure displays univariate summary statistics for several variables in a single table and calculates standardized values (z scores). Variables can be ordered by the size of their means (in ascending or descending order), alphabetically, or by the order in which the researcher specifies.

Following are the descriptive statistics employed-

Mean, S.D, frequency and percentage

Inferential statistics**Cramer's V Test (Cross tabulations)**

The Crosstabs procedure forms two-way and multiway tables and provides a variety of tests and measures of association for two-way tables. The structure of the table and whether categories are ordered determine what test or measure to use. Cramer's V test was employed in the present study.

Cramer's V is a measure of association between two nominal variables, giving a value between 0 and +1 (inclusive). It is based on Pearson's chi-squared statistic. In the present study Cramer's V test was applied to find out the association between grades and duration for various parameters selected.

Chi-square test

The Chi-Square Test procedure tabulates a variable into categories and computes a chi-square statistic. This goodness-of-fit test compares the observed and expected frequencies in each category to test either that all categories contain the same proportion of values or that each category contains a user-specified proportion of values.

All the statistical methods were carried out through the SPSS for Windows (version 23.0).

Chapter 6 OBSERVATION

A total of 362 cases diagnosed with classical signs and symptoms of Amavata have been taken in to study and observed for various nidana found among them. There are general information collected along with nidana and lakshana based on Case Record Proforma (CRF) specially prepared for the purpose. The selection of sample was cross sectional and study was retrospective. The selected sample was distributed based on various factors and analyzed as below.

Table no 6.1: Distribution of the selected sample by age groups and gender and results of test statistics

Age groups (in years)		Gender		Total
		Male	Female	
<30	Frequency	30	31	61
	Percent	21.3%	14.0%	16.9%
31-40	Frequency	43	65	108
	Percent	30.5%	29.4%	29.8%
41-50	Frequency	68	125	193
	Percent	48.2%	56.6%	53.3%
Total	Frequency	141	221	362
	Percent	100.0%	100.0%	100.0%
Test statistics	Cramer's V= .103; p=.147			

On the whole the researcher had selected a total of 362 samples for the study. Gender wise comparison revealed that 141 were male patients and remaining 221 of them were female patients. Of them, majority were in the age group of 41-50 Years (53.3%), followed by 31-40 years (29.8%) and 16.9% of them were in the age group of <30 years. Further, Cramer's V revealed a non-significant association between age groups and gender (CV=.103; p=.147), indicating that pattern of distribution of male and female patients in different age groups was same. The mean age of the total sample was 40.75 ± 8.65 (20-51y) years, for male patients 39.51 ± 8.96 (21-51y) and for female patients mean age was 41.53 ± 8.36 years (20-50y).

Table no 6.2: Frequency- Distribution of the selected sample by Koshta and test statistics

Koshta			
Koshta	Frequency	Percent	Test statistics
Mrudu	100	27.6	$X^2=246.331$; p=.001
Madhya	205	56.6	
Kroora	57	15.8	
Total	362	100.0	

Total 362 cases were taken for assessing koshta, madhya which is a kapha pradhana koshta with 205 cases contributes highest (56.6%) for getting amavata. Mrudu koshta were 100 cases contribute 27.6%, kroora koshta were 57 cases which contributed 15.2%. Chi square test (246.331) revealed a highly significant (.001) difference between Madhya koshta and amavata compared to other types of koshta.

Table no 6.3: Frequency- Distribution of the selected sample by Agni and test statistics

Agni			
Agni	Frequency	Percent	Test statistics
Sama	46	12.7	$X^2=265.293$; p=.001
Vishama	73	20.2	
Manda	221	61.0	
Teekshna	22	6.1	
Total	362	100.0	

Based on agni, it is been observed that 221 persons were having mandagni (61%) followed by Vishamagni with 73 people who contributed for 20.2%, then 46 people with samagni (12.7%) and 22 cases of teekshnagni (6.1%). Chi-Square test (265.293) revealed the highly significant difference (.001) between mandagni and amavata compared to other types of agni.

Table no 6.4: Frequency- Distribution of the selected sample by consumption of Coffee/ Tea and test statistics.

Coffee/Tea			
	Frequency	Percent	Test statistics
None	86	23.8	$X^2=99.724$ p= .001
Coffee/tea	276	76.2	
Total	362	100.0	

Among 362 cases, 276 people were the consumers of either coffee or tea contributing 76.2% and 86 people were non consumers of either coffee or tea with 23.8%. Chi-

Square test (99.724) suggests a highly significant (.001) difference between consumers of coffee or tea and onset of amavata with that of non consumers of coffee/tea.

Table no 6.5: Frequency- Distribution of the selected sample by Consumers of Tobacco, Consumers of Alcohol and Habit-Others with test statistics.

Category		Present	Absent	Test statistics
Consumers of Tobacco	F	20	342	$X^2 = 286.420$ p= .001
	%	5.5	94.5	
Consumers of Alcohol	F	9	353	$X^2 = 326.895$ p=.001
	%	2.5	97.5	
Habit-Others	F	15	347	$X^2 = 304.486$ p=.001
	%	4.1	95.9	

F= Frequency, %= Percentage

Among 362 cases, 342 cases were non consumers of tobacco (94.5%) and remaining 20 cases were consumers of tobacco (5.5%). Chi-Square test (286.420) revealed a highly significant (.001) difference between non- consumers of tobacco and amavata with that of consumers of tobacco.

Among 362 cases taken, total of 353 cases were non consumers of alcohol (97.5%) and remaining 9 cases were the consumers of alcohol (2.5%). Chi-Square test (326.895) revealed that there is a highly significant (.001) difference among non consumers of alcohol and amavata with that of consumers of alcohol.

Other habits involved eating excess salt, eating gluten, eating too fast, taking snacks repeatedly etc which were not seen in the cases taken. Around 347 cases showed no such habit (95.9%) and the ones who had any of such habits were only 15 cases (4.1%). Chi-Square test (304.486) revealed that there is a highly significant (.001) difference between cases with no such habits and amavata with that of persons with other habits.

Table no 6.6: Frequency- Distribution of the selected sample by Diet and test statistics.

Diet			
	Frequency	Percent	Test statistics
Vegetarian	183	50.6	$X^2 = .044$ p= .833
Mixed	179	49.4	

Among the 362 cases taken, 183 cases were only vegetarians (53.6%) and the one who had mixed diet (both vegetarian and non-vegetarian) were 179 (49.4%). Chi-

Square test (.044) revealed that there is non-significant (.833) difference between diet and amavata. Either vegetarian or mixed (vegetarian and non-vegetarian) diet has no significant relation with amavata.

Table no 6.7: Frequency Table- Distribution of the selected sample by Rasa and test statistics.

Combination of Rasa	Frequency	Percent
M	88	24.3
A	1	0.3
MA	8	2.2
ML	4	1.1
MK	8	2.2
MKs	1	0.3
AL	6	1.7
AK	3	0.8
LK	16	4.4
TKs	1	0.3
MAL	47	13.0
MAK	9	2.5
MLK	29	8.0
MKT	1	0.3
ALK	48	13.3
AKT	1	0.3
LKKs	1	0.3
LKT	6	1.7
KTKs	1	0.3
MALK	37	10.2
MAKT	1	0.3
MLKT	2	0.6
MKTKs	1	0.3
ALKT	26	7.2
ALKKs	1	0.3
ALTKs	1	0.3
MALKT	7	1.9
MALKKs	1	0.3
ALKTKs	5	1.4
MALKTKs	1	0.3
Total	362	100.0
Test statistics	X² =947.061; p= .001	

M- Madhura, A-Amla, L- Lavana, K-Katu, T-Tikta and Ks-Kashaya

Among 362 cases taken, the dominance of rasa consumed by them was assessed. Major share of 88 cases was taken up by madhura rasa with 24.3% followed by Amla, lavana and katu rasa consumers with 48 cases compounding upto 13.3% then by consumers of madhura, amla and lavana with 47 cases compounding up to 13%. This is followed by the consumers of madhura, amla, lavana and katu rasa with 37 cases leading to 10.2% , then by the consumers of madhura, lavana and katu rasa with 29 cases contributing 8% of total cases taken. This is followed by the consumers of amla, lavana, katu and tikta rasa with 26 cases sharing 7.2% of total cases then by the consumers of lavana and katu rasa with 16 cases sharing 4.4% of total cases. Remaining consumers have varied consumptions of rasa. Chi-Square test (947.061) revealed that there is a highly significant (.001) difference between madhura rasa and amavata compared to other types of rasa. It can also be observed that there are only one case each with that of amla rasa, and other combination of rasas which are also highly significant for not leading to amavata compared with that of other rasas and their combinations.

Table no 6.8: Frequency Table- Distribution of the selected sample by Guna and test statistics.

Guna			
Category	Frequency	Percent	Test statistics
Guru	308	85.1	X² =178.221 p= .001
Laghu	54	14.9	

Total of 308 cases were found to be having guru guna in their ahara with 85.1% and the ones who were the consumers of food with laghu guna were 54 with 14.9%. Chi-Square test (178.221) revealed a highly significant difference (.001) between guru guna and amavata with that of laghu guna.

Table no 6.9: Frequency Table- Distribution of the selected sample by Nature of work, Working environment and working hours with test statistics.

Category		Frequency	Percent	Test statistics
Nature of work	Sedentary	226	62.4	X² =22.376 p= .001
	Hectic	136	37.6	
Working environment	House hold	192	53.0	X² =1.337 p= .248
	Stressful	170	47.0	
Working hours	6-8 hours	265	73.2	X² =262.945

	8-10 hours	64	17.7	p= .001
	10-12 hours	33	9.1	

About the nature of work, the cases who had sedentary nature of work were 226 with 62.4% and the ones who had hectic nature of work were 136 with 37.6%. Chi-Square test (22.376) indicated that there is a highly significant (.001) difference between sedentary nature of work and amavata compared to hectic nature of work.

With respect to the working environment, among 362 cases taken, 192 cases had household environment for work sharing 53% followed by 170 cases of stressful working environment sharing 47% of total cases. Chi-Square test (1.337) revealed that there is a non-significant difference (.248) between working environment and amavata.

The distribution of selected sample based on number of working hours indicated that 265 cases were working for 6 to 8 hours per day contributing 73.2%, followed by 64 people working for 8-10 hours per day contributing 17.7% and 33 people were working for 10-12 hours per day contributing 9.1%. Chi square test (262.945) revealed that there is a highly significant difference (p= .001) between working hours of 6-8 hours and amavata with that of 8-10 hours and 10-12 hours of working.

Table no 6.10: Frequency Table- Distribution of the selected sample by Gastro-intestinal system and test statistics.

Gastro Intestinal System			
Category	Frequency	Percent	Test statistics
Normal	164	45.3	$\chi^2 = 3.193$ p=.074
Abnormal	198	54.7	

Distribution of 362 cases taken based on gastro intestinal system showed that 198 cases reported abnormal functioning of the system (54.7%) followed by 164 cases who reported normal functioning of the system (45.3%). Chi square test (3.193) suggested that there is a non-significant (p- .074) difference between normal and abnormal functioning of gastro intestinal system and amavata.

Table no 6.11: Frequency Table- Distribution of the selected sample by LMS 1, LMS 2, LMS 3 and LMS 4 and test statistics.

Loco motor System (LMS)					
			Frequency	Percent	Test statistics
LMS 1	Category	Pain in joints: Single	30	8.3	$X^2=104.19$ $p=.001$
		Pain in joints: Multiple	177	48.9	
		Pain in joints: Absent	155	42.8	
LMS 2	Category	Sounds while locomotion: Present	103	28.5	$X^2=171.287$ $p=.001$
		Sounds while locomotion: Absent	259	71.5	
LMS 3	Category	Inflammation: Mild	131	36.2	$X^2=309.536$ $p=.001$
		Inflammation: Moderate	18	5.0	
		Inflammation: Severe	5	1.4	
		Inflammation: Absent	208	57.5	
LMS 4	Category	Temperature: Mild	126	34.8	$X^2=295.569$ $p=.001$
		Temperature: Moderate	28	7.7	
		Temperature: High	1	0.3	
		Temperature: Absent	207	57.2	

Distribution of 362 selected samples by loco motor system (for pain) showed that 177 cases complained of pain in multiple joints (48.9%) followed by 155 cases who said to have no pain in joints (42.8%) and 30 cases who complained of pain in single joint (8.3%). Chi square test (104.193) indicated that there is a highly significant difference ($p=.001$) between pain in single joints and amavata compared to that of pain in multiple joints and absence of pain. This indicates there is a less chance of getting pain in single joint in amavata.

Distribution of 362 selected samples based on loco motor system 2 (Sounds while locomotion) suggested that 259 cases had experienced no pain while locomotion (71.5%) followed by 103 cases who complained of sounds whole locomotion (28.5%). Chi square test (104.193) revealed that there is a highly significant difference ($p=.001$) between absence of sounds while locomotion and amavata compared with presence of sounds during locomotion.

Among 362 cases taken and distributed based on loco motor system 3 (Inflammation), 208 cases said to have no inflammation over body (57.5%) followed by 131 cases who complained to have mild inflammation (36.2%), 18 cases who complained to

have moderate inflammation (5%) and 5 cases who complained to have severe inflammation (1.4%). Chi square test (309.536) revealed that there is a highly significant difference (p=.001) between absence of inflammation and amavata compared to presence of inflammation.

Distribution of 362 selected samples based on locomotor system 4 (temperature), 207 cases reported to have no temperature (57.2%) followed by 126 cases who complained to have mild temperature (34.8%), 28 cases who complained of moderate temperature (7.7%) and only one case who complained of high temperature (0.3%). Chi-Square test (295.569) revealed that there is a highly significant difference (p=.001) between absence of temperature and amavata compared to the presence of temperature.

Table no 6.12: Frequency Table- Distribution of the selected sample by Nadi and test statistics.

Nadi			
Dosha	Frequency	Percent	Test statistics
Vataja	68	18.8	X ² = 279.331 p= .001
Pittaja	27	7.5	
Kaphaja	36	9.9	
Vata-Pittaja	152	42.0	
Pitta-Kaphaja	56	15.5	
Vata-Kaphaja	23	6.4	

Among 362 cases taken, 152 cases were found to have vata-pittaja nadi (42%) followed by 68 cases of vataja nadi (18.8%), 56 cases of pitta-kaphaja nadi (15.5%), 36 cases of kaphaja nadi (9.9%), 27 cases of pittaja nadi (7.5%) and 23 cases of vata-kaphaja nadi (6.4%). Chi square test (279.331) suggested that there is a significant difference (p-.001) between vata-pittaja nadi and amavata compared with other types of nadi.

Table no 6.13: Frequency Table- Distribution of the selected sample by mala, mutra and sparsha with test statistics.

Category		Prakruta	Vikruta	Test statistics
Mala	F	361	1	X ² =358.011 p=.001
	%	99.7	0.3	
Mutra	F	361	1	X ² =358.011 p=.001
	%	99.7	0.3	
Sparsha	F	274	88	X ² =95.569 p=.001
	%	75.7	24.3	

Among the 362 cases distributed based on mala, 361 cases said to have had prakruta mala (99.7%) and only one case complained of vikruta mala (0.3%). Chi-Square test (358.011) revealed that there is a highly significant difference ($p=.001$) between mala being prakruta and amavata with that of mala being vikruta.

Among 362 cases taken, 361 people had prakruta mutra (99.7%) and only one case reported to have vikruta mutra (0.3%). Chi square test (358.011) indicated there is a highly significant difference ($p= .001$) between mutra being prakruta and amavata with that of mutra being vikruta.

Distribution of 362 selected samples based on sparsha indicated that there were 274 cases of prakruta sparsha contributing 75.7% followed by 88 cases of vikruta sparsha contributing 24.3%. Chi square test (95.569) indicated there is a highly significant difference ($p=.001$) between sparsha being prakruta and amavata with that of sparsha being vikruta.

Table no 6.14: Frequency Table- Distribution of the selected sample by Jihwa and test statistics.

Jihwa			
Category	Frequency	Percent	Test statistics
Alipta	109	30.1	$X^2 =57.282$ $p=.001$
Lipta	253	69.9	

Distribution of selected 362 cases based on jihwa, 253 cases reported to have had lipta jihwa (69.9%) and remaining 109 cases reported to have had alipta jihwa (30.1%). Chi-Square test (57.282) revealed that there is a highly significant difference ($p=.001$) between tongue being coated and amavata with that of tongue being non-coated.

Table no 6.15: Frequency Table- Distribution of the selected sample by Prakruti and test statistics.

Prakruti			
Dosha	Frequency	Percent	Test statistics
Vataja	66	18.2	$X^2 =469.602$ $p= .001$
Pittaja	18	5.0	
Vata-Pittaja	160	44.2	
Pitta-Kaphaja	103	28.5	
Kapha-Vataja	15	4.1	

The selected 362 cases were distributed based on the prakruti and analyzed. It was found that 160 cases had vata-pitta prakruti contributing 44.2% followed by 103 cases with pitta-kapha prakruti contributing 28.5%, 66 cases of vata prakruti contributing 18.2%, 18 cases with pitta prakruti contributing 5% and 15 cases of kapha-vata prakruti contributing 4.1%. Chi-square test (469.602) revealed that there is a highly significant difference ($p=.001$) between vata-pitta prakruti and amavata compared to that of other types of prakruti.

Table no 6.16: Frequency Table- Distribution of the selected sample by Vikruti 1, Vikruti 2 and Vikruti 3 with test statistics.

Vikruti					
			Frequency	Percent	Test statistics
Vikruti 1 (Dosha)	Category	Vata-Pitta	7	1.9	$X^2 = 647.923$ $p = .001$
		Vata	297	82.0	
		Vata-Kapha	56	15.5	
		Vata-Pitta and Kapha	2	0.6	
Vikruti 2 (Dhatu)	Category	Asthi	53	14.6	$X^2 = 710.486$ $p = .001$
		Rasa	307	84.8	
		Asthi and Rasa	2	0.6	
Vikruti 3 (Mala)	Category	Pureesha	11	3.0	$X^2 = 654.204$ $p = .001$
		Sweda	350	96.7	
		Pureesha and Sweda	1	.3	

Distribution of selected 362 cases, it has been observed that 297 cases were found to have vata as dosha contributing 82% followed by 56 cases of vata-kapha dosha contributing 15.5%, 7 cases of vata-pitta dosha contributing 1.9% and 2 cases contributing 0.6%. Chi-square test (647.923) revealed that there is a highly significant difference ($p=.001$) between vata dosha and amavata compared to other doshas and their combinations.

Among 362 cases taken and distributed based on vikruti 2 (dhatu), it has been observed that 307 cases had rasa as vikruta contributing 84.8% followed by 53 cases of asthi being vikruta (dhatu) contributing 14.6%. Chi-square test (710.486) revealed that there is a highly significant difference ($p=.001$) between rasa as dhatu and amavata compared with other types of dhatu.

Distribution of selected 362 cases based on vikruti 3 suggested that 350 cases had sweda as vikruta mala with 96.7% and 11 cases of pureesha as vikruta mala with 3%.

Chi square test (654.204) revealed that there is a highly significant relation ($p=.001$) between sweda as vikruta mala and amavata compared with other types of mala.

Table no 6.17: Frequency Table- Distribution of the selected sample by Ahara shakti- 1, ahara shakti -2 and Vyayama shakti with test statistics.

Ahara shakti					
		Avara	Madhyama	Pravara	Test statistics
Ahara shakti-1	F	185	165	12	$X^2 = 148.448$ $p = .001$
	%	51.1	45.6	3.3	
Ahara shakti- 2	F	206	150	6	$X^2 = 176.442$ $p = .001$
	%	56.9	41.4	1.7	
Vyayama shakti	F	154	191	17	$X^2 = 139.265$ $p = .001$
	%	42.5	52.8	4.7	

F= Frequency, %= Percentage

Distribution of 362 selected cases based on ahara shakti-1 (abhyavaharana shakti) suggested that 185 cases had avara contributing 51.1% followed by 165 cases of madhyama abhyavaharana shakti contributing 45.6% and 12 cases of pravara abhyavaharana shakti contributing 3.3%. Chi-square test (148.448) revealed that there is a highly significant ($p=.001$) difference between avara abhyavaharana shakti and amavata compared with pravara and madhyama abhyavaharana shakti.

Distribution of 362 selected cases based on ahara shakti-2 (jarana shakti) suggested that 206 cases had avara contributing 56.9% followed by 150 cases of madhyama abhyavaharana shakti contributing 41.4% and 6 cases of pravara abhyavaharana shakti contributing 1.7%. Chi-square test (176.442) revealed that there is a highly significant ($p=.001$) difference between avara jarana shakti and amavata with that of pravara and madhyama jarana shakti.

Distribution of 362 selected cases based on Vyayama shakti suggested that 191 cases had madhyama vyayama shakti contributing 52.8% followed by 154 cases of avara vyayama shakti contributing 42.5% and 17 cases of pravara vyayama shakti contributing 4.7%. Chi-square test (139.265) revealed that there is a highly significant ($p=.001$) difference between madhyama vyayama shakti and amavata compared with pravara and avara vyayama shakti.

Table no 6.18: Frequency - Distribution of the selected sample by Dosha and dushya with test statistics.

Dosha and dushya				
	Category	Frequency	Percentage	Test statistics
Dosha	Vata	291	80.4	$X^2 = 619.282$ $p = .001$
	Vata-Kapha	64	17.7	
	Vata-Pitta	5	1.4	
	Vata-Pitta and Kapha	2	0.6	
Dushya	Asthi	45	12.4	$X^2 = 697.011$ $p = .001$
	Rasa	87	24.0	
	Rasa, Sweda	212	58.6	
	Rasa, Asthi	16	4.4	
	Asthi, Rasa, Sweda	1	.3	
	Rasa, Rakta	1	.3	

Distribution of 362 cases based on dosha suggested that there were 291 cases of vata as pradhana dosha contributing 80.4% followed by 64 cases of vata and kapha dosha contributing 17.7%, 5 cases of vata-pitta dosha contributing 1.4% and 2 cases of vata-pitta and kapha (tridosha) contributing 0.6%. Chi-square test (619.282) revealed that there is a highly significant ($p = .001$) difference between vata dosha and amavata compared to that of other doshas.

Distribution of 362 cases based on dushya suggested that there were 212 cases of rasa and sweda as pradhana dushya contributing 58.6% followed by 87 cases of rasa alone contributing 24%, 45 cases of asthi contributing 12.4%, 16 cases of rasa and asthi both contributing 4.4% and 1-1 cases each of Asthi-rasa-sweda and rasa-rakta contributing 0.3% each. Chi-square test (697.011) revealed that there is a highly significant ($p = .001$) difference between rasa and sweda and amavata compared to that of other dushyas.

Table no 6.19: Frequency - Distribution of the selected sample by Srotas and test statistics.

Srotas			
Srotas	Frequency	Percent	Test statistics
Asthivaha	52	14.4	$X^2 = 914.127$ $p = .001$
Rasavaha	52	14.4	
Rasa and Swedavaha	246	68.0	
Rasa and Asthivaha	8	2.2	
Swedavaha	2	0.6	
Rasa, Pureeshavaha and Swedavaha	1	0.3	
Rasavaha and Raktavaha	1	0.3	

Distribution of 362 selected samples revealed that 246 cases had the involvement of rasavaha and swedavaha srotas (both) contributing 68% followed by 52 cases each by asthivaha and rasavaha (alone) contributing 14.4% each. This is followed by 8 cases of rasavaha and asthivaha (both) contributing 2.2%, 2 cases of swedavaha srotas contributing 0.6% and 1-1 case each by rasavaha, pureeshavaha and swedavaha (all the three together) and rasavaha, raktavaha srotas (both) contributing 0.3% each. Chi square test (914.127) revealed that there is a highly significant difference ($p=.001$) between Rasavaha and Swedavaha srotas together being involved with amavata compared to that of other srotas. We can also observe that there were only one case each for rasavaha, pureeshavaha and swedavaha srotas together and rasavaha and raktavaha srotas together, showing highly significant for being least involved in amavata.

Table no 6.20: Frequency - Distribution of the selected sample by Dusti prakara and test statistics.

Dustiprakara			
Category	Frequency	Percent	Test statistics
Atipravrutti	12	3.3	$X^2 = 315.591$ $p=.001$
Sanga	350	96.7	

Total 362 selected cases were distributed based on the type of srotodushti suggested that 350 cases had sanga as srotodushti lakshana contributing 96.7% followed by 12 cases of atipravrutti as srotodushti lakshana contributing 3.3%. Chi-square test (315.591) revealed that there is a highly significant difference ($p=.001$) between sanga as srotodushti with amavata compared to atipravrutti.

Table no 6.21: Frequency Table- Distribution of the selected sample by Rogamarga and test statistics.

Rogamarga			
Category	Frequency	Percent	Test statistics
Abhyantara	76	21.0	$X^2 = 526.552$ $p= .000$
Madhyama	273	75.4	
Bahya and Madhyama	3	0.8	
Abhyantara and Madhyama	10	2.8	

Distribution of selected 362 cases based on rogamarga suggested that there were 273 cases of madhyama rogamarga being involved in amavata contributing 75.4% followed by 76 cases of abhyantara rogamarga contributing 21%, 10 cases of both

abhyantara and madhyama rogamarga contributing 2.8% and 3 cases of both bahya and madhyama rogamarga contributing 0.8%. Chi-square test (526.552) revealed that there was a highly significant difference ($p=.000$) between madhyama roga marga being involved in amavata compared to that of abhyantara and bahya roga marga and their combinations.

Table no 6.22: Frequency Table- Distribution of the selected sample by Utpattisthana and test statistics.

Utpattisthana			
Category	Frequency	Percent	Test statistics
Amashaya	343	94.8	$X^2 = 289.989$ $p=.001$
Pakwashaya	19	5.2	

Distribution of selected 362 cases based on utpattisthana suggested that total of 343 cases had amashaya as utpattisthana contributing 94.8% and a sum of 19 cases had pakwashaya as the utpattisthana contributing 5.2%. Chi-square test (289.989) revealed that there is a highly significant ($p=.001$) difference between amashaya as utpattisthana and amavata compared with pakwashaya.

Table no. 6.23: Frequency Table- Distribution of the selected sample by Vyakthastahana and test statistics.

Vyakthastahana		
Category	Frequency	Percent
Sarvanga	362	100.0

All the cases were found to have sarvanga as vyaktasthana.

Table no 6.24: Frequency Table- Distribution of the selected sample by Ama, adhishtana and Vyadhi vinishchaya with test statistics

Ama, adhishtana and Vyadhi vinishchaya				
	Category	Frequency	Percentage	Test statistics
Ama	Saama	347	95.9	$X^2 = 304.486$ $p=.000$
	Niraama	15	4.1	
Adhishtana	Sarvanga	350	96.7	$X^2 = 315.591$ $p=.000$
	Ekanga	12	3.3	
Vyadhi vinishchaya	Amavata	350	96.7	$X^2 = 315.591$ $p=.000$
	Other joint inflammatory disorders	12	3.3	

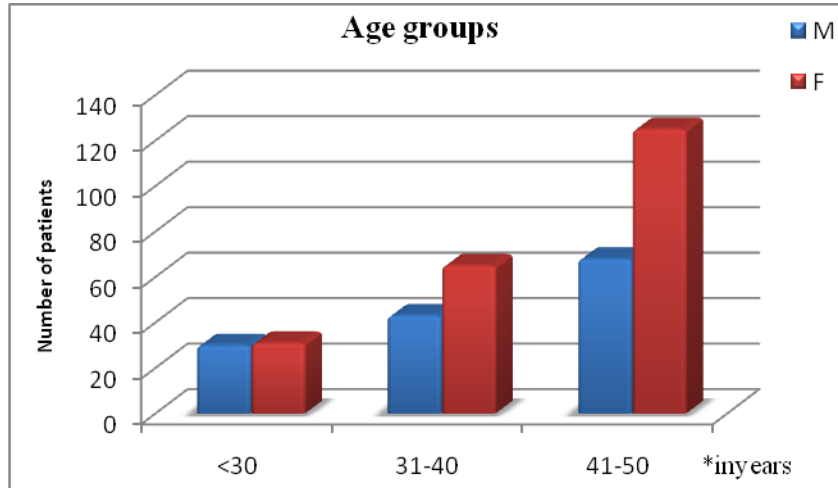
Distribution of selected 362 cases based on ama/Niraama suggested that a sum of 347 cases were found to have saama (presence of ama) contributing 95.9% and remaining 15 cases were found to be Niraama. Chi square test (304.486) suggested that there is a highly significant ($p=.000$) difference between saama and amavata compared with niraama.

Among 362 cases taken and distributes based on adhishtana suggested that a sum of 350 cases had sarvanga as adhishtana leading to 96.7% and remaining 12 cases had ekanga as adhishtana leading to 3.3%. Chi-square test (315.591) revealed that there is highly significant ($p=.000$) difference between sarvanga as adhishtana and amavata compared with ekanga.

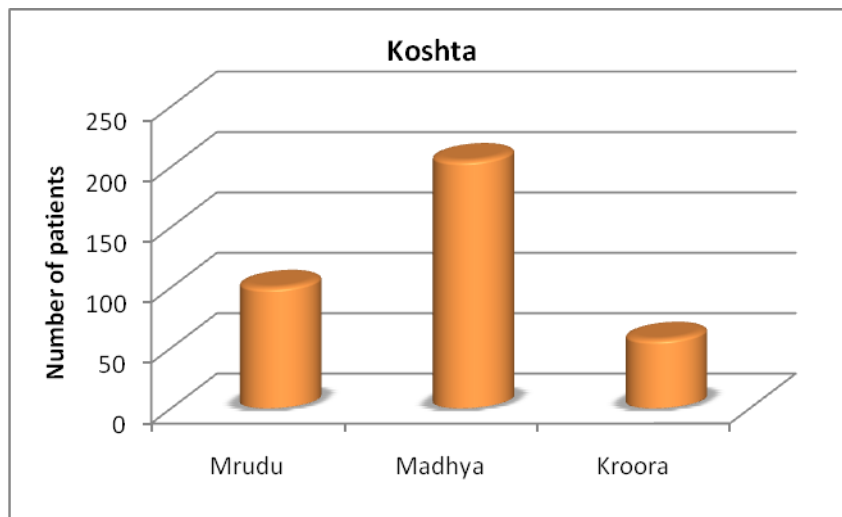
Among 362 cases taken, 350 cases were amavata (96.7%) and remaining 12 cases were other joint inflammatory disorders (3.3%). Chi-square test (315.591) revealed that there is a highly significant difference ($p=.000$) between cases taken with that of amavata and other joint inflammatory disorders.

Graphical representations of Observation

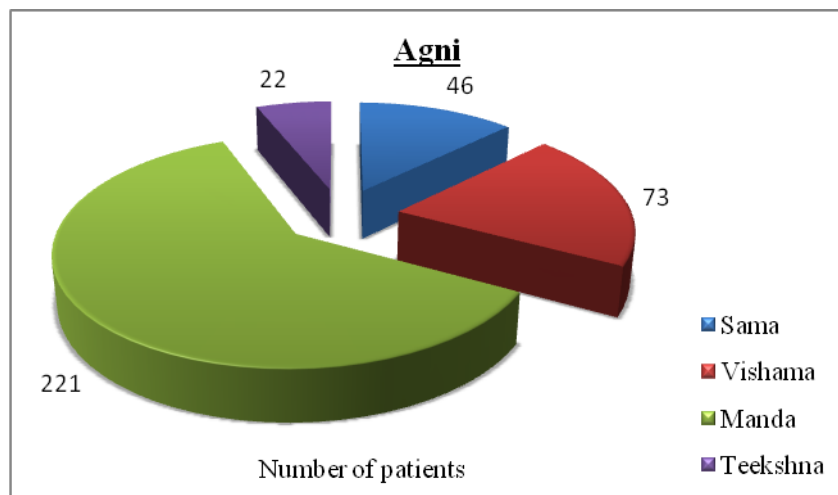
Graph no 6.1- Distribution of the selected sample by age groups and gender



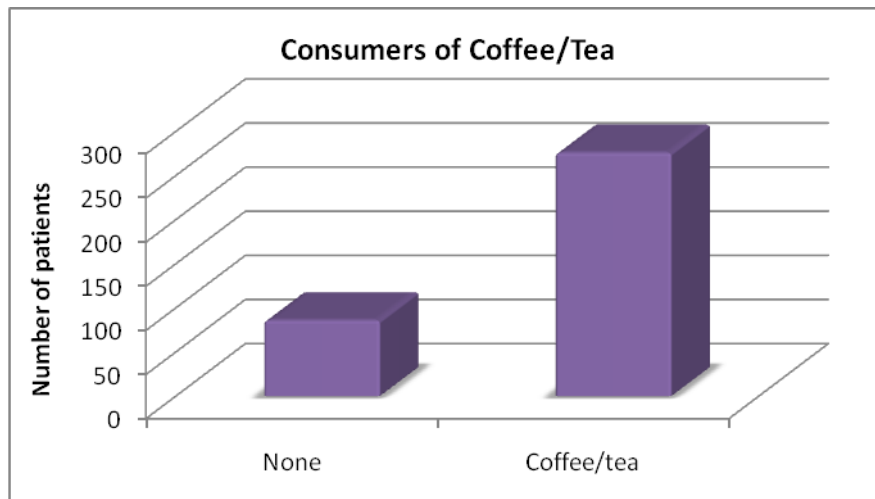
Graph no 6.2: Frequency- Distribution of the selected sample by Koshta



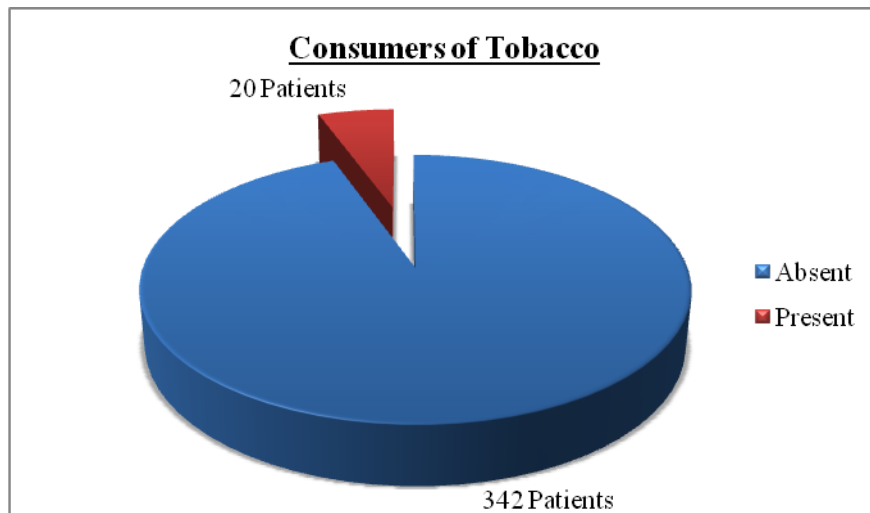
Graph no 6.3: Frequency- Distribution of the selected sample by Agni



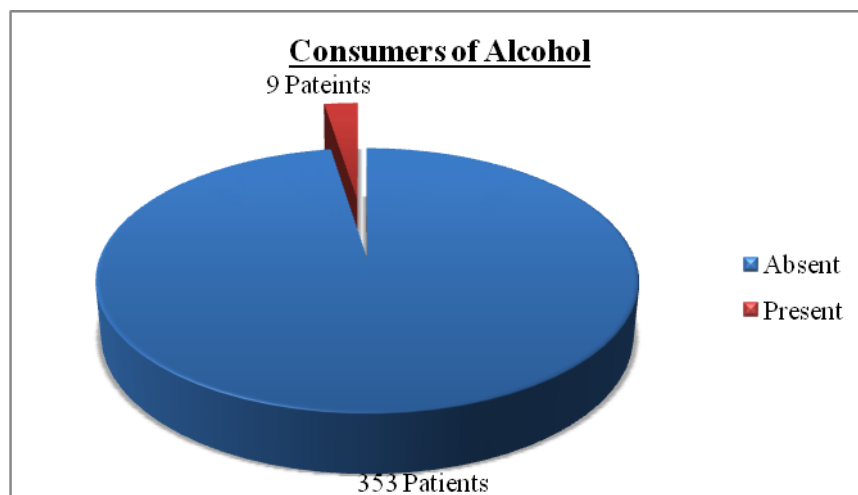
Graph no 6.4: Frequency- Distribution of the selected samples by consumption of Coffee/Tea.



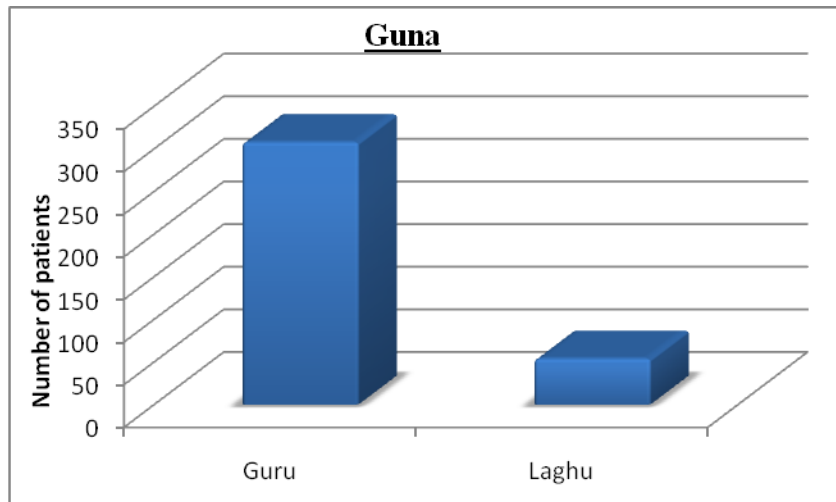
Graph no 6.5: Frequency- Distribution of the selected sample by Consumers of Tobacco



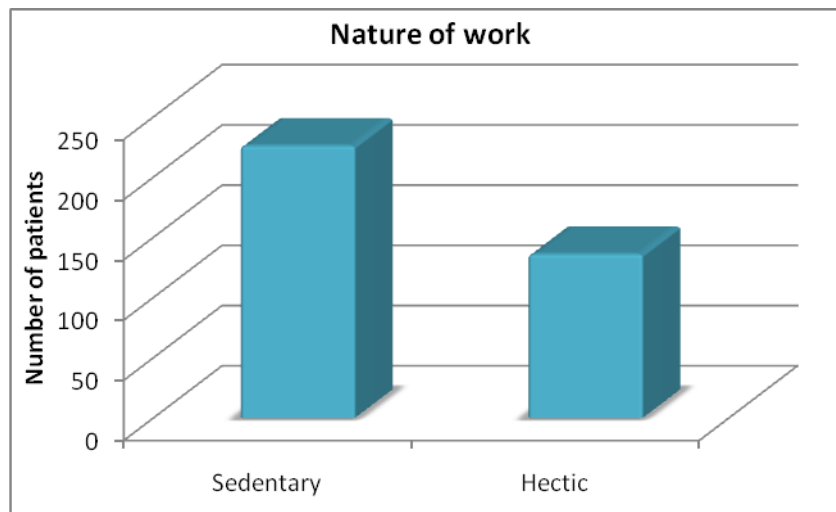
Graph no 6.6: Frequency- Distribution of the selected sample by Consumers of Alcohol



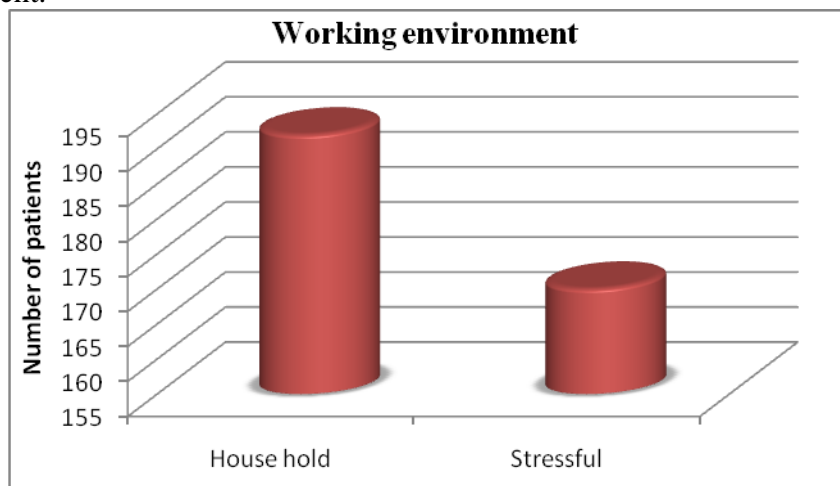
Graph no 6.10: Frequency - Distribution of the selected sample by Guna



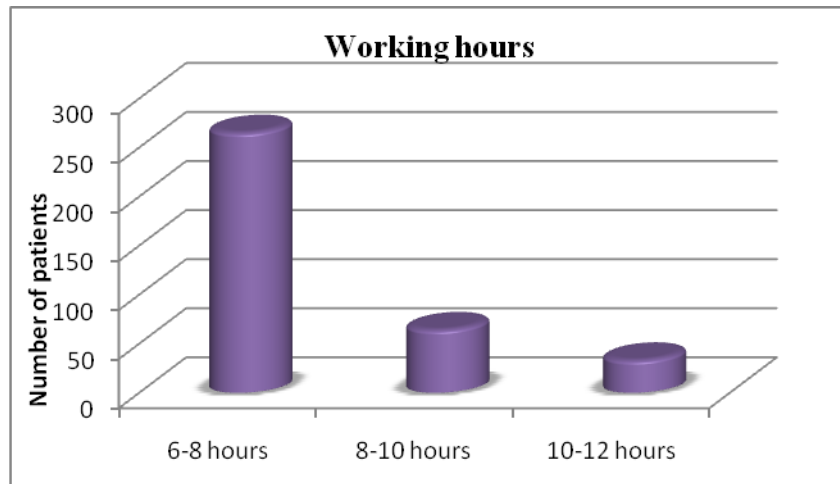
Graph no 6.11: Frequency - Distribution of the selected sample by Nature of work



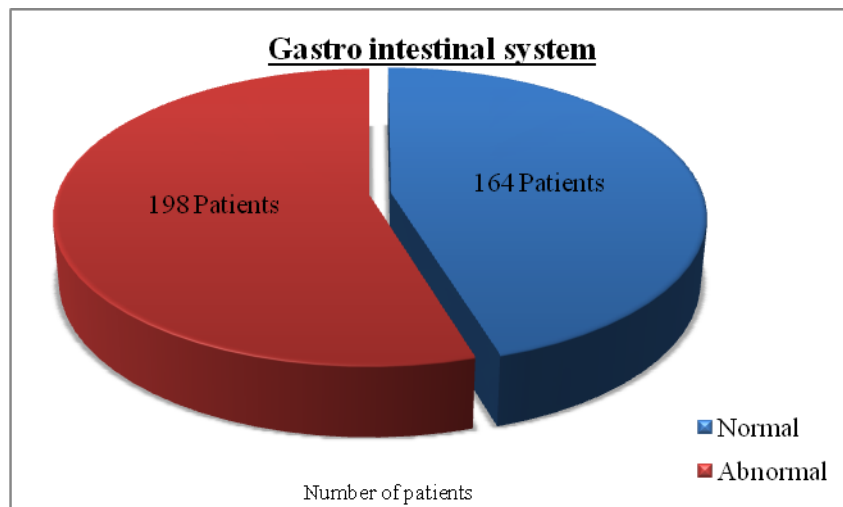
Graph no 6.12: Frequency - Distribution of the selected sample by working environment.



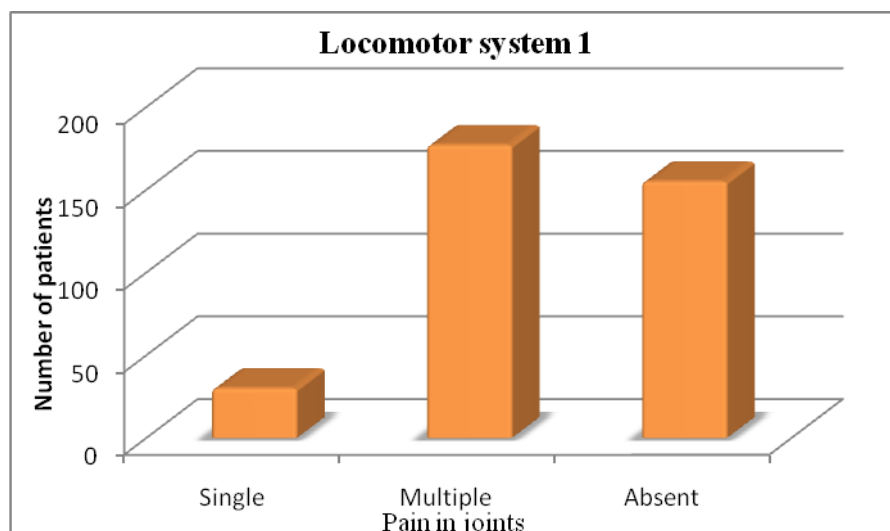
Graph no 6.13: Frequency - Distribution of the selected sample by working hours.



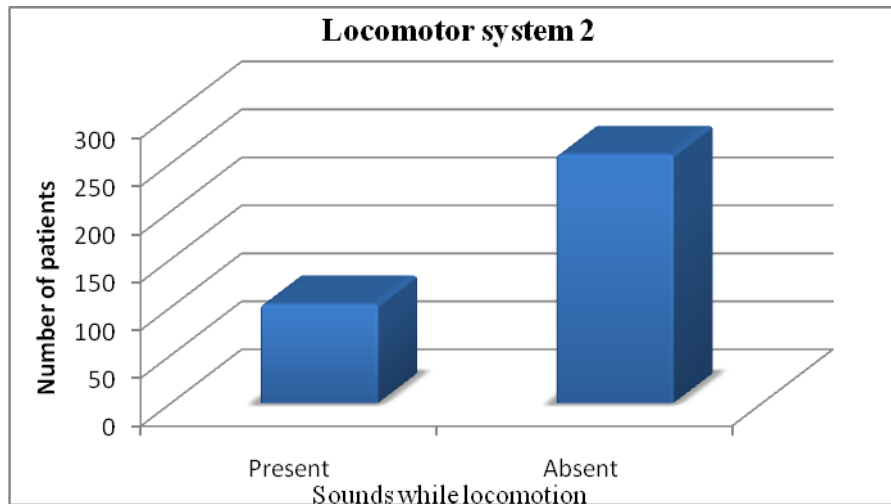
Graph no 6.14: Frequency - Distribution of the selected sample by Gastro-intestinal system.



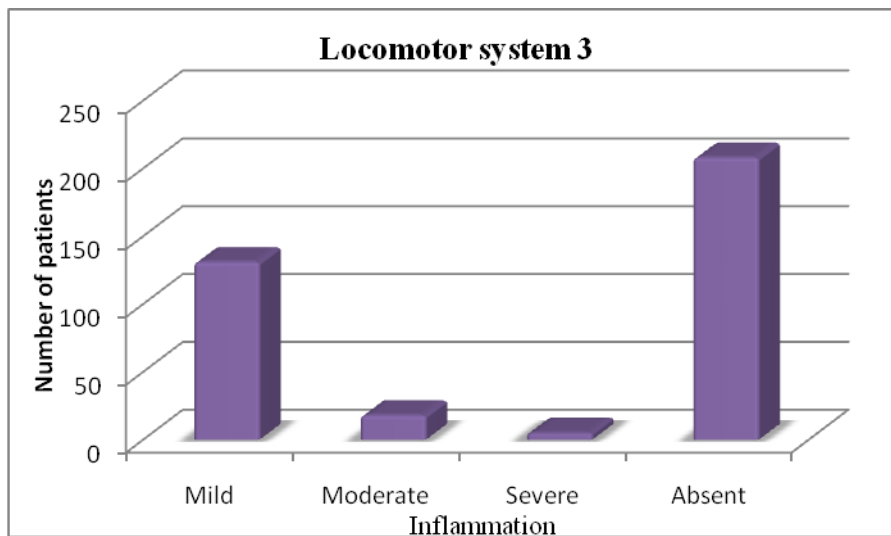
Graph no 6.15: Frequency – Distribution of the selected sample by LMS 1



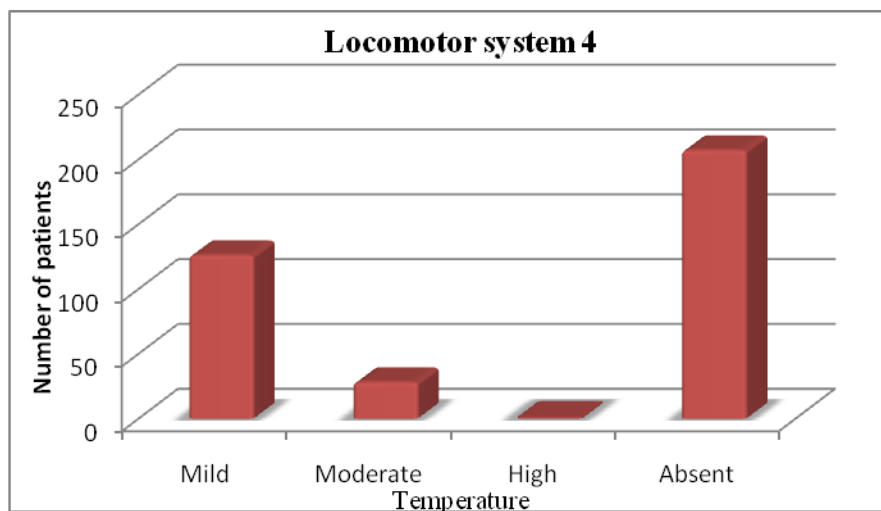
Graph no 6.16: Frequency – Distribution of the selected sample by LMS 2



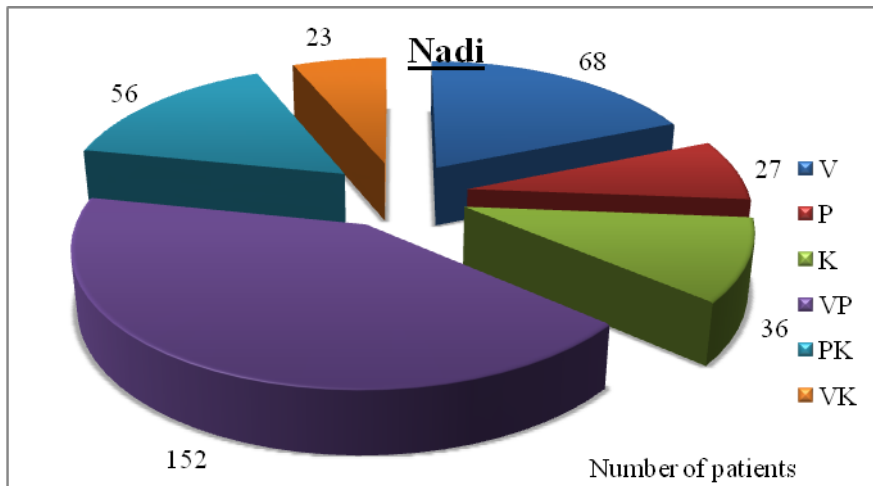
Graph no 6.17: Frequency – Distribution of the selected sample by LMS 3



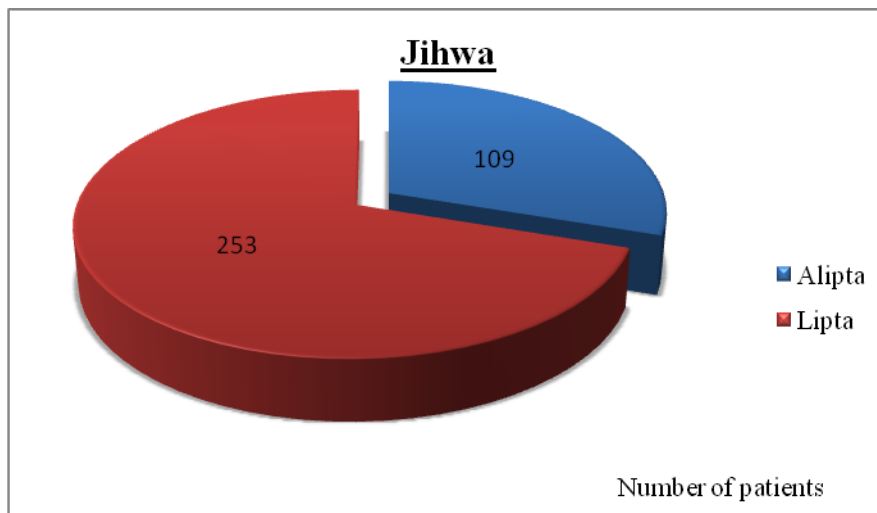
Graph no 6.18: Frequency – Distribution of the selected sample by LMS 4



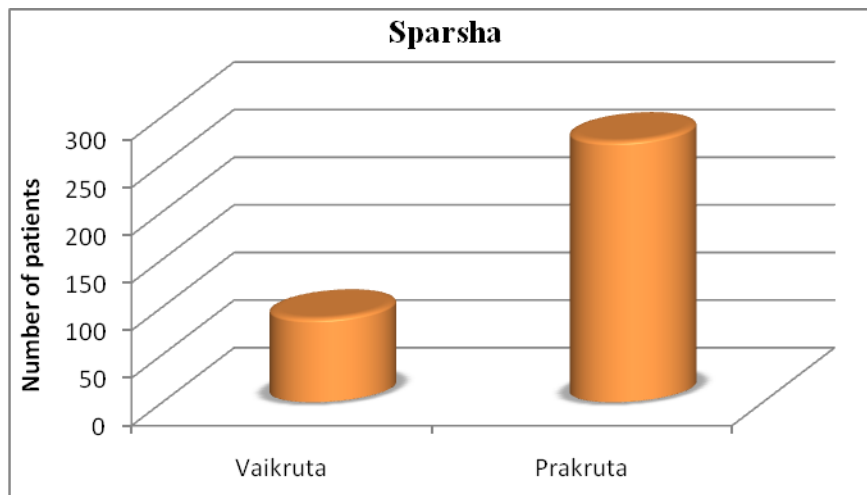
Graph no 6.19: Frequency - Distribution of the selected sample by Nadi



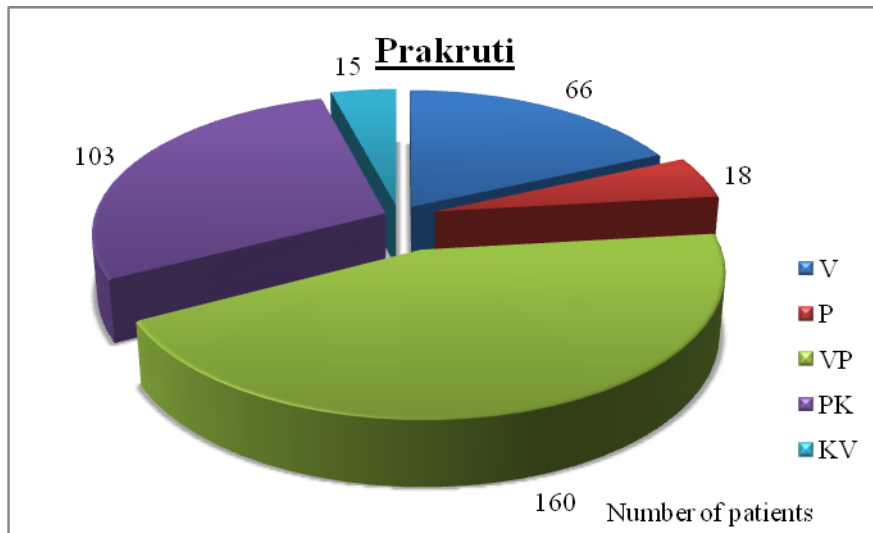
Graph no 6.20: Frequency - Distribution of the selected sample by Jihwa



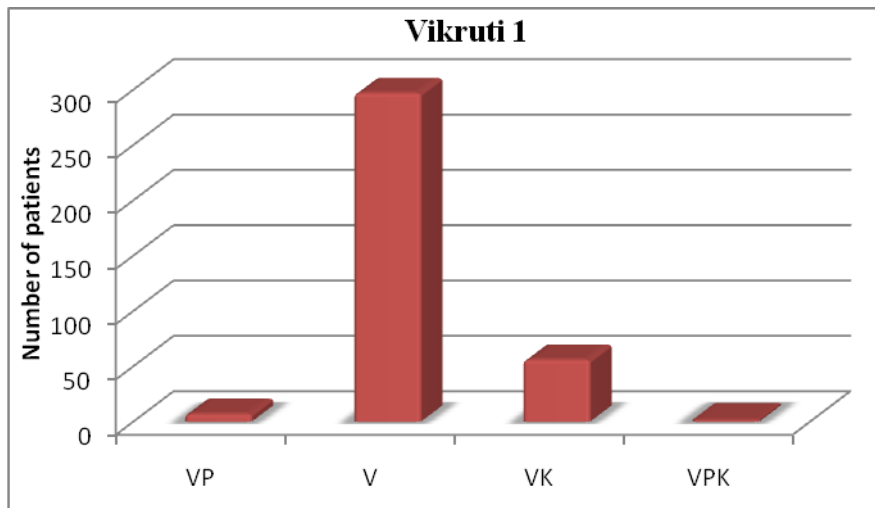
Graph no 6.21: Frequency - Distribution of the selected sample by Sparsha



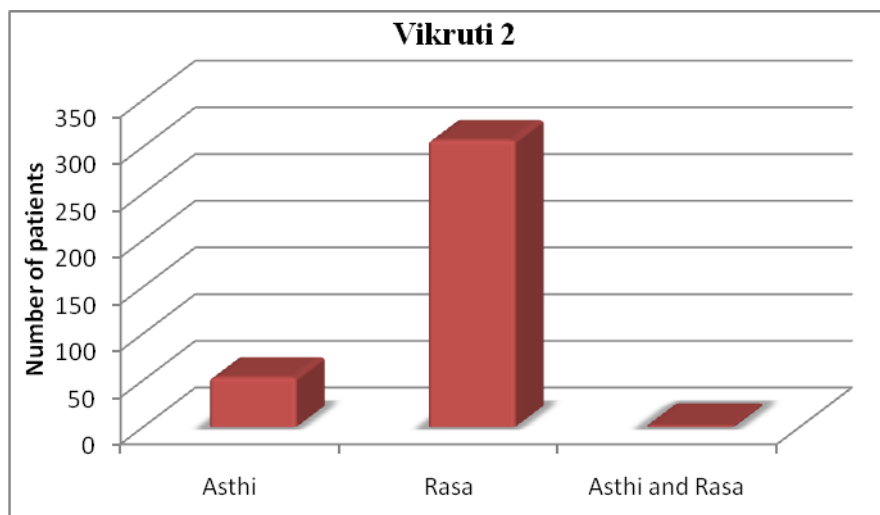
Graph no 6.22: Frequency – Distribution of the selected sample by Prakruti



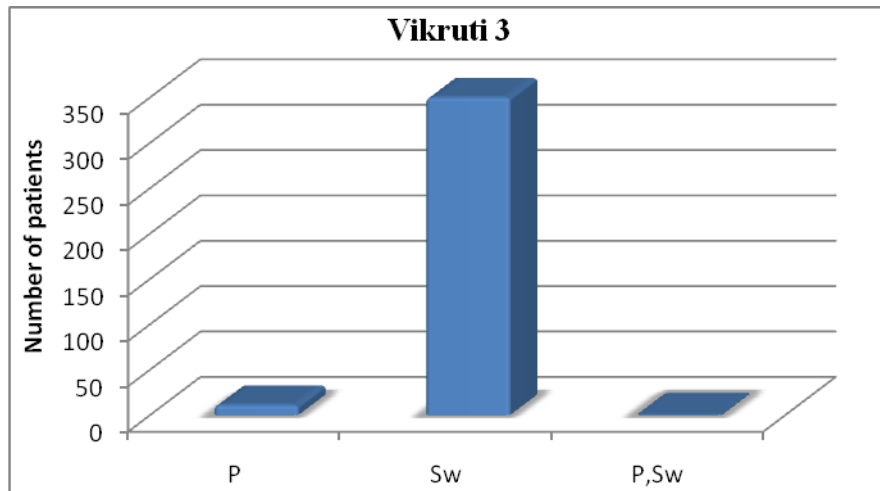
Graph no 6.23: Frequency - Distribution of the selected sample by Vikruti 1



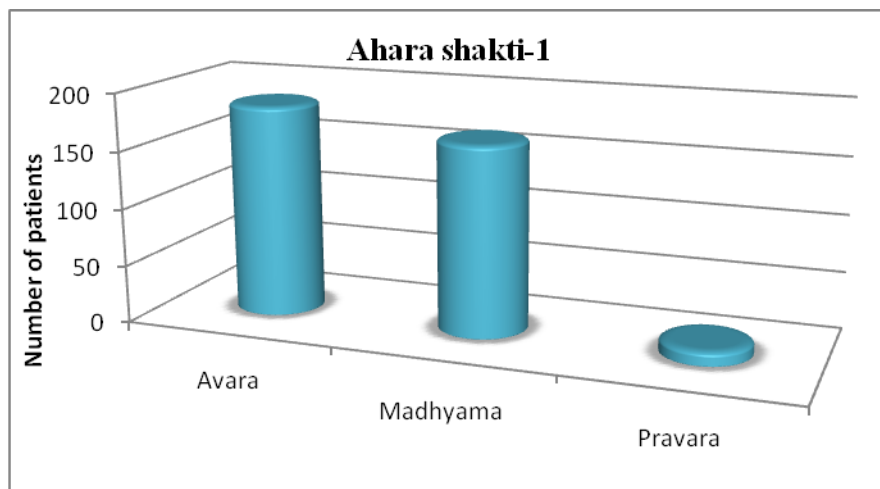
Graph no 6.24: Frequency - Distribution of the selected sample by Vikruti 2



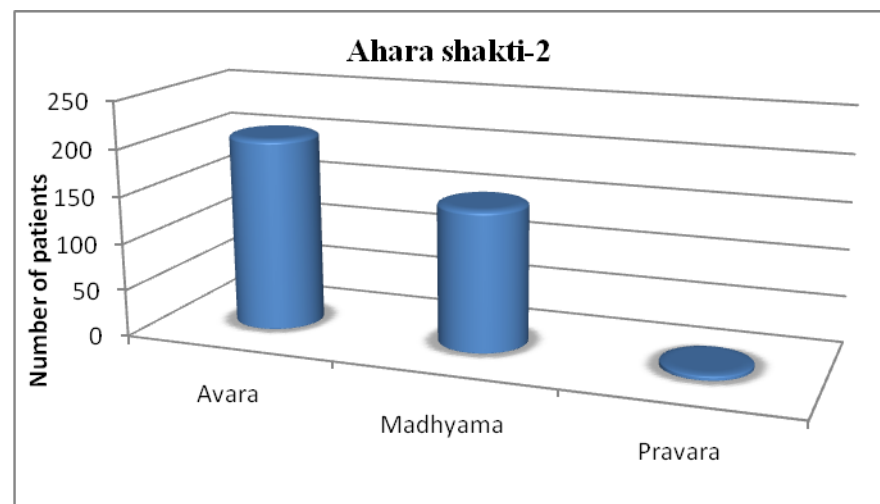
Graph no 6.25: Frequency - Distribution of the selected sample by Vikruti 3



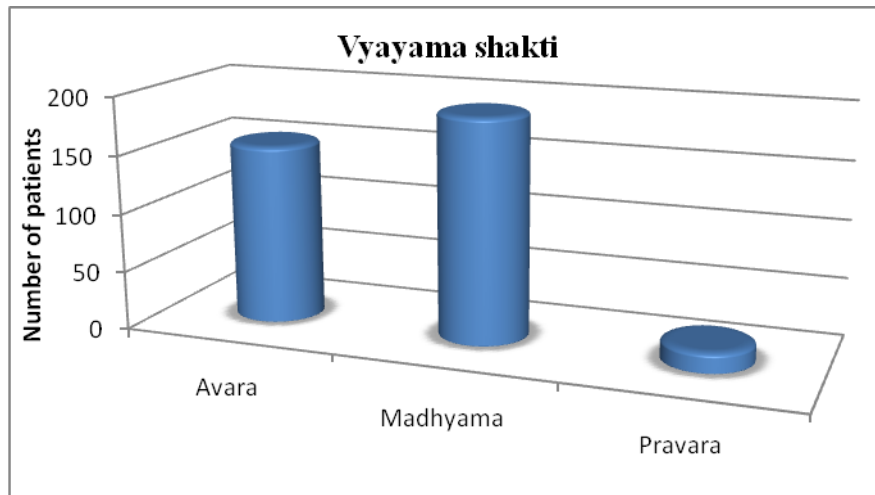
Graph no 6.26: Frequency - Distribution of the selected sample by Ahara shakti -1



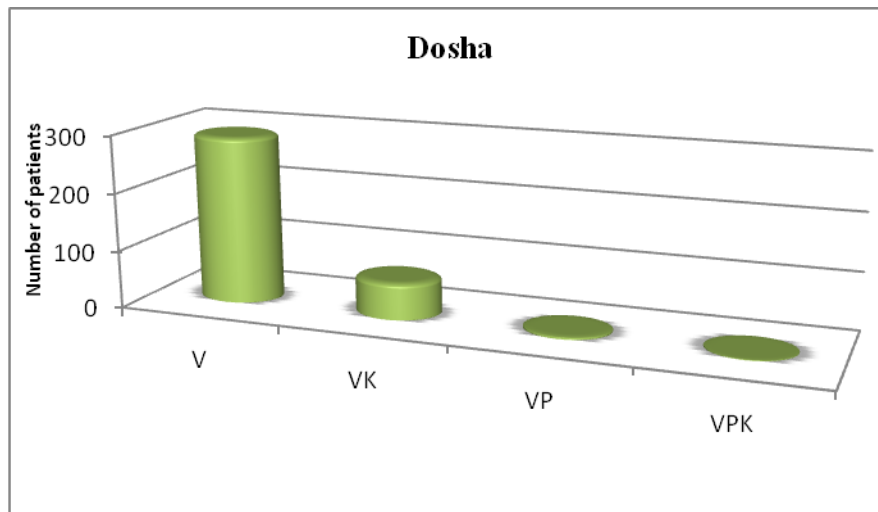
Graph no 6.27: Frequency - Distribution of the selected sample by Ahara shakti- 2



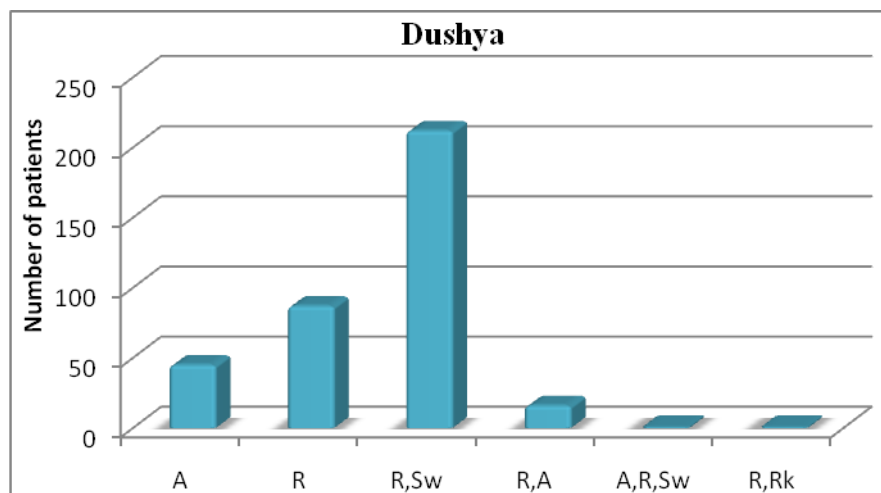
Graph no 6.28: Frequency - Distribution of the selected sample by Vyayama shakti



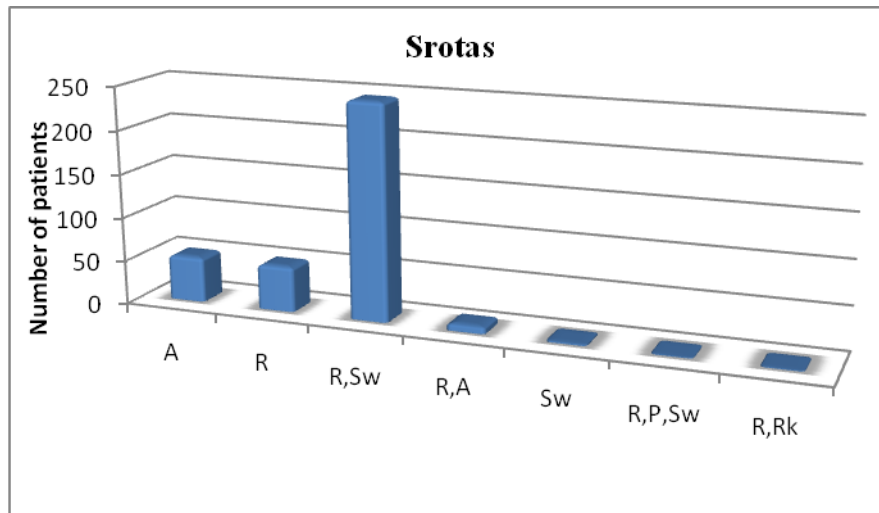
Graph no 6.29: Frequency - Distribution of the selected sample by Dosha



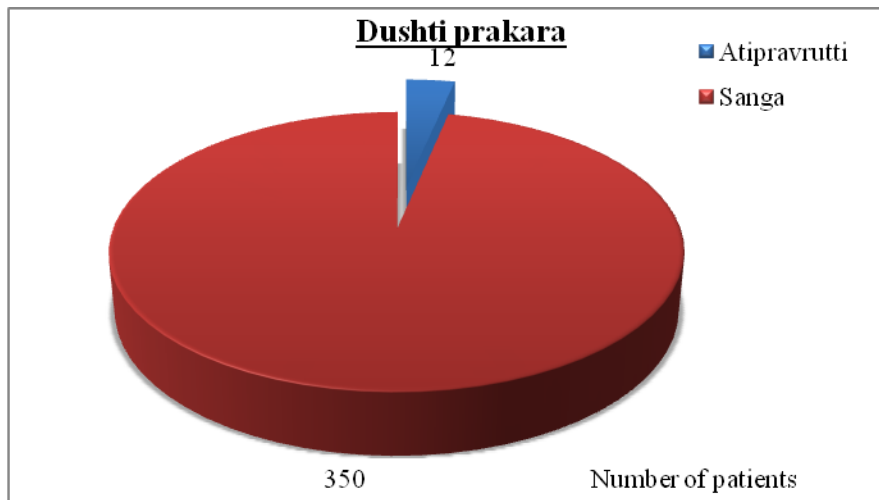
Graph no 6.30: Frequency - Distribution of the selected sample by Dushya



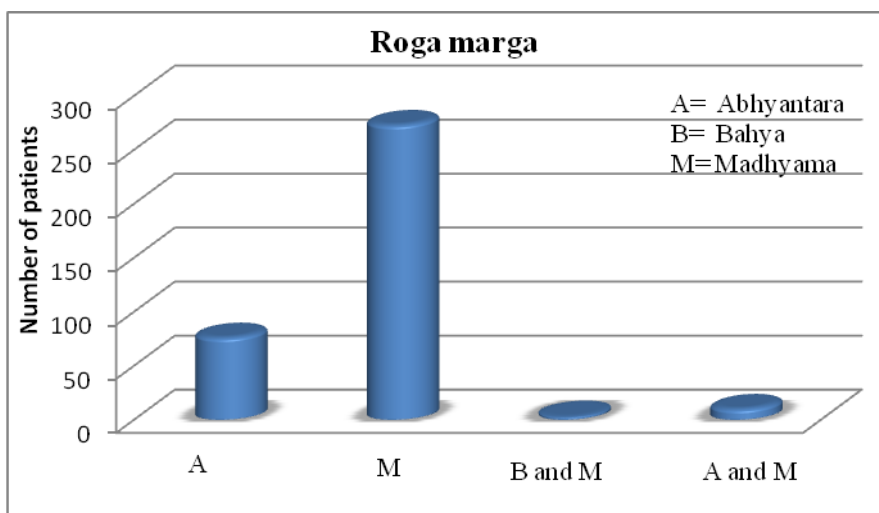
Graph no 6.31: Frequency – Distribution of the selected sample by Srotas



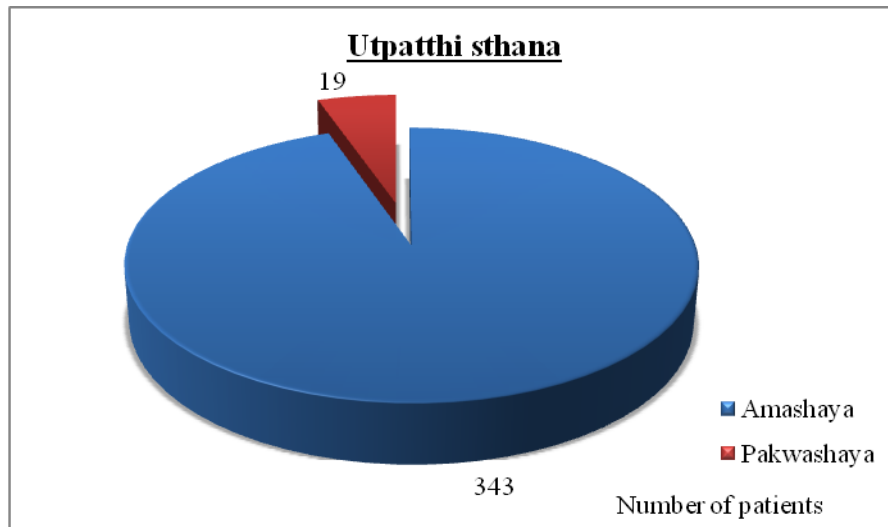
Graph no 6.32: Frequency - Distribution of the selected sample by Dusti prakara



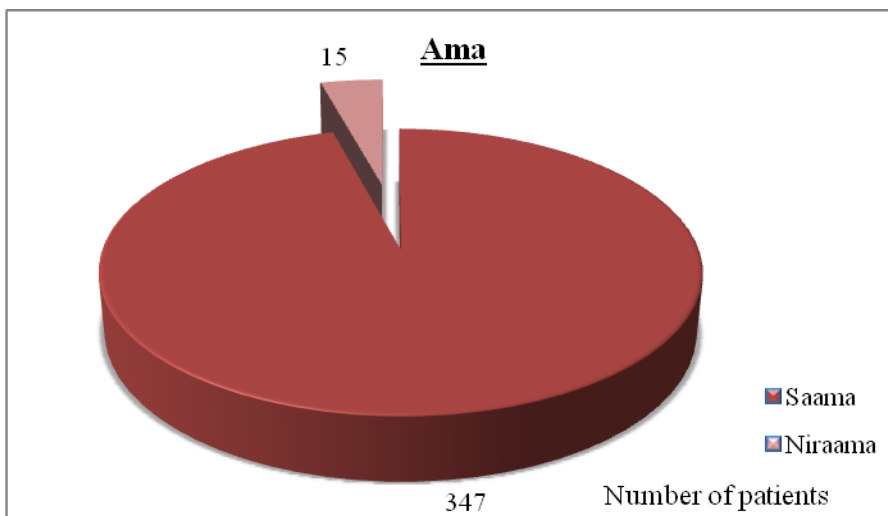
Graph no 6.33: Frequency - Distribution of the selected sample by Rogamarga



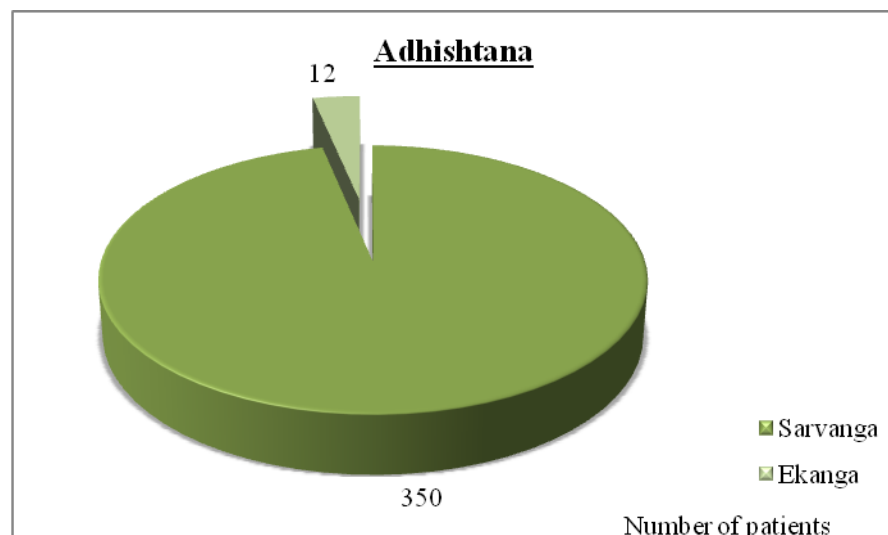
Graph no 6.34: Frequency - Distribution of the selected sample by Utpattisthana



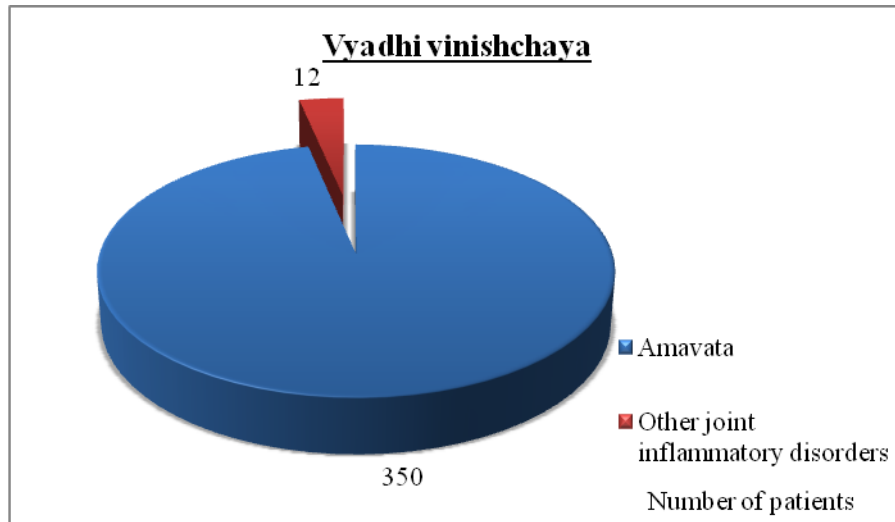
Graph no 6.35: Frequency - Distribution of the selected sample by Ama



Graph no 6.36: Frequency - Distribution of the selected sample by Adhistana



Graph no 6.37: Frequency - Distribution of the selected sample by Vyadhi vinishyaya



Chapter 7

RESULTS

Results were drawn out of studying 362 cases of Amavata and other joint inflammatory disorders. The type of study was retrospective cross sectional hence the diagnosed cases were taken for the study. Study was undertaken based on the case record proforma and the lakshana present in them were collected and nidana consumed by those cases were questioned for. After obtaining the history of nidana consumed, it was tallied with the lakshanas produced.

Each case had multiple lakshanas backed by the history of consumption of multiple nidanas. Hence it makes the task difficult to streamline which nidana produced which lakshana. As per the principle, a symptom may be produced in coordination of multiple nidanas, we can derive the conclusion based on that principle.

Table no 7.0: Presence of lakshana

Sl.No	Lakshana	Present	Percentage (out of 362 cases)
1.	Weakness (L1)	158	43.64 %
2.	Heaviness in the chest(L2)	114	31.49 %
3.	Stiffness of the body (L3)	176	48.61 %
4.	Body ache (L4)	180	49.72 %
5.	Tastelessness (L5)	93	25.69 %
6.	Excessive thirst (L6)	71	19.61 %
7.	Lethargy (L7)	51	14.08 %
8.	Heaviness all over the body (L8)	112	30.93 %
9.	Fever (L9)	115	31.76 %
10.	Indigestion (L10)	350	96.68 %
11.	Swelling in the body parts (L11)	135	37.29 %

Among 362 cases taken and studied for the lakshana and nidanas present in them, we could find that majority of cases (350 cases) had L10 present in them followed by L4 which was present in 180 cases, L3 was found among 176 cases, L1 was found in 158 cases, L11 was found in 135 cases, L9 was found in 115 cases, L2 was found in 114 cases, L8 was found in 112 cases, L5 was found among 93 cases, L6 was found in 71 cases and L7 was found among 51 cases.

Table no 7.1: Relation between Nidana 1 and lakshana

Lakshanas		Viruddha ahara/incompatible food (N1)		Total
		Present	Absent	
Weakness (L1)	F	106	52	158
	%	67.1%	32.9%	100.0%
Heaviness in the chest(L2)	F	58	56	114
	%	50.9%	49.1%	100.0%
Stiffness of the body (L3)	F	101	75	176
	%	57.4%	42.6%	100.0%
Body ache (L4)	F	65	115	180
	%	36.1%	63.9%	100.0%
Tastelessness (L5)	F	63	30	93
	%	67.7%	32.3%	100.0%
Excessive thirst (L6)	F	47	24	71
	%	66.2%	33.8%	100.0%
Lethargy (L7)	F	38	13	51
	%	74.5%	25.5%	100.0%
Heaviness all over the body (L8)	F	67	45	112
	%	59.8%	40.2%	100.0%
Fever (L9)	F	49	66	115
	%	42.6%	57.4%	100.0%
Indigestion (L10)	F	186	164	350
	%	53.1%	46.9%	100.0%
Swelling in the body parts (L11)	F	75	60	135
	%	55.6%	44.4%	100.0%
Test statistics: Cramer's V= 201, p=.001				

F=frequency, %=percentage

Among the selected 362 cases, 350 cases had L10, among those, it was found that N1 was present in 186 cases (53.1%) and was absent in 164 cases (46.9%). It was followed by L4 which was found among 180 cases, out of which, N1 was present in 65 cases (36.1%) and was absent in 115 (63.9%), L3 was found among 176 cases out of which N1 was present in 101 cases (57.4%) and was absent in 75 cases (42.6%), L1 was found to be present 158 cases out of which, in 106 cases (67.1%) had N1 and 52 cases (32.9%) did not have N1, L11 was found to be present among 135 cases out of which N1 was present in 75 cases (55.6%) and was absent in 60 cases (44.4%), L9 was found among 115 cases out of which N1 was present in 49 cases (42.6%) and was absent in 66 cases (57.4%), L2 was found among 114 cases out of which N1 was present in 58 cases (50.9%) and was

absent in 56 cases (49.1%), L8 was found to be present in 112 cases out of which N1 was present in 67 cases (59.8%) and was absent in 45 cases (40.2%), L5 was found to be present in 93 cases out of which N1 was present in 63 cases (67.7%) and was absent in 30 cases (32.3%), L6 was found to be present in 71 cases out of which N1 was present in 47 cases (66.2%) and was absent in 24 cases (33.8%), L7 was found to be present among 51 cases in which N1 was present in 38 cases (74.5%) and was absent in 13 cases (25.5%). Further Cramer's V (.201) revealed the significant association ($p=.001$) between L7 and N1 with 74.5% cases followed by L5 and N1 where majority of cases (67.7%) were found, L1 where N1 was present in 67.1% of cases. However, we can observe that L4 and L9 are highly significant being absent in 63.9% and 57.4% of cases respectively.

Table no. 7.2: Relation between Nidana 2 and lakshana

Lakshanas		Viruddha cheshta/ improper activities N2		Total
		Present	Absent	
Weakness (L1)	F	97	61	158
	%	61.4%	38.6%	100.0%
Heaviness in the chest(L2)	F	38	76	114
	%	33.3%	66.7%	100.0%
Stiffness of the body (L3)	F	110	66	176
	%	62.5%	37.5%	100.0%
Body ache (L4)	F	87	93	180
	%	48.3%	51.7%	100.0%
Tastelessness (L5)	F	46	47	93
	%	49.5%	50.5%	100.0%
Excessive thirst (L6)	F	36	35	71
	%	50.7%	49.3%	100.0%
Lethargy (L7)	F	24	27	51
	%	47.1%	52.9%	100.0%
Heaviness all over the body (L8)	F	59	53	112
	%	52.7%	47.3%	100.0%
Fever (L9)	F	38	77	115
	%	33.0%	67.0%	100.0%
Indigestion (L10)	F	178	172	350
	%	50.9%	49.1%	100.0%
Swelling in the body parts (L11)	F	97	38	135
	%	71.9%	28.1%	100.0%

Test statistics: Cramer's V:.211 (Approximate significance) $p=.000$

F=frequency, %=percentage

Among the selected 362 cases, 350 cases had L10, among those, it was found that N2 was present in 178 cases (50.9%) and was absent in 172 cases (49.1%). It was followed by L4 which was found among 180 cases, out of which, N2 was present in 87 cases (48.3%) and was absent in 93 (51.7%), L3 was found among 176 cases out of which N2 was present in 110 cases (62.5%) and was absent in 66 cases (37.5%), L1 was found to be present 158 cases out of which, in 97 cases (61.4%) had N2 and 61 cases (38.6%) did not have N2, L11 was found to be present among 135 cases out of which N2 was present in 97 cases (71.9%) and was absent in 38 cases (28.1%), L9 was found among 115 cases out of which N2 was present in 38 cases (33%) and was absent in 77 cases (67%), L2 was found among 114 cases out of which N2 was present in 38 cases (33.3%) and was absent in 76 cases (66.7%), L8 was found to be present in 112 cases out of which N2 was present in 59 cases (52.7%) and was absent in 53 cases (47.3%), L5 was found to be present in 93 cases out of which N2 was present in 46 cases (49.5%) and was absent in 47 cases (50.5%), L6 was found to be present in 71 cases out of which N2 was present in 36 cases (50.7%) and was absent in 55 cases (49.3%), L7 was found to be present among 51 cases in which N2 was present in 24 cases (47.1%) and was absent in 27 cases (52.9%). Further Cramer's V (.211) revealed the significant association ($p=.000$) between L11 and N2 where majority of cases (71.9%) were found followed by L3 where N2 was present in 62.5% of cases and L1 where N2 was present among 61.4% cases. However, we can observe that L9 and L2 are highly significant being absent with 67% and 66.77% respectively.

Table no. 7.3: Relation between Nidana 3 and lakshana

Lakshanas		Mandagni/reduced digestive capacity (N3)		Total
		Present	Absent	
Weakness (L1)	F	139	19	158
	%	88.0%	12.0%	100.0%
Heaviness in the chest(L2)	F	114	0	114
	%	100.0%	.0%	100.0%
Stiffness of the body (L3)	F	173	3	176
	%	98.3%	1.7%	100.0%
Body ache (L4)	F	168	12	180
	%	93.3%	6.7%	100.0%
Tastelessness (L5)	F	92	1	93
	%	98.9%	1.1%	100.0%
Excessive thirst (L6)	F	68	3	71
	%	95.8%	4.2%	100.0%
Lethargy (L7)	F	48	3	51
	%	94.1%	5.9%	100.0%
Heaviness all over the body (L8)	F	110	2	112
	%	98.2%	1.8%	100.0%
Fever (L9)	F	113	2	115
	%	98.3%	1.7%	100.0%
Indigestion (L10)	F	347	3	350
	%	99.1%	0.9%	100.0%
Swelling in the body parts (L11)	F	134	1	135
	%	99.3%	0.7%	100.0%

Test statistics: Cramer's V: .206 p=.000

F=frequency, %=percentage

Among the selected 362 cases, 350 cases had L10, among those, it was found that N3 was present in 347 cases (99.1%) and was absent in 3 cases (0.9%). It was followed by L4 which was found among 180 cases, out of which, N3 was present in 168 cases (93.3%) and was absent in 12 (6.7%), L3 was found among 176 cases out of which N3 was present in 173 cases (98.3%) and was absent in 3 cases (1.7%), L1 was found to be present 158 cases out of which, in 139 cases (88%) had N3 and 19 cases (12%) did not have N3, L11 was found to be present among 135 cases out of which N3 was present in 134 cases (99.3%) and was absent in 1 case (0.7%), L9 was found among 115 cases out of which N3 was present in 113 cases (98.3%) and was absent in 2 cases (1.7%), L2 was found among 114 cases out of which N3 was present in 114 cases (100%), L8 was found

to be present in 112 cases out of which N3 was present in 110 cases (98.2%) and was absent in 2 cases (1.8%), L5 was found to be present in 93 cases out of which N3 was present in 92 cases (98.9%) and was absent in 1 case (1.1%), L6 was found to be present in 71 cases out of which N3 was present in 68 cases (95.8%) and was absent in 3 cases (4.2%), L7 was found to be present among 51 cases in which N3 was present in 48 cases (94.1%) and was absent in 3 cases (5.9%). Further Cramer's V (.206) revealed the significant association (p=.000) between L11 and N3 where majority of cases (99.3%) were found followed by L10 where N3 was present in 99.1% of cases and L5 where N3 was present among 98.9% cases. However, we can observe that L1 was highly significant being absent with 12%

Table no. 7.4: Relation between Nidana 4 and lakshana

Lakshanas		Nishchala/Sedentary life style (N4)		Total
		Present	Absent	
Weakness (L1)	F	42	116	158
	%	26.6%	73.4%	100.0%
Heaviness in the chest(L2)	F	77	37	114
	%	67.5%	32.5%	100.0%
Stiffness of the body (L3)	F	52	124	176
	%	29.5%	70.5%	100.0%
Body ache (L4)	F	70	110	180
	%	38.9%	61.1%	100.0%
Tastelessness (L5)	F	41	52	93
	%	44.1%	55.9%	100.0%
Excessive thirst (L6)	F	37	34	71
	%	52.1%	47.9%	100.0%
Lethargy (L7)	F	28	23	51
	%	54.9%	45.1%	100.0%
Heaviness all over the body (L8)	F	61	51	112
	%	54.5%	45.5%	100.0%
Fever (L9)	F	68	47	115
	%	59.1%	40.9%	100.0%
Indigestion (L10)	F	149	201	350
	%	42.6%	57.4%	100.0%
Swelling in the body parts (L11)	F	27	108	135
	%	20.0%	80.0%	100.0%

Test statistics: Cramer's V: .269 p=.000

F=frequency, %=percentage

Among the selected 362 cases, 350 cases had L10, among those, it was found that N4 was present in 149 cases (42.6%) and was absent in 201 cases (57.4%). It was followed by L4 which was found among 180 cases, out of which, N4 was present in 70 cases (38.9%) and was absent in 110 (61.1%), L3 was found among 176 cases out of which N4 was present in 52 cases (29.5%) and was absent in 124 cases (70.5%), L1 was found to be present 158 cases out of which, in 42 cases (26.6%) had N4 and 116 cases (73.4%) did not have N4, L11 was found to be present among 135 cases out of which N4 was present in 27 cases (20%) and was absent in 108 cases (80%), L9 was found among 115 cases out of which N4 was present in 68 cases (59.1%) and was absent in 47 cases (40.9%), L2 was found among 114 cases out of which N4 was present in 77 cases (67.5%) and was absent in 37 cases (32.5%), L8 was found to be present in 112 cases out of which N4 was present in 61 cases (54.5%) and was absent in 51 cases (45.5%), L5 was found to be present in 93 cases out of which N4 was present in 41 cases (44.1%) and was absent in 52 cases (55.9%), L6 was found to be present in 71 cases out of which N4 was present in 37 cases (52.1%) and was absent in 34 cases (47.9%), L7 was found to be present among 51 cases in which N4 was present in 28 cases (54.9%) and was absent in 23 cases (45.1%). Further Cramer's V (.269) revealed the significant association ($p=.000$) between L2 and N4 where majority of cases (67.5%) were found followed by L9 where N4 was present in 59.1% of cases and L7 where N4 was present among 54.9% cases. However we can observe that L11, L1 and L3 are highly significant being absent with 80%, 73.4% and 70.5% respectively.

Table no 7.5: Relation between Nidana 5 and lakshana

Lakshanas		Vyayama after snigdha ahara (N5)		Total
		Present	Absent	
Weakness (L1)	F	52	106	158
	%	32.9%	67.1%	100.0%
Heaviness in the chest(L2)	F	20	94	114
	%	17.5%	82.5%	100.0%
Stiffness of the body (L3)	F	67	109	176
	%	38.1%	61.9%	100.0%
Body ache (L4)	F	38	142	180
	%	21.1%	78.9%	100.0%
Tastelessness (L5)	F	33	60	93
	%	35.5%	64.5%	100.0%
Excessive thirst (L6)	F	25	46	71
	%	35.2%	64.8%	100.0%
Lethargy (L7)	F	17	34	51
	%	33.3%	66.7%	100.0%
Heaviness all over the body (L8)	F	63	49	112
	%	56.3%	43.8%	100.0%
Fever (L9)	F	25	90	115
	%	21.7%	78.3%	100.0%
Indigestion (L10)	F	121	229	350
	%	34.6%	65.4%	100.0%
Swelling in the body parts (L11)	F	68	67	135
	%	50.4%	49.6%	100.0%

Test statistics: Cramer's V: .223 p=.000

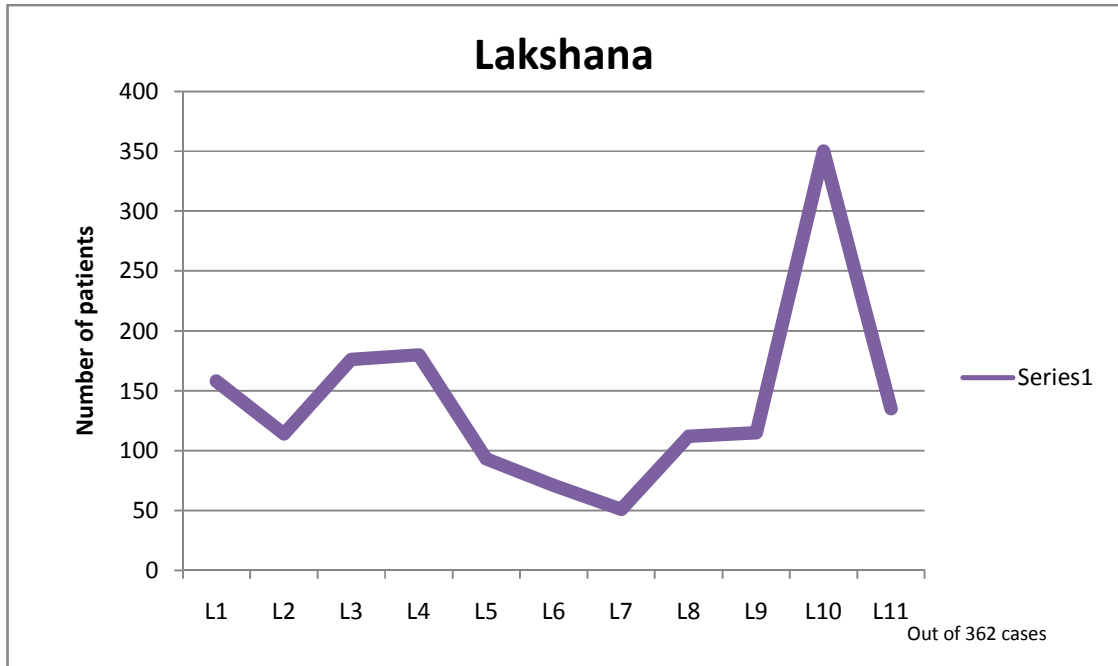
F=frequency, %=percentage

Among the selected 362 cases, 350 cases had L10, among those, it was found that N5 was present in 121 cases (34.6%) and was absent in 229 cases (65.4%). It was followed by L4 which was found among 180 cases, out of which, N5 was present in 38 cases (21.1%) and was absent in 142 (78.9%), L3 was found among 176 cases out of which N5 was present in 67 cases (38.1%) and was absent in 109 cases (61.9%), L1 was found to be present 158 cases out of which, in 52 cases (32.9%) had N5 and 106 cases (67.1%) did not have N5, L11 was found to be present among 135 cases out of which N5 was present in 68 cases (50.4%) and was absent in 67 cases (49.6%), L9 was found among 115 cases out of which N5 was present in 25 cases (21.7%) and was absent in 90 cases (78.3%), L2 was found among 114 cases out of which N5 was present in 20 cases (17.5%) and was

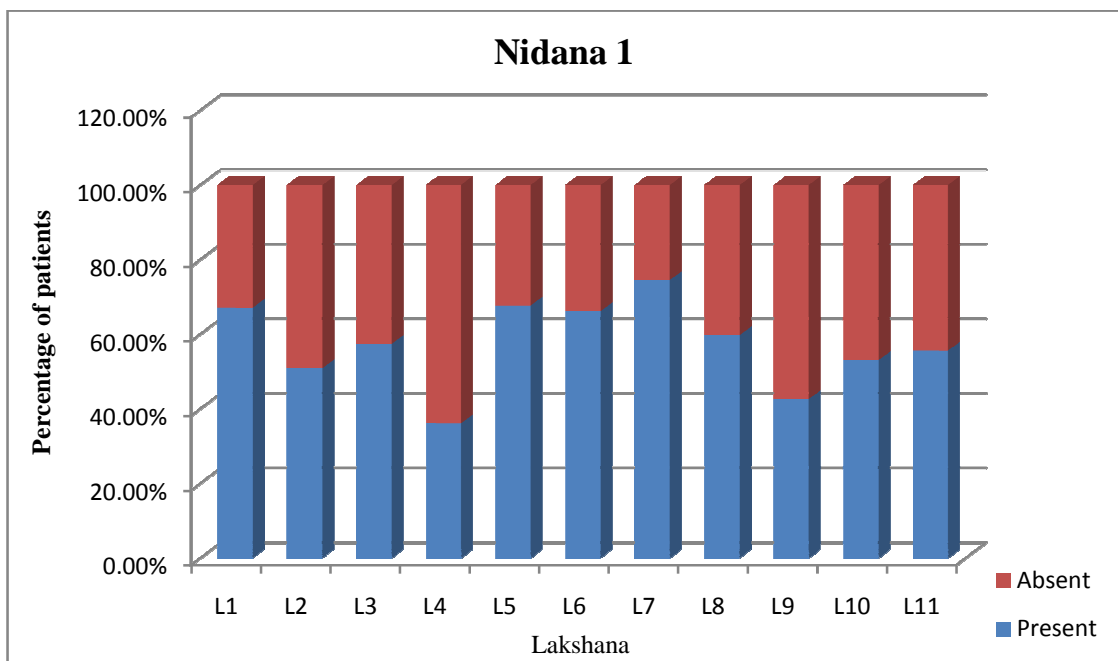
absent in 94 cases (82.5%), L8 was found to be present in 112 cases out of which N5 was present in 63 cases (56.3%) and was absent in 49 cases (43.8%), L5 was found to be present in 93 cases out of which N5 was present in 33 cases (35.5%) and was absent in 60 cases (64.5%), L6 was found to be present in 71 cases out of which N5 was present in 25 cases (35.2%) and was absent in 46 cases (64.8%), L7 was found to be present among 51 cases in which N5 was present in 17 cases (33.3%) and was absent in 34 cases (66.7%). Further Cramer's V (.223) revealed the significant association ($p=.000$) between L8 and N5 where majority of cases (56.3%) were found followed by L11 where N5 was present in 50.4% of cases and L3 where N5 was present among 38.1% cases. However we can observe that L2, L4 and L9 are highly significant being absent with 82.5%, 78.9% and 78.3% respectively.

Graphical representation of Results

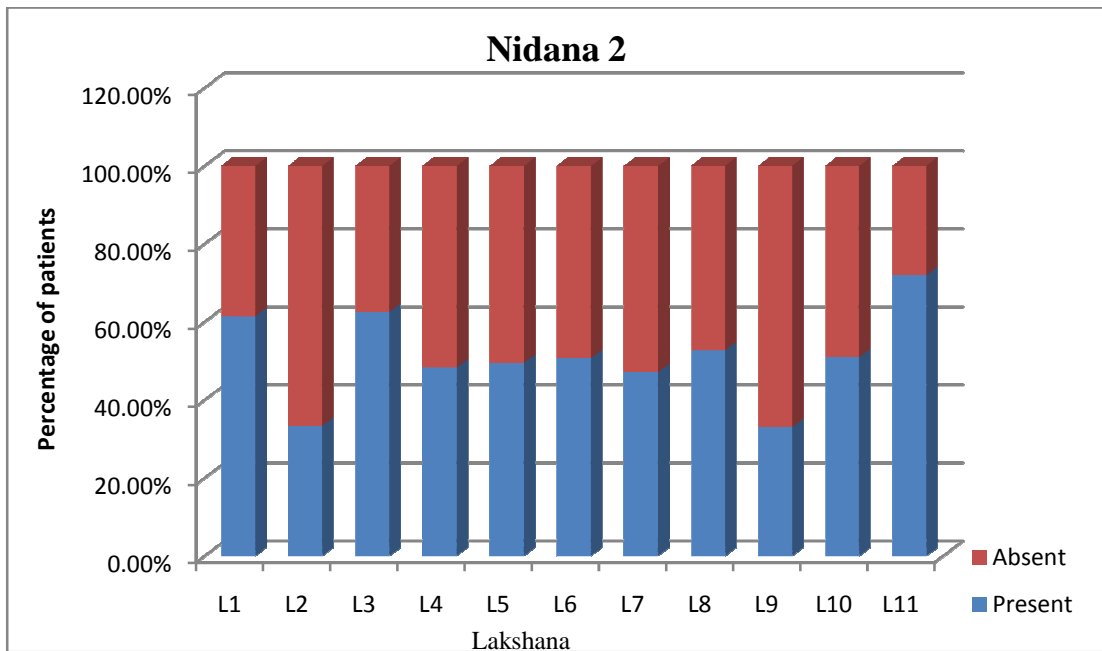
Graph no 7.0: Representing number of patients with different lakshana



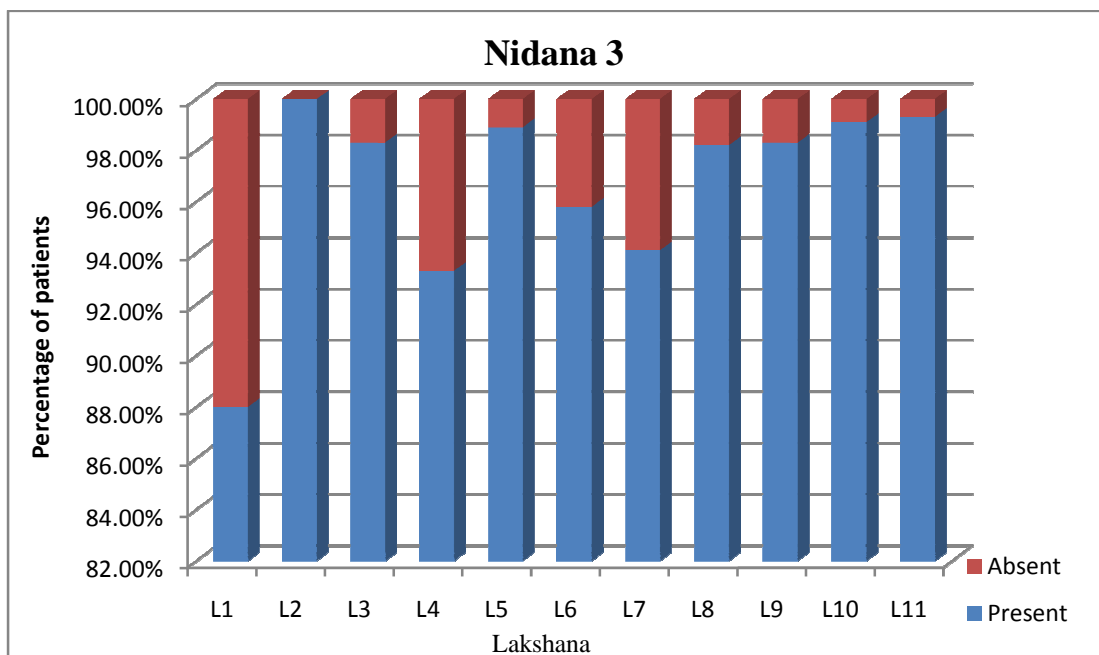
Graph no 7.1: Percentage (%) of Lakshana present and absent under Nidana 1



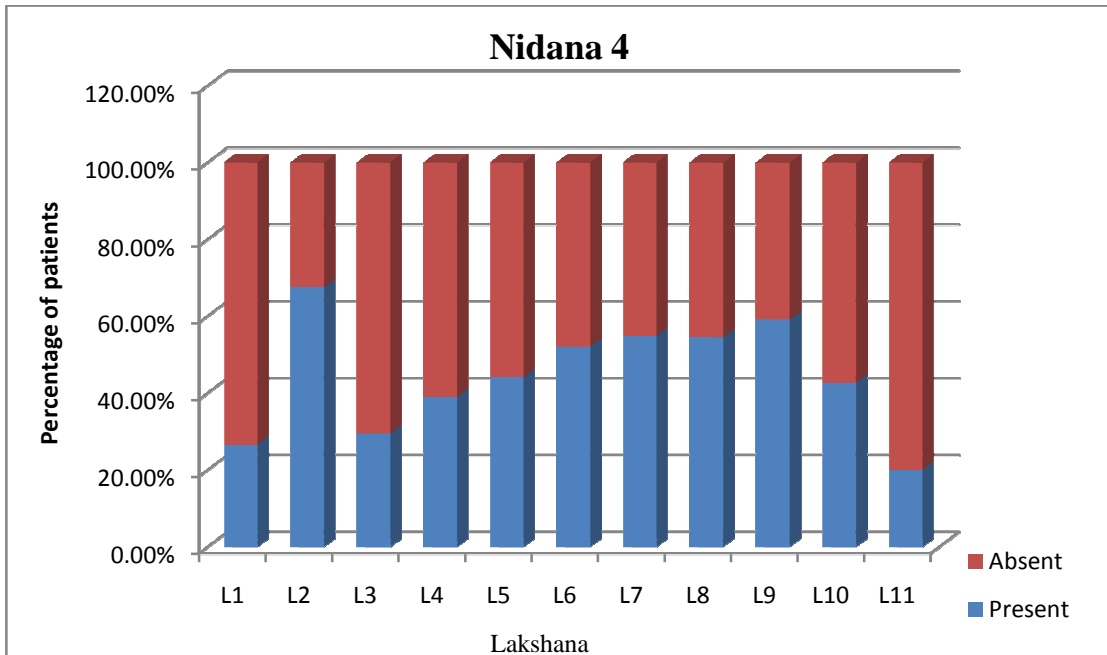
Graph no. 7.2: Percentage (%) of Lakshana present and absent under Nidana 2



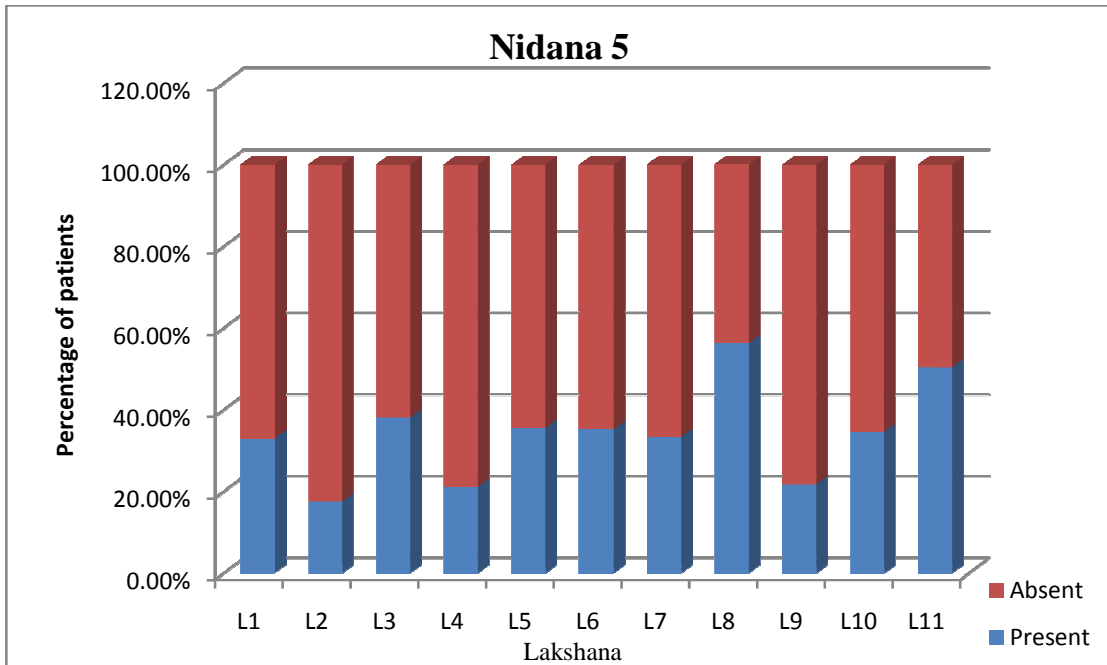
Graph no. 7.3: Percentage of Lakshana present and absent under Nidana 3



Graph no 7.4: Percentage (%) of Lakshana present and absent under Nidana 4



Graph no 7.5: Percentage (%) of Lakshana present and absent under Nidana 5



CHAPTER 8

DISCUSSION

Discussion is based on the literature review as well as observation and results. The matter collected thus will be taken for discussion individually and analyzed critically.

Discussion on निदान विवेचन:

The word nidana has a wider applicability. This is a reason for a disease. Observing this, one can get to know about the ailment. Rest of the factors, poorva roopa, roopa, upashaya and samprapti also help us in knowing the disease and thus they act as a reason for the disease knowledge, they all can be termed as nidana itself. Hence they all together are called as Nidana panchaka.

Thus, analyzing a disease would be incomplete if any of these factors are ignored. A disease need to be analyzed in all these five perspectives. As they indicate about a disease in different levels, we can not call them as a repetition of the same factor (कृतकरणत्व/पिष्ट पेषण)

‘Ni’ upasarga indicates that it is nishchita, a definite factor. One which gives or leads specifically is called as nidana. Nidana is not some vague factor that can lead to any karya.

In this work, only nidana (hetu, kaarana) and lakshana are emphasized.

A factor is called as nidana only when it leads to some infirmity. Unless it causes some problem ‘nidanatva’ will not be applicable for it.

The word iti kartavyata is used synonymous to Samprapti, hence, to show the difference between the *Nidana* and Samprapti, the author has quoted Sa- iti kartavyata. The word ‘iti’ is indicating the specificity of the factor, reflecting that, *Nidana* has some specificity. Kartavyata is indicating that the *Nidana* has been assigned with a specific job to do. Hence, we can say that, *Nidana* is one which has a goal of instigating a specific disease.

Sannikrushta etc types and classification of the nidana gives us the different perspective of the nidana.

Discussion on the types of nidana:

सन्निकृष्टादि भेदः

The word 'Sannikrushta' itself indicates the 'near most' hence, dosha prakopa itself is the near most cause for a disease. Importance of sannikrushta is evident in the classics where all the diseases have been explained mentioning this causative factor only.

विप्रकृष्ट is an indirect way of dosha prakopa. Such a type of nidana can never be ignored as they are often hidden and may go unnoticed. Shleshma which was sanchita in shishira rutu goes for prakopa in vasanta rutu, here sanchaya which is happening in shishira rutu can only go for prakopa, if there is no sanchaya in previous rutu, that dosha can never go for prakopa. In this shishira rutu is the viprakrushta kaarana.

व्यभिचारी is a contributory cause for the main cause, if the bala of the dosha is retained/ maintained then only it will be viable for the disease production. In a time frame, if dosha gets weakened or anubandha with the dushya is loosened, it may fail to lead to a disease.

प्राधानिक is an external factor which can cause an infirmity instantly. Like visha which has a rapid action, would not wait for chaya, prakopa etc stages to happen.

असात्म्येन्द्रियार्थसंयोगादि भेदः

- चक्रस्तु-मिथ्याज्ञानकृतब्रह्मवधादिजन्मनोऽधर्मस्य प्रज्ञापराध एव मूलं बलाबलं त्वत्र न निरूप्यते, रोगकारणत्वेनाधर्मस्य सर्वथा सिद्धत्वादिति।।

Adharma as a reason for the onset of any disease is been incorporated in kala itself as the karma done in such a way expects a time to exhibit its effect. But according to Chakrapani, such acts will be because of the mithya jnana and thus, can be included under Prajnaparadha.⁸⁵

Thus all the three nidana can be incorporated in to Prajnaparadha itself.

How can we say that a person who may consume a poison accidentally be brought under prajnaparadha?

It can be justified that without knowing or analyzing a dravya if it is poison or a consumable food item, how can one could consume it? In sadvritta also it has been advised that one should be aware of himself and even water from an unknown source should not be consumed.

How can a small kid may get affected from a disease be brought under prajnaparadha?

That kid is too small to understand all these instruction?

Until the childhood completes, that kid is considered to be under the custody of its parents. Here prajnaparadha will be related to the parents who fail to take care of the child from such exposures.

Thus in all the ways the reasons may be brought under the umbrella of prajnaparadha.

दोषहेतु आदि भेदः

In this, dosha hetu is one which takes a regular course of development of disease like poorvaroopa, roopa etc.

Vyadhi hetu is like a direct hit, brings about a direct infirmity. Such a hetu will be specific to a disease just like mrutbhakshana for pandu.

Ubhaya hetu is a combination for both dosha and vyadhi. Traveling on an elephant, horse, camel while having food may be a reason for dosha prakopa and vyadhi specific also.

उत्पादकादि भेदः

उत्पादकहेतु is the originator ie., the direct reason for dosha increase whereas, व्यञ्जकहेतु is a factor for its expression. The word व्यञ्जक itself indicates the expression. Shishira rutu is the utpadaka hetu for kapha(sanchaya) whereas vasanta rutu is a vyanjaka hetu (prakopa). Both these causative factors would be required for a disease. Sometimes the increased dosha would be waiting for a push to produce a disease.

तत्रस्थाश्च विलंबेरन् भूयोहेतुप्रतीक्षिणः । ॥अ.हृ.सू. ॥

तत्रस्थाश्च विलंबन्ते कदाचिन्नसमीरिताः। नादेऽकाले कुप्यन्ति भूयोहेतुप्रतीक्षिणः । ॥च.सू. ॥

Dosha which has aggravated may make a delay waiting for a hetu for prakopa.⁸⁶ Until and unless the prakopa hetu is not available, it may not cause a disease.⁸⁷

In such a situation, we can understand the situation with dual causative factors co-ordinating to form a disease. Both of these would be required for a disease to manifest.

बाह्यादि भेदः

बाह्य external cause for example, ahara, achara and kala and आभ्यन्तर is the internal cause for example, dosha and dushya.

The same may be named as nija and agantu. Though agantu causes the vyadhi directly it should take the association of dosha later on.

Among bahya kaaranas, ahara does the dosha prakopa etc inside the body which is a abhyantara kaarana. Here, bahya kaarana in the form of ahara and kaala precedes the abhyantara kaarana.

निदानार्थकर रोगः

In nidanarthakara roga, one disease will become a causative factor for another disease. For example, jwara leads to raktapitta, raktapitta can cause gulma etc. here, the previous disease acts like a causative factor for the next one due to the similarity in its samprapti (cross over to the next disease's samprapti)

After causing the next disease, the previous disease may disappear or may continue to co-exist. As the diseases add on (vyadhi sankara), it moves gradually towards asadhyatva.

Relation of Nidana with dosha and dushya:

Based on the reference in cha.ni.4th chapter, we can understand the importance of a appropriate union between nidana, dosha and dushya. No association between them leads to non- onset of a disease itself. If it takes much of a time for their union, brings about a delayed onset of disease, if the union between them is too fragile, it produces incomplete or fewer symptoms. Hence for a proper and stronger disease to occur there is a need of an appropriate, timely and stronger union of nidana, dosha and dushya would be required.

It can be taken as a tool for the treatment also. If we are successful in delaying their union, we can prolong their onset, if we break their union, we can dissolve the possibility of their onset, if we make them weaker, and we can avoid a major outbreak of the condition.

Discussion on synonyms:

Nidana has many synonyms like निमित्त, हेतु, आयतन, प्रत्यय, उत्थान, कारण, कर्ता, समुत्थानं, निदान, योनि, मूल, मुख and प्रकृति. They give different perspective indicating the nidana.

These may be used to indicate speciality in understanding the different meanings.

निदान means, one which gives, one which holds, supports and nourishes. निमित्त means, to make snehana, indicates that there will be a continuous existence of the reason until the vyadhi is produced. हेतु is one which spreads the Karya. आयतन indicates the effort or to employ and will be persisting throughout the length of the disease

progress. प्रत्यय means it helps for the development of a disease. उत्थान means, the reason is upraising a disease. कारण means one who does the job. मूल indicates to sow the root, establishment of the root. प्रकृति is production or the fastening the process of production. कर्ता follows the similar meaning as that of प्रकृति.

All together we can understand that, right from the time of consumption, nidana stays until the disease gets manifested. This ensures the condition to reach the disease status.

Discussion on लक्षण विवेचन:

The word lakshana indicates the expression of anything, especially disease (which is a resultant of consumption of a nidana)

Lakshana is a later or continued state of poorvaroop. Sometimes the poorvaroop continues along with the roopa or it may disappear soon after. Addition of both poorvaroop and roopa may precipitate the poor prognosis of the disease.

Among the six kriyakaala, the vyakta avastha is called as lakshana. In a conventional development of a disease, dosha has to cross through all the previous stages to reach vyakta avastha.

Features of lakshana:

Sometimes,

- A single symptom may be observed in multiple diseases.
- A single symptom in a single disease.
- Many symptoms in a single disease and
- Multiple symptoms in multiple diseases.

Lakshana may be samanya and vishesha. In a given disease, certain symptoms are present irrespective of the dosha involved in it. For e.g.; taapa in jwara. And in some of the conditions, symptoms may change according to the dosha pradhanyata in a single disease. For e.g.; chalatva in vataja gulma.

Synonym of Lakshana:

१. संस्थानम्
२. व्यञ्जनम्
३. लि.ऽम्
४. लक्षणम्

५. चिह्नम्
६. आकृतिः
७. रूपम्

The word संस्थान is used to denote that it establishes the diagnosis of a disease or stabilizes it. व्यञ्जनम् means to unite or to make union of all the factors which may contribute for the production of a disease will be set at one place and designated. लिङ्गम् means the nomination of a disease. लक्षणम् is one which is perceptible through the sense organs. चिह्नम् means to prepare or to comprehensively create. आकृति is to express the shape of the disease. रूप brings in the clarity in the knowledge by removing the false one.

Thus, lakshana has different synonyms which collectively mean that it is a denomination, stabilization of a disease, conglomeration of all the factors responsible which are perceptible through the sense organs ultimately expressing the disease.

Lakshana is brought under the nidana panchaka as it is a jnapaka hetu. i.e., it gives the knowledge of a disease.

If a symptom is been observed in a given patient, should it be considered as roopa or poorvaroopas? It's the time factor which differentiates whether it is a poorvaroopas or roopa. Vishishta poorvaroopas exhibit the dosha dominance in it but the timing will be prior to the main outburst of symptoms.

Not all the symptoms observed should be the belonging to the same disease. धर्म resides only in धर्मी, and if there is no धर्मनिष्ठा, we can not attribute those symptoms to that particular disease. As example was taken, darkness of nail bed is not a symptom of arsha vyadhi but if that is seen together, that darkness of the nails will be the symptom independent of arsha vyadhi.

अवयवसमूह is अवयवी. Hence, व्याधि and लक्षण are different from each other. Group of symptom is called as vyadhi. But in case of certain diseases, kasa may be a symptom? Kasa can be a disease also. Hence it becomes utmost important that a doctor should be vigilant to differentiate the symptom with the disease. Also, it should be taken as symptom of that stage of the disease and not as an independent disease.

A symptom is just an indicator of an underlying pathology, itself is not a disease. Even in case of manasika gunas are involved in a disease, it is a part of that shareerika vyadhi itself not an independent condition.

लक्षण भेद are दर्शनगम्य लक्षण, स्पर्शगम्य लक्षण and प्रज्ञगम्य लक्षण. Among these, the first two (दर्शनगम्य लक्षण and स्पर्शगम्य लक्षण) can be brought under signs and the प्रज्ञगम्य लक्षण can be understood as symptoms.

Discussion on Karya Kaarana Siddhanta:

The three basic essentiality for a factor to be called as kaarana are,

१. अनन्यथासिद्धित्वं
२. नियतत्वं
३. पूर्ववर्तित्वं

These three are essential for a nidana to be called so. These three should essentially co-exist. Ananyatasidditva indicates the inevitability for the karya to have the specific kaarana. Niyatatva indicates the definite presence and poorvvaritva indicates the timing of the factor i.e., prior to the karya.

Even in case of trividha kaarana, it is essential to have all the three types of nidana (समवाय्यसमवायिनिमित्त) to co-exist.

Tridosha are the samavayi kaarana in a vyadhi as without which a disease can never exist. Union of the dosha and dushya is asamavayi kaarana and nimitta kaarana are one which trigger the dosha prakopa, union of the dosha and dushya. The causative factors quoted in the texts are nothing but the nimitta kaaranas.

Discussion on Satkarya vaada:

Bauddha darshana says that sat (existant) is produced by asat (non-existant). Nyaya and Vaisheshika darshanas say that sat (kaarana) produces asat (karya). Vedanta darshana says that sat (kaarana) produces vivarta (imagined) karya, there would not be any actual existence of any karya in reality. But Saankhya darshana says, sat kaarana produces sat karya.

Bauddha darshana says asat (kaarana) produces sat (karya). It is quite unacceptable that an already non existing kaarana can lead to an existing karya. A causative factor not consumed or it is absent from the disease scenario can never cause a disease.

According to Nyaya darshana, sat (kaarana) produces asat (karya). Even this view can not be accepted as there should be a relation between karya and kaarana. If sat is

producing asat then there can not be any relation happening between them at all. Also, if it is justified that a newer karya is produced irrespective of a kaarana, then again there would not be any relation between them.

Justification for the Sat-karya:

There should be a relation between kaarana and karya otherwise, any kaarana can produce any karya. Any causative factor can cause any disease, there will not be any logic behind mentioning nidana separately for every disease.

By the five point explanation given by sankhya असदकरणादुपादानग्रहणात् सर्वसम्भवाभावात्, शक्तस्य शक्यकरणात् कारणभावाऽ, we can establish the stand of sat-karya vada.

Vivarta vaada says about the existence of only brahma in every karya and kaarana. To justify our stand in the current topic, we can say that both karya and kaarana are one and the same and karya is just vivarta. According to this vaada, in a disease, kaarana and karya are just different presentations hence, we can say that kaarana itself is the karya and karya is just another form of kaarana. Thus, without any further effort we can prove that there is a definite relation between karya and kaarana. Aadhara and aadheya sambandha need to be found between karya and kaarana but here, we can not find any such relation.

Discussion on vyadhi utpadaka pratibandhaka bhava:

It has been made clear about the three factors responsible for vyadhi utpatti. That explanation is common for all the diseases by default. It has been explained in prameha nidana as these three factors are clearly visible participating in prameha vyadhi.

Not only nidana, dosha and dushya are responsible for the onset of a disease. There are many other factors equally involved.

By observing these three factors and the explanation given, we can analyze few things. For any disease to happen we need these three factors but this applies more suitably with nija rogas. Agantu rogas have a different beginning later following the regular samprapti.

We need following situations in accordance with these three factors such as, their union, timely union and a stronger union. If any one factor among these gets disengaged leads to failure in manifestation of disease. If we make this disengagement by efforts (treatment), we can arrest the disease. If there is a delayed union, they lead

to delayed manifestation of disease. If by any effort, their union is delayed, we can prolong their manifestation. This idea may be useful in case of some yasya vyadhi where treatment is possible only through yajana, and person will be living until he has ayu. Also, when we delay their manifestation, there are chances that the dosha may get weaker in a time frame and disease may not or mildly manifest and sometime the dosha may fail to unite also. In the third case, if there is a weaker union or the any of the three factors are weaker, the milder disease or with lesser symptoms it will be manifesting. Here also, if we make any of these factors as weaker, we can restrict the disease intensity. Shodhana and shamana oushadhis help us in achieving the above ideas.

Discussion on Amavata:

It has been explained that viruddha ahara and viruddha vihara and a physical activity combined are the reasons for amavata. It is indicated that individually neither viruddha ahara vihara nor activity can cause it. There are many diseases explained in our classics which quote ahara vihara are the factors play a role of nidana. Ahara and vihara can be reasons for any disease? When consumed, can it lead to any disease?

If it could cause any disease vaguely, then what is the necessity for mentioning nidana separately in every disease?

- आहारात् संभवं वस्तुः रोगश्चाहारसम्भवः ॥ ।च.सू.॥

Though it suggests that ahara vihara is the reason for the existence of body⁸⁸ and can cause any disease, it is not vague. If it was so, there was no need of mentioning nidana separately in every disease. And in every disease, the activity of the dosha can be observed differently. The way how dosha aggravates also does matter. In case of Amavata, it is evident that combination of viruddha ahara and cheshta is a primitive reason for amavata.

When ahara is consumed and immediately worked physically, it tends to circulate ama due to increased activity of vata dosha, gets propelled in to dhamanis, reaching out to shleshma sthana. That anna rasa which is called as ama will be affected by tridosha (being viruddha ahara and kapha which is produced as first dosha during digestion, pitta due to vidagdha avastha and vata by its propulsion). This ama blocks the different channels having too much of picchilata in it. Produces heaviness in chest and weakness. Reaching out to trika sandhi it produces stiffness of body.

In this samprapti, different factors play the role of nidana such as,

Viruddha ahara for tridosha prakopa

Cheshta –immediately after viruddha ahara or snigdha ahara for propulsion of sneha or dosha

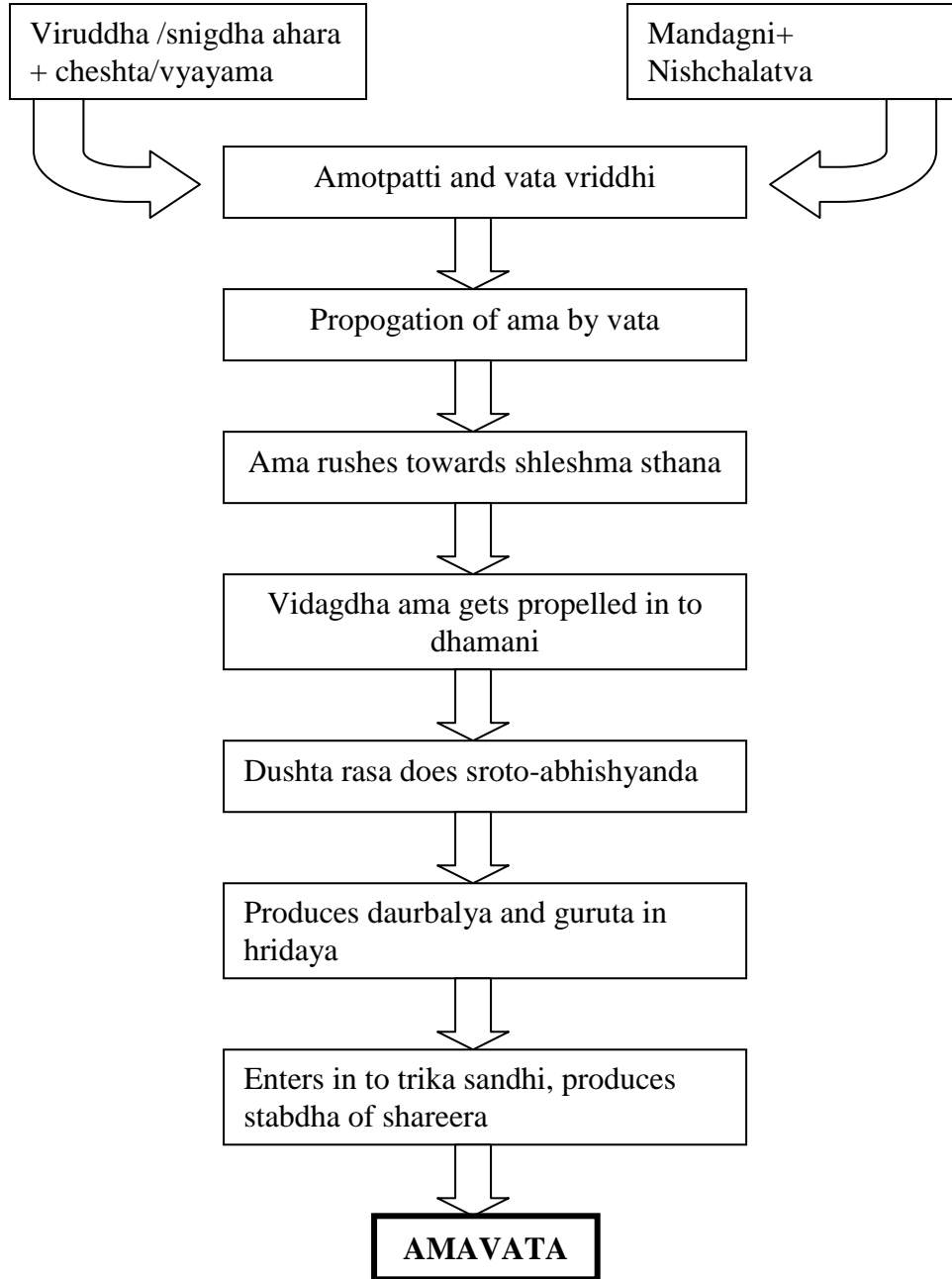
Mandagni which is contributory for ama

Nishchala – inactivity leading to delayed digestion, kapha vriddhi.

Added to the above reasons, if the dushta ama reaches out to shleshma sthana, if it spoils the srotas by abhishyanda, if reaches to trika sandhi it can produce the symptoms quoted in amavata.

All these indicates that there is a definite pattern for the development of amavata, alone ama does not cause amavata.

Chart no.8.0: Amavata samprapti



Avarana in amavata:

As explained in vata vyadhi chikitsitam adhyayam, there are two types of vata vyadhi,

1. kshaya janya and
2. avarana janya

When we observe such types, we can observe that in all types of vata related diseases, vata vriddhi will be either of these two. In Amavata also, there are two sets of reasons mentioned. When assessed, we can understand that viruddha ahara is ama and tridosha vardhaka and viruddha cheshta is the reason for vata vriddhi which makes the

dosha and ama to get propelled. In second case, mandagni is a reason for ama and nishchalatva is again a reason for kapha dosha to increase which blocks the pathway of vata. First condition indicates kshayaja vata vriddhi whereas second one is for avarana janya vata vriddhi.

Relation between nidana and lakshana of amavata:

As per the nidana and symptoms of amavata, we can assess that there are specificity of nidana for a specific symptom.

Angamarda is a contribution of viruddha cheshta, aruchi is from mandagni, trishna from vidagdhatva of ahara, aalasya and gaurava are again because of gurutva of ama, jwara is a resultant of ama, apaaka is the amavastha and shoonata of anga is due to propagation of dosha in to dhamanis all over.

Table no. 8.1: Correlation of symptoms with nidana of Amavata

Sl. No	Symptom	Nidana
1	Angamarda	Viruddha cheshta
2	Aruchi	Mandagni
3	Trishna	Vidagdha ahara
4	Alasya	Gurutva of ama
5	Gaurava	Gurutva of ama
6	Jwara	Ama
7	Apaaka	Ama
8	Shoonata of anga	Dosha in dhamanis
9	Gaatra stabdata	Doshas in trika sandhi

There are different ways we can interpret the relation between nidana and lakshana, if we cross check the symptoms in other diseases, we can get to know the methodology of its development.

Relation between nidana and lakshana based on dravya, guna and karma:

It can be observed that both in nidana and lakshana have same qualities indicating that nidana has itself lead to that specific lakshana.

Table no. 8.2: Involvement of Dravya, Guna and Karma in Amavata

Sl.no	Nidana	Lakshana	Dravya	Guna	Karma
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			Involved	Involved	involved
1.	Viruddha cheshta	Angamarda	Vata	Chalatva	Rujaa kartrutva
2.	Mandagni	Aruchi	Pitta	Dravatva	Ruchi
3.	Vidagdha ahara	Trishna	Pitta	Ushna	Paaka
4.	Gurutva of ama	Alasya	Kapha	Guru	--
5.	Gurutva of ama	Gaurava	Kapha	Guru	--
6.	Ama	Jwara	Tridosha	Ushna, chalatva, manda	Ahara paaka, chalatva, ambu karma
7.	Ama	Apaaka	Tridosha	sheeta, chalatva, manda	Ahara paaka, chalatva, ambu karma
8.	Dosha in dhamanis	Shoonata of anga	Tridosha	Chalatva, sara, drava, guru, manda and sthira	--
9.	Doshas in trika sandhi	Gaatra stabda	Tridosha	Chalatva, sara, drava, guru, manda and sthira	--

In the first symptom mentioned, anga marda is due to the hampered chalatva guna of vata dosha, as it has been explained in vata vyadhi that avyahata gati of vata dosha will always attribute to health and obstructed one leads to the diseases, and in prameha and gulma nidana it has been explained that vishama shareera nyasa is the reason for the mamsa to get involved, here mamsa which is hampering the regular movement of vata in it leading to anga marda.

Aruchi is a contribution of mandagni by increased dravatva of agni. A normally functioning pitta and agni are required for the taste and digestion. In jwara samprapti, charakacharya explains that agni will be spoiled by dravatva of pitta (in pittaja jwara). Trishna is caused by vidagdha ahara as a resultant of mandagni. Vidagdha is a type of ajeerna caused by pitta dosha. Also, the udaka pramana in shareera when decreases, it leads to trishna. Udaka pramana comes down because of ushna guna of pitta.

Alasya is a contribution of kapha dosha which has increased. Increased kapha dosha tends to bring gurutva in indriya which in turn leads to loss of interest in doing anything.

Gaurava is also from vriddha kapha only. it produces gurutva in shareera. Person feels heavy physically.

Jwara will be caused due to the ama. It has been explained under the context of jwara how ama leads to jwara. Vata dosha takes out the warmth of agni present in paaka sthana, kapha spoils agni by its sheeta and manda guna, pitta is in the form of agni itself. By this, digestion gets hampered leading to further production of ama.

Apaaka or indigestion is due to hampered agni by doshas as explained earlier.

Shoonata of anga will be due to the entry of the doshas in to dhamanis all over propelled by vata dosha.

Stabdhata of gaatra or stiffness of body is seen when doshas enter trika sandhi. Trika sandhi is an important site in shareera where three anga's meet. It acts like a stabilizing pivot for the stand erect posture of the body. When doshas enter, it tends to reduce flexibility and though person wants to bend down, he fails to do so.

Relation between nidana and lakshana based on darshanas:

Different darshanas propagate different opinions regarding the relation between karya and kaarana. We should not forget that lakshana is an exhibition of karya, itself is not a karya. Sankhya darshana propagates satkarya vada, bauddha darshana propagates kshana bhangura vada, nyaya and vaisheshika propagates asatkarya vada, Vedanta propagates vivarta vada. It can be referred again in the following chart,

Table no. 8.3: Karya and Kaarana according to various darshana

Sl.No.	Darshana	From (Kaarana)	To (Karya)
1	Bauddha darshanas	Asat	Sat
2	Nyaya, Vaisheshika	Sat	Asat
3	Vedanta (advaita)	Sat	Vivarta
4	Sankhya	Sat	Sat

If we consider the opinion of bauddha darshanas, the nidana which are consumed will become non existent after leading to the production of a newer existent nidana, proceeds further ending up in to amavata exhibiting the symptoms. Here, amavata becomes sat at certain point of time. But, bauddha darshana says further that there should be a destruction of previous matter once the next one is produced. In case of amavata, nidana should disappear or destroyed once amavata is manifested. But, as nidana may continue to be consumed and such persistence of nidana will strengthen the samprapti. To be more precise, nidana once taken will lead to a dosha prakopa and that dosha prakopa continues further its journey towards formation of disease. Nidana once taken may not continue to exist but the impact of that nidana persists and continues. Continuation of nidana will impact on newer addition of dosha by aggravating them. In such case, we can witness the presence of nidana while amavata has manifested.

Charakacharya accepting this view says that the matter leads to another newer matter which is of same appearance. This point of charaka justifies that nidana and vyadhi are of same appearance and this appearance itself is lakshana.

Charaka says,

- न ते तत्सद्गुणास्त्वन्ये पारंपर्यसमुत्थिताः । सारूप्याद्ये त एवेति निर्दिश्यन्ते नवा नवाः ॥

भावास्तेषां समुदयो निरीडाः सत्त्वसंज्ञकः । कर्ता भोक्ता न स पुमानिति केचिद्व्यवस्थिताः ॥

॥ च.जा. १/४६,

४७॥

- निमेषकालाद्भवानां कालः शीघ्रतरोऽत्यये । भग्नानां न पुनर्भावः कृतं नान्यमुपैति च ॥

॥ च.जा. १/५०॥

This justifies the production of newer thing out of old thing. Previous matter will lead to a similar next matter and this process is continuous. Such developments happen so rapidly that one can not witness. This theory is called as Swabhavoparama vada.⁸⁹

Every time a person consumes nidana of amavata (afresh) he might end up with a fresh onset of amavata. Here, we can say that every time a newer thing has produced i.e., amavata. Here also, according to Swabhavoparama vada amavata will be produced continuously. This process starts right from the time of consumption of nidana. Older state of amavata will lead to a similar and newer state of amavata. Thus, a newer form of amavata also should have similarity with the previous one.

If we consider asatkarya vada as explained by Nyaya and Vaisheshika darshana, sat kaarana produces asat karya. In case of amavata, nidana sevana is said to be (sat) existing i.e., person consumes amavata nidana but amavata itself is asat? At this stage, it becomes difficult to accept the non-existence of amavata as its existence is evident. There will be no relation between the nidana (producer) and vyadhi (production). But production, by default has a relation with producer but here there is no such relation observed. Existent matter will lead to another existing matter only. If karya is asat, we can conclude that there was no such production related activity happened at all. Asatkarya vadi says that, nidana will always be existing but vyadhi will be produced afresh. But a factor will be called as nidana only when it leads to some infirmity. It attains the name, nidana if it leads to some vyadhi. Otherwise we have to call them just as ahita ahara and vihara only. Added to that, if nidana existed but not vyadhi, a single nidana can lead to any vyadhi which is non-acceptable.

Nidana can lead to different vyadhi based on the situation given.

- करणान्यान्यता दृष्टा कर्तुः कर्ता स एव तु । कर्ता हि करणैर्युक्तः कारणं सर्वकर्मणाम् ॥

॥ च.जा.१/४९॥

Karta (doer) will be same whereas his karya based on the different karana (media/instruments) he uses. Karta is empowered so much that, with different karanas, he can do all the karma.⁹⁰

Vedanta darshana says that, everything visible around is just a Vivarta, an illusion. Reality is only one and that is brahma. If we consider this opinion, we can say that both amavata and its nidana are illusions only. Analyzing further, we can say that there is no difference between nidana and amavata (and its lakshana) as everything is an illusion only. Thus, we can directly say that nidana and lakshana are identical in their appearance as both are illusions.

In Tarka, it has been clearly explained the relation between nidana and lakshana. It is asamavayi sambandha between nidana and the lakshana.

- यथा तन्तुसंयोगः पटस्य, तन्तुरूपं पटरूपस्य । ।तर्कसङ्ग्रह॥

Tantu (threads) are the kaarana and pata (cloth) is the karya.⁹¹ Tantu is the samavayi kaarana for pata whereas tantu samyoga is asamavayi kaarana for pata. Similarly, tantu roopa is the asamavayi kaarana for pata roopa. Asamavayi kaarana is characterized by having intimate relation either with karya or kaarana. Whichever appearance tantu has in it will be similarly seen in pata also. This statement indicates

that the appearance continue from kaarana till karya. Applied to the amavata vyadhi, whatever is the appearance of nidana, similarly be observed in amavata also. This establishes the relation between nidana and lakshana according to tarka.

According to Ramanuja darshana who propagates advaita siddhanta, everything in this world is an illusion and only truth is brahma. We can say that there are no different entities called as nidana, lakshana etc thus all are same. Nidana and lakshana have no separate feature, there is oneness in them. Thus, whatever is the feature or appearance of nidana (as an illusion) has similarity with features and appearance (lakshana) of vyadhi (which is also an illusion).

Sankhya darshana propagates satkarya vada. According to sankhya, Sat (existing) kaarana can only produce Sat (existing) karya. Both are Sat only. There is a Saahacharya between kaarana and karya thus whatever is the indicator of the karya will also have that saahacharya. If amavata nidana had the factor of producing amavata, it can produce amavata. Sankhya darshana justifies satkarya vada using five points.

1. असदकरणात् (Asadakaranaat)
2. उपादानग्रहणात् (Upaadaana grahanaat)
3. सर्वसम्भवाभावात् (Sarva sambhava abhaavaat)
4. शक्तस्य शक्यकरणात् (Shaktasya shakya karanaat)
5. कारणभावात् (Kaarana bhaavaat)

They use these five points to counter the claims made by their counter parts. It has been critically analyzed in review. There should be an active relation existing between karya and kaarana for the production of karya from that kaarana. Hence, only existing kaarana can cause existing karya.⁹²

Though there is a difference between kaarana and karya, it is just another form. If different matters are related, then production can not occur. Kaarana is submerged in karya gradually and taking the form of karya. By such transformation, kaarana takes the appearance and features of karya. In such a scenario, it is just a transformation from one appearance and feature to another, not a total conversion. Thus, kaarana does not loose its qualities during transformation.

In Bhagavadgita, it has been said that, there is no existence for asat and there is no destruction of sat. Hence, we can say that sat is always present and eternal, there is no place for asat. Hence, both karya and kaarana are sat only.

For Vivarta vada, sankhya darshana says that, as the illusion gets cleared by subsequent knowledge, we can not call everything as brahma. There is a difference between brahma and the world. Thus both karya and kaarana is not an illusion.

By above clarification, we can say that transformation, earlier state of kaarana and later state of karya are not illusions.

Who is karta, what is karana, which are all kaarana, what is karya yoni and what is karya?

Karta (doer) is the one who does the karma with the help of karana (media/instrument). Karta may be taken as atma. Atma, though it is one, it may be regarded as two Paramatma and jeevatma. In the present context, we may take it as jeevatma, in deeper sense, it can be meant as “self”. Grossly, it means the person himself responsible for all the situations he may come across in his life. Even in sutra sthana of charaka samhita, it has been explained as all the reasons may collectively be brought under ‘prajnaparadha’.

- ये भूतविषवाय्वग्निसंप्रहारादि संभवाः । नृणामागन्तवो रोगाः प्रज्ञा तेष्वपराध्यति ॥

ईर्ष्याऽऽक्रोधमनद्वेषादयश्च ये । मनोविकारास्तेऽप्युक्ताः सर्वे प्रज्ञापराधजाः ॥

॥च.सू.७/५१,५२॥

The agantu rogas by bhuta, visha, vayu, agni are said to be due to prajnaparadha itself. All types of manasika vikaras like irshya, shoka, bhaya, krodha, maana, dvesha etc are brought under prajnaparadha only.⁹³

Not only manasika vikaras are brought under prajnaparadha., even shareerika vikaras are also considered to be due to prajnaparadha only.

- प्रज्ञापराधाध्यहितानर्थान् पञ्च निषेवते । संधारयति वेगांश्च सेवते साहसानि च ॥

तदात्वसुखसंज्ञेषु भावेष्वज्ञोऽनुरज्यते । रज्यते ने तु विज्ञाता विज्ञाने ह्यमलीकृते ॥

॥च.सू.२८/३९,४०॥

Person who takes ahara which is against pancha arthas (asatmyendriyarthasamyoga), does vega dharana, does sahasa, who prefers the short time comforts and consumes them will be affected by shareerika vyadhis.⁹⁴

Thus we can say that the person himself/herself is responsible primarily for any type of infirmity in him/her. Hence, karta will be 'Atma' himself.

- स्वकृतं आत्मना कृतम् । ।च.सू.११/३१ चक्रपाणि
॥

Kaarana is one which 'does' the karya, itself called as hetu and karta.⁹⁵

- करोतीति स्वातन्त्र्येण करोति । तेनेह कारणशब्देन स्वतन्त्रकारणं कर्तृलक्षणमुच्यते ॥ ।च.वि.८/६९ चक्रपाणि ॥

It does (the karya) independently. Doing the karya independently itself is the feature of 'kartru'. In the present context, kartru and hetu are indifferent.⁹⁶

- स चात्र कर्ता कारणशब्देनोच्यते ॥ ।च.वि.८/७० चक्रपाणि ॥

Here, karta (kartru) is termed as kaarana.

- यत्तु कर्त्रधीनव्यापारे साधकतमं, तत् करणम् । कर्तृत्वं च तस्यैव मुख्यं यो हि बुद्धिप्रयत्नयुक्तत्वादितरकारणप्रेरको भवति, अचेतने तु कर्तृत्वव्यपदेशः स्वातन्त्र्यविवक्षया भाक्तः ॥ ।च.वि.८/७० चक्रपाणि ॥

The one which is the most essential instrument (साधकतम) for accomplishing the karya (कर्त्रधीनव्यापार) is called as karana. One gets the kartrutva which uses its buddhi and prayatna for inspiring/propelling the kaarana.⁹⁷

- करणं पुनस्तद् यदुपकरणायोपकल्पते कर्तुः कार्याभिनिवृत्तौ प्रयतमानस्य ॥ ।च.वि.८/७० ॥

Karana is the one which is used by the karta as an instrument for accomplishing the karya.⁹⁸

- उपकरणायेति कर्तुः संपाद्ये कार्ये सन्निहितं सहकारितया व्याप्रियते । कार्याभिनिवृत्ताविति कार्याभिनिवृत्तिमुद्दिश्य । यतमानस्येति यत्नं कुर्वतः । एतेन यः कार्ये कारणान्तर प्रेरकः ...॥ ।च.वि.८/७० चक्रपाणि ॥

Karana is a sannihita (sannikrishta) kaarana used by the karta as an instrument. Karta will be using it for a specific purpose of accomplishing the karya. Karana is different from karya though both are preraka (stimulating/inspiring) by being intimate for the purpose (sannihita).⁹⁹

- कार्ययोनिस्तु सा या विक्रियमाणा कार्यत्वमापद्यते ॥ ।च.वि.८/७१ ॥

Karya yoni is the one which gets transformed in to a different appearance called as karya.¹⁰⁰

- कार्यस्य योनिः समवायिकारणं कार्ययोनिः । येत्यादि या योनिः कारणरूपा विक्रियमाणा रूपान्तरमापद्यमाना कार्यत्वमापद्यते कार्यरूपा भवतीत्यर्थः । तत्र घटस्य मृत्तिका कार्ययोनिः; मृदेव ह्यवस्थान्तरप्राप्त्या घटो भवति ॥
॥च.वि.८/७१ चक्रपाणि ॥

Karya yoni is a samavayi kaarana with karya. Earlier appearance of karya yoni gets transformed in to another appearance. It gets transformed from karya yoni roopa to karya roopa.¹⁰¹

Comparing to the present context, the doshas which has its normal swaroota takes the form of amavata roopa. Thus samavayi kaarana can be proved. The karya yoni here is the doshas itself as discussed in the context of nidana vivechana. Such doshas taking the form of vikruta (by nimitta kaaranas), attains a different form called as karya.

- कार्यं तु तद्यस्याभिनिर्वृत्तिमभिसन्धाय कर्ता प्रवर्तते ।
॥च.वि.८/७२॥
- अभिनिर्वृत्तिमभिसन्धयेति कर्तव्यताबुद्धिं स्थिरीकृत्य ॥ ॥च.वि.८/७२ चक्रपाणि ॥

Karya is the target set by the karta for its driving force. Karya is the kartavyata buddhi according to chakrapani. The target or the aim or the purpose set for the karta for its onward propulsion.¹⁰²

After observing the explanation of karya yoni, we can ascertain that the explanation justifies Satkarya vada.

Are Dosha vaishamya and roga same or different?

- रोगस्तु दोषवैषम्यं, दोषसाम्यमरोगता ।
॥अ.ह.सू.१/२०॥

Dosha vaishamya is called as roga and dosha saamya is called as arogata (absence of disease).¹⁰³

- दोषाणां वातादीनां, वैषम्यं स्वप्रमाणादेकस्य द्वयोस्त्रयाणां वा वृद्धिः क्षयो वा, रुजाकरत्वाद्वोग एव । वैषम्यं विषमता स्वरूपाच्च्यावः । ततः कार्यकारणयोरभेदेन पठितो रोग इति ।
॥अ.ह.सू.१/२०सर्वा.५ सुन्दर ॥

Dosha means vata etc. either increase or decrease of one, two or all the three doshas is called as vaishamya. As it produces ruja (pain) it is called as roga. Vishama means

leaving off one's original form. Thus, here roga is said to be indifferent state of karya and kaarana.¹⁰⁴

- दोषदूष्याणां यद्वैषम्यं विकृतत्वं तद्रोगः। दोषाब्दोऽन्तरः। हेतुमात्रोपलक्षणः ॥

॥अ.ह.सू.१/२० आयुर्वेद रसायन ॥

Ayurveda rasayana says that vishamata of both dosha and dushya is called as roga. By mentioning the word dosha, only the inner causative (intrinsic) factor has been focused.

This indicates dosha vishamata alone is not called as roga. It needs another factor called as dushya (vishama dhatu/mala/upadhatu/dhatu mala) for the manifestation of roga. But, as increase or decrease of dosha alone can cause inconvenience (before the involvement of dushya) and that inconvenience may be considered as ruja, even this is termed as roga.¹⁰⁵

Discussion on observation:

Out of 362 cases taken, the cases between the age group of less than 30 years, 31-40 years and 41-50+ were categorized. Among them, between all age groups, it has been observed that overall, numbers of affected males were 141 and females were 221. In those three categories based on age also, in all age groups, female cases dominate in the number suggesting that amavata is more prevalent in females than males in all ages.

While observing the incidence among different age groups, it has been observed that, as age progresses, the percentage goes high. Older people are more prone for affliction.

Out of all cases, 61% of cases belong to females and remaining 39% is for males.

Based on occupation, salaried people contributes almost half of total population (48.1%) in getting amavata, perhaps due to the schedule of the work makes them to rush soon after food consumption. Housewives contribute next for the same (38.1%), the one who are in business contribute for 16.3% whereas students contribute least (1.9%)

Based on koshtha, Madhyama which is a kapha pradhana koshtha contributes highest (56.6%) for getting amavata. Mrudu koshtha contributes 28.2%, probably due to consumption of heavy food which may precipitate the formation of ama. Kroora koshtha also contributed 15.2% perhaps due to the large quantity of food and other mentioned causative factor for amavata.

Based on agni, it is imaginable that amavata must occur in persons with mandagni (61%) and other types of agni are least expected. But it has been observed that Vishamagni contributed for 22%, samagni 12.7% and teekshnagni 6.1%. As there are nimitta karanas available for amavata, we can say that even persons with teekshnagni may get amavata of course may not be due to agni.

Among coffee or tea consumers, it has been observed that incidence of amavata is up to 76.2% and non-consumers 23.8%. Tobacco consumers contributed only 5.5%. This indicates consumption of coffee or tea perhaps decreases agni precipitating the formation of ama whereas consumption of tobacco has no considerable significance for it.

Among the cases taken, majority were non consumers of alcohol. This may not be of much significance as the numbers of female patients were higher than males and it is not possible to conclude if alcohol consumption has no role in causing amavata. But among the cases taken, only 2.5% were consumers of alcohol and others only 4.1%.

Among the diet, both vegetarians and mixed (vegetarian and non vegetarians) seems to be indifferent in getting amavata. Though it is assumable that mixed diet would be harder to digest compared to vegetarian, during observation, 50.6% and 49.4% are vegetarian and mixed diet respectively.

Consumption of rasa had a mixed impact on amavata. Patients had different habits of rasa consumption. Among them, consumption of madhura rasa dominantly caused 24.3% of total amavata cases.

Among all cases in general, consumption of first three rasas like madhura, amla and lavana were seen to be involved. Consumption of next three rasas like katu, tikta and kashya (without any of first three rasas) contributed only 0.3% which is negligible.

For developing amavata, guru guna played its role for 85.1% and laghu guna 14.9% only. As per the expectation, guru guna must involve in developing amavata and laghu guna when taken in excess would result in gurutva only in developing amavata.

Sedentary life style perhaps contributes for the production of ama (and thus amavata) 62.4% whereas hectic schedule would precipitate the amavata samprapti (37.6%). Among hectic scheduled workers, we can say that, one who runs ahead with their work immediately after consuming food would end up getting amavata as ama will be propelled across the body as discussed earlier.

Household working environment (53%) also perhaps lead to ama and stressful working environment was seen to be contributing 47% for amavata. We can say that

working environment is insignificant for the production of amavata. Perhaps working environment would not contribute in any stage of development of amavata.

Among the total range of working hours between 6 to 12 hours, it is been observed that lesser the working hours, more is the probability of getting amavata. More in the number of working hours may or may not be regarded as hectic schedule but, mere increase in number of hours need not be hectic, and lesser the time of work with more stressful environment would impact more.

While checking for gastro intestinal system, normal and abnormal condition would mean any condition pertaining to the system so being normal or abnormal was immaterial for amavata. Both condition showed similar participation for it.

Frequency of Locomotor system (LMS1) showed that, 57.2% showed pain in joints collectively (single joint- 8.3% and multiple joints- 48.9%) whereas no pain in joints were 42.8%. Classical amavata condition does not exhibit the symptom of pain. It may be observed that in pravruddha amavata condition only the pain will be observed and if there was an additional situation along with amavata, pain may be observed. Moreover, as study includes other joint inflammatory disorders, those cases might have contributed in the data. It was observed that, patient who had discomfort in and around joints also projected and presumed it as pain in joints.

Frequency of sounds while locomotion (LMS2), sound was observed to be absent in 63.5% of total cases and sounds were observed among 28.5% of total cases. In vata prakruti persons, there will be sounds producing while locomotion. Here, sound produced are not checked if they are associated with prakruti or is it pathological.

Frequency of inflammation (LMS3) showed that 57.5% of cases didn't show inflammation over body. And remaining 42.5% had mixed symptom of mild (36.2%), moderate (5%) and severe (1.4%). Shotha is one among the symptoms of amavata.

Frequency of temperature (LMS4) showed absence of high temperature among 57.2% of cases. Remaining cases (42.8%) had mild (34.8%), moderate (7.7%) and high (0.3%) temperature. Jwara is one among the symptoms of amavata.

Frequency of nadi showed dominance of vata-pittaja nadi (42%) and least were vata-kaphaja (2.5%)

Mala was found to be prakruta among 99.7% and vikruta in 0.3%. It is predictable that mala should be saama but during observation, mala seemed to be unaffected.

Even for moothra where majority of cases were found to be prakruta moothra with 99.7% and vikruta in 0.3% only.

Jihwa pareeksha showed that 69.9% of cases had lipta jihwa (coated tongue) and remaining 31.1% of cases had alipta (non-coated tongue) suggestive of ama.

Sparsha pareeksha showed prakruta sparsha were 75.7% and vikruta sparsha were 24.3% which includes khara, rooksha and ushna sparsha.

Prakruti pareeksha showed that 42% of cases were found to be having vata-pitta prakruti, pitta-kapha prakruti stands next with 27.1% and last being vata-kapha prakruti with 0.8%.

Vikruta dosha (Vikruti 1) showed the dominance of vata (82%) and least being tridosha with 0.6%.

Vikruta dhatu (Vikruti 2) indicated that rasa is the main dhatu (dushya) 84.8% indicating the involvement of rasa dhatu in amavata and thus indicating the importance of ahara in the manifestation of amavata and asthi being the next dhatu which was observed to be involved with 14.6%. Both of these were seen to be together in very minimal number of cases. Not in all cases of amavata asthi need to be involved but in an advanced stage, its involvement cannot be ruled out.

Vikruta mala (Vikruti 3) indicated that sweda is the mala (dushya) which is involved in amavata.

Ahara shakti 1 (abhyavaharana shakti) a capacity to consume (quantity of food) was seen to be avara 51.1%, Madhyama with 45.6% and pravara with 3.3%.

Ahara shakti 2 (jarana shakti), a capacity to digest was seen to be avara 56.9%, Madhyama with 41.4% and pravara with 1.7%.

Vyayama shakti (capacity for physical activity) were Madhyama with 52.8%, avara with 42.5% and pravara with 4.7%. It can be understood that a person's capacity would come down in presence of amavata.

Again among the dosha and dushya, vata was found to be dominant as well as rasa and sweda are dushyas involved.

Srotas, eventhough it is one among dushya, rasa and sweda vaha srotas together share the major share with 68% moreover, rasa and asthi individually were seen in 14.4% of cases each. Rasa and asthi being together were seen in only 2.2% of all the cases, alone sweda in 0.6% of cases, and remaining only 0.3%. This indicates the involvement of rasa and sweda vaha srotas together for amavata.

Among the four lakshanas of srotodushti, only sanga (96.7%) and Atipravrutti (3.3%) were observed to be present.

Madhyama roga marga was observed in 75.4% of cases and Abhyantara in 21% of cases indicating that amavata is a condition which demands more effort to treat and is difficult.

Utpatti sthana was Amashaya (94.8%) as disease names itself.

Vyaktasthana was sarvanga in all cases. Amavata and other joint inflammatory disorders have their presence over whole body.

Presence and absence of ama could be easily elicited by the diagnosis itself. All amavata cases had ama by default and other joint inflammatory disorders were nirama.

Adhishthana of amavata was found to be whole body and other joint inflammatory disorders were limited to their joints.

Among 362 cases, 96.7% of cases were amavata and remaining 3.3% cases belonged to other joint inflammatory disorders.

With respect to the lakshanas and nidanas which were found in those cases need to be cross checked.

Discussion on Results:

Weakness (L1):

Weakness (L1) was found in 43.6% cases and for weakness, we can find the reasons 38.4% of Mandagni /reduced digestive capacity (N3), 29.3% of Viruddha ahara /incompatible food (N1) and 26.8% of Viruddha cheshta / improper activities (N2).

Heaviness in the chest (L2):

Heaviness in the chest (L2) was found in 31.5% of total cases. Among all nidanas, 31.3% of cases had Mandagni /reduced digestive capacity (N3), 21.3% of cases had Nishchala/Sedentary life style (N4) and 16.3% of Viruddha ahara /incompatible food (N1).

Stiffness of the body (L3):

Stiffness of the body (L3) was found in 48.6% of total cases. In this, 32% of Viruddha ahara /incompatible food (N1), 30.7% of Nishchala/Sedentary life style (N4) and 30.1% of cases had Viruddha cheshta / improper activities (N2).

Body ache (L4):

Body ache (L4) was found in 49.7% of total cases. In this, 46.4% of cases had Mandagni /reduced digestive capacity (N3), 24% of Viruddha cheshta / improper activities (N2) and 19.3% of Nishchala/Sedentary life style (N4).

Tastelessness (L5):

Tastelessness (L5) was found among 25.7% of total cases. In this, 25.4% of cases had Mandagni /reduced digestive capacity (N3), 17.4% had Viruddha ahara /incompatible food (N1) and 12.7% of cases had Viruddha cheshta / improper activities (N2).

Excessive thirst (L6):

Excessive thirst (L6) was found in 19.6% of total cases. In that, 18.8% of cases had Mandagni /reduced digestive capacity (N3), 13% of Viruddha ahara /incompatible food (N1) and 10.2% of Nishchala/Sedentary life style (N4).

Lethargy (L7):

Lethargy (L7) was found among 14.1% of total cases. In this, 13.3% of cases had Mandagni /reduced digestive capacity (N3), 10.5% of Viruddha ahara /incompatible food (N1) and 7.7% of Nishchala/Sedentary life style (N4).

Heaviness all over the body (L8):

Heaviness all over the body (L8) was found among 30.9% of total cases. In that, 30.4% of cases had Mandagni /reduced digestive capacity (N3), 18.5% of Viruddha ahara /incompatible food (N1) and 17.4% had Vyayama after snigdha ahara (N5).

Fever (L9):

Fever (L9) was found among 31.8% of total cases. In this, 31.2% of cases had Mandagni /reduced digestive capacity (N3), 18.8% of Nishchala/Sedentary life style (N4) and 13.5% of Viruddha ahara /incompatible food (N1).

Indigestion (L10):

Indigestion (L10) was found among 96.7% of cases. In this, 95.9% had Mandagni /reduced digestive capacity (N3), 51.4% had Viruddha ahara /incompatible food (N1) and 49.2% had Viruddha cheshta / improper activities (N2).

Swelling in the body parts (L11):

Swelling in the body parts (L11) was found among 37.3% of total cases. Under this, 37% of cases had Mandagni /reduced digestive capacity (N3), 26.8% had Viruddha cheshta / improper activities (N2) and 20.7% had Viruddha ahara /incompatible food (N1).

Among all the five nidanas, dominant five nidanas are considered under each lakshana and tried to analyze.

Table no 8.4: Correlation between nidana and lakshana

Sl.no	Lakshana	Nidana (dominant)	Percentage of involvement
1.	Weakness (L1)	Mandagni /reduced digestive	38.4%

		capacity (N3)	
		Viruddha ahara /incompatible food (N1)	29.3%
		Viruddha cheshta / improper activities (N2).	26.8%
2.	Heaviness in the chest (L2)	Mandagni/reduced digestive capacity (N3)	31.3%
		Nishchala/Sedentary life style (N4)	21.3%
		Viruddha ahara/incompatible food (N1)	16.3%
3.	Stiffness of the body (L3)	Viruddha ahara /incompatible food (N1)	32%
		Nishchala/Sedentary life style (N4)	30.7%
		Viruddha cheshta / improper activities (N2)	30.1%
4.	Body ache (L4)	Mandagni /reduced digestive capacity (N3)	46.4%
		Viruddha cheshta / improper activities (N2)	24%
		Nishchala/Sedentary life style (N4)	19.3%
5.	Tastelessness (L5)	Mandagni /reduced digestive capacity (N3)	25.4%
		Viruddha ahara /incompatible food (N1)	17.4%
		Viruddha cheshta / improper activities (N2)	12.7%
6.	Excessive thirst (L6)	Mandagni /reduced digestive capacity (N3)	18.8%
		Viruddha ahara /incompatible food (N1)	13%
		Nishchala/Sedentary life style (N4)	10.2%
7.	Lethargy (L7)	Mandagni /reduced digestive capacity (N3)	13.3%
		Viruddha ahara /incompatible food (N1)	10.5%
		Nishchala/Sedentary life style (N4)	7.7%
8.	Heaviness all over the body (L8)	Mandagni /reduced digestive capacity (N3)	30.4%
		Viruddha ahara /incompatible food (N1)	18.5%
		Vyayama after snigdha ahara (N5)	17.4%
9.	Fever (L9)	Mandagni /reduced digestive capacity (N3)	31.2%

		Nishchala/Sedentary life style (N4)	18.8%
		Viruddha ahara /incompatible food (N1)	13.5%
10	Indigestion (L10)	Mandagni /reduced digestive capacity (N3)	95.9%
		Viruddha ahara /incompatible food (N1)	51.4%
		Viruddha cheshta / improper activities (N2)	49.2%
11	Swelling in the body parts (L11)	Mandagni /reduced digestive capacity (N3)	37%
		Viruddha cheshta / improper activities (N2)	26.8%
		Viruddha ahara /incompatible food (N1)	20.7%

- ❖ Among these reasons, Mandagni stands as a primary reason for ten lakshanas. Viruddha ahara is a primary reason for stiffness of the body.
- ❖ Viruddha ahara is a primary reason for one lakshana i.e., stiffness of the body, secondary reason for six lakshanas and tertiary reason for three lakshanas.
- ❖ Viruddha cheshta is a secondary reason for two lakshanas and tertiary reason for four lakshanas.
- ❖ Nishchala /sedentary lifestyle is the secondary reason for two lakshanas and tertiary reason for three lakshanas.
- ❖ Vyayama after snigdha ahara is a tertiary reason only for one lakshana i.e., heaviness all over the body.
- ❖ We can assess that Mandagni is a dominant cause for the development of majority of symptoms of amavata.
- There was a significant association ($p=.001$) between L7 (Lethargy) and N1 (Viruddha ahara/ Incompatible food) with 74.5% cases is suggestive of Viruddha ahara/ Incompatible food being a major contributor for lethargy perhaps due to impaired digestion and formation of ahara rasa. Also it has been observed that L4 (Body ache) and L9(Fever) were found to be least resultants out of N1, perhaps due to non formation of those respective sampraptis.
- There was a significant association ($p=.000$) between L11 (Swelling in the body parts) and N2 (Viruddha cheshta /Improper activities) with 71.9% cases suggestive that N2 was contributory for the development of L11. This may be

due to propulsion of ama rasa in to the circulation and stagnancy of the ama rasa and blockage of the srotas leading to swelling in the body parts. However it has been observed that L9 (fever) and L2 (heaviness in the chest) were found to be least resultants out of N2 perhaps due to the reason that viruddha cheshta can increase the vata dosha but would not lead to the jwara samprapti all alone. Neither it can exert pressure over the hridaya marma to cause heaviness.

- Significant association ($p=.000$) between L11 (Swelling in the body parts) and N3 (Mandagni/Reduced digestive capacity) with 99.3% cases is suggestive that N3 is contributory for L11. This may be due to the agni fails to digest the blockage which is leading to the swelling. Also it has been noted that L1 (weakness) is the least possible symptom out of mandagni. This may be due to the fact that mandagni is a distant reason for the weakness not the direct one.
- Significant association ($p=.000$) between L2 (Heaviness in the chest) and N4 (Nishchala/ Sedentary life style) with 67.5% suggestive that N4 is contributory for the production of L2. This could be due to the added reason that sedentary lifestyle leads to kapha vriddhi which may add up to the ongoing samprapti. However it has been observed that Swelling in the body parts (L11), Weakness (L1) and Stiffness of the body (L3) were the least possible symptoms out of N4. This may be due to the fact that the person may not experience weakness and swelling and stiffness can not be the direct impact out of sedentary lifestyle.
- Significant association ($p=.000$) between L8 (Heaviness all over the body) and N5 (Vyayama after snigdha ahara) with 56.3% suggestive that N5 is contributory for the production of L8. This could be due to the propulsion of incompletely digested food (ahara rasa) forcefully all over the body. However it has been observed that Heaviness in the chest(L2), Body ache (L4) and Fever (L9) were least possible symptoms out of N5. This could be due to the incomplete formation of samprapti of jwara whereas the dosha prakopa would not impact over hridaya as well as rest of the marma to induce heaviness in chest and body ache.
- Other symptoms like Weakness (L1), Stiffness of the body (L3), Body ache (L4), Tastelessness (L5), Excessive thirst (L6), Fever (L9) and Indigestion (L10) were found not to be the primary symptom out of any of these five nidanas.

L11 (Swelling in the body parts) was found to be due to two reasons.

The reason for the above perhaps due to the coordinated activity of nidanas in producing lakshanas. It has been rightly said that a diseases can have multiple nidanas.

CONCLUSION

Karya kaarana siddhanta is applicable to nidana and lakshana sambandha, where Kaarana can be compared with the nidana, karya is the disease proper itself and lakshana is the indicator for the presence of karya. The critical analysis showed that the predominant reason for the development of various symptoms of Amavata is mandagni.

Statistical analysis suggested the high significance for viruddha ahara causing lethargy, viruddha cheshta and mandagni causing shoonata of anga (swelling of body parts), nishchala (sedentary life style) causing heaviness in the chest and vyayama after consuming snigdha ahara causing heaviness all over the body.

Thus we can conclude that there is a definite and specific correlation between nidana and lakshana.

SUMMARY

Every disease is a resultant of a nidana. There are samanya among disease etiology and there are vishesha as well. It seems that many diseases have similar etiology. While studying, we must differentiate between those diseases with respect to etiology. Primary requisite for Amavata is ama itself. There are other participatory nidanas for it. The matter in doubt was about the specificity of nidana with respect to the symptoms produced. The hypothesis was, any nidana or set of nidanas would not cause any symptom randomly. There must be specificity among them. If a specific nidana is consumed, a specific symptom should only be produced. Literature review suggests about the characteristics of nidana and lakshana. Karya kaarana siddhanta according to different authors directs us towards the relativity among them. Based on the relativity, we can predict the correlation between nidana and lakshana.

The study was based on the conceptual understanding of the Nidana, lakshana, karya-kaarana siddhanata and amavata. Karya-kaarana siddhanta explained about the specialty of nidana and its intimate relation with amavata, but the study was to check the specificity of consumption of nidana with respect to the specific symptom produced in amavata. To authenticate the concept in applied aspect, a total of 362 diagnosed cases of amavata had been taken based on the classical signs and symptoms. The cases had been checked for the history of consumption of classical nidana based on the case record proforma (CRF) essentially made for the purpose. The sampling was cross sectional and study was retrospective.

The same was observed and understood by evaluating the data obtained in patients of amavata. The presence of nidana and lakshana was observed in all cases and tabulated accordingly. It has been observed that Mandagni is a primary cause for the development of majority of symptoms in amavata. Viruddha ahara also played a major role in developing amavata. Development of a symptom is a resultant of series of events, all the nidana explained under amavata coordinate in development of amavata. Each symptom is a resultant of one or two nidana.

It was observed that ama being a primary requisite for amavata was seen in majority cases. Statistical analysis suggested the high significance for viruddha ahara causing lethargy, viruddha cheshta and mandagni causing shoonata of anga (swelling of body

parts), nishchala (sedentary life style) causing heaviness in the chest and vyayama after consuming snigdha ahara causing heaviness all over the body. Thus, we can conclude that nidana and lakshana can be correlated.

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ABBREVIATIONS

- ❖ च.सं. – Charaka Samhita
- ❖ सु.सं. – Sushruta Samhita
- ❖ अ.सं. – Ashtaanga Sangraha
- ❖ अ.हृ. – Ashtaanga Hrudaya
- ❖ भे.सं. – Bhela Samhita
- ❖ का.सं. – Kaashyapa Samhita
- ❖ हा.सं. – Haareeta Samhita
- ❖ यो.र. – Yoga Ratnaakara
- ❖ भा.प्र. – Bhaava Prakaasha
- ❖ शा.सं. – Shaarangadhara Samhita
- ❖ मा.नि. – Maadhava Nidaana
- ❖ भै.र. – Bhaishajya Ratnaavali
- ❖ श.कौ. – Shabdartha Koustubha
- ❖ श.क.दृ. – Shabda Kalpa Druma
- ❖ सू – Sootra Sthaana
- ❖ नि – Nidaana Sthaana
- ❖ वि – Vimaana Sthaana
- ❖ चि –Chikitsaa Sthaana