

**“KARYA KAARANA SAMBANDHA IN AMAVATA SAMPRAPTI”**SRI NAGESH K.A ¹, ABHIJITH H. JOSHI ²¹ Ph.D SCHOLAR,² HEAD OF THE DEPARTMENT, DEPARTMENT OF AYURVEDA, TILAK MAHARASHTRA VIDYAPEETH, PUNE, INDIA**ABSTRACT:**

Amavata is a common medical situation in day to day life. As there are reasons for every disease, amavata does have its own set of aetiology. Ama is a precursor for amavata which is depending on the food consumption by the person. Karya karana bhava is a basic principle which is applicable for any science. Amavata has a reason specific which seperates it with other ailments. Each reason mentioned under nidana of amavata contributes at different levels of the disease formation directly or indirectly. Each reason contributes for the development of a specific symptom in a disease. Kaarana is the nidana itself and karya is the amavata. Symptoms of amavata are the representation of the disease (karya). Nidanas interact with each other and develop in to a symptom. Each causative factor is unique in its contribution.

KEY WORDS: Amavata, Nidana, Kaarana and Karya.

INTRODUCTION

CORRESPONDENT:
DR. SRINAGESH K.A
 Ph.D SCHOLAR,
 DEPARTMENT OF AYURVEDA,
 TILAK MAHARASHTRA
 VIDYAPEETH,
 PUNE, INDIA

The disease *Amavata* is as common as any other ailment in current scenario. Improper food consumption being the primary and indispensable reason for *Amavata*, our treatment principle should also include correction of the same. Anything which passes through oral cavity is called as *ahara*¹. *Ahara* consumption has some discipline set for it. People who are not following such discipline are vulnerable for *ama*.

Karya kaarana bhava is a basic principle which has applicability in every aspect of life. Every *karya* must have a *kaarana*.

Based on *Karya-kaarana bhava*, *Amavata* as a *karya* should have some particular *kaarana* for it. Though *nidana* have been mentioned, we need to understand how essentially it causes *Amavata*.

Many a time *Amavata* goes unnoticed and patients end up taking treatment for other diseases. Some of the diseases may appear as a symptom in *Amavata*. In such cases, it is necessary to differentiate a disease and a symptom. Understanding *nidana* is one of such methods to differentiate disease and a symptom. Realizing a *nidana* would not just help in *nidana parivarjana*, it contributes for diagnosis of a disease also.

REVIEW OF LITERATURE

Kaarana is the reason. Reason is for some particular *karya*

According to chakrapani, '*Janakam hi nidanamuchyate*'², Unless it causes a disease, *nidanatva* would not come to it. *Kaarana* is identified with different names such as *karta*, *nidana*, *hetu*, *nimitta* etc.

Features of *kaarana*:

- *Ananyathaasiddhiniyata poorvavarti kaaranam* || ||*Tarkabhasha*||

One which is *ananyatasiddhi* (can not be otherwise proved), *niyata* (truly existing for

a purpose) and *poorvavarti* (existing prior)³

Types of *kaarana*:

- *Kaaranam trividham- Samavayi asamavayi nimitta bhedaat || ||Tarkasangraha||*

Kaarana is of three typed⁴.

1] *Samavayi*

2] *Asamavayi* and

3] *Nimitta*.

Features of *karya*:

- *Kaaryam praagabhaava pratiyogi || ||tarkasangraha||*

Karya is one which is absent before its production. It is antagonist for its prior non-existence⁵. *Karya* is an action which is produced by *karta*.

*Amavata nidana and samprapti*⁶:

- *Viruddhaahaara cheshtasya mandagnernishchalasya cha | snigdam bhuktavato hyannam vyaayamam kurvatastathaa || vayunaa prerito hyaamaha shleshmasthanam pradhaavati | tena atyartham vidagdho asau dhamaneebhih pratipadyate | vatapittakaphairbhoooyo dooshitah soannajo rasah| srotaasyabhishyandhi naanaavarnoti picchilah| janayatyaashu daurbalyam gauravam hridayasya cha | vyaadheenaamaashrayo hyeshaam aamasamjno ati daarunah | yugapatkupitaavantaa trikasandhi praveshakau| stabdam cha kurute gatram amavaatah sa uchyate||*

||*maadhava nidana 25/1-5*||

Viruddhaahaara cheshtasya: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. this word includes two meanings. *Viruddha ahara* and *viruddha cheshta*.

mandagne:- 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. Thus *mandagni* and *ama* both are different entities.

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

nishchalasya cha:- 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 accumulation 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.

snigdham bhuktavato hyannam vyayamam kurvata:-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 it's *picchilaguna* 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 cannot 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.

DISCUSSION

As it was said, '*janakam hi nidanamuchyate*', if any *apathya ahara* and *vihara* is unable to produce any disease, it deliberately loses being called as *nidana*.

As *karta* is the reason for the *karya*, in whichever form the *karta* is, *karya roopa* will be similar.

Moreover, *lakshana* is a symptom of *karya*. *Lakshana* itself is not *karya*. Hence we need to understand the relation between *karya* and *karya lakshana*. *Karya lakshana* is nothing

but the image of *karya*. And when *karya* is in accordance with *kaarana* and *karya lakshana* is in accordance with *karya*, *karya lakshana* is in accordance with *kaarana*⁷.

Hence, we can say that specific *lakshana* must develop by specific *nidana*. Hence whatever *nidana* is taken, it should reflect in *lakshana*. If *snigdha ahara* is consumed and worked soon after, we can expect *snigdha* as a *lakshana* (as a part of *ama*) in *Amavata*.

Characteristics of *nidana*⁸:

*Eko heturanekasya tathaikasyaika eva hi | vyadherekasya chaaneko bahoonaam
bahavo api cha || ||cha.ni.8/24||*

There can be,

1. One causative factor 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 applied⁹.

Lingam chaikamanekasya tathaiveaikasya lakshyate | bahoonyekasya cha vyaadherbahoonam syurbahooni cha || cha.ni.8/27||

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.

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.

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 vridhhi*.

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*.

Relation between *nidana* and *lakshana* of *amavata*:

In *Amavata*, *kaarana* is the *nidana* and *karya* is *amavata* itself. *Lakshana* is the expression of the disease *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 *vidagdha* of *ahara*, *aalasya* and *gaurava* are again because of *gurutva* of *ama*, *jwara* is a resultant of *ama*, *apaaka* is the *amavastha*¹⁰ and *shoonata* of *anga* is due to propagation of *dosha* in to *dhamanis* all over.

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

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*.

KARYA KAARANA SAMBANDHA IN AMAVATA SAMPRAPTI

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

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

*Kaaranaanyaanyataa drushtaa kartuh kartaa sa eva tu | kartaa hi karanairyuktah
kaaranam sarvakarmanaam || ||cha.sha.1/49||*

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.

CONCLUSION

1. *Ahara* and *vihara* consumed will participate at different levels as *nidana* for causing a disease.
2. *Lakshana* is a representation of *karya* (*Amavata*)
3. There are specific reasons for developing specific symptom in a disease.
4. *Ama* is the primary factor for the disease and *vata* is a propeller of the *ama* throughout the body.
5. Every *lakshana* in *Amavata* is a resultant of consumption of a specific *nidana*.

REFERENCES

1. Joshi Venimadhava shastry, Joshi Narayana hari, Ayurvediya shabda kosha, Maharashtra rajya sahitya ani samskruti mandal, Mumbai, 1st Ed, 1968; pg 99.
2. Acharya J.T., Charaka Samhita of Charaka, Ayurveda deepika by Chakrapani, Krishnadasa academy Varanasi, reprint, 2000; pg193.
3. Musalgaonkar G.S., Tarkabhasha of Sri Keshava mishra, Madhuri hindi commentary, Chaukhamba Surbharati Prakashan Varanasi, Reprint ed 2009; pg 22.
4. Jha Shashvatananda, Tarkasamgraha of Annambhatta, Nyayabodhini padakritya and Medha hindi commentary, Chowkhamba Krishnadas Academy Varanasi, 3rd Ed, 2005; pg27.
5. Jha Shashvatananda, Tarkasamgraha of Annambhatta, Nyayabodhini

- padakritya and Medha hindi commentary, Chowkhamba Krishnadas Academy Varanasi, 3rd Ed, 2005; pg27.
6. Acharya J.T., Madhavanidana of Madhavakara, Madhukosha commentary by Vijayarakshita and Srikanthadatta, Chaukhambha Orientalia Varanasi, 6th ed, 2001; pg186.
7. Acharya J.T., Charaka Samhita of Charaka, Ayurveda deepika by Chakrapani, Krishnadasa academy Varanasi, reprint, 2000; pg273.
8. Acharya J.T., Charaka Samhita of Charaka, Ayurveda deepika by Chakrapani, Krishnadasa academy Varanasi, reprint, 2000; pg228.
9. Acharya J.T., Charaka Samhita of Charaka, Ayurveda deepika by Chakrapani, Krishnadasa academy Varanasi, reprint, 2000; pg228.
10. Acharya J.T., Charaka Samhita of Charaka, Ayurveda deepika by Chakrapani, Krishnadasa academy Varanasi, reprint, 2000; pg238.

