Nidan sthan in Brihatrayee with special reference to Nidanpanchak in Ashtamahagadah

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Abstract-

Nidan is defined as the exact cause of disease. Nidan is the one which gives an exact dimension of disease. The nidaan panchak are nidan, purvarupa, rupa, upashaya and samprapti. Diagnosis is never complete without the presence of all the factors associated with the disease. Nidan holds an important position in Ayurvedic Samhitatas- that gives complete knowledge about a disease.

Keywords: Nidaan panchak, Roga, Ashtamahagadha

Aim and objective-

1) To review concept of Nidanpanchak in Brihatrayee

2) To study the importance of Ashtamahagada in the view of Nidanpanchak.

Study design – compilation of references from Brihatrayee and critics

Materials and Methods:

In this study, classical Ayurveda texts have been thoroughly studied to present this article.

Introduction-

Nidan is necessary for the proper identification of Dosha, the Roga, Rogavastha, Rogabala, and Sadhya Asadhya.


Nidan is the etiological factor and cause of disease

Purvarupa which proceed the appearance of the disease (preamonitory symptoms)

“Pradurbhutalkshanampunarlingam”.Cha .Ni .1/9

Linga consist of the manifested sign and Lingasymptoms of the disease (clinical features, symptomatology)
Upashaya is the suitable use of drug, diet and behaviour which are contrary to the etiology and disease or which produce effect contrary to them (diagnostic test).

The process of manifestation of the disease by the morbid dosas which are circulating all over the body is known as samprapti, jati, agati (process of pathogenesis). These five were the means of understanding disease.

The term Nidan is usually translated as pathology, is meant to include factors, which falls within the respective provinces of pathology, aetiology, symptomatology and pathognomy as well.

The main line of it is the Nidanparivarjan and to get the clear knowledge of disease one should know about the nidanpanchak, which is explained in nidansthan.

The word sthan in charak

“Sthanamarthaprathishthaya
“.cha.su.30/70

‘Sthana’ from ‘arthapratistha’ (containing the subject well)

The following references found in critics of samhitas about nidanstan as follows

“Sankshepenhetulingabhidhayakamsutra sthanmanuprapangchen

Hetulingabhidhayakamnidanstanmunchy ate“...Chakrapani cha.ni ½

Hence the physician with unaffected mind and intellect should know the disease properly on the basis of factors such as etiology etc.

Gada is the synonyms of roga

Synonyms of roga are vyadhi, Amaya, gada, atank, yaksha, jwara, vikar.

In synonyms of visha – according to Ramanath Dwivedi

Kshwed, garal, gara, gada, mugar, kalkuru, kalkalpa.

In charak chi.23/5 vish nirukti-

“vishmuchyatevishdanadgada heto.”

Gada is the general disease and Mahagada is

“Mahagadonammahaprabhayav”..su ka . 5/67.

But Ashtamahagada are specially mentioned by sushruta in Nidanstan 33/6.

“varjaniya visheshenbhishaja siddhimicchata”

Acharya Vagbhata mentioned as maharoga in nidanstan 8/30 as follows

“maharogasudustara”

But Acharya Charak mentioned chikitsya vyadhi as “arishta” in indriyasthan 9/9

“achikitsyabhavantyatebalmansakshayes atti ,anyeshwapivikareshutanubhisak parivarjayet”

Mahagada is termed as
1) Raktapitta in charak chi.4/5
   “mahagadammahavegamagnivatshighrakari”
2) Atatvabhinivesh in charak su. 19/3
   “ekomahagadaetiatatvabhinivesh”
3) Rajayakshma in charak chi 8/27
   “Linganyavedayantekadashmahagadam”
4) Apasmar in charak chi.10/68
   “mahagadasamutthanm lingam chovachsaushadham”
5) jwara Mahagada in Rajnighantu
   “mahanshchasaugadshcheti”.

**Mahagada in Brihattrayee**

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These diseases being treated without rejuvenating and restorative medicines speedily assume incurable character.

**Vatvyadhi** (paralysis or disease affecting the nervous system).

Due to neglect of covered vata as cardiac disorder, abscess, spleen enlargement, gulma, and diarrhea appears as a complications.

**Prameha** (morbid discharge from urethra).

Vatikaprameha as developed by their own factors are incurable. The congenital case of prameha or one inheriting the disease from his diabetic father is incurable because of genetic defect.

**Kushtha** (leprosy including other skin diseases)

one should reject the patient if he is having all the symptoms, debility, thirst, burning sensation, loss of appetite and eating away by maggots. kushtha which is predominance of kapha–pitta or vata–pitta are difficult to be treated.

**Arsha** (piles)

The patient of piles having edema on hands, feet, face, navel, anus, and scrotum as well as pain in cardiac region and sides is incurable.

Pain in cardiac region and sides, fainting, vomiting, body ache, fever, thirst, and inflammation in ano-rectal part (if manifested) kill the patient of bites.

The piles which are hereditary, caused by three dosas and located in the internal fold should be declared as incurable, if digestive fire (jathragni) is stimulated they can be maintained otherwise should be rejected.

**Bhagandar** (fistula in ano)- all kind of fistula-in-ano are dreadful, difficult to treat (cure); among them that produced by
all the three dosas together and that by injury (wound )are incurable.

Ashmari (stone in the bladder)- “akriyayamdruvomrityu….Va chi 11/44

Death is sure if surgical operation is not done , even if done ,there is uncertainty because even physicians who are experts and mode of treatment considered as the best ,may prove otherwise ,sometimes.

Mudhagarbha (false presentation)- “Bastamarvipannayakukshipraspandyate yadi.....Su ni 8/14

When the women is dead but there is throbbing movements in the abdomen, then the physician should immediately cut open the abdomen of the woman and save the child.

The woman shaking her head vigorously , her body becoming cold ,she losing sense of shyness ,appearance of prominent blue veins on her body –kills the foetus or foetus kill the women.

Udara (abdominal dropsy)-vomiting ,diarrhea, feeling of darkness ,thirst, dyspnea , cough, hiccup, debility, pain in sides, anorexia, hoarseness of voice , retension of urine etc. such patient should be declared as incurable.

Gulma (abdominal tumour)The patient of gulma if afflicted with fever , dyspnoea , vomiting , diarrhea and swelling in cardiac region ,navel and extremities is dragged (to death).

Grahani (duodenal disease) –the patient of diarrhea who does not try much (to get cured of it) become affected by disorders of grahani (duodenum) so also who indulge in things (food and activity)which destroy the agni(digestive activity).hence digestive fire should be protected by every effort because when it is lost the person also become lost(dies).

Apasmar (epilepsy)-sannipaticapasmar is incurable.

Rajyakshma (tuberculosis)-Though the symptoms are few and mild , if the patient is emaciated and unable to withstand the strength of the disease and the therapies ,such a patient should not be treated.

Discussion:

In Brihatrayee Ashtamahagada are described in detailed mainly in Nidanstanth , Ashtamahagada is a group of eight most difficult to cure diseases and with a grave prognosis.There has been an increasing rate of Ashtamahagada due to change in lifestyle of the people of India . Hence it has become necessary to study its Nidanpanchaka and educate the people so that hetu consumption can be reduced and we can avoid bad prognosis by early diagnosis and allowing him to go till the bhedavastha

References:

1. Kaviraj Dr. Ambikaduttshashtri, Ayurved tatva sandipika hindi vyakhya, Sushrutsamhita, Chaukamba Sanskrit sansthan, Reprint 2007
2. Shukla vidyadhar, tripathi ravidutt, editors. Charak samhita of Agnivesha Delhi:
Cite this article:

Nidan sthan in Brihatrayee with special reference to Nidanpanchak in Ashtomahagadah
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Ayurline: International Journal of Research In Indian Medicine 2017; 1(3) : 53-57