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Research Article

# AN OBSERVATIONAL STUDY ON '*NIDANARTHAKARA ROGA'* SIDDHANTA W.S.R. TO *PRATISHYAYAT SANJAYTE KASA*

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**ABSTRACT**

*Nidan* (causative factor) plays important role in course and onset of any disease. Many times one disease may become the cause of another disease. The concept is explained by *Acharya Charaka* under the heading '*Nidanarthakara Roga'*. Further he has narrated the examples of *Nidanarthakara roga* as *Pratishyaya, Kasa, Kshaya, Shosha, Udara* etc. In day to day practice it is very important to know the *Nidanarthakaratwa* of any disease. It not only leads to development of another disease but also hampers the immunity of patient also. The present observational study was carried out with the prime aim of assessing *Nidanarthakaratwa* of *Pratishyaya*. The study included 60 patients between the age group 16-60 having the clinical sign and symptoms of *Kasa*. Along with general observations the observations relating previous history of *Pratishyaya* in *Kasa* patient were also noted to find out *Nidanarthakaratwa* of *Pratishyaya* in *Kasa*. The detail observations like course, onset and type of *Nidan* were also noted to find out *Nidanarthakaratwa* of *Pratishyaya* in *Kasa Vyadhi*. It was found that more than 50% patients of *Kasa* were previously suffered from *Pratishyaya* which supports the *Charakokta Nidanarthakara Roga Siddhant* '*Pratishyayat Sanjayte Kasa'*. The importance or scope of the present study is to make aware the people about *Nidanarthakaratwa* of *Pratishyaya*. Also early intervention is necessary in *Pratishyaya* and *Dushta* condition of *Pratishyaya* should not be neglected.

**KEYWORDS:** *Nidanarthakara Roga*, *Pratishyaya, Kasa*, *Shuddha Chikitsa*.

## INTRODUCTION

*Ayurveda* is a science of life which has holistic approach. The treatment of *Ayurveda* is mainly based on the fundamental principles mentioned in classics. *Ayurveda* mainly emphasizes on preventive aspect rather than curative aspect. The most important concept regarding the pathogenesis of disease is '*Nidanarthakara Roga*'. The *Nidanarthakara Roga* means one disease act as causative factor for other disease[1]. The main cause of *Nidanarthakara Roga* may be lack of proper treatment of previous disease or weak immunity of patient of that particular system. *Acharya Sushruta* has also emphasized the importance of *Nidan* (causative factor) as avoiding the cause is the treatment in brief [2]. *Acharya Charaka* has listed the examples of *Nidanarthakara Roga* as *Jwara* (fever), *Raktapitta* (hemophilia), *Shosha* (tuberculosis), *Gulma* etc. One of the common examples of *Nidanarthakara Roga* in day to day practice we see is *Kasa* (cough) followed by *Pratishyaya* (coryza). Such combination of disease due to the incorrect administration of therapies or production of one disease out of the other makes the condition difficult to cure[3].

Because of unhealthy lifestyle, food habits, polluted air, low immunity the common cold or coryza is very common disease in today's era. Also due to lack of proper treatment it leads to chronicity i.e., *Jeerna Pratishyaya* (chronic rhinitis) and in further stage forms *Kasa* (cough). While treating these types of patients we must follow the regimen of *Shuddha Chikitsa* (pure treatment) as *Charaka* has mentioned that the therapy which while curing one disease provokes another is not the correct one: the correct therapy is the one which while curing one disease does not provoke the manifestation of another disease. [4]

The present observational study was aimed to study the *Charakokta Nidanarthakara Roga Siddhant* (principle) by assessment of *Kasa* patients with the prevalence of *Pratishyaya* along with other causes.

## AIM AND OBJECTIVES

1. To study the concept of *Nidanarthakara Roga*.
2. To assess the *Nidanarthakaratwa* of *Pratishyaya* in *Kasa vyadhi* through observational study.
3. To find out the probable causes of *Nidanarthakaratwa* of *Pratishyaya*.

## MATERIALS AND METHODS

### Plan of study

The present study was conducted at outpatient department of Shree Saptashrungi Ayurved Mahavidyalay, Nashik between the months of October 2016 to January 2017 to obtain the information of *Nidanarthakaratwa* of

*Pratishyaya* in *Kasa*. 60 patients of *Kasa* treated or untreated irrespective of sex, religion, *Prakruti*, socio-economic status etc. were selected.

**Inclusion criteria**

1. Patients having classical sign and symptoms of *Kasa*.
2. Patients of either sex between the age group 16 to 60 years.
3. Previously diagnosed, freshly diagnosed, treated, untreated, cases were selected for the study.

**Exclusion criteria**

Patients with other systemic disorders like tuberculosis, emphysema, pneumonia, bronchial asthma were excluded.

**Ethical clearance**

Ethical clearance was taken by institutional ethics committee of Shree Saptashrungi Ayurved Mahvidyalaya, Nashik vide reference no. SSAM / IEC / 43 / 2016 dated 12/09/2016.

**Assessment**

Assessment was done on the basis of *Nidanarthakaratwa* of *Pratishyaya* in *Kasa* as explained in *Madhavnidan*[5]. Structured questionnaire was used to collect the data from the samples.

**Subjective criteria**

Sign and symptoms of *Doshaj Prakar* of *Kasa* in *Samhita Granthas* were collectively considered.

**Objective criteria**

Routine blood investigations including TLC and ESR were considered only for diagnostic purpose as this is an observational study.

**Statistical analysis**

Statistical analysis was based on 'descriptive analysis of absolute and relative frequencies.

**Observations**

In the present study 60 individuals diagnosed with '*Kasa*' were included for the survey study. The observations were divided into two categories.

1. General Observations.

2. Observations on the inter relationship of *Pratishyaya* and *Kasa*.

**General observations**

**Age:** regarding age it was found that maximum no. of patients i.e. 73.33% (n=44) were between the age group 16-30 while 13.33% (n=8) were between 31-45 and 46-60 age group.

**Socioeconomic status:** maximum no. of patients i.e. 71.66% (n=43) were from middle class while 20% (n=12) were from lower class and rest were 8.33% (n=5) were from upper class.

***Ahara*:** it was observed that 80% (n=48) patients were mixed diet and 20% (n=12) patients were vegetarian diet.

***Agni*:** 38% (n=23) patients were having *Vishamagni* and 31.66% (n=19) patients having *Mandagni* followed by 26.66% (n=16) having *Samagni* and rest 3.33% (n=2) were having *Teeksnagni.*

***Koshtha*:** maximum no. of patients i.e.50% (n=30) were having *Madhyama Koshtha* followed by *Krura Koshtha* 30% (n=18) and *Mrudu Koshtha* 20% (n=12).

***Prakruti*:** among 60 patients 41.66% (n=25) were of *Vatakapha Prakruti*, 23.33% (n=14), were of *Pittakapha Prakruti*, 13.33% (n=8) were having *Kaphavata* and *Kaphapitta Prakruti* each while only 3.33% (n=2) patients were having *Pittavata Prakruti*.

**Observations on *Nidan* of *Kasa***

**Table 1: Observations showing clinical sign and symptoms of *Kasa*[6] (N=60)**

| Sr. No. | Sign and symptoms of *Kasa* | No. of patients | Percentage |
|---|---|---|---|
| 1 | *Kasa* (cough) | 60 | 100% |
| 2 | *Nishtheevana* (expectoration) | 41 | 68.33% |
| 3 | *Aruchi* (tastelessness) | 23 | 38.33% |
| 4 | *Gaurav* (heaviness) | 36 | 60% |
| 5 | *Shirashoola* (headache) | 39 | 65% |
| 6 | *Mandagni* (loss of appetite) | 24 | 40% |
| 7 | *Peenasa* (running nose) | 38 | 63.33% |
| 8 | *Urashoola* (pain in chest region) | 48 | 80% |

From the above table it was found that all the patients were having the sign *Kasa* (n-=60). *Urashoola* and *Nishtheevana* was found in 80% (n=48) and 68.33% (n=41) patients respectively. *Gaurava, Peenasa* and *Shirashoola* were also present in more than 50% patients as shown in the table which were the main diagnostic subjective criteria. Other associated signs like *Mandagni* and *Aruchi* were present in less no. of patients.

**Table 2: Observations showing *Nidan* of *Kasa***

| *Nidan* of *Kasa* | No. of patients | Percentage |
|---|---|---|
| Previously suffered from *Pratishyaya* | 34 | 56.66% |
| Previously not suffered from *Pratishyaya* | 26 | 43.44% |
| Total on. of patients | 60 | 100% |

In the present study it was found that 56.66% (n=34) patients were suffered earlier from *Pratishyaya* before the development of *Kasa*. Other 43.44% (n=26) were previously not suffered from *Pratishyaya.*

The patients having *Kasa* because of *Pratishyaya* were subjected to further observational study on the following parameters to know the *Nidanarthakaratwa* in details.

**Table 3: Onset wise distribution of 34 patients of *Kasa* because of *Pratishyaya***

| Onset | No. of patients | Percentage |
|---|---|---|
| Insidious | 11 | 32.35% |
| Gradual | 23 | 67.64% |

Maximum no. of patients i.e. 67.64% (n=23) were having gradual onset of *Kasa* because of *Pratishyaya* before the development of *Kasa* and 32.35% (n=11) patients were having insidious onset of *Kasa* due to *Pratishyaya.*

**Table 4: Course wise distribution of 34 patients of *Kasa* because of *Pratishyaya* by different *Prakruti***

| Course | *Vatapitta* | *Vatakapha* | *Pittakapha* | *Kaphapitta* | *Pittavata* | *Kaphavata* |
|---|---|---|---|---|---|---|
| Progressive | 00 | 14 | 02 | 00 | 00 | 00 |
| Receding | 00 | 00 | 03 | 00 | 00 | 00 |
| Relapsing | 00 | 04 | 00 | 01 | 00 | 00 |
| Stationary | 00 | 00 | 02 | 02 | 00 | 06 |

From the above table it can be observed that progressive course of *Kasa* was seen maximum i.e., 41.17% in *Vatakapha Prakruti* followed by *Pittakapha Prakruti* 5.88%. Stationary course was seen in *Kaphavata Prakruti* 17.64% followed by *Kaphapitta Prakruti* 8.82% and *Pittakapha Prakruti* 5.88%. Relapsing course was seen in *Vatakapha* 11.76% and *Kaphapittaprakruti* 2.94%. While only 8.82% patients were having receding course of *Kasa*.

**Table 5: Distribution of 34 patients of *Kasa* because of *Pratishyaya* by type of *Nidan* of *Kasa***

| Type of *Nidan* of *Kasa* | No. of patients | Percentage |
|---|---|---|
| *Dushta* condition of *Pratishyaya* neglected | 10 | 29.41% |
| Improper treatment of *Pratishyaya* | 24 | 70.58% |

Out of 34 patients of *Kasa* majority of the patients i.e. 70.58% were having further cause of *Nidanartha-karatwa* was improper treatment and 29.41% patients were having *Dushta* condition of *Paratishyaya* was neglected.

## DISCUSSION

*Nidanarthakara Vyadhi* means due to lack of proper treatment or low immunity of patient one disease leads to development of another disease. In this study we tried to assess the *Charakokta 'Nidanarthakara Roga' Siddhant* by observational study with the example *'Pratishyayata Sanjayte Kasa'.*

### General observations

Patients having classical sign and symptoms of *Kasa* were included in this study as per inclusion criteria. In general observations maximum no. of patients (73.33%) were from the age group 16-30 and remaining (13.66%) patients were from 31-45 and 46-60 age group. This may be due to *Kaphapradhanya* or prone to contact with environmental factor to develop *Kasa*. In socio economic status maximum no. of patients (71.66%) were from middle class and rest were from lower or higher class. This may be due to geographical distribution of locality of study area. Regarding *Ahara* (diet) maximum no. of patients (80%) were having *Mishra Ahara* (mixed diet) and only 20% patients were taking *Shakahara* (vegetarian diet). In *Mishra Ahara* especially non vegetarian diet having *Guru* (heavy to digest) in nature creates S*trotorodha* (obstruction in system or channel) and *Rasadushti*. Regarding *Agni* (appetite) maximum patients (38%) were having *Vishamagni* which vitiates *Vata Dosha* and responsible for development of *Kasa* specially *Vataja Kasa*. Regarding *Koshtha* maximum patients (50%) were having *Madhyama Koshtha* followed by *Krura Koshtha* (30%) which may be responsible for *Kapha* and *Vata* vitiation leading to *Pratishyaya* and *Kasa*. Related to *Prakruti* (built) maximum patients (41.66%) were having *Vatakapha Prakruti* as *Pratishyaya* and *Kasa* has dominance of *Kapha* and *Vata dosha* in their *Sapmrapti* (pathogenesis) which also support the development of *Pratishyaya, Kasa* and *Nidanarthakartwa* of *Pratishyaya*.

### Observations on *Nidanarthakaratwa* of *Pratishyaya*

Out of 60 patients of *Kasa* 34 patients i.e. 56.66% patients were previously suffering from *Pratishyaya* which directly supports the *Nidanarthakara Roga Siddhanta*. Along with this other causes were also ruled out which were not responsible for development of *Kasa.*

**Onset:** Out of 34 patients maximum no. of patients i.e. 23 patients (67.64%) were having gradual onset of *Kasa* as both diseases are of *Pranavaha Strotasa*; the *Kaphadosha* obstructs the passage of *Prana* and gradually leads to development of *Kasa*. Insidious onset was found in 11 patients (32.35%) which were having low immunity, old age and prone to respiratory infections.

**Course of disease:** Maximum patients (41.17%) were having progressive course of *Kasa* and were having *Vatakapha Prakruti* means *Tulya Doshadooshya* i.e. *Vatakapha Dosha* in *Pranavaha Strotas*[7] and *Vatakapa Prakruti* supports the *Samprapti* of *Kasa* after *Pratishyaya* indicate progressive pathology. In *Kaphapitta* and *Kaphavata Prakruti* the course was stationary which indicate that the *Guru* and *Manda Guna* of dominative *Kaphadosha* make stationary course. Only 8.82% patients

of *Pittakapha Prakruti* were having receding course which indicate that the *Ushna, Teekshna Guna* of *Pitta* opposes the pathogenesis of development of *Kasa.*

**Type of *Nidana***- Clinically this finding is very important to explain *Charakokta Nidanarthakara Roga Siddhant* in detail. For this we further investigated weather which factor was responsible for *Nidanarthakaratwa* of *Pratishyaya* to form *Kasa*. We broadly divided the factor in two categories i.e. *Dushta* condition of *Pratishyaya* was neglected [8] and improper treatment of *Pratishyaya*[9]. We found from observations that in maximum patients (70.58%) improper treatment was the main factor and in remaining 29.41% *Dushta* condition of *Pratishyaya* was neglected. Practically when treating the patients of *Pratishyaya* the rule of *Shuddha Chikitsa* (pure treatment) is not properly followed; only *Kaphaghna Chikitsa* is given by which *Kapha* is reduced one hand and the other hand *Vata Dosha* is vitiated. Especially in modern medicine treatment the secretions are suppressed and patient develops *Vataja Kasa* in later stage. We found this in many cases. In other cases patients neglected to take proper treatment of *Pratishyaya* and meanwhile the *Samprapti* increased and patients develop *Kasa* because of decreased immunity of *Pranavaha Strotasa*. For this there must be proper application of *Vatakaphaprashmana Chikitsa* which will not vitiate the other *Dosha* in *Dwandwaj* condition and at the same time *Balya Aoushadhi* (immune modulator) for *Pranavaha Strotas* should be applied so that *Samprapti* will not develop the other disease which will be a *Nidanrthakara Roga*.

## CONCLUSION

We believe that our study has some merits and can contribute more to clinical practice. In this study although the survey population was small but regarded as representative of general population. The study shows 56.66% prevalence of *Pratishyaya* patients as a cause of *Kasa*. Maximum patients were having *Vatakapha Prakruti* shows that the dominance *Dosha* in *Prakruti* has major role in forming the same *Dosha* dominance disease. 70.66% patients were having improper treatment of *Pratishyaya* as a cause of *Nidanarthakaratwa* of *Kasa*. This shows the importance of '*Shuddha Chikitsa*' in the treatment of any disease. So more attention should be paid towards the proper treatment of *Pratishyaya* patients so as not to further development of *Kasa* and become *Nidanarthakara Roga*.

## REFERENCES


1. Ramkaran Sharma & Bhagavan Dash, Charaksamhita (Eng. Translation), Reprint edition, Vol. 2, (Nidansthan chp. 1), Varanasi, Chaukhambha Sanskrit Series office - 2015, p. 105.
2. K.R. Srikantha Murty, Sushrut Samhita (Eng. Translation), Reprint edition, Vol. 2, (uttartantra), Varanasi Chaukhambha orientalia, 2014, p. 7.
3. Ramkaran Sharma & Bhagavan Dash, Charak Samhita (Eng. Translation), Reprint edition, Vol. 2, (Nidansthan chp. 8), Varanasi, Chaukhambha Sanskrit Series office, 2015, p. 106.
4. Ramkaran Sharma & Bhagavan Dash, Charak Samhita (Eng. Translation), Reprint edition, Vol 2, (Nidansthan chp. 8), Varanasi, Chaukhambha Sanskrit Series office, 2015, p. 106.
5. Sudarshan Shastri & Ydunandnopadhyaya, Madhavanidan Madhukoshavyakhya, twenty ninth edition, Vol 2, Varanasi, Chaukhambha Sanskrit Sansthan, p. 263.
6. Yadavasharma, Charak Samhita, 5th edition, Varanasi, Chaukhamkbha Sanskrit Bhavan, 1994, page no. 540-541.
7. Ambikadatta Shastri, Sushrut Samhita, Vol 2, (Uttaratantra chp. 22), Chaukhambha Sanskrit Sansthan, Varanasi, Tenth Edition, p 106.
8. Ambikadatta Shastri, Sushrut Samhita, Tenth edition, Vol 2, (Uttartantra chp. 25), Varanasi, Chaukhambha Sanskrit Sansthan, 2000, p. 120.
9. Ramkaran Sharma & Bhagavan Dash, Charak Samhita (Eng. Translation), Reprint edition, Vol 2, (Nidansthan Chp. 8), Varanasi, Chaukhambha Sanskrit Series office, 2015, p. 106.



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