



A GLIMPSE OF DIAGNOSIS OF DISEASES IN AYURVEDA

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Ayurveda dates back at least 2,000 years in its codified form. However, it has roots that are much deeper. The present day *Caraka Samhita*, *Suśruta Samhita* and *Aṣṭāṅgahṛdaya* refer to ancient and long-lost treatises like *Nimi Tantram* and *Khāranādi*. Nevertheless, in the absence of authentic records it is difficult to prove the antiquity of Ayurveda. In the late twentieth and early twenty-first centuries, Ayurveda is traversing well beyond the boundaries of its homeland. It is fast becoming a transnational and multicultural phenomenon. It is the fastest growing alternative medical system in German - speaking Austria, Germany and Switzerland.

The theory and practice of Ayurveda revolve around the *tridōṣa doctrine*, which states that all biological activities in the human body are controlled by three factors- *vāta*, *pitta* and *kapha*, collectively called *tridōṣa*. Dietary and behavioural indiscretions and seasonal climatic factors cause destabilization of the *tridōṣa*, which slowly progresses through four stages (*cayam*, *prakōpam*, *prasaram*, *sthānasamśrayam*). This progression results in well-defined disease entities (*vyakti*) like *jvaram*, *atisāram*, *grahaṇi*, *pāṇḍu*, *arśas* etc. However, if left untreated, the disease progresses to the sixth and last stage (*bhēdam*) at which it may or may not be curable. Ayurveda calls upon individuals to consume wholesome food and adopt daily and seasonal regimen, so that the *tridōṣa* remain in steady state. Many diseases are said to appear on account of the evil actions committed in present and previous lives. Therefore, it is essential to indulge in ethical activities and to refrain from committing unethical acts, if one wants to lead a disease-free life.

Ayurvedic disease entities are in fact groups of diseases. It is very difficult and misleading to equate an ayurvedic disease entity with just one disease described in western medicine. For example, any disease characterized by the voiding of hard and loose stool belongs to the category of *grahaṇi*. Amoebic dysentery, irritable bowel syndrome, inflammatory bowel disease and giardiasis can be considered as *grahaṇi*.

Ayurveda calls upon the physician to elicit from the patient as many symptoms as possible through *darśana* (observation), *sparśana* (palpation) and *praśna* (interrogation). As symptoms are the only tools to gauge the extent of the physiological dysfunction, an ayurvedic physician should have sound knowledge of the various symptoms. Nevertheless, diseases are diagnosed in contemporary ayurvedic practice using principles of western medicine and treatment is carried out with the help of ayurvedic medicines. This approach is self-defeating and lowers the usefulness of Ayurveda.

Out of curiosity we attempted to list all the symptoms described in the famous Ayurveda textbook *Aṣṭāṅgahrdaya*. This exercise revealed many interesting facts. There are 2645 well-defined symptoms mentioned in this treatise which is considered as the best textbook of Ayurveda. The maximally occurring symptom is *jvara* (130) followed by excessive thirst (*trṣṇa*, 114), *aruci* (distaste for food, 93) and burning sensation (*dāha*, 89). *Jvara*, *mahōdara*, *chardi* and *kṣaya* (consumption) are considered as symptoms as well as diseases. Many symptoms are mentioned using synonyms. For example, hypersomnia is described with such synonyms like *nidra*, *atinidra* and *svapnam*. Similarly, excessive thirst (*trṣṇa*) is denoted by *trṣṇa*, *tīvratrṣṇa*, *atitrṣṇa*, *trṣṭ*, *bhṛśamtrṣṭ*, *atitrṣṭ*, *tīvratrṣṭ*, *trṣṇ*, *trṣyata*, *atitrṣyata*, *pipāsa*, *jalātrṣṭi*, *trṣṇāgrhīta* and *trṣṇānvita*. Though these are seemingly synonyms, scholarly physicians say that there can be subtle differences among the synonyms. Thus, *nidrābhramśam* may refer to disrupted sleep and not just insomnia.

The study also revealed an interesting aspect of Ayurveda texts. To facilitate memorizing of the entire text, Ayurveda texts are written in a cryptic manner with brevity as norm. For deciphering the meaning of many of the verses, the help of a physician well-versed in Sanskrit language is inevitable. For example in *Aṣṭāṅgahrdaya* (*Uttarasthāna*, Chapter 33, *ślōka* 51) a disease entity called *Sannipatikī* is mentioned. The *ślōka* says: “When *tridōṣa* (*vāta*, *pitta* and *kapha*) are enraged in relation to *yōni* (vagina) and *garbhāśaya* (region of the uterus), a disease called *Sannipatikī* makes its appearance, accompanied by distressing symptoms”. Cheppat Achyutha Variar interprets *Sannipatikī* as a disease characterized by pain, pricking pain, heat, suppuration, cold and itching in the *yōni* and region of *garbhāśaya*. Each pair of the symptoms is related to *vāta*, *pitta* or *kapha*. From the description of symptoms, the disease seems to be a cancerous condition.

In contemporary Ayurveda, western diagnostic parameters are invariably used in the diagnosis of diseases. It is important that the clinical data obtained through techniques like spectrophotometry, electrocardiography, electromyography and the like are rationally correlated with *tridōṣa*, if they are to be used in Ayurveda. However, as this has not been achieved so far, it will be appropriate to use principles of Ayurveda for diagnosis of diseases and western medical technology for evaluating the success of ayurvedic diagnosis and treatment. Such an approach will enable us to take advantage of the positive aspects of Ayurveda, which advises that a good physician who relies on the *tridōṣa* doctrine will be able to diagnose and treat any kind of disease, including nameless ones. The very fact that Ayurveda has withstood the test of time emphasizes that its theoretical foundation has good internal consistency.



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