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 Vyadh. It was found that more than 50% patients of Kasa were previously suffered from Pratishyaya which supports the Charakokta Nidanarthakara Roga Siddhant ‘Pratishyayat Sanjyate 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), Raktaipitta (hemophilia), Shosha (tuberculosis), Gula 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 vyadh 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, socioeconomic 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 Mahavidyalaya, 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 Madhavndam. Structured questionnaire was used to collect the data from the samples.

**Subjective criteria**

Sign and symptoms of Dosahaj 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.

**Observations on Nidan of Kasa**

**Table 1: Observations showing clinical sign and symptoms of Kasa**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Sign and symptoms of Kasa</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kasa (cough)</td>
<td>60</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>Nishtheevana (expectoration)</td>
<td>41</td>
<td>68.33%</td>
</tr>
<tr>
<td>3</td>
<td>Aruchi (tastelessness)</td>
<td>23</td>
<td>38.33%</td>
</tr>
<tr>
<td>4</td>
<td>Gaurav (heaviness)</td>
<td>36</td>
<td>60%</td>
</tr>
<tr>
<td>5</td>
<td>Shirashoola (headache)</td>
<td>39</td>
<td>65%</td>
</tr>
<tr>
<td>6</td>
<td>Mandagni (loss of appetite)</td>
<td>24</td>
<td>40%</td>
</tr>
<tr>
<td>7</td>
<td>Peenasa (running nose)</td>
<td>38</td>
<td>63.33%</td>
</tr>
<tr>
<td>8</td>
<td>Urasola (pain in chest region)</td>
<td>48</td>
<td>80%</td>
</tr>
</tbody>
</table>

From the above table it was found that all the patients were having the sign Kasa (n=60). Urasola 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**

<table>
<thead>
<tr>
<th>Nidan of Kasa</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previously suffered from Pratishyaya</td>
<td>34</td>
<td>56.66%</td>
</tr>
<tr>
<td>Previously not suffered from Pratishyaya</td>
<td>26</td>
<td>43.44%</td>
</tr>
<tr>
<td>Total on. of patients</td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

**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.


**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.
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

<table>
<thead>
<tr>
<th>Onset</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insidious</td>
<td>11</td>
<td>32.35%</td>
</tr>
<tr>
<td>Gradual</td>
<td>23</td>
<td>67.64%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Course</th>
<th>Vatakapha</th>
<th>Pittakapha</th>
<th>Kaphapitta</th>
<th>Pittavata</th>
<th>Kaphavata</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progressive</td>
<td>00</td>
<td>14</td>
<td>02</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Receding</td>
<td>00</td>
<td>00</td>
<td>03</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Relapsing</td>
<td>00</td>
<td>04</td>
<td>00</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>Stationary</td>
<td>00</td>
<td>00</td>
<td>02</td>
<td>02</td>
<td>00</td>
</tr>
</tbody>
</table>

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 58.8%. 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

<table>
<thead>
<tr>
<th>Type of Nidan of Kasa</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dushta condition of Pratishyaya neglected</td>
<td>10</td>
<td>29.41%</td>
</tr>
<tr>
<td>Improper treatment of Pratishyaya</td>
<td>24</td>
<td>70.58%</td>
</tr>
</tbody>
</table>

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

### DISCUSSION

*Nidanarthakara Vyadh* 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 ‘Pratishyaya 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 Strotorodha (obstruction in system or channel) and Rasadhushi. Regarding Agni (appetite) maximum patients (38%) were having Vishamagni which vitiates Vata Dosh 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 (build) 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 Doshadosh i.e. Vatakapha Dosh in Pranavaha Strotas7 and Vatakapha Prakruti supports the Samprapti of Kasa after Pratishyaya indicate progressive pathlogy. In Kaphapitta and Kaphavata Prakruti the course was stationary which indicate that the Guru and Manda Guna of dominant Kaphadosha make stationary course. Only 8.82% patients
of Pittakapha Prakrti 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 which factor was responsible for Nidanarthakaratwa of Pratishtayaya to form Kasa. We broadly divided the factor in two categories i.e. Dushta condition of Pratishtayaya was neglected [9] and improper treatment of Pratishtayaya[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 Pratishtayaya was neglected. Practically when treating the patients of Pratishtayaya 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 Dosh 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 Pratishtayaya and meanwhile the Samprapti and patients develop Kasa because of decreased immunity of Pranavaha Strotas. For this there must be proper application of Vatakaphaprashmana Chikitsa which will not vitiate the other Doshas 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 Nidanarthakara 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 Pratishtayaya patients as a cause of Kasa. Maximum patients were having Vatakapha Prakrti which shows that the dominance Dosa in Prakrti has major role in forming the same Dosa dominance disease. 70.66% patients were having improper treatment of Pratishtayaya 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 Pratishtayaya patients so as not to further development of Kasa and become Nidanarthakara Roga.

**REFERENCES**


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